



STOP in Long-Term Care Homes

# Operations Manual

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## Introduction and Welcome to STOP Program

Thank you for choosing to partner with the **STOP (Smoking Treatment for Ontario Patients) Program!** Your partnership has helped make STOP the largest nicotine cessation initiative in Ontario, helping over 360,000 people make a quit attempt through the Program.

The STOP Program provides evidence-based treatment including cost-free Nicotine Replacement Therapy (NRT) to Ontarians who smoke commercial cigarettes and/or use other tobacco/nicotine products (e.g., e-cigarettes, cigars, chewing tobacco, water pipe, etc.). STOP operates within the Centre for Addiction and Mental Health (CAMH) and is funded by the Ontario Ministry of Health.

STOP is partnering with Long Term Care Homes (LTCH) in Ontario under the program title of “STOP with LTCHs” to increase access to tobacco/nicotine treatments and offer tobacco withdrawal management support for residents in LTCHs along with building practitioner capacity to provide this treatment by offering relevant training. This initiative complements existing investments under the Smoke-Free Ontario Strategy and helps to build a comprehensive smoking cessation system for Long Term Care Home residents in Ontario using accessible, evidence-based treatments. By enhancing smoking cessation and withdrawal management support through LTCHs, more residents of Ontario will get the help they need to quit or reduce their smoking and manage their withdrawal when they are unable to smoke, as well as reduce burn and fire risks. Staff at these LTCHs implementing STOP will identify and support people who are trying to quit smoking or to help them in managing nicotine withdrawal; this valuable support will help bridge the gap that currently exists for people in LTC who smoke.

This Operations Manual is a resource intended to communicate details related to the delivery and implementation of the STOP Program within your organization.

## Definitions and Abbreviations

- **Partnering Organizations:** Organizations (e.g., FHTs, CHCs, NPLCs, AMHAs, LTCHs) collaborating with the STOP Program to provide tobacco/nicotine cessation treatment (NRT and counselling support) to their patients. Within each organization, there may be multiple locations (sites) participating. We will also use the term “site” in this manual to refer to these organizations.
- **STOP Residents:** Patients/residents of your organization who wish to quit or reduce their nicotine/tobacco use and are receiving NRT from the STOP Program.
- **STOP Practitioners:** Health practitioners at your organization who have received formal training in smoking cessation and are trained in implementing the STOP Program protocol at their site(s). *Practitioners who will be providing NRT have an obligation to*

*perform all duties in compliance with the rules and regulations of their organization and professional bodies.*

- **Program Collaborator:** The designated main point of contact between your organization and the STOP team; may also be a STOP practitioner.
- **Executive Directors:** Responsible for signing the Program Agreement for their organization. They must ensure that all operations are consistent with the practices of their organization and that all contractual agreements are fulfilled.
- **STOP Program Staff:** People who work directly for the STOP Program. They are based at CAMH in Toronto and can include the Program investigators, Program manager, coordinators, research analysts/assistants, and administrative staff.
  - **CAMH:** Centre for Addiction and Mental Health
  - **STOP:** Smoking Treatment for Ontario Patients
  - **TEACH:** Training Enhancement in Applied Cessation Counselling and Health
  - **NRT:** Nicotine Replacement Therapy (e.g., patch, gum, inhaler, lozenge or mouth spray)
  - **LTCH:** Long-Term Care Home
  - **FHT:** Family Health Team
  - **CHC:** Community Health Centre
  - **AMHA:** Addiction and Mental Health Agency
  - **NPLC:** Nurse Practitioner-Led Clinic
  - **AHAC:** Aboriginal Health Access Centre

## **Roles and Responsibilities**

### **STOP practitioners are responsible for:**

- Completing the STOP Operations Training webinar;
- Informing residents and their families of the availability of the STOP Program at your organization;
- Ensuring that all required Program documentation such as the inventory log is completed accurately and in a timely way;
- Providing NRT to residents (if applicable) via your site's inventory of NRT available through STOP, following the LTC home processes of medication administration;
- Tracking movement of NRT inventory using the STOP Portal Inventory Log;
- Participating in optional training in smoking cessation counselling: Fundamentals of Tobacco Interventions (FTI) online course with geriatric specific module, TEACH Core Course certificate Program or other equivalent/accredited Program(s) (optional); and
- Providing ongoing support as needed including counselling and administration of NRT, as applicable.

**Program collaborators are additionally responsible for:**

- Participating in the Initial Discussion with STOP staff to discuss Program implementation, in order to offer a feasible Program for their organization;
- Acting as the point-of-contact between their site and STOP staff;
- Communicating relevant STOP Program information to all STOP practitioners at their organization;
- Placing and receiving NRT orders and maintaining an accurate NRT inventory;
- Ensuring that all STOP practitioners adhere to STOP Program guidelines and proper medication management of the NRT products; and
- Notifying STOP staff of any concerns or issues related to the Program.

**STOP Staff at CAMH are responsible for:**

- Conducting the Initial Discussion, Operations Training and supportive Knowledge-Exchange Practitioner Teleconferences;
- Working with Program collaborators to create a feasible Program for their site;
- Providing any necessary Program documents;
- Filling NRT orders for each implementing site;
- Arranging for courier shipments when needed;
- Providing support to each organization, as needed;
- Troubleshooting operational issues as they arise;
- Performing all evaluations on available Program data; and
- How STOP or CAMH manages or protects their information.

