Written evidence submitted by Mental Health and Smoking Partnership (ECG0060)

1. The Mental Health and Smoking Partnership is a coalition of organisations working to reduce rates of smoking among people with a mental health condition. Membership of the Partnership includes Royal College of Psychiatrists, Rethink Mental Illness and UK Centre for Tobacco and Alcohol Studies. Full membership is in Appendix 1. The Partnership is co-chaired by Prof Paul Burstow, Chair of Tavistock and Portman NHS Trust and Chair of the Social Care Institute for Excellence and Prof Ann McNeill, Professor of Tobacco Addiction and King’s College London and Deputy Director of the UK Centre for Tobacco and Alcohol Studies. The coalition is co-ordinated by Action on Smoking and Health.

2. In responding to the terms of the reference our evidence relates to health issues and the current research agenda. We also indicate where our evidence relating to health have implications for the regulatory environment.

3. In light of evidence that e-cigarettes may be effective in helping people with a mental health condition to quit, temporarily abstain or cut down the amount they smoke the Mental Health and Smoking Partnership has published a statement on e-cigarettes available here. This was supported by a webinar for professionals which available to download here. We see it as a priority of the Partnership that mental health professionals are informed about e-cigarettes and able to provide accurate information to smokers in their care. We plan to develop further resources in the future to support service users.

Executive summary

- People with a mental health condition have high rates of smoking and high levels of addiction. There has been little progress over the last few decades in addressing these rates of smoking.
- E-cigarettes may be an innovation that could make a difference to the entrenched rates of smoking in this population with current evidence indicating that they may be more acceptable to people with a mental health condition than other forms of support to quit and they appear likely to improve quit rates compared with going cold turkey.
- There is evidence that use of e-cigarettes in mental health inpatient settings can improve the outcomes of smokefree policies and support efforts to provide people with treatment for their tobacco dependency.
- There are barriers to access of e-cigarettes for people with a mental health condition and this includes the policies in NHS settings, attitudes and understanding of health care professionals, false perceptions of harm among smokers with a mental health condition and barriers to entry such as cost of devices.
- A number of policy interventions could help to maximise the opportunity of e-cigarettes for smokers with a mental health condition these include:
  - Having products licensed as medicines that health professionals can recommend or prescribe
  - Clear guidance to NHS organisations about appropriate policies around e-cigarettes
  - Training for health care professionals to improve their understanding and communication around both quitting and e-cigarettes
  - Addressing the widespread misconceptions in the general population about the relative harms from e-cigarette compared to smoking
- Further research is needed to address the gap in knowledge around e-cigarettes and smokers with a mental health condition. There is also a significant opportunity to
improve understanding through changes to existing Government datasets such as the Mental Health Services Dataset.

Use of e-cigarettes as a stop smoking tool for people with a mental health condition

4. The rate of smoking among people with a mental health condition is much higher than rates of smoking among the general population with those with the most complex and acute conditions having the highest rates of smoking.


5. The level of addiction in this population is also high. So, while people with a mental health condition are as motivated to quit smoking as other smokers they are less likely to be successful. As a consequence, while the rates of smoking in the general population have fallen steadily over the last few decades, the same rate of progress is not apparent for people with a mental health condition, with almost no decline recorded.

6. Identifying innovative ways to support smokers with a mental health condition that are acceptable, effective and can be implemented at scale is an urgent priority to reduce the major disparity in smoking rates which is a major cause of the reduced life expectancy among people with a mental health condition. E-cigarettes offer promise in this regard.

7. The existing published research shows that e-cigarettes may be an effective reduction and cessation aid for people with serious mental health conditions, and provide an acceptable alternative to both smoking and other types of cessation medication. However, these studies are generally small scale and further research is needed.

8. We are aware that e-cigarettes are being integrated into support to help smokers with mental health conditions quit, particularly in inpatient settings. However, evaluation of these models seems limited at this time. It would be particularly useful to understand whether e-cigarettes support more people to continue to abstain from smoking after they leave hospital. Currently this is an anecdotal observation.

9. Within the community there are some individual projects working with vulnerable groups of smokers. In Leicester the local stop smoking services is running a
programme in partnership with a local e-cigarette shop that is seeking to provide cheap or no cost e-cigarettes to homeless smokers. In Bristol they are trialling a model providing vouchers for e-cigarettes and liquids to groups of vulnerable smokers including those with substance misuse issues. This programme is being evaluated by Bristol University with early indications that it is delivering high quit rates.

10. Access to e-cigarettes for people with a mental health condition may also be inhibited by cost. Research conducted by Nottingham University for ASH found that between 900,000 and 1.2 million smokers with a mental health problem are living in poverty in the UK. While vaping is generally cheaper than smoking over time the start up costs to purchase a device of reasonable quality could be a barrier to people on very low incomes. While there are services such as the ones cited in the paragraph above who are finding innovative ways to subsidise the start-up costs for vulnerable smokers this is much more likely to be undertaken around the country at scale if products are available on prescription.

11. Recommendations:
- Further research into the use of e-cigarettes for smoking cessation or harm reduction among people with a mental health condition and evaluation of existing practice
- Further integration of use of e-cigarettes into existing services for smokers with a mental health condition both within inpatient and community settings alongside evaluation.

Views of people with a mental health condition and mental health staff

12. While previously published research cited above indicates that e-cigarettes may be acceptable to smokers with a mental health condition a paper currently under review that interviewed mental health inpatients found that lack of knowledge and concerns about safety may be inhibiting use with one respondent saying: ‘nobody really knows yet how harmful it is for you’. However, as with previously published papers smokers also reported optimism about the potential for e-cigarettes to help them quit: “An e-cig would stop me from smoking for life”

13. Public health professionals in the Midlands interviewed patients in an inpatient environment about their views on the smokefree policy. As part of the exercise they also gathered views on vaping. These are the views of individuals and may not be representative but they offer some insights into both the opportunities and limitations around e-cigarettes for people with a mental health condition.

a. Vaping was preferred option for many over using NRT. However, not all e-cigarettes were seen as equal with many making the distinction between products they more easily had access to on the ward (generally closed capsule products) and ‘proper vapes’ (probably ‘tank’ or ‘mod’ type products). Given the likelihood that smokers in this population are more highly addicted it is likely that speed and strength of nicotine delivery will be important to them:

“A patch doesn’t completely sort it, I’d like to use a proper vape.”

“I used a patch but it wasn’t good, got a vape too but it’s poor quality. I’d try a proper one.”
“I want to buy one of those proper vapes.”

b. There were repeated concerns about inconsistent approaches to e-cigarettes between wards and staff members. Clear and consistent information and approach to e-cigarettes is important to ensure service users have an accurate understanding about products and are encouraged to use them in the most effective way to prevent relapse to smoking:

“I came in with my vape, been using it 2 years, I don’t smoke at all. I’ve been allowed to keep it, but someone else had it taken off them.”

“I smoked 20-40 a day before I came in, and I didn’t know it was smokefree. I was stressed out, didn’t get offered anything on admission, still don’t have anything. I wish I could vape, I had to go cold turkey and have a sneaky fag outside” [The policy is to allow vaping on all wards but staff do not always apply it consistently]

c. A number of people interviewed reported varying the nicotine content to reflect their level of need. It is possible that the ease with which people can do this is part of their appeal for many smokers. However, it is notable that a number of people interviewed saw reducing to 0 nicotine as desirable. Further research could help us to understand why this is the case:

“I used to smoke 30 a day but I’m vaping now and it’s all right. I used to use a nicotine vape but now I’m using 0mg and I’m not agitated at all.”

“I use 0mg nicotine, strawberry, but I might have to use 6mg in here”

“On admission I wanted to vape, just 0mg, because I felt so stressed. I’ve got over it now”

14. Research undertaken by UCL as part of a PhD project and awaiting publication interviewed 33 mental health professionals in 6 focus groups assessing their knowledge and attitudes towards e-cigarettes.

a. Those who participated in the research were in general unaware of the types of e-cigarettes, what they consist of, and their effectiveness as a potential smoking reduction/cessation aid. There was a lack of understanding around what distinguishes a smoker from someone who vapes and an indication that people were not being informed about the evidence around e-cigarettes via professional or official sources:

“I had a patient saying I don’t smoke, only e-cigarettes… and I’m thinking, so you smoke then! So you do. But some people are just not aware” – Psychological Wellbeing Practitioner, IAPTS Service.

“I can’t remember if I read or heard it, that young people are taking up vaping rather than smoking, which that’s not what it is meant to be for… its meant to be an aid to stopping” – Mental Health Nurse, Community Forensic Treatment Service.

“If we’ve been told that they are the best thing for them then I would offer [encouragement to use an e-cigarette]” – Social Worker, Community Mental Health Team.
b. A number of mental health professionals were sceptical about e-cigarettes; particularly around their safety and addictiveness potential. Indeed, professionals raised concerns that vaping would become another addiction. Some of these concerns seem to stem from a misunderstanding about the harms from nicotine:

“The problem is then you’re stuck on that, so what’s the point?! You’re still an addict of nicotine” – Doctor, Mental Health Community Service.

“It almost seemed their nicotine intake was more than if they had the odd fag during the day” – Clinical Psychologist, Community Forensic Treatment Service.

15. This qualitative study found that most professionals lacked knowledge and were uncertain about the value of e-cigarettes to smokers. Training and information provision to this group could make a big difference to their attitudes to e-cigarettes which in turn is likely to impact on their practice.

16. Recommendations:
   - **Staff need to be trained and national guidance is needed to ensure organisational policies are consistent.** People with a mental health condition need accurate and consistent information about e-cigarettes.
   - **More research is needed to understand the perspectives of people with a mental health condition and the attitudes of the staff who work with them in order to best understand the barriers and facilitators to use.**
   - **People with a mental health condition should be supported to access products that are most likely to deliver nicotine swiftly.**

**Implementation of smokefree policies in mental health settings**

17. The high rates of smoking among mental health populations led to the development of NICE guidance in mental health settings. It is current Government priority articulated in both the Tobacco Control Plan for England and the Mental Health Five Year Forward View to implement this guidance. This includes making hospital sites smokefree alongside providing support to smokers to quit.

18. There have been a range of approaches to implementing smokefree policies in mental health trusts. Some, but not all, allow the use of e-cigarettes. Policies in these Trusts vary with some allowing only a specific type of e-cigarette while others allow a wider variety. Some only allow use outside while others have a wider use policy. There are also differences in the consistency of approaches within Trusts with some having different approaches on different wards or sites while others have a more consistent policy in all settings.

19. There are Trusts with smokefree policies that have a proactive approach to supporting smokers to quit but do not allow the use of e-cigarettes within the grounds. Successful support has been provided through quick access to nicotine replacement therapy and the option to access behavioural support for all patients. Successful smokefree policies may not be contingent on access to e-cigarettes but rather that patients are adequately supported to manage their nicotine addiction. Equally access to e-cigarettes on their own without providing access to licenced medications and behavioural support will not provide sufficient support to smokers in hospital settings.
20. However, Trusts that have allowed the use of e-cigarettes alongside implementing smokefree policies with appropriate support have reported a number of benefits:
   - Patients report preferring vaping to other nicotine replacement products and as such are less concerned about smoking being prohibited. Patients often report trying NRT in the past and not finding it effective.
   - Anecdotal evidence of patients being more likely to maintain abstinence from smoking following discharge.
   - The opportunity for patients to ‘discover’ e-cigarettes as an alternative to smoking
   - Patients are coming in to wards using e-cigarettes and object to not being allowed to use something they are successfully using in the community.
   - Trusts that are reaching out to smokers in the community to prepare them ahead of a potential inpatient stay are finding that vaping is more acceptable to service users than NRT further smoothing the transition between hospital and community.

21. A survey carried out among a small group of inpatients (34) in a Trust that had implemented Smokefree policy alongside access to treatment found a big increase in the rate of e-cigarette use during admission compared to before:

<table>
<thead>
<tr>
<th></th>
<th>Before admission</th>
<th>During admission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
<td>74%</td>
<td>65%</td>
</tr>
<tr>
<td>Vaping</td>
<td>22%</td>
<td>64%</td>
</tr>
</tbody>
</table>

Many respondents also reported using NRT either concurrently or consecutively. The use of alternative sources of nicotine supported 16% to completely abstain from smoking and 72% to reduce the amount they smoked. Although this is a small group it does indicate that inpatient admissions are an opportunity for people to gain experience of alternative sources of nicotine\(^1\) to support them in temporary abstinence.

22. Trusts also report challenges:
   - Lack of staff training around e-cigarettes can result in poor understanding about relative harms or the role of nicotine in supporting smokers to be Smokefree resulting in unnecessary restrictions around use
   - Inconsistent practice within Trusts can be a cause of conflict and risks providing confusing messages to patients who smoke about the relative risks of using e-cigarettes.
   - Range of products available are not always the most effective and therefore can undermine effectiveness.

23. Many of these challenges could be addressed through improved national guidance in relation to training, policies and practice. The availability of products on prescription would provide further reassurances to many working in mental health settings who would be more comfortable making available a product that had a medicinal licence to vulnerable patients.

24. The inconsistent approach to e-cigarettes in Trusts is a problem. We continue to hear of examples where people who vape have been admitted to wards that prohibit vaping and are offered little alternative support, in one case even being told to return to smoking. Trusts that are yet to allow the use of e-cigarettes have cited the lack of national guidance from NHS England as a key reason for prohibitions. Trusts are particularly keen to have clear guidance from NHS England regarding how e-cigarettes should be included in policies and the advice that staff should be providing.
to patients. The CQC recent guide to inspectors emphasises the importance of not adopting blanket policies in relation to e-cigarettes but Trusts would still welcome further clarification\textsuperscript{12}.

25. The experience of providing access to e-cigarettes within prisons is relevant to mental health given the high rates of mental ill health in prisons and the secure nature of the setting. Prisons have been allowing the use and sale of e-cigarettes across the prison estates for some time. They have moved from allowing only a disposable e-cigarette to allowing the use of a greater range of devices including rechargeable products. This is during a period of prisons going Smokefree with 66 prisons in England and Wales implementing Smokefree policies as of November 2017.

26. Data on sales of products in all prisons between March and April this year shows the growing popularity of a range of e-cigarettes and vaping devices\textsuperscript{13}, this coincides with the increasing number of smokefree prisons:

<table>
<thead>
<tr>
<th>Month</th>
<th>E-cigarettes</th>
<th>Vaping Products</th>
<th>Tobacco</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar-17</td>
<td>300,000</td>
<td>200,000</td>
<td>100,000</td>
</tr>
<tr>
<td>Apr-17</td>
<td>250,000</td>
<td>150,000</td>
<td>75,000</td>
</tr>
<tr>
<td>May-17</td>
<td>200,000</td>
<td>100,000</td>
<td>50,000</td>
</tr>
<tr>
<td>Jun-17</td>
<td>150,000</td>
<td>75,000</td>
<td>25,000</td>
</tr>
<tr>
<td>Jul-17</td>
<td>100,000</td>
<td>50,000</td>
<td>12,500</td>
</tr>
<tr>
<td>Aug-17</td>
<td>50,000</td>
<td>25,000</td>
<td>6,250</td>
</tr>
</tbody>
</table>

27. Recommendations:
   - NHS England should provide clear guidance to Trusts in relation to e-cigarette use and how they can integrate products as part of treating tobacco dependence. Including guidance on appropriate training for staff.
   - Greater effort should be made to create an environment in which a licenced medicinal product can be bought to market as part of supporting access to e-cigarettes in hospital settings and for those on low incomes.

Current research landscape and action needed

28. There is a lack of research and surveillance of smoking among people with a mental health condition altogether including research that relates to e-cigarette use in this population. The Mental Health and Smoking Partnership was asked to provide paper to NIHR on the case for targeted funding for research on smoking and mental health. Research on e-cigarettes has been highlighted as a priority.

29. The Mental Health Services Dataset, which provides national data based on patient records for people accessing mental health services in England, does not report
smoking status or quitting activity. In addition, there is no national surveillance of implementation of NICE guidance within NHS Trusts nor what their policy towards e-cigarettes might be.

30. Improvements to the Mental Health Services Dataset are needed including mandating capturing of smoking status and developing fields to record quitting behaviour including e-cigarettes. This would significantly improve our understanding of current use in the population. In addition, research to explore the impact of e-cigarettes on cessation and harm reduction behaviours is needed alongside further insights into the barriers and facilitators to use among people with a mental health condition. Findings from this research can help develop regulatory and policy recommendations to ensure people have access to products that will best help them to quit.

31. Recommendations
- The Department of Health should encourage funding bodies to commission further research of e-cigarettes in relation to key populations including those with a mental health condition
- Department of Health, NHS England and NHS Digital should work together to improve the fields on smoking status and quitting behaviour in the Mental Health Services Dataset and mandate their completion.

*December 2017*
Appendix 1: Full membership of the Mental Health and Smoking Partnership

Action on Smoking and Health
Association of Directors of Public Health (ADPH)
Association of Mental Health Providers
Cancer Research UK
Centre for Mental Health
Chartered Institute for Environmental Health
College of Mental Health Pharmacy
College of Occupational Therapy
Fresh: Smokefree North West
Groundswell
Mental Health Foundation
National Centre for Smoking Cessation and Training
National Survivor User Network
Primary Care Respiratory Society UK
Rethink Mental Illness
Royal College of General Practitioners
Royal College of Nursing
Royal College of Psychiatrists
Smokefree Yorkshire and the Humber
UK Centre for Tobacco and Alcohol Studies (UKCTAS)
Unite in Mental Health/Mental Health Nurses Association
York Mental Health and Addictions Research Group

1 Royal College of Physicians and the Royal College of Psychiatrists, Smoking and mental health, London, RCP, 2013 https://www.rcplondon.ac.uk/projects/outputs/smoking-and-mental-health
7 Huddlestone L et al, Complete smokefree policies in mental health inpatient settings: Results from a mixed-methods evaluation before and after implementing national guidance, submitted for publication
8 NICE, Smoking: acute, maternity and mental health services, 2013 https://www.nice.org.uk/guidance/ph48
11 Ratschen E, Stewart P, Horspool M, Leahy M, Smokefree acute adult mental health inpatient wards: the service user experience, under review
12 CQC, Brief Guide: Smokefree Policies in mental health inpatient services, March 2017
https://www.cqc.org.uk/sites/default/files/20170323_briefguide-Smokefree_policies_in_mental_health_inpatient_services.pdf


http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/ Commons/2017-09-07/9456/