

# Practitioner Network Meeting

22.7.21

## Smoking cessation: evidence base/ data collection



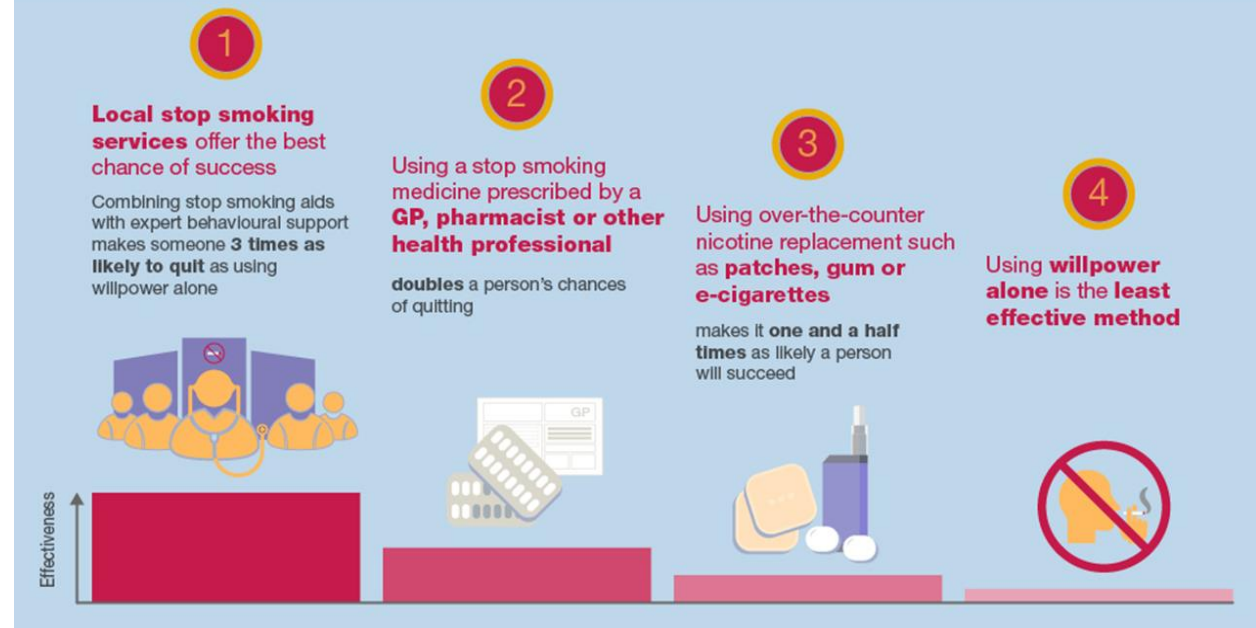
**Southampton  
Smokefree  
Solutions**

Supporting local health  
and care providers

# Stop smoking interventions and services

- The primary role of stop smoking services is to deliver high-quality, **evidence-based stop smoking interventions**.
- Involves a combination of behavioural support and pharmacotherapy.
- A network of stop smoking services has existed in England since 1999.
- The provision of a high-quality stop smoking service is a high priority for reducing **health inequalities** and improving the health of local populations.
- Stop smoking services are **extremely cost-effective** and form a key part of tobacco control and health inequalities policies at both local and national levels.

## Quitting methods – what works?



[https://www.ncsct.co.uk/usr/pub/Guidance\\_on\\_stop-smoking-interventions-and-services.pdf](https://www.ncsct.co.uk/usr/pub/Guidance_on_stop-smoking-interventions-and-services.pdf)

[https://www.ncsct.co.uk/usr/pub/LSSS\\_service\\_delivery\\_guidance.pdf](https://www.ncsct.co.uk/usr/pub/LSSS_service_delivery_guidance.pdf)

Chesterman J, Judge K, Bauld L, Ferguson J. How effective are the English smoking treatment services in reaching disadvantaged smokers? *Addiction*. 2005 Apr;100:36–45

Bauld L, Judge K, Platt S. Assessing the impact of smoking cessation services on reducing health inequalities in England: observational study. *Tob Control*. 2007 Dec;16:400–4.

# Effectiveness of NHS smoking cessation services

A systematic review of 20 studies published between 1990 and 2007. They suggest that intensive NHS treatments for smoking cessation are effective in helping smokers to quit.

The national evaluation found 4-week carbon monoxide monitoring validated quit rates of 53%, falling to 15% at 1 year.

# Cochrane: Behavioural interventions for smoking cessation: an overview and network meta-analysis (Review) 2021

- The best thing people who smoke can do for their health is to stop smoking.
- Behavioural support can help more people to stop smoking for six months or longer.
- Most people who smoke want to stop, but many find it difficult.
- Behavioural support can be given in group sessions or one-to-one.



Behavioural interventions for smoking cessation: an overview and network meta-analysis (Review)


*Hartmann-Boyce J, Livingstone-Banks J, Ordóñez-Mena JM, Fanshawe TR, Lindson N, Freeman SC, Sutton AJ, Theodoulou A, Aveyard P. Behavioural interventions for smoking cessation: an overview and network meta-analysis. Cochrane Database of Systematic Reviews 2021, Issue 1. Art. No.: CD013229.*




Interventions should be based on the current evidence base and where applicable follow NICE guidance.

Clients should be informed of all available (evidence-based) treatment options.


Stop smoking service provision should be guided by a treatment manual clearly indicating the elements of a behavioural support programme and when and how they should be applied. This manual should follow recommended practice from evidence-based national guidelines.



All staff involved in delivery should have been trained to the NCSCT Training Standard and should obtain full NCSCT certification.



In addition to the completion of the national online training, it is also recommended that practitioners receive face-to-face training\*. Ongoing supervision and mentoring is also important to ensure providers retain core skills and knowledge and are made aware of developments in the field.



# National Monitoring (1)

- Stop smoking service activity data has been captured nationally since 1999.
- The purpose is to help monitor and evaluate the effectiveness and reach of stop smoking services.
- It is designed to provide consistent information on people who have sought and received quitting help from an evidence-based service.
- In order to improve the consistency and usefulness of the data collection and subsequent publications, it is important that all stop smoking services adopt strict criteria when deciding who to include in their monitoring return and the four-week quit status of clients.
- Submission via 'Stop Smoking Services Quarterly Monitoring Return' form.



## National Monitoring (2)

- In a given year, services should aim to treat at least **5%** of their local population of smokers, in line with NICE guidance for smoking cessation.
- At least 85% of four-week quits should be CO verified and other outcomes measured locally should be validated where possible.
- Exceptions: Where four-week success rates fall outside a 35%–70% range.

# Russell Standard

- The Russell Standard sets out the English national standard for monitoring the throughput and success rates of local stop smoking services, allowing meaningful direct comparisons between services.

TS: treated smoker

SR4WQ: self-reported 4 week quitter

CO-verified 4 week quitter

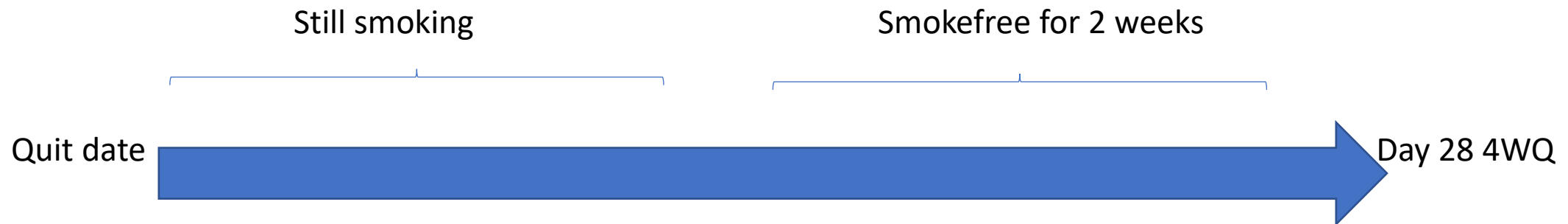


# Russell Standard

- **A 'treated smoker' (TS)** is a smoker who undergoes at least one treatment session on or prior to the quit date and sets a firm quit date.
- Smokers who attend an assessment session but fail to attend thereafter would not be counted.
- Smokers who have already stopped smoking at the time they first come to the attention of the services are not counted.

# Russell Standard

- A smoker is counted as a **'self-reported 4-week quitter'** or **CO verified 4-week quitter** if a 'treated smoker', is assessed (face to face, by postal questionnaire or by telephone) 4 weeks after the designated quit date (minus 3 days or plus 14 days) and declares that s/he has not smoked even a single puff on a cigarette in the past 2 weeks.
- It is not always possible to stick to the original quit date and some smokers struggle a few more days until they finally quit, therefore if a client happens to smoke until the 14<sup>th</sup> day, but not thereafter, it is still permitted to count them as a quitter on the 4 week assessment day.



# Russell Standard

- A treated smoker is counted as **'lost to follow up at 4-weeks'** if, on attempting to determine the 4-week quitter status s/he cannot be contacted.

# Russell Standard

- The CO verified 4-week success rate should generally be above 40%\*
- The self-reported 4-week success rate should generally be above 50%

\*recommended minimum figures for monitoring



## Not a Puff

- The 'not-a-puff' rule of smoking cessation encourages smokers to quit in an abrupt manner and to not have a single puff on a cigarette following their quit day.
- This is associated with better outcomes than either gradual cessation in unaided quit attempts or gradual reduction in supported quit attempts.

