The cigarette is the only legally available consumer product which kills people, when used exactly as intended.

An RCN publication written by Jennifer Percival RCN Tobacco Education Project Manager. An educational grant from Pharmacia and GlaxoSmithKline supports this project.
Foreword

by RCN General Secretary Beverly Malone

Since the RCN first published *Clearing the Air* in 1999, there has been a major political shift towards tackling the problems caused by smoking – which continues to be the single biggest cause of avoidable death in the UK.

The 1998 Government White Paper, *Smoking Kills*, put forward a whole range of proposals to help people give up and to discourage people from starting to smoke in the first place, including moves towards banning tobacco advertising. Public health policies and initiatives are now in place in all four UK countries around smoking cessation. There are policy differences across the UK. The Department of Health (England) has funded this publication and therefore it deals in detail with policies in England.

In the NHS Plan (England) in July 2000 the Government set out its vision for a world leading smoking cessation service. Since then smokers wishing to quit have been able to access support when they want to stop smoking. The addictive nature of tobacco dependence and the cost and clinical effectiveness of treatments have been recognised. For example, the National Institute for Clinical Excellence (NICE), which covers England and Wales, has issued guidance that will bring the treatment of tobacco dependence into the NHS mainstream. Nicotine Replacement Therapy (NRT) and bupropion (Zyban) are considered to be amongst the most cost effective of all healthcare interventions but medication alone is not enough. The evidence shows that a combination of support and pharmacotherapy works best.

Nurses remain key to providing the individual help and support that is necessary to help people stop smoking. Success is possible, even for those smokers who are heavily addicted. All nurses can – and need to be – involved, across every speciality and work environment. Helping adults and young people quit their tobacco addiction – or avoid it in the first place – is an important and rewarding part of nursing practice. Helping people to stop smoking saves lives.

The information in *Clearing the Air 2* is pertinent for all nurses across the four countries as it shows how to put the research evidence into practice.
World Health Organization (WHO)

Tobacco use killed 100 million people last century, more than the number killed in both World Wars. The WHO estimates that this century there could be 1 billion deaths, 70% of which will occur in developing countries (1). The WHO calls this crisis ‘The Silent Epidemic’. To help avert this predicted death toll, the WHO is supporting the implementation of a global initiative called the International Framework Convention on Tobacco Control.

Dr Gro Brundtland, Director General of WHO
Addressing the ICN Centennial Conference (London 1999)

“Nurses have many opportunities to play a leadership role in combating the tobacco epidemic. Nurses throughout the world have access to the population at all levels and enjoy a high degree of public trust. Indeed there are several examples of nurses successfully initiating and implementing tobacco prevention and treatment programmes with specific target populations such as school children, pregnant women and people recovering from cardiac diseases and cancer. ICN has urged nurses to be involved at all levels of tobacco control, prevention, cessation and policy, encouraging them to be in the forefront of tobacco control at the local, national and international level, building partnerships with other professional and advocacy groups, Governmental and non-Governmental organisations. The framework convention for tobacco control provides nurses’ groups with an excellent opportunity to become active participants in the international tobacco control movement and to make a significant difference in curbing the tobacco epidemic.”

“A cigarette is a euphemism for a cleverly crafted product that delivers just the right amount of nicotine to keep its user addicted for life, before killing the person.”

Director General of the World Health Organization.
Tobacco is a uniquely dangerous consumer product. Every hour in the UK an estimated 13 people die from a smoking-related illness. Smoking is the greatest single cause of preventable illness and premature death in the UK, killing up to 120,000 people a year\(^{(a)}\). Given the scale of this epidemic, measures to reduce the burden of disease caused by smoking are a major part of the Government’s public health strategy.

Whether working in a hospital or the community, nurses care for everyone, from school children to the elderly. This means nurses are in a prime position to encourage smokers to think about giving up and provide them with the information they need to break the habit. Most smokers say they would like to give up smoking. The figure was 72% in 2001 and 71% in 2000\(^{(a)}\). As a nurse, your intervention to help a patient stop smoking may be the single most important influence you can have on their health.

Studies show that interventions to help people stop smoking are beneficial, not just to the individual smoker but also to society at large. Smoking places a great burden on the health service. Health care costs for smokers at any given age are as much as 40% higher than those for non-smokers. The cost to the NHS of treating people with smoking-related diseases is approximately £1.5 billion per annum. On the other hand, helping people to give up smoking is demonstrably cost-effective.\(^{(4)}\)

The purpose of this RCN publication is to:

- Increase nurses’ knowledge about the impact of smoking on public health
- Ensure that the recommendations contained in the Smoking Cessation Guidelines, the Government’s White Papers Smoking Kills and The NHS Cancer Plan are known by nurses
- Support nurses in their role as providers of smoking cessation advice
- Inform nurses about Nicotine Replacement Therapy (NRT) products so they can advise smokers appropriately
- Allow nurses to provide information on bupropion (Zyban) and be familiar with the main contraindications and precautions
A national smoking cessation policy

In December 1998 smoking cessation guidelines for health professionals and guidance for commissioners on the cost effectiveness of smoking cessation interventions were published\(^{(4)}\). This was the first time that such guidelines were produced in England which were:

- Evidence-based
- Endorsed by the professions
- Supported by the Government

The guidelines recommend

All health care professionals should where appropriate:

- Assess the smoking status of patients at least once a year; advise all smokers to stop; assist those interested in doing so; offer follow-up visits or refer to specialist cessation service if necessary; recommend smokers who want to stop to use Nicotine Replacement Therapy (NRT) or bupropion; and provide accurate information and advice on both.
- Smoking and cessation facts need to be on the core curriculum of their pre-registration training

For smoking cessation specialists

- Intensive smoking cessation support should, where possible, be conducted in groups. These should include coping skills training and social support, and should offer around five sessions of about one hour over about a month, plus follow-up. It should include the offer of, or encouragement to use, pharmacotherapy products and clear advice and instructions on how to use them

Recommendations for specific smoker populations

- For hospital patients, staff should assess the smoking status of patients on admission, advise smokers to stop, and assist those interested in doing so. Patients should be advised of the hospital's smoking policy before admission and those who smoke should be offered help in stopping smoking, including providing NRT or bupropion
- Pregnant smokers should be given firm and clear advice to stop smoking throughout pregnancy, and given assistance when it is requested
- Cessation interventions shown to be effective with adults should be considered for use with young people, with modifications as necessary

The RCN is one of many professional organisations which formally endorsed the guidelines. Others include: British Dental Association, British Medical Association, Cancer Research Campaign, National Asthma Campaign and the Royal College of General Practitioners.
Recommendations for health commissioners

- To produce cost-effective significant health gain in the population, smoking cessation interventions should be commissioned.
- Current practice should be reviewed, needs identified and core funding provided to integrate smoking cessation into health services; a cessation strategy should be planned with public health specialists and advice sought from smoking cessation specialists. This strategy should include the provision of a specialist cessation service.
- Training should be a core part of a smoking cessation programme in all health authorities. Protected time and funding should be built into this programme.
- Smoking cessation training should be core funded or smoking cessation prioritised within existing training budgets.
- Provision should be made to ensure that NRT/bupropion is available to hospital patients who need it, in conjunction with professional advice and cessation support.
- All services, departments, and clinics should introduce systems to maintain an up-to-date record of the smoking status of all patients in their paper or electronic notes. This information should be regarded as a vital sign.
- All health care premises and their immediate surrounds should be smoke free.
- There should be work with clinicians to put systems in place to audit smoking cessation interventions throughout the health care system.

The essential features of individual smoking cessation advice are:

- Ask about smoking at least once a year.
- Advise all smokers to stop.
- Assist the smoker to stop.
- Arrange follow-up to monitor progress – smokers who need additional help should be referred to a specialist support service.

Ask

All patients should have their smoking (or other tobacco use) status established and checked. A system should be devised to record smoking status in the notes. It should at least describe patients as smoker, non-smoker or recent ex-smoker, and note any current interest in stopping. This record should be kept as up to date as possible. Interest in stopping can be assessed with an open ended question such as ‘Have you ever tried to stop?’ which can be followed by a further question such as ‘Are you interested at all in stopping now?’

Advise

All smokers should be advised of the value of stopping and the risks to health of continuing. The advice should be clear, firm, and personalised.

Assist

If the smoker would like to stop, help should be offered. A few key points can be covered with the smoker in 5-10 minutes:

- Set a date to stop; stop completely on that day.
- Review past experience: what helped, what hindered?
- Plan ahead: identify likely problems, make a plan to deal with them.
- Tell family and friends and enlist their support.
- Plan what you are going to do about alcohol.
- Discuss which pharmacotherapy product may suit them.

Arrange

Offer a follow-up visit in about a week and further visits after that if possible. Most smokers make several attempts to stop before finally succeeding (the average is around 5-6 attempts) thus relapse is a normal part of the process. If a smoker has made repeated attempts to stop and failed, and/or experienced severe withdrawal, and/or requested more intensive help, consider referral to a specialist cessation service.

The NHS Smoking Helpline 0800 169 0 169 provides advice and support to callers.

In 2000 the Health Development Agency published Smoking cessation guidelines for health professionals: an update. The authors reviewed developments in the evidence base over the previous two years and introduced guidelines on the use of bupropion (Zyban). The evidence showed the effectiveness of behavioural support provided by nurses who were specifically employed to provide cessation advice. However, such support given as part of more general duties had not yet been shown to be effective in aiding smoking cessation.
Smoking prevalence in Britain has declined during the past 50 years. This trend now appears to be stabilising. In 2000 about 12.5 million adults in the UK smoked cigarettes – 29% of men and 25% of women. Traditionally, men have smoked more than women, but now women are catching up and this is particularly evident among ‘new recruits’ to smoking.

Teenage smoking

More than half a million teenagers in the UK also smoke regularly – 11% of all girls and 8% of all boys aged 11 to 15 years in 2001. According to the Royal College of Physicians, every day in Britain an estimated 450 children start smoking.

