

CANCER INSIGHT

FOR PHARMACISTS

September 2018

How you could trigger a quit attempt in 30 seconds

STOP SMOKING GUIDANCE: VERY BRIEF ADVICE AND E-CIGARETTES

INSIDE:
A3 poster to display in your pharmacy



Together we will beat cancer



CANCER
RESEARCH
UK

YOUR ADVICE CAN TRIGGER A QUIT ATTEMPT

Smoking is the leading cause of socioeconomic inequalities in health in the UK and accounts for around half the difference in life expectancy between the richest and poorest groups^{1,2}. Table 1 shows the number of people in 2016–17, who tried to quit with the help of a Stop Smoking Service. Stop Smoking Services are one of the most cost-effective interventions in the NHS². However, since 2012, fewer smokers are attempting to quit with the support of a Stop Smoking Service across the UK. In light of this, health professionals still continue to

play an important role in order to reduce these inequalities.

WHAT'S NEW FOR STOP SMOKING ADVICE IN 2018?

NICE guideline (NG92) on stop smoking interventions and services was updated in March 2018. Some of the new recommendations for primary healthcare workers include:

- At every opportunity, ask people if they smoke and advise them to stop smoking in a way that best suits their preferences
- Refer people who want to stop smoking to local Stop Smoking Services

- If people opt-out of a referral to a local Stop Smoking Service (or if there isn't a local one available), refer them to a professional who can offer pharmacotherapy
- Offer advice on using nicotine-containing products on general sale, including NRT and nicotine-containing e-cigarettes
- Explain that a combination of varenicline and behavioural support or a combination of short-acting and long-acting NRT are likely to be most effective

1 Scottish Government. Creating a tobacco-free generation - a tobacco control strategy for Scotland. Edinburgh: Scottish Government, 2013. Department of Health. Towards a smokefree generation: a tobacco control plan for England. London: Department of Health, 2017.
2 NCSCT. Effectiveness and cost-effectiveness of programmes to help smokers to stop and prevent smoking uptake at local level. NCSCT, 2015.
3 NHS Digital. Statistics on Smoking England, 2017 & 2018.
4 IDS Scotland. NHS Smoking Cessation Services Scotland, 2016/17.
5 Welsh Government. Stat Wales: NHS smoking cessation services, 2018.
6 Department of Health. Statistics on smoking cessation services in Northern Ireland, 2017.
7 Kotz et al. 'Real-world' effectiveness of smoking cessation treatments: a population study. Addiction, 2014.

Table 1: Number of quit attempts with help of a Stop Smoking Service

Country	2016–17 quit attempts	Success rate (based on self-reported 4-week follow up of quitters)
England ³	307,507	51%
Scotland ⁴	59,767	38%
Wales ⁵	14,750	42% (CO-validated success)
Northern Ireland ⁶	18,637	58%

Visit
nice.org.uk/ng92
Scottish guidelines at po.st/HealthScotland

HAVING A CONVERSATION CAN BE VERY POWERFUL

Although some pharmacies offer Stop Smoking services, pharmacists can also advise patients in a non-pressured way on the best way to stop smoking.

OFFER VERY BRIEF ADVICE (VBA) IN ONLY 30 SECONDS

NICE now recommend that all frontline health professionals should be trained to offer VBA and that it is delivered according to the NCSCT training module. Join over 100,000 health professionals who have already accessed it, at po.st/NCSCT.

VBA is a framework that aims to promote the most effective way to stop smoking and prompt quit attempts in 30 seconds. It can be used opportunistically in almost any consultation without challenging a patient and can be delivered in many consultations to reinforce the message of how to quit. There is no need to go into detail about what or how much they smoke as these questions can be discussed at a specific smoking cessation appointment.

You are ideally placed to advise people how to quit opportunistically; you could ask people during NHS Health Checks in England or when patients present with certain symptoms or prescriptions.

'3 As' OF VBA: ASK, ADVISE AND ACT

ASK: to establish and record smoking status

'Do you smoke?' 'Are you a smoker?'

If a patient uses an e-cigarette but doesn't smoke tobacco at all, then they are a **non-smoker**

If a patient uses an e-cigarette but also smokes tobacco, then they are a **smoker**

ADVISE: the patient on the most effective way to stop smoking

'Did you know the best way to stop smoking is with specialist support and medication which makes it far easier to stop/more likely to succeed?'

You could inform the patient about a local Stop Smoking Service and the support that they can provide and explain that safe and effective stop smoking medications such as NRT are available on prescription.

ACT: If a smoker is interested; signpost to locally available support or service

'All you need to do is make an appointment with the free local Stop Smoking Service.' 'I can refer you to the free local Stop Smoking Service here at the pharmacy, who will arrange treatment and support you while you quit.'

If there isn't a local Stop Smoking Service available or the patient doesn't want to attend, have a conversation about alternatives including asking them to come back for a dedicated consultation about medication, or if they're interested, discuss e-cigarettes.

'Have you tried e-cigarettes? Research so far shows they are far less harmful than smoking, and many people have found them helpful to stop smoking.'

If they're not interested in stopping then try to encourage future attempts.

'That's fine, there are options available, just let me know if you change your mind.' 'There is help available when you are ready.'

As per NICE guidance, record the fact that they smoke and at every opportunity ask them about it again in a way that is sensitive to their preference and needs.

WHAT'S THE MOST SUCCESSFUL WAY TO STOP SMOKING?

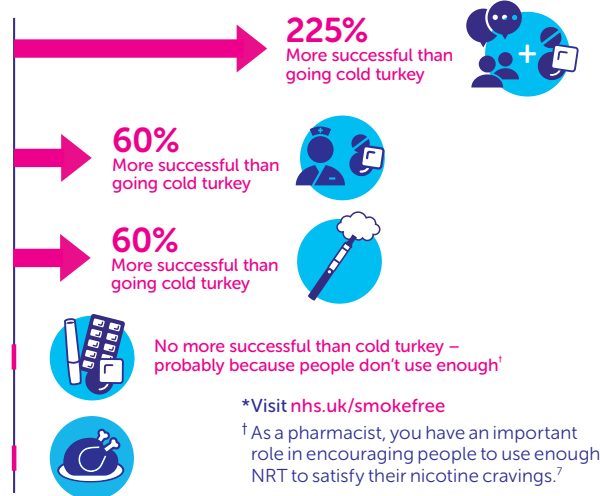
SUPPORT AND MEDICATION
Combined specialist support and prescription medication* including NRT or varenicline

MEDICATION ON PRESCRIPTION
Health professional advice and prescription medication including NRT

E-CIGARETTES
Using electronic cigarettes without professional support

NRT OVER THE COUNTER
Using Nicotine Replacement Therapy without a prescription or support

COLD TURKEY
Quitting with no support



For more education on VBA and smoking cessation, visit po.st/smokingcessation

ROLE OF E-CIGARETTES IN SMOKING CESSATION

Evidence so far shows that e-cigarettes are far less harmful than smoking, as they don't contain tobacco or involve combustion^{8,9}.

For more information visit po.st/ecigvidence

In light of the growing evidence, NICE now recommend that e-cigarettes should be discussed as an option for smoking cessation when appropriate. Stop Smoking Services remain the most effective way for smokers to quit¹⁰. But access to these services vary, and they may not be suitable for everyone. E-cigarettes could be especially appropriate for those who have tried and failed to quit previously using other methods such

as licenced medicines or cold turkey.

It is important to note that since e-cigarettes are a new technology, we don't yet have definite proof of the long-term safety of e-cigarettes. But the evidence suggests their safety profile is far more comparable to that of other NRT products than tobacco. For people using an e-cigarette who want to use other nicotine-containing products at the same time, it is safe to do so. Explain to patients that it is important that they get enough nicotine to satisfy their cravings in order to stay off cigarettes. Patients using e-cigarettes should be advised to stop smoking tobacco completely, because any smoking is harmful¹¹.

Dr Ben Noble discusses e-cigarettes as part of VBA, particularly with working class men. He focuses on financial benefits such as offering smokers a lower cost quit

aide to breaking their habit and other advantages such as maintaining their "smoke breaks", whilst encouraging others to quit. **"This is a demographic who I find won't make time for formal smoking cessation clinics and who seem to consider the use of NRT e.g. patches a more "feminine" option. Many of them would have tried e-cigarettes before were it not for the perception that they are unhealthy than cigarettes. Hence, my VBA has seemed to hit home quite encouragingly."**

- 8 Burstyn I. Peering through the mist: systematic review of what the chemistry of contaminants in electronic cigarettes tells us about health risks. *BMC Public Health*. 2014;14(1):18.
- 9 Shahab L et al. Nicotine, Carcinogen, and Toxin Exposure in Long-Term E-Cigarette and Nicotine Replacement Therapy Users: A Cross-sectional Study. *Ann Intern Med*. 2017;166:390–400.
- 10 Kotz et al. "Real-world" effectiveness of smoking cessation treatments: a population study. 2014.
- 11 NICE, Clinical guideline 92: Stop smoking interventions and services. 2018.



TOP THREE REASONS EX-SMOKERS GIVE FOR CURRENTLY USING E-CIGARETTES



Source: Opinion research from YouGov on behalf of ASH. Total sample size 293 adults. Fieldwork undertaken between 16 February 2017 and 19 March 2017. The survey was carried out online and figures have been weighted and are representative of all GB adults (aged 18+). Estimated costs based on data from the Office of Statistics and Action of Health and Smoking, widely available products, their costs and average use. Calculations made 2017.



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I WANT TO QUIT SMOKING, WHAT ARE MY OPTIONS?



Book an appointment with your local Stop Smoking Service

Call a free Helpline to speak to a trained, expert adviser:

- **Smokefree National Helpline**
0300 123 1044 (England)
- **Smokeline** 0800 848484 (Scotland)
- **Help Me Quit Wales** 0800 085 2219 (Wales)



Talk to a health professional about prescribed stop smoking medicines

Consider switching to an e-cigarette

