TOBACCO CESSATION SUPPORT PROGRAMME



Feidhmeannacht na Seirbhíse Sláinte Health Service Executive





TOBACCO CESSATION SUPPORT PROGRAMME

The Tobacco Cessation Support Programme is a structured behavioural support programme for smoking cessation.

The Programme provides HSE Smoking Cessation Specialists ⁽¹⁾ with the resources to build client capacity for behaviour change in smoking cessation.

In facilitating this Programme, the Smoking Cessation Specialist adopts a client centered approach using the core skills of motivational interviewing. This approach enables the Smoking Cessation Specialist to support the tobacco user through the process of quitting by increasing confidence and motivation to quit and developing personal coping skills to sustain this quit attempt over time.

The Programme incorporates 7 sessions and can be adapted to meet individual client needs, pace and readiness to change. The Programme can be facilitated on an individual or group basis.

The Tobacco Cessation Support Programme complements the HSE / NCSCT (National Centre for Smoking Cessation and Training UK) Tobacco Cessation Specialist training. The programme incorporates all elements of the NCSCT Standard Treatment Programme and complies with HSE National Standard for Tobacco Cessation Programme, March 2013.



Contents

Session 1	Preparing to quit
Session 2	Planning strategies to support change
Session 3	Making a personal quit plan
Session 4	Coping with withdrawals and managing stress
Session 5	Maintaining a healthy quit
Session 6	Sustaining motivation
Session 7	Preventing relapse



TOBACCO CESSATION SUPPORT PROGRAMME



Session Plan



Aim:

Create a supportive environment to facilitate change in smoking behaviour by working through the process of the Tobacco Cessation Support Programme

Smoking Cessation Specialist Role:

- > Engage and build rapport with client
- > Provide an overview of Tobacco Cessation Support Programme
- > Explain process of quitting and reassure client that Quit Dates are set, following comprehensive preparation and planning, at Session 3
- > Ask about current smoking and previous quit attempts
- > Assess level of nicotine dependence
- > Use scaling questions to discuss client's readiness and motivation to quit
- > Raise awareness of client's smoking pattern
- > Help client to identify an incremental change in personal behaviour
- > Complete Registration and Consent Form
- > Summarise and clarify session outcomes
- > Complete Weekly Feedback sheet, if appropriate

By the end of this session clients will:

- > Understand the preparation and planning necessary for a successful quit attempt
- Increase awareness of smoking pattern by completing 'My Smoking Day' on one day in the coming week
- > Identify and put into practice **one positive change** in personal behaviour in the week ahead

Client Handouts:

- **Registration (**Registration Form, Your Smoking Habit and Permission Form)
- > Programme Overview
- > My Smoking Day
- > One change I will make
- Session Feedback



Registration Form

Name				
Address				
Phone Number				
E-mail Address				
Age Range/Age 15-24 55-64 25-34 65-74 35-44 75+ 45-54	Are you pregnant? Yes No	Do you have a Medical Card? Yes No		
Doctor's Name				
Doctor's Address				
Health: Have you had any recent problems with your heart or lungs?				
How did you hear about the quit smoking programme?				
intend to take part in all 7 sessions.				

Signed Date

Your smoking habit



How many years have you been smoking	9? 2005 ²⁰⁰⁵ ²⁰⁰⁶
About how many cigarettes do you smo	ke a day? 1040 3520
After you wake up, how soon do you hav	ve the first cigarette? Tick one box.
Less than 5 mins 5-15 mins	30 mins - 1 hour More than 1 hour
Did you ever try to quit? Tick yes or no.	If yes how many times?
Yes No	
Why do you want to quit?	

Your smoking habit



Does anyone living v Yes No	vith you smoke? Tick yes or no.	
Do you have someor	ne to help you quit smoking? Tick	yes or no.
Yes No		
If yes, who? Tick yes o	r no.	
Partner	Family member	Friend
How confident are ye	ou that you can quit smoking? Ple	ase mark a point on the scale
X		
1 2 3	4 5 6 7	8 9 10
Not confident	Fairly confident	
	Fairly conndent	Very confident
	u is quitting? Please mark a point on	
		the scale

Permission Form



Please read the statements below. Tick the box if you agree. Then please sign the form.

- I give permission to Health Promotion & Improvement to put my smoking status on their database. I understand that this will be kept in accordance with Data Protection Regulations.
- 2. I agree that the smoking cessation practitioner will contact me to offer support.
- 3. After my quit, I will be followed-up at 4 weeks, 3 months and 1 year.

If you were referred by your doctor, please read the following and tick the box if you agree.

4. I agree that the smoking cessation practitioner may contact my doctor to give information on my progress.

Signed

Date



Programme Overview

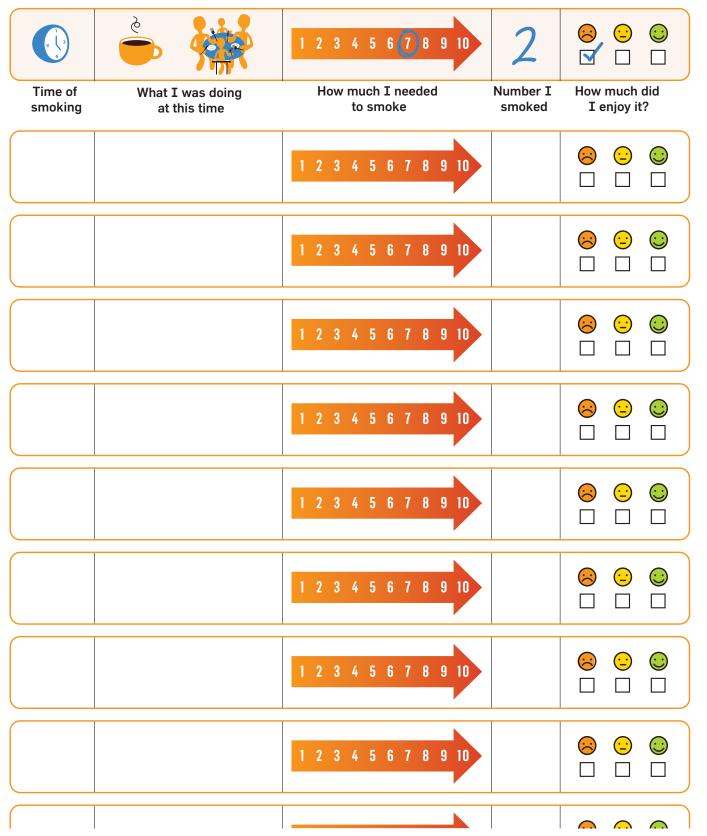


My Smoking Day

Complete for 1 day only

Example of how to fill out this diary





One Change I Will Make

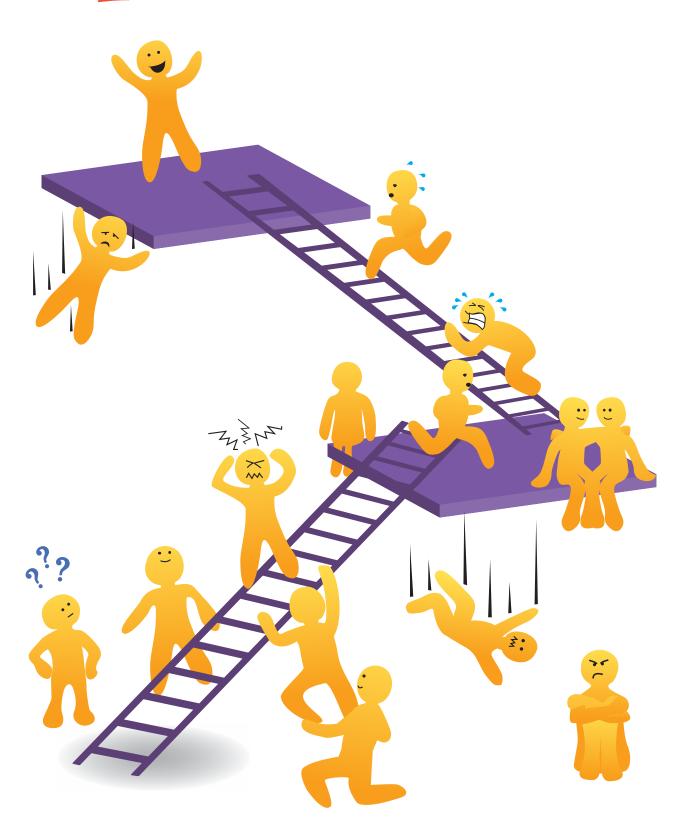


One change I will make		How and when will I make this change
Start walking	Smoke outside	
Ż		
Do some relaxation	Drink water	
Have breakfast	Not smoke in the car	
Reduce coffee intake	Eat some fruits and vegetables	
Other Things I can do	Other Things I can do	

Session Feedback



Mark where you are on the sheet.



TOBACCO CESSATION SUPPORT PROGRAMME



Session Plan



Aim:

Increase personal awareness and understanding of why tobacco use persists and identify the personal benefits of quitting

Smoking Cessation Specialist Role:

- > Elicit feedback on 'My Smoking Day'
- Identify success and/or difficulty in making planned behaviour change and discuss further incremental change
- > Explain Carbon Monoxide (CO) Test and record level
- > Address ambivalence and motivation to quit using the Decisional Balance
- > Identify and discuss personal benefits of quitting
- > Discuss clients' previous use of stop smoking medications, if any
- > Provide practical examples of stop smoking medications and guidelines for safe use

By the end of this session clients will:

- > Understand and have a record of individual CO level
- > Reflect on concerns about stopping smoking
- > Identify personal supports and barriers to making positive behaviour changes
- > Understand how pharmacotherapy aids quitting
- > Select appropriate pharmacotherapy based on previous experience and preference

Client Handouts:

- > Carbon Monoxide Record
- > Decisional Balance
- > Counting the Cost
- > Benefits of Quitting
- > Stop Smoking Medicines

Carbon Monoxide Record



What is Carbon Monoxide?

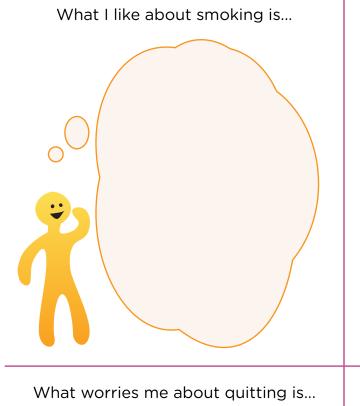
Carbon Monoxide (CO) is a poison. It is a gas. It has no colour or smell. CO is in car exhaust fumes and in tobacco smoke.

Name

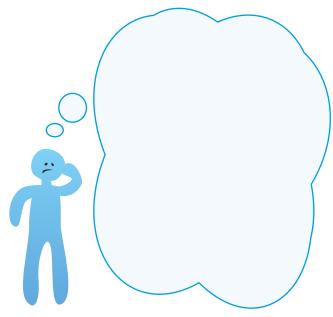
Date My CO le	evel CO (ppm)	What does this mean?
	↑ Above 25 ↑	
	25	53
	24	
	23	
	22	
	21	Smoker
	20	When you smoke you breathe
	19	CO into your lungs. CO then gets into your blood. The CO poison
	18	means the blood can't bring
	17	enough oxygen around your body.
	16	-
	15	This means that your heart doesn't get enough oxygen.
	14	This can cause heart attack and
	13	stroke. You can also find you get out of breath very quickly.
	12	
	11	When you stop smoking CO in the blood falls almost
	10	immediately.
	9	
	8	
	7	
	6	Non-smoker
	5	A non-smoker has no CO in the blood.
	4	
	3	There is a good supply of oxygen to heart and lungs.
	2	
	1	

Decisional Balance

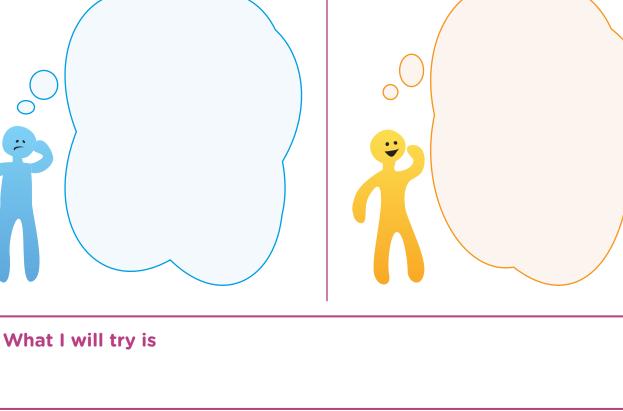




What worries me about smoking is...



The good things about quitting are...



Counting the Cost



.

How much does a packet of 20 cigarettes cost?	
---	--

How many do you smoke a day?

•••••	 •••••	•••••

If cigarettes cost € and you smoke 20 every day,			
If tobacco costs $\textcircledline{1}$ and you use 25 grams,			
that's:			
about	€a week		
over	€a month		
nearly	€a year		



How much does smoking cost you?

Every week?	
Every month?	
Every year?	

Benefits of Quitting





Stop Smoking Medicines



Nicotine Replacement Therapy and other stop smoking medicines will help you stop smoking if used properly.

There are different type of Nicotine Replacement Therapy









Patch (24 hour or 16 hour)

Gum

Lozenge

Spray

Inhaler

Other Aids



Champix (On prescription only from your GP)



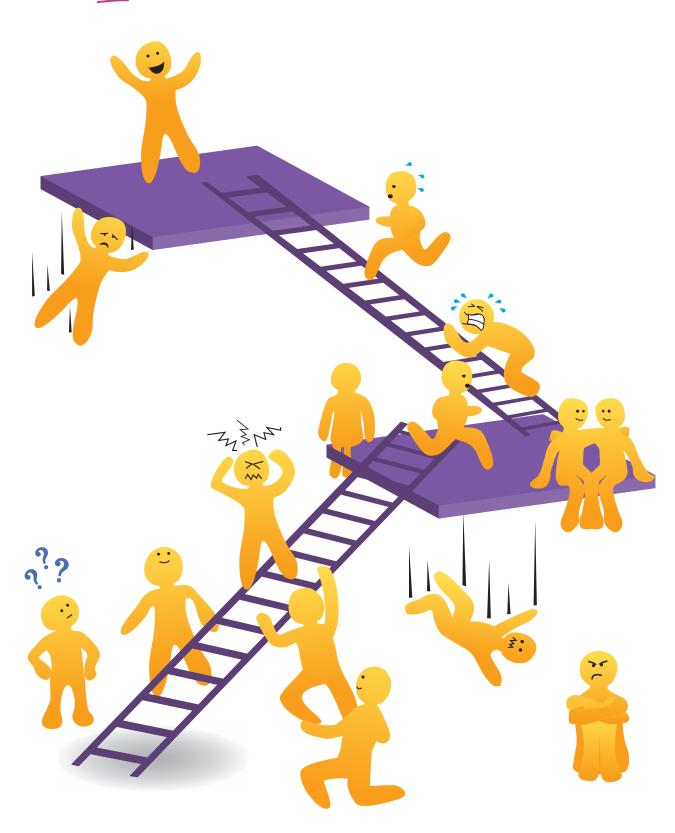
Zyban (On prescription only from your GP)

- All Stop Smoking Medicines are used for 12 weeks, 8 weeks at the higher dose and then reduced to a lower dose for the following 4 weeks.
- Talk to your GP, Pharmacist or Smoking Cessation practitioner or specialist about which medicine might be best for you.
- Check how to use the type of medication you have chosen and make sure you understand the instructions before you start using it.

Session Feedback



Mark where you are on the sheet.





Session Plan



Aim:

Prepare client to set a quit date with confidence

Smoking Cessation Specialist Role:

- > Review progress on additional behaviour change during the week
- > Discuss and identify personal coping strategies
- > Reflect on previous quit attempts
- > Confirm readiness to set a quit date
- > Confirm client has appropriate pharmacotherapy and understanding of its correct use
- > Assist client to develop personal quit plan and set a quit date
- > Explain the importance of the 'not a puff' rule

By the end of this session clients will:

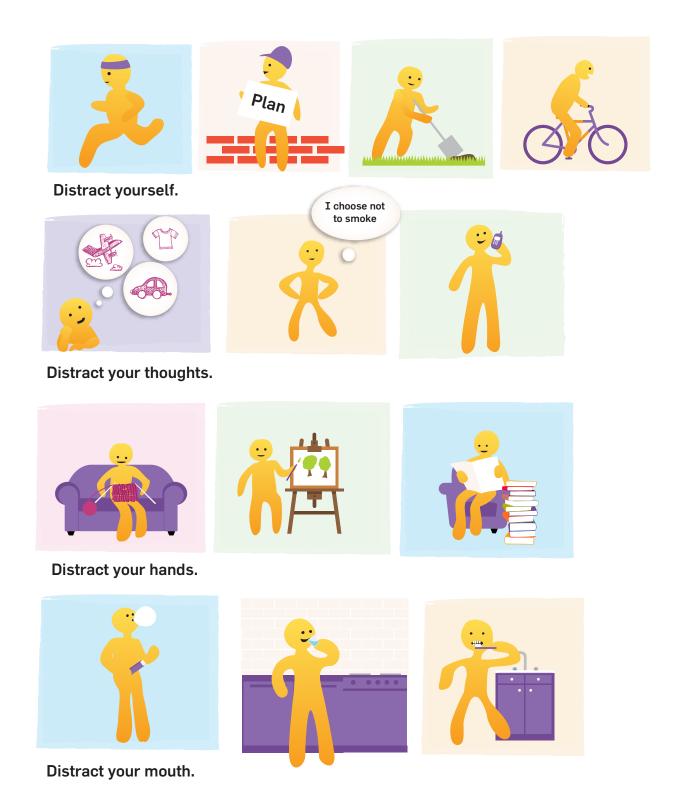
- > Identify personal coping strategies by completing 'When I stop smoking'
- > Understand importance of pharmacotherapy and its correct use
- > Personalise and complete 'My Quitting Plan'
- > Set a quit date
- > Commit to 'Not a puff' rule

Client Handouts:

- > Coping with Cravings
- > When I stop smoking
- > My Quitting Plan
- > Session Feedback



Coping with Cravings



Use your stop smoking aids

When I stop smoking...



