**STOP/INTREPID Teleconference: Wednesday, November 15, 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/)
* [Truth and Reconciliation Calls to Action](https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/calls_to_action_english2.pdf)

# Summary of Nov 1 meeting:

* [Incidence of chronic disease following smoking cessation treatment](https://www.nicotinedependenceclinic.com/en/stop/Documents/STOP-ICES%20STOP%20teleconference%20Nov2023%20v2.pdf) (INTREPID Lab presentation) and [Smokers’ Helpline presentation](https://www.nicotinedependenceclinic.com/en/stop/Documents/18%20SHL_TT%20CAMH%20presentation%20Nov%201%202023.pdf) (see [STOP practitioner resource page](https://www.nicotinedependenceclinic.com/en/stop/implementer-resources) for recording and minutes)

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# TEACH Updates:

* Educational rounds:
	+ All recordings can be found on the [TEACH Project’s YouTube channel](https://www.youtube.com/playlist?list=PLmLKlp1R6077gOXIyxwToXAZbVrG7GnZx&si=qFcnoYjnQF6h7e6m)
* [Self-study courses](https://teach.camhx.ca/moodle/)

# STOP Updates:

STOP Portal:

* We will be removing mouth spray from the portal visit form interface in the near future

News:

* [Ontario Expanding Role of Registered Nurses to Prescribe and Administer More Medications | Ontario Newsroom](https://news.ontario.ca/en/release/1003760/ontario-expanding-role-of-registered-nurses-to-prescribe-and-administer-more-medications)
* [What are nicotine pouches? Why health experts are sounding the alarm in Canada](https://globalnews.ca/news/10090440/nicotine-pouches-canada-kids/)

General Q&A:

**Q; Do you have a brochure available with all the resources for staff and residents, including YouTube videos?**

A: We unfortunately do not have any brochures, but check out our website ([www.stopprogram.ca](http://www.stopprogram.ca)) for [patient self-help resources](https://www.nicotinedependenceclinic.com/en/Pages/Patients-Caregivers-alternate.aspx), [provider resources](https://www.nicotinedependenceclinic.com/en/resources-for-providers), and [TEACH Project on YouTube](https://www.youtube.com/%40teachproject).

For general STOP Practitioner resources, see our implementer page [here](https://www.nicotinedependenceclinic.com/en/stop/implementer-resources).

Clinical Q&A:

*Responses below are from our INTREPID LAB clinician. These have been lightly edited for clarity.*

**Q: What have you heard about Zonnic and Füm?**

A: Zonnic is a completely new product that we haven’t heard much about. It seems to be another form of NRT, similar to the nicotine lozenges. This product is manufactured by a tobacco company and not a pharmaceutical company. It could last for up to 60 minutes when placed under the lips, giving it a slight advantage over conventional nicotine lozenges, which typically last 20 minutes. While it may be called smoking cessation medication, there is a perceived risk that the tobacco company is attempting to engage those who are nicotine naïve, especially young people, dependent on nicotine to eventually move on to other nicotine products.

Füm is not an e-cigarette, but a mouthpiece with different flavours that you can suck on. Füms can potentially be helpful as a behavioural tool, since users who have been smoking for many years may need something to address the hand-to-mouth motion. This product does not involve inhaling vapours. It likely won’t gain any traction among the nicotine naïve, but could potentially be useful for those who are trying to quit vaping or smoking.

STOP does not endorse either of these products and has no affiliation with either of these products but sharing the above information in response to a practitioner’s inquiry.

**Q: Does anyone have access to the decision-making process Health Canada did in July 2023 to allow for full access to the Zonnic nicotine packages?**

A: We don’t know much about this process and do not have first-hand information about this, but it is concerning that this product is on the market without a health warning. Since it is a nicotine product, and nicotine is highly addictive, this should not be used without any regulation.

Practitioner shared this: <https://www.cbc.ca/news/politics/restrictions-nicotine-pouches-1.7028297>.

**Q: I have a pregnant patient who is currently smoking. Her family physician thinks she can use the inhaler safely. Is there some more information about this and what would the maximum use be?**

A: In pregnancy, the metabolism of nicotine is expedited; hence, nicotine requirement is increased due to the interplay of hormonal changes. Therefore, anyone who is pregnant has a greater need for nicotine compared to those who are not. Our approach, especially in the sixth month is to start with behavioural support and strategies, then a trial of short acting NRT, then a follow-up in a couple weeks to see how they fare with this treatment. If unable to quit, we then switch to nicotine patches, as smoking while pregnant poses a greater risk than putting patches on. We then see them on a weekly basis for additional support and also to find out about any barriers to quitting.

**Q: What is the maximum inhaler cartridge use?**

A: Cartridge use depends on the intensity of smoking, but generally, two cartridges a day (one in the morning, one in the evening). If client smokes more, giving them a higher dose (4 to 6 cartridges a day) may be helpful. If client is unable to stop smoking, we switch to patches.

