Abstract book & programme

2005 UK National Smoking Cessation Conference

Thursday 9th and Friday 10th June 2005
at the Victoria Park Plaza Hotel, London

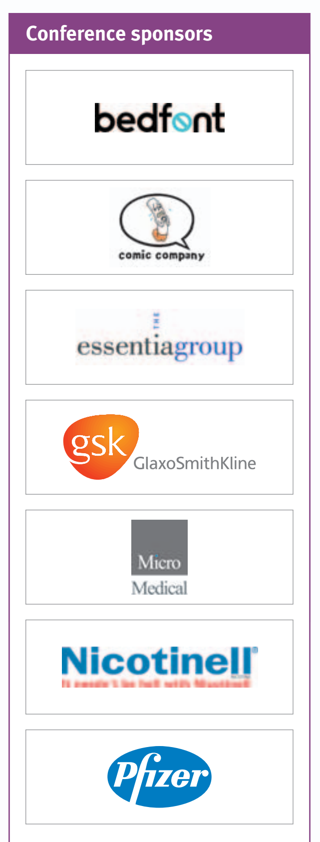
The National Smoking Cessation Conference has been established as a resource for the field. We are committed to developing a permanent free online archive of conference abstracts, reports, speakers' notes, evaluations and PowerPoint presentations from our conferences.

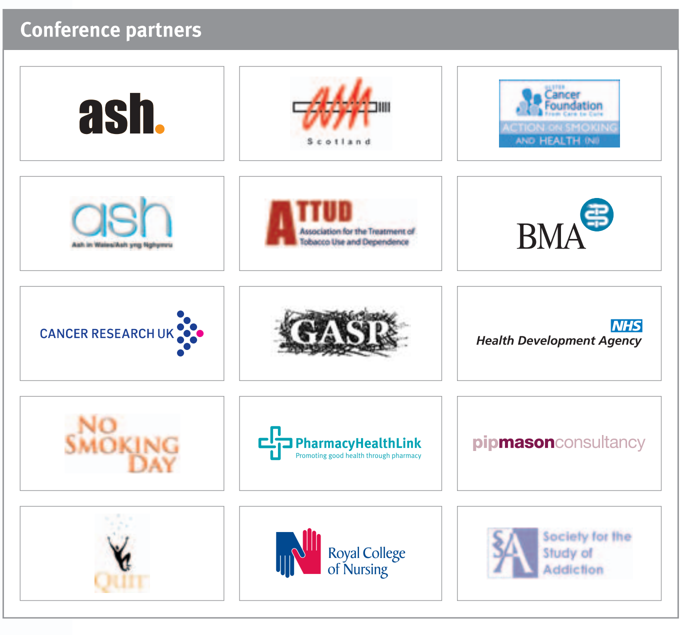
www.uknscc.org

We are very grateful to the conference programme planning group:

Programme directors:
Andy McEwen: Cancer Research UK Health Behaviour Unit, University College London and
Hayden McRobbie: Tobacco Dependence Research and Treatment Centre,
Barts and The London School of Medicine and Dentistry, Queen Mary University of London

Programme committee:
Deborah Arnott: Director, Action on Smoking and Health (ASH); **Ben Youdan:** Chief Executive, No Smoking Day; **Steve Crone:** Chief Executive, QUIT; **Professor Robert West:** Cancer Research UK Health Behaviour Unit, University College London; **Professor Peter Hajek:** Tobacco Dependence Research and Treatment Centre, Barts and The London School of Medicine and Dentistry, Queen Mary University of London; **Lesley Owen:** Special Adviser, Health Development Agency; **Ann McNeill:** Independent Consultant in Public Health, Hon. Senior Research Fellow, University College London; **Gay Sutherland:** Maudsley Hospital Smoking Cessation Clinic; **Jean King:** Director of Behaviour Research and Tobacco Control, Cancer Research UK; **Miriam Armstrong:** Chief Executive, Pharmacy Health Link; **Pip Mason:** Pip Mason Consultancy.





Contents

Day One	Programme		**4**
Day Two	Programme		**6**

Floor plans			**8**

Day One	Plenary session 1	Abstracts and biographies	**10**
	Plenary session 2	Abstracts and biographies	**13**
	Parallel sessions	Abstracts and biographies	**15**
	Plenary session 3 – debate	Biographies	**25**

Fringe meetings			**26**

Day Two	Plenary session 1	Abstracts and biographies	**27**
	Parallel sessions	Abstracts and biographies	**29**
	Plenary session 2	Abstracts and biographies	**37**

Poster presentations	Abstracts		**39**

Day One – Programme | Thursday 9th June 2005

Chair: ***Ann McNeill,*** *Senior Research Fellow, University College London*

Time	Session
	New developments in smoking cessation **Plenary session 1** Chair: ***Ann McNeill,*** *Senior Research Fellow, University College London*
9.45	**Setting the scene** ***Gay Sutherland,*** *Maudsley Hospital Smoking Cessation Clinic*
10.00	**Practical ways of reducing cigarette cravings** ***Robert West,*** *Professor of Health Psychology, Cancer Research UK Health Behaviour Unit*
10.30	**New developments in NRT** ***Karl Fagerström,*** *Director of The Smokers' Information Centre in Helsingborg, Sweden*
11.00	Coffee
	Increasing success **Plenary session 2** Chair: ***Ann McNeill,*** *Senior Research Fellow, University College London*
11.30	**Group vs. individual therapy – which is best?** ***Andy McEwen,*** *Senior Research Nurse, Cancer Research UK Health Behaviour Unit*
12.00	**Telephone quitlines: evidence and promise** ***Shu-Hong Zhu,*** *Associate Professor, Family and Preventive Medicine, University of California, San Diego*
12.30	**Marketing cessation services: loyalty, relationships and customer service** ***Gerard Hastings,*** *Director, Centre for Social Marketing and Centre for Tobacco Control Research, Department of Marketing, University of Strathclyde*
1.00	Lunch
2.30	**Parallel sessions** **Key interventions and targeting high-risk groups** – see programme opposite
3.45	Coffee
	Debate **Plenary session 3** **'This house believes that there is no need for full-time treatment staff to help smokers quit when practice nurses and community pharmacists can deliver treatment'**
4.15	Proposing: ***Kevin Lewis,*** *Clinical Director of Smoking Cessation, Shropshire County and Telford and Wrekin Primary Care Trusts* Opposing: ***Robert West,*** *Professor of Health Psychology, Cancer Research UK Health Behaviour Unit* Chair: ***Ann McNeill,*** *Senior Research Fellow, University College London*
5.00	**Close**
5.00	**Drinks reception and buffet**
5.15	**Fringe meetings, papers and workshops** – see programme opposite

This programme was accurate at the time of going to press but may be subject to change without notice

Parallel sessions and fringe meetings

AFTERNOON PARALLEL SESSIONS

Main hall

Working with pregnant smokers

Chair: ***Deborah Arnott,*** *Director, Action on Smoking and Health*

Tim Coleman, *Director of General Practice Undergraduate Education Unit and Senior Lecturer in General Practice, School of Community Sciences, Division of Primary Care, University Hospital, Queen's Medical Centre and* ***Carmel O'Gorman,*** *Midwifery Lead Smoking Cessation in Pregnancy/coordinator WM SCIP network, Good Hope Hospital NHS Trust/North Birmingham PCT*

Break-out rooms

Edward 1

Can physical activity help with stopping smoking?

Michael Ussher, *Lecturer, Psychology Section, Community Health Sciences, St George's Hospital Medical School*

Edward 2

Smoking cessation for young people

Amanda Amos, *Reader in Health Promotion, Public Health Sciences, Division of Community Health Sciences, Medical School, Edinburgh University*

Edward 3

How to attract black and minority ethnic groups into treatment

Kawaldip Sehmi, *Director of Health and Equality, QUIT*

Edward 4

Social support

Fiona Gillison, *Health Psychologist, School for Health, University of Bath*

Edward 5

Working with smokers with mental health problems

John Hughes, *Professor, Department of Psychiatry, University of Vermont,* ***Linda Caine,*** *Head of Commissioning, Norwich Primary Care Trust,*

Edward 6

Smoking, is it all in the genes?

Saskia Sanderson, *Cardiovascular Genetics, British Heart Foundation Laboratories, Royal Free and University College Medical School*

The All-Wales Smoking Cessation Service

Linda Durgan, *All Wales Smoking Cessation Service, St David's Hospital, Carmathen*

Edward 7

Poster presentations

Albert 1

Paper presentations

Stop smoking services: something a little different

The ASH Scotland Buddy Project

John Sim, *ASH Scotland, Edinburgh*

Drop in groups: can they work?

Christine Owens, *The Roy Castle Lung Cancer Foundation, Liverpool*

Smokey Joe stories: a narrative-based intervention

Susanne Schulz, Deborah Ritchie, Ann Bryce and Terry McEleny, *Queen Margaret University College, Edinburgh*

Albert 2

No smoking in this hospital/PCT

Andrew Molyneux, *Consultant Physician, Kings Mill Hospital*

Smoke-free hospitals – a Scarborough experience

Flis MacDonald, *Scarborough Hospital*

Albert 3

Paper presentations

Nicotine safety and misconceptions

Karl Fagerström, *Smokers' Information Centre, Sweden*

Perceived safety of nicotine replacement products among general practitioners and current smokers in the UK: impact on utilisation

Alex Bobak, *Wandsworth PCT, London*

Long term NRT use

Ronnie Troughton,*Tobacco Dependence Research and Treatment Centre, Barts and The London School of Medicine and Dentistry, Queen Mary University of London*

EVENING FRINGE MEETINGS

Time	Room	Meeting
5.15pm – 6.15pm	Albert 1 – 3	**Progress in treatment with NRT: Expanding options to meet individual needs** Meeting sponsored by Pfizer
6.30pm – 7.30pm	Edward 1 – 3	**Abstinence, urges and cravings** Meeting sponsored by Novartis

Day Two – Programme | Friday 10th June 2005

Chair: ***Deborah Arnott,*** *Director, Action on Smoking and Health*

09.00	**Breakfast fringe meeting** – see opposite
	Smoking drugs and harm reduction **Plenary session 1** Chair: ***Deborah Arnott,*** *Director, Action on Smoking and Health*
10.00	**Understanding cannabis smoking** ***Harry Shapiro,*** *Editor, Druglink Magazine* ***Brian Pringle,*** *West Lothian Drug and Alcohol Service (WLDAS)*
10.45	**Harm reduction: can it work?** ***Jonathan Foulds,*** *Associate Professor, University of Medicine and Dentistry of New Jersey, School of Public Health and Director, Tobacco Dependence Program, USA*
11.15	Coffee
11.45	**Parallel sessions** – see programme opposite
1.00	Lunch
	Past, present and future **Plenary session 2** Chair: ***Deborah Arnott,*** *Director, Action on Smoking and Health*
2.00	**New medications: what's coming?** ***John Hughes,*** *Professor, Department of Psychiatry, University of Vermont, USA*
2.30	**No smoking day: history of a public health campaign** ***Ben Youden,*** *Chief Executive, No Smoking Day*
3.00	**Video: smoking cessation services – what the smokers say**
3.30	**Closing remarks** ***Andy McEwen,*** *Conference Programme Director*
3.45	**Close**

Parallel sessions and fringe meeting

BREAKFAST FRINGE MEETING

9.00am – 10.00am Edward 1 – 3

Clearing the haze: nicotine on trial
Meeting sponsored by GlaxoSmithKline

MORNING PARALLEL SESSIONS

Main hall

Relapse prevention
Chair: ***Gay Sutherland,*** *Maudsley Hospital Smoking Cessation Clinic*
Peter Hajek, *Head of Psychology and Director, Tobacco Dependence Research Centre, Barts and The London School of Medicine and Dentistry, Queen Mary University of London*

Break-out rooms

Edward 1
Working with smokers in prisons
Mark Braham, *Manager, Resolution Stop Smoking in Leicester*

Edward 2
Smoking cessation with in-patients (including pre-op)
Carole Furlong, *Public Health Specialist, Hounslow PCT*

Edward 3
Smoking and oral health
Richard Watt, *Reader in Dental Public Health, Department of Epidemiology and Public Health, University College London*

Edward 4
Oral tobacco use
Kawaldip Sehmi, *Director of Health and Equality, QUIT*

Edward 5
Supplementary treatments
Hayden McRobbie, *Research Fellow, Tobacco Dependence Research and Treatment Centre*

Edward 6
Finding out what works – evidence from Cochrane reviews
Lindsay Stead, Kate Hey and Tim Lancaster, *Cochrane Tobacco Addictions Group, Department of Primary Health Care, Oxford University*

Edward 7
Poster presentations

Albert 1
Paper presentations
Smoking cessation – from pregnancy to old age

Carbon monoxide testing and antenatal care
Shirley Hamilton, *Smoking concerns, Glasgow*

Smoking in pregnancy – a family matter
Beverley Marr, *Public Health Improvement Team, County Durham*

Older smokers – what we know and what we need to do
Susan Kerr, *School of nursing, Midwifery and Community Health, Glasgow Caledonian University*

Albert 2
Paper presentations
Smoking cessation with young people: the real world

Do young smokers want to stop?
Gill Grimshaw, *University of Warwick*

Smoking cessation in adolescents: is it worth it?
Emma Croghan, *South Staffs Health Authority PCT*

Smoking cessation services for young people in Wales
Cathy Weatherup, *Welsh Assembly Government*
Rob Sage, *Cardiff Local Health Board*

Albert 3
Paper presentations
Smoking habits, a vaccine and varenicline

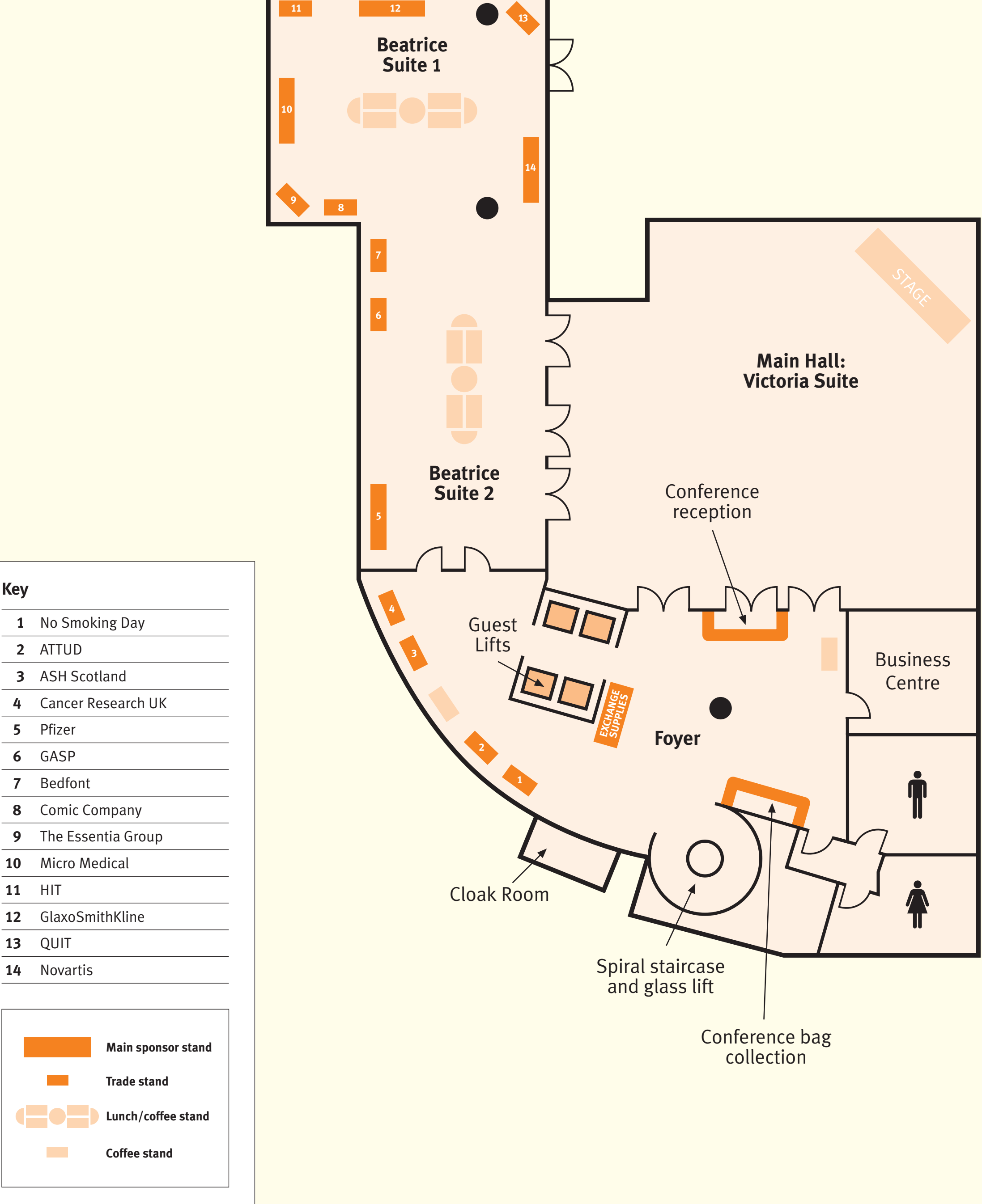
Five-year smoking habit survey
Charles Beck, *University of Sheffield*

Safety, immunogenicity and some early signs of efficacy for the nicotine vaccine, TA-NIC
Campbell Bunce, *Xenova Ltd, Cambridge*

Efficacy and safety of varenicline for smoking cessation
Mitchell Nides, *President, Los Angeles Clinical Trials, California, USA*

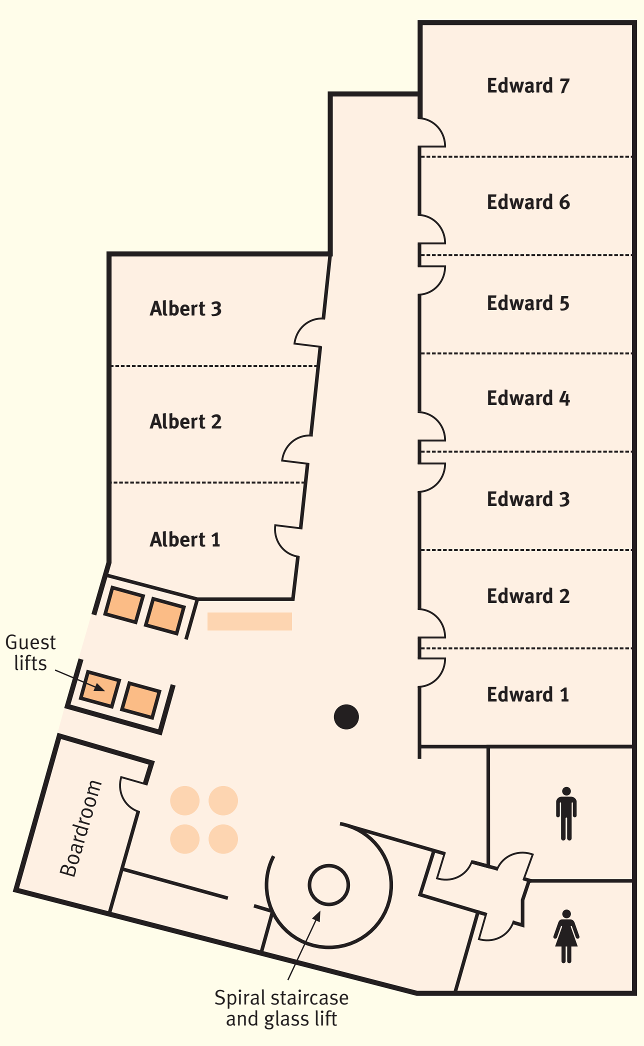
Floor plan

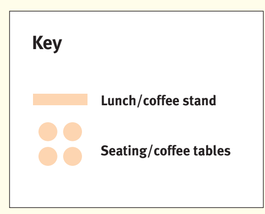
Lower ground 1



Floor plan

Lower ground 2





Room: **Main hall**

New developments in smoking cessation

Chair: Ann McNeill

Biography

Ann McNeill is an honorary senior research fellow at the Department of Epidemiology and Public Health, University College London and is an independent consultant in public health. Prior to this she worked in a managerial capacity at the then English Health Education Authority managing national smoking education programmes, and as a researcher at the Addiction Research Unit, Institute of Psychiatry where her PhD focused on the development of nicotine dependence. Ann's current interests cover nicotine and tobacco product regulation, smoking cessation, smoking and mental health issues and the development of dependence on smoking. Last year she acted as scientific coordinator for the European Commission funded ASPECT project which examined tobacco control across Europe. Dr McNeill has published many articles and reports and co-authored two books on tobacco control.

Ann McNeill

Senior Research Fellow, University College London

annmcneill@clara.co.uk

Room: **Main hall**

Setting the scene

Gay Sutherland

Abstract

This is an exciting time for smoking cessation within the UK as services continue to become fully integrated within the NHS. It is perhaps worth reflecting on some of the major achievements within the smoking cessation field over the past few years, and some of the challenges which it has had to face. In fact it is worth reminding ourselves that up until 1999 there were no NHS service and that we still remain the only country in the world to have a comprehensive national smoking cessation service.

The publication of *Smoking Kills* in 1998 signalled the government's intention to take the issue of smoking seriously and to make real efforts to reduce health inequalities. The White Paper set targets for reducing smoking rates and the measures described included provision of NHS smoking cessation services. Also in 1988, Thorax published evidence-based guidelines on smoking cessation activities for health professionals and these guidelines were endorsed by many professional bodies. The first smoking cessation treatment services were established in Health Action Zones in 1999 and a year later NHS smoking cessation treatment services were established nationally.

In 1999 smokers on low incomes were eligible for one week's free supply of NRT and nicotine gum became available for general sale. In April 2000 a national voucher system for NRT was a popular introduction; while the setting of targets for services was less well received. Later in 2000 the voucher system was extended to allow up to 4 to 6 weeks supply of NRT and bupropion became available on NHS prescription. In December 2000 updated national smoking cessation guidelines were published in Thorax. NRT joined Zyban on NHS prescription in April 2001 but funding for these medications now had to come from the NHS drugs budget; in May further NRT products became available on general sale. At the same time the distinction between specialist and intermediate services was abandoned and new minimum standards for smoking cessation services were introduced. April 2002 saw one extra year of central funding provided and a year later this was reduced to a suggested, but not obligatory, minimum funding level. Primary Care Trusts became responsible for commissioning and funding services in 2003 and the HDA Training Standard for smoking cessation was published.

Of course the most significant development is in the number of people who have received treatment from NHS smoking cessation services and who have been helped to stop smoking by them. Since the service came in to operation in 1999 up to 2003 over 600,000 smokers had set a quit date with the services and over half of these, 314,000, were not smoking four weeks after their quit date. The treatment NHS smoking cessation services provide is a life saving one, and its staff are its greatest resource. This conference aims to assist the professional development of the smoking cessation field and to provide a forum for practitioners to share their best practice, wealth of experience and innovative ideas. I am delighted to open the 1st UK National Smoking Cessation Conference and am confident that it will be an enjoyable and stimulating two days.

Biography

Currently a Research Psychologist at the Tobacco Research Unit, Institute of Psychiatry, King's College London University and Hon. Consultant Clinical Psychologist at the South London and Maudsley NHS Trust Smoking Cessation Clinic. Gay has been involved in treating and researching tobacco dependence for 18 years.

Research interests include trials of the nicotine nasal spray, patch, inhaler and the sublingual tablet, and investigations of the potential of naltrexone, mecamylamine and combined nicotine replacement therapy for smokers. She has examined the potential of reducing the harm for smokers unable or unwilling to quit, through studies of new cigarettes prototypes, such as Premier and Eclipse. Recent research interests have included collaborative studies trying to identify genes related to smoking and investigations of the roles of smoking and quitting on oral health and immune function. She is a Trustee of the charity QUIT, and President-Elect of The Society for Research on Nicotine and Tobacco – Europe.

Gay Sutherland

Maudsley Hospital Smoking Cessation Clinic

g.sutherland@iop.kcl.ac.uk

Room: **Main hall**

Practical ways of reducing cigarette cravings

Robert West

Abstract

When smokers try to become ex-smokers the final link in the chain of events leading to relapse is that at some point their motivation to smoke a cigarette is greater than their motivation not to. A new synthetic theory of motivation (the p.r.i.m.e theory) provides a basis for understanding this balance of motivational forces and makes predictions about factors that will influence both sides of the equation. The term 'craving' can be taken to mean a powerful subjective experience of motivation to do something including feelings of desire and urge. Self-help guides and treatment programmes contain many ideas about how to avoid, reduce or cope with cravings but very little good research has been undertaken on this. This paper reviews the literature on what has been found and what this implies about what causes cigarette cravings. Nicotine replacement therapies of all kinds, including transdermal patches, when taken over a period of time reduce cravings in smokers attempting to stop. There is some evidence that patches that produces higher blood nicotine concentrations reduce cravings more than those that produce lower blood levels. Similarly bupropion has been found to reduce cravings. The nasal spray and gum have been found significantly to reduce an acute episode of craving in the laboratory – the spray apparently working more quickly. Relatively small amounts of physical activity have been reliably shown to reduce acute craving and so has oral glucose. The total experience of craving may be related to whether or not smokers perceive that their restraint as voluntary. This suggests further psychological techniques for reducing cravings that deserve to be tested.

Biography

Robert West is Professor of Health Psychology and Director of Tobacco Studies at the Cancer Research UK Health Behaviour Unit, University College London. He is also Editor of Addiction and has published over 250 scientific works. He has been researching tobacco use since 1982 and is co-author of both the English and Scottish National Smoking Cessation Guidelines. His current research includes clinical trials of new smoking cessation treatments, studies of the acute effects of cigarette withdrawal and population studies of smoking patterns

Robert West
Professor of Health Psychology,
Cancer Research UK Health Behaviour Unit
robert.west@ucl.ac.uk

Room: **Main hall**

New developments in NRT

Karl Fagerström

Abstract

NRT was developed in the early 70s. The first product was the gum in strengths of 2 and 4 mg, approved first in CH 1978 and in UK 1979. The skin patches were introduced in the early 90s. Thereafter, with the exception of the nasal spray, a number of me-to-products, in terms of efficacy and pharmacokinetic profile, have been introduced (sublingual tablet, inhalator and lozenges). More recently some new products (gum, lollipop and mouth spray) with a faster delivery of nicotine that somewhat better mimics what the smoker is used to from the cigarettes have been developed. Very recently a nicotine pill for swallowing has also been tested pharmacokinetically.

However also new ways of using NR are emerging. Introducing NR 1 to 3 weeks before actual quitting seem to boost success rates and combining several NR products is also likely to increase success rates, particularly for more dependent smokers. For smokers failing a quit attempt or for those unable or unwilling to make a quit attempt using NR as an aid to reduce smoking may increase motivation and self efficacy and finally produce cessation.

Biography

Karl Fagerström studied at the University of Uppsala and graduated as a licensed clinical psychologist 1975. At that time he started to run a smoking cessation clinic. In 1981 he got his Ph.D. on a dissertation about nicotine dependence and smoking cessation. In the end of the seventies and early eighties he served as the editor-in-chief for the Scandinavian Journal for Behaviour Therapy. From 1983 through 1997 he worked for Pharmacia and Upjohn as Director of Scientific Information for Nicotine Replacement Products. He has worked with the nicotine gum Nicorette since 1975 and has been contributing to NRT developments such as patch, spray and inhaler. Ever since 1975 he has been working clinically part-time.

Currently he works with his own private consultancy (Fagerström Consulting and the Smokers Information Center). He is a founding member of the Society for Research on Nicotine and Tobacco. He started the European affiliate in 1999 of which he has been the president up to 2003. In 2003 he also became president elect of the mother SRNT. His main research contributions have been in the fields of Behaviour Medicine, Tobacco and Nicotine with over 100 peer reviewed publications of which he is the first author of 75. The current main interest is on reducing harm and exposure to tobacco toxins among all those who can not give up smoking. He has given the name to a nicotine dependence scale (The Fagerström Test For Nicotine Dependence) and was awarded the WHO medal 1999 for outstanding work in tobacco control.

Karl Fagerström
The Smokers' Information Centre, Helsingborg, Sweden
karl.fagerstrom@swipnet.se

Room: **Main hall**

Increasing success

Group vs. individual therapy – which is best?

Andy McEwen

Abstract

There is an important debate about the most effective form of psychological treatment to aid smoking cessation. The major dichotomy in the UK national smoking cessation treatment programme is between group treatment provided by specialists and one-to-one treatment provided in the community by practice nurses or pharmacists. It is of considerable practical importance to determine which if either is more effective. Practical considerations make it unlikely that it will be possible to address this using a randomised trial, but it is possible to use a quasi experimental design.

This presentation analyses the treatment of 1,501 clients of a large London stop smoking service that set a quit date between 2001 and 2003. The service offered both group and one-to-one treatment and clients chose which one they preferred. All counsellors received formal training and regular supervision and worked according to a detailed manual. Fifty-five percent (822) of clients received group treatment from the specialist service and 45% (679) were counselled one-to-one by practice nurses or pharmacists.

Outcome data was CO-verified continuous four-week abstinence, and abstinence for the last two weeks of treatment (weeks three and four post-quit). Data were also collected on demographic characteristics, smoking history, ratings of motivation to quit, confidence in quitting and nicotine dependence (FTND). Findings will be presented of a comparison between group treatment offered by the specialist service and counselling by trained practice nurses once all possible confounding factors have been controlled for.

