Stopping Smoking in Lanarkshire

Guidance for pharmacies

NHS Lanarkshire

Updated: August 2012

Contents

1.0 | Introduction

This brief guidance has been produced to assist all Community Pharmacists and their support staff to help clients to stop smoking. It has been compiled with assistance from both the NHS Lanarkshire Stop Smoking Service and the NHS Lanarkshire Community Pharmacies.

1.1 | Why is reducing smoking prevalence so important?

Smoking is the biggest single cause of preventable chronic illness, disability, and premature death in Scotland. It kills between one half and two thirds of long term smokers and about 13,000 smokers die each year in Scotland.

The overwhelming majority of smokers take up the habit as teenagers. Around the world 80000-100000 young people become addicted to tobacco every day.

Stopping smoking at any age provides both immediate and long term health benefits. Immediately carbon monoxide is eliminated from the body, the lungs start to clear out mucous and other debris. Breathing becomes easier as the bronchiole tubes relax and energy levels increase, and sense of taste and smell improve. Longer term benefits include improved circulation, a decrease in coughs and wheezes, lung function improves, and the risk of heart attack and lung cancer begins to decrease.

Smoking in pregnancy is the single largest preventable cause of disease and death to the foetus and infants and accounts for one third of prenatal deaths. Stopping at any time during pregnancy brings benefits to both mother and baby.

Second hand smoke or passive smoking is also a key public health issue. Babies and children exposed to second-hand smoke are also at risk of developing serious and potentially life threatening illnesses (Appendix 1).

Lanarkshire has an unenviable record of high smoking prevalence in its population and reducing the incidence of smoking continues to be a key Corporate Objective for NHS Lanarkshire.

The Scottish Government has set a new 2011 - 2014 HEAT target for all Health Boards to support 7.5% of their smoking population to successfully quit, and 60% of these quits are to be made by smokers residing in the 40% most deprived communities. For NHS Lanarkshire this equates to 9885 successful quits with 5931 coming from patients with post codes in Scottish Index of Multiple Deprivation (SIMD) deprivation quintiles 1 and 2.

HEAT stands for:

- **Health Improvement**
- **Efficiency**
- **Access to services**
- **Treatment appropriate to individuals**

1.2 | Why is it so difficult for people to stop smoking?

Inhaled nicotine is highly addictive; milligram for milligram nicotine is 10 times more potent than heroin. Nicotine reaches the brain with every puff and smokers who smoke 20 cigarettes per day will receive around 200-300 'hits' of nicotine per day.

Stopping smoking results in cravings and numerous other nicotine withdrawals -symptoms including agitation, restlessness, sleeplessness, vivid dreams, lack of concentration, and anxiety.

Smokers accumulate years of ingrained habitual smoking behaviour therefore most will require information, advice and support appropriate to their needs to succeed.

Nicotine itself is not a major primary cause of smoking related disease but can have a constrictive effect on blood vessels. The main disease-causing element for smokers and passive smokers comes from the 'tar' formed from tobacco smoke which contains at least 4,000 different chemicals including 50 known carcinogens and metabolic poisons. Other disease-causing elements include carbon monoxide (CO), nitrogen, and hydrogen cyanide.

Approximately 70% of smokers wish to stop and will have made a quit attempt in the previous year.

2.0 | Smoking Cessation Services in Lanarkshire

Smoking Cessation treatments have long been recognised for their medical and cost-effectiveness. Scotland's Smoking Cessation Guidelines[1] recommend that all smokers making an attempt to stop should have access to, and be strongly encouraged to use, dedicated smoking cessation services involving structured behavioral support and appropriate pharmacotherapy (e.g. Nicotine Replacement Therapy, Bupropion, Varenicline).

