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COSTED

Cessation of Smoking Trial in the Emergency Department

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On behalf of the COSTED team



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**LISBON
ADDICTIONS
2022**

European Conference on Addictive Behaviours and Dependencies

Conflict of interest statement

- No conflicts of interest to declare
- This study is funded by the NIHR [Health Technology Assessment (NIHR129438)]. The views expressed are those of the author and not necessarily those of the NIHR or the Department of Health and Social Care.





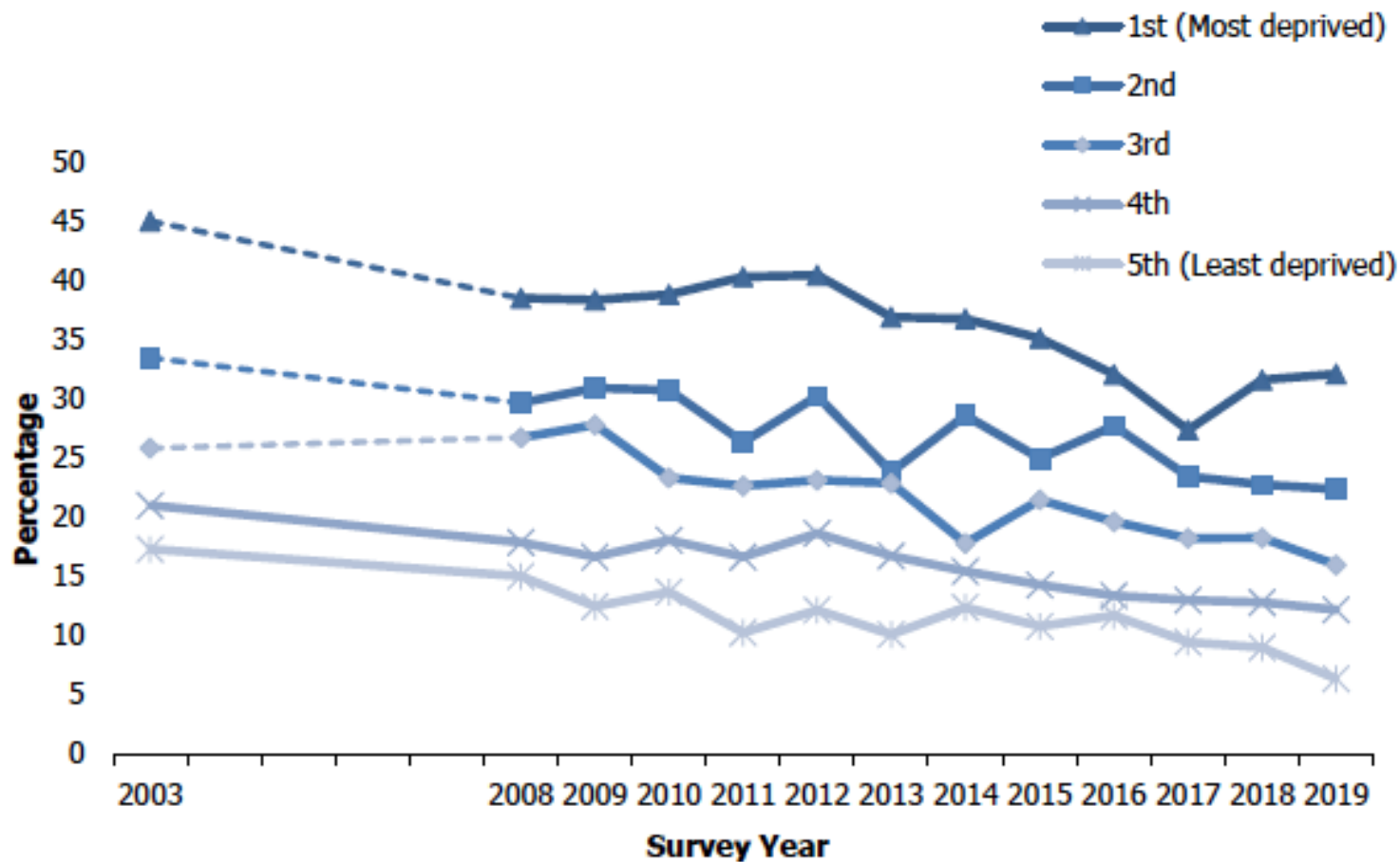
Outline

- Why smoking?
- Why the Emergency Department?
- What we've done
- What we know so far
- The future

