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Journal of **Smoking Cessation**

Abstracts from the UK National Smoking Cessation Conference (UKNSCC)

30 June & 1 July 2008
Birmingham

Relapse Prevention in UK Stop Smoking Services

Shade Agboola, Research Associate, School of Community Health Sciences, Queens Medical Centre, University of Nottingham, United Kingdom

Background: NHS Stop Smoking Services provide cost effective smoking cessation interventions but, as yet, there has been no assessment of their provision of relapse prevention interventions (RPIs). *Objectives:* To elicit smoking cessation advisors experiences of providing RPIs in their services and which types. To ascertain barriers to the trialing or introduction of RPIs within current clinical practice. *Design:* Qualitative, semi-structured interview study. *Participants:* 16 smoking cessation advisers from UK smoking cessation services. *Findings:* Advisors had diverse perceptions of relapse prevention as a concept with interventions often being delivered to relapsed smokers. Current support was predominantly an extension of acute phase treatment, or in the form of rolling groups that the client was encouraged to attend after completion of acute phase treatment. The most commonly identified barriers to the introduction of RPIs were funding, low uptake of RPIs by smokers and Department of Health targets. Pharmacotherapy was the preferred option for RPIs, with proactive telephone counselling the least favoured. *Conclusions:* There is currently no shared understanding of the concept of relapse prevention. There is need for effective RPIs which are attractive to smokers and feasible for the services.

Achieving Smoke-Free Homes: Key Debates

Amanda Amos, Professor and Head of Public Health Sciences, University of Edinburgh, United Kingdom

Background: Smoking in the home is the major cause of exposure to secondhand smoke in children, particularly in low-income households. *Aim:* Drawing on findings from a qualitative Scottish study, this paper identifies key issues and debates that need to be considered when developing action to promote smoke-free homes. *Methods:* In-depth interviews were conducted with 50 adults in Scotland including smokers who lived with smokers, smokers who lived with nonsmokers and nonsmokers who lived with smokers. Two panels of tobacco control experts (local and national) considered the implications of the findings for future action on reducing smoking in the home. *Findings:* The expert panels identified two key debates. First, protecting children from SHS requires an understanding of the complexity of health decisions by carers, as well as the rights of children who wish to be smoke-free but are unable to modify their environments. The second debate concerns whether initiatives should take an incremental harm reduction approach that supports partial restrictions for some homes, or only promote total restrictions for all homes. *Conclusions:* The expert panels were very aware of the sensitivities around the boundary between the 'private' home and public health interventions. Future action on smoke-free homes should consider these complexities.

Treating Tobacco Use in Lower-Income, Minority Emergency Department Patients

Michael E. Anders, Associate Professor, University of Arkansas for Medical Sciences, Little Rock, and Christine E. Sheffer, Assistant Professor, University of Arkansas for Medical Sciences, Little Rock, United States of America

Lower-income, minority patients suffer disproportionately from tobacco-related disease and are less likely to be offered an evidence-based treatment for tobacco use. The emergency department (ED) may be an opportune setting to access this population. This study will test the feasibility of initiating tobacco use treatment in ED patients. All non-urgent ED patients were assessed for tobacco use. Study participants were randomly assigned to usual care, including quit advice, self-help materials, and treatment program brochures, or the intervention group, which also received a faxed-referral that generated proactive telephone contacts. Smoking prevalence of the patient population was 57.3%. Among study participants (n = 222), 77% lacked healthcare insurance, 56.9% had annual household incomes < $15,000, and 50.5% were African–American. On a 0–10 scale (0 = *not at all*; 10 = *most possible*), mean motivation was = 8.1; 58.6% were willing to set quit dates. All intervention group participants accepted a faxed-referral. Preliminary results suggest that treatment referrals and information about tobacco use treatment were well received. Participants are being followed for 3 months. Outcomes will be presented, including success at engaging participants in treatment and abstinence rates. These results will inform providers on the feasibility of accessing lower-income, minority smokers through the ED.

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Telephone Counselling: Behavioural Support or Not?

Christopher Anderson, Program Director, California Smokers' Helpline, Moores UCSD Cancer Centre, University of California, United States of America

Telephone counseling for tobacco cessation has become popular throughout the developed world. Each constituency has a good reason to like it: smokers because it is so accessible; social marketers because it's easy to promote and puts a positive spin on anti-tobacco campaigns; health care providers because it gives them something to say to their patients who smoke: 'Just call this number and they'll help you quit'; and public health officials because it's cost-effective. Multiple clinical trials have established that proactive telephone counseling can significantly improve outcomes, and the cost of intervention is less than the eventual cost of doing nothing. For these reasons, telephone counselling has spread across North America, Europe, Australia and New Zealand, and is starting to appear as well in Asia and South America. Proactive telephone counseling deserves a place in routine practice for UK Stop Smoking Services. It's a good way to extend, rather than replace, face-to-face support, as it increases flexibility in scheduling contacts with clients. This allows for both greater frequency of contact and a more timely response to the probability of slips and relapse. It also increases the pool of clients who can use the service. The technological requirements of telephone counseling can be as basic as a mobile phone and a paper calendar. More important are the human resource requirements: the skills needed to provide effective behavioral support are different from those needed to dose pharmacotherapy. The intervention itself should be thoughtfully designed to maximise both specific and non-specific counselling effects.

Does Stopping Smoking Mean Putting on Weight?

Paul Aveyard, NIHR Career Scientist, Department of Primary Care and General Practice, University of Birmingham, United Kingdom

Stopping smoking does mean putting on weight for many people. This talk will seek to give an evidence-based review of what proportion of people put on weight and how much weight they put on, and whether the period of excess weight gain is temporary or permanent. It will examine what the consequences are for health of the effects of this weight gain in terms of cardiovascular and respiratory health. The main data presented will be from a forthcoming Cochrane review of interventions to prevent weight gain led by Amanda Parsons from Birmingham University. The review examines the influence of specific interventions to prevent weight gain, such as calorie restriction while stopping smoking, and pharmacological interventions that were given specifically to reduce weight gain. The talk will examine the influence of other pharmacological interventions that are given to assist smoking cessation, such as NRT, bupropion, and varenicline on weight gain while stopping smoking. Using these trials, we will examine the influence of these interventions on weight gain prevention at end of treatment and at 1year.

Smoking in Pregnancy: What Midwives Do and What Women Say

Linda Bauld, Reader in Social Policy, University of Bath and UK Centre for Tobacco Control

Smoking in pregnancy harms women and children, but around one in five women in the United Kingdom continue to smoke while pregnant. Of equal concern is the fact that between 2000 and 2005, although overall recorded rates of smoking in pregnancy have declined, inequalities in smoking between professional women and routine and manual groups have widened. This presentation will draw on results from three studies of smoking in pregnancy conducted in Glasgow, the city with the UK's highest smoking rates. In particular it will draw on a unique archive of interviews with pregnant women trying to quit and explore their experiences in the context of support and advice provided by midwives trained in motivational interviewing and smoking cessation. The presentation will examine some of the reasons why women continue to smoke while pregnant, barriers to quitting and factors that can contribute to cessation. It will conclude with a look forwards to what else we should be doing to progress policy and practice in reducing smoking in pregnancy.

Trial of Community Outreach Smoking Cessation Workers

Rachna Begh, Research Associate, University of Birmingham, and Farooq Shah, Birmingham East and North PCT Stop Smoking Service, United Kingdom

This presentation highlights the role of community outreach workers in promoting smoking cessation in Pakistani and Bangladeshi male smokers. The presentation will consist of an introduction and overview of the pilot randomised controlled trial currently taking place in Birmingham, and a description of the experiences and challenges faced by four trained outreach workers whilst working in the community. The presentation will detail the approaches and techniques used by the outreach workers to drive Pakistani and Bangladeshi smokers to access existing stop smoking services. We will read about their initiatives to increase service uptake and their reflections on what it has been like to approach Pakistani and Bangladeshi smokers in various locations, such as barber shops, butchers shops and taxi ranks.

A Qualitative Study of Patients' Views of a Secondary Care Smoking Cessation Service

Vivian Binnie, Lecturer, University of Glasgow Dental School, United Kingdom

Background: Smoking, in addition to the well-known general health effects, also has a detrimental effect on patients' oral health, including the development of oral cancer. Qualitative research was carried out with patients with potentially malignant oral lesions, recruited to a smoking cessation trial within an outpatient (dental) hospital setting. *Methods:* A purposive sample of nine patients who participated within the trial were interviewed, including patients who quit, had reduced or continued to smoke. The interviews were taped, transcribed and analysed to determine emergent themes. *Results:* Patients' views of the referral process to secondary care was examined. While

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most had been referred by their dentist, some of the patients had accessed services via their general medical practitioner. Information given on the role that smoking played in their oral condition was limited, both by dental and medical staff. Two participants were surprised to find that tobacco could affect their mouth, and expressed shock at being referred. Patients were positive regarding help received, and telephone counseling was seen as being particularly helpful. All participants identified that group therapy would not have addressed their needs. *Conclusion:* While patients were positive with regards to the stop smoking service available, provision of NRT was identified as an area that could be enhanced.

Effectiveness of Smoking Ban Implementation in the Psychiatric Services in France

Nicolas Bonnet, Public Health Pharmacist, RHST, Paris, France

Smoking bans in care services are becoming more common in European countries. However, most of the time, smoking is still allowed in psychiatric services. The French setting remains an exception in Europe with total indoor smoking ban in all hospitals and care services since February 1, 2007. The aim of the presentation is to present the methodology used to implement the law and to expose the results after one year of smoking ban. The presentation will give a brief overview of the law, specific actions settled to implement the law in psychiatric services, methodology used to evaluate the implementation of the law, results of the study, and recommendations and guidelines to promote smoke-free psychiatric services.

Psychologists and Smoking Cessation Intervention: Unrealised Potential

Jenny Bowman, Associate Professor, University of Newcastle, New South Wales, Australia

Introduction: Despite evident potential to provide smoking cessation care, US research has found that psychologists are unlikely to do so. This study examined the smoking cessation care provided by Australian psychologists, and also investigated potential barriers to care provision. *Methods:* A survey was administered to psychologists in one region of NSW Australia, recruited from members of the Australian Psychological Society and the local area health service. *Results:* The survey was completed by 72 psychologists. Few reported receiving any formal training in smoking cessation. Less than half indicated assessing the smoking status of 'all or nearly all' of their clients, and 25% reporting doing so with 'none or almost none'. Reported levels of intervention, including referral for smoking care, were very low. Respondents rated the likelihood of detecting smoking, and their role to intervene, confidence to do so and likelihood of intervening as lower for smoking than for several other health risk behaviors. Key barriers included a concern about negatively impacting the therapeutic relationship, as well as lack of time, training and confidence to intervene. *Conclusions:* Australian psychologists do not generally provide smoking cessation care. Redressing this situation will require some of the barriers identified to be addressed.

Smoking Cessation for Australian Methadone Clients

Jenny Bowman, Associate Professor, University of Newcastle, New South Wales, Australia

Introduction: Research in the US has found methadone clients to be especially likely to smoke, and unlikely to quit. This study was the first to examine the cessation behaviors and motivations of a sample of Australian methadone clients. Methods: Methadone clients (n = 103), recruited through two clinics in NSW Australia, completed a self-administered questionnaire. *Results:* Eighty-four percent currently smoked; with a quit ratio of only 9.6%. Just over half of smokers reported ever having made a quit attempt: approximately one quarter of these having done so within the last year. A much greater proportion (58%) of this same group however, reported a period of smoking abstinence of 24 hours or more within the last year: many apparently not considered a quit attempt. More than half of smokers (54%) were in the precontemplation stage, and one third were classified as hard-core smokers. Very high levels of depression, anxiety and stress were indicated, and associations identified with perceptions of the pros/cons of smoking and self-efficacy. *Conclusions:* Australian methadone clients need to be provided with smoking cessation support in a manner which takes account of their smoking and cessation behaviors and motivations, as well as psychological co-morbidity and general social disadvantage.

Midwives Using a Positive Consent Model for Referral to the Stop Smoking Service

Joan Braithwaite, Stop Smoking Adviser in Pregnancy & Service Coordinator, Central Lancashire PCT, United Kingdom

This presentation will discuss a new system of fast-track referral that I have started within my area of work, for midwives to use, in the form of a 'Positive Consent' model. The objective is to increase the levels of pregnant women quitting smoking.

Service User Involvement: What Can We Learn From Mental Health Services?

Alison Cameron, Service User Governor, Central and North West London NHS Foundation Trust, United Kingdom

The overall aim of the presentation is to provide those involved in Smoking Cessation services with an insight into what may be achieved from service user involvement based on the speaker's experiences as an active service user within the Mental Health system. It will define the range of activities falling under the broad banner of 'user involvement' from the micro level of individual consultation and decision-making to the macro level of active participation in service development. The barriers to meaningful involvement will be highlighted and some potential solutions suggested as to how these may be overcome. The presentation will conclude by asserting that a genuine commitment to and investment in service user involvement can make a real contribution towards improving outcomes both for the individual service user and the services themselves.

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Smoke Free Prisons: The Island Experience

Emma Croghan, Consultant, Encouraging Lifestyle Change, Isle of Man

The Isle of Man is a self-governing crown dependency. It has a prison that houses approximately 90 inmates. Given the smoke free policy coming into force on the Island in 2008, and the move to a new prison also in 2008, it was decided that the prison would adopt the smoke-free policy, within the buildings and the grounds of the prison. Given that 80% of the prisoners, and 16% of the staff smoked, this represented a considerable challenge in supporting staff and inmates to consider stopping smoking, as well as in obtaining support for the policy. This presentation will examine the processes involved in the 12 months prior to smoke free in obtaining support amongst the stakeholder population. It will focus on the partnerships within the prison, across all areas of the prison workforce and systems, and the outcomes of the stop-smoking interventions.

Telephone-Based Stop Smoking Services: Are They Really Worth It?

Emma Croghan, Consultant, Encouraging Lifestyle Change, Isle of Man

Telephone-based services which offer full stop smoking support including access to adjunctive medication are an area which has not been widely developed in the UK to date, but in which there is growing interest. Using the experiences of three different services delivered by telephone, we will compare protocols and outcomes and provide some recommendations from pragmatic data about the potential of these services.

