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Befriending services for people with sight and hearing loss

Following on from December's theme of *Vulnerable People* I am writing to raise awareness about a service available to people with a combined sight and hearing loss who may present with other conditions.

Without sight and hearing, which most of us take for granted, people can become lonely, socially isolated, and detached from their local community.

Deafblind UK is a national charity which provides emotional and practical support for people with a combined sight and hearing loss, as well as carers and professionals. In addition to a free information and advice line and advocacy service, the charity runs befriending services in several parts of the UK for people with both sight and hearing loss which causes difficulties in communication, access to information and mobility. Its aim is to promote better mental health and wellbeing by reducing the feeling of isolation so often felt by deafblind people.

Deafblind UK works closely with local social services and sensory teams and has recruited some brilliant volunteers to support people in their local area. It is looking to link

up with all professionals who come into contact with people who have both a visual and hearing impairment for mutual benefit. GPs and health visitors are invited to refer all patients who they think would benefit from Deafblind UK's services, with their permission. People who have recently lost both sight and hearing could be supported before they become isolated and this would bring both short- and long-term benefits to these individuals and to healthcare services.

We aim to identify as many people as possible who are deafblind or have both sight and hearing loss and invite them to take up free membership of Deafblind UK. This will enable them to access Deafblind UK's free information and advice line, support for carers and our Befriender service as well as a quarterly magazine in accessible formats and tactile birthday and Christmas cards.

The goal of the Befriender service is to enhance the member's quality of life by linking them with someone to meet with them regularly for a chat or to keep in contact via email or telephone if they would prefer. The local community services officer meets with members in their home initially, to get to know them and find out how they would best like to be supported. They then identify a volunteer to link with them. Please note, all volunteers are DBS checked before commencing any work with Deafblind UK.

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Shisha: is this addressed within smoking cessation in general practice?

Waterpipe tobacco smoking has become a widespread practice. In the UK, shisha smoking has been taken up by many, reflected in the increased number of shisha lounges and cafes. The evidence of the harmful effects of shisha smoking is growing and an association with lung cancer and respiratory illness has already been identified.¹ Eissenberg found that, relative to cigarette smoking, shisha smoking is associated with greater carbon monoxide exposure and significantly more smoke

exposure.² We wanted to explore whether this form of smoking is being addressed by healthcare professionals in general practice.

In a cross-sectional study of 50 general practices in the West Midlands 4% of responders did not know what shisha was, while 16% of primary care healthcare professionals thought that shisha smoking is a problem in their locality. When clarifying a patient's smoking status, 76% do not enquire about smoking shisha. Only 10%, sometimes or always, include shisha smoking in their smoking cessation advice; 36% of healthcare workers feel that one shisha pipe is equivalent to 16–20 normal strength cigarettes, whereas 20% feel it is equivalent to 0–5 cigarettes.

Enquiring about shisha seems to be done poorly in general practice in the West Midlands, and we believe a greater awareness and understanding of shisha is needed among healthcare professionals providing smoking cessation advice. The World Health Organisation suggests that a shisha smoker may inhale the smoke of up to 100 or more cigarettes during an estimated 20–80-minute session of smoking.³ We feel that it is necessary for those engaged in smoking cessation to ask 'the shisha question'.⁴

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