**STOP/INTREPID Teleconference: Wednesday, Nov 6, 2024, 1:00-2:00 pm**

([**General meeting link**](https://camh.webex.com/camh/j.php?MTID=mc4605326350fc582c07876c20645d918))

# Land Acknowledgment:

* Identify the land you are joining us from today ([**https://www.whose.land/en/**](https://www.whose.land/en/))

# Summary Nov 6 Teleconference:

# [STOP Program Updates](#_STOP_Program_Updates:): We are temporarily adjusting Step 1 (21 mg) orders as we are experiencing some delays with our vendor. Contact us for urgent requests or concerns.

# [TEACH Updates:](#_TEACH_Updates:_TEACH) TEACH offers several self-study courses and free webinars! You can also join the listerv to network and connect with other healthcare providers to share your questions/experiences .

# [SOTN Updates:](#_SOTN_Updates:_SOTN) SOTN is working with Public Health Units to advertise the program in local regions. Health Units can receive up to $1000 to fund an advertising initiative for SOTN in their area, contact stop.phus@camh.ca for more information. All invoices must be received in advance of March 17 2024.

# [STOP with AHACs Updates:](#_STOP_with_AHACs) STOP with AHACs is looking to collaborate with organizations offering the STOP with AHACs program to co-create and participate in an evaluation of the program at these sites. Contact Aamir.Sholapur@camh.ca for more information.

# [Clinical Q&A:](#_Clinical_Q&A:_To) To watch the clinical Q&A with Dr. Osnat Melamed, click [here](https://urldefense.com/v3/__https:/camh.webex.com/camh/ldr.php?RCID=2e0aaea5dfa3de91409facd02ec9b037__;!!FxkXuJIC!aeNqK7Xuz531op5y9xFYHJA28vpCp4CZV8bvUwTFYUxuGLxMg4vlUSjQUikyNwDTLCsDPkrpN1GqH5c0EqnxJA$), Password: YiVKb2UF

# Summary of Oct 2 Teleconference:

* **We want to hear from you! Needs assessment discussion:** We conducted a needs assessment discussion with STOP practitioners at the teleconference to understand how we can improve our services and experience with the STOP Program for you and your patients. For a written summary of the feedback STOP practitioners provided, please see [page 6 onwards](#_STOP_Needs_Assessment) - thank you for all of your suggestions!
* If you were unable to attend the teleconference or you think of any other ways we can improve, please contact us at [stop.program@camh.ca](mailto:stop.program@camh.ca) and share your suggestions!

# STOP Program updates:

* NRT Orders
  + Currently experiencing some delays with our vendor, particularly with Step 1 (21mg) patches – this issue should be rectified in December.
  + We are temporarily adjusting amounts for incoming NRT orders; please reach out to us If you have any questions or concerns.
  + As always, please ensure current inventory matches your physical stock. If you have questions about how to do manage inventory, please refer to the operational resources [found here](https://intrepidlab.ca/en/stop/implementer-resources).

Clinical Q&A with Dr. Osnat Melamed

The second half of the teleconference was dedicated to a Q&A session with Dr. Osnat Melamed. This was an opportunity for STOP practitioners to ask about any clinical questions about smoking, vaping, NRT and other pharmacotherapies. You can find the full recording of that session in the link below:

[**Click here to watch the recording**](https://urldefense.com/v3/__https:/camh.webex.com/camh/ldr.php?RCID=2e0aaea5dfa3de91409facd02ec9b037__;!!FxkXuJIC!aeNqK7Xuz531op5y9xFYHJA28vpCp4CZV8bvUwTFYUxuGLxMg4vlUSjQUikyNwDTLCsDPkrpN1GqH5c0EqnxJA$)

**Password: YiVKb2UF**

A written summary of the Q&A can be found on [page 4 onwards](#_General_Q&A:).

# TEACH updates:

* [Self-study courses](https://teach.camhx.ca/moodle/)
* TEACH offers a selection of additional modules focused on specific populations or topics (e.g., tobacco interventions with: youth and young adults; cannabis; cancer care settings).

**For any questions about the above TEACH courses, workshops, and Educational Rounds, please reach out to** [**teach@camh.ca**](mailto:teach@camh.ca)

### Join T​EACH's Li​stserv​

The **TEACH Listserv** is a way for you to network and share information around cessation counselling. Join over 800 health care providers in sharin​​g and discussing current events, cutting edge research, and the latest changes in the health field!​​

If you are interested in subscribing, please have a read through of our [TEACH ​Listserv Guidelines](https://intrepidlab.ca/en/teach/PublishingImages/Pages/TEACH-Connect/TEACH%20CoP%20Listserv%20Guidelines.pdf).​

To subscribe, simply send an email from your preferred e-mail address to: [teach-request@info2.camh.net](mailto:teach-request@info2.camh.net?Subject=subscribe) and write 'subscribe' in the subject line of your e-mail.​

You will receive a message confirming your subscription, as well as instructions on how to post or unsubscribe - it's fast and easy!​​​

INTREPID updates:

* Visit our website to learn about INTREPID Lab updates: [www.intrepidlab.ca](http://www.intrepidlab.ca/)
  + To learn more about research studies that are currently recruiting new participants, visit this page: <https://www.nicotinedependenceclinic.com/en/Pages/Patient-Research.aspx>

# STOP on the Net (SOTN):

* We are working with **Public Health Units** to help promote our **STOP on the Net Program** – we want to reach out to as many people who might benefit from this program as possible, and you know your audience best!
* Therefore, CAMH is once again offering to reimburse up to **$1,000 total per Health Unit** between **October 1, 2024** and **March 1, 2024** for spending towards **SOTN promotional activities**
  + Eligible promotional activities include: radio advertising, social media campaigns (e.g., Facebook/Instagram, Twitter/X), promotional video development, website updates, bus shelters and public transit ads
    - If you would like to pursue a different promotional strategy than listed above, please connect with us
    - You are welcome to our poster and/or ads (sent via email on September 30) as a template for your promotional materials
    - Promotional materials must include:
      1. CAMH logo
      2. Funding acknowledgement statement: “**STOP on the Net is an initiative of the Smoking Treatment for Ontario Patients (STOP) Program, and is funded by the Ontario Ministry of Health**”
    - Please avoid using language that may reinforce stigma and public misconceptions about mental illness and addiction (e.g., labeling; guilt- or shame-based messaging), or imagery that depicts tobacco use
    - **Please Note:** we are currently in the process of making updates to the STOP on the Net program to optimize treatment offerings and increase access to supports for adults across Ontario. Therefore, **please do not include specific details around treatment offerings and length of treatment** as part of your advertisements.
  + **Promotion approvals:** All promotional materials must be reviewed by the STOP on the Net team before advertising publically – please send the final product (or script/mock up) to us and complete this table:

|  |  |
| --- | --- |
| **Type of ad (e.g., print, radio, website, video)** | **Do you give permission for CAMH to share this ad more widely for SOTN promotional purposes? Y/N** |
|  |  |

# STOP with AHACs:

# The STOP with AHACs Program has been operating in partnership with Aboriginal Health Access Centres and Indigenous-Led Health Organizations since 2014 to support smoking cessation initiatives in Indigenous Communities. Since its launch in 2014, the STOP with AHACs Program has seen over 4000 enrollments.

# The STOP team wants to collaborate and co-create with AHACs and Indigenous-Led Health Organizations to develop an evaluation exploring the impact of the STOP with AHACs Program.

# This initiative is grounded in co-creation and collaboration, cultural- and community-relevance, and OCAP compliance.

# All organizations offering the STOP with AHACs Program are invited to participate in this co-created evaluation. Participation in this initiative is entirely voluntary.

# An initial webinar for STOP with AHACs Program Implementers was held on November 12, 2024 (11-12:00 pm EST) – a meeting summary and next steps will be sent out.

# General Q&A:

**Q: Can you review the re-enrollment process for clients who self-enrolled the first time, but now want to enroll again via my STOP Portal?**

A: In this scenario, you can direct the patient to go to www.joinstoprogram .ca. Here the patient can login with their STOP Portal account and the system will automatically direct them to the enrollment survey. We will develop a quick info sheet that you can share with your patients to help guide them through the process.

**Q: How will clients know their Portal password if practitioners are signing them up?**

A: If practitioners are enrolling the patient, this would be a practitioner-assisted ‘regular’ STOP enrollment (not a self-enrollment), therefore they would not have a STOP Portal Account when they enroll. That said, you can generate an account for them by clicking on the purple ‘Enable Patient Dashboard’ button on the patient profile after they have been enrolled. If a client enrolled through the clinic before and are now re-enrolling (via self-enrollment), they can follow the self-enrollment steps as written and create their My STOP Portal account.

**Q: Can clients who are vaping be eligible for this program?**

A: Yes, the STOP Program is open for all forms of tobacco and nicotine use (if they fit the enrollment criteria). Please note, provision of NRT for vaping is considered off-label use. Please follow your organizations policies on how

Clinical Q&A

**Q: A client is very reluctant to reduce their NRT patch dosage due to fear of increased cravings and increased risk of smoking. Would it be okay to keep them on the 21mg patches?**

A: It is important to consider how long the client has been quit and consider how much short-acting NRT they are using – recommendations would vary.

* If it is a relatively new quit and client is using large amounts of short-acting NRT:
* Will likely need more time before reducing patch dosage
* Could increase dose of patch to 21mg and 7mg, then cut down on patches once there is a reduction or minimal use of short-acting NRT (ex. take away the 7mg over the course of a few weeks, then reduce 21mg to 14mg patches)
* If it has been a longer quit and client is only using 21mg patches:
* Explore why they are reluctant
* Address cravings and coping strategies that help them avoid smoking
* Affirm and reassure that they have been smoke-free and encourage reduction in patch dosage

**Q: What is the best approach for prescribing varenicline (Champix) in clients with stable schizophrenia? Is it preferred to get their psychiatrist's sign-off or can we ask clients to self-monitor for mood changes?**

A: This depends on the client and the situation.

* Touch base with the client’s psychiatrist and ask them directly if there is any concern about prescribing the medication
* Check if client’s mental health has been stable for at least 6 months (Any changes in medication? Any admissions? Any emotional events that have increased or triggered episodes?)
* Judge client’s level of cognitive impairment
* Ask client directly about what they would do if they have cravings or need intervention – if practitioners trust their judgment, they will likely feel more comfortable about prescribing
* If the client hesitates or doesn’t give satisfactory answers, then it is more of a concern – practitioners will want to involve client’s greater health team (ex. share findings, discuss a safety plan, etc.)

**Q: What are some of the pharmacological or physiological effects of using both nicotine (through smoking, NRT use, or combination of both) and anti-depressants? Does it cancel out? Does it worsen?**

A: We know that people who have depression are more likely to smoke to try and reduce their depressive symptoms. There are some abnormalities for those with depression (could be related to neurotransmitters) and it’s possible that for those with depression, there is susceptibility to starting to smoke and challenges with stopping smoking. Clients with depression may run into additional mental health issues after quitting smoking; however, the benefits of quitting smoking are much higher than the relatively low risk of deterioration in mental health.

**Q: With increased smoking, there is an upregulation of nicotine receptors. When someone stops smoking, what happens to these receptors? Do they "disappear" or lay dormant? Are neuropathways altered when someone stops smoking?**

A: We don’t have much information on changes in receptor density (depends on several factors like sex, intensity of smoking, etc.). For those who have been smoking a very long time, the pathway/cycle of addiction is well-established, making smoking a learned behaviour. It is difficult to extinguish these pathways permanently – people tend to associate feelings with their cravings/urges and big, life events can trigger stronger cravings. These pathways remain in the brain, which is why even one cigarette can lead to a flare-up of ‘symptoms.’ Even those who smoke only in social settings are at risk of cardiovascular issues if they return to regular tobacco and nicotine use.

**Q: What would be your approach for clients who want to quit vaping by using NRT?**

A: We use similar approaches when we are treating clients who are trying to stop smoking.

* One approach is to assess how much nicotine is in the device(s) they are using, then start with 21mg patches and short-acting NRT. Then, stop vaping completely and rely on NRT only.
* Another approach is to rely on patches only, no short-acting NRT, while reducing vaping.
* Since vaping is usually continuous, it helps to work on decoupling (ex. going longer and longer without vaping, only vaping outdoors, etc.). Once clients feel more in control and are no longer ‘grazing,’ then we can focus on replacing vaping with short-acting NRT.

INTREPID Lab and the NDC are always updating vaping guidelines and finding evidence-based approaches for vaping cessation treatment.

**Q: For pregnant clients who are vaping multiple times a day, is it recommended for them to use short-acting NRT? Could we NRT gum into pieces to limit their nicotine consumption, given the unknown risks of nicotine use/vaping during pregnancy?**

A: E-cigarettes have less harmful chemicals than regular cigarettes and NRT provides nicotine without these chemicals. The first aim should be to stop vaping completely, then focus on NRT use. We can implement the same strategies that we use for those who smoke while pregnant.

* Start with behavioural support (identify triggers and coping strategies)
* Use short-acting NRT (nicotine gum in this case)
* It is okay to cut the NRT gum, but if the client needs more nicotine, use the full gum or put them on the patches to help the client reduce vaping

**Q: What would be the best treatment approach for someone who vapes 20mg of nicotine daily, is using NRT patches, and is breastfeeding? We’ve tried behavioural counselling and short-acting NRT, but neither has been helpful.**

A:  Behavioural counselling and short-acting NRT are the go-to strategies. The next step would be to switch to nicotine patches and short-acting NRT. It is also a good idea to focus on reducing the client’s vaping usage (discuss how often they get a refill or how many cartridges they go through in a day). Quantifying e-cigarette use is difficult, but the focus should be on reducing each instance (ex. have the client stretch out the time between each refill/cartridge).

# STOP Needs Assessment Discussion:

* + **Did you have enough support when you first implemented the program? What supports do you wish you had?** 
    - *Mentorship*
      * *One-on-one mentor or “buddy system”*
      * *This could include experienced STOP providers shadowing new STOP providers through the whole process, being available for video calls to recommend tips /provide feedback, etc.*
      * *Forum/chat room for providers to ask questions, review cases, etc.*
      * *Provide a list of STOP providers and where they are located*
      * *Review cases/examples during STOP teleconferences and discuss as a group how to approach the case*
    - *Additional resources*
      * *Onboarding checklist/FAQ for new clients*
      * *Translated forms*
      * *Poster templates*
    - *Other*
      * *Additional training for NRT and vaping*
      * *Refresher for the in-person TEACH Core Course course that was done in Toronto a few years ago*
      * *6-week smoking cessation sessions*
  + **How can we improve STOP self-enrollment?**
    - *Design and content*
      * *Literacy level is too advanced for some clients*
        + *Consider language barriers*
      * *Font sizes may be too small for elderly clients/those with visual impairments*
      * *Mobile-friendly version would be helpful as many clients try to sign up on phones or on tablets*
    - *Technology and support*
      * *Clients may not be comfortable with technology/computers*
      * *Some clients do not have Internet*
      * *STOP support email (*[*stop.support@camh.ca*](mailto:stop.support@camh.ca)*) email should be more visible*
    - *Additional instruction*
      * *Outline the different steps for clients who already have a STOP Portal account vs. those who do not have an account/are new to Portal*
      * *Reference guides, FAQs/info sheets may be helpful*

# 2024 teleconference schedule:

|  |  |  |  |
| --- | --- | --- | --- |
| ​~~January 10~~ | ​~~February 7~~ | ~~​March 6~~ | ​~~April 3~~ |
| ​~~May 1~~ | ~~​June 5~~ | ~~​July 3~~ | ​~~August 7~~ |
| ​~~September 4~~ | ​~~October 2~~ | ​~~November 6~~ | ​December 4 |

STOP participant quote:

*It took me months to finally quit smoking after I started the program, but I'm approaching 7 months now, and sincerely believe I couldn't/wouldn't have been able to quit without it.*

*I've been so fortunate to access the additional products you recently made available, which has been an incredible relief.*

*Thank you, for everything! I'm so grateful for it all.*

Fun poll:

Attendance:

# Access Alliance CHC

# Algoma PHU

# Algonquin FHT

# AMHS-KFLA

# Anishnawbe Muskiki AHAC

# Athens FHT

# Bancroft FHT

# Barrie and Community FHT

# Blue Sky FHT

# Bridges CHC

# Burlington FHT

# Byward FHT

# Caroline FHT

# Carepoint CHC

# Central Brampton FHT

# Chatham-Kent FHT

# CHIRS

# City of Lakes FHT

# CMHA Durham

# CMHA Toronto

# CMHA Windsor

# Credit Valley FHT

# Dufferin Area FHT

# Durham Regional Health

# Eastern Ontario PHU

# Grandview Medical Centre

# Guelph FHT

# Halton ADAPT

# Hamilton-Niagara CHC

# Hamilton PHU

# Happy Valley FHT

# Humber River FHT

# Inner City FHT

# Kawartha Lakes CHC

# Kingston CHC

# Kirkland District FHT

# Leeds and Grenville PHU

# Leeds and Grenville FHT

# Lower Outaouais FHT

# Loyalist FHT

# Maitland Valley FHT

# Middlesex-London PHU

# Niagara North FHT

# Niagara Region PHU

# North Bay NPLC

# North Cochrane AA

# North Durham FHT

# North East RCC

# North Huron FHT

# North York FHT

# Owen Sound FHT

# PAARC AA

# Powassan and Area FHT

# Prime Care FHT

# Queen’s FHT

# Queen’s Square FHT

# Rainbow Valley CHC

# Renascent AA

# Rideau CHC

# Sandy Hill CHC

# Sault Area Hospital AA

# Scarborough A FHT

# Seaway Valley CHC

# Six Nations Health Services

# Smithville FHT

# SOAHAC

# Southlake RCC

# Stratford FHT

# Summerville FHT

# Sundridge Medical Centre

# Taddle Creek FHT

# Témiskaming CHC

# Thames Valley FHT

# The Neighbourhood Group

# Thunder Bay PHU

# Twin Bridges NPLC

# Two Rivers FHT

# Univi Health Centre

# Upper Canada FHT

# Vaughan CHC

# Vitanova Foundation

# Wabano AHAC

# West Champlain FHT

# West Nipissing CHC