



Public Health
England

Protecting and improving the nation's health

Tobacco Presentation

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Smoking at the National Intelligence Network

January 2014

Smoking and substance misuse

Gay Sutherland, tobacco research unit at the Institute of Psychiatry, and Dr Luke Mitcheson, head of addictions psychology and lead psychologist for Lambeth Addictions, presented on 'Smoking and substance misuse'.

July 2015

Substance Misuse Smoking Cessation Pilot: Implementation and Interim Findings

Dr Gordon Morse, Medical Director, and Neesha Chand, Special Projects Manager, from Turning Point

June 2016

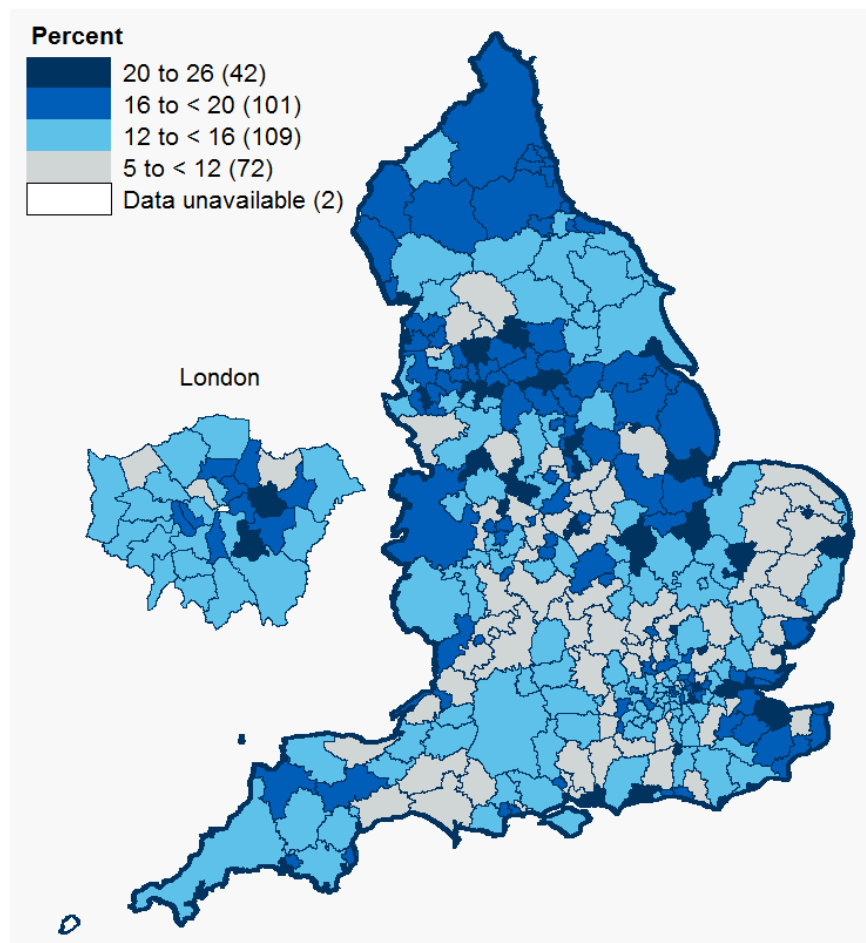
Lung health in addiction services Dr Caroline Jolley, Senior Lecturer in Human Physiology at King's College London

October 2016

E-cigarettes: Are they safe and can PHE recommend them?

Martin Dockrell, Tobacco Control Lead, Alcohol, Drugs and Tobacco, PHE

Key facts



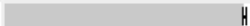
























- 16.8% of adults (957,991 people) in the North West smoke, significantly higher than the England average of 15.5%
- Adult smoking prevalence has fallen between 2012 and 2016 in both the
North West (-20.4%)
England (-19.7%)

2017 <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinginhabitinggreatbritain/2016>

Smoking Prevalence by Local Authority

Smoking Prevalence in adults - current smokers (APS) 2016

Proportion - %

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	—	-	15.5		15.3	15.7
North West region	—	-	16.8		16.4	17.3
Blackpool	—	-	22.5		20.2	24.8
Tameside	—	-	22.1		19.8	24.4
Manchester	—	-	21.7		19.5	23.9
Knowsley	—	-	20.5		18.0	22.9
Salford	—	-	20.3		18.0	22.7
Blackburn with Darwen	—	-	19.5		17.3	21.7
Rochdale	—	-	19.4		17.2	21.5
Bury	—	-	19.1		16.7	21.4
Liverpool	—	-	18.9		16.7	21.0
Oldham	—	-	18.8		16.5	21.1
Bolton	—	-	17.9		15.6	20.2
Wigan	—	-	17.7		15.4	19.9
St. Helens	—	-	17.6		15.3	19.8
Halton	—	-	16.6		14.4	18.7
Lancashire	—	-	16.0		14.4	17.6
Wirral	—	-	15.7		13.5	17.9
Cumbria	—	-	15.5		13.5	17.5
Cheshire East	—	-	13.3		10.6	15.9
Sefton	—	-	12.8		10.9	14.7
Warrington	—	-	12.6		10.6	14.7
Trafford	—	-	12.6		10.7	14.5
Stockport	—	-	12.2		10.3	14.0
Cheshire West and Chester	—	-	11.7		9.1	14.3

