

30th November 2023

10am	Welcome & Introductions
10.15 – 10.30am	Southampton Smokefree Solutions update
10.30 – 10.40am	Consultation: Creating a smokefree generation and tackling youth vaping
10.40 – 10.50am	Vaping: Why do we not have Stop Vaping Services? Vaping: a guide for health and social care professionals
10.50am – 11am	Zyban
11-11.30am	Open discussion



**Southampton
Smokefree
Solutions**

Supporting local health
and care providers

Training

Level 2 Stop Smoking Practitioner Training

1st December

26th January

22nd March

9am – 4.30pm via MS Teams

- Interactive training
- Concentrates on skills required to deliver the smoking cessation service
- 1 day

Builds upon the NCSCT practitioner training which can be accessed at:

<https://elearning.ncsct.co.uk/england>

1. Practitioner Training: Core competences in helping people stop smoking (Learning element)
2. Assessment of core knowledge and key practice skills (Assessment)

Training



Level 2 Stop Smoking Practitioner Update Training

Friday 8th December at
9.30am – 12.30pm

Practitioner Update Training

Free, fun and friendly session for all who are
working as Stop Smoking Practitioners



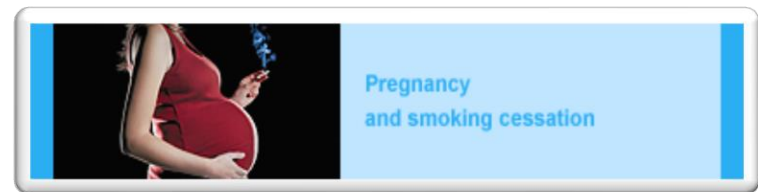
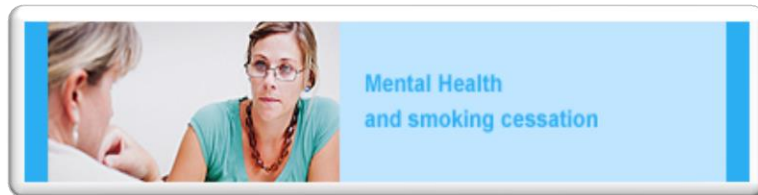
Friday 8th December 9.30am - 12.30pm
Interactive session via MS Teams

To book please visit <https://Form.jotForm.com/222122139902345>
or email Southampton.SmokefreeSolutions@nhs.net

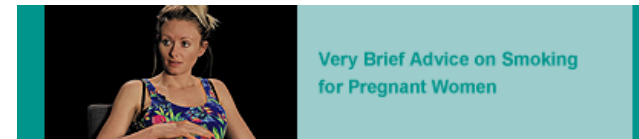
NCSCT

<https://elearning.ncsct.co.uk/england>

Specialty Modules: Pregnancy & MH



Additional Modules



Training



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MASTERCLASS SERIES is drawing to an end.

- Evaluation form:

<https://forms.gle/JijXYDLqtYJtX7UXA>

THANK YOU

Training



Very Brief Advice (VBA) training

Open to all staff at all organisations:

- 10th January 9.30am – 12.30pm
- 20th March 1-4pm

Bespoke sessions available – we can attend Team meetings/ Target events

Flexible – min 30 mins

VBA encourages those who come into contact with smokers to confidently ask smoking status, advise on support available locally and act by referral to stop smoking support.

I thoroughly enjoyed the course which was quite an education for me. I feel that I am now better placed to signpost those wanting to quit smoking.

Training booking



**Southampton
Smokefree
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Supporting local health
and care providers



All training is free to all for those working in Southampton



Online via MS Teams or f2f



Booking can be made via the form at <https://form.jotform.com/222122139902345>



Bespoke sessions are available: we can attend team meetings, TARGET events etc

Smokefree Generation

- Children turning 14 or younger this year will never be able to be legally sold cigarettes
- This will mean effectively raising the age of sale by one year each year for this generation (born on or after 1 January 2009)
- This will not criminalise smoking nor will it mean anyone who can buy cigarettes now will be prevented from doing so in the future
- This will implement the recommendation from the independent Khan Review



