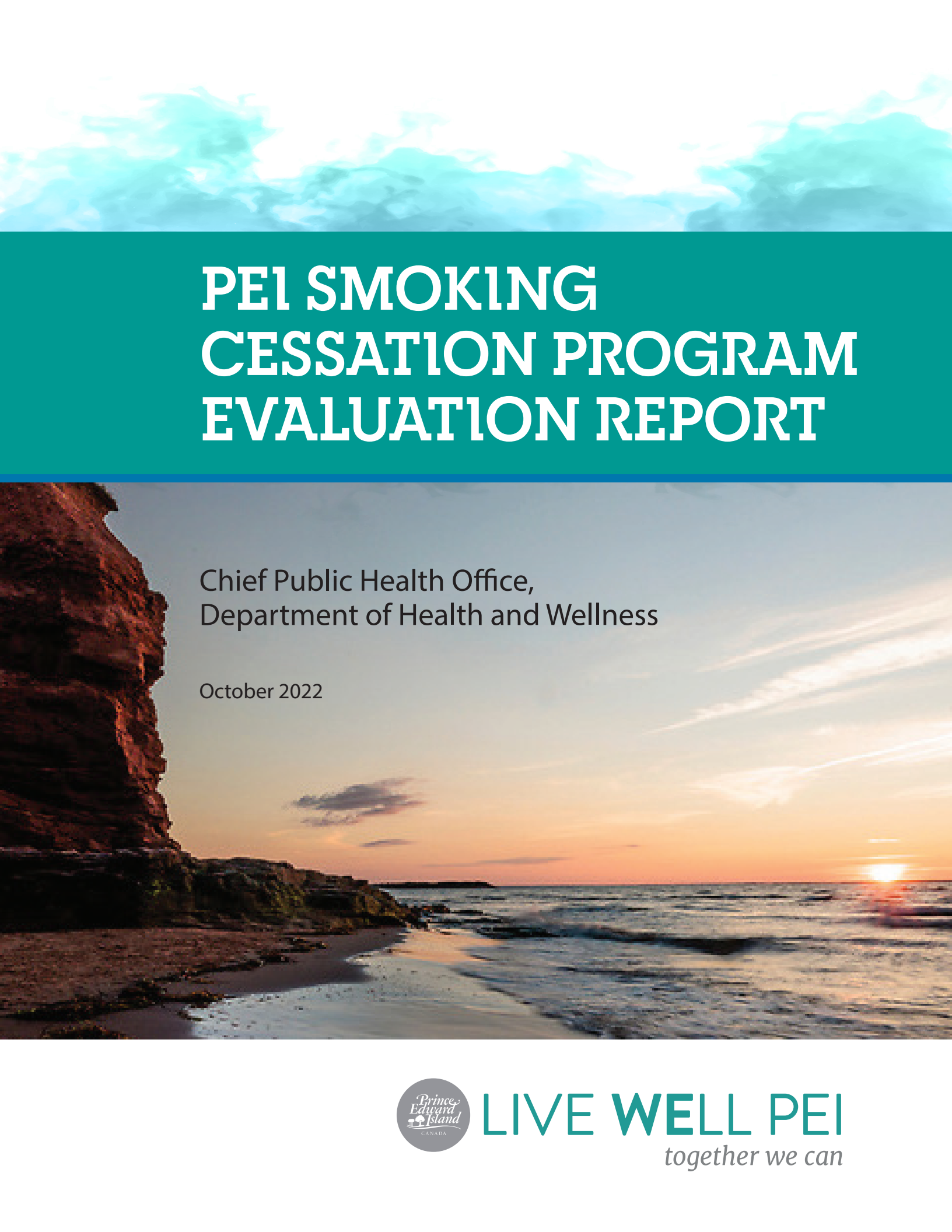




# PEI SMOKING CESSATION PROGRAM EVALUATION REPORT

Chief Public Health Office,  
Department of Health and Wellness

October 2022



**LIVE WELL PEI**

*together we can*

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## **Acknowledgements and Notes**

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Tobacco use in this evaluation report refers to commercial tobacco, not ceremonial tobacco. Tobacco has been used traditionally by most Aboriginal cultures for thousands of years. First Nations and Métis use tobacco for ceremony, healing and giving thanks. Typically, ceremonial tobacco is not smoked, except during special ceremonial occasions, where it is burned in a pipe but not inhaled.

