

# NHS Forth Valley Stop Smoking Guidance

<b>Date of First Issue</b>	28/06/2012
<b>Approved</b>	28/06/2012
<b>Current Issue Date</b>	22/07/2021
<b>Review Date</b>	22/07/2023
<b>Version</b>	3.0
<b>EQIA</b>	Yes 19/07/2021
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This document can, on request, be made available in alternative formats

## Consultation and Change Record – for ALL documents

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<b>Consultation Process:</b>	Tobacco Action Group Area Drug and Therapeutics Committee		
<b>Distribution:</b>	On Forth Valley Clinical Guidelines Intranet site		
<b>Change Record</b>			
<b>Date</b>	<b>Author</b>	<b>Change</b>	<b>Version</b>
05.08.13	Joanne OSuilleabhain	Removal of 2 Stop Smoking Clinics	
09.03.15	Jill Ferguson	Update of Smoking Product Prices	
January 2018	Anita Paterson Scott Robertson	New authors Commodity Action Report (CAREB) detailing the award for the framework agreement for Nicotine Replacement Therapy Products, reference NP46216 Removal of cautionary black triangle from Varenicline (Champix®) Varenicline and NRT now joint first-line options and prescribing guidance on varenicline expanded. Information on e-cigarettes added	2.0
April 2019	Gillian Bruce	Acute service telephone number added	2.1
March 2020	Gillian Bruce	Insertion of NRT Guidance for Acute Acute service telephone number removed	2.2
22/07/2021	Kat Jarvie Iain Watt	Author Update Updated phrasing on interval between quit attempts Inclusion of insulin in general prescribing notes.Update on use of varenicline in psychiatric conditions. Update on prescribing of E Cigarettes Update stop smoking clinics are currently suspended. Smoking Inpatient Management Appendix 1 added	3.0

## Introduction

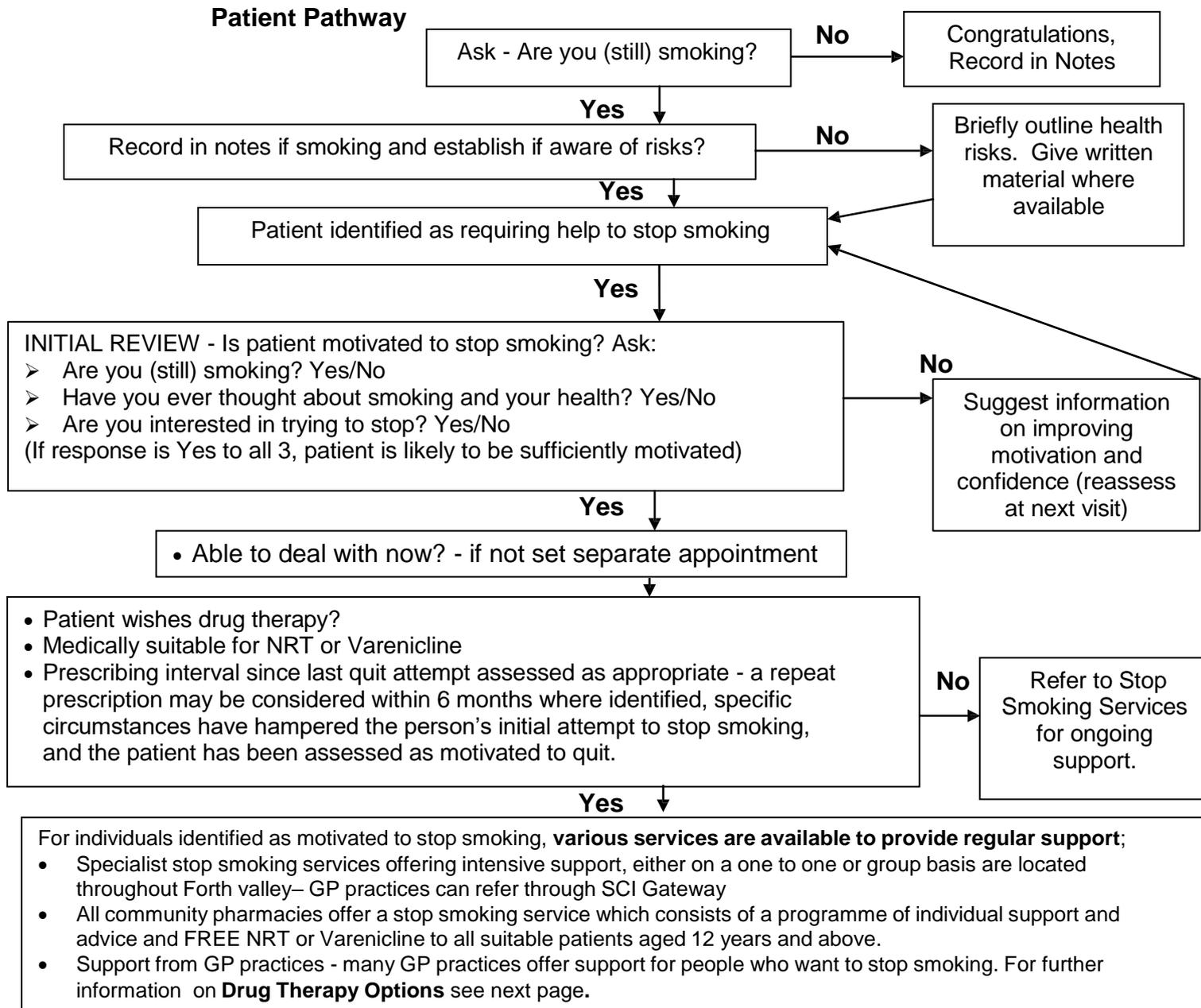
This NHS Forth Valley Stop Smoking Guidance provides information for staff on medicines and services, when undertaking stop smoking interventions. It is aimed at all those practitioners who during their contact with patients discuss patient tobacco smoking. Patients looking to access stop smoking support should in the first instance be referred to the community pharmacy or local stop smoking service.

