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.1 
The benefits of quitting smoking are significant: from immediately lowering the risk of physical health problems,2,3 to improving mental health and wellbeing.4

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.5,6 Use the Ask, Advise, Help (AAH) model to support smoking cessation – it takes only a few minutes and is recommended by the RACGP.7

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

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.9,10
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3-step brief advice for smoking cessation

**ASK***

Do you currently smoke?
- No
- Yes

Have you smoked in the past?
- No
- Yes

When did you stop?
- Many years ago
- Recently (<30 days)

Great! Do you need support to stay quit?
- Yes
- No

Congratulate and reaffirm

**ADVISE**

Advise all patients who smoke to quit in a clear, non-confrontational, personalised way
- ‘Stopping smoking will help you recover more quickly from chest infections’

Advise the best way to quit and stay quit
- Multi-session behavioural intervention (Quitline)
- Smoking cessation pharmacotherapy (if clinically appropriate)
- ‘Did you know the best way of stopping smoking is by using counselling and medication?’

**HELP**

Offer to arrange a referral to Quitline (quitcentre.org.au/referral-form)
- Referral increases a patient’s use of Quitline and improves their likelihood of quitting
  - ‘I can refer you to Quitline, it’s a free and effective service’

Encourage use of behavioural strategies and supports

Refer to GP for smoking cessation pharmacotherapy – some available on the PBS

Record smoking status and help provided and follow up at next visit

* Asking about smoking without offering help can decrease a person’s likelihood of quitting.
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Behavioural intervention

Refer to Quitline

Quitline is a welcoming, confidential and evidence-based telephone counselling service. 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. 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.

Pharmacotherapy

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

Quitting resources

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

Quitting training

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

How to refer to Quitline

Referral is quick and easy. Submit a referral at quitcentre.org.au/referral-form.

References

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) if accepted

Step 2

Discuss pharmacotherapy
• Combining pharmacotherapy with multi-session behavioural intervention (Quitline) increases likelihood of cessation
• Pharmacotherapies are aids for quitting that reduce, but do not eliminate, cravings and withdrawal symptoms in patients who are nicotine dependent 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
  – Nicotine replacement therapy (using a combination of a nicotine patch and faster-acting formulations)
• The best choice for an individual patient depends on:
  – 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)

Step 4

Follow up
• If quit: congratulate and offer further help if required
• If relapsed: offer further help