Biography

Andy McEwen graduated with a social sciences degree in 1986 and qualified as a registered mental health nurse in 1990. He worked in acute and forensic psychiatry before specialising in the field of substance misuse treatment. In 1997 he completed an MSc in Addictive Behaviour at St George's Hospital Medical School before beginning his clinical and then academic career in smoking cessation there with Professor Robert West. In 2003 he took up post as Senior Research Nurse at the Cancer Research UK Health Behaviour Unit, University College London. He referees for a variety of academic journals and also acts as a consultant to the Department of Health, Health Development Agency and to a number of smoking cessation services on the delivery of treatment services. He retains an interest in nursing research and is lead research nurse for St George's NHS Trust. His current research includes surveys of smokers and health professionals, pharmacokinetic studies on nicotine delivery systems and clinical trials of behavioural treatments.

Andy McEwen
Senior Research Nurse,
Cancer Research UK Health Behaviour Unit
andy.mcewen@ucl.ac.uk

Room: **Main hall**

Telephones quitlines: evidence and promise

Shu-Hong Zhu

Abstract

There has been a proliferation of tobacco quitlines in recent years, encouraged by the agencies that fund public health programs and by healthcare systems. This talk will offer reasons for the fast adoption of quitlines from the perspectives of smokers, service providers, and program funders. It will present the experimental evidence for the effects of telephone-based intervention. It will examine the potential for using the large data sets of quitlines to further our understanding of the quitting process and to help design clinical interventions accordingly. Finally, it will discuss how a centrally operated quitline might be used to encourage general practitioners to be more consistent about advising smokers to quit and to improve the delivery of pharmacotherapies to smokers who want to use them, and how it can play a significant role in a population-based approach to smoking cessation.

Biography

Shu-Hong Zhu, Ph.D., is an Associate Professor of Family and Preventive Medicine in the University of California, San Diego School of Medicine. Dr. Zhu is Principal Investigator of the California Smokers' Helpline, a statewide tobacco cessation service recently recognized with an Award for Program Excellence from the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. His research focuses on smoking behaviour and cessation interventions, with a bent toward population-based studies. He began his research with general adult populations and has extended to adolescents, pregnant smokers, smokers using pharmacotherapy, and smokers of low socio-economic status. His work is noted for its quick application of research findings to public health settings, and was honoured with a University of California Wellness Lecture Award from the California Wellness Foundation. A psychologist with a strong background in research methodology, Dr. Zhu has published on intervention as well as experimental design. He consults widely with national and international health and governmental agencies and has been a consultant for the World Health Organization and the World Bank on tobacco control initiatives.

Shu-Hong Zhu
Associate Professor, Family and Preventive Medicine,
University of California, San Diego, USA
szhu@ucsd.edu

Room: **Main hall**

Marketing cessation services: loyalty, relationships and customer service

Gerard Hastings

Abstract

Choosing Health makes much of the benefits and opportunities of social marketing health. For many this will equate with running a few social advertising campaigns. In reality, however, social marketing is much broader than this, and involves using learning from commercial marketing about how to influence consumer behaviour to address health and social behaviour. At the heart of this learning is the idea of consumer orientation and multifaceted interventions designed to respond effectively to the target group's needs (1).

Recent developments in marketing theory and practice suggest that success is dependent not just on generating mutually beneficial transactions with the consumer, but building long term relationships with them (2). These relationships, built on trust, commitment and loyalty, are particularly important for complex and high involvement decisions such as the purchase of a car or financial service, and underpin the importance of marketing constructs such as branding and customer service.

This thinking is also relevant for complex health behaviour changes such as quitting smoking. This paper will therefore discuss how it can be applied to cessation services.

References

1 Hastings GB, Devlin E and MacFadyen L (2005). Social marketing. Chapter D10 in *ABC of Behavior Change: A Guide to Successful Disease Prevention and Health Promotion*. Oxford: Elsevier Churchill Livingstone.

2 Hastings GB (2003). Relational paradigms in social marketing. *Journal of Macromarketing*, 23(1): 6 – 15.

Gerard Hastings
Centre for Social Marketing and
Centre for Tobacco Control Research,
Department of Marketing, University of Strathclyde
gerard.hastings@stir.ac.uk

Room: **Main hall**

Working with pregnant smokers

Tim Coleman and Carmel O'Gorman

Abstract

Treating pregnant smokers: the evidence base

Aim: To provide practitioners with an awareness of the evidence base underpinning delivery of smoking cessation interventions in pregnancy.

Background: Maternal smoking in pregnancy remains a significant public health problem causing an increased risk of miscarriage, low birth weight, pre-term birth and still birth. Children of mothers who smoke whilst pregnant are more likely to suffer from neo-natal mortality, sudden infant death syndrome and asthma. Maternal smoking whilst pregnant is also associated with an increased risk of attention deficit and learning problems in childhood.

Content of presentation: This talk will briefly summarise the impact that maternal smoking in pregnancy has upon the fetus and infant and will assess the likelihood that this harm is caused by nicotine. Recent trends in the prevalence of smoking during pregnancy will be discussed and the characteristics of women who continue to smoke throughout pregnancy will be highlighted. Finally, evidence for the effectiveness of smoking cessation interventions in pregnancy including nicotine replacement therapy, will be highlighted.

Biography

Tim Coleman works as a senior lecturer at the University of Nottingham and as a salaried general practitioner (GP). He qualified as a doctor from Leeds University in 1988 and trained as a general practitioner in Bradford, West Yorkshire. He became an academic GP in 1993 and in 1998 was awarded an MD degree for his research into general practitioners' anti-smoking advice given during their routine consultations. He is keen to improve the primary care management of smoking cessation and most of his research has been into this area. Before taking up his current post, Tim worked in the Leicester Warwick Medical School and acted as medical advisor to RESOLUTION (Leicestershire's Smoking Cessation Service). He is a member of the Department of Health funded research team evaluating the implementation of the English NHS Stop Smoking Services. More recently, Tim's research has focused on the use on the use of nicotine replacement therapies (NRT) and he is the chief investigator for a £1.1 million, MRC funded trial investigating the safety and effectiveness of NRT in pregnancy.

Tim Coleman

Director of General Practice Undergraduate Education Unit and Senior Lecturer in General Practice, School of Community Sciences, Division of Primary Care, University Hospital, Queen's Medical Centre

tim.coleman@nottingham.ac.uk

Room: **Main hall**

Working with pregnant smokers

Tim Coleman and Carmel O'Gorman

Abstract

The North Staffordshire 'You Two Can Quit' programme was identified by the HDA as best practice. Many existing services encompass the key elements for a successful service.

Strategies to promote the pregnancy smoking cessation service have included regular presentations and reports to staff, community education via the mass media with articles published in local newspapers and information on display boards in hospital and community settings. Referrals are from GP's, Health Visitors and Sure Start, though the majority are from midwives. There are also a number of referrals that are via 'word of mouth.' Experience in North Birmingham has shown that referral rate tends to increase following multidisciplinary training sessions.

Quality service standards exist for the management of referrals. Experience has shown that initial telephone contact provides an opportunity to establish a rapport with the woman, offer further information and assess readiness to quit. Training enables of midwives has enabled staff to effectively determine a woman's readiness to quit smoking and make more appropriate referrals.

Generally one-to-one support is offered mainly in the clients own home. Treatment involves multi-session support and depending on individual needs regular telephone and text-messaging support is available. Women are assisted in making an informed decision about using NRT. Local GPs are progressive with the majority prescribing it. The length of time that the products are used varies between four to twelve weeks. Some women use it albeit infrequently for longer than this. Engagement is with partners/family members wherever possible and access to support is facilitated for them too.

The profile of smoking cessation in pregnancy has risen greatly since the government targets were set and yet pregnant women who smoke bring particular challenges. In light of this a West Midlands network has been established to offer a forum for practitioners in the field to access information, share experiences and good practice. As the network coordinator on-going support from the WM HDA and the WM Perinatal Institute is important.

Biography

Carmel O'Gorman began her professional career as a nurse and midwife, having worked mainly in the North of England, but more recently in the West Midlands Region. Her current post is as the Midwifery Lead for Smoking Cessation in Pregnancy at Good Hope NHS Trust Hospital in Sutton Coldfield, Birmingham.

A challenging and rewarding aspect of this post has been successfully implementing and developing an integrated service between Good Hope maternity services and North Birmingham PCT stop smoking service. It is a 'quality' service, which supports pregnant women to improve their own health and give their babies a smoke-free start in life.

A women's health advocate with a particular interest in the tobacco problem and the special concerns about women smoking, she is also a graduate in Women's Health studies at the University of Central England in Birmingham.

Instrumental in addressing the need for smoking cessation training, she has delivered multi-disciplinary pregnancy-specific training locally and also enjoys lecturing on the impact of tobacco on women's health at the UCE in Birmingham too.

Carmel facilitates the West Midlands Regional Smoking Cessation in Pregnancy Network, which began in September 2003. The network meetings provide an opportunity for practitioners to discuss related resource, research, and policy requirements and share good practice. A key feature of the network is also to regularly review and present pertinent research findings to inform the development of effective cessation support. It is very pleasing to note that the network has developed into a committed and involved group with a desire to influence continuing change for the benefit of this client group and their families.

As well as having a developmental role, importantly her role is as a 'front line' practitioner too. Though helping pregnant women to quit can be difficult and frustrating at times – immense job satisfaction is gained from helping women to stop and stay stopped. As one of her successful mum's stated, "Carmel worked positively and supportively with me and helped me to give my baby daughter the best gift I ever could – a healthy start in life."

Carmel O'Gorman

Midwifery Lead Smoking Cessation in Pregnancy/coordinator WM SCIP network, Good Hope Hospital NHS Trust/North Birmingham PCT

carmel.o'gorman@goodhope.nhs.uk

Room: **Edward 1**

Can physical activity help with stopping smoking?

Michael Ussher

Abstract

There is some evidence to suggest that raising physical activity levels can increase rates of abstinence from smoking. This session will first provide an overview of the evidence for exercise as an aid to smoking. Secondly, we will consider evidence for various other benefits of exercise while trying to quit; including a reduction in tobacco withdrawal/cravings and weight-gain. Recommendations for different types of exercise programmes during smoking cessation will be considered and the challenges of integrating exercise programmes into conventional treatment programmes will be discussed. Possible barriers to smokers becoming more active will be outlined (e.g. smokers are often from a very sedentary culture) and strategies for encouraging exercise will be described. Exercise for special populations of smokers will be considered; for example, for those who are pregnant, overweight or who have cardiovascular disease. Participants will be asked to reflect on their own barriers to exercise and how these barriers could be overcome. The overall aim of this session is for participants to come away with an understanding of the evidence for the role of exercise in smoking cessation and to appreciate a range of practical strategies for implementing exercise interventions in an NHS stop smoking service.

Biography

Dr Michael Ussher is a Lecturer in Health Psychology at St George's Hospital Medical School. His research focuses on both smoking cessation and physical activity. He is the author of the Cochrane Review on 'Exercise Interventions in Smoking Cessation' and has published numerous book chapters and articles in leading scientific journals relating to the role of exercise in smoking cessation. He is currently considering the role of exercise for pregnant smokers and is continuing with a series of experimental studies examining the effects of short bouts of exercise on tobacco withdrawal symptoms and cravings.

Dr Michael Ussher

Department of Community Health Sciences (Psychology), Hunter Wing, St. George's, University of London

mussher@sghms.ac.uk

Room: **Edward 2**

Smoking cessation for young people

Amanda Amos

Abstract

Over the past few years there has been increasing interest in developing smoking cessation initiatives and services for young people. Given the differences in adolescents' smoking patterns, levels of consumption and dependence compared to older smokers, it cannot be assumed that cessation approaches that are effective with adults will also be effective with younger smokers. However, there has been relatively little research on smoking cessation for young people. This presentation will discuss smoking cessation and young people from two perspectives.

The first part of the presentation will consider what we know about young people and smoking, and why there is an increased focus on cessation with this age group. It will review the research evidence on cessation interventions with young people including studies on the use of pharmacotherapies (NRT and bupropion). This will include a consideration of the quality of these studies and the limited conclusions that can be drawn from these about the effectiveness of different approaches.

The second part will report the findings of a qualitative study of 16 to 19 year old smokers which explored how they understood their smoking and their attitudes towards quitting and cessation support. This included their perceptions of addiction, barriers to quitting, effectiveness of NRT and future quitting intentions. On the basis of the study's findings it is concluded that traditional 'adult' smoking cessation services are unlikely to appeal to older adolescents. Services aimed at this age group need to be grounded in their understandings of smoking and the social factors which support smoking.

Biography

Dr Amanda Amos is Reader in Health Promotion in the Division of Community Health Sciences at Edinburgh University. She has a longstanding research interest in smoking and tobacco control. She is a board member of ASH Scotland, a founder member of The International Network of Women Against Tobacco and a senior editor of the international journal *Tobacco Control*.

Amanda Amos

Reader in Health Promotion, Public Health Sciences, Division of Community Health Sciences, Medical School, Edinburgh University

amanda.amos@ed.ac.uk

Room: **Edward 3**

How to attract black and minority ethnic groups into treatment

Kawaldip Sehmi

Abstract

Black and minority ethnic groups form a significant part of the 'hard to reach' groups in many local smoking cessation and tobacco control programmes.

The 2001 census has gone some way towards defining the ethnic and religious diversity in many cities but has not picked up the subtle cues that drive many civil society structures and the social capital of an area.

QUIT has found that it is within these subtleties that there lies the root of many successful smoking cessation and tobacco control programmes. The session will explore these through anecdotal and published evidence from a wide cross section of projects that have been used to regenerate various communities.

The role of social capital in is misunderstood and many local initiatives miss important opportunities to include local smoking cessation and tobacco control programmes.

Using the Heart Line, Asian Quitline and the Ramadan Helpline, this session will explore how to reach theses groups in a timely, pertinent and culturally sensitive manner.

Kawaldip Sehmi
Director of Health and Equality, QUIT
k.sehmi@quit.org.uk

Room: **Edward 4**

Social support

Fiona Gillison

Abstract

Social support is reliably found to have a positive impact on the success of smoking cessation as well as in the maintenance of abstinence. Factors such as living with other smokers or having a partner who smokes are often highly predictive of relapse. Stop smoking treatments have therefore been designed to enhance social support in recognition of its importance, however the evidence on which such techniques are based is often equivocal.

This session will critically review the current evidence of the common means of facilitating social support in a clinical setting. This includes methods such as the provision of group support, 'buddy' systems, and enhancing a smoker's existing social networks. Issues in translating the theory into practice in a variety of settings will be addressed through practical examples and discussion of participants own experiences in facilitating social support in practice.