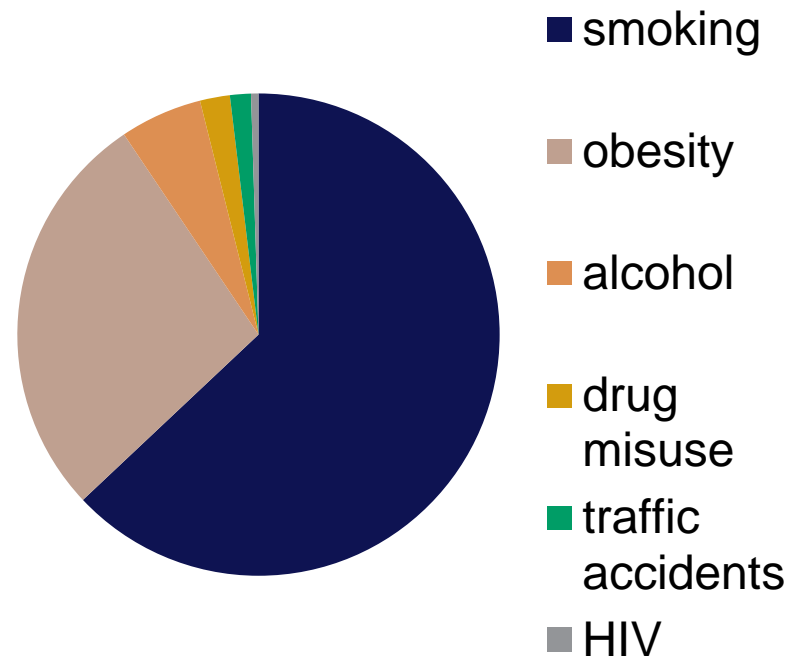
Source: Annual Population Survey (APS)



Smoking is the greatest cause of preventable death

- Smoking is the primary cause of preventable disease
- 1 in 2 smokers will be killed by their addiction and lose an average of 10 years of life
- For every death approximately 20 smokers are suffering from a smoking related disease

preventable death



Costs of smoking



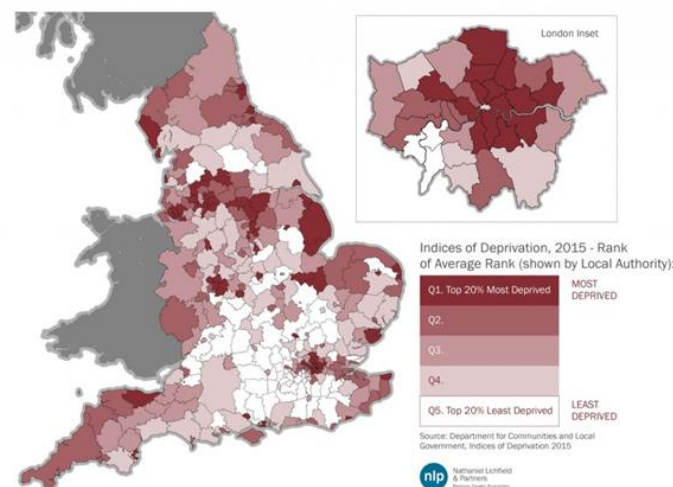
Each year we estimate that
smoking in North West costs
society a total of approx

£1.69bn

This cost is accrued across a range of social domains:

Influence of smoking on poverty

- 729,000 households in the North West live with at least one smoker
- 224,470 (31% of households) with a smoker fall below the poverty line due to net income and smoking expenditure
- If these smokers quit, 82,277 households would be elevated out of poverty.
- The residents of these households include:
 - 85,799 adults below pension age
 - 22,495 pensioners
 - 47,265 dependent children

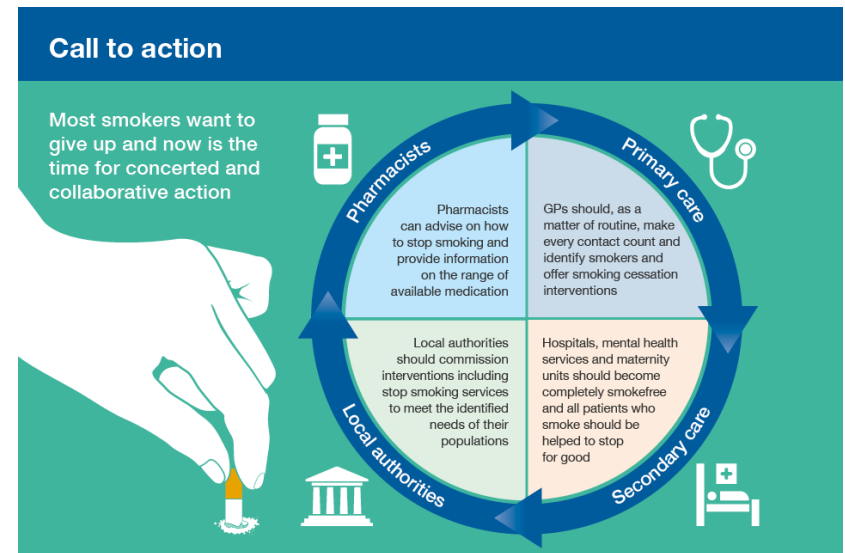


<http://ash.org.uk/information-and-resources/health-inequalities/health-inequalities-resources/smoking-and-poverty-calculator/>

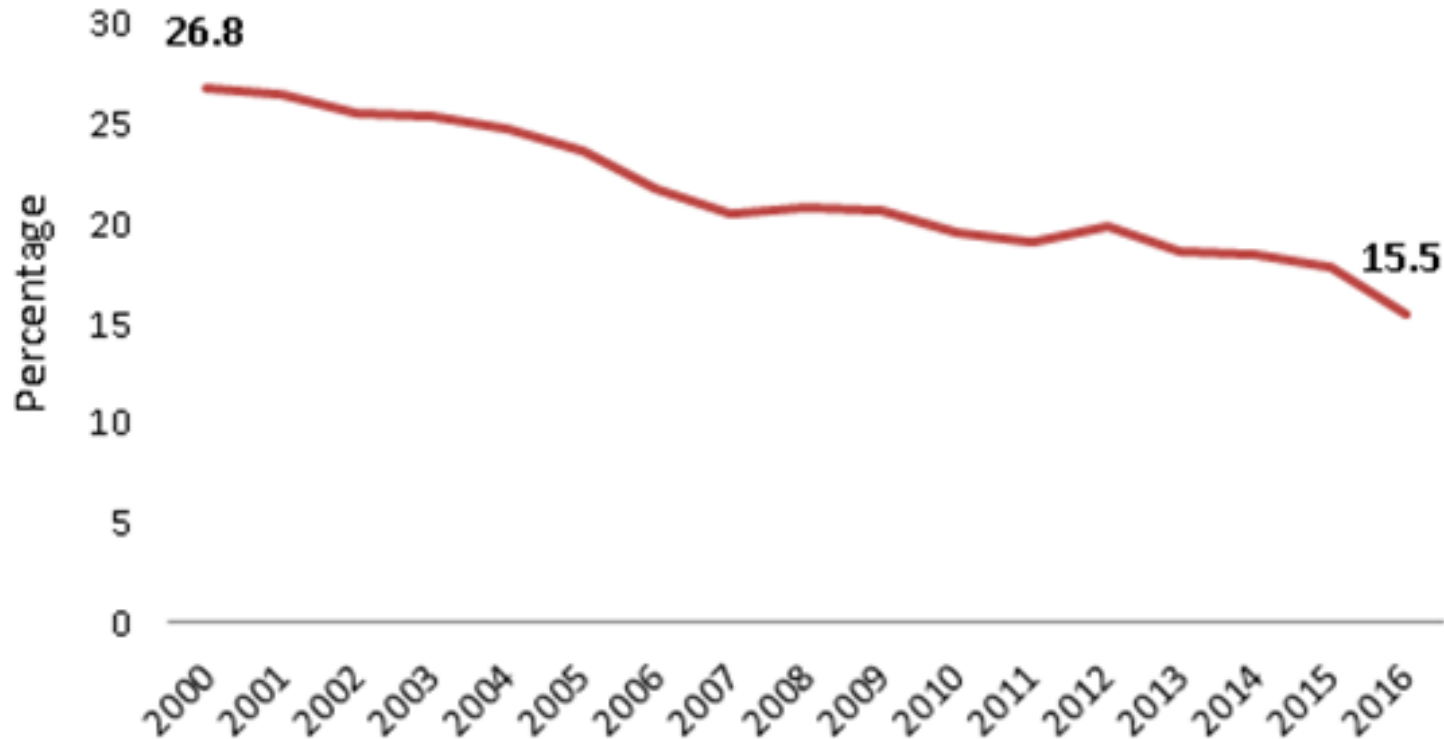


Backing evidence based interventions

- Two thirds of smokers say they want to give up however long term success rates are low.
- Majority of smokers choose to go “cold turkey” proving least effective method.
- Smokers who use combination of medication and behavioural support 4 x more likely to quit.
- In 2016 it is estimated 2million consumers had used e-cigarettes and completely stopped smoking and 470,000 were using as SS aid.

