Very Brief Advice on Smoking for Ambulance Clinicians

Part of the AMBSPI Enhanced Care series



NCSCT

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What is Very Brief Advice on Smoking?

Very Brief Advice on Smoking (VBA) is a simple piece of advice that is designed to be used opportunistically in less than 30 seconds in almost any situation with a person who smokes. What may be surprising is that you do not advise people to stop smoking, and you do not ask how much they smoke or even if they want to stop.

The figure overleaf shows the three elements to VBA: establishing and recording smoking status (**ASK**), advising on how to stop (**ADVISE**) and offering help (**ACT**).

VBA+ is a life-saving intervention that can be delivered by all health and social care professionals, including ambulance clinicians, that triggers quit attempts. VBA+ is recommended by NICE as evidence-based and cost-effective.[1–4]

It is important to give advice at every opportunity, as people may take several attempts to stop smoking successfully.[2] Research shows that 95% of patients expect to be asked about smoking and a short intervention can make all the difference.[2–4]

In addition, by referring a patient to a Local Stop Smoking Service, they are three times as likely to stop smoking.[1,5] Local Stop Smoking Services offer a structured programme of behavioural support from a trained stop smoking advisor combined with stop smoking aids, which can help with managing urges to smoke and withdrawal symptoms. They include prescription tablets, nicotine vapes (e-cigarettes) and nicotine replacement therapy (NRT) products such as patches, lozenges and gum.

Very Brief Advice on Smoking

ASK

and record smoking status

"Do you smoke?"

ADVISE

on the most effective way of quitting

"Did you know that the best way of stopping smoking is with a combination of specialist support and medication or a nicotine vape?"

"I can refer you to our friendly Local Stop Smoking Service that many of my patients have found useful."

or ***"You can receive support right here in our clinic/hospital/local pharmacy."***
or add any other support options available locally.

ACT

on patient's response

INTERESTED

Build confidence.
Give information. Prescribe.

Refer to: Local Stop Smoking Service
OR in-house stop smoking support
OR any other locally available support

Patients are three times more likely to quit with support and a stop smoking aid.

FOLLOW-UP
Make a note of the referral, and ask about referral uptake and smoking status next time you see the patient.

NOT INTERESTED

"It's your choice of course. Help will always be available. You can always return to see me, contact the smokefree helpline or your GP if you change your mind."

Ensure patient understands where to find support.

REASSESS
Repeat VBA+ at future visits and at least once a year.

The important role of Ambulance Clinicians in supporting stopping smoking

While Ambulance Clinicians already routinely ask about smoking status as part of taking a history, Ambulance Clinicians also have a unique opportunity to discuss stopping smoking with non-emergency 999 patients.

This opportunity arises due to the time we spend with our patients – on scene and during transport – the circumstances surrounding the consultation (e.g. anxiety about a possible heart attack) and the trust held for Ambulance Clinicians by the public. For many patients this can be a 'teachable moment' when they are more motivated to quit smoking.

Delivering this opportunistic evidence-based intervention can be done in less than 30 seconds, while maintaining patient rapport and having a positive effect on the patient's likelihood of making a quit attempt.

"Make Every Contact Count" is a Public Health initiative which advocates that every contact with an NHS Health Care Professional should include advice on modifiable risk factors, such as smoking.[6,7] It is also recommended by the Department of Health and Social Care. VBA is a tool that can be used to meet these standards.

It should be considered standard practice for Ambulance Clinicians to provide VBA to all patients who smoke, when clinically appropriate.

What is the relationship between smoking and ambulance presentations?

Tobacco use is the single leading preventable cause of illness, disability and is the largest driver of health inequalities in England.[4] The consequences of this contributes significantly to health care service demand, including ambulance demand.[4]

Ambulance Clinicians will often be presented with the consequences of tobacco use:[4,8]

- Chronic Obstructive Pulmonary Disease
- Coronary Heart Disease, including myocardial infarctions and heart failure
- Lung Cancer
- Strokes and Transient Ischaemic Attacks
- Consequences of neurological complications post-stroke
- Other respiratory conditions such as Asthma and Pneumonia

Delivering VBA could prevent patients from experiencing these conditions, as well as saving lives and reducing future ambulance and health service demand. For patients with established disease stopping smoking can play a major role in improving outcomes.[4,8]

Ambulance Clinicians also have regular contact with patients who are at high risk of smoking-related complications, including patients with mental illness and patients with COPD.

Patients with mental illness smoke significantly more than the average population, and while the reasons for higher rates of physical illness in this population are multifaceted, tobacco use is recognised as a key driver of this process, and giving up smoking will have the greatest impact in improving their health.[4,8,9] Available treatments are safe and effective in supporting quitting among people with mental illness.[10–11]

Patients with COPD frequently continue to smoke, sometimes believing it is too late for them to benefit. However, the evidence shows that stopping smoking is the most effective way to slow the progression of COPD.[4,8,12–14] Stopping smoking is also more effective than all available pharmacological treatments in reducing the severity of COPD symptoms, reducing exacerbations, and increasing lung function and survival.[11–13]

NHS inpatient tobacco treatment programme

Since 2022, all patients who are admitted overnight to inpatient acute and mental health trusts in England should receive support with managing tobacco dependence and an offer of support with stopping smoking during their admission. While there may be some trusts which do not have operational services, the majority of trusts nationally have operational tobacco treatment programmes.

