

Tackling Addiction and Dependence Together: A 360° Approach for Wales





Agenda





10:30 - 10:40	Welcome & Introduction: Richard Spear, Managing Director, ACT Training	
10:40 - 11:30	Mind Over Craving: The CBT Toolbox In Action For Smoking and Other Addiction Disorders Dr Alan Curley, University of the West of Scotland	
11:30 - 11:40	Break	
11:40 - 12:15	The Impact of Addiction on Ourselves and Those We Love Elwyn Thomas, Co-production Lead, Kaleidoscope	
12:15 - 12:35	Beyond the Numbers: Tackling Addiction and Dependence Together in Wales Suzanne Cass ASH Wales Cymru	
12:35 - 13:30	Lunch Break	
13:30 - 14:15	Tobacco Industry Interests, Recent Conduct and Claims Around Harm Reduction Dr Rachel Barry, Centre for 21st Century Public Health, University of Bath	
14:15 - 15:00	Substance Use and Smoking - The Hywel Dda Co-working Story Tess Falzon and Rachel Hooper, Hywel Dda University Health Board	
15:00 - 15:30	Closing Remarks & Networking	

Quick Poll

Please take 1 minute to answer a few quick questions.



Game of Your Life

Dr. Alan Curley PhD PFPH

Mind Over Craving: A CBT toolbox in Action for Smoking, and other addiction disorders.

Dr. Alan Curley



Playing the Game of Your Life



'This story is a cross between Dead Poets Society, Breakfast Club, Good Will Hunting, Coach Carter and Ted Lasso...' **UC-MindSolutions**

'Dr Curley had helped me immensely in the psychological issues that professional sport generates...a fantastic read -Gareth Evans, Professional footballer

> 'Mind blowing stuff really got me thinking outside the box...' -Kevin McIntyre, Former British Welterweight Boxing champion

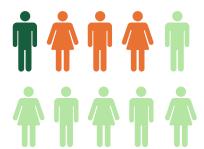
Dr. Alan Curley PhD PFPH



Smoking prevalence and inequality in patients with mental health conditions 1–3

→ 13% General Population

T†††† †††† 43% Severe Mental Illness



70% Schizophrenia and Psychiatric Inpatients





People with mental illness suffer disproportionately from smoking-related illness¹

Heart Disease



Increased risk of heart disease and stroke

Lung Diseases



More likely to suffer from asthma, chronic bronchitis and emphysema

Oral Health



Increased risk of tooth decay, gum disease, tooth loss, and oral cancer

Stroke



2–3 times more likely to have diabetes

Cancers



Worse cancer survival rates

Diabetes



Increased risk of dying from a respiratory disease – 10 times higher than the general population

Bone Health



Increased risk of osteoporosis and fractures

MY AIM:

That you will Leave here with an attitude of 'I am going to give it a go and try one of those things' with a client'.

-To see if it helps them

IMPACT = REACH x EFFECTIVENESS

Data on Welsh resident smokers making a quit attempt via smoking cessation services for January to March 2023.

Period covered:

January to March 2023

Released:

26 July 2023

Last updated:

26 July 2023

Latest release:

8 January 2025

Is it possible for you to add 1% onto your quit rate?

How many attempts is now enough?

I have not failed. I've just found 10,000 ways that won't work, but I am running out of ways of doing it wrong.

Thomas A. Edison



Question:

How do I keep motivated to keep working with complex clients year after year?

Answer:

Think of complex clients), like they are the Chinese bamboo Tree



How the Journey begins-

'The only thing guaranteed to be impossible is the journey that you don't take'.



- 1. You need to know where you are and where you have been (AWARENESS)
- 2. Where you specifically want to go (GOAL)
- 3. Why you want to get there (MOTIVATION)
- 4. How much time & effort & discomfort it will cost to get there (PLAN)
- 5. Be willing to pay the cost of the Journey before you can arrive (COMMITMENT)

The Cycle of Change

Question:

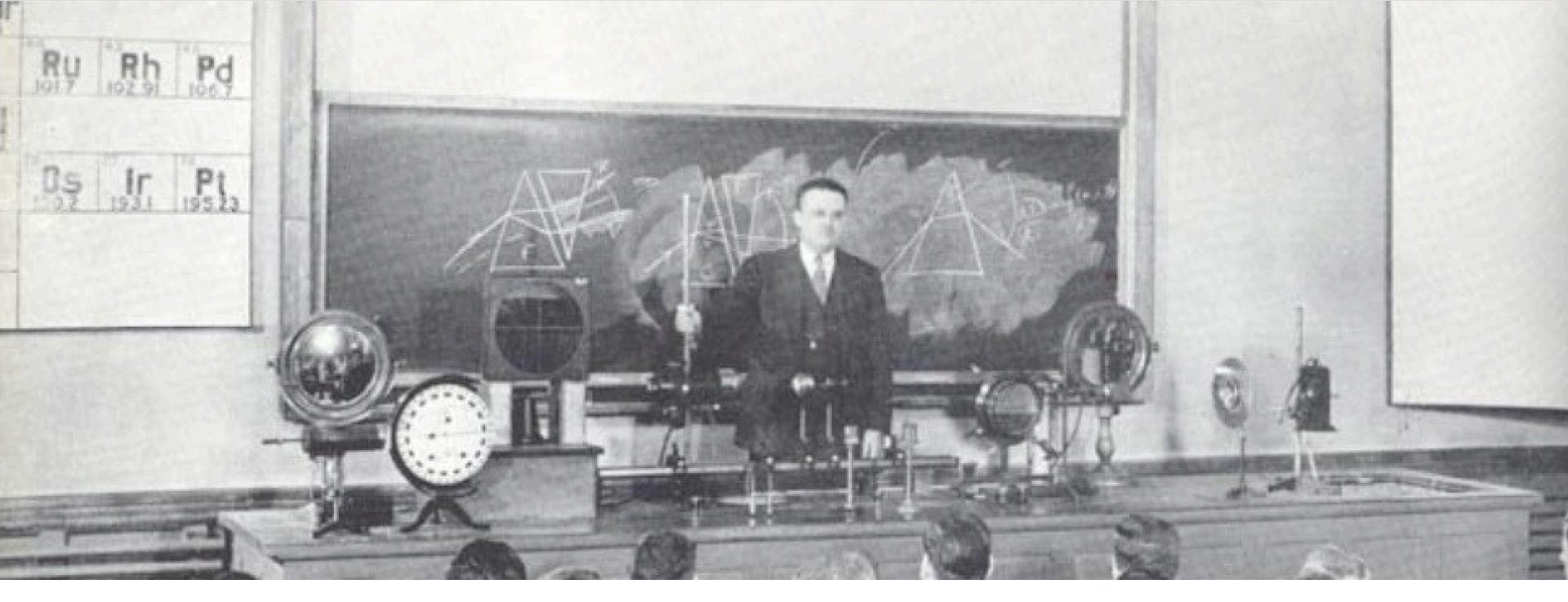
How many attempts will the average person take to make a change?



Que: Why do complex clients usually need more Boomerang attempts, to maintain change

Difficulty of Quit Package?





What influences the success of a quit attempt

- -No. of attempts which resulted in learning
- -internal and external resources available to them
- -No of support sessions attended and type of support
- -Compliance with medication dosage and duration of treatment
- -Motivation & confidence levels
- -Planning and Preparation of things which help during 'trigger' situations

Health inequalities exists within chronic disease behaviours-Trifle theory

In order to dig down & get to the deeper levels of inequality, then you need a bigger spoon.

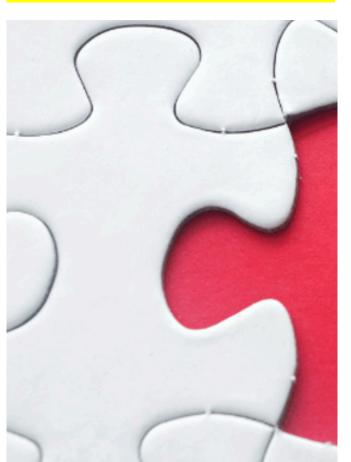


But you get the sweetest taste when you reach the bottom.

I believe the fab-five can help us get to the sweet-spot at the bottom of the trifle

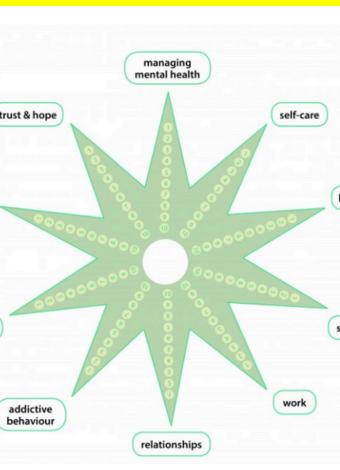












Change number 1

What=

To increase referrals to the smoking cessation service from services where smokers are most likely to attend via Medicalised conversations

Why=

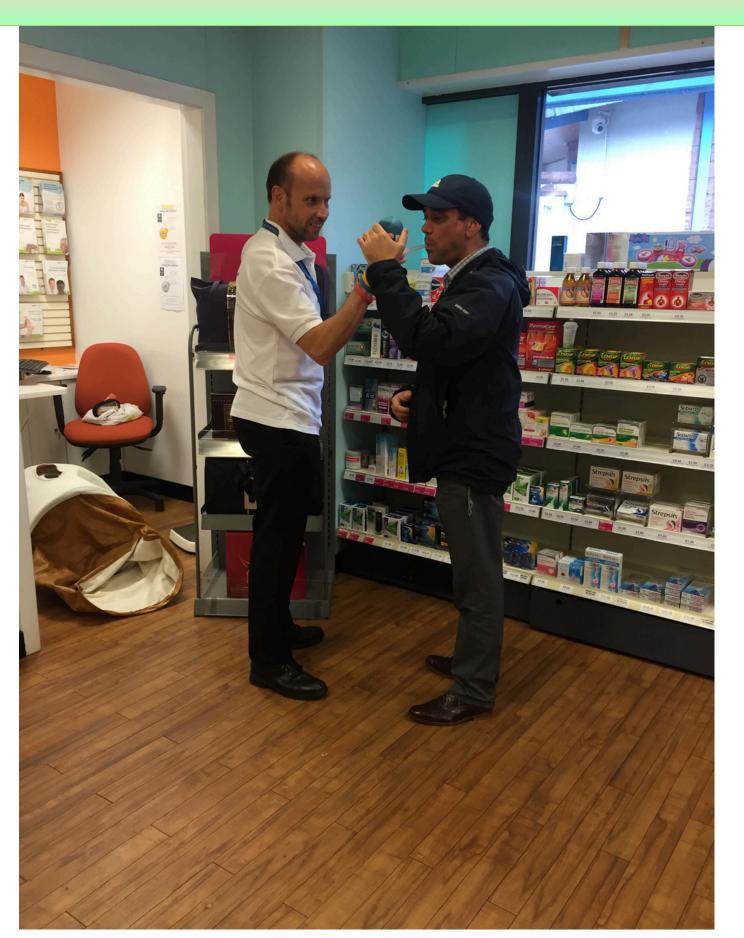
These are where the smokers are attending and are points of motivation (link to financial/debt services also)

