

# 24th July 2024

10am	Welcome & Introductions
10.15 - 10.30am	Southampton Smokefree Solutions update
10.30 - 11am	Guest Speaker: Lloyd Haylor-Smith, Psychosocial Interventions Worker, CGL
11-11.30am	Open discussion



**Southampton  
Smokefree  
Solutions**

Supporting local health  
and care providers

# Training

## Level 2 Stop Smoking Practitioner Training

**Wednesday 25<sup>th</sup> September**

**Wednesday 13<sup>th</sup> November**

**9am – 4.30pm via MS Teams**

- Interactive training
- Concentrates on skills required to deliver the smoking cessation service
- 1 day

Builds upon the NCSCT practitioner training which can be accessed at:

<https://elearning.ncsct.co.uk/england>

1. Practitioner Training: Core competences in helping people stop smoking (Learning element)
2. Assessment of core knowledge and key practice skills (Assessment)

# Training

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## Practitioner Update training

- Tuesday 1<sup>st</sup> October 10am - 12.30pm
- Wednesday 12<sup>th</sup> February 6pm - 8pm
- Annual attendance
- Darush



# Training: Masterclass



**Southampton  
Smokefree  
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<b><u>1<sup>st</sup> August</u></b>	<b>Cytisine</b>
<b><u>5<sup>th</sup> September</u></b>	<b>Cytisine</b>
<b><u>12<sup>th</sup> September</u></b>	<b>Swap to Stop</b>
<b><u>19<sup>th</sup> September</u></b>	<b>Vaping</b>
<b><u>10<sup>th</sup> October</u></b>	<b>NRT</b>
<b><u>24<sup>th</sup> October</u></b>	<b>Behavioural Support</b>

# Training



## Very Brief Advice (VBA) training

- Tuesday 1st October 6-9pm
- Thursday 14th November 9.30am - 12.30pm

Bespoke sessions available - we can attend Team meetings/ Target events

Flexible - min 30 mins

VBA encourages those who come into contact with smokers to confidently ask smoking status, advise on support available locally and act by referral to stop smoking support.

Aim to train all staff in all organisations.

PCN TARGET events

**Date for  
your diary!  
Network  
meetings**

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Thurs 26th Sept 10am -11.30am



# Training booking



**Southampton  
Smokefree  
Solutions**

Supporting local health  
and care providers



All training is free to all for those working in Southampton



Online via MS Teams or f2f



Booking can be made via the form at  
<https://form.jotform.com/222122139902345>

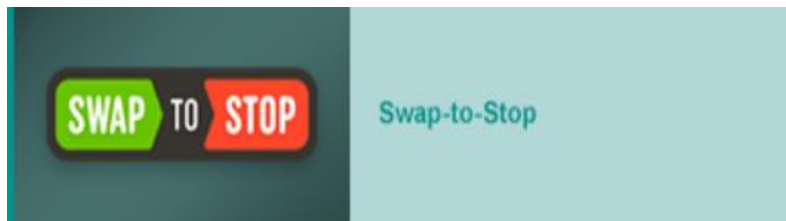
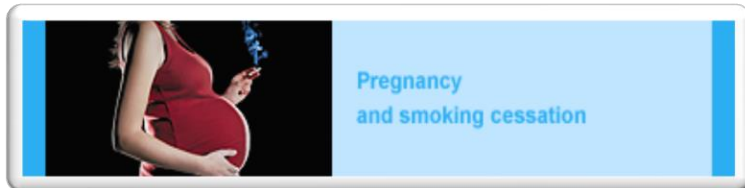


Bespoke sessions are available: we can attend team meetings, TARGET events etc

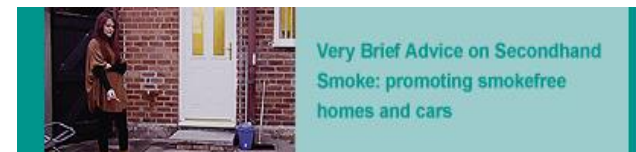
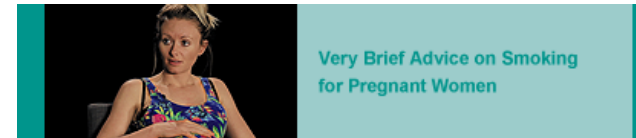
# NCSCT

<https://elearning.ncsct.co.uk/england>

## Specialty Modules: Pregnancy & MH



## Additional Modules





Bassett Pharmacy, 19 Burgess Road, SO16 7AP - 023 9078 1413

\*Bassil Pharmacy, 55A Bedford Place, SO15 2DT - 023 80322458 (*polish, hindi, romanian, arabic, french, urdu, spanish, somali languages available*)

Bitterne Pharmacy, 62A West End Road, SO18 6TG - 023 8043 4849

Burgess Road Pharmacy, 357A Burgess Road, SO16 3BD - 023 8067 9991

Highfield Pharmacy, 29 University Road, SO17 1TL - 023 8058 2482

Lordswood Day Lewis, 398 Coxford Road, SO17 2NF - 023 8055 3673

\*Millbrook Pharmacy, 168 Windermere Avenue, SO16 9GA - 023 80 774786 (*polish language available*)

Nightingale Pharmacy, 67 New Road, Nettleley Abbey, SO31 5BN - 02381 782 844

\*Pharmacy Direct, 18 Commercial Street, SO18 6LW - 023 8044 0593 (*romanian language available*)

Portswood Day Lewis, 195 Portswood Road, SO17 2NF - 023 8055 3573

Regents Park Pharmacy, 61 Regents Park Road, SO15 8PF - 023 8077 1286

Sangha Pharmacy, 48 Thornhill Park Road, SO18 5TQ - 023 8046 2333

\*Shirley Pharmacy, 17 Grove Road, SO15 3HH - 023 8078 9626 (*urdu, russian, latvian, punjabi language available*)

Superdrug Woolston, 15/17 Victoria Road, SO19 9DY - 023 8044 2753

Telephone House Pharmacy, 71 High Street, SO14 2NW – 02380839200

# Better Health Campaign

**Better Health** Smoke free **NHS**

**You know you want to quit.**  
**We know you can.**



Get free support to quit smoking.

**Better Health** Smoke free **NHS**

**You know you want to quit.**  
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Get free support to quit smoking.



**Cytisine**



# Local Policy

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- Local Public Health advise GPs should only prescribe Cytisine:
  - as a second line treatment for people who have already tried NRT with behavioural support
  - alongside the provision of specialist behavioural support by a smoking cessation service
  - as a course of treatment for 25 days (as per product licence)



