HSE Tobacco Free Ireland Programme

Martina Blake - National Lead Health Service Executive Tobacco Free Ireland Programme



Underpinning Policy & Strategy

- WHO International Treaty FCTC
- Cross Government Strategy Tobacco Free Ireland 2013- 2025
- Cross Government Strategy Healthy Ireland
- 4 year TFI Programme Plan/HSE HI Implementation Plan
- HR HSE Tobacco Free Campus Policy
- Dept of Health National Stop Smoking Clinical Guidelines for Health Professionals





Ireland - Where are we today?

Prevalence of smoking by year (%)

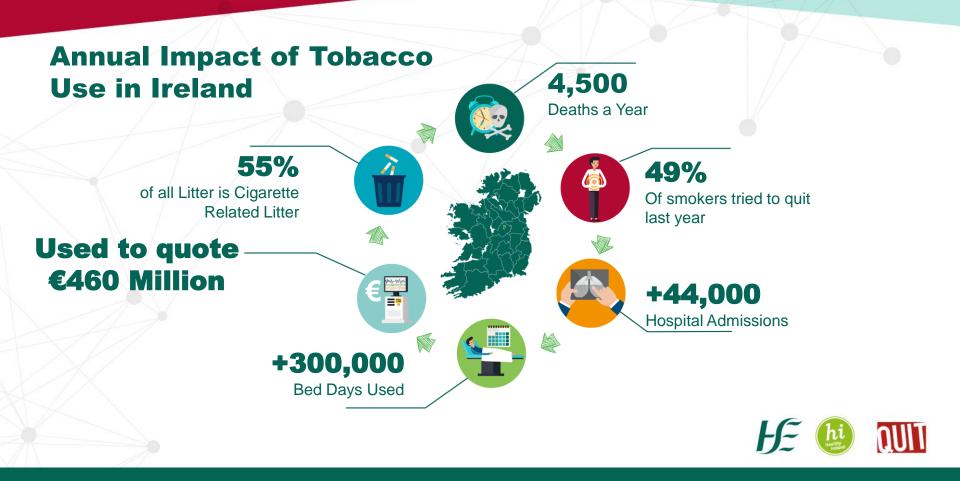
| 2015 | 2016 | 2017 | 2018 | 2019 | 2021 | 2022 | 2023 | 2024 |
|------|------|------|------|------|------|------|------|------|
| 23 | 23 | 22 | 20 | 17 | 18 | 18 | 18 | 17 |

Usage of e-cigarettes - by smoking behaviour (%)

| | E-cigarette users |
|----------------------------|-------------------|
| Daily tobacco smokers | 20 |
| Occasional tobacco smokers | 15 |
| Ex-smokers of tobacco | 47 |
| Never smoked tobacco | 18 |

E-cigarette usage is highest among younger people, with 17% of 15-24 year olds reporting that they use them either daily or occasionally. E-cigarette use is higher amongst men in this age group, with 20% of men aged 15 to 24 and 15% of women of the same age using e-cigarettes.





The Overall Aim of Tobacco Free Ireland is to reach less than 5% smoking prevalence by 2025



DENORMALISE Smoking for the next generation ACKNOWLEDGE tobacco use as a disease and treat

PROVIDE CESSATION SUPPORT

- Encourage smokers to access services through QUIT
- Implement Stop Smoking Guidelines



PROVIDE a Tobacco Free environment



Clinical Guideline Development



Judgements and decisions



Quility low Definition High O The CSC is rever confident that the true effect liss close to that of the estimate of the effect. Moderate O Co The CSC is moderately confident that the true effect liss close to the anomalow of the effect. Moderate O Co The CSC is moderately confident that the flow effect list the true effect is listly to be close to the estimate of the effect. The CSC confidence in the effect effect effect. Low O Co The CSC confidence in the effect effect effect. Very Low O The CSC confidence in the effect effect. Wery Low O The CSC configure flace confidence in the effect effect.

Challenge and quality assurance



Prof Charlotta Pisinger, Professor in Tobacco Control, University of Copenhagen and the Danish Heart Foundation, Denmark.



Final Guideline

safe, effective and clinical sound

Launched Jan 2022





Electronic cigarette use and tobacco cigarette smoking initiation in adolescents: An evidence review



Authors: Doireann O'Brie Jean Long Caitriona Lee Anne McCarthy Joan Quigley

Date May 2020



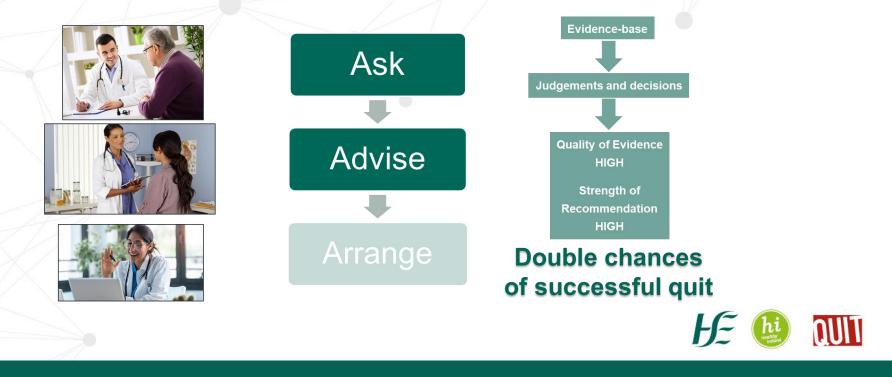


3 to 5 times more likely to start smoking



What do the guidelines say?

Ask, Advise and Arrange – safe, effective and sound clinical care



Ask Advise Arrange

Behavioural support

- Individual or Group Counselling
- Telephone support
- Text messaging support
- Internet-based support

+

Stop medicine support

- Varenicline (+/- NRT)
- If varenicline not suitable, combination NRT
- NRT monotherapy, or bupropion (+ / NRT) or nortriptyline can also be used, but not as first-line.





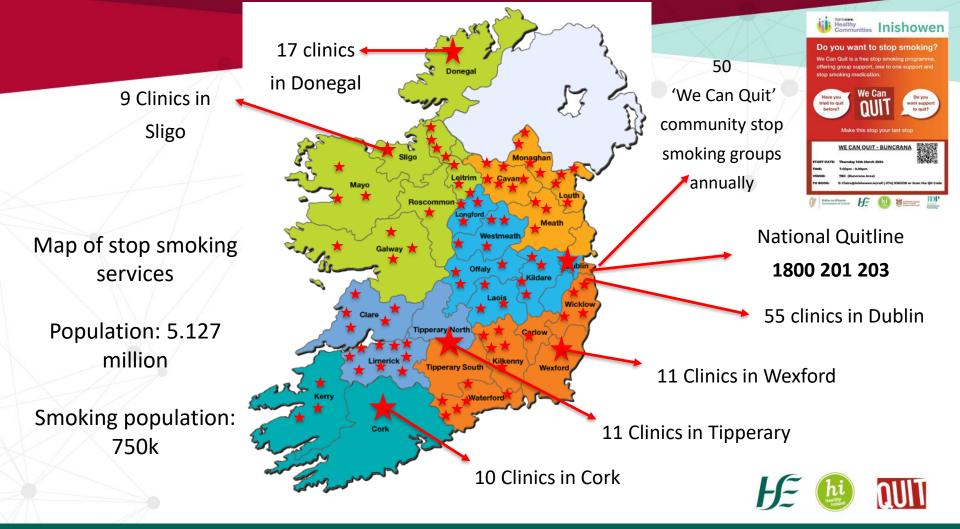
How does the Stop Smoking Service Work?



Referral to the Service

- There are number of different ways that a person can be referred or self refer in to the intensive stop smoking services
 - The public can self refer from the quit.ie website
 - The public can self refer by phoning the national quitline (Freephone 1800 201 203)
 - They can be referred by their GP electronically (patient data automatically populates in to our national patient IT system and is processed centrally by our quitline staff
 - Local referral pathways (local service phone line, email, QR code then entered in to the IT system
 - Health professional referral (paper, email and electronic)





HSE Stop Smoking Services – What do we offer?

