

# Diagnosis and Management of Tobacco Dependency

- The prevalence of smokers making contact with the NHS remains high, but treatment is under utilised. Smokers remain at risk from the short, medium and long term consequences of tobacco dependency.
- More than half the inequality in life expectancy between social classes is now linked to higher smoking rates amongst poorer people. The rate of decline in smoking has been lowest in the more disadvantaged socioeconomic groups, who are both less likely to access stop smoking services and less likely to quit successfully, due to a range of additional barriers they face.
- The inequalities in the impact of COVID-19 is driven by Non Communicable diseases that are fuelled by Health inequalities.
- Smoking creates a heavy burden for people working in NHS, adopting a different evidence-based approach to diagnosis and treatment has been shown to reduce this.



## Instigating a quit attempt

### *Start with Very Brief Advice (VBA) on smoking*

VBA (ASK-ADVISE-ACT) is a simple and powerful approach designed to be used opportunistically in less than 30 seconds in almost any consultation with a smoker, and be delivered by any professional as it does not require detailed knowledge.

Each VBA delivered correctly can trigger a quit attempt, although it is highly unlikely that every delivery of VBA will result in a quit attempt the key to success is repeated, routine delivery of VBA to all patients.

The VBA intervention is simple, but its derivation is complex and considered.

VBA should include ASK-ADVISE-ACT even if the ACT is to simply record your VBA and the outcomes in the medical record so that it is immediately available to the next healthcare professional who encounters the patient. Using VBA does not depend on the persons readiness to quit.

### **Normalising quit attempts and encouraging an annual attempt**

Some smokers may feel stigmatised and uncomfortable discussing smoking especially if they have a smoking related disease. Routinely delivering VBA and offering support normalises this, and is the only way to determine interest in quitting.

When smokers try to quit and fail, they may be discouraged from trying again. Smokers need to be encouraged not to give up on quitting. One way of doing this is to encourage smokers to try to quit at least once a year. This can be done proactively by engaging smokers with Letters or SMS messages asking if they have made their annual quit attempt and providing details of local support available.

Ask

- Are you still smoking?
- Do you smoke at all?
- How's the stopping smoking going?

Record smoking status in notes

Advise

Did you know the most effective way to stop smoking is with a combination of support & medication? Both are available on the NHS, and this combination makes you much more likely to succeed in quitting

Act

Direct to available support & treatment to help them quit:

- Referral to Stop Smoking Service
- Support through Practice
- Offer prescription if no support available



## Supporting a quit attempt

*Structured support and medical treatment is the best method of quitting & ideally this is provided by Stop Smoking Practitioners*

If smokers are unwilling or unable to attend specialist stop smoking services to quit smoking support can be effectively offered by GPs within a series of standard 10-minute appointments. The RCGP have issued practical guidance on the delivery of smoking cessation support by GPs:

- **Pre-quit appointment:** Discuss available treatments and prescribe treatment/s for the first 2 weeks. Agree quit date & arrange follow up in 2 weeks.
- **Follow up appointments:** Biweekly / monthly, discuss treatment & progress. Prescribe further treatment & congratulate on success
- **Final appointment:** Congratulate on success & update records. Reassure the door is always open if they go back to smoking



## Exploring treatment choices

Smokers may present to healthcare practitioners with different in different circumstances with a variety of needs. Ultimately however a smoker presents we must remember that smoking is a substance misuse disorder that warrants treatment.

There are many different options available including:

- Referral to Stop Smoking Services for Specialist Advice and medication
- Inhouse provision of stop smoking support from trained advisor & medication in the surgery
- Provision of medication on Prescription (Nicotine Replacement Therapy or Champix) with Brief support
- Vaping

If a Smoker declines treatment acknowledge that it is their choice and reassure them that help will always be available if they change their mind. It is important to reassess with VBA at future visits.

## Conclusion

Treating tobacco dependency systematically and effectively will have a significant impact on the triple aim of: (1) improved individual health outcomes and quality of life; (2) equitable socioeconomic and geographical distribution of healthcare resources; and (3) improved long-term population health outcomes including reducing health inequalities.

It is a responsibility of health services to implement best-practice guidelines, treatments and pathways to ensure that treatments are effective and accessible.

## Resources:

PCRS Pragmatic Guide for Clinicians: Diagnosis and Management of Tobacco Dependency, <https://www.pcrs-uk.org/resource/tobacco-dependency-pragmatic-guide>

VBA online training, [http://elearning.ncsct.co.uk/vba-stage\\_1](http://elearning.ncsct.co.uk/vba-stage_1)

RCGP Smoking Cessation support by GPs, <http://elearning.rcgp.org.uk/> (Search Essentials of smoking cessation)

NICE NG 92 Stop Smoking interventions and services, <https://www.nice.org.uk/guidance/ng92/>

British Thoracic Society Audit and Quality Improvement Tool, <https://www.brit-thoracic.org.uk/standards-of-care/quality-improvement/smoking-cessation/>

Smokefree Action Coalition, <http://smokefreeaction.org.uk>

PHE Campaign Resource Centre, <https://campaignresources.phe.gov.uk>