Tobacco Dependency in Mental Health Training

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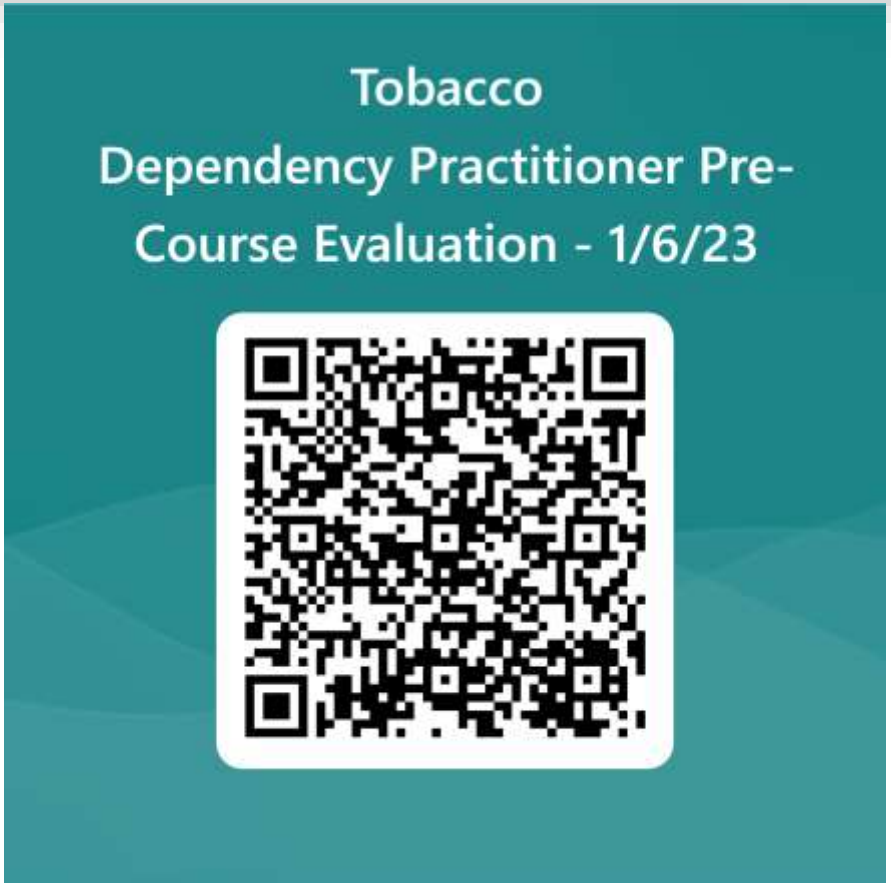
East London NHS Foundation Trust

NCSCT

Pre course Questionnaire



- https://forms.office.com/e/bK7aDrXb9A


East London NHS
NHS Foundation Trust


NCSCT
NATIONAL CENTRE FOR SMOKING
CESSATION AND TRAINING


UNIVERSITY
of York

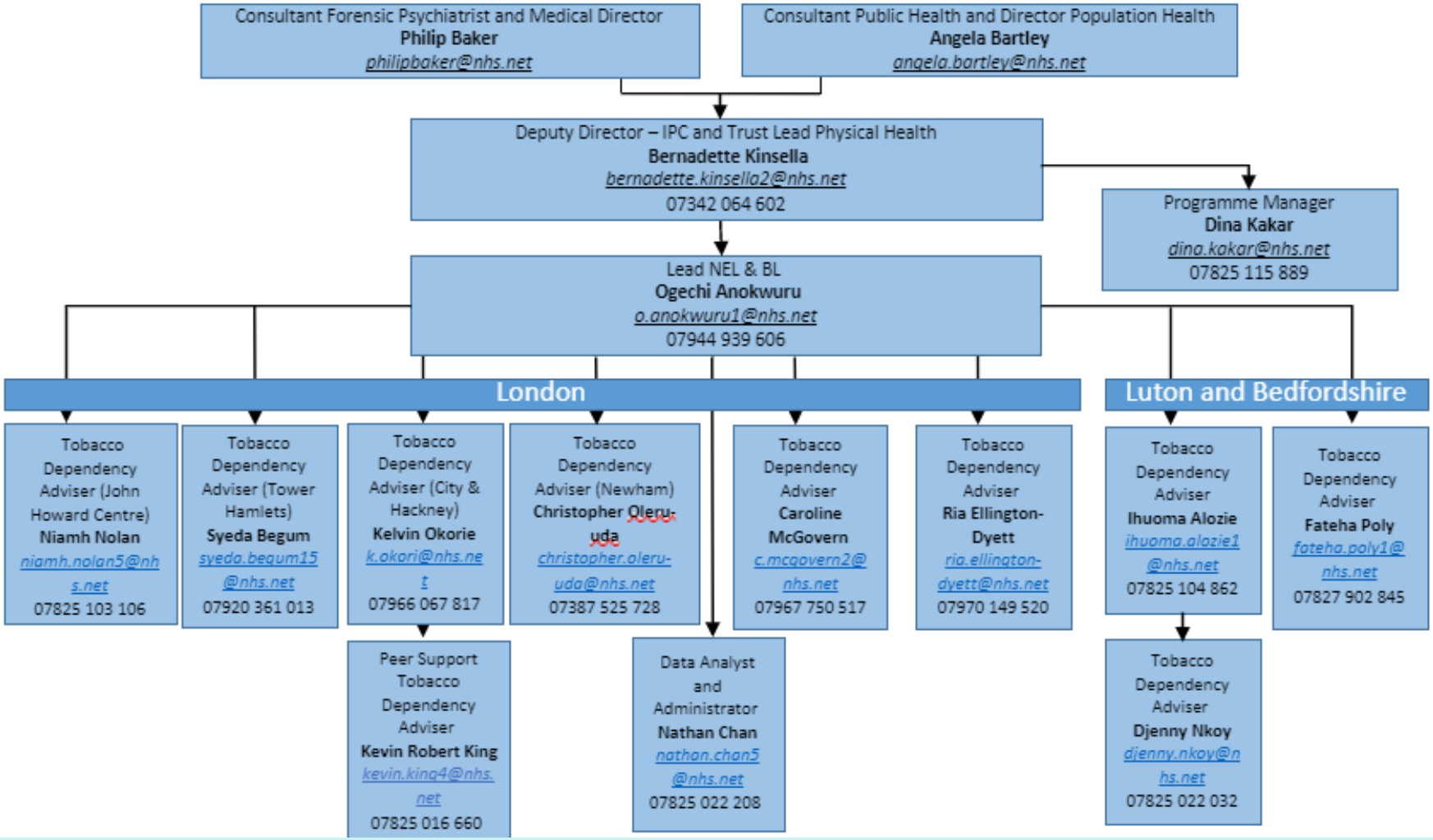

SCIMITAR
Smoking Cessation in Mental Ill health Trial


KING'S College
LONDON

Learning Aims & Objectives

- Increase knowledge, skills and confidence in the delivery of individual tobacco dependency treatment for people with SMI using an evidence-based behavioural support programme.
- Be knowledgeable about the case for tobacco treatment in the people with SMI.
- Display confidence and competence in the delivery of tobacco dependence treatment tailored to SMI
- Undertaking assessment: assessing commitment, readiness and ability to quit, current smoking, past quit attempts and tobacco dependence.
- Planning behavioural support: using relevant information from patients to tailor tobacco dependence treatment for both ‘abrupt’ quitting and ‘Cut Down to Stop’ approaches

Smoking Cessation Team Structure Chart



Our Local Inpatient Pathway

- Smoking Rio Form
- Elft.stopsmoking@nhs.net

Smokefree Trusts – what are the support options for smokers in inpatient settings?

Temporarily abstain from smoking without support

Temporarily abstain from smoking with pharmacological & psychological support

Take the opportunity to make a sustained quit attempt with pharmacological & psychological support

NICE guidelines for smoking cessation in secondary care

Local Trust Smoke-free Policy

improve the infrastructure

treatment pathway

training pathway

Change the smoking culture

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 support.

REFER THEM TO THEIR LOCAL STOP SMOKING SERVICE

Quick Quiz!

- For every 1 pound spent on smoking cessation it saves the NHS 10 pounds –the most cost-effective healthcare available.

True

- E-cigarettes/vapes are just as harmful as cigarettes.

False

- Patients who quit smoking can have their psychotropic medications reduced up to 50%

True

- “Nicotine is the most harmful part of smoking cigarettes”

False

- Individuals with a mental health background are less successful in quitting smoking than the general population.

False

Life saving, life changing

Smoking is a leading cause of illness, disability and death among people with SMI

Tobacco dependence treatment is a life-saving intervention

NHS LTP commitment to addressing tobacco dependence in people with SMI

A new universal smoking cessation offer as part of specialist mental health services by 2023/24

Inpatient ▶ Discharge

Community mental health

Primary care health checks

CORE20 PLUS 5

ASK → **ADVISE** → **ACT**

- **Systematic identification of smokers**
- **VBA and opt-out referral to specialty service**
- **Specialist bespoke tobacco treatment**
- **Support for family members / carer** (locally determined)

REPEAT OFTEN

What is in Cigarette Smoke?

