



The National Conference of the Danish smoking cessation database

A national Smoking Cessation Programme in Ireland -Role in Tobacco Free Ireland

Prof Luke Clancy, Director General

TobaccoFree Research Institute Ireland, Dublin

Copenhagen 25th November 2016

National Strategic Plan



Framework for improved health
& Wellbeing 2013-2025



Tobacco Free Ireland by
2025

The challenge

650,000 people are killed every year
by tobacco¹

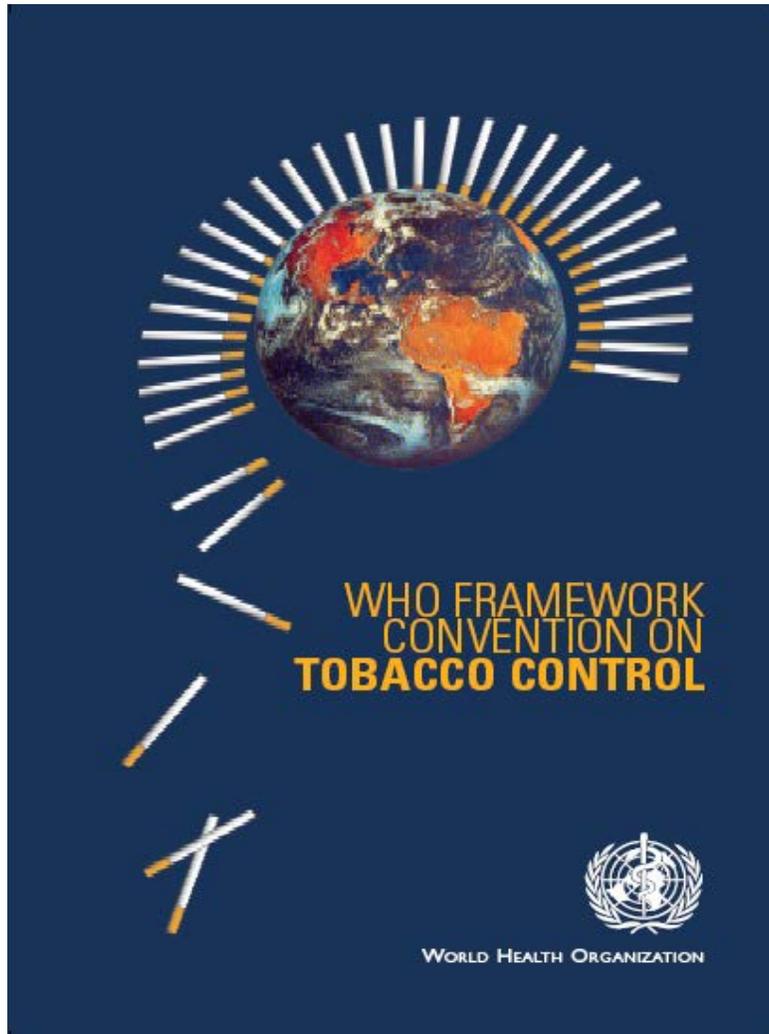
Not enough is being done to combat tobacco
dependence

All EU member states have signed up to The WHO's
Framework Convention
on Tobacco Control (FCTC)²



Conventional tobacco control policies

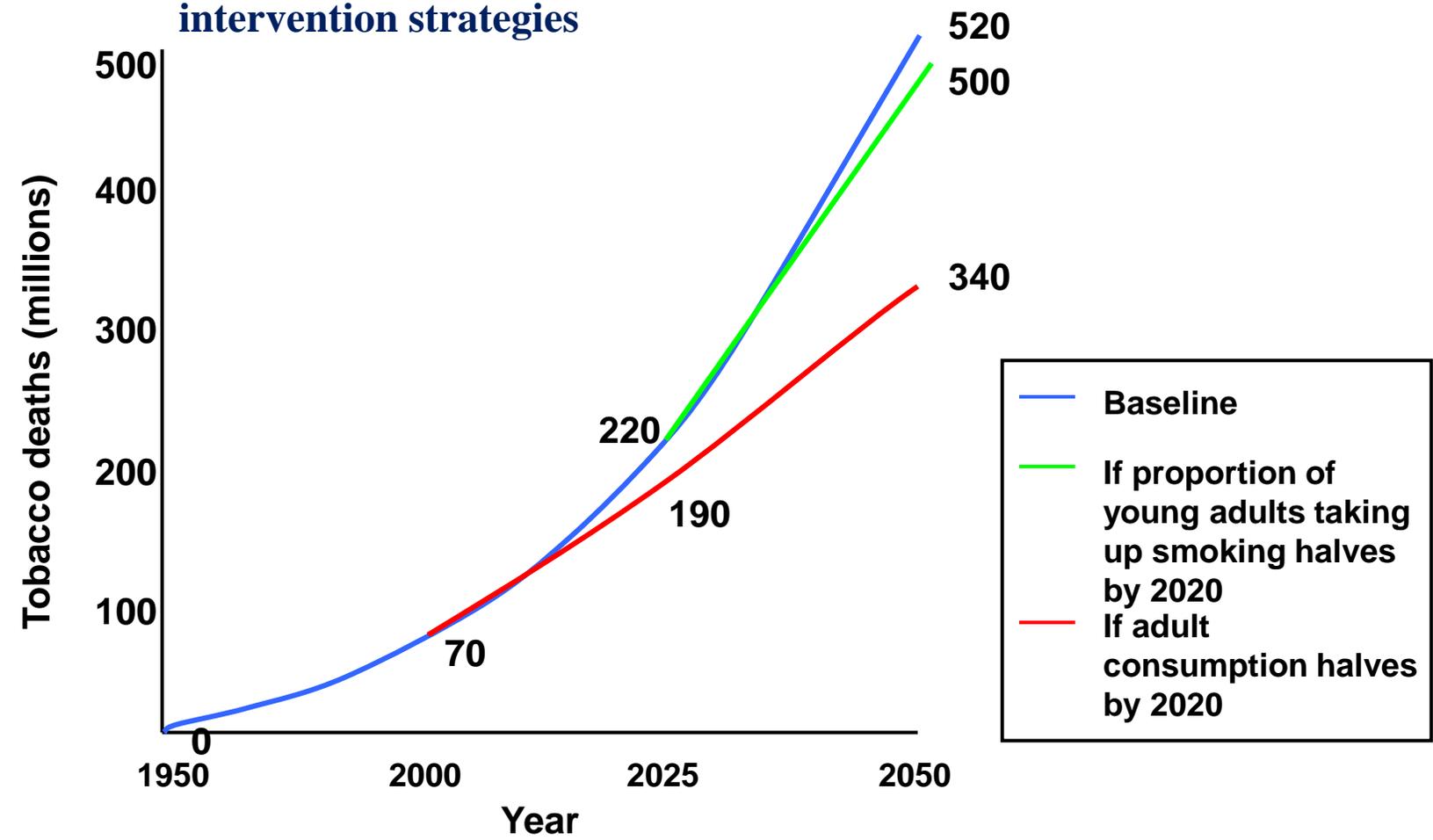
WHO, World Bank, others



- Price and tax increases
- Restrict advertising/other promotion
- Public awareness/health promotion
- Labelling/health warnings
- **Cessation programmes**
- Restrictions of supply to children
- Smokefree public places
- Product regulation

Unless Current Smokers Quit, Tobacco Deaths will Rise Dramatically in the Next 50 years

Estimated cumulative tobacco deaths 1950-2050 with different intervention strategies



World Bank. Curbing the epidemic: Governments and the economics of tobacco control. World Bank Publications, 1999. p80.

Art 14 WHO FCTC¹

Article 14 of the WHO Framework Convention on Tobacco Control (WHO FCTC) states that:

“each Party shall develop and disseminate appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices, taking into account national circumstances and priorities, and shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence”.

European Expert Consensus Paper on the implementation of Article 14 WHO Framework Convention on Tobacco Control

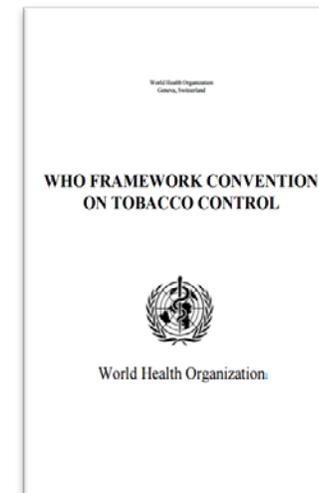
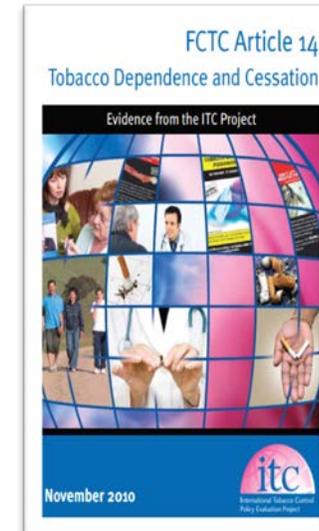
European Journal of Cancer Prevention 2016, 25:556–557

*Prof Luke Clancy, Director General
TobaccoFree Research Institute Ireland,
Dublin*



Conclusions Oslo meeting¹

- **The huge health and societal burden of tobacco dependence and smoking, emphasises the importance of Article 14**
- **The treatment of tobacco dependence still has low priority in Europe**
- **Lack of political will and leadership as main causes on the lack of progress of implementation of Article 14**
- **Agreed to develop a Statement calling on governments to make treatment of tobacco dependence (Article 14) a priority**



1. Eur J Cancer Prev 2016 (in press).
The meeting was initiated and funded by Pfizer

European Expert Consensus Paper on the implementation of Article 14 of the WHO Framework Convention on Tobacco Control

Luke Clancy

On the occasion of the 10th anniversary of the Framework Convention on Tobacco Control, this paper reports the consensus reached by all Roundtable participants on the need to further advance the availability and access to services to support cessation of tobacco use.

The implementation of services to support cessation of tobacco use in line with Article 14 can and should be significantly improved to protect the health of European citizens.

The meeting was initiated and funded by Pfizer.

European Journal of Cancer Prevention 2016 , 25:556–557

Tobacco Products Directive¹

Cigs

- **Larger and mandatory pictorial health warnings**
- **Ban on cigarettes and RYO with characterising flavours**
- **Replacement of TNCO labelling (Plain Packaging)**

Ecigs

- **Mandatory electronic reporting on ingredients**
- **Safety and quality requirements for e-cigarettes**
- **Packaging and labelling rules for e-cigarettes**
- **Monitoring and reporting of developments related to e-cigarettes**

Where we were in 2010

Adapted UK TV
campaign

Campaign material adapted from UK market

Poor links and integration between campaign and between services

Quitline – phone only, decreasing activity, not connected to online/face-to-face services

Give up
Smoking.ie

Give up Smoking.ie – increase in use of online QUITplan, approx. 5000 annually

Disconnected pathways for smokers seeking help to quit

National Quitline
2-tier Phone only
1850 201 203

1-1 clinics
Group Services

Evaluation of Smoking Cessation Services in Ireland: Design and pilot of a smoking cessation treatment database

An evaluation of the range and availability of intensive smoking-cessation services in Ireland.

Irish Journal Med Science. 2010 Jun; 179(2):225-31.

Currie L, Keogan S, Campbell P, Gunning M, Kabir Z, Clancy L.



Sheila Keogan



RESEARCH METHODS

1. Database of smoking cessation services

Compiled from existing information from IHPH
Supplemented by further advertising & enquiry:

2. Census of Smoking cessation services

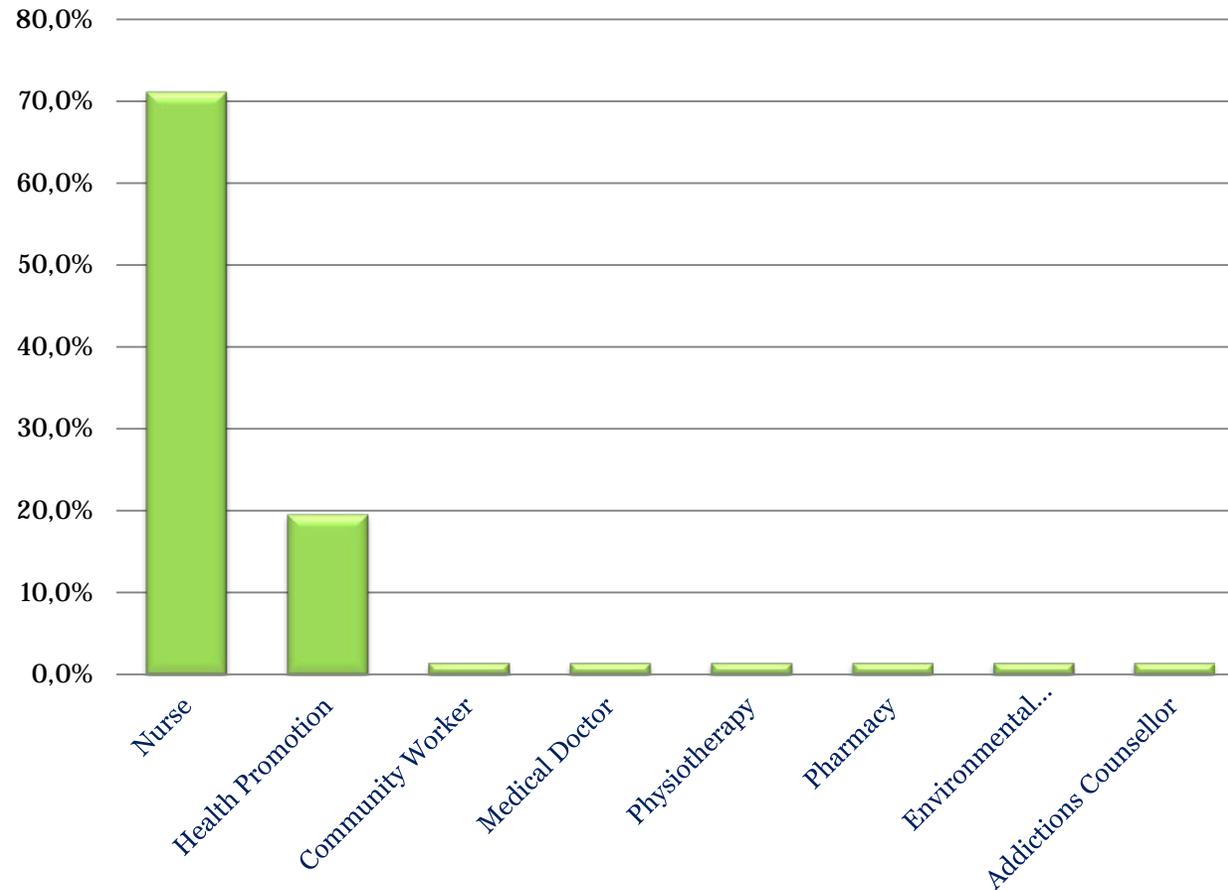
Database of service providers (SP) - population base for survey of services.

Developed a structured self-administered questionnaire; circulated electronically(n=77) and by post(n=16)

Key Findings

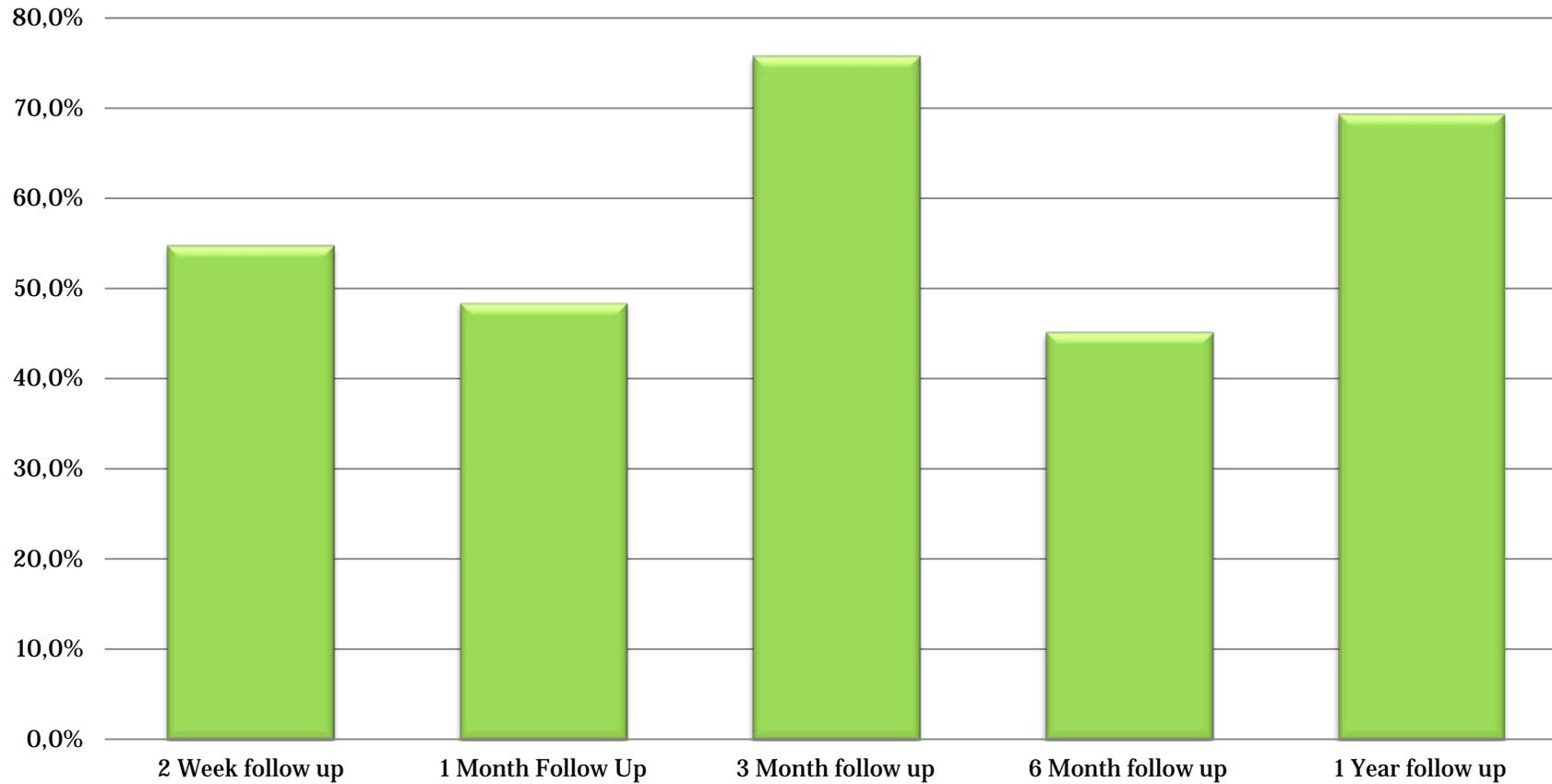
Census of smoking cessation service : 85% response rate

