

Developing evidence-based smoking  
cessation training/education  
initiatives in partnership with older  
people and health professionals

**Final Project Report**  
- **Executive Summary** -

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## **EXECUTIVE SUMMARY**

This study was funded by Partnership Action on Tobacco Health (PATH). PATH, which is funded by the Scottish Executive and managed by ASH Scotland, was set up to support the implementation of the Tobacco White Paper in Scotland. The study is one of 10 projects recently funded by PATH's National Support Fund.

### **Background**

Current estimates suggest that there are more than 158,000 smokers aged 65 and over in Scotland. The number of smokers in this age group could rise significantly over the next decade, as the population gets older, unless effective health promotion strategies are implemented.

The hazards of smoking in later life are well established. Smoking not only increases the risk of premature death but it also affects the health and quality of life of older people as they have a greater risk than their non-smoking counterparts of being disabled by conditions that include cancer, heart disease, chronic obstructive pulmonary (lung) disease, circulatory problems and cerebrovascular disease (stroke).

There is evidence to suggest that health is improved and mortality reduced among those who stop smoking after the age of 65 years. Stopping smoking not only adds *years to life*, but *life to years*, by preventing or reducing disability caused by smoking-related chronic illness.

Smoking cessation strategies have been shown to be both effective and cost-effective. However, despite the fact that older smokers have been identified as a priority group, and despite evidence to suggest that intervening with older adults can be effective, health professionals often fail to target this population. The reasons for this failure to intervene with older smokers are unclear and require further study. In addition, there is

currently a dearth of evidence-based information on older smokers' views on smoking, on stopping smoking in later life and on smoking cessation resources and services.

### **Aim**

The aim of this study was to gather data to inform the development of training/education initiatives to help members of the primary care team provide older adults (65+ years) with information and advice that will encourage them to stop smoking.

### **Design & Methods**

The research approach was qualitative. A sample of 20 current/former smokers (65 + years) was recruited from general practices in the Greater Glasgow Primary Care NHS Trust and the West of Scotland Seniors Forum. In addition, forty-one members of the primary care team (i.e. health visitors, district nurses, practice nurses and general practitioners) were recruited from general practices in the Greater Glasgow Primary Care NHS Trust. Data were gathered during individual, paired and focus group interviews and were analysed using content analysis procedures.

### **Findings**

#### ***Current smokers***

- The current smokers who participated in the study reported many positive associations with smoking (eg. smoking helped them to relax). These positive associations often prevented them from attempting to stop smoking.
- There was awareness that tobacco is addictive and that smoking is a difficult 'habit' to break. These factors also appeared to be barriers to a smoking cessation attempt.

- The majority of the current smokers were aware that smoking had damaged their health; however, some were not convinced of the association.
- Many of the current smokers believed that ‘the damage was done’ and that there was, therefore, little point in attempting to stop smoking.
- Previous cessation attempts, often undertaken without any behavioural or pharmacological support (eg. nicotine replacement therapy), were often viewed negatively and prevented further attempts to stop smoking.
- When suggesting a cessation attempt, while some health professionals provided good levels of support, others were reported as providing very little support.
- A small number of the current smokers reported that they had never been advised to stop smoking by a health professional.
- The majority of the current smokers appeared to be aware that their GP/Practice would provide some sort of smoking cessation support if they wished to stop smoking; however, knowledge of what this support might entail was limited.
- Knowledge of specialist smoking cessation services was poor (i.e. group support + pharmacy support).
- Some of the current smokers were concerned about what they perceived as the potential health risks of using nicotine replacement therapy (NRT), while others believed that they could not use NRT because of specific health problems (this belief was likely to have been incorrect).
- Some older smokers believed that older people require more support than younger people to help them stop smoking.

