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Health Service Executive



HSE Tobacco Free Campus Policy Overview

Ms. Martina Blake - HSE National TFI Lead

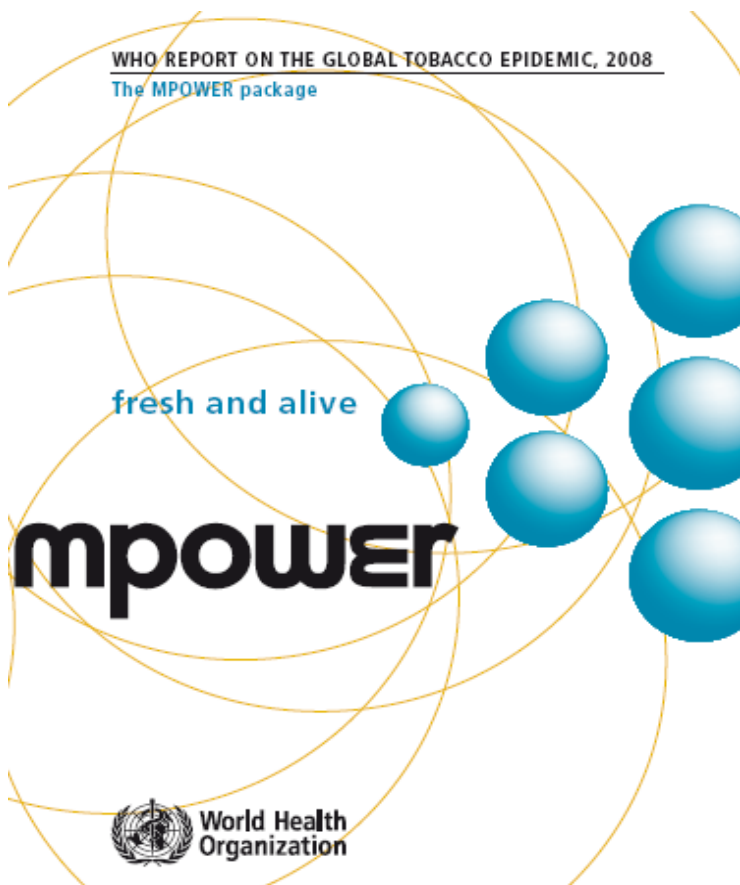
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Mr. Edward Murphy - HSE National TFI Project Manager



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Introduction



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Monitor tobacco use and prevention policies

Protect people from tobacco smoke

Offer help to quit tobacco use

Warn about the dangers of tobacco

Enforce bans on tobacco advertising, promotion and sponsorship

Raise taxes on tobacco





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International/National



WHO REPORT ON THE GLOBAL TOBACCO EPIDEMIC, 2008

The MPOWER package

fresh and alive

mpower



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HSE Transformation Programme

...to enable people live healthier and more fulfilled lives

Easy Access - public confidence - staff pride

The Health Service Executive

Tobacco Control Framework

February 2010

**Tobacco
Management
in Irish health
services
2010-2015**

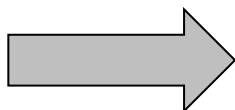
**Tobacco Free
Campus Policy
in ALL health
services**

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Cross Governmental Strategies



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HSE TFC Policy



- Huge engagement with stakeholders
- Internal consultation with each directorate
- External consultation with the joint council of unions
- Labour court decision affirmed and commended the HSE on this policy initiative



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National Tobacco Free Campus Policy

Document Reference Number	TCF001	Document Developed By	Subgroup of the Tobacco Control Framework Implementation Group
Revision Number	n/a	Document Approved By	National Management Team
Approval Date	24 April 2012	Responsibility for Implementation	National Directors/RDO
Revision Date	Jan 2016	Responsibility for Review and Audit	Tobacco Control Framework Implementation Group/RDO

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TFC policy aims

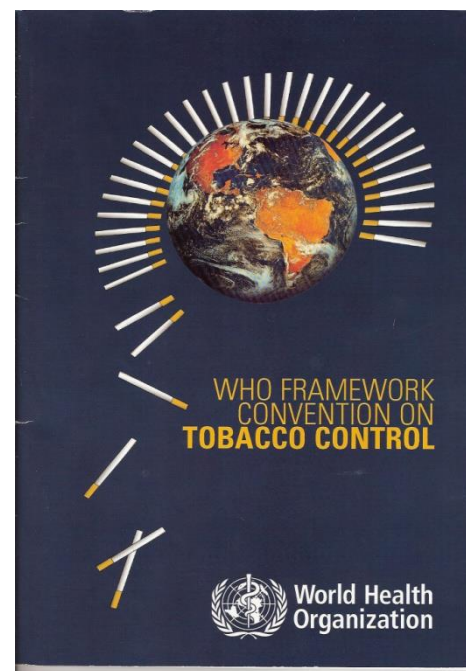


- Treat tobacco addiction/dependence as a healthcare issue thus providing a better outcome for patients
- Denormalise tobacco use in healthcare settings

WHO language

- 21st May 2003: World Health Assembly adopted the WHO Framework Convention of Tobacco Control 'FCTC'

*"Intends to minimize and eliminate:
Tobacco addiction in all it's forms
Nicotine addiction
Exposure to tobacco smoke"*





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Treating tobacco use as a care issue



- WHO 1994 Classification of Disease ICD-10: Nicotine Dependence – a chronic relapsing disease –
- Diagnosis code
 - Z72.0 current tobacco use,
 - Z86.43 past history of tobacco use,
 - F17.1 harmful tobacco use,
 - F17.2 tobacco dependence
 - F17.3 withdrawal state
- Treatment code Z 71.6

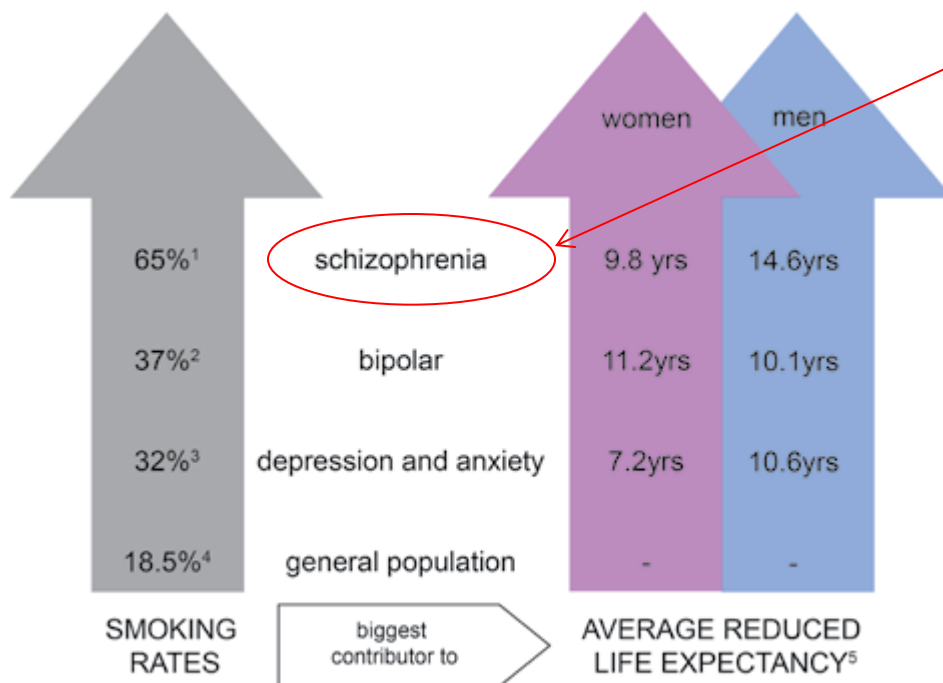


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“The Stolen Years” - Parity of esteem?

Figure 1: Smoking rates and average reduced life expectancy by mental health condition.



Cause of death
1:10 Suicide
7:10 CVD

Refs: 1: Wu C-Y et al. (2013). PLoS ONE 8(9): e74262. 2: THIN data 3:McManus et al (2010) NCSR.
4: www.smokinginengland.info 5: Chang et al, Life Expectancy at Birth for People with Serious Mental
Illness and Other Major Disorders from a Secondary Mental Health Care Case Register in London, PLoS
ONE, 2011.

