Barns Medical Practice Service Specification Smoking Cessation

# DEVELOPED January 2022 REVIEW DATE January 2024

# Introduction

Smoking is the biggest cause of premature death and preventable disease in the UK - more than the next six causes put together. In Scotland 10,000 deaths are estimated each year and there are approximately 100,552 smoking related hospital admissions (Scottish Health survey, 2018) The effects of smoking can be see throughout the body as well as causing COPD and lung cancer with second hand exposure causing ill health in other individuals and in pregnancy, health risks to the foetus.

Smoking cessation interventions are a cost-effective way of reducing ill health. Treating smoking related illnesses is estimated to cost the NHS 2.5 billion a year. It is important to emphasise that it is not just the health benefits patients are gaining by stopping smoking; it also has a huge financial benefit. This can be used as a reward to maintain motivation.

Quitting at any age provides both immediate and long-term health benefits. A recent study found that smokers who quit before the age of 40 can reduce premature morbidity and death by 90% .Even those who quit after the age of 60 reduce the risk of dying by 39% (Reid , 2016).

# Identification

Smokers should be advised to stop and be offered help and follow-up with both access to a smoking cessation clinic for behavioural support and appropriate nicotine replacement therapy as this can quadruple the chance of success (NICE,2021). A reminder about the health benefits of smoking cessation and brief advice should be given at every opportunity, in telephone consultations and when patients contact the surgery as well as during face-to-face consultations. If appropriate, a referral should be made to the Quit Your Way Tel 0800 783 9132 or email QYW Ayrshire@aapct.scot.nhs.uk which provide advice on smoking cessation, smoking prevention and smoking protection .The patient will be offered local drop in sessions, one to one support and pharmacy support. Local Community Pharmacy may also provide smoking sensation support.

# Practice Smoking Cessation Services

Smoking cessation can be offered by the practice through consultation with independent prescribers, i.e doctors, nurses and pharmacists. The following recommendations from NICE 2021 should be considered.

* When deciding which therapies to use and in which order, discuss the options with the patient and take the following into account:
	+ Whether a first offer of referral to the NHS Stop Smoking Service has been made.
	+ Contra-indications and the potential for adverse effects.
	+ The patient's personal preferences.
	+ The availability of appropriate counselling or support.
	+ The likelihood that the patient will follow the course of treatment.
	+ Their previous experience of smoking cessation aids.
* Going “cold turkey” may seem appealing to some patients, however, only one in 300 people who stop this way actually succeed. This should be discussed and NRT should be encouraged:
* If the person does not wish to, or cannot attend a stop smoking service, advise them they are more likely to stop smoking using medication and offer to prescribe nicotine replacement therapy (NRT), varenicline or bupropion.
	+ Do not prescribe NRT with varenicline or bupropion.
	+ Do not prescribe varenicline and bupropion together.
* Inform the person that NRT, varenicline and bupropion have all been shown to be effective and that varenicline or combination NRT (a patch plus a short-acting preparation) have been shown to be the most effective treatments.
	+ Explain that there is no evidence that one form of NRT is more effective than another.
* The choice of treatment should be made on an individual basis, taking into account:
	+ The individual's previous experience of smoking cessation drugs.
	+ Their preference for treatment.
	+ Contraindications, cautions, possible interactions and risk of adverse effects of the treatments.
* Prescribe sufficient NRT, varenicline or bupropion to last the person until 2 weeks after their stop date. Usually, this will be after 2 weeks of NRT, and 3-4 weeks of varenicline or bupropion. **For people who would like to start NRT**, discuss the available NRT formulations, the duration of treatment and the possible adverse effects. Advise them:
	+ That patches are applied for 16 hours (and taken off overnight) or for 24 hours.
	+ That a 24-hour patch may be helpful if they smoke shortly after waking.
	+ That if they are using combination NRT, a nicotine patch will help with 'background' cravings, and a faster-acting product (such as lozenge or mouth spray) will help with 'breakthrough' urges to smoke.
	+ Not to have acidic drinks, such as coffee or fruit juice, in the 15 minutes before using oral NRT.
	+ To start NRT on the quit date..
* **For people who would like to start varenicline** — discuss the dose, duration of treatment and the possible adverse effects.
* Explain that it needs to be started 7-14 days before the quit date.
* **For people who would like to start bupropion** — discuss the dose, duration of treatment and the possible adverse effects.
	+ Explain that it needs to be started 7-14 days before the quit date.
	+ Explain that the combination of behavioural support from the local stop smoking service and licensed stop smoking medication is the most effective way of stopping smoking. There is less evidence available on the safety and effectiveness of e-cigarettes for stopping smoking.
* If the person prefers to use e-cigarettes, inform them that:
	+ E-cigarettes cannot currently be prescribed or supplied by smoking cessation clinics.
	+ Some people find e-cigarettes help them stop smoking.
	+ They can still receive support and advice from a smoking cessation clinic, and recommend that they do this to give themselves the best chance of quitting.
* Consider suggesting e-cigarettes as a way of stopping smoking to people who have tried unsuccessfully to stop smoking using other methods, using clinical judgement, and on an individual basis. (NICE,2021)

