

BSW Stop Smoking Community Quick Guide - 2024

This guidance contains:
Evidence summary – page 1
Stop smoking Pathway – page 2
General guidance – page 3
Pharmacotherapy guide – page 4

What is this guidance for?

It is a quick guide for those in the community who are supporting people who smoke in quit attempts

It should be used alongside National Centre for Smoking Cessation and Training ([NCSCT](#)) resources.

Produced by Public Health B&NES, Swindon and Wiltshire. For review: March 2025. Enquiries to: bswicb.prescribing@nhs.net
Endorsed by:



Bath and North East Somerset, Swindon and Wiltshire

BSW Stop Smoking Community Quick Guide (2024): Evidence Summary for Stop Smoking Support and Services

12.7% of adults in England smoke and it remains the leading cause of preventable illness and premature death in England, and costs society £49.2bn each year. In England 60% of smokers want to quit, 10% of whom intend to quit within 3 months.

It only takes 30 seconds to change a smoker's life. All healthcare professionals should identify and refer smokers using the Very Brief Advice+ (VBA+) framework, which is available on the NCSCT website.

- ASK: about smoking behaviour and record smoking status
- ADVISE: on smoking and the best way of quitting: consider behavioural support, medication and vapes
- ACT: on patient response: offer referral to the local stop smoking service, stop smoking medications or options for later support

Around half of all smokers in England try to quit unaided using willpower alone = least effective method

Using NRT such as patches and gums, or vapes = 1.5 times as likely to succeed

Using a stop smoking medicine prescribed by a GP, pharmacist or other health professional = twice as likely to succeed

Local stop smoking services with a combination of behavioural and pharmacological support = 3 times as likely to succeed

Harm reduction: For people who are not ready to stop smoking, ensure they understand the risks of smoking, offer support to quit in the future, and consider:

- Temporary abstinence, with or without NRT
- Vaping
- Cutting down, with or without NRT

For people engaging with harm reduction, try to explore:

- The reasons for smoking
- The triggers and their smoking behaviour
- Previous quit attempts

Trouble shooting

- There is a misconception that nicotine causes most smoking-related cancers; this stops people wanting to engage with some medications. In fact, almost all of the harm comes from the thousands of other chemicals in cigarettes.
- A prescription for NRT, Bupropion (Zyban) or Cytisine should be provided before an adult stops smoking.
- Vaping: although these devices are not licensed medicines, they are regulated by the Tobacco and Related Products Regulations 2016. There is evidence to say they are less harmful than smoking, but long-term risks unknown and should be kept away from children. They are not currently on prescription but can be used alongside smoking cessation support and NRT either self-funded or via the Swap to Stop scheme (for details on the Swap to Stop scheme, contact local Public Health team).
- Carbon Monoxide (CO) monitoring as part of a quit journey increases the likelihood of a successful quit attempt. It should be done at every review point if possible.
- Young people (over 12): consider NRT which must be prescribed alongside an offer of behavioural support.
- Every quit attempt takes a smoker closer to becoming an ex-smoker. If they have tried recently, this is not a reason to wait to try again. A different type of medication may need to be considered after a discussion with an [NCSCT](#) trained advisor alongside behavioural support.

BSW Stop Smoking Community Quick Guide (2024): Community Pathway

Use VBA to identify smokers. Is the patient motivated to quit?

NO

Consider harm reduction. Offer information and support so that the patient may return to service when ready.

YES

Do you have an in-house service?

NO

Refer to Local Stop Smoking Service

- [Bath & North East Somerset](#)
- [Swindon](#)
- [Wiltshire](#)

YES

[NICE Guidance 209](#) states that the following should be available alongside behavioural support for adults who smoke:

- Behavioural support
- Nicotine replacement therapy (NRT)
- Cytisine [See [NICE surveillance decision 2024](#)]
- **Varenicline (back in stock Q4 2024 – see p5)**
- Bupropion
- Nicotine-containing e-cigarettes

NRT should be considered alongside behavioural support for young people aged 12 and over who are smoking and dependent on tobacco.

Provide the stop smoking aid before the patient stops smoking.

Regular appointments and CO monitoring support long-term quits.

Advise patients that:

Stop smoking aids are not a magic cure but they can make quitting easier by reducing discomfort and the urge to smoke.

All pharmacotherapy has potential side effects and restrictions for certain groups. See the medications summary on page 4/5.

At second appointment (1-2 weeks):
Is the patient still motivated?
Are the issued aids effective and suitable?
Carry out CO monitoring.

NO

Consider alternative aids.
If relapsed and no longer motivated discuss harm reduction, information and an open invitation to return.

YES

4 weeks post quit date
Successful quit?
Include CO monitoring.

YES

Provide aids for up to 12 weeks after quit date. Longer courses or NRT can be discussed on a case-by-case basis.
Complete data submission requirements.

NO

After 12 weeks, check patient's progress and plan for a reduction and stop of stop smoking aids.

Any unused medications should be returned to pharmacy.

Together with the patient, consider relapse prevention in accordance with medications guidance.

Notes:

VBA = very brief advice.

Behavioural support can be individual or group with a trained stop smoking advisor and can be face to face or digital.

Training is available through www.ncsct.co.uk or local health teams.

1. Use VBA to identify smokers and offer referral to Stop Smoking Service

2. Assess nicotine dependence using Fagerstrom test

3. When choosing medication consider smoking history, patient preference and Fagerstrom results. Consider how to provide behavioural support and regular review.

Undertake CO monitoring

Fagerstrom Test

How soon after waking do you smoke your first cigarette?		Do you find it difficult to refrain from smoking in places where it is not allowed?		Which cigarette would you hate to give up the most?		How many cigarettes do you smoke in a day?		Do you smoke more frequently in the morning?		Do you smoke even if you are ill in bed for most of the day?	
Within 5 minutes	3	Yes	1	The one first thig in the morning	1	31 or more	3	Yes	1	Yes	1
5-30 minutes	2	No	0	Any other	0	21-30	2	No	0	No	0
31-60 minutes	1					11-20	1				
More than 1 hour	0					10 or less	0				
										Total Score:	

4. Check general guidance, medication quick guide and BSW Stop Smoking pathway

Results:

0 - 2	Low dependency/light smoker
3 - 4	Low to moderate dependency/ light to moderate smoker
5 - 7	Moderate dependency/smoker
8 - 10	Heavy dependency/smoker

References and Abbreviations:

- Public Health Outcome Framework. 2018 data.
- NICE (NG209) Tobacco: preventing uptake, promoting quitting and treating dependence: <https://www.nice.org.uk/guidance/ng209>
- NCSCT. National Centre for Smoking Cessation and Training: <https://www.ncsct.co.uk/publications/topCate-gory/stop-smoking-aids>
- Public Health England. Health Matters: Stopping Smoking – What Works? 2018
- Vaping in England: evidence update summary. PHE. February 2019.
- BSW Formulary, available from: <http://www.bswformulary.nhs.uk/>
- BNF and Summary of Product Characteristics (SPC): www.medicines.org.uk
- Heatherto, et al. 1991 The Fagerström Test for Nicotine Dependence: a revision of the Fagerström Tolerance Questionnaire. British Journal of Addiction 86; 1119-27
- Shahab et al. 2011. A randomized controlled trial of adding expired carbon monoxide feedback to brief stop smoking advice. Health Psychology. 30; 49-57

BSW: B&NES, Swindon and Wiltshire

CPD: Cigarettes per day

NCSCT: National Centre for Smoking Cessation and Training

NRT: Nicotine Replacement Therapy

VBA: Very Brief Advice

Important points to consider:

- Most withdrawal effects (sleep disturbances, nausea, headache, dizziness and mouth ulcers) last no longer than 2-4 weeks. Withdrawal effects can mimic side effects of NRT.
- Behavioural support and pharmacotherapy have the best evidence; support can be provided by the local Stop Smoking Service, but patients may be identified by any practitioner using Very Brief Advice (VBA) who can prescribe and provide Brief Support and review throughout the treatment. This includes Swap to Stop.
- Combination (meaning dual) NRT therapy reduces withdrawal symptoms. This is usually a patch with a quick-acting form of NRT. Combination therapy can also include NRT alongside a vape product.
- 12 -18 yrs: NRT are only licensed products, 18 yrs and older: vape (not licensed) /bupropion/varenicline /cytisine, also licensed.
- Pregnancy: avoid 24hr patches, liquorice gum, varenicline, bupropion and cytisine. Vape products are recommended via the stop smoking in pregnancy service.
- Long term conditions (heart disease, diabetes, gastrointestinal disease, renal or liver disease): use NRT with caution BUT benefit of stopping smoking outweighs most risks of NRT and vape.
- Supply 2-week quantities to cover until next appointment for follow-up support.
- Subsequent prescriptions should be given only to people whose quit attempt is continuing. The circumstances around unsuccessful quit attempts should be considered when prescribing for future quit attempts. Vape products are currently not available on prescription, but swapping from cigarettes to vaping is better for an individual's health. The swap to stop programme offers a 4 week vape starter pack.
- New products and evolving evidence and guidance may change best practice. NCSCT offer valuable training, alongside resources listed in "References", and those from Stop Smoking services.