How =

we provide the use of CO monitor at clinics which review medication dosage and/or treat chronic conditions I.e. Diabetes clinic, Stroke clinic, COPD clinic, Cardiac rehab, Pulmonary rehab, Clozapine/olanzapine/haloperidol clinic, Antabuse clinic, Methadone clinic,

link to community midwives practice

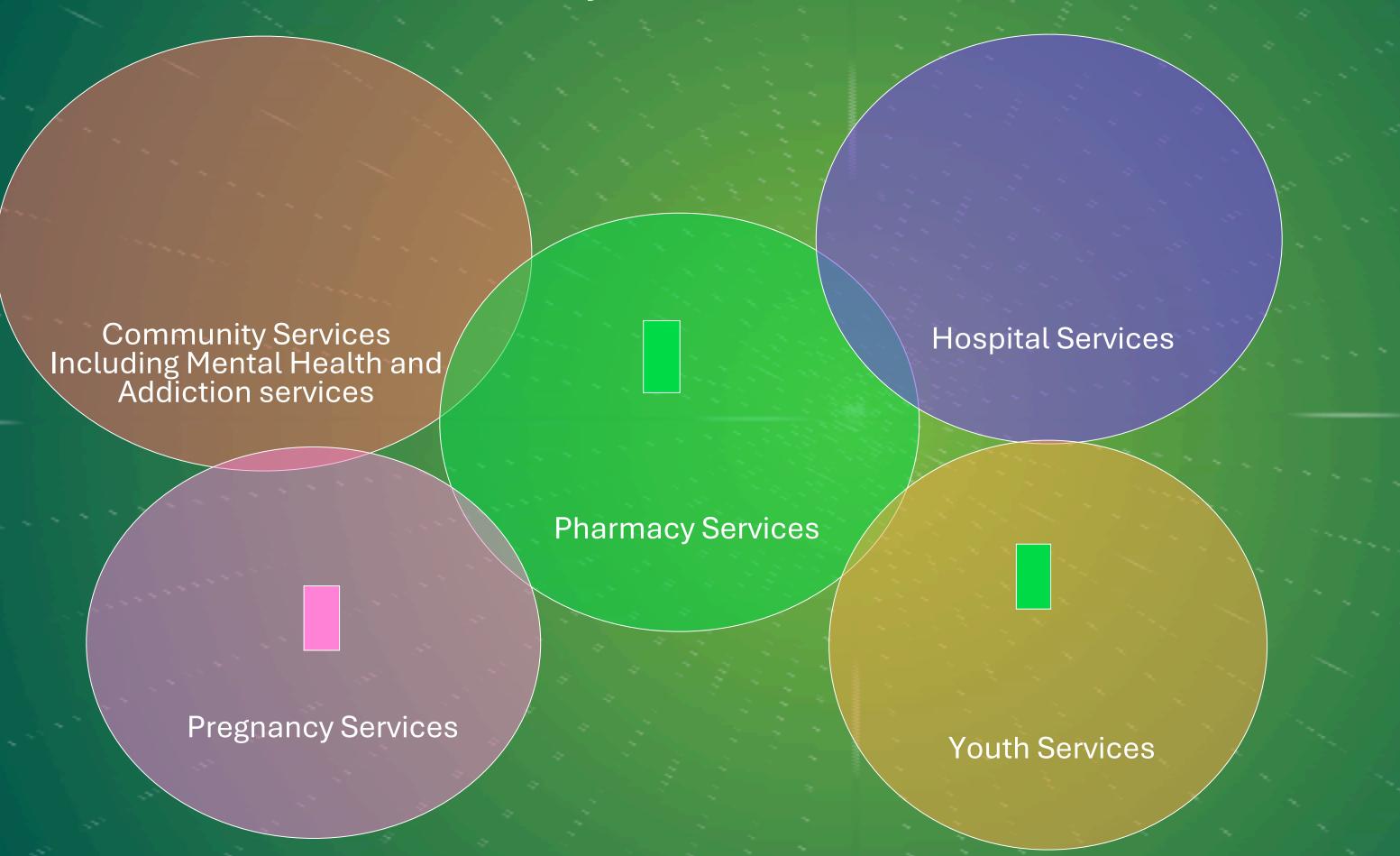
Use CO monitor as an engagement and motivational and eductional tool within clinics



Smoking alters the metabolism of many medications

Antipsychotics	Antidepressants	Other frequently monitored medication
Chlorpromazine	Duloxetine	Insulin
Haloperidol	Fluvoxamine	Theophylline/Aminophylline
Fluphenazine	Mirtazipine	Anticoagulants Warfarin Heparin
Zuclopenthixol	Tricyclics	
Clozapine	Benzodiazepines	
Olanzapine		

Referral Pathways & Links to other NHS Services



Change number 2

What= We increase the level of support delivered within our services to include a CBT formatted intervention

Why=

- -To help/keep upskilling our current staff
- -To work within NICE guidance interventions for best treatment of clients experiencing SAD
- -To align our support with those being delivered by the MH and addictions services (where many clients already attend)
- -It would not take that much altering (time or money) to modify our current intervention in line with a CBT programme.

How =

- -We commission training for staff which helps to upskill them in providing CBT interventions.
- We modify current support interventions to align with a CBT delivery programme.

The 5 Core Principles of CBT¹

Cognitive Restructuring & Psychoeducation

Behavioural Activation



05

Skill building & Relapse Prevention

Collaborative and Goal-Oriented Approach

Exposure Therapy & Homework Assignments

According to NICE (National Institute for Health and Care Excellence) guidance, Cognitive Behavioral Therapy (CBT) is considered a first-choice treatment option for a range of mental health issues, particularly anxiety and depression, making it a strongly recommended therapy within their guidelines.

Key points about CBT and NICE guidance:

Widely recommended:

NICE guidelines consistently promote CBT as a primary treatment option for various anxiety disorders and depression.

Stepped care approach:

NICE often advocates for a "stepped care" approach, where mild cases might start with self-help CBT interventions, while more severe cases receive intensive face-to-face CBT.

Evidence-based:

NICE bases its recommendations on rigorous reviews of available evidence, which consistently supports the effectiveness of CBT for various mental health





Psychological interventions | Anxiety disorders | Quality ... - NICE

6 Feb 2014 — For adults with generalised anxiety disorder, panic disorder, post-traumatic stress disorder,...



:

Implementing NICE guidelines for the psychological treatment of ...

25 Oct 2011 — First, starting in 2004, NICE systematically reviewed the evidence for the effectiveness of a variety ...

PubMed Central

:

Cognitive behavioural therapy (CBT)

The National Institute for Health and Care Excellence (NICE) recommends CBT as a first choice for a range of...



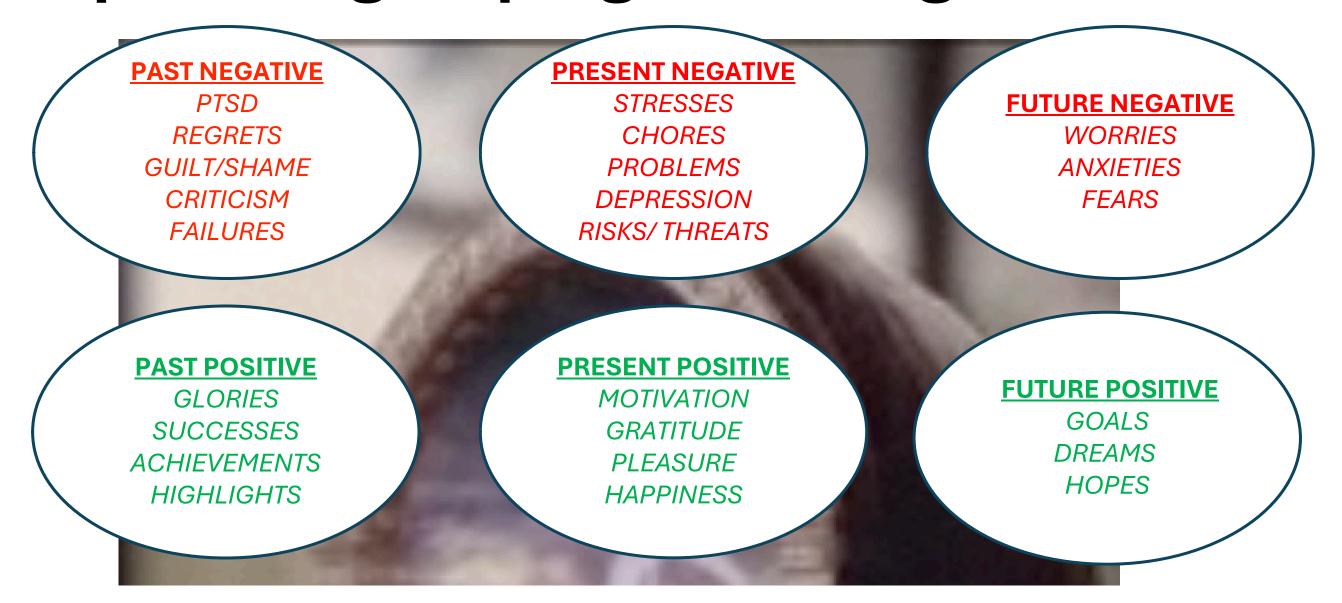


Our thoughts influence our Physiology
Our Physiology then influences how we feel
Our Feelings then influence how we behave
Our behaviours influence the thoughts, feelings & behaviours of the people around us



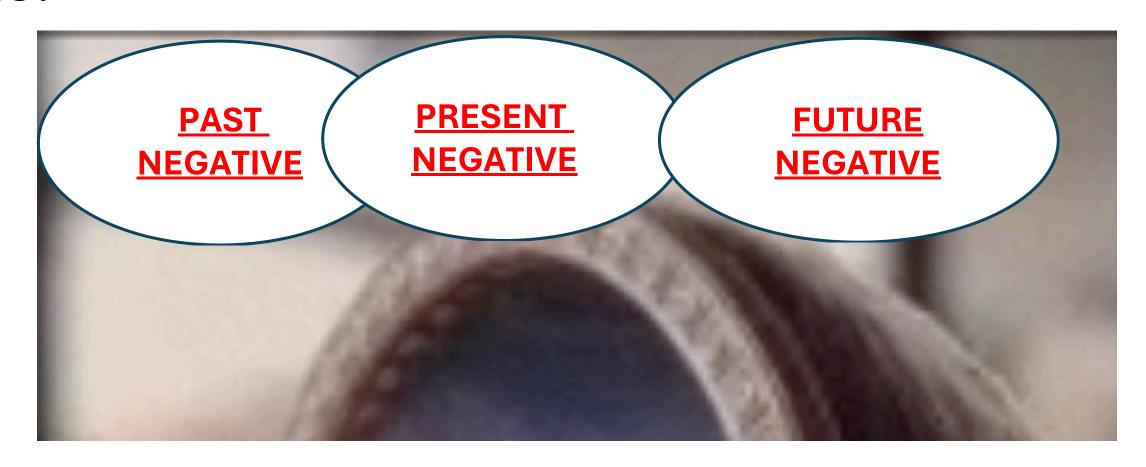
"I do not fix problems. I fix my thinking. Then problems then fix themselves."

The six important groupings of thoughts we have



- The Negative thoughts are unhelpful and put us in a negative stressed state
- The Positive thoughts are helpful and put us in a positive confident state

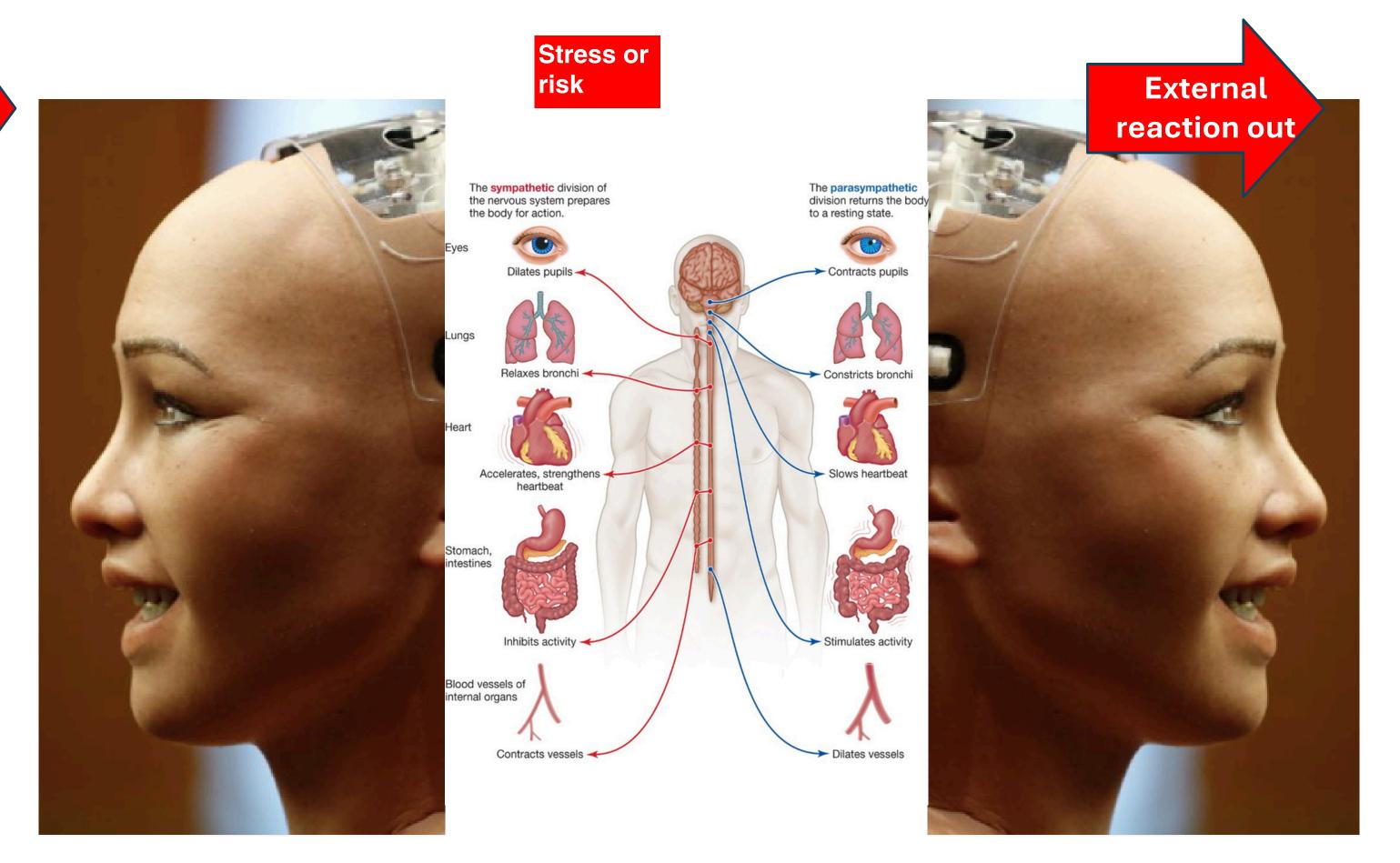
The 3 important groupings of thoughts & sayings that result in Stress?



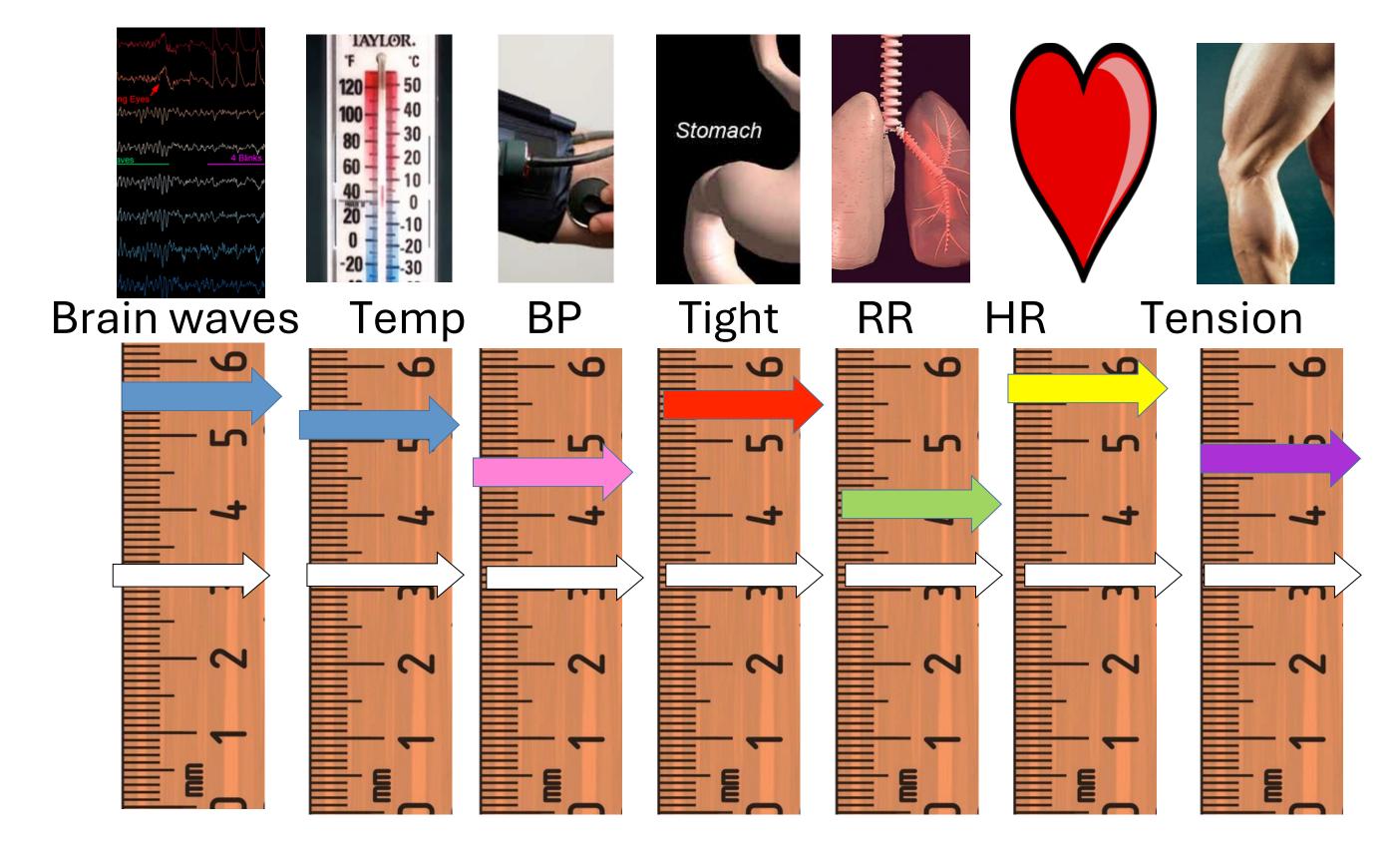
The Negative thoughts are unhelpful and put us in a negative stressed state

Cognitive processing

External info in



Prolonged negative thoughts and stressors lead to chronic disease via overstimulation



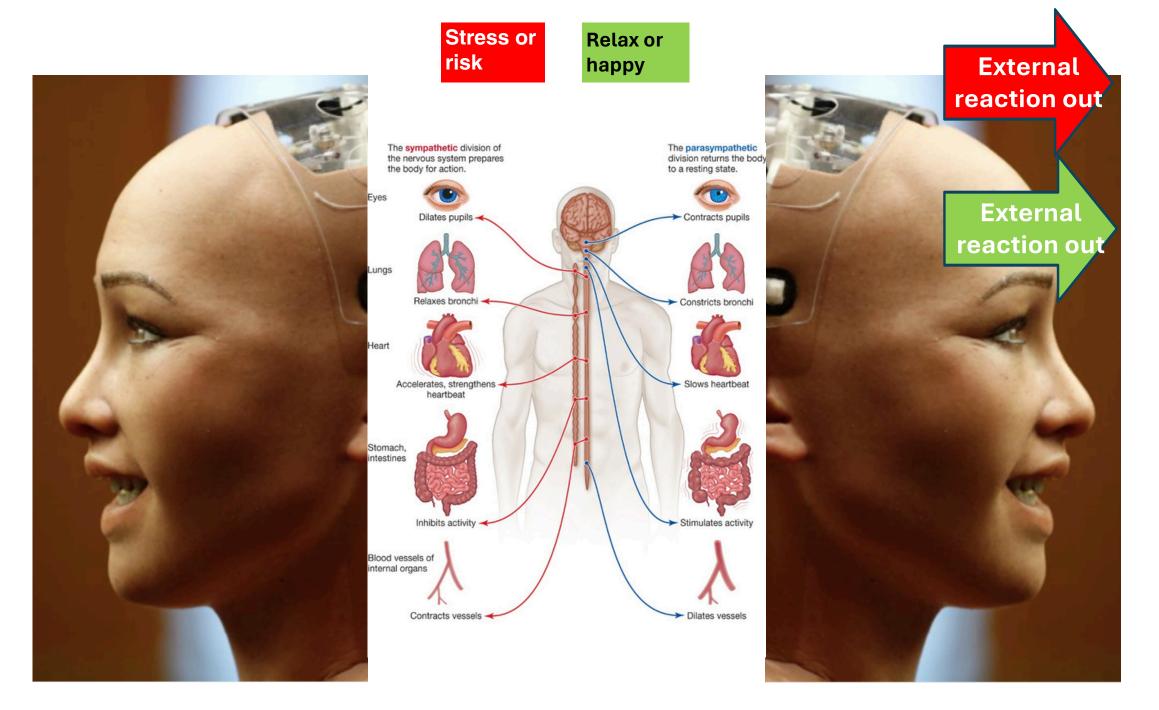
The 3 important groupings of thoughts & sayings that result in confidence



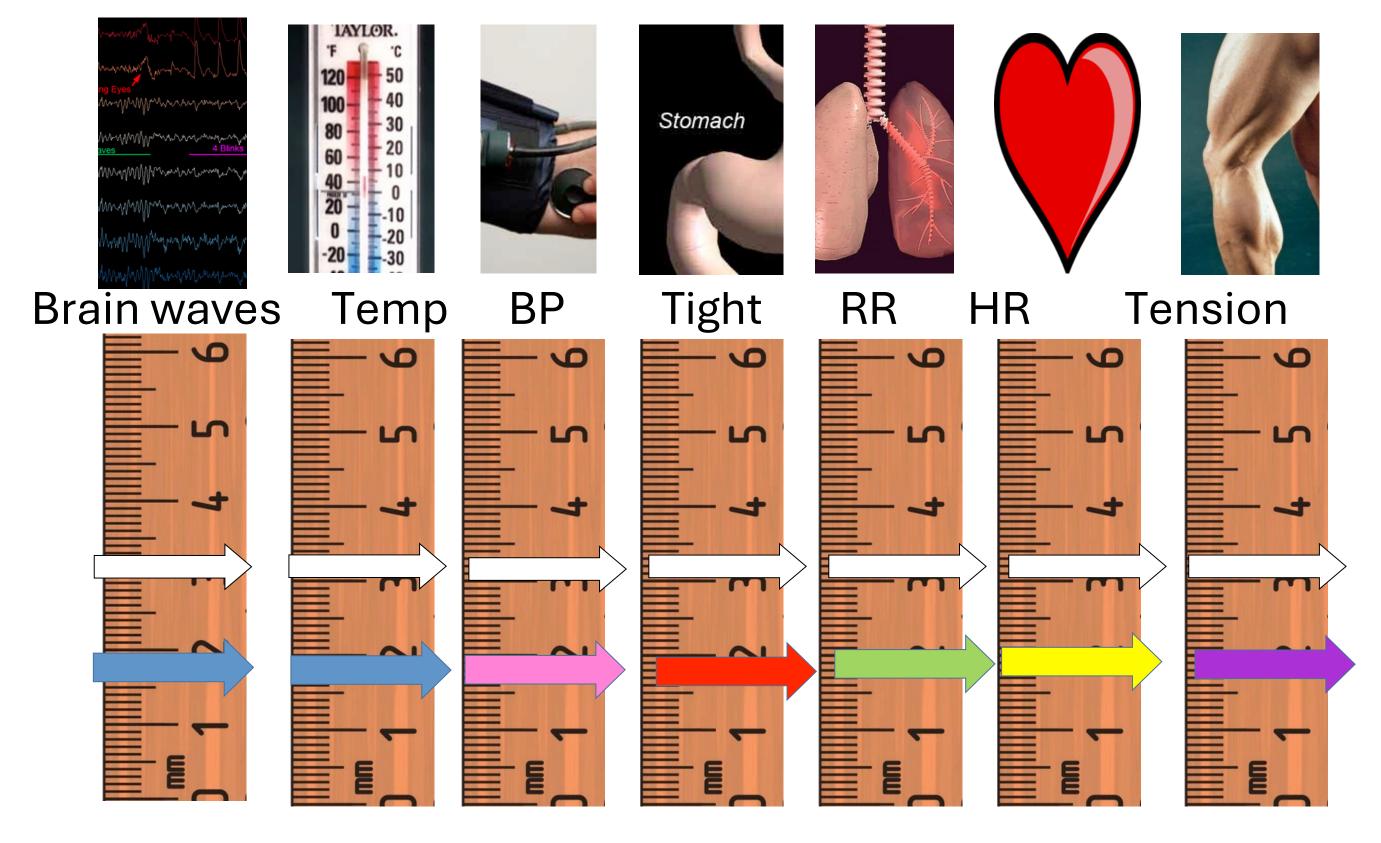
The Positive thoughts are helpful and put us in a positive confident state

Cognitive processing





Mindfulness & Meditation and positive thinking and self-relaxation tools help us live longer



Change number 3

What= We deliver patient centred care by empowering/allowing clients to set or collaborate in Setting their own 'SMART Goals for the week'.

