

VERY BRIEF ADVICE (VBA) AND REFERRAL TRAINING

Learning Outcomes

- The risks of smoking
- The benefits of quitting
- What support is available locally
- Raising the subject of smoking with clients
- How to refer for support

Stop Smoking Services in Somerset

- Started in 2000
- Delivered by Somerset County Council since April 2017
- Core service provides free support to stop smoking via Quit Clubs (groups sessions) and some GP surgeries and Pharmacies
- Specialist Mum2Be provision for pregnant women – home visits

Who can access support with SFLS?

- Smokers who are currently smoking tobacco at their first appointment
- Current smokers who are willing to work with a Quit Coach towards setting a quit date within 2 weeks of their first appointment and returning for support
- Ex-smokers who have quit up to and not exceeding 14 days prior to their first appointment
- Patients following inpatient hospital stay can refer via self-referral or referral from healthcare professional
- Ex- smokers who have quit for 12 weeks or more may be able to attend solely for behavioural support, depending on capacity of quit clubs
- Somerset residents, registered with a Somerset GP surgery

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Stop Smoking...Why Bother?

- 10 million people in the UK are addicted to nicotine
- Smoking prevalence in England is approx 16%
- 14% of the adult population in Somerset are current smokers (2017)
- Smoking is the biggest single cause of premature death & preventable illness in UK
- Over 50 separate diseases caused by smoking (one-third of respiratory deaths and one-quarter of cancer deaths are attributable to smoking)
- It is estimated that 25% of hospital admissions nationally are current smokers
- The estimated annual cost of smoking to society in England, including lost productivity and health and social care costs, is £13.9bn (ASH – The Local Cost Of Tobacco, ASH Ready Reckoner Dec 2015)

Why Bother? Because smoking kills

- 1 in 2 smokers will die prematurely from their addiction
- Average life loss 10 yrs
- Average life loss of smokers with mental ill health is 10 -20 yrs
- **Deaths from smoking**
5 x the combined total deaths from:
road traffic accidents + general accidents + poisoning + overdose + alcoholic liver disease + murder & manslaughter + suicides + AIDS

Farcus

by David Waisglass
Gordon Coulthart



“That’s the third smoker we’ve lost this week.”

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Second Hand Smoke

Children:

- 2,000,000 children in UK live in a household where they are exposed to SHS
- 90% more likely to become smokers themselves
- 20,000 cases of lower respiratory tract infections
- 120,000 cases of middle ear disease
- SHS doubles the risk of bacterial meningitis
- 9,500 hospital admissions

(NCSCT 2016)

Adults:

- Increased risk of respiratory disease, lung cancer, coronary heart disease



Health Risks of Tobacco Smoking

- Cancers – mouth, throat, lung, oesophagus, larynx, pancreas, bladder
- Cardiovascular Disease e.g. heart attack, stroke
- Peripheral Vascular Disease (PVD) including ulceration
- Chronic Obstructive Pulmonary Disease (COPD) - chronic bronchitis, emphysema
- Asthma exacerbation

Other conditions caused or made worse by smoking include:

Age-related hearing loss; Crohn's disease and inflammatory bowel disease; Type 2 diabetes; Osteoporosis; Smokers undergoing surgery are at an increased risk of complications from anaesthesia; Smokers are more vulnerable to post-surgical complications and delayed wound healing.

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Good News!

- Stopping smoking is the single most effective step to lengthen and improve patients' lives
- Quitting smoking has immediate and long-term benefits
- **Two-thirds of smokers would like to stop**



Health Benefits of Stopping Smoking

20 minutes

Blood pressure and pulse return to normal

1 hour

Circulation improves in hands and feet

24 hours

CO is removed from the body, lungs start to clear out mucus, risk of MI falls

48 hours

Nicotine eliminated from the body. Taste/smell improve

72 hours

Breathing becomes easier, energy levels increase

Impact of Interventions

- **Brief Interventions including Very Brief Advice (VBA)**- Simple, brief advice from a healthcare professional will increase someone's chances of making a quit attempt
- **Stop smoking medications** to reduce withdrawal from nicotine will double the chances of quitting successfully
- **Intensive behavioural support** from a trained Stop Smoking Practitioner combined with using suitable medications to reduce withdrawal increases the chances of quitting successfully **x 4**