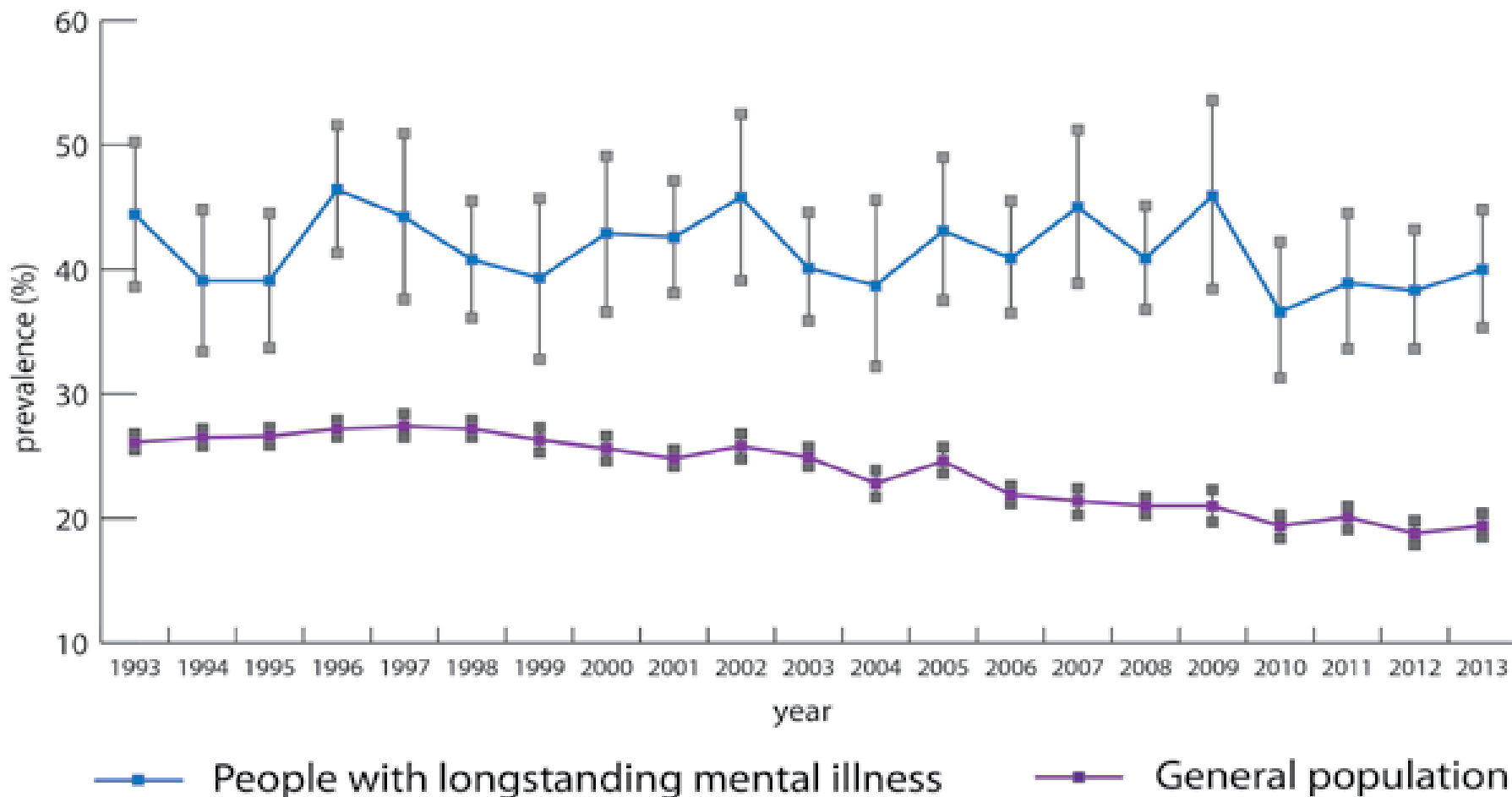


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People with mental illness are being left behind!



