

SMOKING CESSATION

PRACTICE GUIDELINE[®]

DOCUMENT SUMMARY/KEY POINTS

- The [NSW Health Smoke-free Health Care Policy](#) (PD 2015_003) is a NSW Ministry of Health Policy Directive applicable in all NSW Health facilities.
- Compliance with the NSW Health Smoke-free Health Care Policy means that all NSW Health buildings, grounds and vehicles are smoke-free except for designated outdoor smoking areas.
- The NSW Smoke-free Health Care Policy requires that clients of LHDs and specialty networks be asked about their smoking status and those who smoke to be supported to manage their nicotine dependence and to quit smoking
- The *NSW Tobacco Strategy 2012- 2021* sets targets to reduce smoking in order to decrease chronic disease and combat rising health costs and states that Local Health Districts will be supported to ensure that there is no smoking anywhere on NSW Health grounds.
- The *Smoking Cessation Framework for NSW Health Services* aims to support LHDs and specialty networks in NSW to manage nicotine dependence and implement smoking cessation interventions for patients and clients who smoke, or who have recently quit. The Framework sets out **four implementation strategies** to support health professionals to provide evidence-based smoking cessation interventions and treatment, **as part of routine practice**.
- Quit smoking support is available for staff, volunteers, patients and parents/carers.
- Amendment of the *Smoke-free Environment Act 2000* in 2018 made it an offense to smoke or use an e-cigarette in a smoke-free area.
- IB2018_026 gave notice that the NSW Smoke-free Health Care Policy now covers the use of electronic cigarettes (e-cigarettes). The use of e-cigarettes is to be treated in the same manner as the use of other tobacco products in smoke-free areas.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st January 2022	Review Period: 3 years
Team Leader:	Department Head	Area/Dept: Kids Health Promotion Unit

CHANGE SUMMARY

This is a new document that adapts information from *Advise and Assist: Smoking Cessation Practice Guideline* (CHW) and includes updated clinical and practice information previously included in PD9050-1:

- Includes updated information on e-cigarette regulations (Ministry of Health [IB2018 026](#))
- Includes information from the Smoking Cessation Framework for NSW Health Services <https://www.cancer.nsw.gov.au/how-we-help/cancer-prevention/stopping-smoking/nsw-smoking-cessation-framework>

READ ACKNOWLEDGEMENT

- All staff should be made aware of this guideline. Managers are to read and acknowledge they understand the contents of this guideline.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

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TABLE OF CONTENTS

1	Definitions	4
2	Introduction	5
3	Smoking Cessation Interventions	6
3.1	The 5As of Smoking Cessation	6
3.2	Smoking Cessation Training.....	7
3.2.1	<i>KidsQuit e-learning</i>	7
3.2.2	<i>My Health Learning</i>	8
3.2.3	<i>Opportunities for intervention</i>	8
4	Implementing the 5As in Practice	10
4.1	Intervention for patients and young people	11
4.2	Intervention for parents/carers during patient admission.....	12
4.3	Intervention for staff.....	12
5	Compliance and Responsibilities	13
6	Contact Information	14
7	Links	14
8	Sources	15
	Appendix 1 - E-Cigarettes	16

1 Definitions

5As Smoking Cessation

An evidence based framework for structuring smoking cessation brief interventions in the healthcare setting.

Designated Smoking Areas (DSAs)

Designated smoking areas (DSAs) are outdoor areas identified for the use of smokers to use tobacco products.

Nicotine Replacement Therapy (NRT)

NRT is any form of smoking cessation aid which delivers a measured dose of nicotine to help reduce the severity of craving and withdrawal symptoms. NRT includes products such as nicotine patches, nicotine gum, nicotine lozenges and nicotine mouth spray or inhalators.

Second Hand Smoke (SHS)

SHS (also known as Environmental Tobacco Smoke (ETS)) is smoke released from a cigarette and emitted into the surrounding air. This is a combination of side stream and exhaled mainstream smoke. Small amounts of mainstream smoke also escape through the cigarette mouthpiece, and vapour compounds diffuse through the cigarette wrapper. Breathing in SHS is also called passive smoking or involuntary smoking.

Smoking Cessation Brief Interventions

Brief opportunistic advice from a health professional to present options on smoking cessation interventions, for example: strategies for reducing exposure to smoke, cutting back and or stop smoking.

Third Hand Smoke (THS)

THS is generally considered to be residual nicotine and other chemicals left on a variety of surfaces by tobacco smoke. THS is a relatively new concept, and researchers are still studying its possible dangers. This residue is thought to react with common indoor pollutants to create a toxic mix which contains cancer-causing substances, posing a potential health hazard to non-smokers who are exposed to it, especially children.

Studies show that THS smoke clings to hair, skin, clothes, furniture, drapes, walls, bedding, carpets, dust, vehicles and other surfaces, even long after smoking has stopped. Infants, children and non-smoking adults may be at risk of tobacco-related health problems when they inhale, ingest or touch substances containing THS.

THS residue builds up on surfaces over time and resists normal cleaning. It cannot be eliminated by airing out rooms, opening windows, using fans or air conditioners, or confining smoking to only certain areas of a home and remains long after smoking has stopped.

2 Introduction

“Tobacco is the leading preventable cause of morbidity and mortality in Australia”. (1)

Tobacco smoking was responsible for 9.3% of the total burden of disease and injury in 2015 and contributed to the burden for eight disease groups including:

- 41% of respiratory diseases,
- 22% of cancers,
- 12% of cardiovascular diseases,
- 6.8% of infections
- 3.7% of endocrine disorders

Health professionals have a responsibility to promote healthy lifestyles and play an important role in smoking cessation. Encouraging and supporting smokers to quit is part of health promoting education that should be integrated into as many settings as possible, including hospitals, health services and community settings. Health professionals can be very effective in encouraging and supporting people to quit smoking regardless of their professional discipline. (NSW Health Tobacco Strategy)

This type of health promoting education aligns with NSW Health and SCHN directives to provide a smoke free environment for patients, families, staff and visitors. Smoking cessation brief intervention strategies provide real benefits to the individual’s health, finances and self-confidence. In the paediatric context, there are real long term benefits to preventing children from being exposed to tobacco smoke at home and in the health care setting.

Most smokers want to quit smoking. The NSW Smoking and Health Survey 2019 found that 60% of smokers in the survey were considering quitting in the next six months. This is consistent with findings from other studies. The 2019 National Drug Strategy Household Survey (NDSHS) found that only 3 in 10 smokers reported having no intention to stop smoking. (AIHW, 2020) Many smokers make several attempts to quit smoking before a successful attempt.

Studies have shown that young people become addicted to nicotine faster than adults, have stronger cravings and find it harder to quit smoking. Over 80% of long term adult smokers say they started smoking before the age of 20 years. Typically, young people often start smoking for a number of reasons:

- to deal with stress
- to fit in
- peer pressure. (4)

Opportunistic brief advice from physicians and from other health professionals has proven efficacy in promoting quit attempts and should be part of routine practice by all health professionals as outlined in the NSW Smoke-free Health Care Policy, the NSW Tobacco Strategy 2012-2021 and the Smoking Cessation Framework for NSW Health Care Services.

3 Smoking Cessation Interventions

Many health professionals report a lack of knowledge and or confidence to undertake a smoking cessation intervention with a young person and /or their parent/carer. This is a major barrier to delivering smoking cessation interventions in practice. Smoking cessation brief interventions are an evidence based approach to delivering smoking cessation interventions.

3.1 The 5As of Smoking Cessation

The 5As are an evidence based approach to smoking cessation intervention suitable for use by clinicians and health care providers. The 5As incorporate the following steps:

- Ask** about smoking habits
- Assess** readiness /willingness to quit and nicotine dependence
- Advise** the best thing you can do for your health / your child's health is quit smoking
- Assist** offer brief strategies and referrals to quit services
- Arrange** follow-up

As a minimum, **Ask**, **Assess** and **Advise** are to be part of routine practice for all SCHN staff when patients and their families/carers are being admitted to health facilities and during hospital stays.

Second hand smoke increases the risk of:

- Asthma – triggers attacks, increases severity
- Lower respiratory tract infections – croup, bronchiolitis, bronchitis, pneumonia
- Impaired lung function
- Otitis media and middle ear effusion
- Eye and throat irritation
- SIDS

A child who is unwell will recover better in a smoke-free environment than if they are exposed to second-hand or third hand tobacco smoke.

