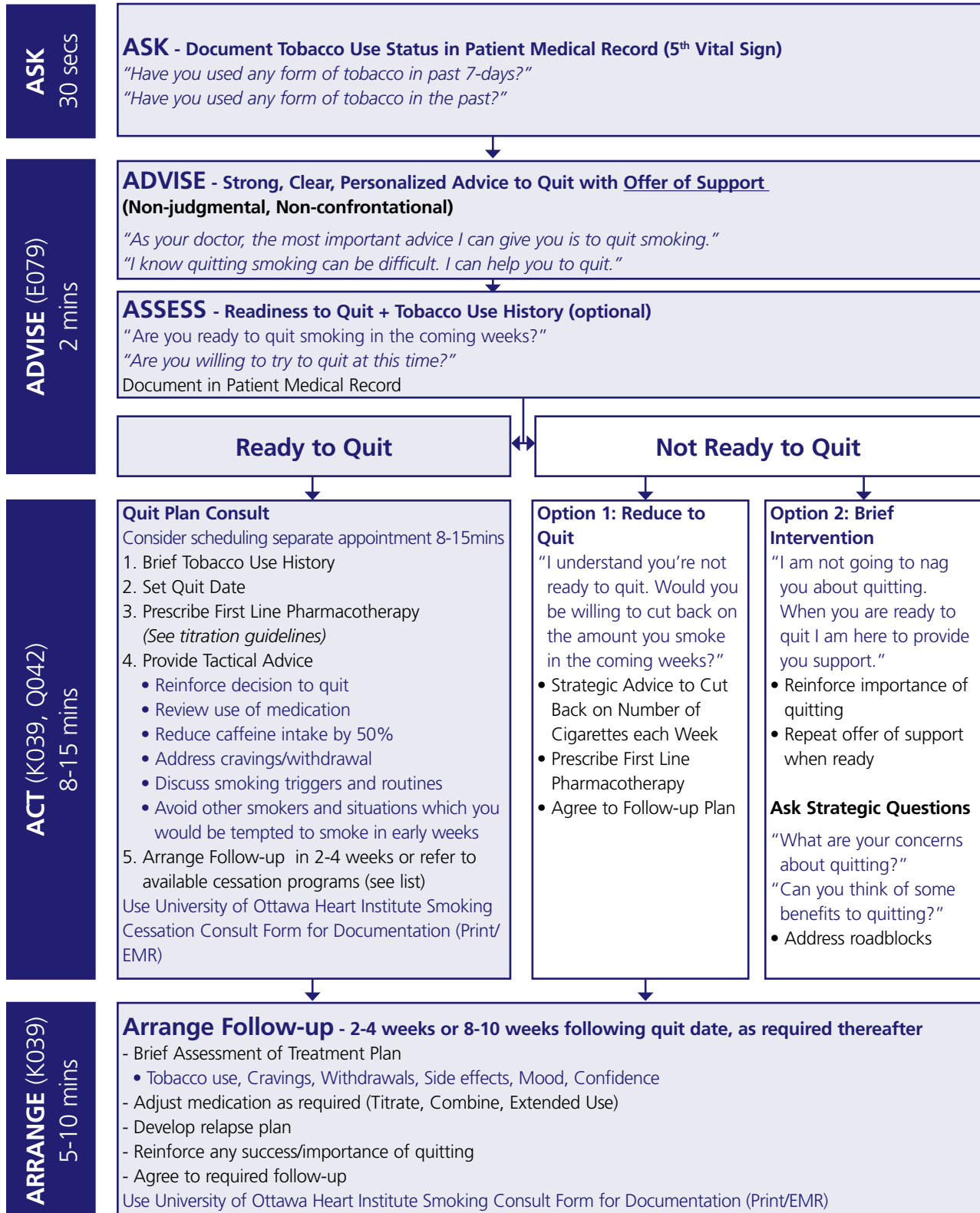




SMOKING CESSATION

Adapted from the following sources: University of Ottawa Model for Smoking Cessation in Primary Care Program Summary (2010) www.ottawamodel.ca; Canadian Tobacco Intervention. Smoking Progress Notes www.omacti.org; Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. 2008; Hays et al. Concise review for clinicians: Treating Tobacco Dependence. *Mayo Clin Proc.* August 2009;84(8):730-736.





SUPPLEMENTAL INFORMATION

OHIP BILLING CODES FOR SMOKING CESSATION

Code	Type	Frequency	Instructions	Amount
E079	Initial Smoking Cessation Counselling Dialogue	Once every 12 months	<p>1. Medical record must document an initial smoking consult using a flow sheet consistent with 5A's model for smoking cessation (CTI form or other flow sheet)</p> <p>2. Only eligible for payment when rendered in conjunction with one of the following services: A001, A003, A004, A005, A006, A007, A008, A903, A905, K005, K007, K013, K017, P003, P004, P005, P008, W001, W002, W003, W004, W008, W010, W102, W104, W107, W109 or W121.</p>	\$15.40
K039	Smoking Cessation Counselling	Twice in the 12 months following the billing of E079	<p>1. The medical record for this service must document that a follow-up visit regarding smoking cessation has taken place, by either completion of a flow sheet or other documentation consistent with the most current guidelines of the "Clinical Tobacco Intervention" (CTI) program, or the service is not eligible for payment.</p> <p>2. K039 is only eligible for payment when E079 is payable to the same physician in the preceding 12 month period.</p>	\$33.45
Q042	Smoking Cessation Counselling (Bonus Code for FHG, FHN, FHTs, FHOs)	<p>Billed in conjunction with K039</p> <p>Twice in 12 months following E079</p>	<p>For physicians in payment enrolment models only.</p> <p>May be billed in conjunction with K039 or A007A when service is provided to an enrolled patient.</p> <p>Eligible for 3% General Fee Payment (2008 Physician Services Agreement, services rendered Oct 1 2008 – Sept 30 2009)</p>	+\$7.50
A007 and/or K013	Ongoing Follow-up Counselling	<p>A007 – unlimited</p> <p>K013 – 3 times per year, min 20 minutes</p>	<p>Counselling</p> <p>Counselling</p>	\$31.95



**ONTARIO DRUG BENEFIT (ODB) COVERAGE FOR SMOKING CESSATION MEDICATIONS
 (NEW SEPTEMBER 2011)**

Product	Produce Code	Reason for Use Code	Clinical Criteria
Varenicline Tartrate (Champix) 0.5 mg & 1.0mg Tabs	02298309 PFI 42.1300	423	For smoking-cessation treatment in adults, in conjunction with smoking cessation counseling. Network Note: Limited to 12 weeks (168 tablets) of reimbursement per 365 days per patient LU Authorization Period: 12 weeks
Bupropion HCL (Zyban) 150 mg SR Tab	02238441 Val 0.9228	423	For smoking-cessation treatment in adults, in conjunction with smoking cessation counseling. Network Note: Limited to 12 weeks (168 tablets) of reimbursement per 365 days per patient LU Authorization Period: 12 weeks

WHO CAN BENEFIT FROM ODB?

- People 65 years of age and older
- Residents of long-term care homes
- Residents of homes for special care
- People receiving professional services under the Home Care program
- Trillium Drug Program registrants
- People receiving social assistance are also eligible for ODB coverage

THE ODB PROGRAM AUTOMATICALLY PAYS IF THE DRUGS ARE PURCHASED:

- In an accredited Ontario pharmacy that is on-line with the ministry's Health Network System; or
- From an Ontario doctor licensed to sell prescription drug products who is on-line with the ministry's Health Network System

Note: Prescription drugs purchased outside Ontario are not reimbursed by the ODB program.

**EFFICACY OF FIRST LINE MONOTHERAPY AND COMBINATION THERAPY**

Source: Fiore et. al. Treating Tobacco Dependence Clinical Practice Guidelines. USDHHS. 2008.

Pharmacotherapy	Estimated OR (95% CI)	Estimated Abstinence Rate (95% CI)	Cost Per Week
Placebo	1.0	13.8	-
Mono-therapies			
Varenicline	3.1 (2.5-3.8)	33.2 (28.9-37.8)	\$33-\$36
Bupropion	2.0 (1.8-2.2)	24.2 (22.2-26.4)	\$15-\$21
Nicotine Patch	1.9 (1.7-2.2)	23.4 (21.3-25.8)	\$25-\$30
High Dose Patch	2.3 (1.7-3.0)	26.5 (21.3-32.5)	\$20-\$32
Nicotine Inhaler	2.1 (1.5-2.9)	24.8 (19.1-31.6)	\$20-\$40
Nicotine Gum	1.5 (1.2-1.7)	19.0 (16.5-21.9)	\$13-\$24
Combined Therapy			
Patch + Inhaler	2.2 (1.3-2.6)	25.8 (17.3-36.5)	\$40-\$60
Patch + Gum	2.6 (2.5-5.2)	26.5 (28.6-45.3)	\$40-\$60
Patch (long-term; > 14 weeks) + ad lib short acting NRT	3.6 (2.5-5.2)	36.5 (28.6-45.3)	\$40-\$60
Patch + Bupropion	2.5 (1.9-3.4)	28.9 (23.5-25.1)	\$25-\$50



VARENICLINE (CHAMPIX)

QUICK REFERENCE GUIDE FOR FIRST LINE QUIT SMOKING PHARMACOTHERAPY

Source: Varenicline Product Monograph December 2011. http://www.pfizer.ca/en/our_products/products/monograph/152. Hurt, R. et al. Treating Tobacco Dependence in a Medical Setting. CA Cancer J Clin 2009;59:314–326.

Treatment Plan	Instructions for Use	Contraindications / Precautions	Possible Side Effects (Frequency)
<p>Days 1-3: 0.5 mg /daily</p> <p>Days 4-7: 0.5 mg BID</p> <p>Weeks 2-12: 1 mg BID</p> <p>The usual duration of varenicline is 12 weeks; however, some people may continue to take it for up to 24 weeks (52 weeks in rare instances).</p>	<ul style="list-style-type: none"> • Begin taking varenicline 14 to 8 to 35 days before quit date. • Take the pill after a meal with a full glass of water. • Do not engage in potentially hazardous tasks, such as operating machinery, until you are sure this medication does not affect your mental alertness. • If patient or family notice agitation, depressed mood, or changes in behavior that are not typical for patient, or an allergic reaction, advise patient to stop taking the medication immediately and contact health care provider without delay. • “For patients with a partial response to initial medication therapy (ie, a decreased smoking rate but not abstinence from smoking), further tailoring of the medication regimen may be necessary to reach the desired therapeutic goal of smoking abstinence. For example, if a patient has reduced smoking using varenicline at a dose of 1 mg twice daily and has tolerated the medication without substantial nausea, we may increase the dose to 1 mg taken 3 times daily.” According to Hurt & al., 2009. 	<p>Contraindications:</p> <ul style="list-style-type: none"> • Pregnant or breast feeding • Under the age of 18 years • Previous drug reaction to Varenicline • History of renal failure and is taking Cimetidine • Recent history of nausea and vomiting in past 2 months <p>Precautions:</p> <ul style="list-style-type: none"> • Patient is using Nicotine Replacement Therapy in addition to Varenicline (use recommended only when mono-therapy is ineffective in achieving cessation). (Hurt & al., 2009). • Impaired Renal Function: <ul style="list-style-type: none"> - <i>Mild to Moderate Renal Impairment:</i> No adjustment is necessary. - <i>Severe Renal Disease</i> (estimated Creatinine clearance < 30ml/min or eGFR15 ≥ 29mls/min/1.73m²): Recommended dosing is 0.5 mg once daily for the first 3 days then increased to 0.5 mg twice daily. - <i>End Stage Renal Disease:</i> Varenicline is not recommended in patients with end stage renal disease. 	<ul style="list-style-type: none"> • Nausea (30%); breakdown below: <ul style="list-style-type: none"> - mild (28.1%) - moderate (71.4%) - severe (2%) • Vivid/Abnormal dreams (15%) • Headache (15.5%) • Dizziness (0.7%) • Constipation (5.4%) • Flatulence (5.7%) • Allergic reaction (rare) • Altered/depressed mood (2.8%) <p>Strategies to address side effects:</p> <ul style="list-style-type: none"> • Nausea <ul style="list-style-type: none"> - Take with full glass of water and meal - Take at least 8 hours apart - Use over the counter antinauseant - Reduce dose - Discontinue for severe nausea • The dosage can be down titrated to address side effects. • Monitor mood at all follow-up appointments.



