Government of **Western Australia**
Department of **Health**

Enhanced Access Community Pharmacy Pilot
Smoking cessation

Clinical practice guideline

Service restricted to patients aged 18 years or over.

Ineligibility for treatment as part of a prescribing service does not preclude a patient from accessing services provided as part of usual pharmacy care.

The information and content in this clinical practice guideline do not constitute medical advice, diagnosis, or treatment recommendations for individual patients. Pharmacists must exercise professional discretion and judgement consistent with their qualifications and legislative authority. This guideline does not override the responsibility of the pharmacist to undertake clinical assessments and to make decisions appropriate to the circumstances of the individual and the relevant standards of care, in consultation with the patient and/or their parent/caregiver. This clinical practice guideline may only be used by pharmacists who have been approved by the Department of Health to participate in the Enhanced Access Community Pharmacy Pilot (EACPP) and are authorised to prescribe under the *Medicines and Poisons Regulations 2016* (WA). This document alone does not provide an authorisation for a pharmacist to prescribe.

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- The patient is aged below 18 years (does not preclude a patient from accessing usual pharmacy care)
- The patient is or could be pregnant
- The patient is taking a medicine that interacts with smoking and may require review and dose adjustment due to changing smoking patterns
- Inadequate response to optimal treatment.

Treat and concurrently refer

- The patient has a chronic disease or
- medical condition that requires additional support or can complicate smoking cessation interventions (e.g. diabetes, cardiovascular disease, mental illness, substance use disorder, multiple comorbidities).

Key points

- People who smoke have a higher risk of cardiovascular disease (CVD) and other comorbidities including asthma, chronic obstructive pulmonary disease (COPD), and chronic kidney disease (CKD).
- General population rates of smoking have been reducing over time; however, several specific populations retain high smoking rates, including Aboriginal and/or Torres Strait Islander people, older people, people with mental illness, and people who live in areas of socioeconomic disadvantage[1, 2].
- Pharmacological interventions for smoking cessation are most effective when combined with support, and cognitive and behavioural therapies that are readily available through services such as Quitline[2, 3].

Refer when

Refer the patient to an appropriate healthcare provider and smoking cessation support service (e.g. Quitline) in the following situations:

- the patient is aged below 18 years (does not preclude a patient from accessing usual pharmacy care)
- the patient is or could be pregnant
- the patient is taking a medicine that interacts with smoking and may require review and dose adjustment due to changing smoking patterns
- inadequate response to optimal treatment.

Treat (if clinically appropriate) and concurrently refer

Provide initial treatment and concurrently refer to an appropriate healthcare provider and smoking cessation support service (e.g. Quitline) in the following situations:

- the patient has a chronic disease or medical condition that requires additional support or can complicate smoking cessation interventions (e.g. diabetes, cardiovascular disease, mental illness, substance use disorder, multiple comorbidities).

Reminder

This guideline covers tobacco smoking cessation – the management of vaping cessation is not within the scope of this guideline.

Patient history and assessment

The 5As approach is recommended to identify an individual's support needs, barriers and other relevant cultural, population-specific, or medicine-associated factors, to develop a comprehensive smoking cessation plan[2, 4].

- Refer to the Therapeutic Guidelines: Addiction (Tobacco smoking and nicotine dependence)[3] and Royal Australian College of General Practitioners (RACGP) Supporting smoking cessation: A guide for health professionals[2].
- Refer to Therapeutic Guidelines: Addiction (Tobacco smoking and nicotine dependence - Screening and assessment of tobacco smoking and nicotine dependence) to assist with determining nicotine dependence and whether pharmacotherapy may be appropriate[3].

Patient history

Obtain sufficient information from the patient to assess the safety and appropriateness of any recommendations and medicines.

The patient history should consider:

- age
- pregnancy and lactation status (if applicable)
- underlying medical conditions and chronic diseases including current (or history of) psychiatric illness (including but not limited to psychosis, schizophrenia, bipolar disorder, clinically diagnosed depression and anxiety, eating disorder, substance use disorders and history of suicidal ideation, suicide related behaviour, or self-harm)
- current or recently ceased treatments (including prescribed medicines, vitamins, herbs, other supplements, and over-the-counter medicines)
- drug allergies/adverse drug reactions.

Reminder

Pharmacists can access a range of clinical information in a patient's My Health Record, including details about current and past medication history, allergies, and current medical conditions.

Smoking history

Consider:

- age when smoking first commenced
- type of smoking e.g. cigarettes, pipes
- time to first cigarette in the mornings
- number of cigarettes smoked per day
- cravings for a cigarette, urges to smoke, or withdrawal symptoms upon stopping smoking
- duration, recording past and current pack years
- previous attempts to quit and periods of not smoking, including support required
- previous responses to pharmacotherapy for smoking cessation.

Examination and screening

Take an initial blood pressure measurement to screen for hypertension.

It is recommended that the patient be screened for common comorbidities associated with smoking, including CVD, asthma and COPD, either as part of pilot services (if eligible), or with or an appropriate healthcare provider.

Develop smoking cessation management plan

Pharmacists must ensure that they are prescribing medicines according to the specified sections of the current online version of the Therapeutic Guidelines.

A comprehensive approach to smoking cessation should include counselling and behavioural support.

The type of assistance should be based on the patient's willingness to quit, needs, preferences and level of nicotine dependence[2].

