

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

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KEY TERMS	Smoking; nicotine addiction; nicotine replacement therapy; NRT
SUMMARY	Outlines requirements for nurses/midwives to initiate Nicotine Replacement Therapy (NRT) including screening for smoking status/nicotine dependence and implementation of a brief smoking cessation intervention.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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Smoking Cessation – Nurse Initiated Nicotine Replacement Therapy (NRT)

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1. POLICY STATEMENT

South Eastern Sydney Local Health District (SESLHD) is responsible for providing patients / clients, employees and visitors with a safe and healthy workplace in accordance with [NSW Ministry of Health Policy - PD2015 003 NSW Health Smoke-free Health Care Policy](#).

There is strong evidence that smoking cessation advice from health professionals is effective in motivating patients to quit smoking¹.

On admission all patients will be asked about their smoking status. Patients who smoke will be assessed for their nicotine dependence and motivation to stop smoking. All patients who smoke will be encouraged to stop and advised of the health benefits of quitting.

Pharmacotherapy for dependent smokers is proven to double the chances of successfully quitting¹. Patients who smoke will be offered Nicotine Replacement Therapy (NRT) and offered referral to Smoking Cessation Services / Programs or to the NSW Quitline. This document outlines the process for nurses to initiate nicotine replacement therapy.

For maternity patients this document should be read in conjunction with [SESLHDPR/632 Smoking Cessation Brief Intervention in Maternity Services](#).

2. BACKGROUND

Nearly 15% of the NSW population are smokers, the SESLHD smoking rate is similar (14.8%)³. Although the prevalence of smoking is declining, smoking rates are higher among hospitalised patients. Those who smoke are likely to be from groups with high smoking prevalence, such as Aboriginal and Torres Strait Islander people, people with mental illness, some cultural and linguistically diverse communities, people of low socioeconomic background, homeless, or those with drug and alcohol dependency^{1, 3, 4}. Over 5,500 patients are hospitalised in SESLHD annually due to smoking related conditions.³ Many people require advice and support to manage symptoms of nicotine withdrawal.^{1, 4, 5}

Many people find quitting difficult and relapse is common. Most smokers make repeated quit attempts before successfully quitting. Health professionals should be aware of the difficulties smokers experience when attempting to quit. Advice should be non-judgemental and provided to enable the patient to feel supported¹.

The [NSW Health tobacco strategy and work plan](#) 2019-2021 states that healthcare settings should routinely screen and assess patient smoking status, provide brief intervention and referral to follow-up care.

The [Smoking Cessation Framework for NSW Health Services](#) indicates health care providers who follow a NRT protocol, are more likely to assess nicotine dependency correctly in their patients and optimise NRT doses (i.e. less likely to under dose).

NSW Health Smoke-free Health Care Policy

On admission patients who smoke will be advised of [NSW Ministry of Health Policy - PD2015 003 NSW Health Smoke-free Health Care Policy](#). It is a condition of entry that smoking is prohibited on hospital grounds with the exception of designated smoking areas at some SESLHD facilities. Staff are not permitted to accompany patients to smoke. If patients choose to leave hospital grounds / hospital building to smoke, patients will be advised of the risks of going off site/out of building to smoke. Any patients leaving the hospital grounds to smoke must sign the

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Patient Smoking Waiver Form (SO151 06/2008). If a patient refuses to sign, the *Patient Smoking Waiver Form*, this should be documented in the patient care record.

3. DEFINITIONS

Aboriginal Quitline	The Aboriginal Quitline (137 848) is a free confidential telephone counselling service. It provides callers with access to advisors who have been trained to support Aboriginal people with quitting.
Combination therapy	Combination of two forms of NRT, passive (patch) and the active form (gum/lozenge/inhaler). Combination therapy may be more effective for people still experiencing withdrawal symptoms or unable to remain abstinent.
5As Approach to smoking Cessation <i>Adapted from the Royal Australian College of General Practitioners, Supporting smoking cessation: a guide for health professionals</i>	A brief intervention designed to identify smokers, provide advice and encouragement to quit. The 5As are: Ask about smoking at every opportunity Assess smokers willingness to quit and their dependence on nicotine Advise all smokers to quit Assist smokers with information, referrals and treatments Arrange follow-up contact to support quit efforts.
NRT	Nicotine Replacement Therapy medication to assist smoking cessation. NRT is available as a patch, gum, lozenge, mini lozenge, mouth spray, and inhaler. NRT is used to replace, at least partially, the nicotine obtained from cigarettes and reduce the severity of the nicotine withdrawal and cravings experienced by patients who stop smoking. Unlike cigarettes, NRT does not contain toxic substances such as carbon monoxide and tar, nor does it produce dramatic surges in blood nicotine levels or strong dependence. The elimination half-life of nicotine is less than two hours therefore many patients will seek to smoke if withdrawal symptoms are not prevented or minimised by early and regular provision of NRT. ^{4,6}
Oral NRT	Includes gum, lozenge, mouth spray and inhaler.
Pharmacodynamic interactions	Cigarette smoking alters the expected actions of some medications. Smoking increases the metabolism of some medicines by stimulating the hepatic enzyme CYP1A2. Enzyme activity results in faster clearance of medication reducing serum drug levels and decreasing efficacy. When smoking is discontinued, the dose of these drugs, in particular theophylline, ropinirole, coumarins, including warfarin and some antipsychotics (including clozapine, olanzapine, chlorpromazine and haloperidol) may need to be reduced ⁷ .

