

Brief advice at regular opportunities

Use the 'Ask Advise Help' model

1. ASK

2. ADVISE

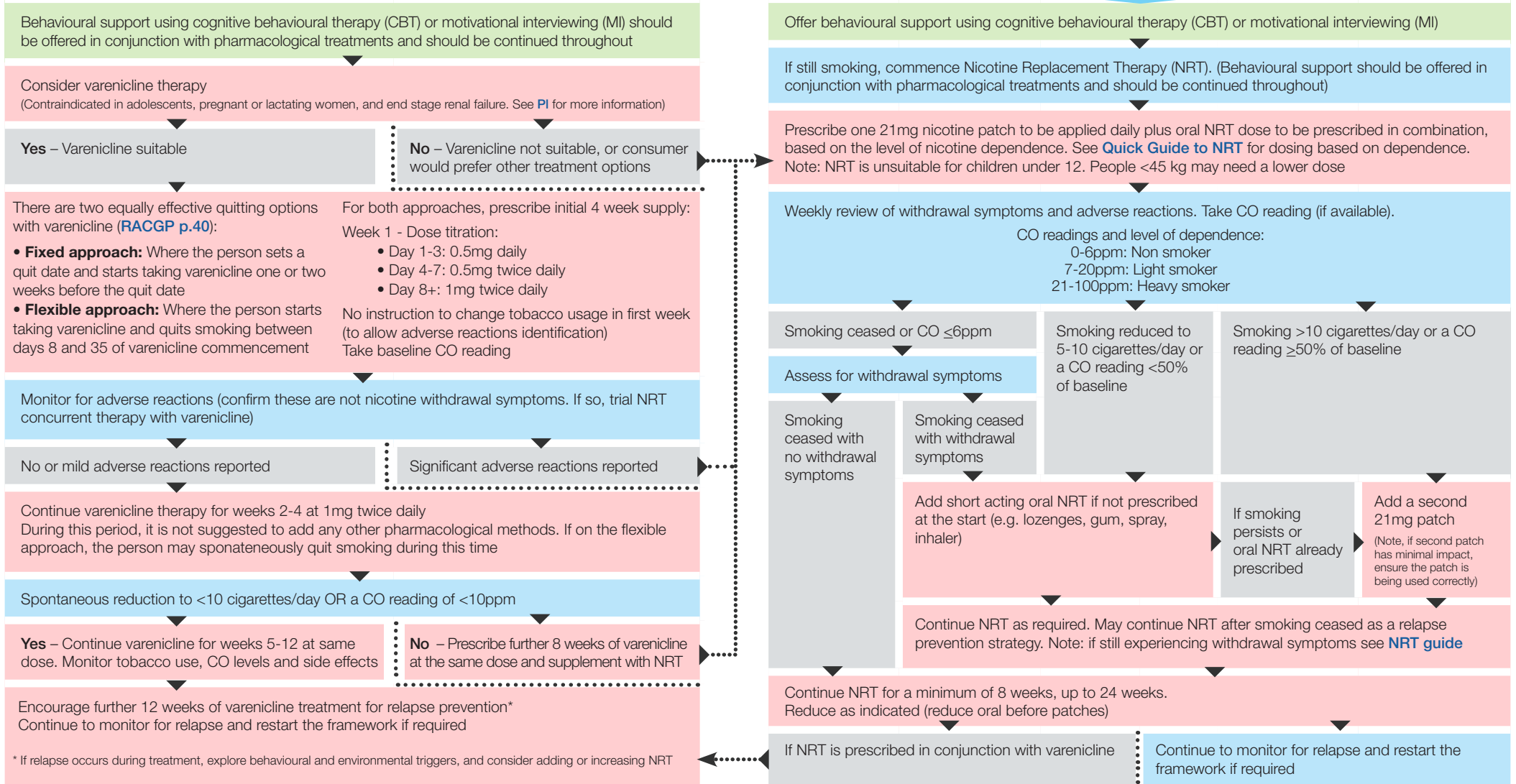
3. HELP

Assess level of dependence

- 1 Time to first tobacco use <30 minutes from waking OR 2 >10 cigarettes/day or equivalent OR 3 History of withdrawal symptoms in previous quit attempts OR 4 >10ppm carbon monoxide (CO) reading

Yes to 1 or more – Moderate to high dependence

No to all – No or low dependence



Brief advice at regular opportunities

Use the 'Ask Advise Help' model

1. ASK:

about smoking status (including what and how they are smoking) and document this in their medical record.