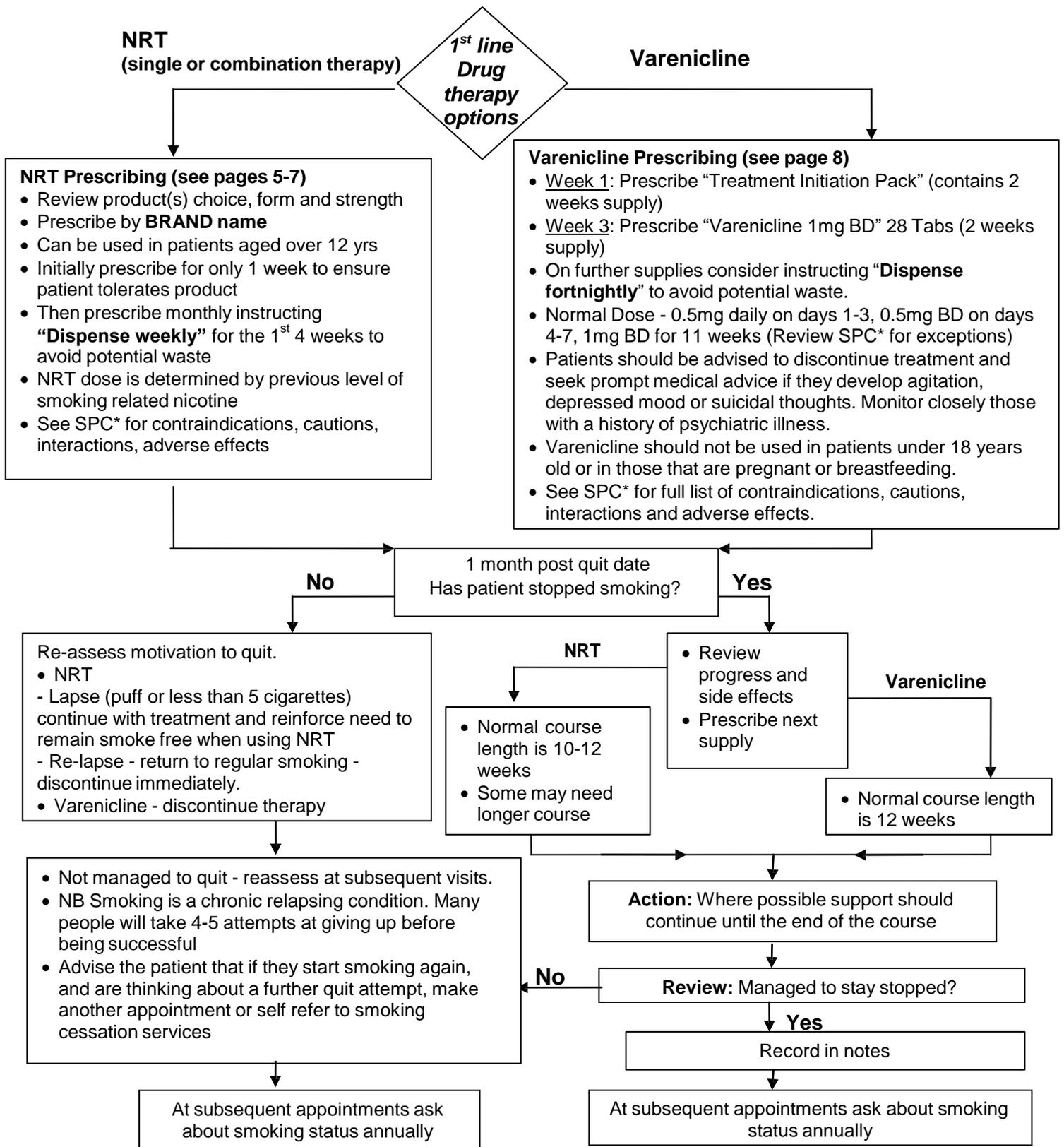
## Forth Valley Formulary Options for Prescribers

NRT Single /Combination Therapy OR Varenicline are considered joint 1<sup>st</sup> line treatments.

**NRT or Varenicline should only be prescribed in combination with stop smoking advice and support.**

### Patient Pathway





**General Prescribing Notes**

- Community pharmacies to follow national pharmacy smoking cessation guidelines.
- Physiological changes resulting from stopping smoking may alter the metabolism of some medicines. Dosage adjustment may be necessary, the most important examples are Theophylline, Olanzapine, Clozapine and Warfarin. In such cases prescribers need to be informed that the patient is undergoing a quit attempt. Insulin dosing may need to be adjusted in some patients.
- Bupropion is an option if a patient fails to quit after attempting NRT (single or dual therapy) or Varenicline or where these are not appropriate.
- Bupropion can also be considered in patients that have previously undergone a successful quit attempt with Bupropion. See SPC\* for full prescribing details for Bupropion.

## Nicotine Replacement Therapy- Choice of Formulations

- All NRT preparations have similar efficacy; giving patients the choice increases success rates. Perseverance is needed.

**Nicotinell<sup>®</sup> 24-hour patches are the 1<sup>st</sup> line choice in Forth Valley.**

If the individual has problems with vivid dreams/sleeping the patch can be removed before going to sleep.

**The exception to 24-hour use would be pregnant women, who should not use patches for more than 16 hours in any 24-hour period. All pregnant women should be routinely advised to remove the patch at bedtime (NICE 2010).**

**See protocol under the pregnancy section (page 13).**

- Patch formulation is suitable for individuals who prefer a continuous dose of nicotine throughout the day. Other formulations may be suitable for individuals who prefer to self dose when urge to smoke occurs.
- Patients who are **heavy smokers** or have felt insufficiently supported with a patch previously may, in addition to a patch, be offered the use of a second intermittent NRT product to use as required to prevent relapse (eg lozenges or gum). If a second product is required the maximum recommended daily dose of the intermittent NRT product should be reduced.

**Nicotinell<sup>®</sup> gum or Lozenges are the Forth Valley ‘when required’ products of choice.**

- Some **lighter smokers** may benefit from having a ‘when required’ product as a ‘safety net’, to allow flexibility
- Other ‘when required’ formulations are available such as; inhalator, oral spray and nasal spray but these are not so cost-effective and should be reserved **ONLY** for those patients for whom Nicotinell<sup>®</sup> gum or lozenges are not suitable.

**If combination NRT treatment is required, Nicotinell<sup>®</sup> patches in combination with Nicotinell<sup>®</sup> gum or lozenges should be considered as first-line choice as this is the most cost-effective combination.**

- Normal course length is 10-12 weeks.
- For details on doses, adverse effects, cautions and contra-indications of individual products refer to the Summary of Product Characteristics. ([www.medicines.org.uk/emc](http://www.medicines.org.uk/emc)).

## Nicotine Replacement Therapy Prescribing Recommendations from 1<sup>st</sup> March 2017

### Preferred NRT product - Nicotinell<sup>®</sup> **(ALWAYS PRESCRIBE BY BRAND NAME)**

The Nicotinell<sup>®</sup> range of products are the Forth Valley formulary choice and the most cost effective. These products should be suitable for the majority of patients.

- Nicotinell<sup>®</sup> 24hr Patch 7mg, 14mg and 21mg
- Nicotinell<sup>®</sup> Gum 2mg and 4mg
- Nicotinell<sup>®</sup> Lozenge 1mg and 2mg (*18yrs and over only*)

### Second choice product – Niquitin<sup>®</sup> Patch **(ALWAYS PRESCRIBE BY BRAND NAME)**

This should only be used when the Nicotinell<sup>®</sup> range does not offer a suitable formulation (e.g. problem with patch adhesive) or the Nicotinell<sup>®</sup> range does not include a second product that is felt appropriate for dual therapy.

- Niquitin<sup>®</sup> patches – 24 hour patch 7mg, 14mg and 21mg

### In conclusion:

- 1<sup>st</sup> line NRT choice in Forth Valley is Nicotinell<sup>®</sup> Patch.
- In those who require combination therapy a Nicotinell<sup>®</sup> Patch with Nicotinell<sup>®</sup> Gum or Nicotinell<sup>®</sup> Lozenge is preferable.
- If the individual has an issue with the adhesive of Nicotinell<sup>®</sup> Patch then a Niquitin<sup>®</sup> Patch could be used. If combination therapy is required with a Niquitin<sup>®</sup> patch then Nicotinell<sup>®</sup> Gum or Nicotinell<sup>®</sup> Lozenge is preferable.
- **All other NRT preparations are less cost-effective and are not the formulary choice. These should only be used where a formulary choice is unsuitable.**
- **Always prescribe by brand name.**

**Nicotine patch (Nicotinell® 1<sup>st</sup> line choice  
Niquitin® 2<sup>nd</sup> line choice)**

- Discreet and easy to use.
- Available in different strengths, lasting 24 hours.
- Supplies nicotine continuously throughout the day (helps relieve withdrawal symptoms and physical cravings).
- Rotate the patch site to avoid itching, redness or skin dryness under the patch.

**Nicotine lozenge (Nicotinell® 1<sup>st</sup> line choice)**

- Discreet, flexible and offers good dose control.
- An effective alternative to gum and available in several strengths and flavours; mint flavour may be more palatable.
- One lozenge is used every 1-2 hours for the first few weeks reducing the number gradually each day and over the next few weeks until they are not needed anymore.
- Do not chew or swallow.

**Nicotine gum (Nicotinell® 1<sup>st</sup> line choice)**

- Available in two strengths and several flavours.
- Nicotine is absorbed through the lining of the mouth therefore discourage constant chewing by “chew/park/chew” technique for around 30 minutes.
- Can taste slightly peppery at first.
- Can irritate the mouth and throat, increase salivation and aggravate stomach ulcers.
- Gum is not recommended in denture wearers.

**Nicotine inhalator (NOT a formulary choice)**

The inhalator is helpful if the smoker misses the ritual of smoking.

The inhalator looks like a cigarette holder, inside which a cartridge containing nicotine is placed. Nicotine is taken into the mouth and the back of the throat by a short suck on the inhalator when craving a cigarette.

Use 6-12 cartridges daily for up to 8 weeks then reduce and stop over next 4 weeks.

**Nicotine sublingual tablet (NOT a formulary choice)**

Discreet, flexible and offers good dose control.

The small tablet dissolves under the tongue.

The tablet must not be sucked, chewed or swallowed, as this will reduce the amount of nicotine absorbed.

**Nicotine oral spray (NOT a formulary choice)**

Useful for people with severe withdrawal symptoms or heavy smokers.

Starts to act in 60 seconds to give quick relief from cravings. The nicotine is absorbed quickly through the mouth lining, helping to rapidly relieve the urge to smoke.

1 or 2 sprays when required (max 4 sprays hourly, max 64 in 24hours) for up to 12 weeks

**Nicotine nasal spray (NOT a formulary choice)**

Useful for people with severe withdrawal symptoms or heavy smokers.

Presented as a bottle with a nozzle that delivers a dose of nicotine via a fine spray into each nostril. The nicotine is quickly absorbed through the lining of the nose and mimics cigarettes more closely by giving a relatively fast effect.

The spray may initially irritate the nose and throat.

- Apply 1 spray per nostril when required (max twice hourly) for up to 8 weeks, then reduce and stop over next 4 weeks.

## Varenicline

- Varenicline may be a more suitable alternative to NRT in the following situations:
  - a patient expresses a desire to use Varenicline and there are no contraindications to its use,
  - Previous quit failure on a wide range of NRT formulations, either individually or in combination..
- The recommended starting dose is 500micrograms once daily for three days then 500micrograms twice daily for four days then 1mg twice daily thereafter. It should usually be started 1-2 weeks before planned smoking stop date and treatment continued for 12 weeks. See Summary of Product Characteristics (SPC) for details of dose reduction in patients with renal impairment and other relevant prescribing information.
- Prescribing should be avoided in pregnancy and breastfeeding and cautioned in those with conditions that may lower seizure threshold or predisposition to seizures; history of cardiovascular disease; history of psychiatric illness (may exacerbate underlying illness including depression).
- Smoking cessation, with or without pharmacotherapy, has been associated with exacerbation of underlying psychiatric illness (e.g. depression). A large randomised, double-blind, active and placebo-controlled study was conducted to compare the risk of serious neuropsychiatric events in patients with and without a history of psychiatric disorder treated for smoking cessation with varenicline, bupropion, NRT or placebo. The primary safety endpoint was a composite of neuropsychiatric adverse events that have been reported in post-marketing experience. The use of varenicline in patients with or without a history of psychiatric disorder was not associated with an increased risk of serious neuropsychiatric adverse events in the composite primary endpoint compared with placebo. (see SPC for full detail).
- Common side-effects include taste disturbances; abnormal dreams; appetite changes; dizziness; dry mouth; gastro-intestinal disturbances; headache and sleep disorders. See SPC for full list of undesirable effects. Any suspected adverse reaction should be reported via the Yellow Card Scheme ([www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard)).
- Patients should be advised that this medicine may make them sleepy and if this occurs then to not drive or use tools or machines.
- Patients who cannot tolerate adverse reactions may have the dose lowered temporarily or permanently to 500micrograms twice daily.
- Patients should be advised to discontinue treatment and seek prompt medical advice if they:
  - Develop agitation, depressed mood, or suicidal thoughts. Patients with a history of psychiatric illness should be monitored closely while taking varenicline, or
  - develop new or worsening cardiovascular symptoms such as signs and symptoms of myocardial infarction or stroke, or
  - Develop signs of hypersensitivity such as facial swelling or skin reactions.
- Based on clinical experience to date, no clinically meaningful drug interactions

have been identified; however, the safety and efficacy in combination with other smoking cessation therapies (e.g. NRT) has not been studied.

- Patients should usually be treated for 12 weeks duration and then discontinued; however, in exceptional circumstances a further 12 weeks may be considered as maintenance of abstinence in those successfully stopped smoking. The maximum duration of treatment is 24 weeks.

At the end of treatment, discontinuation has been associated with an increase in irritability, urge to smoke, depression and/or insomnia and therefore prescribers should inform patients and consider the need for dose tapering (as required)

## Selected NRT and Champix® Product Range

NRT Products		
<b>Patches</b> Nicotinell® Nicotinell® Nicotinell®  Niquitin® Nicorette® Nicorette Invisipatch®	<b>Strengths</b> 7mg 14mg 21mg  7, 14 and 21mg 5, 10 and 15mg 10, 15 and 25 mg	<b>Additional information</b> 1 <sup>st</sup> line product 24 hr patch** 1 <sup>st</sup> line product 24 hr patch** 1 <sup>st</sup> line product 24 hr patch** 2 <sup>nd</sup> line product 24 hr patch where a different patch is required due to problem with patch adhesive 16 hr patch NOT formulary choice 16 hr patch NOT formulary choice
<b>Gum</b> Nicotinell Gum® Nicotinell Gum® Nicorette Gum® Nicorette Gum® Niquitin CQ gum® Niquitin CQ gum®	<b>Strengths</b> 2mg 4mg 2mg 4mg 2mg 4mg	1 <sup>st</sup> line product 1 <sup>st</sup> line product NOT formulary choice NOT formulary choice NOT formulary choice NOT formulary choice
<b>Lozenges/Tabs</b> Nicotinell® Nicotinell® Niquitin CQ® Niquitin CQ® Niquitin CQ Minis® Niquitin CQ Minis® Nicorette Microtab® Nicorette Cools	<b>Strengths</b> 1mg 2mg 2mg 4mg 1.5mg 4mg 2mg 2mg	1 <sup>st</sup> line product 1 <sup>st</sup> line product NOT formulary choice NOT formulary choice NOT formulary choice NOT formulary choice NOT formulary choice NOT formulary choice
<b>Inhalator</b> Nicorette Inhalator®	<b>Strengths</b> 15mg	NOT formulary choice
<b>Nasal Spray</b> Nicorette Nasal Spray®	<b>Strengths</b> 500mcg/dose	NOT formulary choice
<b>Quickmist</b> Nicorette Quick Mist®	<b>Strengths</b> 1mg	NOT formulary choice
<b>Varenicline</b>		
Varenicline	<b>Strengths</b> 500mcg, 1mg tablets	1 <sup>st</sup> line product

\*\* A 24 hour patch can be removed before sleeping if the individual experiences problems with vivid dreams/sleeping.

## E-cigarettes

E-cigarettes have been available for purchase for just over a decade in Scotland. They have and continue to be popular and many smokers report using them.

In 2017 Health Scotland developed a consensus statement on e-cigarettes aimed at both health professionals and members of the public.

<http://www.healthscotland.scot/publications/e-cigarettes-consensus-statement>

The clear message for health professionals is to be proactive in ways to quit which are most effective. Patients should be advised that expert support and medicinal products have the strongest evidence base to help people to stop smoking. However, patients choosing to use an e-cigarette in their quit attempt should not be discouraged and should be referred to the Stop Smoking Service.

Health Scotland has developed a resource highlighting the facts about e-cigarettes and how they might help patients to stop. These are available to order through the Health Improvement Resources Library.

<https://nhsforthvalley.com/health-services/health-promotion/resources-and-design/>

**Patients using e-cigarettes are not eligible for the smoking cessation service offered by community pharmacies at present.**

It should be kept in mind that use of e-cigarettes, their role in cessation and long-term effects is an emerging area, with its evidence base still developing.

**Please Note: Voke® is non-Formulary in NHS Forth Valley and prescribing is not recommended.**

The preferred formulary products to support a quit attempt are NRT and Varenicline.

Patient who choose to purchase and use Voke®, e-cigs or vaping products are able to access motivational support for their quit attempt through Stop Smoking Service (Tel: 01786 433 293)

## Specialist Stop Smoking Services

### Community

NHS Forth Valley provides local clinics to help people give up smoking. Details of these can be found at the following link:

<http://nhsforthvalley.com/health-services/az-of-services/stop-smoking-service-clinics/>

Patients can also self refer by telephone and email.

Telephone: 01786 433 293

Email [fv.stopsmoking@nhs.scot](mailto:fv.stopsmoking@nhs.scot)

Stop Smoking Advisers deliver cessation support within 12 local GP practices. Please call the number below or email for further information (currently suspended due to Covid 19 pandemic).

GPs and Dentists can refer patients to the Stop Smoking Service through SCI Gateway.

Community pharmacies can refer complex patients or those requiring additional support to the Stop Smoking Service by telephone or email as below:

Telephone 01786 433 293

Email [fv.stopsmoking@nhs.scot](mailto:fv.stopsmoking@nhs.scot)

**All Community Pharmacies provide a FREE smoking cessation support service** as part of the Public Health Service element of the community pharmacy contract.

This includes the provision of patient centred behavioural support and evidence based pharmacotherapies (NRT and Varenicline).

The service is available to any patient aged 12 years or over.

## Acute settings

To refer those who have started a quit attempt within hospital call 01786 433293 or email [fv.fvstopsmokingservice@nhs.scot](mailto:fv.fvstopsmokingservice@nhs.scot)

The national smoking cessation guidance (2010) makes several recommendations relevant to acute settings, including;

- Health professionals are well placed to provide brief interventions by raising the topic of smoking that arise around other contact with patients to advise them to stop smoking and to recommend support to do so.
- All patients should have their smoking status discussed and recorded at all stages in their treatment phase from pre-admission to discharge and should be encouraged to stop smoking before surgery or admission e.g. pre-admission and be offered timely access to an intensive support service (normally an NHS smoking cessation service).
- Hospital patients who use tobacco in any form should be asked if they are interested in stopping and referred to specialist services and those not ready to quit should be considered for NRT to alleviate nicotine withdrawal symptoms.

<http://www.healthscotland.scot/media/1096/a-guide-to-smoking-cessation-in-scotland-2017.pdf>

Benefits of an Integrated Care Pathway for the management of Nicotine Addiction in Acute settings:

- Provides accountability and protection to staff by following the pathway and documenting the actions taken around patients' smoking.
- Increases access to cessation support.
- Supports the implementation of No Smoking/Smoke-free Policies
- Offers patients an alternative to smoking potentially reducing the need for patients to leave the building to smoke.
- Reduces the fire risk associated with smoking in an acute setting.
- May initiate a quit attempt from patients who otherwise may not access cessation services.
- Supports Mental Health staff to work towards providing a smoke free environment for their patients.
- Improved patient comfort (due to alleviation of nicotine withdrawal symptoms)
- Appropriate referrals from all clinical areas to the Stop Smoking Service
- Patient choice
- Equity and consistency of care
- Increase staff knowledge of nicotine addiction and treatment
- Increased availability of NRT

## Pregnancy

Encouraging women to stop smoking as soon as a pregnancy is confirmed is important. In the third trimester nicotine has a haemodynamic effect (e.g. changes in foetal heart rate) which could affect the foetus close to delivery, therefore early intervention is extremely valuable.

**National protocol:- It is requested that Maternity services follow the national protocol of universal CO monitoring with “opt-out” onward referral to specialist services.**

As per the national protocol all pregnant women in Forth Valley receive carbon monoxide monitoring. All women with a reading of  $\geq 4$ ppm are automatically referred to the Stop Smoking Service.

**After a woman has engaged with a specialist service the following protocol should be followed with all pregnant women: -**

- Discuss Risks/Benefits
- 1<sup>st</sup> recommendation –Behavioural support only (No NRT)
- 2<sup>nd</sup> recommendation - NRT oral products (Not liquorice-containing products – may increase blood pressure)
- 3<sup>rd</sup> recommendation- continuous use NRT product – only 16-hour patch or advise to remove a 24 hour patch overnight

***Neither Varenicline nor Bupropion should be used in pregnancy or whilst breastfeeding***

NRT may be recommended for breastfeeding women. If a breastfeeding woman expresses a wish to receive NRT clinical judgement should be used. Any risk is likely to be small in comparison with the amount of nicotine from cigarettes and the smokefree environment will also outweigh any risk.

Using intermittent NRT may minimise the amount of nicotine in breast milk as the time between administration of NRT and feeding can be timed to ensure levels of NRT are at their lowest level.

# Smoking Inpatient Management



Nicotine Replacement Therapy and Varenicline are both 1st line options.

## Nicotine Replacement Therapy

Even if just for the duration of the admission.

## Nicotinell - 1st line brand

### ≤ 10 cigarettes/day

1 x SHORT ACTING

- Gum 2mg
- Lozenge 2mg  
(Both max 15 in 24hrs).

OR LONG ACTING PATCH

- 14mg/24hr patch

### 11-19 cigarettes/day

1 x SHORT ACTING

- Gum 2mg
- Lozenge 2mg  
(Both max 15 in 24hrs).

AND LONG ACTING PATCH

- 14mg/24hr patch

### ≥ 20 cigarettes/day

1 x SHORT ACTING

- Gum 2mg
- Lozenge 2mg  
(Both max 15 in 24hrs).

AND LONG ACTING PATCH

- 21mg/24hr patch

- ◆ 24 hour patches are ideal for patients that smoke within 30 minutes of waking but can cause sleep disturbance. Consider removing patches before bed.

**In pregnancy - patches must be removed before bed.**

*Nicotine tabs, inhalator, nasal spray, quick mist and 16 hour Nicorette® patch are non-formulary.*

## Varenicline

This can be started in addition to NRT.

### Treatment Starter Pack

- Day 1-3 - 500mcg once daily
- Day 4-7 - 500mcg twice daily
- Day 8 - 1mg twice daily

Treatment duration is **12 weeks**.

Not recommended for use in pregnancy, when breastfeeding, severe kidney disease and if <18 years of age. May require closer monitoring in patients with mental health illness and epilepsy.

## Stop Smoking Service

### How to refer?

Leave the patient's name, CHI and their contact telephone number.

[fv.stopsmokingservice@nhs.scot](mailto:fv.stopsmokingservice@nhs.scot)  
Subject: Patient discharged on varenicline/NRT.

OR

**01786 433293**

Ensure referral made prior to discharge.

*Produced - March 2020 (Updated April 2021)*

### **Publications in Alternative Formats**

NHS Forth Valley is happy to consider requests for publications in other language or formats such as large print.

To request another language for a patient, please contact 01786 434784.

For other formats contact 01324 590886,

text 07990 690605,

fax 01324 590867 or

e-mail - [fv-uhb.nhsfv-alternativeformats@nhs.net](mailto:fv-uhb.nhsfv-alternativeformats@nhs.net)