

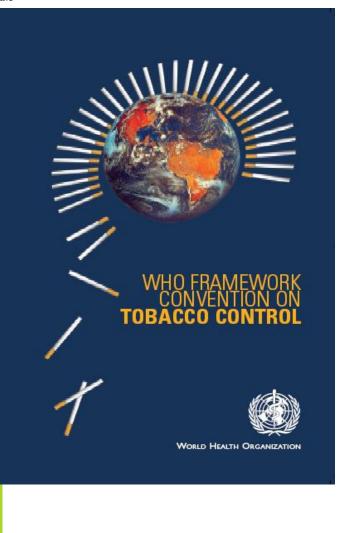
Tobacco Cessation 'Quitting and staying quit – what works?'

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



Current situation in Ireland

Feidhmeannacht na Seirbhíse Sláinte Health Service Executive



- High tax on tobacco products €10.50/20 pack cigarettes
- No advertising/sponsorship/sales promotion
- No smoking in the workplace (playgrounds)
- No sale of tobacco products to under 18's
- Pictorial warnings on cigarette packages
- No promotion at point of sale
- On-going problem with illegal sale of tobacco
- Register of all retailers selling tobacco products
- Successful 'QUIT' campaign

Legislation being drafted:



• To ban smoking in cars with children & to introduce plain packaging

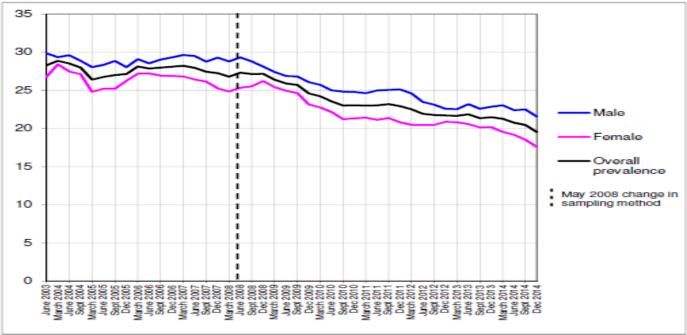


Smoking Prevalence 2003-2014



Figure 2.6 shows that overall smoking prevalence has declined from 28.28% in June 2003 to 19.53% in December 2014. Since the tracker began, a higher proportion of men have smoked every year. Male and female smoking has declined to 21.55% and 17.59% respectively.

Figure 2.6: Cigarette Smoking Prevalence by Gender (12 month moving average)



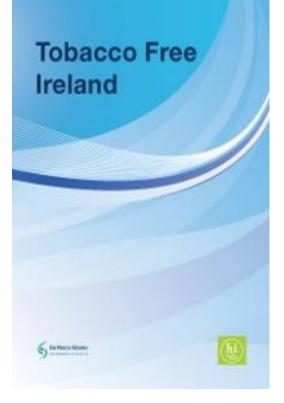




Framework for improved health & Wellbeing 2013-2025







Tobacco Free Ireland by 2025





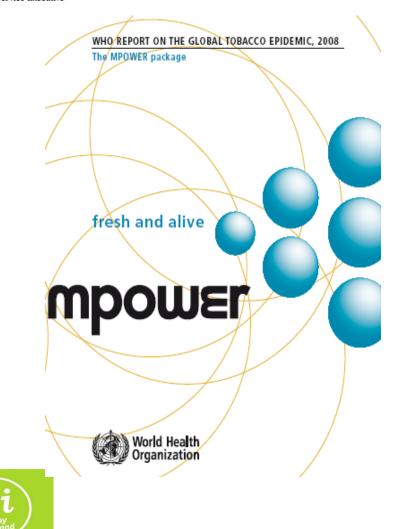
Treating tobacco as a care issue



- 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 o
 - F17.3 withdrawal state
- Treatment code Z 71.6









- <u>M</u>onitor tobacco use and prevention policies
- Protect people from tobacco smoke
- <u>O</u>ffer help to quit tobacco use
- <u>W</u>arn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship

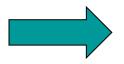
Raise taxes on tobacco







Tobacco Management in Irish health services 2010-2015



Tobacco Free Campus Policy in ALL health services





You can quit and we can help



How Ireland puts the **W** and **O** in MPOWER Smokers & quitters at the centre W & O hand in hand Evidence & Learning







Where we were in 2010



Campaign material adapted from UK market

Poor links and integration between campaign and between services

Quitline – phone only, decreasing activity, not connected to online/face-toface services

Give up Smoking.ie – increase in use of online QUITplan, approx 5000 annually

Disconnected pathways for smokers seeking help to quit

National Quitline 2-tier Phone only 1850 201 203



QUIT



Focus on MPOWER





QUIT Campaign <u>www.quit.ie</u>

Local and International Research Emotional, disruptive messages **Why** to quit and **how** to quit Real life stories from courageous Irish families Enough money to let people see them



"You can quit and we can help"





1 IN EVERY 2 SMOKERS WILL DIE OF A TOBACCO RELATED DISEASE

2

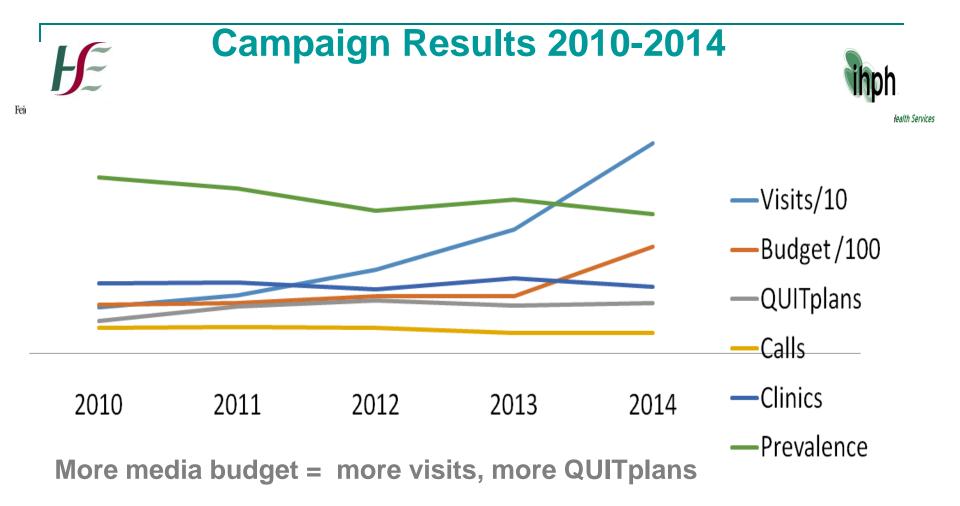
1 IN EVERY 2 SMOKERS WILL DIE of a tobacco related disease

AB DEL

quit.ie 1850 201 203

WITH THAT?

CAN YOU LIVE QUIT



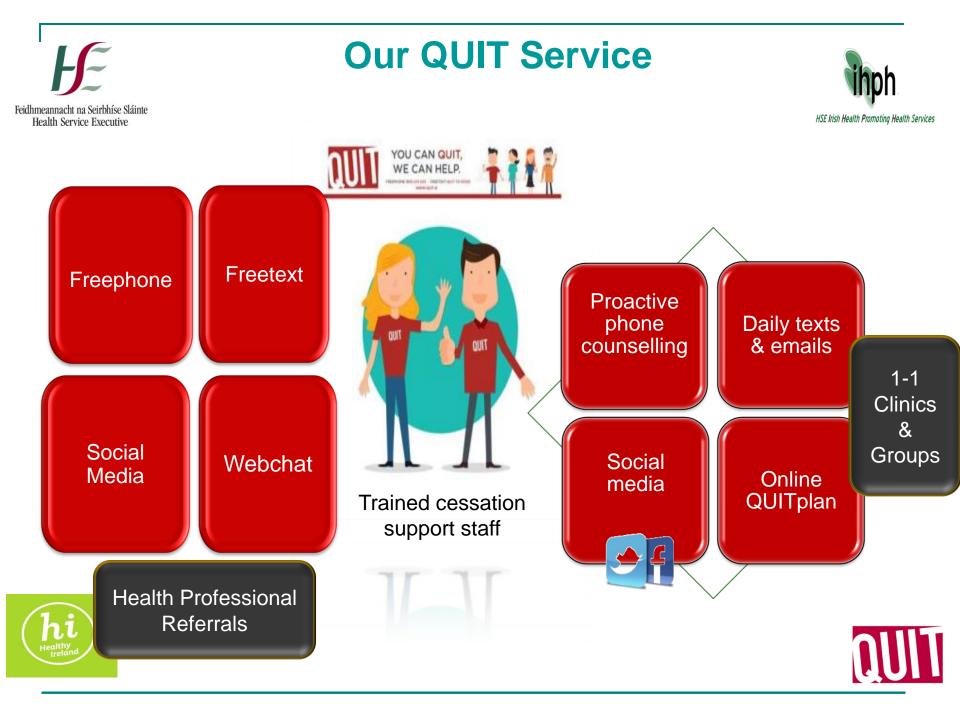
This was good.



In 2015, we aimed to do better







Digital Innovation

- Be where they are
- Design for Mobile
- Daily mails and SMS
- Data and analytics
- Social innovation
- Support system
- Keep them with us
- Bring them back







Changing the model of service delivery from a two-tier, low-cost and phone only service

to one that offers free, direct access to the QUIT programme across multiple channels

has had a significant impact





6k



Visits to QUIT.ie 6610 Quitplans

102k

Contacts to QUIT Team

13k

QUIT Heroes

views

228 stories

Facebook followers 5k comments 251 posts from QUIT Team 151 Private msgs

145k

1.7k

Twitter followers 848 re-tweets 374 tweets

hi Healthy Ireland







401

(183 – 2014)

Signed up to QUIT programme

QUIT kits sent out

11,339

34%

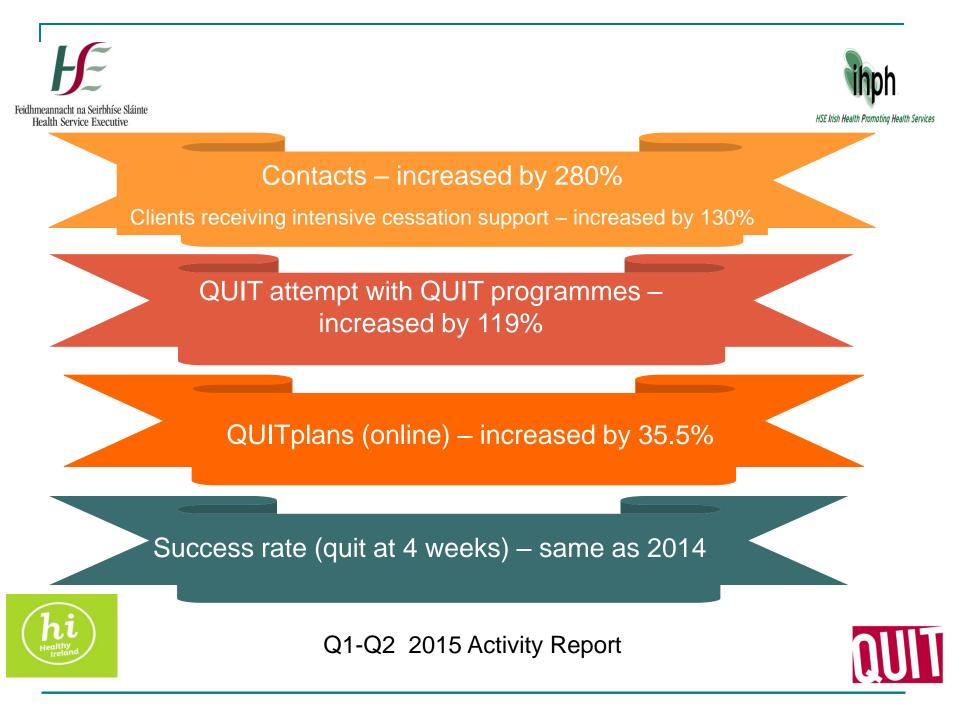
QUIT at 4 weeks

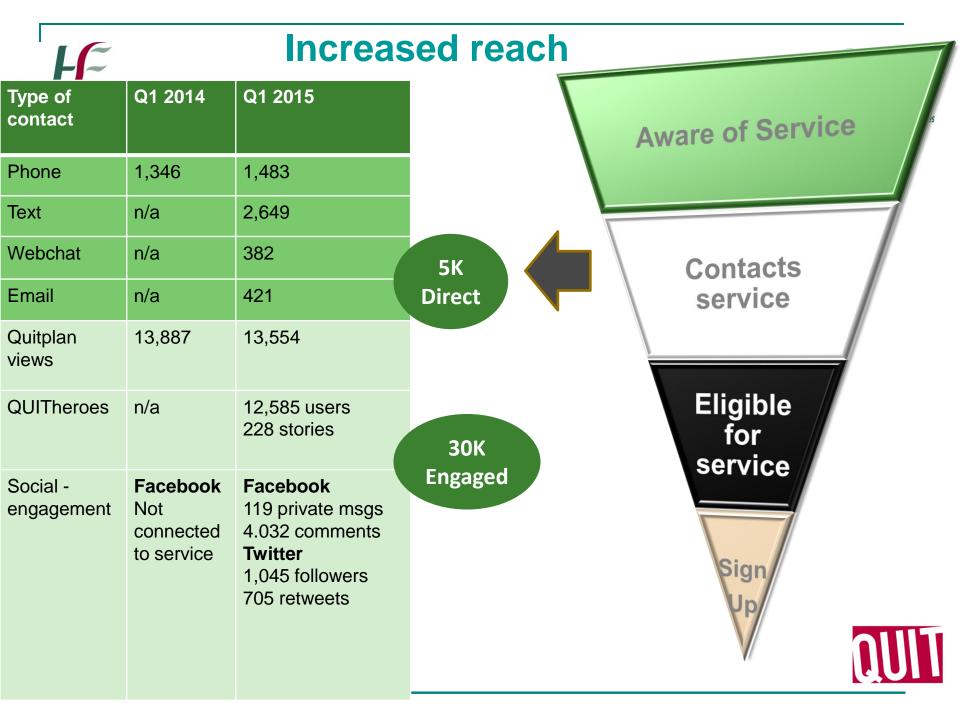
Same as 2014











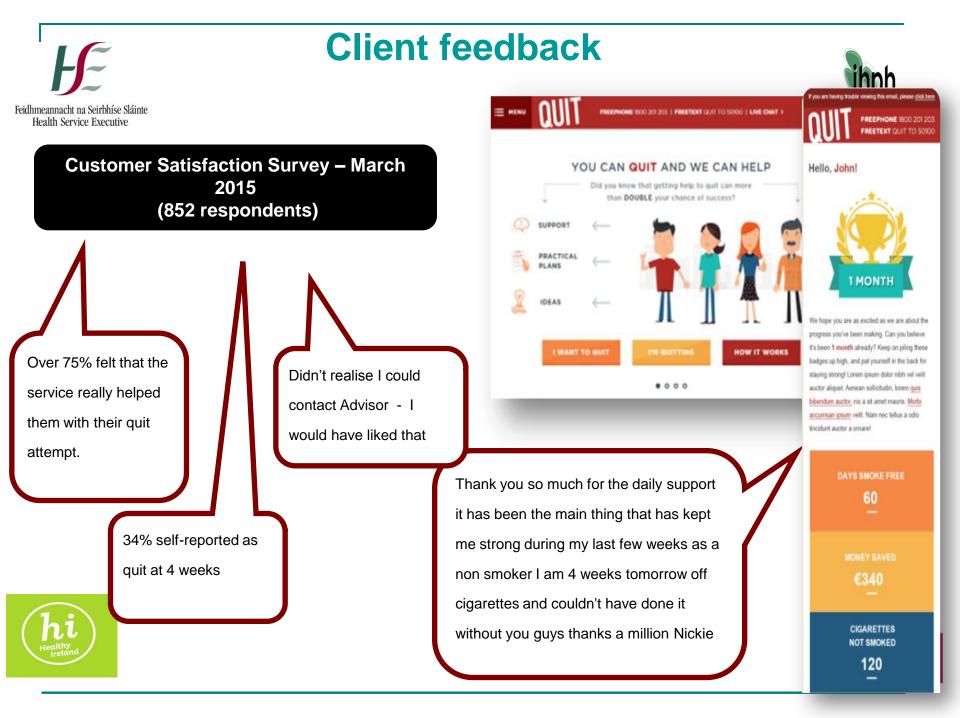
Converting Reach into Quits

Feidhmeannacht na Seirbhíse Sláinte Health Service Executive

H^c



Executive			HSE Irish Health Promoting
		January to March 2014	January to March 2015
Contacts	Ads, messages, media spend, TVRs similar.	Communication channels unconnected. Primary focus – lead generation.	Communication channels integrated. Direct access to QUIT programme.
nto Quit attempts	PHONE – 1800 201 203		
	No of contacts	1,346	1,483
	No of smokers receiving intensive cessation support	256	553 – 116% increase
	No of clients enrolled in QUIT programme	97	241 – 141% increase
	QUIT.ie		
	Site visits	93,716	77,672
	QUITplan home page view	13,877	13,554
	QUITplan sign-ups	3,593	5,655 – 57% increase



The definition of 'QUIT' has been adapted from the Russell Standard (West et all 2005)

Self-reported Quit

- This is defined as a self-report of smoking not more than five cigarettes from the quit date
 - A: No, not a puff
 - B: 1-5 cigarettes
 - C: More than 5 cigarettes

A or B can be classified as a Self-reported Quit









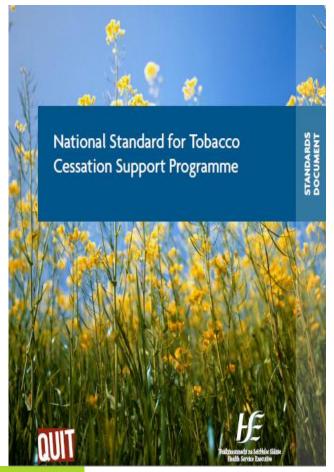
A self-reported quit that is validated with a CO monitor reading of less than 10ppm is classified as a **Validated Quit**

A **relapse** is the norm when discussing nicotine dependence and is defined as the resumption of regular smoking even if at a lower level

Service providers try three times, leave a message and failure to make contact after three attempts is documented as 'Lost to follow-up)







1 month follow-up



All clients who set a quit date are followed up at 1 month (4 weeks) post quit date. The 1 month follow-up will be carried out immediately upon, or very shortly after (-3 or _14days after) the 1 month quit date.

3 month follow-up

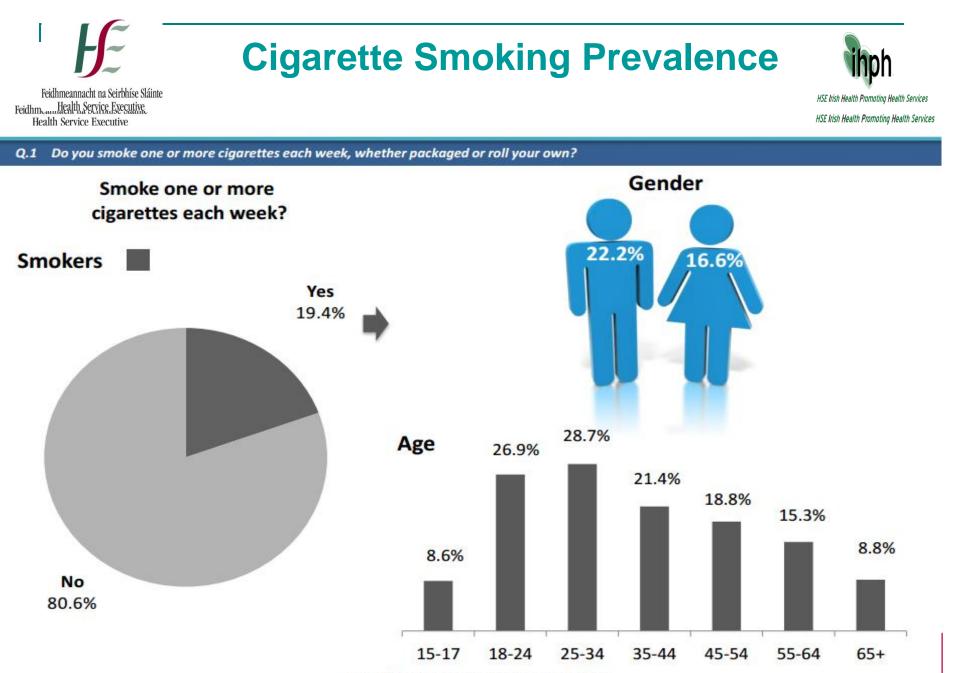
All clients who are still quit at 1 month will receive follow-up support from a specialist. 3 months/12 weeks of the quit date (-3 or +14 after)

12 month follow-up

The 2 month follow-up is similar to that performed at 3 months. Clients who are still quit at 3 months should be followedup within 56 weeks of the original quit date (-3 or +30 days)







Base: All Respondents January to September 2015: 9,008

ndents January to September 2015. 9,008





Smoking prevalence is highest amongst those in the DE and C2 socio-economic groups, with those in the AB & F categories being least likely to smoke. Social Class Categorisation Source: AIMRO Standard Guide for Social Class – Further details available on HSE website



HSE Irish Health Promoting Health Services

National or regional networks that want to adopt the ENSH-Global concept for tobacco free health care services.













The ENSH-Global facilitates the sharing of information and experiences on tobacco control policies globally











ENSH-Global advocates to enhance the **commitment of health professionals** in tobacco control







Thank you for listening - any questions?

Please visit <u>www.quit.ie</u> and <u>https://www.youtube.com/watch?v=MposI7PnHZw</u>

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