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Pharmacokinetic interactions	Affect the absorption, distribution, metabolism or elimination of drugs, potentially altering the pharmacologic response ⁷ .
Quitline (including Aboriginal and Multilingual advisors)	A free confidential telephone counselling service provided by fully trained health professionals, designed to help smokers quit smoking. A free call back follow-up service is offered to callers. Referral is via 13 7848. Dedicated language lines in Arabic, Chinese (Cantonese and Mandarin) and Vietnamese are available. Callers from other culturally diverse communities can call the Translating and Interpreter Service.
iCanQuit	iCanQuit website is an interactive website designed to motivate people to quit by providing them with the information and tools they need to make a quit attempt. In addition to the helpful hints on how to quit, iCanQuit provides the possibility to join an online community for inspiration and support, a goal tracker and money savings calculator.

Resources for Health Professionals	
Tools for Health Professionals (NSW Health)	Tools for Health Professionals
Managing Nicotine Dependence (NSW Health)	Managing Nicotine Dependence: A Guide for NSW Health Staff
NSW Health Factsheet: Quick guide to Nicotine Replacement Therapy	NSW Health Factsheet: Quick guide to Nicotine Replacement Therapy (NRT)
NSW Health Factsheet: Quick guide to drug interactions with smoking cessation	NSW Health Factsheet: Quick guide to drug interactions with smoking cessation
Supporting Smoking Cessation. A guide for Health Professionals (RACGP)	RACGP Supporting smoking cessation: A guide for health professionals
NSW Health Factsheet: Nicotine Replacement Therapy in Pregnancy	NSW Health Factsheet: Nicotine Replacement Therapy in pregnancy
NSW Health Factsheet: Tips for Helping clients Stay Smoke-Free	NSW Health Factsheet: Tips for helping clients stay smoke-free

4. RESPONSIBILITIES**4.1 Nurses / Midwives will:**

- Identify patients who smoke
- Provide brief intervention to encourage patients who smoke to quit. The 5As approach is a recommended smoking cessation intervention⁴
- Review the patient for contraindications and precautions to NRT prior to initiating treatment
- Initiate Nicotine Replacement Therapy
- Monitor symptoms of nicotine withdrawal in the first 24 hours and increase NRT as per Initiating NRT use in Hospital flowchart
- In conjunction with medical staff, monitor patients for signs of altered pharmacokinetics (i.e. the effect of decreased nicotine on regular medications) or adverse effects
- Provide patients with Quit Smoking culturally appropriate resources. A list of Quit Smoking resources are appended to this document
- Offer and arrange behavioural support (i.e. referral to Quitline, or to Smoking Cessation clinic if available).

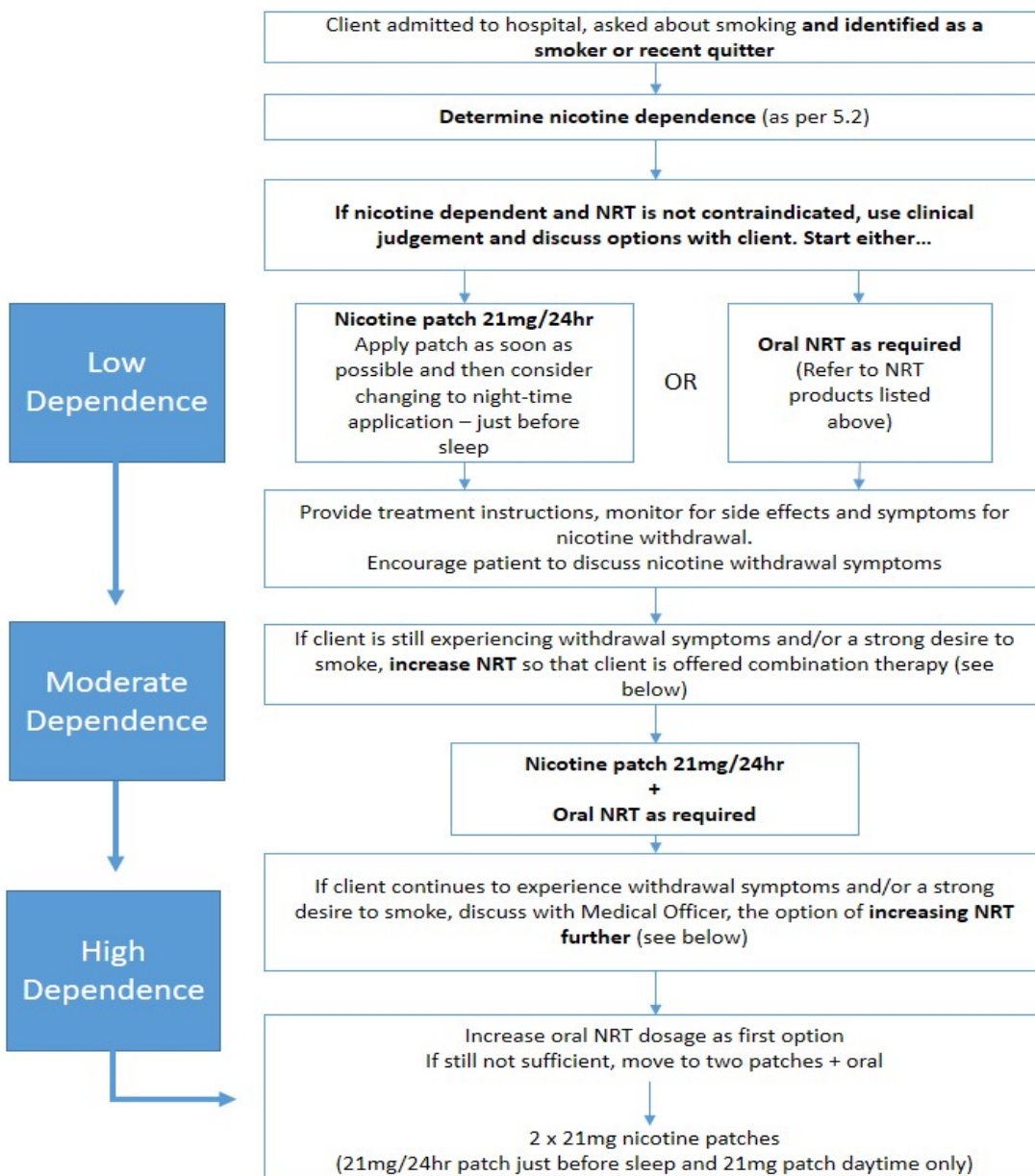
4.2 Medical staff will:

- Identify patients who smoke, provide non-judgemental support and advise on the health benefits of smoking cessation
- Review the patient for contraindications and precautions to NRT
- Review and prescribe NRT within 24 hours of nurse / midwife initiation
- Monitor patient's use of NRT and withdrawal symptoms and prescribe additional NRT if required as per Initiating NRT use in Hospital flowchart
- Monitor patients for signs of altered pharmacokinetics and adjust medication dose if required (i.e. the effect of decreased nicotine on regular medications)
- On discharge:
 - Check medication interactions and review medications dosages
 - Review NRT requirements and prescribe up to 7 days supply of NRT.

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Flowchart for NRT use in hospital



Adapted from NSW Health. Tool 4, Flowchart for NRT use in hospital. Tools for health professionals. Updated 29 October 2018

<https://www.health.nsw.gov.au/tobacco/Pages/tools-for-health-professionals.aspx> Accessed 16 Sep 2019

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5. PROCEDURE OVERVIEW: Smoking cessation brief intervention and initiation of NRT

On admission

- Ask all patients about smoking history
- If **non-smoker** or smoke-free for >3 months, document and continue with usual clinical assessment
- If **smoker** or recently quit (within the last 3 months), document as smoker or recently quit in medical notes, and
- **Assess** level of nicotine dependence (**see 5.2**) and **advise** all smokers to quit in a clear, strong and non judgemental way

During admission

- Review patient for contraindications and precautions to NRT (**5.3**)
- Explain Nicotine Replacement Therapy (NRT) options and potential side effects (**5.4**)
- Initiate NRT using **Flowchart for NRT in hospital (5.5)**
- Provide treatment instructions, manage nicotine dependence and monitor withdrawal symptoms (**5.6**)
- Monitor for withdrawal (**5.8**), adverse effects and impact on other medications (**5.9**)
- Ask patient about caffeine intake (**5.10**)
- Document NRT on Nurse Initiated section of the medication chart (**5.11**)
- Obtain NRT stock (**5.12**)
- Medical staff review and prescription of NRT within 24 hours of nurse/midwife initiation (**5.13**)
- Provide encouragement and tips for helping patients to stay smoke-free (**5.13 and Appendix 2 & 3**)

Before discharge

- Review NRT requirements (**5.13**)
- Review medication dosage and adjust if required
- Provide up to 7 days supply of NRT. Advise patient where NRT products can be purchased from following discharge
- Offer to make a referral to the NSW Quitline 13 78 48
- Provide the patient with culturally appropriate smoking cessation information and resources
- Ensure patient's use of NRT is detailed on the discharge summary for the General Practitioner

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5.1 Ask patients about their smoking history

If **smoker** or recently quit (quit within the last 3 months), document as smoker or recent smoker in medical notes and complete the *SESLHD Smoking Cessation Pathway* in conjunction with the steps of this procedure.

5.2 Determine nicotine dependence

Use the questions below to determine nicotine dependence.

Questions	Responses indicating nicotine dependence
How soon after waking do you smoke your first cigarette?	Within 30 minutes of waking
How many cigarettes do you smoke on a typical day?	More than 10 cigarettes per day
If you have previously attempted to quit, did you experience withdrawals or cravings?*	A history of withdrawal symptoms in previous quit attempts
The patient is considered to be nicotine dependent if a positive response to one or more of the above.	

- A patient who is nicotine dependent is likely to require NRT while in hospital to help manage cravings and nicotine withdrawal.
- See 5.7 for information on how to identify cravings and withdrawal symptoms
- **Advise all smokers to quit** e.g. “The best thing you can do for your health is to quit smoking”.

5.3 Review patient for contraindications and precautions to NRT

If contraindications or precautions identified, consult medical staff prior to initiating NRT.