2.1 | NHS Lanarkshire Stop Smoking Specialist Service

This service provides an evidence-based, intensive programme using the Maudsley Model[2] which was developed in the Clinical Treatment Centre of The Maudsley Hospital in London. Support is given for a minimum of 6 weeks which can be extended further to meet individual client needs. Each programme is facilitated by dedicated Stop Smoking Nurses and includes discussion around available and appropriate pharmacotherapies withdrawal symptoms, benefits of quitting and advice on behaviour change techniques.

These programmes run regularly and constantly throughout Lanarkshire. They can be quickly accessed, take place at various times, and in various settings such as health centres, community halls and workplaces. Clients are assessed and shown the full range of Nicotine Replacement Therapy. Clients choose which NRT product to use and this will be given out on a weekly basis for up to 12 weeks using a Patient Group Direction (PGD). In certain cases some forms of NRT can be continued for up to 25 weeks.

The specialist service can now also dispense Varenicline (Champix) at the clinics via PGD.

Clients are encouraged to attend a structured programme of group support.

Individual appointments and home visits (housebound clients only) are also available on request.

Statistics show that by receiving structured group support and pharmacotherapy, quit rates will be higher.

2.2 | Lanarkshire Community Pharmacy Smoking Cessation Service

This service enhances and complements the existing NHS Stop Smoking Service and has contributed towards Lanarkshire meeting its HEAT Target for 2008-2011. The pharmacy service offers a flexibility that will suit a group of clients who may otherwise never access smoking cessation support.

The support offered by the Pharmacy Service is 'one-to-one' and of a shorter duration than the more intensive group-based programme. Clients may self present at the pharmacy or pharmacy staff may proactively identify clients who may benefit from smoking cessation support.

2.3 | Preferred provider status (PPS)

Preferred Provider Status (Appendix 2) for Community Pharmacies was introduced in 2011.

To achieve PPS status the pharmacy must provide:-

- A designated staff member (not necessarily a pharmacist) who will "champion" the service with the pharmacy i.e. they will keep it high on everyone's agenda and take responsibility for quality completion of the associated paperwork.
- The pharmacy will maintain a good working relationship with the NHS Lanarkshire Stop Smoking Service staff and agree to a minimum of two in house meetings per annum for the "champion" to meet with the Local NHS Lanarkshire Stop Smoking Nurse to discuss the service and any ongoing training needs/issues for the pharmacy.

- Provide written and verbal cessation information to clients.
- Discuss and agree the most appropriate Nicotine Replacement Therapy with clients.
- Use carbon monoxide validation in at least 80% of cases.
- Provide the service for young people and pregnant patients.
- Consistently return MDS forms on time and comprehensively completed.

From 2012 onwards two additional criteria have been added for achievement of PPS

- A successful 4 week quit rate of >25%
- Have <20%, of patients who are 4 week lost to follow-ups.

When a pharmacist applies for PPS and meets the criteria they will be sent an A3 poster for use within their pharmacy. These posters show that the pharmacy has NHS Lanarkshire preferred provider status for smoking cessation services.

The poster lists the commitments that the pharmacy undertakes to provide the service and contains a space on the poster for the pharmacy to attach their contact details.

For further information please access the Community Pharmacy Website www.communitypharmacy.scot.nhs.uk

3.0 | Referring clients to the most appropriate service

Both Lanarkshire Stop Smoking Service and the Community Pharmacy Smoking Cessation Service possess unique qualities and enable Lanarkshire to offer a comprehensive approach to quitting. Smokers will be best served by being offered the most appropriate service for their needs. Clients should be made aware of the different services available as part of the initial consultation.

At every opportunity ask clients ***"do you smoke?"***
If **yes,** ***"have you thought about stopping?"***
If **yes,** ***"would you like help to stop?"***
(Few smokers will manage to quit on their own)

CLIENT DOES NOT WISH HELP
Advise client they can access support to stop smoking at any time in the future

CLIENT WOULD LIKE HELP
Discuss with client which service will best meet their needs

Consider the Pharmacy Smoking Cessation Service if the client:

- has had no or few previous quit attempts
- is motivated and ready for a genuine quit attempt on presentation
- has a good rapport with pharmacy staff
- finds the service is available at a time which is convenient for them

Pharmacy Smoking Cessation Service offers:

- One-to-one support and motivational discussion
- 12 weeks NRT

Consider NHSL Stop Smoking Service if the client meets ANY of the following criteria:

- smokes roll ups, nips and relights
- smokes first thing on wakening
- smokes throughout the night
- finds it difficult not to smoke for a full day
- has had 1 or 2 previous quit attempts
- requests specialist one-to-one support
- requires a domiciliary visit where appropriate e.g. housebound

NHSL Stop Smoking Service offers:

- Structured group support
- Specialist one-to-one support
- Domiciliary visits
- 10 - 12 weeks NRT for all which can be extended up to 25 weeks in some cases
- Varenicline

To refer clients phone **08452 17 77 07** to arrange an appointment or complete and send a **NHSL Stop Smoking Service Referral Form** *(Appendix 3)*.

3.1 | Supporting clients to plan and manage their quit attempt

Initial assessment

- Issue The Aspire Magazine
- Discuss smoking habits and routine - what changes can they make?
- Discuss coping with stress – what else can they do to help them cope?
- Discuss commitment, setting quit date, and returning to quit
- Discuss the addiction triangle with client. (Appendix 4)

It is preferred that clients take time to prepare to quit. However, some clients may feel ready to quit at this visit and should be supported, following discussion.

→ Complete relevant sections of MDS form (Appendix 5) Clients could complete the form whilst waiting to be seen.

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Quit date

- Re-establish motivation
- Take baseline Carbon Monoxide (CO) reading
- Discuss/demonstrate appropriate use of NRT
- Prescribe NRT (pharmacist)
- Dispense NRT weekly
- Encourage use of support materials e.g. Smokeline, Aspire, ASH website
- Issue follow up appointment

If a client has used NRT successfully in the past they should be encouraged to use it again

Other therapies e.g. Bupropion (Zyban) and Varenicline (Champix) are available to smokers who have tried NRT in the past and found it unsuitable. These clients should be referred to their local Specialist Stop Smoking Service.

→ Complete Client Record Form (Appendix 6) Update MDS form - add quit date

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Weeks 2, 3, 4 from quit date:

- Check for any medical changes to be noted on client record form. Refer to Pharmacist if changes noted to reassess suitability for NRT
- Assess smoking status
- Take CO reading – to motivate and encourage
- Establish sufficient and appropriate NRT use
- Discuss previous week, reinforcing positive behavioural changes made
- Issue one weeks supply of NRT
- Encourage use of available resources as before
- Issue new follow-up appointment
- Sign paperwork

→ Update weekly Client Record form at every attendance (Appendix 6)

At week 5 or 6 (one full month from quit date)

Support and issue NRT as weeks 2 - 4 plus assess smoking status:

- If client has had a 'puff' in the previous 2 weeks, they are unsuccessful (Set new quit date only if motivated to continue)
- If non smoker in the previous 2 weeks, they are successful. CO reading is required to validate with a reading below 10 parts per million (ppm)
- If a client is smoking regularly at week 5/6 discuss the possibility of 'time out' or re-setting a 'new' quit date if motivated.

N.B. <u>All clients</u>: should be contacted at week 5/6 either face-to-face or by telephone in order to record smoking status

For all clients who have set a quit date an MDS form must be completed at one full month from their quit date.

Fax completed MDS forms within one week of completion to:

Anne Buchanan
01698 858271
NB Resetting a quit date requires a new MDS form

Weeks 6 -12: Support as weeks 2-4

Complete NRT prescription using product 'step down' regime.

>12 weeks refer to Specialist Service if ongoing support required

Update Client Record Form at every attendance

4.0 | Minimum Dataset Form (MDS)

Smoking cessation services are required to record relevant information on the service they provide and to report at both local and national levels using a MDS form (Appendix 5). All fields on the form are mandatory and must be completed. Incomplete forms will be returned resulting in a delay in payment and will affect local statistics. It is important that these forms are completed accurately as services are monitored using standard definitions of key terms and standardised procedures on the ISD Scottish Smoking Cessation Database. This increases consistency across services and enhances the validity of monitoring and evaluation information. Using the MDS will permit the collection of routine data in a rigorous and systematic way and will facilitate comparisons of service outcomes, both within Scotland and with the rest of the UK. It is hoped that an e-based MDS form will be available in the near future.

The pharmacist has the responsibility to ensure that:

- client confidentiality is adhered to at all times
- the client is asked to sign and agree to follow-up and sharing of information within NHS Lanarkshire only if they wish to do so
- interventions in relation to smoking cessation are carried out by trained staff that comply with local and national guidance
- the MDS is completed accurately so that it is easily understood by the Stop Smoking Service Administration Team
- forms are returned within the agreed timescales.

4.1 | Client Record Form

A weekly record should be kept for each client in order to provide an accurate record of smoking status, CO reading, NRT use and to record any changes in medical status. Systems may be available locally to hold this information electronically however a sample client record form is included in Appendix 6 for reference.

5.0 | One Month Follow-Up

The 1-month follow-up is the core measure of short-term cessation success in the MDS.

5.1 | Who to include in the 1-month follow-up

Pharmacies should attempt to follow-up **all** clients setting a quit date.

5.2 | When to conduct the 1-month follow-up

The 1-month follow-up should be carried out immediately upon, or very shortly after, the 1 month date (exactly one month after the quit date).

The first time at which a client should be contacted is 1-month after their quit date. If they cannot be contacted at this time, further attempts (3 attempts are recommended) should be made within the subsequent 2 weeks of their follow up date.

Follow-ups should be completed within 6 weeks of the original quit date (the one-month follow-up plus the two week window).

If it has not been possible to contact a client within this time, the individual should be counted as 'lost to follow-up'. Services are encouraged to make note of when follow-ups are due based on when the quit date is set.

5.3 | How to conduct the 1-month follow-up

It is preferable for the professional who provided the intervention to see the client in person for the 1-month follow-up. The pharmacy staff and client will have established a relationship in the preceding weeks which should encourage honesty from the client regarding their quit attempt.

Additionally, seeing the client in person enables a carbon monoxide monitor reading to be taken to validate the self-reported smoking status.

If, in exceptional circumstances, clients cannot be seen in person, they should be contacted by another means (e.g. telephone) for follow-up.

5.4 | Useful definitions

A successful quit attempt is when someone has not smoked - even a puff - in weeks three and/or four from their quit date.

A validated quit attempt is when a successful quit attempt is validated by a carbon monoxide reading of below 10 ppm.

An unsuccessful quit attempt is when someone has smoked - even a puff - in weeks three and/or four from their quit date.

Lost to follow up is when someone does not return and cannot be contacted.

A relapse is when smokers return to their previous smoking pattern either during or following a quit attempt. Most smokers will make several quit attempts in their lifetime before they successfully quit for good and should be advised to 'never give up giving up'. However they may require/be advised to take 'time out' between quit attempts.

5.5 | New quit attempt: re-setting a quit date

- Every quit attempt (even by the same individual) is recorded as a new entry on the national smoking cessation database therefore:
- Complete a new Minimum Data Set Form (Appendix 5)
- Commence a new Client Record Form (Appendix 6)
- Although it's a new quit, if there was no break with therapy, continue with the current NRT regime for up to 12 weeks in total.
- Discuss 'time out' if the client has returned to their previous smoking behavior or is reluctant to make change.
- Simply entering into a new quit attempt will not lead to success, the client needs to address & correct where they previously went wrong.

6.0 | Carbon Monoxide (CO) monitors

A CO Monitor is a device for measuring CO in expelled air in parts per million (ppm). Regular smokers consistently have readings over10 ppm.

- CO monitors are widely and routinely used and have proven to be a great motivator in encouraging clients to remain abstinent.
- Good practice is to check CO readings weekly. If unable to do so then the minimum requirement is to check before quit, just after quit and 4 weeks after quit.
- A successful quit is validated by a CO reading of 10 ppm or less, at least 4 weeks from quit date.
- A successful quit attempt validated by a CO reading is perceived as being more credible.
- Control of infection actions should be adhered to as per manufacturer's instructions, for further information (Appendix 7)
- It is important that CO monitors are regularly maintained in accordance with manufacturer's instructions and NHS Lanarkshire protocol of being calibrated every 6 months. NHS Lanarkshire Stop Smoking Service will contact local Pharmacies twice per year to organise calibration of CO monitors.
- If a client has an unusually high CO reading and states they have not been smoking, refer to Appendix 8 for advice.

7.0 | Tobacco products other than cigarettes

All tobacco contains nicotine and can be smoked in many forms - pipes, cigars, roll ups as well as cigarettes (Appendix 16).

7.1 | Cutting down to quit

Cutting down simply enables the smokers to manipulate their smoking habits. They may look forward to every single smoke; enjoy each smoke more; inhale deeper and hold the smoke longer to ensure higher nicotine 'hit' (this will pull tar deeper into the lungs and smoke is held for a longer period in the mouth); and, 'nip and relight' thereby increasing the 'nicotine' hits.

Cutting down is a method described by some NRT manufacturers, however, at present, NHS Lanarkshire only support clients when they are ready for total abstinence and are prepared to set a quit date.

7.2 | Cannabis

If a client is smoking cannabis they would usually do so mixed with tobacco. These clients are still classed as a smoker and may present with higher CO levels due to the technique involved in smoking cannabis (deeper breaths, hold in the smoke for longer, constantly puffing on the joint). Tobacco contains over 4000 harmful chemicals; cannabis contains another 400 harmful chemicals as well as being an illegal class B drug. The client's cannabis use should be discussed with them and attempts made by the quitter to refrain from smoking cannabis. Most cannabis users have an understanding of other ways to take cannabis if they feel they are unwilling to give up both cannabis and tobacco

8.0 | **NRT Products and Dispensing** (Appendix 9)

There is no scientific evidence for preferring one NRT product over another or not allowing different forms of NRT to be combined. Indeed there may be some benefits to combination therapy for clients who struggle with withdrawal symptoms but are motivated to quit.

NRT should be dispensed for 10-12 weeks as per the product license. A monthly prescription dispensed in weekly intervals is appropriate in virtually all situations. Some clients may request early dose reduction prematurely, however clients should be encouraged to complete the full course of NRT.

In deciding which therapy to use the following tips may be useful:

- Clients, who may miss the hand and mouth actions associated with smoking and/or worry about overeating, may find an oral product useful.
- Client's personal preferences are important, e.g. clients who request an oral product should be advised to taste the product first.
- Clients should be advised to use a sufficient amount of the product and use the product correctly, e.g. chew-park technique for nicotine gum.
- Client's ability to use the product in their workplace should be considered
- If a client has successfully quit in the past with one product, suggest they use the same product again. Similarly, if one product has been previously problematic, e.g. due to allergy, the client may require a different product.

Check any contraindications/cautions for the product of choice.

Combination therapy **may** offer the advantages of increased abstinence rates, enhanced relief of withdrawal symptoms for a select group of quitters. Combination therapy **may** be most useful for those smokers at highest risk of relapse, e.g., heavy smokers, smokers who have relapsed multiple times, or smokers with psychiatric co-morbidities. Cost is an important consideration. Additional research is needed to justify that combination therapy is a cost-effective approach to the treatment of tobacco dependence[1]

Statistics, taken from NHS Smoking Cessation Service System for clients setting quit rates within Lanarkshire from 1/4/11- 31/3/12 show very little difference in success rates using single NRT versus dual therapy. The chart below also highlights the success rates of those clients using Varenicline

