

Smoking and People in Recovery Survey Report

Introduction

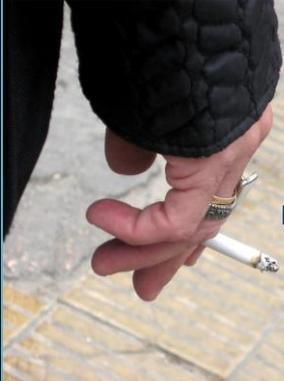
Action 58 in the [Highland Tobacco Strategy 2018-2021](#) is to *scope whether people in the Recovery community want to stop smoking, and what support they may look for in a smoking cessation attempt.*

This action was developed following an 'innovation pitch' input to a Scottish Tobacco Alliance Annual Learning Day in September 2017.

Innovation Pitch Presentation Slide:

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Experienced quitters - the untapped potential of the Recovery community



Smoking prevalence 2-4 times higher in alcohol & drug dependent people than the general population

= 42%-84%

SC interventions are significantly associated with quits for:

- people in treatment
- people in recovery
- people with alcohol dependence
- people with other drug dependencies

(Cochrane Review, 2016)

SC can support recovery: rather than jeopardise abstinence rates of alcohol and other drugs.

"you're addressing other things at this time, I don't think you're ready to sort this out yet"

"I'm looking at all the addictions in my life and using services to get off them....smoking is no different"

Scottish Tobacco-free Alliance

@ASHScotland

Eve MacLeod, Health Improvement Specialist
NHS Highland, September 2017

Each September marks Scotland's Recovery Month. Scotland has a well established, connected and celebrated recovery community. However, health risks of smoking for this group have frequently been viewed as less relevant than the perceived therapeutic benefits of smoking, which were presumed to reduce the risk of relapse.

This myth has persisted despite empirical findings showing the opposite effects; that smoking cessation can aid and support recovery. This has discouraged

interventions that would reduce the disproportionate deaths from tobacco use that this high-risk group experience.

Smoking prevalence is 2-4 times higher in alcohol & drug dependent people than the general population (Apollonio *et al.*, 2016). In Scotland, this could mean a smoking population of up to 76%; four times higher than the adult smoking prevalence of 19% (Scottish Government and National Statistics, 2020). Please note that the figures cited in the slide (42-84%) were calculated from the 2016 Scottish Health Survey (Scottish Government and National Statistics, 2017) which found an adult smoking prevalence of 21%.

A recent Cochrane Review (Apollonio *et al.*, 2016) highlighted smoking cessation interventions as being significantly associated with tobacco abstinence for both people in treatment (RR 1.99, 95% CI 1.59 to 2.50) and people in recovery (RR 1.33, 95% CI 1.06 to 1.67). This was also the case for people with alcohol dependence (RR 1.47, 95% CI 1.20 to 1.81) and people with other drug dependencies (RR 1.85, 95% CI 1.43 to 2.40).

To assist those in recovery with smoking cessation would not only further improve the health of individuals, what's more, offering tobacco cessation therapy to people in treatment or recovery for other drug dependence is not associated with a difference in abstinence rates from alcohol and other drugs (RR 0.97, 95% CI 0.91 to 1.03, 11 studies, 2231 participants, moderate evidence of heterogeneity ($I^2 = 66\%$)) (Apollonio *et al.*, 2016).

In addition, supporting those in Recovery to stop smoking would help address health inequalities, and progress towards a tobacco free Scotland. This would help to achieve the NHS Local Delivery Plan (LDP), while targeting a neglected smoking population. The current LDP states we must sustain and embed successful smoking quits at twelve weeks post quit, in the 40% most deprived SIMD areas (Scottish Government, 2019).

It is unclear the proportion of the recovery community that would like to stop smoking – it would be worthwhile establishing that before moving forward. However, there is some qualitative research (Garner and Ratschen, 2013) in this field which suggests professionals discourage people from stopping smoking during recovery:

'I spoke to my GP about me quitting and he said 'don't you think you're trying to do too much with the drinking as well?' and I am still taking drugs but I was taking them all day, every day and I've cut right down, I mean I still use every fortnight and that's not great but it could be a lot worse and it's still progress but he said 'one thing at a time' but I'm ready and my body is starting to ache and creak and feeling old' (14; male, 53)

'Well, she says to me 'you're addressing other things at this time, I don't think you're ready to sort this out yet (...). She made me not interested' (10; female, 36)

However, it appears some people are motivated to quit smoking while also address problematic substance use:

'I'm looking at all the addictions in my life and using services to get off them....smoking is no different' (13; male, 33)

To end the innovation pitch a suggestion was offered to create a survey that could be shared with people in recovery through the 30 Alcohol and Drugs Partnerships (ADPs), asking people about their views on smoking cessation, and what support they would find most useful, and when. Finally it was highlighted that, paradoxically, the Recovery community have been viewed as people who can't quit.

