Frequently Asked Questions about smoking cessation

Is smoking cessation really worthwhile?
Absolutely. It is one of the most cost-effective interventions available in healthcare and yet not routinely taught as part of medical undergraduate and postgraduate education.

- Up to two thirds of long-term smokers die prematurely due to smoking-related diseases
- Smoking is the leading cause of cancers, COPD and CHD.
- Smoking 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).

What if the smoker says they want to stop but do not want support, just a prescription?
This is a common scenario. It is worth advising that they are significantly more likely to stop with support and pharmacotherapy than pharmacotherapy alone. If they still decline, a compromise which many find acceptable is to ask the smoker to make appointments to get their stop smoking medication prescriptions, initially two and later four weekly for the two to three months of the quit attempt. This allows advice and support to be given as required. If this is not accepted, the stop smoking medications should still be prescribed on a repeat basis and the door left open for them to come back for advice or support if they need it.

What if a smoker says they smoke less than 10 cigarettes per day?
Smoking even one-four cigarettes per day still causes health risks. There is no safe level of smoking. Also, the amount someone smokes can vary over time and if someone is smoking regularly, even at low or infrequent levels, then support should still be offered.

There is little evidence on specific treatment regimes for different levels of smoking, although some evidence suggests that the same treatment options should be offered to ‘light’ smokers (commonly defined as fewer than 10 cigarettes per day) as heavier smokers.

NRT, varenicline and bupropion can all be used in smokers who smoke relatively few cigarettes. For smokers who choose NRT, an advantage is that NRT products can be titrated according to need. Given that most smokers are addicted to and familiar with the effects of nicotine, a useful principal is to use as much NRT as the smoker can tolerate as underuse is a frequent problem. Advice and support should be offered as usual and may be particularly important as dealing with smoking triggers and situational smoking may be especially relevant.

What about a person who wants to cut down but not stop?
There is little evidence that cutting down tobacco intake significantly reduces harm so complete cessation should always be the goal. The majority of smokers who want to stop are willing to attempt to stop abruptly, however some do not feel able to stop but are willing to cut down. NICE has produced guidance on tobacco harm reduction that specifically addresses this issue.

After reviewing relevant research, the NICE guidance found that people who cut down their smoking using NRT were more likely to go on to stop smoking completely.

The NICE guidance encourages health professionals engaging with a smoker who is not ready to quit abruptly but wants to cut down to ensure people know that licensed nicotine-containing products (such as nicotine patches, gum, or spray) make it easier to cut down prior to stopping, or to reduce the amount they smoke. Explain that using these products also helps avoid compensatory smoking a
cigarette harder or for longer, increasing toxin intake) and increases the chances of stopping in the longer term.

What about a patient who is using, or wants to use an e-cigarette to stop smoking?

This patient should be encouraged to stop smoking, including with an e-cigarette if that is their preference. E-cigarettes are the most popular aid to stopping smoking in the UK, used in one third of quit attempts in England, for example, it is likely that many patients who smoke may ask about e-cigarettes. E-cigarettes are consumer products so can’t be prescribed, and this may create uncertainties for GPs in terms of what they can say to their patients. Fortunately, the 2018 NICE guidance on smoking cessation has very clear information about what to say. The guidance states that: For people who smoke and who are using, or are interested in using, a nicotine-containing e-cigarette on general sale to quit smoking, explain that:

- 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

References: