

Smoking: People with multiple needs

- Smoking is common amongst people with multiple needs such as those experiencing homelessness, substance misuse, mental health conditions and those in contact with the criminal justice system.
- As well as the normal barriers to quitting, people with multiple needs may find it more difficult to quit as a result of higher levels of addiction and complex lives.

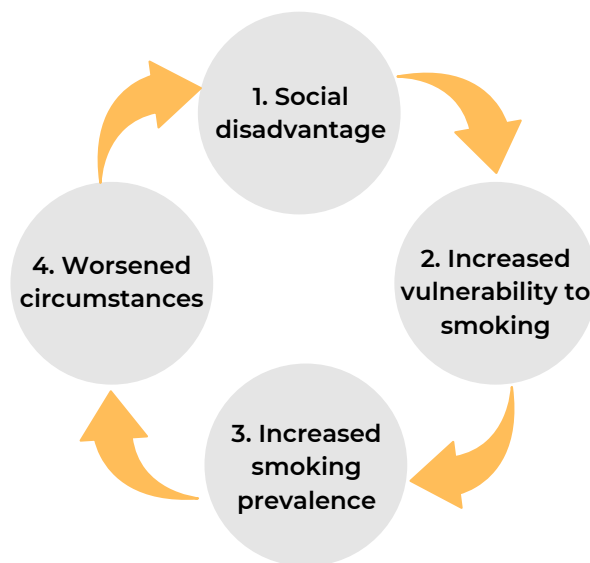
Disadvantage, multiple needs and smoking prevalence

While 14.4% of the adult population in England smoke (i), rates are higher among some population groups, many of whom already face poorer life and health outcomes:

- No educational qualifications: 29.8% (i)
- Unemployed: 29.2% (i)
- Serious mental health issues: 40.5% (ii)
- Anxiety or depression: 25.8% (iii)
- Homelessness: 77% (iv)

(i) [ONS, 2019](#) (ii) [HSCIC, 2015](#) (iii) [GPPS, 2018](#) (iv) [Homeless Link, 2014](#)

The more disadvantages a person faces, the more likely they are to smoke. The resulting illness and the cost of smoking can exacerbate already difficult situations and entrench existing inequalities.



MHCC, Smoking and Disadvantage

Compounding inequalities

Prisons: Rate of smoking 80%+

People in contact with the criminal justice system are more likely to come from disadvantaged backgrounds.

As many as 80% have mental health conditions ([RCP/RCPsych, 2013](#)), around half have no educational qualifications, and over two-thirds are unemployed prior to entering prison ([PHE, 2015](#)).

Mental health: Rate of smoking up to 40.5%

A third of all cigarettes smoked in England are smoked by people with a mental health condition ([RCP/RCPsych, 2013](#)). There is an estimated 10-20 year difference in life expectancy between people with a mental health condition and the general population, half of which can be attributed to smoking ([Chang CK et al, 2011](#)).

Substance misuse: Rate of smoking 46%-69%
In England 68% of people being treated for opiate addiction smoked in 2017/18; this is closely followed by people in treatment for non-opiates and alcohol and non-opiates only (61% and 57% respectively). 42% of those in treatment for alcohol use only smoked ([PHE, 2018](#)).

Respiratory disease may be responsible for much of the increased mortality of substance misusers ([Pierce et al, 2014](#)).

Homelessness: Rate of smoking 77%

People experiencing homelessness face some of the worst health outcomes in society. As many as 80% report some kind of mental health problem ([Homeless Link, 2014](#)). The average age of death is 30 years lower than the rest of the population, at around age 40-44 ([PHE, 2016](#)).

Supporting vulnerable smokers to quit

Although people with multiple needs face greater barriers to quitting, they are as likely to want to quit smoking as any other person who smokes. ([RCP, 2013](#); [Homeless Link, 2014](#))

Certain environments such as hospitals provide an opportunity for people to access stop smoking advice and behavioural support and they should be supported to quit in line with NICE Guidance: [NG92](#) and [PH48](#).

Quitting smoking can improve outcomes

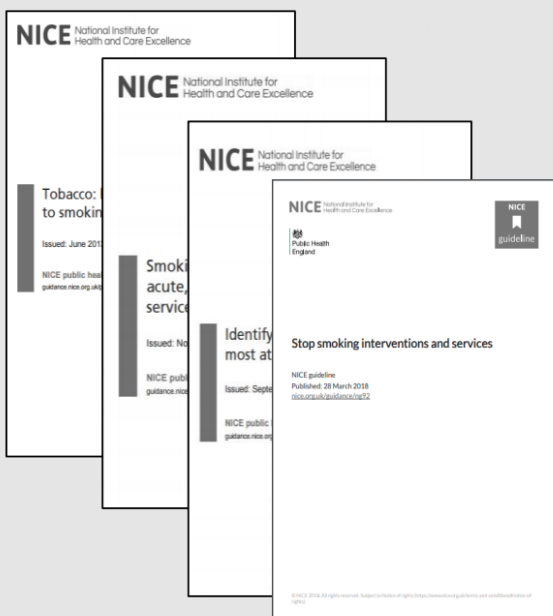
Despite competing priorities and the often difficult circumstances that people with multiple needs face, quitting smoking can have significant benefits:

- Up to a **25% increase in the likelihood of long-term abstinence from alcohol and illicit drugs** ([Prochaska et al, 2004](#)).
- Associated with **reduced depression, anxiety and stress**, and improved positive mood and quality of life compared with continuing to smoke ([Taylor et al, 2014](#)).
- **Increased income**. Nearly half a million households could be brought out of poverty if the costs of tobacco addiction were returned to the household ([ASH, 2019](#)).
- **Reduced risk of infection**. People experiencing homelessness are more likely to smoke discarded cigarette butts or share cigarettes ([Groundswell 2016](#)), putting them at greater risk of infectious diseases such as pneumonia and TB.

Reducing smoking rates

Smoking is a serious life-limiting addiction and is disproportionately prevalent among people with multiple needs.

- Staff working with people who have multiple needs should identify people who smoke, offer very brief advice and refer them for specialist stop smoking support.
- People who smoke with multiple needs should be supported to quit in line with NICE Guidance, with flexible support to suit their specific needs.
- Relevant local services, including health, social care, homelessness, substance misuse, criminal justice and mental health services should ensure joint pathways exist to support people who smoke with multiple needs to go smokefree.



NICE Guidance

- [\[PH45\] Smoking: Harm reduction](#)
- [\[PH48\] Smoking: Acute, maternity and mental health services](#)
- [\[PH15\] Cardiovascular disease: Identifying and supporting people at risk of dying early](#)
- [\[NG92\] Stop smoking interventions and services](#)