

CANADIAN **PARTNERSHIP**
AGAINST **CANCER**



PARTENARIAT CANADIEN
CONTRE LE **CANCER**

LEADING PRACTICES IN CLINICAL SMOKING CESSATION



CANADIAN PROGRAM SCAN RESULTS

APRIL 2019 (v6.0)



Summary of Updates

April 2019 (v6.0)

Highlights from the version 6.0 scan update include:

- Most clinical smoking cessation programs have been sustained from year to year with expansion to new settings in a few cases; three new programs were added; no programs were discontinued in the last year.
- Several clinical smoking cessation programs strongly align with pan-Canadian evidence-based guidelines on smoking cessation.
- Cytisine is now authorized in Canada for use as a smoking cessation aid, but is currently not publicly funded in any of the provinces or territories.
- Three jurisdictions (YK, NS and NL) expanded cessation aid coverage in 2018/19. Pharmacists can now prescribe in YK. Opportunities remain to increase access to smoking cessation aids across all jurisdictions.



Background

- Commercial tobacco use is the leading preventable cause of cancer in Canada:
 - In 2017, 16.2% of Canadians aged 12 years or older reported smoking daily or occasionally with some variation across provinces/territories [Data source: Canadian Community Health Survey (2017)].
- There remains a need for improved access to evidence-based smoking cessation interventions across a variety of settings.
- Quitting commercial tobacco use has immediate and long-term health benefits. Even among cancer patients, quitting smoking has positive health outcomes, such as improved cancer treatment effectiveness and increased likelihood of survival [Source: Warren, G.W., Kasza, K.A., Reid, M.E., et al. (2013). Smoking at diagnosis and survival in cancer patients. *International Journal of Cancer*, 132, 401–410].



Background (cont'd)

- This is the sixth edition of the *Leading Practices in Clinical Smoking Cessation: Canadian Program Scan Results* by the Canadian Partnership Against Cancer (updated with data from 2018-19 fiscal year).
- This scan provides information on current practices in clinical smoking cessation across Canada by province and territory, and integrates evidence-based recommendations to identify leading practices.



Outline

- Objectives
- Methods
- Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment (CAN-ADAPTT) Clinical Practice Guideline
- Clinical Smoking Cessation Programs in Canada
- Discussion
- Suggested Citation



Program Scan Objectives

- Produce an updated baseline of knowledge on current practice in clinical smoking cessation, to highlight leading or effective practices across Canada.
- By sharing these practices across the country, practice and policy specialists can adapt and innovate to improve practices in tobacco cessation.
- Understand the extent to which effective clinical smoking cessation programs exist in Canada and the extent to which these programs are supported by federal/provincial/territorial governments.



Methods

- Identified tobacco control lead from each federal/provincial/territorial government and provincial cancer agencies, plus other informants from previous scan:
 - Additional informants identified through original contacts
 - 49 informants contacted; 47 informants responded
- Data from v5.0 were provided, along with a request to update



Program Scan Questions

- 1) What clinical smoking cessation programs are available in your province/territory?
- 2) How are these clinical smoking cessation programs delivered in your province/territory?
- 3) To what extent are these programs funded by the federal/provincial/territorial government and/or publicly funded agencies, and for whom? If not, how are these programs funded?
- 4) To what extent do these programs adhere to CAN-ADAPTT guidelines for tobacco cessation?



Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment (CAN-ADAPTT) Clinical Practice Guideline



CAN  ADAPTT

CANADIAN SMOKING CESSATION CLINICAL PRACTICE GUIDELINE



OVERVIEW OF SUMMARY STATEMENTS

For the complete guideline please visit: www.can-adaptt.net



Funding for CAN-ADAPTT has been made possible through a financial contribution from the Drugs and Tobacco Initiatives Program, Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

CAN  ADAPTT ca

■ COUNSELLING AND PSYCHOSOCIAL APPROACHES

SUMMARY STATEMENT #1

ASK: Tobacco use status should be updated, for all patients/clients, by all health care providers on a regular basis.

GRADE*: 1A

SUMMARY STATEMENT #2

ADVISE: Health care providers should clearly advise patients/clients to quit.

GRADE*: 1C

SUMMARY STATEMENT #3

ASSESS: Health care providers should assess the willingness of patients/clients to begin treatment to achieve abstinence (quitting).

GRADE*: 1C

SUMMARY STATEMENT #4

ASSIST: Every tobacco user who expresses the willingness to begin treatment to quit should be offered assistance.

GRADE*: 1A

* GRADE: See Table 1 for Grade of Recommendation and Level of Evidence Summary Table



OVERVIEW OF SUMMARY STATEMENTS

■ HOSPITAL-BASED POPULATIONS

SUMMARY STATEMENT #1

a) Minimal into effective and tobacco use dose-responder session length and so often used when

GRADE*: 1

b) Counselling of delivery group, help and should patients/clients willingness

GRADE*: 1

c) Because mu increase the abstinence, provide four sessions with

GRADE*: 1

d) Combining cessation m than either a be provided stop smoking

GRADE*: 1

e) Motivational to support p engage in the future.

GRADE*: 1

f) Two types of therapies yll abstinence i in smoking i providing p problem sol and 2) provi treatment.

GRADE*: 1

SUMMARY STATEMENT #1

All patients should be made aware of hospital smoke-free policies.

GRADE*: 1C

SUMMARY STATEMENT #2

All elective patients who smoke should be directed to resources to assist them to quit smoking prior to hospital admission or surgery, where possible.

GRADE*: 1B

SUMMARY STATEMENT #3

All hospitals should have systems in place to:

a) identify all smokers;

GRADE*: 1A

b) manage nicotine withdrawal during hospitalization;

GRADE*: 1C

c) promote attempts toward long-term cessation and;

GRADE*: 1A

d) provide patients with follow-up support post-hospitalization.

GRADE*: 1A



OVERVIEW OF SUMMARY STATEMENTS

CAN  ADAPTT CANADIAN SMOKING CESSATION GUIDELINE

SUMMARY STATEMENT #4

Pharmacotherapy should be considered:

a) to assist patients to manage nicotine withdrawal in hospital;

GRADE*: 1C

b) for use in-hospital and post-hospitalization to promote long term cessation.

