

STANDARD TREATMENT PROGRAMME

A guide to providing behavioural
support for smoking cessation

NCSCCT

Standard Treatment Programme

A guide to behavioural support for smoking cessation

Written by Andy McEwen with Susan Montgomery and Sophia Papadakis.

With thanks to the staff of the NCSCT for their help and all of the smokers who quit with local stop smoking services.

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About the National Centre for Smoking Cessation and Training

The National Centre for Smoking Cessation and Training (NCSCT) is a social enterprise set up to:

- Help stop smoking services to provide high quality behavioural support to smokers based on the most up-to-date evidence available.
- Contribute towards the professional identity and development of stop smoking practitioners and ensure that they receive due recognition for their role.
- Research and disseminate ways of improving the provision of stop smoking support.

www.ncsct.co.uk

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Introduction

The National Centre for Smoking Cessation and Training (NCSCT) has identified the competences (knowledge and skills) necessary to deliver evidence-based behaviour change techniques to smokers.

These knowledge and skills competences have been incorporated into our comprehensive online and face-to-face training resources (see www.ncsct.co.uk), and are embedded within the content of the smoking cessation sessions described in this Standard Treatment Programme.

This NCSCT Standard Treatment Programme describes the components of a structured individual face-to-face smoking cessation intervention.

This document is designed to complement the online resources and training workshops provided by the NCSCT and to act as a guide to stop smoking practitioners' interactions with smokers.

There are specialty training modules and briefings for practitioners who help pregnant smokers and those with mental health problems to quit. There is also a separate standard treatment programme for pregnant women that describes the components of a structured behavioural support programme for pregnant women who smoke.

These and other resources are available from the NCSCT website:
www.ncsct.co.uk

Overview

The Standard Treatment Programme outlined here consists of a pre-quit assessment and weekly sessions until four weeks after the Quit Date.

Session 1: Pre-quit Assessment (one or two weeks prior to Quit Date)

Session 2: Quit Date

Session 3: 1 week post Quit Date

Session 4: 2 weeks post Quit Date

Session 5: 3 weeks post Quit Date

Session 6: 4 weeks post Quit Date (four week follow-up appointment)

Because the post-quit sessions (sessions three to five) on weeks one, two and three after the Quit Date are similar in content they are included as just a single session.

Some stop smoking services provide support beyond four weeks or include additional sessions within the four-week time window.

The material provided in this resource should easily be adapted to those scenarios. All stop smoking services should provide a minimum of weekly sessions for at least four weeks following the Quit Date.

Session 1:

Pre-quit Assessment

Minimum duration: 45 minutes

Clinical Checklist	Done
1 Assess the client's current readiness and ability to quit	<input type="checkbox"/>
2 Assess physiological and mental functioning	<input type="checkbox"/>
3 Inform the client about the treatment programme	<input type="checkbox"/>
4 Assess current smoking	<input type="checkbox"/>
5 Assess past quit attempts	<input type="checkbox"/>
6 Explain how tobacco dependence develops and assess nicotine dependence	<input type="checkbox"/>
7 Explain and conduct carbon monoxide (CO) monitoring	<input type="checkbox"/>
8 Explain the importance of abrupt cessation and the 'not a puff' rule	<input type="checkbox"/>
9 Inform the client about withdrawal symptoms	<input type="checkbox"/>
10 Discuss stop smoking medications and vaping	<input type="checkbox"/>
11 Set the Quit Date	<input type="checkbox"/>
12 Prompt a commitment from the client	<input type="checkbox"/>
13 Discuss preparations and provide a summary	<input type="checkbox"/>

Communication skills used throughout this session

Boost motivation and self-efficacy <input type="checkbox"/>	Build rapport <input type="checkbox"/>
Use reflective listening <input type="checkbox"/>	Provide reassurance <input type="checkbox"/>

This session will also cover general preparations for quitting and it should aim to enhance motivation and boost self-confidence throughout.

Specific elements, such as completion of questionnaires and other stop smoking service paperwork, have not been included as they vary according to local protocols and procedures.

The competences used in the pre-quit assessment are listed on page 49.

1 Assess the client's current readiness and ability to quit

Building rapport by finding out about the client's smoking, how smoking fits into their lives and their reasons for quitting communicates to the client that you care about their quit attempt.

It also helps to ensure that the client is receptive to the information that you are going to provide them and so they feel comfortable asking you questions.

Ask the client how they feel about stopping smoking and about their reasons for wanting to stop. It is also important to ask the client whether they are ready to stop smoking for good and to stop now.

"How do you feel about stopping smoking and what has made you decide to stop now?"

"Are you ready to stop smoking for good and ready to stop now?"

If client sounds nervous

- You can reassure clients and empathise that it is completely understandable and very common to be nervous about stopping smoking.
- Inform them that by getting support from trained practitioners such as you, and by using effective medications, they are greatly improving their chances of success.

If client sounds positive

- You can congratulate clients for being so positive as motivation to quit successfully is really important.
- You might need to make sure that clients have a realistic expectation of how difficult quitting might be if you think that they are overconfident.

If the client sounds ambivalent or states that they are unable or unwilling to quit abruptly now

- Explore the client's concerns about quitting abruptly, inform them that it is not uncommon to feel this way, provide reassurance and answer any questions the client may have about quitting.
- Explain the benefits of quitting completely and that this offers the most immediate health benefits (you may want to link this discussion to the client's reasons for stopping e.g. health, money, reducing children's exposure to secondhand smoke).
- Explain how the service can support them to stop by providing weekly support, stop smoking medication and helping them to identify strategies to manage cravings and difficult situations.
- Discuss the stop smoking medications available (including vapes) and that they could have two forms of NRT e.g. patch and one of the fast acting NRT products.

After discussion, if the client still feels that they are unable or unwilling to stop smoking completely in one step, and your service offers a structured Cut Down to Stop (CDTS) programme, you may want to discuss this option with them.

If the client does not feel ready to quit abruptly or cut down to stop

If the client declines all options, make sure that they have your stop smoking service's contact details and ask them to get in touch with you when they are ready to make a quit attempt.

2 Assess physiological and mental functioning

Assess how well the smoker can function, both physically and mentally; this will allow you to plan an appropriate behavioural support programme and to inform, and in some cases involve, other health professionals.

Ask the client if they have any physical condition that may affect their quit attempt with a question like:

"Do you suffer from any physical illness or disorder?"

Ask if they have any mental health conditions that may affect their quit attempt with a question like:

"Are you currently experiencing any mental health problems?"

If yes, ask:

*“Are you currently receiving any care or treatment for it?
If so, are you taking any medication?”*

Some medications need monitoring and the dose adjusted when the smoker stops smoking. There is more information regarding this within the NCSCT online modules.

Note that a current mental health issue is no reason to put the client off stopping smoking. However, it is recommended that clients experiencing mental ill health receive more intensive support in combination with appropriate treatment for their mental health condition. The client’s wider care team should be informed of their quit attempt and may be able to offer additional support.

3 Inform the client about the treatment programme

Advise the client that they are increasing their chances of stopping smoking for good by receiving behavioural support and medication, and that weekly contact with you is extremely important for the full duration of the course, including the final visit.

“You have taken an important first step by coming along to see me. We know that people who get support and use a stop smoking medication are far more likely to stop and stay stopped than those who try to quit on their own.”

Explain that the stop smoking programme they are joining supports smokers to stop smoking completely and **not** to cut down.

Explain that after the Quit Date there is a **‘not a puff’** rule as this reduces any ambiguity about what they are about to achieve (stopping smoking completely); getting clients to commit to not even smoking even one puff after their Quit Date is also powerful motivation for them to come back and see you next week.

Research indicates that between 75% and 95% of quitters who have a single cigarette resume regular smoking. One study found that 94% of ‘lapsers’ had a second cigarette and that half of these did so within 24 hours.

Even a single puff on a cigarette reminds the client’s mind and body what they are missing by not smoking. Withdrawal symptoms are not going to ease if the client smokes, however little, after their Quit Date.

Explain that the programme is for six or seven weeks (or whatever your service treatment programme is) and that weekly contact is extremely important.

“Involving a trained practitioner throughout your quit attempt will greatly improve the chances of success. I will provide guidance on what medication to use and how to get the most out of it. I will also be able to give you information on how to obtain the medication.”

Smokers’ chance of quitting are three times greater if they use a combination of behavioural support, from a trained stop smoking practitioner, and an effective stop smoking medication compared with going ‘cold turkey’.

Inform clients that:

- You will provide them with accurate information about what to expect during the quit attempt and how to deal with difficult situations.
- Weekly contact is extremely important. They will need to see you for six sessions: once before quitting, on their Quit Date and then once a week for four weeks after the Quit Date.
- A check will be made on their progress using a simple carbon monoxide breath test at every visit.

4 Assess current smoking

Clients will expect you to ask them about their smoking history and it is a good way of starting the assessment. Although covered in more detail later, assessing cigarettes per day is another question that smokers will expect and it gives you an early indication of what level of support they might need.

“What age were you when you first started smoking?”

“How many cigarettes a day do you usually smoke?”

“Is that always the same or are there times when you may smoke more or less?”

5 Assess past quit attempts

It is helpful to find out whether clients have any past experience that they can draw upon for their current quit attempt and to discover their attitude towards medication use and to ensure that they have a realistic expectation of what medication use can add to a quit attempt.

“How many serious attempts to stop smoking have you made before?”

If none

- Inform clients that not having tried to quit before will not harm their chances of success.
- Boost their motivation by congratulating them that for their first quit attempt they have chosen to maximise their chances of success by getting help.

If made previous quit attempts

- Reassure clients that having tried to quit and failed, but then tried again, shows what commitment they obviously have to stopping smoking.
- Many smokers take a number of quit attempts before they quit for good and each of previous attempts can be used to help with this one.

“What is the longest time you have successfully stopped smoking for in the past?”

For clients who have never made a serious quit attempt before, this may only be for a day or so, or even less

- Boost their motivation by stressing that for regular smokers even managing a short time without a cigarette is an achievement, and one that can be built upon.

For longer periods of weeks or months

- Ask clients how they managed to not smoke for so long and whether there are any strategies that they would use for this quit attempt?

“What did you find helped you?” and/or “What did you find difficult?”

Someone who has gone several weeks or months without smoking will have experienced the withdrawal symptoms getting less severe and frequent; someone who has managed only a few days of abstinence will not have experienced this and may not have had the experience of overcoming urges to smoke.

“Have you ever used any medication to help you with a quit attempt in the past?”

If the answer is “Yes”

- Ask clients: what medication they have used and how they got on with it?
- Answers to this question will allow you to assess whether the client has used medication properly in the past and what expectations they have of the medication.
- It can also be useful to define the current quit attempt as a serious one (made with the aid of effective medication and expert behavioural support) and to distinguish this from previous ones if appropriate to do so.

If the answer is “No”

- You can inform the client that there are effective stop smoking medications available that will significantly improve their chances of quitting.

6

Explain how tobacco dependence develops and assess nicotine dependence

Explaining how tobacco dependence develops and assessing nicotine dependence is useful to provide the client with an understanding of what they need to overcome and to assist with choice of medication.

Inform the client about the nature of nicotine dependence and how it develops.

“When you first start smoking regularly your brain changes so that it expects regular doses of nicotine. This need for nicotine from cigarettes can undermine your motivation to stop smoking, especially when linked to the temporary withdrawal symptoms smokers can experience at first when they do not smoke.”

Reassure the client that with the use of proven medications and effective support they will have a good chance of overcoming this.

To quickly assess nicotine dependence, ask the client how many cigarettes per day they smoke and how soon after waking they have their first cigarette of the day (known as the Heaviness of Smoking Index (HSI)). Alternatively, conduct the Fagerström Test for Nicotine Dependence (FTND) as a quantitative measure of nicotine dependence (See Appendix).

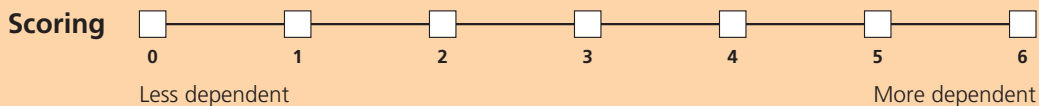
Heaviness of Smoking Index (HSI)

1. On the days that you smoke, how soon after you wake up do you have your first cigarette?

- Within 5 minutes (3 points)
- 6–30 minutes (2 points)
- 31–60 minutes (1 point)
- After 60 minutes (0 points)

2. How many cigarettes do you typically smoke per day?

- 10 or fewer (0 points)
- 11–20 (1 point)
- 21–30 (2 points)
- 31 or more (3 points)



7 Explain and conduct carbon monoxide (CO) monitoring

Explain that carbon monoxide (CO) is a poisonous gas contained in cigarette smoke and that there is a simple test that can be carried out to determine CO levels.

“Carbon monoxide is a gas inhaled by smokers when they smoke a cigarette and it causes heart disease. The good news for you is that shortly after stopping smoking the level of carbon monoxide in your body returns to that of a non-smoker. This machine measures the amount of carbon monoxide in your lungs in parts per million and if you have not been smoking then we would expect it to be below 10 parts per million.”

It is worth emphasising that clients will be required to hold their breath for a minimum of 15 seconds before blowing into the CO monitor. This allows the pressure in the lungs to equalise and for the carbon monoxide in the blood to pass into the air in the lungs; it is this that is then measured by the monitor.

“What I am going to ask you to do in a minute is to take a big deep breath, hold your breath and then exhale into this machine. You will need to hold your breath for about 15 seconds. After you have taken your breath I will hand the machine to you, the machine will count down and I will then tell you when to exhale into it.”

Explain that CO tests are carried out to show the client objective proof of improved health after they have stopped smoking completely, and to check whether they really have stopped smoking.

There are a number of CO monitors available and you should follow the instruction accompanying these machines. However, the following procedure is fairly common to all monitors:

1. Both the client and the stop smoking practitioner should use sanitiser gel (non-alcohol) on their hands before the test.
2. Attach a clean, disposable, mouthpiece (a fresh one for each client) to the monitor.
3. Turn the machine on.
4. Ask the client to take a deep breath.
5. The monitor will count down 15 seconds and beep during the last 3 seconds.
6. The client needs to blow slowly into the mouthpiece aiming to empty their lungs completely.
7. The parts per million (ppm) of carbon monoxide in the lungs will be displayed on the screen.
8. The mouthpiece should be removed by the client (for infection control reasons) and disposed of in a refuse sack which is tied before being placed in another bag for collection (double bagging) to prevent domestic staff touching the mouth pieces.
9. The CO monitor should be cleaned between tests using a non-alcoholic wipe.

After the test

- If the test wasn't completed adequately (i.e. client did not hold their breath for the required time or did not place their lips around the tube properly) then politely advise the client that the test needs to be repeated. Allow them a couple of minutes to get their breath back before repeating the test.
- If reading was below 10 parts per million.

“This reading is below 10 parts per million; the normal range for a smoker is between 1 and 5ppm. However, carbon monoxide accumulates in the body and I'm sure that if we were to repeat the test later today or sooner after you've smoked it would be much higher. The good news is that if you do not smoke at all after your Quit Date then you can get this permanently down to the levels of somebody who doesn't smoke.”

- If reading was 10 parts per million or above.

“The monitor is showing a reading of over 10 parts per million which indicates that you are a smoker or exposed to carbon monoxide from some other source. It is what we would expect from you as you are still smoking. The normal range for a non-smoker is between 1 and 5 ppm and so you can see that your reading is ... times higher than what we would expect from a non-smoker. The good news is that if you do not smoke at all after your Quit Date then you can get this down to the levels of a non-smoker.”

Our bodies produce small amounts of carbon monoxide and there is also carbon monoxide in the atmosphere around us, e.g. in car exhaust fumes, so the reading will almost never be zero; it will also fluctuate slightly depending upon what air you have been exposed to. A reading of below 10 parts per million is considered to be that of a non-smoker.

Readings above 10 parts per million are not normally caused by being in the company of smokers; this can increase exposure to carbon monoxide, but does not normally push the reading above 10. For clients who report that they are not smoking it may be worth double-checking and examining what other sources of CO may be affecting their reading.

8 Explain the importance of abrupt cessation and the ‘not a puff’ rule

Explain that cutting down gradually, unless done with nicotine replacement therapy (NRT) as part of a planned programme, is not an effective approach to stopping smoking.

Explain that stopping smoking with your help involves a rule of not smoking a single puff after their Quit Date: this rule reduces ambiguity about what they are about to achieve (stopping smoking completely).

Explain compensatory smoking.

“The problem with trying to stop by cutting down gradually is that it can end up being so gradual that the smoker never actually stops. Additionally, it has been found that smokers may smoke the remaining cigarettes more intensely. The only real way of stopping smoking is to stop abruptly. This allows your body to begin to adjust to not smoking and you to adjust to life without cigarettes.”

9

Inform the client about withdrawal symptoms

“Because your body is used to regular doses of nicotine, it has to adjust to being without it (or having much less of it if you are using NRT or vaping). Within the first few hours of stopping smoking your body will start getting used to life without smoking – this adjustment results in withdrawal symptoms.”

Enquire about any previous experience of withdrawal symptoms.

“When you have stopped smoking before, or have had to go without a cigarette for a long time, did you notice any symptoms that came on? Was there anything that worked for you in dealing with these that could be useful this time?”

Respond appropriately reinforcing that this knowledge is going to be helpful during this quit attempt. If a client expects withdrawal symptoms, they will be more able to cope with them.

Remind clients that proper use of stop smoking medication will help with withdrawal symptoms, but will probably not get rid of them completely.

Reinforce that most of the withdrawal symptoms gradually disappear in the first four weeks of a quit attempt as long as the client does not smoke a cigarette.

Respond appropriately to any concerns and remind client that these symptoms are all normal and will pass with time as long as they do not smoke.

Common tobacco withdrawal symptoms:

- Urges to smoke or cravings (usually reduce over time as long as the client does not smoke, but can appear for a long time after quitting).
- Increased appetite and weight gain (can persist for three months or longer).
- Depression, restlessness, poor concentration, irritability/aggression (these usually last less than a month).

Less common symptoms:

- Light-headedness (usually lasts less than 48 hours).
- Waking at night (usually for less than a week).
- Mouth ulcers (can last over a month).
- Constipation (can last over a month).

FACT

10 Discuss stop smoking medications and vaping

Give information and guidance on the nicotine replacement therapy (NRT) products, varenicline (Champix) or bupropion (Zyban) so the client can make an informed choice.

Effectiveness of medication

- There are medications that make quitting smoking easier. In fact, people who use these medicines when they quit smoking are twice as likely to be successful than those who try and quit without using them. They are safe and do not cause cancer, strokes, heart or lung disease. There are three main types of medication: nicotine replacement therapy, Champix and Zyban.

“Do you know which stop smoking medication that you want to use to help with your quit attempt?”

If the answer is “Yes”

- Ask them to explain what they think is involved with that medication.
- Ensure that the client has realistic expectations of medication and fill in any gaps in knowledge.

If the answer is “No”

- You can inform the client that there are effective stop smoking medications available that will significantly improve their chances of quitting.
- Go through the medication choices with the client (see overleaf for a summary).

If the answer is “I’m not planning on using any medication”

- If client suggests that they are not planning on using any medication then ask their reasons for this and encourage them to use one of the medications available.

With Champix and Zyban ensure that client is able to get a supply from their GP and start taking the medication at least one week prior to their Quit Date.

Allow the client to ask questions.

Confirm choice of medication and discuss supply.

NRT

Note: clients will often have a very clear idea about what they want to use because of previous experience and/or personal testimonies.

“Nicotine replacement therapies (shortened to NRT) are very effective aids to help you stop smoking. They contain a small amount of the pure nicotine that you are currently getting from cigarettes.

It is important to remember that this is clean, safe nicotine, without the 4,000 other chemicals in cigarette smoke. NRT is not like smoking: it is not harmful, it is a smaller dose of nicotine than you get from smoking, and the nicotine is absorbed more slowly.”

Describe how NRT works and the different products available.

“NRT works by reducing urges to smoke and other withdrawal symptoms, thereby making stopping smoking a bit easier. It is not a magic cure – but it will help.

There are eight different products to choose from and all are effective in helping smokers to stop: patches, nasal spray, gum, lozenge, inhalator, microtab, Voke inhaler and mouth spray. They differ in the amount of nicotine that they contain, how it is delivered and how quickly it acts.”

If clients are classed as more dependent smokers, based on the HSI or the FTND, then a higher dose product such as the 25mg patch, 4mg chewing gum, 4mg lozenge or nicotine nasal spray will help them more.

Combination NRT (patch plus one other) is the most effective medication option and is suitable for most clients of stop smoking services (see below).

“A combination of two nicotine products – often the patch to deliver a background dose and the nicotine gum or lozenge to provide extra help when needed. Do you have any thoughts about this?

Studies show that using two products together gives you an increased chance of success compared with using one product. Combining products is also very safe: there is no need to worry about overdosing on nicotine. If you are unsure about using two products you could start off with the patch and if you find you are having difficulty in dealing with your urges to smoke then try adding another product.”

Varenicline (Champix)

“Champix has been specifically designed to help smokers to stop and evidence suggests that it is one of the most effective stop smoking medications. Champix is a tablet that works by reducing urges to smoke and other withdrawal symptoms once you have stopped smoking. It also blocks the ability of nicotine to stimulate the brain which is why many smokers using Champix do not feel satisfied should they have a cigarette.

Champix has some common minor side effects. The most common side effect is nausea, which affects about 3 out of 10 people. Nausea is usually mild to moderate. It is recommended you take Champix with food and a glass of water to help with possible nausea. Other possible side effects include headache, difficulty sleeping and abnormal dreams. For most people these side effects are minor and usually decrease within the first two weeks of use.

There have been historical reports in the press linking Champix with suicide and with heart disorders, but reviews of large numbers of smokers who have used the medication have not found a causal link.

Champix is not suitable for everyone and is a prescription-only medication so you will need to see your GP. Champix is typically used for 12 weeks and is started one week before your Quit Date. Some clients may use it beyond 12-weeks.”

Bupropion (Zyban)

“Zyban was the first non-nicotine medication available to smokers and research shows that, like NRT, it doubles your chances of successfully stopping. Zyban is a tablet that works by reducing urges to smoke and other withdrawal symptoms once you have stopped smoking.

It does have some common minor side effects that include headache, difficulty sleeping and dry mouth; and some more serious side effects. Because of this Zyban is not suitable for everyone and is a prescription only medication so you will need to see your GP to get it.

Zyban is taken for seven to nine weeks and is started one week before your Quit Date.”

Vaping (using e-cigarettes)

Some clients will choose to use a vaping device (vape) or may be already using one. Unlike cigarettes, vapes do not burn tobacco and do not produce tar or carbon monoxide.

Vaping is very popular with smokers and the evidence to date indicates that they are significantly (at least 95%) less harmful than cigarettes. If using an e-cigarette helps the smoker stay smokefree, it is much safer than continuing to smoke.

“Many smokers find vapes (electronic cigarettes or e-cigarettes) helpful for quitting smoking, and evidence shows that they can be effective. If you do choose to use a vape and if that helps you to quit and stay smokefree, it is far safer for you than continuing to smoke. Specifically, vapes do not produce carbon monoxide, which is the poison produced when you smoke cigarettes.

There is a wide range of vapes, most people need to try various types and flavours to find the one they like. Reputable vape shops will be able to give you advice on where to start.

Whatever method of stop smoking medication you choose to use it’s really important to come to our sessions weekly.”

Provide basic guidance on how to use a vaping device and discuss using in combination with NRT as appropriate.

Vape liquids, which contain nicotine, are a form of nicotine replacement and dosing guidelines generally follow the same principles as with NRT.

11 Set the Quit Date

Set the Quit Date with the client, which will normally be the date of the next appointment (1 or 2 weeks later), however some clients may choose to quit the same day as their appointment. Advise the client to smoke as normal up until their Quit Date.

“As this is your last few days of smoking, you can continue to smoke as normal but begin to think about your Quit Date.”

Advise that cutting down doesn't work.

"It is best not to cut down the number of cigarettes you smoke before your Quit Date as each one may become that little bit more important to you. Also, you will not be any better off physically as you will just smoke your fewer cigarettes more intensively.

The only exception to this is if you use a nicotine product (such as the patch, gum or lozenge) in the week prior to quitting and are able to make a genuine reduction in how many cigarettes you smoke. However, if you do this you will probably need to increase your use of nicotine products on your Quit Date to replace the cigarettes you won't be smoking."

