

Supporting Training Initiatives



the otc treatment clinic

Common conditions and their treatment options



This module has been endorsed with the NPA's Training Seal as suitable for use by medicines counter assistants as part of their ongoing learning. Complete the questions at the end to include in your self-development portfolio



Welcome to *TM's* OTC Treatment Clinic series. This handy, four-page section is specially designed so that you can detach it from the magazine and keep it for future reference.

Each month, *TM* covers a different OTC treatment area to help you keep up-to-date with the latest product developments. In this issue, we focus on smoking cessation. At the end of the module there are multiple choice questions for you to complete, so your progress can be monitored by your pharmacist.

You can find out more in the *Counter Intelligence Plus* training guide.

The last six topics we have covered are:

- Oral care
- Daily fatigue and stress
- Dry skin and eczema
- Insomnia
- Coughs
- Topical pain relief

You can download previous modules from www.tm-modules.co.uk

module 215

Smoking cessation

author: Jane Feely, PhD

for this module

OBJECTIVES: After studying this module, assistants will:

- Be familiar with the statistics relating to smoking in the UK, the risks associated with the habit and the benefits of quitting
- Understand that smokers are addicted to the nicotine in cigarettes and that quitting leads to withdrawal symptoms
- Be familiar with NRT and how it can be used as part of a quit or cut down strategy
- Understand the term 'harm reduction'
- Know the different forms of therapeutic nicotine and which may be the most appropriate for specific smokers
- Be able to suggest ways to help smokers prepare to quit smoking and how to abstain successfully.

According to public health charity Action on Smoking and Health (ASH), approximately 10 million adults in the UK smoke cigarettes – which equates to around one-sixth of the total population. Sixty per cent of smokers say they would find it hard to last a whole day without smoking, while 69 per cent have their first cigarette within one hour of waking.

Despite this obvious addiction, surveys reveal that around two-thirds of smokers would like to stop smoking, but only 30 to 40 per cent make any attempt to quit within a given year.

This represents an excellent opportunity for pharmacies to support smokers and recommend various stop smoking aids.

Current smoking statistics

There is no doubt that fewer people smoke now than in the past. In 2002, 26 per cent of adults aged 16 and over smoked, while in 2012, that figure was down to 20 per cent, according to the NHS Information Centre. The rate of decline has slowed in recent years, however, and smoking rates have fallen little since 2007.

Smoking prevalence is highest among younger age groups (29 per cent of 20 to 24-year-olds smoke) and among people who have manual occupations. Smoking is also higher in certain ethnic groups, such as Bangladeshi men, and Irish men and women.

The number of teenage smokers, although

reflective exercise

Sue, 32, is a regular customer in the pharmacy. One day, she comes in to buy an ovulation test kit, having recently been repeatedly purchasing OTC cough medicines for a chesty cough. Sue is a smoker and admits her habit may be the cause of her persistent cough. She appears vaguely aware of the risks of smoking during pregnancy. However, she finds the prospect of quitting overwhelming.

What would you recommend?

Approach the conversation with sensitivity and understanding. Show Sue the various ovulation kits available and explain how to use them. Research suggests that some women struggle to conceive if they smoke and are at greater risk of suffering complications during labour, as well as an increased risk of miscarriage, premature birth, stillbirth and low birth weight.

Advise Sue that she may find quitting less daunting if she cuts back gradually rather than stopping abruptly. Give her information on smoking cessation, the various nicotine replacement therapy (NRT) products available and how to manage cravings.

What if:

Sue returns to the pharmacy several weeks later saying she has been trying to cut down on smoking but is struggling as her

mother often comes round in the evenings and encourages them to have a cigarette together. Sue thinks that an NRT product that she can hold in her hand may make it easier for her to overcome her cravings. She adds that her mother is shortly leaving for Australia to visit her other daughter's family for three months.

What would you recommend?

Praise Sue for attempting to quit. The next three months offer a good opportunity for her to make a serious attempt to quit without her mother's pressure. Show Sue a nicotine inhalation device and explain how to use it. Explain that the nicotine is absorbed through the mouth, rather than the lungs.

What if:

Sue mentions that she occasionally gets sudden, strong cravings for a cigarette and asks if there is anything available to curb her cravings quickly.

Recommend that Sue tries either gum, lozenges or oral strips when she experiences breakthrough cravings. Explain the suitability and potential adverse reactions associated with each of these, and explain that they are all suitable for use alongside other NRT products.

declining, remains a concern. According to 2013 figures from the NHS Information Centre, 22 per cent of pupils surveyed said they had tried smoking at least once. This is the lowest level recorded since the survey began in 1982, when 42 per cent of pupils admitted to having tried smoking. Despite this declining figure, around two-thirds of current smokers began smoking before the age of 18.

The health risks

Each year, more than 100,000 smokers in the UK die from smoking-related causes. Smoking accounts for more than one-third of respiratory deaths and one-quarter of cancer deaths. And in 2013, smoking accounted for 79,700 deaths (17 per cent) among adults aged 35 plus in England, according to the NHS Information Centre. Around half of all regular smokers die prematurely, losing on average around 10 years of life, says ASH.

This all comes at a price for the NHS. For

every death caused by smoking, approximately 20 smokers are suffering from a smoking-related illness, which costs England's NHS around £2 billion a year, according to ASH. And in 2012-13, the Government spent £87.7 million on services to help people stop smoking and a further £58.1 million on stop smoking medication.

Passive smoking is also far from harmless, with children being particularly affected. This is because they breathe more heavily and therefore inhale more pollutants per pound of body weight than adults. According to ASH's report: *The health effects of exposure to secondhand smoke*, exposure to secondhand smoke increases a young infant's risk of developing lower respiratory tract infections by around 50 per cent, middle ear infections by up to 60 per cent, and wheeze and asthma by 30 to 70 per cent and 21 to 85 per cent respectively.

Smoking in pregnancy increases the risk of

infant mortality by around 40 per cent. It can also cause complications during labour and an increased risk of miscarriage, premature birth, stillbirth and low birth weight.

The desire to quit

Considering these statistics, it should come as no surprise that many smokers wish to be ex-smokers. According to the NHS Information Centre, 67 per cent of smokers want to quit and 75 per cent have tried to give up at some point in the past.

The good news is that it's never too late. Regardless of the age of the smoker or how long they've had the habit, there are always benefits to quitting. The Government's *Healthy Lives, Healthy People* report states that if a person stops smoking at the age of 30, they will gain 10 years of life and if they stop at 50, they can expect to gain six years.

Smokers often try to quit multiple times before they are successful. Figures suggest that those who attempt to be tobacco-free using the NHS Stop Smoking Service are more likely to abstain than those who try to quit without any behavioural or pharmacological therapy.

When it comes to quitting, however, there is no guaranteed path to success. Just as the reasons and ways people smoke vary, so do the techniques that will help them to stop.

A strong addiction

One of the reasons smokers find quitting so challenging is the highly addictive nicotine that is found in cigarettes. Over time, smokers become both physically and emotionally dependent on their habit.

During inhalation, nicotine quickly enters the bloodstream, reaching the brain in a matter of seconds. Once in the brain, it interacts with specific receptors to trigger feelings of pleasure.

The body adapts to the nicotine and the smoker develops a tolerance, meaning that they have to smoke more to get the feelings they desire. When they try to cut back or quit, the body craves nicotine, leading to withdrawal symptoms.

Withdrawal symptoms can start within a few hours of the last cigarette, but tend to peak two to three days later. Symptoms may persist for anything from a few days to several weeks and can include headache, irritability, restlessness, reduced concentration and insomnia. Quitters may also experience depression, anxiety, dizziness and increased appetite.

Psychological symptoms may also occur as smokers associate certain situations with having a cigarette, which results in temptation. These so-called "situational cravings" can greatly challenge a person's willpower.

Harm reduction

Quitting is the best way to improve a smoker's health, with quitting in one step offering the best chance of success.

However, highly dependent smokers may be unable to quit suddenly. For these people, and those who do not want to quit abruptly, harm reduction techniques may be effective.

Harm reduction methods such as "cutting down to quit" may appeal to those who don't feel able to stop smoking altogether. For some, taking steps to smoke less can be the start of a gradual change that eventually leads to quitting.

Harm reduction involves continued use of nicotine, while reducing the harm caused by cigarettes. According to NICE's guidance, harm reduction options include:

- Quitting in one step
- Cutting down to quit
- Smoking reduction
- Temporary abstinence from smoking.

This may be for a specific occasion, such as when smoking is prohibited (e.g. during a long-haul flight or hospital stay).

All of the above options can be taken up with or without the help of one or more licensed nicotine-containing products, which can be used for as long as required to prevent relapse.

The Government is also committed to various harm reduction measures. These include:

- Increasing regulations to restrict where smoking can take place
- Community-led strategies to emphasise that not smoking is the norm
- Addressing the price of tobacco so that people quit or reduce the amount they smoke because it's too expensive.

