ongoing motivational support, treatment and follow up, the percentage who quit for 12 months without relapsing increases to 20% (RCP, 2000; West et al, 2000).

HELPING SMOKERS TO QUIT

NICE (2008; 2006) guidance says that:
- All healthcare professionals should repeatedly and consistently deliver smoking cessation interventions or referrals;
- Patients who are planning to stop smoking should be offered nicotine replacement therapy (NRT), varenicline or bupropion, as appropriate;
- Individual behavioural counselling, group behaviour therapy and telephone counselling and quit lines have been proven to be effective, separately or combined with other treatments.

The DH (2009) confirms that combining behaviour support from a smoking cessation adviser with a pharmacotherapy product increases smokers’ chances of successfully stopping by up to four times.

A key message from this guidance is that all smokers should be advised to quit and offered evidence based support, regardless of whether they express a desire to stop. It adds: “A second key message is that evidence based NHS support to stop smoking is highly cost effective and clinically effective and should always be offered to people who express an interest in stopping” (DH, 2009).

Many healthcare professionals face time pressures so, taking this into account, the DH has launched a brief intervention guide called the 3As (Fig 1). This shows how to start a conversation with patients, taking just 30 seconds to record their smoking status, give advice and make a referral to an NHS Stop Smoking Service. This kind of intervention is referred to as “very brief advice” (DH, 2009).

More intensive interventions (although still referred to as brief) typically take 5-10 minutes and may include one or more of the following (NICE, 2006):
- Simple opportunistic advice to stop;
- An assessment of patients’ commitment to quit;
- An offer of pharmacotherapy and/or behavioural support;
- Provision of self-help material and referral for more intensive support such as NHS Stop Smoking Services.

TREATMENT PRODUCTS

The three smoking cessation medications approved by NICE (2008) are NRT, varenicline (Champix) and bupropion (Zyban). These are all safe, effective medications that significantly improve smokers’ chances of stopping. NICE says smoking cessation advisers and healthcare professionals may recommend and prescribe one of these three to help people quit smoking, along with giving advice, encouragement and support, or referral to a smoking cessation service.

Varenicline and bupropion are prescription-only medicines, NRT is available both on prescription and over the counter and some products – gum, patches and lozenges – are also sold in a number of supermarkets.

NICE (2008) recommends that one medication should not be favoured over another, and that practitioners and patients should choose the one most likely to succeed, taking into account a range of factors including contraindications.

NRT

There are six different types of NRT: patches (24 and 16 hour); gum; lozenges; microtabs; a nasal spray; and inhalators. There is no evidence to suggest that one type of NRT product is more effective than another, so product selection can be guided by individual preference.

General information for each type is given below for commonly used brands of NRT products, but prescribers should always check the British National Formulary as different brands of the same type of product may have different instructions for use.

- **Transdermal patches**: these release nicotine, which is slowly absorbed through the skin. Levels in the blood rise over a period of hours and provide a steady level of nicotine. There are 16 and 24 hour versions available. Unless people smoke fewer than 10 cigarettes per day, manufacturers recommend starting with the highest dose. Patches come in different strengths that allow users to wean themselves off them over 12 weeks (BNF, 2009).
- **Nicotine gum**: this releases nicotine through chewing, which is absorbed through the mucous membrane. There are 2mg and 4mg dosages (BNF, 2009). Adults use 10-15 pieces a day for up to three months; after this they should gradually reduce their usage.
- **Nicotine nasal spray**: nicotine in the spray is rapidly absorbed into the bloodstream from the nose. The spray mimics a cigarette in that smokers get a rapid increase in nicotine levels similar to that from cigarettes. This may help to relieve sudden surges of craving. Smokers who still experience severe craving and withdrawal with other NRT products should try a nasal spray.
- **Nicotine microtabs and lozenges**: tablets and lozenges are taken orally and need to dissolve in the mouth and not be swallowed. Nicotine is absorbed through the mouth into the bloodstream. These formulations deliver nicotine in the same way as gum.
- **Nicotine inhalators**: nicotine cartridges are inserted into a plastic device and patients inhale as they would with a cigarette. Each