Improving smoking cessation in drug and alcohol treatment

Interim briefing on Turning Point's PHE-supported smoking cessation pilots

Tobacco smoking is prevalent among drug and alcohol users, and contributes significantly to illness and death. Many people may recover from their drug or alcohol dependence only to later die of their continued and untreated tobacco dependence. Public Health England (PHE) is supporting improvements in smoking cessation (or reduction for those who cannot stop) in drug and alcohol treatment services.

Working with PHE and South London and Maudsley NHS Foundation Trust (SLAM), Turning Point launched smoking cessation pilots in nine of its substance misuse services in late 2014. Although too early to see any evaluated outcomes from the pilots, this briefing summarises what Turning Point did to set them up in terms of implementing evidence-based interventions and processes, which might be of use to other drug and alcohol services considering introducing or expanding smoking cessation, and to their commissioners.

Turning Point's pilot programme

Key elements of TP's pilot programme have been to:

- assess service user smoking prevalence to provide a baseline for comparing future prevalence
- assess workforce attitudes and behaviour, again to provide a baseline for future comparison
- train staff
- review smoking policies
- design interventions for assessment and goal planning
- record inputs and outcomes
- evaluate the pilots

Although the pilot programme is still at a relatively early stage in its development, Turning Point has worked through these elements and has already identified a number of implementation lessons. These are described in the rest of this briefing.

Address staff understanding, attitudes and behaviour

Make staff aware that smoking causes many more deaths among service users than heroin or alcohol.[1]

Tell staff about recent evidence that supports the feasibility and desirability of smoking cessation at the same time as recovery from drug or alcohol dependence.[2] Evidence suggests that service users who stop smoking can improve the outcomes of their drug and alcohol misuse treatment, perhaps contrary to the assumptions of some staff.

Openly address staff smoking, how it might affect beliefs about smoking cessation among service users, the direct impact it has on service users who smoke, and how staff can be supported to stop smoking (or at least not smoke at work or not smoke with service users).

To address the points above, Turning Point's pilot sites each held a team meeting with a tobacco quiz and post-quiz discussion (see appendix 1) led by a manager.

Encourage staff to use any smoking cessation interventions that services develop and deliver.

Promote smoking cessation at staff inductions, professional open days, through marketing events, etc.

Keep smoking on the agenda between keyworkers and service users

Routinely ask service users about their smoking status and help them find support to stop by following the Very Brief Advice (VBA) model shown.

Include a smoking prompt on care or recovery plan review paperwork.

Include stopping smoking as a care or recovery plan goal and a topic for discussion in groupwork, and introduce a stop smoking group into the group timetable if service users support it.

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 support.

REFER THEM TO THEIR LOCAL STOP SMOKING SERVICE

Aim to get to a point where discussing tobacco smoking with service users is the norm and done as a matter of course.
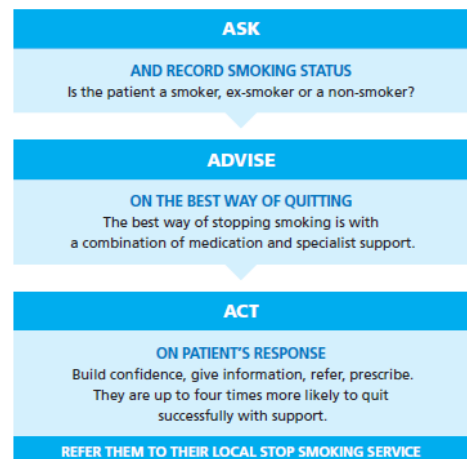
Involve other service users

Consult local service user groups for their views on how best to support people who want to stop smoking.

Engage mutual aid and recovery groups to support people who want to stop smoking.

Get peer supporters and mentors involved, as they would be in other parts of drug treatment and recovery.

Plan, plan and plan again

Don't underestimate how much there will be to do, especially if this is part of a broader health and wellbeing policy for staff and clients.

Have a clearly phased plan that:

- communicates intentions with staff
- establishes baselines for values and behaviours
- involves staff in programme design
- delivers basic training on the VBA model to all staff
- includes questions about smoking in care planning and assessment tools
- delivers more advanced practitioner training to identified staff who then become leads
- monitors referrals, uptake and outcomes

Champion

A clear steer and support from the management is needed, although it will be operational staff who then really make the difference in delivery.

Identify a 'stop smoking' champion within the service to take ownership and develop a plan.

Communicate

Communicate clearly with staff: the plan, key dates, etc. Turning Point designed a poster (right) for its offices.

It helps to bring together everybody who is going to be involved in the pilot.