Professional Background



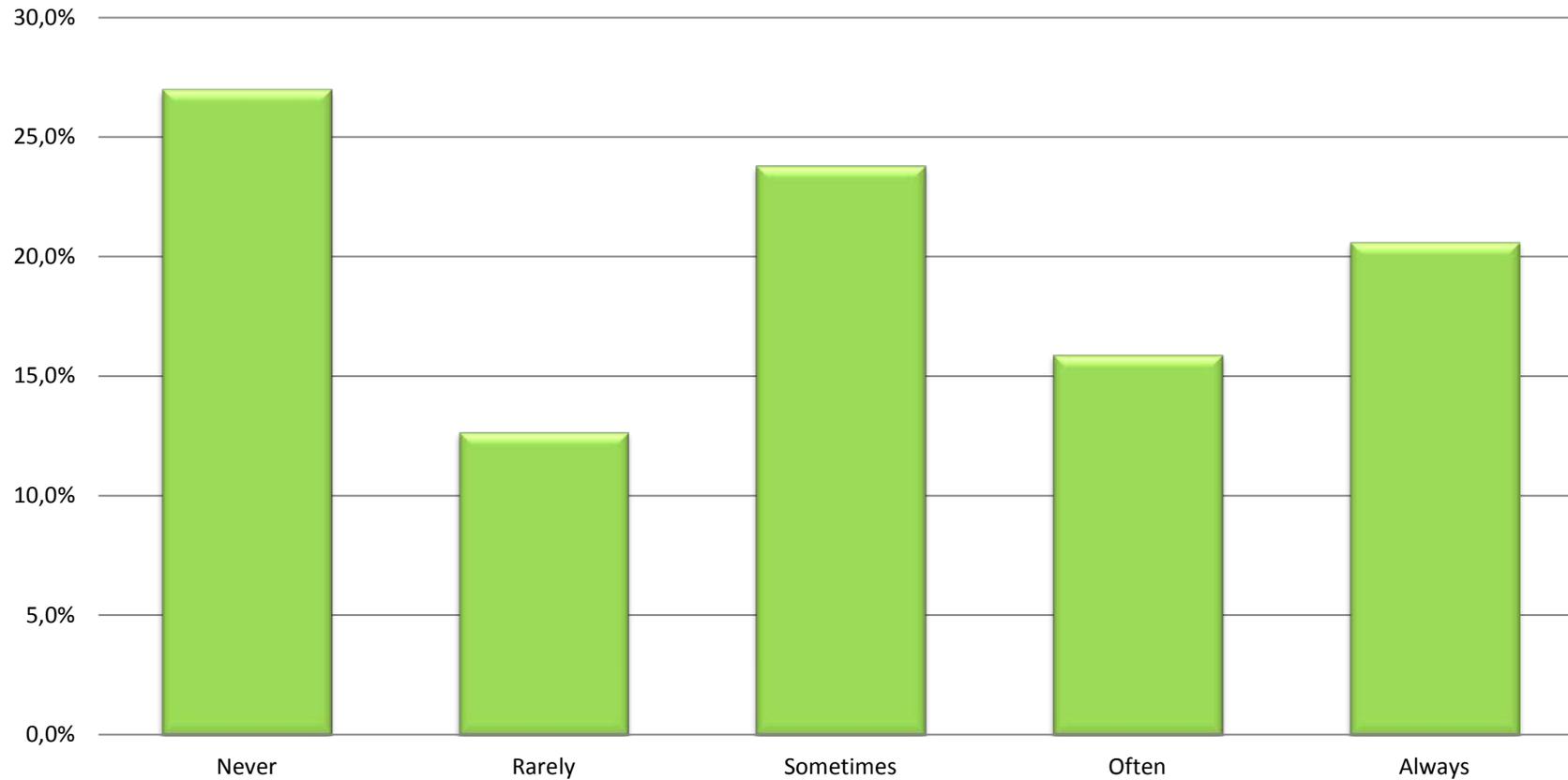
Census findings continued:

Patient follow up appointment schedule



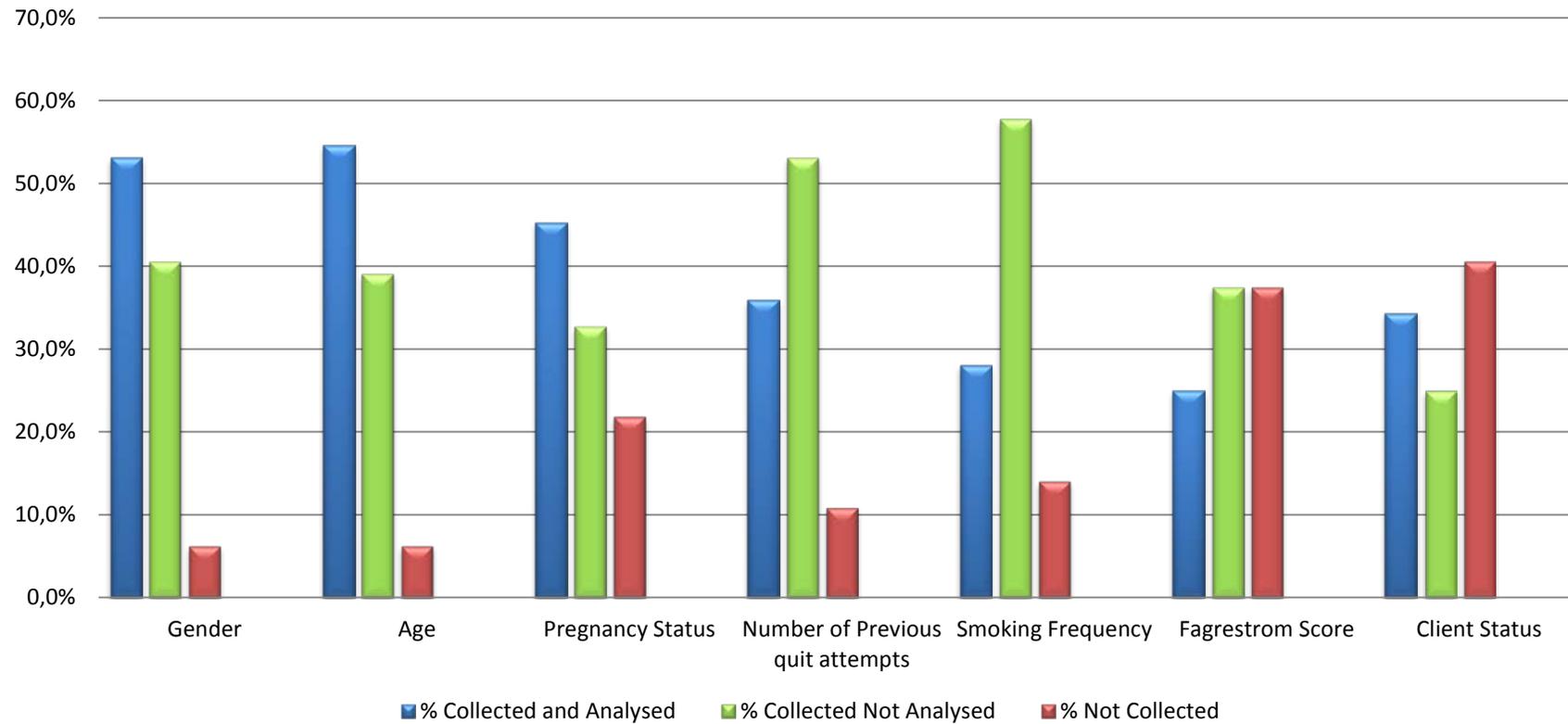
Census findings cont'd:

CO Validation



Census findings continued:

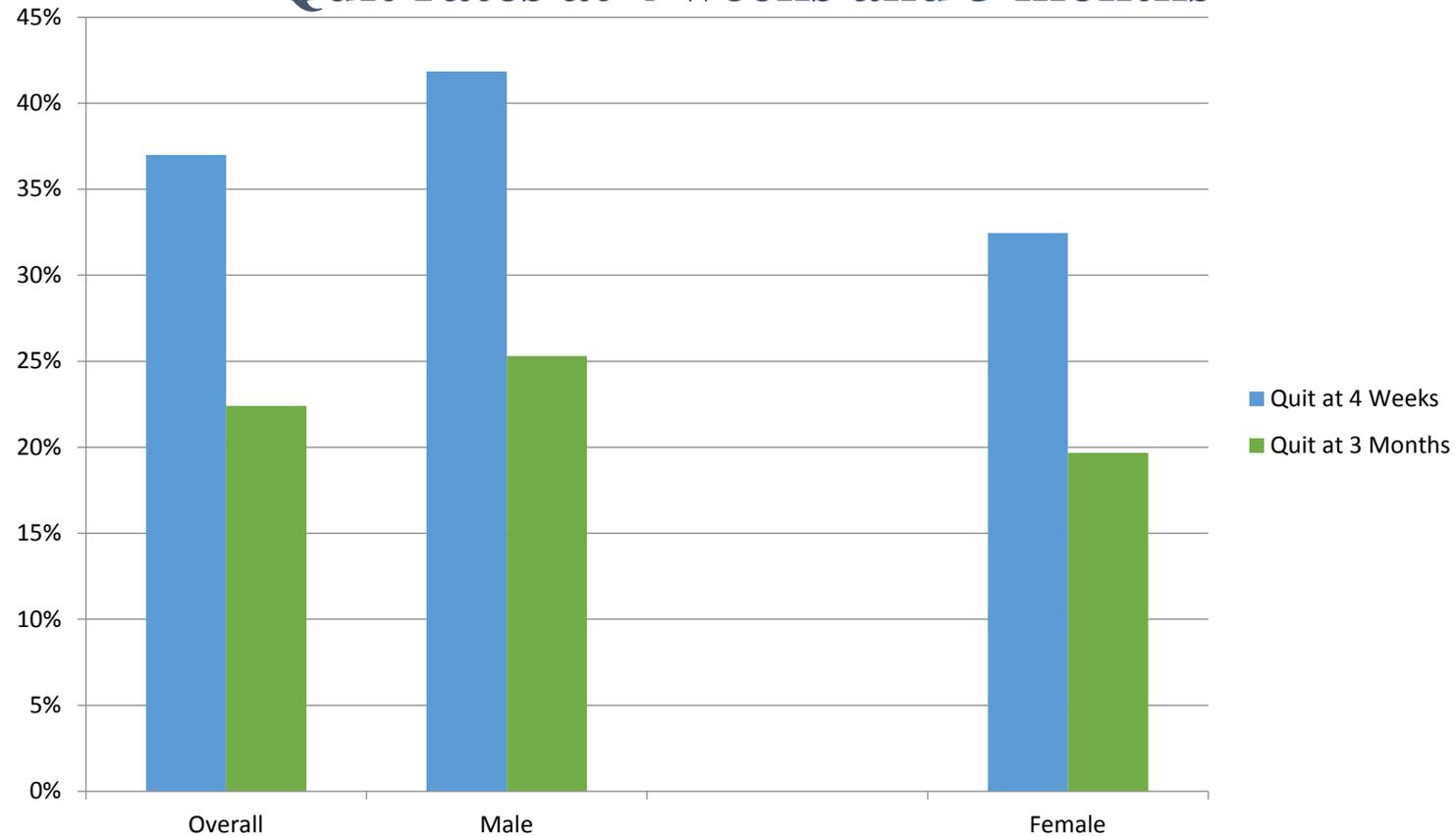
Data Collection and Analysis



Key Findings Continued:

3. Treatment Database (n=1490) Females(736) Males(752)

Quit rates at 4 weeks and 3 months



Treating Tobacco Dependence

Tobacco dependence is a chronic relapsing disease due to Nicotine addiction with its own ICD code-F 17.2

Effective and cost-effective treatments are available with a cure rate of 25-30%

Very few smokers however are offered treatment

It is important that medical practitioners take an active role in treating this disease



Art 14 WHO FCTC

Article 14 of the WHO Framework Convention on Tobacco Control (WHO FCTC) states that:

“each Party shall develop and disseminate appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices,

taking into account national circumstances and priorities, and shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence”.

The Tobacco Industry

FCTC Article 5.3



An “ideal” country Services

Physicians comprehensively involved in smoking cessation

All healthcare professionals comprehensively involved in smoking cessation

Smoking cessation services organised from a central organisation with a network of smoking cessation centres

Smoking cessation strategy with guidance on service provision available and with government endorsement

Medical society approved *treatment guidelines disseminated and implemented*

How will H&WB deliver a tobacco free Ireland?

Building Relationships

How will we implement
What is the
What are the
drive the
What are the
to deliver the

Problem Solving

Planning and Project Management

Ongoing monitoring and Reporting

- Tobacco as a Priority Programme
- Health & Wellbeing leads in the CHOs and Hospital Groups about to be appointed
- Yearly NSP/CHO/Hospital Group deliverables and an accountability framework
- Activity Based Funding
- Development of a 3 year implementation plan – measurable targets



Strong Leadership

National & International Partnerships
Engagement with international and national partners
– FCA and ENSH

Monitor Use and Prevention Policies
Monitoring new research findings and amending policy & practice accordingly
HI survey to monitor progress

Protect from Tobacco Smoke
Tobacco Free Environments embedded in future planning and funding sources
Limit access & disincentivise sale

Raise Taxes on Tobacco Products
Increases in taxation

Offer Help to Quit
Multicomponent interactive supports to QUIT

TOBACCO FREE IRELAND

Enforce Bans on Tobacco Advertising

- Plain packaging
- Monitor on-line advertising
- Legislative Changes

Warn about the Dangers
Increase investment in QUIT
Education initiatives aimed at youth



30 second Stop Smoking Advice

When you only have 30 seconds the most effective thing you can do is ASK, ADVISE and ACT

ASK

ASK every patient about tobacco use at every healthcare contact, including on hospital admission and record smoking status.

ADVISE

"Quitting is the single best thing you can do to improve your health. We need to do two things – give you support and start you on medication. With medication and support you are up to 4 times more likely to be successful."

Combined pharmacotherapy and behavioural support is 4 times more effective when compared with quitting unaided

KEY MESSAGES:

- Tobacco dependence is a chronic relapsing disease, WHO (ICD-F17.2) classification
- Smokers expect to be asked about smoking as it shows concern for their overall health
- Tobacco dependence treatments are both clinically effective and cost effective
- No other clinical intervention produces the same significant results for such a small investment in time

ACT

PRESCRIBE
"The first few days and weeks after you quit can be the hardest. Many people will go back to smoking unless they get extra help. You will now get the medication and support to help you." (see prescribing information on page 2).

REFER
"I would also like you to call the HSE Quit Team @ 1800 201 203 www.quit.ie", which is a free service. They will give you tips on dealing with cravings, withdrawal symptoms, smoking medications and help in staying motivated. Are you happy to do that now?"



* as per local arrangements

Make every contact count



PRESCRIBING FOR TOBACCO DEPENDENCE

Tobacco use remains the leading preventable cause of illness and death in our society. Smokers who quit reduce their risk of many diseases, including cardiovascular disease, respiratory disease and cancer. Quitting increases life expectancy. Some smokers make many attempts to quit before they succeed.

TREATMENT

NICOTINE REPLACEMENT THERAPY (NRT)*

PATCH

GUM /
LOZENGE

INHALER

MOUTH
SPRAY

COMBINATION NRT

A combination of nicotine patch and a faster acting intermittent form along with behavioural support is more effective than monotherapy and should be considered the standard treatment

PATCH
+ GUM

PATCH +
LOZENGE

PATCH +
INHALER

PATCH +
MOUTH
SPRAY

SET QUIT DATE: SAME DAY AS STARTING NRT

KEY MESSAGES:

- Quit rate is double placebo
- NRT is available to purchase over the counter
- NRT is available for medical card holders
- NRT should be prescribed to all patients ON ADMISSION to hospital, including day cases, to help them manage nicotine withdrawal symptoms

VARENICLINE (CHAMPIX)*

SET QUIT DATE: 7-14 DAYS AFTER STARTING VARENICLINE

KEY MESSAGES:

- This is the most effective medication; quit rate is triple placebo
- Available only on prescription
- There is no good evidence that combining NRT with Varenicline improves success rates

BUPROPION (ZYBAN)*

SET QUIT DATE: 7-10 DAYS AFTER STARTING BUPROPION

KEY MESSAGES:

- Quit rate is double placebo
- Available only on prescription
- There is no good evidence that combining NRT with Bupropion improves success rates



We're
here to help!