Contraindications include but are not limited to:	
All NRT types	< 12 years of age
All NRT types	Hypersensitivity to nicotine or any other component of the NRT product
Patches	Severe skin conditions (e.g. psoriasis, eczema)
Gum	Patients wearing dentures
Lozenge	Patients with phenylketonuria (as lozenges contain phenylalanine)
Inhaler	Asthma and chronic throat conditions.

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Precautions include but not limited to:

- Recent Myocardial infarction / Stroke / Unstable Angina
- Pregnant / lactating women
- Patients with a mental illness
- Drug interactions
- Diabetes

See [Appendix 1](#) for additional information

5.4 NRT Options

- Base product choice on the patient’s personal preference and previous experience with NRT
- The below table provides a list of available products and strengths stocked at facilities in SESLHD
- Discuss any potential side effects.

Form of NRT	Strength	POWH	RHW	SGH	SSEH	TSH
Patch	21mg patch	Y	Y	Y	Y	Y
	14mg patch	Y	Y	Y	Y	Y
	7mg patch	Y	N	Y	N	Y
Lozenge	4mg lozenge	Y	N	Y	Y	N
	2mg lozenge	Y	N	Y	Y	N
Mini-Lozenge	1.5mg lozenge	Y	N	N	N	N
Gum	4mg gum	Y	Y	Y	Y	Y
	2mg gum	Y	N	Y	Y	Y
Mouth Spray	1mg mouth spray	Y	N	Y	N	N
Inhaler	15mg inhalation	Y	Y	Y	N	Y

NRT	Potential side effects
Patches	<ul style="list-style-type: none"> • Vivid dreams (if using 24 hour patch) • Insomnia • Skin rashes where the patch is applied
Oral form NRT (gum, lozenge, mini-lozenge, mouth spray)	<ul style="list-style-type: none"> • Hiccups • Coughing • Irritation of mouth / throat • Indigestion / nausea
All NRT types	<ul style="list-style-type: none"> • Nausea • Headaches • Dizziness.

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5.5 Initiate NRT

- Initiate NRT in line with Initiating NRT use in Hospital flowchart.

Dosing Recommendations:

NB: it is always better to use more NRT to control smoking urge and prevent relapse

- Most patients will require the higher strength gum or lozenge (4mg) unless only mildly dependent
- Base NRT dose on strength of cravings, time to first cigarette and whether combination therapy is used
 - If the patient has a cigarette >30 min after waking and has only mild cravings then 2mg gum / lozenge may be sufficient
 - If combining patch and lozenge or gum, the 2mg lozenge or 1.5mg mini-lozenge are approved by the TGA to be used in this way
 - Higher strength forms of oral NRT may be required for those still experiencing cravings and withdrawal symptoms
- Some patients will require more than one patch or a combination of patch and oral NRT
- Applying the patch just before sleep allows a slow rise of nicotine overnight and may reduce the urge for a cigarette on waking
- Patients who experience sleep disturbances may prefer the patch to be applied in the morning
- Ascertain product and dose (i.e. to minimise cravings and symptom withdrawal) via discussion with the patient
- Encourage patients to request additional oral NRT if withdrawal symptoms and/or cravings are not controlled.

Product	Dose
Patch	<ul style="list-style-type: none"> • 7mg patch • 14mg patch if pt <45kg • 21mg patch over 24 hours
Gum*	<ul style="list-style-type: none"> • 2mg 8 -12 per day
	<ul style="list-style-type: none"> • 4 mg 6 -10 per day
Lozenge	<ul style="list-style-type: none"> • 2mg 1 lozenge every 1-2 hrs Up to 15 per day
	<ul style="list-style-type: none"> • 4mg 1 lozenge every 1-2 hrs Up to 15 per day
Mini lozenge	<ul style="list-style-type: none"> • 1.5mg 1 lozenge every 1-2 hours Up to 20 per day
Mouth spray* 1mg	<ul style="list-style-type: none"> • 1mg 1-2 sprays every 30 min to 60 min Up to 4 sprays per hour
Inhaler	<ul style="list-style-type: none"> • 15mg 3-6 cartridges per day

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5.6 Treatment Instructions

Product	Instructions
Patch Blood levels peak within 3-6 hours	<ul style="list-style-type: none"> Place on lean, dry skin (avoid hair) above the waist and hold down for 10 seconds Rotate patch site each day to avoid skin irritation.
Gum Avoid eating and drinking while gum is in mouth and 15 minutes before and after chewing	<ul style="list-style-type: none"> Chew slowly until a peppery / tingling feeling is noticed then rest gum against lining of the cheek or under the tongue for 1-2 min or until the flavour fades Chew again slowly until the flavour returns Repeat for 30 min and then throw the gum away.
Lozenge / Mini Lozenge No food or drink while lozenge in mouth Suck lozenge until dissolved. Do not chew as nicotine is absorbed in the mouth	<ul style="list-style-type: none"> Place lozenge in mouth, move around mouth resting against the cheek or under the tongue Move from one side of the mouth to the other side Continue to repeat this process until dissolved (20-30 minutes).
Mouth spray Do not spray on lips, throat, or inhale as it may cause hiccups or a burning sensation	<ul style="list-style-type: none"> Shake the pump before using Hold breath and direct spray to inside of the cheek or under the tongue Refrain from swallowing for a few seconds after spraying.
Inhaler A plastic mouth piece and cartridge. Nicotine is absorbed into the oral mucosa when air is drawn through the inhaler	<ul style="list-style-type: none"> Insert cartridge into the holder. Puncture the cartridge by closing device. Puff lightly as deep inhalation can cause coughing and irritate the throat Puff on each new cartridge for up to 20min for maximum effect. Use the inhaler as often or as little to assist with cravings up to a maximum of 40min. After that time, throw away the cartridge as the active ingredient is lost (dispose safely) After 12 hours the used cartridge needs to be thrown away as it will no longer be active even if it has not been puffed on for a total of 40min during that time period.

5.7 Monitor for NRT Withdrawal

- Smokers may not be aware of withdrawal symptoms. Symptoms can be similar to behaviour observed in acute mental illness
- Patients with the following symptoms irritability, restlessness, insomnia, anger, anxiety, low mood and difficulty concentrating should have their NRT levels reviewed to determine if nicotine withdrawal is the cause of these behaviours
- Check for ongoing symptoms of nicotine withdrawal and review NRT dose in accordance with the *Initiating NRT use in Hospital flowchart*.
- If patient continues to experience withdrawal symptoms and/or a strong desire to smoke, discuss with Medical Officer the option of increasing NRT further (see High Dependence section in Flowchart).

What is a craving?
 A craving is when the smoker continuously 'thinks about' or 'longs for' a cigarette and cannot suppress the 'urge to use' tobacco.

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5.8 Monitor for adverse effects

Product	Adverse Effect	Trouble Shooting
Patches	<p>Skin irritation</p> <p>Sleep disturbance, vivid dreams</p> <p>Patch doesn't stick, keeps falling off</p>	<ul style="list-style-type: none"> • Rotate patch site and use hydrocortisone 1% cream for skin irritation • Sleep disturbance can be minimised by applying the patch in the morning rather than at night, removing the patch before sleep and decreasing caffeine intake especially in the evening • Use stretch adhesive tape over patch.
Oral NRT	Dyspepsia, nausea, hiccup, headache, cough, dry mouth, throat irritation	<ul style="list-style-type: none"> • If irritation of the mouth / throat or headaches, hiccups, indigestion, nausea or coughing develop – check the product is being used correctly or change to a different oral product • If using the inhaler: Puff lightly avoid inhaling deeply.

5.9 Monitor for impact on other medications

- Chemicals in tobacco smoke increase the metabolism of some medications. Therefore smoking cessation may result in a slower metabolism and a rise in blood levels of these medications.
- The following medications will require monitoring and/or dose adjustment if smoking is reduced or ceased^{4, 7}

Drug Interactions with smoking ⁴ (this list is not exhaustive)	
Class	Medication
Antipsychotics	Olanzapine, clozapine
Antidepressants	Duloxetine, fluvoxamine, tricyclic, antidepressants, mirtazapine
Antianxiety agents	Alprazolam, oxazepam, diazepam
Cardiovascular drugs	Warfarin, propranolol, verapamil, flecainide, clopidogrel
Diabetes	Insulin, metformin
Other	Naratriptan, oestradiol, ondansetron, theophylline, dextropropoxyphene
Other	Caffeine, alcohol

- NSW Factsheet Quick guide to drug interactions with smoking cessation:
<https://www.health.nsw.gov.au/tobacco/Factsheets/tool-7-guide-dug-interactions.pdf>

5.10 Ask patient about caffeine intake (coffee, cola and energy drinks)

- Caffeine toxicity may occur with smoking cessation. Caffeine toxicity causes agitation and sleeplessness
- Reduce usual caffeine intake by half.

5.11 Document NRT on Nurse Initiated section of the Medication Chart

- Prescribe NRT on Nurse Initiated section of the Medication chart (Drug name, dose and strength of NRT).

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5.12 Obtain NRT Stock

- Order NRT from pharmacy if not in ward stock.

5.13 Medical Officer Review and Prescription within 24 Hours

- Nurse initiated NRT can only continue for 24 hours
- NRT must then be reviewed by a medical officer and ordered. Medical Officer to review medication dosage if required.

5.14 Prepare for discharge / provide encouragement and tips for helping patients to stay smoke-free

Smoking cessation is best achieved when NRT is combined with counselling and support.¹

- Review NRT requirement at discharge and provide up to 7 days NRT supply at discharge, advise where NRT can be purchased in the community
- Emphasise the importance of continuing NRT for at least 12 weeks for best effect
- Offer to make a referral to Quitline 13 7848. Aboriginal Counsellors and Multilingual Counsellors are available via the Quitline telephone counselling service. If available, offer to make a referral to the facility smoking cessation services.
- Provide the patient with culturally appropriate smoking cessation information and resources (**Appendix 2**).
- Review medication dosage and adjust if required
- Ensure patient's use of NRT is detailed on the discharge summary
- Encourage client to seek follow up with their GP.

A positive experience of how NRT can manage withdrawal symptoms in hospital may result in a quit attempt during the admission or on discharge

6. EDUCATION

The following HETI online courses are available to support staff to implement this procedure:

- HETI Code 85947004 Smoking Cessation: A Guide for Staff
- HETI Code: 84056788 Yarning about Quitting (Aboriginal specific).

7. DOCUMENTATION

Document all steps of this procedure on the SESLHD Smoking Cessation Pathway and file in the patient care record.

SESLHD Smoking Cessation Pathway (SES060.130)
Patient Waiver Forms – intranet

8. AUDIT

- Number of patients identified as smokers on admission
- Number of patients started on NRT
- Number of patients who intend to continue to abstain at discharge.

Smoking Cessation – Nurse Initiated Nicotine Replacement Therapy (NRT)**SESLHDPR/494****9. REFERENCES**

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Related SESLHD and Ministry of Health Documents[SESLHDPR/316 Smoke-Free Health Service Procedure](#)[SESLHDPR/632 Smoking Cessation Brief Intervention in Maternity Services](#)

NSW Health National Clinical Guidelines for the Management of Drug Use during Pregnancy, Birth and the Early Development Years of the Newborn 2006

[NSW Ministry of Health Policy - PD2015 003 NSW Health Smoke-free Health Care Policy](#)

NSW Health Let's take a Moment – quit smoking brief intervention – a guide for all health professionals.

[NSW Ministry of Health Guideline - GL2014 022 Guidelines for the Management of Substance Use During Pregnancy Birth and the Postnatal Period](#)[NSW Health tobacco strategy and work plan](#)[Smoking Cessation Framework for NSW Health Services](#)

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10. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
		Kerry Luttrell HEO Respiratory Medicine Mary-Louise White CNC Drug and Alcohol
October 2010	DRAFT	Approved by Area Drug Committee
1/12/10	0	Endorsed by Area Patient Safety & Clinical Quality Committee Noted by Area Clinical Council
17/3/11	1	I Kerry Luttrell HEO Respiratory Medicine insertion of amended MIND Tool and updated to reflect change to Local Health Networks
4/8/11	2	Michelle Bonner, Acting Area Policy Officer updated to reflect change to Local Health Districts
March 2015	3	Revision; Change to SESLHD template
March 2016	4	Extensive revision and update; addition of Quit Smoking Resource Guide Suzanne Schacht District Clinical Stream Manager Cardiac/Respiratory & Intensive Care
March 2016	4	Executive Sponsor approved a two week Draft for Comment period
June 2016	4	Approved by Clinical and Quality Council
September 2016	4	Updated link to Patient Smoking Waiver form
February 2020	5	Commenced minor review, endorsed by Executive Sponsor. Processed by Executive Services prior to submission to SESLHD Quality Use of Medicine Committee.
May 2020	5	Minor review. Changes include links to smoking cessation framework, aligning procedure to the NSW Smoking Cessation Framework and change in procedure title. Approved at SESLHD Quality Use of Medicines Committee. Published by Executive Services.

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Appendix 1:

PATIENTS WHO REQUIRE ADDITIONAL CONSIDERATION PRIOR TO NRT

Recent MI / Stroke / Unstable Angina

Current research indicates no adverse events with these groups using NRT/^{4, 5, 6} these patients should be discussed with the treating medical team prior to NRT use.

Pregnant / Lactating Women

NRT can support pregnant women who are unable to cease smoking on their own. NRT is safer than smoking while pregnant, as it does not contain any of the harmful chemicals in cigarette smoke.

The NRT intervention is an important opportunity to increase the likelihood of smoking cessation. Oral forms of NRT e.g. gum, lozenges or inhaler are the preferred options. Due to the increased metabolism during pregnancy, higher doses of NRT such as 4mg gum or lozenge is recommended. If the use of oral NRT is problematic, or if combination therapy is required the patch can be used. The 25mg/16 hour patch is appropriate to use or the 21mg/24 hours patch can be used but should be removed for 8 hours overnight with a new patch applied in the morning.⁴

Nicotine is found in breast milk. However, the amount of nicotine the infant is exposed to from NRT is relatively small. Infant exposure could be reduced further by taking oral doses of NRT immediately after breastfeeding. ⁴ [SESLHDPR/632 Smoking Cessation Brief Intervention in Maternity Services](#)

Mental Illness

People with a mental illness are more likely to smoke⁴. Many patients with a mental illness express interest in smoking cessation and should be given the same support as all other patients. Quitline counsellors are available to assist patients with mental illness in their quit attempts⁴.

Chronic smoking increases the body’s metabolic rate. The tar in cigarette smoke induces liver enzyme activity which increases the metabolism of some medications such as antipsychotics, antidepressants and anti-anxiety agents. When patients cease smoking, psychiatric medication doses may need to be adjusted⁴

Symptoms of nicotine withdrawal have similarities to behaviour observed in acute mental illness presentations. People displaying symptoms such as irritability, restlessness, insomnia, anger, anxiety, low mood and difficulty concentrating should have their NRT levels reviewed to determine if nicotine withdrawal is the cause of these behaviours.'

