



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2013 June 20

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## INCREASED ACCESS TO NICOTINE REPLACEMENT THERAPY (NRT) THROUGH PUBLIC HEALTH UNITS

### **Recommendations**

*It is recommended:*

- 1) *That the Board of Health endorse Report No. 081-13 re Increased Access to Nicotine Replacement Therapy (NRT) Through Public Health Units; and further*
- 2) *That the Board of Health send a letter, attached as [Appendix A](#), to the Honourable Deb Matthews, Minister of Health and Long Term Care and local Members of Provincial Parliament (MPPs) to commend the Ontario Government for their ongoing commitment to a Smoke-Free Ontario and to request funding to support free nicotine replacement therapy (NRT) within smoking cessation programs offered by Boards of Health.*

### **Key Points**

- The Province of Ontario has renewed and strengthened its commitment to a Smoke-Free Ontario, and aims to achieve the lowest smoking rates in Canada.
- In recent years, there has been no significant change in adult smoking prevalence rates and population level intentions to quit.
- The Ministry of Health and Long-Term Care pays for free nicotine replacement therapy in Family Health Teams, Community Health Centres and Aboriginal Health Access Centres, but not health units.
- The provision of funding to public health units to support free nicotine replacement therapy within smoking cessation programs would enable the Health Unit to target and tailor cessation services to meet the needs of priority populations within the Middlesex-London community.

### **Background**

Tobacco cessation is essential to reduce the morbidity and mortality associated with tobacco use. It is unclear that a tobacco control strategy that does not include considerable investments in cessation can attain the reduction in the health burden or health care costs that is desired. According to the 2010 Canadian Community Health Survey, twenty-two percent (22%) of Ontarians aged 12 or over reported using some form of tobacco (cigarettes, pipes, cigars, dip or chewing tobacco) in the last 30 days. Even if the uptake of tobacco use was immediately halted, this means that 2.47 million tobacco users in Ontario will still experience the health consequences of tobacco use. According to two reports commissioned by the Ministry of Health Promotion and Sport in 2009/2010 to compile advice and recommendations from the scientific and tobacco control community, "[Building on our Gains, Taking Action Now: Ontario's Tobacco Strategy for 2011-2016](#)" and the "[Evidence to Guide Action: Comprehensive Tobacco Control in Ontario](#)", the provision of evidence-based cessation interventions must be part of Ontario's renewed tobacco control strategy. Specifically, the reports recommend:

1. creating a tobacco user system that encompasses a "no wrong door" approach with clients being asked about smoking at every point in the healthcare system;
2. providing free smoking cessation medication and counseling to tobacco users; and,

3. targeting tobacco users that are considered to be at high-risk for tobacco-related disease and have limited access to cessation services.

### **Cessation Service and Medication Accessibility**

Since implementing the renewed Smoke-Free Ontario Strategy in 2011, there has been progress made toward implementing a comprehensive tobacco control approach which is vital to achieve the Government's commitment to attain the lowest smoking rates in Canada. Ontario Drug Benefit recipients now have access to free smoking cessation medications (Champix and Zyban) and free counseling from pharmacists through the Pharmacy Smoking Cessation Program. In addition, the Ministry of Health and Long-Term Care provides free nicotine replacement therapy (NRT) and counseling to clients of Family Health Teams, Community Health Centres and Aboriginal Health Access Centres.

NRT is also available to public health units through the Centre for Addiction and Mental Health in the form of Smoking Treatment for Ontario Patients (STOP) workshops. Through these workshops, clients who meet the eligibility criteria have been able to access five weeks of free NRT at one time within a span of six months. Although this partnership has been helpful in filling a gap within local communities, it does not provide regular, consistent access to NRT on an ongoing basis throughout the year and does not provide the smoking cessation specialist with the flexibility to tailor the amount of required NRT to meet client needs. Since 2011, the Health Unit has accessed NRT through the Center for Addiction and Mental Health to offer STOP workshops, and has offered a total of eight workshops. Between workshops, that are scheduled sporadically due to the uncertainty of the availability of NRT, individuals, community organizations, workplaces and physicians' offices continue to call and inquire about available STOP workshops. These individuals, at the very time they are motivated to quit, must be placed on a waiting list and are consequently falling between the cracks in our cessation system in Ontario.

According to the Ontario Tobacco Research Unit's "[\*Smoke-Free Ontario Strategy Evaluation Report\*](#)" released in November 2012, there have been no significant changes in recent years to either adult smoking prevalence or population level quit intentions. The report also noted that smoking cessation programs available for the 2011/ 2012 year reached a total of 5% of Ontarian smokers and only 1.3% successfully quit for one year.

### **Public Health Investment to Reach Priority Populations with Tobacco Cessation**

Ministry funding for public health units to support the purchase and provision of free nicotine replacement therapy within smoking cessation programs would enable the Health Unit to target and tailor cessation services to meet the needs of hard to reach, priority populations within the Middlesex-London community. Including public health units in the provision free nicotine replacement therapy on an ongoing basis, like Family Health Teams, Community Health Centres and Aboriginal Health Access Centres could help close cessation service delivery gaps that currently exist. In order to make significant changes to the number of individuals smoking in Ontario, a comprehensive tobacco control strategy that includes a cessation support system that encompasses the "no wrong door" approach and facilitates access to cessation services is required.

This report was prepared by Ms. Sarah Neil, Public Health Nurse and Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control Team.

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Medical Officer of Health

<p><b>This report addresses</b> the following requirement(s) of the Ontario Public Health Standards: Foundations: Principles 1, 2; Comprehensive Tobacco Control: 1, 6, 7, and 9</p>
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