**STOP Teleconference: Wednesday, May 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/))
* 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)

**STOP rebranding: INTREPID Lab**

We are excited to announce that the Nicotine Dependence Service will now be known as CAMH’s **INTREPID Lab**!

INTREPID Lab stands for **I**nnovations, **N**icotine and **T**obacco, **R**esearch, **E**ducation, **P**rogramming, **I**mplementation and **D**igital Health. To develop the learning health system to address tobacco addiction in Ontario, we innovated in the use of technology and implementation science to scale up across Ontario to over 300 settings. This infrastructure is potentially useful to provide integrated physical and mental health care. For example, our work in technology-enabled collaborative care for diabetes and mental health problems builds on our existing structure. Therefore, this name change captures the values of our lab and our diversification. Please note our commitment to addressing tobacco addiction in equity deserving populations will continue and deepen.

If there are questions around the name change, please contact us at INTREPID.lab@camh.ca

**Q: Will any STOP-related names change?**

A: No, there will not be any changes to STOP-related names (e.g., the STOP Portal).

**Q: Are changes required to the consent forms because of the name change?**

A: Changes to the consent forms will NOT be required as we do not mention Nicotine Dependence Service in the consent form.

# Updates:

**Mailboxes** – to receive prompt replies, please use your designated mailbox:

* Stop.study@camh.ca – for general inquiries (public)/STOP on the Net
* Stop.support@camh.ca – for patient self-enrollment users or ‘blocking’ inquiries
* Stop.ahacs@camh.ca; stop.fhts@camh.ca; stop.chcs@camh.ca; stop.nplcs@camh.ca; stop.phus@camh.ca – please use the appropriate mailbox if you belong to one of these organization types
* Stop.ltc@camh.ca; stop.rccs@camh.ca; stop.sp@camh.ca – newest org types
* Stop.amh@camh.ca NOT stop.addictions@camh.ca – all AMHAs should use new email

**General note: please do not include any PHI in emails to STOP – quote ID#s and/or initials and we will schedule a phone call with you if necessary (e.g., participant was ‘blocked’ when I tried to enroll them)**

**STOP on the Net reports** – sent out to all PHUs week of May 1 (whether you advertised the program or not)

STOP Portal:

**Joinstopprogram.ca – self-enrollment page and email facelift**

* We are planning to update the 26-week STOP Program self-enrollment page (“joinstopprogram.ca”) and the email that gets sent to patients when they create their account. If you have any additional suggestions, please contact us.

General Questions:

**Q: Do you expect another round of STOP on the Net (SOTN) promotion with PHU support?**

A: Nothing is officially confirmed at this point but there may be a new round of promotion – stay tuned for more information.

**Q: Any resources on approximation of nicotine content absorbed from cigarillos?**

A: You can do an [internet search](https://www.bing.com/search?pglt=43&q=cigarillo+nicotine+content&cvid=ee4132d1f7f943c4bcf10719394173e1&aqs=edge.0.0l9j69i11004.6787j0j1&FORM=ANNAB1&PC=U531) for this. Also, see this [cigar monograph](https://cancercontrol.cancer.gov/brp/tcrb/monographs/monograph-09) referenced in the TEACH Core course.

**Q: Any promotion around World No Tobacco Day on May 31st?**

A: As usual, we will promote on Twitter (PSQuitSmoking) and other avenues - stay tuned for more information.

**Q: Is a client on suboxone or methadone apt to require more NRT, as in higher doses?**

A: We asked a CAMH clinician and received the following response:

*People with opioid use disorders (OUD) have high smoking rates and heavier nicotine dependence compared with the general population (even before they start taking methadone maintenance treatment (MMT)/buprenorphine (BMT)). This means that their NRT requirements may be higher.*

*Also, methadone, as a full mu agonist, has the potential to make smoking more pleasurable and people often smoke more when methadone doses peak (1-1.5h post ingestion). Cigarettes are also used to treat end of dose w/d (usually in the AM just before the next dose is administered).*

*Therefore, it is important for providers to talk about the timing of the cigarettes relative to opioid agonist therapy (OAT) (more with MMT than BMT, which is a partial agonist) and try to develop healthy coping skills/short acting NRT on those occasions mentioned above.*

*One thing to keep in mind is that when people on MMT quit smoking, there may be a need to reduce the dose of methadone (methadone's metabolism is expedited due to the effect of smoke on liver enzymes). Patients should be aware that they may feel more sedated/drowsy after quitting and if so to discuss this with their prescriber/pharmacist.*

*Another point to consider, given the above, is to offer patients with OUD Varenicline, which may be more effective in helping them quit compared with NRT. If their MMT is daily dispensed it can be coupled with daily dispensing of VAR to increase adherence (at least for the AM dose).*

### Resources:

**STOP Practitioner Resources Webpage**:

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

* Quash: [resource mapping survey](https://urldefense.com/v3/__https%3A/www.surveymonkey.com/r/QuashResources__;!!FxkXuJIC!ZMJsRmt1eIh2Z9RrLPwz8d-No9310ajWMhbx_E_eDqoTTR4SWAVtJU8de2Zs4faPfHrX4vGQPpvSWbuqFIAQGWpE$)
	+ *Quash is a behaviour change program for youth ages 14-30 – offered in both English and French – featuring an app that aims to help young people quit smoking and/or vaping by making it easy to build a custom plan*
	+ Survey closes **May 11th**
* [clc.camh.ca](https://clc.camh.ca/) – latest updates for May and June
* Middlesex-London Tobacco Cessation Newsletter (attached)

News:

* [**Loneliness poses risks as deadly as smoking: surgeon general**](https://ca.news.yahoo.com/loneliness-poses-risks-deadly-smoking-092357934.html)

# STOP Quote of the day:

*Wanted to say thank you for letting me go through this study. I still haven't managed to stop smoking but I am smoking a lot less then before. More importantly, being able to reduce my smoking has given me actual hope that I will beat this damn addiction, and soon. Living on an disability pension, I can't afford to buy more patches (have you seen what they cost?), which sucks because they really do work, but I still have the candy and am working hard to take a candy instead of going for a smoke. I think it's working!*

*This study has been a MAJOR help to me in getting closer to the day when the bondage will be broken and I will be free from the cravings.*

# STOP Fun Poll:

# What’s in a name: how would *you* pronounce the “A” in Ting-A-Kee?

#  A. "ah" sound (haha) 34/69 (49%)

#  B. "ay" sound (maybe) 11/69 (16%)

#  C. "uh" sound (achieve) 12/69 (17%)

#  D. "aw" sound (saw) 9/69 (13%)

#  E. "eh" sound (many) 3/69 (4%)

# *Note: Ryan uses the pronounciation listed in ‘C’*

# 2023 teleconference schedule:

# Summer teleconference schedule updates

|  |  |  |  |
| --- | --- | --- | --- |
| ~~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:

Anishwabe Mushkiki AHAC

Algoma PHU

AMHS-KFLA AMHA

Athens FHT

Bancroft FHT

Brockton and Area FHT

Black Creek CHC

Blue Sky FHT

Bridgepoint FHT

Burk’s Falls FHT

Carea CHC

Carepoint CHC

Casey House

Central CHC

Central Brampton FHT

Central Lambton FHT

Centre of Hope AMHA

Chatham-Kent PHU

CHIRS AMHA

City of Kawartha Lakes FHT

City of Lakes FHT

CMHA Algoma AMHA

CMHA Ottawa AMHA

CMHA Toronto AMHA

Connectwell CHC

Dufferin Area FHT

Fort William FHT

Georgian Bay FHT

Grand Bend Area CHC

Grand River CHC

Grandview FHT

Guelph FHT

Haldimand FHT

Hamilton FHT

Happy Valley FHT

Health for All FHT

Humber River FHT

Inner City FHT

Inner City Health Associates AMHA

Jane-Finch FHT

Kawartha Lakes CHC

Kingston CHC

Kirkland District FHT

Lakeview FHT

Leeds and Grenville FHT

Leeds Grenville Lanark PHU

London InterCHC

Lower Outaouais FHT

Manitoulin Central FHT

Maitland Valley FHT

Middlesex-London PHU

Niagara North FHT

Niagara Region PHU

North Bay NPLC

North Durham FHT

North Lambton CHC

North Muskoka NPLC

North Perth FHT

North Shore FHT

Northeastern Manitoulin FHT

Northumberland FHT

Northwestern PHU

Ottawa Valley FHT

Owen Sound FHT

Points North FHT

Queen’s FHT

Queen’s Square FHT

Rainbow Valley CHC

Rapids FHT

Rideau CHC

Sandy Hill CHC

Sauble FHT

Scarborough A FHT

Scarborough Centre CHC

Seaway Valley CHC

Serenity House AMHA

Simcoe Muskoka PHU

Six Nations AHAC

Smithville FHT

Stratford FHT

Summerville FHT

Taddle Creek FHT

Thames Valley FHT

Thunder Bay PHU

Timiskaming PHU

Twin Bridge NPLC

Two Rivers FHT

Upper Canada FHT

Vitanova AMHA

West Carleton FHT

West Champlain FHT

West Elgin CHC

West Nipissing CHC

Windsor Essex PHU

Women’s College Hospital FHT

York Region PHU