

3

IMPROVING ACCESS TO TOBACCO CESSATION SERVICES

The Health and Emergency Medical Services Committee recommends to Regional Council acting as the Board of Health, the adoption of the recommendations contained in the following report dated March 27, 2009, from the Commissioner of Community and Health Services.

1. RECOMMENDATIONS

It is recommended that:

1. The Regional Chair write to the Ontario Minister of Health Promotion urging that the Province extend the Smoke-Free Ontario Strategy to provide sustained 100% funding for the delivery of accessible cessation counselling services and provision of low/ no cost nicotine replacement therapy.
2. The Regional Clerk circulate this report to the Central Local Health Integration Network (Central LHIN) for information.

2. PURPOSE

This report is prepared for Regional Council in order for it to carry out its legislative duties and responsibilities as the Board of Health under the *Health Protection and Promotion Act*. It outlines the benefits of increasing access to cessation counselling services and low/ no cost nicotine replacement therapy in Ontario through dedicated funding.

3. BACKGROUND

For every \$1 the Ontario government spends on tobacco control, it will potentially save \$3 in avoided health-care costs

Smoking is the number one cause of premature, preventable death in Canada. In Ontario, the treatment of diseases caused by tobacco has been estimated to cost the health care system at least \$1.3 billion per year. According to the Canadian Community Health Survey in 2005, approximately 17% of adults in York Region are smokers. The Ontario Medical Association estimates that for every \$1 the government of Ontario spends on tobacco control, it will potentially save \$3 in avoided health-care costs. Quitting smoking is the single most effective intervention that smokers can do to enhance the quality and length of their lives. The majority of smokers want to quit and approximately 49% have made one or more quit attempts in the last 12 months.

Best Practice emphasizes a comprehensive tobacco cessation approach that includes both cessation counselling and stop smoking medications

The World Health Organization and other literature review supports that comprehensive approaches to tobacco cessation are most effective in assisting smokers to be smoke-free. This includes group and individual counselling, Brief Contact Interventions, referral to Smokers' Helpline, nicotine replacement therapy distribution, provision of self-help resources and tailored supports for diverse populations. Currently, the Ministry of Health Promotion funds the Smokers' Helpline, a telephone service that provides brief support, advice and information to callers about quitting smoking. According to the U.S. Department of Health and Human Services, Clinical Practice Guidelines, the combination of counseling and medication such as nicotine replacement therapy, is more effective than either alone.

Vulnerable populations are at higher risk of tobacco use

Social determinants of health have a marked influence on smoking behaviour. Statistics from Health Canada and other research studies indicate that smoking rates are higher among vulnerable populations including those who are from lower socio-economic groups, have less formal education, with mental illnesses, and those with unstable employment.

The Smoke Free Ontario Strategy provides funding that encompasses tobacco prevention, control, and cessation promotion but does not dedicate funds to specific cessation services

York Region presently receives 100% Smoke-Free Ontario Strategy funding estimated at \$1.2 million that focuses on specific initiatives aimed at young people to encourage them not to smoke, tobacco protection and enforcement, implementation of regional and provincial campaigns, and fostering collaboration with communities in providing smoking cessation programs. However, current Smoke-Free Ontario Strategy funding is not dedicated to cessation services such as offering smoking cessation counselling services across the Region or the provision of nicotine replacement therapy. York Region Public Health Branch supplements the Smoke Free Ontario Strategy related to cessation with 75/25 provincial funding through the Tobacco Free Living Program.