My day	What will I do instead of smoking?
Morning time	
رک Tea or coffee	
Driving	
Break from children	
Meal times	
When stressed	
On the phone	
Relaxing	
Meeting friends	
Other times	
C * Before bed	

My Quitting Plan



My	quit date is:	 and after	that I wi	ll not hav	e a singl	e puff

My difficult times	What I plan to do at these times

Support

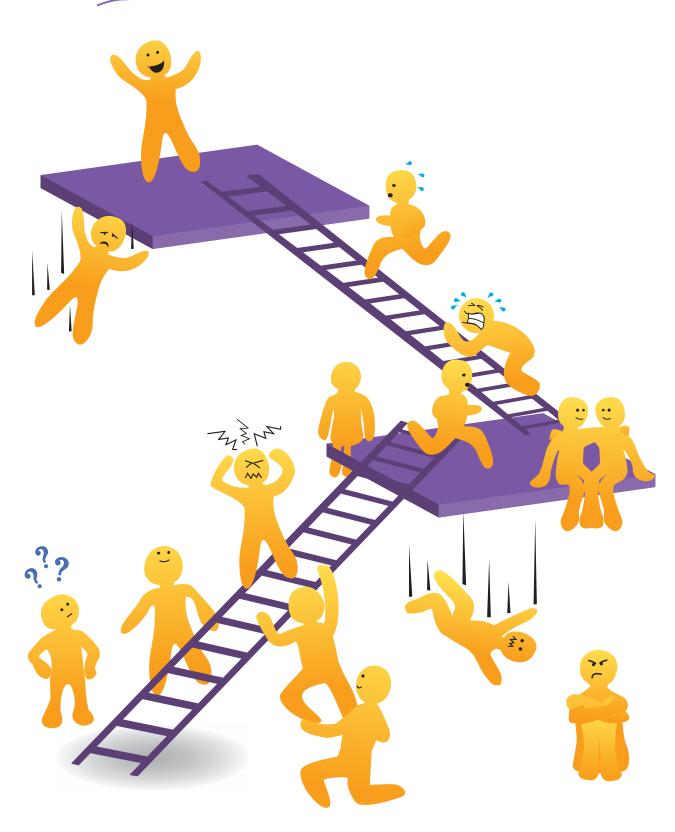
Who will I ask to support me?	
What support will I ask for?	

Other things I plan to do to make quitting easier

Session Feedback



Mark where you are on the sheet.





Session Plan



Aim:

Support tobacco users commitment to stopping smoking

Smoking Cessation Specialist Role:

- > Invite feedback on planned quit attempt
- > Acknowledge clients' achievement in quitting or attempting to quit
- > Monitor and record CO level
- > Identify additional supports required, if necessary
- > Look at common withdrawal symptoms and how to cope with them
- > Discuss the link between nicotine depletion and stress
- > Assist client in identifying strategies for managing stress

By the end of this session clients will:

- > Review personal quit plan
- > Feel motivated to sustain quit attempt
- > Be aware of withdrawal symptoms and how to cope with them
- > Understand the link between smoking and stress and identify strategies for managing stress

Client Handouts:

- > Withdrawal symptoms
- Smoking and Stress
- > Coping with Stress
- > Session Feedback

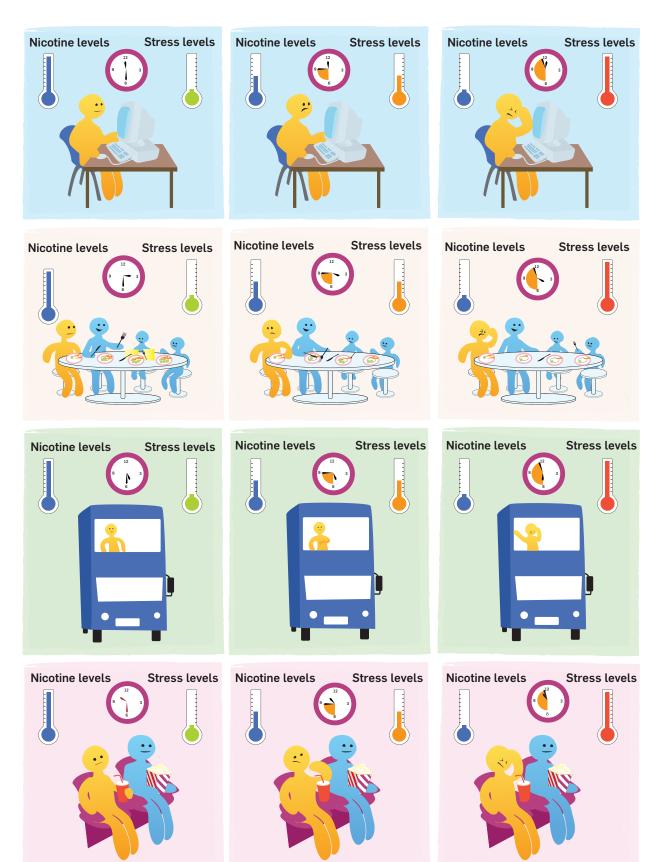


Withdrawal symptoms - how to cope

Symptom	When it will pass	What to do
Urges to smoke.	Week 2 2 weeks	The urge will pass in a few minutes. Remember your quitting plan.
Hard to sleep.	Week 1 1 week	Avoid tea and coffee late in day.
Hard to concentrate.	Week 1 1 week	Plan work carefully. 1. Start with 2. Then do 3. Finish off 4. If time
Anxiety and restlessness	Week 2 2 weeks	Deep breathe or use a relaxation method.
Irritable	Week 4 4 weeks	Exercise.
Increased appetite	Week 11 11 weeks	Have a healthy diet. Drink water.