The Association for Public Health has estimated that the tobacco industry needs to recruit 500 new smokers a day to maintain current sales. Very few people start smoking after reaching adulthood. Among 16-19 year-olds in England the prevalence of regular smoking was 30% in 2000.

A survey found that about 3 out of 10 school children who had ever tried a cigarette had done so before the age of 11. Boys seem to start experimenting with cigarettes at a younger age than girls. Sixty three per cent of pupils who had ever tried smoking did so to see what it was like.

The importance of peer pressure in encouraging pupils to smoke was evident with 14% of pupils trying their first cigarette because their friends said they should. Regular smokers were more likely than occasional smokers to regard peer pressure as a reason why they began to smoke. Current young smokers were asked why they continued to smoke. Reasons given included:

- They enjoyed it
- They believed they were addicted to smoking
- All their friends smoked

About 1 in 5 teenage smokers felt they did not smoke enough cigarettes for it to do them any harm. Occasional smokers were almost three times as likely as regular smokers to think that the amount they smoked did not do them any harm.
Prevalence of regular smoking by occupational group in males and females aged 16 or over in 1996


Use with caution
The Government’s response

In 1999, the Government funded a three year £100 million package of measures aimed at cutting the number of people smoking by 1.5 million by 2010. The details of the strategy were published in the White Paper, *Smoking Kills* (9). The measures included up to £60 million to fund the first ever national smoking cessation programme, with services offering advice and support for adults wanting to stop. In the first year, £10 million was made available in the most deprived areas, designated as Health Action Zones (HAZs).

Initially smokers eligible for free prescriptions were provided with free nicotine for one week. This provision was extended to six weeks NRT supply in October 2000. From April 2000 all Health Authorities in England were funded (£20 million for 2000/01 and £20 million for 2001/02) to extend the services to all smokers. Wales, Scotland and Northern Ireland established their own treatment services. In April 2001 all NRT products were made available on NHS prescription as well as in pharmacies and in that same year it became possible for smokers to buy 2mg nicotine gum in major supermarkets for the first time.

The new services were backed by a £50 million co-ordinated publicity and marketing campaign to highlight the importance of stopping smoking and promote use of the new NHS Smoking Helpline 0800 169 0 169. The strap line for the campaign was ‘Don’t give up giving up’ and a website was established: www.givingupsmoking.co.uk

An immediate aim of the Government is to halt the rise in children smoking and then to see reductions in smoking levels over time. The target is to reduce smoking among children from 13% to 9% or less by the year 2010, with a fall to 11% by the year 2005. This will mean approximately 110,000 fewer children smoking in England by the year 2010. The latest data show that these prevalence targets have already been met although we cannot be certain that the figures represent an established trend.

Meanwhile the Government is seeking to re-establish the downward trend in smoking among the adult population as a whole. It also wants to tackle the inequalities in smoking between those most in need and those most advantaged. The target is to reduce adult smoking in all social classes so that the overall rate falls from 28% to 24% or less by the year 2010, with a fall to 26% by the year 2005. In terms of today’s population, this would mean 1.5 million fewer smokers in England.

The area of smoking and pregnancy is also important as reflected by the last target.

The aim is to improve the health of expectant mothers and their families by reducing the percentage of women who smoke during pregnancy from 23% to 15% by the year 2010; with a fall to 18% by the year 2005. This will mean approximately 55,000 fewer women in England who smoke during pregnancy.

Another Government White Paper called *Saving Lives – Our Healthier Nation* (10) has specific targets for reducing deaths from cancer and CHD. However, unless smoking levels are reduced these targets will not be able to be met.

Recent Government initiatives

The NHS Plan (July 2000) (11) stated that specific targets to reduce health inequality would be developed. World leading smoking cessation services were to be a key component of efforts to achieve narrowing of the health gap between socio-economic groups. These services would focus on the heavily dependent smoker and pregnant women.

The NHS Cancer Plan (September 2000) (12), introduced a new target to reduce smoking rates among manual groups from 32% in 1998 to 26% by 2010. From 2002 Primary Care Trusts would take the lead on commissioning and where appropriate, providing services for smokers. Local alliances to support action on tobacco control initiatives would receive £1 million. New funding was also announced for work with black and minority ethnic groups, to encourage employers to develop policies for their employees, for research on disadvantaged groups, children and for pregnant women. Pilot smoking cessation services would be set up in communities such as prisons and hospitals.

High profile media campaigns using television, radio, magazines and posters were commissioned, using real people who tell the truth about how tobacco has affected their lives. These have been shown to have a great impact, driving smokers to call the NHS Smoking Helpline 0800 169 0 169 for advice.

Research shows that promotion, including advertising and sponsorship, is one of the factors which predisposes children to smoke and reinforces the habit among those who have already started.
What is tobacco control?

Given the complex nature of smoking behaviour and the way in which cigarettes historically feature in our society, a comprehensive tobacco control policy is necessary to reduce the public acceptability of smoking. In addition to the cessation services and public education campaigns, the Government has outlined some additional policy measures to tackle smoking which include:

- **Ending all tobacco advertising and promotion**
  
  Research shows that promotion, including advertising and sponsorship, is one of the factors which predisposes children to smoke, and reinforces the habit among those who have already started. Voluntary codes on tobacco advertising, agreed between the industry and Government, have been ineffective.

  The Government has announced that it will take the Tobacco Advertising and Promotion Bill through the House of Commons and is committed to getting the Bill enacted. Adequate Parliamentary time will be provided for it to conclude all of its stages. The advertising could save up to 3000 lives a year and should be in place by the end of 2002.

- **Using fiscal policy and raising taxes on cigarettes**
  
  Increasing prices is a well-established method for getting people to stop smoking. Another benefit is that high prices can deter young people from starting as they are more responsive to price than adults.

- **Tackling smuggling of cigarettes**

- **Increasing HM Customs & Excise staffing levels**

- **Extending smoke-free provision in public places**

The Approved Code of Practice (ACoP) was recommended by the Health and Safety Commission. The ACoP would strengthen worker protection from Environmental Tobacco Smoke (ETS) but still awaits Government action. The Public Places Charter, set out in *Smoking Kills* (9) widens the choice for consumers by providing signage to indicate facilities for smokers and non-smokers. The charter is voluntary and requires support from the hospitality sector to be effective.

- **Limiting young peoples’ access to tobacco**
  
  Despite recent changes to the law, children still find it relatively easy to buy cigarettes. In England, two-thirds of under-16s who have tried to buy cigarettes from a shop have never been refused. Tackling illegal sales of cigarettes by an enforcement protocol, proof of age cards, and control on the siting of vending machines helps.
In the UK, out of every 1,000 young people who smoke 20 or more cigarettes a day:
- one will be murdered;
- six will die in road accidents; and
- 500 will die prematurely as a result of their smoking – half this number will die prematurely in middle age (39 – 69) and a further 250 will die after 69.(13)

Each year a total of 284,000 people are admitted to National Health Service hospitals for treatment for smoking related diseases. Smokers also account for an extra eight million GP visits each year, where they are given seven million prescriptions at a total cost of over £140 million.(4) The greatest impact of smoking on mortality is on deaths from:
- Lung cancer
- Ischaemic heart disease
- Chronic obstructive airways disease

The list of smoking-related diseases includes the following.

**Heart and circulatory**
- Coronary heart disease
- Atherosclerosis – this is the build-up of fatty deposits and loss of elasticity in the artery walls which can lead to a range of diseases including strokes, peripheral vascular disease and gangrene, and aortic and other aneurysms
- Buerger’s disease, a disease of peripheral arteries which can lead to gangrene

**Cancers**
- Lung
- Larynx
- Pancreas
- Stomach
- Kidney
- Mouth, nose and throat
- Oesophagus
- Bladder
- Leukaemia
- Cervix

**Respiratory**
- Chronic bronchitis, emphysema, asthma and other lung diseases
- Recurrent infections in the airways
- Damage and loss of efficiency in the lungs

**Other problems**
- Peptic ulcers (ulcers in the stomach and duodenum) – increase both in incidence and the time they take to heal
- Evidence is mounting for an increased risk of developing type II diabetes
- Increases the risks of infertility and impotence
- Delayed wound healing

The RCN does not believe that health services should be withheld from smokers, but argues instead that the costs of caring for those with smoking related illnesses more than justifies providing greater help for people trying to give up smoking.

**Assessing the risk**

Many people who smoke think the risks are acceptable but, in practice most smokers tend to underestimate them. Even those who believe that smoking is dangerous have a tendency to think that nothing will happen to them.

Above all, the good news is that stopping smoking works. Stopping even in middle age, before having incurable cancer or other serious disease will avoid most of the hazards in later life(14) – and stopping earlier is even better.
What makes smoking harmful?

The smoke from tobacco is estimated to contain more than 4,000 chemicals, around 60 of which are known or suspected carcinogens. These are released into the air as particles and gases. The main components are nicotine, carbon monoxide and tar.

Nicotine, an alkaloid, is a powerful and addictive drug. When inhaled in tobacco smoke it is fast acting, reaching the brain in about 10 to 19 seconds. Most people who smoke are dependent on the nicotine in cigarettes. When the cigarette is lit, the nicotine in the tobacco leaf evaporates, attaching itself to minute droplets in the tobacco smoke inhaled by the smoker. Nicotine stimulates the central nervous system and increases the heart rate. These effects are in part the reason why people enjoy smoking. The speedy absorption of nicotine through cigarette smoking gives the smoker a rapid reinforcement to continue.

Reducing or stopping nicotine intake can cause several of the following symptoms within 24 hours: depressed mood, insomnia, irritability, frustration or anger, anxiety, difficulty with concentration, restlessness, decreased heart rate, dizziness and increased appetite.

Addiction
Nicotine addiction is not only physical: it also involves a psychological and emotional dependence upon smoking as a means of coping with stress, boredom, anxiety or anger. Smoking becomes an automatic habit, and the difficulties smokers experience when stopping are due to their association of smoking with everyday activities. Many smokers believe that a cigarette helps them to relax. The reality is that the nicotine ‘hit’ satisfies the body’s craving. This is a classic cycle of addiction – a craving followed by satisfaction – followed by withdrawal. When this cycle is repeated many times a day, it is easy to understand just how addictive smoking is and how difficult it is for heavy smokers to stop. Addiction to nicotine has not yet been recognised as a medical or social problem in Britain. Once addicted most smokers are unable to give up smoking even when they develop diseases caused by smoking.

Nicotine from NRT reaches the brain much more slowly and lower nicotine blood levels are achieved than through smoking. This makes long term dependence on NRT unlikely. Some smokers fear stopping NRT in case they relapse to smoking cigarettes. For these people, experts believe that long term use of NRT may be allowed as it is safer than continued tobacco smoking.

Carbon monoxide (CO) is an odourless, tasteless and poisonous gas, giving no warning of its presence. In large amounts it is rapidly fatal. It is formed when a cigarette is lit and is present in all cigarette smoke. It impairs the circulation of oxygen in the blood because it combines more readily with haemoglobin than oxygen does. Up to 15% of a smoker’s blood may be carrying CO instead of oxygen. CO cuts down the efficiency of a smoker’s breathing. It may be linked with the development of coronary heart disease and other major circulation problems.

Tar, which is actually a complex mixture of thousands of different chemicals, is taken in when a smoker draws on a lit cigarette. Once inhaled, the smoke condenses and about 70% of the tar in the smoke is deposited in the smoker’s lungs. Each particle is composed of a variety of organic and inorganic chemicals. Many of the substances in tar are known to cause cancer in humans and in animals and to damage the lungs and cilia, which help protect the lungs from dirt and infection. Condensed tar is a sticky brown substance which stains smokers’ fingers, hair and teeth yellow-brown.

Low Tar cigarettes:
A Report from the Royal College of Physicians Nicotine Addiction in Britain (3) shows that smokers of low tar cigarettes take in much higher levels of tar and nicotine than the numbers printed on the packet. Exposure depends on how the cigarette is smoked. To get the nicotine they need, many smokers of low tar cigarettes compensate by smoking more intensely or more deeply. Smokers of low tar cigarettes are unlikely to achieve any health benefits compared to smokers of ‘normal’ cigarettes. These cigarettes can be counterproductive if health conscious smokers switch to them instead of stopping altogether.

Chemicals
There are many gases, chemicals and metals in cigarettes and in smoke which are harmful to human health. These include:

- **Acetone** – a fragrant, volatile liquid ketone, it is used widely as a solvent, for example in nail polish remover
- **Ammonia** – ammonium salts may be added to tobacco as a flavouring but may help to increase the amount of free nicotine in the smoke. It is found in cleaning fluids
- **Arsenic** – a deadly poison. It is used in insecticides
- **Benzene** – a colourless cyclic hydrocarbon obtained from coal and petroleum. It is used as a solvent in fuel and in chemical manufacture. It is a known carcinogen and is associated with leukaemia
- **Cadmium** – a highly poisonous metal used in car batteries. It causes liver, kidney and brain damage in humans and fish
- **Formaldehyde** – a colourless liquid with a pungent and irritating odour. Highly poisonous, it is used to preserve dead bodies. Formaldehyde causes cancer, as well as respiratory, skin and gastrointestinal problems
- **Shellac** – begins life as an insect cocoon on a tree in South-East Asia. When mixed with denatured alcohol, the resin becomes a wood varnish
Breathing the smoke from other people's cigarettes is called passive smoking. It consists of smoke from the burning end of the cigarette called side stream smoke and smoke inhaled and exhaled by the smoker which is mainstream smoke. There is increasing evidence that passive smokers, especially children, are affected in a whole range of adverse ways by the harmful nature of tobacco smoke. Indeed the US Environmental Protection Agency has declared passive smoking or exposure to Environmental Tobacco Smoke (ETS) to be a Class A Carcinogen – which means that it is capable of causing cancer in humans.

The Scientific Committee on Tobacco and Health (SCOTH) published their report in 1998 which linked passive smoking with the following health problems:

- Lung cancer
- Ischaemic heart disease
- Sudden Infant Death Syndrome (SIDS)
- Increased incidence and severity of childhood asthma attacks
- Irritation of the eyes, nose and throat
- Increased incidence of childhood respiratory diseases and otitis media.

SCOTH reported on the risks attached to passive smoking and linked this with several hundred UK deaths from lung cancer among non-smokers each year. It also stated that there is a disproportionate increase in CHD due to exposure to tobacco smoke.

Children with parents who smoke inhale the same amount of nicotine as if they themselves smoked 60 to 150 cigarettes per year.

Passive smoking and children
Passive smoking damages children before and after birth. In England just under half the children live in households with at least one smoker. Unlike adults, young children do not have any choice about whether or not they are exposed to tobacco smoke. Children with parents who smoke inhale the same amount of nicotine as if they themselves smoked 60 to 150 cigarettes per year. They are more likely than the children of non-smokers to experience:

- Acute respiratory illness
- Chronic cough, phlegm and wheezing
- Asthma attacks
- Chronic middle ear disease (glue ear)
- Sudden Infant Death Syndrome
- Admission to hospital

Helping parents protect their children from ETS
Children need to have their living, eating and sleeping areas smoke free. As children cannot ask for this, it is important that the dangers of passive smoking are explained to parents and carers who smoke. Talk through the arrangements they could make for smokers. Encourage them to keep their children’s ‘living and breathing space’ clear of smoke. Suggest they go outside to smoke or limit any indoor smoking to one well ventilated area.

The NHS leaflet *P is for protecting babies and children from passive smoking* will support you in this area of work.
Who smokes?

Annual surveys conducted by the Health Development Agency among pregnant women in England showed that in 1999 nearly a third smoked. Smoking during pregnancy is associated with many factors including age, social class, education, marital status, presence of other smokers in the home, high parity, employment and ethnicity. Smoking is twice as common amongst 15-24 year olds than in those women over 35.

Women in unskilled, manual or unemployed groups are nearly six times more likely to smoke than those in professional groups. Women who left full-time education at an early age are also more likely to continue to smoke than other women.(17)

The Infant Feeding Survey, which is the main source of information used by the Department of Health uses a different methodology (and therefore not comparable) to monitor progress towards the Tobacco White Paper target on smoking in pregnancy. The survey is conducted every five years among women who have recently given birth. In 1995, the IFS found that 23% of pregnant women were smokers. This figure was used as the baseline for the Tobacco White Paper target. The corresponding survey in 2000 reported 20% smoking and pregnancy prevalence.

Benefits of stopping during pregnancy

Helping women to stop smoking before or during pregnancy will bring great benefits to the mother as well as her unborn child, so providing support is essential. Women who stop smoking at any time before conception have infants of the same birth weight as those born to women who have never smoked. Stopping in the first three months of a pregnancy will reduce the likelihood of a low birth weight. Women who smoke during pregnancy are more likely to experience vomiting, urinary infections and thrush, to feel unwell, and to be admitted to hospital so stopping would help these effects.(17)

Partners of pregnant women

Pregnant smokers are three times more likely than pregnant non-smokers to have a partner who smokes (83% compared with 29%). Male fertility is often adversely affected.

Half the pregnant women whose partners smoked reported no change in their partner’s smoking habits during the pregnancy, but 23% said their partners did make a change. Of those who changed, 13% cut down, 7% continued smoking, but away from the pregnant woman and 4% gave up. A new NHS leaflet, News for Dads, has been written especially to support this group.
Smoking cessation interventions have proved to be excellent value for money. Results for smoking cessation interventions in the UK range from £212 to £873 per life year gained. The following table is taken from Smoking cessation guidelines and their cost effectiveness.

Incremental effectiveness of cessation interventions

<table>
<thead>
<tr>
<th>Intervention element</th>
<th>Increase in % of smokers stopping for 6 months or longer after intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very brief advice to stop (3 mins) by clinician versus no advice</td>
<td>2%</td>
</tr>
<tr>
<td>Brief advice to stop (up to 10 mins) by clinician versus no advice</td>
<td>3%</td>
</tr>
<tr>
<td>Adding NRT to brief advice versus brief advice alone or brief advice plus placebo</td>
<td>6%</td>
</tr>
<tr>
<td>Intensive support (e.g. smokers’ clinic) versus no intervention</td>
<td>8%</td>
</tr>
<tr>
<td>Intensive support plus NRT versus intensive support or intensive support plus placebo</td>
<td>8%</td>
</tr>
<tr>
<td>Cessation advice and support for hospital patients versus no support</td>
<td>5%</td>
</tr>
<tr>
<td>Cessation advice and support for pregnant smokers versus usual care or no intervention</td>
<td>7%</td>
</tr>
</tbody>
</table>

Source: Raw et al.

Some of these increases in abstinence rates are additive. For example, intensive support plus NRT can increase long term quit rates by 16% (8% intensive support and 8% NRT).
National Institute for Clinical Excellence (NICE)

NICE issued guidance in March 2002 on pharmacotherapy support for smokers wishing to quit. They recommend NRT or bupropion (Zyban) be prescribed in conjunction with advice and support. Both NRT and bupropion are considered to be among the most cost effective of all health care interventions. The resource section gives information on how to get copies of the NICE Guidance.

When deciding which of the available therapies to use and in which order they should be prescribed, practitioners should take into account:

- Intention and motivation to quit, and likelihood of compliance
- The availability of counselling or support
- Previous usage of smoking cessation aids
- Contraindications and potential for adverse effects
- Personal preferences of the smoker

NICE suggest that the initial prescription issued should cover the first two weeks of the quit attempt, followed up with further prescriptions for those people who demonstrate their desire to continue, due to the high probability of failure.