Using Football to Encourage the Uptake of Stop Smoking Services in Socially Deprived Areas

Helen Deaton, Stop Smoking Service Programme Manager, Greenwich PCT, London, United Kingdom

Objective: To establish new stop smoking services (SSS) for residents from socially deprived areas in Greenwich based at Charlton Athletic Football Ground via publicity campaigns using the Charlton Athletic brand to incentivise engagement with the service and quitting smoking. *Aims:* Raise awareness of the importance of quitting smoking; the availability of the stop smoking service amongst NR residents. Promote the SSS based at Charlton FC; provide incentives to encourage smokers to join and complete SSS groups or seek 1:1 stop smoking advice. Target population: Greenwich residents located in socially deprived neighbourhood renewal (NR) priority areas. *Main outcome measure:* Compare uptake of SSS groups at Charlton compared to existing groups that take place at the Queen Elizabeth Hospital (QE). *Results:* Results from five Charlton and QE SSS groups which ran from January December 2007 were compared. More NR residents joined the Charlton groups than the QE groups, 17 NR Residents vs. 4. 14 of the 17 (82%) Charlton group NR residents were 4-week quitters, 4 of the 4 QE group NR residents were 4 quitters. Charlton groups had a greater number of clients than QE groups of which the majority were male. *Conclusions:* This innovative project demonstrates how health and football professionals can successfully work together in local communities to promote healthy living.

Smoking Cessation in Denmark

Ernst Doets, Psychologist, Danish Cancer Society, Copenhagen, Denmark

Background: The Danish Cancer Association has developed two standard smoking cessation intervention methods which have been implemented all over Denmark during the last 10 years. Smokers are counselled individually or in groups. These standards are run by healthcare personnel. Since 1995 well over 5,000 smoking cessation-counselors have been educated. Effectiveness on a national level: The standard has been investigated in order to find the effectiveness. A systematic follow-up has been made of 3,628 participants in smoking cessation groups or in individual counseling interventions in different settings in Denmark. *Results:* The results show that with the most conservative measure method 16.6% of the smokers are smoke-free measured after twelve months. Among participants, who accomplished at least 75% of the intervention, the rates of continued abstinence 12 months after, are nearly 20%. *Conclusion:* We believe that it is possible to implement smoking cessation interventions across a country, reaching a wide target group of both resourceful and non-resourceful smokers. The cessation interventions are carried out by staff that have received only 3 days of training and have no other particular therapeutic skills. Furthermore, research shows convincing cessation rates at a national level.

Gay Men and Smoking — Not Giving Up

Barrie Dwyer, Project Manager, GMFA, London, United Kingdom

Proportionally more gay men smoke than straight men and the risk of smoking related illnesses and HIV disease progression are both significantly higher among HIV positive smokers, which is a concern for a far higher proportion of gay male smokers than straight ones. How do we get the policy makers to write guidance notes for practitioners that include and emphasise the needs of gay men? And how do we get PCTs in London to recognise the need for partnership working to target gay men in the capital with any particular health service at a time when the government is encouraging local authorities to shoulder the responsibility for and focus on their own communities? This presentation will show how GMFA has been able to harness support from some Primary Care Trusts in London and from the gay community to maintain the delivery of its Smoking Cessation courses, but also how difficult it has been to obtain funding and support for this extremely important pan-London work.

Promotion of Physical Activity as a Cessation Aid by NHS Stop Smoking Advisors

Emma Everson, Research Fellow, School of Sport and Health Sciences, University of Exeter, UK and Adrian Taylor, Professor, School of Sport and Health Sciences, University of Exeter, United Kingdom

Physical activity (PA) can alleviate withdrawal symptoms and cravings during abstinence (Taylor, Ussher, & Faulkner, 2007) and thus can be a useful aid for smoking cessation

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advisors (SCAs) to promote. We explored the factors that influence SCAs promotion of PA in NHS stop smoking clinics. A survey was developed to assess readiness to promote PA (for weight and craving management), beliefs about PA as an aid, and background (age, gender, personal PA), and administered to 170 UK SCAs. Semi-structured interviews were conducted with 11 SCAs, to explore these issues in greater detail. Fifty-five per cent of SCAs reported promoting PA. SCAs with a higher level of readiness to promote PA tended to be more physically active themselves, and had greater confidence to promote PA and confidence in the usefulness of PA as a cessation aid. Themes generated from the interviews were: pros and cons of PA promotion while quitting; issues in promoting multiple health behavior change; how advisors promote PA; facilitators and barriers of promoting PA; and SCA training needs. SCA training should focus on changing beliefs about the role of PA as an aid to quitting, and should build confidence in advisors to promote PA as a cessation aid.

Comparing Models of Smoking Treatment in Glasgow

Janet Ferguson, Research Associate, University of Bath, and Linda Bauld, Reader in Social Policy, University of Bath and UK Centre for Tobacco Control Studies, United Kingdom

There are two primary models of stop smoking support in Glasgow: (1) Intensive group treatment coordinated by 'Smoking Concerns', reaching approximately 1,500 smokers a year with behavioural support over a 7-week period, as well as access to pharmacotherapies; and (2) 'Starting Fresh', the largest pharmacy-based smoking treatment service in the United Kingdom, seeing over 12,000 clients each year on a one-to-one basis, providing less intensive behavioural support for a maximum of 12 weeks, combined with NRT. Clients treated through the group service can attend participating pharmacies between weeks 8 and 12 to continue to receive NRT and one to one support. This presentation outlines preliminary results from an observational study comparing these two models of treatment. The study aims to address the following research questions:

1. What short (4-week) and longer term (52-week) outcomes are associated with each model of service?
2. What factors (client and/or service characteristics) influence outcomes?
3. What is the relationship between costs and outcomes for the two models of service?
4. How effective are the services in reaching and treating clients from disadvantaged parts of the city?
5. What are clients' views regarding services and what factors influence cessation outcomes from the client perspective? The presentation will outline preliminary findings at 4 weeks. Longer-term outcomes will be available at the end of 2008/early 2009.

Buzz'in: A Smoking Education Program for Young People

Jenny Hagues, School Nurse Lead, South Birmingham PCT, and Jane Anderson, Graphic designer, South Birmingham PCT, United Kingdom

This workshop will present an interactive demonstration of the Buzz'in workshop. Buzz'in is a smoking and education program developed in 2007 by South Birmingham PCT's Public Health Team with Neighborhood Renewal Fund. It was designed to help teachers; health professionals and youth workers explore issues around smoking, and smoking in pregnancy with young people. By way of a quiz, activity and discussion session — Buzz'in aims to help young people make informed choices on smoking and also signposts to stop smoking services. The pilot has been delivered to over a 900 pupils, in seven secondary schools in 2007–2008, and has been very well received by all of the schools. Extensive consultation took place with the stop smoking service, schools, teachers, pupils and health professionals. The plan is in South Birmingham to roll it out across more secondary schools.

The Effects of Smokefree Legislation: The Scottish Experience

Sally Haw, Principal Public Health Advisor, Health Scotland, United Kingdom

A comprehensive ban on smoking in public places was implemented in Scotland on 26th March 2006. The legislation was regarded as one of the most important public health interventions for a generation and so a complex evaluation was developed to assess its impacts on the Scottish population. The evaluation strategy was based on a logic model which proposes causal pathways that linked the implementation of the legislation with short-term, intermediate and long-term health, behavioural, social and economic outcomes. Using a 'before and after' design the evaluation focused on eight key outcome areas — compliance with the legislation; secondhand smoke exposure; smoking prevalence and tobacco consumption; tobacco-related morbidity and mortality; knowledge and attitudes; socio-cultural adaptation; economic impacts on the hospitality sector; and health inequalities. Assessment of each of the outcome areas was based on a combination of secondary analysis of the routine datasets and results from a portfolio of 8 research studies designed to address specific questions. This paper will outline the evaluation strategy; present data on the primary outcomes associated with the first year of the Scottish smoke-free legislation; and discuss the implications of the findings for Article 8 of the WHO Framework Convention on Tobacco Control. The evaluation represents the most comprehensive yet developed to assess the impact of smoking bans and the combined results have make a significant contribution to our understanding of the health effects of exposure to second-hand smoke and the broader social, cultural and economic impacts of smoke-free legislation.

