

# Smoking Care pack

## Working with clients to make a quit attempt

The Smoking Care pack is a tool to help workers in the social and community services sector to provide advice and support for clients to make a quit smoking attempt. We hope that you are able to make use of these resources and incorporate them into your daily work with clients. Assisting a person to address their smoking is one of the most positive things you can do to improve their wellbeing.

### The overall approach

The *Smoking Care pack* has been designed to be simple to use. Research shows that brief smoking cessation advice from a health professional, such as a GP, is effective in increasing quit rates. There is reason to believe that advice and support from community sector staff will have a similar positive effect.

This pack is based on a brief intervention process known as the '5 As'. The '5 As' is an evidence based framework for having a conversation about smoking.

#### Step 1 – Ask the client “Do you smoke?”

Record their smoking status in their case notes (current smoker/ex-smoker/never-smoker). It is important to be positive about non-smoking, especially with young people.

#### Step 2 – Advise the client of the benefits of quitting

All smokers should be advised to make a quit attempt in a way that is clear but non-confrontational, and which would suit their individual circumstances, e.g. *“You can save a lot of money by giving up”* or *“You probably know about the risks of smoking, but I'd really encourage you to think about stopping if you haven't already.”*

#### Step 3 – Assess the client's readiness to quit smoking

Ask the client *“How do you feel about your smoking at the moment?”* or *“Have you thought about trying to give up smoking?”* Use the front of the Smoking Care assessment card for the client to indicate how they feel. Once they have selected a category, i.e., *“I have been thinking about giving up smoking”*, turn the card over and go to the appropriate column (in this case Booklet 2: Thinking about giving up). Use the prompts and questions for your discussion with the client.

#### Step 4 – Assist the client with information and encouragement

Give the client the appropriate booklet for their category and go through it with them or encourage them to read it later. Record the discussion and any decisions made in their case notes.

#### Step 5 – Arrange for a follow-up

Next time you see the client ask how they are doing. Reassess the client's situation and provide the appropriate booklet(s) if they have changed their readiness to make a quit attempt.

The thinking behind the intervention is that smokers fit broadly into four categories: they are not ready to quit smoking; they are thinking about quitting; they have decided to quit; and they want to stay a non-smoker. The booklets have been written for these different phases.

Sometimes a smoker may not fit clearly into one of these categories or there may be overlap. They may also move back and forth between the categories rather than progressing through them in a straightforward manner. The key is not to be rigid in “classifying” the smoker – use the assessment card and booklets as a guide. An offer of help or information on medications may prompt them to move forward.

When it comes to getting people to quit smoking there is no “magic formula”. Some people may be able to give up on their first attempt, while for others it may be a more difficult process. We don’t know how many quit attempts it will take for any given individual. The important thing is that the client is encouraged to quit smoking and that the issue is brought up regularly. Each quit attempt should be seen as a success and as one more step towards finally stopping smoking.

## The resources

There are three main components to the Smoking Care pack that should be used together:

Smoking Care pack guidelines; Smoking Care assessment card; Smoking Care information booklets.

It is important that the worker familiarise themselves with the resources before speaking to the client to ensure they are confident with the process.

### Smoking Care pack guidelines

These contain an outline of the overall approach; some common questions and concerns and a list of recommended resources.

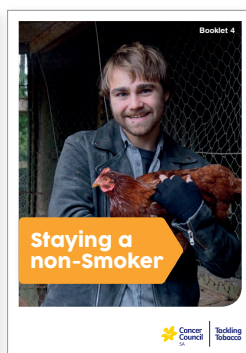
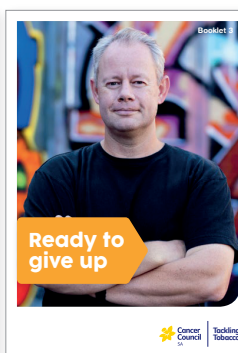
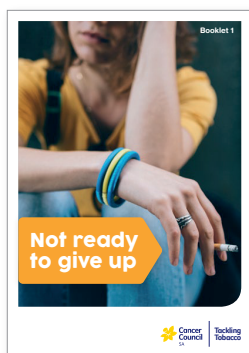
### Smoking Care assessment card

The Smoking care assessment card can be used with the client to discuss their smoking and identify their readiness to quit. It highlights key areas to discuss and gives appropriate “prompt” questions for the worker as well as suggesting which booklet the client should take to read.

### Smoking Care information booklets

There are four information booklets which should be given to the client depending on their stage of readiness to quit smoking. The booklets include short activities that the client and worker can go through together. They are:

1. Not ready to give up
2. Thinking about giving up
3. Ready to give up
4. Staying a non-smoker



## Need more guidance?

More information about conducting a brief intervention can be found in the resource “Let’s take a moment” quit smoking brief intervention – a guide for all health professionals (NSW Health). Advisors at the Quitline (13 7848) can also help with questions either the worker or client may have.

