What does the Tobacco Control Plan mean for community nurses?

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Smoking has a significant negative effect on patients’ health status. The Department of Health (DH) recently announced a Tobacco Control Plan, which sets out the government’s strategy for reducing smoking rates and increasing patients’ access to smoking cessation services. This article examines the main points of the Tobacco Control Plan, as well as detailing how community nurses can use the plan to improve their own interactions with patients who smoke, as well as designing effective smoking cessation services.

**KEYWORDS:**
- Comorbidities
- Smoking
- Smoking cessation
- Smoking-related disease
- Tobacco Control Plan

In 2017, the Department of Health (DH) released *Towards a Smokefree Generation. A Tobacco Control Plan for England*, which sets out the government’s ambition to dramatically reduce smoking rates. While smoking prevalence overall in England has fallen to 16% of the adult population, smoking is still the single largest cause of preventable deaths (NHS Digital, 2015b). More than 200 people die each day from smoking-related disease — often prematurely — and many of these deaths are preventable.

During their lives, a high proportion of smokers will access healthcare services to help them manage chronic illness and debilitating conditions, which may render them unable to work, engage in daily activities and take part in family or professional life. With smoking prevalence falling, those who continue to smoke, such as people from deprived communities and those living with chronic disease or mental illness, are some of the most vulnerable in society. Pregnant smokers are a priority group, as their smoking affects not only their health, but that of their unborn children.

Interventions in pregnant women who smoke are aimed at halting the intergenerational cycle of smoking and poor health (Royal College of Physicians [RCP], 2000).

All healthcare professionals, including community nurses, need to be smarter and more focused in their approach to supporting any smokers in their caseloads. At a time when limited healthcare resources are affecting health and local authority smoking cessation services, community nurses need to consider how to provide the most effective interventions for people who smoke.

**TOBACCO CONTROL PLAN**

Table 1 sets out the DH’s key ambitions with regard to smoking cessation in England (DH, 2017). The challenge for community nurses is to translate these ambitions into action at a practice level. The Tobacco Control Plan proposes a number of actions (DH, 2017):
- Action 1: prevention first
- Action 2: supporting smokers to quit

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<th>Table 1: Tobacco Control Plan targets</th>
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<td><strong>Target</strong></td>
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<td>Create the first smoke-free generation</td>
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<td>Achieve a smoke-free pregnancy for all</td>
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<td>Achieve parity of esteem for those with mental health conditions</td>
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<td>Provide evidence-based innovations that support people to quit smoking</td>
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Action 1: prevention first
Smoking is a lifelong relapsing addiction; it is not a lifestyle choice. Most people who smoke start by experimenting with smoking and starting to smoke regularly in childhood, the majority in teenage years. In 2017, 77% of smokers aged 16 to 24 said that they began smoking before the age of 18 (DH, 2017). The teenage years are a natural time of experimentation; however, teenagers do not fully understand the risks of smoking or addiction. In the author’s clinical opinion, discouraging young people through legislative action, education in schools and by supporting pregnant women and parents to quit is a priority.

School nurses
School nurses should consider how they might support personal and social education at the different stages of the curriculum. The field of tobacco control and treatment is a rapidly changing area. Children may be experimenting with tobacco as well as e-cigarettes and need to know about the risks involved in both. The website of the National Centre for Smoking Cessation and Training provides the latest information on e-cigarettes (ncsct.co.uk/usr/pub/Electronic-cigarettes-A-briefing-for-stopsmoking-services).

Although healthcare professionals focus on helping adults to quit, there may be some children who are interested in quitting smoking. School nurses are ideally placed to support children, i.e. by setting up a service to help young people quit smoking and enabling them to access local stop smoking services.

Health visitors
Almost 50% of children live in a household where someone smokes, and 82% of pupils who smoke regularly have a family member who also smokes (Jarvis et al, 2000; NHS Digital, 2015a). Supporting parents to quit smoking, especially mothers who have quit in pregnancy and relapsed following the birth of their child, is a key part of the health visitor’s role (West, 2012).

One of the key techniques community nurses and health visitors can use is to ensure that people who want to quit receive the most up-to-date information from Action 2: supporting smokers to quit and are referred to a specialist service.

Many adult patients will have used hospital, mental health or maternity services recently. The Tobacco Control Plan prioritises the need for integrated treatment systems from hospital to community, so that people who smoke stand the best chance of continuing to be smoke-free (DH, 2017). Smokers are much less likely to take up the habit again if these systems are in place (West, 2012), and this can have a significant positive effect on health outcomes (Dresler, 2003; Rigotti et al, 2008; Shah and Cole, 2010; Mills et al, 2011; West, 2012; Global Initiative for Chronic Obstructive Lung Disease [Gold], 2017).

It is also important to make smoking status a mandatory field within patient admission documentation, with the facility to refer electronically to an on-site stop smoking service, as well as refer on discharge to community-based stop smoking services.

Most maternity services will have conducted routine carbon monoxide screening alongside automatic referral to smoking cessation services for pregnant women who smoke, an approach that has led to a doubling of cessation rates (Campbell et al, 2016). Health visitors can consolidate this by introducing the subject of smoking in any conversations they have with patients. It is also important that health visitors do not assume that a woman who has given up smoking in pregnancy will not relapse; up to 80% of women will relapse within a year following the birth of a child, especially if they live with a partner who smokes (Mullen et al, 1997; Fang et al, 2004).

Health visitors may need to reassure women about the effects of nicotine on breast feeding from both nicotine replacement therapy (NRT) products, such as nicotine patches, gum, lozenges, nasal or mouth sprays, and e-cigarettes. Providing gentle but clear encouragement to remain smoke free at every contact is invaluable and should be offered to male and female parents. The intervention of health visitors at the time of the child’s birth and initial development can positively influence that child’s future smoking habits. While, to date, there is no evidence of the effects of e-cigarettes on breast feeding (i.e. how much nicotine gets transferred via the breast milk to the baby), it is known that e-cigarettes do not contain the harmful bi-products of tobacco smoking.

The National Centre for Smoking Cessation and Training provides online training for health visitors on brief interventions that they can use with parents (www.ncsct.co.uk).

Action 2: supporting smokers to quit
The Tobacco Control Plan’s ambition of creating a smoke-free NHS by 2022 will involve all NHS trusts encouraging patients, visitors and staff who smoke to quit.

Box 1. Finding smoking cessation services
- Visit www.nhs.uk/smokefree — this website also offers a wide range of support and information
- Some areas, like London (www.stopsmokingLondon.com), have a shared online portal, which offers phone and online support and information on the nearest service
- Nurses can usually refer patients to smoking cessation services quite easily, through online links or by phone. In addition, patients can self-refer
- Your local smoking cessation service may be able to provide you with a simple link integrated into your local electronic patient record system
Elements for community nurses to consider for a brief smoking cessation intervention

A brief smoking cessation intervention can have a huge effect on a patient’s life. All too often, however, smoking is seen as a lifestyle choice, or as a subject that is too difficult to bring up. Often, this is because the nurse feels ambivalent about smoking or is not confident about raising the subject and dealing with the response. Initially, the nurse needs to ‘reframe’ their attitude to smoking cessation interventions, using the following steps:

1. Smoking is not a lifestyle choice, it is an addiction
2. Raising the subject of smoking and intervening is a legitimate part of treatment
3. If we do not let patients know what they can do to help themselves, we are missing a key part of their treatment
4. Patients often expect to be asked about their smoking — they also expect to be ‘told off’ and can feel guilty and embarrassed about smoking. They will not seek help — you need to offer it
5. A relatively brief intervention, i.e. simply asking them about their smoking, checking their understanding of how smoking contributes to their health, and offering a referral using a non-judgmental and genuine approach can prompt a helpful discussion
6. Most patients do not know what support is available and are confused about e-cigarettes
7. Communication about smoking cessation needs to be made relevant to the patient’s condition and the benefits of quitting related to the ‘here and now’
8. Stop worrying about upsetting the patient; it will be far more upsetting for them to undergo another admission to hospital due to an exacerbation of their chronic obstructive pulmonary disease (COPD), or a second heart attack because they carried on smoking
9. Do not expect 100% success. You would not expect complete success in other areas of health care, so why would you with smoking? If healthcare staff can persuade 50% of people who smoke to quit, we are doing really well.

who smoke are four times more likely to quit successfully if they use a specialist service and pharmacotherapy, compared to trying alone (West, 2012).

