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# PEI Smoking Cessation Program (SCP): Overview

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Provincial Tobacco Control Coordinator  
Health Promotion Unit  
Chief Public Health Office  
Department of Health and Wellness

# Introduction

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- SCP Overview
- Program Forms
- SCP Enrollment
- Education/Resources



# PEI Smoking Cessation Program

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- The PEI Smoking Cessation Program helps PEI residents who wish to stop smoking, vaping, using other tobacco products by covering 100% of the cost of nicotine replacement therapy (NRT) or specific smoking cessation prescription medications.
- Access via healthcare services (acute care, community based) and community pharmacies
- Once per year, eligible PEI residents can receive a single continuous course (minimum 6 weeks to maximum 18 weeks in a row) of treatment.

# Ottawa Model for Smoking Cessation

## ASK

Ask and document tobacco use status for all clients.

## ADVISE

Use a standard message to reinforce the benefits of quitting – can be tailored for maximum impact.

## ASSESS

Readiness to quit, confidence, behavioural patterns, and level of addiction.

## ASSIST

Provide:  
Pharmacotherapy (NRT, Meds)  
Counselling  
Self-help materials

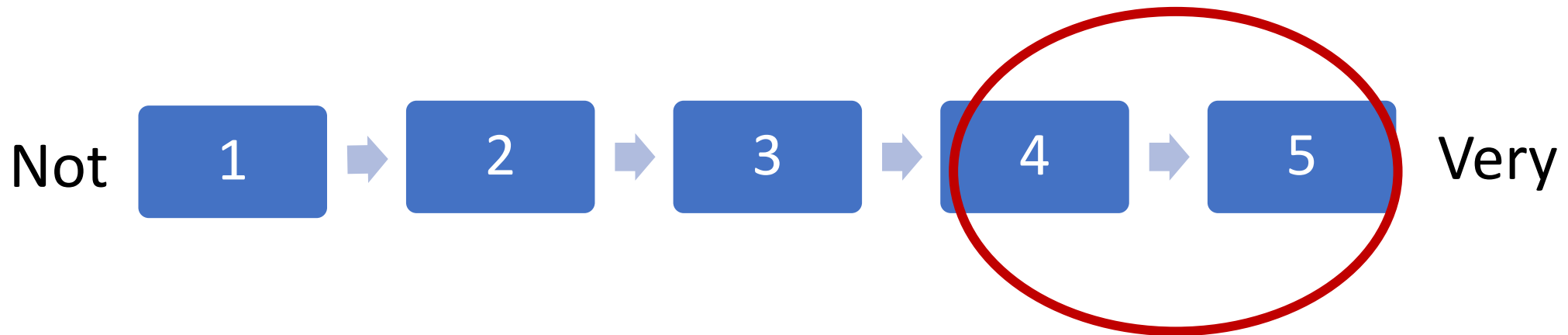
## ARRANGE

Follow-up support to monitor effectiveness, provide support and modify treatment plan.

**An evidence-based approach that can be used in all healthcare settings.**

# Readiness To Quit:

Using Scaling as an  
Assessment Tool:  
Importance and Confidence



- Level 4 or 5 indicates readiness to quit
- Readiness completed within 30 days of quit date

# Cessation Support Works

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## Two components

- Nicotine Replacement Therapy (NRT) or Prescription Medications (bupropion, varenicline)
- Counselling

NRT or Meds  
+ Counselling



**Triple the odds of quitting (~30%)**

# Changes in Coverage

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- Patients may switch course of treatment or between one dosage strength to another within **30 days** of starting their treatment.
  - New Intake Form [action plan] must be completed. Send to pharmacare and patients' pharmacy
  - Approval by provincial tobacco control coordinator is not required
- Follow up: Offer 1-2 weeks after initial consultation (recommend 3 follow ups after program start)
- **If beyond 30 days, changes will not be accommodated.**
- Travel supply

# Special Circumstances:

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## Early Re-enrollment

- There may be exceptions to Islanders wanting to enroll more than once per calendar year, please reach out to the Tobacco Control Coordinator to review it on a case-by-case basis.

