Become a quit catalyst

Tobacco dependency is a long-term relapsing condition that usually starts in childhood

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Last month we launched our Pragmatic Guide to Tobacco Dependency[1] and I am delighted to be able to alert you to the guide and tell you about our plans to ensure the guide gains a broad reach and help you to take a key role supporting your patients and your colleagues to find their role to help people quit.

The pragmatic guide is a practical, immediately implementable, evidence-based framework to enable healthcare professionals to routinely identify smokers, encourage a quit attempt and support that quit attempt within the real-world context of their own professional sphere. It was developed by an expert group of fifteen individuals[2] (https://www.pcrs-uk.org/tobacco-dependency-guide-contributors) with expertise in supporting smokers to quit in primary, community, acute physical and mental health settings, and in tobacco dependence research, teaching, public health and policy.

The guide is relevant to any health professional working with patients or clients who wants to do better in treating tobacco dependence and for policy and decision makers in the health care system responsible for improved value.

The guide is the product of evidence review, debate about current practice and the environment and synthesis of messages that have been tested subsequently by stakeholders in the health system for the purposes of endorsement and dissemination. Where evidence did not exist, or was not wholly applicable, the decision-making process has been highlighted and a pragmatic solution offered.

[Figure 1] Within the guide we provide advice and information on assessing the level of dependence, the management of tobacco dependency, and how to instigate and support a quit attempt for more information on supporting a quit attempt see (https://www.pcrs-uk.org/resource/instigating-quit-attempt). We provide advice on treatment options for different types of smokers and through examples and case histories we discuss how to ask difficult questions and to make easier what you might anticipate being a difficult conversation.

Included in the guide is information on exhaled carbon monoxide testing (table 1). The expert group also considered and ranked the strength of clinical evidence and the clinical utility of each intervention recommended by current NICE[3] guidance (see Table 2 and 3).

Figure 1: Instigating a quit attempt

Start with Very Brief Advice (VBA) on smoking

ASK : ADVISE : ACT

Using VBA does not depend on the person's readiness to quit and you do not need to assess it before you start

VBA is a simple and powerful approach designed to be used opportunistically in less than 30 seconds in almost any consultation with a smoker. VBA can be a powerful tool and its use as an intervention should be taken as seriously as prescribing a medicine.

For more information on **Very Brief Advice** see https://www.pcrs-uk.org/resource/instigating-quit-attempt

ASK and record smoking status

What it is...

- Are you still smoking?
- Do you smoke at all?
- How's the stopping smoking going?

What it is not...

- Do you want to stop smoking?
- How much do you smoke?
- Why are you still smoking?
- What do you smoke?

It is important not just to ASK but to record smoking status so that if someone says they are smoking they can be given VBA when they are seen again.

ADVISE on how best to stop

What it is...

- Did you know the most effective way to stop smoking is with a combination of support and medication? Both are available on the NHS, and this combination makes you much more likely to succeed in quitting

What it is not...

- You need/have to stop smoking
- If you don't stop it will kill you!

The ADVISE part does not involve advising smokers to stop. Instead it is simply advising HOW best to stop i.e. with behavioural support and medical treatment.

ACT to signpost best available support and treatment

Your patient does not want to take action...

- OK that's fine. If you do change your mind at any time don't forget we are always ready to help you quit

Your patient does want to take action...

- That's great news! All you need to do is book an appointment with my colleague who can give you all the treatment and support you need to help you quit

The ACT part is to direct the smoker to the best available support and treatment to help them quit. Ideally this would be from a stop smoking service or trained stop smoking advisor. If this is not available locally you can recommend that they make a dedicated appointment with yourself or an appropriate member of the practice team. You or they can then go through treatment options provide prescriptions and help support them with a few appointments while they quit.

Table 1: Exhaled carbon monoxide testing

The exhaled carbon monoxide (CO) test[4] detects CO inhaled in the last 12 hours. Higher levels (parts per million) equate with greater inhalation of tobacco smoke assuming the cause is tobacco smoking. It must be noted that the exhaled CO test indicates recent exposure to CO and will not indicate smokeless tobacco use and is not a measure of dependency. The BLF recommend a cut-off of 5 ppm or above as indicated the possibility of smoking and of 10 ppm or above as indicating the patient is a smoker.

