

For Information

DATE: October 24, 2011

REPORT TITLE: **UPDATE ON LIVING TOBACCO FREE: SMOKING CESSATION PROGRAMS**

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OBJECTIVE

To inform of the smoking cessation program directions for the Public Health strategic priority and the Term of Council Priority **Living Tobacco Free**.

REPORT HIGHLIGHTS

- Peel Region has 170,500 smokers at risk of serious disease and premature death.
- Reviews of research evidence have shown that there are effective smoking cessation treatments which combine counseling and drug therapy.
- Program reviews demonstrated that program reach was extremely limited because of very little funding.
- New initiatives are underway which build on collaboration with other health care providers and combine effective smoking cessation services with increased reach.

DISCUSSION**1. Background**

Peel Public Health has a 10 year strategic priority to reduce the use of tobacco products in the Region. This was outlined in the Public Health 10 year strategic plan approved by Regional Council on May 7, 2009, and is a Term of Council Priority. The strategy has three areas of focus: prevention of smoking initiation, protection from second hand smoke through the enforcement of the *Smoke Free Ontario Act* and other relevant legislation, and promotion of successful smoking cessation among current smokers.

This report is an update on the third area of focus, smoking cessation programming.

a) Smoking in Peel

Smoking remains a leading cause of morbidity and premature mortality for Peel residents. While 170,500 Peel residents are current smokers (15.5 per cent), they are not evenly distributed throughout the population. Men have double the rate of women, at 21.1 per cent versus 10.1 per cent respectively. This percentage is strikingly high among those 20 to 29 years of age, where 30.7 per cent of men and 16 per cent of

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women are smokers. Many Peel smokers are actively trying to quit, and the proportion which is successful has increased between 2000 and 2008. Approximately 4 per cent of those who have ever smoked succeeded in quitting in the past year.

b) Current Smoking Cessation Programming by Peel Public Health

i) Legislated Requirements

The Ministry of Health and Long-Term Care (MOHLTC) Public Health Standards mandate the Board of Health to provide comprehensive tobacco control programming. This includes promotion of smoking cessation among young people and adults, and ensuring the provision of tobacco use cessation programs and services for priority populations.

ii) Current Program Resources

Smoking cessation programming is funded 100 per cent by the Ministry of Health Promotion and Sport. Public Health currently has 4 Full Time Equivalent (FTE) for this area of programming which, until recently, was highly prescribed by the Ministry. It included individual counseling, group counseling, and a **Driven to Quit** contest. The latter was a provincial program which encouraged smokers to enroll in a contest to win a car by committing to stop smoking.

Staff have reviewed the research evidence for the effectiveness of this type of programming and have conducted program reviews. The research indicated that **Driven to Quit** type contests have almost no evidence for effectiveness. By contrast, counseling is an effective treatment for smoking cessation, particularly when combined with smoking cessation drugs.

However, the program reviews demonstrated that very few smokers could be served with the limited resourcing for the counseling programs that Peel Public Health was delivering directly to smokers. Consequently, staff decided to suspend these areas of programming pending a review of other strategies which could effectively reach more Peel smokers through partnerships with health care providers.

2. New Smoking Cessation Initiatives

Smoking cessation treatment is most effective when provided in a tailored way to individual smokers. Because of extremely limited program resources (4 FTE), the large number of smokers (170,500), and the focus of Peel Public Health on population level strategies, staff has investigated working with community partners to ensure these services are available to any smoker who wants to quit. Excellent progress has been made over the past 12 months.

An early initiative was the training of Public Health staff who have regular contact with individual clients in the course of their work. Staff who are already providing service to clients including those in the Family Health Division, in the Families First program, and in the dental programs have all been trained to provide Minimal Contact Intervention. This brief counseling has been shown by research to be an effective way to promote smoking cessation while requiring only a few minutes more with the client. In this way, the current smoking cessation staff has been able to expand their reach by approximately 120 staff.

Peel has also been expanding reach with community partners. Currently a pilot project is underway with Trillium Health Centre to evaluate an in-patient smoking cessation program.

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The program has a community outreach component once the patient is discharged from hospital, and this is being provided by Public Health staff. This program has been well researched in other jurisdictions, and it is anticipated that it will prove effective in Peel as well. However, because of the diversity in the Peel population, the program will be evaluated carefully before it is expanded.

Thirdly, program staff recently completed a review of the research on the effectiveness of smoking cessation treatment provided by primary care physicians and other health professionals. The evidence indicates that a combination of brief counseling and drug therapy can be effective. Peel Public Health plans to partner with local physicians and other health care providers to expand cessation services available to Peel citizens. This approach will take advantage of special OHIP billing codes provided by the Ministry of Health and Long-Term Care for physicians, and the provision of drug therapy that is available from the Ministry, free of charge, to certain priority populations.

CONCLUSION

Peel Public Health has conducted research and program reviews to understand the range of effective smoking cessation services available to the 170,500 smokers living in the Region. Promising new directions include the addition of minimal contact interventions by Peel Public Health staff who see individual clients, and partnership with health professionals and hospital partners delivering these services.



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