GRADE*: 1B

■ MENTAL HEALTH AND/ OR OTHER ADDICTION(S)

SUMMARY STATEMENT #1

Health care providers should screen persons with mental illness and/or addictions for tobacco use.

GRADE*: 1A

SUMMARY STATEMENT #2

Health care providers should offer counselling and pharmacotherapy treatment to persons who smoke and have a mental illness and/or addiction to other substances.

GRADE*: 1A

SUMMARY STATEMENT #3

While reducing smoking or abstaining (quitting), health care providers should monitor the patients' clients' psychiatric condition(s) (mental health status and/or other addiction(s)). Medication dosage should be monitored and adjusted as necessary.

GRADE*: 1A

* GRADE: See Table 1 for Grade of Recommendation and Level of Evidence Summary Table



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CAN-ADAPTT Clinical Practice Guideline (cont'd)

The CAN-ADAPTT Clinical Practice Guideline for Smoking Cessation (2011) recommends the following:

Counselling + Psychosocial Approaches

ASK: Tobacco use status should be updated for all patients/clients by all health care providers on a regular basis. *(Strong recommendation, strong quality evidence)*

ADVISE: Health care providers should clearly advise patients/clients to quit. *(Strong recommendation, weak quality evidence)*

ASSESS: Health care providers should assess the willingness of patients/clients to begin treatment to achieve abstinence. *(Strong recommendation, weak quality evidence)*

Counselling + Psychosocial Approaches (cont'd)

ASSIST: Every tobacco user who expresses the willingness to begin treatment to quit should be offered assistance. *(Strong recommendation, strong quality evidence)*

a) Minimal interventions, of 1-3 minutes, are effective and should be offered to every tobacco user. However, there is a strong dose-response relationship between the session length and successful treatment, and so intense interventions should be used whenever possible. *(Strong recommendation, strong quality evidence)*

b) Counselling by a variety or combination of delivery formats (self-help, individual, group, helpline, web-based) is effective and should be used to assist patients/clients who express a willingness to quit. *(Strong recommendation, strong quality evidence)*

Counselling + Psychosocial Approaches (cont'd)

ASSIST: Every tobacco user who expresses the willingness to begin treatment to quit should be offered assistance. *(Strong recommendation, strong quality evidence)*

c) Because multiple counselling sessions increase the chances of prolonged abstinence, health care providers should provide four or more counselling sessions where possible. *(Strong recommendation, strong quality evidence)*

d) Combining counselling and smoking cessation medication is more effective than either alone, therefore both should be provided to patients/clients trying to stop smoking where feasible. *(Strong recommendation, strong quality evidence)*

e) Motivational interviewing is encouraged to support patients/clients willingness to engage in treatment now and in the future. *(Strong recommendation, moderate quality evidence)*

Counselling + Psychosocial Approaches (cont'd)

ASSIST: Every tobacco user who expresses the willingness to begin treatment to quit should be offered assistance. *(Strong recommendation, strong quality evidence)*

f) Two types of counselling and behavioural therapies yield significantly higher abstinence rates and should be included in smoking cessation treatment: 1) providing practical counselling on problem solving skills or skill training and 2) providing support as a part of treatment. *(Strong recommendation, moderate quality evidence)*

Counselling + Psychosocial Approaches (cont'd)

ARRANGE: Health care providers:

- a) should conduct regular follow-up to assess response, provide support and modify treatment as necessary. (*Strong recommendation, weak quality evidence*)
- b) are encouraged to refer patients/clients to relevant resources as part of the provision of treatment, where appropriate. (*Strong recommendation, strong quality evidence*)

Hospital-based Populations

All patients should be made aware of hospital smoke-free policies. *(Strong recommendation, weak quality evidence)*

All elective patients who smoke should be directed to resources to assist them to quit smoking prior to hospital admission or surgery, where possible. *(Strong recommendation, moderate quality evidence)*

All hospitals should have systems in place to identify all smokers *(Strong recommendation, strong quality evidence)*

All hospitals should have systems in place to manage nicotine withdrawal during hospitalization *(Strong recommendation, weak quality evidence)*

Hospital-based Populations (cont'd)

All hospitals should have systems in place to promote attempts toward long-term cessation *(Strong recommendation, strong quality evidence)*

All hospitals should have systems in place to provide patients with follow-up support post-hospitalization *(Strong recommendation, strong quality evidence)*

Hospital-based Populations (cont'd)

Pharmacotherapy should be considered to assist patients to manage nicotine withdrawal in hospital

(Strong recommendation, weak quality evidence)

Pharmacotherapy should be considered for use in-hospital and post-hospitalization to promote long term cessation *(Strong recommendation, moderate quality evidence)*

Mental Health and/or Other Addiction(s)

Health care providers should screen persons with mental illness and/or addictions for tobacco use.

(Strong recommendation, strong quality evidence)

Health care providers should offer counselling and pharmacotherapy treatment to persons who smoke and have a mental illness and/or addiction to other substances. *(Strong recommendation, strong quality evidence)*

Mental Health and/or Other Addiction(s) (cont'd)

While reducing smoking or abstaining (quitting), health care providers should monitor the patients'/clients' psychiatric condition(s) (mental health status and/or other addiction(s)). Medication dosage should be monitored and adjusted as necessary. *(Strong recommendation, strong quality evidence)*

