

Best practices

Tobacco dependence treatment in people with SMI

Best Practice	
1. Pathways in place for delivering “Very Brief Advice” on smoking opportunistically with opt-out referral to specialist tobacco treatment support in all mental health settings.	
	All staff trained in delivering VBA, opt-out referral in place, repeatedly frequently.
2. Offering support with quitting to family / care givers (locally determined).	
	A supportive smokefree environment is likely to assist SMI patients with their quit attempt.
3. More frequent contact and individually tailored frequency and duration of support.	
	SMI patients will often require more frequent contact during quit attempts as well as extended duration of treatment for relapse prevention (minimum of 12 sessions or 3 months) with the opportunity to receive extended relapse prevention support. Weekly appointments are recommended for at least the first 4 weeks and based on patient needs thereafter.
4. A longer lead time before setting a quit date is offered where appropriate including support with structured “Cut Down to Stop” (CDTS) approaches.	
	SMI patients will benefit from extended support prior to attempts, including the option to quit using either abrupt quitting or CDTS.
5. Flexibility on venue where appointments are delivered.	
	Offering flexibility in terms of venue in which support is delivered, including home visits or outreach into MH facilities, can increase engagement and also assist with engaging family and friends with the patient's quit attempt and allows for the offer of suggestions about modifying the patient's home environment.

Best Practice	
6. Combination NRT (i.e. patch and faster acting NRT products) and/or vapes are available to patients free of cost or at an affordable cost.	
	Combination NRT is recommended for all people who quit smoking and is superior to one form of NRT. The provision of stop smoking medications or vapes has been shown to increase uptake with these aids and improve cessation outcomes.
7. Facilitating access to NRT, vapes or other pharmacotherapy prior to quitting and for extended periods after quitting.	
	Policies allow SMI patients to access NRT for “Cut Down to Stop” and access to NRT for greater than the standard 12 weeks of treatment (up to 6 months).
8. Giving additional face-to-face support after an unsuccessful quit attempt or relapse.	
	Supplemental support following relapse to reengage SMI patients in quitting.
9. Allowing for breaks in quit attempts.	
	SMI patients may benefit from the ability to stop and restart their quit attempt as needed.
10. Good communication with care team and medications review.	
	There should be mechanisms to inform the patient’s clinical team, including family doctor, psychiatrist, MH support worker, etc. of the quit attempt so the clinician can review antipsychotic drug doses in case their metabolism changes. The care team should be updated on the quit attempt (starts and stops).