Smoke Free WA Health System Policy

Guidelines for the management of nicotine withdrawal and cessation support in nicotine dependent patients

There is no safe level of exposure to environmental tobacco smoke, also known as second hand smoke. All public hospitals and community health facilities across WA are smoke free. Smoking is not permitted on hospital or health service grounds or car parks.

Electronic cigarettes (e-cigarettes) and other personal vaporisers for delivery of nicotine or other substances are not permitted to be used in any area where smoking is restricted.

These guidelines provide information on how to manage WA Health patients with nicotine dependence and support those wanting to quit while in hospital. All information is based on best practice for smoking cessation and nicotine withdrawal management.

Definitions

Patient – A person who has been through a formal admission process to a hospital.

Resident – A person assessed as requiring residential care.

Hospital Setting

Emergency Department

The Emergency Department (ED) will need to meet the needs of patients presenting who may be stressed, anxious, grieving or aggravated. A smoking assessment should be carried out as per regular admissions. However, the screening and assessment will be shorter and potentially completed more quickly, with a view to providing rapid relief for withdrawal symptoms if required.

Rapid release Nicotine Replacement Therapy (NRT) such as lozenges, inhalers and gum should be readily available in the ED.

See table 1 for recommendations for NRT use.

Planned admissions

Pre admission

- All patients must be advised of the Smoke Free WA Health System Policy (the policy) and informed that smoking is prohibited on hospital grounds.

- Patients should be assured that the health service will provide assistance with nicotine withdrawal management and further support.

On admission

- Patients must be advised (or reminded) of the policy and informed that smoking is prohibited on hospital grounds. On admission patients should be screened, and smoking status recorded.

The Fagerstrom Test for Nicotine Dependence can be used to determine the level of nicotine dependence among current smokers.
- Staff should also discuss previous experience with NRT and previous quit attempts with the patient.
The Nicotine Withdrawal Management Plan should be commenced.

Brief intervention for tobacco smoking can also be provided at this point.

**Discharge**

- The patient’s intention to remain abstinent after discharge should be assessed.
- If a patient chooses to quit, a minimum seven days’ supply of NRT should be provided.
- Patients should be provided with points of referral to smoking cessation services such as:
  - Quitline – 13 7848 (13 QUIT)
  - Health service staff trained in brief intervention
  - Local Cancer Council WA Fresh Start program
  - [www.quitnow.gov.au](http://www.quitnow.gov.au) for online cessation information
  - General Practitioner (GP)
  - Pharmacist

- A copy of the Nicotine Withdrawal Management Plan should be provided with the discharge plan.
- Those who choose not to quit should be provided with points of referral as above, and encouraged to consider a quit attempt in the future.
- Smoking status and nicotine dependence management during hospitalisation to be included in discharge summary to GP.

**Brief intervention training for WA Health staff**

Brief intervention is the delivery of brief opportunistic advice to quit and can be delivered by all health professionals in the course of their work.

A brief intervention can take between three minutes and twenty minutes to conduct. Interventions can be repeated or followed up at appropriate intervals, either by the same provider or multiple providers. All WA Health staff should have the capacity to provide brief intervention on nicotine dependence and cessation support.

The Online Brief Tobacco Intervention Training Program, developed by the National Drug Research Institute to support the policy, is available at no charge to health professionals with an interest in smoking cessation. It can be accessed from [http://ndri.curtin.edu.au/btitp/](http://ndri.curtin.edu.au/btitp/). WA Health staffs are encouraged to complete the training to achieve competency in brief intervention and motivational interviewing.

**Help to quit smoking**

Patients should be encouraged to access the following services to improve the likelihood of a successful quit attempt and for ongoing support.

- Call the **Quitline** on 13 7848 (13 QUIT) or visit [www.QuitNow.gov.au](http://www.QuitNow.gov.au).
Quitline provides smoking cessation information, advice and counselling to WA smokers. Quitline counsellors can provide support through a tailored call back program which can assist smokers throughout the quitting process. Quitline is available 24 hours a day, every day.

- **GP or pharmacist**

  Encourage patients to talk to their GP or pharmacist for more information, including advice, support and information on the best and most appropriate quit medication.

- **Fresh Start** group quit smoking courses are available through Cancer Council Western Australia

- **Quit Coach** is an online, interactive tool to help patients quit smoking, giving support before and during the quitting process.

- **My QuitBuddy** is a personalised interactive free app with quit tips, daily motivational messages and countdown to quitting reminders. It can be downloaded on an iPhone or iPad from iTunes.

**NRT products**

Patches, lozenges, gum and inhalers are made available free of charge for inpatients and residents for the duration of their hospitalisation as per product information and use specifications.

**Recommended level of treatment**

The appropriate treatment to manage nicotine dependence is determined by factors such as level of nicotine dependence, previous quit attempts and patient suitability as per product contraindications and precautions.

When administering NRT products, the Fagerstrom Test for Nicotine Dependence will be used to determine level of dependence and the Nicotine Withdrawal Management Plan should be completed. The Commonwealth Therapeutic Goods Administration has de-scheduled the nicotine patch, lozenge and gum. This means that non-pharmacist staff can supply these products.

**Rapid response to nicotine withdrawal anxiety**

In some situations patients and residents will present with an immediate need for nicotine and may experience high anxiety and problematic behaviour when denied a cigarette. In this instance NRT such as nicotine gum, lozenges, sublingual tablets or inhalers are suitable as they provide fast acting delivery of nicotine.

**Combination therapy**

This method provides additional support especially for those who may need a higher dose of therapy. Combination therapy is the provision of fast acting products such as gum, lozenge or inhaler in combination with the patch. It is suited for more highly dependent smokers.
Table 1: Recommendations for NRT use

<table>
<thead>
<tr>
<th>Fagerstrom Score</th>
<th>Dependence Level</th>
<th>Recommended Action</th>
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<tbody>
<tr>
<td>1 - 4</td>
<td>Low</td>
<td>Gum, inhaler or lozenge (used intermittently)</td>
</tr>
<tr>
<td>5 - 6</td>
<td>Moderate</td>
<td>Patch</td>
</tr>
<tr>
<td>6 +</td>
<td>High</td>
<td>Patch (combination if necessary)</td>
</tr>
</tbody>
</table>

Note:
- If a smoker with a low-medium nicotine dependence score chooses not to use NRT, advise they have access to NRT if necessary.
- If a smoker with a medium to high nicotine dependence score refuses NRT, encourage them to reconsider their choice at any time. These patients should be closely monitored.

Precautions

It is necessary to note precautions for NRT use for those with cardiovascular disease and for pregnant and breastfeeding women. NRT can be considered during pregnancy if the mother has tried to quit without success and the benefits of quitting outweigh the risk of pharmacotherapy and continued smoking.

Cost of NRT patches

The following is an indication of the cost price of NRT patches for hospital pharmacies:

<table>
<thead>
<tr>
<th>Cost price of NRT patches for hospital pharmacies</th>
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<tbody>
<tr>
<td>7 day supply 7mg patches</td>
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<tr>
<td>7 day supply 14mg patches</td>
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<tr>
<td>7 day supply 21mg patches</td>
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</tbody>
</table>

Prices correct January 2013

- A full course of NRT patches is usually 12 weeks, however 8 weeks of patch therapy is as effective as longer courses. The total cost of an 8 week course for one person is approximately $112.00.
- Costs may vary slightly between pharmacies.
- Costs may vary depending on the individual’s level of nicotine dependence, and strength of patches recommended.