

South East London Guideline on Treatment of Tobacco Dependence

Developed in conjunction with the
South East London Responsible Respiratory Prescribing Group

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South East London Tobacco Dependence Oversight Group	05/02/2026
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South East London Integrated Medicines Optimisation Committee	18/06/2026

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This guideline outlines the principles of medical management and treatment of tobacco dependence and is aimed at all healthcare professionals across South East London. It should be used alongside local arrangements, primary care guidelines and individual Trust and provider policies.

This guideline can guide healthcare professionals to understand which interventions are the most effective so that this information can be shared with patients and to agree the right treatment for them. Patients should be informed about all the available evidence-based treatment options so they can make an informed choice. Interventions below can be used in combination at the discretion of the healthcare professional on a case-by-case basis (NICE 2021).

This document supports the strategic aims of SEL ICB to accelerate prevention, improve population health and reduce health inequalities through The Vital 5 - South East London ICS program. This program focuses on system wide approaches to addressing the top 5 causes of premature mortality and mortality and reducing the harms from tobacco is a key pillar of this work. Clinical Effectiveness SE London guidelines on the Vital 5 can be found here [The Vital 5 - South East London ICS](#).



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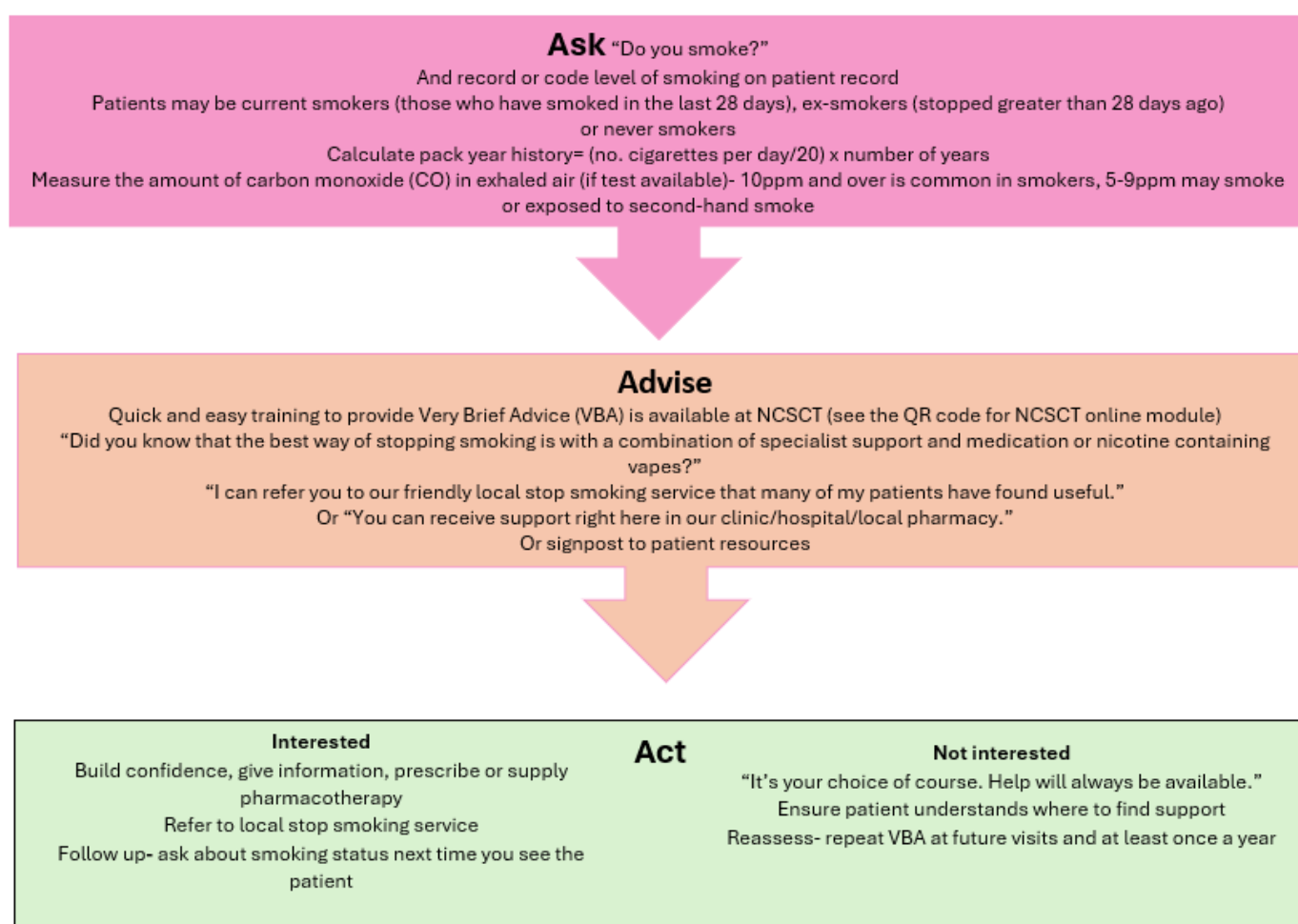
Very Brief Advice Adults

(see separate guidance that follows this for Young People 12-17 and Pregnant Women)

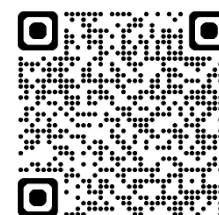
Step 1: Offer all people that smoke 'very brief advice' (*in line with NCSCT standards*) or 'advice on the role of nicotine' (*in line with the BTS Clinical Statement for hospitalised people that smoke*)

Step 2: Offer referral to a specialist tobacco dependence service **PLUS** offer pharmacotherapy/advice on evidenced based interventions in line with this protocol.

People that smoke are three times more likely to successfully stop with the help of BOTH medications / stops smoking aids and specialist support. However, if a patient declines a referral to a stop smoking service this **should not preclude the provision of pharmacotherapy/stop smoking aids (NICE 2018, 2021)**



National Centre for Smoking Cessation Training (NCSCT) modules for healthcare professionals including VBA Training resources can be found here



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Very Effective Treatment: Varenicline (Adults)

Nicotine analogue oral medication (**aged >18, not in pregnancy / breastfeeding**). Prescribe the whole course of treatment. Refer to the [BNF Online](#) and [SPC](#) for cautions, side-effects.

	Varenicline		
When to stop smoking	Reduce smoking, aiming to stop within 1-2 weeks if possible		
Dosing	Day 1 to 3	Day 4 to 7	Day 8+
	0.5mg once daily	0.5mg twice daily	1mg twice daily
Course length	12 weeks, can extend to 24 weeks if - patient was smoking beyond the first six weeks of treatment ≥2 quit attempts in the previous 12 months - Previous successful 12 weeks treatment but subsequent relapse		
Dose reductions	Reduce to 0.5mg twice daily if side effects occur. If CrCl < 30 ml/min, initial dose 0.5mg once daily increased after 3 days to 1mg once daily. In moderate renal impairment (CrCl 30-50mL/min) dosing may be reduced to 1mg once daily if side effects occur.		
Tapering	Taper the dose for patients who experience irritability, urge to smoke, depression, or insomnia after stopping treatment.		
How to take	Take with food and water to help avoid nausea		
Contraindications/interactions	Hypersensitivity to the active substance or excipients		
Cautions	History of seizures; history of cardiovascular disease; history of psychiatric illness		
Side effects	Nausea, sleep disturbance and vivid dreams		

Stopping smoking and mental health illness

Smoking prevalence is significantly higher in those with serious mental illness, and these patients experience significant health inequalities and poor physical health outcomes due to this and other factors. Stop smoking medications are highly effective in this patient group but are underused. A large, randomised control study in the Lancet in 2016 (EAGLES Study, Anthenelli et al Lancet 2016) examined the **neuropsychiatric safety of varenicline** compared to placebo in adult smokers with and without a history of psychiatric disorder and demonstrated **no increased risk of moderate to severe neuropsychiatric adverse events**, and that varenicline delivered statistically significantly better abstinence rates compared to placebo or NRT.

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Very Effective Treatment: Cytisine (Adults)

Nicotine analogue oral medication (**aged >18 and <65 years, not in pregnancy or breastfeeding**)

Prescribe the whole course of treatment. Refer to the [BNF Online](#) and [SPC](#) for cautions and side-effects.

See [SEL approved formulary recommendation for cytisine](#)

	Cytisinicline (cytisine) 1.5mg tablets				
When to stop smoking	Reduce smoking, aiming to stop by day 5 of treatment				
Dosing					
	Day 1 to 3	Day 4 to 12	Day 13 to 6	Day 17 to 20	Day 21 to 25
	1 tablet every 2 hours	1 tablet every 2.5 hours	1 tablet every 3 hours	1 tablet every 5 hours	1-2 tablets a day
	Max. 6 tablets in 24 hours	Max. 5 tablets in 24 hours	Max. 4 tablets in 24 hours	Max. 3 tablets in 24 hours	Max. 2 tablets in 24 hours
Course length	25 days				
Dose reductions	Nil				
Tapering	Nil				
How to take	Swallowed whole with water, with or without food				
Contraindications/interactions	Hypersensitivity to the active substance or excipients; 66yrs and over; arrhythmias; recent myocardial infarction or stroke (within 6 weeks); unstable angina; medications to treat the infection TB; pregnancy and breastfeeding, women taking a contraceptive pill should also use a barrier method of contraception.				
Cautions	Renal or hepatic impairment; cardiovascular disease; diabetes; gastric and duodenal ulcer; gastro-oesophageal reflux disease; history of psychiatric illness; hyperthyroidism; peripheral vascular disease; phaeochromocytoma				
Side effects	Headaches, sleep disturbance, gastrointestinal symptoms, change in appetite, mood changes				

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Very Effective Quit Smoking Aid: Nicotine Vapes

Nicotine vapes are not available on prescription but are provided in local mental health inpatient settings, by local smoking cessation services and available to buy over the counter.

Nicotine vapes heat a liquid containing nicotine to create a vapour that the user inhales. This is a popular and effective treatment for tobacco dependency as it mimics the action of smoking and provides higher levels of nicotine in the blood than other forms of NRT.

- Nicotine vapes are twice as effective as NRT (high certainty evidence in 2023 Cochrane review)
- The risk of nicotine vapes are a fraction of that of smoking tobacco (OHID review 2022)
- There is not enough evidence to know whether there are long-term harms from vaping but this is undoubtedly a fraction of that from smoking tobacco
- Advise patients choosing to vape to switch entirely to using e-cigarettes and stop smoking tobacco completely
- This is dependent upon getting enough nicotine to overcome withdrawal symptoms – advise patients to use the strongest nicotine strength liquid and to vape as much as is required to prevent relapse to smoking
- People who only vape avoid the significant harms caused by burning tobacco; they should not be classed as current smokers
- **Consider combining a nicotine vape with NRT to maximise the alleviation of withdrawal and cravings to smoke (e.g. high dose nicotine patch plus nicotine vape)**

SE London supports the provision of vaping kits as part of tobacco dependency treatment offers and the commissioning of services to include this offer. Nicotine vapes are available free from local borough stop smoking services, or via the London Smoke Free app (link on page 22). They can be purchased over the counter from shops and pharmacies. Advise patients to always source their vape devices and liquids from licensed vendors regulated under UK law and not to use oil-based solvent liquids.

Disposable vapes were banned in June 2025.

Vapes cannot be prescribed and are not currently supplied in acute physical inpatient settings. Inpatients in mental health settings can use vapes e.g. at the Maudsley Hospital.

Be vigilant for any suspected adverse reactions associated with use of e-cigarettes or vaping (including lung injury) and report them to the MHRA via the Yellow Card Scheme.

Selling or supply of E-Cigarettes/Vaping devices to people under 18 is illegal.

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Effective Treatment: Combination Nicotine Replacement Therapy (NRT) (Adults)

Refer to the [BNF Online](#) and [SPC](#) for more information. See NCSCT [Stop smoking aids resources](#) for further information on each preparation.

Combination NRT is effective for those making a quit attempt as well as for treating acute nicotine withdrawal in inpatients. **Single agent therapy e.g. a patch by itself is the least effective form of treatment and is not recommended.**

Explain to the patient that the patch provides a background level of nicotine and the fast-acting preparation provides treatment for acute cravings. Encourage patients to use the short acting nicotine regularly. Cravings for nicotine are extremely powerful and NRT is weaker than cigarettes. Patients are unlikely to overdose on nicotine, except for causing mild symptoms such as light-headedness or nausea. However, under-dosing will affect how well NRT can alleviate cravings.