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Smoking Cessation in Practice (SCIP): Creating Sustainable Delivery Systems for Smoking Interventions

Patricia Hodgson, Regional Tobacco Programme Manager, Regional Public Health Group, Government Office for Yorkshire & the Humber, and Heather Thomson, Tobacco Control/Smoking Cessation Lead, Leeds PCT, United Kingdom

Background: Smoking Cessation in Practice (SCIP) is a toolkit aimed at improving systems, not poor performers. It provides a step-by-step approach to developing systems in general practice for the delivery of brief interventions. Its intended outcomes are: (1) to ensure patients are offered the best treatment for the greatest chance at success, and (2) to increase the numbers of patients offered brief interventions. It identifies 10 components essential for the sustained delivery of brief advice in a practice environment. The toolkit provides a step-by-step process to implement a sustainable system into a practice environment, for example, GPs surgeries, dental practices, pharmacies. *Outcome:* For the past 7 years, SCIP has been used by stop smoking services in West Yorkshire to engage primary care teams in smoking interventions, either increasing the number of referrals to the specialist service or to increase in-house stop smoking support. Results have been positive. For example in one primary care trust, the number of 4 week quits increased by 120% in two year after a smoking development workers engaged GP practices and pharmacies using SCIP as a tool. *Follow-up:* The SCIP toolkit has been up-dated and revised to reflect experiences of stop smoking services development workers in using it as a toolkit over the past seven years and to ensure that it reflect social marketing principles. A major focus is increasing the confidence of development workers in influencing primary care teams in offering smoking interventions. The Department of Health is planning to roll out the toolkit across England in regional workshop beginning late 2008.

Making Best Use of NRT

John Hughes, Professor of Psychiatry, Psychology and Family Practice, University of Vermont, United States of America

Many recent studies have empirically verified that NRT efficacy can be substantially improved over use according to package labelling or regulatory agency guidelines. Combination of patch and acute NRT increases quit rates by a factor of 1.4. Using NRT for several weeks prior to the quit date increases quit rates by a factor of 2.2. A major therapeutic effect of NRT is to prevent lapses from becoming relapses (OR = 7.1) plus use of NRT while smoking is safe; thus, smokers should continue, not stop, NRT upon a lapse. In smokers who are not currently planning on quitting, reduction aided by NRT increases the probability of later quitting typically by a factor of 1.5–3.0. NRT can be used more aggressively in smokers with cardiovascular disease as recent studies indicate it is safe in this group. Other new uses of NRT have yet to be verified. Longer-term use of NRT has not consistently been better than short-term use; however, long-term use does appear to be safe. Whether reducing prior to quitting increases or decreases quit rates compared to abrupt cessation is debatable. Whether NRT is likely to be helpful in adolescents is unclear. Whether NRT should be used in pregnant smokers when they fail non-medication treatment is still unclear. Whether using NRT to reduce craving and withdrawal in smokers not trying to quit during smoking restrictions would help or undermine the effects of smoking restrictions on quitting is unclear.

New Development in Smoking Cessation

John Hughes, Professor of Psychiatry, Psychology and Family Practice, University of Vermont, United States of America

In recent years, truly innovative psychosocial treatments have been rare, in part due to the lack of new basic science information on the causes of lapses and relapses. One exception is demonstration that extended treatment occurring over several quit attempts can substantially increase quit rates. Motivational interventions and matching patients to treatments makes sense, but early work has not shown robust results. Recent studies suggest internet-based treatments have a small effect. Physician-based interventions have recently focused on only asking them to refer, to using paraprofessionals and to developing systems changes. Offering free treatments or increasing coverage appears to increase quitting. In contrast, many pharmacological treatments have been tested. New NRTs likely to be approved include a faster-acting gum and a mouth spray. A true inhaler is being tested. A cannabanoid antagonist appears to both increase quitting and reduce weight gain which would be especially helpful with weight-conscious and cardiac rehab smokers; however, it has been associated with suicidal behaviors. Cytosine, a varenicline-like medication is being tested which could be a much less expensive alternative. Three vaccines that block the uptake of nicotine into the brain are just now undergoing cessation trials. Whether vaccines can produce blockade for a sufficient time after just a few injections and whether smokers will persist in multiple injections is unclear. Other products likely to undergo development include MAOI inhibitors, opioid antagonists, GABA agonists and inhibitors, and Swedish snus.

Factors Leading Up to Attending Stop-Smoking Clinics in Malaysia

Wee Lei Hum, Department of Social & Preventive Medicine, University of Malaya, Kuala Lumpur, Malaysia

Two hundred smokers attending five stop-smoking clinics in Malaysia completed a questionnaire about the factors that led to them seeking help and their feelings about stopping smoking. The aim was to provide a better understanding of the processes involved. Almost all respondents (94%) reported health concerns as a reason for trying to stop. Most respondents decided to stop smoking and then looked for ways of doing it (66%) while 34% said that hearing about the clinic was what made them decide to stop. Most smokers quit abruptly but gradual quitting was also common (39%). A significant minority of respondents had not been thinking about stopping before they heard about the clinic (31%). Almost half of the respondents did not mind being a smoker (46%) apart from the health risks. The most common event that triggered this quit attempt was experience of a health problem linked with smoking (30%) followed by 'suddenly realising how bad smoking is' (27%). A majority of respondents cut down between deciding to attend the clinic and the

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first appointment (54%). A large majority was happy about the idea of becoming a non-smoker (71%). This study provides one of the most complete pictures yet on the psychological factors leading up to making a quit attempt in a smokers clinics. The smokers are being followed up to assess how these relate to the experience of stopping and likelihood of success.

Psychiatric Events Reported in the Varenicline Prescription-Event Monitoring Study

Rachna Kasliwal, Clinical Research Fellow, Drug Safety Research Unit, Southampton, United Kingdom

Regulatory concerns have arisen about psychiatric events with varenicline including, changes in mood/behavior, worsening of psychiatric illness and suicidal behavior. A post-marketing study is being conducted, using the observational cohort technique of Modified Prescription-Event Monitoring, to monitor the safety profile of varenicline, prescribed in general practice. Interim cohort: 2,682 patients, median age 47 years; 60.7% females (1627). The most frequent psychiatric events (causality not implied) reported 'on' varenicline were: 'sleep disorder' (1.7%; 45/2682), anxiety, depression (both 1.0%; 28/2682). 15 of 28 patients with depression and 17 of 28 patients with anxiety, did not have a previous history of psychiatric illness. The most frequent psychiatric reason for discontinuing varenicline was 'sleep disorders' (n = 17; 6.7% of clinical reason for discontinuing varenicline). Two cases of attempted suicide were reported during treatment with varenicline (both patients had previous history of psychiatric illness). In 1st month after stopping varenicline 2 cases of suicidal ideation were reported, including one in the patient who attempted suicide whilst taking varenicline (one patient had previous history of psychiatric illness but the other did not). Further evaluation of psychiatric events to assess causality is ongoing. The results presented are expected to change as the cohort size increases.