As an outcome from the pitch, some other areas decided not to conduct a survey, as they felt the prevalence of smoking within the people in recovery community was sufficient to highlight the need for focusing on this group. However, we have offered to share questions if others would like to replicate the survey.

Method

The survey was designed with support from the Public Health Intelligence Officer, using the Smart Survey platform. This was then shared with Head of Service - Drug & Alcohol Recovery / Prison & Police Custody Healthcare / FME, and Senior Health Improvement Specialist and Tobacco Lead, who provided some suggestions for improvement, before the survey was finalised (Appendix 1).

The electronic link to the survey was shared via email with accompanying details. This email differed slightly for two main audiences; NHS Highland staff who work to support recovery, and third sector or community organisations who work to support recovery (Appendix 2). Dissemination of the survey to NHS Highland staff was supported by the Head of Service - Drug & Alcohol Recovery / Prison & Police Custody Healthcare / FME. Dissemination of the survey to third sector organisations was supported by the Development Manager with the Highland Alcohol & Drugs Partnership (HADP). The survey was first shared via email distribution on the 19th November 2019 and then again on the 18th February 2020. A letter (Appendix 3) was also posted to all NHS Highland recovery services bases, including paper copies of the survey and a return addressed internal mail envelope, in order to encourage participation. This was sent in the days following the first email. A number of completed surveys were returned in paper form, and input to the electronic survey by a member of the health improvement administration team.

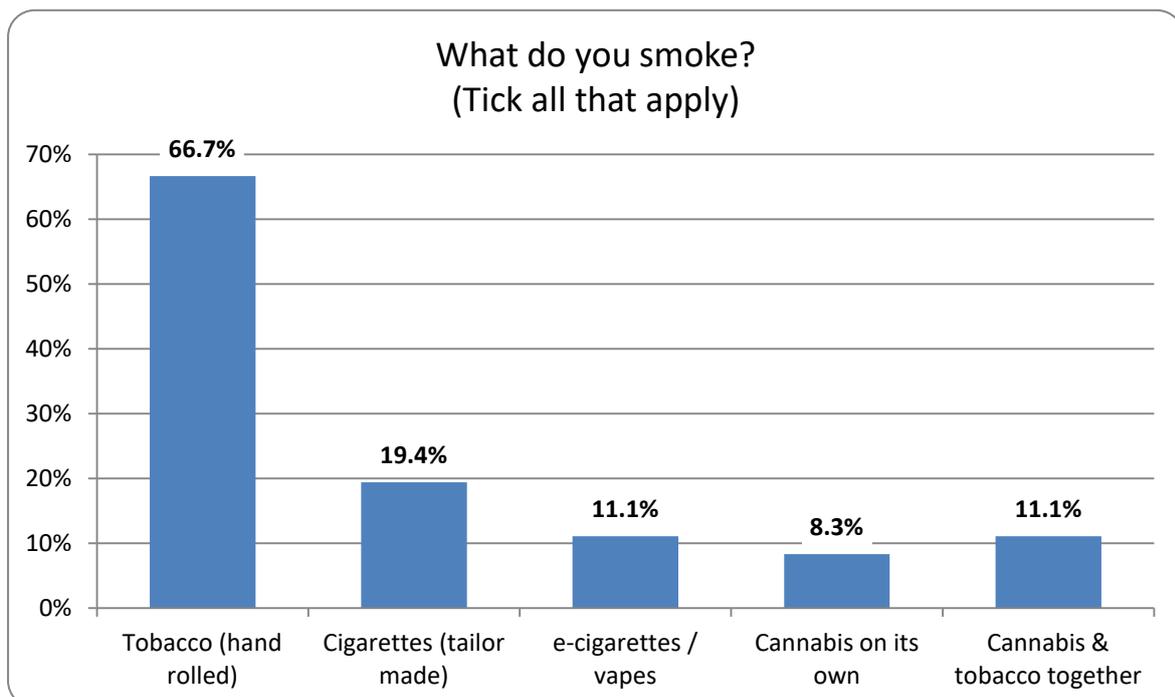
In addition, the survey was shared in two newsletters. The HADP circulate a newsletter bulletin on a regular basis, which is developed and disseminated by the HADP Administration Officer. Details of the survey were included in a number of issues of the bulletin; issue 45 (shared 20th December 2019), issue 46 (shared 24th January 2020), issue 47 (shared 17th February 2020) and issue 49 (shared 28th April 2020). The survey was also shared with community pharmacies in their newsletter, by the Community Pharmacy Business Manager on the 3rd January 2020.

