



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# **Brief Intervention for Smoking Cessation**

## **National Training Programme**

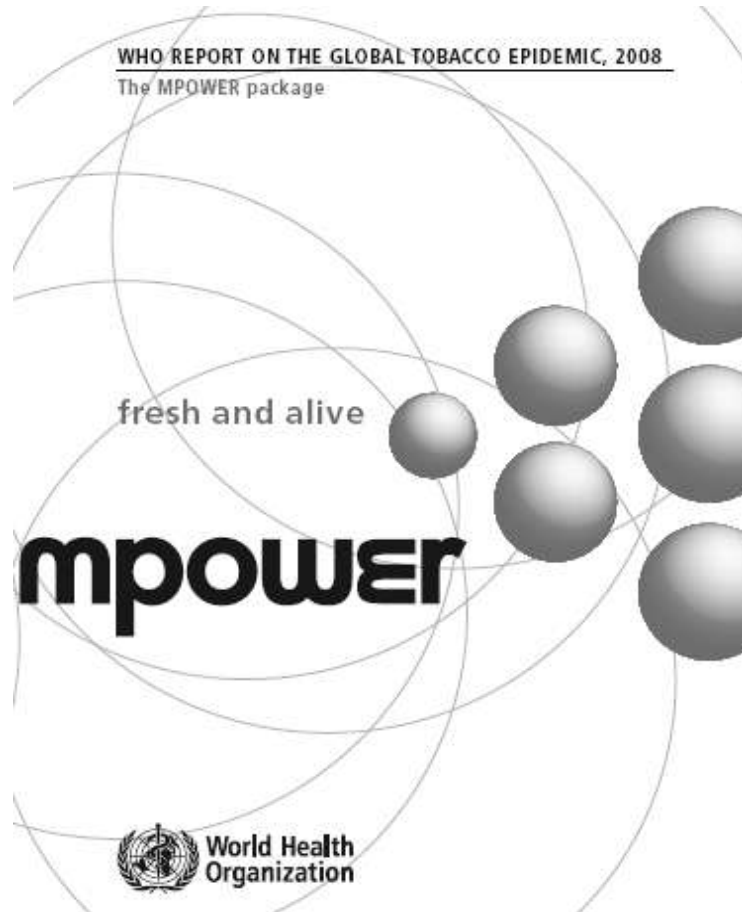
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# Introduction



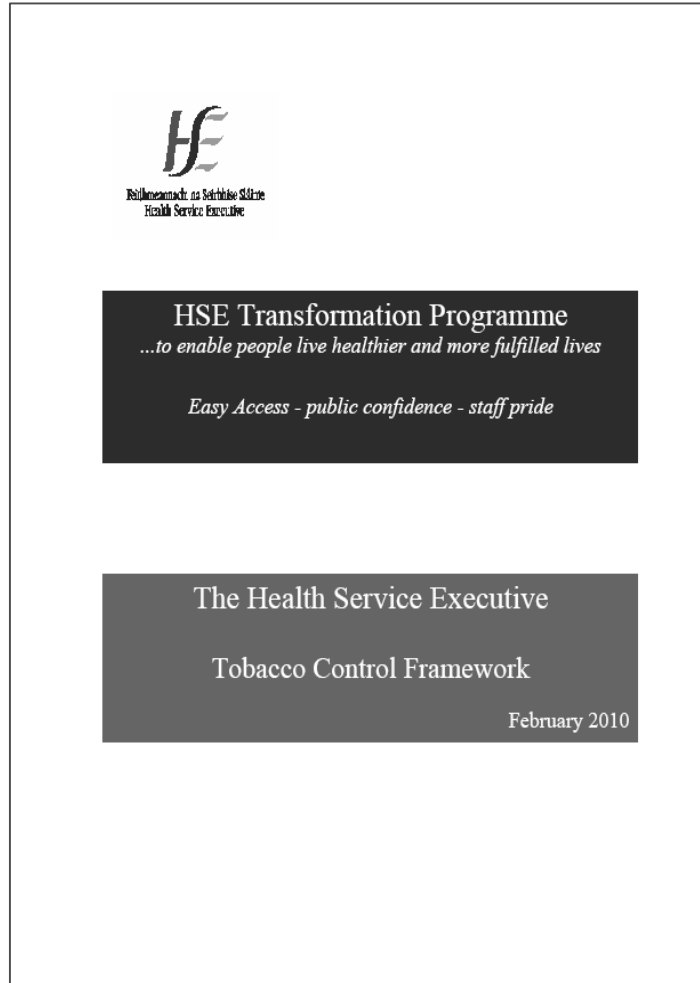
- M**onitor tobacco use and prevention policies
- P**rotect people from tobacco smoke
- O**ffer help to quit tobacco use
- W**arn about the dangers of tobacco
- E**nforce bans on tobacco advertising, promotion and sponsorship
- R**aise taxes on tobacco