How Monitoring Can be Used to Improve Service Delivery

John Kemm, Director, West Midlands Public Health Observatory, Birmingham, United Kingdom

All 15 West Midlands Stop Smoking Services provide anonymised information to the West Midlands Public Health Observatory for analysis. The services submit a minimum data set for each client. After data cleaning, the profile of clients (gender, age, ethnic group, PCT of residence, IMD score of area of residence) the treatments used and the outcome at 4 weeks are analysed. Use need: ratios (the proportion of the estimated number of smokers who attend as clients), 4 week quit rates and retention (percentage for whom smoking status is known at 4 weeks) are cross-tabulated by client characteristics. The results are fed back to the services and to their commissioning PCTs. The work benefits services by improving accuracy of recording, assisting with extraction of information from systems, and providing an indication of their ability to tackle health inequalities and compare this with previous years. Services are also able to compare themselves with others in the region (only their own service is identified in comparison charts). Future planned developments are collection of data from a sample on one year quit status and data on occupational/socio-economic group.

An Audit to Assess the Smoking Cessation Activities of Dental Health Professionals

Sheena Kotecha, Senior House Officer Oral & Maxillofacial Surgery, University Hospitals Birmingham, United Kingdom

Objectives: Smoking is one of the biggest public health challenges the world faces today. It remains the largest single preventable cause of death and disability in the UK. In March 2006 the National Institute of Health and Clinical Excellence published guidelines for health professionals on the delivery of effective smoking cessation advice. The aims of this audit are to identify current smoking cessation activities by maxillofacial surgeons and dental health professionals in the secondary sector across the West Midlands. *Methods:* Questionnaires were designed to assess current use of the Four As model. These were distributed to staff and undergraduates at the Birmingham Dental Hospital and to maxillofacial units in the West Midlands. The responses were entered onto a bespoke database. *Results:* 150 questionnaires were returned (response rate = 75%). 40% of clinicians do not check the smoking status of patients and 60% do not give smoking cessation advice. 10% of clinicians never give smoking cessation advice and 63% do not enquire about other forms of tobacco use. *Conclusions:* Clinicians are failing to meet smoking cessation guidelines. Clinicians do not feel confident in offering assistance to patients who want to quit. The audit has highlighted that the barriers to giving smoking cessation are advice lack of time and lack of confidence in smoking cessation skills. The audit has demonstrated a need for improved staff training in secondary care settings.

Smoking Cessation Support Services in Secondary Care in Scotland: Key Lessons From a Mapping Exercise

Susan MacAskill, Senior Researcher, CTCR, University of Stirling and the Open University, United Kingdom

The importance of NHS settings as routes for reaching specific smoker populations, such as secondary care patients, is increasingly recognised. It is less clear what issues need to be addressed to ensure effective delivery. A relevant study addressing this developing target group was commissioned by NHS Health Scotland. It aimed to map and describe service support for secondary care patients, to identify examples of promising practice and to compare practice with current guidance. The study used a mixed method staged approach. Firstly, telephone enquiries with health board tobacco lead(s) (n = 16); secondly, self-completion questionnaires sent to service leads (n = 23); and thirdly, site visits to six services in Scotland and England (n = 27). Key lessons for the development and delivery of cessation support in this setting will be presented. Themes include: Service development, management and staffing, referral within the hospital, provision of pharmacotherapies, referral to the community, training, and monitoring. Learning points will be set in the context of current guidelines. *Acknowledgments:* NHS Health Scotland funding and support of the Advisory Group.

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Tackling Inequalities: Findings and Recommendations From a Mapping Exercise

Linda Marks, Senior Research Fellow, Centre for Public Policy and Health, Durham University, United Kingdom

Narrowing the health gap is a policy priority and smoking remains the biggest single factor contributing to differences in life expectancy between social groups. Despite decreases in smoking prevalence, inequalities persist and relative inequality has widened. This presentation summarises results from a review of smoking cessation services targeted at disadvantaged groups and areas, part of a wider mapping review of interventions that reduce rates of premature death in disadvantaged areas. This was commissioned from Durham University, in 2007, by the Centre for Public Health Excellence at NICE as one of 4 reviews designed to inform intervention guidance. A combination of methods was used to identify the following:

1. approaches to identifying target populations, including ward-based approaches, client databases and lifestyle surveys
2. ways of reaching target populations and disadvantaged areas, including the use of client-centred approaches such as social marketing
3. innovative use of GMS and pharmacy contracts
4. improving access through developing targeted and flexible client-friendly outreach services, including drop-ins, mobile services and the use of a wide range of community, leisure and work locations
5. methods for preventing relapse, including text messaging and local incentive schemes. While mapping exercises are snapshots in time, the review illustrates how national policies are being translated into local priorities and interventions, describes the range of service developments targeted at disadvantaged groups and areas and highlights gaps in research and practice.

Marketing Stop Smoking Services

Kerry McKenzie, Health Improvement Programme Manager (Tobacco), NHS Health Scotland, United Kingdom

Health Scotland (HS) supports local stop smoking services to meet their targets for smoking cessation via a comprehensive tobacco programme. Social marketing and advertising activity form key components of the programme and encompasses mass media advertising, online marketing, field marketing and public relations.

Results: An evaluation of this activity, carried out via analysis of the caller profile data captured by responses by text, call and interactive TV reveals:

- the audiences HS is reaching via stop smoking campaigns
- the groups of potential quitters who are more difficult to reach
- the decisions potential quitters make in relation to engaging with stop smoking services
- the most effective channels to use to reach potential quitters
- how new channels such as text messaging and interactive TV are proving to be an increasingly effective way of encouraging smokers to take the first steps towards quitting.

Conclusion: By reviewing this evaluation, it is possible to formulate new approaches to marketing stop smoking services and develop existing resources, such as Scotland's national stop smoking helpline, to better support the needs of Scotland's potential quitters.

Smoking Cessation Services and Disadvantaged Smokers

Ann McNeill, Professor of Health Policy and Promotion, Division of Epidemiology and Public Health, University of Nottingham, United Kingdom

When the NHS Stop Smoking Services were originally set up in 1999 they were envisaged to focus on smokers from routine and manual groups, but little guidance was provided on how best to do this, specific targets were not set to encourage services to achieve this aim and progress was not monitored formally. The rationale and appropriateness of services focusing on routine and manual smokers will then be outlined, and the extent to which this should be a continuing focus against other priorities appraised. Efforts made to support disadvantaged smokers and recent developments that might strengthen the focus on disadvantage will then be discussed. In addition, there are identifiable barriers that militate against the effectiveness of services when working with disadvantaged smokers. The effectiveness of the services reaching smokers from routine and manual groups and helping them to stop will then be assessed, drawing on recent research. This will include two recently commissioned NICE reviews focusing on the effectiveness of the services and the effectiveness of strategies to identify and retain smokers from routine and manual groups in treatment. The talk will finish by drawing together the implications of the above issues for the services.