Figure 2: Smoking prevalence in England, 1993-2013



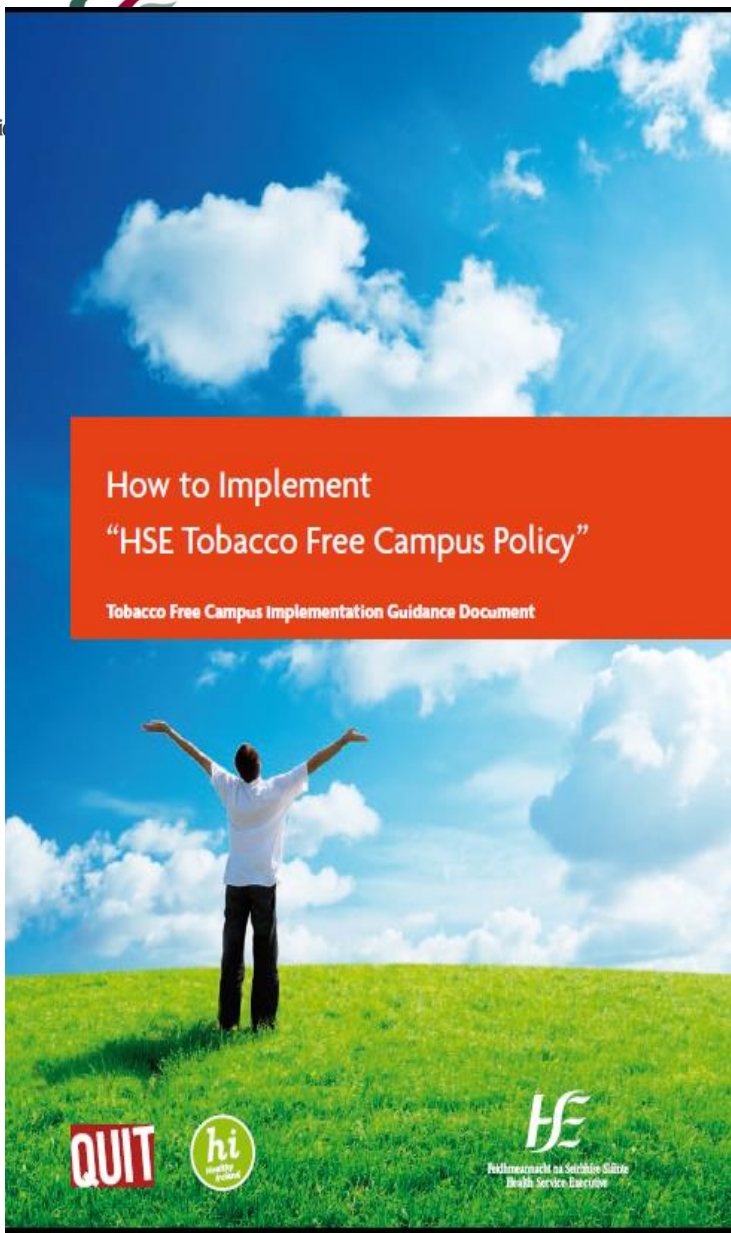


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Global Quality Standards



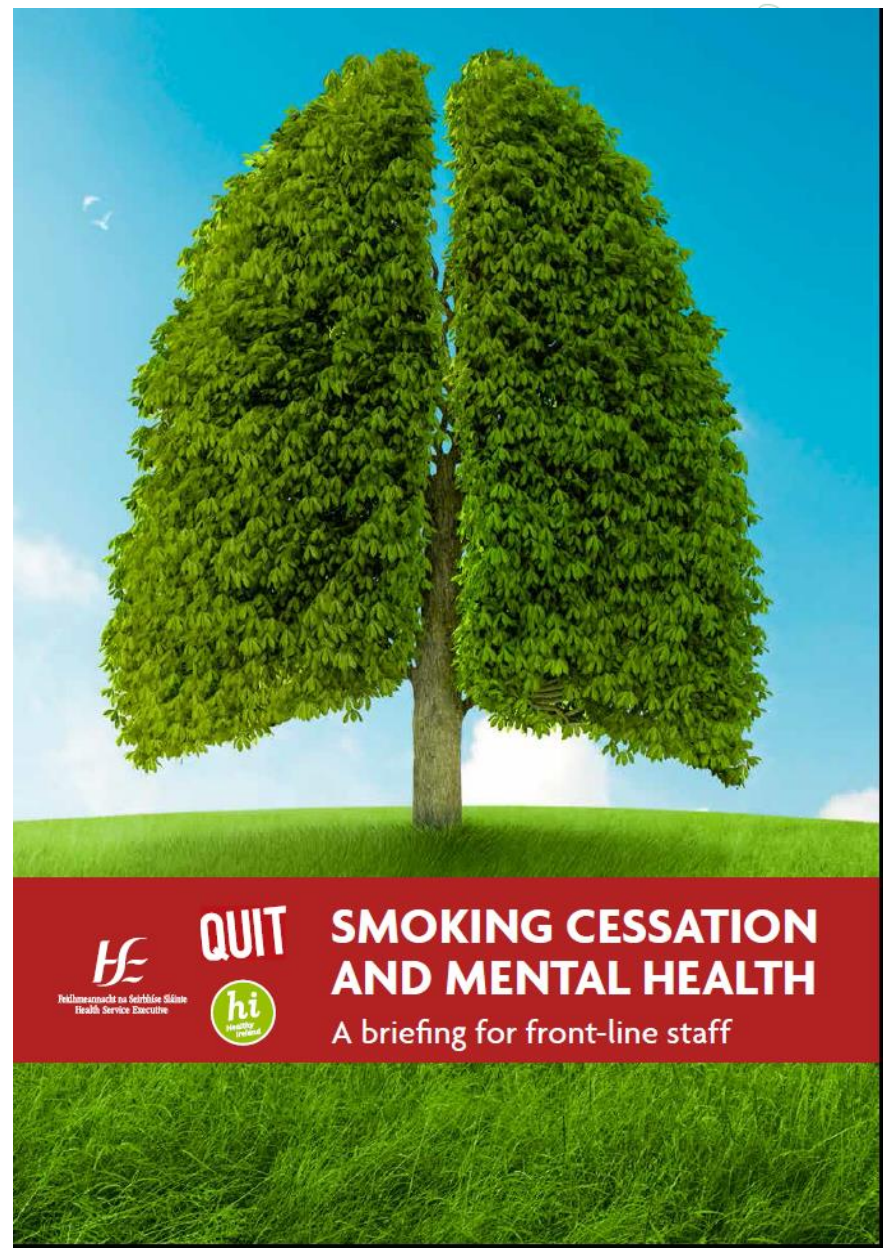
- **Standard 1** - Governance and Commitment
- **Standard 2** - Communication
- **Standard 3** - Education and Training
- **Standard 4** - Identification, Diagnosis and Tobacco Cessation Support
- **Standard 5** - Tobacco-Free Environment
- **Standard 6** - Healthy Workplace
- **Standard 7** - Community Engagement
- **Standard 8** - Monitoring and Evaluation



