

Very Brief Advice on Smoking for Ambulance Clinicians

Part of the AMBSPI Enhanced Care series



NCSCT

Authors: Shaun McBride, Sophia Papadakis and Andy McEwen

First edition July 2019

© 2019 NCSCT. No part can be distributed or reproduced
in any format without permission of NCSCT.

What is Very Brief Advice on Smoking?

Very Brief Advice on Smoking (VBA) is a simple piece of advice that is designed to be used opportunistically in less than 30 seconds in almost any situation with a smoker. What may be surprising is that you do not advise smokers to stop, and you do not ask how much they smoke or even if they want to stop.

The figure overleaf shows the three elements to VBA: establishing and recording smoking status (**ASK**); advising on how to stop (**ADVISE**) and offering help (**ACT**).

Offering VBA is the single most cost effective and clinically proven preventative action a healthcare professional can take and it is important to give advice at every opportunity, as smokers may take several attempts to stop smoking successfully.¹⁻⁴ Research shows that 95% of patients expect to be asked about smoking and a short intervention can make all the difference.³

In addition, by referring a patient to a local stop smoking service, they are three times as likely to stop smoking.^{1,3} Local stop smoking services offer a structured programme of behavioural support from a trained stop smoking advisor combined with pharmacotherapy. Stop smoking aids can help with managing nicotine cravings. They include prescription tablets, nicotine replacement therapy (NRT) products such as patches, lozenges and gum, and e-cigarettes.

Very Brief Advice on Smoking

30 seconds to save a life

ASK

AND RECORD SMOKING STATUS

"Do you smoke?"

ADVISE

ON THE MOST EFFECTIVE WAY OF QUITTING

"Did you know that the best way of stopping smoking is with a combination of medication and specialist support. If you are interested I can refer you to our local friendly stop smoking service that many of my patients have found useful or your own GP can provide support?"

ACT

ON PATIENT'S RESPONSE

INTERESTED

Give information.
Refer to local stop smoking service or their GP.

Patients are up to three times as likely to quit with support.

SIGNPOST
to local stop smoking service or GP

NOT INTERESTED

*"It's your choice of course.
Help will always be available.
You can always contact the
smokefree helpline or your GP
anytime if you change your mind."*

Ensure patient understands
where to find support

The important role of Ambulance Clinicians in supporting stopping smoking

While Ambulance Clinicians already routinely ask about smoking status as part of taking a history, Ambulance Clinicians also have a unique opportunity to discuss stopping smoking with non-emergency 999 patients.

This opportunity arises due to the time we spend with our patients – on scene and during transport – the circumstances surrounding the consultation (e.g. anxiety about a possible heart attack) and the trust held for Ambulance Clinicians by the public. For many patients this can be a 'teachable moment' when they are more motivated to quit smoking.

Delivering this opportunistic evidence-based intervention can be done in less than 30 seconds, while maintaining patient rapport and having a positive effect on the patient's likelihood of making a quit attempt.

"Make Every Contact Count" is a Public Health initiative which advocates that every contact with an NHS Health Care Professional should include advice on modifiable risk factors, such as smoking.⁵ It is also recommended by the Department of Health and Social Care. VBA is a tool that can be used to meet these standards.

It should be considered standard practice for Ambulance Clinicians to provide VBA to all patients who smoke, when clinically appropriate.

What is the relationship between smoking and ambulance presentations?

Tobacco use is the single leading preventable cause of illness, disability and is the largest driver of health inequalities in England.⁴ The consequences of this contributes significantly to health care service demand, including ambulance demand.⁴

Ambulance Clinicians will often be presented with the consequences of tobacco use:^{4,6}

- Chronic Obstructive Pulmonary Disease
- Coronary Heart Disease, including myocardial infarctions and heart failure
- Lung Cancer
- Strokes and Transient Ischaemic Attacks
- Consequences of neurological complications post-stroke
- Other respiratory conditions such as Asthma and Pneumonia

Delivering VBA could prevent patients from experiencing these conditions, as well as saving lives and reducing future ambulance and health service demand. For patients with established disease stopping smoking can play a major role in improving outcomes.^{4,6}

Ambulance Clinicians also have regular contact with patients who are at high risk of smoking-related complications, including patients with mental illness and patients with COPD.

