

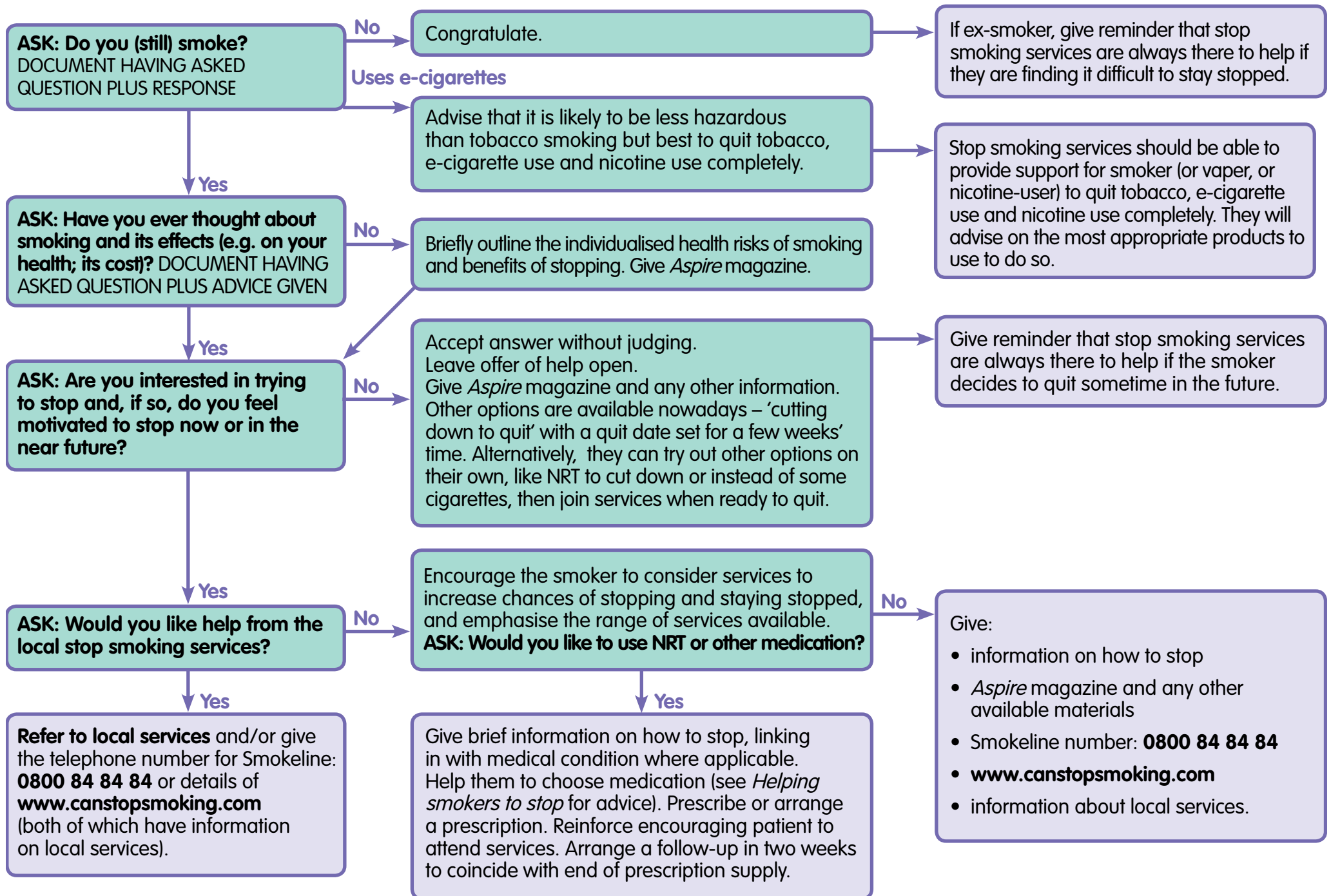
Helping a smoker to stop smoking – what's involved

Brief interventions flowchart incorporating harm reduction and e-cigarettes

This flowchart shows the pathway you can follow in raising the subject of smoking with your clients/patients. Using it, you can find out firstly if they are interested in stopping and then point them to the best help available. To help you, we have suggested specific questions, but you may want to ask these in your own words, depending on who you are talking to.

Note: Smoking cessation services tend to be better understood by members of the public as 'stop smoking services'.





N.B. Smoking cessation is the best way to reduce tobacco-related illness and death. No level of cigarette or tobacco product use is safe.

Guidance notes

Brief interventions contribute to saving lives. The main effect is to trigger quit attempts and to prompt smokers to seek support from smoking cessation services. A combination of behavioural support with pharmacotherapy (i.e. nicotine replacement therapy (NRT), bupropion, varenicline) can achieve quit rates of around 15% at six months' follow-up. Compared with other life-saving medical interventions, smoking cessation services offer excellent value for money for each year of life gained. The outcome of a quit attempt is best achieved with a combination of smoking cessation services and licensed pharmaceutical products.

It is important to try to establish rapport and empathy with the smoker. You can do this by listening, not trying to persuade, and by avoiding judgemental responses to their statements and answers. Key elements of a brief intervention are:

Encouraging smokers to think about stopping smoking

Encouraging smokers to use services to stop smoking, thereby enhancing their chances of success

Increasing understanding of the benefits of quitting

Leaving the door open for a future quit attempt.

On a continuum, cigarettes are the most harmful, ENDS (e-cigarettes, vapourisers and other simulator products) are likely to be considerably less hazardous, and licensed products the least harmful due to their inbuilt safeguards (especially traditional NRT, with its long-standing safety and effectiveness profile).

Complete cessation from tobacco, ENDS (e-cigarettes, vapourisers and other simulator products) and nicotine use = best option. [Cessation can be achieved through the use of licensed pharmacotherapy products.]

Use of licensed nicotine-containing products (especially NRT – safest form of nicotine) as part of a harm reduction approach = next best option.

*The term 'e-cigarettes' is used in the **flowchart** as it is the term most commonly recognised by the public, but denotes the entire range of electronic nicotine delivery systems and simulator products.

1 'Do you smoke?' or 'Do you still smoke?'

No: If they don't smoke, or have stopped, congratulate them and document their smoking status in your notes.

Uses e-cigarettes: Explain the following: the evidence so far is limited but they are likely to be less hazardous than tobacco smoking. The best option (healthiest and safest), and to minimise the risk of relapse back into (or even initiation into) cigarette use, is to quit use of tobacco, smoking simulators such as e-cigarettes, and nicotine entirely – licensed pharmacotherapy products can be used to achieve this. If complete cessation isn't a possibility, the use of licensed nicotine-containing products for harm reduction is the next best option – NRT is the safest form of nicotine and has clear and established evidence of effectiveness in helping to quit (or reduce) tobacco use. **Encourage switching to licensed products** (if it doesn't risk relapse to smoking) **and attendance/referral to smoking cessation services for support.** Continued use of, or relapse back into, tobacco would be the worst-case scenario. Support to quit tobacco, e-cigarette use and nicotine use, and advice on the most appropriate products to do so, should be provided at services. Follow advice in *Brief interventions: key issues to raise re e-cigarettes and harm reduction*, also at www.healthscotland.com/documents/4661.aspx

Yes: If they do, document having asked them plus their response in the notes. Then try to establish if they understand the specific effects of smoking and the extent of the dangers for them personally. Try not to ask a leading question. We would suggest:

2 **'Have you ever thought about smoking and its effects (e.g. on your health; its cost)?'**

No: If they answer 'no' or seem unsure, outline the health risks to them and the benefits of stopping, and explain that it is worth stopping. Information on the risks is available in *Helping smokers to stop*, or in *Aspire* magazine and other leaflets (available from the local NHS Board). Document asking the question and your advice in the notes.

Yes: Many smokers say 'yes' because they know it is the expected answer. Try to confirm what they really feel or know. If they seem genuinely aware of the risks to their health, either before or after your explanation, then you can move on to the next question.

3 **'Are you interested in trying to stop and, if so, do you feel motivated to stop right now or in the near future?'**

No: If they are clearly not interested in trying to stop in the near future, accept this without judgement and leave the door open for a future consultation. Tell them that if they ever want to discuss smoking in future, you would be happy to do so, and to offer help if they wish.

Maybe: explain the following: smoking cessation is the best way to reduce tobacco-related illness and death, including the best chances of success and greatest health benefits, and no level of cigarette or tobacco product use is safe. There are other options available for those who are highly nicotine-dependent and who feel unable/unwilling to quit abruptly. For those who feel unable/unwilling to quit immediately but within the next few weeks, 'cutting down to quit' allows smokers to set a quit date for several weeks away (usually 4–6). The success of this approach is improved with the use of licensed nicotine-containing products (currently NRT). **Encourage attendance/referral to specialist smoking cessation services which may be able to provide support for this.**

If not willing/ready to stop in the near future, other options include licensed nicotine-containing products (currently NRT) to cut down, as a substitute for cigarettes where/when can't smoke, or as a long-term substitute. Encourage use of licensed products – NRT is the safest form of nicotine use, has established effectiveness, and can be bought from pharmacies. Services can be joined if/when smoker reaches a stage where they feel ready to quit within the next few weeks, and NRT will be available on prescription at that stage. Follow advice in *Brief interventions: key issues to raise re e-cigarettes and harm reduction*, also at www.healthscotland.com/documents/4661.aspx

Yes: They may say 'yes' because they are motivated or because they feel this is the desired answer. If they seem unsure, emphasise the support that is freely available and explain that this will greatly increase their chances of stopping. If they do seem genuinely interested in stopping and ready to stop in the near future, ask:

- 4 'Would you like help from the local stop smoking services?'**
(Stop smoking services are specialist smoking cessation services, supported by the NHS, with staff trained to national standards and having dedicated time set aside to provide group and 1:1 support for a series of planned sessions, and where the client is followed up.)

No: If they do not want help, ask if this is because they feel they can stop without help, or because of some other reason. **Offer what advice you can, and emphasise that using NHS stop smoking services in conjunction with pharmaceutical treatments can make it much more likely they will quit and stay stopped.** (Clinicians: You can still offer NRT or other medication, and these patients will require follow-up if they do not attend services.)

Yes: Give them the details for local services, the number for Smokeline (**0800 84 84 84**) or signpost them to **www.canstopsmoking.com** which can provide them with information on local services as well as offering more general advice. Reinforce and encourage attendance at services and refer to services if you are able to do so.

- 5 'Would you like to use NRT or other medication to help you quit?'**
(This should only be asked if the patient has declined the offer of a referral.)

No: If not, try to find out whether this is because of concerns about safety, or if they are confident about their chances of stopping unaided. Emphasise strongly that the pharmaceutical treatments (pharmacotherapy) are generally safe if used appropriately, and increase their chances of stopping. Reinforce that services and pharmaceutical treatments are available should they decide to try them later or if their own route doesn't work out in the long term. **Emphasise that the combination of services and pharmaceutical treatments maximise the chances of success.**

Yes: Discuss the options with them to help them choose, and prescribe appropriately. If you cannot prescribe, arrange for them to get a prescription. In terms of other medication, bupropion (Zyban) and varenicline (Champix) may not always be appropriate for patients with other health issues. Refer to local guidance/protocols for dispensing before prescribing.

Encourage attendance at services. If prescribing has taken place, request that they make an appointment for two weeks' time to review their quit attempt (and to coincide with end of initial prescription supply).

Make sure they have the Smokeline number (0800 84 84 84) and encourage them to call if they need help.