3.2 Smoking Cessation Training

There are a number of online smoking cessation training courses available for health and other professionals. These include:

3.2.1 *KidsQuit e-learning*

KidsQuit: Brief Interventions in Smoking Cessation e-learning program was developed by clinicians at The Children's Hospital at Westmead in 2008 to provide health professionals working in paediatric and young people's health care settings with information on how to perform smoking cessation brief intervention. KidsQuit can be access at <https://kidsquit.learnupon.com>

KidsQuit aims to:

1. Increase knowledge of the 5As of smoking cessation
2. Increase confidence in performing brief interventions for smoking cessation
3. Provide resources and support for smoking cessation

KidsQuit e-learning includes:

- Pre and post assessment of knowledge and clinical practice of smoking cessation.
- Four educational modules:
 - Smoking and health effects
 - Brief interventions: the 5As of smoking cessation
 - Young people and smoking
 - NRT and pharmacotherapy
- Three supplemental modules:
 - Mental health and smoking
 - Aboriginal people and smoking
 - Pregnancy and smoking

Modules 1 – 4 take approximately 30 minutes to complete in total and Modules 5 -7 take another 30 minutes to complete. Each module can be completed separately allowing time flexibility.

3.2.2 My Health Learning

The following courses are available through My Health Learning (HETI)

- 46377629 Smoking Cessation: Brief Intervention at Chair-side
- 85947004 Smoking Cessation: A guide for Staff
- 85947004 Screening for smoking, alcohol and other substances
- Learning Path - Smoking in Pregnancy:
 - 198038468 Smoking in Pregnancy: Part A
 - 198038507 Smoking in Pregnancy Part B
- 84056788 Yarning about Quitting

3.2.3 Opportunities for intervention

NSW Ministry of Health requires that all health clients 12 years of age and over be asked in a common-sense, non-confrontational manner if they smoke and if they would like to cease smoking. In paediatric settings, it is recommended that children and young people 10 years of age and over be asked about their smoking status, ensuring privacy and confidentiality.

Opportunities exist at a number of points during a young person /family/carer interaction with health services to discuss smoking cessation options and offer support for smoking cessation.

Smoking cessation interventions should be documented in the young person's medical record. Currently the smoking cessation template in PowerChart is under Charting | Ad hoc charting.

At Admission

- **Ask** about smoking within the household when taking a clinical / medical history. This will facilitate identification of smoking and other high risk activities which may cause complications or problems throughout the admission.
- If a young person or their parent/carer indicates that they are smoking, **Assess** motivation to quit smoking and nicotine dependence.
- **Advise** that the best thing they can do for their health/ the health of their child is to quit smoking

This brief intervention can be performed by nursing, medical or allied health staff.

During Admission

Ask & Assess

- Young people (and their families) should be given continuous encouragement and support to engage in smoking cessation strategies during their admission.

Advise

Reinforce the following:

- The most important thing you can do for your health /your child's health is to stop smoking.

In Emergency Department

Ask & Assess

Advise

- A young person who leaves the ED to smoke must be accompanied by a parent / carer.
- For patients in ED under the Mental Health team, offer NRT and speak to the Mental Health Unit or Hall Ward staff regarding smoking intervention and support.
- Be aware that while stress is a major factor impacting on the level of functioning for some patients, nicotine withdrawal also causes stress and agitation.