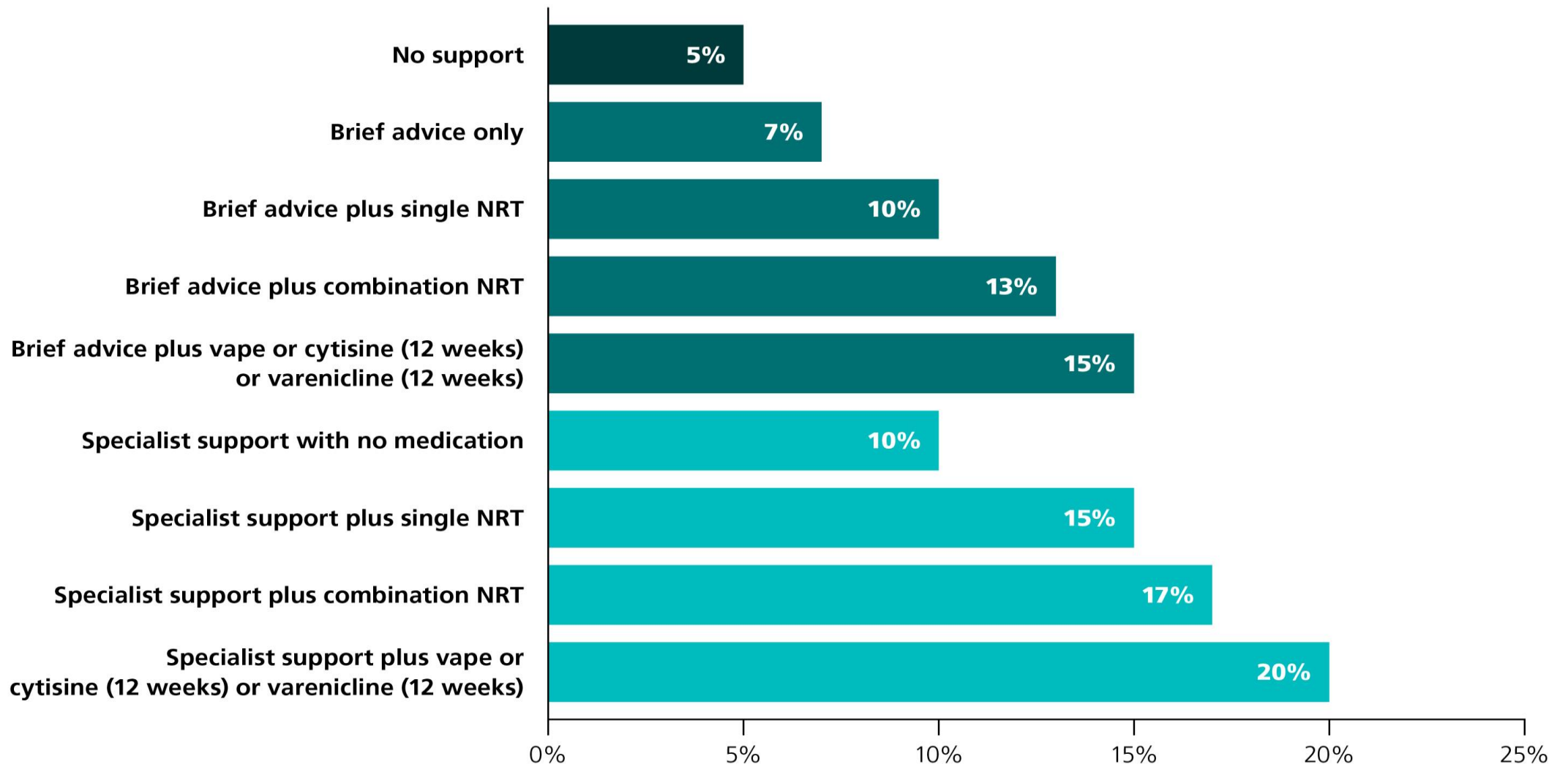
# How does it work?

- Acts at the level of the nicotine **receptors in the brain**
- **Reduces withdrawal symptoms and urges to smoke**
- **Blocks** some of the ‘**rewarding**’ effects of smoking, meaning less pleasure, enjoyment when you smoke



# Efficacy

- Cochrane Systematic Review found that cytisine significantly improved quit rates
- In 2011 a large randomised trial, was published confirming previous findings that cytisine was a safe and effective treatment to aid smoking cessation.
- Since then, several other trials have confirmed the safety and effectiveness of the approved 25-day cytisine reducing dose schedule



Source: Pharmacological and electronic cigarette interventions for smoking cessation in adults: component network meta-analyses. *Cochrane Database Syst Rev* 2023

# Cytisine: dosing schedule

Days of treatment	1st to 3rd			4th to 12th								13th to 16th				17th to 20th				21st to 25th				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Recommended dosing	1 tablet every 2 hours			1 tablet every 2.5 hours								1 tablet every 3 hours				1 tablet every 5 hours				1–2 tablets a day				
Maximum daily dose	6 tablets			5 tablets								4 tablets				3 tablets				2 tablets				



# Cytisine: contraindications

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## Contraindications

- Allergy to cytisine or excipients
- Over 65 years of age
- People under 18
- Pregnancy/breastfeeding
- Kidney or liver impairment
- Unstable angina, recent heart attack, cardiac arrhythmias
- Recent stroke



## Note:

Women of childbearing age using hormonal contraception should **add a secondary barrier method whilst taking cytisine**