The survey was closed on the 18th May 2020, and therefore was open for 26 weeks. This was longer than originally planned; the original email cited the end February, although where was a plan to extend until the end March 2020 to encourage more responses. Due to capacity being directed to support the COVID-19 public health response, the survey remained open until there was capacity to close it, and collate the responses. The additional time will have allowed further opportunity to complete the survey by those who wanted to respond. 36 participants responded to the survey. This was considered a reasonable number of responses given the specific target audience group.

Analysis, Results and Discussion

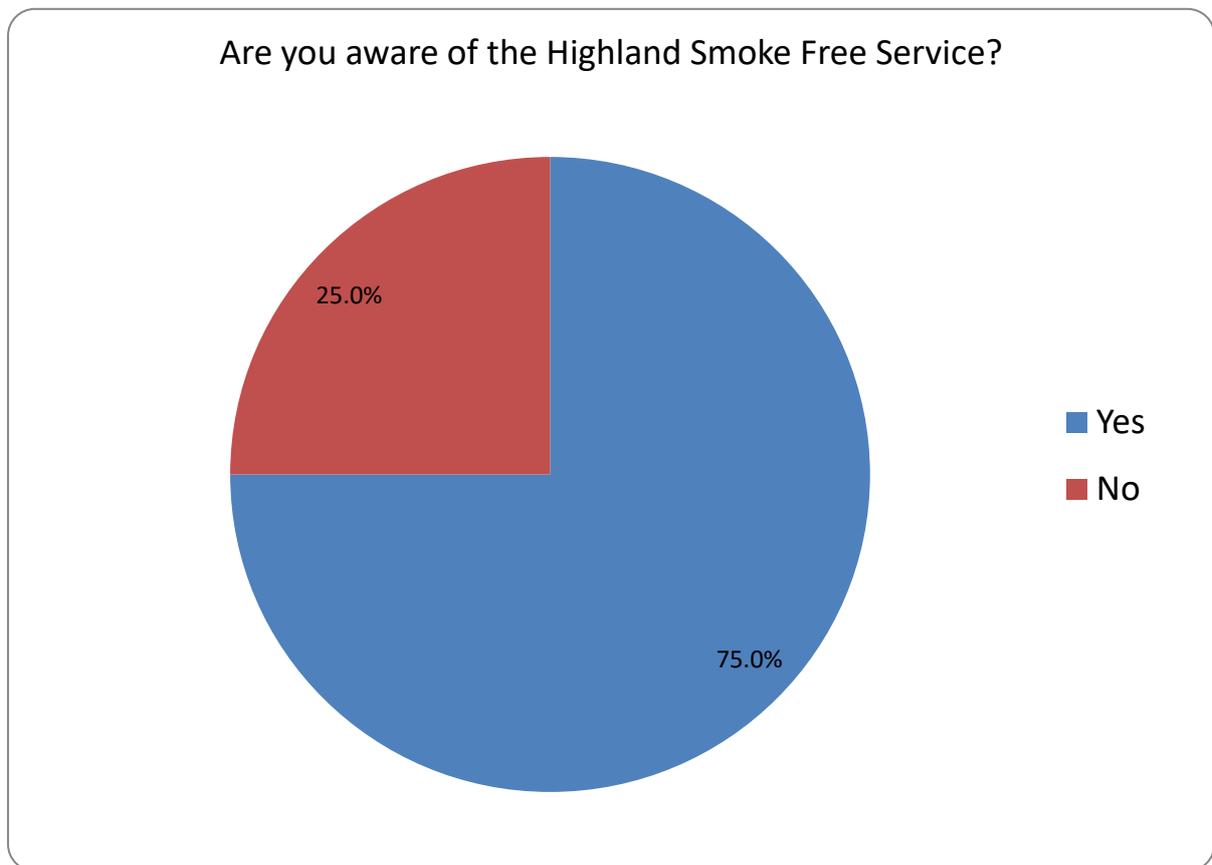
Responses were collated into a summary analysis by the Public Health Intelligence Officer. Quantitative data were aggregated providing overall feedback from the survey and is shown in the following graphs, while qualitative data will be shown in italics and in blue font.

Question 1



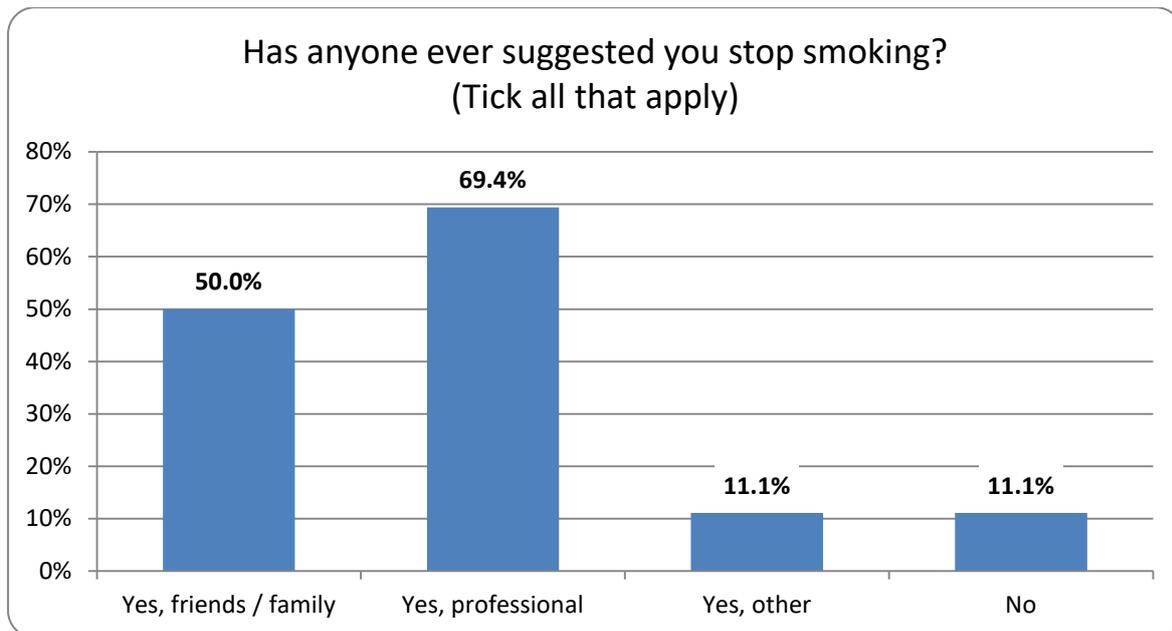
All 36 responders answered this question. The majority, 24 responders, smoke hand rolled tobacco, with 7 responders smoking tailor made cigarettes. 4 responders use e-cigarettes, with the same number using cannabis and tobacco together. 3 responders smoke cannabis on its own, without tobacco. 42 responses were recorded, as responders could select all options that applied. Some responders will use more than one of the options.

Question 2



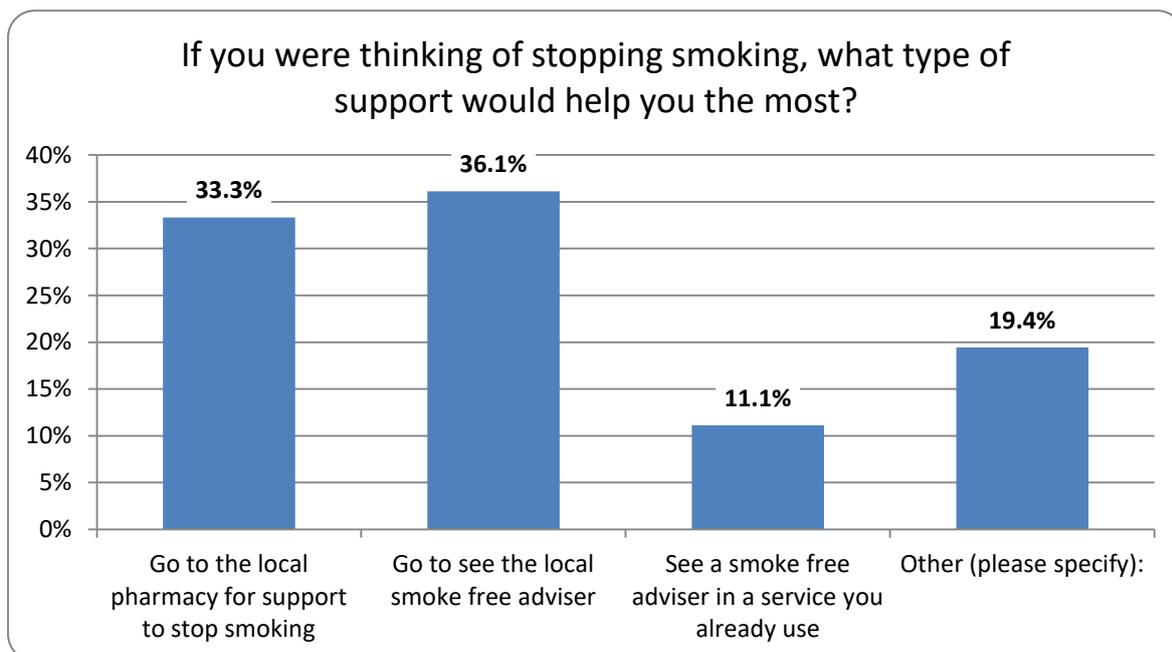
All 36 responders answered this question. It's reassuring to know the majority of responders (27) are aware of the Highland Smoke Free Service. The remaining responders (9) now, at least, know there is a service.

Question 3



All 36 responders completed this question with 53 responses given, as participants were able to select all options that applied. Most responders had had others suggest they stop smoking, especially professionals (25), and also many friends and family (18). Of the 4 'yes, other' selected, two comments were provided: "GP" and "everyone I speak to". Finally, 4 responders had never had anyone suggest they stop smoking.

