

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

Knowing how to use Very Brief Advice to instigate a quit attempt and supporting smokers who are ready to quit is the business of every healthcare professional

Treating tobacco dependency systematically and effectively will have a significant impact on the triple aim:

- improved individual health outcomes and quality of life
- equitable socioeconomic and geographical distribution of healthcare resources; and
- improved long-term population health outcomes including reducing health inequalities.

A range of evidence-based pharmacological treatments exist to support smokers facing the difficulty of behaviour change and breaking nicotine addiction. Stop smoking support, across the board, is a clinically and highly cost-effective long-term intervention for people with smoking-related long-term disease.

30 seconds to save a life

Tobacco Very Brief Advice (VBA) is a basic healthcare competency that has to be learned – it is not a chat – it is an evidence-based intervention.¹ For more information on how to deliver effective VBA visit the National Centre for Smoking Cessation and Training (NCSCT) website at https://elearning.ncsct.co.uk/vba-stage_1. You can also access online training materials via the Medthority learning portal at <https://bit.ly/3RwUe9U>

Patients expect to be asked about their smoking by a clinician. In England, around 60% of smokers want to quit, 10% of whom intend to do so within 3 months.² Now, there's never a been better time to stop with so many options available to support quitting.

Make sure you have accessible information, backed up by trained reception staff or counter assistant staff in pharmacies, who can facilitate access to the right stop-smoking interventions and healthcare professionals who are trained and confident to help those ready to quit.

Are you prepared to support your patients to quit?

Be ready with Very Brief Advice, a simple and powerful approach designed to be used opportunistically in less than 30 seconds in almost any consultation with a smoker.

ASK-ADVISE-ACT

Have the tools you need on your desk and in your room:

- Examples of stop-smoking medicines – demonstrate their use and consider them as treatments
- A health and wealth wheel
- Details of online resources and local stop-smoking services where available. The SMOKEFREE campaign website is a good place to start: <https://www.todayistheday.co.uk/>
- <https://campaignresources.dhsc.gov.uk/campaigns/better-health-quit-smoking/>

"The evidence is clear - if you take the foot off the pedal, smoking rates don't continue to fall."

(Source ASH³)

The cost of smoking to society is far broader than health and the environment.

See what it costs in your local area (England only) scan the QR code



ASK

and record smoking status

"Do you smoke?"

ADVISE

on the most effective way of quitting

"Did you know that the best way of stopping smoking is with a combination of specialist support and medication or e-cigarettes?"

"I can refer you to our friendly local stop smoking service that many of my patients have found useful."

or *"You can receive support right here in our clinic/hospital/local pharmacy."*
or add any other support options available locally.

ACT

on patient's response

INTERESTED

Build confidence.
Give information. Prescribe.

Refer to: local Stop Smoking Service
OR in-house stop smoking support
OR any other support options locally available.

Patients are three times more likely to quit with support and medication.

FOLLOW-UP

Make a note of the referral and ask about smoking status next time you see the patient.

NOT INTERESTED

*"It's your choice of course.
Help will always be available.
You can always return to see me,
contact the smokefree helpline or
your GP if you change your mind."*

Ensure patient understands where to find support.

REASSESS

Repeat VBA at future visits and at least once a year.

Treatments available

Tobacco dependence treatment options, both pharmacological and advisory, are inexpensive and judged by the National Institute of Health and Care Excellence (NICE) to be highly cost-effective in terms of life years gained.¹ Behavioural support alongside a stop-smoking tablet or nicotine replacement therapy (NRT) is the most effective approach for most people wishing to quit. When using NRT, ensure you are prescribing enough to manage the nicotine withdrawal symptoms. The best way to do this is often by giving more than one delivery system – ideally a long-acting combined with a short-acting form – so patients can fit it into their daily life. Like inhaler devices, coaching on technique is important and ideally should be done in person (video or F2F). NICE recommends that combination NRT should be considered as a viable option for smokers wanting to quit.¹

Cochrane evidence synthesis reveals nicotine e-cigarettes (vaping devices), varenicline and cytisine are the stop-smoking aids most likely to help people quit smoking.^{4,5,6} The data showed around 14 in 100 quitting vs 12 in 100 quitting via combination NRT vs 6 in 100 via no aid (cold turkey) based on a 6-month minimum cessation period.⁶

The act of stopping smoking itself may alter the liver metabolism of insulin, theophylline and warfarin, for example. Psychoactive medication requirements may change for the same reason, so extra monitoring is usually required in those with more serious mental health problems and on certain medicines.

Medication Options to Support Smoking Cessation

Cytisine

- Cytisine, like varenicline, works in the brain as a partial agonist of the $\alpha 4\beta 2$ nicotinic acetylcholine receptor, this may help reduce the urge to smoke by blocking the actions of nicotine.
- It has been used in parts of Europe for several decades.
- Cytisine is contraindicated in the under 18s and over 65s, people who have had a hypersensitivity reaction to the drug, pregnant or lactating women, unstable angina; recent MI or stroke; clinically significant arrhythmia and those with renal and hepatic impairment.
- The duration of treatment is 25 days and dosing is quite complicated. It is recommended to use alarm reminders and a dosing chart which is supplied.
- See SPC for further information.
- <https://www.ncsct.co.uk/publications/category/cytisine>

Varenicline tartrate

- Varenicline, like cytisine, works in the brain as a partial agonist of the $\alpha 4\beta 2$ receptor.
- Varenicline tartrate is contraindicated in the under 18s, people who have had a hypersensitivity reaction to the drug, pregnant or lactating women and those with end-stage renal disease.
- Varenicline can be used in people with stable mild, moderate and severe mental illness.^{7,8}
- Varenicline tartrate has no known clinically meaningful drug interactions (for full details please see the summary of product characteristics at (<http://emc.medicines.org.uk>). The main side effect is nausea which affects about a third of patients, so warning of this before prescribing is a good idea.
- There are supply disruptions because of elevated nitrosamine levels.
- A nitrosamine-compliant, unlicensed varenicline is available in the UK
- <https://www.ncsct.co.uk/publications/category/varenicline>

Bupropion

- Bupropion's mode of action is unclear, but it is thought to work as a dopamine re-uptake inhibitor, reducing the need for the next cigarette because of the fall in dopamine levels.
- Side effects include insomnia, headache, dry mouth, and nausea. It is reported to cause seizures in one per 1,000 people and medicines that lower the seizure threshold should be avoided.⁹
- It has a larger number of drug interactions than cytisine and varenicline (hepatic metabolism) and cautions – please refer to the latest product information sheet at <https://www.medicines.org.uk/emc/product/3827>
- It should be avoided in under 18s, pregnancy and lactation. Please refer to the latest product information sheet for details at <https://www.medicines.org.uk/emc/product/3827>
- Some patients express a preference for bupropion if they have used it before or if it has been recommended by a friend.

Behavioural support



Local stop smoking service

Minimum of six sessions of behavioural support from a trained stop smoking practitioner

In-house stop smoking service

Behavioural support from a trained stop smoking professional such as a GP, practice nurse, maternity care provider or community pharmacist

Proactive telephone-based support

Behavioural support from the Smokefree helpline service or a trained stop smoking practitioner by telephone

Single intervention

Advice and behavioural support from a trained health care professional (eg. GP, nurse, maternity care provider or community pharmacist)

Digital support

Advice, tips and information and remote support from a stop smoking app and/or text messages

Self-help

Print or digital self-help material and/or contact information for Smokefree helpline



Medication and/or e-cigarette



First choice

Varenicline or Cytisine

Combination NRT
(patch + faster-acting product)

E-cigarettes (vapes)

Second choice

Nicotine replacement therapy
(single product)

Bupropion

Nicotine replacement therapy (NRT)

- NRT is available in dermal patches, gum, lozenge, sublingual tablets, inhalators, mouth sprays and nasal sprays.
- Discuss patient preference, highlighting the benefits and disadvantages of each option. The patch is easy to use and available in different strengths but does not offer replacement activity for smoking whereas the gum, inhalator, lozenge, microtabs and nasal spray can all be titrated to nicotine needs and offer a replacement activity for smoking when there's an urge to smoke (the sprays act the fastest working within 60 seconds). Good technique is important to reduce side effects. Patients can possibly expect some skin irritation with the patch, hiccups with the mouth spray, sneezing and watery eyes with the nasal spray, mouth or throat irritation with the oral products for example.
- The degree of nicotine addiction and therefore the required dosage of NRT is best decided by asking how long after waking the first cigarette is smoked, the so-called "Time To First Cigarette" (TTFC). If the TTFC is less than 30 minutes, the maximum dose should be used.
- NRT can be prescribed in pregnancy, breastfeeding and in children from the age of 12 years.
- Swallowed nicotine may exacerbate symptoms in patients suffering from oesophagitis, gastritis, or peptic ulcers and oral NRT preparations should be used with caution in these conditions.

Vaping Devices (E-cigarettes)

- Based on the current evidence, PCRS-UK supports electronic nicotine delivery systems (ENDS), including vaping devices (e-cigarettes), as a positive option available to support people to quit tobacco smoking.¹⁰
- Good technique is important to optimise nicotine delivery. The main side effects reported include throat and mouth irritation, and a dry cough which usually subside over time.
- According to NICE, vaping is far less harmful than smoking, but is not risk free. The hazard to health arising from vapour inhalation from vaping devices when used to support a quit attempt is considered to be substantially less harmful than smoking tobacco.
- Vaping to support smoking cessation is supported by Public Health England,¹¹ the Royal College of Physicians¹² and the Royal College of General Practitioners¹³
- The MHRA is the competent authority for the UK's vapes.
- Adverse events should be reported via the yellow card scheme - <https://yellowcard.mhra.gov.uk/>
- Swap to Stop scheme (England)¹⁴: Almost 1 in 5 of all smokers will be provided with a vape starter kit alongside behavioural support to help them quit.

