

# 'MAKE A DIFFERENCE' WITH THE STOP SMOKING SERVICE

## Introduction

Community pharmacies in Devon have provided the smoking cessation enhanced service for a number of years. During that time pharmacy has been a significant contributor towards Devon PCTs quitter targets. However, over the past two years the number of quitters reported by all professionals has decreased with the pharmacy numbers decreasing in line with these.

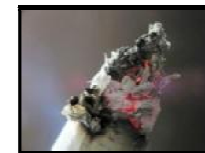
Provider	Quitters 2007 Q1	Quitters 2008 Q1	PCT Quitters Target 2008
Pharmacy	39	16	1048 quarter (4192 per year)
General Practice	422	104	

Devon PCT has a target of 4200 quitters from the strategic health authority for 2008, this is unlikely to be reached at today's quit rates. This trend downwards has been caused by many factors but probably the most significant factor in the pharmacy numbers is the fact that the type of smokers at present are more hardened to quitting attempts.

## **"The easy quitters have quit!"**

This is proven by the data from the national office of statistics (NOS) June 2008 (attitudes to smoking) it reported that:

- 80% of the present day smokers have already tried to quit unsuccessfully in the last five years
- But 70% when asked say they want to quit
- Only 8% of people had sought advice from a pharmacist to support their quit attempt
- Pharmacies are however a significant source of products for smoking cessation, 11% of the attempted quitters brought NRT from a pharmacy
- The more times someone tries to quit the more likely they will (an average is 3-5 times)



**TIP: Customers purchasing NRT can more than double their chances of quitting by using the stop smoking**

So it is definitely harder to find motivated quitters in the pharmacy however we have a number of customers purchasing NRT which could be helped significantly by the service and the more times they try to quit the more likely there are to stop smoking.

## **This Practical Service Guide**

The aim of this guide is to provide you with a concise, quick reference, step guide to providing an effective stop smoking service. Each of the pages can be kept and used independently when needed.

## **Why is pharmacy well placed to provide a stop smoking service?**

### **Your Individual selling points:**

1. Easy access – you are more likely to be open longer hours and at weekends
2. Supply – of the NRT at the same time of the consultation
3. Locality – the pharmacy is likely to be closer to your customers home
4. Non medicalised service





### 1. Setting up the service:

- PCT training and accreditation course must be completed by staff
- Communicate the service to all stakeholders
  - > All Staff members >Local surgeries >Local businesses
- Create your stores communication plan to sell your service and train staff with plan

### 2. Identify the customer

The NOS data reported that the numbers of smokers has declined dramatically over the past 40 years however it is still high in the age group 20-34 years olds and high with deprived and ethnic communities. So look out for people from these groups and use the following indicators to help you find a customer who might benefit from your stop smoking service:

- 1-Nicotine replacement purchases
- 2-Cough mixture purchases by a person who smells of smoke/has nicotine stained fingers
- 4-Prescriptions dispensed for likely COPD sufferers



- i*, Antimuscarinic inhalers e.g. Atrovent
- ii*, Regular short courses of steroids and antibiotics
- iii*, Mucolytics e.g Carbocysteine e.g. Mucodyne<sup>®</sup> and Viclair<sup>®</sup>

**TIP: A MUR offers an opportunity to complete the NICE brief intervention**

- 5- Prescriptions for patients who are at risk of coronary heart disease with items such as:
  - i*, Antihypertensives, insulins/antidiabetic drugs.

### 3. Tell the customer

This is an area which some Pharmacies can find difficult, effective marketing of the stop smoking service is a must to inform your customers who come into your pharmacy each day. There are two simple and productive routes to market the scheme to your customers to make them aware of the stop smoking service and promote the demand by using visual and verbal marketing.

#### ***A NICE Brief Intervention Can Really Make A Difference!***

Smoking cessation guidelines recommend that all health professionals should check on the smoking status of their patients/clients at least once a year and advise smokers to stop smoking. This brief advice should be given at any opportunity during routine conversations.

This 'brief intervention' is a short (5 minutes) engagement with a customer or patient where you can offer opportunistic advice and encouragement, evidence has shown it is an effective intervention. Below is a shortened version of the guidance in the NICE report:

#### **NICE Brief Intervention:**

**Q1-** Ask if the patient smokes?

**Yes** → **Q2**    **No** – Say Well done!

**Q2-** Ask if the patient is interested in stopping?

**Yes** → **Q3**    **No** – Accept the answer without judgement and offer help in future

**Q3-** Explain to customer what intensive support programmes are available including your pharmacy stop smoking service, ask if they wish to be referred/enrolled?

