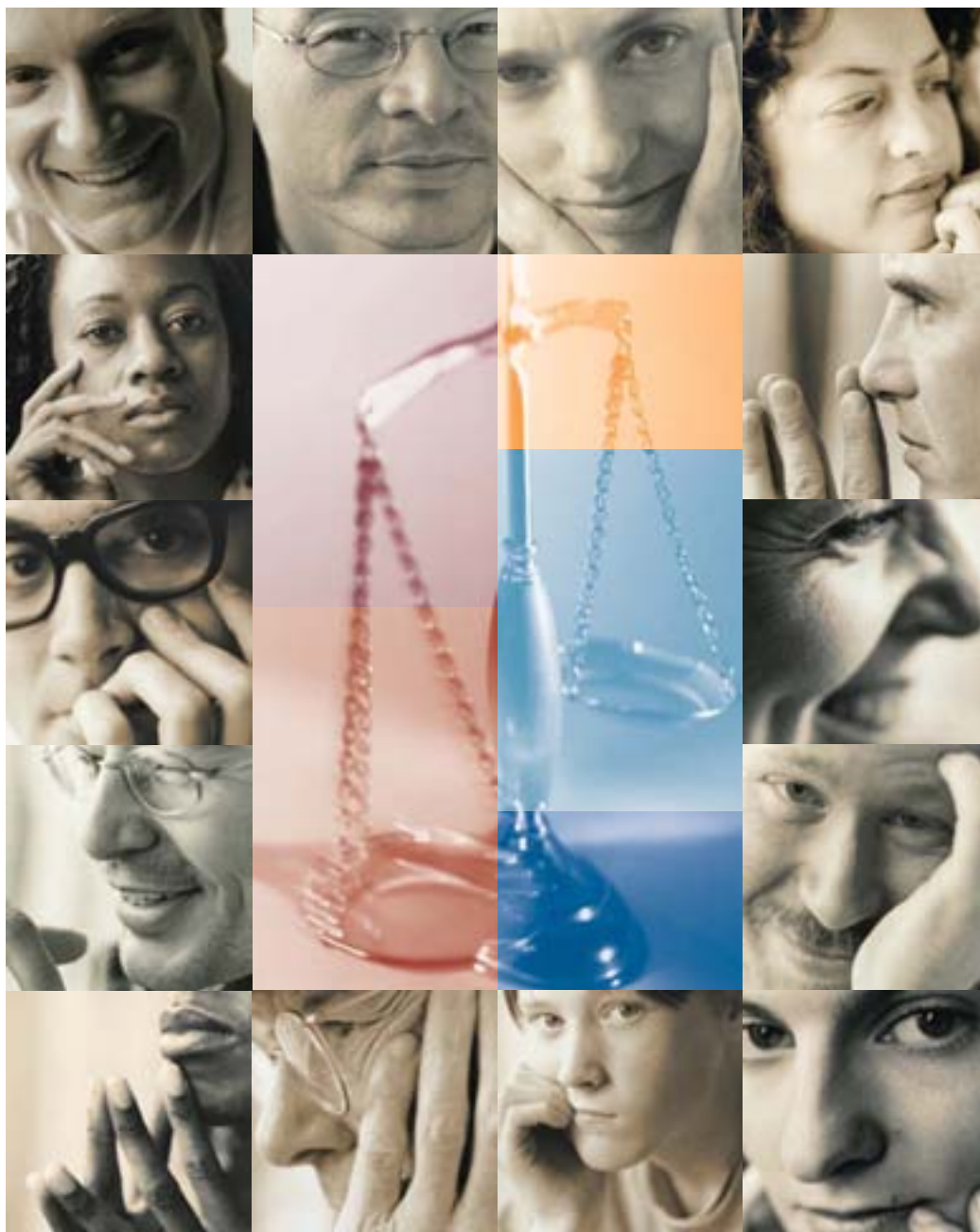


Smoking Cessation Guidelines

FOR AUSTRALIAN GENERAL PRACTICE



DESKTOP GUIDELINES AND
PATIENT EDUCATION MATERIALS

The following organisations have endorsed these guidelines:



To re-order the Smoking Cessation Guidelines flipchart and/or practice handbook, please call 1800 020 103. Alternatively, the website address: <http://www.health.gov.au/pubhlth/publicat/order.htm>

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Australian Government
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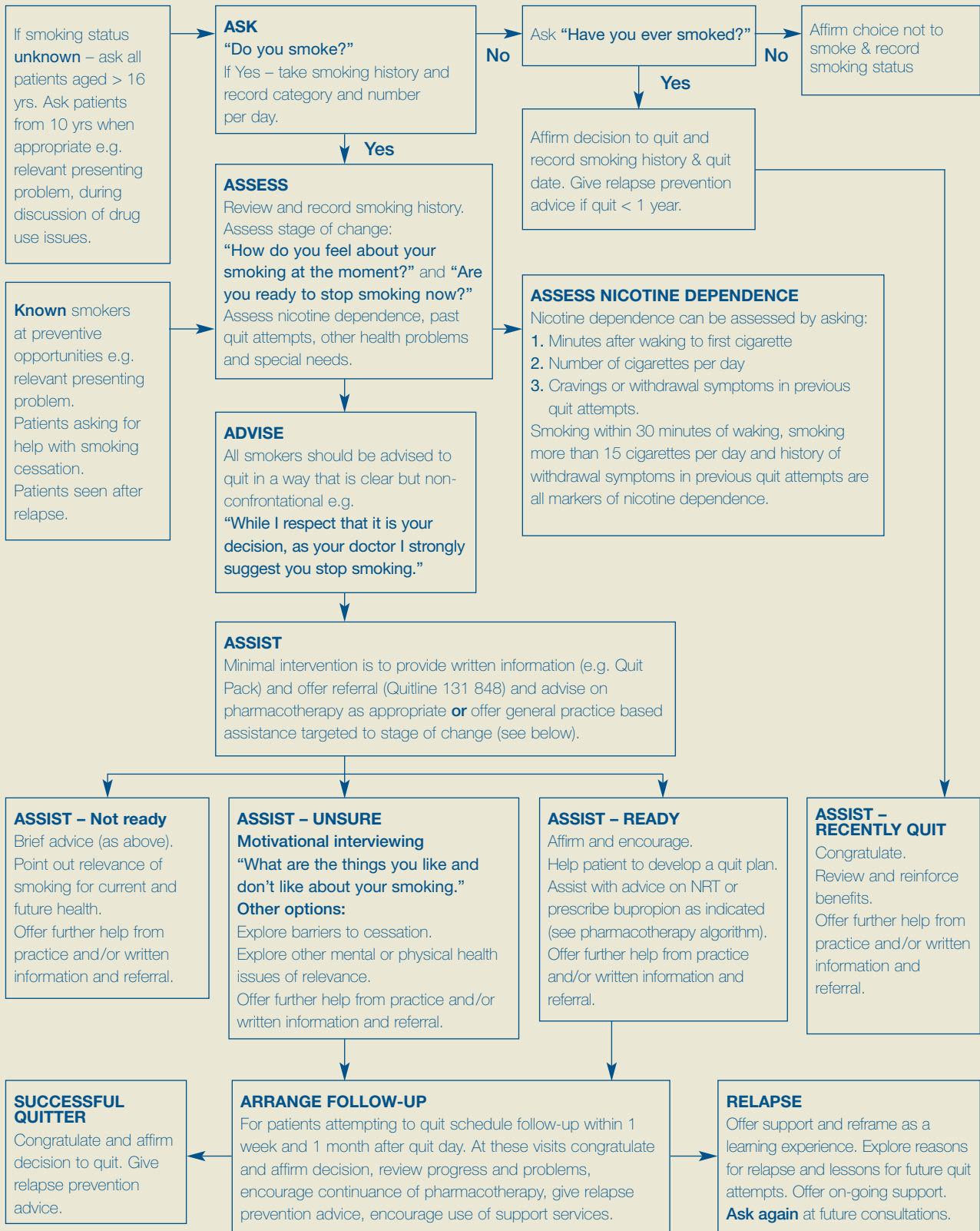
Note:

Key information for the **GP and practice staff** = **green background** pages

Key information to show the **patient** = **white background** pages.

Smoking Cessation Guidelines for Australian General Practice

5As for smoking cessation in Australian General Practice



Smoking Cessation Guidelines for Australian General Practice

The 5As for smoking cessation in Australian General Practice

Why general practice?

As more than 80% of Australians visit a general practitioner (GP) at least once per year general practice is in a unique position to encourage smoking cessation.

There is evidence that advice from health professionals is effective in increasing cessation, primarily through helping motivate a smoker to make a quit attempt.

As little as three minutes of advice can be effective. Combining brief counselling with pharmacotherapy can substantially improve success rates. Smokers often think they should be able to quit without assistance but given the highly addictive nature of tobacco smoking the unassisted quit rate at one year is only about 7%.

The 5As

The 5As are an evidence-based framework for structuring smoking cessation in health care settings. A very similar approach has been adopted in the United States, Britain, Canada and New Zealand. The intervention approach in these Australian guidelines is based on the long established Smokescreen Program for smoking cessation in general practice developed at the UNSW.

Asking about tobacco use is a vital first step. There is evidence that Australian doctors only identify two-thirds of their patients who smoke. Simply establishing a system to systematically identify smokers is associated with an abstinence rate of 6.4% at six months follow-up.

Assessing stage of change and nicotine dependence helps to choose an approach that is most likely to be effective and makes efficient use of GP time. Stage of change can be assessed by using the key questions “How do you feel about your smoking at the moment?” and, if needed for clarification, “Are you ready to quit now?”

Advise – all smokers should be advised to quit in a way that is clear and unambiguous. The advice needs to be provided in a way that is supportive and non-confrontational to avoid damage to patient–doctor rapport.

Assist – these guidelines suggest that as a minimum all smokers should be advised to quit, provided written information (such as a Quit Pack, materials from GP desktop software or other sources) and offered the option of either referral to the Quitline (131 848) or general practice based assistance. The assistance provided from general practice is tailored to the stage of change and can be provided by the GP or by other skilled practice staff such as the practice nurse. Brief motivational interviewing is suggested as a key skill. Consideration needs to be given to the needs of special groups. Brief information on the issues for these groups is on page 20 of this desktop guideline and in more detail on pages 43 to 51 of the Practice Handbook.

Arrange follow-up – there is clear evidence that follow-up is effective in increasing quit rates. These guidelines suggest follow-up in the first week of the quit attempt and at about one month after quit day. This follow-up may not always need to be with the GP but may be provided by the practice nurse or community pharmacist (for patient using nicotine replacement therapy).

Smoking Cessation Guidelines for Australian General Practice

Stage of Readiness to Change

Stage of Change is a valuable model for assessing a person's readiness to change a variety of behaviours including tobacco smoking. Cessation is explained as a process rather than a discrete event and smokers cycle through the stages of being ready, quitting and relapsing on an average of three to four times. Readiness to change can be fluid so some smokers will have moved groups when seen at different times.

Key questions to ask

“How do you feel about your smoking at the moment?” – Stage of readiness to change can be assessed by asking this key question. Clarify whether the smoker is ready to make a quit attempt at this time or in the near future. Ask **“Are you ready to quit now?”**

People who smoke broadly fall into the following categories:

- Not ready (precontemplation) – not seriously thinking of quitting in the next 6 months
- Unsure (contemplation) – considering quitting in the next 6 months
- Ready (preparation) – planning to quit in the next 30 days
- Action – people who have quit in the last six months
- Maintenance – smokers who have been abstinent for more than 6 months.

Choosing an effective approach

Tailor assistance to the stage of readiness to change.

Not ready group	– Show interest and encourage the patient to think about the issues
Unsure	– Motivate change and offer help to identify and overcome barriers to cessation
Ready	– Provide assistance – to develop a quit plan – Suggest coping strategies – Delay, Deep breathe, Drink water, Do something else – Assist with pharmacotherapy where indicated – Encourage social support
Action	– Congratulate on progress – Check for problems and if present advise or refer appropriately
Maintenance	– Congratulate and reinforce benefits of being a non-smoker.

In all instances assistance can be supported with written materials such as the Quit Pack and the option of referral to the Quitline (131 848) for telephone counselling.

How do you feel about your smoking at the moment?

Not ready to stop



Unsure



Ready to stop



Smoking Cessation Guidelines for Australian General Practice

Brief Motivational Interviewing

Motivational interviewing is a key skill for assisting the unsure group of smokers. It involves asking open-ended questions, reflective listening and summarising. Ambivalence about smoking (likes and dislikes) should be acknowledged and discrepancies in the person's beliefs and personal goals such as health and fitness can be discussed.

Weighing up the Pros and Cons of Smoking (from Smokescreen Program)

The following approach can be used to explore ambivalence and to motivate the patient to consider the need to change. It is important to start with the positives of smoking for the patient, as these are frequently not acknowledged.