Youth Vaping – UK-wide consultation

Ensuring vapes can continue to be made available to current adult smokers is vital to tackle smoking – must take a balanced approach. However, rates have tripled amongst children. UK wide consultation looks at new measures to reduce appeal, access, affordability of vapes to children:

1. Restricting the flavours and descriptions of vapes
2. Regulating point of sale displays in retail outlets
3. Regulating vape packaging and product presentation
4. Considering restricting the sale of disposable vapes – Defra led
5. Introducing a duty on vapes - HMT led
6. Introducing product standards for non-nicotine vapes and other consumer products

In addition, we will look to ban free samples of vapes and introduce age of sale for non-nicotine vapes – without consultation

Consultation: Creating a smokefree generation and tackling youth vaping

- <https://www.gov.uk/government/consultations/creating-a-smokefree-generation-and-tackling-youth-vaping>
- A consultation on the proposed actions the UK Government and devolved administrations will take to tackle smoking and youth vaping. This consultation closes at **11:59pm on 6 December 2023**

Why do we not have Stop Vaping Services?

NCSCCT guidance: Nov 23

- [Why do we not have Stop Vaping Services? \(ncsct.co.uk\)](https://www.ncsct.co.uk/why-do-we-not-have-stop-vaping-services/)

Key Points:

- Based on current evidence, it would not be cost-effective for health improvement.
- Stop Smoking Services are based on strong evidence of harm from tobacco use, and an extensive evidence base on what is effective and cost-effective to support smokers to quit. Neither of these apply to vaping.

Harmfulness

- “Prevalence of vaping in England has risen in the past few years to 12% of the adult population, but most people who vape are doing so to reduce the amount they smoke, to help them stop smoking or to remain smokefree.
- The prevalence among adults who have never smoked regularly is around 3%.
- While there are differing views about exactly how harmful vaping is, analysis of the chemicals ingested and health effects experienced by vapers to date support the view that, at worst, it carries a small fraction of the harm of tobacco smoking.
- There is also a risk that stopping vaping may lead some people back to smoking but evidence on this is lacking”

Effectiveness of behavioural support for cessation of vaping

- “Nicorette Quick Mist has been licensed for cessation of vape use, but we do not currently have evidence on the effectiveness of behavioural support. As part of the national Swap-to-Stop scheme and a new tobacco control strategy, the UK Government has committed to help build up this evidence base to inform future decision-making.
- In the meantime, the NCSCT has published guidance on stopping vape use based on the limited evidence currently available.”

Importance of focusing scarce resources on where there is most need

- “Over recent years there has been a significant reduction in the amount invested in English Stop Smoking Services: funding fell by 30% (£41m) between 2014 and 2018.
- In the face of limited resources and the proven cost-effectiveness of Stop-Smoking Services, it is much more cost-effective to use available resources on these rather than divert them elsewhere.”

Stop Vaping Support

This guidance is directed to stop smoking practitioners and the principles of the guidance can apply to wider team members including administrators and receptionists.



Vaping: a guide for health and social care professionals (Nov 23)

- [Vaping: a guide for health and social care professionals \(ncsct.co.uk\)](https://www.ncsct.co.uk)

**** a must read
& share ****



ASH: <https://ash.org.uk/uploads/Addressing-common-myths-about-vaping-ASH-brief.pdf?v=1691052025>



- This short brief is to aid responsible reporting of the evidence about vaping and reduce Repetition of misconceptions as conventional wisdom; overstating the evidence, with caveats downplayed or missed out or presenting opinions as facts.
- The key points about vaping (e-cigarettes) can be easily summarised. If you smoke, vaping is much safer; if you don't smoke, don't vape. (The Chief Medical Officer, Professor Sir Chris Whitty)

Safe disposal of single-use vapes

- Vape users must be given the correct information on how to safely dispose of their used product
- Vapes contain lithium batteries that can cause fires
- Never throw disposable vapes in any bins
- Return to a vape shop or take to HWRC



 Southampton
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Safer Disposal of Single-Use Vapes

Hundreds of millions of single-use/ disposable vapes are being sold in the UK that are helping millions of smokers to stop smoking cigarettes and remain smoke-free.

Single-use/ disposable vapes are, however, one of the most difficult to dispose of responsibly, mainly due to the built-in battery which is challenging to remove. It is essential to keep their environmental impact to a minimum so instead of binning, these need to be disposed of separately from general waste and recycling.