Diabetes

Patients with diabetes should be advised to monitor their sugar levels more closely during smoking cessation and when NRT is initiated as catecholamines released by nicotine can affect carbohydrate metabolism and vasoconstriction may delay / reduce insulin absorption. ¹

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Smoking Cessation – Nurse Initiated Nicotine Replacement Therapy (NRT)

SESLHDPR/494**APPENDIX 2: Quitting Smoking Resources**


1. Quitting smoking advice and resources from NSW Health:
<http://www.health.nsw.gov.au/tobacco/Pages/default.aspx>
2. Fact sheets on smoking and other tobacco-related information from the Cancer Institute NSW
<https://www.cancer.nsw.gov.au/how-we-help/cancer-prevention/stopping-smoking/quitline>
<https://www.icanquit.com.au/>
3. Resources for people of culturally and linguistically diverse backgrounds
<http://www.mhcs.health.nsw.gov.au/publicationsandresources/pdf/topics/smoking>
4. Quitting Methods
<https://www.icanquit.com.au/quitting-methods/professional-support-and-advice/quit-kit>
5. Mental Health
<https://www.health.nsw.gov.au/tobacco/Pages/mental-health-and-smoking.aspx>
6. Order Quit Kits from Quitline (including Aboriginal specific, Arabic, Chinese and Vietnamese):
<https://www.icanquit.com.au/quitting-methods/professional-support-and-advice/quit-kit>
7. A range of consumer smoking cessation fact sheets downloadable (and ordered) from NSW website
<https://www.health.nsw.gov.au/tobacco/Pages/publications-resources.aspx>

Smoking Cessation – Nurse Initiated Nicotine Replacement Therapy (NRT)

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APPENDIX 3: SESLHD Quit smoking resource guide

Quit Smoking Resource Guide



Where can you get more information?

Many web sites have information about Quit Smoking. Below is a list of web sites that may be useful in helping you quit smoking. There are sites great for young people, mums to be, those with a mental illness and people diagnosed with cancer. Many sites offer information in different languages.

Australian Government Quitline provides:

- Steps for getting ready to quit
- Strategies to help you quit
- Help in your language
- Strategies to stay on track
- Guide to a smoke-free life

<http://www.quitnow.gov.au/>

Get the Apps...

Quitline also suggests free iTunes apps that can assist you on your quit smoking path.

- **My Quit Buddy:** is a free personalised interactive iPhone / iPad app with quit tips, daily motivational messages and countdown to quitting reminders.
<https://itunes.apple.com/au/app/quit-now-my-quitbuddy/id527485761?mt=8>
- **Quit for you - Quit for two:** provides support and encouragement to help you quit smoking if you are pregnant or planning to have a child.
<http://www.quitnow.gov.au/internet/quitnow/publishing.nsf/Content/quit-now-apps>

Mental Illness and Quitting.

Quitline offers tips on how you can support someone with a mental illness quit smoking:
<http://www.quitnow.gov.au/internet/quitnow/publishing.nsf/Content/mental-health-and-quitting>

Other resources:

Cancer Institute NSW

Join the iCanQuit Community, an online group where experiences can be shared. Information is available in other languages.
<https://www.icanquit.com.au/>

Quitline Victorian Government


Includes FAQ in relation to Nicotine patches, gum and lozenges. Also includes FAQ in relation to withdrawal.
<http://www.quit.org.au/faq/>

Head Space: National Youth Mental Health Foundation

Focuses on young people. Offers online advice and individually answered questions.
<http://www.headspace.org.au/is-it-just-me/find-information/tobacco>

Reach Out

Focuses on young people. Sign up to receive free SMS health tips or join an online chat group.
<http://au.reachout.com/smoking-habits>
<http://au.reachout.com/i-cant-stop-smoking>



SESLHD PROCEDURE

Smoking Cessation – Nurse Initiated Nicotine Replacement Therapy (NRT)

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Appendix 4 Guide to a Smoke-Free Life

Some useful resources

Quitline

Quitline is a confidential telephone service that provides information, advice or counselling services for people who want to quit smoking. You can phone the Quitline on 13 7848 from anywhere in Australia for the cost of a local call.

Quitline counsellors have received special training in dealing with people with a mental illness.

When you call the Quitline you can arrange to have the 'Quit Book' mailed to you and if you want to talk to someone about quitting they will give you information on:

- the best way for you to quit
- coping with withdrawal symptoms
- Quit courses and details of local organisations which provide individual help and counselling.

Online motivation

The QuitNow Calculator allows you to select a savings goal and calculates the amount currently spent on smoking and the time it would take to reach the savings goal if you stopped smoking. It is available at www.quitnow.gov.au and can be linked to other websites or intranets.

An app to help you quit

The Quit Now My Quitbuddy is a personalised interactive app with quit tips, daily motivational messages and countdown to quitting reminders. The user records their goals in pictures, words or audio messages and can use the 'Back Me Up' button for a range of distractions when they get a craving. Call the Quitline 13 7848 or a buddy from the app, or post a note on the community board. Download My Quitbuddy free on iPhone, iPad or Android mobile devices.



Congratulations on starting your journey to a smoke-free life.

Quitting is hard at the beginning but will get easier with every step. Everyone has to deal with the temporary effects of quitting, such as stress and withdrawal symptoms. When you have a mental illness there can be the extra worry of whether it will affect your mental health. It's important you deal with these worries by preparing yourself.

- Ask a family member, friend or health worker to be your smoke-free supporter to regularly encourage you throughout your journey.
- Focus on feeling good about yourself and thinking and talking positively.
- Talk to your doctor about quit smoking medications – including nicotine replacement therapy (NRT) – and any impact smoking or quitting may have on your mental health medication.

For more information on quitting talk to, or visit, your doctor or health professional, phone the Quitline on 13 7848 or go to www.sane.org/information.

For more information visit www.quitnow.gov.au or www.sane.org

Australian Government
Department of Health

Quitline 13 7848
quitline.gov.au/quitnow

The Department of Health, in partnership with SANE Australia, has developed this first class, mental information has been derived from SANE Australia documents.