Why=

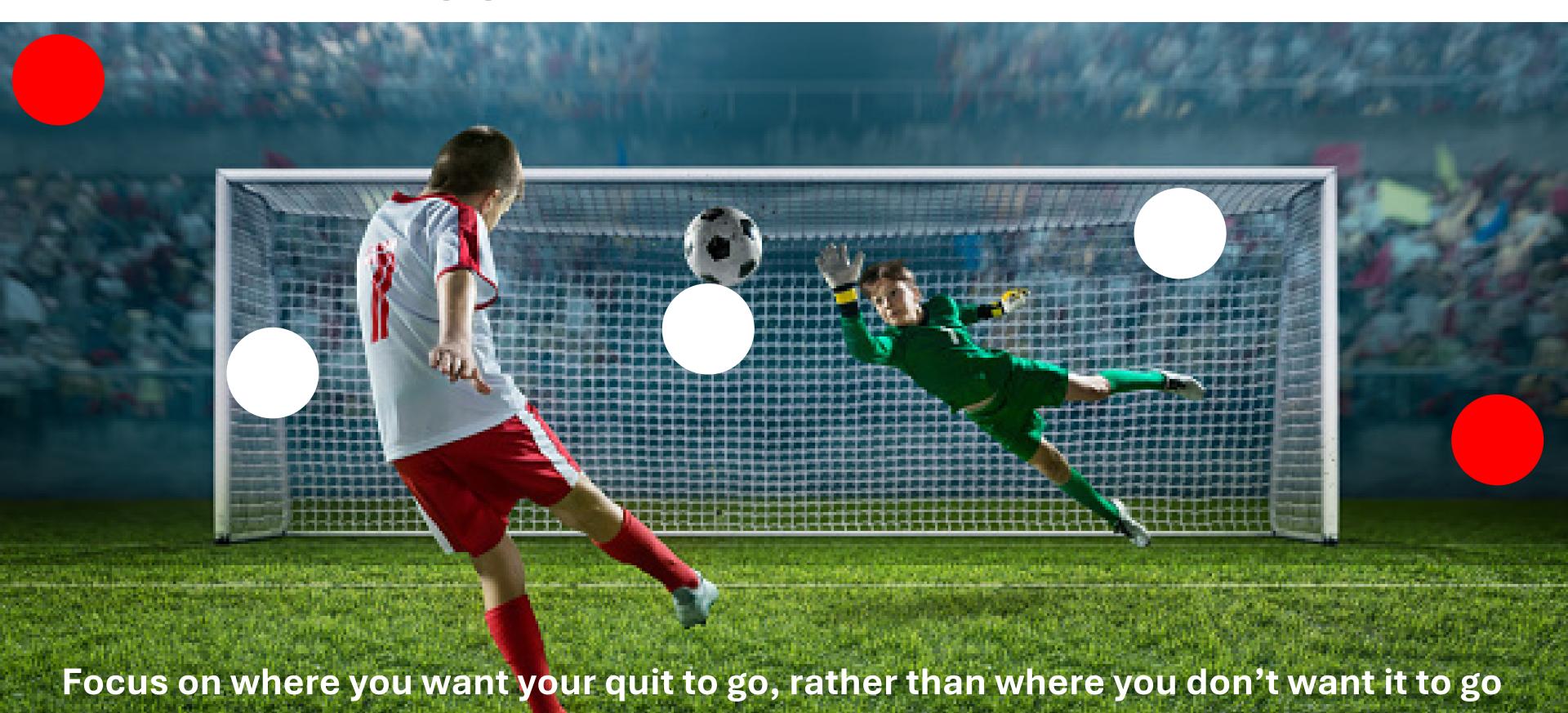
- -To give HI clients a better opportunity to learn and develop how to work through the stages of change process.
- -This will increase confidence, motivation, belief and skill levels (which they often lack)
- -Because with each quit attempt they have a chance to learn and improve upon their own skillset for making changes to their Lives by successfully achieving goals that move them forward on their quit attempt
- -(the goals would then link to aspects of the outcome tool).
- -As opposed to us pre-determining that next week they will have to quit for good (before they have the resources/tools/support And medication to help them), and then when they fail and have learned nothing about themselves and the change process.
- -They get excluded and then come back 6-12 months later and repeat the same futile exercise again with no Further knowledge or skills.(this also de-motivates the willingness to try change and lowers belief and confidence in ability)
- -Will provide more accurate population quit data

How =

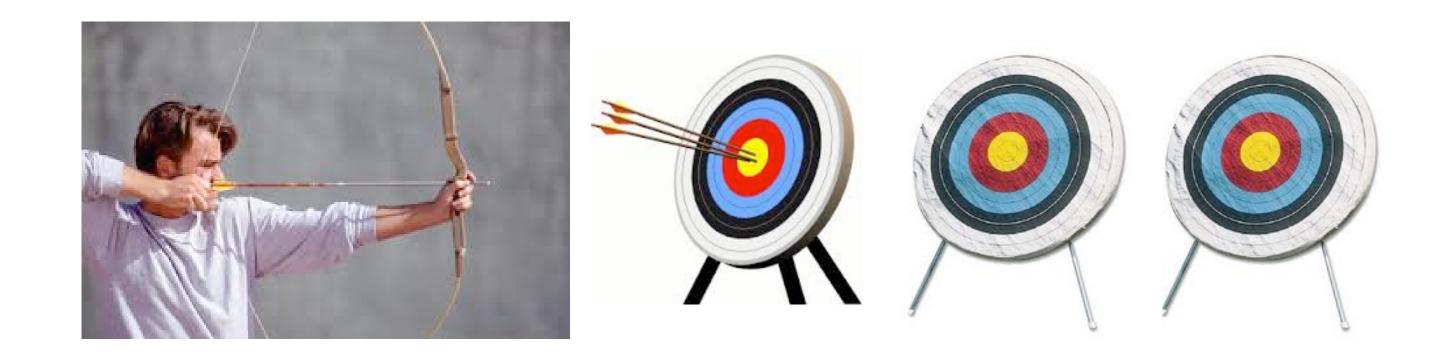
-We offer an alternative to 'set quit dates' and we collaborate with them, and empower them to select SMART goals for each week that they think they can achieve and Which help them move in forward steps to the journey of complete change

If you aim at nothing, then you will hit nothing. So what are you aiming at?

Scoring goals



If archers fail to reach a target after 3 attempts, what do you think they do?



They make the target easier, in order to get a result and the boost in confidence helps motivation to reach next target.

Then when they hit a target, we need to provide them with another target to want to reach next.





We keep moving forward the targets that are hit?





Until we reach the Final Target of Long-term change.

Strategies for cutting out cigarettes



Delay first cigarette of the day



Choose **periods of the day** they will not smoke



Reduce by X cigarettes each day



Try 'practice' quit periods
A whole morning or day without
smoking



Increase the amount of time between each cigarette



Ban smoking in certain places

Change number 4

What= We ensure that as many clients as possible have access to group support when trying to quit smoking.

Why=

- -To give HI clients the evidence-based method which has the highest quit rates and thus the best opportunity to learn how to quit (10 attempts for the price of 1).
- -To increase our clients social health via social prescribing
- To increase stay-in rates to support attendance with HI clients (just like AA and the MH and other addiction services)

How =

- -We offer the clients an opportunity to attend physical and our digital support/apps or social media groups (including whatsapp), where they can interact with other clients wishing to quit also and gain each others support (co-ordinated by a health professional/service)
- -We commission training for staff to support them in setting up and delivering physical and/or digital group support interventions

Support types

Question: What types of support can/do you offer clients to help them quit?



Relapse rates is linked to lobster-syndrome

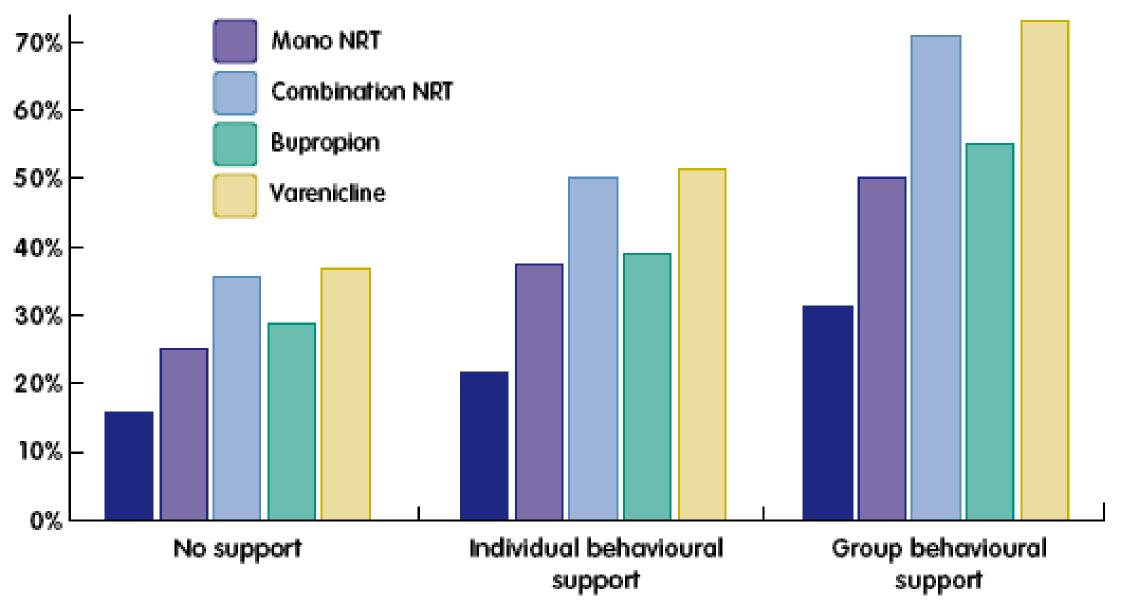
Question:

Why Can Fisherman leave Lobsters in a bucket & they don't manage to escape?



The biggest Influence on the relapse rates in MH, Addictions and Stress is the other people that are still in their social networks.

Efficiency of different support & medications on 4 week quit rates ¹



Source: Cochrane Database of Systematic Reviews

Four-week quit rates	No medication		Combination NRT	Bupropion	Varenidine
No support	16%	25%	36%	28%	37%
Individual behavioural support	22%	37%	50%	30%	52%
Group behavioural suppor	32%	50%	71%	55%	74%

^{1.} A guide to smoking cessation in Scotland 2010. Planning and providing specialist smoking cessation services. NHS Health Scotland 2010 pg 27.

'When you are part of a smoking group, you don't just stop for yourself'

By Pamela Lawn 31 August 2012 05:30 BST













Group support: Stopping smoking turned Joe Callery's life around and has spurred him to help others do the same.

How you boost confidence

- Personal experience (seeing results)
- Vicarious experience (hearing about other experience)
- Performance feedback (positive feedback)
- Social support (cheerleader)

Change number 5

What=

To increase the number of outcomes criteria which practitioners/services are measured on for evaluating their success with HI clients.

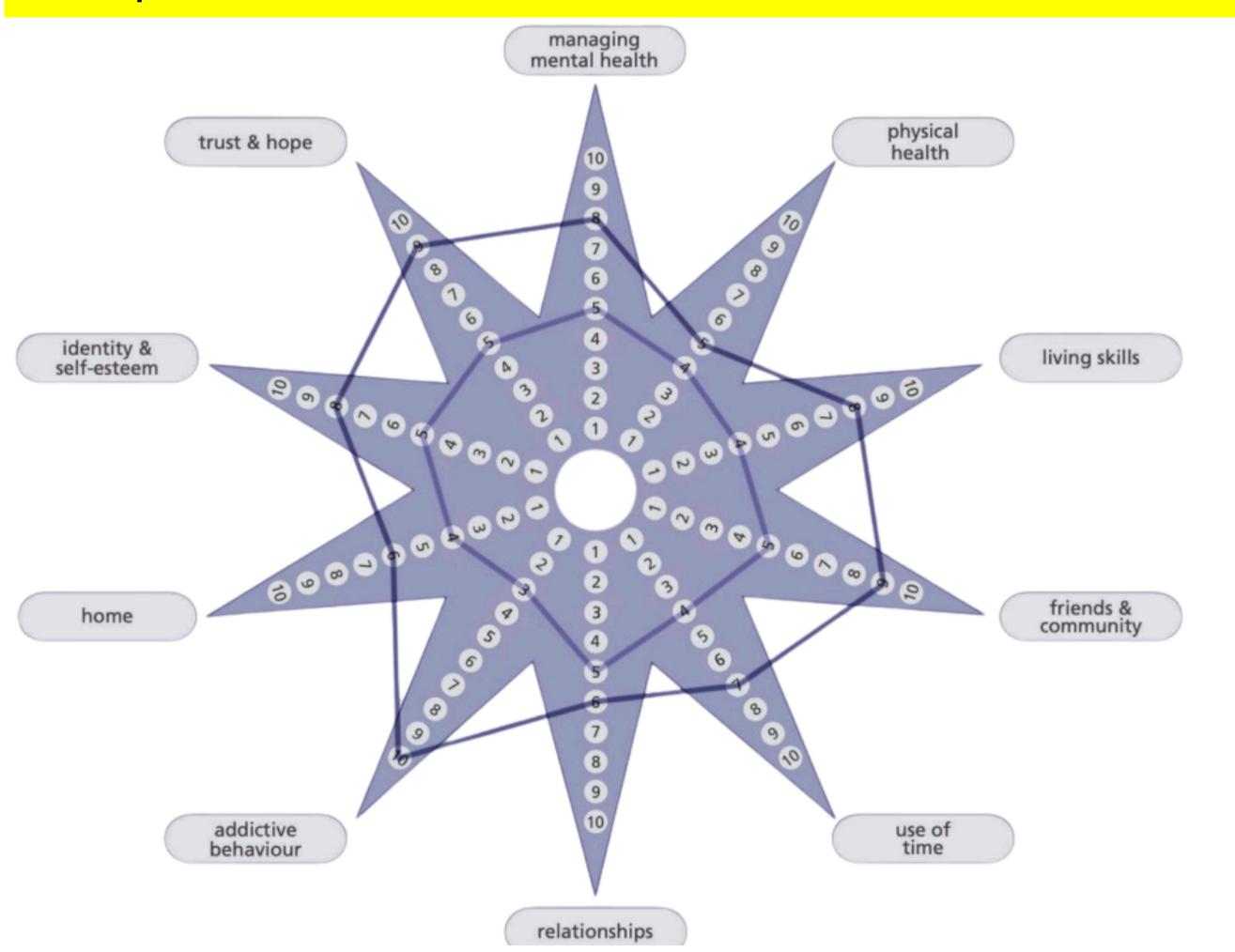
Why=

- -Not doing so can widen inequalities (there is bias towards which clients are recruited or time allocated to clients Due to seeking successful outcomes only)
- -To measure only on successful mid-long term quit data, demotivates and de-values the good work that practitioners/services are doing with HI clients as the success outputs are minimal relative to time/energy invested -Will provide more accurate population quit data

