

# Tobacco Dependency in Mental Health Training

Ogechi Anokwuru, Trust Lead for Tobacco Dependency

[o.anokwuru1@nhs.net](mailto:o.anokwuru1@nhs.net)

Veena Shivnath, Clinical Lead Pharmacist , [veena.shivnath@nhs.net](mailto:veena.shivnath@nhs.net)

Smoking cessation team email: [elft.stopsmoking@nhs.net](mailto:elft.stopsmoking@nhs.net)

# Pre course Questionnaire

Tobacco  
Dependency Practitioner Pre-  
Course Evaluation - 1/6/23



■ <https://forms.office.com/e/bK7aDrXb9A>

East London  
NHS Foundation Trust



**NCSCT**

NATIONAL CENTRE FOR SMOKING  
CESSATION AND TRAINING



UNIVERSITY  
*of York*



**SCIMITAR**  
Smoking Cessation in Mental Ill health Trial

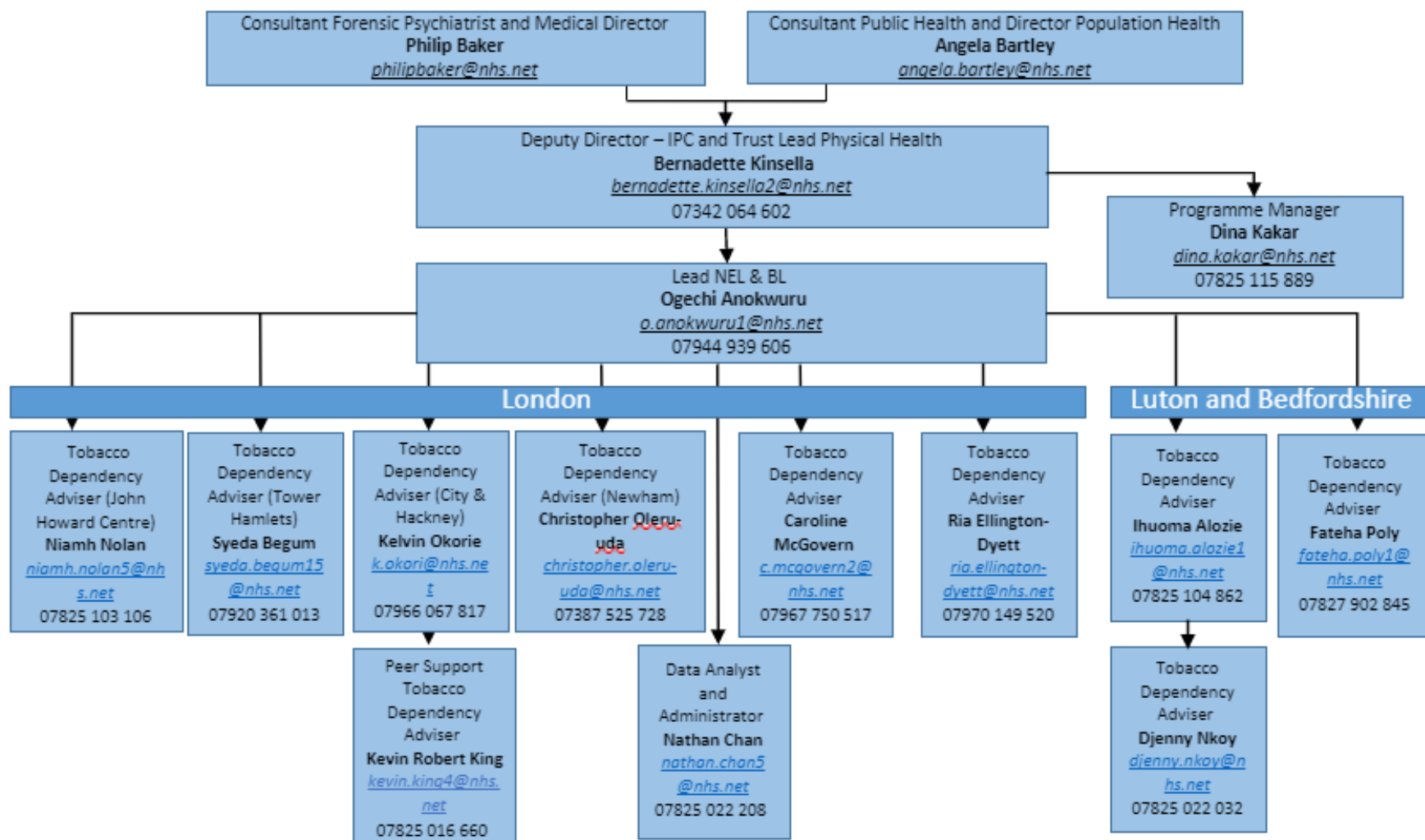
**KING'S**  
*College*  
**LONDON**

# Learning Aims & Objectives

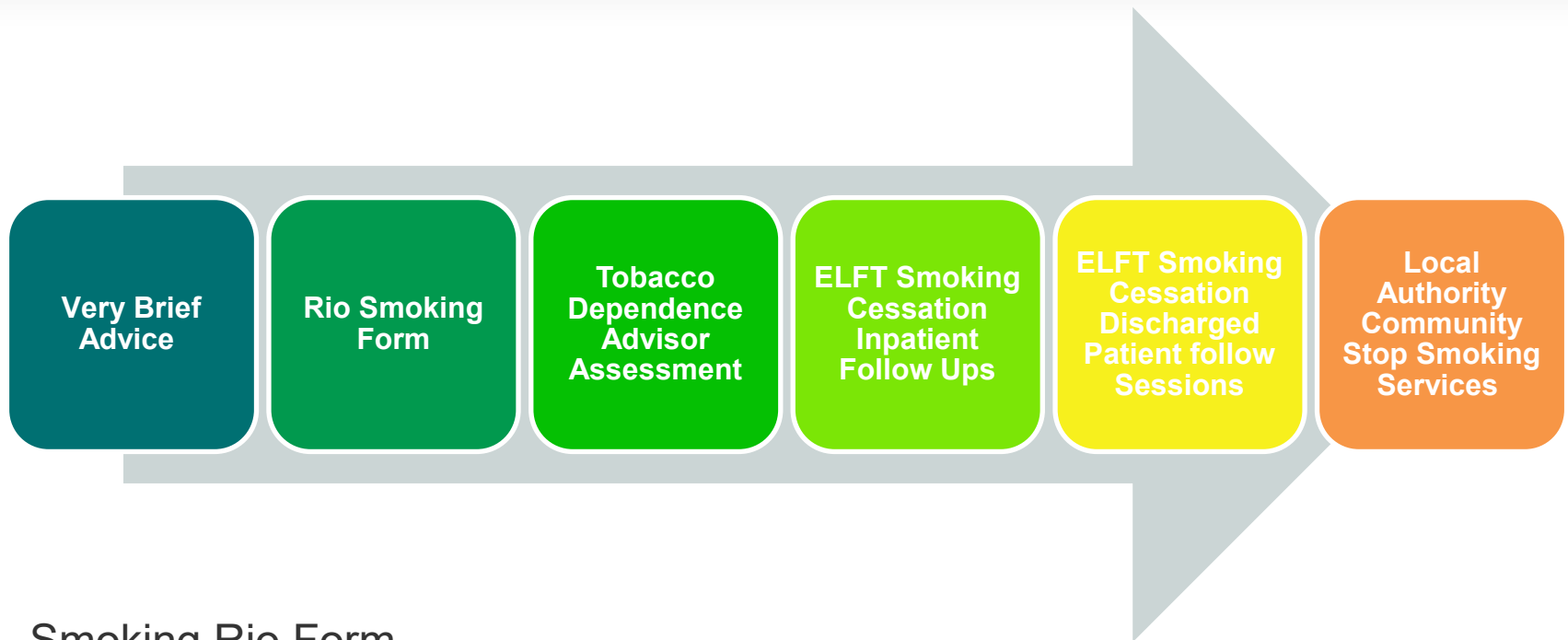
- Increase knowledge, skills and confidence in the delivery of individual tobacco dependency treatment for people with SMI using an evidence-based behavioural support programme.
- Be knowledgeable about the case for tobacco treatment in the people with SMI.
- Display confidence and competence in the delivery of tobacco dependence treatment tailored to SMI
- Undertaking assessment: assessing commitment, readiness and ability to quit, current smoking, past quit attempts and tobacco dependence.
- Planning behavioural support: using relevant information from patients to tailor tobacco dependence treatment for both 'abrupt' quitting and 'Cut Down to Stop' approaches



# Smoking Cessation Team Structure Chart



# Our Local Inpatient Pathway



- Smoking Rio Form
- [Elft.stopsmoking@nhs.net](mailto:Elft.stopsmoking@nhs.net)

# Smokefree Trusts – what are the support options for smokers in inpatient settings?

**Temporarily  
abstain from  
smoking without  
support**

**Temporarily  
abstain from  
smoking with  
pharmacological  
& psychological  
support**

**Take the  
opportunity to  
make a sustained  
quit attempt with  
pharmacological  
& psychological  
support**

NICE guidelines for  
smoking cessation  
in secondary care



Local Trust Smoke-  
free Policy



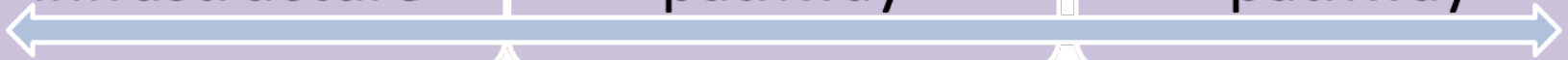
improve the  
infrastructure



treatment  
pathway



training  
pathway



Change the  
smoking  
culture



# **Very Brief Advice on Smoking**

30 seconds to save a life

## **ASK**

### **AND RECORD SMOKING STATUS**

Is the patient a smoker, ex-smoker or a non-smoker?

## **ADVISE**

### **ON THE BEST WAY OF QUITTING**

The best way of stopping smoking is with a combination of medication and specialist support.

## **ACT**

### **ON PATIENT'S RESPONSE**

Build confidence, give information, refer, prescribe.  
They are up to four times more likely to quit successfully with support.

**REFER THEM TO THEIR LOCAL STOP SMOKING SERVICE**

# Quick Quiz!



- For every 1 pound spent on smoking cessation it saves the NHS 10 pounds –the most cost-effective healthcare available.

**True**

- E-cigarettes/vapes are just as harmful as cigarettes.

**False**

- Patients who quit smoking can have their psychotropic medications reduced up to 50%

**True**

- “Nicotine is the most harmful part of smoking cigarettes”

**False**

- Individuals with a mental health background are less successful in quitting smoking than the general population.