NICE also stated that Patient Group Directives (PGD’s) for bupropion and NRT could be considered for appropriately trained nurses providing smoking cessation support, with limited access to a medical practitioner. A Model PGD has been developed by the Pharmacy Healthcare Scheme, which would enable some smokers who currently fall outside the product licence to receive NRT on the NHS.

The effectiveness of bupropion in the absence of support is not known, therefore NICE has confirmed that all treatment should include ongoing support. NRT, whose effectiveness has been proven in many studies, is known to increase cessation rates independently of behavioural support. The more intensive the support surrounding the quit attempt, the better the long term quit rates.

The Scottish equivalent to the National Institute for Clinical Excellence is the Scottish Health Technology Board who have reinforced the NICE findings.

NICE recommend that smokers who are under 18, pregnant, breastfeeding or who have unstable cardiovascular disorders, should discuss the use of NRT with a health care professional before it is prescribed.
Many people experience problems when trying to stop smoking as they are dependent on nicotine which is a highly addictive drug \[15\]. A smoker may report having some of these symptoms as they withdraw from nicotine:

- Craving
- Increased appetite
- Tearfulness
- Sleep disturbance
- Worsened cough
- Light headedness
- Tingling sensations
- Sore tongue and mouth ulcers
- Constipation

**Craving** – an intense desire to smoke which typically lasts two to three minutes before subsiding. This becomes less frequent and less intense during the first three weeks. Distracting the attention for the duration of the episode can help, as can deep breathing exercises and taking glucose tablets.

**Increased appetite** – this is due to the lack of nicotine, which tends to suppress the appetite. Cravings may also be interpreted as hunger. Weight gain is caused by the combined effects of changes in the metabolism, increased appetite, improved sense of taste and replacing cigarettes with snacking. Suggest your patient checks their diet, tries eating less high calorie foods and increases their level of exercise.

**Tearfulness** – anxiety, irritability and loss of concentration – all these can be attributed to the upheaval of breaking a long-established habit and adjusting to the physical problems. Some smokers go through an identifiable ‘grief’ process which may take a few months to adjust to.

**Sleep disturbance** – difficulty in sleeping or in staying awake. It is not uncommon to have an initial week of sleeping badly followed by a week of difficulty staying awake.

**Worsened cough** – the millions of tiny hairs designed to keep the air passages clean start to clear away the dirt caused by cigarette smoke. This can cause a temporary cough. A doctor should be consulted if it persists.

**Light-headed** – or dizzy feelings may occur as the level of carbon monoxide in the blood starts to fall and oxygen supply to the brain increases.

**Tingling sensations** – probably a sign of better circulation in the hands and feet.

**Sore tongue and mouth ulcers** – probably a result of chemical and bacterial changes in the mouth. It is advisable to recommend medical advice for symptom control if they persist.

**Constipation** – tobacco has a laxative effect on which the bowels learn to rely.

Reassure your patients that these are expected signs of withdrawal that will eventually pass. It’s important to advise smokers that using pharmacotherapy products will greatly reduce these symptoms and double their chance of long term quitting.

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Some people put off the decision to quit smoking, because of their concerns about weight gain. For most people the increase after a year is quite small.
Weight gain

Some people put off the decision to quit smoking, because of their concerns about weight gain. For most people the increase after a year is quite small. The main reasons people can put on weight are because:

- Nicotine suppresses the natural appetite and increases the body's metabolism
- When people stop smoking their appetite often increases
- People often find that food is tastier and so eat more after they stop smoking
- Some people replace cigarettes with snacks and sweets

Advise your clients to keep a close watch on what they eat especially in the beginning. If they can face up to the challenge in the beginning, they will avoid starting new eating habits that can increase weight.

Using NRT can help people control weight gain.

Your advice

- Once they have stopped smoking they will find it easier to lose any extra weight
- Weight gain is a minor health risk compared to the many risks of smoking
- By eating sensibly and keeping active, weight gain can be controlled

Pharmacotherapy treatments

Bupropion (Zyban)

In June 2000 a new non nicotine smoking cessation aid bupropion was licensed in the UK as a prescription only drug. It is recommended for use with motivational support in nicotine dependent patients. This drug has been used extensively in the USA as an antidepressant for a number of years under the trade name Wellbutrin and research has confirmed that it is an effective treatment for tobacco dependence. The twelve month continuous abstinence rate was 23% in one comparative clinical trial [30].

The exact mechanism of action is unclear but, as with NRT, cravings are reduced. Unlike NRT the smoker continues to smoke for the first week of treatment. Medication is increased from 150 mg to 300 mg daily on the seventh treatment day. Remaining on the lower dose throughout treatment is recommended for older patients and those where there may be special precautions.

The full course of bupropion lasts for eight weeks. The use of bupropion is associated with a dose-dependent risk of seizure (fits) of 0.1% (1 in a 1000). Bupropion is contraindicated for patients with a history of seizures, those suffering from bulimia or anorexia nervosa and in patients on monoamine oxidase inhibitors and those on Wellbutrin (contains bupropion). It is contraindicated in those with head injury or cerebral tumour, severe liver disease or those withdrawing from diazepan or alcohol. Special precautions are also needed when the patient is taking other medications which may lower the seizure threshold. These include antidepressants, antimalarials, antipsychotics, theophylline, oral hypoglycaemics, insulin and systemic steroids. Seizure threshold may be reduced in those taking over the counter stimulants and those addicted to cocaine or opiates.

There have not been any studies using bupropion in pregnancy although animal studies have not shown evidence of harm to the foetus. Women should not take bupropion whilst breastfeeding.

Bupropion use is associated with minor side effects such as dry mouth, insomnia, drowsiness, skin disorders and nervous system disturbances such as headache and dizziness. Since its launch in the UK many thousands of patients have received prescriptions of bupropion. Adverse event reporting has been in line with expected incidence of side effects. The Medicines Commission continues to assess reports of all suspected adverse reactions. The majority of fatalities reported have involved cardiovascular disease and cerebrovascular disease events in older people. It is thought likely that these deaths were due to tobacco related disease. The prescribing of bupropion, as with many drugs, involves a risk/benefit assessment. It must be remembered that tobacco dependence kills half of all regular smokers and smoking cessation for those not already ill is life saving.
Clinical trials have shown that Nicotine Replacement Therapy (NRT) doubles the chance of success of smokers wishing to stop. NRT does not provide a complete replacement for cigarettes, nor eradicate the need for willpower. However it does help with the management of withdrawal symptoms associated with the cessation of smoking whilst allowing the smoker to concentrate on breaking the social and psychological habits. NRT is not a magic cure but it can help smokers who are motivated to stop and is most effective when used in conjunction with professional advice and support.

NRT provides nicotine in a way that is slower and less satisfying, but safer and less addictive than cigarettes. Unlike tobacco smoke, it does not contain tar and carbon monoxide. It only contains nicotine and there is no evidence that nicotine causes cancer.

Very few people become addicted to NRT. Some ex-smokers have continued to use it long term but this is mainly because of concern about returning to smoking. For the best results, NRT should be used in sufficient quantities and for long enough. Smokers should follow the instructions on the package or seek advice from a member of their primary health care team or Smoking Cessation Service if they require more information.

The cost
All NRT products are now available on prescription. All NRT products can be bought over the counter in pharmacies and some are available on general sale in shops and supermarkets.

Which product to recommend?
There are currently six different types of NRT products. They are available in the form of gum, patches, nasal spray, sublingual tablet, inhalator and lozenges. As yet there is no controlled trial evidence favouring any one of these NRT products over another. Since they have similar success rates, the choice between them is a practical and personal one. Oral products permit more personal control over the dosage and can be helpful for smokers with an irregular pattern of smoking. Alternatively the patch delivers a fairly consistent dose of nicotine and is therefore more suitable for people with a regular pattern of smoking.

The nicotine patch is most suitable for smokers who have a regular pattern of smoking since nicotine delivery is continuous for the time that the patch is worn. There are two types of patch; 16-hour and 24-hour. The 24-hour patch can be useful for the control of cravings on waking, or for people who smoked in the night, but a continuous dose of nicotine can cause sleep disturbances in some people. In contrast the 16-hour patch is not worn over night but is replaced each morning. The nicotine free period over night can reduce sleep disturbance. Each patch is available in three strengths, which are intended to be used in a gradual step down process.

Very few people become addicted to NRT. Some ex-smokers have continued to use it long term but this is mainly because of concern about returning to smoking.
The recommended time for using a patch is 12 weeks. Occasionally the patches can cause local skin irritation, although this can pass after a few days. It is important to rotate the site of the patch daily. The patch offers a discreet method of nicotine delivery and is most helpful for a smoker with a low behavioural dependence on cigarettes.

Nicotine gum comes in 2mg or 4mg doses and in a variety of flavours. It is essential that the gum is used in a ‘chew-rest-chew’ technique. The manufacturers recommend this as any nicotine that is swallowed is wasted and can cause unpleasant side effects. The correct technique is to chew the gum slowly to release the nicotine and once the taste becomes strong chewing should stop. This allows the nicotine to be absorbed by the buccal mucosa. The gum should then be ‘parked’ between the gum and cheek, and when the taste has faded it should be chewed again. The 2mg gum is most effective for smokers of 20 or less cigarettes per day and for those who smoke more than 20 cigarettes per day the 4mg gum is most appropriate.

Nicotine nasal spray is a small bottle of nicotine solution, which delivers a dose of nicotine in a liquid spray to each nostril. Nicotine taken in this way is absorbed faster than from the other products and may suit more addicted smokers. It is recommended for smokers of more than 20 cigarettes per day and/or for those who light up within twenty minutes of waking. This product can cause local irritant effects such as runny nose, sneezing, throat irritation. These side effects should lessen with use, usually after a few days.

The nicotine inhalator consists of a plastic mouthpiece, into which is inserted a cartridge of nicotine. Smokers draw on it like a cigarette. Despite its name, the nicotine does not reach the lungs, but is absorbed via the buccal mucosa. This product is most appropriate for smokers of 20 or less cigarettes a day. It is a unique form of NRT as it addresses both the physical and behavioural aspects and is therefore particularly useful for smokers who miss the hand-to-mouth activity of smoking.

The nicotine sublingual tablet (microtab) delivers a 2mg dose of nicotine which when placed under the tongue dissolves gradually within 30 minutes. The nicotine is absorbed via the oral mucosa. This product can be used for both high and low dependency smokers by using either 1 or 2 tablets per dose. It should not be sucked, chewed or swallowed as this prevents the absorption of nicotine.

The nicotine lozenge is available in three different strengths 1mg, 2mg, and 4mg. The 1mg lozenge is most effective for smokers of 20 or less cigarettes per day. The 2mg lozenge is most suitable for smokers who smoke after 30 minutes of waking up. The 4mg lozenge is most appropriate for smokers who normally smoke within 30 minutes of waking up. The technique for using the lozenge is the same for all strengths. The lozenge should be sucked until the taste becomes strong. It should then be parked between the gum and cheek until the taste has faded. It should then be sucked again. This ‘suck and park’ technique should continue until the lozenge has dissolved completely.

Who should use NRT?
Except for medical reasons NRT can be used by all smokers over 18. Although most NRT research has been done with people who smoke at least 15 cigarettes a day, the patch and 2mg gum are as effective with lighter smokers in research trials.

Who should not use NRT?
There are some contraindications and cautions for use of most NRT products e.g. use in pregnancy, lactation, under 18 year olds, patients with cardiovascular disease, active peptic ulcers, hyperthyroidism and diabetes mellitus. Expert opinion is that NRT is much safer than otherwise continuing to smoke (22). Consideration of risk versus benefit needs to be applied to help people in these groups access treatment under medical supervision. This information is now included by manufacturers on some of their summary of product characteristics (SPCs) for example, allowing the use of the microtab during pregnancy with medical support.
What are the benefits of stopping smoking?

Giving up smoking has both immediate and longer term benefits. This is what happens when a typical smoker quits:

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Immediate Benefits</th>
<th>Longer Term Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>After 20 minutes</strong></td>
<td>Blood pressure and pulse rate return to normal. Circulation improves in hands and feet making them warmer.</td>
<td>Over 2 to 12 weeks Circulation improves throughout the body.</td>
</tr>
<tr>
<td><strong>After 8 hours</strong></td>
<td>Nicotine and carbon monoxide levels in the blood reduce by half. Oxygen levels return to normal.</td>
<td>Within 3 to 9 months Coughs, wheezing and breathing problems improve as lung function is increased by between 5 and 10%.</td>
</tr>
<tr>
<td><strong>24 hours later</strong></td>
<td>Carbon monoxide will be eliminated from the body. Lungs start to clear out mucus and other smoking debris.</td>
<td>After 5 years The risk of heart attack falls to about half that of a smoker.</td>
</tr>
<tr>
<td><strong>After 48 hours</strong></td>
<td>There is no nicotine left in the body. The ability to taste and smell is greatly improved.</td>
<td>10 years later The risk of lung cancer falls to half that of a smoker. The risk of heart attack falls to the same as someone who has never smoked.</td>
</tr>
<tr>
<td><strong>72 hours later</strong></td>
<td>Breathing becomes easier. Bronchial tubes begin to relax and energy levels increase.</td>
<td></td>
</tr>
</tbody>
</table>

People who have smoking related diseases can get many health benefits from giving up tobacco. Although damage to the lungs caused by years of smoking is permanent, stopping smoking will prevent further deterioration. Giving up also hastens a person’s recovery, reduces the risk of serious complications and extends life expectancy.

For older smokers

Lung function in all age groups is related to current smoking status and smoking history.

- Studies show that peak flow rates increase with the number of years since quitting.
- The rate of decline in lung function slows down or even begins to gradually improve.
- Prevalence rates for respiratory symptoms, eg, coughing, wheezing and phlegm production, can decline among older former smokers.
- Cardiovascular disease symptoms improve and the risks of further heart attacks are reduced.

Helping people to stop smoking

Of the millions of people who have stopped smoking, most have done so as a result of a health problem. A nurse therefore is in an ideal position to offer help at the time when people need it. The subject of smoking however is not always routinely discussed which can leave some smokers without the advice they need.

Talking about smoking

Some nurses who smoke feel it would be seen as hypocritical of them to raise the issue, equally non-smoking nurses may fear that they cannot truly empathise with a smoker's needs. Ex-smokers may let their personal experience of stopping get in the way, for example if it was hard for them, they may be loathe to encourage a patient to take up the challenge, or if it was easy, they may not understand the patient's need for help.

The fact is that whether you smoke yourself or have never even tried a cigarette, your professional advice is essential. You will not appear either hypocritical or judgmental if you follow the recommended 4A's guidelines. If the subject is not even mentioned the patient may mistakenly believe that stopping isn't important. All you need to do is approach the subject non-judgmentally, discuss their motivation to quit, any past experiences and give advice on the NHS services and treatments available. There is a comprehensive resource section that can help you carry out this work at the end of this book.

RCN Flow chart illustrating the 4A's

ASK

Ask all patients about smoking status at every visit and update records

Do you smoke?
Have you ever tried to stop smoking?
Are you interested in stopping now?

If no interest is shown

Record smoking status in notes. Make note to ask at next visit. If appropriate, follow ADVISE.

If interested

ASSESS MOTIVATION
Reasons for stopping
Potential barriers
Support needed

ADVISE

Advise all smokers of the benefits of stopping. Give clear, strong, personalised advice to stop. Link smoking to its effect on current health. Inform them about NRT or bupropion.

ASSIST

Assist the patient in stopping
Help the patient set a date to stop.
Discuss the use of NRT or bupropion.
Help them make an action plan.
Give them the Giving up for life self help booklet.
Review past experiences of quitting.
Recommend NHS Smoking Helpline 0800 169 0 169

ARRANGE

Arrange a follow-up visit to you or refer to a specialist service as appropriate.

Has the patient stopped smoking?

Yes

Congratulate success. Review periodically.

No

Identify problem areas. Use the experience to learn what to do differently next time. Anticipate future challenges. Assess the use of NRT/Zyban. Ask them to re-commit soon.
How do people stop smoking?

Work done by Drs Prochaska and DiClemente suggests that stopping smoking is not a single event, but a process in which the smoker goes through a series of stages.

The Stages of Change model:

**Pre contemplation stage** (contented smokers)
- No interest at all in changing behaviour
- Sees many personal advantages in the habit

**Contemplation stage** (considering changing)
- Thinking about changing
- Acknowledging some dangers and risks to self
- Still has many reasons for continuing

**Preparation stage**
- Thinking that stopping is personally beneficial
- Believing that stopping is possible
- Making definite plans to stop

**Action stage**
- Changing usual behaviour
- Actually stopping

**Maintenance stage**
- Staying stopped
- Coping with relapse

Help a smoker to recognise the benefits of changing behaviour, but check their perception of these benefits, as unrealistic expectations may lead to their failure to maintain them.
Prochaska and DiClemente found that at any one time about 40% of smokers are not interested in stopping. About 40% are considering stopping at some time in the future and only about 20% are actively working towards a cessation attempt. The type of support you offer needs to be tailored to each smoker's stage of 'readiness to change'. From the illustration you can see that a person's attitude has to change before their behaviour will. For example a 'contented smoker' will not listen to advice on the practicalities of stopping, but may engage in a personalised discussion on the health effects of smoking. A person in the 'contemplation stage' will resist advice to take action, but may talk through their ambivalence about stopping. These types of conversations can be a catalyst for a change of attitude. Giving action orientated advice is only effective when people are at that stage of change.

To assess a smoker's stage of change, ask questions like:

- You've told me you are a smoker. What do you enjoy most about smoking?
- Have you ever considered giving up?
- Are you worried about quitting and how you may feel?
- Do you want to give up for yourself or someone else?
- Have you tried quitting before? How long did you last?
- How did you feel during the time that you stopped?
- What benefits did you notice?
- When did you start again? What happened?
- Would you like some information or help now?

To motivate someone to stop smoking:

- Find out what they know and believe about the effect their lifestyle has on their health (ask the illustrated questions)
- Develop a partnership with them and acknowledge that they are in control of their choices to change
- Recognise that not all patients want to change and that some may need help seeing the negative impact of their current lifestyle before deciding to change
- Let them decide what, when and how to change and set their own goals

Tackling one aspect of behaviour at a time will be more successful than trying to remove several risk factors simultaneously. Encourage people to state or write down their personal goals which is a powerful step towards owning them.

**Action planning**

A person is more likely to act on something they have written or heard themselves say, than something they have been told to do. When they are ready to change help them make plans for achieving their goal. If they get stuck finding alternatives to smoking, encourage them to talk through why they are choosing to change their lifestyle, help them recognise the benefits of changing behaviour, but check their perception of these benefits, as unrealistic expectations may lead to their failure to maintain them. Try to build up their belief in their ability to achieve their goal by drawing on past experiences of success.

The NHS self help guide *Giving up for life* includes practical advice on making an action plan, avoiding relapse, coping with stress and staying stopped for good. Use this to back up your work with smokers.

**Carbon Monoxide Monitors**

Carbon Monoxide breath monitors are very useful tools for helping to motivate smokers to stop. They give a visual demonstration to the smoker of the presence of damaging levels of carbon monoxide in expired breath. During a cessation attempt they can be used to chart improvement. There are several types available and they are all easy to use after some minimal training. They are often used by nurses providing one to one support and in stop smoke groups. They can also be used to validate claims of cessation and for monitoring purposes. Smokers can also buy a personal breath tester (Freedom Smokerlyzer®) enabling them to monitor their own progress.
Communicating effectively

Helping a smoker change can be frustrating work if you use the traditional ‘advice giving approach’. People start smoking for many reasons and may not have gone a single day of their adult life without a cigarette. Quitting is not easy, smokers have to give up comforting rituals, change their daily routine and break their addiction to nicotine, all at the same time.

