

1.4

Smoking in Society

Stop Smoking Treatments: An Overview

The Benefits of Stopping Smoking

Preventing the uptake of smoking by young people is undeniably an aim that will have a significant impact on rates of death and disease in the future. However, epidemiological projections clearly show that mortality from tobacco in the first half of the 21st century will be affected much more by the number of adult smokers who stop than by the number of adolescents who start (Peto et al. 2000).

Stopping smoking significantly reduces the risk of serious illness. For example, people who stop smoking at 50 or 60 years of age avoid most of their subsequent risk of developing lung cancer, and that those who stop at 30 years of age avoid more than 90% of the risk attributable to tobacco of those who never quit (Peto et al., 2000).

The benefits of stopping smoking do not just relate to serious illness however. Within a matter of weeks of quitting, many ex-smokers report feeling better (more energy, easier breathing) and looking better (improved skin, brighter eyes). The financial benefits of quitting may also positively reinforce quitting, with a 20 cigarette-a-day smoker saving around £150 per month. Finally, research also shows that anxiety levels decline markedly during the first week of smoking abstinence and then continue to fall more over the next 3 weeks (West &, Hajek, 1997).

NHS Stop Smoking Support Services

Local Stop Smoking Services are now well established across the NHS. Usually run by Primary Care Trusts, the services remain a key element of the Government's overall tobacco control. The primary role of stop smoking services is to provide a high-quality smoking cessation service to their local population. However, they are not intended as a main device for reducing overall smoking prevalence, which is affected to a much larger degree by national policy and local tobacco control strategies

NHS Stop Smoking Services now deliver a range of evidence-based interventions. The treatment offered is usually a combination of weekly, behavioural support sessions supplemented by the provision of pharmacotherapy (see below). Support is led by a trained Stop Smoking Specialist and is delivered either individually or in a group-based format. Increasingly, a range of health professionals collaborates with the specialist Stop Smoking Services in the delivery of support. These professionals include General Practice Nurses, Community Pharmacists, Dentists and increasingly clinicians in mental healthcare settings.

Pharmacotherapy in Stop Smoking Support

There are currently three main categories of pharmacotherapy licensed for use in Stop Smoking treatments. The most widely used is Nicotine Replacement Therapy (NRT), which aims to replace some of the nicotine previously gained from cigarettes and thereby reduce cravings and other withdrawal symptoms. NRT is available in a range of forms including: nicotine skin-patches, chewing-gum, lozenges, sublingual tablets, inhalators and nasal spray.

The second treatment to become available was Bupropion (Zyban), an atypical antidepressant that acts increases dopamine and noradrenaline and blocks nicotinic receptors. Bupropion is unsuitable in those clinical circumstances associated with an increased risk of seizures. These also include alcohol abuse, abrupt withdrawal from alcohol or benzodiazepines, diabetes treated with hypoglycemic or insulin, and use of stimulants or anorectic products.

The most recent pharmacological option to become available to those quitting smoking is Varenicline (Champix, Chantix). This is a nicotinic receptor partial agonist and is thought to work by reducing the strength of the smoker's urge to smoke and relieving withdrawal symptoms. Furthermore, if a person smokes a cigarette while using varenicline, it has the potential to diminish the sense of satisfaction associated with smoking. While the main side effect of varenicline found in clinical trials was nausea, and no known drug interactions have been established, concern has arisen over some isolated reports of it being associated with incidences of depression and suicide.

The use of all three pharmacotherapies is discussed in more detail in section x.x. This discussion covers prescribing guidelines and the specific applications of these medications within mental healthcare settings.

Stop Smoking Support: The Evidence

Across NHS Stop Smoking Services, the average quit rate (at four weeks post quit-date) is around 50% and they have been evaluated as cost-effective Godfrey et al (2005). Regarding the specific interventions delivered through these services, there is review level evidence to suggest that both group-based and individual support for smoking cessation are more effective than self help (Lancaster & Stead, 2005, Stead & Lancaster, 2005). Adding Nicotine Replacement Therapy to stop smoking support increases the rate of quitting by 50-70% (Stead et al., 2008), while studies of Bupropion (Zyban) suggests that it can double the chances of quitting (Hughes et al., 2007). Evidence for the effectiveness of Varenicline (Champix) is even more positive, with data suggesting that quit rates are increased two- and three-fold compared with placebo. However, it is generally agreed that as a new drug there is a need for independent community-based trials of varenicline to test its efficacy and safety in smokers with varying co-morbidities and risk patterns (Cahill et al., 2008).

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