

SMOKING CESSATION

Screening

Who and when to screen?

- **At least annually**, ask **everyone 15 years and older** e.g. with routine adult health check or child health check.
- **Under 15 years** – if presents with smoking-related illness (e.g. worsening asthma) or smoking suspected for other reasons.
- **Ask all pregnant women** at the first antenatal visit and at each visit during pregnancy if smoking.

What to ask?

1. Ask about current **smoking status**: do you smoke?
2. If the answer is yes, then ask about **readiness to change**: are you interested in cutting down or quitting?
3. Find out if they are **addicted to nicotine** – answering yes to ANY of the following indicates the person is addicted:
 - Do you smoke within half an hour of waking up in the morning?
 - Do you smoke more than 10 cigarettes a day?
 - When you don't smoke, do you: get cravings, feel really grumpy or stressed, have poor sleep?

Management

A. Not interested in cutting down or quitting:

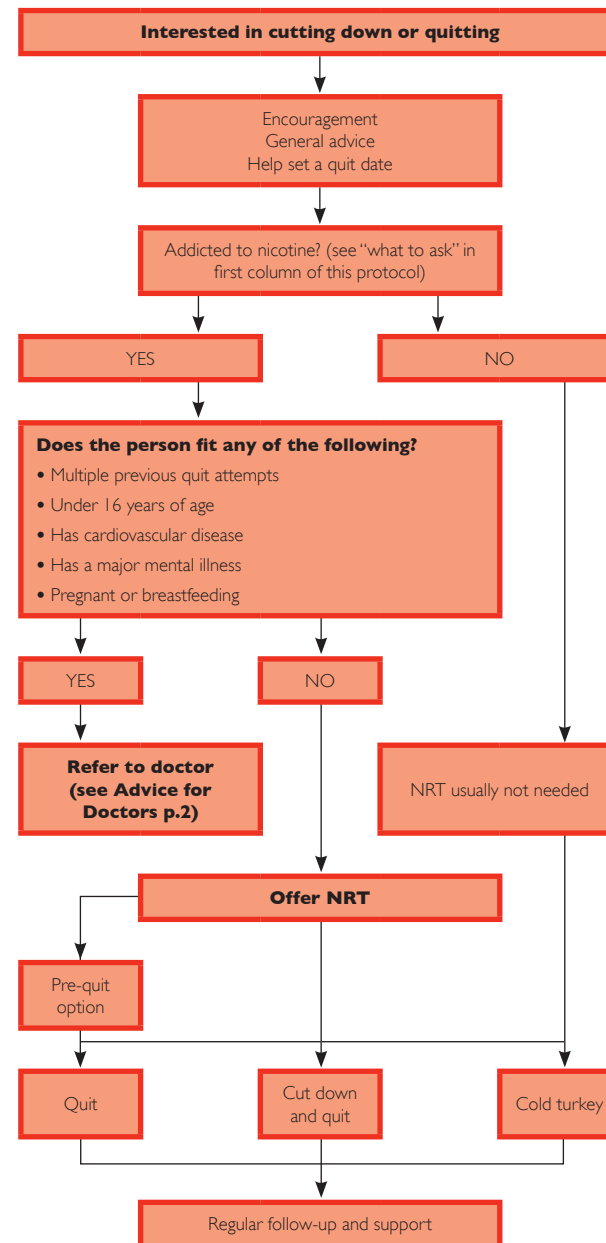
- a) Provide advice about health effects of smoking.
- b) Let them know if they change their mind, to come back to the clinic – there are lots of ways the clinic mob can help them to quit smoking.
- c) A smoker may change their mind about quitting – so remember to ask them at each visit to the clinic.

B. Interested in cutting down or quitting:

- a) Find out what the person thinks is good and bad about smoking.
- b) Focus on the benefits of quitting e.g. health effects, saving money, no passive smoke for children and family.
- c) Talk about things that make it hard for them to quit.
- d) Help them decide on a quit date, then work out with them how they will reach that date.
- e) Work out with them their best management option –

See flow chart next column.

NOTE: The combination of nicotine replacement therapy (NRT) with support is usually the most effective way to quit smoking.



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Cut down and quit – this involves gradually cutting down the number of cigarettes smoked each day until the person has stopped smoking. Offer assistance with setting a quit date and planning the cut-down schedule – with or without NRT.

Quitting Cold Turkey – some people will prefer to pick a quit day and just stop smoking. This is more likely to be successful for people who are not addicted and are very motivated.

Regular counselling and support

- At each visit, give the person plenty of time to talk, discuss problems including slip ups, provide tips on avoiding / managing these, give plenty of encouragement.
- Offer support from local "tobacco champion" or other key person in your clinic.
- Offer other forms of counseling and or group support which are available in your local area.
- If the person has access to a telephone and is interested. Quitline offers six free return calls. (Phone: 137 848).

Advice for people chewing tobacco

Chewing tobacco does not carry the same risks to health as smoking; however, it is associated with increased risk of mouth and throat cancer. Advise anyone who chews tobacco to stop. Consider using nicotine gum, starting low and increasing according to need.

Gunja and Tobacco

The mixing of tobacco and gunja is common practice. People may be reluctant to discuss their use of gunja, but it is important to encourage them to be open about it, as it will impact on their efforts to quit tobacco smoking.

- Has cardiovascular disease (previous heart attack, stroke, angina, etc).
- Has a major mental illness.

STARTING NRT

Encourage nicotine patches as first line for all addicted smokers who are interested in cutting down or quitting. Nicotine gum and combination NRT are also useful for some people – see Box 1: Troubleshooting on page 2.

Start treatment with **15mg / 16hr patches applied once daily.**

Smoking < 20 cigs / day: start patches around same time as planned quit day.

Smoking > 20 cigs / day: **Pre-quit option** will double their chance of success. Advise person to start patches 2 weeks before their planned quit date (i.e. they keep smoking for the first 2 weeks they are wearing patches), stop smoking on the quit date.

Continue patches for 4 weeks after quitting. If the person feels ready at 4 weeks, advise them to stop the patches (i.e. no need to reduce patch dose / strength first before stopping). Still quit but NOT ready to stop patches at 4 weeks, continue patches, review at least 2 weekly, and aim to stop patches at 12 weeks max.

TABLE 1: TROUBLESHOOTING WITH NRT

Problem	Possible solutions
Morning cravings – i.e. waking up with strong urge for cigarette	Check patch technique / use. Try Combination NRT i.e. add nicotine gum, so person is wearing a daily patch and using nicotine gum when needed. See Table 2 for doses.
Using patch daily but still having daytime cravings	
Sleep disturbances / bad dreams	Make sure patch is applied in the morning and removed before bed. Try changing from patches to nicotine gum alone (see table 2).
Patch not staying on	Check technique (see Box 1 on page 1). Try sticking patch on with tape or adhesive dressing.
Patch causing skin irritation	Check technique (See Box 1 on page 1). Reassure person that mild irritation is normal, and skin may look a little red for up to a day after removing patch. If irritation is more severe, consider changing to nicotine gum.

TABLE 2: NICOTINE GUM – ALONE OR COMBINATION NRT

Number of cigarettes per day	Strength of gum	Maximum dose using gum alone	Maximum dose using gum in combination NRT
10 - 20 cigarettes	2mg gum	Up to 20 pieces per day	Up to 6 pieces per day
More than 20 cigarettes	4mg gum	Up to 10 pieces per day	Up to 3 pieces per day

BOX 1: TIPS FOR WEARING PATCHES

- Put a new patch on each day, on clean, dry skin.
- Don't put the patch on hairy skin e.g. chest in men.
- Put each new patch on a different part of the skin to avoid your skin getting irritated.
- Remove patch before going to sleep at night.
- Keep out of reach of children – as soon as you take off patch, fold in half, wrap in paper and put it safely in a rubbish bin.

NICOTINE REPLACEMENT THERAPY (NRT)

Senior Aboriginal Health Workers and Registered Nurses can start treatment with NRT

REFER TO DOCTOR FIRST if the client:

- Is pregnant or breastfeeding.
- Is less than 16 years of age.

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BOX 2: MANAGING SLIP-UPS

- Most people who try to quit smoking will need a number of attempts before they are finally successful – so prepare for this and avoid telling them off or punishing them when they have a smoke again.
- When a person who has quit does start smoking again, calling it a “slip up” helps remind them it is only a short-term set-back, not a defeat → encourage them to stay on track, remind them the goal is to stay quit in the long term, and provide positive feedback about the fact that they are giving it a go.
- Review relapse prevention strategies.
- Remember slip-ups are most likely in the first few weeks after quitting, so this is the time when they will need the most support (see Follow Up section below).

ADVICE FOR DOCTORS

All clients who are willing to cut down or quit should be referred to the doctor if:

- Pregnant or breastfeeding.
- Less than 16 years of age.
- Has cardiovascular disease (previous heart attack, stroke, angina, etc).
- Has a major mental illness.
- Requesting medicine other than NRT to support quit effort.

Pregnant or breastfeeding

- a) Varenicline (ADEC category B3) is **not recommended** for use in pregnancy or for women who are breastfeeding.
- b) **NRT can be used in pregnancy and when breastfeeding.**
 - Nicotine gum delivers intermittent doses of nicotine and should be used as first line rather than patches.
 - Nicotine passes into breast milk but nicotine as NRT is preferable to cigarettes - always recommend continuation of breastfeeding, and if feasible, use gum AFTER baby has had a feed.

Under 16 years of age

- With young person's permission, engage parent / guardian in quit efforts.
- Avoid pharmacotherapy other than NRT.
- NRT is not recommended for children under 12 years. For children aged 12 - 16 years, intermittent NRT using gum may be preferable to patches to avoid excess dosing with nicotine.

Cardiovascular disease

- Avoid NRT in people with unstable cardiovascular conditions. This includes clients with recent MI, unstable angina, recent stroke and within 12 weeks of cardiac surgery. Strongly encourage all non-pharmacological strategies for quitting.

Major mental illness

- Smoking rates amongst clients with mental illness are high and every effort should be made to identify and support clients to quit.
- Stable clients who are able to provide informed consent may benefit from NRT.
- Seek advice from a psychiatrist involved in the client's care before prescribing NRT in those with unstable mental illness.
- Varenicline is not recommended – see below.

Repeated quit attempts without success

- Review strategies for quitting, previous NRT technique / use, stressors and barriers to quitting.
- Consider **varenicline** – either alone or in combination with NRT (latter has greater chance of success).

Varenicline (Champix®)

- Varenicline increases a person's chance of quitting but there are a few things to think about before prescribing:
- Varenicline has been associated with psychiatric symptoms including depression and suicide. These adverse events have generally occurred with pre-existing mental illness or in association with a precipitating event. Hence:

- Avoid use in clients with current or previous history of depression or increased suicide risk.
- Monitor closely for mood changes during treatment and warn clients to attend promptly if they experience any mood change, suicidal thoughts, or other new symptoms. Encourage family involvement.
- The commonest side-effect is nausea – warn client, and advise taking the tablet with food.
- See product information for further detail including dosing schedule. PBS authority allows one course per year.
- NOTE: Dose reduction is required in renal failure – discuss with nephrologist before prescribing.

Follow-up

People not interested in cutting down or quitting

A smoker may change their mind about quitting – ask them about their smoking and interest in cutting down / quitting at each visit to the clinic.

People who have chosen to quit

1. Actively recall clients for follow-up – weekly for the first 4 weeks, then less frequently and depending on progress.
2. See Box 2: “Managing Slip-ups”.
3. At each follow-up visit:
 - congratulate, affirm, review progress and problems, give relapse advice, encourage use of support services.
 - Ask about slip-ups.
 - Check side effects if on NRT or varenicline.
4. If not quit after 4 weeks, try other approaches – e.g. combination NRT, extra supports. If still having trouble quitting, refer to doctor.