You may have noticed that when you put forward the benefits of stopping smoking or the health costs of continuing the habit, smokers often present the other side of the debate. This can feel like a tennis match where you serve a good idea or a suggestion and you get the ball served straight back at you ‘Yes but, my father smoked until he was 80’. This type of conversation unfortunately has them reinforcing their reasons for smoking and not considering change.

Try using a different approach. Put yourself into their position. Listen to the reasons the patient gives you for their smoking and paraphrase them eg ‘I can hear that it would be very hard for you to give up smoking at the moment because.....’ or ‘right now continuing smoking is important to you even though you know you risk having another heart attack’. When a patient hears the things they have said summarised back in this way it helps them reflect on the consequences of their current choice. The ‘yes but’ may become ‘I know I should stop smoking’ or ‘but I do really want to give up’. Try to ask questions that will help them work out for themselves, why they smoke and why they should stop. This can start them planning a stop smoke attempt. This person focused approach will help smokers much more than ‘advice’.

Stopping smoking can be easy for some smokers and an enormous task for others. The smoker is the expert on themselves, their lifestyle and smoking habit. Ask questions to make them reflect and plan ahead and support them as they implement the changes.

Avoid taking on the smoker’s problem

As a nurse you have little power or control over a smoker’s behaviour. When offering help, try not to simultaneously take on the responsibility for the outcome. To achieve this it may help if you change the way you see your role to more of a ‘guide’ than an ‘instructor’. A tour guide’s work involves telling passengers about local beauty spots, where to get the best photos or shopping experiences and of the problems they could have if they miss the bus back. When the passengers leave the bus they are free agents and go where they please. Some passengers do follow the guide’s advice and others do not. From experience guides know that most passengers make their own choices.

When making routine interventions on smoking, see yourself only as the person’s guide. Give your professional advice, state their personal risks of continuing the habit, explain what works and let go of the outcome. Remembering that everyone has a free choice will help you to go on offering your expert support without feeling let down if they ‘do their own thing’. There should be no such thing as frustration or failure if you work as a guide.

The people who are most likely to succeed in stopping smoking are those who:

• Have thought about stopping for a period of time
• Stop when they are ready – not when someone else tries to coerce them
• Have enough information about their smoking habit and know why they want to stop for good
• Are prepared for how they will feel when they stop
• Have developed alternatives to replace their smoking habit
• Learn to cope in different ways with situations instead of smoking
• Have a positive image of themselves as a non-smoker
• Feel in control of their life without using cigarettes
• Make quitting the most important thing that they are doing
• Make staying stopped a top priority in their lives
Very few smokers manage to stop the first time they try. Smoking is classified by many as a chronic relapsing disease. Relapse is therefore more usual than success and doesn't equal failure. Even the Department of Health's *Don’t give up, giving up* campaign emphasises that stopping is a process, with relapse a natural part of that process. Reassure your patients that the more past attempts they’ve made to stop smoking, the more likely they will be to successfully stop in the future. The pages in the resource section can help too.

Some of the reasons people give for returning to smoking are:

- They were not aware of their ‘triggers’ for smoking, and got caught out
- They did not plan a programme to help them stop
- They did not have an alternative means of handling pressure
- They thought they could have ‘just one’
- They struck a bad ‘patch’ or had a ‘pressurised’ day
- They found it difficult to cope with weight gain or an unexpected situation
- They thought of themselves as smokers not non-smokers

Advice for smokers trying again:

- Look back at their reasons for wanting to be a non-smoker
- Copy them onto a card to read if tempted
- Think through past experiences of stopping smoking to see what to expect this time
- Spend time preparing how to cope without smoking
- Practice plans for handling the first week
- Rushing unprepared into a quit attempt is why people relapse

Top tips for self help

- Make a plan ahead of time for coping with stressful situations
- Pick a day for stopping that will be relatively stress-free and stick to this date
- Think positively – you can do it – concentrate on the benefits of not smoking
- Take it one day at a time. Congratulate yourself frequently
- Ask a friend to stop with you and support each other
- Using NRT/bupropion lessens withdrawal symptoms and doubles the chance of success
- In the first week avoid visiting places where you usually smoke
- Keep yourself busy and try to increase your level of physical activity
- Count the money you save and treat yourself to something special
- Don’t try ‘just one’ cigarette – it will take you back to the beginning
There is plenty of free help and support available through the NHS for people wishing to stop smoking. A smoker may opt for a particular service or can employ the full range to access maximum support.

The NHS Smoking Helpline 0800 169 0 169, provides the gateway to all NHS smoking cessation services.

### Freephone Helplines

**NHS SMOKING HELPLINE 0800 169 0 169**
- Open 7am – 11pm every day. Senior advisor (counsellors) available 10am – 9pm. Answerphone out of hours, call-back offered if details left
- The helpline provides a range of options for smokers seeking help to give up and is integral to local NHS smoking cessation service provision

This friendly service provides callers with advice and support on stopping as well as an information pack containing a self-help guide, which includes the contact details of their local NHS Stop Smoking Service.

Health Professionals can call the helpline to obtain free NHS leaflets, posters and other materials designed to help them in their work with smokers.

**NHS PREGNANCY SMOKING HELPLINE 0800 169 9 169**
- Open 12 midday – 9pm every day
- Information and counselling support for pregnant women
- Flexible call-back option through pregnancy and early post-natal period

Smoking during pregnancy can seriously increase the risk of many problems for women and their babies. The NHS Pregnancy Smoking Helpline 0800 169 9 169 was established in June 2000. Callers receive information, help and advice on stopping smoking during pregnancy and are offered a flexible call-back service providing extra support for those who need it, including follow-up during the early postnatal period.

### NHS ASIAN TOBACCO HELPLINE
- Open 1pm – 9pm every Tuesday
- Confidential advice service in mother-tongue languages and English
- Specifically tailored to the needs of the South Asian communities, the helpline provides advice and support on giving up tobacco whether as cigarettes, bidi, the hookah, chewing tobacco or tobacco in paan
- Self-help guides available in five languages

Callers can also find out where their local NHS smoking cessation service is which may provide a mother-tongue/translator assistance.

0800 169 0 881 – Urdu
0800 169 0 882 – Punjabi
0800 169 0 883 – Hindi
0800 169 0 884 – Gujarati
0800 169 0 885 – Bengali

The NHS Smoking Helpline 0800 169 0 169, provides the gateway to all NHS smoking cessation services.
Tobacco Information Campaign website:
www.givingupsmoking.co.uk

The website reflects the ethos of the ‘Don’t give up giving up’ slogan, in offering smokers help and advice on how to give up smoking. It affords an alternative cessation tool to the NHS Smoking Helpline and includes video clips of some of the current TV campaign ads. As well as offering smokers vital information, tips and support, the site also features a number of very popular interactive tools; in particular, the email motivator, and the message board is testimony to the difficult challenge faced by smokers trying to give up.

Free resources to support clinical interventions with smokers can be ordered via:

• NHS Smoking Helpline 0800 169 0 169
• Website: www.givingupsmoking.co.uk
• The Tobacco Information Campaign, PO Box 102, Hayes, Middlesex, UB3 1VD
• Fax: 020 8876 3274

The Tobacco Information Campaign
The Tobacco Information Campaign team is based in the Communications Directorate at the Department of Health. Working to the Government’s White Paper Smoking Kills, the team plans and delivers the national tobacco information campaign which includes the current TV testimonial advertising.

The team can be contacted for further information at:
The Department of Health
Room 231B Skipton House
80 London Road
London SE1 6LH
Tel: 020 7972 5259

Don’t give up giving up.

Local NHS Smoking Cessation Services
Smoking Cessation Services, established as a result of the Government White Paper Smoking Kills, are now operational and offer structured support to smokers who want to stop smoking.

Services have developed in different ways responding to the needs and demands of their locality. A service may operate from a centralised base where smokers attend for support. Other services offer interventions in a variety of settings around a geographical area, thus taking support out to clients. This is particularly effective in rural settings where access to services may be an issue. There is therefore not a set model for the delivery of cessation services. Instead provision is tailored to suit the diversity of populations.

There are generally two methods of support provided by cessation services; group or one-to-one sessions.

Smoking cessation groups
Groups are a recommended form of treatment and are said to be both effective and cost effective(4). Groups provide a smoker with intensive support generally in the form of one hour over a period of 6-7 weeks. An example of this type of intervention incorporates a period of preparation, thus smokers attending this type of group are not expected to quit smoking until week 3. Preparing for a quit attempt is essential and lack of preparation is often an indicator for relapse. The first two sessions are therefore about helping smokers to plan and prepare for life without cigarettes. The group is encouraged to quit together at week 3 and then support continues for a further 3 or 4 weeks. Group size appears to vary – the recommendation is that groups should be large enough to account for the drop out that will occur, this then ensures that the remaining clients are not affected by a large reduction in group numbers. The National Smoking Cessation Guidelines(4) recommend up to 30 clients. However some cessation services run groups with smaller numbers of between 5-10 smokers.

Pharmacological therapy in the form of NRT and bupropion (Zyban) is discussed in the group. Group facilitators equip clients with sufficient information about all the products to assist their decision about which, if any, is most appropriate to aid their quit attempt. Many services have developed systems to communicate with GPs to assist the process of clients accessing appropriate therapy.

Carbon monoxide monitors are a common feature of groups and are useful for demonstrating the early benefits of quitting.

At the final session of the group many smokers express concern about the group support coming to an end. For this reason some services offer relapse prevention meetings, for example a once a month session, or a regular drop-in session. It is not clear what form of relapse prevention is most effective and it can be problematic due to low attendance levels. Different approaches are likely to suit different services.
One-to-one support

Group interventions are not always appropriate for a variety of reasons and individual support may be a client’s preference. It is therefore recommended that cessation services offer both forms of treatment.

Smoking cessation service advisors may provide individual interventions, however many services have developed one-to-one support through a network of trained advisors in primary and secondary care. This network of advisors are able to support smokers who are motivated to quit in an appointment dedicated specifically to discuss the issue of smoking, as opposed to being part of a consultation about another issue. Training is available to equip health professionals to take on this role.

Smoking cessation training

Generally, smoking cessation services offer training to health professionals to provide them with the skills to work effectively with smokers. A priority is to encourage health professionals to raise the issue of smoking and identify the level of motivation to quit, which generally takes no more than 2-3 minutes. This is a brief intervention. Further training is given for those who need to support patients through the quitting process and may include group work. The type of training available locally will depend on individual services.

The RCN runs an accredited course called ‘Helping smokers to stop’. For more details call: RCN Tobacco Education Project 0870 74 23456

Monitoring success

The Department of Health requires the NHS smoking cessation services to monitor the number of successful quitters at the four-week follow-up. The services have exceeded the expected targets and average 48%.

The first evaluation of smoking cessation services has been able to demonstrate the effectiveness of services which have exceeded expectations. In the period April 2000 to March 2001 a total number of 126,800 people set a quit date through smoking cessation services and at the four week follow-up 48% had successfully quit (based on self report).

Summary

It is always worth taking the time and effort to talk to patients about stopping smoking because every year in the UK over 120,000 people die prematurely because of this habit. Stopping smoking prolongs life regardless of the age at which a person quits. Most smokers do not continue to smoke out of choice, but because they are addicted to nicotine. Understanding that nicotine addiction is a major medical and social problem is essential. By applying the information in Clearing the Air 2, nurses can become advocates within the NHS ensuring that appropriate interventions and treatments are made available to all smokers. Even very brief interventions have been shown to have an impact. Each time a nurse raises the subject, gives information and offers follow-up, they are helping their patients move through the cycle of change and are saving lives.

Good luck!
References


7 www.doh.gov.uk/public/sddsurvey.htm


17 The Health Education Authority. Smoking & pregnancy, A growing problem, HEA 1998

18 Royal College of Physicians. 1992. Smoking and the Young


20 National Institute for Clinical Excellence – Guidance on the use of nicotine replacement therapy and bupropion for smoking cessation. Website: www.nice.org.uk


23 WHO Europe Partnership Project to reduce tobacco dependence. Regulation of nicotine dependence therapies: an expert consensus. Copenhagen 2001


Useful contacts

RCN Tobacco Education Project
PO Box 78, Kings Langley, Hertfordshire WD4 8ZN
Tel: 0870 74 23456

The Royal College of Nursing runs a Tobacco Education Project, which is responsible for the publication of *Clearing the Air 2*. The project aims to increase nurses’ knowledge of the health risks of smoking, the recommendations in the Government’s White Paper *Smoking Kills* and help nurses themselves to quit smoking. The project contributes to tobacco education training programmes, seminars and conferences and worked with the WHO Tobacco Free Initiative. An educational grant from GlaxoSmithKline and Pharmacia supports this project.

**The Project Objectives are:**

- To increase the knowledge of RCN members about the impact of smoking on public health
- To support nurses in their role as providers of smoking cessation advice, helping them to increase the quality and quantity of their interventions
- To work jointly with other key agencies and tobacco control initiatives
- To help nurses who wish to stop smoking themselves by providing a self help pack and information on where they can get local help and local support

The *Self help to Stop Smoking* book for nurses is available free from the project. Send a stamped, addressed envelope to the above address.

Jennifer Percival, the Project Manager, runs RCN accredited smoking cessation training courses for health professionals. Phone 0870 74 23456 for details.

Subjects covered include:

- Helping people to stop smoking
- Smoking, pregnancy and the newborn
- Teenage smoking
- Protecting children from passive smoking

Nurses Against Tobacco Group

A sub group of the RCN Respiratory Nurses Forum. The Nurses Against Tobacco Group is a nationally recognised sub group of the RCN Respiratory Nurses Forum. It is committed to a wide range of tobacco related issues to reduce smoking prevalence. This updated publication of *Clearing the Air 2* is a direct result of this group’s past work.

As the largest group of health professionals, nurses have enormous potential to influence change – with their patients, at local level and also a national and international level. Why not link forces with other professionals and/or form a Nurses Against Tobacco group in your workplace?

The RCN Tobacco Education Project can support you in this work.

Tobacco Control Alliances

The National Tobacco Control Alliances scheme run by the Department of Health also welcomes enquiries from nurses who want to join forces with other professionals working on tobacco control initiatives.

Visit www.doh.gov.uk/tobacco/index.htm or telephone 020 7972 5259 for details of your local alliance.

Useful contacts

Stopping smoking prolongs life regardless of the age at which a person quits. Most smokers do not continue to smoke out of choice, but because they are addicted to nicotine.
Non-profit making organisations

ASH – Action on Smoking and Health
102 Clifton Street
London EC2A 4HW
ASH a health charity, works to secure public, media, parliamentary, local and national Government support for a comprehensive programme to tackle the epidemic of tobacco-related disease. ASH campaigns for measures to control tobacco and challenges the activities of the tobacco industry. ASH provides information, reports and publications for professionals and the public and there is a wealth of information on their website www.ash.org.uk.

If you are interested in getting involved in tobacco control in the UK contact ASH directly:
Email: action.smoking.health@dial.pipex.com
Tel: England 020 7739 5902
Scotland 0131 225 4725
Wales 029 2064 1101
Northern Ireland 028 9066 3281

British Heart Foundation
14 Fitzhardinge Street
London W1H 4DH
Tel: 020 7935 0185
Website: www.bhf.org.uk
The UK’s leading Heart Charity. They produce a range of literature, posters leaflets and other resources which can aid your work in helping smokers to quit.

British Lung Foundation
78 Hatton Garden
London EC1N 8LD
Tel: 020 7831 5831
Email: breatheasy@britishlungfoundation.com
Website: www.lunguk.org
The British Lung Foundation is the only charity in the UK dedicated to improving the prevention, diagnosis, treatment and cure of all lung diseases. They produce a range of fact sheets and information including, living with lung cancer, children's lung disease and Breathe Easy for Health Professionals-advice for nurses working with lung disease.

Health Education/Health Promotion Units
NHS staff can obtain NHS leaflets from their local Health promotion unit. They may also offer training, advice, resource packs, posters and support for activities. Contact them for more information.

Health Technology Board for Scotland (HTBS)
Delta House
50 West Nile Street
Glasgow G1 2NP
Tel: 0141 225 6939
Fax: 0141 228 3778
Website: www.htbs.co.uk
The HTBS works to improve Scotland’s health by providing evidence-based advice to NHS Scotland on the clinical and cost effectiveness of new and existing health technologies (medicines, devices, clinical procedures and healthcare settings).

National Heart Forum
Tavistock House South
Tavistock Square
London WC1H 9LG
Tel: 020 7383 7638
Fax: 020 7387 2799
Email: nhf-post@heartforum.org.uk
Website: www.heartforum.org.uk
The National Heart Forum is an alliance of over 40 organisations working to reduce the risk of coronary heart disease in the UK. Member organisations represent the medical and health services, professional bodies, consumer groups and voluntary organisations.

National Respiratory Training Centre
The Athenaeum
10 Church Street
Warwick CV34 4AB
Tel: 01926 493313
Fax: 01926 493224
Email: enquiries@nrtc.org.uk
Website: www.nrtc.org.uk
An impartial, educational and research establishment for healthcare professionals which aims to improve the care of patients with respiratory and allergic disease. They offer several smoking cessation courses including one by distance learning.

No Smoking Day
Unit 203
16 Baldwin Gardens
London EC1N 7RJ
Tel: 0870 7707909
Fax: 0870 7707910
Email: mail@nosmokingday.org.uk
Website: www.nosmokingday.org.uk
No Smoking Day is a national campaign that runs a high profile on the second Wednesday in March. Its 20th campaign runs during 2003. Contact them for further information and a campaign pack which will give you ideas for ways to support the day.
The Stroke Association
CHSA House
Whitecross Street
London EC1Y 8JJ
Tel: 020 7490 7999
Fax: 020 7490 2686
Website: www.stroke.org.uk

The Stroke Association funds research into the causes, prevention, diagnosis and treatment of stroke and into rehabilitation after stroke. The association aims to prevent strokes by informing the public how to reduce the risk of stroke.

QUIT
211 Old Street
London EC1V 9NR
Tel: 020 7251 1551
Fax: 020 7251 1661
Website: www.quit.org.uk

QUIT® is the national charity that has been set up to help people stop smoking. Services include:

QUITLINE® 0800 00 22 00
Open from 9am-9pm, 7 days a week
This is a free national helpline offering help and practical advice on stopping smoking. Staff are trained counsellors who offer an approachable, non-judgmental service giving smokers support when quitting. The lines are open to smokers, health professionals and relatives and friends of smokers.

Asian Quitline™
Offers the following bi-lingual services:
Bengali: 0800 00 22 44 – Monday 1-9 pm
Gujarati: 0800 00 22 55 – Tuesday 1-9 pm
Hindi: 0800 00 22 66 – Wednesday 1-9 pm
Punjabi: 0800 00 22 77 – Thursday 1-9 pm
Urdu: 0800 00 22 88 – Sunday 1-9 pm

Turkish and Kurdish Language Quitline™ 0800 00 22 99
Thursdays and Sundays between 1pm and 9 pm

Other QUIT® services
Including NHS Pregnancy Smoking Helpline 0800 169 9 169, Break Free Schools Programme, Poverty & Smoking Project, Lone Parent’s Project and the Corporate Health Programme.

