

Why smoking still matters: helping all people who smoke in south London quit for good



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In England.....
smoking kills **~200**
people every day

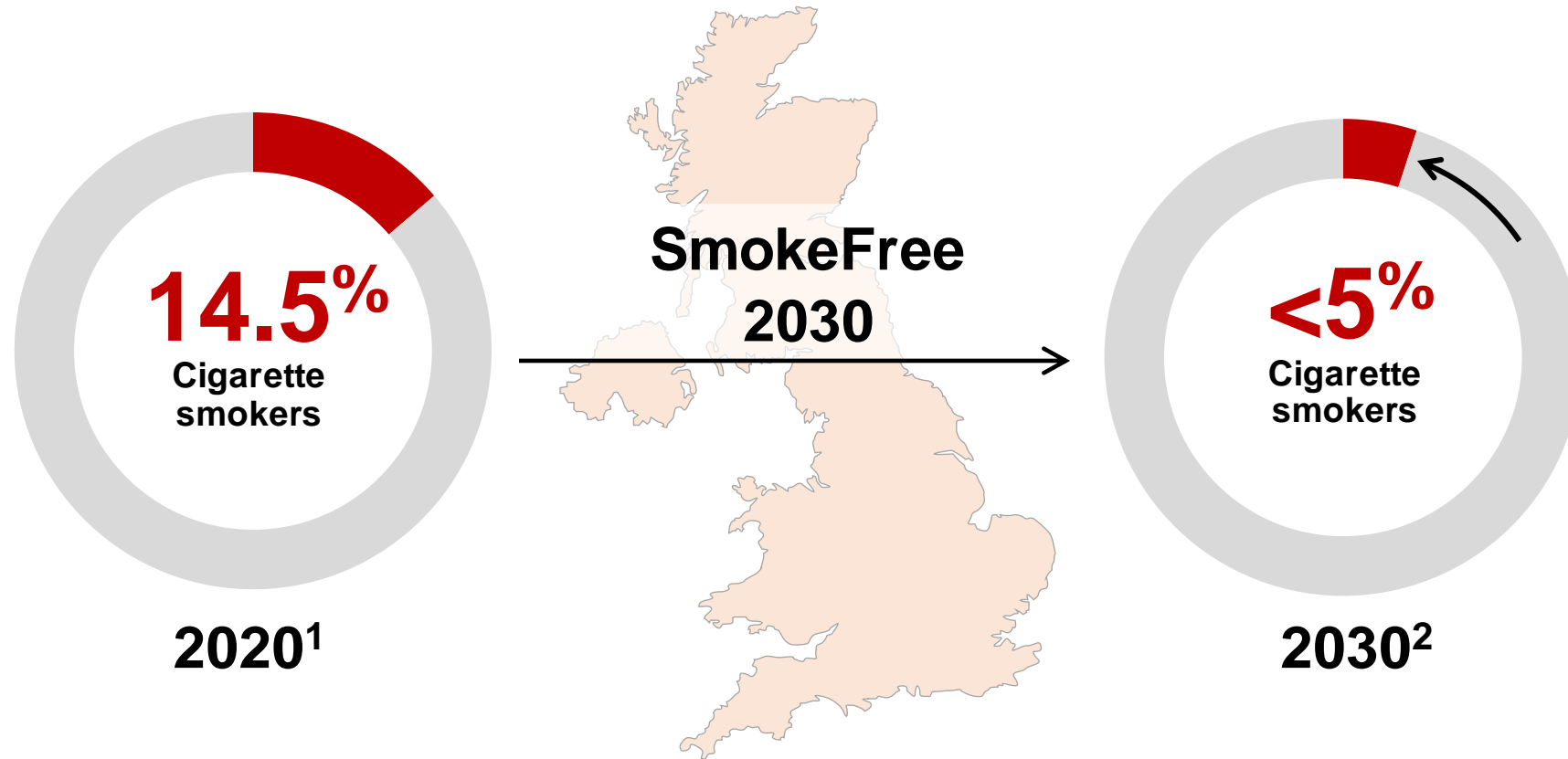
- Every day of continued smoking reduces average of life expectancy by **4-6 hours**



