

A Protocol for the Management of Nicotine Withdrawal in Temporary Homeless Hotels during the COVID-19 Outbreak

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Version Control

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1.0	27 March 2020	
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1. Introduction

This document reflects the recommendations in the Maudsley Prescribing Guidelines in Psychiatry 13th Edition 2018.

The average pattern of tobacco use is likely to alter when an individual becomes unwell or enters a temporary homeless hotel. Although, clinicians should regard tobacco cessation or reduction management in temporary homeless hotels as equivalent to any other setting, there are some particular differences they will need to take into account:

- Reduced availability of cigarettes, other tobacco products and vaping products during the outbreak, leading to a risk of unanticipated withdrawal
- A potential change in smoking or vaping behaviour, and thus potentially higher risk behaviours (e.g. sharing the same cigarette or vaping device with others, smoking discarded cigarette butts) due to the scarcity of tobacco and vaping products available, and symptoms of nicotine withdrawal
- The high volume and frequency of movement of people. At times with limited clinical information available
- Limited continuous access for clinicians and therefore difficulty monitoring treatments
- Significant levels of co-morbidity

2. Aims and Objectives

- To reduce tobacco and nicotine related harm
- To reduce or prevent nicotine withdrawal symptoms
- To support wider recovery
 - To minimise risk of infection caused by sharing cigarettes or vapes.

3. Assessment for Nicotine Withdrawal on Admission to the Homeless Hotel

When someone reports using a tobacco or vaping product/s upon admission to the homeless hotel the main question is:

Is the person going to be able to continuously access their tobacco/vaping product/s and be able to continue to use it? If not are they at risk of nicotine withdrawal?

If people are using tobacco or vaping products two useful questions are:

Question 1: How many cigarettes are you using per day? or What is the strength of the nicotine in your vaping device?

> 20 cigarettes or > 20mg/mL nicotine per day indicates a more severe dependency and increased risk of withdrawal

Question 2: How many minutes is it to your first smoke/vape when you wake in the morning?

< 30 minutes from waking indicates a more severe dependency and an increased risk of withdrawal

The first signs of withdrawal normally can commence within 30 minutes after last use of a tobacco product, most symptoms peak after 24–48 hr and subside within 2–4 weeks. Prompt access to treatment is therefore vital to ensure comfort.

Common features of nicotine withdrawal are: intense cravings for nicotine, tingling in the hands and feet, sweating, nausea and abdominal cramping, constipation and gas,

headaches, coughing, sore throat, insomnia, difficulty concentrating, anxiety, irritability, depression, weight gain

4. Management of People at Risk of Nicotine Withdrawal

To reduce harm smokers in the hotel service will have two options to effectively manage nicotine withdrawal and minimise discomfort.

Nicotine Replacement Therapy or Electronic Cigarettes (Vapes)

Nicotine Replacement Therapy (NRT)	Electronic Cigarettes ('Vapes')
<p>NRT is licenced for anyone over the age of 12, and has very minimal contraindications</p> <p>It is safe to smoke whilst using NRT (i.e. you will not overdose on nicotine)</p> <p>The most effective way of using NRT is for each person to combine a long acting form (a patch) and a short acting form (lozenge, gum, inhalator etc.). (A list of all NRT products, their maximum daily dose available can be found in appendix 7.1)</p>	<p>Vaping is substantially safer than smoking (particularly for the lungs and heart) and should be permitted indoors to reduce the need for meeting at a designated point on the site - in support of maintaining social distancing and to reduce the risk of sharing</p> <p>Nicotine content of e- liquids ranges from zero (0%) to a maximum of 20mgs/ml (or 2%) in e-liquid.</p> <p>The dose of nicotine a vaper extracts from an e-cigarette varies depending on the device, the volume of e-liquid, other ingredients in the liquid, the frequency, size, and depth of inhalation. The more dependant a smoker is, the higher strength of nicotine is recommended.</p> <p>Vaping devices with replaceable nicotine pods will be the easiest to use and an 18mg/mL pod/day should prevent withdrawal symptoms in a 20 a day smoker.</p> <p>For smokers who usually smoke less than 20 a day 6-12mg/mL pods/day should be sufficient to prevent withdrawal</p>

5. Overall Flow Chart

Person at admission says they smoke/vape/use a tobacco product

Assess level of tobacco dependency

Question One: How many cigarettes/milligrams of nicotine using per day?
Question Two: How many minutes to first smoke/vape after waking in the morning?

MODERATE DEPENDENCY = MODERATE RISK OF WITHDRAWAL
< 20 CIGARETTES OR < 20MG NICOTINE/DAY AND
SMOKES/VAPES 30 MINUTUES AFTER WAKING

SEVERE DEPENDENCY = INCREASED RISK OF WITHDRAWAL:
> 20 CIGARETTES OR > 20MG NICOTINE/DAY OR
SMOKES/VAPES WITHIN 30 MINUTUES OF WAKING

If people are at risk of nicotine withdrawal as they don't have access to tobacco offer:

Nicotine Replacement therapy (NRT) or an E-Cigarette if available

Dependence	Combination NRT	E-Cigarettes
Severe risk of withdrawal	Start 21mg (24 hour) or 25mg (16 hour) patch and an oral/nasal NRT product of the person's choice (see below) Continue to offer NRT products even if met with initial refusal	The dose of nicotine a vaper extracts from an e-cigarette varies depending on the device, the volume of e-liquid, other ingredients in the liquid, the frequency, size, and depth of inhalation. The more dependant, the higher strength of nicotine is recommended. A rough guide is that smokers of: 20 tobacco cigarettes/day require 20mgs to 58mgs of nicotine/day, 40 tobacco cigarettes/day require 40mg to 116mgs of nicotine/day 60 tobacco cigarettes/day require 60mgs to 174mgs of nicotine/day
Moderate risk of withdrawal	Start 14mg (24 hour) or 15mg (16 hour) patch and/or an oral/nasal NRT product of the person's choice (see below) Continue to offer NRT products even if met with initial refusal	

Nicotine Replacement Therapy (NRT) Formulations and Dosage

	Smoking < 20/day	Smoking > 20/day
Topical Patch 24 ^o formulation (21mg, 14mg and 7mg) 16 ^o formulation (25mg, 15mg and 10mg)	If smoking >20 cigarettes/day use 21mg (24 ^o) or 25mg (16 ^o) patch No difference in efficacy between 16 ^o and 24 ^o formulations The 16 hour patch should be removed at bedtime	
Nasal Spray (0.5mg/T)	1 spray in each nostril when craving; No more than twice per hour; Maximum 64 sprays/day	
Oral Spray (1mg/T)	1-2 sprays when craving; No more than 4 sprays/hour; Maximum 64 sprays/day	
Lozenge (1mg, 2mg or 4mg)	1mg lozenge hourly when craving	2mg or 4mg hourly to prevent craving; No more than fifteen 2mg/day
Gum (2mg, 4mg or 6mg)	2mg piece hourly when craving	4mg or 6mg hourly to prevent craving; No more than fifteen 4mg /day
Inhalator (15mg)	No more than 6 cartridges of 15mg/day	
Sublingual Tablet (2mg)	1-2 tablets hourly when craving	2 tablets hourly to prevent craving; No more than 40 tablets/day
Mouth Strip (2.5mg)	1 strip of 2.5mg when craving	One strip hourly to prevent craving; No more than 15 strips/day

6. Appendices

Appendix 6.1 Nicotine Replacement Therapy Formulations and Dosage

	Smoking < 20/day	Smoking > 20/day
Topical Patch 24° formulation (21mg, 14mg and 7mg) 16° formulation (25mg, 15mg and 10mg)	If smoking >20 cigarettes/day use 21mg (24°) or 25mg (16°) patch No difference in efficacy between 16° and 24° formulations The 16 hour patch should be removed at bedtime	
Nasal Spray (0.5mg/T)	1 spray in each nostril when craving; No more than twice per hour; Maximum 64 sprays/day	
Oral Spray (1mg/T)	1-2 sprays when craving; No more than 4 sprays/hour; Maximum 64 sprays/day	
Lozenge (1mg, 2mg or 4mg)	1mg lozenge hourly when craving	2mg or 4mg hourly to prevent craving; No more than fifteen 2mg/day
Gum (2mg, 4mg or 6mg)	2mg piece hourly when craving	4mg or 6mg hourly to prevent craving; No more than fifteen 4mg /day
Inhalator (15mg)	No more than 6 cartridges of 15mg/day	
Sublingual Tablet (2mg)	1-2 tablets hourly when craving	2 tablets hourly to prevent craving; No more than 40 tablets/day
Mouth Strip (2.5mg)	1 strip of 2.5mg when craving	

Choice of nicotine replacement

All these products help to reduce nicotine withdrawal symptoms and reduce motivation to smoke



Skin patch

Nicotine patches can be worn for 16- 24 hours. They should be changed every day.

They should ideally be combined with an oral product.

Combine a patch with an oral product.



Gum

Nicotine from **Lozenges** and **chewing gum** needs to be absorbed through the cheeks. So you need to chew the gum or suck the lozenge until the taste is released. Then stop chewing and sucking for a while and chew/suck again – repeat until finished.

You should have one lozenge/pieces of gum every hour.



Lozenges



Inhalator

Inhalers can help if you miss the physical action of smoking. You can have up to 6 cartridges a day.

Don't share the inhaler with others



Nasal spray

Nasal and mouth sprays deliver nicotine quicker than other NRT products. You can have up to 64 sprays a day (1-2 sprays an hour).



Mouth spray

Use oral products every hour during the day

Appendix 6.3: **ICD-10 criteria for nicotine dependence**

≥ 3 of the following 6 criteria in the past 12 months

- a) Desire or compulsion to use nicotine
- b) Difficulties to control nicotine use
- c) Physiological withdrawal
- d) Development of tolerance
- e) Neglect of other things in favour of nicotine
- f) Persistent use despite evidence of harm

Who can use nicotine pouches (eg Velo & Zyn)

Current smokers (to prevent nicotine withdrawal and as a safer alternative to smoking)

Former smokers (to prevent returning to smoking)

We would not encourage people who have never smoked to use them, or clients who are too unwell to follow the instructions below



What are in nicotine pouches?

Nicotine, water, plant-based materials, flavourings and sweeteners. They do not contain tobacco



What advice should I give about how to use a pouch?

Advise clients to place one pouch between their gum and lip - like a piece of nicotine chewing gum or lozenge. Explain that they will feel a tingling sensation – that's the nicotine being released. This may last for a few minutes or all the time it's in the mouth.

Advise to keep the pouch between their gum and lip for a minimum of 5 minutes and a maximum of 60 minutes.

Explain they should not chew or swallow the pouch.

Advise to throw away the used pouch in a designated bin when finished.

What nicotine strength should a client use?

Pouches come in different strengths (Velo: 4mg, 6 mg) (Zyn: strength 2 (3mg) Strength 4 (6mg)

If someone is a heavy smoker (20+ a day) suggest a higher strength. If it feels too strong, advise to step down to a lower strength.

If they smoke less than 20 a day, suggest the lower strength. If they find it does not take away their craving to smoke, try a higher strength.

How often should they use a pouch?

At least every hour or whenever they get the urge to have a cigarette. If they keep the pouch in their mouth for up to 60 mins each time, they should not need more than one an hour.

What side effects might they cause?

Similar to other oral nicotine replacements like lozenges and mouth spray, a client might get hiccups, a sore mouth and if you they have too many, an upset stomach.

Safety tips

- **To prevent infection, advise not share a pouch with anyone or use a pouch that someone has thrown away**
- Throw away used pouches in a designated bin

Nicotine Pouch User Guide

Who can use nicotine pouches (eg Velo & Zyn)

Current smokers (to prevent nicotine withdrawal and as a safer alternative to smoking)

Former smokers (to prevent returning to smoking)

We would not encourage people who have never smoked to use them



What are in nicotine pouches?

Nicotine, water, plant-based materials, flavourings and sweeteners.

They do not contain tobacco



How do I use a nicotine pouch?

Take one out of the tin. Place it between your gum and lip - like a piece of nicotine chewing gum or lozenge. Gently

You'll feel a tingling sensation – that's the nicotine being released

Keep the pouch between your gum and lip for a minimum of 5 minutes and a maximum of 60 minutes

DON'T SWALLOW IT

Throw away the used pouch in a designated bin when finished

What nicotine strength should I use?

Pouches come in different strengths (Velo: 4mg, 6 mg) (Zyn: strength 2 (3mg) Strength 4 (6mg)

If you're a heavy smoker (20+ a day) start with the higher strength. If it feels too strong, try a lower strength.

If you smoke less than 20 a day, try the lower strength. If you find it does not take away your craving to smoke, try a higher strength.

How often should I use a pouch?

At least every hour or whenever you get the urge to have a cigarette; if you keep the pouch in your mouth for up to 60 mins each time, you should not need more than one an hour

What side effects might I get?

Similar to other oral nicotine replacements like lozenges and mouth spray, you might get hiccups, a sore mouth and if you have too much, an upset stomach.

Safety tips

- **To prevent infection DO NOT share a pouch with anyone or use a pouch that someone has thrown away**
- **Throw away used pouches in the designated bins**
- If you accidentally swallow a pouch, let the staff know straight away