



March 2017

Public Health Unit Tobacco Use Cessation Services

Under the Ontario Public Health Standards,¹ Public Health Units (PHUs) are required to do a number of activities related to tobacco use cessation including: increasing capacity of workplaces to develop and implement cessation programs, increasing public awareness through communication strategies, providing advice and information to link people to community cessation programs and services, and providing tobacco use cessation programs and services for priority populations.

Key Finding: Public Health Unit clinical cessation services reached 13,187 tobacco users in 2016.

PHUs are also involved in providing regional leadership, coordination and collaborative opportunities centered on cessation (as well as other Strategy goals) through the seven Tobacco Control Area Networks (TCANs; regional groupings of one to nine neighbouring PHUs). Both PHU and TCAN staff are actively involved in the Provincial Cessation Task Force, Communities of Practice and committees to represent the local level in the planning of cessation interventions.

In January 2017, the Ontario Tobacco Research Unit conducted a short online survey to gather information about tobacco use cessation services offered by Ontario's 36 PHUs for the 2016 calendar year. All PHUs completed the survey.

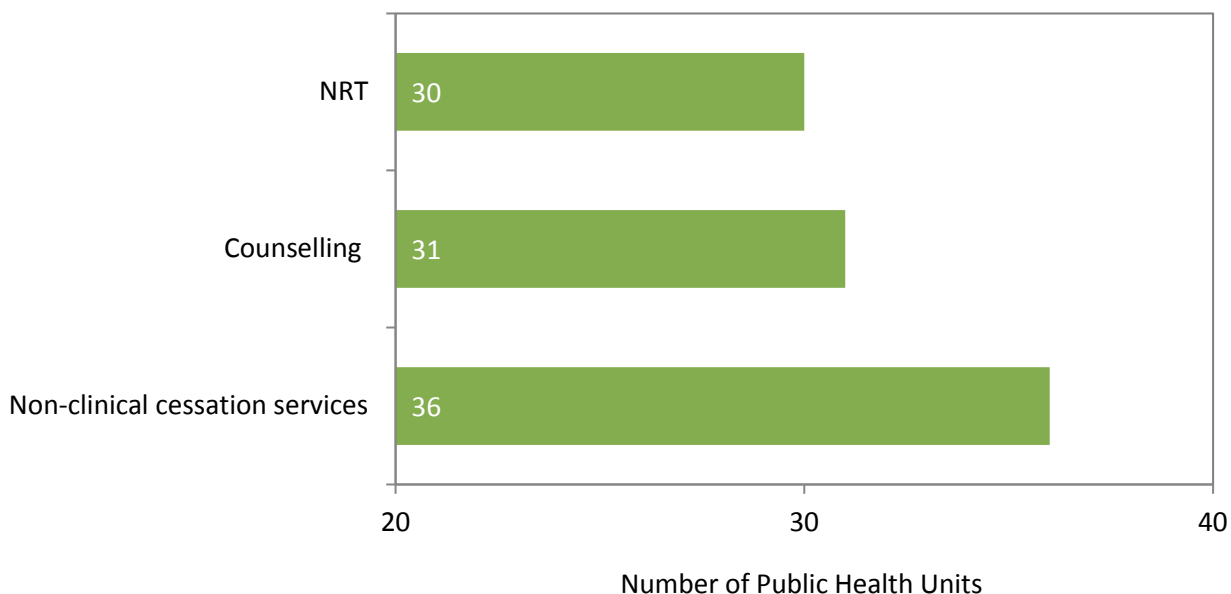
Types of Tobacco Use Cessation Services

In 2016, all public health units offered some form of non-clinical cessation programs and services (e.g., self-help resources, information sessions and workshops; Figure 1). In addition, the majority of PHUs provided tobacco use cessation counselling (31/36 PHUs) and nicotine replacement therapy (NRT; 30/36 PHUs).

Clinical Cessation Programs and Services

PHU cessation counselling programs and services reached an estimated 8,270 tobacco users in 2016. Direct distribution of free NRT by PHUs reached an estimated 4,917 tobacco users. An additional 3,363 tobacco users received NRT from the STOP on the Road program hosted by PHUs across the Province.

