**STOP Teleconference: Wednesday, February 1, 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/)*)*
* *After reading your organization’s official land acknowledgement, include personal reflections and commitments. For example, the person giving the land acknowledgement might choose to situate themself as a settler and describe what that means to them.*
* *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>

* TEACH educational rounds:**​Improving Cessation Outcomes within Black Communities in the Greater Toronto Area (GTA)**
  + Wednesday, February 15, 2023
  + 12:00 - 1:00 PM ET
  + Kevin Haynes, Jama Yusuf and Safia Jama
  + [TEACH Educational Rounds - Registration & Pre-Learning Assessment (camhx.ca)](https://edc.camhx.ca/redcap/surveys/index.php?s=X9N3ERCNM3WMYLMF)
* [Tobacco Interventions for First Nations, Inuit and Métis Populations February 2023](https://teach.camhx.ca/moodle/course/view.php?id=91)
  + This online course is designed for the learner to develop the knowledge, skills, and abilities to provide a wholistic, client-centred, biopsychosocial approach to screen, engage, and treat commercial tobacco use among First Nations, Inuit, and Métis populations
  + Open to all (if you would like to complete the TEACH Certificate Program, you must take the TEACH Core Course)
  + February 15, 2023 - March 22, 2023 (facilitator-led)
  + [FNIM February 2023 (camhx.ca)](https://teach.camhx.ca/moodle/enrol/index.php?id=91)
* [E-cigarettes and Vaping: Approaches to Address Use with Adults and Youth (February 2023)](https://teach.camhx.ca/moodle/course/view.php?id=90)
  + This online course is designed to provide learners with the opportunity to increase their knowledge about e-cigarette use to help guide clinical decision-making. Learners will be able to screen and assess for e-cigarette use disorder and design treatment plans using a client-centred and biopsychosocial approach. Learners will also acquire the skills, knowledge, and abilities to provide tailored interventions. Unique considerations for working with youth, dual users (i.e., smoking combustible tobacco cigarettes and vaping e-cigarettes), and those interested in e-cigarettes as a tobacco cessation aid will also be explored.
  + **Open to all**
  + February 22, 2023 – March 29, 2023 (facilitator-led)
  + **Continuing Education Credits:**13.5
  + [Feb Vaping 2023 (camhx.ca)](https://teach.camhx.ca/moodle/enrol/index.php?id=90)
* TEACH Listserv (email message board for clinical questions)
  + We encourage all STOP providers to join!
  + To subscribe, email teach-request@info2.camh.net and write 'subscribe' in the subject line
  + If you have any questions, email [TEACH@CAMH.ca](mailto:TEACH@CAMH.ca)

# “Varenicline Healthbot” Study:

* CAMH is looking for **healthcare providers** (not just STOP providers) to take part in a 60-minute interview to share their perspectives on the use of digital health solutions (“healthbots”) for improving varenicline adherence in patients who are trying to quit smoking cigarettes
  + Must have seen at least 5 people who have used varenicline in the last 2 years
  + Contact **Mackenzie Earle** (if you have received manager approval):[**varenicline.chatbot@camh.ca**](mailto:varenicline.chatbot@camh.ca)or 416-535-8501 x39340

# STOP Updates:

**Q: What other supports would you like to see at these meetings?**

A: We thank all practitioners for their responses and will do our best to address them at upcoming STOP teleconferences or via other avenues. Survey responses included:

* Q&A sessions (5 votes)
* CBT/MI training (5)
* Behavioural change support tips/tricks (3)
* Complex case reviews (e.g., vaping) (3)
* Vaping/e-cigs (2)
* Vaping of marijuana
* Harm reduction
* Screening assessment tools
* Alcohol/tobacco co-use (e.g., new low-risk alcohol guidelines)
* Mental health pathways patients can access (including which can be self-enrolled in vs. only via primary care)

STOP inventory

* NRT expires at the ***end*** of the listed month (e.g., Feb 2023 products can be used up to and including Feb 28, 2023, although you should give them out well before this)

STOP on the Net (SOTN) advertising

* If you know any non-STOP organizations that might benefit from SOTN, please let us know so we can get in touch with them about SOTN advertising, etc.

List of STOP organizations that accept non-rostered patients

* Please contact STOP for a list of all organizations that are currently accepting non-rostered patients. For your convenience, we have also created of map of these locations [here](https://www.easymapmaker.com/map/49cd6fe2c320c9a117d674e2f87739e0)\*. If you are interested in being added to this list, please let us know.