Questions from STOP practitioners and collaborators can be directed to [stop.ltc@camh.ca](mailto:stop.ltc@camh.ca).

## Program Requirements

Here is a flow chart outlining each of the steps for implementing STOP at your organization.

Organizations who have received this Operations Manual have already completed their introductory meeting, capacity assessment and initial discussion with our team. The steps are outlined below.



## Program Initiation

**Once an Initial Discussion has occurred, the following steps to implementing the STOP Program are:**

1. **Submit a signed Program Agreement with CAMH:** CAMH will share a pdf version of the Program Agreement with sites ready to implement the program, which must be reviewed and signed by the Executive Director (or equivalent signing authority) at the partnering organization. The Agreement is then returned to CAMH via email and both parties will retain a signed copy.
2. **Operations Training:** Have at least one practitioner at the partnering organization complete the STOP training requirements for implementation (see below).
3. **NRT logistics and Planning:** Secure locked space on your premises to store the NRT products (should be stored separately from pharmaceutical samples to avoid accidental use).

**There are required trainings for all practitioners implementing the STOP Program:**

- **Program Operations Training:** This training is required to implement STOP and is offered regularly via webinar by the STOP coordinator team and will detail how to implement the Program within your organization, manage the NRT provided by STOP and communicate with the STOP team. Please email a STOP coordinator for specific dates and times.

- (Optional) Formal Smoking Cessation Counselling Training (such as TEACH, RNAO, OMSC or equivalent). For those who do not have such training, the TEACH (Training Enhancement in Applied Cessation Counselling and Health) Project at CAMH offers a Certificate Program (see [www.teachproject.ca](http://www.teachproject.ca)) which includes an Interprofessional Comprehensive Course on Treating Tobacco Use Disorder. Alternatively, STOP offers a condensed online training option, Fundamentals of Tobacco Interventions (FTI). Please reach out to your STOP coordinator to register for the FTI training.
  - a. A new, optional module has been developed for the FTI training that covers treating residents in LTCHs with NRT, specifically geriatric considerations around dementia, withdrawal management and use of NRT for older populations. Information on how to access this module will be disseminated to implementers in LTCHs by the STOP Coordinator.

## Logistical Resources & Participant Recruitment

Once the partnering organization's Program Agreement has been approved and staff have completed all of the required trainings, such as the Operations Training, LTCH staff are ready to begin ordering NRT. NRT Ordering is described below. Once NRT is ordered, STOP will arrange for it to be delivered.

Once the NRT has arrived and placed in the locked storage area, the staff will follow the LTCH's policies for providing medication to residents.

## Data Collection and Evaluation

### Evaluation and Practitioner Check-in

An additional specific objective of the STOP in LTCH model is to determine how effectively and appropriately the STOP Program can be adapted to LTCH settings to meet the needs of the staff and residents.

STOP staff (or appropriate partners) may schedule interviews or questionnaires with practitioners administering the program to discuss barriers and facilitators of the program, and outcomes. The goal of these interviews or survey instruments would be to report on evaluation results to funders, as well as to provide feedback and supports to LTCHs offering the program.

## Participant Documentation

**STOP NRT Inventory Log:** This document is used to track STOP medication usage (i.e., NRT) for LTCH residents. Used by all practitioners who receive, provide or transfer NRT, the log should

be kept in the same place as the NRT and should be updated every time NRT inventory changes (i.e. whenever product is dispensed to a resident). The template can be found in Supplement 4 of this manual, or contact STOP ([stop.ltc@camh.ca](mailto:stop.ltc@camh.ca)) to have one emailed to you. The template can be completed on paper or electronically, but will need to be shared with STOP via email or uploaded to the online order form before a new NRT order is placed. Please see section on NRT Drug Accountability Log and NRT Ordering below for more details on ordering NRT.

### Confidentiality

The current implementation model with LTCHs does not involve CAMH collecting any Personal Health Information; future offerings might include this. If applicable, organization staff will ensure that any participant data that is collected is stored in confidence as per PHIPA and organization's processes for keeping PHI confidential and protected. Further discussion regarding organization confidentiality policies may occur at the initial discussion as necessary.



## Provision of NRT and Medication Management

This section will introduce you to guidelines related to the provision of NRT for tobacco/nicotine product cessation as part of the STOP Program. STOP has developed guidelines for the provision of NRT (below), which are consistent with current evidence in smoking cessation treatment, as well as our goals for providing long-term tobacco/nicotine cessation support to our residents. Please refer to **Supplement 4** for the “STOP Program Sample NRT Algorithm”. In addition, please see **Supplement 5** for a “Guide to Using Nicotine Replacement Therapy Products” offered through STOP.