How to Implement “HSE Tobacco Free Campus Policy”

Tobacco Free Campus Implementation Guidance Document

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SMOKING CESSATION AND MENTAL HEALTH

A briefing for front-line staff

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Treatment of Tobacco Dependence



- QUIT
- Link
- Nati
- HIQ
- Dev
- for t
- Risk
- 'exti

The screenshot shows the QUIT website interface. At the top is a red navigation bar with the QUIT logo, contact numbers (1800 201 203, 50100), a live chat button, and a 'QUIT NOW' button. Below the navigation bar is a 'Smoking Cessation Clinics' section. It includes a text block stating: 'The HSE provides a range of Smoking Cessation Support Services, some in the community and some in hospitals. Have a look on the map below to find a service near you.' To the right of the text is a red filter box labeled 'Filter by county...' with a dropdown menu currently set to 'All Counties'. Below the text and filter is a map of Ireland and the United Kingdom, showing various locations marked with blue and yellow dots. At the bottom of the map are three service cards: 'Ardmore Tobacco Cessation Support Service' (Contact: Kate Cassidy), 'Arklow Tobacco Cessation Support Service' (Contact: Mary Des), and 'Athlone Tobacco Cessation Support Service' (Contact: Gail McNeill). A 'Feedback' button is located between the second and third service cards. The website is displayed in a browser window with the URL https://www.quit.ie/clinics.

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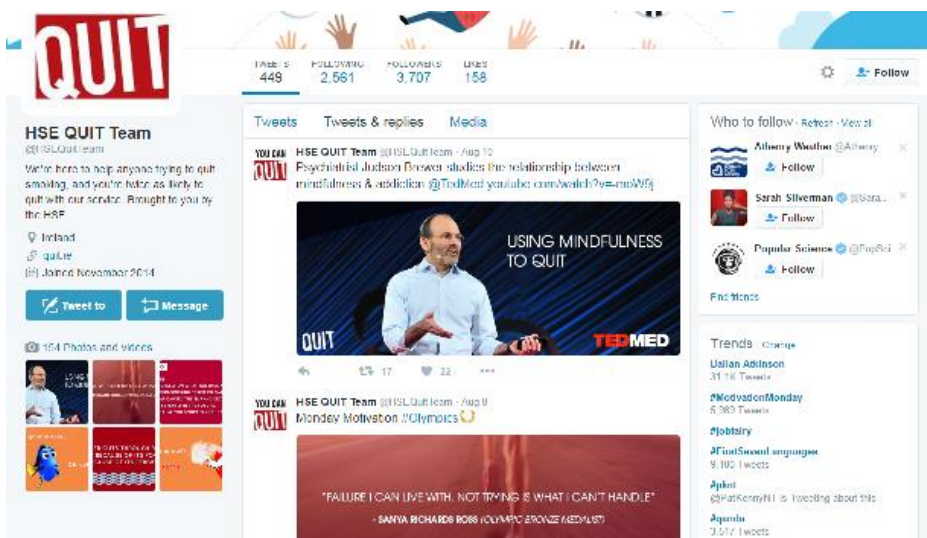
Quit Support and Information



QUIT.IE



<https://www.facebook.com/HSEquit>



https://twitter.com/HSEQuitTeam/with_replies



<https://www.youtube.com/>

QUIT

30 second Stop Smoking Advice

When you only have 30 seconds the most effective thing you can do is ASK, ADVISE and ACT

ASK

ASK every patient about tobacco use at every healthcare contact, including on hospital admission and record smoking status.

ADVISE

"Quitting is the single best thing you can do to improve your health. We need to do two things – give you support and start you on medication. With medication and support you are up to **4 times more likely** to be successful."

Combined pharmacotherapy and behavioural support is 4 times more effective when compared with quitting unaided

KEY MESSAGES:

- Tobacco dependence is a chronic relapsing disease, WHO (ICD-F17.2) classification
- Smokers expect to be asked about smoking as it shows concern for their overall health
- Tobacco dependence treatments are both clinically effective and cost effective
- No other clinical intervention produces the same significant results for such a small investment in time

ACT

PRESCRIBE

"The first few days and weeks after you quit can be the hardest. Many people will go back to smoking unless they get extra help. You will now get the medication and support to help you." (see prescribing information on page 2).

REFER

"I would also like you to call the HSE Quit Team @ 1800 201 203 www.quit.ie*, which is a free service. They will give you tips on dealing with cravings, withdrawal symptoms, smoking medications and help in staying motivated. Are you happy to do that now?"



