**STOP/INTREPID Teleconference: Wednesday, June 7, 2023, 1:00-2:00 pm**

# Land Acknowledgment:

* Identify the land you are joining us from today ([**https://www.whose.land/en/**](https://www.whose.land/en/))
* Video: [Bringing meaning and purpose to land acknowledgements](https://www.facebook.com/CentreforAddictionandMentalHealth/videos/bringing-meaning-and-purpose-to-land-acknowledgements/759567845184040/)

# TEACH Updates:

* Website: <https://www.nicotinedependenceclinic.com/en/teach>
* Courses: <https://teach.camhx.ca/moodle/> (a number of self-study courses are available)

[**Foundational Health Educator Workshop**](https://www.nicotinedependenceclinic.com/en/teach/foundational-health-education-course)

* September 11 & 12, 8:00 am-5:00 pm
* 1001 Queen St. W, Toronto ON, M6J 1H4
* $595 fee (*includes the cost of the required workbook and a lunch on both workshop days*)
* No prerequisites are required; space is limited and registration is on a first come, first served basis
* Requirement for the Certified Tobacco Educator (CTE) credential
* The core competencies of the work﻿shop include:
  1. Health Promotion and Education
  2. Communication (including motivational interviewing)
  3. Educational Interventions
  4. Resource Management
  5. Professional Practice
  6. Program Evaluation
* If interested, please email [TEACH@CAMH.ca](mailto:TEACH@CAMH.ca) for more information/to register (login page is currently offline)

# STOP/INTREPID Updates:

STOP Portal:

**Locked profiles** – STOP is locking any patient profiles that we do not have a consent form for

* You can hover your mouse over the “I” icon on the patient dashboard to see the reason for the lock:
  + Consent missing/not in STOP records
  + Consent missing patient signature (non-verbal consent)
* If you are still seeing the patient actively, please contact STOP so we can provide direction on which consent form to use to obtain consent
  + If you have a copy of the consent form and it was simply missed, please contact us so we can send Purolator to pick it up

### Resources:

**STOP Practitioner Resources Webpage**:

[**https://www.nicotinedependenceclinic.com/en/stop/implementer-resources**](https://www.nicotinedependenceclinic.com/en/stop/implementer-resources)

General Questions:

**Q: Question for STOP providers: do you use/find the** [**STOP algorithm**](https://www.nicotinedependenceclinic.com/en/teach/Documents/Pharmacotherapy%20Algorithm%20JAN2018%20updated.pdf) **helpful for people who smoke large numbers of cigarettes (e.g., 40 cpd)?**

A: [response from providers]

* Helpful as a starting point
* One provider has used it twice in the past week
* Most organizations have a ‘maximum dosage’ that our clinicians can provide (listed in the organization’s medical directive)

**Q: How can we improve our participant response rates?**

A: *Note: while it is not mandatory for practitioners to complete follow-ups, we have heard from some sites they find it helps with re-engaging their patients and reaching out to those that may have relapsed. The follow-up questions are related to their ongoing treatment and help with the conversation when they return for a visit. Completing follow-ups also helps improve outcome statistics; please remember that this is optional for sites to do and our CAMH STOP team routinely conducts these for all STOP participants.*

CAMH’s follow-up call tips:

* Look at your full call list first, and organize your day by the “**Best Time to Call**” column.
* Try your best to accommodate specific requested times
* Do morning calls first, then “anytime”/nothing listed, then afternoon calls, then evening calls.
* Older adults (age 65+) more likely to answer the phone in the morning
* Younger adults (age <30) more likely to answer the phone later in the day
* It is important to collect the data whether they have quit smoking or not.
  + Try saying, “It is important for us to know if you’re smoking or not – it may help us improve the program for others.”
* Think of how you can turn a “No” into a “Yes” if you have the person on the phone.  Don’t ask “Is now a good time?”
  + Ask “phone only” calls if they have an email address (for next time) – update their profile
  + Ask for a best time to call them back/if they have other phone #s – update their profile

Practitioner follow-up tips: during the initial visit, I stress the importance of responding to the follow up surveys, even if they don't think they are doing well. I let them know that it helps improve the program and justifies the $$$ it takes to run it.