## Age of consent:

- a) No minimum age to enroll.
- b) Consideration for prescribing NRT for youth under 18 - moderately or severely addicted to nicotine and motivated to quit.
- c) If NRT is prescribed and in the best interest of the patient—where the benefits outweigh the risks—the responsibility for the decision lies with the provider.

# Roles and Responsibilities

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Role	Responsibilities
Patient/Client	Express interest, consent to enroll, use NRT or prescription medication
Provider	Screen, assess readiness for quitting, complete consult form, educate, track progress, Submit forms, liaison with CPHO Follow-ups at 2, 6, 10 weeks (recommendation)
Pharmacare	Enroll eligible patients (ex. Ready to quit; PEI Health Card; not enrolled in the program within the past 12 months).
CPHO	Submit form to pharmacare and manually enter Consult Form into PHDMS (database)
Pharmacy	Dispense approved NRT or Rx

# Consult Form: Paper

## Eligibility:

1. Must answer 4 or 5 to questions #11 and # 12;
2. Must be interested in quitting in the next month;
3. Must be willing to set a quit date **(within 30 days of consult date);**
4. Valid PEI Health Card

**Smoking Cessation Program: Consult Form – Primary Care**

**Health PEI**  
One Island Health System

**Santé Î.-P.-É.**  
Un système de santé unique

Date: DD/MM/YY  
*(fill in below or apply patient label)*

Patient PHN/MRN: \_\_\_\_\_

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_

Date of Birth: DD/MM/YY

Gender:  Male  Female  Identify as: \_\_\_\_\_

*(If no contact info on patient label, also fill in below)*

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Tel: \_\_\_\_\_ Email (if available): \_\_\_\_\_

Fax form: PEI Smoking Cessation Program  
902-620-3354

LOCATION:  Kings PC  Queens East PC  Queens West PC  East Prince PC  West Prince PC  PEI Cancer Treatment Centre  
 Cardiac and Pulmonary Rehab  Acute Care  Home Care  Lennox Island

**TOBACCO AND VAPE PRODUCT USE HISTORY**

*Please complete the following questions:*

1. Have you used any form of tobacco or vape products in the past 6 months?  Yes  No *(If YES, continue)*
2. Have you used any form of tobacco or vape products in the past 7 days?  Yes  No *(If YES, continue)*
3. What form(s) of tobacco do you currently use?  Cigarettes  Cigars  Pipes  Smokeless  Vaping Device  
 Other: \_\_\_\_\_
4. How much do you smoke/vape per day? (# of cigarettes/cigars/vapes, etc.) \_\_\_\_\_ (# per day/mg)  
If not a daily smoker/vaper, how much per month? \_\_\_\_\_ (# per month)
5. How many years have you smoked/vaped? \_\_\_\_\_ years
6. How many minutes after waking up do you first smoke/vape? \_\_\_\_\_ (# of minutes)
7. How many quit attempts (lasting equal to or greater than 24 hours) have you made in the past year? \_\_\_\_\_  
(a) How many of these quit attempts were supported with NRT or medication? \_\_\_\_\_  
(b) What has been your longest quit attempt (e.g. days/weeks/months, etc.)? \_\_\_\_\_
8. What previous smoking cessation methods have you tried?  
 Cessation Medication  Patch  Other NRTs  "Cold Turkey"  Other: \_\_\_\_\_
9. Do you currently use vaping devices (e.g. E-cigarettes, vape pens, etc.)?  Yes  No  
a. If yes, do you use vaping devices as a cessation aid?  Yes  No
10. Do others smoke in the home?  Yes  No
11. In which of these settings are you regularly exposed to second-hand smoke? *(check all that apply)*  
 At Home  At School  In the Car  At Work  At Social Events  Other: \_\_\_\_\_  Not Exposed
12. How important is it to you to quit smoking/vaping? Please circle (not) 1 2 3 4 5 (very)
13. How confident are you that you can quit smoking/vaping? Please circle (not) 1 2 3 4 5 (very)

Provide personalized advice to quit smoking  Yes  No

Is patient ready to quit smoking/vaping?  YES  No

Quit Date: DD/MM/YY

Has quit within the last 6 months  Is planning to quit in the next 6 months  
 Is planning to quit today  Is not ready to quit in the next 6 months  
 Is planning to quit in the next month

\*patient must answer 4 or 5 to questions #12 and # 13, must be interested in quitting in the next month, and must be willing to set a quit date for enrollment into the Provincial Smoking Cessation Program.

