

# Impacts – What could a systemic approach to smoking cessation mean for Victoria?

Sarah White, PhD – Director, Quit Victoria



# Smoking is the leading cause of preventable death...

General population – two out of three long-term Australian smokers will die prematurely

Banks et al. BMC Medicine (2015) 13(38)

People with mental illness – life expectancy gap of 20 years, second highest cause of death is related to smoking

Callaghan et al. J. Psychiat Res. (2014) 48(1):102-10

Aboriginal people – life expectancy gap of about 10 years; 17% of the gap is due to smoking

AIHW, Closing the Gap Clearinghouse, 2011



# ...a leading cause of preventable disease

- Cancers: Oropharyngeal; oesophageal, stomach, pancreatic, laryngeal, lung, cervical, endometrial (protective), bladder, kidney
- Ischaemic heart disease
- Heart failure
- Chronic obstructive pulmonary disease
- Tobacco abuse
- Pulmonary circulation disease
- Lower respiratory tract infection
- Ulcerative colitis
- Low birthweight
- Asthma (under 15 years)
- Otitis media
- Cardiac dysrhythmias
- Stroke
- Parkinson's disease (protective)
- Peripheral vascular disease
- Antepartum haemorrhage
- Crohn's disease
- Sudden infant death syndrome
- Fire injuries
- Macular degeneration

Av. fraction of these diseases attributable to smoking = 23.9%

In 2013-14, there were 15,325 Australian deaths attributable to smoking

# ...has under-recognised treatment impacts...

- Surgery – increased risk of anesthesia-related complications, slow wound-healing infections, heart attack, stroke, pneumonia or death
- Diabetes type II – increased risk of developing type II by 30-40%; higher risk complications including retinopathy, heart and kidney disease, reduced blood flow in legs and feet

US DHHS. Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon-General. 2014

- Cancer treatment – increased side-effect symptoms of therapies, decreased effectiveness of some chemotherapies, decreased radiotherapy response, decreased survival



# ...and increases social and financial inequities

- Denormalisation of smoking in the general population means smokers are increasingly experiencing social stigma
- A cigarette addiction is expensive (\$,000s per annum)
  - “every disability support pension payment is predominantly spent on cigarettes” (report from mental health service staff)
  - “I’m sending myself broke to kill myself slowly” (Adrian, mental health client)
- Households with smokers are 3x more likely to experience severe financial stress and report going without meals or being unable to heat the home

# Why people continue or stop smoking?

## Broader environment

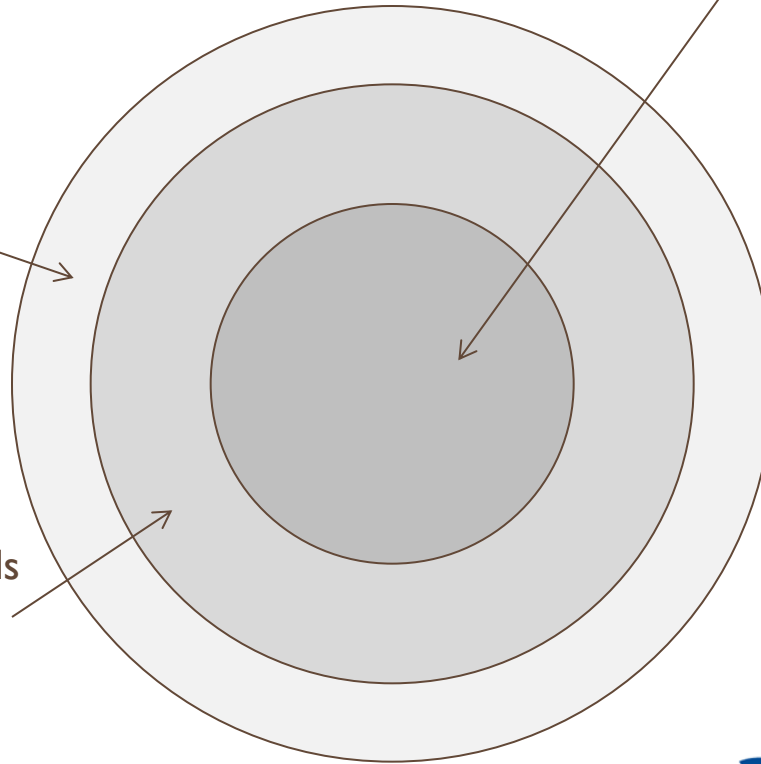
- Legislation and policy
- Price and availability
- Behavioural norms
- Access to treatment

## Personal factors

- Education
- Employment
- Income
- Health literacy
- Age, gender
- Social inclusion
- Self-efficacy

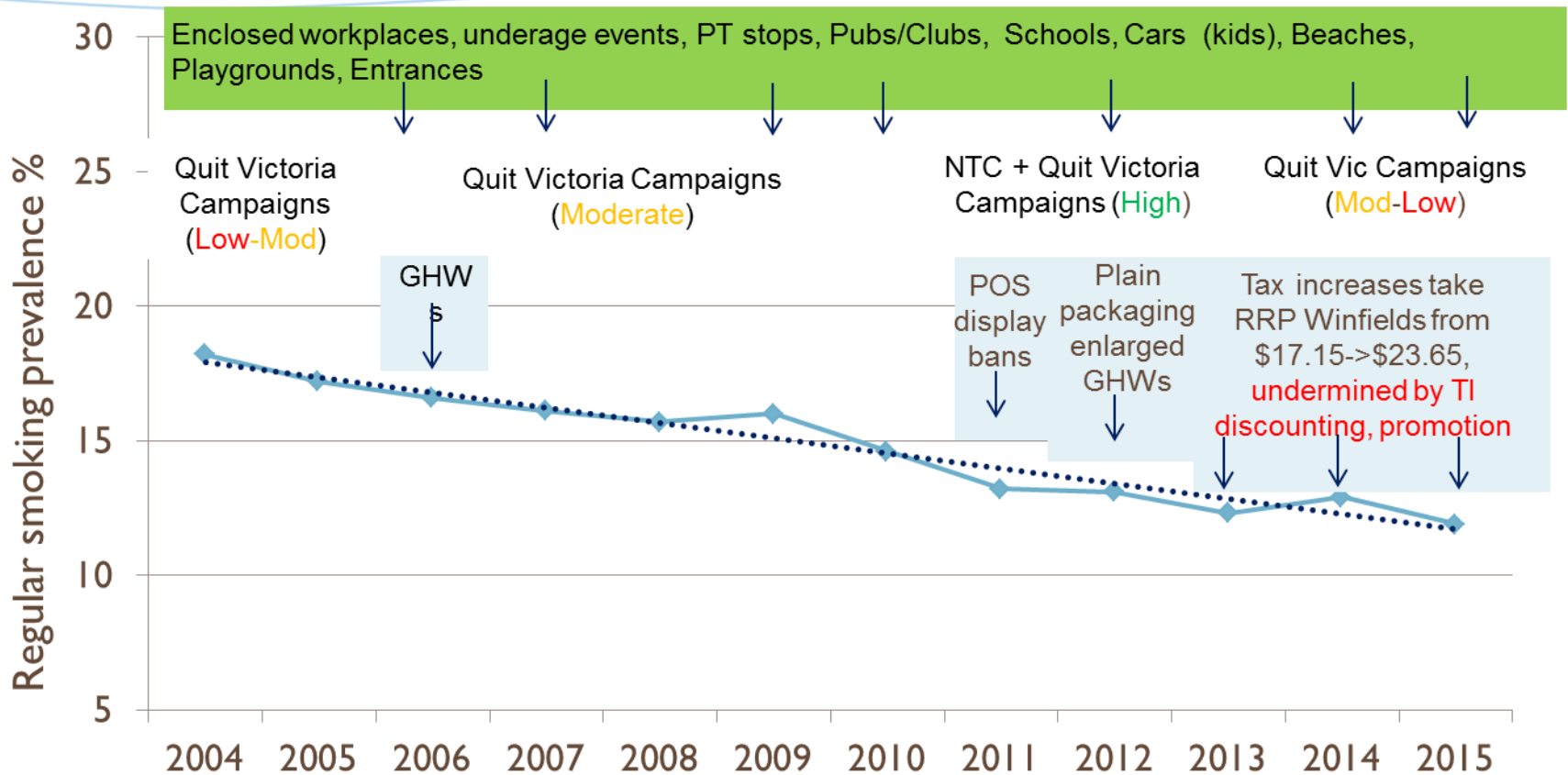
## Social context

- Attitudes and behaviours of family, colleagues, friends
- Social norms
- Local systems, eg health professionals, retail availability, workplace