An Evidence-based Standard Treatment Programme for Tobacco Cessation

Delivered by a Trained Stop Smoking Advisor

Staff trained in competencies (knowledge & skills) required to support those attempting to quit
 (6-8 hours online followed by 2 days skills to practice face to face training followed by training in use of the IT system and mentoring in the field)

Offer of One-to-One Behavioural Support

- Clients meet face-to-face with a Stop Smoking Advisor, online or on the phone. They will meet with the client weekly
 to support them through the quitting process.
- We offer a safe space and a non-judgemental service. We are here to support.
- This support will start 1 to 4 weeks before your quit date and can continue for up to a year.
- There are a minimum of 9 appointments

We recommend and arrange supply of free Nicotine Replacement Therapy & Stop Smoking Medications

These products are <u>free</u> to anybody who engages with our stop smoking service.



Other Supports from HSE QUIT available Nationally

Group Support – We Can Quit

- Our group support sessions last 7- 10 weeks.
- Groups of approximately 12 people, led by a Stop Smoking Advisor.
- Meet for about an hour and a half each week.

QUIT Website – QUIT.ie

• Lots of information and support and our online Quit plan.

Online Quit Plan

- A personalised online quit support programme tailored to you.
- Will send you emails and text messages based on how often you want to receive them.
- These messages are designed to help motivate and encourage you to keep on track.

Quit text service

This service will send you motivational text messages to help keep you focused on your quitting journey.

facebook.com/HSEquit and other social channels for advertising Instagram Reddit etc





HE Sector Starts Starts Better Headth



The Quality Assurance Standards encompass the HSE Standard Tobacco Cessation Support Programme, which consists of a minimum of six sessions, including a pre-quit assessment and weekly sessions until four weeks after the Quit Date.

Session 1: Pre-quit Assessment (one or two weeks prior to Quit Date)

Session 2: Quit Date Session 3: 1 week post Quit Date Session 4: 2 weeks post Quit Date Session 5: 3 weeks post Quit Date Session 6: 4 weeks post Quit Date (four week follow-up appointment)

There are also 12-week, 26-week & 52-week post quit-date follow ups.

| Standard Treatment Programme (breakdown) | Minutes |
|---|---------|
| Pre-quit Contacts (45 mins X 2) | 90 |
| Quit Date contact | 30 |
| Week 1 follow-up | 30 |
| Week 2 follow-up | 15 |
| Week 3 follow-up | 15 |
| Week 4 follow-up | 15 |
| Week 12 follow-up | 10 |
| Week 26 follow-up | 10 |
| Week 52 follow-up | 10 |
| QuitManager (data entry time) | 40 |
| Total | 265 |

Behavioural support

As a stop smoking advisor, what do some people think that we tell smokers?





The Importance of Behavioural Support

- Medications roughly double smokers' chances of quitting
- So does behavioural support!
- In the group work we focus on reflective listening, motivational interviewing and provision of non-judgemental support for clients
- DECISIONAL BALANCE EXERCISE



How is this Possible?

- Significant investment from Government for Slaintecare (Equal healthcare for all), free NRT & HR investment. (73 WTEs)
- Clinical Guidelines to support treating tobacco addiction as a disease
- National Patient management system
- Electronic referrals
- Services in the community and acute settings as well as a national QUITline
- Support provided by (Health promotion officers, Clinical nurse and midwifery specialists and peer support workers)
- Providing support FREE at all who access the service



ASK

ASK every patient about tobacco use & record smoking status at every visit



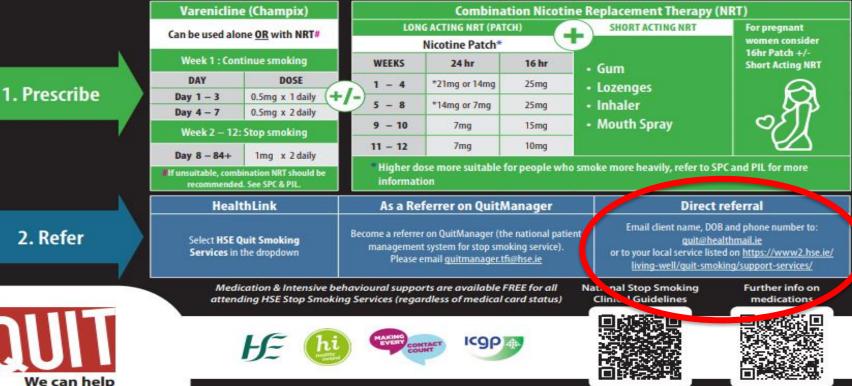
ADVISE on the risks of smoking, the benefits of quitting & the most effective way of quitting