- Cigarette smoke contains over **4000** chemicals of which at least **60** are carcinogens (cancer causing)

- **3** main components:
  - **Tar** causes cancer ,70% of tar stays in the lungs
  - **Carbon monoxide** causes circulatory problems because it reduces oxygen levels in the cells.
  - **Nicotine** is a highly addictive drug which keeps the smoker 'hooked'

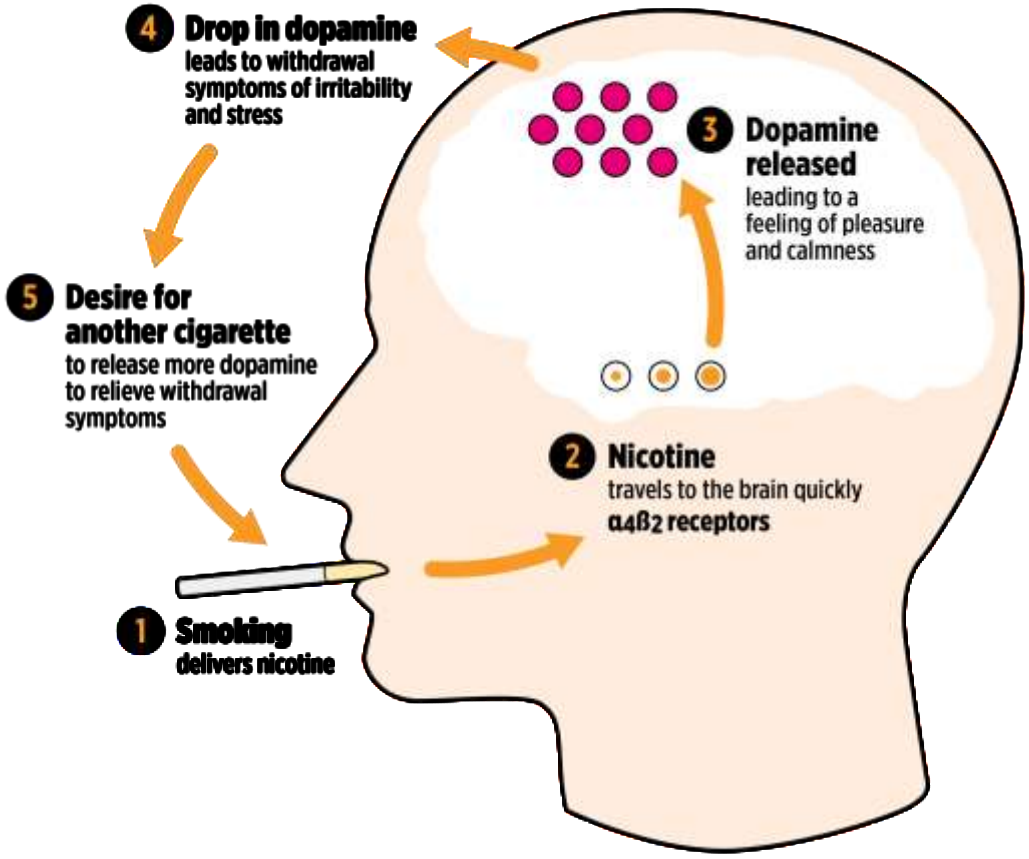
What is tobacco dependence?

Addictions are activities that are given an unhealthy priority because of a disordered motivational system

“Nicotine delivered through tobacco smoke should be regarded as an addictive drug, and tobacco use the means of self-administration”

Tobacco dependence

- Nicotine binds to a nicotinic acetylcholine receptor, stimulating dopamine release
- This results in the satisfaction associated with smoking
- A smoker's brain and body gets used to regular doses of nicotine throughout the day
- Any prolonged period of abstinence results in withdrawal symptoms and cravings to smoke



What dependence looks like:
withdrawal syndrome and urges to smoke

- Cigarette dependence reveals itself as powerful desires and urges to smoke when smokers try to stop.
- These go alongside feelings of aggression, depressed mood, increased appetite, restlessness and difficulty concentrating which weaken the resolve not to smoke.
- The problem is usually strongest in the first few weeks of stopping and declines after that, but sometimes it persists and the desire and urge to smoke can be triggered months or years after stopping.
- Eating/ gaining weight

What dependence looks like:
withdrawal syndrome and urges to smoke

Tobacco withdrawal symptoms	Duration	Prevalence
Urges to smoke	> 2 weeks	70%
Increased appetite	> 10 weeks	70%
Depression	< 4 weeks	60%
Restlessness	< 4 weeks	60%
Poor concentration	< 2 weeks	60%
Irritability / aggression	< 4 weeks	50%
Mouth ulcers	> 4 weeks	40%
Night-time awakenings	< 1 week	25%
Constipation	> 4 weeks	17%
Light-headedness	< 48 hours	10%

Initial focus: **Support through withdrawal and dealing with urges to smoke**

Urges to smoke

- Generally at their peak for a few minutes
- Try to keep yourself busy
- Avoid places which you will have the urge to smoke
- Change your routine
- Make use of “If, then” plans

Remind the patient that cravings are normal

Improves over time the longer you go without a single puff

NRT / Vapes may make them easier to deal with

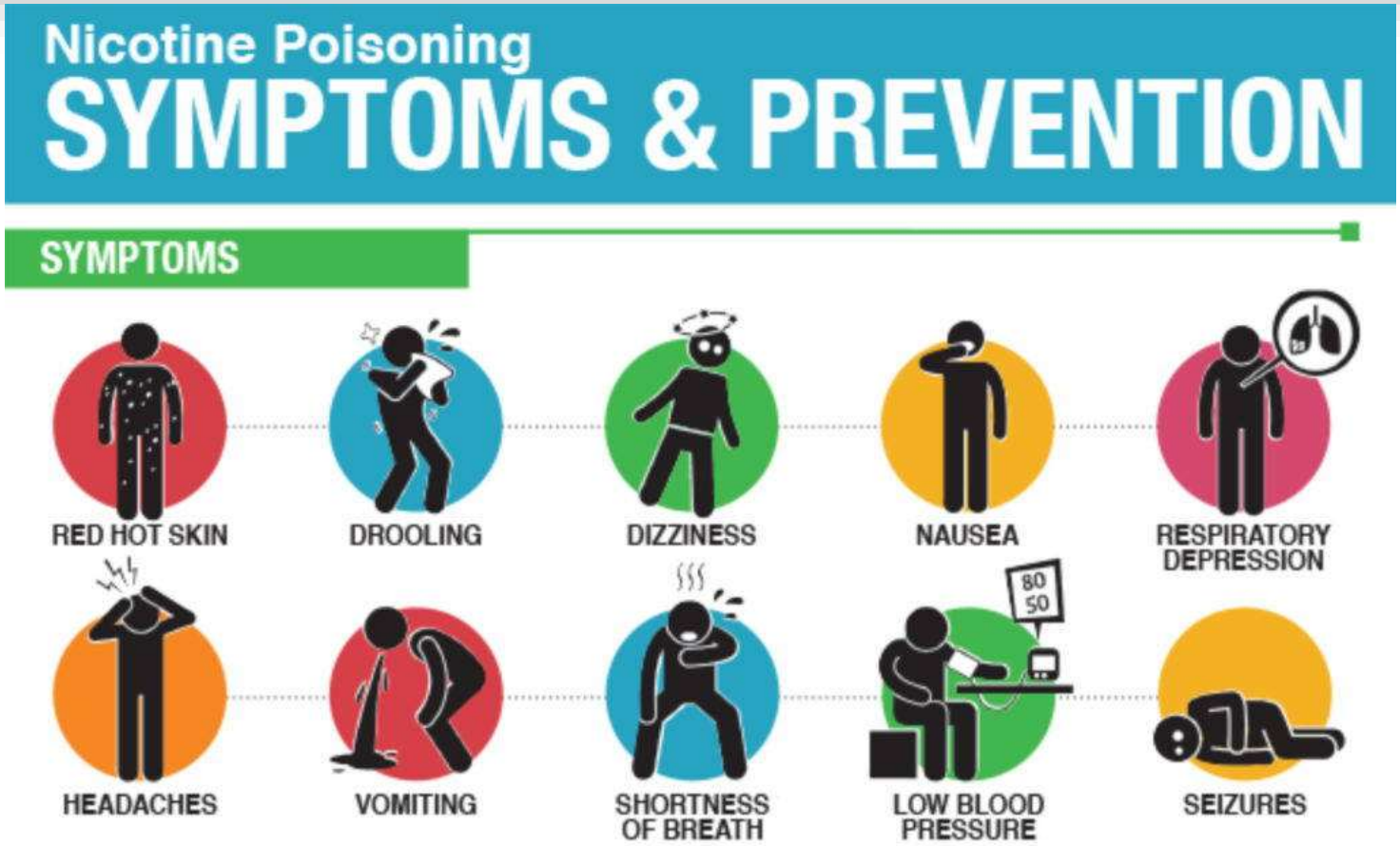
Why do people with SMI smoke?

People with SMI smoke for the same reasons as everyone else: **enjoying smoking and stress relief**

In the SCIMITAR study, the three top reasons were:

- **'It helps me to cope with stress'** (94%)
- **'It helps me to relax'** (91%)
- **'It is something to do when I am bored'** (86%)

Nicotine Poisoning



Physical Health
People with mental health illness suffer disproportionately from smoking-related illness


Heart disease


Stroke


Diabetes


Lung diseases


Cancers

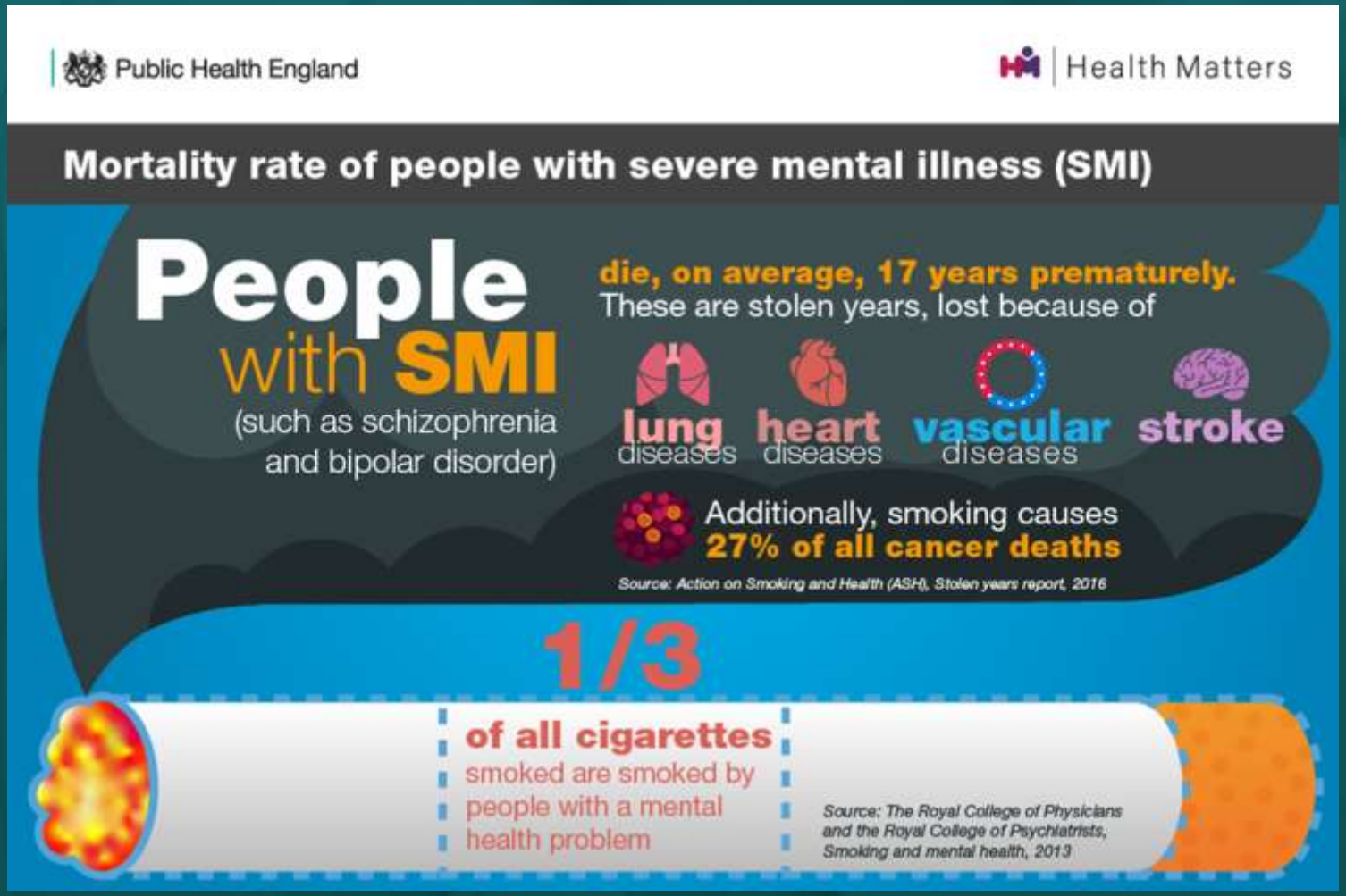

Bone health


Oral health

People with SMI:

- Increased risk of heart disease and stroke
- 2–3 times more likely to have diabetes
- Increased risk of dying from a respiratory disease – 10 times higher than the general population
- More likely to suffer from asthma, chronic bronchitis and emphysema
- Worse cancer survival rates
- Increased risk of osteoporosis and fractures
- Increased risk of tooth decay, gum disease, tooth loss, and oral cancer

Physical health



Mental health, smoking and stopping: changing lives

Treating tobacco dependence in inpatient mental health services

- Patients are forced into nicotine withdrawal several times day
- Cigarettes used to reward and punish behaviour e.g. to de-escalate aggression, encourage compliance with medication, attend to personal hygiene, to keep patients occupied etc.
- Use of cigarettes deskills clinicians

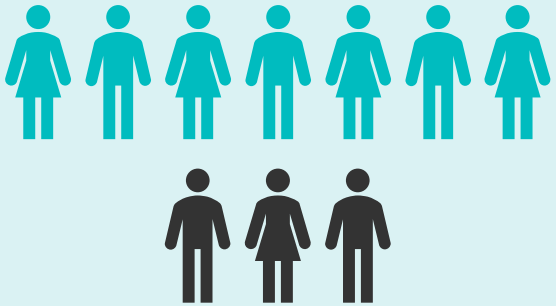
Smoking rates among **people with SMI** are more than **three times** the general population

12% **general population**

40% **severe mental illness**

> 70%

Schizophrenia and psychiatric inpatients



People with a mental health condition
die on average 10-20 years prematurely

Smoking-related illness is the single largest factor for this gap

Source: ASH. The Stolen Years: The Mental Health And Smoking Action Report. 2016

Smoking and mental health

Smoking contributes to poor mental health

- more severe symptoms of psychosis
- higher rates of depression
- longer time in hospital

Higher doses of some psychotropic medications

(up to 50%)

Driving Inequities

Smoking exacerbates poverty for a large proportion of adults with mental illness

People with SMI:

- **Spend one third income on cigarettes**
  - Average £1220 – 2200 / year
- **Experience tobacco poverty**
  - Smoking is placing them below the poverty line

Source: ASH. The Stolen Years: The Mental Health And Smoking Action Report. 2016

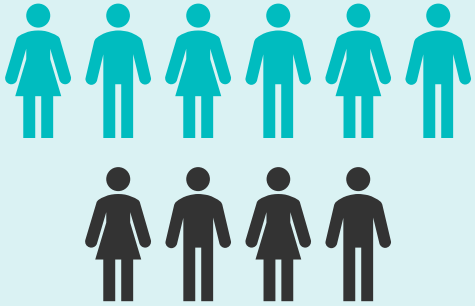
People with SMI are

just as likely to want to quit

as the general population of smokers

6 out of 10

people with long standing MH condition report they want to quit



97% for their health

vs. 83% of general population

83% expense of smoking

vs. 31% of general population

Question

Treating tobacco use is detrimental to recovery and/or mental illness

- ☐ True
- ✓ False

Quitting smoking does not adversely affect mental health

- If participants are psychiatrically stable at initiation of quit attempts, **smoking cessation interventions did not worsen their mental state.**

- **Quitting smoking has been shown to improve mental health** (such as reduction in anxiety and depressive symptoms), **and the size of the effect is the equivalent to taking antidepressants.**

- No evidence of a reduction in social well-being.

Benefits of quitting

Physical health (cardiovascular, respiratory, cancer risk)

Other: Improved skin tone/colour, energy levels, smell, taste

Mental health (↓ depression, anxiety, psychosis, self-confidence)

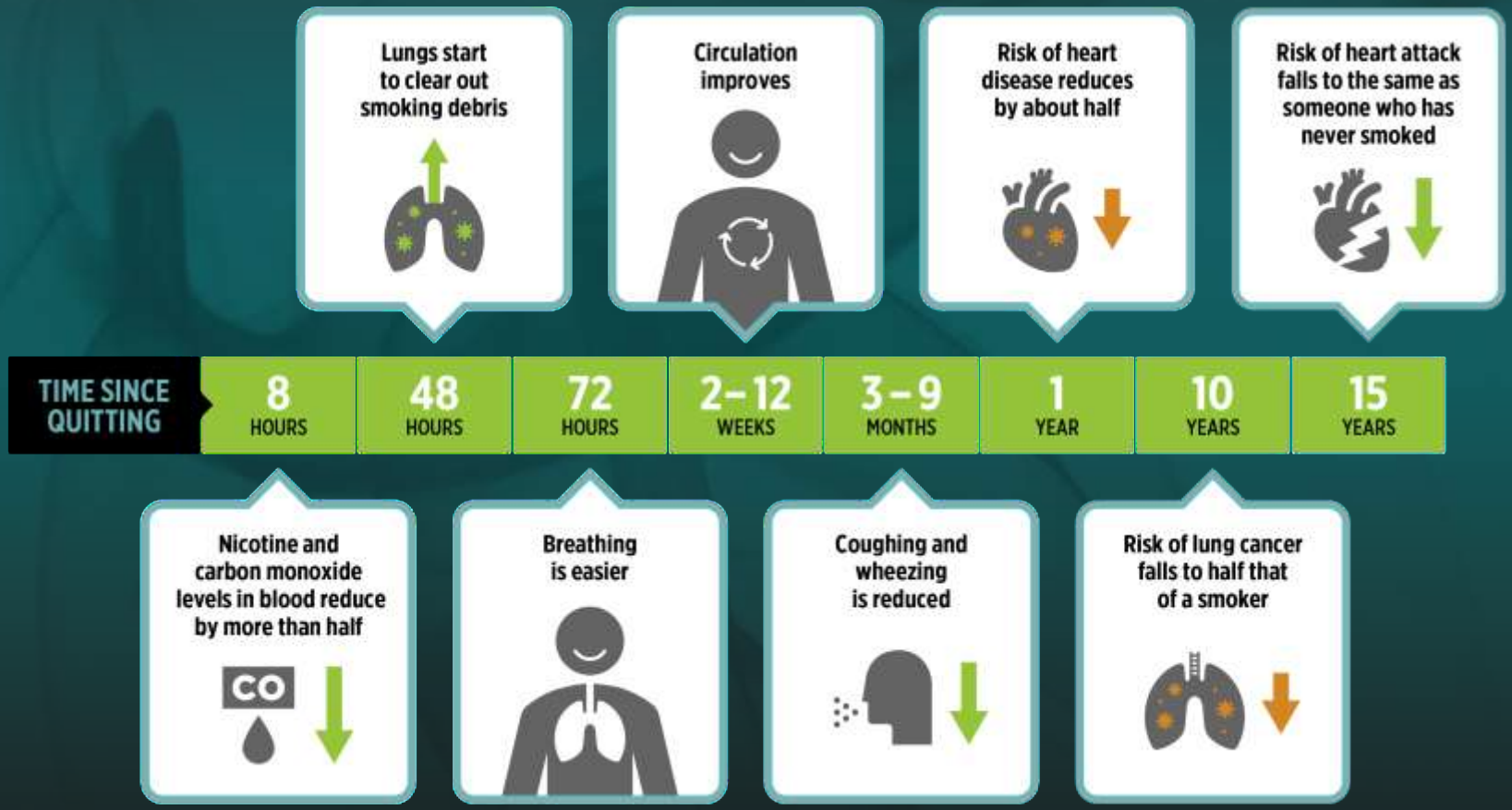
- Smokers with depression experience **improvement in their depression** at one year follow-up

- **Dose reduction in some antipsychotic medications** (notably clozapine and olanzapine)

Reduce financial stress, social inequalities

The health benefits of quitting

It’s never too late to quit



People with severe mental illness find it virtually impossible to quit

- ☐ True
- ✓ False

Challenges to quitting for people with SMI

Greater tobacco dependence

More like to smoke heavily

Perceived benefits

Cope with stress, negative symptoms of illness

Boredom

Social isolation, loneliness, unemployment

Peers, Environment, Culture

High rates of smoking among peers, social networks

Dealing with boredom and social connectivity

- **Cultivate a variety of interests and activities**
- **Creating environments which offer options for staying busy**
- **Access to meaningful activities**
  - Activities with others
  - Walking / Exercise
  - Crafts / Hobbies / Lessons
  - Activities they enjoy (i.e. reading, games, puzzles)
  - Volunteering
- **Spending time with other non-smokers / meaningful connections**

Total smoke free mental health settings are associated with

- Smoking cessation in patients and staff
  - ❖ Acute with treatment and follow up: **up to 20%,**[1] longer stay: **up to 58%**[2]
- Increased likelihood of making a subsequent quit attempt following discharge[3]
- Increased expectancy of success and self efficacy[4]
- Positive wellbeing[2]
- Changes to smoking culture[4]

1. Prochaska et al (2014) Am J Public Health. 2014.
2. Hehir et al (2012) Drug & Alcohol Review, 31(5) **72–677**.
3. Prochaska et al (2006)Am J Addict 15, 15-22.
4. Ashton et al (2010) Aust N Z J Psych. 44, 846-851

Staff attitudes (Ratschen et al, 2008;2009)

Patient attitudes (Robson, 2013)

Tobacco Dependency in Pregnancy

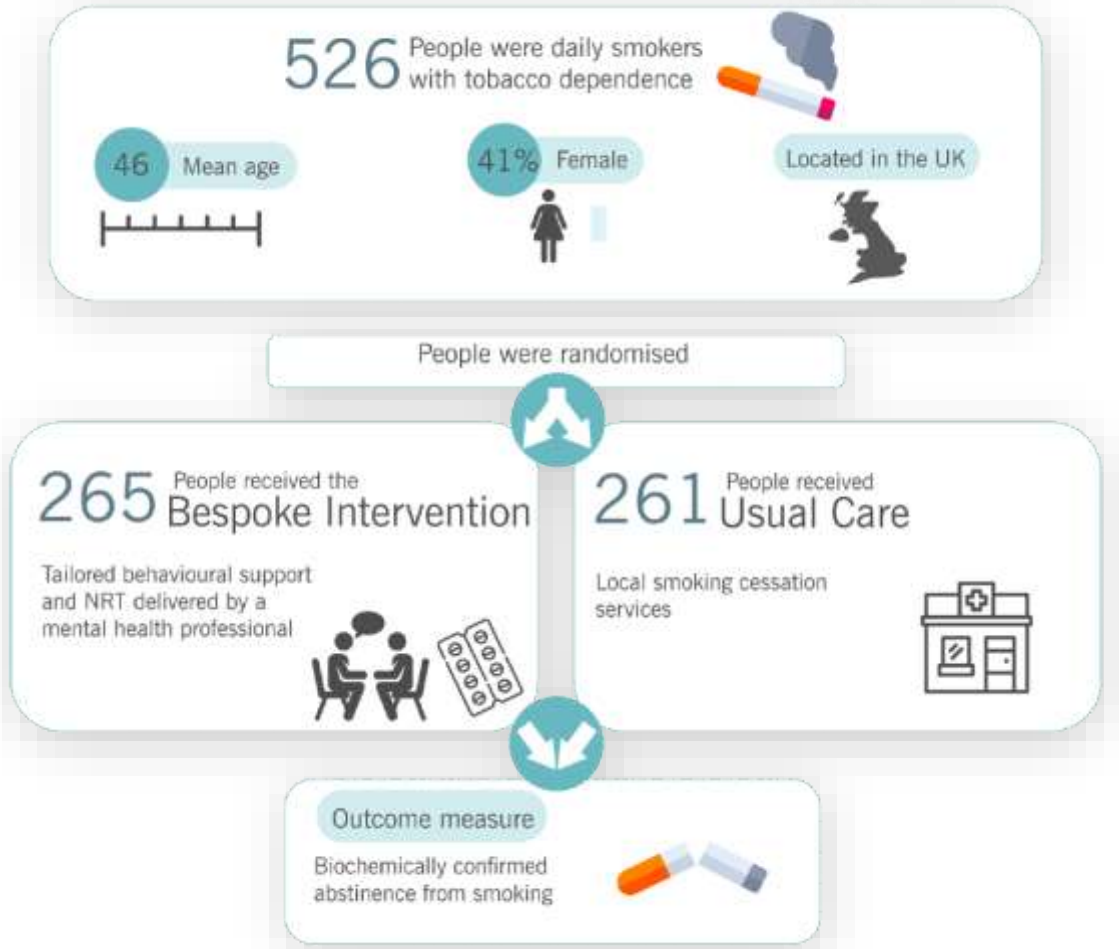
What are the potential facilitators/opportunities for helping smokers…

1. Temporarily abstain from smoking during an inpatient admission
2. Take the opportunity to make a quit attempt during an inpatient admission
3. Make a quit attempt in the community

SCIMITAR
Smoking Cessation in Mental Ill health Trial

Best practice:

Evaluated a bespoke smoking cessation intervention for people with SMI



Source: Gilbody S et al. 2019

SCIMITAR
Smoking Cessation in Mental Ill health Trial

SCIMITAR+: significant increase in rates of quitting and smoking reduction

Source: Gilbody S et al. 2019

Smoking and Pregnancy Quiz

Question:

Smoking in pregnancy is a significant risk factor for?

- ☐ Premature birth
- ☐ Neonatal death
- ☐ Sudden infant death
- ☐ Miscarriage
- ☐ Stillbirth

Smoking and Pregnancy Quiz

Question:

Smoking in pregnancy is a significant risk factor for?

- ☒ **Premature birth**
- ☒ **Neonatal death**
- ☒ **Sudden infant death**
- ☒ **Miscarriage**
- ☒ **Stillbirth**

Adverse outcomes in pregnancy

Adverse Outcome	Known Risk
Miscarriage	24 – 32% more likely
Ectopic pregnancy	Increased risk (>1.7 times more likely)
Placenta previa	Increased risk (>1.5 times more likely)
Deep vein thrombosis	Increased risk (>1.6 times more likely)
Stillbirth	**Twice as likely**
Neonatal Death	Increased risk (>1.7 times more likely)
Pre-term Birth	27% more likely
Low Birth weight (<2500 gr)	**Twice as likely**
Sudden Infant Death	2 – 3 times more likely
Heart Defects	50% more likely

The importance of stopping smoking early in pregnancy

*Babies born to smoking mothers who **quit in early pregnancy, before 15 weeks gestation**, have rates of stillbirth, prematurity, low birth weight and small for gestational age that is approximately the **same as non-smokers.***

...but quitting at any stage of the pregnancy is better than not quitting at all.

Your role in supporting pregnant women to stop smoking

Pregnancy represents a unique motivation for quitting smoking.

More women quit smoking during pregnancy than at any other time in their lives.

Smoking and Pregnancy Quiz

Question:

For some women quitting smoking can place extra stress on mum and baby.

True or False ?

Could the stress of quitting harm my baby…

Safety of NRT in pregnancy

- Nicotine inhaled via cigarettes produces a stronger vasoconstrictor effect causing reduced blood flow to the placenta and fetal tissues, therefore increasing fetal heart rate
  - **NRT is absorbed slowly and does not have this effect**
- NRT is prescribed on a **risk vs. benefit** basis
- **NRT is FAR safer to use in pregnancy compared to continued smoking**
- **16-hour patches** are recommended over 24-hour ones
- **'Cut down to quit' using NRT is not a recommended strategy** in pregnancy

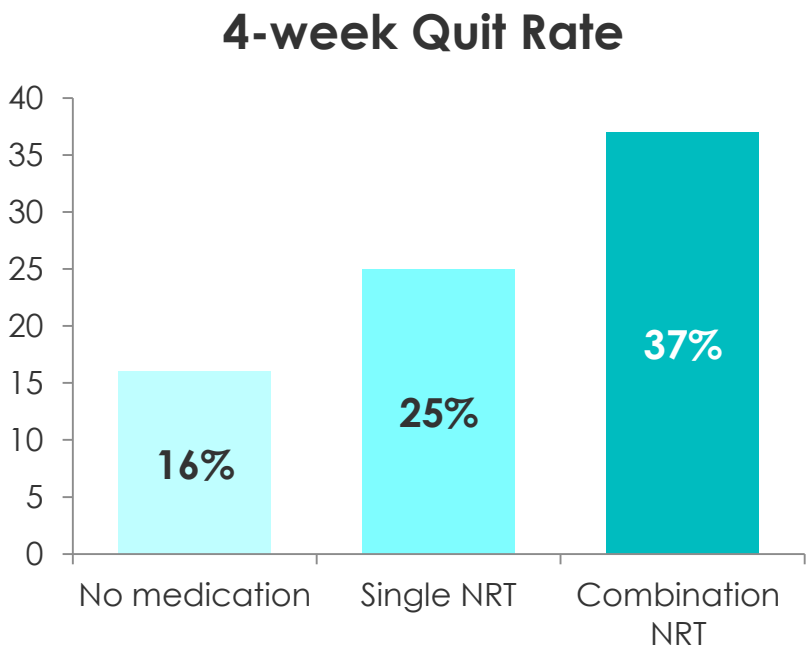
Considerations for NRT use in pregnancy

- Pregnancy **increases nicotine metabolism** by around 50 – 60%
- This means that nicotine will be **cleared from pregnant women more rapidly** than before they were pregnant
- **Higher doses of NRT** may be required
- Because of this we need to be particularly careful about pregnant women **'under-dosing' with NRT**

Pregnant women who use combination NRT are more successful at quitting

Data from 3,880 pregnant smokers in England showed a significant increase in women quitting using NRT compared to those going ‘cold turkey’.

Use of a combination of NRT resulted in significantly higher four-week quit rates.



Discussing NRT with pregnant women who smoke

*"**NRT works by reducing withdrawal symptoms and urges to smoke**, thereby making stopping smoking a bit easier. It is not a magic cure – but it will help.*

*Single NRT products will give you about half of the nicotine that you currently get from your cigarettes. **This is 'clean' therapeutic nicotine which is safe for you and baby.**"*

Tobacco use in Forensic settings

- It was seen as part of the **culture** and **social norms** in forensics and *shaped social relations between forensic patients and staff*
  - *Tobaco is a coping mechanism.* People believe it helps manage: boredom, stress, deprivation
  - Relieve anxiety and tension: feels it is source of pleasure
  - Monetary value (trading)

  Healthcare looks to move away from these "norms" and focus on wellbeing and health for people

Tobacco use in Forensic settings

Many **want to quit** and identify secure settings *as an* opportunity to **access stop smoking services** and **nicotine replacement therapy**

Key for treatment:

- Access to pharmacological treatment (combination NRT or vapes)
- 1:1 Behavioural support and group sessions
- Understanding and managing triggers and cravings
- Physical exercise can be part of their treatment and wellbeing
- Service user led 1:1 sessions

Pharmacotherapy and drug interactions

NICE Guidance

Combination NRT

Vape (nicotine)

First choice (3x)

Single NRT

Second choice (3x)

Combining stop smoking medications with behavioural support further increases success with quitting

BEST PRACTICES

BEST PRACTICE FOR SMI

- **Addressing access to combination NRT** or other support to ensure person receives desired medication / vape
- **NRT, vapes or other pharmacotherapy** are available **prior to quitting** and for extended periods **after quitting**

A recent survey found while all trusts offered nicotine replacement therapy (NRT) to their patients, only 47% offered the choice of combination **NRT** .

Source: ASH. Progress towards smokefree mental health services. 2019.

Stop smoking medications and vaping in people with SMI

Use

Abrupt quit

Cut Down to Stop

Harm reduction and temporary abstinence

People with SMI often:

More dependent = More nicotine

Extended use of therapy (beyond 8 to 12 weeks)

Our goal:

Ensure prompt access to the most effective medications

Support correct use

Adherence and extended use as needed


Nicotine replacement
therapy (NRT)

NRT key facts

Provides a **clean** form of **nicotine** in lower and slower doses than cigarettes

Reduces nicotine **withdrawal** symptoms and urges to smoke, making quitting easier

Effective in helping smokers to quit

Single NRT products deliver roughly half the nicotine smokers would get from their cigarettes

Used for 8-12 weeks (or longer). Reduced over time or full dose can be maintained

Long term use is safe.
Many patients will benefit from use for **6 months or longer**.

Nicotine replacement therapy products at ELFT

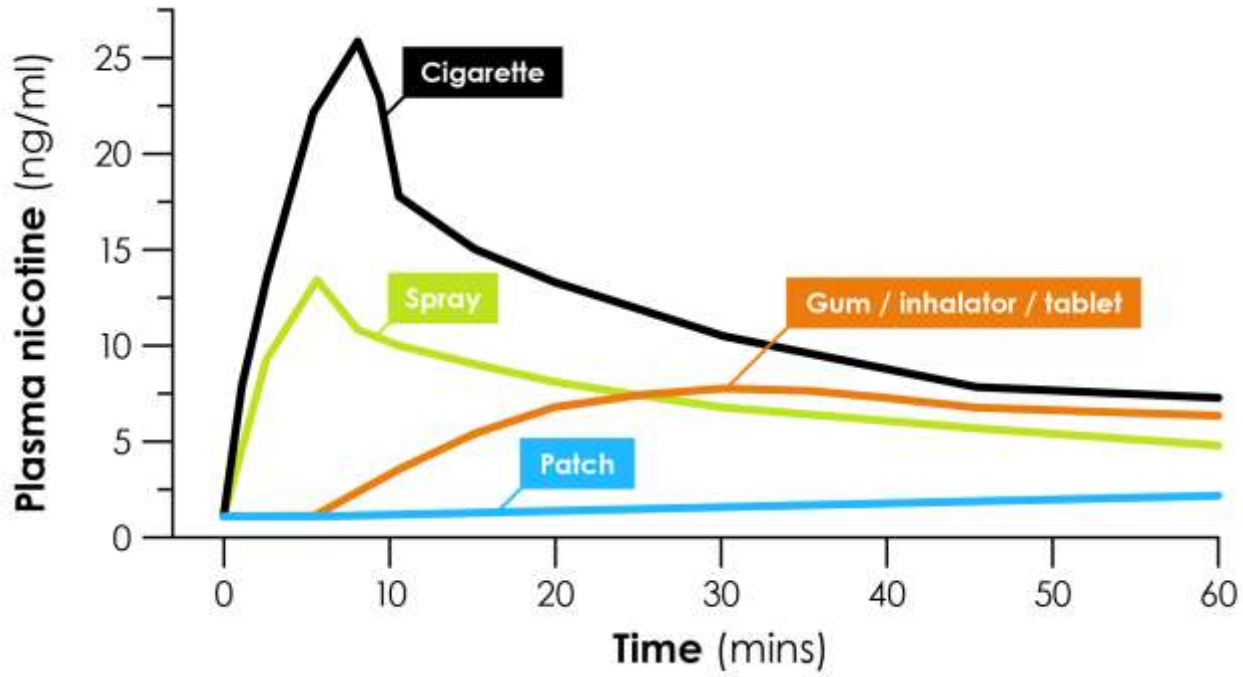
Patches

Inhalator

Mouth spray

Lozenges &
mini lozenges

NRT: action and effectiveness



Source: Hughes 2002 & Royal College of Physicians, *Nicotine Addiction in Britain*.
A report of the Tobacco Advisory Group of the Royal College of Physicians. London, RCP, 2000

The biggest problem with NRT is that smokers do not use enough for long enough

Principle: Use as much as you need for as long as you need to manage withdrawal and cravings

NRT combination therapy

NRT patch

Provides steady dose of nicotine throughout the day to help with withdrawal symptoms and ‘background’ urges to smoke

Faster-acting NRT

Provides relief from ‘breakthrough’ urges to smoke and other withdrawal symptoms

Cahill K, et al. Pharmacological interventions for smoking cessation: an overview and network meta-analysis. Cochrane Database of Systematic Reviews 2013. Lindson N, et al. Different doses, duration, and modes of delivery of nicotine replacement therapy for smoking cessation. Cochrane Database Syst Rev. 2019

Nicotine patches

What it is

16-hour skin patches:

- 25mg, 15mg & 10mg

24-hour skin patches:

- 21mg, 14mg & 7mg

How it works

- Delivers a steady dose of nicotine to the bloodstream via skin
- Peak levels reached in 2 – 6 hours
- Average amount of nicotine absorbed: 0.6 to 1.6 mg/hour

How it is used

- Apply to clean, dry, non-hairy area
- Ensure sticks well to skin
- Replace every 24 hours. Rotate site daily
- Rash from adhesive is common;

  topical creams may be applied

Oral products

Nicotine absorption:
bloodstream via the buccal mucosa (mouth and throat)

Usage:
Use on the hour, every hour

Absorption:
Avoid drinking fruit juice for 15 minutes before or during use.

Common side effects:

- Taste
- Mouth and throat irritation
- Hiccups
- Nausea
- Headache

Nicotine mouth spray

30 sec – 2 mins
STARTS WORKING

16 mins
PEAK LEVELS

What it is

- A 1mg/spray mouth spray
- Brand name QuickMist
  (Fresh mint, Cool Berry)

How it is used

- Child-proof lock (push lever and slide up or down)
- First use: **prime the pump**
- Point and spray (firmly) inside of mouth against the cheek, repeat on other side of mouth
- 1 to 2 sprays every 30 minutes to an hour
- Hold spray in the mouth and avoid swallowing for a few seconds after spraying

Nicotine lozenges and mini lozenges

2 – 5 mins
STARTS WORKING

30 mins
PEAK LEVELS

What it is

- Sugar-free tablet
- Lozenges 1mg, 1.5mg, 2mg & 4mg (Original and mini)

How it is used

- 1 lozenge every hour or as required to manage cravings/urges to smoke
- Placed in mouth, allow to dissolve by moving around mouth periodically; avoid crushing or chewing

Nicotine inhalator

2 – 3 mins
STARTS WORKING
15 – 20 mins
PEAK LEVELS

What it is

- Plastic holder containing cartridge impregnated with 15mg nicotine and menthol

How it works

- **Nicotine delivery:** Puffing on inhalator vaporises nicotine, absorbed through mouth and throat
- **Average amount of nicotine absorbed:** 20 minutes puffing for 1mg nicotine

How it is used

- Line up ridges of plastic holder to open
- Special puffing technique – **take slow shallow puffs to avoid throat burn**
- Use every hour for about 20 minutes. Puff as needed to manage cravings.

Interaction between smoking and psychotropic medication

Smoking and medication interactions

- The **tar** in **tobacco smoke** (NOT nicotine) speeds up the metabolism of some medicines for physical and mental health
- This includes several **psychotropic** and **anti-depressants** medications
- This means that the medicines taken by clients who smoke are cleared from the body faster and **people who smoke higher doses** of some medications
- This effect is **caused by the tar** in tobacco smoke and **NOT** nicotine

The use of NRT or vapes does not affect medications!

Stopping smoking and medication

- It may be necessary to **adjust dosages of some medications when people quit**
- **Dosage** may need to be **adjusted by the prescriber** when a patient stops smoking and then again if the patient relapses

Medical history and current medication use should be asked about at the first session and pathways in place for notifying prescribers

Smoking and medication interactions

Mental health drugs:

- Some antidepressants
  - **Amitriptyline** (Elavil)
  - **Clomipramine (**Anafranil)
- Some antipsychotics
  - **Clozapine** (Clorizaril)
  - **Olanzapine** (Zyprexa)
  - Chlorpromazine (Thorazine, Largacttil)
- Diazepam (Valium)

Physical health drugs:

- **Theophylline**
- **Erlotinib** (Tarceva)
- Insulin
- **Methadone** (Methadose, Dolophine)
- **Riociguat (Adempas)**
- **Warfarin** (Coumadin)
- **Caffeine**

Clinical effects of smoking and quitting on metabolism of these drugs

Smoking status

Increased metabolism (drug cleared from body) may make the drug ineffective

What is the clinical effect?

Higher doses of medication needed

What do you need to do with the dose?

Decreased metabolism
Possible side effects / toxicity

Monitor for side effects: blood levels may rise as liver metabolism slows

Reduce dose, usually within a week

Peter Pratt Talks About Clozapine, Mental Health, Medicine and Smoking Cessation

https://www.youtube.com/watch?v=607BR1YqL_Q

Clozapine management in smoking cessation

Signs of toxicity:

- Higher blood levels of clozapine can cause sedation, hypotension and increased risk of neurological adverse effects including seizures and fatalities.

Blood Monitoring:

- Take clozapine plasma trough levels before stopping smoking
- Repeat plasma level one week after stopping smoking
- Blood and clinical monitoring should occur for up to six months.

Clozapine management in smoking cessation

Dose reduction:

- Immediate reduction of clozapine upon smoking cessation (may need to be reduced by 25% of original dose in the first week of quitting).
- Stepwise reduction of about 10 per cent daily for 4 days. Blood levels will guide individualised dosing.

Should smoking be re-initiated:

- Plasma trough level should be retaken and clozapine increased to previous dose over one week and then plasma trough level repeated

Medications that may need dose adjustment

- **Olanzapine –** On stopping smoking dose may need to reduce dose by 25%. Be alert for increased adverse effects of olanzapine such as dizziness, sedation and hypotension. If adverse effects occur further reduce dose.. If restarting smoking, increase dose to previous smoking dose over 1 week.

- **Chlorpromazine** – Monitor for increased adverse effects - dizziness, sedation, nausea. Reduce dose as necessary.

BEST PRACTICES

BEST PRACTICES FOR SMI

Good communication with patient's care team

- **Informing** family doctor, psychiatrist, other members of care team of **quit attempt** so the clinician can review **antipsychotic drug doses** in case their metabolism changes
- There should be mechanisms to ensure the clinical team are **updated on quit attempts** and other information that may impact on the need for a **medicines review**

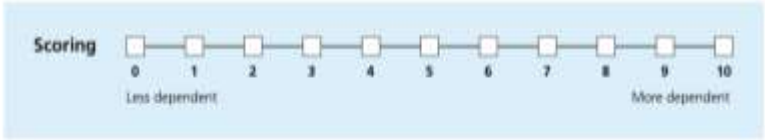
Individualised dosing of nicotine-containing products

Guidelines for individualised dosing of NRT

The initial dose of NRT can determined based on:

– Tobacco dependence score

– Patient past experience with withdrawal and cravings when quitting



1. How soon after you wake up do you smoke your first cigarette?	3	Within 5 minutes
	2	6–30 minutes
	1	31–60 minutes
	0	More than 60 minutes
2. Do you find it difficult to stop smoking in no-smoking areas?	0	No
	1	Yes
3. Which cigarette would you hate most to give up?	1	The first of the morning
	0	Other
4. How many cigarettes per day do you usually smoke? ☐ per day	0	10 or less
	1	11 to 20
	2	21 to 30
	3	31 or more
Do you smoke more frequently in the first hours after waking than during the rest of the day?	0	No
	1	Yes
6. Do you smoke if you are so ill that you are in bed most of the day?	0	No
	1	Yes

Individualised dosing

Handout 2

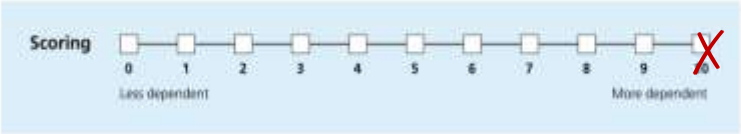
John – age 45

Smokes 50 cigarettes/day; 30 years

*1 cig = 1mg nicotine (minimum)

Individualised dosing: John

Heaviness of Smoking Index



Past experience with nicotine-containing products

- tried patch, tried gum, didn't really work
- returned to smoking within days, on one attempt was able to stay quit for a week

Past experience with withdrawal

urges to smoke withdrawal symptoms

1. How soon after you wake up do you smoke your first cigarette?	3	Within 5 minutes
	2	6–30 minutes
	1	31–60 minutes
	0	More than 60 minutes
2. Do you find it difficult to stop smoking in no-smoking areas?	0	No
	1	Yes
3. Which cigarette would you hate most to give up?	1	The first of the morning
	0	Other
4. How many cigarettes per day do you usually smoke? 5 per day	0	10 or less
	1	11 to 20
	2	21 to 30
0	3	31 or more
5. Do you smoke more frequently in the first hours after waking than during the rest of the day?	0	No
	1	Yes
6. Do you smoke if you are so ill that you are in bed most of the day?	0	No
	1	Yes

Discussing medications/vapes with patients

Establish past experience with medications / vapes

“Have you ever used any medication or a vape (e-cigarette) to help you with a quit attempt in the past?”

“What medication did you use?”

“How did you get on with it?”

What would you recommend for John?

HSI = High

50 cigarettes per day =

~50mg of nicotine*

*1 cig = 1mg nicotine (minimum)

21mg, 25mg

+

21mg, 25mg

+

20mg nicotine containing

High nicotine dependency

More dependant smokers may benefit from high dose NRT (>42mg) to address withdrawal symptoms more effectively than standard doses.

+

Vapes/E-cigarettes

Vape (e-cigarette, electronic cigarette)

What it is

- Device that heats a solution to create a vapour inhaled by users
- Variety of devices and vape solution flavours, nicotine concentrations

How it is used

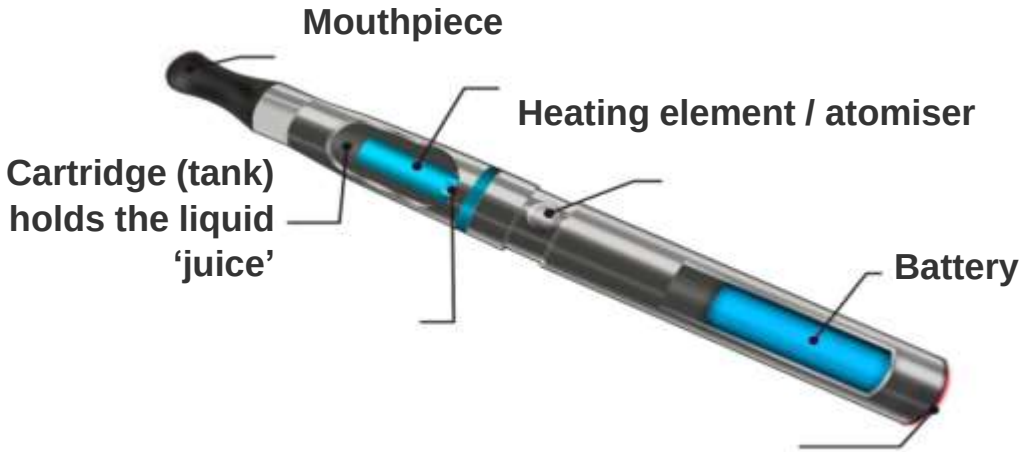
- Used regularly throughout the day and when urges to smoke occur
- Nicotine-containing vapes are recommended
- More frequent puffing (“grazing”)

Nicotine concentration:

- 0, 3, 6, 12, 18 mg/ml

How it works

- No combustion
- Effective stop smoking aid
- More rapid delivery of nicotine



e-liquids and nicotine

Nicotine concentration:

- 0mg/ml (0%)
- 3mg/ml (0.3%)
- 6mg/ml (0.6%)
- 12mg/ml (1.2%)
- 18mg/ml (1.8%)

Vaping devices: components, design and e-liquid

Cig-a-like

'Cig-a-like'
Cartridge, atomiser and battery

Tanks

'Vape pens'
Tank and battery
Refillable

Mods

Regulated Mods

Pods

Pod vaping system

Disposables

Disposable Vapes

Are vapes safe to use?

Which of the following is correct?