BUPROPION (ZYBAN)

Treatment Plan	Instructions for Use	Contraindications / Precautions	Possible Side Effects (Frequency)
<p>Days 1-3: 150 mg/ daily</p> <p>Day 4-Week 12: 150 mg BID</p> <p>The usual duration of bupropion is 12 weeks; however, some people may continue to take it for up to 24 weeks.</p>	<ul style="list-style-type: none"> • Begin taking bupropion 8-14 days before your quit date. • Ensure at least 8 hours between doses. • If patient or family notice agitation, depressed mood, or changes in behavior that are not typical for patient, advise patient to stop taking the medication immediately and contact health care provider without delay. 	<p>Contraindications:</p> <ul style="list-style-type: none"> • Pregnant or breast feeding • Seizure disorder or a history of head trauma • Presently taking Bupropion/Wellbutrin • Previous reaction to Zyban or Wellbutrin • Pre-existing or current eating disorder (bulimia, anorexia nervosa) • Recent history of excessive use of alcohol/sedatives present or past • Taking anti-depressants, antipsychotics, corticosteroids, MAO inhibitors, theophylline, cocaine or diet pills • Taking a quinolone antibiotic eg. ciprofloxacin, levofloxacin • Severe hepatic impairment <p>Precautions:</p> <ul style="list-style-type: none"> • Taking oral hypoglycemic medications or insulin • Patient has central nervous system tumor 	<ul style="list-style-type: none"> • Dry mouth • Difficulty sleeping • Nausea • Constipation • Shakiness • Altered taste • Anxiety • Palpitations • Seizures (rare) <p>Strategies to address side effects:</p> <ul style="list-style-type: none"> • The dosage can be adjusted to 150mg/daily to address side effects. • Monitor mood at all follow-up appointments.



NICOTINE REPLACEMENT THERAPY (NRT)

Standard on package NRT dosing will be insufficient for 50-60% of patient who smoke.

Number of Cigarettes You Smoke Per Day	Recommended Treatment Plan	Instructions	Possible Side Effects
<p>Less than 10</p> <p>If you smoke within 30 minutes of waking in the morning, increase to next dose</p>	<ul style="list-style-type: none"> : Use one 7 mg nicotine patch daily for weeks 1 - 6 : Consider combining with gum, lozenge, inhaler or mouth spray during weeks 1-6 or longer 	<ul style="list-style-type: none"> : Apply the patch to a clean, dry, non-hairy area on the upper part of your body (arms, chest, back) : Replace the patch with a new one every 24 hours : Be sure to remove the old patch before putting on a new one <p>Managing cravings</p> <ul style="list-style-type: none"> : It is recommend to use short-acting NRT (i.e. inhaler, gum, lozenge or mouth spray) as needed to manage cravings and withdrawal. These are safe to use in combination with the patch. : If after 24 hours of starting NRT you are still experiencing moderate to severe cravings you can add another 7 mg patch or consult with your quit smoking follow-up support, family doctor, or pharmacist. 	<ul style="list-style-type: none"> : Headache : Trouble sleeping : Dizziness : Nausea : Skin irritation : Stomach upset <p>Strategies to Address Side Effects:</p> <ul style="list-style-type: none"> : Difficulty Sleeping Remove nicotine patch at bedtime. We suggest reapplying patch 45-60 minutes before waking (set alarm). : Skin Irritation Try changing where you apply the patch each day, use clear patch, or use topical cortisone cream. <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-top: 10px;"> <p>Cost Per Unit \$20 - \$32 <small>(as sold) for 7-day supply</small></p> <p>Cost Per Day \$3 - \$5</p> </div>
<p>10-19</p> <p>If you smoke within 30 minutes of waking in the morning, increase to next dose</p>	<ul style="list-style-type: none"> : Use one 14 mg nicotine patch daily for weeks 1 - 6, then : Use one 7 mg nicotine patch daily for weeks 7 - 10 or longer 		
<p>20-29</p> <p>If you smoke within 30 minutes of waking in the morning, increase to next dose</p>	<ul style="list-style-type: none"> : Use one 21 mg nicotine patch daily for weeks 1- 6, then : Use one 14 mg nicotine patch daily for weeks 7 & 8, then : Use one 7 mg nicotine patch daily for weeks 9 & 10 or longer 		
<p>30-40</p>	<ul style="list-style-type: none"> : Use two nicotine patches (21 mg + 7 mg) daily for weeks 1 - 6, then : Use one 21 mg nicotine patch daily for weeks 7-10, then : Use one 14 mg nicotine patch daily for weeks 11 & 12, then : Use one 7 mg nicotine patch daily for weeks 13 & 14 or longer 		



