

Vale of York Protected Learning Time

15 / 10 / 20

Workshop:

**Putting smoking cessation
at the frontline of
dementia prevention**

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Overview

Welcome and introduction

Dementia and smoking

Smoking cessation – why, how, where?

City of York / East Riding smoking cessation services

North Yorkshire smoking cessation services

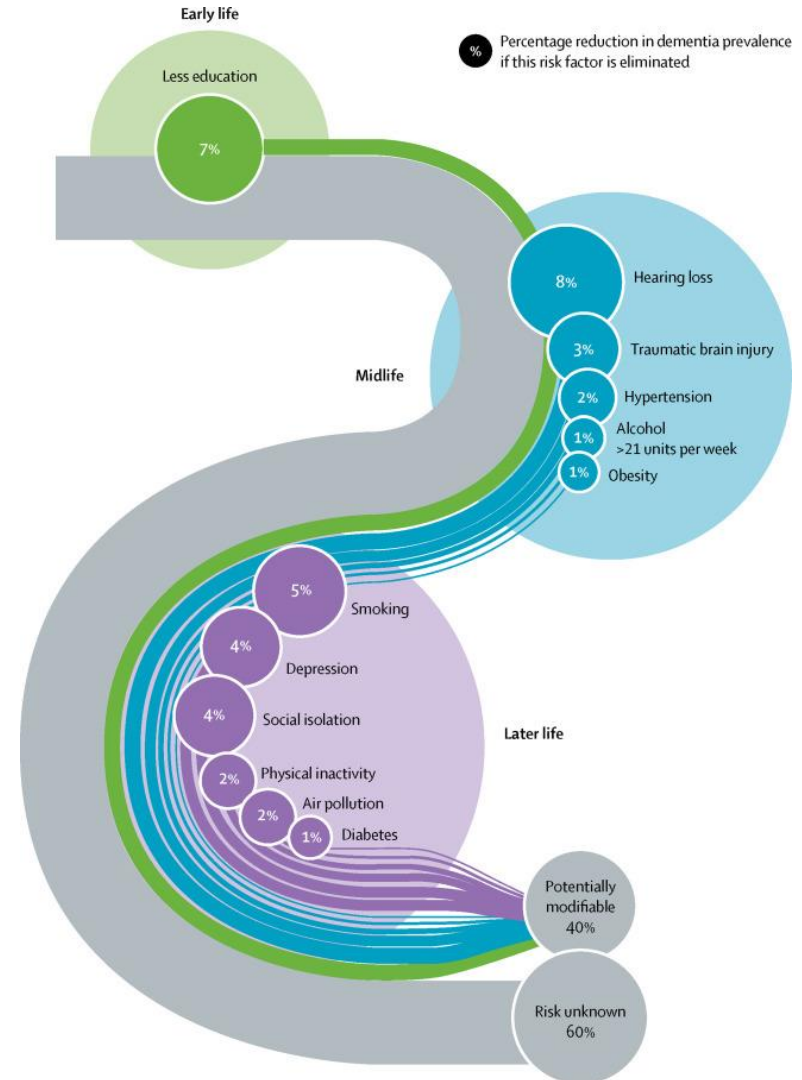
An introduction to Very Brief Advice (VBA)

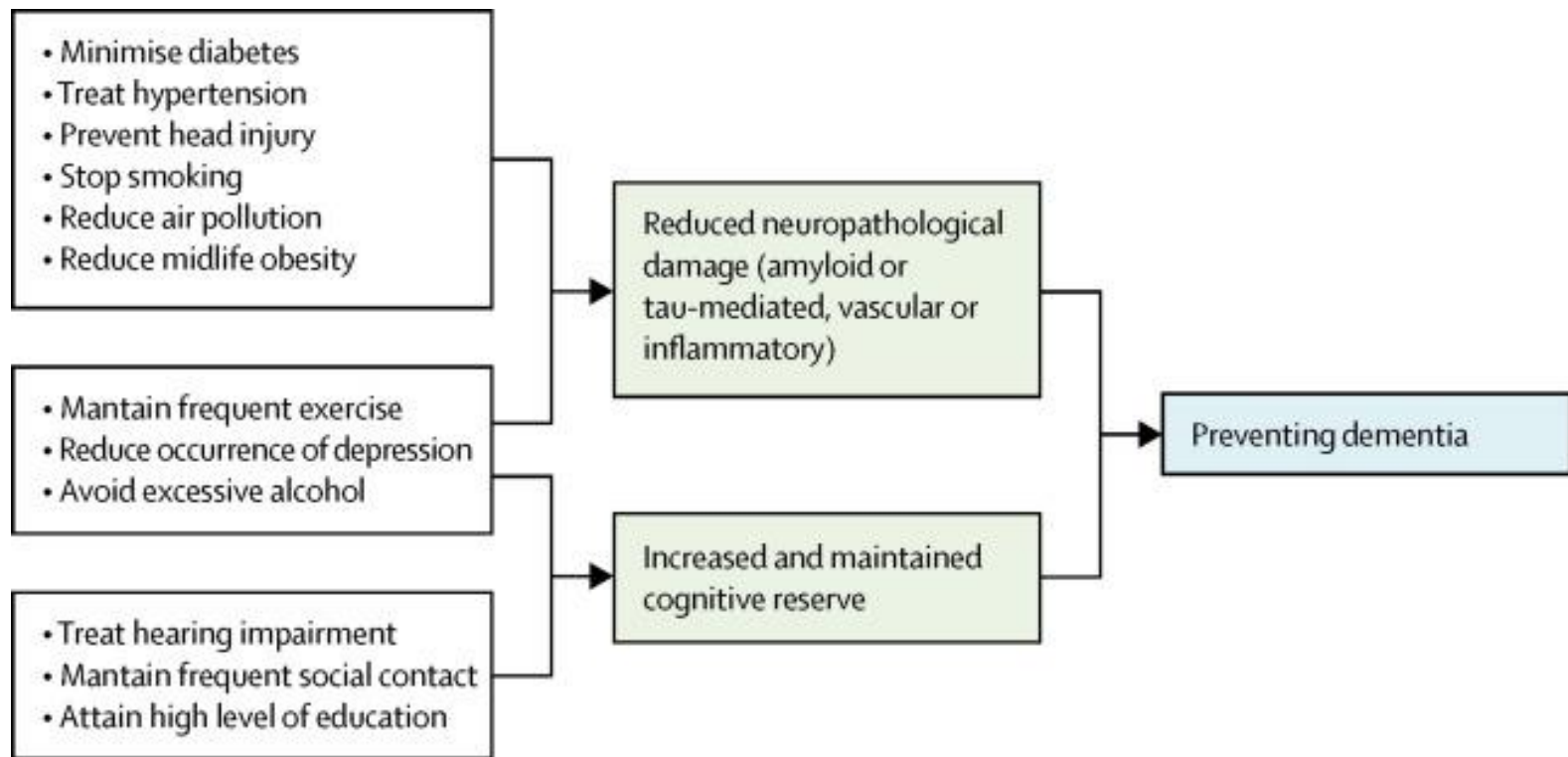
Q+A

Livingstone et al 2020

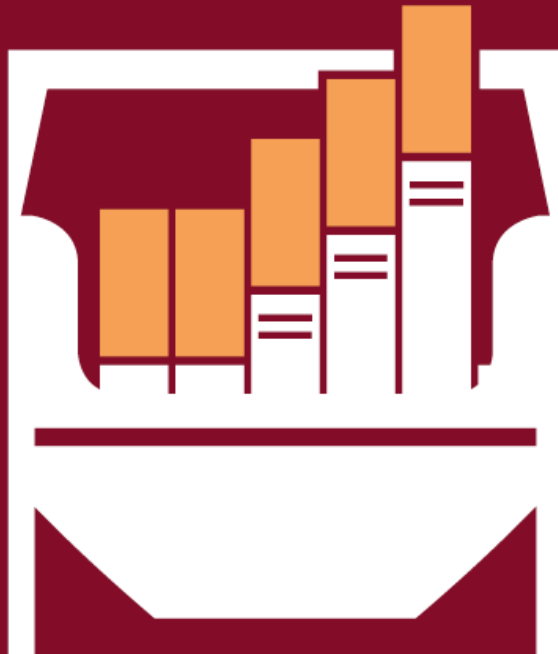
Dementia prevention, intervention, and care: 2020 report of the Lancet Commission

- Causal mechanisms of dementia (/s) are still being explored
- Whilst much pathology can't be prevented, the concept of 'Brain health' is helpful, defined as 'the preservation of optimal brain integrity and mental and cognitive function at a given age in the absence of overt brain diseases that affect normal brain function' (Wang et al 2020)
- Epidemiology suggests 40% of Dementia risk is modifiable. Best way of conceptualising this – mapping the multi-component risk factors across the life course





Smoking is one of the biggest lifestyle risk factors for dementia



Smoking doubles the risk of dementia by:

increasing the risk of

cardiovascular
disease



diabetes

stroke



narrowing the
blood vessels
in the heart
and brain



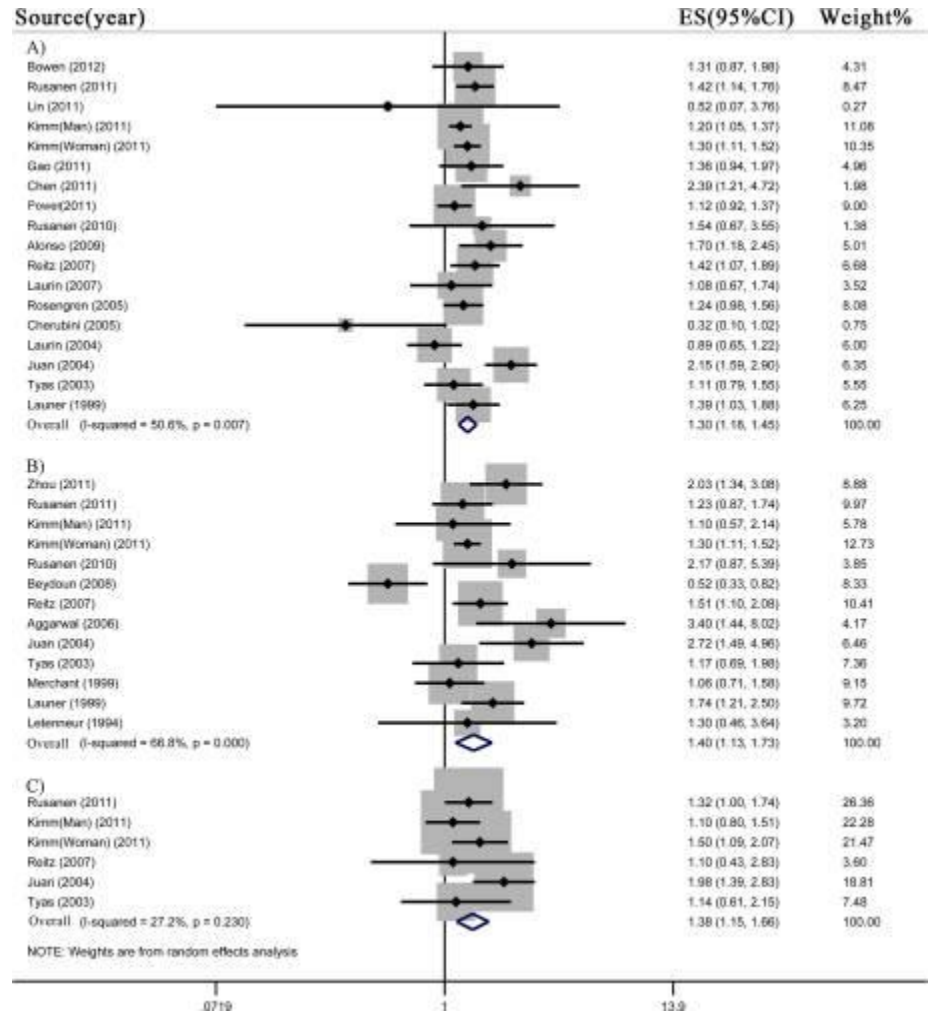
causing oxidative
stress which
damages
the brain



Zhong 2015. Smoking Is Associated with an Increased Risk of Dementia: A Meta-Analysis of Prospective Cohort Studies with Investigation of Potential Effect Modifiers. PloS One 10(3):

Compared with never smokers, current smokers showed an increased risk of all-cause dementia (risk ratio (RR) 1.30, 95% confidence interval (CI) 1.18–1.45), AD (RR 1.40, 95% CI 1.13–1.73) and VaD (RR 1.38, 95% CI 1.15–1.66). For all-cause dementia, the risk increased by 34% for every 20 cigarettes per day (RR 1.34, 95% CI 1.25–1.43).