Biography

Fiona Gillison joined the Tobacco Dependence Research and Treatment Centre (TDRTC) at Barts and The London School of Medicine and Dentistry in 2000, having completed a Masters degree in Health Psychology at City University, and spent some time working with a newly formed primary care group (now a primary care trust). During her time at the TDRTC, she coordinated the East London Specialist Smokers Clinic and contributed to the Centre's range of research projects, taking a particular interest in relapse prevention. In 2003 she led in the development of a weight management clinic for ex-smokers, using a similar model of social and behavioural support to that used in smoking cessation. She has now moved to Bath University to undertake a PhD in Health Psychology, and continues to be involved in the training of smoking cessation advisers.

Fiona Gillison
Health Psychologist, School for Health, University of Bath
sppfbg@bath.ac.uk

Room: **Edward 5**

Working with smokers with mental health problems

John Hughes

Abstract

About 15% of smokers seeking treatment have either a current alcohol/drug or depression problem. Although nicotine does have antidepressant, anxiolytic, anti-hunger, and cognitive enhancement effects, what proportion, if any, of smoking is due to self-medication is unknown. Nicotine withdrawal symptoms can mimic psychiatric symptoms (e.g. irritability from alcohol withdrawal or insomnia from depression) and thus confuse diagnosis. Smoking cessation can increase the levels of many psychiatric medications and this is not influenced by NRT. Smoking cessation also appears to increase risk for relapse of alcoholism or depression in 10 to 15% of smokers. No specific treatments for smokers with mental health problems have been validated in several studies. Cessation is best done when mental health problems are in remission. Surprisingly, data suggests those with past (not current) alcoholism/depression do not have more difficulty quitting. Thus, all those in remission should have brief motivational therapy and advice to quit. Treatment should probably be more intensive and involve close monitoring to detect early signs of relapse of mental health problems (or treat these prophylactically). Finding former smoker to provide support and structuring free time may be especially important.

Biography

John R Hughes, MD is Professor of Psychiatry, Psychology and Family Practice at the University of Vermont. Dr Hughes is board certified in Psychiatry and Addiction Psychiatry. His major focus has been clinical research on tobacco use. Dr Hughes was the recipient of the first Ove Ferno Award for research on nicotine dependence and the Alton Ochsner Award Relating Smoking and Health. He is a co-founder and past president of the Society for Research on Nicotine and Tobacco. Dr Hughes is Chair of the Vermont Tobacco Evaluation and Review Board which oversees VT's multi-million dollar tobacco control programmes.

John Hughes
Professor, Department of Psychiatry, University of Vermont
john.hughes@uvm.edu

Room: **Edward 6**

Smoking, is it all in the genes?

Saskia Sanderson

Abstract

Developments in human genetics research over the past decade have led to an explosion of studies examining the associations between genetics and human traits, such as addiction and disease susceptibility. In the field of smoking cessation, there has been particular interest in trying to identify genes associated with nicotine addiction, and with smoking-related diseases such as lung cancer and heart disease. This has led to speculation that we might, in the future, be able to identify individuals who are particularly susceptible to the effects of nicotine, or to the harmful constituents of tobacco smoke, and develop targeted interventions to reduce risk amongst those people identified as high risk. In fact, some companies are already marketing these kinds of products direct to the public, despite reservations in the scientific community about the appropriateness of these products at the present time. In this paper, I shall give a brief introduction to genetics and provide an overview of what is currently known about genetics and addiction, and genetics and smoking-related disease susceptibility. I shall then discuss the potential uses of this information, examine some of the companies that are already marketing smoking-related genetic tests on the internet, and conclude with a discussion of some of the ethical and social issues that these developments raise for smoking cessation researchers and practitioners.

Saskia Sanderson
Cardiovascular Genetics,
British Heart Foundation Laboratories,
Royal Free and University College Medical School
s.sanderson@ucl.ac.uk

Room: **Edward 6**

The All-Wales Smoking Cessation Service

Linda Durgan

Abstract

In Wales, Smoking Cessation Services were established in 1999. The National Assembly for Wales gave initial advice on setting up the services based on the 1998 White Paper *Smoking Kills* and the 1998 *Thorax* guidelines. Health Authorities were encouraged to test and develop a range of services and innovative approaches to delivering smoking cessation advice and help. In total 10 pilot services were created.

In 2002 the National Assembly commissioned a research team to conduct an evaluation of the pilot Smoking Cessation Services in Wales. The research team subsequently made 19 recommendations regarding the future of smoking cessation services in Wales. These recommendations were implemented during the first year of the new All Wales Smoking Cessation Service which began in April 2004.

The first year of the new Service has seen the unification of the previous pilot services. The new All Wales Service is managed by the National Public Health Service (NPHS) and funded by the Welsh Assembly Government (WAG). A common identity has been adopted across Wales including uniform job titles, introduction of a National free phone number and the creation of a National database. The free phone number has eased the way in which clients can refer to the Service and the database has ensured that data collected is standardised and comparable across different localities.

After the first year of the National Service plans are now bring drawn up for the future. It is envisaged that the Service will work more closely with secondary care and adolescent smoking cessation and pregnant women.

Linda Durgan

All Wales Smoking Cessation Service,
St David's Hospital, Carmathen

Room: **Albert 1** – paper presentations

Stop smoking services: something a little different

The ASH Scotland Buddy Project

John Sim

Abstract

Research from the USA and UK highlights the importance of social support to encourage participation in formal smoking cessation programmes. Similar approaches have been successful in supporting people with HIV/AIDS, and those with an alcohol problem. The aims of the current project, funded by the Community Fund, were to promote self help, peer support, volunteering and community involvement. Individuals were encouraged to become volunteer buddies to support smokers who want to quit.

Three NHS areas were involved:

Fife: Working alongside the Primary Care smoking cessation service offering an optional and additional service.

Tayside: Targeting people who found it difficult to access smoking cessation services, i.e. women with child-care difficulties, the housebound, those in rural locations, those who work irregular hours, and people who do not like groups.

Western Isles: the Project offered support to smokers living in a rural area, who may have been geographically isolated, and found it difficult to access smoking cessation services.

Three evaluation exercises were carried out:

- Quantitative analysis of the buddies and stoppers who accessed the service.
- Qualitative study of the six relationships that developed through buddying.
- Self reported follow-up study on current smoking habits at 3 and 12 month intervals.

This 3-year project began in January 2001. This pre-dated the introduction of the minimum dataset guidelines, and the need for CO verified abstinence was not recognised. The project has been dynamic in evolving to meet the needs of the buddies and the stoppers.

John Sim

ASH Scotland, Edinburgh
john.sim@ashscotland.org.uk

Room: **Albert 1** – paper presentations

Stop smoking services: something a little different

Drop in groups: can they work?

Christine Owens

Abstract

Roy Castle Fag Ends are part of the Roy Castle Lung Cancer Foundation, which receives funding from a range of organisations and individuals for its work in the fight against lung cancer. Roy Castle Fag Ends Community Stop Smoking Group receives funding from the three Liverpool Primary Care Trusts as well as being in receipt of funds from the charity's fundraising work.

The Roy Castle Lung Cancer Foundation has been providing smoking cessation support in Liverpool since 1994 through its community stop smoking service Roy Castle Fag Ends. The service was developed by a group of people who had just quit smoking and was originally provided by trained 'lay' volunteers. It is currently provided by trained employees, not necessarily from a nursing or medical background. In 1999 Fag Ends were contracted to provide the adult smoking cessation service for Liverpool. This presented a massive challenge for the service, how to maintain the community/client led approach whilst addressing the need to meet targets, provide increasingly complicated monitoring data and encompass the increasing 'medicalisation' of smoking cessation.

The service has been incredibly successful, over-achieving the challenging 4 week quit targets in every year, the majority of which are CO validated. The current 4 week quit rate is around 47% of which 69% are CO validated quits.

The service also has good results at 52 week success with approximately 30% of 4 week quits remaining quit at 52 weeks. This figure is lowered as it includes all 4 week quits and loss to follow up at 4 weeks is relatively high. The service runs 'drop in' groups at 40 venues across the city which operate as on-going groups, with new people joining each week. Referrals are taken from GPs, health care professionals, via a telephone helpline and clients can self-refer by walking into the groups. For example in January this year in a group run in one of the disadvantaged areas in Liverpool 28 people self-referred by simply walking in. The existence of this on-going group allows much easier access to the available support. The removal of as many barriers as possible for referral allows the service to engage with people who are often deterred by formal referral systems. Of those people in contact with the service in quarter 3 of 2004/05, 24% used the telephone helpline to refer themselves, 24% were referred by their GP or other health care professional and 52% self referred by walking into one of the groups.

Running this kind of service is challenging but rewarding. This presentation will explain fully the principles behind the service and how it works on the ground.

Christine Owens
The Roy Castle Lung Cancer Foundation, Liverpool
owensc@roycastle.liv.ac.uk

Room: **Albert 1** – paper presentations

Stop smoking services: something a little different

Smokey Joe stories: a narrative-based intervention

Susanne Schulz, Deborah Ritchie, Ann Bryce and Terry McEleny

Abstract

Currently, an estimated 1.2 million people in Scotland – 30% of the adult population – smoke. Cigarette smoking has been identified as the single, leading cause of preventable death and ill health. The large number of smokers in Scotland calls for the establishment of a varied and innovative range of smoking cessation approaches that have the scope to reach diverse socio-economic groups of smokers.

An innovative narrative based, culturally attuned approach to smoking cessation has been developed in Barrhead, East Renfrewshire. Barrhead is comprised of a mixed socio-economic stratum, which is reflected in the research sample which includes people from the Scottish Index of Multiple Deprivation (SIMD) deciles 2 to 10.

Based on observations of the 'Smokey Joe' cessation service, this presentation will describe the technique used by the group facilitator to help people stop smoking. To this end a selection of key stories, which are characteristic of recurring themes and problems faced by people who wish to quit smoking, are introduced alongside the group facilitator's interventions.

This research suggests that a narrative-based approach to smoking cessation has the potential to change smokers' stories and perceptions of the quitting process. In so doing, narrative-based smoking cessation services can help smokers to overcome the barriers that keep them from quitting and increase their belief that becoming smoke-free is an achievable goal.

Susanne Schulz, Deborah Ritchie, Ann Bryce and Terry McEleny
Queen Margaret University College, Edinburgh
sschulz@qmuc.ac.uk

Room: **Albert 2**

No smoking in this hospital/PCT

Andrew Molyneux

Abstract

The White Paper on Public Health states that all NHS buildings must be Smoke-Free by the end of 2006. What does 'Smoke-Free' mean, and how can you get there?

This session aims to present the evidence and rationale for Smoke-Free policies in the NHS, and will be aimed and smoking cessation and public health professionals, health professionals working in both Secondary and Primary Care, and managers working in the NHS. It will include a background on the effects of smoking in the workplace upon non-smokers and the impact upon the NHS, the evidence for the benefits of Smoke-Free policies, an approach to developing and starting Smoke-Free policies in your Trust, and will include a review of the latest HDA guidance on Smoke-Free policies in the NHS.

Biography

Andrew Molyneux is a consultant chest physician working in a large DGH, and has been involved in setting up and launching a Smoke-Free policy and Stop Smoking service in his hospital in the last year, as well as having a longer research interest in smoking cessation in hospitals. He will aim to give practical advice on going Smoke-Free, and will share his experiences of the process. His presentation will lead into a talk from Scarborough on their experiences of Smoke-Free policies. Finally, there will be a Question and Answer session to allow others to share their experiences and problems, and hopefully find some solutions to this important issue.

Andrew Molyneux
Consultant Physician, Kings Mill Hospital
andrew.molyneux@sfh-tr.nhs.uk

Room: **Albert 2**

Smoke-free hospitals – a Scarborough experience

Flis MacDonald

Abstract

Scarborough Hospital in 2001 had a 'where to smoke' policy, still had staff smoking rooms and both patients and visitors smoking outside particularly around doorways. January 2002 saw the first staff quit programme begin, it was on site with time off allowed to attend. A well supported group with a good quit rate and the new quitters helped out enthusiastically on National No Smoking Day, but we still had to battle against the pull of the staff smoke rooms. Plans began to move on later that year with a proposal to redecorate and improve the staff dining areas and by March 2004 plans without a smoke room were on display, closure set for April 2004. A working group was formed to lead the development of the project.
We used a questionnaire to staff to gage opinion and gain suggestions, it was well supported and showed the majority of staff in favour of a smoke-free site.

We looked for any existing guidance and advice, and took the opportunity of a visit to another hospital further along the process than our selves.

September 2004 saw completion of the new policy and it was accepted by the Board. A secondary care post was negotiated to ensure that there would be adequate staff training to ensure patient support available, and develop a prescribing protocol and patient care pathway. Communication has been key throughout and funding a large issue.

Our Smoke-Free site was achieved on March 9th 2005, by the time of the conference I will have news of what happened beyond No smoking Day and what future developments may be.

Flis MacDonald
Scarborough Hospital
flis.macdonald@acute.sney.nhs.uk

Room: **Albert 3** – paper presentations

Nicotine safety and misconceptions

Karl Fagerström

Abstract

Cigarette smoking is a major cause of death and disease worldwide. Nicotine has been shown to be the agent in tobacco smoke that leads to addiction. However, the overwhelming majority of the health consequences of smoking are caused by other ingredients in tobacco smoke such as carbon monoxide, numerous carcinogens, and other toxins that have been identified. Medicinal nicotine is used to wean people from the nicotine normally obtained by smoking. Whereas cigarettes are designed to maximize the addictive potential of nicotine, current medicinal nicotine products are by far less addictive. Medicinal nicotine may produce some adverse pharmacological effects; however, these are generally not clinically significant. The effects of nicotine from medicinal nicotine products are much lower compared to smoking, even among smokers with pre-existing tobacco-related disease. There are some long-term safety data on medicinal nicotine products; furthermore, snus, a form of smokeless tobacco that delivers higher levels of nicotine, has been shown to lower the risk of myocardial infarction and lung cancer compared to smoking among exclusive snus users. Available evidence suggests that nicotine, delivered without the other constituents of tobacco smoke, has minimal adverse heath consequences. We will discuss the health effects of nicotine from medicinal nicotine compared to those from cigarette smoking, with particular reference to cardiovascular effects, carcinogenicity and lung disease; also, how these products could be used to help more smokers quit smoking.

Biography

See page 12.

Karl Fagerström
The Smokers' Information Centre, Helsingborg, Sweden
karl.fagerstrom@swipnet.se

Room: **Albert 3** – paper presentations

Perceived safety of nicotine replacement products among general practitioners and current smokers in the UK: impact on utilisation

Alex Bobak

Abstract

Despite Nicotine Replacement Therapy (NRT) being effective for smoking cessation, most smokers try to quit without it. We tested the hypotheses that misperceptions of NRT safety might limit both the proportion of smokers interested in using NRT and the likelihood of it being prescribed. During a study of 2062 UK residents, all respondents who reported being smokers (30%; n=612) were asked about their attitudes toward smoking and smoking cessation products. Large proportions of the smokers agreed that "Stop smoking products with nicotine are just as harmful as cigarettes" (37%); and that NRT causes heart attacks (30%), lung cancer (29%), strokes (26%) and asthma (22%). Smokers who agreed that NRT is just as harmful as cigarettes were slightly less likely to have used NRT in the past (30% versus 38%; ns), and reported being less likely to use it during future quit attempts (14% versus 38%; $p < .001$) and being more likely to quit unassisted (56% versus 42%; p.010). In a second study, 205 UK General Practitioners (GPs) answered an internet survey that included the same questions regarding the safety of nicotine and NRT. While only 6% agreed that NRT is just as harmful as cigarettes, a substantial proportion of GPs incorrectly asserted that nicotine in cigarettes causes CVD (51%); strokes (49%) and lung cancer (41%). The GPs who misperceived the safety of NRT were less likely to prescribe it (47% versus 61%) but this difference was not significant. These findings suggest that safety misperceptions impede the adoption of NRT in cessation attempts.

Alex Bobak
Wandsworth PCT, London
alex.bobak@ntlworld.com

Room: **Albert 3** – paper presentations

Long term NRT use

Ronnie Troughton

Abstract

Nicotine replacement treatment (NRT) is proven to help smokers quit. The recommended length of treatment for most products is up to three month, but use beyond this time is not uncommon. Evidence suggests that some smokers may need to continue NRT long-term to help maintain abstinence. Long-term use of nicotine is unlikely to be harmful, however, some ex-smokers do not like the thought of being dependent and there are also financial considerations.

This presentation discusses the issue of long-term NRT use in ex-smokers and suggests a possible method of weaning them off treatment.

Ronnie Troughton
Tobacco Dependence Research and Treatment Centre, Barts and The London School of Medicine and Dentistry, Queen Mary University of London

Room: **Main hall**

Debate

Motion:

This house believes that there is no need for full-time treatment staff to help smokers quit when practice nurses and community pharmacists can deliver treatment

Proposing: Kevin Lewis

Dr Kevin Lewis is Clinical Director of Smoking Cessation at Shropshire County and Telford and Wrekin Primary Care Trusts. A former general practitioner, he set up the primary-care-based Help 2 Quit service in 1995. Help 2 Quit was awarded NHS Beacon Status as a model of best practice, and has been adopted by all general practices in Shropshire.

Kevin Lewis
Clinical Director of Smoking Cessation
at Shropshire County and Telford and Wrekin PCTs
kevin.lewis@shropshireha.wmids.nhs.uk

Opposing: Robert West

Robert West is Professor of Health Psychology and Director of Tobacco Studies at the Cancer Research UK Health Behaviour Unit, University College London. He is also Editor of Addiction and has published over 250 scientific works. He has been researching tobacco use since 1982 and is co-author of both the English and Scottish National Smoking Cessation Guidelines. His current research includes clinical trials of new smoking cessation treatments, studies of the acute effects of cigarette withdrawal and population studies of smoking patterns

Robert West
Professor of Health Psychology,
Cancer Research UK Health Behaviour Unit
robert.west@ucl.ac.uk

Seconding: Terry Maguire

Seconding: Mireille Herbert

Thursday 9th June

Room: **Albert 1 – 3**

Evening fringe meeting

5.15pm – 6.15pm

Progress in treatment with NRT:
Expanding options to meet individual needs

Meeting sponsored by Pfizer

Rooms: **Edward 1 – 3**

Evening fringe meeting

6.30pm – 7.30pm

Abstinence, urges and cravings

Meeting sponsored by Novartis

Friday 10th June

Rooms: **Edward 1 – 3**

Breakfast fringe meeting

9.00am – 10.00am

Clearing the haze: nicotine on trial

Meeting sponsored by GlaxoSmithKline

Room: **Main hall**

Smoking drugs and harm reduction

Chair: Deborah Arnott

Biography

Deborah Arnott has been the Director of ASH, one of the UK's leading campaigning charities, since May 2003.Previously Head of Consumer Education for the Financial Services Authority (FSA), Arnott set up the FSA's consumer education function from scratch and while there was successful in lobbying to get financial education into the school curriculum. She has a varied background including being the first female Industrial Relations Officer at Triumph Cars, an MBA from Cranfield and experience as a journalist both in print and in television. As a producer director and then programme editor in factual programmes for London Weekend Television she developed and launched a wide range of programmes

Deborah Arnott
Director, Action on Smoking and Health
deborah.arnott@ash.org.uk

Room: **Main hall**

Understanding cannabis smoking

Harry Shapiro and Brian Pringle

Abstract

Cannabis came of age in the 1960s when it became a key symbolic component of the social and cultural revolution of the times. Its role as our most popular illicit drug has never been challenged since, but has received a substantial boost since the 1990s as drug culture has become more mainstream and spread through use of the internet. Now anywhere up to 50% of those aged 16 to 24 say they have tried the drug at least once. For those who use it, cannabis performs a number of social roles including bonding, an escape from boredom and an alternative to alcohol. There are two main types of cannabis used in the UK – herbal and resin – and a variety of smoking methods including those not involving tobacco. Claims that cannabis is substantially stronger now that in earlier times are not substantiated by research which has also shown that in some cases, psychoactive content can be low because of adulteration by traffickers.

Biography

Harry Shapiro is editor of *Druglink* and head of publishing at Drugscope. He is an author, journalist and lecturer who has written very widely on the subject of drugs from peer reviewed academic articles to books for young people. He is the author of *Waiting for the Man: the story of drugs and popular music* and *Shooting Stars: drugs, Hollywood and the movies*.

Harry Shapiro
Editor, Druglink Magazine
harrys@drugscope.org.uk

Abstract

Abstract not available at time of going to press

Brian Pringle
West Lothian Drug and Alcohol Service (WLDAS)

Room: **Main hall**

Harm reduction: can it work?

Jonathan Foulds

Abstract
Abstract not available at time of going to press.

Biography
Jonathan Foulds PhD is an Associate Professor and Director of the Tobacco Dependence Program at UMDNJ School of Public Health. He trained as a clinical psychologist in the United Kingdom and has spent most of his career developing and evaluating methods to help smokers beat their addiction to tobacco. He has published over 50 papers on tobacco and is Vice President of the Association for the Treatment of Tobacco Use and Dependence (ATTUD).

Jonathan Foulds
Associate Professor, University of Medicine and Dentistry of New Jersey, School of Public Health and Director, Tobacco Dependence Program, USA
fouldsja@umdnj.edu

Room: **Main hall**

Relapse prevention

Peter Hajek

Abstract

Relapse is the key unresolved issue in smoking cessation. We have effective methods to help at least half of dependent smokers to overcome the initial withdrawal discomfort and achieve one month abstinence. Most patients feel at that stage that they are over the worst, and many consider the problem solved. Yet some 2/3 of initially successful quitters return to smoking within a year.

There is an extensive observational literature on relapse, but only limited effort has been devoted to developing and evaluating relapse prevention interventions. A Cochrane review of such trials has been published recently and the presentation will report on the findings of the meta-analysis. Although there were 40 studies with some relevance for relapse prevention, only 3 studies randomised participants at the end of the initial several-weeks treatment period, with two of these testing the efficacy of Zyban, and one looking at a behavioural intervention. There were two types of behavioural relapse prevention interventions tested across most of the 40 studies, i.e. teaching smokers to identify risky situations and to cope with them, and extending treatment contact. The results were resoundingly negative, but most studies allowed too much experimental 'noise', usually related to methodological problems such as randomisation prior to quitting smoking, lack of validation, and lack of reporting of continuous abstinence rates. We shall try to derive some lessons from the available evidence for possible directions for future research and for current practice.

Biography

Peter Hajek is Professor of Clinical Psychology, Head of Psychology, and Director of Tobacco Dependence Research Unit at Barts and The London, Queen Mary's School of Medicine and Dentistry, University of London. His research is concerned primarily with understanding smoking behaviour, and developing and evaluating smoking cessation treatments.

Peter Hajek
Head of Psychology and Director,
Tobacco Dependence Research Centre,
Barts and The London School of Medicine and Dentistry,
Queen Mary University of London
p.hajek@qmul.ac.uk

Room: **Edward 1**

Working with smokers in prison

Mark Braham

Abstract

The session will provide a review of the evidence and best practice guidance for working with prisoners on smoking cessation.

The session will also review progress in the development of prison based services since the publication of the Department of Health's *Acquitted* best practice toolkit in 2003, and provide an opportunity for participants to discuss their experiences and thoughts on future developments in this challenging setting.

Biography

Mark is a Public Health Specialist, specialising in tobacco control for the past 12 years as a Health Promotion Officer, Smokefree Alliance Coordinator and currently as Service Manager of a Stop Smoking Service for three primary care trusts in Leicestershire. Between 2001 and 2003, he coordinated the Department of Health's national pilot project to develop smoking cessation services in prisons and was author of *Acquitted: best practice guidance for developing services in prisons* (2003).

Mark Braham
Manager, Resolution Stop Smoking in Leicester
mark.braham@llr-hpa.nhs.uk

Room: **Edward 2**

Smoking cessation with in-patients (including pre-op)

Carole Furlong

Abstract
In addition to the evidence that smoking increases the risk of ill-health and death, there is also evidence that smoking reduces the benefits from treatment. This presentation will review the evidence showing that, after surgery, compared to ex-smokers and non-smokers, smokers are more likely to:

- have pulmonary, circulatory, and infectious complications and impaired wound healing;
- have reduced bone fusion;
- to be admitted to an intensive care unit;
- have increased risk of in-hospital mortality; and
- because of these increased risks, smokers are also more likely to remain in hospital for longer.

The presentation will then focus on the effects of smoking cessation prior to hospital admission on post-operative complications and in length of stay. The evidence on the effectiveness of pre-admission and in-patient smoking cessation programmes will be reviewed.

Finally, (pre-publication) results of a project to estimate the health gain from preadmission smoking cessation in London PCTs and acute hospitals will be presented.

Biography
Carole Furlong is a Public Health Specialist currently working for Hounslow PCT and the London Health Observatory. After graduating, Carole worked in pathology for seven years. Looking for a new challenge, she moved into Public Health in 1992 as screening coordinator and has since held posts as Health Development Manager, Public Health Manager and Head of Health Intelligence. At LHO, she is working on developing a model to estimate short term health gain from smoking cessation prior to surgery. Her literature review on the subject can be accessed via the LHO website (http://www.lho.org.uk/HIL/Lifestyle_and_Behaviour/Smoking.htm).

Carole Furlong
Public Health Specialist, Hounslow PCT
cfurlong@lho.org.uk

Room: **Edward 3**

Smoking and oral health

Richard Watt

Abstract
Tobacco use adversely affects oral health in a number of ways. Research indicates that although dentists are aware of the oral pathology associated with tobacco use, their involvement in smoking cessation activities is limited. Dentists do however have contact with a significant proportion of the child and adult population and therefore could play an important role in smoking cessation. This presentation aims to present an overview of smoking cessation and its relevance to dentistry. The introduction of new dental contract in 2006 will provide an opportunity for expanding dentist's role in preventive activities. This presentation will outline how dentists and their team members can become actively engaged in smoking cessation. Details will also be presented of supporting resources and training materials that have been published to develop dental professionals role in smoking cessation. Finally different models of working with dental professionals will be reviewed to assess best practice models for effective referral of smokers to NHS Stop Smoking Services.

Richard Watt
Reader in Dental Public Health,
Department of Epidemiology and Public Health,
University College London
r.watt@ucl.ac.uk

Room: **Edward 4**

Oral tobacco use

Kawaldip Sehmi

Abstract

Smokeless tobacco use in the UK presents special public health and cessation treatment challenges to the health professionals and tobacco control agencies. The bio-behavioural models used in smoking cessation and the tobacco control measures adopted in controlling cigarette demand, supply and exposure do not transfer over easily to the psychological, physiological, socio-cultural, economic and other civil society (social capital) influences that prompt initiation of smokeless tobacco use, progression to nicotine addiction and then cessation.

The public health challenge is that producers of cigarettes have to declare their ingredients and limit their addictive and harm causing agents in their product (nicotine, tar and CO) but the manufacturers of smokeless tobaccos do not. This is compounded further as the health impact of some of the additives in combination with extracts of tobacco has not been appreciated or assessed properly. Areca nut as an additive in tobacco presents special challenges.

The cessation treatment challenge is one of assessing the level of nicotine addiction and behavioural dependence in a user. This has an impact upon prescribing the right pharmocotherapy and appropriate behavioural therapy. In smokers this has been largely settled by the use of Karl Fagerström's and other tests to determine addiction levels and then using guidelines on smoking cessation treatment efficacy to prescribe the right product and therapies.

QUIT has looked at three communities and their smokeless tobacco use. They are:

Gujarati Community – use of Mawa

Punjabi Community – use of Gutkha

Bangladeshi Community – use of Tobacco Paan

Kawaldip Sehmi
Director of Health and Equality, QUIT
k.sehmi@quit.org.uk

Room: **Edward 5**

Supplementary treatments

Hayden McRobbie

Abstract

UK stop smoking services typically aim to provide evidence-based treatments that combine multi-session behavioural support with nicotine replacement treatments or bupropion. Service providers are under pressure to achieve not only a large throughput of smokers but high short-term abstinence rates. Some supplementary treatments such as glucose might be helpful to smokers trying to quit and can be incorporated into clinical practice. Others (e.g. exercise, aversive smoking) show some promise, but further evidence of their effectiveness and the practicality of their implementation is required. Clients of NHS services may enquire about the use of acupuncture and hypnosis and, despite the lack of evidence that these are effective in aiding cessation, many health professionals still recommend them. Finally this presentation will briefly discuss some of the non-tested products and methods of stopping smoking that are available to the smoker.

Biography

Hayden McRobbie is a Research Fellow at the Tobacco Dependence Research Centre at Barts and The London School of Medicine, University of London. After graduating from the University of Otago, New Zealand in 1996, he worked in a general medicine and surgery before taking up his current post working with Professor Peter Hajek in 1999. He is also a clinician at the Royal London Hospital Smokers' Clinic, one of the largest in the UK.

Hayden is currently studying for a PhD looking alleviation of the tobacco withdrawal syndrome.

Hayden McRobbie
Research Fellow,
Tobacco Dependence Research and Treatment Centre,
Barts and The London School of Medicine,
University of London

Room: **Edward 6**

Finding out what works – evidence from Cochrane reviews

Lindsay Stead, Kate Hey, Tim Lancaster

Abstract

1. Description of the Cochrane Collaboration and the systematic review methodology used by the Tobacco Addiction Group.
2. Practical demonstration of reviews in the Cochrane Library.
3. Overview of main findings from Cochrane Reviews relating to smoking cessation.
4. Discussion of practical implications of the findings on effective interventions.
5. Brainstorming on whether there are questions that are not answered by Cochrane reviews that could be addressed in future updates of existing reviews, or by new reviews.

