Advancing our health Prevention in the 2020s: Mental health and smoking partnership response

1. Below we outline the response of the Mental Health and Smoking Partnership (MHSP) to the 'Advancing our health: Prevention in the 2020s' consultation.

2. The MHSP brings together organisations committed to improving the health and lives of people with a mental health conditions by ensuring the right support and infrastructure is in place to help them quit smoking.

3. The Co-Chairs of the MHSP are Professor Ann McNeill, Professor of Tobacco Addiction, Kings College London and Professor Paul Burstow, Chair of The Tavistock and Portman NHS Foundation Trust. Action on Smoking and Health provides the group's secretariat.

4. We respond to the following chapters and questions in our response:
   - **From Lifespan to Healthspan:** Which health and social care policies should be reviewed to improve the health of: people living in poorer communities, or excluded groups? Please restrict your answers to 250 words.
   - **Intelligent health checks:** Do you have any ideas for how the NHS Health Checks programme could be improved?
   - **Supporting smokers to quit:** What ideas should the government consider to raise funds for helping people stop smoking?
   - **Taking care of our mental health:** There are many factors affecting people's mental health. How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the green paper?
   - **Prevention in the NHS:** Have you got examples or ideas for services or advice that could be delivered by community pharmacies to promote health?
   - **Value for money:** How can we make better use of existing assets - across both the public and private sectors - to promote the prevention agenda?
   - **Next steps:** What other areas (in addition to those set out in this green paper) would you like future government policy on prevention to cover?

Life span to health span: Which health and social care policies should be reviewed to improve the health of: people living in poorer communities, or excluded groups?

5. People with a mental health condition die on average 10 – 20 year earlier than those without. Research shows that smoking is the largest single contributing factor to this gap in life expectancy.[1 2]

6. While mental health conditions vary widely, smoking prevalence is substantially higher across most mental health conditions and increases with the severity of the condition.[3]

7. The ambition to end smoking by 2030 is welcome, but this ambition must be for all population groups. To monitor this, the Government should set interim national prevalence targets for people with mental health conditions. At the current rate of decline, people with mental health conditions will not reach a smoking prevalence of 5% until 2054.[4]

8. Based on publicly available data from the Adult Psych Morbidity survey, carried out every 7 years, ASH roughly estimates that the smoking prevalence among adults living with mental health conditions has declined at a rate of 0.69 ppt per annum since 2000. To hit the Government's target of ending smoking in England by 2030, this needs to increase to a 1.82ppt per annum decline between 2014 to 2030.[5]

9. To support reductions in prevalence, the Government and NHS England should review access to specialist stop smoking for smokers with mental health conditions. Despite the ambition for mental health trusts to be smokefree by 2018, a survey conducted by ASH has found that 18% of trusts do not have a comprehensive smokefree policy in place and only 47% of trusts report offering combination nicotine replacement therapy (NRT) or varenicline to help patients quit.[6] While an ASH survey of community mental health practitioners found that just 15% always, usually or sometimes prescribe stop smoking pharmacotherapies.[7]

10. This is further reflected in primary care prescribing, with research suggesting smokers with mental health conditions are a third less likely to be prescribed varenicline than NRT compared to smokers without a mental health diagnosis, [8] despite evidence that varenicline is a more effective quit aid and not associated with adverse mental health outcomes.[9]

NHS Health Checks: Do you have any ideas for how the NHS Health Checks programme could be improved?

11. The NHS Long Term Plan for Mental Health[10] sets the ambition to provide health checks to 390,000 people with serious mental health conditions by 2023/24. These health checks are a crucial opportunity for identifying smokers, delivering very brief advice (VBA) including referrals to specialist stop smoking support in line with NICE guidance.[11]

12. Current data suggests that 69% of people receiving these health checks are smokers.[12] Of these smokers, around 75% are reported to be receiving some kind of follow-up action. However, there is no record of what these follow-up actions entail nor are there any data currently collected on whether these follow-up actions are supporting smokers to quit. This means there is no way of knowing how effective these health checks are in supporting improved physical health outcomes, including longer-term reductions in smoking related illness or death.

13. The Government's review of NHS health checks, referenced in the Green Paper, should include a review of the data being collected to improve NHS England's ability to review what follow-up interventions are being offered and the effectiveness of these interventions at preventing future ill-health.

14. The review should further consider additional activity to support people with mental health conditions to quit smoking. While annual physical health checks are a welcome addition to the services currently provided to people with serious mental health conditions, they are highly unlikely to be enough to dramatically reduce the rates of smoking among people with mental health conditions, which are at least 50% higher than for those without a mental health condition.[4]

15. Swift and decisive action must be taken to address these dramatic health inequalities, including reviewing the training needs of mental health professionals to ensure they reflect the severity of the smoking epidemic amongst this community.

16. Further, among community mental health nurses and psychiatrists over 55% report receiving no training on supporting smoking cessation.[7] To improve the quality of interventions delivered via health checks for people with SMI, all staff delivering health checks should be required to complete training in VBA – such as the NCSCT online training module.[13]

17. Finally, the Government should ensure effective smoking cessation support is delivered to NHS staff in line with NICE guidance. [14] The implementation of smokefree guidance can be undermined in trusts where a high proportion of staff smoke, in particular where staff feel unable or unwilling to challenge patients in breach of smokefree policies, or who facilitate smoking via statutory leave.[6] Giving staff the support they need to quit will therefore likely deliver a double benefit to the wellbeing, health and productivity of staff, and to the effective implementation of smokefree policies among staff and patients.

Supporting smokers to quit: What ideas should the government consider to raise funds for helping people stop smoking?

18. The Green Paper acknowledges the importance of funding stop smoking services targeted at population groups, such as people with mental health conditions, where prevalence remains high, alongside population level tobacco control interventions.

19. The Partnership supports the proposal for placing a 'polluter pays' levy on tobacco companies based on the legislative mechanism set-out in the Health Act 2006 and referred to in the Green Paper to raise additional funding for tobacco control.

20. Tobacco is the only consumer product that kills when used as intended, with smoking responsible for nearly 78,000 preventable deaths a year in England alone.[15] The Royal College of Physicians has estimated the preventable smoking-attributable hospital costs among people with mental disorders in England to be approximately £204 million a year, at 2015/16 prices.[16] Meanwhile, in the UK, the tobacco industry makes at least £1 billion in profits a year with this rising during the period of analysis. Tobacco manufacturers and importers could certainly afford to make a greater contribution to the costs of evidence-based tobacco control on the 'polluter pays' principle.

21. New funding must be used to ensure that smokers with mental health conditions have access to specialist support and medication to quit both in the community and inpatient services. In line with NICE guidance,[14] quit aids including varenicline and NRT must be available in mental health services across the NHS as well as advisors trained in giving tailored behavioural support. There is good evidence that tailored stop smoking support provided by mental health professionals significantly increases successful quits among people with serious mental health conditions.[17] The NHS Long-Term Plan also included a recommendation that smokers in inpatient mental health setting have the option of switching to e-cigarettes.[18]

22. Funding would further enable piloting and expansion of service user involvement models in quit smoking support, including expanding the key role for peer support workers in improving outcomes around smoking.[19]

23. The welcome introduction of the 'Every Mind Matters' campaign highlights the value of such public education campaigns for prevention, similar campaigns have been shown to motivate quitting and reduce tobacco uptake and should be explored further in the context of new sources of funding.[20 21]

Taking care of our mental health. How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the green paper?

24. Smoking cessation is associated with benefits to mental health. Research has shown that quitting smoking is associated with reduced depression, anxiety and stress as well as improved positive mood and quality of life compared with continuing to smoke. The impact of smoking cessation on anxiety and depression appears to be at least as large

as antidepressants.[22] Evidence also suggests an association between tobacco use and an increased risk of a number of other mental health conditions including psychosis,[23] while smoking during pregnancy is associated with increased risk of conduct disorder[24] and ADHD symptoms[25] in children. There is also evidence that smoking increases the risk of schizophrenia and depression.[26]

25. Reducing uptake of smoking and supporting existing smokers to quit can therefore bring important benefits to mental health. However, evidence suggests that mental health professionals may lack the knowledge and skills needed to effectively engage with people around their smoking behaviour. This gap in training also impacts on their willingness to raise smoking with mental health service users.[27] [28] Common myths and widespread misunderstandings around the effects of smoking and smoking cessation on people with a mental health condition can dissuade staff from encouraging smoking cessation. For example, the mistaken belief that people with a diagnosed condition cannot use some stop smoking medications.[29] Further, while individuals with a mental health condition typically have frequent contact with primary care services, they are less likely to receive a smoking cessation intervention per consultation than those without a mental health condition.[30]

26. This illustrates the need for all healthcare services to improve their tobacco dependence treatment pathways for individuals with mental health conditions and ensure their staff are appropriately trained to deliver brief interventions on tobacco.

Community Pharmacies – Prevention in the NHS

27. Smokers are three times more likely to quit successfully with the support of a specialist stop smoking service compared to quitting unaided. Research conducted by ASH shows that just over 40% of local authorities no longer commission a universally accessible stop smoking service.[31] Pharmacies are frequently commissioned by local authorities to provide community stop smoking services although the extent to which they deliver specialist support to the most complex smokers is not known. Training would also be required if they are to be able to support smokers with mental health problems to quit.

Value for money: How can we make better use of existing assets - across both the public and private sectors - to promote the prevention agenda?

28. The NCSCT has developed a mental health specialty module for health professionals who are trained to deliver stop smoking advice.[13] Stop smoking services and community mental health teams should each have at least one member of staff who has completed this, or similar mental health specialty training to ensure they can provide appropriate support to smokers with mental health conditions.

29. There are a range of other services that could be used to better support smokers with mental health conditions, particularly debt advice and housing support services. The Green Paper acknowledges the negative impacts that debt can have on mental health. Tobacco is an extremely expensive addiction. Smokers spend on average between £2,100 and £2,800 a year on tobacco[32] and if expenditure on tobacco is taken into account around 130,000 people with a 'common mental health condition' are pushed into poverty in addition to 100,000 people with a long-standing mental health condition.[33] A majority of smokers want to quit[34] including around two thirds of smokers with a mental health condition.[35] The Breathing Space scheme proposed in the Green Paper should include training debt advisors in VBA on smoking cessation and enable advisors to make referrals into local stop smoking services.

30. ASH's report 'Smoking in the Home' makes the case for engaging housing officers in delivering VBA and referrals to local stop smoking services. These workforces that engage with smokers in the community can be a valuable resource for ensuring all smokers are regularly offered advice and support to quit.[36]

Next steps: What other areas (in addition to those set out in this green paper) would you like future government policy on prevention to cover?

31. Set out below are our recommendations, with the detailed rationale included in the Action on Smoking and Health response.

32. "Polluter pays" approach to raising revenues:
    1) A Tobacco Control Fund (TCF) should be set up in statute to raise funds from the tobacco transnationals, based on powers set out in the Health Act 2006 for the pharmaceutical industry.
    2) The TCF should be set to raise £265.5 million a year until smokefree status has been reached, to pay for tobacco control measures in England at national, regional and local level.
    3) The TCF should be administered by the DHSC and PHE, supported by an advisory council including civil society expertise.
    4) In line with our Article 5.3 obligations no role should be played by the tobacco industry in the setting or implementing of policy, or allocation of the TCF.
    5) Tobacco transnationals should be required to provide sales and marketing data for publication to inform the development of tobacco policy and funding.
    6) The devolved nations should be given the opportunity to opt in.

