Smoking cessation

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1 Care map information

Quick info:
There is extensive evidence that advice from health professionals assists smokers to quit [1-4].
While spending more time (longer than 10 minutes) advising smokers to quit yields higher abstinence rates than minimal advice, [5] offering brief advice (as little as 3 minutes) has been shown to have clear benefits[1, 6-7]. Providing brief advice to most smokers is more effective and efficient than spending a longer time with a few patients. [6-8]
Advice-based help and pharmacotherapy can both increase the rate of success of quit attempts, and when they are used the benefits are cumulative. [5] Smokers should be offered cessation treatment, either counselling (individual or group) or medication, or both, which is individualised and customised to their own personal situation and experience.

Updates to this care map
This care map has been updated using the Map of Medicine editorial methodology and represents best clinical practice according to the highest quality evidence available, including the following guidelines:
Please see the care map’s Provenance for additional information on contributors, and the editorial methodology.

References

2 Resources for patients, families and carers

Quick info:
Health Professional Resources
Quit Victoria - Pregnancy and Smoking Cessation
Department of Health – Smoking and mental illness, a guide for health professionals
Quitline Online Referral Form
Quitline Fax Referral Form
RACGP - Supporting smoking cessation. A guide for health professionals
Patient and Carer Resources
Local Services
Peninsula Health Community Health Quit Services

General Information
Download Quit Victoria Quit Pack- Quit Because You Can (booklet)- Choosing the Best Way to Quit (booklet)
Quit Victoria - Patient fact sheet - Services and Products

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3 Pregnancy

Quick info:
Quit Victoria - Pregnancy and Smoking Cessation

Nicotine Replacement Therapy
It is best if a pregnant woman gives up smoking without using NRT.
If she is unable to quit on her own then intermittent NRT (the chewing gum or the lozenge or the inhalator or the mouth spray) may be recommended, as early on in the pregnancy as possible. [1]
The day-time nicotine patch may be used if the mother has nausea or sickness and cannot tolerate intermittent NRT, but it must be removed before bed. [2-3]
The aim is to discontinue use as soon as possible. [2-3]
Following the pregnancy, NRT is suitable.
If the mother is breastfeeding then use of intermittent NRT (such as the chewing gum, the mouth spray, the lozenge or the inhalator) is recommended but breastfeed before using NRT. [2-3]

Prescribed quit medication
Varenicline is not suitable for women who are pregnant, trying to become pregnant or are breastfeeding [4-5]
Bupropion is not suitable for women who are pregnant, trying to become pregnant or are breastfeeding [4-5]

References
5. Pfizer Australia Pty Ltd. MIMS full prescribing information - Champix - Varenicline tartrate [product information]. In: Mims Online; December 2010. p. 8
4 Aboriginal and Torres Strait Islander Health

Quick info:
In 2012-2013, prevalence of daily smoking among Aboriginal and Torres Strait Islander people was higher than non-Indigenous people in every age group. Aboriginal and Torres Strait Islander people aged 15 years and over were 2.6 times as likely as non-Indigenous people to be current daily smokers [1].

Quitline (13 QUIT, 137848) has four Aboriginal counsellors ready to take calls from the Victorian Aboriginal community.

References

5 Ask about smoking status

Quick info:
Ask all patients about smoking and record smoking status [1].
If yes, current smoker - go to ‘Assess willingness to quit’
If no, ex smoker - reaffirm decision to quit; provide relapse prevention advice if quit <1 year
Never smoker - reaffirm choice not to smoke

References

6 Assess willingness to quit

Quick info:
Assess patient's willingness and confidence to quit, record stage of change and assess nicotine dependence.[1]

Assess stage of change

Stages of Change Model
Where are you at with your quitting/smoking? Are you thinking about quitting in the near future? How confident are you about quitting (staying quit)? How motivated are you about quitting (staying quit)? What can I do to help you with your quitting? Tell me about your previous quitting experiences and what helped or hindered?

Assess nicotine dependency
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 10 cigarettes per day and a history of withdrawal symptoms in previous quit attempts are signs of nicotine dependence [1]

References

7 Advise to quit

Quick info:
All smokers should be advised to quit in a way that is clear and personalised but not confrontational way e.g. “The best thing you can do for your health is to quit smoking”. [1]

Highlight passive smoking and financial benefits

References
Smoking cessation

8 Assist to quit

Quick info:
Assist patient depending on stage of readiness to quit Stages of Change Model

Not ready: Discuss the benefits of quitting and dangers of continuing smoking. Provide information about not exposing others to passive smoking

Unsure: Motivational interviewing, e.g. “what are the things you like and don’t like about your smoking”, explore doubts, explore barriers to quitting and provide written information and referral to Quitline 137848.

Ready: Affirm and encourage quitting. Offer referral to Quitline 137848 and/or Peninsula Health Quit Services. Discuss a quit plan and set a quit date. Recommend pharmacotherapy (prescribed medication, NRT) to nicotine dependent smokers. [1] Remind patients of 4Ds to fight cravings: Delay- Deep Breathe- Drink Water- Do something else

References

9 Arrange follow up appointment

Quick info:
Ask smokers if they have reconsidered quitting or check progress of patients who are trying to quit at a subsequent visit. If a quit attempt has not been made, then restart the 5 A’s. [1]

References

10 Quit services

Quick info:
**Quit services**
Discussing quitting with a doctor, health educator, psychologist, psychiatrist, or other health professional who has been trained to help people quit can increase the likelihood of a client’s success. [1-4] These sessions should be more than 10 minutes long. [5]

References

11 Pharmaceuticals

Quick info:
**Pharmaceuticals**
Research shows that people who have the best chance of quitting are those who receive some quit coaching and use quitting medications. [1-3]

Drug Interactions
The chemicals in smoke may interact with antipsychotics, antidepressants, benzodiazepines, oral contraceptives, inhaled corticosteroids and beta blockers via pharmacokinetic and pharmacodynamic (often nicotine-mediated) mechanisms. For further detail, please view: Australian Prescriber, Smoking and Drug Interactions, Lucas & Martin 2013.

References

12 REFERRAL Peninsula Health - Quit Smoking Support

Quick info:
Peninsula Health - Quit Smoking Support Services
Referral Phone 1300 665 781 (ACCESS)
Eligibility GP or self-referral
No referral form or letter required.
Service description
Individual Sessions
• One-on-one with a Health Professional
Quit Short Course
• 2 sessions (3 hours each) 2 weeks apart. This service is offered to a group or workplace
Estimated wait: Community Health Waiting List

Service brochure

13 REFERRAL National Quit services

Quick info:
National Quit Services
Quitline
Referral Phone 13 QUIT (137 848) or use online referral form or fax referral form to 03 9514 6801
Service description The Quitline telephone service provides access to self-help resources, advice, support, and confidential telephone counselling for people who want to quit smoking.
The Quitline is answered 24 hours a day. Counselling is available Monday to Friday from 8am to 8pm and is provided by trained and experienced professional telephone advisors.
QuitCoach
Service description The QuitCoach is a free interactive website, offering tailored advice. The QuitCoach asks questions and uses answers to give you advice tailored to each situation. Each visit, the latest answers are used, together with the answers from previous visits, to give advice that takes into account any changes made. The QuitCoach is run by Quit Victoria.
QuitTxt
Service description QuitTxt provides regular SMS messages including tips and encouragement to help keep on track throughout the quit attempt. The messages are tailored to where your client is on their quitting journey. Request extra help messages when needed, e.g. if you text a word like “STRESS” or “SOCIAL” or “BORED” you receive an instant reply with a strategy to deal with the problem My QuitBuddy
Service description My QuitBuddy is an Australian government personalised smoking cessation smart phone app to support individuals to become smoke-free. It can be download via the Apple App Store, Google Play or Windows Phone store for any smart phone.
14 Allied health and alternative therapies

Quick info:

Allied health and alternative therapies

Psychologists, counsellors and other allied health professionals can provide prolonged intervention for smoking cessation. Community Health Services can be found at Peninsula Health Community Health Services.

Hypnotherapy

Based on a systematic review [1], there is little evidence to suggest hypnotherapy to be an effective long-term smoking cessation aid. There is no clear evidence that suggests hypnotherapy is effective, however further research is required. Uncertainty remains about the long term effects of acupuncture on smoking cessation, as there is limited evidence available [2].

References


15 Quitting medication

Quick info:

Quitting medication

Research shows that use of Champix more than doubles the chance of quitting smoking. Zyban nearly doubles the chance of quitting smoking.

References


16 Nicotine replacement therapy (NRT)

Quick info:

Nicotine Replacement Therapy

Although NRT is considered the safest quitting medication it should be used with caution for pregnant women and patients with unstable cardiovascular disease (check PI)[1]
All forms of NRT can be used by patients over 12 years. [2]
All forms of nicotine replacement therapy (NRT) – patches, gum, lozenges, tablets and inhaler – have been proven to help people quit smoking. [3]
Combination therapy (using the patch plus lower dose gum or lozenge) is better at suppressing cravings than a single nicotine product. [4]

References


17 Inhalator/mouth spray/oral strip
Quick info:

### Inhalator/Mouth Spray/Oral Strip

**Patient fact sheet nicotine inhalator**

An inhalator releases nicotine into the mouth when inhaled and absorbed into lining of the mouth to enter the blood stream. Inhalator is not suitable for asthmatics.

**Patient fact sheet nicotine mouth spray**

Mouth spray is used when normally craving a cigarette with nicotine absorbed into lining of the mouth to enter the blood stream.

**Oral strips**

Oral strips are small thin, translucent films that dissolve in the mouth in minutes releasing nicotine providing craving relief.

### 18 Bupropion (Zyban and Prexaton)

Quick info:

**Bupropion (Zyban and Prexaton)**

PBS Authority required – 1800 888 333

**Bupropion patient fact sheet**

**Consumer Medicine Information Prexaton**

**Consumer Medicine Information Zyban**

Only one course of PBS-subsidised bupropion hydrochloride will be authorised per 12 months.

The period between commencing a course of bupropion hydrochloride and varenicline tartrate must be at least 6 months.

A course of treatment with bupropion hydrochloride is 9 weeks.

No increased maximum quantities or repeats will be authorised. Clinical review is recommended within 2 to 3 weeks of the original prescription being requested.

Commencement of short-term, sole PBS-subsidised, therapy as an aid to achieving abstinence in a patient who has indicated they are ready to cease smoking and who has entered/who is entering a comprehensive support and counselling program. Details of the program must be specified in the authority application.

NRN and bupropion can be prescribed together – by a GP and it is recommended blood pressure is monitored during use. [1]

Some people have reported symptoms such as changes in behaviour, hostility, agitation, depressed mood, and suicidal thoughts (thinking about harming or killing oneself or planning or trying to do so) while taking bupropion to stop smoking. [2]

**References**


### 19 Varenicline (Champix)

Quick info:

**Varenicline (Champix)**

PBS Authority required – 1800 888 333

**QUIT Varenicline patient fact sheet**

**Consumer Medicine Information Varenicline**

A course of treatment with varenicline tartrate is 12 weeks or up to 24 weeks, if initial treatment of 12 weeks has been successful.

Only one course of 12 or up to 24 weeks of PBS-subsidised varenicline tartrate will be authorised per year.

The period between commencing varenicline tartrate and bupropion hydrochloride must be at least 6 months.

No increased maximum quantities or repeats will be authorised. Clinical review is recommended within 2 to 3 weeks of the initial prescription being requested.

Commencement of short-term, sole PBS-subsidised, therapy as an aid to achieving abstinence in a patient who has indicated they are ready to cease smoking and who has entered/who is entering a comprehensive support and counselling program. Details of the program must be specified in the authority application.

Smoking can continue during the first and second week on Varenicline.
A small number of patients may develop mental health problems, such as depression or self-harming behaviour – family members should be alert for unusual changes in behaviour or mood. [1]

There is now evidence to suggest that Varenicline can be used as indicated in patients with or without a history of mental illness. Updated evidence confirmed that varenicline does not increase the rates of suicidal events, depression or agitation/aggression [2]

References

20 Gum / lozenges

Quick info:
Gum/Lozenges
Patient fact sheet nicotine gum
Patient fact sheet nicotine lozenges

Gum is to be chewed slowly until the taste becomes strong (1 minute) and then to be stopped and rested against the cheek. When the taste fades, it is to be chewed a few times until the taste gets strong again, then to be rested again.

Lozenges are taken orally and must be dissolved in the mouth to be effective.

21 Patches

Quick info:
Patches
PBS Authority required – 1800 888 333 (Patches are available through the PBS or at pharmacies without prescription).
Nicotine patches patient fact sheet

Patches should not be cut in half.

Nicotine patches are available under the PBS in conjunction with a comprehensive counselling program.
The treatment must be the sole PBS-subsidised therapy for this condition.
Patches on the PBS (General Schedule) are available as 1 X 12 week supply each year (one original script plus 2 repeats), consisting of either:
- 1 x 12 week supply of the Nicabate 21mg, 24hr (day and night) patch, or
- 1 x 12 week supply of the Nicorette 25mg, 16hr (day) patch or
- 1 x 12 week supply consisting of 4 weeks of the Nicotinell 21mg, 24hr (day and night) patch + 4 weeks of the 14mg, 24hr patch + 4 weeks of the 7mg, 24hr patch (Steps 1, 2 and 3, to help you wean off nicotine at a slower rate)
Overview

This document describes the provenance of the Peninsula Pathways, Smoking cessation pathway.

This pathway was last updated on the 30 September 2014.

The Peninsula Pathways Program aims to improve the continuity of patient care between primary, community and hospital care settings in the Frankston-Mornington Peninsula region. Work groups comprising of experienced health professionals (GPs, specialists, nurses, allied health professionals) were established to review and localise pathways.

This pathway has been developed to improve outcomes for people who want to give up smoking.

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Editorial methodology

This care map has been based on a Map of Medicine care map developed according to the Map of Medicine editorial methodology. The content of this Map of Medicine care map is based on high quality guidelines and practice-based knowledge provided by contributors with front-line clinical experience (see contributors section of this document). This localised version of the evidence-based, practice informed care map has been consulted by relevant stakeholder representatives.

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Disclaimers

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