

Tobacco Cessation in Ireland – some of our targeted services

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This presentation is done in total independence from the event organizer. I have no conflict of interest to declare regarding the current presentation.



Targeted approaches to stop smoking service delivery

New Department of Health Investment focusing on Health Inequalities –

19 Disadvantaged areas identified across the country

1 New stop smoking advisor post per area

- 4 new clinics targeting smokers e.g. those who access mental health services, Pregnant smokers, General inequalities in the disadvantaged area and a new Hospital based clinic

Funding for free stop smoking medication €36,300 per site (€689,700)

We Can Quit 12 week peer led programme



What is We Can Quit?

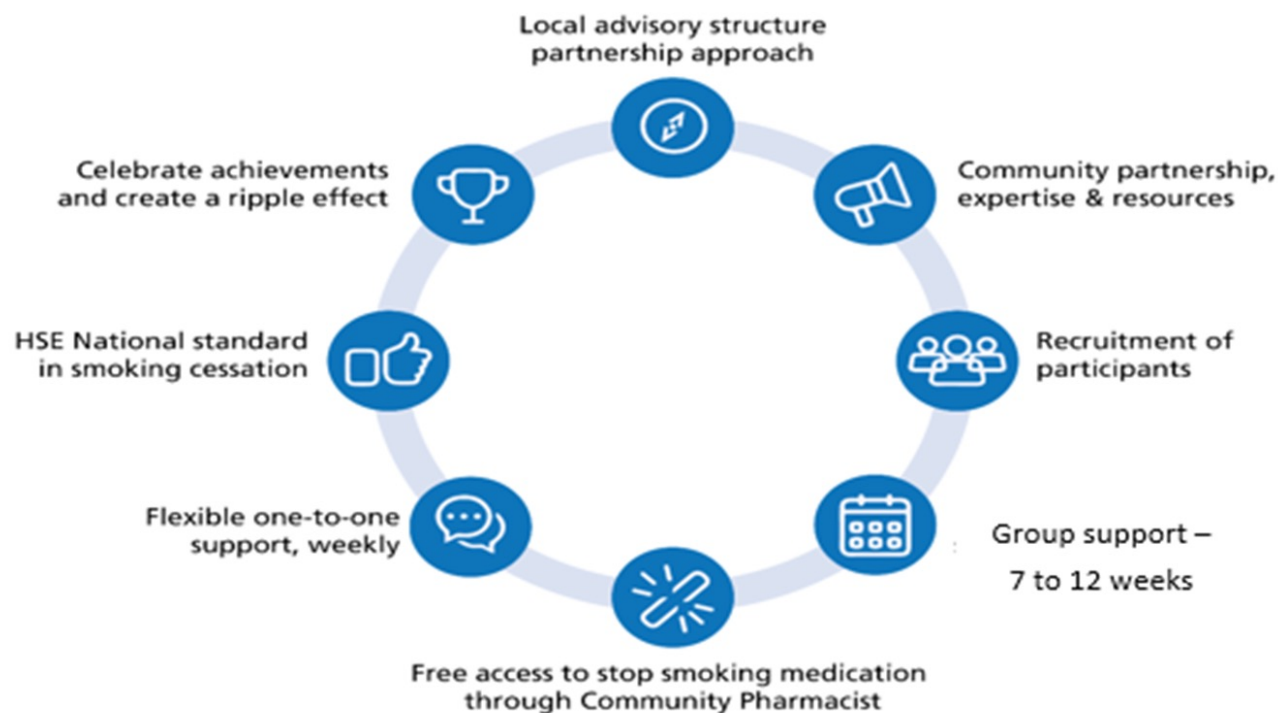
- Community and group based stop smoking programme
- Peer led
- Delivered by community facilitators, many of whom are ex-smokers
- Delivered in areas identified as the most deprived
- In 2022, it will be delivered across 19 communities as part of a national healthy communities initiative

Brief background to We Can Quit

- Developed by the Irish Cancer Society in 2012
- In partnership with the HSE Tobacco Free Ireland Programme, The National Women's Council of Ireland, Institute of Public Health Ireland, local community organisations and local pharmacists
- Piloted in 2014 across disadvantaged communities in North County Dublin
- In 2021, the first men only and mixed gender programmes were piloted



We Can Quit Delivery Model



Based on Sister to Sister model, Andrews et al, USA, 2007 & 2012

We Can Quit – elements of the programme

HSE National Standards for Stop Smoking Services and National Clinical Guidelines

3 Core components:

- 7 - 12 weeks of group support
- One-to-one support
- 12 weeks supply of free stop smoking medication

Holistic approach

- Health & wellbeing
- Stress management
- Creating smoke free environments
- Empowerment
- Community supports
- Encouraging change
- Celebrating achievements



Delivery of We Can Quit

Community Facilitators' Resource Book:

- Contains detailed session plans for each week
- Gender specific health information
- Fun activities
- Discussion points
- Information on other services



Participant Book:

- Weekly activities
- Record CO readings and weekly progress
- Colourful and literacy friendly
- Additional information on other health areas

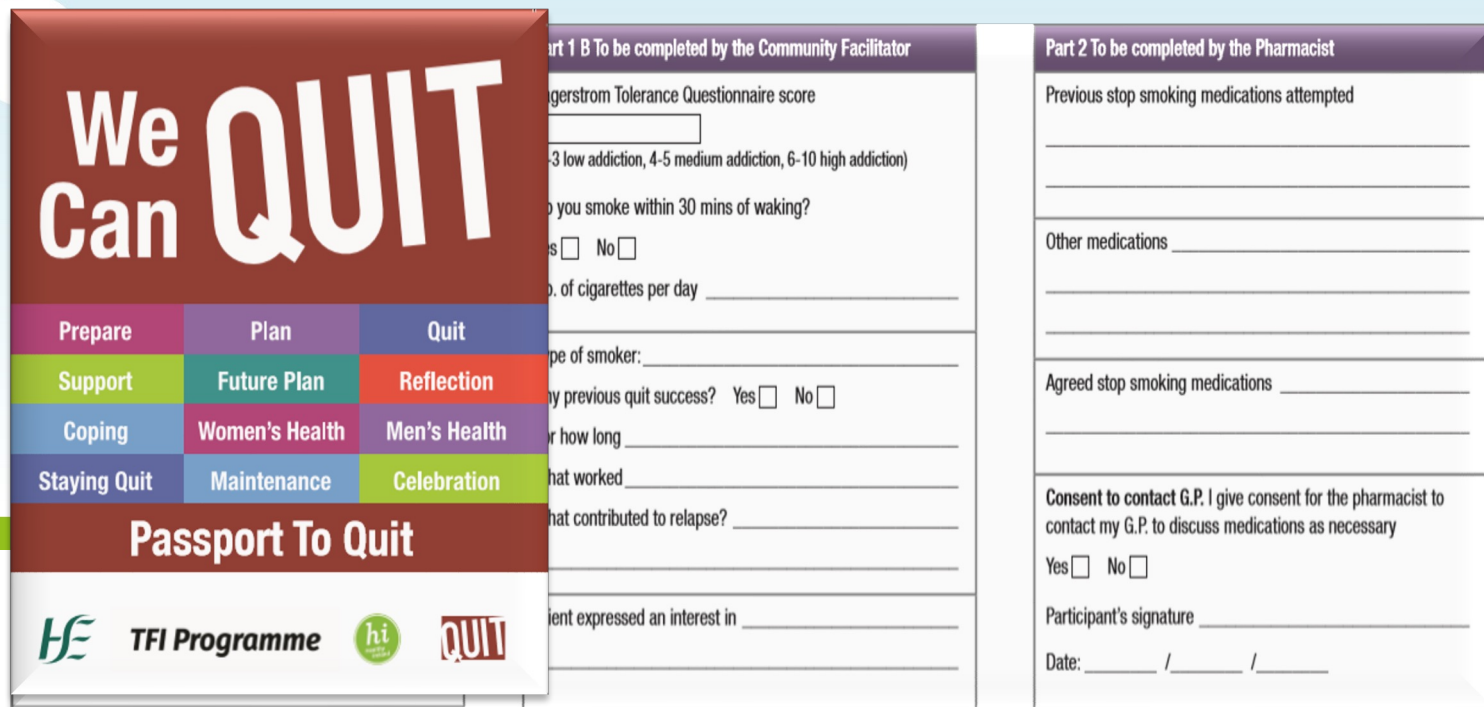


Delivery of We Can Quit

Passport to Quit

Personal document

Record of stop smoking medication dispensed by community pharmacist



The image shows a 'We Can QUIT Passport To Quit' form. The top section is a red header with the text 'We Can QUIT' in white. Below this is a grid of nine colored boxes containing the following text: Prepare, Plan, Quit, Support, Future Plan, Reflection, Coping, Women's Health, Men's Health, Staying Quit, Maintenance, and Celebration. Below the grid is a red banner with the text 'Passport To Quit'. At the bottom left are logos for 'HSE', 'TFI Programme', 'hi', and 'QUIT'. The form is divided into two main sections: 'Part 1 To be completed by the Community Facilitator' and 'Part 2 To be completed by the Pharmacist'. Part 1 includes fields for 'Coughstrom Tolerance Questionnaire score', 'Do you smoke within 30 mins of waking?', 'No. of cigarettes per day', 'Type of smoker', 'Any previous quit success?', 'How long', 'What worked', 'What contributed to relapse?', and 'Participant expressed an interest in'. Part 2 includes fields for 'Previous stop smoking medications attempted', 'Other medications', 'Agreed stop smoking medications', 'Consent to contact G.P.', 'Participant's signature', and 'Date'.

We Can QUIT

Prepare	Plan	Quit
Support	Future Plan	Reflection
Coping	Women's Health	Men's Health
Staying Quit	Maintenance	Celebration

Passport To Quit

HSE **TFI Programme** **hi** **QUIT**

Part 1 To be completed by the Community Facilitator

Coughstrom Tolerance Questionnaire score _____

3 low addiction, 4-5 medium addiction, 6-10 high addiction)

Do you smoke within 30 mins of waking? Yes ☐ No ☐

No. of cigarettes per day _____

Type of smoker: _____

Any previous quit success? Yes ☐ No ☐

How long _____

What worked _____

What contributed to relapse? _____

Participant expressed an interest in _____

Part 2 To be completed by the Pharmacist

Previous stop smoking medications attempted _____

Other medications _____