The Effect of Proactively Identifying Smokers and Offering Smoking Cessation Support in Primary Care Populations: A Cluster-Randomised Trial

Rachael Murray, Cancer Research UK Graduate Training Fellow, University of Nottingham, United Kingdom

Aims: To establish whether proactively identifying all smokers in primary care populations and offering smoking cessation support is effective in increasing long-term abstinence from smoking. *Design:* Cluster randomised controlled trial. *Setting:* 24 general practices in Nottinghamshire, randomised by practice to active or control intervention. *Participants:* All adult patients registered with the practices who returned a questionnaire confirming that they were current smokers (n = 6856). *Intervention:* Participants were offered smoking cessation support by letter, and referred into NHS stop smoking services if required. *Measurements:* Validated abstinence from smoking and use of smoking cessation services. *Findings:* Validated point prevalence abstinence from smoking at 6 months was not significantly different between intervention and control groups (3.5% and 2.5% respectively) either before or after adjusting for age, sex and Townsend score (adjusted Odds Ratio 1.64, 95% CI 0.92–2.89). Those in the intervention group were, however, more likely than controls to report that they had used local cessation services during the study period (16.6% and 8.9% respectively, adjusted OR

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2.09, 95% CI 1.57–2.78). *Conclusions:* Proactively identifying smokers who want to quit in primary care populations, and referring them to a cessation service, increased contacts with cessation services and the number of quit attempts, but had no significant effect on smoking cessation.

Why Do So Few Pregnant Smokers Seek Help From the Stop Smoking Services?

Felix Naughton, PhD Student, University of Cambridge, United Kingdom

This paper focuses on pregnant smokers' experiences of the way smoking is handled in antenatal care and their feelings towards seeking support from the stop smoking services. Women with experience of prenatal smoking ($n = 20$) were recruited through antenatal services. Semi-structured interviews were conducted. Data collection and analysis were guided by grounded theory. By positively reinforcing 'cutting down' and rarely revisiting the topic of smoking, many antenatal healthcare professionals seemed to fuel participants' ambivalence towards quitting. A further hindrance to cessation was that many participants were reluctant to ask for or seek smoking cessation support while pregnant. This seemed to stem from a sense of shame at not being able to quit on their own, and an anticipation of judgment from others. In addition, most of the participants who were aware of the stop smoking services were disinterested in seeking support from them. This appeared to be due to a number of factors centering around their uncertainty of what support was available and their feelings towards the support they perceived to be on offer. The findings from this study have implications for improving the appeal of the stop smoking services to pregnant smokers.

Smoking Cessation for Cancer Patients: A Question of Quality of Life

Lars Nielsen, Psychologist, Danish Cancer Society, Copenhagen, Denmark

Background: For many years cancer patients have been overlooked, because a cancer diagnosis has been considered so serious, that it was not beneficial for the patients to attempt smoking cessation. Today the survival rates have improved dramatically, and therefore this argument no longer applies. Since January 2006, the Danish Cancer Society has been developing a smoking cessation program especially for cancer patients. The method has been tested on cancer patients by psychologists, and it is now being applied by trained nurses, in a pilot project at a large Danish hospital. *Results:* The first experiences have shown that for most patients it is experienced as a relief, when they are asked about their smoking habits. It gives hope. This is actually an area where they are able to affect the courses of events the disease takes. *Conclusion:* Working with smoking cessation has shown to improve the experienced quality of life for most of the patients involved in the project. A smoking cessation program should therefore be offered to all cancer patients at the time of the diagnosis. This would not only improve the chance of more efficient treatment with fewer side effects, but also improve the experienced quality of life.

'Look After Your Lungs' — A Way to Reinvigorate Workplace Smoking Cessation?

Christine Owens, Director of Tobacco Control,The Roy Castle Lung Cancer Foundation, Liverpool, United Kingdom

Introduction: Look after your lungs, a workplace health promotion initiative by The Roy Castle Lung Cancer Foundation, provides a tool to reach smokers in the routine/manual worker groups. *Aims:* (1) Increasing employee awareness of the need for smoking cessation as a means of lung cancer prevention, (2) Promoting the availability and effectiveness of the NHS Stop Smoking Service. *Methods:* Program delivered is via employee workshops, and endeavours to work in partnership with local stop smoking service. Fully evaluated in three phases, using self completed questionnaires the program has demonstrated success in recruiting participants, particularly males, raising awareness, improving knowledge and facilitating behavior change in both the short and long term. *Results:* Phase 1 (before workshop) 19% smokers, 81% want to quit. Phase 2 (immediately after the workshop) 88% wanted to quit and there was an increase in knowledge. Phase 3 (3 months after the workshop 36% have quit and knowledge was maintained. *Conclusions:* This is an effective way of accessing routine and manual workers and supporting them to quit. *Recommendations:* Stop smoking services should consider training to provide this program locally to allow them as a way of accessing this hard to reach group and reinvigorating workplace cessation.

Using Direct Marketing With Relapsed Quitters

Christine Owens, Director of Tobacco Control, The Roy Castle Lung Cancer Foundation, Liverpool, UK and Miriam Bell, Roy Castle Fag Ends Liverpool Service Manager, The Roy Castle Lung Cancer Foundation, Liverpool, United Kingdom

Method: 556 clients who had relapsed (before 4 weeks) between July and September 2006 were contacted by letter and invited to return to the service. A list of the drop-in sessions which they could attend was included. Follow-up telephone calls were made two weeks later. *Results:* 38% intending to return at a later date, 26% unable to be contacted, 15% not ready to quit at the moment, 12% returned to the groups, 6% had already quit smoking and 3% moved away or deceased. Outcomes for returned clients: 22 quit at 4 weeks, 21 relapsed, 23 awaiting outcome and 2 were lost to follow up. *Conclusions:* This is a good way of promoting the stop smoking service. The approach was well received by the clients. The effort was worthwhile as 12% of those people contacted returned to the service. *Recommendations:* This process should be repeated regularly. Promotional materials should be sent with the letters that include quotes from those clients who have returned to the service in this way. A template for phone calls should be developed to enable greater exploration of the quitting experience. Follow up the 38% intending to return.

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Social Marketing With Pregnant Smokers: View From the Front Line Practical Lessons From a Social Marketing Project

Deborah Richardson, Principal Health Improvement Specialist, Stoke on Trent PCT, and Wendy Dudley, Specialist Midwife, Smoking Cessation, University Hospital North Staffordshire, Stoke on Trent, United Kingdom

Smoking in pregnancy is recognised as a cause and effect of social deprivation. A higher percentage of women smoke during pregnancy in Stoke on Trent than in many other parts of the UK. In February 2007, Stoke on-Trent PCT successfully applied to become a NSMC pilot project to look at how social marketing could drive forward the current smoking cessation service. The PCT wanted to understand why so few women were engaging with the service and why the quit rate was so low when they did. The overall goal is to reduce the number of women who smoke during their pregnancy. This workshop will guide delegates through the pilot case study as seen from the frontline and will address how taking a social marketing approach altered the way the service was structured and delivered, with an emphasis on the importance of: (1) extensive qualitative research initial focus groups followed by further focus groups to pre-test the intervention; (2) involving key stakeholders throughout the project especially when the focus group findings were controversial; and (3) having a clear internal communications strategy. The workshop will also show how a two pronged approach to the intervention lead to a review of the Smoking in Pregnancy referral and training process and how the PCT enhanced its existing stop smoking interventions with the Introduction of the Stop Smoking Clubs for women.

