

Welcome to the Summer 24 Edition Smokefree North Somerset News. In this issue you will find information on:

- 1. CJ's Blog**
- 2. Training**
- 3. Podcasts/webinars**
- 4. Meet the team**
- 5. No smoking day**
- 6. Swap to Stop**
- 7. Medication updates**
- 8. We are recruiting!**
- 9. Advisor questions**
- 10. Quote**



Summer Blog

We missed a spring edition this year, and I love spring, it's all about new life, new starts and thinking less about grey days and more about the warmer weather to come. This time spring seemed a long time coming, and I wondered if summer would ever come, as I looked at the rain. Thankfully we have now had some sun. But it is a new start, and new starts can mean changes.

Thinking about new starts, I realised that things we have learnt before are sometimes great to go back to. I found some old notes from a talk we had from Dr Alan Curly back in 2011 and I've picked out a few gems for you to use in your practice and added in a few of my own.

- Get clients to stay *at least* 8 weeks on the highest dose of NRT.
- Terminology (words are important). Don't talk about NRT in terms of milligrams (i.e. 25 mg Patch) as people may not understand. Instead say what you mean i.e., strongest patch, weaker patch.
- Client may be "hard to change" rather than "hard to reach", chances are they are in and out of healthcare often.
- It's the behaviour and nicotine that helps, when you feel stressed, not the actual ciggie.
- People relapse to reactive fags i.e., bad news, not habit fags, the one with a cuppa- recognise there are different fags.
- Watch your clients use their NRT- are they using it correctly, this will ensure they use it often enough.
- Tell less, show more!
- The learning pyramid: lecture and reading, are a less effective way to learn, than discussion and practice.
- This takes very little time but add in, "Thanks for coming to see me today" or add a compliment such as "your skin looks good."
- Focus on the positives – "giving up smoking will make you feel brilliant", don't focus on the negatives, such as "you will irritable". A surgeon doesn't talk about how he will be cutting you, but about how much better you will feel after surgery.

- Get people to save the money they would have spent in a pot, - people like to see instant results.
- Ask your client what **they** would like you to do if they don't turn up for an appointment.
- Don't give up on challenging clients, nothing is wasted, every attempt is a learning journey. The 'average' person takes 6-7 attempts to quit.
- Vaping is a useful tool.

I've been making a few changes myself this year and at the end of January signed up to the Zoe App for improving gut health and blood sugars.

It's been really interesting, but importantly it's really helped me to change some habits, and that's why I'm writing about it here.

Firstly, I'm a bit of a science geek, and really like to understand the science behind the facts. So, for me knowledge is power, I won't just change because someone has told me to do something, or because I read it on Facebook, or even because someone has done something that works for them. I need to understand why it affects me.

So how do I relate this to smoking cessation?

Well, your clients know smoking is harmful, but do they really understand how it affects them personally, what are the actual harms it does to their body?

Having some of this info available for them to read and take home to digest can be helpful, especially if it is backed up with evidence. On another practical level, the CO monitor can show them the amount of carbon monoxide is in their system, you may need to explain why a lot isn't good, and you need to understand this yourself to explain it.

I was still having the odd fag when I first trained as an advisor, but the knowledge I got from doing the training helped me quit again and stay quit.

Another useful thing about doing Zoe, is it's part of a study, and my results are constantly being analysed by a team of scientific researchers. This is making me mindful of my choices when it comes to food, I wore a blood sugar monitor, that showed me the peaks and dips that different foods had on my system in real time. I knew that everything I ate was being recorded, so I ate better. This is known in psychology as the Hawthorne effect. Basically, you make better choices when you think you are being observed. This is why face to face appointments where you chat about your client's week and choices they make are helpful as well as CO monitoring, when they know they are coming to see you and blowing into that machine, they may make better choices during the week.

Hope some of this has been helpful, look forward to catching up with you all soon,

Take care Chris x

Training

As well as the twice-yearly updates and new advisor training, we are running a new refresher course for any existing advisors who would like a refresh on the basics and new developments. Please let us know if this is of interest to you and we will find a date and place for this training, it is likely to be full days training and we have some interest already so please get in touch if this is something you'd like to attend.

Training dates

Autumn Update training **TBC poss 24th Oct**

2 Day Advisor training **TBC poss 9th and 16th Oct**

1 Day refresher training for existing advisors **TBC poss 18th July**

The NCSCT has also launched a suite of new training which we would recommend you look at, including:

VBA +

Swap to stop.

Stop Smoking Medications

Vaping a guide for Health Professionals

Mental health and smoking cessation

Pregnancy and smoking cessation

Plus, there is a lot of secondary care resources available

[NCSCT - National Centre for Smoking Cessation and Training](#)

[Listen Here](#)

Great video on vaping: [Vaping Demystified - Yorkshire Cancer Research](#)

Meet the team

Hayley Martin



What you name is, job title?

Hello, I'm Hayley and I am a Public Health Lifestyles Advisor

Little bit about your role:

My role includes supporting North Somerset women to have a healthy pregnancy; this can be by providing them with stop smoking support or leading our antenatal healthy lifestyles programme supporting women to have a healthy pregnancy. My role also includes supporting families with children under five-year-olds to be healthy, to do this I work with health

professionals, children centres and local organisations.

What you love about your job:

I enjoy working with the public to help support them with their health or the health of their children. I like how sometimes the smallest change can have a big effect on a person's health and quality of life.

I enjoy the face-to-face element to my role and also working with health professionals, children's centres to help improve their knowledge and understanding so that everyone is providing the same advice and support.

Some one that inspires or inspired you:

I have to say my mum; she was a single parent and worked hard in low-income jobs. When I was a teenager, she went back to college to study childcare proving that you are never too old to go to school; she then worked in local authority children's centres for twenty years.

She has always encouraged me and my siblings to do our best and even now when she isn't in the best health, she still plays an active role in my children's' life.

And a quote or saying.

"Life moves pretty fast. If you don't stop and look around once in a while, you could miss it" Ferris Bueller.

Great quote and a great film, it's always good to remember to get out and enjoy life and try not to stress too much about the daily grind of work, tidying the house etc.

No Smoking day 2024

On this year's no smoking day the team launched our Swap to Stop initiative with several events in the Sovereign and Healthy Living Centre, WSM. The events were well attended and we have had quite a few successful quits from them.

Other partners also hosted events, and this quarter we feature Latife Comlek McFadyen Treating Tobacco Dependency Advisor AWP

For the National No Smoking Day, I had people: service users, visitors, and staff (housekeepers). I had a chat with them on various topics: vaping pro-and cons, how to decrease the risk of smoking related disease and quitting attempts with service users.

Visitor and staff told me they did not know some of the info that I offered.

Latife



It would be great to see any events that you run, please send us your pics to feature in future newsletters.

Next years **No smoking Day** will be on the 2nd Weds in March. 12th March 2025

Swap to Stop



Our 0-19yr old Smokefree advisers are helping postnatal families to have a smokefree home with the Swap to Stop campaign.

Thursday mornings 9:30-12, Anna can be found in Worle Children's Centre (along with weekly Health Visitor baby hub and Infant Feeding peer supporters).

Vape starter kits are available here along with smokefree advice. The [Healthy Start food card scheme](#) is also being promoted along with free vitamins for those on the scheme.



We held another event on the 11th June with 29 people signing up to join the scheme.

And we have more Swap to Stop events coming up.

- Weds 19th June at We are with you, for those in recovery
- Thurs 27th June 2024 10-2pm in the Healthy Living Centre, Bournville, Weston super Mare
- Thurs 5th Sept at Clevedon Market

Please share widely with colleagues and signpost clients to these events to pick up a free vape kit.

Swap to Stop in primary care



We have launched Stop to Swap in North Somerset!!!

Currently the smokefree team are offering a free vape kit and liquids to any clients wanting to use this as part of their quit attempt.

We would like to extend this offering to our partners in primary care.

As we do not have the capacity to take on any extra clients, if you have a patient who would like a free vape as part of their quit attempt, we can send this out to them on your behalf. Currently we have some physical kits to send, but soon we will be able to send them a code for them to order one themselves.

We are offering to send out a vape kit and four weeks of liquid to your client, alongside your continued support, NRT provision and putting them on Theseus with follow up.

If you have any patients wanting a free vape kit, we will need an email from you to smokefree@n-somerset.gov.uk with:

Patient name

Address

DOB

Email and mob no

Strength and flavour of liquids they require.

Either we will then send them out a kit (to include: vape, charger, coils, lead, and 10 liquids). Or a email with a link to get their kits for free.

Here is the link that may want for further supplies in future, which they will need to pay for.

[Vape UK Online | FREE UK Delivery | Totally Wicked \(totallywicked-eliq.com/\)](https://www.totallywicked-eliq.com/)

Liquids can be purchased from any reputable supplier.

This will be in addition to your support, and any NRT you may provide. You will do the 4 week follow up etc as normal.

The liquid strengths available are:	And flavours are:
0.6 mg	Iced blackcurrent
1 mg	Menthol
1.6	Tobacco
Most will require the higher strength	Mixed Fruit
	Strawberry

We anticipate this will take about a week to be delivered.

We have attached a leaflet that you can send out, (either print or email it). You may find it useful yourselves.

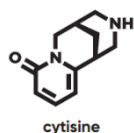
Give Chris Jones 077 761 70009 or Smokefree 01275 546744 a ring if you want to discuss further.

Please see the attached vape info leaflet which you can send on. This will soon be available on our website. [Stop Smoking | Better Health North Somerset \(betterhealthns.co.uk\)](http://Stop Smoking | Better Health North Somerset (betterhealthns.co.uk))

Medications update

- All NRT medications have stayed the same, but we would emphasise the importance of giving at least two products and most will need a high dose to start, some may also need it for longer.
- The number one reason patients fail a quit attempt using NRT is due to its under- use. Make sure you give enough, and for long enough and try to recommend the faster acting products such as the sprays.
- Nicotine-
 - although not entirely harmless, nicotine is not the problem, when we think about the dangers of tobacco use. There is a common misconception that nicotine is the harmful chemical, and this may hark back to the days when we advertised about Nico Teen as the enemy, or talked about nicotine stained fingers. The truth is that 'smokers smoke to get nicotine but die from the tar'. Latest studies show the population believe even more now than 5 years ago that e-cigarettes/vapes are more harmful than tobacco, and this misconception could lead to millions of lives lost!
- Patches-
 - If you do have clients that don't like/get on with patches it is OK to use 2 oral products.
 - It is also OK to give a patch /oral product alongside an Vape.
 - You can use 2 patches at a time for those more heavily addicted
- It is ok to give NRT alongside a vape, but remember we are not here to help people come off vapes they can do this in their own time when they are ready, and we can give you advice on this.
- Varenicline is still not widely available and needs to be prescribed off licenced which most GPs are unable to do.
- Zyban is available on prescription but is not as effective as Varenicline or Cytisine.
- The most popular and effective way to quit now, is using a vape.

Cytisine



Cytisine has now been given approval in the UK by the MHRA, we are waiting for local meds management to add it the formulary and will update you when this is available.

Cytisine is a safe and effective treatment. It works in a similar way to varenicline (Champix), reducing urges to smoke by attaching to some of the same neuronal receptors in the brain that nicotine does. Its side effects (gastric symptoms and sleep disturbance) are like those found with varenicline, but less common. Cytisine is swallowed as a tablet or capsule. The standard course of treatment is currently 25 days. Using it for up to 12 weeks is probably more effective and it appears to be roughly as effective as varenicline when taken for the same duration (12 weeks). Even with 25 days' dosing, evidence suggests that it is as effective as nicotine replacement therapy (nicotine transdermal patch, gum, lozenge, nasal spray, inhalator and mouth spray). Cytisine is available in many countries throughout the world, including Canada and Poland where it can be bought over the counter. It has been used in parts of Europe for several decades as an effective smoking cessation aid with no apparent serious side effects.

Instructions for use

Each tablet contains 1.5mg of cytisine. One pack of Cytisine contains 100 tablets which is a complete treatment course (25 days). Cytisine should be taken with water according to the following schedule with the quit date no later than the fifth day of treatment:

Days of treatment	Recommended Maximum dosing	daily dose
From the 1st to the 3rd day	1 tablet every 2 hours	6 tablets
From the 4th to the 12th day	1 tablet every 2.5 hours	5 tablets
From the 13th to the 16th day	1 tablet every 3 hours	4 tablets
From the 17th to the 20th day	1 tablet every 5 hours	3 tablets
From the 21st to the 25th day	1–2 tablets a day	2 tablets

For further info please click on the link below. NCSCT document Cytisine summary and dosing guidance:

[Cytisine \(ncsct.co.uk\)](http://ncsct.co.uk)

Days of treatment	1st to 3rd			4th to 12th									13th to 16th				17th to 20th				21st to 25th				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Recommended dosing	1 tablet every 2 hours			1 tablet every 2.5 hours									1 tablet every 3 hours				1 tablet every 5 hours				1–2 tablets a day				
Maximum daily dose	6 tablets			5 tablets									4 tablets				3 tablets				2 tablets				

We are recruiting.

We are pleased to announce we are recruiting 2 new posts to the team.

If you love the smoking cessation part of your role, and would like to concentrate on this, then come and work for a great team, these are full time (37hrs) level 4 permanent posts, with a mix of home and office/clinic working.

Please find full descriptions in the links below.

Hurry as closing dates for applications are 26/06/24. Interviews are anticipated in July.

Please share with anyone you know who may be interested and would love to join our team.

Please find below links to NHS Jobs and North Somerset Council Jobs

Please find a link below to the advert on the NSC website;

[Job profile \(n-somerset.gov.uk\)](https://www.n-somerset.gov.uk/jobs)

Please find a link below to the advert on the NHS Jobs Website;

[Job Advert \(jobs.nhs.uk\)](https://jobs.nhs.uk)

A quote from Lou who joined us in 2023

I previously worked in a GP setting where part of my role was to provide Stop Smoking Support to patients. I joined the team at Smoke Free NS in February 2023 and am happy that this is now my primary role, allowing me more time to support clients who are committed to stopping smoking. I especially enjoy supporting and empowering clients to face challenges and make decisions/changes in their lives to stop smoking, providing them with the tools to improve their quality of life and sharing their journey with them.

Advisor questions

These are real questions, that we have been sent by you. Please get in touch with your own questions, often other people have the same dilemmas and it's helpful to share.

Q1

Can I ask some advice please. I have a patient who was booked for support call. It actually turned out that she has given up smoking a year ago but is struggling to come off her vape! I know this is now becoming increasingly common!

I did explain to her that we are here to provide support to patients to help stop smoking and therefore it is a little tricky to advise. I did however say I would seek advice and get back to her.

She is currently using 12mg liquid strength and has tried to cut down to 6mg, but this has not gone well, and she actually ends up using the vape more.

What would be your advice please? I was wondering about maybe using a low dose patch. If she wanted to, could she use a 0mg strength in her vape to gradually wean off?

First reassure her that vapes are much safer than smoking and not to try hurrying coming off. Then the best way is to titrate down as she has done and yes, she probably will end up using it a bit more but then try to extend the time between use.

Then build in some new rules about when and where she vapes to limit this.

We are not funded to quit vaping as the harms are minimal and we need to concentrate our efforts on helping people to quit smoking, which will in two out of three cases, kill them prematurely.

We can send you some tips that may help. Remember if you are supporting her to come off vapes it doesn't go on the system, the GP may agree to supply patches but currently our clients must buy their own if they want to use them to come off vaping.

Usually, I just have a one off, longish conversation with them and help them to make their own plan to come off.

[Vaping to quit smoking - Better Health - NHS \(www.nhs.uk\)](https://www.nhs.uk/health-topics/vaping-to-quit-smoking/)

Q2

Any ideas for advising people who struggle with the physical habit of rolling a roll up then throwing it away after? unlike vapes/inhalator. I can only think of rolling a piece of paper with nothing in, or a pen. But it's also the action of discarding it he says.

Other than what you have suggested, I think it is such a niche thing that I would encourage the client to explore what might work for them. It's obviously an important ritual for them so perhaps there is a way of linking it to another habit or interest of theirs to help strengthen the habit. Incorporating it with something pleasurable and/or easy to do is likely to strengthen the adoption of any new habit. Perhaps rolling paper will help or using something like a fidget toy or perhaps something more pleasurable (the list is limitless and potentially random) but could rolling grated cheese into a shape and eating it (if cheese gives them pleasure) 🧀

The list is so limitless that most things from an advisor and the fact we will not understand the client as well as themselves they may come up with better solutions.

Perhaps the other thing to consider is that anything similar to the act of rolling cigarettes could serve as a psychological cue to smoke and so completely breaking the habit may be more beneficial or perhaps incorporating actions that still require

manual dexterity but are different in nature such as playing games on their phone, drawing or making something from plasticene for example.

Did the client have any ideas, any old hobbies they could restart that require use of the hands? I'd be interested to know what you discussed in relation to this as it is quite niche in that the disposal is important. What about sharpening pencils and discarding the shavings.

In terms of relaying suggestions to them, I'd recommend perhaps giving them some options and encouraging them to explore their own options too as a means of being supportive whilst reducing the likelihood of resistance. Sometimes you can make suggestion after suggestion and get "yeah, but no but" so putting the ball back in their court is probably most effective.

Q3

I am looking for some advice - a patient came to see me today and she has COPD - Asthma overlap syndrome.

She uses a 2mg nicotine vape and has only had five cigarettes in the last twenty-five days, prior to this she smoked 15-20 a day.

She wants my help to quit smoking and vaping and I'm not sure where I go from here.

I have requested two weeks of 10mg/16hr patches and made her an appt, so you have time to get back to me.

Her carbon monoxide reading today was 3ppm.

I have not added her to Theseus as waiting your advice.

I think as she has still been smoking, be it only occasionally, that you can add her to the system and treat as normal.

The first thing is to get her off any tobacco cigarettes at all. So, get her to commit to a fixed quit date for tobacco, then reassure her about her vape use as per the advice attached.

It seems as if she has been using the vapes to cut her smoking down, which is a good thing. She just needs to commit to completely switching.

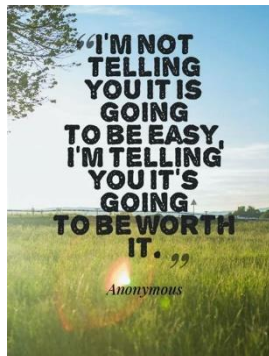
You can tell her that you can help her come off tobacco but that that weaning off the vape may take longer, and you are only able to give advice. You can use NRT alongside her vape and then advise she comes off the vape very slowly and only when she is confident that she will not return to smoking. It is important she doesn't stop using the vape too soon as may find it leads to relapse back to smoking.

It may be however, that she is able to reduce her vape strength whilst still using the NRT you provide, that will be her decision.

You can supply NRT for the normal time and then advise her to gradually reduce her nicotine strength in her vape, as and when she is ready, and get her to use the other techniques in the advice.

Alternatively, you could offer a course of Zyban, if your GP agrees, but evidence show that combination NRT and vaping can be more effective.

Thank you for all your hard work!!



Remember we have an open door policy. Smoking is a chronic relapsing condition and we want people to keep on trying. 😊

If you have some advice, top tips, a story, or success that you would like to share with fellow Smokefree advisors, please contact us on 01275 546 744 or email smokefree@n-somerset.gov.uk