Say No To Smoking? Understanding The Complexity Of Introducing Smoking Cessation Programmes In Homelessness Services

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A massive

thank you

to all the staff and residents who welcomed us, recruited participants, took part and shared their views with us.

Background

Portsmouth Suspected Drug related deaths – confidential inquiry findings

Portsmouth Needs assessment – unmet physical health need

Homeless Link (2022) – Unhealthy State of Homelessness

- 76% of respondents reported that they smoke
- 50% would like to give up
- 46% had not been offered smoking cessation advice or help
- Unhealthy State of Homelessness 2022: Findings from the Homeless Health Needs Audit | Homeless Link

Knowledge of the need to do more – but what?

Funding for a Collaborative Project



New Things Fund



Cost of living



Collaborative project



Topic

Research Question

Aim - to understand the views and experiences of staff and residents in homelessness services regarding smoking cessation programmes

Criteria

Staff	Clients
Currently working in homeless services /setting	Currently rough sleeping or living in unsettled accommodation , smoking status: current smoker , current vaper or ex-smoker

Methods

Either focus group (2-6 people) or 1-1 interviews

- Hope house
- The registry
- Homeless day service/Kingsway

Microsoft teams interviews (staff)

Semi-structured interviews

Questions: benefits of being smoke free, importance/priority of quitting, previous quit attempts, facilitators /what helped to getting quit, barriers/what stopped you quitting, if wanting to quit - where would you go for support , what would you like your support to look like/what does good look like.

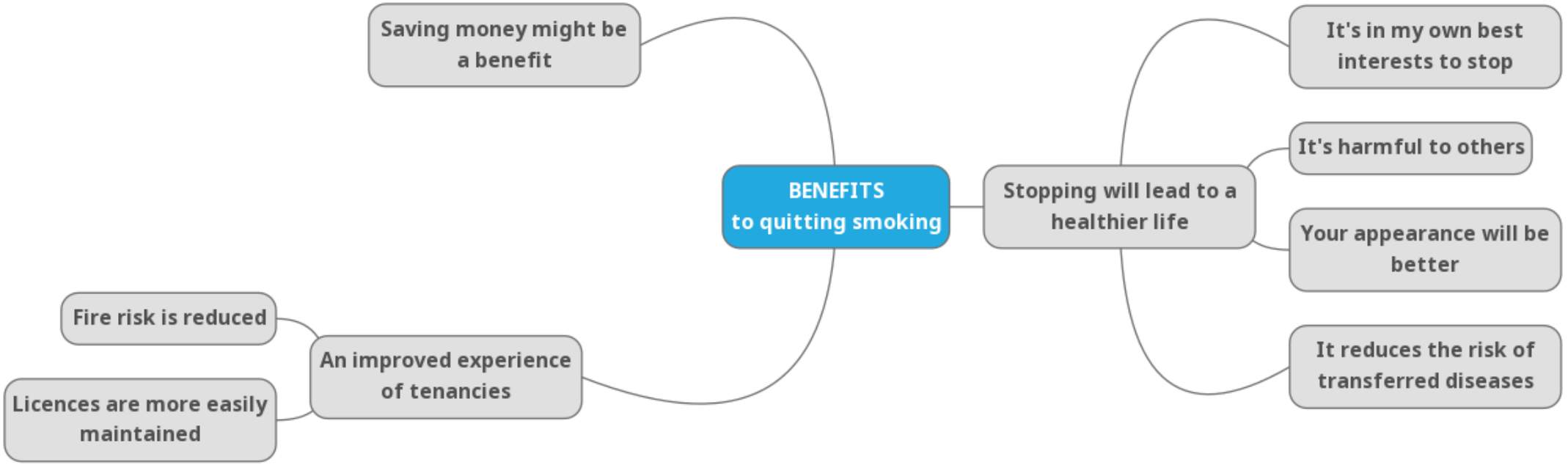
Additional staff question

Any benefits for your clients to continue to smoke.

Residents, Total = 32 **Smoking Status**				**Gender**	
Ex-Smoker	Smoking	Vaping	Both (smoking and Vaping)	Females	Males
2	24	1	5	7	25

Staff, Total = 9 **Smoking Status**				**Gender**	
Ex-smoker	Smoking	Vaping	Both (smoking and vaping	Females	Males
1	2	2	4	6	3

Results: Benefits



‘I have COPD. It would be in my own best interests to stop.’

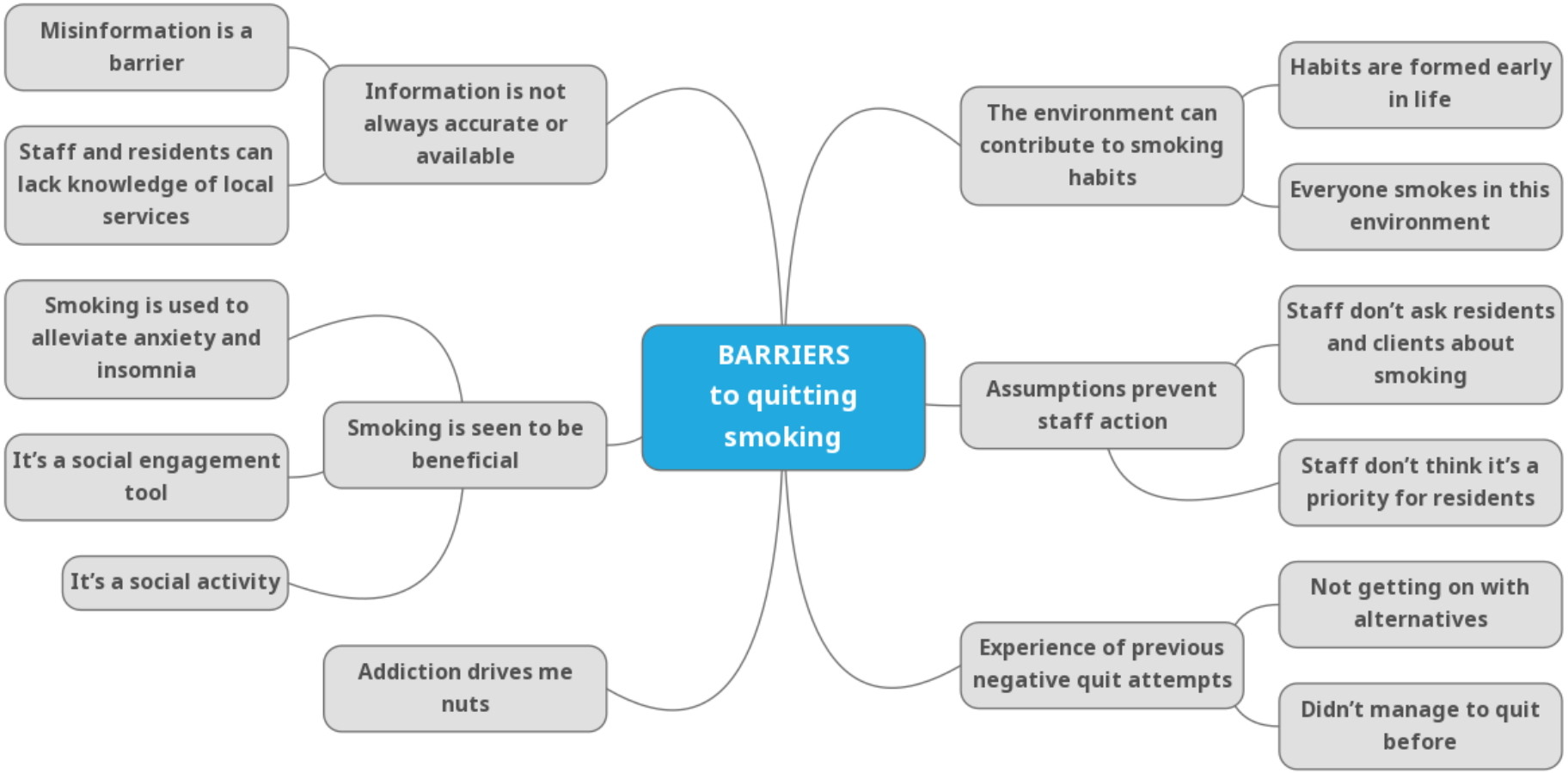
‘I shouldn’t be smoking anyway. I’m literally killing myself right now.’

