



LEADING PRACTICES IN SMOKING CESSATION FOR PERSONS LIVING WITH MENTAL ILLNESSES AND/OR ADDICTIONS



CANADIAN PROGRAM SCAN RESULTS
APRIL 2019 (v3.0)



Summary of Updates

April 2019 (v3.0)

Highlights from the version 3.0 scan update include:

- Most smoking cessation programs developed for persons living with mental illnesses and/or addictions have been sustained over the past year with expansion to additional settings in a few cases.
- One jurisdiction (AB) added a new group program adapted for persons living with mental illnesses or addictions; one jurisdiction (NS) discontinued adapted coverage of cessation aids.
- Several of these smoking cessation programs strongly align with pan-Canadian evidence-based guidelines on smoking cessation.
- One jurisdiction (NS) reported updated smoking cessation policies, protocols or capacity building initiatives to support persons living with mental illnesses and/or addictions (new total 11/13 jurisdictions).



Background

- People living with mental illnesses or substance use disorders are two to four times more likely to smoke, are heavier smokers, smoke more cigarettes per day, and have lower quit rates compared to smokers in the general population (Source: Kalman, Morissette, & George, 2005; Els, Kunyk, & McColl, 2009).
 - These individuals are motivated and able to quit, particularly with access to appropriate pharmacotherapy and counselling supports (Source: Champion, Checinski, & Nurse, 2008).
- There remains a need for improved access to evidence-based smoking cessation for this population.
- It is important for federal/provincial/territorial governments and community-based health organizations to implement evidence-based smoking cessation programs, practices, and policies that meet the unique needs of persons living with mental illnesses and/or addictions.



Background (cont'd)

- This is the third edition of the *Leading Practices in Smoking Cessation for Persons Living with Mental Illnesses and/or Addictions* program scan developed by the Canadian Partnership Against Cancer using data from the 2018-19 fiscal year.
- This scan provides information on current practices in smoking cessation for persons living with mental illnesses and/or addictions 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) Mental Health and/or Other Addiction(s) and Counselling Guidelines
- Adapted Supports + Smoking Cessation Programs and Practices for Persons Living with Mental Illnesses and/or Addictions in Canada
- Discussion and Considerations for Implementation
- Suggested Citation



Program Scan Objectives

- Produce an updated baseline of knowledge on current practices in smoking cessation for persons living with mental illnesses and/or addictions 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 smoking cessation for persons living with mental illnesses and/or addictions.
- Understand the extent to which effective smoking cessation programs for persons living with mental illnesses and/or addictions exist in Canada and the extent to which such programs are supported by federal/provincial/territorial governments.



Methods

- Identified tobacco control lead from each federal/provincial/territorial government and other informants from previous scan (e.g., mental health and addictions settings):
 - Additional informants identified through original contacts
 - 43 informants contacted; 43 responded
 - Data from v2.0 were provided with a request to update
- The scope of the current scan does not include whole-of-population approaches unless adaptations for persons living with mental illnesses and/or addictions were specified



Program Scan Questions

Thinking about smoking cessation programs developed for persons living with mental illnesses and/or addictions:

1. What smoking cessation programs for persons with mental illnesses and/or addictions are available in your jurisdiction (e.g., federal, provincial, territorial, or community), if any?
2. How are these smoking cessation programs for persons with mental illnesses and/or addictions delivered within your jurisdiction?
3. To what extent are these programs funded by the federal/provincial/territorial government, and for whom (e.g., eligibility)? If not, how are these programs and/or cessation aids funded?
4. To what extent do these programs adhere to CAN-ADAPTT guidelines related to Mental Health and Other Addiction(s)?

Note: This scan did not detail information about the uptake of available programs

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.

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

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CAN-ADAPTT CANADIAN SMOKING CESSATION GUIDELINE

SUMMARY STATEMENT #4 (cont'd)

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 intensive interventions should be used whenever possible.

GRADE*: 1A

b) Counselling by a variety of 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.

GRADE*: 1A

c) Because multiple counselling sessions increase the chances of prolonged abstinence, health care providers should provide four or more counselling sessions where possible.

GRADE*: 1A

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.

GRADE*: 1A

e) Motivational interviewing is encouraged to support patients/clients willingness to engage in treatment now and in the future.

GRADE*: 1B

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.

GRADE*: 1B

CAN-ADAPTT CANADIAN SMOKING CESSATION GUIDELINE

SUMMARY STATEMENT #4

Pharmacotherapy should be considered:

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

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



OVERVIEW OF SUMMARY STATEMENTS

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Mental Health and/or Other Addiction(s)

The CAN-ADAPTT Clinical Practice Guideline for Smoking Cessation for Persons with Mental Health and/or Other Addiction(s) (2011) recommends the following:

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)*

Counselling + Psychosocial Approaches

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

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*)

Application of CAN-ADAPTT Guidelines to Current Practices

Process

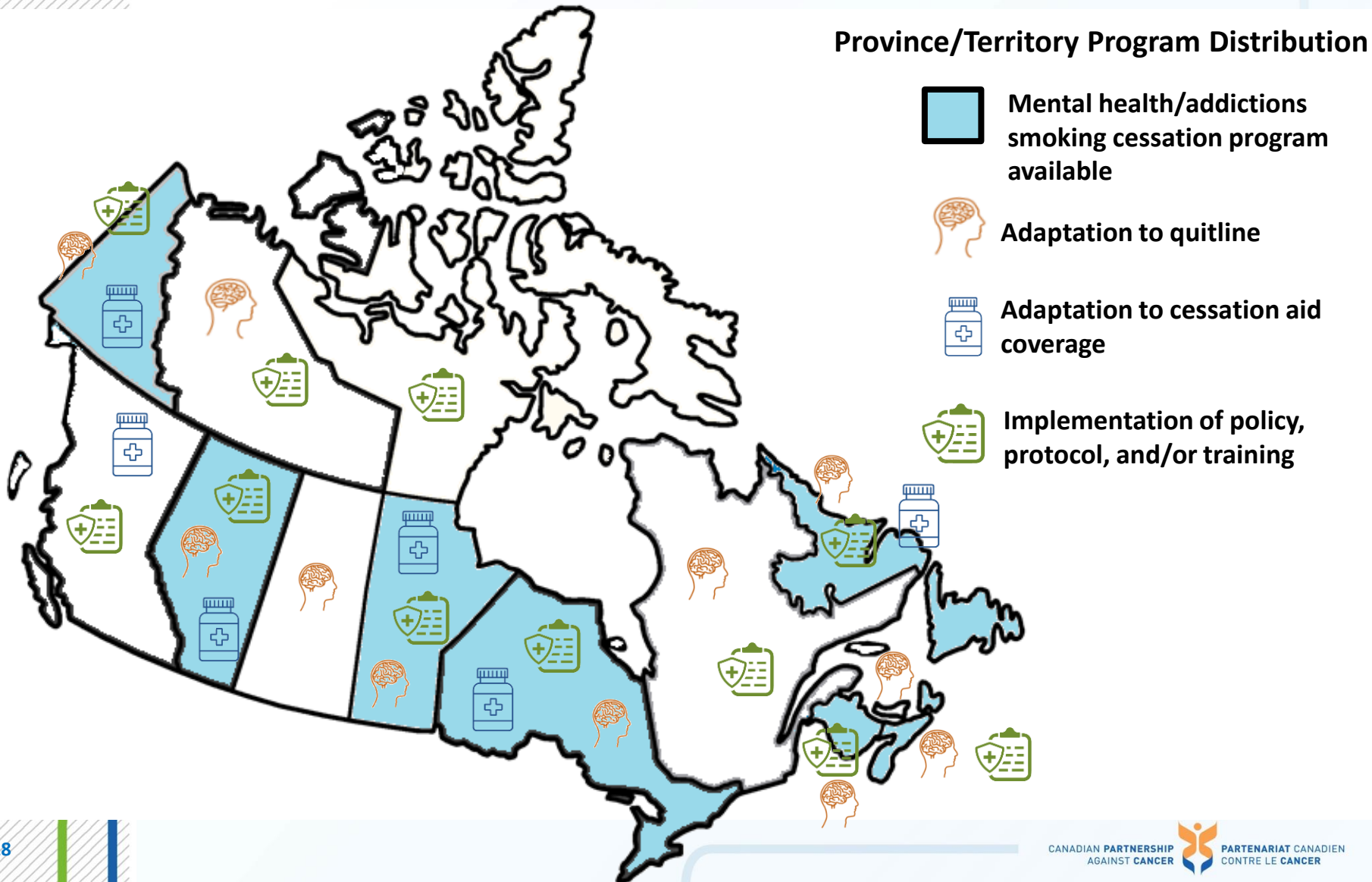
- Relevant CAN-ADAPTT guidelines were reviewed in relation to all programs identified as a means to identify effective programs (except for quitlines and coverage of cessation aids)
- Mental Health and/or Other Addiction(s) Guidelines (MH) and Counselling and Psychosocial Guidelines (COUN) were applied

Application

- **Strong alignment** (strong) indicates:
 - $>2/3$ MH statements met
 - $\geq 9/12$ COUN statements met
- **Weak alignment** (weak) indicates:
 - $<2/3$ MH statements met
 - $<9/12$ COUN statements met
- *Blank entries indicate guidelines were not applicable to the program or the information was unknown*

Smoking Cessation Supports in Canada for Persons Living with Mental Illnesses and/or Addictions

Summary



Quitlines: Adaptations for Persons Living with Mental Illnesses and/or Addictions



Quitlines in Canada

Adaptations for Persons Living with Mental Illnesses and/or Addictions

	Quitline Name/Link	Agency Responsible for Program Administration	Adaptations for Persons Living with Mental Illnesses and/or Addictions	Training for Quitline Staff on Mental Health and/or Addictions
Yukon	Smokers' Helpline (QuitPath) www.smokershelpline.ca	Government of Yukon (Department of Health and Social Services), funding agreement with Smokers' Helpline through Canadian Cancer Society	If deemed appropriate, individuals with mental illnesses and/or addictions may be assigned to work with a primary quit coach in a case management care model rather than usual care (not advertised to the public).	CAMH TEACH certification required for all quitline staff. Staff receive training in concurrent disorders, safeTALK workshop (provided by LivingWorks), and select staff complete ASIST (Applied Suicide Intervention Skills Training). Tailored protocols developed for clients with mental illnesses and/or addictions.
Northwest Territories	NWT Quitline www.nwtquitline.ca	Government of the Northwest Territories (Department of Health and Social Services)	Individuals with mental illnesses and/or addictions are eligible to receive additional follow-up calls compared with average number of follow-up calls for the general population.	Care coaches have training in ASIST (Applied Suicide Intervention Skills Training - provided through LivingWorks) and Mental Health First Aid.
Nunavut*	Nunavut Quitline www.nuquits.ca	Government of Nunavut (Department of Health)		
British Columbia*	QuitNow www.quitnow.ca	Government of British Columbia (Ministry of Health) and BC Lung Association		

Quitlines in Canada

Adaptations for Persons Living with Mental Illnesses and/or Addictions

	Quitline Name/Link	Agency Responsible for Program Administration	Adaptations for Persons Living with Mental Illnesses and/or Addictions	Training for Quitline Staff on Mental Health and/or Addictions
Alberta	AlbertaQuits Helpline www.albertaquits.ca	Alberta Health and Alberta Health Services	Quitline counsellors can refer persons living with mental illness and/or addiction to the Alberta Health Services Tobacco Reduction Program Lander Treatment Centre 8-day residential treatment pilot program for more intense tobacco cessation care.	Quitline counsellors receive training in mental health first aid as well as through the AlbertaQuits Learning Series for cessation training that includes adaptations for working with mental illness and/or addictions. These pre-requisite trainings support staff to become Certified Tobacco Educators (CTEs).
Saskatchewan	Smokers' Helpline www.smokershelpline.ca	Government of Saskatchewan (Ministry of Health), funding agreement with Smokers' Helpline through Canadian Cancer Society	Individuals with mental illnesses and/or addictions are eligible to receive additional follow-up calls compared with average number of follow-up calls for the general population. If deemed appropriate, individuals with mental illnesses and/or addictions may be assigned to work with a primary quit coach in a case management care model rather than usual care.	CAMH TEACH certification required for all quitline staff. Staff receive training in concurrent disorders, safeTALK workshop (provided by LivingWorks), and select staff complete ASIST (Applied Suicide Intervention Skills Training). Tailored protocols developed for clients with mental illnesses and/or addictions.

*No specific adaptations for persons living with mental illnesses and/or addictions

Quitlines in Canada

Adaptations for Persons Living with Mental Illnesses and/or Addictions

	Quitline Name/Link	Agency Responsible for Program Administration	Adaptations for Persons Living with Mental Illnesses and/or Addictions	Training for Quitline Staff on Mental Health and/or Addictions
Manitoba	Smokers' Helpline www.smokershelpline.ca	Government of MB (Department of Health, Seniors and Active Living), funding agreement with Smokers' Helpline through Canadian Cancer Society	<p>Individuals with mental illnesses and/or addictions are eligible to receive additional follow-up calls compared with average number of follow-up calls for the general population.</p> <p>If deemed appropriate, individuals with mental illnesses and/or addictions may be assigned to work with a primary quit coach in a case management care model rather than usual care.</p>	<p>CAMH TEACH certification required for all quitline staff. Staff receive training in concurrent disorders, safeTALK workshop (provided by LivingWorks), and select staff complete ASIST (Applied Suicide Intervention Skills Training).</p> <p>Tailored protocols developed for clients with mental illnesses and/or addictions.</p>
Ontario	Smokers' Helpline www.smokershelpline.ca	Government of Ontario (Ministry of Health and Long-term Care), funding agreement with Smokers' Helpline through Canadian Cancer Society	<p>Individuals with mental illnesses and/or addictions are eligible to receive additional follow-up calls compared with average number of follow-up calls for the general population.</p> <p>If deemed appropriate, individuals with mental illnesses and/or addictions may be assigned to work with a primary quit coach in a case management care model rather than usual care.</p>	<p>CAMH TEACH certification required for all quitline staff. Staff receive training in concurrent disorders, safeTALK workshop (provided by LivingWorks), and select staff complete ASIST (Applied Suicide Intervention Skills Training).</p> <p>Tailored protocols developed for clients with mental illnesses and/or addictions.</p>

