

# UKNSCC 2011

## Abstract book

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### Main conference sponsors



# Welcome to the 2011 UKNSCC!

## We are delighted to welcome you to the UK National Smoking Cessation Conference.

Stop smoking services have seen many changes in the past decade but perhaps face their greatest challenge with the proposed restructure of the NHS and Public Health. Now, more than ever, it is important that stop smoking services and individual practitioners show evidence of their effectiveness and keep up to date with clinical, policy and research innovations. The UK National Smoking Cessation Conference is proud to be a part of this process and to be able to showcase the great work that is taking place here and abroad. We welcome you to the 2011 UKNSCC and thank you for your continued participation and support.

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**Andy McEwen**

Executive Director  
NHS Centre for Smoking Cessation and Training (NCST)

**Heather Thomson**

Health Improvement Manager  
NHS Leeds

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ASH was set up by the Royal College of Physicians forty years ago this year and we are very pleased to be celebrating this birthday here with you. The last four decades have seen extraordinary progress in tackling tobacco use in the UK, halving our smoking rates and putting the UK in the forefront of policy development, particularly in the area of smoking cessation.

The UKNSCC is characteristic of the collaborative and constructive approach that has proved so successful in the UK and ASH is proud to have been involved from the start in 2005 as one of the original supporting organisations. The conference has a fine track record of covering all areas of policy and practice to reduce smoking prevalence in society. The energy and enthusiasm created by the conference is unparalleled and illustrates the fruitful collaboration in the UK between stop smoking practitioners, policy makers, researchers and advocates.

But despite our successes, smoking remains the major preventable cause of premature death and disease in our country, killing over 100,000 people a year; more than alcohol, obesity, road accidents and illegal drugs combined. Smoking is the only risk factor common to all the major non-communicable diseases, the epidemic of our time. For those of us working in the tobacco field these are self-evident truths, but we have to remember that they are still not well known or understood amongst the general population, the media, or even many policy makers and politicians.

Worse still, since the recession hit in 2008, smoking prevalence has stopped declining in the UK. We can't afford to rest on our laurels, we need to support and engage our politicians to ensure that funding for comprehensive measures to reduce smoking prevalence is sustained in the difficult years ahead. Critically we need to ensure that politicians have the mandate to continue to implement new and innovative policy measures. The Secretary of State for Health has promised to consult on plain, standardised packaging for all tobacco products this year, but for such a radical measure to come to pass will require the full support of the health community.

You helped make the difference on smokefree workplaces, harm reduction and the legislation to put tobacco out of sight and out of reach. We need you to step up to the mark again this time.

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**Deborah Arnott**

Chief Executive, Action on Smoking and Health (ASH)

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The abstract book went to press three weeks before the conference. Details of any changes will be posted on the UKNSCC website, announced in the main hall and available at conference reception.

# Monday – Programme | 13th June 2011

Chair: **Tabitha Brufal**, Deputy Director, Tobacco and Health Improvement Policy, Department of Health

7.30	<b>Registration</b>	
	<b>Plenary session</b> Main Hall	
9.45	<b>Welcome and introduction</b> <i>Tabitha Brufal</i> , Deputy Director, Tobacco and Health Improvement Policy, Department of Health	
9.55	<b>The future of the NHS? The changing health policy context</b> <i>Professor David Hunter</i> , Professor of Health Policy and Management, Centre for Public Policy and Health, Wolfson Research Institute, Durham University Queen's Campus	
10.25	<b>The NHS Centre for Smoking Cessation and Training (NCST): Does training and assessment make a difference?</b> <i>Dr Andy McEwen</i> , Executive Director, and <i>Dr Leonie Brose</i> , Research Associate, NHS Centre for Smoking Cessation and Training	
10.50	<b>Routes to Quit: A pilot</b> <i>Emma Croghan</i> , Programme Lead, Tobacco Control Delivery, Department of Health and <i>Melanie Chambers</i> , Senior Delivery Manager, NCST Community Interest Company	
11.15	<b>Coffee</b>	
	<b>Parallel sessions</b> Main Hall	
11.45	<b>Smoking and harm reduction</b> Chair: <b>Deborah Arnott</b> , Chief Executive, Action on Smoking and Health (ASH)  <i>Andrew Black</i> , Tobacco Programme Manager, Department of Health, <b>Professor Robert West</b> , Professor of Health Psychology and Director of Tobacco Studies, Cancer Research UK Health Behaviour Research Centre, Department of Epidemiology and Public Health, University College London, <b>Professor Linda Bauld</b> , Professor of Socio-Management, School of Management, University of Stirling, <b>Jeremy Mean</b> , Access and Information for Medicines and Standards Group Manager, Vigilance and Risk Management of Medicines Division (VRMM), Medicines and Healthcare Products Regulatory Agency and <b>Michell Zeller</b> , Vice President for Policy and Strategic Communications, Pinney Associates and Visiting Scientist, Harvard University School of Public Health, USA  For sessions running parallel to these, see programme on page 4	
1.00	<b>Lunch</b> <b>Poster presentations</b> Presenters will be by their posters to discuss their work with delegates from 1.30 pm to 2.00 pm	
2.15	<b>Parallel sessions</b> Main Hall <b>Young people</b> Chair: <b>Professor Linda Bauld</b> , Professor of Socio-Management, School of Management, University of Stirling  1. <b>Operation smoke storm</b> <i>Toby Fairs-Billam</i> , Smoking Prevention Manager, Live Well UK, Kick It Stop Smoking Service, London  2. <b>Developing a tobacco control strategy for young people in the West Midlands</b> <i>Bryan Stoten</i> , Co Director, Tobacco Control Collaborating Centre, Warwick  3. <b>Understanding the effectiveness of an intervention to promote the smoke free message to youth via the vehicle of sport: SmokeFree Sports</b> <i>Daniel Parnell</i> , Research Officer, Research Institute for Sport and Exercise Sciences, Liverpool John Moores University  For sessions running parallel to these, see programme on page 6	
3.30	<b>Coffee</b>	
	<b>Plenary session</b> Main Hall	
4.00	<b>Keynote presentation – Tobacco control: Progress and priorities</b> <i>Professor John Britton</i> , Director, UK Centre for Tobacco Control Studies, University of Nottingham	
5.00	<b>Conference drinks reception and ASH 40th birthday celebration</b>	

# Monday – Morning parallel sessions

11.45	Parallel sessions	
Main Hall	<b>Smoking and harm reduction</b>  <p>Chair: <b>Deborah Arnott</b>, Chief Executive, Action on Smoking and Health (ASH)</p> <p><b>Andrew Black</b>, Tobacco Programme Manager, Department of Health, <b>Professor Robert West</b>, Professor of Health Psychology and Director of Tobacco Studies, Cancer Research UK Health Behaviour Research Centre, Department of Epidemiology and Public Health, University College London, <b>Professor Linda Bauld</b>, Professor of Socio-Management, School of Management, University of Stirling, <b>Jeremy Mean</b>, Access and Information for Medicines and Standards Group Manager, Vigilance and Risk Management of Medicines Division (VRMM), Medicines and Healthcare Products Regulatory Agency and <b>Michell Zeller</b>, Vice President for Policy and Strategic Communications, Pinney Associates and Visiting Scientist, Harvard University School of Public Health, USA</p>	
Bourgogne	<b>Voices of service users</b> <p>Chair: <b>Heather Thomson</b>, Head of Health Improvement, NHS Leeds</p> <ol style="list-style-type: none"> <li><b>Smokeless tobacco and shisha – feedback from focus groups</b>  <b>Leena Sankla</b>, Project Director, Solutions 4 Health Ltd and  <b>Dr Asiya Kaiser</b>, Project Manager, Solutions 4 Health Ltd, Reading</li> <li><b>Women's experiences of smoking cessation and the English stop smoking services</b>  <b>Fay Beck</b>, PhD Researcher, Department of Social and Policy Sciences, University of Bath</li> <li><b>'I don't think mum will ever stop smoking but I will keep attempting to make her stop' – children and young people's views</b>  <b>Neneh Rowa-Dewar</b>, PhD Student, Centre for Population Health Sciences, University of Edinburgh</li> </ol>	
B2 Muscadet	<b>Secondary care</b> <p>Chair: <b>Liz Hughes</b>, Delivery Manager, NCSCT Community Interest Company</p> <ol style="list-style-type: none"> <li><b>New challenges for an effective secondary care stop smoking service</b>  <b>Julie Browne</b>, Stop Smoking Specialist Secondary Care, Whittington Health, London</li> <li><b>Working in partnership to improve outcomes on the respiratory ward</b>  <b>Rebecca Haynes</b>, Stop Smoking Specialist, Fresh Start NHS Stop Smoking Service, Derby</li> <li><b>NCSCT CIC secondary care project</b>  <b>Liz Hughes</b>, Delivery Manager, NCSCT Community Interest Company</li> </ol>	
B3 Alsace	<b>Purchasing of tobacco and NRT regulation</b> <p>Chair: <b>Dr Andy McEwen</b>, Executive Director, NCSCT</p> <ol style="list-style-type: none"> <li><b>Discourses around the development and circulation of nicotine replacement therapy products</b>  <b>Catriona Rooke</b>, UKCTCS Research Fellow, Centre for Population Health Sciences, University of Edinburgh</li> <li><b>Circumventing sales laws: examining modes of tobacco acquisition among school-age children</b>  <b>Thomas Tjelta</b>, PhD Student, CPHS Medical School, University of Edinburgh</li> <li><b>Use of illicit tobacco in England: Findings from a cross-sectional survey</b>  <b>Belinda Iringe-Koko</b>, PhD Student, Department of Epidemiology and Public Health, University College London</li> </ol>	

## Monday – Morning parallel sessions

### B4 Beaujolais **Midwives, practitioners and pharmacists**

Chair: **Melanie Chambers**, Senior Delivery Manager, NCSCCT Community Interest Company

1. **Exploring the experiences, perceptions and attitudes of midwives in supporting women to quit smoking during pregnancy in the South West of England**  
**Elaine Watson**, Service Manager, Gloucestershire NHS Stop Smoking Service
2. **Stop smoking practitioners working at the English stop smoking services: Self-reported practices, attitudes and levels of training**  
**Dr Mairtin McDermott**, Research Associate, NCSCCT
3. **The journey in getting smoking cessation training embedded into an undergraduate pharmacy degree**  
**Denise Barlow**, Smoking Cessation Specialist, Heart Foundation of New Zealand, Auckland, New Zealand

### B6 Bourg **Managing relapse**

Chair: **Professor Ann McNeill**, Professor in Health Policy and Promotion, Faculty of Medicine and Health Sciences, University of Nottingham

1. **'Genesis' – the innovative system to increase quit rates and reduce Lost to Follow Up within the workplace groups**  
**Lesley Colley**, Specialist Stop Smoking Advisor, Middlesbrough, Redcar and Cleveland Community Services Stop Smoking Service and **Andrew Wilson**, Performance Analyst, Middlesbrough, Redcar and Cleveland Community Services Stop Smoking Service
2. **Feasibility of offering extended courses of nicotine replacement therapy to prevent relapse by smokers who have recently stopped**  
**Shade Agboola**, Lecturer in Public Health, University of Nottingham
3. **Reaching out, inviting back – using interactive voice response (IVR) technology to recycle low income relapsed smokers back to treatment: a randomized control trial**  
**Beatriz H Carlini**, Research Scientist, Alcohol and Drug Abuse Institute, University of Washington, USA

# Monday – Afternoon parallel sessions

2.15	Parallel sessions	
Main Hall	<p><b>Young people</b> Chair: <b>Professor Linda Bauld</b>, Professor of Socio-Management, School of Management, University of Stirling</p> <ol style="list-style-type: none"> <li><b>Operation smoke storm</b> <b>Toby Fairs-Billam</b>, Smoking Prevention Manager, Live Well UK, Kick It Stop Smoking Service, London</li> <li><b>Developing a tobacco control strategy for young people in the West Midlands</b> <b>Bryan Stoten</b>, Co Director, Tobacco Control Collaborating Centre, Warwick</li> <li><b>Understand the effectiveness of an intervention to promote the smoke free message to youth via the vehicle of sport: SmokeFree Sports</b> <b>Daniel Parnell</b>, Research Officer, Research Institute for Sport and Exercise Sciences, Liverpool John Moores University</li> </ol>	
Bourgogne	<p><b>Recruiting hard to reach groups</b> Chair: <b>Dr Andy McEwen</b>, Executive Director, NCSCT</p> <ol style="list-style-type: none"> <li><b>Let's quit together: Quit smoking groups in Lambeth children's centres</b> <b>Leila de Smidt</b> and <b>Rachael Hastie</b>, Pregnancy Smoking Counsellors, Lambeth Stop Smoking Service, London</li> <li><b>Tailoring stop smoking services towards the needs of BME groups – Polish case study</b> <b>Simon Nadolski</b>, Service Development Manager, Kick It Stop Smoking Service, London</li> <li><b>Smoking in the lesbian, gay, bisexual and transgender (LGB&amp;T) community</b> <b>Sara Ashworth</b>, Drugs and Alcohol Research Officer, The Lesbian and Gay Foundation, Manchester</li> </ol>	
B2 Muscadet	<p><b>Equality, economy and local epidemiology: Keeping tobacco top of the agenda in your area</b> Chair: <b>Ian Willmore</b>, Former Deputy Leader Haringey Council, Former Public Affairs Manager ASH, Head of Campaigns Age UK</p> <p><b>Dr Bobbie Jacobson</b>, Director, London Health Observatory, <b>Dr Mike Robertson</b>, Joint Director of Public Health, London Borough of Hounslow and NHS Hounslow and <b>Allan Gregory</b>, Tobacco Control Manager, Kent Action on Health, Kent Public Health Department, Kent County Council</p>	
B3 Alsace	<p><b>Inequalities and smoking in England</b> <b>Amanda Amos</b>, Professor of Health Promotion, Centre for Population Health Sciences, University of Edinburgh and <b>Rosemary Hiscock</b>, Research Officer, UK Centre for Tobacco Control Studies, University of Bath</p>	
B4 Beaujolais	<p><b>Texts, telehealth, and colposcopies</b> Chair: <b>Dr Hayden McRobbie</b>, Senior Clinical Research Fellow, Queen Mary University of London, Barts and The London School of Medicine and Dentistry</p> <ol style="list-style-type: none"> <li><b>A national survey of smoking cessation provision in all colposcopy clinics in Scotland and a model of best practice</b> <b>Alexis Rumbles</b>, Hospital Nurse Adviser, St John's Hospital, Livingston, Scotland</li> <li><b>Innovation in delivery – telehealth and 'door to door' smoking cessation service</b> <b>Leena Sankla</b>, Project Director, Solutions 4 Health Ltd and <b>John Rodway</b>, Operations Director, Solutions 4 Health Ltd, Reading</li> <li><b>Txt2stop trial</b> <b>Caroline Free</b>, Clinical Lecturer, London School of Hygiene and Tropical Medicine, University of London</li> </ol>	
B6 Bourg	<p><b>Barriers to intervening with pregnant smokers, predictors of quitting and message framing</b> Chair: <b>Professor Robert West</b>, Professor of Health Psychology and Director of Tobacco Studies, Cancer Research UK Health Behaviour Research Centre, Department of Epidemiology and Public Health, University College London</p> <ol style="list-style-type: none"> <li><b>Message frame and smoking-related cognitions</b> <b>Bilkis Hussain</b>, Smokeless Tobacco Advisor, NHS Leicester Partnership Trust</li> <li><b>Predictors of quit attempts and their success in adult general population samples: A systematic review</b> <b>Eleni Vangeli</b>, Research Associate, CRUK Health Behaviour Research Centre, University College London</li> <li><b>Addressing the barriers faced by midwives when discussing stop smoking issues with pregnant women</b> <b>Martyn Willmore</b>, Performance Improvement Delivery Manager, Fresh Smoke Free North East, Chester Le Street</li> </ol>	

# Tuesday – Programme | 14th June 2011

Morning chair: **Dr Clare Gerada**, Chair, Royal College of General Practitioners

Afternoon chair: **Dr Alex Bobak**, GP and GPSI in Smoking Cessation, Wandsworth, London

7.30	<b>Registration and buffet breakfast</b>
	<b>Workshop</b> Bourgogne
8.30	<b>The value of providing support to local tobacco control alliances</b> Led by <b>David Robertson</b> , Alliances Manager and STCA Coordinator, ASH Scotland
	<b>Plenary session</b> Main Hall
9.25	<b>Welcome</b> <b>Dr Clare Gerada</b> , Chair, Royal College of General Practitioners
9.30	<b>The weigh forward – are we any nearer a solution to cessation related weight gain?</b> <b>Deborah Lycett</b> , Consultant Dietitian and Doctoral Researcher, Primary Care Clinical Sciences, University of Birmingham
10.00	<b>What smokers say when you ask them what they're really thinking – feedback from a smokers' panel</b> <b>Professor Linda Bauld</b> , Professor of Socio-Management, School of Management, University of Stirling
10.30	<b>Smokeless tobacco in the UK: Products, prevalence and profile</b> <b>Professor Ray Croucher</b> , Professor of Community Oral Health, Barts and The London School of Medicine and Dentistry
11.00	<b>Coffee</b>
11.30	<b>Parallel sessions</b> Main Hall <b>Harm reduction</b> Chair: <b>Michell Zeller</b> , Vice President for Policy and Strategic Communications, Pinney Associates and Visiting Scientist, Harvard University School of Public Health, USA <b>1. Protecting children from secondhand smoke – a tool to promote quitting?</b> <b>Using the Take 7 Steps Out approach</b> <b>Tina Williams</b> , Head of Training and Development, Smokefree North West, Manchester <b>2. The use of nicotine replacement therapy to help disadvantaged caregivers to abstain from smoking in the home</b> <b>Dr Laura Jones</b> , Research Fellow, Division of Epidemiology and Public Health, University of Nottingham <b>3. Associations between smokers' attempts at harm reduction and smoking cessation:</b> <b>A prospective study of English smokers</b> <b>Emma Beard</b> , PhD Researcher, Department of Epidemiology and Public Health, University College London For sessions running parallel to these, see programme on page 8
12.45	<b>Lunch</b> <b>Poster presentations</b> Presenters will be by their posters to discuss their work with delegates from 1.15 pm to 1.45 pm
1.05	<b>NHS Networks meeting in the Bourgogne</b>
	<b>Plenary session</b> Main Hall
2.00	<b>Afternoon chair</b> <b>Dr Alex Bobak</b> , GP and GPSI in Smoking Cessation, Wandsworth, London
2.05	<b>Tactics of the tobacco industry</b> <b>Professor Anna Gilmore</b> , Professor of Public Health, University of Bath
2.40	<b>Making smoking history for our children – a vision for the future</b> <b>Professor Robert West</b> , Professor of Health Psychology and Director of Tobacco Studies, Cancer Research UK Health Behaviour Research Centre, Department of Epidemiology and Public Health, University College London
3.00	<b>The future for tobacco control and smoking cessation in England: Our vision for the next five years</b> <b>Anne Milton MP</b> , Parliamentary Under Secretary of State for Public Health
3.30	<b>Close</b>

## Tuesday – Morning parallel sessions

11.30	Parallel sessions	
Main Hall	<b>Harm reduction</b> Chair: <b>Michell Zeller</b> , Vice President for Policy and Strategic Communications, Pinney Associates and Visiting Scientist, Harvard University School of Public Health, USA  1. <b>Protecting children from secondhand smoke – a tool to promote quitting? Using the Take 7 Steps Out approach</b> <i>Tina Williams</i> , Head of Training and Development, Smokefree North West, Manchester  2. <b>The use of nicotine replacement therapy to help disadvantaged caregivers to abstain from smoking in the home</b> <i>Dr Laura Jones</i> , Research Fellow, Division of Epidemiology and Public Health, University of Nottingham  3. <b>Associations between smokers' attempts at harm reduction and smoking cessation: A prospective study of English smokers</b> <i>Emma Beard</i> , PhD Researcher, Department of Epidemiology and Public Health, University College London	
Bourgogne	<b>Prisons, probation and mental health</b> Chair: <b>Miriam Armstrong</b> , Chief Executive, PHLink  1. <b>Re-shaping stop smoking services in prisons following the introduction of the new tariff based lifestyle contract in the West Midlands</b> <i>Julia Moore</i> , Stop Smoking Coordinator, Lead for Prisons, Time to Quit Stop Smoking Service, South Staffordshire PCT, <i>Kate Waller</i> , Stop Smoking Support Worker, South Staffordshire PCT and <i>Sandy Bassi</i> , Stop Smoking Support Worker, South Staffordshire PCT  2. <b>Licence to engage: Probation as a setting for the delivery of stop smoking services</b> <i>Stephen Woods</i> , North West Tobacco Control Coordinator Prisons and Criminal Justice Settings, University of Central Lancashire and <i>Michelle Baybutt</i> , Intervention Manager for the Regional Tobacco Control Coordinator Prisons and Criminal Justice Settings, University of Central Lancashire  3. <b>Smoke-free mental health settings: Supporting patients and staff</b> <i>Dr Susan Kerr</i> , Reader in Public Health, Glasgow Caledonian University and <i>Denise Meldrum</i> , Smoking Cessation Link Practitioner (Mental Health), NHS Greater Glasgow and Clyde	
B2 Muscadet	<b>The new public health structures: Opportunities for tobacco advocacy</b> <b>Martin Dockrell</b> , Director, Policy and Research, ASH and <b>Luke Akehurst</b> , Chair of Health and Scrutiny Committee, London Borough of Hackney	
B3 Alsace	<b>Payment by results</b> Chair: <b>Emma Croghan</b> , Programme Lead, Tobacco Control Delivery, Department of Health  1. <b>Payment by results for stop smoking services</b> <i>Steven Wyatt</i> , Healthcare Policy Analyst, NHS West Midlands, Birmingham  2. <b>Becoming a service provider within the West Midlands tariff scheme: challenges, frustrations, adaptations and opportunities in order to deliver sustainable stop smoking services</b> <i>Natalie Hinsley</i> , Lifestyle Services Manager, Coventry and Warwickshire Hospital, Coventry Community Health Services and <i>Hayley Sparks</i> , Specialist Stop Smoking Advisor, Clinical Lead for Primary Care, Coventry Community Health Services	
B6 Bourg	<b>Campaigns</b> Chair: <b>Jo Locker</b> , Delivery Manager, NCSCT Community Interest Company  1. <b>Targeting hand rolling tobacco smokers – 'wise-up to roll-ups' – the first campaign of its kind</b> <i>Kate Knight</i> , Head of Social Marketing and Communications, Smokefree South West, Bristol and <i>Melissa Cullum</i> , Campaigns and Communications Manager, Smokefree South West, Bristol  2. <b>Strengthening positive attitudes and behaviour around not smoking – 'A social norms approach'</b> <i>Scott Crosby</i> , Regional Social Marketing Manager, Smokefree Yorkshire and Humber and <i>Diane Bell</i> , Communications Manager, Department Of Health  3. <b>The impact of anti-tobacco mass media campaigns: Feedback from a smokers' panel</b> <i>Tessa Langley</i> , Research Associate, UK Centre for Tobacco Control Studies, University of Nottingham	

# Posters

Presenters will be by their posters to discuss their work with delegates on:

Monday 13th June from 1.30 pm to 2.00 pm

Tuesday 14th June from 1.15 pm to 1.45 pm

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## Developing marketing skills and applying business acumen to help meet regional challenges

**Hilary Andrews**, Former Regional Development Manager (Stop Smoking), East of England and

**Clare Gosling**, Local Marketing Manager, Pfizer Ltd

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## A qualitative exploration of smokers' views regarding a mobile stop smoking service

**Dr Manpreet Bains**, Research Fellow, Division of Epidemiology and Public Health, University of Nottingham

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## 'Tickets please' – NHS Hertfordshire's health bus.

**Taking public health and smoking cessation services to the community**

**Adam Crowe**, Business Manager Organisation, Hertfordshire Stop Smoking Service and **Karen Plumeridge**, Local Account Manager, Pfizer Ltd

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## Systems in secondary care

**Andrea Dickens**, Head of Policy, Innovation and Development, Smokefree South West, Bristol

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## Comparison of the influence of invasive and non-invasive investigations for coronary artery disease on smoking cessation

**Dr Philip Dingli**, Trainee in Acute Medicine and **Dr Richard Pullicino**, Foundation Year 2 Trainee, Mater Dei Hospital, Malta

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## Long term follow up of patients attending tobacco cessation clinics in Malta

**Dr Philip Dingli**, Trainee in Acute Medicine, Mater Dei Hospital, Malta

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## Smoking cessation practices amongst doctors at an acute general hospital

**Dr Philip Dingli**, Trainee in Acute Medicine and **Dr Richard Pullicino**, Foundation Year 2 Trainee, Mater Dei Hospital, Malta

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## Optimal use of the NHS smoking helpline: RCT investigating two types of cessation support and the option of 'no cost' nicotine replacement therapy (NRT)

**Graeme Docherty**, Research Coordinator, Epidemiology and Public Health, University of Nottingham

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## How can sophisticated analytical assays help with your smoking cessation programme?

**Dr Mira Doig**, Laboratory and QA Manager and **Colin Feyerabend**, Managing Director, ABS Laboratories Ltd, Welwyn Garden City

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## Smoke free mental health implementation guidance

**Celia Gardiner**, Health Improvement Programme Manager (Tobacco), NHS Health Scotland

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## Working in partnership on enhanced healthy schools status – tobacco and substance misuse reduction

**Lisa Gill**, Training and Youth Advocacy Lead Organisation, The Roy Castle Lung Cancer Foundation, Liverpool

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## Understanding the barriers to engaging routine and manual workers with the local stop smoking services in Mid Essex

**Clare Gosling**, Local Marketing Manager, Pfizer Ltd and

**Helen Gray**, NHS Stop Smoking Support Service Manager Organisation, Central Essex Community Services

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## Reducing health inequalities through pregnancy and smoking cessation:

**A pragmatic pilot to reduce smoking during pregnancy**

**Dr Lucy Hackshaw**, Research Officer in Applied Health Policy Research, University of Bath /UK Centre for Tobacco Control Studies

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## How public involvement can help to develop research and policy:

**The experience of the UK Centre for Tobacco Control Studies Smokers' Panel**

**Dr Lucy Hackshaw**, Research Officer in Applied Health Policy Research, University of Bath /UK Centre for Tobacco Control Studies

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## Children's centre workforces and smoking cessation: A pragmatic pilot to reduce health inequalities in England through increasing smoking cessation referrals for parents and carers

**Dr Lucy Hackshaw**, Research Officer in Applied Health Policy Research, University of Bath /UK Centre for Tobacco Control Studies

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## Targeting routine and manual smokers to make a quit attempt – a workplace programme

**Nicola Hill**, Stop Smoking Service Manager, Barking and Dagenham Community Health Service, London

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**Understanding smoking initiation in Essex in order to help design smoking interventions**

*Linda Homan, PhD Student Researcher, Anglia Ruskin University, Ely*

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**Clinician use of smoking 3AAAs in outpatients**

*Dr Burhan Khan, Consultant Physician in Respiratory Medicine, Darent Valley Hospital, Dartford*

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**South West campaign to halve the number of adults who allow smoking in their home**

*Kate Knight, Head of Social Marketing and Communications, Smokefree South West, Bristol*

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**Community based approaches to increasing awareness – can cost less and deliver more**

*Maggie Lambert, Senior Local Marketing Manager, East Midlands, Pfizer Ltd and*

*Nicola Allan, Personal Health Trainer Service Manager, My Time Active*

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**Delivering key messages in public health – an interactive and innovative approach**

*Joanne Locker, Delivery Manager, NCSCC CIC*

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**Relative efficacy of standard dose NRT patch, high dose NRT patch and combination NRT pharmacotherapy compared to license dose varenicline and bupropion for smoking cessation: A systematic review and multiple treatment meta-analysis**

*Ian Lockhart, EBM Manager, Pfizer UK*

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**Method for identifying behaviour change techniques (BCTs) for stop smoking behavioural support delivered in practice**

*Fabiana Lorencatto, Research Associate/PhD Student, NCSCC*

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**Tobacco control in prisons and criminal justice settings:****Tobacco control coordinator demonstration project in the North West**

*Susan MacAskill, Senior Researcher, Centre for Tobacco Control Research, University of Strirling and the OU*

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**Current practices of commissioners and managers of NHS stop smoking services in England**

*Dr Mairtin McDermott, Research Associate, NHS Centre for Smoking Cessation and Training (NCSCC)*

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**Improving efficacy and choice: NHS North Somerset pharmacy patient group directive (PGD) for varenicline**

*Fiona Ruth Miles, Health Improvement Development Manager, NHS North Somerset*

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**National forum for smoking and pregnancy**

*Carmel O’Gorman, Smoking and Pregnancy Coordinator, Heart of England NHS Foundation Trust, Birmingham*

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**Exercise reduces desire to smoke and visual attentional bias for cigarettes, but does exercise intensity make a difference?**

*Hwajung Oh, PhD Student, Sport and Health Sciences, University of Exeter*

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**Social marketing and tobacco policy compliance**

*Jane Oliver, Health Improvement Programme Officer, Tobacco, NHS Health Scotland*

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**Challenging health inequalities: Tailored smoking cessation support for mental health patients**

*Camilla Parker, Research Assistant, UK Centre for Tobacco Control Studies, University of Nottingham*

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**Making shared practice a success – Roy Castle FagEnds stop smoking services in Liverpool children’s centres**

*Amanda Riley, Sure Start Stop Smoking Coordinator, Roy Castle Lung Cancer Foundation, Liverpool*

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**‘Time to Quit’ – secondary care quit campaign**

*Janet Ryder, Specialist Stop Smoking Advisor, Roy Castle Fag Ends, Liverpool*

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**Payment by results – West Midlands: A providers perspective**

*Leena Sankla, Project Director, Solutions 4 Health Ltd and John Rodway, Operations Director, Solutions 4 Health Ltd, Reading*

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**Department of Health relapse prevention in smoking cessation pilot**

*Sarah Snuggs, Research Health Psychologist, Tobacco Dependence Research and Treatment Unit, London*

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**Tackling illicit tobacco – two years on: The North of England experience**

*David Wiggins, Strategic Programme Manager, North of England Tackling Illicit Tobacco for Better Health Programme, Fresh Smoke Free North East and Andrea Dickens, Head of Policy, Innovation & Development, Smokefree South West*

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**Audit of local stop smoking services**

*Isobel Williams, Programme Officer, NCSCC CIC*

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## Years of smoking, 12 weeks of CHAMPIX, feeling the benefits

- CHAMPIX is a 12 week smoking cessation treatment which supports your patients by reducing **craving** and **withdrawal symptoms** and the **reward** of smoking<sup>1-3</sup>
- More than 15 million CHAMPIX treatment courses have been initiated worldwide<sup>4</sup>

**CHAMPIX**®  
varenicline tartrate

**CHAMPIX® Film-Coated Tablets (varenicline tartrate) ABBREVIATED PRESCRIBING INFORMATION – UK.** (See Champix Summary of Product characteristics for full Prescribing Information). Please refer to the SmPC before prescribing Champix 0.5 mg and 1 mg. **Presentation:** White, caplar-shaped, biconvex tablets debossed with "Pfizer" on one side and "CHX 0.5" on the other side and light blue, caplar-shaped, biconvex tablets debossed with "Pfizer" on one side and "CHX 1.0" on the other side. **Indications:** Champix is indicated for smoking cessation in adults. **Dosage:** The recommended dose is 1 mg varenicline twice daily following a 1-week titration as follows: Days 1-3: 0.5 mg once daily, Days 4-7: 0.5 mg twice daily and Day 8-End of treatment: 1 mg twice daily. The patient should set a date to stop smoking. Dosing should usually start 1-2 weeks before this date. Patients who are not willing or able to set the target quit date within 1-2 weeks, could be offered to start treatment and then choose their own quit date within 5 weeks. Patients who cannot tolerate adverse effects may have the dose lowered temporarily or permanently to 0.5 mg twice daily. Patients should be treated with Champix for 12 weeks. For patients who have successfully stopped smoking at the end of 12 weeks, an additional course of 12 weeks treatment at 1 mg twice daily may be considered. Following the end of treatment, dose tapering may be considered in patients with a high risk of relapse. **Patients with renal insufficiency; Mild to moderate renal impairment:** No dosage adjustment is necessary. **Patients with moderate renal impairment who experience intolerable adverse events:** Dosing may be reduced to 1 mg once daily. **Severe renal impairment:** 1 mg once daily is recommended. Dosing should begin at 0.5 mg once daily for the first 3 days then increased to 1 mg once daily. **Patients with end stage renal disease:** Treatment is not recommended. **Patients with hepatic impairment and elderly patients:** No dosage adjustment is necessary. **Paediatric patients:** Not recommended in patients below the age of 18 years. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and precautions:** Effect of smoking cessation; Stopping smoking may alter the pharmacokinetics or pharmacodynamics of some medicinal products, for which dosage adjustment may be necessary (examples include theophylline, warfarin and insulin). Changes in behaviour or thinking, anxiety, psychosis, mood swings, aggressive behaviour, depression, suicidal ideation and behaviour and suicide

attempts have been reported in patients attempting to quit smoking with Champix in the post-marketing experience. Not all patients had stopped smoking at the time of onset of symptoms and not all patients had known pre-existing psychiatric illness. Champix should be discontinued immediately if agitation, depressed mood or changes in behaviour or thinking that are of concern for the doctor, the patient, family or caregivers are observed, or if the patient develops suicidal ideation or suicidal behaviour. In many post-marketing cases, resolution of symptoms after discontinuation of varenicline was reported, although in some cases the symptoms persisted; therefore, ongoing follow up should be provided until symptoms resolve. Depressed mood, rarely including suicidal ideation and suicide attempt, may be a symptom of nicotine withdrawal. In addition, smoking cessation, with or without pharmacotherapy, has been associated with the exacerbation of underlying psychiatric illness (e.g. depression). The safety and efficacy of Champix in patients with serious psychiatric illness has not been established. There is no clinical experience with Champix in patients with epilepsy. At the end of treatment, discontinuation of Champix was associated with an increase in irritability, urge to smoke, depression, and/or insomnia in up to 3% of patients, therefore dose tapering may be considered. There have been post-marketing reports of hypersensitivity reactions including angioedema and reports of rare but severe cutaneous reactions, including Stevens-Johnson Syndrome and Erythema Multiforme in patients using varenicline. Patients experiencing these symptoms should discontinue treatment with varenicline and contact a health care provider immediately. **Fertility, pregnancy and lactation:** Champix should not be used during pregnancy. It is unknown whether varenicline is excreted in human breast milk. Champix should only be prescribed to breast feeding mothers when the benefit outweighs the risk. There are no clinical data on the effects of varenicline on fertility. Non-clinical data revealed no hazard for humans based on standard male and female fertility studies in the rat. **Driving and operating machinery:** Champix may have minor or moderate influence on the ability to drive and use machines. Champix may cause dizziness and somnolence and therefore may influence the ability to drive and use machines. Patients are advised not to drive, operate complex machinery or engage in other potentially hazardous activities until it is known whether this medicinal product affects their ability to perform these activities. **Side-Effects:** Adverse

reactions during clinical trials were usually mild to moderate. Most commonly reported side effects were abnormal dreams, insomnia, headache and nausea. Commonly reported side-effects were increased appetite, somnolence, dizziness, dysgeusia, vomiting, constipation, diarrhoea, abdominal distension, stomach discomfort, dyspepsia, flatulence, dry mouth and fatigue. See SmPC for other less commonly reported side effects. **Overdose:** Standard supportive measures to be adopted as required. Varenicline has been shown to be dialysed in patients with end stage renal disease, however, there is no experience in dialysis following overdose. **Legal category:** POM **Basic NHS cost:** Pack of 25 11 x 0.5 mg and 14 x 1 mg tablets Card (EU/1/06/360/003) £27.30. Pack of 28 1 mg tablets Card (EU/1/06/360/004) £27.30. Pack of 56 0.5 mg tablets HDPE Bottle (EU/1/06/360/001) £54.60. Pack of 56 1 mg tablets HDPE Bottle (EU/1/06/360/002) £54.60. Pack of 56 1 mg tablets Card (EU/1/06/360/005) £54.60. Not all pack sizes may be marketed / marketed at launch. **Marketing Authorisation Holder:** Pfizer Limited, Sandwich, Kent, CT13 9NJ, United Kingdom. **Further information on request:** Pfizer Limited, Walton Oaks, Dorking Road, Tadworth, Surrey KT20 7NS **Last revised:** 01/2011. Ref: C18\_0.