Question 4

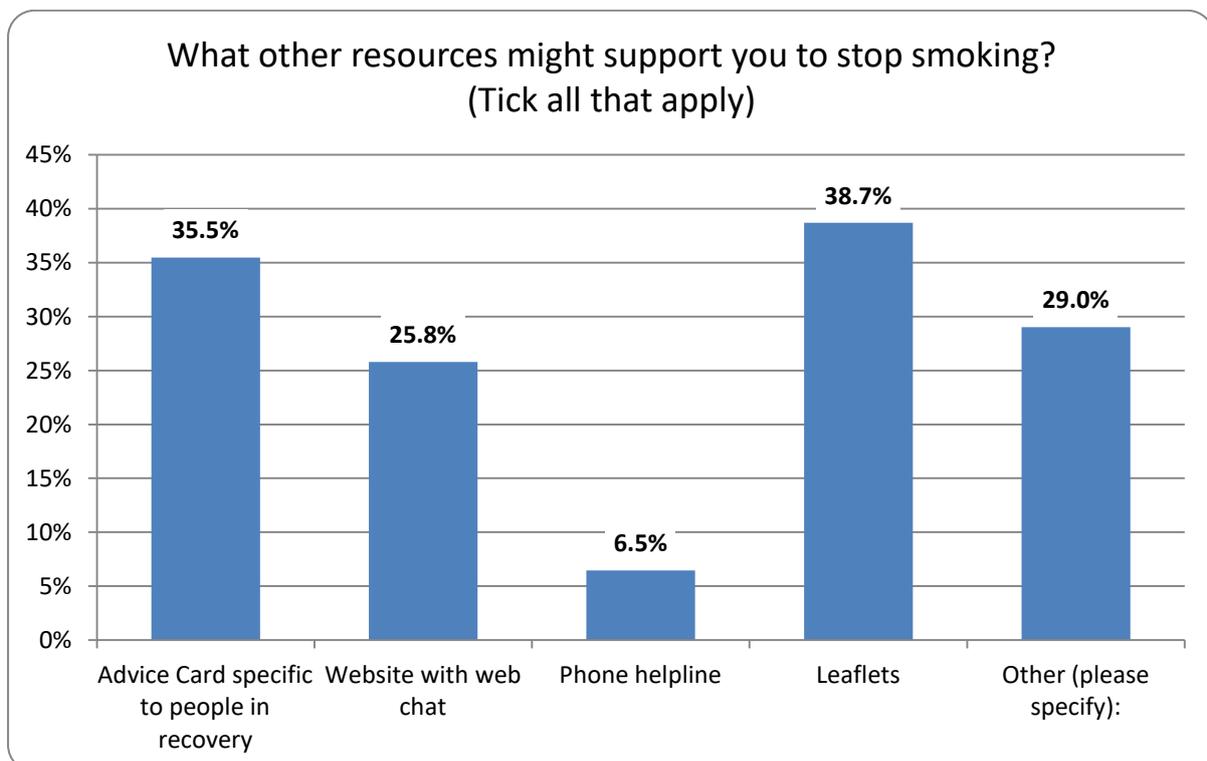


All 36 responders answered this question, with 42 responses given as participants could select all that applied. The majority of responders would access support to stop smoking that is already established; local smoking cessation adviser (13) and the local community pharmacy (12).

4 responders would prefer to see an adviser in a service that they already access. Participants who selected this option were asked to state which service(s) they would be interested in seeing this provision in. 6 responses were provided; 3 suggestions were to use the smoke free service, 1 to use a third sector recovery service that they already use, and 1 other the NHS Recovery service. 1 response indicated this wasn't the best time to think about stopping for them by stating *"not at present"*.

7 responders selected the 'other' option; all slightly different. 2 responses didn't provide any additional ideas: *"don't know"*, and *"not specified"*. 1 responder suggested being isolated to help them avoid using cannabis, *"Lock me up somewhere - I can't stop using cannabis"*. Another responder stated they *"Would use e-cigarettes, not sure where to start, advised of smoke free service"*. Another suggestion was to find an alternative that would provide temporary relief, *"Find a good replacement that gives me 5 mins peace and calm"*. The remaining 2 responses stated they would stop on their own, without support, *"do it myself"*, and finally 1 other responder explained they *"don't want to stop smoking"*.

