WARWICKSHIRE STOP SMOKING SERVICE

Stop Smoking Service Guidelines

Updated 2017

Please note:

These guidelines are based on current information, research and best practice at time of print.

Any changes to the information will be sent out as appropriate.

Warwickshire Stop Smoking Service

Smoking Cessation Guidelines

These guidelines have been developed to support the provision of quality stop smoking services in Warwickshire.

The guidelines incorporate elements of National Centre for Smoking Cessation and Training – Local Stop Smoking Services: Service and Delivery Guidance 2014.

Contents	Page
Background Information	
Introduction	3
Core Principles of Delivering Stop Smoking Services	3
Quality Standards	4
Brief and Very Brief Interventions	5
Efficacy and Choice	6
Repeat Service Users	6
Spontaneous Quitters	7
Delivering One-to-One Support	
Pre-Quit Assessment	7
Registration	7
Weeks 2 - 12	8
Reporting 4 week quits	12
Recording treatment episodes	12
Carbon Monoxide Monitoring	13
Carbon Monoxide Chart	14
Nicotine Replacement Therapy (NRT)	16
NRT Combination Therapy	16
Guide to NRT Replacement Products	17
NRT – Products and Dosage	18
Cut Down and Stop	20
Moving Away From Smoking – Progress Chart	21
Varenicline (Champix)	22
Varenicline (Champix) Assessment	23
E-cigarettes/Vapourisers	24
Priority Groups	
Routine and Manual Groups	24
Hospitalised and Pre-Operative Patients	25
Black and Minority Ethnic Groups	25
Young People	26
Pregnancy	27
Mental Health	28
Substance Misuse	29
How to promote your Stop Smoking Service	29
Appendix 1	
Frequently asked questions	30

Introduction

Over two-thirds of smokers report wanting to stop, and just over 35% of these intend to make a quit attempt soon. The latest data from the Smoking Toolkit Study (STS) shows that the vast majority of smokers attempting to stop choose the least effective methods of doing so, with less than 5% using the most effective method: their local stop smoking service.

In line with the Making Every Contact Count agenda, systematic identification of smokers and delivery of very brief advice (VBA) by health or social care professionals at every opportunity is required to ensure that smokers access the most effective stop smoking support options available. It is expected that all staff complete http://www.makingeverycontactcount.co.uk/training/e-learning/

Key points

- Smoking cessation has been linked to the potential for teachable moments, meaning that all health and social care professionals (HSCPs) can have a positive impact on a smoker's decision to stop

- Regardless of any expressed desire to stop, all smokers should be informed that the best way to stop is through a combination of behavioural support and medication, that the best place to receive this is from their local stop smoking service and that a referral can be made there and then

- The systematic provision of very brief advice (VBA) and routine referral of smokers to stop smoking service providers should be written into all provider contracts and supported by appropriate training and established formal referral systems

- All local HSCPs (e.g. practice nurses, district nurses, midwives and health visitors) and social care professionals should be aware of the VBA model for the provision of very brief advice (Ask, Advise, Act) and routinely refer smokers to local stop smoking service providers (see page 5). It is recommended that all staff complete http://www.ncsct.co.uk/publication_very-brief-advice.php

- Formalised referral systems, electronic or otherwise, enable the monitoring of referral sources (i.e. settings) and the identification of areas in which referral rates could be improved.

Core Principles of Delivering Stop Smoking Services

1. All smokers to be advised to stop
2. Treat at least 5% of the smoking population
3. At least 50% of those treated to come from Routine and Manual groups

1. All smokers to be advised to stop

All smokers should be advised to stop smoking and offered evidence-based support, regardless of whether they express a desire to stop. Evidence-based NHS support to stop smoking is highly cost-effective and clinically effective, and should always be offered to people who express an interest in stopping.

Many smokers will need to make multiple attempts to quit before achieving long-term success; it is important that those who are motivated receive repeat interventions following a relapse. There is no longer a need to wait 6 months between quit attempts.

Ensure that all appropriate staff in your workplace advise all smokers to stop and refer those who are interested to the Stop Smoking Advisor for support.

Treat at least 5% of the smoking population

In the course of a year, stop smoking services should aim to treat at least 5% of the local population of smokers, in line with best practice recommendations contained within National Institute for Health and Clinical Excellence (NICE) programme guidance for smoking cessation.

Ref: National Institute for Health and Clinical Excellence (2008) Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities, NICE, www.nice.org.uk/Guidance/PH10

3. At least 50% of those treated to come from Routine and Manual groups.

Routine and manual (R/M) smokers make up 44% of the overall smoking population. Targeting this group will need to be a priority for NHS Stop Smoking Services. Ensure that advertising and promotion of your service is appropriate and appealing to routine and manual groups.

Other groups that require proportionate targeting in Warwickshire include:

- Black and minority ethnic (BME) communities
- Pregnant women
- People with mental health problems

Consider your smoking population in relation to these groups, and target them accordingly. See Page 51 onwards for more information on these groups.

Quality Standards

Criteria	Success Parameters
4-Week Quit Rate	At least 35%, benchmark 50% (approx. the Warwickshire average)
Lost to Follow-up	Under 20%, ideally under 10%
CO Validation	At least 85% of treated smokers
Completion of data return	Within 6 weeks of quit date

Referral Systems

Formal systems that support referrals to Stop Smoking Services are needed across the health and social care sector in order to increase the number of quit attempts that benefit from expert support. Primary care teams, for example, have a key role to play in raising the issue of smoking with their patients, endorsing the value of quitting and referring them to Stop Smoking Services. A systematic approach to increasing primary care referral rates is available through your Specialist Smoking Cessation Advisor.

To maximise the chances of success, assessment and comprehensive advice should ideally be delivered *before* smokers are booked onto a chosen course of treatment.

Stop Smoking Interventions (One-to-One Support) (refer to section 3 – page 14)

- All behavioural support should be guided by a treatment manual clearly indicating the elements of a behavioural support programme and when and how they should be applied.

- Details of the behavioural support programme should be communicated to clients, and clients must commit to them (See Page 7 onwards for outline of how to deliver one-to-one support).

- All interventions should be multi-sessional with a total potential client contact time of at least 1.5 hours (from pre-quit preparation to four weeks after quitting). This will ensure effective monitoring, client compliance and on-going access to medication.

- Interventions should be efficiently managed with sufficient administrative support to ensure clients are contacted within a week of being referred to the Stop Smoking Service and seen within 2 weeks

- Interventions should offer weekly support for at least the first four weeks following the quit date. Appointments should be scheduled when clients are booked into treatment. All staff involved in delivery should have been trained to national standards (NCSCT).

- Stop smoking advisors should show empathy for their clients and adopt a motivational approach.

- There should be a strong emphasis on verifying CO levels four weeks from the quit date. This should be carried out in at least 85% of cases.

Brief and Very Brief Interventions

There are very few healthcare professionals (HCPs) who do not treat conditions caused by or exacerbated by smoking. Helping these patients to stop smoking is often the most effective and cost-effective of all the interventions they receive.

Since giving stop smoking advice need only take a few minutes, all HCPs should be encouraged to deliver very brief or brief interventions as time allows. This approach needs to be sustained and systematic as simple advice from a physician can have a small but significant effect on smoking cessation. Advice and/or counselling given by nurses also significantly increase the likelihood of quitting.

Smokers may take several times to quit smoking successfully, so it's important to keep giving advice at every opportunity. Smokers are up to four times more likely to quit smoking successfully with support from the Stop Smoking Services so every smoker should be referred to the Stop Smoking Service to have the best chance of stopping www.Quit4Good.co.uk

Very Brief Advice

Providing brief advice to stop smoking is the single most cost-effective action a Healthcare Professional can undertake, and it doubles the likelihood of a successful quit attempt.

Use the ASK, ADVISE, ACT approach:

ASK and record smoking status *(In GP Practices this contributes to QOF POINTS)*
"Are you smoking at all these days?"

ADVISE patient of health benefits of quitting
"Stopping smoking is the best thing you can do for your health"

ACT on patient's response and refer to NHS support *(In GP Practices this contributes to QOF POINTS)*
"Lots of my patients are succeeding with support from our Stop Smoking Advisor and stop smoking medication. Would you like me to refer you to her/him for more advice?"

Efficacy and Choice

Meeting the needs of an individual means understanding their lifestyle and personal preferences. It is therefore important to provide:

- A choice of interventions
- Supporting information regarding the relative chances of success of each intervention type.
- Nicotine replacement therapy (NRT), where clinically appropriate, Varenicline[T] (Champix®) should be made available in combination with intensive behavioral support as first-line treatments

See section Page 8 for more information on how to help a smoker choose their treatment.

Effectiveness of pharmacotherapy

In the majority of cases either Varenicline (Champix®) or combination NRT is the most appropriate medication, whereas single use NRT should be used only rarely for low or social smokers.

Ensure that patients/clients are aware of the success rates for each type of treatment so that they can make an informed choice on what product to use.