‘When you’re walking past and someone’s got a baby, it’s affecting their baby. It’s not just you smoking, it’s passive.’

‘Some of my clients pick up dog ends and stuff, so [cost] might be negligible.’

‘Tenancy wise, license wise is good, cause being in temporary accommodation or supported is different from a lot of the other projects in and around town in which there's no smoking allowed at all. So it's helpful for them because then we're not basically picking them up…that's the benefit, is it helps with their licence.’

Results: Barriers



‘It's a real crutch for people when it's probably one of the few consistent things that people have had in their lives for 20-30, forty years, like, you know, waking up, having a cigarette like, like doing this, having a cigarette, so to the fear of removing stuff.’

‘You’d have to lock yourself in your room because when other people offer you a fag and you turn it down, they call you boring. People are always offering you fags.’

‘Has anyone asked you if you want to quit recently?’ *‘No, never. Cigarettes are worse health-wise but no help is offered. It’s important to me but the last thing on anyone’s mind.’*

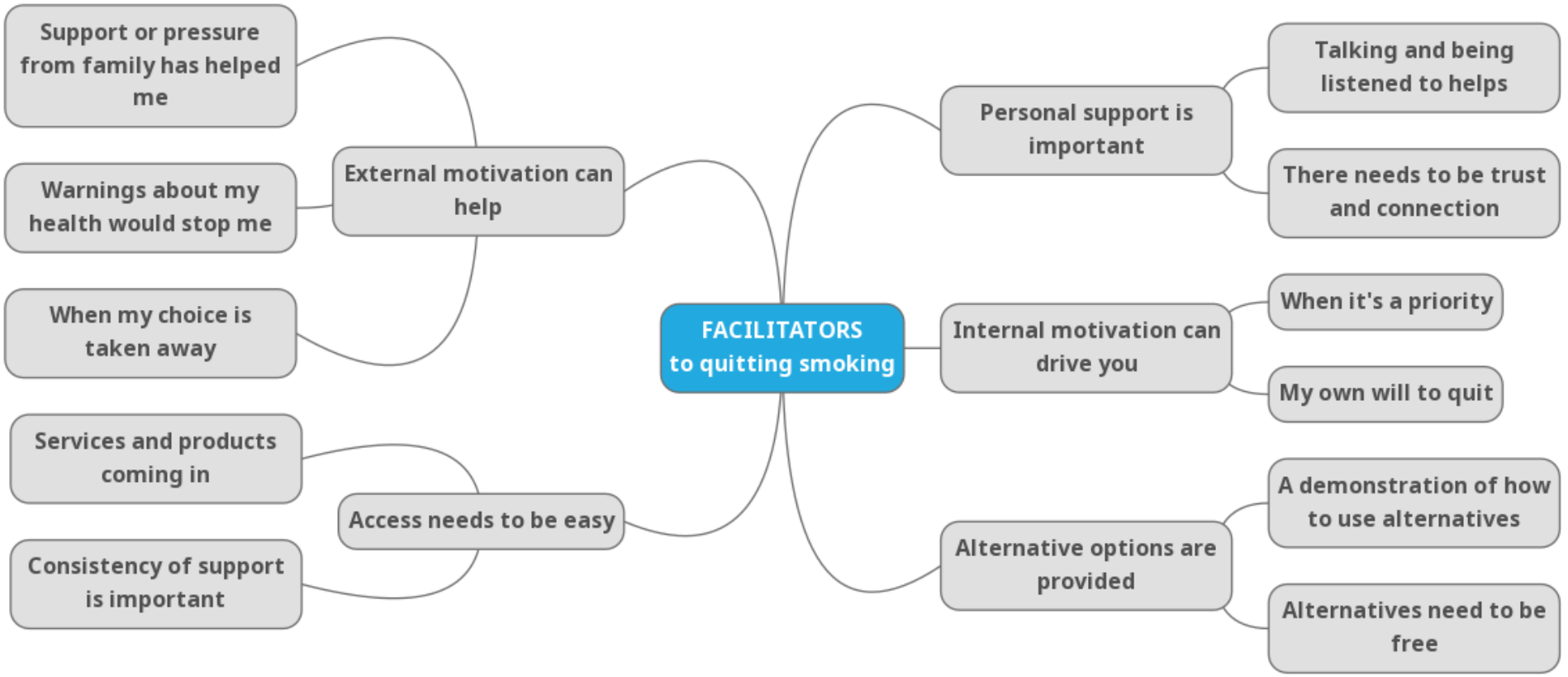
‘If everyone has drug problems, cigarettes are at the bottom of a 10 page list.’

‘Do you have conversations about stopping smoking with clients? Do you ask this here?’ *‘Not really, I don’t think, which proves me wrong. The amount of interest you had today shocked me. Not sure if it was the incentive of £10 or motivation to change – I’m not sure about that but maybe this is something we need to do more of.’*

‘Sometimes you know it's a social engagement tool and having a conversation with a cigarette and a coffee can often, you know, stimulate a conversation or pacify someone, I suppose, if they're particularly stressed out in a situation.’

‘I smoke very little not much at all and, when I've got a cigarette, I don’t go crazy but I've no intention of stopping as it is a relaxant.’

Results: Facilitators



‘What would you like that support to look like? What would the service look like?’ *‘Well…this really. Someone talking about it, patches and vapes.’*

‘If I've not a connection with someone I am working with personally , I'm not able to put my trust into that relationship anyway. So I feel there needs to be that personal trust and connection any way for me to invest in it and work with them fully’

‘If we are going to send someone to a service, sometimes they make it halfway, there are triggers out there, they bump into people out there, they get distracted, sometimes they don’t make it from A to B.’

‘Consistency is so important and it is just about not letting them down cause they've been let down before on multiple occasions by different services.’

Stories

Staff



Resident

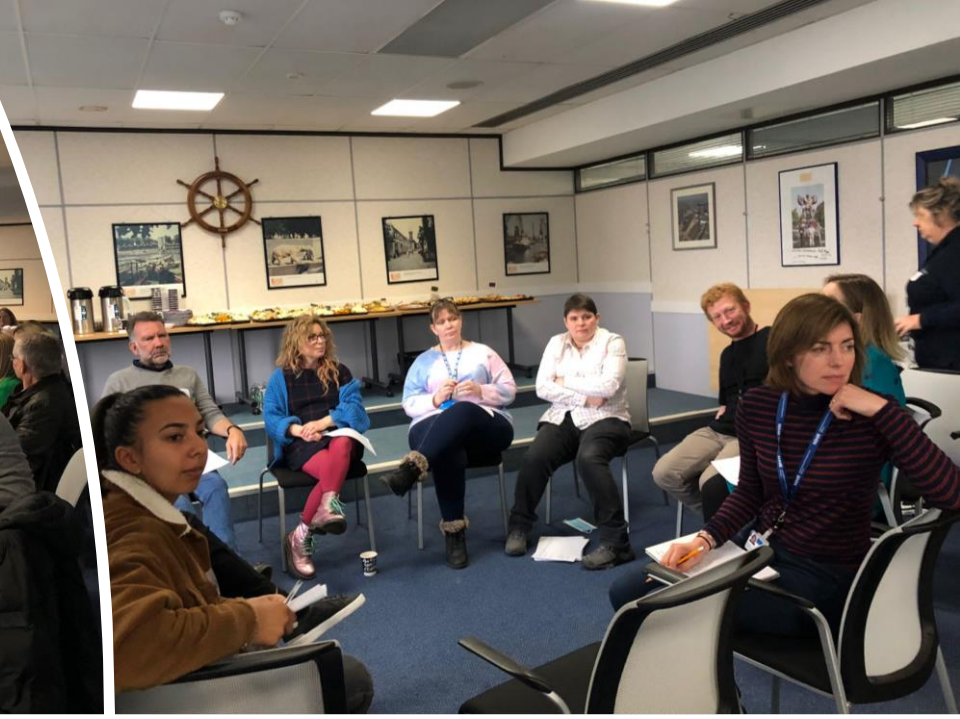


Research Impact Event

29th March 2023

- What can you do?
- What could you change?
- What action (if any) might you take?











Smoking and vaping policies

- clear expectation from start
- vaping treated differently, separate from smoking

Consistency in the city

- individual policies link to/reference city wide approach
- tobacco control strategy

Brief advice training

- create culture that its okay to ask about smoking
- NCSCT - National Centre for Smoking Cessation and Training

Conversations about stress management

- alternative strategies to smoking

Start with staff

- incentivise, they will be healthier, less absence
- for low paid staff, an enhancement for being a smoking cessation champion: payment by results
  - Additional skill
  - See positive results
  - Someone to support/mentor e.g. worker for wellbeing service
  - Might have money to try but how to fund long-term?

Start with clients

- Need advocates/champions (influencer) rather than a ban which angers and alienates people

Repeat Covid vaping Pilot


What’s next?

homelessness community of practice (HCOP)

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https://chrphomeless.co.uk/

https://chrphomeless.co.uk/2023/03/29/health-and-homelessness-improving-access-and-language/



Health and Homelessness – improving access and language

By Becky Ward · 29 March 2023 · FEATURED, Healthcare, Homelessness, Latest, News, Slider

Access difficulties and **language** were the take-home messages from Charlie Radbourne, peer mentor with Outcome Home, when asked about health and homelessness.

Charlie talked from his own personal experience as well as from the perspective of a peer mentor supporting people currently experiencing homelessness. In terms of **access**, Charlie talked about getting past a doctor's receptionist to register and being told you need an address in order to register. He said that's not true and he has a card he takes to show people that you are able to register without an address. Then, if you are able to register, there is the uncomfortable experience of sitting in a doctor's waiting room and feeling the weight of stigma as people will leave empty chairs next to you even when the room is overflowing. Additionally, the way one receptionist will speak to you is warm, welcoming and friendly, and yet another might be indifferent to your needs, or even obnoxious in their approach. These barriers often make it difficult for people experiencing homelessness to access the health care they need. He described the idea of the 'mountain' coming to the person i.e. services coming to a person, rather than always expecting the person to get to a variety of different places and appointments over a period of time.

Thinking about **language**, Charlie identified how terms used for people experiencing homelessness can be negative and derogatory, like 'multiply excluded' when describing someone who has a number of different health conditions and difficult circumstances. He compared this to someone not experiencing homelessness who might be a smoker, has diabetes as well as a mental health diagnosis. He argued that this person would not be reduced down to a catch-all term, but would simply be a person with these needs. He said that words mean a lot, especially when you are struggling, and the way someone talks to you or about you, can make a huge difference. He talked about the experience of being called 'homeless' first, and then your name, rather than being called by your name first.

Charlie pointed to his own experience over the years of how to talk about gender and adapt his language, and said that he believed when professionals start using better language, then the public will follow suit.

Thanks Charlie – a great thought provoker to think about how we improve access and our language.





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