# Regular smoking prevalence over time

## Victoria, 2004/5 to 2015



# Latest data summary

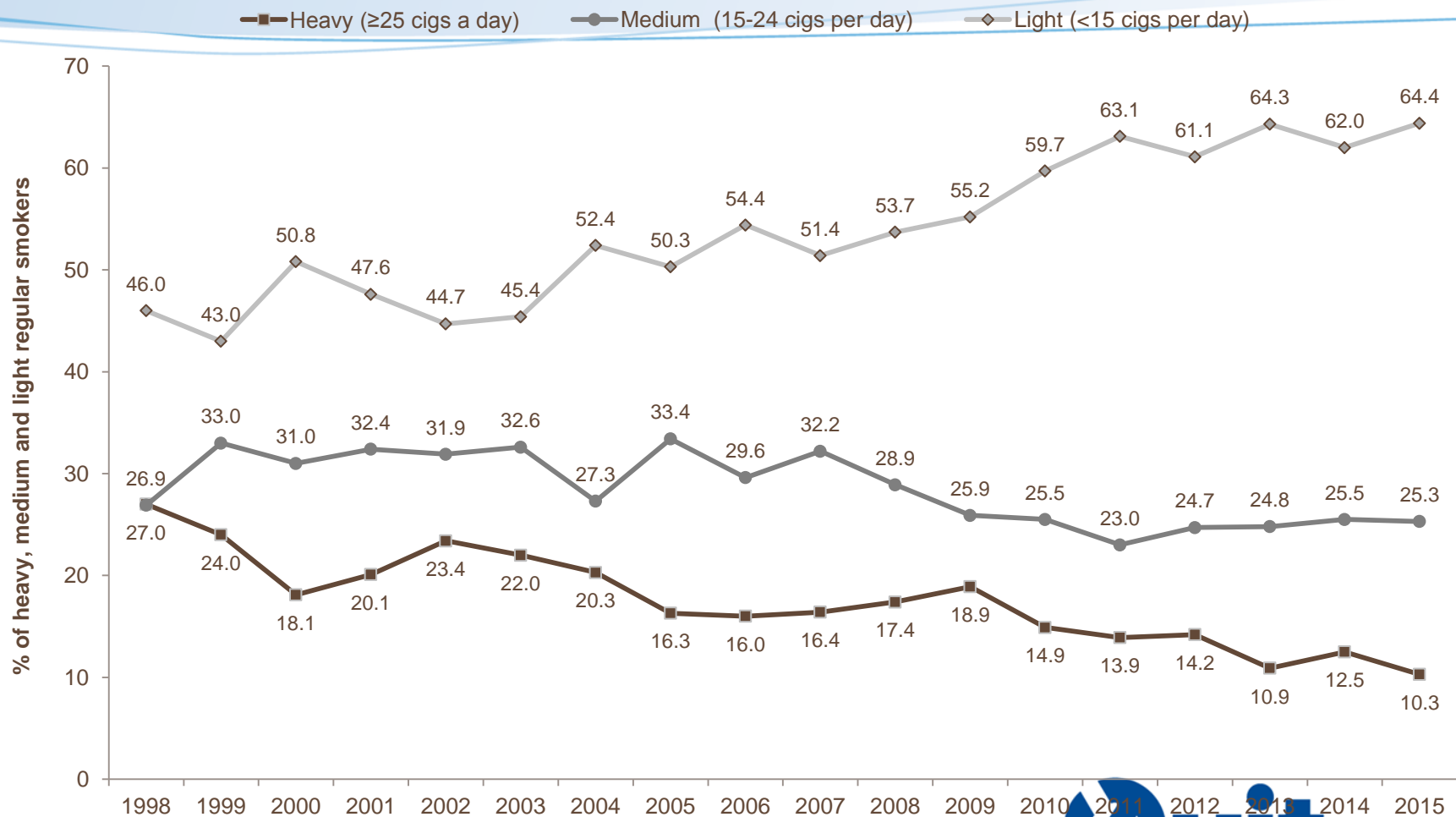
Victoria, 2004 to 2015

- Prevalence dropped by almost 5% points over past decade
- Slower declines in those aged 50+yrs and/or with lower education
  - 72% of all 50+yr ever smokers have already quit
- SES gap reduced (from 7.7% to 4.7% points) due mostly to increase in **low SES quitting**
- Drop in **regional Victoria**, due mostly to big increases in **quitting**



