SMOKEFREE

Lancashire Care NHS
NHS Foundation Trust

Smokefree Toolkit Documents

Supporting Health and Wellbeing
Corporate

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Letter to GPs

Dear Colleague

Further to our email of insert date we are writing to update you on a progress towards implementation of the NICE smokefree guidance for secondary care (PH48) on insert date. We are also enclosing some leaflets that you may wish to give to service users when you refer them to insert trust name for care.

The guidance advocates no smoking in any premises and grounds owned by the Trust.

People who are being admitted to our wards or attending outpatient appointments need to be aware of this change. We will be making this clear on all our literature and it would be very helpful if GPs could reinforce this message and reassure people that they will be offered nicotine replacement therapy to help manage their addiction.

We would like to highlight the reasons why we are implementing this guidance. As a mental health and community organisation it is important we show leadership on an issue where we know:

- **"**Smoking is the largest single cause of premature deaths and preventable ill-health in England". In England in 2011[i] among adults aged 35 and over there were around 79,100 deaths (18% of all deaths of adults aged 35 and over) estimated to be caused by smoking.
- One in two long-term smokers die prematurely as a result of smoking, half of these in middle age. On average, each smoker loses 10 years of life and experiences many more years of ill-health than a non-smoker. [ii]
- Smoking prevalence rates are significantly higher among people hospitalised with a mental health condition, where up to 70% of patients smoke and around 50% are heavy, more dependent smokers.
- People with mental health conditions have worse physical health than the general population. For example, a UK study has highlighted that men and women living with schizophrenia die an average 15 and 10 years earlier than the national average and the death rate from respiratory disease is three times higher in this group.[iii] Another UK study found the risk of death was two to three times greater for people with schizophrenia than in the general population. Of the excess deaths, 70% were due to smoking-related diseases.[iv] This is an indefensible health inequality.

We would appreciate your support and help in countering some of the myths about smoking and people with mental health disorders. Recent research indicates that:

- "Smoking cessation is associated with reduced depression, anxiety, and stress and improved positive mood and quality of life compared with continuing to smoke. The effect size seems as large for those with psychiatric disorders as those without. The effect sizes are equal or larger than those of antidepressant treatment for mood and anxiety disorders."[v]
- The evidence about behaviour resulting from smokefree implementation is mixed, but to date, the two mental health trusts who are already smokefree (South London and the Maudsley Hospitals) and Cheshire and Wirral Partnerhsip) have not recorded an increase in violence or refusal of admissions.
- Smoking cessation is most effective when there is face to face support from staff. We also know that smoking cessation can take longer for people with mental health disorders – but can be effective and just like the general population, most people want to quit.

When patients are discharged, they may be part-way through a smoking cessation programme. This will need supporting in the community by the local stop smoking service. Insert your local details

We are supporting staff and service users to either quit or manage their nicotine addiction through a new nicotine management policy and the work of our stop smoking services. If you have any questions about the smokefree implementation, please contact add details

Yours sincerely

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[1] Taylor G, McNeill A, Girling A, Farley A, Lindson-Hawley N, Aveyard P, (2014) *BMJ* 2014;348:g1151 doi: 10.1136/bmj.g1151

Letter to non-NHS organisation

Dear Colleague

We are writing to you as one of our affiliate members.

We are working towards implementation of smokefree in accordance with the NICE smoking cessation in secondary care, Public Health guidance 48, November 2013 (copy can be downloaded at: http://www.nice.org.uk/guidance/PH48) from add implementation date. This will mean smoking will not be permitted in any premises and grounds owned by the Trust.

We thought it would be helpful for you to be aware of this should anyone from your organisation visit our sites. If so we would be grateful if you could make them aware of our intentions. For people who smoke, we understand trying to quit smoking can be a difficult process, and there are services they can access for help and support. Local stop smoking services can be contacted on Freephone 0800 328 6297 or visit www.quitsquad.nhs.uk for more information.

We are supporting staff and service users to either quit or manage their nicotine addiction through a new nicotine management policy and the work of our stop smoking services. We are preparing supporting literature for staff, service users and visitors and can share this with you if you wish.
If you have any questions about the smokefree implementation, please contact add contact details

Yours sincerely

Example staff newsflash sent out by email

SMOKEFREE

4 weeks to go until the Trust goes completely smokefree!

Dear Colleague,

From insert date, the Trust will be implementing a new Nicotine Management Policy. This means that smoking, including the use of any tobacco product or the use of e-cigarettes, will not be allowed anywhere on Trust premises or within vehicles being used for Trust business.

It is important that as a health and wellbeing organisation we are promoting a positive overall health message, this includes both physical and mental health. People who have a mental health illness have a 10-20 year reduced life expectancy and smoking is one of the main causes of this. There are higher rates of smoking prevalence amongst people who have a mental health illness and it is our duty to reinforce the positive aspects of stopping smoking within this group of service users.

By making the choice to stop smoking, research has shown that people with mental health illnesses have shown an increase in self-confidence and reduced depressive and anxiety symptoms. In addition, quitting smoking can result in a need to reduce the dosage of certain medications. To help with this process, our service users who require a stay on our wards will be offered the chance to speak with a stop smoking service advisor and everyone will be offered Nicotine Replacement Therapy (NRT) whilst they are in our care.

Staff who are currently smokers will be able to access help and support from the Quit Squad if you would like help in stopping smoking for good. The Quit Squad can be contacted on insert phone number or visit insert website.

You can now view the new Nicotine Management Policy and the Nicotine Replacement Therapy Procedure on the intranet.

Thank you for all your support in helping get the messages out and helping to provide a healthier environment for each other and the people we serve.

Kind regards

Example Screensaver for desk top computers

quit squad

SMOKEFREE

Lancashire Care NHS
NHS Foundation Trust

We are now smokefree!

For help and support to stop smoking please contact the Quit Squad on 0800 328 6297

If anyone is smoking in a smokefree area, please follow these guidelines:

1. Ask them to extinguish their smoking materials.

2. If they resist, explain that the Trust is a smokefree area so we have a healthy environment and to protect everyone from second hand smoke.

3. If resistance continues, do not enter a confrontation but inform a senior manager and complete an online incident reporting form.

All service users will be offered support to stop smoking as part of their care.

Addiction is not a choice, quitting smoking is.

Supporting Health and Wellbeing

Frequently asked questions

(service users, carers and visitors version)

What do we mean by 'completely smokefree?'

This means that smoking is not allowed in any premises or grounds controlled by Lancashire Care NHS Foundation Trust or vehicles used for the purpose of Trust activities.

Why a totally smokefree site?

The purpose being smokefree is to protect and improve the health and wellbeing of all people living in Lancashire including service users, employees, visitors and contractors.

As a health care organisation, we are committed to promoting wellness. It is important that we treat people using or visiting our services in a healthy and safe environment. Allowing smoking anywhere on site, even in designated areas, would not be consistent with this commitment. We do not want you to be exposed to secondhand smoke whilst on our site.

Don't people have a right to smoke?

There is no obligation to make arrangements to permit people to smoke (Rampton judgement, July 2009). The British High Court (2008) ruled that smoking is not a basic human right. The hospital can create a tobacco free environment within our buildings and grounds to protect service users, visitors and staff from the dangers of secondhand smoke. There is no safe level of exposure to the toxins in secondhand smoke.

What is wrong with having smoking shelters?

We don't have designated smoking areas as we are a completely smokefree Trust. As part of the NHS we need to ensure that we are promoting positive health messages. Having shelters anywhere onsite condones smoking and gives out the message to service users and visitors that it is acceptable behaviour. This is not consistent with our role as a health and wellbeing organisation.

What about people who want to smoke?

Individuals often find it difficult to stop smoking and may experience symptoms of nicotine withdrawal. These which can be managed with nicotine replacement therapy. There is a need, however, to protect service users, visitors and staff from the effects of secondhand smoke.

What does this mean for service users in the community?

If you are receiving treatment at home or in a community setting you will be asked to provide a smoke free environment when Trust staff visit you.

Staff at Lancashire Care NHS Foundation Trust can signpost you to help stop smoking and your GP or nurse can provide information about stopping smoking. You can also contact your local stop smoking service for support. Contact details for local services can be found on this website.

What does this mean for service users who are admitted to hospital?

If you are admitted to hospital you will be introduced to a person who is trained to assess your needs. They will be able to provide you with nicotine replacement therapy that will help with the cravings for a cigarette, caused by the nicotine. Wards hold stock of nicotine replacement products for people staying in the hospital.

Please do not be tempted to have a cigarette; help is available to support you and to ensure you are comfortable whilst you are in hospital.

If you feel tempted to have a cigarette, please ask for additional support with nicotine replacement, and staff will be happy to ensure you find the right support. Any person smoking within Trust grounds will be approached by a member of Trust staff and asked to stop smoking. The fact that someone has been smoking will be documented in their notes as this may have an impact on their medication.

Please do not be offended if you are approached by a member of staff with an offer to be supported by nicotine replacement therapy. They are doing their job to protect your health and that of other service users, visitors, and their colleagues, by keeping the premises smokefree.

What happens if carers, visitors and contractors smoke within the grounds?

Our aim is to develop a culture where smoking is viewed as unacceptable across our sites and for people to respect this. However, shifts in culture and behaviour do not happened instantly. In a situation where an individual is breaching the policy, a staff member may approach the person to let them know that the Trust is now smokefree and that there are smoking cessation services that we can put them in touch with if they wish.

Can people use 'electronic cigarettes' in hospital?

No. The Trust does not recommend the use of electronic cigarettes (e-cigarettes). We can only recommend the use of evidence based approaches to support service users in remaining smokefree. Currently e-cigarettes are not regulated as a nicotine delivery product or as a medicine in the UK. E-cigarettes have been found to contain harmful substances, and concerns have been raised about their safety (BMA, 2012). Service users bringing an e-cigarette into Trust sites will be offered evidence based nicotine replacement therapy.

What is the most effective way to stop smoking?

The Department of Health recommends a combination of intensive behavioural and psychological support alongside medication to minimise nicotine withdrawal symptoms and help with cravings. Effective medication includes nicotine replacement therapy (NRT), bupropion and varenicline.

What forms of nicotine replacement therapy (NRT) are available?

There are currently eight different NRT products available. These are patch, gum, lozenge, sublingual tablet, nasal spray, inhalator, mouth spray and month strips. All of the products are absorbed through the skin, nose or mouth.

These medicines work well on their own, but are more effective alongside behavioural and psychological support from a trained stop smoking advisor.

No particular NRT product is significantly better than another and it is the patient's choice about which product to use, in discussion with staff.

How effective is nicotine replacement therapy (NRT) and what are the risks?

NRT has been tested extensively and all products approximately double the chance of long term abstinence from smoking when compared to having no support.

Could not allowing a patient to smoke be detrimental to their mental health?

Some people believe that smoking helps with stress, anxiety, low mood and symptoms of psychosis. There is not any clear or consistent evidence to support this.

However, there is emerging evidence that when patients with psychosis, depression and anxiety are supported to stop smoking, with psychological support and either NRT or other medication, on average their mental health symptoms improve.

Tobacco smoke also reduces the effectiveness of some medicines, which means a smoker needs a higher dose of medication compared to a non-smoker. When someone completely stops smoking their medication can be reviewed and the dosage lowered in some instances.

Frequently asked questions (staff version)

What do we mean by 'completely smokefree?'

This means that smoking is not allowed in any premises or grounds controlled by Lancashire Care NHS Foundation Trust or vehicles used for the purpose of Trust activities.

Why a totally smokefree site?

The purpose of the nicotine management policy it to protect and improve the health and wellbeing of all service users and employees, visitors and contractors.

As a health care organisation, we are committed to promoting wellness. It is important that we treat service users in a healthy and safe environment. Allowing smoking anywhere on site, even in designated areas, would not be consistent with this commitment. We do not want our service users, visitors or employees to be exposed to secondhand smoke whilst on our site.

Don't staff and service users have a right to smoke?

There is no obligation to make arrangements to permit people to smoke (Rampton judgement, July 2009). There is no legal right to smoke. The hospital can create a tobacco free environment within our buildings and grounds to protect service users, visitors and staff from the dangers of secondhand smoke. There is no safe level of exposure to the toxins in secondhand smoke.

What is wrong with having smoking shelters?

We don't have designated smoking areas as we are a completely smokefree Trust. As part of the NHS we need to ensure that we are promoting positive health messages. Having shelters anywhere onsite condones smoking and gives out the message to service users and visitors that it is acceptable behaviour. This is not consistent with our role as a health and wellbeing organisation.

The shelters cost in the region of £15,000 each which is money that can be better spent on supporting service users to remain smokefree during their hospital stay and longer term.

What about service users who want to smoke?

Individuals often find it difficult to stop smoking but nothing harmful will happen to someone if they don't smoke. The service user may experience symptoms of nicotine withdrawal which can be managed with nicotine replacement therapy. There is a need, however, to protect service users, visitors and staff from the effects of secondhand smoke.

What if the service users asks to go off the ward to smoke?

Remind the service user of the nicotine management policy and ensure they have been offered nicotine replacement therapy. If a service user still insists on leaving then they must accept full responsibility for doing so and this must be documented in service user notes.

What about service user who become aggressive if they cannot smoke?

If a service user becomes angry or aggressive then staff should use their skills to negotiate, influence and resolve the situation, summoning appropriate support where needed, following the appropriate policies related to violence prevention and reduction.

What about home visits?

Service users should be asked to provide a smoke free environment when Trust staff visit them at their homes. If a member of staff visits a home where a client/service user is smoking and the staff member feels they are at risk from secondhand smoke, they should report this to their line manager. A risk assessment can then take place and appropriate controls implemented. An alternative place of treatment may be offered where practical.

What if a service user asks ‘‘where can I smoke?’’

It’s important to reiterate they cannot smoke anywhere on the site and signpost them to the support available.

Can service users use ‘electronic cigarettes’ in hospital?

Staff should not recommend the use of electronic cigarettes (e-cigarettes). As health professionals we can only recommend the use of evidence based strategies to support service users in remaining smokefree. Currently e-cigarettes are not regulated as a nicotine delivery product or as a medicine in the UK. E-cigarettes have been found to contain harmful substances, and concerns have been raised about their safety (BMA, 2012). Staff must ensure that any service user bringing an e-cigarette into Trust sites is offered evidence based nicotine replacement therapy.

Adapted from Blackpool Teaching Hospitals

Frequently asked questions - evidence based responses

The information in this document has been taken from the research studies used by the NICE review group who prepared the guidance. NICE (2013) Smoking cessation in secondary care: acute, maternity and mental health services
http://www.nice.ogr.uk/nicemedia/live/14306/65863/65863.pdf

Barriers and facilitators to Smokefree

I've heard Smokefree in mental health inpatient services encouraged an increase in violence and aggression. How do you propose to protect patients and staff from this?

Barrier

There is strong evidence from Australia and England to suggest nursing and mental health ward staff from predominately inpatient settings believe allowing patients to continue to smoke in hospital, as opposed to withdrawing the provision through banning smoking, will reduce the likelihood of aggression and violence, thereby ensuring a smoother running of an inpatient setting. *[Lawn 2004, Australia, Q++; Lawn 2006; Australia, Q++; Stubbs 2004, England, S+].*

Facilitator

Leonardi-Bee et al (2012) found that many staff lacked formal training in smoking cessation. In these cases staff felt a lack of confidence in providing smoking cessation support to patients with mental health conditions resulting from a lack of training during their education and whilst in post, with education in behavioural support increasing confidence. Furthermore, staff described wanting more training in smoking cessation.

…In particular, staff education was identified as a crucial component [for engaging patients and colleagues in smoking cessation] by mental health administrator staff, with staff preferring to have the training located onsite using user-friendly, manualised tools. The study questioned staff regarding the content of the education, and staff thought it should contain information about the existing evidence base and clinical guidance for how best to approach mental health patients, the harms of smoking versus the potential benefits of symptom control *[Morris 2009, USA, Q+].*

NICE stated that "Despite concerns at the outset about the potential negative reactions to smokefree policies, the PDG heard that the number of violent incidents actually reduced." *(p.34) NICE PH48*

Is it worthwhile imposing a smoking ban on mental health inpatients? Won't their acute mental health needs make it unlikely they will be able to stop smoking at that point in their life?

Barrier

There is strong evidence to suggest that psychiatrists and nursing staff members and mental health managers from inpatient and outpatient settings have the misconception that patients with mental health conditions are unable to stop smoking *[Edmonds 2007, England, Q++; Lawn 2004, Australia, Q++; Morris 2009, USA, Q+; Price 2007a, USA, S-; Price 2007b, USA, S+; Sharp 2009, USA, S+; Stubbs 2004, England, S+; Wye 2010, Australia, S++].*

A survey of 123 unit managers thought patients with mental health conditions usually have enough problems without having the additional worry regarding their smoking *[Wye 2010, Australia, S++].*

Facilitator

In a UK based study, ward staff perceived an effective smoking cessation support service for patients with mental illness would be provided if support relating to smoking and smoking cessation were integrated into the health care plan of their patients *[Ratschen 2009b, England, Q+].* They suggested that this should include having structured discussions with key workers and doctors during the inpatient stay, and ensuring collaborations between the inpatient and community teams. Staff also perceived the need for facilitating tailored smoking cessation and smoking reduction programmes through the local stop smoking services *[Ratschen 2009b, England, Q+].*

Doesn't a person admitted to a mental health ward have the human right to smoke?

Facilitator

A recent case in Scotland has determined that it is not a mental health inpatient's human right to smoke. A patient at the State Hospital in Carstairs, Scotland, has failed in his bid to overturn a ban on smoking at the secure psychiatric establishment. Charles McCann, who has schizophrenia and has been detained for 18 years, was successful last year in getting a court ruling that the ban was unlawful and breached his human rights.1 That decision has now been reversed by three judges after the hospital appealed. *(BMJ 2014*; *349 doi: http://dx.doi.org/10.1136/bmj.g5164 (Published 14 August 2014) Cite this as: BMJ 2014;349:g5164)*

Shouldn't smoking be the choice of the individual?

Barrier

In six studies, clinical and non-clinical staff thought tobacco use was a personal choice of the patient *[Ashton 2010, Australia, S+; Dickens 2004, England, S+; Essenmacher 2008, USA, MM+; Lawn 2004, Australia, Q++; Lawn 2006, Australia, Q++; Williams 2009, USA, S+].*
"If they choose to.", "Up to the individual.", "They are adults and can decide for themselves." [Dickens 2004, England, S+]

In one study, nursing staff expressed the view that the patients shouldn't have to alter their smoking behaviour following admission to a psychiatric setting.

"*I just think everyone has got the right to choose to do what they want to do…. They were smoking before they were detained so what rights have we to stop them from smoking once they're detained." [Lawn 2006, Australia, Q++]*

There is moderate evidence to suggest ward staff in inpatient and outpatient settings perceived that patients experience enjoyment from smoking and use cigarettes as a coping mechanism, and as a means of self-medication to control mental illness symptoms *[Ratschen 2009b, England, Q+; Lawn 2006, Australia, Q++].*

There is moderate evidence to suggest that ward staff and mental health administrators in inpatient and outpatient settings perceive cigarettes to fulfill an especially important function in the lives of patients with mental illness *[Morris 2009, USA +; Ratschen 2009a, England, S++].*

Facilitator

Leonardi-Bee et al (2012) identified that staff, from inpatient and outpatient settings, have the misconception that patients with mental health conditions are not able to stop smoking; with some staff from inpatient and outpatient settings actively discouraging patients from quitting. However, other staff, from inpatient and outpatient settings, felt that the patients should have their smoking addressed.

Smoking is one of the few pleasures mental health inpatients have, especially those who are detained, why should we deny them that?

Barrier

Nurses and ward staff expressed views that they thought patients smoked because they enjoyed smoking and found it pleasurable *[Lawn 2006, Australia, Q++],* smoking relieved boredom *[Ratschen 2009b, England, Q+; Lawn 2006, Australia, Q++],* and staff didn't believe that smoking should be denied *[Lawn 2006, Australia, Q++].*

"*When they're [on the locked wards], they've got so little anyway, that's one of the pleasures that they've got." [Lawn 2006, Australia, Q++]*

Facilitator

Smokefree training supports staff to understand how to best support patients to find alternative activities to smoking. Patients are evidenced to be motivated to find alternative activities to smoking. There is strong evidence from Canada and England to suggest inpatients and outpatients perceive the need for alternative meaningful activities to replace smoking *[Goldberg 1996, Canada, MM++; Ratschen 2010b, England, Q++].*

Smoking provides meaningful occupation to many patients, including a way of relating to others, wouldn't patients become bored and isolated if they couldn't smoke?

Barriers

"*I have the impression with those patients that, often, they are really fixated on the nicotine, and they look forward to going to smoke, and it's one of their main things in life." [Ratschen 2009b, England, Q+]*

In two studies, ward staff perceived patients with severe mental illness to have very little to look forward to *[Lawn 2004, Australia, Q++],* and it was used as a coping mechanism as it was "the one thing" to look forward to when everything else that used to be familiar to them couldn't be accessed following admission as an inpatient *[Ratschen 2009b, England, Q+].*

"*In my hearts of hearts, with patients with schizophrenia, I feel that they haven't got much left for them, so good luck to them. If they want to smoke, let them." [Lawn 2004, Australia, Q++]*

Facilitators

Providing smokefree premises for care and treatment is evidenced to support patients to engage in smokefree. In three studies, the smoking status of relatives, peers and staff was thought to be a major barrier to quitting smoking; where inpatients and outpatients expressed that they would find

it difficult to stop smoking when their friends, families, and mental health staff continued to smoke around them *[Dickens 2005, UK, S+; Goldberg 1996, Canada, MM++; Morris 2009, USA, Q+].* Additionally, in one study, outpatients perceived that the places where activities were available, such as club houses and drop-in centres, tended to condone smoking *[Morris 2009, USA, Q+].*

"They [mental health providers] have to not smoke or they're not a good example for me. If they smoke, they've got nothing to tell me." [Morris 2009, USA, Q+]

Why bother older adults with smoking cessation, they are too old to stop smoking aren't they?

Facilitator

Older adults are as receptive to smoking cessation as younger adults. *Leonardi-Bee et al (2012)* considered studies which included the following populations of interest of any age who smoke:

All users of secondary care mental health services, including those who are in the process of being referred to or have recently been discharged from child, adolescent, adult or older people mental health services:

- In-patient, residential and long-term care for severe mental illness in hospitals, psychiatric and specialist units and secure hospitals
- Patients who are within the care of specialist community-based multidisciplinary mental health teams.

Nicotine is a very addictive drug, wouldn't people struggling with mental health needs find it impossible to muster the motivation to stop using it?

Barrier

There is strong evidence to suggest inpatients and outpatients perceive nicotine addiction as a major barrier to making a quit attempt *[Dickens 2005, England, S+; Green 2005, Canada, Q+; Goldberg 1996, Canada, MM++; Snyder 2008, USA, Q++].*

There is strong evidence to suggest inpatients and outpatients consider they are unable to quit smoking, primarily related to a lack of *motivation [Goldberg 1996, Canada, MM++; Morris 2009, USA, Q+; Synder 2008, USA, ++].* There was moderate evidence to suggest inpatients and outpatients perceive stress *[Tsourtos, 2011, Australia, ++],* and the severity of their mental health symptoms *[Mikhailovich 2008, Australia, MM-; Tsourtos 2011, Australia, Q++]* as barriers to quitting smoking.

Facilitator

Nicotine replacement therapy is a way of giving your body the nicotine it craves without using cigarettes. Clinical trials have consistently found that NRT increase the success of quitting smoking by 50-70%, doubling your chance of giving up completely *[Nicotine replacement therapy for smoking cessation. The Cochrane Library, Updated Sep. 2012].*

Some smokers express concern about becoming addicted to NRT. However, this is rare, a better alternative to smoking, and in studies looking at NRT use for up to five years there have seen no health concerns. *[34 Murray RP, Bailey WC, Daniels K, et al. Safety of nicotine polacrilex gum used by 3,094 participants in the lung health study. Chest, 1996; 109: 438-445 and 35 Polosa R, Benowitz NL. Treatment of nicotine addiction: present therapeutic options and pipeline developments. Trends in Pharmacological Sciences, 2011; 32 (5): 281-289]*

Why should staff have to stop smoking at work, we're not patients?

Facilitator

As well as being much better for staff health, there is strong evidence to suggest that the smoking status of nurses, ward staff and non-clinical staff predominately from inpatient settings is a barrier to providing and supporting smoking cessation, where smokers are more likely to have negative views about smoking cessation and reduction *[Dickens 2004, England, +; Edmonds 2007, England, Q++; Essenmacher 2008, USA, MM+; Lawn 2004, Australia, Q++; Prochaska 2005, USA, S+; Sarna 2009, USA, S-].*

Nicotine Replacement Expert Tips

Most service users benefit from using 2 products, a patch to provide the background level and a second quick acting product to manage breakthrough cravings. With all Nicotine replacement products it is important to realise smokers will not get a 'hit' like smoking a cigarette but will feel much more comfortable.

Involve the service user in their treatment choice and reassure them Nicotine Replacement products are safe to use and they will get used to the products, after all their first few cigarettes probably didn't taste great either. If they do not get on with the first product you can try an alternative.

If using a patch with a second product we usually recommend half the maximum daily dose for the second product. Smokers in mental health settings are often heavier smokers so may need more. Nicotine is not harmful; it is just one of the 4000 chemicals in cigarette smoke.

Nicotine Patch (24 or 16 hour) All service users should be offered patches

- 24 hour 21mg/14mg/7mg
- 16 hour 25mg/15mg/10mg
- Provide a base level of nicotine to prevent the nicotine level dipping into withdrawal
- Mild initial irritation is normal, if it persists you can try a different brand or anti histamine medication
- Avoid the same area of skin for 6 days, patches can be used on the body not just the arms.

Strength
Based on normal smoking habit. A 40 a day smoker may only smoke 8 a day in hospital but the nicotine management plan would be for a 40 a day smoker.

Use enough treatment to feel comfortable.

Inhalator This product works best when warm, we usually advise people to keep it in a pocket near the body.

- Do not inhale into the lungs
- Draw into the mouth; nicotine is absorbed via the lining of the mouth
- No vapour is produced
- If throat irritation occurs remind the service user not to inhale but keep the device near the front of the mouth
- Use for 5 minutes at a time
- One cartridge gives 8 x 5 minute uses or lasts 40 minutes

Make sure products are available when needed.

Lozenges Cools or standard 2mg or 4 mg

- Designed to be sucked gently and then rested in the cheek to slowly dissolve
- Allows nicotine to be absorbed in the lining of the mouth.
- Don't suck too much or chew; this will cause the nicotine to be released too quickly causing throat and stomach irritation
- It is often best to use the lower strength initially as if the individual struggles to avoid sucking or chewing it is likely to cause less irritation.

Mouth Strip 2.5mg

- Strip is placed on the tongue and pressed to the roof of the mouth
- Takes 3 to 4 minutes to dissolve.
- Avoid repeatedly touching the strip with the tongue as it can become sticky
- The packaging can be tricky to open.

SMOKEFREE

Lancashire Care NHS
NHS Foundation Trust

Staying Smokefree at Work - Tips

A burning cigarette produces over 4000 chemicals, 60 are known to cause cancer and even the tobacco manufacturers admit that their product kills half its users early! As a health and wellbeing organisation it is our responsibility to lead by example, this means we must not smoke while on trust premises, in uniform or wearing ID badges.

We know it might be difficult to change habits and routines but hope that all our employees will give their full commitment to maintaining our smokefree trust and supporting our service users to do the same.

Some behavioural tips

- We know it sounds obvious, leave your tobacco products at home. If you have them with you temptation is more likely to get the better of you
- Plan to spend your breaks with non-smokers
- Take a book to work or a game to play, this can help to distract you from any cravings
- Do you go to the gym? If so, go in your lunch break – get some good endorphins!
- Have you considered deep/mindful breathing? (see below)
- Make a little time for yourself, people say going for a cigarette provides a distraction, reward, some me time, my treat etc. try to find healthier alternatives such as going for a walk.

Why not try nicotine replacement while you are at work – you can still smoke at home.

Nicotine Replacement

- Patches – you could use a day patch while you are on shift
- Gum – remember, chew then rest in the cheek for the best results
- Inhalator – do not inhale! Nicotine is absorbed in the mouth, good for 'hand to mouth' (please don't use in public, people may think it is a cigarette or e-cigarette)
- Lozenges – different types are available, remember not to chew just rest in the cheek
- Mouth strip – simply put on your tongue then press to the roof of your mouth
- Mouth spray – quick hit although it is quite a strong flavour, think Listerine! But it works within 30 seconds
- Nasal spray – takes a little getting used to, can cause sneezing and watery eyes initially

Make sure you take your chosen product with you to work. They don't give the same 'hit' as a cigarette but definitely help with

Small pack sizes of inhalator, gum, strips and lozenges are available for a reasonable price. We have even seen gum and lozenges in the

The Trust is not trying to force you to stop smoking. You can choose what to do at home, we simply want to support our service

Try to eat and drink regularly, hunger and thirst can feel similar to craving for a cigarette. Low blood sugar can also make people

Mindful/deep regular breathing

- Sit upright in a comfortable relaxed position – eyes open or closed is up to you
- Focus on how you are feeling right now – ignore thoughts about shopping, tea, work etc.
- Pay attention to your breathing, breathe in through your nose for a few seconds
- Breathe out through your mouth, try to make this longer than the in breath
- Continue this for 3 to 5 minutes

Check the intranet for employee wellbeing courses

Champix (Varenicline) is only available if you are intending to quit smoking completely.

For more information contact your local NHS Stop Smoking Service on: Freephone 0800 328 6297

Prepared by Pauline O'Malley, NHS Quit Squad

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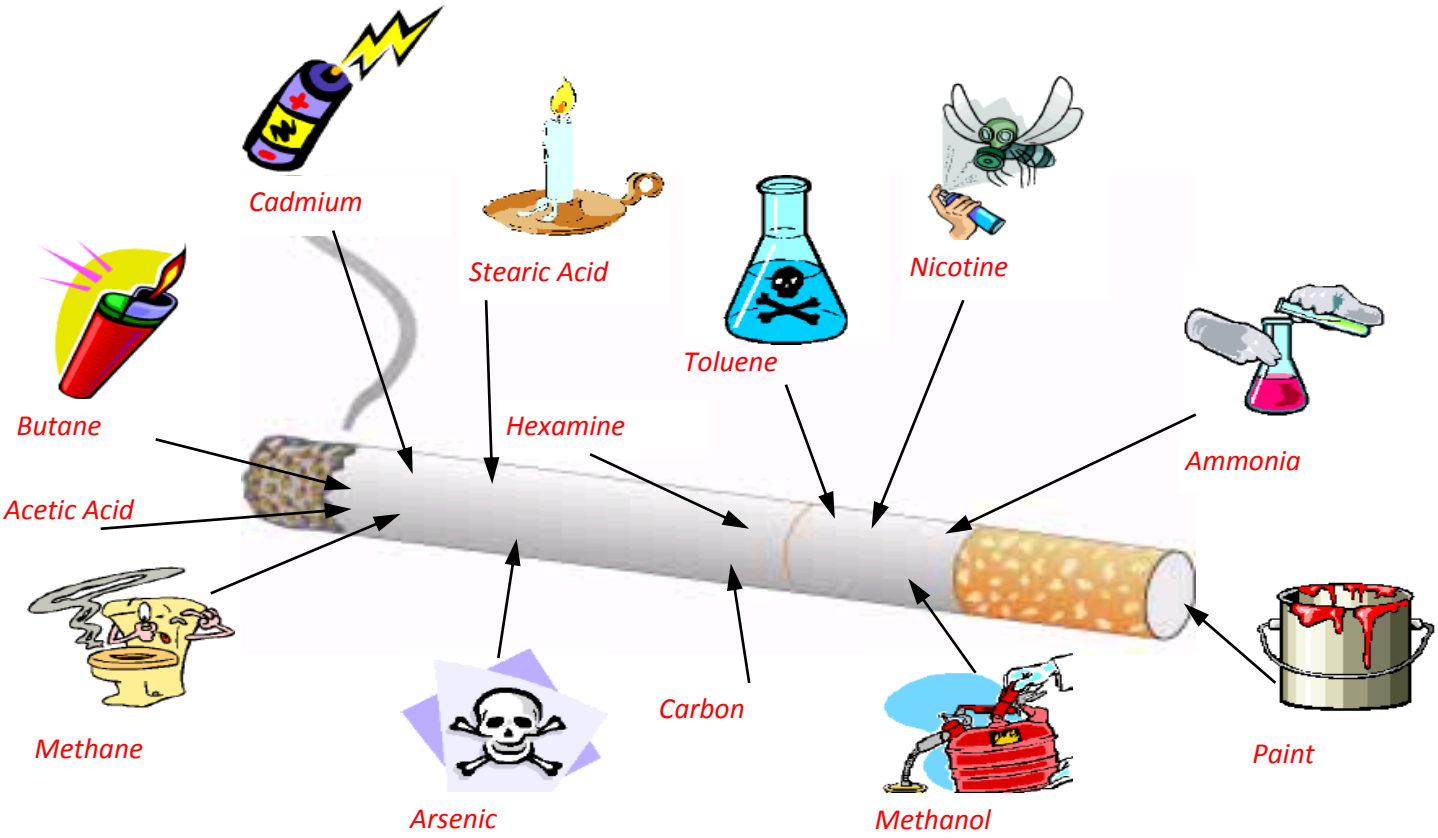
What's in a cigarette

Over 4000 chemicals are produced when you light a cigarette, a few are shown below.



quit squad

Smokefree Case Study Questionnaire

1. How long did you smoke for?

2. What made you decide to stop smoking?

3. What support/services did you access, if any, to help you stop smoking?

4. How long has it been since you quit smoking?

5. Have you noticed any positive changes in your health and wellbeing since you stopped smoking from good?

6. What advice would you give to people who are thinking about quitting smoking?

7. If there are any other comments you would like to make about stopping smoking, please add these below:

SMOKEFREE

Lancashire Care NHS
NHS Foundation Trust

We are now completely Smokefree

Addiction is not a choice, quitting smoking is.

If you smoke and need help with your nicotine cravings please speak to a member of staff who can offer help and support.

SMOKEFREE

Lancashire Care NHS
NHS Foundation Trust

We are now completely Smokefree

Addiction is not a choice, quitting smoking is.

For help and support to stop smoking please speak to either your clinician or GP who can signpost you to stop smoking services.

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SMOKEFREE

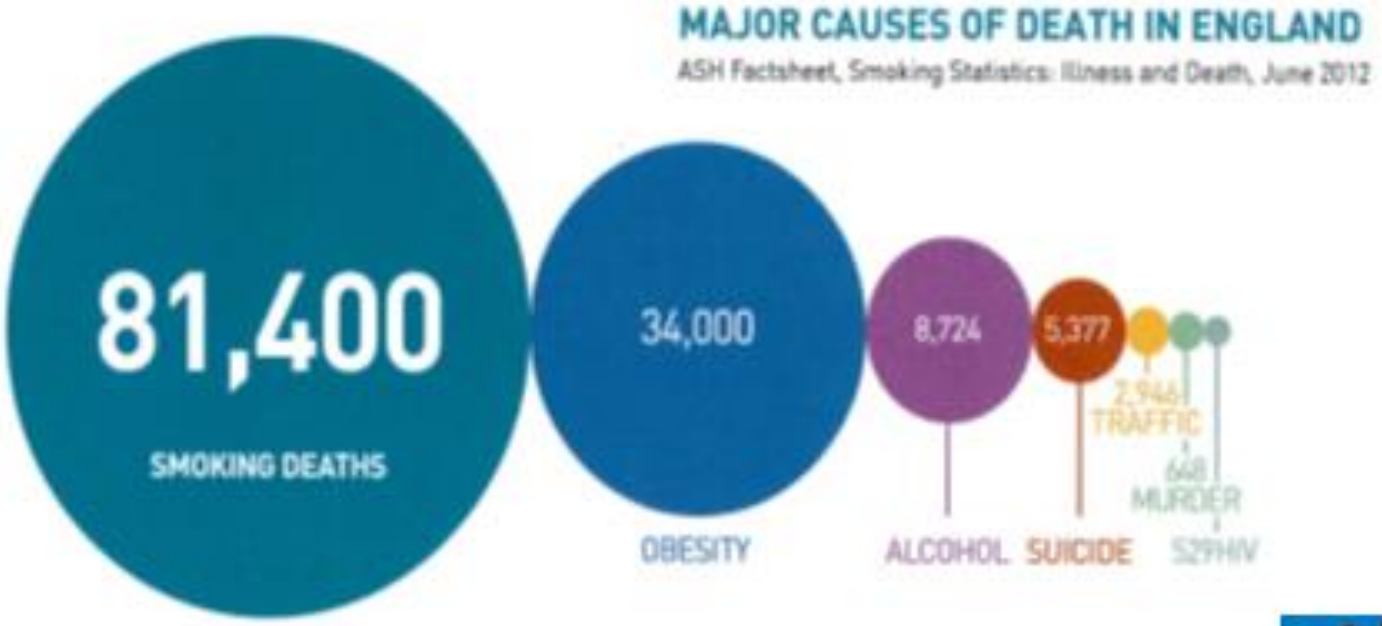
Lancashire Care NHS
NHS Foundation Trust

SMOKEFREE

Care

Lancashire Care NHS
NHS Foundation Trust

Do you care about the health and wellbeing of all our service users?



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SMOKEFREE

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NHS Foundation Trust

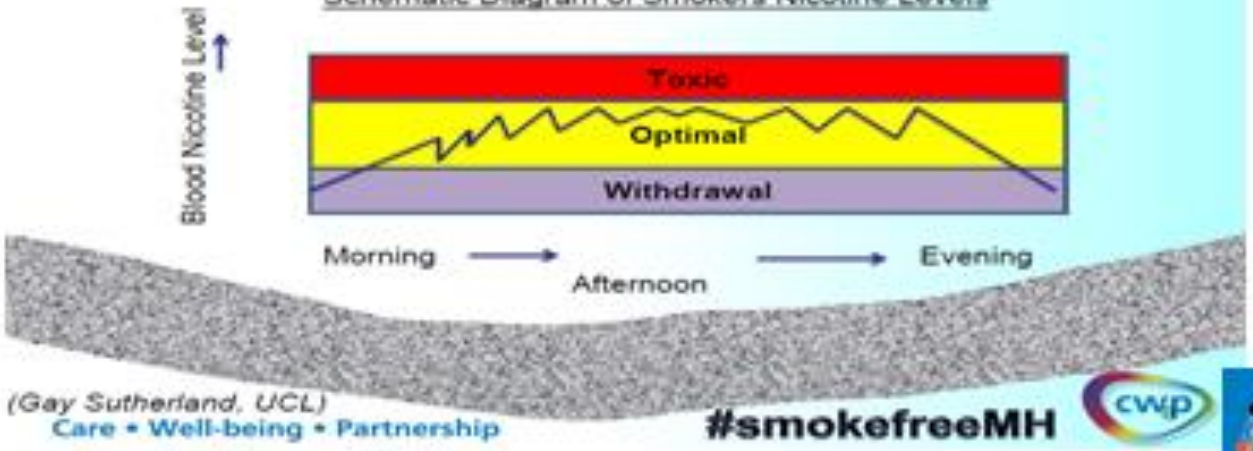
Compassion

Do you have the compassion to ensure that anyone on LCFT premises does not experience nicotine withdrawal systems?

Why do smokers believe it Relieves Stress?

Because 1000s of times smoking has relieved anxiety caused by withdrawal.....

Schematic Diagram of Smokers Nicotine Levels



(Gay Sutherland, UCL)

Care • Well-being • Partnership

#smokefreeMH

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Competence

Do you have the competence to help service users manage their nicotine addiction?

The Trust are looking for members of staff to become Level 2 Stop Smoking Champions. As a champion you will be able to provide advice, support and nicotine replacement therapies to service users whilst in our care.

To book a place on the training contact the quit squad on
Freephone 0800 328 6297
or
01772 644474 (Central)
01254 283370 (East)
01524 845145 (North)
01695 588047 (West)
01253 951570
(Blackpool, Wyre and Fylde)

"Remember it is important we support people who may wish to quit smoking, or those who smoke whilst in our care"

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Communication

Are you able to communicate the reason for the implementation of the NMP?

Smoking cessation in secondary care: acute, maternity and mental health Services - NICE Guidance PH48

Stopping smoking at any time has considerable health benefits for people who smoke, and for those around them. For people using secondary care services, there are additional advantages, including shorter hospital stays, lower drug doses, fewer complications, higher survival rates, better wound healing, decreased infections, and fewer re-admissions after surgery.

Secondary care providers have a duty of care to protect the health of, and promote healthy behaviour among, people who use, or work in, their services. This duty of care includes providing them with effective support to stop smoking or to abstain from smoking while using or working in secondary care services.

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Courage

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Do you have the courage to challenge service users and your colleagues who continue to smoke on LCFT premises?

If anyone is smoking in a smoke free area, please follow these guidelines

1. Ask them to extinguish their smoking materials
2. If they resist, explain that the Trust is a smokefree area so we have a healthy environment and protect everyone from second hand smoke
3. Ask for their help in achieving this
4. If resistance continues, do not enter a confrontation and inform a senior manager. Complete an online incident reporting form

All service users will be offered support to stop smoking as part of their care

Addiction is not a choice, quitting smoking is

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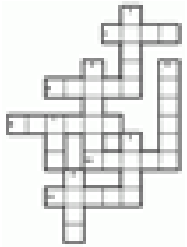
Commitment

Do you have the commitment to make LCFT a healthy place for everyone?

Think about what we can offer service users as distractions.

Ensure ward areas have a wide range of diversional activities.



OT staff can help service users identify triggers to smoking and suggest alternative diversionary techniques.

Ensure ward areas have a supply of healthy snacks i.e. fruit, cereal bars

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Care

Do you care about the health and wellbeing of all our service users?

Compassion

Do you have the compassion to ensure that anyone on LCFT premises does not experience nicotine withdrawal systems?

Competence

Do you have the competence to help service users to manage their nicotine addiction?

Communication

Are you able to communicate the reason for the implementation of the nicotine management policy?

Courage

Do you have the courage to challenge service users and your colleagues who continue to smoke on LCFT premises?

Commitment

Do you have the commitment to make LCFT a healthy place for everyone?

Supporting Health and Wellbeing

6Cs Live!

E-cigarette Fact Sheet

1. The context

1.1 "Smoking is the largest single cause of premature deaths and preventable ill-health in England. In England in 2011[vi] among adults aged 35 and over there were around 79,100 deaths (18% of all deaths of adults aged 35 and over) estimated to be caused by smoking. The same report estimated that in 2011, "36% (22,500) of all deaths due to respiratory diseases and 28% (37,400) of all cancer deaths were attributable to smoking." (p.82)

1.2 One in two long-term smokers die prematurely as a result of smoking, half of these in middle age. On average, each smoker loses 10 years of life and experiences many more years of ill-health than a non-smoker. [vii]

2. What are e-cigarettes?

2.1 Electronic cigarettes – commonly known as e-cigarettes – are novel nicotine delivery devices that were developed in China more than 10 years ago.[viii] (Also known as vapourisers or electronic nicotine delivery systems (ENDS))

2.2 E-cigarettes are battery operated devices that aim to simulate combustible cigarettes. They don't contain tobacco but operate by heating nicotine and other chemicals into a vapour that is inhaled.[ix]

2.3 There are three main types of electronic cigarettes or vapourisers:[x]

- Disposable products (non-rechargeable)
- An electronic cigarette kit that is rechargeable with replaceable pre-filled cartridges
- An electronic cigarette that is rechargeable and has a tank or reservoir which has to be filled with liquid nicotine

2.4 Currently e-cigarettes are unregulated and unlicensed. Their safety and efficacy is unknown.

2.5 There is a good evidence base for the service and products from the NHS stop smoking services.

2.6 The World Health Organisation has recommended that "Until such time as a given electronic nicotine delivery system is deemed safe and effective and of acceptable quality by a competent national regulatory body, consumers should be strongly advised not to use any of these products, including electronic cigarettes."[xi]

3. Why might they be helpful?

3.1 Some experts such as ASH have suggested that e-cigarettes may be helpful as part of a harm reduction strategy.[xii]

3.2 E-cigarettes do not contain the carcinogens that are in tobacco. However, they do contain nicotine which is an addictive substance.

4. Why might they be unhelpful?

4.1 Nicotine acts on dopamine levels so that calmness can only be restored by further nicotine. That is how the addiction works and gives the illusion of relieving stress. In the long term nicotine depresses the ability of the brain to experience pleasure.

4.2 Stopping smoking is associated with improved mental health including reduction in anxiety, depression and stress and improved psychological quality of life. [xiii] Maintaining and supporting a nicotine addiction is incompatible with the role of a health professional when providing health and wellbeing advice.

5 What is the current position in relation to e-cigarettes?

5.1 There is no evidence that using e-cigarettes is an effective way of quitting smoking. There is evidence that using the nicotine replacement products available from the NHS quit smoking service is effective in quitting smoking.[xiv]

5.2 We know that nicotine can affect medication and the unlicensed status of e-cigarettes means that we do not know the exact content of different e-cigarette products. This makes it very difficult to manage medication. The content of licensed nicotine replacement products is clear and therefore it is possible to manage medication levels more effectively and safely.

Author: Ms J Beenstock, MSc, FFPH, Consultant in Public Health, Lancashire Care NHS Foundation Trust

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