SHORT ACTING NICOTINE REPLACEMENT THERAPIES

NRT INHALER

Treatment Plan	Instructions for Use	Possible Side Effects
(when using inhaler on its own) : Use 6-12 cartridges per day for the first 6 weeks : Reduce the amount of cartridges used per day in weeks 6-12 : Some smokers require 1-2 cartridges per day beyond 12 weeks to manage cravings : One cartridge is the equivalent to 1-2 cigarettes	: Puff as needed to manage cravings : Inhale 80 puffs over 20 minutes or until cravings are gone. Often, using the inhaler for 5 minutes is enough : Take slow puffs to avoid throat burn : Avoid eating or drinking 15 minutes before or during use	: Headache : Mouth/throat irritation : Nausea <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;"> Cost Per Unit \$39 - \$42 <small>(as sold) for 42 cartridges</small> Cost Per Day \$6 </div>

NRT GUM

Treatment Plan	Instructions for Use	Possible Side Effects
(when using gum on its own) <input type="checkbox"/> 2 mg (if you smoke your first cigarette 30 or more minutes after you wake up) <input type="checkbox"/> 4 mg (if you smoke your first cigarette within 30 minutes of waking up) : Use one piece as needed every 1-2 hours for weeks 1 - 6 : Use one piece as needed every 2-4 hours for weeks 7 - 9 : Use one piece as needed every 4-8 hours for weeks 10 -12 or longer	: Should be chewed slowly until you can taste the nicotine or feel a slight tingling in your mouth, then stop chewing : Place the gum between your cheek and gums. After one minute, repeat the process until cravings are resolved : Chew and park each piece for 20 - 30 minutes or until your craving passes : Avoid eating or drinking 15 minutes before or during use	: Mouth soreness : Jaw pain : Hiccups : Nausea : Clings to dental work <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;"> Cost Per Unit \$23 - \$44 <small>2 mg /dose, 105 pieces</small> \$30 - \$44 <small>4 mg /dose, 105 pieces</small> Cost Per Day \$2 - \$3 <small>2 mg and 4 mg dose</small> </div>



NRT LOZENGES

Treatment Plan	Instructions for Use	Possible Side Effects (Frequency)
(when using lozenge on its own) <input type="checkbox"/> 1 mg or 2 mg (if you smoke your first cigarette 30 or more minutes after waking up) <input type="checkbox"/> 4 mg (if you smoke your first cigarette within 30 minutes of waking up) : Use one piece as needed every 1-2 hours for weeks 1 - 6 : Use one piece as needed every 2-4 hours for weeks 7 - 9 : Use one piece as needed every 4-8 hours for weeks 10 -12 or longer	: Place the lozenge in your mouth and let it dissolve, moving it back and forth from time to time : Each lozenge will last about 20-30 minutes : Avoid eating or drinking 15 minutes before or during use	: Nausea : Headache : Heartburn : Coughing : Hiccups <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Cost Per Unit \$31 - \$39 <small>2 mg / dose, 88 pieces</small> \$38 - \$49 <small>4 mg / dose, 88 pieces</small> Cost Per Day \$4 - \$7 <small>2 mg and 4 mg dose</small> </div>

NRT MOUTH SPRAY

Treatment Plan	Instructions for Use	Possible Side Effects (Frequency)
(when using mouth spray on its own) : Use 1-2 sprays every 30-60 minutes as needed and reduce frequency over 12-24 weeks : Maximum dosage is 4 sprays per hour or 64 sprays per day : Each spray contains 1 mg of nicotine (Each dispenser provides 150 sprays)	: First use, prime the spray pump : Point spray nozzle as close to open mouth as possible and release : Do not inhale to avoid getting spray down throat : Refrain from swallowing for a few seconds	: Headache : Nausea : Vomiting : Changes in taste : Tingling sensation of the mouth <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Cost Per Unit \$27- \$42 <small>1 mg / dose, 150 sprays</small> Cost Per Day \$12 - \$15 </div>



OTTAWA MODEL FOR SMOKING CESSATION PRACTICE TOOLS

These tools have been developed to support the integration of best practices for smoking cessation into busy clinic environments and can be easily integrated into electronic medical records or used in hard copy formats.