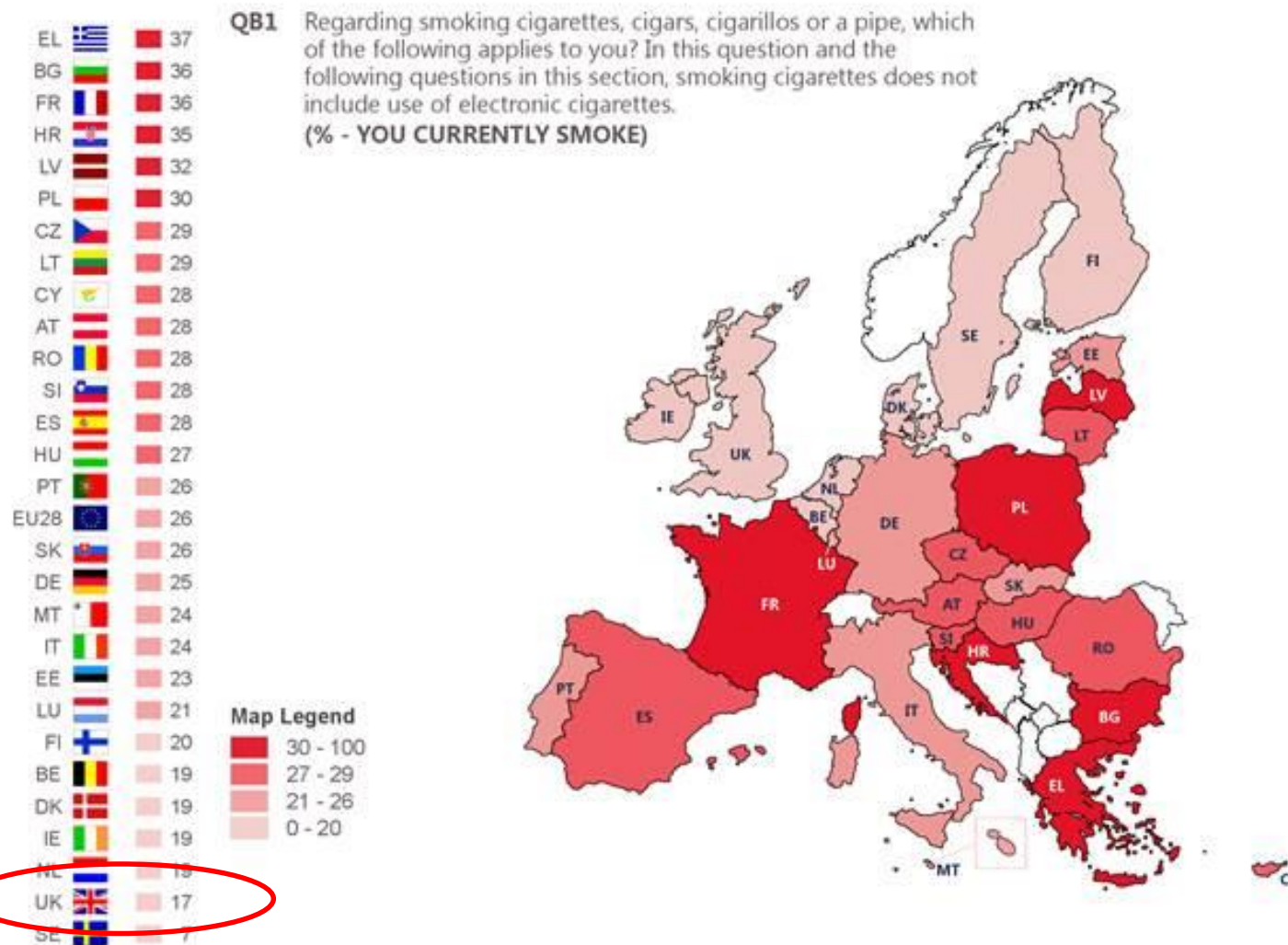


Adult smoking rates in England

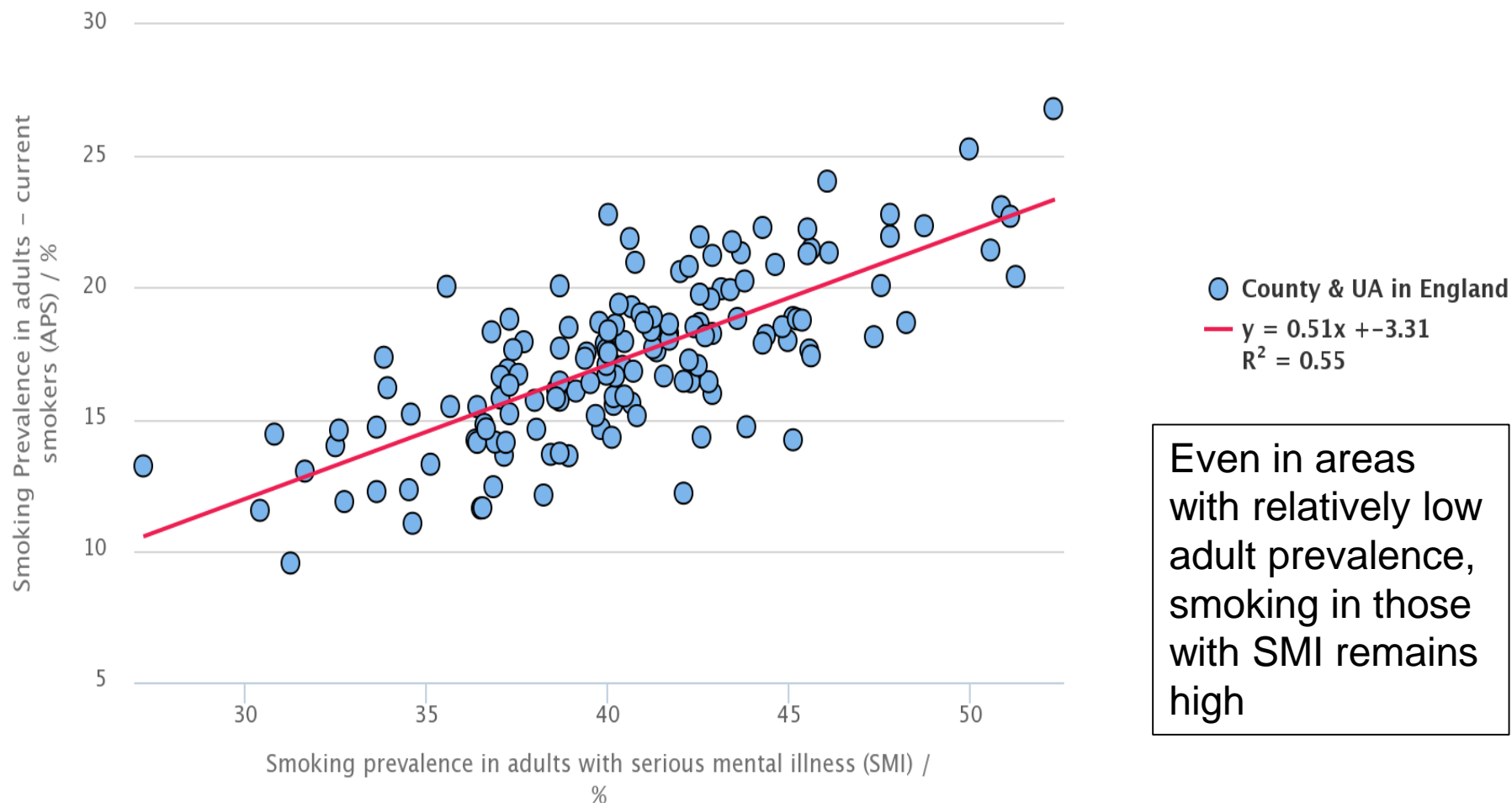


Source: Local Tobacco Control Profiles <https://fingertips.phe.org.uk/profile/tobacco-control>

The second lowest smoking rates in Europe

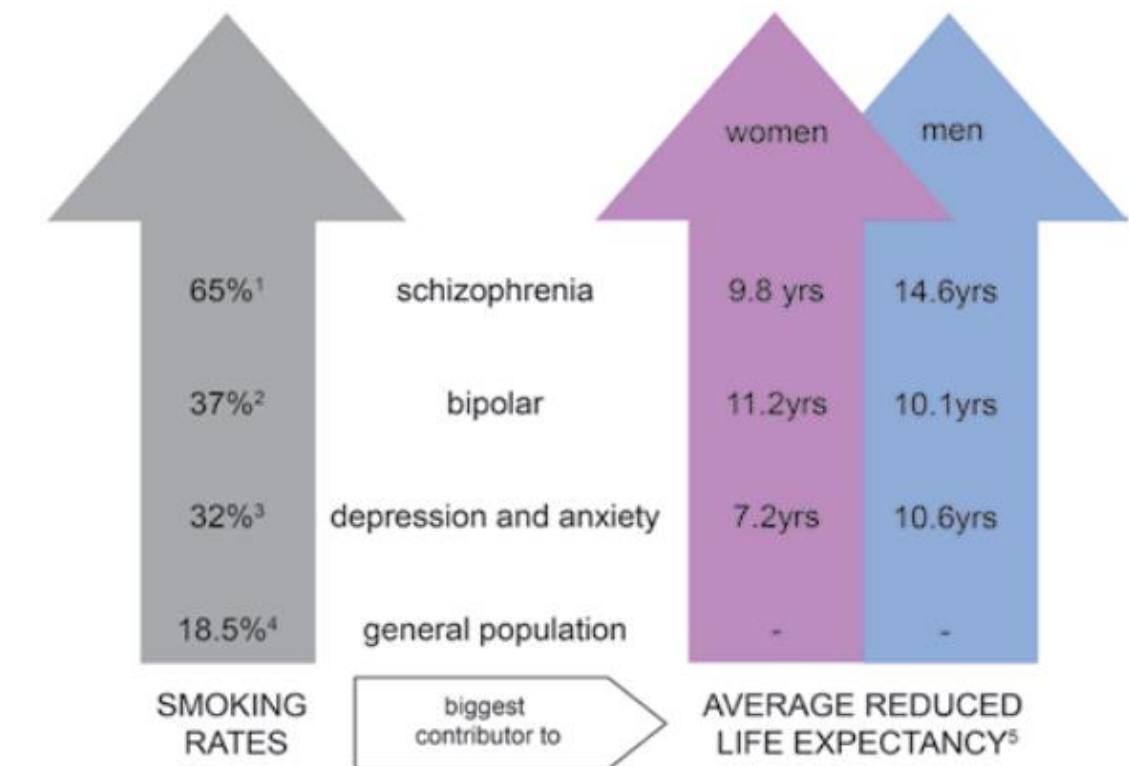


Smoking prevalence in adults with Serious Mental Illness (SMI)



