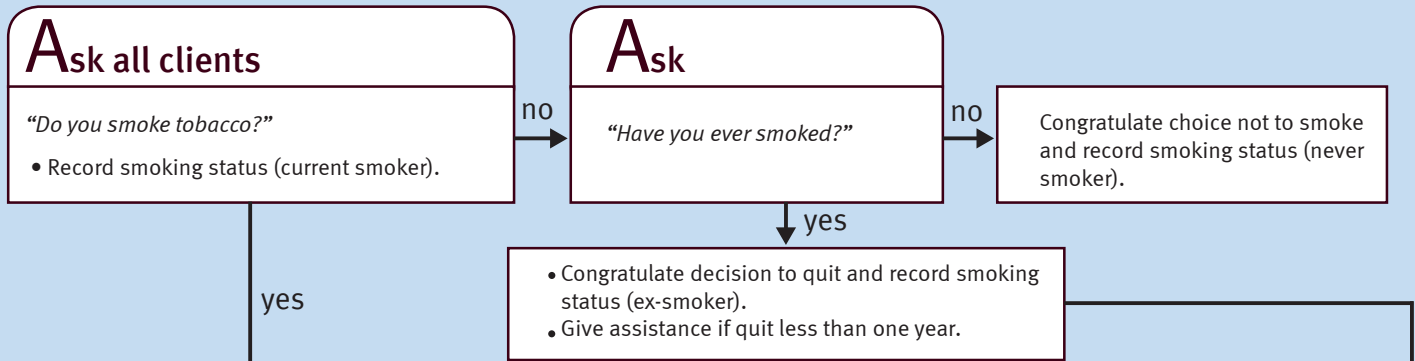


# Helping Smokers Quit

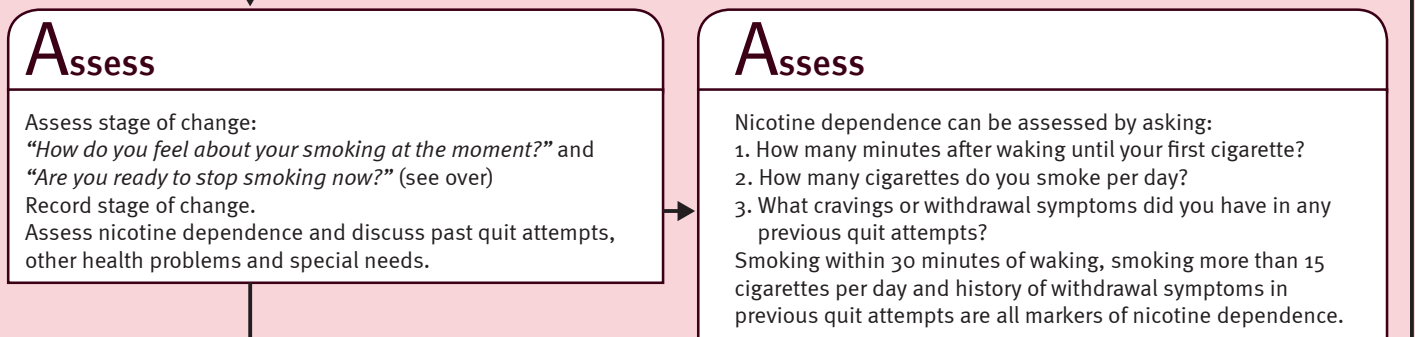
## A Health Professional's Guide to Brief Intervention



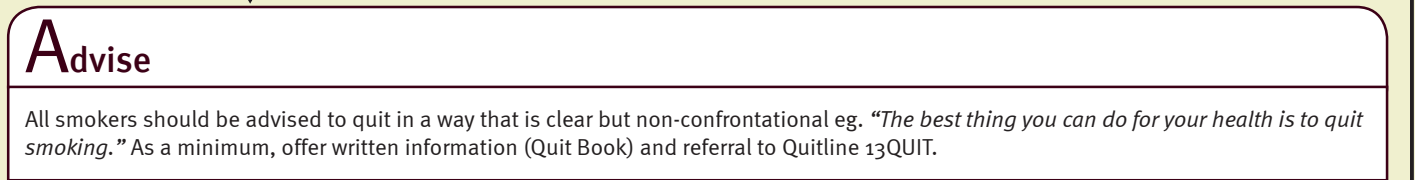
1



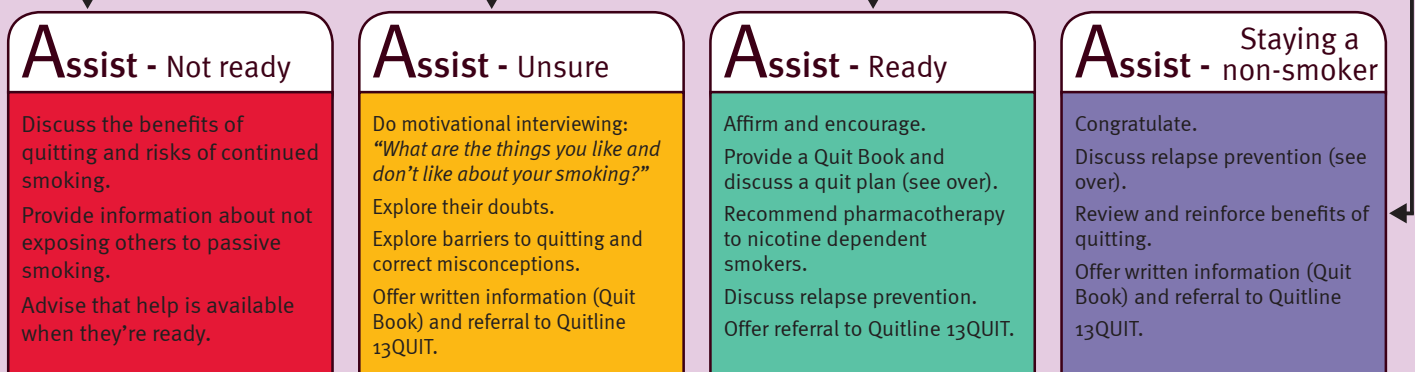
2



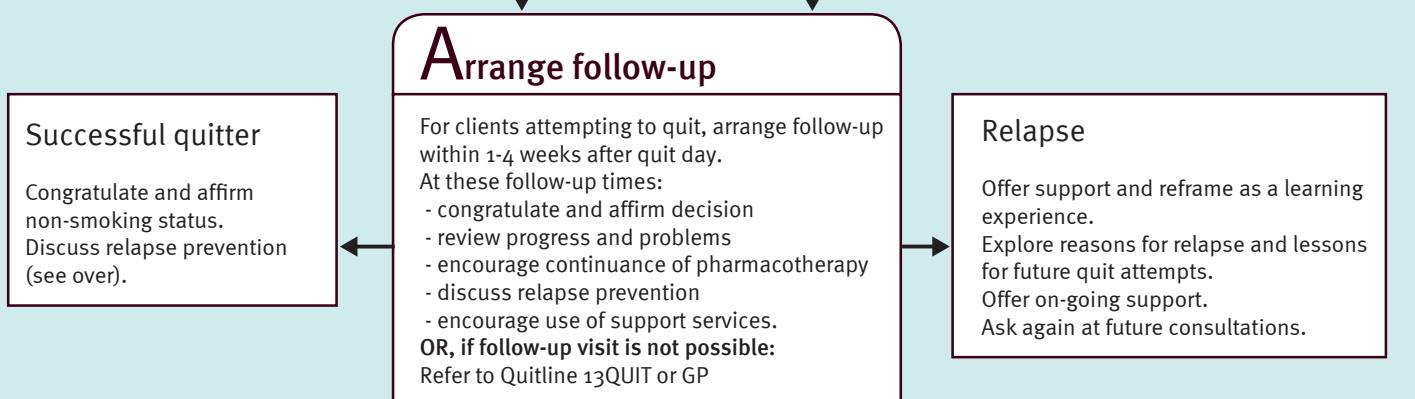
3



4



5



## Stages of Change

<b>Not ready</b>	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.
<b>Unsure</b>	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.
<b>Ready</b>	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.
<b>Staying a non-smoker</b>	<p><b>Action</b> - 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.</p> <p><b>Maintenance</b> - 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.</p>
<b>Relapse</b>	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.

## Nicotine Replacement Therapy (NRT)

	Client group	Dose	Duration	Contraindications (MIMS online 2005)
Patch (Unscheduled)	< 10 cigs per day or weight < 45kg or CVD	14mg/24 hr patch or 10mg/16 hr patch	8 weeks or greater	Non-smokers; recent MI, CVA; unstable Prinzmetal angina; severe arrhythmias; generalised skin disease; children; pregnancy, lactation.
	> 10 cigs per day and weight > 45kg	21mg/24 hr patch or 15mg/16 hr patch	8 weeks or greater	
Gum (Unscheduled)	> 10 and < 20 cigs per day	2mg gum, 8-12 per day	8 weeks or greater	Non-smokers; recent MI; unstable, progressive angina pectoris; Prinzmetal variant angina; severe cardiac arrhythmias; acute phase stroke; children; pregnancy, lactation.
	> 20 cigs per day	4mg gum, 6-10 per day	8 weeks or greater	

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.

## Quit plan

### 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 smoke.
- Considering the use of pharmacotherapy (NRT, Bupropion Hcl).
- Developing coping strategies for trigger situations.
- Writing out your list of reasons for quitting and display in prominent positions (eg. fridge, car).
- Finding a 'Quit Buddy' to encourage and support each other.
- Telling everyone you are quitting – you are going to 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.

 **Quitline**®



Source: Adapted from Zwar N, Richmond R, Borland R, Stillman S, Cunningham M, Litt J 2004 *Smoking Cessation Guidelines for Australian General Practice*. Canberra, Commonwealth Department of Health and Ageing.