



PCRS Position Statement

Treatment of tobacco dependency

October 2023

PCRS believe that it is the responsibility of every healthcare professional to treat tobacco dependency systematically and effectively. PCRS advocate that people wishing to quit using tobacco should be offered the most effective but also the least harmful methods first to support a quit attempt. Delivery of stop smoking treatment is challenging due to reduced stop smoking services and a current lack of licensed pharmacotherapies. Prescribed NRT, combining short and long acting versions, along with behavioural support is currently the primary treatment choice. People wishing to use e-cigarettes to quit should be encouraged to use the support offered by NHS stop smoking services including the 'swap to stop' scheme in England.

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Background

Current estimates suggest that in 2022 around 6.4 million people or 12.9% of the 18 and over population in the UK smoke.¹ Smoking is recognised as a major source of poor health and premature death and smokers visit their GP a third more often than non-smokers.²

In 2019, the Government published its green paper on preventative health; *Advancing our health: prevention in the 2020s*. Here, it announced an ambition for England to become 'smokefree' by 2030 – achieved when adult smoking prevalence falls to 5% or less.³ Subsequently, the *Khan Review* published in 2022 found that England would miss this target by at least 7 years with the poorest not reaching it until 2044. This report's key recommendations were: i) Increased investment that would include an extra £70 million for stop smoking services, ii) Increased age of sale, iii) Promotion of vaping and iv) Improved prevention in the NHS to deliver NHS England's Long Term Plan ambitions.³

The UK government at various points since has acknowledged these recommendations and explained that they would be considered as part of any new *Tobacco Control Plan* and that they would be woven into the planned *Major Conditions Strategy*. The new *Tobacco Control Plan* was postponed from 2021 to 2022 and by late 2023 had not materialised. However, in October 2023, a radical plan to achieve a smokefree generation was announced by the UK Prime Minister. The plan includes a new law to stop children who turn 14 or younger from ever legally being sold cigarettes in England and an increase in funding for stop smoking services.

The *Major Conditions Strategy* interim report⁴ was published in August 2023. This focuses on 6 conditions: Cancer, Cardiovascular disease, musculoskeletal disorders, mental ill health and chronic respiratory disease. Tobacco as a primary driver in these conditions is highlighted. In terms of additional or enhanced actions on tobacco, the report describes two innovations. A 'swap to stop' scheme which will offer a million smokers a free vaping starter kit and a potential policy on tobacco pack inserts that offers support to quit. The document reflects on how effective stop smoking services have been in helping the UK to have the lowest smoking prevalence ever recorded.

PCRS believe that it is the responsibility of every healthcare professional to treat tobacco dependency systematically and effectively. To support this, in 2019 PCRS issued a pragmatic

guide for clinicians focused on the diagnosis and management of tobacco dependency. Tobacco dependency is a long-term relapsing condition that often starts in childhood. Tobacco dependency is not restricted to cigarettes, rolling tobacco or pipe use but also encompasses use of water/shisha pipes. A one-hour water/shisha pipe session can equate to inhaling 100–200 times the volume of smoke inhaled with a single cigarette.⁵ Drugs such as cannabis smoked with tobacco and chewing tobacco are additional sources of tobacco dependency.

PCRS advocate that people wishing to quit using tobacco should be offered the most effective but also the least harmful methods first to support a quit attempt. The NICE guideline NG209,⁶ last updated in January 2023, recommends treatments that include very brief advice (VBA), behavioural support, pharmacological interventions, nicotine replacement therapy (NRT; including lozenges, microtabs, gums, sprays, vapourless nicotine inhalers, inhalators and patches) and nicotine containing e-cigarettes.

Delivery of NICE guidance for people working in primary care in recent years has been hampered by a number of factors including reduced availability of stop smoking services and the inability to prescribe both of the licensed pharmacotherapies, varenicline and bupropion.

Varenicline was withdrawn in October 2021 due to unacceptably high levels of nitrosamine, a probable carcinogen. At the time of writing, a licensed form of varenicline is not prescribable in the UK. There was a subsequent withdrawal of the alternative medication, bupropion (Zyban) in December 2022. It was reintroduced in late 2023, with a new advisory caution for people with a family history of the rare Brugada syndrome, sudden death or cardiac arrest.

