

BSW 2019 Stop Smoking Community Quick Guide

This guidance contains:
Evidence summary (page 1),
Stop Smoking Pathway (page 2),
General guidance (page 3),
Pharmacotherapy quick guide (page 4)

What is this guidance for?
It is a quick guide for those in the community who are supporting people who smoke in quit attempts
It should be used alongside NCSCT training resources and support from Smoking Cessation services

Produced by Public Health B&NES, Swindon and Wiltshire. For review February 2021.
Enquiries to: cwoodward2@swindon.gov.uk



Endorsed by:
Bath and North East Somerset CCG
Swindon CCG
Wiltshire CCG

BSW 2019 Stop Smoking Community Quick Guide: Evidence Summary for Stop Smoking Support and Services

14.4% of adults in England smoke¹ and it remains the leading cause of **preventable illness and premature death** in England, and costs society £12.6 billion/year
In England **60% of smokers want to quit**, 10% of whom intend to quit within 3 months²

It only takes 30 seconds to change a smoker's life. All healthcare professionals should identify and refer smokers using the **Very Brief Advice³** framework, training available on NCSCT website⁴:

- **ASK** about smoking behaviour and record smoking status
- **ADVISE** on smoking and the best way of quitting: consider behavioural support, medication and e-cigarettes (self-funded)
- **ACT** on patient response: offer referral to the local stop smoking service, stop smoking medications or options for later support

Quit attempts are more likely to be successful if **people are supported by professionals**. See the evidence summary below^{2,3}.

Local stop smoking services with a combination of behavioural and pharmacological support

3 times as likely to succeed



Using a stop smoking medicine prescribed by a GP, pharmacist or other health professional

Twice as likely to succeed



Using NRT such as patches and gums, or e-cigarettes

1.5 times as likely to succeed



Willpower alone: half of all smokers in England try quitting this way

The least effective method

Harm reduction³

For people who are not ready to stop smoking, ensure they understand the risks of smoking, offer support to quit in the future, and consider:

- Temporary abstinence, with or without NRT
- E-cigarettes (self-funded)
- Cutting down, with or without NRT

For people engaging with harm reduction, try to explore:

- The reasons for smoking
- The triggers and their smoking behaviour
- Previous quit attempts

Trouble shooting²⁻⁹

- 40% of smokers and ex-smokers believe that nicotine causes most smoking-related cancers; this stops people wanting to engage with NRT or e-cigarettes. In fact, almost all of the harm comes from the thousands of other chemicals in cigarettes
- Varenicline, bupropion or NRT should be provided before an adult stops smoking
- E-cigarettes: although these products are not licensed medicines, they are regulated by the Tobacco and Related Products Regulations 2016. They are estimated to be 95% less harmful to health than smoking, but long term risks unknown and should be kept away from children. They can't be prescribed currently, but can be used alongside smoking cessation support and NRT if self-funded. They appear at least as effective as NRT, and half of all people currently vaping have stopped smoking. Very small numbers of young people who have never smoked use e-cigarettes, 14.9%-18.5% of current smokers use e-cigarettes.
- Varenicline: should be offered as part of a programme of behavioural support. Although there are side effects and it required monitoring, side effects are usually temporary and it doubles the chances of successful quitting. Adverse effects should be reported using the yellow card system (<https://yellowcard.mhra.gov.uk/>)
- Voke inhalers: Voke (0.45mg) inhalers are not currently included on the approved BSW formulary
- Carbon Monoxide (CO) monitoring as part of a structured plan increases the likelihood of a successful quit attempt. It should be done at every review point if possible
- Young people (over 12): consider NRT which must be prescribed alongside an offer of behavioural support
- **Every quit attempt takes a smoker closer to becoming an ex-smoker. If they have tried recently, this is not a reason to wait to try again. It may alter which medications are recommended; this should be in discussion with an NCSCT-trained advisor and an offer of behaviour support.**

BSW 2019 Stop Smoking Community Quick Guide: Community Pathway^{2,3,7}

Use VBA to identify smokers.
Is the patient motivated to quit?

No →

Consider harm reduction
Offer information and help so that the patient may return to service when ready

Yes ↓

Is the patient happy to be supported by the stop smoking service? Trials have shown that support and counselling over the period helps quit rate.

NICE guidance (NG92, 2018) states the following should be available for adults who smoke:

- Behavioural support
- NRT or Prescription Only Medications (varenicline or bupropion)
- Explain that a combination of varenicline and behavioural support, or short-acting and long-acting NRT are likely to be most effective
- A discussion between the practitioner and patient should choose the one that seems most likely to succeed
- The approach should be reviewed at future visits

Consider Fagerstrom test results⁸ (see p.3) and CO results⁹

Yes →

Refer to Stop Smoking service or if the patient opts out, refer to a practitioner who can offer pharmacotherapy and Brief Support

Prescribe or provide varenicline, bupropion or NRT before the patient stops smoking⁷.

