

The New Zealand Guidelines for Helping People to Stop Smoking



Tobacco smoking is a major public health problem in New Zealand. Around 5000 New Zealanders die each year from a smoking-related disease. Of this total, 350 die as a result of second-hand smoke.

In 2011, the Government set a goal of reducing smoking prevalence and tobacco availability to minimal levels, essentially making New Zealand a smokefree nation by 2025. In 2013, 15 percent of New Zealanders smoked tobacco every day. That rate was even higher among Māori (33 percent) and Pacific peoples (23 percent).

All health care workers play an important role in supporting New Zealand to become smokefree. They see a large proportion of New Zealand's smokers regularly, and are uniquely placed to provide expert advice on the merits of stopping smoking.

The New Zealand Guidelines for Helping People to Stop Smoking (the Guidelines) provide health care workers with updated guidance for use during their contacts with people who smoke. These Guidelines replace the 2007 *New Zealand Smoking Cessation Guidelines* and are based on a recent review of the effectiveness and affordability of stop-smoking interventions.¹

These Guidelines remain structured around the ABC pathway, which was introduced in the 2007 Guidelines. However, the definitions of A, B and C (see below) have been improved to emphasise the importance of making an offer of cessation support and referring people who smoke to a stop-smoking service.

These Guidelines have also been condensed into a new and easy-to-use format that is relevant for health care workers working in different areas of health and/or tobacco control. Specific information has been included for managers of health care or stop-smoking services, all types of health care workers and practitioners in stop-smoking services.

Further information on any of the evidence and recommendations included in these Guidelines is available in *Background and Recommendations of The New Zealand Guidelines for Helping People to Stop Smoking*. That document can be downloaded from www.health.govt.nz

The revised ABC pathway

- **Ask** about and document every person's smoking status.
- Give **Brief advice** to stop to every person who smokes.
- Strongly encourage every person who smokes to use **Cessation support** (a combination of behavioural support and stop-smoking medicine works best) and offer to help them access it. Refer to, or provide, cessation support to everyone who accepts your offer.

¹ West R, Raw M, McNeill A, et al. 2013. *Tools to promote implementation of FCTC Article 14 on tobacco cessation: Effectiveness and Affordability Review (EAR) key messages*. London, UKCTAS.

Part 1 – Managers of health care services

As a manager, you may be responsible for integrating ABC into your service's routine practice. This section identifies some of the common barriers and facilitators when introducing ABC. It also suggests how you might overcome some of the barriers.

Tobacco dependence

Most people start smoking in adolescence, usually due to social factors such as peer pressure. Experimentation is common and although many young people do not progress past a few puffs, regular smoking can quickly follow.

Regular smoking is due primarily to dependence on nicotine. Cigarette smoke is highly effective in transporting nicotine to the lungs where it is rapidly absorbed into the blood and transported to the brain. Nicotine produces a number of rewarding effects on the brain. Therefore, when people go without tobacco a number of mood and physical symptoms can develop. Many smokers experience these withdrawal symptoms, but they can be lessened with behavioural support and stop-smoking medicines.

Barriers to implementing the ABC pathway

Health care workers who smoke

Health care workers who smoke may have different attitudes towards smoking than their non-smoking colleagues, and are less likely to provide stop-smoking advice to the people they see.

Health care services should offer support to stop to all employees who smoke, and remind them that most people expect health care workers to discuss their smoking.

Lack of time, knowledge and skills

Lack of time is one of the most common reasons health care workers give for not discussing people's smoking with them. The focus for frontline health care workers should be to deliver a brief ABC intervention and refer those who are interested in stopping smoking to a stop-smoking service. This process should take less than two minutes.

Health care workers who see ABC as beyond their job description

Some health care workers still believe that helping people to stop smoking is outside their job description. Providing health care workers with a rationale that is specific to their area of work may help to change these views. Key messages for frontline health care workers are available on the Ministry of Health's website www.health.govt.nz

Facilitators for implementing the ABC pathway

Training

With training, health care workers are more likely to provide patients with advice and support to stop smoking. Therefore, any staff induction should include brief stop-smoking training, with instructions on what health care workers are required to do. Refresher training should be offered regularly (eg, annually).

System prompts

All health care settings should use tools and systems that prompt health care workers to provide and record the different elements of the ABC pathway.

Audit and feedback

Auditing health care workers' performance and providing them with regular feedback are both effective ways of changing clinical behaviour. All health care settings should use automated feedback systems where possible.

