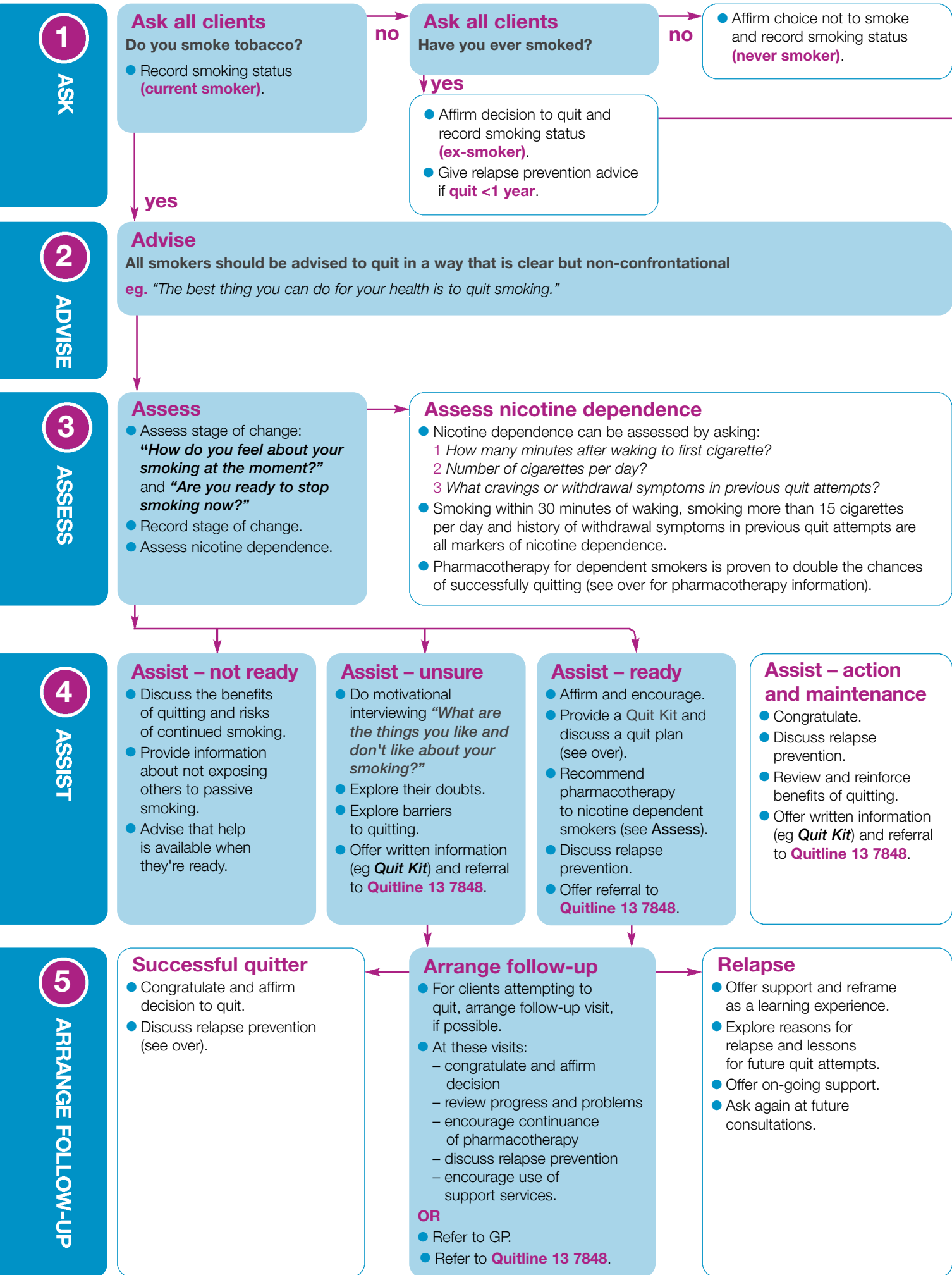
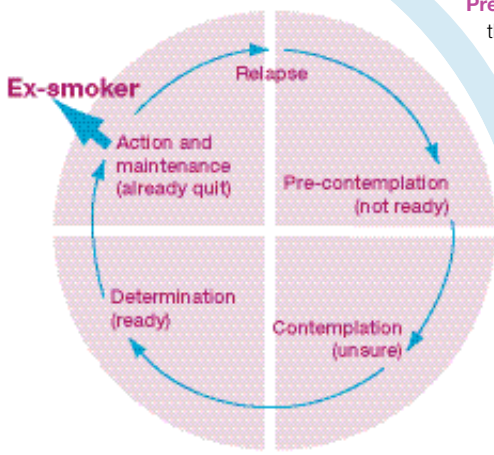


“Let’s take a moment”

Quit smoking brief intervention – a guide for all health professionals



Stages of readiness to change model



Pre-contemplation These smokers do not recognise their smoking as a problem, or are unconcerned about their smoking. Individuals in this stage are **not ready** to change their behaviour and will insist that their behaviour is acceptable. 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.

Contemplation These smokers are ambivalent or **unsure** about their smoking and are thinking about changing their behaviour. They may be apprehensive, possibly because they have tried in the past and failed. This group is particularly amenable to motivational interviewing.

