



the essential

Quitting Guide

a helpful guide to stop smoking



The Roy Castle Lung Cancer Foundation

The Roy Castle Lung Cancer Foundation is the only charity in the UK wholly dedicated to eradicating lung cancer and improving care for lung cancer patients. It works towards these goals through a Patient Support Network, groundbreaking research into early detection and treatment of lung cancer, work to prevent young people from starting to smoke and helping adults quit smoking through its Fag Ends Community Stop Smoking Group. Fag Ends has been providing smoking cessation support within the community in Liverpool since 1994. Since 1999 Roy Castle Fag Ends has provided the specialist smoking cessation service for Liverpool.

During 2001/02 6978 people were referred into the service. This resulted in 3091 quit attempts and 2231 four week quits. This is a 72% quit rate, which is considerably higher than the overall quit rates in the North West (44%).

In kind acknowledgement of the smoking Cessation Specialist Service – Hyndburn and Ribble PCT. “Working in Partnership with Health Care Professionals to deliver Smoking Cessation”
Supported by an educational grant from GlaxoSmithKline Consumer Healthcare.
Prescribing information can be found at the back of this document.



Stop-smoking Treatments

Information for Smokers

How can treatments help?

- Release nicotine into your body.
- Reduce cravings and withdrawal symptoms, such as anxiety and irritability.
- Double your chances of giving up.
- Support programmes keep you motivated.

Stop-smoking Treatments

How do I know which treatment is best for me?

- The best choice depends on you and your lifestyle.
- Talk to your smoking cessation advisor, GP, nurse or pharmacist.

Stop-smoking Treatments

What happens if I start smoking again?

- You will have already taken the most important step along the road to success.
- You will be closer to succeeding next time.
- if it is just a slip and you feel you can carry on with this quit attempt, do so.

A teal-colored triangle with a white outline, centered on the page. The text "Nicotine Patches" is written inside the triangle.

Nicotine
Patches

Nicotine Patches

What are nicotine patches?

- Patches to stick on your skin.
- Available in pink (16 hr or 24 hr) and clear (24 hr) formats.



Nicotine Patches

How do nicotine patches work?

- Release nicotine slowly and steadily to defend against cravings and withdrawal.
- Apply one patch per day.
- Available in different strengths.
- Use them for 8 - 12 weeks depending on the make.
- Gradually reduce the strength.

Nicotine Patches

Why might patches suit me?

- ✓ Work for up to 24 hours a day.
- ✓ Simple to use.
- ✓ Convenient to fit in with your lifestyle.
- ✓ Discreet.



The image features a central teal-colored triangle with a thin white border. Inside the triangle, the word "Oral" is written in a bold, blue, sans-serif font. The background is a light blue gradient with several overlapping, semi-transparent circles of varying shades of blue, creating a layered, abstract effect.

Oral

Nicotine Gum

What is nicotine gum?

- Gum that you chew.
- Available in different flavours.



Nicotine Gum

How does nicotine gum work?

- Nicotine is absorbed when you rest the gum in your cheek.
- Available in different strengths, depending on how soon you reach for a cigarette after waking in the morning, or how many cigarettes a day you smoke.
- Use for 3 months.
- Gradually reduce the number of pieces per day.



Nicotine Gum

Why might gum suit me?

- ✓ Puts you in control.
- ✓ Chew it as required.
- ✓ Chewing may help to keep your mind off smoking.
- ✓ Easy to carry with you.



Nicotine Lozenges

What are nicotine lozenges?

- Lozenges that dissolve in your mouth.
- Available in different flavours.



Nicotine Lozenges

How do nicotine lozenges work?

- Nicotine is absorbed through the lining of your mouth.
- Available in different strengths, depending on how soon you reach for a cigarette after waking in the morning, or how many cigarettes a day you smoke.
- Use for 3 months.
- Gradually reduce the number of lozenges per day.



Nicotine Lozenges

Why might lozenges suit me?

- ✓ Puts you in control.
- ✓ Discreet.
- ✓ If you don't like chewing gum.
- ✓ Sugar-free.





Other
Forms of
NRT Available

Nicotine Inhaler

A cigarette-shaped tube that you inhale nicotine through. Replaceable nicotine cartridges fit inside the tube.

- ✓ Flexible. You are in control of how many cartridges you use and there is gradual reduction.
- ✓ Helps if you are likely to miss the habit of handling and holding a cigarette.
- ✓ Gradually reduce the number of cartridges over a 3 month period.



Nicotine Sub-lingual Tablets

Small tablet that is placed under the tongue where it dissolves and slowly releases nicotine.

- ✓ May help if you don't like chewing gum.
- ✓ Flexible and discreet.
- ✓ Number of tablets is gradually reduced over 3 months.