**Adverse events should be reported. Reporting forms and information can be found at [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk). Adverse events should also be reported to Pfizer Medical Information on 01304 616161.**

For further information, please contact Pfizer Medical Information on 01304 616161 or email [medinfo.uk@pfizer.com](mailto:medinfo.uk@pfizer.com)

**References:** 1. Jorenby D *et al.* Efficacy of varenicline, an  $\alpha 4 \beta 2$  nicotinic acetylcholine receptor partial agonist, vs placebo or sustained-release bupropion for smoking cessation. A randomized controlled trial. JAMA 2006; 296:56-63. 2. Coe JW *et al.* Varenicline: An  $\alpha 4 \beta 2$  nicotinic receptor partial agonist for smoking cessation. J Med Chem 2005; 48:3474-3477. 3. CHAMPIX Summary of Product Characteristics. Dec 2009. 4. Data on file - IMS Midas Data: July 2006 - June 2010.





## Swap one combination for another



**Rx** NiQuitin<sup>®</sup> 21mg Clear Patch OD x 14 op with NiQuitin<sup>®</sup> Minis 4mg Lozenges 1 x 60 op

**NiQuitin Minis Mint 1.5 mg/4 mg Lozenges and NiQuitin Minis Cherry Flavour 1.5 mg Lozenges (nicotine).** For relief of nicotine withdrawal symptoms during abrupt/gradual/temporary smoking cessation and to aid reduction in smoking. **Dosage: Adults (18 and over):** Use 1.5 mg strength if smoke  $\leq$  20/day, otherwise 4 mg. Maximum 15 lozenges/day. Cessation to be encouraged, professional advice if no quit attempt after 6 months/difficulty discontinuing use after quitting. **Abrupt cessation:** 8 – 12 lozenges/day, use a lozenge when urge to smoke. Taper use after 6 weeks. **Gradual cessation:** Prior to schedule above use a lozenge when strong urge to smoke to reduce cigarette consumption as much as possible. **Temporary abstinence:** One lozenge every 1 to 2 hours. **Adolescents (12-17 years):** Abrupt cessation only. Dosing as for adults. Seek professional advice if unable to quit abruptly. **Contraindications:** Hypersensitivity, non-smokers, children under 12 years. **Precautions:** Risk of NRT substantially outweighed by risks of continued smoking in virtually all circumstances. Supervise use in those hospitalised for MI, severe dysrhythmia or CVA who are haemodynamically unstable. Once discharged, can use NiQuitin as normal. Susceptibility to angioedema, urticaria. Renal/hepatic impairment, hyperthyroidism, diabetes, phaeochromocytoma. Swallowed nicotine may exacerbate oesophagitis, gastric/peptic ulcer. **Pregnancy/lactation:** For those unable to quit unaided the risk of continued smoking is greater than the risk of using NRT. Start treatment as early as possible in pregnancy. Lozenge/gum preferable to patches unless nauseous. **Side effects:** At recommended doses, NiQuitin Minis have not been found to cause any

serious adverse effects. GI disturbance, chest pain, oral irritation, dizziness, headache, sleep disorders, anxiety, irritability, depression, palpitations, increased heart rate, cough, sore throat, rash, anaphylaxis. See SPC for full details. **GS** PL 00079/0610, 0611, 0658. **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack sizes and NHS cost:** 20's £3.18, 60's £8.93. **Date of Preparation:** November 2010. **NiQuitin 21, 14, 7 mg Transdermal Patches, NiQuitin Clear 21, 14, 7 mg (nicotine).** Opaque or transparent transdermal patches 21 mg, 14 mg, 7 mg nicotine (Steps 1, 2, 3) for relief of nicotine withdrawal symptoms during abrupt/gradual/temporary smoking cessation and to aid reduction in smoking. **Dosage: Adults (18 and over):** Once daily,  $\geq$  10 cigarettes a day start with step 1, otherwise step 2. Cessation to be encouraged, professional advice if no quit attempt after 6 months/difficulty discontinuing use after quitting. **Abrupt cessation:**  $\geq$  10 cigarettes/day; Step 1 for 6 weeks, then Step 2 for 2 weeks, then Step 3 for 2 weeks.  $<$  10 cigarettes/day; Step 2 for 6 weeks then Step 3 for 2 weeks. **Gradual Cessation (21 mg only):** Prior to schedule above use 21 mg patch for 2 – 4 weeks to reduce cigarette consumption. **Reduction in smoking:** Use patch whilst smoking as needed. Reduce cigarette consumption as much as possible. **Temporary abstinence:** Use patch for period during which smoking is to be avoided. **Adolescents (12-17 years):** Abrupt cessation only. Dosing as for adults. Seek professional advice if unable to quit abruptly. **Contraindications:** Hypersensitivity, occasional/non-smokers, children under 12 years. **Precautions:** Risk of NRT substantially outweighed by risks of continued smoking

in virtually all circumstances. Supervise use in those hospitalised for MI, severe dysrhythmia or CVA who are haemodynamically unstable. Once discharged, can use NiQuitin as normal. Susceptibility to angioedema, urticaria. Discontinue use if severe/persistent skin reactions. Renal/hepatic impairment, hyperthyroidism, diabetes, phaeochromocytoma. **Pregnancy/lactation:** For those unable to quit unaided the risk of continued smoking is greater than the risk of using NRT. Start treatment as early as possible in pregnancy. Lozenge/gum preferable to patches unless nauseous. Remove patches at bedtime. **Side effects:** At recommended doses, NiQuitin patches have not been found to cause any serious adverse effects. Local rash, itching, burning, tingling, numbness, swelling, pain, urticaria, heaviness, hypersensitivity reactions. Headache, dizziness, tremor, sleep disorders, nervousness, palpitations, tachycardia, dyspnoea, pharyngitis, cough, GI disturbance, sweating, arthralgia, myalgia, malaise, anaphylaxis. See SPC for full details. **GS** PL 00079/0368, 0367, 0366, 0356, 0355 & 0354. **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack sizes and NHS Cost:** 7 patches £9.97; Step 1 only 14 patches £18.77. **Date of Preparation:** December 2010.

NiQuitin, the Minis device and Click2Quit are registered trademarks of the GlaxoSmithKline group of companies.

Date of Preparation: March 2011. CHUK/CHNIQ/0091/11

# New NICORETTE<sup>®</sup> QuickMist mouthspray

nicotine



60-second craving relief<sup>1\*</sup>  
So fast, it's breathtaking.

- **\*NICORETTE<sup>®</sup> QuickMist**, in an open label study, was clinically proven to relieve cravings in just 60 seconds<sup>1</sup>
- **NICORETTE<sup>®</sup> QuickMist** was 47% more effective at helping smokers quit compared with placebo at 4 weeks<sup>2</sup> (31.8% quit on QuickMist vs. 21.7% on placebo;  $p < 0.05$ )



#### Nicorette QuickMist Prescribing Information:

**Presentation:** oromucosal spray containing 13.2ml solution. Each 0.07 ml contains 1 mg nicotine, corresponding to 1 mg nicotine/spray dose. **Uses:** Relieves and/or prevents craving and nicotine withdrawal symptoms associated with tobacco dependence. It is indicated to aid smokers wishing to quit or reduce prior to quitting, to assist smokers who are unwilling or unable to smoke, and as a safer alternative to smoking for smokers and those around them. It is indicated in pregnant and lactating women making a quit attempt. **Dosage: Adults and Children over 12 years of age:** The patient should make every effort to stop smoking completely during treatment with Nicorette QuickMist. One or two sprays to be used when cigarettes normally would have been smoked or if cravings emerge. If after the first spray cravings are not controlled within a few minutes, a second spray should be used. If 2 sprays are required,

future doses may be delivered as 2 consecutive sprays. Most smokers will require 1-2 sprays every 30 minutes to 1 hour. Up to 4 sprays per hour may be used; not exceeding 2 sprays per dosing episode and 64 sprays in any 24-hour period. Nicorette QuickMist should be used whenever the urge to smoke is felt or to prevent cravings in situations where these are likely to occur. Smokers willing or able to stop smoking immediately should initially replace all their cigarettes with the Nicorette QuickMist and as soon as they are able, reduce the number of sprays used until they have stopped completely. When making a quit attempt behavioural therapy, advice and support will normally improve the success rate. Smokers aiming to reduce cigarettes should use the Mouthspray, as needed, between smoking episodes to prolong smoke-free intervals and with the intention to reduce smoking as much as possible. **Contraindications:** Children under 12 years and

Hypersensitivity. **Precautions:** Unstable cardiovascular disease, diabetes mellitus, G.I. disease, uncontrolled hyperthyroidism, pheochromocytoma, hepatic or renal impairment. Stopping smoking may alter the metabolism of certain drugs. Transferred dependence is rare and both less harmful and easier to break than smoking dependence. May enhance the haemodynamic effects of, and pain response to, adenosine. Keep out of reach and sight of children and dispose of with care. **Pregnancy & lactation:** Only after consulting a healthcare professional. **Side effects: Very common:** dysgeusia, headache, hiccups, nausea and vomiting symptoms, dyspepsia, oral soft tissue pain and paraesthesia, stomatitis, salivary hypersecretion, burning lips, dry mouth. **Common:** dizziness, paraesthesia, palpitations, cough, aphthous stomatitis, gingival bleeding, toothache, pharyngeal hypoaesthesia. **Other:** chest pain, atrial fibrillation, dyspnoea. See SPC for further details.

**NHS Costs:** 1 dispenser pack £11.48, 2 dispenser pack £18.50. **Legal category:** GSL. **PL holder:** McNeil Products Ltd, Roxborough Way, Maidenhead, Berkshire, SL6 3UG. **PL number:** 15513/0357. **Date of preparation:** February 2011.

**References:** 1. Hansson A. et al. Craving Relief With A Novel Nicotine Mouth Spray Form Of Nicotine Replacement Therapy. Poster POS3-45 Presented at SRNT, Feb 16-19th, 2011, Toronto, Canada. 2. Data on File - 001. McNeil Products Ltd.

**Date of Preparation:** February 2011

06722

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Reporting forms and information can be found at  
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Adverse events should also be reported to  
McNeil Products Limited on 01344 864 042.



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The NCSCT Community Interest Company, a social enterprise, is a partner of the NHS Centre for Smoking Cessation and Training (NCSCT).

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Our mission is to lead, develop and support the delivery of high quality resources and interventions for smokers; to reduce the number of smokers and the level of tobacco-related harm.

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please come and see us at stand 8.**

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**[www.ncsct.co.uk](http://www.ncsct.co.uk)**

where you can find out more about our work  
and also sign up to our mailing list.



## Presentation abstracts

### Main hall

#### Welcome and introduction

Plenary Chair:

**Tabitha Brufal**

*Deputy Director, Tobacco and Health Improvement Policy,  
Department of Health*

#### Biography

Tabitha is Deputy Director for Tobacco Control and Health Improvement at the Department of Health. The focus of the team's work is on developing and implementing policy on tobacco control, including tobacco control legislation and guidelines for stop smoking services.

The team published the Tobacco Control Plan for England in March 2011. This plan sets out how tobacco control will be delivered in the context of the new public health system, focusing in particular on the action that the Government will take nationally over the next five years to drive down the prevalence of smoking and to support comprehensive tobacco control in local areas.

Previously she was Deputy Director of the Quality, Innovation, Productivity and Prevention (QIPP) Programme. The programme was established to help the NHS identify 15 to 20 billion of efficiency savings per annum by 2014. The programme now includes a workstream on prevention, which is focussed on smoking cessation and reducing harmful consumption of alcohol.

Tabitha joined the Department of Health in 2000 from the NHS where she worked as a clinical psychologist.

Audio of this session will be available  
on the [uknsc.org](http://uknsc.org) website

www

### Main hall

#### The future of the NHS?

#### The changing health policy context

Presenter:

**Professor David Hunter**

*Professor of Health Policy and Management,  
Centre for Public Policy and Health, Wolfson Research Institute,  
Durham University Queen's Campus*

#### Abstract

The NHS, including public health, is undergoing significant, if not unprecedented, change which will leave no part of it untouched. While the central direction of the coalition government's proposals remains reasonably clear, considerable uncertainty surrounds their precise form and content. Strong opposition to the changes exists across the health system and from all political quarters. Proponents of reform claim it will result in a leaner and more efficient system with strong clinical engagement and less bureaucracy. Opponents fear the demise of the NHS as it is reduced to a funding mechanism with the commissioning and provision of care increasingly undertaken by a diverse range of providers, including the private sector. They are opposed to the further intrusion of markets and competition into health care. The Health and Social Care Bill, currently going through Parliament, is the subject of further consultation.

The NHS Futures Forum, set up to listen and to review progress, is due to report to Ministers in early June. But unless the Bill is significantly modified, it is likely to face considerable opposition in the House of Lords. The presentation will reflect upon the shifting policy context and on the implications for the NHS and public health.

#### Biography

David Hunter is Professor of Health Policy and Management, Durham University, where he is director of the Centre for Public Policy and Health in the School of Medicine and Health. He is Deputy Director of Fuse – the Centre for Translational Research in Public Health. He is a Non-Executive Director on the NICE Board, an appointed governor at South Tees NHS Hospitals Foundation Trust, and an adviser to WHO Europe on public health and health system reform. He undertakes research on public health policy and using evidence in practice.

Audio of this session will be available  
on the [uknsc.org](http://uknsc.org) website

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## Presentation abstracts

### Main hall

#### The NHS Centre for Smoking Cessation and Training (NCSCT): Does training and assessment make a difference?

Presenters:

**Dr Andy McEwen,**

*Executive Director, NHS Centre for Smoking Cessation and Training*

**Dr Leonie Brose**

*Research Associate, NHS Centre for Smoking Cessation and Training*

##### Abstract

**Background:** The NCSCT was set up to meet the needs of smokers by training practitioners in delivering evidence-based smoking cessation interventions. Having proof that they deliver such interventions is the best way that practitioners can safeguard their future in these times of great change. The NCSCT has developed a methodology for identifying the behaviour change techniques (BCTs) required to deliver effective smoking cessation interventions. These BCTs (core knowledge and skills competences) form the basis of our training and assessment programme and DH recommend that anyone helping smokers to stop should gain NCSCT certification.

**Methods:** Training is delivered in two stages: knowledge is taught online ([ncsct.co.uk](http://ncsct.co.uk)), skills are then trained in face-to-face two-day courses. Knowledge was assessed using 436 practitioners responses to multiple choice questions at the beginning and end of the online training. Skills were assessed using paired means comparisons of ratings of confidence in 16 competences completed before ( $n=143-237$ ), immediately after ( $n=142-236$ ) and three months after ( $n=66-88$ ) skills training; satisfaction with aspects of the skills training was rated ( $n=161-260$ ).

**Results:** Practitioners knowledge improved significantly ( $p<0.001$ ) on all subsections of the training and assessment programme. Practitioners confidence in all competences improved during skills training (all  $p<0.001$ ); maintenance of improvement was shown for 14 competences. All aspects received >90% positive satisfaction ratings.

**Discussion:** Practitioners were very satisfied with the training; it improved practitioners knowledge and confidence in their competence; associations between these, actual competence and smoking cessation rates are currently being investigated.

**Conclusion:** The two-stage NCSCT training effectively improves knowledge and confidence in competently delivering effective stop smoking interventions. Trained practitioners can deliver evidence-based interventions and certification provides proof of their expertise.

##### Biographies

Andy is a psychiatric nurse by training who now works as an academic specialising in research on smoking cessation in the Cancer Research UK Health Behaviour Research Centre at University College London. Andy is Executive Director of the NCSCT and founder and Programme Director of the UKNSCC.