TOBACCO USE VITAL STAMP

TOBACCO USE	
ASK SMOKING STATUS	<input type="checkbox"/> Current → # years: _____ # cigs/day: _____ <input type="checkbox"/> Former → <input type="checkbox"/> Never
ADVISE TO QUIT	<input type="checkbox"/> Ready → <input type="checkbox"/> Quit Plan Consult <input type="checkbox"/> Not Ready → <input type="checkbox"/> Reduce to Quit <input type="checkbox"/> Not Appropriate

TOBACCO USE SURVEY

Tobacco Use Survey

PLEASE COMPLETE THE FOLLOWING QUESTIONS:

- Have you used any form of tobacco in the past 6 months?
- Have you used any form of tobacco in the past 7 days?
- What form of tobacco do you currently use?
- How many years in total have you been smoking?
- How many cigarettes do you usually smoke per day?
- How soon after you wake up do you smoke your first cigarette?
- How many quit attempts (lasting >24 hours) have you made in the past year?
- Do others smoke in your home?
- Which of the following best describes your feelings about smoking right now?
- On a scale from 1-5, how important is it to you to quit smoking?
- On a scale from 1-5, how confident are you that you can quit smoking?
- What are your reasons for wanting to quit smoking?
- What concerns, if any, do you have about quitting smoking?
- Have you previously used quit smoking medications?
- Does your drug/benefit plan cover quit smoking medications?
- Are you presently receiving follow-up telephone calls from the Quit Smoking Program?
- How many caffeinated drinks (eg. coffee, tea, pop) do you consume per day?

ANSWER HERE

FOR PARTICIPANT USE

THANK YOU.

SMOKING CESSATION CONSULT FORM

Quit Plan Consult Form

PHYSICIAN CONSULT (K039, Q042A)

ASSIST Identify Communications

ASSIST Set Quit Date

ARRANGE Follow-up

REVIEW

SMART CARD VIN #

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QUIT PLAN BOOKLET FOR SMOKERS READY TO QUIT



These tools are available for use in both hard copy and electronic format. To receive a copy of any of these tools, please contact us at scprimarycare@ottawaheart.ca



COMMUNITY RESOURCES – SMOKING CESSATION

OPTIONS FOR NRT AT LOW OR NO COST

Walmart: \$26.96 for 7-day supply of Nicoderm Patch. Habitrol and No-Name brands are cheaper.

A.C.E.S.S. Programs (City of Ottawa): \$10.00 per week plus a script, must show up every week. Will provide for 6 weeks.

Employer: May cover the cost through employee assistance programs.

PROVINCIAL QUIT SMOKING SERVICES

Clinic/Program: **Smokers' Helpline (Text-based Support)**

Description: Text Messaging Support
Free interactive text support, advice and information for up to 13 weeks, on a mobile device.
Go to: smokershelpline.ca

Clinic/Program: **Smokers' Helpline (Telephone-based Support)**

Canadian Cancer Society
Tel: 1-877-513-5333

Description: Toll-free, bilingual, confidential telephone service for all smokers, whether or not they are ready to quit. Provide evidence-based counselling and smoking cessation support. They can also assist family and friends who would like to help a smoker quit.
Does not presently address pharmacotherapy.

Appropriate for:

- Smokers who want to quit, may be thinking about quitting, or need support to remain smoke-free
- Family members
- Health professionals

Hours: Mon to Thurs: 8:00 a.m. – 9:00 p.m.
Fri: 8:00 a.m. – 6:00 p.m.
Sat & Sun: 9:00 a.m. – 5:00 p.m.

Language: English, French

Cost: N/A

Referral: Self-referral, physician referral

Clinic/Program: **Smokers' Helpline (Online Support)**

Canadian Cancer Society
www.smokershelpline.ca

Description: An interactive, web-based service available 24 hours a day, 7 days a week offering tips, tools and support to help with quitting smoking.
Does not presently address pharmacotherapy.