A. Recent studies have found vapes are just as harmful as smoking cigarettes

B. Vapes are far safer than smoking cigarettes

C. Vapes are less harmful than smoking but not by much

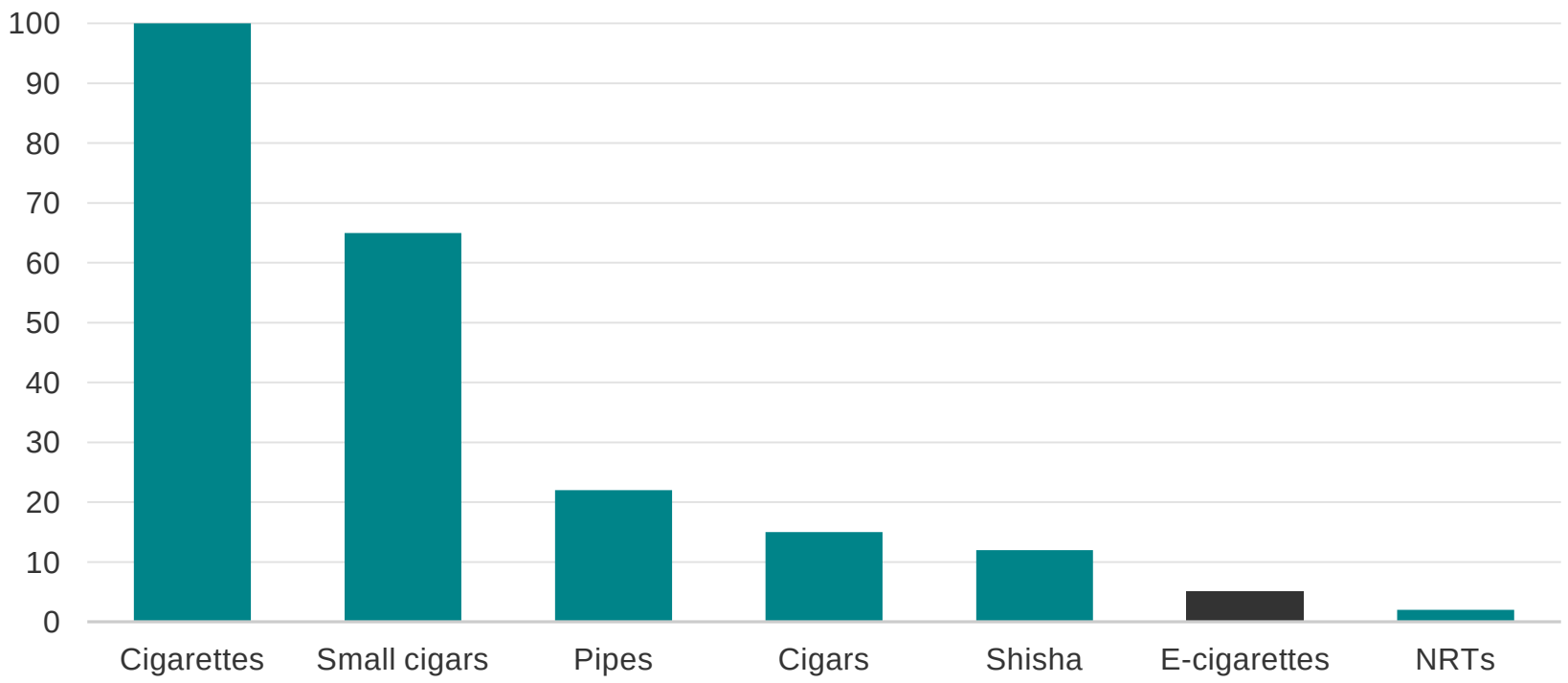
Vaping safety

Evidence to date indicates that vapes are significantly (at least 95%) less harmful than cigarettes.

As of 2016, vaping devices are regulated by the government to ensure safety standards are met

- vaping devices are regulated by government as part of the EU Tobacco Products directive

Comparing Harm between nicotine-containing products



Estimating the Harms of Nicotine-Containing Products Using the MCDA Approach, Nutt et al, 2014

Vaping is not appropriate for people with SMI?

Which of the following is correct?

A. Yes, there is an increased chance of adverse psych events

B. No, vapes have been found to be particularly useful for people with SMI

C. Yes, as there is insufficient evidence about the safety and efficacy

Guidance

- Vapes are a first line stop smoking aid, and appropriate for use in people with SMI
- Be open to vape use in people keen to try them, especially in those who have tried and failed using other aids
- Provide advice to patients on using vapes as a quitting aid

In-patient settings

- The majority of mental health Trusts in England allow the use of e-cigarettes
- Be familiar with your Trusts policy on vaping and what support is available to inpatients
- Rechargeable and re-fillable e-cigarettes will be suitable for most patients
- Ensure Trust infection control policy is followed
- Advise vapes should be for **personal use only**
- Ensure patients do not use near oxygen

Mental Health Trusts

Risk assessment

- **Assess capacity and risk** of using vapes
  - How unsettled is the patient?
  - Will they remember how to use it correctly?
  - Are they at risk of adding anything?

- Depending on risk assessment, the patient may be **supervised when re-filling** his/her device or **disposable device** used

Assess capacity and risk

- Disposable e-cigarettes may be the most suitable option for those who present with a high-risk profile

Violence will increase on wards if patients don’t smoke

- ☐ True
- ✓ False

Treating tobacco reduces Ward Violence

- There is excellent data to show that addressing tobacco use in the inpatient setting results in **less aggression** and **calmer wards**

- Patients smoke to **avoid withdrawal**, assisting with managing withdrawal gets to the **source of the problem**

Safety check

1.
Purchase from a reputable supplier

2.
Heed product warnings

3.
Don’t charge for long periods

4.
Don’t keep batteries in pockets

5.
Keep away from animals and children

Discussing vapes with patients

Which vape should I start with?

I don't know what strength to start on

My mouth is so dry!

Common statements

I vape more often than I smoked

I'm still really struggling

I don't like all the 'smoke'

NRT and vaping for people with SMI

- Address misperception about harm from nicotine
- Demonstrate correct use and have patient demonstrate how they are using (bring product to sessions)
- Repeatedly remind service users of correct technique for faster-acting NRT and vapes
- Ask about and prompt regular supply
- Minimize side effects / improve the overall experience of taking medication

People experiencing poor mental health

Caroline’s story

Stopping smoking while dealing with a mental health illness

https://www.youtube.com/watch?v=J5DZDWbziCI

Caroline's story: Stopping smoking
while dealing with a mental health condition

Cut Down To Stop

(CDTS)

Abrupt quitting vs. cutting down

Abrupt quitting is the preferred approach to quitting

There is NO safe level of smoking:

Even just a few cigarettes per day places significant risk.

Compensatory smoking

People tend to compensate by smoking more intensely (e.g. taking more puffs, inhaling deeper and longer, smoking more of the cigarette).

This means they are exposed to increased carbon monoxide (CO) levels even with fewer cigarettes per day.

The goal should be to stop smoking completely.

Cut Down To Stop (CDTS)

CDTS is an option for those not ready to “quit in one go” and can be particularly valuable for SMI patients

Success with cutting down can serve to increase:

- **Self-confidence** in ability to quit
- **Motivation** to make a quit attempt
- **Opportunity** to use support (counselling, NRT, medication)

Cut Down To Stop: **what we know**

Success with reducing and ultimately quitting is increased with:

Structured approach:
progressive goals with
ultimate goal of quitting

+

Use of NRT
or nicotine-containing vape

The same tobacco dependence treatments that work for the general population are also effective for people with SMI

- [x] True **But,** with a caveat
- [ ] False

Cut down to stop

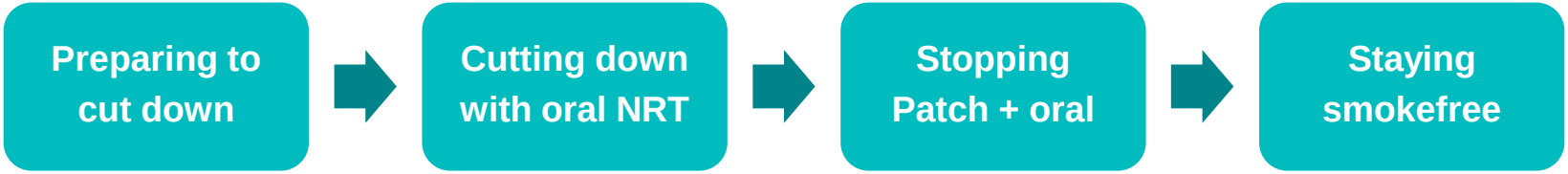
"I realise that stopping smoking completely in one go can seem like a big ask. I wonder whether you would consider trying to reduce the number of cigarettes you smoke each day? You can use NRT or a vape to help you, and we can work on a plan for you to cut down gradually over the next ..... weeks before you quit completely."

"I understand that you're not ready to stop smoking right now. Would you consider trying to reduce the number of cigarettes you smoke each day to reduce the harm that smoking is causing you?"

Cut Down To Stop

The Cut Down To Stop treatment will include three phases:

- **Phase One** Preparation
- **Phase Two** Cutting down with NRT / vape (1 to 6 months)
- **Phase Three** Stopping with NRT / vape



The length of each phase can be adapted in line with participant need and their individual goals.

Strategies for cutting out cigarettes

- Delay the first cigarette of the day
- Choose periods during the day when they will not smoke

Start to eliminate one cigarette each day in the order of what would be easiest to give up

Increase the amount of **time between each cigarette**

Try 'practice' quits by picking certain days and going half or all day without smoking

Ban smoking in certain places (e.g. your house, your car)

Behavioural support

What do most people think we do with smokers?

Behavioural support

What do most people think that we do with smokers?

That we tell people that smoking is bad for them and that they should quit.

Paul’s story

Stopping smoking while dealing with a mental health condition

www.youtube.com/watch?v=NVAlW6nC37Q

Paul's story: Stopping smoking
while dealing with a mental health condition

Initial assessment:

Engaging SMI patients who smoke and initial assessment

RIO FORMS


Case Record Menu
Mental Health Act & Mental Capacity Act
Clustering
Client Referrals
Inpatient Management
Client Related Data-Views
CAMHS
Intellectual Disability
Forensic Forms
Form Testing
Specialist Assessments
Psychological Therapies Assessment
C&H HTT Daily Planner
Perinatal Pre-Birth Care Planning
Smoking Cessation Service
Carers' & Users' Expectations of Service
Children and Adolescent
CORE - 10v1
Drug and Alcohol
Eating Disorders
IAPT Assessments
MOHO OT Assessments
Rating Scales
Yale - Brown Obsessive Compulsive Survey
Liaison & Diversion

Initial assessment

- Assess current readiness and ability to quit (consent and capacity assessment)
- Assess physiological and mental functioning
  Review medications and discuss communication with care team
- Inform the person about the treatment programme
- Assess current smoking
- Assess past quit attempts
- Explain how tobacco dependence develops
  and assess nicotine dependence

Initial assessment

- Explain and conduct carbon monoxide (CO) monitoring
- Explain the importance of abrupt cessation and the not a puff rule and assess appropriateness for person
- Inform the person about withdrawal symptoms
- Discuss stop smoking medications and vaping
- Agree on abrupt quit or CDTS, set the quit date / reduction goal
- Prompt a commitment from the person
- Discuss preparations and providing a summary