Determination These individuals are **ready** to change their behavior and plan to do so within the next 30 days. They have usually made a quit attempt in the past year. These smokers are most likely to actually attempt to quit in the near future. There is a window of opportunity, which may only open for a short time. Those in this group are most likely to ask for help with quitting. These individuals need assistance with problem solving and social support.

Action The smokers in this stage have taken **action** and are actively quitting (ie they have already quit smoking in the past six months). This is when the risk of relapse is highest with about 75% of relapse occurring in this stage, most within the first week. The new ex-smoker is trying to lose their associations and triggers for smoking and establish himself or herself as a non-smoker. This is a period where support and strategies to prevent relapse are especially important.

Maintenance These smokers have quit over six months ago. The non-smoking behaviour is established and the threat of smoking gradually diminishes. The chances of **maintenance** of the change increase over time – only about 4% of those who quit for more than two years ever go back to smoking. Counselling for relapse prevention is necessary at this time.

Relapse Individuals in this stage have gone back to smoking. If relapse should occur, it is important for the client to see it as part of a learning experience and not a failure. Relapse is common during the quitting process. A relapsed smoker should be encouraged and motivated to quit again. *Source: DiClemente, & Prochaska, 1983 (adapted from Zwar et al, 2004)*

Key questions to ask

"How do you feel about your smoking at the moment?"

"Are you ready to quit now?"

"How can I help to increase your confidence in quitting?"

Nicotine Replacement Therapy (NRT)

	Client group	Dose	Duration	Contraindications (MIMS online 2005)
Patch	>10 cigs per day and weight >45kg	21mg / 24 hr patch or 15mg / 16 hrs	>8 weeks	(Unscheduled) Recent MI, CVA; unstable, Prinzmetal angina; severe arrhythmias; generalised skin disease; children (<12 yrs); pregnancy, lactation.
	<10 cigs per day or weight <45kg or CVD	14mg / 24 patch or 10mg / 16hrs	>8 weeks	
Gum	>10 and <20 cigs per day	2mg gum, 8-12 per day	>8 weeks	(unscheduled) Non-tobacco users; recent MI (≤3 mths); unstable, progressive angina pectoris; Prinzmetal variant angina; severe cardiac arrhythmias; acute phase stroke; pregnancy, lactation, children (<12 yrs).
	>20 cigs per day	4mg gum, 6-10 per day	>8 weeks	
Inhaler	>10 cigarettes per day	6-12 cartridges per day	>8 weeks	(S2) Non-tobacco users; hypersensitivity to menthol; recent MI (≤ 3 mths); unstable, progressive angina pectoris; Prinzmetal angina; severe cardiac arrhythmias; stroke (acute phase); pregnancy, lactation, children (<12 yrs).
Lozenge	First cigarette >30 mins after waking	2mg lozenge, 1 lozenge every 1-3 hrs	>8 weeks	(Unscheduled) Non-smokers, occasional smokers; phenylketonuria; unstable angina; Prinzmetal angina; severe arrhythmias; recent MI, stroke; pregnancy, lactation, children (<12 yrs).
	First cigarette <30 mins after waking	4mg lozenge, 1 lozenge every 1-2 hrs	>8 weeks	
Sublingual tablet	Low dependence	2mg tablet every 1-2 hrs	>8 weeks	(S2) Non-tobacco users; recent MI (≤ 3 mths); unstable, progressive angina pectoris; Prinzmetal angina; severe cardiac arrhythmias; stroke (acute phase); pregnancy, children (<12 yrs).
	High dependence	two 2mg tablet every 1-2 hrs	>8 weeks	

Adapted from Zwar et al 2004

Bupropion (trade name Zyban®) is an oral non-nicotine therapy used initially while the client is still smoking and the quit date is set within the second week. It is only available on prescription and is on the Pharmaceutical Benefits Scheme.

Quit plan

- Set a realistic quit date and stick to it.
- Identify why and where you smoke and what 'triggers' you to want to smoke.
- Develop coping strategies for 'trigger' situations.
- Review past quitting experiences and learn from it (what helped? what hindered?).
- Write out a list of reasons for quitting and display in prominent positions (eg fridge, car).
- Tell everyone you are quitting – you are going to need their support.
- Check your house, car, workplace etc and throw out cigarettes, lighters and ashtrays, the day before quit day.
- Plan to reduce caffeine intake by half and avoid alcohol for the first two weeks.
- Set incremental goals and reward yourself for not smoking.
- Consider use of pharmacotherapy.
- Contact the **Quitline** on **13 7848** to obtain a 'Quit Kit' and to arrange receiving the free call-back service, where the **Quitline** will make pro-active calls at agreed times.

Relapse prevention and coping strategies

Encourage your client to anticipate triggers and prepare strategies:

- Ask people not to smoke around you and never buy, hold or light cigarettes for others.
- Do something active when the urge hits.
- Change your routine so you have got something else to do at the times and places you used to smoke.
- Sip water or chew sugarless gum when you have cravings.
- Ring the **Quitline** 13 7848 for quitting support.

Tip

Under-dosing of NRT is common, advise clients on correct dosage as above and not to be afraid to use combined therapy if they find use of one treatment only is not managing their nicotine withdrawal symptoms.