**Coping with Cravings**

*Change Your Behaviours!*

Although NRT and other smoking cessation medications can help to curb cravings, they do not completely eradicate them. Try to avoid triggers that you associate with smoking i.e. with a coffee, having an alcoholic drink or after food. Try doing something different at these times. This could be using a nicorette inhaler instead of a cigarette, or even having a glass of water until the craving passes.

Cravings will be the worst in the first few weeks, however, these will pass. It is also important to try and comply with an “”all or nothing” approach, implying that you completely give up smoking, not allowing yourself to have a single draw of a cigarette during this time. Exercise can help to relieve withdrawal symptoms as well as helping to keep weight down after you stop smoking. Going a walk around the block at night time, doing the house work or some gardening can all help cravings until they pass.

# Electronic Devices

These are battery powered devices that use an atomiser to heat a solution and deliver a smoke like aerosol that is inhaled by the user. The solution usually contains flavourings and can have nicotine added. Most of the toxins generally found in combustible cigarettes are absent (McRobbie et al, 2014). Evidence is emerging regarding the effectiveness of e-cigarettes for smoking cessation and harm reduction, with stronger evidence over the past year that nicotine vaping products are effective for smoking cessation (Public Health England, 2021). However vaping technology is becoming more sophisticated and further research is required regarding newer products, their safety and the effectiveness of varying vaping products for smoking cessation. However there is more evidence that for tobacco smokers who are unwilling or unable to stop smoking, switching to e-cigarettes may be an option for harm reduction.

# Resources for Staff and or Patients

https://www.cks.nice.org.uk/topics/smoking-cessation/

https://www.nhsaaa.net/better-health/topics/smoking

# Staff involved and training required

Doctors, nurses and pharmacists

References

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2.McRobbie H, Bullen C, Hartmann-Boyce J, Hajek P. Electronic cigarettes for smoking cessation and reduction. Cochrane Database Syst. Review. 2014

3. NHS Health Scotland, Smoking Prevention, NHS Health Scotland.2018 Available: Online <http://www.healthscotland.scot/health-topics/smoking/smoking-prevention>

4.Public Health England 2021 Vaping in England an evidence update including vaping for smoking cessation, February 2021 Available: online https://www. assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/962221/Vaping\_in\_England\_evidence\_update\_February\_2021.pdf

5.Reid RD, Pritchard G, Walker K, Aitken D, Mullen KA, Pipe AL. Managing smoking cessation. CMAL, 2016;188 (17-19)

6.[Scottish Health Survey 2018: main report - revised 2020 -](https://www.gov.scot/publications/scottish-health-survey-2018-volume-1-main-report/pages/31/)  Available: online

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