Source: Local Tobacco Control Profiles <https://fingertips.phe.org.uk/profile/tobacco-control>

Smoking rates and average reduced life expectancy by mental health problem

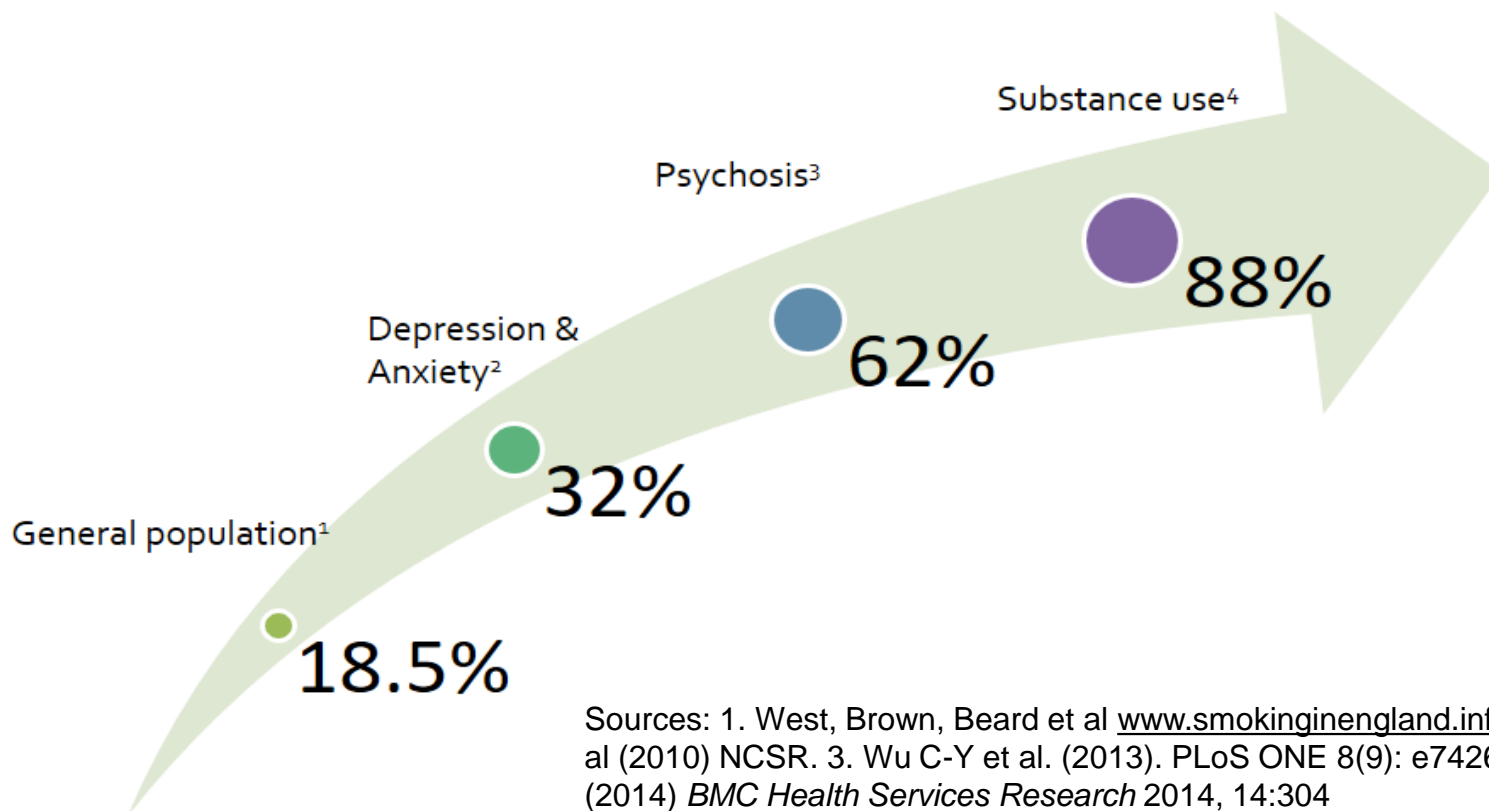


Refs: 1: Wu C-Y et al. (2013). PLoS ONE 8(9): e74262. 2: THIN data 3:McManus et al (2010) NCSR.
 4: www.smokinginengland.info 5:Chang et al, Life Expectancy at Birth for People with Serious Mental
 Illness and Other Major Disorders from a Secondary Mental Health Care Case Register in London, PLoS
 ONE, 2011.

Source: Action on Smoking and Health, The Stolen Years

<http://ash.org.uk/information-and-resources/reports-submissions/reports/the-stolen-years/>

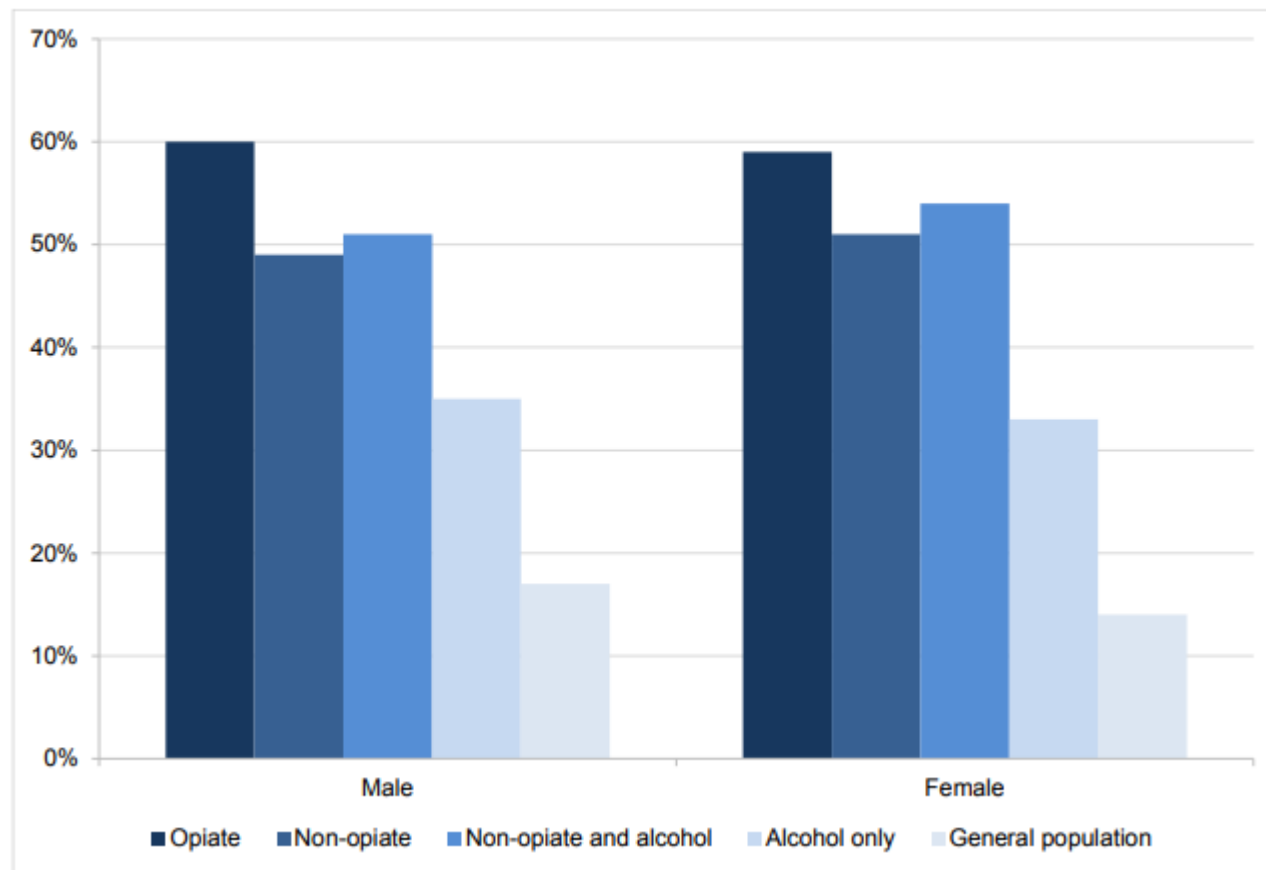
Around 1 in 3 cigarettes in Britain is smoked by someone with a mental health problem



Source: Mental Health & Smoking Partnership response to the House of Commons Committee on Science and Technology Inquiry into e-cigarettes <http://smokefreeaction.org.uk/smokefree-nhs/smoking-and-mental-health/>

Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS)

Figure 6.2.1 Smoking prevalence at start of treatment by the four substance groups 2016-17



Supporting the healthcare system

Public Health England and NHS England are working together to support the healthcare system implement evidence based interventions for smoking and in secondary and primary care.

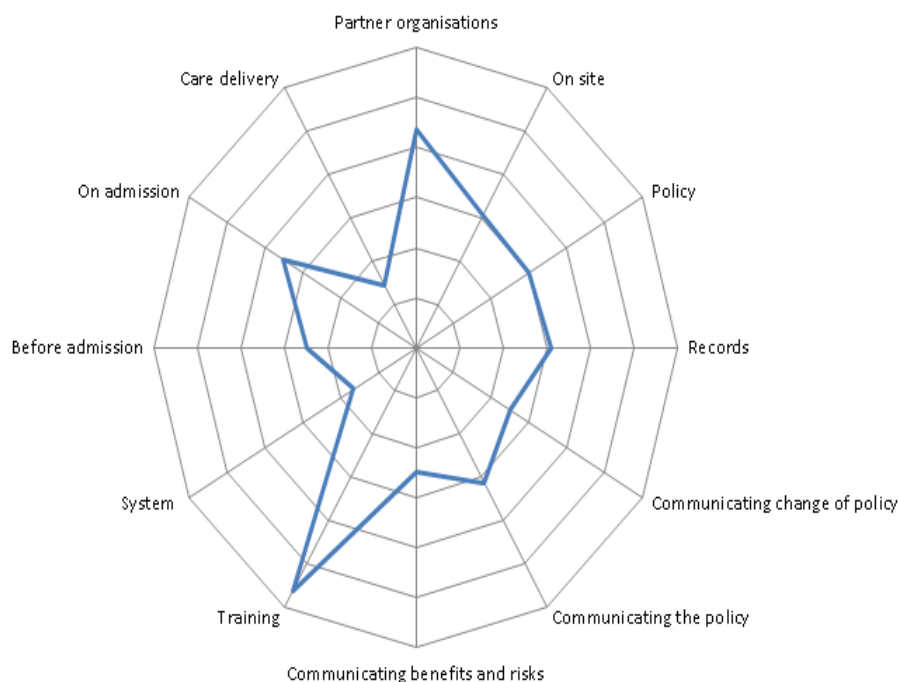
Three national programmes, Leading Change Adding Value, CQUIN and RightCare provide intelligence and tools for evidence based support to inform local planning of services for smoking and mental health.