Lindsay Stead
Cochrane Tobacco Addictions Group,
Department of Primary Health Care, Oxford University
lindsay.stead@public-health.oxford.ac.uk

Room: **Albert 1** – paper presentations

Smoking cessation – from pregnancy to old age

Carbon monoxide testing and antenatal care

Shirley Hamilton

Abstract

The breathe project is a unique service whereby Carbon Monoxide (CO) testing has been introduced as part of routine antenatal care for **all** pregnant women irrespective of smoking status in the city of Glasgow. Each month approx 1,200 pregnant women are booked for antenatal care across the city's three maternity hospitals – the largest number per health board in Europe. On average 20 to 35% of pregnant women in Glasgow were self reported smokers at the start of their pregnancy. As standard, since May 2004, all 'bookers' are CO monitored and those with a reading of more than 7ppm and or self reported smokers are directly referred to a smoking cessation (SC) link midwife. This also provides an opportunity to discuss passive smoking. All referrals are contacted to arrange a face-to-face visit. Only then are 'bookers' allowed to opt out of 'breathe' – literature is sent out to this group. The service offers a structured evidenced based support programme over a period of 7 weeks. The 1st visit is to assess motivation to quit, suitability for NRT using Fagerström Test, agree a plan tailored to their needs and record baseline CO level. Women are encouraged to plan and prepare to quit at week 3. Up to 12 weeks of NRT is accessed using a PGD via an established network of registered SC pharmacists thus providing a smooth interface between acute and primary care services. The link Midwives provide further telephone support on 3 occasions with an invitation to attend at week 7 for CO validation. Quitters using NRT continue to be supported by the pharmacist for the remainder of their NRT use. Partners and other family members are also encouraged to quit.

Evaluation: May – Dec 2004

- Number setting quit date = 220
- Routine follow up with CO validation at 4 weeks post quit = 35 (16%) 4 week no validation = 17 combined total = 52 (24%)
- Further follow up at 3 and 12 months (3 months not smoking = 17 (8%))
- Service user survey

Shirley Hamilton
Smoking Concerns, Glasgow Smoking Concerns,
Eastbank Health promotion Centre, Glasgow
shirley.hamilton@gghb.scot.nhs.uk

Room: **Albert 1** – paper presentations

Smoking cessation – from pregnancy to old age

Smoking in pregnancy – a family matter

Beverley Marr

Abstract

The impact of smoking in pregnancy is well documented in terms of high miscarriage, perinatal mortality, sudden infant death syndrome, and much more. The health inequalities associated with pregnant women are enormous. Their isolation is exacerbated by guilt and the fear of being judged by health professionals and society.

This presentation demonstrates how the difficulties in recruiting women and their families into quit smoking programmes has been approached in a large rural/deprived area, and a small semi rural deprived area, to produce successful and sustained quit programmes in pregnancy. The multiple deprivation indexes shows the four PCT areas discussed have geographical wards that are among the worst 10% in the country.

A range of intensive interventions at home and in clinics are discussed. These interventions have led to increased 4 week quit rates in pregnant women and their partners and families (over 60%).

The reduction in carbon monoxide levels, and continued engagement with failed quitters in pregnancy is also explored.

Emphasis is placed on partnership working and Surestart settings.

Beverley Marr
Public Health Improvement Team, County Durham
beverley.marr@cdd.nhs.uk

Room: **Albert 1** – paper presentations

Smoking cessation – from pregnancy to old age

Older smokers – what we know and what we need to do

Susan Kerr

Abstract

The hazards of smoking in later life are well established. Smoking not only increases the risk of premature death, but it also affects the health and quality of life of older people, as they have a greater risk than their non-smoking counterparts of being disabled by conditions that include cancer, heart disease, COPD, circulatory problems, stroke and cognitive decline.

There is growing evidence to suggest that health is improved and mortality reduced among those who stop smoking after the age of 65 years. Stopping smoking not only adds 'years to life' but 'life to years' by preventing or reducing disability caused by smoking-related chronic illness/disease.

Unfortunately, despite the fact that older smokers have been identified as a priority group, and despite evidence that intervening with older adults can be effective, a number of studies have demonstrated that health professionals often fail to target this population. The reasons for this failure are unclear and require investigation. In addition, there is currently little research-based evidence on older smokers' views of smoking and smoking cessation in later life.

The Study

This paper will present findings from a recently completed study. The aim of the study was to gather data that would inform the development of smoking cessation training to help members of the primary care team provide older adults (65+ years) with information and advice that would encourage them to stop smoking.

The research approach was qualitative, gathering data from older smokers, former smokers and members of the primary care team. The study participants (n=61) were recruited through General Practices in the Greater Glasgow NHS Board Primary Care Division and the West of Scotland Seniors Forum. The data were collected during individual, paired and focus group interviews and were analysed using constant comparative procedures.

Susan Kerr
School of nursing, Midwifery and Community Health, Glasgow Caledonian University
s.m.kerr@gcal.ac.uk

Room: **Albert 2** – paper presentations

Smoking cessation with young people: the real world

Do young smokers want to stop?

Gill M Grimshaw, Alan Stanton, Stephen Joseph and Naumana Amjad

Abstract

Our local research has shown us that young people consider that they understand how to quit smoking and that they consider that they have absorbed the educational messages we give them about the risks of smoking. Some stated that continual reference to their smoking acted to produce a generalised aversion to health services. Nevertheless, some young people do want to quit and therefore we have been experimenting with a tool that would test motivation to quit smoking for young people based on their strongly expressed need for autonomy. Research shows that quitting is more likely for those who are autonomous.

Two studies were undertaken to develop a short, self-report scale to assess motivation to quit. An initial questionnaire based on 29 items was developed to try and assess the constructs of autonomous and controlled regulation within our population of young people. This was initially piloted on 50 young people and following further development a full scale of 30 items, including check items, was tested on a further 198 young people. Principal component analysis of the results suggests evidence for a two component structure, reflecting the two facets of regulation, autonomous and controlled. A revised, 12 item questionnaire has been developed. The use of this questionnaire in our population will be discussed.

Gill M Grimshaw, Alan Stanton, Stephen Joseph and Naumana Amjad
Medical Teaching Centre, Warwick Medical School, University of Warwick
gill.grimshaw@warwick.ac.uk

Room: **Albert 2** – paper presentations

Smoking cessation with young people: the real world

Smoking cessation in adolescents: is it worth it?

Emma Croghan

Abstract

This presentation will provide the results of a randomised trial of smoking cessation behavioural support for adolescents.

Background: two thirds of adolescents say they want to stop smoking, but there is limited evidence about the efficacy of providing such services.

Study design: A randomised controlled trial of a tailored group behavioural support programme for young people.

Population: adolescents aged 12 to 18 in South Staffordshire.

Methods: Facilitators were trained in both the delivery of a behavioural support programme and in the research methodology. Young people were recruited through a taster session, and informed consent was sought. Volunteers were allocated to an immediate or delayed arm. Volunteers allocated to the delayed arm were offered self help literature whilst on the waiting list. Smoking status information was gathered prior to the start of the course for both groups (immediate and delayed). It was then gathered following the immediate course for both groups.

Outcome: The primary outcome was the point prevalence of continuous 7-day abstinence from smoking, Co validated.

Results: Participants were twice as likely to quit with behavioural support as those who did not receive such a service (RR= 2.25 95% CI 1.17 to 4.32). They were also more likely to reduce consumption than those who did not receive the service.

Conclusions: Providing services specifically for young people results in more quitters than the natural quit rate.

Emma Croghan
South Staffs Health Authority PCT
ecconsultnow@aol.com

Room: **Albert 2** – paper presentations

Smoking cessation with young people: the real world

Smoking cessation services for young people in Wales

Cathy Weatherup and Rob Sage

Abstract

Smoking cessation is well documented to be a clinically effective and highly cost effective health care intervention for adults, however, given young people's motivation to smoke, their smoking habits and their lifestyles, it was unknown whether the provision of smoking cessation services would be as appropriate for this target group. Based on the findings of a literature review, a series of pilot cessation services were established in Wales. This paper features findings from the 2Tuff 2Puff project, one of the pilot services located in Cardiff and based on the six week Maudesley Clinic Model. The project has run structured weekly one-hour closed-workshops in a variety of settings (e.g. youth centres, schools, colleges and Healthy Living Centres) since 2001. The quantitative data suggests that the recruitment and retention levels of young people have been favourable, and self-reported spending on cigarettes and weekly consumption has consistently halved post-intervention. The majority of young people attending the workshops set a quit date, with 4-week self-reported quit rates ranging between 10 to 20% between groups. The paper offers some key criteria for successful adolescent cessation schemes and concludes that young people are receptive to cessation support when it is tailored to meet their needs. Finally, a brief outline of how these pilots have served as a model for an adolescent smoking cessation programme in 8 EU countries is described.

Cathy Weatherup
Welsh Assembly Government
cathy.weatherup@wales.gsi.gov.uk

Rob Sage
Cardiff Local Health Board
robert.sage@nphs.wales.nhs.uk

Room: **Albert 3** – paper presentations

Smoking habits, a vaccine and varenicline

Five-year smoking habit survey

Charles Beck

Abstract

Smoking is one of the leading modifiable risk factors for cardiovascular events, making it an important intervention target. Mortality among men aged 55 to 64 is approximately 60% higher in those who smoke 20 cigarettes per day compared to non-smokers.

Systematic review articles have been published pooling 1-year quit rates from clinical trials involving nicotine replacement therapy (NRT) and bupropion (zyban). These data are well accepted to be 17% and 21%, respectively. However, longer term data is limited and conflicting with 5-year primary prevention NRT quit rates published in the literature range from 4.7% to 20.2%.

Our research group has carried out a questionnaire study to inform the 5-year quit rate for stop smoking therapies. 5-year smoking habit recall was recorded by a self-administered questionnaire specifically designed to record change in smoking behaviour. 4,000 patients in primary care at both high and low cardio-respiratory disease risk who were registered with a Sheffield GP were targeted by this study. We received a response rate of 53.5%, and recorded complete data for $n = 2022$ subjects. Study respondents were aged 56.0 ± 11.0 (mean ± SD), 47% male and 95% white British ethnic origin. 13.9% of respondents were current smokers, 36.9% ex-smokers and 49.2% never smokers. The high ($n = 1063$) and low ($n = 959$) risk cohorts were significantly different for age ($p < 0.001$) and Carstairs' deprivation ($p = 0.005$), with the high-risk respondents being older and living in more deprived areas of Sheffield.

We intend to use the results from this study to compare the cost-effectiveness of stop smoking interventions versus statins to prevent cardiovascular events.

Charles Beck
Academic Unit of Clinical Pharmacology,
University of Sheffield, Royal Hallamshire Hospital
c.beck@sheffield.ac.uk

Room: **Albert 3** – paper presentations

Smoking habits, a vaccine and varenicline

Safety, immunogenicity and some early signs of efficacy for the nicotine vaccine, TA-NIC

Campbell Bunce

Abstract

Sixty smokers were recruited into a double-blind, randomised, placebo-controlled, dose escalation study to assess the safety and immunogenicity of the nicotine vaccine, TA-NIC, and identify the optimal dose for future efficacy trials. They were divided into three cohorts of 20 subjects randomised 4:1 active vaccine to placebo per group. Each group received a different dose of TA-NIC corresponding to 50mcg, 250mcg and 1000mcg per injection given at weeks 0, 2, 4, 6, 8 and 12. The interim results (20 weeks) of this Phase 1 study demonstrated that the vaccine was safe and well tolerated with a small number of severe adverse injection site reactions at the highest dose level. The anti-nicotine antibody response to the vaccine was dose dependent with a marked improvement in the rate and magnitude of the response compared to a previous study. Based on safety and immunogenicity data at the interim stage, 250 mcg was identified as the optimal dose. In addition, there was a clear reduction across all actively vaccinated groups versus placebo in the numbers of those who self-reported a reduction in smoking pleasure or spontaneously quit – for example, at week six 43% of subjects receiving TA-NIC compared to only 9% receiving the placebo, reported reduced pleasure when smoking or had quit. The 12 month follow-up is now complete and initial analysis has confirmed the selection of the 250mcg dose for future studies. Also, 12 month self reported quit rates were substantially greater amongst those receiving TA-NIC than those receiving placebo: 8% of placebo subjects reported being abstinent at 12 months compared to 19% and 38% in the two groups receiving the higher doses of TA-NIC.

Campbell Bunce
Xenova Ltd, Cambridge
campbell.bunce@xenova.com

Room: **Albert 3** – paper presentations

Smoking habits, a vaccine and varenicline

Efficacy and safety of varenicline for smoking cessation

Mitchell Nides

Abstract

Objective: Varenicline is a selective nicotinic receptor partial agonist in development as a novel treatment for smoking cessation. We evaluated the efficacy and safety of different varenicline doses in cigarette smokers.

Methods: Varenicline was evaluated in healthy smokers (18 to 65 years) in two, phase 2, double-blind, randomised, placebo-controlled trials. In study 1, subjects were randomised to varenicline 0.3 mg once daily (n=128), 1.0 mg once daily (n=128), or 1.0 mg twice daily (n=127) for 6 weeks plus placebo for 1 week versus 150 mg sustained-release bupropion twice daily (titrated over Week 1; n=128) or placebo (n=127) for 7 weeks. In study 2, subjects were randomised to varenicline 0.5 mg twice daily with and without titration (n=259), 1.0 mg twice daily with and without titration (n=259), or placebo (n=129) for 12 weeks.

Results: In study 1, the 4-week floating window continuous quit rates (CQRs) were higher for 1.0 mg once daily varenicline (37.3%), 1.0 mg twice daily varenicline (48.0%), and bupropion (33.3%) than placebo (17.1%); p=0.0003, $p < 0.0001$, and p=0.0022, respectively. In study 2, the carbon monoxide-confirmed 4-week CQRs (weeks 9 to 12) were higher for the 0.5 mg and 1mg twice daily (45.1% and 50.6%, respectively) varenicline groups versus placebo (12.4%) (all $p < 0.0001$). The CQRs for weeks 4 to 7 were also significant. Varenicline was well tolerated; titration in study 2 mitigated the mild to moderate self-limiting nausea.

Conclusion: Varenicline 1.0 mg to 2.0 mg daily promoted smoking cessation and was well tolerated. Varenicline 1.0 mg twice daily was associated with a numerically higher smoking quit rate than bupropion or placebo.

Source of funding of study/service to be presented:
Sponsored by Pfizer Global Research and Development
Statement of conflict of interest:
Research grant: Pfizer Inc.
Consultant: Pfizer Inc.

Mitchell Nides
President, Los Angeles Clinical Trials, CA, USA
mnides@laclinicaltrials.com

Room: **Main hall**

Past, present and future

New Medications: what's coming

John Hughes

Abstract

The most promising new medications for the immediate future are varenicline and rimonabant. Varenicline partially substitutes for nicotine and appears to produce very high quit rates. Rimonabant blocks cannabanoid receptors and not only increases quit rates but appears to completely reverse post-cessation weight gain. Although mecamylamine (a nicotine blocker), naltrexone (an opioid blocker) and replacing the sensory aspects of smoking appear promising, no recent studies have been published. Vaccines to block nicotine entry into the brain have not yet reached clinical trials. Getting used to NRT prior to quitting or using NRT to reduce prior to quitting appears promising. Also, giving NRT to smokers not interested in quitting to reduce appears to prompt new quit attempts and abstinence. Increasing the dose or duration of treatment does not appear helpful. SSRI antidepressants do not help smokers stop.