Combination NRT used from the quit date onwards rather than added in at a later date gives a similar quit rate to Varenicline (Champix®).

In rare circumstances three products could be used e.g. for those smokers with exceptionally high cigarette use and/or carbon monoxide readings.

When supporting repeat service users establish what products have previously been used and consider the use of combination NRT or Varenicline (Champix®) if appropriate.

Repeat Service Users

Many smokers will need to make multiple attempts to quit before achieving long-term success; it is important that those who are motivated receive repeat interventions following a relapse. As the majority of successful quit attempts are unplanned or spontaneous, smokers should be enabled to stop whenever they want to.

Quit attempts should draw on experiences from previous attempts to stop, and should bear in mind factors that contributed to previous relapses (e.g. high nicotine dependency). Groups with higher rates of smoking, such as those with mental illness, are more likely to be repeat service users, and specific provision should be made to encourage their re-engagement with stop smoking services.

Time between treatment episodes

When a client has not managed to stop smoking there is no definitive period of time required between the end of a treatment episode and the start of another. The stop smoking advisor should use discretion and professional judgment when considering whether a client is ready to receive support to immediately attempt to stop again. If this is the case, the client must start a new treatment episode, i.e. attend one session of a structured, multi- session intervention, consent to treatment and set a quit date with a stop smoking advisor, in order to be counted as a new quit attempt.

Nicotine replacement therapy (NRT) is meant to be used for a limited period of time. Studies to date have not shown that extending NRT use longer than the recommended time greatly impacts quit success.

Spontaneous quitters

Smokers who have already stopped smoking when they first come to the attention of the service should be supported to continue their quit attempt. They may be counted as having been 'treated' for local accounting purposes only if they have quit within 48 hours or less before attending the first session of a structured multi-session treatment plan. Where this is the case, their spontaneous quit date should be recorded as their actual quit date.

Delivering One-to-One Support

Pre-Quit Assessment (5 mins)

To maximise the chances of success, assessment and comprehensive advice should ideally be delivered before smokers are booked onto a chosen course of treatment.

Intervention	Materials/Resources
Discuss how the smoker feels about their smoking and identify their readiness to stop smoking. If client is not interested in stopping – give leaflet about stopping smoking; invite to return if they want to stop smoking in the future. If client is thinking about stopping, encourage the client to set a quit date and book a 30 minute appointment. If the client wishes to set a quit date there and then they will still require a 30 min appointment – don't try to cover all the necessary areas in 5 minutes. If client is not ready to stop smoking yet, but would like to cut down and stop in a few weeks – give information about the "Cut Down and Stop" programme. See page 20 for details.	'Not Sure If You Want To Quit4Good?' factsheet from the Quit4good website – Support for Health Professionals https://quit4good.warwickshire.gov.uk/ 'Preparing To Quit4Good?' factsheet from the Quit4good website – Support for Health Professionals https://quit4good.warwickshire.gov.uk/

Registration (30 mins)

Intervention	Materials/Resources
Introduction Explain how the stop smoking programme will work and what the clients' commitment is. Remind the client that this is a 12 week course and that products are to be used for the complete course, explaining the reasons for this.	
Motivation/Plans Complete registration online and discuss responses to the following: • assessment of motivation • strategies for coping, alternatives to smoking, helpful lifestyle changes, e.g. Increasing physical activity.	'Preparing To Quit4Good?' factsheet from the Quit4good website https://quit4good.warwickshire.gov.uk/support-4-health-professionals/

Make the client aware of possible recovery symptoms. Note: if you and the client agree that s/he is not ready to stop smoking give them information to take away and invite to come back when they are ready.	'Not Sure If You Want To Quit4Good?' factsheet from the Quit4good website https://quit4good.warwickshire.gov.uk/support-4-health-professionals/
Carbon Monoxide Test • Explain how carbon monoxide from smoking affects the body and how the monitor works • Carry out CO test and explain the result • Record CO reading online	'Carbon Monoxide' factsheet from the Quit4good website – Support for health professionals https://quit4good.warwickshire.gov.uk/
Stop Smoking Products • Ask "Have you thought about which stop smoking product you would like to use?" • Discuss products • Nicotine replacement therapy (NRT), and Varenicline^T (Champix®) are all equal first line treatments. • Before prescribing/supplying a treatment take into account the person's motivation to quit, how likely it is they will follow the course of treatment, which treatment the person prefers, what product they have used in the past, any medical reasons for not prescribing/supplying certain products. • If client is pregnant refer to page 27. • If client is under 18 refer to page 26. **With NRT consider:** *Patches* – check allergy to plaster or previous reaction, ensure client knows that if inflammation occurs, that in most cases this is normal. If inflammation is excessive, cease use and use alternative product. *Oral products* – check problems with dentures, tolerability of product, suitability to lifestyle and previous use. *Nasal spray* – check use of other nasal products, tolerability of product and suitability to lifestyle Prescribe/supply: NRT 1 week's supply of chosen product (can be 2 weeks if applicable). *Remember to prescribe by brand (Ref: PPA)* Varenicline^T (Champix®) 2 weeks initiation pack	"Stop Smoking" A5 leaflet available free of charge from BHF https://www.bhf.org.uk/publications/smoking/stop-smoking
Quit Date • Record quit date on registration form online • Stress that this is a commitment to "not one more puff ever"	
Next Appointment • Arrange next appointment • Record on Appointment card • Give your phone number if appropriate	

Week 2 appointment (10-15 mins)	
Intervention	Materials/Resources
Introduction Review since last contact	
Motivation/Plans • Ask how they have done since quitting. Have they smoked? If YES Remember- In the first 2 weeks after quit date ***an occasional lapse is acceptable***, i.e. 1 or 2 cigs, but if they have returned to regular daily smoking this is regarded as a relapse and you should review their motivation. Discuss lapse/relapse with client and state clearly your reasons if you think they are not ready to quit at this time. ASK: • What are/were the circumstances? • How did they feel after smoking? • How would they handle things differently if the same circumstances arose or it continues? If NO: • Provide encouragement, praise and support. • Reinforce their personal motivation • How have they handled any cravings? • Discuss difficulties and temptations. • Rehearse/imagine alternative coping strategies. • Advise against dieting if the issue is raised – emphasise healthy eating and physical activity. Encourage them to drink plenty of water	'Relapse prevention' factsheet from the Quit4good website – Support for Health Professionals https://quit4good.warwickshire.gov.uk/ 'Smokefree and health wheel' available free of charge from PHE https://campaignresources.phe.gov.uk/resources/campaigns/15-smokefree/resources 'Stop smoking without gaining weight' factsheet from the Quit4good website – Support for Health Professionals https://quit4good.warwickshire.gov.uk/
Carbon Monoxide Test • Carry out test and explain results. • If the reading is over 10 discuss with the client. Are they sure they have not smoked? Have they been in a smoky atmosphere? • Record reading online	'Carbon Monoxide' factsheet from the Quit4good website – Support for health professionals https://quit4good.warwickshire.gov.uk/
Stop Smoking Products Review product used. • If there have been any problems *e.g.* hiccups with oral products, local inflammation with patches, mention that these are usually transitory and to persevere. • Check they are using the correct technique for their NRT product. • If the problems are more serious, for example intolerable indigestion with oral products, consider changing to another product. • Prescribe enough products for the next 2 weeks	Letter of Recommendation (for those not in GP surgery or Pharmacy)

Week 3 Appointment – ideally face to face but can be by phone (10-15 mins)	
Intervention	Materials/Resources
• Format as for week 2 • Re-visit motivation • Give praise and encouragement	
Carbon Monoxide Test • If face to face contact, perform and record test	'Carbon Monoxide' factsheet
Stop Smoking Product • Review product use If applicable Prescribe/supply: NRT 2-4 weeks supply of chosen product Varenicline[T] (Champix®) 2-4 weeks supply	Letter of Recommendation (for those not in GP surgery or Pharmacy)

Week 4 - Completing 4 Week Follow up (10-15 mins)	
Intervention	Materials/Resources
Motivation • Ask if they are still smoke free. If yes, congratulate on successful attempt and give encouragement to keep going • Discuss motivation – can use scaling questions from Registration form to discuss change to original answers, e.g. ask how confident on a scale of 1-10 they feel about *staying* smoke free. • Discuss relapse prevention strategies • Explain that you will need to take a CO test today to confirm successful quit attempt. • A quit attempt can still be counted as successful if a lapse had occurred within the first 2 weeks of quit date. If still smoking or smoking has re-commenced (relapse) then advise client that no more NRT/ Varenicline[T] (Champix®) can be prescribed. Invite them to return to the service when they feel ready to stop again.	Download 'Certificate for successful quitters' from the Quit4good website – Support for health professionals https://quit4good.warwickshire.gov.uk/ 'Relapse prevention' factsheet from the Quit4good website – Support for Health Professionals https://quit4good.warwickshire.gov.uk/
Carbon Monoxide Test • Explain how carbon monoxide should now have reduced dramatically and gone from the body. • Ask what improvements *client has noticed* in breathing/when walking/exercise/asthma/other respiratory diseases • Carry out CO test and explain the result • Record CO reading online	'Carbon Monoxide' factsheet

<table>
<tr><td>Stop Smoking Products
• Discuss use of NRT/ Varenicline[T] (Champix®)
• Possibly at the stage of reducing strength of NRT depending on product, see page 17 - NRT Guide
• However ensure that client is using sufficient product for their needs.

