



Helping patients to stop smoking

Tobacco use is a leading risk factor contributing to the burden of disease in Australia.¹

Smoking cessation benefits

Quitting smoking has **immediate** as well as **long-term** health benefits, reducing risks for diseases caused by smoking and improving health in general.^{2,3}

This guide for community pharmacists provides information on how to deliver best practice smoking cessation care to patients.

Making smoking cessation a priority

Most people who smoke **want** to quit and intend to at some point in the future.^{4,5} Many people try to quit in any given year.⁶ Pharmacists are in a **strong position** to assist patients with quitting and provide convenient access to support the community.⁷

Use the **Ask, Advise, Help (AAH)** model to structure a conversation about smoking – it takes a few minutes and is recommended by the PSA.⁸

Key Facts

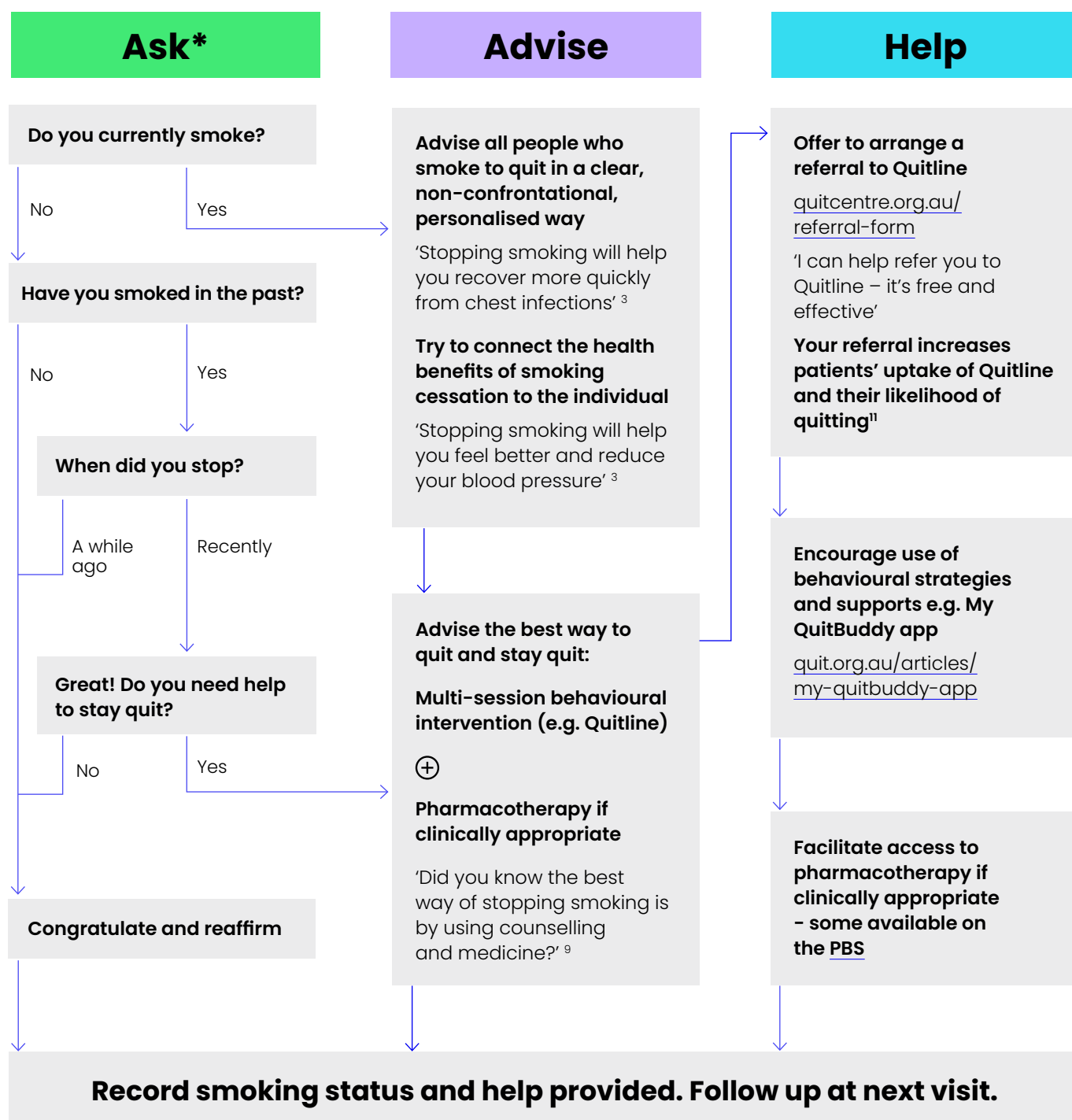
Smoking cessation

Smoking cessation is beneficial at any age; it reduces the risk of premature death and can add as much as a decade to life expectancy.³

Successful quitting

Help your patients access a combination of multi-session **behavioural intervention (e.g. Quitline)** and **pharmacotherapy** if clinically appropriate, to give them the best likelihood of successful quitting.^{9,10}

Ask, Advise, Help model for smoking cessation



*Opportunities to ask about smoking include when⁸:

- Prescribing medicines (including Schedule 2 and Schedule 3 medicines)
- Dispensing medicines
- Providing professional services (e.g. screening, case finding and management, medicine review, wound management)
- Administering medicines (e.g. vaccines, injectable medicines).

