



Smoking Cessation

Health Professionals Training

IDEAS PEOPLE SUCCESS

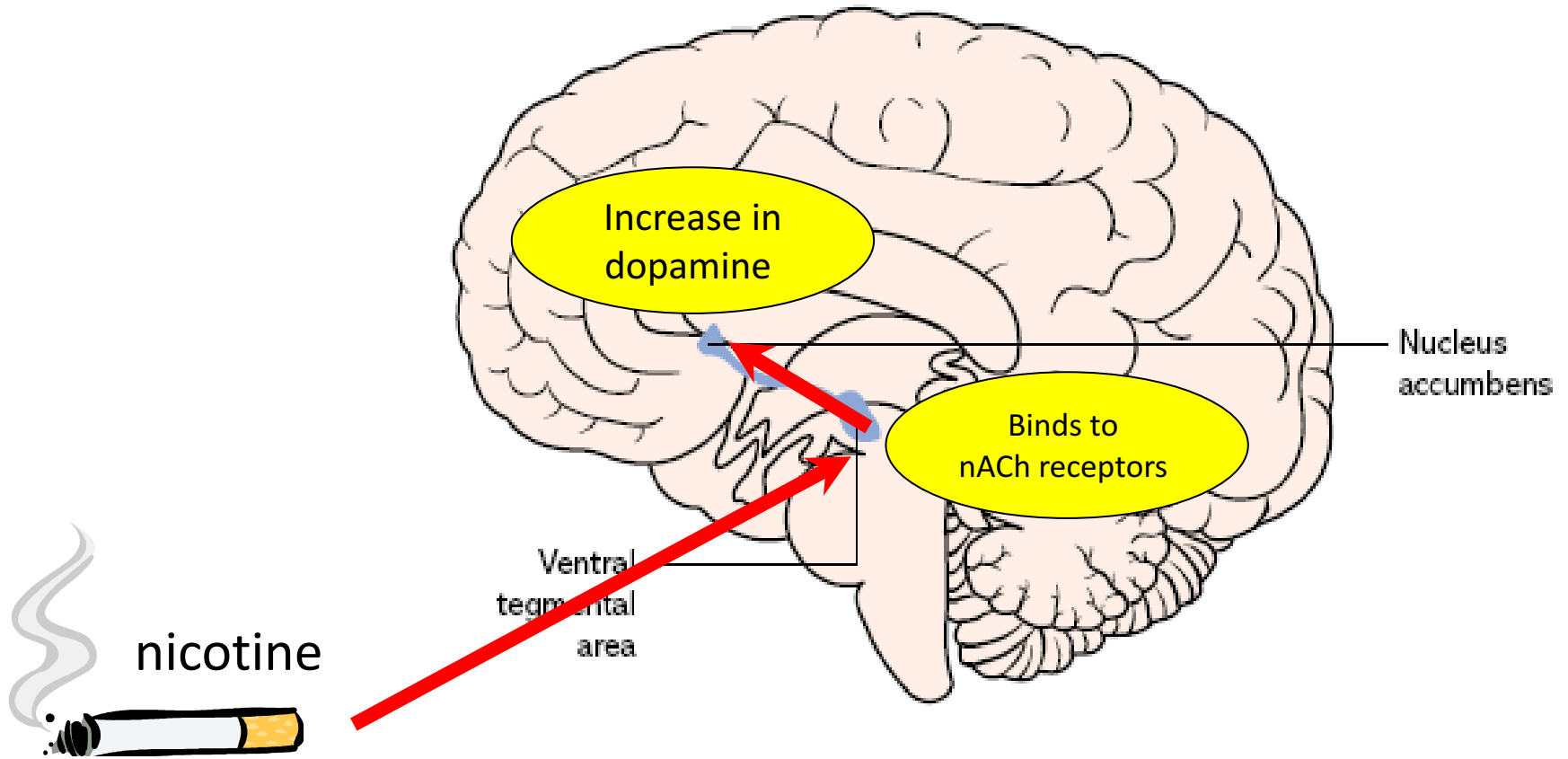
www.inspiring.org.nz

Why do people
smoke?

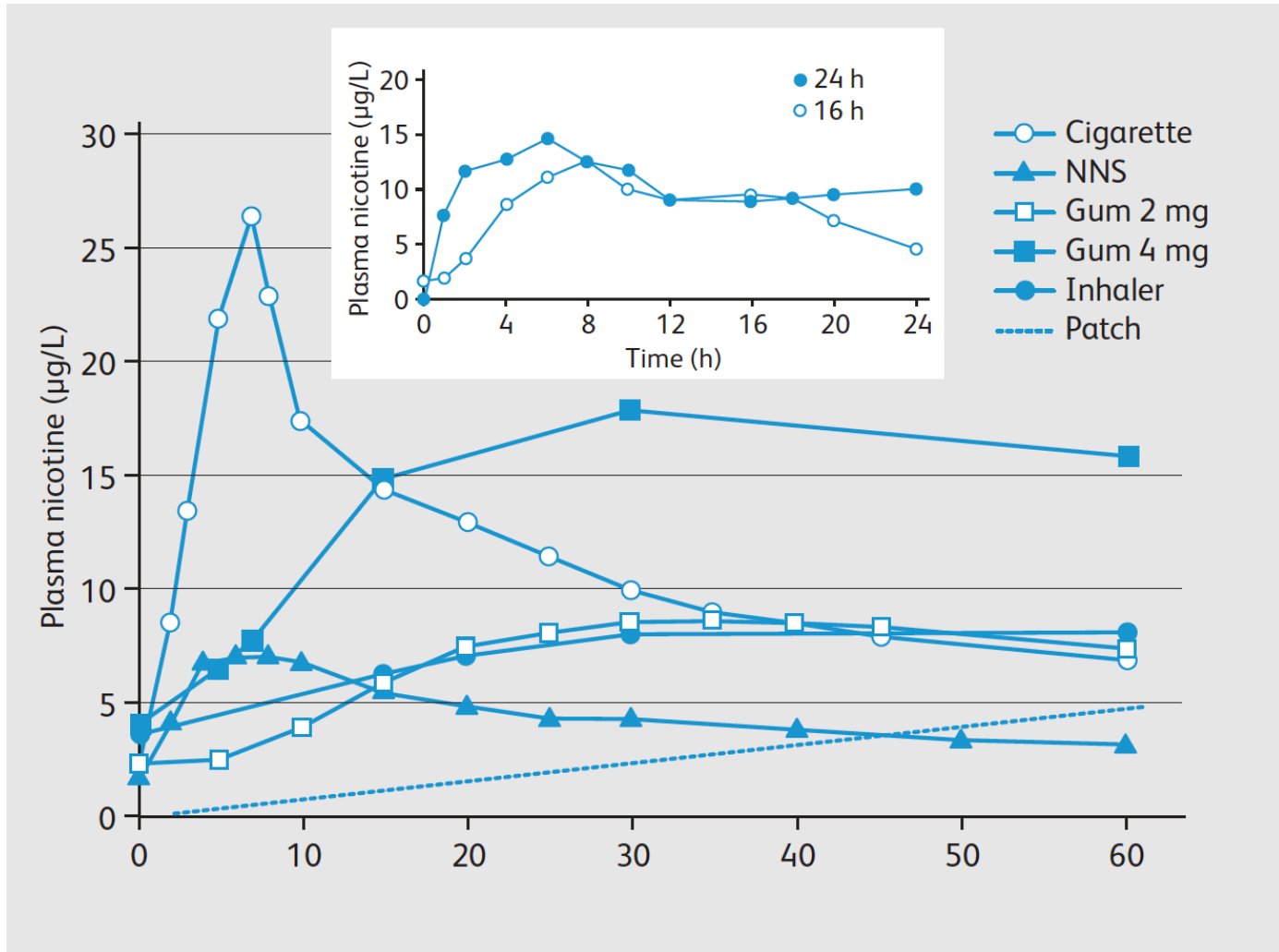
What makes
quitting so hard?



Mesolimbic dopamine pathway



Nicotine Delivery



Assessing Tobacco Dependence



What your clients might say

I find it difficult to go more than a couple of hours without a smoke.

It's the first thing I do in the morning, even before I have a coffee.

I'm just a social smoker, so I'm sure it'll be easy to quit.



Cigarette Consumption

- Cigarettes smoked per day
 - Easy to measure
 - Does not always correlate well with blood nicotine levels
- People who smoke can reduce their cigarette consumption, but this will not always reduce the blood nicotine level
- This is due to **compensatory smoking** - smoking more from each cigarette



Fagerström test

- Fagerström test for Nicotine Dependence
 - The test consists of six questions that are scored and summed.
 - Renamed now to Fagerström test for Cigarette Dependence

The single question that best predicts dependence is:

- “How soon after you wake up do you smoke your first cigarette?”
- If your client smokers **within an hour of waking** then they are highly dependent



Tobacco withdrawal syndrome

Signs & symptoms

Irritability

Depression

Restlessness

Poor concentration

Increased appetite

Sleep disturbance

Urges to smoke

Mouth Ulcers

Constipation

Duration

< 4 weeks

< 4 weeks

< 4 weeks

< 2 weeks

> 10 weeks

< 1 week

> 2 weeks

> 4 weeks

>4 weeks

Prevalence

50%

60%

60%

60%

70%

25%

70%

40%

17%



It is an important part of your role as a stop smoking practitioner to be aware of the impact smoking has on your client and the path you put them on must take into consideration:

- ***Risks and benefits of smoking***
- ***Changes in drug metabolism***
 - ***Warfarin***
 - ***Theophylline***
 - ***Clozapine***
 - ***Olanzapine***
- ***Impacts for mental health client***



Helping people stop smoking



The three Ts

- Tension
- Trigger
- Treatment



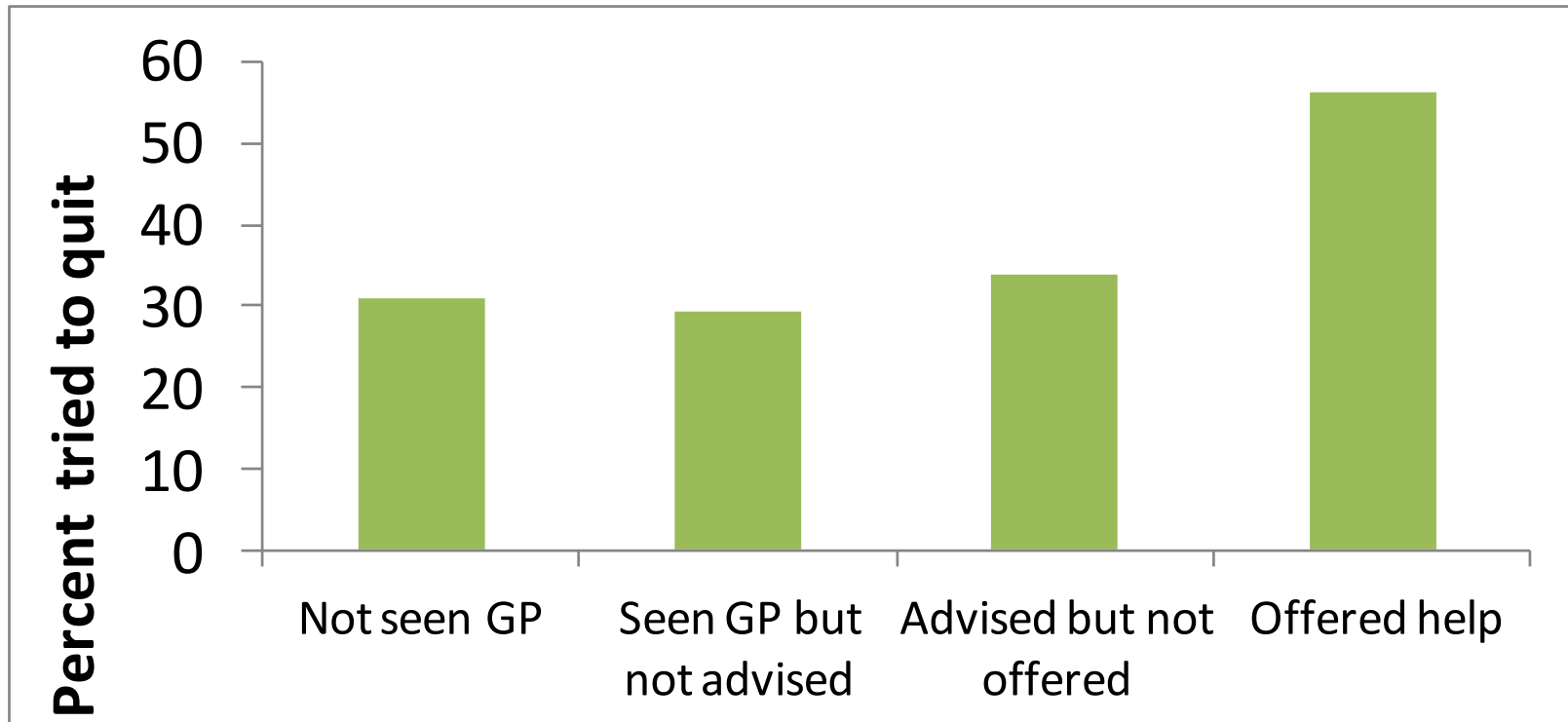
External Triggers



Source: www.rjwest.co.uk - Smoking Toolkit Study



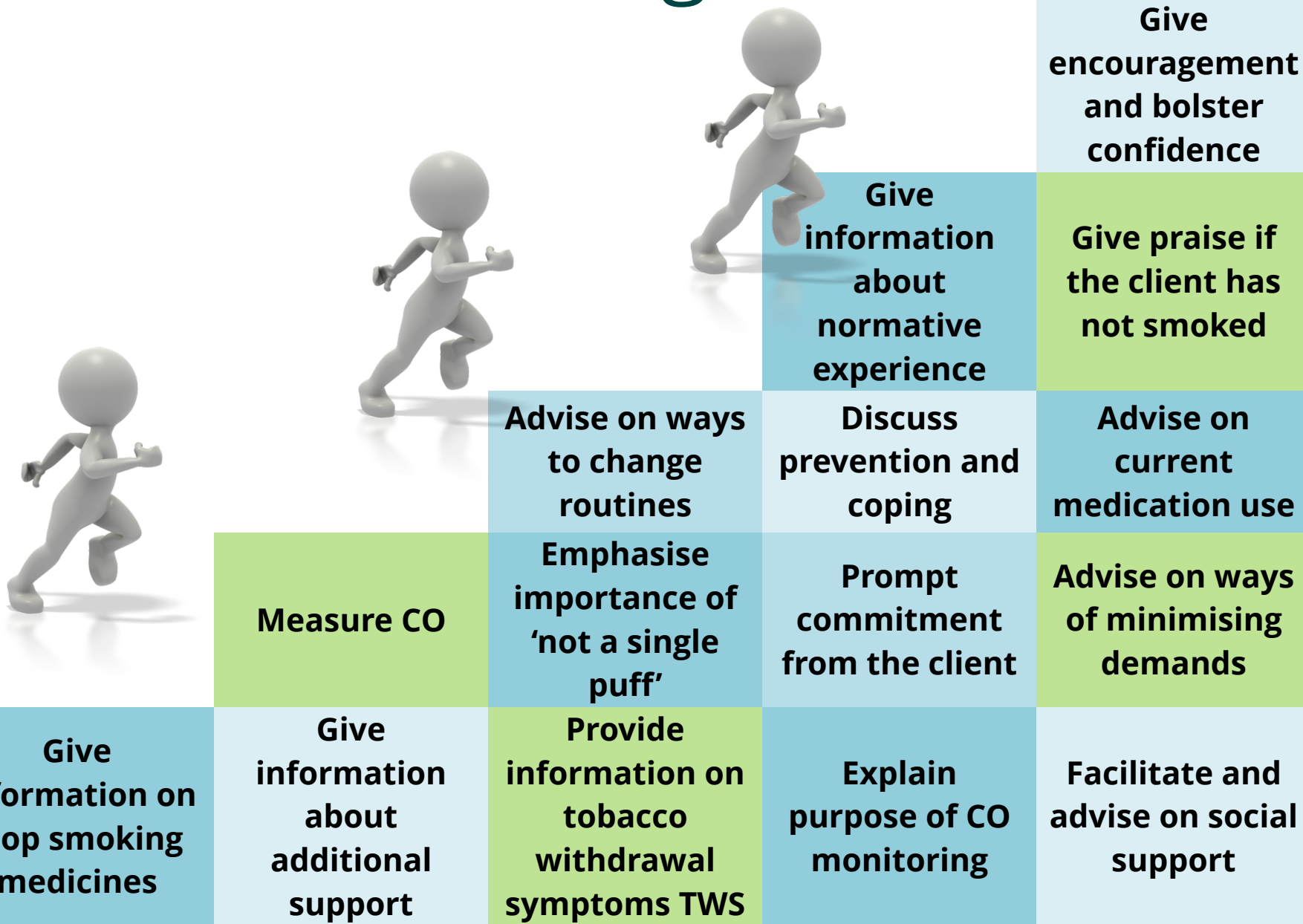
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Behaviour Change Techniques



Behavioural Support

The TOP FIVE

1. Building rapport
2. Use of CO monitoring as a motivational tool
3. Explaining how to use medications
4. Explaining the rationale for not having a single puff
5. Eliciting commitment from the client to the not-a-puff rule



Building Rapport

Listening skills



Carbon monoxide (CO) monitor

- CO is a poisonous gas
- Smokers usually have a reading 10+
- The more you smoke the higher the reading
- Drops below 5 when you stop smoking – an immediate benefit



CO in expired breath

- CO in expired breath is measured in particles per million (ppm)
 - Cut-off point for abstainers=10 ppm
 - Typical range 10-30ppm
 - Heaviest smokers 90+
- CO goes up during the day, affected by number of cigs smoked so far
- CO returns to non-smoking level after 24 hours



- Activity : CO Monitor Use
- 4 groups of five
- Old hands direct less experienced.