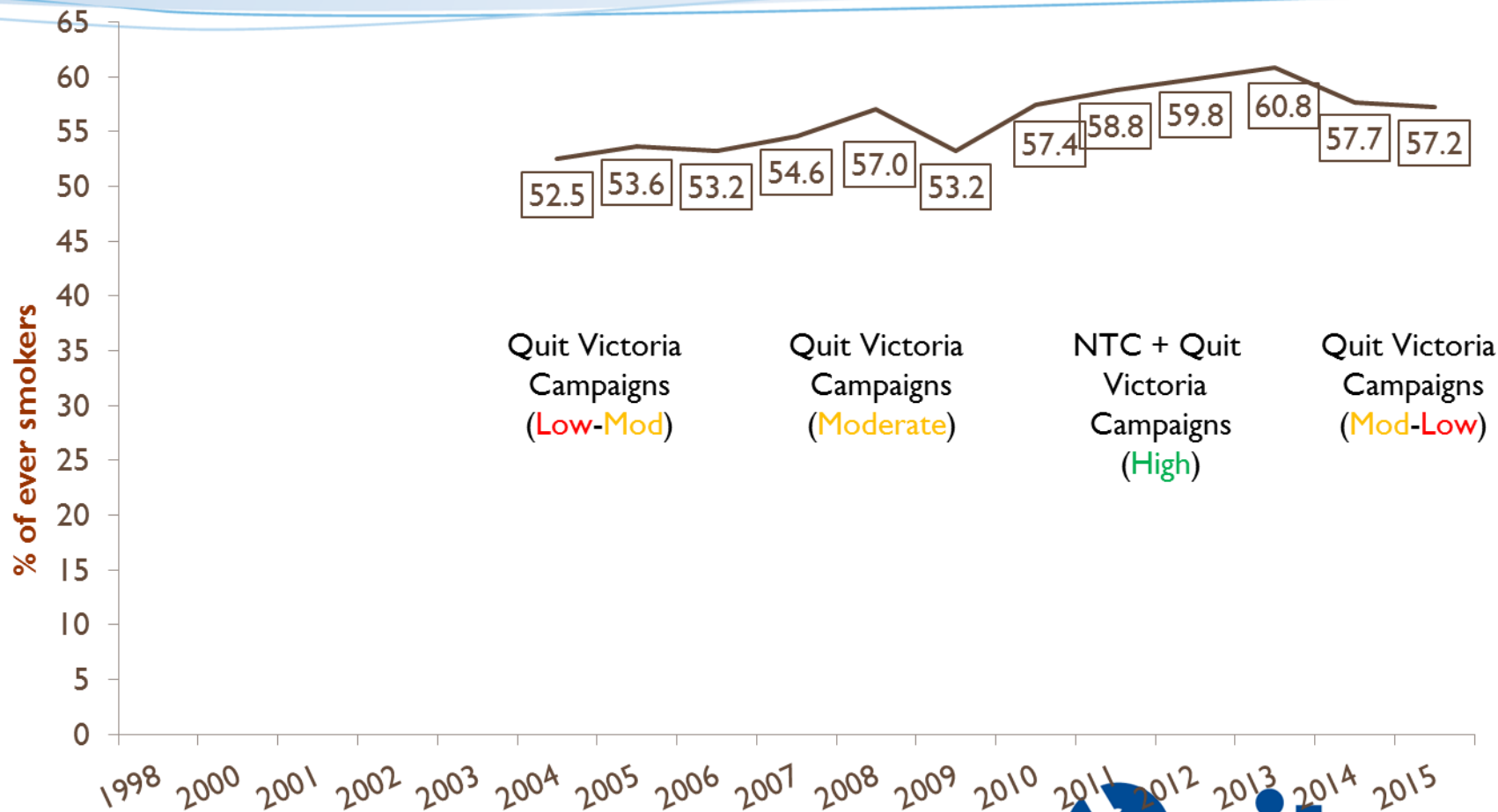


# Proportion of heavy, medium and light regular smokers Victoria, regular smokers 1998 to 2015



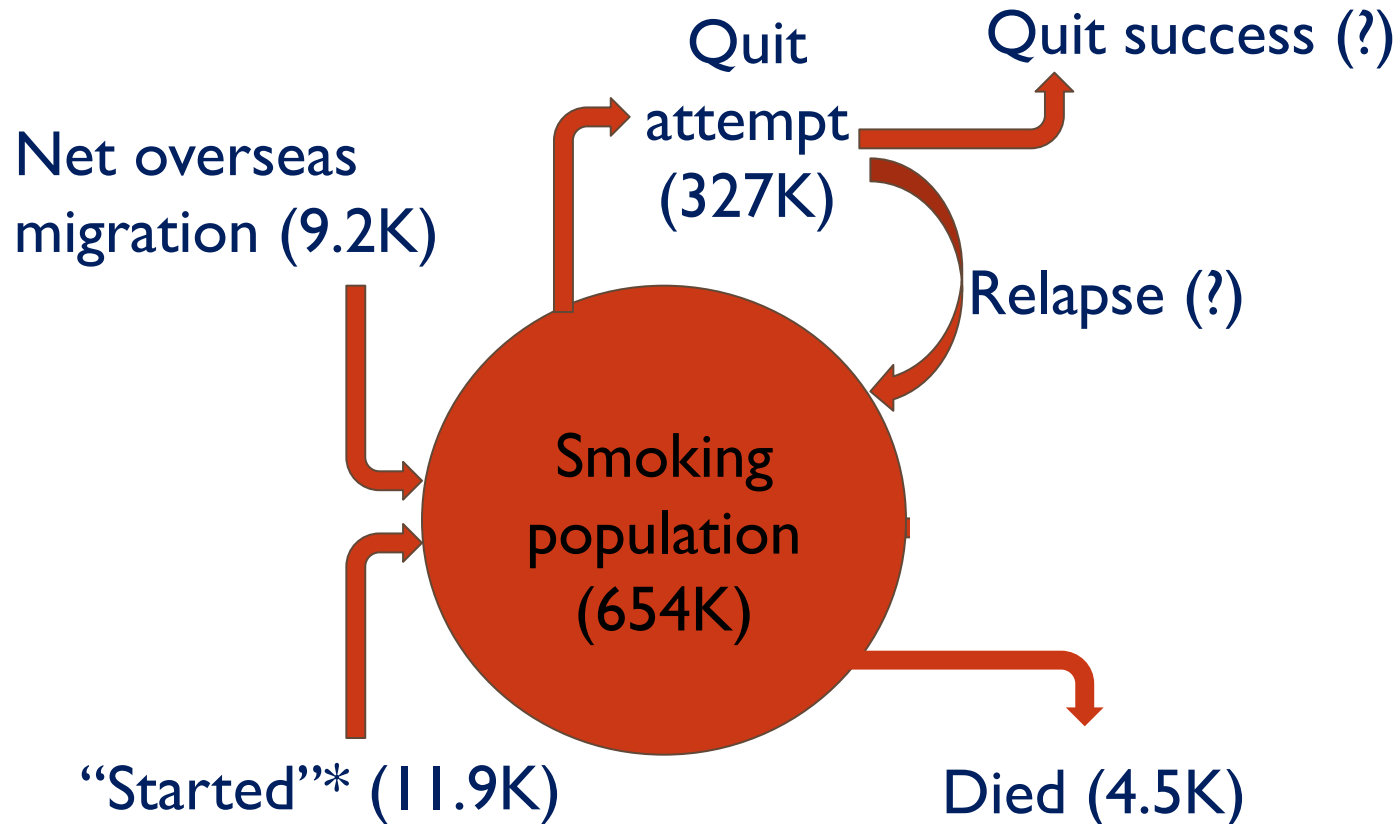
# Quit ratio – excludes uptake from prevalence

## Victoria, 2004 to 2015



# The smoking population is dynamic

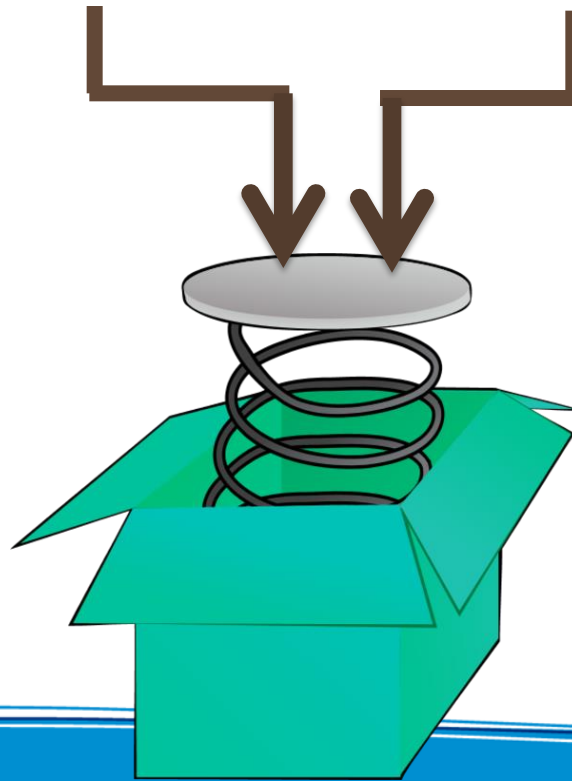
## Victoria, 2014



# Prevalence is a spring, not a screw...

Health professionals could put a whole other level of pressure on the spring by giving very personal **WHY** and **HOW** messages

Public education campaigns keep pressure on the spring by deterring initiation, motivating quit attempts and preventing relapse through **WHY** messaging



# Health professionals can hone in on the personal

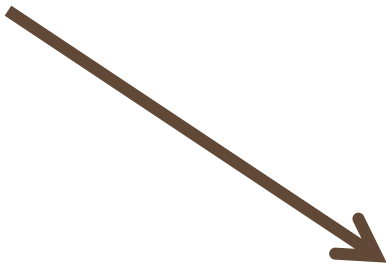
## Broader (federal and state)

- Mass media campaigns
- Smokefree legislation
- Advertising legislation
- High prices
- High health harm awareness
- High denormalisation

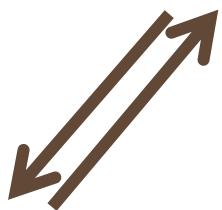


## Personal

- Varied and multiple messages
- Increased salience (existing & future health issues)
- Increase self-efficacy
- Increase in knowledge of HOW to quit
- Trusted authority



## Social (workplaces and communities)

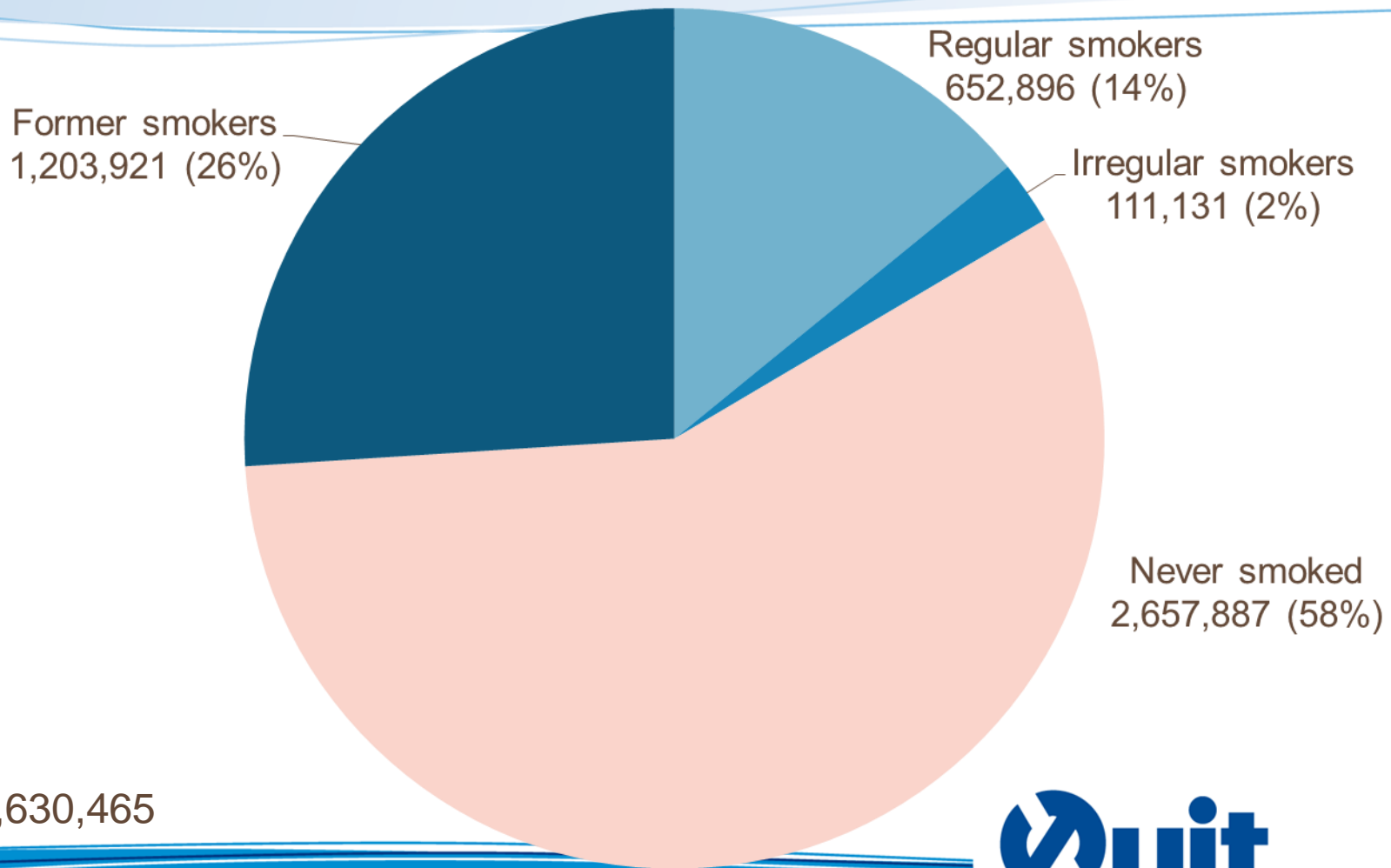


# Three aspects of quitting

1. Quit attempts
2. Quit success (abstinence at 6 months)
3. Smoking relapse

# Number of people by smoking status

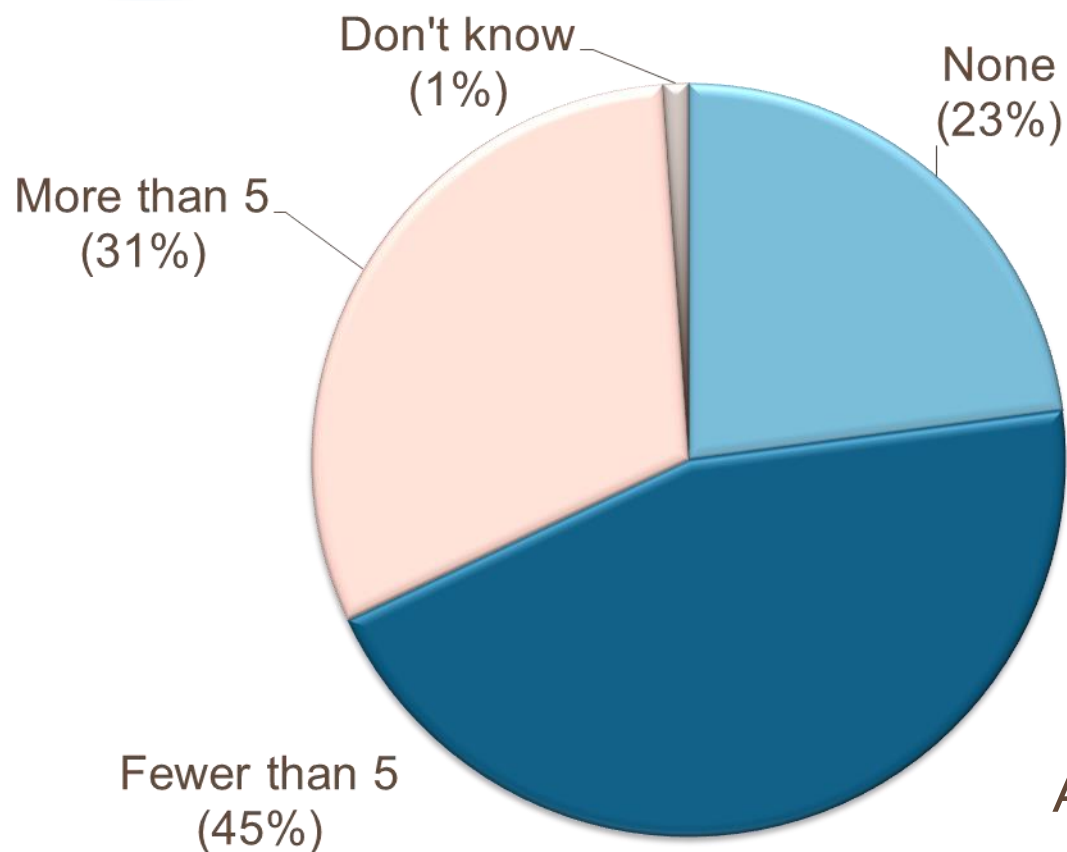
Victoria, 2015



N=4,630,465

# Number of quit attempts

Victoria, 2015



