



## Smoking Cessation: Treatment

### The role of the GP practice

GP practice staff should be aware of NICE guidance which recommends that all patients who smoke should be advised to quit.

The GP and the practice nurse do not usually have the resources to deliver smoking cessation therapy unless they have had specific training and funding to provide this service. However they do play a crucial role in explaining to smokers that the best way to stop is with support and treatment, to direct them to a trained advisor, and to provide prescriptions as requested by the advisor. Well trained reception staff can also facilitate access to smoking cessation advisers.

Recommended treatments which are inexpensive and have been proven to be effective:

- brief interventions
- individual behavioural counselling
- group behaviour therapy
- pharmacotherapies
- self-help materials
- telephone counselling and quitlines

### Brief interventions:

Brief interventions involve opportunistic advice, discussion, negotiation or encouragement to stop smoking and should typically take between 5 and 10 minutes.

They may include:

- Simple advice to stop
- An assessment of the patient's commitment to quit
- An offer of pharmacotherapy and/or behavioural support
- Provision of self-help material and referral to more intensive support such as the NHS Stop Smoking Services

### Top Tips:

- Make Every Contact Count: Patients expect to be asked about their smoking by a GP. Seventy-two percent of smokers consider quitting and 30% try but only a tiny fraction (5-8%) of smokers use an evidence-based intervention each year.
- Be confident in your ability to motivate behaviour change: Of the 10 million smokers in the UK, 72% say they would like to give up. So, on the whole, smokers do not need to be *told* to stop – they need to be told *how* to stop.
- Do the online training course at the National Centre for Smoking Cessation Training (NCSCT) <http://www.ncsct.co.uk/>

### Pharmacotherapy and other smoking cessation aids:

- **Nicotine Replacement Therapy (NRT)** - is available as chewing gum, nasal spray, mouth spray, patch, microtab, lozenge or inhalator. There is no evidence to suggest that any one form is more effective than any other, so patient preference should dictate which one or which combination is used.
- **E-cigarettes** can deliver nicotine and mitigate tobacco withdrawal and are used by many smokers to assist quit attempts. They are currently not available on the NHS. Plans have been announced to regulate e-cigarettes from May 2016 but until this happens they cannot be prescribed as they are only covered by general product safety legislation.

- **Bupropion (Zyban®):** Originally developed as an anti-depressant, bupropion works as a dopamine re-uptake inhibitor, reducing the need for the next cigarette because of the fall in dopamine levels.
- **Varenicline tartrate (Champix®):** is the most effective of the smoking cessation drugs. It is a first-in-class, non-nicotine drug, not related to bupropion. It has long-term quit rates of 22.5% compared with 15.7% on bupropion and 9.4% on placebo.

#### **Tips for confident, safe prescribing:**

- All forms of NRT are safe and effective, inexpensive and well tolerated. The above treatments are all recommended by NICE.
- E-cigarettes which deliver nicotine cannot be prescribed yet and there is an ongoing debate about whether they are as harmful as cigarettes. However a recent [evidence review](#) by Public Health England concluded that using e-cigarettes is 95% safer than smoking.
- All the treatments should be used for 9 to 12 weeks and longer use is safe and appropriate and still good value in some cases.
- The NCSCT says: “It’s hard to give too much NRT but it’s easy not to give enough.”
- Remember: Tobacco smoke is more harmful than NRT, varenicline tartrate and bupropion. Stop smoking medicines are essential treatments for tobacco addiction: 93% of people who successfully quit at 4 weeks have used a stop smoking drug.
- Supporting people to quit: Even with optimal stop smoking cessation interventions one year quit rates may seem small but the effect in those who do quit is great and enduring.
- One in two smokers die from long-term smoking so properly-delivered smoking cessation is one of the most cost effective of all healthcare interventions.
- Essential equipment to keep on your desk:
  - A carbon monoxide monitor
  - A microspirometer to assess lung age
  - Examples of stop smoking medicines – demonstrate how they work and enforce the message that you consider them as treatments
  - A stop smoking prescribing ready reckoner, for example - <http://onlinelibrary.wiley.com/doi/10.1002/psb.1184/pdf>

#### **Individual behavioural counselling:**

Involves scheduled face-to-face meetings between someone who smokes and a counsellor trained in smoking cessation. Typically, it involves weekly sessions over a period of at least four weeks after the quit date and is normally combined with pharmacotherapy.

#### **Group therapy:**

Involves scheduled meetings where people who smoke receive information, advice and encouragement and some form of behavioural intervention (for example, cognitive behavioural therapy). This therapy is offered weekly for at least the first 4 weeks of a quit attempt. It is normally combined with pharmacotherapy.

#### **Telephone support and quitlines:**

Telephone counselling and quitlines provide encouragement and support over the telephone. Counsellors can call the client or the client can call the service.

#### **Resources for health professionals:**

- PCRS-UK Smoking cessation resources: <https://www.pcrs-uk.org/smoking-cessation>

- PCRS-UK position statement on e-cigarettes. September 2015. <https://www.pcrs-uk.org/sites/pcrs-uk.org/files/files/PositionStatementECigsSept2015.pdf>
- NICE. Brief interventions and referral for smoking cessation. March 2006. <http://www.nice.org.uk/guidance/ph1>
- National Institute for Health and Care Excellence (NICE). Smoking cessation guidance. February 2008. <http://www.nice.org.uk/guidance/ph10>
- NICE Smoking cessation: supporting people to stop smoking. Quality Standard. August 2013. <http://www.nice.org.uk/guidance/qs43>
- NICE quality standard on Smoking: harm reduction July 2015 <http://www.nice.org.uk/guidance/qs92>
- Smoking Still Kills. ASH 2015. <http://www.ash.org.uk/current-policy-issues/smoking-still-kills>
- E-cigarettes: an evidence update. Public Health England. August 2015. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/454516/Ecigarettes\\_an\\_evidence\\_update\\_A\\_report\\_commissioned\\_by\\_Public\\_Health\\_England.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/454516/Ecigarettes_an_evidence_update_A_report_commissioned_by_Public_Health_England.pdf)
- London Clinical Senate Helping Smokers to Quit factsheet for healthcare professionals. <http://www.londonsenate.nhs.uk/wp-content/uploads/2015/04/Helping-Smokers-Quit-Factsheet-April-2015.pdf>
- The expired carbon monoxide (CO) test. Guidance for health professionals <file:///C:/Users/Francesca/Downloads/47106%20NHS%20London%20Clinical%20Senate%20-%20Help%20Smokers%20Quit%20Materials%20V4.pdf>

### Resources for patients

- ASH – Action on Smoking and Health – Quitting Smoking pages <http://www.ash.org.uk/stopping-smoking/quitting-smoking>
- QUIT, UK charity that helps people to stop smoking <http://www.quit.org.uk>
- NHS Smoke Free, online support for quitters <http://www.nhs.uk/smokefree>
- NHS Choices, Find local stop smoking services <http://www.nhs.uk/Service-Search/Stop%20smoking%20services/LocationSearch/1846>
- Smoking cessation training video – visit <http://youtu.be/ExueMI90SOY>

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