FREEPHONE 1800 201 203

FREETEXT QUIT TO 50100

EMAIL US SUPPORT@QUIT.IE

TWEET US @HSEQUITTEAM

FACEBOOK US FACEBOOK.COM/HSEQUIT

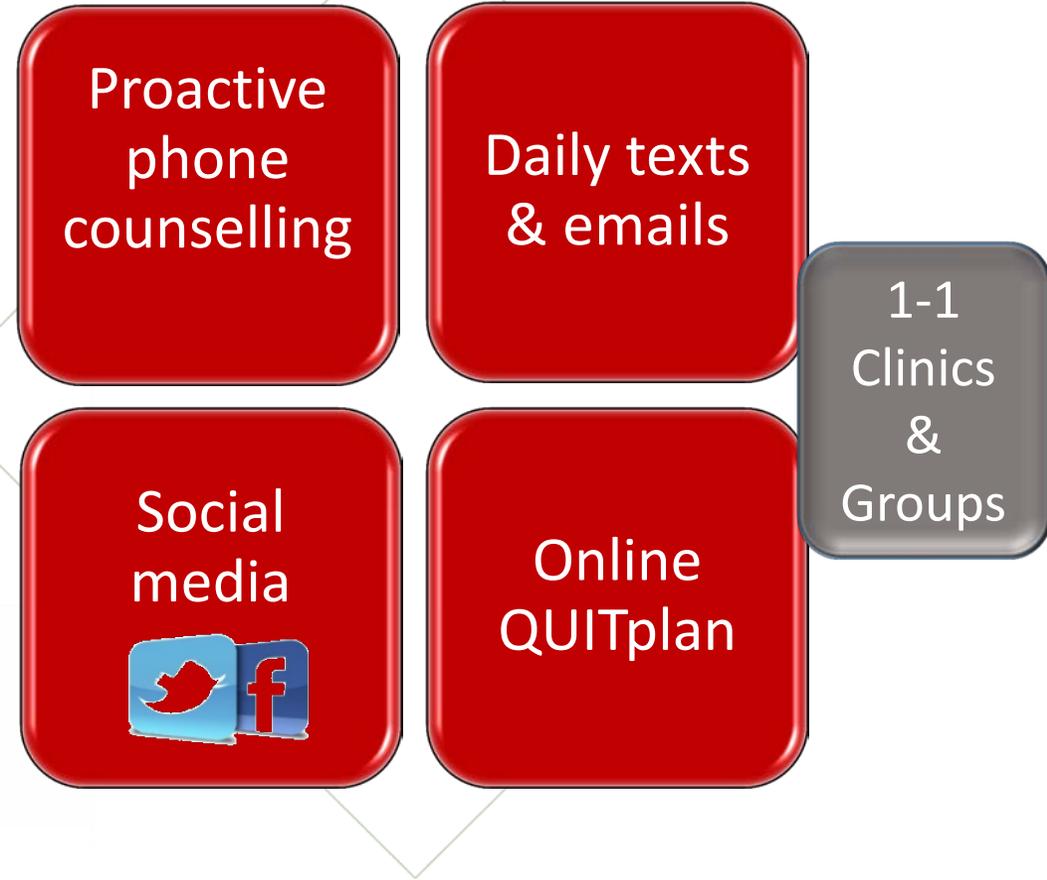
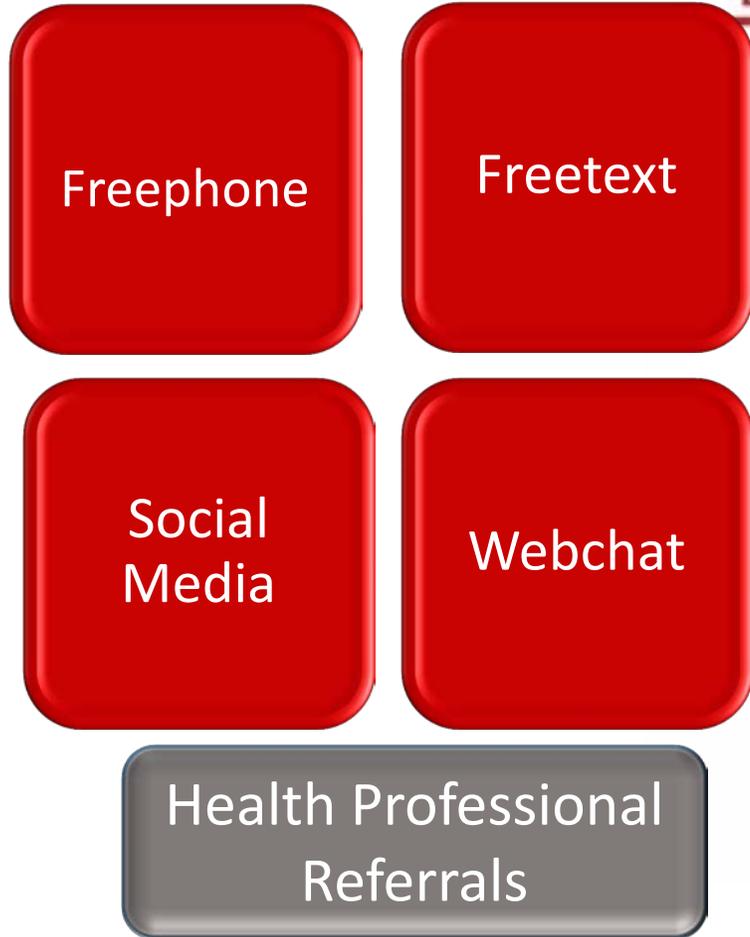
GET STARTED ON WWW.QUIT.IE

* for comprehensive information on these medications consult your prescribing manual.

Our QUIT Service



Trained cessation support staff





Digital and
Outdoor



Facebook

Health
Care

Why to QUIT
How to QUIT

Radio



Partners

TV



1

1 IN EVERY 2 SMOKERS WILL DIE
OF A TOBACCO RELATED DISEASE

2



1

2

1 IN EVERY 2 SMOKERS WILL DIE
OF A TOBACCO RELATED DISEASE

quit.ie 1850 201 203

 HSE HEALTH SERVICE EXECUTIVE  IRISH CANCER SOCIETY

CAN YOU LIVE WITH THAT? **QUIT**

 HSE HEALTH SERVICE EXECUTIVE  IRISH CANCER SOCIETY

quit.ie 1850 201 203

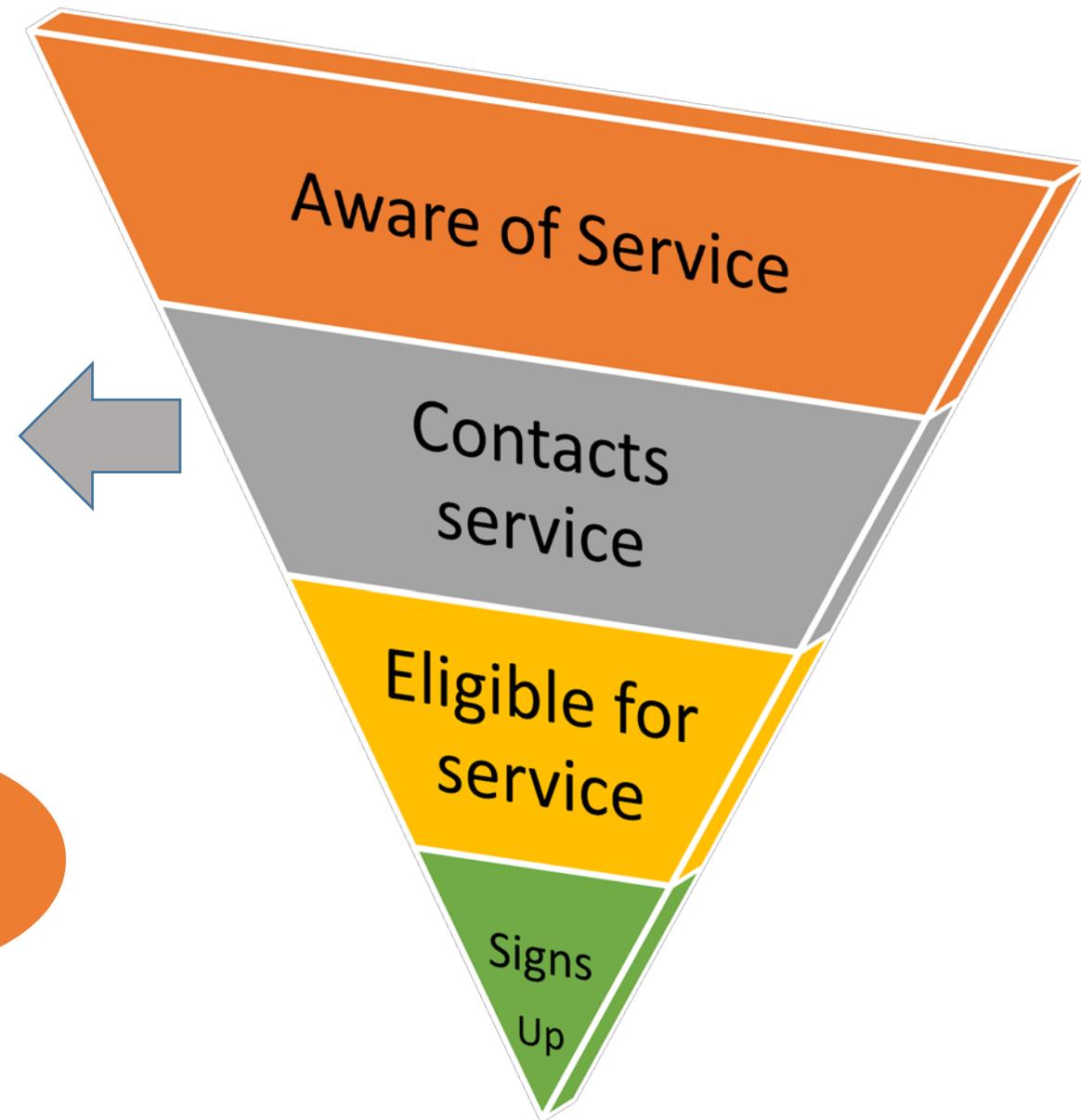
WITH THAT
CAN YOU LIVE **QUIT**

Increased reach

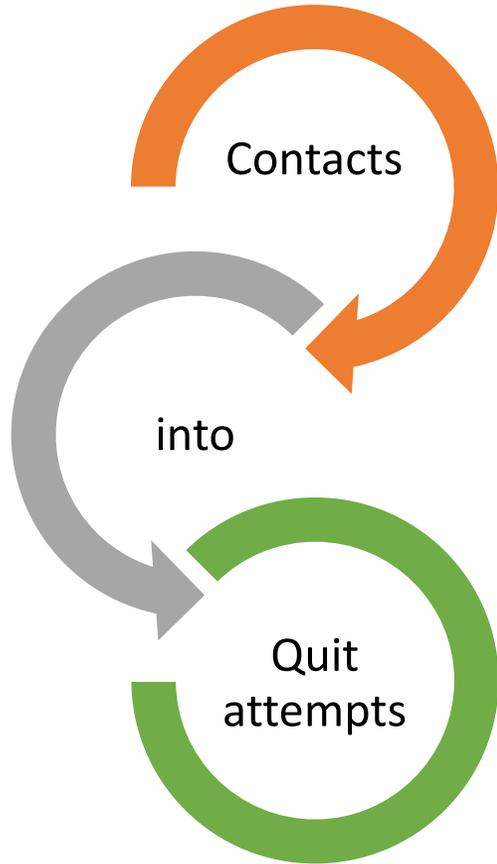
Type of contact	Q1 2014	Q1 2015
Phone	1,346	1,483
Text	n/a	2,649
Webchat	n/a	382
Email	n/a	421
Quitplan views	13,887	13,554
QUITheroos	n/a	12,585 users 228 stories
Social - engagement	Facebook Not connected to service	Facebook 119 private msgs 4,032 comments Twitter 1,045 followers 705 retweets

**5K
Direct**

**30K
Engaged**



Converting Reach into Quits



	January to March 2014	January to March 2015
Ads, messages, media spend, TVRs similar.	Communication channels unconnected. Primary focus – lead generation.	Communication channels integrated. Direct access to QUIT programme.
PHONE – 1800 201 203		
No of contacts	1,346	1,483
No of smokers receiving intensive cessation support	256	553 - 116% increase
No of clients enrolled in QUIT programme	97	241 – 141% increase
QUIT.ie		
Site visits	93,716	77,672
QUITplan home page view	13,877	13,554
QUITplan sign-ups	3,593	5,655 – 57% increase

Client feedback

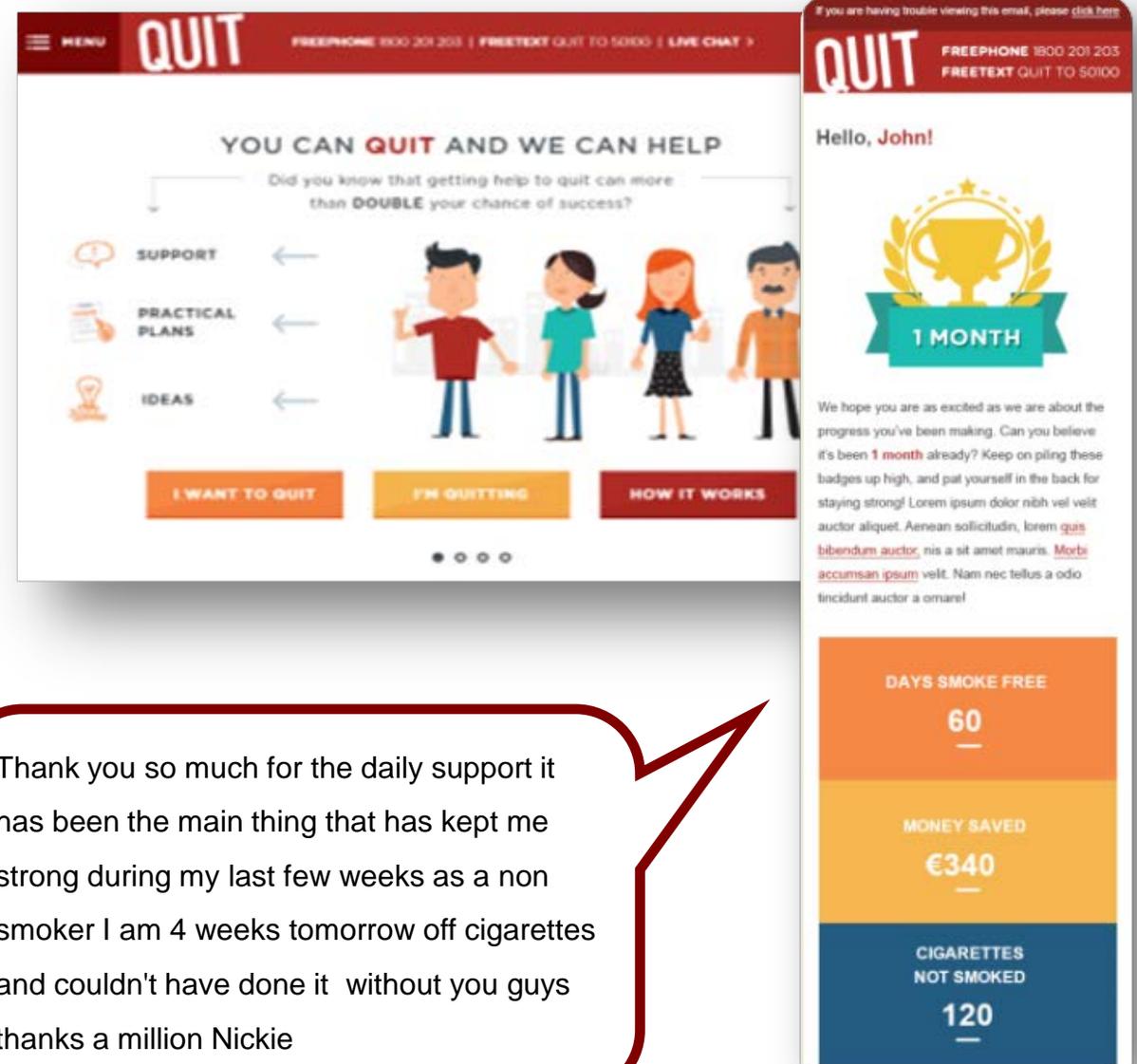
Customer Satisfaction Survey – March 2015
(852 respondents)

Over 75% felt that the service really helped them with their quit attempt.

34% self-reported as quit at 4 weeks

Didn't realise I could contact Advisor - I would have liked that

Thank you so much for the daily support it has been the main thing that has kept me strong during my last few weeks as a non smoker I am 4 weeks tomorrow off cigarettes and couldn't have done it without you guys thanks a million Nickie



2013 HSE NSP

- Commitment to implement HSE TFC Policy in All acute hospitals & 35% of PC centers (40 Acute sites/82%, 35% of PC sites achieved)
- Commitment to train 1,350 healthcare staff in BISC (1395 trained)
- ***9000 clients to receive intensive smoking cessation support (10,525 exceeded by 16.9%)***
- No of sales to minors test purchases

(TC Service Standards published, TC Training commissioned, QUIT campaign, SHS policy, TFI drafted, National Conference)

TOBACCOFREE



RESEARCH INSTITUTE

2014 HSE NSP

- Commitment to implement HSE TFC Policy in 100% Hospitals & 70% PC (100% Acutes achieved and 72% achieved in PC)
- Commitment to train 1,350 healthcare staff in BISC (1303 ↓ trained plus 165 undergrad)
- **9,000 clients to receive intensive smoking cessation support (9,309)**
- **No. of smokers quit at 1 month (2,450) (2,184 ↓)**
- QPS Audit of Tobacco F Campus 8 sites (complete)
- No of sales to minors test purchases (480)

(60 staff trained in T Cessation, New QUIT service commissioned, QUIT campaign – Gerry, TC treatment algorithm developed, Engagement with HIQA, PMS business case commenced)



2015 HSE NSP

- Commitment to implement HSE TFC Policy in 100% Approved MH, (39% achieved) 25%
- Residential MH (24% achieved), 20% Older Persons Residential (↑45% achieved), 25%
- Disability Residential) (↓14.7% achieved)
- Commitment to train 1,350 healthcare staff in BISC (1,279 - 5.2% on target)
- **9,000 clients to receive intensive smoking cessation support (11,950 + 32.8%)**
- **No. of smokers quit at 1 month (2,450) (achieved 2,490)**
- No of sales to minors test purchases (480) (↓460)

(30 staff trained in T Cessation including MH staff, QUIT campaign 1.2 M, Further engagement with HIQA/MHC, PMS business case progressed and approved, Toolkit group for TFC resource established)

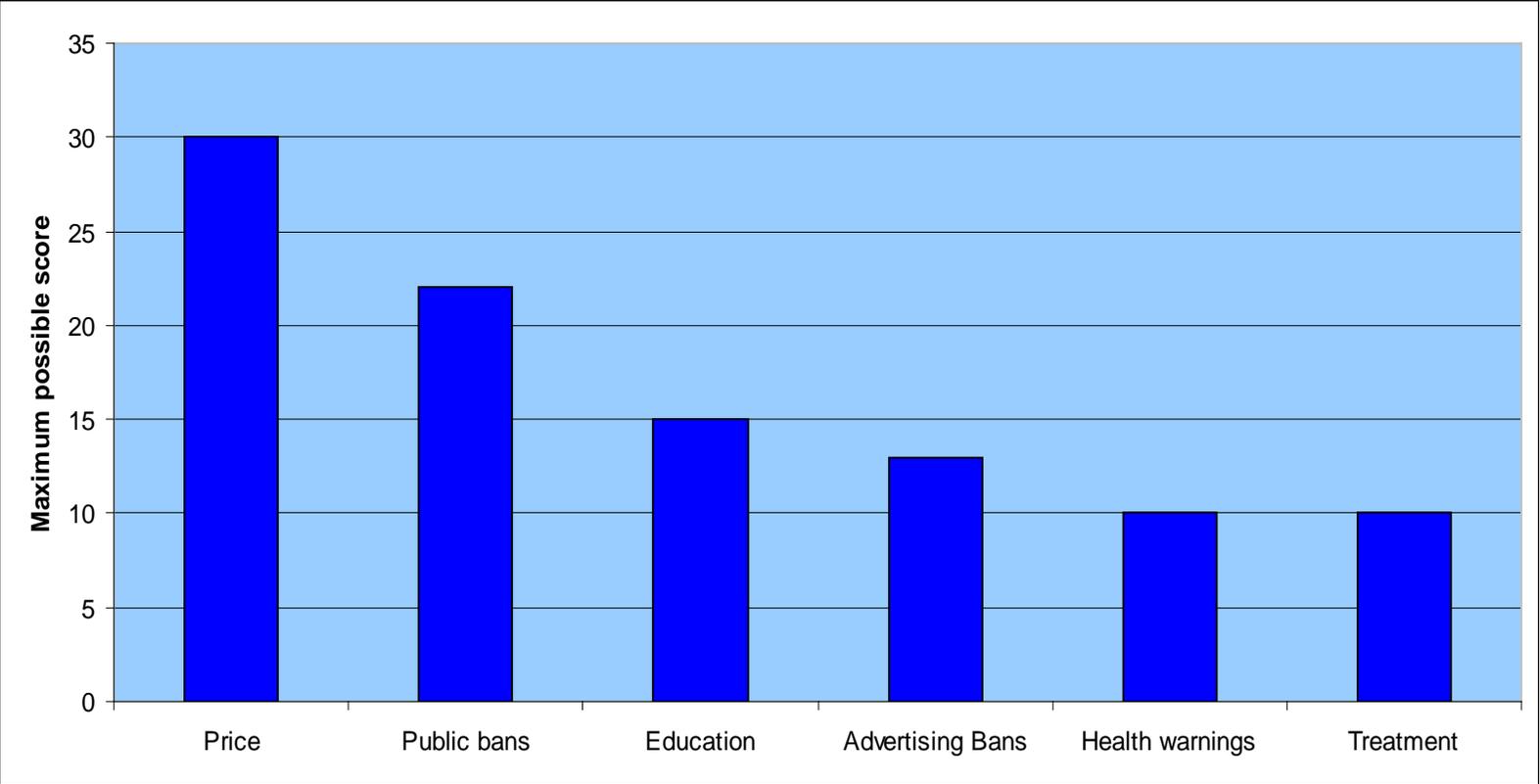
2016 HSE NSP

- Commitment to implement HSE TFC Policy in 100% Approved MH, 25% Residential MH, 75% Older Persons Residential, 25% Disability Residential)
- Commitment to train 1,350 healthcare staff in BISC
- **11,500 clients to receive intensive smoking cessation support**
- **% of smokers quit at 1 month (45%)**
- No of sales to minors test purchases (384)
- Tender for PMS
- Launch Toolkit for TFC, Mental health Briefing resource
- 6 National TFC support workshops

Developments in 2015 for 2016.

- ***Quit.ie upgrade – New community section, easier quit plan design, personalised content, more emails/SMS, video/Blog.***
- ***Hero App V2 – improved display, categories, Quit.ie integration.***
- ***New Quitter Testimonial-Based Radio, Video and Digital creative.***
- ***Quit packs review and refresh***
- ***Research with pregnant smokers – informing new information and support resources.***