# Not a Puff

Most successful because breaking behavioural goals (by having even a puff on a cigarette) increases:

- the risk of reinforcing engrained behavioural patterns meaning the 'habit' element of smoking is not broken whilst a smoker continues to have occasional puffs.
- maintaining physical dependence and nicotine-dependent changes in the brain. Continued smoking following the quit date prevents resolution of the neuroadaptive changes in the brain that take place upon quitting and leads to prolonged withdrawal symptoms.
- undermines identity formation as a non-smoker. Smoking following the quit date reduces the client's self-efficacy, which only increases through continued abstinence.

# Other definitions (1)

- Routine and manual smoker: A smoker whose self-reported occupational grouping is of a routine and manual (R/M) worker as defined by the National Statistics Socio-Economic Classification.
- Smoked product: Any product that contains tobacco and produces smoke is a smoked product, including cigarettes (hand-rolled or tailor-made), cigars and pipes (including waterpipes). Waterpipes include shisha, hookah, narghile and hubble-bubble pipes.
- Smoker: A person who smokes a smoked product (NOT a vape).

# Spontaneous quitters (2)

- Smokers who have already stopped smoking when they first come to the attention of the service can only be counted as having been 'treated' and included in the national data return if they had quit 48 hours or less before attending the first session. Where this is the case, their spontaneous quit date should be recorded as their actual quit date.
- Smokers who have already stopped smoking for more than 48 hours before attending a service should not be included in the national data submission.

N.B. It is recommended that this is only recorded if they have quit within 14 days prior to coming to the attention of the service

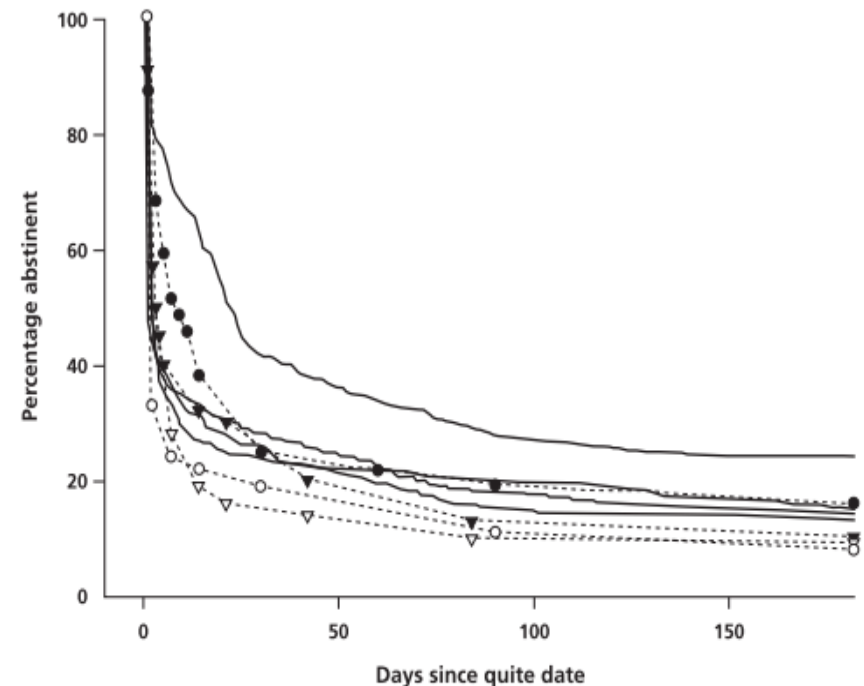


# Time between treatment episodes (3)

- There is no definitive period of time required between the end of a treatment episode and the start of another.
- You need to use discretion & professional judgement when considering whether a client is ready to receive support to immediately attempt to stop again.
- If this is the case, the client must start a new treatment episode, i.e. attend one session of a structured, multi-session intervention, consent to treatment and set a quit date with a stop smoking practitioner in order to be counted as a new data entry on the quarterly return.

# Rationale for measuring four-week quit status

CO-validated smoking status outcomes at four weeks have very stable relapse rates that are predictable and well documented in the research literature and allow longer-term success rates to be calculated with a high degree of confidence.



# Submission Process

	<b>Submission deadline</b>	<b>Submission deadline to SSS</b>
<b>Quarter 1 2021/22</b>	4 October 2021	6 September 2021
<b>Quarter 2 2021/22</b>	10 January 2022	13 December 2021
<b>Quarter 3 2021/22</b>	19 April 2022	22 March 2022
<b>Quarter 4 2021/22</b>	4 July 2022	6 June 2022

## Submission Process (2)

All completed monitoring forms must be sent to [southampton.smokefreesolutions@nhs.net](mailto:southampton.smokefreesolutions@nhs.net) by the S4H deadline please (column on the right).

Southampton Smokefree Solutions are on hand to support you

Protocol and dates available on our website [www.southamptonsmokefreesolutions.co.uk](http://www.southamptonsmokefreesolutions.co.uk)