**Please note:** administering NRT for any tobacco/nicotine product other than cigarettes is currently considered off-label. While off-label dispensing for this indication is permitted by the STOP Program, it must be within your clinical scope of practice to do so. **Please follow your own organization’s rules and guidelines regarding off-label dispensing of NRT.**

The STOP Program may offer the following products\*:

- Patch (21mg, 14mg and 7mg)
- Inhaler (10mg; 4mg delivered)
- Gum (2mg)
- Lozenge (2mg)

*\*Inventory is subject to change*

### Dosage Guidelines

We encourage STOP practitioners to use their clinical judgment in deciding the most appropriate type(s) and dose(s) of NRT to meet each resident’s needs and to develop a plan to taper down the dose over time, if needed. Off-label dispensing is permitted by the STOP Program (e.g., dispensing NRT for cessation treatment of tobacco/nicotine products other than cigarettes, dispensing of more than 21 mg of NRT per day). In some cases, such as a high NRT dosage, physician oversight may be required. **In all cases, please follow your own organization’s rules and guidelines regarding off-label dispensing of NRT.**

Consistent with current evidence in smoking cessation treatment, as well as our goals for providing long-term smoking cessation support to LTC residents, prescribing the nicotine patch to participants who smoke more than five cigarettes per day is generally encouraged, with the use of short-acting treatments (gum, lozenge, inhaler or mouth spray) only for breakthrough cravings if necessary.

A single therapy treatment with a short-acting product should only be used for lighter smokers (less than 5 cigarettes per day), or for those who cannot tolerate the patch. We encourage practitioners to use their clinical judgment in determining the most appropriate type of short-acting NRT to use.

## Product Dispensing Guidelines

When providing any of these products, please ensure that you are always dispensing products with the **earliest expiry date first**. **Note: products expire on the last day of the month listed on the expiry date. Therefore, a product with the expiry date September 2024 would expire on September 30, 2024. As long as the product is used by the participant before that date, it does not count as “expired.”**

## STOP Program Availability for LTCH Staff

The STOP Program is also available for staff in LTC. There are two methods that staff can access the STOP Program:

1. STOP on the Net is an online program that provides a 10-week kit to those eligible that is mailed to their home. For more information, the link to register is [here](#).
2. STOP is available to staff through participating STOP LTCHs; please work with the enrollment conventions that have been established at your LTCH. Staff cannot self-enroll in program (i.e. assign themselves a participant ID or self-prescribe any NRT. Please see section on Drug Accountability Log in this manual for details on how to code staff enrollments. Staff can also explore what opportunities are allowed through organization’s occupational health, or other policies.

## NRT Ordering

STOP staff will place the order for the first shipment of NRT based on the number of participants expected within the first 1 to 2 months of the program, as determined by the Initial Discussion with the participating LTC site. An email confirmation from the 3<sup>rd</sup> party distributor of the NRT will be sent when a new order is processed.

Subsequent orders are placed by the site using the **online ordering system** (see below). Please place orders using this system and request a volume that would support one month’s supply for participants to reduce the burden of frequent orders. The expected turnaround time between when STOP receives the order and the delivery of the NRT to your site is one to two weeks. Once NRT is delivered to the partnering organization, collaborating staff will be required to store the NRT in a secured, restricted-access area.

As an essential consideration in good medication management, NRT is shipped from our distributor based on the earliest expiry date. As such, we are unable to accommodate requests for a specific brand or flavour of product. Accordingly, practitioners are required to administer products with the **earliest expiry dates first**. Please note: in certain circumstances, STOP staff may not be able to fulfill an order as requested (e.g., if stock of a particular product is limited).

## Drug Accountability Log

The purpose of the Drug Accountability Log is to keep track of all NRT products and help manage your inventory so that you can place NRT orders in a timely fashion. The Drug Accountability Log is intended to reflect the quantity of each product available to be dispensed at a given time.

This **mandatory form** will be sent to participating LTCHs via email and can be printed. The Inventory Logs are to be updated by all practitioners who receive, administer, or transfer NRT; the log should be kept in the same place as the NRT and must be updated every time the inventory changes.

In order to maintain accurate and representative Drug Accountability Logs, there are several situations that should be documented:

- Each NRT product has a separate log. If a resident receives more than one type of NRT (i.e. Step 1 21 mg and Lozenge), please complete each log;
- Update the Drug Accountability Log each time product is added or removed from the physical inventory;
- For product arriving at LTCH, complete the columns on left side of the log and record the new total of NRT (current inventory + newly received products) in the far right column;
- For product provided to residents, the right side of log is to be completed on a new row;
- Always record the date, lot #, expiry date and staff initials for every entry
- **The last line on the far right column should always reflect the total amount of NRT available at your site** (see below)
  - E.g. in the example below the client 12345 received 2 boxes of Step 1, so the row next to their ID shows the new total amount minus what was provided to the resident



### STOP Drug Accountability Log

#### Dispensing Room

Program Name:	STOP in Long Term Care Homes		Manufacturer:	Nicoderm®
Program Lead:	Dr. Peter Selby		Dosage Form:	<b>STEP 1 (21 mg)</b>
Investigational Product:	Nicotine Patches (NRT) (7 units/box)			

Date Received dd/mm/yyyy	Number of Boxes Received	Lot #	Expiry dd/mm/yyyy	Staff Initials	Date Disp. dd/mm/yyyy	Participant Initials	Participant ID	Lot #	Expiry dd/mm/yyyy	Number of Boxes Disp.	Staff Initials	Comments	Balance
01/Jan/2023	20	ABC123	31/May/2024	CP									20
					08/Jul/2023	AB	12345	ABC123	31/May/2024	2	CP		18
					11/Aug/2023	DF	56789	ABC123	31/May/2024	1	CP		17
15/Aug/2023	10	DEF456	31/Jul/2024	CP									27
					1/Sep/2023	FG	34567	ABC123	31/May/2024	4	CP		23

Note: If dispensing to both staff and residents, please add an “S” or “R” respectively as the prefix to the Patient ID so STOP can track who is receiving the NRT of the Program. Examples:

Staff enrollment: S-12345

Resident enrollment: R-12345

### *Logging expired NRT*

If you observe that an NRT product has expired, please remove this product from your inventory and document this in the inventory log.

