

Smoking Cessation - ABCs

Ministry of Health
New Zealand
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Introduction

- Tobacco smoking is a major public health problem in New Zealand.
- Most people don't want to smoke and are trying to quit. But their addiction has a firm, often deadly, hold.
- More than 4000 New Zealanders die each year from smoking related disease. This includes people who die as a result of second-hand smoke.
- All healthcare workers play an important role in supporting New Zealand to become smokefree.

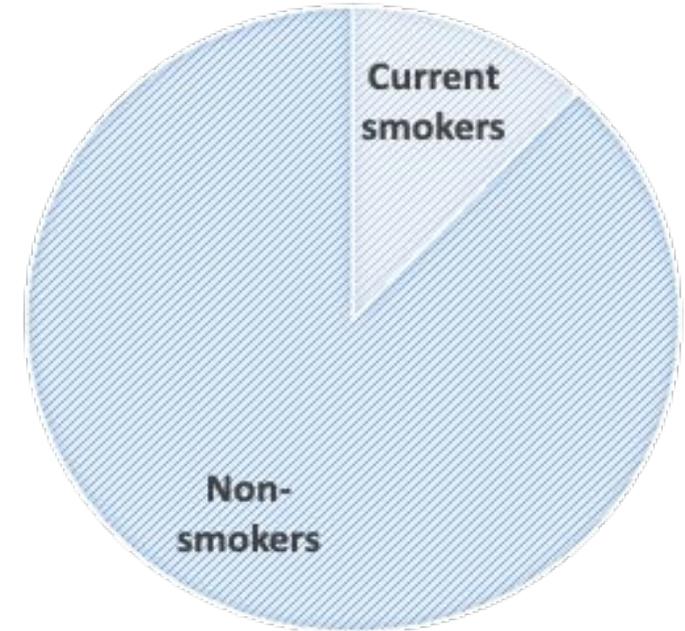
Learning Objectives

As a result of the e-learning, users will be able to:

- Explain their role in helping people to stop smoking.
- Identify the impact they can have on reducing smoking rates in New Zealand.
- Proactively use the ABC approach to:
 - Identify people who smoke and invite them to make a quit attempt.
 - Motivate and re-motivate people to make quit attempts.
 - Know and use the options available to help people stop smoking.
 - Know about the range of support available to help people to stay quit.

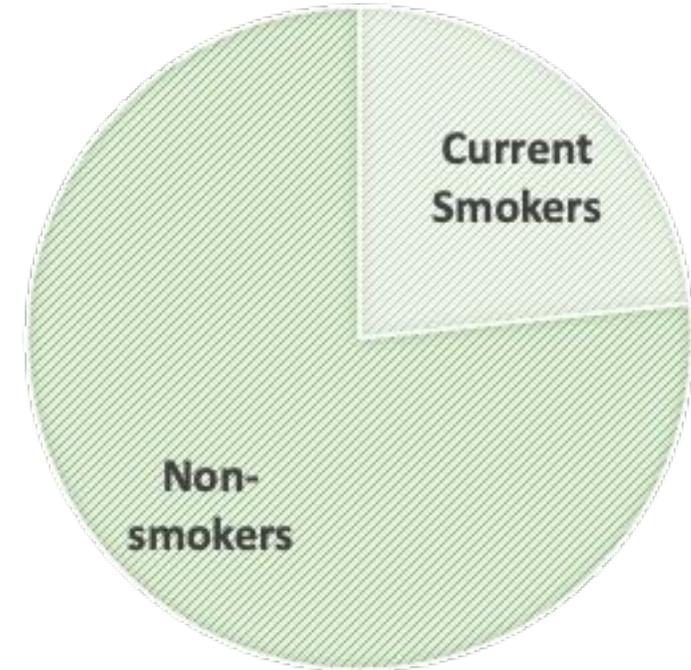
Who is smoking in New Zealand?

- 13% of all adults (18 and over) currently smoke.



Who is smoking?

- 13% of adults currently smoke
- 22% of Pacific adults currently smoke



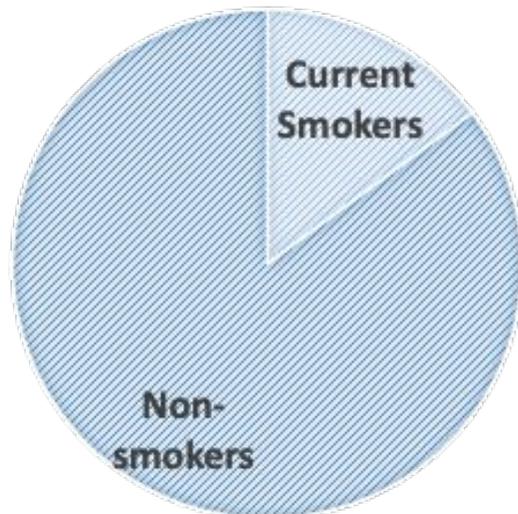
Who is smoking?

- 13% of adults currently smoke
- 22% of Pacific adults currently smoke
- 31% of Māori adults currently smoke



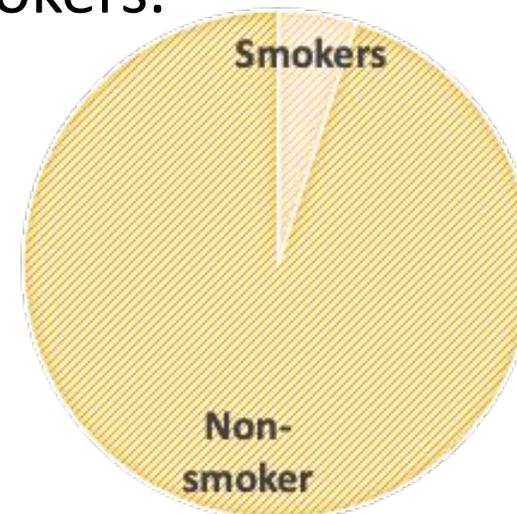
Who is smoking?

- 13.4% of adults currently smoke
- 22.4% Pacific
- 31.4% Maori



Our smokefree 2025 goal: <5% people smoke

- Using medicines and getting support improves quit rates. More people who smoke become ex-smokers.



What can Health Professionals do to help?

- If every health practitioner was confident and knowledgeable to **ask** about smoking, offer **brief advice** and provide **cessation support** to help people quit, **thousands of additional people who smoke** would quit each year.
- It just takes 30 seconds. Why wouldn't you?
- Smoking is the elephant in the room - impossible to ignore but sometimes difficult to talk about.
- Deal with the elephant, increase a person's chance of quitting and improve health for everyone.
- You *can* make a difference by helping someone to quit smoking.

What can Health Professionals do to help?

- A **Ask** everyone if they smoke.
- B Give **brief advice** to quit to everyone who smokes.
- C Encourage use of **cessation support** and offer help to access it

The Revised ABC pathway

- The latest Guidelines* were published in 2021 to help health practitioners provide better support for people who smoke.
- The changes emphasise the importance of helping people get access to cessation support.
- Instead of just advising people that they should quit, the revised ABC pathway recognises that it's crucial to *offer help to overcome addiction*.

[* The New Zealand Guidelines for Helping People Stop Smoking 2021](#)

Overview: How does ABC work?

- **Ask** everyone if they smoke, even if you've asked before. Seize every opportunity and don't hold back.
- Give **Brief advice** to quit to everyone who smokes. There are massive benefits - for their health and their finances.
- Strongly encourage them to use **Cessation support** and **offer help** to access this. For example:
 - Refer them to a local stop smoking service.
 - If appropriate, offer a stop smoking medicine (like nicotine patches).

Overview: How does ABC work?

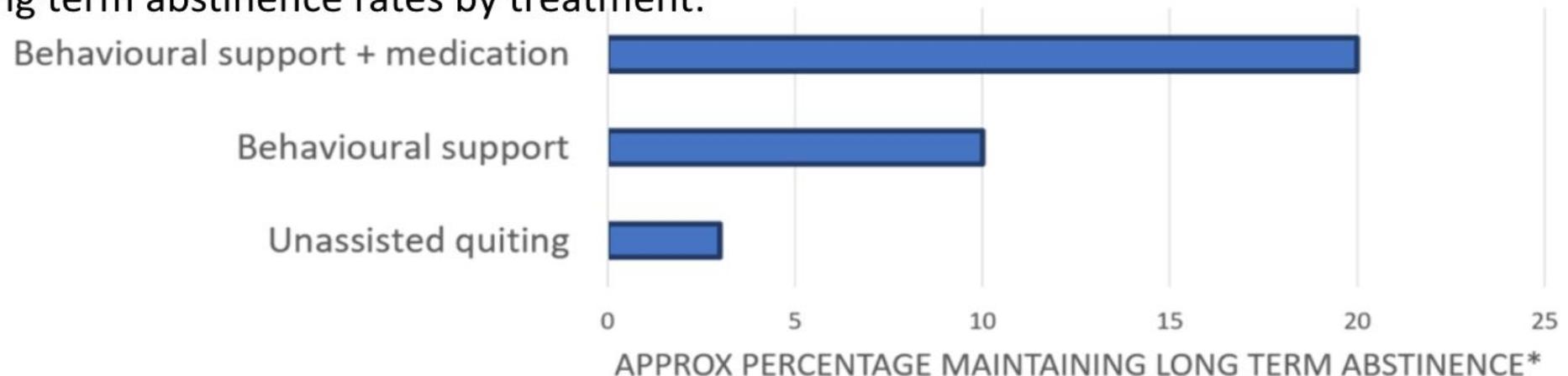
- Ask
- Brief advice
- Cessation support and offer help
- Combining *support from a stop smoking service with medicines* is the best way to quit - your role is to help people access these.

The easiest part? ABC takes you no more than 30 seconds.

Smoking Cessation Support

- There is no single ‘magic cure’ to stop smoking.
- By combining support with stop smoking medicines, people have a better chance of success than just ‘cold turkey’ (unassisted quitting).

Figure 1: long term abstinence rates by treatment:



*Estimated using data from the Cochrane Library of Systematic Reviews

Smoking Cessation Support - Medication

What do smoking cessation medications do?

- Nicotine, an addictive chemical in tobacco, is carried by cigarette smoke into the lungs where it enters the blood and travels to the brain very rapidly.
- There nicotine locks onto receptors that trigger the release of feel-good chemicals (like dopamine). The brain creates more receptors, all wanting more nicotine.
- Stopping smoking means there is no nicotine ‘feeding’ those receptors - so it leads to urges to smoke, or strong cravings and symptoms of nicotine withdrawal such as irritability and difficulty concentrating.
- **Stop smoking medicines help to ease these cravings and stop the withdrawal symptoms.**

Smoking Cessation Support - Medication

Nicotine Replacement Therapy (NRT):

- Nicotine Replacement Therapy (NRT) provides some of the nicotine that a person would get from smoking to reduce their craving for cigarettes and make it less likely they will have another cigarette.
- Usually, it's up to the person to decide which NRT product they'd like to use.
- Using two NRT products (e.g. Slow-acting patches and fast-acting gum) at the same time is more effective than one.
- NRT should be used for at least 8 weeks, when withdrawal symptoms and the most intense cravings have eased.
- NRT can be considered for use in pregnant and breastfeeding women and in young people under 18 years of age, after a discussion about the risks and benefits.
- You can learn more about NRT at the end of the module.

Smoking Cessation Support - Medication

Antidepressants (Bupropion, Nortriptyline):

- Bupropion (brand name Zyban) and Nortriptyline (brand name Norpress) are antidepressant medicines that have been found to also help people stop smoking.
- These medications reduce the severity of withdrawal symptoms and can double a person's chance of quitting.
- Bupropion and Nortriptyline are fully funded and available on prescription.

Smoking Cessation Support - Medication

Varenicline (brand name Champix):

- Varenicline is a tablet that works in two ways:
 1. It reduces urges to smoke.
 2. It reduces the pleasure people get from smoking.
- It's fully funded for people who have already tried to quit twice with NRT, or once with bupropion or nortriptyline.
- It's available on prescription for a course of 12 weeks.
- If the person starts to experience severe depressed mood, they should stop taking varenicline and contact a doctor straight away.

Smoking Cessation Support - Vaping

- Vaping (or e-cigarettes) help some people to stop smoking.
- Vaping liquids ('e-liquid') containing nicotine help to deal with nicotine dependence and the flavours may make the transition from smoking cigarettes easier.
- Vaping devices may be helpful as substitutes for the behavioural aspects of smoking.
- Since November 2020, vaping products have been regulated under the Smokefree Environments and Regulated Products Act 1990.
- Vaping products are considered *safer* than traditional cigarettes but may still carry some risks.
- Non-smokers should not take up vaping.

Smoking Cessation Support - Services

- Stop smoking services include Quitline and iwi cessation services, Pacific services and pregnancy services.
- They all use specialist stop smoking practitioners to counsel and support people to quit.
- They offer multiple sessions - some face to face, others over the phone or online.
- They help people target a quit date, make a commitment and stick to it. They support them through withdrawal and any lapses.
- Stop smoking services also offer subsidised NRT (patches, lozenges and gum). They closely monitor its use along with any prescription stop smoking medicines. Plus they keep prescribers fully informed.

What does ABC look like in practice?

Here are four scenarios of ABC in practice, followed by examples so you can try ABC for yourself.

Click on the area that you'd like to explore.

- I. [Community Health](#)
- II. [Primary Health](#)
- III. [Secondary Health](#)
- IV. [Midwives](#)
- V. [Oral Health](#)

Summary of ABC

To summarise:

- **Ask** everyone if they smoke.
- Give **Brief** advice to quit.
- Strongly encourage people to use **Cessation** support and offer help to access this.
For example:
 - Refer them to stop smoking service.
 - Offer a stop smoking medicine, if appropriate.

Summary of ABC

- If you can prescribe medicines then you can help people access all stop smoking medicines - NRT, bupropion, nortriptyline and varenicline.
- If you're a registered health practitioner you can help people access subsidised NRT - currently via Quitcard*.
- But remember, medicines work best when **combined** with behavioural support.
- Now that you've seen ABC in practice, let's take a quick look at the follow-up.

**Pharmacists can access without Quitcard.*

Follow-up to ABC

- If your patient or client has agreed to get help from a stop smoking service, they'll be offered support and stop smoking medicines by a specialist practitioner.
- When you next see your patient or client, check how they get on.
- If you provide stop smoking medicines, make sure you advise on use and side effects and monitor these. Always strongly recommend support from a stop smoking service as well.
- Behavioural support and medicines combine to give the best results.

Smoking Cessation Support: NRTs

- NRTs (Nicotine Replacement Therapy) are the most commonly used stop smoking medicines. People will have a much better chance of quitting if you help them use NRT correctly.
- Subsidised NRT can be supplied on prescription or via Quitcard.
- If you're a registered health practitioner, but not a prescriber, you can become a Quitcard provider once you've finished this module.
- Quitcard providers can offer a Quitcard for an 8-week supply of subsidised NRT from a pharmacy. The cost is \$5 per type of NRT.
- Download the [Guide to Prescribing NRT](#).

Smoking Cessation Support: NRTs

Patches	<p>Patches provide a steady level of nicotine for 24 hours. They come in three strengths: 7 mg, 14 mg and 21 mg.</p> <p>In general, people who smoke ten or more cigarettes a day should start on the highest strength patch – 21 mg. They should use the 21 mg patch for at least 8 weeks. When they are confident they can remain smoke-free, they can: stop using patches, or ‘wean’ themselves using the 14 mg patch for 2 weeks, then the 7 mg patch for 2 weeks.</p>
Lozenges	<p>Lozenges come in a mint flavour in two strengths: 2 mg and 1 mg. The nicotine is absorbed through the lining of the mouth and reaches peak levels in the blood in around 20 minutes.</p> <p>People who smoke within 60 minutes of waking should use the highest strength - 2 mg.</p> <p>While lozenges relieve craving relatively quickly, it’s best to use them regularly rather than waiting until there’s an urge to smoke.</p>
Gum	<p>Gum comes in a mint or fruit flavour in two strengths: 4 mg and 2 mg. The nicotine is absorbed through the lining of the mouth and reaches peak levels in the blood in around 20 minutes.</p> <p>People who smoke within 60 minutes of waking should use the highest strength - 4 mg.</p> <p>While gum relieves craving relatively quickly, it’s best to use it regularly rather than waiting until there’s an urge to smoke.</p>

Smoking Cessation Support: NRTs

- Nicotine Replacement Therapy (NRT) is an effective aid for smoking cessation, roughly doubling the chances of stopping smoking long-term.
- NRT reduces withdrawal symptoms and the severity of urges to smoke. It replaces some of the nicotine that a smoker would have otherwise got from their tobacco smoke, but less rapidly.

Smoking Cessation Support: NRTs

- There are five different NRT products available in New Zealand: gum, lozenge, patch, inhalator and mouth spray.
- Gum, lozenge and patch are currently subsidised and are available via prescription or Quitcard.
- Inhalator and mouth spray can be purchased at pharmacies or supermarkets.
- **For fuller details, check out [Background and Recommendations](#) to the New Zealand Guidelines for Helping People to Stop Smoking.**

Smoking Cessation Support: NRTs

There are a few basic points that you need to explain to all people who use NRT:

1. NRT is not a magic cure, but it will make quitting easier.
2. Using NRT is not like smoking. NRT is safe to use in people who smoke.
3. People need to use enough of it and use it for at least 8 weeks.
4. The oral products don't taste pleasant initially, but people will get used to the taste in a short time.

Smoking Cessation Support: NRTs

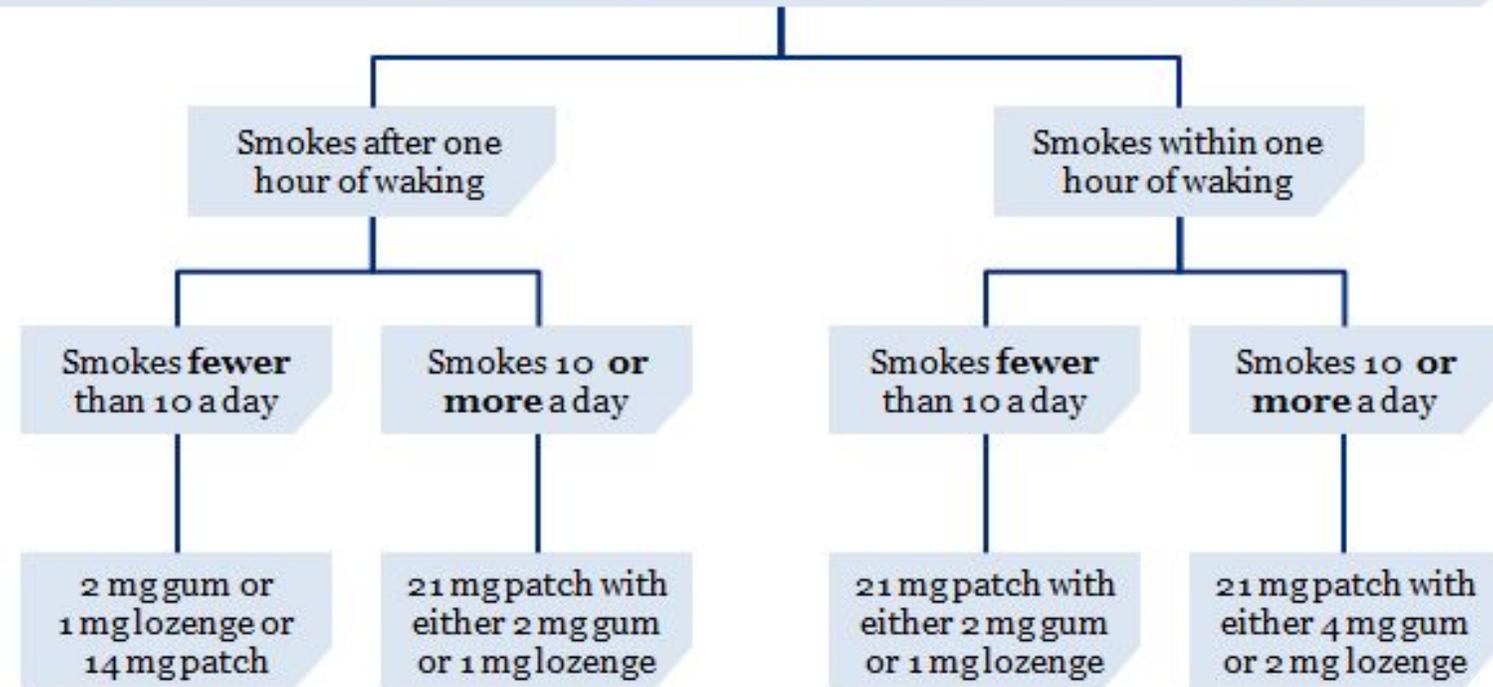
Step 1: Explain how NRT works and the products available

NRT provides some of the nicotine that a person gets from smoking. Nicotine is the addictive part of cigarettes but does not cause the harm associated with smoking. NRT works to reduce craving and other withdrawal symptoms associated with stopping smoking.

Step 2: Assess the time when the first cigarette is smoked (see note 1)

Step 3: Assess how many cigarettes are smoked (see note 2)

Step 4: Recommend which product and dose to use and explain how to use the product (see below)



Smoking Cessation Support: NRTs

Side Effects

Patches	<p>The most commonly reported side effect of the patch is local skin reaction. Some skin redness is common, and people usually notice this when the patch is removed. Itchiness is often reported and some people who use the patch on their arm describe a slight aching in their arm.</p>
Oral NRT (Gum or lozenges)	<p>Lozenges come in a mint flavour in two strengths: 2 People who use oral NRT often report the following symptoms:</p> <ul style="list-style-type: none">• Bad taste• Hiccups• Heartburn <p>You can reassure people that they will get used to the bad taste and will probably eventually come to like it. Hiccups and heartburn indicate that a person is swallowing too much nicotine. You will need to check that they are using the oral NRT correctly.</p>

Smoking Cessation Support: NRTs

Patches

- Patches provide a steady level of nicotine for 24 hours. They come in three strengths: 7 mg, 14 mg and 21 mg.
- In general, people who smoke ten or more cigarettes a day should start on the highest strength patch - 21 mg. They should use the 21 mg patch for at least 8 weeks. When they can cope with urges to smoke, they can:
 - stop using patches, or
 - ‘wean’ themselves using the 14 mg patch for 2 weeks, then the 7 mg patch for 2 weeks.
- A patch should be applied daily to a new site on clean, dry and hairless skin. Some people may get skin irritations at first, but these usually disappear. Redness under the patch is normal. If people experience sleep disturbance, they can remove the patch overnight.
- Pregnant women should remove the patch overnight.

Smoking Cessation Support: NRTs

Lozenges

- Lozenges comes in a mint flavour in two strengths: 2 mg and 1 mg. The nicotine is absorbed through the lining of the mouth and reaches peak levels in the blood in around 20 minutes.
- People who smoke within 60 minutes of waking should use the highest strength - 2 mg.
- While lozenges relieve craving relatively quickly, it's best to use them regularly rather than waiting until there's an urge to smoke.
- People should roll the lozenge around in their mouth or rest it in the side of their mouth. A peppery taste is normal. Swallowing nicotine is not harmful, but can cause hiccups or stomach ache.
- Most of the nicotine will be absorbed after 30 minutes of use.

Smoking Cessation Support: NRTs

Gum

- Gum comes in a mint or fruit flavour in two strengths: 4 mg and 2 mg. The nicotine is absorbed through the lining of the mouth and reaches peak levels in the blood in around 20 minutes.
- People who smoke within 60 minutes of waking should use the highest strength - 4 mg.
- While gum relieves craving relatively quickly, it's best to use it regularly rather than waiting until there's an urge to smoke.
- People should chew the gum until a hot peppery flavour comes through, and then rest it in the cheek. When the flavour and taste disappear, they should start chewing again. This process should be repeated for around 30 minutes. Swallowing nicotine is not harmful, but can cause hiccups or stomach ache.

Smoking Cessation Support: NRTs

Inhalator*

- The inhalator is a small plastic tube with a replaceable nicotine cartridge containing 15 mg of nicotine. It provides nicotine through a lining of the mouth, not to the lungs, and so reaches peak levels in the blood in around 20 minutes.
- People should aim to use around 3-6 cartridges per day. To achieve sufficient blood nicotine levels, they should puff on the inhalator for 20 minutes each hour. Because the dose of nicotine from a puff of the inhalator is much less than that of a cigarette, about 10 times as many puffs are required, compared to smoking a cigarette. Shallow or deep puffing results in similar nicotine absorption.
- Some people miss the hand-to-mouth action of smoking when they quit, so this method may provide more behavioural replacement than the other products.
- In cold weather it is advisable to keep the inhalator warm so that the nicotine vapour can be released from the cartridge.

Smoking Cessation Support: NRTs

Mouth spray*

- Each spray contains 1 mg of nicotine. The mouth spray provides nicotine through the lining of the mouth.
- People should use the mouth spray regularly. Most people will require 1-2 sprays every 30-60 minutes. Up to 4 sprays an hour can be used.
- The spray can be used whenever people have an urge to smoke. If the spray doesn't control the cravings within a few minutes, they can use a second spray.
- The spray needs to be primed with a few squirts, so that it sprays a fine mist. People should point the spray nozzle as close to the open mouth as possible, and spray towards the inside cheek, avoiding their lips and avoiding inhaling.

Smoking Cessation Support: NRTs

- If you supply NRT via prescription or Quitcard, you need to:
 - Explain correct use of all NRT to your patients or clients.
 - Explain common side effects of NRT to your patients or clients.
 - Monitor any side effects from NRT.
- Always strongly recommend support from a stop smoking service as well.
- Are you ready to talk to some people about NRT? Keep your NRT reference material handy.

Smoking Cessation Support: NRTs

- Smoking cessation and pregnancy.
- It is safest for women to be smokefree and nicotine free throughout pregnancy.
 - If complete cessation is not feasible, nicotine replacement therapies (NRT) may be used to support cigarette abstinence.
 - Nicotine carries some risks to the fetus, but at reduced levels relative to cigarette smoking.
 - Pregnant women should be advised of the potential risks and benefits of using NRT, and it should only be offered in combination with behavioural support.

Smoking Cessation Support: NRTs

Contraindications

There are no absolute contraindications to using NRT.

However there are some reasons why people would not use certain products e.g.:

- Nicotine gum is not suitable for people with dentures.
- Nicotine patches are not suitable for people who are allergic to sticking plaster or who have had reactions to the patch in the past.

NRT needs to be used with some caution in pregnancy, as nicotine can have adverse effects on the developing baby. For example nicotine exposure in pregnancy has been linked to learning difficulties in childhood.

The New Zealand Guidelines for Helping People Stop Smoking recommend a risk benefit assessment. NRT products typically deliver less nicotine, and less rapidly, than smoking, and of course without the toxins contained in cigarette smoke.

Drug interactions

There are no drug interactions with NRT.

There are however a number of other medicines that are affected by stopping smoking. These include:

- Clozapine
- Olanzapine
- Warfarin
- Theophylline

For more detail refer to the [Background and Recommendations](#) to The New Zealand Guidelines for Helping People to Stop Smoking

Well done! You're Almost There ...

You've now learnt about ABC in practice and NRT.

When you are ready, click on the link below to continue to the assessment.

There are 14 questions, if you achieve a score of 80% (or 12 out of 14), we will email you your certificate.

You can attempt the assessment as many times as you like.

[Click here to continue to the assessment](#)