Prescribe/supply:
NRT 2-4weekssupply
Varenicline[T] (Champix®) 2-4weekssupply</td><td>Letter of Recommendation (for those not in GP surgery or Pharmacy)</td></tr>
<tr><td>Lost to follow up:
If your client does not come to an appointment after setting a quit date then you must follow them up to get confirmation of their smoking status at 4 weeks after their quit date.
Contact them up to 3 times either by phone, text or letter. Record the outcome online within 2 months of the quit date set by the client. It is advisable to get a mobile telephone number from your client at the first appointment to ensure follow up is easier. Another member of staff can be asked to do this for you.</td><td></td></tr>
</table>

<table>
<tr><th colspan="2">Additional Optional Contacts - Can be face to face or by phone (10-15 mins)</th></tr>
<tr><td>• Review progress
• Give praise and encouragement
• Perform CO test if appropriate

Prescribe/supply:
Medication to complete treatment course</td><td></td></tr>
</table>

<table>
<tr><th colspan="2">12 week Follow up – Optional (10-15 mins)</th></tr>
<tr><th>Intervention</th><th>Materials/Resources</th></tr>
<tr><td>Phone call/Letter

• Call or write to client prior to 12 weeks after quit date.
• If client is still smoke free invite to appointment 2 weeks either side of quit date anniversary
• If client has returned to smoking use the opportunity to encourage them to access the service again when they feel ready and motivated to stop smoking.</td><td></td></tr>
<tr><td>Carbon Monoxide Test
• Ask what improvements client has noticed in breathing/ when walking/exercise/asthma/other respiratory diseases.
• Carry out CO test and explain the result
• Record CO reading on own records and complete 12 week follow up record and return form to WSSS.
• Congratulate on length of successful quit attempt and discuss relapse strategies if client has concerns</td><td></td></tr>
</table>

Stop Smoking Products • If client is still quit but has continued use of NRT then discuss strategy for coming off product. This is usually an oral product – e.g. with gum/lozenges encourage the client to reduce strength and/or cut in half and /or replace with sugar free gum/mints until no longer using NRT.	

Reporting 4 week quits

When carrying out four-week quit status checks, it is vital that you phrase your questions in a way that encourages honest answers. For example: 'Are you sure that you haven't smoked at all in the past two weeks? Not even a puff?'

Using a multiple-choice question format may enhance the honesty of client's self-reports: 'Which option best describes your smoking activity since your quit date?'

- I did have the odd puff/cigarette early on in my quit attempt but haven't smoked at all in the last two weeks, not even a puff.
- I have had the odd cigarette/puff in the last two weeks.
- I am still smoking but have cut down.
- I am still smoking as much as before my quit date.

Treatment episode

A smoker who has received at least one session of a structured, multi-session intervention (delivered by a stop smoking advisor) on or prior to the quit date, who consents to treatment and sets a quit date with a stop smoking advisor is counted as a 'treated smoker' and the treatment episode begins.

The treatment episode ends when a client has either been completely abstinent for at least the two weeks prior to the four-week follow-up or is lost to follow-up at the four-week point, or when a four-week follow- up reveals that a client has lapsed during the two weeks immediately prior to the follow-up and is therefore recorded as a non-quitter. If the client wishes to continue treatment after a lapse, treatment can be continued if appropriate, but the client will not count as a four-week quitter for the purposes of that treatment episode.

Recording treatment episodes

GP Practices

For GP practices all Health Care Professionals who are providing smoking cessation support to patients should use QuitManager for registering and recording treatment for all stop smoking episodes. Guidance on the process for using Quitmanager is available on the Quit4good website:
https://quit4good.warwickshire.gov.uk/support-4-health-professionals/

Click on the link QuitManager Guide – GP Surgery
For support with your log in contact the QuitManager Support via telephone: 01159 124 259 or by email: supportdesk@bionical.com

Pharmacies

For Pharmacies all pharmacy staff who are providing smoking cessation support to clients should use Pharmoutcomes for registering and recording treatment for all stop smoking episodes. Guidance on the process for using Pharmoutcomes is available on the Quit4good website:
https://quit4good.warwickshire.gov.uk/support-4-health-professionals/

Click on the link Guidance for completing PharmOutcomes

For support with your log in contact the Pharmoutcomes Helpdesk via telephone: 01983 216699 or by sending a message via https://pharmoutcomes.org/pharmoutcomes/help/home?sendMessage&contactus

CO Monitoring

As self-reported smoking status can be unreliable, CO verification rates are an important marker of data quality. CO testing should be carried out on all smokers, wherever possible, to provide both a baseline (pre-quit) level and a four-week validation (post-quit) level. Levels should be measured at every visit to provide feedback both to the client and Advisor on progress.

Carbon monoxide poisoning

A client may self-report that they are not smoking but, on testing, exhibit abnormally high expired CO levels. In such cases, they should be given advice about possible CO poisoning. The most common symptoms of mild CO poisoning are headache, nausea and dizziness, feeling tired and confused, vomiting and abdominal pain. The symptoms of CO poisoning can resemble those of food poisoning and the flu. However, unlike flu, CO poisoning does not cause a high temperature.

Other factors to be aware of that may affect CO outcome:

- Cannabis and Shisha users will present with high CO readings (refer to the relevant factsheets for further information)
- Lactose Intolerant clients may present with a higher CO reading. This is because the breath hydrogen levels are high and this "confuses" the CO monitor. It is worth remembering that not all clients will be aware they are lactose intolerant.
- Environmental factors such as car exhaust fumes and paint stripper may raise individual's CO readings.

If you get a high reading for a client who has genuinely quit adhere to the following procedure:

1. If the client's reading is over 10 ppm and they say they are not smoking, check the CO monitor is working correctly. This can be done by getting someone else who is definitely known to be a non-smoker to use the monitor – if their reading is less than 7 ppm then the monitor is working correctly.
2. If the reading is higher than 7 ppm the monitor is likely to be faulty and should not be used again until it's been checked, and you should use another monitor if possible. If the monitor is accurate, check if the client could have been exposed to carbon monoxide from another source.
3. If no other reason is identified for CO exposure advise the patient to get a small CO monitor for their home if they haven't already or check the one they do have. Ask if they have had any symptoms such as headache, drowsiness, nausea/vomiting, dizziness which could be a sign of CO poisoning.
4. If the home monitor shows the presence of CO or the monitor reading is significantly over 6 ppm advise the patient to get their gas appliances checked as a matter of urgency. The process for this is to call the gas safety service who will turn the gas off (0800 111999). The individual will need to call out a gas safety engineer to do the check who will charge for this service.

Carbon monoxide-verified four-week quitter

A treated smoker whose CO reading is assessed 28 days from their *quit date* (-3 or + 14 days) and whose CO reading is less than 7ppm. The -3 or +14 day rule allows for cases where it is impossible to carry out a face-to-face follow-up at the normal four week point (although in most cases it is expected that follow-up will be

carried out at four weeks from the quit date). This means that follow-up must occur 25 to 42 days from the quit date (Russell Standard). Clients whose follow-up date falls outside this time span may not be counted for the purposes of quarterly data submissions to the IC. CO verification should be conducted face-to-face and carried out for at least 85% of self-reported four-week quitters.

How Much Do You Smoke?

