Helping Smokers Quit
A Health Professional’s Guide to Brief Intervention

**Ask all clients**
“Do you smoke tobacco?”
- Record smoking status (current smoker).

**Ask**
“Have you ever smoked?”
- Congratulate choice not to smoke and record smoking status (never smoker).

**Assess**
Assess stage of change:
“How do you feel about your smoking at the moment?” and
“Are you ready to stop smoking now?” (see over)
Record stage of change.
Assess nicotine dependence and discuss past quit attempts, other health problems and special needs.

**Assess**
Nicotine dependence can be assessed by asking:
1. How many minutes after waking until your first cigarette?
2. How many cigarettes do you smoke per day?
3. What cravings or withdrawal symptoms did you have in any previous quit attempts?
Smoking within 30 minutes of waking, smoking more than 15 cigarettes per day and history of withdrawal symptoms in previous quit attempts are all markers of nicotine dependence.

**Advise**
All smokers should be advised to quit in a way that is clear but non-confrontational eg. “The best thing you can do for your health is to quit smoking.” As a minimum, offer written information (Quit Book) and referral to Quitline 13QUIT.

**Assist - Not ready**
Discuss the benefits of quitting and risks of continued smoking.
Provide information about not exposing others to passive smoking.
Advise that help is available when they’re ready.

**Assist - Unsure**
Do motivational interviewing:
“What are the things you like and don’t like about your smoking?”
Explore their doubts.
Explore barriers to quitting and correct misconceptions.
Offer written information (Quit Book) and referral to Quitline 13QUIT.

**Assist - Ready**
Affirm and encourage.
Provide a Quit Book and discuss a quit plan (see over).
Recommend pharmacotherapy to nicotine dependent smokers.
Discuss relapse prevention.
Offer referral to Quitline 13QUIT.

**Assist - Staying a non-smoker**
Congratulate.
Discuss relapse prevention (see over).
Review and reinforce benefits of quitting.
Offer written information (Quit Book) and referral to Quitline 13QUIT.

**Arrange follow-up**
For clients attempting to quit, arrange follow-up within 1-4 weeks after quit day.
At these follow-up times:
- congratulate and affirm decision
- review progress and problems
- encourage continuance of pharmacotherapy
- discuss relapse prevention
- encourage use of support services.
**OR, if follow-up visit is not possible:**
Refer to Quitline 13QUIT or GP

**Successful Quitter**
Congratulate and affirm non-smoking status.
Discuss relapse prevention (see over).

**Relapse**
Offer support and reframe as a learning experience.
Explore reasons for relapse and lessons for future quit attempts.
Offer on-going support.
Ask again at future consultations.
A smoker's quit plan can include:

- Setting a realistic quit date and sticking to it.
- Identifying why and where you smoke and what 'triggers' you want to quit.
- Considering the use of pharmacotherapy (NRT, Bupropion HCl).
- Developing coping strategies for trigger situations.
- Writing out your list of reasons for quitting and displaying it in prominent positions (e.g., fridge, car).
- Finding a 'Quit Buddy' to encourage and support each other.
- Telling everyone you are quitting – you will need their support.
- Checking your house, car, workplace, etc., and throwing out cigarettes, lighters and ashtrays, the day before quit day.
- Setting incremental goals and rewarding yourself for not smoking.

Relapse prevention & coping strategies

Encourage your client to anticipate triggers and prepare strategies, including:

- Asking people not to smoke around you and never buy, hold or light cigarettes for others.
- Doing something active when the urge hits.
- Changing your routine so that you have got something else to do at the times and places you used to smoke.
- Using pharmacotherapy (NRT, Bupropion HCl).
- Sipping water or chewing sugarless gum when you have cravings.
- Ringing Quitline 13QUIT for support.

Nicotine Replacement Therapy (NRT)

<table>
<thead>
<tr>
<th>Client group</th>
<th>Dose</th>
<th>Duration</th>
<th>Contraindications</th>
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<tbody>
<tr>
<td>Patch (Unscheduled)</td>
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<tr>
<td>&lt; 10 cigs per day or weight &lt; 45kg or CVD</td>
<td>14mg/24 hr patch or 10mg/16 hr patch</td>
<td>8 weeks or greater</td>
<td>Non-smokers; recent MI, CVA; unstable Prinzmetal angina; severe arrhythmias; generalised skin disease; children; pregnancy, lactation.</td>
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<tr>
<td>&gt; 10 cigs per day and weight &gt; 45kg</td>
<td>21mg/24 hr patch or 15mg/16 hr patch</td>
<td>8 weeks or greater</td>
<td></td>
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<tr>
<td>Gum (Unscheduled)</td>
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<tr>
<td>&gt; 10 and ≤ 20 cigs per day</td>
<td>2mg gum, 8-12 per day</td>
<td>8 weeks or greater</td>
<td>Non-smokers; recent MI; unstable, progressive angina pectoris; Prinzmetal variant angina; severe cardiac arrhythmias; acute phase stroke; children; pregnancy, lactation.</td>
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<tr>
<td>&gt; 20 cigs per day</td>
<td>4mg gum, 6-10 per day</td>
<td>8 weeks or greater</td>
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Pharmacotherapy for dependent smokers is proven to double the chances of successfully quitting. For information on other forms of NRT (inhaler, lozenge and sublingual tablet) and Bupropion HCl (trade name Zyban), see Helping Smokers Quit (Guide) or seek specialist medical advice.

Stages of Change

- Not ready: These clients do not recognise their smoking as a problem, or are unconcerned about their smoking. They generally see the positive aspects of smoking and do not like to acknowledge the disadvantages or have been discouraged by failure in past quit attempts.
- Unsure: These smokers are ambivalent or uncertain about their smoking and are thinking about changing their behaviour. They may be apprehensive, possibly because they have tried in the past to quit and have failed. This group is particularly amenable to motivational interviewing.
- Ready: These smokers are ready to change their behaviour and plan to quit within the next 30 days. They have usually made a quit attempt in the past year. This group is most likely to actually attempt to quit in the near future. This is a window of opportunity, which may only open for a short time. This is the group most likely to ask for help with quitting.
- Staying a non-smoker: Action - These smokers are actively quitting (i.e., they have quit in the past six months). This is when the risk of relapse is highest with about 75% of relapse occurring in this stage, mostly within the first week. The new ex-smoker is trying to lose their associations and triggers for smoking and establish themselves as a non-smoker. This is a period where support and strategies to prevent relapse are especially important. Maintenance - These individuals have quit over six months ago. The non-smoking behaviour is established and chance of relapse diminishes over time – only about 4% of those who quit for more than two years ever go back to smoking.
- Relapse: If relapse should occur, it is important for the client to see it as part of a learning experience and not as a failure. Relapse is common during the quitting process. A relapsed smoker should be encouraged and motivated to quit again.