Financial incentives

There is evidence that financial incentives, when coupled with performance targets, can change clinical behaviour. Consider this approach where appropriate.

Leadership

Leadership is important in achieving and maintaining any change. Foster and maintain clinical leadership for stopping smoking at all levels.



Part 2 – All health care workers



**ASK ABOUT THE
ELEPHANT**

As a health care worker, your role is to motivate people to make a quit attempt, and to help them access cessation support. This section provides guidance on how to do this.

The ABC pathway for helping people to stop smoking

A

Ask about and document every person's smoking status.

Smoking status definitions

- **Non-smoker** has smoked fewer than 100 cigarettes in their lifetime.
- **Ex-smoker** has smoked more than 100 cigarettes in their lifetime, but has not smoked any tobacco in the last 28 days.
- **Current smoker** has smoked more than 100 cigarettes in their lifetime and has smoked tobacco in the last 28 days.

B

Give Brief advice to stop to every person who smokes.

- You can give this advice in 30 seconds.
- Where possible, tailor your brief advice to the person in front of you. Advice could be health or financially related.

C

Strongly encourage every person who smokes to use Cessation support and offer them help to access it. Refer to, or provide, cessation support to everyone who accepts your offer.

- The best results are achieved when a person uses behavioural support and stop-smoking medication in combination.
- Where people choose to use stop-smoking medication, check that they understand how to use it and, later, whether they have experienced any adverse effects.

Stop-smoking services

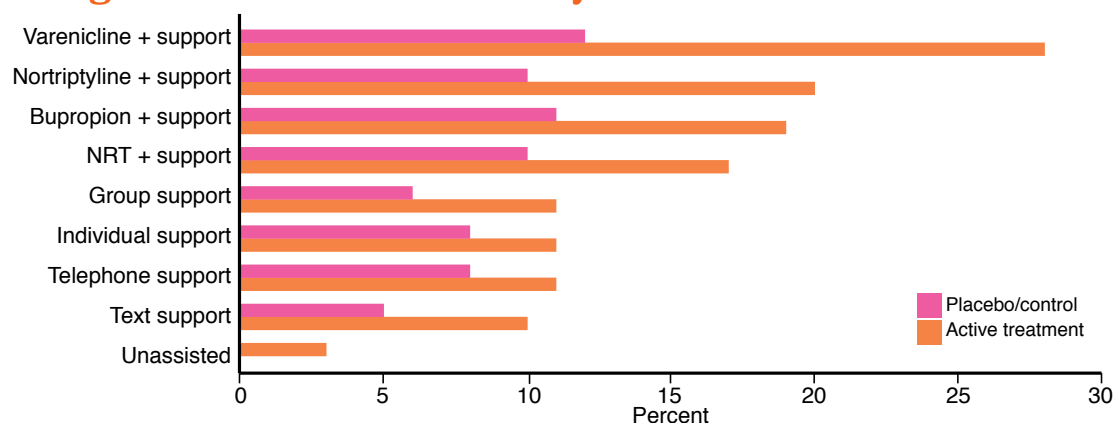
Service	What is provided?	How do you refer?
Quitline	Telephone support, text support and/or online support – go to www.quit.org.nz for more information.	<ol style="list-style-type: none"> 1. Advise the person to call 0800 778 778 or visit www.quit.org.nz to register. 2. Refer from MedTech under ManageMyHealth. 3. Fax (04 460 9879) or email (referrals@quit.org.nz) a referral form.[^] 4. Midwives and Plunket nurses can make text referrals. Text the following information to 021 784 866: referrer's name; client's name; client's phone number; and client's date of birth. Put 'MW' at the front of the text if you are a midwife or 'PN' if you are a Plunket nurse.
Aukati KaiPaipa	Face-to-face support for Māori* in an individual, whānau and group setting.	Write your local service's contact details here
Pacific services	Face-to-face support for Pacific peoples* in an individual, fānau and group setting.	Write your local service's contact details here
Pregnancy services	Face-to-face support for pregnant women in an individual and family/partner setting.	Write your local service's contact details here
Other services	There may be other stop smoking services in your area. These services will typically provide a combination of stop smoking medicines and face-to-face support in an individual or group setting.	Write your local service's contact details here

[^] Download referral forms from www.quit.org.nz/file/referral-to-quitline-form.doc

* These services also provide support to non-Maori and non-Pacific peoples who want help to quit.

All services provide multi-session support. To find contact details of your local services, go to www.smokefreecontacts.org.nz.