*No specific adaptations for persons living with mental illnesses and/or addictions

Quitlines in Canada

Adaptations for Persons Living with Mental Illnesses and/or Addictions

	Quitline Name/Link	Agency Responsible for Program Administration	Adaptations for Persons Living with Mental Illnesses and/or Addictions	Training for Quitline Staff on Mental Health and/or Addictions
Québec	iQuitnow www.iquitnow.qc.ca + j'Arrête http://www.jarrete.qc.ca	Government of Quebec (Ministère de la Santé et des Services sociaux), funding agreement with Smokers' Helpline through Canadian Cancer Society, and Quebec Council on Tobacco		Tailored protocols developed for clients with mental illnesses and/or addictions.
New Brunswick	Smokers' Helpline www.smokershelpline.ca	Government of New Brunswick (Department of Social Development) funds the helpline in collaboration with Canadian Cancer Society, funding agreement with Smokers' Helpline through Canadian Cancer Society	Individuals with mental illnesses and/or addictions are eligible to receive additional follow-up calls compared with average number of follow-up calls for the general population. If deemed appropriate, individuals with mental illnesses and/or addictions may be assigned to work with a primary quit coach in a case management care model rather than usual care.	CAMH TEACH certification required for all quitline staff. Staff receive training in concurrent disorders, safeTALK workshop (provided by LivingWorks), and select staff complete ASIST (Applied Suicide Intervention Skills Training). Tailored protocols developed for clients with mental illnesses and/or addictions.
Nova Scotia	Tobacco Free Nova Scotia 811 Quitline https://tobaccofree.novascotia.ca	Government of Nova Scotia (Department of Health and Wellness)	Tailored sub-section/resource on quitline website for persons with mental illnesses.	CAMH TEACH certification required for all quitline staff. Staff also receive training in concurrent disorders + mandatory R2MR (mental illness, PTSD, occupational stress injuries) training upcoming.

*No specific adaptations for persons living with mental illnesses and/or addictions

Quitlines in Canada

Adaptations for Persons Living with Mental Illnesses and/or Addictions

	Quitline Name/Link	Agency Responsible for Program Administration	Adaptations for Persons Living with Mental Illnesses and/or Addictions	Training for Quitline Staff on Mental Health and/or Addictions
Prince Edward Island	Smokers' Helpline www.smokershelpline.ca	Government of PEI (Ministry of Health), funding agreement with Smokers' Helpline through Canadian Cancer Society	Individuals with mental illnesses and/or addictions are eligible to receive additional follow-up calls compared with average number of follow-up calls for the general population. If deemed appropriate, individuals with mental illnesses and/or addictions may be assigned to work with a primary quit coach in a case management care model rather than usual care.	CAMH TEACH certification required for all quitline staff. Staff receive training in concurrent disorders, safeTALK workshop (provided by LivingWorks), and select staff complete ASIST (Applied Suicide Intervention Skills Training). Tailored protocols developed for clients with mental illnesses and/or addictions.
Newfoundland + Labrador	Newfoundland and Labrador Lung Association Smokers' Helpline www.smokershelp.net	NL Lung Association and Government of Newfoundland and Labrador (Department of Children, Seniors and Social Development)	Individuals with mental illnesses and/or addictions are eligible to receive additional follow-up calls (up to 12) compared to 6 follow-up calls for the general population.	Tailored protocols developed for clients with mental illnesses and/or addictions. Smokers' Helpline staff receive ASIST (Applied Suicide Intervention Skills Training).
Federal**,**	Pan-Canadian Quitline www.gosmokefree.gc.ca/quit	Health Canada provides funding to each provincial/territorial government to support the Pan-Canadian Quitline initiative		

*No specific adaptations for persons living with mental illnesses and/or addictions

**Services are provided at the provincial/territorial government level

Coverage of Cessation Aids: *Adaptations for Persons Living with Mental Illnesses and/or Addictions*



Coverage of Cessation Aids in Canada

Adaptations for Persons Living with Mental Illnesses and/or Addictions

	Program Name	Start Date	NRT	BUP	VAR	CYT	Adaptations for Persons Living with Mental Illnesses and/or Addictions	Agency Responsible for Program Administration
Yukon	QuitPath	2009	patch, gum, lozenge				QuitPath works directly with Mental Wellness and Substance Use Services. Individuals are eligible to receive free NRT for 12 wk/yr (up to 20 wk/yr as needed).	Government of Yukon
Northwest Territories*	Northwest Territories Health Care Plan	2014	✓	✓	✓			Government of Northwest Territories
Nunavut*	Extended Health Benefits	2011	✓	✓	✓			Government of Nunavut
British Columbia	BC Smoking Cessation Program	2011	gum, patch, lozenge, inhaler	✓	✓		The Psychiatric Medications Plan (Plan G) is available to B.C. residents of any age who demonstrate clinical and financial need. Eligible tobacco users can choose one of the NRT options for up to 12 weeks/calendar year. Those on the Fair Pharmacare plan or on one of 3 plans (permanent residents of licensed residential care facilities, BC Income Assistance Plan or Psychiatric Medications) may opt for BUR or VAR.	Government of British Columbia

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

BUP = Bupropion

VAR = Varenicline

CYT = Cytisine

*No specific adaptations were identified for persons living with mental illnesses and/or addictions

**Pharmacists can prescribe cessation aids.

Coverage of Cessation Aids in Canada

Adaptations for Persons Living with Mental Illnesses and/or Addictions

	Program Name	Start Date	NRT	BUP	VAR	CYT	Adaptations for Persons Living with Mental Illnesses and/or Addictions	Agency Responsible for Program Administration
Alberta**	Alberta Health Supplementary Health Benefit Program/Alberta Drug Benefit List	1998	✓	✓				Government of Alberta - - Alberta Health
		2011	✓	✓	✓			
	You've Got This! group cessation program - pilot	2018	✓	✓	✓		You've Got This! is a group cessation program for clients who are most vulnerable and accommodates those with mental health and addiction issues. Pilot to enhance with NRT/medication supports under consideration.	Alberta Health Services Tobacco Reduction Program
Saskatchewan*, **	Saskatchewan Drug Plan	2011		✓	✓			Government of Saskatchewan
Manitoba**	Manitoba Pharmacare	2011			✓			Government of Manitoba
	Ready for Change	2016	✓				Free NRT coverage for 3 months offered to program participants (persons living with mental illnesses and/or addictions)	Canadian Mental Health Association, Manitoba

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Coverage of Cessation Aids in Canada

Adaptations for Persons Living with Mental Illnesses and/or Addictions

	Program Name	Start Date	NRT	BUP	VAR	CYT	Adaptations for Persons Living with Mental Illnesses and/or Addictions	Agency Responsible for Program Administration
Ontario**	Ontario Drug Benefit Program	2011		✓	✓			Government of Ontario
	STOP Program	2012	✓				Implemented in 58 addiction agencies (108 unique sites); eligible tobacco users may access up to 26 weeks of combination NRT	Government of Ontario
	STOP Program	2011	✓				Implemented in 365 primary care settings; eligible tobacco users may access up to 26 weeks of combination NRT	Government of Ontario
Québec*,**	Quebec Public Prescription Drug Insurance Program	2000	✓	✓	✓			Régie de l'assurance maladie Québec
New Brunswick***	New Brunswick Prescription Drug Program (NBPDP) and New Brunswick Drug Plan	2016	✓	✓	✓			Government of New Brunswick

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Coverage of Cessation Aids in Canada

Adaptations for Persons Living with Mental Illnesses and/or Addictions

	Program Name	Start Date	NRT	BUP	VAR	CYT	Adaptations for Persons Living with Mental Illnesses and/or Addictions	Agency Responsible for Program Administration
Nova Scotia*, **								
Prince Edward Island*, **	QuitCare	2001	✓	✓	✓			Health PEI
	Prince Edward Island Financial Assistance, Children In Care, Family Health Benefit and Smoking Cessation Drug Programs	2015		✓	✓			Health PEI—Mental Health and Addictions

NRT = Nicotine Replacement Therapy (e.g., patch, gum, lozenge, mist)
BUP = Bupropion
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Coverage of Cessation Aids in Canada

Adaptations for Persons Living with Mental Illnesses and/or Addictions

	Program Name	Start Date	NRT	BUP	VAR	CYT	Adaptations for Persons Living with Mental Illnesses and/or Addictions	Agency Responsible for Program Administration
Newfoundland + Labrador**	Newfoundland and Labrador Smoking Cessation Program for Individuals with Low Income (Newfoundland and Labrador)	2014		✓	✓		Individual 18+, who are registered under the Newfoundland and Labrador Prescription Drug Program's Access, Foundation, or 65+ Plans are eligible to receive up to 12 continuous weeks (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 copay arrangement up to \$75.00 per year.	Government of Newfoundland and Labrador (Departments of Health and Community Services, Children, Seniors and Social Development)
	Prescription Drug Program)	2018	Patch, gum, lozenge, inhaler				In cases where more than 21mg of the nicotine patch per day is needed upon initiation of NRT, health care providers can apply under the special authorization process detailing the required dose, duration and clinical rationale.	

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

BUP = Bupropion

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*No specific adaptations were identified for persons living with mental illnesses and/or addictions

**Pharmacists can prescribe cessation aids.

Coverage of Cessation Aids in Canada

Adaptations for Persons Living with Mental Illnesses and/or Addictions

	Program Name	Start Date	NRT	BUP	VAR	CYT	Adaptations for Persons Living with Mental Illnesses and/or Addictions	Agency Responsible for Program Administration
Newfoundland + Labrador** (cont'd)	Humberwood Addictions Treatment Centre	2010	gum + patch				Clients (inpatients) who use tobacco are offered pharmacotherapy in the form of gum or patch + prescription NRT is offered at discharge	Western Health Regional Health Authority
	Waterford Hospital	2008	gum + patch				All clients screened for tobacco use. Inpatients who use tobacco are eligible for free NRT during admission	Eastern Health Regional Health Authority
	Recovery Centre		✓				All clients screened for tobacco use. Inpatients who use tobacco are eligible for free NRT during admission	Eastern Health Regional Health Authority
	Grace Centre		✓				All clients screened for tobacco use. Inpatients who use tobacco are eligible for free NRT during admission	Eastern Health Regional Health Authority
Federal*,**	First Nations Inuit Health Non-Insured Health Benefits Program	2001	patch, gum, lozenge, mist	✓	✓			Indigenous Services Canada

NRT = Nicotine Replacement Therapy (e.g., patch, gum, lozenge, mist)
BUP = Bupropion
VAR = Varenicline
CYT = Cytisine

*No specific adaptations were identified for persons living with mental illnesses and/or addictions

**Pharmacists can prescribe cessation aids.

Smoking Cessation Programs for Persons Living with Mental Illnesses and/or Addictions



Smoking Cessation Programs in Canada for Persons Living with Mental Illnesses and/or Addictions

	Program Name	Start Date	Agency Responsible for Program Administration	CAN-ADAPTT Alignment	
				COUN	MH
Yukon	QuitPath	2015	Government of Yukon (Department of Health and Social Services)	strong	strong
Northwest Territories*					
Nunavut*					
British Columbia*					
Alberta	QuitCore	2011	Alberta Health Services	strong	strong
	Tobacco Care Pathway, (previously known as Tobacco Free Futures) (implemented in mental health and addictions facilities)	2011	Alberta Health Services	strong	Strong
	Residential Tobacco Cessation Program	2017	Alberta Health Services – Landers Treatment Centre	strong	strong
Saskatchewan*					

*No specific programs identified as adapted for persons living with mental illnesses and/or addictions

Smoking Cessation Programs in Canada for Persons Living with Mental Illnesses and/or Addictions (cont'd)

	Program Name	Start Date	Agency Responsible for Program Administration	CAN-ADAPTT Alignment	
				COUN	MH
Manitoba	Non-Smoking Club		Behavioural Health Foundation		
	Ready for Change	2016	Canadian Mental Health Association, Manitoba in collaboration with Manitoba Lung Association	strong	strong
Ontario	STOP Program – Addictions Sites	2012	Centre for Addiction and Mental Health x58 addiction agencies (103 unique sites)	strong	strong
	STOP Program – Primary Care	2011	Centre for Addiction and Mental Health (x153/184 family health teams, x61/75 community health centres, x18/24 NP-led clinics)	strong	strong
	Nicotine Dependence Clinic	1998	Centre for Addiction and Mental Health	strong	strong
	Ottawa Model for Smoking Cessation		Canadian Mental Health Association, Ottawa, Ottawa Inner City Health, The Royal Ottawa Mental Health Centre, Centre for Addiction and Mental Health, Homewood Health Centre, Ontario Shores for Mental Health Sciences, Providence Care Hospital, St. Joseph's Healthcare London: Parkwood Mental Health Care + Addictions Programs (x3 – Vitanova Foundation, Maison Fraternité, Serenity House)	strong	strong
	CMHA Ottawa Smoking Cessation/Reduction Clinic	2011	Canadian Mental Health Association, Ottawa + satellite clinic at Ottawa Salus	strong	strong

Smoking Cessation Programs in Canada for Persons Living with Mental Illnesses and/or Addictions (cont'd)

	Program Name	Start Date	Agency Responsible for Program Administration	CAN-ADAPTT Alignment	
				COUN	MH
Ontario (cont'd)	Nicotine Dependency Counsellors (LHIN-funded initiative)	2015	Four addiction agencies in Ottawa area [Maison Fraternité, Vesta Recovery Program for Women, Serenity House + Mackay Manor (Renfrew)]		
	Smoking Cessation Program		Ontario Shores Centre for Mental Health Sciences		
	Smoking Cessation Program and Non-Smoking Agreement		New Port Centre – Niagara Health System		
Québec*					
New Brunswick	Ottawa Model for Smoking Cessation – Mental Health and Addiction Agencies		Horizon Health Network [Methadone maintenance program (Fredericton, outpatient) + in-patient psychiatry units (x3) + Centracare (in-patient psychiatric hospital) + long-term mental health recovery services (Saint John, outpatient centres) + Ridgewood Addiction Services (inpatient + outpatient facilitates)] AND Vitalité Health Network [Restigouche Hospital in-patient psychiatric units (x4) + 3 inpatient addictions centres + 4 outpatient addictions centres]	strong	strong

*No specific programs identified as adapted for persons living with mental illnesses and/or addictions

Smoking Cessation Programs in Canada for Persons Living with Mental Illnesses and/or Addictions (cont'd)

	Program Name	Start Date	Agency Responsible for Program Administration	CAN-ADAPTT Alignment	
				COUN	MH
Nova Scotia	MAPP (Mental Health, Addiction Services, and Public Health Program)	2011	Nova Scotia Health Authority (available in some zones)	strong	strong
Prince Edward Island*	QuitCare	2001	Health PEI – Mental Health and Addictions	strong	

*No specific programs identified as adapted for persons living with mental illnesses and/or addictions

Smoking Cessation Programs in Canada for Persons Living with Mental Illnesses and/or Addictions (cont'd)

	Program Name	Start Date	Agency Responsible for Program Administration	CAN-ADAPTT Alignment	
				COUN	MH
Newfoundland + Labrador	You Can Stop by Starting with Us – Smoking Cessation Group Program (available in-person and online)	1999	Mental health and addictions facilities in collaboration with the NL Lung Association Smokers' Helpline	strong	
	Smoking Cessation Program	2008	Waterford Hospital (acute care provincial mental health facility)	strong	strong
		2010	Humberwood Addictions Treatment Centre – Western Health	strong	strong
		2009	Recovery Centre – Eastern Health	strong	strong
		2016	Grace Centre- Adult Addictions Treatment Centre	strong	strong
	Early Psychosis Program, Clinical Pharmacists Smoking Cessation Program	2014	Waterford Hospital - Eastern Health Regional Health Authority		
Medication Therapy Services Clinic Smoking Cessation Program	2016	Memorial University School of Pharmacy	strong	strong	
Federal*					

*No specific programs identified as adapted for persons living with mental illnesses and/or addictions

Policy, Protocols and Capacity-Building



Policy, Protocols and Capacity-Building to Support Smoking Cessation for Persons Living with Mental Illnesses and/or Addictions

	Agency Responsible for Program Administration	Start Date	Activities/Details
Yukon	Government of Yukon under QuitPath	2015	Smoking cessation educational outreach sessions delivered at the Mental Wellness and Substance Use Services for individuals in their intensive treatment programs, with NRTs and counselling available during treatment. After treatment, they can be referred to QuitPath and continue to receive NRTs and counselling.
Northwest Territories	Government of Northwest Territories	2012	Mental health facilities are smoke-free, clients and staff must go off grounds to use tobacco products including electronic cigarettes.
Nunavut	Government of Nunavut	2015	Cessation training for healthcare providers (e.g., community health nurses, psychiatric nurses) including specific training on cessation for individuals with mental illnesses and/or addictions.
British Columbia	QuitNow	2015	Healthcare practitioners working with mental health and addictions populations participated in a series of sessions covering population needs, drug interactions and cessation approaches.
Alberta	Alberta Health Services Tobacco Reduction Program	2010	Tobacco Free Futures Addiction and Mental Health Guideline for healthcare providers who engage populations with mental illnesses and/or addictions. Partnership in place with AHS Addiction and Mental Health Leadership to develop a comprehensive tobacco reduction strategy (including cessation) for patients receiving care at an AHS inpatient/residential facility.

*No specific policies, protocols or trainings identified as adapted for persons living with mental illnesses and/or addictions

Policy, Protocols and Capacity-Building to Support Smoking Cessation for Persons Living with Mental Illnesses and/or Addictions

	Agency Responsible for Program Administration	Start Date	Activities/Details
Alberta	Alberta Health Services - Tobacco and Smoke-Free Environments Policy	2012 (updated in 2016)	Pertains to all Alberta Health Services sites and contracted service providers including mental health and addictions facilities.
	Alberta Health Services Tobacco Reduction Program	2012	AlbertaQuits Learning Series cessation training offered to healthcare providers including counselling and pharmacology adaptations for working with persons living with mental illnesses and/or addiction. Series includes, Tobacco Cessation Pharmacology for Mental Health Workshop. Five pre-requisite trainings support staff to become Certified Tobacco Educators.
Saskatchewan*			
Manitoba	Ready for Change, Canadian Mental Health Association, Manitoba in collaboration with Manitoba Lung Association	2016	Program staff receive training on brief counselling and motivational interviewing for smoking cessation.
Ontario	Centre for Addiction and Mental Health		TEACH specialty training course for smoking cessation for persons living with mental illnesses and/or addictions.
	Centre for Addiction and Mental Health – Tobacco-Free Policy	2014	All sites and facilities are smoke-free, clients and staff cannot possess tobacco products including electronic cigarettes.
	Ottawa Model for Smoking Cessation		Develop and tailor smoking cessation protocols and policies for specific sites including mental health and addictions agencies.
	Government of Ontario	2018	Outdoor grounds of government properties, all hospitals, and psychiatric facilities (including designated smoking areas) are smoke free.