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## ACRONYMS

|             |                                    |
|-------------|------------------------------------|
| <b>CPHO</b> | Chief Public Health Office         |
| <b>CTC</b>  | Cancer Treatment Centre            |
| <b>DHW</b>  | Department of Health and Wellness  |
| <b>NRT</b>  | Nicotine Replacement Therapy       |
| <b>OMSC</b> | Ottawa Model for Smoking Cessation |
| <b>PCNs</b> | Primary Care Networks              |
| <b>PEI</b>  | Prince Edward Island               |
| <b>RN</b>   | Registered Nurse                   |
| <b>SCP</b>  | Smoking Cessation Program          |
| <b>SHL</b>  | Smokers Helpline                   |

## GLOSSARY

**30-day Point Prevalence Abstinence:** a tobacco cessation measurement recommended as the primary measure for reporting Quitline outcomes (NAQC, 2021). For this program evaluation, at 6.5 months following program enrollment, respondents were asked whether they used cigarettes or other forms of tobacco in the past 30 days. Those who reported not using tobacco in the past 30 days were considered to have quit.

**Department of Health and Wellness:** the department that is responsible for the overall policy and strategic direction of the healthcare system.

**Health PEI:** the organization that is responsible for frontline services and overall operations to meet the needs of the residents of PEI and those who visit our Island.

**Nicotine Replacement Therapy (NRT):** non-prescription medications that contain nicotine to reduce the motivation to consume tobacco and withdrawal symptoms associated with quit attempts (RNAO, 2017).

**Payer of Last Resort:** institution that pays after all other benefit programs have been exhausted; the Smoking Cessation Program provides financial coverage for pharmacotherapy after all other health care plans have been utilized and/or health benefits are provided for individuals who do not have private health insurance.

**Pharmacotherapy:** treatment with medication; for this evaluation report, either NRT or prescription smoking cessation medication.

**Participants:** in this report, participants are described as those who were enrolled in the Smoking Cessation Program from December 9, 2019 to December 31, 2020.

**Prescription Smoking Cessation Medication:** prescription medication that helps reduce nicotine cravings and withdrawal symptoms.

**Quit Attempt:** an attempt to stop smoking for at least 24 hours (Hughes & Callas, 2010).

**Quit Rate:** calculated as 30-day point prevalence abstinence at 6.5 month follow-up among those who responded to the evaluation survey.

**Respondents:** in this report, respondents are described as those who responded to the Smoking Cessation Program evaluation survey.

**Smoking Cessation:** to quit tobacco use and remain tobacco free (CAN-ADAPTT, 2010).

**Smokers Helpline:** a free, confidential service provided by the Canadian Cancer Society that provides support, information and resources about quitting smoking and using other tobacco products (Smokers Helpline, 2020).

## EXECUTIVE SUMMARY

Tobacco use is a significant modifiable risk factor for five of the leading causes of morbidity and mortality (heart disease, stroke, respiratory disease, diabetes and cancer), while also the leading cause of preventable illness and death in Prince Edward Island (CPHO, 2021). Although smoking prevalence in Canada has been declining over the past twenty years, the direct and indirect health and social impacts associated with tobacco continue to result in a significant burden on our health care system (CPHA, 2021).

The daily smoking rate in Prince Edward Island (11.6%) remains consistently higher than the national rate, as many Island residents continue to smoke or use other tobacco products (CPHO, 2021). Many users of tobacco want to stop; unfortunately, nicotine is a highly addictive substance, which makes it very difficult to quit. Evidence-informed **smoking cessation** support has been proven to help individuals quit successfully and live tobacco-free. In fact, tobacco cessation programs are among the most cost-effective medical interventions available today.

The Province of Prince Edward Island launched a Smoking Cessation Program on December 9, 2019 through the Chief Public Health Office, Department of Health and Wellness, in partnership with Health PEI. Program policy and development, monitoring, data management, evaluation and reporting were the responsibility of the Chief Public Health Office. Implementation of services rested with Health PEI, through Primary Care Networks across the province. Primary Care Networks are community-based health centres that provide programs and services to all Island residents.

The Provincial Smoking Cessation Program is part of a comprehensive approach to tobacco control involving protection, prevention and cessation. The Smoking Cessation Program is a publicly funded, universal cessation program that provides '**payer of last resort**' funding for **pharmacotherapy** (i.e., **Nicotine Replacement Therapy**<sup>1</sup> or **prescription medications**<sup>2</sup>) to Prince Edward Island residents who smoke or use other tobacco products.

In October 2020, the Chief Public Health Office launched a comprehensive evaluation to assess program impact and the experience of Island residents who accessed program supports in the first year of the Provincial Smoking Cessation Program. **Participants** who accessed the program from December 9, 2019 to December 31, 2020 were contacted between October 2020 and August 2021. In total, 1,707 participants enrolled in the Smoking Cessation Program during the evaluation period and 818 **respondents** completed the evaluation survey.

