Smokers in the Healthcare System

Treating Tobacco Dependency in the NHS

Jo Locker
Senior Tobacco Control Manager
Public Health England
Smoking prevalence continues to fall

Adult smoking prevalence in England by year

Source: Local Tobacco Control Profiles [https://fingertips.phe.org.uk/profile/tobacco-control](https://fingertips.phe.org.uk/profile/tobacco-control)
Young people: smoking declining further and faster...

2016: 8% smoking at age 15
UK has the second lowest smoking rates in Europe
A comprehensive approach

- Mass media campaigns
- World class surveillance
- No tobacco advertising, broadcast, print, outdoor or point of sale
- Reducing affordability through taxation and anti smuggling measures
- Supporting smokers to quit, especially smokers receiving health care
- Large picture warnings on the front of standard packaging
- Regulation of all nicotine products
- Making it easy for smokers to reduce the harm they cause to themselves and others
Towards a smokefree generation
July 2017

- Reduce adult smoking rates from **15.5% down to 12%** or less by 2022.
- Reduce the prevalence of smoking in pregnancy from **10.7% to 6%** or less.
- Reduce the prevalence of 15 year olds who regularly smoke from **8% to 3%** or less.
- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population.
Golden Threads...

Reducing Inequalities
• Targeting priority populations

NHS Sustainability
• Emphasis on smokers in the healthcare system

A whole system approach
Develop all opportunities within the health and care system to reach out to the large number of smokers engaged with healthcare services on a daily basis.

Helping smokers to quit is the job of the whole health and care system. As smokers experience a greater incidence of poor health and disease, the health system will already be regularly engaging with them. We must exploit these opportunities and make every contact count.
Smokefree NHS

Every front-line professional discusses smoking with their patients

Everyone understands there is no smoking anywhere on NHS property

Every smoker is offered stop smoking support on site or referral to local services
Clear evidence based case for action

https://www.rcplondon.ac.uk/projects/outputs/hiding-plain-sight-treated-tobacco-dependency-nhs
https://www.brit-thoracic.org.uk/document-library/clinical-information/smoking-cessation/bts-recommendations-for-smoking-cessation-services/
Recent assessment of implementation

• **72%** of hospital patients who smoked were **not** asked if they’d like to stop
• **27%** hospital patients were **not** even asked if they smoke
• Only **7.7%** hospital patients who smoked were referred treatment for their tobacco dependence
• Only **10%** of hospitals completely enforce their fully smoke-free premises.
• 1 in 4 (25%) of hospital patients were recorded as smokers
• **50%** of frontline healthcare staff in hospitals were **not** offered training in smoking cessation

Audit involving 146 hospitals across UK, including the analysis of 14,750 patient records (2016)
Scale of the challenge / opportunity

Current smoking costs circa £1 billion each year, through direct treatment costs and lost productivity in NHS workforce.
Smoking is the leading behavioural risk factor for CVD

• Smoking has been attributed to account for 14% of deaths from heart and circulatory disease.¹

• Compared with non-smokers, smokers have a 2 to 4 times increased risk of heart disease and of stroke

• Stopping smoking has a significant impact on an individual’s CVD risk: ii
  – In 2-12 weeks, circulation improves
  – After 1 year, the risk of heart disease is reduced by half
  – After 5 years, risk of stroke is reduced to that of a non-smoker
  – After 15 years, risk of heart disease is reduced to that of a non-smoker

CQUIN : Preventing ill health by risky behaviours

Indicator

Preventing ill health by risky behaviours – alcohol and tobacco

Goal: To support people to change their behaviour to reduce the risk to their health from alcohol and tobacco.

Value: 0.25%

- Three actions to deliver this CQUIN: screen and record; deliver brief advice; and refer (where relevant).
- Inclusion criteria: unique adult patients who are admitted to an inpatient ward for at least one night (excludes: admissions to maternity wards).

Timescales

<table>
<thead>
<tr>
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<th>2017/2018</th>
<th>2018/2019</th>
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<tbody>
<tr>
<td>Community Trusts</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Mental Health Trusts</td>
<td>✓</td>
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<td>Acute Trusts</td>
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<td>✓</td>
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CQUIN : Preventing ill health by risky behaviours

Action (Smoking)

Very Brief Advice on Smoking

ASK
AND RECORD SMOKING STATUS
Is the patient a smoker, ex-smoker or a non-smoker?

ADVISE
ON THE BEST WAY TO STOP SMOKING
The best way of stopping smoking is with a combination of medication and specialist support.

ACT
REFER THE PATIENT TO A SPECIALIST STOP SMOKING SERVICE AND OFFER STOP SMOKING MEDICATION
Build confidence, give information, refer, prescribe. They are up to four times more likely to quit successfully with support.

