Improving Access to Nicotine Replacement Therapy for People Experiencing Homelessness

BACKGROUND

Tobacco use among people experiencing homelessness

Despite Australia having one of the lowest smoking rates in the world, people experiencing homelessness are eight times more likely to smoke than the general population. Among patients seen by Homeless Healthcare (HHC), 79% currently smoke and 11% previously smoked.

Given the enormous health consequences of smoking, barriers to accessing cessation support further entrenches health inequalities experienced by people who are homeless in Australia. As tobacco dependence is often high in the homeless population, Nicotine Replacement Therapy (NRT) can play an important role in supporting quit attempts, but the NRT options available on the Australian Pharmaceutical Benefits Scheme (PBS) are limited.

What has the NRT pilot project entailed?

Early in the COVID-19 response, the Cancer Council WA provided Homeless Healthcare with access to $5000 worth of NRT that could be provided at no-cost to support rough sleepers accommodated at the PanPac Hotel as part of the Hotels with Heart (HwH) pilot. People who smoke are at an increased risk of respiratory infections, including COVID-19. There is also evidence to suggest that people who smoke are likely to be more severely impacted by COVID-19, because of pre-existing damage to the lungs.

When the HwH pilot was ended by the WA Government after one month, the remaining NRT stock has been used by HHC staff to encourage and support other patients to quit. ***This has broadened the range of NRT products that can be prescribed, increased the duration of NRT support available, and removed the cost of NRT as a barrier to*** **cessation.**

The PBS only supports limited NRT options and for a limited period. Without PBS coverage, NRT is cost prohibitive for people who are homeless or on low income or a disability pension, and as observed among our patients who smoke, a much longer period of NRT support is often needed. People need options, sufficient doses and replacement for sufficient duration to enable them to quit".

Dr. Andrew Davies, Homeless Healthcare CEO

WHO HAS BEEN SUPPORTED BY THE NRT PROGRAM? APRIL 2020 – MARCH 2022

20% Aboriginal and/or Torres Strait Islander

16-72 Y/O Age Range

46.5 Y/O Median age

66% Male

33% Female

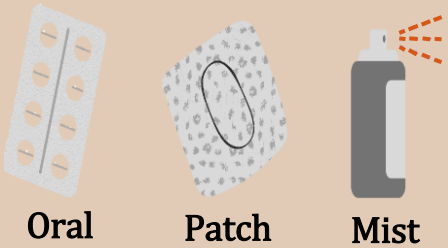
1% Transgender

305

Total number of people supported to quit

442

NRT treatments prescribed



Oral Patch Mist

E.g. Nicotine gum, Champix, Nicorette spray

NRT Pilot Program Evaluation Snapshot
Based on data from April 2020 to March 2022

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HOW HAS NRT SUPPORT BEEN PROVIDED?

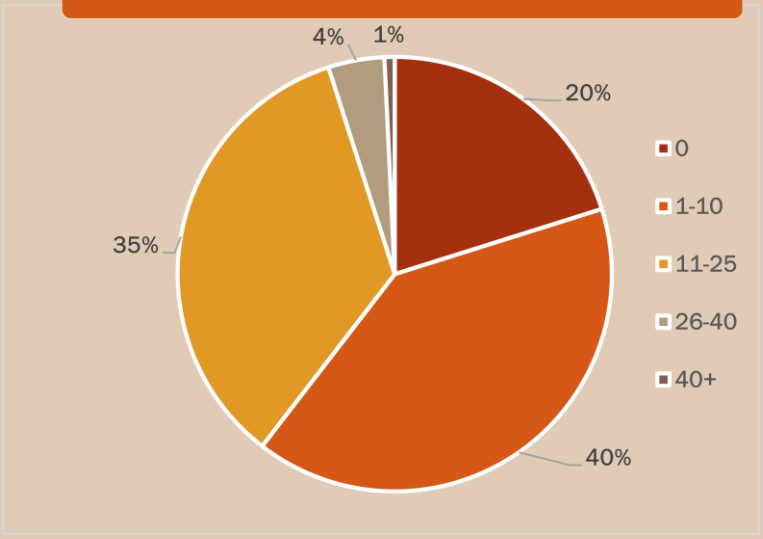
HOTELS WITH HEART NRT SUPPORT

- In the WA 'Hotels with Hearts' (HwH) COVID-19 one month pilot in April 2020, 27 rough sleepers were accommodated within the PanPac hotel in the Perth CBD.
- 78% of those accommodated at the hotel smoked, and as smoking was not allowed inside, nicotine withdrawal and tobacco dependence posed a significant challenge.
- As Homeless Healthcare GPs and nurses were on-site daily at the hotel, Cancer Council WA offered $5000 to enable free access to NRT treatments and provided pocket quit tips guides that could be given out. An information sheet on tobacco use and COVID-19 was also developed for hotel and community service staff involved in the pilot.

HHC SUPPORTING CESSATION WITH NRT SUPPORT

- From May 2020 onwards, HHC has used the remaining NRT allocation to support other patients wanting to quit. NRT support is coupled with motivational interviewing and other health advice for patients during their quitting journey.
- GPs and nurses have been able to offer NRT options to patients seen across a range of community clinics, via street outreach, and through home visits to those who have recently been housed.
- With the stresses of being homeless and the fact that many patients have been heavy smokers for decades, relapse is not uncommon, and having access to a wider range of NRT options has been beneficial to assist people to cope with withdrawal and cravings.

NUMBER OF CIGARETTES SMOKED PER DAY BY SUPPORTED HHC CLIENTS*



*Where data available (n=272), includes ex-smokers

"I have loved having access to different types of NRT. Some of our patients have been more successful in quitting because they can now have different modes of NRT (e.g. patches, mist, gum) to suit the "occasion" – this range is not available on the PBS and is not normally affordable to people experiencing homelessness".

Dr. Carmen Quadros – Homeless Healthcare

BENEFITS OBSERVED

"Smoking is a huge part of the lives of most people who are experiencing homelessness. However, with access to best practice quit smoking support they can successfully reduce and quit smoking". We have definitely seen an increase in patient quit attempts thanks to this NRT availability."

Dr. Andrew Davies – Homeless Healthcare

SOME LEARNINGS FROM NRT PILOT

- Make access to NRT treatments as easy as possible – requiring patients to go to a particular chemist to fill each script has been a barrier. Enabling HHC staff to directly provide NRT is preferable.
- Encourage GPs and nursing staff to regularly use the Heaviness of Smoking Index, NRT algorithm and clinical pathways guidance – explore how to embed this more with current medical records system.
- Seek patient feedback on usefulness of quit resources given homeless context.

CASE STUDIES OF PEOPLE SUPPORTED THROUGH THE NRT PILOT

HEALTH & FINANCIAL GAINS

Amy* is a middle-aged woman who experienced 3 years of homelessness before being housed as part of the 50 Lives 50 Homes program. She has a long history of mental illness and has experienced domestic violence and trauma that contribute to her anxiety and mental health struggles. Amy began smoking as a teenager; on average 25 cigarettes a day. She has been trying to cut down due to the significant expense and has been relying on food hampers in recent years to get by.

Support to quit:

The expense of smoking was a key driver for Amy to talk with her HHC GP about quitting, noting that she often just smokes out of habit and boredom. Following motivational interviewing and talking with her about strategies for quitting, Amy was prescribed nicotine gum and patches and then tried the lozenges also. By Christmas 2020 she had almost stopped smoking and told her GP that she *"had saved all the money usually spent on cigarettes for food and nice gifts for her family".*

TAILORED NRT SUPPORT

Mark* is a man in his mid-fifties who began seeing Homeless Healthcare in 2019, after being identified as homeless by the RPH Homeless Team during an ED presentation. Mark has a number of health issues including depression, anxiety, tobacco and alcohol dependence, methamphetamine use, high cholesterol, and is pre-diabetic. He was smoking heavily at night and spoke to HHC GP about wanting to quit.

Support to quit:

The GP undertook motivational interviewing with Mark, exploring his reasons for smoking, the benefits he could envision of not smoking, and strategies for dealing with cravings and slip-ups. A quit plan was developed with Mark, and this included using his last pouch of tobacco and a commitment to not buy another one. Mark had had some success with NRT in the past and wanted to try it again but saw the cost of it as a barrier. Mark would discuss his progress with quitting in subsequent GP visits. Unfortunately, his feeling of social isolation had increased, and Mark shared with his GP that not smoking made it harder to interact with other people. His smoking was also stress related, exacerbated by issues of being in a share house, that at one point led to him returning to the street. Over a 12-month period, Mark reduced his nicotine patch dosage, and now considers himself an ex-smoker.

QUITTING CAN BE A LONG JOURNEY

Carl* has been street homeless for several years and has multiple health issues, including insomnia, chronic pain, psychosis, amphetamine and cannabis use and heavy tobacco dependence. He was smoking 40-50 a day when he discussed quitting with a HHC GP, noting that he mainly smoked bumpers, and that searching for bumpers is his main activity for keeping himself busy.

Support to quit

Carl needed to quit smoking to get into an AOD residential rehabilitation, but struggled with the physiological and psychological dependence on smoking. He had had success with NRT spray and inhaler in the past but noted that these are expensive as not on the PBS. Thanks to the Make Smoking History NRT project, the GP was able to give him scripts for no cost lozenges, inhaler and mist. Unfortunately a delay filling these scripts saw him resume more frequent smoking. Like many people experiencing homelessness, Carl's smoking and resolve to quit is impacted by other stressors. Over the last year, he has almost quit a couple of times (down to 5/day) and has found the combination of patches, mist and inhaler to work best for him.

"It is difficult for people to quit when there are many stressful things going on in their lives. Even when someone is struggling to breathe, it can be a big step to quit smoking after so many years; we find that it can take a long time for people experiencing homelessness to move beyond the pre-contemplation phase.
We continue to reinforce the positive reasons to quit each visit in a non-judgmental way and the no cost NRT options removes one of the common barriers to quitting for our patients."

Homeless Healthcare GP