Can a smoking cessation clinic targeted to marginalised clients in Kings Cross, Sydney be effective?

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Acknowledgements

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\textsuperscript{2} Kirby Institute, UNSW Sydney, Sydney

No conflict of interests to declare
Where?

• **Kirketon Road Centre, Kings Cross Sydney**

• Target populations
  • Intravenous drug and other substance users
  • Sex workers (private and street based)
  • At risk youth (substance use, homeless, LGBTQI)
  • People experiencing homelessness

_Open service in SESLHD that still allows smoking on premises_
Where?

- **Staff**
  - Medical, nursing, counselling, health education officers, outreach team, research

- **Services**
  - Primary care, HIV, Viral hepatitis, Sexual health, Mental health
  - Opioid Agonist Treatment (OAT)
  - Needle-syringe Program (NSP)
  - Social support, counselling, housing
Why?

2016 AIHW National Drug Strategy Household Survey

• People are more likely to smoke daily if
  • Lower socioeconomic areas 2.7x
  • Unemployed 1.8x
  • Indigenous 2.3x

• 75% attempted to change their smoking in the last 12 months

Unaided QUIT attempts*

• 60% relapse in first 2 weeks
• 5-10% still abstinent at 12 months

* Garvey 1998
Why?

• 222 of 845 patients admitted between 1972-1983 for inpatient addiction treatment had died *
  • 50.9% of the deaths were from smoking related causes

• Prevalence of smoking on OAT found to be 97.2% **

• Smoking harms well known
• Ageing populations
• Facilities to offer treatment, education and support

*Hurt et al 1996
**Pajusco et al 2012
Why?

Effective treatments
• Nicotine Replacement Therapy (NRT) = 2x placebo*
• Combination NRT = 3x placebo*
• Varenicline = combination NRT

Harm reduction
• Nicotine intake is reduced when using NRT
• Even if still smoking same amount

*Cahill et al 2013
What?

• Nurse-led walk in clinic
• 2 hours, once a week
• Free NRT available
• CO monitor- motivation and feedback

Outcomes
  • cessation
  • harm minimisation

Opportunity to speak to a Doctor if NRT ineffective to consider other options
How?

Training for staff

Promotion

Screening
- NSW Health screening tool
  - First cigarette within 30 minutes of waking
  - More than 10 cigarettes per day
  - A history of withdrawal symptoms in previous quit attempts

Assessment form

Review
- Clinical Indicators:
  - No. cigarettes
  - TTFC = time to first cigarette
  - Expired CO
- Withdrawal Symptoms
- Compliance/use of NRT
- Side effects
- Trigger avoidance
- Stress and craving management
- Monitor mood and anxiety (K10)
How?

Assessment: Offer Psychological and behavioural interventions, identify and plan to manage smoking cues

1st Line treatment: Combination NRT
Commence 21mg patch/24 hours daily for 7/7. change nightly before sleep + 4mg nicotine gum PRN or 4mg Nicotine lozenges PRN
Contraindications for patch: cardio vascular event in last 48 hours. Caution in pregnancy

Review in 1/52

Outcomes

Stopped
Smoking Cessation: No urge to smoke and no other withdrawal symptoms

Reduced
Still smoking but < TTFC (Time To First Cigarette)

Nil Change
Still smoking and same TTFC (Time To First Cigarette)

Add a second patch and/or increase oral NRT. Check for adherence

Consider 2nd line treatment if suitable

Review in 1/52-refer back to outcomes

Notes
- Refer to addiction specialist as required.
- Establish goals at initial assessment: follow pathway as per harm reduction goal or smoking cessation
- Check for adherence

Continue Combination NRT, support and education
Combination NRT is encouraged for a minimum 8 weeks. Nil maximum use. Clients can reduce NRT as they wish – nil evidence to support weaning

2nd line treatment: Champix and combination NRT
Varenicline (champix) can be used in combination with NRT if client suitable as per MO or review
How?

Patient information leaflets
• Consumer Participation Group approved
• Positive messages
• 4D’s of craving management
• How to use NRT

Figure 1: NRT Health Promotion Materials
What happened?

- 15 patients seen over 12 weeks
- Average 4 per clinic
- 66% current intravenous drug users
What happened?
What happened?

Outcomes

**Cigarettes per day:**
- **Initial:** 18 (range: 1-40)
- **Final review:** 5 (range: 0-15)
- **Average % Reduction:** 76%

**Average K10 Score:**
- **Initial:** 27 (range: 14-35)
- **Final Review:** 23 (range: 15-35)

**Average CO level:**
- **Initial:** 25 (range: 05-76)
- **Final review:** 19 (range: 02-100)
Now?

- Acceptable
- Integrated into routine practice
- One page form
- Ongoing education for staff
- All staff are able to have discussions around NRT and smoking cessation
Summary

• Since January 2019

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<th>Number of boxes</th>
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<td>Nicotine 2mg gum (Herron Nicaway) QTY 72</td>
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<td>Nicotine 4mg gum (Nicotinell) QTY 24</td>
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<tr>
<td>Nicotine 4mg gum (Herron Nicaway) QTY 72</td>
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Summary

• Smoking cessation is important
• People want to stop smoking
• Harder to do it alone
• Effective treatments are out there
• All staff can get involved and educate
• Even the most marginalized can have success with a little support
Questions????