

## ASH advisory note on the cut down to stop program

This new indication called “cut down to stop” is supported by ASH and has been passed by the MHRA. The reason we support this indication is because there is evidence that if you encourage the large numbers of smokers who aren't ready to quit, but are interested in cutting down, to do so in a systematic way, by substituting NRT for the cigarettes they cut out, it leads to a significant percentage of them moving on to quit. And, that those who don't are actually more motivated to try to quit in future. So it should help increase quit rates.

Currently around a third of smokers attempt to quit in any given year, but something like 7 out of 10 say they would like to stop. It is crucial that the third who want to stop continue to be encouraged to stop, but this indication offers a way forward for those not ready to stop completely and, as Russell says in his email, helps people become more confident in using NRT and have more confidence/motivation to quit.

There is now evidence from a total of 5 placebo controlled, double-blind randomised studies with around 2400 patients who didn't want to stop immediately but did want to cut down. These found that 1 in 3 smokers who successfully cut down their cigarette consumption by half with gum or inhaler stopped smoking within one year. And that NRT was twice as successful as placebo in achieving sustained reduction and later cessation.

Currently we know that something like 50% of smokers try to cut down. It would be better, if they are going to do so, that they substituted the cigarettes they give up with NRT, as the evidence is that this will stop them from compensating for the reduction in nicotine intake and smoking more intensively their remaining cigarettes. In addition, in the studies quoted above motivation to quit was increased in between 55-80% of smokers and in very few cases did it decrease.

The number needed to treat was 25. That is to say 1 in every 25 smokers who didn't want to give up but were willing to try cutting down had quit smoking at 1 year. The number needed to treat for NRT used to quit without behavioural support is 20, so they are comparable.

We are concerned that the information about the cut down to stop indication is coming out piecemeal. If implemented in a coherent way this shouldn't undermine the effectiveness of the stop smoking services but give Health Care Professionals something to offer smokers not yet ready or able to give up completely.

The process that has been licenced for gum and inhalator is:

Step 1 (0-6 weeks) Cut down to 50% of previous consumption.

Step 2 (6 weeks to 6 months) Continue to cut down aiming to completely stop smoking by 6 months

Step 3 (within 9 months) have stopped smoking completely

Step 4 (within 12 months) stop using NRT

The smoker is recommended to consult a Health Care Professional if they have problems achieving these targets. However, as yet guidelines are not available for Health Care Professionals about how to handle such cases or indeed at what point smokers on a reduce to quit regimen link with the specialist services (one possibility is when they are ready to quit i.e. at Step 3).

Appropriate guidelines will need to be developed for pharmacists, the services and other prescribers. We are looking at how this can be done quickly, given that products with the new indication will be being widely advertised on TV to smokers from 2nd October to the 31st October.

There will be a need to monitor cut down to stop to ensure that it is effective and is not undermining quitting and the help of everyone working in smoking cessation will be vital to this.

We welcome feedback from you.

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