For most hospitalised patients that smoke, stopping smoking is the single most important thing they can do to improve their recovery, health and quality of life. There is strong evidence that treating tobacco dependence reduces complications and readmissions to hospital, significantly reduces both short- and long-term risk and improves the management of smoking-related illnesses.[4]

For these reasons, treating tobacco dependence in patients admitted overnight to hospital is now a standard of care in all NHS acute and mental health trusts.

The inpatient tobacco dependence treatment programme includes:

- identifying the smoking status for patients admitted to hospital
- early access to appropriate nicotine replacement therapy (NRT) and/or pharmacotherapy
- opt-out referral (or notification) to an appropriately trained in-house Tobacco Dependence Adviser (TDA)
- a personalised plan to support patients with stopping smoking whilst in contact with NHS services, and referral to specialist stop smoking support following discharge

As an Ambulance Clinician, your VBA+ intervention may trigger a patient to take advantage of the opportunity to stop smoking while in hospital or following discharge. It may be helpful in your role as an Ambulance Clinician to learn about the offer of support available in trusts in your area.

Nicotine vapes (e-cigarettes)[15]

What are nicotine vapes?

Nicotine vapes are devices that deliver nicotine within an inhalable vapour by heating a solution that typically contains nicotine, propylene glycol and/or glycerol, plus flavours. There are a wide range of vapes and people may need to try various types, flavours and nicotine dosages before they find a product that they like.

What is the evidence on the safety of nicotine vapes?

Medium-term exposure to nicotine vapes appears to pose few if any risks.[15–18] Mouth and throat irritation are the most commonly reported symptoms and these subside over time. Low levels of toxicants and carcinogens have been detected in vape e-liquid and vapour, but these are much lower than those found in cigarette smoke. Although some health risks from nicotine vape use may yet emerge, there is no good reason to expect that their use would be anywhere near as risky as smoking. This is because the vapour does not contain the products of combustion (burning) that cause lung and heart disease, and cancer.

What do I recommend to my patients who ask about using nicotine vapes?

Some people find nicotine vapes helpful for quitting, cutting down their smoking and/or managing temporary abstinence. NICE guidance (2021) identifies nicotine-containing vapes as a first-choice stop smoking aid.[1] For any patients who are using or are planning to use nicotine vapes to quit or cut down on their smoking, it is recommended that they also be referred to the most intensive stop smoking behavioural support available locally – ideally the Local Stop Smoking Service – to give them the best chances of quitting.

Where to refer?

- Smokefree National Helpline – 0300 123 1044
- NHS Quit Smoking website – **www.nhs.uk/better-health/quit-smoking**

If patients don't wish to access the above however, they might be more comfortable accessing stop smoking services through the following:

- Their local pharmacy
- Their own GP

Other resources for Ambulance Clinicians

We strongly encourage all Ambulance Clinicians to complete further training in Very Brief Advice on Smoking. The NCSCT offers a variety of online training and face-to-face courses, and resources on smoking cessation.

You can access the **NCSCT's Online Training Module on VBA+** from this link: **http://elearning.ncsct.co.uk/vba-launch**

If you are interested in learning more about providing behavioural support to assist with quit attempts, you should access the NCSCT's online practitioner training and assessment programme: **http://elearning.ncsct.co.uk/practitioner_training-registration**

Case study

John

John is a 55 year-old lorry driver and has been smoking 20 cigarettes a day for 30 years. John's GP has advised him several times about the dangers of smoking, but John has always felt that this was something that would not happen to him.

However, John began experiencing prolonged and severe chest pains while driving his lorry, and having pulled over at a service station, called 999. Thankfully, the ambulance ECG showed no abnormalities, but the crew were still concerned regarding the chances of Acute Coronary Syndrome and therefore John is conveyed to the local Emergency Department 20 minutes away for further testing.

En route to the hospital, John is anxious about his health. The attending clinician uses the transport time to conduct a more in-depth social history. Having got onto the topic of John's smoking, the clinician discusses how smoking can increase your risk of heart disease and heart attacks, and delivers VBA. John is interested, so the clinician writes down the phone number for NHS Smokefree for John.

Luckily, John's chest pain was benign this time, but on discharge from the Emergency Department, John calls NHS Smokefree and organises an appointment with a Stop Smoking Practitioner.

Case study

George

George is 65 years old, he retired five years ago due to ill health. He has smoked a pack a day for over 45 years. He has found himself increasingly short of breath over the past few years and was recently diagnosed with COPD. He has tried to quit on his own before, but never kept it up for long. The ambulance crew attended today for an exacerbation of George's COPD. They treated him with a nebuliser, and he began to feel much better. Before leaving George at home, the ambulance crew noticed George's ashtray on the table, and asked about his smoking. The Ambulance Clinicians deliver VBA, and though George does not appear interested initially, they explain he can always get in touch with his GP or NHS Smokefree directly to get support.

Later on, having thought about it more, George decides to call his GP and makes an appointment to discuss quitting.

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