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<sup>1</sup> Patches, gum, inhaler, lozenges   <sup>2</sup> Bupropion/ Zyban   <sup>3</sup> Varenicline/ Champix

## Key Findings

- From an estimated 18,300 people that smoke or use tobacco products in PEI, a total of 1,707 participants enrolled in the Smoking Cessation Program during the evaluation period. As such, the program reached approximately 9% of intended participants. Of the participants, 818 responded to the evaluation survey – a response rate of 48%.
- The program achieved its target **quit rate**: 28% of evaluation respondents successfully quit smoking or other forms of tobacco.
- The program was successful at reducing tobacco consumption. Among evaluation respondents who did not quit, individuals smoked 7.3 fewer cigarettes per day when compared to the number that they smoked before the program.
- Just over one-third (35%) of evaluation respondents accessed follow-up counselling support.
- Stress and/or change in personal circumstances was the greatest / most reported barrier to quitting smoking.
- Overall, respondents reported being very satisfied with the program.

## Recommendations

In response to the findings of the *Smoking Cessation Evaluation Report*, some key recommendations have emerged that would further build on tobacco cessation services and supports in PEI.

These recommendations can improve PEI's daily smoking rate and population health.

- **Increase the number of program participants.** PEI's daily smoking rate (11.6%) remains consistently higher than the national rate as many Island residents continue to smoke or use other tobacco products. The Smoking Cessation Program reached approximately 9% of these intended participants. Expansion of program intake sites, program initiatives, as well as marketing and promotions are essential for improving cessation access and awareness for Island residents.
- **Apply an equity lens to increase program reach in priority populations.** Use tailored approaches to develop supportive community programs that are accessible to those who need them the most.
- **Expand program to include cessation support for vaping product users.** Increasing rates of vaping/ e-cigarette use are being reported in Canada and PEI. In response to the increase in vaping (both exclusively and in combination with other tobacco products) the Smoking Cessation Program should incorporate cessation support to reduce the harms associated with e-cigarette use.
- **Expand program intake sites to additional healthcare and community settings.** Integrate the Smoking Cessation Program into routine clinical practice (e.g., primary care, acute care, long-term care, etc.) and community settings (e.g., pharmacies).
- **Increase program delivery capacity in existing primary care settings.** Invest in supports that increase primary care capacity for tobacco cessation programming.
- **Enhance the counselling components of the program.** Provide ongoing Ottawa Model for Smoking Cessation (OMSC) education and increase program knowledge among other healthcare practitioners.
- **Dedicate additional resources to ongoing program monitoring and evaluation.** Expansion of human resources and infrastructure are necessary for robust program management and evaluation to punctually monitor program effectiveness, respond to client and program needs and inform program and policy direction.

## INTRODUCTION

Tobacco use is a significant modifiable risk factor for five of the leading causes of morbidity and mortality (heart disease, stroke, respiratory disease, diabetes and cancer), while also the leading cause of preventable illness and death in Prince Edward Island (PEI) (CPHO, 2021). Although smoking prevalence in Canada has been declining over the past twenty years, the direct and indirect health and social impacts associated with tobacco continue to result in a significant burden on our health care system (CPHA, 2021).

The daily smoking rate in PEI (11.6%) remains consistently higher than the national rate as many Island residents continue to smoke or use other tobacco products (CPHO, 2021). Many users of tobacco want to stop; unfortunately, nicotine is a highly addictive substance, which makes it very difficult to quit. Nonetheless, due to the support of evidence-based cessation programs, many people who use tobacco products can quit successfully.

Evidence-informed cessation support, incorporating a combination of pharmacotherapy and counselling, has been proven to help individuals quit successfully and live tobacco-free. Individuals who access support to stop using tobacco products are four times more likely to be successful compared with individuals who do not receive support (University of Ottawa Heart Institute, 2013). In fact, tobacco cessation programs are among the most cost-effective medical interventions available today. In 2017, tobacco accounted for \$12.3 billion in total costs (e.g., lost productivity, healthcare, criminal justice and other direct costs) and \$6.1 billion in healthcare costs in Canada (Canadian Substance Use Costs and Harms Scientific Working Group, 2020). In PEI, the total cost and healthcare costs associated with tobacco use were \$69 million and \$34 million respectively (Canadian Substance Use Costs and Harms Scientific Working Group, 2020).

In December 2019, PEI launched a Smoking Cessation Program (SCP) through the Chief Public Health Office (CPHO), Department of Health and Wellness (DHW), in partnership with Health PEI. The Provincial SCP is a publicly funded, universal cessation program that provides 'payer of last resort' funding for pharmacotherapy to PEI residents who smoke or use other tobacco products.

The program provides 100% coverage for one course of pharmacotherapy treatment – either a Nicotine Replacement Therapy (NRT) product or prescription medication – for a minimum of six weeks to a maximum of 18 weeks. Repeated attempts are often needed to quit smoking successfully. As a result, eligible PEI residents have the option to enroll in the program once per year.

## PURPOSE

The PEI Smoking Cessation Program is part of a comprehensive approach to tobacco control involving protection, prevention and cessation. The purpose of this evaluation was to assess the impact of the SCP and the experience of Island residents who accessed supports in its first year.

