

Cool new ideas on smoking cessation

Bruce Arroll

**Dept of General Practice and Primary
Health care School of Population Health**



**THE UNIVERSITY
OF AUCKLAND**

NEW ZEALAND

Te Whare Wānanga o Tāmaki Makaurau

Why smoking

- If you have a smoker in your office it is “always” the biggest reversible risk factor
- Kills 2/3 of users; no safe level
- If stop before 30 then live normal life
- Smoking = 40 kg excess weight
- Tobacco control a child protection activity

Tobacco Health Target



2011/12 Health Target: Better help for smokers to quit

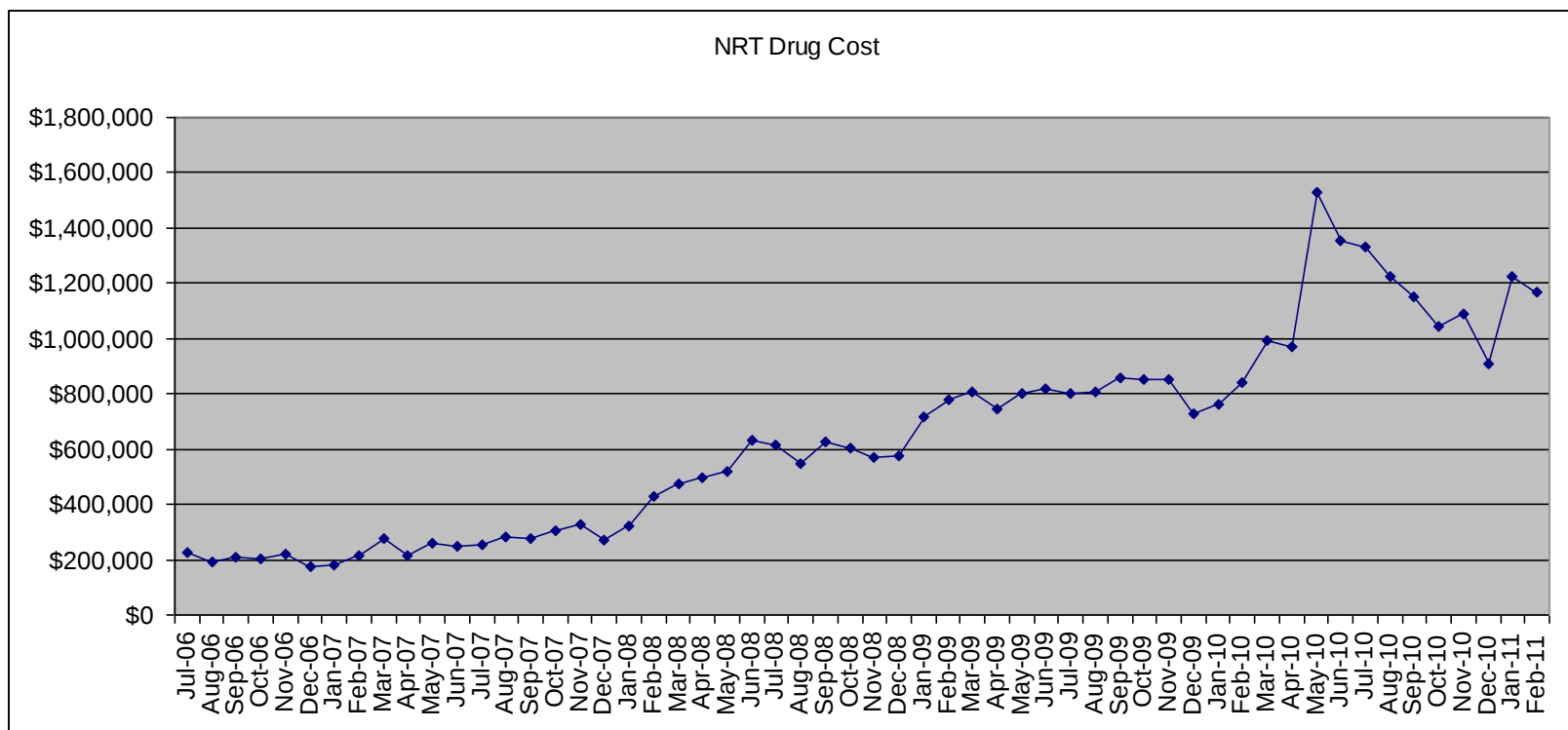
- 95% of hospitalised smokers will be provided with advice and help to quit by July 2012
- 90% of enrolled patients who smoke and are seen by General Practice, will be provided with advice and help to quit by July 2012