Pharmacist support for smoking cessation involves:

- **non-pharmacological interventions and support:**
  - develop a cessation plan, e.g. Your quit smoking plan available on the Quit website; including identifying barriers to stopping, strategies to address barriers, and identifying and engaging social support
  - for patients that are not ready to quit, use motivational approaches, explore barriers, and encourage harm minimisation such as reducing the number of cigarettes smoked each day and working towards a quit day[2, 5]
  - counselling and behavioural support and referral to Quitline and/or other support programs [NB1].
- **pharmacotherapy [NB2]:**
  - guided by the Pharmacotherapy treatment algorithm in the RACGP Supporting smoking cessation: A guide for health professionals[2]:
    - a medicine [NB3] mentioned in the Therapeutic Guidelines: Addiction (Tobacco smoking and nicotine dependence)[3].

NB1: Resources to support counselling and behavioural support are available on the WA Government Make Smoking History website[6]. Referral to Quitline or a relevant health professional with expertise specific to smoking cessation is recommended[2, 3].

NB2: This guideline covers tobacco smoking cessation, the use of pharmacotherapy for vaping cessation is not within the scope of this guideline.

NB3: Nortriptyline or nicotine vaping products are not permitted for use by pharmacists[3].

Confirm management is appropriate

Consult the *Therapeutic Guidelines, Australian Medicines Handbook* and other resources (including relevant product information) to confirm the smoking cessation plan is appropriate, including for:

- contraindications and precautions
- drug interactions [NB1]
- pregnancy and lactation.

NB1: Both smoking itself and pharmacotherapy to assist with smoking cessation are associated with a number of drug interactions that require consideration when someone is deciding to reduce and/or cease smoking[7].

Communicate agreed management plan

Comprehensive advice and counselling (including supporting written information if required), should be provided to the patient regarding the smoking cessation plan. Relevant information may include:

- instructions for individual dosage form and medicine use e.g. medicine dosage and NRT product selection and use
- how to manage adverse effects, including serious adverse effects requiring medical care e.g. mood disturbances
- when to return for follow-up.

It is the pharmacist's responsibility to ensure the suitability and accuracy of any resources and information provided to patients (and/or parents/caregivers if applicable) and to ensure compliance with all copyright conditions.

The agreed management plan should be shared with members of the patient's multidisciplinary healthcare team, with the patient's consent.

General advice

The most successful approach to smoking cessation for nicotine dependent people is counselling and behavioural support, combined with first-line pharmacotherapy and follow-up[2].

While pharmacotherapy for smoking cessation has good efficacy, relapse is not uncommon. People should be advised not to be discouraged by unsuccessful attempts and reassured that most people that have previously smoked have progressed through a number of quitting attempts and relapses before achieving long-term cessation[3].

Patients should be advised to seek support from an appropriate healthcare provider and a smoking cessation service (e.g. Quitline) if they relapse, or at any time they require extra assistance or have any concerns.

Patient resources

- Make Smoking History
- Quit.org.au: including quit plan, quitting tips and tactics, cost of smoking calculator
- Commonwealth Government My QuitBuddy app

Clinical review

Clinical review with the pharmacist (or the patient's chosen healthcare provider) should occur in line with recommendations in the *Therapeutic Guidelines*, the RACGP Supporting smoking cessation: A guide for health professionals and the Australian Medicines Handbook: Nicotine dependence[2, 3, 7].

- Patients prescribed NRT should return for a follow up consultation 2 weeks after starting treatment to review for tolerability and effectiveness, and additionally at regular intervals during the minimum 12-week course[3].
- Patients prescribed varenicline or bupropion should return for a follow up consultation 2 weeks after commencing treatment to monitor for progress and adverse effects of pharmacotherapy, to measure blood pressure, and to provide additional support (particularly for relapse prevention)[3]. An additional follow up consultation should occur at the end of the treatment course (9 weeks for bupropion and 12 weeks for varenicline)[3].
  - An additional 12 weeks of treatment with varenicline may be considered if required, to reduce chances of relapse.
  - People who have already undergone 2 courses of varenicline (24 weeks) within the previous 12 months, or those who require additional treatment with varenicline after 2 courses should be referred to an appropriate healthcare provider.
- It is recommended that the patient also receive follow up and ongoing support from a smoking cessation service such as Quitline.

For patients continuing therapy, follow-up should be individualised to the patient's clinical presentation, response to treatment, and therapeutic goals.

Pharmacists should prescribe a quantity of medicine (including repeats), that aligns with the expected duration of therapy, ensuring sufficient supply until the patient's next review.

Pharmacist resources

- Western Australia:
  - Clinician Assist WA: Smoking Cessation Support Services
- Therapeutic Guidelines: Addiction
  - Tobacco smoking and nicotine dependence
- Australian Medicines Handbook:
  - Drugs for nicotine dependence
- Royal Australian College of General Practitioners:
  - Supporting smoking cessation: A guide for health professionals
  - Supporting smoking and vaping cessation: A guide for health professionals – Guidance on smoking and vaping cessation support related to changes to Australia's vaping regulation
- Pharmaceutical Society of Australia: Professional practice guidelines for pharmacists: Nicotine dependence support
- Australian Pharmaceutical Formulary and Handbook (APF): Treatment guideline for pharmacists (Nicotine dependence)
- Quit Centre: Clinical Tools and Guidelines
  - Ask, Advise, Help chart
  - Drug interactions with smoking
- Quit:
  - Resources
  - Your quit smoking plan
  - Shared care – helping our community quit smoking

References

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Feedback

To provide feedback on this clinical practice guideline, please email DOH.EACPP@health.wa.gov.au

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