	Number Setting quit date	Number of Non Smoker at 4 weeks	%
NRT Single Product	9801	3061	31.23%
NRT Dual Therapy	4203	1393	33.14%
Varenicline	702	455	64.81%

The following is a recommendation based NHSL Stop Smoking Service Patient Group Direction (PGD)

Combination therapy

This may be considered if:

- the client is previously known to the service with one or more documented 4 week quit attempts during which the client has demonstrated by their actions their determination to quit, but shown that single forms of NRT were inadequate;

Or

- exceptionally, the client has reached at least session 6 on their first documented quit attempt with the Service and has demonstrated by his/her actions his/her determination to quit but is really struggling to do so;

And in either of the above cases is also

- Highly motivated; and is experiencing extreme withdrawal symptoms which are assessed as having a high probability of causing relapse or of preventing abstinence; and prepared to attend weekly for specialist support.

Therapies to be considered

- Patch plus intermittent type NRT, using latter to control cravings
- Step Down Therapy.

Implement as required for patch or intermittent type NRT in keeping with individual product licence.

Guidance regarding E-Cigarette

Key points:

Evidence on the safety of e-cigarettes is limited. Whilst unlikely that long- term use of e-cigarettes is as harmful as smoking, documented inconsistencies in product contents and labelling are of concern. Evidence on the efficacy of e-cigarettes as cessation/nicotine maintenance devices is also limited, but anecdotal report and initial published data shows some promise. The UK Department of Health has recommended a review of current regulations.

The World Health Organisation concluded, in a March 2010 report1, that 'the safety and extent of nicotine uptake from ENDS (electronic nicotine delivery systems) products have not been established'; 'scientific evidences sufficient to establish their actual nicotine dosing capabilities, their efficacy as smoking cessation aids and safety of use is not yet available'; and 'there is concern that nicotine delivery to the lung might result in stronger toxicological, physiological and addictive effects, and this concern must be addressed in scientific studies.'

The Medicines and Healthcare products Regulatory Agency (MHRA) released its response to a public consultation on e-cigarettes on 9th March 2011. Because of the uncertainties about the evidence expressed in many of the consultation responses, the MHRA is commissioning an expert working group to look at both market and scientific research. A final decision is expected to be made by spring 2013 but until then e-cigarettes and other nicotine containing products remain unregulated.

ASH Scotland March 2011

9.0 | Special client group information

9.1 | Pregnant women (Appendix 10)

Ideally, pregnant women should stop smoking without using NRT. If this is not possible, NRT may be recommended to assist a quit attempt as it is considered the risk to the foetus of continued smoking by the mother outweighs any potential adverse effects of NRT.

The decision to use NRT should be made following a risk-benefit assessment as early in pregnancy as possible. An aide memoire may be used to ensure relevant discussion with client (Appendix 11). The aim should be to discontinue NRT use after 2-3 months. Intermittent forms of NRT, e.g. lozenges or gum, are preferable during pregnancy. Slow-release 24-hour patches should not be used in pregnancy and lactation to avoid the administration of nicotine overnight when the foetus would not normally be exposed to smoking-derived nicotine. However, if the woman suffers from nausea and/or vomiting, such that an oral preparation is not practical, a 16-hour patch, removed at night, is preferable

9.2 | Breastfeeding women

NRT can be used by women who are breastfeeding. The amount of nicotine the infant is exposed to from breast milk is relatively small and less hazardous than the second-hand smoke they would otherwise be exposed to if the mother continued to smoke. If possible, patches should be avoided. Intermittent NRT products are preferred as their use can be adjusted to allow the maximum time between their administration and feeding of the baby to minimise the amount of nicotine in the milk.

9.3 | Unstable cardiac conditions, recent heart attack or stroke, within the last four weeks

NHSL Stop Smoking Service recommends referral to the clients' GP for authorisation prior to NRT use in this special client group. Stopping smoking is critical for those with heart disease as it can slow the progression of the disease.

