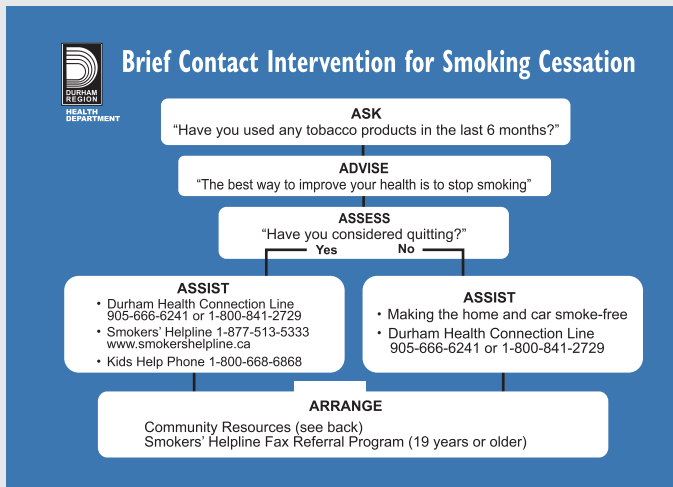


# Brief Contact Intervention (BCI) Smoking Cessation in Clinical Practice with Mental Health and Addictions

## Did you know?

- Tobacco dependence is a leading cause of death and disease in clients with mental illness and/or addictions.
- People diagnosed with mental illness are 2-4 times more likely to smoke and become dependent on nicotine (2009).
- Due to various tobacco-related health problems, this population dies on average 25 years earlier than the general population (2012).

**Brief Contact Intervention (BCI)** from a health care provider decreases the proportion of people smoking by about 2% per year.



## What Is BCI?

- It is a brief (1 to 3 minute) intervention using the 5As, 'Ask, Advise, Assess, Assist, Arrange' protocol with all clients at every opportunity.
- It motivates and supports all health care providers to identify the smoking status of their clients using a sensitive, non judgmental manner.

## In addition to BCI, consider the following with this particular population:

- Were there any changes in mental functioning during any prior quit attempts?
- Is the client in crisis? Does the client attend appointments/make calls for support?
- Is the client about to go through a new therapy?
- Have the client develop his or her own plan of action.
- Have the client define what they consider success.
- Remember that success does not have to equal quitting – small changes are equally as important.

**Quick Facts:**

- Most people who smoke want to quit. However, marginalized populations have more difficulty quitting and are often less successful at staying quit.
- Non-smoking clients have better outcomes than those who smoke in treatment programs.
- Quitting smoking can be more difficult for some people depending on physical, psychological, or emotional factors.
- Including nicotine treatment in addictions and mental health programming can enhance overall outcomes.

**Smoking Cessation Medications****Nicotine Replacement Therapy (NRT):**

- may double quit rates and is most useful when combined with counseling;
- provides the body with nicotine to help decrease withdrawal symptoms and cravings;
- is available as a gum, spray, patch, lozenge and inhaler;
- is more effective when pairing a nicotine patch with a rapid-delivery form of NRT (e.g. gum, lozenge) than any single type of nicotine replacement therapy and;
- may also be used long-term as it is always preferable to other tobacco products that contain toxins and carcinogens.

**Special Considerations when prescribing medication:**

- Health Canada has issued advisories for caution around neuropsychiatric side effects when quitting smoking is assisted by medications such as Bupropion SR or Varenicline.
- Health care providers must assess at regular intervals the appropriateness of medication options, the potential for misuse, existing contraindications and client tolerance to therapy.
- While patients are reducing or quitting smoking, medication dosages should be monitored and adjusted as necessary.
- Clients should be seen or called within 1-3 days of quitting smoking and a mental health assessment of symptoms should occur one to two weeks later and as necessary.

**Additional resources**

CAMH Primary Care Addiction Toolkit

World Health Organization Brief Intervention Manual for use in Primary Care

Smokers' Helpline 1-877-513-5333

**References available upon request.**