SMOKING CESSATION PILOTS

TURNING POINT
Inspired by possibility

key dates that involve YOU

Stoptober

01 October 2014
Staff Smoking Knowledge Quiz
In Team Meetings. Quiz to be sent out at the end of September

20 October
Staff Questionnaire on Survey Monkey
Link will be distributed at the beginning of October

Mid November
Brief Assessment (VBA) E-Learning on smoking
Details of log in sent start of November

01 January 2015
Utilise skills learned in VBA with Service Users
and work with specialist local smoking cessation services

Use data

Data is important. Baseline smoking rates and attitudes, and then monitoring of what interventions and training are offered, their uptake and outcomes, will all be needed to demonstrate the programme's impact to staff, managers, funders, stop smoking services, etc.

There are plans to introduce smoking into the Treatment Outcomes Profile (TOP) and a smoking intervention as a recovery support intervention in NDTMS core data. Services may want or need to collect more data than this. Turning Point collects the following at assessment:

Have you ever smoked tobacco?	❑ Never	❑ Currently	❑ Previously
If currently or previously smoked, how many times have you tried to give up in last 12 months?	(number)		
How many cigarettes do you smoke per day?	(number)		
On how many of the last 28 days have you smoked?	(number)		
If you currently smoke, would you like support to give up or cut down on your tobacco smoking?	❑ Yes or ❑ No		
Offered and accepted – support offered:	❑ Very Brief Advice ❑ Nicotine replacement therapy ❑ Referral to internal (TP provided) smoking cessation service ❑ Referral to external smoking cessation service ❑ Other		
Do you use e-cigarettes?	❑ Yes or ❑ No		
If yes, how many times in a typical day do you use an e-cigarette?	(number)		

They also have updateable fields on the client's record for:

- review of smoking behaviour and subsequent offers of a stop smoking intervention
- whether an intervention commenced and was attended
- referrals to smoking cessation services
- when someone is 'successful – no longer smoking' following a stop smoking intervention

Involve commissioners and local stop smoking services

Get local stop smoking services interested and develop a pathway with them:

- some are funded per quit so it will be in their interests to support local programmes that can help more people to stop
- some will provide free face-to-face training – if not, it is available from the National Centre for Smoking Cessation and Training (NCSCT) for a fee
- larger services are often easier to engage

Consider early on and with local partners who is going to pay for nicotine replacement therapy (NRT).

Consider – and discuss with commissioners – a possible phased approach in which the service gradually takes on more direct responsibility for smoking cessation, if this more effectively meets need:

Phase 1: refer to stop smoking clinics – build pathway with current stop smoking services
Phase 2: deliver stop smoking clinics in-house – approach stop smoking commissioners for resources/funding
Phase 3: directly prescribe or provide NRT – approach commissioners to identify funding stream

Support drug users

Promote health advice for smokers (one-to-one, groups, smoking diaries and reduction plans).

The Routes to Recovery goal planner can be used or adapted for smoking. It is available on page 33 at www.nta.nhs.uk/uploads/ntamappingmanual.pdf and Turning Point's adapted copy is included in appendix 2.

Other points

Review and consider existing policies and whether they cover everything, including removing smoking areas for staff and service users from outside premises, limiting smoking breaks, and developing a policy for e-cigarettes and 'vapers'.

Useful guidance includes:

- NICE public health guidance PH45 Tobacco harm reduction approaches to smoking www.nice.org.uk/guidance/ph45
- NICE public health guidance PH48 Smoking cessation in secondary care: acute, maternity and mental health services www.nice.org.uk/guidance/ph48
- Action on Smoking in Health resource, "Will you permit or prohibit electronic cigarette use on your premises?" www.ash.org.uk/files/documents/ASH_900.pdf

If referring someone to residential rehabilitation, it might be useful to include smoking cessation as one intended outcome for the package of care.

'Piggybacking' on Stoptober, No Smoking Day, the January Health Harms campaigns or some other local campaign can help drive interest in and enthusiasm for a service-based stop smoking programme.

Produced with the help of Turning Point: www.turning-point.co.uk

Appendix 1. Staff team quiz

Tobacco and substance misuse treatment – how much do you know?