Medication	Quit date
NRT	Set a date. Have NRT ready for that day. Offer combination NRT.
Varenicline	Within 1-2 weeks of treatment
Bupropion	Within first 2 weeks of treatment



Advise patient that:

- Pharmacotherapy is not a magic cure but it can make quitting easier (reduces urges to smoke and discomfort some smokers experience when trying to quit). See Evidence Summary page 1.
- All pharmacotherapy has side effects and restrictions for certain patient groups. See Medication Summary page 4. Some of these side effects are temporary and overlap with symptoms of nicotine-withdrawal, others may persist
- Regular appointments are needed during a quit attempt, to provide support, review choice of medication and progress of quit attempt
- Medications cannot be prescribed long term, but NRT can be used to prevent relapse



On next appointment (within 1-2 weeks)

Check that medications suit the patient & are effective
Still motivated to quit?
Continue to support every 1-2 weeks and prescribe every other week
Include CO monitoring

No →

Consider alternative cessation therapies.

If the patient has relapsed and is no longer motivated then harm reduction and information and help to return when ready



Yes ↓

4 weeks post quit date:
successful quit attempt?
Include CO monitoring

No →



Yes ↓

Continue to recommend or prescribe pharmacotherapy up to a maximum of 12 weeks using 28 day supply packs. See Medication guide on page 4.
Return completed data monitoring return

This pathway is for any community practitioner supporting people who smoke. It does not replace commissioned Stop Smoking services, which offer the best form of support in quit attempts.



After 12 weeks, or earlier if the patient feels they no longer need to continue treatment:
If feasible arrange to see patients a week before coming off pharmacotherapy to check their progress, and plan for reducing and stopping. Ensure any unused medication is returned to a pharmacist



Together with the patient, consider relapse prevention with NRT, or an extended course of varenicline for an additional 12 weeks

Notes
VBA: Very Brief Advice. See Evidence Summary Page 1.
Behavioural support: scheduled individual or group meetings with trained smoking cessation counsellors. Typically weekly for at least 4 weeks after a quit date.
Text messaging can be an add on to behavioural support
Training in smoking cessation is available through NCSCT

1. Use VBA to identify smokers and offer referral to Stop Smoking Service

2. Assess nicotine dependence using Fagerstrom test⁸

Fagerstrom Test											
How soon after waking do you smoke your first cigarette?		Do you find it difficult to refrain from smoking in places where it is not allowed?		Which cigarette would you hate to give up the most?		How many cigarettes do you smoke in a day?		Do you smoke more frequently in the morning?		Do you smoke even if you are ill in bed for most of the day?	
Within 5 minutes	3	Yes	1	The one first thing in the morning	1	31 or more	3	Yes	1	Yes	1
5 – 30 minutes	2	No	0	Any other	0	21 - 30	2	No	0	No	0
31 to 60 minutes	1					11 - 20	1				
More than 1 hour	0					10 or less	0			Total score	

3. When choosing medication consider smoking history, patient preference and Fagerstrom results
AND
Consider how to provide behavioral support and regular review
AND
Undertake CO monitoring⁹

Fagerstrom test score	Dependency
0 - 2	Low dependency/light smoker
3 - 4	Low to moderate dependency/ light to moderate smoker
5 - 7	Moderate dependency/smoker
8 - 10	Heavy dependency/smoker

References and Abbreviations

- Public Health Outcome Framework. 2018 data.
- NICE (NG92) Stop smoking interventions and services. 2018 Available from: <https://www.nice.org.uk/guidance/ng92>
- NCSCT. National Centre for Smoking Cessation and Training http://www.ncsct.co.uk/pub_stop-smoking-medications.php
- Public Health England. Health Matters: Stopping Smoking – What Works? 2018
- Vaping in England: evidence update summary. PHE. February 2019.
- BSW Formulary, available from: <http://www.bswformulary.nhs.uk/>
- BNF and Summary of Product Characteristics (SPC): www.medicines.org.uk
- Heatherto, et al. 1991 The Fagerström Test for Nicotine Dependence: a revision of the Fagerström Tolerance Questionnaire. British Journal of Addiction 86; 1119-27
- Shahab et al. 2011. A randomized controlled trial of adding expired carbon monoxide feedback to brief stop smoking advice. Health Psychology. 30; 49-57

