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RACP Submission:

RACGP's draft supporting smoking cessation: a guide for health professionals

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About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 17,000 physicians and 8,000 trainee physicians, across Australia and New Zealand. The College represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

RACP submission to the RACGP's draft supporting smoking cessation: a guide for health professionals

Thank you for seeking the comment of The Royal Australasian College of Physicians (RACP) on the Royal Australian College of General Practitioners (RACGP)'s 2019 update of the guideline – *Supporting smoking cessation: a guide for health professionals.*

The RACP is a strong advocate for smoking cessation and fully agrees the prominent role of health professionals in supporting smoking cessation. We appreciate the comprehensiveness of the guideline and its regular update to maintain the validity of recommendations for health professionals providing smoking cessation treatment and advice. We acknowledge the great efforts made to enhance the quality and consistency of the guideline by using GRADE to rate the quality of evidence and the strength of recommendations.

The RACP has consulted with relevant College bodies and committees. By and large, we consider the guideline well-crafted, covering comprehensive topics in relation to smoking cessation. We are supportive of the recommendations made in the guideline but have feedback about Recommendation 16. We would like to provide the following comments for the RACGP's consideration.

Recommendation 16: E-cigarettes

As the RACGP is aware, the use of e-cigarettes as a smoking cessation aid has been under significant debate and scrutiny, due to the lack of sufficient robust evidence on their efficacy and safety. The RACP acknowledges that e-cigarettes may have a potential role in tobacco harm reduction and smoking cessation for smokers unable or unwilling to quit. However, the current evidence on their efficacy and safety as aids in smoking cessation is unclear[1.] This uncertainty is further compounded by a wide range of e-cigarette devices and products available on the market, which continue to evolve. There is also evidence of inappropriate and inaccurate e-cigarette product labelling[2]. This renders informing clinicians and patients about the potential risks and benefits of e-cigarettes difficult.

Our position is in line with many medical and health bodies such as the World Health Organization (WHO) and the Australian Medical Association (AMA).

As mentioned in the guideline, no e-cigarettes have been approved by the Therapeutic Goods Administration (TGA) to date for therapeutic use and presently there is no regulation of e-cigarette manufacture[3]. On account of this and the lack of clear evidence to strongly support the safe use of e-cigarettes as a smoking cessation aid, the RACP urges health professionals to treat e-cigarettes with caution and to continue monitoring the evidence in this space. Careful clinical judgement must be applied when giving advice to patients, which must be based on the evidence to date.

The caveats associated with e-cigarettes need to be better specified so that health professionals and patients can make an informed decision. Studies in relation to potential harms of e-cigarettes such as occurrence of fires, explosions, and adverse cardiovascular and respiratory effects should be referenced[4]. Selective referencing of evidence must be avoided – the guideline should also include the studies that have led to different conclusion about e-cigarettes. The RACP published its policy on e-cigarettes in May 2018, outlining the available evidence on, and the caveats required, for

[1] RACP policy on e-cigarettes. https://www.racp.edu.au/docs/default-source/advocacy-library/policy-on-electronic-cigarettes.pdf
[2] RACP policy on e-cigarettes. https://www.racp.edu.au/docs/default-source/advocacy-library/policy-on-electronic-cigarettes.pdf
[3] TGA. A warning to consumers about the serious health risks relating to e-cigarette liquid. https://www.tga.gov.au/media-release/warning-consumers-about-serious-health-risks-relating-e-cigarette-liquid
[4] Glantz SA, Bareham DW. E-cigarettes: use, effects on smoking, risks, and policy implications. Annual review of public health. 2018 Apr 1;39:215-35.

e-cigarette use. We note the positive results of the 2019 Hajek et al study[5] comparing e-cigarettes with nicotine replacement therapy, although the rate of continuing e-cigarettes use was very high.

Furthermore, the guideline should provide advice on what health professionals should say and do when asked by patients about the use of e-cigarettes in smoking cessation.

