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## **Underpinning Policy & Strategy**

- WHO International Treaty FCTC
- Cross Government Strategy Tobacco Free Ireland 2013- 2025
- Cross Government Strategy Healthy Ireland
- 4 year TFI Plan/HSE HI Implementation Plan
- HR HSE Tobacco Free Campus Policy
- Dept of Health National Stop Smoking Clinical Guidelines for Health Professionals

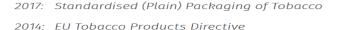








## Political Leadership for high-impact strategic policy interventions



2012: Launch of Tabassa Fran Iroland

2013: Launch of Tobacco Free Ireland

2011: Graphic warnings on packaging

2010: HSE Tobacco Control Framework (5 year Plan)

2010: Towards a Tobacco Free Society (Government Strategy)

2009: Restrictions on sale (number and mode of sale) removal of point-ofsale tobacco displays

2005: WHO Framework Convention on Tobacco Control ratified

2004: Workplace Smoking Ban

2002: Office of Tobacco Control established Prohibition on advertising & sponsorship

2000: Towards a Tobacco Free Society

1999: Joint Committee on Health & Children: A National Anti-Smoking Strategy

1991: Certain regulations on tobacco advertising

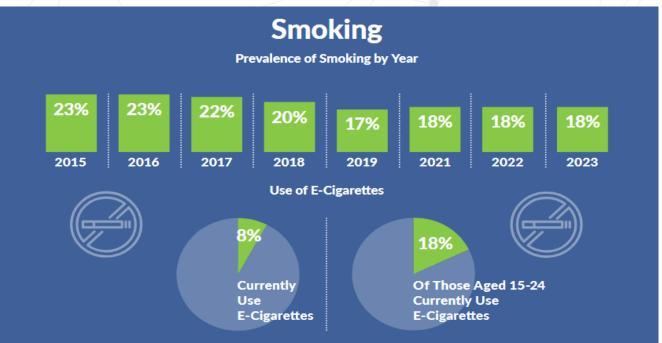
1988: Smoking banned in public buildings







## Ireland - Where are we today?









**Annual Impact of Tobacco Use in Ireland** 

55%

of all Litter is Cigarette Related Litter

€460 Million

Cost to the Health Service

+300,000

Bed Days Used

4,500

Deaths a Year

49%

Of smokers tried to quit last year



+44,000

Hospital Admissions









# The Overall Aim of Tobacco Free Ireland is to reach less than 5% smoking prevalence by 2025



**DENORMALISE** 

Smoking for the next generation



#### **ACKNOWLEDGE**

tobacco use as a disease and treat



## PROVIDE CESSATION SUPPORT

- Encourage smokers to access services through QUIT
- Implement Stop Smoking Guidelines



#### **PROVIDE**

a Tobacco Free environment







## **Clinical Guideline Development**



#### Judgements and decisions



Quality level		Definition	
High	0000	The GDG is very confident that the true effect lies close to that of the estimate of the effect.	
Moderate	0000	The GDG is moderately confident in the effect estimate: the true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.	
Low	0000	The GDG confidence in the effect estimate is limited: the true effect may be substantially different from the estimate of the effect.	
Very Low	0000	The GDG has very little confidence in the effect estimate: the true effect is likely to be substantially different from the estimate of effect.	

#### Challenge and quality assurance



Prof Charlotta Pisinaer. Professor in Tobacco Control. University of Copenhagen and the Danish Heart Foundation, Denmark.



Prof Kenneth D. Ward, Director of the Division of Social and Behavioral Sciences at University of Memphis, United State of America



#### **Final Guideline**



Launched Jan 2022







## What do the guidelines say?

Ask, Advise and Arrange – safe, effective and sound clinical care











Double chances of successful quit







## Ask



Advise



Arrange

## **Behavioural support**

- Individual or Group Counselling
- Telephone support
- Text messaging support
- Internet-based support



## **Stop medicine support**

- Varenicline (+/- NRT)
- If varenicline not suitable, combination NRT
- NRT monotherapy, or bupropion (+ / NRT) or nortriptyline can also be used, but not as first-line.





Judgements and decisions



Quality of Evidence HIGH

Strength of Recommendation HIGH







## **Making Every Contact Count**

Key objective: chronic disease prevention and management

Aim: brief interventions become part of routine clinical care

Healthier choices: Healthy behaviours critical to promoting health and reducing chronic disease (WHO, 2011)
Health professionals recognise the role and opportunities they have through daily interactions with patients in supporting them to make health behaviour changes.

