

Integrating Smoking Cessation into Daily Nursing Practice

A Pocket Guide



Tobacco Free RNAO
National Initiative

Visit www.TobaccoFreeRNAO.ca



RNAO

Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario



4 A's Protocol

ASK

"Have you used tobacco in the past six months?" Yes No

Non-Smoker Smoker Ex-Smoker (Greater than 6 months)

Quit Date _____



ADVISE

"As your nurse, the most important advice I can give you is to quit smoking."



ASSIST

Minimal Intervention

- Referral to community resources
- Self-help material
- Referral to other healthcare provider
- Telephone Quit Line (i.e. Smokers' Helpline 1 877 513-3333)

Intensive Intervention

- Determine & discuss the stage of change
- Reasons for smoking (WHY test)
- Nicotine Dependence (Fagerstrom Test)
- Set a quit date
- Review quitting history
- Review potential challenges and triggers
- Encourage support of family and friends



ARRANGE

Follow-up or refer to smoking cessation program.

Introduction to the Pocket Guide

This pocket guide was designed to support the RNAO Clinical Best Practice Guideline *Integrating Smoking Cessation into Daily Nursing Practice* (available for free download or purchase at www.RNAO.org/BestPractices, and at the smoking cessation website www.TobaccoFreeRNAO.ca). This resource will allow nurses to keep important tools for promoting smoking cessation close-at-hand. Nurses are encouraged to refer to the guideline for more complete and detailed information on smoking cessation best practices.

With global efforts to reduce tobacco use and exposure to second-hand smoke, it is important that all nurses be motivated and supported to identify the smoking status of their clients, and encouraged to intervene with persons who smoke in a sensitive, non-judgmental manner about the importance of cessation.

The guiding principles and assumptions that underlie the nursing best practice guideline 'Integrating Smoking Cessation into Daily Nursing Practice' are as follows:

- Regular tobacco use is an addiction that requires support and repeated interventions.
- Nurses who currently smoke have a professional responsibility and can effectively provide smoking cessation intervention.
- The offer of assistance to quit smoking will benefit every person who smokes.
- The client has the right to accept or refuse smoking cessation intervention.
- Individuals who smoke deserve to be treated with respect, dignity and sensitivity, while receiving smoking cessation intervention.
- Actively implementing smoking cessation interventions in every care setting will increase successful quit attempts.

For more guiding principles please see the complete guideline at www.RNAO.org/BestPractices or www.TobaccoFreeRNAO.ca

How to Help People Stop Smoking

- The most important step in addressing tobacco use and dependence is screening for tobacco use and offering minimal smoking cessation intervention messages to all persons who smoke, at every opportunity.
- Use a cueing system for the client chart (e.g. labeling each client's smoking status clearly and visibly with stickers, stamps or on a flow sheet) to prompt healthcare providers to consistently and effectively integrate smoking cessation into their care.
- Provide information and support for the use of pharmacological and non-pharmacological aids for persons who smoke, who want to quit. The risks of short term nicotine replacement therapy as an aid to smoking cessation in healthy people are acceptable and are substantially outweighed by the risks of cigarette smoking.

For more information see the complete guideline at www.RNAO.org/BestPractices or www.TobaccoFreeRNAO.ca

Summary of Practice Recommendations

1. Nurses implement minimal tobacco use intervention using the “Ask, Advise, Assist, Arrange” protocol with all clients.
2. Nurses introduce intensive smoking cessation intervention (more than 10 minutes duration) when their knowledge and time enables them to engage in more intensive counselling.
3. Nurses recognize that tobacco users may relapse several times before achieving abstinence and need to re-engage clients in the smoking cessation process.
4. Nurses should be knowledgeable about community smoking cessation resources, for referral and follow-up.
5. Nurses implement smoking cessation interventions, paying particular attention to gender, ethnicity and age-related issues, and tailor strategies to the diverse needs of populations.
6. Nurses implement, wherever possible, intensive intervention with women who are pregnant and postpartum.
7. Nurses encourage persons who smoke, as well as those who do not, to make their homes smoke-free, to protect children, families and themselves from exposure to second-hand smoke.

For educational and organization/policy recommendations please see the complete guideline at www.RNAO.org/BestPractices or www.TobaccoFreeRNAO.ca

Health Risks of Smoking

Facts:

- More than 37,000 people die prematurely each year in Canada due to tobacco use.¹
- One in two smokers die from smoking related diseases.²

Toxic components of cigarettes

Exposure to these chemicals occur whenever a tobacco product is burned:

- Tar
- Nicotine
- Carbon monoxide
- Formaldehyde
- Hydrogen cyanide
- Benzene

For further details on the toxic components of cigarettes, visit Health Canada's Toxic Emissions Statement, webpage at: <http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/legislation/label-etiquette/tox/index-eng.php>

Tobacco use increases the risk of:¹

- Coronary heart disease (e.g., heart attacks)
- Peripheral vascular disease (circulatory problems)
- High blood pressure
- High cholesterol (LDL)
- Lung cancer
- Cancer of the mouth, throat and voice box
- Cancer of the pancreas
- Cancer of the kidney, and urinary bladder
- Chronic obstructive pulmonary disease (COPD)
- Chronic bronchitis
- Emphysema
- Pneumonia
- Influenza
- The common cold
- Peptic ulcers
- Chronic bowel disease (Crohn's Disease)
- Tooth decay (cavities)
- Gum disease
- Osteoporosis
- Cataracts
- Thyroid disease (Grave's Disease)

Benefits of Quitting Smoking

Within **20 minutes** of the last cigarette:

- Blood pressure may drop to normal level.
- Pulse drops to normal rate.
- Body temperature of hands, feet increases to normal.

Within **8 Hours**:

- Carbon monoxide level in blood drops.
- Oxygen level in blood increases.

Within **24 Hours**:

- May reduce chance of heart attack.

Within **48 Hours**:

- Ability to smell and taste enhanced.

Within **72 Hours**:

- Bronchial tubes relax; if undamaged, will make breathing easier.
- Lung capacity increases.

Benefits of Quitting Smoking

2 Weeks to 3 Months:

- Circulation improves.
- Walking becomes easier.
- Lung function may increase up to 20 percent.

1 Month to 9 Months:

- Coughing, sinus congestion, fatigue, shortness of breath may decrease markedly over a number of weeks.
- Potential for cilia to regrow in lungs, increasing ability to handle mucous, clean the lungs and reduce infection.

1 Year:

- The risk of heart disease is reduced by half. After 15 years, the risk is similar to that of persons who have never smoked.

2 Years:

- Cervical cancer risk is reduced compared to continuing smokers.
- Bladder cancer risk is halved compared to continuing smokers.

5 Years:

- Lung cancer death rate for the average smoker (one pack a day) decreases from 137 per 100,000 to 72 per 100,000.
- 5 to 15 years after quitting, stroke risk is reduced to that of someone who has never smoked.

10 Years and Longer:

- Precancerous cells are replaced.
- Risk of other cancers – such as those of the mouth, larynx, esophagus, bladder, kidney and pancreas decrease.
- After long-term quitting the risk of death from Chronic Obstructive Pulmonary Disease is reduced compared to someone who continues to smoke.

Time periods mentioned are to be taken as a general measure only and will naturally vary from individual to individual and are dependent upon length of habit and amount of cigarettes smoked.

Reprinted with permission. Public Health and Long-Term Care Branch — City of Ottawa. (2006). *Health benefits of quitting smoking*. Ottawa, Ontario: Public Health and Long-Term Care Branch – City of Ottawa.

Pre-contemplation

- Description**
- Unaware or unwilling to change
 - Not thinking of quitting in the next six months
- Goal**
- To help the client begin to think seriously about quitting
- What To Do**
- ASK regarding feelings about smoking
 - ASK about the pros and possible cons of smoking
 - ADVISE by offering quitting information and assistance at any time

Contemplation

- Description**
- Ambivalent, but thinking about quitting within six months
- Goal**
- To help smoker move towards a decision to stop smoking
 - To help the client feel more confident
- What To Do**
- ASK about the pros and cons of both continuing to smoke and quitting (Decisional Balance)
 - Acknowledge ambivalent feelings
 - ASSIST by reinforcing their reasons for change, and exploring new ones
 - Suggest they cut back or stop for a day
 - ASSIST by offering a future visit and information

Preparation

- Description**
- Getting ready to stop within the next 30 days
 - Set a stop smoking date
 - Made a 24 hour quit attempt in the last 12 months
- Goal**
- To help smoker prepare for and anticipate positively a quit date
- What To Do**
- ASK about concerns, preparations and lessons learned from previous attempts
 - ADVISE by identifying barriers to stopping and elicit solutions
 - ASSIST by Booklet, Action Plan, Nicotine Replacement, Date for quitting (BAND)

Action

- Description**
- Quit smoking within past 6 months and is actively applying cessation skills
- Goal**
- To help client stay off tobacco products and recover from relapses
- What To Do**
- ASK how the client is doing: relapses, temptations, successes, NRT use
 - ADVISE re: relapse prevention, weight gain, triggers
 - ASSIST by focusing on successes, encourage self-rewards and increase support, elicit solutions for problems

Maintenance

- Description**
- Quit for more than 6 months
 - Integrating smoke-free living into their routine
- Goal**
- To help client remain smoke-free for a life time
- What To Do**
- ASK how the client is doing: risk situations, relapses
 - ASSIST by offering suggestions for difficult times, support, encouragement
 - *Congratulate!*

The cycle of change

- Most smokers will cycle through the stages 3 to 4 times before quitting for life.
- Each attempt offers opportunities to learn new skills and new techniques that will help them in their next attempt.

Relapse: It is common for people to relapse, by smoking after their quit dates. Often this occurs in the first two weeks after beginning the quit attempt. It is important to remember that relapse is a normal event in the process of making behavioural change.

For more information see the complete guideline at www.RNAO.org/BestPractices or www.TobaccoFreeRNAO.ca

Identifying Your Client's Readiness to Quit

Question: *Have you quit smoking cigarettes?* (Check one)

Answer	Stage
<input type="radio"/> Yes, I have, for more than 6 months.	Defines maintenance.
<input type="radio"/> Yes, I have, but for less than 6 months.	Defines action.
<input type="radio"/> No, but I intend to in the next 30 days and have tried for at least 24 hours in the past year.	Defines preparation.
<input type="radio"/> No, but I intend to in the next 6 months.	Defines contemplation.
<input type="radio"/> No, and I do not intend to in the next 6 months.	Defines pre-contemplation.

Reprinted with permission. Program Training and Consultation Centre. (1995). Info Pack: Understanding and using the Stages of Change. Ottawa, Ontario: Ontario Tobacco Strategy.

Types of Nicotine Replacement Therapy (NRT):

Nicotine patch (e.g., Habitrol®, Nicoderm®)

- Available without prescription in Canada.
- Delivers a continuous amount of nicotine through the skin.
- Provides partial substitution for the nicotine in cigarettes.
- Generally this type of therapy is used for 10 weeks or longer if necessary.
- May be used in combination with other NRT

Nicotine gum (e.g., Nicorette®, Nicorette® Plus)

- Available without prescription in Canada.
- Available in different dosages and flavours.
- Provides partial substitution for the nicotine in cigarettes.
- “Bite, bite, and park”. Nicotine gum is not chewed continuously. It is important to chew slowly and intermittently for about 30 minutes. Bite it a few times and then park it between the cheek and gum for a few minutes before biting it again, and repeat.
- Avoid drinking acidic beverages (such as juice, coffee, cola) while using the nicotine gum as they may interfere with absorption.
- Not to exceed 20 pieces/day.

Nicotine inhaler (e.g. *Nicorette inhaler*®)

- Available over-the-counter (no prescription needed).
- Contains a mouthpiece with a nicotine cartridge insert.
- Releases nicotine in the form of vapor when air is inhaled through the inhaler.
- Nicotine absorbed through the lining of the mouth and throat.
- Provides adequate amounts of nicotine to reduce the urge to smoke (1 cylinder= 20 minutes of puffing or 400 puffs of nicotine vapor).
- May provide some degree of comfort by providing a hand-to-mouth ritual similar to smoking.
- Avoid drinking acidic beverages (such as juice, coffee, cola) while using the inhaler as they decrease the effect of the inhaler.

Nicotine lozenges

- Available over-the-counter (no prescription needed).
- Indicated for the reduction of nicotine withdrawal symptoms including cravings associated with smoking cessation.
- One lozenge should be placed in the mouth and allowed to dissolve. Periodically, move lozenge from one side of

Pharmacotherapy Options

the mouth to the other, and repeat until the lozenge is completely dissolved (approximately 20-30 minutes).

- Maximum dosage of 15 lozenges per day.
- Avoid drinking acidic beverages (such as juice, coffee, cola) while using the nicotine lozenge as they decrease the effect of the lozenge.
- The recommended schedule of treatment is 12 weeks.

Non-Nicotine Pharmacotherapies:

Bupropion Hydrochloride (*Zyban*®)

- Requires a medical prescription.
- Initially developed as an antidepressant medication but also found to help people with nicotine withdrawal.
- Increases the amount of dopamine in the brain and decreases nicotine withdrawal symptoms.
- May be used in combination with other NRT.
- Treatment should be initiated *while the client is still smoking*, since approximately 1 week of treatment is required to achieve steady state blood levels of bupropion.
- Treatment generally lasts between 7 to 12 weeks.
- For more safety information for clients taking Zyban® (bupropion) visit http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/public/_2001/zyban_2_pa-ap-eng.php

Varenicline tartrate (*Champix*®)

- Requires a medical prescription.
- Works by stimulating dopamine release and blocking nicotine from binding to its receptors; thereby reducing cravings, withdrawal symptoms, and the pleasurable effects of smoking.
- Dosing should start 1-2 weeks before the client's quit date.
- Treatment generally lasts for 12 weeks or longer if necessary.
- The safety and efficacy of the combination treatment with Champix® and NRT has not been studied and it is not anticipated that co-administration with NRT would result in additional benefits compared with using Champix® alone.
- Clients with existing psychiatric conditions, even if well controlled, or with a history of psychiatric symptoms, *should be diligently monitored*.
- See Health Canada's safety information regarding Champix® by visiting http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/_2008/champix_hpc-cps-eng.php

Pharmacotherapy Options

Clonidine and Nortriptyline are second-line prescription medications used in smoking cessation. These are pharmacotherapies for which there is evidence of efficacy for treating tobacco dependence, but which have a more limited role than first-line medications.

For more information on these medications, visit:

Canadian Pharmacists Association. (2010). Compendium of pharmaceuticals and specialties, online version e-CPS. Retrieved December, 2010, from <https://www.e-therapeutics.ca>

Health Canada. (2009). Nicotine replacement therapy for quitting smoking. Retrieved December, 2010, from <http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/body-corps/aid-eng.php#nrt>

Motivational Interviewing

Motivational Interviewing is a focused, goal directed client-centred counseling style for eliciting behaviour change by helping clients explore and resolve ambivalence.

Motivational Interviewing uses five principles or counseling techniques techniques to assess and create motivation within the client.

The nurse should:

1. *Express empathy*
2. *Avoid arguments*
3. *Develop discrepancy (dissonance)*
4. *Roll with resistance*
5. *Support self-efficacy*

When using Motivational Interviewing, there are six general skills that should be utilized.