Training (Alcohol & Smoking)

E-learning programme consisting of 4 section:

1. Introduction to treating & preventing ill health by risky behaviours – alcohol & tobacco
2. Very brief Advice on Smoking: ASK, ADVISE, ACT
3. Alcohol Brief Advice: IDENTIFY and ADVISE or REFER
4. Bringing it together for patients with multiple risk factors

Each session takes about 15 minutes to complete and contains a short film, summary of learning, links to further information and self-assessment learning check.

Guidance:

Treating tobacco dependence in hospitals: “The Ottawa model”

• 2-group effectiveness study - Ontario, Canada.
• Impact of ‘Ottawa Model’ for Smoking Cessation cf ‘usual care’
• Adult smokers admitted to hospital

• Systematic approach to tobacco dependence treatment in healthcare:
  ✓ identify and document the smoking status of all patients
  ✓ provide brief counselling and
  ✓ in-hospital pharmacotherapy
  ✓ offer follow-up support post-hospitalisation to all ‘smokers’

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Effectiveness of a hospital-initiated smoking cessation programme: 2-year health and healthcare outcomes

Kerri A Mullen,¹ Douglas G Manuel,² Steven J Hawken,² Andrew L Pipe,¹ Douglas Coyle,³ Laura A Hobler,¹ Jaime Younger,² George A Wells,¹ Robert D Reid¹
Impact on mortality & re-admissions

Mortality halved by 1 year
11.4% vs 5.4%; p<0.001

Re-admission halved by 30 days
13.3% vs 7.1%; p<0.001

Figure 2: Cumulative incidence of mortality (Part A) and all-cause rehospitalisation (Part B) from index hospitalisation to 2-year follow-up in the control (n=641) and intervention (n=726) groups.
Supporting smokers to stop: Key principles

• Smokers expect to be asked about their smoking by healthcare professionals

By not raising the issue it may give the impression that smoking is not important or that it doesn’t have a significant impact on the persons health.

• Talking to your patients about smoking will not negatively impact on your relationship and needn’t take up lots of time

There is lots of evidence that advice from a healthcare professional can be one of the most important triggers in smokers making a quit attempt.

• Most smokers say they would like to stop

If not right now, then at some point in the (near) future. Advising what support is available may prompt them into taking action or to seek out these tools when they decide the time is right to quit.
Key principles (continued...)

• **Smokers are up to four times as likely to quit successfully with support and medication**
  Evidence is clear that a combination of behavioural support and appropriate use of stop smoking medications can substantially increase the chance of quitting.

• **Smokers can take action to reduce the harm associated with smoking, even if they are not ready to stop yet**
  Although quitting completely and in one step is the best thing a smoker can do for their health, there are ways lessen the impact and support individuals on their journey towards quitting even if the time is not right to stop.

• **Two Ways to Increase Quitting**
  ✓ Increase quit attempts
  ✓ Increase success of quit attempts
Impact of not discussing smoking (e.g. not presenting a cue to stop)

When clinicians do not mention smoking, smokers conclude:
• Clinician thinks smoking is not that problematic
• Clinician does not think I can change

Conclusions:
• Change is messy - lots ups & downs, starting & stopping.
• Persistence may be a key to changing
• Help and support smokers to make multiple quit attempts (if necessary)
• Important for all clinicians to advise smokers to quit even though they may not see an effective outcome
• Intensity of advice is not that important, but it is important to repeat the advice at regular intervals (e.g. every 3 months)
## Comparative “numbers needed to treat”

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<thead>
<tr>
<th>Intervention</th>
<th>Outcome</th>
<th>NNT</th>
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<tr>
<td>Brief advice for smoking cessation</td>
<td>Prevent one premature death</td>
<td>80(^1)</td>
</tr>
<tr>
<td>Statin (as primary prevention)</td>
<td>Prevent one death (from MI, stroke or other) over 5 years</td>
<td>107(^2)</td>
</tr>
<tr>
<td>Anti-hypertensive therapy in mild hypertension</td>
<td>Prevent one stroke, MI or death over 1 year.</td>
<td>700(^2)</td>
</tr>
<tr>
<td>Screening for cervical cancer</td>
<td>Prevent one death over 10 years</td>
<td>1140(^3)</td>
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1. Based on West 2006  
2. Bandolier 2006  
Tools and training

http://elearning.ncsct.co.uk/vba-launch

System-wide action

Call to action

Most smokers want to give up and now is the time for concerted and collaborative action.

Pharmacists can advise on how to stop smoking and provide information on the range of available medication.

Primary care

GPs should, as a matter of routine, make every contact count and identify smokers and offer smoking cessation interventions.

Secondary care

Hospitals, mental health services and maternity units should become completely smokefree and all patients who smoke should be helped to stop for good.

Local authorities

Local authorities should commission interventions including stop smoking services to meet the identified needs of their populations.
Thank you

jo.locker@phe.gov.uk