Compact Monitor	COHb	Adult Coppm		Adolescent/ Pregnant Woman
7	13% 12% 10%	80 78 76 74 72 70 68 66 64 62 60 58 56 54 52	Dangerously addicted smoker This level is uncommon. It is found in smokers who are rarely seen not smoking! Above this level serious carbon monoxide poisoning and permanent damage may occur. Premature death or serious diseases may occur as a result of smoking.	80 78 74 70 68 64 60 58 54 50 48 44 40 37 36
6	9% 7%	50 48 46 44 42 40 39 38 37 36	Heavily addicted smoker This contains cigar and cannabis smokers, as these contain high levels of CO. This reading is much higher than non-smokers and shows a degree of CO poisoning. The immune system can be adversely impaired. Premature death or serious diseases may occur as a result of smoking.	35 34 33 32 31 30 29 28 27 26
5	6% 5%	35 34 33 32 31 30 29 28 27 26	Addicted smoker These readings indicate that red blood cells are carrying a lot less oxygen than the body needs. You have more chance of getting headaches, colds and flu; generally your health will be badly affected.	25 24 23 22 21 20 19 18 17 16
4	4%	25 24 23 22 21 20 19 18 17 16	Frequent smoker These levels of CO indicate a serious addiction to nicotine. These levels are 5 times that of non-smokers.	15 14 13 12 11
3	3%	15 14 13 12 11	Smoker Smokers in this region are addicted to nicotine. Smoking can affect your ability to be successful at sports or even everyday work and leisure activities.	10 09 08 07
2	2% 1.5%	10 09 08 07	Danger zone This is a high result for a non-smoker. However, this level could be the result of low frequency smoking. Addiction to nicotine could already have occurred or may be just about to.	06 05
1	0.7%	06 05 04 03 02 01	Non-smoker This is where you need to be! The best readings for non-smokers are in this range.	04 03 02 01

Carbon Monoxide Monitors

CO monitors, calibration kits and mouthpieces are available free of charge to commissioned Stop Smoking Providers. To order phone 01926 413751 or email: phadmin@warwickshire.gov.uk

Infection Control and Maintenance

General Hygiene:

- Advisors should carefully wash their hands using warm water and soap and dry them thoroughly, before and after contact with each client, if hand washing facilities are available. Special attention should be paid to fingertips, thumbs and other areas of hands likely to have been in contact with contamination.
- Non-alcohol cleansing wipes (for hands) could be used if hand washing facilities are not available.
- Alcohol hand gel (containing 70% alcohol) may be used but care must be taken to ensure that the alcohol has completely evaporated prior to handling the CO monitor (i.e. hands are completely dry), as alcohol vapours will damage the instrument sensor. N.B. These hand gels are flammable due to the alcohol content. Please ensure they are stored safely away from sources of heat.
- While the user is exhaling, the advisor should avoid positioning him or herself in line with the exhaust port of the monitor (bottom rear of machine).

Cardboard Mouthpieces:

- Cardboard mouthpieces are single-use only and a new one should be used for each client.
- If individually wrapped mouthpieces are used, the advisor may open one end of the wrapper to enable the client to remove the tube easily. Ask the client to attach the mouthpiece to the monitor, remove it immediately after use, and dispose of it in a clinical waste bag.
- If unwrapped mouthpieces are used, ask the client to select and attach a mouthpiece to the machine, remove it immediately after use, and dispose of it safely in a clinical waste bag.
- If a client experiences difficulty in removing their mouthpiece after use, remove tube for them wearing disposable gloves and put it straight into a clinical waste bag.

Cleaning and Storage:

- Monitors should be thoroughly cleaned at the end of each session and more frequently if seen to be soiled. The back of the monitor should always be wiped between clients.
- Remove the D-piece adaptor before cleaning. External surfaces of the monitor and D-piece adaptor should be wiped down with non-alcohol wipes.
- Never use alcohol, cleaning products containing alcohol, or other organic solvents as these vapours will damage the instrument sensor.
- The monitor must not under any circumstances be immersed in, or splashed with liquid.
- Store the monitor in the supplied case; remove the D-piece adaptor and keep separately in the case with the monitor. The equipment should be stored at room temperature.

Plastic D-piece Adaptor:

- The D-piece adaptor contains a one-way valve that prevents clients sucking air back from the monitor.
- Manufacturers recommend that the D-piece adaptor should be discarded and replaced each month.
- The adaptor should be replaced immediately if visibly soiled, if there is a build-up of fluid or condensation, or after use with clients with known communicable conditions. Condensation build-up may be reduced by removing the D-piece adaptor between each use.
- If the monitor is not used on a regular basis the adaptor should be replaced as follows: -

Less than 50 uses per month	Change every 3 months
Between 51 – 200 uses per month	Change every 2 months
More than 200 uses per month	Change every month

Calibration

To ensure optimum performance or if you suspect a sensor drift you can perform a function check on the CO monitor using 20ppm CO gas, 1xcalibration adapter and 1xregulator.

Nicotine Replacement Therapy

Factors affecting the metabolism of nicotine

Certain factors, including gender, pregnancy and oral contraception, can affect the rate at which a smoker metabolises nicotine. This may have implications for the choice and strength of pharmacotherapy required.

Fast metabolism of nicotine from NRT products means that some quitters will need higher doses to control their cravings and other withdrawal symptoms. This is especially relevant to pregnant smokers who may need higher doses of NRT but who may be concerned or cautious about using it. Where appropriate, stop smoking advisors should advise pregnant women to use NRT in line with the product specification but should be especially careful about this client group under-dosing or stopping the treatment early.

Factor	Effect
Gender	Women metabolise nicotine 15% faster than men
Pregnancy	Pregnant women metabolise nicotine up to 60% faster
Oral contraceptive	Women using an oral contraceptive metabolise nicotine 40% faster

NRT Combination Therapy

A combination of NRT products (combination therapy) has been shown to have an advantage over using just one product. Clients are SIX times more likely to quit with combination NRT. It is also considered cost-effective. Stop Smoking Services should therefore routinely offer clients combination therapy whenever appropriate.

In exceptional circumstances 3 products can be used, for those with extremely high cigarette use and/or carbon monoxide readings. If client smokes at night this can be an indicator of very high dependence.

Recommendations for Advisors:

- Definitely offer a combination of nicotine patches and another form of NRT (such as gum, mouthspray, inhalator, lozenge or nasal spray) to most people.
- If the client is on one product and is still getting cravings you can consider adding in another product.
- Combination therapy works best when introduced at the start of the quit attempt.
- The second oral product could take up to 10 – 15 minutes to become effective. It is important to consider this when you are advising a client on how to use the second product.

Speed of Product Effectiveness	
• Patch	• NiQuitin CQ 2-4 hours • Nicorette 4-8 hours • Nicotinell 8-10 hours
• Gum	• Nicorette 30 mins • Nicotinell 45-60 mins

• Lozenge	• NiQuitin CQ 20-30 mins • Nicotinell 45 mins • Nicorette 10-20 mins
• Nasal spray	• 10-15 mins
• Microtab	• 20-30 mins
• Mouthspray	• 2 mins
• Inhalator	• 15 mins after finishing inhalation

Advice for your client when using a second product:

- Use before the time they would normally have a cigarette. This allows the product time to become effective. You can liken this to the use of a preventive inhaler for asthma.
- Use the product regularly during the course of the day to prevent break through craving
- The second product could be introduced more prescriptively, for example use on the hour every hour. This gets the client into the habit of using it regularly.
- If they have a break through craving use the product immediately - don't delay.
- The technique of using a second product is to prevent a crisis - not to deal with one.
- Remember to check how your client is using the second product at all follow-up appointments.

Guide to Nicotine Replacement Products

To access the latest "Summary of Product Characteristics" for all the smoking cessation drug therapies go to http://www.ncsct.co.uk/pub_stop-smoking-medications.php

Key Points on the Use of NRT

- Do not be afraid to prescribe NRT – remember that these products give lower levels of nicotine than smoking, are available over the counter and can therefore be freely used by the public. You will not overdose anyone or cause any harm.
- Encourage clients to use enough product. Some people think they are doing well by using less than advised. Explain about breakthrough cravings, why they happen and how using more product can help.
- As well as number of cigarettes smoked and time before first one of the day also take into account the CO reading as this gives a better indication of how they smoke: dragging strongly right down to end, shallow puffs not inhaled, blocking the filter holes, etc. For example if someone is smoking 10 a day and smokes within 1 hour of waking but their CO is 26 then you would prescribe a higher dose of NRT as they are obviously pulling heavily and getting more nicotine from the cigarette so need a higher dose of NRT.
- Prescribe a high dose and titrate down rather than start too low, which may allow breakthrough cravings. You cannot overdose on NRT but under dosing can undermine a quit attempt. For example if someone smokes 15 a day, the first one 40 minutes after waking, it's better to put them on a high dose and let them find their own level than start on medium and it not be enough.
- Certain factors such as gender, pregnancy, and oral contraceptives can increase the rate at which a smoker metabolises nicotine. Therefore more products may be required in these cases. See Page 27.
- A combination of NRT products has been shown to have an advantage over using just one product. You would use this method in smokers with very high or high dependency, and with discretion, in medium dependency. This usually takes the form of a patch and an oral product, i.e. gum, lozenge etc. If a client is on one product but experiences breakthrough cravings then add in another product.

Nicotine Replacement Products – Products and Dosage

Medium, High and Very High Dependent Smokers

Product Type	Product Strengths and Brands	Pack Sizes	No. Recommended per Day	No. Recommended per Week	Additional Notes
Patches	25mg Nicorette Invisi 16 hr patch 21mg Nicotinell (TTS 30) 24 hr patch 21mg NiQuitin CQ 24 hr patch	Box of 7 Box of 14 Box of 7 Box of 21 Box of 7 Box of 14	1 patch per day	1 box of 7 patches	Reduce the dosage at around 5-6 weeks to a medium strength and then to lowest strength towards the end of the 12 weeks
Gum	6mg Nicorette Fruit Fusion	105 pieces 210 pieces	Up to 15 pieces per day	1 pack of 105	Reduce the amount of gum gradually and change to a 2mg gum after 5-6 weeks
	4mg Nicorette Icy white, freshfruit, fruitfusion, freshmint	105 pieces 210 pieces	Up to 15 pieces per day	1 pack of 105	
	4mg Nicotinell Ice mint, mint or fruit	24 96	Up to 25 per day	1 pack of 96	
	2mg NiQuitin CQ Freshmint	24 96	Up to 15 per day (recommend 10-12)	1 pack of 96	
Quickmist (mouthspray)	Nicorette	1 or 2 dispensers (150 sprays each)	1-2 sprays every 30 mins-1 hour, max 64 sprays a day	2 dispensers per week	Reduce use gradually over 12 weeks
Oral Strips	2.5mg NiQuitin CQ Mint	15 60	1 strip every 1-2 hours, max 15 per day (recommend 9 min)	2 packs of 60	Reduce use gradually over 12 weeks
Microtab (sublingual tablet)	2mg Nicorette Microtab Plain, lemon	100 tablets	Up to 40 16-24 per day (usually 2 per hour)	3 packs of 100	Reduce use gradually over 12 weeks
Inhalator	15mg Nicorette	4cartridges 20cartridges	Up to 6 cartridges per day	2 x 20 cartridges	Reduce use gradually over 12 weeks
Lozenge	4mg NiQuitin CQ Minis Mint	20 lozenges 60 lozenges	Up to 15 per day (usually 8-10)	1 pack of 60	Reduce to 1.5mg after 5-6 weeks
	4mg Nicorette Cools Icy mint	20 80	8-12 lozenges per day	1 pack of 80	Reduce use/mg gradually over 12 weeks
	2mg Nicotinell Mint	24 96	8-12 per day. Up to15 per day	1 pack of 96	Reduce over 12 weeks
	4mg NiQuitin Mint	36 72	Up to15 per day (usually 9-15)	1 pack of 72	Reduce to 2mg, then 1 mg gradually over 12 weeks
Nasal Spray	10mg/ml (0.5mg per spray) Nicorette	1 nasal spray	Up to 64 sprays per day (recommend 1-2 sprays per nostril per hour)	2 dispensers per week	Reduce sprays gradually over 12 weeks

Low dependent/social smokers

Product	Product Strengths and Brands	Pack Sizes Available	No. Recommended per Day	No. Recommended per Week	Additional Notes
Patches	15mg/10mg Nicorette Invisi 16hr patch 14mg (TTS 20) 7mg (TTS 10) Nicotinell 24 hr patch 14mg/7mg NiQuitin CQ 24 hr patch	Box of 7	1 patch per day	1 box of 7 patches	Reduce the dosage at around 5D6 weeks to a lower strength patch or change to just an oral product
Gum	2mg Nicorette Icy white, freshfruit, fruitfusion, freshmint	105 pieces 210 pieces	Up to 15 pieces per day (recommend 10D12)	1 pack of 105	Reduce the amount of gum gradually and change to a 2mg gum after 5D6 weeks
	2mg Nicotinell Ice mint, mint, fruit, liquorice	24 96	Up to 25 per day	1 pack of 96	
	2mg NiQuitin Mint	24 96	Up to 15 pieces per day (recommend 10D12)	1 pack of 96	
Microtab (sublingual tablet)	2mg Nicorette microtab	100 tablets	Up to 40 max 16D24 per day (usually 2 per hour)	3 packs of 100	Reduce use gradually over 12 weeks
Inhalator	15mg Nicorette	4 cartridges 20 cartridges	Up to 6 cartridges per day	2 x 20 cartridges	Reduce use gradually over 12 weeks
Oral Strips	2.5mg NiQuitin CQ Mint	15 60	1 strip every 1D2 hours, max 15 strips a day	2 packs of 60	Reduce use gradually over 12 weeks
Lozenge	1.5mg NiQuitin Mini Mint, Orange	20 60	Up to 15 per day (usually 8D10)	1 pack of 60	Reduce use gradually over 12 weeks
	2mg Nicorette Cools Icy mint	20 80	8D12 lozenges per day	1 pack of 80	Reduce use gradually over 12 weeks
	1mg Nicotinell	36 96	8D12 per day. Max 30 per day	1 pack of 96	Reduce use gradually over 12 weeks
	2mg NiQuitin Mint	36 72	Maximum 15 per day (usually 9D15 per day)	1 pack of 72	Reduce gradually over 12 weeks

Notes: These are guidelines only. If a smoker is struggling you might keep them on the top dose for most of the programme e.g. 21mg patch for 8-10 weeks, then reduce. Prescribe for 12 weeks but recommend the client to purchase the lower dose over the counter if they continue past 12 weeks. You may need to be flexible in the amounts prescribed to suit the needs of the client. You would not use patches for a social smoker as it delivers nicotine throughout the day.

Assess the Level of Nicotine Dependence

	Less than 10 cigarettes	10-20 cigarettes	20-30 cigarettes	More than 30 cigarettes
Smokes within 5 mins of waking	Medium	High	Very high	Very high
Smokes within 6-30 mins of waking	Medium	High	Very high	Very high
Smokes within 30-60 mins of waking	Low	High	High	Very high
Smokes after 60 mins of waking	Low	Medium	High	Very high

Ref: Fagerstrom Test for Nicotine Dependence – Heatherton et al (1991), British Journal of Addiction 86 (9): 1119-27

Note: Smoking cessation in itself can alter the rate at which any medication the individual is taking is metabolised. This is particularly the case with Clozapine (a drug taken by some people with schizophrenia). Dosages may need altering so close monitoring of all medication while stopping smoking is important.

Cut Down and Stop

There is some evidence that using NRT for a short time before a quit attempt results in higher cessation rates. Using NRT while cutting down on cigarettes can be helpful for heavy smokers who find stopping in one step too difficult.

Cut Down and Stop Programme (can be supplied on prescription/PGD):

- This approach should be used for 2 weeks before the actual quit date, apart from in exceptional cases where it can be extended to 4 weeks.
- The client MUST set a quit date at the beginning of the process and this should be recorded online.

Any NRT product can be used:

- A cigarette delivers on average 1mg of nicotine
- If using patches use a medium or low strength patch depending on time to first cigarette.
- If using gum or lozenges prescribe/supply the same number of oral product as cigarettes reduced by, e.g. if client reduces by 10 cigarettes per day then supply 10 pieces of oral product per day.
- If the client smokes within 30 minutes of waking use higher strength oral product, if they wait longer than 30 minutes before smoking use lower strength. For ease round this figure up to the nearest pack size, so the client can use more if required.
- If using Inhalator supply 1 pack of 36 cartridges initially and adjust depending on usage after the first week. Each cartridge contains 15mg nicotine and yields about 10 mg of nicotine that is systemically available. E.g. if client decides to reduce by 10 cigarettes per day they should use approximately 1to 2 cartridges per day. A cartridge lasts for 40 minutes but should be used intermittently as required and the client can use more cartridges per day if they feel they need to.
- It is highly recommended that the client keeps a daily record of cigarette and product use. Get the client to write down on the progress chart (p21) or the calendar what they are going to do
- Record on the client's record what has been agreed

- You should only re-issue NRT if you have evidence that they have cut down, ie. the CO level should have reduced. However if that is not the case discuss this with the client as it is possible that they are inhaling the remaining cigarettes more deeply.

Moving Away From Smoking – Progress Chart

Starting CO_ Number of cigarettes smoked per day at start _

Nicotine Replacement Product (NRT) chosen_

WEEK 1 – My aim this week is to reduce to cigarettes per day

Date	No. of Cigarettes smoked	Amount of NRT used (Number)	Comments: Why did you smoke more or less than your aim was? What went well? How did you get through any cravings?
			CO reading

WEEK 2 – My aim this week is to reduce to_ cigarettes per day

Date	No. of Cigarettes smoked	Amount of NRT used (Number)	Comments: Why did you smoke more or less than your aim was? What went well? How did you get through any cravings?
			CO reading

WEEK 3 – My aim this week is to reduce to _ cigarettes per day

Date	No. of Cigarettes smoked	Amount of NRT used (Number)	Comments: Why did you smoke more or less than your aim was? What went well? How did you get through any cravings?
			CO reading

WEEK 4 – My aim this week is to reduce to _ cigarettes per day

Date	No. of Cigarettes smoked	Amount of NRT used (Number)	Comments: Why did you smoke more or less than your aim was? What went well? How did you get through any cravings?
			CO reading

Varenicline tartrate[T] (Champix®)

Consult Summary of Product Characteristics for full details on this product http://www.ncsct.co.uk/publication_varenicline.php

Licensed indication

Smoking cessation in adults aged 18 years or over

Mode of action and efficacy

- Varenicline reduces the craving for nicotine during a quit attempt as it acts as a partial agonist at nicotinic receptors in the brain. It also reduces the pleasure effect of nicotine if smoking is tried at the same time as taking the drug – less risk of full relapse after a temporary lapse during quit attempt.
- Two randomised double-blind controlled trials found that varenicline was significantly more effective than bupropion after 9-12 weeks of treatment (outcome - higher quit rate). After 52 weeks follow-up, only one trial showed significant difference between them.
- One randomised open label clinical trial demonstrated a significantly higher quit rate for varenicline v NRT patch after 12 weeks of treatment. At one year varenicline enable 6% more smokers to stay quit but this result just failed to reach statistical significance.
- 12 week quit rates with varenicline are quite high but halved after 52 weeks. This increases if a second 12-week course is used in responding patients.
- In patients lapsing within 12 weeks, there is no evidence to support continuing treatment.

Safety

- Safety of NRT is well understood by clinicians and generally there is confidence in using NRT in a wide range of patient groups.
- Bupropion has several contra-indications and it carries a significant risk of causing seizures, hypersensitivity reactions and drug- interactions.
- Common adverse effects of varenicline include nausea (occurs in 30% of patients; dose-dependant; mild to moderate) insomnia, abnormal dreams and headaches.
- Varenicline has not been investigated in patients with diabetes mellitus or history of seizures and experience of its use in patients with COPD and psychiatric illness is limited. The efficacy and safety of varenicline has been evaluated in cardiovascular compromised smokers. Efficacy and safety was similar to that observed in studies with non-cardiovascular compromised smokers. The 4 week CQR for varenicline and placebo was 47.3% and 14.3%, respectively and the CA Wk 9-52 was 19.8% (varenicline) vs 7.4% (placebo). There was a low incidence of cardiovascular events in both the varenicline and placebo treatment groups.
- Discontinuation of varenicline at the end of treatment is associated with an increase in irritability, urge to smoke, depression and insomnia in up to 3% of patients.
- Varenicline is contra-indicated in pregnancy.

Cost		
Treatment	Duration	Total cost/course
Varenicline	12 weeks to 24 weeks	£163.80 to £327.60
Bupropion 150mg Twice daily	7-9 weeks	£83.67 (9 weeks)
NRT – patch Niquitin CQ	10 weeks (tapering dose)	£96.25

However, NICE considers all available pharmacotherapies to be cost effective.

Use in clinical practice

- In line with trial evidence, varenicline should only be prescribed as part of a structured smoking cessation programme – prescription issues should be linked to clinic appointments, and not authorised as repeat prescriptions.
- Initiate treatment 1-2 weeks before target stop smoking date. Dose titration (starter pack covering first two weeks is available):

Day 1 to 3	Day 4 to 7	Day 8 onwards	Take second dose early evening to
0.5mg once daily	0.5mg twice a day	1mg twice a day	reduce risk of disturbed sleep

- If nausea is persistent, reduce dose to maximum tolerated.
- If patient is successful at quitting smoking after 12 weeks of treatment, consider another 12 weeks course of treatment (1mg twice daily or lower tolerated dose) taking into account individual circumstances e.g. level of patient's confidence.
- Advise patients of possible withdrawal effects after course is finished – patient may need more behavioural support at this stage or even a tapering dose (e.g. 0.5mg twice a day for a week then 0.5mg once a day for a week).
- Report all side effects via Yellow Card.

Place in therapy

- Varenicline should be used as a first line therapy where appropriate

Varenicline Tartrate[T] (Champix®) Assessment

Contraindications

Is the patient hypersensitive to Varenicline[T] or any of its excipients? YesD NoD

Warnings/Precautions

Is the patient under 18 years old? Yes D NoD

Does the patient have end-stage renal disease? Yes D NoD

Is the patient pregnant? Yes D NoD

Is the patient breastfeeding? Yes D NoD

Does the patient have epilepsy? Yes D NoD
(There is no clinical experience of Varenicline[T] with epilepsy)

Does the patient have a history of psychiatric illness? Yes D NoD
(Smoking cessation, with or without pharmacotherapy, has been associated with the exacerbation of underlying psychiatric illness, eg. depression)

In cases where the patient has epilepsy or a history of psychiatric illness what is the clinical justification for recommending Varenicline?

Dosage

- Initiate treatment 1-2 weeks before target stop smoking date. Dose titration (starter pack covering first two weeks is available):

Day 1 to 3	Day 4 to 7	Day 8 onwards	Take second dose early evening to reduce risk of disturbed sleep
0.5mg once daily	0.5mg twice a day	1mg twice a day	

- If nausea is persistent, reduce dose to maximum tolerated.
- If patient is successful at quitting smoking after 12 weeks of treatment, consider another 12 weeks course of treatment (1mg twice daily or lower tolerated dose) taking into account individual circumstances e.g. level of patient's confidence.
- Advise patients of possible withdrawal effects after course is finished – patient may need more behavioural support at this stage or even a tapering dose (e.g. 0.5mg twice a day for a week then 0.5mg once a day for a week).
- Report all side effects via Yellow Card.

Note: Smoking cessation in itself can alter the rate at which any medication the individual is taking is metabolised. This is particularly the case with Clozapine (a drug taken by some people with schizophrenia). Dosages may need altering so close monitoring of all medication while stopping smoking is important.

Electronic Cigarettes (E-cigs) / Vapourisers

If a client is already using an e-cig and wants to stop using it:

- You can advise the client to reduce the strength and/or amount of e-cigs over time
- Alternatively the client could set a quit date and use NRT instead, however, you cannot record a client using an e-cig as having quit smoking

If a client is using an e-cig and doesn't want to stop smoking:

- Advise the client that although e-cigarettes have the potential to dramatically reduce the harm to smokers who cannot or don't want to give up their cigarettes we can't guarantee that they are totally safe and that the only way to ensure they avoid harm is to stop smoking any type of cigarette.

If a client wants to use an e-cig as a stop smoking aid:

- You can provide support with the usual appointment schedule and behavioural support.
- Advise the client that we currently do not have any evidence of the effectiveness of e-cigs as a stop smoking aid and recommend the use of effective evidence-based approaches such as NRT.
- Ensure the client is aware of all the proven stop smoking aids available on through the Stop Smoking Service that are recommended by NICE and record the advice given on the client's record.

Use in Pregnancy:
We currently do not recommend that e-cigs are used in pregnancy.
For more information: http://quit4good.warwickshire.gov.uk/wp-content/uploads/2015/09/E-Cigs-Guide-For-Stop-Smoking-Advisors.pdf

Priority Groups

Routine and Manual (R&M) Groups

Smoking is strongly associated with social disadvantage, and higher levels of smoking prevalence and tobacco addiction are often found in the most disadvantaged areas.

A number of studies have been undertaken with smokers in the R&M group to identify barriers in accessing stop smoking services for this group, these included:

- Fear of being judged
- Fear of failure
- Lack of knowledge about smoking cessation services
- Lack of knowledge about medication available
- Lack of motivation to access service unless they also get help with wider life circumstances, routines and stressors linked to their smoking habits
- High levels of nicotine addiction
- More smokers in their immediate circle of family, friends and co-workers
- May have higher levels of stress which can play a role in relapse

Recommendations for Advisors:

- Services should be promoted to R&M groups in a personalised, non-judgmental and flexible manner, ensuring that the above are taken into account.

Hospitalised and Pre-operative Patients

Planned Admissions

Stopping smoking before an operation decreases the risk of wound infection, delayed wound healing, and post-operative pulmonary and cardiac complications. It can often mean a shorter stay in hospital.

Recommendations for Advisors:

- All patients should receive brief intervention advice in advance of any surgical intervention and be provided with full stop smoking support where appropriate.
- Patients who do not intend to stop smoking prior to surgery should be advised of the hospital's smoke free policy. As smokers are likely to experience withdrawal symptoms during a period of enforced abstinence, pharmacotherapy should be offered to assist withdrawal management and provided through primary care.

Unplanned Admissions

It is thought that people are more receptive to health advice and support while they are in hospital, and particularly following an unplanned admission. Therefore, this offers a prime opportunity to offer stop smoking advice, using the period of heightened motivation to stop smoking, encourage smoke free compliance and highlight any need for withdrawal management.

Recommendations for Advisors:

- If the patient wishes to stop smoking following admission to hospital, they should be given brief intervention advice and referred for intensive support.
- All smokers' nicotine dependency scores should be assessed following admission and NRT provided as soon as possible.
- Patients should not have to wait for referral to full stop smoking support before receiving NRT
- NHS Stop Smoking Services should be prepared to support patients who have stopped smoking in hospital once they return to the community.

For more information on effective ways to help people stop smoking or to abstain from smoking while using or working in secondary care settings: https://www.nice.org.uk/guidance/ph48

Black and ethnic minority groups (BME)

Some BME communities have high smoking prevalence rates compared with the general population.