Note: Asking about smoking without offering help can decrease a person's likelihood of quitting.¹²

Tools and strategies for smoking cessation care

Behavioural intervention



Refer to Quitline 13 7848.

Quitline is a welcoming, confidential and evidence-based telephone counselling service based on established approaches such as cognitive behavioural therapy and motivational interviewing.¹³ It provides counselling to help people plan, make and sustain a quit attempt. Quitline counsellors will assess your patient's smoking history, provide psychoeducation and work with your patient to develop a plan to stop smoking.

Quitline is **tailored** to meet the needs of priority populations including people living with mental illness, pregnant people and young people. Quitline also provides counsellors who are Aboriginal and/or Torres Strait Islander, and is able to assist people with hearing or speech impairment, or people needing an interpreter.

Making a referral to Quitline has a number of benefits:

- Improves access to treatment – one study found a 13-fold increase in the proportion of people who smoke enrolling in treatment compared to the health professional simply recommending that patients call themselves.¹¹ Quitline will make multiple attempts to contact your patient
- It's a totally free service as Quitline calls the patient
- Increases the likelihood of your patient quitting.^{14,15}

How to refer to Quitline



Referral is quick and easy.

Submit a referral at:
quitcentre.org.au/referral-form

Pharmacotherapy



Most people who smoke are nicotine dependent and will require pharmacotherapy.¹⁶

Pharmacotherapy options include nicotine replacement therapy (NRT) and varenicline, as well as bupropion.¹⁶⁻¹⁹ Pharmacists in some jurisdictions may be able to prescribe Schedule 4 (Prescription Only) bupropion or varenicline for smoking cessation depending on state and territory legislation.⁸

Vapes should only be considered for patients who have failed to stop smoking with first-line pharmacotherapy combined with behavioural intervention.^{8,16} Pharmacists may supply vapes with a nicotine concentration of 20mg/mL or less to people 18 years or over without a prescription subject to certain conditions and state and territory law. A prescription is required for nicotine concentrations greater than 20mg/mL. People under 18 years of age require a prescription to access vapes, where state and territory laws allow.^{8,16,20}

When considering pharmacotherapy use the [flow chart](#) to help your patients.

A *Drug interactions with smoking* resource can be found at quitcentre.org.au/clinical-tools.

Patient resources



Access resources for patients, including those from priority populations through the National Cessation Platform at quit.org.au/resource-hub.

Quit Centre online training



Access PSA accredited online training to increase your skills, confidence and knowledge in providing smoking cessation care at quitcentre.org.au/online-training/for-pharmacists.

The Help component of AAH⁸ – Offer help to all patients who smoke

Determine the best way for you to provide help to the patient to stop smoking, with consideration to your scope of practice.

Offer referral to multi-session behavioural intervention (e.g. Quitline) to all patients who smoke or have recently quit.

Arrange Quitline referral if accepted (quitcentre.org.au/referral-form)



Determine need for pharmacotherapy by assessing nicotine dependence.

Ask:

- How soon after waking do you have your first cigarette?
- How many cigarettes do you smoke a day?
- Have you had cravings for a cigarette, urges to smoke or withdrawal symptoms if you have tried to stop smoking?



Explain pharmacotherapy options based on:

- Clinical suitability (e.g. other medicines being used, co-existing conditions)
- Level of nicotine dependence
- Pharmacotherapy effectiveness

- Patient preference
- Reasons to prefer e.g. PBS subsidy (pbs.gov.au/pbs/home)



Supply non-prescription pharmacotherapy if clinically appropriate

Or

Supply initial non-prescription pharmacotherapy if clinically appropriate **AND refer** to medical practitioner if:

- Cardiovascular disease, diabetes, mental illness, substance abuse disorder, multiple co-morbidities
- Breastfeeding (vapes are not recommended)
- Age 12- 17 years (vapes cannot be supplied as a Schedule 3 medicine to patients <18 years)

Or

Refer the patient to a medical practitioner if:

- Age <12 years
- Pregnancy
- Most suitable (including financially suitable) pharmacotherapy requires a prescription
- A medicine the patient uses may require review or dose change when patient ceases smoking
- Inadequate response to treatment, including if the patient:
 - » continues to require vapes beyond 12 weeks (when initiated by a pharmacist)
 - » has not ceased or reduced smoking since initiating nicotine vapes
 - » requires more than 1 pod or cartridge (~2mL) of a vape per day

Where prescribing of Schedule 4 (Prescription Only) bupropion and varenicline is within a pharmacist's scope of practice, see state or territory legislation and protocols for specific requirements.



Supply and **counsel** on pharmacotherapy as appropriate

- How to use, adverse effects and treatment duration
- Importance of combining pharmacotherapy and behavioural intervention (e.g. Quitline)
- Encourage patient to return for follow up
- Document details of the consultation in the patient's clinical record



Follow up to review progress. Review can include:

- Enquiring about the patient's progress
 - Identifying and managing any concerns
 - Working with the patient to determine whether pharmacotherapy should be continued, ceased or modified
 - Discussing behavioural strategies
 - Encouraging patients to use support services (e.g. Quitline)
- If relapse occurs, offer support and encourage further attempts.

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