



THE PROFESSIONAL ASSISTANT LEARN & ADVISE



Smoking cessation

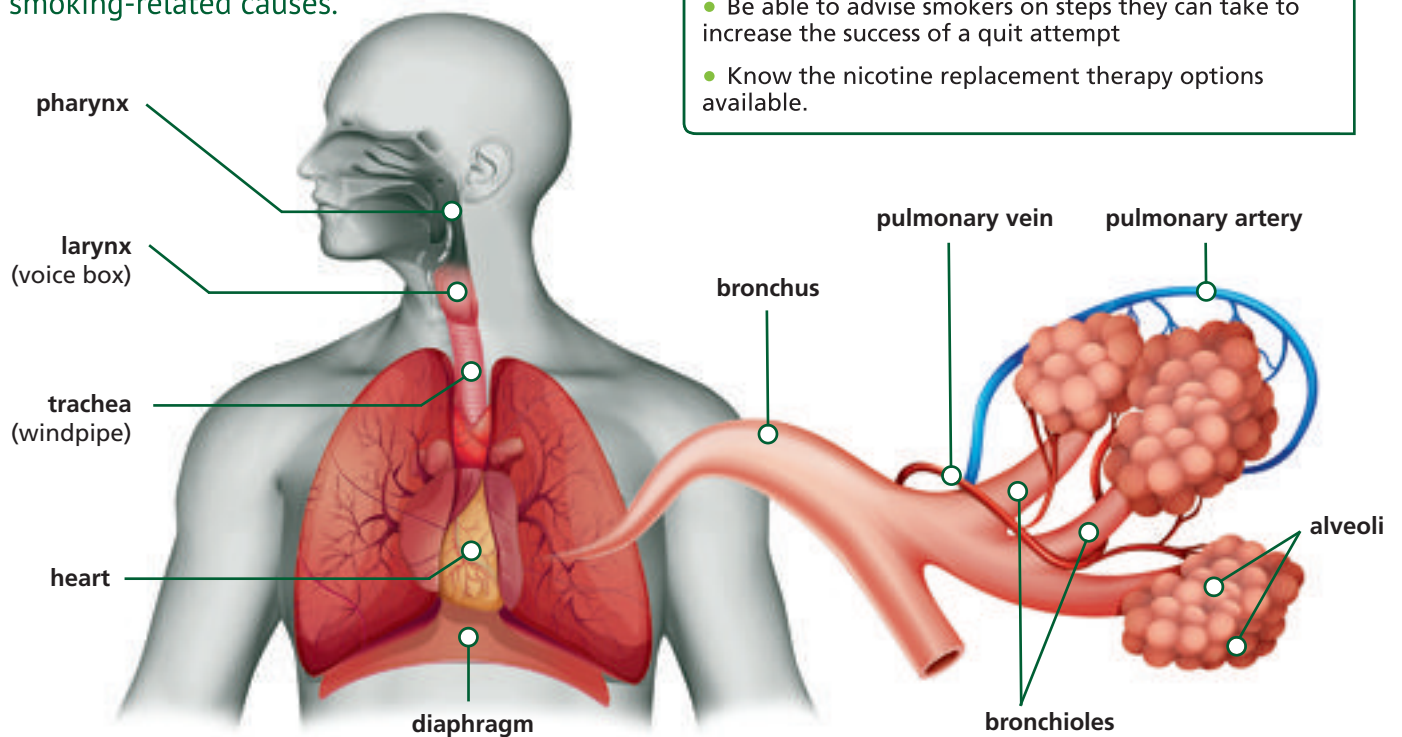
Approximately 10 million adults in Great Britain smoke, despite the fact that every year around 100,000 people in the UK die from smoking-related causes.



OBJECTIVES

After studying this module, assistants will:

- Understand why smoking is bad for health
- Be able to advise smokers on steps they can take to increase the success of a quit attempt
- Know the nicotine replacement therapy options available.



In order to get to grips with why smoking is bad for health, it is necessary to understand the respiratory system.

When someone takes a drag on a cigarette, tobacco smoke is inhaled through the **mouth, pharynx and larynx** into the **trachea**. This splits into two **bronchi**, one for each **lung**, and these tubes divide further until they are just 1mm wide. These are the **bronchioles**, which are composed of smooth muscle and are the point in the respiratory system that inhaled drugs can have an effect.