## PROGRAM DESCRIPTION

The PEI SCP was grounded in the Ottawa Model of Smoking Cessation (OMSC), a systematic approach that addresses tobacco use and supports successful quitting using evidence-based smoking cessation treatments and follow-up support, including counselling (University of Ottawa Heart Institute, 2013). The program was launched on December 9, 2019 by the *CPHO, DHW*, in partnership with *Health PEI*. Based on academic literature and best practice the target quit rate of the PEI SCP was 30%.

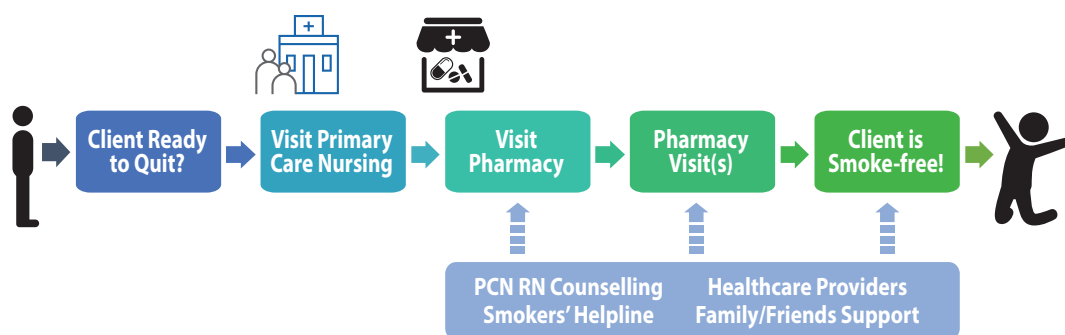
Program policy and development, monitoring, data management, evaluation and reporting were the responsibility of the CPHO. Implementation of services rested with Health PEI, through Primary Care Networks (PCNs) across the province. PCNs are community-based health centres that provide programs and services to all Island residents. Registered Nurses (RNs) in PCNs are often a first point of contact in the health care system and, thus, were well positioned to provide routine support and treatment to diverse patient groups. PCN RNs are trained in the OMSC and were essential in providing cessation treatment and counselling support to patients enrolled in the SCP program.

Island residents could self-refer to the program by booking an appointment with their local PCN or at the Cancer Treatment Centre (CTC), if they were receiving cancer treatment. Prior to the COVID-19 pandemic, appointments were provided in person or in group sessions and lasted 30 to 60 minutes. At the onset of the pandemic, appointments shifted to telephone only to minimize the risk of spreading COVID-19 in health care settings. Appointments then transitioned to a hybrid model, provided either by telephone or in person.

At intake, an RN assessed the patient's smoking history and readiness to quit, and together, they co-designed a tailored plan for quitting (e.g., setting the quit date, choosing a quit smoking medication, choosing a method of follow-up support, preparing for the quit date, addressing cravings and withdrawal) and scheduled a follow-up appointment. In addition to follow-up support provided by the RN, follow-up counselling was also available through the *Smoker's Helpline (SHL)*. SHL is a phone and online-based smoking cessation service that Island residents can seek information and resources about quitting smoking and/or using other tobacco products by connecting with a quit coach.

Following the intake appointment, participants accessed their smoking cessation product at a community pharmacy. The SCP decreased financial barriers to purchasing and accessing NRT products or smoking cessation medications, thus improved accessibility for broad population groups. For Zyban or Champix, a written prescription was required from a Physician or Nurse Practitioner. Participants were permitted to switch smoking cessation products if they experienced negative side effects related to the NRT or medication such as, but not limited to, skin irritation, nausea, trouble sleeping, or stomach upset.

Although the program is ongoing, this evaluation focused on program delivery from December 9, 2019 to December 31, 2020.



## EVALUATION DESIGN, FRAMEWORK AND ADMINISTRATION

The PEI SCP evaluation utilized a post-intervention non-experimental design. The evaluation employed the RE-AIM framework, which is frequently used for planning and evaluating public health programs. Using this framework, a post-intervention participant survey with 26 questions was developed to evaluate program **R**each, **E**ffectiveness, **A**doption, **I**mplementation, and **M**aintenance. The survey was administered by telephone, at least six months after the last day of cessation treatment.

Information gathered from participants during program intake (e.g., smoking history, readiness to quit) was also used for the evaluation. Combined information from intake and the post-intervention survey allowed for an embedded one-group preintervention-postintervention non-experimental design to evaluate program effectiveness and impact.

A separate online survey was administered to PCN RNs who acted as service providers for the SCP. RNs were asked to provide their perspectives through open-ended and closed-ended questions about the administration of the program, counselling and follow-up support, engagement, and barriers to program implementation.