There has been a considerable amount of research on the use of NRT in this population and the data indicates that for smokers with stable heart disease the benefits of using NRT to quit smoking outweigh any risks there may be with using NRT.

9.4 | Patients on specific medication

Smoking and stopping smoking can affect the metabolism of certain drugs, especially clozapine, aminophylline, theophylline, warfarin and diabetic medicines. Stopping smoking may cause the plasma levels of these drugs to rise resulting in toxicity.

Occasionally clients on these drugs may require a dose alteration; it is therefore strongly advised that these clients attend their regular anti-coagulant clinic, psychiatric out-patient clinic or GP for regular monitoring.

For further information pleas refer to the interactions section of the latest British National Formulary (BNF).

9.5 | Clients with mental health problems

Clients with mental health problems are often heavy smokers and may have increased levels of nicotine dependency. 50% of people with mental health problems want to stop smoking. For further information (Appendix 12).

9.6 | Clients with diabetes

Smokers who have diabetes have a much higher risk of heart disease therefore it is particularly important that they stop smoking. Blood sugar levels should be closely monitored throughout a quit attempt as nicotine from both smoking and NRT affect carbohydrate metabolism and the absorption of insulin.

9.7 | Young people

NRT can be used by young people aged between 12 and 18 years old. Studies indicate that NRT is as well tolerated by young people as it is in adults and would certainly be safer than smoking. NHS Lanarkshire endorses the use of NRT in this client group within their PGD for NRT. (Appendix 13)

10.0 | Smoking Cessation training

To ensure clients receive behavioural support from a person who has had training and supervision; relevant NHS staff and health and related professionals in local authorities and the voluntary sector should be provided with training. This should be in line with the Standards for Smoking Cessation Training in Scotland (2009) [3] and appropriate to their role in cessation, whether it be the provision of brief advice or specialist cessation support.

NHS Lanarkshire Stop Smoking Service would encourage every staff member to access appropriate training and annual updates whether it is for providing brief advice or specialist cessation support. Ongoing training opportunities will be provided by the NHS Lanarkshire Stop Smoking Service. Some of these will be pan Lanarkshire and others will be on a local basis.

10.1 | NHSL Stop Smoking Service – Training

Lanarkshire Stop Smoking Service deliver training throughout Lanarkshire.The team provide both 15 minute and 1 hour training, raising awareness of cessation services available locally. Shorter sessions specifically tailored to pharmacy staff and delivered within the pharmacy setting can also be provided. Specific training in relation to mental health & tobacco, pregnancy & smoking, young people & tobacco and second hand smoke.

To access any of the above training opportunities please contact your local stop smoking office.

10.2 | NNHS Education for Scotland (NES) - Pharmacy - Distance Learning Courses

http://www.nes.scot.nhs.uk/pharmacy/courses/distance/course/default.asp?id=43

10.3 | British Thoracic Society Smoking Cessation online Toolkit

http://www.britthoracic.org.uk/ClinicalInformation/smokingcessation/smokingeducation/tabid/215/Default.aspx

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13.0 | Useful Web Links

ASH Scotland www.ashscotland.org.uk

Health Scotland www.healthscotland.com

Information Services Division (ISD) http://www.scotpho.org.uk/smokingcessationstats2007/

Mental Health and smoking http://www.ash.org.uk/ash_hh3lxg88.htm

National Institute for Health and Clinical Excellence www.nice.org.uk

NHS Stop Smoking Campaign www.canstopsmoking.com

NHS Community Pharmacy www.communitypharmacy.scot.nhs.uk

NHS Lanarkshire Stop Smoking Service
http://www.nhslanarkshire.org.uk/Services/StopSmoking/Pages/default.aspx

Scottish Government www.scotland.gov.uk

Scottish Medicines Consortium www.scottishmedicines.org.uk

Scottish Public Health Observatory www.scotpho.org.uk

Tobacco Information Scotland www.tobaccoinscotland.org.uk

14.0 | **Appendices**

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