One Size Fits All? An Evaluation of the Smokers 'Story' of Change in Smoking Cessation

Deborah Ritchie, Senior Lecturer and Head of Nursing Studies, University of Edinburgh, United Kingdom

Objectives: the process evaluation aimed to explore the narratives of change in smoking cessation groups. *Study Design:* A narrative analysis was conducted to consider the multiple narratives of smoking cessation groups, as both content and context. *Methods:* Data were collected by observing a snapshot of 12 smoking cessation groups in a low-income community over 6 weeks. Second, five debriefing sessions were held with the group facilitator. Third, 11 interviewees were purposively selected out of a total sample of 67 group attendees. *Findings:* Results suggest that standardised programs are insufficient to meet the needs of many smokers. Narratives were used both to locate the process of change in people's daily lives and to engage smokers in a supportive process with others. The intention to change is perceived by many smokers to be unstable and requires opportunities for longer-term support. Flexibility in attendance and ongoing support to both make the decision to stop and to stay stopped is valued. Including people in the same group at different stages of change seems positive. *Conclusion:* Those smokers who are harder to each may benefit from flexible approaches that locate change within a cultural context.

Smoke-Free Legislation, Quitting and Consumption: Implications for Smoking Cessation

Deborah Ritchie, Senior Lecturer and Head of Nursing Studies, Edinburgh University, UK and Amanda Amos, Professor and Head of Public Sciences, University of Edinburgh, United Kingdom

Aim: This paper will draw on key findings from a longitudinal qualitative study of four contrasting communities in Scotland to explore the impact of smoke-free legislation on reducing consumption and quitting. *Methods:* A range of qualitative methods were used to explore change, at both the individual and community level, in four socio-economically contrasting localities in Scotland. These included: repeat in-depth interviews, before and after implementation of the law in March 2006, with a panel comprising current (and a small number of former) smokers; semi-structured interviews with community informants; discreet observations in public places including bars, cafés and community venues, at each of the four waves of data collection. *Findings:* The legislation was associated with changes in smoking behaviour in all localities. This but was most marked among participants from the disadvantaged communities where there was a greater overall reduction in consumption of tobacco, including quitting. *Conclusion:* The smoke-free legislation had a marked impact on smoking behaviour and contributed to changes in consumption, particularly in areas of disadvantage, which have both higher smoking prevalence and more heavy smokers than advantaged localities. This has implications for smoking cessation approaches in these communities.

A Gendered Exploration of Smoking Lives and Smoking in the Home in Scotland

Jude Robinson, Senior Lecturer, University of Liverpool, United Kingdom

Background: Gender is key to understanding why people still smoke and the role of smoking in their daily lives. However past research into smoking in the home has focused on mothers, ignoring the daily lives of other women and men who smoke who may also have caring responsibilities inside the home and/or live with non-smokers. *Aims:* To explore gender-related factors that influence smoking in the home and to identify enablers and barriers to reducing second-hand smoke exposure in the home. *Methods:* A gender-based analysis of data from two qualitative studies, which involved semi-structured interviews with smokers and non-smokers, carried out in Scotland to explore the impact of the Scottish smoke-free legislation. *Findings:* The ways in which men and women talked about smoking and ways of limiting their smoking in the home were complex and dynamic. Different gendered experiences related to other factors, such as age, socio-economic status, family and social relationships, and participation in, and perceptions of, their wider social worlds. *Conclusions:* Gender-based analysis contributes a rich and textured understanding of smoking in the home and is an essential consideration for future smoke-free policy and action.

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Use of Oral Tobacco by BME Groups

Leena Sankla, Project Director, Cardio Wellness, Reading, United Kingdom

This workshop will discuss techniques and best practice in accessing and delivering high quality tobacco cessation services to those from the BME and Polish communities. It will also highlight the rise in tobacco chewing among certain ethnic groups and outline proven treatment plans using traditional NRT to help overcome the addiction. A major concern is dual use — both smokeless and cigarette use, the paper will discuss experience of working with such groups. The workshop will outline how, when and where to set up clinics to get maximum throughput, generate publicity and interest through the media as well as outlining some key challenges and successes of running smoking cessation services in prisons.

Using No Smoking Day to Reach Your 'Hard to Reach' Smokers

Vishnee Sauntoo, Campaign Manager, No Smoking Day, London, and Leena Sankla, Director, Cardio Wellness, Reading, United Kingdom

No Smoking Day is in its 25th year helping smokers who want to stop through its annual awareness campaign. The campaign focuses on social marketing methods to identify effective means of targeting smokers through various media such as newspapers, radio and online, as well as direct contact through health professionals, employers, community leaders and partnerships. With more than 2,000 media mentions, No Smoking Day continues to enjoy extremely high levels of public awareness, particularly among high prevalence groups of smokers. Stop smoking services and other interested organisations use No Smoking Day events to publicise their services and recruit smokers. The No Smoking Day campaign encourages participation in the Day for all smokers, with dedicated information and targeted communications designed to reach ethnic minorities and socially excluded groups. This workshop will demonstrate how the No Smoking Day charity can help organisations to understand target groups and find more effective ways of reaching them, whether via health centres, religious venues or even local football teams. No Smoking Day gives public health professionals the platform to reach out to the harder to reach.

Every Breath I Take: Smoking Cessation for Clients With COPD

Pam Shields, Respiratory Nurse Consultant, Northern Hearts and Lungs Service, Victoria, Australia

Northern Hearts and Lungs Service (NHandLS) commenced a smoking cessation service in 2005. This paper will focus on the experience of three clients from the smoking cessation clinic, No Drawbacks. They are long-term smokers who suffer with severe COPD and have a nicotine addiction. They commenced smoking in their early teens, and have suffered major depression and anxiety. All have a strong family history of smoking. These clients have tried to quit using a combination NRT method and all were unable to break their addiction. They all experienced major health events while using NRT. Varenicline has been prescribed as the next form of treatment. The clients report a feeling of support and understanding from a clinic model of care; an increased knowledge of the addiction and treatments aims. They are ambivalent about quitting due to previous experience, feelings of depression and anxiety, and medication side effects. This is enhanced by the fear of relapse. One client finally quit using varenicline after 3 years of attempts. This client is already feeling the health benefits. The clients acknowledge the place for clinics in contemplating and supporting the process of stopping smoking.

An Audit on NRT Prescription for Smoking Cessation in Primary Care

Authors: Nicole Suares, Benjamin Jones, Sophie Tuhey, Anna Winfield, Daniel Hopper, Caroline Joseph, Khatisha Seejore, Kar-hung Kuet
Presenters: Nicole Suares, Sophie Tuhey and Anna Winfield, Medical Students, University of Leeds, United Kingdom

Background: Smoking is a major risk factor for the development of cardiovascular disease and various cancers. The National Institute for Health and Clinical Excellence (NICE) have issued guidelines for NRT (Nicotine Replacement Therapy) prescription, targeting this major public health issue. *Objectives:* The aim of this audit was to investigate the adherence of healthcare professionals to NICE guidelines with regard to NRT prescription in a primary care setting. *Methodology:* The retrospective audit reviewed 200 patient records across eight general practices within Yorkshire. A questionnaire was also issued to evaluate healthcare professionals' attitudes towards NRT prescription, allowing methodological triangulation. *Results:* None of the practices fully adhered to the guidelines, despite all questionnaire respondents claiming awareness of guidelines. Disparity existed in recording target stop dates, the treatment duration, the timing of reassessment and re-prescription despite failure. Striking differences also occurred between practices, showing incongruity in interpreting the guidelines. *Conclusion:* Smoking cessation therapy would benefit from better compliance with NICE guidelines. The guidelines need to be realistic and universally clarified. They would also benefit from being supported financially by a more extensive, but achievable, QOF framework.

