Building Partnerships

Tobacco Cessation in New Brunswick
Working in the White Space
Challenges

• Rules are vague
• Authority is fuzzy
• Problems are complex
• Strategy is unclear
• Budgets are non-existent
Partnership
Filling in the White Space to Address Issues
Benefits

- Develop mutually beneficial relationships (shared responsibility)
- Produce results - solve challenging problems/issues
- Mobilize resources of many
- Build capacity within participants
What is Needed

• Persistence/commitment
• Creativity
• Willingness to work with what you can get (rather than what you think you need)
• Partnership thinking
• Leadership
Tobacco Use

- Tobacco use is the #1 cause of preventable disease, disability and death in Canada. It is responsible for more than 47,500 deaths per year in Canada. This translates into a Canadian dying every 12 minutes from a tobacco related disease.

- 24% of New Brunswickers smoke compared to a national average of 20% (CTUMS 2004)

- In NB, tobacco is attributed to over 1300 deaths a year.
Tobacco Use – Progress Has Been Made!

- Since 1985 smoking prevalence decreased in all age groups (35% to 20% in 2004)
- Fewer cigarettes being smoked from 20.6 per day in 1985 to 15.2 per day in 2004
- In 2004 majority (55%) of Canadians were “never smokers”; 26% were “former smokers”
- Smoke free legislation becoming norm in many Canadian jurisdictions
Health Effects of Smoking

• Strong scientific evidence linking smoking to more than 2 dozen diseases and conditions

• Harmful effects of smoking include:
  Cancers (lung, mouth/throat/voice box, pancreas, kidney/bladder)
  Coronary heart disease (aortic aneurysms, heart attacks, circulatory problems, stroke)
  High blood pressure
  Gum disease, tooth decay
  Respiratory diseases (COPD, chronic bronchitis, emphysema)
  Osteoporosis
  Thyroid disease
  Fertility problems

• Smokeless tobacco major cause of cancer of mouth/throat & serious dental health problems

• Unless smokers quit, ½ will die from their smoking, most of them before their 70th birthday
Cessation → Supporting Smokers in their Quit Smoking Efforts

• Most smokers would like to quit:
  – 34 made 1 - 3 quit attempts in past 12 months
  – 13% made 4 or more quit attempts in past 12 months

• Smokers vary in their readiness to quit:
  19% precontemplation (not interested in quitting in next 6 months)
  16% contemplation (seriously considering quitting, but never tried)
  8% preparation (seriously considering quitting within 30 days)
  2% action (former smokers quit within past 5 months)
  55% maintenance (former smokers; quit at least 6 months ago)

• It is never too late to quit.
NBATC Cessation Network Objectives

• To develop a coordinated cessation network accessible across the province
• To ensure that a continuum of services is available to address the different needs of smokers
• To increase the adoption, reach and impact of evidence-based interventions in NB
• To build increased cessation capacity through strategic partnerships
Comprehensive Cessation Support Continuum

All providers

CTI
Ask-Advise
and Refer
…to range of cessation options

30-45 seconds

Brief interventions by health professionals

Self Help

Pharmco-therapy

CTI Assist
5-10 minutes

Smokers Helpline
Multiple calls 15-20 minutes

Providers with more expertise deliver cessation support services

Intensive Services
e.g. groups
1:1 counseling

Population at large
→ Smokers who wish to quit
→ Smokers needing more support
In New Brunswick there are now more people who quit smoking (33%) than who smoke (25%).

**How to get support**

There are many supports available to help in quitting. If one doesn’t help, there are other options.

Other things that can affect successful quitting are factors like: how confident you are now, how much support you have, and how stressed you feel.

You **can** quit smoking. It may not be easy but it can be done.

**Call for free and confidential: Information-Advice - Support**

**Smokers’ Helpline** Trained quit specialists will answer all your questions and even help you set up a plan and follow it through. They can also put you in touch with individual or group counseling services nearest you.

We can help you focus on your reasons for quitting, learn new ways to break your habit and develop skills you need to quit successfully.

**Smokers’ Helpline** 1-877-513-5333 Monday to Thursday 9am - 9pm and Friday 9 am - 5pm.

**Where to go**

**Self help**

You may want to try to quit on your own. Self help resources usually include information booklets and brochures that help you through the quitting process.

**CALL:**

Cancer Information Service (Canadian Cancer Society) 1 689-939-3333

LOG ON: Health Canada's website: www.gosmokefree.ca to try their e-quit service

**Health Professionals**

Health professionals will tell you that quitting smoking is the best thing you can do for the health of you and your family.

In New Brunswick, health care professionals such as physicians, nurses, dentists, dental assistants, and pharmacists can help. Talk to your health care professional.

**Medications**

There are a variety of medications that may improve your chance of success.

Talk to your health care provider about what's right for you.
Clinical Tobacco Intervention (CTI) Program

• Promotes use of “brief intervention” with each identified smoking client, by all providers they interact with

• Easily integrated

• Effective tool for providers
  e.g., physicians, nurses, dentists, dental hygienists, pharmacists, etc
Why CTI?

• Smoking cessation counselling is widely recognized as an effective clinical practice

• Even a brief intervention by a health professional significantly increases the cessation rate.

• Most smokers report not being asked about smoking or advised to quit

• A smoker’s likelihood of quitting increases when he or she hears the message from a number of providers from a variety of disciplines.
Why CTI? (cont’d)

• Nearly all Canadians consult a health professional at least once a year; often at a “teachable moment”
• Examples of teachable moments:
  – Respiratory infection
  – Childs ear infection
  – Teeth cleaning
  – Post heart attack
  – Pre-surgery
  – High blood pressure
  – Filling a prescription
  – Patients using oxygen
• If all health professionals would ask-advice with each client who smokes, population impact is huge – collectively # smokers would decrease by 2% every year
CTI ensures:

• Consistent, supportive & accurate messaging with respect to tobacco cessation

• Referrals to cessation network service options (self help, smokers’ helpline, medications, etc)

Our vision → that every smoker is consistently and supportively advised/assisted to quit, by every provider they connect with, at each visit
Clinical Tobacco Intervention
(30-45 seconds)

ASK ➔ every client about their smoking status

ADVISE ➔ importance of quitting

REFER / brief intervention ➔
- provide brochure of Cessation Network service options
- self help, medications, SHL
NB CTI Partners

Who can participate?

...any individual health care provider who interacts with clients who smoke Eg. nurses, doctors, pharmacists, respiratory therapists, social workers

...working in any program area (eg. VON Healthy Baby and Me, PH Early Childhood Initiatives program, Addiction Services, providers in a Community Health Centre, primary care physicians, ExtraMural staff, etc etc)
CTI Promotional Materials

Smoking Status Chart Stickers
Tear – Off Sheets
Cessation Network Brochure
Smoking Status Chart Stickers
Self Help Resources

Sur la voie de la réussite
Pour comprendre et changer votre relation avec la cigarette

On the Road to Quitting
Understanding and changing your relationship with cigarettes
Pharmacotherapy

- Pharmacotherapy increases cessation rates significantly (doubles success)...BUT it is under-utilized
- Works best when combined with counseling
- Two categories:
  - Over the counter Nicotine Replacement Therapies (gum, patch, nasal spray, inhaler, lozenge)
  - Prescription (Zyban)
For Smokers Who:
• Want to quit
• May be thinking about kicking the habit
• Have stopped smoking and need support
• Enjoy smoking and do not want to quit

Call Toll-Free:

Smokers’ Helpline
1-877-513-5333

No guilt trips. No nagging.
Just solid information, advice and support.
When it's right for you, we're ready to help.

Funding for this program has been provided in part by Health Canada.
Smokers Helpline: Telephone Counseling

Reactive Calls
• Respond to incoming calls

Proactive Calls
• Outbound calls
• Subsequent to initial reactive call or fax back referral
Accessible

- Available to everyone in New Brunswick
- English and French
- Extended hours, Mon-Thurs 9-9, Fri 9-5
- Immediately connected to a live Quit Specialist
- Free
- Flexibility in location, amount, timing and intensity of contact
- Since inception Oct 2002 - 2472 calls
Acceptable

- Credible provider
- Confidential - anonymous service
- One-on-one attention by a quit specialist
- Tailored to individual callers’ needs
- Non-judgmental and supportive
- No scheduled classes – clients call at their convenience
- Evidence-based
- Used as added support to existing services
Now Available:
Provider “FAX REFERRAL” Service

• Enables provider to fax referral to the SHL (after client consent)
• Prompts a proactive initial call to client by SHL
• Pilot in other provinces significantly increased SHL reach (e.g., NL – tripled call volume)
• Protocol and referral forms can be downloaded from www.nbatc.ca
Smokers' Helpline Fax:
1-877-513-5334

Smokers' Helpline
FAX REFERRAL FORM

Complete this form to have Smokers' Helpline contact you. PLEASE PRINT
I am willing to be contacted by Smokers' Helpline staff who will provide information, advice and support on quitting tobacco.

FIRST NAME ___________________________ LAST NAME ___________________________

TELEPHONE ( ) HOME □ WORK □ CELL □

I would like to communicate with Smokers' Helpline in: English □ French □ (please check one)

This program will only work if we can contact you. Please let us know the best available time period to reach you by checking the appropriate box.

