



Background & Objectives

Background:
In 2011, Family Health Teams were invited to partner with the Smoking Treatment for Ontario Patients (STOP) program to offer no-cost Nicotine Replacement Therapy (NRT) and counseling to patients interested in quitting smoking (as per the evidence-based guideline recommendations).
•136 operational FHTs to date
•200+ operational sites to date
•34,671 enrollments to date

Objectives:
1) Increase the capacity of primary care organizations to incorporate smoking cessation treatment into their practice.
2) Increase access to evidence-based cessation interventions for smokers interested in quitting.
3) Compare the success of the different treatment protocols and delivery methods of smoking cessation interventions.

Methods

Setting: Family Health Teams across Ontario.
Participants: Smokers interested in quitting or reducing smoking. Participants are either self- or practitioner-referred to the STOP program at a partnering organization.
Intervention: Psychoeducation presentations and/or Individualized or group counseling support coupled with the provision of no-cost NRT (up to 26 weeks within 1 calendar year).
Follow-up: Participants are contacted at 3, 6, and 12 months post-enrollment by phone or email.
Primary Outcome: Self reported 7 day point-prevalence of abstinence.
Intention-to-Treat (ITT): Participants that did not complete follow-up within 30 days from survey deployment date were considered to be still smoking.

Other Models for comparison:
SOR – STOP on the Road (single psychoeducation session & 5-week NRT kit)
MDM – Mass Distribution Model (single brief intervention, self help materials & 5 week NRT kit)
OTS – Ontario Tobacco Survey. A sample of Ontario smokers was chosen for comparison based on the MDM enrollment criteria. No intervention group.

Data Analysis

A Chi-Square analysis was conducted to identify significant differences between proportions quit in Family Health Teams, STOP on the Road, Mass Distribution Model, and Ontario Tobacco Survey.

Results

Table 1. Baseline Demographics and Smoking Behavior.

	FHTs (N=27,615)	SOR (N=5,793)	MDM (N=6,261)
Demographics			
Male	45%	45%	42%
Age at Enrollment	50 (+/-14)	48 (+/-13)	44 (+/-12)
Heaviness of Smoking Index (HSI)			
Low (0, 1, 2)	25%	8%	10%
Moderate (3, 4)	49%	55%	48%
High (5, 6)	26%	37%	42%
Psychiatric comorbidity (current or past)			
	48%	47%	40%
Other comorbidities			
High Blood Pressure	34%	25%	N/A
High Cholesterol	34%	26%	N/A
Heart Problems	15%	9%	N/A
Bronchitis, Emphysema or COPD	23%	30%	N/A
Cancer	8%	7%	N/A
Socioeconomic Status			
Employed	48%	44%	N/A
Completed High School or more	72%	77%	73%
Earning more than 40K/year	41%	30%	40%

Conclusions

- The STOP Program was successfully incorporated into regular practice of the 136 Family Health Teams across Ontario.
- Over 34,000 enrollees received individualized and evidence based smoking cessation treatment (counseling plus NRT).
- STOP with FHTs participants report higher quit rates at 6-months following treatment initiation than those who received standard treatment, most likely due to greater length and intensity of the treatment regimen.
- STOP with FHTs participants report almost 3 times higher quit rates than those who received no intervention.

Figure 1. A comparison of the 6-month abstinence rate and the Intention-to-Treat analysis between different types of smoking cessation interventions.

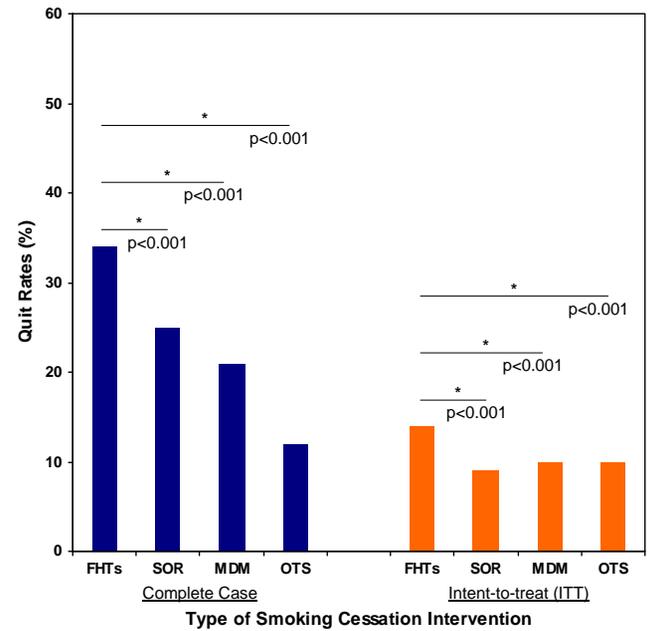


Table 2. Quit rates and ITT at 6-months post enrollment.

	FHTs	SOR	MDM	OTS
Quit Rate (n)	34% (11,242)	25% (2,056)	21% (2,601)	12% (780)
ITT (n)	14% (27,615)	9% (5,793)	10% (6,201)	10% (995)

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