## EVALUATION OBJECTIVES

The objectives of this evaluation report were as follows:

1. Assess the program's effectiveness and impact.
  - Program reach
  - Changes in behaviours, consumption, cessation outcomes, etc.
2. Assess delivery of cessation services.
  - Client satisfaction, provider education and training
3. Assess program sustainability.
4. Identify levers and barriers for smoking cessation.
5. Inform decisions about future programming.

## KEY FINDINGS: SCP PARTICIPANTS

### *PEI SCP Reach*

From an estimated 18,300 people that smoke or use tobacco products in PEI, a total of 1,707 people participated in the PEI SCP during the evaluation period. As such, the SCP reached approximately 9% of intended participants.

*"Great program.  
A person needs to  
be ready to quit in  
order to be successful."*

– SCP Respondent

### *Context: What we learned about PEI SCP Participants*

The PEI SCP was successful in reaching Island residents who used tobacco products across all PCNs in the province and among all social demographic categories (e.g., age, sex, education level).

### *Quick Facts about SCP Participants*

- Median age of daily smoking initiation: 15 years old
- Median number of years smoked: 33 years
- Most common tobacco product used: cigarettes
- Other tobacco products used: cigars, pipes, smokeless (chew)
- Use of vaping devices (alone/in combination with tobacco products): 7% of participants

## KEY FINDINGS: EVALUATION RESPONSE

Of the 1,707 total participants enrolled in the SCP during the evaluation period, 818 completed the evaluation survey, for a response rate of 48%.

The online PCN RN evaluation survey was distributed to the five PCNs across the Island. Completed surveys were received from 15 RNs, with at least one RN respondent from each PCN.

*“Wonderful program  
and happy to say  
[I have] been smoke  
free for the last  
1.5 years.”*

– SCP Respondent

## KEY FINDINGS: SMOKING STATUS

### Quit Rate

The quit rate among evaluation respondents was **28%**. Literature and best practice evidence suggest there is a correlation between this quit measurement<sup>3</sup> and remaining smoke free.

**More than two-thirds of evaluation respondents (71%)** perceived the Smoking Cessation Program helped, or was helping, them to quit.

### Counselling and Quit Attempts

Research has shown that follow-up counselling plays a key role in successful *quit attempts*. **Just over one-third (35%) of evaluation respondents accessed counselling support.** Uptake of follow-up counselling was similar across almost all program respondent characteristics (e.g., quit rate, sex, age group, education, number of cigarettes smoked daily, number of years smoked, and age of initiating cigarette smoking).

### Changes in Tobacco Consumption

On average, evaluation respondents who did not quit smoked 7.3 fewer cigarettes per day when compared to the number that they smoked before the program.

*“I am just glad that I could stop and thankful for  
[the Smoking Cessation] program.”*

– SCP Respondent

<sup>3</sup> 30-day Point Prevalence Abstinence: a tobacco cessation measurement recommended as the primary measure for reporting Quitline outcomes (NAQC, 2021). For this program evaluation, at 6.5 months following program enrollment, respondents were asked whether they used cigarettes or other forms of tobacco in the past 30 days. Those who reported not using tobacco in the past 30 days were considered to have quit.

# KEY FINDINGS: PREDICTORS OF SUCCESS IN QUITTING SMOKING

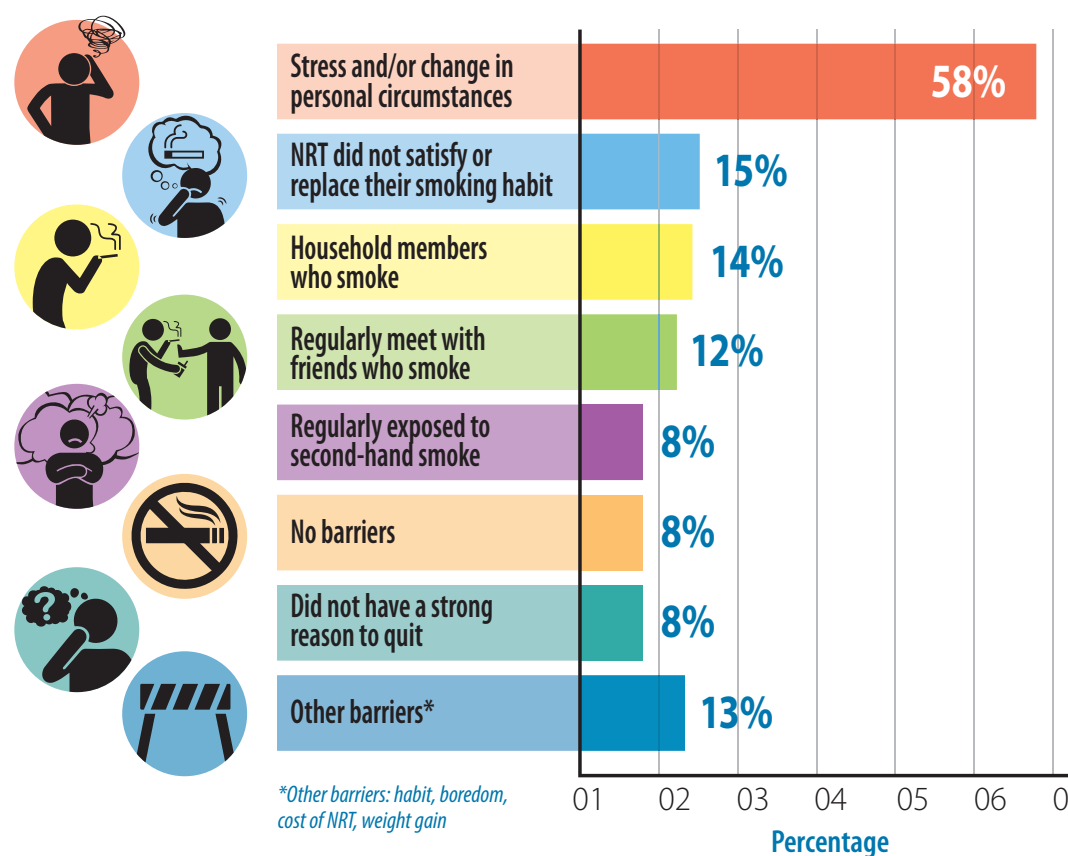
*"I recommend this program to anyone who needs it."*

– SCP Respondent

## Barriers to Quitting (Predictors of Unsuccessful Quit Attempts)

SCP respondents identified several barriers that impacted their ability to quit. **Stress and/or change in personal circumstances was the most reported barrier** to quitting smoking (58%), followed by NRT not satisfying or replacing their smoking habit (15%), and having household members who smoke (14%).

Figure 2: Barriers to Quitting Smoking



*The benefit that is most prevalent is the removal of the financial burden of purchasing smoking cessation supplies. Having access to free NRT/medications allows people to have more confidence going into their quit attempt."*

– Primary Care RN

## Characteristics Associated with Quitting (Predictors of Successful Quit Attempts)

Evaluation respondents who reported successful quitting **tended to be younger (under 49 years of age) and did not smoke as long, or as many cigarettes per day<sup>4</sup>**, prior to enrolling in the program, as those who did not remain smoke-free.

**Table 1: Respondent Characteristics by Quit Status**

| Characteristic                                            |                                                           | Value             |              | P Value |
|-----------------------------------------------------------|-----------------------------------------------------------|-------------------|--------------|---------|
|                                                           |                                                           | Successfully Quit | Did Not Quit |         |
| <b>Sex</b>                                                | Female                                                    | 27%               | 73%          | 0.794   |
|                                                           | Male                                                      | 28%               | 72%          |         |
| <b>Age Group</b>                                          | 18-34 years old                                           | 35%               | 65%          | 0.008*  |
|                                                           | 35-49 years old                                           | 34%               | 66%          |         |
|                                                           | 50-64 years old                                           | 22%               | 78%          |         |
|                                                           | 65+ years old                                             | 26%               | 74%          |         |
| <b>Primary Care Network</b>                               | Kings PCN                                                 | 19%               | 81%          | 0.057   |
|                                                           | Queens East PCN                                           | 28%               | 72%          |         |
|                                                           | Queens West PCN                                           | 32%               | 68%          |         |
|                                                           | East Prince PCN                                           | 31%               | 69%          |         |
|                                                           | West Prince PCN                                           | 19%               | 81%          |         |
|                                                           | Cancer Treatment Centre                                   | 43%               | 57%          |         |
| <b>Highest level of education</b>                         | Less than high school                                     | 25%               | 75%          | 0.216   |
|                                                           | High school graduation, no post-secondary education       | 25%               | 75%          |         |
|                                                           | Post-secondary certificate, diploma, or university degree | 30%               | 70%          |         |
| <b>Number of cigarettes smoked per day, daily smokers</b> |                                                           | Median: 20        | Median: 20   | 0.039*  |
| <b>Number of years smoked, all smokers</b>                |                                                           | Median: 30        | Median: 35   | 0.004*  |
| <b>Age of initiating (daily) cigarette smoking</b>        |                                                           | Median: 15        | Median: 15   | 0.700   |

\* Statistically significant (P value <0.05)