Appropriate for: All smokers

Hours: 24/7

Language: English, French

Cost: N/A

Referral: Self-referral



CITY OF OTTAWA

Clinic/Program: Quit Smoking Program**Prevention and Wellness Centre (PWC)****University of Ottawa Heart Institute (UOHI)**

Room H-2342 40 Ruskin Street, Ottawa, ON

Tel: 613-761-5464 Toll Free: 1-866-399-4432 Fax: 613-761-5309

Email: quitsmoking@ottawaheart.ca

Description: The Quit Smoking Program is open to all individuals who are interested in quitting smoking. This includes patients, family members and the general public. The Program provides a non-judgmental and supportive environment where a quit plan is tailored to meet individual needs. Following a group information session, participants can schedule one-on-one counseling sessions with a nurse trained and experienced in tobacco treatment dependence. Counseling sessions are scheduled as needed.

Appropriate for: All adult smokers requiring assistance with making a cessation attempt

Hours: Clinic hours weekdays and evenings

Language: English, French

Cost: \$25 commitment fee

Referral: Referral/Registration: Quit Smoking Program registration can be completed by phone or in person at the Prevention and Wellness Centre. For more information on the Smoking Cessation Program visit the Prevention and Wellness Centre website: http://www.ottawaheart.ca/heart_disease/smoking.htm or call 613-761-5464.

Clinic/Program: Kick Butt for 2 - Young/Single Parents of Ottawa**St. Mary's Home Community Outreach and Program Centre:**

780 De L'Eglise, Ottawa ON K1K 3K7

Tel: 613-749-2491 Fax: 613-569-6582

www.stmaryshome.cominfo@stmaryshome.com**Salvation Army Bethany Hope Centre:**

1140 Wellington Street West, Ottawa ON K1Y 2Z3

Tel: 613- 725-1733

Youville Centre:

150 Mann Avenue, Ottawa ON K1N 8P4

Tel: 613-231-5150

www.youvillecebtre.org

Description: This is an 8-week program where participants identify their reasons for smoking, find other ways to cope with stress, and learn about the health effects of smoke on themselves and their babies. Participants will receive weekly support in reaching their goals. Child care and bus tickets available.

Appropriate for: Program for pregnant teens and young single parents

Hours: Program is offered in various locations with different times and dates. Call for schedule and locations.

Language: English, French

Cost: N/A

Referral: Self-referral



Clinic/Program: **Quit Smoking Clinic for Teens**

Clinic for Adolescents
 1929 Russell Road, Suite 314, Ottawa, ON
 Tel: 613-737-7119

Description: Individual physician counselling for teen smokers. Individual or group sessions available

Appropriate for: Youth aged 12 to 19 years

Hours: By appointment on Thurs 9:00 a.m. - 5:00 p.m.

Language: English

Cost: N/A

Referral: Physician referral required

ACCESSIBLE CHANCES FOR EVERYONE TO STOP SMOKING (A.C.E.S.S.) PROGRAM

Clinic/Program: **A.C.E.S.S. Smoking Cessation Program**

Ottawa Public Health (OPH)
 100 Constellation Crescent, Ottawa, ON
 Tel: 613-580-6744 or Toll Free: 1-866-426-8885

Description: This program is a partnership between Ottawa Public Health and Community Health Centres. 8-week group program offered fall, spring, and winter. The program offers subsidized NRT. See below for locations.

Carlington Community and Health Services Tel: 613-722-4000 x 400
 900 Merivale Road, Ottawa, ON

Centertown Community Health Centre Tel: 613-233-2317 x 3005
 420 Cooper St., Ottawa, ON

Lowertown Community Resource Centre Tel: 613-789-9390
 40 Cobourg St., Ottawa, ON

Pinecrest-Queensway Health & Community Services Tel: 613-820-4925
 1365 Richmond Road, 2nd Floor, Ottawa, ON

Sandy Hill Community Health Centre Tel: 613-789-8458
 221 Nelson Street (at Rideau), Ottawa, ON

Somerset West Community Health Centre Tel: 613-238-8210 ext. 1213
 55 Eccles Street, Ottawa, ON