**Q:  If a patient successfully reduces the number of cigarettes per day (from 25 CPD to 5 CPD, for example), and is now stable at 5 CPD and not ready to reduce further, is there evidence of health benefits from this reduction?**

A: The answer is yes and no. Patients tell us that when they cut down on smoking, their breathing is better, less coughing, less irritation in the airways, etc. For general lung health, there is an advantage in the reduction of smoking. Unfortunately, for cardiovascular risk, both for heart attacks and strokes, there is no safe limit for smoking. A study has shown that, very light smokers (1 or 2 cigarettes daily), still have 50% of the risk of cardiovascular disease that someone who smokes a full pack has. Furthermore, light smokers may report only smoking 1 or 2 cigarettes but are re-lighting these cigarettes multiple times, which makes it worse. Stress has been shown to increase the number of cigarettes smoked per day and makes it harder to quit, so there should be strategies to manage stress as well. It is better if we talk to our clients about giving up cigarettes completely.

**Q: Are there any data on the safety of or any concerns with the use of Varenicline (Champix®)for long-term use (e.g., > 2 years for maintenance of smoking cessation)?**

A: The longest data we have is up to a year, which showed that people who used varenicline (Champix®) for 52 weeks were able to maintain abstinence. There are people who were able to quit with varenicline (Champix®), then relapsed to smoking when they stopped, so they re-commenced varenicline (Champix®) and were able to quit again. Another thing that can be done is to reduce the dose of varenicline (Champix®) from 2mg daily to 1mg daily in those who have been smoke-free for 6 months or more. This may be a way to compensate for lack of long-term data, such that if long-term use ends up being an issue, at least we are using the least amount possible that remains effective and mitigating long-term risk.

**Q: Are there any data on the use of varenicline (Champix®) for harm reduction (i.e., ongoing use >3-6 months) where the patient is successfully able to reduce smoking significantly, however is unable to quit completely?**

A: A patient being able to cut down to a single, or even a few cigarettes per day does reduce the effect of cancer and is better for lung health, especially when the reduction starts at a young age. In essence, we are trying to ensure varenicline (Champix®) remains a valuable tool for smoking reduction and eventually, cessation. We try to advise that the success of one smoke-free day in a week, then push for two consecutive days in a week, and so on, leading to lesser exposure each time. This goes on and on, waiting until clients can stretch it, and stop smoking altogether.

**Q: Is there any potential benefit of increasing the dose of varenicline (Champix®) to greater than 2mg per day?**

A: We are not currently studying this effect and have no awareness of current studies that deal with the effectiveness of a higher dose, though studies like this have been done in the past.

Here is one article about increased dosing of Varenicline (Champix®): [https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2038988](https://camh.webex.com/camh/url.php?frompanel=false&gourl=https%3A%2F%2Fjamanetwork.com%2Fjournals%2Fjamainternalmedicine%2Ffullarticle%2F2038988). They did not find a significant effect on withdrawal symptoms or smoking cessation.

**Q: If someone (3 months smoke-free) was smoking two packs per day and is unable to wear the patch, relying only on lozenges, what is the maximum per day they can safely use?**

A: When people cannot use the patch, it is unlikely that they would be able to quit using only lozenges, as it’s hard to match the demand for nicotine with lozenges for someone who smokes 2 packs a day. They can start with 20 lozenges a day and see whether they can achieve a smoke-free day, or even a smoke-free week. However, maintenance may become an issue so before this trial starts, it’s good to strategize/come up with a contingency plan in case the trial doesn’t work. What would they do next [varenicline (Champix®) or Bupropion (Wellbutrin SR®, Zyban®), e-cigarettes for those who can’t use the medication]? The 6-month mark is a critical point in treatment that clients should aim to reach. It’s great to be smoke-free for 3 months, but they are still at risk of relapsing, so maintenance is important.

**Q: If someone is using both cigarettes and e-cigarettes, how can we follow the algorithm to decide what dose of patches they need?**

A: It’s best to start with figuring out what their end goal is (to stop using one or the other, or both). For instance, if the goal is to stop smoking cigarettes but continue use of e-cigarettes, we can use e-cigarettes as short-acting NRT and pair with the patches (starting with 21mg). If they do reach their goal, we can discuss if they want to quit nicotine use altogether. Once they have quit, they have a couple of choices. If open to reducing their e-cigarette use, we could do that with patches and help them stop vaping. If they don’t want to change e-cigarette use, we can talk about using it more mindfully. The [lower-risk nicotine use guidelines](https://www.nicotinedependenceclinic.com/en/Pages/Lower-Risk-Nicotine-Use-Guidelin%E2%80%8Bes.aspx) have some recommendations on how to use e-cigarettes more mindfully (e.g., developing practical skills of handling cravings, decreasing nicotine concentrations, not using them indoors).

