

# **Supporting smokers to quit**

## **A summary of resources for healthcare professionals**

# About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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## Introduction

Each year, Public Health England runs the Stoptober quit smoking challenge, a mass participation event where smokers are encouraged to make a quit attempt in October. The campaign is based on research showing that if you can stop smoking for 28 days, you are five times more likely to stay smokefree for good. This year's campaign will encourage smokers to quit with the support most suitable for them, explain the options available and provide them with ongoing support through on-demand tools.

Tobacco control in England has seen considerable success in the past few decades and the latest national statistics show that adult smoking prevalence in England has dropped just below 15%. However, there are significant demographic and geographic differences. Smoking among 18-24 year olds has fallen rapidly but in the 25-34 year old age group, one in five still smokes. Areas such as Blackpool, Hastings and Kingston upon Hull continue to have around three times the percentage of adults smoking compared to low prevalence areas such as Wokingham, West Dorset and Ribble Valley. In addition:

- 1 in 4 people in routine and manual occupations is a smoker compared to 1 in 10 in managerial and professional posts
- People who are unemployed are almost twice as likely to smoke as those in work
- Smoking prevalence among adults with a serious mental illness is over two and a half times the national average

Smoking remains England's biggest killer, causing 78,000 deaths a year. Supporting smokers to quit is vitally important and as a healthcare professional you have a key role to play. Prompts by healthcare professionals are the second most common reason for someone making a quit attempt and the success of these attempts can be significantly increased by helping patients identify appropriate quit aids and access further support.

Currently, nearly 60% of smokers still try to quit using willpower alone despite this being the least effective way. Our latest independent e-cigarette evidence review highlighted the widespread public misunderstanding of the harmfulness of both e-cigarettes and nicotine replacement therapies. The authors suggest this may be linked to inaccurate and confused perception of the risks of nicotine – 40% of smokers incorrectly think nicotine causes cancer.

This document has been developed to support healthcare professionals in advising patients wishing either to participate in Stoptober or to make a separate quit attempt. It draws on a variety of resources from several professional organisations to provide an overview of available guidance, tools and training.

## Having conversations about quitting

Supporting a smoker to quit is one of the most effective ways any healthcare professional can help improve a person's health. Three out of five smokers say they want to quit.

NICE guidance NG92 '[Stop smoking interventions and services](#)' acknowledges that some healthcare professionals worry that people who smoke may feel they are being given too much advice. However, it is clear that missing the chance to give appropriate advice carries a greater risk of harm. Talking to people about smoking in a way that is sensitive to their preferences and needs will ensure they are more likely to think about stopping when asked. Although smokers are able to get advice from other sources, this may not always guide them to the type of support that would be most effective for them.

The National Centre for Smoking Cessation and Training (NCSCT) provides free online training modules on [stop smoking medications](#) and delivering [Very Brief Advice](#) for stopping smoking.

The Very Brief Advice (VBA) model consists of three steps:

- ASK and record smoking status; is the patient a smoker, ex-smoker, or non-smoker?
- ADVISE on the best way of quitting; the best way of stopping smoking is with a combination of stop smoking aids and specialist support
- ACT on patient response; build confidence, give information, refer, and prescribe

Public Health England has published '[Stop smoking options: guidance for conversations with patients](#)' to support conversations between clinicians and people who want to quit smoking on what method to choose.

## Stop smoking support

Most people find it hard to quit smoking using willpower alone. Getting support can greatly increase a person's chances of quitting successfully:

- using nicotine replacement therapies such as patches and gums, or e-cigarettes makes it one and a half times as likely a person will succeed;
- a person's chances of quitting are doubled if using a stop smoking medicine prescribed by a GP, pharmacist or other health professional;
- combining stop smoking aids with expert support from local stop smoking services makes someone up to four times as likely to stop smoking successfully

There is also good evidence to show that combination NRT is more effective than single product use. NICE recommends that combination NRT should be considered as a viable option for all smokers wanting to quit.

A [Cochrane review](#) has shown that combination NRT (patch plus a faster acting form such as gum, inhalator, nasal spray etc) is likely to give a 35% increase in cessation rate.

Combination NRT is not only suitable for heavier smokers but also for anyone who:

- has used NRT in a previous quit attempt but relapsed while using it
- feels they need something more than a patch or other single form NRT

For further information, see the NCSCT briefing: '[Combination nicotine replacement therapy](#)'.

### The evidence on nicotine

While nicotine is the addictive substance in cigarettes, it is **relatively harmless**. In fact, almost all of the harm from smoking comes from the thousands of other chemicals in tobacco smoke, many of which are toxic. Despite this:

- only just over half of adults think that NRT is any less harmful than smoking
- 4 in 10 smokers and ex-smokers incorrectly think nicotine causes most of the smoking-related cancer

Given these misperceptions, advising smokers on the relative risks of nicotine containing products compared to smoked tobacco is an integral part of supporting them to quit. People should be advised to use NRT, or an e-cigarette if they choose, as much they need to help them manage their cravings when they stop smoking. Insufficient nicotine replacement and premature cessation of it are both associated with relapse to smoking.

# Giving smokers evidence-based advice about e-cigarettes

E-cigarette use has increased in recent years and they have become the most popular stop smoking aid in England. More than half of current users have managed to stop smoking completely and it is estimated that e-cigarettes have contributed at least 18,000 additional ex-smokers a year in England and potentially many thousands more. It is therefore important that healthcare professionals can give sound advice to smokers who are already using e-cigarettes or want to use them.

For more information on prevalence and patterns of use, see ASH '[Use of e-cigarettes among adults in Great Britain 2017](#)'

## Regulation

At present there is no medicinally licensed e-cigarette product available on the UK market. However, the UK has some of the strictest regulation for e-cigarettes in the world. Under the [Tobacco and Related Products Regulations 2016](#), e-cigarette products are subject to minimum standards of quality and safety, as well as packaging and labelling requirements to provide consumers with the information they need to make informed choices. All e-cigarette products must be notified by manufacturers to the UK Medicines and Healthcare products Regulatory Agency (MHRA), with detailed information including the listing of all ingredients.

## Safety and effectiveness as a quit aid

Leading UK health and public health organisations including the [RCGP](#), [BMA](#) and [Cancer Research UK](#) now agree that although not risk free, e-cigarettes are far less harmful than smoking. Based on an assessment of the available international peer-reviewed evidence, [Public Health England](#) and the [Royal College of Physicians](#) estimate the risk reduction to be at least 95%. In 2018 so far, three major US reports (National Academies of Sciences, Engineering and Medicine, American Cancer Society and the US Annual Review of Public Health) have found that e-cigarettes are substantially less harmful than smoking.

In this [short film](#), experts explain the evidence on e-cigarette safety.

There is growing evidence that e-cigarettes can help people stop smoking. They are particularly effective as a quit aid when combined with expert help from local stop smoking services. In 2017-18, [two thirds of smokers](#) who got this support stopped smoking successfully.

## Advising patients

E-cigarettes are the subject of frequent and often inaccurate media reporting and it is therefore likely that smokers considering them as a quit aid will have questions.

NICE guidance [NG92](#) recommends that health and social care professionals provide the following advice to smokers who are using, or interested in using, an e-cigarette for quitting:

- although these products are not licensed medicines, they are regulated by the Tobacco and Related Products Regulations 2016
- many people have found them helpful to quit smoking cigarettes
- people using e-cigarettes should stop smoking tobacco completely, because any smoking is harmful
- the evidence suggests that e-cigarettes are substantially less harmful to health than smoking but are not risk free
- the evidence in this area is still developing, including evidence on the long-term health impact.

The BMA provides some answers to common questions on e-cigarettes to support doctors when discussing their use with patients. See '[What should doctors say](#)' (scroll down the webpage).

The RCGP's recommendations for primary care clinicians, together with a video podcast setting out the evidence to help inform conversations with patients about e-cigarettes, can be found [here](#).

PHE's blog: '[Clearing up some myths around e-cigarettes](#)' provides the evidence in response to some of the more commonly reported inaccuracies and misconceptions about e-cigarettes and vaping.

The NCSCT has developed a free [online training module on e-cigarettes](#) on e-cigarettes for healthcare professionals, covering:

- the safety and effectiveness of e-cigarettes
- types of device, and
- issues for e-cigarette users to consider.