South-East Ottawa Centre for a Healthy Community Tel: 613-737-7195 ext. 2319
 1355-600 Bank Street, Ottawa, ON

Wabano Centre for Aboriginal Health Tel: 613-748-0657
 299 Montreal Road, Ottawa, ON

East Ottawa Community Family Health Team Tel: 613-590-0533
 3095 St. Joseph Blvd, Suite 202, Orleans ON

Appropriate for: All adult smokers

Hours: Vary – contact OPH

Language: English and/ or French

Cost: N/A

Referral: Self-referral

**Clinic/Program: Nicotine Anonymous**

Dalhousie Community Centre
755 Somerset St. W, Ottawa ON
Tel: 613-564-1188

Description: 12 step program ongoing self-support group

Appropriate for: All Smokers

Hours: Tuesday Evening

Language: English

Cost: Contributions accepted

Referral: Self-referral

Clinic/Program: Seventh day Adventist Church - Breathe Free

2200 Benjamin Avenue, Ottawa ON
Tel: 613-728-8178

Description: 8 two-hours sessions over 3 weeks. Follow-up at 6 and 12 months offered on demand, waiting list complied.

Appropriate for: All smokers

Language: English

Cost: \$40 per person or \$55 per couple

Referral: Self-referral

EASTERN COUNTIES

Clinic/Program: Quit Smoking Program

Eastern Ontario Health Unit
Head Office: 1000 Pitt Street, Cornwall, ON
Tel: 613-933-1375 or Toll Free: 1-800-267-7120 (Ask for Health Line)

Description: Group quit smoking workshops. 6 one-hour sessions.
Brief individual counselling also available.

Appropriate for: All smokers

Various locations across five counties based on demand.

Hours: Offered in fall and winter

Language: English, French

Cost: N/A

Referral: Self-referral



Clinic/Program: **Smoking is a Drag**

Seaway Valley Community Health Centre
353 Pitt Street, Cornwall, ON K6J 3R1
Tel: 613-936-0306 Fax: 613-936-0521
Website: www.seawayvalleychc.
Email: info@seawayvalleychc.ca

Description: Quitting is possible and it is never too late! Learn strategies for quitting with success. Create an Action Plan, learn about different methods to quit, how to manage stress, cravings and more.

Appropriate for: Anyone wanting to quit smoking

Hours: To register, call Nancy, Health Educator/Promoter at: 613-936-0306 ext.151

Language: English

Cost: N/A

Referral: Self referral

RENFREW COUNTY & DISTRICT

Clinic/Program: **Renfrew Country and District Health Unit**

7 International Drive, Pembroke, ON
Tel: 613-735-8666 or Toll Free: 1-800-267-1097 ext. 666 (Health Information Line)

Description: Quit smoking sessions and programs, minimal contact intervention, and free self-help quit information.

Appropriate for: All smokers

Hours: Vary

Language: English, French

Cost: N/A

Referral: Self-referral

Clinic/Program: **Strengthening the Forces**

Health Promotion Office
57 Festubert Blvd., Unit P – 118, CFB Petawawa, ON
Tel: 613-687-5511 ext. 4685

Description: “BUTT OUT” program for military members, their families, and members of the defence team.

Appropriate for: All smokers

Hours: Vary

Language: English

Cost: N/A

Referral: Self-referral



LEEDS, LANARK & GRENVILLE

Clinic/Program: **Leeds, Grenville & Lanark District Health Unit**

458 Laurier Boulevard, Brockville, ON
Tel: 613-345-5685 or Toll Free: 1-800-660-5853

Description: Brief counselling and free self-help quit information.

Appropriate for: All smokers

Hours: Vary

Language: English, French

Cost: N/A

Referral: Self-referral

Clinic/Program: **Brockville Cardiovascular Program Smoking Cessation**

75 Charles St., Brockville, ON
Tel: 613-345-5645 ext. 1414 Fax: 613-345-8348

Description: This program provides individual counselling for patients who want to quit.

Appropriate for: All smokers

Hours: By appointment on Wed & Fri 1:00 p.m. - 3:00 p.m.

Language: English

Cost: Free

Referral: Must be a registered cardiac rehabilitation participant in the Brockville Cardiovascular Program.

NOTES