33. Further proposals needed to reduce inequalities:
    1) Reducing affordability
        - Increase annual tobacco tax escalator from 2% to 5% above inflation with an enhanced uplift for handrolled tobacco from 3% to 15% until rates are equivalent for manufactured and handrolled tobacco.
        - Update HMRC's anti-illicit strategy to include targets for reducing the illicit market to below 5% by 2030 in line with the smokefree ambition.
    2) Targeted education campaigns
        - Restore funding to peak levels equivalent to £30 million per annum at current prices for evidence-based education campaigns.
        - Enhance packaging and labelling regulations to mandate pack inserts containing advice to quit and to introduce 'dissuasive cigarettes' carrying health warnings.
    3) Reaching smokers in the NHS
        - Extend NHS Long-term Plan requirements for smoking cessation to be provided to patients in primary care.
        - Ensure all smokers with mental health conditions living in the community are provided with smoking cessation treatment, including brief advice through NHS health checks.
        - Ensure all smokers have access to stop smoking medications on prescription.
    4) Creating smokefree communities and environments
        - Develop a cross-departmental plan of action on smoking and housing, focusing on providing additional support to smokers in social housing to quit.
        - Set a target for smokefree homes, that no child will be exposed to secondhand smoke in the home by 2030.
        - Introduce retail licensing to support enforcement activity against underage sales and illicit tobacco, by banning the sale of tobacco from unlicensed retailers or those who break the law.

- Increase age of sale from 18 to 21 to discourage uptake by those most at risk and reinforce the message that smoking is uniquely dangerous.
- Prohibit smoking in all private vehicles to protect adults as well as children from secondhand smoke.
- Strengthen guidelines on smoking on screen (film, TV and online): to reduce the exposure of young people to images of smoking which have been shown to increase smoking initiation.

5) Product regulation and harm reduction
   - Include the objective of having regard to the impact on inequalities, in the post-implementation review of e-cigarette regulations required in 2020/21.

34. Global leadership
    1) HM Government to renew funding for FCTC implementation in low- and middle-income countries in line with our obligations as a party to the WHO FCTC.

35. If you have any further questions, please do not hesitate to get in contact at admin@smokefreeaction.org.uk

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[1] Chang CK and others. 'Life expectancy at birth for people with serious mental illness and other major disorders from a secondary mental health care case register in London'. PLoS One. 18 May 2011. 2011;6(5):e19590. doi: 10.1371/journal.pone.0019590.

[2] Chesney E, Goodwin GM, Fazel S. 'Risks of all-cause and suicide mortality in mental disorders: a meta-review.' World Psychiatry. June 2014. Jun;13(2):153-60. doi: 10.1002/wps.20128 (viewed June 2017)

[3] Royal College of Physicians and Royal College of Psychiatrists. Smoking and Mental Health. 2013

[4] Adapted from Richardson S, McNeill A, Brose LS, Smoking and quitting behaviours by mental health conditions in Great Britain (1993-2014), Addict Behav. 2019 Mar;90:14-19. doi: 10.1016/j.addbeh.2018.10.011. Epub 2018 Oct 10

[5] NHS Digital, Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014, 2016

[6] ASH, Progress towards smokefree mental health services, 2019 (in press)

[7] ASH, Smokefree skills: Community mental health training, 2019 (in press)

[8] Gemma M J Taylor, Taha Itani, Kyla H Thomas, Dheeraj Rai, Tim Jones, Frank Windmeijer, Richard M Martin, Marcus R Munafò, Neil M Davies, Amy E Taylor, Prescribing Prevalence, Effectiveness, and Mental Health Safety of Smoking Cessation Medicines in Patients With Mental Disorders, Nicotine & Tobacco Research, , ntz072, https://doi.org/10.1093/ntr/ntz072

[9] Anthenelli, R.M., Benowitz, N.L., West, R., St Aubin, L., McRae, T., Lawrence, D., .& Evins, A.E. (2016). Neuropsychiatric safety and efficacy of varenicline, bupropion, and nicotine patch in smokers with and without psychiatric disorders (EAGLES): a double-blind, randomised, placebo-controlled clinical trial. The Lancet, 387(10037), 2507-2520

[10] NHS England, NHS Mental Health Implementation Plan 2019/20 – 2023/24, 2019

[11] NngICE, NG92 Stop smoking interventions and services, March 2018.