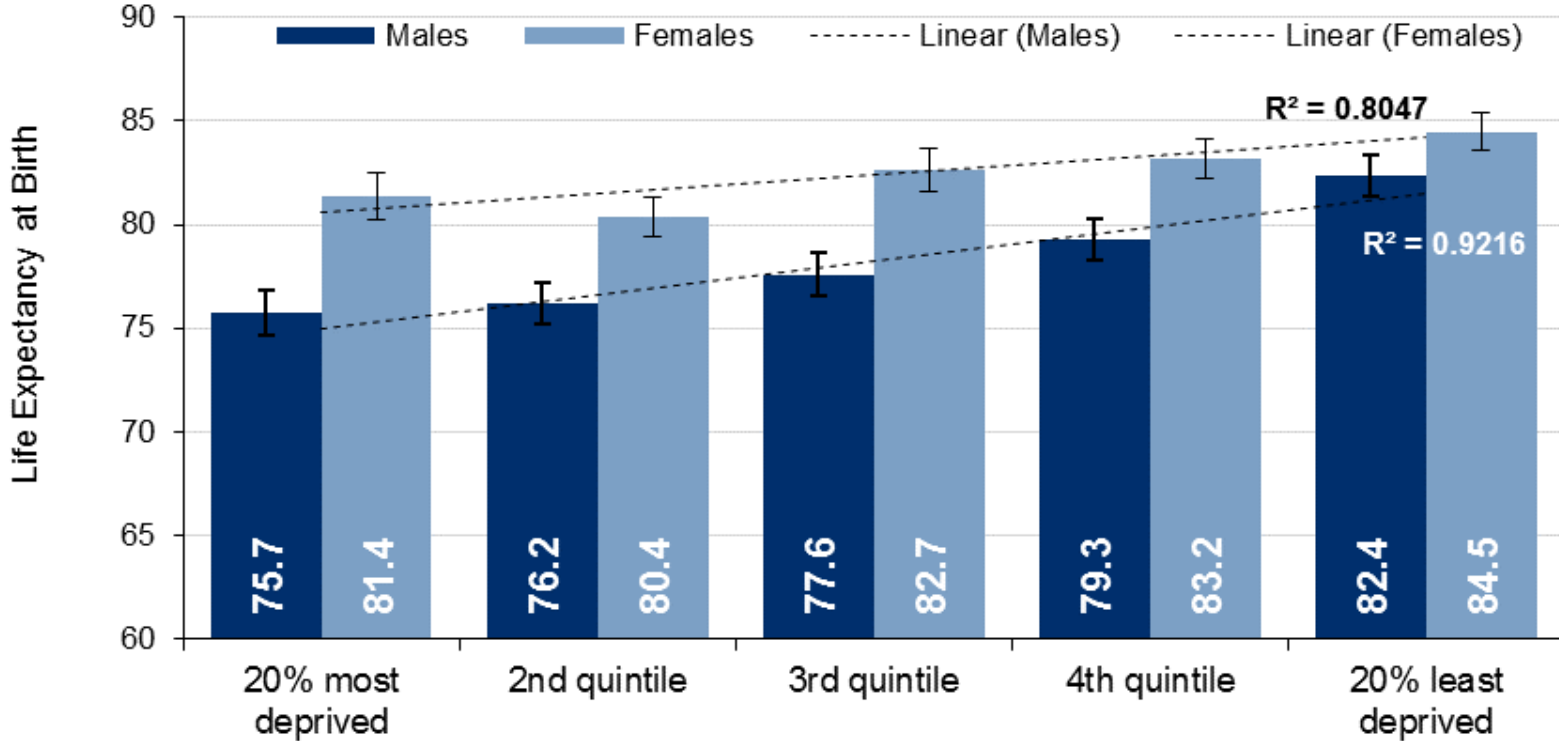


Why smoking?