- Rates are highest amongst Bangladeshi, Irish and Pakistani males.
- There are also high rates of smoking amongst some Eastern European groups

Recommendations for advisors:

- Identify your area's local BME population
- Use multi-lingual resources to promote services to specific groups- available to download from
- https://medlineplus.gov/languages/quittingsmoking.html
- Refer smokers to specific language helplines – https://www.aliss.org/caboose/resources/665/
- Use factsheet on shisha (water pipes)
- Use Ramadan (month of fasting) as an opportunity to support Muslim smokers to stop smoking.

Stopping Smoking and Young People

There is little published evidence of the effects of interventions that focus on cessation activity in adolescence. Data from English NHS Stop Smoking Services shows a 22% CO-verified quit rate in the under-18 age group against 33% in all ages. Only 3% of service users who set a quit date were aged 18 or under. In Warwickshire services are available through Schools, Youth Clubs and within the general service.

Recommendations for advisors:

- NRT can now be prescribed to children from the age of 12

Refer to https://www.nice.org.uk/guidance/ph14 for more information on preventing the uptake of smoking in children and young people:

Prescribing for Adolescents of 12 years and over

The Commission on Human Medicines (CHM) advises that smokers aged 12–18 years of age should quit without the use of NRT if they are able to. However, if they are unable to quit without treatment, NRT should be considered because it could greatly increase the chances of a successful quit attempt.

NOTE: When using the Letter of Recommendation/Patient Group Direction for Supply of Nicotine Replacement Therapy this can be used for those 12 years and upwards.

Confidentiality concerns with young people

16 - 18 year olds	The service should be completely confidential with no requirement to inform parents. 16-18 year olds are presumed to be capable of giving consent in relation to treatment and sharing information. Encourage client to discuss with parents/family
Under 16's	Those under 16 should be assessed as to whether they are "Gillick" competent (ie. have the capacity to consent to medical treatment; in this case, use of NRT). Whereas we have a duty to protect the confidentiality of under 16's we try and encourage them to include parents in health related decisions. The duty of care to the patient needs to be weighed against issues of confidentiality.

Therefore the Fraser Guidelines should be applied as follows:

A trained Stop Smoking Advisor is justified in giving smoking cessation advice and treatment to a young person under 16 years of age without parental knowledge and consent provided they are satisfied that:

- The young person understands the advice and has sufficient maturity to understand what is involved.
- The advisor could not persuade the young person to inform their parents, nor allow the advisor to inform them.
- The advisor has confirmed that the young person is a smoker and has set a quit date.
- Unless the service is provided, including the provision of NRT, the young person's physical or mental health may suffer.
- It would be in the young person's best interest to give such advice or treatment without parental consent.
- The young person's best interest requires the provision of a smoking cessation service, including the provision of NRT.

Pregnancy

Smoking is the single most modifiable factor for adverse outcomes in pregnancy. Smoking is estimated to contribute to 40% of all infant deaths, a 12.5% increased risk of premature birth and a 26.3% increased risk of intra-uterine growth restriction. Early intervention i.e. stopping smoking by 3 months gestation significantly improves outcomes.

Recommendations for advisors:

- Outline the options available to the pregnant woman, including opportunity to be referred to a Specialist Stop Smoking in Pregnancy Advisor who can visit her at home
- To refer to a Specialist Stop Smoking in Pregnancy Advisor - contact them directly on the Stop Smoking in Pregnancy helpline number 07917 227004

Use of Nicotine Replacement Therapy in Pregnancy

NICE guidance (No. 39, 2002) on the use of NRT in pregnancy states that, "It is recommended that smokers who are under the age of 18 years, who are pregnant or breastfeeding, or who have unstable cardiovascular disorders, should discuss the use of NRT with a relevant health-care professional before it is prescribed."

The BNF No. 53 (March 2007) states:

- use only if smoking cessation without nicotine replacement therapy fails
- use of an intermittent product is preferable
- avoid liquorice-flavoured Nicotinell gum (Liquorice consumed in very high doses (500 mg/week) has been reported to stimulate uterine contractions and lead to pre-term birth – Strandberg 2002. In large quantities liquorice can cause sodium and water retention which can lead to high hypertension which is potentially a danger in pregnant women – Stromer 1993)

"Ideally, pregnant women should stop smoking without using NRT but, if this is not possible, NRT may be recommended to assist a quit attempt as it is considered that the risk to the foetus of continued smoking by the mother outweighs any potential adverse effects of NRT. The decision to use NRT should be made following a risk-benefit assessment as early in pregnancy as possible. The aim should be to discontinue NRT use after 2-3 months. Intermittent forms of NRT are preferable during pregnancy although a patch may be appropriate if nausea and/or vomiting are a problem. If patches are used, they should be removed before going to bed at night."

Issues to consider when prescribing NRT in Pregnancy

1. Check pre-pregnancy smoking level

   Check how many cigarettes per day the quitter was smoking before she became pregnant, along with her carbon monoxide level. A study (Lawrence et al, 2003) has shown that women who reported "cutting down" had similar cotinine (a by-product of nicotine metabolism) levels to those who continued on 20 per day. This implies that women smoked the lower number more deeply to obtain the same level of nicotine.

   In addition, nicotine is metabolised more quickly in pregnancy (Dempsey et al, 2002). Therefore, pregnant women often need more NRT than may first appear.

2. First choice of product is an oral product BUT take the following into account:

   a. Nausea may mean that the woman finds it difficult to tolerate an oral product.
   b. Client choice – people are more likely to do better if they are happy with product.
   c. Liquorice flavour gum (Nicotinell) is contra-indicated in pregnancy (BNF, APPENDIX 4)
   d. If using the 24 hour patch ensure it is taken off at night

Warwickshire Specialist Smoking and Pregnancy Service

Warwickshire Stop Smoking Service operates from GP surgeries, Pharmacies and a range of other venues. This service is generally aimed at the adult smoking population. A specialist smoking and pregnancy service exists to complement this service, in recognition of the particular needs of this group (NICE, 2010).

The Warwickshire Smoking and Pregnancy Service operates in the following way:

1. Midwives or other health professionals refer the pregnant smoker to a Specialist Smoking and Pregnancy Advisor.

2. The Specialist Smoking and Pregnancy Advisor contacts the pregnant smokers to discuss smoking and arrange a home visit if appropriate.

3. The Specialist Smoking and Pregnancy Advisor will offer friendly non-judgmental support & advice for the smoker from thinking about stopping, through the first few months of quitting.

4. The Specialist Smoking and Pregnancy Advisor will discuss the use of nicotine replacement therapy with the smoker and either prescribe appropriately (as outlined in this protocol) or refer to a pharmacy for supply of NRT.

Teenage pregnancy

- Teenage mothers are more likely than older mothers to have been smoking before they get pregnant.
- They are also less likely to stop smoking during their pregnancy; therefore this group is a priority for stop smoking support.

Recommendations for advisors:

- Refer to a Specialist Stop Smoking in Pregnancy Advisor.

Mental Health

- Smoking tobacco is significantly associated with increased prevalence of all major psychiatric disorders, with smokers twice as likely to suffer from a mental health problem than non-smokers and more likely to commit suicide.
- People with mental illnesses are likely to be heavier, more dependent smokers and have smoked for longer than smokers in the general population.
- This higher level of smoking is associated with increased mortality with the death rate from respiratory diseases among people with schizophrenia being ten fold compared to average.
- Evidence suggests that there is a link between the amount smoked and the number of

depressive and anxiety symptoms. When stopping smoking these symptoms are seen to reduce, although a minority of people with depression who stop smoking experience an increase in depressive symptoms.

Recommendations for advisors:

- People with mental health problems should have appropriate access to stop smoking support and be encouraged to stop smoking using current guidelines for stopping smoking.
- Be aware of possible emergence of significant depressive symptoms in patients undergoing a stop smoking attempt.
- Smoking increases the metabolism of certain medications, which can lead to lower plasma levels. Therefore greater doses of medications are needed to achieve a similar effect.
- When stopping smoking the metabolism of certain medications may be reduced and therefore people will need to be monitored by a healthcare professional in case the dose needs altering.

For more information on Smoking Cessation and Mental Health including the effects of smoking cessation on certain drugs http://www.ncsct.co.uk/usr/pdf/mental_health_briefing_A4.pdf

Substance Misuse

Smoking and Alcohol

People who smoke every day are more likely to have a co-morbid substance-use disorder than people who have never smoked. Smoking at an early age is also associated with substance misuse. The link between smoking and alcohol dependence is particularly strong, with alcohol use disorders significantly associated with regular heavy smoking. Stopping smoking does not seem to make it more difficult to stop drinking although the evidence is contradictory and further studies are required.

Smoking and Drugs

More than two thirds of drug mis-users are regular tobacco smokers – double the rate of the general population. One survey of outpatients in methadone maintenance clinics found that 83% were smokers. Smoking status has also been found to be predictive of illicit substance use in methadone maintenance programmes, although there is a significant relationship between rates of change in heroin use and rates of change in tobacco use.

