Written evidence submitted by the Cheshire and Wirral Partnership NHS Foundation Trust (ECG0072)

Executive Summary:

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) supports thousands of vulnerable people across Cheshire and Merseyside. We provide mental health services and community physical health services, as well as learning disability and drug and alcohol services, to a total population of around one million people.

CWP operates from 66 sites across Cheshire and Merseyside, including Wirral, Chester, Winsford, Crewe, Macclesfield, Sefton and Trafford.

The Care Quality Commission (CQC) has rated CWP as ‘Good’ overall, ‘Better’ for treatments and ‘Outstanding’ for care.

CWP is passionate about providing person centred, health promoting care and in February 2014 was the first Trust to implement NICE Guidelines PH48 (Smoking acute, maternity and mental health services). We have welcomed the focus on smoking and reducing the impact this has particularly on people who have mental illness. We introduced a policy entitled ‘Nicotine Management Policy’ rather than ‘Smoke Free Policy’ as we wanted nicotine dependence to be treated as a clinical condition rather than a lifestyle choice. We have a proactive approach to supporting people when they are admitted to our inpatient units.

We value the opportunity to input into this Parliamentary Inquiry and have a range of suggestions and comments on the use of e-cigarettes particularly in Mental Health Inpatient settings.

Our comments/suggestions include:

We would like to see more research into effectiveness of e-cigarettes in supporting people with mental illness to quit and stay off tobacco when they are inpatients.

We would like to see more research to understand if people with mental illness are more vulnerable to nicotine dependence through taking up vaping in the same way that they are more vulnerable to tobacco smoking.

We would like to see more research into how many people with mental illness who become nicotine dependent through vaping go on to develop a tobacco addiction.

If e-cigarettes are to be used in mental health inpatient units we would like to see clear guidance and training on when they should be used (e.g. when other interventions have not been effective), where they should be used and how they should be used (e.g. with psychological support and medicinally licenced NRT).

If E-cigarettes are to be provided by the NHS in mental health inpatient units we would like e-cigarettes to be available as a prescribed medicine to support clinical use and monitoring.
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**Impact of E-cigarettes on health**

CWP is supportive of people who chose to use e-cigarettes to manage their nicotine dependency or make a quit attempt whilst at home but does not currently allow their use within inpatient settings. This position is reviewed regularly.

A key concern for us is whether e-cigarettes could be a gateway to nicotine dependency, tobacco use and possibly other substances including cannabis. Mental health inpatient services’ relationship with tobacco goes back decades. It has been common for people without a tobacco dependence to take up tobacco whilst an inpatient. Staff have facilitated smoking, even using cigarettes as rewards when behaviour modification approaches were widely used and there has been a culture of acceptance of smoking in mental health services. This has added to the stigma and the social and health inequalities that surround people with mental illness. There has been a tremendous shift in thinking over recent years but there are still cultural issues that are being addressed. There is little evidence of the effectiveness of e-cigarettes in supporting people with mental health conditions to quit and stay off cigarettes whilst an inpatient but there is anecdotal evidence of ‘vaping cultures’ emerging where vulnerable people are drawn to vaping ‘clubs’ in the same way that non-smokers were drawn to the smoking rooms in the past. If our only aim was to reduce tobacco usage by existing addicts then vaping could be the answer but we believe that we have a huge responsibility to minimise the risk of inpatient units being places where non-smokers can become nicotine addicts or smokers.

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We are also concerned about the use of e-cigarettes as a substitution for tobacco rather than a quit aid and the potential for dual use and for people to be ‘parked’ on e-cigarettes rather than supported to quit. If this becomes the first (easier) option for smoke free inpatient services then how many people would miss the opportunity of making a nicotine quit attempt when they have 24/7 nursing support. Mental health staff are often the hope carriers for people to quit and the potential of this will not be realised if the hope becomes that people will switch to vaping rather than tackling a nicotine dependence and aiming for a nicotine free life. There is also the risk that we will be normalising nicotine dependence which links to our earlier concern. If e-cigarettes are to be used in inpatient units we would like to see clear guidance and training on when they should be
used (e.g. when other interventions have not been effective), where they should be used and how they should be used (e.g. with psychological support and licenced NRT).

The Impact of E-cigarettes financially

We recognise that on the whole e-cigarettes are cheaper than tobacco however we have heard of people spending up to a thousand pounds on flavours and equipment for ‘tank models’. In an inpatient setting there will be some patients who can afford to buy e-cigarettes and be able to go and purchase them and some that won’t. If the NHS is to provide e-cigarettes to ensure equity of access then we would have concerns about using public money to purchase e-cigarettes when they can’t be prescribed. If e-cigarettes are to be provided by the NHS in mental health inpatient units then we would like e-cigarettes to be available as a prescribed medicine to support clinical use and monitoring.

We hope that this information is helpful to your inquiry.

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