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, these 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 symptoms 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?

> ***The 5 A's for Smoking Cessation: Ask, Assess, Advise, Assist and Arrange*** *follow up at every opportunity. Brief smoking cessation advice by a health professional is effective at encouraging smoking cessation.*

> ***Using Breath Carbon Monoxide (CO) analysers***
> - *Some sites may have a portable Breath CO analyser available to use e.g. Smokerlyzer.*
> - *These can be used to help in assessing a person's smoking status and to begin a conversation about smoking cessation.*
> - *The CO reading will be influenced by the time of the person'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.*
> - *Refer to information that comes with each analyser.*

Principles of Management

If person 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.

If person is unsure:

- 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 person is still unsure, offer information and a follow up appointment.

If person is ready to quit:

- If person 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. Congratulate / motivate / plan.

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 and assist them in finding ways to do so. 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.

Therapeutic Protocols

Non-Pharmacological Therapies

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 "Tackling Indigenous Smoking (TIS) Educator" or other key personnel 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.
- An Aboriginal Liaison Service available. (Phone: 137 848)
- Apps for smartphones are also available. e.g. Quit Buddy.

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Smoking Cessation

Pharmacological Therapies

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. Items included in the KSDL include:

Oral Therapy	Transdermal Therapy
• Nicotine Chewing Gum (2mg, 4mg)	• Nicotine Patch 25mg/16 Hrs • Nicotine Patch 7mg, 14mg, 21mg (28 patch /box)

RACGP Guidelines for NRT

Combination NRT (gum + patch) has higher efficacy than monotherapy, with no increased side effects. The following is recommended for:

1. People smoking **within** 30 minutes of waking
   - Smoking <10 cigs/day: Nicotine 21mg/24-hour patch + 2mg gum
   - Smoking >10 cigs/day: Nicotine 21mg/24hr patch + 4mg gum.
2. People smoking **more than** 30 minutes after waking
   - Smoking <10 cigs/day: Nicotine 2mg gum
   - Smoking >10 cigs/day: Nicotine 21mg/24hr patch + 2mg gum

Preloading with nicotine patches before quit day can increase efficacy by 34%. Begin patches 2 weeks before the planned quit date. Encourage people to continue patches for at least 8 weeks in total -no need to reduce patch dose/strength before stopping. The patches can be continued for a maximum of 24 weeks.

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 30-60 seconds after removing the backing (evaporates alcohol in the adhesive).*
- *Don't put the patch on hairy skin.*
- *Put each new patch on a different part of the skin to avoid 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.
Using patch daily but still having daytime cravings	Try combination NRT; e.g. add nicotine gum so person is wearing a daily patch and using nicotine gum additionally when needed.
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 e.g. 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 dosage

# 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 15 mins 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 people 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 person to seek medical review if they develop new symptoms like SOB or chest pains.
- The most common 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.
- 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.

Varenicline: important notes

Dose reduction is required in renal failure

- Avoid in people with ESKD. If CrCl < 30ml/min start with varenicline 0.5 mg daily for 3 days, then a maximum of 1 mg daily.

Women of childbearing age

- Varenicline (ADEC Category B3) is not recommended for use in pregnancy or for women who are breastfeeding.
- NRT may be used in pregnancy and breastfeeding.
- Nicotine gum delivers intermittent doses of nicotine and is recommended as first line rather than 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 breastfeeding.

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 ‘Managing slip-ups’ box below.
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 they have 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 TIS Educator.

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).

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.

What about E-cig?

The E-cig is currently not approved by TGA. Nicotine levels are not standardised between products. The possession of nicotine-containing e-liquid without a prescription is illegal however, they are not uncommonly acquired by patients. The use of E-cig is controversial as their long-term safety profile is still largely unknown. Nicotine e-cigarettes have a potential role as a tobacco harm reduction strategy for people who do not wish to give up tobacco or nicotine use completely.

References

Melbourne: Royal Australian College of General Practitioners. Supporting smoking cessation: A guide for health professionals.
December 2019 (Second edition).

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Useful Links

Quitline offers free return calls. An Aboriginal Liaison Service available. (Phone: 137 848)

My Quit Buddy App -
https://www.health.gov.au/resources/apps-and-tools/my-quitbuddy-app

Kimberley TIS Coordinator – 9195 2118
BRAMS TIS – 9192 1338
DAHS TIS – 9158 2131
YYMS TIS – 9168 6266
OVAHS TIS – 9166 2256
KMHDS – Kimberley Mental Health and Drug Services:

Broome	9194 2640
Derby	9193 3605
Fitzroy Crossing	9166 1700
Halls Creek	9168 8277
Kununurra	9166 4350

Milliya Rumurra - Broome -Alcohol and Drug rehab Centre 91921699
Headspace Broome – 9193 6222
youth aged 12-25 can get support and advice for a range of issues. They provide counseling, Doctors clinics, Social and emotional well Being (SEWB), sexual health, AOD and vocational support.

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