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# Introduction



Tobacco Control Framework  
commitment –  
tobacco free campus policy  
for **ALL** HSE sites by Dec `15

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## Course Aim

- The course aims to equip you with an evidence based Brief Intervention (BI) model that you can incorporate into your routine practice to encourage and support patients/clients to quit smoking

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# Course Objectives

This course is designed to address the knowledge, skills and attitudes that will help you to promote smoking cessation among your patients/clients. We intend

1. To introduce you to the idea of using BI techniques, which have been shown to be effective in promoting smoking cessation, in your work environment
2. To teach you some core motivational interviewing principles & skills and highlight a behaviour change model that will help you understand the basic theory that underpins BI and help you to use it effectively
3. To provide you with a current knowledge base on the health risks of tobacco use, benefits of quitting, the resources to support a quit attempt and the referral pathways to support services

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# Understanding Tobacco Use

- Why do people start smoking?
- Why do people continue to smoke?
- Why do some smokers quit?
- Why do some people relapse?
- What support does a person need to quit?

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## Environment

### Tobacco environment

- Exposure to tobacco marketing
- Images of smoking in popular media
- Tobacco industry
- Access
- Price

### Community norms

- Adult smoking prevalence
- Restrictions on smoking
- Attitudes to youth and youth culture
- Socio-economic and cultural context

### Extrinsic factor

#### Family influences

- Parental smoking
- Sibling smoking
- Parental values and attitudes re smoking
- Socio-economic status

#### Psychosocial influences

- Peer affiliations and friendships
- Connectedness to school and/or home
- Sense of alienation

### Intrinsic factors

#### Personal beliefs and values

- No risk in trying
- It won't happen to me
- Curiosity
- Individual choice
- Adulthood aspirations
- Perceptions of smoking norms
- Risk taking propensity
- Self-esteem/self-image

#### Personal physiological factors

- Genetics
- In utero exposure
- Puberty and adolescence

#### First try

#### Experimentation

#### 'Social' smoker

#### Regular smoker

#### Cessation

#### Resumption of smoking

#### Adult non-smoker

#### Adult smoker



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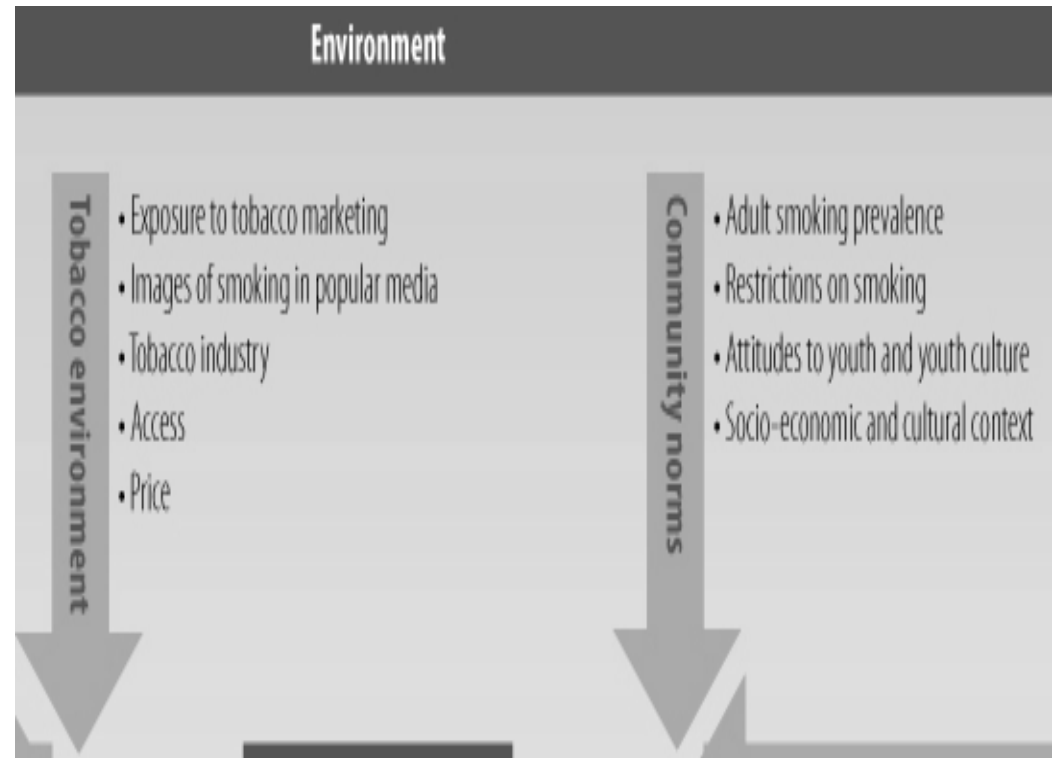
# Environmental Influences

## Tobacco environment

- Exposure to tobacco marketing
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## Community norms

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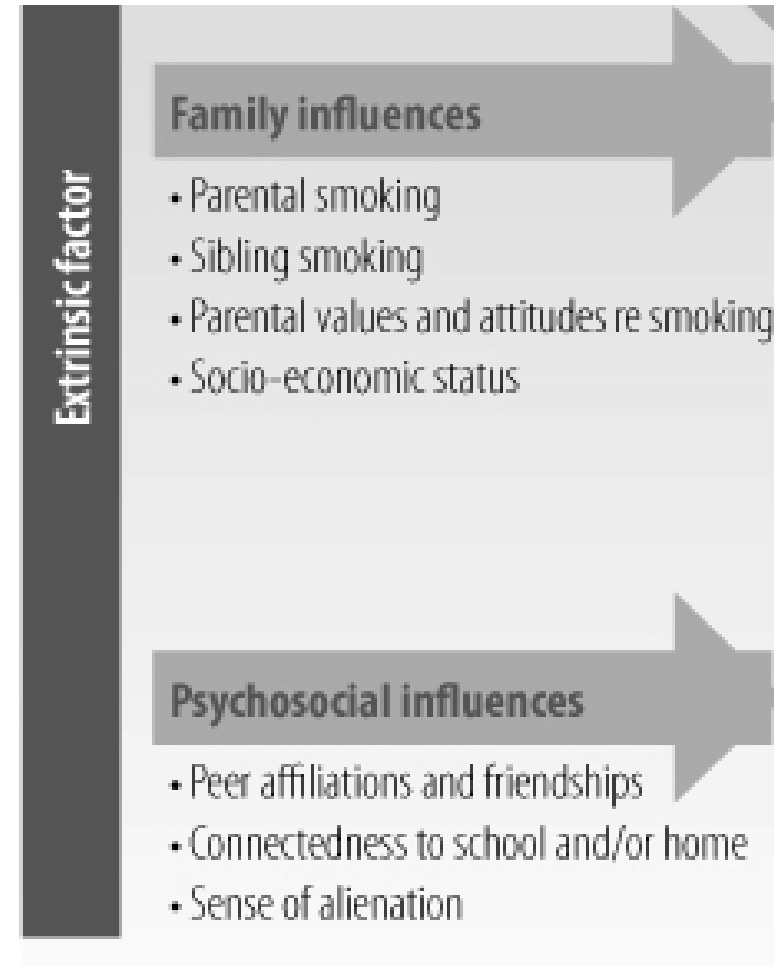
# Extrinsic Factor

## Family Influences

- Parental smoking
- Sibling smoking
- Parental values and attitudes re smoking
- Socioeconomic status

## Psychosocial influences

- Peer affiliations and friendships
- connectedness to school/home
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# Intrinsic Factors

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## Personal physiological factors

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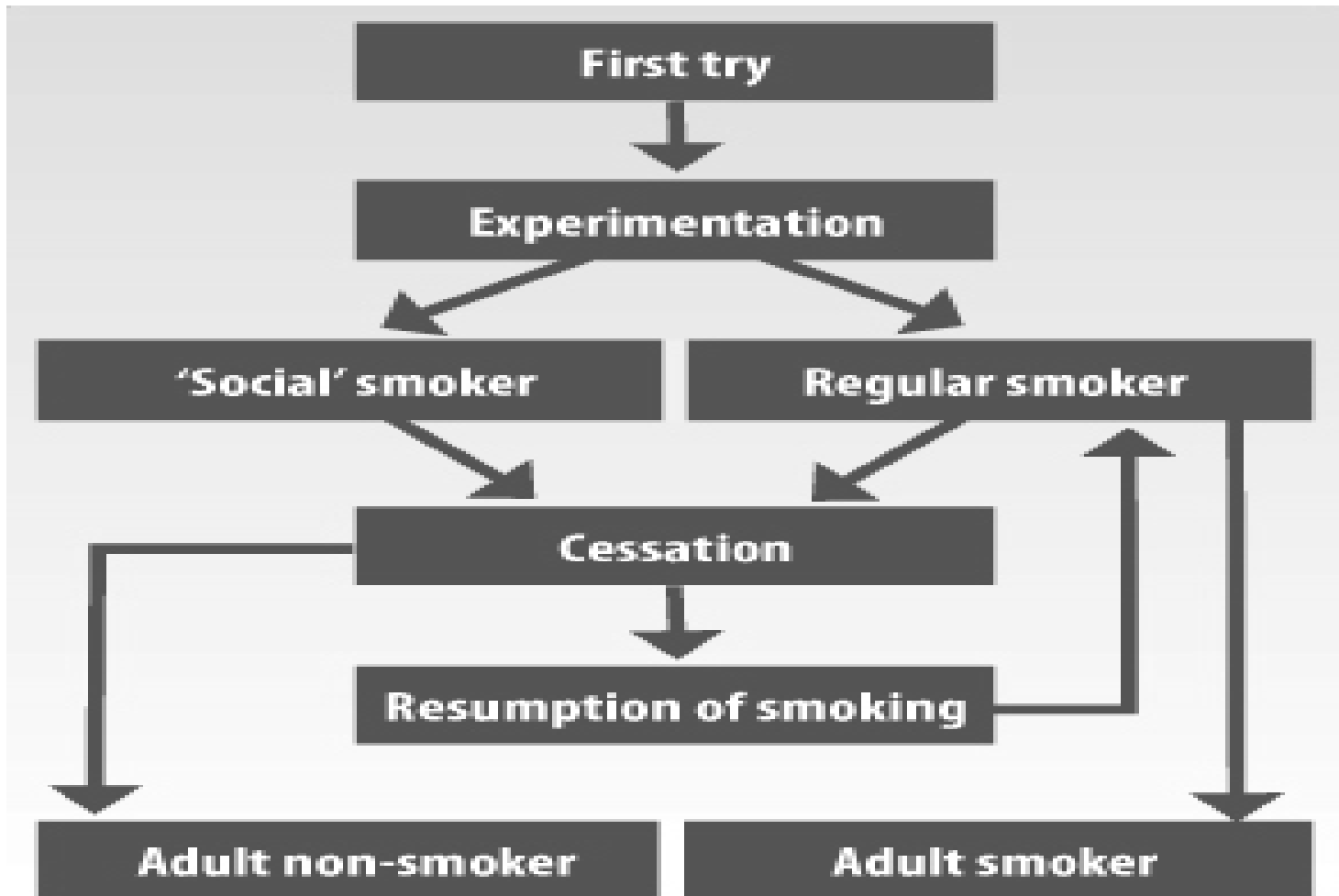


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# Influences Combined



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- **Is smoking an addiction?**

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'Addiction is a compulsion to take a drug on a continuous basis in order to experience its physic effects and sometimes to avoid the discomfort of its absence'

World Health Organisation

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# Nicotine Addiction

**Reaches your brain in 10-20 seconds**

Faster than an intravenous injection!

More addictive than heroin!

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# Withdrawal Symptoms

Quitting smoking brings about a variety of physical and psychological withdrawal symptoms. Most symptoms manifest within the first few days, peak within the first week and subside within two to four weeks

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**While people recognise smoking is  
an addiction, do they see it as a disease?**

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# ICD-10: Nicotine Dependence – a chronic relapsing disease

International Classification of Disease, WHO 1994

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## Reflecting on Current Practice

- What is my attitude towards tobacco use?
- Do I have a role in promoting smoking cessation?
- What do I currently do?
  - How do I raise or address this issue?
  - Do I avoid it?
- What (in general terms) could I consider doing?
- What are the difficulties or barriers I might face in addressing tobacco use with patients/clients?

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## **Expectations of Smokers**

Remember, in a healthcare setting  
**most smokers expect to be asked  
about their smoking**

**IF THE ISSUE IS NOT ADDRESSED  
MANY WILL ASSUME  
THAT SMOKING IS OK**

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## Missed Opportunities

- Only 21% of inpatients had received any advice on how to stop smoking from a member of their health care team

(ISQSH, Measuring the Patients Experience of Hospital Services 2010)

- Only 38% of current smokers who attended a GP or other health professional in the last year reported that the professional had discussed quitting smoking with them during the consultation

(SLÁN Survey, 2007)

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**Make every contact count!**

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## Brief Interventions

Brief interventions for smoking cessation involve opportunistic advice, discussion, negotiation or encouragement and are delivered by a range of healthcare professionals, typically within 5-10 minutes

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## Brief Interventions cont'd

The package provided depends on a number of factors including:

- the individual's willingness to quit,
- how acceptable they find the intervention, and
- previous methods they have used

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## Brief Interventions cont'd

It may include one or more of the following:

- Simple opportunistic advice
- An assessment of the individual's commitment to quit
- Pharmacotherapy and/or behavioural support
- Self-help material
- Referral to more intensive support

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## Evidence of Effectiveness

Intervention from health professionals has been shown repeatedly, in randomised controlled trials, to increase the percentage of smokers who quit and remain abstinent for 6 months or more.

Health Education Authority; Guide for Commissioners of Smoking Cessation Interventions: British Thorax Guidelines, 2000

**Unaided quit rate = 2-3%**  
**Brief advice intervention = 3-6%**

Cochrane Review, Physician advice for smoking cessation

**This is highly cost effective**

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# Whose Job Is It Anyway?

Health professionals cannot make people  
change their behaviour

**BUT**

they have a role in  
facilitating people's decision making

Mason & Lawrence 2006

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# Brief Intervention Framework

**5 As:**  
**Ask**  
**Advise**  
**Assess**  
**Assist**  
**Arrange**

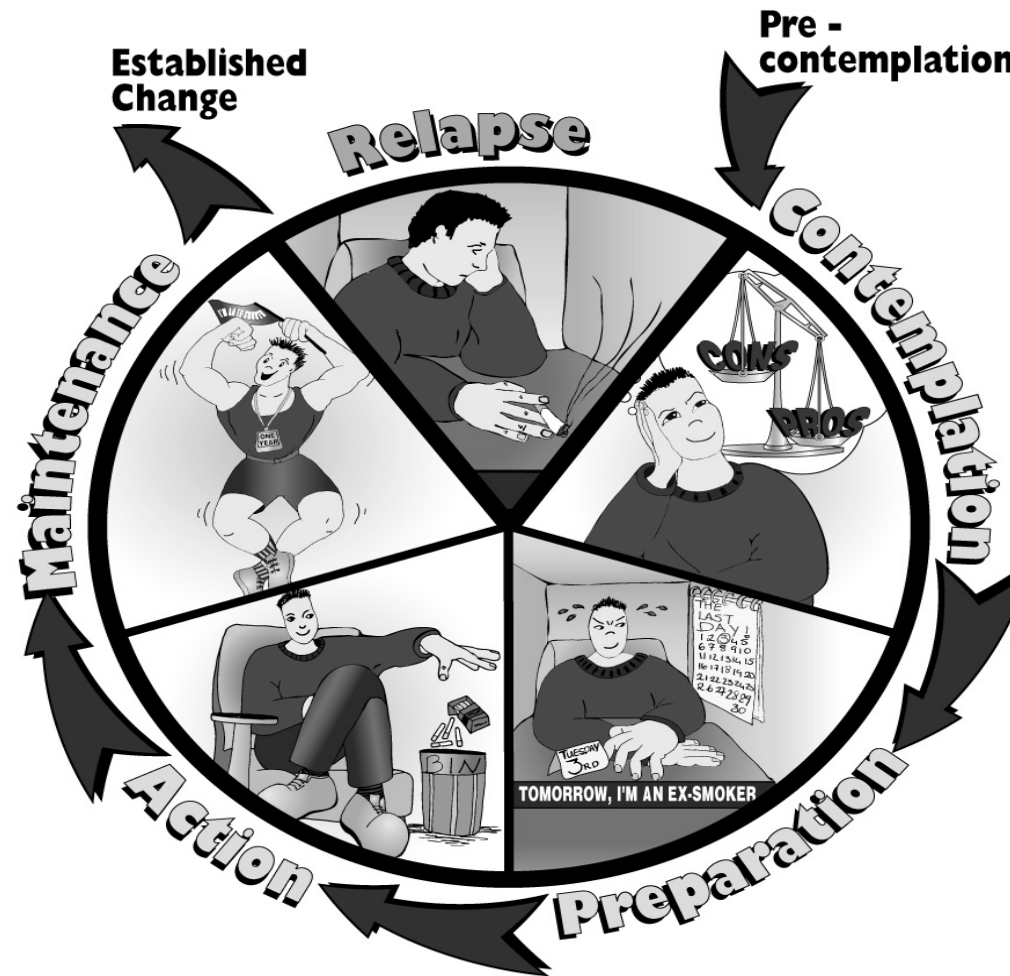
- **Ask:** systemically identify all smokers at every visit. Record smoking status, no. of cigarettes smoked per day/week and year started smoking
- **Advise:** urge all smokers to quit. Advice should be clear and personalised
- **Assess:** determine willingness and confidence to make a quit attempt; note the stage of change
- **Assist:** aid the smoker in quitting. Provide behavioural support. Recommend / prescribe pharmacological aids. if not ready to quit promote motivation for future attempt.
- **Arrange:** follow-up appointment within 1 week or refer to specialist cessation service for intensive support if appropriate. Record intervention.

