



TOBACCO SMOKING CESSATION SUPPORT FRAMEWORK GUIDELINES

The Northern Territory Department of Health and Families

Authorising Officer Name
Authorising Officer Position

DAVID ASHBRIDGE
CHIEF EXECUTIVE

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The Cessation subgroup of the Smoke-free Policy Implementation Working Group (SFPIWG) oversaw the framework development. This group included:

Ms Angela Madden	Royal Darwin Hospital
Mr Anthony Sievers	Alcohol and Other Drugs Program (Community Services)
Ms Christine Quirke	Acute Care
Ms Dianne Gipey	Alcohol and Other Drugs Program (Community Services)
Ms Helen Stathis	Alcohol and Other Drugs Program (Treatment)
Mr Warren Smith	Alcohol and Other Drugs Program (Policy)
Dr Brian Spain	Royal Darwin Hospital
Ms Sarah Gobbert	Alcohol and Other Drugs Program (Treatment)
Mr Justin Heath	Alcohol and Other Drugs Program (Policy)

The SFPIWG reviewed this framework. Members of the group included:

Dr Barbara Paterson	Chair (Chief Health Officer)
Ms Leah Magee	Secretariat (Health Protection)
Mr Robin Osbourne	Media and Corporate Communications
Mr Braiden Abala	System Performance and Aboriginal Policy
Mr Erik Tikoft	Alice Springs Hospital
Mr Brycen Brook	Remote Health, Health Services
Mr James Smith	Health Development and Oral Health, Health Services
Ms Fran Padgin	Mental Health, Health Services
Ms Victoria Walker	Government Relations and Strategic Policy
Ms Debbie Scarr	Families and Children
Ms Dianne Gipey	Alcohol and Other Drugs Program, Health Protection
Mr Justin Heath	Alcohol and Other Drugs Program, Health Protection
Dr Brian Spain	Royal Darwin Hospital
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Ms Kirsty Pickering
Alcohol, Tobacco and Other Drugs
Branch
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Ms Jo Townsend
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INTRODUCTION

The DHF Tobacco Smoking Cessation Support Framework Guidelines (the Guidelines) have been developed to support the DHF Tobacco Smoking Cessation Support Framework (see Figure 1). The document offers guidelines for:

- Staff who work with individuals, including medical officers, nurses and allied health professionals.
- Staff who work at the population level, including policy and service development officers.

The Guidelines follow the sections in the Framework and have been broken into individual and population components. The individual components will be most useful for those working directly with patients and clients. The population components will be most useful for those working with population health promotion programs and social marketing campaigns. For more information on the Framework, please refer to the document *Tobacco Smoking Cessation Support Framework*.

Tobacco Smoking Cessation Support Framework Clinical Guidelines for medical officers, nurses, and allied health professionals have been developed as a separate document. The clinical guidelines give direction for the use of assessment, pharmacotherapy, and behavioural and cognitive therapy for patients and clients who are nicotine dependent.

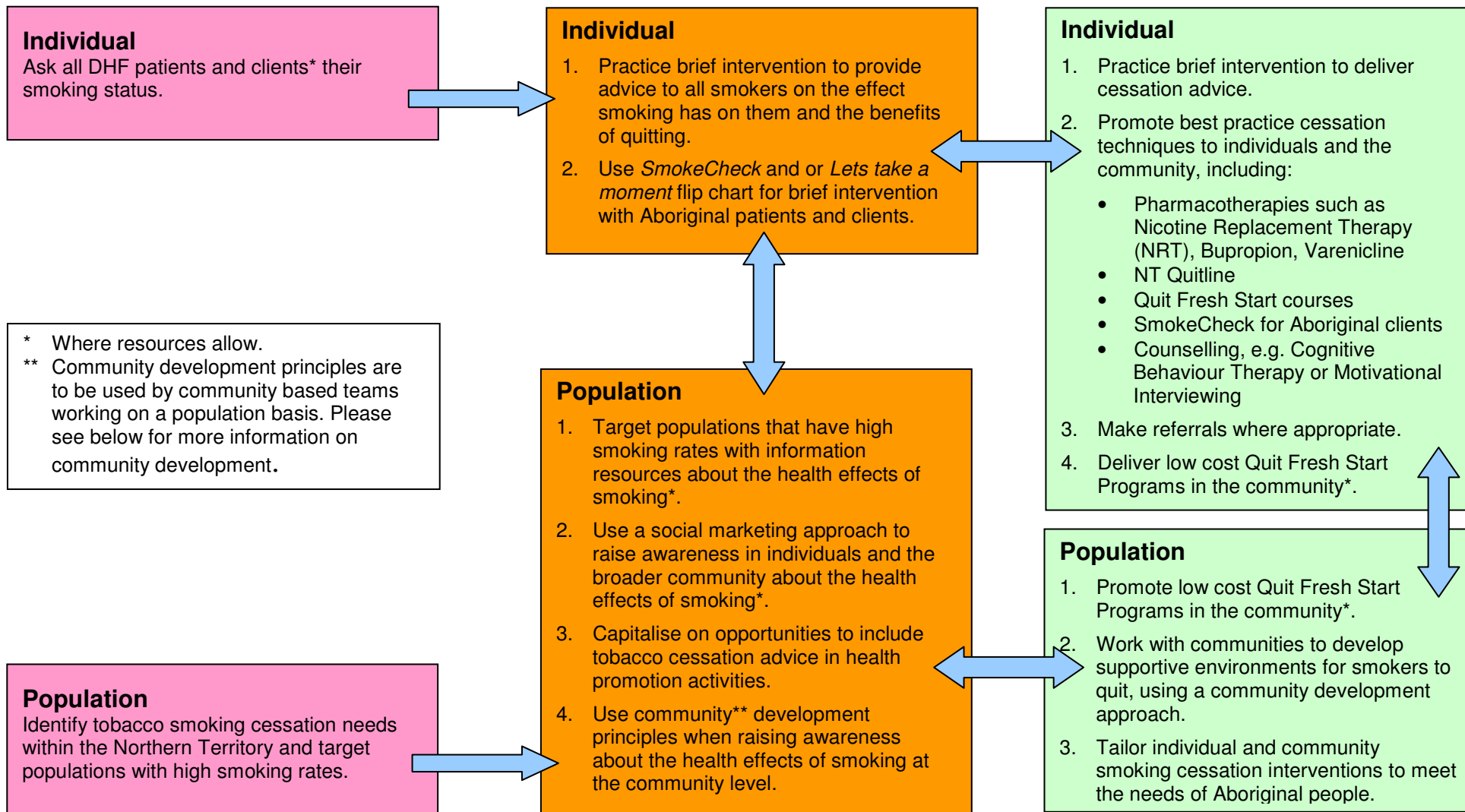
Figure 1: DHF Tobacco Smoking Support Framework

DHF Tobacco Smoking Cessation Support Framework

Identify Tobacco Use

Increase Health Literacy

Provide Cessation Support



TOBACCO SMOKING CESSATION FRAMEWORK - INDIVIDUAL COMPONENTS

Identify Tobacco Use

All DHF staff working with patients and clients will identify smoking behaviours during screening or assessment.

All patients and clients attending any Department of Health and Families acute or clinical service will be asked if they smoke tobacco. Their response will be recorded in their clinical records. The records of anyone who smokes, or has recently quit, will be updated regularly at least once per year for regular DHF clients.

Clients attending DHF community based services must have their smoking status recorded where relevant, for example, where the smoking will impact on the service provision, on those providing the service or any other relevant aspect.

Increase Health Literacy

1. Practice brief intervention to provide advice to all smokers on the effect smoking has on them and the benefits of quitting.
2. Use *SmokeCheck* and or *Lets take a moment* flip chart for brief intervention with Aboriginal patients and clients.

Practice brief intervention to provide advice to all smokers on the effect smoking has on them and the benefits of quitting.

Brief interventions in smoking cessation allow medical, nursing and health staff to provide an intervention to many smokers for a limited time investment. Brief interventions provided by general practitioners and other health professionals have been found to prompt smokers to quit and to increase successful quit rates for up to a year after quitting^{i,ii}. More intensive interventions can improve quit ratesⁱⁱⁱ, however it is also recognised that time can be limited for medical and other health staff.

The two evidence based brief intervention approaches that are endorsed by the DHF are the 5As^{iv} and the ABC^v frameworks.

Use SmokeCheck or Lets Take a Moment flip chart for brief intervention with Aboriginal patients and clients.

Staff working with Aboriginal smokers can use the SmokeCheck Indigenous tobacco brief intervention program developed by Queensland Health. To find out more about SmokeCheck training contact Alcohol and Other Drugs Program on 8922 8430.

Provide Cessation Support

Individual

1. Practice brief intervention to deliver cessation advice.
2. Promote best practice cessation techniques to individuals and the community, including:
 - Pharmacotherapies such as Nicotine Replacement Therapy (NRT), Bupropion, Varenicline
 - NT Quitline
 - Quit Fresh Start courses
 - SmokeCheck for Aboriginal clients
 - Counselling, e.g. Cognitive Behaviour Therapy or Motivational Interviewing
3. Make referrals where appropriate.
4. Deliver low cost Quit Fresh Start Programs in the community.

Practice brief intervention to deliver cessation advice

Refer to this heading under the section **Awareness Raising**.

Promote best practice cessation techniques to individuals and the community

The following cessation techniques can be used within the Northern Territory for assist with cessation. Table 1 outlines evidence based cessation techniques supported by the DHF. Further information can be found in the clinical guidelines that accompany the framework.

Section 100 of the *National Health Act 1953* allows for clients of remote area Aboriginal Health Services to access Johnson and Johnson Nicorette 15mg transdermal patches on the PBS^{vi}. This scheme is to be promoted to all tobacco smoking patients and clients who are eligible.

In line with the DHF smoke-free policy, all patients and clients from remote Aboriginal communities who are smokers and who travel to hospital on a scheduled visit, need to access this scheme prior to arriving to hospital.

All Department of Health and Families staff members are encouraged to be non-smokers. Being a non-smoker assists health staff credibility in selling the message that smoking tobacco is bad for your health. It also assists staff to role model non-smoking behaviour.

Make referrals where appropriate.

Where a person is ready to quit smoking, make a referral to appropriate programs, such as a Quit Fresh Start Course.

Cessation Supports	
Pharmacotherapies	Nicotine replacement therapy (NRT), including: <ul style="list-style-type: none"> • Transdermal patches • Gum • Lozenge • Sublingual tablet • Inhaler
	Non-nicotine based pharmacotherapies, including <ul style="list-style-type: none"> • Bupropion • Varenicline
Cognitive and behavioural supports	NT Quitline 137 848
	Quit Fresh Start Courses Option 1: 8 sessions over 4 weeks Option 2: 2 sessions over 2 weeks + Quitline counselling
	SmokeCheck Indigenous tobacco brief intervention program
	Intensive counselling, for example, <ul style="list-style-type: none"> • Cognitive Behaviour Therapy • Motivational Interviewing
Combination therapies	Behavioural techniques such as using the 4Ds. A combination of pharmacological and cognitive and behavioural supports.

Table 1: Cessation Supports endorsed by the DHF

Promote and deliver low cost Quit Fresh Start Programs in the community.

Departmental work-units will promote and deliver low cost Quit Fresh Start programs in the community as a priority. These courses can be organised and/ or run by work-units where staff have had Quit Fresh Start training. Work units can combine to run these courses.

TOBACCO SMOKING CESSATION FRAMEWORK – POPULATION COMPONENTS

Identify Tobacco Use

Identify tobacco smoking cessation needs within the Northern Territory and target populations with high smoking rates.