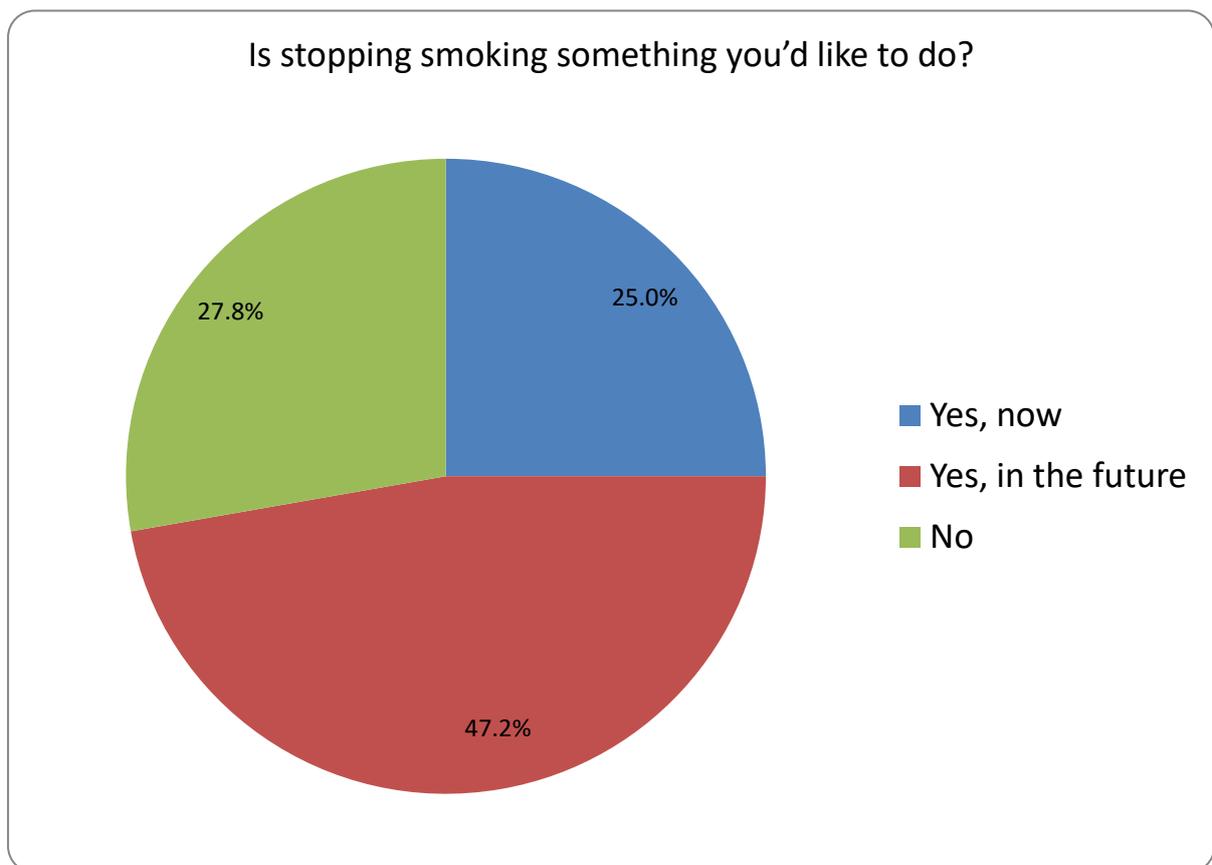
Question 5



31 responders answered, with 5 skipping this question. 42 responses were provided. The most common resource identified was leaflets (12). There are [Highland Smoke Free Service leaflets available, via HIRS](#). The second was an advice card specific to people in recovery (11). This was an option ASH Scotland had been looking to develop. The next most common response was 'other' with 9 responders selecting this option. 3 responders stated 'none', that no resources would be useful. There were 4 responses for measures that are already currently available: calls from smoke-free adviser, smoking cessation nurse, one to one sessions, and the pharmacist. 1 response mentioned the Allan Carr stop smoking resource, and another highlighted their self efficacy and ability to stop, stating *"If I get it in my mind to do it I can. Have done it before"*.

Finally, 8 responders would find a website with web chat supportive and 2 responders would find a helpline supportive. These options are available nationally via the [Quit Your Way website](#), including webchat, and free phone line 0800 84 84 84.

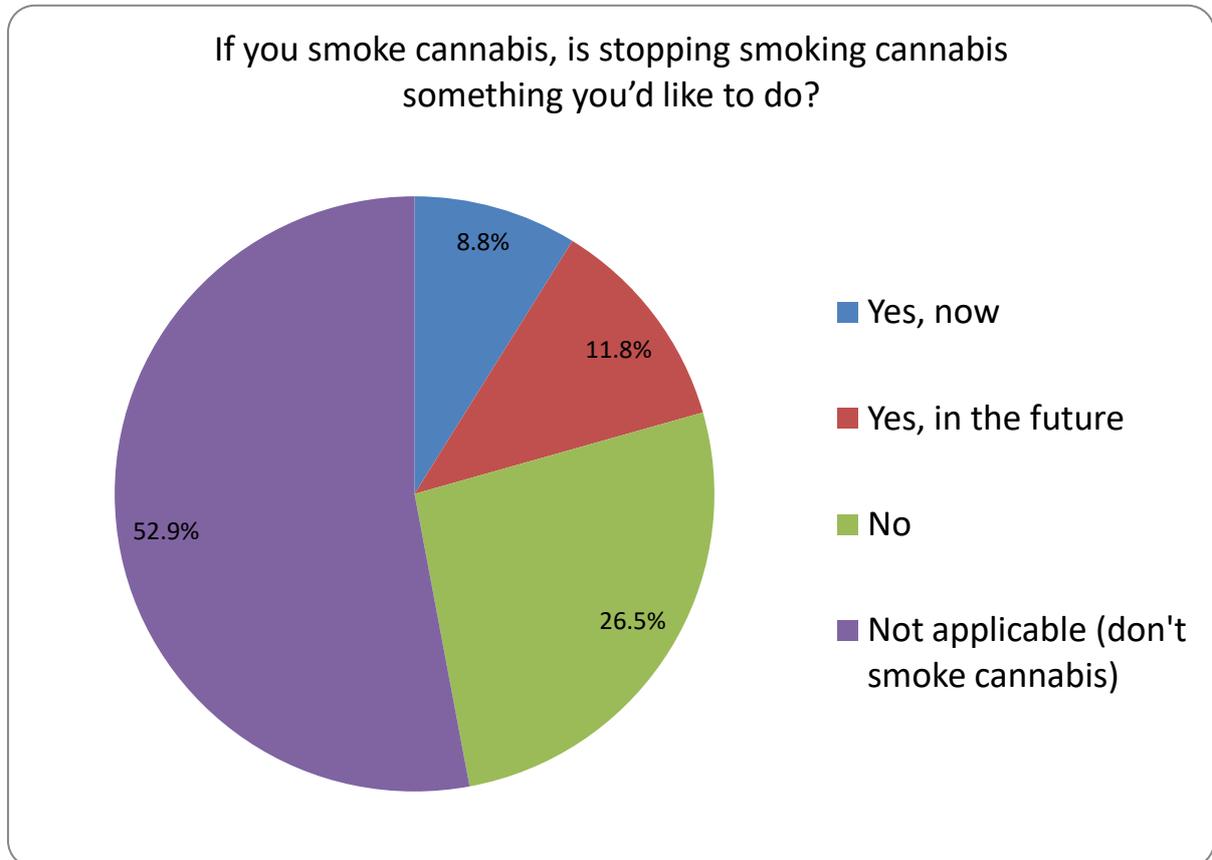
Question 6



All 36 responders answered this question. It is reassuring to see that the majority of responders would like to stop smoking. Combining the two 'yes' options (9 'Yes, now' and 17 'Yes, in the future' = 26), this figure is higher than the national

percentage of adults who wish to stop smoking (72% compared to 66%, Scottish Government and National Statistics (2020b)). There is a desire for people in the recovery community to stop smoking.

Question 7



34 responders answered, with 2 choosing to skip this question. The majority of responders (18) don't smoke cannabis. Of the responders that do smoke cannabis, 7 would like to stop at some point, either now or in the future, with 9 not wanting to stop smoking cannabis.

Question 8

This question allowed responders to leave any other comments in a free text section. 4 responders decided to leave a comment. 1 responder mentioned they'd tried to contact the local stop smoking service, to no avail, and were curious if it was still operating. Responders provided their input anonymously, however it was known which service had returned this particular form. The service was contacted to confirm the local stop smoking service is operating, and local adviser details were clarified.

Another response stated *“I like smoking is just the health implications”*. This comment suggests ambivalence about stopping smoking, which a stop smoking adviser could explore. 2 responders provided details of how they stopped smoking, with 1 highlighting how difficult it can be:

“I have been in recovery from alcohol and drug addiction for over 18 years now. I also stopped smoking tobacco 14 years ago [...] The psychological and emotional dependence on tobacco is much more powerful than many people realise, including the medical professions.”

“I recently stopped smoking by reading Allan Carr Easy Way to Stop Smoking. I have actually enjoyed stopping smoking - no withdrawals, absolute total ease and enjoyment. 4 weeks stopped - not one thought about ever wanting a cigarette.”

It is useful to hear these experiences of people in recovery stopping smoking.

Conclusion

This survey achieved the aim of the action in the strategy, highlighting that people in the recovery community do want to stop smoking. Some experiences of stop were even provided. In addition, the most helpful support has been highlighted, indicating people in recovery would access existing services that support smoking cessation, and benefit from supportive resources, many of which are already available.

Recommendations

- Share findings using this report to those who helped to disseminate the survey, highlighting the proportion of responders who would like to stop smoking.
- Offer supply of Highland Smoke Free Service leaflets to recovery services, both NHS and third sector, highlighting options including 121s, phone support, etc
- Contact ASH Scotland regarding the smoking and recovery advice card
- Offer to share link to VBA training to those who work directly with people in recovery in the Highlands

With thanks to;

The 36 people in recovery who completed the survey

Sara Huc, Public Health Intelligence Officer, NHS Highland

Suzu Calder, Head of Service - Drug & Alcohol Recovery / Prison & Police Custody Healthcare / FME, NHS Highland

Susan Birse, Senior Health Improvement Specialist and Tobacco Lead, NHS Highland

Sharon Holloway, Development Manager, Highland Alcohol & Drugs Partnership

Aileen Trappitt, Administration Officer, Highland Alcohol & Drugs Partnership

Fiona Riddell, Community Pharmacy Business Manager, NHS Highland

Steph Tryer, Administrative Assistant, Public Health, NHS Highland

Gina Johnston, Drug and Alcohol Recovery Nurse, NHS Highland who supported a number of people to complete and return the survey

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Appendices

Appendix 1



Survey

Appendix 2



Emails to NHS staff &
third sector

Appendix 3



Letter to NHS staff

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August 2020