For more information, please visit: www.can-adaptt.net

Application of CAN-ADAPTT Guidelines to Current Practices

Process

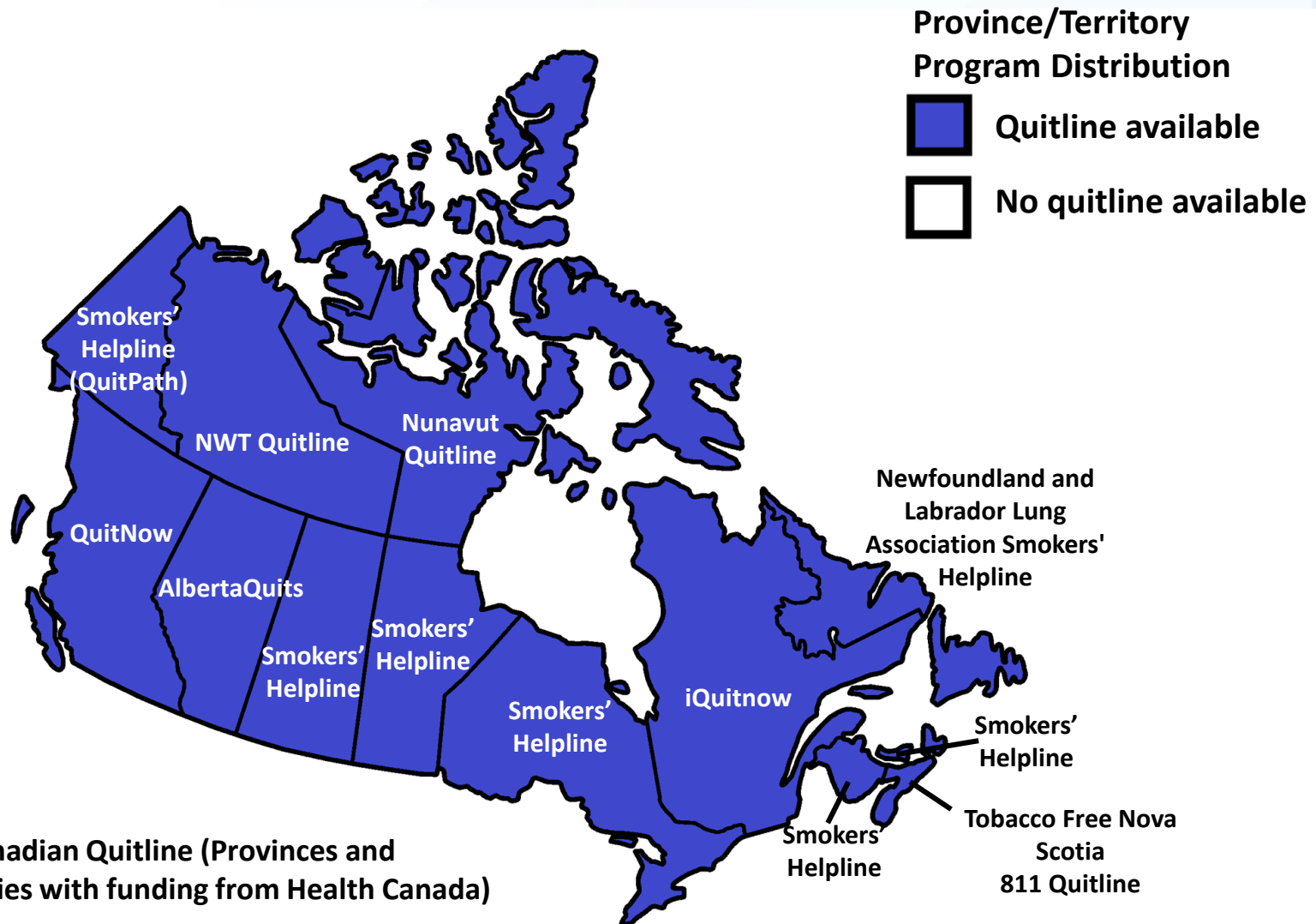
- Relevant CAN-ADAPTT guidelines were reviewed in relation to all programs identified as a means to identify effective programs (except for quitlines and coverage of cessation aids)
- Counselling + Psychosocial Guidelines (COUN), Hospital-based Guidelines (HOSP), and/or Mental Health + Other Addiction(s) Guidelines (MH) were the most relevant guidelines for most programs

Application

- **Strong alignment** (strong) indicates:
 - >9/12 COUN statements met
 - >6/8 HOSP statements met
 - >2/3 MH statements met
- **Weak alignment** (weak) indicates:
 - <9/12 COUN statements met
 - <6/8 HOSP statements met
 - <2/3 MH statements met
- *Blank entries indicate guidelines that were not applicable to the program*

Clinical Smoking Cessation Programs in Canada

Quitlines



Pan-Canadian Quitline (Provinces and Territories with funding from Health Canada)

Clinical Smoking Cessation Programs in Canada

Coverage of Cessation Aids

	Program Name	Start Date	NRT	BUP	VAR	CYT	Eligibility Details	Agency Responsible for Program Administration
Yukon**	QuitPath	2009	patch, lozenge, gum				18+ and enrolled in QuitPath, free for 12 wk/yr	Government of Yukon
	Extended Health Benefits	2018	✓	✓	✓		NIHB	Government of Yukon
Northwest Territories	Northwest Territories Health Care Plan	2014	✓	✓	✓		18+ and not covered by NIHB or other benefit program, free for 12 wk/yr	Government of the Northwest Territories
Nunavut	Extended Health Benefits	2011	✓	✓	✓		18+ and not covered by NIHB or other benefit program, free for 12 wk/yr	Government of Nunavut

NRT = Nicotine Replacement Therapy (e.g., patch, gum, lozenge, mist)

BUP = Bupropion

VAR = Varenicline

CYT = Cytisine

NIHB = Non-Insured Health Benefits

****Pharmacists can prescribe cessation aids.**

Clinical Smoking Cessation Programs in Canada

Coverage of Cessation Aids (cont'd)

	Program Name	Start Date	NRT	BUP	VAR	CYT	Eligibility Details	Agency Responsible for Program Administration
British Columbia	BC Smoking Cessation Program	2011	gum, patch, lozenge, inhaler	✓	✓		NRT: BC resident, active and valid Medical Services Plan coverage, obtain from community pharmacy, free for up to 12 continuous wk/yr. BUP/VAR: BC resident, active, and valid Medical Services Plan coverage. Beneficiaries in FairPharmaCare plan have coverage for up to 12 continuous wk/yr, or beneficiaries in PharmaCare Plans B, C, or G eligible for free meds for up to 12 continuous wk/yr.	Government of British Columbia

****Pharmacists can prescribe cessation aids.**

Clinical Smoking Cessation Programs in Canada

Coverage of Cessation Aids (cont'd)

	Program Name	Start Date	NRT	BUP	VAR	CYT	Eligibility Details	Agency Responsible for Program Administration
Alberta**	Alberta Health Supplementary Health Benefit Program/Alberta Drug Benefit List	2011 1998	✓ ✓	✓ ✓	✓		Albertans receiving non-group coverage or enrolled in provincial social support programs are eligible to receive BUP coverage without criteria, and VAR coverage for 12 wks. Additional coverage for VAR may be obtained via special authorization for a maximum of 24 wks/yr. Coverage for NRT is limited to a lifetime maximum of \$500 for Albertans enrolled in provincial social support programs of Alberta Human Services (AISH), Alberta Adult Health Benefit (AAHB), Income Support, Learners Program, Alberta Child Health Benefit, Child and Family Services, or Children and Youth Services.	Government of Alberta – Alberta Health
	QuitCore	2016	✓	✓	✓		Individuals enrolled in QuitCore program are eligible to receive a maximum of \$500 of NRT, VAR or BUP coverage through Alberta Blue Cross (coverage expires within 7 months). Individuals are only eligible to receive this coverage once through the QuitCore program in a 12-month period. Individuals may be eligible for additional coverage up to \$500 for NRT, VAR or BUP if they repeat the QuitCore program twelve months or more after completing their first QuitCore enrollment.	Alberta Health Services Tobacco Reduction Program

**Pharmacists can prescribe cessation aids.

Clinical Smoking Cessation Programs in Canada

Coverage of Cessation Aids (cont'd)

	Program Name	Start Date	NRT	BUP	VAR	CYT	Eligibility Details	Agency Responsible for Program Administration
Saskatchewan**	Saskatchewan Drug Plan	2011		✓	✓		Covered under Supplementary Health Plan (Plan 1 receive for reduced cost, Plan 2 and 3 receive for free), or covered under Saskatchewan Aids to Independent Living receive for free, or covered under Special Support Program, Guaranteed Income Supplement, Saskatchewan Income Plan, Family Health Benefits, Seniors' Plan receive for reduced cost. 12 wk/yr	Government of Saskatchewan
Manitoba**	Manitoba Pharmacare	2011			✓		18+ and covered by Pharmacare eligible for reduced cost meds (\$350) for 12 wk/yr, recipients of the Manitoba Employment and Income Assistance Program do not pay deductible	Government of Manitoba
Ontario**	Ontario Drug Benefit Program	2011		✓	✓		Ontario Drug Benefit Program recipients age 18 and over receive coverage for prescription medications for smoking cessation up to 12 wk/yr provided they are enrolled in a smoking cessation program.	Government of Ontario
Québec**	Quebec Public Prescription Drug Insurance Program	2000	✓	✓	✓		Seniors, individuals on social assistance, or individuals without health insurance eligible for free meds and NRT for 12 wk/yr	Régie de l'assurance maladie Québec

****Pharmacists can prescribe cessation aids.**

Clinical Smoking Cessation Programs in Canada

Coverage of Cessation Aids (cont'd)

	Program Name	Start Date	NRT	BUP	VAR	CYT	Eligibility Details	Agency Responsible for Program Administration
New Brunswick**	New Brunswick Prescription Drug Program (NBPDP) and New Brunswick Drug Plan	2014		✓	✓		18+ and covered by the New Brunswick Prescription Drug Program (NBPDP) or New Brunswick Drug Plan, eligible for reimbursed meds for 12 wk/yr. Special authorization can cover an additional 12 wk/yr	Government of New Brunswick
		2016	patch + gum				18+ and covered by NBPDP or NBDP, eligible reimbursement for 12 weeks of NRT (84 patches/960 lozenges) per year. Special authorization can cover an additional 12 weeks/84 patches or an additional 126 patches per request with no maximum for patients accessing OMSC sites.	
		2017	lozenge					

****Pharmacists can prescribe cessation aids.**

Clinical Smoking Cessation Programs in Canada

Coverage of Cessation Aids (cont'd)

	Program Name	Start Date	NRT	BUP	VAR	CYT	Eligibility Details	Agency Responsible for Program Administration
Nova Scotia**	n/a	n/a	✓		✓		Health zones subsidize the cost of NRT and/or VAR for participants of the Mental Health & Addictions Stop Smoking Programs.	Nova Scotia Health Authority
	NS Formulary	2019		✓	✓		Effective Jan 1, 2019, Nova Scotia Pharmacare Programs will provide coverage for BUP and VAR. Beneficiaries will be eligible for one course (12 wks, 168 tablets) for either therapy each year without a special authorization approval. The Nova Scotia Formulary details which drugs and supplies are benefits under the Nova Scotia Seniors' Pharmacare Program, Family Pharmacare Program, Diabetes Assistance Program, Community Services Pharmacare Programs and Drug Assistance for Cancer Patients.	NS Dept of Health and Wellness

**Pharmacists can prescribe cessation aids.

Clinical Smoking Cessation Programs in Canada

Coverage of Cessation Aids (cont'd)

	Program Name	Start Date	NRT	BUP	VAR	CYT	Eligibility Details	Agency Responsible for Program Administration
Prince Edward Island**	QuitCare	2001	✓	✓	✓		18+ and enrolled in QuitCare program eligible for \$75/yr reimbursement on NRT and BUP and VAR	Health PEI
	Prince Edward Island Financial Assistance, Children In Care, Family Health Benefit and Smoking Cessation Drug Program	2015		✓	✓		Individuals eligible for Financial Assistance, Children In Care, Family Health Benefit and Smoking Cessation Drug Program eligible for BUP and VAR for 12 wk/yr.	