# Cytisine: cautions

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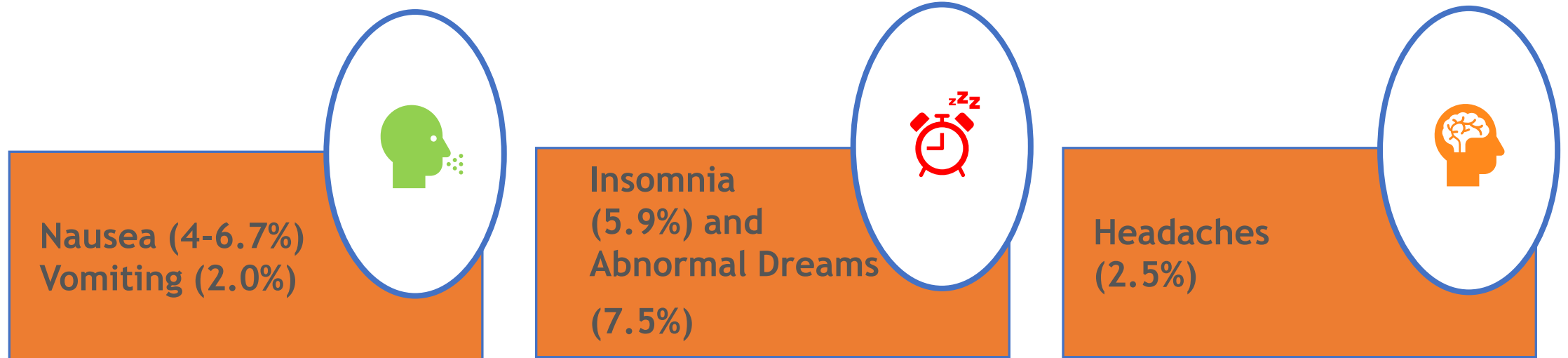
- **Cautions**

- Ischemic heart disease
- Heart failure
- High blood pressure
- Pheochromocytoma
- Atherosclerosis and other peripheral vascular diseases

- Gastric and duodenal ulcer
- Gastroesophageal reflux disease
- Hyperthyroidism
- Diabetes
- Schizophrenia

# Cytisine: side effects

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Side effects generally resolves over time (first two weeks)



Substance Use Awareness Training

Lloyd Haylor-Smith – CGL Southampton Psychosocial Interventions – EO Team



**Change  
Grow  
Live**

# Substance Use Disorders

Substance Use does not always mean that someone has a substance use disorder...

# Substance Use

- People use substances for any number of reasons...
- Because its fun - many people use substances recreationally and never move into the threshold of disorder or dependence
- Self-medication - a lot of substance users will use these in order to mask emotional issues or life stressors
- Peer pressure - Some people are pressured into drug or alcohol use from an early age due to the company they keep or familial relationships with substances
- Prescribed medications - most people will be prescribed a drug at some point in their life for a medical treatment
- Escapism - Substances such as hallucinogens provide a unique escape from reality

## Important Terms

- There are three terms that are important to understand when looking at substance use and substance use disorders
- A substance use disorder is usually seen when the below three are seen in conjunction with one another. Not all three need to be seen together, it is often a combination of two of the below factors.
- **Craving** - an intense urge, with cognitive, behavioural and emotional components that drives behaviour. This is often described in line with things such as hunger or thirst. It is a key driving factor in substance use and drug seeking behaviour.
- **Tolerance** - Needing more of something over time to get the same original effect
- **Dependence** - A physiological need for a substance. This includes withdrawal symptoms and becoming physically unwell without the substance. Dependence may not necessarily be seen with every substance.

# What is a Substance Use Disorder?

- There are endless theories and opinions on what a substance use disorder actually is and what it is caused by
- The extent of the scientific literature on substance use disorders is ever growing with new developments occurring on a very regular basis
- Due to the wide scope studies surrounding behavioural models, social models and interpersonal models these will not all be discussed
- What we will discuss is the prevailing opinion on the neurobiological basis of substance use disorders
- This involves exploring dopamine reward pathways, the way in which it is involved in rewarding behaviour and the impact this then has when we are looking at substance use



# Dopamine - Why is it important?

- Dopamine is a neurochemical that is a reward chemical for important survival behaviours - eating, sleeping, procreating etc
- Dopamine is generally released by our body as a pleasure response when something goes better than expected
- A lot of behaviours and substances release dopamine in varying levels - some causing more significant increases in dopamine production than others
- By introducing these substances in our system, it can cause confusion within our brain and mess with our reward pathways
- This then leads to the brain to believe that this substance is essential to our survival
- This is why we often then see people prioritizing drugs over food, shelter, love and comfort etc.