Step 1: Ask: “*What do you like about smoking?*”

Step 2: Ask: “*What are the things you don’t like about smoking?*”

Step 3: Summarise – your understanding of the patient’s pros and cons

Step 4: Ask: “*Where does this leave you now?*”

Decision balance exercise (used in both GASP (*GPs Assisting Smokers Program*) and *Fresh Start Programs*)

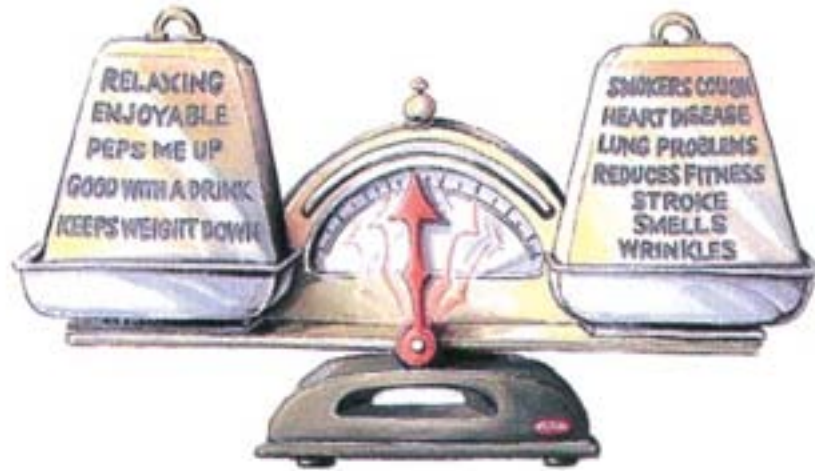
This can be used as a written take home exercise or during the consultation.

Ask the patient to list both their likes and dislikes about smoking and their likes and dislikes about quitting.

Smoking Cessation Guidelines for Australian General Practice

What are the things you like about smoking?

What are the things you don't like about smoking?



Decision Balance

	Like	Dislike
Smoking		
Quitting		

Figure from the Smokescreen Program

Smoking Cessation Guidelines for Australian General Practice

Assessing motivation and confidence in quitting

This exercise is a helpful addition to motivational interviewing. Ask the patient to rate their motivation and confidence in quitting on a scale of 1 to 10. Such a self-rating approach is similar to asking people to rate their level of pain and is generally easily understood by patients.

Distinguishing motivation and confidence can provide an insight into the barriers to quitting and can be used to initiate a discussion on how to enhance motivation or confidence.

Patients can be asked:

“What would have to happen for your motivation score to increase?”

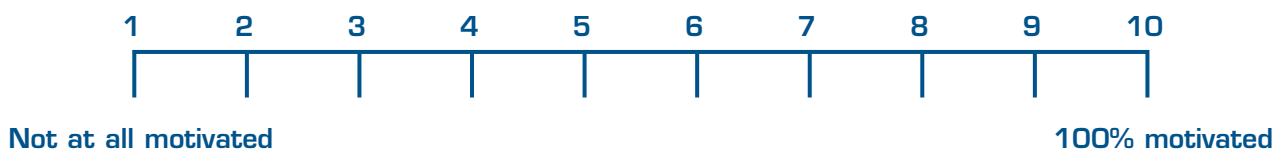
Another question related to confidence is:

“How can I help to increase your confidence in quitting?”

Low motivation	High motivation but low confidence
Use decision balance exercise.	Discussion about how help can make a difference. Provide intensive assistance and/or referral for other support.

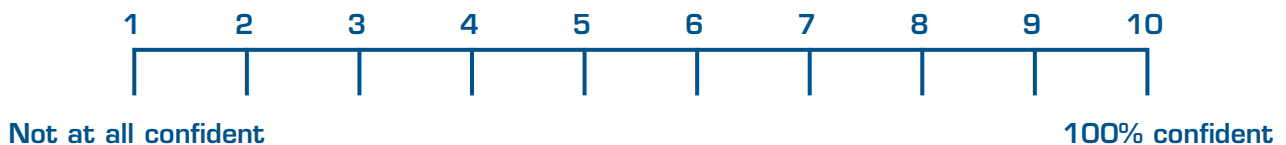
Rating your motivation to quit

On a scale of 1 to 10, where 1 is not at all motivated to stop smoking and 10 is 100% motivated to give up, what number would you give yourself at the moment?



Rate your confidence in quitting

If you were to stop smoking now, how confident would you be that you would succeed? On a scale of 1 to 10, where 1 is not at all confident and 10 is 100% confident that you could give up and remain a non-smoker, what number would you give yourself now?

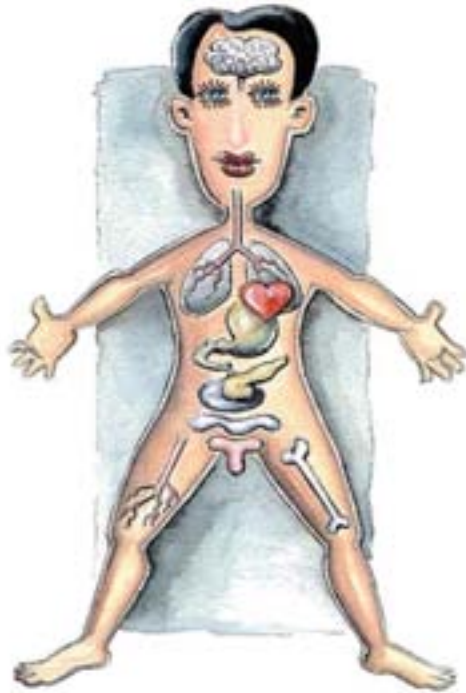


Smoking Cessation Guidelines for Australian General Practice

Health effects of smoking

- Every year over 19,000 Australians die of smoking related diseases, representing 82% of all drug-related deaths.
- Cigarette smoke contains more than 4000 chemicals including tar, carbon monoxide and nicotine. At least 43 of the contents are known to cause cancer.
- Smoking causes lung cancer (20 times the risk of non-smokers), chronic bronchitis, and emphysema, and is a major risk factor for ischaemic heart disease (10 times the risk of non-smokers), peripheral vascular disease and stroke.
- Smoking is associated with many other cancers including oral, laryngeal and oesophageal, pancreatic, bladder and cervical cancer.
- Smoking is an important risk factor for aged related macular degeneration which is a leading cause of blindness in older Australians.
- Smoking affects the skin, damaging elastic tissue and leading to premature sagging and wrinkling.
- Smoking also leads to hair loss and delayed wound healing.
- Smoking is a factor in gum disease (gingivitis) which can lead to loss of teeth.
- In men smoking can lead to erectile dysfunction.
- In women smoking is associated with earlier menopause and is a risk factor for osteoporosis.
- Smoking in pregnancy increases the risk of miscarriage, premature birth and low birth weight babies. These infants are more likely to have perinatal health problems.
- Children exposed to environmental tobacco smoke are more likely to get respiratory infections such as bronchiolitis, and middle ear infection. They are at increased risk of SIDS.
- Adults exposed to environmental tobacco smoke have increased risk of lung cancer and heart disease.

Health Effects of Smoking



- ← Eyes: macular degeneration
- ← Hair loss
- ← Skin: ageing, wrinkles, wound infection
- ← Brain: stroke
- ← Mouth & Pharynx: cancer, gum disease
- ← Lungs: cancer, emphysema, pneumonia
- ← Heart: coronary artery disease
- ← Stomach: cancer, ulcer
- ← Pancreas: cancer
- ← Bladder: cancer
- ← Women: cervical cancer, early menopause, irregular & painful periods
- ← Men: impotence
- ← Arteries: peripheral vascular disease
- ← Bone: osteoporosis

Smoking during pregnancy

Increased risk of:

- Miscarriage
- Premature birth
- Low birthweight infant.

Environmental tobacco smoke

In children increased risk of:

- Respiratory infections such as bronchiolitis
- Middle ear infection
- Meningococcal infections
- Asthma attacks
- Sudden infant death syndrome (cot death)

In adults increased risk of:

- Lung cancer
- Heart disease.

Figure from the Smokescreen Program

Smoking Cessation Guidelines for Australian General Practice

Health Benefits of Stopping Smoking

Most people who smoke are aware that smoking damages health. They may not be aware that most adverse health effects from smoking decline dramatically after quitting.

12 hours

- almost all the nicotine has been metabolised

24 hours

- blood levels of carbon monoxide have dropped dramatically

5 days

- most nicotine by-products have been removed
- sense of taste and smell improve

6 weeks

- risk of wound infection after surgery substantially reduced

3 months

- cilia begin to recover and lung function improves

1 year

- risk of coronary heart disease is halved after one year compared to continuing smokers

10 years

- risk of lung cancer is less than half that of a continuing smoker and continues to decline

15 years

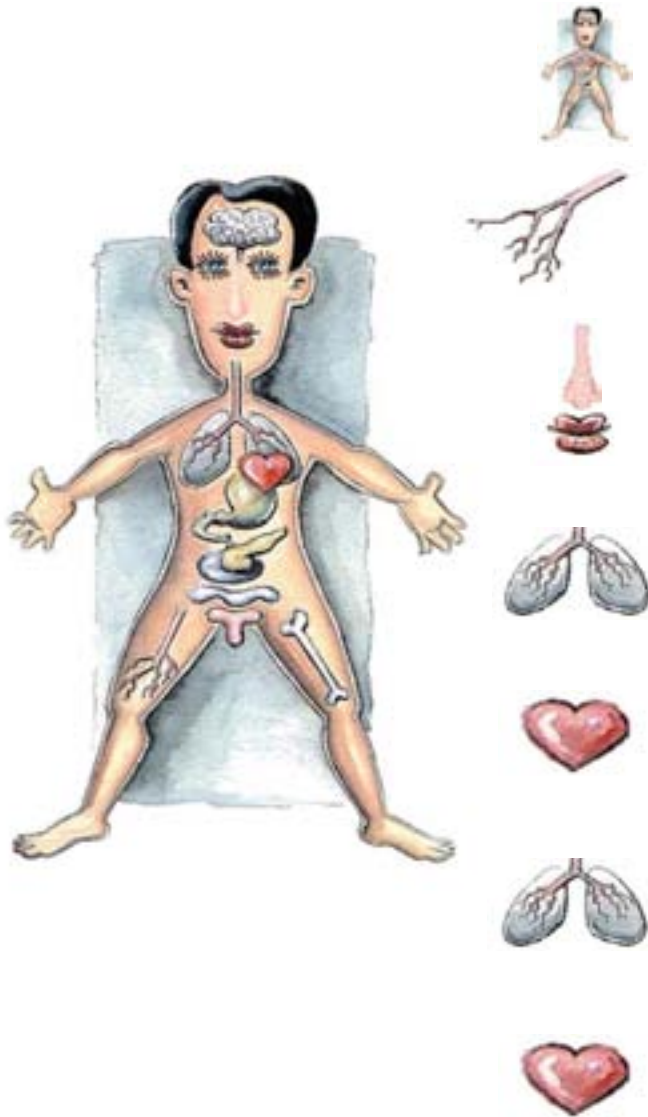
- risk of coronary heart disease the same as a non-smoker
- 10 to 15 years after quitting the all-cause mortality in former smokers declines to the same level as people who have never smoked.

Other benefits

- Women who quit before or in the early months of pregnancy have the same risk of having a low birthweight baby as women who have never smoked
- Stopping smoking slows the rate of loss of lung capacity in chronic airways disease
- Improved appearance of skin and fitness
- Saves money – based on one \$10 pack of cigarettes per day in 1 year the cost is \$3,650 and over 5 years \$18,250.

Smoking Cessation Guidelines for Australian General Practice

Health benefits of stopping smoking



12 hours

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24 hours

Blood levels of carbon monoxide have dropped dramatically.

5 days

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15 years

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Women who quit before or in the early months of pregnancy have the same risk of having a low birthweight baby as women who have never smoked.

Stopping smoking slows the rate of loss of lung capacity in chronic airways disease.

Improved appearance of skin and fitness.

Saves money.

Figures from the Smokescreen Program.