Overview

- National smokefree goal and what this means for people in South London?
- Treating people who are dependant on tobacco smoking – what can you expect if you are admitted to one of our local hospitals
- People's experiences of local tobacco dependence treatment

'Smokefree' ambition



Higher smoking rates experienced by

- People with lower incomes
- Mixed ethnicity vs other
- No educational qualification vs degree
- Lone parents
- LGBT people

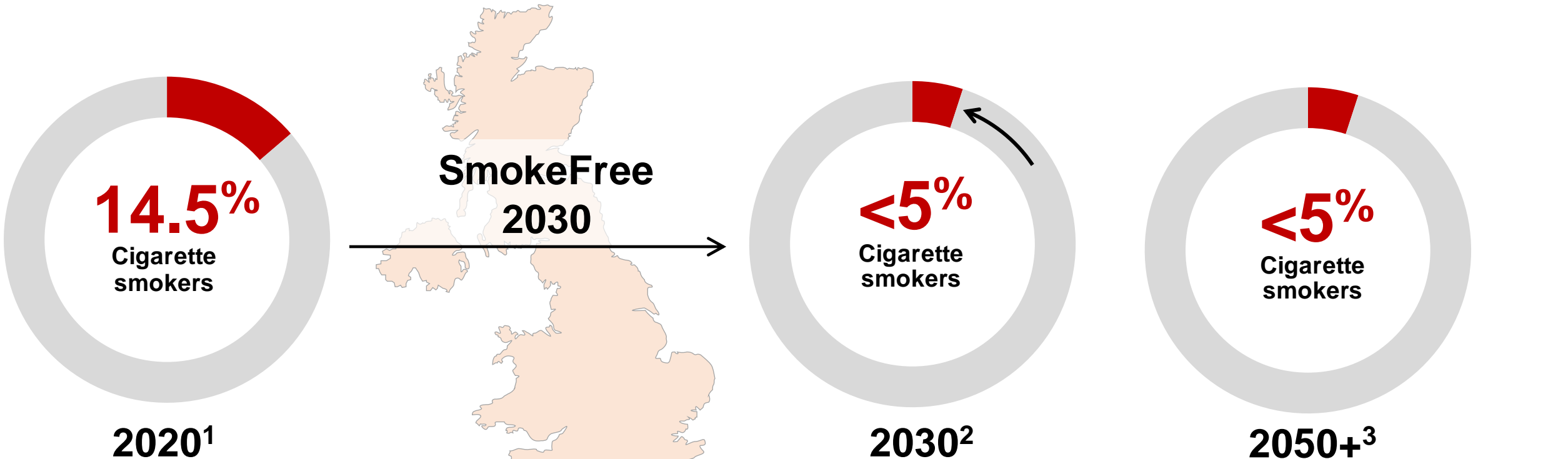


Smoking is linked to poverty and housing

- >1 million people, including 250,000 children, **live in poverty** due to tobacco addiction
- Smoking prevalence is linked to **housing:**
 - ~30% local authority housing renters
 - 22% private renters
 - 8% mortgage-free homeowners
- **78% without housing**



Smokefree ambition



People living in the most deprived socio-economic conditions are likely to lag far behind the 2030 target

How common is tobacco smoking in
South London?

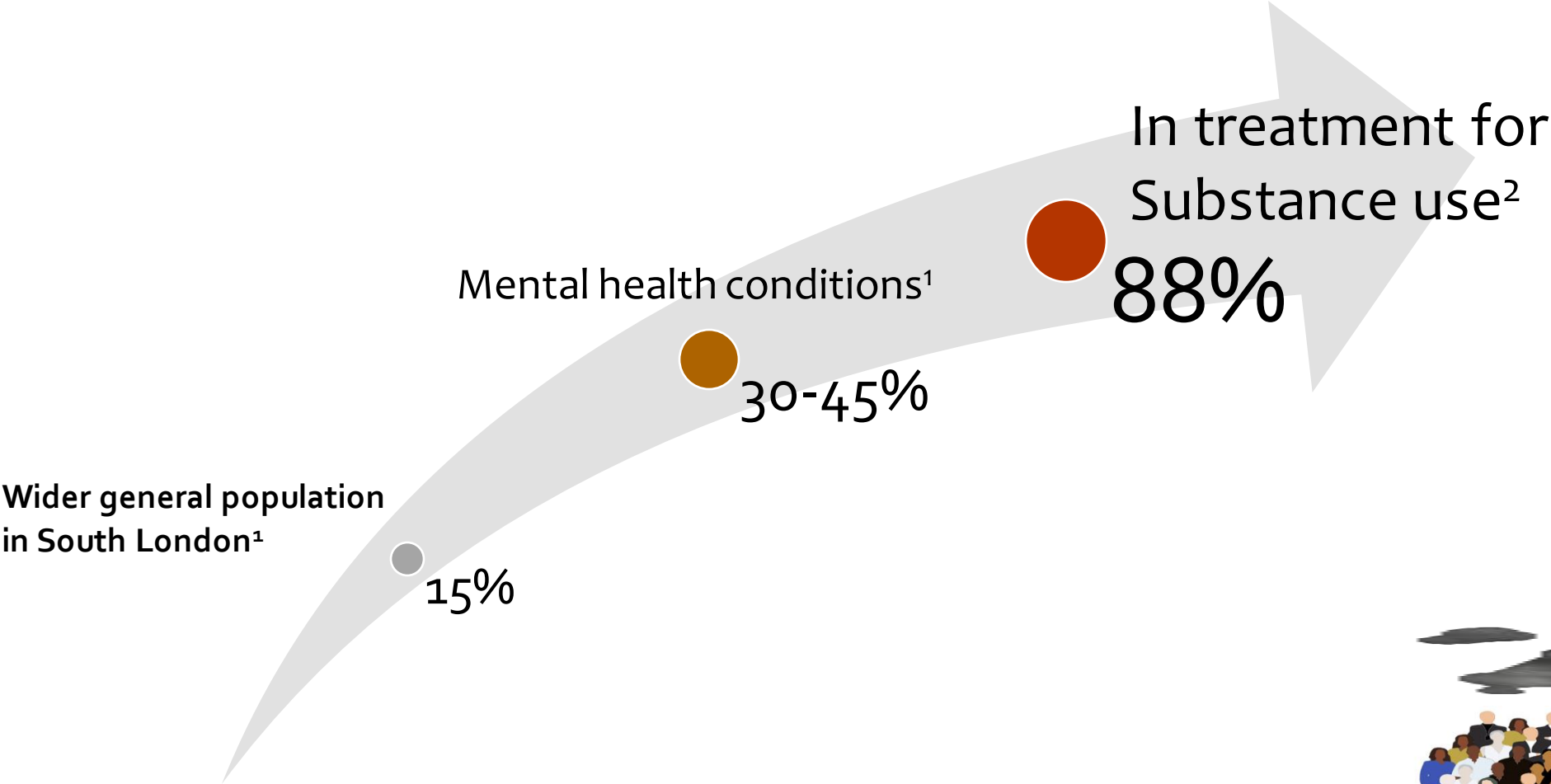
How common is smoking in south London?

| Borough | % | Number |
|------------|------|--------|
| Lewisham | 17.5 | 49,704 |
| Lambeth | 17.2 | 61,860 |
| Greenwich | 16.7 | 41,200 |
| Bexley | 14.5 | 29,046 |
| Southwark | 16.2 | 49,262 |
| Croydon | 15.4 | 53,359 |
| Merton | 14.3 | 27,279 |
| Sutton | 14.2 | 24,141 |
| Kingston | 13.8 | 23,785 |
| Bromley | 13.3 | 38,267 |
| Wandsworth | 13.1 | 44,933 |

People who smoke ~419,000



Gap between people with and without mental illness who smoke in South London



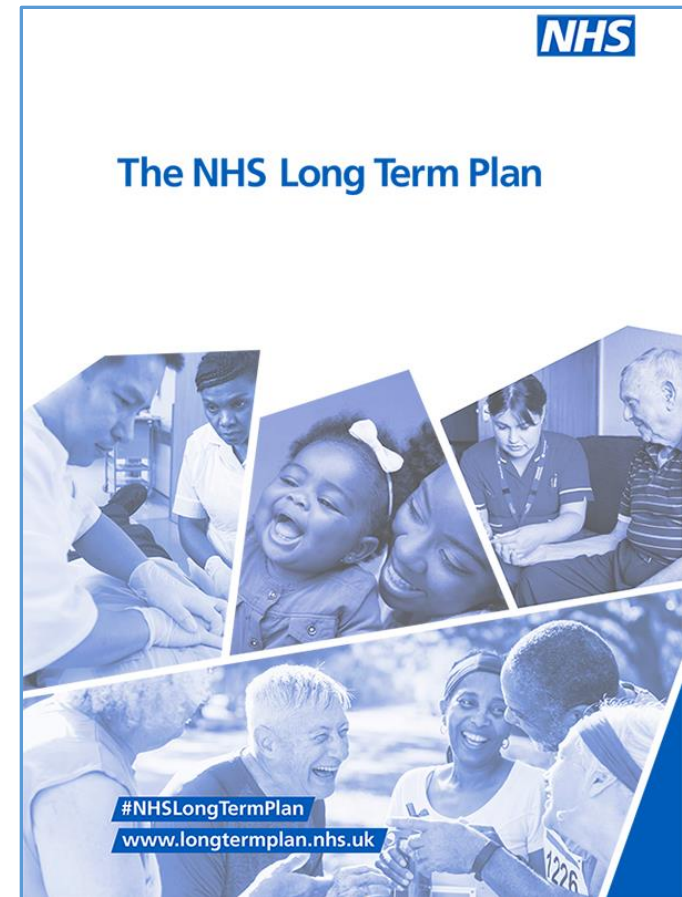
1. OHID Local Tobacco Control Profiles, 2022 2. Cookson C, et al (2014) *BMC Health Services Research* 2014, 14:304

The NHS has come along way.....



NHS Long Term Plan

- A new service model for hospital and community care is planned with **support for people who smoke** playing a central role.
- By 2023/24,
 - all people **admitted to hospital** who smoke will be offered NHS-funded tobacco treatment services.
- For long-term users of specialist mental health and learning disability services -
 - this will include the option for smokers to **switch to e-cigarettes** while in **inpatient settings**.



How CLAHRC and ARC have supported the implementation and evaluation of smokefree policies and tobacco dependence treatment across King's Health Partners NHS Foundation Trusts