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**SELECT QUIT SMOKING MEDICATION**  Reviewed Contraindications

	# cigarettes smoked/day	<b>&lt;10 cigs/day</b>	<b>10-19 /day</b>	<b>20-29 /day</b>	<b>30-39 /day</b>	<b>40+ /day</b>
<input type="checkbox"/> Nicotine Replacement Therapy (NRT)	<input type="checkbox"/> Long Acting NRT Patch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dose and duration of NRT should be titrated based on patient's needs	Starting Dose: 7 mg 14 mg	14 mg	14 mg	21 mg	28 mg	35 mg 42 mg
<input type="checkbox"/> Short Acting NRT	<input type="checkbox"/> Inhaler <input type="checkbox"/> Gum (2mg or 4mg) <input type="checkbox"/> Spray (1mg or 2mg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Varenicline <input type="checkbox"/> Bupropion <input type="checkbox"/> Review appropriate use, dose, duration of medication <input type="checkbox"/> No medication	Notes:	<small>For use on own or combined with patch (PRN) (Note: Patients are only covered for use method under the Smoking Cessation Program)</small>				

**VAPE CESSATION ASSESSMENT: coverage limited to NRT products and does not cover prescription medications.**

**\*If unsure of light or heavy user, choose 21mg (moderate vape user)**

	<b>Moderate Vape User (20-40mg per day): 21 mg</b>	<b>Heavy Vape User (40mg+ per day): 35 mg</b>
<input type="checkbox"/> Light Vape User (0-20mg per day): 14mg	Stable use; habitual cravings; withdrawal symptoms; vape within 30 minutes of waking	Increasing use; intolerable cravings; withdrawal symptoms; vape within 30 minutes of waking

**STRATEGIC ADVICE**

<input type="checkbox"/> Remind to cut back on caffeine consumption 50% on quit date	<input type="checkbox"/> Explain that changes in mood may occur in the short term
<input type="checkbox"/> Review common risks of relapse (stress, alcohol, other smokers)	<input type="checkbox"/> Provide Quit Kit and other resources
<input type="checkbox"/> Recommend strategies for managing cravings and withdrawal	<input type="checkbox"/> Offer follow up/additional supports

**ARRANGE FOLLOW-UP**

Provider Follow-up:  
 3 days after quit date  7 days after quit date  14 days after quit date

Additional option:  
 Smokers' Helpline: Fax Smokers' Helpline referral form  Yes  No

Assess Risk for COPD if >age 40  Patient has a diagnosis of COPD  Canadian Lung Health Test completed

**PATIENT ACKNOWLEDGMENT**

I understand that the PEI Department of Health and Wellness may contact me for the purposes of program evaluation. My participation in a follow-up survey is completely voluntary and my decision to participate will not affect the services I receive through this program.


# Action Plan (Intake Form for Drug Cost Assistance): Paper

-To be completed at the same time as the consult form

-Sent to Pharmacare for program enrollment/eligibility

-Also completed for any product changes within 30 days of starting the program

**Smoking Cessation Program: Intake Form for Drug Cost Assistance**



**Fax form to: Client's Pharmacy,  
PEI Smoking Cessation Program  
902-620-3354,  
and PEI Pharmacare  
902-368-4905**

Date: DD/MM/YYYY  
(fill in below or apply patient label)  
Patient PHN/MRN: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Date of Birth: DD/MM/YYYY

Gender:  Male  Female  Identify as: \_\_\_\_\_  
(If no contact info on patient label, also fill in below)  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Tel: \_\_\_\_\_ Email (if available): \_\_\_\_\_