Patients with mental illness smoke significantly more than the average population, and while the reasons for higher rates of physical illness in this population are multifaceted, tobacco use is recognised as a key driver of this process, and giving up smoking will have the greatest impact in improving their health.^{4,6,7} Available treatments are safe and effective in supporting quitting among people with mental illness.^{9–10}

Patients with COPD frequently continue to smoke, sometimes believing it is too late for them to benefit. However, the evidence shows that stopping smoking is the most effective way to slow the progression of COPD.^{4,6,11–13} Stopping smoking is also more effective than all available pharmacological treatments in reducing the severity of COPD symptoms, reducing exacerbations, and increasing lung function and survival.^{11–13}

Electronic cigarettes (e-cigarettes)?¹⁴

What are e-cigarettes?

E-cigarettes, also known as vapes, are devices that deliver nicotine within an inhalable aerosol by heating a solution that typically contains nicotine, propylene glycol and/or glycerol, plus flavours. There is a wide range of e-cigarettes and people may need to try various types, flavours and nicotine dosages before they find a product that they like.

What do I recommend to my patients who ask about using e-cigarettes?

Many people find e-cigarettes helpful for quitting, cutting down their smoking and/or managing temporary abstinence. While combining quit smoking medications and behavioural support from a local stop smoking service has the strongest evidence for increasing quit rates, Public Health England supports the use of e-cigarettes as a quit smoking aid, ideally in combination with behavioural support.^{15,16} For any patients who are using or are planning to use e-cigarettes to quit smoking or reduce their smoking it is recommended that they also be referred to their local stop smoking service to give them the best chances of quitting.

What is the evidence on the safety of e-cigarettes?

Short-term exposure to e-cigarette vapour appears to pose few if any risks. Mouth and throat irritation are most commonly reported symptoms and these subside over time. Some toxicants and carcinogens have been detected in e-cigarette liquid and vapour, but these are at much lower levels than those found in cigarette smoke. There are no high quality safety data from long-term e-cigarette use. Although some health risks from e-cigarette use may yet emerge, there is no good reason to expect that their use would be anywhere near as risky as smoking. This is because e-cigarette vapour does not contain the products of combustion (burning) that cause lung and heart disease, and cancer.

Where to refer?

- Smokefree National Helpline – 0300 123 1044
- NHS Smokefree website – www.nhs.uk/smokefree

If patients don't wish to access the above however, they might be more comfortable accessing stop smoking services through the following:

- Their local pharmacy
- Their own GP

Other resources for Ambulance Clinicians

We strongly encourage all Ambulance Clinicians to complete further training in Very Brief Advice on Smoking. The NCSCT offers a variety of online training and face-to-face courses, and resources on smoking cessation.

You can access the **NCSCT's Online Training Module on VBA** from this link:
<http://elearning.ncsct.co.uk/vba-launch>

If you are interested in learning more about providing behavioural support to assist with quit attempts you should access the NCSCT Online Practitioner Training: Core competencies in helping people stop smoking
http://elearning.ncsct.co.uk/practitioner_training-registration

Case study

John

John is a 55 year old lorry driver and has been smoking 20 cigarettes a day for 30 years. John's GP has advised him several times about the dangers of smoking, but John has always felt that this was something that would not happen to him.

However, John began experiencing prolonged and severe chest pains while driving his lorry, and having pulled over at a service station, called 999. Thankfully, the ambulance ECG showed no abnormalities, but the crew were still concerned regarding the chances of Acute Coronary Syndrome and therefore, John is conveyed to the local Emergency Department 20 minutes away for further testing.

En route to the hospital, John is anxious about his health. The attending clinician uses the transport time to conduct a more in-depth social history. Having got onto the topic of John's smoking, the clinician discusses how smoking can increase your risk of heart disease and heart attacks, and delivers VBA. John is interested, so the clinician writes down the phone number for NHS Smokefree for John.

Luckily, John's chest pain was benign this time, but on discharge from the Emergency Department, John calls NHS Smokefree and organises an appointment with a Stop Smoking Practitioner.

Case study

George

George is 65 years old, he retired 5 years ago due to ill health. He has smoked a pack a day for over 45 years. He has found himself increasingly short of breath over the past few years and was recently diagnosed with COPD. He has tried to quit on his own before, but never kept it up for long. The ambulance crew attended today for an exacerbation of George's COPD. They treated him with a nebuliser, and he began to feel much better. Before leaving George at home, the ambulance crew noticed George's ashtray on the table, and asked about his smoking. The Ambulance Clinicians deliver VBA, and though George does not appear interested initially, they explain he can always get in touch with his GP or NHS Smokefree directly to get support.

Later on, having thought about it more, George decides to call his GP and makes an appointment to discuss quitting.

References

1. West R. Smoking Toolkit Study (2018). Available at: www.smokinginengland.info/
2. Aveyard P, Begh R, Parsons A and West R. Brief opportunistic smoking cessation interventions: a systematic review and meta-analysis to compare advice to quit and offer of assistance. *Addiction* 2012;107(6):1066–73. doi: 10.1111/j.1360-0443.2011.03770.x.
3. Bauld L, Hiscock R, Dobbie F, Aveyard P, Coleman T, Leonardi-Bee J, McRobbie H, McEwen A. English Stop-Smoking Services: One-Year Outcomes. *Int J Environ Res Public Health*. 2016 Nov 24;13(12). pii: E1175.
4. Royal College of Physicians (RCP). Hiding in plain sight: treating tobacco dependency in the NHS. London: RCP, 2018.
5. Working together with ambulance services to improve health and wellbeing. A consensus statement developed by NHA England, Public Health England, Health Education England, the Association of Ambulance Chief Executives, the Royal Society for Public Health, the College of Paramedics, the Local Government Association, St John Ambulance and the British Red Cross, 2017. Available at: www.collegeofparamedics.co.uk/downloads/Consensus_Statement_C_final_070216.pdf
6. US Department of Health and Human Services. The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
7. Royal College of Physicians, Royal College of Psychiatrists. Smoking and mental health. London: RCP, 2013.
8. Primary care guidance on smoking and mental disorders. Primary Care Mental Health Forum, 2014.
9. Anthenelli RM, Benowitz NL, West R, et al. Neuropsychiatric safety and efficacy of varenicline, bupropion, and nicotine patch in smokers with and without psychiatric disorders (EAGLES): a double blind, randomised, placebo-controlled clinical trial. *The Lancet*. 2016;387(10037):2507–2520. doi: 10.1016/S0140-6736(16)30272-0
10. Roberts E, Evins AE, McNeill A, Robson D. Efficacy and acceptability of pharmacotherapy for smoking cessation in adults with serious mental illness: a systematic review and network meta-analysis. *Addiction*. 2015;111(4). doi: 10.1111/add.13236
11. Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2019. Gold 2019 Global Strategy for the Diagnosis, Management and Prevention of COPD. Available at: <https://goldcopd.org/gold-reports/>
12. JimOnez-Ruiz CA, Andreas S, Lewis KE, Tonnesen P, van Schayck CP, Hajek P, et al. Statement on smoking cessation in COPD and other pulmonary diseases and in smokers with comorbidities who find it difficult to quit. *Eur Respir J*. 2015;46(1):61–79. doi: 10.1183/09031936.00092614
13. van Eerd EAM, van der Meer RM, van Schayck OCP, Kotz D. Smoking cessation for people with chronic obstructive pulmonary disease. *Cochrane Database of Systematic Reviews* 2016, Issue 8. Art. No.: CD010744. doi: 10.1002/14651858.CD010744.pub2.
14. National Centre for Smoking Cessation and Training. Electronic cigarettes: a briefing for stop smoking services, 2016. ISBN 978-0-9565243-4-8
15. McNeill A, Brose LS, Calder R, Bauld L and Robson D. Evidence review of e-cigarettes and heated tobacco products 2018. A report commissioned by Public Health England. London: Public Health England, 2018.
16. Stop smoking options: guidance for conversations with patients: www.gov.uk/government/publications/stop-smoking-options-guidance-for-conversations-with-patients