[12] NHS England, Physical Health Checks for people with Severe Mental Illness, 2019

[13] NCSCT, NCSCT Mental health speciality module, Accessed October 2019.

[14] NICE, Smoking: acute, maternity and mental health services, 2013

[15] NHS Digital, Statistics on Smoking, England - 2019

[16] RCP, Hiding in plain sight Treating tobacco dependency in the NHS, 2018

[17] Gilbody, S et al, Smoking cessation for people with severe mental illness (SCIMITAR+): a pragmatic randomised controlled trial, The Lancet Psychiatry, April 08, 2019DOI:https://doi.org/10.1016/S2215-0366(19)30047-1

[18] NHS England, The NHS Long Term Plan, 2019

[19] Ford P, Clifford A, Gussy K, Gartner C. A systematic review of peer support programmes for smoking cessation in disadvantaged groups. International Journal of Environmental Research and Public Health 2013.

[20] Langley T, McNeill A, Lewis S, Szatkowski L, Quinn C. The impact of media campaigns on smoking cessation activity: a structural vector autoregression analysis. Addiction. 2012. 107(11), 2043-2050

[21] Sims M, Salway R, Langley T, Lewis S, McNeill A, Szatkowski L, Gilmore A. Effectiveness of tobacco control television advertising in changing tobacco use in England: a population-based cross-sectional study. 2014; 109(6):986-94

[22] Taylor G et al. Change in mental health after smoking cessation: systematic review and meta-analysis. BMJ 2014. 348:g1151

[23] Gurillo P et al. Does tobacco use cause psychosis? Systematic review and meta-analysis. 2015; 2 (8): 718–725.

[24] Hutchinson J, Pickett KE, Green J, Wakschlag LS. Smoking in pregnancy and disruptive behaviour in 3-year-old boys and girls: an analysis of the UK Millennium Cohort Study J Epidemiol Community Health 2010; 64: 82-88.
[25] Button TM, Maughan B, McGuffin P. The relationship of maternal smoking to psychological problems in the offspring. Early Hum Dev 2007; 83: 727–732.
[26] Wootton, RE, Richmond, RC, Stuijfzand, BG, Lawn, RB, Sallis, HM, Taylor, GMJ, Hemani, G, Zammit, S, Davey Smith, G, Munafo, MR & Jones, HJ 2019, 'Evidence for causal effects of lifetime smoking on risk for depression and schizophrenia: A Mendelian randomisation study', *Psychological Medicine*.
[27] Sheals K. Tombor I. McNeill A. Shahab L. A mixed-method systematic review and meta-analysis of mental health professionals' attitudes toward smoking and smoking cessation among people with mental illnesses. Addiction, 2016.
[28] Robson D. Haddad M. Gray R. Gournay K. Mental health nursing and physical health care: A cross-sectional study of nurses' attitudes, practice, and perceived training needs for the physical health care of people with severe mental illness. International Journal of Mental Health Nursing (2013) 22, 409–417 doi: 10.1111/j.1447-0349.2012.00883.
[29] Ratschen, E. Britton J. Doody GA. Leonardi-Bee J. McNeill A. Tobacco dependence, treatment and smoke-free policies: a survey of mental health professionals' knowledge and attitudes. General Hospital Psychiatry, 2009, Volume 31, Issue 6 , 576 – 582.
[30] Szatkowski L. McNeil A. The delivery of smoking cessation interventions to primary care patients with mental health problems. Addiction, 2013, doi:10.1111/add.12163.
[31] ASH, A changing landscape: stop smoking services and tobacco control in England, 2019
[32] ASH, Smoking and poverty, 2019 (in press)
[33] ASH, The Stolen Years, 2016
[34] ONS, Adult Smoking Habits in the UK: 2018, 2019
[35] NHS Digital, Health Survey for England 2010, 2011
[36] ASH, Smoking in the home: New solutions for a smokefree generation, 2018