The bronchioles split further until they are only one cell thick. At this point – which marks the end of the breathing tubes – are **alveoli**, where gaseous exchange can take place thanks to the large network of tiny **capillaries** that carry deoxygenated blood from the **heart** via the **pulmonary artery**, and newly oxygenated blood to the heart via the **pulmonary vein**.

This is also the point at which the components of tobacco smoke, which include nicotine, carcinogens and other toxins, get into the blood and the body.



This module is suitable for all members of the pharmacy team who wish to increase their knowledge of common conditions, treatment options and communication skills. This module has been endorsed with the NPA's Training Seal as suitable for use by pharmacy teams as part of their ongoing learning. This module can also form part of your Team Tuesday training.



DID YOU KNOW?

Approximately 10 million adults in Great Britain smoke, despite 100,000 people dying each year from smoking-related causes.

Understanding the problem

The problem most commonly associated with smoking is lung cancer, but tobacco is hugely damaging to health from the first puff.

Immediate effects

Immediately upon inhaling cigarette smoke, carbon monoxide is taken into the bloodstream instead of oxygen. This means that the body's cells are starved of the oxygen they require and is part of the reason smokers get more breathless when exercising. During pregnancy, smoking can deprive the baby of oxygen, which is why if a woman smokes while pregnant, the baby is often born below their expected birthweight.

To compensate for this lack of oxygen, heart rate increases, as does blood pressure, yet blood flow to the extremities (hands and feet) is reduced – meaning the person feels cold – while the brain and nervous system are stimulated, which can give a jittery feeling.

Smoking also affects the cilia – hair-like structures in the trachea and bronchi – meaning they are unable to perform their usual function of moving mucus and other particles up and away from the lungs. This puts the smoker at a higher than usual risk of respiratory infections and can cause a cough to develop as the body tries to clear the chest of unwanted substances by an alternative mechanism.

Other immediate effects of smoking include:

- A reduction in the sense of taste and smell
- Ageing of the skin
- Yellow staining of the fingers and teeth
- Bad breath.



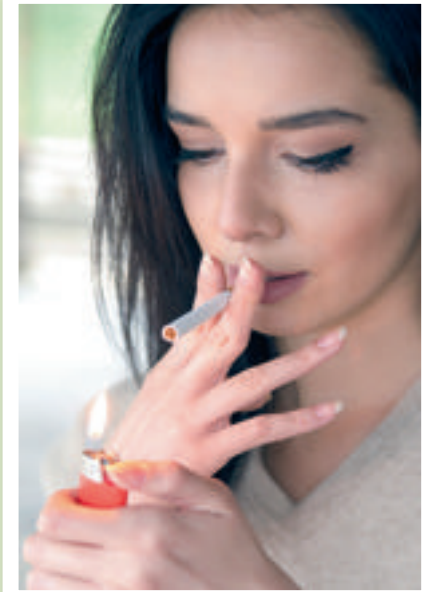
Long-term effects

Many of the long-term effects of smoking are felt in the respiratory system. Cigarette smoke is acidic, so can irritate the linings of the breathing tubes, which in time can cause the inflammatory disorder chronic bronchitis. The symptoms of this typically include shortness of breath, chest pain and coughing. The tar in cigarette smoke can coat the inside of the lungs' alveoli, breaking down the structure and reducing the surface area available for gaseous exchange. The result is emphysema, which causes sufferers to feel breathless. This and chronic bronchitis fall under the umbrella term **chronic obstructive pulmonary disease (COPD)**.

Tar – and many of the other chemicals in cigarette smoke – can cause cancer, not just in the lungs but also in other parts of the respiratory system, such as the throat and mouth. From here, it may spread to other areas of the body.

Other long-term effects of smoking include:

- Cardiovascular issues such as stroke and heart disease
- Circulatory disorders
- Decreased fertility and sexual function
- Gastrointestinal ulcers
- Mental health conditions
- Premature skin ageing.



Fast facts

- Carbon monoxide replaces oxygen in the bloodstream when people smoke, causing breathlessness, especially during exercise
- Chest pain, shortness of breath and coughing are all symptoms of chronic bronchitis
- Tar and other chemicals cause mouth and throat cancer as well as lung cancer.



DID YOU KNOW?

NRT will help control cravings and reduce withdrawal symptoms such as moodiness, irritability and concentration difficulties.

Stopping smoking

There isn't any smoker who won't benefit from kicking the habit. Stopping smoking lowers the risk of developing smoking-related health problems and will slow the deterioration of any issues that have already arisen, improving quality of life as a consequence. The health of family and friends will also improve as a result of not being exposed to second-hand smoke, and the financial savings can be considerable.

OTC products

The main product sold and provided by pharmacies to help people quit smoking is **nicotine replacement therapy (NRT)**. These products replace the nicotine present in cigarettes – the addictive component – albeit at a much lower level and without all the other chemicals that are present in tobacco smoke, such as carbon monoxide and tar. This helps control cravings and reduces withdrawal symptoms such as moodiness, irritability and concentration difficulties.

There are lots of different formulations available, from patches, gum and lozenges to inhalators and sprays for the mouth or nose. There is no evidence that any one form is more effective than another, so it really comes down to personal preference. Someone who thinks they might miss the hand-to-mouth action of smoking might do well with a cigarette-like inhalator device, whereas patches that can be put on and not thought about for the rest of the day might be better for someone who works in an environment where it is difficult to take breaks. Combining products can also be helpful for some, particularly very heavy smokers. For instance, a patch can be worn for a gradual dose of nicotine and a spray can provide rapid craving relief.

The idea is to reduce the dose of NRT after eight to 12 weeks and then stop altogether, though it is better for both health and wealth to continue on NRT for as long as the individual feels necessary rather than going back to smoking.



SIGNPOSTING

For more information, you can:

- Use your *Counter Intelligence Plus* training guide
- Visit NHS Live Well: www.nhs.uk/Livewell/smoking/Pages/Motivateyourself.aspx
- Go to NHS Smokefree: www.nhs.uk/smokefree
- Check out the charity Quit: www.quit.org.uk

Self-care tips

Suggest the following tips to help smokers succeed in their quit attempts:

- Make a plan that includes how to handle situations where temptations lie, and stick to it
- List the reasons to quit and have the list handy for when extra encouragement is needed
- Identify when cravings are likely to hit and have some strategies to cope with these times
- Get rid of all smoking reminders, such as ashtrays and lighters
- Plan what to do with the time and money freed up by stopping smoking
- Get support from friends, family members and quit advisors.



Meeting the needs of customers with disabilities

There are around 11.9 million people living with a disability in the UK – that’s around 19 per cent of the population. It’s important to consider how your pharmacy caters for these customers to ensure their needs are adequately met. Here are some tips for you to consider.

01 COMMUNICATION

The communication skills that you have learnt so far all apply, but when helping a customer with a disability, you should also think about the following:

- Don’t make any assumptions about the type of disability the person has
- Don’t assume that the customer needs your help. Treat them like any other customer and politely ask if they need any assistance
- Listen carefully and adapt your communication style if necessary. For example, write down your replies or advice
- Be patient as some people with certain disabilities may take a little longer to understand and/or respond
- If you can’t understand the customer then politely ask them to repeat
- If a customer has difficulty speaking don’t assume they have an intellectual or developmental disability
- Speak directly to the customer and not to a carer or the person accompanying them
- If a conversation with a person in a wheelchair lasts more than a few minutes, consider sitting down so you’re at the same eye-level.

02 STORE LAYOUT

It goes without saying that your pharmacy should be welcoming to all customers. But how accessible is it?

With at least 56 per cent of disabled people having an impairment relating to mobility, think about how someone in a wheelchair or using a walking aid enters and moves around your pharmacy.

Ensure the aisles are clear of boxes and stock to ensure a clear passage around the shop floor, and that customers can get to the pharmacy counter easily.

03 MEDICATION & DISPENSING SERVICES

Consider the pharmacy services that can be a real help to people with a disability.

For instance, some customers may benefit from using the repeat prescription service where they can order their next supply of repeat medication in the pharmacy and save them an unnecessary trip to the GP surgery.

Or perhaps the pharmacy’s delivery service for people who are housebound would be beneficial.

Medicines could also be dispensed in monitored dosage systems for people who struggle to remember to take their medicines or have dexterity problems.



TEST YOURSELF ONLINE

GOOD PRACTICE KNOWLEDGE IS IMPORTANT WHEN ADVISING CUSTOMERS



Questions

- 1) In which part of the respiratory system can drugs be absorbed?
 - a) The trachea
 - b) The bronchi
 - c) The bronchioles
 - d) The pulmonary vein
- 2) Which statement about alveoli is **FALSE**?
 - a) They are predominantly comprised of cartilage
 - b) They are the site of gaseous exchange in the lungs
 - c) Their walls are one cell thick
 - d) They are surrounded by a network of blood capillaries
- 3) Which of the following is the **addictive component of tobacco smoke**?
 - a) Carbon monoxide
 - b) Tar
 - c) Carcinogens
 - d) Nicotine
- 4) Which of the following is **NOT one of the immediate effects of smoking**?
 - a) Oxygen absorption reduces
 - b) Blood pressure falls
 - c) Heart rate rises
 - d) The nervous system is stimulated
- 5) Which of the following is **NOT usually considered a health problem that is linked to smoking**?
 - a) Obesity
 - b) Heart disease
 - c) Ephysema
 - d) Stomach ulcer
- 6) Which of the following is **NOT a formulation in which NRT is available**?
 - a) Capsules
 - b) Gum
 - c) Nasal spray
 - d) Patches



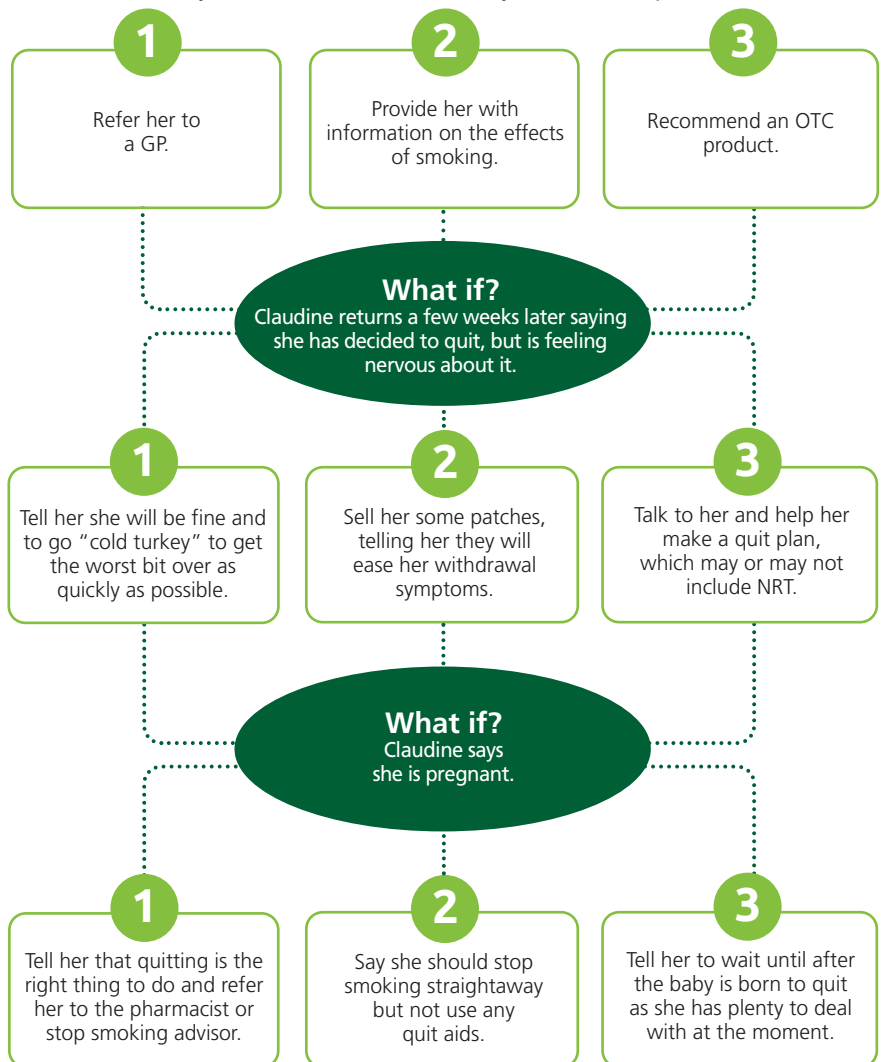
Scenario

Claudine, a woman in her late 20s, says that her boyfriend wants her to stop smoking, but she doesn't want to.



What would you recommend?

For each part of this scenario, think about the decision you would make and, importantly, why you would choose that option. In addition, for each decision that you make, think about how you would talk to the customer and provide the necessary advice, and discuss this with your team and pharmacist.



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