****Pharmacists can prescribe cessation aids.**

Clinical Smoking Cessation Programs in Canada

Coverage of Cessation Aids (cont'd)

	Program Name	Start Date	NRT	BUP	VAR	CYT	Eligibility Details	Agency Responsible for Program Administration
Newfoundland + Labrador**	Newfoundland and Labrador Smoking Cessation Program for Individuals with Low Income	2014 2018	 Patch gum, lozenge, inhaler	✓	✓		<p>18+ who are registered under Newfoundland and Labrador Prescription Drug Program's-Access, Foundation, or 65+ Plan, are eligible to receive up to 12 continuous wks (84 days) of one prescription drug (Champix® or Zyban®) or nicotine replacement product (patch, gum, lozenge or inhaler) within a 365 day period with a co-pay arrangement up to \$75/yr.</p> <p>In cases where more than 21mg of the nicotine patch per day is needed upon initiation of NRT, healthcare providers can apply under the Special Authorization process detailing the required dose, duration and clinical rationale.</p>	Government of Newfoundland and Labrador
Federal**	First Nations Inuit Health Non-Insured Health Benefits Program	2001	✓	✓	✓		<p>Registered for NIHB receive 12-month period for coverage of either up to 252 patches OR one wk course of treatment of gums, lozenges, and inhalers, or spray. Meds with a prescription are also covered. NIHB accepts prescriptions from any regulated health professional where it falls within their scope of practice.</p>	Indigenous Services Canada

****Pharmacists can prescribe cessation aids.**

Clinical Smoking Cessation Programs in Canada

Hospital-Based Programs

	Program Name	Start Date	Agency Responsible for Program Administration	CAN-ADAPTT Alignment		
				COUN	HOSP	MH
Yukon*						
Northwest Territories	Stanton Territorial Hospital Smoke-Free Policy and Program	2012	Stanton Territorial Hospital	weak	strong	strong
Nunavut	Qikiqtani General Hospital Tobacco and Smoke-Free Program Smoke-free grounds policy for all health facilities across the territory (i.e. health centres, public health, etc.)	2016	Government of Nunavut			
British Columbia	Stop Smoking Before Surgery	2005	BC Cancer Agency	weak	weak	
	Stop Smoking Before Surgery – Northern Health	2014	Northern Health	strong	strong	
	Vancouver Coastal Health Smoke-Free Policy [†]	2008	Vancouver Coastal Health		strong	
	Ottawa Model for Smoking Cessation – Hospital	2007	Hospital partners in Vancouver Coastal Health, Interior Health, Northern Health and Vancouver Island Health (x17 sites- status unknown)	strong	strong	strong
	Smoking Cessation Clinic		Vancouver General Hospital	strong		strong

COUN= Counselling + Psychosocial Guidelines
HOSP= Hospital-based Guidelines
MH= Mental Health + Other Addiction(s) Guidelines

strong= strong alignment with CAN-ADAPTT guidelines (>9 COUN statements, >6 HOSP, >2 MH)
weak= weak alignment with CAN-ADAPTT guidelines (<9 COUN statements, <6 HOSP, <2 MH)
blank= guidelines not applicable to program

Clinical Smoking Cessation Programs in Canada

Hospital-Based Programs

	Program Name	Start Date	Agency Responsible for Program Administration	CAN-ADAPTT Alignment		
				COUN	HOSP	MH
British Columbia (cont'd)	Tobacco Dependence Clinic/Tobacco Treatment Program		Vancouver Coastal Health Mental Health and Addiction Services	strong	strong	
	Island Health Smoke-Free Policy [†]	2008	Island Health		strong	
	Interior Health Smoke-Free Environment Policy [†]	2008	Interior Health Authority		strong	
	Fraser Health Smoke-Free Property Policy [†]	2008	Fraser Health Authority		strong	
	Northern Health Authority Smoke-Free Grounds Policy [†]	2008	Northern Health Authority		strong	
	Provincial Health Services Authority Smoke-Free Policy [†]	2008	Provincial Health Services Authority		strong	
	Nicotine Withdrawal Protocol		Northern Health Authority	weak	weak	
	Registered Nurse Initiated Action NRT	2016		strong	strong	
	Addressing Tobacco Using the 3A's Approach Clinical Practice Standard	2016		strong	strong	
	Ridge Meadows Hospital – Smoking Cessation Clinic	2015	Fraser Health Authority		strong	strong
	Jim Pattison Smoking Cessation Clinic	2018	Fraser Health Authority		strong	strong

[†]Policy includes a cessation program for patients

Clinical Smoking Cessation Programs in Canada

Hospital-Based Programs (cont'd)

	Program Name	Start Date	Agency Responsible for Program Administration	CAN-ADAPTT Alignment		
				COUN	HOSP	MH
Alberta	Tobacco Care Pathway (2018+) (previously Tobacco Free Futures)	2010	Alberta Health Services	strong	strong	strong
	Alberta Health Services Tobacco and Smoke-Free Environments Policy [†]	2012	Alberta Health Services		strong	
	Ottawa Model for Smoking Cessation - Hospital	2010	Foothills Medical Centre and Glenrose Rehabilitation Hospital (Status Unknown)	strong	strong	strong
Saskatchewan	Kelsey Trail Health Region Tobacco Policy [†]	2011	Saskatchewan Health Authority (in the former Kelsey Trail Health Region Area)	weak	strong	
	Mamawetan Churchill River Tobacco Policy [†]	2012	Saskatchewan Health Authority (in the former Mamawetan Churchill River Health Region Area)	weak	strong	
	Prairie North Regional Health Authority Tobacco and Smoke-Free Policy [†]	2011	Saskatchewan Health Authority (in the former Prairie North Health Region Area)	weak	strong	

[†]Policy includes a cessation program for patients

Clinical Smoking Cessation Programs in Canada

Hospital-Based Programs (cont'd)