All smokers in Victoria = 764K

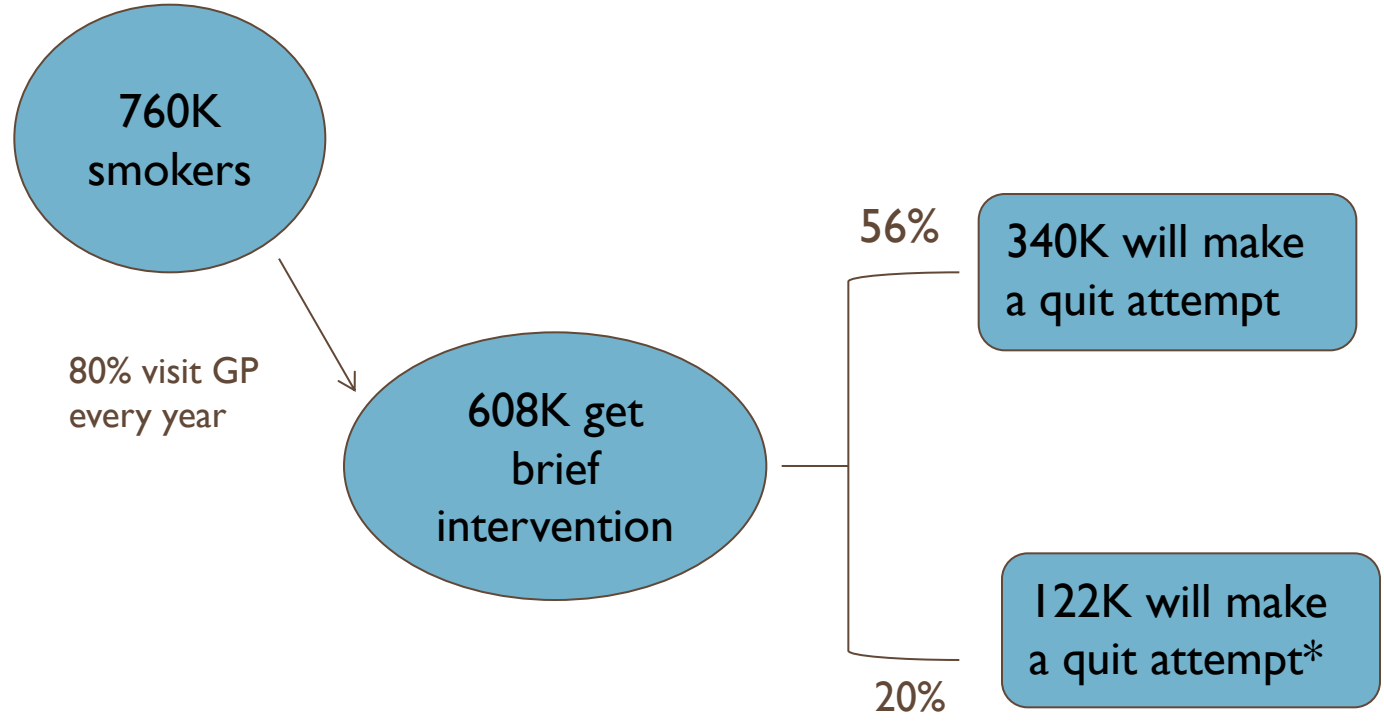




# The offer of **Help** triggers a quit attempt



# If all GPs performed a brief intervention

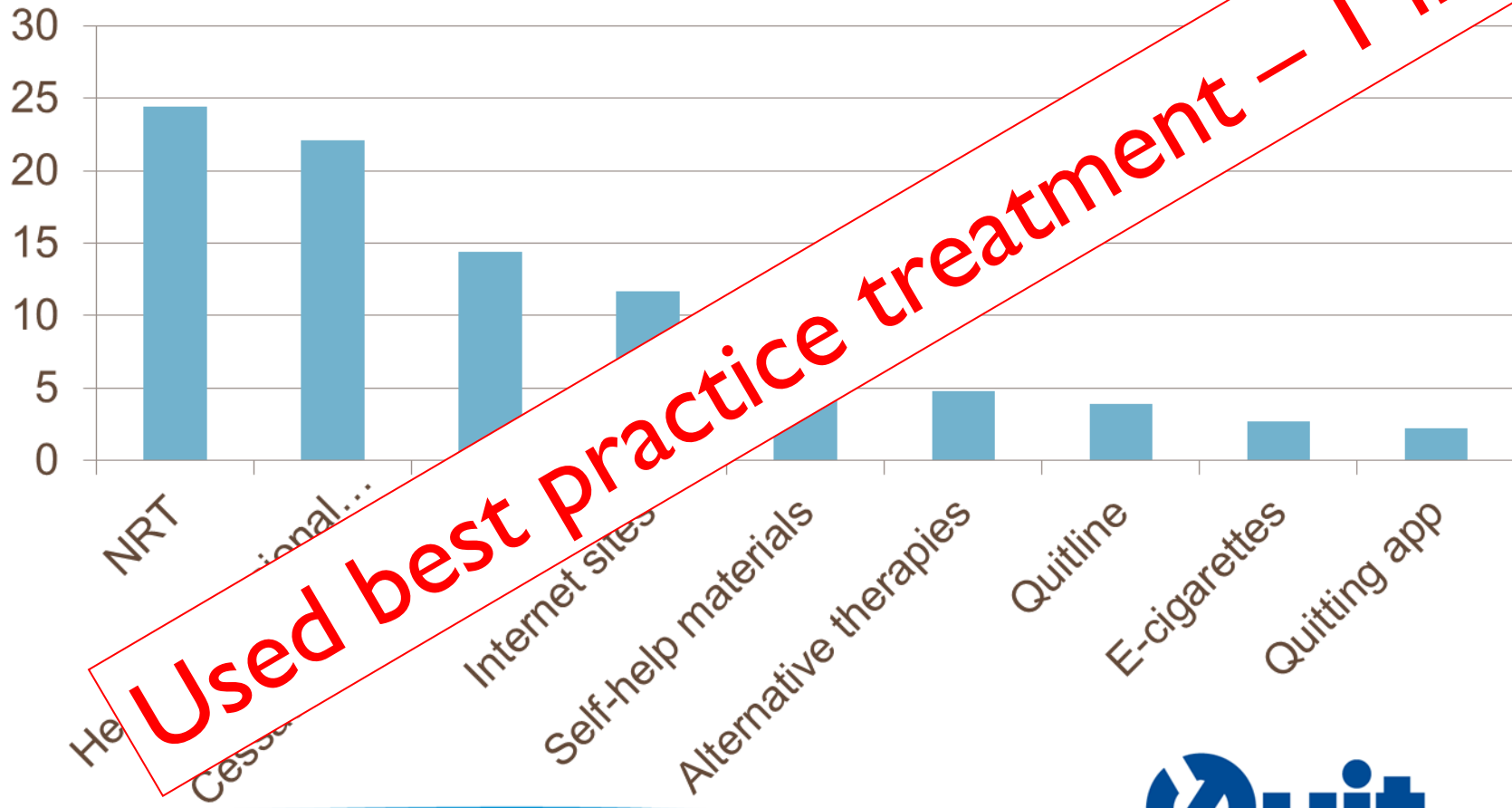


\* Kotz, West & Brown (2014) Mayo Clin Proc.



# Recent use of quit aids

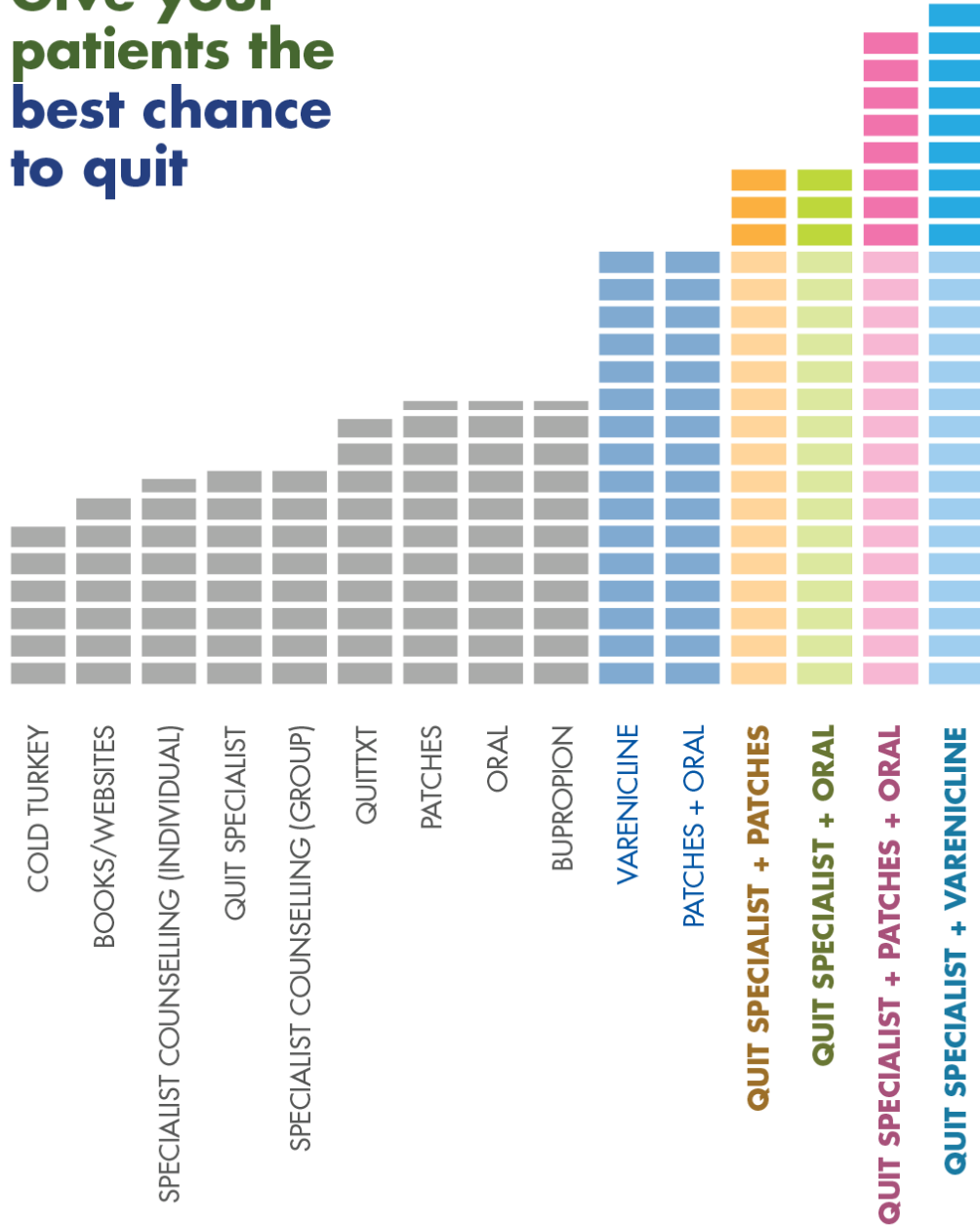
Victoria 2015 (past year attempters)



Used best practice treatment – 1 in 5

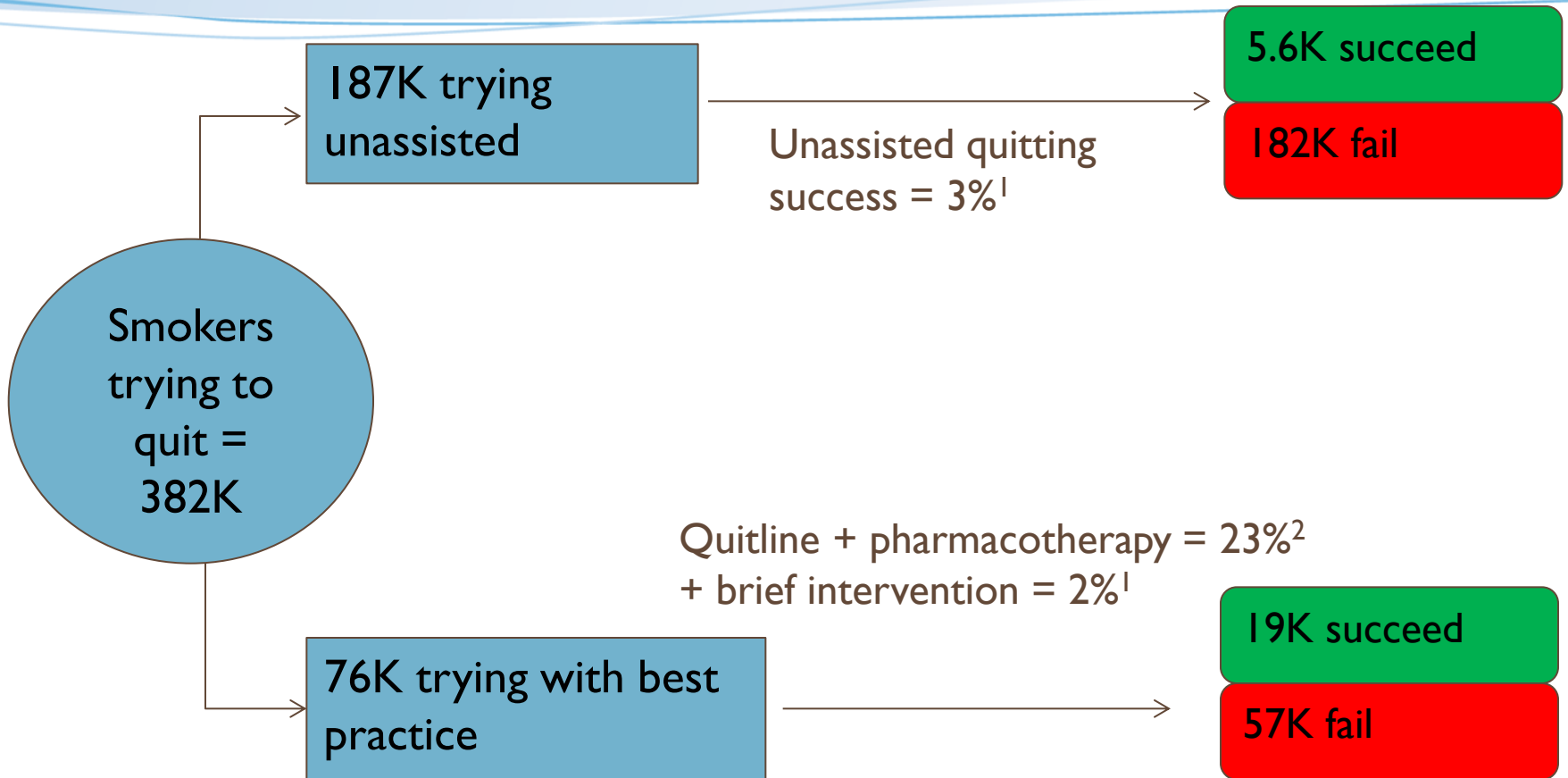


# Give your patients the best chance to quit



Derived from West et al.  
(2015) Addiction 110(9):1388

# Back of the envelope calculations...

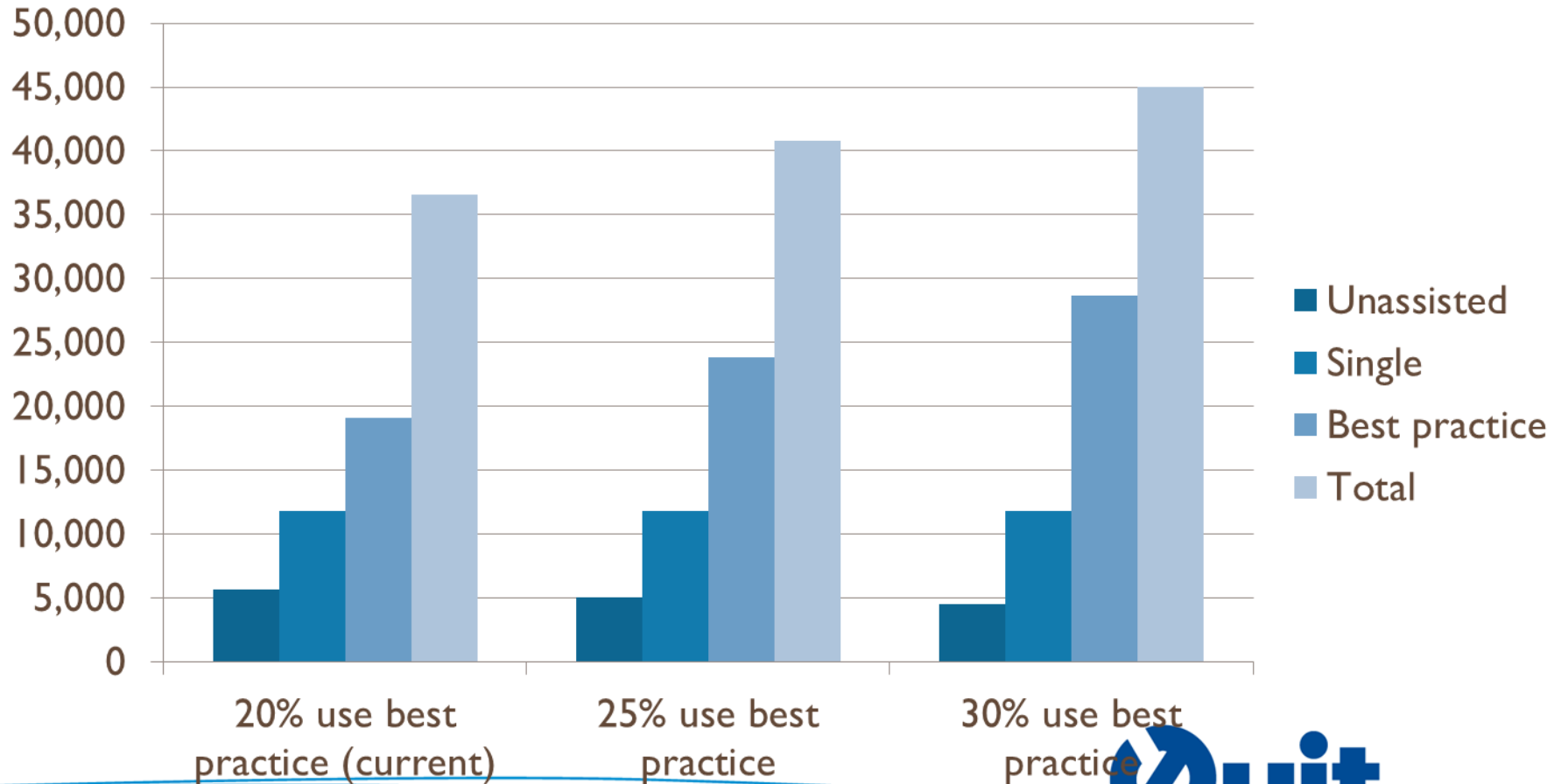


<sup>1</sup>West et al. (2015) Addiction 110(9):1388 (UK data)

<sup>2</sup>Quitline (Victoria) 2013 evaluation (Victorian data)

# Increase use of best practice cessation treatments

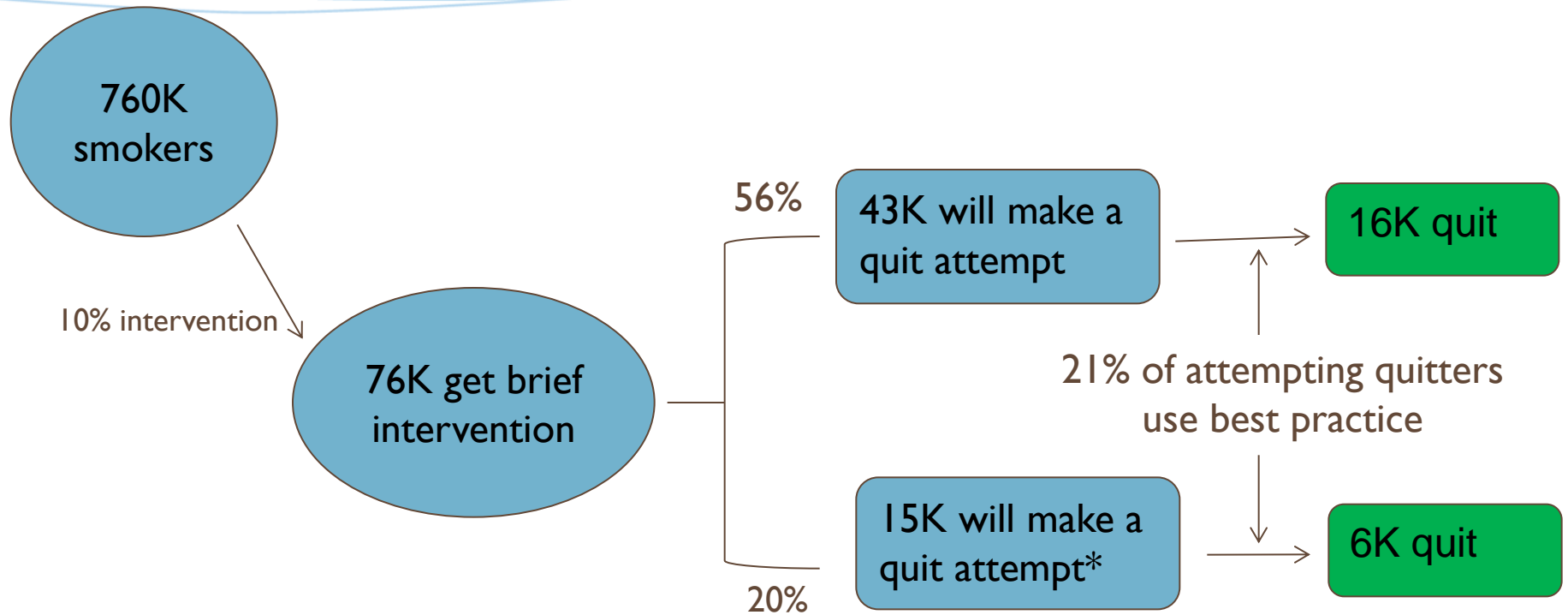
Inferred success rates: Unassisted = 3%; Single = 10%; best practice = 25%



<sup>1</sup>West et al. (2015) Addiction 110(9):1388 (UK data)

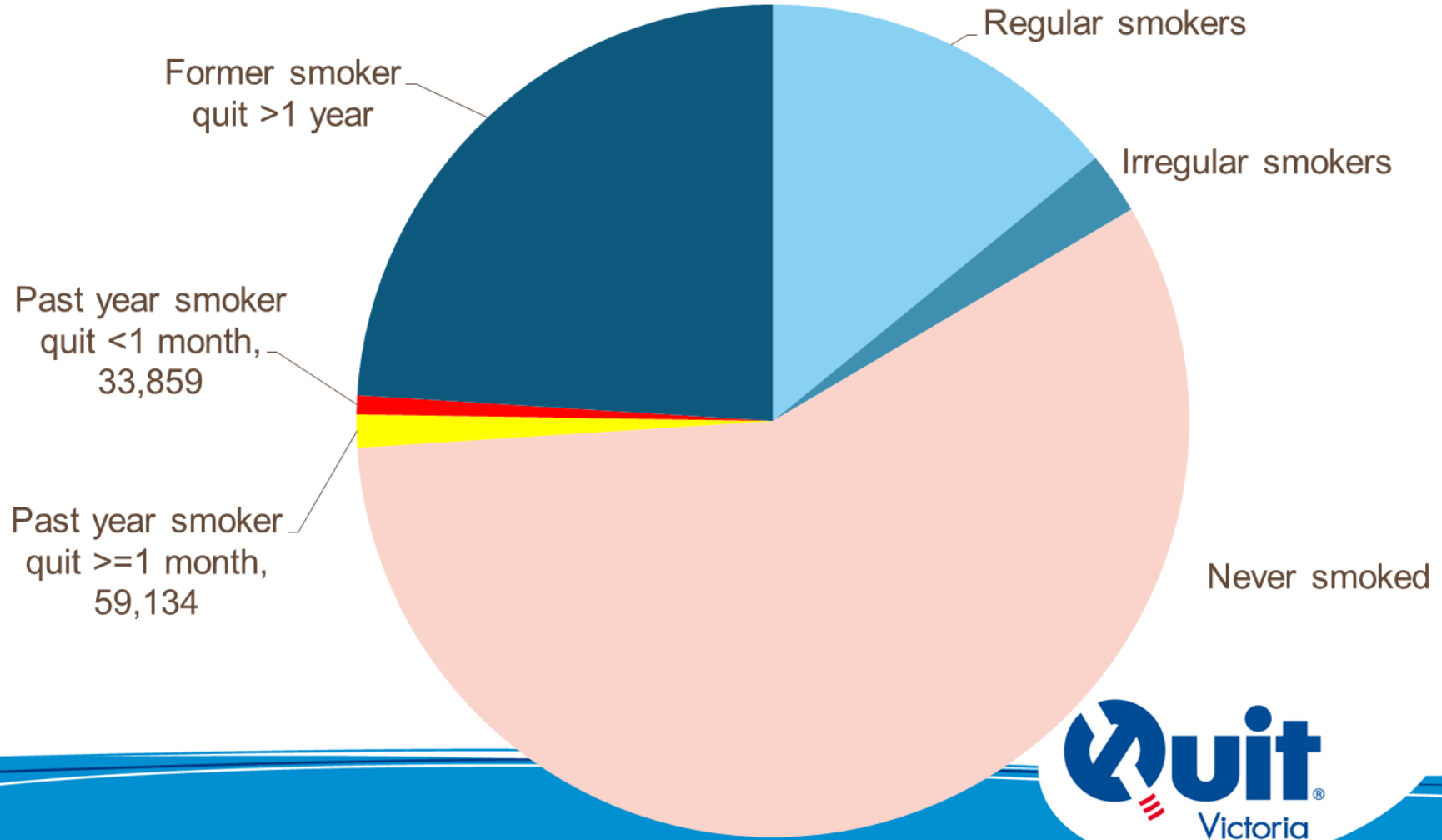
<sup>2</sup>Quitline (Victoria) 2013 evaluation (Victorian data)

# If just 10% of smokers were provided a brief intervention and increased uptake of best practice by just 1%



\* Kotz, West & Brown (2014) Mayo Clin Proc.

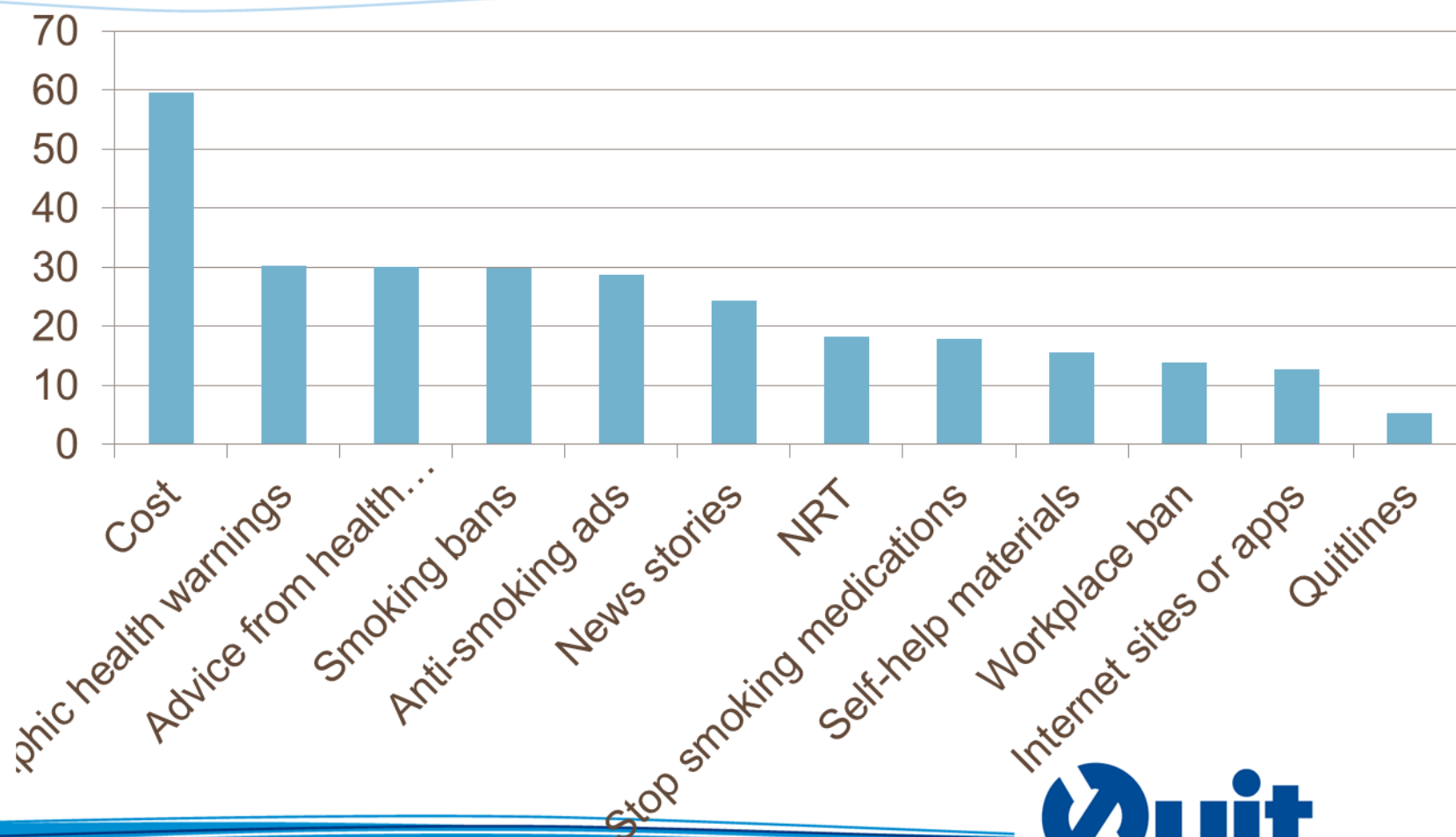
# What about relapse?