Outpatients and Clinics

Ask

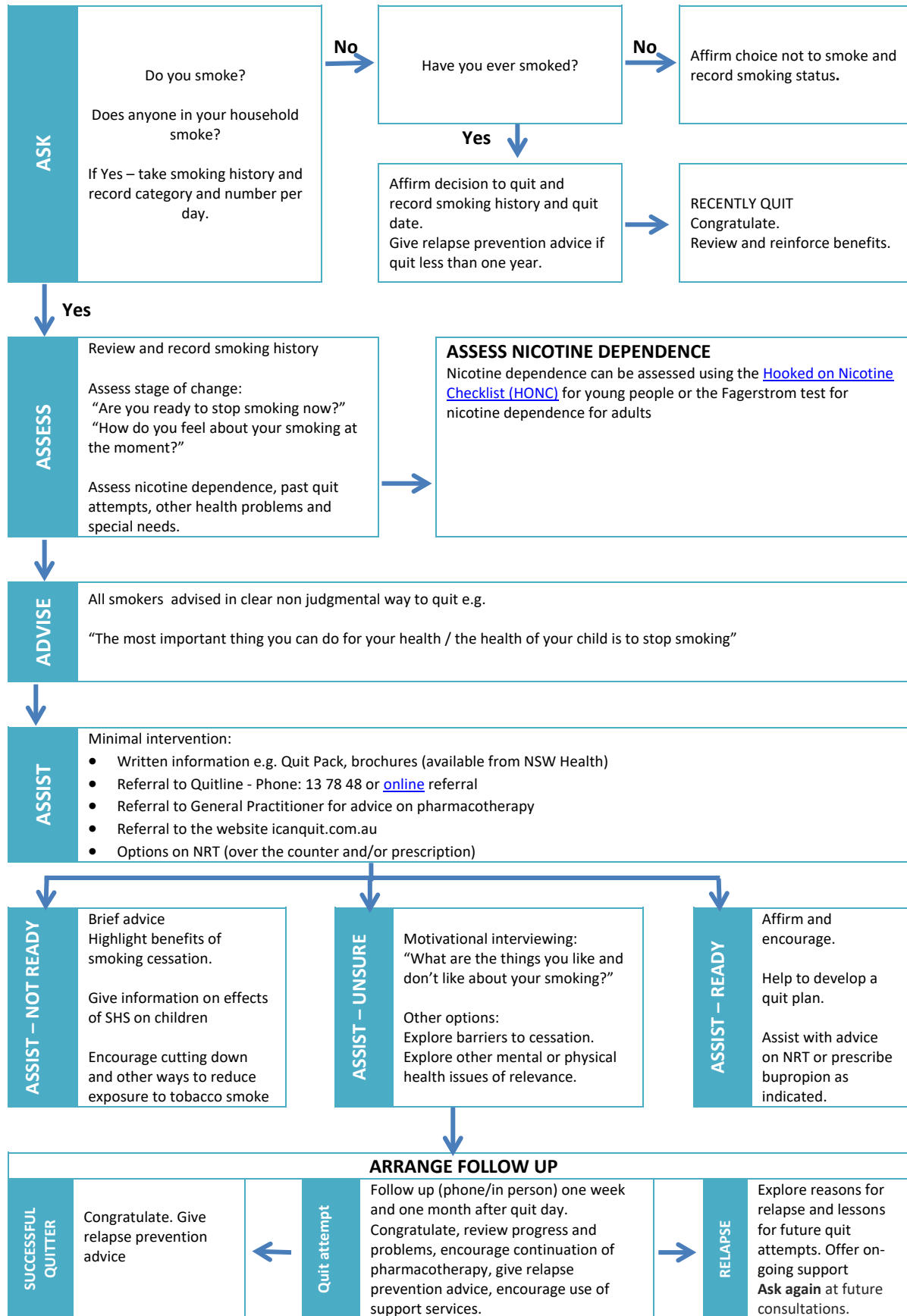
Advise & Assist - Offer ongoing support and encouragement to quit

At Discharge

Arrange

- Patients who have been using NRT during their hospital admission can be provided with up to three days' supply of NRT on discharge and referred to a community pharmacist or GP for further supply.
- Treating staff are advised to follow-up with a phone call or email to check on progress 1 to 2 weeks after discharge

4 Implementing the 5As in Practice



4.1 Intervention for patients and young people

Assessing Nicotine Dependence

There are two commonly used tools to assess nicotine dependence.

- **Hooked on Nicotine Checklist (HONC)** is specially designed for use with young people
- **Fagerstrom Test for Nicotine Dependence** is designed for use with adults.
- If signs/symptoms of developing nicotine dependence are evident, discuss using nicotine replacement therapy (NRT) for at least the duration of admission.
- Unless there are contraindications regarding the use of NRT, patches or other nicotine replacement therapies can be ordered on the Medication Administration Record (MAR) and supplied through the pharmacy (for patients only, not parents).
- If the young person wishes to use the admission as a quitting opportunity this can be supported by counselling– refer to Adolescent Medicine CICADA service or KidsQuit team.
- For further support and advice refer to the Department of Adolescent Medicine.

Young people who are not ready to quit and wish to leave the ward to smoke must be advised that

- they need permission from the Nurse Unit Manager to leave the ward area to smoke
- they require supervision for their own safety
- they must leave hospital grounds to smoke
- only a recognised parent/carer or other suitable family member can be responsible for supervising them whilst they are absent from the ward to smoke

In exceptional circumstances, the Nurse Unit Manager (NUM) may agree to release a staff member to supervise the young person while smoking. The accompanying staff member must

- be aware that
 - no level of Second Hand Smoke (SHS) is free of risk
 - that no safe distance has been established against the effects of SHS
 - maintaining a reasonable distance from the main and side stream smoke makes proper supervision difficult
 - residual nicotine (THS) may cling to clothing, skin and hair and be brought back into the ward to affect other patients and staff

4.2 Intervention for parents/carers during patient admission

Ask, Assess, Advise, Assist

All parents/ carers should be asked if they are smokers or if there are smokers at home. This will allow for the introduction and discussion of smoking cessation options including:

- Strategies for reducing exposure to tobacco smoke, cutting down and quitting, including risks of exposure to second and third hand smoke
- Referral to Quitline 13 78 48 and/ or follow-up with their General Practitioner/local community health centre.
- Nicotine Replacement Therapy options

4.3 Intervention for staff

A non-smoking workforce is the goal. Information about smoking cessation for staff can be found on the [SCHN Intranet](#).