This largely draws from NICE Guidance PH48 Smoking: acute, maternity and mental health services

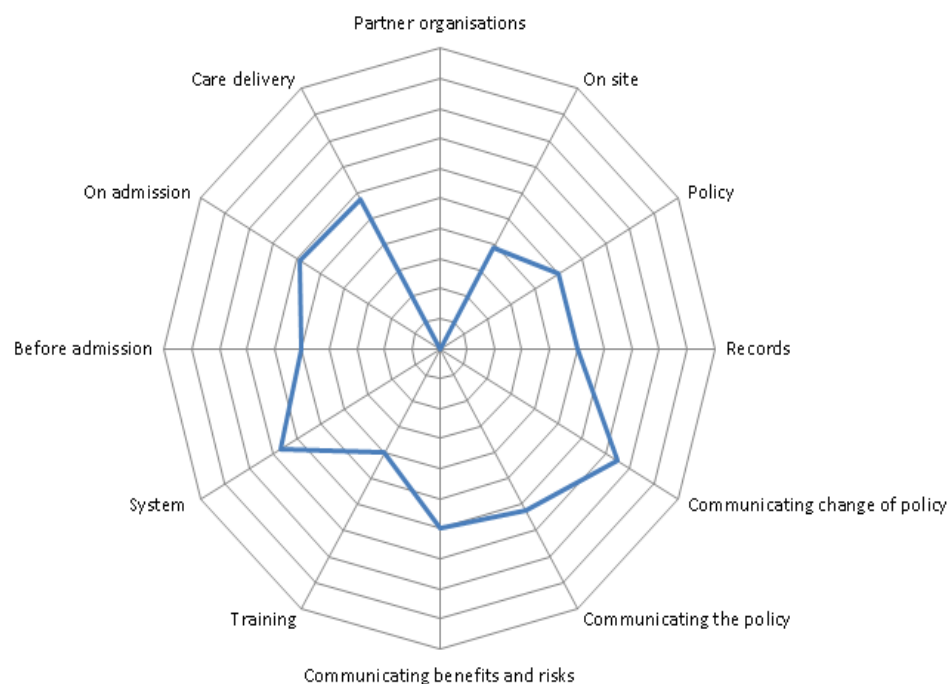
<https://www.nice.org.uk/guidance/ph48>

Leading Change, Adding Value, Clear self-assessments (mental health, SIP, Ac)

Your scores as a percentage of total available



Your scores as a percentage of total available



Supporting tool: Mental health deep dive self-assessment tool

<https://www.gov.uk/government/publications/clear-local-tobacco-control-assessment>

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%

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.

Timescale

	2017/2018	2018/2019
Community Trusts	✓	✓
Mental Health Trusts	✓	✓
Acute Trusts		✓

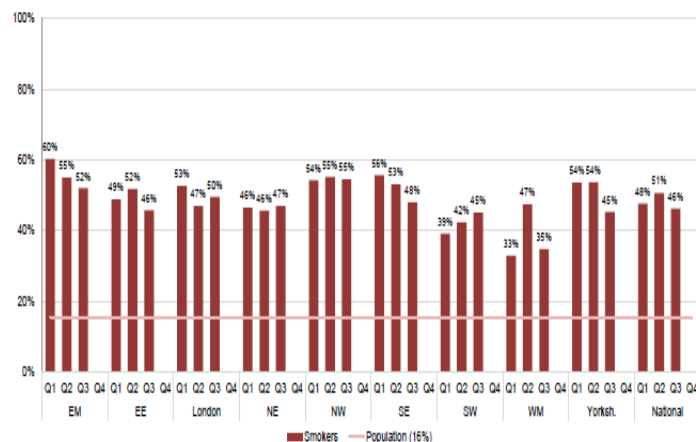
Q3 Mental Health Trust CQUIN



Mental health Prevalence of smoking among inpatients

In Q3, mental health providers reported that 46% of inpatients that were screened for smoking were identified as current smokers.

Figure 5. Percentage of adult inpatients identified as current smokers in participating mental health providers







- All NW mental health trusts
- Nationally below 90% eligibility criteria to receive brief advice, referral, medication
- 75% of patients given brief advice (NW)
- 33% referred or medicated (NW on target)
- 55% of NW inpatients identified as smokers (46% nationally)
- Work needed to improve uptake, training and data particularly with community services

Implementing CQUIN 9 with NHS acute Trusts





Public Health England Healthmatters Treat tobacco dependency and alcohol harm to secure NHS sustainability

Implementing the preventing ill health CQUIN can:

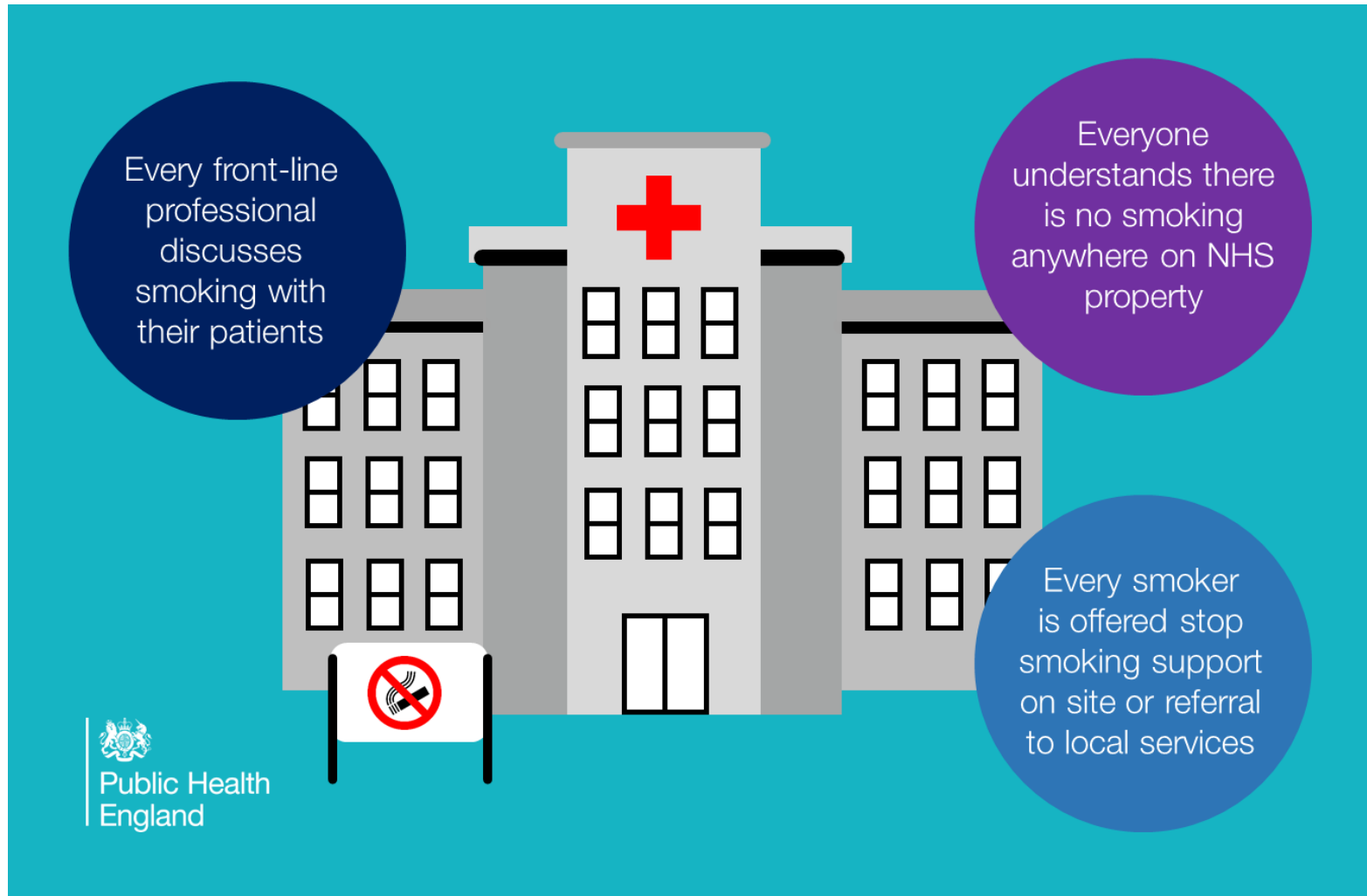
-  reduce future hospital admissions
-  reduce wound infection and recovery times
-  reduce longer term risk of heart disease, stroke and cancer
-  improve chronic disease management