Tobacco control scale



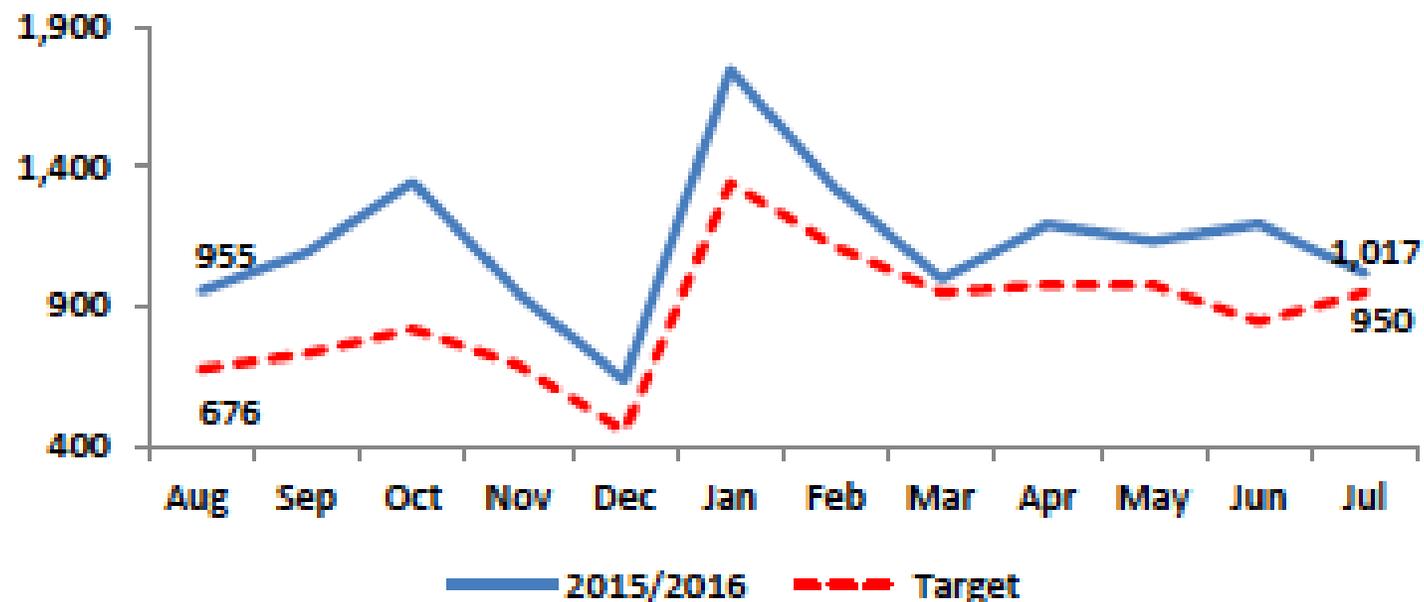
Work in Progress (2016) –

- Delivery of BISC training (1,350 target)
- **Quit service delivery (multi channel options- growing numbers accessing)**
- **Quit campaign – redevelopment of same for 2017**
- EH – test purchasing, register of vendors for tobacco and now for E cigs
- Development of Tobacco Free Campus Toolkit & Mental Health and Tobacco Briefing Document & resources
- Supporting the development of the DOH online toolkit for Private Business
- Support/Drive Tobacco Free Campus Rollout
- HIQA HTA on tobacco cessation
- Redevelopment of BISC to BI generic (MECC)
- Tendering for Tobacco Cessation Patient Management System

Tobacco

Smokers receiving intensive cessation support

- 1,017 received cessation support. 1,194 in June. (Target 950)
- 8,598 YTD (Target YTD 7,149)



Future Developments –

Objective:

Health professionals trained to incorporate prevention and support for behaviour change as a routine part of healthcare delivery:

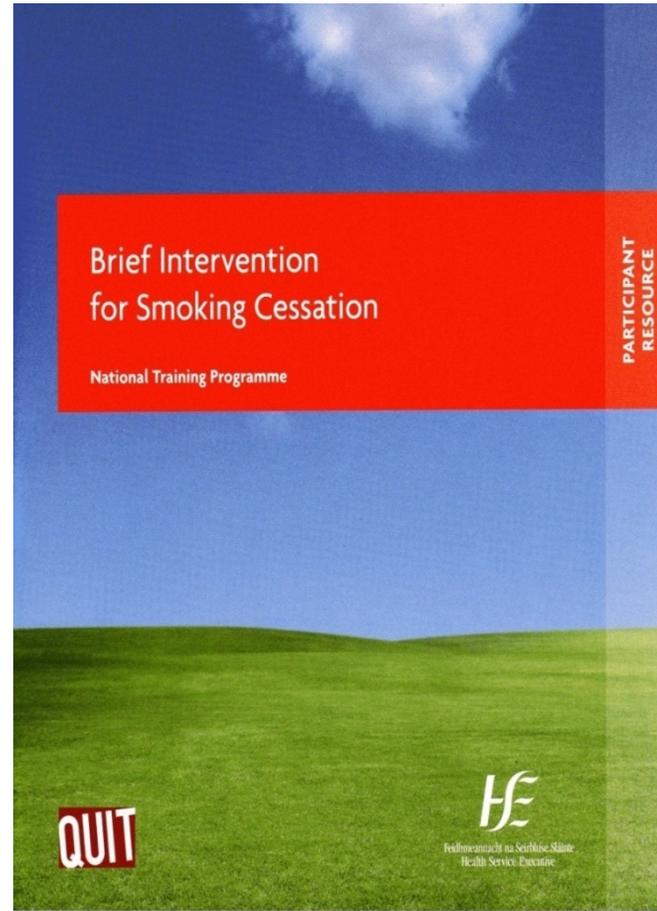
- Development of 3 year TFI implementation plan
- BI generic training for existing health service staff
- Training integrated into undergrad and post-grad health professional education (lead & project manager – UCC)
- Roll out of Tobacco Cessation PMS
- Notice of intent to develop Clinical Guidelines for the treatment of tobacco addiction (through the DOH)
- Develop new QUIT campaign
- Review and revise the HSE national TFC policy

1. NSP BISC training targets

2. On-line registration

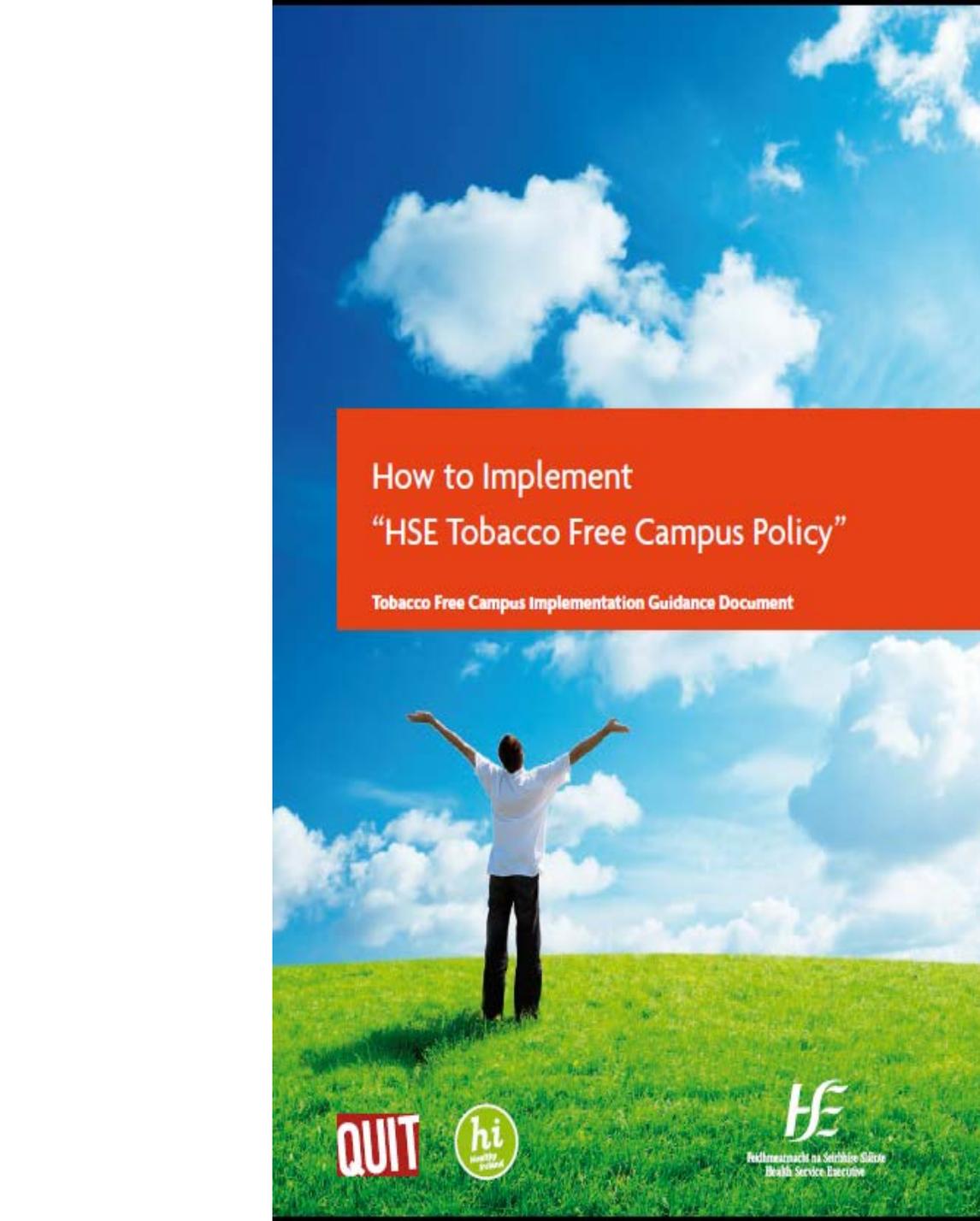
<http://www.hse.ie/bisc>

<http://hsenet.hse.ie/FeedbackServer/fs-2016BISC.aspx>



2016 BISC target Mental Health = 4.5% frontline staff

CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
35	43	28	50	44	20	42	37	44



How to Implement
“HSE Tobacco Free Campus Policy”

Tobacco Free Campus Implementation Guidance Document

QUIT



Poistomarcnact na Seirbhíse Sínte
Health Service Executive



Poistomarcnact na Seirbhíse Sínte
Health Service Executive

QUIT



**SMOKING CESSATION
AND MENTAL HEALTH**

A briefing for front-line staff

Doing the right thing isn't always easy!!

- Both staff & service users all acknowledge the benefits of smoking cessation
- Many are dealing with life long addiction & challenge of living in homes where smoking is the norm
- Organisationally selling a “health and wellness” message is key
- Important to see this initiative in a broader context of personal wellness