Staff members who want to quit smoking should contact Pharmacy or Staff Health and Well-being for assistance with their quit attempt.

Pharmacy or Staff health and Well-being will

- complete or review a nicotine dependence assessment (modified Fagerstrom test) with the staff member
- refer the staff member to quit smoking support services Quitline & iCanQuit and provide a Quit kit
- assess eligibility for NRT
- discuss appropriateness of NRT and possible side effects

FREE Nicotine Replacement Therapy (NRT)

SCHN will provide *four weeks NRT free* to support eligible staff wanting to quit smoking.

Who is eligible? Any SCHN staff member who is a current smoker AND has no medical history that may require referral to their GP for NRT.

An Application for NRT form will need to be completed and sent to Pharmacy. The NRT application web form is available at <https://intranet.schn.health.nsw.gov.au/staff-health-and-wellbeing/smoking-cessation>.

The staff-member will be contacted by the Pharmacy Department within 48 hours.

For eligible staff, the first 2 weeks of NRT will be provided and a follow-up consultation will be organised.

Continuing support and the remaining two weeks of NRT will be supplied at the follow up consultation.

Staff will be referred to a community pharmacy at the conclusion of the four weeks.

Staff members with a medical condition or who should not use NRT will be referred to another health professional.

What is available?

- 21mg (step 1) nicotine PATCH
- 4mg and 2mg nicotine GUM
- 4mg nicotine LOZENGE

Referral to support services

The [NSW Quitline](#) and [iCanQuit](#) provide advice and assistance to smokers who want to quit.

The Quitline can be contacted on 13 78 48 (13 QUIT) from anywhere in Australia for the cost of a local call or online.

The Quitline is available Monday to Friday 7am to 10.30pm and Saturday, Sunday and Public Holidays, 9am to 5pm. Messages can be left 24 hours a day; seven days a week.

[iCanQuit](#) is a website based support service operated by Cancer Institute NSW.

Support for Aboriginal and Multilingual smokers who would like to quit is also available from these services.

Quit apps

There are a number of apps available to support people through their quit journey.

[MyQuitBuddy](#) is one app supported by the Australian Government Department of Health.

5 Compliance and Responsibilities

- All staff members have a responsibility to comply with the NSW Health Smoke Free Health Care Policy and to this Practice Guideline.
- Managers are to ensure that all staff members are aware of this practice guideline.
- Staff, volunteers and patients who want to give up smoking may be assisted by the provision Nicotine Replacement Therapy (NRT), referral to the NSW Quitline and other smoking cessation support counselling services.

6 Contact Information

For patients

- SCHN Department of Adolescent Medicine
 - CHW 9845 2466
 - SCH 9382 4347
- Care and Intervention for Children & Adolescents affected by Drugs and Alcohol(CICADA)
 - CHW 9845 0163
- Department of Respiratory Medicine CNC Complex Asthma: 9845 2293

For Staff

- Pharmacy
 - CHW 9845 2685
 - SCH 9382 1367
- Staff Health
 - CHW 9845 3555
 - SCH 9382 79 51
- Kids Health Promotion Unit
 - 9845 3585

7 Links

For further information refer to:

- [NSW Health Managing Nicotine Dependence: A Guide for NSW Health Staff](#)
- [NSW Quitline](#)
- [Cancer Council NSW: Smoking Cessation Framework for NSW Health Services](#)
- [Tobacco in Australia](#)