Nicotine Nasal Spray

A liquid containing nicotine that you spray into the nostrils.

- ✓ Particularly for heavy smokers.
- ✓ Number of sprays is gradually reduced over a 3 month period.





Zyban

bupropion HCl

Zyban (bupropion HCl)

What is Zyban?

- Tablets prescribed by your GP.
- Contains no nicotine.



Zyban (bupropion HCl)

How does Zyban work?

- Works to break the addiction to nicotine in cigarettes.
- Start while you are still smoking and set a 'stop date' during the second week.
- Take as recommended by your GP, usually for two months.



Zyban (bupropion HCl)

Why might Zyban suit me?

- ✓ Starts to work before you give up.
- ✓ Works 24 hours a day.
- ✓ Discreet.
- ✓ A structured programme.



A central blue triangle with a white outline is positioned in the center of the frame. Inside the triangle, the words "Motivational" and "Support" are stacked vertically. "Motivational" is in a bold, dark blue font, and "Support" is in a white font. The background consists of several overlapping, semi-transparent light blue circles of varying sizes, creating a soft, abstract pattern.

Motivational
Support

Motivational Support

Many stop-smoking treatments offer free personal support programmes – look at the leaflet that comes with your treatment.

Options for support include:

- Personal support programmes by post or email.
- NHS smoking cessation clinics.
- Helplines.
- Workplace programmes.

Ask your smoking cessation advisor, doctor, nurse or pharmacist for more information to boost your chances.

NiQuitin CQ Lozenge Prescribing Information.

Presentation: White, round lozenge, available in two strengths: NiQuitin CQ 2 mg Lozenge containing 2 mg nicotine (as 11.1 mg nicotine polacrilex) marked NL2 on one side and NiQuitin CQ 4 mg Lozenge containing 4 mg nicotine (as 22.2 mg nicotine polacrilex) marked NL4 on one side. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use with a stop-smoking behavioural support programme. **Dosage and administration:** Adults: Users must stop smoking completely. NiQuitin CQ 2 mg Lozenges are suitable for those who smoke 30 + mins after waking and NiQuitin CQ 4 mg Lozenges are suitable for those who smoke within 30 mins of waking. Treatment is in 3 steps. Step 1 (weeks 1 to 6), start with 1 lozenge every 1 to 2 hours. Step 2 (weeks 7 to 9), step down to 1 lozenge every 2 to 4 hours. Step 3 (weeks 10 to 12), step down to 1 lozenge every 4 to 8 hours. Over the next 12 weeks, use 1 to 2 lozenges per day only on occasions when strongly tempted to smoke. During weeks 1 to 6 it is recommended that users take a minimum of 9 lozenges per day. Users should not exceed 15 lozenges per day. Do not use for more than 24 weeks (6 months); if users still feel the need for treatment, they should consult a physician. Place 1 lozenge in the mouth and allow to dissolve. Periodically move the lozenge from side to side in the mouth until completely dissolved (approximately 20 – 30 minutes). Do not chew or swallow whole. Do not eat or drink while a lozenge is in the mouth. **Contraindications:** Use by non-smokers, children and adolescents under 18. Those with: phenylketonuria, recent heart attack or stroke, severe irregular heartbeat, unstable or worsening angina, resting angina. Hypersensitivity to nicotine or any of the ingredients. **Precautions:** Use only on doctors' advice if the user has hypertension, peptic ulcer, severe kidney or liver impairment, pheochromocytoma, hyperthyroidism, diabetes, cardiovascular disease (e.g. heart failure, stable angina, cerebrovascular disease, vasospastic diseases, occlusive peripheral arterial disease). For sufferers of phenylketonuria – contains aspartame which metabolises to phenylalanine. For those on a low sodium diet – each dose contains 15 mg sodium. Users with active oesophagitis, oral or pharyngeal inflammation, gastritis or peptic ulcer may experience symptom exacerbation. No known effects on ability to drive but smoking cessation itself can cause behavioural changes. **Interactions:** Concomitant medication may need dose adjustment; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, tacrine, clomipramine, olanzapine, fluvoxamine, flecainide and adrenergic blockers (e.g. propranolol) may need dose decrease; adrenergic agonists (e.g. salbutamol) may need dose increase. Propoxyphene, frusemide and H₂-antagonists may also require dosage adjustment as smoking may alter their effects. **Side effects:** Adverse reactions may be similar to those caused by the effects of nicotine which are dose dependent, or from smoking cessation. Headache, dizziness, mood swings, irritability, anxiety and insomnia can occur, and may also be due to nicotine withdrawal. Commonly reported adverse events include nausea, vomiting, dyspepsia, hiccup, flatulence, diarrhoea, constipation, appetite changes, mouth irritation/ulceration, pharyngitis, coughing, wakefulness. Uncommon adverse events include general malaise, skin rashes, itching, sweating, gingival or nose bleed, palpitations, tachycardia, chest pain, flushing, nasal or throat irritation, chest infection, dyspnoea, asthma exacerbation, taste disturbance, halitosis, gagging, lip soreness or ulceration, tooth or jaw ache, oesophageal reflux, peptic ulcer, abdominal cramps, excessive thirst, nocturia, lightheadedness, nightmares, restlessness, migraine, sensory disturbance. **Pregnancy and lactation including trying to become pregnant:** Pregnant or nursing women should be advised to try to give up smoking without nicotine replacement therapy, but should this fail, a medical assessment of the risk/benefit should be made. **Legal category:** P. **Product licence number:** NiQuitin CQ 2 mg Lozenge PL 00079/0369; NiQuitin CQ 4 mg Lozenge PL 00079/0370. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and Basic NHS Cost:** Both strengths 36 lozenges £5.12, 72 lozenges £9.97. **Date of last revision:** August 2002.

NiQuitin CQ Mint Gum Prescribing Information.

Presentation: NiQuitin CQ 2 or 4 mg Mint Gum. Chewing gum containing 2 or 4 mg nicotine. **Indication:** relief of nicotine withdrawal symptoms as an aid to smoking cessation. **Dosage:** chew slowly according to instructions. Adults only: 4 mg gum if time to first cigarette < 30 minutes of waking. 2 mg strength for those who wait longer. Use whenever urge to smoke. Smoking should be stopped completely. Use 8-12 gums daily, up to maximum of 15. After three months gradually reduce gum use. When daily use is 1-2 gums, use should be stopped. 2 mg gum can be used during withdrawal from 4mg. **Contraindications -** :Hypersensitivity to nicotine or other ingredients. Pregnancy and lactation. **Precautions:** Angina or history of cardiovascular disease (especially angina, arrhythmias or myocardial infarction within last 3 months), diabetes mellitus, hyperthyroidism, pheochromocytoma, denture wearers. Transferred dependence is a rare side-effect and is both less harmful and easier to break than smoking dependence. Swallowed nicotine may exacerbate gastritis or peptic ulcers. **Interactions :** None known. **Undesirable Effects:** initially slight throat irritation, increased salivation, hiccuping. Dizziness, headache, nausea, gastro-intestinal discomfort, sore/aching mouth or throat, palpitation, atrial fibrillation, erythema, allergic reactions such as angio-oedema, urticaria, and ulcerative stomatitis. **Legal Category:** GSL **Product licence number:** PL 00079/0376/7. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and NHS cost:** 96's £9.97, 24's £3.25, 12's £1.71. **Date of last revision:** August 2002.

NiQuitin CQ, NiQuitin CQ Clear Prescribing Information.

Presentation: NiQuitin CQ: Matt, pinkish-tan, square, transdermal patches. NiQuitin CQ Clear: Transparent, square, transdermal patches. Both presentations are available in three strengths (sizes): NiQuitin CQ, NiQuitin CQ Clear Step 1 (containing 114 mg nicotine per 22 cm² patch), NiQuitin CQ, NiQuitin CQ Clear Step 2 (containing 78 mg nicotine per 15 cm² patch), NiQuitin CQ, NiQuitin CQ Clear Step 3 (containing 36 mg nicotine per 7 cm² patch), delivering 21 mg, 14 mg, 7 mg nicotine respectively in 24 hours. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use with a stop smoking behavioural support programme. **Dosage and administration:** Patch users must stop smoking completely. For a habit of more than 10 cigarettes a day, start with Step 1 for 6 weeks, then continue with Step 2 for 2 weeks and finish with Step 3 for 2 weeks. For a habit of 10 or less cigarettes a day, start with Step 2 for 6 weeks then finish with Step 3 for 2 weeks. For best results complete full course of treatment. Do not use for more than 10 consecutive weeks. If patients still smoke or resume smoking they should seek doctors' advice before using a further course. Apply patch to clean, dry skin site once a day preferably soon after waking. Remove patch after 24 hours and apply new patch to a fresh skin site. Patches may be removed before going to bed. However, 24 hour use is recommended for optimum effect against morning cravings. Wear only one patch at a time. When handling patch avoid touching eyes or nose. Wash hands after use in water only. **Contraindications:** Use by non-smokers, occasional smokers, children under 12. Recent heart attack or stroke, severe irregular heartbeat, unstable or worsening angina, resting angina. Hypersensitivity to the patch or ingredients. **Precautions:** Use only on doctors' advice in adolescents 12-17 years, cardiovascular disease (e.g. heart failure, stable angina, cerebrovascular disease, vasospastic disease, severe peripheral vascular disease), uncontrolled hypertension; severe renal or hepatic impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, pheochromocytoma, atopic or eczematous dermatitis. Concomitant medication may need dose adjustment following smoking cessation; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, tacrine, clomipramine, adrenergic blockers may need dose decrease; adrenergic agonists may need dose increase. Patients should be warned not to smoke or use other nicotine-containing patches or gums when using NiQuitin CQ, NiQuitin CQ Clear. Keep safely away from children. **Side effects:** Transient rash, itching, burning, tingling at site of application should resolve on removal of patch; rarely, allergic skin reactions. Occasionally, tachycardia. Other systemic effects may relate either to using patches or smoking cessation: nausea, dyspepsia, constipation, cough, pharyngitis, dry mouth, arthralgia, asthenia, pain, headache, myalgia, flu type symptoms, dizziness, sleep disturbance, abnormal dreams, nervousness. If side effects experienced are excessive, Step 1 users can step down to Step 2 for remainder of initial 6 weeks, then use Step 3 for final 2 weeks. **Pregnancy and lactation incl. trying to become pregnant:** Pregnant or nursing women should be advised to try to give up without nicotine replacement therapy, but should this fail, a medical assessment of the risk/benefit should be made. **Legal category:** GSL **Product licence number:** NiQuitin CQ 21mg (step1), 14mg (Step 2), 7mg (Step 3): 00079/0347,0346,0345; NiQuitin CQ Clear 21mg (step 1), 14mg (Step 2), 7mg (Step 3): 00079/0356, 0355, 0354. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Presentation and Basic NHS Cost:** All strengths 7 patches £9.97; Step 1 only 14 patches £18.79 **Date of last revision:** December 2002. **NiQuitin CQ, NiQuitin CQ Clear, CQ and Committed Quitters** are trade marks of the GlaxoSmithKline group of companies.