How =

-We use an outcomes tool similiar to STAR which measure clients on multiple inequalities & holistic-health criteria e.g no. of social health interactions/week, confidence/self-belief levels, finances saved, debt worry, CO score, no. of cigs/week, time to first cigarette, sleep rating, Caffeine intake, diet rating, physical activity levels, emotional happiness, victory rating, mental health rating, physical health rating, no. of times left the house, no. of health appointments attended

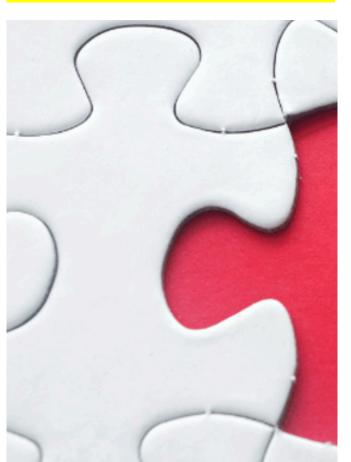
Example of a STAR outcomes tool used in Mental Health



I believe the fab-five can help us get to the sweet-spot at the bottom of the trifle

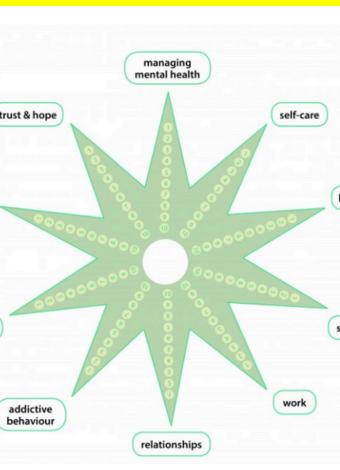












MY AIM: Final Discussion Point

That you will Leave here with an attitude of 'I am going to give it a go and try one of those things' with a client'. to see if it helps'

As a task/ discussion question then I would like to ask delegates

'= 'Based on my talk, can you think of one thing that you could either start or stop doing within your own practice/service to try and add 1% to your practice/service outcomes'

Can you think of one thing that you could either start or stop doing within your own practice/service to try and add 1% to your practice/service outcomes?



Tackling Addiction and Dependence Together: A 360° Approach for Wales

Break 11:30 - 11:40





The Impact of Addiction on Ourselves and Those We Love

Elwyn Thomas, Co-production Lead, Kaleidoscope





Beyond the Numbers: Tackling Addiction and Dependence Together in Wales

Suzanne Cass ASH Wales Cymru







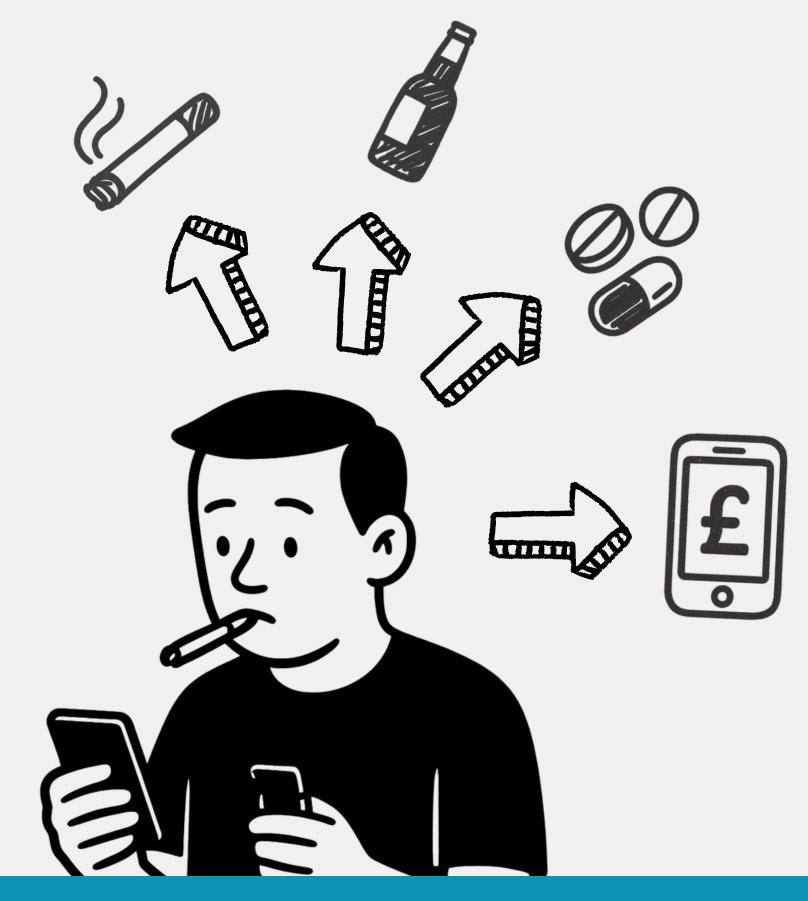
Today's Purpose - To Listen

- To service providers
- To people who have used services
- Most importantly, to those who haven't got help yet

Our Goal

A joined-up, person-centred approach to tackle our deadliest addictions:

- Tobacco
- Alcohol
- Drugs
- Gambling (often overlooked)



The Stats - Wales Today



Smoking: 320,000

people (~13%)



Drug use: 8.8% of people aged 16-59 (CSEW 2024)



Hazardous drinking: ~17% of population (NSW 2023)



Gambling: 48%
gambled in last month,
60% in last year.
3% high /moderate risk

What's Killing Us

Tobacco: 3,800 deaths/year (No. 1 preventable killer)

Alcohol: 562 deaths in 2023 (highest on record)

Drugs: 318 drug poisoning deaths in 2022 - opioids biggest cause



The Hidden Links

Smoking drives inequalities: 30% of social housing tenants smoke vs. 9% of homeowners

Alcohol-specific hospital admissions: 3× higher in most deprived areas

Drug deaths and gambling harm follow same pattern



Clusters, Not Isolated Problems

Multiple harms cluster together:

- 16% of high-risk drinkers smoke
- 24% of frequent gamblers smoke

These patterns feed generational cycles of poor health



A System Not Fit for Purpose

Current approach is fragmented:

 Tobacco treated separately from alcohol, drugs, gambling

Cross Party Groups operate in silos

Missed opportunities to tackle root causes and co-occurring harms



Who's Most Affected?

60% of people in alcohol/drug treatment are smokers (4-5× higher)

68% of opiate treatment clients are smokers

Cannabis: 81% smoke it; 63% mix with tobacco

Nicotine fuels other addictions and complicates recovery



They Want to Quit

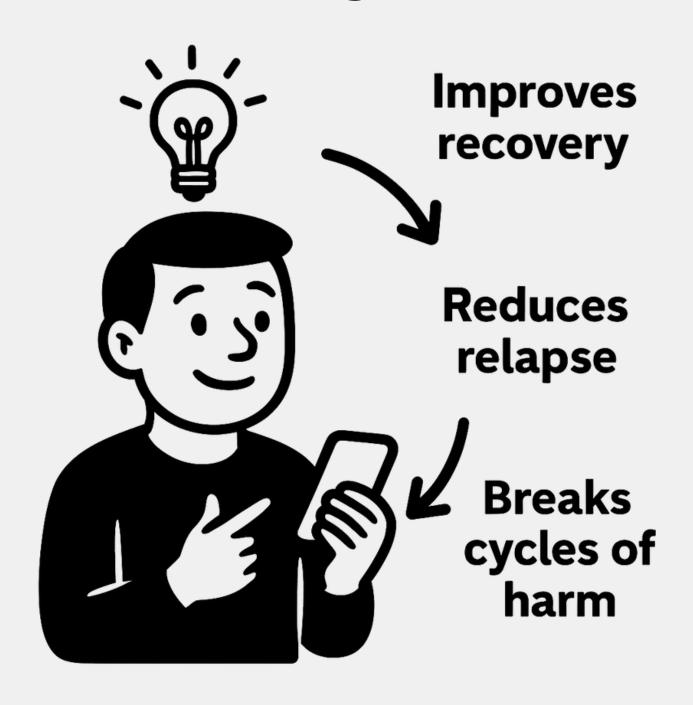
50%+ of smokers in Wales want to quit

People with alcohol or gambling dependence want to quit smoking too but lack integrated help



Why a Coordinated Approach Works

Treating tobacco alongside other addictions:



What the Public Wants

60%+ support smoke-free Wales

60%+ want clearer alcohol labels

77% want tougher gambling ads rules

Demand growing for action on gambling and alcohol harms



Spotlight: Hywel Dda

Their integrated approach:

- 8.9% of smokers in treatment
 - a positive example
- What can we learn from them?



Before Lunch

- What challenges do you face in your work?
- How can we connect services better?
- How can we champion this vision in our communities?



After Lunch

We'll explore:

- How industries copy the tobacco playbook
- What we can do to counter it





Tackling Addiction and Dependence Together: A 360° Approach for Wales

Lunch 12:35 - 13:30





Tobacco Industry
Interests, Recent
Conduct and Claims
Around Harm Reduction

Dr Rachel Barry, Centre for 21st Century Public Health, University of Bath









Conflict of interest statement

- This research was funded through the UK Prevention Research Partnership (grant reference MR/S037519/1), an initiative funded by UK Research and Innovation Councils, the Department of Health and Social Care (England) and the UK devolved administrations, and leading health research charities.
- I do not accept funding from companies with a vested interest in potentially harmful products, including but not limited to tobacco, cannabis, alcohol, ultra-processed foods and drinks, gambling and fossil fuels.



What is harm reduction?

A public health approach focused on reducing the health and social risks associated with addictive behaviours at both individual and population levels (Klein et al, 2022).





TI interest in HR

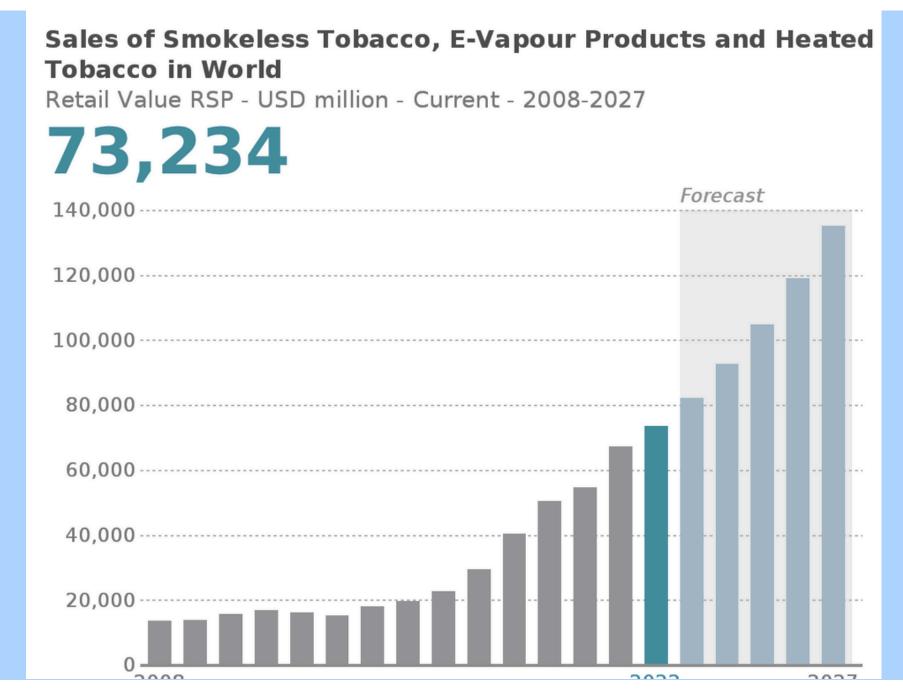
- Pathway to profit
- False transformation
- Misuse harm reduction to secure influence
- Exploit latent tensions in public health to undermine tobacco control





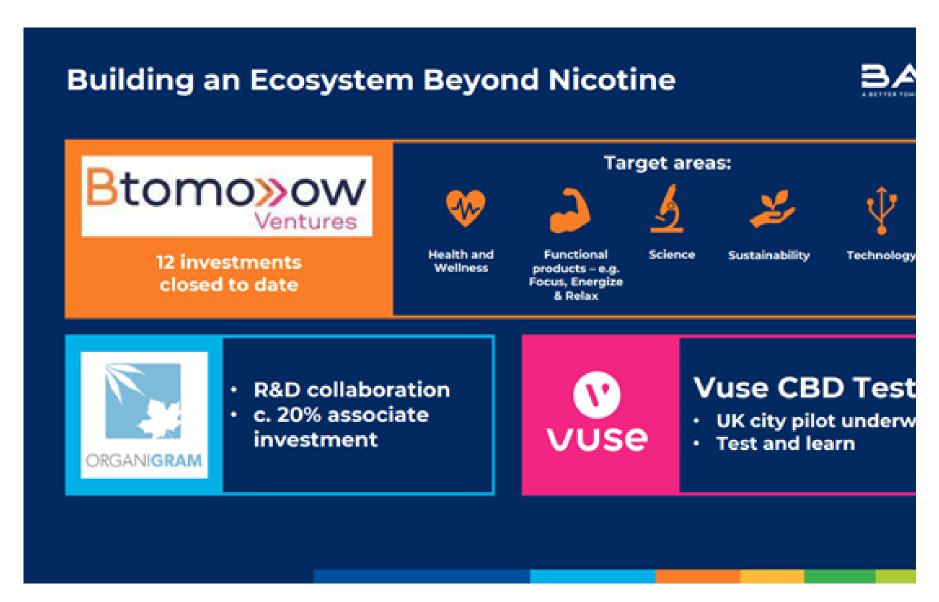
Diversification as profit maximisation

Uses emergent products to maintain addiction, undermine cessation, recruit novel users and eliminate competition

