Smoking Cessation

SCREENING

Who and when to screen?

At each visit, ask and record the smoking status of everyone 12 years and older e.g.with routine Adult Health Check or Child Health Check

Under 12 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, at each visit during pregnancy and at the postnatal check.

What to ask?

1. Ask about current smoking status:

- Do you smoke?

2. If the answer is yes, some questions can help to find out if they are addicted to nicotine.

Answering yes to ANY of the following indicates likely nicotine addiction:

- Do you smoke within half an hour of waking up in the morning?
- Do you smoke more than 10 cigarettes a day?
- How do you feel when you don't smoke? (Any craving or withdrawal symptom like feeling grumpy or stressed?)

3. Then ask about whether they are ready to quit:

- How do you feel about your smoking at the moment?
- Are you ready to stop smoking?

There is strong evidence to support brief motivational advice from Health Professionals as being effective in encouraging smoking cessation.

Ask, Assess, Advise, Assist and Arrange follow up at every opportunity.

Using Breath Carbon Monoxide (CO) analysers

- Some sites may have a portable Breath CO analyser available to use Eg Smokerlyzer.
- These can be used to help in assessing a patient's smoking status and to begin a conversation about smoking cessation.
- The CO reading will be influenced by the time of the patient's last cigarette (half-life of approximately 3-4 hours).
- The majority of non-smokers (even with passive smoking) will have a reading of <5ppm.
- Refere to information that comes with each analyser.

PRINCIPLES OF MANAGEMENT

A. Not ready to quit:

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

B. Unsure or ready to quit.

- Find out what the person thinks is good and bad about smoking.
- Focus on the benefits of quitting e.g. health effects, saving money, no passive smoke for children and family.
- Talk about things that make it hard for them to quit.
- If the patient is still unsure, offer information and a follow up appointment.
- If patient is ready to quit, help them make a quit plan and then work out how they will reach that goal.
- Work out with them their best management option.

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, and give plenty of encouragement.
- Offer support from the local "Tobacco Action Worker" or other key person in your area.
- Offer other forms of counselling and/or group supports which are available in your area.
- If the person has access to a telephone and is interested. Quitline offers free return calls and there is an Aboriginal Liaison Service available. (Phone: 137 848)
- Apps for smartphones are also available. eg. QuitBuddy.

Advice for people chewing tobacco

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

Gunja and tobacco

The mixing of tobacco and gunja (marijuana) 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 smoking.

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

VC - Last Modified: February 4, 2015 8:58 AM

Smoking Cessation

THERAUPEUTIC PROTOCOLS

NICOTINE REPLACEMENT THERAPY (NRT)

Senior Aboriginal Health Workers and Registered Nurses can start treatment with NRT. For patches, to satisfy PBS requirements a prescription will need to be done by a doctor (this could be done over the phone).

REFER TO DOCTOR FIRST if the person:

- Is pregnant or breastfeeding.
- Is less than 16 years of age.
- Has cardiovascular disease (previous heart attack, stroke, angina).
- Has a major mental illness.
- Is requesting medicine other than NRT to support quit efforts.

STARTING NRT

There are many different NRT options. Most clinics in the Kimberley will have patches, gum, lozenges and inhalers available.

Encourage nicotine patches as first line for smokers who are interested in quitting.

A combination of different types of NRT (eg gum + patch) are also useful for some people .

Start treatment with 21mg/24h patches applied once daily.

Smoking <20 cigs/day: start patches around the same time as planned quit day. Consider starting with the 14mg/24hr patch.

Smoking >20 cigs/day: A "pre-quit option" may double their chance of success. They can start patches 2 weeks before their planned quit date (i.e. they keep smoking for the first two weeks they are wearing patches), then stop smoking on the quit date.

Encourage people to continue patches for at least 8 weeks in total. There is no need to reduce patch dose/strength before stopping. The patches can be continued for a maximum of 12 weeks.

BOX 1: TIPS FOR WEARING PATCHES

- Put a new patch on each day on clean dry skin, avoid putting it over bony areas.
- Apply the patch first thing in the morning.
- Make sure skin is dry, wipe off sweat and if possible apply when in a cool environment.
- To minimise skin irritation, try waving the patch in the air for 30-60seconds after removing the backing (evaporates alcohol in the adhesive).
- 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.
- Keep out of reach of children – as soon as you take off your patch, fold in half, wrap in paper and put it safely in a rubbish bin.

Table 1: Troubleshooting with NRT

Problem	Possible solution
Morning cravings	Check patch technique/use Encourage to wear for full 24hrs Try Combination NRT: eg add nicotine gum so person is wearing a daily patch and using nicotine gum when needed
Using patch daily but still having daytime cravings	
Sleep disturbances or bad dreams	Apply in morning (when nicotine release probably highest) Try changing from patches to nicotine gum alone Reduce overnight dose (by halving or removing patch)
Patch not staying on	Check technique (see tips box) Try sticking patch on with tape or adhesive dressing eg fixomul
Patch causing skin irritation	Check technique Explain that mild irritation is normal, skin may look a little red for up to a day after removing patch If irritation is more severe, consider changing to nicotine gum, inhaler or lozenge
Lapse or Slip up	Advise to continue patch (it is NOT dangerous to smoke with a patch on) Encourage to continue and congratulate on efforts so far

Table 2: Nicotine Gum - Alone or Combination NRT

# cigarettes per day	Strength of gum	Max dose (gum alone)	Max dose (combination NRT)
10 – 20 Cigarettes	2 mg gum	Up to 20 pieces per day	Up to 6 pieces per day
More than 20 cigarettes	4 mg gum	Up to 10 pieces per day	Up to 3 pieces per day

Advice to maximise effectiveness of Nicotine Gum:
-do not eat or drink for 15mins prior to maximise absorption
-chew slowly until taste is strong, then let it rest between your gum and cheek. Avoid >1 piece per hour.

MEDICATION

Varenicline (Champix®)

Varenicline increases a person's chance of quitting and is the most effective pharmacotherapy.

Varenicline has been associated with psychiatric symptoms including depression and suicide. These adverse events have generally occurred in patients with pre-existing mental illness or in association with a precipitating event.

- 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.
- There may be a small increased risk of CVD with varenicline, however this needs to be weighed against the CVD risk of continuing smoking. Advise the patient to seek medical review if develop new symptoms like SOB or chest pains.
- The commonest side-effect is nausea (in 30%); warn about this, if it is a problem consider reducing back to 1mg daily. Taking the tablet after food may help.

Smoking Cessation

- Consider gradually reducing dose for last week of the course to avoid any increased urges to smoke after cessation

Start treatment with "combination pack" which is a four week supply including 0.5mg and 1mg tablets to allow up-titration.

Arrange review.

NOTE: Dose reduction is required in renal failure.

WOMEN OF CHILDBEARING AGE

a) Varenicline (ADEC Category B3) is not recommended for use in pregnancy or for women who are breastfeeding.

b) NRT may be used in pregnancy and when breastfeeding

- Nicotine gum delivers intermittent doses of nicotine and is recommended as first line rather that patches.
- If Nicotine patch is used in pregnancy, advise to remove the patch at night (even if 24hr patch).
- Nicotine passes into breast milk but nicotine as NRT is preferable to cigarettes – always recommend continuation of breast feeding.

OTHER CONSIDERATIONS

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 patients 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.
- 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 to those with unstable mental illness.
- Varenicline is usually not recommended.

FOLLOW UP

People not interested in quitting

A smoker may change their mind about quitting. Ask them about their smoking each time they visit the clinic.

People who have chosen to quit

1. Actively recall clients for follow up.
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 and extra counselling and supports.

If still having trouble quitting, refer to the doctor and remember to involve the local Tobacco Action Worker.

What about E-cig?

The E-cig is currently not approved by TGA. Nicotine levels are not standardised between products.

BOX 2: MANAGING SLIP UPS

- People who try to quit may need a number of attempts before they are successful. So prepare for this and avoid telling them off or punishing them if 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 most support.

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, particularly if had multiple past attempts).

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