

Helping patients to stop smoking: a guide for community pharmacists

Tobacco use is the single leading cause of preventable death and disease in Australia.¹ The benefits of quitting 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 PSA.⁷

“1 in 33”

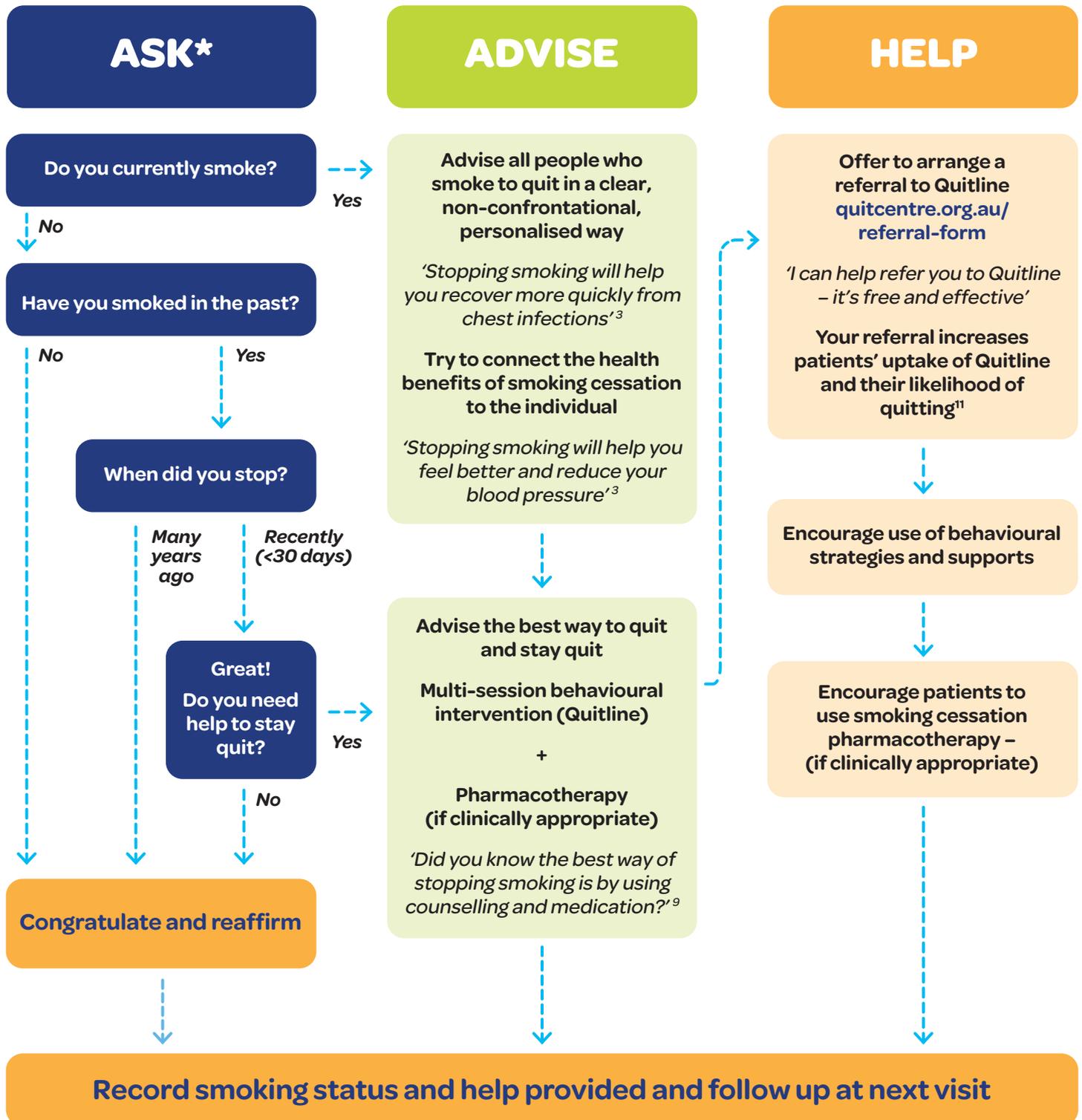


One in every 33 conversations

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

Help your patients access a combination of **multi-session behavioural intervention (Quitline) and pharmacotherapy** (if clinically appropriate) to give them the best likelihood of successful quitting.^{9,10}

Ask, Advise, Help model for smoking cessation



*Opportunities to ask about smoking include:

- when counselling about diabetes, cardiovascular, respiratory or mental health
- when providing health advice or over the counter medicines, vitamins and supplements

Note: Asking about smoking without offering help can decrease a person's likelihood of quitting¹²

Behavioural intervention

Refer to Quitline 13 7848

Quitline is a welcoming, confidential and evidence-based telephone counselling service.¹³ 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 health professional simply recommending that patients call themselves.¹¹ 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.^{14, 15}

How to refer to Quitline

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

Pharmacotherapy

Most people who smoke are nicotine dependent and will require pharmacotherapy.¹⁶

Pharmacotherapy options include nicotine replacement therapy (NRT) and varenicline, as well as bupropion.¹⁶⁻¹⁹ (Note that nicotine vaping products (NVPs) or e-cigarettes should only be considered if quit attempts using multi-session behavioural intervention with approved pharmacotherapy options have been unsuccessful).^{7, 16, 20}

When discussing pharmacotherapy use the diagram at the back of this resource to help your patients in community pharmacy. A *Drug interactions with smoking* resource can be found at quitcentre.org.au/clinical-tools.

Quit resources

Access resources for patients, including those from priority populations, by State or Territory: 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.

References

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The Help component of the AAH – Offer help to all patients who smoke

Offer referral to multi-session behavioural intervention (Quitline) to all patients who smoke or have recently quit (<30 days)

Arrange referral if accepted (quitcentre.org.au/referral-form)

Determine need for pharmacotherapy by assessing nicotine dependence

- Assess time to first cigarette after waking
- Assess number of cigarettes smoked per day

Explain pharmacotherapy options, based on:

- Clinical suitability
- Patient preference
- Reasons to prefer pharmacotherapy option e.g. PBS subsidy (www.pbs.gov.au/pbs/home)

Recommend OTC NRT if appropriate

OR

Recommend OTC NRT if appropriate AND refer to GP:

- Cardiovascular disease, respiratory disease, diabetes, mental illness
- Breastfeeding
- Age 12-17 years

OR

Refer to GP:

- Pregnancy
- NRT is contraindicated or unsuitable
- Patient would benefit from or wishes to use a prescription medicine
- Drug interactions to be managed upon smoking cessation

Supply and counsel on pharmacotherapy as appropriate

- How to use, adverse effects and treatment duration
- Importance of combining pharmacotherapy with behavioural intervention (Quitline)
- Encourage patient to return for further support

Follow up

- If stopped smoking: Congratulate, offer further help (support and resources) as required
- If relapsed: Repeat the offer of help to access multi-session behavioural intervention (Quitline) and pharmacotherapy if clinically appropriate

For a handy tool to guide initial dosing for NRT, visit www.quitcentre.org.au/nrt-tool

For references for this algorithm, visit www.quitcentre.org.au/pharmacy-guide-refs. Please refer to the relevant [Product Information](#)

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