Prescribing Information (PI)

(Please refer to the full Ziban Summary of Product Characteristics before prescribing)

Ziban 150 mg prolonged release tablets (bupropion HCl)

Uses Smoking cessation (with motivational support) in nicotine-dependent patients. **Dosage and administration** *Adults from 18 years:* Start treatment while still smoking and set 'target stop date' in second week. 150 mg o.d. for 6 days then 150 mg b.d. for remainder of 7 to 9 week course. Maximum 150 mg single dose and 300 mg daily. Allow at least 8 hours between doses. Swallow tablets whole - do not crush/chew. Discontinue if no effect at week 7. *Elderly, renal or mild-to-moderate hepatic impairment:* 150 mg o.d. **Contra-indications** Hypersensitivity, current seizure disorder/history of seizures, CNS tumour, abrupt withdrawal from alcohol/benzodiazepine-like drugs, current/previous eating disorder, severe hepatic cirrhosis, recent/current MAOIs, bipolar disorder. **Precautions** Predisposition to lowered seizure threshold/increased risk of seizures (includes previous head injury, other medications, alcohol abuse, diabetes, use of stimulants/anorectic products) - use only if the medical benefit of stopping smoking outweighs the increased risk of seizure - consider using 150mg o.d. for these patients; renal or mild-to-moderate hepatic impairment; elderly; susceptibility to psychotic episodes. Alcohol consumption should be minimised or avoided during treatment with Ziban. **Drug interactions** Theophylline, tricyclics, SSRIs, MAOIs, antipsychotics, beta-blockers, class 1c antiarrhythmics, enzyme inducers/inhibitors, orphenadrine, cyclophosphamide, levodopa, amantadine, antimalarials, tramadol, quinolones, sedating antihistamines. **Pregnancy and lactation** Not recommended. **Side effects** *Very common:* insomnia. *Common:* dry mouth, gastrointestinal pain/upset; tremor, concentration disturbance, headache, dizziness, depression (rarely including suicidal ideation), agitation, anxiety; rash, pruritus, urticaria, sweating; fever; taste disorders. *Uncommon:* chest pain, asthenia; tachycardia, blood pressure changes, flushing; confusion; anorexia; tinnitus, visual disturbance. *Rare:* vasodilation, syncope; seizures, irritability, hostility, hallucinations; depersonalisation, dystonia, ataxia, Parkinsonism, twitching, incoordination; exacerbation of psoriasis; severe hypersensitivity reactions including angioedema, dyspnoea/bronchospasm, anaphylaxis; arthralgia, myalgia and fever; blood glucose disturbances; elevated liver enzymes, jaundice, hepatitis; erythema multiforme, Stevens Johnson syndrome. Discontinue if seizure, hypersensitivity reaction or anaphylaxis occurs. **Presentation and Basic NHS cost** 60 tablets £42.85. **Product Licence (PL)** no. PL10949/0340. **PL holder** Glaxo Wellcome UK Ltd., Stockley Park West, Uxbridge, UB11 1BT. Date July 2002.

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