% of hospitalised smokers offered help and advice to quit

DHB	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11
Auckland	66	69	64	62	63	65	66	72	74	71	75	81
Bay of Plenty	61	56	56	63					68	73	77	78
Canterbury	69	74	74	74	79	79	76	76	78	74	71	73
Capital & Coast	51	51	55	55	61	60	67	70	67	64	62	86
Counties Manukau	65	63	66	67	69	68	63	60	60	73	79	91
Hawke's Bay	81	78	78	82	80	84		79	82	87	89	93
Hutt Valley	84	85	87	89	89	90		84	89	93	90	92
Lakes	61	63	66	71		72	79	77	87	91	98	100
MidCentral	49	52	60	62	61	70	71	74	81	83	84	86
Nelson Marlborough	58	58		35	43	45	50	52	56	86	88	89
Northland	59	65	69	72	70	73		60	85	87	91	88
South Canterbury	93	94	84	89	98	95	97	95	92	91	87	95
Southland	66	64	66	62	68	69	72	72	75	79	77	78
Tairāwhiti	82	65	75	73	58	51	59	70	77	88	86	89
Taranaki	49	73	65			63		56	59	67	73	81
Waikato	68	70	72	67	72	68	71	68	75	73	77	79
Wairarapa	70	90	72	88	74	57	54	98	92	95	100	98
Waitemata	70	77	64	66	73	66	76	73	74	72	76	86
West Coast	70	56	77	53	62	65	88	91	87	85	90	83
Whanganui	44	54	39	55	65	67	75	77	72	83	93	97

NRT monthly expenditure



ABC

1. Ask
2. Brief advice
3. Cessation offer
 1. More cessation attempts more likely to give up

ABC

1. Ask (every patient at all visits by all staff)
 1. (previously asked) how are you doing with quitting smoking
 2. (if new) I notice you are a smoker. How has quitting been for you.
 1. What worked; what did you notice \$\$, health etc
2. How soon after waking. If > 1 hour then likely a social smoker

ABC

1. Brief advice

1. You are 25 that is a good age to quit→
2. You are 40/50 good age to quit: avoid the emphysema years
3. You are 60 good age to quit: avoid the stroke years
4. ? Appealing to subconscious

ABC

1. Brief advice

1. You need a reason to quit
2. Health, fitness, children growing up as smokers, cost
 1. Add up the yearly cost
3. Future states: what would it be like to be smoke free
4. Mention that you would like to discuss next visit

ABC

1. Cessation advice

1. Nicotine
2. Bupropion, nortriptyline
3. Varenicline (Champix)

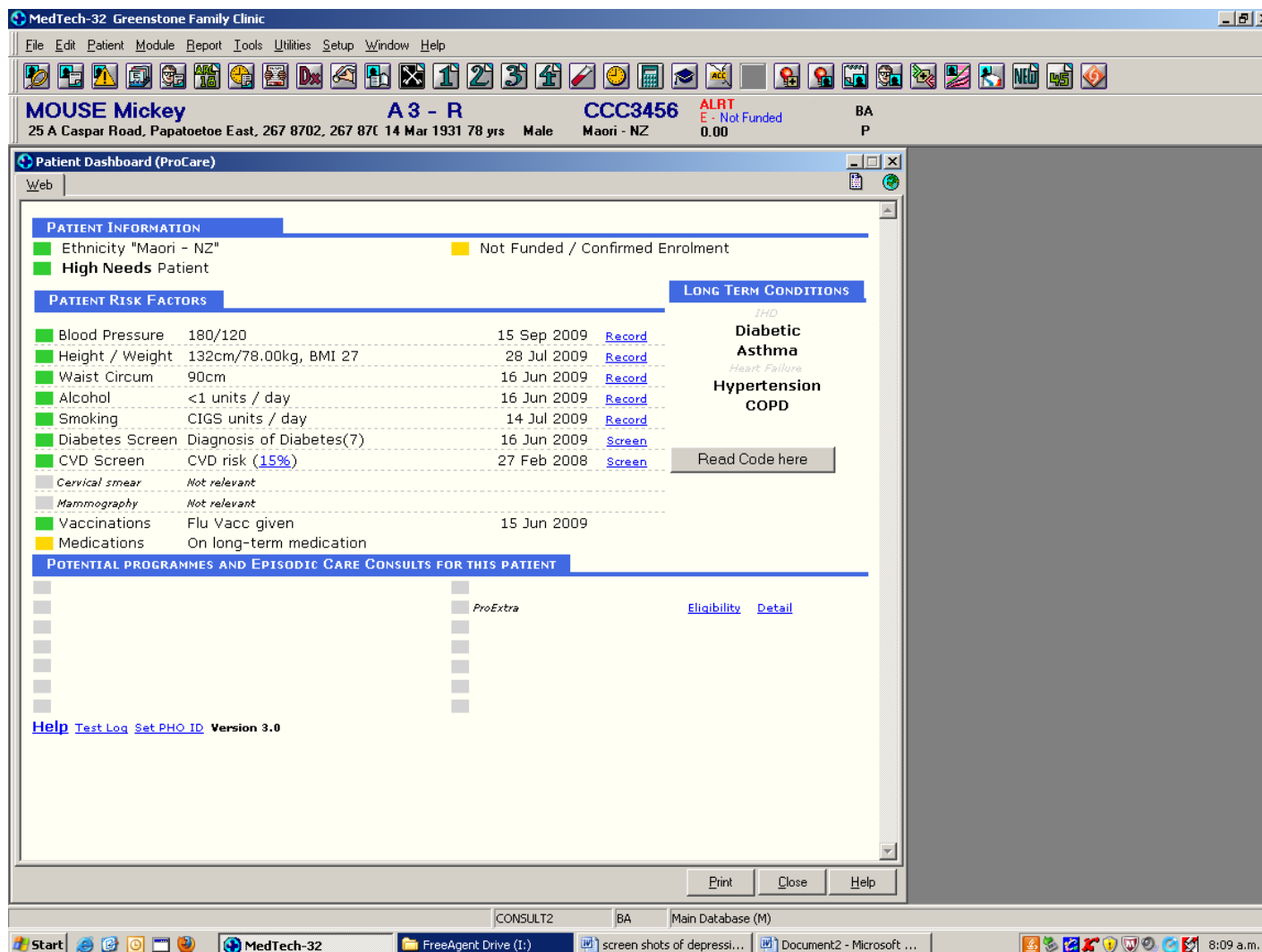
2. Refer or not to refer

Bigger impact –population approach

1. Smoking champion
2. Code smokers on computer
3. Dashboard
4. All staff trained in smoking cessation
5. Nurses can give nicotine replacement
6. All clinicians ask all patients at all visits

Population approach #2

1. Lozenges at front counter
2. Phone those interested or quitting- power of the phone
3. Code children as passive smokers if parents smoke
4. 6 week visit-babies
5. In house cessation groups –write to all smokers
6. Obtain and use CO monitor \$800



Cases

1. 23 year old woman

1. Smoking for 6 years parents smoke, work colleagues smoke
2. Cough for 4 weeks, antibiotics and steroids no help
3. 23 good age to quit (why)
4. What would be a big reason to quit.....
5. Strategies at home and work