Explain that the goal from the Quit Date onwards is not to have a single puff.

"Have you considered what time your last cigarette will be on your Quit Date?"

Some people like to smoke their last cigarette on the night before their Quit Date, others have their last cigarette later on in the afternoon because if you stop smoking first thing when you wake up then your body is already in withdrawal from nicotine because you haven't smoked through the night. Most people who I help to quit have their last cigarette immediately before their Quit Date appointment with me. Whatever the time of the day that you have your last cigarette it is vitally important that after this point you live by the 'not a puff' rule and do not smoke any cigarettes, not even one puff."

Note: If the client is planning to quit prior to your next appointment it may be helpful to cover some information from session 2 to ensure they are as prepared as possible for the first few days of their quit attempt.

12 Prompt a commitment from the client

It is important that the client hears themselves commit to not smoking at all after their Quit Date. Declarations such as this contribute to the building of rapport and leave no room for misunderstanding as to what is the aim of the quit attempt.

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Ask the client to tell you that they will commit not to have a cigarette, not even one puff, after their Quit Date.

"Having explained the 'not a puff' rule to you I would really like to hear you say that your aim is not to smoke at all after your Quit Date. Can you do that for me?"

13 Discuss preparations and provide a summary

- Confirm choice of medication or vape, plans to obtain supplies and immediate use on Quit Date (except for Champix and Zyban where use starts one week prior to this).
- Bring their NRT with them to the next appointment (or make NRT available for the Quit Date if you are supplying it).
- Confirm importance of using the days before the Quit Date to tell friends, colleagues and family about their quit attempt this will up the stakes and can increase the support and encouragement the client gets.
- Confirm the need for an arrangement with smoking friends, colleagues and family to reduce the client's exposure to smoking and to the availability of cigarettes.
- Confirm plans to get rid of all remaining cigarettes, plus lighters and ashtrays, on the Quit Date.
- Advise that preparing for the quit attempt and planning ahead for times when the client will be tempted to smoke is likely to help.
- Remind them that the cigarette they will have before the next appointment will be their last.

"In the week before you stop smoking it is worth thinking about the times you are going to miss cigarettes the most. You won't necessarily have your worst cravings at these times, but it helps to think about what you are going to do to try and make things a little easier for yourself.

We can talk about this with you when we speak on your Quit Date."

A summary of what has been discussed in this session allows the client to review the plans; it also crystallises these plans in the client's mind. An accurate summary also helps build rapport. It should include the following:

- Confirm with the client their Quit Date, medication choice and supply, and preparations they will undertake prior to their Quit Date.
- Summarise the reasons why the client wants to stop smoking, what support is available to them and what barriers they may face; check that this summary is correct.
- Confirm the date of next appointment and how to contact you if they have any questions or concerns. Let them know that it's important to you that they come to all their appointments no matter if they're struggling or not.

Ask if they have any questions.

"Are there any questions that you have about the preparations you need to make or what you are going to do on your Quit Date?"

Session 2:

Quit Date

Minimum duration: 30 minutes

Clinical Checklist	Done
1 Confirm readiness and ability to quit	<input type="checkbox"/>
2 Confirm that the client has sufficient supply of medication and discuss expectations of medication	<input type="checkbox"/>
3 Discuss withdrawal symptoms and cravings / urges to smoke and how to deal with them	<input type="checkbox"/>
4 Advise on changing routine	<input type="checkbox"/>
5 Discuss how to address the issue of the client's smoking contacts and how the client can get support during their quit attempt	<input type="checkbox"/>
6 Address any potential high-risk situations in the coming week	<input type="checkbox"/>
7 Conduct carbon monoxide (CO) monitoring	<input type="checkbox"/>
8 Confirm the importance of abrupt cessation	<input type="checkbox"/>
9 Prompt a commitment from the client	<input type="checkbox"/>
10 Discuss plans and provide a summary	<input type="checkbox"/>

Communication skills used throughout this session

Boost motivation and self-efficacy <input type="checkbox"/>	Build rapport <input type="checkbox"/>
Use reflective listening <input type="checkbox"/>	Provide reassurance <input type="checkbox"/>

This session will also cover strategies for avoiding smoking and it should aim to enhance motivation and boost self-confidence throughout.

Specific elements, such as completion of questionnaires and other stop smoking service paperwork, have not been included as they vary according to local protocols and procedures.

The competences used in the Quit Date Session are listed on page 51.

1 Confirm readiness and ability to quit

Welcome the client back and be genuinely excited for them that their Quit Date has arrived and that they are about to stop smoking for good.

Ensure that client has discarded all of their cigarettes after their final one. If client has had their last cigarette get them to discard cigarettes whilst with you. Some clients also like to bring their ashtrays and lighters with them to throw away.

"So can I ask you whether you are ready to stop smoking for good?"

If clients sounds nervous or ambivalent

- You can reassure clients that it is completely understandable and very common to be nervous about stopping smoking.
- Inform them that by getting support from trained practitioners such as you, and by using effective medications, they are greatly improving their chances of success.
- Explore further any specific concerns they may have (e.g. *"What is worrying you most about quitting?"*)
- You may want to revisit their reasons for wanting to quit and perhaps ask if they can identify any good things that will come from stopping smoking (e.g. *"What might be some of the good things that happen when you quit?"*)

If clients sounds positive

- You can congratulate clients for being so positive as motivation to quit successfully is really important.
- You might need to make sure that clients have a realistic expectation of how difficult quitting might be if you think that they are overconfident.

2

Confirm that the client has sufficient supply of medication and discuss expectations of medication

Make sure that the client has sufficient medication to last them for the next two weeks. If not, discuss arrangements for the client to obtain a further supply.

For clients using NRT

- Remind client of the reasons for use (reduces withdrawal symptoms and increases success).
- Reassure about initial unpleasant effects (will get used to the taste etc).
- Encourage using enough for long enough.
- Reassure about any safety concerns.

"It is probably worth remembering that nicotine does not cause cancer and that it is the tar and carbon monoxide in cigarette smoke that are harmful. Also, nicotine products tend to give you less nicotine than from cigarettes and so your chances of getting addicted to them are slim. In fact, the biggest problem with NRT use is not that people become dependent upon the products, but that people do not use enough of it for long enough."

- Enquire about any questions they may have.

Get clients who are using NRT to start using it straight away.

With all stop smoking medications, you should discuss correct use and possible side effects. Mention that with continued and regular use most smokers get used to these side effects.

If client is using an oral NRT product

- Reinforce the need to use oral NRT products and the nicotine nasal spray regularly throughout the day, on the hour, every hour.

"Make sure you take your NRT with you wherever you go, always keep a supply handy; perhaps where you used to keep your cigarettes."

If the client has chosen to only use one NRT product, take the opportunity to encourage combination use again.

"I mentioned last week that single NRT products typically give about half the nicotine that you would have got from cigarettes and that research has shown that using two products (often a combination of patch plus one of the oral products) increases smokers' chances of quitting. Have you thought any more about this?"

For clients using Champix or Zyban

With clients taking Champix or Zyban, check that they started their medication at least one week ago.

- Remind client of rationale for use (reduces withdrawal and increases success).
- Check usage.
- Enquire about any side effects and advise accordingly.
- Enquire about any questions they may have about use.

For clients using vapes

- Remind and reassure the client of the rationale for use (reduces withdrawal symptoms and increases success).
- Check usage.
- Enquire about any questions they may have about use.

If the client is not intending to use any medication, take the opportunity to re-visit this now.

All of the stop smoking medications are safe and roughly double (NRT and Zyban) or triple (Champix and combination NRT) a smoker's chance of quitting successfully. Quitting cold turkey seriously reduces a client's chances of becoming a permanent ex-smoker.

FACT

3

Discuss withdrawal symptoms and cravings /urges to smoke and how to deal with them

“When you have stopped smoking before, or have had to go without a cigarette for a long time, did you notice any symptoms that came on? Was there anything that worked for you in dealing with these that could be useful this time?”

Respond appropriately reinforcing that this knowledge is going to be helpful during this quit attempt. If the client expects the withdrawal symptoms they will be more able to cope with them.

Remind client that proper use of the medication will help with withdrawal symptoms (including cravings/urges to smoke) but will probably not get rid of them completely.