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## Some common questions and concerns:

### ► **Won't I jeopardise the good relationship I have with my client by asking about their smoking?**

Research shows that disadvantaged smokers are just as interested in stopping as other smokers. People will often be pleasantly surprised if you raise the issue and take it as a sign that you care. This *Smoking Care pack* provides tips on how to tactfully talk to clients in a way that will not put them offside. Not everybody will want to stop, but they are unlikely to object to being asked about it politely.

### ► **I might do more harm than good – after all, I'm no quit-smoking expert.**

You don't have to be an expert to start a conversation with someone about smoking. Just raising the issue and providing written information will help, as will a referral to a doctor or the Quitline (13 7848). You can also provide additional support using this *Smoking Care pack*. Issues such as medication and monitoring of mental health conditions can be referred to the relevant health professionals.

The harms of continued smoking greatly outweigh any potential harms from quitting. Tobacco smoking kills two in three long term users. Smoking kills more people in this country than suicides, self-harm, mental health disorders, road accidents, alcohol, illicit drugs, homicides and violence combined. Tobacco is responsible for 90% of drug and alcohol related deaths. Nicotine withdrawal is not physically dangerous, although if a client has a mental health condition, this should be monitored.

### ► **My client says it's too late to give up.**

Stopping smoking has large health benefits for anybody – even for people who have smoked for many years, or who are already ill from smoking. For example, quitting greatly lowers the risk of having another heart attack and improves cancer treatment.

### ► **My client has serious mental health problems; it would be dangerous for them to stop smoking because of their medication and withdrawal problems.**

People with mental health problems can quit smoking without worsening their condition. However, it is important that people with a mental illness should be medically monitored as a precaution when they quit smoking as changing their smoking status may affect their medication. A minority of people may experience worsening depression, but others may feel less depressed. Former smokers generally report being happier and less stressed. The risks of continued smoking far outweigh any risks from withdrawal.

### ► **It's too hard to look at quitting smoking – my client is already getting off other drugs.**

People with alcohol and drug problems can quit smoking without undermining their treatment for other drugs. In fact, research has shown that people who quit smoking have better treatment outcomes for alcohol and other drug use.

### ► **What's the best way of getting someone to quit?**

Both professional support and medications can help, but a combination of the two works best. GPs and pharmacists can provide medications. The Quitline (13 7848) offers information and support for smokers from trained advisers. There may be a smoking clinic or program in your area or your organisation may choose to offer support using resources such as this *Smoking Care pack*. There is great value in disadvantaged smokers being supported to quit in familiar and trusted environments such as social and community service organisations.

### ► **I've read some bad things about medications used to get people to quit smoking.**

Risks from medications are generally small. Risks from continued smoking are very high: two in three persistent smokers will be killed by tobacco. Smokers often overestimate the risks of smoking cessation medications and underestimate the risks of smoking. Smoking cessation medications are safe for the vast majority of people. Some medications are only available on prescription to ensure that they are not used by people with specific risk factors. Nicotine replacement packs list a small number of medical conditions where they can't be used.



► **Aren't alternative therapies good for getting people to quit?**

Laser therapy, acupuncture, hypnotherapy and herbal preparations are not proven methods of stopping smoking. Whilst any quit method is better than not trying, it should be borne in mind that ineffective or unproven methods run the risk of being expensive and demoralising. One problem is that some commercially run programs claim unrealistically high quit rates, such as 80% or 90%, which have not been scientifically proven.

► **Nicotine replacement is too expensive.**

Nicotine patches can now be prescribed by a doctor under the Pharmaceutical Benefits Scheme (PBS). A health care card holder will pay a \$5.40 fee for four weeks supply (two repeats can be written), plus whatever the doctor charges for a consultation.

This 12-week subsidy is only available once a year. However, there is a separate subsidy on nicotine patches for Aboriginal smokers which can be accessed twice a year. Unfortunately oral nicotine products such as gum, lozenges and inhalers are not currently subsidised but are freely available at commercial prices in chemists and supermarkets (as are nicotine patches). There are also other prescription medicines that can help smokers to quit that are covered by the PBS subsidy, primarily varenicline (Champix) and bupropion (Zyban).

► **If medications are so effective, what can I add as a worker?**

Medications raise people's chances of quitting. Some people will find them very helpful while others won't. Some people will not want to use them. Providing support and good advice also helps people to quit smoking, whether or not a person is using medication. Influencing people to be motivated to quit or forming a smoking cessation plan using this Smoking care pack will assist your client.

► **The people that I work with are not very likely to quit considering what is going on in their lives.**

It is often assumed that most disadvantaged people are not interested in quitting, but this is not the case. It's only possible to find out by asking. Higher rates of smoking amongst disadvantaged people may be partly due to a lack of help to stop. Both money and health can be motivators, as well as the desire not to be addicted. It is certainly true that people suffering from disadvantage may face additional challenges when quitting smoking. If someone is in a crisis they may have no interest in quitting. On the other hand, sometimes a crisis will influence a person to make far-reaching changes in their life. People suffering from disadvantage stand to make large gains if they stop smoking, both in health and financial terms.