Meta-analysis for current smoking and risk of A) all-cause dementia, B) Alzheimer’s disease and C) vascular dementia



WHO Dementia and Smoking Evidence Review (2014)

Smoking tobacco is hypothesized to cause dementia via several mechanisms. The most recognized causal pathway is via vascular risk factors that may ultimately cause cerebrovascular disease, stroke and coronary heart disease. Smoking increases total plasma homocysteine, an independent risk factor for stroke, cognitive impairment, AD and other dementias. Smoking also accelerates atherosclerosis, causing a narrowing of blood vessels in the heart and brain that can deprive brain cells of proper oxygen, nutrient and by-product exchange. Finally, smoking can cause oxidative stress, which is associated with excitotoxicity, leading to neural death (15). Oxidative stress is also associated with an inflammatory response that may be directly or indirectly related to the neuropathology of AD (16-17). Apolipoprotein E (APOE) ϵ 4 allele, is a genetic risk factor for dementia, and smoking tobacco can increase the risk for carriers of this gene (18-19).

- Smoking is a risk factor for dementia, and quitting could reduce the dementia burden.*
- Second-hand smoke exposure may also increase the risk of dementia.*
- 14% of Alzheimer's disease cases worldwide are potentially attributed to smoking.*
- As no treatments are currently available to cure or alter the progressive course of dementia, it is essential to identify modifiable risk factors for reducing the occurrence of the disease, delaying its onset or reducing its burden.*

Lifestyle Choices

Making certain lifestyle choices can increase or decrease our chances of developing dementia.

Exercise, mental stimulation, maintaining a healthy weight and socialising might help to protect us from dementia.

On the other hand, smoking and drinking too much alcohol can increase our chances.

6 out of 100

non-smoking 75 year-olds will have dementia.



Not everyone who smokes will develop dementia. But, giving up the habit can help to reduce your risk.

< Genes



Other Health Conditions >

Lifestyle Choices

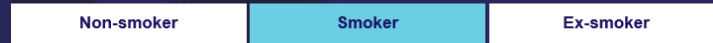
Making certain lifestyle choices can increase or decrease our chances of developing dementia.

Exercise, mental stimulation, maintaining a healthy weight and socialising might help to protect us from dementia.

On the other hand, smoking and drinking too much alcohol can increase our chances.

9 out of 100

smoking 75 year-olds will have dementia.



Not everyone who smokes will develop dementia. But, giving up the habit can help to reduce your risk.

< Genes



Other Health Conditions >

<https://www.alzheimers.org.uk/research/risk-factors-and-treatments-we-discuss-evidence/understanding-risk-factors-dementia>

THE IMPACT OF SMOKING IN YORK

369

Lung Cancer
registrations¹

737

Deaths attributable to
smoking¹

3167

Potential years
of life lost¹

383

Premature births^{1*}

59

Low birth weight
babies born^{1*}

1690

Hospital admissions
attributable to smoking²

£7.4m

Cost to the NHS
of smoking³

£2.3m

Cost to social care
of smoking³

£690k

House fires³

3 tons

of annual litter
waste³

£45.1m

Cost of cigarettes
(£22.5m back as tax)³

£24.5m

In lost economic
productivity³

Smoking cessation – why, how, where?

We want to show you:

- Helping people stop smoking is really important (you knew that)
- There is a really strong, evidence-based way to do it: referral to specialist stop smoking advisors who can provide the NICE-indicated combination of pharmacological products (Champix/NRT) and behavioural support
- The best thing primary care colleagues can do is to be hyper aware of the issue ('think smoking'), be aware of the support available locally, and use the VBA framework to structure conversations with smokers and get them referred into to our services

CYC Health Trainers Stop Smoking Support



Who are we!

- Part of City of York Council's Public Health Team
- 7 fully trained stop smoking advisors
- The only stop smoking service in York
 - Except for mental health referrals into TEWV



Working together to improve and make a difference

What we provide!

- 6-8 weeks one to one behavioural support for all.
- 12 weeks for pregnant women
 - Plus possibly longer through an incentive scheme
- Phone – Video conference – Face to face
- Free Nicotine Replacement Therapy (NRT)
- Subsidised Champix/Varenicline support through local pharmacy contract.



