South Tees Stop Smoking Service
Intermediate advisor Level 2 Training manual
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Foreword
We would like to welcome you to the Middlesbrough, Redcar & Cleveland Stop Smoking Service. We hope that you enjoyed the training course and are now ready to begin to support your clients with their quit attempts. This resource has been produced to supplement your training and as a guide for you to refer to whilst you continue in your new role as an Intermediate Stop Smoking Advisor.

The Stop Smoking Service offers a range of additional training to support you in your role including annual Refresher training. Details including dates and venues are available from the Stop Smoking Service and on the Quitmanager home page.

If you require any further information on any of the sections in this manual or have any queries please contact one of the Specialist Stop Smoking team on 01642 383819.
Introduction

Background – Smoking Risks
Smoking is still the major preventable cause of death and disease and the main contributing factor to health inequalities killing over 80,000 people in the England each year.

- In 2001 smoking caused 4.8 million deaths, equivalent to 1 in every 12 deaths globally. By 2025 it is estimated that smoking will cause approximately 10 million deaths each year.
- In the UK cigarette smoking is strongly linked with socio-economic disadvantage. People in disadvantaged socio-economic groups are more likely to smoke and be more heavily addicted.
- Children growing up in disadvantaged households are more likely to be exposed to cigarette smoke in the home, are more likely to start smoking and to start at an earlier age. Therefore disadvantaged smokers and their children have the most to gain from harm reduction strategies for tobacco use (RCP 2007).
- 1 out of every 2 long term smokers will die from a smoking related disease. Smoking directly causes around 5500 deaths per year in the NE region and on average smokers lose 16 years of life expectancy.

The most recent Tobacco Control plan, ‘Healthy Lives, Healthy People: A Tobacco Control Plan for England 2011’ (DOH 2011) recognises that whilst nicotine is the main element that keeps smokers physically addicted, there area wide range of social and behavioural factors that encourage young people to take up smoking and make it harder for people to quit.

The ambitions set out in Healthy Lives, Healthy people are as follows:
- To reduce adult (aged 18 or over) smoking prevalence from 21.2% to 18.5% or less, meaning 210,000 fewer smokers a year.
- To reduce rates of regular smoking among 15 year olds in England from 15% to 12% or less.
- To reduce rates of smoking throughout pregnancy from 14% to 11% or less (measured at time of giving birth).
Levels of Intervention

Brief Interventions
To all patients
- Ask
- Advise
- Act

Intermediate Advisors
To motivated patients
- Assess
  - NRT/Zyban/Champix treatment
  - Counselling support
  - Monitoring and follow-up

Specialist Advisors
To motivate patients with complexities
- Assess
  - Group programmes
  - Individual treatment
  - NRT/Zyban/Champix
  - Monitoring and follow-up
  - Enhanced counselling support
Middlesbrough, Redcar & Cleveland Stop Smoking Service

Level 3 Specialist Stop Smoking Service
Middlesbrough, Redcar & Cleveland Specialist Stop Smoking Service consists of a team of Specialist advisors who provide intensive tailored packages of support to a variety of patients including those with long-term chronic conditions, pregnant women, young people (under 18yrs) and those with mental health illnesses. The advisors provide support in a number of settings such as work places, colleges and hospitals. The Specialist advisors also run drop ins across the area where people can access support without an appointment.

Level 2 Intermediate Advisors - Pharmacies & GP Practices
The Stop Smoking Service has Level 2 Intermediate Advisors based in numerous Pharmacies and GP practices across the area. Our Level 2 advisors provide flexible support to patients who are motivated to quit smoking. Intermediate advisors working within pharmacies can issue Nicotine Replacement Therapy (NRT) via NRT Vouchers. A number of pharmacies have undertaken additional training to Level 3 and can also provide stop smoking support to Pregnant women & young people.

Pregnant Women
All pregnant women across Middlesbrough, Redcar & Cleveland are routinely screened for Carbon Monoxide by their midwives at their first appointment. The risks of continuing to smoke are clearly explained and all smokers are referred for treatment to stop smoking as standard in line with NICE guidance. Support can be provided in a variety of settings by Specialist Advisors or Level 2 trained Intermediate Advisors. Support is also available to any partner or family member who is motivated to quit.

Referral Criteria
The Stop Smoking Service is open to all smokers who are motivated to quit within Middlesbrough, Redcar & Cleveland and who are registered with a local GP.
Level 2 Service Contract

Every Level 2 provider will have a contract / Service Level Agreement to deliver a Stop Smoking Service. The contract contains a detailed service specification that providers are expected to meet.

Brief outline of the terms and conditions of contract;
- To provide an evidence based Stop smoking service (Level 2) in accordance with service standards. The service will include NRT Treatment, on-going motivational behavioural support and appropriate monitoring.
- All clients should be offered weekly support for at least first 4 weeks following quit date.
- A 4 week follow up should be completed for all clients setting a quit date.
- Level 2 providers must ensure that there are 2 accredited Intermediate Advisor identified.
- All staff should be undertake NCSCT Stop Smoking Practitioner (previously Level 1 & 2).
- Suitable individuals are to be offered an appointment within 1 week of first request. Where unable to do so clients should be signposted to nearest alternative provider.
- Pregnant women should ideally be offered an appointment within 2 working days.
- Data should be recorded in-line with Gold Standard Monitoring documentation on QuitManager, ideally within 48hrs. The accurate and timely completion of the data on QuitManager is a pre-requisite for payment under this contract.

Targets;
- 8 minimum 4 week quitters per quarter: 24 aspirational per quarter
- 30% minimum (35% aspirational) 4 week quit rate, increasing 1.5% per annum
- 55% minimum (85% aspirational) 4 week quit CO validation rate, increasing 1.5% per annum
- 20% minimum (25% aspirational) 12 week quit rate
- 25% minimum (15% aspirational) Lost to follow up rate at 4 weeks

If you would like a detailed copy of your service specification please see your Service Lead / Practice Manager.
Role of the Intermediate Advisor
The role of the Intermediate Advisor is vital to the success of the Stop Smoking Service, however it is important that they do not work in isolation but have the full active support of their colleagues.

Support and encouragement will always be available from Middlesbrough, Redcar & Cleveland Stop Smoking Service as Mentors from the specialist team will be on hand to provide advice and assistance whenever necessary.

Referrals can be made to the team, as and where appropriate.

Aims and Objectives of the Intermediate Advisor

- To assess those patients who are actively thinking about and want to stop smoking
- To assess patients for their:
  - Readiness to change
  - Motivation to change
  - Degree of dependency to smoking
- To provide information and support on treatment interventions:
  - NRT
  - Zyban
  - Champix
- To provide access to NRT for suitably motivated patients
- To refer any patient wanting Zyban to GP for a medical assessment, prescription and support.
- To refer patient requesting Champix to GP for medical assessment (unless extended nurse prescriber).
- To provide on-going support in the form of encouragement and lapse-relapse prevention strategies.
- To refer appropriate patients to the Specialist Service
- To record all client data and session notes on QuitManager. This must be kept up to date and client records should be marked complete as soon as the client exits the service.
- To monitor the progress of all patients who set a quit date at 4 weeks, 12 weeks and at 52 weeks
- To undertake annual refresher training to ensure that knowledge is up to date.
- To keep up to date with local, national campaigns and new resources.
Training & Support
To support you in your role as Level 2 Intermediate Advisor a comprehensive training package consisting of online training, face to face skills and work shadowing opportunities has been developed.

After you have completed the NCSCT Stop Smoking Practitioner training you will attend the Level 2 Stop Smoking course. Following this training you are given the opportunity to shadow a Specialist Advisor. A Specialist Advisor will then observe you in practice and complete a Competency Assessment. You will need to contact the Specialist Advisor to arrange this – we recommend that this is done within a couple of weeks of the face to face training.

The Competency Assessment visit will review what you have remembered from the training and assess your knowledge base. It will also include a review of the contract specifications and how that will apply to your particular base / role. The Specialist Advisor will also ensure that you are confident with using QuitManager and you will be provided with your own log in details for the live QuitManager site.

Following visits are then carried out according to a needs basis, and therefore will differ between advisors.

Additional update sessions will be provided on a quarterly basis where you can pick up resources such as vouchers and calibrated Carbon Monoxide monitors. The short sessions aim to ensure that providers are kept up to date with new medication, legislation in relation to Tobacco control. It is recommended that Level 2 providers send at least one representative to a minimum of 2 out of 4 of these sessions per year.

Refresher Training
To maintain up to date knowledge base and to provide a quality service you are required to attend an annual Refresher training session. The refresher dates and venues are available on the home page of QuitManager. This training will provide you with updates on products, delivery of the service, drug safety awareness and other relevant information. To book onto your refresher training please choose a date and venue from the home page, and telephone the Stop Smoking Service on 01642 383819 to confirm your place.

Smokefree
We recommend that you register on the smokefree website on www.smokefree.nhs.uk. This is a resource centre where will be able to order free resources including leaflets and posters to help promote your service. You can even create your own branded downloadable materials. Additional resources including Preparation packs, Health & Wealth Wheels and Calendars are also available for your patients.
Carbon monoxide monitoring

A Carbon monoxide monitor will be provided to each workplace after Intermediate training is completed. Service providers are responsible for providing consumables to use with CO Monitors such as plastic T-pieces and disposable cardboard tubes.

These monitors are to be used every time you see your client/patient and should be seen as a motivational tool rather than a test of honesty.

The Dept. of Health has set a target of 85% carbon monoxide validation and all advisors should endeavour to use their monitors on every appointment where possible.

What happens when you smoke?
- Oxygen becomes displaced.
- Binds to form Carboxyhaemoglobin (COHb).
- Can remain for 24 hours in the blood – influenced by gender, physical activity and ventilation rates.
- Arterial walls become more permeable – increased rate of plaque formation.
- Pregnant women – CO inhibits the release of oxygen into foetal tissue.
- Newborn babies weigh 200 – 300gms less than babies born to non-smoking mothers.
- CO levels return to non-smoking levels after 24-48hrs of not smoking.

Assessing smoking intake
The following affect CO levels and need to be taken into consideration when interpreting a reading;
- Number of cigarettes smoked so far that day.
- Time since last cigarette.
- Time of day (CO levels rise during the smoking day and decline overnight).
- Duration of breath holding (very short breath-hold leads to low readings).

Verifying self-reports of abstinence
- Depending on the setting and patients expectation of the check, misreports of abstinence range between 5% to over 50%.
- Expecting the check may contribute to patients maintaining abstinence.

What are acceptable CO readings?
- Readings to be 10ppm or under. (As per DOH 4 week monitoring form).
- Semi-rural areas – expected readings 5ppm or under.
- Pregnant women – readings 3ppm or under as per Babyclear protocol.

Why could non-smokers have higher than expected readings?
- Possible exposure to high ambient levels of CO.
- Occupational – e.g. degreasing agent trichloroethylene metabolised by the
liver to produce COHb.
- Cross interference from other breath constituents – e.g. alcohol and hydrogen.
- Lactose intolerance – produces hydrogen in the intestines.
- Some gas excreted by the lungs. Affects 5 to 15% of Northern Europeans.
- Diabetes – Ketones by product of fat breakdown (alcohol).

**CO Monitor protocol (Infection control)**
- Hand sanitiser gel should be used before and after using the monitor.
- The T-piece adaptor contains a one-way valve that prevents inhalation from the monitor. Changing adaptors depends on the manufacturers guidance:
  - Micromedical: The adaptor should be discarded and replaced every 6 months.
  - Bedfont (Pico): The adaptor should be discarded and replaced monthly.
  - BNC-2000: The adaptor should be changed quarterly – unless usage is heavy, in which case it should be changed monthly.
- Replace T-piece if visibly contaminated or patient has respiratory infection.
- Cardboard tubes: Single user only – change for every patient. Ask the patient to remove and discard the cardboard tube.
- Cleaning – monitors should be wiped down using non-alcohol wipes, ideally at the end of every session.

**Calibration of Monitors**
Monitors should be calibrated every 6 months. Calibration can be done at update meetings, support visits or contact the stop smoking service on 01642 383819 to arrange calibration.

**CO Monitor Disposables**
The Stop Smoking Service will provide and calibrate Co Monitors however providers are responsible for supplying the disposables for the monitors such as the Cardboard mouthpieces and the plastic T-pieces. These are available from below:

<table>
<thead>
<tr>
<th>Cardboard Mouthpieces</th>
<th>UBlOW Ltd</th>
<th>1010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tel: 0800 043 1936 or 01843 808077</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fax: 01843 808066</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:info@ublow.co.uk">info@ublow.co.uk</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Web: <a href="http://www.ublow.co.uk">www.ublow.co.uk</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>17 Brunswick Rd, Birchington, Kent, C17 0EE</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 Box of 250 Single use mouthpieces</td>
</tr>
<tr>
<td></td>
<td></td>
<td>£10.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plastic T-piece</th>
<th>Care Fusion</th>
<th>PSA 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tel: 01256 388550</td>
<td>Box of 10 Plastic Mouthpieces</td>
</tr>
<tr>
<td></td>
<td>Fax: 01256 388596</td>
<td>£19.00</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:micro.uksales@cardinalhealth.com">micro.uksales@cardinalhealth.com</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sani-cloths Detergent Multi surface wipes</th>
<th>PDI</th>
<th>60 pack</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tel: 01352 736700</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email: <a href="mailto:pdi@nice-pak.co.uk">pdi@nice-pak.co.uk</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Web: <a href="http://www.pdi-europe.co.uk">www.pdi-europe.co.uk</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aber Park, Flint</td>
<td></td>
<td></td>
</tr>
</tbody>
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Smoking Facts
What’s in a cigarette

Tobacco smoke contains more than 4000 chemicals including over 50 known cancer causing substances.

**Nicotine**
Nicotine is a powerful and fast acting drug, which once absorbed reaches the brain in about seven seconds. Most people who smoke are addicted to the nicotine in cigarettes. After starting to smoke, nicotine increases heart rate and blood pressure. Other effects of nicotine include an increase in hormone production, the constriction of small blood vessels under the skin and changes in blood composition.

**Tar**
Tar is a mixture of chemicals (formaldehyde, arsenic and cyanide) which are drawn into smokers lungs when they inhale cigarette smoke. Once inhaled, the smoke condenses and about 70% of the tar is deposited in the lungs. Many of the substances in the tar are known to cause cancer in animals and to damage the small hairs that help protect the lungs from dirt and infection.

**Carbon Monoxide**
Carbon Monoxide (CO) is an odourless, tasteless and poisonous gas, giving no warning of its presence in most circumstances. In large amounts it is rapidly fatal. It is formed when a cigarette is lit. CO combines with haemoglobin in the blood more readily than oxygen, so up to 15% of all smokers blood may be carrying CO instead of oxygen, thus making breathing difficult. The reduced amount of oxygen in the blood means that the circulatory system has to work harder, causing heart disease. This is why it is linked to coronary heart disease and other circulation problems.
Low Tar & Menthol Cigarettes

Any smokers chose so-called low-tar, mild, light, or ultra-light cigarettes because they thought these cigarettes would expose them to less tar and would be less harmful to their health than regular or full-flavoured cigarettes. However, light cigarettes are no safer than regular cigarettes. If you smoke Low Tar, Lights or mild cigarettes you are likely to inhale just as much tar and nicotine as from regular cigarettes. Light cigarettes do not reduce the health risks of smoking. Labelling cigarettes as “light”, “low-tar” or “mild” was banned in 2003.

Menthol is an additive that increases the addictiveness of the nicotine, though menthol by itself is not addictive in nature. Menthol is a mild anaesthetic that numbs your throat and stimulates cold receptors that creates a cooling sensation. EU ban on Menthol cigarettes by 2022.

Many smokers believe that “Cutting down” will alleviate and reduce some of the risks associated with smoking. It is also often seen as an acceptable compromise. There are many different variations of cutting down including reducing quantity, or swapping to “light” or menthol cigarettes. In reality cutting down does not reduce the risk as smokers can titrate the amount of nicotine (and other chemicals) that they get from cigarettes by taking longer, deeper, or more frequent puffs.

E-cigarettes / Vaping

Electronic cigarettes are now one of the most popular product amongst smokers trying to quit in England, with approximately 30% of those using a product to help them quit opting for electronic cigarettes. Although not completely without risk, experts estimate that electronic cigarettes carry 95% less risk than smoking. In the view of Public Health England it is never better for a smoker or those around them to smoke rather than vape. Stop Smoking Services should therefore make it explicit that smokers will be offered support with their quit attempt if they are using electronic cigarettes or vapourisers, whether concurrently with licensed NRT or by alone.

<table>
<thead>
<tr>
<th>Smoking Status at initial appointment</th>
<th>Motivation</th>
<th>Support available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking Cigarette*</td>
<td>To stop smoking tobacco</td>
<td>12-15wk programme of behavioural support and licenced stop smoking medication available on Prescription / Voucher</td>
</tr>
<tr>
<td>Smoking Cigarette* and using E-cigarette</td>
<td>To stop smoking tobacco</td>
<td>12-15wk programme of behavioural support and licenced stop smoking medication available on Prescription / Voucher. (Behavioural support &amp; licenced NRT still available even if continue to use E-cigarette)</td>
</tr>
<tr>
<td>Only using E-cigarette**</td>
<td>To stop using e-cigarette</td>
<td>Unable to provide stop smoking support and / or medication on Prescription / Voucher. Advise that E-cigarette is likely to be safer than smoking.</td>
</tr>
</tbody>
</table>

* *or last smoked within 48hrs (2wks if pregnant)
**no tobacco used within 48hrs (2wks if pregnant)
Tobacco Withdrawal Symptoms

Nicotine in cigarettes is fast acting with short activity which means that it is highly addictive. For those who are addicted reduced nicotine levels will lead to physical withdrawal symptoms.

Withdrawal symptoms start within a few hours of the last cigarette smoked, they peak within a few days and last up to 4 weeks.

### Withdrawal Symptoms

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Duration</th>
<th>Coping strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood changes: Irritable / aggressive, depressed, restless.</td>
<td>4 weeks</td>
<td>Rest &amp; relax. Usual relaxation techniques e.g. warm baths, deep breathing. Cut down on caffeine.</td>
</tr>
<tr>
<td>Difficulty concentrating.</td>
<td>&lt;2 weeks</td>
<td>Make a to do list. Take extra time to get things done.</td>
</tr>
<tr>
<td>Urges to smoke.</td>
<td>up to 12 weeks</td>
<td>Try 4 D’s; Delay, Deep Breathe, Do something else, Drink some water.</td>
</tr>
<tr>
<td>Increased hunger, taste improves and metabolism of the body changes.</td>
<td>up to 12 weeks</td>
<td>Healthy snacks available. Sip water. Exercise. Suck glucose tablets (unless diabetic).</td>
</tr>
<tr>
<td>Sleep disturbance.</td>
<td>&lt; 1 week</td>
<td>Cut down on caffeine. Quitting smoking doubles the amount of caffeine present, disturbing sleep.</td>
</tr>
<tr>
<td>Mouth Ulcers.</td>
<td>&lt; 2 weeks</td>
<td>Antiseptic mouth wash.</td>
</tr>
<tr>
<td>Light headedness.</td>
<td>&lt; 1 week</td>
<td>Close eyes for a moment and breathe slowly.</td>
</tr>
<tr>
<td>Productive cough.</td>
<td>2 – 4 weeks</td>
<td>Breathe I steam. Sips of water will help relieve the cough.</td>
</tr>
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# Benefits of Quitting

<table>
<thead>
<tr>
<th>Duration</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 mins</td>
<td>Blood pressure and pulse rate return to normal.</td>
</tr>
<tr>
<td>8 hours</td>
<td>Nicotine and carbon monoxide levels in blood reduce by half, oxygen levels return to normal.</td>
</tr>
<tr>
<td>24 hours</td>
<td>Carbon monoxide eliminated from the body. Lungs start to clear out mucus and other smoking debris.</td>
</tr>
<tr>
<td>48 hours</td>
<td>There is no nicotine in the body. Ability to taste and smell is greatly improved.</td>
</tr>
<tr>
<td>72 hours</td>
<td>Breathing becomes easier. Bronchial tubes begin to relax and energy levels increase.</td>
</tr>
<tr>
<td>2-12 weeks</td>
<td>Circulation will be improving.</td>
</tr>
<tr>
<td>3-9 months</td>
<td>Coughs, wheezing &amp; breathing problems improve as lung function increases by up to 10%.</td>
</tr>
<tr>
<td>1 year</td>
<td>Risk of a heart attack falls to about half that of a smoker.</td>
</tr>
<tr>
<td>10 years</td>
<td>Risk of lung cancer falls to half that of a smoker. Risk of heart attack falls to the same as someone who has never smoked.</td>
</tr>
</tbody>
</table>
Stop Smoking Pharmacotherapy

All Nicotine Replacement Therapy products, Champix and Zyban are all evidence based and follow NICE guidance. All products including Zyban and Champix should be treated as first line and there is no order in which products should be used or tried. Patients can therefore request their personal product of choice in accordance with it being suitable to their medical health.

Treatment decisions are made following assessment of Nicotine Dependence (Fagerstrom score), Co Score, Smoking Habits, Medical History, Previous experience and patient choice.

Effectiveness of Stop Smoking Pharmacotherapy does vary as shown in NHS Stop Smoking Service in England Q2 2014/15 statistics below;

<table>
<thead>
<tr>
<th>Product</th>
<th>4wk Quit Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combination NRT</td>
<td>46%</td>
</tr>
<tr>
<td>NRT &amp; unlicensed Nicotine containing products</td>
<td>56%</td>
</tr>
<tr>
<td>Brupropion</td>
<td>56%</td>
</tr>
<tr>
<td>Champix</td>
<td>60%</td>
</tr>
</tbody>
</table>

It is important to note that behavioural support plays a crucial part in increasing quit rates as shown in the table below;

Long term quit rates (1 year)

<table>
<thead>
<tr>
<th>Product</th>
<th>No Pharmacotherapy</th>
<th>Pharmacotherapy (e.g. NRT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willpower alone</td>
<td>2-3% (Cold Turkey)</td>
<td>4-6% (OTC Medication)</td>
</tr>
<tr>
<td>Support (trained adviser)</td>
<td>10-15%</td>
<td>20-30% (NHS Support)</td>
</tr>
</tbody>
</table>

Nicotine Replacement Therapy (NRT)
Abrupt cessation of nicotine intake causes physical withdrawal symptoms, NRT provides relief especially through the most difficult period of the first 4 weeks.

It takes 7-10 seconds for nicotine from a cigarette to hit the brain. This is a very fast reinforcement process.

Beginning of smoking career = peak seeker.
Later on in smoking life = trough maintainer.
How does NRT work?
NRT works by providing pure nicotine to alleviate withdrawal symptoms without the tar, carbon monoxide and other poisonous chemicals.

Is NRT effective?
Using NRT doubles the success rates when compared to willpower alone. NRT used as monotherapy (1 product) or dual therapy (2 products) combined with support from a trained stop smoking advisor is five times more successful than just using NRT alone.

How much nicotine do NRT products provide?
All current NRT products provide similar nicotine delivery in average users, about 50% of their daily intake from smoking. Hence heavier smokers will benefit from dual therapy.

Nicotine in these doses is considered harmless – the dangers of smoking are mainly due to combustion products and other chemicals.

Can they cause dependence?
NRT cannot cause new dependence as users are already dependent on nicotine.

The chances of long-term use are related to speed of nicotine absorption. Long-term users are mostly smokers whose chance of success would be otherwise small.

NICE guidance states that NRT use has been demonstrated in trials to be safe to use for at least 5 years.

Who cannot have NRT?
Not licensed for: Under 12’s.
End stage liver disease.

NRT is safer than smoking – this is important to remember when looking at the potential risks of NRT. It is also a highly cost effective life preserving intervention.
Patch

- **16 Hour**: 25mg, 15mg, 10mg
- **24 Hour**: 21mg, 14mg, 7mg

1 Patch per 24 hour period

**Advantages**
- Discreet and easy to use.
- Nicotine absorbed at a steady rate throughout the day so full effects of withdrawal never experienced.
- No evidence of addiction.

**Disadvantage**
- Takes several hours for blood nicotine levels to reach optimum levels.
- Doesn’t offer the quick fix of nicotine of other products.
- Doesn’t offer the hand to mouth action of smoking or oral products.
- May cause skin irritation.
- 24 hour patch may cause sleep disturbance or vivid dreams.

**Notes**
When reducing patch strength you can be flexible with when to drop down, don’t feel that clients must reduce every 4 weeks. Research shows that spending a longer period of time on the full strength patch can help with relapse prevention. It is fine to offer 6 or 8 weeks on full strength before dropping down to the lower strengths in the final weeks.

Patches take at least 30 minutes to ‘kick in’ therefore you can suggest that clients put the patches on before they get up in the morning or discuss combination therapy and suggest that they use their second product more frequently in the morning whilst waiting for patches to start working. Discuss coping strategies such as changing their morning routine and keeping busy during this period.

24hr patches can cause vivid dreams and sleep disturbances, patients can remove the patches at night if they cannot tolerate them for 24hrs. The 24hr patch is also licensed for both 16hr use therefore you can recommend these if the client is unsure about wearing the patch for 24 hours.

Shift workers may want to consider using 24 hour patches as their daily routine is often not structured and varies from week to week. This is the most commonly used product in combination with another – i.e. patch + oral product.

Pregnant women should only use 16hr patch.
Gum

- 4mg, 2mg.
- Original, mint, fruit, liquorice*, Freshmint, Freshfruit and Icy White gum.
- Max 15 pieces per day (4mg and 2mg).
- Once you start client on a strength continue to use this until the end of their quit period.

How to use the gum

- Chew the gum as normal chewing gum to activate nicotine.
- Once soft/hot pepper taste/feeling at back of the throat the Gum must be parked at the side of the mouth.
- This is then repeated for 20 to 30 minutes.
- Avoid acidic drinks when using.

Advantages

- Fast Acting
- Patient can increase dosage at high risk times.
- Comes in a variety of flavours.
- Can prevent clients eating too much.

Disadvantages

- Can cause indigestion if not used correctly.
- Some people find taste unpleasant.
- Time consuming to use properly.
- Can cause mouth irritation.
- Often not used regularly and people don’t tend to use enough.

Notes

Most common issue is that clients don’t chew enough pieces per day in order to get the beneficial effects of nicotine and they don’t use it correctly therefore swallow most of the nicotine in their saliva. Getting the chew it and park it technique right is very important. Early formats of the gum were difficult to use and did not have the variety of flavours. Clients who have used this in the past may feel put off by their past experiences. However, flavours and texture has improved greatly.

Not to be used for mental health inpatients or prisoners – can block fire alarms and keyholes.

Avoid using with dentures.
* Not to be used in Pregnancy
Lozenges

Large Lozenge
- 4mg, 2 mg and 1mg.
- Original and mint flavor.
- Max 15 lozenges (2 & 4mg) or 25 Lozenges (1mg) a day.
- Once you start client on a strength continue to use this until the end of their quit attempt.
- Suck until hot pepper taste then park at side of mouth to release nicotine into the buccal cavity
- Avoid acidic drinks when using

Notes
Large lozenges are rarely used now. They were unpopular due to their size, taste, texture and the time it took to dissolve in the mouth. They are still available and someone who has used them in the past with success may want to try them again. Remember that they do contain sodium and therefore may not be suitable for people on low salt diet.

Suck them and park them up in the cheek for maximum effectiveness.

Mini Lozenge
- 4mg and 1.5mg.
- Mint (1.5mg & 4mg) and Orange flavor (1.5mg only).
- Max 15 lozenges per day.
- Once you start client on a strength, continue to use this until end of their quit attempt.
- Suck in mouth to release nicotine into the buccal cavity of the mouth.
- Avoid acidic drinks when using.
- Pack size 1x 20 drum or 3x 20 drum.

Nicorette Cools Lozenge
- 2mg and 4mg.
- Cool mint flavour.
- Max 15 lozenges per day.
- Suck slowly to release nicotine.
- Do not chew or swallow.
- Avoid acidic drinks when using.
- Pack size 2mg; 1x 20 drum or 4x 20 drum. Pack size 4mg; 4x 20 drum.
Notes
Mini lozenges and Cools Lozenges are very discrete and handy to pop in the pocket or handbag. The small lozenges do not have to be parked up in the cheek & takes approximately 10 minutes to dissolve.

Nicotine and flavour are layered throughout the Cool Lozenges so the client will keep tasting the cool mint flavour and will therefore continue to keep lozenge in the mouth.

Advantages
- Fast Acting.
- Patient can increase dosage at high risk times.
- Can prevent clients eating too much & helps stop weight gain.
- Minis & Cools Lozenges better taste.
- Easy to use.
- Can be used as a quick fix in risky situations.

Disadvantages
- Can leave a chalky taste residue around mouth (large).
- Quite Bulky in mouth (large).
- Some people do not like the taste or texture.
- Time consuming to use properly.
- High sodium content (large)
- Patients may not use enough throughout the day.
- Packaging can be tricky to open (Minis & Cools).
Inhalator

- 15 mg cartridges.
- Use every hour.
- 10 puffs equal one puff from a cigarette.
- Suck/puff for at least 20 minutes per hour.
- Max 6 cartridges per day.
- Each cartridge lasts 40 mins.
- Available in packs of 4, 20 & 35.

Advantages

- Replaces hand to mouth action of smoking.
- Excellent as a second product in difficult situations.
- Can be used as a third product with no cartridge.
- Can prevent over eating.
- Often used as dual therapy with patch.

Disadvantages

- May be too much like smoking for some.
- Time consuming to use properly.
- Can be used incorrectly & not used enough.
- May attract attention in public.
- Monotherapy not very suitable for heavy smokers.
- Can cause throat irritation if used incorrectly.

Notes

The inhalator holder comes in blue, black and white plastic. Each 15mg cartridge should last for 40 minutes. Patients should be supplied with two packs of 20 per week (single use product) and 1 – 2 packs per week as combination (taking into consideration their CO reading, Fagerström score and number of cigarettes smoked). Most common issues are with incorrect use with clients taking big deep draws as though smoking a cigarette rather than the short puffs e.g. as though smoking a pipe which will allow the vapour to be taken into the mouth and the nicotine absorbed in the mouth. If clients are complaining of a sore throat then they are not using the inhalator correctly and should be encouraged to persevere. Try to hold the inhalator between the teeth and sucking the vapour into their mouth.
Microtab

- 2mg.
- Max 40 per day.
- Place under tongue or inside of lip.
- Dissolves in 20 to 30 minutes.
- Can use 2 at a time.
- Avoid acidic drinks when using.

Advantages
- Very discreet.
- Allows regular use.
- Not as distracting in the mouth as lozenge or gum.
- Can be used more frequently at risky times.
- Good for people with dentures.

Disadvantages
- Can cause irritation of the mouth and throat.
- Can cause indigestion.
- Some find the taste unpleasant.

Notes
These are not as popular but often people who have used them in the past request them again as they are very successful if used correctly.
Nasal Spray

- 10ml spray.
- Each spray is 0.5mg
- One dose is 2 sprays, one per nostril (1mg).
- Should be used regularly every hour (for heavy smokers every half hour).
- Max 32 doses per day (64 sprays).
- Tilt to outside of nostril to spray.
- Each bottle contains 200 sprays.

Advantages

- Very fast delivery system.
- Mimics that of a cigarette closer than any other.
- Dose easily adjusted as response to high risk situations.

Disadvantages

- Can be uncomfortable to use for the first few days.
- Causes sneezing, watering eyes and running nose.
- May cause sores in nose and nose bleeds.
- Can be embarrassing to use in company.
- Can develop dependence if used incorrectly.

Notes

The Nasal spray is one of the strongest forms of NRT and is recommended for heavier, more dependent smokers. It provides the quickest hit of nicotine of any of the NRT products, but not as quickly as a cigarette.

Nasal spray has a poor compliance rate with many people switching to another product without giving themselves a chance to get used to the strength and effects. When first start using nasal spray it is common to experience sneezing, running nose or watery eyes. Within 2 days of use these side effects would improve and they would become accustomed to its effects whilst still gaining the benefit of a very quick fix of nicotine.

Excellent product for heavy smokers the key is to persevere.
QuickMist

- Mouth spray – Freshmint.
- 1mg of nicotine in each spray.
- Acts within 60 seconds.
- Use 1 spray and if craving does not disappear within a few minutes use a second spray.
- Can use up to 4 sprays (2 doses) per hour.
- Max of 64 sprays (32 doses) per day.
- Pack size: 1 bottle or 2 bottles.
- Each bottle contains 150 sprays.

Advantages

- Fast acting.
- Easy to use.
- Good taste.

Disadvantages

- Can cause Hiccups, Cough, Indigestion, Oral tissue pain, Burning lips, and Dry mouth/throat if used incorrectly.

Notes
The QuickMist gives a quick fix of nicotine much like the nasal spray but without the running nose and streaming eyes.

When first using the mouthspray the bottle must be primed by pumping the spray.

The bottle can be tricky to use and when spraying clients should take care to get a mist rather than a jet of the liquid.
Oral Strips*

- 2.5mg Mint flavour Strips
- Acts within 50 secs
- Dissolves completely within 3 mins
- 1 strip every 1-2 hrs
- Max 15 per day
- Place on tongue & press to roof of mouth.
- For use with smokers who smoke their first cigarette 30 minutes or more after waking.
- Pack size: 15 & 60

Advantages
- Quick acting.
- Very Discreet.
- Can be used as a quick fix in risky situations.
- Can be used as dual therapy in combination with patch.

Disadvantage
- Not suitable for heavy smokers.

Notes
Do not eat or drink while an oral film is in the mouth. Do not chew the film or swallow it whole.

* Not currently available on vouchers or prescription in Middlesbrough, Redcar & Cleveland area
Factors effecting Nicotine Metabolism

Certain factors, including gender, pregnancy and oral contraception, can affect the rate at which a smoker metabolises nicotine. This may have implications for the choice and strength of pharmacotherapy required.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Women metabolise nicotine 15% faster than men.</td>
</tr>
<tr>
<td>Oral Contraception</td>
<td>Women using an oral contraceptive metabolise nicotine 40% faster.</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>Pregnant women metabolise nicotine 60-120% faster.</td>
</tr>
</tbody>
</table>

Fast metabolism of nicotine from NRT products means that some quitters will need higher doses to control their cravings and other withdrawal symptoms.

This is especially relevant to pregnant women who may need higher doses of NRT including combination therapy but who may be concerned or cautious about using it. Where appropriate, Stop Smoking Advisors should advise pregnant women to use NRT in line with the product specifications but should be especially careful about this group under dosing or stopping treatment early, support is vital in this group of patients.

Clinicians should be aware that quitting smoking may affect the metabolism of other medications e.g. theophylline, which the patient may be receiving. Such patients may need their dose reviewing.

Patients with diabetes mellitus should be advised to monitor their blood sugar levels with more closely than usual when NRT is initiated as catecholamines released by nicotine can affect carbohydrate metabolism.
The NRT Voucher Scheme

The Stop Smoking Service in Middlesbrough, Redcar & Cleveland operates a NRT voucher scheme.

The objectives of the service are:
- To increase the support available to patients that wish to cease smoking and the flexibility of support available.
- To increase the numbers of quitters in more deprived areas where there are high numbers of people living in poverty, high rates of unemployment and inadequate housing.
- To make access to NRT straightforward providing a streamlined, convenient service for smokers wanting to quit smoking.
- To enables patients to have swift and timely access to NRT recommended by the Stop Smoking Advisor that is treating them.

Pharmacy Voucher
- Issued by Pharmacy Advisors
- Initial voucher 5wk duration followed by 8wk.

Orange Voucher
- Issued by Stop Smoking Advisors.
- Initial voucher duration 1 week.
- Subsequent voucher duration 2 weeks.
- Pharmacy dispense & receive fee for clinical check
Champix (Varenicline)

- Specifically developed for smoking cessation.
- Black Triangle drug.
- NICE Guidance July 07.
- Days 1 - 3, 0.5mg tablet each day.
- Days 4 - 7, 0.5mg tablet twice a day.
- Days 8 - week 12, 1mg tablet twice a day.

Champix partially blocks receptors in the brain that nicotine attaches to. This limits the release of dopamine. Because only a small amount is released it helps with withdrawal symptoms and decreases satisfaction when smoking.

Champix is a prescription only medication accessed via GP or extended nurse prescriber.

**Advantages**
- Non-nicotine.
- Specifically designed for stop smoking.
- Reduces reward/reinforcing effects.
- Reduces urges and withdrawal.
- Works for many people.

**Disadvantages**
- Delays quit date – continue smoking for up to 14 days.

**Caution**
- Epilepsy.
- Renal problems.
- Mental health problems

**Contra-indication**
- End stage renal disease.
- Pregnancy.
- Breastfeeding.
- Under 18.

**Side Effects**

**Common Side Effects**
- Nausea.
- Headaches.
- Abnormal dreams.
- Insomnia.
- Drowsiness.
- Dizziness.
- Change in taste.
- Dry mouth.
- Disturbances of the stomach.
- Increase appetite.

**Uncommon Side Effects.**
- Decreased appetite.
- Inflammation of nose/throat.
- Feeling thirsty.
- Shortness of breath.
- Throat irritation.
- Mood swings.
- Abnormal thinking.
- Changes in sex drive.
- Joint stiffness.
- Depression.
- Suicide thought

Yellow Card required for adverse reactions. If sustained adverse mood changes are reported discontinue use.
Zyban (Bupropion)
- Initially developed from an antidepressant.
- Thought to switch off urge to smoke.
- Has a lot of contraindications.
- As effective as NRT but not a magic cure!
- 1 tablet a day for first 6 days.
- After this take 1 tablet twice a day (8 hours apart).
- Quit date should be set between day 8 and 13.

Zyban is a prescription only medication accessed via GP or extended nurse prescriber.

Advantages
- Non nicotine.
- Slightly more effective than NRT.

Disadvantages
- Not specifically designed for Stop smoking.
- Delays quit date – continues smoking for first 8 to 13 days.
- Many possible contraindications and side effects.

Contra-indications
- Pregnancy.
- Breast feeding.
- Under 18.
- Seizure risk.
- Bulimia or Anorexia Nervosa.
- Severe Hepatic Cirrhosis.
- Use of anti-depressants.
- History of Bipolar disorder.
- Excessive alcohol use.
- Head injury.
- Diabetes.
- Known CNS tumour.

Side Effects

Common Side Effects
- Difficulty concentrating.
- Dizziness.
- Agitation/anxiety.
- Tremor.
- Dry mouth.
- Insomnia.
- Headaches.
- Rashes.
- Depression.

Uncommon Side Effects.
- Allergic reaction.
- Seizures.
- Postural Hypotension.
- Confusion.
- Vasodilatation.
- Elevated BP.
- Chest pain.
- Raised HR.

Drug Interactions
- Drugs that lower seizure thresholds or have been associated with seizures.
- Drugs that affect cytochrome P450 isoenzyme CYP 2B6 (the major enzyme responsible for the metabolism of amfebutamone).
- Enzyme inhibitors.
- Enzyme inducers.
- Drugs that metabolised by cytochrome P450 isoenzyme CYP 2D6 (which amfebutamone inhibits).
Counselling Support
Cycle of Change

Two American psychologists, Prochaska and DiClemente, initially produced their theory model from the work they had done with people wishing to change their smoking behaviour. It soon became clear that their theory was helpful for all the addictive behaviours: alcohol, drugs, over-eating, gambling and so on. These ideas are useful in helping people to change their behaviour generally, and clients with all sorts of problems go through the ‘cycle of change’ in the same way that people with nicotine addiction do.

Prochaska and DiClemente first published their ideas in 1983. They showed that when clients arrive for counselling, they will be at one of a variety of stages, each of which they gave a name to. These are displayed diagrammatically.

Pre-contemplative Stage
(Contented Smoker)
Here, an individual may not be aware that his/her smoking habit is causing problems; or may not really think about the problematic side of their smoking; or might think about the problematic side in an unworried fashion; or they might have been sent by someone.

Contemplation
(Recognises dangers of smoking but not ready to quit)
Here, an individual acknowledges the link between behaviour and problems; he or she tries to work out what is going wrong; starts to think about their inappropriate use; begins to ask ‘Why?’ At this stage the client starts to consider altering his or her behaviour.

Preparation
(Ready & preparing to stop)
A serious commitment to action is now fundamental. People decide to change their behaviour and take steps to do so, which may include getting specialized help. They will try and devise a way forward, or an action plan.

Action
(Stopping)
Clients puts the process into action and stops smoking. He/she constantly practises new skills which have been learnt to enable change, so as to maintain the new habits or behaviours.

Maintenance
(Recent ex-smoker)
This stage is the one of trying to maintain the chosen direction; it is ‘staying stopped’. The temptation gradually decreases; avoiding the behaviour gradually becomes less central to the individuals life. The maintenance stage is the often-ignored part, where the change in smoking habits has occurred – the client has stopped smoking – with the client having now to face up to the difficulties that beset someone once they have change their behaviour and lifestyle.

Termination or lapse / relapse
The new behaviour has been successfully learnt, and new coping methods are successfully incorporated into the clients repertoire. For most, however the next stage is lapse or relapse, particularly common in the first six months, where the person succumbs to the pressures to resume smoking. One of the most interesting developments have been the work of Marlatt and Gordon (1985) on relapse prevention, which examines both how to avoid lapses and how to stop them becoming relapses.
“Stages of change”

Smoking

1. Precontemplation
   - No recognition of need for or interest in change

2. Contemplation
   - Thinking about changing

3. Preparation
   - Planning for change

4. Action
   - Adopting new habits

5. Maintenance
   - Ongoing practice of new, healthier behavior

I am not aware my smoking is a problem – I have no intention to quit.

I know my smoking is a problem – I want to stop but no plans yet.

I am making plans & changing things I do in preparation.
<table>
<thead>
<tr>
<th>Stage</th>
<th>Example</th>
<th>Therapist Task</th>
</tr>
</thead>
</table>
| Pre-contemplation      | “I’m happy smoking”  
“I’m only here because my midwife sent me”    | Build relationship  
Raise awareness of issues & clients self esteem                                   |
| Contemplation          | “I can’t afford to keep smoking”  
“I know that smoking is bad for baby” | Continue to raise self esteem  
Build Ambivalence – explore pro’s & cons                                             |
| Preparation / Determination | “I’ve decided that I’m going to stop”  
“I have an appointment with the stop smoking advisor” | Help client decide what they want to achieve & devise a strategy for this                |
| Action                 | “I haven’t had a cigarette for 2 weeks”  
“I have the patches and will stop tomorrow” | Support action  
Monitor progress  
Recognise acheivement                                                              |
| Maintenance            | “I don’t fancy a cigarette now”  
“I cant imagine ever smoking again” | Help sustain change & strengthen non smoker identity to prevent relapse            |
| Relapse                | “I was fine until I got stressed” | Analyse what went wrong & review coping strategies                                 |
Managing Cravings

Craving is the withdrawal symptom that lass the longest but over time it reduces in intensity and frequency. It is a common reason why people lapse/relapse so it is important to learn to manage cravings.

When a craving occurs it will last for 20 minutes from start to finish, but will peak in the middle – see diagram.

When the carving is getting worse the client should try the 4Ds:
I. Delay giving into the urges.
II. Deep breathing and ‘surf’
III. Do something else to distract themselves e.g. a relaxing bath or phone a friend.
IV. Drink some water.

If the client gives into the craving the intensity of the urges will drop off very quickly, but the memory of satisfying the craving will come back even stronger and so the urges are harder to combat.

You can find yourself in a situation of ‘I have started the pack so I might as well finish it’. It is easier not to give in, in the first place than to try and stop half way through.
Coping Strategies to Prevent Lapses

Hot Stop Tips
- Don’t forget to get as much support as you need. Let friends and family know that you are quitting. Keep in touch with a fellow stopper, or a friend who has agreed to help you.
- Remember that you will not have to change your routines permanently, only long enough to get through the danger period.
- Keep yourself busy to deal with boredom.
- Avoid high risk situations where at all possible for the first 3 – 4 weeks.
- Make your home a smoke free environment.

Remember
- Relapse is quite often a normal part of the process of quitting.
- It is often linked to high-risk situations.
- Can sometimes be avoided by the client planning ways to cope with these situations.
- It doesn’t have to lead to a failed quit attempt.

Suggested Pre-Quit Shopping list NRT
- NRT
- Glucose tablets.
- Nibble food e.g. sugar-free lollipops, dried fruit, crisp breads, rice cakes, fresh fruits etc.
- Chocolate (for treats if you like it).
- Fruit juices.
- Decaffeinated tea and coffee.
- Herbal teas.
- Books and magazines to read.
- Selection of videos guaranteed to make you laugh.
- Creative hobby materials (e.g. drawing pencils, and paper, knitting stuff, jigsaws).
- Mouthwash (to freshen your breath).
- Luxury foods (whatever tickles your taste buds).

Handy Hints
- If you’re throwing away unused cigarettes then soak them with water first or you may find yourself rummaging through the bin tomorrow and scraping baked beans off them.
- Think about how you will reward yourself.

Coping with Cravings
- Remind yourself of all your reasons for stopping smoking. Write them down and have a look at them when you feel at risk.
- Boost your self-confidence by reminding yourself of other difficult challenges in which you have successfully shown determination and will power in the past.
- It will help you to meet the challenge of the craving and go with it by keeping in mind that it will be over in a few minutes and you will have beaten it for the time being. Remember once the craving has started it must end.
Activity Planning
Make a list of tasks or leisure activities and the time periods in which you plan to do them. It’s vital to know what you are going to be doing from one hour to the next and you don’t end up twiddling your thumbs and inviting craving to strike. Plan for the first few days then you will get by without writing it down.

Beware of the 3 c’s

Curiosity
‘I wonder what a cigarette would be like after all this time.’
Cigarettes aren’t all that nice when you are no longer addicted to nicotine.

Complacency
‘I’m safe now that I haven’t smoked for a few weeks’
Remember tobacco is highly addictive.

Control
‘I’ve learned to control my smoking now, so I can have the odd puff’
Only about 2% of those who ever try tobacco are ‘take it or leave it’ smokers.

Change your Routine
In the first few days after stopping it will help if you vary your routine in lots of small ways to cut down on the number of habitual ‘trigger’ that you’ll run into:

- Establish a new after-dinner routine (i.e. wash up immediately, move to another room etc.). If possible save up a treat for the end of the meal so you won’t sit around feeling deprived.
- The telephone situation – keep a notebook and pen near the phone so you can doodle or have something to fiddle with e.g. worry beads, an elastic band or a bit of blue-tack, and have a glass of cold water available to sip.

Maintaining Change
Helping a client to stop smoking is only the start. You also need to support the client and identify other forms of support they may require:

- Regular follow up sessions every week for the first 4 weeks then regular meetings after).

Behavioural support sessions (minimum support for the first six weeks)

<table>
<thead>
<tr>
<th>Session</th>
<th>Minimum time allocated (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1: Pre-quit</td>
<td>30</td>
</tr>
<tr>
<td>Session 2: Quit date</td>
<td>20</td>
</tr>
<tr>
<td>Session 3: 1 week post-quit</td>
<td>15</td>
</tr>
<tr>
<td>Session 4: 2 weeks post-quit</td>
<td>15</td>
</tr>
<tr>
<td>Session 5: 3 weeks post-quit</td>
<td>15</td>
</tr>
<tr>
<td>Session 6: 4 weeks post-quit</td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td>1 hour 50 minutes</td>
</tr>
</tbody>
</table>

- Middlesbrough, Redcar & Cleveland helpline – 01642 383819
- National helpline – 0800 169 0169.
- Buddy support with other quitters.
- Client’s family, friends and colleagues.
Motivational Techniques

We are all at different stages of motivation. It is important to try and understand your patient’s motivation process so you can give them the appropriate help.

The following questions will help to clarify your patient’s motivation to stop smoking.

Which statement do you feel best describes you?
- 1. I should stop.
- 2. I must stop.
- 3. I would like to stop.

All three statements indicate motivation to change, but the first two statements highlight conflict for the patient. This conflict is either external (e.g. the doctor is telling me I should stop) or internal (e.g. I know I am not well and I must stop), against I still enjoy smoking.

Also ask:
- 1. How important is it for you right now to stop smoking? On a scale of 0 – 10 what number would you give yourself?
  
  0 10

- 2. If you did decide to change, how confident are you that you would succeed? On a scale of 0 to 10 what number would you give yourself?
  
  0 10

Useful techniques to help reduce the conflict for patients and for them to feel happier about stopping smoking are as follows:
- 1. Draw up pros and cons list (see pg. 38) for stopping smoking. Ask the patient to talk those through and reflect upon how important they are to them. This process demonstrates you understand the conflict the patient is going through and also helps the patient reinforce for themselves what they have to gain from making the changes.

- 2. From the results of the scaling questions ask:
  i. Why are you at X and not at 1?
  ii. What would need to happen for you to get from X to ...
  iii. Where do you think you need to be to feel ready to set a quit date?

These questions should help the patient clarify for themselves whether they are ready to change and also begin to identify what they need to do to prepare for change.
## Decision to Change
### Pros & Cons Analysis

<table>
<thead>
<tr>
<th></th>
<th>Becoming a Non - Smoker</th>
<th>Remaining a Smoker</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pro’s</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Con’s</strong></td>
<td></td>
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</tbody>
</table>
NCSCT Standard Treatment Programme

**Session 1 – Pre Quit Assessment**
This session will cover general preparations for quitting and it should aim to enhance motivation and boost self-confidence throughout.

<table>
<thead>
<tr>
<th>Assess client’s current readiness and ability to quit</th>
<th>Ask the client whether they are ready to stop smoking for good and stop now.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>If client sounds nervous or ambivalent</strong></td>
</tr>
<tr>
<td></td>
<td>i. You can reassure clients that it is completely understandable and very</td>
</tr>
<tr>
<td></td>
<td>common to be nervous about stopping smoking.</td>
</tr>
<tr>
<td></td>
<td>ii. Inform them that by getting support from trained practitioners such as</td>
</tr>
<tr>
<td></td>
<td>you, and by using effective medications, they are greatly improving</td>
</tr>
<tr>
<td></td>
<td>their chances of success.</td>
</tr>
<tr>
<td></td>
<td><strong>If client sounds positive</strong></td>
</tr>
<tr>
<td></td>
<td>i. You can congratulate clients for being so positive as motivation to quit</td>
</tr>
<tr>
<td></td>
<td>successfully is really important.</td>
</tr>
<tr>
<td></td>
<td>ii. You might need to make sure that clients have a realistic expectation</td>
</tr>
<tr>
<td></td>
<td>of how difficult quitting might be if you think that they are overconfident.</td>
</tr>
</tbody>
</table>

If the client does not feel that they are ready to make a serious attempt to quit, make sure that they have your stop smoking service’s contact details and ask them to get in touch with you when they are ready.

<table>
<thead>
<tr>
<th>Inform clients about the treatment programme</th>
<th>Tell the client that they are increasing their chances of stopping smoking for good by receiving behavioural support and medication, and that weekly contact with you is extremely important for the full duration of the course including the final visit. Explain that stop smoking services support smokers to stop smoking completely and not to cut down. Explain that after the Quit Date there is a <em>not a puff</em> rule as this reduces any ambiguity about what they are about to achieve (stopping smoking completely); getting clients to commit to not even smoking even one puff after their Quit Date is also powerful motivation for them to come back and see you next week. <strong>Inform clients that:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• you will provide them with accurate information about what to expect</td>
</tr>
<tr>
<td></td>
<td>during the quit attempt and how to deal with difficult situations</td>
</tr>
<tr>
<td></td>
<td>• weekly contact is extremely important in the first few weeks of quit</td>
</tr>
<tr>
<td></td>
<td>attempt. Explain that the programme is for 12 weeks and that every</td>
</tr>
<tr>
<td></td>
<td>contact is important.</td>
</tr>
<tr>
<td></td>
<td>• a check will be made on their progress using a simple carbon</td>
</tr>
<tr>
<td></td>
<td>monoxide breath test at every visit</td>
</tr>
</tbody>
</table>

| Assess current smoking                  | Clients will expect you to ask them about their smoking history and it is  |
|-----------------------------------------| a good way of starting the assessment. Assessing cigarettes per day is a    |
| Assess past quit attempts               | question that smokers will expect and it gives an early indication of what level |
|                                        | of support they might need.                                             |

| Assess past quit attempts               | It is helpful to find out whether clients have any past experience that they can   |
|                                        | draw upon for their current quit attempt and to discover their attitude towards |
|                                        | medication use and to ensure that they have a realistic expectation of what    |
|                                        | medication use can add to a quit attempt.                                   |
|                                        | **“How many serious attempts to stop smoking have you made before?”**         |
|                                        | If none                                                                     |
|                                        | • Inform clients that not having tried to quit before will not harm their   |
chances of success.
• Boost their motivation by congratulating them that for their first quit attempt they have chosen to maximise their chances of success by getting help.

If made previous quit attempts
• Reassure clients that having tried to quit and failed, but then tried again, shows what commitment they obviously have to stopping smoking.
• Many smokers take a number of quit attempts before they quit for good and each of the previous attempts can be used to help with this one.

“What is the longest time you have successfully stopped smoking for in the past?”
For clients who have never made a serious quit attempt before, this may only be for a day or so, or even less
• Boost their motivation by stressing that for regular smokers even managing a short time without a cigarette is an achievement, and one that can be built upon.
For longer periods of weeks or months
• Ask clients how they managed to not smoke for so long and whether there are any strategies that they would use for this quit attempt?
Someone who has gone several weeks or months without smoking will have experienced the withdrawal symptoms getting less severe and less frequent; someone who has managed only a few days of abstinence will not have experienced this and may not have had the experience of overcoming urges to smoke.

“How have you used any medication to help you with a quit attempt in the past?”
If the answer is “Yes”
• Ask clients: what medication they have used and how they got on with it?
• Answers to this question will allow you to assess whether the client has used medication properly in the past and what expectations they have of the medication.

| Explain how tobacco dependence develops and assess level of nicotine dependence | Explaining how tobacco dependence develops and assessing nicotine dependence is useful to provide the client with an understanding of what they need to overcome and to assist with choice of medication. Inform the client about the nature of nicotine dependence and how it develops.

“When you first start smoking regularly your brain changes so that it expects regular doses of nicotine. This need for nicotine from cigarettes can undermine your motivation to stop smoking, especially when linked to the temporary withdrawal symptoms smokers can experience at first when they do not smoke.”
Reassure the client that with use of proven medications and effective support they will have a good chance of overcoming this.
To assess nicotine dependence, conduct the Fagerström Test for Nicotine Dependence (Appendix 1) as a quantitative measure of nicotine dependence. |

| Explain and conduct Carbon Monoxide (CO) | Explain that carbon monoxide (CO) is a poisonous gas contained in cigarette smoke and that there is a simple test that can be carried out to determine CO levels.

“Carbon monoxide is a gas inhaled by smokers when they smoke a cigarette and it causes heart disease. The good news for you is that...
monitoring  shortly after stopping smoking the level of carbon monoxide in your body returns to that of a non-smoker. This machine measures the amount of carbon monoxide in your lungs in parts per million and if you have not been smoking then we would expect it to be below 6 parts per million.”

It is worth emphasising that clients will be required to hold their breath for a minimum of 10 seconds before blowing into the CO monitor. This allows the pressure in the lungs to equalise and for the carbon monoxide in the blood to pass into the air in the lungs; it is this that is then measured by the monitor.

Explain that CO tests are carried out to show the client objective proof of improved health after they have stopped smoking completely, and to check whether they really have stopped smoking.

After the test:

- If the test wasn’t completed adequately (i.e. client did not hold their breath for the required time or did not place their lips around the tube properly) then politely advise the client that the test needs to be repeated. Allow them a couple of minutes to get their breath back before repeating the test.

If reading was below 5ppm (3ppm for Pregnant ladies):

“This reading is classed as that of a non-smoker; although the normal range for a non-smoker is between 1 and 5 ppm. However, carbon monoxide accumulates in the body and I'm sure that if we were to repeat the test later today or sooner after you've smoked it would be much higher. The good news is that if you do not smoke at all after your Quit Date then you can get this permanently down to the levels of somebody who doesn't smoke.”

If reading was above 5ppm (3ppm for Pregnant ladies):

“The monitor is showing a reading of over 5ppm which is the level above which people are classed as a smoker and is what we would expect from you as you are still smoking. The normal range for a non-smoker is between 1 and 5 ppm and so you can see that your reading is ... times higher than what we would expect from a non-smoker. The good news is that if you do not smoke at all after your Quit Date then you can get this down to the levels of a non-smoker.”

There is also carbon monoxide in the atmosphere around us, e.g. in car exhaust fumes, so the reading will almost never be 0; it will also fluctuate slightly depending upon what air you have been exposed to. A reading of below 5ppm is considered to be that of a non-smoker. Readings above 5ppm are not normally caused by being in the company of smokers; this can increase exposure to carbon monoxide, but does not normally push the reading above 5ppm.

Explain the importance of abrupt cessation and the ‘not a puff’ rule

Explain that cutting down gradually, unless done with nicotine replacement therapy (NRT) as part of a planned programme, is not an effective approach to stopping smoking.

“The problem with trying to stop by cutting down gradually is that it can end up being so gradual that the smoker never actually stops. Additionally, it has been found that smokers may smoke the remaining cigarettes more intensely. The only real way of stopping smoking is to stop abruptly. This allows your body to begin to adjust to not smoking and you to adjust to life without cigarettes.”
Explain that stopping smoking with your help involves a rule of not smoking a single puff after their Quit Date: the ‘not a puff’ rule.

Inform clients about withdrawal symptoms

Enquire about any previous experience of withdrawal symptoms. Respond appropriately reinforcing that this knowledge is going to be helpful during this quit attempt. If a client expects withdrawal symptoms, they will be more able to cope with them. Remind clients that proper use of stop smoking medication will help with withdrawal symptoms, but will probably not get rid of them completely. Reinforce that most of the withdrawal symptoms gradually disappear in the first four weeks of a quit attempt as long as the client does not smoke a cigarette. Respond appropriately to any concerns and remind client that these symptoms are all normal and will pass with time as long as they do not smoke.

Discuss stop smoking medications

Give information and guidance on the nicotine replacement therapy (NRT) products, varenicline (Champix) or buproprion (Zyban) so the client can make an informed choice. **Note:** clients will often have a very clear idea about what they want to use because of previous experience and / or personal testimonies.

Set the Quit Date

Discuss the importance of setting a quit date. If appropriate set the Quit Date with the client, which will normally be the date of the next appointment (one or two weeks later). Advise client to smoke as normal up until their Quit Date. Some clients may not be ready to set Quit date on first appointment, e.g. Pregnant ladies, patients requesting Champix.

**Session 2/3 – Quit Date**

**This session will cover strategies for avoiding smoking and it should aim to enhance motivation and boost self-confidence throughout.**

Confirm readiness and ability to quit

Welcome the client back and be genuinely excited for them that their Quit Date has arrived and that they are about to stop smoking for good. Ensure that client has discarded all of their cigarettes after their final one. If client has had their last cigarette get them to discard cigarettes whilst with you. Some clients also like to bring their ashtrays and lighters with them to throw away.

“So can I ask you whether you are ready to stop smoking for good?”

If clients sounds nervous or ambivalent

- You can reassure clients that it is completely understandable and very common to be nervous about stopping smoking.
- Inform them that by getting support from trained practitioners such as you, and by using effective medications, they are greatly improving their chances of success.

If clients sounds positive

- You can congratulate clients for being so positive as motivation to quit successfully is really important.
- You might need to make sure that clients have a realistic expectation of how difficult quitting might be if you think that they are overconfident.

Confirm that the client has

Make sure that the client has sufficient medication to last them for the next two weeks. If not, discuss arrangements for the client to obtain a further
| Sufficient supply of medication and discuss expectations of medication | supply. For clients using NRT  
- Remind client of rationale for use (reduces withdrawal symptoms and increases success).  
- Reassure about initial unpleasant effects (will get used to the taste etc).  
- Reassure about any safety concerns.  
If client is using an oral NRT product:  
- Reinforce the need to use oral NRT products and the nicotine nasal spray regularly throughout the day, on the hour, every hour.  
If the client has chosen to only use one NRT product, take the opportunity to encourage combination use again. |
|---|---|
| Discuss withdrawal symptoms and cravings / urges to smoke and how to deal with them | Having a supply of medication and using it properly is important because it can help with the withdrawal symptoms that most smokers experience when they stop. Because they are used to regular doses of nicotine, their bodies and minds need to adjust to being without it (or having much less of it if they are using NRT). Within the first few hours of stopping smoking they will start getting used to life without nicotine – this adjustment results in withdrawal symptoms.  
- Remind client that proper use of the medication will help with withdrawal symptoms (including cravings / urges to smoke) but will probably not get rid of them completely.  
- Reinforce that most of the withdrawal symptoms gradually disappear in the first four weeks of a quit attempt as long as the client does not smoke a cigarette.  
- Discuss cravings / urges to smoke and how to deal with them.  
Discuss common triggers for cravings: seeing someone smoke, being in a situation where the client used to smoke, being with people who the client used to smoke with, feeling stressed, wanting to celebrate.  
Allow client to come up with some ideas on what they can do when they experience the urge to smoke that you can expand on / add to if necessary.  
If the client is struggling to come up with ideas of their own then it is appropriate for you to suggest some. However, remember to provide them as a list that the client can choose from or think of their own rather than telling the client what they should do.  
Example strategies could include: ensure that cigarettes are not available; ensure proper use of medication; avoid situations in which common triggers occur; distraction; short period of exercise; remind yourself of motivations to quit; imagine telling people you have started smoking again; imagine going through this again in the future. |
| Advise on changing routines | “Last week I asked you to consider which cigarettes you think that you might miss the most – now nicotine is a tricky drug and there is no guarantee that those cigarettes will actually be the ones that you miss the most, but have you been able to identify these?”  
Respond appropriately and make a note of these cigarettes / times / situations so that you can address them at future appointments.  
“You are probably going to have times over the next couple of weeks when you are desperately going to want to smoke. Small changes in your routine may help you to cope with ‘smoking situations’ and to establish a new pattern of living without cigarettes.”  
Attempt to get the client to come up with any changes that they might make. |
Discuss how to address the issue of the client’s smoking contacts and how the client can get support during their quit attempt

<table>
<thead>
<tr>
<th>“Do you live with any smokers or do you spend long periods of time with smokers?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients does not live with a smoker</td>
</tr>
<tr>
<td>• Tell the client that this is good news as having cigarettes around them or seeing people smoking could put a strain on their quit attempt.</td>
</tr>
<tr>
<td>• Explain that other friends or family members who smoke also pose a risk; ask whether they can ask these smokers to not smoke around them.</td>
</tr>
<tr>
<td>Clients does live with a smoker</td>
</tr>
<tr>
<td>• It is important that clients understand that living with a smoker or being around smokers will present an extra challenge for them.</td>
</tr>
<tr>
<td>• Explain the dangers of exposure to cigarettes and smokers after the Quit Date and ask whether they can ask these smokers to not smoke around them and not leave their cigarettes in view.</td>
</tr>
</tbody>
</table>

Address any potential high risk situations in the coming week

<table>
<thead>
<tr>
<th>Ask the client if there are any times in the coming week when they think that they might be at particular risk.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attempt to get the client to come up with possible strategies for dealing with these situations. Reinforce the importance of using their medication properly and of reminding themselves about their reasons for quitting and how these can be used during high risk situations or when strong urges strike.</td>
</tr>
</tbody>
</table>

Conduct CO Monitoring

| Remind the client that CO tests are carried out to show the client objective proof of improved health after they have stopped smoking completely, and to check whether they really have stopped smoking. |

Confirm the importance of abrupt cessation

| “The only way that the withdrawal symptoms will start to get better, and that you will begin to learn how to live without cigarettes, is for you to not smoke at all after today – not a puff. In these next couple of days, you will probably find that each day without a cigarette feels like a week. Often, after only a few days people feel like they have been stopped for ages and deserve a ‘treat’. Just one cigarette is incredibly risky and usually leads back to regular smoking so plan another treat that you can give yourself.” |

Prompt a commitment from the client

| Ask the client to tell you that they will commit not to have a cigarette, not a single puff, after their Quit Date. |
| “Having explained the ‘not a puff’ rule to you I would really like to hear you say that your aim is not to smoke at all after today. Can you do that for me?” |

Session 3,4,5 – Weeks 1,2,3 after Quit Date

| These session will cover strategies for avoiding smoking and it should aim to enhance motivation and boost self-confidence throughout. |

Check on clients progress

<table>
<thead>
<tr>
<th>“Have you smoked at all since my last appointment with you?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>To get an accurate response it is often useful to clarify the client’s response by offering them the following options or by asking them to confirm that they have not had even one puff on a cigarette:</td>
</tr>
<tr>
<td>• No, not even a puff</td>
</tr>
<tr>
<td>• Yes, just a few puffs</td>
</tr>
<tr>
<td>• Yes, between 1 and 5 cigarettes</td>
</tr>
<tr>
<td>• Yes, more than 5 cigarettes</td>
</tr>
<tr>
<td>Measure CO</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Enquire about medication use and ensure that the client has sufficient supply</td>
</tr>
<tr>
<td>Discuss any withdrawal symptoms and cravings / urgers to smoke that the client has experience and how to deal with them</td>
</tr>
<tr>
<td>Discuss any difficult situations experienced and methods of coping</td>
</tr>
</tbody>
</table>
If had a few slips or high risk situations have proved difficult
- Ask the client where they got the cigarettes or tobacco from and review what the high risk situations were.
- Revisit client motivation and self-confidence and check they are committed to quitting.
- You can let them know that many other people have been in similar situations and have managed to turn it around and that you can help them look at what they can do over the next few days to make sure that they do not smoke.

| Address any potential high risk situations in the coming week | Attempt to get the client to come up with possible strategies for dealing with any identified high risk situations. Reinforce the importance of using their medication properly and of reminding themselves about their reasons for quitting and how these can be used during high risk situations or when strong urges strike. |

---

**Session 6/7 – 4 weeks post Quit Date (4 wk follow up appointment)**

This session will cover strategies for avoiding smoking and it should aim to enhance motivation and boost self-confidence, and promote the ex-smoker identify throughout.

| Check on clients progress | “Have you smoked at all since my last appointment with you?”
If client has remained abstinent
- Congratulate and praise the client.
- Reinforce the ‘not a puff’ rule.
If client has not managed to stop smoking
- Acknowledge that this quit attempt has not worked for them but let them know that it is normal for it to take a number of quit attempts before quitting for good.
- Encourage them to think about what didn’t work this time and to build their motivation for another try in the future. |

| Measure CO | Explain that CO tests are carried out to show the client objective proof of improved health after they have stopped smoking completely, and to check whether they really have stopped smoking.
If reading was below 5ppm;
“Congratulations, your carbon monoxide levels are down to that of a non-smoker and will remain that way as long as you stick to the ‘not a puff’ rule. Not just your lungs, but your general health will continue to improve as long as you remain a non-smoker” |

| Advise about continued medication use | Review medication use and stress its importance. Enquire about side effects. Ensure client has adequate supply and plan for continued supply now that they are not receiving weekly support. |

| Discuss any cravings / urges to smoke that the client has experience and how to deal with them | “Most of the withdrawal symptoms will be much less severe, or even have disappeared, over the next week or so. Increased appetite and urges to smoke will probably continue, but will become less frequent as time goes by.”
Remind client that continued abstinence (‘not a puff’ on a cigarette) will result in the withdrawal symptoms disappearing completely and more quickly.
Advise client that strong urges to smoke can occur many weeks, months or even years into the future and that they should expect this to happen |
Discuss any difficult situations experienced and methods of coping and address any potential high risk situations in the future occasionally. They should try not to be caught out by these urges and should have a plan in place to deal with them.

“You might already have noticed that although the urges to smoke can remain quite strong, they do become less frequent the longer you go without smoking at all. You have managed to deal successfully with the urges to smoke so far and these strategies can be used again in the future when the urge to smoke strikes.”

Discuss any difficult situations experienced and methods of coping and address any potential high risk situations in the future

Ask the client whether there have been any times in the past week that have caused them to feel at risk of going back to smoking. Review with the client how they dealt with these situations and discuss whether new or modified methods of coping are required.

Discuss continued risks, for example:
- Being in the company of smokers
- Drinking alcohol
- After arguing with partners or family
- When the pressure is high at work

Mention also:
- Christmas
- Bereavement
- Holidays (especially ones abroad where smoking is more common and cigarettes cheaper)

Session 7/12 – Up to 12 weeks post Quit Date
These sessions will cover strategies for avoiding smoking and it should aim to boost self-confidence and promote the ex-smoker identify throughout.

Check on clients progress

“Have you smoked at all since my last appointment with you?”
If client has remained abstinent
- Congratulate and praise the client.
- Reinforce the ‘not a puff’ rule.

Measure CO

Explain that CO tests are carried out to show the client objective proof of improved health after they have stopped smoking completely, and to check whether they really have stopped smoking.

Advise about continued medication use

Review medication use and stress its importance. Enquire about side effects. Ensure client has adequate supply and plan for continued supply now that they are not receiving weekly support. Use these sessions to plan reduction programme, aiming to cease medication by week 12.

Discuss any urges to smoke that the client has experience and how to deal with them

Advise client that strong urges to smoke can occur many weeks, months or even years into the future and that they should expect this to happen occasionally. They should try not to be caught out by these urges and should have a plan in place to deal with them.
QuitManager – Important Information for Intermediate Advisors

- QuitManager is a web-based data and recording management system for Stop Smoking Services. Access to a computer with internet connection is essential. It replaces paper records / notes and eliminates the need for services to submit quarterly returns.
- QuitManager is web-based therefore remember to save each page before progressing and do not use the browser back button.
- 1st appointment must be a minimum of 30 minutes – this will allow you enough time to do a thorough assessment and input all of the required data onto QM which must ALWAYS include: episode details including address, medical page including Fagerström score, Sessions: Date, Attendance, Medication, Voucher numbers where appropriate and Comments including assessed, treatment options discussed, treatment plan agreed, quit date discussed.
- In session Comments you should indicate that you have discussed potential side effects with the client and any other relevant information such as what is their motivation to quit.
- Consecutive appointments – check that the week number is correct, complete all drop down boxes, log any changes in product and why. Document any side effects and what you are doing about these. If all is well you must still input e.g. coping well, no problems discussed. All DNA’s should be written up and whether you have attempted telephone contact or sent a text message using system 1.
- 4 week follow ups – once a quit date is set the 4 week follow up is calculated as 4 weeks from the quit date (NB not 4 weeks from the first session). You must follow up everyone who has set a quit date even if they DNA. If a patient fails to attend any further sessions after the quit date & you are unable to contact them by telephone (all attempts should be recorded) you should Mark Complete as “lost contact with client” – this will record the 4wk follow up as Lost to Follow up.
- Any 4wk follow ups done outside the dates in brackets (next to the drop down box saying is this session follow up) will not be counted by the department of health therefore you will not be paid for these. Please make sure that you check the dates in brackets and book appointments with your clients to make sure that you can do a 4 week follow up on time. If the patient cannot attend then allow for telephone contact within the given date bracket.
- Marking complete is another important part of your service. If a client has not attended for 3 weeks of more and has not contacted you to say why they haven’t attended you should mark them complete (unless you need to wait for 4 week follow up dates – but they should be marked complete after follow up is done if you are no longer seeing them). If they return to your service at a later date you should be starting a new episode for them and not following on from their previous episode. This will involve a new quit date and new payments as you cannot set 2 quit dates in one episode.
QuitManager Level 2 – Brief Screen Shot Guide
Website URL: https://mrc.quitmanager.co.uk

Log In Screen: Add Website URL address to “Favourites” for easy access. You will be given your Username and Password upon completion of training and workshadowing. Any problem with logging into the system please contact Stop Smoking Service Admin on 01642 383819.

Home Page: Gives access to Main Tool Bar. Important notices for Level 2 advisors, important that you check this on a regular basis. Allows you to change the font size on the screen and change username or password.
Main screen continued: Allows you to view Call Backs assigned to advisors. Shows list of clients accessed recently.

<table>
<thead>
<tr>
<th>ID</th>
<th>Client</th>
<th>Accessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>670</td>
<td>Smith, Victoria</td>
<td>Friday 12 December 2014 11:30</td>
</tr>
<tr>
<td>1209</td>
<td>Jones, Alan</td>
<td>Friday 12 December 2014 11:11</td>
</tr>
<tr>
<td>1969</td>
<td>Hall, Robert</td>
<td>Friday 12 December 2014 10:48</td>
</tr>
<tr>
<td>731</td>
<td>Littlewood, Terence</td>
<td>Friday 12 December 2014 10:44</td>
</tr>
</tbody>
</table>

View callbacks assigned to advisors

Logout Screen: Always log out using the log out button and not the browser “X”.

My Clients:
Advisors within QuitManager do not have access to all clients within the system. They only see clients that attend a clinic/pharmacy that the advisor is allocated to. If multiple advisors are allocated to a single clinic they will be able to see all clients that attend that clinic, even those assigned to the other advisors.

Clicking on a client within this screen will allow the advisor to access their episode of care.
The advisor is also able to restrict the clients shown on this page using the filter at the top.
The following filters are available:
- **Clinic**: allows the advisor to filter if they are assigned to more than one clinic.
- **Quit Date**: filter clients by Quit Date range.
- **4 Week FU completed**: restrict based on 4 week follow up completion status.
- **Last Session Date**: filter clients by the date of their last session.

An advisor is also able to navigate directly to the client’s session summary screen by choosing ‘Record Session’.
By choosing ‘Mark Complete’ the advisor is able to enter completion status for this client, removing them from the current active client list.

**Call Back:**

Callbacks are reminders and can be set for a number of reasons, primarily they are used to remind advisors when follow ups are due (4wk & 12wk). Callbacks are normally used to record Follow ups when patients stop attending clinics, if a patient is still attending clinic then the follow up would be recorded via the Session (see pg 58). Overdue callbacks can be accessed either from your Home page or from the Callback tab on the main toolbar.

An advisor is able to view call backs for any client that is allocated to one of their clinics. If multiple advisors are allocated to a clinic, call backs assigned to those advisors will also be available.

In order to process a call back the advisor should click on the client name within the call back page.
If contact with a patient is made, a pop up will appear at the bottom of the screen allowing you to record the follow up. You can then record that the following information;
Follow up completed = Yes
Quit Smoking = Yes or No (as per contact)

If unable to make contact with a patient, record Response = Attempt 1 - No contact with client. The system will auto generate a call back for the following day. After three attempts of no contact, the follow up pop up will appear at the bottom of the screen allowing you to record the follow up with the following information;
Follow up completed = Yes
Quit Smoking = LTFU
No further call backs will be created and the episode can be marked complete.
New Client:
Selecting the New client button on the main menu will start the process of adding clients onto Quitmanager. The first screen to be displayed is the consent.

The New client screen allows the advisor to enter clients into the system and to allocate them to a clinic.

The next screen prompts advisor to choose PCT.

If the advisor is only allocated to one clinic/pharmacy, the client will be automatically added to that clinic and the episode creation wizard will continue. If the advisor is allocated to multiple clinics, they are required to select which clinic this client should be added to. This is performed on the following screen:
After selecting the appropriate clinic, the episode creation wizard continues as in the following screen:

The remaining details can be entered for that client including Consent for contact, Address / Contact details, Episode details including Pregnancy, GP (to enter GP details click on either GP or Practice to open a search box), Ethnicity, Occupation, Pays for prescription, and Service details including Advisor (Intervention type & Intervention setting should prepopulate). The episode of care can then be started by pressing Save.
Should QuitManager highlight that a client may already exist on the system; the advisor can start a new episode of care for that client only if all existing episodes are closed.

Please refrain from recording Occupation as “unable to code”. The categories and definition as are listed below:

1) **Full time Student**.
2) **Never worked / Long term Unemployed** – more than 1 year.
3) **Retired**.
4) **Home Carer** – looking after children, family or home.
5) **Sick / disabled and unable to work**.
6) **Managerial / Professional** – includes accountant, civil/mechanical engineer, medical practitioner, musician, nurse, police officer (sergeant or above), physiotherapist, social worker, teacher, solicitor.
7) **Intermediate** – includes call centre agents, clerical worker, nursing auxiliary, nursery nurse, secretary.
8) **Routine & manual** – includes electrician, gardener, plumber, labourer, HGV driver, hair dresser, bar staff, retail, receptionist, porter, waiter/waitress
9) **Prisoner**.

Mandatory fields are identified by a red asterisk at the side of the field’s description. It will not be possible to save the page until all mandatory fields have been completed. Any missing fields will be highlighted in RED.
Once the main client details have been recorded via the episode wizard the episode is successfully created. The advisor will then be taken to the Medical History page to record appropriate history and medication details. The Fagerstrom is also recorded on this page. Upon saving you are returned to the Episode summary page.

A left navigation menu will also now appear allowing further details to be recorded against this client and episode.

Recording Sessions:
In order to capture details at the weekly client meetings, the QuitManager sessions page is used. This allows the recording of attendance, smoking status, CO readings and medication. The Sessions should record all information that would have been recorded in paper records. All session details must be recorded on Quitmanager regardless of whether System 1 has been used. The sessions page can be accesses by the left navigation menu, or directly from the ‘My Clients’ page.
The Session screen also allows advisor to view a summary of all sessions that have occurred in the current episode.

There will be a prompt to set a quit date when recording each session until a quit date is set. If the client is not ready to set quit date on first appointment click ignore.

Remember to Save session before exiting screen.

When you are writing up your ‘comments’ in sessions please be aware of the following important points:

- Quotations are fact – be careful how you word anything in inverted commas as this is seen as fact. Verbal evidence means that it never happened – always document what you have discussed and agreed with your clients.
- If there is ever any question over your records, governing bodies will check that you were following correct policies and procedures – always
protect yourself by complying with these. Be friendly but not ‘friends’ with your patients/clients. Facts are difficult to disprove, opinions are easy to dispute.

- Be aware of abbreviations – only use those that are approved for use on QuitManager these are: RX – prescription, DNA – Did not attend, NRT – Nicotine Replacement Therapy, COPD – Chronic Obstructive Pulmonary Disorder/Disease, CO – Carbon Monoxide, PPM – Parts Per Million.
- The MDU (Medical Defence Union) state that a medical/clinical record must be completed within 24 hours of the appointment and must be completed by YOU. Do not write up other peoples records or allow other people to write up your records. Always follow the WHO, WHAT, WHEN, WHERE, WHY and HOW rule when writing up records. You will never be believed in a court of law without evidence, dates and times, places etc. – words carry little weight without evidence.

**Recording Outcomes in QuitManager:**
**4 Week Outcomes**
The following are to be recorded on the Session page for your client. A 4 week outcome must be recorded for every client who sets a Quit Date within the valid DH monitoring period to generate payment. The 4 week follow up should be done between days 25 and 42 of Quit. The follow up period for your client is also shown in brackets and the i button provides the DH definition of a valid Quit. A 4 week call back is automatically saved for all clients who set a quit date.

**1) Successful 4 week Quit**
If you have had contact with the client and you know they were successfully Quit smoking at 4 weeks. This means that they have *not had* a cigarette after day 14 of quit. Record follow up by adding Session, selecting ‘Attended’ and identifying how contact was made e.g. In Person, telephone, SMS. There is a target to CO validate 85% of successful quits. A 4 week follow up may appear as Non Valid if conducted outside of monitoring period or if CO > 10ppm.

![Session page screenshot](image)
2) Not Successful 4 week Quit
If you have had contact with the client and you know they were Not successfully Quit smoking at 4 weeks. This means that they have had a cigarette after day 14 of quit. Record follow up by adding Session, selecting ‘Attended’ and identifying how contact was made e.g. In Person, telephone, SMS.

3) Lost to Follow up at 4 weeks
If a client who has set a Quit date does not return to clinic for appointments and is unable to be contacted then they must be recorded as a Lost to Follow up or LTFU. This can be done by either responding to the call back or completing the episode as Lost contact with client.

12 week Quit Outcomes
An enhanced tariff payment is available for all clients successfully quit at 4 weeks to have a 12 week outcome recorded. This is similar to recording of 4 week outcomes and can be done via the Sessions page.

1) Successful 12 week Quit
If you have had contact with the client and you know they were successfully Quit smoking at 12 weeks (a valid 12 week quit can be recorded between day 77-98 of Quit). This means that they have not had a cigarette after day 14 of quit. Record follow up by adding Session, selecting ‘Attended’ and identifying how contact was made e.g. In Person, telephone, SMS. Where possible it is good practice to obtain CO validation.

2) Not Successful 12 week Quit
If you have had contact with the client and you know they were Not successfully Quit smoking at 12 weeks. This means that they have relapsed after their 4 week follow up. Record follow up by adding Session, selecting ‘Attended’ and identifying how contact was made e.g. In Person, telephone, SMS.

3) Lost to Follow up at 4 weeks
If you loose contact with patient prior to 12 week follow up and are unable to make contact then you can record as LTFU via the 12 week call back. You should then mark the client as complete.
Mark Complete:
It is important to mark clients complete once support has ceased. This is done via the left navigation menu.

Completed Service = successfully stopped smoking for 12wks and has stopped using NRT,
Lost contact with client* = if DNA 3 appointment and are unable to make any contact, (*will record Lost to Follow up as 4wk follow up),
Did not attend = if client never attended any appointments,
Did not set Quit date = if client decides not to make a quit attempt or set a quit date,
Relapsed & ended treatment = started smoking again,

Find Client:
Find Client allows advisors to search for client record using a variety of options including Forename, Surname, DOB, Telephone, NHS and Postcode. Advisors within QuitManager do not have access to all clients within the system. They only see clients that attend a clinic/pharmacy that the advisor is allocated to. If multiple advisors are allocated to a single clinic they will be able to see all clients that attend that clinic, even those assigned to the other advisors.
Clicking on clients name will take you to a Client summary page with client details and episode history. From here you can either select the registration date to access the episode directly or you can select edit client details if details need updating such as Name. Client details also allow recording of any Special Instructions that advisors need to be aware of such as Risk Assessments. Patients with Special Instructions will be identifiable as the record is highlighted in Yellow, this will alert advisors to check the Client details. If any patients are known deceased then this can also be recorded via Client details and will highlight patient record in Red.

Reports:
An advisor is able to run the local outcome report for any of the clinics that they are registered with. Clicking on the reports icon will take the advisor to the following screen:

Enter the required parameters in order to generate the following report.

Advisors are also able to run outstanding follow up reports which will list all 4 & 12 week follow ups that are outstanding.
QuitManager Training
A training website is available for all trained Level 2 advisors;
Website URL: https://mrcacc.quitmanager.co.uk

It is identified as being a training site as is marked *Acceptance in the
top right corner as opposed to *Live on the Middlesbrough, Redcar &
Cleveland Quitmanager site.

To log on to the training site:
Username: Forname.Surname
Password: telephone1

* Please note do not enter real data onto the training / acceptance site.

Upon completion of the Level 2 Intermediate training you will be
given a QuitManager workbook that you will need to work through
on the training / acceptance site prior to your Competency
Assessment.
Resources & Useful Information

www.resources.smokefree.nhs.uk

This website has so much to offer, including resources that you can order for your own services such as posters, leaflets, information cards and health & wealth wheels. There are numerous resources available covering different topics including Pregnancy, workplace and secondhand smoke. In addition there are also many downloadable resources that are editable and can be tailored for use in your own service and printed.

There is a section labelled Local Market Support where template letters and guidance for telephone calls and follow ups can be found.

The website also contains details of upcoming Dept. of Health campaigns throughout the year.

www.freshne.co.uk

Fresh was the UK’s first dedicated regional programme set up in the North East of England. The North East has had the biggest drop in smoking in England from 29% in 2005 to 21% in 2011%.

The Fresh North East website includes facts and figures, help to quit, programmes such as Protecting children and families and New smokers. It also includes press news and events and current campaigns such as “Take 7 steps out” and “Don’t be the one”.

Also the Fresh website has details about the local tobacco alliances and stakeholders.

www.ash.org

Ash (Action on smoking and health) includes programmes, resources, news and events. Ash takes action against tobacco use on a global scale – working with more than 100 countries leaving the industry no where to hide. Some of their programmes include tobacco treaty, tobacco trade, tobacco and poverty, tobacco and human rights and more. Resources include tobacco statistics, factsheets, tobacco industry links, key allies and policy papers.

Other useful web resources:

www.gosmokefree.nhs.uk
www.nosmokingday.org.uk
Appendix
Fagerstrom Test for Nicotine Dependence (1991 modified version)

The Fagerstrom test, which is used to determine nicotine dependence, should be completed with every client/patient on their first appointment. It is a simple multiple choice questionnaire that will provide you with a score between 1–10, 10 being high. Along with the completed baseline questionnaire, the reading you have from your carbon monoxide monitor and the conversation around smoking history – you will have enough information to make an informed decision on which smoking cessation product will be useful for your client/patient. Below is the Fagerstrom test for nicotine dependence.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How soon after waking do you smoke your first cigarette?</td>
<td>a) Within 5 minutes</td>
<td>a) 3</td>
</tr>
<tr>
<td></td>
<td>b) 6 – 30 minutes</td>
<td>b) 2</td>
</tr>
<tr>
<td></td>
<td>c) 31 – 60 minutes</td>
<td>c) 0</td>
</tr>
<tr>
<td>2. How many cigarettes do you smoke?</td>
<td>a) 31 or more day</td>
<td>a) 3</td>
</tr>
<tr>
<td></td>
<td>b) 21 – 31</td>
<td>b) 2</td>
</tr>
<tr>
<td></td>
<td>c) 11 – 20</td>
<td>c) 1</td>
</tr>
<tr>
<td></td>
<td>d) 10 or less</td>
<td>d) 0</td>
</tr>
<tr>
<td>3. Do you find it difficult to refrain from smoking in places where it is forbidden (e.g. church, cinema, library)?</td>
<td>a) Yes</td>
<td>a) 1</td>
</tr>
<tr>
<td></td>
<td>b) No</td>
<td>b) 0</td>
</tr>
<tr>
<td>4. Which cigarette would you hate most to give up?</td>
<td>a) The first one in the morning</td>
<td>a) 1</td>
</tr>
<tr>
<td></td>
<td>b) Any other</td>
<td>b) 0</td>
</tr>
<tr>
<td>5. Do you smoke more frequently during the first few hours after waking than the rest of the day?</td>
<td>a) Yes</td>
<td>a) 1</td>
</tr>
<tr>
<td></td>
<td>b) No</td>
<td>b) 0</td>
</tr>
<tr>
<td>6. Do you smoke if you are so ill that you are in bed most of the day</td>
<td>a) Yes</td>
<td>a) 1</td>
</tr>
<tr>
<td></td>
<td>b) No</td>
<td>b) 0</td>
</tr>
</tbody>
</table>

Score 3 or less
Low dependence – may benefit from intermittent NRT

Score 4 – 8
Dependent likely to benefit from NRT

9 or above
Highly dependent – most likely to benefit from high strength dual therapy NRT
**Temporary Paperwork**

| **Name**: ………………………………………………………… | **Gender**: Male ☐ Female ☐  
NHS Number*: |
| **Date of birth**: ___ / ___ / ___ |  
**Episode Details** |
| **PCT**: Middlesbrough / Redcar & Cleveland | Planning a pregnancy: Yes ☐ No ☐  
Pregnant: Yes ☐ No ☐  
Due Date: ___ / ___ / ___  
Breastfeeding: Yes ☐ No ☐ |
| **Registration Date**: ___ / ___ / ___ |  
**Consent**: Can Write ☐ Can Phone ☐  
Can leave voicemail ☐ Can SMS ☐  
Address*: …………………………………………………………  
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……………………….. | **Medical History**: (Circle as appropriate)  
Angina ☐ Circulatory ☐ Gastric ulcer ☐ Other – provide details ☐ Skin Conditions ☐  
Asthma ☐ COPD ☐ Heart attack ☐ Other stomach problems ☐ Stomach Ulcer ☐  
Blood Pressure ☐ Diabetes ☐ Kidney Disease ☐ Psoriasis ☐ Stroke ☐  
Bronchitis ☐ Eczema ☐ Liver Disease ☐ Reactions to NRT – provide details ☐ Thyroid problems ☐  
CHD ☐ Emphysema ☐ Mental Illness ☐ Registered Disabled ☐ Vascular ☐  
Chest Problems ☐ Epilepsy ☐  
Any other medical history/details:  

**Smoking History**:  
Daily amount smoked: ………………  
Type: ……………………………………  
How soon after waking 1st smoke:  
5 Mins ☐ 6-30 Mins ☐ 31-60 Mins ☐ Over 1 Hour ☐  
Difficult not to smoke where forbidden: Yes / No  
Hardest smoke to quit: First in morning / any others  
Smoke more within first few hours of waking: Yes / No  
Smoke if ill in bed: Yes / No  
How many years smoked: ………...
<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>……………………………………</td>
</tr>
<tr>
<td>DOB</td>
<td>___ / ___ / ___</td>
</tr>
<tr>
<td>Session information:</td>
<td>Week 1</td>
</tr>
<tr>
<td>Date</td>
<td>___ / ___ / ___</td>
</tr>
<tr>
<td>Attendance</td>
<td></td>
</tr>
<tr>
<td>Advisor</td>
<td></td>
</tr>
<tr>
<td>CO Reading</td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td></td>
</tr>
<tr>
<td>Product 1</td>
<td>……………………………………</td>
</tr>
<tr>
<td>No of wks</td>
<td>………</td>
</tr>
<tr>
<td>Product 2</td>
<td>……………………………………</td>
</tr>
<tr>
<td>No of wks</td>
<td>………</td>
</tr>
<tr>
<td>Unlicenced NCP’s:</td>
<td>☐ Ecigarette</td>
</tr>
<tr>
<td>Supply</td>
<td></td>
</tr>
<tr>
<td>Voucher No</td>
<td></td>
</tr>
<tr>
<td>Comments / Notes*:</td>
<td></td>
</tr>
<tr>
<td>(to be transcribed onto Quitmanager as written)</td>
<td></td>
</tr>
</tbody>
</table>

| Follow up Session information: Week       | Quit Date: ___ / ___ / ___ |
| Date: ___ / ___ / ___ | Attendance: | Advisor: |
| Is session 4wk follow up Yes ☐ No ☐ | Date of last cig: ___ / ___ / ___ |
| Quit Smoking Yes ☐ No ☐ | Co Attempted Yes ☐ No ☐ | CO Reading: ……… |
| Medication: | Supply: | Voucher No |
| Product 1: …………………………………… | No of wks: ……… | ……… |
| Product 2: …………………………………… | No of wks: ……… | ……… |
| Unlicenced NCP’s: ☐ Ecigarette | ☐ Concurrently | ☐ Consecutively |
| Comments / Notes*: | | |
| (to be transcribed onto Quitmanager as written) | |

| Follow up Session information: Week       | Quit Date: ___ / ___ / ___ |
| Date: ___ / ___ / ___ | Attendance: | Advisor: |
| Is session 4wk follow up Yes ☐ No ☐ | Date of last cig: ___ / ___ / ___ |
| Quit Smoking Yes ☐ No ☐ | Co Attempted Yes ☐ No ☐ | CO Reading: ……… |
| Medication: | Supply: | Voucher No |
| Product 1: …………………………………… | No of wks: ……… | ……… |
| Product 2: …………………………………… | No of wks: ……… | ……… |
| Unlicenced NCP’s: ☐ Ecigarette | ☐ Concurrently | ☐ Consecutively |
| Comments / Notes*: | | |
| (to be transcribed onto Quitmanager as written) | |
For support and advice please contact

South Tees Stop Smoking Service

Tel: 01642 383819
Fax: 01642 383820

www.nth.nhs.uk/stopsmoking