

DASHES (Drugs and Alcohol Service users Help to Exit Smoking)

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Background

The World Health Organization's recent report on global trends in tobacco prevalence shows a continued decline in adult tobacco consumption, from 32.7% in 2001 to 22.3% in 2020 [1]. However, smoking prevalence among people with problematic drug or alcohol use (PDA) remains considerably higher. In the UK it is estimated to be 2 to 4 times higher than in the general population (14% in 2020)[2]. Additionally, it is estimated that people with alcohol, drug or mental health problems account for approximately half of all smoking deaths. Life expectancy of people with PDA is reduced, with underlying causes of death more likely to be tobacco- than alcohol- or drug-related. Smoking is, therefore, an important contributory factor to the poor health of current and former PDA users, but it is rarely addressed using theoretically informed and evidence-based approaches [3].

Despite existing research showing the willingness of people with PDA to address their tobacco smoking, in Scotland, there are no specialised stop smoking services (NHS SSS) for this group. Standard NHS SSS focus on helping people quit smoking over a few weeks with little follow-up support. This approach to achieving abstinence is different to that the approach adopted within substance misuse services, where achieving a gradual reduction of drug and alcohol use is the priority as opposed to complete abstinence, i.e. a harm reduction approach [3].

Aim

This study will develop and test delivery of a tailored and trauma informed smoking cessation service for people recovering from problematic drug or alcohol use to cut down or stop smoking.

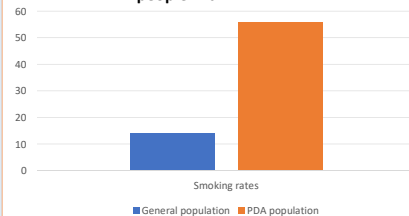


Harm Reduction

Previous studies have shown that people who use drugs and alcohol rated positive and inclusive attitudes towards them as key to their successful engagement with addiction treatment services.

Trauma-informed service provision recognizes the impact and harm resulting from a user's often negative or dismissive relationship with services. It aligns with the key principles of choice, collaboration, trust, empowerment and safety. The gap between existing NHS stop smoking services and a trauma-informed model of care has led to calls for alternative approaches to increase engagement and retention [3].

Fig.1 Smoking rates in general population vs people with PDA



Participatory, mixed methods

Community-based and participatory

The intervention will be co-developed and evaluated with service users as expert members of the team, practitioners working in substance misuse services and researchers with experience of designing harm reduction interventions. For example: 1) The research idea originated from addiction workers in the voluntary sector and NHS health professionals, 2) These colleagues are co-investigators on the project, 3) Scoping research was conducted in consultation with academics, professionals, and people with lived experience, 4) Research materials co-designed with service users, e.g. survey questionnaire. 5) Survey to be carried out by peer interviewers.

Four-part study design

1. Desk-based rapid reviews, 2. Cross-sectional client study, 3. In-depth consultation with service users, practitioners and policy makers, 4. Two stakeholder workshops.

Initial Results – Rapid Review

Aim

Examine types of existing interventions and potentially helpful approaches for DASHES; find any trauma-informed approaches.

Intervention Results

- Primary focus of research: Medication (9), Behavioural (6), NRT &/ Vapes (4), Technology (3), Combinations (3), Other (1).
- None explicitly trauma-informed.
- More successful interventions contain the following elements:
 - a) Combination of treatments,
 - b) flexible, harm-reduction approach,
 - c) long-term support,
 - d) holistic lifestyle and community approach.



Image 1. Trauma-informed care

Delivery Model

Development Phase This will draw upon data from several sources, including: a rapid review, service user survey, service user focus groups, professionals interview (policy, practice, academic), and expert workshops.

Feasibility Phase This will involve: a) delivery of the tailored service, b) A process evaluation, including: interviews with service users, interviews with service centre staff, observation of delivery.



Image 2. Peers



Image 3. Collaborative

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