Smoking Cessation Guidelines for Australian General Practice

Smoking and cardiovascular disease

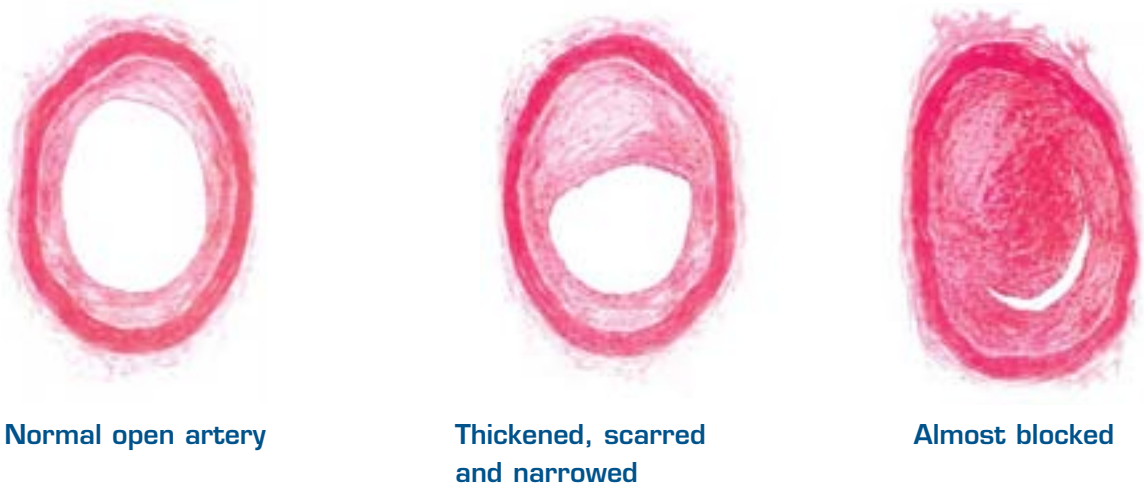
Coronary heart disease

- Smoking promotes the development of the atheromatous plaques that can block coronary arteries resulting in a heart attack. Smoking causes more than one in three deaths from heart disease in people 65 years and younger.
- Passive smoking has been found to be a cause of heart disease in non-smokers.
- Risk of coronary heart disease declines rapidly on smoking cessation; within 1 year the risk of dying of heart disease is half that of a continuing smoker.
- After 15 years the risk of coronary heart disease is the same as a non-smoker.

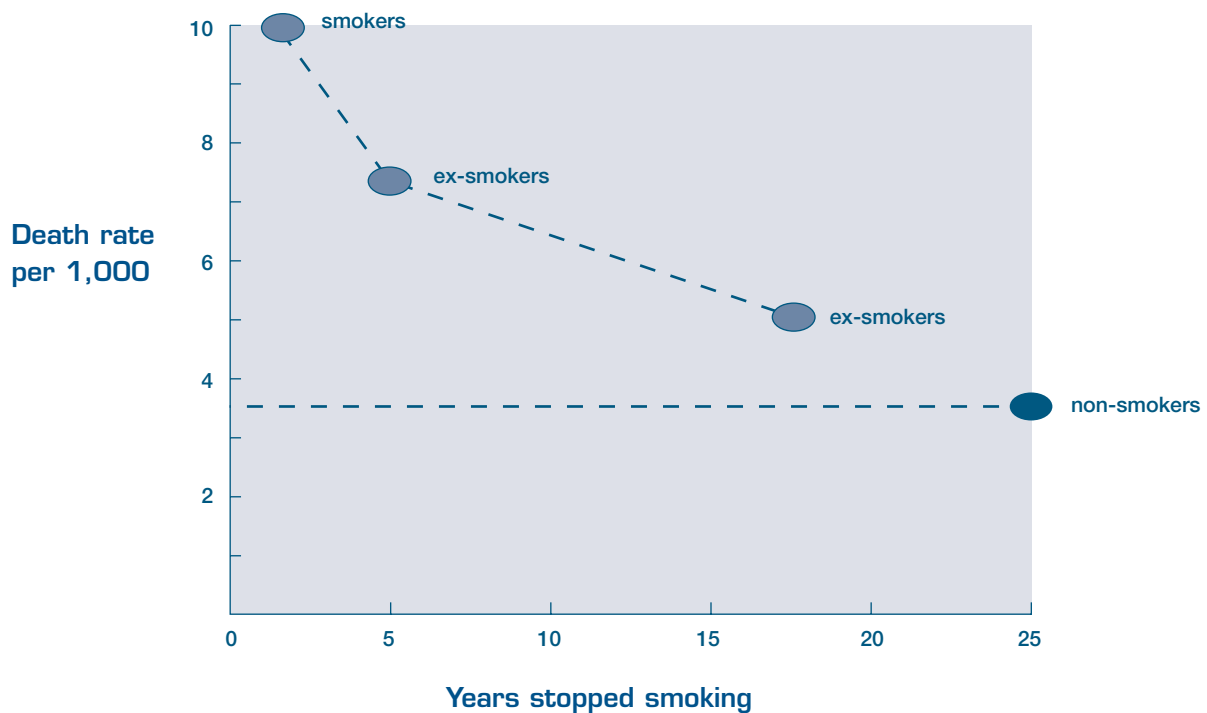
Other vascular disease

- Smoking is a major risk factor for stroke and peripheral vascular disease.
- Smoking substantially increases the risk of venous thrombosis especially for older women taking the oral contraceptive pill.
- Smoking decreases the ability of the blood to transport oxygen.
- Smoking cessation decreases the risk of stroke, after 15 years the risk is almost the same as a person who has never smoked.

Smoking and coronary arteries



FALL IN DEATH RISK FROM CORONARY HEART DISEASE AFTER STOPPING SMOKING



U.S. Public Health Service. The Health Consequences of Smoking, 1979. Photograph 4.
Source: Smokescreen Program.

Source: the Smokescreen Program

Smoking Cessation Guidelines for Australian General Practice

Smoking and the lungs

Smoking is the major modifiable risk factor for both lung cancer and chronic obstructive pulmonary disease (COPD).

Lung cancer

- Smoking causes 9 out of 10 lung cancers.
- A smoker of 20 cigarettes per day has 20 times the risk of lung cancer compared to a non-smoker.
- Passive smokers who live or work with a smoker also have an increased risk.
- The risk of lung cancer declines rapidly after stopping smoking.
- After 10 years the risk is half that of a continuing smoker.

COPD (emphysema, chronic bronchitis)

- Cigarette smoking is the major cause of COPD.
- 15-20% of smokers will develop COPD.
- COPD is a progressive condition that leads to increasing shortness of breath, first on exertion then at rest, and eventually to respiratory failure.
- Smoking cessation is by far the most important factor in slowing the progress of COPD.

Other

- Smoking also causes acute bronchitis, reduced fitness and aggravates asthma.

The patient's spirometry or peak flow results can be related to the above conditions.

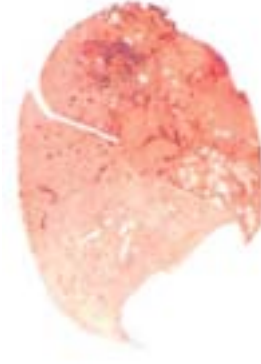
Smoking and the lungs



Normal lung

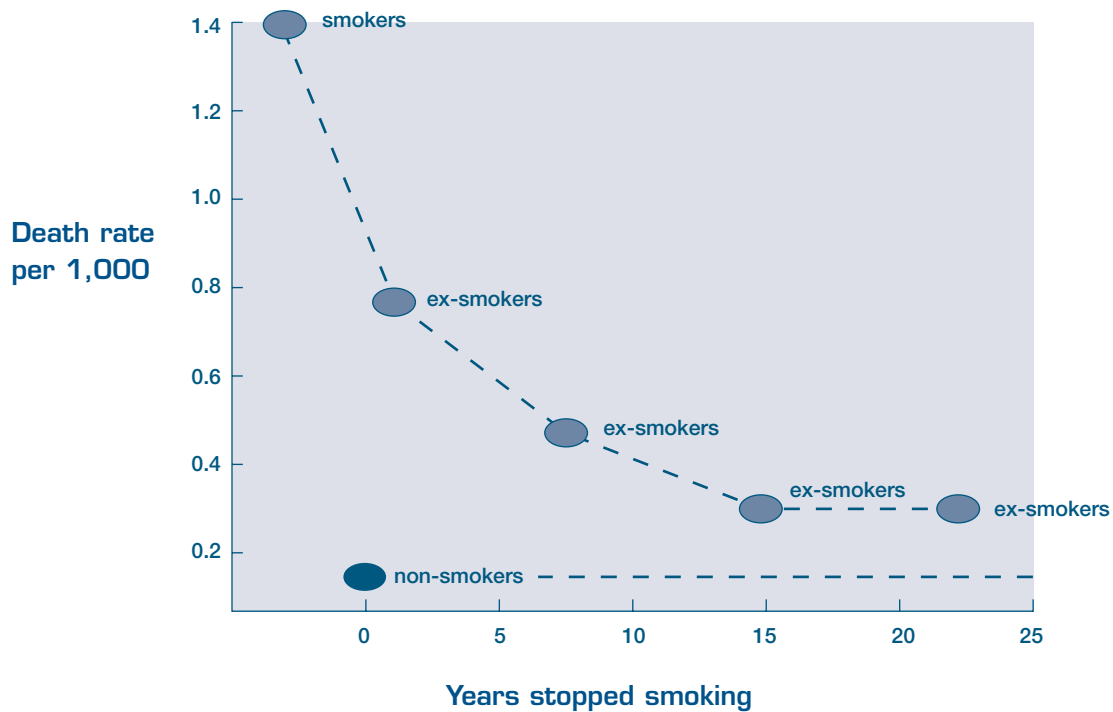


Lung with emphysema



Cancer in the lung

FALL IN DEATH RATE FROM LUNG CANCER AFTER STOPPING SMOKING



Doll, R and Peto, R, British Medical Journal, 1979. Photograph 8.

Source: Smokescreen Program.

Source: the Smokescreen Program

Smoking Cessation Guidelines for Australian General Practice

Smoking cessation pharmacotherapy

Pharmacotherapy with either Nicotine Replacement Therapy (NRT) or bupropion slow release is an effective aid to assisting motivated smokers to quit and in the absence of contraindications should be offered to all motivated smokers who have evidence of nicotine dependence. **In general, pharmacotherapy is not offered to people smoking less than 10 cigarettes per day, as there is a lack of evidence for effectiveness below this level of smoking.** The choice of therapy is based on clinical suitability and patient preference. Special consideration is needed in those with contraindications such as recent cardiovascular events, pregnant and breast-feeding women and adolescent smokers. For more detailed information refer to the Practice Handbook and to prescribing information for individual products.

Nicotine Replacement Therapy

NRT replaces some of the nicotine from cigarettes without the patient being exposed to the harmful constituents of tobacco smoke. NRT increases quit rates approximately two-fold at 12 months compared to placebo. A number of forms of NRT are available (patch, gum, inhaler, lozenge and sublingual tablet) and **there are no significant differences in effectiveness between forms.**

Contraindications to NRT include recent myocardial infarction, recent cerebrovascular event and severe arrhythmia (for a complete list see Practice Handbook page 36). For some of these groups such as those who have had a recent myocardial infarction the clinicians and patient involved may make an informed choice to use NRT if the benefits are assessed to out-weigh the risk. It is essential that these patients refrain from smoking while using NRT. Specific consideration should be given to pregnant women where the effects of low nicotine exposure on the human foetus are unclear (ADEC category D) and lactation where the benefit of using NRT may outweigh the risk. NRT is not registered for use in children under 12 years. Patients with dentures should avoid using nicotine gum and those with generalised skin disease should avoid use of patches.

Guidelines for initial doses of NRT are shown below. The dose of NRT can be titrated against the effectiveness of the therapy in relieving cravings and other nicotine withdrawal symptoms. Higher than usual doses or a combination of different forms of NRT can be considered (see Practice Handbook).

Nicotine Replacement Therapy initial dosing guidelines

	Patient group	Dose	Duration	Adverse effects
Patch	>10 cigs per day and weight >45kg	21mg/24hr patch or 15mg/16hrs	>8 weeks	Skin erythema and allergy, insomnia, wild dreams (more with 24 hr patch)
	<10 cigs per day or weight < 45kg or CVD	14mg/24 patch or 10mg/16hrs	>8 weeks	
Gum	>10 and <20 cigs per day	2mg gum, 8-12 per day	>8 weeks	Dyspepsia, nausea, headache, hiccup, dental problems
	>20 cigs per day	4mg gum, 6-10 per day	>8 weeks	
Inhaler	>10 cigarettes per day	6-12 cartridges per day	>8 weeks	Mouth and throat irritation, cough
Lozenge	First cigarette >30 mins after waking	2mg lozenge, 1 lozenge every 1-3 hours	>8 weeks	Dyspepsia, nausea, hiccup, headache
	First cigarette <30 minutes after waking	4mg lozenge, 1 lozenge every 1-2 hours	>8 weeks	
Sublingual tablet	Low dependence	2mg tablet every 1-2hrs	>8 weeks	Headache, nausea, dyspepsia, sore, dry or burning mouth, cough
	High dependence	Two 2mg tablet every 1-2hrs	>8 weeks	

Smoking Cessation Guidelines for Australian General Practice

Bupropion sustained release (Zyban®)

Bupropion is an oral non-nicotine therapy to assist cessation, which affects neuronal re-uptake of noradrenalin and dopamine. It reduces cravings and other symptoms of nicotine withdrawal. It is available only on prescription. Bupropion is available as a PBS Authority item once per year 'as short-term adjunctive therapy for nicotine dependence with the goal of maintaining abstinence in patients who have indicated they are ready to cease smoking and who have entered a comprehensive support and counselling program'. Support and counselling can be provided by the GP or through referral to other programs. Bupropion is supplied as a commencement quantity of 30 tablets then a continuation quantity of 90 tablets. Arrangement should be made at the first consultation to book patient in for the follow-up visit. This visit is a valuable opportunity to support the quitting process and encourage quality use of bupropion.

Bupropion approximately doubles cessation rates at 12 months compared to placebo. The initial dose is 150mg daily for 3 days, increasing to 150mg twice a day on day four. Bupropion is initiated while the patient is still smoking and the quit date is set within the second week of treatment.

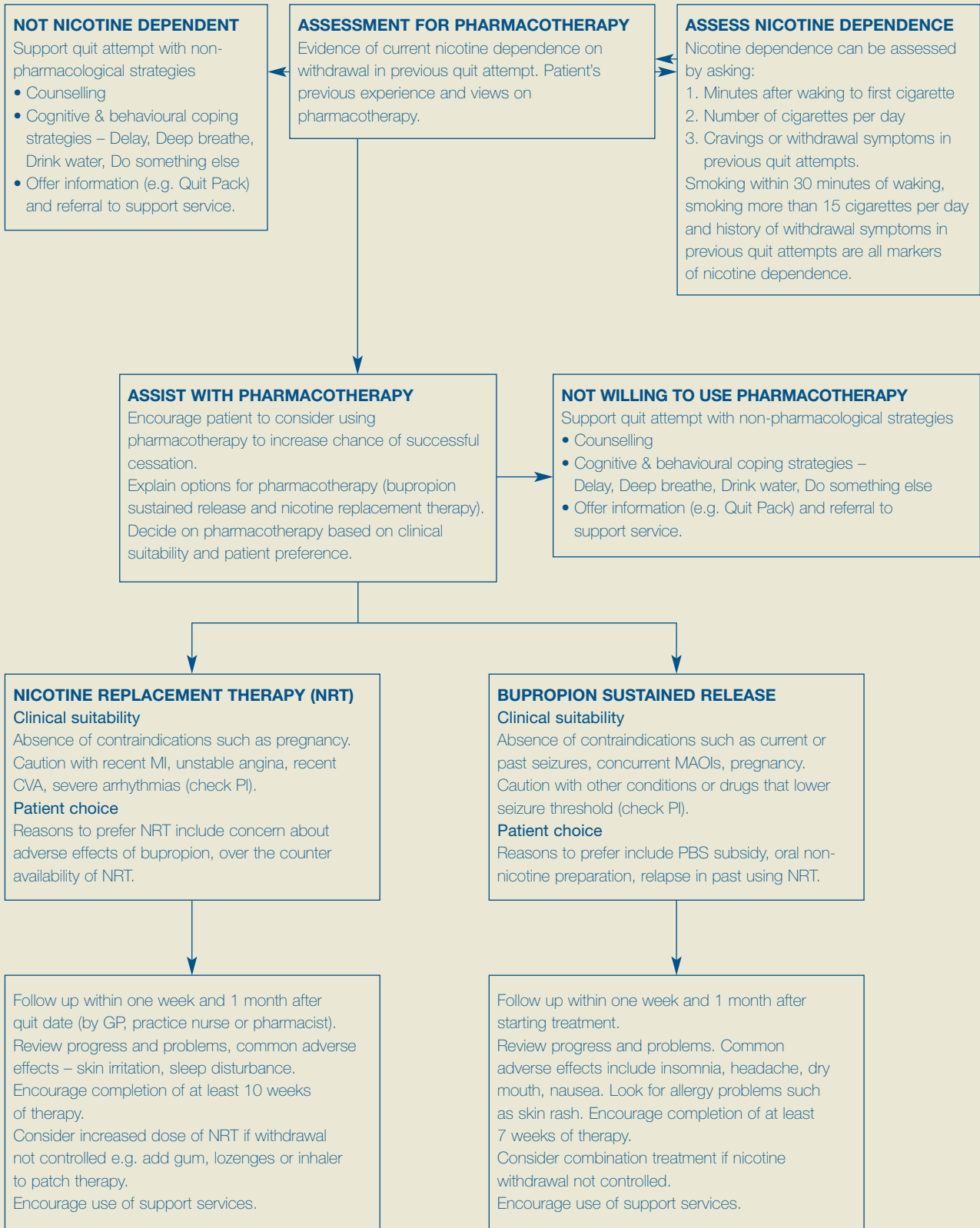
Safety considerations with bupropion (adapted from the Gasp Program and DATIS).

Contraindications	Allergy to bupropion, past or current seizures, known CNS tumours, abrupt withdrawal from alcohol or benzodiazepines, current or previous bulimia or anorexia nervosa, concomitant use of MAOI's or use within the last 14 days. The safety of bupropion in pregnancy has not been established (ADEC category B2). Small amounts of bupropion and its metabolites are excreted in breast milk.
Seizure risk	Patients with predisposing risk factors for seizure must not be prescribed bupropion sustained release unless the potential benefit of smoking cessation outweighs the increased risk of seizure. Predisposing risk factors for seizure include: concomitant use of medications known to lower seizure threshold; alcohol abuse; history of head trauma; diabetes treated with hypoglycaemics or insulin; and use of stimulants or anorectic products.
Other precautions	Concern has also been expressed in use of bupropion in people with schizophrenia because of the possibility of precipitating a psychotic episode. The safety of bupropion in pregnancy has not been established (ADEC category B2). Small amounts of bupropion and its metabolites are excreted in breast milk.
Adverse effects	Most common adverse effects are insomnia (42%), headache (26%), dry mouth (11%), nausea (10%), dizziness (11%) and anxiety (9%). The risk of seizures is 0.1% (1/1000) and patients need to be made aware of this potentially serious adverse effect. Hypersensitivity reactions occur at a rate of about 3%. The most common reaction is pruritis, urticaria and/or angioedema. Serum-sickness-like reactions of arthralgia, myalgia and fever can occur in association with skin rash and these can be delayed 10-20 days after starting bupropion.

Other forms of pharmacotherapy

Nortriptyline has been shown to be an effective aid to smoking cessation with similar efficacy to NRT and bupropion. The adverse effects that include sedation, dry mouth and light-headedness limit its application. There is a risk of arrhythmia in patients with cardiovascular disease. These features mean nortriptyline should only be considered as a second-line agent. There is also evidence of effectiveness of clonidine but again adverse effects (postural hypotension) limit this drug's application.