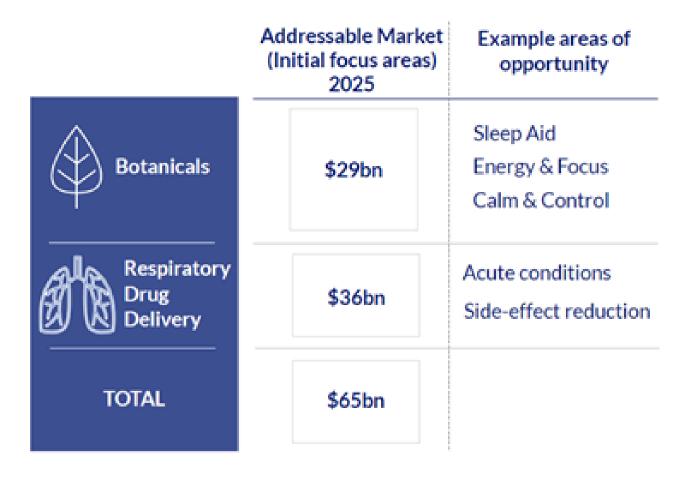




"Although the tobacco industry initially viewed NRT as a threat, it found that smokers often combined NRT with smoking rather than using it as a replacement and began marketing their own NRT products"



Beyond Nicotine: Initial Areas of Focus



Source: PMI Estimates

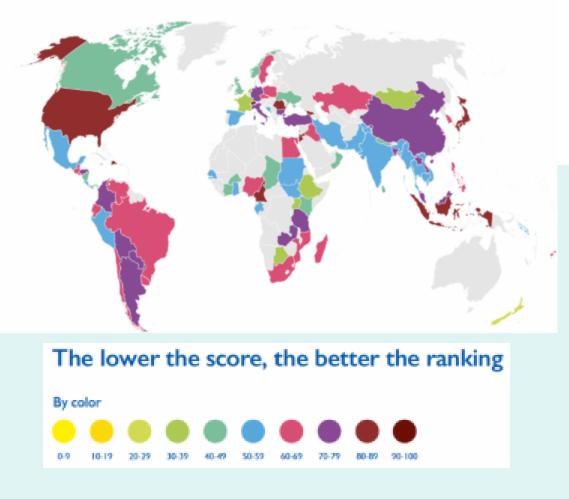
Source: Apollonio D, Glantz SA. Tobacco Industry Research on Nicotine Replacement Therapy: "If Anyone Is Going to Take Away Our Business It Should Be Us". Am J Public Health. 2017 Oct;107(10):1636-1642. doi: 10.2105/AJPH.2017.303935. Epub 2017 Aug 17. PMID: 28817320; PMCID: PMC5599147.



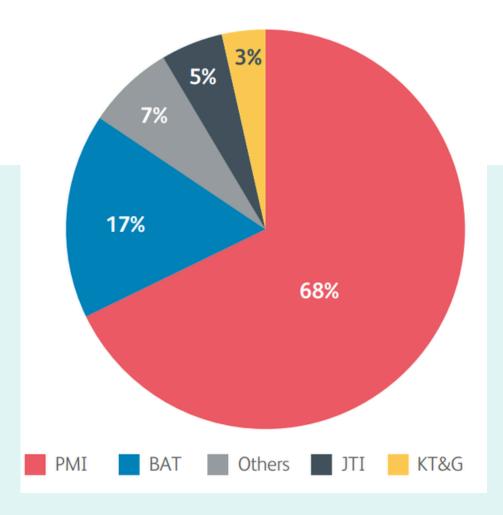
False transformation



Invest in new cigarette brands and heavily market cigarettes



Obstruct tobacco control policies worldwide



Develop products like HTPs not independently proven to be reduced risk



TI investments and acquisitions

E-cigarettes



Snus and oral nicotine





















PMI Altria BAT Imperial JTI PMI Altria BAT Imperial JTI PMI Altria BAT Imperial JTI PMI Altria BAT Imperial PMI BAT JTI



Tobacco Industry Harm Reduction



Individual/product risk reduction





Consumer acceptance & switching



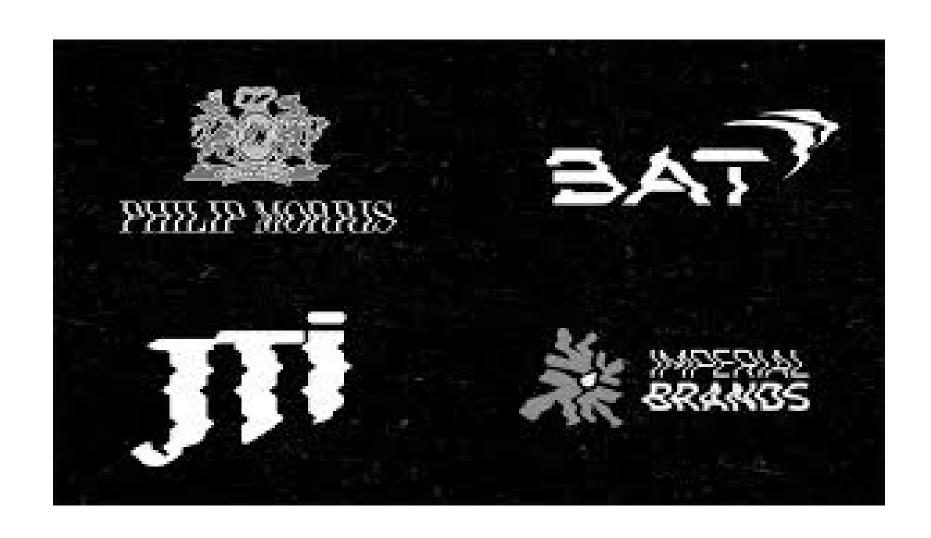


Population harm reduction



Rehabilitate their tarnished image

Use harm reduction and transformation claims to position itself as part of the solution, securing both political and reputational benefits, notably to regain access to policymaking and to scientific and public health circles.



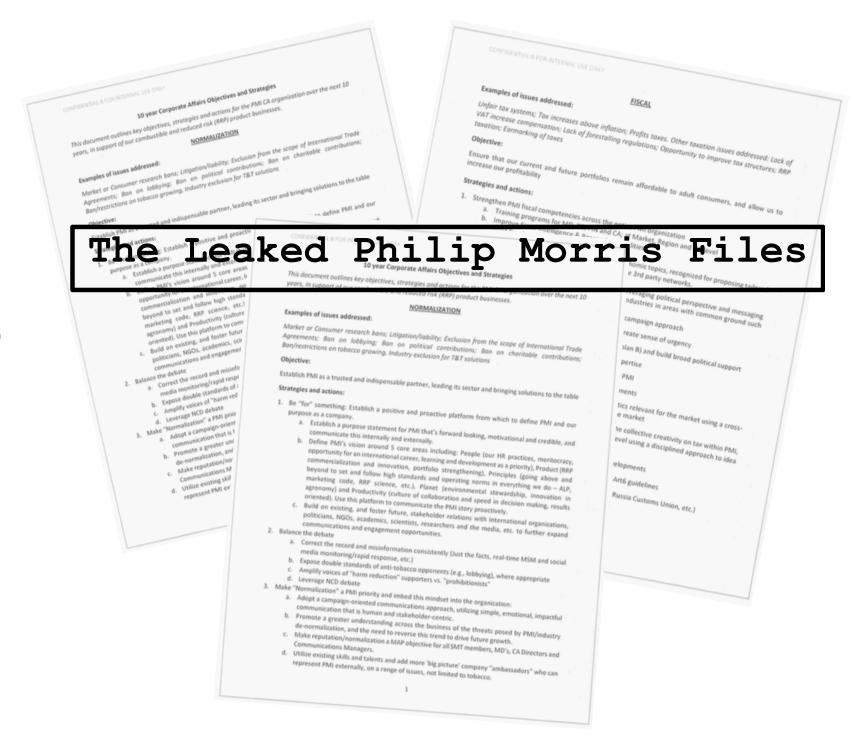
'Need a common-sense approach'

'right mix of government leadership and commercial initiative'



Split public health community

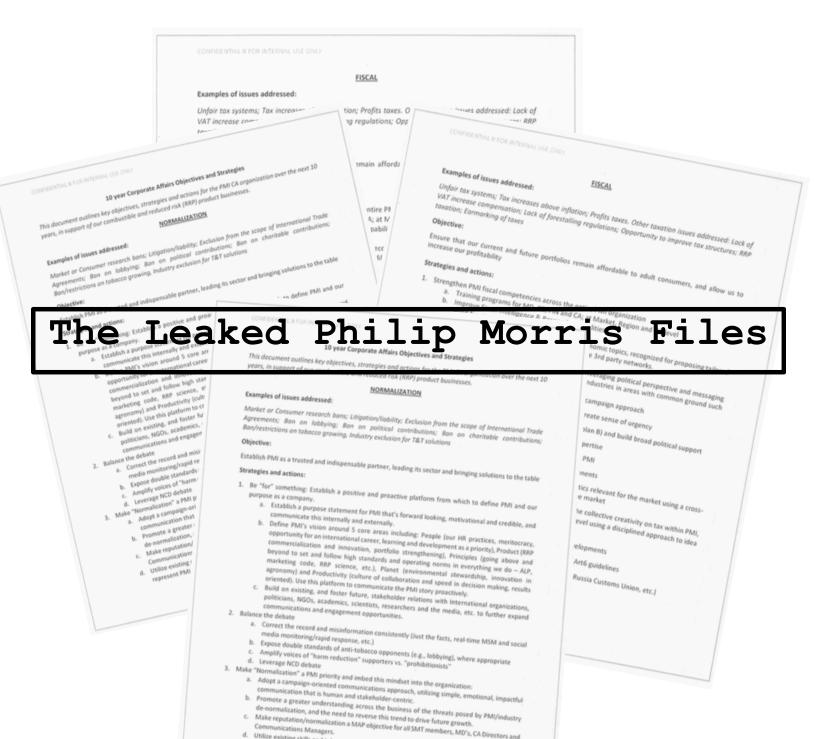
Opportunistically exploits latent divisions within the tobacco control community, implying extreme polarisation on the issue of harm reduction





Tactics old & new: public health or profits?

"preserve consumers right to buy tobacco products" "be 'for' something" "trusted and indispensable partner" "to be a part of the regulatory debate on RRPs"



Divide and Rule "find allies that cannot be ignored" "amplify voices of 'harm reduction' supporters vs 'prohibitionists" "door-openers", "spin doctors" and "strategists"



Frames tobacco use as individual failure

'A conscious effort on their side to stop smoking' and ' [i]f people are not moving, there is no need for us to reduce it' – Flora Okereke, head of BAT's global regulatory insights and foresights





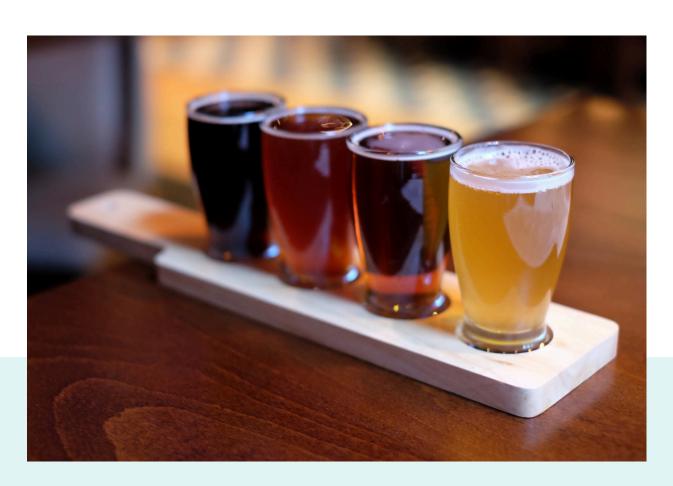






Tobacco companies are <u>not</u> the only industry that has strategically co-opted the idea of harm reduction to undermine health.









Most of the studies are on corporate capture of harm reduction by the gambling industry, yet there are limited efforts to coordinate action around addressing industry conduct across tobacco, alcohol and gambling





December 17, 2024

Tobacco Control Research Group's contributions to recent Royal College of Physicians report, *Ecigarettes and harm reduction, an evidence review*

Dear

In April 2024, The Royal College of Physicians (RCP) issued a report—*E-cigarettes and harm reduction, an evidence review*—detailing strategies for reducing global combustible cigarette use. Encouragingly, the report concludes that e-cigarettes can be an effective means to help people stop smoking. Real-world evidence demonstrates that innovative nicotine-containing products that do not burn tobacco are already accelerating the decline of cigarette smoking beyond what traditional tobacco control measures can achieve alone.

