

## Brief interventions and referral for smoking cessation in primary care and other settings

### Introduction

This quick reference guide presents recommendations on brief interventions and referral for smoking cessation in primary care and other settings. The guidance only considers whether brief smoking cessation interventions are effective at encouraging individuals to quit smoking. The impact of wider policy and practice on smoking cessation will be the subject of future NICE programme guidance.

This guidance is for professionals working in local health services – in primary care trusts (PCTs), pharmacies and dental practices – and secondary NHS care, including mental health and hospital trusts.

#### Brief interventions in primary care

Brief interventions involve opportunistic advice, discussion, negotiation or encouragement. They are commonly used in many areas of health promotion by a range of primary and community care professionals.

For smoking cessation, brief interventions typically take between 5 and 10 minutes. The particular package that is provided will depend on a number of factors, including the individual's willingness to quit, how acceptable they find the intervention on

offer and the previous ways they have tried to quit. It may include one or more of the following:

- simple opportunistic advice to stop
- an assessment of the patient's commitment to quit
- an offer of pharmacotherapy and/or behavioural support
- provision of self-help material and referral to more intensive support such as the NHS Stop Smoking Services.

### Public Health Intervention Guidance 1

The guidance represents the views of the Institute and was arrived at after careful consideration of the evidence. Health and other professionals with an interest in smoking cessation are advised to take it into account.

## Recommendations

### Recommendation 1

Everyone who smokes should be advised to quit, unless there are exceptional circumstances<sup>1</sup>. People who are not ready to quit should be asked to consider the possibility and encouraged to seek help in the future. If an individual who smokes presents with a smoking-related disease, the cessation advice may be linked to their medical condition.

### Recommendation 2

People who smoke should be asked how interested they are in quitting. Advice to stop smoking should be sensitive to the individual's preferences, needs and circumstances: there is no evidence that the 'stages of change' model<sup>2</sup> is more effective than any other approach.

### Recommendation 3

GPs should take the opportunity to advise all patients who smoke to quit when they attend a consultation. Those who want to stop should be offered a referral to an intensive support service (for example, NHS Stop Smoking Services). If they are unwilling or unable to accept this referral they should be offered pharmacotherapy, in line with NICE technology appraisal guidance no. 39, and additional support. The smoking status of those who are not ready to stop should be recorded and reviewed with the individual once a year, where possible.

### Recommendation 4

Nurses in primary and community care should advise everyone who smokes to stop and refer them to an intensive support service (for example, NHS Stop Smoking Services). If they are unwilling or unable to accept this referral, they should be offered pharmacotherapy by practitioners with suitable training, in line with NICE technology appraisal guidance no. 39, and additional support. Nurses who are trained NHS stop smoking counsellors may 'refer' to themselves, where appropriate. The smoking status of those who are not ready to stop should be recorded and reviewed with the individual once a year, where possible.

<sup>1</sup> Occasionally it might be inappropriate to advise a patient to quit. For example, because of their presenting condition or personal circumstances.

<sup>2</sup> DiClemente CC, Prochaska J et al. (1991) The process of smoking cessation: An analysis of precontemplation, contemplation and preparation stages of change. *Journal of Consulting and Clinical Psychology*. 59(2): 295–304.

### **Recommendation 5**

All other health professionals, such as hospital clinicians, pharmacists and dentists, should refer people who smoke to an intensive support service (for example, NHS Stop Smoking Services). If the individual is unwilling or unable to accept this referral, practitioners with suitable training should offer a prescription of pharmacotherapy, in line with NICE technology appraisal guidance no. 39, and additional support. Those who are trained NHS stop smoking counsellors may 'refer' to themselves. The smoking status of those who are not ready to stop should be recorded in clinical records and reviewed with the individual once a year, where possible.

### **Recommendation 6**

Community workers should refer people who smoke to an intensive support service (for example, NHS Stop Smoking Services). Those who are trained NHS stop smoking counsellors may 'refer' to themselves.

### **Recommendation 7**

Strategic health authorities, NHS hospital trusts, PCTs, community pharmacies, local authorities and local community groups should review smoking cessation policies and practices to take account of the recommendations in this guidance.

### **Recommendation 8**

Smoking cessation advice and support should be available in community, primary and secondary care settings for everyone who smokes. Local policy makers and commissioners should target hard to reach and deprived communities, including minority ethnic groups, paying particular attention to their needs.

### **Recommendation 9**

Monitoring systems should be set up to ensure health professionals have access to information on the current smoking status of their patients. This should include information on: a) the most recent occasion on which advice to stop was given, b) the nature of advice offered, and c) the response to that advice.

## Implementation tools

NICE has developed tools to help organisations implement this guidance (listed below). These will be available on our website ([www.nice.org.uk/PHI001](http://www.nice.org.uk/PHI001)) in April 2006.

- Costing tools
  - Costing report to estimate the national savings and costs associated with implementation
  - Costing template to estimate the local costs and savings involved.
- Implementation advice on how to put the guidance into practice and national initiatives which support this locally.
- Audit criteria to monitor local practice.

## Further information

You can download the following documents from our website at: [www.nice.org.uk/PHI001](http://www.nice.org.uk/PHI001)

- A quick reference guide (this document) for professionals and the public.
- The guidance, which includes all the recommendations, details of how they were developed and evidence statements.
- Supporting documents, including an evidence review and an economic analysis.

## Related guidance

### Published

- Guidance on the use of nicotine replacement therapy (NRT) and bupropion for smoking cessation. *NICE technology appraisal* no. 39 (2002). Available from: [www.nice.org.uk/TA039](http://www.nice.org.uk/TA039)

### Under development

- Guidance on smoking cessation (NICE public health programme guidance) Further information can be found at: [www.nice.org.uk/page.aspx?o=SmokingCessationPGMain](http://www.nice.org.uk/page.aspx?o=SmokingCessationPGMain)

## Review

In March 2009 this guidance will be reviewed and the state of the evidence base at that time will be reassessed. A decision will then be made about whether it is appropriate to update the guidance. If it is not updated at that time, the situation will be reviewed again in March 2011.

### Ordering information

Copies of this quick reference guide can be obtained from the NHS Response Line by telephoning 0870 1555 455 and quoting reference number N1014.

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