**LOCATION:**  Kings PC  Queens East PC  Queens West PC  East Prince PC  West Prince PC  PEI Cancer Treatment Centre  
 Cardiac and Pulmonary Rehab  Acute Care  Home Care  Lennox Island  Own Health  Other

### TOBACCO CESSATION ACTION PLAN

<input type="checkbox"/> Reviewed Contraindications						
<b>Long lasting NRT (Patch)</b>	<input type="checkbox"/> 7 mg 7 mg x 6 wks	<input type="checkbox"/> 14 mg 14 mg x 6 wks 7 mg x 4 wks	<input type="checkbox"/> 21 mg 21 mg x 6 wks 14 mg x 4 wks 7 mg x 2 wks	<input type="checkbox"/> 28 mg 28mg (21mg + 7mg) x 6wks 21 mg x 4 wks 14 mg x 2 wks 7 mg x 2 wks	<input type="checkbox"/> 35 mg 35mg (21mg + 14mg) x 6wks 28mg (21mg + 7mg) x 4 wks 21 mg x 2 wks 14 mg x 2 wks 7 mg x 2 wks	<input type="checkbox"/> 42 mg 42 mg (21mg + 21mg) x 6 wks 35mg (21mg + 14mg) x 4 wks 28mg (21mg + 7mg) x 2 wks 21 mg x 2 wks 14 mg x 2 wks 7 mg x 2 wks
<b>Short Acting NRT</b>	<input type="checkbox"/> Inhaler	<input type="checkbox"/> Gum: 2mg <input type="checkbox"/> Gum: 4mg	<input type="checkbox"/> Lozenge: 1mg <input type="checkbox"/> Lozenge: 2mg <input type="checkbox"/> Lozenge: 4mg	<input type="checkbox"/> Spray: 1 mg <input type="checkbox"/> Spray: 2mg		
<b>Medication</b>	<input type="checkbox"/> Varenicline <input type="checkbox"/> Bupropion <input type="checkbox"/> Reviewed appropriate use, dose, duration of medication				Notes: (free text)	

### VAPING CESSATION ACTION PLAN

<input type="checkbox"/> Reviewed Contraindications						
<b>Long lasting NRT (Patch)</b>	<input type="checkbox"/> 7 mg 7 mg x 6 wks	<input type="checkbox"/> 14 mg 14 mg x 6 wks 7 mg x 4 wks	<input type="checkbox"/> 21 mg 21 mg x 6 wks 14 mg x 4 wks 7 mg x 2 wks	<input type="checkbox"/> 28 mg 28mg (21mg + 7mg) x 6 wks 21 mg x 4 wks 14 mg x 2 wks 7 mg x 2 wks	<input type="checkbox"/> 35 mg 35mg (21mg + 14mg) x 6 wks 28mg (21mg + 7mg) x 4 wks 21 mg x 2 wks 14 mg x 2 wks 7 mg x 2 wks	<input type="checkbox"/> 42 mg 42 mg (21mg + 21mg) x 6 wks 35mg (21mg + 14mg) x 4 wks 28mg (21mg + 7mg) x 2 wks 21 mg x 2 wks 14 mg x 2 wks 7 mg x 2 wks
<b>Short Acting NRT</b>	<input type="checkbox"/> Inhaler <input type="checkbox"/> Spray 1 mg	<input type="checkbox"/> Spray 2mg <input type="checkbox"/> Gum 2mg	<input type="checkbox"/> Gum 4mg <input type="checkbox"/> Lozenge 1mg	<input type="checkbox"/> Lozenge 2mg <input type="checkbox"/> Lozenge 4mg		

Personal Health Information on this form is collected under Prince Edward Island's Health Information Act, as it relates to and is necessary for determining assessment of needs and eligibility for benefits under the PEI Pharmacare Program (Smoking Cessation Program). If you have any questions about this collection of Personal Health Information, you may contact the Provincial Tobacco Control Coordinator at 902-368-4319.