South London & Maudsley

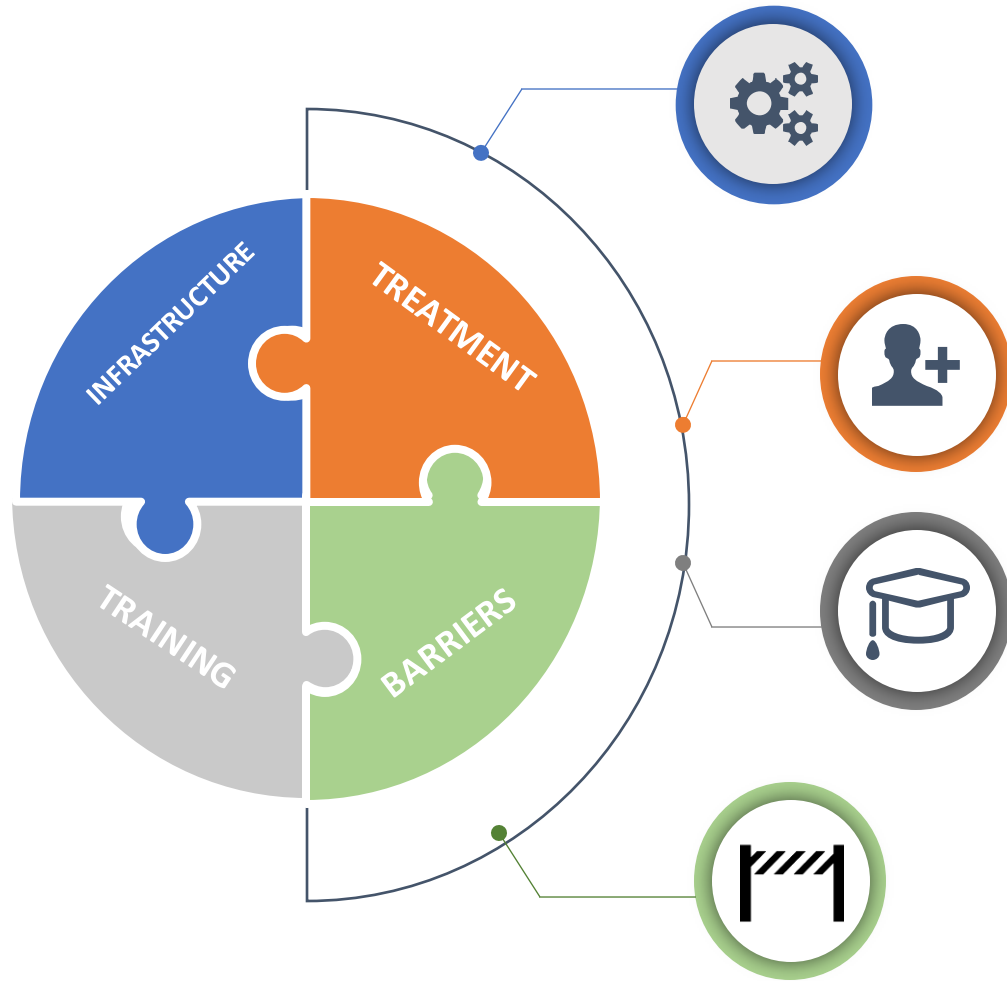


King's College Hospital



Guy's & St Thomas'

Integrated systems approach to support **tobacco harm reduction** in South London & Maudsley NHS Foundation Trust (SLaM)



Improved infrastructure

- Tobacco dependence treatment service – 14 Specialist Tobacco Dependence Treatment Advisors in 4 hospital
- Compassionate smoke free policy – informed by service users

Treatment pathway

- Access to evidence-based support during and after hospital stay
- Supportive policies to allow the use of e-cigarettes

Staff training pathway

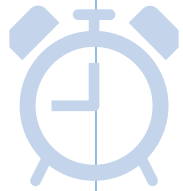
- E-Learning
- Classroom based advanced skills training

Understanding & addressing barriers to implementation

e.g. Staff + service user concern about 1) lack of time to provide stop smoking support; 2) service users will not want to engage with support on offer; 3) violence will increase

Collaborations between Addiction services in **SLaM** & Addictions Dept, **King's College London**

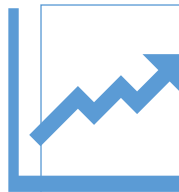
Evaluation of perceived barriers to implementation of smokefree policies and tobacco dependence support in SLaM



Demonstrated that staff could **free up clinical time** to support people to manage tobacco dependence by not supervising smoking (Time spent supervising smoking= 2 hours 23 mins a day)¹



Made it **easier to identify & record** smoking status - improved
2011= 11%
2022= 91%



Uptake of support to quit or temporarily abstain
2011=17%
2022= 70%




More likely to **agree to support** if experience greater levels of deprivation; poor health & social functioning²




Overall **violence reduced** by 39% in the 12 months after the smokefree policy was introduced compared with 30 months before³

Service user's experience




Being in the same place to where I was seeing my counsellor was so important and knowing I could trust them


*"It was important the she (the adviser) gave me time to talk about my life, not just the smoking. She never rushed me.
I felt seen and heard".*



"I'm so proud of myself and my kids are proud of me"



I'm so very grateful that I've been given this opportunity...it's saved my life"

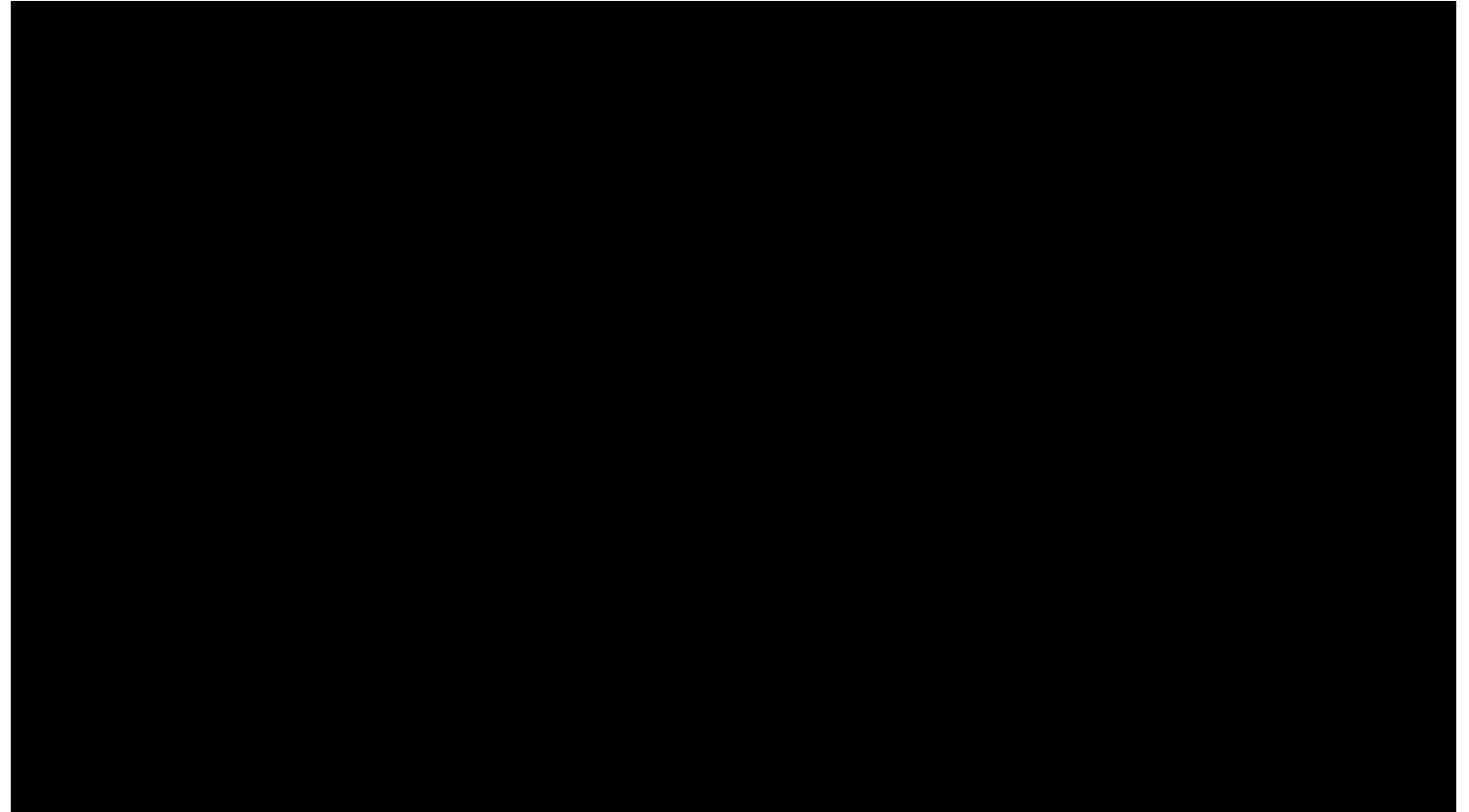


Tobacco dependence treatment service in KCH & GSTT (Ottawa Model of Smoking Cessation, OMSC)