What should we do with used single-use/ disposable vapes?

Vapes contain lithium batteries that can cause fires. Never throw disposable vapes in any bins! They must be returned to a vape retailer or taken to a dedicated collection point at your local HWRC [Waste Prevention and Recycling | Hampshire County Council \(hants.gov.uk\)](#). For more information visit www.takecharge.org.uk

9.1% of adults in England use vapes, mostly smokers and ex-smokers and there is good evidence that vapes containing nicotine increase quit rates compared to NRT. Re-fillable vapes cause less waste and should be disposed of in the same way. Vape users must be given the correct information on how to safely dispose of their used products.

For further information please contact the team at Southampton Smokefree Solutions at: southampton.smokefreesolutions@nhs.net.
For information and support on stopping smoking go to:
[Quit smoking - Better Health - NHS \(www.nhs.uk\)](http://www.nhs.uk)



Zyban is back in
stock

When to start and how much to take

- **Start taking Zyban while you are still smoking**
- **Set a Target Stop Smoking Day ideally during the second week you're taking it**

Week 1	Days 1 to 6	Take one tablet (150 mg), once a day
Ideally keep smoking while taking Zyban	Day 7	Increase your dose to one tablet, twice a day , at least 8 hours apart, and not near to bedtime
Week 2	Carry on taking one tablet, twice a day . Stop smoking this week, on your Target Stop Smoking Day .	
Weeks 3 to 9	Carry on taking one tablet, twice a day for up to 9 weeks . If you have not been able to stop smoking after 7 weeks , your doctor will advise you to stop taking Zyban. You may be advised to stop taking Zyban gradually, after 7 - 9 weeks .	

Side effects

- >1/10 patients experience insomnia
- Less common symptoms (>1/100)
 - Rash/ urticaria
 - Headache/dizziness
 - fever
 - gastrointestinal probs e.g. dry mouth, nausea
- Low risk (<1/1000) seizure

Cautions

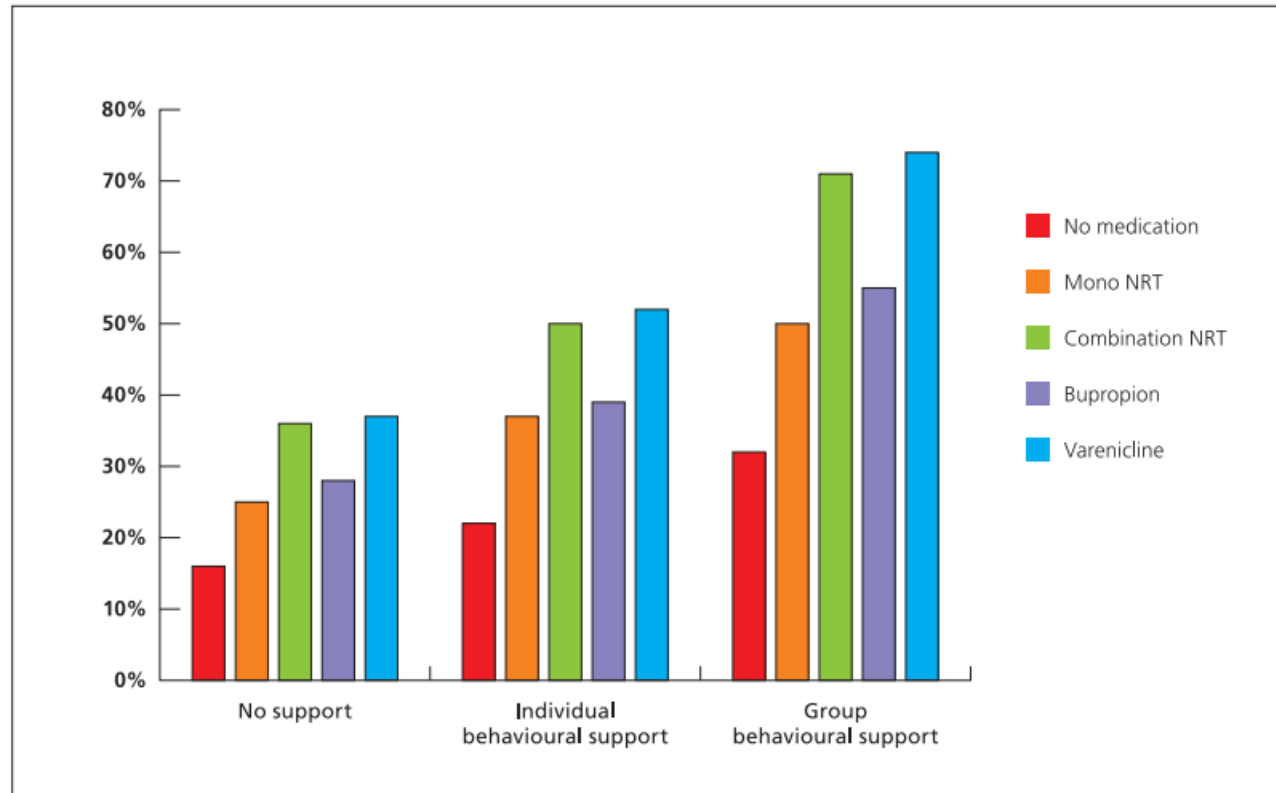
Recommended dose of 150mg/day for:

- Mild/moderate hepatic impairment
- Renal impairment
- Predisposing risk factors for seizures
- Elderly people

Contraindications

- History seizure disorder
- Abrupt alcohol/sedative withdrawal
- CNS tumour
- Use of irreversible monoamine oxidase inhibitors (allow 14 days)
- History bulimia, anorexia nervosa
- Pregnancy/breast feeding
- Severe hepatic cirrhosis
- History bipolar disorder
- Concomitant use of another bupropion containing product
- Allergy to bupropion or excipients
- People under 18

- See SPC for drug interactions



Cochrane Database of Systematic Reviews extrapolated by West and Aveyard

**Cytisine is going to be
available as a
prescription only
medication in the UK in
late January 2024.**

Effectiveness

It has been shown to potentially be somewhat more effective than NRT and probably of similar effectiveness to varenicline if taken for the same period of time.

Please see:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD015226.pub2/full>

How to use Cytisine

- One pack of Cytisine (**100 tablets**) is **enough for a complete quit attempt**.
- The duration of treatment is **25 days**.
- Cytisine is for **oral use** and it should be taken with water according to the schedule below.
- You can tick the chart as each day of your quit attempt is reached. **Your quit date (last cigarette) should be no later than on the 5th day of treatment**. Smoking should not be continued during treatment as this may make bad reactions worse.
- When you awake in the morning, take the required dose of cytisine and then **set a timer/reminder** on your phone for when the **next dose is due**.

If you use more Cytisine than you should

- Symptoms of nicotine intoxication can be a consequence of Cytisine overdose.
- Symptoms of overdose include feeling generally unwell, nausea, vomiting, increased heart rate, fluctuations in blood pressure, breathing problems, blurred vision, convulsions.
- **If you have any of these symptoms, stop taking Cytisine and contact your doctor or pharmacist.**

If you forget to use Cytisine

Do not take a double dose to make up for a forgotten dose.

If your quit attempt doesn't work out this time

In case of treatment failure (continued smoking), Cytisine should be discontinued and may be resumed after two to three months when you can make another serious quit attempt.

Days of treatment	1st to 3rd			4th to 12th								13th to 16th				17th to 20th				21st to 25th				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Recommended dosing	1 tablet every 2 hours			1 tablet every 2.5 hours								1 tablet every 3 hours				1 tablet every 5 hours				1–2 tablets a day				
Maximum daily dose	6 tablets			5 tablets								4 tablets				3 tablets				2 tablets				

NCSCCT question

- Because of upfront costs, the company marketing it is proposing to charge £115 per 25 days' supply (a complete course). To **help us gauge the likely uptake of cytisine** can you **please use the following link to answer one simple question**:
- Would you be willing to supply cytisine as a first-line treatment for your patients at £115 per treatment course?
- https://forms.office.com/pages/responsepage.aspx?id=gOfBRgcZWEKnVYBum_3y190CrP4dyl1JkH3mZ0vmn8dUQjlINVJDMEdIWUVLSDISRVBKRTNRQUhZQyQIQCNjPTEu