Smoking and Stress





Coping with Stress



> Know yourself

You have many roles and challenges every day.



> Know your warning signs

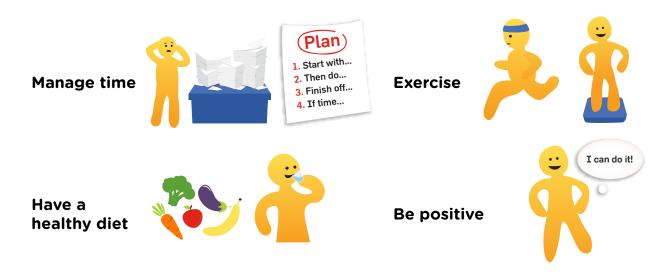
Stress is different for each of us.

Knowing what makes you stressed is the first step to coping.



> Know how to cope

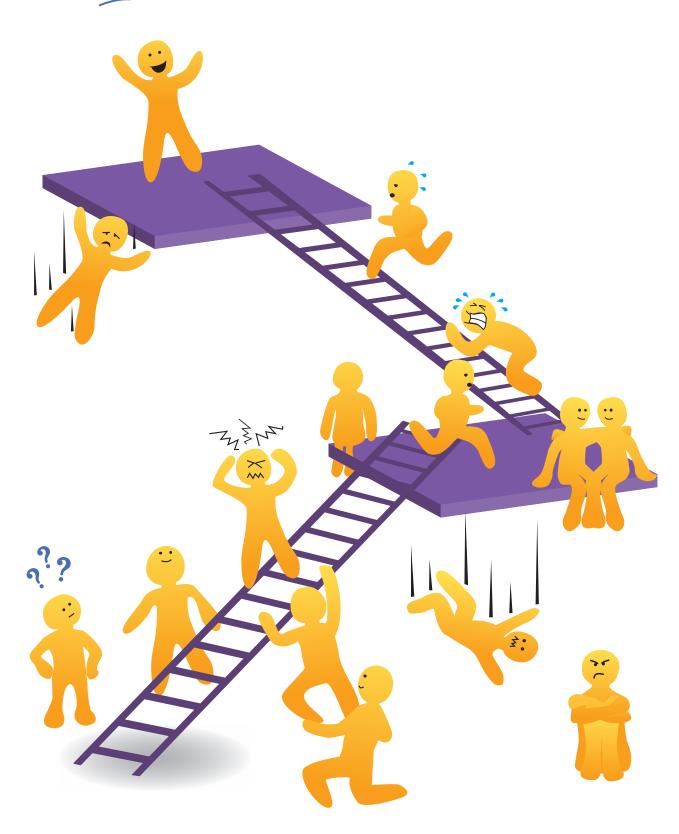
Pick a few ways that work for you. Remember to...



Session Feedback



Mark where you are on the sheet.





Session Plan



Aim:

Maintain a healthy quit attempt

Smoking Cessation Specialist Role:

- > Invite feedback on client progress
- Reinforce the 'not a puff' rule
- > Elicit benefits gained post quit
- > Address aspects of a healthy diet when quitting smoking

By the end of this session clients will:

- > Feel confident to maintain quit attempt
- > Reflect on personal eating habits
- > Complete 'My plan to quit smoking without gaining weight'

Client Handouts:

- > Use the Food Pyramid to plan your healthy food choices
- > My plan to quit smoking without putting on weight
- > Session Feedback

Healthy Food for Life

The Food Pyramid

ot needed good healt



In verv

small amounts

Servings



Fats, spreads and oils

Meat, poultry, fish, eggs, beans and nuts

Milk, yogurt and cheese

Wholemeal cereals and breads, potatoes, pasta and rice

Vegetables, salad and fruit

*Daily Servings Guide – wholemeal cereals and breads, potatoes, pasta and rice

Active	Child (5–12)	Teenager (13–18)	Adult (19–50)	Adult (51+)	Inactive	Teenager (13–18)	Adult (19–50)	Adult (51+)
*	3–4	4	4–5	3–4	Ŷ	3	3–4	3
İ	3–5	5–7	5–7	4–5	n	4–5	4–6	4
There is no guideline for inactive children as it is essential that all children are active.								

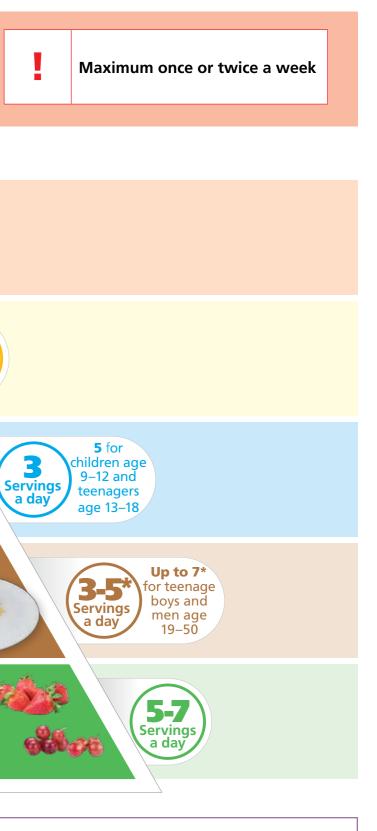
Drink at least 8 cups
of fluid a day –
water is best

Get Active!

Source: Department of Health. December 2016.



For adults, teenagers and children aged five and over



To maintain a healthy weight adults need at least 30 minutes a day of moderate activity on 5 days a week (or 150 minutes a week); children need to be active at a moderate to vigorous level for at least 60 minutes every day.



My plan to quit smoking without putting on weight

Fill in what you eat and drink during the day. How does it compare with the Food Pyramid?

Breakfast	
Mid-morning	
Lunch	
Mid-afternoon	
Dinner	
Late Evening	

Are you replacing your cigarettes with food?

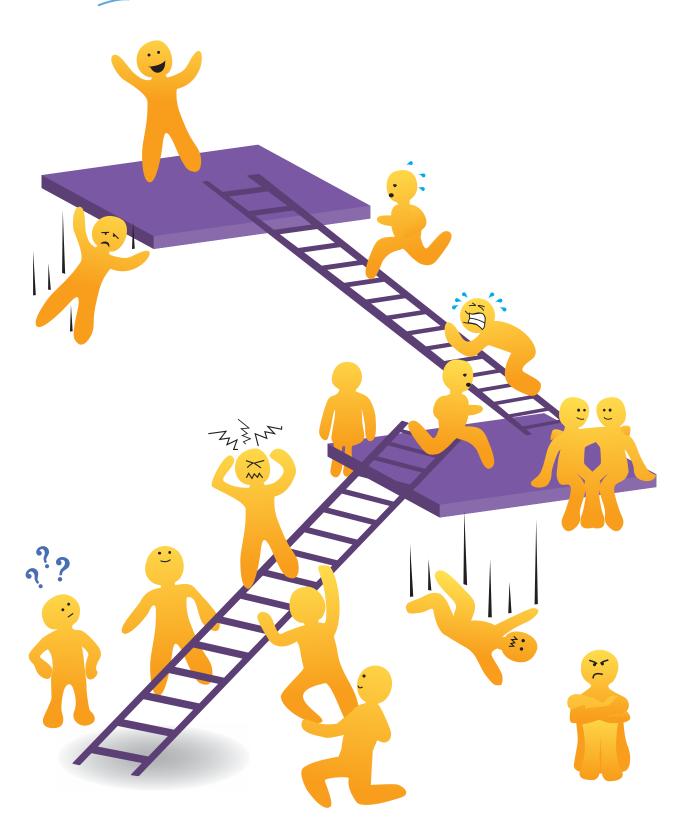
Are you snacking in between meals?

One change I will make in my eating habits:

Session Feedback



Mark where you are on the sheet.





Session Plan



Aim:

Affirm tobacco user's motivation in sustaining their quit effort

Smoking Cessation Specialist Role:

- > Review key triggers and benefits of quitting
- > Explain the concept of the space we have between what happens to us and our response to it.
- > Encourage client to reflect on their capacity to make a positive choice.
- Raise awareness of physical activity in supporting and maintaining a healthy quit
- National Guidelines on Physical Activity for adults aged 18 64 is 30 minutes a day of moderate activity on 5 days a week or 150 minutes a week.

By the end of this session clients will:

- > Understand the space to choose and appreciate their capacity to make positive behavior choices
- > Identify physical activity which can be integrated into everyday life

Client Handouts:

- > Behavioural Pattern: Space to choose
- > Be Active!
- > Tips for getting active
- > My plan to be more active
- > Session Feedback

Space to choose





Believe in yourself

Be active!

> Why be physically active?

Being physically active will help keep you fit and keep your weight down to a healthy level. It does this because of the effect it has on the body's metabolic rate.

> What is metabolic rate?

'Metabolic rate' is how fast your body makes and burns energy. It includes how fast your body burns up the calories from food.

If your metabolic rate is slow, your body will be slow at burning up calories. This could lead to putting on weight, because the body stores unused calories as fat.

> The good news is...