Having a supply of medication and using it properly is important because it can help with the withdrawal symptoms that most smokers experience when they stop.

Because they are used to regular doses of nicotine, their bodies and minds need to adjust to being without it (or having much less of it if they are using NRT). Within the first few hours of stopping smoking they will start getting used to life without nicotine this adjustment results in withdrawal symptoms.

Reinforce that most of the withdrawal symptoms gradually disappear in the first four weeks of a quit attempt as long as the client does not smoke a cigarette.

“At first the cravings can feel overwhelming, especially if they take you by surprise. In the first few days and weeks these cravings can be very strong and can occur a lot – but cravings do pass and can be controlled. As long as you do not smoke after your Quit Date then over the next few weeks they will get less strong and less frequent and you will get better at dealing with them.”

Discuss common triggers for cravings: seeing someone smoke, being in a situation where the client used to smoke, being with people who the client used to smoke with, feeling stressed, wanting to celebrate.

“The nature of giving up smoking means that there are going to be times after your Quit Date when you really want a cigarette. Experience tells us that it is worth having a few strategies to deal with these times when you experience strong urges to smoke.”

Allow client to come up with some ideas on what they can do when they experience the urge to smoke that you can expand on/add to if necessary.

“You mentioned that first thing in the morning might be tricky for you. This is common and some of my clients have committed to change their routine by having breakfast, getting out of bed 10 minutes later or keeping their medication by their bed (where they used to keep their cigarettes). You might want to try one or more of these or think if there is anything else that you can do.”

If the client is struggling to come up with ideas of their own then it is appropriate for you to suggest some. However, remember to provide them as a list that the client can choose from or think of their own rather than telling the client what they should do.

Strategies can include: ensuring that cigarettes are not available; ensuring proper use of medication; avoiding situations in which common triggers occur; distraction; short periods of exercise; yogic breathing (taking repeated deep breaths from the belly; it may be useful to remind yourself of why you want to quit; imagine telling people you have started smoking again; imagine going through this again in the future.

4 Advise on changing routine

“Last week I asked you to consider which cigarettes you think that you might miss the most – now nicotine is a tricky drug and there is no guarantee that those cigarettes will actually be the ones that you miss the most, but have you been able to identify these?”

Respond appropriately and make note of these cigarettes / times / situations so that you can address them at future appointments.

“You are probably going to have times over the next couple of weeks when you are desperately going to want to smoke. Small changes in your routine may help you to cope with ‘smoking situations’ and to establish a new pattern of living without cigarettes.”

Attempt to get the client to come up with any changes that they might make.

5

Discuss how to address the issue of the client's smoking contacts and how the client can get support during their quit attempt

Ask the client who they know who smokes and the nature of their relationship with them.

"Do you live with any smokers or do you spend long periods of time with smokers?"

Clients does not live with a smoker

- Tell the client that this is good news as having cigarettes around them or seeing people smoking could put a strain on their quit attempt.
- Explain that other friends or family members who smoke also pose a risk; ask whether they can ask these smokers to not smoke around them.

Clients does live with a smoker

- It is important that clients understand that living with a smoker or being around smokers will present an extra challenge for them.
- Explain the dangers of exposure to cigarettes and smokers after the Quit Date and ask whether they can ask these smokers to not smoke around them and not leave their cigarettes in view.

Inform the client that some people may try to undermine their quit attempt by saying that they miss their 'smoking buddy' or that they are 'not the same' or 'grumpier' since they quit. In these cases, if appropriate, the client could ask these people to support them because they care about them. Reinforce the importance of appropriate support to the success of a quit attempt.

"There are going to be times during your quit attempt, especially in the first few weeks, where the support and encouragement of friends, family and colleagues is going to be really helpful. This is one of the reasons why we suggest that you tell as many people as possible that you will be quitting smoking and that you are going to need their support. Are there any people from whom you think that you will get support for your quit attempt?"

6

Address any potential high-risk situations in the coming week

“High-risk situations for most smokers are linked to times when their barriers are down and where cigarettes are available and being smoked – your motivation will have to be at its strongest at these times.”

Ask the client if there are any times in the coming week when they think that they might be at particular risk.

Attempt to get the client to come up with possible strategies for dealing with these situations. Reinforce the importance of using their medication properly and of reminding themselves about their reasons for quitting and how these can be used during high-risk situations or when strong urges strike.

“Your frame of mind is important: being positive about stopping smoking and knowing that there will be hard times and periods when you feel like smoking, but that these will pass, will help.”

If clients display confidence

- Praise clients for their motivation and advise that the support and medication they are going to receive means that their confidence is well placed.
- You might need to make sure that clients have a realistic expectation of the challenge ahead and the need to plan what they are going to do when the urge to smoke is very strong if you think they may be overconfident.

If clients display a lack of confidence

- Be positive and advise clients that it is probably better for them to be under-confident rather than overconfident.
- Tell the client that although stopping smoking can be difficult (as they may know from previous attempts) that with your help and the medication they have every chance of success. Advise that it is still worth planning what they are going to do when the urge to smoke is very strong.

“Strong motivation can overcome lack of confidence. For example, let me ask you to imagine being offered £100 as a substitute every time you want a cigarette. What would you do?... Now the £100 is an imaginary motivation, but you have very real reasons to give up smoking and to refuse to smoke.

It is also worth remembering that although quitting smoking is difficult, thousands of people stop successfully every year despite having similar fears to you.”

7

Conduct carbon monoxide (CO) monitoring

Remind the client that CO tests are carried out to show the client objective proof of improved health after they have stopped smoking completely, and to check whether they really have stopped smoking.

Conduct the CO test as described in the Pre-quit Assessment on page 14.

After the test

- If test wasn't completed adequately (i.e. client did not hold their breath for the required time or did not place their lips around the tube properly) then politely advise the client that the test needs to be repeated. Allow them a couple of minutes to get their breath back before repeating the test.
- If reading was below 10 parts per million.

“This reading is classed as that of a non-smoker; although the normal range for a non-smoker is between 1 and 5 ppm. However, carbon monoxide accumulates in the body and I'm sure that if we were to repeat the test later today or sooner after you have smoked it would be much higher. The good news is that if you do not smoke at all after your Quit Date then you can get this permanently down to the levels of somebody who doesn't smoke.”

- If reading was 10 parts per million or above.

“The monitor is showing a reading of over 10 parts per million which is what we would expect from you as you are still smoking. The normal range for a non-smoker is between 1 and 5 ppm and so you can see that your reading is ... times higher than what we would expect from a non-smoker. The good news is that if you do not smoke at all after your Quit Date / today then you can get this down to the levels of a non-smoker.”

8 Confirm the importance of abrupt cessation

"The only way that the withdrawal symptoms will start to get better, and that you will begin to learn how to live without cigarettes, is for you to not smoke at all after today – not a puff.

In these next couple of days, you will probably find that each day without a cigarette feels like a week. Often, after only a few days people feel like they have been stopped for ages and deserve a 'treat'. Just one cigarette is incredibly risky and usually leads back to regular smoking so plan another treat that you can give yourself."

"Set yourself small targets. Set yourself the target of getting through the morning, afternoon or evening without smoking, and be determined not to smoke, whatever life throws at you. Aim to get through your quit day without smoking. Once you have done that aim to double the length of your quit attempt by going a second day without smoking. Take it step-by-step, day-by-day (even hour-by-hour if necessary) so that you can get through the next week."

9 Prompt a commitment from the client

Ask the client to tell you that they will commit not to have a cigarette, not a single puff, after their Quit Date.

"Having explained the 'not a puff' rule to you I would really like to hear you say that your aim is not to smoke at all after your Quit Date. Can you do that for me?"

10 Discuss plans and provide a summary

“Are there any questions that you have about getting through today and the next week without smoking? How are you feeling?”

Respond appropriately.

Summarise the client’s plans.