**Q: I have a client who started using herbal cocoa bean cigarettes (that they found while looking for alternatives online). Do you have any experience or insight on these?**

A: As long as there is some burning of a substance, it is possible that the potential harm associated with these would be similar to that of regular tobacco. I would discourage all forms of smoking, but it is also important to consider that this product may not have nicotine. Therefore, if clients are able to cease nicotine use with this, we do not need to give them NRT. Instead, some behavioural approaches may be useful in helping clients stop using this product.

**Q: What do we do if a patient becomes addicted to NRT?**

A: This is quite uncommon and some studies say that following smoking cessation, less than 10% of people remain on the patch. We need to let clients know that since NRT patches are pharmaceutical grade products without any harmful chemicals, it is unlikely to cause substantial health risks even if they continue to use them every day. We are not so much concerned with the exposure to daily dose of nicotine via NRT as we are of the cost (more of a financial concern, as opposed to health-related one). In truth, those who remain on NRT for years after quitting (especially those at high risk of relapse) may be helping prevent relapse.

**Q: It is common for clients who are using the combination of NRT patches with short-acting NRT to taper off the patches, but stay on the short-acting NRT long-term. Can you speak a little about this ‘tapering’ strategy versus reducing short-acting first before patches?**

A: From the start, it is important to advise clients that short-acting NRT is for breakthrough cravings. It is also important to suggest that before changing the dosage of the patches, clients should focus on reducing the use of short-acting NRT. This can done by focusing on healthy coping habits and/or the 4 Ds (delay, distract, drink water, deep breath). If the opposite method is used (tapering off NRT patches, keeping use of short-acting NRT the same), we tend to see a reciprocal increase in the use of short-acting NRT to make up for the lower dose in patches.

**Q: Follow-up: For clients on only 5-6 lozenges now, would it be reasonable to restart the patch?**

A: Absolutely. We practice this all the time.

**Q: Can you please clarify how to manage patients for whom NRT does not work? For example, for those who are smoking one pack a day and already using high dose NRT patches with short-acting NRT?**

A: NRT is our go-to, but we have to keep in mind that NRT has lower performance/effectiveness compared to varenicline (Champix®). It is beneficial for many of our clients to start with NRT and engage in a 6-month cessation process. Many are able to cut back through this initial step, but for those who do not, there is varenicline (Champix®) or bupropion. Women usually respond better to varenicline (Champix®), compared to NRT or bupropion (Wellbutrin SR®, Zyban®), while men show slightly better responses to NRT compared with varenicline (Champix®).

# 2023 teleconference schedule:

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| --- | --- | --- | --- |
| ~~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 – special Q&A session~~  | **December 6** |  |

# Attendance:

# Access Alliance CHC

# Algoma PHU

# AMHS KFLA

# Anishnawbe Mushkiki AHAC

# Arnprior and District FHT

# Barrie Native Advisory Circle

# Black Creek CHC

# Breakaway AA

# Carefirst FHT

# Carlo Fidani RCC

# Central Brampton FHT

# Central CHC

# Central Lambton FHT

# Chapleau and District FHT

# Chatham-Kent CHC

# Chatham-Kent FHT

# CHIRS

# City of Lakes FHT

# CMHA Algoma

# CMHA Huron-Perth

# CMHA Toronto

# Credit Valley FHT

# De dwa da dehs nyes AHAC

# Dufferin Area FHT

# Emery Keelesdale NPLC

# Fair Haven LTC

# Fort William FHT

# Georgian Bay FHT

# Grandview Medical Centre

# Grey Bruce PHU

# Guelph FHT

# Halton Regional PHU

# Hamilton PHU

# Health for All FHT

# Humber River FHT

# Kingston CHC

# Kirkland District FHT

# Lakeview FHT

# Loyalist FHT

# Leeds and Grenville FHT

# London InterCHC

# Mackay Manor AA

# Maitland Valley FHT

# N’Mninoeyaa AHAC

# Niagara Region PHU

# North Bay NPLC

# North Durham FHT

# North Hastings FHT

# North York FHT

# Northeast RCC

# Northumberland FHT

# Owen Sound FHT

# PAARC AA

# Peterborough FHT

# Prince Edward FHT

# Queen’s Square FHT

# Rainbow Valley CHC

# Rama First Nations

# Rideau CHC

# Sauble FHT

# Scarborough Academic FHT

# Scarborough CHC

# Seaway Valley CHC

# Sherbourne Health FHT

# Smithville FHT

# Stonegate CHC

# Stratford FHT

# Summerville FHT

# Sundridge Medical Centre

# Taddle Creek FHT

# Thames Valley FHT

# The Bridge AA

# Thunder Bay PHU

# Twin Bridges NPLC

# Two Rivers FHT

# Upper Canada FHT

# Upper Grand FHT

# West Carleton FHT

# West Durham FHT

# West Elgin CHC

# Women’s College FHT