If you have expired product on-hand, please email STOP the following information: product type; lot #; and expiry date of the expired product(s). Please document this transaction as “OUT - expired” on left side of Drug Accountability Log (to indicate that the product has left your inventory). Resident initials and ID can be left blank. In order to calculate your new total inventory, subtract the amount of product that has expired and enter the new totals. You should also clearly identify the product as expired so that it is not accidentally dispensed (e.g., write on the product boxes themselves). **If you are concerned about any products that are set to expire within the next three (3) months, please contact your STOP coordinator to discuss options regarding this inventory.**

The product should then be discarded appropriately (e.g., dispose by bringing to a pharmacy, not disposed of in the garbage).

### *Sending NRT to another site*

If you are part of a multi-home organization and another home requires NRT that you have in stock, please indicate this on your Inventory Log prior to delivering this product (e.g., “OUT - Site 2” reflects that the product has left your site and is being delivered to site 2). If you receive products from another home, please indicate this on your Inventory Log and add the new products to your current inventory totals (i.e. “IN - Site 3”). Logistics of transferring any products between homes is the responsibility of the organization and not CAMH.

### **NRT Orders**

Orders are placed using the **online ordering system** found here:

<https://edc.camhx.ca/redcap/surveys/?s=JEWDAKAF84DLM9EH>

To place an order, please ensure that all information is complete and correct. **Please note that an updated inventory log needs to be attached or emailed to the STOP coordinator in order for STOP staff to process the order.** This can be a photo of the paper log, or a scanned document. Orders typically arrive within 2 weeks.

**The following screenshots describe the NRT order form in detail:**

## STOP in LTC NRT Order Form

Please complete this survey to order NRT.

Long-Term Care Home	<input type="text"/>
Staff Name	<input type="text"/>
Email Address	<input type="text"/>
Postal Code	<input type="text"/>
City	<input type="text"/>
Street Number	<input type="text"/>
Street Name	<input type="text"/>
Address Line 2 <small>(i.e. PO Box, Floor, Unit, etc.)</small>	<input type="text"/>
Phone Number	<input type="text"/>
Extension	<input type="text"/>

Please attach your NRT inventory log (since your last order)

- Yes, I will attach a scan/picture (or send separately via email)
- No

Click "yes" to upload your inventory log (scan or picture). If you click "no", your order will not be processed as STOP does not have access to faxes at this time.

### NRT Order Request

Patch boxes/sleeves - 21 mg	<input type="text"/> <small>Please indicate how many you require</small>
Patch boxes/sleeves - 14 mg	<input type="text"/> <small>Please indicate how many you require</small>
Patch boxes/sleeves - 7 mg	<input type="text"/> <small>Please indicate how many you require</small>
Inhaler boxes (10 mg)	<input type="text"/> <small>Please indicate how many you require</small>
Gum boxes (2 mg)	<input type="text"/> <small>Please indicate how many you require</small>
Lozenge boxes (2 mg)	<input type="text"/> <small>Please indicate how many you require</small>
Any additional comments?	<input type="text"/>

Please note that NRT may take up to two weeks to arrive after your order has been received.

Submit

## NRT Recall

This section describes the process and steps to follow in the event that any alert, recall, safety notification, advisory, or warning is issued or communicated by the Supplier to CAMH for an NRT product used in the STOP Program. The following steps will be followed:

- Upon learning about any recall from the Supplier, CAMH will send an email communication as soon as possible to all affected partnering organizations with the affected lot number(s) of product.
- STOP practitioner(s) at the organization will be responsible for contacting the prescribers for any residents that received the product and requesting that they:
  - stop using the product and
  - return any remaining product to the STOP Implementer as soon as they can.
- CAMH will communicate any instructions for safely disposing of and/or sending NRT back to CAMH.
- CAMH will work with Supplier to ship replacement NRT as soon as possible to the organization.

## Ethical Considerations

### Benefits

Residents of Long Term Care Homes will have access to free NRT through the STOP program and, if applicable, behavioural support from the STOP Program implementer. They will not receive monetary compensation. Practitioners will receive training support and cessation tools for use with their participants. LTCHs will receive NRT free of charge for their residents as well as optional trainings.

### Risks

There is no anticipated incremental risk to the participating homes or LTCH staff. There is a risk of adverse reactions from NRT use to the residents who use the NRT provided. The most common side effects of NRT patches are localized rash or irritation at the site of patch application and sleep disturbances. The most common side effects of NRT gum/lozenge and inhaler are upset stomach and throat irritation, respectively. Residents may experience one or more withdrawal symptoms upon quitting smoking. Please contact STOP if interested in receiving Product License for any product.

## Data Privacy and Information Management

### Patient Privacy Inquiries or Complaints about STOP

Please direct any privacy inquiries about personal health information in STOP to the STOP coordinator and any privacy complaints to the CAMH Information and Privacy Office at [privacy@camh.ca](mailto:privacy@camh.ca) or 416-535-8501 x33314. The STOP coordinator will consult with the CAMH Information and Privacy Office as required per CAMH policies.