Smoking Cessation Guidelines for Australian General Practice



Smoking Cessation Guidelines for Australian General Practice

Special groups

Pregnant and lactating women

Smoking in pregnancy increases the risk of a range of problems, including spontaneous abortion, reduced foetal growth and prematurity. Despite this approximately 30% of women are smokers when they become pregnant and about 23% smoke during the pregnancy. Smoking cessation advice during pregnancy has been shown to increase quit rates but follow-up is important as relapse after the baby is born is common. Pharmacotherapy (with NRT or bupropion) should be considered when a pregnant woman is otherwise unable to quit, and when the likelihood and benefits of cessation outweigh the risks of pharmacotherapy and potential continued smoking.

Adolescents

Adolescence is the most common time for tobacco smoking to be initiated and by age 14-19 15% of Australian teenagers are daily smokers. Every opportunity should be taken to discuss smoking as people in this age group are not frequent attenders in general practice and are difficult to recruit to formal smoking cessation programs. Opportunities may occur if the presenting problem is potentially related to smoking, when discussing other drug issues or doing an adolescent health assessment. Websites for young people interested in information about smoking and smoking cessation are www.OxyGen.org.au and www.100incontrol.com.

Aboriginal and Torres Strait Islanders (ATSI)

Aboriginal and Torres Strait Islanders have high rates of smoking, tend to start smoking younger than the general community and have very high rates of smoking related disease. Programs and resources specifically designed for ATSI people should be offered where available.

People from culturally and linguistically diverse backgrounds

Smoking is more common in several cultural and linguistic groups in the Australian community including men from Vietnamese and Chinese backgrounds and men and women from Arabic backgrounds. Effort needs to be made to provide support for cessation to these groups using appropriate resource materials. Information on smoking cessation in a range of languages has been developed by the National Tobacco Campaign, Quit Victoria and the NSW Multicultural Health Communication Service (see Resources for website addresses).

People with smoking related disease

This is a group where smoking cessation is of urgent clinical relevance as continued smoking greatly increases their risk of further illness. There is evidence that pharmacotherapy with bupropion can increase cessation rates in unwell chronic smokers and smokers with mild to moderate COPD. People with smoking related disease may benefit from a multidisciplinary care plan. Examples of relevant health professionals who could be asked to contribute are diabetes educator, community pharmacist, specialist physician, practice nurse and primary health nurse. In some states Quitline counsellors could also be involved.

People with mental illness

People with mental health problems have high rates of smoking (estimated from 50-80%). Mental illness is not a contraindication to stopping smoking but the illness and its treatment need to be monitored carefully during smoking cessation.

People with substance-use disorders

Smoking is common in people with other drug dependencies but there is evidence that in some drug dependence problems (e.g. alcohol dependency), patients can have similar success rates to the general population.

Smoking Cessation Guidelines for Australian General Practice

Cognitive and behavioural strategies to assist cessation

These are practical suggestions for cognitive (thinking) and behavioural (doing) strategies to help smokers cope in the early days and weeks of quitting smoking.

Cognitive strategies use the power of logical thought to overcome the addiction to smoking. Cognitive strategies include:

- Keep a smoking diary for one or several days leading up to quit day to help identify smoking triggers and high-risk situations, and to assist in developing alternative and substitute activities
- Encourage the smoker to think about and keep a list of the benefits of quitting and the consequences of starting to smoke again
- Use the technique of thought stopping – making a conscious decision to stop a train of thought about smoking and to substitute thoughts about something else.

Behavioural strategies are activities that can be suggested to help people cope with triggers and high-risk situations. The patient can also be encouraged to think of their own alternatives and substitute activities. One set of suggestions summarised as the 4Ds are:

Delay

Deep breathe

Drink water

Do something else

Social support for quitting from family and friends is very helpful. Explore the extent to which this is available. Encourage social support where possible. Where social support is lacking offer support from general practice or suggest the patient calls the Quitline. With your patient's agreement use the Quitline fax referral sheet to ask Quitline to call him or her for additional support.

Coping strategies

These are suggestions for coping with cravings to smoke and ways to reduce the risk of relapse. Cravings are most frequent in the first few days after quitting. If you use nicotine replacement such as patches or bupropion (Zyban) you will reduce your symptoms of nicotine withdrawal.

Remember the 4Ds:

Delay acting on the urge to smoke. After five minutes the urge to smoke weakens and your resolve to quit will come back.

Deep breathe Take a long slow breath in and slowly release it out again. Repeat three times.

Drink water slowly holding it in your mouth a little longer to savour the taste.

Do something else to take your mind off smoking. Doing some exercise is a good alternative.

Avoid major triggers for smoking early in your quit attempt. Common triggers are alcohol, coffee and smoking friends.

Remember: Just one will hurt

Thinking 'I can have just one' is the way most people go back to regular smoking.

Smoking Cessation Guidelines for Australian General Practice

Patient resources

Quitline 131 848

The Quitline (131 848) in each state and territory can provide a free Quit Pack and over the telephone counselling assistance. The cost is a local call from both rural and metropolitan areas. In some states smokers can be offered a call-back telephone counselling service to assist them through the quitting process. Quitlines can provide counsellors for a range of languages in some states.

Quit Victoria – www.quit.org.au

Quit Victoria has resources available in 13 languages other than English. Quit Victoria also provides The Quit Coach (www.thequitcoach.org.au), an internet based smoking cessation program that gives smokers personalised advice.

Quit South Australia – www.quitsa.org.au

Quit Tasmania – www.quittas.org.au

Quit Western Australia – www.quitwa.com

National Tobacco Campaign

www.quitnow.info.au

Website of the National Tobacco Campaign. A collaborative quit-smoking health initiative between federal, state, and territory governments and non-government organisations that provides general information about smoking and quitting. The Quit book is available online via this site and also the brochure 'Want to quit?' in a range of languages.

Internet sites for young people

www.OxyGen.org.au

This is an interactive site for young people about smoking, designed to encourage health lifestyle choices and to provide information on the impact of tobacco. www.100incontrol.com is a site provided by Queensland Health for young people wanting smoking prevention and cessation material.

NSW Multicultural Health Communication Service

www.mhcs.health.nsw.gov.au

Information on a range of health issues including smoking cessation provided in languages other than English. Refer to information on resources available in other languages on page 47 of the Practice Handbook.

Local resources

(attach a sticky label with your local contact details) e.g. Community Pharmacist, Dietician, Drug and Alcohol Service, Community Health Centre, Smoking Cessation Clinic.