Figure 1: Types of Tobacco Use Cessation Services Provided by Ontario Public Health Units, 2016

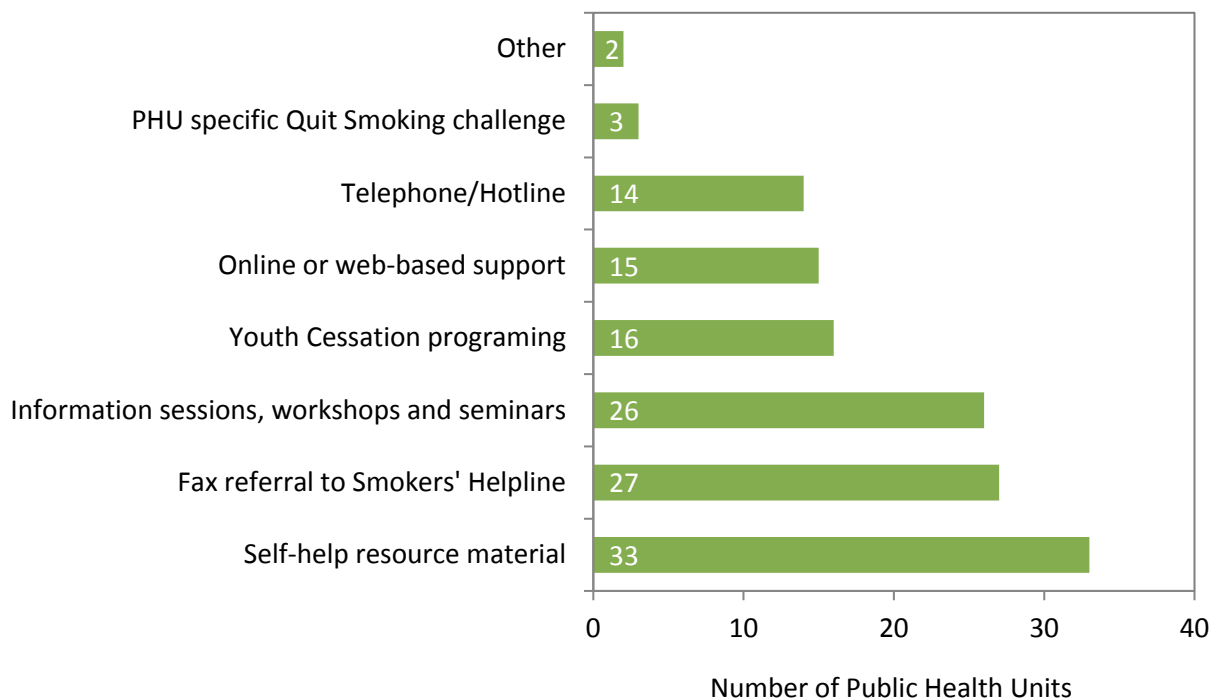


Non-Clinical Cessation Programs and Services

PHUs across the Province offer a wide variety of non-clinical cessation programs and services. In 2016, the majority of PHUs offered self-help resources (33/36 PHUs) followed by the Smokers' Helpline Fax Referral program (27/36 PHUs) and information sessions, workshops and seminars (26/36 PHUs; Figure 2). Less than half of PHUs offered youth cessation

programming (16/36 PHUs), online or web-based support (15/36 PHUs), telephone or hotline support (14/36 PHUs), and local quit smoking challenges (3/36 PHUs). Two PHUs also indicated that they provided other non-clinical cessation programs and services, including information sessions for workplaces, workshops for Syrian refugees, and community outreach for homeless and vulnerable populations.

Figure 2: Non-clinical Tobacco Use Cessation Programs and Services Offered by Ontario Public Health Units, 2016

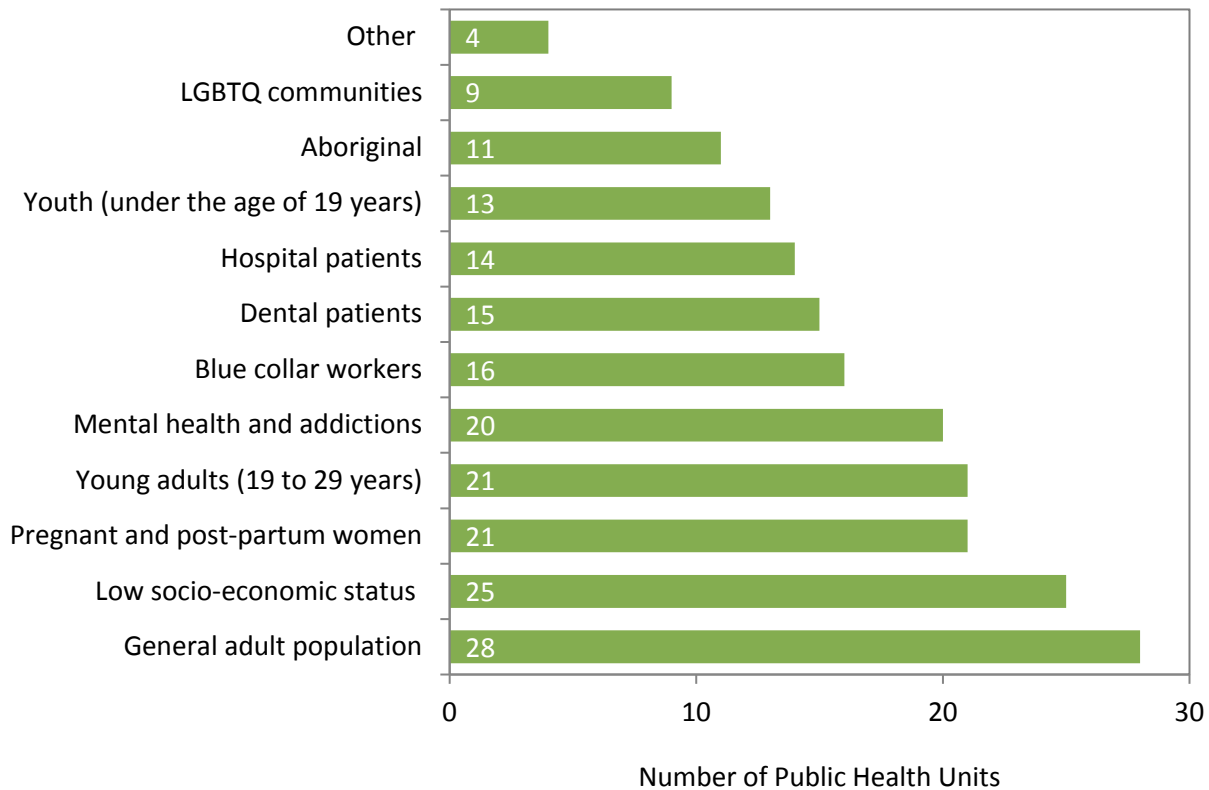


Cessation Programs and Services for Priority Populations

A broad range of populations were offered tailored tobacco use cessation programs and services (both clinical and non-clinical) by PHUs across the Province. These populations most often included the general adult population of tobacco users (28/36 PHUs), low socio-economic status tobacco users (25/36 PHUs), pregnant and post-partum women (21/36 PHUs), young adults aged 19 to 29 years (21/36 PHUs), and the mental health and addictions population (20/36 PHUs; Figure 3). Less than half of PHUs provided cessation programs and services specifically for blue collar workers (16/36 PHUs), dental patients (15/36 PHUs), hospital patients (14/36 PHUs), youth under 19 years (13/36 PHUs), Aboriginal communities (11/36

PHUs) and LGBTQ communities (9/36 PHUs). Other populations identified by four PHUs included clients not eligible for the STOP program, new immigrants, and residents of long-term care and group homes.

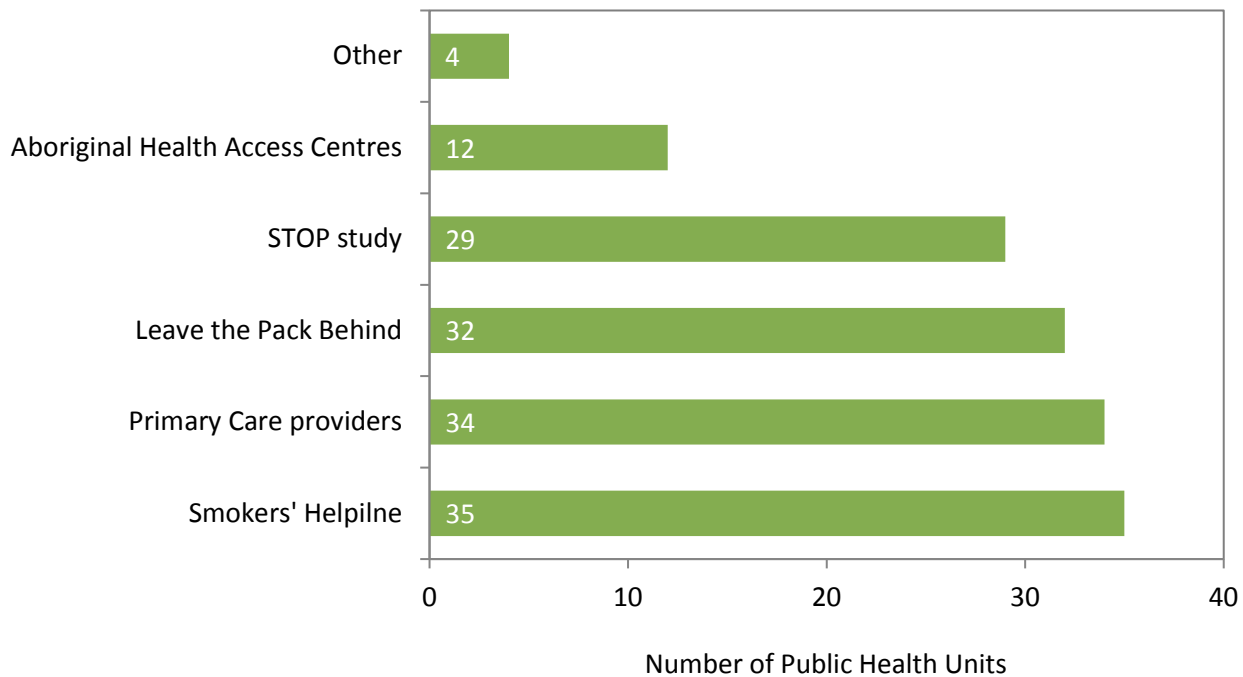
Figure 3: Priority Populations offered Tailored Cessation Programs and Services by Ontario Public Health Units, 2016



Third Party Referrals

In 2016, the majority of PHUs referred clients to Smokers' Helpline (35/36 PHUs); Primary Care Providers – such as local Family Health Teams, Community Health Centres, Nurse Practitioner-Led Clinics (34/36 PHUs); Leave the Pack Behind (32/36 PHUs); and the Smoking Treatment for Ontario Patients (STOP) study (29/36 PHUs; Figure 4). One-third of PHUs referred clients to Aboriginal Health Access Centres (12/36 PHUs). Four PHUs indicated that they referred tobacco users to other organizations for cessation services such as addiction agencies, pharmacies and the My Quit program.

Figure 4: Organizations Ontario Public Health Units Referred Tobacco Users for Cessation Services, 2016



Conclusion

Public Health Units across Ontario play a vital role in supporting, promoting and delivering tobacco use cessation programs and services at the local level. In 2016, an estimated total of 13,187 tobacco users were reached directly by clinical cessation programs and services delivered by the public health units. A wide variety of non-clinical cessation programs and services were also offered at the local level. Many PHUs meet the tobacco use cessation requirements in the Ontario Public Health Standards by engaging priority populations in the delivery of cessation services and referring clients to the appropriate community resource when necessary.

Authors: Jolene Dubray, Shawn O'Connor

References

¹ Ontario. Ministry of Health and Long-Term Care. *Ontario Public Health Standards 2008.Revised May 2016*. Toronto: Queen's Printer for Ontario; 2008 [revised May 2016]. Accessed March 7, 2017