# Supports:

Thinking about quitting mini brochure (**attached**)

CAMH [My Change Plan booklet (ENG)](https://www.nicotinedependenceclinic.com/en/teach/Documents/My%20Change%20Plan%20Edition%208.pdf) & [My Change Plan booklet (FR)](https://www.nicotinedependenceclinic.com/en/teach/PublishingImages/practitioner-resources/My%20Change%20Plan%20Edition%208%20FRENCH.pdf)

(providers also suggested the Lung Health Foundation [Journey to Quit](https://lunghealth.ca/wp-content/uploads/2021/05/Journey_to_Quit.pdf) booklet and various [Ottawa Model for Smoking Cessation resources](https://ottawamodel.ottawaheart.ca/education)

[National Conference on Tobacco and Vaping 2023](https://pheedloop.com/NCTV2023/site/)

* Feb 8-9, 2023 (virtual)

[Course: Addiction 101 | CAMH (camhx.ca)](https://moodle8.camhx.ca/moodle/course/view.php?id=2)

* 20 min course for people who are concerned about themselves, about family or friends, or who encounter people with addiction problems throughout their work

[Collaborative Learning College (camh.ca)](https://clc.camh.ca/)

* Wide range of courses including cooking theory, music & technology, dealing with loneliness
* Various events & opportunities for artists

# General Q&A:

**Q: Are other organizations resuming use of CO monitoring? What is the purpose?**

A: Some practitioner responses:

* *We used to do this but the machine is old and has not been calibrated recently*
* *Helps to show patients how much carbon monoxide they inhaled during smoking, which made them more aware of the carcinogens they are exposed to*
* *I use a CO monitor when patients have high blood pressure and/or headaches - helps quantify how their smoking impacts their physical health*

**Q: What E-cigarette/vaping resources are available?**

A:

* <https://www.nicotinedependenceclinic.com/en/electronic-nicotine-delivery-systems-(ends)>
* TEACH vaping training provided great resources and ideas
* More resources will be made available as they are developed
* Related note: one provider suggests clients use an inhaler, as it requires a conscious action of inserting a new cartridge more frequently (as compared with vapes

**Q: Does anyone know anything about “heat sticks”?**

A:

* Example of a ‘heat-not-burn’ product (e.g., <https://www.iqos.com/gb/en/blog/heat-not-burn-technology-explained.html#:~:text=Heat%2Dnot%2Dburn%20products%20use,stops%20the%20tobacco%20from%20burning>; <https://www.google.com/search?q=heat+not+burn+products&rlz=1C1GCEU_enCA914CA914&oq=heat+not+burn&aqs=chrome.5.69i57j0i512l6j69i60.5661j0j4&sourceid=chrome&ie=UTF-8>)
* Because they don’t reach as high a temperature, they generally release less harmful chemicals than cigarettes (but more than vapes)
* Can consult our lower-risk nicotine use guidelines to help treat: [Lower-Risk Nicotine Use Guidelines (LRNUG) / Lignes directrices sur l'usage de nicotine à moindre risque (LDUNMR) | Nicotine Dependence Services (nicotinedependenceclinic.com)](https://www.nicotinedependenceclinic.com/en/lower-risk-nicotine-user-guidelin-es)
* Still need to take into account other product use, time to first cigarette, etc.

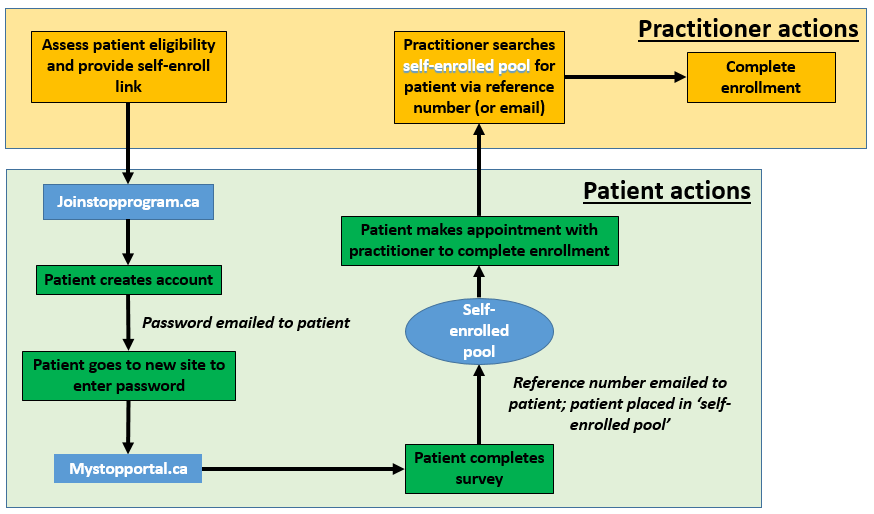
# News:

[The generational opportunity to eliminate cigarettes in Canada | National Post](https://nationalpost.com/sponsored/news-sponsored/the-generational-opportunity-to-eliminate-cigarettes-in-canada-embracing-an-alternative-choice)