# What helped smokers stay quit?

Victoria 2015 (quit in past five years)



# Touch-points for health professionals

Australia, 2014/15

↑ Quit attempts

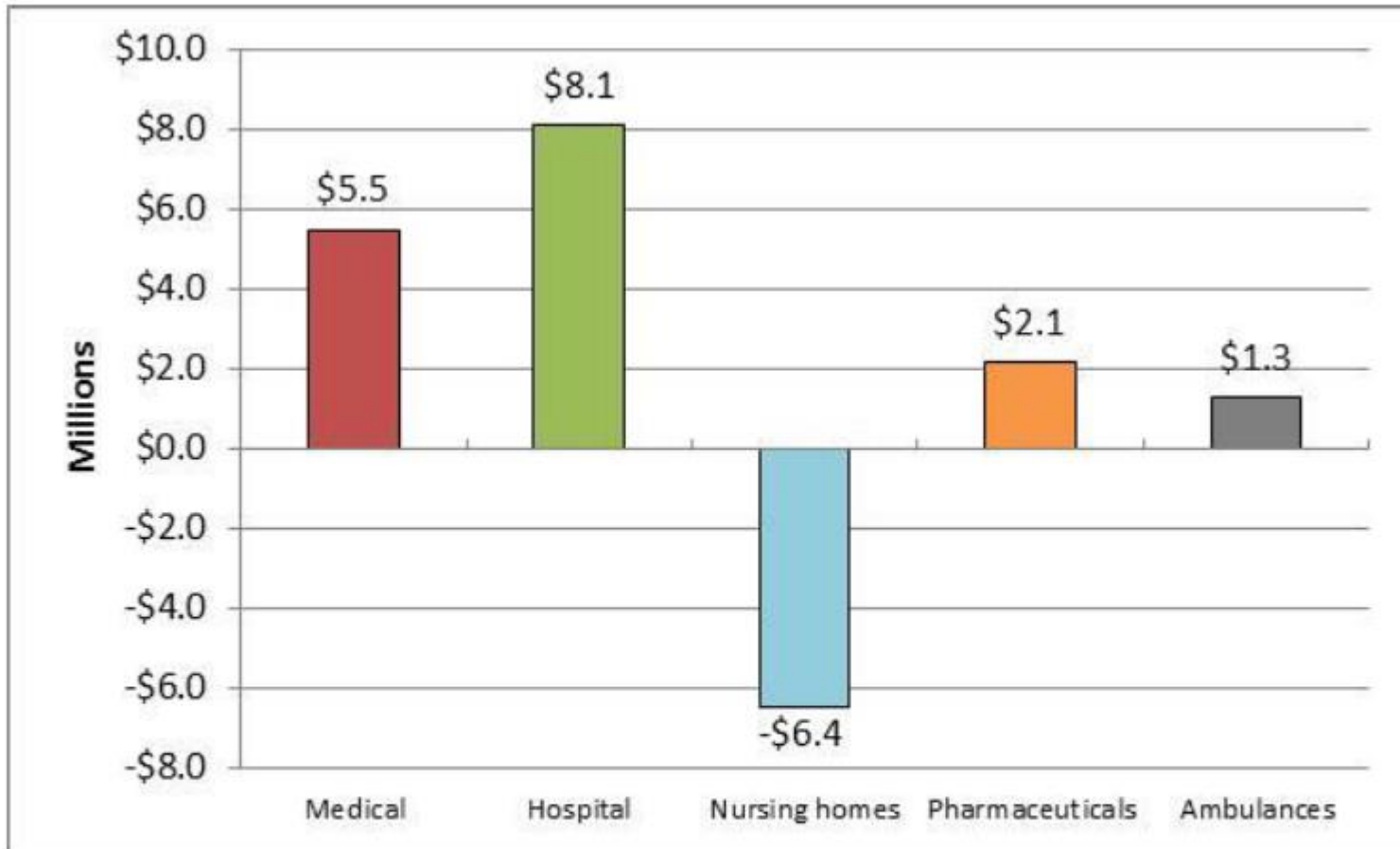
↑ Quit success

↓ Smoking relapse

- Outpatient clinics – 34.9M
- Admitted patients – 10.2M
- Surgeries – 2.5M
- A&E presentations – 0.533M

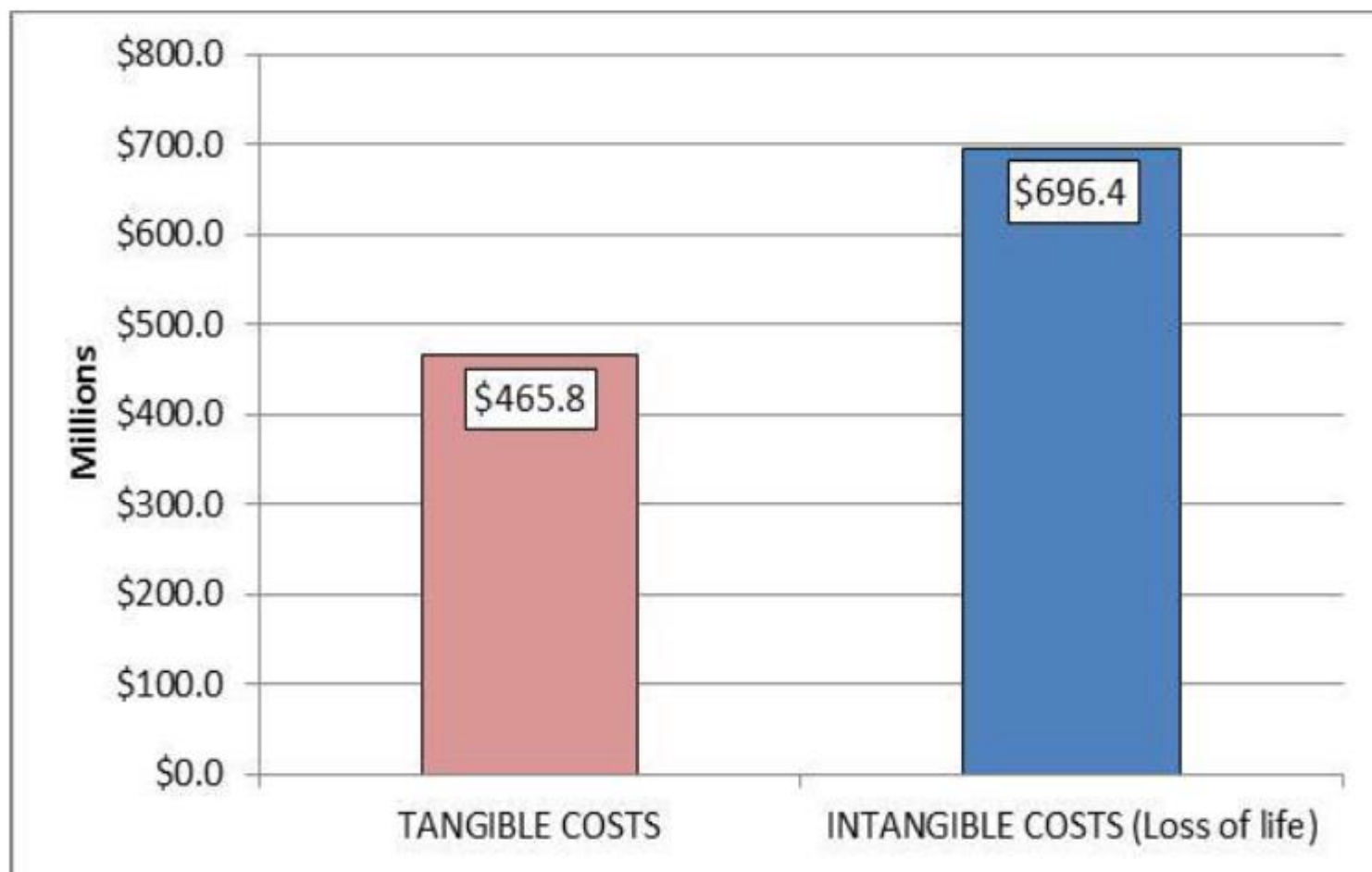
# Health care costs (for 67,636 smokers)

Tasmania, 2014



# Tangible and intangible costs

Tasmania, 2004



# Impacts – What could a systemic approach to smoking cessation mean for Victoria?

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# Saving some of the 11 Victorian lives lost to smoking every single day...

