What's the most successful way to stop smoking?

Support and medication
Combined specialist support and prescription medication* including NRT or varenicline

225% More successful than going cold turkey

E-cigarettes
Using electronic cigarettes without professional support

60% More successful than going cold turkey

NRT over the counter
Using Nicotine Replacement Therapy without a prescription or support

No more successful than cold turkey – probably because people don't use enough

*Visit nhs.uk/smokefree

Cold turkey
Quitting with no support

Medication on prescription
Health professional advice and prescription medication including NRT

60% More successful than going cold turkey

Effective cessation interventions

There are a number of interventions to help people stop smoking. Different cessation tools, including prescribed medication, nicotine replacement therapy (NRT) and e-cigarettes, will work better for different individuals, but we know that quit attempts are more likely to be successful with behavioural support.

Stop Smoking Services

Where they are available, Stop Smoking Services should be considered as the first-choice route for a smoker as they are over three times as likely to quit compared to going cold turkey. Unfortunately in some areas, these services are no longer provided which makes your support even more valuable. You can direct your patients to www.nhs.uk/smokefree for a personalised quitting plan and further advice.

Evidence?

Evidence shows that Stop Smoking Services are the most effective way to quit and are one of the most cost-effective interventions in the NHS.1

Offering advice and Prescription medication

To help people quit, NICE recommend offering advice on nicotine-containing products on general sale to smokers and prescribed medication such as varenicline or bupropion.

Evidence?

NRT when prescribed by a healthcare professional can significantly reduce withdrawal symptoms and cravings and prescription medications are also shown to improve the success of quit attempts. When bought over the counter, NRT does not appear to be any more effective at helping smokers quit compared to going cold turkey, which might be due to people not consuming enough nicotine to satisfy their cravings.

What’s the most successful way to stop smoking?

Support and medication

Combined support and medication for smoking cessation (including NRT or varenicline) is as effective as nicotine-containing products on general sale, and evidence suggests their safety profile is far more comparable to that of other NRT products than tobacco.10,11

E-cigarettes

There is ever-growing evidence that e-cigarettes are an effective cessation tool6,8,9,10,11. But we don’t yet know all the long-term effects. The RCGP and NICE recommend that e-cigarettes should be discussed as an option for smoking cessation (po.st/RCGP).

Patients using e-cigarettes should be advised that they need to switch completely rather than becoming ‘dual users’ – using e-cigarettes and smoking. For people using an e-cigarette who want to use other nicotine-containing products at the same time, it is safe to do so.

Evidence?

Research so far shows that e-cigarettes are far less harmful than smoking8,10,11 and can be an appropriate quitting aid for some people who smoke, including those who have tried and failed to quit previously using other methods. A recent study showed that those using e-cigarettes were 95% more likely to quit than those not using e-cigarettes.12

Since e-cigarettes are a new technology, the long-term health implications of using these products are unclear. Some toxic chemicals (such as NNALs, acetaldehydes and formaldehyde) have been found in some products, but the evidence suggests their safety profile is far more comparable to that of other NRT products than tobacco.10,11

Practical case studies

Role of e-cigarettes within smoking cessation

Dr Ben Noble, a GP Partner from Loughborough, has been discussing e-cigarettes as part of VBA, particularly with working class men. He has focused on the financial benefits of using e-cigarettes which offer smokers a lower cost quit aide to break their habit. And other advantages such as maintaining their ‘smoke breaks’, whilst encouraging others to quit.

“This is a demographic who I find won’t make time for formal smoking cessation clinics and who generally don’t like using NRT. Many of them would have tried e-cigarettes before were it not for the perception that they are just as, if not more, unhealthy than cigarettes. Hence, my VBA has seemed to hit home quite encouragingly.”

Smoking cessation at Practice level

Hawes Lane surgery in the West Midlands implemented a stop smoking service whereby a weekly clinic was held with a stop smoking advisor. Letters were sent to registered smokers explaining the service and those who wanted to quit were referred with an appointment within five days. Within a six-month period, there was a 27% decrease in the number of registered patients who smoked, and a 34% reduction in unplanned hospital admissions by smokers. Clinics have now been set up in 65 practices within the locality.

Find out more at cruk.org/smokingcessation.

References:

1. NICE, Clinical guideline 92. 2018.
2. Sora Semino, Implementing improvements in smoking cessation at a practice level. 2016.
3. NICE.CCT. Effectiveness and cost-effectiveness of programmes to help smokers to stop and prevent smoking uptake at local level. 2015.
12. Jackson SE. et al. Moderators of e-cigarette use..and use of e-cigarettes which offer smokers a lower cost quit aide to break their habit. And other advantages such as maintaining their ‘smoke breaks’, whilst encouraging others to quit.
### Offer Very Brief Advice (VBA)

Time can be a barrier for any behaviour change conversation, especially when encouraging smokers to stop, but you could trigger a quit attempt in 30 seconds using VBA. VBA is an evidence-based intervention that can be delivered by any health professional aimed at raising awareness of unhealthy behaviours and encouraging behaviour change.

NICE recommend that all frontline health professionals should be trained to offer VBA. Despite this only half of primary care practitioners frequently complete it. VBA is easy to deliver. It can be:

- used opportunistically in almost any consultation without pressing or challenging a patient
- delivered across many consultations to reinforce the message of how to quit
- delivered without knowledge of the patient’s smoking habits

There is no need to go into detail about what or how much they smoke as these questions can be discussed at a specific smoking cessation appointment.

Complete ‘Behaviour Change and Cancer Prevention’ CPD e-learning (30mins) at [cruk.org/smokingcessation](http://cruk.org/smokingcessation)

### The ‘AAA’ framework, outlined below, is a useful way to deliver VBA and prompt a quit attempt:

**Ask:** to establish/check and record smoking status (including ex-smokers)

- ‘Do you smoke?’
- ‘I see from my notes you’ve stopped smoking, how’s that going?’

**Coding e-cigarette users**

If a patient uses an e-cigarette but doesn’t smoke tobacco at all, then code as a non-smoker. If a patient uses an e-cigarette but also smokes tobacco, then code as a smoker.

**Advise:** the patient on the most effective way to stop smoking

- ‘Did you know specialist support makes you more likely to succeed in stopping smoking? You can experiment with different quitting aids to find what’s right for you.’
- You could inform the patient about the support that a local Stop Smoking Service can provide, and explain that safe and effective stop smoking medications such as varenicline and bupropion are available on prescription.
- If it’s relevant, explain that the Stop Smoking Service will support the use of e-cigarettes as a quitting aid if the person wants to use them.

**Act:** If a smoker is interested; signpost to locally available support or service

- ‘I can refer you to the free local Stop Smoking Service, who will arrange treatment and support you while you quit.’
- If there isn’t a local Stop Smoking Service available or the patient doesn’t want to attend, have a conversation about alternatives including asking them to come back for a dedicated consultation about medication, or if they’re interested, discuss e-cigarettes.
- If they’re not interested in stopping, then try to encourage future attempts.
- As per NICE guidance, record the fact that they smoke and at every opportunity ask them about it again in a way that is sensitive to their preference and needs.

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[cruk.org/cancer-insight-nurse](http://cruk.org/cancer-insight-nurse)
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- E-cigarettes: Using electronic cigarettes without professional support
- NRT over the counter: Using Nicotine Replacement Therapy without a prescription or support
- Medication on prescription: Health professional advice and NRT or varenicline

More successful than going cold turkey:
- 60% (Support and medication)
- 60% (E-cigarettes)
- 22.5% (NRT over the counter)
- Probably because people don't use enough

Visit nhs.uk/smokefree

Source: