Position statement: Smoking and vaping cessation

September 2021

Key messages for health professionals

- All people who smoke and/or vape should be encouraged and helped to quit as a matter of urgency.
- Health professionals should provide brief advice at every encounter to promote smoking cessation and facilitate treatment.
- First-line, evidence-based treatment for smoking cessation is multi-session behavioural intervention combined, if clinically appropriate, with pharmacotherapies approved by the Therapeutic Goods Administration (TGA; varenicline, bupropion and nicotine replacement therapies).
- Quitlines are recommended for multi-session behavioural intervention because of their accessibility and because they use tailored protocols for specific groups, including for Aboriginal and/or Torres Strait Islander Peoples through the 'Aboriginal Quitline'.
- Noting that people often need to make several quit attempts before successfully quitting,[1] a prescribed nicotine vaping product (NVP) should only be considered as a treatment option for smoking cessation if first-line treatment has repeatedly been unsuccessful.
- To date, the TGA has not approved any NVPs for smoking cessation. From 1 October 2021, all unapproved NVPs will require a prescription from a medical practitioner. Given the lack of evidence for their safety, quality and efficacy and the availability of approved pharmacotherapies, we do not encourage the use of NVPs for smoking cessation.
- If a medical practitioner determines an NVP is clinically appropriate for smoking cessation, it should also be used with multi-session behavioural intervention.

Purpose*

The purpose of this document is to outline our position on smoking and vaping cessation. In short, it is essential that all people are asked if they smoke and are advised and helped to quit. People who vape should also be encouraged and helped to quit as soon as possible. The following terms used in this position statement are defined as follows:

- Brief advice – use of the 'Ask, Advise, Help' model to promote smoking cessation and facilitate the use of treatment to increase the success of a quit attempt.
- Behavioural intervention – multiple weekly sessions of counselling that includes cognitive behavioural therapy, motivational interviewing, and acceptance and commitment therapy.
- 'Vaping' refers to the inhalation of an aerosol generated by heating a liquid (which might or might not contain nicotine).
- Nicotine vaping products (NVPs) refer to vaping products that contain nicotine and have been prescribed for the purposes of smoking cessation.
- E-cigarettes refers to vaping products that have not been prescribed and are not being used for the primary aim of smoking cessation.

Smoking

Smoking is the single leading cause of preventable mortality and morbidity,[2] affecting nearly all body systems and increasing the risk of a multitude of diseases, including cardiovascular disease, cancer, respiratory disease, chronic kidney disease and diabetes.[3-7] Smoking cessation reduces the risk of non-communicable diseases and prevents a wide variety of other chronic and acute health conditions.

Smoking cessation is central to improving quality and safety indicators in health care, including quality use of medicines, patient experience and improved treatment outcomes. Embedding smoking cessation care in the health system would achieve significant cost- and capacity-savings.

*Health professionals are the intended primary audience for this position statement.

Vaping

Cessation of nicotine and/or non-nicotine vaping should be strongly encouraged as there are inherent health risks in repeatedly inhaling the aerosol (with and without nicotine). There is emerging evidence that vaping nicotine increases blood pressure, heart rate and arterial stiffness. This could potentially increase the risk of developing cardiovascular disease and compromised lung function.[8] Vaping products can also potentially cause accidental and intentional poisonings (including deaths), seizures,[9] burns and injuries.

Vaping has been shown to increase the risk of adolescents initiating smoking and increases the risk of people who have formerly smoked to relapse.[10]

Cessation care

Smoking cessation

It is strongly advised that all health professionals provide brief advice using the **Ask, Advise, Help (AAH)** model.[11] The aim of brief advice is to promote smoking cessation and to provide or facilitate uptake of treatment.

The steps of the AAH model are:

- **Ask** all people if they smoke.
- **Advise** all people who smoke to quit and how to make a quit attempt.
- **Help** all people who smoke to quit.

First-line evidence-based treatment for smoking cessation is multi-session behavioural intervention and, if clinically appropriate, pharmacotherapies approved by the TGA for safety, quality and efficacy (varenicline, bupropion and nicotine replacement therapies).

Research consistently demonstrates that multi-session behavioural intervention for smoking cessation, such as that delivered by Quitlines, increases quit rates compared to self-help materials, brief advice, or usual care.[12] When used in combination with pharmacotherapy, behavioural intervention increases the likelihood a person will quit successfully.[13] A person referred by a health professional to a quitline is 13 times more likely to engage in treatment, compared to someone advised to call themselves.[14]

NVPs have not been assessed by the TGA for safety, quality and efficacy and are not approved by the TGA. NVPs should only be used under medical supervision (in combination with multi-session behavioural intervention) as a treatment option for smoking cessation in people where first-line treatments have been repeatedly unsuccessful. People using NVPs to quit smoking should be encouraged to transition completely to NVPs as soon as possible, as both smoking and vaping ('dual use') appears to have increased risks of health harms compared to smoking alone.[15, 16]

If a person has successfully quit smoking through use of an NVP, they should be strongly encouraged to quit the NVP as soon as possible given the concerns about harms and lack of safety data for long-term use.

Vaping cessation

The long-term health effects of vaping are unknown. People who vape (whether the vaping product contains nicotine or not) should be encouraged and helped to stop all vaping as soon as possible.

There is very limited evidence for the most effective way to quit vaping. Behavioural interventions should be recommended for all people who vape to minimise health harms and address the behavioural and emotional aspects of dependence. Pharmacotherapies approved by the TGA for smoking cessation might also have a role in vaping cessation.

Further information

- Quit website: quit.org.au/nvp
- Therapeutic Goods Administration website: tga.gov.au/nicotine-vaping-products
- Royal Australian College of General Practitioners *Supporting smoking cessation: A guide for health professionals*: racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/supporting-smoking-cessation

Endorsed by

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