### Requests for Changes to Program Processes

Any requests for Program changes that differ from what is outlined in this Operations Manual should be made in writing via email to a STOP coordinator for review. Requests will be evaluated by the STOP team against several considerations, including evidence base and feasibility, and accepted if appropriate.

### Terminating Program Agreement

Upon notice of termination of this Agreement, the Program collaborator and/or STOP practitioner will take all reasonable steps as are necessary for closure of the Program with its patients.

- Program collaborator will stop enrolling any new residents at least a month (30 days) prior to the termination date;
- All residents that are currently enrolled in the STOP Program should be notified that the site is terminating its implementation of the STOP Program;
- Program collaborator will coordinate with CAMH to assess the number of residents currently in treatment and to plan safe winding down of treatment for these residents. All residents will be promptly notified of this plan for treatment;
- All remaining NRT on site at all locations should be returned to CAMH before the end of the agreement;
- CAMH staff will update all contact information so that communication from STOP will cease upon end of the agreement date.

## Practitioner Resources

The STOP Program has additional resources to share with practitioners to assist them in delivering the Program.

- Behavioural Counselling Guideline Algorithm (**Supplement 1**)
- STOP Program Sample NRT Algorithm (**Supplement 2**)
- Guide to Using Nicotine Replacement Therapy (NRT) Products (**Supplement 3**)
- NRT Drug Accountability Log (**Supplement 4**)
- Lower-Risk Nicotine User Guidelines (LRNUG):  
<https://www.nicotinedependenceclinic.com/en/Pages/Lower-Risk-Nicotine-Use-Guidelin%E2%80%8Bes.aspx>
- Vaping Cessation Guidance Resource:  
<https://www.nicotinedependenceclinic.com/en/Documents/Vaping%20Cessation%20Guidance%20Resource.pdf>
- **Monthly Knowledge Exchange Teleconferences for Practitioners:** An opportunity for STOP to share resources, new research findings or Program updates as well as an opportunity for implementers of the Program to ask questions and bring forward case studies for discussion.
  - Once a month (time to be determined)
  - Minutes will be distributed after each session

\*Subject to change. Reminder emails are sent out to all STOP practitioners.

- TEACH videos on smoking cessation intervention:
  - “@teachproject” on Youtube
  - Join the Mailing List: [teach@camh.ca](mailto:teach@camh.ca)
- Useful webinars that discuss various issues (e.g., the importance of addressing alcohol use among smokers in primary care; how to conduct an evidence-based intervention) can be found on our website:  
<https://www.nicotinedependenceclinic.com/en/teach/Pages/TEACH-Webinars.aspx>
- Geriatric Considerations for Supporting Smoking Cessation with Older Adults:  
<https://www.youtube.com/watch?v=RmkDqy0zEs4>



The STOP team is readily available to support your LTC home in offering tobacco/nicotine treatment for your residents. For any additional questions or comments, the STOP team can be reached at [stop.ltc@camh.ca](mailto:stop.ltc@camh.ca).

Additional resources, such as self-help tools for residents/families/caregivers, or resources for providers, are available on our website here: <https://www.nicotinedependenceclinic.com/en>

## **Supplement 1: Behavioural Counselling Guideline Algorithm: STOP Program (Brief Intervention Form)**

This form is intended to guide practitioners with delivering a brief behavioural intervention to their resident as part of nicotine cessation treatment. **It is optional to use and does not have to be submitted to CAMH as part of the STOP Program.**

It may be helpful in your implementation of STOP and can provide a framework for delivering the counselling. Please use your clinical judgement and expertise working with residents of LTCHs to provide NRT and counselling.

Patient ID: \_\_\_\_\_ Patient Initials \_\_\_\_\_ Date: \_\_\_\_\_

1. Have you started any new medication or stopped any previously taken medication since your last visit?  No  Yes

2. Have you experienced any adverse events since last visit?  
 No  Yes, describe: \_\_\_\_\_

*\*If Serious Adverse Event (SAE), notify STOP within 7 days*

3. Carbon Monoxide level: \_\_\_\_\_ ppm Time since last cigarette: \_\_\_\_\_ min/hrs/days

4. # of cigarettes currently smoked \_\_\_\_\_ cpd / cpw

5. What changes have you made to your smoking since our last appointment?  
 Quit smoking  No change  Relapsed or increased tobacco use from last visit  
 Reduced number of cigarettes

<input type="checkbox"/> Congratulations on your success! That's great.	<input type="checkbox"/> Tell me about your tobacco use (use notes) <input type="checkbox"/> Lapses can be used as a learning experience
<input type="checkbox"/> What benefits have you noticed since quitting/reducing? (breathe easier, more energy, can smell, taste, etc). <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____	<input type="checkbox"/> What problems did you encounter? <input type="radio"/> Depression <input type="radio"/> Weight gain <input type="radio"/> Alcohol <input type="radio"/> Other smokers <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____
<input type="checkbox"/> What success have you noticed? (can delay cigarettes, not thinking about it all the time, 5 days without smoking, etc). <input type="radio"/> Duration of abstinence <input type="radio"/> Reduction in withdrawal <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____	<input type="checkbox"/> What challenges do you anticipate? <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____
	<input type="checkbox"/> How much of the medication did you use in the last week?

<input type="checkbox"/> Did you encounter any problems or do you anticipate any problems? <input type="radio"/> Depression <input type="radio"/> Weight gain <input type="radio"/> Alcohol <input type="radio"/> Other smokers <input type="radio"/> _____ <input type="radio"/> _____	<input type="radio"/> _____ <hr/> <hr/> <hr/>
---	--

6. Are you getting additional counselling or support for quitting smoking? Indicate all supports:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Have you used any NRT or other smoking cessation aids?

<input type="checkbox"/> Patch	<input type="checkbox"/> Gum
<input type="checkbox"/> Inhaler	<input type="checkbox"/> Lozenge
<input type="checkbox"/> Zyban / Wellbutrin	<input type="checkbox"/> Other: _____

8. If patient did not use **all** of the provided Program medication, indicate why

<input type="checkbox"/> N/A, used all	<input type="checkbox"/> experienced side effect(s): _____
<input type="checkbox"/> forgot to take it	<input type="checkbox"/> other: _____

### Relapse Prevention

You've done great so far. It's helpful to think about a few things to help you to continue reducing or staying quit. Do you think any of the following might be a problem for you?

Problems	Responses
<input type="checkbox"/> Do you have enough support for quitting smoking? <input type="checkbox"/> No _____ → <input type="checkbox"/> Yes ↓	<input type="checkbox"/> Would it be helpful to touch base by phone for extra support? <input type="checkbox"/> Can you identify anyone that can provide support for you? <input type="checkbox"/> You might want to call the Smokers' Helpline for extra support or see your family doctor.
<input type="checkbox"/> Is negative mood or depression a problem for you while quitting? <input type="checkbox"/> Yes _____ → <input type="checkbox"/> No ↓	<input type="checkbox"/> If you are having a lot of trouble with your mood, do you think you might want to see your family doctor for some help? _____ <hr/> <hr/>
<input type="checkbox"/> Are you experiencing strong or prolonged withdrawal symptoms? <input type="checkbox"/> Yes	<input type="checkbox"/> If you are experiencing prolonged craving or other withdrawal symptoms, you may want to look at your NRT dose. Do you think you need a higher dose of NRT? <input type="checkbox"/> YES <input type="radio"/> Adjust the dose and type of NRT provided.

<input type="checkbox"/> No ↓	<input type="checkbox"/> NO <input type="checkbox"/> How else might you cope with these cravings?
<input type="checkbox"/> Have you experienced any weight gain or anticipate gaining weight because of quitting smoking? <input type="checkbox"/> Yes _____ → <input type="checkbox"/> No ↓	<input type="checkbox"/> Recommend starting or increasing physical activity; discourage strict dieting. <input type="checkbox"/> Reassure patient that some weight gain after quitting is common and appears to be self-limiting. <input type="checkbox"/> Emphasize the importance of a healthy diet. <input type="checkbox"/> Maintain the patient on NRT. <input type="checkbox"/> Refer the patient to a specialist or Program.
<input type="checkbox"/> Are you experiencing low motivation to continue quitting or are you feeling deprived? <input type="checkbox"/> Yes _____ → <input type="checkbox"/> No	<input type="checkbox"/> Reassure the patient that these feelings are common. <input type="checkbox"/> Recommend rewarding activities. <input type="checkbox"/> Probe to ensure that the patient is not engaged in periodic tobacco use. <input type="checkbox"/> Emphasize that beginning to smoke (even a puff) will increase urges to smoke and make quitting more difficult.

Notes: \_\_\_\_\_

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Schedule next appointment: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Supplement 2: Algorithm for Tailoring Pharmacotherapy for Smoking Cessation

This NRT Pharmacotherapy Algorithm is available for download on the Nicotine Dependence Services website here:

<https://www.nicotinedependenceclinic.com/en/teach/Documents/Pharmacotherapy%20Algorithm%20JAN2018%20updated.pdf>

Please note: that there are no currently available evidence-based guidelines or algorithms for administering NRT for cessation treatment of tobacco/nicotine product(s) other than cigarettes.

### Algorithm for tailoring pharmacotherapy for smoking cessation

**Ask about tobacco use.** "How many cigarettes do you smoke a day?" / day

**Advise your patient to quit.** "I am concerned about your smoking and advise you to quit. Would you mind if we spend a few minutes so that I can better understand your tobacco use?"

**Assess readiness to quit on a scale of 1 - 10.**  
 1. Desire to quit - "How important is it for you to quit smoking?" / 10  
 2. Confidence - "How confident are you that you can quit smoking?" / 10

**Assist with smoking cessation.**  
 1. How would you like to quit: cold turkey or with assistance?  
 2. Do you want to quit abruptly or gradually?  
 3. What type of assistance do you need pharmacotherapy, counseling

**Motivational Interviewing (MI)**  
 Explore the patient's values using reflective listening. Relevance: why is quitting relevant to health, family, social situation? Remember: potential benefits of quitting - health, money, taste & smell. Risk: Acute (shortness of breath), chronic (CVA, cancer, COPD), Roadblock: withdrawal symptoms, fear of failure, weight gain. Repetition: repeat MI every time the patient visits the clinic.