Table 2: NICE recommended stop smoking interventions (as of March 2018)

Evidence-based intervention	Details
Behavioural support	Individual or group face-to-face session with a counsellor trained in smoking cessation. Usually combined with pharmacotherapy
Varenicline (oral tablet)[a] (pharmacotherapy)	12–24-week course (usually started 1–2 weeks before target stop date) • **Initial dose**: 500 micrograms for 3 days • **Then:** 500 micrograms twice daily for 4 days • **Then**: 1 mg twice daily for 11 weeks Effectiveness improved when used in combination with behavioural support
Nicotine replacement therapy (NRT) (pharmacotherapy)	NRT products licensed for smoking cessation in the UK include: • Dermal patch • Gum • Lozenge • Mini lozenge • Sublingual tablet • Inhalator • Nasal spray • Oral spray • Oral film Combination of two or more forms of NRT is routinely recommended All forms of NRT are prescribable and OTC NRT has been shown to have relatively poor efficacy Effectiveness improved when used in combination with behavioural support
Bupropion (oral tablet)[a] (pharmacotherapy)	Adults (usually started 1–2 weeks before target stop date): • **Initial dose**: 150 mg for 6 days • **Then**: 150 mg twice daily for 7–9 weeks • **Discontinue** if abstinence not achieved at 7 weeks Elderly: As above but maximum daily dose of 150 mg per day Effectiveness improved when used in combination with behavioural support
e-Cigarettes	Nicotine containing e-cigarettes have been shown to be effective for smoking cessation but none are currently available with a license

[a] Refer to the product information in the British National Formulary for specific information on dosing, drug interactions and side effects;
NRT, nicotine replacement therapy; OTC, over-the-counter

Table 3: The evidence and usability of the interventions

Intervention	Strength of evidence[a]	Improvement in success rates when used appropriately[b]	Clinical utility
Pharmacotherapy plus specialist behavioural support	A	200–300%	A
Pharmacotherapy with HCP endorsement	B	50–100%	B
Behavioural support from a trained stop smoking practitioner	B	Unknown	C
Quitting with the help of e-cigarettes	C	Unknown	D
NRT obtained OTC	D	Unknown	E
Unassisted quit	E	Unknown	E

[a] A defines strongest supporting clinical evidence and E defines the weakest supporting clinical evidence

[b] Assessment of improved success rates complied by Professor Robert West based on combined evidence from peer reviewed publications and NICE Guidance

HCP, healthcare professional; NRT, nicotine replacement therapy; OTC, over-the-counter

Over the course of the next few weeks and months we will be introducing more tools including Twitter chats and community networking, videos, CPD modules, infographics and summary documents to help you to become a quit catalyst.

Do get involved and help this campaign to change the discussion about treating tobacco dependency. We know that our local authority colleagues have been squeezed and that services we were used to having are no longer the same. Whilst we will campaign to keep the right support services for smokers there is effective interventions we can all do as health professionals. It is a duty of care that we have and can make such a difference. Interventions that are known to work such as VBA can be 30 seconds long. If you don't believe it – do the training and have a go. If you want to feel more confident prescribing the right medicines and want to know the right thing to say to make the impact of that prescription go a little bit further then this guide can help you too.

VBA is a simple and powerful approach designed to be used opportunistically in less than 30 seconds in almost any consultation with a smoker. VBA can be a powerful tool and its use as an intervention should be taken as seriously as prescribing a medicine. For more information on Very Brief Advice see (https://www.pcrs-uk.org/resource/instigating-quit-attempt).

References
1. PCRS Tobacco Dependency Pragmatic Guide. 2019 https://www.pcrs-uk.org/resource/tobacco-dependency-pragmatic-guide
2. https://www.pcrs-uk.org/tobacco-dependency-guide-contributors
3. NICE Guidelines https://www.nice.org.uk/guidance/ng92
4. CO testing https://www.blf.org.uk/support-for-you/breathing-tests/exhaled-carbon-monoxide-test

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