Smoking cessation

John Britton

Burden of disease attributable to 20 leading risk factors, UK 2010 *Murray, Lancet 2013;381:997-1020*

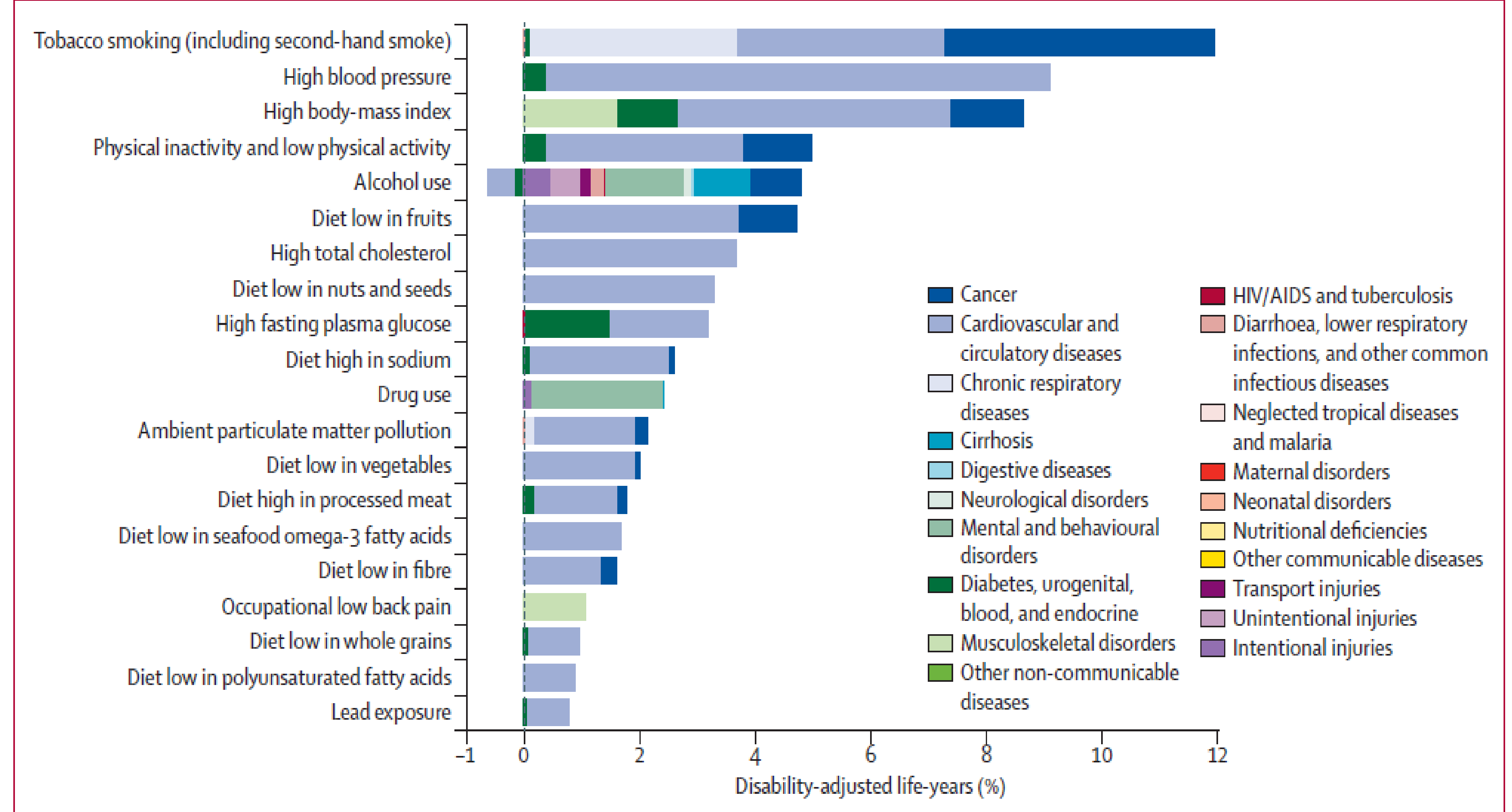


Figure 7: **Burden of disease attributable to 20 leading risk factors for both sexes in 2010, expressed as a percentage of UK disability-adjusted life-years**
The negative percentage for alcohol is the protective effect of mild alcohol use on ischaemic heart disease and diabetes.

Key policy and practice to prevent smoking:

Individuals:

- Help to quit
- Harm reduction

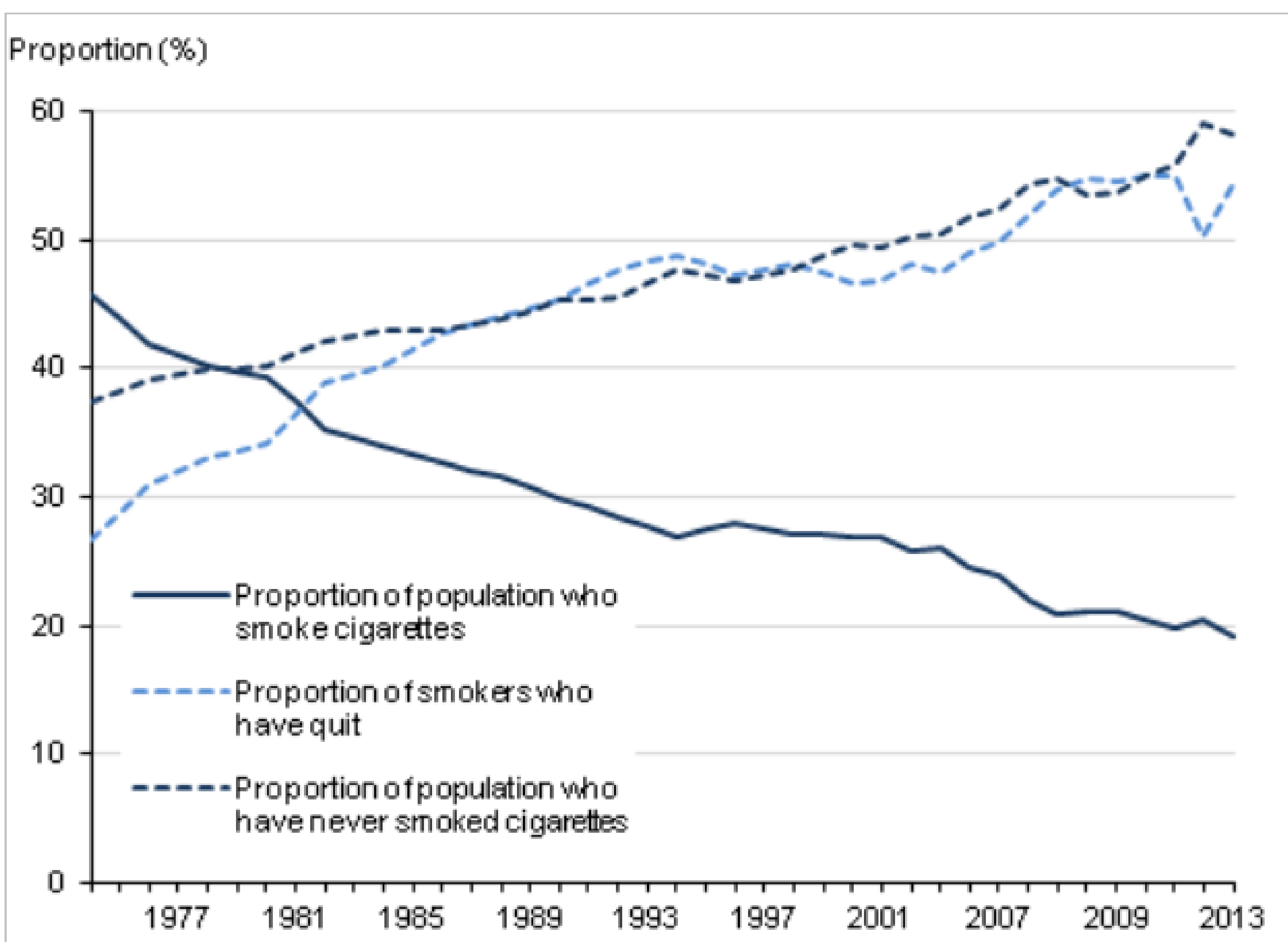
Populations:

- Stop tobacco promotion
- Standardised packaging
- Smoke-free policies
- Youth access
- Health promotion campaigns
- Increase price

Smoking in Northern Ireland

Source: Continuous Household Survey, Health Survey Northern Ireland

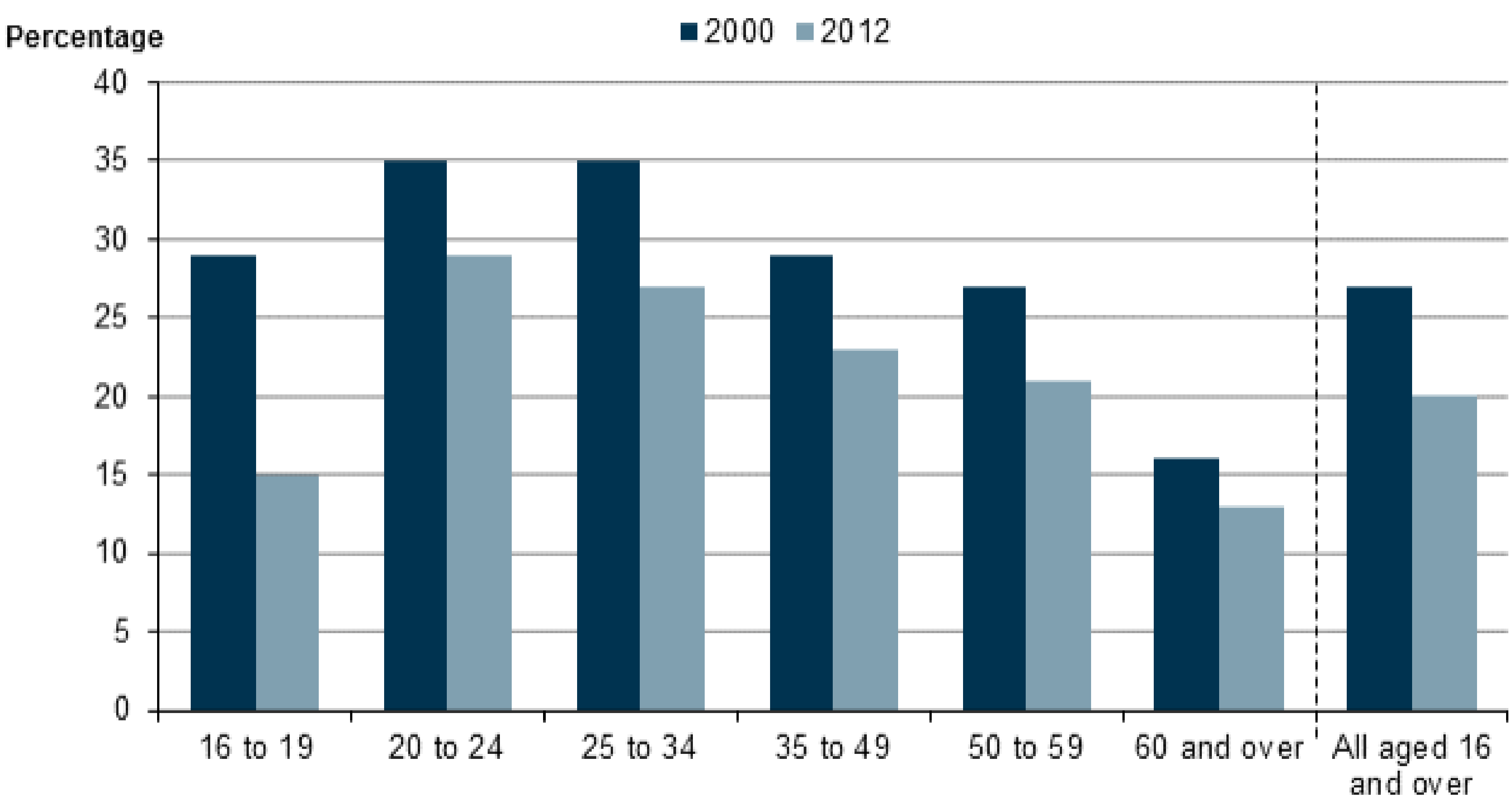
Figure 1: Proportion who smoke cigarettes, proportion of smokers who have quit, and the proportion who have never smoked cigarettes, Great Britain, 1974-2013



Source: Opinions and Lifestyle Survey, General Lifestyle Survey, General Household Survey - Office for National Statistics

Smoking by age, Great Britain, 2000-2012

http://www.hscic.gov.uk/catalogue/PUB14988/smok-eng-2014-rep.pdf



Source: Opinions and Lifestyle 2012. , Office for National Statistics licensed under the Open Government Licence v.2.0.

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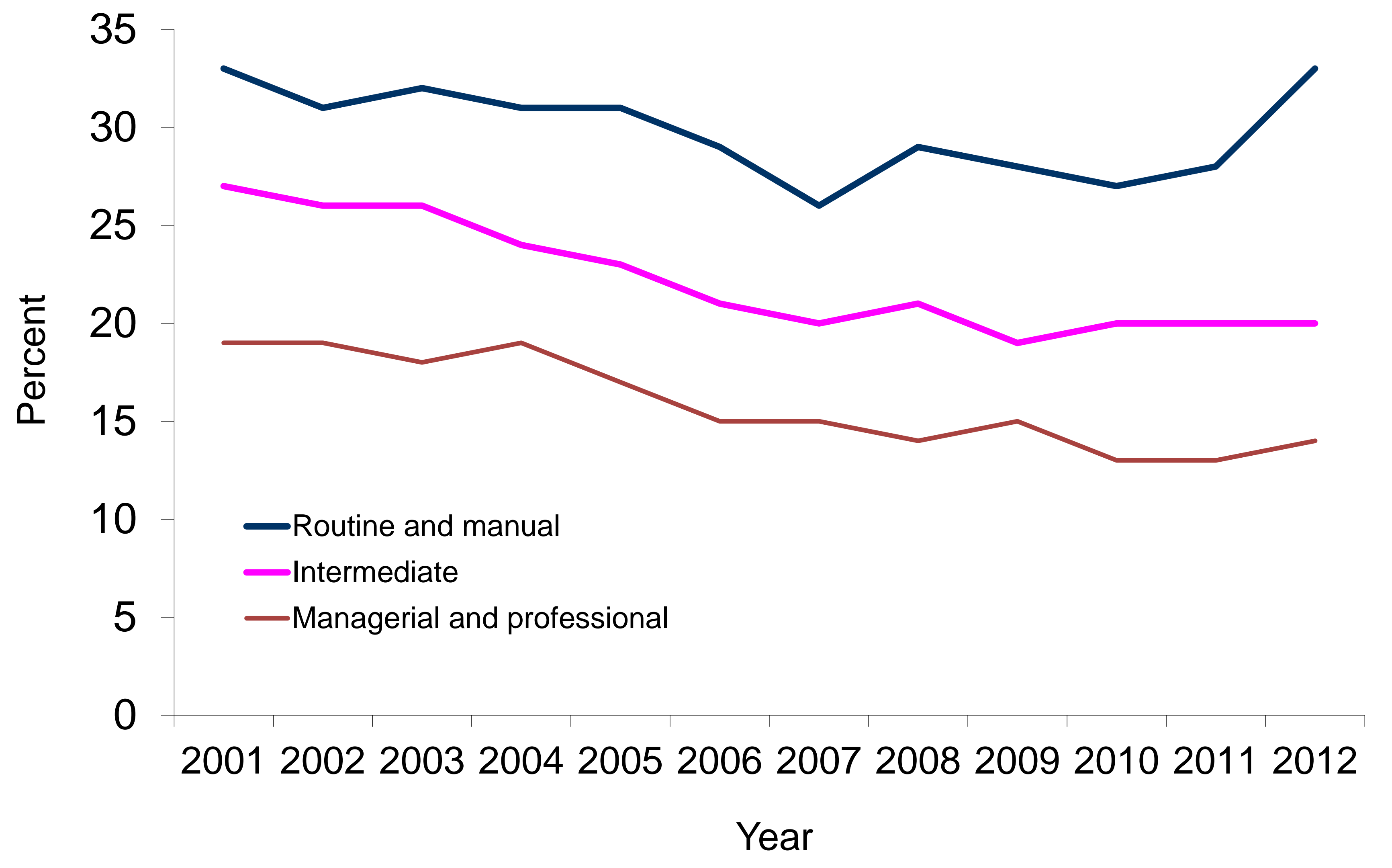
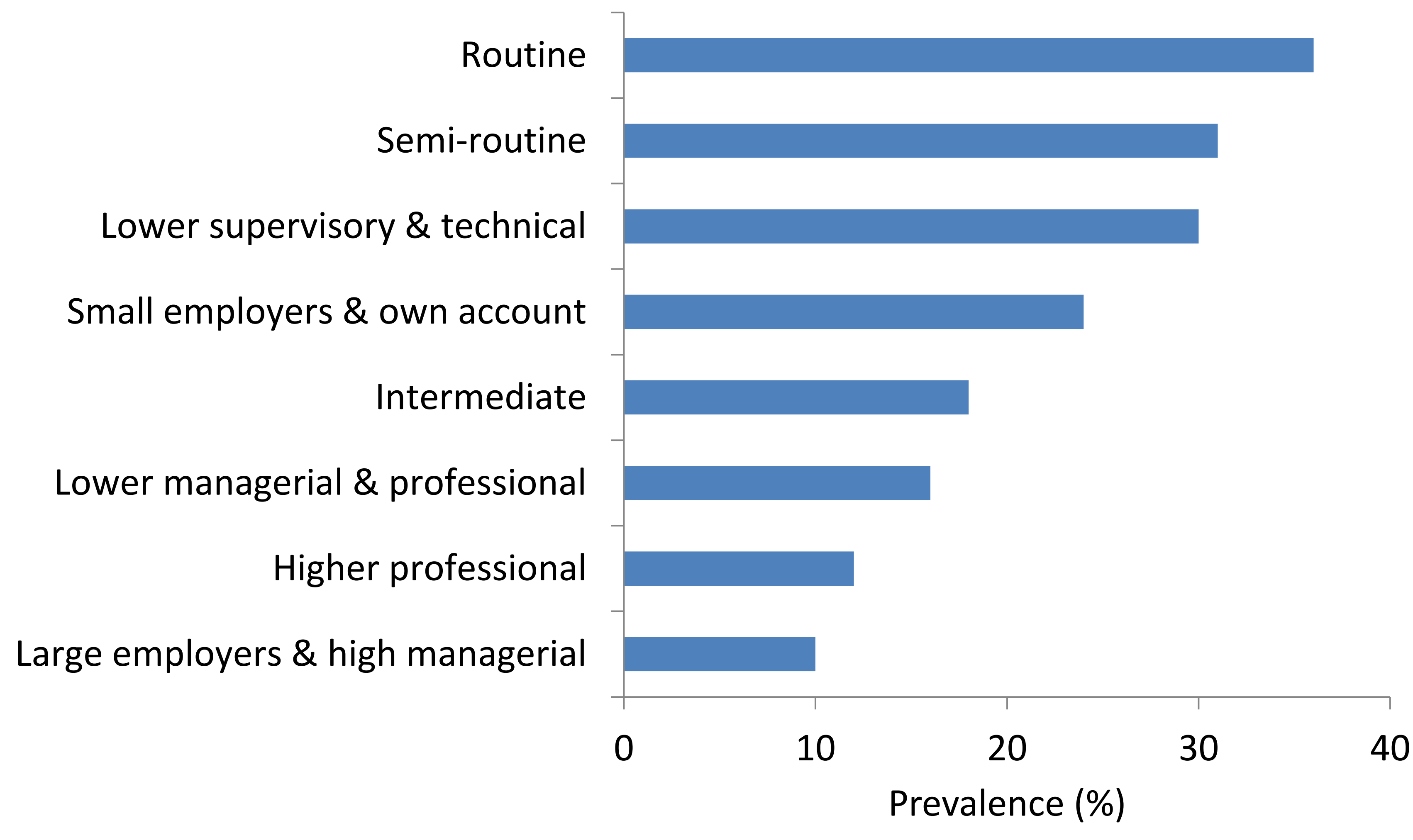
Smoking prevalence by socio-economic status, England

http://www.hscic.gov.uk/catalogue/PUB11454/smok-eng-2013-rep.pdf



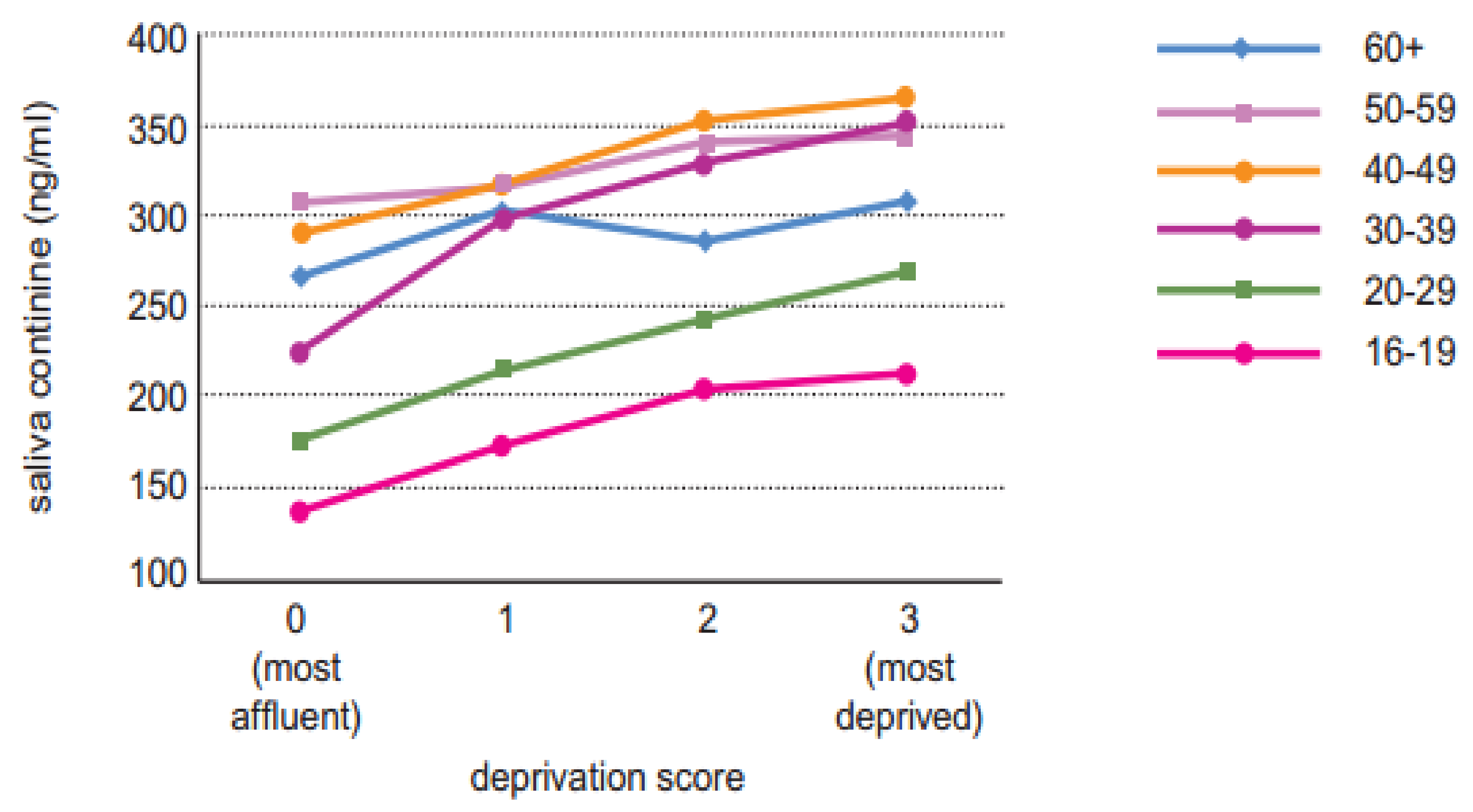
Smoking prevalence and occupation, Britain 2012

