

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

These guidelines provide information on how to manage WA Health patients with their 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 and additional information can be accessed from the Tobacco Control Supersite:

<http://tobacco.health.usyd.edu.au>

Definitions

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

Resident – A person assessed as requiring residential care

1. Hospital Setting

1.1 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 more acute.

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

See table 1 for provision of NRT.

1.2 Planned admissions

Pre admission

- All patients must be advised of the Smoke Free WA Health System Policy (the policy).
- Patients should be assured that the health service will provide assistance with nicotine withdrawal management and further support.

On admission

Patients must again be advised of the policy and informed that smoking is prohibited on hospital grounds. On admission patients can be screened for smoking status and noted as:

1. Never smoked
 2. Recent quitter – has not smoked for 6-12 months
 3. Ex smoker – has not smoked for more than 12 months
 4. Current smoker
- The [Fagerstrom Test for Nicotine Dependence](#) should be used to determine the level of nicotine dependence among current smokers and recent quitters.
 - Staff should also discuss previous experience with Nicotine Replacement Therapy (NRT) and number of quit attempts with the patient.
 - Brief Intervention (BI) for tobacco smoking can also be provided at this point, and the [Nicotine Withdrawal Management Plan](#) commenced.

See table 1 below for provision of NRT.

1.3 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. (note: mental health inpatients will always be provided with seven days supply of NRT on discharge).
- Patients screened on admission as either a smoker or recent quitter should be provided with points of referral to community based cessation services such as:
 - Quitline 13 7848 13 QUIT
 - Health service staff trained in brief intervention
 - Local/regional Cancer Council WA Fresh Start facilitator
 - www.quitnow.info.au for online cessation
 - General Practitioner
 - Pharmacist
- A copy of the [Nicotine Withdrawal Management Plan](#) should be provided with the discharge plan.
- To prevent relapse, patients should receive brief intervention on relapse prevention.
- 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.

1.4 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 routine 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 for Smoke Free WA Health, is available at no charge to anyone with an interest in smoking cessation. It can be accessed from <http://ndri.curtin.edu.au/btstp/>. All WA Health Staff are encouraged to complete the training to achieve competency in brief intervention and motivational interviewing.

2. Community support services

2.1 Quitline 13 QUIT

Patients should be encouraged to call the Quitline 13 QUIT (13 7848) for free information, practical assistance and support. Quitline is a confidential telephone service dedicated to helping people quit smoking. The service is available 24 hours a day, seven days a week for the cost of a local call (except mobiles). Trained counsellors provide support, encouragement and resources to help during the process of quitting. Callers to the Quitline have access to Quitkits, translation services and quitting resources in several languages. Tailored information and assistance is also available for young people, pregnant women, and people with a mental illness.

2.2 Local Pharmacy

Pharmacies are well placed to provide counselling, support and advice to customers on NRT products and strategies for quitting smoking. Pharmacists are able to screen for nicotine dependence and deliver effective brief advice and support with quitting.

2.3 GP

The GPs role begins with early detection, patient education and advice to quit and prompt and appropriate referral. GPs can provide support and counselling to smokers, as well as access to prescription only medication for smoking cessation.

2.4 Group quitting courses

Patients should be referred to local community based support and quitting courses such as the Cancer Council WA 'Fresh Start' course. Contact the Cancer Helpline on 13 11 20 for course dates and venue details.

2.5 www.quitnow.info.au

This website is aimed directly at smokers, both young people and adults and provides information and resources on successfully quitting.

3. 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. NRT is not to be used over prolonged periods of time, with 12 weeks being the maximum of each course.

3.1 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 contraindicators 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 (see points 1.2 and 1.3 above). The Commonwealth Therapeutic Goods Administration has de-scheduled the nicotine patch, lozenge and gum. **This means that non-pharmacist staff can supply these products.**

3.2 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.

3.3 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

Fagerstrom Score	Dependence Level	Recommended Action
1-4	Low	Gum, inhaler or lozenge (used intermittently)
5-6	Moderate	Patch
6+	High	Patch (combination if necessary)

Note:

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

3.4 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 pharmacotherapy without success and the benefits of quitting outweigh the risk of pharmacotherapy and continued smoking.

3.5 Cost of NRT patches

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

7 day supply	7mg patches	\$12.00
7 day supply	14mg patches	\$13.00
7 day supply	21mg patches	\$14.70

- The total cost of an 8 week course for one person is approximately \$110.00;
- Costs may vary slightly between pharmacies;
- Costs may vary depending on the individual's level of nicotine dependence, and strength of patches recommended.