**Reduce to quit protocol**  
 Step 1: (0-6 weeks) Set target no. of cigarettes per day to cut down (recommended at least 50%) and a date to achieve it by. Use gum to manage cravings.  
 Step 2: (6 weeks - 6 months) Continue to cut down cigarettes using gum. Goal should be complete stop by 6 months. Seek advice from HCP if smoking has not stopped within 9 months.  
 Step 3: (within 9 months) Stop all cigarettes and continue to use gum to relieve cravings.  
 Step 4: (within 12 months) Cut down the amount of gum used, then stop gum use completely (within 3 months of stopping smoking).

**First line pharmacotherapy**  
 Therapy should be tailored to individual's needs and preferences

	Varenicline (Champix®)	Nicotine Replacement Therapy (NRT)	Bupropion (Wellbutrin SR®, Zyban®)
<b>Advantages</b>	Most effective - highest quit rates. No drug interactions except with NRT (may increase risk of adverse events).	Safe to obtain cardiac disease. Patch is the most effective form of NRT.	Minimal weight gain, helps depression, can use with NRT, as effective as NRT.
<b>Quit Date</b>	7-14 (up to 30) after starting	Start day up to 6 weeks after starting	2-10 after starting
<b>Caution</b>	Risk of increased cardiac events in those with heart disease, Stroke-Ischemic Syndrome, arrhythmias, or those on MAOIs. Reduced doses needed in renal disease, avoid disintegrating tablets if available.	Must dispose of properly	Blood changes, avoid alcohol in alcoholism, drug interactions, liver or heart failure disorders or eating disorders, take MAOIs with care, allergy to active ingredient.
<b>Side Effects</b>	Nausea, nightmare, insomnia	Patch: abnormal dreams/nightmares (remove before bed) All other forms of NRT: mouth irritation, dyspepsia	Dry mouth, constipation, agitation, insomnia, headache, dizziness
<b>Dose</b>	Day 1 - 3 0.5mg PO once daily Day 4 - 7 1.0mg PO BID Day 8 - onward: 1mg PO BID x 12 - 24 weeks	Patch: different doses depend on use 12 weeks (nicotine cartridge) - 0.5mg/21hr transdermal patch, PRR transdermal Gum: Nicorette (2mg), Transdermal (20mg), transdermal spray: Nicorette spray, 12 sprays (20-30hr), nasal spray: Lozevit, 2mg/25 sprays, 4mg/25 sprays, nasal spray	150mg SR PO qd x 3d, then SR x 7-12 weeks

**Reduce to quit protocol**  
 Step 1: (0-6 weeks) Set target no. of cigarettes per day to cut down (recommended at least 50%) and a date to achieve it by. Use gum to manage cravings.  
 Step 2: (6 weeks - 6 months) Continue to cut down cigarettes using gum. Goal should be complete stop by 6 months. Seek advice from HCP if smoking has not stopped within 9 months.  
 Step 3: (within 9 months) Stop all cigarettes and continue to use gum to relieve cravings.  
 Step 4: (within 12 months) Cut down the amount of gum used, then stop gum use completely (within 3 months of stopping smoking).

**Glossary**  
 BID: twice a day  
 COPD: chronic obstructive pulmonary disease  
 d: days  
 lbs: pounds  
 LU: limited use  
 MAOI: monoamine oxidase inhibitor  
 Max: maximum  
 ODB: Ontario drug benefit  
 OTC: over-the-counter / no prescription needed  
 PRN: as needed  
 qam: every morning  
 Pw: requires prescription  
 SR: slow release  
 Wt: weight

**References**  
 Information provided is evidence-based but may not be approved for use in certain regions. Refer to your local regulatory authority for approved indications, guidelines, and updated safety information.

### Additional material:

**Reduce to quit protocol**  
 Step 1: (0-6 weeks) Set target no. of cigarettes per day to cut down (recommended at least 50%) and a date to achieve it by. Use gum to manage cravings.  
 Step 2: (6 weeks - 6 months) Continue to cut down cigarettes using gum. Goal should be complete stop by 6 months. Seek advice from HCP if smoking has not stopped within 9 months.  
 Step 3: (within 9 months) Stop all cigarettes and continue to use gum to relieve cravings.  
 Step 4: (within 12 months) Cut down the amount of gum used, then stop gum use completely (within 3 months of stopping smoking).

**CAN-ADAPT Summary Statements**  
 Counseling & Psychosocial Approaches

- Combining counseling and smoking cessation medication is more effective than either alone, therefore both should be provided to patients/clients trying to stop smoking where feasible. (1A)

