

ABC FOR SMOKING CESSATION

QUICK REFERENCE CARD

ASK

Ask all people if they smoke tobacco and document their smoking status in the clinical records. Use the following descriptions.

- **Current smoker**
- **Long-term ex smoker** (greater than 12 months)
- **Recent ex smoker** (12 months or less)
- **Never smoked**

For anyone who smokes or has recently stopped smoking, check and update their smoking status on a regular basis

BRIEF ADVICE

Give brief advice to all smokers and record this information in their file.

1. **Give clear advice** on the risks and harmful effects of smoking.
2. **Personalise your advice** – to what is important to that person i.e. current illness, family or finances.
3. **Encourage them and offer support to quit.**

CESSATION SUPPORT

You have several options for providing **Cessation Support**.

1. Refer to Quitline – **13 QUIT (13 7848)**.
2. Arrange medication to aid the quit attempt
 - * Nicotine Replacement Therapy (NRT)
 - * Bupropion
 - * Varenicline
3. Recommend GP or local Pharmacist for additional support.
4. Offering advice around quit strategies.
5. Suggest setting a quit date.
6. Access www.quitas.org.au or www.quitcoach.org.au

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Using NRT products

Transdermal patch

- Two types of patches are available: 16-hour and 24-hour (there is no difference in efficacy between the two) and have three dose levels.
- The advantage of patches is that they are very simple to use, and there is generally good adherence to treatment.
- They are applied to a clean, dry, hairless area of skin and removed at the end of the day (16 hours). The 24-hour patch is more effective if applied at night and replaced the following night.
- Skin irritation is the most common side effect.
- They should be used for at least 8 weeks.
- There is no evidence that 'weaning' patches are necessary – people can stop from a full strength patch straight away. However, some clients may prefer to 'wean' themselves off.

Gum

- Two strengths are available: 2 mg and 4 mg; those who are highly dependent should use 4 mg gum.
- Not all of the nicotine from the gum is absorbed (the 2 mg gum typically yields only about 1 mg of nicotine, whereas the 4 mg gum yields about 2 mg).
- People should aim to use between 10 and 15 pieces of gum a day.
- Instructing them to use a piece an hour is a convenient way to encourage the correct dosage.
- Each piece should be chewed slowly to release the nicotine, and a hot peppery taste will be experienced. The gum should then be 'parked' between the cheek and gums so that the nicotine can be absorbed. After a few minutes the gum can be chewed again, then parked and repeated, for 20–30 minutes.
- Gum should be used for at least 8 weeks.

Lozenge

- Two strengths are available: 2 mg and 4 mg; those who are highly dependent should use 4 mg lozenge.
- People should aim to use between 10 and 15 lozenges a day.
- Instructing them to use a piece an hour is a convenient way to encourage the correct dosage.
- The lozenge should be placed in the mouth to dissolve without chewing, sucking or swallowing. A lozenge will take roughly 30 minutes to dissolve fully.
- Mini lozenge also available which delivers nicotine three times faster than gum. These are available in 4mg strength.
- Lozenges should be used for at least 8 weeks.

Sublingual tablets (Microtabs®)

- Available as 2 mg tablets placed under the tongue.
- Hourly use should be recommended to achieve the best effect, but they can be used more frequently if desired, up to 40 microtabs can be used per day.
- The tablet is designed to dissolve completely.
- Tablets should be used for at least 8 weeks.

Inhaler

- The inhaler is a small plastic tube containing a replaceable nicotine cartridge.
- This may provide more behavioural replacement than the other products (some people miss the hand-to-mouth action of smoking when they quit), but there is no strong evidence for this.
- The user should puff on the inhaler for 20 minutes each hour. After four 20-minute puffing sessions, the cartridge should be changed.
- The average person should aim to use 4–6 cartridges a day.
- In cold weather it is advisable to keep the inhaler warm so that the nicotine vapour can be released from the cartridge.
- They should be used for at least 8 weeks.

Combination therapy

- Combining NRT products increases abstinence rates. The patch is usually combined with one of the oral products (gum, lozenge, microtab, inhaler) In this way users will receive a steady supply of nicotine from the patch and can obtain a more rapid 'top up' of nicotine from the oral products.
- There are no safety concerns in combining NRT products, although combination treatment is not normally recommended in pregnant women who smoke or smokers with unstable cardiovascular disease.
- There is insufficient evidence to recommend the combination of NRT with other pharmacotherapies.

Notes:

1. The highest quit rates are achieved when medications such as NRT are combined with support.
2. Regarding oral NRT products:
 - Nicotine absorption from oral NRT products, including the inhaler, is via the buccal mucosa (lining of the mouth).
 - While these products can be used on a regular (eg, hourly) basis, they can all be used more frequently or when urges to smoke are more intense or more frequent.
 - An initial unpleasant taste is common to all these products, and this can be a barrier to correct use. People can be reassured that they will become tolerant of this after a short period (usually a couple of days).
 - Incorrect use of oral products, for example chewing gum too vigorously, usually results in more nicotine being swallowed. This is not hazardous, but means that less nicotine is absorbed, and may cause local irritation and hiccups.
 - Drinking fluids while using these oral products should be avoided.

Coping with tobacco withdrawal

Urges to smoke

- People may report urges to smoke for many months after stopping, although these typically become less frequent over time.
- Urges to smoke are often precipitated by cues such as stress, seeing others smoke, social situations, and when drinking alcohol.
- Advise people not to give into these urges and instead adopt strategies to cope with these, such as distraction techniques, exercise, and avoidance of risky situations such as social events.

Withdrawal symptoms

- Include such things as urges to smoke, irritability, depressed mood, increased appetite, anxiety, poor concentration, restlessness, and sleep disturbance.
- Mouth ulcers and constipation may also occur when people stop smoking.
- Most disappear within four weeks of abstinence.

Weight gain

- On average people may expect to gain between 4–5 kg in the first year of abstinence.
- People stopping smoking should be advised against dieting whilst quitting as this may increase the risk of relapse. However, people with co-morbidities such as diabetes and morbid obesity may need special attention regarding weight gain during their quit attempt.
- Using medications such as NRT can reduce weight gain thus allowing people to deal with quitting first.
- Increasing physical activity is also a good way to decrease weight gain

Referral providers

Quitline

The Quitline is a telephone counselling service that can provide advice and support on quitting smoking. Client can call **13 7848**. Health care workers can refer clients by fax and website: www.quititas.org.au. This is a free service.

General Practitioner

Can help with quitting and using NRT and non nicotine pharmacotherapies.

Pharmacist

Can help with quitting and advice on NRT products.

Mental Health Clients (south only)

Can be referred to a cessation group coordinated by Alcohol & Drug Service South. Phone 6230 7901

Clinical Nurse Specialist – Smoking Cessation Program

Advice for health professionals assisting smokers with quitting. Located at the Royal Hobart Hospital, Launceston General Hospital and North-West Regional Hospital.

Benefits of stopping smoking

Stopping smoking is the best thing that a person can do to improve their current and future health. The earlier a smoker can stop the better; however it is never too late to stop – even for smokers in their 70s and 80s. Smokers who stop will benefit from:

- reduced risk of premature death
- reduced risk of developing lung cancer
- reduced risk of coronary artery disease and stroke
- reduced risk of dying from chronic obstructive pulmonary disease
- improvement in respiratory symptoms such as cough and shortness of breath
- reduced risks of other cancers related to smoking (eg, upper respiratory tract, oesophagus, bladder and pancreas)
- reduced risks of complications in pregnancy and childbirth (eg, placenta previa and placental abruption)
- improvement in some mental health symptoms
- fewer sick days off work
- improved recovery from surgery

Quitting smoking will also ensure:

- a good example is set to children and young people
- the health of children of smokers is improved
- money will be saved