

NCSCT

NCSCT NRT Assessment for Defence

Successful completion of the NCSCT NRT assessment for Defence is one of the requirements for the DMC Patient Group Directive (PGD) for the Supply of Nicotine Replacement Therapy (NRT).

This assessment is designed to assist with identifying elements of the PGD that may not have been understood or where additional training is required. Any questions that are not responded to correctly should be reviewed by DMC personnel as part of continuing training and education needs.

A reminder, that while this NCSCT NRT assessment is a requirement under the PDG, the decision as to who can dispense/prescribe NRT via the NRT PGD is made by the MOD based on the additional criteria requirements as identified in the PDG.

Q1 Which of these statements is true?

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- ☐ a) The biggest problem with NRT is that it delivers more nicotine to smokers than their cigarettes
 - ☐ b) The biggest problem with NRT is that it is not really effective in reducing urges to smoke
 - ☐ c) The biggest problem with NRT is that smokers don't use enough of it for long enough
 - ☐ d) The biggest problem with NRT is that it doesn't help smokers overcome their addiction
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Q2 Which of these statements is true?

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- ☐ a) There is good evidence that combining a faster acting NRT product with the nicotine patch increases long-term abstinence rates
 - ☐ b) Smokers are not really allowed to combine the patch with other forms of NRT, but it probably does not do any harm
 - ☐ c) There is no good evidence on whether combining different forms of NRT improves abstinence rates
 - ☐ d) Combining different forms of NRT could risk overdose and lead to permanent harm to the smoker
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Q3 When discussing NRT with clients which of the following is NOT recommended?

- ☐ a) Warning them that generally the biggest problem with NRT is that people do not use enough of it for long enough
- ☐ b) Advising them that single-dose NRT delivers about half as much nicotine as they were getting from smoking
- ☐ c) Telling them to wait until they get an urge to smoke before they use products such as the nicotine lozenge or inhalator; but that when they do they should use them immediately
- ☐ d) Explaining that oral NRT products need to be used regularly throughout the day to maintain blood nicotine levels

Q4 What is the BEST thing to say to personnel who smoke from the following list of statements about NRT?

- ☐ a) NRT is not that important for a successful quit attempt, it is all about motivation in the end
- ☐ b) It is best not to use NRT for too long in case you become addicted to them
- ☐ c) NRT will completely take away your desire to smoke a cigarette
- ☐ d) NRT will help your quit attempt but will not completely get rid of the desire to have a cigarette

Q5 Which of the following statements is NOT true?

- ☐ a) Personnel wishing to use vapes (e-cigarettes) to help them quit can still receive behavioural support from DMS stop smoking services
- ☐ b) Vapes (e-cigarettes) can be used by UKAF personnel as we have good evidence of their safety and effectiveness, provided they respect the Defence smokefree policy.
- ☐ c) Vapes (e-cigarettes) are potentially dangerous and because of this their use is not permitted by clients of DMS stop smoking services
- ☐ d) NRT patch can be combined with vapes (e-cigarette), just as you would combine a faster acting NRT product and patch

Q6 Which statement is CORRECT about what can be offered by DMC stop smoking services?

(choose only one response)

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- ☐ a) NRT is available only to personnel who wish to stop smoking
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- ☐ b) NRT is available to personnel who are sufficiently motivated to make a quit attempt or attempt harm reduction or require relief from nicotine withdrawal
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- ☐ c) NRT is available only to AF personnel and not DMS registered dependents of personnel
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- ☐ d) NRT is available for a maximum of 12 weeks
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Q7 Which personnel may benefit from increased nicotine dose?

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- ☐ a) Those with high nicotine dependence
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- ☐ b) Those whose withdrawal or urges to smoke are not well managed
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- ☐ c) Those who have had frequent lapses to smoking
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- ☐ d) Those who have reduced their smoking but not quit
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- ☐ e) All of the above
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Q8 Who should be advised to use NRT?

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- ☐ a) Those who have used NRT in the past and report that it did not help them to quit
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- ☐ b) Pregnant women wishing to quit smoking
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- ☐ c) Personnel with heart disease or diabetes
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- ☐ d) Those looking for relief from withdrawal and cravings while on smokefree Estate grounds
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- ☐ e) All of the above
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- ☐ f) None of the above
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Q9 Which statement is INCORRECT?

- ☐ a) Personnel can be offered NRT for up to six months by DMS stop smoking services
- ☐ b) The use of NRT beyond 6 months is not considered safe
- ☐ c) It is important for individuals making a quit attempt to use enough NRT to address their withdrawal symptoms and urges to smoke
- ☐ d) Smokers who are more dependent generally benefit from higher doses of NRT

Q10 Which statement is INCORRECT?

- ☐ a) There are serious side effects associated with NRT, in particular if too much NRT is used by individuals
- ☐ b) A flexible approach to NRT dosing led by client need is considered best practice
- ☐ c) Individual experience of withdrawal symptoms and urges to smoke can be used as a guide to adjust the initial dose of NRT
- ☐ d) High dose NRT has been found to be well tolerated and safe among more-dependent smokers

Q11 Which of the following is INCORRECT about personnel who relapsed to smoking?

- ☐ a) Behavioural support should be discontinued and personnel will be eligible again after a period of 3 months
- ☐ b) An assessment should be made to determine if they are interested in resuming their quit attempt immediately and they should be supported with doing so
- ☐ c) The reason for relapse and compliance with medication as prescribed should be discussed as they may offer lessons for future quit attempts
- ☐ d) If they are not ready to make a quit attempt they should be advised of the 'cut down to stop' option

Q12 Which of the following is NOT true about personnel who are interested in reducing smoking or temporary abstinence?

- ☐ a) NRT is indicated for smoking reduction
- ☐ b) Personnel who feel they can avoid smoking on Estate through will power alone do not need to be advised about the use of NRT
- ☐ c) NRT can assist personnel with addressing cravings and withdrawal during periods in which they are unable to smoke
- ☐ d) Success with reducing smoking including the use of NRT can motivate a quit attempt in the future

Q13 Which is INCORRECT about deployed personnel or those preparing for deployment?

- ☐ a) Behavioural support can be commenced prior to deployment and then delivered remotely to personnel for a period of 3 months
- ☐ b) NRT may be provided to personnel prior to departure to support a quit attempt (for a maximum of 3-months).
- ☐ c) Personnel who have recently quit (previous 3 months), or ex-smokers who are at risk of relapse, and who are being deployed may access 1 month supply of NRT
- ☐ d) It is not advisable that personnel attempt to achieve smokefree status prior to commencement of training or deployment.

Q14 For patients using combination NRT who report side effects, which of the following is NOT true?

- ☐ a) They should be advised to discontinue using one of the two NRT products (patch or fast acting) immediately
- ☐ b) Provide guidance on the correct use of medication and strategies to address common side effects (e.g. throat irritation or sleep disturbance, nausea)
- ☐ c) Be aware that side effects can often be confused with withdrawal symptoms associated with quitting smoking (i.e. sleep disturbance, constipation) and an assessment made
- ☐ d) Record moderate or severe side effects in patients' notes