Policy, Protocols and Capacity-Building to Support Smoking Cessation for Persons Living with Mental Illnesses and/or Addictions

	Agency Responsible for Program Administration	Start Date	Activities/Details
Québec	Quit Smoking Centres	2014	Smoking Cessation Guidelines were developed in 2014 for counsellors in Quit Smoking Centres to support special populations, including those with mental health and addiction issues
New Brunswick	Horizon Health Network AND Vitalité Health Network	2015	Smoke-free grounds policy applies to all psychiatric and addictions facilities within the two regional health authorities
Nova Scotia	Nova Scotia Health Authority – Mental Health and Addictions - Central Zone	2015	Mental Health and Addictions (Central Zone) offers a one day fundamental of TEACH training on a monthly or bi-monthly basis to all mental health and addictions staff, pharmacy partners and IWK partners
	Nova Scotia Health Authority	2018	Fundamentals of TEACH now being offered as part of Mental Health and Addictions general orientation for program staff
		2018	NSHA Smoke and Tobacco Reduction Policy: 5As for admitted patients and 3As for ambulatory and home care patients. Patients who want to manage nicotine withdrawal symptoms or stop smoking during their hospital stay are offered free Nicotine Replacement Therapy (NRT) gum and patches.
Prince Edward Island*			

*No specific policies, protocols or trainings identified as adapted for persons living with mental illnesses and/or addictions

Policy, Protocols and Capacity-Building to Support Smoking Cessation for Persons Living with Mental Illnesses and/or Addictions

	Agency Responsible for Program Administration	Start Date	Activities/Details
Newfoundland + Labrador	Labrador Grenfell Health Smoke-Free Environment Policy	2008	Smoke-free grounds policy applies to all psychiatric and addictions facilities within the four regional health authorities. Clients are screened for tobacco use and offered pharmacotherapy and a referral to the Provincial Smokers' Helpline.
	Western Health Smoke-free Policy	2008	
	Central Health Smoke and Tobacco Free Properties Policy	2009	Staff at treatment centres within each health authority receive CAMH TEACH specialty training.
	Eastern Health Smoke-free Environment Policy	2009	
	Waterford Hospital (acute care provincial mental health facility)		All staff receive CAMH TEACH specialty training.
	Humberwood Addictions Treatment Centre - Western Health	2010	Online "Tobacco and Public Health: From Theory to Practice" course is a core competency for all staff + a smoking cessation toolkit was developed and is a required reading for all staff. All staff receive CAMH TEACH speciality training.
	Recovery Centre – Eastern Health		All staff receive CAMH TEACH specialty training.
	Grace Centre- Adult Addictions Treatment Centre		All staff receive CAMH TEACH specialty training.
Smokers' Helpline in collaboration with NL Lung Association	2004	CARE (Community Action and Referral Effort) is available for mental health and addictions professionals to link their clients to counselling services	
Federal*			

Discussion

- In most jurisdictions, persons with mental illnesses and/or addictions are eligible for existing general, whole-of-population smoking cessation programs; few examples of tailored smoking cessation programs for this population currently exist in Canada; however increased activity has been reported over the past year.
- Amongst healthcare providers, widespread misconceptions and fear that many smoking cessation interventions may lead to an increase in adverse events among persons living with mental illnesses and/or addictions remain; however, a recently published randomized controlled trial provides evidence to support the safe use of cessation medication in this population (see EAGLES study Anthenelli et al., 2016 in The Lancet).



Discussion (Cont'd)

- 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.



Considerations for Implementation

In developing or adapting smoking cessation programs for persons living with mental illnesses and/or addictions, consider the following:

- Combined use of counselling + cessation aids
- Combined use of NRT + smoking cessation medications
- Expanded coverage of cessation aids including longer duration of coverage to support multiple quit attempts and relapse prevention, variety of aids made available (NRT + medications)
- Use of harm reduction approaches, where appropriate
- Improved communication between primary care, mental health and addictions specialists, and pharmacists to support seamless client/patient care and follow-up
- Offering training and tailored protocols for staff working with persons with mental illnesses and/or addictions to support smoking cessation



Suggested Citation

Please use the following citation when referencing information from this product:

Canadian Partnership Against Cancer (2019).
Leading Practices in Smoking Cessation for
Persons Living with Mental Illnesses and/or
Addictions (v3.0). Available at: <insert link>,
Accessed: [enter date]



Questions?

Please send questions and/or comments to:
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Acknowledgements

Production of this program scan has been made possible through financial support from Health Canada through the Canadian Partnership Against Cancer.

