	FORUM: Specific Populations and Other Recommendations **TOPIC: Pregnant smokers**
Virginia Chow	3/24/2009 5:29:00 PM
	Dear all, My colleague, Julia Greenbaum (thanks Julia) forwarded an article about the long awaited results of the Maternity Experiences Survey. The following information about smoking during pregnancy and duration of breastfeeding was of particular interest to me: "Many of the women admitted they were guilty of not following some of the recommendations of medical experts during pregnancy. For example: · 11 per cent said they smoked during pregnancy · 23 per cent say they lived with a smoker while pregnant · 11 per cent said they drank alcohol during pregnancy It was also noted that many women were not breastfeeding for the full first six months after birth, as recommended by the Canadian Paediatric Society and others. While almost 90 per cent of mothers say they started breastfeeding, by six months, only 14 per cent were still breastfeeding exclusively; another 54 per cent reported some breastfeeding." Please click on the link below for more on information on what Canadian women say about their maternity experiences, including their experience of health care practices no longer recommended by the medical community. **Some moms still smoking, drinking during pregnancy** ctv.ca Tuesday, March 24

	FORUM: Specific Populations and Other Recommendations **TOPIC: Pregnant smokers**
Virginia Chow	4/1/2009 2:57:00 PM
	Hi, A press release in the ScienceDaily (Mar. 31, 2009) described the results of a study from New Zealand and Australia. There was no statistical difference in rates of premature birth between women who stopped smoking by 15 weeks and non-smokers, whereas current smokers had much higher risk. Similar results were found for baby size. "The lead author, Dr Lesley McCowan at the University of Auckland, says that maternity care providers need to emphasise to women the major benefits of giving up smoking before 15 weeks in pregnancy with the goal of becoming smoke free as early in pregnancy as possible....In conclusion, the authors say that their "results are of considerable public health importance. The data suggest that the adverse effects of smoking on these late pregnancy outcomes may be largely reversible if smoking is ceased early in pregnancy, offering an important incentive for pregnant women who smoke to become smoke-free early in pregnancy."" For the whole article, which includes information about moms' stress levels and SES, please click the link below: **Pregnant Women Who Smoke Urged To Give Up Before 15-week 'Deadline'**

	FORUM: Medication Recommendations **TOPIC: Schizophrenia and smoking**

Margaret	4/2/2009 11:46:00 AM
	Hello: Does anyone have experience using more than one patch on a patient i.e. a 21mg patch and a 7 mg patch? Margaret
	FORUM: Medication Recommendations **TOPIC: Schizophrenia and smoking**
Tamar Meyer	4/2/2009 2:23:00 PM
	Hi Margaret, Here is what the CAN-ADAPTT wiki Clinical Practice Guidelines say about using more than one patch (found in Medication Recommendations): FR: Highly dependent patients may benefit from the use of several patches applied simultaneously on the skin or the use of higher dosage 4 mg gum, instead of 2 mg gum. This strategy may be recommended for highly dependent patients or for patients who show high withdrawal symptoms with only one form of NRT (Grade = B) Here's is the reference to the French guidelines: Le Foll, B., Melihan-Cheinin, P., Rostoker, G., Lagrue, G., and working group of AFSSAPS. (2005). Smoking cessation guidelines: evidence-based recommendations of the French Health Products Safety Agency. European Psychiatry, 20 (5-6), 431-441.
	FORUM: Specific Populations and Other Recommendations **TOPIC: Smoking and Breastfeeding**
Louise Walker	4/7/2009 12:21:00 PM
	The most recent American Academy of Pediatrics policy statement clearly support breastfeeding for smoking mothers. But a recent study (pub. Feb 2009) found that pediatricians lack knowledge and comfort related to the topic of breastfeeding and maternal smoking. I'm wondering if there are practitioners out there who have examples of recommendations from their own experience.
	FORUM: Specific Populations and Other Recommendations **TOPIC: Pregnant smokers**
Virginia Chow	5/4/2009 10:26:00 AM
	How to access free nicotine replacement patches for use in getting preg Moms to quit? Dear colleagues, We recently received the following query and wanted to share the information we have about access to free NRT in downtown Toronto and to ask others to share their local information. Q: As an obstetrical provider, I know that if you don't get a patient to quit smoking during pregnancy--you probably never will. Working in an inner city clinic--we deal with uninsured women and marginalized pts with limited financial resources. Being able to give free nicotine replacement patches can be a real bridge to get them off the cigarettes before the baby arrives. Is that any way to access these for these particular patients?

	A: 1. CAMH's Nicotine Dependence Clinic (NDC): Pregnant smokers can be referred to our clinic. Since there is a waiting list for our clinic, we recommend that the patient state that she is pregnant when she is making the appointment as her assessment can be fast tracked. Alternatively, any health care professional can send a fax referral and a member of our staff will contact the patient. We have a site at Queen and Ossington, which is fairly close to St. Joe's, and another at College and McCaul. Here is the contact information: College Street site, 175 College Street, 2nd floor, Toronto, Ontario Queen Street site, 60 White Squirrel Way, main floor, Toronto, Ontario Contact: (416) 535-8501 ext. 7400 to book an assessment or for more information. Fax: 416-599-8265 2. Motherisk Study: Motherisk is doing a placebo-controlled clinical trial of the effectiveness and safety of a transdermal nicotine delivery system for pregnant smokers. http://www.motherisk.org/prof/updatesDetail.jsp?content_id=307 For more information on this study, please contact the Alcohol and Substance Use Helpline at 1-877-327-4636 Does anyone have any suggesttions to add? Thanks,
	FORUM: Specific Populations and Other Recommendations **TOPIC: Smoking and Breast Cancer**
Stephanie	5/14/2009 4:48:00 PM
	Dear Colleagues, Please review the article and report I have provided below which suggest that smoking and second hand smoke causes breast cancer. "Up until now, expert group who have looked at this have shied away from making a definitive conclusion" quote from Dr. Anthony Miller, Associate director of research at the University of Toronto's Dalla Lana school of Public Health. Miller's group gathered dozens of previous studies, most of them written in the past eight years, deconstructed them and comprehensively reanalyzed their data to draw conclusions. The11-member international panel produced a scientific report that featured a number of conclusions including: Smoking increases the risk of breast cancer in both premenopausal and postmenopausal women by 50 to 70 per cent. (A woman's risk of breast cancer rises sharply at menopause. About 70 per cent of breast cancer cases occur after 50.) Exposure to second-hand smoke increases the risk of breast cancer in premenopausal women by 60 to 70 per cent. It is unclear if postmenopausal women exposed to second-hand smoke are at increased risk. Carriers of the so-called breast cancer genes, BRCA1 and BRCA2, more than double their already high risk of breast cancer if they smoke. Genetics play an important role in determining a woman's risk. For example, those with the NAT2 slow acetylator genotype (about half of women) are far more

	susceptible to damage from tobacco smoke. The more a woman smokes and the longer she smokes (or is exposed to tobacco smoke), the more her risk of breast cancer increases. There is insufficient data available to determine what percentage of breast cancer is caused by tobacco smoke. Girls who smoke or are exposed to tobacco smoke during puberty, when their breast tissue is growing, seem to be at increased risk of developing cancer prior to menopause, which tends to be more deadly. http://www.otru.org/pdf/special/expert_panel_tobacco_breast_cancer.pdf http://www.theglobeandmail.com/servlet/story/RTGAM.20090424.wlbreast24art1634/BNStory/specialScienceandHealth/home
	FORUM: Medication Recommendations **TOPIC: Question about using the patch for depression**
Shelley Walkerley	5/27/2009 12:15:00 PM
	Hi, Shelley Walkerley responding. I have a similar issue. I have encountered clients who with mood disorders who find that once they quit using tobacco and NRT their mood is not what they are used to experiencing; i.e., they are more depressed, more fatigued, less energetic than when they were using tobacco or NRT. Staying on NRT is a viable option; the positive effect on mood means they are less likely to relapse to tobacco, but the cost is prohibitive. Has anyone found a way to get NRT covered for patients with mood disorders or other psychiatric diagnoses? Thanks, Shelley
	FORUM: Specific Populations and Other Recommendations **TOPIC: smoking and long haul trucking**
Robinski	6/16/2009 12:23:00 PM
	I have a pt that I am seeing for a smoking cessation recommendation. He drives a truck for a living into the US most hauls. he is acutely aware of issues with some smoking cessation products such as varenecline. I am wondering if anyone has a list of banned substances particularly smoking cessations aids that cannot be used.
	FORUM: Specific Populations and Other Recommendations **TOPIC: smoking and long haul trucking**
Tamar Meyer	6/16/2009 2:23:00 PM
	Just to add in case others aren't familiar with the issues regarding smoking cessation aid varencline/Champix Robinski and the pt are aware about, the Health Canada website states (http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/_2009/2009_01-eng.php)

	"Patients are also reminded to avoid driving a car or operating hazardous machinery until they are reasonably certain that Champix does not affect them adversely" Does anyone know if there is a list of banned substances that cannot be used when driving? I'd be curious to find out as well.

	FORUM: Medication Recommendations **TOPIC: Zoloft and Champix**
Sandra	6/18/2009 11:46:00 AM
	As a recent TEACH participant it was conveyed to us that we are not alone out there in the world of smoking cessation practice. Thank you so much for the ability to connect with you. I am a nurse practicing in a FHT in the Niagara Region. I have a 64 yr. old female client who has had one 6 week QUIT success. At that time she was on Zyban but developed a full body rash so it was D/C'd. She is a 2 pkg/day x 50 year smoker; a recent carotid dopler that showed significant blockage is motivating her at this time. She is on Zoloft 100mg daily x 2 yrs. for a mild depression after her husband had a stroke. Is there a concern with adding Champix? Her FP has asked me if there a chance of serotonin syndrome if these 2 drugs are used concurrently. Or should NRT be the preferred method? The patient has chosen July 11 at her quit date-her 65th birthday. (just to add the personal side of it).

	FORUM: Medication Recommendations **TOPIC: Zoloft and Champix**
Peter Selby	6/19/2009 4:32:00 PM
	Hi Sandra Thanks for your email. Although I can't comment on the specifics of this case, I can provide general advice that the treating clinician must consider based on all the information available to her/him. 1) Champix or varenicline is a partial agonist at the nicotinic receptor. It is not known to cause a serotoninergic syndrome and may be combined with antidepressants including SSRIs such as sertraline (Zoloft). Although varenicline is an agonist at the 5HT3 receptor this may account for the nausea it causes. 2)In any patient with depression who is quitting, it is important to make sure that their mood is monitored for changes (worsening depression or in some rare cases-mania). NRT may be used in depressed individuals with success. However, if someone is smoking 2 packs per day, then one 21mg patch is often insufficient. They need combination therapy or higher doses of patch titrated to effect. Vareniciline on the other hand works as well in heavily dependent smokers 3) given the current concerns about suicidality and depression in some people taking varenicline, we do the following a) weigh the risk benefit of quitting with a particular medication. More end organ damage and need to quit, more likely to use it especially if other first line medications are not working or have failed the patient. b) make sure they are monitored weekly and clear instructions regarding their mood and the possible risks c) a family member to monitor them for mood changes and suicidal ideation d) no alcohol consumption I trust this information is helpful to you. Peter

	FORUM: Counseling and Psychosocial Recommendations

Louise Walker	7/6/2009 9:37:00 AM
	We don't know the relative effectiveness of different clinicians/providers, from the research. I'd like to start the discussion by asking members: What role do

	FORUM: Specific Populations and Other Recommendations **TOPIC: Children/youth**
Stephanie	7/6/2009 4:44:00 PM
	Hello Everyone, Please review the link below to an interesting article regarding a project to increase demand for evidence-based, Internet-based smoking cessation treatment among youth. **"Using The Internet to Help Young Smokers Quit" - Medical News Today** **July 3, 2009** Some interesting quotes; "Even though many young adults think about quitting and actually want to stop smoking, they tend not to use what we know works - evidence-based approaches to quitting", said psychology professor Robin Mermelstein, director of UIC's Institute for Health Research and Policy and principal investigator of the five-year study. Young adults between the ages of 18 and 24 have the highest rates of smoking compared to any other age group, but they have among the lowest rates of quitting. http://member.globalink.org/nimi/31055 Source: Medical News Today Category: Youth

	FORUM: Specific Populations and Other Recommendations **TOPIC: Treatment of Tobacco Dependence in Mental Health and Addictive Disorders**
TarynMoss	7/14/2009 3:16:00 PM
	Please review this article recently published in the Canadian Journal of Psychiatry regarding smoking cessation in mental health and addictive disorders. **"Treatment of Tobacco Dependence in Mental Health and Addictive Disorders"** **Highlights from the Article** ***** Tobacco treatment combining cognitive-behavioural therapies and motivational enhancement interventions tailored to the needs of smokers with MHA disorders, as

	well as pharmacotherapy integrated into ongoing psychiatric care, provides the best abstinence outcomes. * Tobacco treatments do not appear to have an adverse effect on psychiatric symptoms. On the contrary, patients may demonstrate significantly improved clinical status following treatment regardless of abstinence status. * Smoking reduction (reduction as the initial treatment goal), a chronic disease approach, and integrated care strategies have the potential to improve the efficacy of existing smoking treatment tailored to MHA smokers. *Hitsman, B., Moss, T.G., Montoya, I.D., George, T.P., Treatment of tobacco dependence in mental health and addictive disorders. Can J. Psychiatry, 2009. 54(6): p. 368 - 378.*
	FORUM: Counseling and Psychosocial Recommendations **TOPIC: Type of Providers**
cdnorman	7/21/2009 3:39:00 PM
	Psychologists have the opportunity to make a considerable contribution to smoking cessation if given the appropriate opportunity to do so. The challenge at the moment is that many psychologists working in clinical settings do so within a specialized mandate that may not provide them with the opportunity to apply their skills at smoking cessation assistance. However, a review of the literature on health behaviour change will find that many of the theoretical models and approaches developed that have shown success at helping people quit smoking were designed by psychologists: E.g: Redding et al. Health behavior models. SPM handbook of health assessment tools. Pittsburgh, PA, Society of Prospective Medicine and Institute for Health and Productivity Management (1999) So from the perspective of tobacco control, I think that having psychologists play a role as policy and programming leaders rather than as front-line clinicians seems to be the way to go if resource constraints are an issue -- and they always are.
	FORUM: Specific Populations and Other Recommendations **TOPIC: Stop Smoking for Safer Surgery**
Oyston	7/21/2009 6:36:00 PM
	Hi I am a new member of the group. I am an anesthesiologist working at The Scarborough Hospital. I have always been irritated by having to work harder to get smokers safely through surgery. Three years ago I founded **www.stopsmokingforsafersurgery.ca** and for the last two years the OMA and Ontario's Anesthesiologists have supported me. Lists of why to stop smoking rarely include upcoming surgery, but smokers have a 52% risk of any perioperative complication compared to 18% if they can quit 6 - 8 weeks preoperatively. Smokers have fewer withdrawal symptoms if they do so when hospitalized, and all hospitals should be able to provide NRT to inpatients. Younger patients may believe that they will never get sick. Needing even a minor procedure should be a wake up call. Its a time when they need to interact with physicians, nurses, pharmacy etc so its a great, but usually negelected, teachable moment.

	Surgery is a great reason to quit NOW, rather than put off quitting to some later date. John

	FORUM: System Recommendations **TOPIC: Non-smoking Hospitals**
Oyston	7/21/2009 6:41:00 PM
	Hi - I am a new member, an anesthesiologist at The Scarborough Hospital and founder of **www.stopsmokingforsafersurgery.ca** I'd like all hospitals in Canada to be smoke -free, indoors and out. This has already been achieved in some Australian States, I think in the UK's NHS, and in some hospitals in the USA. I think that the most effective way would be through the Accreditation process. If we could make being smoke-free a Required Organizational Practice for a hospital to be accreddited, this would effectively mandate a smoke-free hospital. I think the US accreditation agency is heading t hat way, not sure how we would go about making the same change in Canada. Any ideas? John

	FORUM: Counseling and Psychosocial Recommendations **TOPIC: Smoking Cessation Counseling via Phone and Online mediums**
Abdullah	7/22/2009 11:16:00 AM
	Hi everyone, I just wanted to share with everyone information about an evidence-based, free and confidential cessation tool available to all Ontarians. Smokers' Helpline offers its smoking cessation counseling services through a toll-free number at 1 877 513 5333. The phone lines are staffed by trained quit counselors.We are open seven days a week! Smokers' Helpline also has a website **www.smokershelpline.ca** which allows people to create personal accounts and have access to online discussion forums and be able to sign up for other related services to help them on their journey to quitting smoking. Acess to the website is free and the sign-up process is quick. In addition, Smokers' Helpline can also provide proactive follow- up calls to those who may be interested in using our service through our *Fax Referral Program*. For more information about this service please feel free to contact me at: **ashah@ontario.cancer.ca** (416) 480-7901 ext. 3405 Regards, abdullah shah Smokers' Helpline

	FORUM: Specific Populations and Other Recommendations **TOPIC: Smoking and eating disorders**
courbasson	7/23/2009 11:52:00 AM
	We recently surveyed eating disorders treatment providers and noticed that most do not target smoking in this population, despite evidence of the relationship between ED behaviours and thoughts that smoking decreases appetite and prevent weight gain in this population. We are currently addressing smoking in our population of individuals with concurrent ED and substance use disorders and I wondered if I could converse with anyone else who may address it in this population and what they have found helpful.

	FORUM: Specific Populations and Other Recommendations **TOPIC: Smoking and eating disorders**
Keely	7/24/2009 10:09:00 AM
	For those who are interested, here is the study mentioned in the previous post. Any comments or questions would be most welcome. Thanks. Title: Smoking cessation services for individuals with eating disorders Keely Johnston, Bsc University of Toronto & Christine M. Courbasson, Ph.D., C. Psych. Centre for Addiction and Mental Health, University of Toronto **Purpose:** This study explores the availability of smoking cessation services currently available to people with eating disorders (EDs) across Canada, and identifies the barriers of service provision as described by healthcare professionals. **Methods**: Four hundred and thirty one French and English eating disorders treatment facilities across Canada were contacted by email to complete an online questionnaire on services for smoking cessation in individuals with EDs. Email addresses were obtained from the National Eating Disorder Information Centre website. **Results:** Results obtained with a 12% response rate suggested that 92% of respondents are not providing smoking cessation services specifically designed for people with EDs. Staff sited barriers such as lack of resources (40%), training (22%) or knowledge (10%), inappropriate service mandate (30%), and conflicting staff values (14%). Most facilities (78%) reported an interest in receiving training in smoking cessation for individuals with EDs through internet resources (72%), written material (56%), live staff training (44%), video (30%), and tele-conference (20%). **Conclusions:** Despite numerous detrimental effects of smoking and the complex relationship between smoking and EDs, fewer that 8% of specialized treatment providers for EDs surveyed across Canada are targeting smoking in individuals with EDs. While this study has uncovered barriers to service provision, it has also found that most treatment providers are open to learning more about these issues. Practical implications and limitations of the research will also be discussed.

	FORUM: Specific Populations and Other Recommendations **TOPIC: Pregnant smokers**

Virginia Chow	7/27/2009 1:31:00 PM
	Dear all, We recieved the following questions from Lori and I wonder if there are others out there who have examples of recommendations from their own experience: How long does nicotine stay in breast milk? I don't have information about the details or circumstances of this scenerio that is raising the question. The "simple" question was emailed to me from a nurse who knew I had attended the TEACH specialty course "How To Help Pregnant Women Stop Smoking", however I couldn't find a specific answer to the question! I am comfortable providing the information about the risks of SHS to the baby, how nicotine can affect the quality and quantity of breasmilk, and the increased risks if a baby lives in a smoking environment and is also formula fed, but that is not the question. Perhaps the question is about, if the mother smokes one cigarette, how long does it take for there to be no more nicotine in her milk IF she doesn't have a second cigarette? Do you have that information? It is difficult to say exactly how long nicotine stays in breast milk, but I have seen figures of up to 7 days, depending on the mom and how much she smokes. However, the take home message for women who cannot or will not stop smoking is breast-feeding is still advised, since the benefits of breast milk outweigh the risks from nicotine exposure. It has been found that breast milk tastes most like cigarettes around 30-60 minutes after smoking and just after smoking is when a smoker will have the most amount of nicotine in her bloodstream and breast milk. Breastfeeding smokers should therefore smoke just after feeding their baby to minimize both of these effects. There are also concerns exposure about what is being referred to as "third-hand smoke" or the chemicals in smoke that cling to a smoker's body, clothes, etc. Here are a few tips that may be helpful to smokers who are breastfeeding: -For added safety, wash your hands and change your clothes after smoking especially if your children greet you as soon as you get home. -Change clothes after smoking or designate a special jacket or sweater that can be removed after every time you smoke. Thanks,

	FORUM: Counseling and Psychosocial Recommendations **TOPIC: Smoking Cessation Counseling via Phone and Online mediums**
cdnorman	7/30/2009 11:39:00 AM
	Abdullah, Thanks for posting about this. The Smoker's Helpline is a rather unique resource because it combines both a phone and web-based interface. I actually profiled it in a paper for the Smoking Cessation Rounds journal, which highlights the different ways in which eHealth and technologies can be used to support cessation: http://www.smokingcessationrounds.ca/crus/smokingceseng_08_07.pdf I like the multi-platform model a lot. I think it gets us away from the 'one size and one location fits all' approach. Has CCS published any evaluation results from the service? There is a lot of interest in understanding the ways in which the two types of media interact and what kinds of effects that they produce.

	FORUM: Counseling and Psychosocial Recommendations TOPIC: Smoking Cessation Counseling via Phone and Online mediums
jessiesaul	8/7/2009 8:39:00 AM
	Thanks, Abdullah, for your post, and Cameron, for your question. I currently serve as the Director of Research for the North American Quitline Consortium – a member organization for funders, administrators, operators, researchers, evaluators, and other stakeholders of the quitline community. NAQC seeks to promote evidence based quitline services across diverse communities in North America. Our website is located at **www.naquitline.org**. The Smokers' Helpline is a great example of an evidence-based service for helping people quit using tobacco, as supported by the U.S. Public Health Service Clinical Practice Guideline (**http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf**) and the Cochrane Review by Stead, Perrera, and Lancaster (**http://tobaccocontrol.bmj.com/cgi/content/abstract/16/Suppl_1/i3**). According to NAQC's 2008 annual survey of quitlines, 40 North American quitlines (including 7 Canadian quitlines) were offering web-based cessation programs in Fiscal Year 2008. (It is unclear how many of those are integrated phone-web programs, and how many are standalone programs – we should be getting more detail on that question with our 2009 annual survey.) One recent article looking at evaluation results for an integrated phone-web program is by Zbikowski et al, from a 2008 issue of JMIR (**http://www.jmir.org/2008/5/e41/HTML**). There is certainly a need for additional research in this area. If you have questions about NAQC, or would like referrals to additional resources in this area, please feel free to contact me directly at **jsaul@naquitline.org**. Jessie Saul, Ph.D. Director of Research North American Quitline Consortium

	FORUM: Medication Recommendations TOPIC: FDA Warning Labels on Zyban and Chantix
Gail Luciano	8/7/2009 11:04:00 AM
	In July, the FDA in the US announced that new warnings were required to be placed on the packages for Zyban and Chantix highlighting the risk of mental health events including changes in behaviour, depressed mood, hostility, and suicide ideation. Do you know if Health Canada will also be making similar changes here in Canada? In providing information to clients about these products are health providers being proactive in letting clients know about these possible adverse effects and if so have you found clients to be reluctant to use them?

	FORUM: Medication Recommendations TOPIC: FDA Warning Labels on Zyban and Chantix
Peter Selby	8/10/2009 10:34:00 AM
	Hi Gail, Not certain that Health Canada will follow suit. Yes, health care professionals are being proactive about letting patients know about the side effects. However, there are

	always those who fail to adequately inform their patients or patients who don't understand the issues. Be that as it may, the neuropsychiatric side effects are rare and idiosyncratic. Careful monitoring by hcps, friends and family is recommended for all those quitting smoking using varenicline as a precaution. Hope this helps Gail Regards, Peter Selby
	FORUM: Counseling and Psychosocial Recommendations **TOPIC: A tool to explain nicotine addiction - The Invisible Reality**
Nancy Melville	8/17/2009 10:26:00 AM
	Dear Colleagues, Just wanted to let you know that we've recently posted our *Invisible Reality* resource to share with you on our web site. The *IR* **3-D tool, booklet** and **script** were created out of need because one of the critical barriers I found in cessation counselling was a client's difficulty understanding how nicotine makes neuroadaptaions in the brain and these affect quit their quitting. We use the *Invisible Reality* **3-D tool** with both individual and group counselling, for all age groups and literacy levels, plus, with our tobacco prevention program for grades 7 & 8. In addition, I also use *Invisible Reality* with health care professionals when teaching Best Practices and it is useful when explaining cessation pharmacueticals. We've had great success with this resource which is very simple in it's design and you can make yourself for less than $20. The *IR* **script** includes pictures of the **3-D tool**, plus, you can download the handout *IR* **booklet** for your clients quit kits. You're welcome to access it at our web site **www.kflapublichealth.ca** . The *Invisible Reality* script and booklet can be found under the heading "Tobacco" and then go to "resources" at the bottom of the page. We openly welcome and encourage your feedback on using this resource as we are currently planning a research study on it's effectiveness with high school students. For further information you can contact me at the KFL&A Public Health Tobacco Information Line #613-549-1232 ext 1333 or email me directly at **nmelville@kflapublichealth.ca**. My warmest regards, Nancy Melville
	FORUM: Population-level Better Practices **TOPIC: The Stages of Change to Music resource to assist when teaching Best Practices**
Nancy Melville	8/17/2009 10:53:00 AM
	Dear Colleagues, Just wanted to let you, know we've posted a flyer about our **DVD** called *The Stages of Change to Music* for you on our web site **www.kflapublichealth.ca**. You can access it under the heading "Tobacco" where it is listed at the bottom under "resources".

	One of my roles in cessation is to teach Best Practices to health care providers and this 6 minute **DVD** strives to create a transformative learning experience about the Transtheoretical Model by using emotionally congruent music and imagery to explain each of the Stages of Change. It's intent is to create an impactful learning experience in order to increase motivation for HCPs to incorporate BPG's into their daily practice. If you are interested in obtaining a copy of the DVD at no cost, you can access it through the KFL&A Public Health Tobacco Information Line at #613-549-1232 ext. 1333, or by emailing me at **nmelville@kflapublichealth.ca**. We openly welcome your feedback on using this resource and have currently created a "youth friendly" version of the DVD, which will be available soon. Warmest Regards, Nancy
	FORUM: Counseling and Psychosocial Recommendations **TOPIC: A tool to explain nicotine addiction - The Invisible Reality**
Tamar Meyer	8/17/2009 1:05:00 PM
	Hi Nancy, Thanks for sharing your "Invisible Reality" resource. It looks like a very versatile tool that can adapt(t) ;) to different populations. In your experience, how long does a typical Invisible Reality training/session last? You mentioned that you were planning a research study to measure the effectiveness of Invisible Reality as a cessation tool. I just wanted to mention in case you and others were not aware that CAN-ADAPTT offers seed grants of up to $5,000. The next seed grant application deadline is Dec. 11th. More information can be found on the News/Events section of CAN-ADAPTT. I would be happy to chat with you about the seed grant at your convenience. Tamar
	FORUM: Counseling and Psychosocial Recommendations **TOPIC: A tool to explain nicotine addiction - The Invisible Reality**
Tamar Meyer	8/17/2009 1:33:00 PM
	Hi again, Just as an addendum to that last post, if you are interested in joining us, CAN-ADAPTT will be holding a guideline revision meeting prior to the National Conference on Tobacco or Health in Montreal on Nov. 1st. The purpose of this meeting is to update the existing version of Dynamic Guidelines for Tobacco Control in Canada by asking the question "What do practitioners need to make these guidelines implementable?". Nancy, this would be an opportunity to comment on the existing guidelines related to your interest in smoking cessation resources and counseling and help us identify gaps based on your practice-based experience. More information can be found on the News & Events page or you can call me directly at (416)535-8501 x7446. Hope to see you there! Tamar - Ontario Provincial Coordinator
	FORUM: Counseling and Psychosocial Recommendations **TOPIC: A tool to explain nicotine addiction - The Invisible Reality**
Nancy Melville	8/19/2009 2:04:00 PM

	Hi Tamar, Thank you for mentioning about the CAN-ADAPPT meeting on Sunday, Nov 1st, before the NCTH in Montreal. I've already registered for this meeting because it's a great opportunity to connect with other cessation colleagues. In addition, I'm also coming to learn more about the CAN-ADAPTT seed grant for research because we are wanting to study the effectiveness of the Invisible Reality tool with secondary school students in 2010. Looking forward to seeing you and others there! Cheers, Nancy
	FORUM: Population-level Better Practices **TOPIC: Integration of alcohol assessment and education in quitlines**
Louise Walker	8/26/2009 4:06:00 PM
	Has anyone heard of or had experience with a quitline integrating smoking and alcohol use? Would love to have some examples of programs.
	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: Smoking cessation support groups**
Diane	9/8/2009 10:23:00 AM
	I am starting a smoking cessation support group in a few weeks. Does anyone have any wise maxims to share to a support group?
	FORUM: Specific Populations and Other Recommendations **TOPIC: Contraband Tobacco and youth**
Tamar Meyer	9/15/2009 11:24:00 AM
	Hi everyone, Here is a recent article published in CMAJ examining the use of contraband tobacco amongst high school students using results from Canada's 2006/2007 Youth Smoking Survey: **http://www.cmaj.ca/cgi/content/abstract/cmaj.090665v1** Highlights include: 13% of Canadian high school daily smokers reported that contraband was their usual brand contraband cigarettes accounted for 18% of cigarettes smoked by high school daily smokers in Canada, and for 26% in Ontario and 30% in Quebec Is contraband an issue in your practices?
	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: Smoking cessation support groups**

Robin C	9/15/2009 11:28:00 AM
	Hi Diane; We have a document, here at the Nicotine Dependence Clinic (CAMH) that outlines some helpful guidelines for "Running a Smoking Cessation/Reduction Support group". I thought I would start by sharing the first section, which outlines a list of norms that your new cessation group might care to adopt: 1. Be respectful of other group member's progress: there is no 'right way' to progress through cessation. 2. Be respectful of each other's goals- not everyone will have an abstinence goal. Support should be provided for any change that is occurring. 3. Confidentiality- whatever is said in the group stays in the group. Discussion should not be shared with other clients on the unit. 4. Try not to smoke with other group members. Smoking can be a very social activity- so we ask that group members try not to smoke with each other so they do not become triggers for each other. 5. Arrive on time for each group and stay for the entire group. If you can not come to group, notify the facilitator. 6. No one has to participate and disclose any information if they don't feel comfortable. Some clients may just want to come and listen. Let me know if this was helpful, as I'd be happy to post more information from this document. Best of luck in starting your group! Robin Robin Chapchuk Education Specialist TEACH Project www.teachproject.ca

	FORUM: Medication Recommendations **TOPIC: Itching caused by patch**
Peter Selby	9/15/2009 1:31:00 PM
	Here is a clipping regarding itching and the patch. How do you address this with your smokers. sometimes, I find a switch in brand is all it takes to lessen the itching. Please let us know your stories with this. European scientists said on Sunday they could explain why nicotine patches designed to help smokers kick their habit can cause skin irritation. Nicotine activates a so-called ion channel in skin cells that unleashes an inflammatory response by the immune system, leading to itching, they reported in the journal Nature Neuroscience. Previously, the irritation had been blamed on stimulation of special nicotine receptors on nerve cells, causing pain signals to be sent to the brain. The investigation was carried out on mice that had been genetically modified to lack the TRPA-1 ion channel. The discovery could pave the way to smoking therapies with fewer side effects, the authors say.

	FORUM: Medication Recommendations **TOPIC: Smoking cessation during alcohol treatment**
Tamar Meyer	9/16/2009 5:01:00 PM
	Hi colleagues, Here is an important new study revealing the results from a randomized trial of combination patch plus nicotine gum.

	Full text can be found here: http://www3.interscience.wiley.com/journal/122463635/abstract?CRETRY=1&SRETRY=0 AIMS: The primary aim was to compare the efficacy of smoking cessation treatment using a combination of active nicotine patch plus active nicotine gum versus therapy consisting of active nicotine patch plus placebo gum in a sample of alcohol-dependent tobacco smokers in an early phase of out-patient alcohol treatment. A secondary aim was to determine whether or not there were any carry-over effects of combination nicotine replacement on drinking outcomes. DESIGN: Small-scale randomized double-blind placebo-controlled clinical trial with 1-year smoking and drinking outcome assessment. SETTING: Two out-patient substance abuse clinics provided a treatment platform of behavioral alcohol and smoking treatment delivered in 3 months of weekly sessions followed by three monthly booster sessions. PARTICIPANTS: Participants were 96 men and women with a diagnosis of alcohol abuse or dependence and smoking 15 or more cigarettes per day. INTERVENTION: All participants received open-label transdermal nicotine patches and were randomized to receive either 2 mg nicotine gum or placebo gum under double-blind conditions. FINDINGS: Analysis of 1-year follow-up data revealed that patients receiving nicotine patch plus active gum had better smoking outcomes than those receiving patch plus placebo gum on measures of time to smoking relapse and prolonged abstinence at 12 months. Alcohol outcomes were not significantly different across medication conditions. CONCLUSIONS: Results of this study were consistent with results of larger trials of smokers without alcohol problems, showing that combination therapy (nicotine patch plus gum) is more effective than monotherapy (nicotine patch) for smoking cessation.

	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: Smoking cessation support groups**
TLC	9/21/2009 12:01:00 PM
	Hi Diane, Robin has listed some group norms that you can include in your group. It's also important to have the group come up with norms that they would like to see, as they are part of the group. Also you can start off the group with a check in and end with a check out. Checking in can include, how the person is doing today, what is their goal for smoking cessation. How much cigarettes are they smoking and are they using any smoking cessation medication. Check out is simply asking the client/patient how they are doing. This is brief. Some clients can be triggered to smoke when leaving a group considering the topic/issues that will be discussed are smoking related. I hope this information was helpful. Tania

	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: Smoking cessation support groups**
Tamar Meyer	9/23/2009 2:13:00 PM
	Hi Diane, Another network member, Nancy Melville, also posted some information on a resource called "Invisible Reality" under the category "Counselling and Psychosocial Recommendations". She has used this in group counselling settings. It may be a useful resource to look at.

	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: Smoking cessation support groups**
Melonie L Ceresne	9/25/2009 11:28:00 AM
	Hi Diane, Just to add to Tania's comments on group check in. I have also found it helpful for clients to add "what is going well" or working for them in terms of their quit/reduction goal. This might include not smoking in the home/car, attending group each week, using NRT each day, eliminating one cigarette per day, a benefit that they have noticed from quitting/reducing, etc. Often clients may feel discouraged if that have not reached their long term goal (especially when other group members have successfully quit) so acknowledging important steps that they are achieving helps sustain motivation. Melonie

	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: Smoking cessation support groups**
Melonie L Ceresne	9/25/2009 11:34:00 AM
	Another useful resource if you are working with clients with a diagnosis of schizophrenia is Jean Addington's manual. It provides a 9 week structured program for smoking cessation focusing on issues related to this population and smoking cessation. Contact info: Dr. Jean Addington, Ph.D Department of Psychiatry Foothills Hospital 1403, 29th street Calgary NW Alberta T2N 2T9 Melonie

	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: Smoking cessation support groups**
Diane	9/26/2009 9:41:00 PM
	Robin, Melanie, Tamar, and Tania, Thank you so much for your advice and support. The first meeting went well, though one person who has smoked for 50 years, admitted to craving a cigarette during the session because we were talking about why people smoke. My plan for the 2nd session is to discuss their smoking diary so that we can identify triggers and how to cope; personal reasons for quitting vs not quitting and identifying how to tip the balance in favour of quitting; and finally, barriers to quitting and how to change these barriers into opportunities to quit. Does that sound like too much for a session?

	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: Smoking cessation support groups**
TLC	9/28/2009 3:23:00 PM
	Hi Diane, Glad to hear that your first group went well. You have got some good ideas for the next scheduled session. You can also go back and revisit some of the issues/topics you discussed in the first session. This is sort of a check in with the participants to see how they are doing a week later. All the best. Tania

	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: Smoking cessation support groups**
Melonie L Ceresne	9/29/2009 10:07:00 AM
	Hi Diane, Your plan for the second group sounds great. In my experience, the decisional balance will be useful to revisit throughout the quitting process, as slips result when the reasons to smoke outweigh the reasons to quit at that particular time (when faced with an internal or external trigger). Another suggestion: you may want to address the craving as it arises during the group. This provides a wonderful opportunity in the "here and now" to use some of the tools that you've covered and allow client's to see which may be helpful. All the best, Melonie

	FORUM: Specific Populations and Other Recommendations **TOPIC: Pregnant smokers**

	Clinical question: Is smoking cessation during pregnancy associated with an improvement in rates of small-for-gestational age and preterm births? Hi colleagues, A new study examining the association between prenatal smoking cessation and delivery of a preterm or small-for-gestational-age (SGA) newborns in a large U.S. subpopulation found that pregnant smokers who quit in the first trimester lowered their risk of delivering preterm and SGA newborns to a level similar to that of pregnant nonsmokers, and this benefit appeared to increase with maternal age. These findings reinforce current clinical guidance to encourage smoking cessation among pregnant smokers and serve as an additional incentive to quit. Reference: **Polakowski LL, Akinbami LJ, Mendola P. Prenatal smoking cessation and the risk of delivering preterm and small-for-gestational age newborns. Obstet**

	FORUM: System Recommendations **TOPIC: Ontario Seeks $50 Billion In Tobacco-Related Health Care Costs**
Tamar Meyer	9/29/2009 12:28:00 PM
	Breaking news...this morning, Sept. 29th, Ontario filed a $50 billion lawsuit against a group of tobacco companies seeking damages for past and ongoing health care costs linked to tobacco-related illness. Ontario is the third province to do so, following BC and New Brunswick. If Ontario is successful in proving its allegations of wrongdoing, tobacco companies would pay damages based on their share of cigarette sales in the marketplace.

	FORUM: System Recommendations **TOPIC: Ontario Seeks $50 Billion In Tobacco-Related Health Care Costs**
Tamar Meyer	9/29/2009 12:31:00 PM
	Here is the link... **http://www.news.ontario.ca/mag/en/2009/09/ontario-seeks-50-billion-in-tobacco-related-health-care-costs.html**

	FORUM: System Recommendations **TOPIC: Bill C-32**
Tamar Meyer	10/1/2009 10:27:00 AM
	Bill C-32 was approved yesterday by the Standing Senate Committee with no amendments. Bill C-32 would ban all flavours and additives in tobacco products except for menthol. The bill will now be sent to full Senate for a full reading. Not surprisingly, during the hearing yesterday, the tobacco companies were glaringly absent. In their place were legal and union representatives from Phillip Morris/Rothmans, Benson & Hedges, the Canadian Convenience Stores Association and the Bakery, Confectionary, Tobacco Workers and Grain Millers Union. In a strategic attempt to shift the focus away from public health and how these additives are used to suppress nausea, can make smokers more addicted, and come in flavours such as candy, licorice, banana, cherry, etc., the focus was on the economic effects and trade concerns this bill would have.

	I can't remember if it was Rob Cunningham of the Canadian Cancer Society or Cynthia Callard from Physicians for Smoke-free Canada but one of them called this strategy a "human sheild" that the tobacco companies employ to shift the focus away from health issues to loss of jobs, cuts to the manufacturing sector and the potential impact this has on businesses. Also representing those favouring the bill was Phil Jansson, a youth facilitator of the Eastern Ontario Youth Coalition whose eloquent speech highlighted how cigarillos are a gateway drug for youth and teenagers.
	FORUM: Counseling and Psychosocial Recommendations **TOPIC: Tobacco Addiction and Alcohol Dependence**
Stephanie	10/1/2009 1:00:00 PM
	Our colleague, Dr. Zawertailo at the STOP study (**www.stopstudy.ca**) shared this new article examining tobacco addiction and alcohol dependence: "Addressing tobacco use disorder in smokers in early remission from alcohol dependence: The case for integrating smoking cessation services in substance use disorder treatment programs" Clin Psychol Rev. 2009 Sep 1. [Epub ahead of print] Kalman D, Kim S, Digirolamo G, Smelson D, Ziedonis D. Abstract: Despite the declining overall rate of cigarette smoking in the general population in the United States, the prevalence of smoking is estimated to be as high as 80% among treatment-seeking alcoholics. The serious adverse health effects of tobacco and heavy alcohol use are synergistic and recent evidence suggests that smoking slows the process of cognitive recovery following alcohol abstinence. In addition, substantial evidence shows that treatment for tobacco dependence does not jeopardize alcohol abstinence. In this paper, we focus on the impact and treatment implications of tobacco dependence among treatment-seeking alcoholics through a review of five areas of research. We begin with brief reviews of two areas of research: studies investigating the genetic and neurobiological vulnerability of comorbid tobacco and alcohol dependence and studies investigating the consequences of comorbid dependence on neurobiological and cognitive functioning. We then review literature on the effects of smoking cessation on drinking urges and alcohol use and the effectiveness of smoking cessation interventions with alcoholic smokers. Finally, we offer recommendations for research with an emphasis on clinical research for enhancing smoking cessation outcomes in this population. **http://www.sciencedirect.com/science/journal/02727358** Stephanie Elliott Administrative Secretary CAN-ADAPTT Project 175 College Street, rm 112 Toronto ON, M5T 1P7 Tel: (416) 535-8501 x7427 Fax: (416) 599-8265 www.CAN-ADAPTT.net
	FORUM: Medication Recommendations **TOPIC: algorithm for prescribing**
Tamar Meyer	10/1/2009 2:19:00 PM
	Hi colleagues, here is the link to the article that is mentioned below: **http://tobaccocontrol.bmj.com/cgi/reprint/18/1/34**

	The article is called "An algorithm for tailoring pharmacotherapy for smoking cessation: results from a Delphi panel of international experts". *Tob. Control* 2009;18;34-42; originally published online 9 Oct 2008; P Bader, P McDonald and P Selby
	FORUM: Counseling and Psychosocial Recommendations **TOPIC: Type of Providers**
Mary Jean Costello	10/2/2009 10:20:00 AM
	I just came across a recent study conducted by researchers in Quebec that assessed the current practices of various health providers and the factors that predicted whether they were more likely to deliver smoking cessation services in their settings. Their findings may be helpful to those who are planning/providing smoking cessation training programs for various health professionals. Citation: Tremblay, M., Cournoyer, D., O'Loughlin, J. (2009). Do the correlates of smoking cessation counseling differ across health professional groups? Nicotine and Tobacco Research. (Sept.) Their main findings: - Compared with other groups, GPs and pharmacists undertook more counseling with patients ready to quit. - GPs and respiratory therapists undertook more counseling with patients not ready to quit. - Three factors emerged consistently across most groups as positively associated with counseling: **(1) belief that counseling is the role of health professionals; (2) perceived self-efficacy to engage in effective counseling;** and. **(3) knowledge of community cessation resources**. Their conclusions: - The correlates of cessation counseling are similar across health professional groups. - Interventions targetted to health professionsal that address beliefs that cessation counseling is the role of health professionals, self-efficacy to provide effective counseling, and knowledge of community resources may result in improved cessation counseling practices.
	FORUM: Specific Populations and Other Recommendations **TOPIC: HIV & Smoking**
Megan Anne Tasker	10/2/2009 11:48:00 AM
	A colleague of mine and I recently collaborated on a literature review together re: HIV and smoking cessation and found some really interesting information that we thought was important to share. I have put together some of the main points below. Please feel free to comment, share experiences/knowledge, pose questions, as I am sure this is a discussion we could all learn from. **HIV & Smoking Cessation** The Canadian Tobacco Use Monitoring (CTUMS) (2008) found that 18% of Canada's general population were current smokers, while in contract, estimates for smoking prevalence for persons living with HIV range from 46 - 64% (Benard et al, 2007; Collins et al, 2001; Crothers et al, 2009; Crothers et al., 2005; Fuster et al, 2009; Mamary, Bahrs, & Martinez, 2002; Webb, Vanable, Carey, & Blair, 2007).

	HIV is considered to be a chronic disease (Benard, 2007), where many who live with HIV/AIDS, can live a long life with reasonable health. Deaths caused by non-AIDS-defining malignancies (in particular lung cancer), non-AIDS bacterial infections, and cardiovascular diseases has reached 25% among people living with HIV. Tobacco smoking is one modifiable risk factor which these diseases have in common (Benard, 2007). **Possible Barriers** A significantly higher number of HIV-positive smokers have depressive symptoms versus former and non-smokers living with HIV (Benard et al., 2007); Webb et al, 2007). Current smoking in the HIV population has been significantly associated with the concurrent use of illegal drugs and alcohol (Crothers et al., 2005; Munyati et al., 2006) There is some concern that primary care providers give smoking cessation at a low priority as not to impose undue burden on persons with HIV (Mamary et al., 2002; Reynolds et al., 2004) **Smoking and Motivation** The rate of cancers commonly caused by cigarette smoking in general population (lung, neck, and head cancers) is significantly higher in the HIV population (Vidrine, 2009) Some studies suggest newly diagnosed patients may be more receptive to making changes in their lifestyle (Burkhalter et al, 2005; Reynolds et al, 2004; Vidrine et al, 2006) **Interventions** There is a broad range of clinical support and documentation for the use of cessation interventions in the general population, but there are no clinical guidelines to direct the delivery of smoking cessation treatment for smoking living with HIV (Nahvi & Cooperman, 2009) Evidence shows that a tailored cessation program for people living with HIV in combination with NRT proves to be the most effective. Further research is required in order to determine the most effective smoking cessation interventions. Intervention may need to be specialized to deal with concurrent disorders, comorbid diseases, and underlying mood disorders.

	FORUM: Specific Populations and Other Recommendations **TOPIC: HIV & Smoking**
Dave Tex	10/2/2009 1:10:00 PM
	Here are some questions I thought might spur some discussion. **Question 1** Many people living with HIV face several barriers to successfully quit smoking. Barriers include: depression, lack of social supports (i.e. social isolation, stigmatization, etc.), limited economic resources, etc. What lessons learned from other high-prevalent smoking populations can we take to help provide the proper tools and supports

	for a successful quit attempt? **Question 2** When do you think the best time is to introduce smoking cessation intervention to HIV-positive smokers?
	FORUM: Prevention & Population-level Interventions **TOPIC: Flu shots and smoking**
Lu Rodrigues	10/5/2009 10:15:00 AM
	Hello, the Aboriginal Tobacco Program (Cancer Care Ontario) is working on developing an information sheet or "script" for health professionals at Aboriginal health centres about how they can discuss smoking when giving flu shots. As clients coming in for flu shots are already indicating that they are concerned about staying healthy, this may be a good opportunity to begin a discussion about smoking and how it relates to respiratory illness and where to find additional support. Does anyone know of any evidence that links respiratory illnesses such as the flu to smoking? Does smoking increase susceptibility to the contracting the flu or possible make symptoms worse? Does anyone have any tips for us? Has anyone developed something like this already that they can share? thanks, Luciana Rodrigues
	FORUM: Prevention & Population-level Interventions **TOPIC: Flu shots and smoking**
Peter Selby	10/5/2009 10:36:00 AM
	Hi Luciana, Here are some points that you may consider using. 1) Smoking is associated with getting sicker and needing hospitalization for flu. 2) Smokers are much more likely to develop pneumonia. 3) When you use the alcohol sanitizer, make sure you do not smoke immediately after that since the alcohol left behind on your hands can catch fire. Wait for at least 5 minutes or your hands are completely dry before using a lighter/striking a match. 4) Don’t expose others to second hand smoke 5) Don’t share cigarettes or other tobacco products to prevent the spread of infection. Regards, Peter
	FORUM: Prevention & Population-level Interventions

Lu Rodrigues	10/5/2009 10:55:00 AM
	FORUM: Specific Populations and Other Recommendations **TOPIC: HIV & Smoking**
Tamar Meyer	10/5/2009 11:53:00 AM
	What stands out for me is the high rate of death (25%) among people living with HIV caused by non-AIDS related infections/malignancies. I find it surprising to think that someone with HIV/AIDS could die from a smoking-related illness. I guess it shows how much improvement has been made in the treatment of HIV/AIDS but also highlights the big steps still needed to make smoking cessation a priority amongst this population.
	FORUM: System Recommendations **TOPIC: Ontario Seeks $50 Billion In Tobacco-Related Health Care Costs**
Tamar Meyer	10/5/2009 12:11:00 PM
	Monday, October 05, 2009: News this morning that Quebec will also be filing a medicare cost recovery lawsuit against the tobacco industry for some $30 billion. Here's the link: **http://www.cbc.ca/canada/montreal/story/2009/10/05/quebec-tobacco-lawsuit.html** **http://www.radio-canada.ca/nouvelles/societe/2009/10/05/001-poursuite-cigarettes.shtml**
	FORUM: Prevention & Population-level Interventions **TOPIC: Flu shots and smoking**
Tamar Meyer	10/5/2009 2:46:00 PM
	Here are two sources I found on the web: 1. In regards to the hand sanitizer, there is a warning on the material safety data sheet of a major hand sanitizer company. In section 2 and 3 of the document, it states "Keep away from sources of ignition - No Smoking" and that "no smoking should be allowed near this material". Here is a link to the MSDS document: **http://www.airdelights.com/pdf/PURELL_MSDS.pdf** 2. Here is an article called "Cigarette smoking and invasive pneumococcal disease" in the New England Journal of Medicine It concludes that: *Cigarette smoking is the strongest independent risk factor for invasive pneumococcal disease among immunocompetent, nonelderly adults. Because of the high prevalence of smoking and the large population attributable risk, programs to reduce both smoking and exposure to environmental tobacco smoke have the potential to reduce the incidence of pneumococcal disease.* (N Engl J Med 2000;342:681-9.) Link to pdf: **http://content.nejm.org/cgi/reprint/342/10/681.pdf**

	FORUM: Prevention & Population-level Interventions **TOPIC: Flu shots and smoking**
Lu Rodrigues	10/5/2009 3:57:00 PM
	Thanks! I have also found an article which summarizes the evidence - "Respiratory Tract Infections: Another reason not to smoke". Here's the link: http://www.ccjm.org/content/72/10/916.long

	FORUM: System Recommendations **TOPIC: Smoke-Free Hospitals & Mental Health In-Patient Settings in England**
Robin C	10/5/2009 4:07:00 PM
	Implementation of Smoke-Free Policies in Mental Health In-patient Settings in England*:* Ratschen et al,The British Journal of Psychiatry (2009) 194, 547-551 http://bjp.rcpsych.org/cgi/content/full/194/6/547 This article highlights the concerns raised around the implementation and enforcement of smoke-free policies in mental health units across England. All mental health units in England had to become smoke-free by law from July 2008. The results of a telephone interview (which included all of the participating mental health settings) concluded that an overwhelming ninety-one percent of respondents agreed that their sites had specific problems with implementing smoke-free policies. Not to be ignored were the positive response to these laws, which impacted client behaviour and well-being. One example includes: "....patients are sleeping better, they go to bed in time. When the smoking room was available, and you couldn't sleep, you went to smoke-now you try to sleep. And also, the smoking room became a social area, and as soon as you were in there, you smoked. Now, we turned the smoking room to a gym....another smoking room we use as a relaxation room." How do others feel that smoke-free policies have impacted their mental health/health care settings (either positively or negatively)? Robin Chapchuk Education Specialist TEACH Project www.teachproject.ca

	FORUM: System Recommendations **TOPIC: Ontario Seeks $50 Billion In Tobacco-Related Health Care Costs**
Marilyn Herie	10/6/2009 3:26:00 PM
	I think it's great that more Canadian provinces are going forward with legal action against tobacco companies. Here is an exerpt from a U.S. judgement: "…over the course of 50 years, Defendants lied, misrepresented, and deceived the American public, including smokers and the young people they avidly sought as 'replacement smokers', about the devastating health effects of smoking and environmental tobacco smoke, they suppressed research, they destroyed documents, they

	manipulated the use of nicotine so as to increase and perpetuate addiction, they distorted the truth about low tar and light cigarettes so as to discourage smokers from quitting, and they abused the legal system in order to achieve their goal – to make money with little, if any, regard for individual illness and suffering, soaring health care costs, or the integrity of the legal system… .In this case, the evidence of Defendants' fraud is so overwhelming that it easily meets the clear and convincing standard of proof. The Findings of Fact lay out in exhaustive detail the myriad ways in which Defendants made public statements, often directly to consumers, which were flatly contradicted by their internal correspondence, knowledge, and understanding." (August 17, 2006 Judge Kessler issued the **Final Opinion** (1742 pages) and **Final Judgment and Remedial Order**. Page 1530-31.)
	FORUM: Specific Populations and Other Recommendations **TOPIC: Tobacco Interventions with Aboriginal Populations**
Marilyn Herie	10/6/2009 3:32:00 PM
	The TEACH project at CAMH developed a two-day specialty course focused on tobacco interventions with Aboriginal populations, in collaboration with a provincial engagement group. The course materials can be freely accessed at the TEACH website: **www.teachproject.ca** This was done by consensus of the engagement group, in line with OCAP principles (ownership, control, access and possession.)
	FORUM: System Recommendations **TOPIC: Bill C-32**
Tamar Meyer	10/7/2009 8:31:00 AM
	Wednesday, October 06, 2009 Bill C-32 received third reading and final approval by the Senate. Third reading was given with all party support and without opposition. The federal Tobacco Act will: - Mandate that cigarillos and blunt wraps be sold in packages of no less than 20; - Ban the use of flavours and additives in tobacco products such as cigarettes, cigarillos and blunt wraps (cigar rolling paper); - Prohibit the graphic description or depiction of flavours in tobacco; and, - Ban all tobacco advertising and promotion in print and electronic media that may be viewed and read by youth.
	FORUM: Medication Recommendations **TOPIC: FDA Warning Labels on Zyban and Chantix**
Tamar Meyer	10/7/2009 8:45:00 AM
	Hello colleagues, This was released today - A cohort study to determine whether varenicline is associated with an increased risk of suicide and suicidal behavior compared with alternative treatments bupropion and nicotine replacement therapy. Definitely good news. **Design** Cohort study nested within the General Practice Research Database.

	Setting Primary care in the United Kingdom. **Participants** 80 660 men and women aged 18-95 years were prescribed a new course of a smoking cessation product between 1 September 2006 and 31 May 2008; the initial drugs prescribed during follow-up were nicotine replacement products (n=63 265), varenicline (n=10 973), and bupropion (n=6422). **Main outcome measures** Primary outcomes were fatal and non-fatal self harm, secondary outcomes were suicidal thoughts and depression, all investigated with Cox's proportional hazards models. **Results** There was no clear evidence that varenicline was associated with an increased risk of fatal (n=2) or non-fatal (n=166) self harm, although a twofold increased risk cannot be ruled out on the basis of the upper limit of the 95% confidence interval. Compared with nicotine replacement products, the hazard ratio for self harm among people prescribed varenicline was 1.12 (95% CI 0.67 to 1.88), and it was 1.17 (0.59 to 2.32) for people prescribed bupropion. There was no evidence that varenicline was associated with an increased risk of depression (n=2244) (hazard ratio 0.88 (0.77 to1.00)) or suicidal thoughts (n=37) (1.43 (0.53 to 3.85)). **Conclusion** Although a twofold increased risk of self harm with varenicline cannot be ruled out, these findings provide some reassurance concerning its association with suicidal behaviour. http://www.bmj.com/cgi/content/full/339/oct01_1/b3805
	FORUM: Medication Recommendations **TOPIC: Itching caused by patch**
Fatima	10/7/2009 4:25:00 PM
	I have a patient that gets "hives" when he first applies the patch at night. They disappear by the morning. Although, he says they don't bother him, he repeatedly mentions this reaction. I've confirmed he's not using soap when removing old patch. I'm concerned because he mentioned this skin reaction as reason for quitting in the past. Any suggestions?? Do you think changing brands might help (using nicoderm at present). Thanks, Fatima
	FORUM: System Recommendations **TOPIC: Integrating Tobacco Interventions into Addictions Treatment**
Tamar Meyer	10/7/2009 4:37:00 PM
	"Is our addiction treatment system saving people from the perils of other drugs so they can get sick and die from their use of tobacco?" This is a question asked in a presentation examining why tobacco is not taken as seriously as other drugs in Ontario's addiction treatment system. The pdf of the presentation can be found at the following link: http://www.can-adaptt.net/file/CIC_Integrating_Tobacco_Interventions_into_Addiction_Treatment_Programs_in.pdf The author and collaborators identify a number of benefits, hurdles and solutions for counsellors working in addiction treatment programs and benefits, hurdles and

	solutions of integrating tobacco interventions within the programs themselves. Your thoughts, feedback and comments at a practitioner level or a program/system level are valuable. What are the challenges you have faced implementing and integrating tobacco interventions in your addiction program? Is it possible to shift Ontario's "tobacco tolerant" addiction system to one where nicotine addiction is seen as equally important as other addictions?
	FORUM: Medication Recommendations **TOPIC: Itching caused by patch**
alexandra	10/8/2009 3:42:00 PM
	Hi Fatima, If a client came to me and s/he said s/he got hives I would no longer prescribe that particular brand that caused the same. I think this client could try the habitrol patch and if he gets the same reaction I think the patch can be ruled out as a treatment option. Remember to tell the person to wear the patch above the waist, in a non-hairy spot and change the position every 24 hours so it isn't applied to an irritated area. If a client is just getting a rash hydrocortizone cream could be prescribed and placed around the patch. Hope this is helpful, Alexandra RN Nicotine Dependence Clinic
	FORUM: Counseling and Psychosocial Recommendations **TOPIC: Smoking Cessation Counseling via Phone and Online mediums**
Tamar Meyer	10/9/2009 10:22:00 AM
	Smokers' Helpline is now available in the Yukon. See link below: http://www.marketwire.com/press-release/Health-Canada-1057109.html
	FORUM: Specific Populations and Other Recommendations **TOPIC: Contraband Tobacco and youth**
Tamar Meyer	10/9/2009 12:30:00 PM
	The National Coalition Against Contraband Tobacco has been reported as saying that results from 37% of cigarette butts from butt collection analysis in Brantford, ON are counterfeit, illegal or duty not paid. Find the link to the article here: http://www.ptcc-cfc.on.ca/upload/Media_Files/10092009/CW%20-%20SMOKES.PDF This is an11% difference from the 26% reported in Ontario generally, reported below. Do other people have comments or experiences related to this contraband issue amongst youth?

	FORUM: Specific Populations and Other Recommendations TOPIC: Smoking by occupational category
Tamar Meyer	10/9/2009 2:55:00 PM
	Although this applies to a US population, relevance still holds true for a Canadian population. The recently released National Survey on Drug Use and Health examining cigarette use among adults working full time by occupational category reveals the following rates of cigarette use (2006-2008): Food preparation & serving related = 44.7% Construction & extraction = 42.9% Transportation & moving = 39.3% Production = 36.9% Installation, maintenance & repair = 36.9% Building, grounds cleaning & maintenance = 31.7% Link: http://oas.samhsa.gov/2k9/170/170OccupationHTML.pdf Obviously the list goes on, but what is most relevant is the high percentage of smokers in these blue collar occupations. The near 50% rate of smoking amongst chefs, servers and other food service occupations is hardly surprising. From my own personal experience working in the service industry for 5 years, smoking is almost an enculturated component of the industry, where rates of social/occasional smoking (at breaks, after a shift) are also extremely high. What kinds of challenges and strategies have practitioners faced and used when working with clients/patients from any of these high smoking rate occupations?

	FORUM: Counseling and Psychosocial Recommendations TOPIC: Interpreter service now available at Smokers' Helpline
Abdullah	10/13/2009 11:36:00 AM
	Hi everyone, Just wanted to share the good news that Smokers' Helpline has entered into an agreement with an interpreter service to provide cessation counseling in over a 100 languages. Access to this free interpreter service service is available by calling *Smokers' Helpline* directly at 1 877 513-5333 and selecting "3" for "other languages". We are also in the process of developing cessation information materials in additional languages to accommodate our new clients. For further information please feel free to contact: Abdullah Shah Smokers' Helpline - Regional Coordinator (416) 480-7901 ext. 3405 ashah@ontario.cancer.ca

	FORUM: Counseling and Psychosocial Recommendations

	TOPIC: Text service available to all Smokers' Helpline clients
Abdullah	10/13/2009 11:40:00 AM
	Hi everyone, Another great development at Smokers' Helpline over the past week has been the launch of out text 'TXT' service. **What is *Smokers' Helpline Text Messaging* (TXT)?** *Smokers' Helpline* TXT is a text messaging service that offers smokers and tobacco users who are looking to quit support, advice and information, via text messaging. TXT subscribers are encouraged to also use *Smokers' Helpline* at 1 877 513-5333 and *Smokers' Helpline Online* at **www.smokershelpline.ca**. **How do I register for TXT?** You can register for TXT online at **www.smokershelpline.ca**. If you are already a member of *Smokers' Helpline Online*, login to your personal profile and follow the steps to sign up for TXT. If you are not a member of *Smokers' Helpline Online*, click "Get Started Now!" and follow the steps to sign up for TXT. If you do not have access to the internet, call *Smokers' Helpline* at 1 877 513-5333 to register. **What can I expect when I sign up for TXT?** Once you register, you will receive text messages based on your quit date and preference options. Your first message will ask you to confirm that you agree to the terms of service by replying "ACCEPT" to the text. You will then receive a series of messages that suit your quitting needs. For any further information, please contact: Abdullah Shah Smokers' Helpline - Regional Coordinator (416) 480-7901 ext. 3405 **ashah@ontario.cancer.ca**

	FORUM: Specific Populations and Other Recommendations **TOPIC: Contraband Tobacco and youth**
Tamar Meyer	10/14/2009 12:27:00 PM
	Here is the whole article: **http://www.newswire.ca/en/releases/archive/October2009/14/c6468.html**

	FORUM: Specific Populations and Other Recommendations **TOPIC: Youth, Compulsion & Tobacco**

Robin C	10/14/2009 3:20:00 PM
	Hi Everyone; A 'must read' article re: Youth & escalation in smoking frequency in terms of a scale of wanting, craving or needing: Joseph R. DiFranza, W.W. Sanouri Ursprung et al., (2009) *New insights into the compulsion to use tobacco from an adolescent case-series*, Journal of Adolescence, doi :10.1016/j.adolescence.2009.03.009 The abstract states, "...No prior study has described the onset of nicotine addiction based on case histories, of which 50 adolescent and young adult current/former smokers were interviewed. Smokers experience a compulsion to use tobacco that spans a spectrum of severity from wanting, to craving, to needing. The compulsion is commonly experienced as originating foreign to the will of the smoker and recurs with a predictable periodicity that determines the latency from smoking one cigarette to wanting, craving or needing another.." Robin Chapchuk **www.teachproject.ca**
	FORUM: Specific Populations and Other Recommendations **TOPIC: Youth, Compulsion & Tobacco**
Robin C	10/14/2009 3:35:00 PM
	As an add-on to my previous post..... What similarities do you notice in your own clients who are smokers (re: wanting, craving, needing...)? Do you name that progression in a particular way? Please post your thoughts on this article- especially if you've already read it/are familiar with Dr. DiFranza's work. Robin Chapchuk **www.teachproject.ca**
	FORUM: Counseling and Psychosocial Recommendations **TOPIC: Text service available to all Smokers' Helpline clients**
alexandra	10/16/2009 2:10:00 PM
	I think that's great. I'm wondering though if someone doesn't have free texting included in their cell phone plan would the text still be free?
	FORUM: Specific Populations and Other Recommendations **TOPIC: Inmates Contest Jail's No Smoking Rule**

Robin C	10/19/2009 3:07:00 PM
	I thought the following article argued an interesting, but very controversial point - that smoking is seen as 'part of the culture' & an issue of choice: **Mtl:** The rule prohibiting inmates from smoking in federal prisons is being contested by 19 Quebec prisoners who believe the regulation contravenes their civil rights. The inmates, who are represented by lawyer Julius Grey, appeared in federal court in Montreal yesterday to present their case. "Even during world wars, we gave one last cigarette to prisoners before executing them. Smoking is part of our culture, it's a choice," said Grey, that laws of that type would go against the Charter of Rights and Freedoms. **The Barrie Examiner: (Oct 15, 2009)** **Q:** What is your reaction to this argument? Are there other similar cases that you know of? How are these arguments problematic? Thanks; Robin Chapchuk Education Specialist- TEACH Project **www.teachproject.ca**
	FORUM: System Recommendations **TOPIC: potential SEED Grant submission**
Loretta	10/22/2009 2:07:00 PM
	Hello there I am a nurse practitioner in a COPD Clinic. A multi-disciplinary team is involved in caring for our patient population. I am interested in creating a seamless approach to smoking cessation for our patients. I would like to develop an 'algorithm' approach to supporting patients to be smoke free. This algorithm would identify the specific discipline involved with the individual client and outline how their expertise is key to the success of the client. For example: I initially meet the patient and review their smoking pattern and discuss their smoking history. In partnership with the patient a management plan is developed which incorporates the goals of the patient and the clinic. One goal, smoking cessation, could be achieved by outlining specific objectives for each discipline to achieve. The specific objectives would be identified on the algorithm under the heading of the specific discipline. A dietary referral could be completed identifying strategies for 'urge control' and maintaining weight control. Patients would be offered information related to dietary intake to minimize the possibility of weight gain during the smoking cessation program. This algorithm tool would be specific both to the individual practitioner expertise and to the individual patients needs, and would provide a seamless approach to supporting patients in adopting a smoke free lifestyle. I would like to speak to a researcher who could assist me in the development of a proposal for a SEED Grant. Thank you, Loretta
	FORUM: Counseling and Psychosocial Recommendations **TOPIC: Text service available to all Smokers' Helpline clients**
Abdullah	10/22/2009 2:38:00 PM

	Hi Alexandra - To answer you question about costs associated for those who don't have a 'text plan'. There is a cost associated for those mobile phone users who don't have text messages included in their plans. Having said that, most cell phone plans now have atleast free incoming text messages on all standard service packages. abdullah
	FORUM: System Recommendations **TOPIC: potential SEED Grant submission**
Tamar Meyer	10/22/2009 4:24:00 PM
	Hi Loretta, Thanks for sharing your seed grant proposal idea. Would you consider sharing your email in case any researcher would like to contact you directly? Tamar, Ontario Provincial Coordinator
	FORUM: Counseling and Psychosocial Recommendations **TOPIC: Diet and Nicotine Dependence**
Melonie L Ceresne	10/30/2009 1:37:00 PM
	Hi everyone, Does anyone know if there is a link between eating carbohydrates and an increased desire to smoke afterwards? I have a client who reported increased cravings to smoke after eating these and this did not appear to be linked to having a full stomach, as other foods do not trigger urges. Thanks, Mel
	FORUM: System Recommendations **TOPIC: potential SEED Grant submission**
Loretta	11/3/2009 9:26:00 AM
	Yes, Tamar I would welcome discussions with a researcher interested in working with me on this project. please contact me at **lmccormick@cmh.org**
	FORUM: System Recommendations **TOPIC: CAMH Policy Survey - Give Your Input!**
Marilyn Herie	11/6/2009 1:39:00 PM
	Greetings- CAMH has a department associated with policy development and applications (Policy, Education and Health Promotion, or PEHP as we like acronyms), and is

	currently conducting a short online survey to solicit input from CAMH staff, clients, and community around where CAMH should be headed re: policy priorities. https://www.surveymonkey.com/s.aspx?sm=7YPHsaDmeX_2fsK880ISzV7w_3d_3d I am posting the survey link here to CAN-ADAPTT because this is an excellent opportunity for you to raise the profile of the importance of cessation and program supports. For example, I know that many of the practitioners who have attended TEACH have commented on the barriers to doing cessation counselling without free or subsidized NRT for clients. If you would like to have some input into this important topic, or on other policy priorities that you identify, please take a few minutes to complete the survey. A link to a summary of CAMH's policy work is also included below. http://insite.camh.net/newsandevents/camh_insite_news_current_issue/insite_item_en_policy_survey46734.html Best regards, Marilyn Marilyn Herie, PhD, RSW Director, TEACH Project Advanced Practice Clinician, Concurrent Disorders Centre for Addiction and Mental Health Adjunct Professor Factor-Inwentash Faculty of Social Work University of Toronto
	FORUM: Medication Recommendations **TOPIC: Difficulty switching from 14-7 mg patch**
sefurey	11/7/2009 10:33:00 AM
	Hi, I have a pretty basic question about the patch. My client is having great difficulty switching from the 14 mg to the 7 mg patch. The patient is not open to using break through methods such as gum. As a counsellor, I am weary about making reccomendations but I am also weary about sending him to a community pharmacy that may just advise as the box indicated (this is not working for him). Any suggestions, I reccomended that he go back ot the 14 mg, because he felt fine on that, so my overall question is: How does one know when to switch down to the 7 mg and B- what should I tell him about his concerns of being on the patch "too long"? Thanks so much, Shannon

	FORUM: Medication Recommendations TOPIC: Difficulty switching from 14-7 mg patch
Wajid	11/10/2009 10:05:00 AM
	Hi Shannon, In reply to your questions: **How does one know when to switch down to the 7mg?** These are some of the things that we generally consider: * We ask the patient about the number of daily cravings and how the patient is dealing with these cravings. If the patient is struggling a lot then definitely we dont want them to switch to lower dose of the patch. * We ask the patient how they deal with various situation (i.e. stress or anxiety) where they normally smoke. If the answer is they think about smoking but able to deal with it easily then they can be switched to lower dose of NRT * We ask the patient was there any day when they forgot to wear the patch in the morning and realized it later in the day that they are not wearing the patch but still managed to deal with their cravings then they can be switched to lower dose of NRT **What should I tell him about his concerns of being on the patch "too long"** We educate them about the use of the patch and also that instructions on the medication box is a guideline and some smokers need longer duration of treatment than the others. Here at the Nicotine Dependence Clinic we have some people on the patch for almost 2-3 years and they are still doing fine. From harms reduction point of view, staying on the patch is a much safer alternative to smoking cigarettes. I hope that answers your questions :) Wajid Ahmed Clinical Fellow, Nicotine Dependence Clinic, CAMH

	FORUM: System Recommendations TOPIC: Nicotine Concentrations in Tobacco
Marilyn Herie	11/13/2009 5:10:00 PM
	Hi Miguel- Tobacco companies can manipulate the nicotine level in their products. Here is an interesting backgrounder document from Physicians for a Smoke Free Canada: http://www.smoke-free.ca/pdf_1/Background-design.pdf But just a note that the nicotine content posted on the cigarette package is misleading, as cigarettes are designed to be "elastic" in that the way a cigarette is smoked can titrate nicotine delivery. Cheers, Marilyn

	FORUM: Specific Populations and Other Recommendations TOPIC: Residential Cessation Program- Enaahtig Healing Lodge

Robin C	11/16/2009 3:57:00 PM
	This message is being posted on behalf of the team at Enaahtig Healing Lodge: www.enaahtig.ca/enaahtig.htm For more information and registration forms for this Aboriginal residential smoking cessation program, please contact Lisa Beedie directly (see contact info below). ~Robin Chapchuk Education Specialist-TEACH Aanii Everyone; Just to let you know that Enaahtig Healing Lodge & Learning Centre will be having a residential smoking cessation program scheduled for February 28-March 2, 2010. I hope that more people are committed to quitting commercial tobacco in 2010. Have a great day and Chi-Miigwech for being a catalyst regarding commercial tobacco. Lisa **Lisa Beedie, hpc@enaahtig.ca** **Health Promotion Coordinator** Enaahtig Healing Lodge and Learning Centre R.R.#1,4184 Vasey Road Victoria Harbour, ON L0K 2A0 Tel: (705) 534.3724 Fax: (705) 534.4991
	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: Top Frequently Asked Questions**
Wajid	11/24/2009 11:32:00 AM
	Hi Julia, In reply to question #1: This is a tough one to answer but I am trying to reply based on my experiences at Nicotine Dependence Clinic. We have some clients in our clinic and they have turned down NRT. We can educate them about nicotine withdrawal symptoms and also suggest that if they are interested they can use NRT to reduce their withdrawal symptoms. Despite all the education if the client is still turning down NRT we can assess their desire to quit smoking by using the level of importance/ confidence question. We can then start the behavioral counselling to discuss some of the coping mechanism that these clients can use to better deal with the withdrawal symptoms and these discussions are generally based on motivational dialogue and could be very individual specific. I am sure the smoking cessation therapist can add more to what I have just said.
	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: Top Frequently Asked Questions**
Melonie L	11/27/2009 3:43:00 PM

Ceresne	
	Hi Julia, Just to add to Wajid's comments regarding question 1: I think it would be important to explore and clarify specific concerns that the client may have about using NRT as this would inform how we might approach the issue. Clients may have various concerns such as the cost (especially since it may be cheaper to smoke non-regulated cigarettes than purchase NRT), values and beliefs "I should be strong enough to use willpower alone to quit", or fears around using NRT (e.g., nightmares, worries about having a heart attack while smoking on the patch, or beliefs that they are "swaping one addiction for another"). Question 9 is a great example of the type of concerns that clients will have, especially at the start of putting together their reduction/quit plan. Question 9: What do you tell clients who are concerned about/scared to use NRT and other stop smoking medications out of fear that they are merely swapping one addiction for another? It is often helpful to explain how Nicotine obtained from a cigarette differs from Nicotine obtained through NRT: cigarettes are a "dirty" and very efficient delivery system for Nicotine, the CO (from combustion of lighting the cigarette) as well as the other chemicals added deliver the harm. The Nicotine is the addictive substance but does not cause the negative health consequences (e.g., COPD, heart disease, etc) associated with smoking. NRT is therefore, a harm reduction approach. The addictive potential of a substance is determined by how quickly it takes the substance from the point of ingestion (whether it's snorted, smoked, injected, etc) to reach the receptors in the brain. Smoking cigarettes is therefore, more addictive than NRT since it takes 7 - 10 seconds to reach the brain in a non-regular smoker and 20 - 30 seconds in a daily smoker versus NRT which takes 20- 30 minutes to reach maximum concentration (for the inhaler, lozenge and gum) and 2 - 6 hours (for the patch). NRT also delivers a lower dosage of Nicotine than the person would obtain through smoking, to keep them just out of withdrawal-therefore, they are not experiencing the spikes and drops in Nicotine blood levels (associated with withdrawal symptoms) as one would with smoking: lower dosage, cleaner, and slower delivery system for Nicotine, all make NRT a healthier choice. From a behavioural perspective, the Nicotine patch helps a client to break up the hand-to-mouth reinforcement that occurs through smoking. Clients then have the opportunity to begin to live their lives without cigarettes punctuating different activities and times of day. Hope this is helpful, Melonie

	FORUM: Prevention & Population-level Interventions **TOPIC: Using Social Media in Tobacco Control**
cdnorman	11/27/2009 8:35:00 PM
	If we are considering ways to support population-level impact it strikes me that we need strategies that truly reach the population on a wide scale. One of the strategies that I've been trying with my research group at the U of T is using video to educate people as well as disseminate findings of our research. It is part of a larger social media strategy that we've been employing in our work on engaging young people in health promotion. The reasons are many. First, video, because it is a visual medium that combines sound and narrative, provides a far greater array of information to the senses than most others. Another, is that that it frankly speaks (literally and figuratively) to more people because it uses body language, visuals, sound and the possibility of simpler language to communicate complex information. This is a way of getting around the uncomfortable fact that we Canadians, despite being one of the most literate

	societies on earth, still have more than 1/3 of our adult population reading and writing at a level 3 or lower (out of a possible 5). That means the Toronto Sun is the highest they get. To see how we've done it, I'd suggest checking out the YouTube videos we've done on Web-assisted tobacco interventions. They were initially used to teach students about WATI and health behaviour change, but were also put up live to ensure that the lessons reach a wider audience. http://www.youtube.com/user/YouthVoicesResearch#p/u/7/SB1DwMFUkfI
	FORUM: Specific Populations and Other Recommendations **TOPIC: Residential Cessation Program- Enaahtig Healing Lodge**
Melonie L Ceresne	11/30/2009 2:15:00 PM
	There is another 5 day residential treatment program offered through The Tobacco Healing Centre, located in Arnprior Ontario Please see link: www.tobaccohealingcentre.com Regards, Melonie
	FORUM: Specific Populations and Other Recommendations **TOPIC: Nicotine Anonymous meetings in Toronto, Ontario**
Melonie L Ceresne	11/30/2009 2:22:00 PM
	Nicotine Anonymous has weekly meetings in Toronto: Monday 6:30 - 7:30 p.m. located at "Oasis" 686 Broadview avenue (south of Danforth, 2nd house past Loblaws) My initial concern was that those clients using NRT would not be welcomed at these meetings. However, a client informed me that everyone is welcomed regardless of where they are in their quit process, and that he found the meeting really helpful. Melonie
	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: Top Frequently Asked Questions**
Melonie L Ceresne	11/30/2009 6:42:00 PM
	Hi Julia, To add a few more of my thoughts to the discuss post: Question 2: Isn't it hypocritical to tell my clients not to smoke if I smoke? This is a tricky question and should be handled with care. I think it is important to stress that we are not "telling" our clients to quit but that we feel it is important for client's to know the facts. This will allow each client to come to their own decision and in their own time. Each person has their own reasons to smoke and to quit, the clinician and the client. Every attempt should be made to refocus on the client's needs rather than the clinician's smoking status. The fact that the clinician may smoke and feel guilty or "hypocritical" about smoking, speaks to the power of the dependence on Nicotine.

	Hope this is helpful. Melonie Ceresne, OT Reg (ONT), M.Ed Therapist, Nicotine Dependence Clinic Centre for Addiction and Mental Health 175 College Street Toronto, Ont. M5T 1P7 Ph: 416 535 8501x7420 Fax: 416 599 8265
	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: Top Frequently Asked Questions**
Melonie L Ceresne	11/30/2009 6:43:00 PM
	Hi Julia, and a few more thoughts.....(I've had to break up my post into three parts) Question 6: What if the client does not do his or her homework between therapy sessions (i.e. s/he refuses to complete tracking sheets, change plan worksheets, etc?) How should this be approached? I believe that it would be helpful to commend the client for coming to the session, even though they didn't complete the homework (as this may be a deterrent for showing up to the session as they fear they will be reprimanded). Showing up demonstrates their dedication to work on their smoking goals. Exploring what the barriers were for completing the homework (e.g., competing demands, didn't understand the homework, ambivalence, etc.) as this will determine next steps. Determining what the homework will be in collaboration with the client often remedies barriers. It may also be helpful to complete unfinished homework within the session to determine that the client understands what is being asked. Homework may have to be modified to accommodate competing demands or scheduled into their daily/weekly routine. Completing a decisional balance (including the benefits and costs) of completing homework and emphasizing benefits may also be helpful. As well providing a choice of options for homework will allow the client the pick which alternative will work for them. Hope this is helpful. Melonie Ceresne, OT Reg (ONT), M.Ed Therapist, Nicotine Dependence Clinic Centre for Addiction and Mental Health 175 College Street Toronto, Ont. M5T 1P7 Ph: 416 535 8501x7420 Fax: 416 599 8265
	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: Top Frequently Asked Questions**
Melonie L Ceresne	11/30/2009 6:45:00 PM
	...and part three.... Question 4: What if the client smokes more than 25 cigarettes per day and the physician tells them that the maximum NRT dose they can use is 21 mg and they are told not to smoke while using NRT because it is dangerous? One of the challenges is that the product monograph (e.g., on the

	Nicotine patches) has not been updated to reflect the current practices. In our clinic, there is "off-label" dosing, which means that we go beyond 21 mg of patch depending upon the client's level of physical dependence. It may be helpful to refer the physician to current best practices - see the Resource section on CAN-ADAPTT for clinical guidelines. When discussing this with clients, I will inform them that the physician's at the clinic will prescribe approximately 1 mg of patch per cigarette smoked initially and then adjust the dosage according to their treatment response. I explain that they are currently inhaling between 0.5 up to 2 mg of Nicotine per cigarette depending upon their smoking efficiency, so that we are not giving them any more Nicotine through NRT, than they are currently getting from smoking. I emphasize that NRT is also a cleaner delivery system for Nicotine. The concern is that client's who are highly dependent and only receiving 21mg of patch, may conclude that the patch is not helpful, when in fact they are simply not receiving enough of a dose. An analogy that I have found to be helpful is comparing this to giving a child's aspirin to a person who experiences migraine headaches; it is not that the aspirin is not working, there just isn't enough. Melonie Ceresne, OT Reg (ONT), M.Ed Therapist, Nicotine Dependence Clinic Centre for Addiction and Mental Health 175 College Street Toronto, Ont. M5T 1P7 Ph: 416 535 8501x7420 Fax 416 599 8265
	FORUM: Prevention & Population-level Interventions **TOPIC: Have you thought about the flu shot as an opportunity to talk about tobacco use?**
Lu Rodrigues	12/1/2009 11:07:00 AM
	Evidence shows that smoking increases the risk of getting a cold or flu and it also increases the severity of a cold or flu. As clients who are coming in to get the flu shot are expressing an interest in maintaining good health, this is an opportunity to discuss tobacco use with them. The Aboriginal Tobacco Program at Cancer Care Ontario, has developed a resource for health care professionals about how to discuss tobacco use while giving the flu shot. Please follow this link to view the resource (or go to the CAN-ADAPTT resource page) http://www.can-adaptt.net/File/The_flu_shot_is_an_opportunity_to_discuss_tobacco_use.pdf Thanks! Luciana Rodrigues Aboriginal Tobacco Program Cancer Care Ontario luciana.rodrigues@cancercare.on.ca
	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: Top Frequently Asked Questions**
Robin C	12/1/2009 3:41:00 PM

	~This reply is posted on behalf of Nicoletta Lacombe, RN, Tobacco Dependence Counsellor, HRSRH~ **2. Isn't it hypocritical to tell my clients not to smoke if I smoke?** As a health care provider it is within our duties to try to promote health within our clients. This is not dependent on our own personal choices. People can use the assistance to benefit their health whether you are a smoker or not. **3. What if you see a client who smokes 70 cigarettes per day, has other addictions and mental health issues? Is it really realistic to think that this person can quit smoking? Is it even possible for someone who smokes this much to quit?** It is possible for people to quit smoking & many mental health patients actually want to cut back. The cost of 70 cigarettes a day is substantial and so are the health benefits of quitting. With the appropriate supports & counselling, patients can quit if they are motivated and assisted to do so. (Note, this patient would definitely need off label NRT to remain comfortable and treat withdrawals.) **4. What if the client smokes more than 25 cigarettes per day and the physician tells them that the maximum NRT dose they can use is 21 mg and they are told not to smoke while using NRT because it is dangerous?** NRT facts would need to be reviewed with the physician as the maximum dose of NRT to adequately treat a heavy smoker is not 21mg. Ottawa Heart was recently kind enough to send me their standing orders and their patients can go up to twice that amount with the patch alone. NRT has also been shown to significantly help people cut back on smoking and therefore can be used while continuing to smoke (as long as smoking has decreased). NRT & smoking less is definitly less dangerous than smoking alone. Robin Chapchuk Education Specialist TEACH Project

	FORUM: Medication Recommendations **TOPIC: Vivid Dreams while on Nicotine Patch**
MiguelRivera	12/2/2009 12:25:00 PM
	I did my homework and here it is : Interestingly, when non-smokers are put on the nicotine patch (as when they participate in an experiment looking at what happens when they sleep while on the patch...), they do not report vivid dreams (Gillin et al., 1994). In fact, Rapid Eye Movement sleep (REM, the sleep in which we dream) decreases (Gillin et al., 1994). But decreased REM has also been found to occur in smokers on the nicotine patch (Page et al., 2006)... Yet, smokers on the nicotine patch report more visual imagery and more vivid imagery while sleeping (Page et al., 2006). They also spend more time awake and exhibit more microarousals from sleep (Page et al., 2006). So it would appear that vivid dreams only occur if the person is on the nicotine patch and is a smoker..! This may be due to differences in brain function, with smoker's brains having adapted to having periodic nicotine and thus being more sensitive to the effect of nicotine.

	Interestingly, the vividness (and associated excitement) fits right in with the marketing strategies many companies have often used to sell their cigarettes... The idea that smoking will open the gates of excitement (with the help of motorcycles, beautiful sunsets, great scenery, etc.) seems to be built right into this addiction... *Gillin JC, Lardon M, Ruiz C, Golshan S, Salin-Pascual R. (1994). Dose-dependent effects of transdermal nicotine on early morning awakening and rapid eye movement sleep time in nonsmoking normal volunteers. J Clin Psychopharmacol. 14(4):264-7.* *Page F, Coleman G, Conduit R. (2006). The effect of transdermal nicotine patches on sleep and dreams. Physiol Behav. 88(4-5):425-32.*
	FORUM: Specific Populations and Other Recommendations **TOPIC: PTSD, Nightmares, Nicotine, Scopolamine...**
MiguelRivera	12/2/2009 2:14:00 PM
	Post-Traumatic Stress Disorder (PTSD) has a smoking prevalence of about 45% (Lasser et al., 2000), twice the smoking prevalence for the general population (23%; CDC, 2000). I have noticed that many of my clients with PTSD report nightmares while on the Nicotine patch, and it seems to be common that smokers on the nicotine patch will report vivid dreams. What my clients have told me is that their doctors have suggested they remove the patch at night as a means of managing the recurrent nightmares. Smoking abstinence rates are reported as 28% at 2 months post-enrollment and 18% at 9 months post-enrollment for this population (McFall et al., 2006). In my opinion both nightmares or patch removal decrease treatment efficacy in this population. I recently came across a study that examined the use of scopolamine (IM, 2.5 mcg/kg; Toscano, Pancaro, and Peduto, 2007; a cholinergic M1 antagonist) to manage dreams while under anesthesia with strong results. Scopolamine (in combination with atropine and chlorpromazine) was also tested in the mid 1980's as a pharmacological treatment for smoking withdrawal symptoms (Bachynsky, 1986). Currently it is most commonly prescribed to manage nausea in low dose patch form http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682509.html. I am curious if someone (MD) has tried prescribing their PTSD patients the low dose scopolamine patch for nightly use with the nicotine patch. If so, has it worked?
	FORUM: CAN-ADAPTT Evaluation **TOPIC: CAN-ADAPTT Evaluation**
Katie Hunter	12/4/2009 11:53:00 AM
	Hi all, I would like to introduce myself by way of this post as the Regional Coordinator for Eastern Canada on the CAN-ADAPTT project. I also wanted to explain this new forum on the discussion board. The Ontario Tobacco Research Unit (OTRU) will be conducting an evaluation of the CAN-ADAPTT project. In developing an evaluation plan, OTRU invites CAN-ADAPTT participants to identify any evaluation questions which should be included. Your input will help OTRU understand where evaluation efforts should be focused in order to be most useful in contributing to CAN-ADAPTT's success. Please post any suggestions you might have in this forum on the discussion board or alternatively, suggestions can be emailed to Alexey Babayan at **alexey.babayan@utoronto.ca**.

	Thank you and we look forward to hearing from you, Katie

	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: Smoking behaviours and level of risk**
Melonie L Ceresne	12/7/2009 4:03:00 PM
	I wanted to pass on an article from BBC News alerting us to the link between first cigarette and Nicotine levels: http://news.bbc.co.uk/2/hi/health/8391871.stm It speaks to the need to consider individual smoking behaviours (in addition to number of cigarettes smoked) when developing and tailoring smoking cessation interventions. This can be very helpful when introducing the use of NRT to clients: for instance why two smokers who smoke the same daily number of cigarettes may be on different dosages (including off-label dosages) of the Nicotine patch. Melonie Ceresne, OT Reg (ONT.), M.Ed. Therapist Nicotine Dependence Clinic CAMH ph: 416 535-8501 x 7420

	FORUM: Specific Populations and Other Recommendations **TOPIC: Smokeless Tobacco Users**
Nicoletta	12/14/2009 12:50:00 PM
	Hello I'm looking for any guidelines, protocols or recommendations in regards to NRT for smokeless tobacco users. Feedback? Thanks

	FORUM: Specific Populations and Other Recommendations **TOPIC: Smokeless Tobacco Users**
Tamar Meyer	12/18/2009 11:47:00 AM
	Hi Nicoletta, I just reviewed CAN-ADAPTT's wiki guidelines and noticed that the recommendations for smokeless tobacco (ST) users only refer to counselling and not the use of NRT. Thank you for bringing this gap to our attention. A Cochrane Review called "Interventions for smokeless tobacco use cessation (Review)" came to the following conclusions:

	http://www.cochrane.org/reviews/en/ab004306.html **Main results** Two trials of bupropion SR did not detect a benefit of treatment at six months or longer (Odds Ratio (OR) 0.86, 95% Confidence Interval (CI): 0.47 to 1.57). Four trials of nicotine patch did not detect a benefit (OR 1.16, 95% CI: 0.88 to 1.54), nor did two trials of nicotine gum (OR 0.98, 95% CI: 0.59 to 1.63). There was statistical heterogeneity among the results of 12 behavioural interventions included in the meta-analyses. Six trials showed significant benefits of intervention. In post-hoc subgroup analyses, behavioural interventions which include telephone counselling or an oral examination may increase abstinence rates more than interventions without these components. **Authors' conclusions** Behavioural interventions should be used to help ST users to quit and telephone counselling or an oral examination may increase abstinence rates. Pharmacotherapies have not been shown to affect long-term abstinence Here is the link to the full article: http://mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD004306/pdf_fs.html
	FORUM: Prevention & Population-level Interventions **TOPIC: Driven to Quit 2010 is here!!**
Abdullah	1/7/2010 1:05:00 PM
	Happy New Year everyone! **I wanted to share the announcement of the launch of Canadian Cancer Society 2010** ***Driven to Quit Challenge!*** Go tobacco-free for March 2010 and you could win a 2010 Ford Escape Hybrid, 1 of 2 $5,000 vacation getaways or 1 of 7 $2,000 MasterCard gift cards. Register at www.driventoquit.ca **by February 28, 2010. Register by January 31, 2010 to be entered into the early bird prize draw for your chance to win a $1,000 MasterCard gift card in addition to other prizes.** **Register from January 4 to February 28, 2010** by choosing **one** of the following options: 1. **Online** at www.driventoquit.ca 2. **Fax** your entry form t 1 800 706-0112 (toll-free) 3. **Mail** your entry form to *The Driven to Quit Challenge* Canadian Cancer Society 662 Concession Street, Suite 200 Hamilton, ON L8V 1B8

	OR 4. **Call**: Canadian Cancer Society- ***Smokers' Helpline***: **1 877 513-5333** (toll-free) Good luck to all the registrants! abdullah

	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: Nicotine WIthdrawal Scales**
Nicoletta	1/8/2010 8:18:00 AM
	Good Day Everyone I'm curious which nicotine withdrawal assessment scales are being used in both the TEACH community and other practices. The Minnesota Nicotine Withdrawal Scale has recently come to my attention and I'm wondering if anyone is using it in practice. If so, what format are you using in everyday practice? Thank you

	FORUM: Prevention & Population-level Interventions **TOPIC: Driven to Quit 2010 is here!!**
Tamar Meyer	1/8/2010 9:38:00 AM
	Hi Abdullah, Thanks for sharing information about the Driven to Quit Challenge. Cessation contests such as this one launched by the Canadian Cancer Society and other mass media education interventions, contests and series will be on the agenda of the next iteration of guideline revisions for the CAN-ADAPTT project. To have your voice count, please view the existing guidelines (found on the left hand side of the discussion board) and comment on any gaps, barriers to implementation, or areas of revision. Abdullah, please keep us up to date on the number of registrants you receive! And for other members, please feel free to comment on mass media cessation campaigns and contests such as the one described below. Happy New Year!

	FORUM: Specific Populations and Other Recommendations **TOPIC: Psychiatric Patients ~ Right to Restrict Movement**
Nicoletta	1/11/2010 9:22:00 AM
	To anyone working on an inpatient psychiatric unit: It recently came to my attention that voluntary patients are being restricted in their movements in some cases. So my question to you is, if a patient is voluntary, can they automatically go off the unit to smoke or do they specifically need orders. And if they need specific orders does that mean we have the right to restrict them to the unit they are ordered passes?

	Second, do you ever let patients who are on a Form 1 off the unit to smoke? Thank you, I really appreciate your assistance.
	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: Nicotine WIthdrawal Scales**
alexandra	1/11/2010 9:30:00 AM
	Hi Nicoletta, Generally in my practice I'm using the Fagerstrom Test for Nicotine Dependence to assess withdrawal. I also ask clients to track their cigarette consumption and cravings if they've stopped smoking. On the Fagerstrom Teat a score between 0-3 would generally reveal a low dependence and a need to focus on behaviors. A score of 4-6 indicates moderate dependence requiring additional support and possible medication while a score equal to or over 7 indicates high dependence a need for intensive treatment and medication. When a client tracks their cigarette consumption, we become cognizant of the time, place mood and need (need is rated between 1-5, a score of one would mean the cigarette wasn't needed) of a cigarette. Need would be associated with withdrawal.
	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: Nicotine WIthdrawal Scales**
alexandra	1/11/2010 9:31:00 AM
	Cont'd...When beginning treatment I look at the Fagerstrom Test to guide the type of treatment that would help the client. If a client starts using nicotine replacement therapy the tracking done by the client can help us figure out if an increase in medication is required and whether the client's strategies are effective enough to cope with cravings. For instance a craving associated after coffee is behavioral while a craving upon waking after 8 hours of slept would most likely be associated physical withdrawal. It's important to remember clients smoke because of physical withdrawal , behavioral associations and because of the emotions they may experience like sadness and anger. I find using both of these tools effective in assess withdrawal, figuring out medication needs and developing solid plans that can help clients achieve their goals. I hope this is helpful. Alexandra Andric RN Nicotine Dependence Clinic
	FORUM: System Recommendations **TOPIC: Giving NRT to patients**
Fatima	1/13/2010 3:56:00 PM
	I am new to this site, my apologies if this is in wrong section. I am also new to cessation counselling and am looking for advice from more experienced counsellors. I work in a hospital in an out-patient setting. Lately, there has been much discussion with respect to providing NRT (patch) automatically vs. encouraging patients to purchase their own. Remember this is an out-patient clinic not in-patient. Any advice or direction as to where I can find information would be much appreciated. Thank you, Fatima
	FORUM: System Recommendations **TOPIC: Giving NRT to patients**

Tamar Meyer	1/18/2010 12:39:00 PM
	Hi Fatima, While I am not a counsellor, one place you could start is looking at the Ottawa Model: **http://www.ottawamodel.ca/** . Although this clinical smoking cessation program is intended for in-patient settings unlike your situation, you may find some useful information.
	FORUM: Medication Recommendations **TOPIC: Difficulty switching from 14-7 mg patch**
RT-Jennifer	1/19/2010 12:40:00 PM
	I was told recently that you can cut a nicoderm patch in half to lower the dose and making it easier to step down. can anyone verify this is effective?
	FORUM: Medication Recommendations **TOPIC: Difficulty switching from 14-7 mg patch**
Wajid	1/20/2010 1:18:00 PM
	Hi Jennifer, Some clients in our clinic has done that and found it effective but based on the pharmacological property it is not advisable to cut the patch in half. The drug company also suggest not to cut the patch to receive half of the dose of NRT. Some clients have noticed that if they are having difficulty in stepping down especially from 7mg to none, cutting the patch in half help them get used to a lower level of nicotine before stopping it completely. Some clients cut the patch because they are looking for a psychological support rather than the actual nicotine. I would recommend that if the client is finding it effective it is fine, otherwise they should stick to using the actual patch. Wajid
	FORUM: Medication Recommendations **TOPIC: Difficulty switching from 14-7 mg patch**
alexandra	1/21/2010 8:31:00 AM
	I would support Dr. Wajid Ahmed's reply to the question of cutting patches in half. Alexandra RN Nicotine Dependence Clinic
	FORUM: Medication Recommendations **TOPIC: Difficulty switching from 14-7 mg patch**

