

Tobacco harm reduction in homeless settings

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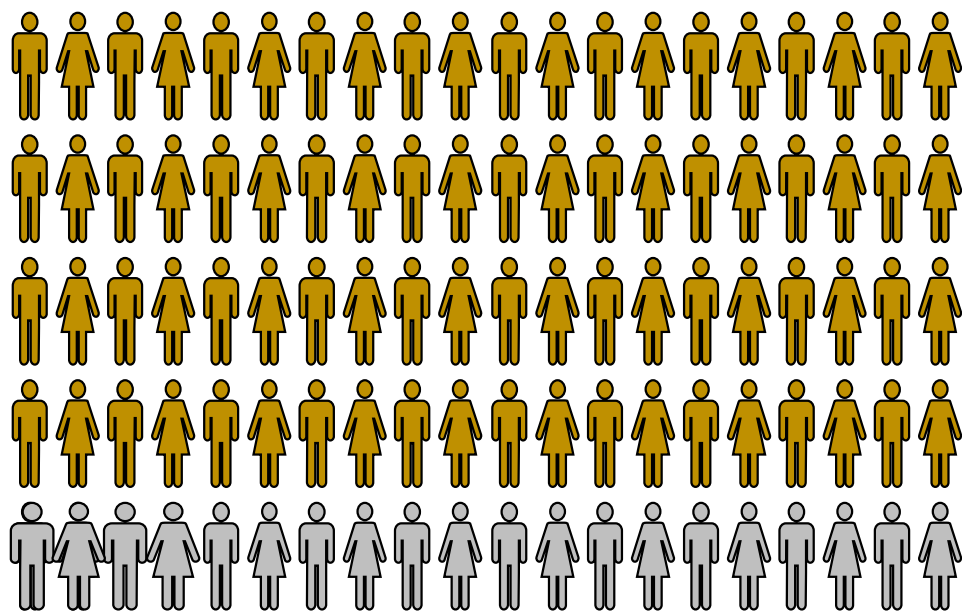
University College London

Overview

- Challenge of reducing smoking prevalence amongst people who experience homelessness
- Overview of our recent and ongoing research in this area

Most people who experience homelessness smoke or used to smoke

Up to 82% of people who experience homelessness smoke¹



Compared with ~14% from the UK wider general population



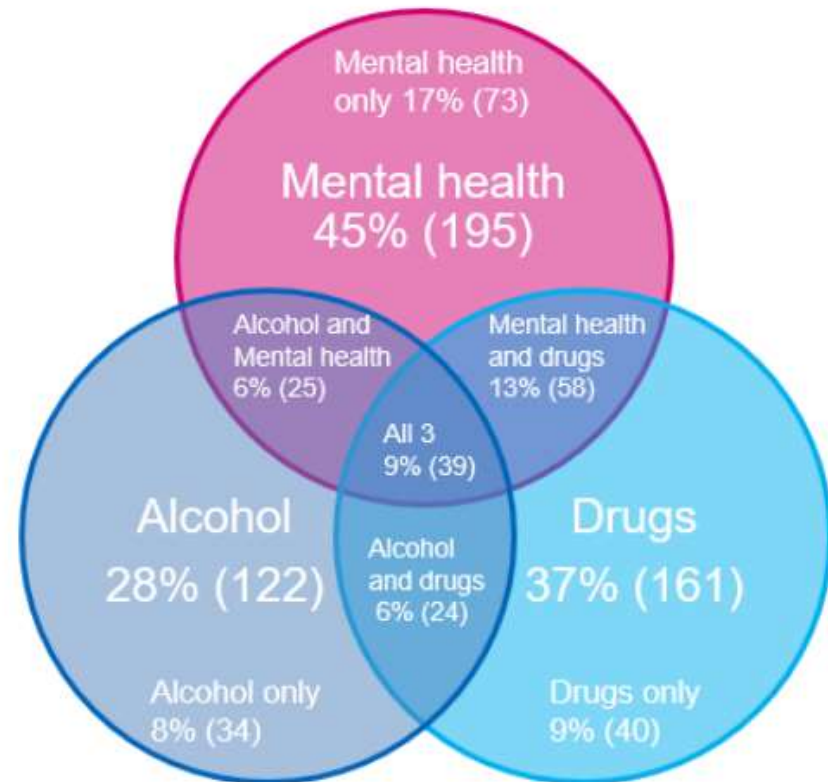
1. Soar K; Dawkins L; Robson D and Cox S. (2020). *Journal of Smoking Cessation*. 15 (2), pp. 94-108.

Risky smoking

- Some smoke more heavily when they get the opportunity
- Share the same cigarette with friends and strangers
- Pick up other people's discarded cigarettes and smoke them
- Remake new cigarettes from discarded cigarettes
- Light their cigarette with someone else's cigarette



Additional challenges



Support needs of people who sleep rough in Southwark 2010/21.
Source: GLA 2021 CHAIN Annual Report



In the UK.....
around **200** people (in
the wider general
population) die every
day from a smoking
related condition

For context –
around 25 people a day die from alcohol use
around 8 people die a day from drug misuse

Office of National Statistics (2020)

For smokers who are unable to quit, or don't want to quit, encourage switching to cleaner forms of nicotine, including e-cigarettes

(Royal College of Physicians 2016,2021; Public Health England 2015-2021; Cancer Research UK, 2020)



MOST HARMFUL
NICOTINE DELIVERY SYSTEM

LEAST HARMFUL
NICOTINE DELIVERY SYSTEM

Combustible tobacco
products

Non Combustible
tobacco products

Non Combustible
nicotine products



“We are setting an ambition to go ‘smoke-free’ by 2030”¹

“This includes an ultimatum for industry to make smoked tobacco obsolete by 2030, with smokers quitting or moving to reduced risk products like e-cigarettes”

1, 2. Department of Health & Social Care
2017, 2019

All Party Parliamentary Group
on Smoking and Health



**Delivering a Smokefree
2030: The All Party
Parliamentary Group
on Smoking and Health
recommendations for
the Tobacco Control Plan
2021**

June 2021



In a survey of 237 homeless adults

90% shared the same cigarette with other people (go 2s)

15% smoked discarded cigarettes

75% wanted to quit smoking at some point in the future

9% had tried to stop in the month before the survey

77% interested in trying a e-cigarette – but limited by income (could afford- £5-10)





PLOS ONE

RESEARCH ARTICLE

A cluster feasibility trial to explore the uptake and use of e-cigarettes versus usual care offered to smokers attending homeless centres in Great Britain

Lynne Dawkins^{1*}, Linda Bauld², Allison Ford³, Deborah Robson⁴, Peter Hajek⁵, Steve Parrott⁶, Catherine Best³, Jinshuo Li⁶, Allan Tyler¹, Isabelle Uny³, Sharon Cox^{1a}

8 residential and day services for people experiencing homelessness

4 centres – staff gave clients a leaflet and signposted to local stop smoking service



Compared with

4 centres – staff gave clients an e-cigarette starter kit, 4 week supply of e-liquid and a leaflet



Feasibility outcomes

- **153** people eligible to take part
- **80** recruited in 5 months (65% male, average age 42.6)
- **42** received the e-cigarette intervention; 21% quit after 4 weeks
- **32** received the usual care intervention; 0% quit after 4 weeks
- **47** were still in the study 24 weeks later
- Anxiety, depression, and AUDIT scores declined over 24 weeks

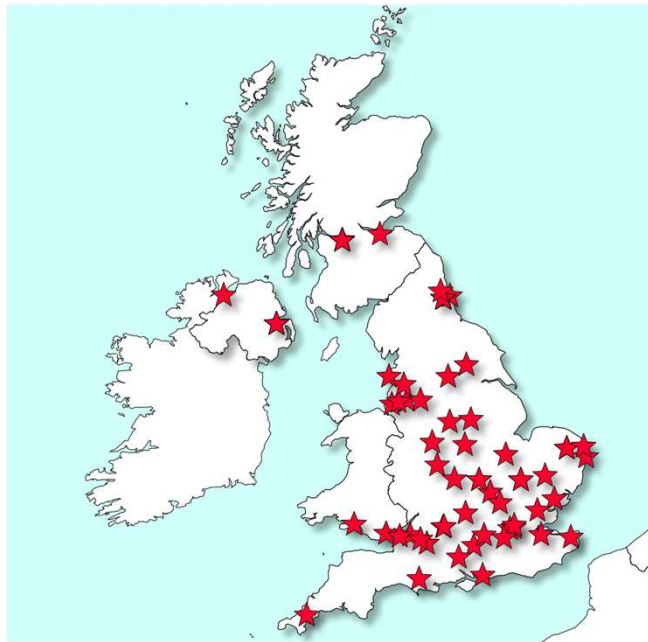


Survey of 99 homeless services in UK in 2020



- 11% had onsite stop smoking support (SSS)
- 35% refer but have no links with SSS
- 12% refer and have established links with SSS
- 1% established links with vape shops

Survey of 99 homeless services in UK in 2020



- 62% of respondents said staff smoke with service users
- 77% cigarette litter was a problem
- 50% reported disagreements between staff and service users
- But a willingness to do things differently

Tobacco harm reduction for people experiencing rough sleeping in London



- In March 2020, the UK Government implemented 'Everyone In' to provide temporary accommodation for people sleeping rough
- ~5000 people were accommodated in 14 hotels in London. Residents were confined to rooms during national lockdown
- A pan-London Homeless Drug & Alcohol Service was rapidly set up set up, which included tobacco harm reduction support

London hotels were (still are) supplied with e-cigarette starter kits (closed systems) and refills, nicotine mouth pouches, nicotine gum and spray



We aimed to **minimise**

- risky smoking behaviours (congregating outside hotels to smoke, sharing cigarettes, smoking discarded cigarettes)
- nicotine withdrawal symptoms if confined to a bedroom
- the risk of fires from smoking in bedrooms
- the risk of eviction from hotels because of smoking in bedrooms
- former smokers relapsing back to smoking

For hotel residents – the THR outcomes that mattered most to them, was not having the shame and indignity of smoking other people’s discarded cigarettes

For hotel (charity) staff the THR outcomes that mattered to them was that their clients were not stigmatized because of their smoking behaviours

"I don't need to worry anymore about the raining days because obviously, when it rains you don't get dog ends from the floor... I almost don't cough at all anymore. I used to cough pretty much every day. Resident #1

Re smoking discarded cigarettes –
*'Those types of things often get used to discriminate people and actually, all that person is trying to do is **manage a fairly difficult addiction without any money**, that's the reality, it's a cost and a practical decision*

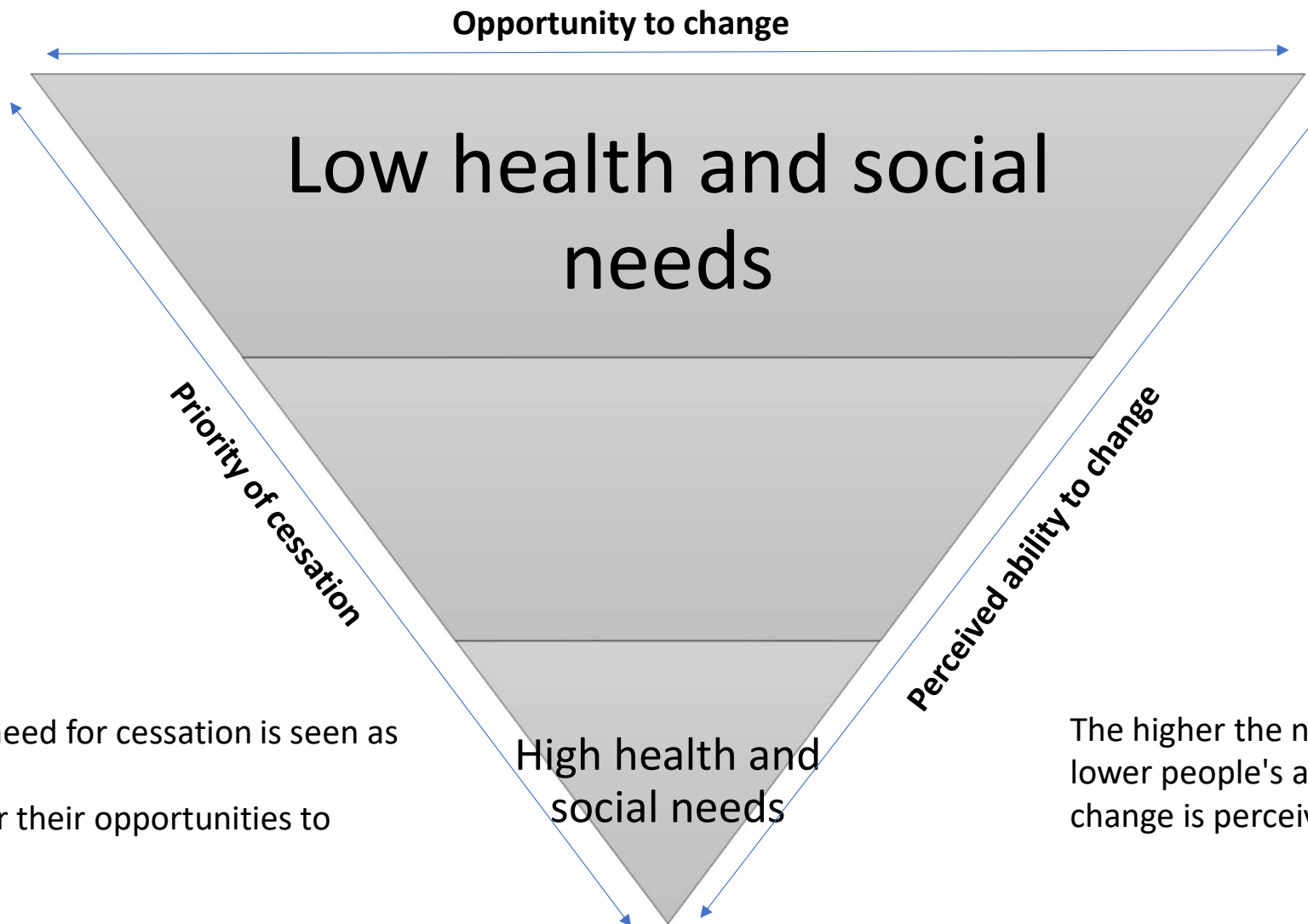
Do you think someone actively wants to be doing that? they're doing it because they really, really want a cigarette and don't have any money"

"I would always feel embarrassed and ashamed (about smoking discarded cigarettes) that doesn't happen anymore because I have the vapes" Resident#2

I know around 5 or 10 of our clients that have remained consistently using the vapesthe numbers doesn't make it seem like a huge deal, but it's and I think it should be celebrated"

Robson et al. (2021) A qualitative evaluation of the experience of tobacco harm reduction in emergency hotels for people experiencing homelessness, during the COVID 19 pandemic in London. DOI 10.17605/OSF.IO/GC4NX





The lower their need for cessation is seen as priority and the narrower their opportunities to change become

The higher the needs, the lower people's ability to change is perceived

Overview of current research and how you can get involved



Development of a co-designed
tobacco harm reduction toolkit for
use in the homeless sector (Ditch)



Development of the THR toolkit

Using Experienced Based Co-design method.

- Stage 1: Focus groups with staff and service users in homeless services
- Stage 2: Co-design workshops to develop a toolkit
- Stage 3: Pilot the toolkit in one service

Format: online and hardcopy

What might be in the toolkit?

- Examples of a compassionate smokefree policy
- Conversation guides – raising the issue of smoking
- Guidance on evidence base treatment
- Problem solving tips
- Samples of NRT and e-cigarettes
- Service user testimonials and tips

How you can get involved

- We are running online or in-person focus groups with
 - Staff who work in the homeless sector
 - Service users who receive support from the homeless sector
 - Stakeholders who have a role to play in shaping services in the homeless sector
- Groups last approx. 1 hour
- Focus of the discussion groups
 - Your understanding of THR
 - Experience of good and not so good THR in homeless sector
 - What people want to see in a toolkit
- If anyone is interested in talking part in a group– please email deborah.j.robson@kcl.ac.uk and s.cox@ucl.ac.uk

SCeTCH

Smoking
Cessation
Trial in
Centres for the
Homeless

FUNDED BY

NIHR | National Institute
for Health Research

Smoking Cessation Trial in Centres for the Homeless (SCeTCH)

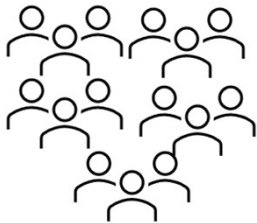


Overview of study

32 homeless centres are taking part in the study



Want to recruit 15-18 clients who smoke per centre



Comparing

centres who help clients access **gold standard support** [brief advice and signpost them to a local stop smoking service – nicotine replacement therapy + behavioural support]

with

centres who give clients an **e-cigarette starter kit & supply of e-liquid**

measure how many clients

- stop smoking 4, 12 and 24 weeks later
- reduce smoking
- change their smoking practices

- Cost effectiveness
- Experience of the interventions

What does the study involve?

If randomised to standard care

- Service is visited by local researchers
- 2 hour onsite staff training session
- Researcher conducts baseline interviews and takes informed consent from service user
- Staff and researcher give out a leaflet and signpost to local stop smoking service
- Over the next following weeks, staff remind service users about the stop smoking service, remind about appts
- Researchers conduct follow up interviews with service user participants 4, 12 and 24 weeks

If randomised to e-cigarette intervention

- Service is visited by local researchers
- 2 hour onsite staff training session
- Researcher conducts baseline interviews and takes informed consent from service user
- Staff and researchers give out the e-cigarette starter kit and 5 bottles of e-liquid and explain how to use it
- For following 3 weeks, staff give 1 weeks supply of e-liquid and complete a checklist
- Researchers conduct follow up interviews with service user participants 4, 12 and 24 weeks

How you can get involved

- Distribute publicity material to homeless services (day centres, residential services with a day centre)
- If you are a provider of homeless service – and would like to discuss your service taking part, please contact
- Dr Kirstie Soar, Trial Manager (soark@lsbu.ac.uk)
- Charlotte Mair (mairc@lsbu.ac.uk)



Coming soon.....

- OHID has commissioned the **National Centre for Smoking Cessation & Training** to produce a **Very Brief Advice** online course for staff working with people who experience homelessness

—
Thanks for listening

What
questions do
you have?

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