While the responsibility for many smoking cessation services has been moved from the NHS to local authorities, some services have been decommissioned altogether, or contracted out to private organisations. Public Health England [PHE] is tasked with monitoring these services and local authorities are required to develop their own tobacco plans.

Smoking cessation services may also be provided by local GP and pharmacy advisors, so nurses should find out who provides the services in their locality (see Box 1). Services are free and NRT will either be provided by direct supply or by prescription. Other smoking cessation pharmacotherapies, such as bupropion hydrochloride (Zyban®, GlaxoSmithKline) and varenicline (Champix®, Pfizer) tablets can be prescribed, usually by a GP or through a patient group directive.

E-cigarettes
The harm from tobacco smoking results from the burning of tobacco, which then releases a number of harmful chemicals, notably carbon monoxide and tar. Nicotine in itself is not harmful, although it provides the addictive component. E-cigarettes and vaping devices heat nicotine and deliver it via a vapour. Many people who smoke are using e-cigarettes to either cut down on tobacco or to quit smoking altogether (Office for National Statistics [ONS], 2016; British Medical Association [BMA], 2017). It has been proposed that e-cigarettes and vaping devices could be 95% safer than smoking tobacco (PHE, 2016a). Various reports have investigated the efficacy of e-cigarettes and nurses should use these to provide accurate information to people who smoke (PHE, 2016a; Action on Smoking and Health [ASH], 2017; BMA, 2017).

Smoking cessation services provide support to quit using e-cigarettes, as well as offering pharmacotherapies. E-cigarettes are not available on NHS prescription and will need to be purchased by the patient.

Engaging with patients
The patient contact involved in the day-to-day work of community nurses and health visitors provides an ideal opportunity for them to engage with patients and introduce the subject of smoking cessation. Box 2 outlines some of the elements that nurses should consider when beginning a smoking cessation brief intervention.

Boxes 3 and 4 provide case study examples of integrated care and also discuss techniques that community nurses and health visitors can use to engage with patients.

Community nurse’s role
Sometimes it is not what the community nurse does, but how they do it that can make a real difference. If they are visiting an isolated patient

Practice point
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DO YOU KNOW A FAMILY WHO NEEDS SUPPORT?

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who is quitting smoking, they should enquire as to how the patient is coping and if they are accessing support and NRT. If the patient is not receiving the appropriate support, the nurse should talk to the local smoking cessation service about engaging with the patient, or how to access training to provide this support themselves.

Community nurses should attempt...
to find out the smoking status of patients in their caseload, including those who are attempting to quit. They should also ask if these patients understand the local support available, such as the smoking cessation service. It is also vital to reinforce to patients the importance of quitting for their health and that their chances of quitting will be increased by accessing the local smoking cessation service. If the patient has relapsed, nurses should encourage them to try quitting again.

The National Centre for Smoking Cessation and Training provides guidance on the positive effects of quitting on specific conditions (www.ncsct.co.uk/secondarycareresources).

**Action 3: eliminating variations in smoking rates**

Although smoking prevalence nationally is declining, there is a wide variance in prevalence among different socioeconomic groups. It has been identified that there are nearly three times as many people who smoke among those with the lowest income, compared to the highest (NHS Digital, 2017). Smoking also varies significantly among ethnic minority groups. For example, adults of black, Asian or Chinese ethnicities are less likely to smoke compared to adults in mixed, white or other ethnic group (NHS Digital, 2017), and over 40% of patients with serious mental health conditions smoke (PHE, 2016b).