#### ***Former smokers***

- The main reasons that the former smokers stopped smoking were health related.
- Most of the former smokers had received little help and support from health professionals when attempting to stop smoking. Use of nicotine replacement therapy (NRT) had been limited.
- There were both positive and negative associations with previous cessation attempts.
- Most of the former smokers believed that stopping smoking had been beneficial to their health. However, a few had had serious health problems after stopping smoking and they appeared to feel that this was ‘unfair’ as they had stopped smoking to improve their health or prevent health problems developing.
- When asked to discuss any negative sides to stopping smoking, just less than half of the former smokers reported that they had gained weight.
- A small number of the former smokers believed that older people need more support than younger people to help them stop smoking.

#### ***Members of the primary care team***

- All members of the primary care team (PCT) who participated in the study had contact with older people who smoke. While the majority were having daily or weekly contact, a small number were seeing just a few older people who smoke every month.
- Most of the participants reported that the older smokers with whom they had contact were suffering from the effects of smoking.
- Some members of the PCT appeared to explore the health beliefs of the older smokers they had contact with more than others.

- A common view expressed by members of the PCT was that many older people who smoke believe that there is little to be gained by stopping smoking in later life (i.e. the damage is done).
- Most members of the primary care team (PCT) said that they provided older adults with information and advice about stopping smoking. The quantity and quality of this input appeared to vary.
- Many members of the PCT believed that very few older adults manage to stop smoking successfully.
- Some members of the PCT were less likely to refer older adults who smoke for specialist smoking cessation support (eg. group support) than younger smokers.
- There was little awareness of the content of the Smoking Cessation Guidelines for Scotland.
- Some members of the PCT believed that older smokers require more support than younger smokers to help them stop smoking.
- There was a general concern that there is currently little support available for older smokers who are housebound.

### **Discussion**

Members of the primary care team have a key role to play in discussing the subject of smoking cessation with older people who smoke.

The updated Smoking Cessation Guidelines for Scotland suggest that ‘brief advice’ from members of the primary care team should be followed by referral to Specialist Cessation Services. It is suggested that the purpose of brief advice in the primary care setting should be to trigger a cessation attempt. Successful treatment for nicotine dependence has been shown to require a more intensive and expert intervention than can normally be delivered as part of routine care.

As ‘brief advice’ has been shown to be the best way of triggering a cessation attempt, it is essential that health professionals/professionals who

are expected to bring up the issue of smoking with patients/clients should have undertaken training in brief advice, or be able to demonstrate that they have an appropriate level of knowledge and skills. This will include all members of the primary care team.

### **Development of evidence-based training**

It is hoped that the findings from this study will be used to inform the training on brief advice that is provided by Health Boards throughout Scotland. Information on issues specific to older adults who smoke is considered to be an important element of training on brief advice, as a high percentage of the contacts that members of the primary care have are with people in this age group (i.e. 65+ years). It is also anticipated that the findings from this study will inform the development of Guidelines and training materials for those who work predominantly with an older adult population.

In addition to the above, it is recommended that higher education institutions that deliver post-registration/post-graduate education for health professionals aiming to become members of the primary care team (i.e. health visitors, district nurses, practice nurses and general practitioners) incorporate smoking cessation training into the programmes that they deliver.

Finally, it is recommended that any training programmes that are informed by the findings of this study be evaluated to determine whether they have had an impact on the knowledge, attitudes and practice of health professionals working with older adults. It will also be important to ascertain whether the training of staff impacts on the cessation rates of older adults.

*Copies of the full report can be obtained by contacting Susan Kerr on e.mail [s.m.kerr@gcal.ac.uk](mailto:s.m.kerr@gcal.ac.uk) or Tel. 0141 331 8374*

When undertaking this study the Research Team worked alongside an Advisory Group which advised on practice-related issues, policy and strategic developments in the smoking cessation field and issues that related to older adults. The Advisory Group included the following people:

Liz Duncan – Help the Aged (Scotland)

Andy Sim – Age Concern Scotland

Sally Haw – NHS Health Scotland

Kirsty Scott/Charlotte Woods – Smoking Concerns

Marion Welsh – Lecturer in Practice Nursing

Yvonne Neville – older person (retired gerontologist)

Tracey Norris/Carol Brown – Partnership Action on Tobacco & Health (PATH)

Douglas Guest – ASH Scotland