- Confirm plans for stop smoking medication or vaping, how they are going to use their product and that they have sufficient for the coming week.
- Describe what they plan to do to deal with the urges to smoke that they will experience.
- Confirm how they are going to change their routine, including the need for an arrangement with smoking friends, colleagues and family to reduce their exposure to smoking and to the availability of cigarettes.
- Describe where and from whom they are going to get support for their quit attempt in this coming week and what they are going to do in any of the high-risk situations that they have identified.
- Remind the client of the not a puff rule and say that you expect to see them back next week having not smoked at all so that they can get a nice low reading on the carbon monoxide monitor.
- Congratulate on making this commitment to quitting; provide positive reinforcement about the importance of quitting (reference any personal reasons) and your belief in the clients ability to quit (build self-confidence).
- Reinforce the importance of the support program. Let the client know that it’s important that they come to all appointments whether they are struggling or doing well.
- Communicate that you will be there to support them along the way and confirm your next appointment. Let them know you understand this first week may be difficult and to take it day by day and to get in contact with you if they are struggling or have any questions (provide flexible options by phone, email or text if possible).

“Quitting smoking is not easy so be prepared for a bit of a rough ride, remind yourself that the discomfort won’t last forever and tell yourself that you will be able to do it.”

Sessions 3, 4, 5:

1, 2, 3 weeks post Quit Date

Minimum duration: 20 minutes

Clinical Checklist	Done
1 Check on client's progress	<input type="checkbox"/>
2 Measure carbon monoxide levels	<input type="checkbox"/>
3 Enquire about medication and vape use and ensure that the client has sufficient supply	<input type="checkbox"/>
4 Discuss any withdrawal symptoms and cravings / urges to smoke that the client has experienced and how they dealt with them	<input type="checkbox"/>
5 Discuss any difficult situations experienced and methods of coping	<input type="checkbox"/>
6 Address any potential high-risk situations in the coming week	<input type="checkbox"/>
7 Confirm the importance of the 'not a puff' rule and prompt a commitment from the client	<input type="checkbox"/>
8 Provide a summary	<input type="checkbox"/>

Communication skills used throughout this session

Boost motivation and self-efficacy <input type="checkbox"/>	Build rapport <input type="checkbox"/>
Use reflective listening <input type="checkbox"/>	Provide reassurance <input type="checkbox"/>

This session will also cover strategies for avoiding smoking and it should aim to enhance motivation and boost self-confidence throughout.

Specific elements, such as completion of questionnaires and other stop smoking service paperwork, have not been included as they vary according to local protocols and procedures.

The competences used in these post-quit sessions are listed on page 52.

1 Check on client's progress

Welcome the client back and be genuinely excited to find out how they have got on.

Ask about smoking status and discuss the response.

"How are you getting on, have you managed to stay smokefree since our last appointment?"

To get an accurate response it is often useful to clarify the client's response by offering them the following options or by asking them to confirm that they have not had even one puff on a cigarette:

- No, not even a puff.
- Yes, between 1 and 5 cigarettes.
- Yes, just a few puffs.
- Yes, more than 5 cigarettes.

If client has remained abstinent

- Congratulate and praise the client.
- Reinforce the 'not a puff' rule by advising that most people who relapse go back to smoking in the first few days of their quit attempt and that managing not to smoke at all makes their chances of becoming a permanent ex-smoker much higher.

If client has had a slip(s)

- You can acknowledge the effort made, especially for more dependent smokers. However, also reinforce the rationale of complete abstinence as having the occasional cigarette makes withdrawal worse and reduces the likelihood of quitting.
- Advise the client that each cigarette puts their quit date back and having the occasional cigarette will make the withdrawal worse.
- Advise them that they will find it easier if they stop smoking altogether.

If client has cut down

- You can acknowledge the effort made and that you understand why they might think it is a good idea to cut down rather than stop abruptly. However, you need to explain why it doesn't work.
- Advise that it may be possible to put this past week down to experience and to learn from what went wrong but that probably this is their last chance to get it right this time round. Let them know that they need to commit to not having one puff of a cigarette for the next week.
- If the client is smoking daily suggest setting a new Quit Date and start a new treatment episode.
- You need to reinforce the rationale for complete abstinence and not a puff.
- If the client is still smoking daily and is unable or unwilling to quit completely by the second post quit session, consider a cut down to stop programme if your service offers this.

If client has not made an attempt to quit enquire as to the reasons why and establish whether they still want to stop smoking.

2 Measure carbon monoxide levels

Explain that CO tests are carried out to show the client objective proof of improved health after they have stopped smoking completely, and to check whether they really have stopped smoking.

Conduct the CO test as described in the Pre-quit Assessment on page 14.

After the test

- If test wasn't completed adequately (i.e. client did not hold their breath for the required time or did not place their lips around the tube properly) then politely advise the client that the test needs to be repeated. Allow them a couple of minutes to get their breath back before repeating the test.
- If reading was below 10 parts per million.

"Congratulations! This reading is that of a non-smoker; you are already benefitting from not smoking and you should be very proud of your achievement."

- If reading was 10 parts per million or above.

“The monitor is showing a reading of over 10 parts per million which is what we expect to see from someone who is smoking. Now if you haven’t been smoking there are a number of other possible reasons for this: that you have been exposed to carbon monoxide fumes from a faulty gas boiler, car exhaust or from paint stripper (it might be worth you checking these things out as exposure to carbon monoxide is dangerous); that you are lactose intolerant (most people know if they are) and the high reading is a consequence of you consuming dairy products which can produce gases in your breath.”

Our bodies produce small amounts of carbon monoxide and so the reading will probably not be zero; it will also fluctuate slightly depending upon what air they have been exposed to. A reading of below 10 parts per million is considered to be that of a non-smoker.

CO readings above 10 parts per million are not normally caused by being in the company of smokers; this can cause increased exposure to carbon monoxide but it does not normally push the reading above 10.

Occasionally clients may self-report that they are not smoking but, on testing, exhibit an abnormally high expired CO reading. They should be given advice about other possible sources of CO exposure and about CO poisoning. They can be advised to call the free Health and Safety Executive (HSE) gas safety advice line on 0800 300 363.

3 Enquire about medication and vape use and ensure that the client has sufficient supply

- Review how the client is using their stop smoking medication and stress its importance.
- Enquire about side effects.
- Ensure client has adequate supply of medication.

4 Discuss any withdrawal symptoms and cravings / urges to smoke that the client has experienced and how they dealt with them

*“How difficult has it been not to smoke over the past week?
Have you experienced any withdrawal symptoms?”*

Respond appropriately, reminding the client that it is usually toughest in the first few days of a quit attempt but that it will get better over time. (For clients not completely abstinent stress that the withdrawal symptoms will continue unless they stop fully.)

Ensure that you help the client distinguish between genuine withdrawal symptoms, medication side effects and coincidental symptoms.

Remind the client that proper use of the medication or vape will help with withdrawal symptoms but will probably not get rid of them completely.

"Have there been any times since your Quit Date when you have felt really strong urges to smoke? What have you done to manage to resist these so successfully?"

Respond with reflective listening to boost self-confidence.

"You should expect it to be tough in this first week and to experience some or all of the withdrawal symptoms. Using your medication properly is the best way of reducing the withdrawal symptoms and making it a little easier for yourself."

5

Discuss any difficult situations experienced and methods of coping

Ask the client whether there have been any times in the past week, perhaps those identified by them on the Quit Date that have caused them to feel at risk of going back to smoking.

Review with the client how they dealt with these situations and discuss whether new or modified methods of coping are required.

"Have there been any times in the past week when you felt at risk of smoking?"

If abstinent and high-risk situations have been dealt with well

- Praise the strategies used and advise the client they are doing really well.
- Also need to remind the client that it is still early days and that they should continue to 'expect the unexpected'.

If had a few slips or high-risk situations have proved difficult

- Ask the client where they got the cigarettes or tobacco from and review what the high-risk situations were.
- Revisit client motivation and self-confidence and check they are committed to quitting.
- You can let them know that many other people have been in similar situations and have managed to turn it around and that you can help them look at what they can do over the next few days to make sure that they do not smoke.

"You are probably going to have times over the next couple of weeks when you are desperately going to want to smoke, small changes in your routine may help you to cope with 'smoking situations' and to establish a new pattern of living without cigarettes."

6 Address any potential high-risk situations in the coming week

Attempt to get the client to come up with possible strategies for dealing with any identified high-risk situations. Reinforce the importance of using their medication properly and of reminding themselves about their reasons for quitting and how these can be used during high-risk situations or when strong urges strike.

7 Confirm the importance of the 'not a puff' rule and prompt a commitment from the client

Reinforce the not a puff rule and remind the client that having a cigarette will only act to remind their mind and body about smoking.