Local authority smoking cessation services will plan their programmes by targeting local groups with the highest smoking prevalence. They may well have developed specific programmes and pathways for very high-risk groups in the community. It is important for nurses to enquire about the services provided by their local smoking cessation service. While many services cannot provide domiciliary visits, they can offer telephone and online support, as well as traditional face-to-face appointments.

One of the most effective ways to eliminate variation is to have a whole system-integrated approach, with all healthcare professionals asking their patients about their smoking status, offering them a referral to a stop-smoking specialist and supporting their decision to quit. This would spread the impact to the large number of people who smoke and access NHS services every day. Promoting smoking cessation is the most effective technique that nurses can use to improve health outcomes — a really quick and simple means of doing this is to trigger a quit attempt.

**Intelligence and data**

One of the most effective ways to plan services that address inequalities is by having robust local data. Systems already exist in maternity services that collect data on women’s smoking status at the time of delivery, but nurses may find that their trust has further data collection systems in place. From anecdotal conversations with nurses, the author has found that they often feel that they are continually being asked to collect data without a clear purpose. Collecting accurate robust data about patients’ smoking status, however, will assist the nurse to identify and respond to emerging issues and capture successes. In addition, routine prompts within patient record systems can assist nurses to bring smoking into their conversations with patients (Box 5).

**Action 4: effective enforcement**

This section of the Tobacco Control Plan relates to the national and local government role in making tobacco use less affordable through duty rates and sanctions to stop the use of illicit tobacco locally.

**CONCLUSION**

The Tobacco Plan sets out some useful ambitions that nurses can adopt to work towards a smoke-free generation. Many of the interventions require joined-up working between organisations at a national and local level. Community nurses, however, have a key role in advising and supporting patients through one of the most challenging times in their lives as they attempt to quit smoking. By offering simple but effective smoking cessation interventions within an integrated system, community nurses can make a real difference to the health of the next generation.

**Case study — changing the system to have greater effect**

A local hospital service in London found that although they were making comprehensive interventions both in respiratory clinics and wards — advising patients to quit, starting treatment and referring patients on to the community-based stop smoking services — the attendance and subsequent quit rate was low (30% and 31% respectively) (Peterken, 2018 unpublished internal report to Greenwich Council). Many of these patients were isolated and unable to travel to a stop-smoking clinic and were anxious about leaving the house. However, the stop smoking service started to call them rather than offering them an appointment at a clinic, and were able to reassure the patient that all support could be provided over the phone and arrangements would be made to deliver their NRT to their home. Within six months, this relatively simple change to the system and first approach to the patient on discharge, improved attendance and quit rate to 51% and 55% respectively.

**Practice point**

Patients who smoke should receive advice and a referral to a specialist stop smoking service at all relevant parts of their care pathway. For example, a patient recently discharged from hospital with exacerbation of COPD will be keen to prevent further admission and decline in their condition.
Box 6.

Using data prompts to engage patients

The following example demonstrates how data prompts within patient-record systems can assist nurses in enquiring about patients’ smoking status:

- Prompt: ‘We ask all patients about their smoking, because it is so important to their health and because we want to make sure you are getting the best possible care. Do you smoke?’
- Patient response: ‘Yes, I do’
- Prompt: ‘What do you understand about smoking and your condition? Have any of the other doctors or nurses said anything to you about it?’
- Patient response: ‘Yes, my GP said if I carry on smoking my COPD will just get worse, I know it’s going to kill me, but I just don’t think I can give up, I’ve smoked all my life.’
- Prompt: ‘Your COPD will continue to decline; however, if you stop smoking the rate at which it declines will slow down and you may find you have fewer chest infections and a better quality of life. Can I tell you about what support services we offer locally?’
- Patient response: ‘Yes, that would be good.’

This type of very brief intervention could lead to the patient accessing the smoking cessation service and hopefully quit smoking for good.

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