1. Prescribe

2. Refer: HSE Quit Service

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



Making a referral to the stop smoking service

Send a referral via your healthmail email into <u>quit@healthmail.ie</u> unless you have local arrangements with local stop smoking services



Stop Smoking Medicines and How to Use Them

E-learning Course

CLICK TO START



Welcome and Introduction

Course Overview



Objective

This course will build your knowledge, skill and confidence to recommend, advise on, and prescribe stop-smoking medicines to your patients/clients.



Learning Outcomes

By the end of the course, you will be able to:

- Summarise the key recommendations of the Stop Smoking Clinical Guideline
- Identify how you can help someone successfully stop smoking
- Implement the steps involved in Brief Advice
- Know how to make referrals to HSE Stop Smoking Services
- Discuss stop smoking medicines confidently and appropriately with your patients/clients



Audience

All healthcare professionals

×O

Welcome and Introduction



Duration

45 minutes



Test Your Knowledge

Informal knowledge checks throughout.



Life-Saver Points

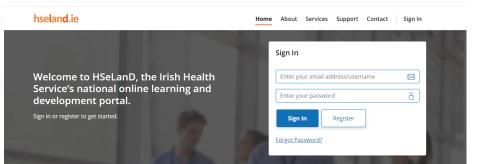
You'll earn life-saver points for correctly answering questions.



< PREV

NEXT >





Supporting learning and development for health and social care staff



Learn more about HSeLanD and our services \rightarrow

НĨ

Disclaimer Terms of Service Privacy Policy Accessibility Cookies Preferences GDPR Information

© Copyright HSE 2025

www.hseland.ie

Search for 'Stop Smoking'

025

Free Stop Smoking Medications





Introduction and Administration of Free NRT

- Funding bid for free NRT in 2021 successful initial budget of 726K in 2022,
- Increased by 1.1 m to 1.826 million in 2024
- Increased by 0.5m to 2.326 million in 2025
- No scheme through PCRS/DPS to provide free NRT at point of contact for client
- Local arrangements in each CHO region
- National procurement of an online pharmacy underway (interim measure short term)
- Further engagement with PCRS and pharmacy task force to agree a process where all pharmacies can participate



Varenicline

Oral use. Adults: The recommended dose is 1mg Varenicline twice daily following a 1-week titration (see SPC for full details).

Adjustment of the dose of other medicines may be necessary. Examples include theophylline (a medicine to treat breathing problems), warfarin (a medicine to reduce blood clotting), and insulin (a medicine to treat diabetes). If you have severe kidney disease, you should avoid taking cimetidine (a medicine used for gastric problems) at the same time as Varenicline as this may cause increased blood levels of Varenicline . Observe for changes in mood depression etc particularly with clients with Hx of same.



Challenges with scaling varenciline use

- Varenciline not available yet on GMS or DPS
- Challenge for stop smoking service to introduce currently due to the lack of an agreed price and the prescription fee process is also a barrier to access
- Currently only private patients can access this 1st line med



Cytisine

Cytisine works by attaching to the same receptors in the brain that nicotine does. It 'tricks' your brain into thinking you've had a cigarette. This reduces urges and the withdrawal symptoms of stopping smoking.

Hpra website – <u>www.hpra.ie</u> for access to the SPC



Dosing Schedule for Cystisine

- Dosing for cytisine is on a sliding scale over 25 days
- See full SPC for dosing schedule

| Days of treatment | Recommended dosing | Maximum daily dose | |
|-------------------------------|--------------------------|--------------------|--|
| From the 1st to the 3rd day | 1 tablet every 2 hours | 6 tablets | |
| From the 4th to the 12th day | 1 tablet every 2.5 hours | 5 tablets | |
| From the 13th to the 16th day | 1 tablet every 3 hours | 4 tablets | |
| From the 17th to the 20th day | 1 tablet every 5 hours | 3 tablets | |
| From the 21st to the 25th day | 1-2 tablets a day | to 2 tablets | |



Cytisine

- Approved under GMS and DPS for public reimbursement
- Challenge for stop smoking service to introduce currently due to CG recommendation gap and prescription fee process
- Cytisine should be taken with caution in case of ischemic heart disease, heart failure, hypertension, pheochromocytoma, atherosclerosis and other peripheral vascular diseases, gastric and duodenal ulcer, gastroesophageal reflux disease, hyperthyroidism, diabetes and schizophrenia.
- Cytisine should not be used with anti-tuberculosis drugs. No other clinical data on significant interaction with other drugs.



Looking to the Future

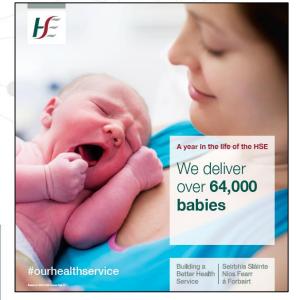


We Can Quit is a free, friendly and supportive 12 week programme for women, who smoke and who want support to quit smoking.

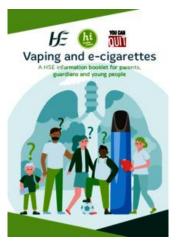
Register for courses in **Dublin 3, 5, 13, 17**







Sláintecare. Healthy Communities





Research Brief Pilo

Financial incentives for stopping smoking: how and why do they work?

Piloting a model for Delivery in Ireland

⊮ Giving up smoking is possible

Gum and other Nicotine Replacement Therapies can help Find out how to get them for free at QuitJe Enter your details here

> Stop smoking for 28 days and you're 5 times more likely to stop for good.

QUIT.ie

Get tips, tools and support at **QUIT.ie** or freephone 1800 201 203



HE 🛄

Give your baby

a breather -

Ouit smoking

Help and advice on quitting

smoking during pregnancy

YOU CAN

1800 201 203 Freetext Text QUIT to 50100 www.quit.ie

QUIT.ie

Mouth sprays and other Nicotine Replacement Therapies can help. Find out how to get them for the at Guitle Enter your details here



Growing up smoke-free... How you can help your child to grow up smoke-free



l'm ready to quit smoking

Inhalers and other Nicotine Replacement Therapies can help

Find out how to get them for free at Quit ie Enter your details here



My mammy stopped smoking, she did it for me.

> Inside you, your child is doing his or her best to grow healthy and strong. If you smoke, you may be restricting his or her development.

Through our free QUIT programme, we're helping mothers-to-be to give up smoking at this important stage in life. And we can help you quit too.

niloo bi

AIL support@quit.le EETEXT QUIT to 50100 vw.quit.le

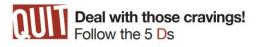
YOU CAN





Our support will double your chances of quitting smoking for good Freephone 1800 201 203





DRINK WATER Drinking water or fruit juice helps the cravings to pass

DELAY Wait at least 3-5 minutes and the urge will pass the situation

DISTRACT YOURSELF Move away from

DEEP BREATHS Breath slowly and deeply DON'T DWELL ON IT Don't overthink things!

STOP SMOKING MEDICATIONS AT A GLANCE



Recommendation 3 from National Stop Smoking Clinical Guidelines (National Clinical Effectiveness Commitee Guideline No. 28)

3.1: For people, who are currently interested in guitting, all healthcare professionals should recommend that behavioural support, either alone or in combination with pharmacological supports, increases the chances of successful auitting

3.2: For people currently interested in guitting all healthcare professionals should recommend Varenicline (alone or in combination with nicotine replacement therapy (NRT)) as first-line treatment in the absence of a contra-indication for those wishing to use pharmacological support.

3.2.1: If Varenicline is not suitable, combination NRT treatment should be recommended. 3.2.2: NRT monotherapy, or bupropion (alone or in combination with NRT) or nortriptyline can also be recommended, but not as first-line.

