Patients, Populations and Policy-makers: behavioural medicine in practice

Practices and policies to prevent death and disability from tobacco use

John Britton

UK Centre for Tobacco & Alcohol Studies
The science, politics and economics of tobacco control: How can we get best bang for our bucks?

Robert West

University College London
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.
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.
Harms from smoking in the UK, each year

To the fetus:
• 5300 fetal/perinatal deaths
• 2,200 premature births; 19,000 low birth weight babies
• Increased risk of developmental anomalies

To children:
• 40 sudden infant deaths
• 165,000 new cases of asthma, bronchitis, ear disease, meningitis
• Increased risk of becoming a smoker

To adults and wider society:
• 100,000 deaths
• Morbidity costing £5 billion (of £100 billion) in NHS costs (2006)
• £14 billion cost to society
• Exacerbation of poverty, fires, litter...
Smoking prevalence by age and gender, UK 2013

Integrated household survey 2014
Smoking by age, Great Britain, 2000-2012


Source: Opinions and Lifestyle 2012. © Office for National Statistics licensed under the Open Government Licence v.2.0. Copyright © 2014, re-used with the permission of The Office for National Statistics.
“The only economy brand to feature significantly in the list of new starter brands is L&B, which has improved its share of this group by over 2% (to 9.5%) since 1997.”

http://www.parliament.the-stationery-office.co.uk/pa/cm199900/cmselect/cmhealth/27/27ap29.htm
Welcome to a new smoke-free Scotland.

England is now smokefree
Enjoy the smokefree air

No smoking
It is against the law to smoke in these premises
Smoking among 11-15 year olds, England 1982-2013

HSCIC, 2014
Prevalence of adult smoking in Britain, 1972 – 2013

GHS/GLS/OLS
Smoking prevalence by socio-economic status, England

Smoking prevalence and occupation, Britain 2012

IHS 2013

Prevalence (%)

Routine
Semi-routine
Lower supervisory & technical
Small employers & own account
Intermediate
Lower managerial & professional
Higher professional
Large employers & high managerial
Nicotine dependence and deprivation
Pictures by Brenda Ann Kenneally
Smoking and mental disorder
Royal College of Physicians 2013

![Graph showing smoking prevalence over years]

- **Patients with a longstanding mental health condition**
- **Patients with no longstanding mental health condition**
Proportion of men aged 35 who will die before age 70 from all causes, and from smoking

*Jha et al, Lancet 2006; 368: 367–70*

Percentages of 35-year-old men dying at ages 35–69 years from smoking (shaded) or from any cause (shaded and white), if the population death rates of 1996 were to remain unchanged. Most of those killed at these ages by smoking would otherwise have survived to beyond age 70 years, but a minority (shaded areas above dotted lines) would have died before age 70 years anyway.
Life expectancy and deprivation, England 1999-2003

Marmot, Fair Society Healthy Lives, 2010

Source: Office for National Statistics
Key policy and practice to prevent smoking:

Patients:
- Help smokers to quit
- Harm reduction

Populations:
- Stop tobacco advertising
- Smoke-free policies
- Youth access
- Health promotion campaigns
- Increase price
- Standardised packaging
Helping people to stop smoking: pharmacotherapy plus behavioural support
Health Action Zones

HC Deb 31 March 1998 vol 309 cc1033-48

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. 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.
Brief interventions and referral for smoking cessation in primary care and other settings

Issue Date: March 2006

Public Health Intervention Guidance no.1
Uptake and outcome of English cessation services

HSCIC

Set quit date
Quit at 4 weeks

Thousands

<table>
<thead>
<tr>
<th>Year</th>
<th>Set quit date</th>
<th>Quit at 4 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002/3</td>
<td>235</td>
<td>124</td>
</tr>
<tr>
<td>2003/4</td>
<td>361</td>
<td>205</td>
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<td>724</td>
<td>374</td>
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<tr>
<td>2013/14</td>
<td>586</td>
<td>301</td>
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</tbody>
</table>
Quit rates by Local Authority, England 2013/4

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

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
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 and 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
Effectiveness of NHS SSS referral from hospital
3-month Pilot at Queen Alexandra Hospital, Portsmouth. [http://www.ncsct.co.uk](http://www.ncsct.co.uk)

![Bar chart showing referrals, accepted when contacted, set quit date, and 4 week quit for various specialties.]

- Referrals: 157
- Accepted when contacted: 64
- Set quit date: 22
- 4 week quit: 14
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

- Offered behavioural support
- Accepted behavioural support
- Not smoking at discharge
- Discharged with pharmacotherapy
- Referred to community SSS
- Received community SSS support
- Quit at 4 weeks
- Quit at 6 months

Percent

Usual Care
Intervention
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
Shelters shelved as University Hospital of North Staffordshire's smoking ban stays

By The Sentinel | Posted: April 15, 2013

Staff smoking behind the cancer ward at the University Hospital of North Staffordshire.
1 Guidance title

Smoking cessation in secondary care: acute and obstetric services
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 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.
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.
Motivation to quit
http://www.smokinginengland.info/

% of cigarettes smokers wanting to stop and intending to stop soon (3 month moving average)

A-C1: Professional to clerical occupation  C2-E: Manual occupation
Every time you smoke your blood gets thick and dirty with toxins.

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

Price and cigarette consumption in the UK

EU cigarette prices

Driven by the wide (tax led) price differential

- < £1.99
- £2.00 – £3.99
- £4.00 – £5.99
- £6.00+

Premium cigarette prices (per 20) as at June 2014
Affordability of tobacco

HSCIC 2014

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UK Cigarette affordability 1965 – 2006

Townsend/ASH 2008

DoH “arbitrary” baseline
Tobacco pricing trends by market segment
Tesco online cigarette prices 2013-4
pricechecker.co.uk
Open consultation

Standardised packaging of tobacco products: draft regulations

From: Department of Health
History: Published 26 June 2014
Part of: Reducing smoking and Giving all children a healthy start in life
Tobacco first
what next?

HANDS OFF OUR PACKS!

PLAIN PACKAGING? NO PRIME MINISTER!

Do they think we're stupid?

The evidence that removing branding will reduce smoking would fit on the back of a cigarette pack.

AREN'T COMMUNITY BUSINESSES A REAL PRIORITY FOR MPs?

WARNING
Plain Packaging: Bad for Business
Good for Criminals
Do I look like I’d compromise on pleasure?

Winston LIGHTS

Las Autoridades Sanitarias advierten que el tabaco perjudica seriamente la salud.
So why the confidence in Winston?

Well, it is the second most popular brand in the world so clearly has brand equity; equity which we know exists in the US, but has been untapped in recent years.

It has strong residual brand equity with consumers, a great quality perception and is widely recognised.

What has been lacking is focus, investment and clear and consistent positioning and that is what we can put right.
Tesco online cigarette prices 2013-4

pricechecker.co.uk
Electronic cigarettes
E-cigarettes – use for any purpose

smoking toolkit study

% of cigarette smokers currently using e-cigarettes (3 month moving average)
Daily smoking and snus use in men aged 35-44, Sweden

Statistics Sweden
Current smokers, European Union, 2012
Eurobarometer 385, 2012

Prevalence (%)
Aids used in most recent quit attempt

N=9438 adults who smoke and tried to stop or who stopped in the past year
Adult Smoking Habits in Great Britain, 2013

Figure 11: E-cigarette use by cigarette smoking status, Great Britain, Q1 2014 (January to March)

Proportion (%) who use e-cigarettes

- Current smoker: 11.8%
- Ex-smoker: 4.8%
- Never smoked: 0.14%
Use of electronic cigarettes in children, UK 2013

Electronic cigarette use among children
In 2013, two thirds of 11-18 year olds and 83% of 16-18 year olds had heard of electronic cigarettes.

E-cigarette use by age among children who had heard of e-cigarettes

Of those who had never smoked a cigarette,
• 99% reported never having tried electronic cigarettes
• 1% reported having tried them “once or twice”.

Base: 1,428 children who have heard of e-cigarettes
Common arguments against electronic cigarettes

- Perpetuate addiction
- Health risks unknown
- Definitely not safe
- Vapour may harm others
- Products standards vary
- Smokers may dual use
- Renormalise smoking
- Will be promoted to non-smokers
- Gateway to smoking

- So what?
- Much less than smoking
- The perfect vs the good
- User courtesy
- Need standards
- NRT is licensed for dual use
- No evidence that it does
- Regulate promotion
- No evidence so far
Common arguments against electronic cigarettes

- Fire risks from chargers
- ‘Dark marketing’
- Cannibalising SSS uptake
- Manufacturers can’t be trusted
- Tobacco industry involved
- Smoking prevalence is falling
- Smokers can use SSS to quit
- Smokers should use SSS
- We didn’t think of them
- Use the right charger
- Monitor and regulate
- Integrate into SSS
- Unlike pharma?
- Popular Front of Judea
- Yes, but not fast enough
- <10% of smokers do
- Quit or die?
- Live with it