Long-term abstinence rates by treatment method



Notes:

- Abstinence rates estimated using data from the Cochrane Library of Systematic Reviews.
- Long-term abstinence rates refer to periods of abstinence of 6 months or more.
- 'Support' refers to behavioural support and includes techniques outlined in Part 3.

Making an offer of cessation support

Make an offer

- Strongly encourage every person who smokes to use cessation support.
- Briefly explain the options available (eg, referral to Quitline or a local stop-smoking service, or stop-smoking medication) and offer to help the person access it.

Examples of what you could say:

- 'By using services, you will be much more likely to stop than if you try to stop on your own.'
- 'I recommend stop-smoking support to all of my patients who smoke and many have managed to stop.'
- 'The services are flexible and will provide you with support for as long as you need it.'
- 'It is free and effective and I can refer you today.'

Person
accepts
offer?

Yes

No

Person
appears
unsure?

Yes

No

- Document 'declined offer of support'.
- Advise that you will ask again next time you see them.
- Offer written information about stopping smoking and stop-smoking services.

1. Refer to Quitline or a local stop-smoking service and advise that the service will:

- contact the person in the next 1–3 days
 - explain what stop-smoking medicines are available.
- ## 2. If supplying a stop-smoking medicine:
- give advice on use and side effects
 - promote the benefits of receiving support from a stop-smoking service and refer
 - follow up within two weeks if the person is not receiving support from a stop-smoking service.

Offer a call from Quitline to explain what cessation support is available

- Quitline can call people who are ambivalent about stopping smoking to give them a full explanation of the support options available and how they can access this.
- You could say, 'Well, another option is that I ask Quitline to give you a call. They will explain all the options that are available to you, but you won't be committing yourself to anything just yet. I recommend listening to what they have to say.'

Person
accepts
offer?

No

Yes

Refer to Quitline

- Make a note in the referral that the person requires information on options for stopping smoking.

Part 3 – Stop-smoking practitioners

As a stop-smoking practitioner, your role is to provide support to people who want help to stop smoking. This section outlines the different intervention strategies that you can use.

Providing behavioural support

All stop-smoking services should be operated and monitored in accordance with the Ministry of Health's Tier One Service Specification.

When delivering behavioural support, evidence suggests that people need at least four follow-up contacts to have their best chance of stopping smoking. The following techniques should be used during those contacts to help people during their quit attempt.²

- Develop, build and maintain rapport.
- Give information about your treatment programme (addressing both positive and realistic expectations).
- Assess smoking history and past experience with stopping, including previous use of stop-smoking medicines.
- Assess and strengthen commitment and ability to stop.
- Enhance motivation and self-belief by affirming their decision and discussing ways to maintain their motivation.
- Give information on stop-smoking medicines.
- Give information on tobacco withdrawal symptoms.
- Help clients to develop a treatment plan and set a date to stop smoking (quit date).
- Explain the importance of complete abstinence ('not a single puff') after their quit date.
- Gain commitment to 'not a single puff'.
- Use carbon monoxide monitors as a motivational tool.
- Advise on gaining support from others.
- Help with developing problem-solving and coping mechanisms for barriers, triggers and cues.
- Advise on ways to change routines.
- Advise on adjusting medication use.
- Advise on staying smokefree and dealing with relapses.

The Ministry of Health has identified a number of priority population groups (including Māori, Pacific peoples, users of mental health services and pregnant women) due to their high smoking rates or the substantial benefits they would obtain from stopping smoking. The recommendations in these Guidelines apply to all of these groups, but a more tailored approach may be required in some cases. There may also be specific support channels available for these groups in your area. See Part 2 for more information.

2 Michie et al. 2011. Identifying evidence-based competences required to deliver behavioural support for smoking cessation. *Annals of Behavioral Medicine* 41(1): 59–70.

Providing stop-smoking medicines

- Give information about effective stop-smoking medicines to everyone who wants help to stop.
- The approved stop-smoking medicines that are available in New Zealand are:
 - nicotine replacement therapy (NRT)
 - bupropion
 - nortriptyline
 - varenicline.
- All of these medicines ease tobacco withdrawal symptoms, which makes stopping easier.
- NRT can be used to relieve tobacco withdrawal symptoms in settings where people cannot smoke (eg, hospitals) even if they do not intend to stop smoking long term.
- Check that people understand how to use each of the stop-smoking medicines.
- Monitor people who are using stop-smoking medication to see whether they develop any adverse reactions to it, and share any concerns with the person's doctor.
- Stopping smoking can affect the metabolism of other drugs (eg, clozapine and warfarin) regardless of the type of stop-smoking medication being used. It may be necessary to adjust the doses of people's other medications.

Supporting pregnant women to stop smoking

- Pregnant women expect clear, honest and non-judgemental communication about smoking.
- A woman's belief in whether she can stop smoking may be important in motivating a change in smoking behaviour.
- Strongly recommend that all pregnant women who smoke use a stop-smoking service to help them stop; and make a referral as appropriate.
- Continue to offer cessation support throughout the pregnancy to all pregnant women who continue to smoke.
- Postnatal relapse is common in women who stop smoking during pregnancy. These women may benefit from referral to a stop-smoking service around the time of birth to help them remain smokefree.

Symptoms of tobacco withdrawal

- Withdrawal symptoms are common, but not every person gets every symptom.
- Most withdrawal symptoms disappear within four weeks.
- Withdrawal symptoms can be eased by using stop-smoking medicines and behavioural strategies.

Symptoms	Duration
Irritability	Less than 4 weeks
Depression	Less than 4 weeks
Restlessness	Less than 4 weeks
Poor concentration	Less than 2 weeks
Increased appetite	More than 10 weeks
Sleep disturbance	Less than 1 week
Urges to smoke	More than 2 weeks

Stop-smoking medicines

Nicotine replacement therapy (NRT)

- NRT provides some of the nicotine that a person would have otherwise received from tobacco, and in doing so reduces the person's urge to smoke.
- There are five different NRT products available in New Zealand, including the patch, gum, lozenges, inhalator and mouth spray.
- All NRT products roughly double a person's chance of stopping compared with a placebo.
- People should use NRT for at least eight weeks.
- Using two NRT products (for example, patches and gum) is more effective than using one.
- People who need NRT for longer than 12 weeks can continue to use it.
- If the person is not ready to stop smoking straight away, NRT can be used to help reduce their smoking before they stop.

Note: The patch, gum and lozenges are subsidised if supplied on prescription or via the Quit Card Programme. Otherwise, all NRT products (including the inhalator and mouth spray) can be purchased over the counter from supermarkets or pharmacies for the normal retail price.

Nortriptyline

- Nortriptyline is an antidepressant medicine that also helps people stop smoking.
- Nortriptyline reduces the severity of tobacco withdrawal symptoms and roughly doubles a person's chance of stopping smoking long term.
- Nortriptyline is a fully funded stop-smoking medicine and is available on prescription without Special Authority.
- People should start nortriptyline at least one week before their quit date and use it for 12 weeks. The dose should be tapered at the end of treatment to avoid withdrawal symptoms that may occur.
- Before prescribing or recommending nortriptyline, check the contraindications and cautions that apply.
- Pregnant or breastfeeding women and people under the age of 18 cannot use nortriptyline.
- Common adverse effects include drowsiness and dry mouth.

Bupropion (also known as Zyban)

- Bupropion is an atypical antidepressant that reduces the severity of tobacco withdrawal and approximately doubles a person's chance of stopping smoking.
- Bupropion is a fully funded stop-smoking medicine and is available on prescription without Special Authority.
- People should start bupropion at least one week before their quit date and use it for at least seven weeks.
- Before prescribing or recommending bupropion, check the contraindications and cautions that apply.
- Pregnant or breastfeeding women and people under the age of 18 cannot use bupropion.
- Common adverse effects include dry mouth, insomnia and headache. Seizure has been rarely reported and depression has been reported in some people.

Varenicline (also known as Champix)

- Varenicline reduces a person's urge to smoke, as well as the 'reward' they get from smoking, and at least doubles a person's chance of stopping smoking.
- Varenicline is fully funded (subject to Special Authority criteria) for people who have already tried to stop twice with NRT, or once with bupropion or nortriptyline.
- People should start varenicline at least one week before their quit date and use it for 12 weeks.
- Before prescribing or recommending varenicline, check the contraindications and cautions that apply.
- Pregnant or breastfeeding women and people under the age of 18 cannot use varenicline.
- Common adverse effects include nausea, abnormal dreams and sleep disturbance. More serious adverse events – such as cardiovascular events, depression, suicidal ideation and suicide – have been reported, although these are uncommon.
- If someone using varenicline experiences changes in mood or behaviour, advise them to stop taking varenicline and contact a health care worker immediately.