**PROVIDER INFORMATION**

<b>Healthcare Provider Name:</b>	<b>Signature:</b>
<b>Telephone Number:</b>	<b>Date:</b> yyyy-mm-dd

# Program Form: Follow-up

-Monitor progress; change NRT product/method before initial 30 days if required

-Recommend follow up at three intervals:

- 1-2 weeks;
- 1-2 months;
- End of treatment

**Smoking Cessation Follow Up Consult Form**

**Health PEI**  
One Island Health System  
**Santé Î.-P.-É.**  
Un système de santé unique

Fax form to the Smoking Cessation Program 902-569-0579

Date: DD/MM/YY Quit Date: DD/MM/YY

3 days after quit date  7 days after quit date  14 days after quit date  
 1 Month  2 Months  3 Months  4 Months  5 Months  6 Months

Patient PHN/MRN: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Date of Birth: DD/MM/YY

LOCATION:  Kings PC  Queens East PC  Queens West PC  East Prince PC  West Prince PC  PEI Cancer Treatment Centre  Cardiac and Pulmonary Rehab  
 Home Care  Lennox Island  Pharmacy

**ASSESS SMOKING and VAPING STATUS**

Have you used any form of tobacco products in the past 7 days?  No  
 Yes Within 30 minutes of waking?  No  Yes cigs/day: \_\_\_\_\_  
Reason Relapse: \_\_\_\_\_

Have you used any form of vaping products in the past 7 days?  No  
 Yes Within 30 minutes of waking?  No  Yes mgs/day: \_\_\_\_\_  
Reason Relapse: \_\_\_\_\_

**MEDICATIONS MANAGEMENT**

Are you still using the quit smoking medications we recommended?  No  Yes Type: \_\_\_\_\_

Do you have any questions or concerns about the medication?  No  Yes Dose: \_\_\_\_\_

Are you still using the quit vaping medications we recommended?  No  Yes Type: \_\_\_\_\_

Do you have any questions or concerns about the medication?  No  Yes Dose: \_\_\_\_\_

**WITHDRAWAL & SIDE EFFECTS**

Have you experienced any of the following symptoms?  
Rate Severity (Mild [0] - Severe [4])

<input type="checkbox"/> nausea	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> headache	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> sleep disturbance	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> skin irritation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> restlessness	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> difficulty concentrating	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> other: _____	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**MOOD CHANGES**

Have you or your family/friends noticed any changes to your mood since quitting?  
Rate Severity (Mild [0] - Severe [4])

<input type="checkbox"/> anger/hostility	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> anxiety	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> feeling depressed	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> other: _____	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**CAFFEINE USE** How many caffeinated beverages are your drinking per day?  0  1-2  2-4  4

**CRAVINGS** Have you had any cravings to smoke?  No  Yes

**CRAVINGS** Have you had any cravings to vape?  No  Yes

**RELAPSE RISK**

Have there been any situations that made you feel like you were at risk for going back to smoking?  No  Yes

From 1 - 10, with 10 being most confident, how confident are you that you can quit smoking or stay quit?  1  2  3  4  5  6  7  8  9  10

Have there been any situations that made you feel like you were at risk for going back to vaping?  No  Yes

From 1 - 10, with 10 being most confident, how confident are you that you can quit vaping or stay quit?  1  2  3  4  5  6  7  8  9  10

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**QUIT SMOKING MEDICATION ADJUSTMENT \*If making adjustment, new intake form is required**

Nicotine Replacement Therapy (NRT)  Patch Starting Dose:  7 mg  14 mg  21 mg  28 mg  35 mg  42 mg  
\*\*NB: Dose and duration of NRT should be stratified based on patient's needs. For use on own or combined with patch (PHN). Note: Patients are only covered for one method under the Smoking Cessation Drug Cost Assistance Program, and mouth spray is not currently covered under the program.