Assessing tobacco dependence

1. How soon after you wake up do you smoke your first cigarette?	3	Within 5 minutes
	2	6–30 minutes
	1	31–60 minutes
	0	More than 60 minutes
2. Do you find it difficult to stop smoking in no-smoking areas?	0	No
	1	Yes
3. Which cigarette would you hate most to give up?	1	The first of the morning
	0	Other
4. How many cigarettes per day do you usually smoke? ☐ per day	0	10 or less
	1	11 to 20
	2	21 to 30
	3	31 or more
5. Do you smoke more frequently in the first hours after waking than during the rest of the day?	0	No
	1	Yes
6. Do you smoke if you are so ill that you are in bed most of the day?	0	No
	1	Yes

Fagerstrom Test

Scoring

Scaling questions

On scale of 1–10 (1 low – 10 high)

How motivated are you right now to make this change…

How confident are you right now that you will achieve this change…

Assessing motivation and concerns

Assessing motivation:

- *“How do you feel about smoking?”*
- *“How do you feel about stopping smoking?”*
- *“On a scale of 1-10……"*
- *“Tell me what worries you about giving up smoking?*
- *“What would help or how could you overcome these difficulties?”*


Carbon monoxide monitoring

Carbon monoxide monitoring

- CO monitors measure the amount of **carbon monoxide in expired breath**, displayed as parts per million (ppm)
- CO monitors detect exposure to smoke in the previous **24 – 48 hours**
- Patients are required to hold their breath for **15 seconds** (minimum 10 seconds) to equalize pressure in the lungs and allow CO to transfer between blood and lungs
- **Smoker reading = above 10ppm**
- **Motivational tool, chart progress**
- **https://www.youtube.com/watch?v=KSFnyMXGR2Q**

Core Communication Skills

Practitioner: ***Have you thought about quitting smoking?***

Patient: *Yes I have, I've tried many times but I can't seem to manage. Things get on top of me and it's my only comfort.*

Practitioner: ***Stopping smoking is the best thing you can do for your physical but also for your mental health.***

Patient: *I know, but I'm so stressed at the moment, I have so much going on. My partner smokes too. I always get told to stop smoking when I come in here.*

Practitioner: ***Smoking doesn't help with stress, people who stop are less stressed. Why don't you set a quit date, that will give you something to aim for, then use the nicotine patch.***

Patient: *Yes, but I've used the patch before, it didn't work and I don't think I should be using that given my mental health history.*

Practitioner: ***You should also change your routine, going for a walk in the morning would help.***

Patient: *No I couldn't do that, It's already a struggle for me to get out of bed many mornings.*

Practitioner: ***Have you talked to your partner about quitting to make it easier for you?***

Patient: *Yes, but…*

Supporting quitting using core communication skills

What we know:

- **Telling someone what to do isn't a good method of changing behaviour**
- People are more likely to openly discuss issues and consider change when they believe that you are genuinely interested in their issue and aren't judging them

Core Communication Skills

Listen…

…without advice, judgement, opinion or agenda

Build Rapport

Ask Questions…

…to help them think of their own solutions

Use Reflective Listening

Feedback…

…key points and observations

Boost Motivation & Self-Efficacy

Provide a Summary…

…leaving time for response

Provide Reassurance

Applying skills to practice

Eliciting information, knowledge and reinforcing importance

- *"How do you feel about your smoking? Has stopping been on your mind?"*
- *"Is there anything that worries you about your smoking?"*
- *"Is it ok if I explain why we worry about smoking and some of the benefits of stopping to both your physical and mental health?"*
- *"A lot of people I work with are initially hesitant about quitting. It's been a big part of your life for a number of years."*
- *"It's normal to have concerns. Have you thought about some of the good things that will come about if you do decide to quit?"*
- *"It is so important for you stop smoking; we will help you every step of the way."*
- *"It's fantastic that you're making such an important change, I'll be here to support you throughout."*

Responding to patient statements

Applying skills to practice

1. *“I really do want to give up, but it’s hard as my partner and most of my friends smoke.”*
2. *“I am determined to stop smoking, but I can’t afford to put on any weight and I know, if I do, I’ll start smoking again.”*
3. “*Won’t stopping smoking make my mental health worse?”*
4. *You don’t really know what you’re asking me to do. Have you ever smoked?”*

Patient-centered approach

- Focus on what best serves the patient
- Engagement is first priority
- Be clear on the ultimate goal being quitting and your confidence that they will be able to get there

Summary

1. **Building rapport** is the key that opens the door to effective communication across all stop smoking sessions

2. Using the skills of **reflective listening** can help build rapport and support motivation

3. Being **non-judgemental** and using techniques such as open questions to **elicit the patient's view** are effective

4. These skills are particularly useful when the patient is experiencing **ambivalence about quitting**

Initial assessment session in action

Over to you…

Skills practice

- Assess current readiness and ability to quit in one step
- If appropriate, introduce CDTS and inform the patient about the CDTS programme
- Learn more about the persons smoking routines and triggers
- Determine plan for the week

***Consider:** smoking diary, set reduction goal, coping plan

Skills Demonstration: patient 1 – Abrupt Cessation

History	55-year-old woman with bipolar disorder
Current smoking	Smoking 15 cigarettes/day. Smoked since she was 16. CO = 18ppm Smokes within 30 minutes of waking.
Readiness & motivation to quit	Health and wealth. Daughter is expecting.
Barriers	Stress, “It’s my time”.
Past quit attempts	Several past quit attempts without support or NRT

Kerri, 55

Skills practice: patient 2 – Cut down to stop

History	55-year-old male living with Schizophrenia. Taking Clozopine
Readiness & ability to quit	Does not think they could just stop ‘like that’ – tried it in past, didn’t last long.
Readiness & ability to ‘cut down to stop’	Willing to try cutting down and will think about setting a quit date later on.
Motivation	Really wants to quit, does not like the smell and just cannot afford it.
Support	Lives alone and/or with mates. Most family and friends smoke and unlikely to be supportive of him quitting.
Barriers	Daughter he sees fairly regularly smokes and does not think he will be able to quit. If he doesn’t smoke can’t think what they will do instead.
Current smoking	Smokes around 50 a day, more at the weekends.
Past quit attempts	Managed to stop a few times but only for a few days days / week. Last attempt two years ago.
NRT history	Tried ‘cold turkey’ last time.
Medication choice	Not sure, but knows a friend who uses a vape (e-cigarette) and he is thinking of using this.
Risk situations	Going to pub. first thing in morning, seeing daughter, coffee breaks.

Michael, 55

Skills practice

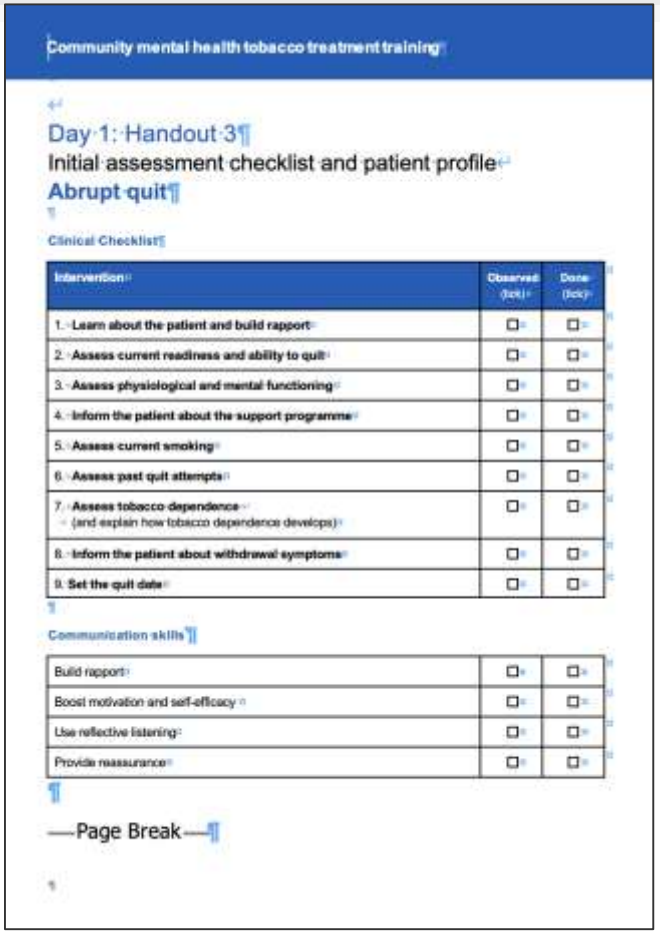
- Assess current readiness and ability to quit in one step
- If appropriate, introduce CDTS and inform the patient about the CDTS programme
- Learn more about the persons smoking routines and triggers
- Determine plan for the week

***Consider:** smoking diary, set reduction goal, coping plan

Skills practice: practitioner

Practitioner role

- **Handout 3**
- Practice the communication skills
- Use the clinical checklist to ask questions to ensure you cover all the competencies specified



Community mental health tobacco treatment training

Day 1: Handout 3

Initial assessment checklist and patient profile

Abrupt quit

Clinical Checklist

Intervention	Observed (tick)	Done (tick)
1. Learn about the patient and build rapport	☐	☐
2. Assess current readiness and ability to quit	☐	☐
3. Assess physiological and mental functioning	☐	☐
4. Inform the patient about the support programme	☐	☐
5. Assess current smoking	☐	☐
6. Assess past quit attempts	☐	☐
7. Assess tobacco dependence (and explain how tobacco dependence develops)	☐	☐
8. Inform the patient about withdrawal symptoms	☐	☐
9. Set the quit date	☐	☐

Communication skills

Build rapport	☐	☐
Boost motivation and self-efficacy	☐	☐
Use reflective listening	☐	☐
Provide reassurance	☐	☐

Page Break

Useful resources

- **NCSCT Quick Reference Sheet**
- **NCSCT website**
  stop smoking medications
- **UK Medicines**
  www.medicines.org.uk/emc

Course wrap up! & evaluation

East London NHS
NHS Foundation Trust

NCSCT

Post course evaluation

https://forms.office.com/e/BginQRFpbN

Any questions?

- ELFT.stopsmoking@nhs.net

East London NHS
NHS Foundation Trust

NCSCT
NATIONAL CENTRE FOR SMOKING CESSATION AND TRAINING