Biography

John R Hughes, MD is Professor of Psychiatry, Psychology and Family Practice at the University of Vermont. Dr Hughes is board certified in Psychiatry and Addiction Psychiatry. His major focus has been clinical research on tobacco use. Dr Hughes was the recipient of the first Ove Ferno Award for research on nicotine dependence and the Alton Ochsner Award Relating Smoking and Health. He is a co-founder and past president of the Society for Research on Nicotine and Tobacco. Dr Hughes is Chair of the Vermont Tobacco Evaluation and Review Board which oversees VT's multi-million dollar tobacco control programmes.

John Hughes

Professor, Department of Psychiatry, University of Vermont

john.hughes@uvm.edu

No smoking day: history of a public health campaign

Ben Youden

Abstract

No Smoking Day has been running for 23 years. This makes it one of the most consistent running smoking cessation campaigns in the world.

On the first No Smoking Day in 1984 smoking prevalence in the UK was 36% of adults, tobacco adverts could still be seen on TV and in magazines, smoking was allowed in cinemas and on buses and there was barely any cessation support available. Now smoking rates are 25% and declining, advertising is banned, the NHS provides cessation support and smoking in public places is on its way out.

Despite the huge changes in health and smoking, 22 years of rigorous evaluation shows that year on year the 'badges and balloons' No Smoking Day campaign achieves a massive health impact. In recent years the campaign achieved some of its biggest results ever, with over 1.6 million quit attempts on No Smoking Day 2005. In this current environment, No Smoking Day is more relevant than ever with more smokers than ever using it as a quit date. The impact of No Smoking Day has remained high for over twenty years although the core message behind the campaign has never changed. With twenty years of success behind it, No Smoking Day reviews its position as a major public health event.

Biography

Ben Youdan is the Chief Executive of No Smoking Day and has been with the charity for 4 years. He has worked on secondment to Action on Smoking and Health (ASH) in the UK and for ASH New Zealand, has presented at major conferences around the world and currently represents the tobacco control community in the UK to the European Network for Smoking Prevention. Prior to joining No Smoking Day, Ben was President of the Student Union at York University where he studied Social Policy.

Ben Youden

Chief Executive, No smoking day

ben@nosmokingday.org.uk

Room: **Main hall**

Video: smoking cessation services – what the smokers say

A specially commissioned film

The film

The UK National Smoking Cessation Conference aims to give users of services a strong voice and generate recognition and discussion of the many issues affecting those who are in, or would benefit from, smoking cessation services.

The film shows interviews with smokers who have first-hand experience of services. It gives a unique insight into their experience of smoking cessation services.

We would like to thank all those who took part – especially those who we were unable to include in the film.

Room: **Main hall**

Closing remarks

Andy McEwen

Biography

Andy McEwen graduated with a social sciences degree in 1986 and qualified as a registered mental health nurse in 1990. He worked in acute and forensic psychiatry before specialising in the field of substance misuse treatment. In 1997 he completed an MSc in Addictive Behaviour at St George's Hospital Medical School before beginning his clinical and then academic career in smoking cessation there with Professor Robert West. In 2003 he took up post as Senior Research Nurse at the Cancer Research UK Health Behaviour Unit, University College London. He referees for a variety of academic journals and also acts as a consultant to the Department of Health, Health Development Agency and to a number of smoking cessation services on the delivery of treatment services. He retains an interest in nursing research and is lead research nurse for St George's NHS Trust. His current research includes surveys of smokers and health professionals, pharmacokinetic studies on nicotine delivery systems and clinical trials of behavioural treatments.

Andy McEwen
Senior Research Nurse,
Cancer Research UK Health Behaviour Unit
andy.mcewen@ucl.ac.uk

The cannabis conundrum: smoking cessation work with cannabis users

Alan Matthews

Abstract

Cannabis is the most commonly used illicit drug in Britain, with over half of 16 to 29 year-olds having admitted trying it at some time. In the face of high levels of use and reclassification under the law, smoking cessation workers are increasingly coming across cannabis users who either want to stop smoking altogether or want to stop using tobacco but continue to smoke cannabis. This will describe the development and delivery of a one-day training course and supporting materials designed to help raise awareness of cannabis-related issues and instill confidence to enable smoking cessation workers to engage successfully with this client group.

HIT designed a one-day training course to provide smoking cessation workers with comprehensive information about cannabis, its history, effects, risks and harms, as well as its cultural significance in today's society. The course addresses important questions, such as: What problems do cannabis users face? How can we educate young people about smoking cessation techniques, when the substance itself is illegal? What interventions are likely to be effective with cannabis smokers?

To date, nearly 200 smoking cessation workers have attended the course, in both the north west and north east of England. Evaluations of each course has shown this to be an effective way of providing information on a little known topic to smoking cessation workers and raise their confidence in the skills they currently possess.

Alan Matthews
HIT, Hanover House, Hanover Street, Liverpool L1 3DZ
Tel: 0870 990 9704
alan.matthews@hit.org.uk

A Cochrane review of smoking cessation and young people

Alan Stanton

Abstract

There is as yet a small body of research looking at the effectiveness of smoking cessation interventions for young people, when compared to that for adults. However the field is growing rapidly, and there are increasing numbers of services being developed. We will present the methodology of our forthcoming Cochrane Collaboration systematic review of the evidence to date.

Alan Stanton
Solihull PCT, 20 Union Rd, Solihull PCT West Mids B91 3EF
Tel: 0121 712 8541
alan.stanton@solihull-pct.nhs.uk

Smoking cessation training in Scotland

Angela Vettraino and Judith Burchett

Abstract

Partnership Action on Tobacco and Health (PATH) is a Scottish Executive funded initiative, housed and managed by ASH Scotland. Its broad aim is to reduce the number of people who smoke in Scotland by supporting the existing smoking cessation services. PATH is, with key partners, developing and rolling out best practice across key areas of training, data collection and evaluation. It also allocated a project fund of £0.9m to investigate effective approaches to cessation amongst target groups.

This poster will focus on the training aspects of PATH's work, which aims to enhance and develop the quality and consistency of smoking cessation training in Scotland, and support the professional development of those carrying out smoking cessation work.

To this end, national training standards and a national training strategy have been developed. These were informed by national training needs analysis work, widespread consultation and input from expert working groups.

An approval scheme for training courses has been set up, which serves to verify that courses cover the outcomes in the standards and other best practice criteria. To further support implementation of the standards, accredited modules in brief advice and specialist cessation support are being developed in partnership with Glasgow Caledonian University. These will be delivered across Scotland by PATH regional training officers, working together with local trainers. The modules will be coordinated, monitored and evaluated centrally by PATH.

Further information on PATH's work can be found on the ASH Scotland website: http://www.ashscotland.org.uk/

Angela Vettraino and Judith Burchett
ASH Scotland, 8 Frederick Street, Edinburgh EH2 2HB
Tel: 0131 225 4725
angela.vettraino@ashscotland.org.uk

Psychomotor and cognitive effects of nicotine versus associated measures of dependence in smokers

Charles Beck

Abstract

Nicotine is well documented to bind to nicotinic acetylcholine receptors at the autonomic ganglia, adrenal medulla, neuromuscular junctions and in the brain. It exerts central effects in two ways; nicotine produces a stimulating effect in the cortex via the locus cerulus and induces a reward mechanism by acting upon receptors in the limbic system. The positive reinforcing effect of nicotine is largely characterised by dopaminergic pathways. Nicotine has a specific role in enhancing cognition and psychomotor performance, and may act upon specific regions of the brain.

We have investigated the relationship between the withdrawal effects of nicotine dependence upon psychomotor and cognitive ability using a battery of six commonly employed tests. Correlation analyses were performed to investigate if there is relationship between change in psychomotor test scores and existing measures of smoking status.

30 subjects who currently smoked were recruited in the study (11 male) and were aged 31.9 ± 11.1 years (mean ± SD), smoked 14.7 ± 7.2 cigarettes per day and scored 6.2 ± 2.1 on the Fagerstrom test for nicotine dependence (FTND). We found a significant correlation between FTND score and the recognition reaction time component of a choice reaction time test ($p = 0.022$). Results were compared using a stepwise multiple regression analysis with partial least squares cross-validation between a no withdrawal study visit and another visit where each subject was 12-hour tobacco withdrawn.

We intend to use psychomotor tests to quantify the level of dependency each smoker has to nicotine. This information may predict the quit rate and help identify individuals who require additional support from an NHS stop smoking service to remain abstinent.

Charles Beck
Academic Unit of Clinical Pharmacology,
University of Sheffield L123, L Floor
Royal Hallamshire Hospital,
Glossop Road Sheffield S10 2JF
Tel: 0114 2713664
c.beck@sheffield.ac.uk

Audit of a clinician led NHS stop smoking clinic to identify the predictors of smoking cessation

Charles Beck

Abstract

In 1998 the UK Government published *Smoking Kills – a white paper on tobacco* where a target was set to reduce the prevalence of smoking among adults in England from 28% in 1996 to 24% in 2010 (interim target of 26% by 2005) due to the substantial body of evidence implicating smoking as a leading risk factor of global disease. In order to achieve its aim, the Government released funding for the first community and hospital based NHS smoking cessation services.

Brief advice on smoking cessation by healthcare professionals can achieve continuous abstinence quit rates of 2%; this may be increased to 17% through the use of nicotine replacement therapy (NRT) in motivated patients when attending an NHS stop smoking service.

We have audited the Royal Hallamshire Hospital NHS Stop Smoking Clinic database ($n = 102$) to investigate the predictive value of expired carbon monoxide (CO), nicotine and cotinine serum concentration, cigarettes smoked per day and other related information on smoking cessation quit rates. At baseline, patients were aged 54.2 ± 13.2 years (mean ± SD), consumed 11.4 ± 15.1 units of alcohol per week and currently received 5.2 ± 4.3 drug prescriptions. On average patients smoked 11 to 20 cigarettes per day and smoked their first cigarette 6 to 30 minutes after waking. The four week continuous abstinence quit rate was 45.1% (expired CO 1.54 ± 1.48 ppm), and the one year continuous abstinence quit rate was 20.0% (expired CO 0.20 ± 0.56 ppm).

We intend to use this audit to identify patients at baseline who may require increased support above routine care from an NHS stop smoking clinic.

Charles Beck
Academic Unit of Clinical Pharmacology,
University of Sheffield L123, L Floor
Royal Hallamshire Hospital,
Glossop Road Sheffield S10 2JF
Tel: 0114 2713664
c.beck@sheffield.ac.uk

Study of evaluation of outbreak of smoking cigarette and age distribution of first smoking experience among high school and pre-university students

Dr. Seyed Habibollah Kavari

Abstract

This research survey presents an evaluation into the outbreak of smoking cigarette, age distribution of first smoking experience, continuation of smoking, pattern and experience of smoking. In order to achieve these objectives, 4,023 students, including 2,018 girls and 2,005 boys participated in this study and were examined by giving a set of questionnaires. The average age of these pupils under study was 17.8 year old.

The result of this survey reveals that:

1 8.2% of these pupils were found to be regularly smoking cigarettes. 7.2% of them were among the boys and 1% among the girls.

2 61.9% of the pupils were found to have occasional smoking experience. 35% of them were among the boys and 26.9% among the girls.

3 The average ages of the girls who were regular and occasional smokers were found to be 14.29 and 13.97 years old, respectively. 23.7% of girl, start smoking in primary school period (11 years old). The secondary schools have the highest rate of 40.5% of girls, (14 years old), who are smoking. 9% of the girls (6 years old), had their first smoking experience, before starting their primary school education.

4 The average ages of the boys who were regular and occasional smokers were found to be 14.36 and 13.7 years old, respectively. 4.5% of the boys (6 years old), had their first smoking experience, before starting their primary school education. 22.7% of primary school boys (11 year old), and 49.5% of secondary school boys (14 years old), were reported to be to be addicted to smoking cigarettes.

The conclusions derived from this study show that:

1 20% of boys 73% of girls who have experienced smoking cigarettes at their early stage of life have more chance to become addicted to it in future and this shows that sex have its personal effect.

2 The boys are more likely to get addicted to smoking than the girls.

3 The average age of starting smoking among boys and girls are almost the same.

4 There are 2 peaks in first smoking experience age among boys and girls. The first peak is at the age 9, and the second one is at the age of 14 years old. Therefore, the best time for taking any necessary prevention action is before these two mentioned ages.

Keywords: cigarette, student, high school, outbreak.

Dr Seyed Habibollah Kavari
School of Nursing and Midwifery,
Darab Azad University,
Darab, Iran
Tel: 0098 732 6233992 3
hkavari2000@yahoo.com

What do adolescents want from smoking cessation services?

Emma Croghan

Abstract

Background: a priori, we assume that because two thirds of young people say they want to quit, if we provide services for them, two thirds of young smokers will attend. However, when services were provided, numbers were far less than anticipated. This study aimed to find out how many young smokers want help to stop smoking and what kind of help they would like.

Methods: School based survey in 4 schools in South Staffordshire, which were socially and economically representative. This was supported by individual interviews with 3 pupils in each school who self identified in the survey questionnaire.

Results: 71% response rate. Rates of regular smoking were higher in girls and reached a peak of 41% at 16. Most girls would like to stop at some time in the future, whilst most boys would like to stop within the next month. Nearly all of the responses where a reason for stopping smoking was provided indicated an intrinsic (internal) reason for altering smoking behaviour. Overall, girls were much more likely than boys to feel that they required some form of support to stop smoking (OR 2.02, 95% CI 1.18 to 3.50). Most commonly requested support mechanisms were groups and pharmacology, even though most young people did not think they could have pharmacological support.

Conclusions: Information should be targeted specifically at young people to give information about quitting in adolescence and services available to remove the barriers which currently exist. It may be worth considering gender and age specific services to meet young peoples requirements.

Emma Croghan
Errisbeg House, Barton Turns,
Barton under Needwood, Staffs DE13 8HA
Tel: 01283 711229
ecconsultnow@aol.com

Evaluation of drop in to quit

Joanne Adams, Jane Beach, Carol Carter, Ann Fitchett and Sally Jones

Abstract

Background: The UK government has created services to enable smokers to quit. Typically, these services provide group support, for an hour per week for seven weeks, using a Withdrawal-Orientated Therapy model (Hajek, 1989). Government monitors the performance of these services, by assessing the number of people who set a quit date and are abstinent for four weeks. Many services, including South Birmingham were failing to meet the target and were recruiting more affluent smokers. South Birmingham pioneered an alternative model of service and evaluated the results using descriptive data to compare the outcome of existing groups with the Drop In.