Please Select One: □ Morning □ Afternoon □ Evening

If you are not available when we call, can we leave a message for you? YES □ NO □
If yes, may we identify ourselves as Smokers' Helpline? YES □ NO □

Gender: Male □ Female □ Postal Code ___________________________

I GIVE PERMISSION TO HAVE THIS FORM FAXED TO SMOKERS' HELPLINE AND TO BE CONTACTED BY SMOKERS' HELPLINE.

PATIENT/CLIENT SIGNATURE ___________________________ DATE (MM/DD/YYYY) ___________________________

Your privacy is important to us. Some information you provide on this referral form may be considered personal information. This information will be collected, used and shared for the sole purpose of delivering Smokers' Helpline services to you and for the maintenance of statistical information. You may choose not to participate or not to answer any question with no effect on your future care.

Fax Téléassistance
pour fumeurs :
1-877-513-5334

Téléassistance pour fumeurs
FORMULAIRE DE RÉFÉRENCE PAR FAX

Remplissez ce formulaire afin que la téléassistance pour fumeurs communique avec vous pour discuter de questions ou de préoccupations que vous voudrez soulever au sujet de la cessation tabagique. ÉCRIRE EN CARACTÈRES D'IMPRIMERIE.

Je consens à être contacté par le personnel de téléassistance pour fumeurs, qui répondra à mes questions et qui offrira des conseils et du soutien sur la cessation tabagique.

PRÉNOM: ___________________________ NOM DE FAMILLE: ___________________________

NUMÉRO DE TÉLÉPHONE ( ) DOMICILE □ TRAVAIL □ MOBILE □

Je souhaite communiquer avec la téléassistance pour fumeurs en: (cochez une case seulement)

Anglais □ Français □

Ce programme ne fonctionnera que si nous sommes en mesure de communiquer avec vous. Veuillez nous aviser du moment de la journée qui est le plus propice pour vous en cochant la case appropriée.

Cochez une case seulement: □ matin □ après-midi □ soir

Si vous n'êtes pas disponible lorsque nous communiquez avec vous, pouvons-nous vous laisser un message?

OUI □ NON □

Dans l'affirmative, pouvons-nous nous identifier à titre de téléassistance pour fumeurs?

OUI □ NON □

Sexe: Homme □ Femme □ Code postal ___________________________

JE CONSENS À CE QUE CE FORMULAIRE SOIT TÉLÉCOPIÉ À LA TÉLÉASSISTANCE POUR FUMEURS ET QU'ILS COMMUNIQUENT AVEC MOI.

SIGNATURE DU CLIENT/PATIENT ___________________________ DATE (MM/JJ/AAAA) ___________________________

La protection de votre vie privée nous importe. Certains renseignements fournis par vous dans le présent formulaire de référance peuvent être considérés comme des renseignements personnels confidentiels. Ces renseignements seront recueillis, utilisés et partagés uniquement dans le but de vous procurer les services de la téléassistance pour fumeurs et pour la compilation de renseignements d'ordre statistique. Ce fax est d'ordre privé, confidentiel et peut constituer des renseignements privilégiés, et est en outre destiné uniquement à la téléassistance pour fumeurs. Si vous avez reçu ce fax par erreur, veuillez en aviser l'expéditeur et le détruire. Toute utilisation non autorisée ou toute divulgation de ces renseignements télepapier est strictement interdite.

Adapté de Clinical Tobacco Intervention, Ontario Canada
We encourage you to print, make copies or download this form from www.nbanti.ca for office use.
Intensive services

• Variety of options
  – Individualized 1:1 counseling may be available on an outpatient basis
  – Group support programs e.g. Fresh Start support group
  – Weekend retreat – RHA2
Opportunities & Possibilities

How can YOU or your organization get involved and “fill in the white space”

• brainstorm
Opportunities & Possibilities for RHAs…

- Implement CTI program
- Build system capacity to support cessation options, e.g.
  - offer ongoing cessation support training to providers (i.e., 3 hour “Assist” training, 2 day facilitator training for Fresh Start)
  - build capacity for provision of cessation services at key community sites (i.e., CHCs)
  - identify lead expertise in cessation within each RHA (to be a source of training, consultation, resources, etc)
- Join NBATC Cessation Network group
NB Anti-Tobacco Coalition
Cessation Network

• DHW (PH) – chairperson
• Smokers’ Helpline Coordinator
• Canadian Cancer Society
• Heart and Stroke Foundation -NB
• NB Medical Society
• Nurses Association of NB
• NB Pharmacists Association
• NB Dental Hygienists Association
• VON
• Addiction Services - RHA 2, RHA 3