Council Direction:
Not Applicable

Information:
Identified Need
Smoking is the leading cause of preventable morbidity and mortality in Canada. There is strong medical evidence that tobacco use causes a variety of cancers, cardiovascular diseases, and respiratory diseases\(^1\).

The above chart reflects the most recent available results from the Canadian Community Health Survey\(^2\). The current daily and occasional smoking incidence for Hamilton is estimated to be approximately 23% as compared to a provincial estimated incidence of 21%.
There are a number of populations in the community who are disproportionately affected by the effects of tobacco use, including those affected by poverty. Such populations have been found to have consistently higher rates of smoking and nicotine dependence, and lower rates of cessation. 

The above charts show tobacco use patterns for men and women by household income. The data show a clear relationship between income and tobacco use. Both men and women living in the lowest income category have the highest prevalence of tobacco use as compared to other income groups. In addition to having less “never smokers”, the lowest income category contains the fewest people who have successfully quit smoking. This trend indicates that the burden of illness caused by tobacco use may be disproportionately higher in segments of the population living with poverty. To counteract this, there is an increased need for free and effective smoking cessation services in the City of Hamilton, which has a poverty rate of 20% (higher than both provincial and national averages).
A subpopulation of particular concern, are pregnant smokers. Tobacco use during pregnancy increases the risk of preterm birth and low birth weight. A high relapse rate in the postpartum period complicates the issue further as young children are exposed to second-hand smoke.

The incidence of smoking among pregnant women who reside in the City of Hamilton is higher than the incidence in the Central-West Region and Ontario. Niday data from the City of Hamilton Jan 2005-Dec 2006 suggests maternal smoking rates may be higher than 40% in certain areas of the city.

The percentage of pregnant women who are never smokers in the City of Hamilton Central-West Region Province of Ontario is 30.4%, 22.2%, and 19.8%, respectively.
The above chart reflects Rapid Risk Factor Surveillance data on smoking status among Hamilton residents from 2002-2005\(^1\). The graph demonstrates that although the number of Hamilton residents who have never smoked has increased steadily, the decrease in smoking prevalence has not been as dramatic. This trend highlights the need for cessation service provision in Hamilton in order to assist current smokers to quit smoking and thereby further reduce the prevalence of smoking.

Quitting smoking has several health benefits for a person. The literature on smoking cessation indicates that at any given time, 70% of smokers are willing to quit tobacco use\(^1\). This highlights the need for effective and accessible interventions for smokers who are willing to quit tobacco use. An assessment of available smoking cessation support in Hamilton revealed that although free telephone counselling is available to all Ontario residents, many of the available face-to-face cessation counselling services are either fee-based or are only available to rostered clients. Face-to-face, intensive tobacco dependence treatment has been demonstrated to be effective in helping smoker’s quit tobacco use. Therefore, best practice recommendations state that intensive tobacco dependence treatment should be made available to any tobacco user who is willing to participate in the service\(^1\).

Due to the current gaps in service delivery, Hamilton Public Health Services will be opening a quit smoking clinic in the community. The quit smoking clinic will not duplicate existing cessation services; instead it will work to bridge existing gaps by providing a service option for smokers in Hamilton who do not qualify for, or experience barriers in utilizing an existing service.

**Hamilton Public Health Quit Smoking Clinic**

**Description of Clinic Services**

The Public Health quit smoking clinic titled *Becoming Smoke Free: A Quit Smoking Clinic* will be launched during National Non-Smoking Week (January 20-27, 2008). The clinic will be operated by Tobacco Control Program staff for ½ day a week. The clinic will have the capacity to expand to 1½ days/week, if warranted by service uptake. Clients of the clinic will be provided with behavioural and psychosocial counselling by a Public Health Nurse (PHN) who is extensively trained in providing intensive tobacco cessation counselling services. Hamilton residents will be able to access the quit smoking clinic services free of charge. Clients will be offered 4-6 clinic appointments running ½ hour in length.

As best practice recommendations indicate a bio-psychosocial approach to tobacco dependence treatment\(^1\), the clinic PHN will operate under a medical directive that will allow for the distribution of nicotine replacement therapy products (nicotine patch, nicotine gum, and nicotine inhaler) to individuals who do not have a medical contraindication.

**Financial Implications**

Establishment costs and operating costs for the clinic services will be covered by the existing MHPSG (Mandatory Health Programs and Service Guidelines) cost-shared program budget allocated to the Tobacco Control Program. Program levels currently offered by the Tobacco Control Program will not be reduced as a result of the quit smoking clinic. Through the establishment of the clinic, cessation services currently provided by the Tobacco Control Program PHN will be brought into alignment with evidence-based best practice guidelines.

The quit smoking clinic will operate from existing Public Health Services’ clinic locations, utilizing one clinic counseling room, as a way to leverage available resources and maximize all available clinic hours.
Staffing
The proposed quit smoking clinic will be staffed by the current Tobacco Control Program staffing complement. Dedicated staff time required to operate the quit smoking clinic includes 0.2 FTE PHN (funded under MHPSG cost-shared budget) and 0.1 FTE Program Secretary (funded under Smoke Free Ontario 100% budget).

The Medical Officer of Health/Associate Medical Officer of Health will act as the medical director and clinical supervisor for the clinic and will review the medical directive for nicotine replacement therapy on an annual basis.

Referral System
A phased-in approach has been planned for the quit smoking clinic in order to avoid a possible overwhelming demand for this new service. Initially, the quit smoking clinic will work closely with other programs within Hamilton Public Health Services (HPHS), specifically the Family Health Division. Front line Healthy Babies Healthy Children public health nurses working with pregnant families and children 0-6 years of age will be provided training on effective smoking cessation interventions. Public health nurses will provide minimal contact tobacco intervention using motivational interviewing techniques in the home. For clients who smoke and are willing to attend the quit smoking clinic, the HBHC PHNs will make a referral.

The quit smoking clinic is also working with two existing partner organizations – Juravinski Cancer Centre and The AIDS Network (Hamilton) - to receive client referrals. Rationale for selecting these two partner organizations includes stated interest from the organizations, previous service delivery to the organizations from HPHS, and planned staff training. Health professionals and social service agency staff will be provided training on minimal contact tobacco intervention10 and oriented to the quit smoking clinic referral process.

Although there are no plans to actively promote this service in the general community at this time, the clinic will not refuse treatment to self-referrals from any Hamilton resident.

Mandate and Standards
The quit smoking clinic will assist HPHS in complying with the 1997 Mandatory Health Programs and Service Guidelines. These guidelines state that public health units must “provide smoking cessation programs and brief contact interventions giving emphasis to populations and areas not covered by existing programs” in order to achieve the overall goal of “reduce[ing] the premature morbidity and mortality from preventable chronic diseases”.

The quit smoking clinic will also serve to comply with the proposed Ontario Public Health Standards by “ensuring the provision of tobacco use cessation programs and services for priority populations”.

Corporate Public Health Services Strategic Directions
The quit smoking clinic will contribute to the following components of the Strategic Plan for Hamilton Public Health Services:

Goal C: Maximize impact on community health in four key areas of chronic disease prevention: tobacco control, nutrition, physical activity, and mental health.

C1: Integrate chronic disease prevention across Public Health Services.
C2: Identify best practices in chronic disease prevention.
C3?: Reorient chronic disease prevention activities to ensure optimal reach and effectiveness
The establishment of a PHS operated quit smoking clinic will assist the Tobacco Control Program in integrating chronic disease prevention across Public Health Services. Through increased training and education offered across the department, all members of the public receiving services through PHS will receive minimal contact tobacco intervention. Through provision of intensive tobacco intervention by a Public Health Nurse at the quit smoking clinic, all health practitioners working in HPHS have a referral site for clients who smoke. This model ensures a systematic approach to the implementation of recognized best practice guidelines in tobacco cessation.

**Mission, Vision, Values and Goals of the City of Hamilton**

The quit smoking clinic will contribute to the following goals set forth by the City of Hamilton:

2b. A Great City in Which to Live: Supporting People in Need with Care


   a. To provide adequate and appropriate health care services for all citizens.
   b. To increase the number of years of good health for all citizens by reducing illness, disability and premature deaths.
   c. To promote health and prevent disease and injury.
   d. To improve personal health status.

5b. A City that Spends Wisely and Invests Strategically: Best Practice – Best Value

The establishment of a PHS-operated quit smoking clinic will assist HPHS in providing accessible and evidence-based smoking cessation services to the residents of Hamilton. As tobacco use is the leading cause of illness and premature death, the establishment of a quit smoking clinic will act to promote health and prevent disease and premature death among Hamilton residents who smoke while improving the health status among this segment of the population. By utilizing existing PHS clinic space to provide this service, we are able to implement recommended practices while making the best use of resources.

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References: