





Supporting Healthy Lifestyles Smoking

Existing Interventions & Future Directions

Dr Cathy Segan

Quit, Cancer Council Victoria

Did you know that when you stop smoking you are more likely to:

Feel less anxious and depressed	
Have more cash in your pocket	
Require less medication (under a doctor's supervision)	
Feel less stressed and have a positive outlook	

Context

Implementation of smokefree policies

Smoking becoming more of a clinical issue rather than a social/lifestyle choice

Strong evidence regarding:


- Mental health benefits of smoking cessation

- Safety of cessation pharmacotherapies

Cessation treatment not yet routine practice

What works?

Brief smoking cessation advice that links people to:

Cessation pharmacotherapy  **Multi-session behavioural interventions**

- Combination nicotine replacement therapy (NRT)
- Varenicline (Champix)
- Bupropion (Zyban)
- 1:1 counselling by phone or face-to-face
- Group courses

What is Brief Advice?

- Aims:
 - To start the conversation
 - Advice on benefits of quitting & how to quit
 - Link to behavioural and pharmacological support
- Many models
 - 3 step models: **Ask, Advise, Help**
 - 5As: Ask, Advise, Assess, Assist, Arrange
 - Very brief advice
- Increase 6mth continuous abstinence rate by up to 2%

(West et al. 2015, *Addiction*, 110, 1388–1403)

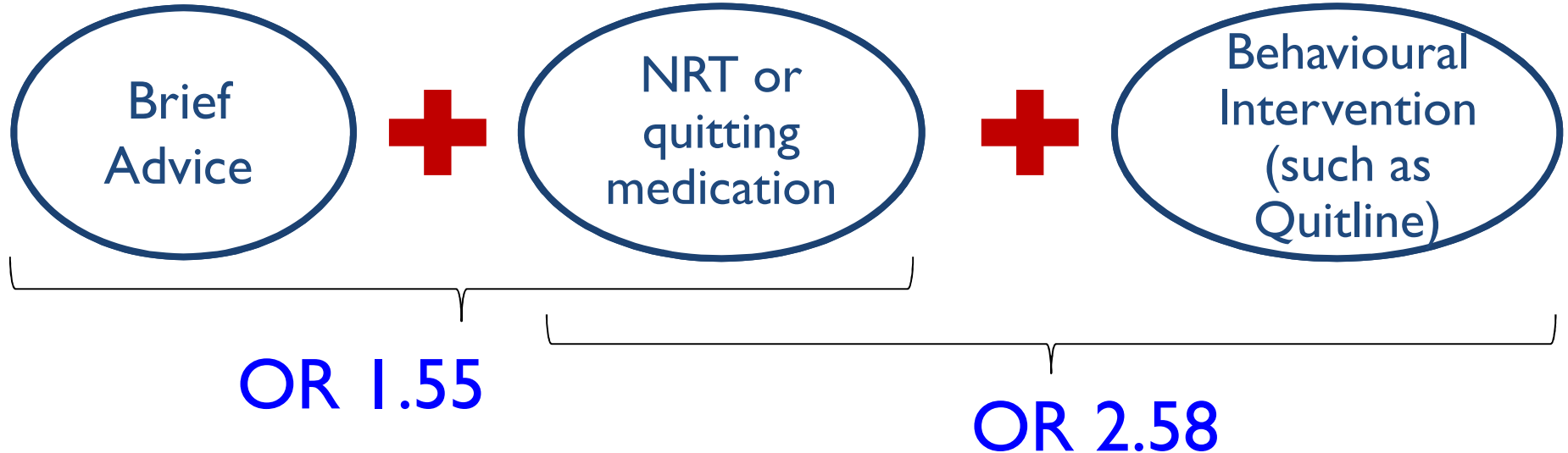


What is a Behavioural Intervention?

- Multiple sessions delivered by a Quit Specialist
- Guide people through the 3 tasks of quitting:
 - Making a quit attempt
 - Coping with cravings and withdrawal
 - Adjusting to a smokefree lifestyle
- Individualised assessment of smoking behaviour to form quit plan
- Psychoeducation about smoking and smoking cessation
- Evidence based strategies to:
 - enhance motivation
 - build skills to manage triggers for smoking
 - build confidence to quit
- Goal setting and follow up



Working together to **help** people quit



Best practice example



Brief advice

- **Ask** about smoking
- **Advise** benefits of quitting /reducing & how to quit
- **Help** Provide self-help materials plus



Offer to sign up for Quitline

Callbacks over about a month to build motivation, skills and confidence

Referral to GP

for cheap nicotine patch or gum/lozenge or stop smoking medication



What often happens

- Brief interventions are not routinely offered to all smokers
- Referrals to accessible behavioural interventions like Quitline are low:
 - Misperceptions about what Quitline offers
 - May not know that referral (compared to recommending a person call) increases uptake (13x)¹ and improves outcomes ^{2,3}
- Issues re cost and access to pharmacotherapies

¹Vidrine et al. 2013, JAMA 173(6) ²Sherman et al. 2017 Tob Control 1:1-5 ² Borland et al. 2008 Family Practice, 25: 382-389

Improving Brief Advice Implementation

- Supportive policies and systems:
 - Incentives, Reminders, Clinical Pathways (who's doing what and when)
- Recovery oriented approach – peer worker involvement
- Staff training
 - Benefits of smoking cessation for mental health recovery
 - Address barriers:

Consumer disinterest	Value of brief advice regardless of motivational readiness
Not right time	Smoking can be addressed whilst treating mood, substance use and other conditions
Will worsen mental health	Behavioural interventions monitor mood and medication side effects
Smoking helps with stress	Nicotine-stress cycle, Alternate stress management techniques

- Practise - How to do it, what to say
- Building knowledge, confidence and enthusiasm re accessible behavioural interventions and pharmacotherapies and how to link consumers to these services

Improving Behavioural Interventions

Embedding referral within health care system

- Opt out approaches
- Auto-populating Quitline referral for practitioners' client management systems
- Changing positioning of Quitline from “telephone help line” to “clinical service”
- Feedback to referrers on client outcomes

Secured funding

Improving Behavioural Interventions

- Flexible call schedules – extra calls over a longer period
- Provision or vouchers for NRT
- Mood management strategies that dually aid cessation
- Offer monitoring of withdrawal symptoms and medication side effects to help distinguish withdrawal from psychiatric symptoms
- Coordinated care with doctors
- Offer assistance to carers/supporters

Improving Access to Pharmacotherapy

- Need PBS funding of:
 - Combination NRT (patch plus intermittent forms)
 - All intermittent forms of NRT
- NRT – need consistency between product information and clinical best practice
- Quitline provide vouchers for NRT
- Inpatient services offer free NRT on discharge (as well as on entry)



The Vision

- All **consumers** asked about smoking and those who smoke provided with brief advice that includes offering a multi-session behavioural intervention plus pharmacotherapy. Repeat as a smoking review / check in regularly.
- All **mental health staff** understand the impact of tobacco on their consumers and are positive in their approach to supporting people to be tobacco free
- **Combination NRT products are no cost/low cost** for all people who have a diagnosed mental illness

Workshop – Supporting Smoking Cessation

1. What actions could you take locally?

2. Actions with partners to support integrated care

3. Actions for future consideration