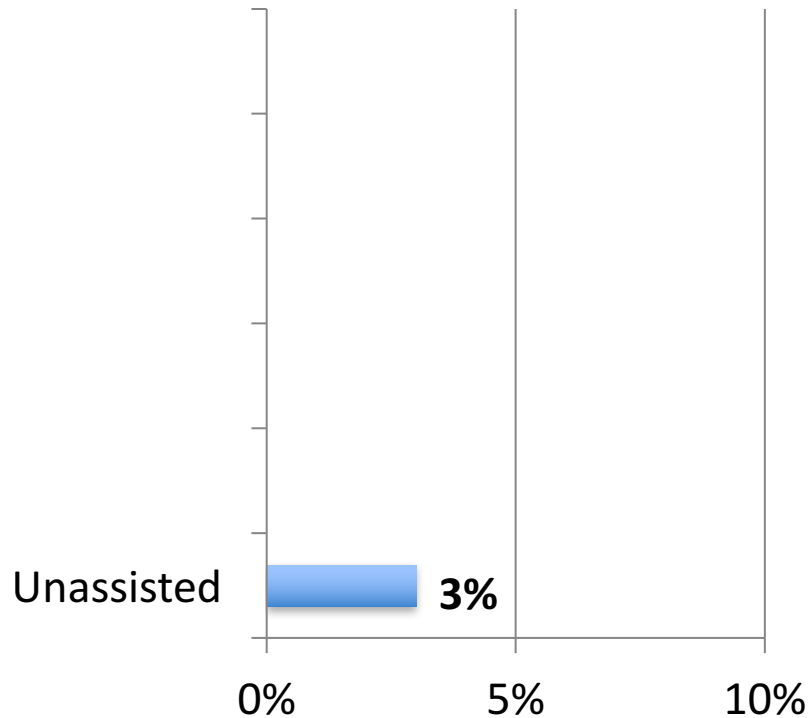
Stop Smoking Services

Overview



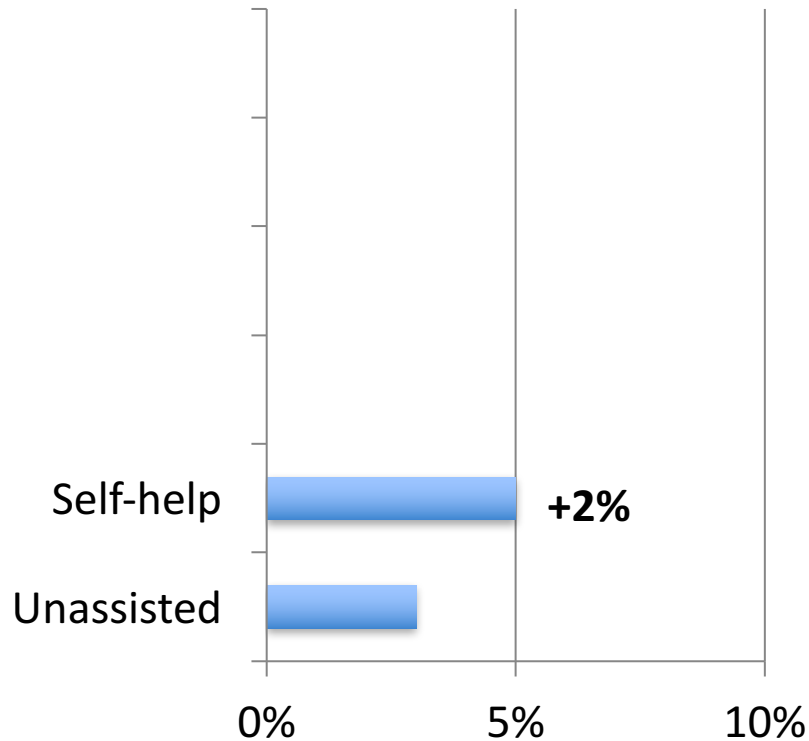
The starting point.

- 'Cold Turkey'
- Tried by most smokers, but has the lowest chances of success.



Self Help Materials

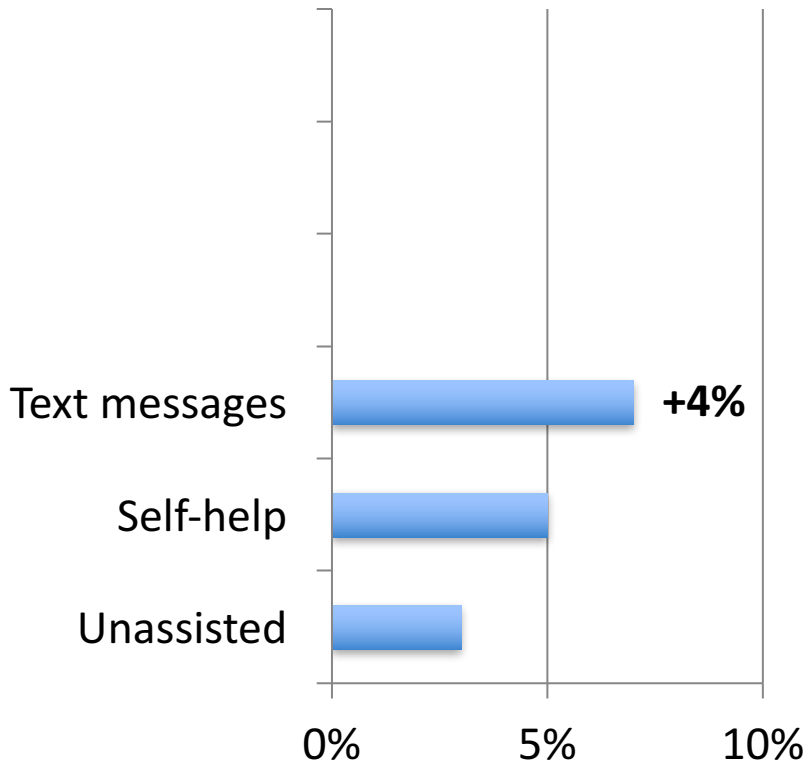
Increases in 6-12 month continuous abstinence rates



- Includes books, pamphlets etc.

Text Messages

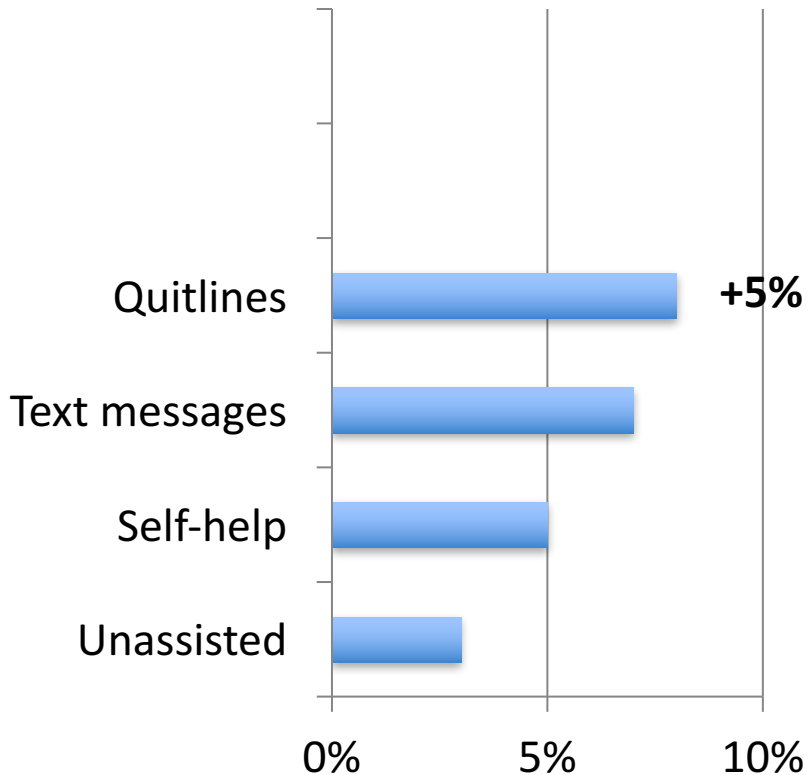
Increases in 6-12 month continuous abstinence rates



- The Quitline uses SMS as part of their treatment programme

Quitline

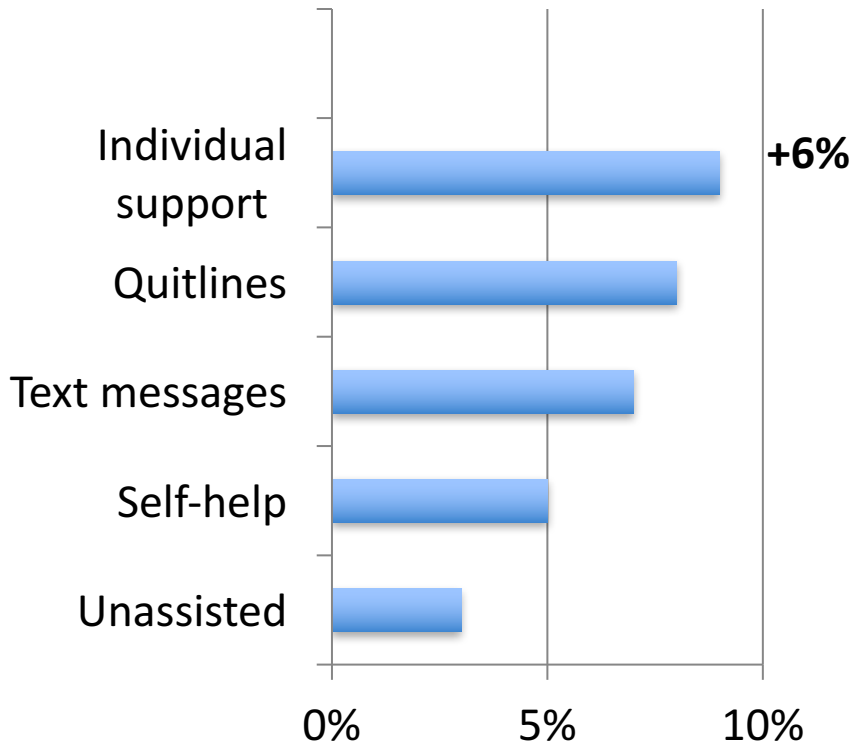
Increases in 6-12 month continuous abstinence rates



- Free
- Multi-session, tailored, delivered via phone, online, blog, text
- Support + NRT
- At least doubles chances of quitting long-term
- Pros: easy accessibility, 24 hours, multiple channels
- Cons: may not be intensive enough for some smokers, different counselor each time

Individual support

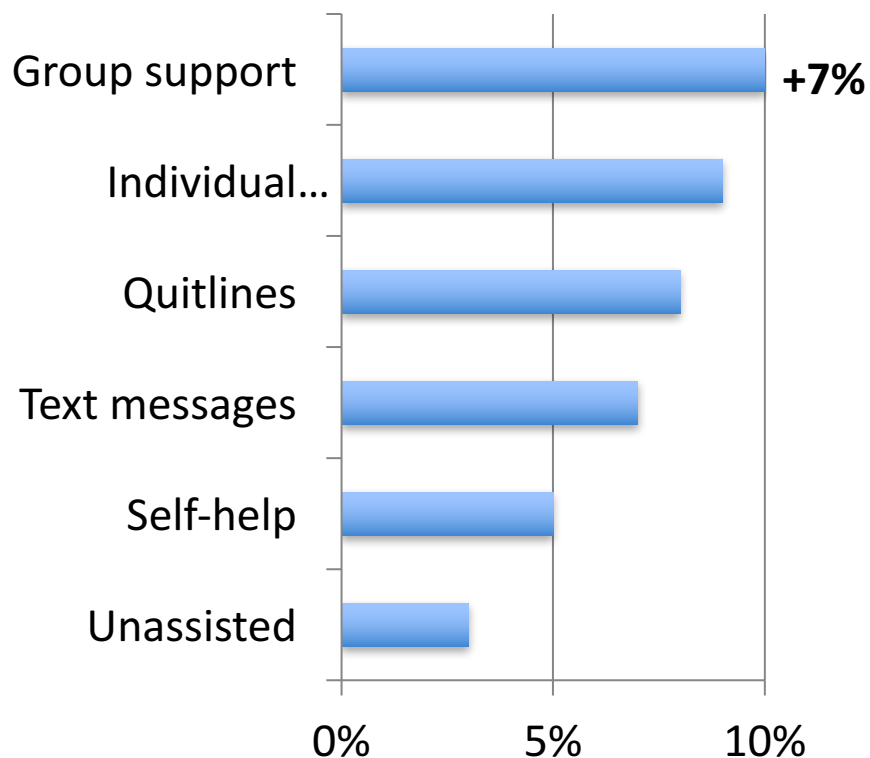
Increases in 6-12 month continuous abstinence rates



- Free
- Multi-session, tailored
- Support + meds
- At least doubles chances of quitting long-term
- Pros: better rapport, slightly higher quit rates
- Cons: sometimes limited accessibility

Group support

Increases in 6-12 month continuous abstinence rates



- Free
- Multi-session, tailored
- Support + meds
- At least doubles chances of quitting long-term
- Pros: increased rapport, higher quit rates, increased social support
- Cons: limited accessibility, groups not suitable for all people

Referral to face-to-face SSS

- **ProCare** and **The Fono** are delivering the new FREE Stop Smoking Service in Auckland & Waitemata
- This is a face-to-face service (with telephone support) designed to meet the needs of your patients
- It's flexible and patients can select either group based or one-to-one sessions with a qualified Stop Smoking Practitioner.
- **How to refer?**
 - **Healthlink** through your PMS system – please use a standard letter or referral form – to do this: *Go to My computer > Select Healthlink Drive > Select FF_Out Folder > Select Procure Folder > Copy the file into the Procure folder (Make sure file is not more than 2MB)*
 - **Fax** 09 377 7826
 - **Email** stopsmoking@procare.co.nz
 - **Phone** 0800 500 601
 - **Online** <https://forms.procare.co.nz/Stop-Smoking>



Withdrawal oriented treatment (WOT)



Treatment outline

- WOT combines behavioural and pharmacological support and incorporates the BCTs to help people along the steps to success.
- Group or individual treatment
- Early quit date
- Close supervision of medication use
- Emphasis on complete abstinence
- WOT helps people get through the initial withdrawal period, which is often the hardest.



Structured treatment sessions

There are 7 weekly sessions

- ✧ Week 1: Information session
- ✧ Week 2: Preparation to quit
- ✧ Week 3: Quit Day
- ✧ Week 4 to 6: Post quit sessions
- ✧ Week 7: Relapse prevention



See your resource pack for your sessional task cards and script notes



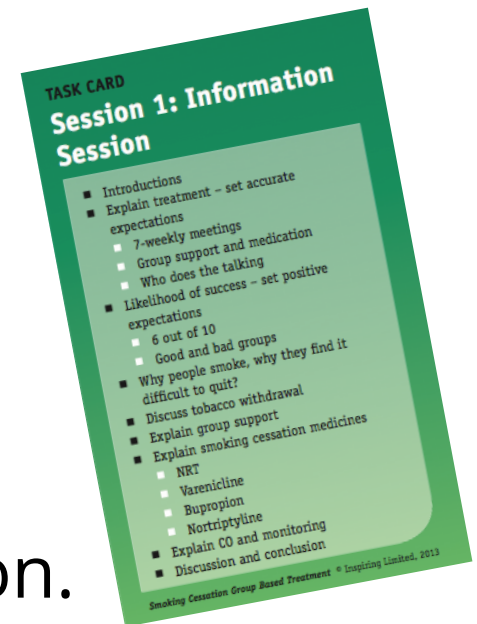
Advantages of the model

- Evidence based
 - Various elements have been researched
- Extensive data on efficacy
 - Known real-life success rates
- Extensive experience
 - In a range of settings and with many clinicians



Session One

- Introductions and getting to know your client
- The treatment programme
- The likelihood of success
- Why people smoke
- Tobacco withdrawal
- Support
- Medicines
- The CO Monitor
- Some discussion and a conclusion.
 - Discussing the quit date
 - Discussing “Not a Single Puff”



Session Two

- How are participants feeling about getting nearer to their quit day
- Discussion on past experiences
- Discuss CO monitor readings
- Checking medication
- Explain the NRT choice
- Preparation for quit day
- Gaining commitment

TASK CARD

Session 2: Preparation for Quitting

- How are you feeling about getting closer to the quit day?
- Comments & reports of past experience
- Ask about CO reading
- Check on medications
- Explain NRT choice
 - Answer questions
- Preparing for quitting
 - Over smoke
- Gaining commitment

Smoking Cessation Group Based Treatment © Inspiring Limited, 2013



Session Three

- Have a warm introduction to the session
- Check on prescription medicines (for clients using them)
- Explain NRT use
- Discuss social support
- Explain buddy support
- Discuss how to cope
- Get promises



Three steps to setting a quit date

Setting a quit date can be approached as a three-step process:

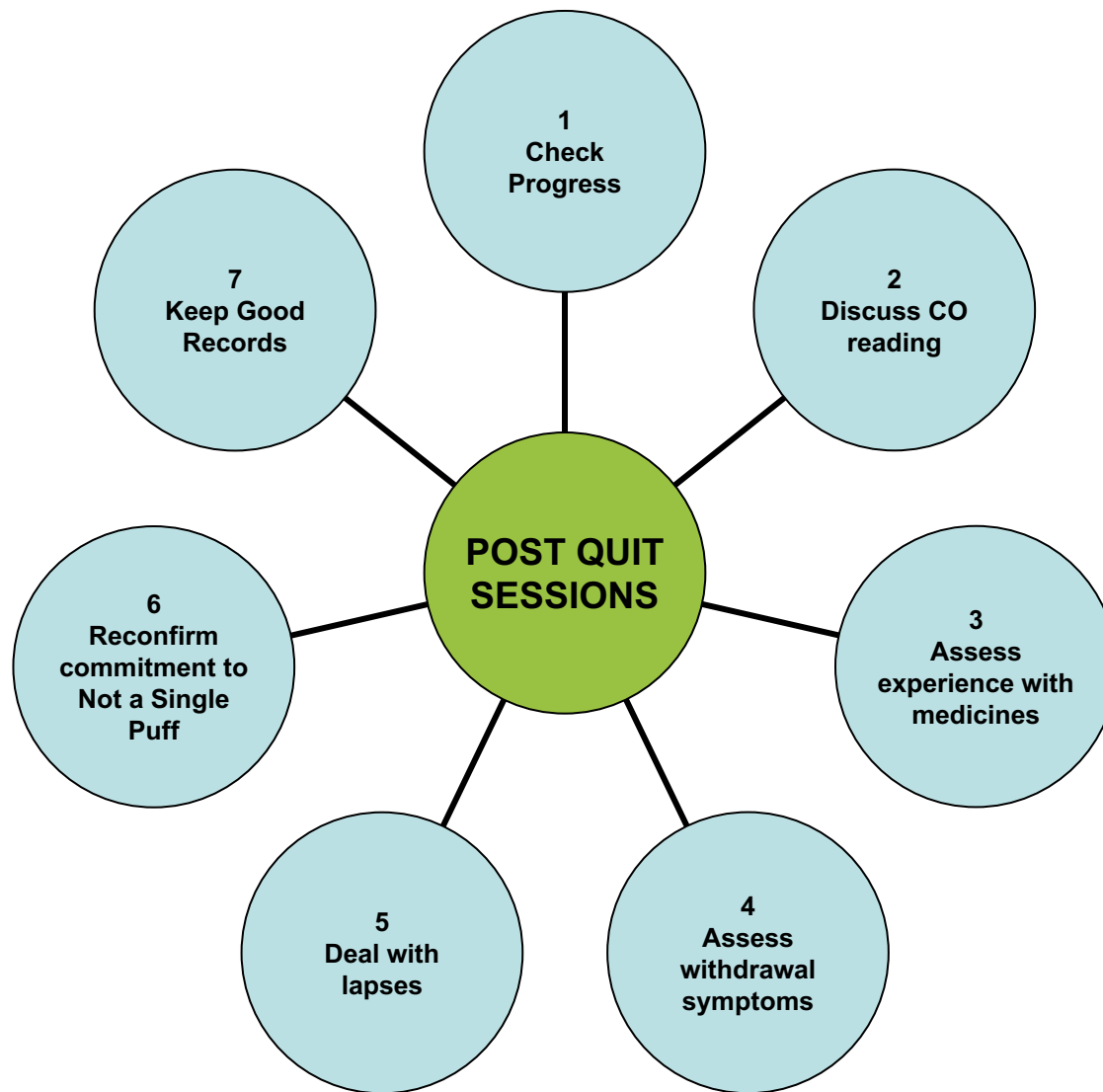
1. You provide a simple **explanation** for setting a quit date.
2. You help your client to **choose** a date to stop smoking.
3. You ensure your client understands the **commitment** of Not a Single Puff after the quit date.



Use of medicines

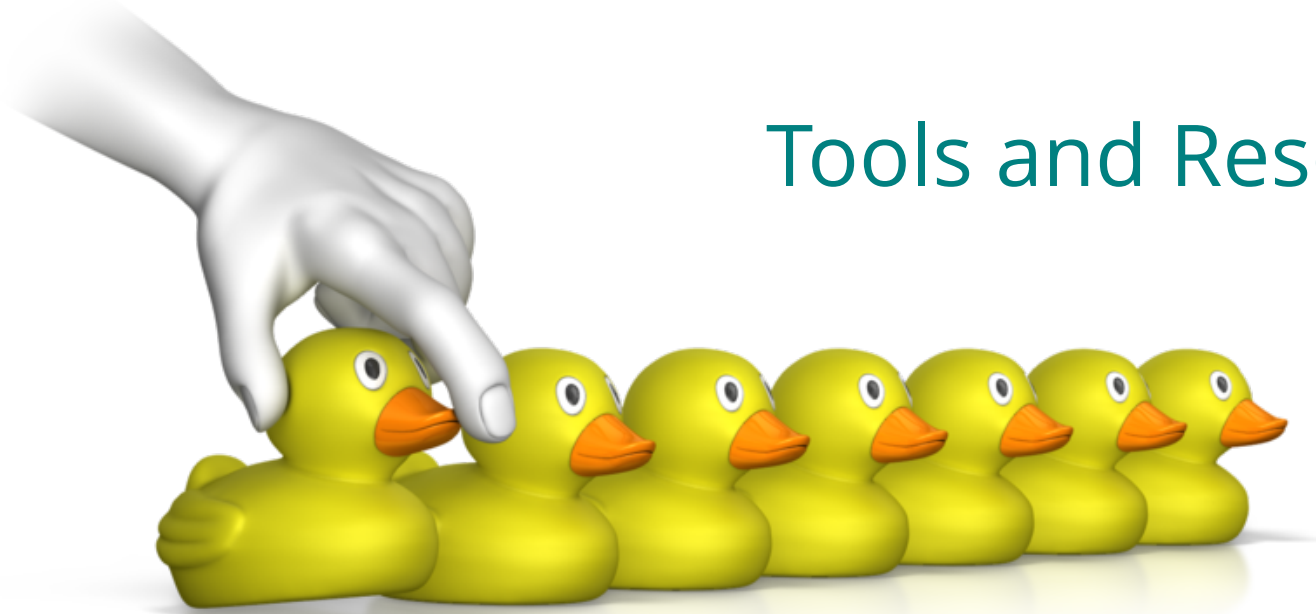
- Check clients have enough
- Complete the course
- Can extend use if needed
- Reassure clients that they can contact you with any questions or concerns





Before you start to deliver Withdrawal Oriented Treatment

Tools and Resources

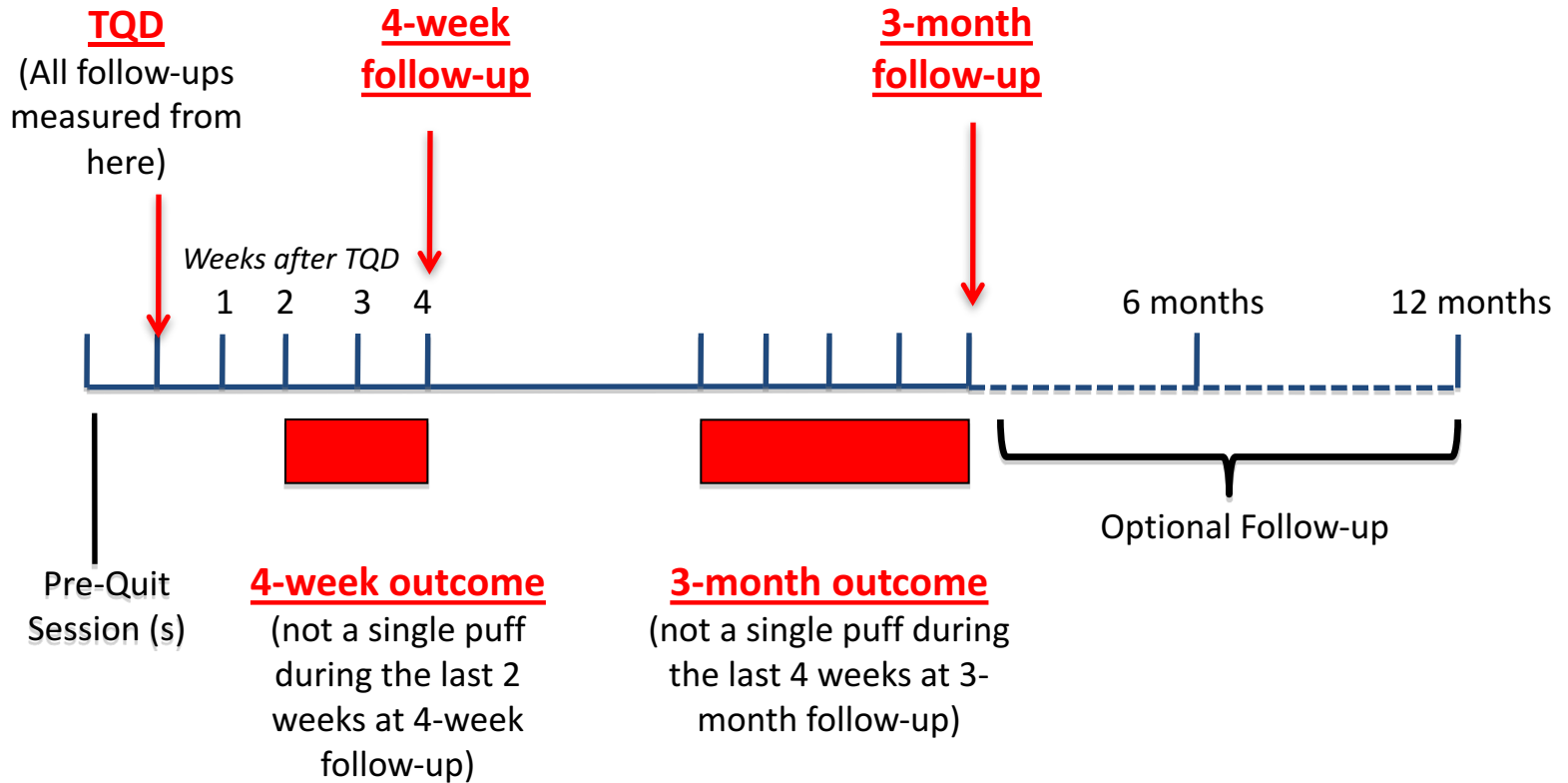


Unproven
methods.

How do you
advise clients?



Reporting on your success



Using stop smoking medicines



Nicotine transdermal patch

What type of medicine is this?

What is the cost of this treatment?

Where does the client get this medicine?

What is the dose?

What actions are needed with this medicine?

Describe the effectiveness?

Describe the side effects?

Any other details?



Nicotine oral products

What type of medicine is this?

What is the cost of this treatment?

Where does the client get this medicine?

What is the dose?

What actions are needed with this medicine?

Describe the effectiveness?

Describe the side effects?

Any other details?



Bupropion

What type of medicine is this?

What is the cost of this treatment?

Where does the client get this medicine?

What is the dose?

What actions are needed with this medicine?

Describe the effectiveness?

Describe the side effects?

Any other details?



Nortriptyline

What type of medicine is this?

What is the cost of this treatment?

Where does the client get this medicine?

What is the dose?

What actions are needed with this medicine?

Describe the effectiveness?

Describe the side effects?

Any other details?



Varenicline

What type of medicine is this?

What is the cost of this treatment?

Where does the client get this medicine?

What is the dose?

What actions are needed with this medicine?

Describe the effectiveness?

Describe the side effects?

Any other details?



Medicines Quiz

<https://goo.gl/forms/K7eKm0v1abhvyzt03>



Question 1

Which of the following statements are true?

- (a) Single product NRT provides 100% nicotine replacement in most smokers
- (b) Nicotine gum requires a certain technique to get the best nicotine absorption
- (c) Peak plasma nicotine concentration is reached within 20-30 minutes of nicotine lozenge use
- (d) NRT approximately triples abstinence rates compared with placebo



Question 2

Which of the following statements are true?

- (a) Bupropion is the only anti-depressant agent that is effective for smoking cessation
- (b) Bupropion approximately doubles long term quit rates, compared with placebo
- (c) Bupropion is more effective than NRT
- (d) Bupropion should be used in caution in people taking other antidepressants



Question 3

Which of the following statements are true?

- (a) Varenicline acts to completely remove the desire to smoke
- (b) Varenicline has been shown to be more effective than bupropion
- (c) Varenicline has a clinically significant interaction with clozapine
- (d) Varenicline is not recommended for smokers under the age of 18



Question 4

Sharon has schizophrenia, asthma, and Type II diabetes. She smokes 10 cigarettes per day, although has previously smoked more heavily.

Which of the following would be appropriate actions to take?

- (a) Advise her that her mental health team would be better placed to help her stop smoking
- (b) Bupropion could be considered, but used with caution
- (c) Advise that she cannot use varenicline as it is contraindicated
- (d) If NRT used, single product NRT is the most appropriate treatment



Question 5

Jack, 34 years old currently smoking 10 cpd. Has not tried to quit in the past, but is now motivated as he is starting a family. He smokes his first cigarette with 10 minutes of waking.

Which of the following statements are true?

- (a) Pharmacotherapy is not indicated as this is his first serious quit attempt
- (b) Jack is highly tobacco dependent
- (c) He meets the special authority criteria for varenicline
- (d) A combination of 21mg patch and 4mg gum would be an appropriate treatment option



Question 6

Edward, 25 year old, unemployed. Smokes a packet a day, has tried to quit 'cold turkey' numerous times and in his most recent quit attempt used nicotine gum. He liked the gum (used 4 pieces a day), but lasted 5 days. He has Type I diabetes and reports frequent episodes of hypoglycemia.

Which of the following would be appropriate actions to take?

- (a) His poorly controlled diabetes is problematic for the use of all stop smoking medicines
- (b) As the gum was not effective, advise him to use a different NRT product
- (c) Advise that if he'd like to use the gum he should aim to use it regularly (e.g. hourly)
- (d) Adding a patch is likely to increase the chances of long-term abstinence



Question 7

Dylan, 47 year old, history of major depression, but well controlled on anti-depressant medicine (SSRI). Smoking 15 cigarettes a day. Has tried patches, lozenges and gum in the past (did not find them helpful) with quitline support. Desperate to quit, but lacks confidence.

Which of the following would be appropriate?

- (a) Recommend that he use NRT only, as bupropion and varenicline could adversely affect his mental health
- (b) Recommend he just cut down
- (c) Consider approaches such as cut down then quit, or flexible quit date with NRT or varenicline
- (d) Discuss the other, non-subsidized, NRT products



Question 8

Regarding the nicotine inhalator

Which of the following are true?

- (a) It delivers nicotine to the lungs
- (b) Nicotine delivery is affected by ambient temperature
- (c) Is most effective when used only when the client has an urge to smoke
- (d) Is the fastest acting NRT product



Question 9

Regarding the nicotine mouth spray

Which of the following are true?

- (a) Recommend that people use it regularly
- (b) The maximum number of sprays that can be used in an hour is two
- (c) Is the fastest acting NRT product
- (d) It should be stopped if clients develop hiccups



Question 10

Sally, age 62, COPD, recently discharged from hospital after exacerbation of illness. Long-term smoker. Currently smoking 10 cpd. Stopped whilst in hospital, but relapsed 3 days post-discharge. She knows how important it is to quit, but struggles.

Which of the following would be appropriate?

- (a) Encourage Sally to make another quit attempt, briefly explaining the range of options available
- (b) Provide a more intensive programme of support
- (c) Tell her that her smoking is making her condition worse and she needs to stop
- (d) Advise her to come back and see you when she is ready to quit



Question 11

Rex, 69 year old, retired insurance salesman. Long-term heavy smoker (up to 40 cpd), hospitalised following a myocardial infarction.

Has just been discharged and has not smoked since he was admitted. He is highly motivated to quit and pretty sure that he'll be able to "do it on his own".

Which of the following would be appropriate?

- (a) Agree that most people quit without support and he will be fine
- (b) Discuss NRT gum or lozenge (patch is not recommended following acute cardiac event)
- (c) Warn that varenicline cannot be used in his case
- (d) Offer to provide weekly support to help him remain abstinent



Question 12

Aroha, age 22 and 24 weeks pregnant. She has been trying to quit ever since she found she was pregnant. Has managed to cut down from 20 to 10 cigarettes per day using 4mg gum her Aunt gave her. Has been thinking about using a vaporizer (e-cigarette).

Which of the following would be appropriate?

- (a) Affirm her decision to quit and the changes she has made
- (b) Check how she is using the gum
- (c) Recommend that she try a patch as well
- (d) Advise that she should not use a vaporizer as this could be more harmful than smoking



Question 13

Regarding the vaporizers (electronic cigarettes)

Which of the following are true?

- (a) They are 'safer', in terms of health risk, than smoked tobacco
- (b) They have proven to be a gateway to smoking
- (c) Regular vaping is predominantly seen in current or ex-smokers
- (d) Data from two RCTs suggest that nicotine containing e-cigarettes can help people stop smoking



Question 14

Robert, a pack-a-day smoker, is seeing you for help in stopping smoking. He is using 21mg patches, but wants to know if a nicotine vaporizer might help him. He also wants to know if it's safe.

Which of the following would be appropriate advice?

- (a) Tell him that there is absolutely no evidence that nicotine vaporizers can help people to quit
- (b) Vaporizers are safer than smoking, but risks to health associated with long-term use are unknown
- (c) Explain that he should keep the device and any nicotine-containing liquid out of reach of children
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Answers



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