

Treatment Pathway for Tobacco Addiction

Low level addiction

Options are given below. 1 patch & 1 reach for product per patient.

≤10 Cigarettes/day → Prescribe a short acting nicotine replacement (“reach for” nicotine)

Discuss the following options with the patient (tick which one prescribed):

- Nicotine Inhalator 15mg – solo therapy max 6 cartridges 3 in combination therapy/24hrs
Advise patients not to inhale but to puff on the inhalator and the nicotine is absorbed through the lining of the mouth. Aim to use the inhalator little and often. More frequent uses gives better results. Cartridge lasts 40 mins of constant use.
- Nicotine gum 2mg – solo therapy max 15 pieces 7 in combination therapy/24hrs
Advise patients to chew the gum until there is a hot/peppery taste then rest the gum between the lip and gum – “chew and park”. Excessive chewing may cause indigestion & hiccups. Aim to have one piece on the hour every hour.
- 2mg – solo therapy max 15 lozenges 7 in combination therapy/24hrs
Aim to suck a lozenge on the hour every hour. If indigestion and hiccups occur try resting the lozenge in the side of the mouth.

Moderate level addiction

Options are given below. 1 patch & 1 reach for product per patient.

10-19 Cigarettes/day → Prescribe a long acting nicotine patch & consider adding a short acting nicotine replacement as per the low-level addiction guidance AND a long acting nicotine patch as per the options below. Advise patients to use a clean & hairless area of skin to apply the skin. Skin irritation can occur but is generally mild.

Discuss the following options with the patient (tick which one prescribed):

- Nicotine inhalator 15mg – solo therapy max 6 cartridges 3 in combination therapy/24hrs
- Nicotine gum 2mg – solo therapy max 15 pieces 7 in combination therapy/24hrs
- Nicotine lozenge 2mg – solo therapy max 15 lozenges 7 in combination therapy/24hrs
- Nicotine Patches 14mg/24hour (smokes within 30 minutes of waking)
- Nicotine Patches 15mg/16hour (does NOT smoke within 30 minutes of waking)

24 hour patches are ideal for patients that smoke within 30 minutes of waking but can cause sleep disturbance. Discuss options, preferences and previous experiences with patient.

High level addiction

Options are given below. 1 patch & 1 reach for product per patient.

≥20 Cigarettes/day → Prescribe a short acting nicotine replacement (“reach for” nicotine) and a long acting nicotine patch first (as is the best) & then short acting

Discuss the following options with the patient (tick which one prescribed):

- Nicotine inhalator 15mg – solo therapy max 6 cartridges 3 in combination therapy/24hrs
- Nicotine gum 2mg – solo therapy max 15 pieces 7 in combination therapy/24hrs
- Nicotine lozenge 2mg – solo therapy max 15 lozenges 7 in combination therapy/24hrs
- Nicotine Patches 21mg/24hour (smokes within 30 minutes of waking)
- Nicotine Patches 25mg/16hour (does NOT smoke within 30 minutes of waking)

24 hour patches are ideal for patients that smoke within 30 minutes of waking but can cause sleep disturbance. Discuss options, preferences and previous experiences with patient.

VARENICLINE (CHAMPIX)

Varenicline prevents the feeling of pleasure during smoking by reducing dopamine release in the brain triggered by nicotine. This also prevents the subsequent drop in dopamine that triggers cravings and withdrawal. Varenicline is commenced 1-2 weeks prior to stopping smoking although Nicotine Replacement Therapy and/or e-cigarettes can be used alongside varenicline in this initial period.

- 0.5mg once daily Day 1-3
- 0.5mg twice daily day 4-7
- 1mg twice daily day 8 – end of treatment (12 weeks)

One third of patients suffer nausea – minimise by having varenicline with a glass of water and food. Patients can suffer strange dreams but it is safe for use in patients with a Mental Health diagnosis who are on stable treatment (i.e no dosage changes or commencement of new medications in the last 3 months)

E-CIGARETTES

• E-cigarettes contain 95% less harmful chemicals than cigarettes and therefore represent a significant risk reducing behaviour compared to smoking.

• It may be a potential method of risk reduction for those that are not ready to stop smoking.

• Equally, e-cigarettes can help those trying to stop smoking.

• E-cigarettes are not without risk and still contain 5% of the harmful chemicals of cigarettes.

• E-Cigarettes can be used in combination with other tobacco addiction therapies including nicotine replacement and varenicline.

• E-cigarettes cannot be prescribed and their use cannot be permitted on hospital grounds.