Leonie completed a five-year degree course in Psychology at the University of Greifswald, Germany. After the first three years, she did an MSc in Health Psychology at the University of Luton as Erasmus exchange student. In 2010, she completed her PhD in Health Psychology at Royal Holloway, University of London and joined the NHS Centre for Smoking Cessation and Training as Research Associate.

Audio of this session will be available  
on the [uknscc.org](http://uknscc.org) website



### Main hall

#### Routes to Quit: A pilot

Presenters:

**Emma Croghan**

*Programme Lead, Tobacco Control Delivery, Department of Health*

**Melanie Chambers**

*Senior Delivery Manager, NCSCT Community Interest Company*

##### Abstract

The RTQ programme is a move towards a more flexible approach that allows smokers to choose from the various evidence-based options for quitting, and to engage with the healthcare system more effectively. While the current model of care (abrupt quit) is still the quit method with the highest efficacy (four times more likely to stop), the percentage of smokers who use these services indicates that other ways of quitting, which appeal more to a wider audience, should be considered. The aim therefore, of the RTQ programme is to engage with a much greater number of smokers, offering a greater range of evidence based options and tailored quit plans (TQP) that meet their needs.

This presentation will provide an overview of the current Routes to Quit (RTQ) pilots and will aim to share any early lessons, including the elements that are working best so far, and to discuss what the major considerations are likely to be in terms of both local commissioning and providing of stop smoking support.

##### Biographies

Emma Croghan has worked in Tobacco Control since developing an interest in this specific area of Public Health in the late 1990s, initially as adviser and coordinator for East Staffs PCG Smoking Cessation Service, and as a researcher. She is a Registered General, Sick Children's and Public Health Nurse by professional background. She has worked in tobacco control in research, training, policy and practice and is currently the Programme Lead for Tobacco Control Delivery at the English Department of Health, where she has worked for the last three years.

Melanie Chambers has worked in the field of smoking cessation since 2006, initially as a Stop Smoking Specialist with responsibility for developing workplace based stop smoking support across Northamptonshire. Subsequent roles in the field have included Reducing Health Inequality Coordinator (smoking cessation) and Training Lead for Leicestershire County and Rutland.

More recently, Melanie worked within the Tobacco Policy Team at the English Department of Health (DH) as a Tobacco Control Delivery Manager before joining the NCSCT Community Interest Company (NCSCT CIC) as the Senior Delivery Manager. In addition, Melanie continues to work as a bank Stop Smoking Adviser.

Audio of this session will be available  
on the [uknscc.org](http://uknscc.org) website



## Presentation abstracts

### Main hall

#### Smoking and harm reduction

Authors:

**Deborah Arnott, Andrew Black, Robert West, Linda Bauld, Jeremy Mean and Michell Zeller**

Chair:

**Deborah Arnott**

Chief Executive, Action on Smoking and Health (ASH)

Presenters:

**Andrew Black**

Tobacco Programme Manager, Department of Health

**Professor Robert West**

Professor of Health Psychology and Director of Tobacco Studies, Cancer Research UK Health Behaviour Research Centre, Department of Epidemiology and Public Health, University College London

**Professor Linda Bauld**

Professor of Socio-Management, School of Management, University of Stirling

**Jeremy Mean**

Access and Information for Medicines and Standards Group Manager, Vigilance and Risk Management of Medicines Division (VRMM), Medicines and Healthcare Products Regulatory Agency

**Michell Zeller**

Vice President for Policy and Strategic Communications, Pinney Associates and Visiting Scientist, Harvard University School of Public Health, USA

#### Abstract

In 2007 the UKNSCC gave its support to a consensus statement drafted by ASH calling on the government to allow smokers who can't quit long-term access to less harmful forms of nicotine as a real alternative to smoking. It's taken some time but such a policy is part of the new Tobacco Plan for England launched on No Smoking Day this year.

The MHRA has extended the indications for Nicotine Replacement Therapy to include harm reduction and is coordinating a programme of work to gather further evidence to inform decisions on the licensing of nicotine containing products. NICE is developing guidelines for smoking cessation and harm reduction which will be published in 2013. NICE and the MHRA will present on their work in progress and the DH will give an overview. Robert West will present on population level harm reduction behaviours undertaken by smokers and Mitch Zeller will provide a US perspective.

This is an interactive session which in addition to giving participants information about the development and implementation of the harm reduction strategy is designed to give practitioners an opportunity to feed in their own personal experiences of the needs of heavily addicted smokers and harm reduction activities used by their clients.

**Source of funding:** Not applicable

**Declaration of interest:** ASH does not have a pecuniary interest in this area. Deborah Arnott was a member of the Royal College of Physicians Tobacco Advisory Group which in 2007 published the report Harm reduction in nicotine addiction: Helping people who can't quit. This report supported the concept of harm reduction for smoking cessation and reform of the regulation of nicotine products. In 2008 ASH published Beyond Smoking Kills which also supported harm reduction for smoking cessation and reform of the regulation of nicotine products. Beyond Smoking Kills was produced in collaboration with the British Heart Foundation and Cancer Research UK and endorsed by over 100 health and welfare organisations.

Audio of this session will be available on the [uknscc.org](http://uknscc.org) website



### Bourgogne

#### Voices of service users

##### 1. Smokeless tobacco and shisha – feedback from focus groups

Author:

**Leena Sankla, Dr Asiya Kaiser and Kishore Sankla**

Presenters:

**Leena Sankla**

Project Director, Solutions 4 Health Ltd, Reading

**Dr Asiya Kaiser**

Project Manager, Solutions 4 Health Ltd, Reading

#### Abstract

This presentation will highlight the scale of the problem of smokeless tobacco and shisha use amongst certain ethnic groups and will give an insight to how to access these groups, provide treatment using traditional NRT, break down cultural barriers and how, when and where to set up clinics to get maximum throughput.

In addition, the paper will present findings from a number of focus groups that took place in Birmingham, Cardiff, Leicester and Slough. The focus groups looked at users awareness of product content, products used, symptoms of addiction, attempts to stop, cultural acceptance, age commenced, general use by the family, their views on the health impacts and ethnicity and gender breakdown.

**Source of funding:** None

**Declaration of interest:** None

## Presentation abstracts

### Bourgogne

#### Voices of service users

#### 2. Women's experiences of smoking cessation and the English stop smoking services

Authors:

**Fay Beck, Professor Linda Bauld and Professor Amanda Amos**

Presenter:

**Fay Beck**

*PhD Researcher, Department of Social and Policy Sciences, University of Bath*

#### Abstract

This research aimed to examine women's experiences of smoking cessation and the stop smoking services. Qualitative interviews were conducted in two areas of England (Bath and Dudley). A total of 29 interviews (and one focus group) have been conducted with service users, lost to follow up clients and non-service users. Data was analysed using thematic analysis. Results focus on women's experiences of the stop smoking services and what they expect from the services with regards to accessibility, level of support and information provided. Changing of social norms appear to have increased the feeling of pressure to quit amongst women, however this did not necessarily make them more successful at quitting smoking. Women within the study differed in terms of the amount they were content/discontent with quitting and smoking. This framework of motivation and how it impacts on cessation will be discussed. The results are useful to understanding how the stop smoking services could be further improved for disadvantaged women in order to potentially improve their quit rates.

**Source of funding:** UKCTCS

**Declaration of interest:** None

### Bourgogne

#### Voices of service users

#### 3. 'I don't think mum will ever stop smoking but I will keep attempting to make her stop' – children and young people's views

Authors:

**Neneh Rowa-Dewar, Amanda Amos and Sarah Cunningham-Burley**

Presenter:

**Neneh Rowa-Dewar**

*PhD Student, Centre for Population Health Sciences, University of Edinburgh*

#### Abstract

Much progress has been made in recent years in reducing exposure to second-hand smoke (SHS) in public places in the UK, yet many children continue to experience high levels of SHS exposure with the associated health risks in their homes and cars. Children from socio-economically disadvantaged households are at particular risk as their parents are more likely to smoke and less likely to enforce smoking restrictions at home. This qualitative PhD study explores the experiences and views on smoking and SHS of 38 children and young people aged 10 to 15 recruited from two Edinburgh communities of highly contrasting socio-economic profiles.

Virtually absent within existing literature, children and young people's perspectives on smoking in the home can aid practitioner understanding of the important role children and young people play in negotiating smoking restrictions and encouraging parental cessation attempts. However, while encouraged by children, such cessation attempts can also lead to tension within the family and while wishing parents quit smoking, children are also sensitive to any moralising about smoking parents. This presentation will also highlight how the contrasting experiences and involvement in decisions around smoking and SHS exposure in the home and car appear to be structured by wider social norms.

**Source of funding:** Chief Scientist Office

**Declaration of interest:** None

## Presentation abstracts

### B2 Muscadet

#### Secondary care

##### 1. New challenges for an effective secondary care stop smoking service

Authors:

**Julie Browne, Dr Myra Stern and Verena Thompson**

Presenter:

**Julie Browne**

*Stop Smoking Specialist Secondary Care, Whittington Health, London*

#### Abstract

**Introduction:** The Whittington Hospital, central London serves a large population with a very high smoking prevalence (28% compared to 22% UK). 40% morbidity and 20% of mortality is smoking related. A comprehensive SS service has been developed for inpatients, outpatients, antenatal clinics, surgery and staff. While this kind of service should be rolled out nationally, the specific challenges of helping sick smokers to stop are largely undocumented.

**Method:** Based on a gradual increase in SS through secondment of a community SS specialist, a business plan attracted funding for a Band 7 SS Specialist from the community. Clear referral pathways for inpatients and outpatients were developed and NRT made available on the wards.

**Results:** Since May 2009 410 outpatients and 46 inpatients set quit dates, with a four week quit rate of 39%. Many of those who quit took longer than is usual to reach their quit date, over a month in some cases and the length of treatment was usually much longer than 12 weeks, with on-going relapse prevention often for longer than a year which creates a demanding caseload for the specialist.

**Conclusions:** Urgent definition of this type of service is required, specifically the intensity, length of treatment, extra NRT and the counselling support needed for these patients to stop smoking. This has important implications for targets, levels of service and the level of training and support necessary for the Specialist treating patients with long term conditions and complex needs.

**Source of funding:** Whittington Health

**Declaration of interest:** None

### B2 Muscadet

#### Secondary care

##### 2. Working in partnership to improve outcomes on the respiratory ward

Authors:

**Rebecca Haynes and Ian Millington**

Presenter:

**Rebecca Haynes**

*Stop Smoking Specialist, Fresh Start NHS Stop Smoking Service, Derby*

#### Abstract

Fresh Start Stop Smoking Service has been working with the local hospital for several years but referrals into the service were relatively low. In January 2010 our stop smoking specialist met with a newly appointed Respiratory Consultant to discuss how to improve referrals and make the most of this 'teachable moment'. It was decided to use an 'opt out' approach with the patients on the hospital's two respiratory wards. Stop Smoking Advisors are notified daily of any new patients who smoke – they then carry out an initial assessment to determine whether the patient wants to quit or use Nicotine Replacement Therapy (NRT) temporarily to manage nicotine withdrawal.

A Patient Group Direction has been introduced for the ward nurses, to make NRT easily accessible to the patients. Champix has recently been added to the hospital formulary. In 11 months 351 respiratory patients were assessed and 77% accepted support. Of these 51% set a quit date and 66% were still quit at four weeks. The Respiratory Consultant has since become a British Thoracic Society Smokefree Champion for the trust and is spreading the stop smoking message to other areas of the hospital.

**Source of funding:** NHS funding

**Declaration of interest:** None

## Presentation abstracts

### B2 Muscadet

#### Secondary care

#### 3. NCSCT CIC Secondary Care Project

Authors:

**Liz Hughes and Sarah Edwards**

Presenter:

**Liz Hughes**

*Delivery Manager, NCSCT Community Interest Company*

#### Abstract

The NHS Centre for Smoking Cessation and Training (NSCTC) Community Interest Company (CIC) has been commissioned by the Department of Health to deliver on specific scoped projects, including secondary care. Scoping for the secondary care project commenced in January 2011. The first stage was to complete an initial evaluation of the Department of Health 'Stop Smoking Interventions in Secondary Care' pilot, which yielded interesting findings and key recommendations for future work.

A short survey was sent out to hospital leads for smoking cessation in February 2011 aiming to gather baseline information of smoking related activity within hospitals. A longer survey was sent out in March 2011 for anyone whose work involves supporting smokers in secondary care. This was designed to gain a more in depth picture of activity and support available in hospitals and to guide the development of the project. Both surveys have given a very good analysis of 'where we are now' in terms of supporting smokers in secondary care.

This presentation will provide an evaluation overview of the Department of Health pilot, as well as a summary of findings and analysis for both surveys carried out. How these findings have shaped this project will be presented as well as an overview of the project plan.

**Source of funding:** Department of Health

**Declaration of interest:** None

### B3 Alsace

#### Purchasing of tobacco and NRT regulation

#### 1. Discourses around the development and circulation of nicotine replacement therapy products

Author and presenter:

**Catriona Rooke**

*UKCTCS Research Fellow, Centre for Population Health Sciences, University of Edinburgh*

#### Abstract

The various forms of nicotine-containing products available to UK consumers fall under different areas of regulatory governance. Conventional tobacco products are governed by a variety of legal instruments which control the way that they can be advertised, marketed, sold and consumed but exert little control over the content of products themselves. On the other hand, nicotine replacement therapies (NRT) are regulated as medicines by the Medicines and Healthcare products Regulatory Agency. The safety, efficacy, manufacture, packaging and marketing of medical products are strictly controlled. Recently, there has been growing concern that this division of regulatory responsibility is having an adverse effect on the availability of acceptable alternatives to cigarettes.

This presentation will investigate the impact of this division of regulatory responsibility on the innovation of new NRT products within the pharmaceutical industry. I draw on twenty in-depth qualitative interviews with key stakeholders and documentary analysis to consider the various discourses that arise in this area, including: problems in the existing NRT network, for example issues around treatment, distribution and compliance; different conceptions of what a 'better' nicotine product might be and how these relate to understandings about what smokers want; perceived barriers to innovation; and the issue of 'borderline' products.

**Source of funding:** ESRC Case studentship (with ASH)

**Declaration of interest:** None

## Presentation abstracts

### B3 Alsace

#### Purchasing of tobacco and NRT regulation

#### 2. Circumventing sales laws: examining modes of tobacco acquisition among school-age children

Authors:

**Thomas Tjelta, Amanda Amos and Deborah Ritchie**

Presenter:

**Thomas Tjelta**

*PhD Student, CPHS Medical School, University of Edinburgh*

#### Abstract

**Objectives and methods:** To examine young people's cigarette access strategies in two areas of deprivation in Scotland following the increase in the minimum age of sale in the UK. Individual, paired and triadic interviews were undertaken with 13 and 15 year old young people (n=60) in two disadvantaged communities in Edinburgh.

**Results:** Young people experienced very little difficulty accessing tobacco, despite a high reported frequency of ID requests. Cigarettes were perceived to be readily available via retail purchases, proxy purchases, social and 'illicit' sources. A number of strategies were employed in securing access, including developing relationships with retailers and targeting particular individuals for proxy purchases. 'Fag-houses' were reported to supply illicit and/or counterfeit product for around half the standard retail cost.

**Conclusions:** National surveys have shown a decline in the proportion of young people 'usually' accessing cigarettes from shops following the increase in the age of sale. However, this has coincided with an increase in the proportion of young people accessing cigarettes from social or 'informal' sources, and these do not report on proxy purchases. Findings suggest young people have recourse to a range of alternative sources where retail access is curtailed, and employ a range of strategies in circumventing sales restrictions.

**Source of funding:** UKCTCS

**Declaration of interest:** None

### B3 Alsace

#### Purchasing of tobacco and NRT regulation

#### 3. Use of illicit tobacco in England: Findings from a cross-sectional survey

Authors:

**Belinda Iringe-Koko, Ann McNeill, Jennifer Fidler, Andy McEwen and Robert West**

Presenter:

**Belinda Iringe-Koko**

*PhD Student, University College London*

#### Abstract

The existence of illicit tobacco undermines the effect tax rises (above the rate of inflation) have on encouraging smokers to quit and preventing the initiation of smoking. To tackle the illicit tobacco trade it is important to know the actual size of the problem. However, the number of illicit trade data sources is limited and too often the methodology is complicated or unclear. This study aimed to determine the number of smokers in England that reported purchasing tobacco from an illicit source in certain months in 2007/08.

**Methods:** Data was taken from the Smoking Toolkit Study; a repeated cross-sectional household survey of the general population in England aged 16 and above. 1520 current smokers responded to questions on where they purchased tobacco, how much of their tobacco consumption was cheap and the reasons they believed this tobacco was cheaper than the shops.

**Findings:** A fifth (19.1% (n=290)) of current smokers surveyed admitted to buying some form of illicit tobacco in the last 6 months. Males were significantly more likely to purchase illicit tobacco ( $p<0.05$ ) and those purchasing from illicit sources were significantly younger ( $p<0.05$ ). Participants who reported purchasing illicit tobacco were also more likely to be from low socio-economic groups ( $p<0.05$ ) and high tobacco dependence ( $p<0.05$ ).

**Conclusions:** This study indicates that those who report purchasing illicit tobacco are more likely to be young, male, from a low socio-economic group, and report high tobacco dependence. It is hoped that these findings will serve as a starting point for looking at the trend in illicit tobacco use and the traits of those who consume illicit tobacco. Further research into the views and perceptions of those who purchase illicit tobacco is needed to better understand their motivations in order to develop effective policies that are focused on this target population.

**Source of funding:** Cancer Research UK

**Declaration of interest:** None

## Presentation abstracts

### B4 Beaujolais

#### Midwives, practitioners and pharmacists

##### 1. Exploring the experiences, perceptions and attitudes of midwives in supporting women to quit smoking during pregnancy in the South West of England

Author and presenter:

**Elaine Watson**

*Service Manager, Gloucestershire NHS Stop Smoking Service*

##### Abstract

This presentation will explore the findings from a study examining the experiences of midwives in supporting women to quit smoking during pregnancy including the referral process to local NHS Stop Smoking Services.

The study examined the facilitators and barriers that midwives experienced in supporting women to undertake a successful quit attempt and the various components of service provision which enable midwives to provide effective smoking cessation interventions.

The research was carried out in three areas in the South West of England and is part of a continuing larger study which compares the elements of provision which enable pregnant women to quit smoking and the experiences of these women receiving NHS Stop Smoking support in each of these areas.

Qualitative in-depth interviews were conducted with midwives. It is hoped that this study will provide useful qualitative data and information which can be used to improve ongoing referrals and smoking cessation interventions undertaken by midwives and inform future training provision to midwives.

**Source of funding:** Smokefree South West

**Declaration of interest:** None

### B4 Beaujolais

#### Midwives, practitioners and pharmacists

##### 2. Stop smoking practitioners working at the English stop smoking services: self-reported practices, attitudes and levels of training

Authors:

**Dr Mairtin McDermott, Dr Leonie Brose and Dr Andy McEwen**

Presenter:

**Dr Mairtin McDermott**

*Research Associate, NHS Centre for Smoking Cessation and Training (NCSCT)*

##### Abstract

**Background:** Stop smoking practitioners are a vital part of each NHS Stop Smoking Service (SSS) in England, yet little is known about this important group of health professionals who treat over 700,000 smokers per year. The current study reports on the self-reported practices, attitudes and current levels of training of stop smoking practitioners working at the SSSs.

**Methods:** 484 stop smoking practitioners working at SSS in England completed an online survey.

**Results:** In general, practitioners appeared to be offering a good service, although some deviations from best practice were apparent. Levels of continuing professional development and professional supervision that practitioners receive were low. There were also differences in self-reported quit rates between 'core' and 'community' stop smoking practitioners. Although practitioners felt positive about working in smoking cessation, they reported low levels of perceived job security and felt opportunities for progression within the profession were poor.

**Conclusions:** Gaps between current and best practice need to be addressed and levels of continuing professional development and professional supervision should be improved. More should be done to make practitioners feel secure in their role. Further research should be conducted to understand and address observed differences between 'core' and 'community' stop smoking practitioners.

**Source of funding:** The NCSCT is funded by the Department of Health.

**Declaration of interest:** Mairtin McDermott and Leonie Brose have no competing interests. AMC receives a personal income from Cancer Research UK via University College London. He has received travel funding, honorariums and consultancy payments from manufacturers of smoking cessation products (Pfizer, J&J, McNeil, GSK, Nabi, Novartis and Sanofi-Aventis). He also receives payment for providing training to smoking cessation specialists; receives royalties from books on smoking cessation and has a share in a patent of a nicotine delivery device.

## Presentation abstracts

### B4 Beaujolais

#### Midwives, practitioners and pharmacists

#### 3. The journey in getting smoking cessation training embedded into an undergraduate pharmacy degree

Authors:

**Denise Barlow and Lynne Maree Bye**

Presenter:

**Denise Barlow**

*Smoking Cessation Specialist, Heart Foundation of New Zealand, Auckland, New Zealand*

#### Abstract

The key driver behind the ABC approach in New Zealand is to increase the number of health professionals asking about smoking, giving brief advice and providing cessation services. Pharmacy students quickly grasped the significance of smoking cessation in the goal of improving the overall health of any given population. Such was their interest they sought smoking cessation training from the NZ Heart Foundation with the intention of completing this in their own time.

Acknowledging the unique nature and experience of this group the Heart Foundation developed a tailored course which for two years proved highly popular with over 60% of students attending in their own time. Unfortunately this took a toll on the students' performance as this was additional to their prescribed workload which consequently suffered, resulting in the course not being made available in the following year.

The University of Auckland School of Pharmacy decided to formally integrate this topic into the curricula of undergraduate programme. This presentation will share in-depth the journey and the many learnings taken from it along the way, as this forms a valuable model if we are to successfully integrate the ABC and smoking cessation into every undergraduate health discipline in New Zealand.

**Source of funding:** Heart Foundation of New Zealand

**Declaration of interest:** None

### B6 Bourg

#### Managing relapse

#### 1. 'Genesis' – the innovative system to increase quit rates and reduce Lost to Follow Up within the workplace groups

Authors and presenters:

**Lesley Colley**

*Specialist Stop Smoking Advisor, Middlesbrough, Redcar and Cleveland Community Services Stop Smoking Service*

**Andrew Wilson**

*Performance Analyst, Middlesbrough, Redcar and Cleveland Community Services Stop Smoking Service*

#### Abstract

As we all know the engagement with routine and manual (R&M) smokers is vital in reducing Health Inequalities. Specialist Stop Smoking Advisors within the workplace are ideally placed to support staff from R&M groups in stopping smoking.

With this in mind the targeting of workplaces with high levels of R&M smokers is essential but still remains a challenge. Initially within the Middlesbrough, Redcar and Cleveland localities motivation of R&M smokers to quit was extremely low; of those within this group who made a quit attempt, quit rates were low and 'lost to follow up' was high.

With these three areas in mind we devised an innovative new system 'Genesis'. This system assesses patients/client's dependency, confidence and motivation to quit. Following the processing of data; compiled from assessment criteria and set questions, discussion takes place to see which clients are motivated enough to start a quit attempt becoming part of a workplace group. Genesis can be used electronically or manually.

To increase quit rates the 'not one puff' rule was reinforced as well as the introduction of an 'Opt Out System' which immediately raised quit rates from 28% to 62% within workplace groups. The 'Opt Out System' also enables a 0% LTF within the groups.

The recent developments within the Workplace Groups are groundbreaking. We feel that many Stop Smoking Services would benefit from our innovative work and we would be more than willing to share our findings to date.

**Source of funding:** MRCCS funding

**Declaration of interest:** None

## Presentation abstracts

### B6 Bourg

#### Managing relapse

#### 2. Feasibility of offering extended courses of nicotine replacement therapy to prevent relapse by smokers who have recently stopped

Authors:

**Shade Agboola, Ann McNeill and Tim Coleman**

Presenter:

**Shade Agboola**

*Lecturer in Public Health, University of Nottingham*

#### Abstract

**Introduction:** NHS Stop Smoking Services (NHS SSS) are cost effective; however, although 15% of smokers quitting with services' help are still smoke-free at one year, most relapse to smoking. 'Relapse prevention' interventions, principally extended courses of cessation drugs, have recently been shown to be extremely cost-effective. These are not routinely used in the NHS but could substantially reduce SSS relapse rates. We assessed the feasibility, acceptability and uptake of offering extended courses of nicotine replacement therapy (NRT) to smokers who were already abstinent after using NRT for eight weeks.

**Method:** Between April 2010 and January 2011, Nottingham New Leaf SSS cessation advisors offered smokers, who had achieved at least eight weeks' abstinence, an additional 12 weeks NRT. Individuals aged <18yrs and > 65yrs old, pregnant women and those with contraindications to using nicotine were excluded from this offer. Consenting individuals filled in a baseline questionnaire, providing demographic and smoking behaviour data. Four week batches of NRT were issued as patches, gum, tablets, lozenges, microtabs or inhaler according to participant preference. Participants completed monthly follow-up questionnaires enquiring about smoking status and had this validated with expired air carbon monoxide readings in the first three months. At six months review, smoking status was collected via telephone. Participants who successfully stopped and those who relapsed gave their views in semi-structured telephone interviews. Individuals who refused to participate were invited to consent to being contacted at six months follow-up to ascertain smoking status.

**Results:** 268 eligible participants were offered relapse prevention treatment over a nine month period and 43% of these accepted. Reasons for declining included concern about long term side effects, satisfaction with the support already received and inability to attend for review. Of the number that accepted relapse prevention treatment, 89 (77%) were still abstinent at one month follow-up, 64 (55%) were abstinent at second month follow-up. Third and six month follow-up data are still being collected and will be available for presentation. Framework analysis of interview transcripts revealed that a large number of participants were very pleased with NRT for relapse prevention. The method of delivery was acceptable to over half of respondents as they reported that they preferred to visit New Leaf to receive NRT. Side effects reported were mild and easily managed.

**Conclusion:** For the first time, the acceptability of relapse prevention treatment amongst abstinent smokers has been assessed. The high acceptance rate of extended NRT treatment amongst Nottingham quitters who have achieved abstinence using NHS SSS support, suggests that, if introduced across the NHS, relapse prevention interventions would be widely used.

**Source of funding:** NHS Nottingham City

**Declaration of interest:** None

### B6 Bourg

#### Managing relapse

#### 3. Reaching out, inviting back – using interactive voice response (IVR) technology to recycle low income relapsed smokers back to treatment – a randomized control trial

Authors:

**Beatriz H Carlini, Anna McDaniel, Barbara Cerutti, Ross Kauffman, Michael Weaver, Renée Stratton and Susan Zbikowski**

Presenter:

**Beatriz H Carlini**

*Research Scientist, Alcohol and Drug Abuse Institute, University of Washington, USA*

#### Abstract

Tobacco dependence is a chronic relapsing condition that typically requires multiple quit attempts and extended treatment including behavioural counselling and pharmacotherapy. Unfortunately, tobacco cessation treatment is rarely designed to address the chronic nature of tobacco dependence.

We will present results of a randomized control trial testing the efficacy of Interactive Voice Response (IVR) in recycling smokers who used telephone-based support (Quitline) in the past in a new Quitline supported quit attempt. Our results show that when proactively invited to come back to treatment, relapsed smokers are 4.1 times more likely to re-enrol in smoking cessation support than those not invited.

Results did not vary significantly by gender, race, ethnicity or level of education, but recycled smokers tended to be older than smokers that declined a new treatment cycle. The main barriers reported for not engaging in a new treatment cycle were low self-efficacy and lack of interest in quitting. After delivering IVR messages targeting these perceived barriers, 37.2% of the smokers reporting low self efficacy and 7.9% of those reporting lack of interest in quitting decided to re-engage in a new treatment cycle with the Quitline. IVR is a promising tool in reaching out to relapsed smokers.

**Source of funding:** National Cancer Institute, USA

**Declaration of interest:** None

## Presentation abstracts

### Main hall

#### Young people

##### 1. Operation smoke storm

Author and presenter:

**Toby Fairs-Billam**

*Smoking Prevention Manager, Live Well UK,  
Kick It Stop Smoking Service, London*

##### Abstract

Young people have good reason to be outraged by the behaviour of the tobacco industry! Once they become hooked as lifelong consumers they're simply treated as a disposable commodity; exploited right up until the time they either quit or die from their habit.

'Operation smoke storm' is a new, innovative online tool for teachers, which endeavours to expose this dark side of the tobacco industry by engaging students in an interactive secret-agent role play. During three separate 50 minute sessions students are required to blow the lid of this unscrupulous industry by combining devious brain power with undercover sleuth. Their mission is to infiltrate a fictional tobacco company, 'R.I.Payne Tobacco' by posing as job interview candidates. After gathering sensitive company secrets, students then report back to their fellow agents on R.I.Payne's dangerous products and unethical business practices. All smoking related facts are delivered via an online fusion of short films and group games, meaning that teachers require no prior knowledge of the subject. All teachers simply have to do is follow the notes provided and click on the mouse when prompted. What's more – for all London schools – it's absolutely FREE!

**Source of funding:** Kick It Stop Smoking Service is fully funded by the Hammersmith and Fulham PCT. Operation Smoke Storm was commissioned and fully funded by NHS London (Department of Health).

**Declaration of interest:** None

Audio of this session will be available  
on the [uknscc.org](http://uknscc.org) website



### Main hall

#### Young people

##### 2. Developing a tobacco control strategy for young people in the West Midlands

Authors:

**Bryan Stoten and Denise Milnes**

Presenter:

**Bryan Stoten**

*Co Director, Tobacco Control Collaborating Centre, Warwick*

##### Abstract

80% of life long smokers take up the habit whilst still adolescents. Reducing the damage done by smoking to people with an existing addiction is a key element of any tobacco control strategy to prevent young people adopting the habit in the first place. It has been seen to be one of the least effective interventions in the tobacco control armoury however to address young people's smoking behaviour.

The West Midlands RYGHT group formed out of the five new cluster forms across the West Midlands have pooled their resources to create a region-wide strategy which has been kept deliberately simple and which addresses a limited number of goals:

- Reducing access by underage young people
- Reprofitting smoking in the PHSE syllabus
- Developing a smokefree homes
- Targeting vulnerable children
- Developing induction programmes with public sector staff in contact with young people to demonstrate the significance of smoking as a factor of determining eventual life chances.

The paper will concentrate on:

- Ways of engaging with school and college academic staff
- Addressing the political imperatives
- Getting 'sign up' from Public Sector staff to addressing smoking
- Address smoking in homes with children

**Source of funding:** West Midlands Government Office

**Declaration of interest:** None

Audio of this session will be available  
on the [uknscc.org](http://uknscc.org) website



## Presentation abstracts

### Main hall

#### Young people

### 3. Understand the effectiveness of an intervention to promote the smoke free message to youth via the vehicle of sport: SmokeFree Sports

Authors:

**Daniel Parnell, Lawrence Fowweather and Gareth Stratton**

Presenter:

**Daniel Parnell**

Research Officer, Research Institute for Sport and Exercise Sciences, Liverpool John Moores University

#### Abstract

SmokeFree Sports is an innovative multi sector collaboration that aims to explore whether sport and physical activity (PA) can be used to promote the smoke free message to and subsequently reduce the prevalence of smoking in children and young people.

The intervention lasts approximately six months and aims to employ a variety of strategies to promote and deliver the smoke free message. One such strategy is the training of sports coaches to deliver the smoke free message via sport and PA. The intervention is delivered within youth and community centres based inside the City and North neighbourhood areas of Liverpool. Participants (n=83, aged 7 to 16 years) have completed baseline, post-intervention and a three month follow-up modified questionnaire. Focus groups were also carried out with the participants at mid and post intervention alongside 1st author observations (typically three days per week) and reflections collected in field notes and a reflective diary.

The research study is at the mid intervention phase, therefore we aim to disseminate initial baseline findings from the questionnaire data, mid intervention focus group data and 1st author observations and personal reflections.

**Source of funding:** IDEa (local government improvement and development)

**Declaration of interest:** None

Audio of this session will be available on the [uknsc.org](http://uknsc.org) website



### Bourgogne

#### Recruiting hard to reach groups

### 1. Let's quit together: Quit smoking groups in Lambeth children's centres

Authors and presenters:

**Leila de Smidt**

Pregnancy Smoking Counsellor,  
Lambeth Stop Smoking Service, London

**Rachael Hastie**

Pregnancy Smoking Counsellor,  
Lambeth Stop Smoking Service, London

#### Abstract

Evidence suggests that stop smoking groups are even more effective than one-to-one support. Despite the success of other smoking cessation groups, the Lambeth Stop Smoking Service (LSSS) previously found it difficult to recruit parents and carers to group, due to the lack of childcare facilities. In June 2010, LSSS and Lambeth's Children and Young People Services collaborated to pilot smoking cessation groups in a number of children's centres across the borough.

The pilot aimed to strengthen the links between LSSS and children's centres and to address the health inequalities caused by the high prevalence of smoking in the borough, and to test the effectiveness of groups for parents with children with crèche facilities.

In this presentation, we wish to demonstrate the project under the following heading:

- Identifying a gap in the LSSS service and linking with Children Centres
- Outlining a vision for the project
- Recruitment and training for Children Centre workers
- Advertising and recruitment (process and challenges)
- The groups
- Results
- Evaluation and learning
- Next steps

At abstract submission, we are part way through the pilot. We would like to share our learning and recommendations for of SSS considering a similar approach.

**Source of funding:** This pilot was funded jointly by NHS Lambeth Stop Smoking Service and Lambeth Children and Young People Services

## Presentation abstracts

### Bourgogne

#### Recruiting hard to reach groups

#### 2. Tailoring stop smoking services towards the needs of BME groups – Polish case study

Author and presenter:

**Simon Nadolski**

*Service Development Manager,  
Kick It Stop Smoking Service, London*

##### Abstract

Targeting priority groups lays at the core of our activity at Kick It Stop Smoking Service in Hammersmith and Fulham. Working with BME groups has been very rewarding, as the smoking rates are often higher than that of the general population, and the groups are very responsive when approached appropriately.

The Polish community is among the largest minority groups identified in Hammersmith and Fulham. In 2009 plans and pilots began for a service tailored towards this group. Initially it featured one to one consultations, later on progressively enriched by a group, community involvement and innovative marketing initiatives. The model has proven to be very successful measured not only by numbers of quitters, but also in terms of value for money. It has exceeded expectations, while being delivered on a thin budget.

Practice and learning has been disseminated to neighbouring boroughs; Ealing SSS rolled out a similar initiative establishing a community clinic in a Polish café. In Hammersmith and Fulham we are beginning to apply the model towards other BME groups. The presentation is intended to serve as an overview of what we have done with Hammersmith and Fulham's Polish smokers, focusing in particular on crucial marketing aspects which are hard to find in other publications on this subject known to the author.