All tobacco smoking cessation programs will begin by first identifying and prioritising unmet need of populations at risk of death, disability or illness from tobacco smoking. Resources will be targeted at communities with the highest priority.

This approach is particularly relevant for service development, policy officers and operational manager's developing population based responses to tobacco smoking and allows for available resources to be targeted at populations with the highest needs.

Increase Health Literacy

Population

1. Target populations that have high smoking rates with information resources about the health effects of smoking.
2. Use a social marketing approach to raise awareness in individuals and the broader community about the health effects of smoking.
3. Capitalise on opportunities to include tobacco cessation advice in health promotion activities.
4. Use community development principles when raising awareness about the health effects of smoking at the community level.

Target populations that have high smoking rates with information resources about the health effects of smoking.

Once identified as high priority, populations with high smoking rates will be targeted with culturally accessible information resources about the health affects of smoking^{vii} to raise awareness of the harm of smoking and that assistance to quit is available.

Use a social marketing approach to raise awareness in individuals and the broader community about the health effects of smoking.

Comprehensive strategies that include a social marketing approach are recognised to decrease population smoking rates. Table 2 outlines recognised effective tobacco control strategies, including social marketing.

Best practice in public health, as outlined by the VicHealth publication, *Tobacco Control: a blue chip investment (TCABC1)*^{viii}, indicates that comprehensive education campaigns need to be marketed to smokers and potential smokers, including those not normally reached by mainstream media. Target groups need to include urban

and rural dwellers, and in the Northern Territory, we also need to promote the to remote populations due to the extremely high incidence of tobacco smoking in remote regions.

Table 2: Effective Tobacco Control Strategies

Effective Tobacco Control Strategies
<p><i>Interventions to reduce tobacco use initiation</i></p> <p>Strongly Recommended Inform (young people) through high intensity counter-advertising campaigns.</p>
<p><i>Interventions to reduce tobacco use</i></p> <p>Strongly Recommended</p> <ol style="list-style-type: none"> 1. Inform (adult smokers) through high intensity counter-advertising campaigns. 2. Multi-component cessation interventions that include patient education materials, reactive telephone support and proactive telephone counselling including provider-maintained contact. 3. Education and prompting of health care providers to identify, advise and assist tobacco-using patients. <p>Recommended</p> <ol style="list-style-type: none"> 4. Provider reminder systems for medical practitioners (stand alone). 5. Reduction of patient co-payments for effective cessation therapies. <p>Insufficient evidence</p> <ul style="list-style-type: none"> • TV “how to quit” programs • Quit Competitions • Information to providers that they “should counsel to quit” • Provider feedback on delivery of cessation advice
<p><i>Interventions to reduce exposure to environmental tobacco smoke (ETS)</i></p> <p>Strongly Recommended Bans or limits on tobacco smoking in workplaces and public areas.</p> <p>Insufficient evidence Provision of information to persons about reducing ETS exposure in the home.</p>

*Reproduced in part from
tobacco control: a blue chip investment in public health – overview document
VicHealth Centre for Tobacco Control, p.41*

While promoting smoking cessation and abstinence amongst the general community is important, limited resources mean that policy makers and health promotion workers must often target their message at specific groups for maximum effect for a campaign. The VicHealth Centre for Tobacco Control has identified the following groups as priorities for social marketing campaigns:

1. established smokers, of all ages, of all SES groups, at all stages of the quitting process
 - pre-contemplation
 - contemplation
 - action and
 - maintenance

in order to both prompt attempts and prevent relapse both in those making a first quit attempt and those who have tried to quit many times before
2. young non-smokers vulnerable to uptake of smoking
3. young people who are currently experimenting with smoking
4. young people who are already regularly smoking
5. people who are not proficient in English
6. Aboriginal peoples and Torres Strait Islanders
7. people who do not have access to telephones or the Internet
8. health professionals including doctors, nurses, health sector managers and administrators
9. expectant and current parents
10. people (or parents of young people) suffering particular chronic disease conditions made worse by smoking or exposure to ETS (specifically people with asthma, diabetes, cardiovascular disease and chronic obstructive pulmonary disease)
11. members of the public concerned about exposure to ETS or inducements to children to take up smoking.