Working together to improve and make a difference

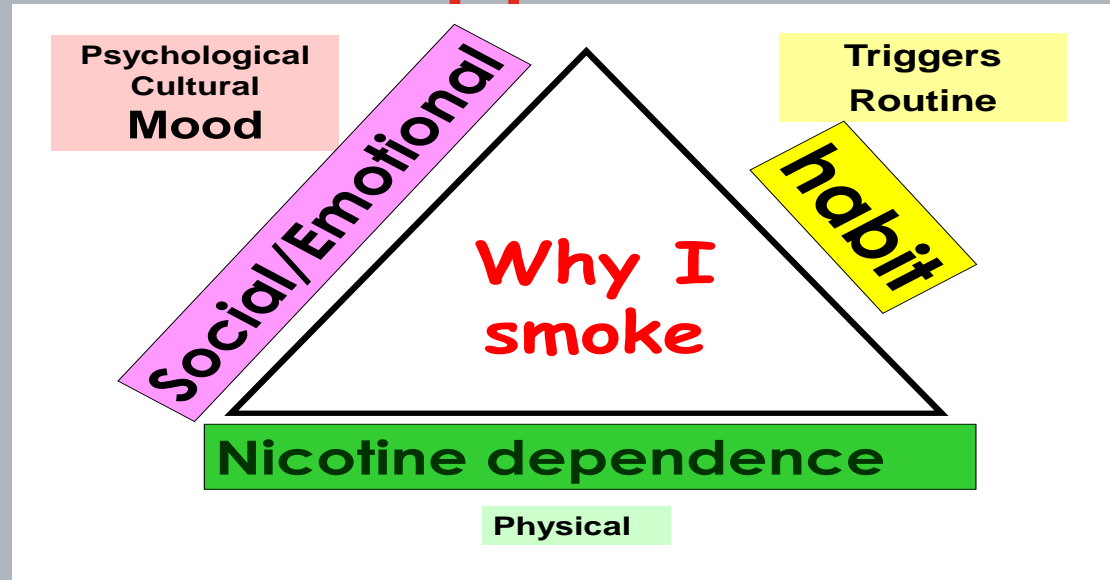
Behavioural support

- What do you stand to gain?
- How much does smoking cost you?
- Why did you start smoking?
- Why do you still smoke?
- When are you most likely to smoke?
- Reasons to smoke vs Reasons to quite.
- Smoking diaries.
- Triggers and Temptations.



Working together to improve and make a difference

Behavioural support



Working together to improve and make a difference

Nicotine Replacement Therapy (NRT)

- 4 weeks free for all.
- 12 weeks free for pregnant women.
- 4 weeks free for pregnant women household.
- Patches / Gum / Inhalator / Mints / Spray



Champix/Varenicline support

- Health Trainer provides 1st appointment with behavioural support.
- Refer through Pharmoutcomes to local pharmacies for continued support.
 - Whitworths / Priory / MJ Roberts / Monkbar
- 12 week programme –
 - 6 weeks free - £30 for 2 weeks supply, weeks 7-12

Smoking in Pregnancy Incentive Scheme

- Women recruited through a flier and verbally by YTHFT, referred by the GP, or self referred.
- Appointments consist of weekly, two weekly and monthly support, up to 3 months post-delivery when the last voucher will be issued.
- Appointments can be face to face, over the telephone or by virtual means.
- Vouchers will only be given provided the client attends the appointment and provides a Validated Mobile CO (carbon monoxide) reading to confirm non-smoking status, or a drop in CO reading session.
- HT must witness CO test to provide a Validated CO Reading
- Both Pregnant Client and Significant Other Smoker (SOS*) will receive 12 weeks free NRT

Smoking in Pregnancy Incentive Scheme

- Vouchers will be given at these key moments upon successful CO verification
 - £20 upon signing “Quit Contract” (Week 1 or 2)
 - £50 at successful 4 week quit
 - £50 at successful 12 week quit
 - £50 at successful quit 3 month post-natal
- *Significant Other Smoker is 1 household member/partner who smokes, recruited at Week 1, willing to stop smoking. SOS can only use scheme if pregnant smoker is enrolled in scheme.

Home based Co monitoring

- Trial currently linked to the incentive scheme only.
- Client will get results immediately after blowing into device.
- The app will prompt the smoker to test everyday with a notification.
- Results can and should be shared via email with advisor at every reading.



How to refer

- Any health professional can refer by emailing in a referral form.
- Self refer by
 - Calling 01904 553377
 - Email cychalthtrainers@York.gov.uk
 - Web – www.York.gov.uk/stopsmoking

East Riding Services

- Comprehensive stop smoking service provided by East Riding Health Trainer Team
- Self refer:

Call: 0800 9177752

Email: HNF-TR.healthtrainers@nhs.net



Working together to improve and make a difference

Stopping Smoking

How Health Care Professionals can play a part in
Encouraging smokers to quit
& refer into the

Specialist Stop Smoking Service

What does the Specialist Stop Smoking Service do?

The Specialist Advisors at LWSF offer individualised behavioural support and a treatment programme for 6-12 weeks at a range of clinics across North Yorkshire.

There are 6 Specialist advisors covering 6 out of 7 of the districts (Ryedale is still in progress although we do have Pharmacies in that area that run the service)

Clinics are in Northallerton, Catterick, Thirsk, Harrogate, Ripon, Skipton, Scarborough, Whitby, Filey, Tadcaster and Selby every week.

We also have fortnightly clinics in Harrogate Hospital Ante Natal department.

Free Service & NRT at Prescription Rates or Champix (prescription only)

Face to face behavioural support with a SSSA

Telephone support & virtual support if required

Support in local GP Surgery or Pharmacy

Objectives

- What Very Brief Advice (VBA) is
- To be aware of different approaches to smoking cessation
- To be aware of the need for support during quit attempts and to recognise the role of HCP and the local Specialist Stop Smoking Service.

Level 1 Very Brief Advice

- Ensure individuals are able to make informed choices
- Support and enable individuals to access appropriate information
- Communicate with individuals about promoting their health and wellbeing
- Provide opportunistic brief advice

Taken from the Prevention and Lifestyle Behaviour Change .
A Competence Framework NHS Yorkshire and Humber 2010

- Stopping Smoking is the single most important preventative action
- Opinions of HCP are crucial to the success of stop smoking interventions
- Brief advice from a HCP could be delivered opportunistically during a routine appointment (Whether or not they are seeking help with stopping smoking)
- 40% of smokers make a quit attempt following brief advice.

Smoking Causes: HEALTH

- ▶ How many adult smokers in the UK? ▶ **6,360,957 ***
- ▶ How many deaths per year? ▶ **80,000**
- ▶ What percentage of all smokers will be killed by their addiction? ▶ **50%**

- ▶ *ASH 2018 Annual Population Survey

Smoking Causes: WEALTH

- ▶ The cost to Society across the UK? **▶ £12.5 billion**
- ▶ The annual cost to the NHS? **▶ £2.4 billion**
- ▶ How many adult smokers in NY? **▶ 59,806**
- ▶ Cost to society in NY? **▶ £117.1 million**
- ▶ Cost to NHS in NY? **▶ £28 million.**
- ▶ Productivity lost in NY? **▶ £76.9 million**
- ▶ Social Care costs for current / former smokers in NY? **▶ £10.2 million**
- ▶ Smoking litter in NY? **▶ 75kg daily / 11 tonnes of discarded waste annually.**

Facts:

- ▶ Smoking is the biggest single cause of premature death & preventable illness in UK
- ▶ 1 in 2 smokers will die prematurely from their addiction
- ▶ Average life loss = 12yrs
- ▶ Second Hand Smoke: 17,000 children under 5 admitted to hospital per year
- ▶ Stopping smoking is the single most effective step to lengthen and improve peoples lives and has immediate and long-term benefits

Why do we need to help smokers quit?

Smoking is still common (1/10 of UK population)

More common in socially deprived areas

Biggest single cause of inequalities in death rates between the rich and poor.

Stopping smoking:

Treats the person and reduces future risks

Prevents second-hand transmission to others

Reduces chance of children taking up smoking

Almost 70% of smokers want to stop

Few smokers can stop with willpower alone

Most smokers smoke because of addiction to Nicotine and not out of choice

Most smokers would like to quit, but the majority will not be able to do so without help.

How to help smokers quit

- Very Brief Advice (VBA)
- Referral to Specialist Stop Smoking Service
- Individual counselling
- Motivational interviewing
- Group support
- Pharmacotherapy
- Nicotine replacement therapy (NRT)
- Medications: Varenicline (Champix prescription only from GP)
- E-Cigarettes or Vapes

What we should be doing – Very Brief Advice

ASK – all clients if they smoke

ADVISE – the best way to stop

ACT – Make a referral to SSS

'The best way to quit is a combination of support and treatment, that is available via Living Well Smokefree'

You can visit the NCSCT website to complete a short course on how to deliver Very Brief Advice if you so wish.

1. ASK smoking status

Everyone should be asked their smoking status
(if confident to ask or alternatively if you
notice they are a smoker you could say....

*'I notice you are a smoker.... Have you ever
thought of stopping?'*

2. ADVISE – on best way to quit

Offering support to help smokers quit is more effective than simply telling them to stop

'The best way to stop smoking is with the combination of treatment and support that is available within North Yorkshire – is that something that would interest you?'

"You are three times more likely to stop with treatment and support than going it alone."

'With the right support and treatment, it can be much easier to stop, and stay stopped'

If not ready to quit:

- When you are interested in quitting we are here, support is available. You can ask at any time.”
- Give details of local stop smoking service
- Review smoking status/tobacco use on a yearly basis

3. ACT – by providing support

Refer to Specialist Stop Smoking Service:

Telephone (either referral by phone or self referral)

Email

*'Give this number a ring, and you speak to one of the team
and make an appointment'*

Tel : 01609 797272

Email: stop.smoking@northyorks.gov.uk

In Summary

Smoking still kills thousands of people each year

Most smokers want to stop

All HCP should be able to...

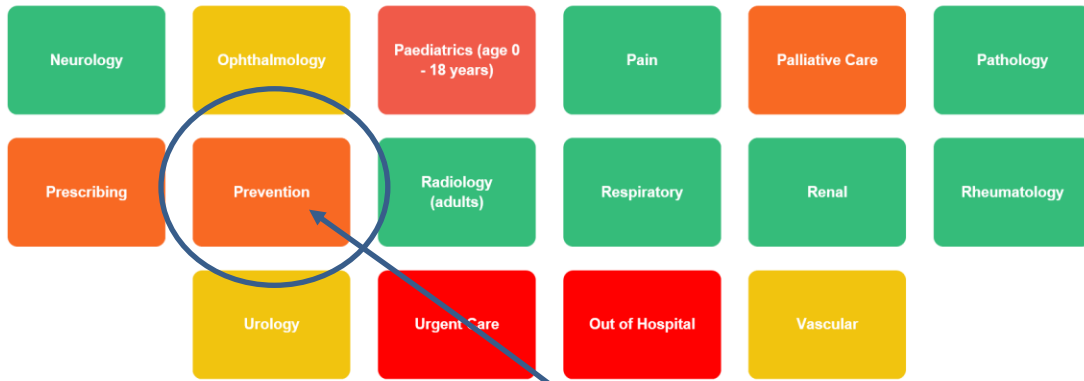
ASK: all clients if they smoke

ADVISE: the best way to stop

ACT: by providing referral to local stop smoking services.

Recap and Summary

- Stop smoking support is available for free in all 3 CCG LA areas
- Please think ‘smoking cessation’ in all consultations and patient contact – it could save lives
- If all else fails, stop smoking details are on the RSS:



VoY RSS website

First page: click 'prevention'

Second page: click specific service

You are here: Home > RSS > Referral Support Service > [Prevention](#)

Prevention

- > [Humber, Coast and Vale Diabetes Prevention Programme](#)
- > [NHS Healthy Ageing Guide](#)
- > [NHS Screening Programmes](#)
- > [NYCC SmokefreeLife Service](#)
- > [Support for losing weight](#)
- > [Stop Smoking - support in York](#)
- > [Smoking Cessation Support - Local Authorities Support](#)
- > [YorWellbeing](#)

Alcohol – brief intervention

- > [Alcohol screening questionnaire \(Audit C\)](#)
- > [Alcohol structured advice tool](#)
- > [UK alcohol unit guidance](#)
- > [What is an alcohol unit?](#)

Weightloss (under development)

- > [iTravel York](#)
 - > [Cycling](#)
 - > [Health Walks](#)

Local Authorities' Wellbeing Services

- > [City of York Council - 'Better - Healthwise: Physical Activity GP Referral Scheme'](#)
- > [North Yorkshire County Council - 'Living Well in North Yorkshire'](#)
- > [East Riding of Yorkshire - 'Healthtrainer service'](#)