In April 2023, the UK pharmacy minister said during a speech that they were working with medicine suppliers to make licensed varenicline and cytisine available in order to achieve the 2030 smokefree goals. Cytisine is a naturally occurring plant alkaloid that, like varenicline, acts a partial agonist at the nicotine acetylcholine receptor. It is significantly cheaper than the previously available licensed varenicline and has been used safely with a low side effect profile in Eastern Europe since the 1960's without prescription. Of note, it is available as an over the counter smoking cessation aid in Canada as a 'natural health product'. Cytisine has been assessed elsewhere as clinically and cost effective but has yet to be reviewed by NICE. In 2022, a NICE Quality Standards

briefing⁷ mentioned a hope that cytosine may become available in the UK.

In June 2023 the National Centre for Smoking Cessation Training (NCSCT) published guidance on an unlicensed nitrosamine free varenicline product.⁸ The supplier is licensed by the MHRA; however, this drug version cannot be given via a patient group direction (PGD) which is a common method by which non-prescribing health professionals can issue varenicline and other stop smoking products. Unlicensed medicines incur additional costs to the NHS which in addition makes this option unlikely to be well utilised in the NHS.

In 2023 The Nuffield Trust and The King's Fund's vision for community pharmacy highlighted the importance of smoking cessation services and the need to expand to provide open-access support to all smokers and users of vapes. Community pharmacy is a key source of smoking cessation advice and support, not only for tobacco products, but increasingly for vapes.⁹

This, therefore, leaves prescribers of stop smoking medicines with the options of short and long acting NRT and bupropion. NRT is clinically and cost effective when used according to guidelines. NRT is also the safest remaining medicinal option and can offer almost immediate relief from nicotine cravings and withdrawal symptoms. Combining more than one therapy, for example a patch and a nasal or mouth spray, may offer the most effective approach when using NRT.

Nicotine containing e-cigarettes are NICE recommended but not currently prescribable. However, the 'swap to stop' service can now be accessed in England via stop smoking services. Nicotine containing e-cigarettes do not have as good a safety profile as NRT products with both short and long-term sequelae of using these devices remaining unclear.

In terms of effectiveness as stop smoking aids, a recent Cochrane Review of 78 studies with 22,000 participants published in 2022, found that e-cigarettes are a more effective smoking cessation aid than NRT.¹⁰ People were more likely to stop smoking for at least six months using nicotine e-cigarettes, than using nicotine replacement therapies, such as patches and gums. Nicotine e-cigarettes also led to higher quit rates than e-cigarettes without nicotine, or no stop smoking intervention.

PCRS therefore advocate currently that people wishing to quit using tobacco should be offered the most effective but the

least harmful methods first to support a quit attempt, which is currently, a prescribed combination of NRT because its safety profile exceeds that of nicotine containing e-cigarettes.

PCRS position

- Healthcare professionals should be prepared to help their patients to quit tobacco smoking and tobacco use in any form and should be knowledgeable about nicotine replacement therapies and nicotine containing e-cigarettes so they can answer questions if asked or be able to direct people to the most up to date source of information. PCRS has developed clinical resources to support this learning.
- All HCPs should receive VBA training. The National Centre for Smoking Cessation Training (NCSCT) has a short and practical e-learning training module for people in primary care.
- People should be offered the most effective but also the least harmful methods first to support a quit attempt. This includes VBA, and behavioural support, with current medicinal options being nicotine replacement therapy usually in a combination of short- and long-acting options and bupropion.
- People wishing to use a nicotine containing e-cigarette to support a quit attempt should be advised that it is at least as effective as NRT, is safer than using tobacco but is less safe than NRT.
 - o People should be encouraged to obtain their e-cigarette and liquids from reputable, licensed sources.
 - o People in England should take advantage, if available to them, of the NHS Stop Smoking Service 'Swap to Stop' free vaping starter kits.
 - o People currently using an e-cigarette to support a quit attempt and not wishing to use alternative NRT options should be supported to continue their quit attempt using their preferred strategy.
 - o All individuals using e-cigarettes to support a quit attempt should be supported in cutting down the level of nicotine at a rate that still enables them to abstain from smoking tobacco with a view to ultimately stopping nicotine as well. This should not be done at the expense of relapsing to smoking and patients should be supported in longer-term NRT if they so choose.

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