- 1 in 2 smokers will die of a tobacco related disease
- 78,000 deaths each year in the UK
- 8 million deaths worldwide each year
- Costs £12.6 billion per year to the UK



Life Expectancy at Birth by Local Deprivation Quintile (IMD 2015): 2015 to 2017 (pooled)





Why smoking?

- Serious mental illness
 - 41% smoking rate
 - Life expectancy= 65 for men, 63 for women
- Homeless
 - 57-82% smoking rate
 - Life expectancy= 45 for men, 43 for women

Soar K, Dawkins L, Robson D, Cox S. Smoking amongst adults experiencing homelessness: a systematic review of prevalence rates, interventions and the barriers and facilitators to quitting and staying quit. *Journal of Smoking Cessation*. 2020 Jun;15(2):94–108.

Shaw M, Dorling D, Brimblecombe N. Life Chances in Britain by Housing Wealth and for the Homeless and Vulnerably Housed. *Environ Plan A*. 1999 Dec;31(12):2239–48.

Health Matters: Smoking and mental health - UK Health Security Agency [Internet]. [cited 2022 Sep 28]. Available from: <https://ukhsa.blog.gov.uk/2020/02/26/health-matters-smoking-and-mental-health/>

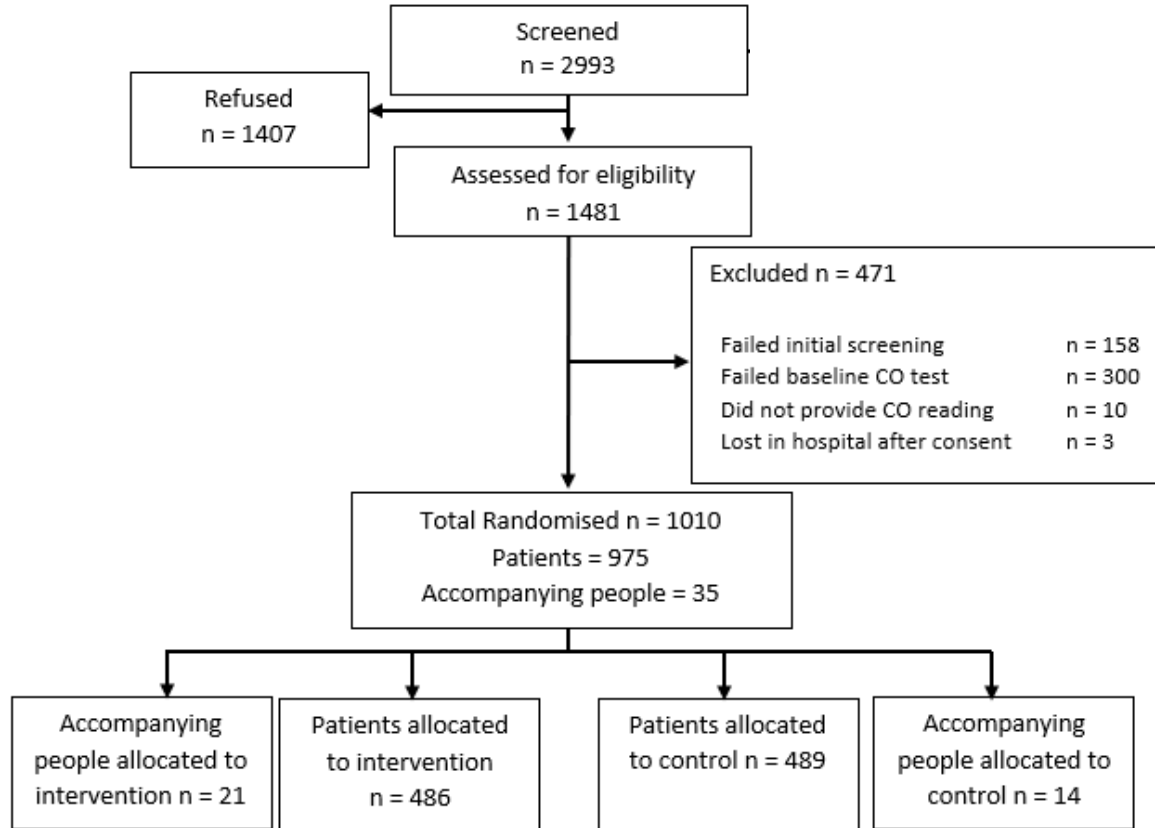
Chang CK, Chesney E, Teng WN, Hollandt S, Pritchard M, Shetty H, et al. Life expectancy, mortality risks and cause of death in patients with serious mental illness in South East London: a comparison between 2008–2012 and 2013–2017. *Psychological Medicine*. 2021 Sep 7;1–10.