MECC is about **culture change** in the health service







## **Making Every Contact Count Model**

#### **Specialist Services**

For those who require further support

#### **Extended Brief Intervention**

Longer than a brief intervention with the scope to explore ambivalence to change For those with significant health problems

#### **Brief Intervention**

An intervention that equips people with the tools to change attitudes and explore underlying problems For those with established lifestyle risk factors

#### **Brief Advice**

A short opportunistic intervention Everyone accessing the health service









MAKING EVERY

CONTACT

# How does the Stop Smoking Service Work?







# THERE ARE 4 MAIN STEPS TO BECOMING A FULLY-TRAINED STOP SMOKING ADVISOR:

## STEP A:

Completion of online Making Every Contact Count training module,

## STEP C:

Attendance at HSE/NCSCT face-to-face 2-day training course.

## STEP B:

Completion of the HSE/NCSCT online training and assessment programme & specialty modules,

## STEP D:

Training on use of QuitManager (patient management system for national stop smoking services)







## Referral to the Service

- There are number of different ways that a person can be referred or self refer in to the intensive stop smoking services
  - The public can self refer from the quit.ie website
  - The public can self refer by phoning the national quitline (Freephone 1800 201 203)
  - They can be referred by their GP electronically (patient data automatically populates in to our national patient IT system and is processed centrally by our quitline staff
  - Local referral pathways (local service phone line, email, QR code then entered in to the IT system
  - Health professional referral (paper, email and electronic)





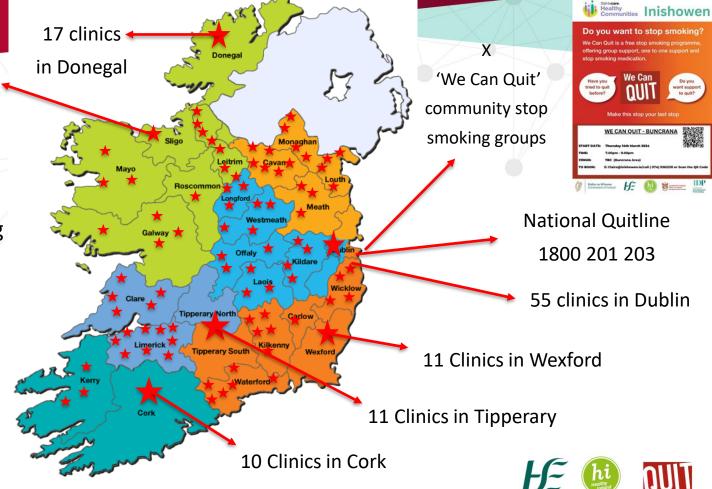




Map of stop smoking services

Population: 5.127 million

Smoking population: 750k



## **HSE Stop Smoking Services – What do we offer?**

An Evidence-based Standard Treatment Programme for Tobacco Cessation

#### **Delivered by a Trained Stop Smoking Advisor**

Staff trained in competencies (knowledge & skills) required to support those attempting to quit
 (6-8 hours online followed by 2 days skills to practice face to face training followed by mentoring in the field)

## Offer of One-to-One Behavioural Support

- Clients meet face-to-face with a Stop Smoking Advisor, online or on the phone. They will meet with the client weekly to support them through the quitting process.
- We offer a safe space and a non-judgemental service. We are here to support.
- This support will start 1 to 4 weeks before your quit date and can continue for up to a year.
- There are a minimum of 9 appointments

## We recommend and arrange supply of free Nicotine Replacement Therapy & Stop Smoking Medications

These products are **<u>free</u>** to anybody who engages with our stop smoking service.







## Other Supports from HSE QUIT available Nationally

#### **Group Support – We Can Quit**

- Our group support sessions last 7- 12 weeks.
- Groups of approximately 15 people, led by a Stop Smoking Advisor.
- Meet for about an hour and a half each week.

#### **QUIT Website - QUIT.ie**

Lots of information and support and to sign up for our online Quit plan.

#### **Online Quit Plan**

- A personalised online quit support programme tailored to you.
- Will send you emails and text messages based on how often you want to receive them.
- These messages are designed to help motivate and encourage you to keep on track.

#### Quit text service

• This service will send you motivational text messages to help keep you focused on your quitting journey.

facebook.com/HSEquit and other social channels for advertising Instagram Reddit etc









The Quality Assurance Standards encompass the HSE Standard Tobacco Cessation Support Programme, which consists of a minimum of six sessions, including a pre-quit assessment and weekly sessions until four weeks after the Quit Date.

Session 1: Pre-quit Assessment (one or two weeks prior to Quit Date)

Session 2: Quit Date

Session 3: 1 week post Quit Date

Session 4: 2 weeks post Quit Date

Session 5: 3 weeks post Quit Date

Session 6: 4 weeks post Quit Date (four week follow-up appointment)

There are also 12-week, 26-week & 52-week post quit-date follow ups.

Standard Treatment Programme (breakdown)	Minutes
Pre-quit Contacts (45 mins X 2)	90
Quit Date contact	30
Week 1 follow-up	30
Week 2 follow-up	15
Week 3 follow-up	15
Week 4 follow-up	15
Week 12 follow-up	10
Week 26 follow-up	10
Week 52 follow-up	10
QuitManager (data entry time)	40
Total	265







## **Behavioural support**

As a stop smoking advisor, what do some people think that we tell smokers?

Smoking is bad for you. You should quit.









## The Importance of Behavioural Support

- Medications roughly double smokers' chances of quitting
- So does behavioural support!
- In the group work we focus on reflective listening, motivational interviewing and provision of non-judgemental support for clients
- DECISIONAL BALANCE EXERCISE







## **How is this Possible?**

- Significant investment from Government for Slaintecare (Equal healthcare for all), free NRT & HR investment.
- Clinical Guidelines to support treating tobacco addiction as a disease
- National Patient management system
- Electronic referrals
- Services in the community and acute settings as well as a national QUITline
- Support provided by non clinical staff (Health promotion officers, peer support workers)
- Providing support FREE at all who access the service







# ASK

# ADVISE

# ACT

ASK every patient about tobacco use & record smoking status at every visit

ADVISE on the risks of smoking, the benefits of quitting & the most effective way of quitting

- 1. Prescribe
- 2. Refer: HSE Quit Service (via Healthlink)

#### Varenicline (Champix)

Can be used alone OR with NRT#

DAY	DOSE		
Day 1 – 3	0.5mg x 1 daily		
Day 4 - 7	0.5mg x 2 daily		

#### Week 2 - 12: Stop smoking

Day 8 - 84+ 1mg x 2 daily

#If unsuitable, combination NRT should be recommended. See SPC & PIL.

#### Combination Nicotine Replacement Therapy (NRT) **LONG ACTING NRT (PATCH)** SHORT ACTING NRT

Nicotine Patch*						
WEEKS	24 hr	16 hr				
1 - 4	*21mg or 14mg	25mg				
5 - 8	*14mg or 7mg	25mg				
9 - 10	7mg	15mg				
11 – 12	7mg	10mg				

- Gum
- Lozenges
- Inhaler
- Mouth Spray

For pregnant women consider 16hr Patch +/-Short Acting NRT



Higher dose more suitable for people who smoke more heavily, refer to SPC and PIL for more information

#### Intensive Behavioural Support from a Stop Smoking Advisor

Combined pharmacotherapy & behavioural support is 4 times more effective when compared with quitting unaided. Medication & intensive behavioural support is available FREE for all attending HSE Stop Smoking Services (regardless of medical card status)

Refer

Prescribe



We can help









**National Stop Smoking** Clinical Guidelines



Further info on medications



## **Stop Smoking Services**

Intensive Cessa	tion Support	QUIT Plans	
2018	10,608	2018	8,951
2019	9,235	2019	6,500
2020	7,089	2020	7,755
2021	8,593	2021	6,420
2022	12,477	2022	6,316
2023	19,286	2023	7,798







## **Free Stop Smoking Medications**









## **Looking to the Future**











## Links to Information & Resources

National Clinical Guideline No.28 – Stop Smoking <a href="https://www.gov.ie/en/publication/4828b-stop-smoking/">https://www.gov.ie/en/publication/4828b-stop-smoking/</a>

State of Tobacco Control in Ireland report 2022 <a href="https://www.hse.ie/eng/about/who/tobaccocontrol/news/state-of-tobacco-control-report-2022.pdf">https://www.hse.ie/eng/about/who/tobaccocontrol/news/state-of-tobacco-control-report-2022.pdf</a>

Healthy Ireland Survey 2022 <a href="https://www.gov.ie/en/publication/f9e67-healthy-ireland-survey-2022/">https://www.gov.ie/en/publication/f9e67-healthy-ireland-survey-2022/</a>

Making Every Contact Count www.hseland.ie

Quit.ie website <a href="https://www2.hse.ie/quit-smoking/">https://www2.hse.ie/quit-smoking/</a>









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