**Q: Clients want to avoid patches because of side effects and prefer to use two different products, such as inhalers and gum. Does this come up for others? Why are clients only allowed to have one kind of breakthrough?**

A: Only one type of short-acting NRT is allowed per visit because we have found that (a) allowing multiple types didn’t significantly impact outcomes and (b) allowing multiple types led to increased NRT waste

* STOP practitioner: if someone wants the inhaler, I usually only recommend it for one box, then switch to either gum or lozenge so they can break the hand-to-mouth action sooner rather than later
* For people who are experiencing sleep disturbances, STOP recommends removing patches overnight and re-applying in the morning (can use short-acting NRT in morning to help adjustment period while waiting for NRT from patch)
  + *Practitioner comment: I have someone who is on 28 mg patches and they take off the 21 mg at bedtime and leave the 7 mg on and no longer have the bad dreams with the lower dose*
* Tips when using patches: <https://psfcnetwork.com/wp-content/uploads/2020/09/13-Patch-Tips-and-Tricks.pdf>

**Q: Will we be able to get the fruit-flavoured Thrive through the program?**

A: Unfortunately no, we only carry one (mint) flavour.

**Q: Do we have an algorithm for vapes and cigars?**

A: Not at this time, but we invite you to review our practitioner resource page:

<https://www.nicotinedependenceclinic.com/en/stop/implementer-resources>

* Specifically, look at the **pharmacotherapy recommendations for vaping cessation** and **expert considerations in the off-label use of NRT**

Practitioner suggestions for treating clients quitting vaping:

* Some practitioners find it best to start with short-acting NRT (suggested: lozenges)
* Others start with 7mg or 14mg patches, or pair patches with short-acting NRT
* Hastings Prince Edward PHU has created a medical directive for vaping: <https://hpepublichealth.ca/wp-content/uploads/2019/11/Nicotine-Replacement-Therapy-Medical-Directive-Oct-7-2019.pdf>

**Q: I have a client who is currently smoking half a pack a day and just learned that she is about 6 weeks pregnant. As per UpToDate, the first line of treatment is behavioural counselling. Do we have any resources I can connect the client with?**

A: [from providers]

* Allen Carr’s “Easy Way to Stop Smoking”
* [Pregnets.org](https://www.nicotinedependenceclinic.com/en/pregnets)
* [MotherToBaby](https://mothertobaby.org/)

***Note: client can stay in STOP and continue to receive NRT at the practitioner’s discretion***

**Q: Will there be any anticipated changes on the STOP visit forms that will reflect vaping and other products consumed by patients?**

A: Yes, these changes will not be enabled until late summer/early fall.

News:

# [Cigarette warning labels are about to get even harder to ignore in Canada](https://www.cbc.ca/news/health/canada-cigarette-warning-labels-1.6860301)

[World No Tobacco Day 2023: Grow food, not tobacco](https://www.who.int/europe/news-room/events/item/2023/05/31/default-calendar/world-no-tobacco-day-2023--we-need-food--not-tobacco)

[2023 Family Medicine Report: STOP and TEACH](https://issuu.com/dfcm/docs/2023_dfcm_family_medicine_report_final_-_single/s/22977467)

[Family medicine for all: Community health centres serve their neighbours, but capacity issues remain](https://www.cbc.ca/radio/whitecoat/family-medicine-for-all-community-health-centres-serve-their-neighbours-but-capacity-issues-remain-1.6846316)

[The Current with Matt Galloway | Live Radio | CBC Listen](https://www.cbc.ca/listen/live-radio/1-63-the-current)