RT-Jennifer	1/21/2010 11:03:00 AM
	Thank you for the feedback. I didn't think this was the appropiate thing to do but was told this is what some people are advising their clients to do inorder to save money (buy a package of 14mg patches for the week and cut them in half so you have two weeks worth for the same price), or to cut down from 7mg. Has there been any information stating that they are actually getting half the dose? I can't figure it out in my head that they will still get only half the dose. Why are they not getting the same initial dose but for a lesser period of time? I am looking for supporting information to discuss stopping this practice of cutting them in half. Thank you everyone for your feedback.
	FORUM: System Recommendations **TOPIC: Giving NRT to patients**
RT-Jennifer	1/21/2010 11:07:00 AM
	Hi Fatima, Something came to my attention the other day while I was discussing this issue with one of the nurses. For in-patients, even if they bring in over the counter medications , for example tylenol or laxatives, nursing needs a doctors order for the patient to take that medication. Not to confuse matters, but just a thought. I am still looking into this also. Jennifer
	FORUM: System Recommendations **TOPIC: Giving NRT to patients**
Fatima	1/21/2010 1:45:00 PM
	Thanks Jennifer. For our in-patients we write recommend orders, md cosigns and all works well. NRT for in-patients is not an issue. It's the out-patient scenario I wonder about. Are counsellors encouraging patients to purchase their own and finding a way to help those that can't afford it?? Are there programs set up to automatically give NRT, free of charge, in an out-patient setting? If there is, could you contact me??? Thanks Fatima **ffoster@stjoes.ca**
	FORUM: System Recommendations **TOPIC: Giving NRT to patients**
Justine	1/25/2010 4:27:00 PM
	Hi Fatima,

	I work in Nicotine Research at CAMH and I am aware of 2 options available for smokers in the Toronto area who would like to quit using NRT: 1) They can become a client of our Nicotine Dependence Clinic at CAMH and received subsidized pharmacotherapy (NRT, Zyban and Champix) along with counselling. The clinic runs out of both our College St and Queen St locations, the latter which is relatively close to St. Joe's. Here is a link to the clinic information: **http://www.camh.net/About_CAMH/Guide_to_CAMH/Addiction_Programs/Addiction_Medicine_Service/guide_nicotine_dependence.html** 2) The STOP Study is running workshops at our 175 College St. location 1-2 times per month for the next few months. Workshop participants will receive 1 hour of psychoeducation about NRT/behaviour change and a 6-week kit of NRT. To see if they are eligible for the study or to get more information, individuals can leave a message at 416-535-8501 x4455 and one of our staff will call them back. Just a note that we hope to be starting a new study where eligible subjects will be able to receive free Zyban or Champix. Enrollment will be through our website **www.stopstudy.ca** so please check there for updates. Thanks, Justine Research Coordinator, STOP Study, CAMH
	FORUM: System Recommendations **TOPIC: Giving NRT to patients**
Fatima	1/26/2010 11:26:00 AM
	Thank you, Justine... I'm interested in finding out how CAMH worked out funding for NRT. Could someone e-mail me or direct me to a website please? I'd like to look into options for my program. It would be great if my patients could travel to Toronto, but they wouldn't be able to afford the commute. Thanks, Fatima **ffoster@stjoes.ca**
	FORUM: System Recommendations **TOPIC: Giving NRT to patients**
Tamar Meyer	1/27/2010 10:26:00 AM

	Hi Fatima, The websites that Justine mentioned below in her post are the only ones I can think of to refer you to. Funding to support the STOP study was obtained through the Ontario Ministry of Health Promotion. The point you raise is a good one in terms of the of the geographical dispersal of populations who need access to clinics such as the NDC. Existing guidelines (ex: US CPG's) clearly suggest that providing effective, evidence based tobacco dependence treatments (including NRT) should be included as a covered service in public and private health benefit plans. Once CAN-ADAPTT's Canadian-specific recommendations regarding including tobacco dependence treatment as a covered benefit are released, your feedback would be greatly appreciated. Notification will be sent as to when these guidelines will be released.
	FORUM: Medication Recommendations **TOPIC: Combining NRT and Zyban**
Claudia Mariano	2/1/2010 9:02:00 PM
	I took a quick glance at the guidelines for combining smoking cessation therapies, and was pleased to see the recommendation for combining NRT and zyban. As we heard at the conference last week, the issues of combining NRT with other therapies is problematic for health care providers, due to the restrictions in the product monographs. The dissemination of these guidelines will go a long way to reassure practitioners. Hopefully we can see similar guidelines for champix in the future. Claudia Mariano
	FORUM: Medication Recommendations **TOPIC: Combining NRT and Zyban**
sefurey	2/2/2010 10:23:00 AM
	I was wondering if anyone has research to share on the use of nicotine replacement therapy in the surgical population? I work with a team of surgeons who are concerned about using NRT for patients who have had micro-vascular surgery. Comments? Shannon shannon.furey@sunnybrook.ca
	FORUM: Population-level Better Practices **TOPIC: Raising awareness about Smoking in Seniors**
Paige	2/3/2010 10:45:00 AM
	I am planning on leading 2 focus groups within the next couple of weeks. The goal is raise awareness about smoking in seniors. Does anyone have suggestions on questions to ask the group of seniors that do not smoke and the group of seniors that do smoke? Thanks
	FORUM: Specific Populations and Other Recommendations **TOPIC: smoking in seniors**
Paige	2/3/2010 10:48:00 AM

	I am holding 2 focus groups within the next couple of weeks to raise awareness about smoking in seniors. Does anyone have suggestions about particular questions to ask the group of seniors that do not smoke and the group that do? This is a rural community so isolation issues may be a factor.

	FORUM: Specific Populations and Other Recommendations **TOPIC: Pregnant smokers**
Tamar Meyer	2/5/2010 10:39:00 AM
	Please click the link below for a powerpoint presentation entitled: "Helping pregnant smokers stop smoking" given at a recent smoking cessation workshop offered by the Registered Nurses Association of Ontario: **http://can-adaptt.net/File/RNAO+PRESENTATION+Jan+2010.pdf** For more information on the RNAO's best practice guideline on smoking cessation, please visit: **http://www.rnao.org/Page.asp?PageID=924&ContentID=802**

	FORUM: Medication Recommendations **TOPIC: Combining NRT and Zyban**
Tamar Meyer	2/9/2010 11:30:00 AM
	Hi Shannon, Here's an article called "Impact of Nicotine Replacement Therapy on Postoperative Mortality Following Coronary Artery Bypass Graft Surgery" **http://www.theannals.com/cgi/content/abstract/43/7/1197** **OBJECTIVES:** To ascertain the impact of NRT on in-hospital mortality following coronary artery bypass graft (CABG) surgery. **METHODS:** This was a retrospective matched cohort pilot studyin a 22-bed cardiothoracic surgery ICU. Patients prescribed transdermal NRT after CABG were randomly selected and matched to current smokers not prescribed NRT according to Acute Physiology and Chronic Health Evaluation II scores (N = 134). Data on comorbid conditions and pack-year history were also obtained. To compare these patients with nonsmoking patients, a larger unmatched population was also evaluated. The total number of patients prescribed NRT, current smokers not prescribed NRT, and nonsmokers who were evaluated in our study was 2057. **CONCLUSIONS:** The use of NRT in a postoperative CABG surgery population resulted in a significant increase in mortality when adjusted for baseline characteristics. Patients receiving NRT after off-pump cardiac surgery may be particularly susceptible. Additional evaluation in large patient cohorts with prospective controlsis warranted

	FORUM: System Recommendations **TOPIC: Ottawa Model: Smoking cessation for hospitalized smokers**
Tamar Meyer	3/5/2010 11:48:00 AM
	A network member inquired about accessing the Ottawa Model evaluation article called "Smoking cessation for hospitalized smokers: An evaluation of the Ottawa Model". This can be found online at:

	http://www.telask.com/pdf/Reid_NicTobRes_2009.pdf
	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: `Alternative´ smoking cessation interventions**
Tamar Meyer	3/5/2010 2:18:00 PM
	Hello everyone, I recently received an email from a member who said that she searched the CAN-ADAPTT website for recommendations, abstracts or evidence-based research regarding the use of hypnotherapy and laser therapy for smoking cessation and couldn't find any references. Two Cochrane reviews regarding acupuncture, acupressure, laser therapy or electrostimulation see:**http://www.cochrane.org/reviews/en/ab000009.html** and hypnotherapy, see:(**http://www.cochrane.org/reviews/en/ab001008.html** both did not find enough good/consistent evidence to show whether or not these interventions can help people trying to quit smoking, and in the case of laser/acupuncture, identify that methodological problems meant that no firm conclusions can be drawn. Thoughts? Comments?
	FORUM: System Recommendations **TOPIC: cessation benefits for staff**
margie	3/10/2010 2:28:00 PM
	I'm interested to know what kinds of cessation benefits health organizations (eg. hospitals, public health units, regional health authorities) offer to their staff (eg. cessation medication reimbursement for staff +/- family; reimbursement for cessation counseling; employee assistance programming; quit groups) - if yes, what are the costs to the organization?
	FORUM: Counseling and Psychosocial Recommendations **TOPIC: Question about readiness rulers**
Justine	3/17/2010 12:02:00 PM
	Hi, This is a question from a Nurse Practitioner who works at a Community Health Centre. Any recommendations or references would be much appreciated. "In best practice, when are the 'rulers' used to measure motivation and confidence? Initally and at what intervals?"
	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: Alcohol and Tobacco Interventions in Primary Care Settings**
Stephanie Sliekers	3/23/2010 2:24:00 PM
	This forum can be used as a way of keeping in touch with other health professionals who attended the *Alcohol and Tobacco Interventions 101* training on March 10th and 25th, as well as the wider CAN-ADAPTT network. We will update this discussion to include questions posed after the March 10th session, as well as questions

	we receive after March 25th. Please feel free to post any clinical questions or comments to share with your colleagues.
	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: Alcohol and Tobacco Interventions in Primary Care Settings**
Stephanie Sliekers	3/24/2010 1:11:00 PM
	Here are some Questions & Answers that were brought up by participants and site facilitators from Day One of the training. Please feel free to add a comment or suggestions by "replying" to this post.
	FORUM: Population-level Better Practices **TOPIC: Raising awareness about Smoking in Seniors**
Tamar Meyer	3/24/2010 4:02:00 PM
	Hi Paige, Thanks for you question regarding seniors and smoking and thank you for pointing out this gap in guidelines. Addressing smoking in older adults is an important area for continued research and is a greatly underserved population. Does anyone know of any research on seniors and smoking cessation?
	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: Alcohol and Tobacco Interventions in Primary Care Settings**
Stephanie Sliekers	3/24/2010 5:54:00 PM
	Q: The Single Item screening tool scoring. Is it truly an answer of “more than 1 identifies unhealthy alcohol use”? While this seems like a simple tool to use, it seems it might indicate a lot of people could potentially be identified as having “unhealthy alcohol use”. I find it hard to believe that the person who has 2 incidents in a year is automatically categorized as having “unhealthy alcohol use”. Does this test really target people who are at risk where alcohol is concerned? A: Since alcohol-use disorders are highly under-diagnosed in primary care settings, a single-item measure that inquires about alcohol use can be an efficient way of determining a patient’s drinking status. These single-item questionnaires may be a good starting point with clients, as they are designed to have high-sensitivity and specificity, and have been consistently validated as an effective method of screening (i.e. Smith et al., 2009). Sensitivity of this measure for unhealthy alcohol use has been recently measured at 81.8%, and for alcohol abuse or dependence it has been measured at 87.9% (Smith et al., 2009). A consequence of the high sensitivity of single-item measures is that they may yield a false positive, meaning a person who scores “1 or more” and therefore is classified as being an “at-risk” drinker, similar to a woman who may have had 4 or more drinks on one occasion within the year, and otherwise drinks modestly. Interpretation of the scoring is at your discretion given all the history you may have on a patient. To more clearly decipher whether there is a true problem or not, the NIAAA Clinician’s Guide recommends following up a positive result (of problematic alcohol use) with another measure such as the AUDIT or ASSIST, as we discussed in Day 1 of this course. Also, you may follow-up with further questions using the algorithm in their “Pocket Guide for Alcohol Screening and Brief Intervention”. Many clinicians may find that single-question tests are an important tool because they allow for brief screening and intervention of alcohol use in busy settings such as walk-in clinics, hospitals, etc. where the question of “do you drink” usually goes unasked.

	References: Smith PC, Schmidt SM, Allensworth-Davies D, Saitz R. (2009). Primary care validation of a single-question alcohol screening test. Journal of General Internal Medicine, 24(7): 783-788. NIAAA Pocket Guide for Alcohol Screening and Brief Intervention: http://pubs.niaaa.nih.gov/publications/Practitioner/PocketGuide/pocket.pdf

	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: Alcohol and Tobacco Interventions in Primary Care Settings**
Stephanie Sliekers	3/24/2010 5:55:00 PM
	Q: When patients are addressing multiple issues, ie. criminal charges, social services, how do you get them to talk about alcohol and tobacco use? If the client doesn't identify it as a problem, how do you get them talking about it? A: In Day 2 we will be discussing Motivational Interviewing techniques that can be excellent starting points for deciding with your client what your agenda will look like together. Perhaps they have never considered their alcohol or tobacco use as an issue, and that's why they don't bring it forward in a visit. Asking permission to discuss these issues is key, and even asking about their alcohol and tobacco use may get clients to start thinking about their use. There is a growing body of evidence that says that addressing alcohol and tobacco concurrently, even given other competing priorities, can be very effective. Links to some tips on introducing the idea of talking about alcohol or smoking: http://knowledgex.camh.net/primary_care/toolkits/addiction_toolkit/alcohol/Pages/faq_brief_advice_atrisk.aspx#quickly Q: What if your patient doesn't want to address both behaviours simultaneously? A: We will discuss this further today in Day 2 when we talk about Motivational Interviewing, but in general the client is in charge of how they govern their behaviour, and they will ultimately decide what they are ready for in terms of tackling both alcohol and tobacco at the same time. You can help clients with this using the "elicit-provide-elicit" framework we will discuss shortly.

	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: Alcohol and Tobacco Interventions in Primary Care Settings**
Stephanie Sliekers	3/24/2010 5:55:00 PM
	Q: Do you know of any brochures to give to patients that have positive messages about quitting/reducing smoking/alcohol. It seems we are overwhelmed with negative messaging but don't have a lot of positive messages to send patients away with. A: There is indeed evidence that positive messages in comparison to negative messages are more motivating in terms of changing behaviour. A study was done with callers to a Smoking Quitline in New York, where a group who received gain-framed positive messages had an increased cessation rate compared those who received standard messages (Toll et al., 2010). However, this effect disappeared after the 3-month follow-up mark where the rates for both groups became similar. Therefore, positive messages may be initially motivating in assisting patients to address their smoking. Similarly, this same effect was found for alcohol, where there was increased short-term alcohol reduction among college students who received gain-framed messages instead of loss-framed messages (Gerend & Cullen, 2008). The effect of gain-framed (e.g. the benefits of quitting smoking or alcohol) and loss-framed messages (e.g. the costs of continuing to smoke or drink) depend on the health behaviour in question, and on gender. For women, studies have found that there is more uncertainty associated with the "risk" of quitting smoking, and women with low perceptions of risk may respond more to gain-framed messages in the short-term.

	Examples of gain-framed and factual alcohol and tobacco cessation literature are: • Canadian Cancer Society: For Smokers Who Don't Want to Quit o **http://www.cancer.ca/~/media/CCS/Canada%20wide/Files%20List/English%20files%20heading/Library%20PDFs%20-%20English/osaat-dont_want_to_quit_en_nov2009.ashx** • CAMH: Do you know tobacco? o **http://www.camh.net/About_Addiction_Mental_Health/Drug_and_Addiction_Information/tobacco_dyk.pdf** • CAMH: Check Your Drinking o **http://www.checkyourdrinking.net/cyd/CYDScreenerP1_0.aspx** References: Gerend MA, & Cullen M. (2008). Effects of message framing and temporal context on college student drinking behaviour. Journal of Experimental Social Psychology, 44 (4): 1167-1173 Toll BA, Martino S, Latimer A, Salovey P, O'Malley S, Carlin-Menter S, Hopkins J, Wu R, Celestino P, & Cummings M (2010). Randomized trial: Quitline specialist training in gain-framed vs standard care messages for smoking cessation. J Natl Cancer Inst, 102: 96-106.
	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: Alcohol and Tobacco Interventions in Primary Care Settings**
Stephanie Sliekers	3/24/2010 5:56:00 PM
	Q: How often do you ask patients when they come in to your clinic about smoking and alcohol consumption? With every visit? A: This will depend on your setting. If it's a walk-in clinic or emergency room, patients should be asked about their smoking and drinking with each visit. If it's a family health practice, then you should aim for at least once a year. It will also depend on a client's health history; if they have alcohol-related health issues such as liver disease then you should ask with each visit. If cessation or reduction of smoking/alcohol is something discussed in the past and it has been flagged as a problem, patients should be asked about their readiness to quit with each visit. Q: What is the practical application of figuring out "pack years" of smoking? In other words, is there a decision tree / guideline for interventions depending on what the number will turn out to be? A: Knowing a patients' pack-year smoking history can be useful when determining their risk for certain diseases. Typically, people are diagnosed with COPD when they are over 40 and when there is at least a 20 pack-year history. For example, someone who smokes 40 cigarettes per day and has smoked for 10 years would have a 20 pack-year history; or someone who has smoked 20 cigarettes per day for 20 years. It is generally recommended that people are tested with spirometry when they are over 40 regardless of smoking status, as there can be other causes to COPD (although smoking is a highly significant cause). Lung cancer is increased with even a 10 pack-year history, but is more common with a 30 pack-year history. Information about cigarettes per day or pack year can also be useful when discussing NRT options, please see the below algorithm. References: Algorithm for prescribing NRT based on cigarettes per day: **http://hwmaint.tobaccocontrol.bmj.com/cgi/content/full/18/1/34/CLU18010034T03** Barnes PJ. Managing Chronic Obstructive Pulmonary Disease. London, England: Science Press Ltd; 1999. Gershon AS, Wang C, Wilton AS, Raut R, To T. (2010). Trends in chronic obstructive pulmonary disease prevalence, incidence, and mortality in Ontario, Canada,

	1996 to 2007: A population-based study. Arch Intern Med., 170(6): 560-565.