Despite the well-known risks of cigarette use, the report notes that "tobacco is currently used by an estimated 1.1 billion people," concluding that the role of non-combusted alternatives in reducing smoking-related harms is underutilized due to "lack of awareness of the efficacy of these products for smoking cessation and harm reduction, and public perceptions of the risks of vaping relative to smoking which do not reflect current evidence." Because more than 1 billion people smoke, the RCP concluded that "a risk-based approach to harm reduction is ethically and scientifically sounder than a precautionary approach, especially given the known serious harms of tobacco and the known difficulties in driving tobacco smoking and its associated harms down further without new tools to assist." My company, Philip Morris International (PMI), agrees with that recommendation; moreover, many independent public health experts also share this view.

Though the RCP report provides a thorough set of science-based recommendations to reduce the global health burden of smoking, it takes a sharp and notable detour in chapter nine: *Tobacco industry interests, recent conduct and claims around harm reduction*. This chapter abandons the evidence-based approach to assessing alternatives to continued smoking contained in the rest of the report and instead makes inaccurate, misleading statements, and recycles antiquated criticisms of the tobacco industry and PMI in particular. I am writing to you because you are listed as contributors to the RCP report and, in addition, the Tobacco Control Research Group (TCRG) at the University of Bath is widely referenced throughout chapter nine—in fact, almost half of the total citations supporting this chapter are to sources authored by TCRG members.

A risk-based approach to harm reduction is ethically and scientifically sounder than a precautionary approach...

PMI agrees with that recommendation [as do] many independent public health experts...

Makes inaccurate, misleading statements and recycles antiquated criticisms of the tobacco industry



Discussion

- How can regulation better integrate social equity concerns into policy while also avoiding industry co-optation of the concept of harm reduction?
- Are there other ideas that we can use than 'responsibility' and 'problematic user' to avoid industry placing blame on people for their poor health?



Thank you!

Contact information: Dr Rachel Barry

<u>rb2465@bath.ac.uk</u>

University of Bath

<u>Centre for 21st Century Public Health</u>

Link to profile: https://researchportal.bath.ac.uk/en/persons/ra chel-barry

- How can regulation of the tobacco, alcohol and gambling industries can keep industry out and communities in on policymaking.
- Would be great to hear the feedback of people with lived experience of addiction/substance use on the extent to which existing policy approaches promote inclusion and understanding and how we can amend policy to better address this.

Smoking and Substance Use - Joint Working in Hywel Dda

Rachel Hooper & Tess Falzon

Smokers.clinic@wales.nhs.uk







Smoking & Wellbeing Team



Service was established in 2007 as a Hospital service.

Increased from 1 practitioner to 22 through merging with community team and increased investment

Smoking rate in Wales is currently at 13%

Teams within primary care, secondary care, maternity, schools and young people, mental health and outreach.

First service in Wales to trial harm reduction support

First team in Wales to reach WG target of 5%

Only team in Wales to be supporting YP with vape and nicotine dependence in schools/colleges

Last year we treated 8.9% of Hywel Dda's smokers

Service Delivery



r every person who dies from smoking another 30 are suffering serious smoking related disease

n average, smokers report **difficulty completing tasks** 7 year lier, and receive care support 10 years earlier, than never smoke

n average, smokers and ex-smokers receive **3.6 times as man** urs care as never smokers indicating higher levels of overall ne

okers are **less likely to be employed** than never smokers, link to the much greater likelihood of working age disability

ASH, The Cost of Smoking to the Social Care System, ASH, Smoking, Employability and Earnings, 2021

- Standard quit
- Harm reduction
- ACE's and complex needs
- Health coach
- CPD Training for all staff
- Stop smoking medication
- Behavioural support

ACE'S and Complex Needs



Even with experiencing less than four ACEs people have increased risk;

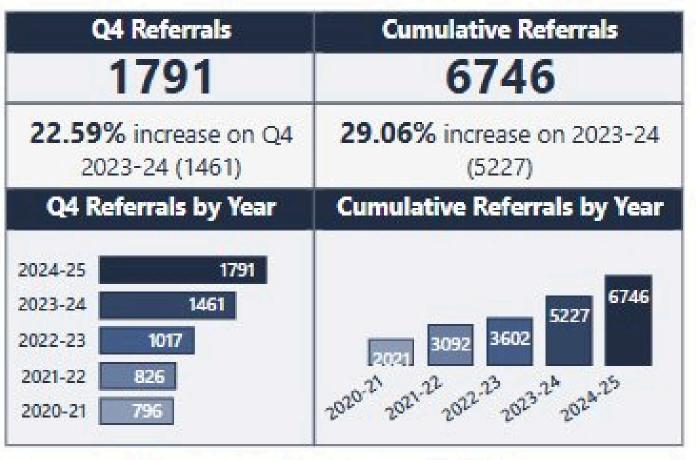
- Three times more likely to smoke
- 11 times more likely to use intravenous drugs and go to prison. (8)

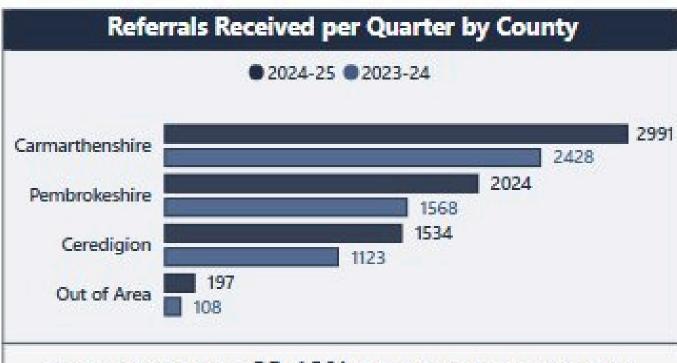
If left untreated, children with a high ACE score face a **20-year decrease** in life expectancy. (8)

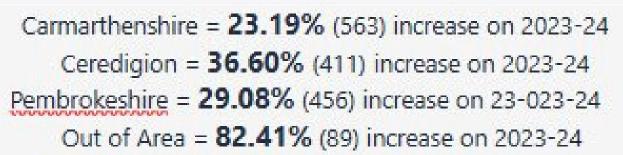
Children of mothers who smoke are 4x more likely to smoke themselves. (9)

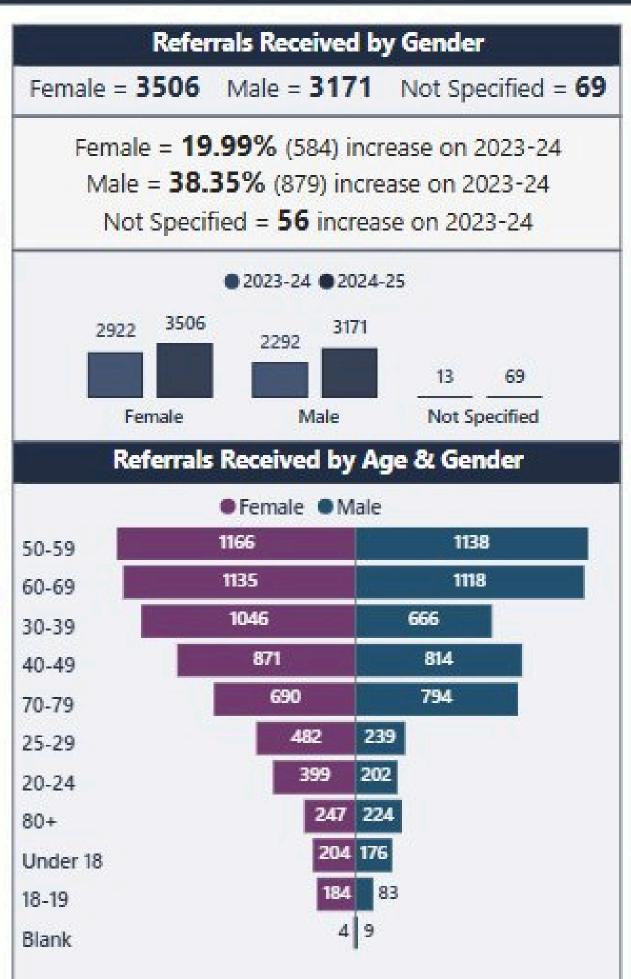


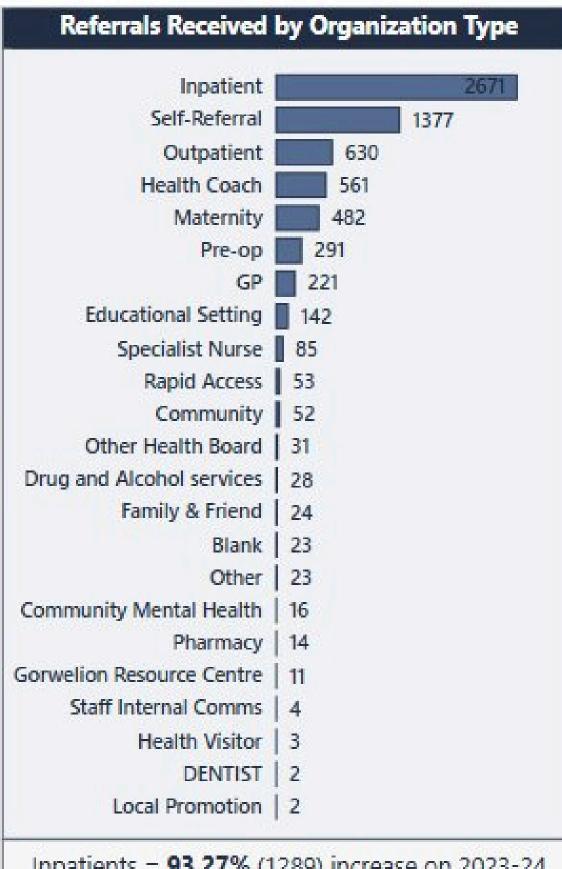
Hywel Dda Smoking Cessation Referral Data Dashboard Covering 1st April 2024 - 31st March 2025











Inpatients = **93.27**% (1289) increase on 2023-24 Self Referral = **17.59**% (206) increase on 2023-24 Outpatient = **7.35**% (50) decrease on 2023-24





Cochrane Database of Systematic Reviews

Interventions for tobacco use cessation in people in treatment for or recovery from substance use disorders (Review)

Apollonio D, Philipps R, Bero L

"...providing tobacco cessation interventions targeted to smokers in treatment and recovery for alcohol and other drug dependencies increases tobacco abstinence."

Trained DDAS to deliver in house







Partnership working protocol for smoking & alcohol services

- Smoking rates
- amongst people dependent on alcohol or drugs are very high.
- Providing stop smoking services to people with substance misuse disorders increases the numbers of people who stop smoking by about 10%.
- NICE—recommends all healthcare workers encourage people to stop smoking. Including those who are seen withir
 drug and alcohol services. They recommend developing a personal stop smoking plan with intensive behavioural
 support and pharmacotherapy.

Ddag' role in identifying and supporting smoking cessation

All service users will have smoking sta	tus recorded	Numbers captured on in-house system
All smokers should be offered access to	to support to quit	Numbers offered and whether accepted or
The details of those accepting support the Odas Smoking Cessation advisor	t to be passed internally to	Odgs, Tobacco dependency Advisor/ special How transferred – what is procedure for re-
Details of referral		referrals? 16 ^{th.7} Can be added to QM10 and reported there
Delay cat up as a provider on OMIO		NO to add the champions and provide them



CO Monitor
(Bedfont piCO Smokerlyser)

Training Guide





Guide Established	Guide Review	Last Updated
February 2016	February 2017	February 2006
Author: Hywel Dda Public Health Te	am (Tobecco Team)	

DDAS	DDAS Sn Alison Ju	: 0330 3639997 noking Cessation Team ılian, DDAS Recovery Worker obile: 07584229449
LCOHOL SERVICE	Medication Reques	t
late:		
lear Pharmacist		
lient Name:	D.O.E	3:
ddress:		
ddress:		
HS Number: is letter is to confirm that the abounselling provided by their DDAS sm s smoked cigarettes (or eque e have discussed the most appropriate smoking history and dependence low.	GP Surgery: _ ove person has made a cor locking cessation advisor. The livalent) per day. ate forms of smoking cessati . The client has expressed	nmitment to attend the individu client has informed us that he/sh on medication, taking into accour an interest in the product/s circle
	GP Surgery: Ove person has made a cor soking cessation advisor. The sivalent) per day. ate forms of smoking cessati The client has expressed NRT Oral Products	nmitment to attend the individu client has informed us that he/sh on medication, taking into accour an interest in the product/s circle
HS Number: is letter is to confirm that the abounselling provided by their DDAS sm s smoked cigarettes (or eque have discussed the most appropriate ir smoking history and dependence low.	GP Surgery: _ ove person has made a cor locking cessation advisor. The livalent) per day. ate forms of smoking cessati . The client has expressed	nmitment to attend the individu client has informed us that he/sh on medication, taking into accour an interest in the product/s circle
HS Number: is letter is to confirm that the abt unselling provided by their <i>DDAS sm</i> s smoked cigarettes (or eque have discussed the most appropria ir smoking history and dependence low. NRT Patches	GP Surgery: Ove person has made a cor soking cessation advisor. The sivalent) per day. ate forms of smoking cessati The client has expressed NRT Oral Products	nmitment to attend the individu. client has informed us that he/sh on medication, taking into accour an interest in the product/s circle
HS Number: is letter is to confirm that the about the substitution of the substitutio	GP Surgery: Ove person has made a corroloking cessation advisor. The sivalent) per day. Sete forms of smoking cessation. The client has expressed NRT Oral Products Gum 2mg/4mg	nmitment to attend the individual client has informed us that he/sh on medication, taking into accouran interest in the product/s circle Mini Lozenges 1.5mg/2mg/4mg

He/she has been advised to contact you to ensure that this recommendation is appropriate, in view of any medical history or condition they may have. Please consider the above type of medication and supply please refer to overleaf for maximum NRT bi-weekly dosage, taking into account any contraindications.