*“And while a cure for cancer still seems like a long way off, there are remarkable advancements in tackling the disease in the lungs, pancreas and cervix. We hear about some of those breakthroughs, including a study that suggests a daily pill can significantly cut lung cancer mortality.” (3rd segment at 47 minutes)*

[Could the secret to happiness involve four legs, soft fur and an open heart?](https://www.thestar.com/life/2023/06/02/could-the-secret-to-happiness-involve-four-legs-soft-fur-and-an-open-heart.html)

# Quote of the day (SOTN participant):

*I want to thank You For Your Help,  with the Rising Cost of Everything, your Help with the COST TO QUIT is amazing and for anyone who Wants to Quit,  this is a Blessing.. thanks again*

*I NO LONGER SMOKE*

*"I QUIT, THANKS TO YOU" !!!*

*GOD BLESS US ALL!!*

# 2023 teleconference schedule:

|  |  |  |  |
| --- | --- | --- | --- |
| ~~January 11~~ |  | ~~February 1~~ | ~~February 15~~ |
| ~~March 1~~ | ~~March 15~~ | ~~April 5~~ | ~~April 19~~ |
| ~~May 3~~ | ~~May 17~~ | **June 7** | June 21 |
| July 5 | ~~July 19 cancelled~~ | August 2 | ~~August 16 cancelled~~ |
| September 6 | September 20 | October 4 | October 18 |
| November 1 | November 15 | December 6 |  |

# Attendance:

Aamjiwnaang AHAC

Algoma PHU

AMHS-KFLA AMHA

Anishnawbe Mushkiki AHAC

Black Creek CHC

Brockton and Area FHT

Burk’s Falls FHT

Byward FHT

Capreol NPLC

Carea CHC

Carefirst FHT

Carepoint CHC

Carlo Fidani RCC

Central Brampton FHT

Central Lambton FHT

Chatham-Kent FHT

Chatham-Kent PHU

CHIRS AMHA

City of Kawartha Lakes FHT

City of Lakes FHT

CMHA Huron Perth

CMHA Ottawa

CMHA Toronto

CMHA Windsor

De dwa da dehs neys AHAC

Dufferin Area FHT

Durham Region Health Department

Fort William FHT

Georgian Bay FHT

Grand Bend Area CHC

Grandview FHT

Grey Bruce PHU

Guelph FHT

Halton Regional PHU

Hamilton FHT

Hamilton PHU

Hamilton-Niagara CHC

Happy Valley FHT

Hastings Prince Edward PH

Health for All FHT

Healthzone NPLC

Humber River FHT

Huronia NPLC

Inner City FHT

KFL&A PHU

Kingston CHC

Kingston FHT

Kirkland District FHT

Leamington and Area FHT

Leeds and Grenville FHT

London InterCHC

Lower Outaouais FHT

Loyalist FHT

Mackay Manor

Maitland Valley FHT

Manitoulin Central FHT

Middlesex-London PHU

Niagara North FHT

North Bay NPLC

North Cochrane AMHA

North Durham FHT

North Huron FHT

North Lambton CHC

North York FHT

Northeastern Manitoulin FHT

Northwestern PHU

Owen Sound FHT

Prince Edward FHT

Queen’s FHT

Queen’s Square FHT

Renascent AMHA

RFLA Allied Health

Sandy Hill CHC

Scarborough A FHT

Seaway Valley CHC

Simcoe Muskoka PHU

Six Nations AHAC

Somerset West CHC

Southwestern PH

Star FHT

Stratford FHT

Sudbury PHU

Summerville FHT

Sundridge Medical Centre

Taddle Creek FHT

Thunder Bay PHU

Timiskaming PHU

Twin Bridges NPLC

Two Rivers FHT

Upper Canada FHT

The Vitanova Foundation

Wabano AHAC

West Carleton FHT

West Champlain FHT

West Nipissing CHC

Windsor Essex PHU

Women’s College Hospital FHT