2. ADVISE:

all people who smoke to quit (note: a combination of smoking cessation medicine and counselling increases the chances of successfully quitting). Discuss the negative impacts of smoking on **physical** and **mental health**, and the additional benefits of quitting (e.g. financial, social).

3. HELP:

by offering all people who smoke an opt-out referral to behavioural support through **Quitline** (13 78 48), providing **behavioural support with CBT**, and by prescribing (or helping people to access) approved pharmacological treatments, such as nicotine replacement therapy (NRT) or varenicline.

The relationship with the person who is wanting to cease tobacco use is vital. The framework should be used as a guide for best practice, however, it should always be tailored to the individual's situation, preferences, and needs.

Behavioural support

Behavioural support is important for exploring triggers for smoking and developing strategies to prevent relapse.

Behavioural support should be offered in conjunction with pharmacological treatments and should be continued throughout. This may include Cognitive Behaviour Therapy and Motivational Interviewing.



Scan the QR code for online access to this guide and a complete list of references, or visit the link below

Psychotropic medication interactions

Tobacco products can affect the metabolism of clozapine and olanzapine. Therefore, a reduction in smoking may lead to a significant rise in blood serum levels of these medications. If a person is prescribed clozapine or olanzapine, assess their current medication dosage and adherence and monitor for signs of higher serum levels. For clozapine, blood levels should be tested at the beginning of smoking cessation treatment and regularly throughout. NRT does not impact a person's blood serum levels.

Signs of higher serum levels:

- Sedation
- Hypersalivation
- Hypotension
- Tachycardia
- Seizures or other neurological effects
- Akathisia
- Prolonged QTc interval

Consider a dose reduction when the person completely ceases smoking or reduces to <7 cigarettes a day. A recommended dose reduction of 30% for olanzapine and 30-50% for clozapine is suggested (see the **clozapine, olanzapine and smoking cessation tool**). When making reductions, it is important to consider the steady-state trough levels of clozapine and conduct a thorough clinical risk-benefit evaluation.

If a person restarts smoking, their medication dose may need readjusting if it was previously reduced.

Other interactions (including caffeine and alcohol)

A change in a person's level of smoking can impact the levels of other medications and may increase the risk of adverse reactions from these medications.

Some of these other medications include:

- Benzodiazepines
- Beta blockers
- Chlorpromazine
- Clopidogrel
- Flecainide
- Fluvoxamine
- Haloperidol
- Heparin/Warfarin
- Imipramine
- Insulin
- Theophylline
- Methadone

Follow the **drug interactions with smoking cessation tool** to determine if any changes to dosage are required. If smoking has ceased, advise that smoking cessation causes caffeine and alcohol levels to rise, and due to this they may need to reduce caffeine and alcohol intake by 50% within one week.

Expired Carbon Monoxide Monitoring (CO Monitoring)

Follow the guide to **Using a Carbon Monoxide Monitor** for instructions on use.

In people prescribed antipsychotic medications (e.g. clozapine or olanzapine), a significant drop in CO over a short period of time along with symptoms such as nausea may indicate changes in medication serum levels.

MBS items and PBS NRT subsidies

There are a range of **Medicare Benefit Schedule Items** for Smoking Cessation that allow bulk billed consultations for people seeking GP services for nicotine and smoking cessation counselling.

If NRT is prescribed, it can be dispensed at a **PBS subsidised** charge for a specific period of time. This may reduce financial barriers to accessing NRT that are present if purchased over the counter.

Use of NRT for harm minimisation

NRT can be used as a harm minimisation technique for people who want to continue smoking to reduce the amount of tobacco use even if they are continuing to smoke.

Adverse reactions

Note that the reasons behind these adverse reactions can be complex and varied. Adverse reactions to NRT are usually minor. Refer to the **quick guide to Nicotine Replacement Therapy (NRT)** for advice on responding to adverse reactions.

Confirm that the potential adverse reaction symptoms are not nicotine withdrawal symptoms.

Withdrawal symptoms

Nicotine withdrawal symptoms may occur in people who reduce or cease smoking.

Symptoms are detailed in the **assessing nicotine dependence tool**.

The most common nicotine withdrawal symptoms include:

- Cravings
- Anxiety
- Restlessness
- Depressed mood
- Decreased heart rate
- Insomnia
- