

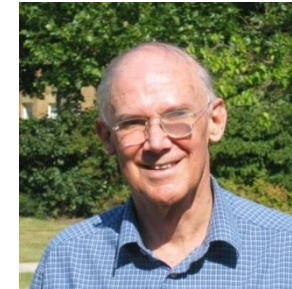


# Tobacco Dependence – a chronic relapsing mental health condition

Mary Yates, Nurse Consultant

Acknowledgements: Dr Debbie Robson & Prof Ann McNeill  
from Kings College London

# Separate the nicotine from tobacco smoke



***"Smokers smoke for the nicotine, but die from the tar"***  
*Professor Mike Russell, Maudsley Smokers Clinic, 1979*

The first smokers' clinic in the UK was set up in Maudsley by the late Prof. Michael Russell over 40 years ago.

It formed the template for the current national network of NHS smoking cessation clinics

It pioneered research into tobacco addiction and treatment

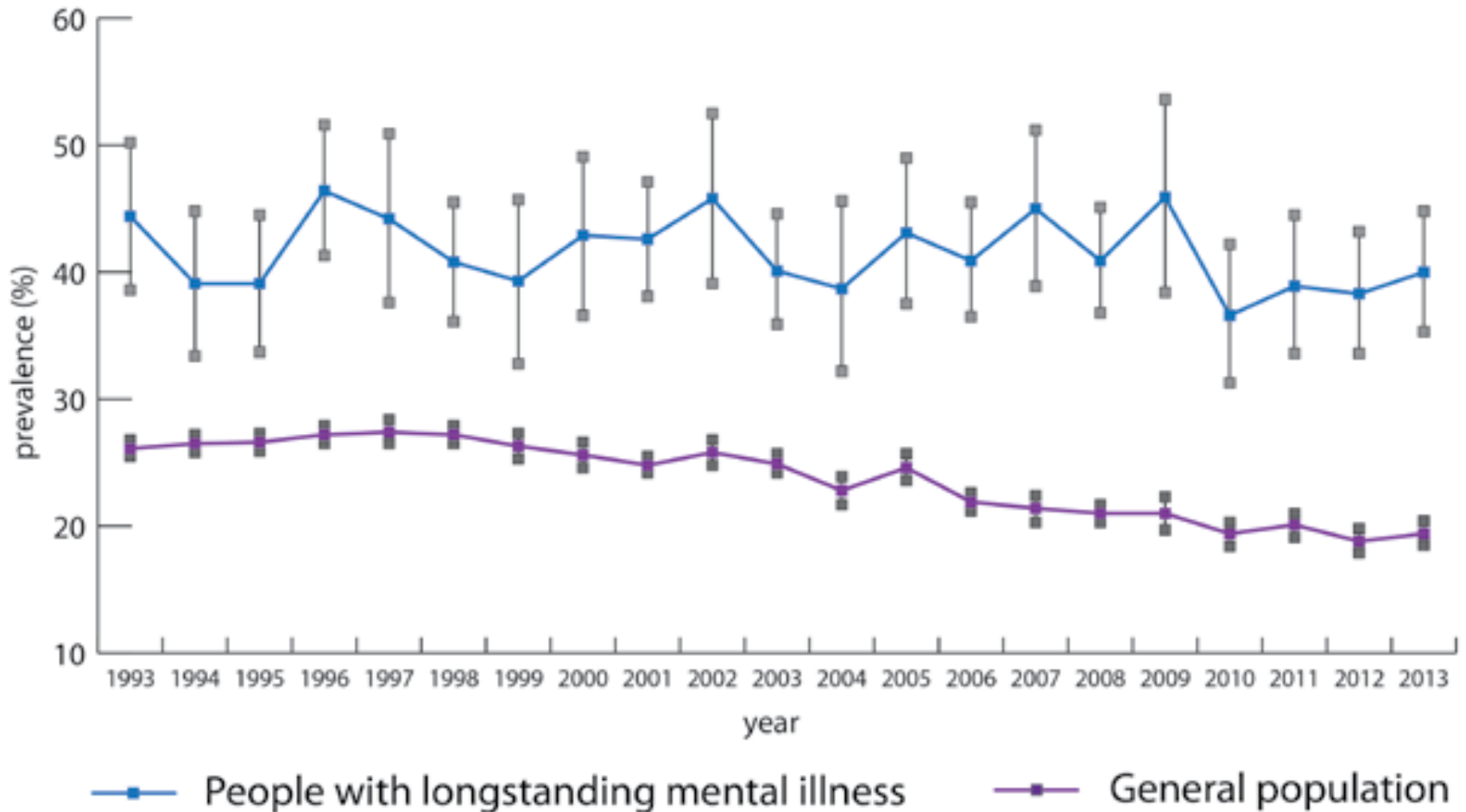




Impact on people in prison,  
mental health and learning  
disability services?

- **Stopping the promotion of tobacco** (e.g. point of sale displays, plain packaging)
- **Making tobacco less affordable** (e.g. taxation, reducing illicit tobacco)
- **Regulation of tobacco products** (e.g. age of sale)
- **Helping tobacco users quit** (specialist stop smoking services)
- **Reducing exposure to second hand smoke** – smoke free legislation, smoking bans
- **Effective communication** (policy, education)
- **Information & Intelligence** (national data)

# National Smoking rates over time



Adapted from: Szatkowski & McNeill. Diverging trends in smoking behaviours according to mental health status. *Nicotine & Tobacco Research*, 2015;3:356-60. <http://ntr.oxfordjournals.org/content/17/3/356>



# THE ABANDONED ILLNESS

A report by the Schizophrenia Commission

EXECUTIVE SUMMARY

## The Stolen Years



THE MENTAL HEALTH AND SMOKING ACTION REPORT

NICE National Institute for Health and Care Excellence

NICE  
guideline

Smoking: harm reduction

Public health guideline  
Published: 5 June 2013  
[nice.org.uk/guidance/ph45](http://nice.org.uk/guidance/ph45)

NICE National Institute for Health and Care Excellence

NICE  
guideline

Smoking: acute, maternity and mental health services

Department of Health

## Towards a Smokefree Generation

A Tobacco Control Plan for England

July 2017

Royal College of Physicians RCPsych  
PSYCH  
PROFESSORS



## Smoking and mental health

A joint report by the Royal College of Physicians and the Royal College of Psychiatrists

March 2013

## THE FIVE YEAR FORWARD VIEW FOR MENTAL HEALTH

A report from the independent Mental Health Taskforce to the NHS in England February 2016

NHS  
England

## IMPROVING THE PHYSICAL HEALTH OF PEOPLE WITH SERIOUS MENTAL ILLNESS

A PRACTICAL TOOLKIT

Based on the independent evaluation by the Royal College of Psychiatrists of four NHS England pilot sites

MAY 2016

Public Health England

Protecting and improving the nation's health

## Smokefree mental health services in England

Implementation document for providers of mental health services

Public Health England

Protecting and improving the nation's health

## Introducing self-assessment for NICE guidance smoking cessation in secondary care: mental health settings (PH48)

A practical guide to using the self-assessment model

Public Health England

Protecting and improving the nation's health

## Smoking cessation in secure mental health settings

Guidance for commissioners

# Counting the annual cost of Tobacco Dependence

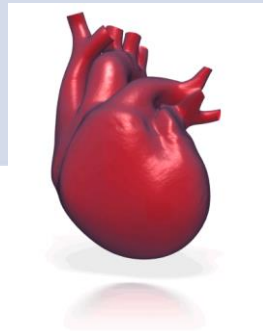
- 18% of all deaths in those aged over 35 were as a result of a TD related illness
- 38% of all hospital admissions every day
- NHS cost of treating TD related illness is £3.2billion per annum
- Overall burden to society is £15.74 billion



# Tobacco dependence related death & disease

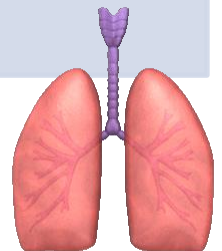
## CARDIOVASCULAR DISEASE

- **Third of CVD deaths**
- Smoke damages the lining of arteries, leading to a **build up of fatty material** (atheroma) and less space for blood to pass through
- The carbon monoxide in cigarette smoke **reduces the amount of oxygen** that the blood can carry to the heart and body.



## RESPIRATORY DISEASE

- 80 - 90% of all deaths from **COPD**
- People with SMI have an increased risk of dying from a respiratory disease - 10 times higher than the general population.
- Also more likely to suffer from asthma, chronic bronchitis and emphysema.
- Respiratory health is poor even in first episode patients





# Tobacco dependence related death & disease



- is the single biggest avoidable cause of cancer in the world.
- causes one in five cancer cases
- causes at least 15 cancers
- causes over a quarter of cancer deaths in the UK



# Tobacco dependence related death & disease

- Osteoporosis
- Low bone mineral density
- Falls & fractures - risk of fracture increased by 25%



- Gum disease - the gums and bone recede
- Lost teeth
- Increased risk of oral cancers



# Tobacco dependence related death & disease



Increased risk of

- infertility
- impotence
- pre term birth
- spontaneous abortion

**smokers make poor swimmers.**

# Effects of tobacco dependence on family life

- Exposure to second-hand smoke increases the risk of **lung cancer, heart disease and stroke**
- In children it doubles the risk of getting illnesses such as **wheezing, pneumonia, ear infections, and asthma** and triples the risk of getting **lung cancer**
- Exposure to smoke in the womb is associated with **psychological problems** in childhood such as **hyperactivity problems and disruptive behaviour**
- TD contributes to **poverty** (clients spend ~ a third of their income on cigarettes with negative impact on family life)



# Myths – tobacco dependence and mental health

- ... not interested in quitting
- ... cannot quit
- ... not as harmful as other substances
- ... is necessary for self-medication
- ...is a lifestyle choice
- Quitting interferes with recovery
- Quitting would be too stressful
- Quitting might prevent treatment of other addictions
- Smoke free policies will contribute to increased violence, fires, detentions under MHA



# TD chronic relapsing condition

- People with SMI are X3 more likely to smoke, and to smoke more heavily than the general population. They are more likely to develop smoking-related illnesses, and less likely to receive help to quit
- Smoking is part of the culture in mental health services, many believe smoking relieves depression and anxiety, but the opposite is true
- Cohort studies show that people with SMI die on average 20–25 years earlier than those without SMI, and that smoking is the most important modifiable risk factor for this health

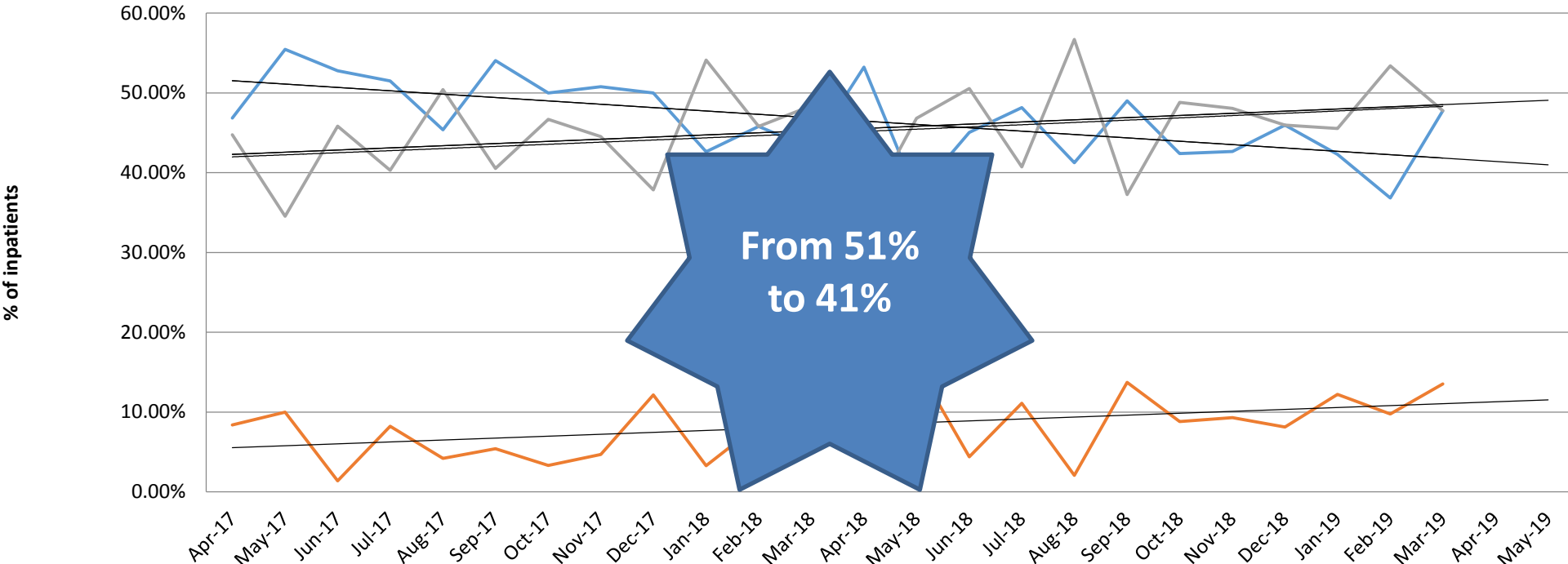


# Searching for Solutions

- Length of stay
- More severe psychosis
- Higher rate of relapse
- Association with suicide
- Stigma
- Conflict
- Poverty (1/3 income)
- Higher dose of medication
- Association with illicit substances
- Multiple health problems
- Illegal Tobacco

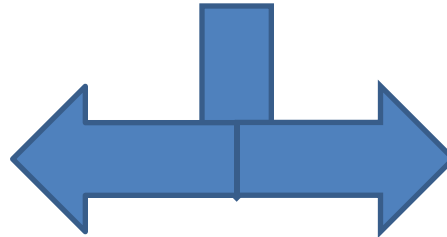


# Changes in Smoking Status for Adult SLaM inpatients (excluding forensics)



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Current Smokers	46.85	55.45	52.78	51.49	45.38	54.05	50%	50.78	50%	42.62	45.79	43.01	53.23	37.30	45.05	48.15	41.24	49.02	42.40	42.64	45.95	42.28	36.84	47.75		
Ex-smokers	8.39%	10%	1.39%	8.21%	4.20%	5.41%	3.30%	4.69%	12.16	3.28%	8.41%	8.60%	12.10	15.87	4.40%	11.11	2.06%	13.73	8.80%	9.30%	8.11%	12.20	9.77%	13.51		
Never Smokers	44.76	34.55	45.83	40.30	50.42	40.54	46.67	44.53	37.84	54.10	45.79	48.39	34.68	46.83	50.55	40.74	56.70	37.25	48.80	48.06	45.95	45.53	53.38	47.75		