NRT should be used for 8-12 weeks before slowly reducing the dose and stopping. Patients will naturally wean dose as able but should be supplied with NRT for as long as is needed to prevent relapse (NICE 2021)

1. Prescribe or provide a high dose nicotine patch

- **25mg / 16hrs** (remove at night to reduce the risk of sleep disturbances e.g. vivid dreams, insomnia)
- **21mg / 24hrs** (can also be used for highly tobacco dependence patients whose craving to smoke is significant from moment of waking – e.g. within 30 minutes)

PLUS

2. Prescribe or provide one of the following high dose short acting nicotine

- **Mouthspray and nasal sprays** have quickest onset of action of all the fast-acting products (2 minutes) so preferable to help cravings; need adequate hand dexterity to use the device to spray up the nose or in the mouth.
 - **QuickMist®** 1mg/spray; 1-2 sprays every 30-60 minutes as required (max. 4 sprays/hour over 16 hours or 64 sprays/day); spray on side or roof of mouth or under tongue; contains alcohol (ethanol)
 - **Nasal spray** 500 microgram/dose; 1 spray in each nostril as required (max. 2 sprays/hour or 64 sprays/day)
- **Inhalator** 15mg cartridge; inhale as often as necessary (max. 6 cartridges/day); patient may like 'hand to mouth' action
- **Gum** 2-4mg; use when required (max. 15 pieces/day) 'chew and park'; not suitable with dentures or complicated dental/orthodontic work
- **Lozenge or mini lozenge** 4mg; suck one lozenge every 1 to 2 hours as required (max. 15 mini lozenges/day)
- **Microtabs** sublingual sugar free tablets 2mg allow 1 or 2 tablets to dissolve under the tongue every hour as required (max. 40 tablets/day); can take 30minutes to dissolve

Agree a quit date and ensure the person has NRT ready to start the day before the quit date

For patients with a severe dependency to tobacco two high strength nicotine patches (2x21mg or 2x25mg patch) can be used; this is an evidence based NCSCT recommendation

The duration of combination therapy should be tailored to the individual and guided by ongoing withdrawal symptoms and urges to smoke

NRT prescribing in pregnancy differs to this pathway – see separate guidance on page 13.

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Medical Management of tobacco dependence in hospitalised patients

SEL hospital Trusts are smokefree sites. Inpatients should not be leaving the ward to smoke or facilitated by staff to smoke. Staying smokefree while unwell in hospital will help patients recover more quickly and an acute admission often provides a key teachable moment to support patients to take steps to improve their longer-term health. The British Thoracic Society Building Blocks Framework [Medical Management of inpatients with tobacco dependency | British Thoracic Society | Better lung health for all](#) sets out the principles of treatment for acutely hospitalised adult inpatients

Inpatients in SEL who are current smokers will be offered acute nicotine withdrawal treatment and an opt out review by an in-house tobacco dependence advisor in line with national guidance. Those who wish to make a quit attempt will also be **offered the whole course** pharmacotherapy and onward referral to their local authority stop smoking service.

Adult inpatients – acute physical health settings



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Adult inpatients – acute mental health settings

Smoking prevalence is significantly higher in those with serious mental illness, and these patients experience significant health inequalities and poor physical health outcomes due to this and other factors. Stop smoking medications are highly effective in this patient group but are underused.

The principles of treatment in acute mental healthcare are the same as in acute physical settings with the additional element that **mental health inpatients can access nicotine vapes as well as NRT**.

Step 1: Ask every inpatient if they smoke

Record tobacco dependence in the admission diagnosis lists. Status will be **current smoker** (those who have smoked in the last 28 days), **former/ex smoker** (stopped greater than 28 days ago) or **never smoked** in the electronic patient record.

Step 2: Advise the patient that the hospital and its grounds are entirely smokefree. Let them know leaving the ward to smoke will not be facilitated by hospital staff.

Reassure them that you understand they may have uncomfortable cravings to smoke while admitted to hospital. Let them know there are free, highly-effective treatments to help manage uncomfortable cravings, such as nicotine replacement medications and/or vapes. Let them know that specialist tobacco dependence advisors will visit them, to support them on the ward.

Explain that remaining smokefree will improve their recovery and is the single-most effective way of improving their health.

Step 3: Act. Prescribe or supply nicotine replacement (NRT and/or a vape) for all adult nicotine users to manage nicotine withdrawal unless contraindicated (page 5).

Recommended best practice is to provide nicotine replacement **within 30 minutes***, which should include a high strength nicotine patch + a fast-acting NRT preparation and/or a vape. Prescriptions should be written as 'regular' to ensure patients are offered the medications, rather than 'PRN'. This is part of patient's acute inpatient treatment and irrespective of whether they wish to make a quit attempt.

* Always within 2 hours. Local Trust policies also apply.

Step 4: Refer the patient to the Trust Tobacco Dependence Team (this is an opt out referral irrespective of whether a patient wishes to make a quit smoking attempt).

Some patients will change their views on whether they want to abstain, cut-down, or quit during their admission. Tobacco Dependence Advisors will continue to support patients during their admission and keep them informed of treatment options available.

Vaping: People who vape but no longer use cigarettes are classified as ex-smokers. Local Trust policies on vaping should be read in conjunction with this guidance. E.g., Permitted use in hospital buildings and in hospital grounds vary across SEL healthcare settings. Make sure the patient understands where they can and can't vape in the hospital they are admitted. Ask patients to be considerate of other people around them whilst they are vaping.

NB. Individual restrictions on vaping may be required to mitigate risks. In those instances, ensure that alternative nicotine replacement is always available to patients.

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Young people 12-17 years of age

Step 1: Offer all smokers brief advice (*in line with NCSCT standards*)

Step 2: Offer all smokers a referral to a specialist stop smoking service and use professional judgement when deciding whether to offer NRT to young people who are dependent on nicotine.

Do not prescribe varenicline, or cytisine to people aged under 18 years old.

Selling or supply of E-Cigarettes/Vapes to anyone under 18 is illegal.

Nicotine Replacement Therapy

There is limited evidence which suggests that there is no specific intervention (including pharmacotherapy) that is more successful than stopping unaided in the adolescent population.

A combination of long-acting and short-acting NRT may be beneficial for young people >12 years if they have a high level of nicotine dependence or in those who have failed on previous quit attempts.

All preparations are licensed for children over 12 years with the exception of Nicotinell® lozenges which are licensed for children less than 18 years only when recommended by a doctor.

Prescribing NRT in children and young people should be in line with the licensing of the medicine and as per [cBNF](#).

A quit date should be agreed when NRT is prescribed, and treatment should be available before the child stops smoking. Young people should be prescribed enough treatment to last 2 weeks after their agreed quit date and be re-assessed shortly before the prescription ends.

Further information regarding the management of this cohort is available [here](#).

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Pregnancy

Step 1: Identify pregnant smokers, offer brief advice and, offer immediate opt out referral to their specialist stop smoking midwifery team to receive evidence-based stop smoking support.

Step 2: Prescribe Nicotine Replacement Therapy (NRT) as a safe alternative to smoking until the first appointment with the midwife. Consider nicotine vapes as an alternative or additional to NRT.

Do not prescribe varenicline or cytisine to pregnant or breastfeeding smokers.

There is strong evidence that smoking or being exposed to second-hand smoke during pregnancy increases the risk of miscarriage, certain birth defects, premature birth, poor growth of the baby and increased risk of stillbirth. Exposure has also been directly linked to health problems later in life.

Nicotine Replacement Therapy

NRT is an effective stop smoking aid and is licensed for use in pregnancy. Although studies have not been able to demonstrate its effectiveness in isolation, primarily due to problems with compliance, NICE supports use of NRT in pregnancy in conjunction with behavioural support to help women quit and stay smoke free. Consider the following:

- Pregnant smokers metabolise nicotine faster than other smokers so NRT may be required to manage nicotine withdrawal. Intermittent therapy is preferable to patches - avoid liquorice flavoured nicotine products as manufacturers advise caution due to potential for adverse effects associated with excessive amounts of liquorice root. As other flavours are available, pregnant women are advised to choose an alternative, such as fruit or mint.
- Patches are useful in the presence of pregnancy-related nausea and vomiting – however 24hour patches should be avoided or removed before bed.
- Prescribe NRT to manage nicotine withdrawal until the first appointment with the midwife and prior to commencing the Smokefree Pregnancy pathway.
- Do not offer varenicline.

The Royal College of Midwives recommends that pregnant smokers choosing to use vaping as an aid to smoking cessation should be supported to do so and offered referral to the midwifery team where they will be supported by the specialist stop smoking midwife. Vaping devices and liquids can be provided by the specialist maternity stop smoking team.

- **Consider combining a nicotine vape with NRT to maximise the alleviation of withdrawal and cravings to smoke (e.g. nicotine patch plus nicotine vape)**

Advise devices & liquids are purchased from licensed vendors regulated under UK law. Do not use oil based solvent liquids.

Additional information

For further information regarding the management of this cohort is available [here](#).

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Accessing Local Stop Smoking Services across South East London (clinician or self-referral)

BEXLEY

Website: <http://www.smokefreebexley.co.uk/>

Website page for self and professional referrals: <http://www.smokefreebexley.co.uk/get-help-to-quit>

Telephone: 0800 783 2514

Email: smokefreebexley@nhs.net

BROMLEY

Website: <https://changegrowlive.org/smokefree-bromley>

Telephone: 0808 281 5933

Email: SmokeFreeBromley@cgl.org.uk

GREENWICH

Website: <https://livewellgreenwich.org.uk/livingwell/stop-smoking/>

Telephone: 0800 470 4831

Email: lg.smokefreegreenwich2030@nhs.net

Text QUIT to 60060

LAMBETH

Website: <https://www.guysandstthomas.nhs.uk/our-services/stop-smoking>

Telephone: 0800 856 3409 or 020 3049 5791

Email: gstt.stopsmokinglambeth@nhs.net

LEWISHAM

Website: <https://www.smokefreelewisham.co.uk/>

Telephone: 0800 0820 388

Email: LG.SmokingReferrals@nhs.net

SOUTHWARK

Website: <https://www.southwark.gov.uk/public-health-and-safety/health-and-wellbeing/stop-smoking>

Telephone: 0333 005 0159

Email: eh.southwarkreferrals@nhs.net

Further details can be found: [MECC Link - Simple signposting to better health and wellbeing](#)

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Resources for healthcare professionals/references

- Asthma and Lung UK Healthcare, Professionals Hub
<https://www.asthmaandlung.org.uk/healthcare-professionals>
- BNF <https://bnf.nice.org.uk/>
- British Thoracic Society, Medical Management of inpatients with tobacco dependency
<https://www.brit-thoracic.org.uk/quality-improvement/clinical-statements/medical-management-of-inpatients-with-tobacco-dependency/>
- Electronic Medicines Compendium <https://www.medicines.org.uk/emc#gref>
- Hartmann-Boyce J, Lindson N, Butler AR, *et al*. Electronic cigarettes for smoking cessation. Cochrane Database of Systematic Reviews 2022, Issue 11. Art. No.: CD010216. DOI: 10.1002/14651858.CD010216.pub7. Accessed 15 August 2025.
<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010216.pub7/full>
- National Centre For Smoking Cessation And Training, Cochrane reviews: pharmacological interventions <https://www.ncsct.co.uk/publications/category/cochrane-reviews-pharmacological-interventions>
- National Centre For Smoking Cessation And Training, Secondary Care Resources
<https://www.ncsct.co.uk/publications/category/secondary-care-resources>
- National Centre For Smoking Cessation And Training, Training Resources
<https://www.ncsct.co.uk/publications/topCategory/training-resources>
- NICE guideline NG209, Tobacco: preventing uptake, promoting quitting and treating dependence
<https://www.nice.org.uk/guidance/ng209>
- Royal College of Physicians, E-cigarettes and harm reduction: An evidence review
<https://www.rcp.ac.uk/policy-and-campaigns/policy-documents/e-cigarettes-and-harm-reduction-an-evidence-review/>
- Position Statement by the Southeast London Tobacco Dependence Oversight and Delivery Group on nicotine vaping for smoking cessation among adults [SEL ICS Nicotine Vaping position statement](#)
- South East London Joint Medicines Formulary
<https://www.selondonjointmedicinesformulary.nhs.uk/>
- South East London Integrated Care System: Access to nicotine replacement therapy in primary care: Position [SEL ICS NRT Position Statement](#)
- South East London Integrated Care System Vital 5 Primary Care Guide
<https://www.selondonics.org/wp-content/uploads/Vital-5-Primary-Care-Guide-CESEL-Final.pdf>
- South East London Integrated Care System, Stop Smoking <https://www.selondonics.org/our-residents/your-health/living-well/vital-5/stop-smoking/>
- Specialist Pharmacy Service, Cytisinicline for smoking cessation
<https://www.sps.nhs.uk/articles/cytisinicline-for-smoking-cessation/>
- Specialist Pharmacy Service, Managing specific interactions with smoking
<https://www.sps.nhs.uk/articles/managing-specific-interactions-with-smoking/>

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Resources for Patients



[Stop smoking - South East London ICS](#)



[App- Home - Smoke Free](#)



**For people offline-
Smoke Free
national helpline
[0300 123 1044](tel:03001231044)**

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