The Support We Offer

- We offer 12 week treatment programmes delivered mainly through group support at our Quit Clubs, run by our team of qualified and experienced Quit Coaches
- Quit Clubs take place at a variety of venues across the county and offer either daytime or evening support: <https://www.healthysomerset.co.uk/smokefree/support-me/>
- The 12 week treatment programme focuses on supporting behaviour change
- Quit Coaches advise on the use of licensed stop smoking medications to ease nicotine withdrawal. These may be supplied if appropriate
- E-Cigarettes / vaping –Clients who choose to use e-cigarettes / vapes to help them stop smoking can access behavioural support with SFLS (although we do not supply these products)

Nicotine Replacement Therapy



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Champix



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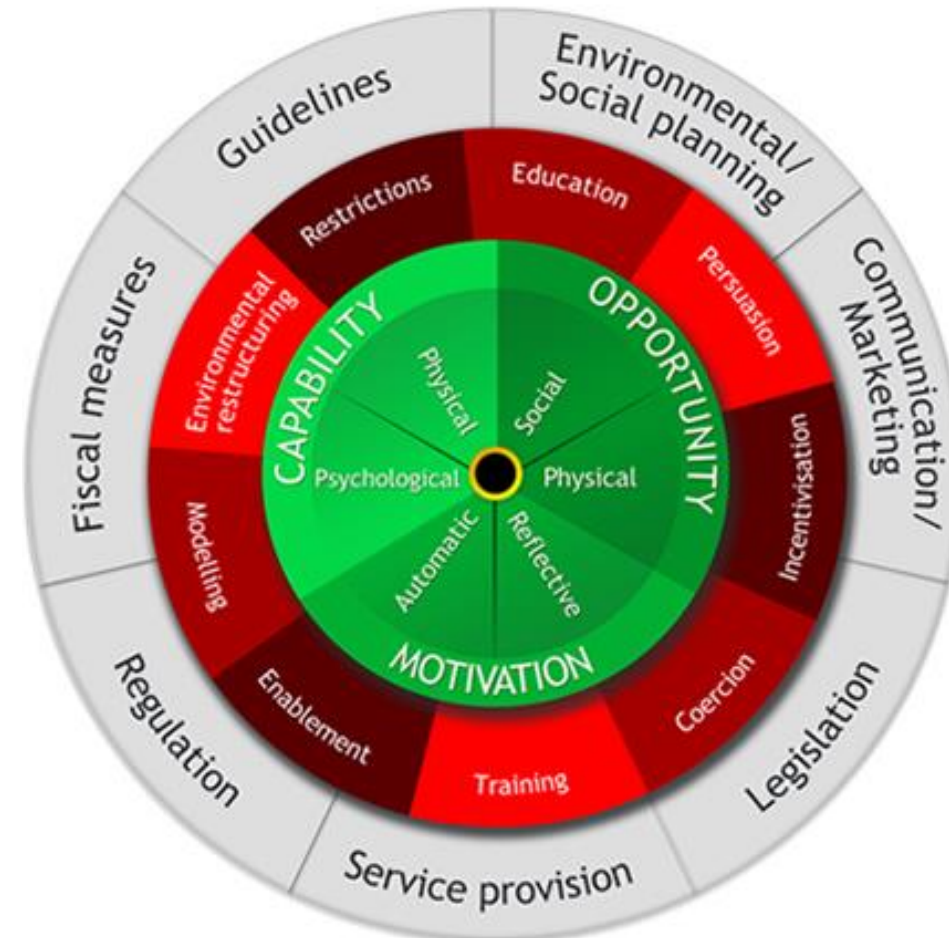
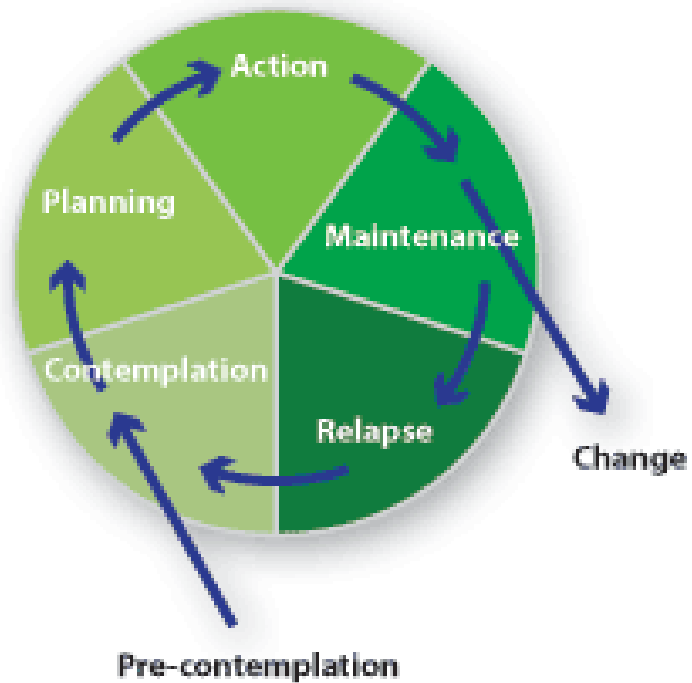
E-Cigarettes / Vapes



- “People smoke for nicotine but they die from the tar.” (Prof M. Russell 1976)
- The harm from smoking is caused primarily through the toxins produced by the burning of tobacco
- Electronic cigarettes consequently represent a safer alternative to cigarettes for smokers who are unable or unwilling to stop using nicotine
- Public Health England (PHE) review in 2014 found that the hazard associated with electronic cigarette products currently on the market “is likely to be extremely low, and certainly much lower than smoking”
- It is believed that vaping is 95% safer than smoking tobacco
- Passive exposure is unlikely to have any significant health impact (Hajek. P et al. 2014)



Changing behaviour

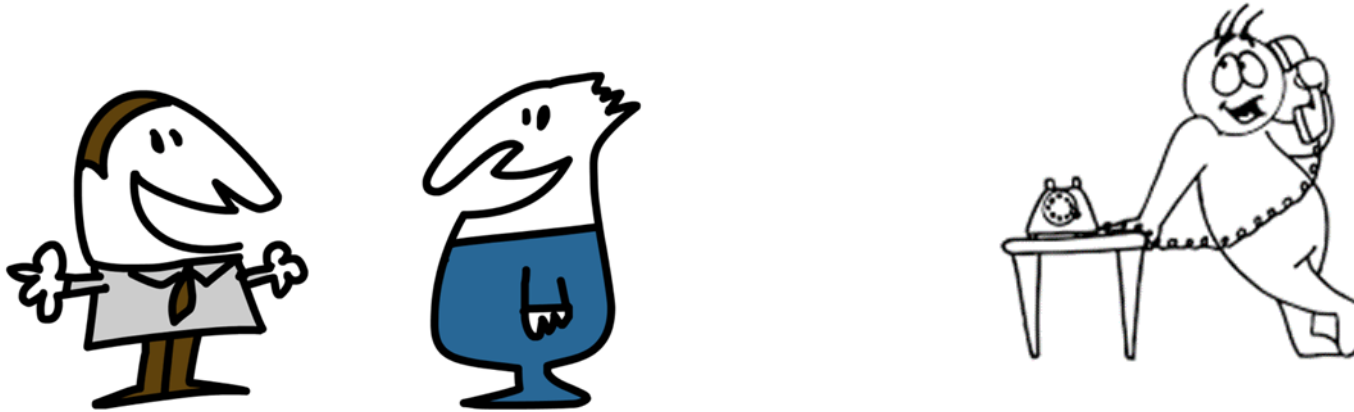


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Golden Opportunities!

MAKE EVERY CONTACT COUNT!

What opportunities do you have to address a patient's / client's smoking?



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Brief Intervention in Practice

A_{sk}

A_dvise

A_{ct}

<http://elearning.ncsct.co.uk/vba-launch>

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Brief Intervention in Practice

A_{SK}

“Do you smoke?” or... “Are you a smoker?” or...
“Do you still smoke?” or... “How’s the smoking going?”

If previously stopped smoking...

“Your records say you stopped smoking – are you still off the cigarettes?”
or...
“How’s the not smoking going?”

Brief Intervention in Practice

A**D**VICE

“The best way to stop smoking is with a combination of medication and support”
or...

“With the right support and treatment it can be much easier to stop smoking”
or...

“Getting support from the right people can really help and you’re much more likely to stop and stay stopped”

Brief Intervention in Practice

A_{CT}

If ready to stop:

Offer support and treatment with a trained practitioner, in house or local stop smoking service (refer as appropriate)

“Call this number for the local stop smoking service and they will arrange for you to see a trained practitioner”

If not ready at this moment:

“That’s OK, here’s some information that may be useful when you are ready”

If not interested at all:

“That’s OK, help will be available if you change your mind”

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Referring for Support

- If service is provided in house ensure everybody knows the referral procedure
- Referring to Smokefreelife Somerset:
 - Website referral form <https://www.healthysomerset.co.uk/smokefree/>
 - Standard Referral form – email, fax or post
 - Service Cards
 - Telephone 01823 356222