3. ANALYSIS AND OPTIONS

Smoking cessation counselling and free nicotine replacement therapy is provided in York Region on a limited basis through the Stop Smoking Therapy for Ontario Patients research study

Currently, the Province funds a multi-year Stop Smoking Therapy for Ontario Patients research study through the Centre for Addiction and Mental Health to evaluate effective methods to help Ontarians quit smoking. In collaboration with the Centre for Addiction and Mental Health, York Region Public Health Branch staff provides smoking cessation counselling to Stop Smoking Therapy for Ontario Patients research participants at community workshops. Three workshops, limited to sixty participants each, were conducted in the Region between November 2008 and January 2009. Further, the Stop Smoking Therapy for Ontario Patients study provides the only access to free nicotine replacement therapy in York Region to eligible participants for five weeks. The interim evaluation of the study shows consistent results that smokers with access to counselling and nicotine replacement therapy are four times as likely to quit smoking. However, the future of the Stop Smoking Therapy for Ontario Patients study is unknown and funding is time-limited.

The majority of smokers in York Region do not have access to intensive or group cessation counselling or low/ no cost nicotine replacement therapy

According to the Canadian Tobacco Use Monitoring Survey about one-half of smokers who saw their physicians in the previous year received brief advice to stop smoking. Although research demonstrates that health care provider advice and brief counselling has a positive effect on the quit rates and should be encouraged, intensive or group counselling is significantly more effective. Given the demands on their time, most primary care providers are not able to provide intensive counselling. Existing counselling services offered in York Region are targeted to specific populations (e.g. hospital patients, Stop Smoking Therapy for Ontario Patients research participants). Access to affordable one-on-one smoking cessation counselling or group cessation support in the Region appears to be limited for the general population. Further, the general public does not have access to nicotine replacement therapy at low/ no cost.

The economic downturn may decrease access to cessation counselling services and nicotine replacement therapy

The average cost of nicotine replacement therapy is \$35 per week and smokers may require several weeks to months of therapy to be smoke-free. Nicotine replacement therapy is not covered by the Ontario Drug Benefit plan or most drug plans. Private plans that cover nicotine replacement therapy often limit coverage to a one-time claim. The Ontario Medical Association recommends that free nicotine replacement therapy programs should be offered to help large numbers of smokers making quit attempts to be successful. Given the present economic downturn and resultant increased rates of

un/underemployment, employer health benefits including coverage for smoking cessation aids and services could likely be reduced or lost. Unless counselling services and nicotine replacement therapy are offered at no/low cost, it is anticipated that the more vulnerable populations in York Region will experience greater negative health consequences related to financial barriers.

The York Region Public Health Branch continues to utilize other strategies to address smoking cessation

Although resources on providing cessation counselling and access to nicotine replacement therapy are limited in the Region, Public Health Branch staff have implemented other tobacco cessation strategies that include:

- Promotion of the Driven to Quit Campaign (a provincial social marketing campaign that rewards those who quit).
- Training other health professionals (e.g. in hospitals and community agencies) in counselling skills.
- Assisting other health professionals in the development of smoking cessation programs and policies for their client population.
- Development and dissemination of a comprehensive guide for smoke-free workplaces.

Public Health Units are positioned to lead sustainable tobacco cessation strategies

Through the Tobacco Control Area Networks in Ontario, public health units develop and implement regional and provincial initiatives related to the Ontario Tobacco Strategy's Smoke-Free Ontario campaign. Public health practitioners have extensive experience in developing and implementing population health strategies as well as building community partnerships. Public health units are in ideal positions to lead, collaborate and contribute to the development and implementation of large scale, innovative and sustainable tobacco cessation strategies. These strategies include a range of funding models and ways of delivering smoking cessation counselling and access to low/no cost nicotine replacement therapy.

5. FINANCIAL IMPLICATIONS

There are no financial implications for these recommendations.

6. LOCAL MUNICIPAL IMPACT

If the Province responded positively to these recommendations, smokers in all municipalities will benefit from increased access to cessation counselling services and nicotine replacement therapy at low/no cost.

7. CONCLUSION

Providing adequate provincial funding to increase access to cessation counselling and nicotine replacement therapy at low/ no cost is a sound strategy from a fiscal, social, and population health perspective.

For more information on this report, please contact Dr. Karim Kurji, Medical Officer of Health at Ext. 4012.

The Senior Management Group has reviewed this report.