Why and how to support your patients to stop smoking (when time and funding are against us!)

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We aim to look at:

• The size of the problem of smoking and the clinical and economic benefits of cessation.

• The current smoking cessation landscape in the UK.

• The concept of tobacco dependence as a long term medical condition.

• Current smoking cessation strategies available to GPs.
Smoking is the largest cause of premature death.

Smoking: the size of the problem

• Up to two thirds of long-term smokers die prematurely due to smoking-related diseases\(^1,2\)
• Causes 10-15 years lost for the general population and 20-25 for mental health patients\(^3\)
• The leading cause of cancers, COPD and CHD.
• Worsens at least 15 of the 19 clinical conditions in QOF for which GPs are responsible (CHD, Heart Failure, Hypertension, Peripheral Arterial Disease, Stroke and Transient Ischaemic Attack, Diabetes, Asthma, COPD, Dementia, Depression, Mental Health, Cancer, Chronic Kidney Disease, Osteoporosis, Rheumatoid Arthritis).

Smoking cessation: clinical benefits

- Stopping smoking increases life expectancy, and before the age of 30 gives life expectancy similar to a non-smoker¹

- Stopping smoking can greatly reduce the risk of smoking related cancers and the earlier you stop the better¹,²

- Risk of coronary heart disease falls by 50% one year after stopping smoking³

- Cessation is the only intervention to change the course of COPD and is more effective than all known pharmacological treatments⁴,⁵

7 WAYS TO CUT DOWN CANCER

- Be smoke free
- Keep a healthy weight
- Be safe in the sun
- Drink less alcohol
- Eat a high fibre diet
- Cut down on processed meat
- Be more active

MAKE A CHANGE TO REDUCE THE RISK OF CANCER

Larger circles indicate more UK cancer cases
Source: Brown et al, British Journal of Cancer, 2018

LET'S BEAT CANCER SOONER
cruk.org/prevention
BEING SMOKE FREE CAN PREVENT 15 TYPES OF CANCER

Nose and sinuses
Mouth
Upper throat
Larynx
Oesophagus
Lung
Liver
Stomach
Kidney
Pancreas
Bowel
Ovary
Bladder
Cervix
Leukaemia

Larger circles indicate more UK cancer cases
Circle size here is not relative to other infographics based on Brown et al 2018.
Source: Brown et al, British Journal of Cancer, 2018

LET'S BEAT CANCER SOONER
cruk.org/prevention
Tobacco dependence is a treatable medical condition

1. **Organic basis:** Permanent changes in neuro-anatomy of smokers’ brains. 300-400% increase in nicotinic receptors in the midbrain, causes dependence as or more powerful than that due to heroin or cocaine

2. **High health impact:** Up to 66% mortality and decades of morbidity

3. **Established effective treatments:** varenicline (Champix), nicotine replacement therapy (NRT) and bupropion (Zyban)

4. **International Classification of Disease 10th Revision, Clinical Modification (ICD-10-CM) code:** F17 “Nicotine Dependence”

Smoking cessation: economic benefits

- Helping people stop smoking is one of the single highest contributions to health that any clinician can make\(^1\)

- NICE estimates for every £1 invested, £2.37 is saved on treating smoking-related disease and lost productivity\(^1\)

- Smoking cessation treatments are among the most cost-effective of all healthcare interventions (NICE 2002) and are underused

## Changes to local authority smoking cessation budgets

<table>
<thead>
<tr>
<th>Year</th>
<th>Decreased</th>
<th>Stayed the Same</th>
<th>Increased</th>
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<tbody>
<tr>
<td>2014/15</td>
<td>17%</td>
<td>65%</td>
<td>19%</td>
</tr>
<tr>
<td>2015/16</td>
<td>39%</td>
<td>56%</td>
<td>5%</td>
</tr>
<tr>
<td>2016/17</td>
<td>59%</td>
<td>35%</td>
<td>6%</td>
</tr>
</tbody>
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Smokers attending NHS stop smoking services from 2001–2012

816,444 in 2011–12

Smokers attending NHS stop smoking services from 2001–2017

- 816,444 in 2011–12
- 307,507 in 2016–17

Smoking cessation transferred from NHS to Local Authorities

Proven smoking cessation interventions

• Brief advice

• Behavioural support

• Pharmacotherapy
  – Nicotine replacement therapy (prescribed but not OTC)
  – Bupropion (Zyban)
  – Varenicline (Champix)

• E-cigarettes
Giving advice to smokers

“Advice to quit smoking from a GP, can be one of the most important triggers for a quit attempt”

What is the most common advice GPs give to smokers?

Advice to stop smoking
Potential limitations with ‘advice to stop’

• Negative message
• Nagging
• Nothing new
• Encourages conflict and denial
• Frustrating for both doctor and smoker
• Takes longer
• Puts you off doing it again
Ideas for potentially better advice?

Advice on HOW to stop smoking
Keys to stopping successfully

1. Wanting to stop smoking.
2. Good-quality support.
3. Evidence-based treatments.

But for 95–97% of smokers wanting to stop is not enough.\(^1\)

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Efficacy of Behavioural Support and Pharmacotherapy

BS = Behavioural Support
Var = Varenicline
NRT = Nicotine Replacement Therapy
Bup = Bupropion

Professor Robert West, figure developed by combining individual relative risk estimates given in Cochrane reviews; bars represent 95% CIs based on risk ratios versus placebo (for medications) or brief advice/no treatment (for BS); figures for BS + NRT/Bup/Nor/Var involve multiplying effect of BS and effect of medication.
Concept of Very Brief Advice (VBA) for smokers

A simple form of advice how to stop designed to be used opportunistically in less than 30 seconds in almost any consultation with a smoker
VBA deliberately does not...

- Advise smokers to stop
- Ask how much or what they smoke
- Even ask if they want to stop
Benefits of VBA

• Brief! (<30 seconds or it won’t be used)
• Records smoking status (future VBA as 70%+ relapse)
• Opportunistic (suitable for almost any consultation)
• Positive (or you put them off trying)
• Not confrontational (not telling them to stop)
• Informative (saying how to stop)
• Engaging (new information)
• Satisfies QOF
• NOT a smoking cessation consult (that’s for next time)
Very Brief Advice (VBA) for smokers

1. Establish and record smoking status (QOF): “Do you smoke?/Are you still smoking?”

2. Advise how to stop: “The best way to stop is with support and treatment”

3. Offer support and treatment (QOF): “When you are ready just make an appointment to see ... who can really help you stop!”
RCGP Essentials of Smoking Cessation e-Learning Module
- Launched September 2018

This is a free module click on the link to join the course:
http://elearning.rcgp.org.uk/smoking
Health Professional Smoking Cessation Resources: cruk.org/smokingcessation

Safety

There are concerns that e-cigarettes are as harmful as smoking; however, research indicates this isn’t the case.

- More on the evidence

FAQs

Are e-cigarettes a gateway to smoking? Get the answers to commonly asked questions about e-cigarettes.

- Learn more

Expert talking heads

Watch our series of short videos to hear GP and research views on e-cigarettes, the current evidence base and their role as a smoking cessation aide.

- Watch the videos
Many thank you for you participation today.

Your support is really important to address the biggest cause of cancer.

Time for questions?