

## Important Information for Stop Smoking Services

### Nicotine Replacement Therapy permitted within Devon NHS Stop Smoking Services

#### Introduction

The cost effectiveness of using NRT to quit smoking is long established and this is reflected in NICE guidance<sup>i</sup>. Moreover, in very dependent smokers, The combination of different forms of NRT has been shown to increase abstinence rates compared with single NRT<sup>ii iii</sup>

NHS Stop Smoking Services in Devon provide behavioural support with pharmacotherapy which quadruples a smoker's chance of quitting. There is a wide choice of NRT and choice of treatment should be made on an individual basis, taking into account the person's preference, previous experience of smoking cessation drugs, and any contraindications, cautions, and risk of adverse effects. However, certain products are more expensive with no proven benefit. This document details which NRT products are permitted.

#### Suggested plan for providing smoking cessation therapy

- Patient must demonstrate motivation and willingness to quit. Adverse comments about the cost of therapy or refusal of first line options may lead one to question the motivation. If insufficient motivation apparent, offer information and help so that the patient may return to the service when ready.
- If the patient has previously failed attempts to quit using NRT, discuss reasons for failure.
- If indicated offer NRT. Explain that this doubles the chance of quitting but that will power and motivation are very important. Receiving NHS behavioural support may double these chances again.
- If NRT is not suitable, consider the use of bupropion or varenicline.
- Smoking cessation therapies should only be prescribed where the smoker sets a 'quit date'. Initial prescriptions should provide medication to last only until 2 weeks past the quit date.
- It is recommended that NRT products be prescribed in the following intervals: 2 weeks; 2 weeks; 4 weeks; an optional further 4 weeks.
- 'Cut down to quit' regimens are not covered under stop smoking services.
- Patients using e-cigarettes, but not any smoked tobacco, are not covered under stop smoking services.
- If patient is not abstinent at 8 weeks, consider withdrawing NRT.
- Follow patient up at 4 weeks or more past their quit date to assess smoking status. Record status on the patient's completed monitoring form/ computerised record and return it to the Public Health Information Team (PHIT) at County Hall, Exeter.
- Use the Fagerström questionnaire to assess the level of dependency.

## Fagerström

1. How soon after you wake up do you smoke your first cigarette?
  - Within 5 minutes = 3
  - 6-30 minutes = 2
  - 31-60 minutes = 1
  - After 60 minutes = 0
2. Do you find it difficult to refrain from smoking in places where it is forbidden, e.g. church, at the library, in the cinema?
  - Yes = 1
  - No = 0
3. Which cigarette would you hate most to give up?
  - First one in the morning = 1
  - All others = 0
4. How many cigarettes do you smoke?
  - 10 or less = 0
  - 11-20 = 1
  - 21-30 = 2
  - 31 or more = 3
5. Do you smoke more frequently during the first few hours after waking than during the rest of the day?
  - Yes = 1
  - No = 0
  -

### Score:

- 1 - 2 = Low dependence  
 3 - 4 = Low to moderate dependence  
 5 - 7 = Moderate dependence  
 8+ = High dependence

## You may provide the following products at prescription prices within Devon Stop Smoking Services

Nicorette Invisi Patch 16hr patch	5mg 10mg 15mg 25mg
Niquitin CQ 24hr patch	7mg 14mg 21mg
Nicotinell 24hr patch	7mg 14mg 21mg
Nicorette gum	2mg 4mg
Nicotinell gum	2mg 4mg

Niquitin CQ gum	2mg 4mg
Nicotinell lozenge	1mg 2mg 4mg
Niquitin CQ Mini Lozenge	1.5mg 4mg
Niquitin CQ Lozenge	1mg 2mg 4mg
Nicorette nasal spray	500mcg
Nicorette microtab	2mg
Nicorette inhalator	15mg

Should the exact branded product not be in stock, an alternative brand may be supplied instead rather than delay the quit attempt further.

The following products are **not funded** by Devon Stop Smoking Services. Should the client wish to use these products they must purchase their own supplies. These products are more expensive than Joint Formulary products with, as yet, no [evidence](#) of higher efficacy.

<b>NRT PRODUCTS NOT FUNDED BY PUBLIC HEALTH, DEVON</b>	
Nicorette Quickmist	1mg spray
Niquitin Strips (film)	2.5mg

### **E-cigarettes**

Smokers that wish to give up smoked tobacco using e-cigarettes may be supported by stop smoking services. However, they must fund the product themselves. They may use e-cigarettes in conjunction with NRT or as a sole nicotine replacement product. More guidance on e-cigarettes can be found at [http://www.ncsct.co.uk/publication\\_ecigarette\\_briefing.php](http://www.ncsct.co.uk/publication_ecigarette_briefing.php).

<sup>i</sup> NICE. Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities. 2008. London, National Institute for Health and Clinical Excellence. NICE public health guidance 10.

<sup>ii</sup> Stead LF, Perera R, Bullen C, Mant D, Lancaster T. Nicotine replacement therapy for smoking cessation. *Cochrane Database Syst Rev* 2008;(1):CD000146.

<sup>iii</sup> Brose LS, West R, McDermott MS, Fidler JA, Croghan E, McEwen A. What makes for an effective stop-smoking service? *Thorax* 2011.