Guide to a smoke-free life

Australian Government
Department of Health

EVERY CIGARETTE YOU DON'T SMOKE IS DOING YOU GOOD

Smoking Cessation – Nurse Initiated Nicotine Replacement Therapy (NRT)

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Appendix:4 Guide to a Smoke-Free Life – continued

Smoking and mental illness
Smoking rates among people with a mental illness are high. There are many reasons for this, such as smoking to cope with stress and anxiety. However, studies have shown that many people with a mental illness want to quit and that smoking causes, rather than relieves stress.¹

Reasons to quit
Becoming smoke free gives you so much to look forward to, including:

Better health
Smoking has a major negative impact on your physical health. As soon as you quit you will start to see improvements:

- In 8 hours** Excess carbon monoxide is out of your blood
- In 5 days** Most nicotine is out of your body.
- In 1 week** Your sense of taste and smell improves.
- In 1 month** Your immune system starts to recover and you are less vulnerable to disease.
- In 3 months** Your lung function begins to improve.
- In 12 months** Your risk of heart disease caused by smoking has halved.
- In 5 years** Your risk of a stroke has dramatically decreased.

More money to spare
Think of how much money you spend on cigarettes every day, week, month or year. The money you save by not smoking can be spent on rewards or contribute towards rent, bills, private health insurance, new clothes or holidays. In one year, a pack-a-day smoker could save over \$5,000.

An easy way to see how much money can be saved by quitting smoking is to use an online calculator. Go to www.quitnow.gov.au and try the Quit Now Calculator and learn how much money you can save by quitting.

Improved self-esteem
Quitting smoking also means you will look, feel and smell better – which can help you feel proud of yourself and improve your self-esteem.

Going smoke free
Identify your smoking triggers
What tempts you to smoke? Triggers may include:

- being with other smokers
- socialising and alcohol
- drinking coffee
- feeling bored
- feeling stressed

Find alternatives to smoking
Some alternatives may include:

- chewing nicotine gum or using another nicotine replacement product (it's important to check with your doctor before using these)
- if coffee is a trigger, consider drinking tea, orange juice or water
- if you're bored, perhaps phone someone or go for a walk
- put an elastic band around your cigarette pack, so it is harder to open. This will delay you smoking and give you time to think about doing something else instead.

Or try the **ADs**:

- **Delay** Delay for a few minutes and the urge to smoke will pass
- **Deep breathe** Breathe slowly and deeply
- **Do something else** Ring a friend or do some exercise to distract yourself
- **Drink water** Take time out and sip slowly to keep your hands and mouth occupied.

Dealing with stress
Some people worry that the stress of quitting smoking will trigger a relapse or their mental illness. This is unlikely to happen but talk to your doctor or smoke-free supporter to plan ways to deal with this concern. Be ready for stress by learning healthy ways of coping, such as:

- try to be active – walk, swim, ride a bike
- work on good sleeping habits
- talk things over with your smoke-free supporter
- practise deep breathing.

Dealing with boredom
Boredom may tempt you to smoke, so it's important to develop ways to avoid this. Suggestions include:

- keep your hands busy – with games, craft or cooking
- keep your mind busy – listen to music, find a new hobby, or read, or let one you've had before
- do something physical – gardening or a walk in the park
- call a friend or make contact with a local community group.

Coping with withdrawal symptoms
Nicotine is addictive, so withdrawal symptoms are common. These may include coughing, restlessness, difficulty sleeping and concentrating, and feeling irritable, anxious or angry. Symptoms will get easier after a few days and disappear in a few weeks. Remember

Set your quit goals
Set goals that are right for you. When you achieve them you can reward yourself. If you don't achieve them, look at what obstacles are stopping you from setting more achievable goals. Be realistic, allow for those days when you don't feel so good. Make a quitting contract with yourself and involve your smoke-free supporter if this will help.

Smoking is a powerful addiction and you should not be discouraged if you have trouble staying quit. Quitting can be hard, and many smokers try several times before they succeed in quitting and staying quit, so try again.

Stay in control
Sick with your quitting strategies to stay smoke free for good. While set-ups may happen, recognise situations that may trigger reaching for a cigarette so you are ready with a response:

- feeling sad, angry, stressed or bad about yourself – plan strategies to cope or talk to your doctor or counsellor. Remember these feelings can also be signs of nicotine withdrawal
- dealing with conflict – leave the situation, change tactics or practice being assertive
- dealing with triggers – plan ahead, avoid alcohol, say no to cigarettes, ask friends for help

Find a supporter
It often helps to ask a friend or key person in your life if they could offer some support to help you quit. There is a fact sheet on 'supporting someone with a mental illness to quit smoking' at www.quitnow.gov.au

Nicotine replacement therapy (NRT)
NRT is a therapeutic aid for the purpose of quitting smoking. It is important to talk to your doctor before starting NRT because of potential side-effects and possible interactions with other medications you may be taking. NRT is available at a reduced price for eligible patients through the PBS with a prescription from a General Practitioner (GP) or specialist. More information is available at www.pbs.gov.au

1. King, M & Ahmed, T. 2006. Smokeless Nicotine: review of the literature on smoking and mental illness. London: Tobacco Free NSW. Fact sheet No. 1, Centre for Drug Use Research.