

2021

HELPING PEOPLE WITH CANCER QUIT SMOKING

EXECUTIVE SUMMARY

A business case
to improve access to
smoking cessation
medications
in Canada

EXECUTIVE SUMMARY:

Improving access to smoking cessation medications in Canada

Evidence-based smoking cessation support is a critical component of first-line cancer treatment and high-quality cancer care. Quitting smoking improves people's survival and quality of life and reduces costs to the health-care system. Provinces and territories have been making good progress over several years to integrate smoking cessation supports into their outpatient cancer care settings. Most outpatient cancer care settings in Canada now offer people evidence-based support to quit smoking, and many are working to offer culturally appropriate supports for First Nations, Inuit and Métis people with cancer.

However, gaps in financial coverage and access to smoking cessation medications across Canada have created barriers for many people with cancer who want to quit. These barriers are more acute for people who experience health inequities, many of whom require more support to quit smoking.

Few people in Canada can access free smoking cessation medications when and where they receive cancer treatment – an approach recommended by

experts to reduce barriers to quitting. While some provinces have short-term funding to provide free smoking cessation medications in the cancer care setting, Manitoba has the only provincial cancer system with sustainable funding to offer free smoking cessation medications and behavioural counselling to people with cancer at the point of care. Even people who can get smoking cessation medications covered by publicly funded programs, drug benefit programs or private health insurance may experience barriers, including limited access to health-care providers and pharmacies.

Federal, provincial and territorial governments and agencies responsible for cancer care can improve the funding and delivery of smoking cessation medications for people with cancer by implementing the following recommendations. Some governments have already taken action to increase access to smoking cessation medications; others have more work to do to implement these recommendations:

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1

FUND A COMBINATION OF SMOKING CESSATION MEDICATIONS FOR ALL PEOPLE WITH CANCER.

Provincial and territorial governments should fund all types of smoking cessation medications for all people with cancer so they can receive them for free at least 12 weeks a year, and ideally longer. This would provide people with the flexibility to choose the medication or combination of medications that work for them and enable people to use these medications for as long as they need to prevent a relapse.

2

PROVIDE FREE SMOKING CESSATION MEDICATIONS DIRECTLY TO PEOPLE WITH CANCER AT THE POINT OF CARE.

The use of smoking cessation medications helps reduce people's addiction to nicotine and can more than double quit rates. Offering medications at the point of care increases their use and may make it easier for people with cancer to quit. Therefore, provincial, territorial and federal programs, including those that already fund free smoking cessation medications for the general population, should increase access to medications by providing them free at the point of care. For example, the BC Smoking Cessation Program, which already provides 12 weeks a year of free nicotine replacement therapy to residents of British Columbia, may improve uptake and outcomes by providing smoking cessation medications in cancer care settings or mailing them directly to a person's home.

3

COMMIT TO SUSTAINABLE FUNDING FOR PROGRAMS THAT CURRENTLY USE SHORT-TERM FUNDING TO PROVIDE POINT-OF-CARE SMOKING CESSATION MEDICATIONS FOR PEOPLE WITH CANCER.

Provinces that currently provide free smoking cessation medications at the point of care using short-term funding – such as Saskatchewan, New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland and Labrador – should follow Manitoba's example and commit to sustainable, long-term funding to deliver these services.

4

FACILITATE ACCESS TO SMOKING CESSATION MEDICATIONS FOR FIRST NATIONS, INUIT AND MÉTIS WITH CANCER.

Federal, provincial and territorial governments and agencies responsible for cancer care should make a concerted effort to facilitate access to smoking cessation medications for First Nations, Inuit and Métis with cancer by providing culturally appropriate care, improving coordination across providers and programs and making smoking cessation medications more readily available in remote communities.

Each of these investments by provincial, territorial and federal governments would reduce barriers for people with cancer who need help quitting smoking, thereby reducing health inequities, improving smoking cessation rates, increasing the effectiveness of cancer treatments and reducing costs to the health-care system.



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For the full report, visit:
[partnershipagainstcancer.ca/topics/
access-smoking-cessation-medications](https://partnershipagainstcancer.ca/topics/access-smoking-cessation-medications)

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