1. *Asking open-ended questions*
2. *Reflective listening*
3. *Affirmations*
4. *Summarizing or reframing*
5. *Self-motivational statements*
6. *Personalized feedback*

Adapted from Heart and Stroke Foundation of Ontario and Registered Nurses' Association of Ontario. (2005). *Nursing Management of Hypertension*. Toronto, Canada: Heart and Stroke Foundation and Registered Nurses' Association of Ontario.

For more information on motivational interviewing see the complete guideline at www.RNAO.org/BestPractices or www.TobaccoFreeRNAO.ca

Canadian Cancer Society

www.cancer.ca

Toll Free: 1 888 939-3333

Offers booklets and self-help resources for smokers, such as “For Smokers who want to Quit”, and “For Smokers who don’t want to Quit”, available in English, French, Chinese and Punjabi.

Canadian Council of Tobacco Control (CCTC)

www.cctc.ca

email: infoservices@cctc.ca

A national, non-profit organization specializing in tobacco and health issues.

Centre for Addiction and Mental Health

www.camh.net; www.teachproject.ca

Email: teach@camh.net

Phone: 416 535-8501 ext.1600

CAMH operates a nicotine dependence clinic and has launched the Training Enhancement in Applied Cessation Counselling and Health (TEACH) project for health practitioners.

Health Canada, Health Canada Federal Tobacco Control Strategy

www.gosmokefree.gc.ca

Phone: 1 866 318-1116

Heart and Stroke Foundation of Canada

www.heartandstroke.ca

Phone: 613 569-4361

Leave The Pack Behind (LTPB)

www.leavethepackbehind.org

Phone: 905 688-5550 ext. 4992

LTPB is a comprehensive tobacco control program for young adults that includes student health services in campus clinics, peer-to-peer programs and activities to advocate for improved campus smoking policies.

The Lung Association

www.lung.ca

Email: info@lung.ca

Nurses Quit Net

www.tobaccofreenurses.org

For nurses and nursing students who want to quit smoking.

Ontario Lung Association

www.on.lung.ca

Email: olalung@on.lung.ca

Phone: 1 888 344-5864

Ontario Tobacco Research Unit

www.otru.org

Email: info@otru.org

Phone: 416 978-4538

OTRU is an Ontario-based research network and research component of the Smoke-Free Ontario Strategy.

Physicians for a Smoke-free Canada (PSC)

www.smoke-free.ca

Email: psc@smoke-free.ca

Phone: 613 233-4878

Pregnets

www.pregnets.org

Up-to-date information on smoking cessation practices for pregnant and postpartum women.

Program Training and Consultation Centre

www.ptcc-cfc.on.ca

Toll free: 1 800 363-7822

Provides training and consultation services in Ontario to implement effective community-based tobacco use reduction strategies.

Public Health Agency of Canada

www.publichealth.gc.ca

PHAC is a national, non-profit, web-based health information service, sponsored by Health Canada.

Smokers' Helpline

www.smokershelpline.ca

Toll Free: 1 877 513-5333

A telephone, online, and text-messaging service for smokers to receive help with smoking cessation.

Visit RNAO's website at www.TobaccoFreeRNAO.ca for these and any other resources for smoking cessation.

References

1. Health Canada. (2007). Overview of Health Risks of Smoking. Health Canada. Retrieved from <http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/res/news-nouvelles/risks-risques-eng.php>
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3. Canadian Council on Smoking and Health. (2003). *Guide your patients to a smoke-free future: A program of the Canadian Council on Smoking and Health*. Ottawa, Ontario: Canadian Council on Smoking and Health.
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5. University of Toronto Department of Family & Community Medicine. (1998). *Project CREATE: Smoking cessation module*. (Vols 3) Toronto, Ontario: Project CREATE.

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www.RNAO.org

Visit www.TobaccoFreeRNAO.ca to join a community of nurses promoting smoking cessation.

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