

Brief interventions: key issues to raise re e-cigarettes* and harm reduction

This brief intervention guidance reflects developments in the field of tobacco in line with NICE guidance (www.nice.org.uk/PH45) and the harm reduction guidance addendum at: www.healthscotland.com/documents/4661.aspx

It is intended for GPs, secondary care doctors, nurses, allied health professionals, and other staff involved in the delivery of brief intervention support.

It should be used in conjunction with the brief interventions flowchart (*Helping a smoker to stop smoking – what's involved*) at: www.healthscotland.com/documents/4661.aspx

Key issues to raise re e-cigarettes [N.B. guidance does *not* refer to pregnant women, those planning a pregnancy, and others for whom abrupt smoking cessation is particularly important]:

- Evidence so far is limited, and it may be many years before we know the full extent of the health impact of e-cigarette use. However, the evidence so far suggests that e-cigarettes are likely to be less hazardous than tobacco smoking, with fewer toxins and lower concentrations, although other aspects such as particle size are yet to be established and may be very different. There is a vast range of unlicensed nicotine-containing products available (e.g. e-cigarettes, vapourisers, e-shisha pen devices) with potentially different risk profiles.
- The worst scenario would be use of (continued use, relapse back into, or even initiation into) standard cigarettes, and the best scenario is quitting tobacco, nicotine and simulator use such as e-cigarettes altogether. To minimise the risk of relapsing back (or initiation) into use of standard cigarettes, a risk-benefit decision has to be made between continued use of e-cigarette-like devices or nicotine versus likelihood of smoking – the priority should be to prevent smoking.
- Smoking cessation is the best way to reduce tobacco-related illness and death, including best chances of success and greatest health benefits, as cutting down has no clear evidence of any health benefits (i.e. smoking cessation improves health far more than continuing to smoke at a reduced rate), and no level of continued smoking is safe. If not willing and ready to stop, or feel unable to quit either now or in the immediate/near future, then other options are available, however – use of licensed nicotine-containing products is likely to increase chances of success in these and nicotine replacement therapy (NRT) is the safest form of nicotine use.
- Advocate use of licensed products over unlicensed ones, in light of the associated safeguards for licensed products, in contrast to unlicensed ones – NRT in particular is the safest form of nicotine use with an established safety and effectiveness profile.

- If patient is unwilling to switch to licensed products and adamant that they want to use/continue using unlicensed e-cigarettes and seem at risk of relapse to standard tobacco smoking if they quit them immediately, explain that the goal is to quit tobacco, nicotine use and e-cigarette use altogether which is the safest option, and that it's advised that they wean themselves off them as soon as possible once the risk of smoking relapse has reduced.
- **Encourage attendance at/offer referral to smoking cessation services for support**, where support to quit tobacco, nicotine and simulator use such as e-cigarettes completely should be provided.

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

Key issues to raise re harm reduction [N.B. guidance does *not* refer to pregnant women, those planning a pregnancy, and others for whom abrupt smoking cessation is particularly important]:

- **Clarify that smoking cessation is the best way to reduce tobacco-related illness and death**, including best chances of success and greatest health benefits, as cutting down has no clear evidence of any health benefits, **and no level of continued smoking is safe.**
- Clarify that there are other options available nowadays for highly nicotine-dependent smokers who feel unable/unwilling to quit – 'cutting down to quit' in which a quit date is set for several weeks away (usually 4–6 weeks away, rather than immediately) and patient cuts down until that date before quitting completely, but would need to be willing and ready to stop within the next few weeks to try that approach. **Specialist smoking cessation services may be able to provide support for this – details will be available from them – and attendance at these services for support should be encouraged/referrals offered**, where support to quit tobacco, nicotine use and e-cigarette use completely should be provided and advice on suitable pharmacotherapies provided for this approach.
- If not willing and ready to stop, or feel unable to quit either now or in the immediate/near future, then other options include use of nicotine replacement therapy (NRT) to cut down or in situations when it is felt a cigarette is needed (but where they can't smoke or need to avoid second-hand smoke exposure to others) – these can be bought from pharmacies – and then specialist smoking cessation services can be joined if and when the stage is reached where the smoker feels able to quit within the next few weeks. Once at that stage, then NRT and the other pharmacotherapies (e.g. bupropion, varenicline) will be able to be provided on prescription.*
- NRT can also be used as a substitute for cigarettes, even long term, where it would be safer than continuing to smoke (to smokers themselves, and to others through reduction/elimination of SHS).
- Encourage use of licensed products rather than unlicensed ones – NRT, bupropion or varenicline for cessation, or NRT for reduction.
- **Explain that use of licensed nicotine-containing products is likely to increase chances of success in cessation or reduction in comparison with not using them, and NRT is the safest form of nicotine use.**

- Encourage attendance at smoking cessation services to maximise chances of success in quitting smoking.
- *NRT should be available on prescription to inpatients in a hospital setting.

Check www.healthscotland.com/documents/4661.aspx for updates that will be made in line with any new evidence on the subject. Additional nicotine-containing products may become licensed via the MHRA, which will have associated safeguards in place, and may become available on prescription.