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# Cycle of Change



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## Readiness, Importance & Confidence

- How **ready** are you to change your behaviour?
- How **important** is it to you to change your behaviour?
- How **confident** are you that you could change your behaviour if you wanted to?
  - Why is it as high as it is?
  - What would take you one step nearer?

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# Assessing Personal Change

<b>Reasons to stay the same (Resistance/Barriers)</b>	<b>Reasons to change (Motivation)</b>
List positives of staying the same?	List negatives of staying the same?
List your concerns about changing?	List benefits of changing?

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# Principles of Motivational Interviewing

- Express empathy
- Avoid argumentation
- Roll with resistance
- Support self-efficacy
- Develop discrepancy

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# Core Skills of MI

- **O**pen questioning
- **A**ffirmation
- **R**eflective listening
- **S**ummary



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# Review of Morning

- Tobacco Use & Addiction
- Reflection on current practice
- BI Framework – The 5As
- Cycle of Change
- Principles & Skills of MI

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# Skills Practice

In group of 3s, take it in turns being the

**Smoker**

**Health professional**

**Observer**

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## Remember.....

1. Express empathy
2. Develop discrepancy
3. Avoid argumentation
4. Roll with resistance
5. Support self-efficacy

Use your **OARS!**

**O**pen questioning

**A**ffirmation

**R**eflective listening

**S**ummary

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# “Heartsink” Statements

**Be prepared!**

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# Supports for Quitting

Behavioural, social and pharmacological aids....

- Specialist smoking cessation services - INSERT DETAILS OF LOCAL SERVICES
- Quitline 1850 201 203 (8am-10pm Mon-Sat)
- HSE website [www.quit.ie](http://www.quit.ie)
- HSE Facebook page [www.facebook.com/HSEquit](http://www.facebook.com/HSEquit)
- HSE QUIT campaign "1 in every 2"

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# Social Marketing Campaign

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**1 in 2 stories; reality of loss = why to quit**

**Support services; peer to peer = how to quit**





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# WARNING: CIGS WILL KILL HALF SMOKERS

## Never too late to quit, says HSE

**€2BN**  
**YEARLY COST TO TAXPAYERS OF TREATING SMOKING ILLNESS**

**80% SMOKERS WHO WANT TO QUIT ONLY 40% ACTUALLY TRY**

**ONE** in every two smokers in Ireland dies from tobacco-related illnesses, new HSE data has revealed.

The organisation estimates there are around **ONE MILLION** smokers in Ireland, with 5,500 people dying from a connected disease each year. And health chiefs revealed it costs taxpayers up to **€2BILLION** annually to tackle the growing problem. A new campaign has been launched today, aiming to help people quit by highlighting the serious impact cigs have, not only on smokers themselves but also on families and friends.