Why the Emergency Department

- 24 million attendances each year in England
- Twice as likely to attend from the most vs least deprived deciles
- Smoking is more common in those attending ED
- Waiting is inevitable...
- Teachable moment

What we've done



Recruited January 2022 – August 2022



What the intervention consisted of

- Theory based brief advice (≈ 15 minutes)
 - Explore why they'd want to switch
 - Explain the evidence
 - Relate to attendance
- Advice on switching to an e-cigarette (≈ 15 minutes)
- Referral to stop smoking service

E-cigarettes

- Poses small fraction of the risk of smoking
- Harm reduction approach
- 50% more likely to quit vs NRT
- “Switching not quitting”



Nicotine vaping in England: 2022 evidence update summary [Internet]. GOV.UK. [cited 2022 Sep 30]. Available from: <https://www.gov.uk/government/publications/nicotine-vaping-in-england-2022-evidence-update/nicotine-vaping-in-england-2022-evidence-update-summary>

Hartmann-Boyce J, McRobbie H, Butler AR, Lindson N, Bullen C, Begh R, et al. Electronic cigarettes for smoking cessation. Cochrane Database of Systematic Reviews [Internet]. 2021 [cited 2022 Sep 30];(9). Available from: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010216.pub6/full>

What “usual care” consisted of

- In theory
 - leaflet about local stop smoking services
- In practice
 - Leaflet about stop smoking services
 - CO test
 - Advice?
 - Texts to ask if they are still smoking



Baseline data

- Gender: 62% male
- Age: Mean= 40 (SD= 14)

Ethnicity	%		%
White – British	72%		
White – Other	10%		
Indian	3%		
Bangladeshi	3%		
White – Irish	2%		
Employment status			
Caribbean	2%		
Employed full time	1%		43%
African	1%		
Unable to work due to sickness or disability			18%
Black – Other	1%		
Self-employed or freelance	1%		13%
Any other			
Unemployed & looking for work	1%		8%
Mixed – other			
Employed part-time			5%
White & Black Caribbean	1%		
Retired			5%
Pakistani	1%		
Full-time carer (eg of children or other family members)			4%
White & Black African	1%		
Long-term unemployed or never worked			2%
Asian – other	1%		
Full-time student			2%
Other			1%





Smoking behaviour at baseline

- Mean number of cigarettes per day= 16 (SD= 8)
- Mean age of starting smoking= 16 (SD= 4.63)
- Percentage who had tried to quit in the last 12 months= 37%
- Percentage how has used an e-cigarette in the 3 months= 26%



Follow-up data

- Self reported quit rate at 1 month= 14.7% (all participants)
 - Reported not smoking in the last 7 days= 14.7%
 - Reported smoking in the last 7 days= 62.1%
 - Did not respond= 23.2%
- Self reported quit rate at 3 months= 16.4%
 - Reported not smoking in the last 7 days= 16.4%
 - Reported smoking in the last 7 days= 53.8%
 - No response/ not yet followed-up= 29.8%



6 month data

- Only have data for 312 participants so far

Are you currently smoke free?	n=	%
Yes I am smoke free (0-5 lapses in the past 6 months)	84	27%
Yes I am smoke free but have had 6 or more lapses in the past 6 months	29	9%
No I am currently smoking tobacco	199	64%

- 56% used an e-cigarette in the last week
- Biochemical verification ongoing



The future

- Final results ≈ July 2023
- New staff in ED to deliver behaviour change interventions?
 - Smoking?
 - Alcohol?
 - Drugs?
 - Physical activity?
 - Diet?



The team



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Any questions?



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