BSW: B&NES, Swindon and Wiltshire
CPD: Cigarettes per day
NCSCT: National Centre for Smoking Cessation and Training
NRT: Nicotine Replacement Therapy
VBA: Very Brief Advice

4. Check general guidance, medication quick guide and BSW Stop Smoking pathway (pages 2-4)

Important points to consider:

- Most withdrawal effects (sleep disturbances, nausea, headache, dizziness and mouth ulcers) last no longer than 2-4 weeks. Withdrawal effects can mimic side effects of NRT.
- Behavioural support and pharmacotherapy have the best evidence; support can be provided by the local Stop Smoking Service, but patients may be identified by any practitioner using Very Brief Advice (VBA) who can prescribe and provide Brief Support and review throughout the treatment
- Combination (meaning dual) NRT therapy reduces withdrawal symptoms. Advocate for those who smoke more than 10 cigarettes per day. This is usually a patch with a quick-acting form of NRT.
- 12 -18 yrs: NRT are only licensed products, 18 yrs and older: bupropion/varenicline also licensed
- Pregnancy: avoid 24hr patches, liquorice gum, varenicline and bupropion
- Long term conditions (heart disease, diabetes, gastrointestinal disease, renal or liver disease): use NRT with caution BUT benefit of stopping smoking outweighs most risks of NRT.
- Supply 2-week quantities to cover until next appointment for follow-up support
- Subsequent prescriptions should be given only to people whose quit attempt is continuing. The circumstances around unsuccessful quit attempts should be considered when prescribing for future quit attempts
- E-cigarettes are currently not available on the NHS but swapping from cigarettes to vaping is better for an individual's health.
- New products and evolving evidence and guidance may change best practice. NCSCT offer valuable training, alongside resources listed in "References", and those from Stop Smoking services.

NRT product		Indication & Instructions for use		Approx cost per week	Available products (name, flavour if appropriate, [pack sizes])		
Patches Good for background cravings (not for occasional smokers)	<ul style="list-style-type: none"> • Easy to use, safe and well-tolerated • Apply daily on waking to dry, non-hairy skin on hip, trunk or upper arm and hold in place for 10-20 sec. • Change site daily. • 24 hr patch can help early morning cravings • 24 hr patch may disturb sleep • Try 16 hr patch & remove 1 hr before bedtime • May irritate skin at application site • In pregnancy remove patches after 16 hours 		Use patches for up to 10-12 weeks If smoke >10 CPD <ul style="list-style-type: none"> • use high patch daily 6-8 weeks • then medium patch 2 weeks, then low patch final 2 weeks If smoke < 10 CPD <ul style="list-style-type: none"> • use med patch daily for 6-8 weeks, then low patch 2-4 weeks *modify regime according to goals, withdrawal symptoms or side-effects.	£10	7mg/24 hrs (low)	NiQuitin, NiQuitin Clear, Nicotinell TTS 10, (NicAssist [7])	
					14mg/24 hrs (med)	NiQuitin, NiQuitin Clear, Nicotinell TTS 20, (NicAssist [7])	
					21mg/24 hrs (high)	NiQuitin [7,14], NiQuitin Clear [7,14], NiQuitin Pre-Quit Clear [7], Nicotinell TTS 30 [7,21], (NicAssist [7])	
					10mg/16 hrs (low)	Nicorette invis, (NicAssist Translucent [7])	
					15mg/16 hrs (med)	Nicorette invis, (NicAssist Translucent [7])	
				25mg/16 hrs (high)	Nicorette invis [7, 14], (NicAssist Translucent [7])		
Inhalator Good for episodic cravings	<ul style="list-style-type: none"> • Best effect when absorb through mouth, not into lungs • Keeps hands/mouth busy and may help prevent overeating • Can cause throat irritation and cough • Cartridges last 40 mins 		Use inhalator for up to 12 weeks <ul style="list-style-type: none"> • use when feel urge to smoke • max 6 cartridges per day up to 8 weeks • reduce by half over 2 weeks, then after 2 weeks reduce to zero 	£25	15mg inhalator	Nicorette [4/20/36] (NicAssist [4/20]) *** Boots NicAssist products have the <u>same</u> manufacturing licenses as Nicotinell & Nicorette and are interchangeable***	
Gum Good for episodic cravings	<ul style="list-style-type: none"> • Acts quickly, easy to regulate dose and keeps mouth busy • Chew slowly until flavour strong & peppery, keep inside mouth, repeat when flavour goes • May cause hiccups and gastric upset, tricky to use correctly, especially for denture wearers • Each piece should last about 30 mins 		If smoke >20 CPD, heavy smoker or first cigarette <30mins from waking, <ul style="list-style-type: none"> • use 4mg gum (or 6mg gum) If smoke < 20 CPD, or first cigarette >30 mins from waking, <ul style="list-style-type: none"> • use 2mg gum Max 15 gums in 24 hrs Gradually withdraw use after 3 months	£10	2mg (low) or 4mg (high) (1 x 6mg version available)	NiQuitin (Fresh Mint 2 & 4mg [12/24/96]; Extra Fresh Mint 4mg [30, 100, 200]) Nicorette (Freshmint 2 & 4mg [25/105/210]; Fruitfusion 2 & 4mg [105], 6mg [105/210]; Icy White 2mg [25/70/105/210], 4mg [105]; Original 2 & 4mg [105/210]) Nicotinell (Fruit 2mg [96/204], 4mg [96]; Liquorice 2 & 4mg [96]; Mint 2mg [96/204] 4mg [96]) *liquorice contraindicated in pregnancy (NicAssist (Fruit Fresh 2 & 4mg [105]; Ice Mint 2 & 4mg [105]; Minty Fresh 2mg [30], 2 & 4mg [105/210]))	
Lozenges & Microtabs Good for episodic craving	Lozenges (nicotine bitartrate) Allow to dissolve in side of mouth (approx. 20 mins) (mini-lozenge 10 mins) Microtab (nicotine cyclodextrin) Place under tongue	<ul style="list-style-type: none"> • Discrete, easy to use, well-tolerated, slow release of nicotine • Do not swallow • May cause hiccups or mouth irritation 	Use for at least 12 weeks, gradually reduce up to 6 months Lozenges <ul style="list-style-type: none"> • If smoke >15 per day: use 2mg lozenge (max 15/day) • If smoke <15 per day: use 1mg lozenge (max 30/day) Microtabs <ul style="list-style-type: none"> • If smoke > 20 per day: use 2 per hour • If smoke <20 per day: use 1 per hour 	£8	1mg lozenge	Nicotinell [12/72/96/144] (NicAssist [96])	
					1.5mg lozenge	NiQuitin Minis Mint [20/60]	
					2mg lozenge	NiQuitin [36/72] NiQuitin Mint [36/72] Nicorette Cools [20/80]	Nicotinell [72/96/144] (NicAssist [96])
					4mg lozenge	NiQuitin [36/72] NiQuitin Mint [36/72] NiQuitin Pre-Quit Mint [36]	Nicorette Cools [80] NiQuitin Minis Mint [20/60]
					2mg sublingual microtab	Nicorette microtab [100] (NicAssist microtab [100])	
Nasal or Mouth (oral) spray Good for episodic craving	Nasal spray – spray into each nostril on urge to smoke 0.5mg per spray/ 200 sprays per bottle Fast onset, easy to adjust dose. Sneezing & runny nose in first 2 weeks limit use	Mouth (oral) spray – Use 1-2 sprays into side of mouth; do not swallow 1mg per spray/ 150 sprays per bottle	Reduce use after 8 weeks, use up to 12 weeks For either spray: <ul style="list-style-type: none"> • Max 64 sprays per 24 hours (1 spray per nostril twice an hour) • 4 sprays per hour if use with patches Licensed for pregnancy and breastfeeding	£12 - £15	Nasal spray	Nicorette 500mcg/dose nasal spray [10ml] (NicAssist 10mg/ml nasal spray [10ml])	
					Mouth (oral) spray	Nicorette QuickMist 1mg/dose mouth spray [13.2/26.4]	
Prescription Only Medicines (POM) – available from GP on a FP10 prescription: start 1-2 weeks before target stop date, and use for up to 12 weeks. Can repeat 12 week course of varenicline if abstinent.							
Varenicline Good for general cravings	Nicotine receptor partial agonist	Do not use in pregnancy, breast feeding, severe kidney disease or under 18s. Monitor for mood disturbance.	500 mcg once daily for 3 days then 500 mcg twice a day for 4 days then 1mg twice a day for 11 weeks If not tolerated (nausea), reduce to 500mcg twice a day for weeks 2 -12	£13 for 56	500microgram (0.5mg) tablet	Champix [11/56]	0.5mg/1mg 2 week titration pack [25] 0.5mg/1mg 4 week titration pack [53]
					1mg tablet	Champix [14/28/56]	
Bupropion Good for general cravings	Antidepressant (not used for depression in UK)	Do not use with alcohol abuse, eating disorders, seizures, bipolar disorder, severe liver disease, pregnancy, breastfeeding, or < 18 yrs	150mg daily for 6 days then 150mg twice a day (min. 8 hours apart) for 6-8 weeks Elderly: 150mg daily for 6-8 weeks Stop if abstinence not achieved by week 7	£10 for 56	150mg modified release tablet	Zyban [60]	