Each hospital has a named site based specialist who can offer intensive support

Local Stop Smoking Service



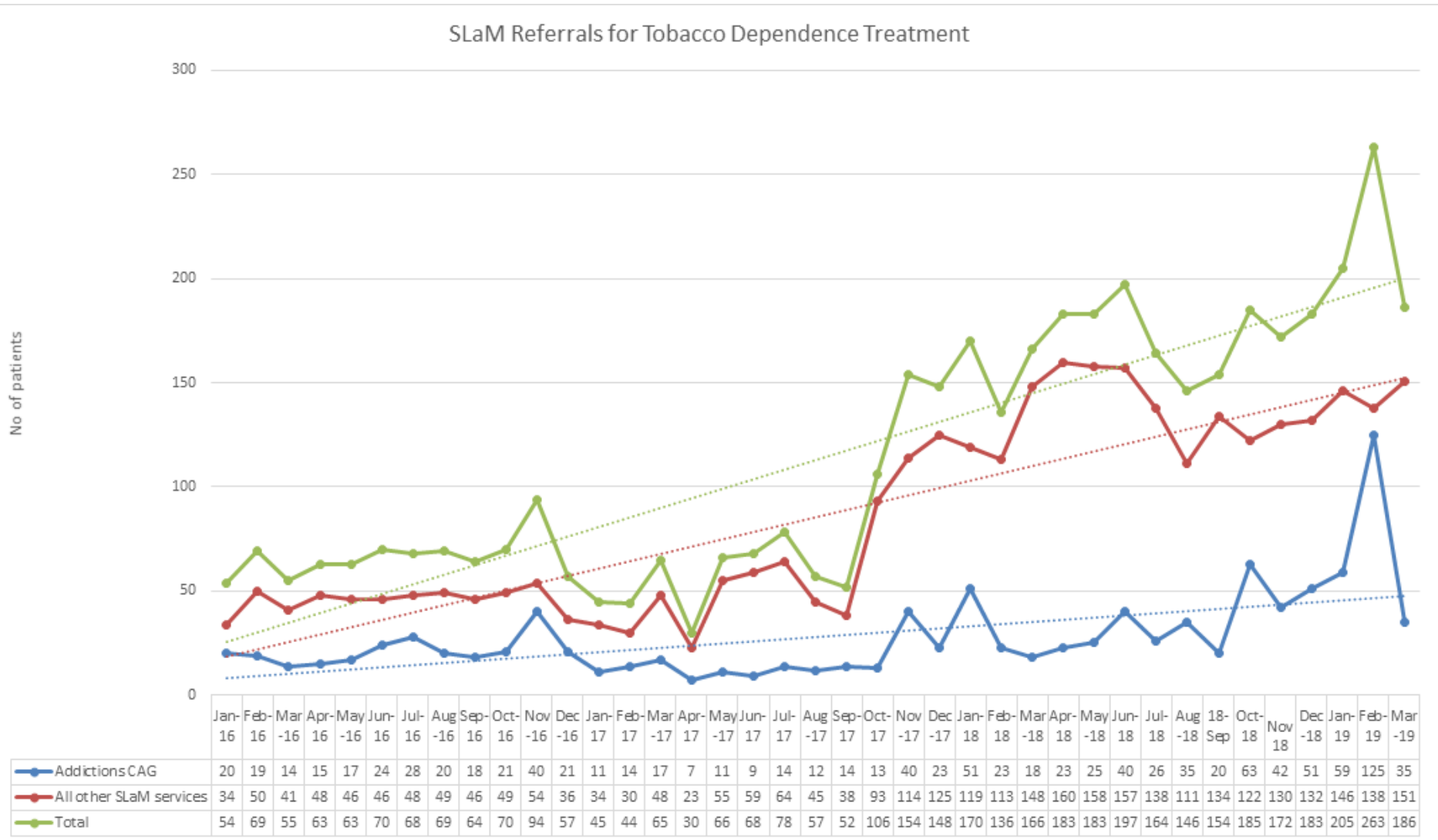
# Routine Physical Health Assessment, brief advise & **automated referral** for support

Automated referrals for inpatients are sorted according to which ward the patient is on.

Referrals for community based patients are sorted by postcode.

Smoking			
Does the patient currently smoke tobacco?	<input type="text" value="Yes"/>		
Usual daily cigarette consumption?	<input type="text"/>	Time to 1st cigarette of the day?	<input type="text"/>
Has the patient been advised that stopping smoking is the best thing for their health and free support is available?	<input type="text" value="- Please Select -"/>		
Does the patient consent to a referral to support from a specialist adviser?	<input type="text" value="- Please Select -"/>		

# SLaM Referrals for smoking cessation support





Activity/outcomes along the pathway for Southwark community patients 1/4/12 – 31/3/18	SLaM referrals	
	N	%
Number of referrals	595	
The number and proportion of smokers referred to a specialist service who made an initial appointment	216	36.3
The number and proportion of smokers who made an initial appointment and set a quit date	45	20.8
The number and proportion of smokers who set a quit date and quit at 4 weeks (self-report)	13	28.9
The number and proportion of smokers who set a quit date and quit at 4 weeks (CO verified)	9	20