Short Acting NRT  Inhaler  Gum (2mg or 4mg)  Lozenge (2mg or 4mg)  Mouth Spray

Varenicline  Bupropion  Reviewed appropriate use, dose, duration of medication  No medication

Notes: \_\_\_\_\_

Relapse Prevention Plan - Smoking \_\_\_\_\_ Plan: \_\_\_\_\_

**QUIT VAPING MEDICATION ADJUSTMENT \*If making adjustment, new intake form is required**

	Light Vape User (0-20mg per day)	Moderate Vape User (20-40mg per day)	Heavy Vape User (40mg+ per day)
Starting Dose:	<input type="checkbox"/> 14 mg 14 mg x 6 wks. 7 mg x 4 wks.	<input type="checkbox"/> 21 mg 21 mg x 6 wks. 14 mg x 4 wks. 7 mg x 2 wks.	<input type="checkbox"/> 28 mg 28mg (21mg + 7mg) x 6 wks. 21 mg x 4 wks. 14 mg x 2 wks. 7 mg x 2 wks.
<input type="checkbox"/> Long lasting NRT (Patch)			
<input type="checkbox"/> Short Acting NRT	<input type="checkbox"/> Inhaler 1 cartridge every 30 minutes as needed	<input type="checkbox"/> Gum: 2mg <input type="checkbox"/> Nicorette® Lozenge: 2mg <input type="checkbox"/> Gum: 4mg <input type="checkbox"/> Nicorette® Lozenge: 4mg	<input type="checkbox"/> Thrive® Lozenge: 1mg <input type="checkbox"/> Thrive® Lozenge: 2mg 2-4 mg every 30 minutes as needed

Relapse Prevention Plan - Vaping \_\_\_\_\_ Plan: \_\_\_\_\_

Notes and Comments: \_\_\_\_\_

Follow Up Plan \_\_\_\_\_ Weeks *Name of health care provider (signature)* \_\_\_\_\_

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PEI Smoking Cessation Program: Nicotine Replacement Therapy (NRT) Titration Schedule

Table 1: Patient Assessment Tool: NRT

NICOTINE PATCH	
<p><b>Patient smokes 40+ cigarettes per day:</b> Nicotine Patch 42 mg (21 mg + 21 mg) daily x 6 weeks; then Nicotine Patch 35 mg (21 mg + 14 mg) daily x 4 weeks; then Nicotine Patch 28 mg (21 mg + 7 mg) daily x 2 weeks; then Nicotine Patch 21 mg daily x 2 weeks; Nicotine Patch 14 mg daily x 2 weeks; Nicotine Patch 7 mg daily x 2 weeks</p> <p><b>Patient smokes 35-39 cigarettes per day:</b> Nicotine Patch 35 mg (21 mg + 14 mg) daily x 6 weeks; then Nicotine Patch 28 mg (21 mg + 7 mg) daily x 4 weeks; then Nicotine Patch 21 mg daily x 2 weeks; then Nicotine Patch 14 mg daily x 2 weeks; then Nicotine Patch 7 mg daily x 2 weeks.</p> <p><b>Patient smokes 30-34 cigarettes per day:</b> Nicotine Patch 28 mg (21 mg + 7 mg) daily x 6 weeks; then Nicotine Patch 21 mg daily x 4 weeks; then Nicotine Patch 14 mg daily x 2 weeks; then Nicotine Patch 7 mg daily x 2 weeks</p>	<p><b>Patient smokes 20-29 cigarettes per day:</b> Nicotine Patch 21 mg daily x 6 weeks; then Nicotine Patch 14 mg daily x 4 weeks; then Nicotine Patch 7 mg daily x 2 weeks.</p> <p><b>Patient smokes 10-19 cigarettes per day:</b> Nicotine Patch 14 mg daily x 6 weeks; then Nicotine Patch 7 mg daily x 4 weeks.</p> <p><b>Patient smokes &lt;10 cigarettes per day:</b> Nicotine Patch 7 mg daily x 6 weeks.</p> <div style="border: 2px solid red; padding: 5px; width: fit-content; margin: 10px auto;"> <p>If smokes within 30 minutes of waking, add 7 mg to initial start dose</p> </div>
NICOTINE GUM	
<p><b>Patient smokes 20+ cigarettes per day:</b> Nicotine Gum 4 mg pieces.</p> <p><b>Patient smokes &lt;20 cigarettes per day:</b> Nicotine Gum 1 mg or 2 mg pieces.</p>	
NICOTINE LOZENGES	
<p><b>Patient smokes 20+ cigarettes per day:</b> Nicotine Lozenge 4 mg</p> <p><b>Patient smokes &lt;20 cigarettes per day:</b> Nicotine Lozenge 2 mg</p>	
NICOTINE INHALER	
<p>Use 6-12 cartridges per day or as needed for the first 6 weeks.</p>	
NICOTINE SPRAY	
<p><b>Patient smokes 20+ cigarettes per day:</b> Nicotine Spray 2mg</p> <p><b>Patient smokes &lt;20 cigarettes per day:</b> Nicotine Spray 1mg</p>	

Table 2: Patient Assessment Tool: Vaping Cessation

PATIENT ASSESSMENT TOOL: VAPING CESSATION			
Profile	Dependence	Estimated Nicotine Consumed (mg)	Recommended Starting Dose (mg)
LONG ACTING (PATCH)			
Light Vape User (low dose)	<ul style="list-style-type: none"> <li>- Periodic use; Social use;</li> <li>- No cravings;</li> <li>- No withdrawal symptoms if going without vaping for 24 hours;</li> <li>- Nicotine concentration (e-liquid): &lt; 20mg</li> </ul>	0-20mg per day	14mg
Moderate Vape User	<ul style="list-style-type: none"> <li>- Stable use;</li> <li>- Cravings present;</li> <li>- Vape within 30 minutes of waking;</li> <li>- Few/mild withdrawal symptoms if going without vaping for 24 hours;</li> <li>- Nicotine concentration (e-liquid): &gt; 20mg</li> </ul>	20-40mg per day	21mg
Heavy Vape User (high dose)	<ul style="list-style-type: none"> <li>- Increasing use;</li> <li>- Intense cravings;</li> <li>- Vape within 30 minutes of waking;</li> <li>- Noticeable withdrawal symptoms if going without vaping for 24 hours;</li> <li>- Nicotine concentration (e-liquid): &gt; 20mg</li> </ul>	40mg+ per day	35mg
SHORT ACTING (GUM, LOZENGE, INHALER; SPRAY)			
Gum or lozenge: 2-4mg every 30 minutes as needed			
Inhaler: 1 cartridge every 30 minutes as needed			
Spray: 1mg: 1-2 sprays 1-24 times/day			
2mg: 1-2 sprays 1-32 times/day			

\*If unsure of light or heavy user choose 21mg (moderate vape user)

For program inquiries, please contact the Provincial Tobacco Control Coordinator at [quitsmoking@govpe.ca](mailto:quitsmoking@govpe.ca) or (902) 368-4319.

# Education/Training:

<https://www.youtube.com/watch?v=gZtZ20xr8M8>

Disclaimer: Not all comments made by the presenter represent current practice in PEI. Providers are expected to follow direction by the Smoking Cessation Program. In PEI, only one NRT method is covered 100% in the PEI Smoking Cessation Program.

# Frequently Asked Questions

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1. What NRT products are covered by the Smoking Cessation Program?
2. Can a patient/client receive more than one type of NRT while enrolled in the Smoking Cessation Program?
3. What if a patient/client relapses?
4. What if a program is interrupted and they don't complete it, are they able to enroll again?
5. What if the patient/client wants to change NRT product during the program?
6. What are common resources that patients/clients can access to support their smoking cessation journey?

# Smoking Cessation Resources

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- Smoker's Helpline: Support to anyone looking to quit smoking/vaping/other tobacco products
  - Call: 1-866-366-3667;
  - Visit: <https://smokershelpline.ca>
- Livewell PEI - Resources
  - Visit: [www.livewellpei.ca](http://www.livewellpei.ca)





**LIVE WELL PEI**

*together we can*

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# Questions?

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**Contact Information for the Provincial Tobacco Control  
Coordinator:**

**Phone:** 902-368-4319

**Email:** [quitsmoking@ihis.org](mailto:quitsmoking@ihis.org)

**Web:** [www.princeedwardisland.ca/quitsmoking](http://www.princeedwardisland.ca/quitsmoking)