

# Queensland Community Pharmacy Scope of Practice Pilot

## Smoking Cessation - Clinical Practice Guideline

### Guideline Overview



## 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 Torres Strait Islander People, older people, people with mental illness, and people who live in areas of socioeconomic disadvantage <sup>(1, 2)</sup>.
- Pharmacological interventions for smoking cessation are most effective when combined with support, cognitive and behavioural therapies that are readily available through services such as QUIT-phone line <sup>(2, 3)</sup>.

When applying the information contained within this clinical practice guideline, pharmacists are advised to exercise professional discretion and judgement. The clinical practice guideline does not override the responsibility of the pharmacist to make decisions appropriate to the circumstances of the individual, in consultation with the patient and/or their carer.



## Refer when

Refer to an appropriate medical practitioner **for pharmacological support with varenicline and/or bupropion** when\*:

- The patient is aged under 18 years
- The patient is pregnant
- The patient has a mental health condition or history of psychiatric illness where the use of pharmacotherapy for smoking cessation may interact with current medication and/or pose an unacceptable risk of mood disturbance (requiring medical management and close supervision)
- The patient has contraindications to varenicline and/or bupropion, or is taking a medicine that interacts with varenicline and/or bupropion
- The patient is taking a medicine that interacts with smoking and may require review and dose adjustment by a medical practitioner due to changing smoking patterns
- Intolerable adverse effects have been previously experienced with pharmacotherapy for smoking cessation e.g., mood disturbances, suicidal thoughts, anxiety, agitation, cardiovascular adverse effects including palpitations, tachycardia, hypertension and chest pain
- The patient has another chronic disease that is not well controlled or severe e.g., severe asthma, moderate or severe COPD, diabetes, epilepsy, autoimmune and rheumatologic diseases, severe hypertension
- The patient has a recent history (within the previous 12 months) of an acute cardiovascular or cerebrovascular event.

\* The use of NRT is part of standard pharmacist care. Pharmacists must refer to appropriate guidelines for advice regarding suitability for NRT and patient referrals.

## Gather information and assess patient's needs

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 <sup>(2, 4)</sup>.

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

## Patient history

Sufficient information should be obtained 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)

- previous responses to pharmacotherapy and/or nicotine replacement therapy (NRT) for smoking cessation
- 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 abuse disorders and history of suicidal ideation, suicide related behaviour or self-harm)
- current medications (including prescribed medicines, vitamins, herbs, other supplements and over-the-counter medicines)
- drug allergies/adverse drug events.



## 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, vaping/e-cigarettes, hookah
- duration, recording past and current pack years
- previous attempts to quit and periods of not smoking, including support required.

### Examination and screening

Pharmacists should 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 a chronic disease program in the Pilot (if eligible), or with a medical practitioner.

## Smoking cessation plan

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

The type of assistance should be based on the patient's readiness to quit and level of nicotine dependence.

Pharmacist support for smoking cessation involves:

- **non-pharmacological interventions and support:**
  - Develop a cessation plan, e.g., [Your quit plan](#) available on the QUIT website; including identifying barriers to stopping, strategies to address barriers, and identifying and engaging social support.
  - [Brief advice \(ask, advise, help\)](#), counselling and behavioural support and [referral to Quitline](#) and/or other support programs<sup>1</sup>.

- **pharmacotherapy:**

- Guided by the [Pharmacotherapy treatment algorithm](#) in the RACGP [Supporting smoking cessation: A guide for health professionals](#) <sup>(2)</sup>:
  - NRT<sup>2</sup> in accordance with the [Therapeutic Guidelines: Smoking cessation](#) <sup>(3)</sup> and the Pharmaceutical Society of Australia Guidelines for pharmacists providing smoking cessation support <sup>(4)</sup>
  - First-line therapies<sup>3</sup>, varenicline or bupropion, in accordance with the [Therapeutic Guidelines: Smoking cessation](#) <sup>(3)</sup>.

**NB1:** Resources to support counselling and behavioural support is available on the Queensland Government [QuitHQ website for health professionals](#) <sup>(5)</sup>. Referral to Quitline or a relevant health professional with expertise specific to smoking cessation is recommended <sup>(2, 3)</sup>.

**NB2:** The use of NRT for smoking cessation is part of standard pharmacist care and practice; guidance on its use is not covered in detail in this guideline. Pharmacists should refer to the Pharmaceutical Society of Australia's Guidelines for pharmacists providing smoking cessation support <sup>(4)</sup>, the [Therapeutic Guidelines: Nicotine replacement therapy](#) <sup>(3)</sup> and [Australian Medicines Handbook: Nicotine dependence](#) for further information regarding the use of NRT, including dosage recommendations, contraindications and precautions, adverse effects and drug interactions.

**NB3:** Unless contraindicated, pharmacotherapy is recommended for patients with moderate to high nicotine dependence who are motivated to stop smoking <sup>(3)</sup>. Nortriptyline is not permitted for use within the Pilot as a second-line treatment option <sup>(3)</sup>.

## Confirm management is appropriate

Pharmacists must consult the Therapeutic Guidelines, Australian Medicines Handbook and other relevant references to confirm the smoking cessation plan is appropriate, including for:

- contraindications and precautions
- drug interactions<sup>1</sup>
- 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 <sup>(6)</sup>.

## 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 product 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 to the pharmacist for clinical review.

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 <sup>(2)</sup>.

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 former smokers have progressed through a number of quitting attempts and relapses before achieving long-term cessation <sup>(3)</sup>.

### Patient resources and tools

- [Quit.org.au](https://quit.org.au), including quit plan, quitting tips and tactics, cost of smoking calculator and [QuitCoach](#)
- Queensland Government [QuitHQ](#), including smoking cost calculator and support program ([My Quit Journey](#) 12 week program)
- Commonwealth Government [My QuitBuddy app](#).

## Clinical review

Clinical review with the pharmacist should occur in line with recommendations in the Therapeutic Guidelines and the RACGP Supporting smoking cessation: A guide for health professionals <sup>(2,3)</sup>.

- All people prescribed varenicline or bupropion should return for review 2-3 weeks after commencing pharmacotherapy (after the quit date) to monitor for progress and adverse effects of pharmacotherapy and to provide additional support, particularly for relapse prevention <sup>(3)</sup>.
  - Blood pressure should be measured at each review appointment.
  - It is recommended that the patient also receive follow up and ongoing support from a service such as Quitline.
- A clinical review should also occur at the end of the treatment course (9 weeks for bupropion, 12 weeks for varenicline).
- 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 a medical practitioner.
  - Pharmacists should generally only prescribe a sufficient quantity of medicine (including repeats) for the period until the patient's next review.



## Pharmacist resources

- Therapeutic Guidelines: Smoking cessation
- Australian Medicines Handbook: Drugs for nicotine dependence
- Royal Australian College of General Practitioners:
  - [Supporting smoking cessation: A guide for health professionals](#)
  - [Smoking, nutrition, alcohol, physical activity \(SNAP\): A population health guide to behavioural risk factors in general practice](#)
- [QUIT HQ](#)
  - [Refer a client to Quitline](#)
- Pharmaceutical Society of Australia: Guidelines for pharmacists providing smoking cessation support (log in required)
- Australian Prescriber: [Smoking and drug interactions](#)
- Quit: [Training and resources for health services](#):
  - [Ask, Advise, Help chart](#)
  - [Drug interactions with smoking](#)
  - [Shared care – helping our community quit smoking.](#)

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