IHS 2013

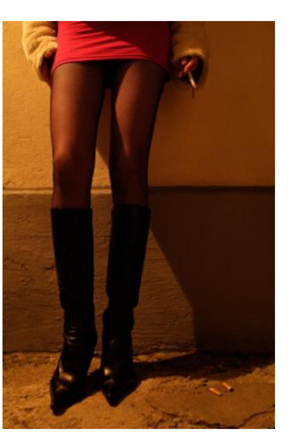


Nicotine dependence and deprivation

(HSE 1998-2003, http://www.ash.org.uk/beyondsmokingkills)

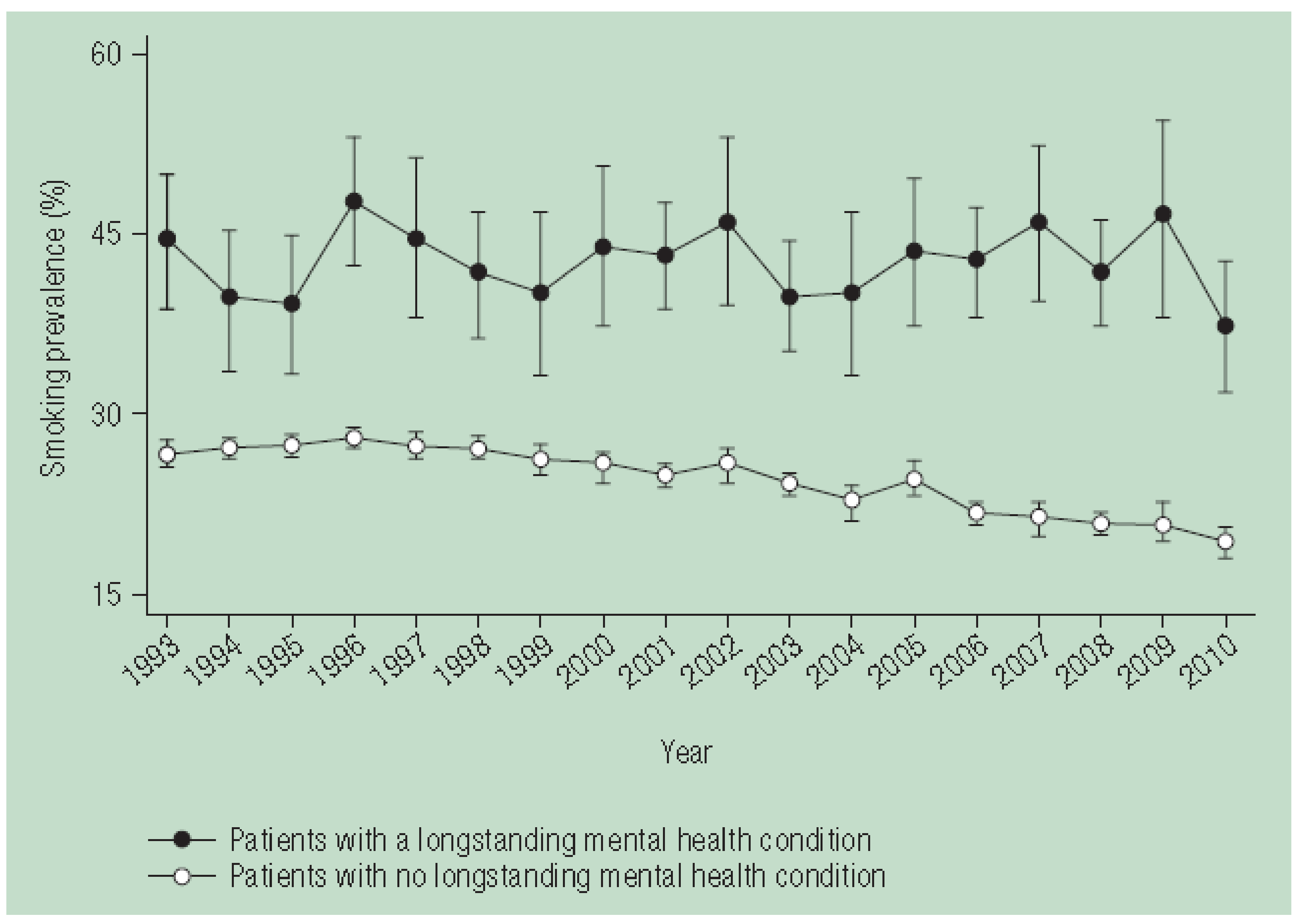


jobcentreplus



Smoking and mental disorder

Royal College of Physicians 2013



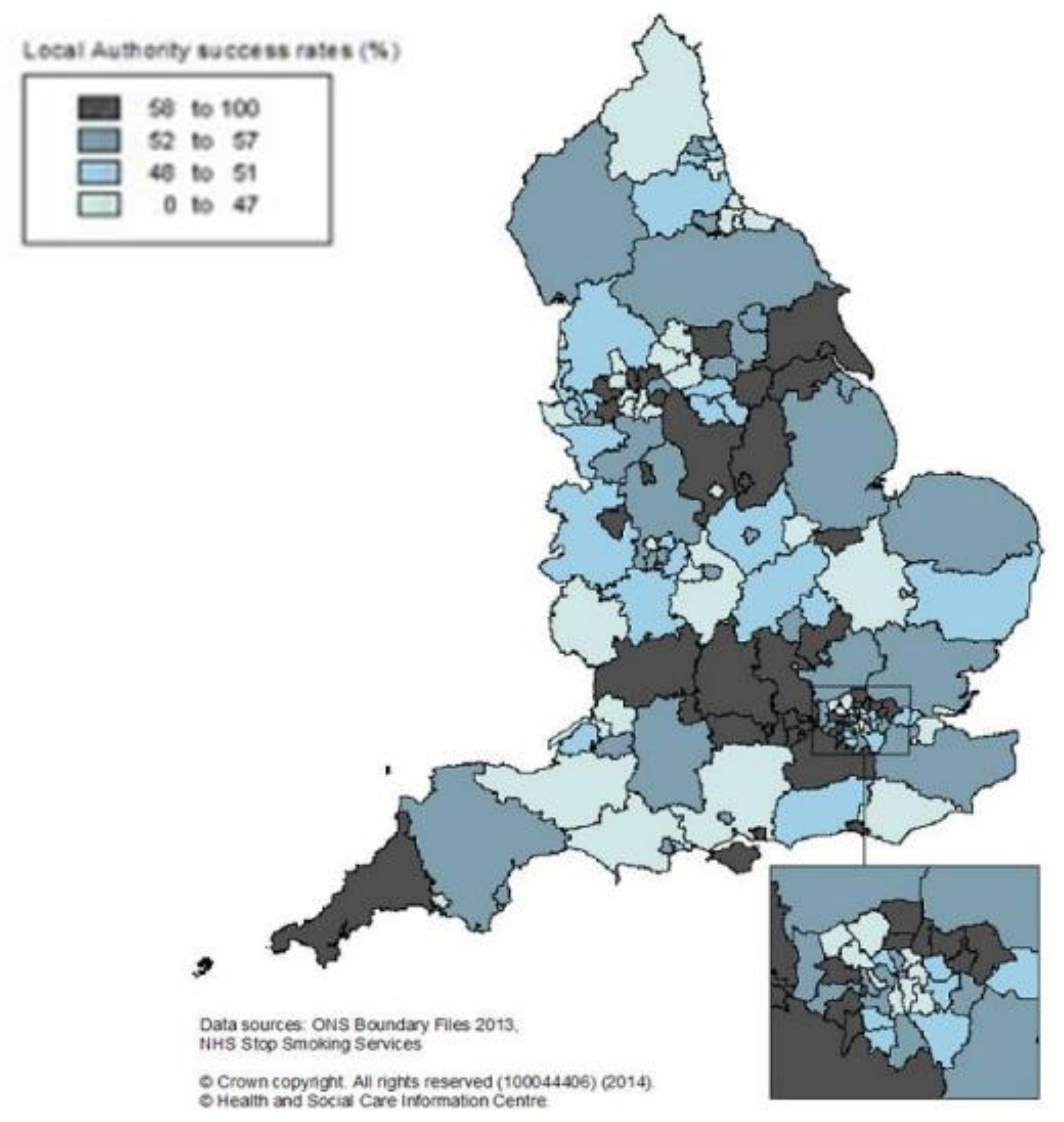
What is an effective stop smoking intervention?

PH10 Smoking cessation services (PH10) (partially updated by PH45 and PH48)

- Brief interventions [by healthcare professionals] leading to ..
- Treatments, either separately or combined, including:
  - individual or group behavioural counselling
  - NRT, varenicline or bupropion pharmacotherapy
  - self-help materials
- Delivered by NHS Stop Smoking Services with adequate staffing and a full-time coordinator]
- Target driven [5% of population, 35% one-month quit rates]

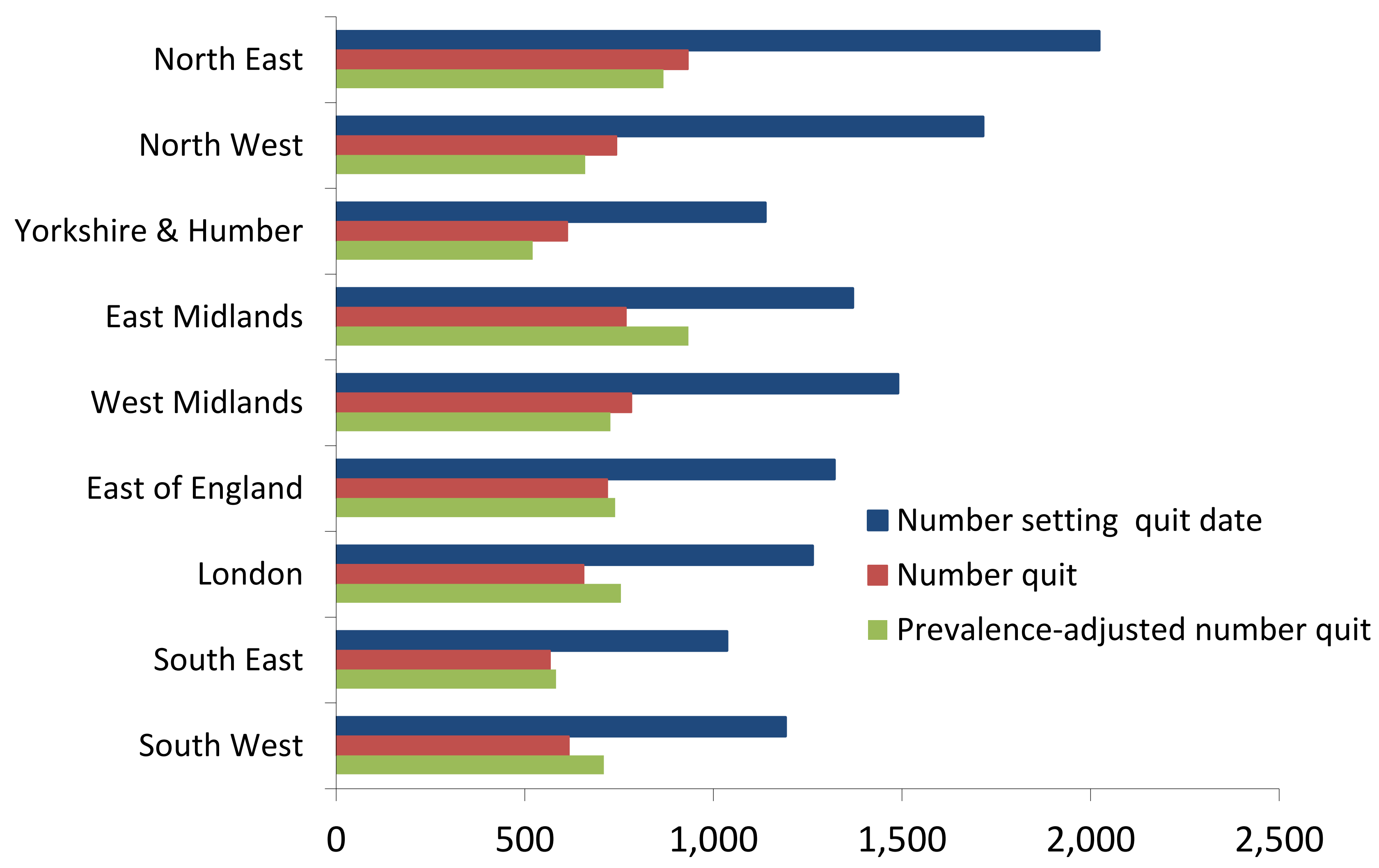
Quit rates by Local Authority, England 2013/4

http://www.hscic.gov.uk/catalogue/PUB14610/stat-stop-smok-serv-eng-2014-q4-rep.pdf



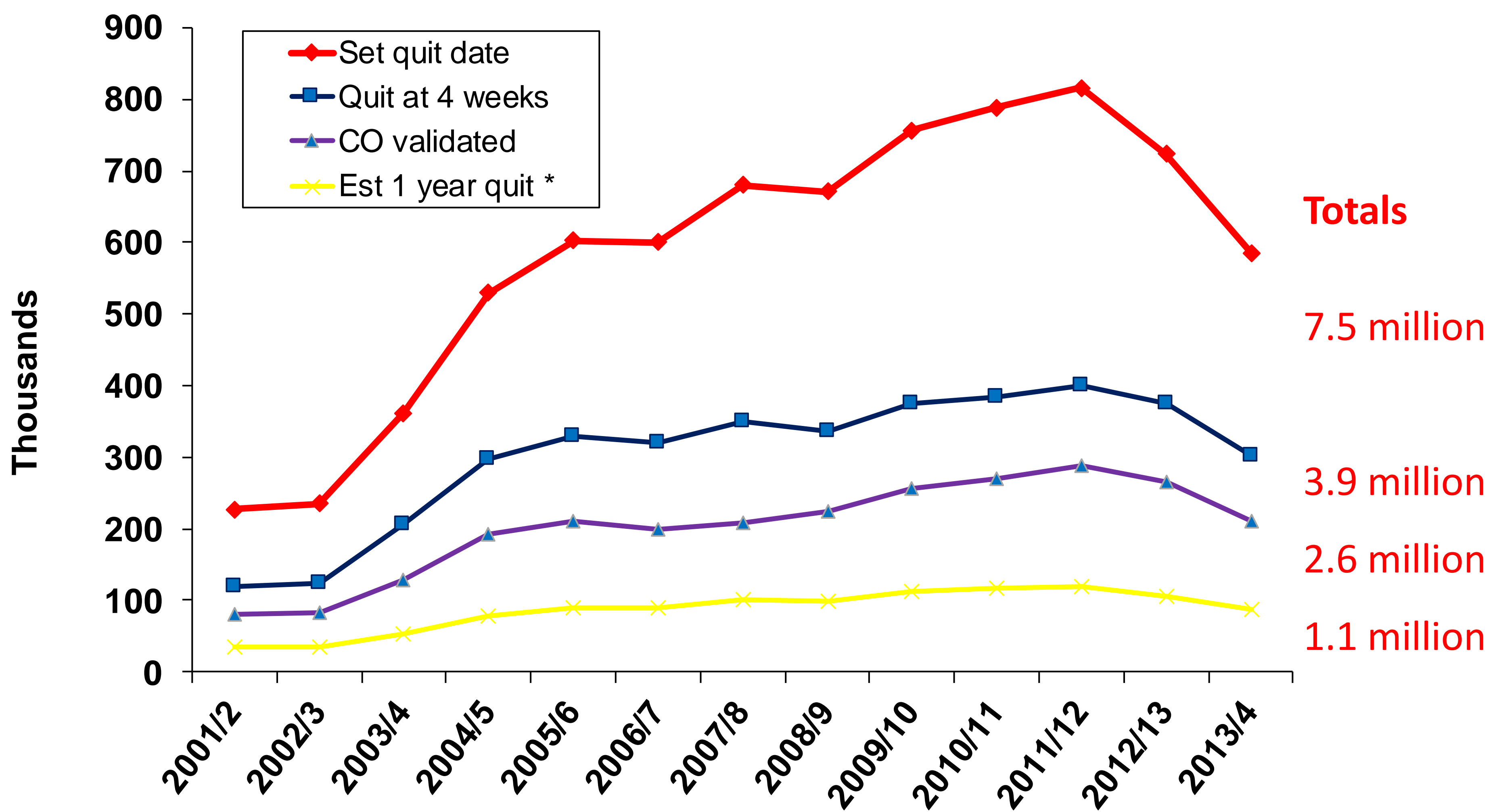
Numbers setting quit date and numbers quit per 100,000 population by English region

www.hscic.gov.uk/catalogue/PUB14610/stat-stop-smok-serv-eng-2014-q4-rep.pdf



Uptake and outcome of English cessation services

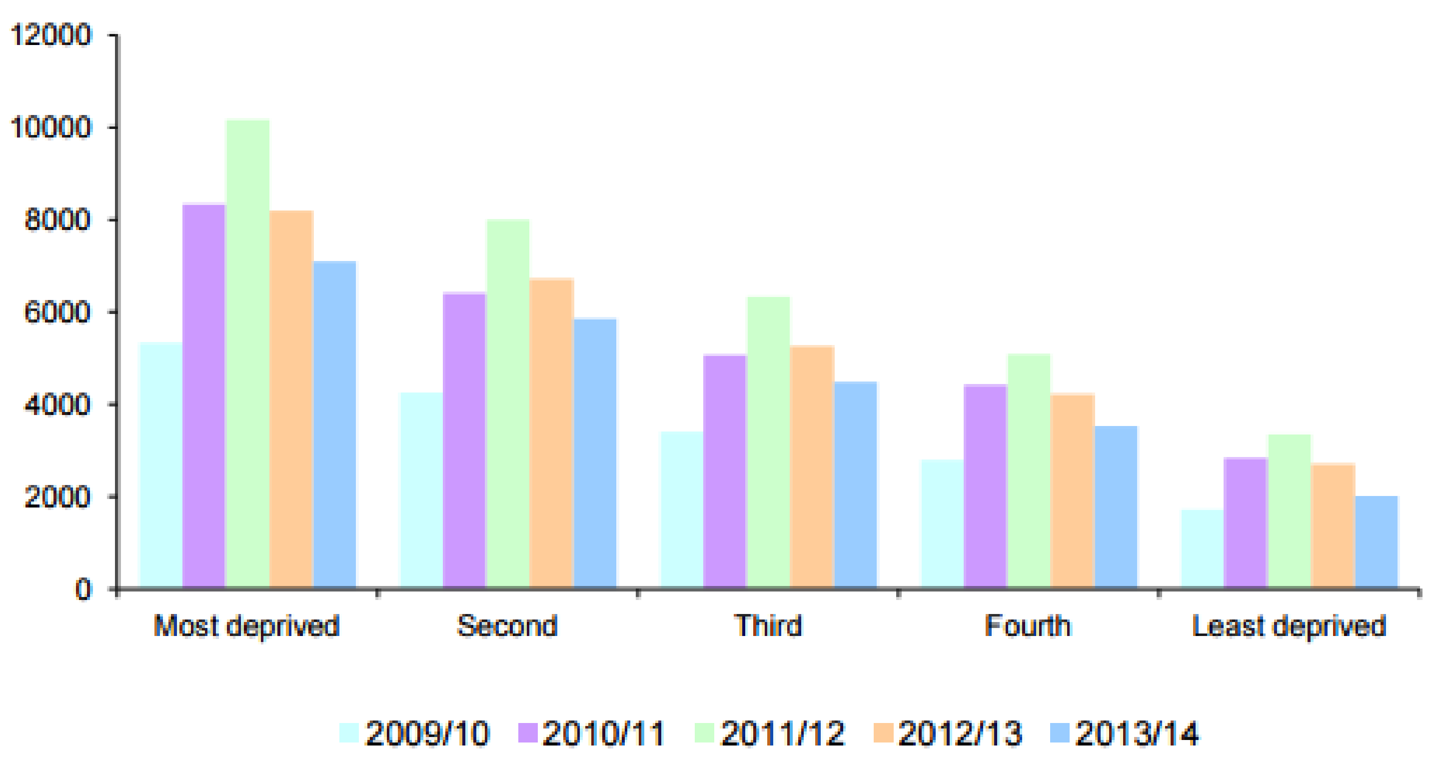
*www.ic.nhs.uk; Ferguson et al, Addiction 2005 100 (Suppl. 2), 59–69**



** Extrapolated from Q1-Q3 data.*

SSS service use, Northern Ireland

http://www.dhsspsni.gov.uk/smoking-cessation-2013-14.pdf



BMJ 2014;348:g2274 doi: 10.1136/bmj.g2274 (Published 27 March 2014)

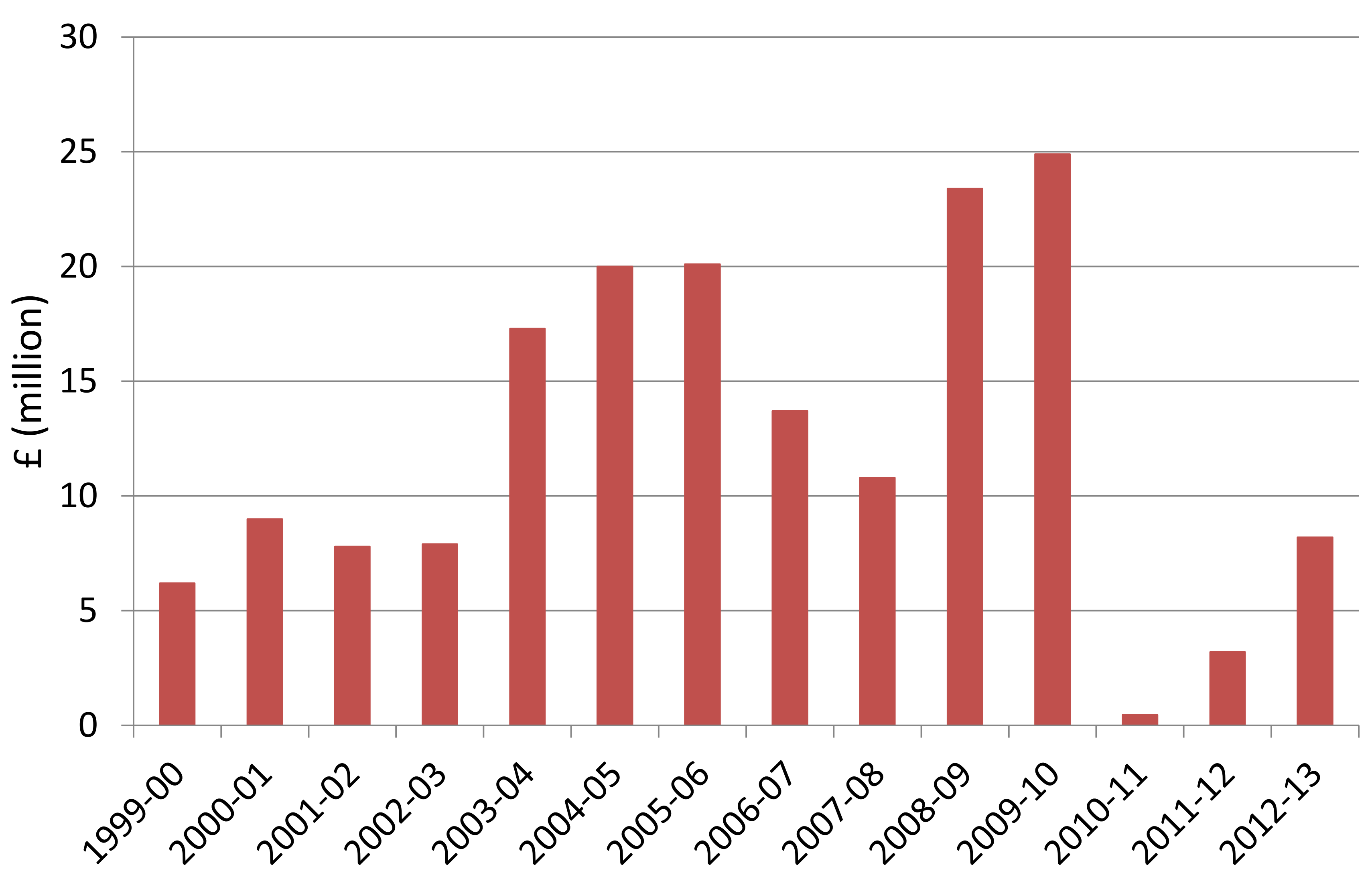
FEATURE

Raiding the public health budget

A year after responsibility for public health services was diverted from the NHS to local authorities, the *BMJ* shines a light on where the money is going. **Gareth Iacobucci** reports

Spend on mass media campaigns, E&W 1999-2012

http://www.ash.org.uk/files/documents/ASH_667.pdf



Aids used in most recent quit attempt

Percent of smokers trying to stop

E-cigs
NRT OTC
NRT Rx
Champix
Beh'l supp

2009-3, 2009-4, 2010-1, 2010-2, 2010-3, 2010-4, 2011-1, 2011-2, 2011-3, 2011-4, 2012-1, 2012-2, 2012-3, 2012-4, 2013-1, 2013-2, 2013-3, 2013-4, 2014-1, 2014-2, 2014-3, 2014-4, 2015-1

N=10078 adults who smoke and tried to stop or who stopped in the past year

Health Action Zones

HC Deb 31 March 1998 vol 309 cc1033-48 1033

30 pm

The Secretary of State for Health (Mr. Frank Dobson) Two weeks ago, I came to the House to announce that the extra £500 million earmarked for the national health service in the Chancellor's Budget would be devoted to reducing hospital in-patient waiting lists. That was part of our modernisation programme for the health service, which was set out in our recent White Paper "The New NHS". That programme will be necessary if patients and taxpayers are to get the full benefit of the extra resources we are providing, and if the million dedicated staff are to be able to use their talents to the full.

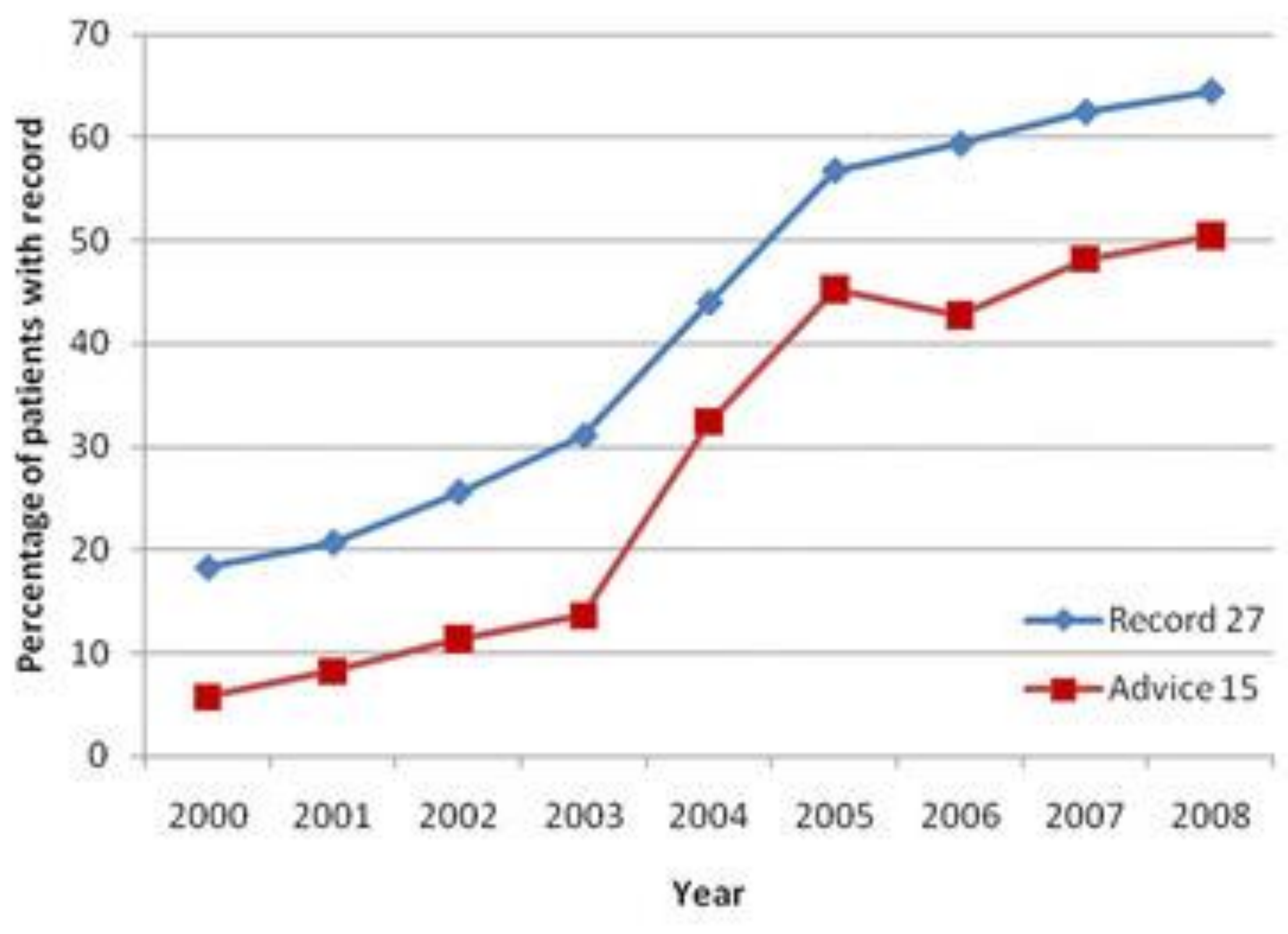
Our Green Paper on public health spelled out the action that the new Government intend to take to prevent people from falling ill in the first place, and to narrow the health gap between rich and poor./lb/> Today I come to the House to announce the 11 areas in England that will become health action zones, where special arrangements will be made to benefit local people by both modernising the local health services and taking concerted action to tackle the root causes of ill health.

Health action zones will involve local partnerships between the health service, local councils and voluntary groups and local businesses. Their job will be to make measurable improvements in the health of local people and in the quality of treatment and care. They will break down existing barriers that are holding back local partnerships, which everybody recognises are crucial to tackling intractable health problems in many of the worst-off parts of the country.

Published online 2012 Jul 10. doi: 10.1186/1471-2458-12-329

The impact of the Quality and Outcomes Framework (QOF) on the recording of smoking targets in primary care medical records: cross-sectional analyses from The Health Improvement Network (THIN) database

Jaspal S Taggar,[1] Tim Coleman,[1] Sarah Lewis,[2] and Lisa Szatkowski[2]



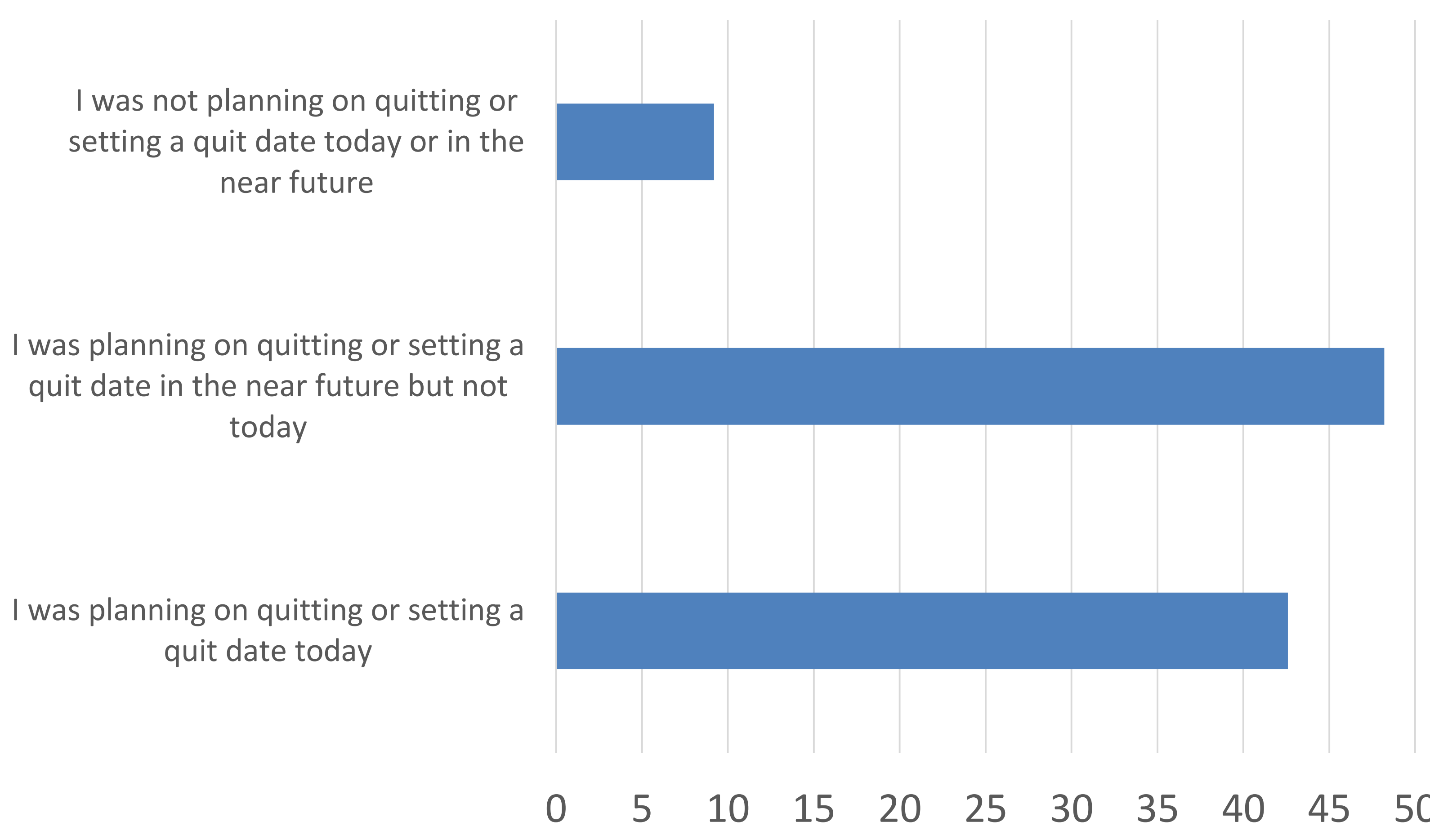
GP-triggered quit attempts

Effectiveness of a mobile, drop-in service in reaching and supporting disadvantaged UK smokers to quit

Venn et al, Tobacco Control 10.1136/tobaccocontrol-2014-051760

Quit intentions of mobile SSS users

Venn et al, Tobacco Control 10.1136/tobaccocontrol-2014-051760



Effectiveness of a mobile, drop-in service in reaching and supporting disadvantaged UK smokers to quit

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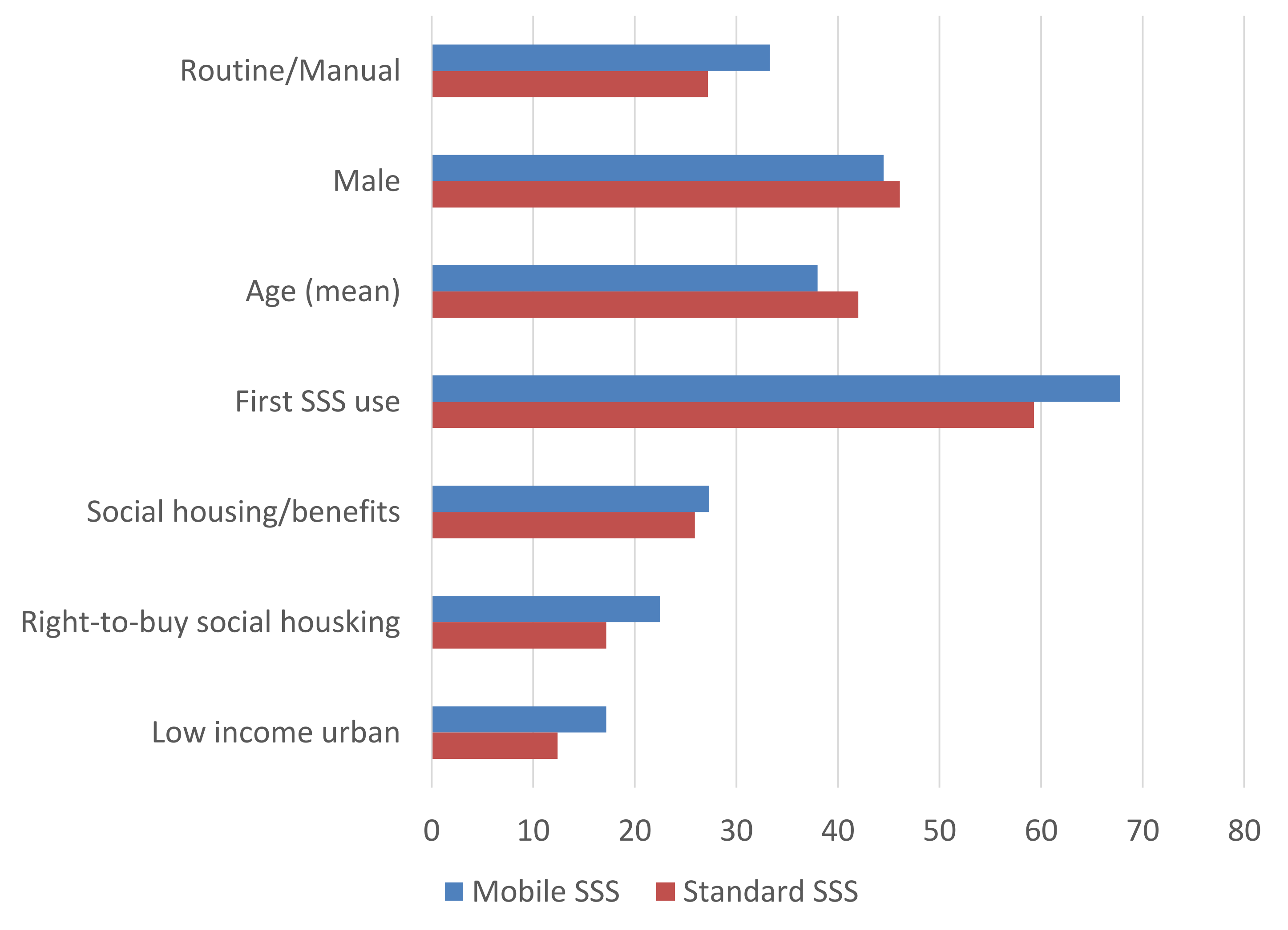
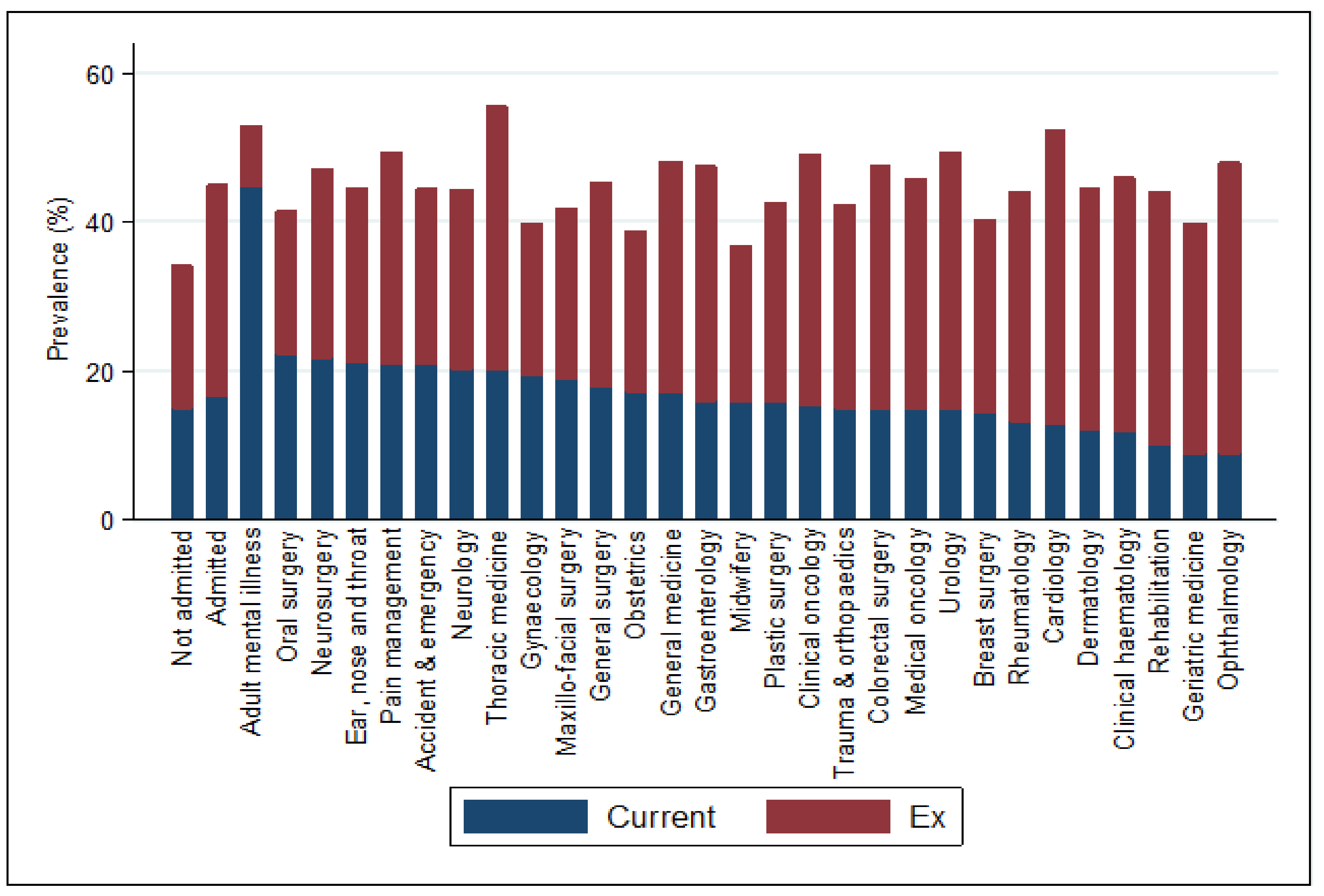
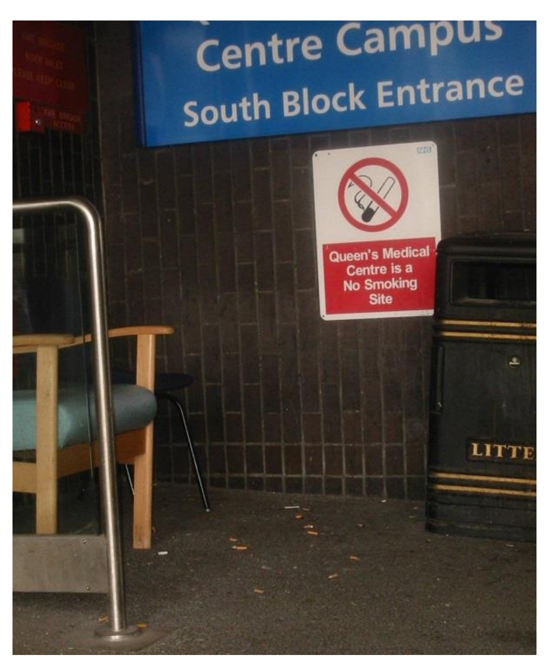


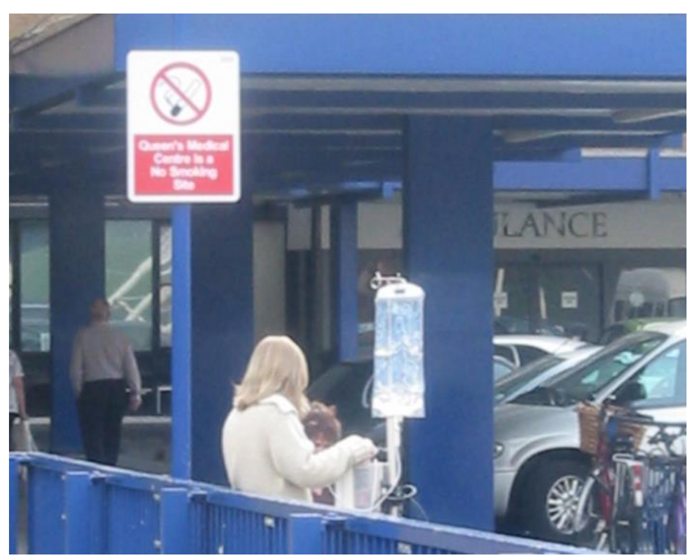
Smoking in people admitted to English hospitals, 2010-11

Szatkowski et al, Thorax, in press



1.1 million people; ~ 2.6 episodes of hospital care

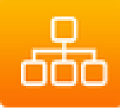

Centre Campus
South Block Entrance
Queen's Medical Centre is a No Smoking Site
LITTE


Queen's Medical Centre is a No Smoking Site
LANCE

Smoking shelter
No Smoking

Smoking cessation - acute, maternity and mental health services (PH48)

Public health guidance PH48
Issued: November 2013



Smoking cessation in secondary care pathway
Fast, easy summary view of NICE guidance on 'smoking cessation in secondary care'

Smoking cessation - acute, maternity and mental health services

Public health guidance, PH48 - Issued: November 2013

Stopping smoking at any time has considerable health benefits and for people using secondary care services, there are additional advantages including shorter hospital stays and fewer complications. Secondary care providers have a duty of care to protect the health of, and promote healthy behaviour among, people who use, or work in, their services

This guidance aims to support smoking cessation, temporary abstinence from smoking and smokefree policies in all secondary care settings. It recommends:

Guidance formats ?

- Web format
- Full Guidance (PDF)

Implementation tools and resources

- Baseline assessment tool
- Costing statement
- PH48 Smoking cessation - acute, maternity and mental health services: podcast

See this guidance in practice

- Shared learning

Smoking cessation interventions in acute services

Intensity	Content	Effect	Add drug*
1	Single contact ± written/other material, no follow up	None	No effect
2	Longer or more contacts ± other materials but not beyond quit date	None	No effect
3	Any contact + follow-up after quit date but <4 weeks	Modest (OR 1.17)	Modest (OR1.19)
4	Any contact + phone/letter/email + > 4 weeks follow-up	Works (OR 1.51)	Works (OR 1.66)
5	Any contact + follow-up with face-to-face contact for > 4 weeks	Works best (OR 1.28)	Works best (OR 2.26)

**(typically NRT)*

NCSCT Streamlined Secondary Care System

http://www.ncsct.co.uk

- Patient smoking status established and recorded
- Patient given Very Brief Advice: Ask, Advise, Act (AAA)
- Patient informed they are being referred electronically to their local stop smoking service (opt-out approach)

↓

Administration staff complete electronic referral, recording:

- Smoking status
- That VBA has been delivered
- That the patient has been informed (or delivered) a referral to their local stop smoking service

Patient are extracted from the existing hospital system and sent to the 'Referral Management System' (RMS) in a secure file format via an interface from the hospital system.

↓

The RMS sorts patients by postcode and sends the referral to the appropriate stop smoking service, dependent upon the type of department – i.e. outpatient or inpatient

↓

The patient referral details are received by the stop smoking service either:

1. Directly into their Quit Manager database (if available) or;
2. Via an email alert which prompts the service to log into the RMS an retrieve their referrals

Very Brief Advice on Smoking

30 seconds to save a life

ASK

AND RECORD SMOKING STATUS

Is the patient a smoker, ex-smoker or a non-smoker?

ADVISE

ON THE BEST WAY OF QUITTING

The best way of stopping smoking is with a combination of medication and specialist support.

ACT

ON PATIENT'S RESPONSE

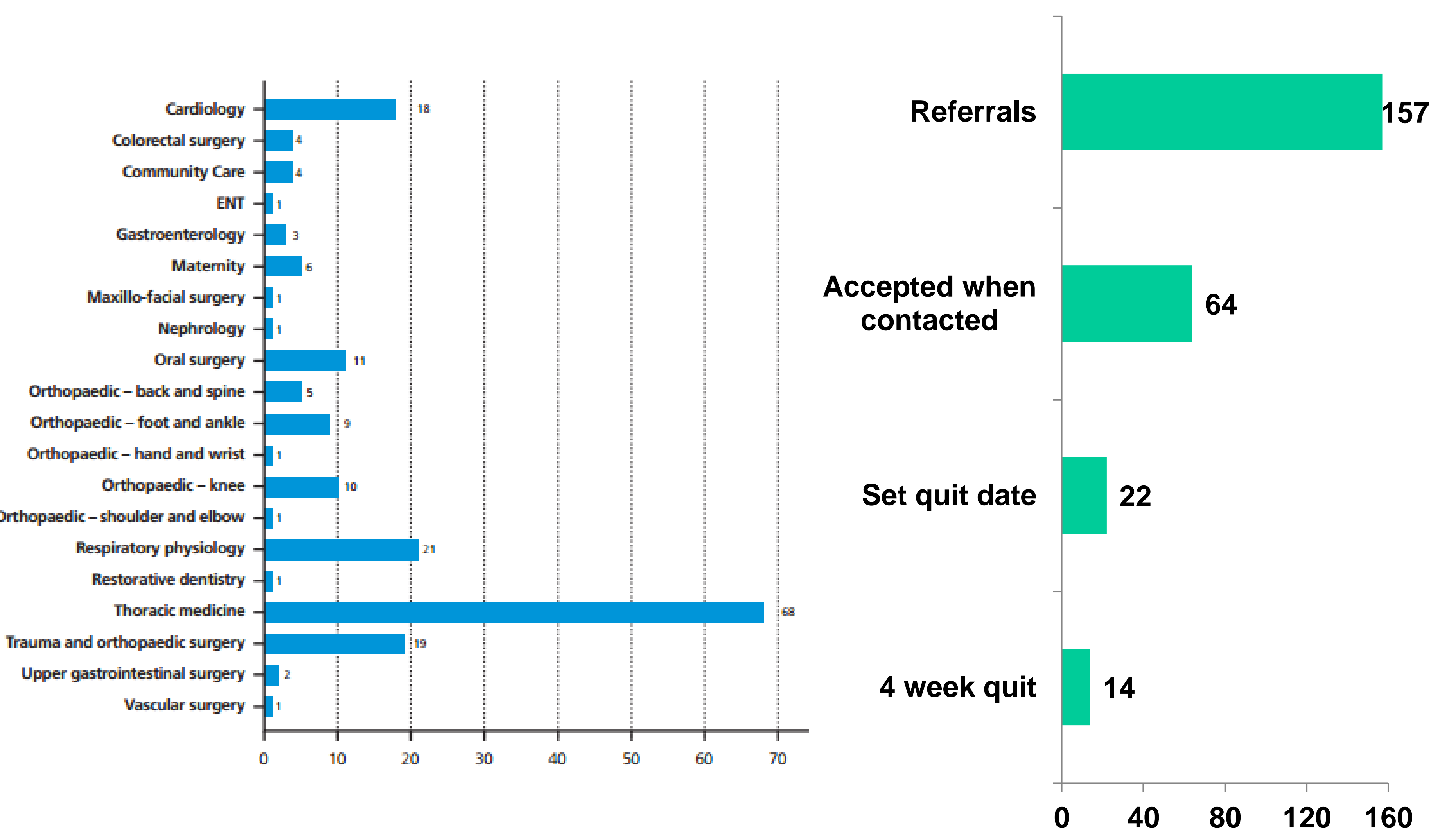
Build confidence, give information, refer, prescribe. They are up to four times more likely to quit successfully with NHS support.

REFER THEM TO THEIR LOCAL NHS STOP SMOKING SERVICE

NCSCT NATIONAL CENTRE FOR SMOKING CESSATION AND TRAINING

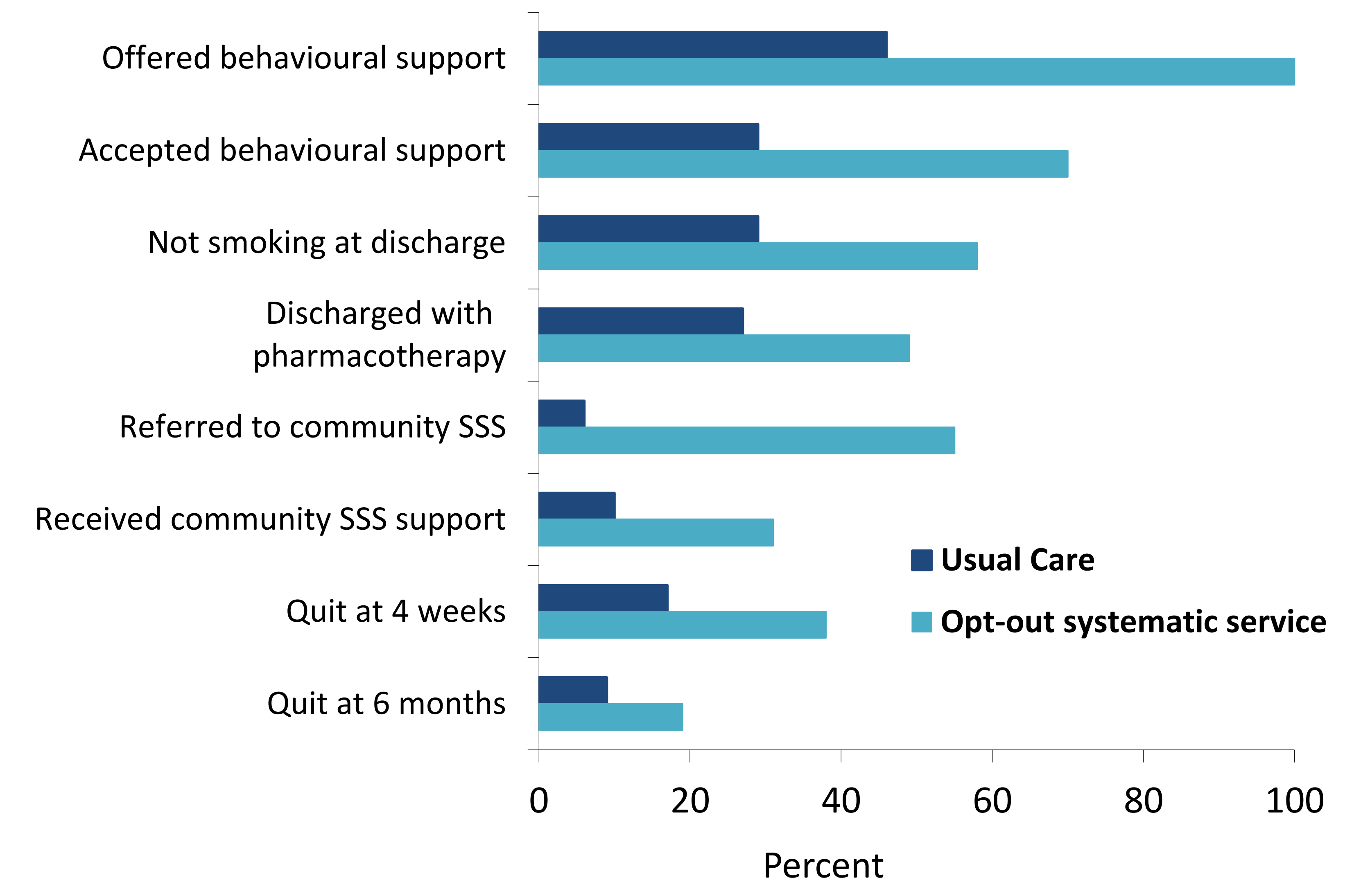
Effectiveness of NHS SSS referral from hospital

3-month Pilot at Queen Alexandra Hospital, Portsmouth. *http://www.ncsct.co.uk*



Systematic identification and treatment of smokers by hospital based cessation practitioners in a secondary care setting: cluster randomised controlled trial

Murray et al, BMJ 2013;347:f4004



PH48 **Smoking cessation - acute, maternity and mental health services (PH48)**

Public health guidance PH48
Issued: November 2013

- On admission,
  - ascertain smoking status and advise cessation/temporary abstinence at first face-to-face contact
  - Provide pharmacotherapy and intensive behavioural support, immediately if necessary, or else within 24 hours
  - Provide behavioural support as often and as long as needed during admission.
  - Provide or arrange follow up for at least one month after discharge
  - Manage doses of clozapine, olanzapine, theophylline, warfarin
  - Engage with family and friends

Barriers to intervention

- Smoking among health care staff
- Perceived lack of time, knowledge and skills
- Lack of training
- Lack of prompts, reminders, automated systems, audit and feedback
- Poor organisational support (referral processes, service and medicine provision)
- Concern that stopping smoking before surgery increases risks
- [lack of planning for admission]

Commissioners and Managers

- Commission smoke-free services
- Make buildings and grounds smoke-free
- Communicate policy to public, staff, contractors, all service users
- No designated smoking areas or staff-facilitated smoking breaks
- Ensure NRT available for sale to visitors
- Support staff to stop smoking in grounds
- Train staff to intervene in smoking

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

PUBLIC HEALTH GUIDANCE

DRAFT SCOPE

1 Guidance title

Smoking cessation in secondary care: acute and obstetric services

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

PUBLIC HEALTH GUIDANCE

DRAFT SCOPE

1 Guidance title

Smoking cessation in secondary care: mental health services

Consultation on NICE PH48 guidance on smoking cessation in mental health settings *www.nice.org.uk/guidance/ph48/documents*

- ……we strongly support the commitment in this guidance to challenging health inequalities for people with mental health problems, and in particular to provide targeted support to help people stop smoking.

- We think it is right to be ambitious about the health outcomes of people with mental health problems and to provide targeted smoking cessation support to enable people to lead healthier lives.

Consultation on NICE PH48 guidance on smoking cessation in mental health settings *www.nice.org.uk/guidance/ph48/documents*

- I applaud the idea… but worry about the loss of individual choice … or is it the "good of the many" over the few.

- Drinking alcohol is more costly (to society / and financially) than smoking… so why are they not enforcing a ban on alcohol?

- Removal of smoking shelters will just mean patients, who due to poor diet and neglect often have poor physical health, will stand out in the rain getting wet. This will increase the risks of falls, increase the need for cleaning of the ward eg floors and chairs and increase staff time needed to attend to ensuring that patients and their bed areas are clean and dry.

- I would say that acute treatment is predominantly short term and smoking cessation is a trivial health concern at these time. And something best left to the GP and Community care teams, when not in an acute mental state, basically this is not the correct time.

About the NCCMH

Introduction

Our Team

Management Board

NICE and the other NCC's

About Us

Who we are, what we do, and how we work.

Who we are and what we do.
The National Collaborating Centre for Mental Health (NCCMH) is one of four centres established by the National Institute for Health and Care Excellence (NICE) to develop guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS in England and Wales. Established in 2001, the NCCMH is responsible for developing mental health guidelines, and is a partnership between the Royal College of Psychiatrists (RCPsych) and the British Psychological Society (BPS).

What guidelines can achieve.
The aims of guidelines are to bring about genuine and lasting improvements in patient care.

Nicotine Management Policy

CWP Nicotine Management Policy aims to:

- Provide a safe, smokefree environment for all
- Support patients and staff who wish to stop smoking with suitable therapies and support
- Help people who do not wish to stop smoking, to manage their nicotine dependency symptoms whilst on Trust premises/grounds (temporary abstinence)
- Ensure that staff time is used effectively to support patient recovery
- Promote positive, alternative options available to help patients with recovery and prevent nicotine withdrawal symptoms.

No Smoking
This is a healthcare organisation.
In order to protect our patients, staff
and visitors smoking is not allowed
in our hospitals and grounds
Central Manchester University Hospitals NHS
NHS Foundation Trust

County Durham and Darlington NHS
NHS Foundation Trust

Fresher
Healthier
Greener
Cleaner
Fresher
Healthier

Main Entrance
Fresher
Cleaner
SMOKE FREE environment

Short and long-term incremental costs per QALY

(Intensity 4 and 5 with pharmacotherapy) *NICE 2013*

	3 years (approx costs/range of costs)	Lifetime
Preoperative patients	Dominant	Dominant
COPD	£7000-9000	Dominant
Cardiac	Dominant	Dominant
Acute general	(£22,000)	Dominant
Schizophrenia	n/a	£2000-3000
Pregnancy (behaviour only)	Dominant to £155000	Dominant to £15000
Staff (intervention) Staff (smoke-free policy)	£4000 Dominant	Dominant Dominant

PH45 Tobacco harm reduction (PH45)

- It is the toxins in tobacco smoke – not nicotine – that kill
- Best way to avoid health harm is to stop smoking
- However, there are other ways to reduce harm from smoking
- This guidance is about helping people, particularly those who are highly dependent on nicotine, who:
  - may not be able (or do not want) to stop smoking in one step
  - may want to stop smoking, without necessarily giving up nicotine
  - may not be ready to stop smoking, but want to reduce the amount they smoke.
- Recommends harm-reduction approaches which may or may not include temporary or long-term use of ***licensed nicotine-containing products***

Box 1 Harm reduction approaches covered by the guidance

- **Stopping smoking**, but using one or more licensed nicotine-containing products as long as needed to prevent relapse
- **Cutting down prior to stopping smoking** (cutting down to quit)
  - with the help of one or more licensed nicotine-containing products (the products may be used as long as needed to prevent relapse)
  - without using licensed nicotine-containing products.
- **Smoking reduction**
  - with the help of one or more licensed nicotine-containing products (the products may be used as long as needed to prevent relapse)
  - without using licensed nicotine-containing products.
- Temporary abstinence **from smoking**
  - with the help of one or more licensed nicotine-containing products
  - without using licensed nicotine-containing products.

3.0mL MAX
2.5mL
2.0mL
1.5mL

Prevalence of electronic cigarette use: smokers and recent ex-smokers

Percent of smokers and recent ex-smokers

30
25
20
15
10
5
0

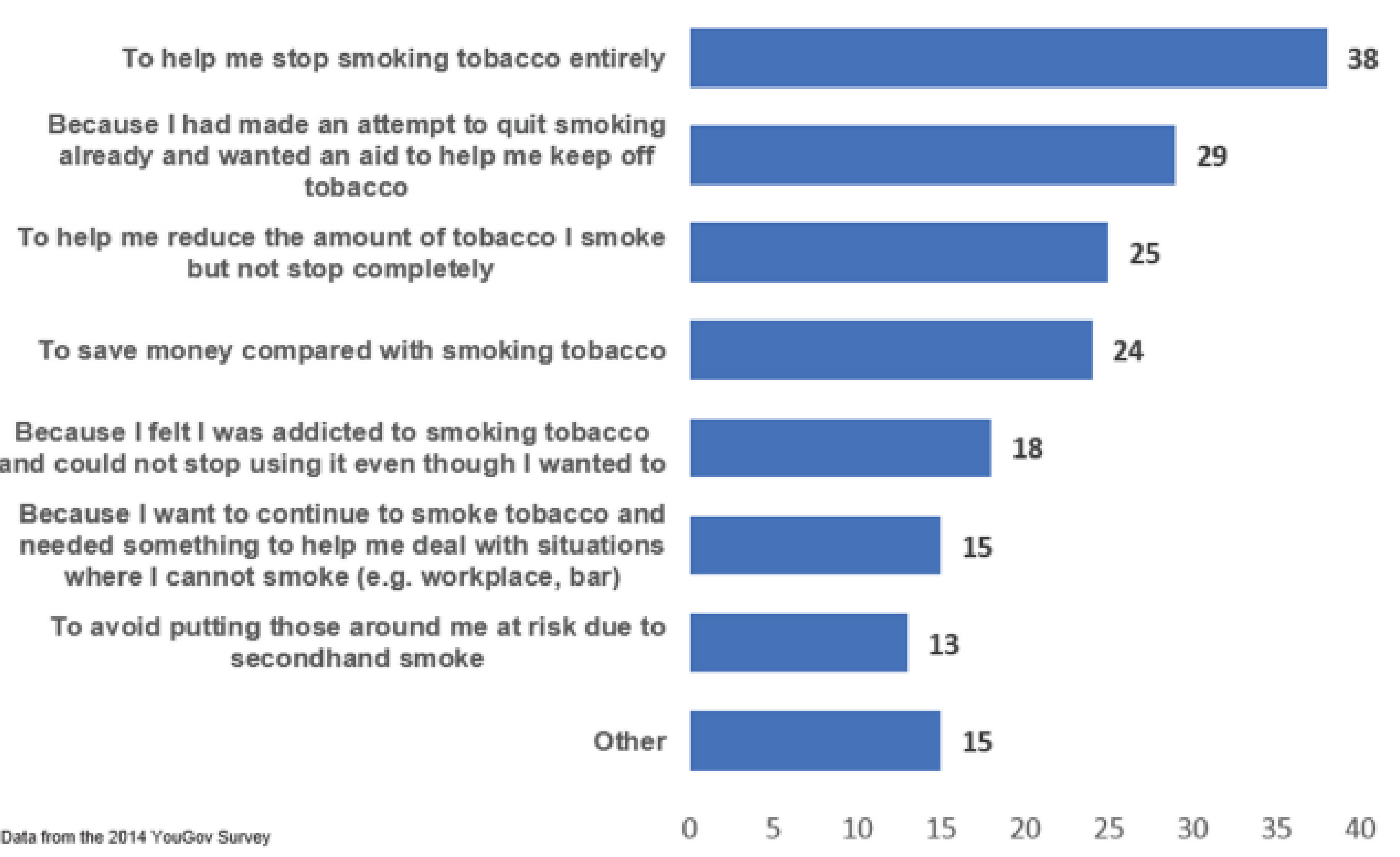
2011-2
2011-3
2011-4
2012-1
2012-2
2012-3
2012-4
2013-1
2013-2
2013-3
2013-4
2014-1
2014-2
2014-3
2014-4
2015-1

Any
Daily

N=16529 adults who smoke or who stopped in the past year; increase $p<0.001$

Reasons for using electronic cigarettes, UK 2014

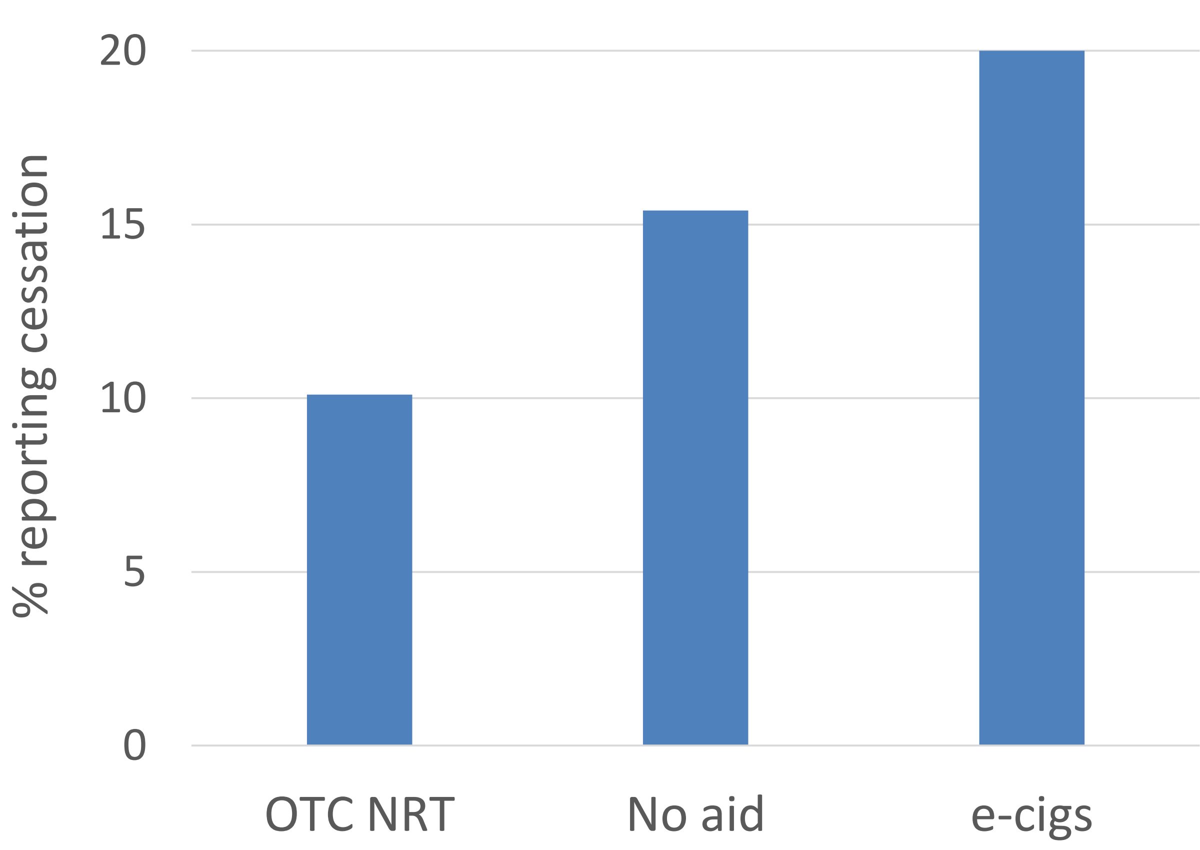
YouGov/ASH http://www.ash.org.uk/files/documents/ASH_891.pdf



Addiction
RESEARCH REPORT
doi:10.1111/add.12623

Real-world effectiveness of e-cigarettes when used to aid smoking cessation: a cross-sectional population study

Jamie Brown[1,2], Emma Beard[1], Daniel Kotz[1,3], Susan Michie[2,4] & Robert West[1,4]



Addiction

RESEARCH REPORT doi:10.1111/add.12429

'Real-world' effectiveness of smoking cessation treatments: a population study

Daniel Kotz[1,2], Jamie Brown[2] & Robert West[2]

Table 4 Unadjusted and adjusted odds of self-reported non-smoking in the full sample and in the two subsamples of respondents who started their quit attempt fewer/more than 6 months ago.

	OR (95% CI)			
Smoking cessation treatment	*Model 1*	*Model 2*	*Model 3*	*Model 4*
Full sample (n = 10 335)				
Medication on prescription + specialist behavioural support (n = 204)	1.36 (0.95–1.95)	1.47 (1.02–2.11)	2.97 (1.93–4.59)	3.25 (2.05–5.15)
Medication on prescription + brief advice (n = 1 706)	1.03 (0.89–1.20)	1.02 (0.87–1.19)	1.59 (1.32–1.91)	1.61 (1.33–1.94)
NRT bought over the counter (n = 3 128)	0.66 (0.58–0.76)	0.63 (0.55–0.74)	0.95 (0.81–1.12)	0.96 (0.81–1.13)
None of the above (reference) (n = 5 297)	1	1	1	1

Conclusions: improving smoking cessation support

- Review the ‘Dobson model’ of service provision
- Adapt to spontaneous quit behaviour
- Find ways to promote harm reduction beyond SSS
- Embrace electronic cigarettes/other NCDs, try to find ways to offer behavioural support to e-cig users
- Increase primary care delivery of pharmacotherapy and behavioural support
- Make cessation support the default for patients and their families in secondary care
- Make secondary care services smoke-free
- Budgets: protect services without blocking innovation