People who smoke tobacco are more likely to use cannabis and abuse alcohol. Using cannabis also makes smokers less likely to stop. There is not yet enough evidence to show whether any particular method or type of cannabis use is unequivocally less harmful than another. Those with dual dependency who are stopping smoking may have an increased risk of relapsing back to tobacco use.

Recommendations for advisors:

Refer where appropriate to the Drugs and Alcohol Service - http://www.cw-recovery.org.uk/about-addaction/

How to Promote Your Stop Smoking Service

All stop smoking services should be promoting the Warwickshire Stop Smoking Service, below are some ideas on how you could promote the service you offer.

If you are based in a GP Practice:

- Ask patients routinely as per QOF (Quality and Outcomes Framework)
- Ensure all staff are aware of what service is available and how it can be accessed

- Display posters
- Put up a display in the waiting room
- Include details of your service in the practice leaflet
- Raise the availability of the service at new patient checks, medicine reviews, NHS Health Checks and ensure parents are made aware of the service during child ashma checks etc
- Include smoking issues in other events, eg. health fairs
- Ensure you give a congratulations card to all quitters and encourage them to promote the service to other smokers they know

If you are based in a Pharmacy:

- Display posters
- Put leaflets in medicine bags
- Place leaflets on counter
- Have a window display
- Ensure all staff are aware of what service is available
- Offer free CO tests
- Place leaflets/posters in local community venues
- Mention the service when selling NRT or associated products
- Mention it at medicine reviews
- Ensure you give a congratulations card to all quitters and encourage them to promote the service to other smokers they know

If you are based in a community setting:

- Display posters/leaflets
- Give talks/presentations
- Have staffed displays at events offering CO checks
- Advertise the service on e-mails/intranet
- Use word of mouth to spread awareness
- In Occupational Health mention it at new employee checks
- At the gym mention it at the initial meeting with new clients
- Ensure you give a congratulations card to all quitters and encourage them to promote the service to other smokers they know

Information and resources on stopping smoking are available free of charge from the following websites:

British Heart Foundation website https://www.bhf.org.uk/publications/smoking/stop-smoking

Public Health England https://campaignresources.phe.gov.uk/resources/campaigns/15-smokefree/resources

Quit4good website https://quit4good.warwickshire.gov.uk/support-4-health-professionals/

REMEMBER: The best advert for stop smoking services is to provide a good service to your clients and they will pass this on by word of mouth to other potential quitters.

APPENDIX 1

Frequently Asked Questions

These are frequently asked questions that have been raised by advisors.

NRT/Varenicline/prescribing/dual prescribing

Q Can I prescribe/supply 2 NRT products at the same time?
A Yes, it is safe to prescribe 2 NRT products simultaneously, usually a patch plus an oral product

Q Can I prescribe NRT with Varenicline?
A No, is not recommended.

Q What do I do if someone on Varenicline is still smoking after 3 weeks?
A Cease prescribing, re-assess motivation and invite back to have another quit attempt when they are ready. Alternatively if they are still motivated consider changing to an NRT product.

Q Is Varenicline safe to use in people with psychiatric illness?
A There are no good grounds for excluding patients with mental health problems from taking varenicline and because of its high level of effectiveness it may be their best chance of stopping smoking, especially given their generally high level of nicotine dependence.

Recovery symptoms/Side effects

Q One of my clients has severe mouth ulcers since quitting – is this normal?
A Increase in mouth ulcers following smoking cessation may be related to the absence of the antibacterial effect of smoking. The lining of the mouth renews itself every 8 days so the ulcers should not last longer than this. If they persist after this time the client should consult a doctor.

Q My client is complaining of constipation since quitting, why is that?
A Tobacco has a laxative effect on the body, often when quitting this withdrawal of tobacco causes constipation. Advise client to drink plenty of water and eat more fruit/vegetables. Doing regular physical activity and eating breakfast will also help.

Q My client has been using patches but has got red, slightly itchy marks where the patches have been, what can I suggest?
A This is fairly common, advise client to consider an alternative NRT product. Check allergy to plasters. If they want to continue with patches advise to move to area of less delicate skin e.g.thighs, buttocks. Consider using a lower strength patch and adding an oral product. If using a 24-hour patch remove before sleeping and review regularly. Make sure they put the patch on a new area of skin each day.

Addiction

Q My client has come back to me after a year and said they are still using NRT gum, what can I recommend?
A Suggest cutting down strength and /or cutting gum in half and/or substituting with sugar free gum over an agreed specific period until they are no longer using NRT.

Q My client has said they smoked on 2 weekends in the pub but still wants to continue with their quit attempt. It has been 11 days since their quit date.

A Advise the client that if they continue to smoke next weekend then you will have to stop prescribing, as this is a "not one more puff ever" support service. If smoking continues at any time after 2 weeks from the agreed quit date then you must stop prescribing and advise client to return when they are ready to quit totally. Alternatively suggest the "Cut Down and Stop" programme.

Q I originally saw a client 2 months ago who agreed a quit date and I prescribed a week's supply of patches. T he client has contacted me again wanting some more patches. What do I do?

A Find out what happened 2 months ago. Check motivation and go ahead but stress how the programme works and the client's commitment to it.

Q My client says he doesn't want to use nicotine replacement therapy because he doesn't want to use a product with nicotine in it.

A Discuss motivation to quit, discuss nicotine addiction, outline details of how nicotine replacement therapy works and what it contains – nicotine is non-carcinogenic, NRT contains "clean" form of nicotine without the 3,999 other "nasty" chemicals in tobacco and doubles chances of success. Use factsheet "Chemicals in Tobacco Smoke". Alternatively offer Varenicline[T](Champix®) if appropriate.

Q My client has been doing well and is three weeks into her quit attempt using the nicotine patch, but this week has had a couple of cigarettes.

A Check the circumstances around having the cigarettes - was it because of an incident such as bereavement, shock etc? Review their motivation. If they want to continue and have not returned to regular daily smoking, give them one week's supply of product and ensure that you see them again within the week. Reinforce that they are signing up to 'not another puff ever'. If they return and have smoked again you must be strict and not prescribe any more - they will be recorded as 'not quit'. Discuss their motivation and invite back when they are ready to set a new quit date.

Q My client says he has tried all the products, even hypnotherapy, but nothing has worked so far.

A Discuss current motivation for wanting to quit – what is different now? Does he think he will be successful this time? Explore previous use of products – what was the longest he went without smoking? Which product did he use? Did he use the products properly? Which product did he get on best with? What support did he get? Would he be prepared to try that product again?

Q My client has been doing well using the highest dose patch for 4 weeks and last week I put her onto the medium strength patch. She has come back saying she has had cravings and has been feeling "out of sorts".

A Check what has happened in the past week – has she experienced any stress? Find out when the cravings have happened and how often. Discuss motivation to carry on with quit attempt. Consider putting back up to highest dose for a couple of weeks or adding an oral product for when the cravings occur.

Q I have heard that physical activity helps smokers to quit. How is this possible?

A Physical activity helps by reducing recovery symptoms, particularly cravings; reducing weight gain; reducing anxiety/depression, boosting the immune system. Research shows that just five minutes of walking or other activity is enough to overcome the need for nicotine at that time.

Use the factsheet "Smoking and Physical Activity".

Q My client says they have been coughing more since they quit smoking and sometimes this includes coughing up some dark coloured phlegm, why is this happening?

A When smokers quit, the cilia* that have been paralysed by smoking start to return to normal and lung function starts to improve, leading to elimination of phlegm or mucus from the lungs. This is a positive indicator of the lung function improving. However if the client is feeling uncomfortable with the cough/has a sore throat then refer them to their GP. (*Tiny hairs lining the airways that help remove irritants out of the lungs)

Q One of my clients says they have had a numb, achy arm when using a patch – is this normal?

A It is normal for a small number of people using a patch to report this. It occurs because nicotine acts at the peripheral nervous system and neuromuscular junction level. Nicotine activates muscular nicotinic receptors and this can result in feelings of muscle aches or cramps. If this occurs, rather than putting a patch on an arm the client could stick the patch on their trunk instead. This diffuses the nicotine more widely and avoids nicotine overload in the arm.

Q What are E-Cigarettes and are they available on the NHS?

A No, E-cigarettes are not available on the NHS. They are battery-powered nicotine delivery devices. They are made to look and feel like a real cigarette. They are not a tobacco product and do not give off smoke. When the user inhales, a fine mist is produced. The e-cigarettes are loaded with cartridges that contain varying amounts of nicotine, some of which are flavoured.

These products are not regulated and there are concerns over their safety, as not all manufacturers disclose the ingredients. Some e-cigarettes are found to contain very high levels of nicotine. Manufacturers are not allowed to advertise e-cigarettes as an aid to quitting, and they need to comply with regulations on child-proof packaging and relevant warning labels.