National 4 week quit rate is 51% (self-report) and 36% (CO verified)

# Evidence based treatments

- Behavioural support + medication
- Reduce the strength, duration or frequency of urges to smoke
- Reduce unpleasant withdrawal symptoms
- Reduce the pharmacological reward from smoking



## Neuropsychiatric safety and efficacy of varenicline, bupropion, and nicotine patch in smokers with and without psychiatric disorders (EAGLES): a double-blind, randomised, placebo-controlled clinical trial

*Robert M Anthenelli, Neal L Benowitz, Robert West, Lisa St Aubin, Thomas McRae, David Lawrence, John Ascher, Cristina Russ, Alok Krishen, A Eden Evins*

**116**  
countries

Non-  
psychiatric  
cohort

n=4028

Psychiatric  
cohort

n=4116

Neuropsychiatric side effects e.g.  
anxiety, depression, aggression,  
delusions, hallucinations, psychosis,  
suicidal behaviour

Depression or bipolar disorder = 2160  
Anxiety = 488  
Psychosis = 292  
Personality disorder = 22

# Nicotine Replacement Therapy (NRT)

NRT is more effective if you use two types together – e.g. patch + gum, patch + inhalator. It is to be used for 8- 12 weeks . (Nicotine is absorbed through the cheeks and lips/skin/nasal passage and therefore takes longer to reach the brain than nicotine from a cigarette).



**Nicotine patches** deliver a regular dose of nicotine over 16 or 24 hours. The long-lasting action means they can be worn around the clock.

**Lozenges** and **chewing gum** release nicotine as they are absorbed through the cheeks. You normally start with one lozenge/pieces of gum every hour. Use up to 15 pieces a day

**Inhalers** can help if you miss the physical action of smoking. You can have up to 6 cartridges a day.



**Nasal and mouth sprays** deliver nicotine quicker than other NRT products. You can have up to 64 sprays a day (1-2 sprays an hour)



**Tablets** that dissolve under your tongue can be more discreet than lozenges. You normally start with one to two tablets per hour up to a maximum of 40 per day.

# WHAT ABOUT E-CIGARETTES?



**MOST HARMFUL  
NICOTINE DELIVERY SYSTEM**



**LEAST HARMFUL  
NICOTINE DELIVERY SYSTEM**



Its illegal to use an e-cigarette in the UK if you are under 18 years of age.

Considered to be 95% safer than smoking tobacco but only use if trying to cut down or stop smoking

Need to have a consistent message encouraging smokers to switch





# Closing the gap – Lambeth Collaborative opportunities



Support for SF policy implementation  
(bus stops / council properties)

Commission specialist  
TD community based  
integrated services

Education & Training  
Pathways

Encourage community  
pharmacists to sell and  
promote e-cigarettes

Improved intelligence  
Research & evaluation

Disrupt illegal tobacco  
trade

Underpinned and driven by co-production with service users,  
carers & advocates

# What do patient's think...

- *"I do actually feel better, more in control of myself and my life and, yeah, I'm not sort of stuck, you know, tied to these blessed cigarettes quite so much"* (Andreas)
- "For the first time in my life I feel I can do anything" (Alan)
- "I've bought perfume and things I never could afford before" (Florence)
- "I've been smoking for 30 years, my breathing's got better already . The best thing you can do for your health is to stop smoking. I heard that somewhere" (Clare)
- "I smoked 50 a day and not one puff on a fag for 6 months, just think what else I can achieve. This has made me want to lose weight, I never thought I could do anything about the fags or my weight but that's all changed" (Alan)
- "I feel I have achieved something big. I feel better in myself; have more money and more time to spend on things I enjoy. I feel fitter, sleep better and enjoy a better diet. I don't miss anything about smoking". (Earl)





- **Smokers need to quit**
- **Smokers want to quit**
- **Smokers can quit**

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