# Drugs - What are they and what do they do??

# Drugs - What are they?

- A drug is simply a substance that alters the processes of the mind and/or body
- Many of us use drugs on a daily basis - caffeine in our coffee or tea, nicotine in cigarettes/vapes, prescribed medications etc
- In general drugs are used as either a treatment for diagnosed physical or mental health issues, as performance aids or as recreational substances

## Cannabis - What is it?

- Cannabis is a CB-1 receptor agonist - it stimulates the endocannabinoid signalling leading to a change in cortical and memory functions
- There are two major constituents of cannabis - those being tetrahydrocannabinol (THC) and cannabidiol (CBD) - THC is the major psychoactive component of cannabis - however there have been around 400 different components of cannabis identified
- Cannabis comes in three different forms - the dried buds of the plant, a compressed solid made of the resinous parts of the plant and oil
- Cannabis is used in medical applications in some part of the world - though this efficacy for these treatments is still debated in the scientific literature
- Cannabis found in Europe generally originates from West Africa, The Caribbean or South East-Asia

## Alcohol - What is it?

- Alcohol is a central nervous system depressant that is an agonist at GABA receptors and antagonist at glutamate receptors predominantly
- Alcohol is a fairly unique substance as it works across a wide array of neurotransmitters releasing a significant amount of neurochemical reactions
- Alcohol works across GABA, Serotonin, Dopamine, Glutamate, Acetylcholine and Opiate receptors
- Alcohol is classed as a depressant type substance
- Alcohol has more health implications than any other illicit substance and the associated harms caused by alcohol cost the U.K. double that of all illicit substances combined
- It is easily obtained and can be found readily at many different locations in the U.K. - alcohol is remarked by many as the most dangerous drug known to mankind

## Alcohol - What are its effects

- Due to its action on so many different neuroreceptors alcohol has a wide array of effects
- Most people are well acquainted with the effects of alcohol - it elevates mood, lowers perceived stress levels, lowers inhibitions etc
- It also plays a role in reducing motor function - for example slower reaction times, slurred speech, poor control over balance
- It also effects the way in which our brain functions - issues with memory, blackouts etc
- Many people who drink alcohol to excess will experience hangovers - this includes fatigue, weakness, thirst, headache, nausea, muscle aches, sensitivity to light, anxiety and increased blood pressure
- Alcohol can be consumed recreationally - however issues arise when alcohol is consumed at a higher rate over a continuous basis - this can cause a condition known as alcohol dependence

## Alcohol Dependence - What is it?

- Alcohol dependence occurs when a person has been drinking enough alcohol for an extended period of time that their body becomes dependent on the alcohol to function
- A person who is alcohol dependent has been drinking at such a rate over a period of time that their central nervous system now operates at a lower rate due to the alcohol suppressing this
- When the person then attempts to stop drinking alcohol their central nervous system begins to over fire (this is a simplification of a complex neurochemical reaction)
- Due to this the person will then begin to experience withdrawal symptoms - these withdrawal symptoms are life threatening and incredibly dangerous
- The dependent individual will need to drink alcohol in order to mitigate these withdrawal symptoms or be appropriately medicated in order to remove the withdrawal state - a person who is dependent on alcohol should never be asked to stop drinking alcohol immediately
- There is no set level to alcohol dependence as each person will be different as to when they reach the threshold of alcohol dependence

## Alcohol Withdrawal - What does it look like?

- Alcohol withdrawal in general is broken down into four components - minor withdrawals, major withdrawals, seizure and deliriums tremens
- Minor withdrawals - this is roughly 6 to 24hrs after the persons last drink - in most cases of minor withdrawal there are increases in anxiety, minor tremor, insomnia, vomiting and mild diaphoresis
- Major Withdrawals - this is generally anywhere from 10 to 72 hrs after the persons last drink - these include severe tremor (whole body shaking), severe diaphoresis, tachycardia, increased blood pressure, nausea, vomiting and sometimes auditory and visual hallucinations
- Seizure - Seizures can occur in alcohol withdrawal at any point but in general are within the first two days of a persons last drink - they will usually present with major withdrawal symptoms prior to seizure
- Deliriums Tremens - this is the most severe form of alcohol withdrawal - there is normally evidence of completely altered mental status, hallucinations can be present, and sympathetic overdrive - these can lead to cardiovascular collapse
- Alcohol withdrawal is a life threatening medical condition and must be treated as so - if a person is experiencing minor symptoms they should consume alcohol to mitigate these - if they progress to major symptoms and alcohol is not removing the symptoms an ambulance should be called immediately



2L Cider (£3)  
7.5%  
15 units



440mL Special  
Brew (£1.32)  
9%  
4 units

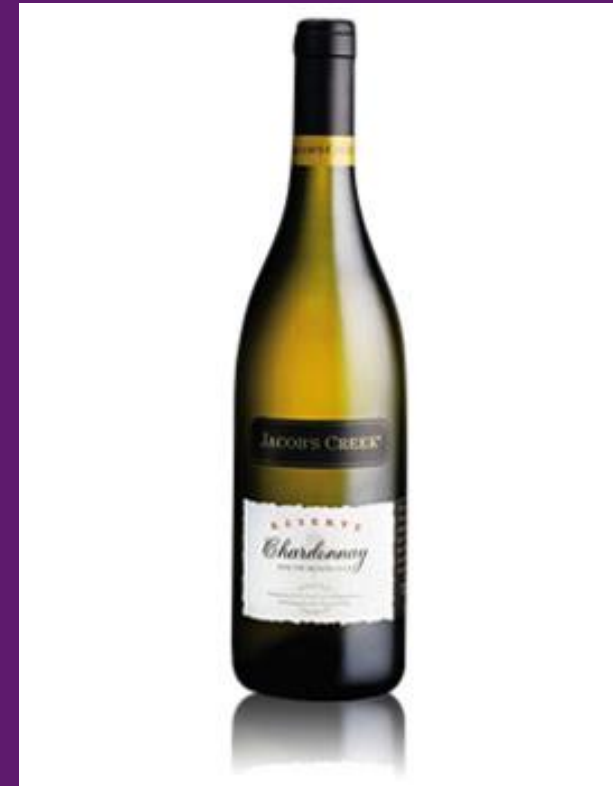
70cL whisky  
40%  
28 units



1 pint Peroni  
5.1%  
2.95 units



250mL wine  
13%  
3.25 units



75cL wine  
13%  
9.75 units

Is alcohol more or less harmful than illicit substances? - Alcohol is the most dangerous substance that we will deal with as professionals in terms of its impact as a whole

## Annual costs of drug misuse and alcohol related harm



Annual cost of illicit  
drug misuse in the UK  
is around ...

**£10.7bn**



Annual cost of alcohol  
related harm to society  
in England is around ...

**£21.5bn**

these costs include lost productivity, crime, policing, and NHS

## Treatment - Where, what, how?

- CGL Southampton is responsible for the drug and alcohol treatment provision for people who are over the age of 25 and living within the SO14-SO19 Area
- Referral Criteria - Have to be over the age of 25, Have to be living within the SO14 to SO19 Postal Code and have a substance misuse issue that they are ready and willing to address - that is it!
- Referrals - these can be self-referrals via telephone at 02380 717171 or online via our website at [Referral - Drug and Alcohol Support Service - Southampton | Change Grow Live](#)
- Professionals can also referral via the same means - telephone or online
- Following referral service users will then complete an initial assessment where their treatment needs are identified
- Following this initial assessment the service user's treatment plan is developed for engagement

**Any Questions?**