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# Smoking Cessation and Tobacco Harm Reduction (including Electronic Devices)

## Practice Based Small Group Learning Programme

### INTRODUCTION

Primary care practitioners can help patients to stop smoking. To do so, it is important to be aware of the evidence on the effectiveness of various approaches to achieve this goal. For patients who are unwilling to stop smoking, practitioners need familiarity with motivational interviewing to enhance desire to stop and may need to be comfortable with a harm reduction approach. The landscape of options for smoking cessation and tobacco harm reduction is evolving with the advent of electronic cigarettes. Although patients may already be using these devices, more evidence would be helpful for clinicians to feel comfortable offering their patients this option for either smoking cessation or tobacco harm reduction.

### OBJECTIVES

This module will enable clinicians to:

- Understand and apply the evidence around methods available to help patients reduce or stop smoking, including electronic devices.
- Effectively counsel patients at various levels of motivation to stop smoking.
- Organise practice-based care and systems to assist with management of tobacco harm reduction and smoking cessation.

### CASES

#### Case 1: Anna, age 48

Anna, a patient in your practice you rarely see, informs you that her father is currently receiving palliative care for lung cancer. He was a smoker for many years and has suffered with emphysema for many years. She has been a smoker since age 17 and, through the years, has smoked between  $\frac{1}{2}$  to 1 pack a day of cigarettes. She attempted to stop smoking a few years ago using nicotine patches and was successful for two months.

She notes that stress is a clear trigger for her smoking and she has been smoking 1 pack per day since her father became ill. She tells you that she is not interested in smoking cessation since she believes her current stressors would only set her up to fail. She might consider stopping in a few months if her circumstances were to change.

***How would you counsel Anna today?***

#### Part Two (three years later)

Anna returns to you with a viral upper respiratory infection. You ask about her current smoking status and she reports that she decided to stop about two years ago, and successfully did so for 7 or 8 months. She used nicotine patches. Over time, she began to gain weight, which she attributed to smoking cessation. Since she was worried about continued weight gain, she began smoking again in an effort to lose weight.

She acknowledges that the social aspect of smoking with a few of her co-workers could act as an additional trigger for her to relapse if she tries to stop again. She is currently smoking 15 cigarettes per day. She does not take any prescription or non-prescription medicines. She is ready to try stopping again and feels quite confident that she can be successful.