Many thanks for your co-operation. If you have any queries please contact me on the mobile number at

Trained Workers to deliver Smoking Cessation.

Using their venues & appointments.

Adapted Medication Request letters.

Enables NRT to be used in Cannabis support.

Between 2021-2024 DDAS Treated 78% of 64 smokers who accepted support in their service.

Total quit rate 33% (Includes harm reduction).

Smoking & Alcohol



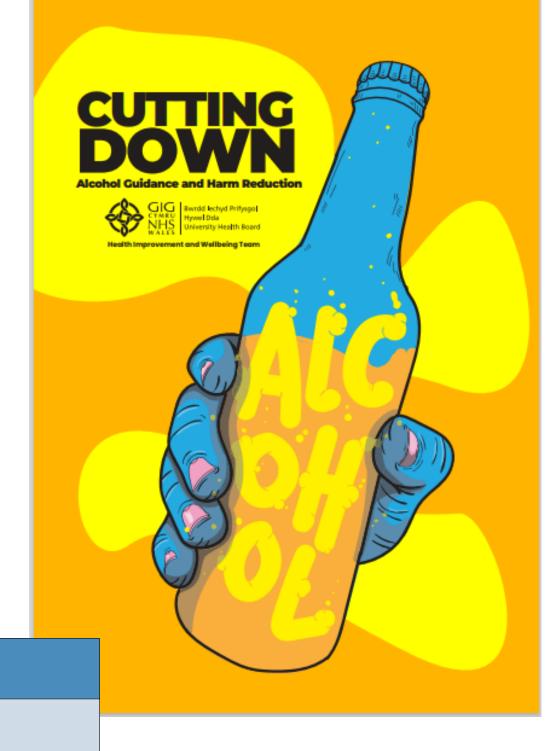
Alcohol-dependent individuals are three times more likely to smoke than the general population, and individuals who are dependent on tobacco are four times more likely to be alcohol dependent. (1)



Alcohol and smoking; Brief advice



Alcohol Screening Questionnaire		
How often do you have a drink containing alcohol?	Never	~
low many units of alcohol do you drink on a typical day when you are drinking?	5 - 6	~
ow often have you had 6 or more units if female, or 8 or more if male, on a single occasion in legistry.	in Daily or almost da	nily ~
ow often during the last year have you found that you were not able to stop drinking once your district.	ou Never	~
ow often during the last year have you failed to do what was normally expected from you ecause of your drinking?	Never	~
ow often during the last year have you needed an alcoholic drink in the morning to get burself going after a heavy drinking session?	Never	~
ow often during the last year have you had a feeling of guilt or remorse after drinking?	Never	~
ow often during the last year have you been unable to remember what happened the night fore because you had been drinking?	Never	~
ave you or somebody else been injured as a result of your drinking?	Audit C's co	mplete
	2024-25	1352
	2023-24	1428



Smoking & Drug use



Studies suggest that nicotine, when combined with other drugs of abuse, increases intake of one or both substances. (2)

Higher levels of smoking, predicted increased illicit drug use in a study on people with a Methadone prescription. (3)

Evidence suggests strong associations between tobacco, opiate and cocaine use, and recommends that smoking cessation should be offered to all methadone-maintained individuals. (3)

Cannabis is the most widely used illicit* substance worldwide, including the UK where 7.6% of adults report using it in the last year. Most Cannabis use involves mixing it with Tobacco to smoke. (7)



Our work with Choices (Hywel Dda Young Person's Substance Use Service)



- We trained their staff on Nicotine addiction and how to refer
- CHOICES trained our staff (Substance 101, Adolescent brain development, Alcohol & Cannabis awareness
- We worked together on developing Vape campaign & materials
- This helped us due to high numbers of requests from schools
- Also helped CHOICES by giving them access to schools who would otherwise not invite them.





Vape campaign with CHOICES - "Know it before you blow it"



Tîm Gwella lechyd a Llesiant



Nicotine is a drug; vapers can still experience withdrawal and side effects from its use.

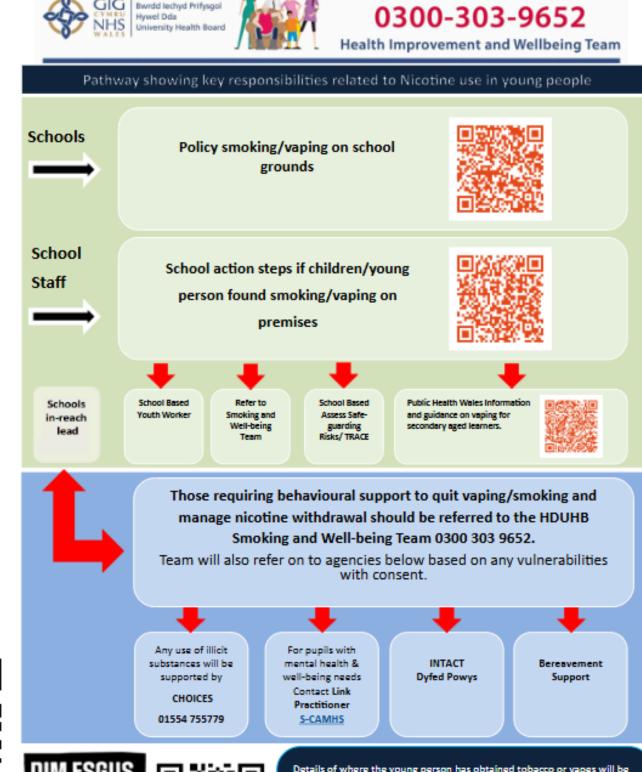
Smoke free specialists can visit you in school and con help you access Nicotine Replacement products to help you get through the day — without needing to vape.

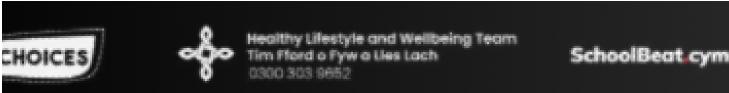
age brains are more sens cotine and you can becore cted very quickly leading ng addiction.

ng addiction.

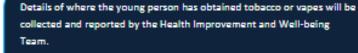
https://bit.ly/3 xFKZcq











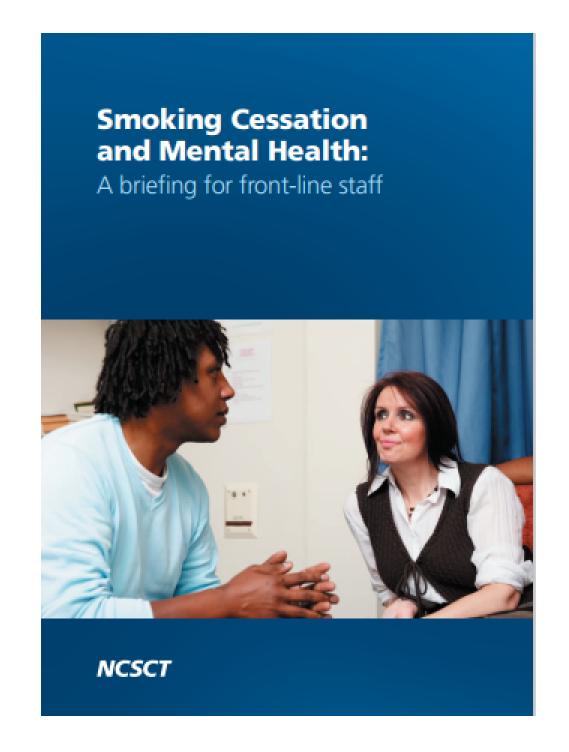
Smoking and Mental Health



People with Mental ill health or substance use issues buy approximately 42% of the tobacco sold in the UK.

They tend to smoke **more heavily** and be **more dependent** on nicotine. (6)

Smoking also impacts the metabolism of some antipsychotic medications and can affect recovery. Due to the metabolic impact of smoking, smokers can need higher doses of medication than non-smokers, which can be reduced if they quit. (5)



Does Smoking Cessation Affect Treatment Outcomes?



Some clinicians misperceive that patients will become destabilized if they get rid of their nicotine.

Data shows that if you treat tobacco and substance use at the same time, people have not only better tobacco outcomes, but better substance use outcomes. (4)



Impact of Quitting on Mental Health.



Quitting smoking supports recovery from mental health conditions by improving the effectiveness of treatment and increasing mental wellbeing. (5)

A Cochrane evidence review found that within 6 weeks of stopping smoking, exsmokers saw an improvement in their mental health that was equivalent to the impact of taking antidepressants.(5)

Challenges For Colleagues in Drug and Alcohol Services



"We manage high risk caseloads, attend internal and external meetings as well as having KPI's to achieve. I struggled time wise."

"Tobacco dependence is often not recognised as a addiction and therefore not treated as a priority."

When a role came up within NHS services I applied and was successful. Contracts in Drug & Alcohol services are not as favourable as NHS.

staff per office was put forward for training. When they were off we had to refer out of county or to NHS"

People were asked about Smoking at their very first appointment and often said they did not want to quit then. We never had a set point to bring this up again.

would refer patients to the NHS service instead of working with them myself due to staff shortages."

Where Do We Go From Here?



ASK

AND RECORD SMOKING STATUS

Is the patient a smoker, ex-smoker or a non-smoker?

ADVISE

ON THE BEST WAY OF QUITTING

The best way of stopping smoking is with a combination of medication and specialist support.

ACT

ON PATIENT'S RESPONSE

Build confidence, give information, refer, prescribe.

They are up to four times more likely to quit successfully with support.

REFER THEM TO THEIR LOCAL STOP SMOKING SERVICE

VBA in both services

Up to date training from both services.

Established drop in and joint appointments.

Resources developed.







Thank you for listening

Do you have any thoughts on what your services can do to Improve access to support?

References



- 1. Grant BF, Hasin DS, Chou SP, et al. Nicotine dependence and psychiatric disorders in the United States: results from the National Epidemiologic Survey on Alcohol and Related Conditions. Arch Gen Psychiatry. 2004;61:1107–1115. doi: 10.1001
- 2. Kohut SJ, Interactions between nicotine and drugs of abuse: a review of preclinical findings, Am J Drug Alcohol Abuse.
- 3. Frosch, Dominick L., Shoptaw, Steve, Nahom, Deborah, Jarvik, Murray E. Experimental and Clinical Psychopharmacology, Vol 8(1), Feb 2000, 97-103
- 4. Truth Initiative Freedom from Nicotine Addiction Why Smoking Should be Included in Substance Use and Mental Health Treatment.
- 5. Smoking & Mental Health A Framework for Action in Wales. National Collaborative Commissioning unit & Royal College of Psychatrists Wales and Dafodol.
- 6. ncsct Smoking Cessation and Mental Health © 2014 National Centre for Smoking Cessation and Training (NCSCT) Authors: Deborah Robson and Jennifer Potts Editors: Andy McEwen and Melanie McIlvar
- 7. Hindocha C, Freeman TP, Ferris JA, Lynskey MT, Winstock AR. No Smoke without Tobacco: A Global Overview of Cannabis and Tobacco Routes of Administration and Their Association with Intention to Quit. Front Psychiatry 2016;7:104. DOI: 10.3389/fpsyt.2016.00104
- 8. The Burke Foundation Adverse Childhood Experiences (ACES) Adverse Childhood Experiences (ACES) The Burke Foundation
- 9. Gov.uk Press Release Children whose parents smoke are 4 times as likely to take up smoking themselves Children whose parents smoke are 4 times as likely to take up smoking themselves GOV.UK

- Do you record smoking status? If not, why? If yes, how do you record and what happens to that information?
- What could be barriers to offering smoking cessation advice to clients (from your perspective or theirs)
- Does the language used put people off quitting smoking – what could we all do to change that?

Let's Tackle This Together

Develop a joint harm reduction strategy

Bring services, policymakers and communities together

Keep listening and acting





Please take 1 minute to complete our short feedback survey.