**Yes** → **A4**    **No-** Give brief advice on how to stop & help line number (NHS direct 08454647)

**A4** → Go to consultation!



*Cut out and place by the tills as a reminder!*



### 3. Tell The Customer Cont.

#### A-Visual:



#### Posters and leaflets

These can be simple in house produced posters and leaflets which can be part of your practice leaflet or they can be mass produced national campaign posters. We would recommend that you contact the PCTs specialist smoking team as they may have resources that they can supply you with for marketing the service, this will save valuable time taken to produce your own in house visual marketing.

#### B-Verbal: Store communication plan and use of NICE 'Brief interventions guidance'



A communication plan is well worth the time it takes to produce and put into place. It should outline what your staff should say about the service to your customers, it could include a brief description of the service benefits, individual selling points and service operation.

A communication plan is developed with the prime purpose of engaging your customers and informing them of your service. The NICE brief advice (above) can be used as a template which can be tailored to be relevant to an individual patient.

**Service benefits:** Know the benefits of giving up smoking

#### 1. HEALTH

*86% of smokers said health would be a reason to give up smoking*

- a. In a year you will increase your lung capacity by over 10% and your circulation will improve significantly
- b. In 5 years you will halve your risks of having a heart attack
- c. In 10 years your risk of lung cancer falls to half of a smoker

#### 2. LIFESTYLE

- a. Quickly, you will enjoy the taste of your food more and you will no longer smell of smoke
- b. The appearance of your skin and will improve
- c. You will save money – *27% say they would give up as they can't afford to smoke*

### ***Sell The Service! With A Tailored Communication Plan***

Here is an example of tailoring you advice to be patient specific: A patient comes into the pharmacy to collect a prescription for bendroflumethazide, lisinopril and simvastatin.

Colleague: *"Could I ask if you smoke at all?"*

Patient: *"Yes, but only a few"*

Colleague: *"I am sure you are aware of the risks of smoking, but it is the best single thing we all can do to improve our health to reduce the chance of having a heart attack, stroke or other heart problems";*

*"In addition if you smoke 10 cigarettes a day then you could save over £1000 each year"*

Patient: *"I know these reasons but I have still been unsuccessful in quitting many times"*

Colleague: *"Well if you try and quit with nicotine replacement therapy you will **double** your chances and if you **use our support program with NRT you quadruple** your chances"*

*"The service is available when you want it during our opening hours which includes weekends, would you like to take advantage of this free NHS service?"*



## 4. The Consultation

### Initial Appointment

#### 1. CHECK MOTIVATION:

- i. Ask “how serious on a scale of 1 to 10 are you in wanting to quit smoking?” If they are not serious then ask them to call back in the future.
- ii. Ask also about their previous quit attempts, ask “what went wrong?” are there any lessons that can be learnt?
- iii. Ask the client “why do you want to stop?” and reinforce benefits of stopping smoking tailored to their wishes

**TIP: The more times your patient has tried to quit the more likely it is they will quit!  
(Average 3-5 times)  
So let them know this.**

#### 2. EXPLAIN YOUR SERVICE:

- i. What behavioural and medicinal support they will receive and the evidence of the benefits to increase quit rates by informing again that your service is four times more effective than ‘quitting on their own’
- ii. Try and get as much buy in to the treatment service as possible, tell them that they will be involved in all their treatment decisions

#### 3. MEASURE CARBON MONOXIDE (CO):

- i. This will act as an added incentive for the smoker to quit, inform them of how it will decrease rapidly when the stop smoking and that the aim is to keep it under 10ppm
- ii. Make sure you explain that carbon monoxide is one of the harmful parts of cigarette smoke and that the monitor is a good guide to cigarette use

#### 4. SET A QUIT DATE AND EXPLAIN WITHDRAWAL SYMPTOMS:

- i. A well chosen quit date is very important, the choice should be a day which the client feels comfortable that there will be less temptation and general stresses
- ii. Encourage the client to tell all their friends and family of their quit day this will help increase the support given to the client and reduce temptation offers
- iii. Advise the patient that they should smoke normally up to the quit date but once the day is reached they must ‘not take a single puff’ thereafter

**TIP: The longer they quit the easier it gets!  
The key for the patient is to think less of smoking, this will be done naturally over time.**

### ***Nicotine Is As Addictive As Heroin Or Cocaine!***

The reason people find it really tough to give up smoking is their dependence on nicotine, the Royal College of Physicians noted in 2000 that it was as addictive as heroin or cocaine. The symptoms listed below as well as the urges to smoke are the reason why quit attempts fail.

