

# *Helping patients to stop smoking: a guide for primary health care nurses*

Tobacco use is the single leading preventable cause of death and disease in Australia.<sup>1</sup> The benefits of quitting smoking are significant: from immediately lowering the risk of physical health problems,<sup>2,3</sup> to improving mental health and wellbeing.<sup>4</sup>

This guide provides information on how to deliver best practice smoking cessation care to patients. The Ask, Advise, Help model is an evidence-based way of structuring a conversation about smoking that is fast, simple and effective.

## **Make smoking cessation a priority**

Most people who smoke **want** to quit, have **already tried** to quit, and **expect your help**.<sup>5,6</sup> Use the **Ask, Advise, Help** (AAH) model to support smoking cessation – it takes only a few minutes and is recommended by the RACGP.<sup>7</sup>

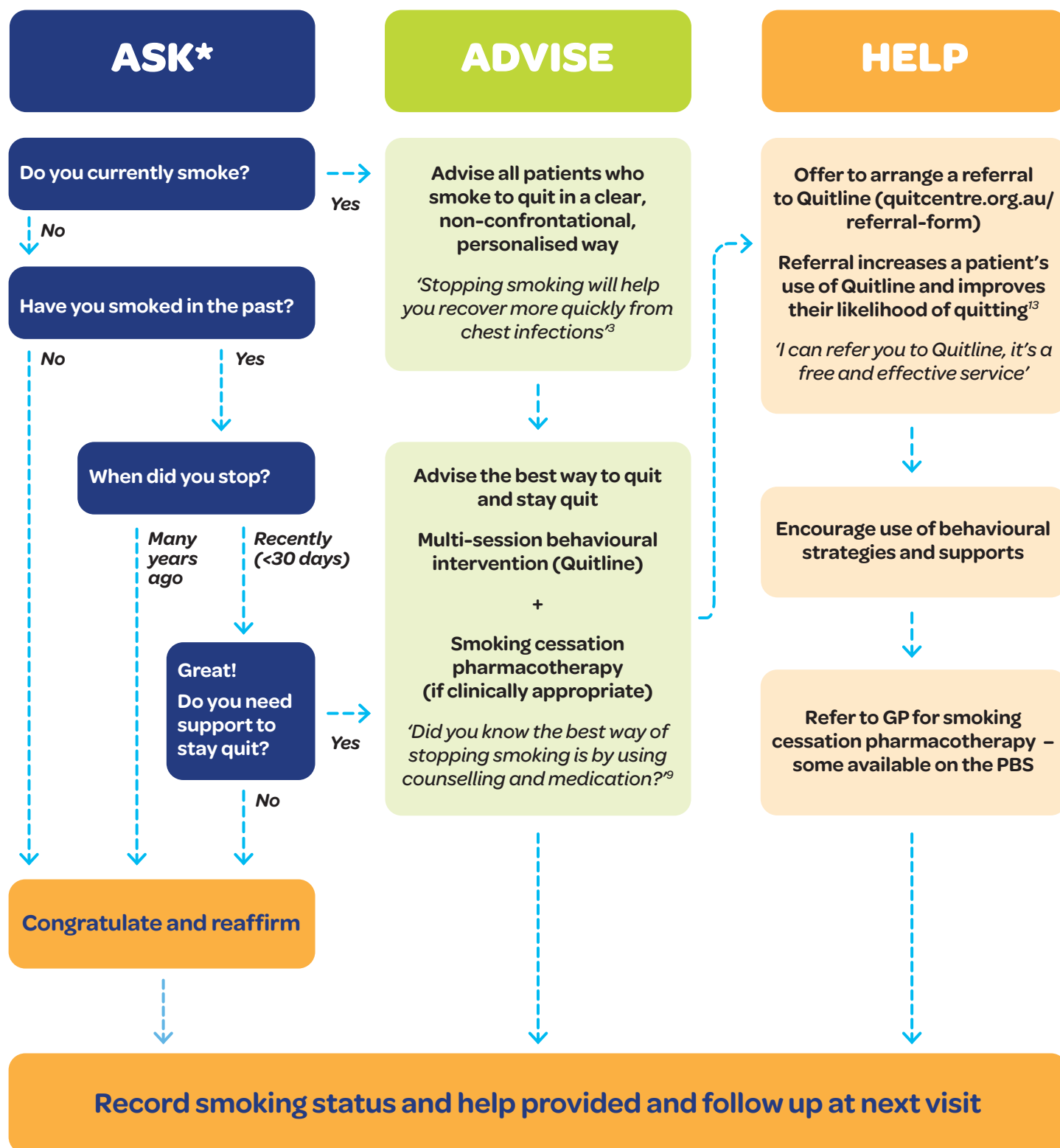
“1 in 33”