	Program Name	Start Date	Agency Responsible for Program Administration	CAN-ADAPTT Alignment		
				COUN	HOSP	MH
Saskatchewan (cont'd)	Saskatoon Regional Health Smoking Cessation Services and Smoke-Free Policy	2007	Saskatchewan Health Authority (in the former Saskatoon Health Region Area)	strong	strong	strong
	Prince Albert Parkland Health Region Smoke-Free Policy [†]	2008	Saskatchewan Health Authority (in the former Prince Albert Parkland Health Region Area)	weak	strong	
	Sunrise Health Region Tobacco-Free Policy [†]	2013	Saskatchewan Health Authority (in the former Sunrise Health Region Area)	strong	strong	
	Ottawa Model for Smoking Cessation - Hospital	2010	Regina General Hospital (status unknown)	strong	strong	strong
Manitoba	Winnipeg Regional Health Authority Smoke-Free Policy [†]	2011	Winnipeg Regional Health Authority	strong	strong	
	Ottawa Model for Smoking Cessation – Hospital	2009	Brandon Regional Health Centre + Seven Oaks General Hospital (status unknown)	strong	strong	strong
Ontario	Ottawa Model for Smoking Cessation – Hospital	2002	Ottawa Heart Institute + Hospital partners [x78 hospitals sites + 2 community mental health partners + 5 addictions programs + 29 specialty/ambulatory care clinics]	strong	strong	strong

[†]Policy includes a cessation program for patients

Clinical Smoking Cessation Programs in Canada

Hospital-Based Programs (cont'd)

	Program Name	Start Date	Agency Responsible for Program Administration	CAN-ADAPTT Alignment		
				COUN	HOSP	MH
Québec	Ottawa Model for Smoking Cessation – Hospital	2009	Institut universitaire de cardiologie et de pneumologie de Québec, McGill University's Montréal General Hospital and Glen Site, Hôpital de la Cité-de-la-Santé and Jewish Rehabilitation Hospital	strong	strong	strong
New Brunswick	Ottawa Model for Smoking Cessation – Hospital	2010	Horizon Health Network (x10 hospitals and x27 specialty/ambulatory care clinics)	strong	strong	strong
		2010	AND Vitalité Health Network (x11 hospitals and 3 specialty/ambulatory care clinics)	strong	strong	strong
	Horizon Health Network Smoke Free Policy	2015	Horizon Health Network		strong	
	Vitalité Health Network Smoke Free Policy	2016	Vitalité Health Network		strong	
Nova Scotia	In Hospital Cessation Support Program based on 5 A approach (adapted from Ottawa Model)	2017	9 facilities in Eastern Zone, Nova Scotia Health Authority, and in various facilities in Northern and Western Zones.	strong	strong	strong
Prince Edward Island	Ottawa Model for Smoking Cessation - Hospital	2012	Health PEI (Queen Elizabeth Hospital , Prince County Hospital, + x4 community hospitals)	strong	strong	strong

[†]Policy includes a cessation program for patients

Clinical Smoking Cessation Programs in Canada









Hospital-Based Programs (cont'd)

	Program Name	Start Date	Agency Responsible for Program Administration	CAN-ADAPTT Alignment		
				COUN	HOSP	MH
Newfoundland + Labrador	Labrador Grenfell Health Smoke-Free Environment Policy [†]	2008	Regional Health Authority	strong	strong	strong
	Western Health Smoke-free Policy+	2008	Regional Health Authority	strong	strong	strong
	Central Health Smoke and Tobacco Free Properties Policy +	2009	Regional Health Authority	strong	strong	strong
	Eastern Health Smoke-free Environment Policy+	2009	Regional Health Authority	strong	strong	strong
	Ottawa Model for Smoking Cessation, Eastern Health (1 site)	2019	Eastern Health -- Regional Health Authority	strong	strong	strong

[†]Policy includes a cessation program for patients

Clinical Smoking Cessation Programs in Canada







Cancer Agency Programs

	Program Name	Start Date	Agency Responsible for Program Administration	CAN-ADAPTT Alignment	
				COUN	HOSP
Yukon					
Northwest Territories					
Nunavut	Nunavummut patients receive cancer care services in Ottawa, Winnipeg, Edmonton or Yellowknife depending on which region of the Territory they reside.				
British Columbia  	BC Cancer Smoking Cessation Initiative	2018	BC Cancer Agency	strong	weak
Alberta 	Alberta Cancer Prevention Initiative	2016	Alberta Cancer Prevention Legacy Fund (ACPLF)	strong	
	Every Opportunity in Cancer Care Clinics	2015	ACPLF	strong	strong
Saskatchewan  	Partnership to Assist with Cessation of Tobacco (PACT)	2019	Joint program of Saskatchewan Cancer Agency and the Pharmacy Association of Saskatchewan (PAS)	strong	weak
Manitoba  	CancerCare Manitoba Quit Smoking Program	2012	CancerCare Manitoba	strong	
Ontario 	Framework for Smoking Cessation in Regional Cancer Programs	2017	Cancer Care Ontario	strong	
	Ottawa Model for Smoking Cessation – Cancer Centres	2007	Cancer Centre partners x7 (status varies)	strong	strong
	Lung Cancer Screening Pilot for People at High Risk	2017	Cancer Care Ontario		




Clinical Smoking Cessation Programs in Canada

Cancer Agency Programs (cont'd)

	Program Name	Start Date	Agency Responsible for Program Administration	CAN-ADAPTT Alignment	
				COUN	HOSP
Québec 	Implementation of two pilot projects: <ul style="list-style-type: none"> Projet de cessation tabagique Programme de cessation tabagique: nous nous rallions pour mieux vous soutenir! 	2017 - 2018	CIUSSS de l'Ouest-de-l'Île-de-Montréal CIUSSS du Centre-Sud-de-l'Île-de-Montréal		
New Brunswick 	Integration of Evidence Based Tobacco Cessation Practices into Cancer Care Settings	2016	Government of New Brunswick (New Brunswick Cancer Network) + Horizon Health Network	strong	
Nova Scotia 	Integrating Evidence-based Tobacco Cessation into the Nova Scotia Cancer Care Program	2017	Nova Scotia Health Authority	strong	Weak
Prince Edward Island 	PEI Cancer Treatment Centre Tobacco Cessation Program (based on Ottawa Model for Smoking Cessation)	2016	Health PEI	strong	
Newfoundland + Labrador  	Piloting the integration of an Evidence-based Smoking Cessation and Relapse Prevention Program for Cancer Care in Newfoundland and Labrador	2017	Eastern Health, Regional Health Authority (NL Cancer Care Program)	strong	strong