### Support

HSE Director of Public Health Dr Fenton Howell explained: "Surprisingly, only seven per cent of people know that one in every two smokers will die of a tobacco-related disease. "Our aim is to make people realise the effect smoking has on their health, and that of their loved ones, and give them encouragement and help to **QUIT**. We all know someone who has been ill or

By AOIFE BANNON

died as a result of a tobacco-related disease. By prompting smokers to try and quit, by offering support services, encouragement, help and advice we can all encourage smokers to keep trying to quit." Some 80 per cent of smokers have said that they would like to give up and 40 per cent attempt to stub out their habit every year. But stats show that those quitters who use support services like the National Smokers' Quitline or medications are twice as likely to succeed as those who attempt to do it alone.

### Skills

Dr Howell added: "Smokers know that cigarettes are bad for them. "Many of them feel quitting is too hard, that they won't make it - or that they will do it tomorrow, next month, when they're 30, or when they're 40. "Our campaign will remind smokers that it's never too late - and that quitting is worth it. "Most people try to quit a few times before quitting for good, and each time, they gain skills and confidence that help them to take that permanent step. **FOR** more information, see **QUIT**, or call the National Smokers' Quitline 1850 201 203. [aoife.bannon@the-sun.ie](mailto:aoife.bannon@the-sun.ie)



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facebook

Search

**YOU CAN  
QUIT**

quit.ie

Wall

Hidden Posts

Info

Friend Activity (1+)

Insights

Photos

Videos

EDIT

About

Edit

You Can Quit is an online Quit Smoking support from the HSE in Ireland

18,583

like this

957

## You Can Quit

Health/Wellness · Edit Info



Wall

You Can Quit · Everyone (Most Recent)

Share: Status Photo Link Video Question

Write something...



**Laura Kavanagh**

Day seven thought it would get easier, but hardest day so far:(

Like · Comment · 55 minutes ago



**Eamon Mahon**

4 days and still going

Like · Comment · about an hour ago

Tina Devers likes this.



**Tina Devers** well done !!

about an hour ago · Like

Write a comment...



**Mary Brennan**

Week one down,doing it with the patches. Heading out tonight so this is going to be a big test..... Wish me luck.....

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**Ashley Hughes Robinson** Don't give up Marcella, I'm depending on people like you to keep me going, I wanted to have one one day last week, I just popped on here and read the comments from ppl, I pop on every day just to get inspired, you dont even have to comment, the ppl on here are great without reading I'm on day 1/2/3/4/18/55 etc I really dont think i could have done it, So you keep up the great work you will get there, we all will xxxxx

12 hours ago · Unlike · 1





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# Nicotine Replacement Therapy

NRT doubles a person's chance of success; however it has been found that users:

- Have unrealistic expectations
- Under dose
- Use it irregularly
- Stop using it too early
- Concurrent smoking