**CAN-ADAPT Pharmacotherapy Guidelines - Updated**

- Offer efficacious pharmacotherapy to every patient who smokes 10 or more cigarettes daily and is willing to make a quit attempt. (1A)
- Healthcare providers should tailor smoking cessation pharmacotherapy to the patient's clinical needs and preferences. (1C)
- Varenicline improves smoking cessation rates at 6 and 12 months compared to placebo. (1A)
- Varenicline is more efficacious at improving smoking cessation rates at 6 months compared to bupropion. (1A)
- Varenicline is more efficacious at improving smoking cessation rates at 6 months compared to NRT. (1B)
- Bupropion improves smoking cessation rates at 6 and 12 months compared to placebo. (1A)
- Nicotine replacement therapy in any commercially available form (transdermal patch, gum, lozenge, nasal spray, oral inhaler, sublingual tablet) improve smoking cessation rates at 6 and 12 months. (1A)
- 8 weeks of NRT patch therapy is as effective as longer course of therapy for smoking cessation at 6 months. (1A)
- Higher NRT gum dose of 4 mg (vs. 2 mg) is more efficacious for smoking cessation rates at 6 months for high dependency smokers or those who have relapsed with 2 mg. (1A)
- Combining NRT patch with other forms of NRT yields higher efficacy for smoking cessation rates at 6 months compared to patch alone, especially where immediate/fast effects are desired. (2A)
- NRT patch high dose (44/42 mg) has a very small or borderline benefit than standard dose (22/21 mg) for smoking cessation rates at 6 months. (2A)
- Cytisine may improve smoking cessation rates at 6 and 12 months compared to placebo. (2C)
- Nortriptyline may improve smoking cessation rates at 6 and 12 months compared to placebo. (2C)
- There is insufficient evidence to make a recommendation regarding the use of desflonine for smoking cessation. (2C)

## ***Supplement 3: Guide to Using Nicotine Replacement Therapy (NRT) Products: STOP Program***

### **Nicotine Patch (21mg/14mg/7mg):**

- Apply to clean, dry, and non-hairy area of the upper body
  - Can secure with medical tape, sock, or an armband
  - Wear for 24 hours
  - Side effects:
    - Localized irritation
      - Remove the entire residual adhesive when removing the patch.
      - Move the patch around to minimize irritation.
      - Use steroid spray before applying the patch if necessary. Can use an over the counter hydrocortisone cream after patch is removed, if necessary.
    - Sleep disturbance and vivid dreams (due to presence of nicotine in body overnight)
      - If combination therapy, take the patch off at night. In the morning, put the patch on and use a short acting NRT (gum, lozenge, or inhaler) for the first 30 minutes to control the withdrawal symptoms until the patch kicks in.
- OR
- If no combination therapy, take the patch off at night and set 2 alarm clocks 30 minutes apart. When the first one rings, put the patch on and go back to sleep. By the time the second alarm rings 30 minutes later, the patch would be effective.

### **Nicotine Gum (2mg):**

- Works by buccal absorption
- Use the Chew, Chew, Park strategy:
  - Park for 30 seconds adjacent to gums
  - Repeat and move to different gum location (to minimize localized irritation)
  - Effective for 20-30 minutes
- Do not consume acidic drinks/foods, such as alcohol and coffee (wait 15 minutes to use gum)
  - Alters absorption and reduces effectiveness of the gum

### **Nicotine Lozenge (2mg):**

- Works by buccal absorption
- Rest the lozenge adjacent to gums, move occasionally (to minimize localized irritation)
  - Effective for 20-30 minutes
- Do not consume acidic drinks/foods, such as alcohol and coffee (wait 15 minutes to use gum)
  - Alters absorption and reduces effectiveness of the gum

**Nicotine Inhaler (10mg, 4mg of nicotine delivered):**

- Do not inhale deeply (takes practice), works by buccal absorption
- How to open/fill/close:
  - Line up etch marks to open and close
  - Insert Cartridge and puncture seal
- Nicotine will be depleted from cartridge in 24 hours even if not used
- Cartridge lasts for 20 minutes of continuous usage

**Nicotine Mouth Spray (150mg, 1mg/spray):**

- Works by buccal absorption
- How to use:
  - Using your thumb, slide down the black button until it can be pushed slightly inward
  - While pushing in, slide upward to unlock the top of the dispenser and release button
  - Must be primed before the first use or if not used for more than 2 days
  - Point the nozzle as close to your mouth as possible, spray into the mouth while avoiding lips
  - Close mouth and do not swallow for a few seconds after spraying
  - Do not inhale while spraying
  - Close the spray after each use
- Use one spray first, a second one if craving does not disappear after a few minutes
- Typically, use 1-2 sprays every half hour. Maximum dose is two sprays at a time.
- May use up to 4 spray per hour, but do not exceed 64 sprays in a 24 hour period
- Do not eat/drink 15 minutes before and after using the nicotine mouth spray

**Links to TEACH Nicotine Replacement Therapy (NRT) Instructional Videos:**

- Nicotine Patch: <https://www.youtube.com/watch?v=uCbH1-qj7eA>
- Nicotine Gum: <https://www.youtube.com/watch?v=MAFuka7li68>
- Nicotine Lozenge: <https://www.youtube.com/watch?v=ToI4jhlNgxk>
- Nicotine Inhaler: <https://www.youtube.com/watch?v=UlyInRGafqs>
- [Nicotine Mouth Spray: https://www.youtube.com/watch?v= DJSoXQNlfi](https://www.youtube.com/watch?v=DJSoXQNlfi)

**Tobacco/nicotine cessation/reduction and caffeine consumption:**

- Please note: nicotine makes the body to break down caffeine faster. So, when someone quits or reduces their use of tobacco/nicotine product(s), their body does not break down caffeine as much. Therefore, caffeine consumption should be reduced to avoid potential for caffeine toxicity. Symptoms of caffeine toxicity include anxiety and fidgeting, which are similar to nicotine withdrawal symptoms. Therefore, caffeine toxicity symptoms can be mistaken for nicotine withdrawal and may seem as if the NRT is not working. Please ensure that this information is discussed with the resident and appropriate suggestions with respect to their caffeine intake are communicated.