Team name:

Section A. Smoking and its effects

1. In a 2008 UK study, what percentage of opiate users in treatment reported smoking tobacco?
a)   60%
b)   75%
c)   88%

2. Death rates of people in substance misuse treatment services are highest in relation to:
a)   Alcohol
b)   Tobacco
c)   Illicit drugs

3. What is the rate of tobacco-related deaths in substance misuse treatment compared to the general population?
a)   Twice as high
b)   Three times as high
c)   The same

4. Tobacco and which other drug multiplies the risk of developing cancers of the upper respiratory and digestive tracts?
a)   Cannabis
b)   Alcohol
c)   Cocaine

Section B. Giving up smoking

5. Name three acute, physiological, nicotine-related withdrawal symptoms
a)
b)
c)

6. Acute physiological nicotine-related withdrawal symptoms peak how soon after a person stops smoking?
a)   12 to 24 hours
b)   24 to 48 hours
c)   48 to 72 hours

7. Physiological cravings for nicotine usually last
a)   4 days
b)   7 days
c)   10 days

8. Which intervention is effective for smoking cessation in pregnant women?
a)   Clear strong advice to stop
b)   Nicotine replacement therapy
c)   Going through pros and cons of stopping

9. Once the decision has been made to stop, research indicates it is best to set a date to stop. After the decision point this date should be no later than
a)   4 days
b)   7 days
c)   14 days

10. Which of these has not been shown to be effective in smoking cessation?
a)   Internet interventions
b)   Telephone helplines
c)   Hypnosis

11. During substance misuse treatment, smoking cessation intervention makes long term abstinence from alcohol and illicit drugs
a)   More likely
b)   Less likely
c)   Makes no difference

Section C. What happens in a London treatment service?

Based on a 2008 audit of a London NHS substance misuse service (both ward and community-based), (165 staff, 143 clients) ref. Ann McNeill, South London and Maudsley NHS Trust

12. What percentage of staff had ever smoked?

13. What percentage of staff were currently smoking?

14. What percentage of clients were currently smoking?

15. What percentage of clients who smoked said they wanted to give up?

16. What percentage of these said they wanted to give up smoking in the next three months?

17. For clients who wanted to give up smoking which was the most popular method?
a)   Stopping smoking abruptly
b)   Advice on gradually reducing the number of cigarettes smoked
c)   Nicotine replacement therapy

18. What percentage of clients who smoked had been offered support with smoking cessation during the current treatment episode?

19. What percentage of clients who smoked had never been offered smoking cessation support?

20. Staff rated nicotine dependence treatment as important as treatment of other substances? True/false.

21. Most staff thought nicotine dependence treatment should be put off until late or after a client's primary addiction treatment? True/false.

22. Almost half of the clients thought nicotine dependence should be addressed early in treatment? True/false.

23. Staff who smoke were more likely to question the importance of nicotine dependence treatment for clients? True/false.

Section C information from Cookson C, Strang J, Ratschen E, Sutherland G, Finch E, McNeill A (2014). Smoking and its treatment in addiction services: Clients' and staff behaviour and attitudes. BMC Health Services Research 14, 304

Quiz answers

1. c) 88%

2. b) Tobacco

3. a) 2:1

4. b) Alcohol

5. Score 1 for each up to 3:

- intense craving for nicotine
- tension, irritability, frustration
- mild depression, decreased ability to experience pleasure
- anxiety, anger
- restlessness, difficulty concentrating
- increased appetite

6. b) 24 to 48 hours

7. b) 7 days

8. a) Clear strong advice to stop

9. c) 14 days

10. c) Hypnosis

11. a) More likely

12. 70% (mark 65-75 correct)

13. 45% (mark 40-50 correct)

14. 88% (mark 83-93 correct)

15. 81% (mark 76-86 correct)

16. 23% (mark 18-28 correct)

17. c) Nicotine replacement therapy

18. 15% (mark 10-20 correct)

19. 56% (mark 51-61 correct)

20. False

21. True

22. True

23. True

Tobacco quiz follow-up questions for team discussion

1. Looking back over your scores is there anything that surprises you?
2. How often do we discuss tobacco smoking with our clients?
3. What difference could it make if we did?
4. When and how might we bring up the subject?
5. Which brief interventions do you know about that can help with smoking?

Use the discussion to lead into a brief introduction to Very Brief Advice and how staff can be trained in it.

Appendix 2. Goal planner

(also available at www.nta.nhs.uk/uploads/ntamappingmanual.pdf)

Goal Planner

Problem area	Satisfaction out of 10	What would have to change to increase my score by 2?	Rank
Social Life and friends			
Relationships (partner or family)			
Housing			
Job/Education			
Legal and crime			
Money			
Mental Health			
Physical Health (inc. Tobacco smoking)			
Drug and/or Alcohol Use			

How useful was this map and discussion?   1 2 3 4 5 6 7 8 9 10

Client Name: Keyworker: Date: / /

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References

[1] Hurt et al. Mortality following inpatient addictions treatment. Journal of the American Medical Association: JAMA 275:1097–1103, 1996

[2] Such as Winhusen et al. A randomized trial of concurrent smoking-cessation and substance use disorder treatment in stimulant-dependent smokers. Journal of Clinical Psychiatry 75:4 336-356, 2014