
Nicotine Inhalers within Mental Health Wards

Initiative Type

Model of Care

Status

Close

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<https://clinicaexcellence.qld.gov.au/improvement-exchange/nicotine-inhalers>

Summary

The project evaluated patient and staff experiences and cost effectiveness of nicotine inhalers as a therapeutic intervention within Metro South inpatient mental health units.

Key dates

Jun 2016

Jul 2017

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Aim

To evaluate the cost-effectiveness and effect on patient care of introducing nicotine inhalers as a second-line NRT option in inpatient mental health units across the Metro South Hospital and Health Service.

Benefits

A cost-effective therapeutic intervention for mental health patients.

Background

Metro South Hospitals are smoke free. Prevalence of smokers is high (>50%) in Mental Health wards. Nicotine Replacement Therapy (NRT) is available and prescribed in hospital to reduce the patients' motivation to smoke, prevent nicotine withdrawals from temporary tobacco cessation, and achieve long term abstinence, however have poor acceptance rates. There are multiple forms of NRT approved by the Therapeutic Goods Administration for use within Australia, these include: Patches, Gum, Inhalers, Lozenges, oral spray and oral strips. Due to cost effectiveness, NRT patches and gum are the only forms available on hospital ward imprests without any restrictions. Anecdotal reports claim that novel dosage forms of NRT such as the nicotine inhaler, might provide a good approach to achieve long term cessation rates, especially in heavy smokers as the inhaler imitates the hand-to-mouth action associated with tobacco smoking and provides the patient with nicotine replacement.

Solutions Implemented

Implementation of nicotine inhalers within the Inpatient Mental Health Units of the Metro South Hospital and Health service represent a cost-effective therapeutic intervention.

Evaluation and Results

Data was collected regarding the number of nicotine inhalers dispensed to individual inpatient mental health units across the Metro South Hospital and Health Service post implementation of the nicotine inhalers. We also measured seclusion events over this time period. We conducted pre- and post-implementation surveys for Mental Health staff regarding the key themes of: nicotine replacement therapy acceptance, patient autonomy and perceptions of patient aggression. Although a slight increase in the cost of NRT usage was observed in the mental health wards over the first three month period post NRT inhaler implementation, initial data suggest that there was a corresponding exponential decrease in the number of seclusion minutes required across the district (5381 in the month before implementation), 4110 minutes for month 1, 631 minutes for Month 3 and 60 minutes at Month 3.