Agreed stop smoking medications _____

Consent to contact G.P. I give consent for the pharmacist to contact my G.P. to discuss medications as necessary

Yes ☐ No ☐

Participant's signature _____

Date: ____ / ____ / ____



Delivery of We Can Quit

Costs associated

- Training of community facilitators – minimum 4 per area
- 2 community facilitators – weekly payment
- Stop smoking medications – 12 weeks supply
- Supply of Carbon Monoxide monitors
- Supply of participants' books
- Room hire and refreshments
- Promotion and advertising
- Administration fees – for organisation delivering course

Approximately €10,000 per course – Year 1









SMOKE FREE START

- Started as a year long project funded by Sláintecare integration fund and is now permanent service.
- Joint initiative between Tobacco Free Ireland and National Women and Infant's Health Programme
- Two hospitals involved
 - Cork University Maternity Hospital
 - The National Maternity Hospital, Holles Street



Aims of the Project

- To establish a midwifery-led opt-out smoking cessation services for pregnant women in the two hospitals.
- Set up clinics in the outreach centres
- Train staff in Making Every Contact Count
 - Brief interventions and advice
- Introduce routine Breath Carbon Monoxide screening at antenatal booking visits





WHO IS REFERRED TO THE SERVICE

- All pregnant women are screened at booking visit for current and past tobacco use and exposure to secondhand smoke
- Those who report current smoking
- Those who report recently quitting – due to high relapse rate
- Those with a BCO reading >4ppm

Factors associated with smoking in pregnancy

- Smoking in pregnancy is a risk factor for miscarriage, stillbirth, placental abruption, preterm birth, low birth weight and neonatal morbidity and mortality
- Pregnant women who smoke are more likely to be younger, be unemployed, have low educational attainment, have a lack of social support and have increases incidence of mental illness
- Smoking strongly correlates with lower socio-economic status and is a major cause of the health and life expectancy inequalities encountered by women from deprived backgrounds
- Women experiencing depression are 4 times more likely to smoke than other women and this presents a challenge to smoking cessation services

**Smoking during
pregnancy is the leading
cause of adverse
pregnancy outcomes**



- 7,000 chemicals that readily cross the placenta
- Starve the fetus of oxygen



Consequences of maternal smoking

- Subfertility
- Ectopic pregnancy
- Miscarriage (24-32% more likely)
- Preterm birth- 27 times more likely
- Placental problems
- IUGR
- Stillbirth – doubles
- Sudden Infant Death Syndrome - 2 -3 times more likely

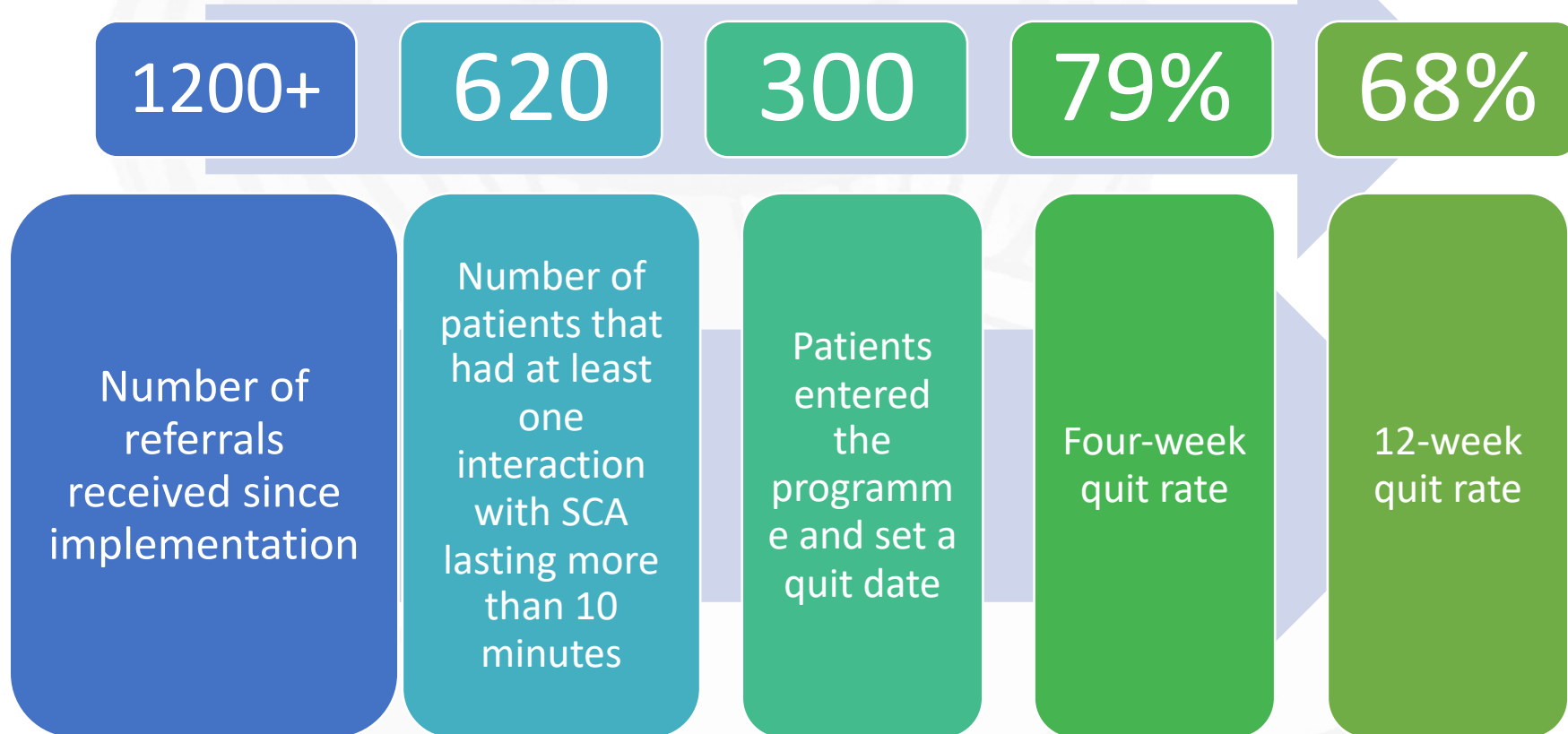




LIFELONG IMPLICATIONS FOR THE CHILD

- Behavioural problems
- Learning disabilities – contributing to negative disadvantage
- Childhood obesity
- Diabetes

Programme Statistics (to date)



- As a comparison, the NHS in England published their statistics confirming a four week quit rate of 46% for pregnant women using their services.

Born smoke-free: Meghann kicked the habit for good for little Shea

A pilot programme in CUMH is helping pregnant women to quit smoking for good



Meghann Drake and her week-old baby Shea at home in Millstreet, Co Cork. Picture: Dan Linehan

**World No Tobacco Day
31st May 2021**

Every baby can
Start Life Smoke
Free