Method: Group sessions are structured with participants attending for three weeks prior to quitting and four weeks post quit. NRT is provided on prescription. The Drop In was less formal with visits lasting approximately fifteen minutes. Participants set a quit date on week one, then attended weekly for four weeks. NRT was provided free.

Results: Thirty groups took place during 2003 to 04, with on average 15 participants per group (total=450). However, 1037 people attended the Drop In, leading to queuing times of an hour or more. 789 (76%) of Drop In participants set a quit date and 574 (55%) were point prevalence quit at four weeks, validated by exhaled carbon monoxide. An additional 30 groups would have been required to produce this figure. The Drop in attracted men and women equally, whereas groups attracted more women than men (60/40). Interestingly, 44% of those who quit with the Drop In were manual workers, compared to a figure of 10% within groups. Furthermore, the cost per quitter for groups was £233, compared to a figure of £118 for the Drop In.

Conclusion: The Drop In attracted large numbers of people and boosted quit figures, reaching smokers whom otherwise might not have accessed support.

Joanne Adams, Jane Beach, Carol Carter, Ann Fitchett and Sally Jones
South Birmingham PCT Stop Smoking Service,
Springfield Centre, Raddlebarn Road,
Selly Oak, Birmingham B29 6JB
Tel: 0121 627 8372 /0797 097 1338
jane.beach@southbirminghampct.nhs.uk
carol.carter@southbirminghampct.nhs.uk
catherine.fitchett@southbirminghampct.nhs.uk

Prison stop smoking services: an Islington experience

Seher Kayikci and Katrina Jordon

Abstract

HMP Pentonville and HMP Holloway

For the last 3 years, work in both HMP Pentonville and HMP Holloway prisons have demonstrated that there is enormous demand and worthwhile outcomes for tobacco control strategies in local prisons.

Within the first year of operation at HMP Pentonville (operational capacity of 1205 male inmates), three level 2 trained prison staff members received over 140 referrals requesting cessation support for staff and inmates. From the referrals, over half were assessed by an advisor (53%) with the remaining clients having been transferred or released prior to assessment. Of those who set a quit date and completed the 10-week cessation programme (34% of those assessed), 54% successfully stopped smoking at 4 weeks (84% CO validated).

Since development of the service at HMP Holloway (operational capacity of 495 female inmates), 5 level 2 trained advisors in the prison performed 43 client assessments, of which 33% quit at 4 weeks (64% CO validated), 23% continued to smoke and 44% were lost to follow up, released or transferred.

Inmates are aware of the service through customised service posters, flyer distribution to cells, end of treatment certificate presentations, and No Smoking Day events. Inmates motivated to stop smoking at HMP Pentonville can self-complete referral forms found on all landings and clinics. Service information is distributed to staff at HMP Holloway via emails and on pay slips.

HMP Pentonville and Holloway smokefree policy permits smoking by inmates in designated areas, including cells, though is currently under review.

Success and Future Objectives

In designing and delivering smoking cessation services in prisons, an important lesson learned is to tailor services to meet the differing needs and demographics of each setting. Delay between referral time to commencing treatment service, transfer of inmates midway though their treatment course, and advisors' protected time to provide service and follow up are a few items that have impact on the quality and success of the service. A significant time commitment, flexibility, and regular ongoing support from all participants, including prison senior management, are crucial in ensuring the success of each programme. The core smoking cessation service plays a key role in ensuring that advisors and senior management feel integrated with the larger service.

Future objectives for the prison smoking cessation services are to continue to build upon the learning and experiences from last 3 years. Islington Stop Smoking Service will continue to ensure supportive environments are maintained for both staff and inmates through establishing steering groups, linking existing prisoner support and education programmes with smoking cessation services, and linking support network between institutions to ensure continuity of care. Efforts will be made on preventing, as well as treating ill health for both inmates and staff, namely through a smokefree agenda.

Seher Kayikci and Katrina Jordon
Islington Stop Smoking Service,
Islington Primary Care Trust,
338 – 346 Goswell Road
London EC1V 7LQ
Tel: 020 7527 1236/1232
seher.kayikci@nhs.net
katrina.jordon@nhs.net

Evening smoking cessation drop in clinics (aimed at smokers on low incomes)

Kate Johnstone

Abstract

The aim of the service is to reduce the prevalence of smoking related deaths or disability in low income smokers. The clinics are designed to attract low-income smokers and provide free NRT, combined with motivational support, for 4 weeks. Follow-on NRT is obtained by prescription from their GP. As the smoking cessation clinics are targeted at smokers on low incomes they are designed to be as welcoming and 'hassle' free as possible. The clinics are self referral, don't need an appointment and you just 'drop in.'

The service operates from 5.30 to 7.30pm one evening per week in each of three Health Centres. As of March 2004, the service employs 9 staff who do this work in addition to their substantive posts. The clinics are staffed by professionals from primary care who have received training in running smoking cessation clinics and offer one-to-one or group sessions. Those smokers motivated to quit attend weekly for 4 weeks and, if suitable, are given 4 weeks of free NRT patches or gum, and a letter is sent to their GP for follow-on NRT after this.

In its first year [2002] 800 people attended and numbers of attendees have risen year on year. Advertising is unnecessary as information on the clinics has spread by word of mouth. Results from the audit of 2002 – 3 demonstrated that:

- 69% of clinic attendees had stopped smoking at 4 weeks (verified by co monitor reading).
- 75% of clinic attendees were eligible for free prescriptions.
- 27% of responders indicated that they had not smoked since attending the clinics (a period greater than 6 months).
- 89% of responders used NRT.
- Those successful were more likely to have attended their GP for continued treatment and support.
- 36% of clients attended for more than the 4 weeks, using the NRT prescription from their GP.
- Clients rated highly the support received from qualified staff, as well as the importance of free NRT and the evening time slots of the clinics. Timing of the clinics was important to the responders 63% of whom were employed. Given that 75% were eligible for free prescriptions it can be assumed that these 63% were on low incomes.

Kate Johnstone
Health Promotion Department,
9 Gladstone Place,
Stirling FK8 2AH
Tel: 01786 463031
kate.johnstone@fvhb.scot.nhs.uk

Stop smoking services in Cornwall

Simon Bennett

Abstract

This paper examines the success of the Stop Smoking Service (SSS) in Cornwall, a rural location with pockets of high deprivation. The Service was incorporated within a Health Action Zone in 1999. A telephone survey of a sample of clients of the SSS took place 52 weeks following registration. Quota sampling was used by age, gender, and outcome. A revised definition of success reflected the progress made by many quitters; a successful quitter was not smoking at the time of the follow up and had not relapsed from the quit attempt for more than 30 days over the 12 month period. Those who were not smoking at the time of follow-up but did not otherwise fulfil this definition are described as 'partially successful'. From a client base of 8477, a total of 1389 clients were interviewed, of whom 270 (19.4%) were successful, 101 (7.3%) partially successful and 1018 (73.3%) unsuccessful. The success rates were 20.7% for men and 18.5% for women. Those who saw specialist Stop Smoking Nurses reported higher success rates than those whose main contact was a pharmacist, GP or helpline. Factors identified as reasons for not quitting included stress at home (44% of unsuccessful quitters), lack of willpower (33%) and enjoyment of smoking (12%). Three quarters of users described the service as 'very helpful' or 'quite helpful' – these approval ratings ranged from 89% for successful quitters to 72% for those who were unsuccessful. It is argued that the 4-week definition of success used by the Department of Health is insufficient to judge the progress of many quitters.

Simon Bennett
Room E109, Opie Building,
Trevenson Road, Redruth,
Cornwall TR15 3RD
Tel: 01209 616162
simon.bennett@cbs.ac.uk

Setting up and running a smoking cessation service in rural Clydesdale

Roberta Henderson

Abstract

Abstract not available at time of going to press.

Smoking cessation in the workplace

Miriam Bell

Abstract

Delivering Smoking Cessation within the workplace environment has developed considerably over the past 18 months in Liverpool, especially with the launch of Smokefree Liverpool mid 2003. Taking forward the objective of Liverpool first for Health Strategic Partnership to make Liverpool a smoke-free city by 2008. The Smokefree group brings together a wide range of partners including The City Council (Environmental Health and Trading Standards), Central, North and South Primary Care Trusts. The Roy Castle Lung Cancer Foundation, The North West TUC, Health@Work, The Chamber of Commerce.

There has been a great shift in awareness of passive smoking and the impact on health and how this affects businesses and the people that work within the workplace. The emphases that second hand smoke is a hazard and a health and safety issue. That businesses should be encouraged to introduce smoke-free policies.

With this in mind my presentation will use examples of how we support workplaces by delivering Smoking Cessation.

Health Awareness Days.

How we advertise, The PR machine/phone line, leaflets, Presentations.

How we support staff with the 6 to 8 week course, or option of one to one sessions. Being able to deliver smoking cessation on site by providing vouchers for NRT.

By Being flexible and going to workplaces out side of normal daytime working hours.

This presentation will identify the barriers that exist and put forward suggested solutions.

Miriam Bell
Senior Workplace Smoking Cessation Advisor,
The Roy Castle Lung Cancer Foundation,
200 London Road Liverpool L3 9TA
Tel: 0151 794 8829
bellm@roycastle.liv.ac.uk

Developing a prison based smoking cessation service

Melody McGrillis

Abstract

Roy Castle Fag Ends Community Stop Smoking Group have been involved in the provision of stop smoking support for inmates within HMP Altcourse and HMP Liverpool for several years. When the local Health Authority took a decision not to proceed with their original plans to offer support within the prisons Roy Castle Fag Ends were approached because they were known for providing smoking cessation support. The Project Manager was asked for guidance about what the prisons could do next to ensure that support was provided for their inmates.

The prison service now runs up to 4 groups each week in both HMP Altcourse and HMP Liverpool. Groups last for 12 weeks with 10 to 15 inmates on each course. Prisoners are able to access to the Fag Ends free-phone telephone helpline.

Figures currently available demonstrate that at 4 weeks 34% of inmates attending the groups remain quit, 30% have relapsed and 36% are lost to follow up (usually due to being released from custody or moved to a different prison).

The success of this service has resulted in a request to help set up a service in HMP Kirkham.

Challenges encountered are:

- The number of inmates on a waiting list and how soon they can access the next course.
- The number of inmates lost to follow up.
- Continuity of support given to prisoners if they are transferred to another prison. Currently if an inmate that has just quit is transferred to a prison where Roy Castle Fag Ends are providing a smoking cessation service, they are automatically given a place on the group for continued support. If an inmate is transferred to another prison, they are given one week's NRT to take with them.

The presentation will include details of course structure and identify the key issues that need to be addressed when setting up such a service.

Melody McGrillis
The Roy Castle Lung Cancer Foundation,
200 London Road Liverpool L3 9TA
Tel: 0151 261 0202
mcrillism@roycastle.liv.ac.uk

Developing a hospital based smoking cessation service that meets the needs of both the patients and the staff

Paul Steele

Abstract

The Roy Castle Lung Cancer Foundation has been providing smoking cessation support in Liverpool since 1994 through its community stop smoking service Roy Castle Fag Ends. The service was developed by a group of people who had just quit smoking and was originally provided by trained 'lay' volunteers. It is currently provided by trained employees, not necessarily from a nursing or medical background.

Due to the success of the community based service, in 2001 Roy Castle Fag Ends were asked to provide the Smoking Cessation support to both staff and patients within the hospital setting across Liverpool.

The hospital support service has had to overcome a number of barriers to enable it to reach everyone within the hospital and to allow it to be a success.

The Royal Liverpool and Broadgreen University Hospital trust are situated on two separate large sites within Liverpool and have approximately 1,184 beds, around 6,000 trust staff and around 1,800 contractors who cover the two sites.

One of our main barriers with this support was that staff were not always able to attend clinics within the hospital, as they found it difficult to break from their duties due to staffing problems and patient needs.

By removing these barriers the number of staff referrals has increased. For Example in Q4 2004 – 2005 we estimate that around 75 staff and patients will be seen, this figure is an increase of over 50% on the figures recorded the same time last year.

As the hospital's plan to go completely smoke-free, the smoking cessation support has become increasingly important and is constantly adjusting in the response to the needs of both patients and staff.

Running this kind of service within a Hospital setting is extremely rewarding but at the same time very challenging. This presentation will explain fully the principles behind the service and also give an in depth look at how it works in practice.

Paul Steele
Senior Smoking Cessation Advisor,
Roy Castle Lung Cancer Foundation,
200 London Road Liverpool L3 9TA
Tel: 0151 794 8829
steelep@roycastle.liv.ac.uk

Taking CPD Seriously: a pack for specialist stop smoking advisors combining NHS Knowledge and Skills Framework with HDA Smoking Cessation Standards

Patricia Hodgson or Nirmala Ragbir-Day

Abstract

Background: The NHS Knowledge and Skills Framework (NHS KSF) identifies the core and specific dimensions for continuous professional development (CPD) of NHS staff. All staff are expected to take CPD seriously to meet training needs identified in their Professional Development Plans (PDP). The NHS KSF dimensions are generic in nature; the specific competencies for stop smoking advisors have been identified in the HDA Training Standards.

Objective: To develop a CPD pack, Taking CPD Seriously, for specialist advisors designed to:

1. Assess and prioritise CPD needs in line with the NHS KSF and HDA Smoking Cessation Standards for Training.
2. Plan training opportunities to meet CPD needs.
3. Produce evidence that CPD has been undertaken.
4. Keep CPD Portfolio up-to-date effectively and efficiently.

Method: A Regional CPD Group (service managers, specialist advisors and trainers) was formed to develop CPD opportunities for the 100 specialist advisors in the Yorkshire and Humber Region. A CPD pack was developed which combined both the NHS KSF and HDA competencies. Discussions were held at sub-regional network meetings regarding focus and content of the pack. The CPD pack was disseminated to all (13) service managers asking specialist advisors to pilot the pack for three months (February to April 2005). Fifty advisors volunteered to pilot the pack from the 3 Strategic Health Authorities (NEYNL: n=15; SY: n=15; and WY: n=20).

Evaluation: An evaluation questionnaire is used to gather information on the effectiveness of the CPD pack. Four focus groups will be conducted to get in-depth qualitative feedback from service managers (n=7) and specialist advisors (n=24). Based on the evaluation, improvements to the pack will be made and a final pack will be disseminated for use.

Results: The paper will describe the pack's content, results of the evaluation and changes to the final resource.

Patricia Hodgson or Nirmala Ragbir-Day
Yorkshire and the Humber Regional Pubic Health Team,
City House 5th floor, East Wing
New Station Street, Leeds LS1 4US
Tel: 0113 283 5878
patricia.hodgson@dh.gsi.gov.uk

Exchange Supplies, 1 Great Western Industrial Centre, Dorchester, Dorset DT1 1RD
Tel: 01305 262244 Fax: 01305 262255 Email: info@exchangesupplies.org

www.uknscc.org

Printed on recycled paper