**IF YOU
DON'T
SMOKE,
DON'T VAPE**

**CHILDREN
SHOULD
NEVER
VAPE.**



SOME MYTHS AND FACTS ABOUT VAPING:

The NHS provides some helpful advice about vaping myths and the facts - scan QR code

For transparency, it's important to be aware some products are owned by tobacco companies.



Children and vaping:

- 1 in 5 children have tried vaping. The number of children using vapes has tripled in the last three years (2021 to 2024)¹⁵
- Around 400,000 children aged between 11-17 vape in 2023, 1/4 of these children have never smoked¹⁶
- Disposable vapes are clearly linked to the rise of vaping in children¹⁵
- They are cheap and easy to use, with 69% of current vapers aged 11 to 17 in Great Britain using them.¹⁵
- They are also incredibly harmful to the environment. Five million disposable vapes are either littered or thrown away in general waste every week.¹⁷

The active ingredient in most vapes is nicotine, which when inhaled, is a highly addictive drug. The addictive nature of nicotine means that a user can become dependent on vapes, especially if they use them regularly. In April 2024, the UK Government published a blog on creating a smoke-free generation and tackling youth vaping – see <https://bit.ly/tacklingyouthvaping>. The Royal College of Paediatrics and Child Health has produced a detailed policy briefing on vaping in young people which can be accessed at <https://www.rcpch.ac.uk/resources/policy-briefing-vaping-young-people>.

Nicotine pouches

Nicotine pouches are small, porous, teabag-like products that users place in the mouth, between the upper lips and gums. They contain nicotine, flavourings and other fillers, but they don't contain tobacco. The nicotine is absorbed through the gums via a parking technique (buccal absorption).

Oral nicotine pouches are used similarly to snus (smokeless tobacco) – an oral pouch containing shredded tobacco leaf – but unlike snus, they contain nicotine powder instead of tobacco leaf.

Most brands recommend using their pouches for up to an hour. The pouches come in a variety of flavours and strengths, generally varying in strength between 3mg and 12mg.

In the UK, these products are not captured by regulation of either tobacco or vaping devices and as such are only regulated under general consumer product safety regulations. This means that access to under-18's is possible. It is estimated that one in five professional footballers are using smokeless tobacco or nicotine pouches and it is being promoted by social media influencers.

PCRS is concerned about the rise in popularity of this unlicensed product. PCRS does not recommend the use of nicotine pouches as a treatment for tobacco dependency.

WARNING

Parents should be made aware of the dangers of nicotine poisoning to children and young adults. Ill-advised statements regarding the safety of nicotine in never smokers/users need to be challenged.

In adolescence, the first symptoms of nicotine dependence can appear within days to weeks of the onset of occasional use of nicotine²⁰

Impact on the Environment – Tobacco, Nicotine and Vapes

The harmful impact of the tobacco industry on the environment is vast and growing, and has thus far received relatively little attention from researchers and policy-makers.¹⁸

Production and consumption of tobacco contribute to global warming, releasing 80 million tonnes of CO₂ into the environment each year.

Disposable vapes are incredibly harmful to the environment. Five million disposable vapes are either littered or thrown away in general waste every week.¹⁷ This has quadrupled in the last year.

Disposable vapes are difficult to recycle because they're made from a mixture of materials – including plastic, copper, and a lithium battery.¹⁹ They're designed as one unit, which means the batteries can't be easily separated from the plastic shell and other materials. This makes disposable vapes difficult and expensive to recycle.

ABOUT

4.5 TRILLION

DISCARDED CIGARETTE BUTTS PRESENT A DANGER TO THE ENVIRONMENT, AS WELL AS THE MILLIONS OF TONNES OF GREENHOUSE GAS EMISSIONS THEY PRODUCE

THE ANNUAL WASTE GENERATED BY TOBACCO PRODUCTS COMPRISES

680,388 TONNES

OF PRODUCT WASTE FROM CIGARETTE BUTTS,

907,184 TONNES

FROM TOBACCO MANUFACTURING AND APPROXIMATELY

25 MILLION TONNES

FROM THE OVERALL TOBACCO LIFE CYCLE.

PCRS is keen to:-

- Advocate for a cleaner environment free of tobacco product waste to protect the ecosystem.
- Encourage tobacco users to quit by educating them on the negative environmental impacts of tobacco; quitting tobacco benefits people's health as well as the environment.
- Urge policymakers to ban the use of disposable vapes and encourage manufacturers to produce refillable devices

Useful Stop-Smoking Resources

- Visit the Public Health England Resources page and search for 'smoking' to access a range of downloadable materials including the 'Health and Wealth Wheels': <https://campaignresources.phe.gov.uk/resources/>
- Signpost to the free NHS app to help motivate smokers to stop and stay stopped
- <https://www.nhs.uk/better-health/quit-smoking/>

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