Other UK Helplines
Scotland: 0800 848484
Wales: 0345 697500
Northern Ireland: 0123 266 3281

Commercial organisations

Bedfont Scientific Ltd
Suppliers of carbon monoxide monitors and support materials for health professionals.
Website: www.bedfont.com

GASP Smoke Free Solutions
93 Cromwell Road
Bristol
BS6 5EX
Tel/Fax: 0117 942 5185
Email: gasp@gasp.org.uk
Website: www.gasp.org.uk

GASP provides over 75 resources for professionals and the public on all aspects of smoking prevention. Catalogues available by post or on the web site.

Bulk orders of Clearing the air 2 are available from GASP.

WYSH (West Yorkshire Smoking & Health)
WYSH produce several excellent resources for health professionals which can be obtained from GASP including:

• Smoking Cessation Advice in a Nutshell. What you can do in a few minutes to help smokers move through the process of stopping
• Smoking Cessation in Practice, A Quick Reference Guide

GlaxoSmithKline
Space to Breathe Workplace Programme
This free programme has been set up to enable employers to introduce good work-place smoking policies. The components include a programme to assess current smoking policies, a package to help employees give up smoking and accredited training for occupational health staff.
Tel: 020 8047 5819
Email: space.2.breathe@gsk.com

Pharmacia
Pharmacia provide, free of charge, a range of literature and resources to support nurses in their work with smokers. Materials include posters, leaflets, flip charts and a training programme. Also available is Where There’s a Will, There’s a Way, a training video accredited by the RGN which shows how to develop a partnership with a smoker to help them stop.

For an order form please write to:
Pharmacia Consumer Healthcare
Davy Avenue
Knowhill
Milton Keynes MK5 8PH.
Further reading

ASH publications: Recent reports include: Passive smoking, Smoking in the workplace, The safer cigarette: what the tobacco industry could do and why it hasn’t done it, Danger! PR in the Playground: tobacco industry initiatives on youth smoking. For a complete list please phone 020 7739 5902 or email action.smoking.health@dial.pipex.com

Smoking Kills, A White Paper on Tobacco, The Stationery Office


Smoking and the Young, Royal College of Physicians of London, 1992

Forty Fatal Years. A review of the 40 years since the publication of the 1962 report of the Royal College of Physicians on Smoking and Health. Royal College of Physicians 2002


Doctors and Tobacco: Medicines Big Challenge A comprehensive manual for doctors published by the BMA Tobacco Control Resource Centre. Copies available from the BMA or via the website www.tobacco-control.org/

National Institute for Clinical Excellence (NICE). Guidance on the use of Nicotine Replacement Therapy and bupropion for smoking cessation. Copies can be obtained on Website: www.nice.org.uk or phone 0870 1555 455 quoting ref: N0082

Women and the Tobacco Epidemic, Challenges for the 21st Century. WHO publication 2001

Helping Women Stop Smoking – A guide for midwives. Royal College of Midwives (2002)


Stop! The Stop! Smoking Cessation Counsellor’s Handbook, and Stop! A guide to smoking cessation in primary care. By Nicola Willis. Tel: 01227 779229. Email: editor@stopmagazine.co.uk


Self help materials that many smokers have found useful include:

• The Easy Way to Stop Smoking, Allen Carr, Penguin Books 1999
• Stop Smoking and Stay Stopped for Good, Gillian Riley, Vermillion 2001

Regular publications

Tobacco Control, the international journal for all the latest news and research on tobacco control. BMJ publishing group, PO Box 299, London, WC1H 9TD. Subscription only. Tel 0207 383 6270. Website: www.tobaccocontrol.com

Useful websites

ASH www.ash.org.uk

Department of Health Tobacco Web Site www.doh.gov.uk/tobacco/index.htm

Don’t give up giving up Tobacco Information Campaign www.givingupsmoking.co.uk

NICE www.nice.org.uk

No Smoking Day www.nosmokingday.org.uk

QUIT www.quit.org.uk

Scottish Health Technology Board website www.htbs.co.uk

Smokescreen www.thesmokescreen.co.uk

SRNT Evidence based database & educational resource for the treatment of tobacco dependence. www.treatobacco.net

TobaccoScam, a US website, based on once-secret tobacco industry documents and recently published medical and economic research. www.tobaccocontrol.ucsf.edu

Clearing the air 2
Are you ready to stop?

Look through your answers. Decide if you want to stop smoking now?

Yes ☐ No ☐ Maybe ☐

Circle your current motivation to stop (1 = low, 10 = high) on the scale below.

1 2 3 4 5 6 7 8 9 10
### My smoking diary

To help you prepare for your first few days without tobacco, take some time to complete a diary sheet. Fill in the first two columns. They will give you lots of information about your smoking patterns. Now spend some time planning what you can do at those times instead of smoking.

<table>
<thead>
<tr>
<th>Time</th>
<th>Reason why I smoke then?</th>
<th>When I stop I plan to?</th>
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### Planning to stop smoking – Check list

<table>
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<th>The date I plan to stop smoking on is:</th>
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<th>The people I will ask to support me are:</th>
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<th>The reward I plan to give myself for stopping are:</th>
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<td>After 1 day:</td>
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| After 1 week:                                       |
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| After 1 month:                                      |
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Planning for the quit date

Get ready to make changes on the day you stop smoking. Use this list to help you. Place a ✓ by the ideas you like.

To remove TEMPTATIONS I will:
☐ Choose a stress free Quit date
☐ Not buy or carry any cigarettes
☐ Put away reminders like ashtrays, matches, lighters etc
☐ Avoid alcohol until I’m sure it won’t weaken my resolve

To get SUPPORT for myself I will:
☐ Talk to a friend/relative about why stopping is important to me
☐ Talk to an ex-smoker. Find out how they stopped. If they can, I can too!
☐ Team up with someone else for mutual support

To change my THOUGHTS about smoking I will:
☐ Remember that ‘just one’ cigarette will undo all my hard work
☐ Remind myself why I want to stop and the benefits to me
☐ Remember that I am the one in control
☐ Take each day as it comes

To cope with URGES to smoke I will:
☐ Remember that cravings pass quickly
☐ Stop and take some long, slow deep breaths
☐ Drink a glass of water very slowly
☐ Read through my ideas of ways to cope

During the FIRST WEEK I will:
☐ Try taking a different way to work, college or the shops
☐ Keep busy, begin a project, or finish a small job
☐ Go to non-smoking areas/venues
☐ Go outside for some air each day
Stress management skills

Tips to change stressful situations

Problem solving – if something’s bothering you – ask yourself:
• Exactly what is the main issue?
• What could I do differently?
• Try DOING IT!
• If the problem carries on, talk the situation through with someone you trust

Time management – try to:
• Sort out your daily goals and tasks
• Plan your time according to the priorities
• Do the most important things first
• Set up realistic short and long-term plans to achieve your goals

Put yourself first:
• Each day do one thing just for yourself
• Practice saying ‘NO’ if you need more time
• Call the NHS Smoking Helpline 0800 169 0 169 for support
• Try to get the right amount of sleep you need each night

Simple ways to relax:
• Take 15 minutes each day, just for you
• Sit quietly and take a few long, slow, deep breaths
• Go swimming, walking or join a keep fit class/activity group
• Listen to some music you enjoy, or sit back and read

Uplifting ideas:
• Put the money you save in a glass jar and watch it mount up
• Keep a calendar and mark off each smoke-free day
• Congratulate yourself often on being successful
Facts about smoking

- Helping smokers stop is effective. Most smokers want to stop but their chances of success are low unless they are offered support and treatment. Brief advice, pharmacotherapies and more intensive behavioural support have all been shown to increase a smoker’s chance of stopping(1).

- Helping smokers stop is a highly cost effective use of NHS resources. The cost per life year saved of a comprehensive treatment service is about £900(2). Many health economists and officials rate a treatment that costs from £5,000 to £10,000 per life year saved as very good value for money.

- Helping smokers stop will reduce the costs of treating other illnesses before they arise, thereby releasing resources for other uses. Smoking is associated with over fifty diseases, of which over twenty are fatal. Stopping smoking significantly reduces the risk of these diseases, with some immediate gains. For example, the risk of myocardial infarction or stroke falls by around a half within the first 2 years after stopping smoking(3).

- Helping smokers stop will reduce surgery visits from patients as they become less vulnerable to colds, flu, and other illnesses directly linked to smoking.

- Helping smokers stop will also help avoid the cost of treatment associated with the effects on children of parental passive smoking. Around 17,000 children under five enter hospital each year with conditions such as asthma and glue ear as a result of parental smoking(4).

- Helping pregnant smokers stop before the end of the first trimester will produce significant cost savings by, inter alia, reducing low birth weight(5).

- Patients increasingly expect GPs to address their smoking; especially now GPs can prescribe Nicotine Replacement Therapy (NRT) and bupropion (Zyban) to help smokers stop.

- Helping smokers stop will have an effect on reducing health inequalities. About 60% of those attending the new cessation services are exempt from NHS prescription charges and are among the poorer members of society.

- Stopping smoking may reduce poverty-related illness and its associated costs, as money previously spent on cigarettes may be spent on better diet, heating or healthier lifestyle options.

References
Past review date
Use with caution
Use with caution
Clearing the Air 2, smoking and tobacco control – an updated guide for nurses

By: Jennifer Percival
RGN RM RHV Dip, Counselling
Tobacco Education Project Manager

Single copies of this publication are available for RCN Members from RCN DIRECT 0345 726 100.
Non RCN members can obtain single copies from 020 8867 3235.

Acknowledgments:
With special thanks for their review and contributions:
Dr Dawn Milner, MB BS LRCP MRCS MRCGP, Tobacco Control Consultant
Samantha Andrews BA (Hons) RGN Dip H/E Specialist Cessation Adviser, Hull Tobacco Information Campaign Team, Department of Health

For administrative support:
Kate Shears

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Use with caution

Past review date

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20 Cavendish Square
London W1M 0AB