



# Your advice could trigger a successful quit attempt



The UK Government has recently announced its ambition that England will become a smoke-free country by 2030 and the Scottish government is working towards a tobacco-free generation by 2034. Your support in providing evidence-based interventions to help smokers quit is essential to achieving this.

NICE (NG92) recommends that at every opportunity, health professionals should ask people if they smoke and advise them to stop smoking in a way that best suits their preferences<sup>1</sup>.

Visit [nice.org.uk/ng92](http://nice.org.uk/ng92) Scottish guidelines at [po.st/HealthScotland](http://po.st/HealthScotland)

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## Practical case study

### Smoking cessation is key part of a Pharmacy service



Pharmacist Ade Williams, from Bristol has delivered smoking cessation measures with successful outcomes in his pharmacy:

“Our pharmacy currently provides a commissioned Smoking Cessation Service, which increases access to hard to reach groups. The whole team are trained stop smoking advisors and we proactively promote the service, provide healthy living interventions and support behaviour change tailored to our population. We also work with local community contacts such as midwives, who refer their pregnant patients and partners, and local e-cigarette shops to educate staff about smoking cessation advice. I've also set up a referral pathway, as part of our harm reduction approach, to support patients using this intervention.

My pharmacy also runs a smoking cessation outreach in local pubs and supermarkets as part of Making Every Contact Counts. MUR, NMS, Flu vaccinations, minor ailments especially coughs, sore throat and indigestion are all used to initiate a conversation. Investing in VBA and motivational interviewing training has undoubtedly helped the team become more competent in providing care that delivers the quit outcome.

Community pharmacy is best placed to champion PHE's Harm Reduction Approach, which will undoubtedly support our national ambition of achieving a smoke-free nation.”

# Effective cessation interventions

There are a number of interventions to help people stop smoking. Different cessation tools, including prescribed medication, nicotine replacement therapy (NRT) and e-cigarettes, will work better for different individuals, but we know that quit attempts are more likely to be successful with behavioural support.

## Stop Smoking Services



Where they are available, Stop Smoking Services should be considered as the first-choice route for a smoker as they are over three times as likely to quit compared to going cold turkey. Unfortunately in some areas, these services are no longer provided which makes your support even more valuable. You can direct your patients to [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree) for a personalised quitting plan and further advice.

### Evidence?

Evidence shows that Stop Smoking Services are the most effective way to quit and are one of the most cost-effective interventions in the NHS<sup>3</sup>.

## Offering advice and Prescription medication



To help people quit, NICE recommend offering advice on nicotine-containing products on general sale to smokers and prescribed medication such as varenicline or bupropion.

### Evidence?

NRT when prescribed by a healthcare professional can significantly reduce withdrawal symptoms and cravings and prescription medications are also shown to improve the success of quit attempts. If bought over the counter, reiterate that the individual should use as much NRT as they need for as long as they need, in order to satisfy their nicotine cravings. Research indicates not enough NRT contributes to quit attempt failures.

## E-cigarettes



There is ever-growing evidence that e-cigarettes are an effective cessation tool<sup>4,5,6,7,8,9</sup>. But we don't yet know all the long-term effects. The RCGP and NICE recommend that e-cigarettes should be discussed as an option for smoking cessation ([po.st/RCGP](http://po.st/RCGP)).

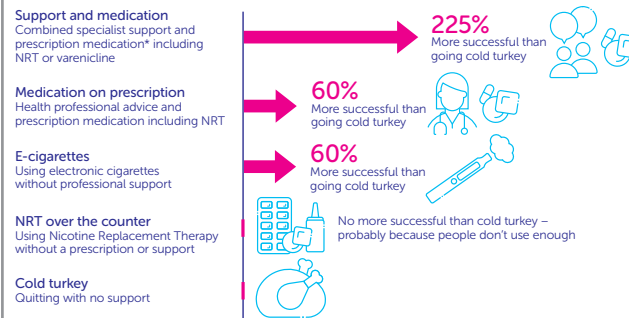
Patients using e-cigarettes should be advised that they need to switch completely rather than becoming 'dual users' – using e-cigarettes and smoking. For people using an e-cigarette who want to use other nicotine-containing products at the same time, it is safe to do so.

### Evidence?

Research so far shows that e-cigarettes are far less harmful than smoking<sup>10,11</sup> and can be an appropriate quitting aid for some people who smoke, including those who have tried and failed to quit previously using other methods. A recent study showed that those using e-cigarettes were 95% more likely to quit than those not using e-cigarettes<sup>12</sup>.

Since e-cigarettes are a new technology, the long-term health implications of using these products are unclear. Some toxic chemicals (such as NNALs, acetaldehydes and formaldehyde) have been found in some products, but the evidence suggests their safety profile is far more comparable to that of other NRT products than tobacco.<sup>13,14</sup>

## What's the most successful way to stop smoking?



\*Visit [nhs.uk/smokefree](http://nhs.uk/smokefree)

# Having a conversation can be very powerful

## Offer Very Brief Advice (VBA)

Time can be a barrier for any behaviour change conversation, especially when encouraging smokers to stop, but you could trigger a quit attempt in 30 seconds using VBA. VBA is an evidence-based intervention that can be delivered by any health professional aimed at raising awareness of unhealthy behaviours and encouraging behaviour change.

NICE recommend that all frontline health professionals should be trained to offer VBA.

Despite this only half of primary care practitioners frequently complete it<sup>15</sup>.

VBA is easy to deliver. It can be:

- used opportunistically in almost any consultation without pressing or challenging a patient
- delivered across many consultations to reinforce the message of how to quit
- delivered without knowledge of the patient's smoking habits

There is no need to go into detail about what or how much they smoke as these questions can be discussed at a specific smoking cessation appointment. You are ideally placed to have opportunistic conversations with your customers on how to quit; during flu vaccinations, when patients present with certain prescriptions or ailments such as coughs, sore throat and indigestion.

The 'AAA' framework, outlined below, is a useful way to deliver VBA and prompt a quit attempt:



**Ask:** to establish/check and record smoking status (including ex-smokers)

'Do you smoke?'  
'Are you a smoker?'

### Recording e-cigarette users

If a patient uses an e-cigarette but doesn't smoke tobacco at all, then code as a non-smoker. If a patient uses an e-cigarette but also smokes tobacco, then code as a smoker.



**Advise:** the patient on the most effective way to stop smoking

'Did you know specialist support makes you more likely to succeed in stopping smoking? You can experiment with different quitting aids to find what's right for you.'

You could inform the patient about the support that a local Stop Smoking Service can provide, and explain that safe and effective stop smoking medications such as varenicline and bupropion are available on prescription.

If it's relevant, explain that the Stop Smoking Service will support the use of e-cigarettes as a quitting aid if the person wants to use them.



**Act:** If a smoker is interested; signpost to locally available support or service

'I can refer you to the free local Stop Smoking Service/our Stop Smoking Service here at the pharmacy, who will arrange treatment and support you while you quit.'

If there isn't a local Stop Smoking Service available or the patient doesn't want to attend, have a conversation about alternatives including asking them to come back or refer to a GP for a dedicated consultation about medication, or if they're interested, discuss e-cigarettes.

If they're not interested in stopping, then try to encourage future attempts.

As per NICE guidance, record the fact that they smoke and at every opportunity ask them about it again in a way that is sensitive to their preference and needs.

Complete 'Behaviour Change and Cancer Prevention' CPD e-learning (30mins) at [cruk.org/smokingcessation](http://cruk.org/smokingcessation)

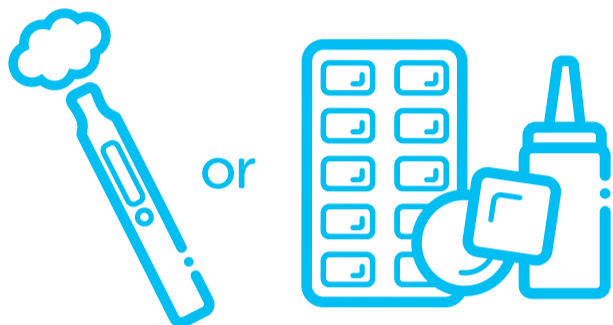
Sign up to receive Cancer Insight by email. [cruk.org/cancer-insight-pharmacy](http://cruk.org/cancer-insight-pharmacy)

# What can help me stop smoking?



Nicotine replacement therapy and e-cigarettes help you cope with cravings without the cancer-causing chemicals found in tobacco.

Try these tips:



## Experiment

There are lots of types of e-cigarettes and many flavours of e-liquid to try. Or try a fast fix nicotine replacement therapy with slower release patches.



## Use as much as you want for as long as you need

Don't wait for a craving that will tempt you to reach for a cigarette.



## Get support

Talk to your pharmacist or GP, or find your free local stop smoking service at [nhs.uk/smokefree](https://nhs.uk/smokefree).



**Prescription medication** has been shown to help people stop smoking successfully. Speak to your GP or local stop smoking service to find out more.



It's normal to experiment to find what can work for you. Most people try many times before they break up with tobacco for good – **you can do it.**

We don't yet know if e-cigarettes have a long-term impact, so we don't recommend people who haven't smoked start using them