2. Refer: HSE Quit Service

ALL STOP SMOKING MEDICINES WORK BEST WHEN COMBINED WITH BEHAVIOURAL SUPPORT FROM A TRAINED STOP SMOKING ADVISOR Medication Dose **Duration of Course** Additional Information and precautions Varenicline (Champix) Week 1: Continue smoking 12 weeks Patients who cannot tolerate adverse reactions of Varenicline may have the dose lowered temporarily or permanently to 0.5mg twice daily. PRESCRIPTION ONLY DAY DOSE For patients with severe renal impairment (estimated creatinine clearance Day 1 – 3 0.5mg x 1 daily Long Acting < 30 ml/min) or those with moderate renal impairment who experience intolerable adverse effects, the recommended max. dose is 1mg once daily. Day 4 - 7 0.5mg x 2 daily Can prescribe an Avoid in pregnancy. Shared decision-making with patient if breast feeding Week 2: Stop Smoking additional 12 weeks taking risk/benefit into account. if required. Day 8 - 84+ 1mg x 2 daily See SPC and PIL for further information including precautions, interactions Refer to SPC and PIL for more information. and adverse events. THE SINGLE BIGGEST MISTAKE WITH NRT IS UNDER-DOSING. UNDER-TREATED CRAVINGS INCREASE THE RISK OF SMOKING RELAPSE. r day, lighter

| Nicotine Replacement Patch | 24 HOUR PATCH | *Heavy dependence | *Light dependence | 10 – 12 weeks | Initial patch strength determined by the amount smoked per day, lighter smokers can start on step 2 (14mg/24 hr patch or 15mg/16 hr patch). See |
|-------------------------------|--|----------------------|----------------------------|------------------|--|
| Long Acting | Weeks 1 – 4 | 21mg | 14mg | | SPC for further details. |
| Long Acting | Weeks 5 – 8 | 14mg | 7mg | | 24 hour patch helpful if early morning cravings. |
| | Weeks 9 – 10 | 7mg | 7mg | | 16 hour patch helpful for patients with sleep disturbances. |
| | weeks 9 - 10 | Zing | /mg | | All healthcare professionals should advise pregnant women who currently |
| | Weeks 11 - 12 | 7mg | 7mg | | smoke about the harms of smoking and the benefits of quitting. NRT |
| | 16 HOUR PATCH | *Heavy dependence | *Light dependence | | can be recommended in shared decision-making following discussion of benefits and risks. |
| | Weeks 1 – 4 | 25mg | 15mg | | See SPC and PIL for further information including precautions, interactions and adverse events. |
| | Weeks 5 – 8 | 25mg | 15mg | | |
| | Weeks 9 - 10 | 15 | 1. III | | |
| | Weeks 11 - 12 | 10 | ASK | | DVISE > ACT |
| TFI/PUB - 12 | *Heavy = 20 + cigs a *Light = < 20 cigs a | | ASK every patient about to | abacco ADVISE on | the risks of smoking, the |

1. Prescribe

2. Refer

Can be used alone OR with NRT DAY

Day 8-84+ Img x 2 daily

HealthLink

DOSE

0.5mg x 2 daily

Day 1 - 3 0.5mg x 1 daily +/-Day 4 - 7 0.5mg x 2 daily

11 - 12

7mg

As a Referrer on QuitManage

ICOPE

25mg

25mg

15emg

10mg



Smoking during cancer treatment

Cancer treatment is tough... Smoking can make it tougher

Quitting smoking during your cancer treatment can:

- improves you treatment effectiveness
- reduce your treatment side effects
- reduce your risk of infection
- improve your wound healing if you
- · reduce risk of cancer returning and
- improve your breathing and energy

Remember it is never too late Help is available from th



your chances of quitting smoking for good Freephone 1800 201 203

DUNT ie



Links to Information & Resources

National Clinical Guideline No.28 – Stop Smoking https://www.gov.ie/en/publication/4828b-stop-smoking/

State of Tobacco Control in Ireland report 2022 https://www.hse.ie/eng/about/who/tobaccocontrol/news/state-of-tobacco-control-report-2022.pdf

Healthy Ireland Survey 2024 https://www.gov.ie/ga/foilsiuchan/d1ab3-healthy-ireland-survey-2024/?

Stop Smoking Medicines and how to use them e-learning course <u>www.hseland.ie</u>

Making Every Contact Count www.hseland.ie

Quit.ie website https://www2.hse.ie/quit-smoking/

Ordering health promotion information leaflets <u>www.healthpromotion.ie</u> register as a health professional to bulk order