Ask the client to tell you that they will commit not to have a cigarette, not even one puff, during the coming week.

"I would really like to hear you say that your aim is not to smoke at all this week, not even one puff on a cigarette. Can you do that for me?"

8 Provide a summary

“Are there any questions that you have about getting through the next week without smoking? How are you feeling?”

Respond appropriately.

Summarise the client’s plans.

- Confirm how they are going to use their medication or vape and that they have sufficient for the coming week.
- Describe what they plan to do to deal with the urges to smoke that they will experience.
- Describe where and from whom they are going to get support for their quit attempt in this coming week and what they are going to do in any of the high-risk situations that they have identified.
- Remind the client of the not a puff rule and say that you expect to see them back next week having not smoked at all so that they can get a nice low reading on the carbon monoxide monitor.
- Confirm the date of your next appointment and how to reach you if any questions or concerns arise between now and her next appointment. Let the client know that it’s important that they come to all appointments whether they are struggling or doing well.
- Remind the client of their goal, how well they are doing, and your support.

“Be easy on yourself. Stopping smoking can be a stressful time and you should try and relax as much as possible, eat well and get a good night’s sleep. Avoid stress as much as you can and do not expect too much of yourself. Also, do not be afraid to ask for support from the people around you – even if it is just asking them to be tolerant of you.”

Session 6:

4 weeks post Quit Date

(4-week follow-up appointment)

Minimum duration: 20 minutes

This final session is very similar to Sessions 3, 4 & 5.

Clinical Checklist	Done
1 Check on client's progress	<input type="checkbox"/>
2 Measure carbon monoxide levels	<input type="checkbox"/>
3 Advise about continued medication or vape use and ensure that the client knows where to obtain further supplies	<input type="checkbox"/>
4 Discuss cravings / urges to smoke that the client has experienced and how they can deal with them in the future	<input type="checkbox"/>
5 Discuss any difficult situations experienced and methods of coping and address any potential high-risk situations in the future	<input type="checkbox"/>
6 Confirm the importance of the 'not a puff' rule and prompt a commitment from the client	<input type="checkbox"/>
7 Provide a summary	<input type="checkbox"/>

Communication skills used throughout this session

Boost motivation and self-efficacy <input type="checkbox"/>	Build rapport <input type="checkbox"/>
Use reflective listening <input type="checkbox"/>	Provide reassurance <input type="checkbox"/>

This session will also cover strategies for avoiding smoking in the long term, and it should aim to enhance motivation and boost self-confidence, and promote the ex-smoker identity throughout.

Specific elements, such as completion of questionnaires and other stop smoking service paperwork, have not been included as they vary according to local protocols and procedures.

The competences used in this 4 weeks post Quit Date session are listed on page 53.

1 Check on client's progress

Welcome the client back and be genuinely excited to find out how they have got on. Ask about smoking status and discuss the response.

"How are you getting on, have you managed to stay smokefree since our last appointment?"

If abstinent since Quit Date

- Congratulate the client and give praise.
- Reinforce the ongoing need for the 'not a puff' rule.

If abstinent for the previous two weeks

- Congratulate the client and give praise.
- Reinforce the ongoing need for the 'not a puff' rule.

If client has not managed to stop smoking

- Acknowledge that this quit attempt has not worked for them but let them know that it is normal for it to take a number of quit attempts before quitting for good.
- Assess whether they are ready to re-commence their quit attempt and to set a new quit date.
- If not, then offer them a Cut Down To Stop programme if your service offers it.
- If they decline the Cut Down to Stop programme, encourage them to think about what didn't work this time, to build their motivation for another try in the future and to contact the service at this time.

If abstinent.

"How are you feeling now having gone four weeks without smoking?"

Listen actively to what the client is telling you and respond appropriately in a manner that boosts their motivation and confidence. Try to help them come up with their own solutions to concerns and barriers.

2 Measure carbon monoxide levels

Remind client that CO tests are carried out to show the client objective proof of improved health after they have stopped smoking completely, and to check whether they really have stopped smoking.

After the test

- If reading was below 10 parts per million.

“Congratulations, your carbon monoxide levels are down to that of a non-smoker and will remain that way as long as you stick to smoking ‘not a puff’ on a cigarette. Not just your lungs, but your general health will continue to improve as long as you remain a non-smoker.”

- If reading was above 10 ppm.

Remind client of the need to not smoke not a puff if they want to become an ex-smoker and want their health to improve. If appropriate explore why they are smoking and their access to tobacco.

3 Advise about continued medication or vape use and ensure that the client knows where to obtain further supplies

Review medication or vape use and stress its importance. Enquire about side effects.

Ensure client has adequate supply and plan for continued supply now that they are not receiving weekly support.

“It is common for medication use to tail off as the quit attempt progresses, has this been the case with you?”

“Many people who use medicines such as NRT, Champix and Zyban to help them stop smoking do not use them for long enough. They often think that after a few weeks of not smoking that things are going well, and that there is no need for them to keep on taking their medication. This is risky, because it is likely that the reason things have gone so ‘well’ is because the medicines were helping! Do not be tempted to reduce or stop your medication before it is time (at least 8 to 12 weeks for NRT, 12 weeks for Champix and 7 to 9 weeks for Zyban).”

4**Discuss cravings / urges to smoke that the client has experienced and how they can deal with them in the future**

"Most of the withdrawal symptoms will be much less severe, or even have disappeared, over the next week or so. Increased appetite and urges to smoke will probably continue, but will become less frequent as time goes by."

Remind client that continued abstinence (not a puff on a cigarette) will result in the withdrawal symptoms disappearing completely and more quickly.

*"How have you found dealing with urges to smoke this past week?
Are things getting any easier?"*

Respond appropriately.

Advise client that strong urges to smoke can occur many weeks, months or even years into the future and that they should expect this to happen occasionally. They should try not to be caught out by these urges and should have a plan in place to deal with them.

"You might already have noticed that although the urges to smoke can remain quite strong, they do become less frequent the longer you go without smoking at all. You have managed to deal successfully with the urges to smoke so far and these strategies can be used again in the future when the urge to smoke strikes."

5**Discuss any difficult situations experienced and methods of coping and address any potential high-risk situations in the future**

Ask the client whether there have been any times in the past week that have caused them to feel at risk of going back to smoking.

Review with the client how they dealt with these situations and discuss whether new or modified methods of coping are required.

"You have managed to cope with a lot during the past four weeks but there are a number of common situations which are high-risk for ex-smokers and some of which you might not have encountered."

Discuss continued risks, for example:

- Being in the company of smokers.
- Drinking alcohol.
- After arguing with partners or family.
- When the pressure is high at work.

Mention also:

- Celebrations or special occasions.
- Bereavement.
- Holidays (especially ones abroad where smoking is more common and cigarettes cheaper).

“How are you feeling about your ability to cope in the coming weeks?”

Respond appropriately with reflective listening.

Emphasise the strategies that have worked well for the client and encourage confidence in approaching the coming week.

“Are there any questions that you have about getting through the next few weeks without smoking?”

Respond appropriately.

*“Do you feel any different now that you are not smoking?
Do you see yourself any differently?”*

Respond appropriately, reflecting back issues that the client mentions.

Attempt to get the client to come up with possible strategies for dealing with any identified situations. Reinforce the importance of continued medication use and of reminding themselves about their reasons for quitting and how these can be used during high-risk situations or when strong urges strike.

“You might like to consider always keeping a small supply of NRT with you (like the gum, lozenge, microtab or inhalator) and commit to using this if ever you feel likely to have a cigarette. How do you feel about that?”

Or

“Do not try and give up your vape too early. Some people use lower strength nicotine e-liquid as time goes on, although it is fine to continue with the strength that works for you, and to continue to vape for as long as it takes to prevent you from going back to smoking.”

Respond appropriately and discuss long-term plans.

Or

“You might like to consider writing down the reasons why you wanted to stop in the first place, keeping this with you at all times and commit to reading this if you ever feel likely to have a cigarette. How do you feel about that?”

Respond appropriately and discuss long-term plans.

Or

“You might like to consider always carrying this card with the NHS Smoking Helpline number on it and commit to calling this number if you ever feel likely to have a cigarette. How do you feel about that?”