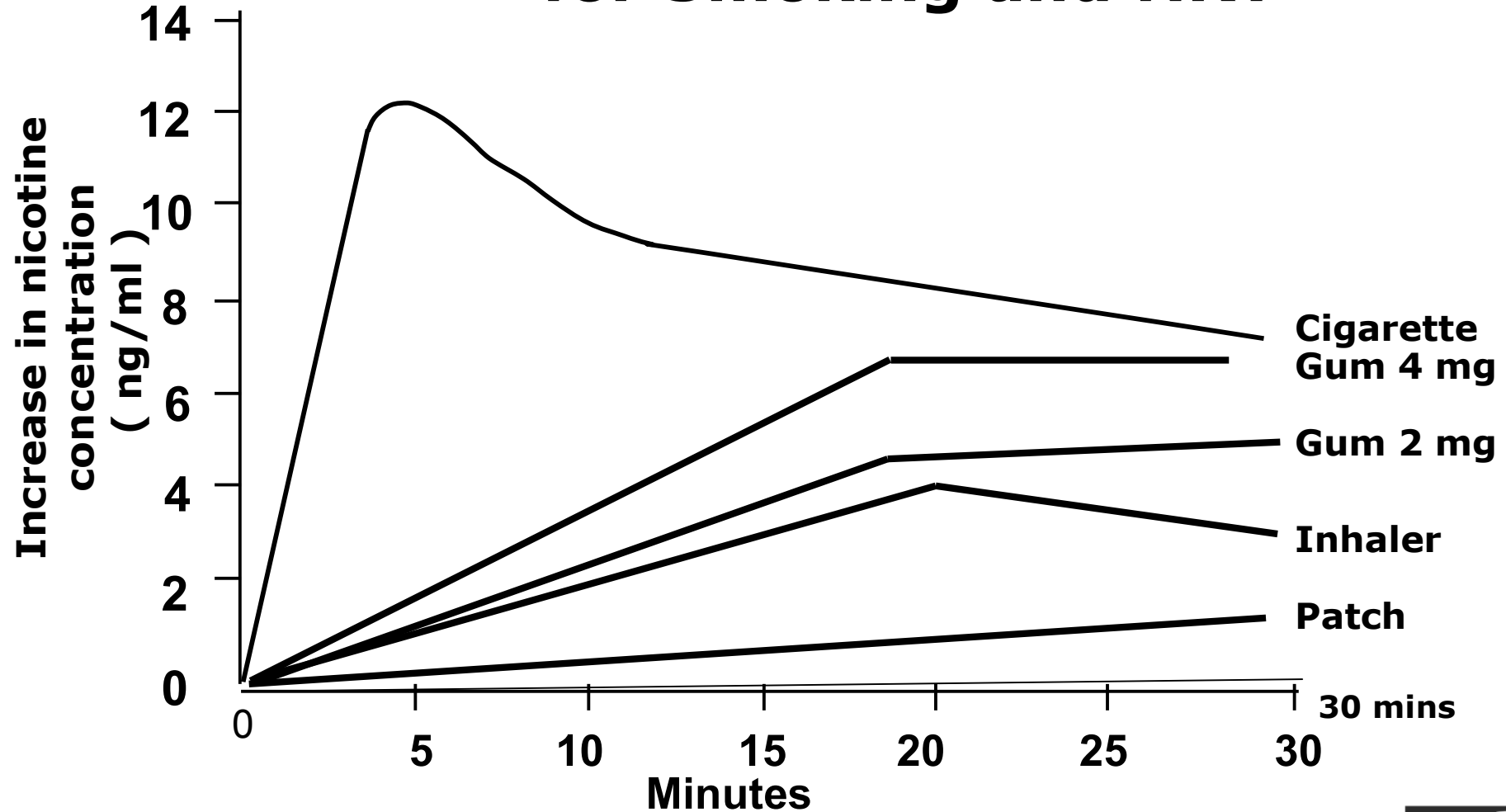
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# Plasma Nicotine Concentrations for Smoking and NRT



Source: Balfour DJ & Fagerström KO. *Pharmacol Ther* 1996 72:51-81.

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## Champix /Varenicline

**Best practice would be to avoid trade names, but if you want to include it, I'd present it as Varenicline (Champix)**

- Prescription only
- Take for at least 3 months
- 0.5mg in am x 3 days
- 0.5mg in am and pm x 4 days
- 1.0 mg in am and pm x 11 weeks (quitting smoking in 2<sup>nd</sup> week)
- **Side effects:** nausea, headaches, sleep disturbance, increased appetite, vivid dreams, constipation, new or worsening mood problems
- **Contra indications:** Pregnancy, breastfeeding, under 18yr olds with known depressive disease

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## Champix: Dual Mode of Action

- Partial agonist: binds with nicotine receptor stimulating a small amount of dopamine release, providing relief from craving and withdrawals
- Antagonist: blocks stimulation of nicotine receptor, reducing pleasurable effects of smoking

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## Zyban (Bupropion)

- On prescription only
- 150mg/day for 6 days
- Then 150mg am and pm for 11 weeks, quitting smoking in 2<sup>nd</sup> week
- **Side effects:** dry mouth, GI upset, insomnia, headache, nausea, constipation, tremor
- **Contra Indications:** pregnancy, breastfeeding, any brain injury, seizure disorder, history of eating disorder, under 18yr/olds, alcohol abuse, using anti malarial drugs, liver disease

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## Conclusions

- Revisit expectations for the day
- Course evaluation
- Self-assessment survey of practice (6-12 months)

***Thank you for your participation and input!***

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