**One in every 33 conversations** in which a health professional advises a patient to stop smoking will result in the patient successfully quitting.<sup>8</sup>

Offer your patients a combination of **multi-session behavioural intervention (Quitline)** and **pharmacotherapy** (if clinically appropriate) to give them the best likelihood of successful quitting.<sup>9,10</sup>

### 3-step brief advice for smoking cessation



<sup>\*</sup> Asking about smoking without offering help can decrease a person's likelihood of quitting.<sup>11</sup>

## Behavioural intervention

### Refer to Quitline

Quitline is a welcoming, confidential and evidence-based telephone counselling service.<sup>12</sup> It provides ongoing counselling to help people plan, make and sustain a quit attempt. Quitline counsellors will assess your patient's smoking history, provide motivational interviewing and help your patient develop a plan to stop smoking.

Quitline has tailored programs for people living with a mental illness, pregnant people and young people. Interpreters and Aboriginal Quitline counsellors are available.

Making a referral to Quitline has a number of benefits:

- Improves access to treatment – one study found a 13-fold increase in the proportion of people who smoke enrolling in treatment compared to the doctor simply recommending that patients call themselves.<sup>13</sup> Quitline will make multiple attempts to contact your patient.
- Reduces costs for your patient – it is a totally free service as Quitline calls the patient.
- Increases the likelihood of your patient quitting.<sup>14,15</sup>

## Pharmacotherapy

Pharmacotherapy can reduce symptoms of nicotine withdrawal.<sup>16</sup> Use the diagram on the back of this resource to guide you when discussing pharmacotherapy options with your patients.

### Quit resources

Access resources for patients, including those from priority populations, by State or Territory:  
[quit.org.au/resource-order-form](http://quit.org.au/resource-order-form)

### Quit training

Access online training to increase your skills, confidence and knowledge in providing smoking cessation care:  
[quitcentre.org.au/online-training](http://quitcentre.org.au/online-training)

## How to refer to Quitline

Referral is quick and easy.

Submit a referral at

[quitcentre.org.au/referral-form](http://quitcentre.org.au/referral-form).

### References

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## **The 'Help' component of brief advice**

Offer help to all patients who smoke

### **Step 1**

**Offer** referral to multi-session behavioural intervention (Quitline) for:

- all patients who smoke
- those who have recently quit (<30 days)

**Step 1.1** Arrange referral ([quitcentre.org.au/referral-form](https://quitcentre.org.au/referral-form)) if accepted



### **Step 2**

#### **Discuss pharmacotherapy**

- Combining pharmacotherapy with multi-session behavioural intervention (Quitline) increases likelihood of cessation<sup>9</sup>
- Pharmacotherapies are aids for quitting that reduce, but do not eliminate, cravings and withdrawal symptoms in patients who are nicotine dependent<sup>17</sup> especially if:
  - smoking within 30 minutes of waking
  - smoking more than 10 cigarettes per day
  - history of cravings and withdrawal symptoms in previous quit attempts
- The most effective therapies are:
  - Varenicline<sup>18</sup>
  - Nicotine replacement therapy (using a combination of a nicotine patch and faster-acting formulations)<sup>19</sup>
- The best choice for an individual patient depends on<sup>7</sup>:
  - Clinical factors: age, current medications, illnesses and co-morbidities, pregnancy and breastfeeding
  - Patient factors: individual preference, suitability of formulation, cost and availability



### **Step 3**

**Refer to GP (general practitioner) for:**

- Recommending, prescribing and reviewing pharmacotherapy
  - Review of current medications as tobacco smoke interferes with drug metabolism and dosages of some medications may need to be adjusted upon stopping smoking
- (A *Drug interactions with smoking* resource can be found at [quitcentre.org.au/clinical-tools](https://quitcentre.org.au/clinical-tools))



### **Step 4**

#### **Follow up**

- If quit: congratulate and offer further help if required
- If relapsed: offer further help