Regular exercise will boost your metabolic rate, both during the exercise and after it. It will help keep you at a healthy weight.

The best thing to do is to get active and stay active!









Tips for getting active



Choose an activity that you will enjoy.

Find a friend to exercise with.

Build up gradually.







Get started by doing 5 or 10 minutes a few times during the day, and increase this gradually.

Join a local club or class. Check out <u>www.getirelandactive.ie</u>





Walk more as part of your ordinary routine.



My plan to be more active



What I will try	When I will do this activity	What I will try	When I will do this activity

Or choose some other activity

Session Feedback



Mark where you are on the sheet.



TOBACCO CESSATION SUPPORT PROGRAMME



Session Plan



Aim:

Review smoking cessation support programme and personal quit attempt.

Smoking Cessation Specialist Role:

- > Review quitting journey and positive changes made
- > Discuss relapse prevention and affirm strategies that have previously worked
- > Reiterate the 'not a puff' rule
- > Validate 4 week quit through CO monitoring
- > Discuss continued correct usage of pharmacotherapy
- > Reassure client of on-going support, as appropriate
- Provide options for maintenance support including Quit Team or further face-to-face sessions
- > Remind client of follow up at 3 months and 12 months post quit
- > Evaluation, if appropriate

By the end of this session clients will:

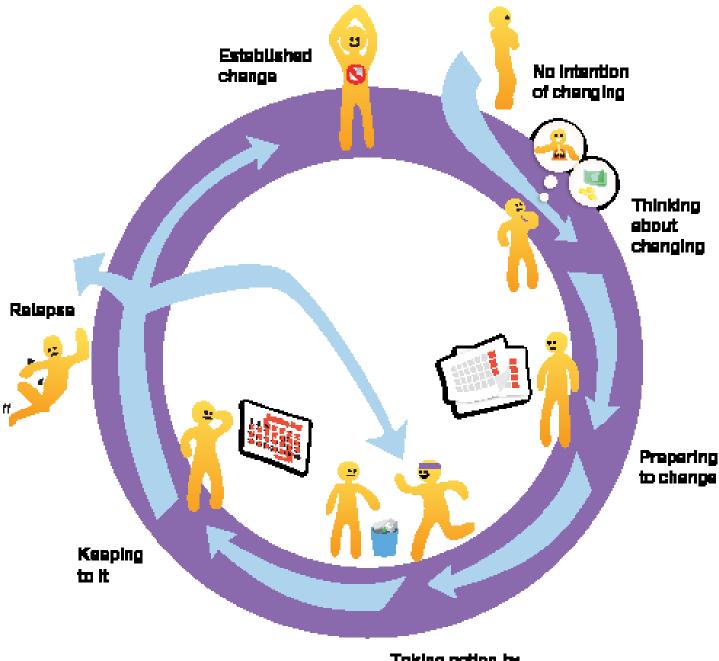
- > Identify personal relapse strategies
- > Feel confident that further support is available if required
- > Know where and how to access additional support
- > Understand that there will be follow up at 3 months and 12 months post quit date

Client Handouts:

- > Where are you on the cycle of change?
- > Relapse prevention: I've come a long way
- > Useful Contacts
- > Evaluation



Where are you on the cycle of change?



Teking ection by making change

I've come a long way!



Pre quit and plan to stay quit! OR Pre cut down and plan to quit!



Remember: Stopping smoking is the single most important thing you can do to improve your health.

For support telephone

Useful Contacts



HSE Quit Team

> Freephone	1800 201 203 for telephone support
	Monday to Thursday: 10am - 7pm Friday: 10am - 5pm Saturday: 10am - 1pm
> Website	<u>QUIT.ie</u>
> Clinic Locator	quit.ie/I-Want-to-Quit/Support-Services
	HSE Smoking Cessation Services provide specialist support to help you quit in community or health service settings. Check this link to find your local smoking cessation service or to make an individual appointment.
> E-mail	support@quit.ie
> Text	Freetext QUIT to 50100
> Tweet	@HSEQuitTeam
> Facebook	facebook.com/HSEquit

All Services are available free of charge





Evaluation

Please let us know how useful the programme was to you, by answering the following questions.

1. Did the programme h Please tick yes or no.	nelp you to do a	any of ti	he follo	wing?
		YES	NO	
Quit				
Cut down				
Think about quitting anoth	ner time			T
Improve your health				
Protect others from passiv	e smoking			U U
Help friends or family to c	ut down or quit			
2. How helpful was the Please mark a point on this		you?		
N	X			
1 2 3 4	56	7	89	10
Not helpful	ОК		Very	y helpful



Evaluation

3. What did you find most useful?
4. Would you advise other smokers to use this programme? Please tick yes or no.
Yes No
If no, please say why
4. Use this space for anything else you'd like to say about the programme.