 Outpatient settings that offer smoking cessation support

 Outpatient settings that offer culturally competent cessation support

Clinical Smoking Cessation Programs in Canada

Primary Care Programs

	Program Name	Start Date	Agency Responsible for Program Administration	CAN-ADAPTT Alignment
				COUN
Yukon ^{†∞}	QuitPath	2009	Government of Yukon	strong
Northwest Territories ^{*†∞}				
Nunavut ^{*∞ †}				
British Columbia ^{†∞ †}	Prescription for Health	2011	Government of British Columbia (Ministry of Health)	strong
	Addressing Tobacco Using the 3A's Approach in Primary Care Teams- Northern Health	2016	Northern Health	strong
Alberta ^{†∞}	Alberta Primary Care Network (PCN) Programming	2015	Individual PCNs	
	Prescriptions for Healthy Living	2016	Cardiac Health and Stroke Strategic Clinical Network	
	Alberta Cancer Prevention Initiative	2016	Alberta Cancer Prevention Legacy Fund	
Saskatchewan ^{*†∞ †}				
Manitoba ^{*†∞ †}				

*No primary care programs available

†Physician Billing Code General (e.g., Health Promotion Counselling)

†Physician Billing Code Smoking Cessation Specific

∞Nurse practitioners can prescribe cessation aids

† Dentists can prescribe cessation aids

□ Other allied health professionals

Clinical Smoking Cessation Programs in Canada

Primary Care Programs (cont'd)

	Program Name	Start Date	Agency Responsible for Program Administration	CAN-ADAPTT Alignment
				COUN
Ontario†∞†	Ontario Health Insurance Program	2008	Government of Ontario (Ministry of Health and Long-term Care)	strong
	Ontario Health Insurance Program+	2018	Government of Ontario (Ministry of Health and Long-term Care)	
	Smoking Treatment for Ontario Patients (STOP) Program – Primary Care	2011	Centre for Addiction and Mental Health (Family Health Teams and Community Health Centres, NP-Led Clinics and AHACs: 242 organizations)	strong
	Ottawa Model for Smoking Cessation - Primary Care (FHTs, FHO, NPLCs) and Community Health Centres	2010	Family Health Team and Community Health Centre partners (x112 sites)	strong
	Moving on to Being Free	2011	Family Health Team, Community Health Centre partners, hospitals (21 sites)	strong
Québec†∞🏠	Medical Counselling		Government du Québec (Régie de l'assurance maladie Québec)	strong

*No primary care programs available

†Physician Billing Code General (e.g., Health Promotion Counselling)

†Physician Billing Code Smoking Cessation Specific

∞Nurse practitioners can prescribe cessation aids

† Dentists can prescribe cessation aids

🏠 Other allied health professionals

Clinical Smoking Cessation Programs in Canada

Primary Care Programs (cont'd)

	Program Name	Start Date	Agency Responsible for Program Administration	CAN-ADAPTT Alignment
				COUN
New Brunswick ^{†∞}	Ottawa Model for Smoking Cessation – Primary Care and Community Health Centres	2010	Horizon Health Network (x29 sites) AND Vitalité Health Network (x21 sites)	strong
Nova Scotia ^{*†∞}				
Prince Edward Island ^{†∞‡}	Ottawa Model for Smoking Cessation – Primary Care Networks	2013	Health PEI	strong
Newfoundland + Labrador ^{†∞}	CARE (Community Action and Referral Effort)	2004	Smokers' Helpline, Newfoundland and Labrador Lung Association	strong

*No primary care programs available

[†]Physician Billing Code General (e.g., Health Promotion Counselling)

[†]Physician Billing Code Smoking Cessation Specific

[∞]Nurse practitioners can prescribe cessation aids

[‡]Dentists can prescribe cessation aids

△ Other allied health professionals

Clinical Smoking Cessation Programs in Canada

Pharmacy Programs

	Program Name	Start Date	Agency Responsible for Program Administration	CAN-ADAPTT Alignment
				COUN
Yukon*				
Northwest Territories				
Nunavut				
British Columbia	BC Smoking Cessation Program	2011	Government of British Columbia (Ministry of Health)	strong
Alberta*	Tobacco Cessation Care Plan	2012	Alberta Health	
Saskatchewan*	Partnership to Assist with Cessation of Tobacco (PACT)	2004	Government of Saskatchewan (Ministry of Health, Drug Plan Extended Benefits Branch, effective October 1, 2013)	strong
Manitoba*				
Ontario*	Pharmacy Smoking Cessation Program	2011	Government of Ontario (Ministry of Health and Long-term Care). Ontario Drug Benefit recipients age 18 +	strong
Québec*	Quebec Public Prescription Drug Insurance Program	2000	Régie de l'assurance maladie Québec	
New Brunswick*				
Nova Scotia*				
Prince Edward Island*	Smoking Cessation Drug Program	2001	Health PEI	
Newfoundland + Labrador*	Medication Therapy Services Clinic Smoking Cessation Program	2016	Memorial University School of Pharmacy	strong

Clinical Smoking Cessation Programs in Canada

Community-based Programs

	Program Name	Start Date	Agency Responsible for Program Administration	CAN-ADAPTT Alignment	
				COUN	MH
Yukon	QuitPath	2009	Government of Yukon (Department of Health and Social Services)	strong	
Northwest Territories*					
Nunavut*	It's Time-An Inuit Specific Toolkit for tobacco cessation (CAMH-TEACH)	2018	Eight communities funded by Department of Health – Government of Nunavut	strong	
	Tobacco reduction community funded programs		Communities that respond to RFP from Department of Health – Government of Nunavut each year	strong	
British Columbia	Smoking Reduction and Cessation Group		Vancouver Coastal Health Mental Health and Addiction Services	strong	strong
	Break Free		Fraser Health	weak	weak
	Smoking Cessation Support Programs (Breathing Easy & Talking Tobacco)		Centre Island Smoking Intervention Clinic (private clinic)	strong	
	Centre Island Smoking Intervention Clinic		Providence Crosstown Clinic, InSite Supervised Injection Sites/OnSite Detox (status unknown)	strong	strong
	Ottawa Model for Smoking Cessation – Addictions Centres		Vancouver Native Health Society Medical Clinic	strong	