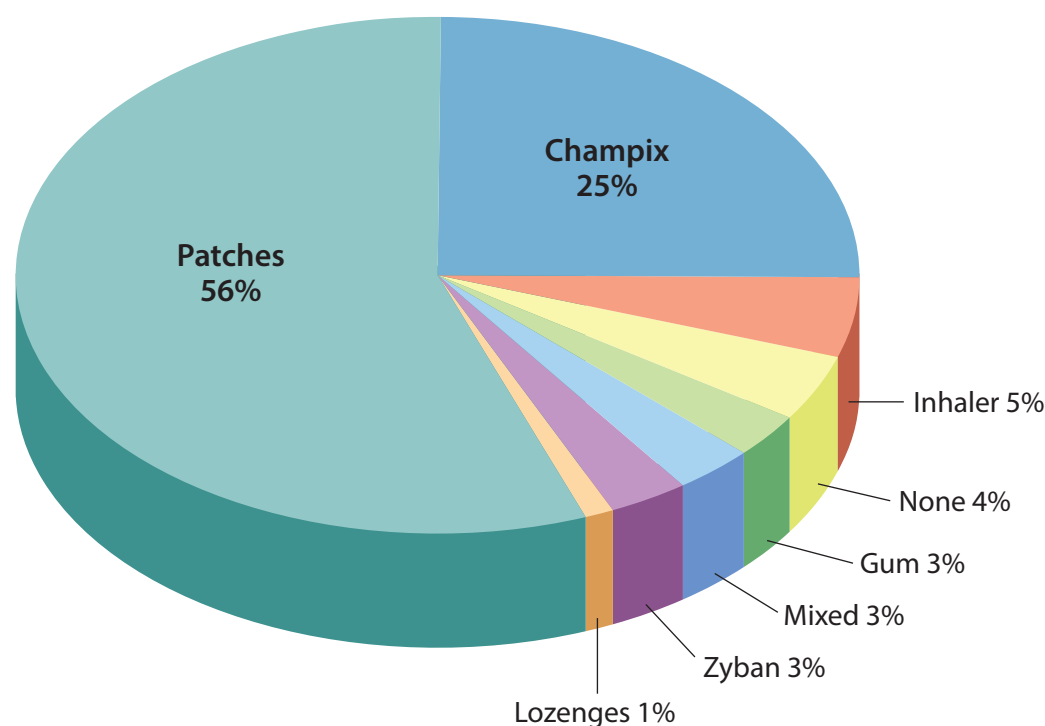
<sup>4</sup> Although not evident from the medians and interquartile ranges in Table 1, statistical testing (Mann-Whitney U test with significance set at P value <0.05) indicated that those who quit tended to smoke fewer cigarettes per day prior to their enrollment in the SCP than those who did not quit.

## KEY FINDINGS: IMPLEMENTATION

### Chosen Pharmacotherapy Products

Of the 1,707 participants, 56% were dispensed patches (NRT) and 25% were dispensed Champix (medication).

**Figure 3: Types of Cessation Aids Dispensed**



*"It's an excellent program. Because of the program I almost quit, and I am going to try again. If it wasn't for this program, I wouldn't have been able to buy the products to quit."*

– SCP Respondent

*"It's an awesome program. I suggest it to all of my friends."*

– SCP Respondent

## **Counselling and Other Cessation Resources Used During Program**

The OMSC (University of Ottawa Heart Institute, 2013) suggests that follow-up counselling should take place one to four weeks after a patient's quit attempt, with subsequent monthly follow-up for the first three to six months. In line with this recommendation, evidence suggests that follow-up counselling that supports relapse prevention, boosts motivation to quit and assesses any concerns, increases the chances of a successful quit attempt (University of Ottawa Heart Institute, 2013).

**Approximately 35% of SCP evaluation respondents accessed follow-up counselling support.** As such, almost two thirds (65%) of evaluation respondents did not receive any follow-up counselling while enrolled in the SCP.

In addition to follow-up counselling through the SCP, a variety of other supports were offered to participants. Primary Care Nurses reported that they commonly referred participants to the Smokers' Helpline phone number and online services. Other local points of referral included Health PEI's Chronic Obstructive Pulmonary Disease (COPD) Clinic and Mental Health and Addictions services.

Despite the additional support offered, **most respondents (82%) reported that the Smoking Cessation Program was the only support they accessed** for help with their current quit attempt.

## **Personal Support to Quit Smoking**

**Almost three quarters of evaluation respondents (73%) reported that they received personal support while attempting to quit smoking.** The most common type of personal support received was from family members (44% of respondents), spouses/partners (38%), and friends (24%).

*"Glad it was there when I needed it."*

– SCP Respondent

## **KEY FINDINGS: CLIENT EXPERIENCE**

### **Respondent Satisfaction with Program Implementation**

**Overall, respondents reported being very satisfied with the program.** They felt that it was easy to make appointments; they received quality service; and they did not experience challenges picking up their NRT products or medication. **Respondents also reported that the health care providers administering the program understood [their] barriers to quitting; explained well the different strategies for quitting; and spent enough time answering questions during intake.**

## DISCUSSION

The CPHO implemented a comprehensive program evaluation to support the enhancement of prevention and cessation programming in PEI. The evaluation explored key indicators (e.g., tobacco use behaviours, years smoked, social impacts and influences, counselling and other supports to quit smoking). Overall, the results of the SCP evaluation suggest that PEI residents who use tobacco products greatly benefited from access to a universal cessation support program.