**False**

## **Life saving, life changing**

**Smoking is a leading cause of illness, disability and death among people with SMI**

**Tobacco dependence treatment is a  
life-saving intervention**

# NHS LTP commitment to addressing tobacco dependence in people with SMI



**A new universal smoking cessation offer as part of specialist mental health services by 2023/24**



Inpatient ► Discharge



Community mental health



Primary care health checks

**CORE20 PLUS5**

**ASK**



**ADVISE**



**ACT**

- **Systematic identification of smokers**
- **VBA and opt-out referral to specialty service**
- **Specialist bespoke tobacco treatment**
- **Support for family members / carer (locally determined)**

**REPEAT OFTEN**



# What is in Cigarette Smoke?

- Cigarette smoke contains over **4000** chemicals of which at least **60** are carcinogens (cancer causing)
- **3** main components:
  - ❖ **Tar** causes cancer ,70% of tar stays in the lungs
  - ❖ **Carbon monoxide** causes circulatory problems because it reduces oxygen levels in the cells.
  - ❖ **Nicotine** is a highly addictive drug which keeps the smoker 'hooked'



# What is tobacco dependence?

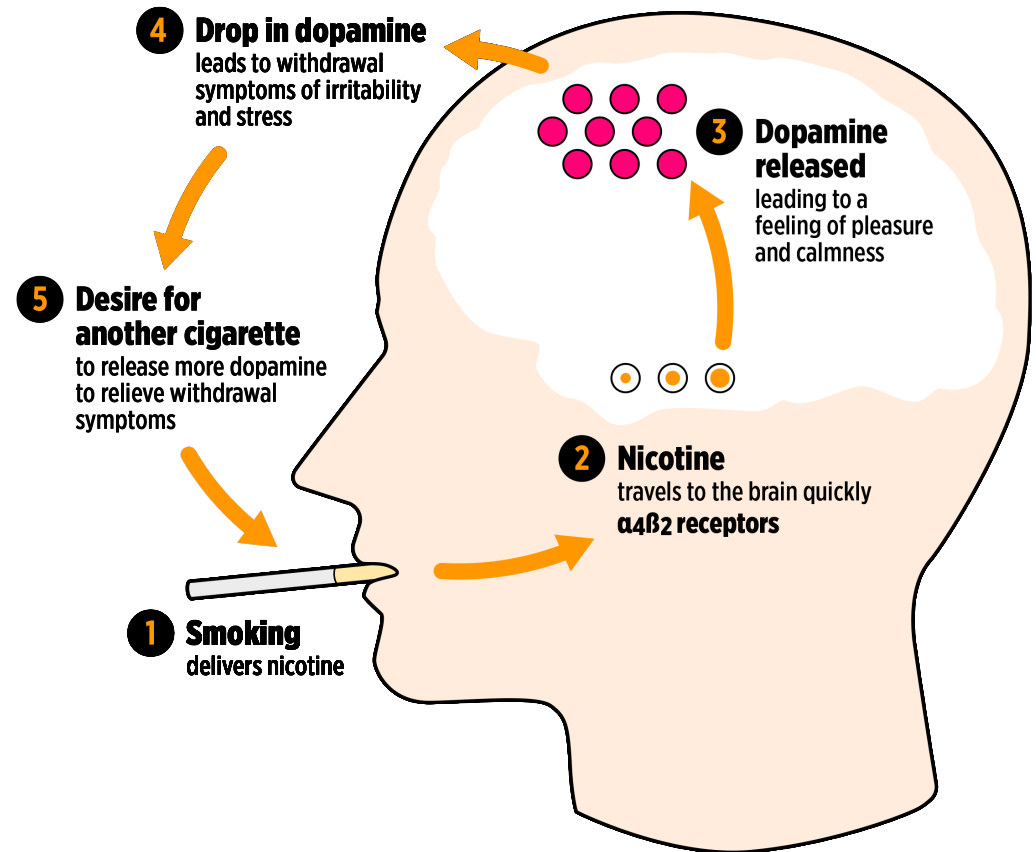
**Addictions are activities that are given an unhealthy priority because of a disordered motivational system**

*“Nicotine delivered through tobacco smoke should be regarded as an addictive drug, and tobacco use the means of self-administration”*



# Tobacco dependence

- Nicotine binds to a nicotinic acetylcholine receptor, stimulating dopamine release
- This results in the satisfaction associated with smoking
- A smoker's brain and body gets used to regular doses of nicotine throughout the day
- Any prolonged period of abstinence results in withdrawal symptoms and cravings to smoke



# What dependence looks like: withdrawal syndrome and urges to smoke

- Cigarette dependence reveals itself as powerful desires and urges to smoke when smokers try to stop.
- These go alongside feelings of aggression, depressed mood, increased appetite, restlessness and difficulty concentrating which weaken the resolve not to smoke.
- The problem is usually strongest in the first few weeks of stopping and declines after that, but sometimes it persists and the desire and urge to smoke can be triggered months or years after stopping.
- Eating/ gaining weight

# What dependence looks like: withdrawal syndrome and urges to smoke

<b>Tobacco withdrawal symptoms</b>	<b>Duration</b>	<b>Prevalence</b>
<b>Urges to smoke</b>	> 2 weeks	70%
<b>Increased appetite</b>	> 10 weeks	70%
<b>Depression</b>	< 4 weeks	60%
<b>Restlessness</b>	< 4 weeks	60%
<b>Poor concentration</b>	< 2 weeks	60%
<b>Irritability / aggression</b>	< 4 weeks	50%
<b>Mouth ulcers</b>	> 4 weeks	40%
<b>Night-time awakenings</b>	< 1 week	25%
<b>Constipation</b>	> 4 weeks	17%
<b>Light-headedness</b>	< 48 hours	10%

# Initial focus: **Support through withdrawal and dealing with urges to smoke**

## Urges to smoke

- Generally at their peak for a few minutes
- Try to keep yourself busy
- Avoid places which you will have the urge to smoke
- Change your routine
- Make use of “If, then” plans



**Remind the patient that cravings are normal**

**Improves over time the longer you go without a single puff**

**NRT / Vapes may make them easier to deal with**

## Why do people with SMI smoke?

People with SMI smoke for the  
same reasons as everyone else:  
**enjoying smoking and stress relief**

In the SCIMITAR study,  
the three top reasons were:

- **'It helps me to cope with stress' (94%)**
- **'It helps me to relax' (91%)**
- **'It is something to do  
when I am bored' (86%)**

# Nicotine Poisoning

## Nicotine Poisoning SYMPTOMS & PREVENTION

### SYMPTOMS



RED HOT SKIN



DROOLING



DIZZINESS



NAUSEA



RESPIRATORY  
DEPRESSION



HEADACHES



VOMITING



SHORTNESS  
OF BREATH



LOW BLOOD  
PRESSURE



SEIZURES



# Physical Health

People with mental health illness suffer disproportionately from smoking-related illness



**Heart disease**



**Stroke**



**Diabetes**



**Lung diseases**



**Cancers**



**Bone health**



**Oral health**

## People with SMI:

- Increased risk of heart disease and stroke
- 2–3 times more likely to have diabetes
- Increased risk of dying from a respiratory disease – 10 times higher than the general population
- More likely to suffer from asthma, chronic bronchitis and emphysema
- Worse cancer survival rates
- Increased risk of osteoporosis and fractures
- Increased risk of tooth decay, gum disease, tooth loss, and oral cancer

# Physical health

## Mortality rate of people with severe mental illness (SMI)

**People**  
**with SMI**  
(such as schizophrenia  
and bipolar disorder)

**die, on average, 17 years prematurely.**  
These are stolen years, lost because of



**lung**  
diseases



**heart**  
diseases



**vascular**  
diseases



**stroke**



Additionally, smoking causes  
**27% of all cancer deaths**

Source: Action on Smoking and Health (ASH), Stolen years report, 2016

**1/3**

**of all cigarettes**  
smoked are smoked by  
people with a mental  
health problem

Source: The Royal College of Physicians  
and the Royal College of Psychiatrists,  
Smoking and mental health, 2013

# **Mental health, smoking and stopping: changing lives**

# Treating tobacco dependence in inpatient mental health services



- Patients are forced into nicotine withdrawal several times a day
- Cigarettes used to reward and punish behaviour e.g. to de-escalate aggression, encourage compliance with medication, attend to personal hygiene, to keep patients occupied etc
- Use of cigarettes deskills clinicians

Smoking rates among **people with SMI** are more than **three times** the general population

**12%** general population



**40%** severe mental illness



**> 70%**  
**Schizophrenia  
and psychiatric  
inpatients**



People with a mental health condition  
die on average 10-20 years prematurely

**Smoking-related illness  
is the single largest  
factor for this gap**

Source: ASH. The Stolen Years: The Mental Health And Smoking Action Report. 2016

# Smoking and mental health

## Smoking contributes to poor mental health

- more severe symptoms of psychosis
- higher rates of depression
- longer time in hospital



## Higher doses of some psychotropic medications

(up to 50%)



# Driving Inequities

**Smoking**  
**exacerbates poverty**  
for a large proportion  
of adults with  
mental illness



## People with SMI:

### ■ Spend one third income on cigarettes

\* Average £1220 – 2200 / year

### ■ Experience tobacco poverty

\* Smoking is placing them  
below the poverty line

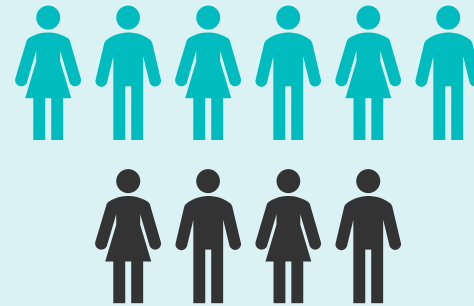
Source: ASH. The Stolen Years: The Mental  
Health And Smoking Action Report. 2016



People with SMI are  
**just as likely to want to quit**  
as the general population of smokers

**6 out of 10**

people with long  
standing MH  
condition report  
they want to quit



**97% for their health**  
vs. 83% of general population



**83% expense of smoking**  
vs. 31% of general population



## Question

**Treating tobacco use  
is detrimental to recovery  
and/or mental illness**

- ☐ True
- ☒ False



# Quitting smoking does not adversely affect mental health

- If participants are psychiatrically stable at initiation of quit attempts, **smoking cessation interventions did not worsen their mental state.**
- **Quitting smoking has been shown to improve mental health** (such as reduction in anxiety and depressive symptoms), **and the size of the effect is the equivalent to taking antidepressants.**
- No evidence of a reduction in social well-being.

# Benefits of quitting



**Physical health** (cardiovascular, respiratory, cancer risk)

Other: Improved skin tone/colour, energy levels, smell, taste



**Mental health** (↓ depression, anxiety, psychosis, self-confidence)

- Smokers with depression experience **improvement in their depression** at one year follow-up
- **Dose reduction in some antipsychotic medications** (notably clozapine and olanzapine)

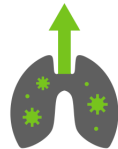


**Reduce financial stress, social inequalities**

# The health benefits of quitting

It's never too late to quit

Lungs start to clear out smoking debris



Circulation improves



Risk of heart disease reduces by about half



Risk of heart attack falls to the same as someone who has never smoked



TIME SINCE  
QUITTING

8

HOURS

48

HOURS

72

HOURS

2-12

WEEKS

3-9

MONTHS

1

YEAR

10

YEARS

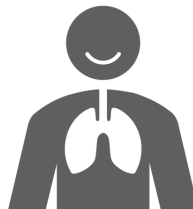
15

YEARS

Nicotine and carbon monoxide levels in blood reduce by more than half



Breathing is easier



Coughing and wheezing is reduced



Risk of lung cancer falls to half that of a smoker



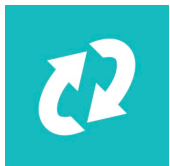
**People with severe mental illness find it virtually impossible to quit**

☐ True

☒ False



# Challenges to quitting for people with SMI



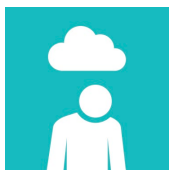
## **Greater tobacco dependence**

More like to smoke heavily



## **Perceived benefits**

Cope with stress, negative symptoms of illness



## **Boredom**

Social isolation, loneliness, unemployment

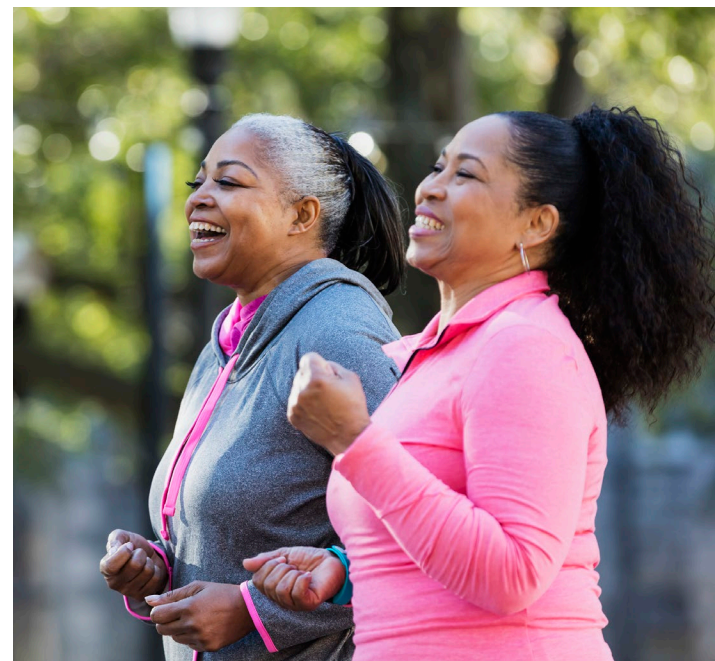


## **Peers, Environment, Culture**

High rates of smoking among peers, social networks

# Dealing with boredom and social connectivity

- **Cultivate a variety of interests and activities**
- **Creating environments which offer options for staying busy**
- **Access to meaningful activities**
  - Activities with others
  - Walking / Exercise
  - Crafts / Hobbies / Lessons
  - Activities they enjoy  
(i.e. reading, games, puzzles)
  - Volunteering
- **Spending time with other non-smokers / meaningful connections**





# Total smoke free mental health settings are associated with

- Smoking cessation in patients and staff

  - ❖ Acute with treatment and follow up: **up to 20%**,<sup>1</sup> longer stay: **up to 58%**<sup>2</sup>

- Increased likelihood of making a subsequent quit attempt following discharge<sup>3</sup>


- Increased expectancy of success and self efficacy<sup>4</sup>

- Positive wellbeing<sup>2</sup>

- Changes to smoking culture<sup>4</sup>


1. Prochaska et al (2014) Am J Public Health. 2014.
2. Hehir et al (2012) Drug & Alcohol Review, 31(5) 72–677.
3. Prochaska et al (2006) Am J Addict 15, 15-22.
4. Ashton et al (2010) Aust N Z J Psych. 44, 846-851

## Staff attitudes (Ratschen et al, 2008;2009)



Smoking is the least  
of their  
problems....dealing  
with their mental  
illness is the priority

## Patient attitudes (Robson, 2013)



*I feel so rich these  
days, the richest I  
have ever been*

*For the first  
time in my life,  
I feel I can do  
anything*

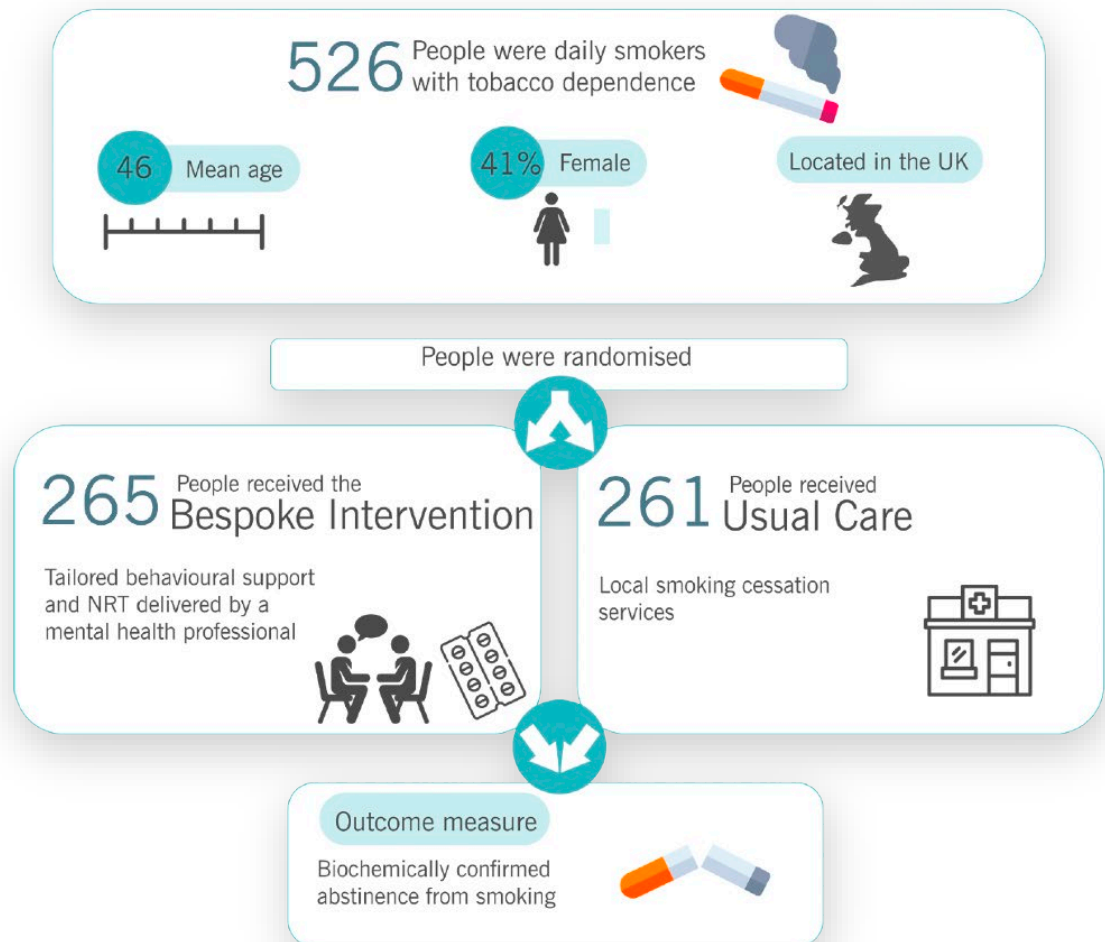
# Tobacco Dependency in Pregnancy

# What are the potential facilitators/opportunities for helping smokers...

1. Temporarily abstain from smoking during an inpatient admission
2. Take the opportunity to make a quit attempt during an inpatient admission
3. Make a quit attempt in the community

**Best practice:**

**Evaluated a bespoke  
smoking cessation  
intervention for  
people with SMI**





## **SCIMITAR+:** significant increase in rates of quitting and smoking reduction

Abstinence from smoking at  6 months **14.2% vs 6.5%**  
of people receiving the Bespoke Intervention of people receiving Usual Care

Abstinence from smoking at  12 months **15.2% vs 10%**  
of people receiving the Bespoke Intervention of people receiving Usual Care

Source: Gilbody S et al. 2019

# Smoking and Pregnancy Quiz

## Question:

**Smoking in pregnancy is a significant risk factor for?**

- ☐ Premature birth
- ☐ Neonatal death
- ☐ Sudden infant death
- ☐ Miscarriage
- ☐ Stillbirth



# Smoking and Pregnancy Quiz

## Question:

**Smoking in pregnancy is a significant risk factor for?**

- ☒ **Premature birth**
- ☒ **Neonatal death**
- ☒ **Sudden infant death**
- ☒ **Miscarriage**
- ☒ **Stillbirth**





# Adverse outcomes in pregnancy

Adverse Outcome	Known Risk
Miscarriage	24 – 32% more likely
Ectopic pregnancy	Increased risk (>1.7 times more likely)
Placenta previa	Increased risk (>1.5 times more likely)
Deep vein thrombosis	Increased risk (>1.6 times more likely)
Stillbirth	Twice as likely
Neonatal Death	Increased risk (>1.7 times more likely)
Pre-term Birth	27% more likely
Low Birth weight (<2500 gr)	Twice as likely
Sudden Infant Death	2 – 3 times more likely
Heart Defects	50% more likely

# The importance of stopping smoking early in pregnancy

*Babies born to smoking mothers who **quit in early pregnancy, before 15 weeks gestation**, have rates of stillbirth, prematurity, low birth weight and small for gestational age that is approximately the **same as non-smokers**.*

**...but quitting at any stage of the pregnancy is better than not quitting at all.**

# Your role in supporting pregnant women to stop smoking

Pregnancy represents a unique motivation for quitting smoking.

**More women quit smoking during pregnancy than at any other time in their lives.**



# Smoking and Pregnancy Quiz



## **Question:**

**For some women quitting smoking can place extra stress on mum and baby.**

**True or False**



## Could the stress of quitting harm my baby...



# Safety of NRT in pregnancy

- Nicotine inhaled via cigarettes produces a stronger vasoconstrictor effect causing reduced blood flow to the placenta and fetal tissues, therefore increasing fetal heart rate
  - **NRT is absorbed slowly and does not have this effect**
- NRT is prescribed on a **risk vs. benefit** basis
- **NRT is FAR safer to use in pregnancy compared to continued smoking**
- **16-hour patches** are recommended over 24-hour ones
- **‘Cut down to quit’ using NRT is not a recommended strategy in pregnancy**

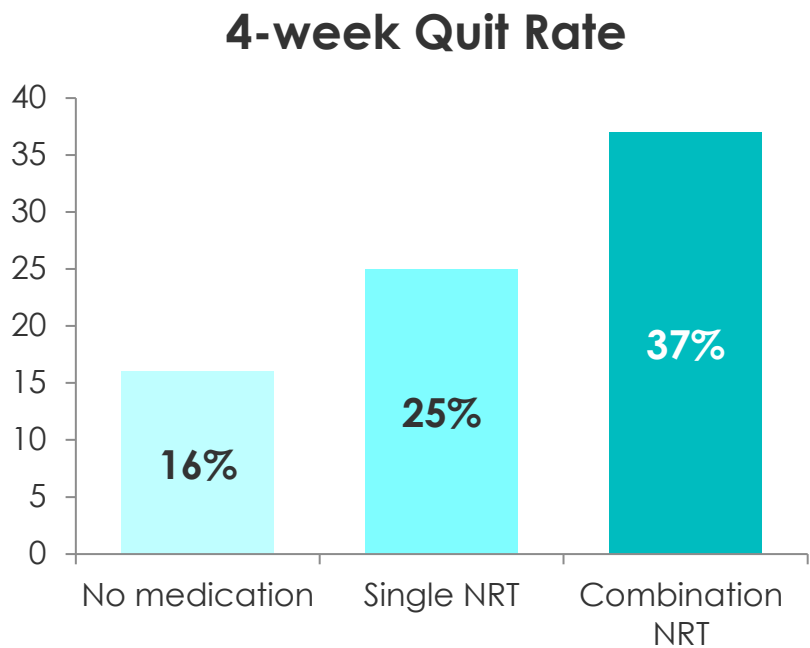
# Considerations for NRT use in pregnancy

- Pregnancy **increases nicotine metabolism** by around 50 – 60%
- This means that nicotine will be **cleared from pregnant women more rapidly** than before they were pregnant
- **Higher doses of NRT** may be required
- Because of this we need to be particularly careful about pregnant women **'under-dosing' with NRT**

# Pregnant women who use combination NRT are more successful at quitting

Data from 3,880 pregnant smokers in England showed a significant increase in women quitting using NRT compared to those going 'cold turkey'.

**Use of a combination of NRT resulted in significantly higher four-week quit rates.**





# Discussing NRT with pregnant women who smoke

***“NRT works by reducing withdrawal symptoms and urges to smoke, thereby making stopping smoking a bit easier. It is not a magic cure – but it will help.***

*Single NRT products will give you about half of the nicotine that you currently get from your cigarettes. **This is ‘clean’ therapeutic nicotine which is safe for you and baby.**”*

# Tobacco use in Forensic settings

- It was seen as part of the **culture** and **social norms** in forensics and *shaped social relations between forensic patients and staff*
- *Tobacco is a coping mechanism.* People believe it helps manage: boredom, stress, deprivation
- Relieve anxiety and tension: feels it is source of pleasure
- Monetary value (trading)

Healthcare looks to move away from these "norms" and focus on wellbeing and health for people

# Tobacco use in Forensic settings

Many **want to quit** and identify secure settings as *an* opportunity to **access stop smoking services** and **nicotine replacement therapy**

## **Key for treatment:**

- Access to pharmacological treatment (combination NRT or vapes)
- 1:1 Behavioural support and group sessions
- Understanding and managing triggers and cravings
- Physical exercise can be part of their treatment and wellbeing
- Service user led 1:1 sessions

The background is a solid teal color with faint, stylized botanical illustrations of leaves and stems in a slightly darker shade of teal, creating a subtle pattern.

# **Pharmacotherapy and drug interactions**

# NICE Guidance



**Combination  
NRT**



**Vape  
(nicotine)**

**First choice (3x)**



**Single  
NRT**

**Second choice (3x)**

**Combining stop smoking medications with behavioural support  
further increases success with quitting**

# BEST PRACTICE FOR SMI

- **Addressing access to combination NRT** or other support to ensure person receives desired medication / vape
- **NRT, vapes or other pharmacotherapy** are available **prior to quitting** and for extended periods **after quitting**

**A recent survey found** while all trusts offered nicotine replacement therapy (NRT) to their patients, only 47% offered the choice of combination **NRT** .

Source: ASH. Progress towards smokefree mental health services. 2019.

# Stop smoking medications and vaping in people with SMI

## **Use**

Abrupt quit

Cut Down to Stop

Harm reduction and  
temporary  
abstinence

## **People with SMI often:**

More dependent  
= More nicotine

Extended use  
of therapy  
(beyond 8 to  
12 weeks)

## **Our goal:**

Ensure prompt  
access to the most  
effective  
medications

Support  
correct use

Adherence and  
extended use as  
needed

A close-up photograph of a man's hand holding a small, black and teal nicotine replacement therapy (NRT) device. The device is held between the thumb and index finger. The man's face is blurred in the background, and he is wearing a blue and white checkered shirt. The text "Nicotine replacement therapy (NRT)" is overlaid in white, bold font on the lower right portion of the image.

**Nicotine replacement  
therapy (NRT)**



# NRT key facts



Provides a **clean** form of **nicotine** in lower and slower doses than cigarettes



**Reduces** nicotine **withdrawal** symptoms and urges to smoke, making quitting easier



Effective in helping smokers to quit



Single NRT products deliver roughly half the nicotine smokers would get from their cigarettes



Used for 8-12 weeks (or longer). Reduced over time or full dose can be maintained



**Long term use is safe.** Many patients will benefit from use for **6 months or longer.**

# Nicotine replacement therapy products at ELFT



**Patches**



**Inhalator**

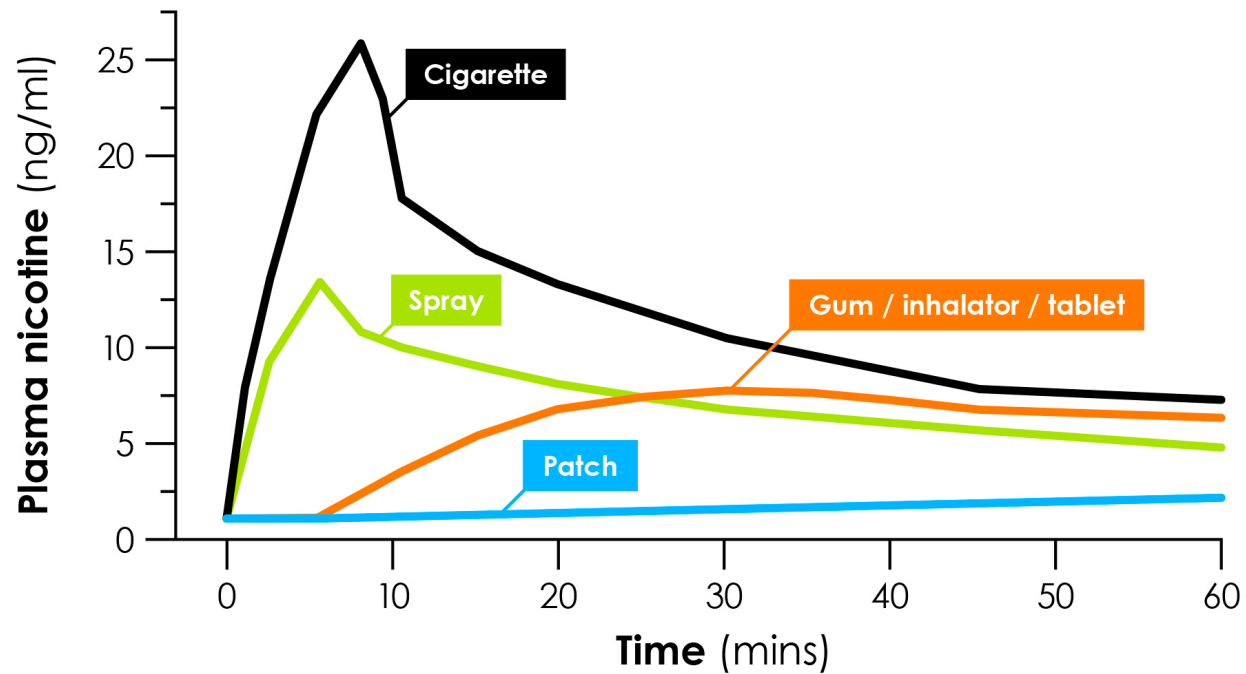


**Mouth spray**



**Lozenges &  
mini lozenges**

# NRT: action and effectiveness



Source: Hughes 2002 & Royal College of Physicians, *Nicotine Addiction in Britain*.

A report of the Tobacco Advisory Group of the Royal College of Physicians. London, RCP, 2000

**The biggest problem with NRT  
is that smokers do not use enough  
for long enough**

**Principle:** Use as much as you need  
for as long as you need to manage  
withdrawal and cravings

# NRT combination therapy

## NRT patch



## Faster-acting NRT



Provides steady dose of nicotine throughout the day to help with withdrawal symptoms and 'background' urges to smoke

Provides relief from 'breakthrough' urges to smoke and other withdrawal symptoms

Cahill K, et al. Pharmacological interventions for smoking cessation: an overview and network meta-analysis. Cochrane Database of Systematic Reviews 2013. Lindson N, et al. Different doses, duration, and modes of delivery of nicotine replacement therapy for smoking cessation. Cochrane Database Syst Rev. 2019

# Nicotine patches

## What it is

### 16-hour skin patches:

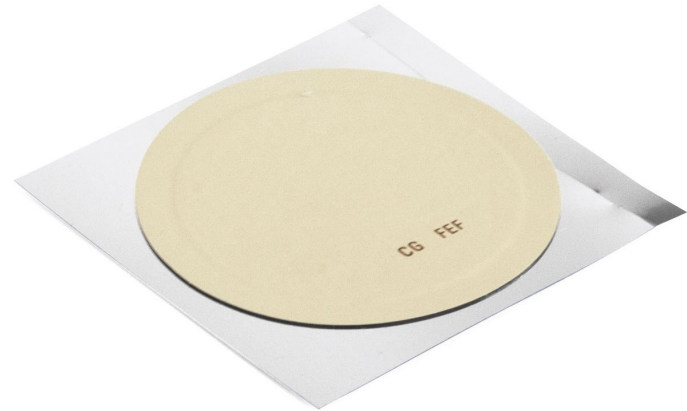
- 25mg, 15mg & 10mg

### 24-hour skin patches:

- 21mg, 14mg & 7mg

## How it works

- Delivers a steady dose of nicotine to the bloodstream via skin
- Peak levels reached in 2 – 6 hours
- Average amount of nicotine absorbed: 0.6 to 1.6 mg/hour



## How it is used

- Apply to clean, dry, non-hairy area
- Ensure sticks well to skin
- Replace every 24 hours. Rotate site daily
- Rash from adhesive is common; topical creams may be applied

# Oral products



## **Nicotine absorption:**

bloodstream via the buccal mucosa (mouth and throat)



## **Usage:**

Use on the hour, every hour



## **Absorption:**

Avoid drinking fruit juice for 15 minutes before or during use.

## **Common side effects:**

- Taste
- Mouth and throat irritation
- Hiccups
- Nausea
- Headache

# Nicotine mouth spray

**30 sec – 2 mins**  
STARTS WORKING

**16 mins**  
PEAK LEVELS

## What it is

- A 1mg/spray mouth spray
- Brand name QuickMist  
(Fresh mint, Cool Berry)

## How it is used

- Child-proof lock (push lever and slide up or down)
- First use: **prime the pump**
- Point and spray (firmly) inside of mouth against the cheek, repeat on other side of mouth
- 1 to 2 sprays every 30 minutes to an hour
- Hold spray in the mouth and avoid swallowing for a few seconds after spraying





# Nicotine lozenges and mini lozenges

**2 – 5 mins**  
STARTS WORKING

**30 mins**  
PEAK LEVELS

## What it is

- Sugar-free tablet
- Lozenges 1mg, 1.5mg, 2mg & 4mg (Original and mini)

## How it is used

- 1 lozenge every hour or as required to manage cravings/urges to smoke
- Placed in mouth, allow to dissolve by moving around mouth periodically; avoid crushing or chewing



# Nicotine inhalator

2 – 3 mins  
STARTS WORKING  
15 – 20 mins  
PEAK LEVELS

## What it is

- Plastic holder containing cartridge impregnated with 15mg nicotine and menthol



## How it works

- **Nicotine delivery:** Puffing on inhalator vaporises nicotine, absorbed through mouth and throat
- **Average amount of nicotine absorbed:** 20 minutes puffing for 1mg nicotine

## How it is used

- Line up ridges of plastic holder to open
- Special puffing technique – **take slow shallow puffs to avoid throat burn**
- Use every hour for about 20 minutes. Puff as needed to manage cravings.

The background is a solid teal color with faint, stylized outlines of leaves or branches in a slightly darker shade of teal, creating a subtle pattern.

# Interaction between smoking and psychotropic medication

# Smoking and medication interactions

- The **tar** in **tobacco smoke** (NOT nicotine) speeds up the metabolism of some medicines for physical and mental health
- This includes several **psychotropic** and **anti-depressants** medications
- This means that the medicines taken by clients who smoke are cleared from the body faster and **people who smoke higher doses** of some medications
- This effect is **caused by the tar** in tobacco smoke and **NOT** nicotine

**The use of NRT or vapes does not affect medications!**

# Stopping smoking and medication

- It may be necessary to **adjust dosages of some medications when people quit**
- **Dosage** may need to be **adjusted by the prescriber** when a patient stops smoking and then again if the patient relapses

**Medical history and current medication use should be asked about at the first session and **pathways in place for notifying prescribers****

# Smoking and medication interactions

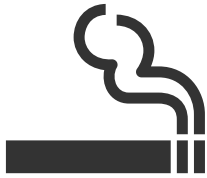
## Mental health drugs:

- Some antidepressants
  - **Amitriptyline** (Elavil)
  - **Clomipramine** (Anafranil)
- Some antipsychotics
  - **Clozapine** (Clorizaryl)
  - **Olanzapine** (Zyprexa)
  - Chlorpromazine (Thorazine, Largactil)
- Diazepam (Valium)

## Physical health drugs:

- **Theophylline**
- **Erlotinib** (Tarceva)
- Insulin
- **Methadone** (Methadose, Dolophine)
- **Riociguat (Adempas)**
- **Warfarin** (Coumadin)
- **Caffeine**

# Clinical effects of smoking and quitting on metabolism of these drugs



**Smoking status**



**Increased metabolism**  
(drug cleared from body)  
may make the drug ineffective



**Higher doses of medication needed**

**What do you need to do with the dose?**



**Decreased metabolism**  
Possible side effects / toxicity

**Monitor for side effects:**  
blood levels may rise as liver metabolism slows

**Reduce dose, usually within a week**



# Peter Pratt Talks About Clozapine, Mental Health, Medicine and Smoking Cessation



[https://www.youtube.com/watch?v=607BR1YqL\\_Q](https://www.youtube.com/watch?v=607BR1YqL_Q)



# Clozapine management in smoking cessation

## Signs of toxicity:

- Higher blood levels of clozapine can cause sedation, hypotension and increased risk of neurological adverse effects including seizures and fatalities.

## Blood Monitoring:

- Take clozapine plasma trough levels before stopping smoking
- Repeat plasma level one week after stopping smoking
- Blood and clinical monitoring should occur for up to six months.

# Clozapine management in smoking cessation

## Dose reduction:

- Immediate reduction of clozapine upon smoking cessation (may need to be reduced by 25% of original dose in the first week of quitting).
- Stepwise reduction of about 10 per cent daily for 4 days. Blood levels will guide individualised dosing.

## Should smoking be re-initiated:

- Plasma trough level should be retaken and clozapine increased to previous dose over one week and then plasma trough level repeated

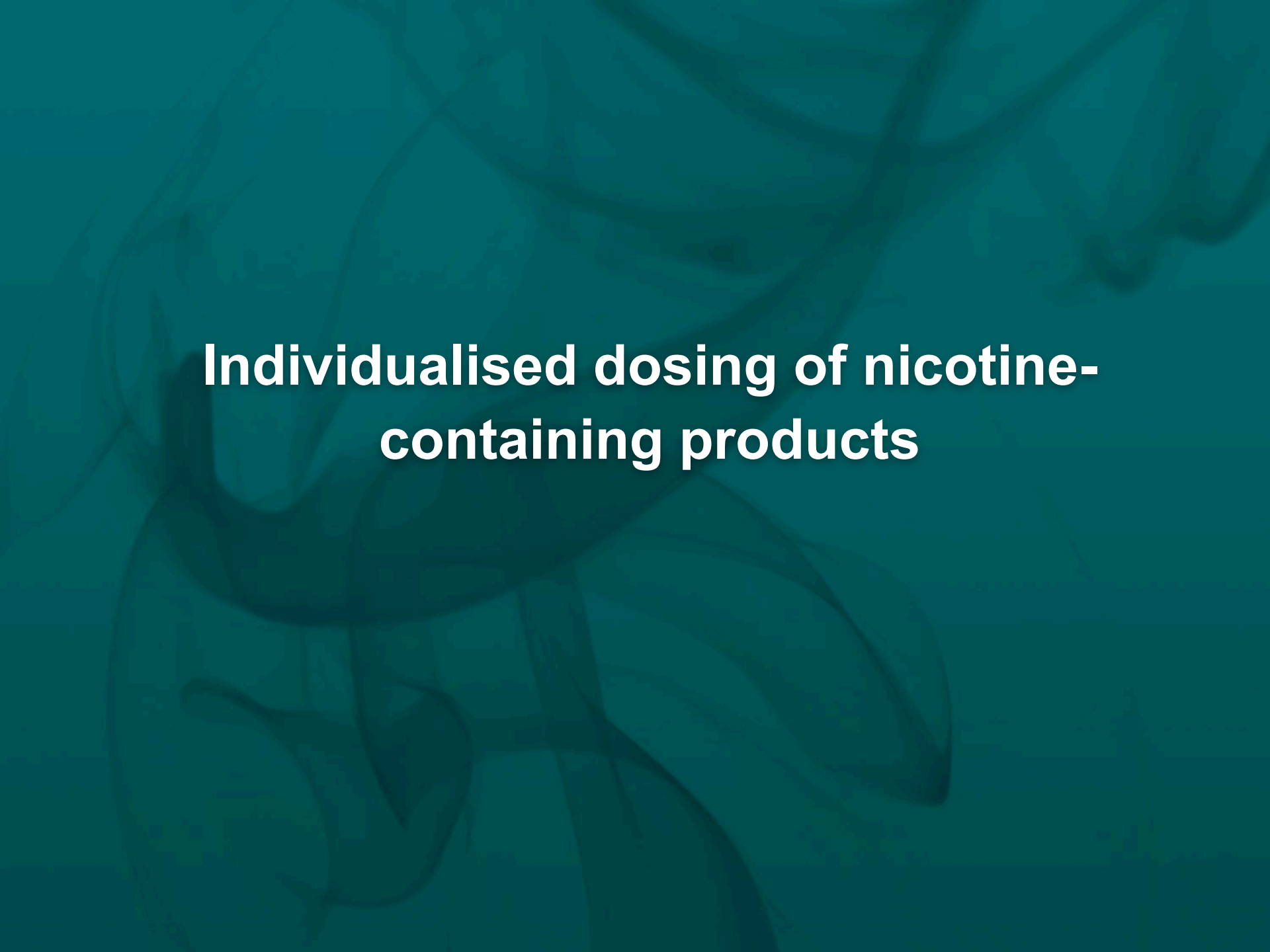
# Medications that may need dose adjustment

- ❖ **Olanzapine** – On stopping smoking dose may need to reduce dose by 25%. Be alert for increased adverse effects of olanzapine such as dizziness, sedation and hypotension. If adverse effects occur further reduce dose.. If restarting smoking, increase dose to previous smoking dose over 1 week.
- ❖ **Chlorpromazine** – Monitor for increased adverse effects - dizziness, sedation, nausea. Reduce dose as necessary.

# BEST PRACTICES FOR SMI

## Good communication with patient's care team

- **Informing** family doctor, psychiatrist, other members of care team of **quit attempt** so the clinician can review **antipsychotic drug doses** in case their metabolism changes
- There should be mechanisms to ensure the clinical team are **updated on quit attempts** and other information that may impact on the need for a **medicines review**

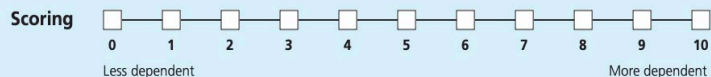


# **Individualised dosing of nicotine- containing products**

# Guidelines for individualised dosing of NRT

## The initial dose of NRT can be determined based on:

- Tobacco dependence score
- Patient past experience with withdrawal and cravings when quitting



- |   |                            |
|---|----------------------------|
| 1. How soon after you wake up do you smoke your first cigarette?                              | 3 Within 5 minutes         |
|   | 2 6–30 minutes             |
|   | 1 31–60 minutes            |
|   | 0 More than 60 minutes     |
| <hr/>   |                            |
| 2. Do you find it difficult to stop smoking in no-smoking areas?                              | 0 No                       |
|   | 1 Yes                      |
| <hr/>   |                            |
| 3. Which cigarette would you hate most to give up?  | 1 The first of the morning |
|   | 0 Other                    |
| <hr/>   |                            |
| 4. How many cigarettes per day do you usually smoke?  | 0 10 or less               |
|   | 1 11 to 20                 |
|   | 2 21 to 30                 |
|   | 3 31 or more               |
| <hr/>   |                            |
| Do you smoke more frequently in the first hours after waking than during the rest of the day? | 0 No                       |
|   | 1 Yes                      |
| <hr/>   |                            |
| 6. Do you smoke if you are so ill that you are in bed most of the day?                        | 0 No                       |
|   | 1 Yes                      |

# Individualised dosing

## Handout 2

**John – age 45**

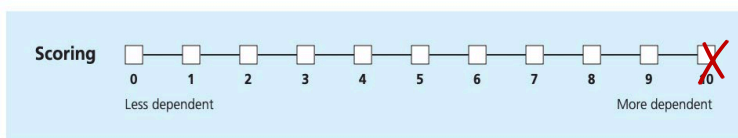
Smokes 50 cigarettes/day; 30 years

\*1 cig = 1mg nicotine (minimum)



# Individualised dosing: John

## Heaviness of Smoking Index



## Past experience with nicotine-containing products

- tried patch, tried gum, didn't really work
- returned to smoking within days, on one attempt was able to stay quit for a week

## Past experience with withdrawal

↑ urges to smoke ↑ withdrawal symptoms

1. How soon after you wake up do you smoke your first cigarette?

- ☒ 5 Within 5 minutes
- ☐ 2 6–30 minutes
- ☐ 1 31–60 minutes
- ☐ 0 More than 60 minutes

2. Do you find it difficult to stop smoking in no-smoking areas?

- ☐ 0 No
- ☒ 1 Yes

3. Which cigarette would you hate most to give up?

- ☒ 1 The first of the morning
- ☐ 0 Other

4. How many cigarettes per day do you usually smoke?

per day

- ☐ 0 10 or less
- ☐ 1 11 to 20
- ☐ 2 21 to 30
- ☒ 3 31 or more

5. Do you smoke more frequently in the first hours after waking than during the rest of the day?

- ☐ 0 No
- ☒ 1 Yes

6. Do you smoke if you are so ill that you are in bed most of the day?

- ☐ 0 No
- ☒ 1 Yes



# Discussing medications/vapes with patients

## Establish past experience with medications / vapes

*“Have you ever used any medication or a vape (e-cigarette) to help you with a quit attempt in the past?”*

*“What medication did you use?”*

*“How did you get on with it?”*

# What would you recommend for John?



**HSI = High**

**50 cigarettes per day =**

**~50mg of nicotine\***

**\*1 cig = 1mg nicotine (minimum)**



**21mg, 25mg**



**21mg, 25mg**



**20mg nicotine  
containing**

# High nicotine dependency

**More dependant smokers** may benefit from high dose NRT (>42mg) to address withdrawal symptoms more effectively than standard doses.



# Vapes/E-cigarettes

# Vape (e-cigarette, electronic cigarette)

## What it is

- Device that heats a solution to create a vapour inhaled by users
- Variety of devices and vape solution flavours, nicotine concentrations

## Nicotine concentration:

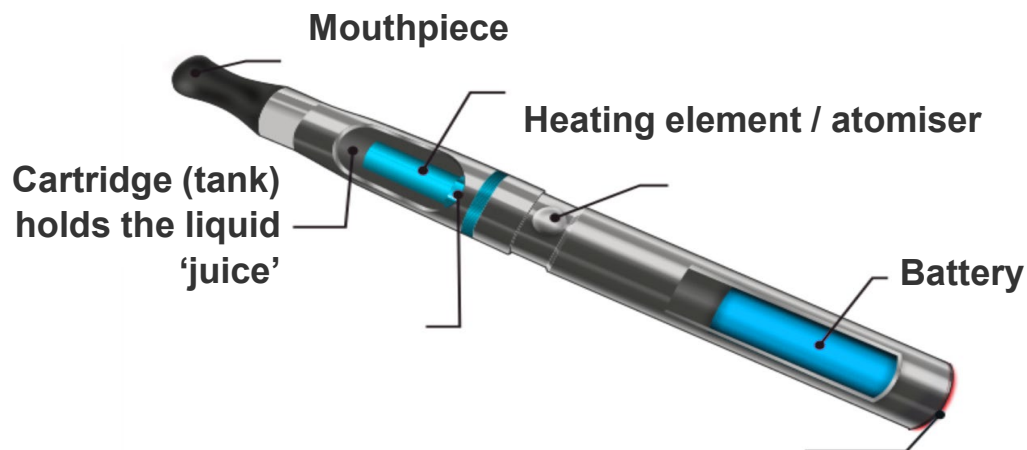
- 0, 3, 6, 12, 18 mg/ml

## How it works





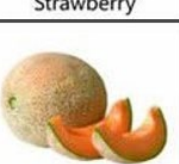






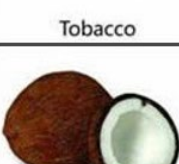




- No combustion
- Effective stop smoking aid
- More rapid delivery of nicotine

## How it is used

- Used regularly throughout the day and when urges to smoke occur
- Nicotine-containing vapes are recommended
- More frequent puffing (“grazing”)



# e-liquids and nicotine

 Virginia	 Strawberry	 Menthol	 Coffee	 Mint Herb
 Orange	 Melon	 Peach	 Juicy Peach	 Tobacco
 Red Bull	 Cherry	 Lemon	 Apple	 Coco nun
 Vanilla	 Banana	 Watermelon	 Coca cola	 Camel

## Nicotine concentration:

- 0mg/ml (0%)
- 3mg/ml (0.3%)
- 6mg/ml (0.6%)
- 12mg/ml (1.2%)
- 18mg/ml (1.8%)

# Vaping devices: components, design and e-liquid

## Cig-a-like



**'Cig-a-like'**  
Cartridge, atomiser  
and battery

## Tanks



**'Vape pens'**  
Tank and battery  
Refillable

## Mods



**Regulated  
Mods**

## Pods



**Pod vaping  
system**

## Disposables



**Disposable  
Vapes**

# Are vapes safe to use?

**Which of the following is correct?**

- A. Recent studies have found vapes are just as harmful as smoking cigarettes
- B. Vapes are far safer than smoking cigarettes
- C. Vapes are less harmful than smoking but not by much



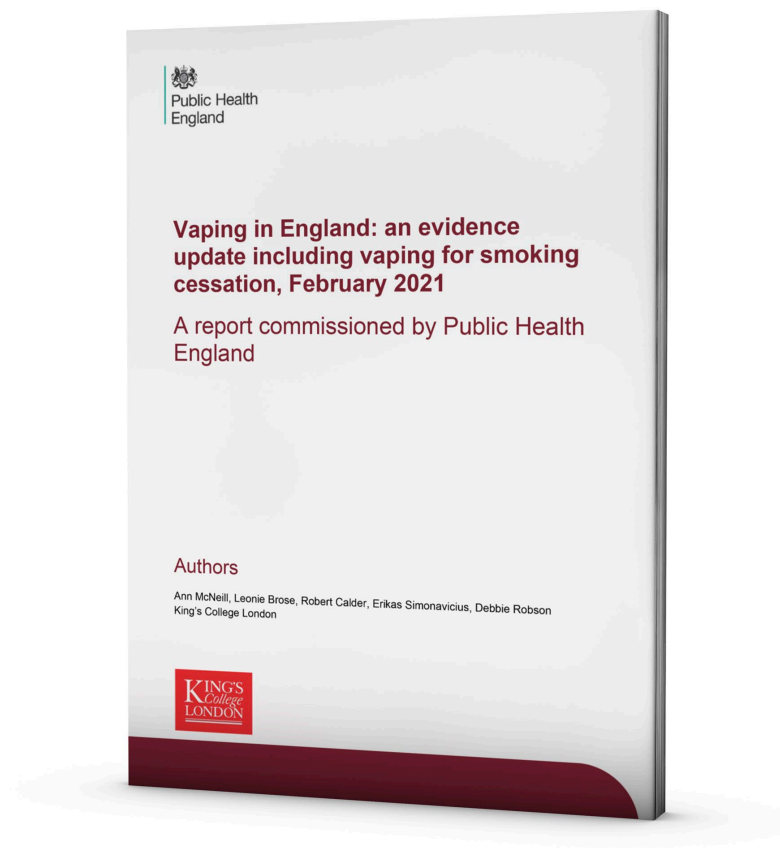


# Vaping safety

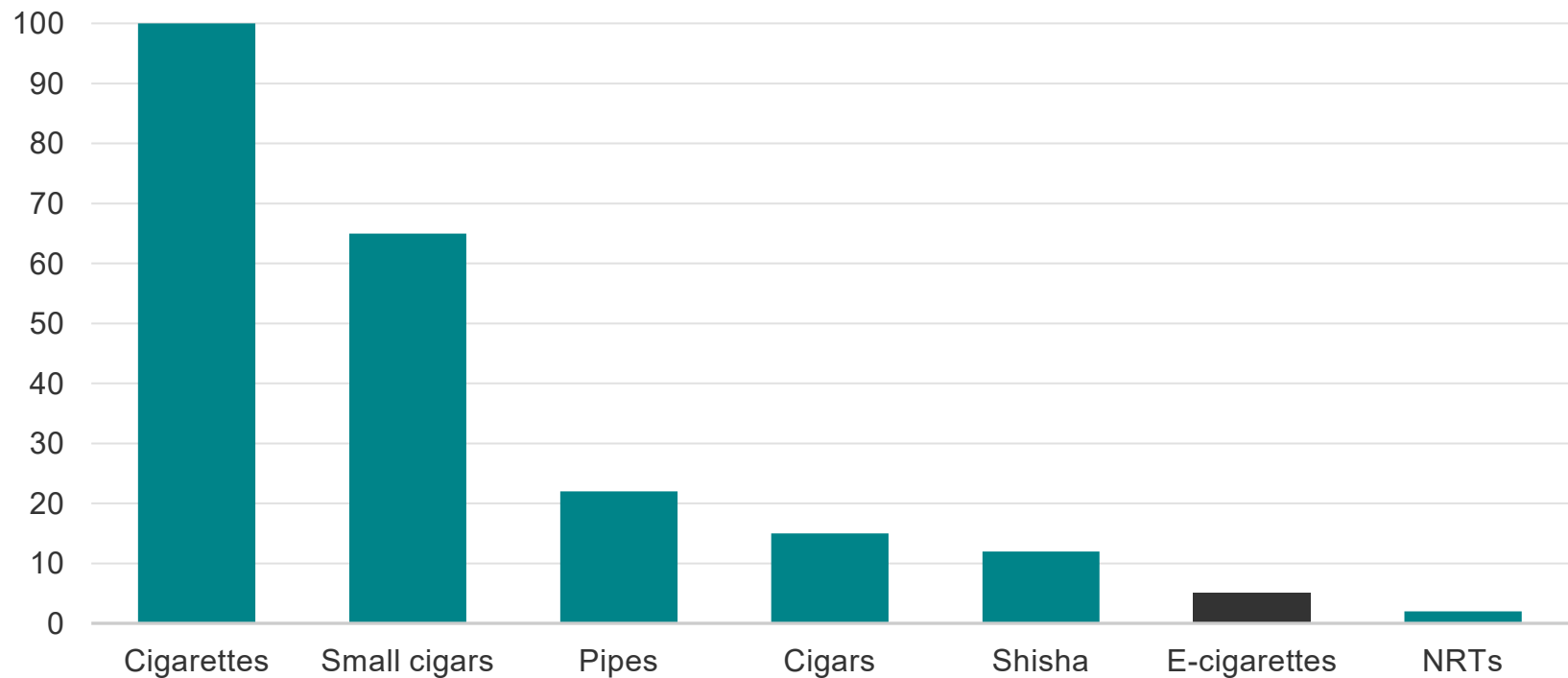
**Evidence to date indicates that vapes are significantly (at least 95%) less harmful than cigarettes.**

As of 2016, vaping devices are regulated by the government to ensure safety standards are met

- vaping devices are regulated by government as part of the EU Tobacco Products directive



# Comparing Harm between nicotine-containing products



Estimating the Harms of Nicotine-Containing Products Using the MCDA Approach, Nutt et al, 2014

# Vaping is not appropriate for people with SMI?

Which of the following is correct?

- A. Yes, there is an increased chance of adverse psych events
- B. No, vapes have been found to be particularly useful for people with SMI
- C. Yes, as there is insufficient evidence about the safety and efficacy



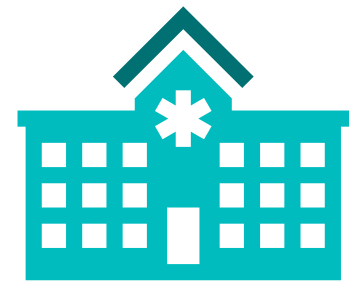
# Guidance

- Vapes are a first line stop smoking aid, and appropriate for use in people with SMI
- Be open to vape use in people keen to try them, especially in those who have tried and failed using other aids
- Provide advice to patients on using vapes as a quitting aid



# In-patient settings

- The majority of mental health Trusts in England allow the use of e-cigarettes
- Be familiar with your Trusts policy on vaping and what support is available to inpatients
- Rechargeable and re-fillable e-cigarettes will be suitable for most patients
- Ensure Trust infection control policy is followed
- Advise vapes should be for **personal use only**
- Ensure patients do not use near oxygen



**Mental Health Trusts**

# Risk assessment

## ■ Assess capacity and risk of using vapes

- How unsettled is the patient?
- Will they remember how to use it correctly?
- Are they at risk of adding anything?

■ Depending on risk assessment, the patient may be **supervised when re-filling** his/her device or **disposable device** used

■ Disposable e-cigarettes may be the most suitable option for those who present with a high-risk profile



**Assess capacity  
and risk**

**Violence will increase on wards if patients don't smoke**

- ☐ True
- ☒ False



# Treating tobacco reduces Ward Violence

- There is excellent data to show that addressing tobacco use in the inpatient setting results in **less aggression** and **calmer wards**
- Patients smoke to **avoid withdrawal**, assisting with managing withdrawal gets to the **source of the problem**



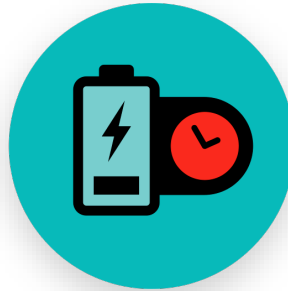
# Safety check



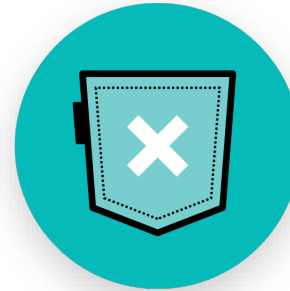
**1.**  
Purchase  
from a  
reputable  
supplier



**2.**  
Heed  
product  
warnings



**3.**  
Don't charge  
for long periods



**4.**  
Don't keep  
batteries  
in pockets



**5.**  
Keep away  
from animals  
and children

# Discussing vapes with patients



Which  
vape should  
I start with?

I don't know  
what strength  
to start on

My mouth  
is so dry!

Common  
statements

I vape more  
often than  
I smoked

I'm still really  
struggling

I don't like all  
the 'smoke'

# NRT and vaping for people with SMI

- Address misperception about harm from nicotine
- Demonstrate correct use and have patient demonstrate how they are using (bring product to sessions)
- Repeatedly remind service users of correct technique for faster-acting NRT and vapes
- Ask about and prompt regular supply
- Minimize side effects / improve the overall experience of taking medication



**People experiencing  
poor mental health**



## Caroline's story

Stopping smoking while  
dealing with a mental health  
illness

<https://www.youtube.com/watch?v=J5DZDWbziCI>

## **Caroline's story:** Stopping smoking while dealing with a mental health condition





# Cut Down To Stop (CDTS)

# Abrupt quitting vs. cutting down

**Abrupt quitting is the preferred approach to quitting**

**There is NO safe level of smoking:**

**Even just a few cigarettes per day places significant risk.**

## **Compensatory smoking**

People tend to compensate by smoking more intensely (e.g. taking more puffs, inhaling deeper and longer, smoking more of the cigarette).

This means they are exposed to increased carbon monoxide (CO) levels even with fewer cigarettes per day.

**The goal should be to stop smoking completely.**

# Cut Down To Stop (CDTS)

**CDTS is an option for those not ready to “quit in one go” and can be particularly valuable for SMI patients**

**Success with cutting down can serve to increase:**

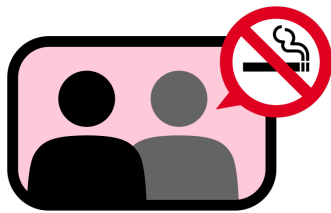
- **Self-confidence** in ability to quit
- **Motivation** to make a quit attempt
- **Opportunity** to use support  
(counselling, NRT, medication)





# Cut Down To Stop: what we know

**Success with reducing and ultimately quitting is increased with:**



**Structured approach:**  
progressive goals with  
ultimate goal of quitting



**Use of NRT  
or nicotine-containing vape**

**The same tobacco dependence treatments that work for the general population are also effective for people with SMI**

☒ True **But**, with a caveat

☐ False



## Cut down to stop

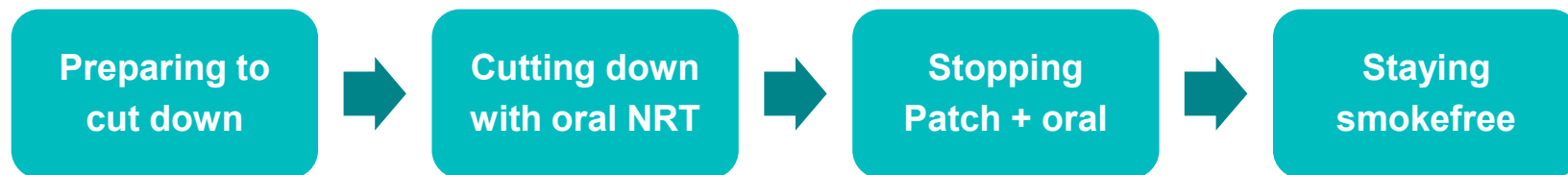
*"I realise that stopping smoking completely in one go can seem like a big ask. I wonder whether you would consider trying to reduce the number of cigarettes you smoke each day? You can use NRT or a vape to help you, and we can work on a plan for you to cut down gradually over the next ..... weeks before you quit completely."*

*"I understand that you're not ready to stop smoking right now. Would you consider trying to reduce the number of cigarettes you smoke each day to reduce the harm that smoking is causing you?"*

# Cut Down To Stop

**The Cut Down To Stop treatment will include three phases:**

- **Phase One** Preparation
- **Phase Two** Cutting down with NRT / vape (1 to 6 months)
- **Phase Three** Stopping with NRT / vape



The length of each phase can be adapted in line with participant need and their individual goals.

# Strategies for cutting out cigarettes

- Delay the first cigarette of the day
- Choose periods during the day when they will not smoke



**Start to eliminate one cigarette each day** in the order of what would be easiest to give up



Increase the amount of **time between each cigarette**



**Try 'practice' quits** by picking certain days and going half or all day without smoking




**Ban smoking in certain places** (e.g. your house, your car)

A woman with long dark hair is looking down and slightly to the left. The image is overlaid with a teal filter. Text is present in the upper left corner.

Behavioural support

***What do most people think  
we do with smokers?***



Behavioural support

*What do most people think  
that we do with smokers?*

**That we tell people that  
smoking is bad for them  
and that they should quit.**





## Paul's story

Stopping smoking while dealing  
with a mental health condition

[www.youtube.com/watch?v=NVAIW6nC37Q](https://www.youtube.com/watch?v=NVAIW6nC37Q)



## **Paul's story:** Stopping smoking while dealing with a mental health condition



























# Initial assessment:

Engaging SMI patients who smoke and  
initial assessment

# RIO FORMS

## Case Record Menu

- ☒  Mental Health Act & Mental Capacity Act
- ☒  Clustering
- ☒  Client Referrals
- ☒  Inpatient Management
- ☒  Client Related Data-Views
- ☒  CAMHS
- ☒  Intellectual Disability
- ☒  Forensic Forms
- ☒  Form Testing
- ☐  Specialist Assessments
  -  Psychological Therapies Assessment
  -  C&H HTT Daily Planner
  -  Perinatal Pre-Birth Care Planning
  -  Smoking Cessation Service
  -  Carers' & Users' Expectations of Service
  -  Children and Adolescent
  -  CORE - 10v1
  -  Drug and Alcohol
  -  Eating Disorders
  -  IAPT Assessments
  -  MOHO OT Assessments
  -  Rating Scales
  -  Yale - Brown Obsessive Compulsive Survey
  -  Liaison & Diversion



# Initial assessment



Assess current readiness and ability to quit (consent and capacity assessment)



Assess physiological and mental functioning

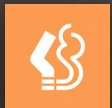
Review medications and discuss communication with care team



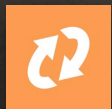
Inform the person about the treatment programme



Assess current smoking



Assess past quit attempts



Explain how tobacco dependence develops and assess nicotine dependence





# Initial assessment



Explain and conduct carbon monoxide (CO) monitoring



Explain the importance of abrupt cessation and the not a puff rule and assess appropriateness for person



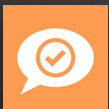
Inform the person about withdrawal symptoms



Discuss stop smoking medications and vaping



Agree on abrupt quit or CDTs, set the quit date / reduction goal



Prompt a commitment from the person

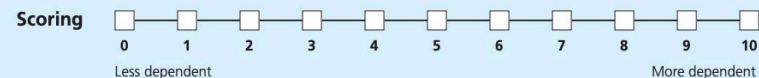


Discuss preparations and providing a summary

# Assessing tobacco dependence

## Fagerstrom Test

- |  |  |
|--|--|
| 1. How soon after you wake up do you smoke your first cigarette?                                 | <div>3 Within 5 minutes</div> <div>2 6–30 minutes</div> <div>1 31–60 minutes</div> <div>0 More than 60 minutes</div> |
| 2. Do you find it difficult to stop smoking in no-smoking areas?                                 | <div>0 No</div> <div>1 Yes</div>   |
| 3. Which cigarette would you hate most to give up?   | <div>1 The first of the morning</div> <div>0 Other</div>   |
| 4. How many cigarettes per day do you usually smoke?<br><div></div> per day                      | <div>0 10 or less</div> <div>1 11 to 20</div> <div>2 21 to 30</div> <div>3 31 or more</div>                          |
| 5. Do you smoke more frequently in the first hours after waking than during the rest of the day? | <div>0 No</div> <div>1 Yes</div>   |
| 6. Do you smoke if you are so ill that you are in bed most of the day?                           | <div>0 No</div> <div>1 Yes</div>   |



# Scaling questions

On scale of 1–10 (1 low – 10 high)

How **motivated** are you right now  
to make this change...

How **confident** are you right now that  
you will achieve this change...



# Assessing motivation and concerns

## Assessing motivation:

- *“How do you feel about smoking?”*
- *“How do you feel about stopping smoking?”*
- *“On a scale of 1-10.....”*
- *“Tell me what worries you about giving up smoking?”*
- *“What would help or how could you overcome these difficulties?”*





**Carbon monoxide monitoring**

# Carbon monoxide monitoring

- CO monitors measure the amount of **carbon monoxide in expired breath**, displayed as parts per million (ppm)
- CO monitors detect exposure to smoke in the previous **24 – 48 hours**
- Patients are required to hold their breath for **15 seconds** (minimum 10 seconds) to equalize pressure in the lungs and allow CO to transfer between blood and lungs
- **Smoker reading = above 10ppm**
- **Motivational tool, chart progress**
- <https://www.youtube.com/watch?v=KSFnyMXGR2Q>



A close-up photograph of two women in conversation. On the right, a Black woman with long, dark, wavy hair is looking towards the left. She has a small mole on her chin and is wearing a dark-colored top. On the left, the back of a woman with long, straight, blonde hair is visible. The background is slightly blurred, showing a bookshelf with various books and a white box on a shelf. The overall lighting is soft and indoor.

# **Core Communication Skills**



**Practitioner:** *Have you thought about quitting smoking?*

**Patient:** *Yes I have, I've tried many times but I can't seem to manage. Things get on top of me and it's my only comfort.*

**Practitioner:** *Stopping smoking is the best thing you can do for your physical but also for your mental health.*

**Patient:** *I know, but I'm so stressed at the moment, I have so much going on. My partner smokes too. I always get told to stop smoking when I come in here.*

**Practitioner:** *Smoking doesn't help with stress, people who stop are less stressed. Why don't you set a quit date, that will give you something to aim for, then use the nicotine patch.*

**Patient:** *Yes, but I've used the patch before, it didn't work and I don't think I should be using that given my mental health history.*

**Practitioner:** *You should also change your routine, going for a walk in the morning would help.*

**Patient:** *No I couldn't do that, It's already a struggle for me to get out of bed many mornings.*

**Practitioner:** *Have you talked to your partner about quitting to make it easier for you?*

**Patient:** *Yes, but...*

# Supporting quitting using core communication skills

## What we know:

- **Telling someone what to do isn't a good method of changing behaviour**
- People are more likely to openly discuss issues and consider change when they believe that you are genuinely interested in their issue and aren't judging them

# Core Communication Skills

## Listen...

...without advice, judgement, opinion or agenda

Build Rapport

## Ask Questions...

...to help them think of their own solutions

Use Reflective  
Listening

## Feedback...

...key points and observations

Boost Motivation  
& Self-Efficacy

## Provide a Summary...

...leaving time for response

Provide  
Reassurance

**Applying skills  
to practice**

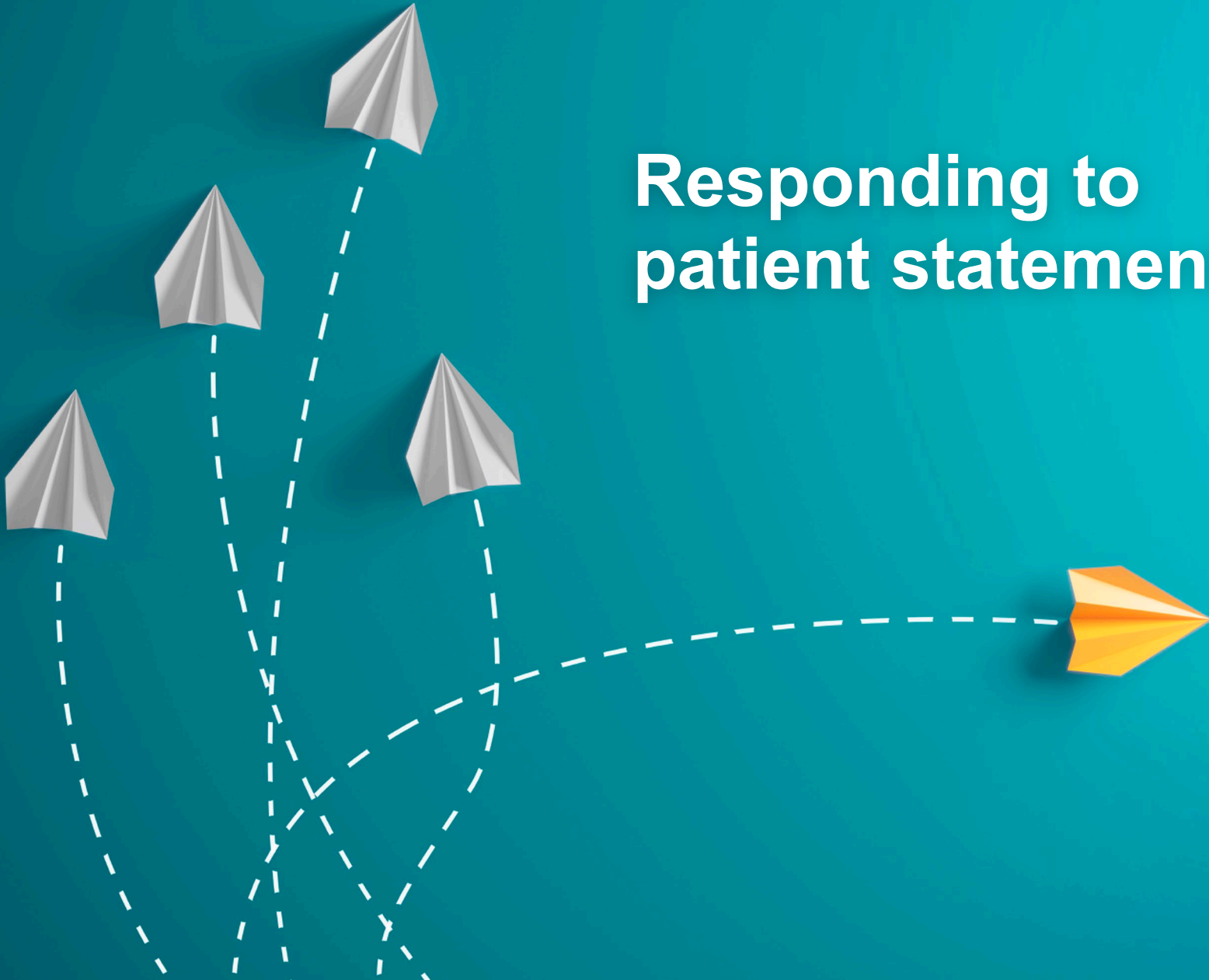


# Eliciting information, knowledge and reinforcing importance

- *“How do you feel about your smoking? Has stopping been on your mind?”*
- *“Is there anything that worries you about your smoking?”*
- *“Is it ok if I explain why we worry about smoking and some of the benefits of stopping to both your physical and mental health?”*
- *“A lot of people I work with are initially hesitant about quitting. It’s been a big part of your life for a number of years.”*
- *“It’s normal to have concerns. Have you thought about some of the good things that will come about if you do decide to quit?”*
- *“It is so important for you stop smoking; we will help you every step of the way.”*
- *“It’s fantastic that you’re making such an important change, I’ll be here to support you throughout.”*



# Responding to patient statements



# Applying skills to practice

1. *“I really do want to give up, but it’s hard as my partner and most of my friends smoke.”*
2. *“I am determined to stop smoking, but I can’t afford to put on any weight and I know, if I do, I’ll start smoking again.”*
3. *“Won’t stopping smoking make my mental health worse?”*
4. *You don’t really know what you’re asking me to do. Have you ever smoked?”*

# Patient-centered approach

- Focus on what best serves the patient
- Engagement is first priority
- Be clear on the ultimate goal being quitting and your confidence that they will be able to get there

# Summary

1. **Building rapport** is the key that opens the door to effective communication across all stop smoking sessions
2. Using the skills of **reflective listening** can help build rapport and support motivation
3. Being **non-judgemental** and using techniques such as open questions to **elicit the patient's view** are effective
4. These skills are particularly useful when the patient is experiencing **ambivalence about quitting**

# Initial assessment session in action



Over to you...





## Skills practice



Assess current readiness and ability to quit in one step



If appropriate, introduce CDTs and inform the patient about the CDTs programme



Learn more about the persons smoking routines and triggers



Determine plan for the week

**\*Consider:** smoking diary, set reduction goal, coping plan

# Skills Demonstration: patient 1 – Abrupt Cessation

<b>History</b>	55-year-old woman with bipolar disorder
<b>Current smoking</b>	Smoking 15 cigarettes/day. Smoked since she was 16.  CO = 18ppm Smokes within 30 minutes of waking.
<b>Readiness &amp; motivation to quit</b>	Health and wealth. Daughter is expecting.
<b>Barriers</b>	Stress, “It’s my time”.
<b>Past quit attempts</b>	Several past quit attempts without support or NRT



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**Kerri, 55**

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# Skills practice: patient 2 – Cut down to stop

<b>History</b>	55-year-old male living with Schizophrenia. Taking Clozapine
<b>Readiness &amp; ability to quit</b>	Does not think they could just stop 'like that' – tried it in past, didn't last long.
<b>Readiness &amp; ability to 'cut down to stop'</b>	Willing to try cutting down and will think about setting a quit date later on.
<b>Motivation</b>	Really wants to quit, does not like the smell and just cannot afford it.
<b>Support</b>	Lives alone and/or with mates. Most family and friends smoke and unlikely to be supportive of him quitting.
<b>Barriers</b>	Daughter he sees fairly regularly smokes and does not think he will be able to quit. If he doesn't smoke can't think what they will do instead.
<b>Current smoking</b>	Smokes around 50 a day, more at the weekends.
<b>Past quit attempts</b>	Managed to stop a few times but only for a few days / week. Last attempt two years ago.
<b>NRT history</b>	Tried 'cold turkey' last time.
<b>Medication choice</b>	Not sure, but knows a friend who uses a vape ( e-cigarette) and he is thinking of using this.
<b>Risk situations</b>	Going to pub. first thing in morning, seeing daughter, coffee breaks.



**Michael, 55**

## Skills practice



Assess current readiness and ability to quit in one step



If appropriate, introduce CDTs and inform the patient about the CDTs programme



Learn more about the person's smoking routines and triggers



Determine plan for the week

**\*Consider:** smoking diary, set reduction goal, coping plan

# Skills practice: practitioner

## Practitioner role

### Handout 3

### Practice the communication skills

### Use the clinical checklist to ask questions to ensure you cover all the competencies specified

Community mental health tobacco treatment training

Day 1: Handout 3

Initial assessment checklist and patient profile

Abrupt quit

Clinical Checklist

Intervention	Observed (tick)	Done (tick)
1. Learn about the patient and build rapport	<input type="checkbox"/>	<input type="checkbox"/>
2. Assess current readiness and ability to quit	<input type="checkbox"/>	<input type="checkbox"/>
3. Assess physiological and mental functioning	<input type="checkbox"/>	<input type="checkbox"/>
4. Inform the patient about the support programme	<input type="checkbox"/>	<input type="checkbox"/>
5. Assess current smoking	<input type="checkbox"/>	<input type="checkbox"/>
6. Assess past quit attempts	<input type="checkbox"/>	<input type="checkbox"/>
7. Assess tobacco dependence → (and explain how tobacco dependence develops)	<input type="checkbox"/>	<input type="checkbox"/>
8. Inform the patient about withdrawal symptoms	<input type="checkbox"/>	<input type="checkbox"/>
9. Set the quit date	<input type="checkbox"/>	<input type="checkbox"/>

Communication skills

Build rapport	<input type="checkbox"/>	<input type="checkbox"/>
Boost motivation and self-efficacy	<input type="checkbox"/>	<input type="checkbox"/>
Use reflective listening	<input type="checkbox"/>	<input type="checkbox"/>
Provide reassurance	<input type="checkbox"/>	<input type="checkbox"/>

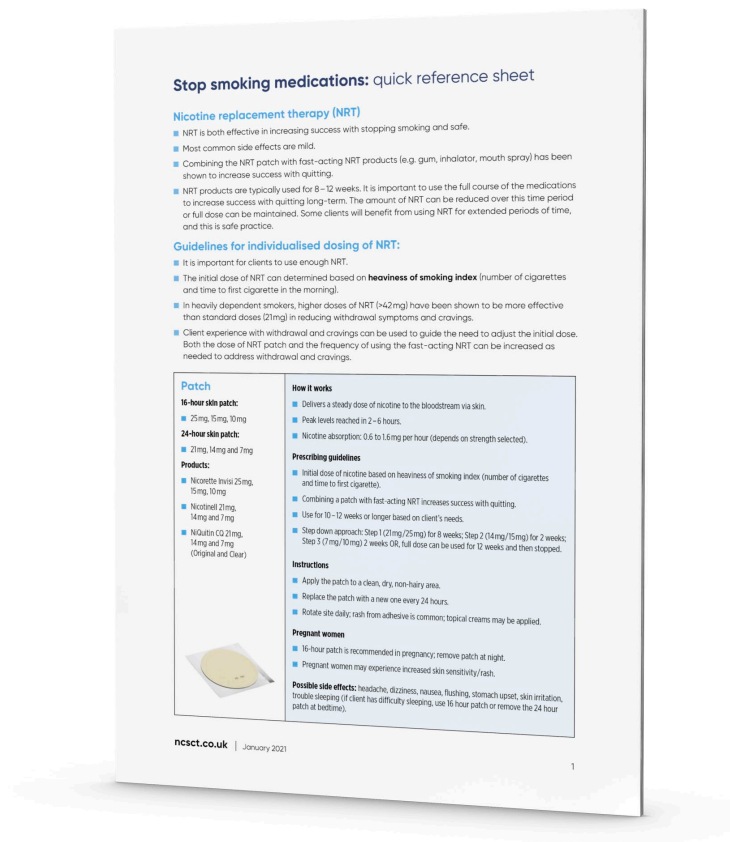
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# Useful resources

## ■ NCSCT Quick Reference Sheet

## ■ NCSCT website stop smoking medications

## ■ UK Medicines [www.medicines.org.uk/emc](http://www.medicines.org.uk/emc)



# Course wrap up! & evaluation

# Post course evaluation

Tobacco Dependency Practitioner  
Post Course Evaluation 1/6/2023



<https://forms.office.com/e/BginQRFpbN>

# Any questions?

■ [ELFT.stopsmoking@nhs.net](mailto:ELFT.stopsmoking@nhs.net)

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