Vitamin C to Decrease the Effects of Smoking in Pregnancy on Infant Lung Function (VCSIP): Rationale, design, and methods of a randomized, controlled trial of vitamin C supplementation in pregnancy for the primary prevention of effects of in utero tobacco smoke exposure on infant lung function and respiratory health (**attached**)

[One of the experts behind the Canada’s new alcohol drinking guidelines explains the changes - The Globe and Mail](https://www.theglobeandmail.com/canada/article-one-of-the-sociologists-behind-the-new-drinking-guidelines-explains/)

# Discussion: My STOP Portal self-enrollment



**Diagram of self-enrollment patient flow for the STOP Program**

* Overview: how’s it going?
  + Many organizations report that self-enrollment saves a lot of time when it works however, it doesn’t work for everybody (see below for examples)
  + STOP will be conducting an evaluation of this process in the future
* Common issues:
  1. There is a difference between searching the “self-enrolled pool” and searching for someone at your own organization
     + Make sure when searching via email that you check off “search self-enrolled online” box if you want to search the “self-enrolled pool”
     + Once you search for someone and assign them to your organization, you will then need to search for them ***without*** checking off the “search self-enrolled online” box
     + If in doubt, just search via email both ways (box checked off and not checked off)
     + If patient enrolled >45 days ago, their information is removed from the system and they will need to repeat the enrollment process (this is to ensure all data provided are current)
  2. Safest to ask for a **reference number** (ensures patient completed enrollment entirely) – can also look them up ahead of time
  3. Why “blocks” happen
     + Often, patients have tried to enroll in STOP on the Net in the last 12 months
     + If they provided their email (whether they were successful, ineligible, OR stopped completing the enrollment form), they will be blocked for the next 12 months
       - Contact [stop.support@camh.ca](mailto:stop.support@camh.ca) if this happens and we will arrange a phone call to share PHI and troubleshoot

STOP Portal self-enrollment questions

**Q: I’ve had more than one patient who self-enrolled (joinstopprogram.ca) but when I logged in to complete their enrollment into our organization, everything was blank except their email. They assured me they completed everything. Any explanation?**

A: They likely didn’t complete everything. You can ask them for a reference number before they arrive for their appointment – if they have one (it is emailed to them), you can be sure they completed the entire enrollment.

Some patients also get confused and enroll in STOP on the Net (stoponthenet.ca) by mistake, which may explain why they feel they have answered all of the questions previously (note, if they use their email for one program, they will be blocked from enrolling in any other STOP Programs with the same email for 1 year).

**Q: Why does the follow-up visit form only have cigarette-specific questions?**

A: We needed to keep the visit forms the same for now as there are still people who enrolled in the ‘study’ (August 26, 2022 and earlier) who are still receiving treatment. We will update the visits with questions on e-cigarettes and other tobacco/nicotine products in fall 2023.

Note: When practitioners are completing the baseline and visit forms, answer “Not at All” to the “Current Smoking Status” question (if the patient doesn’t smoke cigarettes - e.g., they are enrolling for e-cig use only)

* “At the present time, do you smoke cigarettes daily, occasionally or not at all? By daily, we mean one or more cigarettes every day. By occasionally, we mean non-daily.”
* If patient doesn’t smoke cigarettes but puts down a response that is daily or occasionally, they will then see other cigarette-specific questions which don’t apply to them and they won’t be able to answer them
* If patient is a dual user, then answer the cigarette smoking questions in relation to cigarette use only

**Q: We use our patient registration number from our EMR as the STOP ID#. I have tried to change the automatically-generated registration number but this doesn't seem to work?**

A: You can either do this when you are completing an enrollment (scroll up and edit ID#), or click the purple ‘edit’ button on the patient profile page once they have been enrolled.

**Q: It would be nice if, when the patient has self-enrolled, on their patient profile page it shows “self-enrolled” instead of “incomplete” as I find this misleading.**

A: Right now, there is no indication of ‘how’ complete an enrollment is (e.g., 0-99%) – we can look into this.

**Q: The portal consent is long and complicated – can it be streamlined?**

A: The updated STOP consent is intended to be comprehensive and ensure the patient is fully informed of what they will be participating in, and how the data are used. Since it’s important that patients are providing informed consent, we unfortunately cannot simplify it further.

*Suggestion: email the consent to the patient prior to the appointment so they can review beforehand*

**Q: Does self-enrollment work for everybody?**

A: No – some people who may have difficulty include: English is their second language; poor internet access; not comfortable with computers

Suggestion: include My Change Plan self-enrollment resources when providing self-enrollment link to patients

* I find that setting up the next appointment at the time of obtaining their email helps people to stay on track

Other difficulties: patients forget to make final enrollment appointment

Good arguments for doing enrollments in-person instead: allows staff to get to know them, have discussions

**Q: I feel the first question of the consent (ICES) needs to be reviewed. We give them the option of saying yes or no to OHIP yet no matter what they say, the program will still try to link their data.**

A: You should be sure to cover this part of the consent with them carefully. For further explanation:

*To date, STOP has treated over 350,000 participants. However, we are limited in demonstrating its full impact on the province’s healthcare system. For example, follow-up surveys are completed by a minority of STOP participants. To demonstrate objective measures of effectiveness (e.g., health resource utilization), STOP data are insufficient. However, this is possible through linking STOP data with the Institute for Clinical Evaluative Sciences (ICES).*

*ICES is a not-for-profit research institute encompassing a community of research, data and clinical experts and a secure and accessible array of Ontario’s health-related data. ICES will provide an application which will deliver a linkage and transfer of STOP data to the health care administrative databases housed at ICES for the purpose of robust evaluation and continuing secondary data analysis of the STOP study.*

*ICES is a Prescribed Entity under provincial privacy legislation permitted to receive and use such data for the evaluation of the health of Ontarians and the health care system. Access to personally identifying information will be severely restricted to authorized personnel and all analyses will be conducted using de-identified data with strict rules for release of data to protect privacy and confidentiality.*

# STOP Quote of the day:

*When I did the STOP survey last week, and I saw many of my answers concerning exercise, fruits and vegetables and smoking not showing the responses I would have like to put down, it was a good self reflection tool for me. Doing this survey kicked started my quit date and work on my lifestyle changes to be healthy.*

*I knew I wanted to do these changes but having to answer the questions, gave me motivation and I was ready to start.*

# STOP Fun Poll:

**Is now the best time to live?**

Yes 29/54 = 54%

No 18/54 = 33%

Don’t know/prefer not to answer 7/54 = 13%

# 2023 teleconference schedule:

|  |  |  |  |
| --- | --- | --- | --- |
| ~~January 11~~ |  | ~~February 1~~ | NEXT February 15 |
| March 1 | March 8 | April 5 | April 19 |
| May 3 | May 17 | June 7 | June 21 |
| July 5 | July 19 | August 2 | August 16 |
| September 6 | September 20 | October 4 | October 18 |
| November 1 | November 15 | December 6 |  |

# Attendance:

Algoma PHU

Algonquin FHT

AMHS-KFLA AA

Anishnaabe Muskiki AHAC

Athens FHT

Atikokan FHT

Bancroft FHT

Barrie and Community FHT

Blue Sky FHT

Bluewater and Area FHT

Bridgepoint FHT

Brockton and Area FHT

Burk’s Falls FHT

Byward FHT

Carea CHC

CarePoint Health

Casey House

Central CHC

Central Brampton FHT

Central Lambton FHT

Chatham-Kent PHU

City of Kawartha Lakes CHC

City of Lakes FHT

CMHA Huron-Perth AA

CMHA Toronto

Compass CHC

Connexion FHT

Credit Valley FHT

Dufferin Area FHT

Durham PHU

Eastern Ontario PHU

Emery Keelesdale NPLC

Englehart FHT

Fort William FHT

Georgian Bay FHT

Georgina NPLC

Grandview FHT

Great Northern FHT

Grey Bruce PHU

Group Health Centre

Guelph FHT

Haldimand FHT

Halton PHU

Hamilton FHT

Hamilton-Niagara CHC

Harrow Health Centre FHT

Hastings Prince Edward PHU

Health for All FHT

Humber River FHT

Kingston CHC

Kingston Frontenac

Kirkland District FHT

Lennox & Addison PHU

Leeds and Grenville FHT

Leeds Grenville Lanark PHU

London InterCHC

Lower Outaouais FHT

Mackay Manor AA

Maitland Valley FHT

Manitoulin Central FHT

Middlesex London PHU

Niagara North FHT

Niagara PHU

North Bay NPLC

North Bay Parry Sound PHU

North Cochrane AA

North Durham FHT

North Muskoka NPLC

North Perth FHT

Northwestern PHU

Oaks Centre AA

Ontario Health

Owen Sound FHT

Powassan FHT

Prime Care FHT

Prince Edward FHT

Queen’s Square FHT

Rainbow Valley CHC

Sauble FHT

Scarborough CHC

Scarborough Academic FHT

Seaway Valley CHC

Smithville FHT

Somerset West CHC

Stratford FHT

Summerville FHT

Sundridge Medical

Taddle Creek FHT

Temagami FHT

Témiskaming CHC

Thamesview FHT

Timiskaming PHU

Twin Bridges NPLC

Two Rivers FHT

Unison CHC

Upper Canada FHT

Wabano AHAC

West Champlain FHT

West Elgin CHC

Windsor-Essex PHU

Women’s College Health FHT