The program was successful in meeting its target quit rate and reducing tobacco consumption. Although stress and personal circumstances were shown to make quitting difficult, a large portion of the evaluation respondents were successful in making a quit attempt from March to December 2020, during the COVID-19 pandemic.

Findings of this evaluation suggest that an increased focus on follow-up behavioural counselling is needed. Services, such as the SHL, could fill a supportive counselling role; however, the evaluation revealed that these services have extremely limited uptake. The SCP should explore how it may provide other forms of follow-up counselling (e.g., through other practitioners, peer support, technology, etc.) to further enhance participant success.

Although collection of program data to inform policy and program direction began December 1, 2019 and is ongoing, additional resources and a database management system are necessary to support program monitoring and evaluation to determine program effectiveness and improve future programming.

While this evaluation has given good preliminary insights into the SCP, there is still much to be learned about its implementation and its participants. Socio-demographic factors associated with tobacco use inequalities (e.g., ethnicity; sexual orientation; income) were not collected through program enrollment or evaluation. As a result, it is unknown whether the program is reaching the most vulnerable PEI populations or those with the highest prevalence of tobacco use.

Findings from this evaluation report indicate that funding to ensure program capacity and universal access to smoking cessation treatments, including behavioural counselling, is beneficial. The report also points to a need for program data to better identify and understand gaps and barriers to access, support, and treatment. It is important to continue supporting all Island residents to successfully quit smoking and live tobacco-free.

## RECOMMENDATIONS

In response to the findings of the 2019-2020 Smoking Cessation Evaluation, some key recommendations have emerged that would further build on tobacco cessation services and supports in PEI. These key areas offer actions to be taken towards improving PEI's daily smoking rate and population health.

### *Reach*

- **Increase the number of participants in the program.** PEI's daily smoking rate (11.6%) remains consistently higher than the national rate as many Island residents continue to smoke or use other tobacco products. The SCP reached approximately 9% of these intended participants. Expansion of program intake sites, program initiatives, as well as marketing and promotions are essential for improving access and awareness for Island residents.
- **Apply an equity lens to increase program reach in priority populations.** Use tailored approaches to develop supportive community programs that are accessible to those who need them the most.
  - Collect data on socio-demographic factors that may be used in a culturally safe manner to identify health inequities in priority populations.
  - Develop targeted programming to support populations who experience increased health inequities (e.g., 2SLGBTQ+, Indigenous groups, Newcomers, vape users, youth, certain occupations, pregnant and breastfeeding people).
  - Encourage repeated enrollment for those who have difficulty quitting.
- **Expand program to include cessation support for vaping product users:** Increasing rates of vaping/e-cigarette use is being reported in Canada and PEI. In response to the increase in vaping, both exclusively and in combination with other tobacco products, the SCP should incorporate cessation support to reduce the harms associated with e-cigarette use.
- **Increase program budget for marketing and promotions.** Invest in resources to expand marketing initiatives to reach more Island residents.

## Implement

- **Expand program intake sites to additional healthcare and community settings.** Integrate the Smoking Cessation Program into routine clinical practice (e.g., primary care, acute care, long-term care, etc.) and community settings (e.g., pharmacies). Invest in supports to increase capacity for tobacco cessation programming at the provincial level.
- **Increase program delivery capacity in existing primary care settings.** Invest in supports that increase primary care capacity for tobacco cessation programming.
- **Enhance the counselling components of the program.** Follow-up counselling plays a key role in quit attempts.
  - Provide ongoing OMSC education for all practitioners enrolling participants into the program to increase fidelity to the OMSC.
  - Enhance program knowledge among other healthcare practitioners (e.g., dentists, pharmacists, optometrists, etc.); all health care providers should have a role in tobacco cessation – either engaged or directly involved.
  - Engage with community stakeholders to explore complementary cessation counselling support options (e.g., family, peer, workplace, virtual support options, etc.).

## Monitor

- **Dedicate additional resources to ongoing program monitoring and evaluation.** Expansion of human resources and infrastructure are necessary for robust program management and evaluation to punctually monitor program effectiveness, respond to client and program needs and inform program and policy direction.
  - Develop a data management system to allow access to timely data for program management and monitoring outcomes.

## CONCLUSION

The evaluation results indicate that the SCP is effective and essential to assist Island residents who wish to stop smoking or using other tobacco products. In the first year it was offered, the universal program encouraged approximately 1,700 Island residents to make a quit attempt or smoke less.

To see a reduction in PEI's smoking rate, investment in the SCP must be ongoing. Publicly funded provincial cessation supports are needed to lower tobacco use; improve cessation rates; and promote smoke-free environments so that all Island residents can live tobacco-free and experience improved health outcomes.

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