~20% of patients admitted to local Acute hospitals currently smoke

An admission to hospital presents an important opportunity to start a conversation about smoking and provide support to quit

Pilot service (OMSC) started Jan 2020 in KCH & Sept 2019 in GSTT



Video originally filmed for SEL Population Health Conference to demonstrate the work of the Vital 5



Early findings from our evaluation

- Currently analysing data of ~2000 inpatients admitted between July '20-June '21
- The majority (75%- GSTT, 88% KCH) of patients took up offer of tobacco dependence treatment during their hospital stay
- KCH - 17% smokefree 6 months after discharge

- 23 patient interviews about their experiences of tobacco dependence treatment
- *“I was a bit delirious when I first went in, I was quite ill, I thought the last thing I needed is to have some patches” (Female patient, smoked for 30 years - quit smoking)*
- *“While I was in hospital I hadn’t smoked 3 days and I thought I might as well carry on. I never planned to go into hospital...I never planned to stop smoking” Male patient, smoked 25 years – quit smoking*

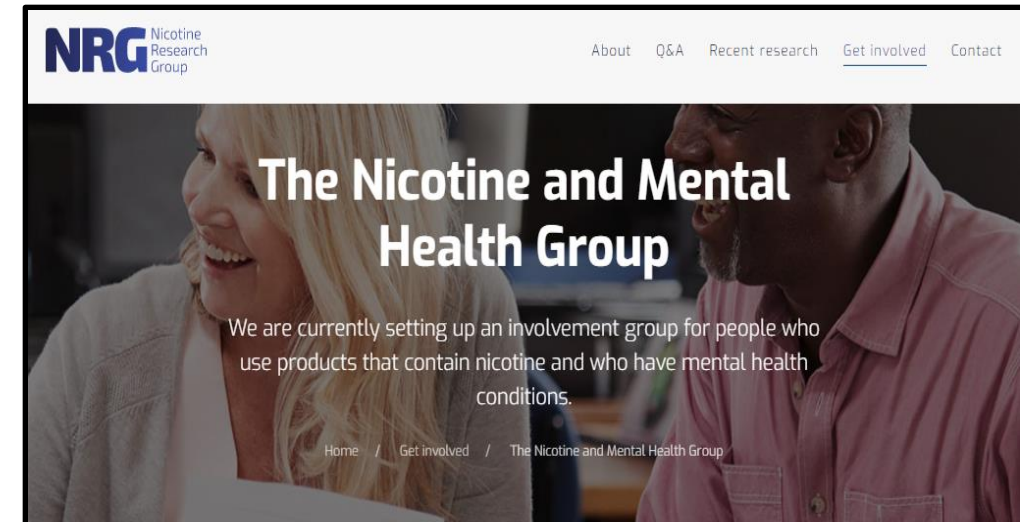
Summary

- Smoking is associated with inequalities in our local boroughs
- If you smoke and are admitted to one of King's Health Partners Hospitals, regardless of your medical or mental health condition, you should expect staff to offer you tobacco dependence treatment throughout your admission and after discharge.
- That support should be evidence based and compassionate
- Evaluation of the implementation of smokefree policies and tobacco dependence treatment in local Trusts suggest this is happening
- But we can always strive to do better.....

Future local research

- Evaluate implementation of tobacco dependence treatment in Mental health community mental health services
- Training of non health care workers (looking for collaborators)
- Effect of vaping compared with smoking on the health of people with severe mental health conditions
- Evaluating and refining local hospital tobacco dependence treatment services

Nicotine & Mental health PPI group



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Thank you for listening

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