**Source of funding:** Kick It Stop Smoking Service is funded by the PCT H&F.

**Declaration of interest:** None

### Bourgogne

#### Recruiting hard to reach groups

#### 3. Smoking in the lesbian, gay, bisexual and transgender (LGB&T) community

Author and presenter:

**Sara Ashworth**

*Drugs and Alcohol Research Officer,  
The Lesbian and Gay Foundation, Manchester*

##### Abstract

Research shows that almost half of all lesbian, gay, bisexual and transgender people smoke, with lesbian and bisexual women being twice as likely to smoke as heterosexual women and gay and bisexual men are two and a half times more likely to smoke than heterosexual men.

This presentation will bring together a number of key findings from different research projects around LGB&T people who smoke and investigate the reasons behind why smoking in the LGB&T community is so prevalent. It will also explore the barriers to accessing smoking cessations services that LGB&T people face and give practical tips on how to ensure that LGB&T people are not being excluded from your service/services in your areas.

The presentation will also provide information gathered from The Lesbian and Gay Foundations 'Queer as Smoke' service in Manchester and give insights into the work the service has been doing within the LGB&T community.

**Source of funding:** The Big Lottery Research Fund and Manchester Stop Smoking Service

**Declaration of interest:** None

## Presentation abstracts

### B2 Muscadet

#### Equality, economy and local epidemiology: Keeping tobacco top of the agenda in your area

Authors:

**Ian Willmore, Bobbie Jacobson and Dr Mike Robinson**

Presenters:

**Dr Bobbie Jacobson**

*Director, London Health Observatory*

**Dr Mike Robertson**

*Joint Director of Public Health London Borough of Hounslow and NHS Hounslow*

**Allan Gregory**

*Tobacco Control Manager, Kent Action on Health, Kent Public Health Department, Kent County Council*

#### Abstract

In the future, local Councillors will be crucial in deciding public health priorities but few are familiar with the evidence base that has driven policy in the past. Tobacco advocates will need to make a compelling case but what are the arguments you can use to transform Councillors into tobacco control champions? This panel session will address three key issues and equip you with the data you need to keep tobacco control a top priority in your area.

- Improving the health of the poorest fastest: Smoking and health inequalities
- A compelling local picture: Making your case with local tobacco data
- Economy and effectiveness: The economic case for local tobacco policy

Participants will receive the handy guide to local tobacco advocacy and template presentations on the three key issues.

**Source of funding:** Presenters will use a broad range of data sources including the Local Tobacco Profiles for England.

**Declaration of interest:** None

### B3 Alsace

#### Inequalities and smoking in England

Authors:

**Amanda Amos, Rosemary Hiscock and Jude Robinson**

Presenters:

**Amanda Amos**

*Professor of Health Promotion, Centre for Population Health Sciences, University of Edinburgh*

**Rosemary Hiscock**

*Research Officer, UK Centre for Tobacco Control Studies, University of Bath*

#### Abstract

Smoking is the most important cause of health inequalities in the UK. Considerable progress has been made in reducing smoking in Britain. There has been less success in reducing socio-economic inequalities in smoking. This workshop will draw on a review on inequalities and smoking in England, funded through the Public Health Research Consortium by the Department of Health Policy Research Programme.

The workshop will consist of three presentations followed by participant discussion of the implications of the findings for tobacco control at national, regional and local levels. Each presentation will describe findings from one of the three parts of the review:

1. A systematic review of international evidence on effectiveness of tobacco control interventions in reducing inequalities in smoking.
2. An analysis of patterns and trends in smoking prevalence, consumption and quitting in England by region and socioeconomic status.
3. Interviews with regional and local tobacco control leads on action taken to address inequalities and smoking and the data used to inform the development and monitoring of policy and practice on this issue.

**Disclaimer:** The views expressed in these presentations are those of the authors and not necessarily those of the PHRC or the Department of Health Policy Research Programme.

**Source of funding:** Department of Health Policy Research Programme through the Public Health Research Consortium.

**Declaration of interest:** None

## Presentation abstracts

### B4 Beaujolais

#### Texts, telehealth, and colposcopies

##### 1. A national survey of smoking cessation provision in all colposcopy clinics in Scotland and a model of best practice

Authors:

**Alexis Rumbles and Dr Simon Nicholson**

Presenter:

**Alexis Rumbles**

*Hospital Nurse Adviser, St John's Hospital, Livingston, Scotland*

#### Abstract

Colposcopy is a diagnostic procedure in which a specialist examines a magnified view of the cervix. Women are referred to colposcopy clinics for a number of reasons. The most common reason is an abnormal smear suggesting pre cancerous change within the cervix.

Evidence demonstrates smoking cessation encourages low-grade lesions to regress without further intervention and cervical smears to return to normal. Additionally, stopping smoking reduces recurrence after colposcopy loop excision of those lesions requiring treatment. The most common form of treatment in NHS Lothian is to remove abnormal cells from the cervix by loop excision.

A national survey was conducted to establish levels of smoking cessation information, advice and support provided in all colposcopy clinics throughout Scotland. Results will be presented along with discussion on methods and outcomes of the current service offered in the colposcopy clinic at St John's, a local district hospital, where smoking cessation became an integral part of treatment, resulting in a one-month success rate of 58%.

**Source of funding:** NHS Lothian

**Declaration of interest:** None

### B4 Beaujolais

#### Texts, telehealth, and colposcopies

##### 2. Innovation in delivery – telehealth and 'door to door' smoking cessation service

Authors:

**Leena Sankla, John Rodway and Kishore Sankla**

Presenters:

**Leena Sankla**

*Project Director, Solutions 4 Health Ltd, Reading*

**John Rodway**

*Operations Director, Solutions 4 Health Ltd, Reading*

#### Abstract

With the rollout of super fast broadband, achieving speeds of 40 Mbs, the introduction of telehealth is fast becoming a reality and according to Andrew Lansley, speaking at the Health Care 2011 informatics conference, if 1% of consultations could take place in the home, that could save the NHS £250m annually. Solutions 4 Health is highly innovative organisation and has launched a 'Stop Smoking Telehealth' application in collaboration with Microsoft. The system enables service users to connect with stop smoking advisors and receive one-to-one behavioural support consultation over a 12-week period via on-line video and chat sessions. Upon successful completion, the client can share their records with their GP or other healthcare provider. The presentation will provide initial results of a pilot and provide user feedback.

Getting access to Routine and Manual groups continues to be a key focus, the presentation will also share results of a 'door-2-door' pilot. By using a fully branded Smart car in Croydon, a dedicated team of advisors have been driving around industrial parks, MOT centres and garages, tyre fitters, retail outlets, taxi ranks, bus depots, printers and other small businesses and providing support directly to clients in the workplace around the clock at a time to suit them.

**Source of funding:** None

**Declaration of interest:** None

## Presentation abstracts

### B4 Beaujolais

#### Texts, telehealth, and colposcopies

##### 3. Txt2stop trial

Authors:

**Caroline Free, R Knight and S Robertson**

Presenter:

**Caroline Free**

*Clinical Lecturer, London School of Hygiene and Tropical Medicine, University of London*

#### Abstract

**Background:** We assessed the effectiveness of an automated mobile phone text messaging smoking cessation programme (txt2stop) on continuous abstinence which was bio-chemically verified at six months.

**Methods:** 5,800 smokers who were willing to make a quit attempt were randomly allocated to a mobile phone text messaging smoking cessation programme (txt2stop), comprising motivational messages and behavioural change support, or to a control group that received text messages unrelated to quitting. The primary outcome was self-reported continuous abstinence bio-chemically verified at six months. All analyses were by intention to treat. This study was registered (ISRCTN80978588).

**Findings:** 2,915 smokers were allocated to the intervention and 2,885 were allocated to the control group. Primary outcome data were available for 5,337 (92%) participants. Bio-chemically verified continuous abstinence at six months was significantly increased in the txt2stop group, (10.7% txt2stop versus 4.9% control, relative risk 2.20, 95% CI 1.80 to 2.68  $p < 0.0001$ ). Similar results were obtained when participants that were lost to follow up were treated as smokers, (9.2% txt2stop versus 4.3% control, relative risk 2.14, 95% CI 1.74 to 2.63,  $p < 0.0001$ ).

**Interpretation:** The txt2stop mobile phone text messaging smoking cessation programme substantially increased quit rates at six months and should be considered for inclusion in smoking cessation services.

**Source of funding:** MRC

**Declaration of interest:** None

### B6 Bourg

#### Barriers to intervening with pregnant smokers, predictors of quitting and message training

##### 1. Message frame and smoking-related cognitions

Authors:

**Bilkis Hussain and Amanda Ravis**

Presenter:

**Bilkis Hussain**

*Smokeless Tobacco Advisor, NHS Leicester Partnership Trust*

#### Abstract

The study examines the effectiveness of message framing (gain versus loss) and message focus (health versus appearance) on smoking-related cognitions (e.g. intentions to quit). The study also explores the moderating effect of age in the impact of message framing on risk perceptions (perceived severity and susceptibility) towards smoking. Using a 2 x 2 between-group design, 251 smokers were recruited from the University of Nottingham. The results indicate that compared to health-focused, appearance-focused messages are more persuasive in communicating effective anti-smoking message to the smokers. Similarly, gain-framed messages had a greater impact on cognitions (intentions to quit) than loss-framed messages. Age had a significant effect on risk perceptions. Compared to older (>23 years), young (18 to 22 years) smokers showed greater risk perceptions after reading gain-framed messages.

The present investigation adds to the framing literature insofar as it explains that anti-smoking communication is more persuasive if it focuses on appearance concerns related to smoking.

**Source of funding:** Self funded

**Declaration of interest:** None

## Presentation abstracts

### B6 Bourg

#### Barriers to intervening with pregnant smokers, predictors of quitting and message training

#### 2. Predictors of quit attempts and their success in adult general population samples: A systematic review

Authors:

**Eleni Vangeli, John Stapleton, Eline Suzanne Smit, Ron Borland and Robert West**

Presenter:

**Eleni Vangeli**

Research Associate, CRUK Health Behaviour Research Centre, University College London

#### Abstract

**Background:** The majority of smokers who attempt to stop-smoking do so without formal intervention. Knowledge of the predictors of quit attempts and their success may allow for the better targeting of interventions to promote cessation.

**Methods:** The literature was searched for studies examining predictors of smoking quit attempts and/or quit attempt success prospectively in adult general population samples. Eight studies met the inclusion criteria.

**Results:** There was considerable methodological heterogeneity between studies. Motivational factors dominated the prediction of quit attempts whereas only cigarette dependence consistently predicted success after an attempt had been made. Social grade also appeared to predict success but was only examined in two studies. None of the other socio-demographic factors consistently predicted making a quit attempt or success.

**Conclusions:** Motivation to stop smoking and cigarette dependence are largely associated with different stages of the quitting process but there may be cultural differences. It is important to study making attempts and the success of attempts separately. Achieving common definitions of quit attempts and quit attempt success is needed to afford examination of whether predictors vary accordingly. Similarly, achieving greater uniformity in covariates used will enable identification of predictors via meaningful pooling of results across studies in the future.

**Source of funding:** Cancer Research UK

**Declaration of interest:** Robert West undertakes research and consultancy for the following developers and manufacturers of smoking cessation treatments; Pfizer, J&J, McNeil, GSK, Nabi, Novartis and Sanofi-Aventis. Robert West also has a share in the patent of a novel nicotine delivery device. The remaining four authors report no potential conflict of interest.

### B6 Bourg

#### Barriers to intervening with pregnant smokers, predictors of quitting and message training

#### 3. Addressing the barriers faced by midwives when discussing stop smoking issues with pregnant women

Authors:

**Martyn Willmore and Jane Beenstock**

Presenter:

**Martyn Willmore**

Performance Improvement Delivery Manager, Fresh Smoke Free North East, Chester Le Street

#### Abstract

In early 2011, Fresh SFNE (in collaboration with Newcastle University and FUSE – The NE centre for translational research in Public Health) undertook a piece of research around smoking in pregnancy. All North East midwives were sent a questionnaire designed to unpick midwives' beliefs, skills and knowledge around the subject of smoking and, specifically, their role in helping pregnant women to quit.

Over 500 midwives from a variety of localities responded to the questionnaire. This amounts to over 40% of the midwives currently working in the NE. The questionnaire was constructed using the behaviours outlined in NICE Guidance PH26, and focussed around four key activities:

- How to ask about smoking status
- How to give stop smoking advice
- How to use a CO monitor
- How to refer into NHS SSS

These questions were then further broken down into eleven 'domains' of behaviour, which reflect how midwives responded to these questions in terms of emotions, skills, knowledge, beliefs, etc.

Results from the survey are to be disseminated to midwives at a regional event in March, and will form the basis of ongoing work throughout 2011, as we aim to help address the issues identified through access to training/resources, etc

**Source of funding:** Project jointly funded through NE SHA and Fresh Smoke Free North East

**Declaration of interest:** None

## Presentation abstracts

### Main hall

#### Keynote presentation – Tobacco control: Progress and priorities

Presenter:

**Professor John Britton**

*Director, UK Centre for Tobacco Control Studies,  
University of Nottingham*

#### Abstract

Preventing smoking through effective individual and population interventions remains the biggest opportunity to improve public health in the UK. In this presentation I will review progress from the first reports of the health impacts of tobacco smoking to the present day, and review the challenges we now face in reducing uptake and prevalence of smoking in the future.

**Source of funding:** John Britton is paid by the University of Nottingham.

**Declaration of interest:** None

#### Biography

John Britton is Professor of Epidemiology at Nottingham University, and a consultant in respiratory medicine at Nottingham City Hospital. He chairs the Royal College of Physicians Tobacco Advisory Group and is Director of the UK Centre for Tobacco Control Studies

Audio of this session will be available  
on the [uknscc.org](http://uknscc.org) website

www





## Presentation abstracts

### Bourgogne

#### The value of providing support to local tobacco control alliances

Author:

**David Robertson and Janet Wilson**

Led by:

**David Robertson**

*Alliances Manager and STCA Coordinator, ASH Scotland*

#### Abstract

Does your charity, health board, PCT, local authority provide logistical support to a local tobacco control alliance?

Local alliance activity could be under threat from the cuts and reorganisation but you know that coordinated tobacco control to reduce smoking prevalence is worth the investment. Share your own positive news about local alliances after learning the lessons from ASH Scotland's national local tobacco control project.

A nationally managed project with a strategic overview can increase awareness and enable those working at a local level to make use of the opportunities which developments in government policy and legislation provide. The work of the project contributed to the increase in local tobacco control alliances in Scotland and to the increased diversity of organisations engaged.

Giving practitioners working at a local level recognition of the value of their work encourages innovation and commitment to further development. Quite often those involved in work at a local level are not aware of the significance of the work that they are developing and delivering. Working in a target-focused environment with reducing resources can often mask the success of particular pieces of work. This project provided the opportunity for practitioners to celebrate success and share this with others who used it to inform and enhance their own work.

Local alliances covering all aspects of tobacco control can bring value to stop smoking services by increasing the quantity and diversity of referrals; for example, by engaging debt advisory services and housing associations in referral and by allowing stop-smoking practitioners opportunities to input into enforcement and health education design and delivery.

**Source of funding:** The Local Alliance Project was funded by the Scottish Government and NHS Health Scotland.

**Declaration of interest:** None

## Presentation abstracts

### Main hall

#### Welcome

Plenary Chair:

**Dr Clare Gerada**

*Chair, Royal College of General Practitioners*

#### Biography

Dr Clare Gerada has become the first female Chair of the Royal College of General Practitioners in 50 years. She is also the first Chair to come from Malta!

Clare studied medicine at University College London, qualifying in 1982. She trained in medicine, then psychiatry and then followed her father's footsteps and became a general practitioner in South London, where she has stayed ever since. The practice started life in 1969 – and remains on its current site – on the ground floor of a 19-storey housing estate in Lambeth. The practice has now expanded becoming one the largest GP group practices in London. Her training in psychiatry led her to a life long interest in managing drug users – and in fact represented the Department of Health (England) advising the Maltese Government on their drug policy.

Over the years, Clare has held a number of local and national leadership positions, including Director of Primary Care for the National Clinical Governance Team and Senior Medical Advisor to the Department of Health. In 2008, she won the contract to run the Practitioner Health Programme ([www.php.nhs.uk](http://www.php.nhs.uk)), which is a pioneering programme providing confidential services to doctors and dentists with mental health or addiction problems.

Clare has published a number of academic papers, articles, books and chapters, the most recent, in 2011 on gambling and her first, in 1986 on periodic psychosis and the menstrual cycle. In-between she has published papers on wide ranging topics such as smoking and psychosis: random drug testing in schools and practitioner-health.

Clare has strong links to three Royal Colleges and is a Member of Royal College of Psychiatrists, Fellow of Royal College of General Practitioners and finally, was awarded a Fellowship of Royal College of Physicians in 2008.

Clare has a long involvement with the RCGP; she was previously Vice Chair of College Council and is immediate past Chair of the Ethics Committee and established the RCGP's groundbreaking Substance Misuse Unit.

Clare was awarded an MBE in the Millennium Birthday Honours for services to medicine and substance misuse.

Audio of this session will be available  
on the [uknsc.org](http://uknsc.org) website



### Main hall

#### The weigh forward – are we any nearer a solution to cessation related weight gain?

Presenter:

**Deborah Lycett**

*Consultant Dietitian and Doctoral Researcher,  
Primary Care Clinical Sciences, University of Birmingham*

#### Abstract

In 2008, at the UKNSCC, we presented initial findings from: an eight year cohort on cessation related weight gain and a Cochrane review for preventing this weight gain. Since then we have refined and extended our analysis on the predictors of weight gain; we have meta-analysis data on weight gain trajectory during the first year post cessation, and the Cochrane review has been completed. I will summarise findings to date.