To assist tobacco smokers to fully understand and appreciate the consequences of smoking, the VicHealth Centre for Tobacco Control have identified a number of topics that should be targeted at smokers and potential smokers when conducting education campaigns. These campaigns should be “compelling, frequent, and credible enough not to be dismissed by smokers” (*TCABCI, p.75*). Education campaigns should include:

- the risks associated with smoking
- the personal devastation caused to the families and friends of those who die from smoking related diseases
- the disability caused by smoking-related diseases, and the impact this would have on quality of life
- the addictiveness of tobacco
- the existence of alternative strategies for achieving the benefits perceived to be provided
- by smoking
- the help that is available.

Such campaigns must be

- compelling
- frequent and
- credible enough not to be dismissed by smokers.

TCABCI, p.75

These campaigns should be conducted through the mass media, including TV, radio, print, cinema and outdoor advertising. Where possible, DHF funded campaigns should build on National campaigns to maximise resource usage and exposure (i.e. where national campaigns are promoted in national magazines, newspaper and on national television networks such as SBS).

Conducting smoking cessation campaigns is subject to appropriate resourcing.

Anti-smoking education takes place against the backdrop of both the addictiveness of the product and the long-standing and still pervasive promotion of smoking, particularly in youth culture.

TCABCI, p.67

Capitalise on opportunities to include tobacco cessation advice in health promotion activities

Because the determinants of health are multiple and interrelated (for example genetic, biological, social, economic, environmental) and the effects of the health determinants are also multiple, the logical response is to link program and service responses to optimise impact across multiple determinants. In this way, smoking cessation must be integrated in all holistic health and wellness programs, such as programs that promote healthy eating, exercise, oral health, or stress management.

Use community development principles when raising awareness about the health effects of smoking at the community level

Effective behaviour change at a community level requires that the community takes ownership of the responses to the issues they face. A community development approach allows health staff to engage communities, empowering them to develop and maintain responses to issues such as tackling high tobacco use. Awareness raising and education about the negative effects of tobacco is essential in the empowerment of communities to develop a response to tobacco use.

Provide Cessation Support

1. Promote low cost Quit Fresh Start Programs in the community.
2. Work with communities to develop supportive environments for smokers to quit, using a community development approach.
3. Tailor individual and community smoking cessation interventions to meet the needs of Aboriginal people.

Promote low cost Quit Fresh Start Programs in the community.

Quit Fresh Start programs have a good evidence base supporting their use in smoking cessation. The standard 8 session course is recommended, however depending on consultation with the community and the availability of Fresh Start educators, the 2 session course with support from the Quitline can also be used. While cost recovery is an option for Fresh Start providers, the cost should not preclude people from attending.

Fresh Start courses should be available in both urban and remote environments.

Work with communities to develop supportive environments for smokers to quit, using a community development approach.

Supportive environments are essential for smokers to make the decision to quit and to continue to abstain from smoking. Use a community development approach to develop environments that will support community members to quit, for example, implementing strategically placed smoke free zones around the community.

Tailor individual and community smoking cessation interventions to meet the needs of Aboriginal people.

Community development principles will be used when working on tobacco cessation at a community level. While strong evidence is yet to be established for the use of community development principals when in running programs in Aboriginal communities, the 2008 Urbis report *Indigenous Smoking Scoping Study* commissioned by the South Australian Department of Health noted there is consensus that multi-component community interventions that use community development principals is an important part of health promotion in Aboriginal populations^{ix}.

The Talkin' Up Good Air: Australian Indigenous Tobacco Control Resource Kit, developed by the Centre for Excellence in Indigenous Tobacco Control can assist to develop cessation interventions to meet the needs of Aboriginal people. It provides a smoking cessation model that is more culturally appropriate to Indigenous Australians than other cessation models. More on Talkin' Up Good Air can be found in the Tobacco Cessation Framework.

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