Introduction

In February 2018, following ongoing consultation with students and staff and extensive work carried out by the Smokeless Campus Committee, Institute of Technology Carlow became a ‘Smokeless Campus’. This profile relates to the smoking cessation initiative implemented by the Nurse at IT Carlow, in providing on site consultation and support services at the college’s medical centre for students who require help to stop smoking. While the initiative is on-going and available to all students, this profile provides data on a group of 25 smokers who participated in a smoking cessation intervention programme. It explains the methods used to assist the students to stop smoking and the results obtained over a ten month period from March-December 2018. The profile also provides quantitative data on brief interventions for smoking cessation (5As) carried out with all smokers who attend the student medical centre.

Background

Tobacco use is the leading cause of preventable death in Ireland with almost 6,000 smokers dying each year from tobacco related diseases (HSE, 2018). The estimated annual costs are healthcare €808 million; lost productivity €1,071 million; fires €8 million; litter €69 million; loss of welfare due to smoking-related (l) morbidity €1,355 million and (2) mortality £7,057 million (HSE, 2016).

National Smoking Statistics 2018: The number of smokers in Ireland has decreased by an estimated 80,000 people over the past three years. The prevalence of smoking has dropped from 23% in 2015 to 20% in 2018 (Healthy Ireland Survey, 2018).<br>• 0.3% are current smokers: down from 22% (2017) and 23% in 2016<br>• 17% are daily smokers down from 19% (2017)<br>• 44% of all smokers in the last 12 months have attempted to quit.

We have made huge progress towards becoming a smokefree Ireland 2027, however, there is still a lot more work to do.

In 2017, an in-depth survey was sent to all students and staff at the IT Carlow campus proposing the Smokeless Campus initiative, 1,304 responded of whom 234 were staff and 1,070 students. 84.97% of all respondents supported a smokeless environment, 272 respondents were smokers (20.86%). Of the 272 smokers, 151 (55%) said they would like to quit. 184 of the 272 smokers (68%) said they would support a smokeless campus (Flynn, 2018).

Methods

1) Brief interventions for smoking cessation are carried out at the IT Carlow Medical Centre with all students who smoke. Brief interventions involve opportunistic advice, discussion, negotiation and encouragement that typically take between 5 and 10 minutes. Five components of the brief intervention framework are: Ask, Advise, Assess, Assist, Arrange.
• Ask: systematically identify all smokers at every visit. Record smoking status, no. of cigarettes smoked per day/week and year started smoking.
• Advise: urge all smokers to quit. Advice should be clear and personalised.
• Assess: determine willingness and confidence to make a quit attempt; note the stage of change.
• Assist: aid the smoker in quitting. Provide behavioural support. Recommend / prescribe pharmaceutical aids. If not ready to quit, promote motivation for future attempt.
• Arrange: follow-up appointment within one week or refer to specialist cessation service for intensive support.

2) Smoking Cessation Counselling Sessions with the Nurse on campus. Weekly sessions: duration varies, 15-30 minute appointment, as required, incorporating ‘Motivational Behavior Change Model’ / ‘Stages of Change Model’.

3) ‘Smokerlyser’: breath carbon monoxide (CO) monitor to aid smoking cessation. Motivational and visual aid used at each consultation. Displays ppm and %COHb. Clinically proven to help people stop smoking.

4) Aids: Literature, Quit Packs, Quit helpline details. Healthy lifestyle, BMI, weight management and dietary advice.

5) Non-Nicotine Pharmacotherapy: Prescriptions for non-nicotine products provided at the IT Carlow Medical Centre. Follow-up smoking cessation consultations.

Results and Analysis

Brief Interventions for Smoking Cessation (5A’s)

Brief interventions for smoking cessation (5A’s) are offered to all smokers who attend the student medical centre. This is having a very positive impact. Following the introduction of the Smokerlyser, 197 (94%) of 204 identified smokers at the medical centre have either stopped smoking (38%) or made concerted efforts to stop (56%) using the 5A’s in the past year (Lowry-Lehnen, 2018).

Smoking Cessation Counselling Sessions

25 participants (100%)
2 - discontinued of week 6
10 - discontinued of week 6
7 (28%) who discontinued the programme stated they were not ready to quit on this occasion and would try again in the future

18 remaining participants (72%)
12 attended weakly sessions x 16 weeks
6 - twicely sessions x 16 weeks

‘Stages of Change Model’ is incorporated at each session

Follow-up Smoking Cessation Counselling Sessions

5-15 minutes

Smoking Cessation Resources

Nicotine pharmacotherapies:
• Smokeless Carbon Monoxide (CO) levels. All participants used the ‘smokerlyser’ at each session, and more frequently in the first month.
• 99% of participants found the ‘smokerlyser’ the most motivational tool.

Structural motivational therapy in practice.

In the first 6 months of Smokeless Model used at each session was very effective in motivating participants. 32% of participants reported it helpful.

Smoking Cessation Programme Results

25 (100%) Participants
18 (72%) Completed
7 (28%) Discontinued

14 of 25 (56%) participants who started the programme stopped smoking
14 of 18 (78%) who completed the programme stopped smoking
4 of 18 (22%) the programme have not stopped smoking
5 of 18 (28%) succeeded using pharmacotherapy
9 of 18 (50%) without medication
2 of 18 (11%) use e-cigarettes
2 of 18 (11%) still smoke tobacco

Conclusion

The smoking cessation programme carried out with 25 participants over 10 months had a very good success rate. Results show that 58% of all initial 25 participants and 79% of the remaining 18 participants successfully stopped smoking within six months using this programme, and continue to be non-smokers.

Brief interventions for smoking cessation (5A’s) involving opportunistic advice, discussion, negotiation and encouragement have a very positive impact on smoking cessation. This can be seen by the numbers of students, 197 (94%) of 204 identified smokers, who have stopped smoking (38%) or made concerted efforts to stop (56%) in the last year using the 5A’s and following the introduction of the ‘Smokerlyser’. Smoking cessation interventions, including pharmacotherapy and behavioural change interventions increase smoking cessation. The use of visual, behavioural change and motivational aids such as the ‘Smokerlyser’ and ‘Stages of Change Model’ greatly supported participants and enhanced successful outcomes. Non-nicotine pharmacotherapy, clinically proven to stop smoking, was clearly effective and had a very high successful rate (83.8%) with introduction of outcome data used in this study.

References