	FORUM: Population-level Better Practices **TOPIC: Dr. Stanton Glantz´s presentation: Innovative Approaches to Harm Reduction**
Katie Hunter	3/30/2010 10:21:00 AM
	Hi all, We have now posted Dr. Stanton Glantz's presentation from the OTRU-CAN-ADAPTT Special Tobacco Control Breakfast Seminar on March 5th, 2010. The presentation can be found under Resources -> Related Links -> Other Resources or via the following link: **www.can-adaptt.net/file/Stan+Glantz-+Innovative+Approaches+to+Harm+Reduction.pdf**

	FORUM: Medication Recommendations **TOPIC: NRT and champix**
Claudia Mariano	4/4/2010 3:12:00 PM
	Can anyone comment on their experience using champix and NRT, if this is indeed being done? With champix being a partial nictoine agonist, would this combination be successful?

	FORUM: Medication Recommendations **TOPIC: NRT and champix**
Tamar Meyer	4/6/2010 11:44:00 AM
	Hi Claudia, Wajid Ahmed, a Clinical Fellow here at the Nicotine Dependence Clinic, CAMH, asked me to post this on his behalf: Hi, As far as my information is concerned, none of the physicians at the Nicotine Dependence Clinic have tried to use the combination of Champix with NRT. We are not sure how the combination will work. Champix works in two opposite ways: it is a weak nicotine receptor agonist and it also blocks nicotine from getting to the receptor because it binds more tightly to the receptor. In theory, even if nicotine is present it wont attach to these receptors and wont make any difference in the quitting process. However, because Champix takes atleast 1-2 weeks to reach optimal blood level it is thought that NRT can be used to speed up the quitting process rather than waiting for another 1-2 weeks to quit smoking completely but as of now there is no research evidence to suggest that it is safe and it works. If i can recall correctly, Pfizer is running a similar trial to see if combining NRT with Champix can provide better results and whether it is safe to use the combination. I will wait until some preliminary results shows that the combination is safe. Wajid

	FORUM: Counseling and Psychosocial Recommendations **TOPIC: Case Scenario ~ Recommendations Requested**
Nicoletta	4/7/2010 10:35:00 AM
	Hello I have a situation related to smoking/tobacco use which I would like to ask for feedback/opinions and/or critical thinking on. I work in an acute inpatient psychiatric unit. We have recently moved hospital sites and implemented a policy which protects our staff and clearly states there are to be no staff escorts for patients. Though there are numerous ups and downs we have a specific patient who is compromised both mentally and physically. This patient can also be quite violent. She focuses on smoking as 'her only enjoyment' and we have yet to find something which can occupy her time. She has Huntingtons Chorea and is currently awaiting placement, so she will be a patient of ours for some time yet. Staff have been compromising both their safety and hers to take her to smoke and I feel we need another focus. Most of the *Quit Smoking* activities cannot be done by her as she does not have the capacity. I'm hoping for any suggestions or venues which I can pursue to occupy her time, to assist staff who are having difficulty with this situation, etc. Thank you

	FORUM: Specific Populations and Other Recommendations **TOPIC: Case Scenario ~ Recommendations Requested**
Nicoletta	4/7/2010 10:35:00 AM
	Hello, I have a situation related to smoking/tobacco use which I would like to ask for feedback/opinions and/or critical thinking on. I work in an acute inpatient psychiatric unit. We have recently moved hospital sites and implemented a policy which protects our staff and clearly states there are to be no staff escorts for patients. Though there are numerous ups and downs we have a specific patient who is compromised both mentally and physically. This patient can also be quite violent. She focuses on smoking as 'her only enjoyment' and we have yet to find something which can occupy her time. She has Huntingtons Chorea and is currently awaiting placement, so she will be a patient of ours for some time yet. Staff have been compromising both their safety and hers to take her to smoke and I feel we need another focus. Most of the *Quit Smoking* activities cannot be done by her as she does not have the capacity. I'm hoping for any suggestions or venues which I can pursue to occupy her time, to assist staff who are having difficulty with this situation, etc. Thank you

	FORUM: Counseling and Psychosocial Recommendations **TOPIC: Case Scenario ~ Recommendations Requested**
Ann	4/8/2010 1:52:00 PM
	How far along is her Huntington's can she use her hands to say hold a needle and thread? My clients really enjoy rug hooking kits available at very low cost at big box stores. They are very easy to use, larger needle .....also they like to knit (harder to learn) they like working on journals pasting magazine photos and writing about quitting smoking...they like painting boxes (dollar store) and putting in everything that they want to help them get through quitting such as quotes, books, gum ,, stress balls, toothpaste,mints etc.....They like making self care kits bath bombs , lotion , body scrubbers (all from dollar type stores) for when they are really

	stressed out and want to soak in a tub or take a shower, nail care kits are fun to put together .....it takes time to do your nails and may overcome the urge to smoke.....And last but not l east they love scrap booking. Again stuff all available at dollar type stores. I hope she is able to do some of these things.....
	FORUM: Counseling and Psychosocial Recommendations **TOPIC: Case Scenario ~ Recommendations Requested**
Ann	4/8/2010 2:25:00 PM
	How far along is her Huntington's can she use her hands to say hold a needle and thread? My clients really enjoy rug hooking kits available at very low cost at big box stores. They are very easy to use, larger needle .....also they like to knit (harder to learn) they like working on journals pasting magazine photos and writing about quitting smoking...they like painting boxes (dollar store) and putting in everything that they want to help them get through quitting such as quotes, books, gum ,, stress balls, toothpaste, mints etc.....They like making self care kits bath bombs , lotion , body scrubbers (all from dollar type stores) for when they are really stressed out and want to soak in a tub or take a shower, nail care kits are fun to put together.....it takes time to do your nails and may overcome the urge to smoke.....And last but not least they love scrap booking. Again stuff all available at dollar type stores. I hope she is able to do some of these things.....
	FORUM: System Recommendations **TOPIC: Validated staff survey**
sefurey	4/13/2010 9:39:00 AM
	Hi I am searching for a validated staff survey on smoking cessation practices? I am wondering if anyone knows of one? Thanks Shannon
	FORUM: Prevention & Population-level Interventions **TOPIC: CMAJ article on impact of smoking bans**
Katie Hunter	4/13/2010 3:29:00 PM
	Hi all, The following article has been published in the current issue of the CMAJ: **Association of anti-smoking legislation with rates of hospital admission for cardiovascular and respiratory conditions** (http://www.cmaj.ca/cgi/content/abstract/cmaj.091130v1?ijkey=42163d2062f17a862c79783d1af78dc658b3c3f6&keytype2=tf_ipsecsha) The results demonstrate a decrease in hospital admission rates because of cardiovascular disease and respiratory conditions during the period of the smoking ban in Toronto restaurants. These findings supports the need for legislation to reduce exposure to environmental smoke. The current version (1.0) of CAN-ADAPTT's guidelines address reducing environmental smoke in *Section III: Prevention & Population-level Interventions.* ***Section IIIC: Reducing Environmental Tobacco Smoke***

	SUMMARY: *1. Smoking bans and restrictions (Recommended - Strong Evidence)* *i. Smoking bans and restrictions are policies, regulations, and laws that limit smoking in workplaces and other public areas.* *ii. Smoking bans prohibit smoking entirely; smoking restrictions limit smoking to designated areas* *2. Community education to reduce exposure to environmental tobacco smoke in the home (Recommended - Insufficient Evidence)* If you would like to contribute to the revision of the Population-level section of CAN-ADAPTT's guidelines, please contact us (**can_adaptt@camh.net**) for more information about our upcoming guideline revision meeting (Fall 2010).
	FORUM: System Recommendations **TOPIC: Validated staff survey**
Tamar Meyer	4/14/2010 11:57:00 AM
	Hi Shannon, I don't know of any validated staff surveys but here are a couple of articles that may be useful... "Implementing guidelines for smoking cessation advice in Australian general practice: opinions, current practices, readiness to change, and perceived barriers" **http://fampra.oxfordjournals.org/cgi/content/full/18/1/14** and, "A population-based survye of physician smoking cessation counselling practices" **http://www.ncbi.nlm.nih.gov/pubmed/9808804** Let us know if you find one...
	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: CAN-ADAPTT´s Research Agenda Survey**
Janet Ngo	4/14/2010 5:03:00 PM
	Hi everyone, The CAN-ADAPTT team is compiling a Research Agenda and is seeking feedback from the network. If you haven't already, please take 5 minutes to complete our survey at this link: **http://www.surveymonkey.com/s/L7B395L** We're interested in hearing what you think are knowledge or research gaps for tobacco use cessation in Canada. We plan to integrate results from the survey into our Research Agenda, which we will share with the network. Thank you for participating!
	FORUM: Counseling and Psychosocial Recommendations **TOPIC: Stats on interventions**
sefurey	4/20/2010 4:24:00 PM

	I am wondering if anyone has a good article to suggest where I can find a summary of the sucess of the various interventions for quitting. Thanks Shannon
	FORUM: Counseling and Psychosocial Recommendations **TOPIC: Stats on interventions**
ss	4/21/2010 11:36:00 AM
	Hi Shannon, "Effectiveness of smoking cessation interventions among adults: a systematic review of reviews" (published in European Journal of Cancer Prevention, 2008) provides a review of evidence for the effectiveness for several smoking cessation interventions. The authors based their review on all published systematic reviews and meta-analyses, such as Cochrane reviews. I've pasted a link to the abstract below, I hope you find it helpful...if you need more help feel free to contact me. **http://www.ncbi.nlm.nih.gov/pubmed/18941375** Sabrina Voci, M.A. Research Coordinator Nicotine Dependence Clinic, CAMH
	FORUM: Medication Recommendations **TOPIC: Wellbutrin and Champix**
Tish	4/29/2010 11:33:00 AM
	A question regarding a 69 yr old with strong hx of depression who wishes to quit smoking. Her mum died @ 42 from lung cancer & 3 sisters have also died with lung cancer. She has COPD. Has failed with NRT in the past. Going through a marital breakdown. Significant depression after first marital breakdown 10 yrs. Does not want a relapse. She is on Wellbutrin and Celexa (both for depression). Motivated to quit smoking but has low confidence. Our NP wishes to start her on Champix & have her follow up with me for counselling. Could you address this combination of medications & what her follow up should be. I have unlimited time to spend with her and we do have a social worker who could see her. Any help with this would be appreciated. Tish
	FORUM: Medication Recommendations **TOPIC: Nicotine patch and dosing**
Tamar Meyer	5/6/2010 10:45:00 AM
	Hi everyone, We received the following question from a practitioner regarding the nicotine patch: "What is your position on the various packaging of the NRT patch. The usual Nicoderm packaging with usual dosage is still available, but recently, Nicoderm also introduced new combination therapy which combines the nicotine patch and gum. However in this new combo, the nicotine patch does not have the same dosage; they come in 15mg, 10mg and 5mg and the product monograph indicates to only use for 16 hrs vs 24hrs?"

	FORUM: Medication Recommendations **TOPIC: Nicotine patch and dosing**
Peter Selby	5/6/2010 10:49:00 AM
	Hi everyone, The new patch is the Nicorette patch in doses of 15mg, 10mg and 5mg. These are 16 hour patches and have health Canada approval for combinated with up to 10 pieces of nicorette gum 2mg per day. So it is not off label in Canada. This just helps our off label use which uses the 24 hour patch that delivers 21mg, 14mg or 7mg and we use doses of immediate release products (gum, lozenge, inhaler) in 2 and 4mg doses where available. Thanks, Peter

	FORUM: Counseling and Psychosocial Recommendations **TOPIC: cessation group evaluation methods/tool**
Paige	5/8/2010 8:03:00 PM
	We are developing a 6 week smoking cessation group program at our community health centre. Does anyone know of a valid evaluation tool for a group smoking program? Thanks

	FORUM: Counseling and Psychosocial Recommendations **TOPIC: cessation group evaluation methods/tool**
Sabrina Voci	5/11/2010 11:40:00 AM
	Hi Paige, I'm not aware of any validated or standard smoking cessation group evaluation. I can though give you an overview of some things we ask currently at the Nicotine Dependence Clinic at CAMH. We do use both a baseline survey and a survey at the final session so we can measure changes over time. The primary outcome is smoking behaviour, so we ask: Are they currently smoking: daily, occasionally, or not at all Quit status: whether they have smoked (not even a puff) in the last 7 days (7-day point prevalence) Number of cigarettes per day (this allows you to assess reduction in # of cigarettes as an outcome in addition to quit rates) How many days since their last cigarette The longest # of days during that time period (6 weeks) that they did not smoke # of quit attempts (defined as not smoking for at least 24 hours) during that time period If not quit at that point, do they intend to quit within the next month, 6 months, etc. (Stage of Change) In addition, we assess motivation using 10-point readiness rulers (Miller & Rollnick), including how confident they are that they can quit and how important it is to quit.

	At the final survey we ask those who quit or reduce smoking what benefits they have noticed, if any, such as more money, breathe easier, more energy, etc. Additional questions can be added to assess satisfaction with the group, such as how effective or helpful they found the group facilitator, whether they would recommend the group to others, overall satisfaction with the group, etc. Questions may also address perceived benefits of having participated in the group such as increased knowledge, increased confidence, developing relapse prevention skills, etc. I hope this has been helpful, I'm happy to provide you with more information if needed. Sabrina Voci, M.A. Research Coordinator Nicotine Dependence Clinic Centre for Addiction and Mental Health
	FORUM: Medication Recommendations **TOPIC: NRT and counseling**
Tamar Meyer	5/11/2010 2:11:00 PM
	Hello, this question came from Patti, a public health nurse. Hello - We are looking for some information regarding relapse rates for smokers using the nicotine patch. In addition are there any stats or guidelines regarding when a person should be readmitted into a smoking cessation program? We have clients who complete our 8 week program, relapse when they finish and then contact us to come back into the program. Is it best (evidence wise) for them to be right back in or should there be a waiting period? Any help regarding this would be greatly appreciated. Patti, here at the NDC, clients can come back at any time after a relapse - there is no waiting period. I am not aware of any recommendations regarding clients re-entering SC programs using NRT. Anyone else aware of research/best practices related to this topic?
	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: Cold Laser Therapy**
RT-Jennifer	5/20/2010 10:03:00 AM
	HI All, I am asking for some assistance regarding cold laser therapy. I am getting alot of questions about it from my clients and as all the ads claim to be 95-98% effective, I would like to have some information for myself. I have 'google' searched *cold laser therapy for smoking cessation* and of couse find all the product sales reviews. I understand that the theory is that the cold laser

	stimulates acupunture points to release endorphins that will help to fight the craving effects...as they claim! I would love to have some feedback from everyone out there. Thanks, Jennifer Woodbeck COPD Education clinic Thunder Bay, Ontario
	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: Cold Laser Therapy**
Tamar Meyer	5/20/2010 1:01:00 PM
	Hi Jennifer, Here is a **link** to another discussion board post regarding laser treatments for SC. It includes a reference to a Cochrane reviews regarding laser therapy. But like Jennifer, I would welcome feedback from other members.
	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: CAN-ADAPTT´s Research Agenda Survey**
Janet Ngo	5/31/2010 11:30:00 AM
	Hello again, The research agenda survey results are in! Thanks to all who participated with their feedback. The top 3 prioritized areas for further research, as selected by respondents are: 1.Combination therapy; 2. People making repeat attempts to quit; and 3. Children and adolescents. Click **here** to view the summary of results. To follow-up, we've scheduled regional web conferences to share results and get additional feedback. If you haven't yet participated in the development of CAN-ADAPTT's practice-informed research agenda, we encourage you to join us. Please let us know if you are interested in attending by **emailing** us. The web conference schedule is as follows: Western Canada:**Tuesday, June 22nd**, 2010, 9-10am (Pacific), 10-11am (Mountain), 11am-12pm (Central) Ontario: **Monday, June 14th, 2010**, 1pm-2pm EST Atlantic Canada: **Tuesday June 22nd,** 11am-12pm (Atlantic), 11:30am-12:30pm (Newfoundland) Hope to talk to you during these web conferences!
	FORUM: Clinical Approaches to Tobacco Control: Reference Guidelines **TOPIC: CAN-ADAPTT´s Research Agenda Survey**
Janet Ngo	6/15/2010 5:21:00 PM

	Hi everyone, Take a look at CAN-ADAPTT's draft research agenda! One of the goals of the CAN-ADAPTT project is to develop a research agenda in key areas of smoking cessation that bridges the gaps between clinical practice, research and theoretical frameworks. Using a number of sources, the CAN-ADAPTT team compiled these gaps and prioritized them according to input from the network. Click **here** to view the research agenda (also available on the bottom of the *Wiki CPG* page; under *Resources* menu). We look forward to receiving more of your input on smoking cessation research in Canada!
	FORUM: Specific Populations and Other Recommendations **TOPIC: Launch of version 2.0: Specific Populations - Pregnant and Breastfeeding Women**
Katie Hunter	6/24/2010 12:27:00 PM
	CAN-ADAPTT has now launched **version 2.0 of the "Specific Populations: Pregnant and Breastfeeding Women"** section of the guideline. We invite feedback from network members on this new section of the guideline via the discussion board. Please **reply to this post** to comment on the applicability and usability of this section, suggest additional tools and resources, and help to identify any gaps in knowledge. You'll need to log-in in order to reply to this post. If you have forgotten your CAN-ADAPTT password, click **here**, or if you are not yet a member, please click **here** to sign up to the CAN-ADAPTT network. We look forward to hearing from you!
	FORUM: Specific Populations and Other Recommendations **TOPIC: Launch of version 2.0: Specific Populations - Youth**
Janet Ngo	6/24/2010 3:47:00 PM
	CAN-ADAPTT has launched **version 2.0 of the "Specific Populations: Youth"** section of the guideline. We invite feedback from you, our network members, on this revision via the discussion board. Please **reply to this post** to comment on the applicability and usability of this section, suggest additional tools and resources, or to help identify any gaps in knowledge. You'll need to log-in in order to reply to this post. If you have forgotten your CAN-ADAPTT password, please email us (at: **can_adaptt@camh.net**), or if you are not yet a member, please click **here** to sign up to the CAN-ADAPTT network. We look forward to hearing your feedback!

	FORUM: Specific Populations and Other Recommendations **TOPIC: Case Scenario ~ Recommendations Requested**
TLC	6/28/2010 2:04:00 PM
	It sounds like a challenging situation that you are faced with. Is there the option of providing the patient with pharmacotherapy, such as Nicotine Replacement therapy to help her to deal with the physical cravings. I also wonder if she has the option to receive one on one support, regardless of how brief to help her adjust to the changes in the hospital. I hope that this helps as a start.

	FORUM: Specific Populations and Other Recommendations **TOPIC: Launch of version 2.0: Specific Populations - Pregnant and Breastfeeding Women**
Oscar	7/14/2010 3:58:00 PM
	(cont'd from previous post…) For more information, you may be interested in some of our publications related to fathers who smoke: Bottorff, J.L., Oliffe, J., Kelly, M.T., Greaves, L., Johnson, J.L., Ponic, P., & Chan, A. (2010). Men's business, women's work: Gender influences and fathers' smoking. *Sociology of Health and Illness*, 32. 583-596. Oliffe, L., Bottorff, J. L., Johnson, J.L., Kelly, M. T. & LeBeau, K. (2010). Fathers: Locating smoking and masculinity in the post partum. *Qualitative Health Research*, 20(3), 330-339. Johnson, JL., Oliffe, J, Kelly, MT., Bottorff, JL., Le Beau, KT. (2009). The readings of smoking fathers: A semiotics analyses of tobacco cessation images. *Health Communication*, 24(6), 532-547. Bottorff, J.L., Radsma, J., Kelly, M., & Oliffe, J. (2009). Fathers' narratives of reducing and quitting smoking. *Sociology of Health and Illness*, 31(2), 185-200. Oliffe, J., Bottorff, J.L., Kelly, M., & Halpin, M. (2008). Analyzing participant produced photographs from an ethnographic study of fatherhood and smoking. *Research in Nursing and Health Research*, 31, 529-539. Oliffe, J.L., & Bottorff, J.L. (2007). Further than the eye can see? Photo elicitation and research with men. *Qualitative Health Research*, 17(6), 850-858. Bottorff, J. L., Oliffe, J., Kalaw, C., Carey, J., & Mroz, L. (2006). Men's constructions of smoking in the context of women's tobacco reduction during pregnancy and postpartum. *Social Science & Medicine*,62, 3096-3108.

	FORUM: Specific Populations and Other Recommendations **TOPIC: Launch of version 2.0: Specific Populations - Pregnant and Breastfeeding Women**
Oscar	7/14/2010 3:59:00 PM
	In reviewing the CAN-ADAPTT smoking cessation guidelines for **Specific Populations: Pregnant & Breastfeeding Women,** we were very pleased to note the inclusion of an electronic download of our *Couples and Smoking: What you need to know when you are pregnant* booklet in your resource section. Thank you. Further to your summary statement #4, which states that partners, friends and family members should also be offered smoking cessation interventions, we would like to suggest the inclusion of a new resource for expectant and new fathers that we launched this past Father's Day: The Right Time...The Right Reasons...Dads talk about Reducing and Quitting Smoking.

	This booklet is an innovative approach to behaviour change for new and expectant fathers who want to become smoke free. When men reduce and quit smoking, they not only increase their own well-being, but support women's tobacco reduction efforts during pregnancy and the postpartum period, and provide smoke free environments for children. This booklet focuses on smoking as part of masculine identity and the desire to change behaviour when men become fathers. The quotes in the booklet are based on the direct experiences of expectant and new fathers who smoke or have recently quit and reveal their thoughts about the challenges of being an expectant or new dad who smokes. Fathers who smoke have told us that becoming a dad is a significant transition time that influences many dimensions of their lives, including their attitudes to smoking. Many new fathers find that they become uncomfortable with their smoking and want to reduce or quit as a way to be a good dad and role model. The composition and content of this booklet encourages men to consider the advantages of being a dad who does not smoke and to take that first step on the journey to become a smoke-free dad. To support men's desire for autonomous decision making, various options and resources to support smoking cessation are included. Our research suggests that it is important to talk directly with expectant and new fathers who smoke, rather than providing interventions through their partners.
	FORUM: Specific Populations and Other Recommendations **TOPIC: Launch of version 2.0: Specific Populations - Pregnant and Breastfeeding Women**
Katie Hunter	7/20/2010 3:34:00 PM
	Thanks Gayl, for your feedback and for suggesting this additional resource. The self-help booklet, ***Dads talk about Reducing and Quitting Smoking*** is now included in CAN-ADAPTT's guideline section: "**Specific Populations: Pregnant & Breastfeeding Women**".
	FORUM: Specific Populations and Other Recommendations **TOPIC: Launch of version 2.0: Specific Populations - Pregnant and Breastfeeding Women**
Pattio	7/26/2010 10:34:00 AM
	I am currently reviewing the Specific Populations; Pregnant and Breastfeeding Women and I am wondering what is involved in the "risk-benefit assessment"? We have a Quit Clinic here staffed by RNs using medical directives and currently do not offer any NRT "off label". If intermittant NRT is used (inhaler, gum, lozenge)is it only under the direct supervision of a physician or NP?
	FORUM: Specific Populations and Other Recommendations **TOPIC: Launch of version 2.0: Specific Populations - Pregnant and Breastfeeding Women**
AOrdean	8/3/2010 9:28:00 AM
	Hello, The decision analysis for using NRT during pregnancy should take into consideration the following risks and benefits:

	- risks of continued smoking as outlined in the table on negative outcomes associated with smoking during pregnancy versus benefits of quitting - risks of NRT vs. benefits of NRT use to help with smoking cessation There is limited evidence on harms associated with the use of NRT during pregnancy. Two prospective studies found no adverse maternal or fetal effects from the use of nicotine patch during pregnancy; however, one recent study demonstrated potential association between NRT and congenital defects. This data cannot support or exclude this association between first trimester NRT use and an increased risk of congenital defects due to several methodological issues. Therefore, until further information is available, the risks and benefits of smoking versus the use of NRT during pregnancy must be considered when counselling about smoking cessation options. Thanks, Alice Ordean, MD, CCFP, MHSc (Guideline Development Group section lead: Pregnancy and Breastfeeding)
	FORUM: Medication Recommendations **TOPIC: Schizophrenia and smoking**
Tamar Meyer	8/4/2010 11:46:00 AM
	Hi Margaret, A recent Cochrane review: "Interventions for smoking cessation and reduction in individuals with schizophrenia" (click **here** for full text), came to the following conclusions: “Bupropion increases smoking abstinence rates in smokers with schizophrenia, without jeopardising their mental state. Bupropion may also reduce the amount these patients smoke. Cognitive reinforcement may help this group of patients to quit and reduce smoking. We failed to find convincing evidence that other interventions have a beneficial effect on smoking behaviour in schizophrenia.”
	FORUM: Specific Populations and Other Recommendations **TOPIC: Smoking cessation treatment for populations with psychiatric and addictions comorbidity**
Tamar Meyer	8/16/2010 11:25:00 AM
	Please find below the link to a recently published article called: “Individualized smoking cessation treatment in an outpatient setting: Predictors of outcome in a sample with psychiatric and addictions co-morbidity” published in Addictive Behaviours. http://www.ncbi.nlm.nih.gov/pubmed/20488624 Objective: Patients with psychiatric disorders have higher rates of smoking and greater difficulty quitting smoking. However, few studies have compared patients with schizophrenia or schizoaffective disorders to patients with other psychiatric diagnoses without psychosis, addressing ability to quit and differences in treatment characteristics. Results: There were no significant differences between groups for end-of-treatment quit rate or significant reduction (≥50%) in cigarettes per day. Patients with schizophrenia made significantly more visits to the clinic and were in treatment for a longer period of time. A greater number of individual treatment sessions and being

	male were the most significant predictors of cessation. Conclusion: Patients with schizophrenia were as likely to quit smoking as a comparison group of patients with a high rate of other psychiatric comorbidities without psychosis. Findings suggest treatment success in this population requires an extended number of clinic visits, group therapy, and possibly higher doses of nicotine replacement.
	FORUM: Counseling and Psychosocial Recommendations **TOPIC: Smoking Cessation Counseling via Phone and Online mediums**
Janet Ngo	8/18/2010 12:13:00 PM
	A study was just published in the Journal of Medical Internet Research on internet-based social support groups. Access the article "Online Social and Professional Support for Smokers Trying to Quit: An Exploration of First Time Posts from 2562 Members" here: http://www.jmir.org/2010/3/e34/ **Background:** Both intratreatment and extratreatment social support are associated with increased rates of smoking cessation. Internet-based social support groups have the capability of connecting widely dispersed groups of people trying to quit smoking, making social support available 24 hours a day, seven days a week, at minimal cost. However, to date there has been little research to guide development of this particular feature of Web-assisted tobacco interventions (WATIs). **Objective:** Our objectives were to compare the characteristics of smokers who post in an online smoking cessation support group with smokers who do not post, conduct a qualitative analysis of discussion board content, and determine the time it takes for new users to receive feedback from existing members or moderators. **Conclusions:** Peer responses to new users were rapid, indicating that online social support networks may be particularly beneficial to smokers requiring more immediate assistance with their cessation attempt. This function may be especially advantageous for relapse prevention. Accessing this kind of rapid in-person support from a professional would take an inordinate amount of time and money. Further research regarding the effectiveness of WATIs with online social support networks is required to better understand the contribution of this feature to cessation, for both active users (posters) and passive users (“lurkers”) alike.
	FORUM: Medication Recommendations **TOPIC: New analysis re: Varenicline and Buproprion**
Tamar Meyer	9/17/2010 8:47:00 AM
	Hello network members, Dr. Selby wanted to share this new analysis of Varencline and Buproprion recently published in Addiction. Addiction. 2010 Sep 1. [Epub ahead of print] Immediate versus delayed quitting and rates of relapse among smokers treated successfully with varenicline, bupropion SR or placebo. Gonzales D, Jorenby DE, Brandon TH, Arteaga C, Lee TC. OHSU Smoking Cessation Center, Department of Medicine, Oregon Health & Science University, Portland, OR, USA. Abstract ABSTRACT Aims We assessed to what degree smokers who fail to quit on the target quit date (TQD) or lapse following TQD eventually achieve success with continued treatment. Design A secondary analysis of pooled data of successful quitters treated with varenicline (306 of 696), bupropion (199 of 671) and placebo (121 of 685) from two identically-designed clinical trials of varenicline versus bupropion sustained-release and placebo. Setting Multiple research centers in the US. Participants Adult smokers (n = 2052) randomized to 12 weeks drug treatment plus 40 weeks follow-up. Measurement The primary end-point for the trials was

	continuous abstinence for weeks 9-12. TQD was day 8. Two patterns of successful quitting were identified. Immediate quitters (IQs) were continuously abstinent for weeks 2-12. Delayed quitters (DQs) smoked during 1 or more weeks for weeks 2-8. Findings Cumulative continuous abstinence (IQs + DQs) increased for all treatments during weeks 3-8. Overall IQs and DQs for varenicline were (24%; 20%) versus bupropion (18.0%, P = 0.007; 11.6%, P < 0.001) or placebo (10.2%, P < 0.001; 7.5%, P < 0.001). However, DQs as a proportion of successful quitters was similar for all treatments (varenicline 45%; bupropion 39%; placebo 42%) and accounted for approximately one-third of those remaining continuously abstinent for weeks 9-52. No gender differences were observed by quit pattern. Post-treatment relapse was similar across groups. Conclusions Our data support continuing cessation treatments without interruption for smokers motivated to remain in the quitting process despite lack of success early in the treatment.

	FORUM: Medication Recommendations **TOPIC: Pharmacotherapy review released**
Katie Hunter	9/27/2010 11:10:00 AM
	CADTH (The Canadian Agency for Drugs and Technologies in Health) has recently released a review of **pharmacologic-based strategies for smoking cessation.** The following reports are available to download, or visit CADTH's website (**www.cadth.ca**) for more information. **Executive Summary** (PDF) **Report in Brief** (PDF) **Complete Report** (PDF)

	FORUM: Medication Recommendations **TOPIC: Varenicline, Smoking Cessation, COPD**
Tamar Meyer	9/29/2010 11:44:00 AM
	Effects of Varenicline on Smoking Cessation in Mild-to-Moderate COPD: A Randomized Controlled Trial. Tashkin DP, Rennard S, Hays JT, Ma W, Lawrence D, Lee TC. Chest. 2010 Sep 23. [Epub ahead of print] **Link to full article here.** BACKGROUND: Smoking is the most important risk factor for COPD and accelerates its progression. Despite the health implications, a large proportion of patients with COPD continue to smoke, so finding effective smoking cessation interventions for this population is paramount. This is the first randomized clinical trial to compare the efficacy and safety of varenicline versus placebo in smokers with mild-to-moderate COPD. METHODS: In a 27 center, double-blind, multinational study, 504 patients with mild-to-moderate COPD (post-bronchodilator FEV(1)/FVC<70% and FEV(1)% predicted normal value ≥50%), who were without known psychiatric disturbances, were randomized to receive varenicline (n="250)" or placebo (n="254)" for 12 weeks, with a 40-week non-treatment follow-up. The primary endpoint was carbon monoxide-confirmed continuous abstinence rate (CAR) for weeks 9-12. A secondary endpoint was CAR for weeks 9-52. RESULTS: Weeks 9-12 CAR was significantly higher for varenicline (42.3%) vs placebo (8.8%; odds ratio [OR], 8.40; 95% confidence interval [CI],

	4.99-14.14; p<0.0001). Varenicline CAR remained significantly higher than placebo through weeks 9-52 (18.6% vs placebo 5.6%; OR, 4.04; 95% CI, 2.13-7.67; p<0.0001). Nausea, abnormal dreams, upper respiratory tract infection, and insomnia were the most commonly reported adverse events (AEs) for varenicline. Serious AEs were infrequent in both treatment groups. Two varenicline patients and one placebo patient died during the study. Reports of psychiatric AEs were similar for both treatment groups. CONCLUSIONS: Varenicline was more efficacious than placebo for smoking cessation in patients with mild-to-moderate COPD and demonstrated a safety profile consistent with that observed in previous trials.
	FORUM: Population-level Better Practices **TOPIC: CAN-ADAPTT´s AGM: Feedback Invited**
Katie Hunter	10/1/2010 9:04:00 AM
	Hi all, *****CAN-ADAPTT's AGM can now be viewed via web cast by clicking here.***** The **white paper**, which acted as a starting point for discussion at our AGM, is now available online, as is the **powerpoint presentation** from the day. We invite your feedback by either replying to this post, or clicking **here** to access an online survey. We look forward to hearing from you! The CAN-ADAPTT Team
	FORUM: Counseling and Psychosocial Recommendations **TOPIC: Smoking Cessation Tips on You Tube**
Megan Anne Tasker	10/4/2010 11:34:00 AM
	TEACH is on You Tube! TEACH has uploaded several video vignettes providing a variety of counselling techniques with different clients. Included on TEACH's You Tube channel is "Good Doc" / "Bad Doc" providing example's of how to and how not to use motivational interviewing in your practice. To access TEACH's You Tube channel: *teachproject*, please click **here**.
	FORUM: Specific Populations and Other Recommendations **TOPIC: Environmental Scan of Aboriginal tobacco programs**
Lu Rodrigues	10/21/2010 10:22:00 AM
	Hello, I'm posting this message on behalf of Tamara Kerr, Policy Analyst at the Assembly of First Nations. Tamara is compiling information for an environmental scan of **Aboriginal tobacco treatment centers/programs**. If your program offers tobacco treatment or prevention programs for Aboriginal populations or you know of any that currently or in past have existed please forward any information to her at **tkerr@afn.ca**.

	Thanks, Luciana Rodrugues Aboriginal Tobacco Program Cancer Care Ontario

	FORUM: Specific Populations and Other Recommendations **TOPIC: Smokeless Tobacco Users**
Robin C	11/17/2010 4:13:00 PM
	MyLastDip.com is an essential smokeless tobacco resource. The following post is on behalf of Milagra Tyler at the Oregon Research Institute-ORI: We would like to alert you that Canadians can use MyLastDip.com, a free, best-practices Web-based treatment program designed to help young smokeless tobacco users quit. MyLastDip is funded by a research grant from the U.S. National Cancer Institute and conducted by Oregon Research Institute. It was launched in October 2008, and more than 1200 young chewers and snuff users (ages 14-25) have already enrolled. Study participants are asked to complete research questionnaires on-line to help evaluate the quitting program, and can earn up to $40 in return. Recruitment for this important public health resource is based upon a network of concerned individuals' who help by promoting the availability of MyLastDip.com to the many young Canadian smokeless tobacco users who want to quit. Please visit the Information Website at **http://info.mylastdip.com** to learn more about how you can become involved, or to view the program's free promotional materials. You can also ask for further information by e-mailing directly to **mylastdip@ori.org** Many thanks, Milagra Tyler, M.A.T. Oregon Research Institute 1715 Franklin Blvd. Eugene, OR 97403 milagrat@ori.org ph: (541)484-2123 _____ Robin Chapchuk Education Specialist TEACH Project, CAMH

	FORUM: Specific Populations and Other Recommendations **TOPIC: Access to no or low-cost NRT**
Beth	2/10/2011 9:52:00 AM
	I'm a nurse on the ACT (Assertive Community Treatment) team at Toronto Western, and recently attended the RNAO workshop on Best Practices for smoking cessation counseling. A number of our clients are interested in quitting, but are on ODSP, and the nicotine replacement products are not covered by their drug card. Is there any way to

	access these products at low or no cost? Most of these clients would have difficulty attending a program regularly, as well. Thanks for your help, Beth Jensen RN
	FORUM: Medication Recommendations **TOPIC: NRT use and postcerebrovascular (CVA) accidents**
Rosemary Lamont	2/10/2011 9:58:00 AM
	I wondered if someone could answer the following question from a tobacco cessation nurse champion at a partnering hospital- "Are there any risks, contraindications to using NRT post cerebrovascular accidents (CVA)? There is a physician at the hospital who will not order NRT to CVA patients because of health risks. Regards Rosemary Lamont R.N. B.Sc.N. M.Ed. Clinical Nurse Specialist Tobacco-Free Living Services The Regional Municipality of York Community and Health Services Department
	FORUM: Specific Populations and Other Recommendations **TOPIC: Access to no or low-cost NRT**
Rosemary Lamont	2/10/2011 11:02:00 AM
	Access to NRT for low income groups is limited. There are some community based initiatives. CMHA in Barrie runs a program with NRT included-not sure of the funding source but worth connecting with them. I am part of a community of practice in York Region focussed on community tobacco management services for clients of mental health agencies. We are evaluating the model. The agency purchases the NRT through a participating pharmacist. We continue to apply to various funding sources but sustainability is a challenge. Rosemary Lamont RN
	FORUM: Specific Populations and Other Recommendations **TOPIC: Breastfeeding and smoking cessation medications**
Melanie96	2/14/2011 3:17:00 PM
	Wondering about experience with use of smoking cessation products during lactation. I have seen the guidelines and looks like NRT (nonpatch) is preferred. I am hoping eventually to find some about bupropion and varenicline too. Anyone have any experience to share regarding smoking cessation in this population?

	Thanks Melanie Johnson

	FORUM: Specific Populations and Other Recommendations **TOPIC: Breastfeeding and smoking cessation medications**
Katie Hunter	2/23/2011 10:00:00 AM
	Hi Melanie, I'd encourage you to participate in our upcoming webinar on CAN-ADAPTT's guideline section, *Pregnant and Breastfeeding Women* (March 15th @ 12-1pm EST). The webinar will provide an opportunity for discussion among CAN-ADAPTT network members and the guideline section lead, Dr. Alice Ordean. To register for this webinar, visit **www.surveymonkey.com/s/GuidelineWebinars**

	FORUM: Specific Populations and Other Recommendations **TOPIC: Breastfeeding and smoking cessation medications**
Janet Ngo	3/16/2011 11:56:00 AM
	Hi Melanie, The webinar led by Dr. Alice Ordean on CAN-ADAPTT's guideline section, *Pregnant and Breastfeeding Women*, generated some good discussion. For your reference, we plan to post the Powerpoint presentation on the website soon. Dr. Ordean mentioned that very few studies have been done in the area of Varenicline and Bupropion in lactating women. Varenicline has not been studied at all during pregnancy or lactation, so it is difficult to endorse its use. There have been two studies on the use of Bupropion during pregnancy but limited information during lactation. However, Bupropion can be considered for smoking cessation and treatment of depression during pregnancy with no evidence of harm. Based on this limited safety data, Bupropion can be considered as an alternative to NRT for lactating women. Two resources referred to in the webinar discussion might be helpful: *Drugs in Pregnancy and Lactation* by GG Briggs, RK Freeman and SJ Yaffe (2009) and *Medications and Mothers' Milk* by Dr. Thomas Hale (2010).