NCSCT
NATIONAL CENTRE FOR SMOKING CESSATION AND TRAINING

NHS England

Inpatient Tobacco Dependence Treatment
Best Practices and Key Messages

This document provides key messages for tobacco dependence treatment in the acute inpatient setting. These key messages were developed to assist with standardising the way we describe and treat tobacco dependence in the inpatient setting across trusts and among partner organisations. The primary audience for these key messages is NHS trust leadership, clinical staff, and the trust Tobacco Dependence Team.

Tobacco treatment in the hospital setting

Treating tobacco dependence is **single most important preventative** intervention we can provide for patients who smoke.

- Treating tobacco dependence **is now a standard of care in the NHS/our Trust.**
- **Smoking is not a 'lifestyle choice' or 'bad habit'.** It is a powerful addiction and a chronic relapsing medical condition.
- Treat tobacco dependence as a clinical priority, using the same clinical urgency with which you would manage other life-threatening but treatable diseases (e.g. heart disease, stroke, COPD, diabetes).
- Admission to hospital is a unique **'teachable moment'** in which many patients who smoke are **more likely to accept treatment and support for tobacco dependence.**
- There is strong evidence that treating tobacco dependence reduces complications, length of stay and readmissions to hospital, providing a significant and direct impact on hospital budgets. Moreover, treating tobacco dependence significantly improves patient recovery and reduces risk of smoking-related illness and death.

Tobacco dependence, nicotine, withdrawal symptoms

Patients will feel much less agitated and irritable if nicotine withdrawal is addressed and managed quickly, assisting with improving the quality of care provided.

- Nicotine is the addictive substance in tobacco products responsible for keeping people smoking. However, compared to other components of tobacco, nicotine is relatively harmless to health.
- When someone stops smoking, they are likely to experience withdrawal symptoms and urges to smoke. These symptoms include strong urges to smoke, irritability, agitation and difficulty concentrating.
- Many patients in hospital may already be experiencing the effects of nicotine withdrawal. Nicotine withdrawal may hide or exacerbate symptoms related to the patient's illness or reason for admission.
- Withdrawal symptoms can have a rapid onset and typically occur between 20 minutes to a few hours after the patient's last cigarette. This is why it is vital to treat with tobacco dependence aids as soon as possible following admission to hospital, ideally within two hours.

Smokefree hospitals

People who smoke find it easier to stop where smoking is completely prohibited, where there are fewer cues, and where treatment and support is readily available.

Priorities for tobacco dependence treatment

All patients should have their **tobacco use status identified at the point of admission.** For patients that smoke, the **clinical priority** is the immediate management of **acute nicotine withdrawal** and development of a **treatment plan for stopping long-term.**

- The best way to treat tobacco dependence is using a combination of first-line tobacco dependence aid and behavioural support delivered by a trained adviser.
- The best option is for patients is **to stop smoking long-term** following their hospital admission. However, support with **temporary abstinence** and treatment of acute **withdrawal** from smoking is recommended for all patients who smoke, even if they are not planning to stop smoking long-term.
- All patients that smoke should be referred to an in-house Tobacco Dependence Team on an opt-out basis regardless of their interest in stopping. Patients do not need to be ready to quit smoking to be referred.
- Tobacco dependence should be listed within the **admission diagnosis list** and its treatment described within the **management plan.**
- Patients should have a discharge plan for supporting them with staying smokefree following discharge.

Tobacco dependence aids

For patients admitted to hospital who smoke, combination NRT (patch plus faster-acting NRT product) is the recommended initial treatment and should be initiated as soon as possible to rapidly treat withdrawal and manage urges to smoke.

- Three first-line tobacco dependence aids are available. These are:
  - **combination nicotine replacement therapy (NRT)**
  - **nicotine analogue medications (varenicline, cytisine)**
  - **nicotine vapes (e-cigarettes)**
- NRT should be readily available 24 hours a day and prescribed/initiated by all admitting clinicians. Trust policy should ensure all registered admitting nurses can administer NRT before, if the need arises, a prescriber initiates a more comprehensive regime.
- First-line tobacco dependence aids can be combined. Combining drugs with different mechanisms of action, such as varenicline and NRT, has increased quit rates in some studies compared with use of a single product.

Nicotine replacement therapy

NRT delivers a therapeutic form of nicotine that is well tolerated by most patients who smoke, and is proven to increase success with stopping long-term.

- NRT has a good safety profile, and most side effects are mild to moderate and can be managed through correct use.
- It is very important to demonstrate and support correct technique.
- Some patients will require higher doses of NRT to manage withdrawal symptoms and urges to smoke. This is safe practice. Higher doses of NRT can be anticipated for patients who have greater tobacco dependence.
- NRT, along with other tobacco dependence aids, should should be used for the full 8–12-week treatment course when used for smoking abstinence. Compliance with the full treatment course is associated with improved outcomes.

Nicotine vapes

Nicotine vapes are a first line first-line tobacco dependence aid and there is good evidence they are effective in increasing rates of smoking abstinence.

- While not risk free, nicotine vapes are significantly less harmful than smoking cigarettes.
- Clinicians should provide consistent and balanced information about vaping, always measured against the dramatic harms of smoking tobacco.
- Just like NRT, nicotine vapes are used to replace some of the nicotine patients would otherwise receive from their cigarettes and assist with managing withdrawal symptoms and urges to smoke.

Nicotine analogues (varenicline, cytisine)

- Nicotine analogues (varenicline, cytisine) are highly effective tobacco dependence aids, especially when combined with other treatments such as NRT.
- Mental illness is **not** a contraindication for use of nicotine analogues.

The trust Tobacco Dependence Team

Specialist support and treatment from trained Tobacco Dependence Advisers, both during the hospital admission and after discharge, should be available to all admitted patients who smoke.

- Each patient will have an inpatient tobacco treatment plan developed to guide treatment in hospital and a discharge plan to support treatment following discharge.
- Most people who smoke have developed long-standing smoking routines, habits and triggers that will need to be addressed as part of their treatment plan.
- Treating tobacco dependence requires a two-pronged approach:
  - treating the dependence to tobacco, and
  - developing new routines, behaviours, and methods of coping, including responding to smoking cues and triggers (e.g. stress, socialising, boredom).

Importance of post-discharge follow-up support

There is strong evidence that follow-up support is directly tied to increased success with smoking abstinence.

- The **risk of relapse is greatest in the first month after stopping smoking** when withdrawal symptoms and urges to smoke are at their peak**. The early period post-discharge, when patients return to their regular routines and environments,** can add a further challenge.
- Ensuring patients receive referral to specialist support for at least one month following discharge is best practice.
- Ensuring all patients have the appropriate supply of combination NRT, vaping supplies and/or medications upon discharge and instructions for accessing more is important.
- Effort should be made to work with community-based stop smoking services to support a smooth transfer of care to a qualified practitioner following discharge from hospital. This should be arranged as part of the discharge plan.
- Achieving long-term abstinence can be more challenging for individuals with high levels of dependence, those with mental ill health, co-addictions, some co-morbidities, and those who have others who smoke in the home. For these populations best practice includes more intensive treatment (frequency and duration) from a Tobacco Dependence Adviser and effective use of tobacco dependence aids (often in higher doses and for extended periods).

New terminology

With the shift towards treating tobacco dependence within acute settings, the way we refer to all aspects of this disease management has changed, and this new terminology is recommended (**see table below**).

Recommended	Replaces	Rationale
Patient/person who smokes/doesn't smoke	*Smoker/Ex-smoker*	A person should not be defined by one aspect of their disease nor labelled as such.
Chronic relapsing clinical condition	*Smoking is a lifestyle choice/bad habit*	Tobacco dependence should be recognised as a chronic clinical condition prone to relapse.
Smokefree admission/ temporary abstinence	*Support with quitting*	In the inpatient setting we support a smokefree admission, either temporary abstinence for the duration of the patient's stay, or long-term abstinence with the goal of continuous abstinence during the patient's stay and post discharge.
Treatment for tobacco dependence	*Stop smoking support*	We provide evidence-based treatment for a clinical condition.
Tobacco dependence aids	*Stop smoking medication*	Available aids can be used both to manage temporary abstinence and support long-term abstinence. The term 'aids' includes vapes in addition to medically-licenced medicines.
Long-term goal of abstinence	*Motivated to quit/ make a quit attempt*	Patients have a goal of not smoking following discharge.
NRT is an effective tobacco dependence treatment	*All nicotine is harmful*	NRT contains therapeutic nicotine that is effective treatment when prescribed in the correct and sufficient dose.
Every clinicians' responsibility to treat tobacco dependence	*'Not my role'*	Parity of care – screening **all patients** for tobacco dependence and routine provision of high value evidence-based treatment.