Physical Activity for Smoking Cessation During Pregnancy

Michael Ussher, Senior Lecturer in Psychology, St George's University of London, United Kingdom

Smoking cessation counselling can help pregnant smokers to stop but success rates are low. Pharmaceutical aids to cessation have not been adequately tested for pregnancy and, due to the risk of harming the fetus many women are reluctant to use such aids. Recent evidence suggests that for non-pregnant women a physical intervention can enhance quit rates. Physical activity is likely to be attractive to pregnant smokers because exercise is popular during pregnancy and is regarded as a useful part of antenatal preparation. The LEAP (London Exercise And Pregnant smokers) trial involves 1,100 pregnant women attending 6 weekly sessions of smoking cessation counselling. In addition, the women will be randomly assigned to receive either (1) a physical activity intervention com-

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bining supervised exercise (e.g., treadmill walking) and physical activity counselling (treatment group) or (2) an antenatal health education program (control). The main outcome measure will be self-reported continuous smoking abstinence from the quit date to the end of pregnancy (verified by expired air carbon monoxide and cotinine) for the treatment group versus the control. Continuous abstinence will be assessed up to 6 months post-partum. This presentation will describe the protocol for the trial including the recruitment strategy.

What Smokers Say About Stopping and Relapsing

Eleni Vangeli, Research Psychologist, Health Behaviour Research Centre, University College London, United Kingdom

NHS stop smoking treatments are effective in the short-term, but relapse rates are high (about 70%). Interventions designed to prevent relapse have demonstrated little or no success as seen in a recent Cochrane Review. Before effective interventions can be designed we need to develop our understanding of the process. Two interview studies and a brief questionnaire study exploring the causes and processes of stopping smoking and of relapse were conducted with people who had quit smoking with the NHS South East Essex Stop Smoking Service. The findings presented will focus on the interview studies exploring the experiences of ten long-term quitters and ten relapsed smokers. The semi-structured interviews were guided by PRIME theory and analysed using Interpretative Phenomenological Analysis. Findings: Long-term quitters held a strong 'non-smoker' identity but retained a residual appreciation that smoking conferred benefits. Taking on the 'non-smoker' identity involved some adaptation of other identities which had become connected with smoking (e.g., 'I am calm', 'I am happy-go-lucky', 'I am rebellious', 'I am not worth saving'). Relapse appeared to be precipitated by conflict between continued attachment to these identities and being a non-smoker. It may be unnecessary to aim for a total 'non-smoker' identity to facilitate long-term abstinence and identity conflict may be an important source of relapse.

New Smoking Cessation Guidelines for Health Professionals

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, United Kingdom

Clinical practice guidelines for England were first published in 1998 and then updated in 2000. Very recently NICE has produced guidance on brief interventions, workplace smoking policies and the NHS stop smoking services. The US published its latest clinical practice guidelines in May 2008. This presentation draws on systematic reviews supplemented by studies too recent to be included in previous guidelines to provide recommendations on: (1) brief health professional advice to all smokers, (2) behavioural support provided face-to-face, by telephone or the internet to smokers attempting to stop, and (3) medications for smokers attempting to stop or cut down. With brief advice, it is recommended that this involve encouraging all smokers to use available help with stopping. Smokers should be advised to stop abruptly if possible. For behavioural support, it is recommended that smokers be offered face-to-face and telephone support and proven Internet-based packages, and strongly encouraged to engage with the most intensive form of help that is practicable for them. A voucher system should be considered to encourage pregnant smokers to stop. Subject to contraindications smokers should be allowed to choose between varenicline, bupropion and NRT and given information on relative effectiveness and side effects. Smokers using NRT should be encouraged to start using it before the quit date and use combinations of NRT products. Smokers not ready to stop should be encouraged to cut down with the aid of NRT on a formal program with a view to quitting later.

Provision of Comprehensive Smoking Cessation Care to Surgical Patients in Australia: The Case for Routine Clinical Delivery

John Wiggers, Director, Hunter New England Population Health, New South Wales, Australia

Introduction: Surgical patients can reduce their risk of post operative complications and chronic disease if they quit smoking. This paper describes the findings of studies examining the feasibility, efficacy, cost and acceptability of computer based smoking cessation care delivered to surgical patients. *Methods:* A randomised controlled trial was conducted of a smoking cessation intervention delivered in a hospital that involved computerized: screening of patient smoking status, provision of smoking cessation counseling, provision of self help materials, prompting of clinician brief advice, prescribing of NRT, and referral to a Quitline. *Results:* The screening program was found to accurately identify smokers (sensitivity 93%, specificity 95%). In a controlled trial, the delivery of each component of cessation care was significantly greater in the intervention group relative to controls. Further, the intervention significantly increased patient cessation prior to admission (56% vs. 73%) and at a 3-month postdischarge (5% vs. 18%) for nicotine dependent patients. All components of care were found to be acceptable to patients and staff and the intervention was relatively inexpensive to deliver. *Conclusions:* Despite the challenges for clinicians to routinely provide smoking cessation care to patients, such care can be provided to patients in a way that is feasible, efficacious and acceptable to both patients and staff.

Increasing the Delivery of Smoking Cessations in Australian Hospitals

John Wiggers, Director, Hunter New England Population Health, New South Wales, Australia

Background: Although evidence suggests that the provision of smoking cessation care to hospital inpatients can reduce short and long term morbidity and mortality, the routine delivery of such care by clinicians is less than optimal. Limited evidence is available that describes effective strategies for increasing such care delivery. *Methods:* A

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quasi-experimental trial involving four hospitals in NSW Australia investigated whether a multi-strategic whole-of-hospital intervention would increase smoking care provision to all nicotine dependent inpatients. Clinical practice change strategies included local hospital committees, modification of forms and procedures, record prompts, staff training, and compliance monitoring and feedback. Patient surveys, medical notes audits and staff surveys were used to assess delivery of: smoking status assessment, management of withdrawal symptoms; provision of nicotine replacement therapy (NRT) and postdischarge referral. *Results:* A consistent positive intervention effect was found for the provision of NRT across all methods of data collection (17% to 51%). Variable (across the measurement approaches) intervention effect was found for each of the other care practices. *Conclusions:* Delivery of a multi-strategic intervention is effective in increasing routine delivery by clinicians of smoking care in hospitals, particularly the provision of NRT. Further initiatives are required to enhance the provision of other elements of smoking cessation care, particularly referral on discharge.

Smoke-Free Policy and Inpatient Smoking Care in Australian Mental Health Services

Paula Wye, PhD Candidate, University of Newcastle, New South Wales, Australia

Background: Prior to introducing a Smoke Free Workplace Policy within a major psychiatric hospital in New South Wales, Australia, a survey was developed to measure the attitudes, skills and knowledge of mental health care staff towards the policy and smoking care for psychiatric patients. *Method:* All staff were invited to complete the survey. *Results:* Of the 340 staff available, 183 (54%) responded, representing 86 (42%) clinical staff, and 97 (71%) nonclinical staff. Two thirds (66%) of respondents indicated support for a total smoking ban. 74% of clinical staff thought the provision of smoking care should be an integral function of their unit. However, only 17% reported receiving formal training specifically on smoking care and 41% of clinical staff stated they did not feel competent to provide NRT. 74% of clinical staff reported they thought patients would continue to smoke after the ban was in place, and 86% reported they were fearful of patient aggression. *Conclusions:* Despite a majority of staff supporting the Smoke Free Workplace Policy, significant numbers of clinical staff reported concerns regarding their knowledge and skills in providing smoking care to psychiatric patients. Additional training and support is required for clinicians to provide smoking care for psychiatric patients.

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