Stop Smoking Community Quick Guide BSW 2024: Pharmacotherapy Quick Guide to Product Choice

NRT product	Indication & Instructions for use		Approx cost per week	Available products (name, flavour if appropriate, [pack sizes])	
Patches Good for background cravings (not for occasional smokers)	<ul style="list-style-type: none"> • Easy to use, safe and well-tolerated • Apply daily on waking to dry, non-hairy skin on hip, trunk or upper arm and hold in place for 10-20 sec. • Change site daily. • 24 hr patch can help early morning cravings • 24 hr patch may disturb sleep • Try 16 hr patch & remove 1 hr before bedtime • May irritate skin at application site • In pregnancy remove patches after 16 hours 	Use patches for up to 10-12 weeks If smoke >10 CPD <ul style="list-style-type: none"> • use high patch daily 6-8 weeks • then medium patch 2 weeks, then low patch final 2 weeks If smoke < 10 CPD <ul style="list-style-type: none"> • use med patch daily for 6-8 weeks, then low patch 2-4 weeks *modify regime according to goals, withdrawal symptoms or side-effects.	£12	7mg/24 hrs (low)	NiQuitin, NiQuitin Clear, Nicotinell TTS 10, (NicAssist [7])
				14mg/24 hrs (med)	NiQuitin, NiQuitin Clear, Nicotinell TTS 20, (NicAssist [7])
				21mg/24 hrs (high)	NiQuitin [7,14], NiQuitin Clear [7,14], NiQuitin Pre-Quit Clear [7], Nicotinell TTS 30 [7,21], (NicAssist [7])
				10mg/16 hrs (low)	Nicorette invisib, (NicAssist Translucent [7])
				15mg/16 hrs (med)	Nicorette invisib, (NicAssist Translucent [7])
				25mg/16 hrs (high)	Nicorette invisib [7, 14], (NicAssist Translucent [7])
Inhalator Good for episodic cravings	<ul style="list-style-type: none"> • Best effect when absorb through mouth, not into lungs • Keeps hands/mouth busy and may help prevent overeating • Can cause throat irritation and cough • Cartridges last 40 mins 	Use inhalator for up to 12 weeks <ul style="list-style-type: none"> • use when feel urge to smoke • max 6 cartridges per day up to 8 weeks • reduce by half over 2 weeks, then after 2 weeks reduce to zero 	£25	15mg inhalator	Nicorette [4/20/36] (NicAssist [4/20]) <p style="text-align: right; font-size: small;">***Boots NicAssist products have the same manufacturing licenses as Nicotinell & Nicorette and are interchangeable***</p>
Gum Good for episodic cravings	<ul style="list-style-type: none"> • Acts quickly, easy to regulate dose and keeps mouth busy • Chew slowly until flavour strong & peppery, keep inside mouth, repeat when flavour goes • May cause hiccups and gastric upset, tricky to use correctly, especially for denture wearers • Each piece should last about 30 mins 	If smoke >20 CPD, heavy smoker or first cigarette <30mins from waking, <ul style="list-style-type: none"> • use 4mg gum If smoke < 20 CPD, or first cigarette >30 mins from waking, <ul style="list-style-type: none"> • use 2mg gum 	£11	2mg (low)	Nicotinell 2mg [96], 4mg [96] (fruit/mint/original) (NicAssist (Fruit Fresh 2 & 4mg [105]; Ice Mint 2 & 4mg [105]; Minty Fresh 2mg [30], 2 & 4mg [105/210])
		4mg (high)		Max 15 gums in 24 hrs Gradually withdraw use after 3 months	
Lozenges & Microtabs Good for episodic craving	Lozenges Allow to dissolve in side of mouth (approx. 20 mins) (mini-lozenge 10 mins)	<ul style="list-style-type: none"> • Discrete, easy to use, well-tolerated, slow release of nicotine • Do not swallow • May cause hiccups or mouth irritation 	£12	1mg lozenge	Nicotinell [12/72/96/144] (NicAssist [96])
				1.5mg lozenge	NiQuitin Minis Mint [20/60]
				2mg lozenge	NiQuitin Mint [72/80] Nicorette Cools [20] Nicotinell [96/144/204]
				4mg lozenge	NiQuitin Mint [72] Nicorette Cools [80] NiQuitin Minis Mint [60]
				2mg microtab	Nicorette microtab [100] (NicAssist microtab [100])
Nasal or Mouth (oral) spray Good for episodic craving	Nasal spray – spray into each nostril on urge to smoke 0.5mg per spray/ 200 sprays per bottle	Mouth (oral) spray – Use 1-2 sprays into side of mouth; do not swallow 1mg per spray/ 150 sprays per bottle	£15 - £20	Nasal spray	Nicorette 500mcg/dose nasal spray [10ml] (NicAssist 10mg/ml nasal spray [10ml]) Nicorette QuickMist 1mg/dose mouth spray [13.2/26.4]
	Fast onset, easy to adjust dose. Sneezing & runny nose in first 2 weeks limit use	Licensed for pregnancy and breastfeeding			

Prescription Only Medicines (POM) – available from GP on a FP10 prescription

<p>Varenicline</p> <p>Good for general cravings</p>	<p>Nicotine receptor partial agonist</p>	<p>A branded version of varenicline, sold as Champix, was previously available on the NHS before being withdrawn in 2021 after an impurity was found CAS-ViewAlert (mhra.gov.uk). Generic versions of the drug, have now been approved by the Medicines and Healthcare Products Regulatory Agency and reintroduced into the UK market (read more here Varenicline and here NCSCCT-Generic-varenicline.pdf) From December 2024 varenicline is approved again for use in BSW. 500 microgram tab, 28=£23.21. 1mg tab, 28=£23.21.</p>				
<p>Cytisine (Cytisinicline)</p> <p>Good for general cravings</p>	<p>Nicotine receptor partial agonist</p>	<p>Do not use with hypersensitivity to Cytisine, hypersensitivity to any of the excipients (non-active ingredients): mannitol, microcrystalline cellulose, magnesium stearate, glycerol dibehenate and hypromellose, unstable angina (chest pain caused by reduced blood supply to the heart), had recent myocardial infarction (heart attack), clinically significant arrhythmias (irregular or abnormal heart rhythm), had a recent stroke, are pregnant or breastfeeding or < 18 yrs or > 65 yrs</p> <p>Cannot use with NRT.</p>	<p>Each tablet contains 1.5mg of Cytisine. One pack of Cytisine contains 100 tablets which is a complete treatment course (25 days).</p> <p>From the 1st to the 3rd day, 1 tablet every 2 hours, max daily dose 6 tablets From the 4th to the 12th day, 1 tablet every 2.5 hours, max daily dose 5 tablets From the 13th to the 16th day, 1 tablet every 3 hours, max daily dose 4 tablets From the 17th to the 20th day, 1 tablet every 5 hours, max daily dose 3 tablets From the 21st to the 25th day, 1–2 tablets a day, max daily dose 2 tablets</p>	<p>£115 for 100</p>	<p>1.5mg tablet</p>	<p>Cytisine [100]</p> <p>Cytisine was approved for adding to BSW formulary with GREEN TLS in April 2024 Formulary (bswformulary.nhs.uk).</p> <p>The National Centre for Smoking Cessation and Training have written a briefing to help practitioners prepare for helping their clients quit using cytisine. Read more here Cytisine (ncsct.co.uk)</p>
<p>Bupropion</p> <p>Good for general cravings</p>	<p>Antidepressant (not used for depression in UK)</p>	<p>Do not use with alcohol abuse, eating disorders, seizures, bipolar disorder, severe liver disease, pregnancy, breastfeeding, or <18 yrs</p> <p>Cannot use with NRT.</p>	<p>150mg daily for 6 days then 150mg twice a day (min. 8 hours apart) for 6-8 weeks Elderly: 150mg daily for 6-8 weeks Stop if abstinence not achieved by week 7</p>	<p>£10 for 56</p>	<p>150mg modified release tablet</p>	<p>Zyban [60]</p>

Cost and availability of NRT, cytisine, bupropion and varenicline as per [MIMS](#) and [Drug tariff](#) Nov/Dec 2024. Note, prices may fluctuate, and supply issues can occur due to a range of unforeseen events.

BaNES [Stop Smoking Support/Vaping Advice - Bath and North East Somerset - Community Health and Care Services \(bathneshealthandcare.nhs.uk\)](https://www.bathneshealthandcare.nhs.uk)

Swindon [Stop smoking service | Swindon Borough Council](#)

Wiltshire [Smokefree Wiltshire - Wiltshire Council](#)