Other Recommendations
With regard to Recommendations 5 and 6, we recommend that Nicotine Replacement Therapy (NRT) and evidence-based pharmacotherapy be offered to all nicotine-dependent smokers, regardless of patient's motivation, as by doing so can maximise population quit attempts. We strongly support Recommendation 7 – the use of combination NRT.

A stronger statement should be made about Recommendation 10 – that is, NRT should be offered to all women who want to quit smoking and there is no safe level of smoking in pregnancy. Using NRT is always safer than continuing to smoke. Health professionals should always encourage all pregnant women to quit using NRT.

We also note that Recommendation 17 is of vital importance in aiding smoking cessation, however as it is the last recommendation and a separate heading, the recommendation might be overlooked easily. We recommend reformatting.

At risk population groups
The RACP acknowledges that the guideline covers a number of at risk population groups. Whilst addressing smoking in these at-risk populations is of particular importance, we feel that the section on people with other substance use disorders should be expanded to provide in-depth information. When recommending smoking cessation treatment for people with substance use disorders, we recommend that the referral to an Addiction Medicine Specialist or a Psychiatrist with an interest in substance use disorders be included. Addiction Medicine Specialties should be considered experts in the treatment of co-morbid tobacco smoking and other substance use disorders. On another note, there should be no discriminatory and stigmatised attitude towards hospitalised smokers, when providing smoking cessation support to this group of patients.

With respect to smoking cessation for Aboriginal and Torres Strait Islander people, smoking cessation is of particular importance to these population groups. As outlined in the guideline, tobacco use is a major preventable contributor to the gap in life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous populations. Whilst the RACP acknowledges an overall marked decline in smoking levels amongst Aboriginal and Torres Strait Islander populations, we note the substantial disparity in reduction in smoking rates between remote and very remote and urban regions for Aboriginal and Torres Strait Islander people. This makes the relevance of the guideline to these groups all the more important. Given that there are no Aboriginal representatives sitting on the Expert Advisory Group, the RACP recommends that the RACGP consults with Aboriginal peak bodies directly to obtain Aboriginal and Torres Strait Islander perspectives, if this has not already occurred.

Other comments
- The issue of smoking among health professionals need to be addressed, regardless of their cultural background. Prioritizing smoking cessation of health professionals can bring forth benefits to the wider community.
- The statement that combination NRT can be recommended as treatment on page 46 appears uncertain, as the guideline subsequently states that the '*expert advisory group concluded there is a small but not trivial improvement in smoking cessation for combination NRT compared to*

single NRT'. We are concerned that this uncertainty will lead to confusion among health professionals.

- In the tobacco dependence section, we found that the last paragraph of the section is not very helpful and has potential to promote e-cigarettes. We recommend the removal of that part (Pg 31).
- The term 'neuropsychiatric symptoms' used throughout the guideline, in fact, suggests nicotine withdrawal symptoms. We recommend using the term 'nicotine withdrawal symptoms' instead.
- We feel it would be helpful if a section on PBS eligibility is included in the guideline. Clarity is recommended around the rules of the pharmaceutical benefits scheme – whether patient is allowed to obtain NRT and Bupropion in the same year.
- We suggest listing the measurable improvements in mental health associated with smoking cessation from the Taylor et al 2014 study[6] on page 19 and inclusion of Prochaska et al 2014[7] with respect to people with mental illness on page 53.

Should you require any further information regarding this response, please contact Bella Wang, Policy Officer at Bella.Wang@racp.edu.au or on +61 2 9256 5432.

[6] Taylor G, McNeill A, Girling A, et al. Change in mental health after smoking cessation: systematic review and meta-analysis. Bmj. 2014 Feb 13;348:g1151.
[7] Prochaska JJ, Hall SE, Delucchi K, et al. Efficacy of initiating tobacco dependence treatment in inpatient psychiatry: a randomized controlled trial. American journal of public health. 2014 Aug;104(8):1557-65.