Perhaps the most controversial suggestion from the Cochrane review was that general healthy eating advice to prevent weight gain, the most common approach used by stop smoking advisors, was ineffective. It was also associated with lower abstinence rates than individually tailored calorie prescriptions and goal setting interventions. Very low calorie diets also looked promising. We have run a feasibility trial comparing these three interventions in NHS stop smoking clinics. I will present the details of the dietary methods we used, the views of the participants and stop smoking advisors who took part and the preliminary results on weight gain.

So what can we conclude in view of current evidence? What can we take into clinical practice and where should our research be taking us now?

**Source of funding:** UK Centre for Tobacco Control Studies (UKCTCS) a UKCRC Public Health Research Centre of Excellence. Funding from British Heart Foundation, Cancer Research UK, Economic and Social Research Council and the Department of Health under the auspices of the UK Clinical Research Collaboration is gratefully acknowledged.

**Declaration of interest:** None

#### Biography

Deborah Lycett is a consultant registered dietitian who has worked in the NHS and private sectors; she continues to work clinically and in research. She is completing a doctorate at the University of Birmingham College Of Medical And Dental Sciences on smoking cessation related weight gain.

Audio of this session will be available  
on the [uknsc.org](http://uknsc.org) website



## Presentation abstracts

### Main hall

#### What smokers say when you ask them what they're really thinking – feedback from a smokers' panel

Presenter:

**Professor Linda Bauld**

*Professor of Socio-Management, School of Management, University of Stirling*

#### Abstract

Public involvement in research on smoking cessation is usually limited to engaging with smokers as research participants. This type of involvement yields limited insights into what active smokers and those trying to quit really think about tobacco control policies and interventions.

This presentation will explore the issue of public involvement in research and policy discussions through the eyes of a smoker's panel established by the UK Centre for Tobacco Control Studies. It will introduce findings from the literature on how public involvement can influence the research agenda and the potential impact on the public and researchers. The views of the smoker's panel in relation to key themes in smoking cessation and tobacco control will be outlined, drawing in particular on the experience of one panel member and co-presenter. The presentation will conclude by asking whether involvement makes a difference and what factors influence its impact on research, with implications for smoking cessation service delivery.

**Source of funding:** UK Centre for Tobacco Control Studies grant, funded by the UK Clinical Research Collaboration.

**Declaration of interest:** None

#### Biography

Linda Bauld is a Professor in the School of Management at the University of Stirling and the UK Centre for Tobacco Control Studies. Her research involves the evaluation of complex interventions to improve health, most notably smoking cessation and tobacco control interventions. She conducted the first study of NHS stop smoking services when they were established in 1999 and since then her research, evidence reviews and policy work have continued to inform their development. Linda is a member of a number of public health advisory and funding committees in England and Scotland. Most recently she has been appointed to chair the NICE programme development group on tobacco harm reduction that will meet for a two year period from September 2011.

Audio of this session will be available on the [uknscc.org](http://uknscc.org) website

www

### Main hall

#### Smokeless tobacco in the UK: Products, prevalence and profile

Presenter:

**Professor Ray Croucher**

*Professor of Community Oral Health, Barts and The London School of Medicine and Dentistry*

#### Abstract

There has been a longstanding lack of strategic thinking about the place of smokeless tobacco cessation activity in the NHS Stop Smoking Services (SSS). Whilst it is widely recognised that the smokeless tobacco products available in the UK have adverse effects on health the provision of any SSS quit support for smokeless tobacco users has been discretionary, potentially compounding health inequalities in users many of whom are from disadvantaged communities. This presentation will review the evidence base – the range of smokeless tobacco products available in England, their prevalence of use and their toxicity profile – underpinning recently proposed smokeless tobacco initiatives proposed within Health lives, Healthy People: A Tobacco Control Plan for England and the NICE Public Health Guidance on the delivery of cessation services for smokeless tobacco users which will be published in 2012. Emerging evidence of the effectiveness of trained community outreach workers providing evidence based smokeless cessation support will be presented.

#### Source of funding:

1. DH Tobacco Control Inequalities Pilot Programme
2. NHS Tower Hamlets

**Declaration of interest:** None

#### Biography

Professor Ray Croucher works at Barts and The London School of Medicine and Dentistry (Queen Mary University of London). His research activity has focused on smokeless tobacco use and cessation in East London's Bangladeshi community. He holds funding from NHS Tower Hamlets and is also a member of the UKCTCS Consortium which bid successfully for the DH Tobacco Control Inequalities Pilot programme, and a global collaborative network (funded by the Centres for Disease Control and Prevention/American Cancer Society/National Cancer Institute) which is addressing the global public health burden of smokeless tobacco.

Audio of this session will be available on the [uknscc.org](http://uknscc.org) website

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## Presentation abstracts

### Main hall

#### Harm reduction

##### 1. Protecting children from secondhand smoke – a tool to promote quitting? Using the Take 7 Steps Out approach

Authors:

**Andrea Crossfield, Pippa Sargent and Vicky Mills**

Presenter:

**Tina Williams**

*Head of Training and Development,  
Smokefree North West, Manchester*

#### Abstract

Smokefree North West, a collaborative region-wide tobacco control programme, has initiated a whole system approach to reduce harm to children and young people resulting from exposure to secondhand smoke.

Drawing on substantial insight, the Take 7 Steps Out campaign was developed in 2010. Messages needed to be clear, promote simple actions and show the physical distance needed to protect children.

Alongside media activity including a TV advertisement, stakeholder engagement, a brief intervention guide and information for Healthcare Professionals were also developed. Local 'road shows' engaged the public directly.

Evaluation showed that the campaign reached 79% of the target audience. Almost two thirds said the campaign made them want to step outside to smoke and 19% did then Take 7 Steps Out. Interestingly, 44% said the campaign made them cut down smoking while 6% reported making a quit attempt – action that, in savings to the NHS, would more than recoup the costs of this initial campaign.

Building on this success, and a second phase of the campaign, the approach is currently developing interactive tools for delivery in children's centres.

Opportunities for shared learning are considerable. We offer insight from this whole system approach and invite colleagues to consider any similar practise.

**Source of funding:** Take 7 Steps Out was developed and delivered by the Smokefree North West collaborative tobacco control programme, operating on behalf of the North West's Directors of Public Health and funded by the NHS in the region.

**Declaration of interest:** None

Audio of this session will be available  
on the [uknsc.org](http://uknsc.org) website



### Main hall

#### Harm reduction

##### 2. The use of nicotine replacement therapy to help disadvantaged caregivers to abstain from smoking in the home

Authors:

**Olesya Atkinson, Ann McNeill and Laura Jones**

Presenter:

**Dr Laura Jones**

*Research Fellow, Division of Epidemiology and Public Health,  
University of Nottingham*

#### Abstract

In the UK, around two million children are regularly exposed to second hand smoke (SHS) in the home, and close to half of all children live in households with at least one smoker. Nicotine Replacement Therapy (NRT) has recently been licensed to help smokers to abstain from smoking for short time periods – known as temporary abstinence (TA). To explore the concept of using NRT for TA in the home, to protect children from SHS, 22 disadvantaged smoking caregivers who were accessing Nottingham Children's Centres were interviewed. The discussions identified a negative attitude towards TA. Caregivers did not believe that they could temporarily abstain from smoking in the home due to deeply embedded smoking routines and smoking offering more than just nicotine. If caregivers were to make a substantial effort to change their home smoking, they would prefer to cut down or quit, with the aid of NRT, rather than abstain temporarily. Caregivers believed that using NRT to cut down might be a first step towards quitting.

Overall, using NRT for TA and cutting down as a means of protecting children from SHS in the home is a relatively new concept, which merits further research.

**Source of funding:** This study was supported by core funding to the UK Centre for Tobacco Control Studies ([www.ukctcs.org](http://www.ukctcs.org)) from the British Heart Foundation, Cancer Research UK, Economic and Social Research Council, Medical Research Council, and the Department of Health, under the auspices of the UK Clinical Research Collaboration.

**Declaration of interest:** None

Audio of this session will be available  
on the [uknsc.org](http://uknsc.org) website



## Presentation abstracts

### Main hall

#### Harm reduction

### 3. Associations between smokers' attempts at harm reduction and smoking cessation: A prospective study of English smokers

Authors:

**Emma Beard and Robert West**

Presenter:

**Emma Beard**

PhD Researcher, Department of Epidemiology and Public Health, University College London

#### Abstract

**Aims:** It is important to know how far smokers' attempts at smoking harm reduction promote or undermine cessation. To contribute to that goal, this study aimed to assess whether smokers' reports of smoking reduction (SR) and the use of NRT for SR and temporary abstinence (TA) predict subsequent attempts to quit smoking, smoking status, and the number of cigarettes smoked per day, in a population sample.

**Method:** Data from 3,149 current smokers involved in the Smoking Toolkit Study, a series of monthly surveys of adults aged 16+ with six-month follow-up, were used. At baseline, participants were asked whether they were attempting SR and, if so, whether they used NRT, and whether they regularly used NRT for TA. They were also asked for demographic data and daily cigarette consumption. At six-month follow up, data on attempts to quit smoking and smoking status was also collected.

**Results:** Smokers reported smoking around two cigarettes less per day when using NRT for SR and TA ( $M=12.7$  versus  $M=14.7$ , respectively), than when the same smokers did not report these harm reduction activities ( $M=14.1$  versus  $M=16.1$ , respectively). These differences were statistically significant. NRT use for SR and TA was positively associated with attempts to quit smoking (OR 1.61, CI 1.30–2.01 versus OR 1.94, CI 1.56–2.38, respectively) and abstinence (OR 1.51, CI 1.06–2.16 versus OR 2.09, CI 1.51–3.34), at 6-months follow-up relative to SR or TA without NRT.

**Conclusion:** Use of NRT for SR and TA do not appear to result in large reductions in cigarette consumption but the use of NRT in these ways is positively associated with subsequent attempts to quit smoking and smoking status.

**Source of funding:** This study was funded by the English Department of Health, Cancer Research UK, Pfizer, GlaxoSmithKline, and Johnson and Johnson, who had no involvement in the design of the study, the analysis or interpretation of the data, the writing of the report, or the decision to submit the paper for publication.

**Declaration of interest:** Emma has received conference funding from Pfizer.

Robert West undertakes research and consultancy and receives fees for speaking from companies that develop and manufacture smoking cessation medications. He also has a share of a patent for a novel nicotine delivery device.

Audio of this session will be available on the [uknscc.org](http://uknscc.org) website



### Bourgogne

#### Prisons, probation and mental health

### 1. Re-shaping stop smoking services in prisons following the introduction of the new Tariff Based Lifestyle Contract in the West Midlands

Authors and presenters:

**Julia Moore**

Stop Smoking Coordinator, Lead for Prisons, Time to Quit Stop Smoking Service, South Staffordshire PCT

**Kate Waller**

Stop Smoking Support Worker, South Staffordshire PCT

**Sandy Bassi**

Stop Smoking Support Worker, South Staffordshire PCT

#### Abstract

South Staffordshire PCT currently has six prisons within its boundaries, five of which are public sector and one of which is privately run. The current prison population is over 4000 and is set to increase by a further 1600 with the introduction of a new category B/C prison in 2012.

The six prisons span across a range of categories, including male and female, remand and long term sentences and open and closed establishments. This has required the service to tailor its service model to fit with the organisational needs of each prison.

Time to Quit has been delivering effective stop smoking services in these prisons for over six years and support approximately 700 prisoners a year, with quit rates averaging at 54%.

Since April 2010, Time to Quit has been operating under the new Tariff Based Lifestyle Contract as part of a pilot scheme which has been implemented in the West Midlands Region, resulting in a Payment by Results model. This, together with the rising expenditure on NRT has led to the service needing to adapt accordingly.

A direct supply NRT protocol is currently being rolled out enabling the service to take full control of all aspects of the service delivery. This has resulted in a reduction in DNAs, NRT wastage and has ensured that stock levels remain adequate to meet the demand.

**Source of funding:** Local PCT Funding

**Declaration of interest:** None

## Presentation abstracts

### Bourgogne

#### Prisons, probation and mental health

#### 2. Licence to engage: Probation as a setting for the delivery of stop smoking services

Authors:

**Michelle Baybutt, Stephen Woods, Susan MacAskill and Jennifer McKell**

Presenters:

**Stephen Woods**

North West Tobacco Control Coordinator Prisons and Criminal Justice Settings, University of Central Lancashire

**Michelle Baybutt**

Intervention Manager for the Regional Tobacco Control Coordinator Prisons and Criminal Justice Settings, University of Central Lancashire

#### Abstract

The Probation setting can make a major contribution to improving the health and well-being of some of the most disadvantaged and excluded individuals in our societies – by providing opportunities for offenders to improve health and develop skills that increase employability, reduce worklessness, foster family and social links, promote inclusion and potentially reduce re-offending.

This presentation will outline the opportunities within this setting for effective joined up delivery of stop smoking services, drawing on examples of good practice gathered as part of coordinator activity/mapping from across the North West. In particular, it will showcase how innovative and creative approaches i.e. Health trainers can support the delivery of stop smoking services, providing a more robust and integrated approach.

The format will comprise a brief presentation followed by a structured workshop. There will be opportunities to debate offender health, explore new partnerships and mechanisms for the holistic delivery of services and discuss policy. Through vibrant knowledge, exchange professionals will explore different ways to engage a client group perceived as hard to reach.

**Source of funding:** DH funded inequalities Pilot.

The project is part of a portfolio funded by the Department of Health and led by the UK Centre for Tobacco Control Studies (UKCTCS [www.ukctcs.org](http://www.ukctcs.org)): a UK Public Health Research Centre of Excellence and a strategic partnership of nine universities involved in tobacco research in the UK.

**Declaration of interest:** None

### Bourgogne

#### Prisons, probation and mental health

#### 3. Smoke-free mental health settings: Supporting patients and staff

Authors:

**Dr Susan Kerr, Denise Meldrum, Dr Kamala Soundararajan, Dr Beinn Wilson and Stephen Lockie**

Presenters:

**Dr Susan Kerr**

Reader in Public Health, Glasgow Caledonian University

**Denise Meldrum**

Smoking Cessation Link Practitioner (Mental Health), NHS Greater Glasgow and Clyde

#### Abstract

Smoking has been banned in enclosed public places in Scotland since 2006. However, unlike England, Wales and Northern Ireland, the law still exempts residential psychiatric units, permitting smoking in designated in-door areas. Despite the exemption, some mental health units in Scotland have made progress towards introducing smoke-free policies and importantly, implementation guidance has recently been published (NHS Health Scotland 2011).

Concerned about the impact of environmental tobacco smoke on both patients and staff, NHS Greater Glasgow and Clyde (NHSGG&C) introduced a smoke-free policy for in-patient psychiatric settings in 2007. Aware of issues raised in relation to the knowledge and attitudes of staff involved in the implementation of the smoke-free policy in England (e.g. Ratschen et al 2009; Aref-Adib and Karim 2010) we are seeking to explore these variables in staff working in psychiatric units in Scotland. Our aim is to determine whether staff require additional training to help them provide patients who are smokers with appropriate levels of support.

We are undertaking a cross-sectional survey of staff working in c.24 in-patient mental health units in NHSGG&C. To date, we have gathered data from 162 staff members working in ten units. All data will be collected and analysed by May 2011. Preliminary analysis demonstrates that knowledge levels are limited and that staff often lack confidence in their ability to provide appropriate support.

The results will be used to inform staff training/education.

**Source of funding:** N/A

**Declaration of interest:** None

## Presentation abstracts

### B2 Muscadet

#### The new public health structures: Opportunities for tobacco advocacy

Authors and presenters:

**Martin Dockrell**

Director, Policy and Research, Action on Smoking and Health (ASH)

**Luke Akehurst**

Chair of Health and Scrutiny Committee,  
London Borough of Hackney

#### Abstract

- How can you influence local public health policy?
- Where are the key points of influence are in the new local public health service?
- When is the best time to start to influence the new system?

Participants will leave with a handy guide to tobacco advocacy in the new public health system.

**Summary:** How much influence will Health and Wellbeing Boards have? What will be the role for Health Scrutiny Committees? How independent will Director's of Public Health be? What we know for sure is the new public health system is rapidly taking shape and 90% of council's in England are set to establish Health and Wellbeing Boards before the end of 2011.

The emphases on local decision making and democratic accountability within the new public health structure offer unprecedented opportunities for local tobacco advocacy. This workshop explores the new structures and how to influence them. It will also explore the local agenda that springs from the tobacco control plan for England. Specifically the workshop will address:

- Engaging in local advocacy: Influencing decision makers and opinion formers
- Engaging in national advocacy: the Smokefree Action Coalition
- Shaping the agenda: participating in consultations and budget submissions

**Source of funding:** The preparation of this workshop was funded entirely from ASH resources

**Declaration of interest:** None

### B3 Alsace

#### Payment by results

##### 1. Payment by results for stop smoking services

Author and presenter:

**Steven Wyatt**

Healthcare Policy Analyst, NHS West Midlands, Birmingham

#### Abstract

In April 2010, eight PCTs in the West Midlands adopted a new approach to commissioning stop smoking services. Following a procurement process, three-year contracts were awarded to new and existing suppliers from the statutory, voluntary and private sector. Contracted suppliers are free to recruit and deliver stop smoking services to eligible participants and to claim a payment from a PCT and a standard rate (a tariff) if they succeed in supporting an individual to stop smoking for 4 and 12 weeks.

Higher tariffs are available to suppliers working with certain defined targeted populations. There is no limit to the number of suppliers and the contracts contain no activity caps.

The primary objective of the project is to increase the supply of stop smoking services. The project is a Department of Health PbR (Payment by Results) pilot and the currencies and tariffs developed by the project are listed in the PbR Guidance for 2011/12. The project is referenced in the recently published Tobacco Control Plan for England.

The presentation will set out the rationale for the project, provide an early indication of its impact on activity levels and identify lessons learnt.

**Source of funding:** NHS Stoke-on-Trent, NHS South Staffordshire, NHS Shropshire County PCT, NHS Telford and Wrekin, NHS Walsall, NHS Sandwell, NHS Coventry, NHS Worcestershire and NHS West Midlands.

**Declaration of interest:** None

## Presentation abstracts

### B3 Alsace

#### Payment by results

#### 2. Becoming a service provider within the West Midlands tariff scheme: challenges, frustrations, adaptations and opportunities in order to deliver sustainable stop smoking services

Authors:

**Natalie Hinsley, Hayley Sparks and Mohammed Patel**

Presenters:

**Natalie Hinsley**

*Lifestyle Services Manager, Coventry and Warwickshire Hospital, Coventry Community Health Services*

**Hayley Sparks**

*Specialist Stop Smoking Advisor, Clinical Lead for Primary Care, Coventry Community Health Services*

#### Abstract

This presentation will cover how Coventry Stop Smoking Service was delivered pre-tariff introduction, preparing the service for a tariff model in a provider market, support and resources required to implement and an example of a sustainable service model developed and implemented throughout 2010/11. The service has adapted its service model to support clients holistically and is now part of an integrated lifestyle service alongside health trainers.

The service has dealt with many challenges. Firstly establishing partnerships with GP's and pharmacies to deliver interventions when only paid for outcomes and not activity. Secondly switching focus from targets to outcomes. This includes 4 week quitters but in addition 12 week quitters and in pregnancy, delivery quitters.

There have been many frustrations throughout the year, supporting clients from specific vulnerable and deprived groups with little reward; working alongside and with other providers.

However, moving forward into 2011/12 a sustainable service model has been implemented with success, 95 sub-contracts are in place, with higher than anticipated results and improved quit rates.

Due to partnership working from an integrated approach it has opened up further opportunities for stop smoking to be delivered within a lifestyle service as well as alongside other future tariff contracts.

**Source of funding:** Service is funded from West Midlands tariff scheme. Hayley Sparks place at conference is to be funded by Pfizer.

**Declaration of interest:** None

### B6 Bourg

#### Campaigns

#### 1. Targeting hand rolling tobacco smokers – 'wise-up to roll-ups' – the first campaign of its kind

Authors:

**Kate Knight, Melissa Cullum and Kate Barrett**

Presenters:

**Kate Knight**

*Head of Social Marketing and Communications, Smokefree South West, Bristol*

**Melissa Cullum**

*Campaigns and Communications Manager, Smokefree South West, Bristol*

#### Abstract

Recent quantitative research in South West identified that 33% of smokers claimed to use hand rolling tobacco, which is the highest in England.

It was believed that the primary reason for this increasing incidence was price: hand rolling tobacco is the cheapest way to smoke.

Qualitative research was commissioned by Smokefree South West in January 2010 to fully explore user's beliefs about hand rolling tobacco and explore potential interventions to prompt them to quit smoking.

The key findings were that:

- Most users prefer hand rolling tobacco and believe it is less dangerous than manufactured cigarettes. This belief has enabled many users to deflect current prompts to quit smoking as they feel they undertake a safer behaviour.

So strong are the perceived benefits beyond price that some users claim they would continue to use it even if manufactured cigarettes were reduced to the same price.

In response to these new findings, Smokefree South West embarked on a campaign to change the behaviour of hand rolling tobacco smokers and raise awareness that smoking 'roll-ups' is just as bad as smoking ordinary cigarettes.

**Source of funding:** South West Primary Care Trusts

**Declaration of interest:** None

## Presentation abstracts

### B6 Bourg

#### Campaigns

### 2. Strengthening positive attitudes and behaviour around not smoking – ‘A Social Norms Approach’

Authors and presenters:

**Scott Crosby**

*Regional Social Marketing Manager,  
Smokefree Yorkshire and Humber*

**Diane Bell**

*Communications Manager, Department Of Health*

#### Abstract

‘We will encourage local authorities to examine what role they can play in helping to change social norms around smoking, especially using behavioural insights’. Tobacco Control Action Plan 2011.

The session will provide an overview of the evidence for a social norms approach to behaviour change, used internationally and in the UK, to move behaviours on a range of issues and then go on to detail emerging plans to apply this approach to one of the countries most pressing public health issues: smoking.

Key issues to be addressed within the presentation include: the challenge of identifying peer groups within communities, methods for gathering credible data, creating social norm messages, how to disseminate them and the implications for smoking cessation.

- Sustains the motivation of ex-smokers to stay stopped
- Encourages young people not to start smoking
- Protects non-smokers, especially children, from the harm caused by passive smoke

Robust evidence over the past 50 years has identified two categories of effective interventions:

- Changing individual behaviour e.g. cessation services.
- Changing the environment around both smokers and non-smokers e.g. influencing social norms so that tobacco use is less acceptable, less desirable and less accessible

Strengthening social norms has been found to have a powerful influence on individual behaviour. Social norms is an environmental approach aimed at not just the individual but the entire community context in which individuals live. It is a highly cost effective way of reaching large numbers of people, correcting misperceptions of the prevalence of a problem behaviour e.g. smoking, and promoting the healthier ones instead, e.g. being smokefree.

The social norm theory states that much of people’s behaviour is influenced by their perception of how other members of their social group behave and their tendency to over-estimate the level of ‘bad’ behaviours. If people think harmful behaviour is the norm, e.g. everyone smokes, they are as individuals more likely themselves to engage in that behaviour. By educating a community that in fact the usual practice among their peers is the healthy version, e.g. three out of four people do not smoke, the behaviour of all can be affected in a positive manner.

**Source of funding:** Yorkshire and Humber Directors of Public health Network and Strategic Health Authority funding.

**Declaration of interest:** None

### B6 Bourg

#### Campaigns

### 3. The impact of anti-tobacco mass media campaigns: Feedback from a smokers’ panel

Authors:

**Tessa Langley, Monique Tomlinson and Linda Bauld**

Presenter:

**Tessa Langley**

*Research Associate, UK Centre for Tobacco Control Studies,  
University of Nottingham*

#### Abstract

There has been little research focus on anti-tobacco mass media campaigns run in England. Until April 2009, when a freeze was put on public health campaigns, the Department of Health funded a range of anti-tobacco campaigns advertising smoking cessation services and the health risks of active and passive smoking. The new Tobacco Control Plans suggests that the suspension of such campaigns will be lifted although funding might be reduced. In addition to this, pharmaceutical companies fund adverts for nicotine replacement therapy. We collated examples of advertising and, as part of a wider study, showed them to a panel of 24 current and recent ex-smokers in Bath, UK asking them to discuss whether they encouraged them to stop smoking. Panelists suggested that shocking adverts were most likely to make them stop smoking. Generally, stop smoking adverts were perceived as only likely to be effective in smokers already considering quitting. Some felt that both government and pharmaceutical company-funded adverts lacked credibility. Adverts highlighting the risks of passive smoking, particularly to children, were said to potentially change where they smoked, but not necessarily encourage quitting.

Further research into which campaigns are effective is required in order to ensure the success of future campaigns.

**Source of funding:** UKCTCS

**Declaration of interest:** None

## Presentation abstracts

### Main Hall

#### Afternoon chair

Plenary Chair:

**Dr Alex Bobak**

*GP and GPSI in Smoking Cessation, Wandsworth, London*

#### Biography

Dr Alex Bobak is senior partner of Wandsworth Medical Centre, a General Practice in South London. He has been running specialist stop smoking clinics as a GP for many years and is the first GP with Special Interests (GPSI) in Smoking Cessation in the country. He has carried out research into pharmacological treatment in smoking cessation and enjoys teaching smoking cessation to health professionals in the UK and abroad. His main interest is the systematic delivery of smoking cessation in primary care.

Audio of this session will be available  
on the [uknscc.org](http://uknscc.org) website



### Main Hall

#### Tactics of the Tobacco Industry

Presenter:

**Professor Anna Gilmore**

*Professor of Public Health, University of Bath*

#### Abstract

Anna's presentation will provide an contemporary overview of the global tobacco industry, examine the ways the industry attempts to influence policy and sell its products and how this knowledge can be used in developing effective public health policy and practice.

#### Source of funding:

- The Health Foundation
- US National Institutes of Health
- Cancer Research UK
- Smokefree South West
- Department of Health's Policy Research Programme
- EU FP7 programme

**Declaration of interest:** None

#### Biography

Anna Gilmore is Professor of Public Health and Director of the Tobacco Control Research Group at the University of Bath. She is a Senior Editor of Tobacco Control, currently holds a prestigious Health Foundation Clinician Scientist Fellowship and was recently the recipient of two awards for her research – the World Health Organization's World No Tobacco Day Medal and the Public Health Advocacy Institute 2009 International Award. Her research interests are corporate influence on health and health policy and evaluating the effectiveness of public health policies.

Audio of this session will be available  
on the [uknscc.org](http://uknscc.org) website



## Presentation abstracts

### Main Hall

#### Making smoking history for our children – a vision for the future

Presenter:

**Professor Robert West**

*Professor of Health Psychology and Director of Tobacco Studies, Cancer Research UK Health Behaviour Research Centre, Department of Epidemiology and Public Health, University College London*

##### Abstract

The Coalition Government launched its tobacco control strategy for the next 10 years, 'Healthy Lives, Healthy People' in February 2011. It set a national ambition of reducing smoking prevalence to 18.5% by 2015 from the current level of 21.5% which would lead to a reduction of some 8,500 premature deaths per year. There is explicit recognition of the need for a comprehensive strategy to achieve this that builds on the successes of the past 10 years. This presentation asks: what is a realistic target for smoking prevalence in England over the next 20 years or so and how can this be achieved? It concludes that near zero prevalence (<5%) is achievable by 2030 on current projections; thus for the first time the 'end game' is clearly in sight. However achieving this requires maintaining and refreshing a comprehensive approach to tobacco control based on a systematic analysis of smoking and smoking cessation in its current context. The presentation describes a method of developing behaviour change interventions, the 'Behaviour Change Wheel' based on a comprehensive analysis of the necessary conditions for a behavioural target to be achieved. This analysis, together with the available evidence, indicates that of the clinical interventions in the tobacco strategy the greatest impact will be achieved by: 1) using smarter incentives and more appropriate training to ensure that GPs raise the rate at which they offer help with quitting to smokers from its current figure of 25% to more than 50%; and 2) ensuring that all Stop-Smoking Services are brought up to the standard of the top 25% and offer what have been shown to be optimum treatment options. Both of these measures involve spending existing resources more effectively rather than increasing expenditure, and economic analysis indicates that they will provide cost savings to the NHS within five years.

##### Biography

Robert West is Professor of Health Psychology and Director of Tobacco Studies at the Cancer Research UK Health Behaviour Research Centre of University College London. Dr West is the Editor-in-Chief of Addiction. He has published some 300 scientific works and is coauthor of the English and Scottish National Smoking Cessation Guidelines that provided the blueprint for the UK-wide network of NHS smoking-cessation services. He is also co-director of the NHS Centre for Smoking Cessation and Training, funded by the Department of Health and President of the Society for Research in Nicotine and Tobacco.

**Declaration of interest:** Robert West undertakes research and consultancy and receives fees for speaking from companies that develop and manufacture smoking cessation medications. He also has a share of a patent for a novel nicotine delivery device. His funding is primarily from Cancer Research UK and the Department of Health. He is a trustee of the stop-smoking charity, QUIT.

Audio of this session will be available  
on the [uknscc.org](http://uknscc.org) website

www

### Main Hall

#### The future for tobacco control and smoking cessation in England: Our vision for the next five years

Presenter:

**Anne Milton MP**

*Parliamentary Under Secretary of State for Public Health*

##### Abstract

Abstract not available at time of going to press.

##### Biography

Anne was educated at Haywards Heath Grammar School in Sussex, and trained as a nurse at St Bartholomew's Hospital in London. Anne worked for the NHS for 25 years and has a wide range of experience within the NHS, including district nursing in hospital, working in research and supporting GPs and nurses working in palliative care. She also pioneered a scheme to look after people who were sent home early from hospital. Her last job in the NHS was to give medical advice to councils and housing associations.

Anne became involved in politics in the early 1990s, though in the past she was a union steward for the Royal College of Nursing and involved in the National Childbirth Trust after that. Before being elected as an MP in 2005, Anne was a borough councillor for five years in Surrey.

In November 2006, Anne was appointed Shadow Minister for Tourism in the Department of Culture, Media and Sport team. In July 2007, she was appointed as a Shadow Minister for Health.

In her spare time, Anne enjoys gardening, is a keen runner, and is an avid reader, although her family are at the heart of her life.

Audio of this session will be available  
on the [uknscc.org](http://uknscc.org) website

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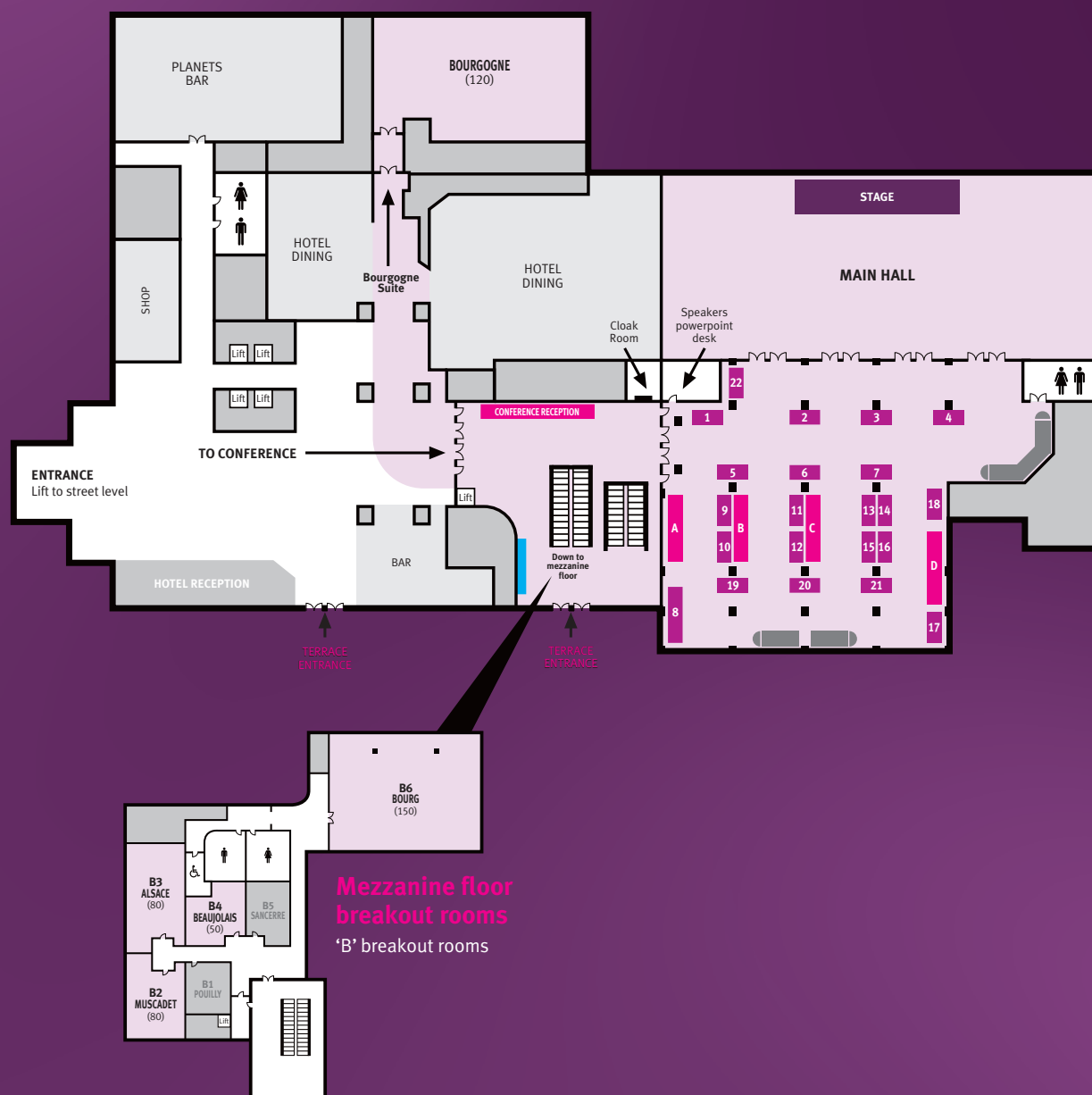
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2 North 51	9 NHS Health Scotland	16 UK Centre for Tobacco Control Studies	
3 Solutions4Health	10 Adept	17 Webstar Health	
4 Quit Master 6	11 No Smoking Day	18 Gingernut Creative	
5 MD Diagnostics Ltd	12 Williams Medical Supplies	19 UBLOW Ltd	
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