UP TO 2 WEEKS: Sleep disturbance, concentration difficulties and light headedness

UP TO 4 WEEKS: Depressed mood, irritability, restlessness, mouth ulcers and constipation

UP TO 10 WEEKS AND MORE: Increased appetite and increased weight, continuing urges to smoke

#### 5. ASSESS DEPENDENCE AND DISCUSS TREATMENT OPTIONS :

- i. The number of cigarettes smoked each day is not a good indicator of how dependent a person is on nicotine as they can smoke less but inhale more, this is why you will need to use the Fagerstrom dependency tool to recommend the most appropriate NRT support.



## The Consultation Cont.



### 6. PROVIDE NRT AND HOW TO GET ONGOING SUPPORT:

- i. Explain that there are no magic cures to stop smoking however the use of NRT can significantly reduce the cravings and other withdrawal symptoms that can be suffered, see table above.
- ii. Talk the person through the different types of NRT products

### ***Nicotine Replacement Therapy, What Best?***

There is not much difference in how well the different types of NRT work, it is personal preference that usually determines which one to use.

**Nicotine Patches:** Easy to use & discrete • Good if you smoke regularly during the day • Use 24 hour patch to stop early morning cravings (however may disturb sleep) • Rotate where the patch is placed each day to stop irritation • Does not provide rapid nicotine and provide the 'ahhh' feeling of the rapid highs of nicotine when you smoke

**Nicotine Gum:** Provides a quicker release of nicotine and allows flexible dosing • Peak concentration in 18 minutes • Gum must be chewed for 2-3 minutes until taste is strong then it must be 'parked' between gum and cheek • Chewing can give user an action for the mouth • The taste can be put people off the gum, if so try 'fresh mint'

**Nicotine Lozenges:** Quicker release, discrete & allows flexible dosing • Peak concentration in 18 minutes • Must be parked in the cheek/gum, not chewed as nicotine is then swallowed • Strong tasting product, can move lozenge around the mouth to avoid this • Can cause ulceration in mouth.

**Nicotine Inhaler:** Useful to relieve the hand to mouth habit, but dose is not inhaled into lungs it is absorbed through the mouth and throat • Allows flexible dosing • Peak concentration in 22 minutes • Cartridge can be used for up to 20 minutes and be put down for up to 3 hours • Can irritate the throat causing coughing • If inhaler is cold say on a winters day, it will be ineffective as it releases less dose

**Nicotine Nasal Spray:** The best for a heavy smoker who likes the rapid highs of smoking as it releases the nicotine rapidly • Allows flexible dosing • Peak concentration in 7 minutes • Can be difficult to use • Can cause irritation, running nose and watering eyes, usually reduces in 3-5 days

### Further Appointments

#### 1. PROVIDE NRT AND GIVE MOTIVATIONAL SUPPORT

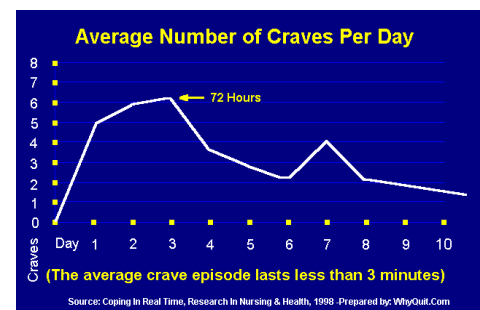
- i. Ask "how is the quit attempt going?"
- ii. Check the customer has no side effects with the NRT supplied and if appropriate supply 14 days of NRT.

#### 2. MEASURE CARBON MONOXIDE (CO)

- i. Use the reading to help support the person's motivation as hopefully it will have decreased and this is a sign of improving health.

#### 3. ADVISE ON HOW THEY SHOULD DEAL WITH CRAVINGS

- i. You could suggest eating cut up fruit sticks or glucose tablets (rumoured to be very effective), sipping a glass of water or chewing gum. Other strategies include trying to keep busy by making phone calls or doing a new activity.



**FOR EVERY 2 PEOPLE TREATED IN A PHARMACY 1 WILL QUIT AT 4 WEEKS SO GO & MAKE THAT DIFFERENCE!**