Respond appropriately and discuss long-term plans.

6

Confirm the importance of the ‘not a puff’ rule and prompt a commitment from the client

Reinforce the not a puff rule and warn client that having a cigarette will only act to remind their mind and body about smoking.

Ask the client to tell you that they will commit to not have a cigarette, not even one puff, in the future.

“I would really like to hear you say that your aim is not to smoke at all, not even one puff on a cigarette. In fact, why don’t you promise me now that no matter how tempted you are to smoke in the future you will use some NRT / reasons for quitting / NHS Smoking Helpline first? How do you feel about that? Can you do that for me?”

7 Provide a summary

“Are there any questions that you have about getting through the next few weeks without smoking? How are you feeling?”

Respond appropriately.

Summarise the client’s plans.

- Confirm how they are going to continue to use their medication or vape and that they know how to get further supplies.
- Describe what they plan to do to deal with the urges to smoke that they will experience.
- Describe what they are going to do in any of the high-risk situations that might occur in the future.
- Remind the client of the not a puff rule and that it will continue to get easier over time.
- Say that you fully expect them to be determined not to smoke again.

“Often when people have quit smoking for a number of months there is the expectation that they should be completely free from the desire to smoke. Although this is sometimes the case, many people still find that there are times where they miss smoking or find themselves in a situation where they are tempted to smoke because they truly believe that smoking will help them to cope or feel better. This is understandable when you think about how long people have been smoking for but having a cigarette at these times nearly always results in a return to smoking and huge disappointment.

It is always worth remembering (especially if you are tempted to have that fatal ‘just one smoke’) that you were once a smoker, and what you had to go through to stop. You don’t want to have to go through this again, and now is the time to look forward to the rest of your life as a non-smoker.”

NCSCT identified competences to deliver stop smoking interventions by session

Session 1:

Pre-quit Assessment

(1 or 2 weeks prior to Quit Date)

Included competences

Specific focus on behaviour addressing motivation

- Boost motivation and self-efficacy
- Provide feedback on performance
- Provide normative information about others' behaviour and experiences
- Prompt commitment from the client there and then
- Provide rewards contingent on effort or progress
- Strengthen ex-smoker identity
- Identify reasons for wanting and not wanting to stop smoking
- Explain the importance of abrupt cessation
- Measure CO

Specific focus on behaviour maximising self-regulatory capacity/skills

- Facilitate barrier identification and problem solving
- Facilitate goal setting
- Advise on changing routine
- Advise on environmental restructuring

Associate activities

- Advise on stop-smoking medication
- Advise on/facilitate use of social support
- Adopt appropriate local procedures to enable clients to obtain free medication
- Give options for additional or later support

General aspects of the interaction focusing on information gathering

- Assess current and past smoking behaviour
- Assess current readiness and ability to quit
- Assess past history of quit attempts
- Assess nicotine dependence
- Assess attitudes to smoking
- Explain how tobacco dependence develops

General aspects of the interaction focusing on delivery of the intervention

- Tailor interactions appropriately
- Emphasise choice

General aspects of the interaction focusing on general communication

- Build rapport
- Elicit and answer questions
- Explain the purpose of CO monitoring
- Explain expectations regarding treatment programme
- Provide information on withdrawal symptoms
- Use reflective listening
- Elicit client views
- Summarise information/confirm client decisions
- Provide reassurance

Session 2:

Quit Date

Included competences

Specific focus on behaviour addressing motivation

- Boost motivation and self-efficacy
- Provide normative information about others' behaviour and experiences
- Prompt commitment from the client there and then
- Strengthen ex-smoker identity
- Identify reasons for wanting and not wanting to stop smoking
- Explain the importance of abrupt cessation
- Measure CO

Specific focus on behaviour maximising self-regulatory capacity/skills

- Facilitate barrier identification and problem solving
- Facilitate relapse prevention and coping
- Facilitate action planning/help identify relapse triggers
- Advise on changing routine
- Advise on environmental restructuring
- Set graded tasks
- Advise on conserving mental resources
- Advise on avoidance of social cues for smoking
- Facilitate restructuring of social life

Associate activities

- Advise on stop-smoking medication
- Advise on/facilitate use of social support
- Adopt appropriate local procedures to enable clients to obtain free medication
- Ask about experiences of stop smoking medications that the smoker is using

General aspects of the interaction focusing on information gathering

- Assess current readiness and ability to quit
- Assess withdrawal symptoms
- Assess number of contacts who smoke
- Assess level of social support

General aspects of the interaction focusing on general communication

- Build rapport
- Elicit and answer questions
- Explain the purpose of CO monitoring
- Provide information on withdrawal symptoms
- Use reflective listening
- Elicit client views
- Summarise information/confirm client decisions
- Provide reassurance

Session 3:

1 week post Quit Date

Session 4:

2 weeks post Quit Date

Session 5:

3 weeks post Quit Date

Included competences

Specific focus on behaviour addressing motivation

- Boost motivation and self-efficacy
- Provide feedback on performance
- Provide normative information about others' behaviour and experiences
- Prompt commitment from the client there and then
- Provide rewards contingent on effort or progress
- Strengthen ex-smoker identity
- Identify reasons for wanting and not wanting to stop smoking
- Explain the importance of abrupt cessation
- Measure CO

Specific focus on behaviour maximising self-regulatory capacity/skills

- Facilitate barrier identification and problem solving
- Facilitate relapse prevention and coping
- Facilitate action planning/help identify relapse triggers
- Facilitate goal setting
- Prompt review of set goals

Associate activities

- Advise on stop-smoking medication
- Advise on/facilitate use of social support
- Adopt appropriate local procedures to enable clients to obtain free medication
- Ask about experiences of stop smoking medications that the smoker is using

General aspects of the interaction focusing on information gathering

- Assess withdrawal symptoms

General aspects of the interaction focusing on general communication

- Build rapport
- Elicit and answer questions
- Explain the purpose of CO monitoring
- Provide information on withdrawal symptoms
- Use reflective listening
- Elicit client views
- Summarise information/confirm client decisions
- Provide reassurance

Session 6:**4 weeks post Quit Date**

(4-week follow-up appointment)

Included competences**Specific focus on behaviour addressing motivation**

- Boost motivation and self-efficacy
- Provide rewards contingent on successfully stopping smoking
- Provide normative information about others' behaviour and experiences
- Prompt commitment from the client there and then
- Provide rewards contingent on effort or progress
- Strengthen ex-smoker identity
- Measure CO

Specific focus on behaviour maximising self-regulatory capacity/skills

- Facilitate barrier identification and problem solving
- Facilitate relapse prevention and coping
- Facilitate action planning/help identify relapse triggers
- Facilitate goal setting
- Prompt review of set goals
- Prompt self-recording
- Advise on the avoidance of social cues for smoking

General aspects of the interaction focusing on information gathering

- Assess withdrawal symptoms

Associate activities

- Advise on stop-smoking medication
- Ask about experiences of stop smoking medications that the smoker is using
- Give options for additional or later support

General aspects of the interaction focusing on general communication

- Build rapport
- Elicit and answer questions
- Explain the purpose of CO monitoring
- Provide information on withdrawal symptoms
- Use reflective listening
- Elicit client views
- Summarise information/confirm client decisions
- Provide reassurance

Appendix: Dependence on Smoking

(based on Fagerström Test of Nicotine /Cigarette Dependence, FTND/FTCD)

This set of questions will enable us to see how dependent you are on your cigarettes.

Circle one number for each answer.

-
- 1. How soon after you wake up do you smoke your first cigarette?**
- 3 Within 5 minutes
 - 2 6–30 minutes
 - 1 31–60 minutes
 - 0 More than 60 minutes
-

- 2. Do you find it difficult to stop smoking in no-smoking areas?**
- 0 No
 - 1 Yes
-

- 3. Which cigarette would you hate most to give up?**
- 1 The first of the morning
 - 0 Other
-

- 4. How many cigarettes per day do you usually smoke?**
- per day
- 0 10 or less
 - 1 11 to 20
 - 2 21 to 30
 - 3 31 or more
-

- 5. Do you smoke more frequently in the first hours after waking than during the rest of the day?**
- 0 No
 - 1 Yes
-

- 6. Do you smoke if you are so ill that you are in bed most of the day?**
- 0 No
 - 1 Yes
-

Scoring