Return on investment:

-  **£13** per patient referred to stop smoking support and prescribed NRT (each year over four years)
-  **£27** per patient receiving alcohol brief advice (each year over four years)

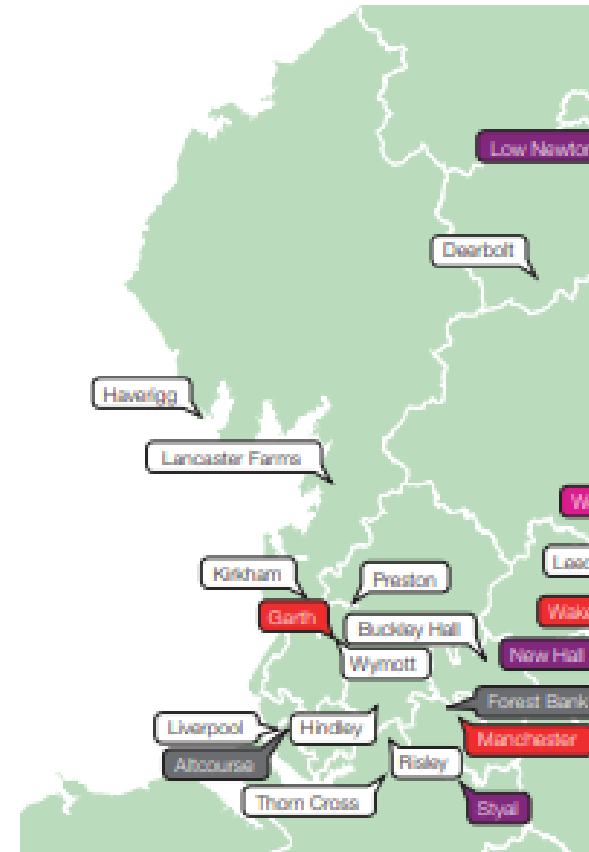
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Smokefree NHS



Smoke free prisons

- All 15 North West prisons are now smoke free by 31 October 2017
- Great public health success
- E-cigarettes have played a major role accessible from canteen with specific vaping policies
- SSS have been instrumental
- Needs of prisoners will remain so staff must continue to be trained especially with high turnover prison
- Health Harms and Stoptober (Styal case study)



Training

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NCSCT

NATIONAL CENTRE FOR SMOKING CESSATION AND TRAINING

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E-cigarettes:
A guide for
healthcare
professionals

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now available



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Do tobacco cessation interventions provided during substance abuse treatment or recovery help tobacco users to quit?

'People who are being treated for alcohol or other drug addictions have not usually been offered treatment to help them stop smoking at the same time. There has been concern that trying to stop smoking might make people in treatment less likely to recover from other addictions.'

'the results suggest that tobacco cessation interventions incorporating pharmacotherapy should be incorporated into clinical practice to reduce tobacco addiction among people in treatment for or recovery from alcohol and other drug dependence.'

A consensus for urgent action

DH - Towards a smoke-free generation:
tobacco control plan for England

ASH - The Stolen Years

Care Quality Commission - Brief guide:
Smokefree policies in mental health
inpatient services

The Mental Health and Smoking Partnership

National Centre for Smoking Cessation and
Training - Smoking Cessation and Mental
Health: A briefing for front-line staff

NHS RightCare - Smoking cessation decision

DH - Improving the physical health of people
with mental health problems: Actions for
mental health nurses

PHE - Smoking cessation in secondary care:
mental health settings

NICE - Innovative ways to support smokers
requiring nicotine management in a mental
health organisation

PHE - Tobacco-free NHS – the journey for one
London trust

PHE - How one mental health Trust in
Leicestershire is using e-cigarettes as a tool to
go smokefree

PHE - Health Matters: preventing ill health
from alcohol and tobacco use

Conclusion

Smoking is highly prevalent among people who misuse alcohol and other drugs.

Smokers who misuse alcohol and/or other drugs are concerned about their smoking, and willing to address it.

Interventions to address smoking concurrently with alcohol and/or drug misuse are effective and can also support alcohol and drug abstinence.

The development of effective treatment programmes, through systematic integration into care pathways, are urgently required

Thank you