8 Sources

1. AIHW. 2019, <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/drug-types/tobacco> (accessed 16 August 2019)
2. NSW Health Tobacco Strategy <https://www.health.nsw.gov.au/tobacco/Pages/tools-for-health-professionals.aspx>. (accessed 16 August 2019)
3. AIHW. 2020 <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/drug-types/tobacco> (accessed 23 Sept 2020)
4. Australian Government, Department of Health. 2019. Smoking and tobacco and young people. <https://www.health.gov.au/health-topics/smoking-and-tobacco/smoking-and-tobacco-throughout-life/smoking-and-tobacco-and-young-people#how-smoking-affects-young-people> (accessed 23 Sept 2020)
5. Tobacco in Australia. 2019 <https://www.tobaccoinaustralia.org.au> (accessed 23 September 2020)
6. Cancer Institute NSW. *NSW Smoking and Health Survey 2019*. Sydney, 2019
7. Cancer Institute NSW. *Smoking Cessation Framework*. 2019.
8. Towns S, DiFranza JR, Jayasuriya G, Marshal T, Shah S. Smoking Cessation in Adolescents: targeted approaches that work. *Paediatric Respiratory Reviews*, 2017-03-01, Volume 22, Pages 11-22
9. Royal College of General Practice, Supporting Smoking Cessation: A guide for health professionals. 2020. Accessed September 2021 from <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/supporting-smoking-cessation>
10. Therapeutic Goods Administration (2021) <https://www.tga.gov.au/blogs/tga-topics/nicotine-vaping-laws-are-changing>
11. Milne, B & Towns, S. Do paediatricians provide brief intervention for adolescents who smoke?, *Journal of Paediatrics & Child Health*. 2007: 43(6); 464-468.
12. Rice, VH & Stead, LF. Nursing Interventions for Smoking Cessation (Intervention review), *Cochrane Database of Systemic Reviews* 2013.
13. Stead, L.F., & Lancaster. T. Interventions to reduce harm from continued tobacco use (review), *Cochrane Database of Systemic Reviews*. 2007 Issue 3, 2009.
14. Mayo Clinic Third Hand Smoke 2020, <http://www.mayoclinic.org/healthy-living/adult-health/expert-answers/third-hand-smoke/faq-20057791>
15. Centre for Excellence in Indigenous Tobacco Control 2014, <http://www.ceitc.org.au/>
16. Smoke-free Environment Act 2000 No 69. 2018. Retrieved September 2021, from New South Wales Government: NSW Legislation: <https://legislation.nsw.gov.au/view/whole/html/inforce/current/act-2000-069>
17. NSW Health. Tobacco. 2020. Retrieved September 2021 from <http://www.health.nsw.gov.au/tobacco/pages/default.aspx>
18. World Health Organization. WHO Report on the Global Tobacco Epidemic: Warning About the Dangers of Tobacco. 2011. https://apps.who.int/tobacco/global_report/2011/en/index.html

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Appendix 1 - E-Cigarettes

E-cigarettes are battery-operated devices designed to look like and to be used in the same manner as conventional cigarettes. They are sometimes promoted as a safer option to conventional cigarettes, or as a smoking cessation aid. However the use, potential side effects and safety of e-cigarettes is currently being debated at both national and international levels, with safety concerns appearing to outweigh any perceived benefit.

EVALI (E-cigarette or Vaping Associated Lung Injury) is an emerging health issue in young people. The Centers for Disease Control and Prevention reported 2807 hospitalised cases or deaths from EVALI as at 18 February 2020. Sixty eight deaths were confirmed at this date. (CDC, https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html)

- The NHMRC CEO Statement on e-cigarettes in April 2017 notes:
- There is currently insufficient evidence to conclude whether e-cigarettes can assist smokers to quit. Smokers wishing to quit should consult the Quitline or their general practitioner.
- There is some evidence from longitudinal studies to suggest that e-cigarette use in non-smokers is associated with future uptake of tobacco cigarette smoking.
- Health authorities and policy-makers should act to minimise harm to users and bystanders, and to protect vulnerable groups such as young people, until evidence of safety, quality and efficacy can be produced.

<https://www.nhmrc.gov.au/about-us/resources/ceo-statement-electronic-cigarettes>

From 1 October 2021, consumers will need a valid prescription to import nicotine vaping products, such as nicotine e-cigarettes, nicotine pods and liquid nicotine. This means that when a consumer purchases the products online from an overseas supplier, they will legally require a prescription from an Australian registered medical practitioner. (TGA September 2021 <https://www.tga.gov.au/nicotine-vaping-product-access>)

It is an offence to sell or otherwise provide e-cigarettes and e-cigarette accessories to minors under the age of 18 years. It is also an offence to use an e-cigarette in a car with children under the age of 16 years present or in any smoke-free area.

E cigarettes are to be treated in the same manner as the use of tobacco products and are banned on health facility grounds and in all health buildings and vehicles.

For further information on e-cigarettes refer to
<http://www.health.nsw.gov.au/tobacco/Pages/electronic-cigarettes.aspx>