* as per local arrangements

Make every contact count



PRESCRIBING FOR TOBACCO DEPENDENCE

Tobacco use remains the leading preventable cause of illness and death in our society. Smokers who quit reduce their risk of many diseases, including cardiovascular disease, respiratory disease and cancer. Quitting increases life expectancy. Some smokers make many attempts to quit before they succeed.

TREATMENT

NICOTINE REPLACEMENT THERAPY (NRT)*

PATCH

GUM /
LOZENGE

INHALER

MOUTH
SPRAY

COMBINATION NRT

A combination of nicotine patch and a faster acting intermittent form along with behavioural support is more effective than monotherapy and should be considered the standard treatment

PATCH
+ GUM

PATCH +
LOZENGE

PATCH +
INHALER

PATCH +
MOUTH
SPRAY

SET QUIT DATE: SAME DAY AS STARTING NRT

KEY MESSAGES:

- Quit rate is double placebo
- NRT is available to purchase over the counter
- NRT is available for medical card holders
- NRT should be prescribed to all patients ON ADMISSION to hospital, including day cases, to help them manage nicotine withdrawal symptoms

This guideline was developed in line with the evidence available. This guidance does not, however, override the individual responsibility of health professionals to make decisions appropriate to each patient. The guideline will be reviewed as new evidence emerges.

VARENICLINE (CHAMPIX)*

SET QUIT DATE: 7-14 DAYS AFTER STARTING VARENICLINE

KEY MESSAGES:

- This is the most effective medication; quit rate is triple placebo
- Available only on prescription
- There is no good evidence that combining NRT with Varenicline improves success rates



BUPROPION (ZYBAN)*

SET QUIT DATE: 7-10 DAYS AFTER STARTING BUPROPION

KEY MESSAGES:

- Quit rate is double placebo
- Available only on prescription
- There is no good evidence that combining NRT with Bupropion improves success rates

A cartoon illustration of a man with dark hair, wearing a red long-sleeved shirt and blue trousers. He is giving a thumbs up. A speech bubble above him says "We're here to help!".

FREEPHONE 1800 201 203
FREETEXT QUIT TO 50100
EMAIL US SUPPORT@QUIT.IE
TWEET US @HSEQUITTEAM
FACEBOOK US FACEBOOK.COM/HSEQUIT
GET STARTED ON WWW.QUIT.IE

* for comprehensive information on these medications consult your prescribing manual.

Acknowledgement: Developed with the assistance of Dr Andy McEwen, Executive Director, National Centre for Smoking Cessation and Training. www.ncsct.co.uk



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Key concerns highlighted at the 2016 workshops:



- Sale & distribution of cigarettes was still current practice in a number of HSE MH & Social Care services.
- A large number of psychiatrists are not supportive of TFC policy
- Current management of tobacco in many MH services is unsafe and presents a fire safety risk
- TFC policy compliance by staff is an issue not being addressed in many sites.
- Many staff will require a lot of support/direction from HP&I and the national tobacco team to implement the policy



Actions post workshops



- **Action 1:** June 17th 2016, met with the National Executive Clinical Director group (Consultant Psychiatrists)

Key points addressed:

- The importance of their personal clinical leadership in addressing smoking by mental health service users.
- “Parity of esteem” for mental health service users was emphasised.
- Action from meeting:
 - Agreement to develop SOPs to manage elements of policy implementation and establish a small sub group to work on same facilitated by the national TFI team



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- **Action 2: To begin to address the clinical leadership challenge for tobacco free campus policy in mental health sector**, we invited the Royal College of Psychiatry to endorse the newly developed ‘Smoking Cessation and Mental Health’ Briefing Document. This document is also signed off by Anne O’Connor, National Director of Mental Health.



- **Action 3:** Site visit to a Mental Health site in the Midlands
- Safety concerns are very real, staff identified that they are currently exposed to Second Hand Smoke (SHS) in their work environment on a daily basis. Tobacco management in the service currently reflects many dated practices and staff buy-in for implementation of HSE TFC policy is low. There was a commitment at the end of the meeting by management to review work practices.
- Currently we have identified champions and are supporting a shared service to become an example of best practice



- **Action 4:** We have identified a local HP&I staff member to be the support person for TFC policy implementation in each CHO
- **Action 5:** We are reviewing processes used to measure/validate implementation of Global standards in health care services and settings in other countries.
- **Action 6:** Annual completion and submission of Global on-line self audit is included in HG and CHO HI plans



- **Action 7:** Funding of free NRT for HSE staff was included in staff health & wellbeing initiatives in CHO's and Hospital Groups to incentivise successful quitting
- **Action 8:** We identified complex services that represent good models of HSE TFC policy implementation and identified a number of one-day training/conference/workshop events that could be used to reward new champions in mental health services to promote leadership and innovation. These are currently being reviewed by the national MH office



- **Action 9:** Contact made with the National Incident Management System - estimate of cigarette related fires and near misses at HSE owned or operated facilities
- Between 01/01/2011 and 10/08/2016 **cigarette has been mentioned in 142 of the 1,508 incidents**
- **Action 10:** Work with Disability services to map services and support planning around implementation



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Work on-going



- Recruit new representatives to the TFIPG - new structures
- Review TFC policy & address the culture of smoking breaks
- Stronger focus on research..... EVE services
- Engage our stakeholders to act as advocates
 1. Working with ARI Recovery College, Castlebar on tobacco module 'Let's talk about smoking'
 2. Working with the SUFE group
- Meaningful engagement with HIQA – analyse HIQA reports on Care of the Elderly settings in the context of managing smoking
- Progress engagement with MHC
- Manage transition from BISC to generic BI (MECC) & promote NCSCT on-line training

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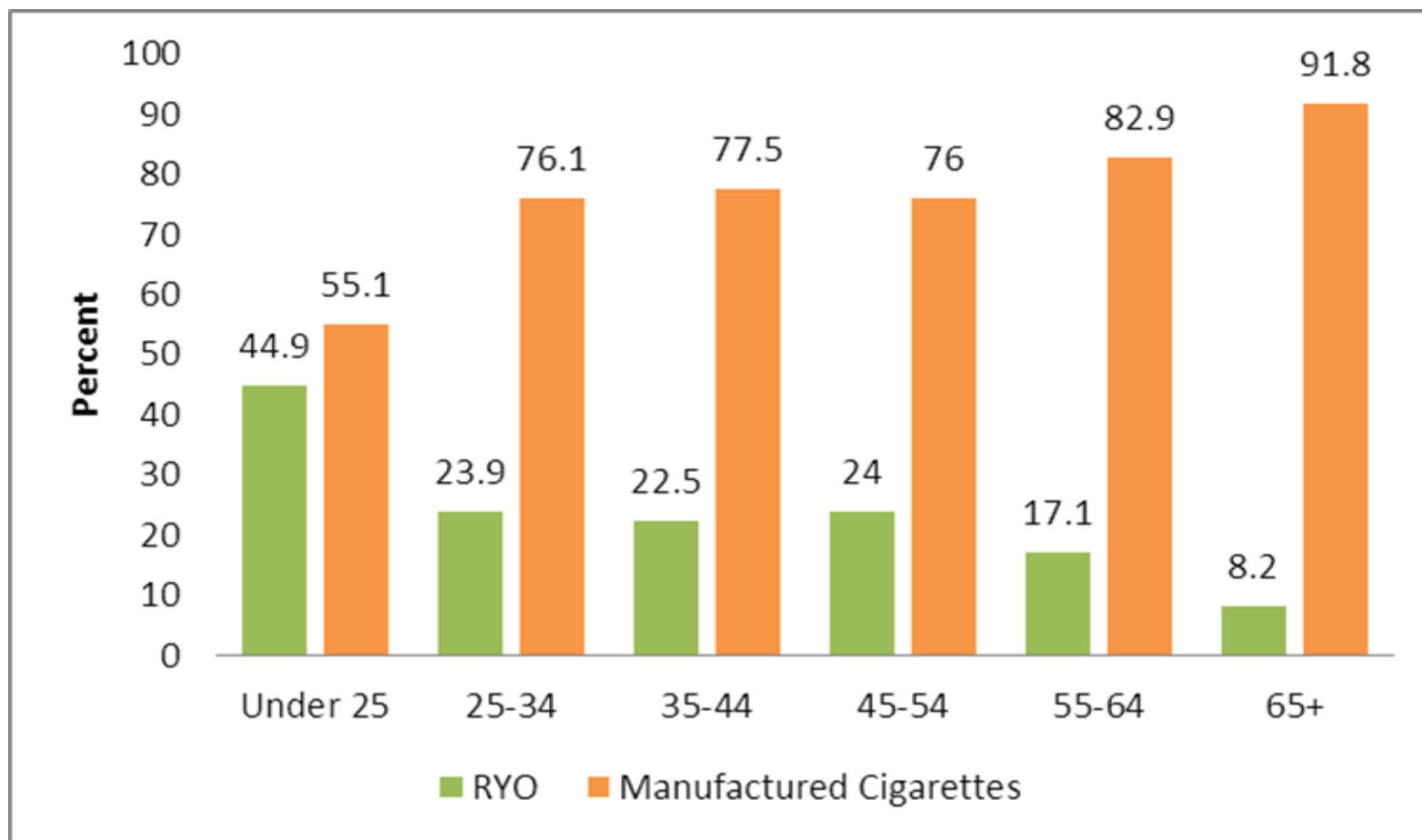




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Roll your own cigarettes in Ireland

Key patterns and trends April 2017



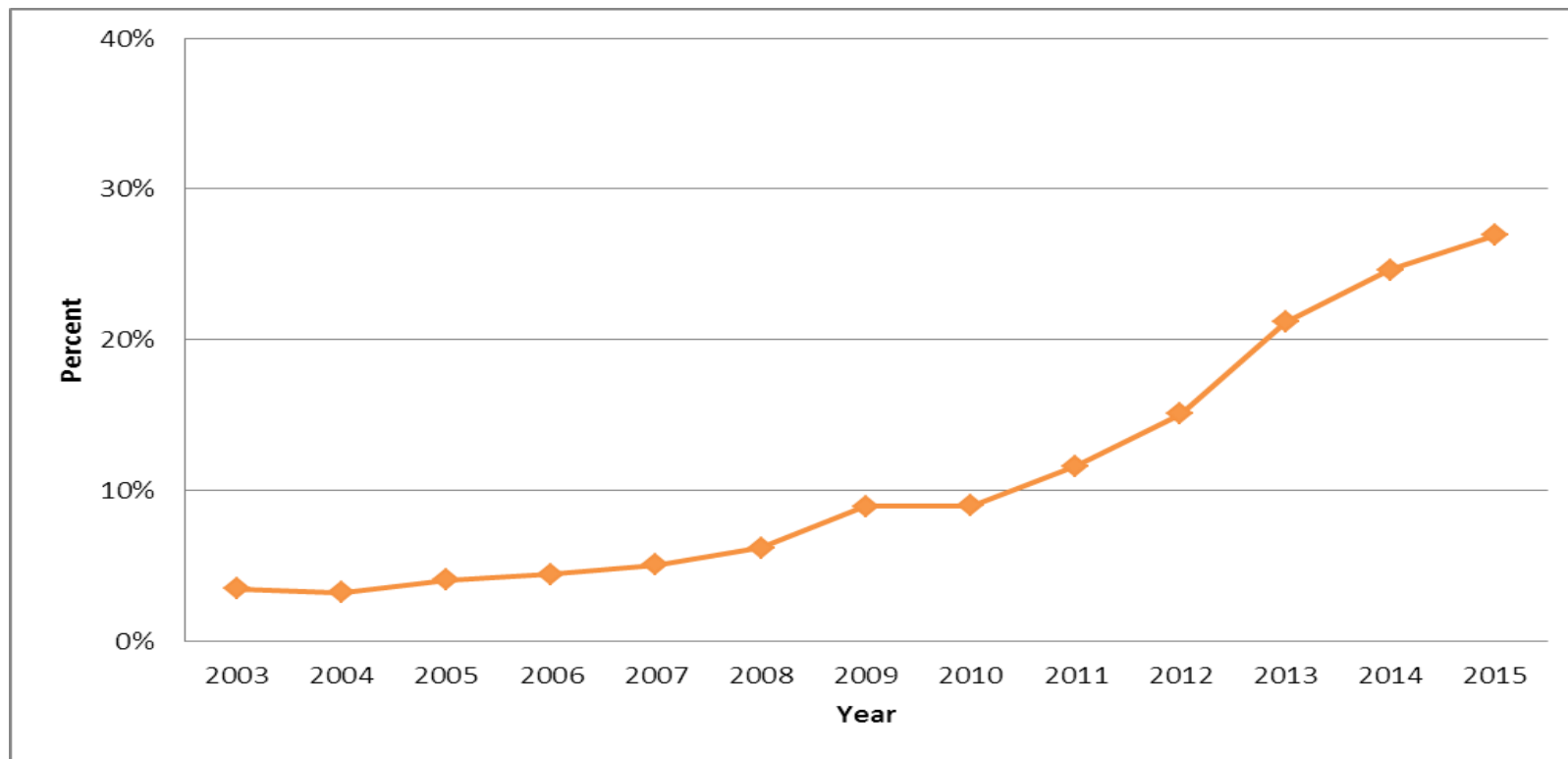
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RYO increased from 3.5% in 2004 to 28.5% in 2016



Roll your own cigarettes in Ireland – Key patterns and trends April 2017



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What is a TFC?



- A TFC is a service, setting or site that has adapted HSE TFC policy for local use, communicates a clear message to ALL service users that tobacco sale/distribution/use is strictly prohibited, systematically diagnoses tobacco addiction, actively supports tobacco users to quit, trains staff in Brief Interventions for Smoking Cessation and systematically monitors and improves policy implementation



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What do we expect from a TFC ?



- No smoking by staff or visitors & no smoking shelters
- No staff purchasing tobacco for patients or distributing tobacco to patients
- Policy breaches being addressed by staff / managers
- An active policy steering/working group
- Agendas/minutes/action points from meetings
- Annual completion/submission of ENSH on-line audit
- A QIP to address policy implementation issues
- Staff trained in BISC
- Referrals to SC support/use of NRT
- Evidence of monitoring of policy implementation



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CUH Video to communicate the message



<http://www.incareview.com/smoking/>