Clinical Smoking Cessation Programs in Canada

Community-based Programs (cont'd)

	Program Name	Start Date	Agency Responsible for Program Administration	CAN-ADAPTT Alignment	
				COUN	MH
British Columbia (cont'd)	Ottawa Model for Smoking Cessation – First Peoples Health Centres	2016	Island Health		strong
	Addressing Tobacco using the 3A's Approach -- Clinical Practice Standard		Northern Health Centre for Healthy Living	strong	
	Ottawa Model for Smoking Cessation – Diabetes and Respiratory Clinics		Participating BC respiratory and diabetes education clinics	strong	
	Fraser Health Best Beginnings Program		Fraser Health Authority	strong	
Alberta	QuitCore in-person group cessation program	2011	Alberta Health Services	strong	strong
Saskatchewan	Five Hills Health Region (RNAO Smoking Cessation Model)		Five Hills Regional Health Authority	weak	
Manitoba	Tobacco Dependence Clinic		Brandon Regional Health Authority	weak	
	Commit to Quit		Winnipeg Regional Health Authority	strong	
	Risk Factor Coach		Northern Health Region	strong	
	Kick Butt!		Wellness Institute at Seven Oaks (private clinic)	strong	

*No community-based programs identified

Clinical Smoking Cessation Programs in Canada

Community-based Programs (cont'd)

	Program Name	Start Date	Agency Responsible for Program Administration	CAN-ADAPTT Alignment	
				COUN	MH
Ontario	STOP Program - STOP on the Road	2007	Centre for Addiction and Mental Health + 33 Public Health Units	strong	strong
	STOP Program – Addictions Programs	2012	Centre for Addiction and Mental Health + x58 addictions agencies	strong	strong
	MyQuit	2016	Partnership between University of Ottawa Heart Institute, Eastern Ontario Health Unit, Ottawa Public Health Unit, Leeds, Grenville and Lanark District Health Unit, Renfrew County and District Health Unit, Mackay Manor, + Canadian Cancer Society	strong	strong
	Ottawa Model for Smoking Cessation - Respiratory and Diabetes Education Clinics	2013	Participating ON respiratory and diabetes education clinics (x11) and Cardiovascular Assessment Clinic (x1)	strong	
	Ottawa Model for Smoking Cessation - Mental Health and Addictions Centres		Mental health and addictions sites (x7)	strong	strong
	Leave the Pack Behind	2000	Brock University		
	Nicotine Dependence Clinic	1998	Centre for Addiction and Mental Health	strong	strong
	Moving on to Being Free	2011	Lakehead University	strong	strong

*No community-based programs identified

Clinical Smoking Cessation Programs in Canada

Community-based Programs (cont'd)

	Program Name	Start Date	Agency Responsible for Program Administration	CAN-ADAPTT Alignment	
				COUN	MH
Québec	Quit Smoking Centres	2002	Ministère de la Santé et des Services sociaux (centres in 160 locations)	strong	
New Brunswick	Ottawa Model for Smoking Cessation - Respiratory and Diabetes Education Clinics	2013	Horizon Health Network (x6 diabetes clinics + x1 respiratory clinic) + AND	strong	
		2013	Vitalité Health Network (x6 diabetes clinics + x10 respiratory clinics)		
	Ottawa Model for Smoking Cessation - Extra Mural Program Units	2010	Medavie Health Services NB (MHSNB) (new agency responsible for program delivery effective January 1, 2019)	strong	
	Ottawa Model for Smoking Cessation – Mental Health and Addictions	2013	Horizon Health Network (x5 sites) AND	Strong	strong
		2013	Vitalité Health Network (x7 sites)		
Nova Scotia	Stop Smoking Support Program	2015	Mental Health & Addictions, Nova Scotia Health Authority (all zones)	strong	weak

*No community-based programs identified

Clinical Smoking Cessation Programs in Canada

Community-based Programs (cont'd)

	Program Name	Start Date	Agency Responsible for Program Administration	CAN-ADAPTT Alignment	
				COUN	MH
Nova Scotia (cont'd)	Coping with Stopping Smoking	2013	Nova Scotia Health Authority – Western Zone	strong	
	MAPP (Mental Health, Addiction Services, and Public Health Program)		Nova Scotia Health Authority – Western Zone	strong	
	Stop Smoking Support Program	2008	Nova Scotia Health Authority (all zones)	strong	weak
Prince Edward Island	QuitCare	2001	Health PEI – Mental Health & Addictions	strong	
Newfoundland + Labrador	You Can Stop by Starting with Us - Smoking Cessation Group Program (available in-person and online)	1999	Newfoundland and Labrador Lung Association Smokers' Helpline	strong	
	CARE (Community Action and Referral Effort)	2004	Newfoundland and Labrador Lung Association Smokers' Helpline	strong	
	Helping Women Live Smoke-Free	2018	Regional Health Authorities and Department of Children, Seniors and Social Development		
Federal	Run to Quit (in place until 2020)	2015	Public Health Agency of Canada, Canadian Cancer Society, Running Room, University of Toronto		

*No community-based programs identified

Discussion

- Practices uncovered by this scan are as identified by key informants; other programs may exist.
- Application of the CAN-ADAPTT guidelines to the current practices identified by key informants aided the Partnership in revealing potential “leading” practices in clinical smoking cessation by province and territory.
- It is hoped that dissemination of this scan will facilitate knowledge exchange across Canada and support practice and policy specialists in adopting evidence-based tobacco cessation practices in their jurisdiction.
- Annual updates of this scan are planned.



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Questions?

Please send questions and/or comments to:
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