

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 – APRIL 2021



28%

Aboriginal and/or Torres Strait Islander



16-68 y/o

Age Range

45 y/o

Median age



68%

Male



31%

Female



1%

Transgender



219

Total number of people supported to quit



253

NRT treatments prescribed



Oral



Patch



Mist

E.g. Nicotine gum, Champix, Nicorette spray

WHAT HAS BEEN DONE SO FAR

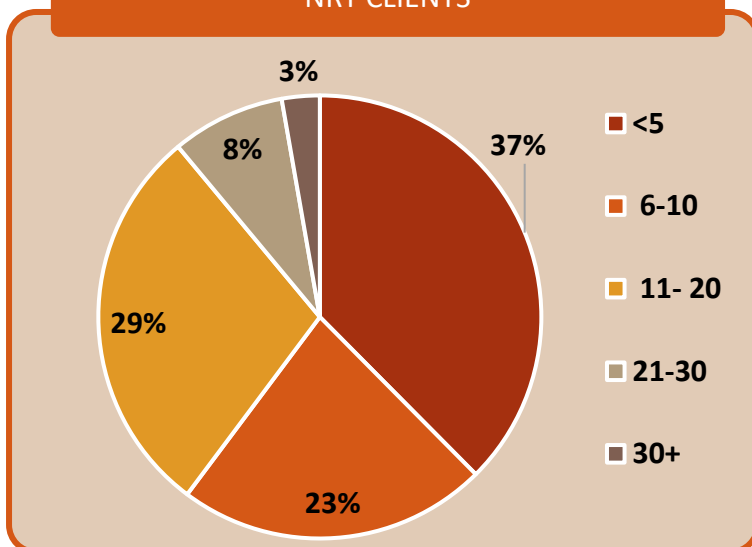
HOTELS WITH HEART NRT SUPPORT

- 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

- Following the conclusion of the HwH pilot – HHC were able to use the remaining no cost NRT allocation to support other patients wanting to quit. This is coupled with motivational interviewing and other advice/support for patients in their quitting journey.
- GPs and nurses have been able to offer NRT options to people seen across the range of clinics run in community settings, 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 NRT CLIENTS



"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 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 CEO

SOME LEARNINGS FROM NRT PILOT

- Make access to NRT treatments as easy as possible – requiring patients to get to a particular chemist to get the script filled 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 smoking due to the expense, and during 2020 and the repercussions of COVID-19, was feeling broke, at times relying on food hampers.

Support to quit:

The expense of smoking was a key driver for her talking 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 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”*.

TAILORING NRT OPTIONS TO CLIENT NEEDS

Brad* is a man in his late 30's who has been homeless for five years. Brad has struggled with amphetamine dependency for many years and tried rehab on several occasions. Other health issues include chronic pain (resulting from a serious spinal injury), insomnia, anxiety and depression.

Support to quit:

In May 2020, Brad spoke to a HHC GP about quitting smoking. He had recently increased his smoking from a 50g pouch of tobacco/week to one every 2-3 days. Following motivational interviewing and discussion of his reasons for smoking and the benefits of cessation (physical, financial, psychological) a quit plan was developed and strategies for dealing with relapse discussed. Brad commenced on NRT patches, and after a few weeks asked for a higher strength patch to support his efforts to quit. By June he had cut down to around 10 cigarettes/day and expressed an interest in trying Champix. This combined with Nicotinell lozenges helped him to further reduce his smoking, and he remains determined to quit. With a long history of drug and tobacco dependency, Brad is an example of a HHC patient who has greatly benefited from being able to access a range of NRT options that can be used in combination at no cost.

QUITTING CAN BE A LONG JOURNEY

Brenda* is in her late 40's and is a long-term patient of HHC, with complex PTSD from past trauma and multiple health conditions, including asthma, anxiety, COPD, shortness of breath and diabetes. During 2020, Brenda disclosed feeling very stressed about COVID-19 and this exacerbated her anxiety. She has smoked around 20 cigarettes a day during her adult life. This has taken its toll on her respiratory health, and many of her GP visits relate to wheezing, chest issues and asthma. Since 2018, she has presented to a Perth Emergency Department 14 times with chest and respiratory related issues (half of these in 2020), resulting in 16 inpatient days. These ED visits and inpatient stays equated to a cost to the health system of > \$55 600 in the last 3 years.

Support to quit:

Homeless Healthcare has engaged in motivational interviewing about quitting with Brenda on a number of occasions over the years. After she contracted pneumonia in mid-2020, she indicated a willingness to try to quit and was provided with a no-cost Champix starter pack. During 2020 she had several hospital presentations due to a chronic cough, COPD and asthma. The hospital reinforced the importance of her quitting smoking, and Brenda is now using a nicotine patch and spray. In the first 4 months of 2021, she has not presented to hospital with respiratory issues.

As noted by her GP, *“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. In Brenda's case, I continue to reinforce the positive reasons to quit each visit in a non-judgemental way and the no cost NRT options removes one of the common barriers to quitting for our patients.”*