A quit strategy

Smokers are more likely to quit successfully if they prepare in advance. This may involve setting a specific quit day, considering nicotine replacement therapy (NRT), avoiding situational cravings or enlisting support from family and friends.

● **Preparing to quit**

Smokers may find it helpful to write down their reasons for quitting, and to focus on the positives of being tobacco-free. They should think about when and why they smoke, so that they can avoid situational cravings.

Quitters should talk to you or your pharmacist about NRT, and tell their family and friends about their plans. Finding a "quit partner" may also make them feel supported and encourage them to persevere through their cravings.

Finally, they should set a quit date and try to reduce the number of cigarettes they smoke

in the run-up to this date. The evening before, they should throw away all cigarettes, ashtrays and lighters.

● **Quitting**

The first three to four days after the last cigarette are usually the hardest. The quitter should use their NRT as instructed and may need to supplement this with other "habits" to help them in the short-term (e.g. chewing gum).

It may also help to do more exercise and avoid situations where they previously smoked. Reducing their alcohol intake, or avoiding it altogether, may also help them to maintain their willpower.

Each cigarette-free day should be viewed as a victory that deserves a reward, perhaps by spending the money saved on a special treat.

● **Staying an ex-smoker**

It's common for ex-smokers to relapse. If this occurs, it may be useful to think about what situations led to this relapse and what can be learnt from it. The important thing is not to become discouraged, but to persevere.

Some smokers find that they gain weight when they quit, although for most this is not a significant increase. Some smokers also find that stressful situations trigger a relapse. Regular physical exercise can help with both of these as it prevents weight gain and relieves stress.

Therapeutic nicotine

Therapeutic nicotine, or NRT, works by replacing some of the nicotine that smokers get from cigarettes, but without the tar and poisonous chemicals.

NRT provides receptors in the brain with enough nicotine to overcome the cravings associated with quitting smoking. Using NRT allows smokers to gradually wean themselves off nicotine and improves their chances of quitting successfully compared with willpower alone.

There are several different types of NRT and the right one depends on a number of different factors, including how dependent the person is on their habit. Combining two forms of NRT can sometimes provide greater flexibility, particularly for those who experience



Smoking prevalence is highest among people with manual occupations

breakthrough cravings.

Electronic cigarettes are not currently regulated or licensed and therefore should not be recommended as a form of NRT.

● **Nicotine chewing gum**

Available in two strengths – 2mg or 4mg – and in a selection of flavours (e.g. original, fruit and mint). Brands include Nicorette, Nicotinell and Niquitin.

Nicotine gum should be chewed slowly until the taste becomes strong, then "parked" between the cheek and the gum to allow the nicotine to be absorbed through the lining of the mouth. When the taste fades, the gum should be chewed again. Heartburn, flatulence, hiccups, increased salivation, nausea and vomiting may transiently occur.

Nicotine gum is best suited to smokers with an irregular smoking pattern. The 2mg strength is for those who smoke less than 20 cigarettes a day and the 4mg strength is for those who smoke more than 20 a day. Denture wearers may find gum unsuitable.

● **Nicotine patch**

Two types are available – a 24-hour patch to be worn day and night (e.g. Nicotinell, Niquitin Clear) and a 16-hour patch to be applied first thing in the morning and removed before bed (e.g. Nicorette Invisi Patch).

Nicorette Invisi Patch is available in three strengths: 10mg, 15mg and 25mg, as are Nicotinell Patches: 21mg (Step 1), 14mg

(Step 2) and 7mg (Step 3). The same strengths are also available in the Niquitin Clear range.

Patches should be applied to a clean, dry, hairless area of skin either on the upper arm or thigh. The application site should be changed daily. Patches should not be applied if the skin is red, cut or irritated. Itching, burning and redness occasionally occur at the site of application.

Nicotine patches are best suited to smokers with a regular smoking pattern who do not miss the hand-to-mouth action of smoking.

● **Nicotine inhalation device**

The Nicorette Inhalator is best suited to smokers who miss the physical hand-to-mouth action of smoking. It consists of a mouthpiece containing a plug impregnated with 15mg nicotine that is absorbed via oral inhalation. The nicotine vapour is inhaled either by shallow puffing or deep inhaling. The nicotine is absorbed through the mouth, not the lungs.

Local adverse effects are relatively common and include coughing, hiccups, sinusitis, sore throat and mouth irritation.

● **Nicotine sublingual tablets and lozenges**

Brands include Nicorette Microtab 2mg sublingual tablet, Nicorette Cools lozenges

(2mg and 4mg), Nicotinell lozenges (2mg and 4mg) and Niquitin lozenges (4mg/Step 1 and 2mg/Step 2).

Sublingual tablets and lozenges release nicotine, which is absorbed across the mucosa in the mouth. The tablet should be lodged under the tongue where it slowly disintegrates. The lozenge should be sucked until the taste becomes strong, then lodged between the gum and cheek. Once the taste fades, the lozenge should be sucked again.

These forms of NRT are best suited to smokers with an irregular smoking pattern who want a discreet and flexible form of NRT.

Lozenges may lead to increased salivation and tablets may leave a peppery taste in the mouth. Any nausea, GI discomfort, hiccups or coughing should be transient.

● **Nicotine nasal spray**

Nicorette Nasal Spray releases a nicotine 10mg/ml solution that is rapidly absorbed into the bloodstream. It is best suited to highly dependent or heavy smokers, and those who experience strong cravings.

The spray bottle should be positioned at an angle into the nostril. Local irritation such as nasal irritation, a sore throat or a runny nose most commonly occur during the first 48 hours of use.

● **Nicotine mouthspray**

Nicorette Quickmist Mouthspray is a fine spray that is said to start working in just 60 seconds. The small dispenser is convenient to transport and can be administered at the onset of cravings.

To use, the spray nozzle should be pointed towards the open mouth, holding it as close as possible. One spray should be released into the mouth, avoiding the lips. For best results, users should avoid swallowing immediately after application. If cravings do not subside after one spray, a second spray can be administered.

The maximum dose is two sprays at a time, four sprays an hour and 64 sprays a day. Common side effects include a mild, burning sensation on the lips and mild hiccups.

● **Nicotine oral strips**

Niquitin Strips dissolve on the tongue and are said to offer relief from cravings in just 50 seconds. They work by releasing nicotine in the mouth. The strip will dissolve fully in approximately three minutes.

More information

- www.ash.org.uk
- www.smokefree.nhs.uk
- www.quit.org.uk

assessment questions: smoking cessation

For each question, select one correct answer. Discuss your answers with your pharmacist.

1. Which of the following statements is TRUE?

- a) The prevalence of smoking continues to rise each year in the UK
- b) Smoking is highest among younger age groups and manual occupations
- c) Most current smokers began smoking in their mid-20s
- d) While smoking carries recognised health risks for the smoker, there is no evidence of detrimental effects to babies whose mothers smoked while pregnant

2. Which of the following statements is FALSE?

- a) On average, smokers lose around 10 years of life
- b) According to reports, 25 per cent of smokers have attempted to quit
- c) Smokers who quit at the age of 30 can expect to gain around 10 years of life
- d) Those who attempt to quit using the NHS Stop Smoking Service are more likely to be successful than those who use no behavioural or pharmacological therapy

3. According to NICE guidelines, harm reduction options include:

- a) Quitting in one step
- b) Cutting down to quit or smoking reduction
- c) Temporary abstinence from smoking, e.g. before a hospital stay
- d) All of the above

4. Which of the following is NOT recommended to help a person prepare to quit smoking?

- a) Allowing themselves regular "cheat days"
- b) Focusing on the positives of quitting, and identifying when and why they smoke
- c) Discussing the various forms of NRT with a pharmacist, and letting friends and family know about their plans to quit
- d) Setting a specific quit day, reducing the number of cigarettes smoked in the run-up, and throwing away all cigarettes, lighters and ashtrays

5. Which of the following statements about therapeutic nicotine is FALSE?

- a) It works by replacing some of the nicotine that smokers get from cigarettes
- b) There are several different types and each is equally as suitable for every smoker
- c) Combining two forms of NRT can provide greater flexibility and is particularly beneficial for those who experience breakthrough cravings
- d) It allows smokers to gradually wean themselves off nicotine and improves their chance of quitting successfully compared with willpower alone

6. Which of the following statements is TRUE?

- a) Nicotine chewing gum should be chewed slowly until the taste becomes strong and then "parked" between the cheek and the gum to allow the nicotine to be absorbed through the lining of the mouth
- b) The nicotine patch is best suited to smokers with an irregular smoking habit and should be applied weekly to any site of clean, hairless skin
- c) The nicotine nasal spray is slowly absorbed into the bloodstream and is not suitable for those who experience strong cravings
- d) The nicotine mouthspray is easy to transport and has no recognised side effects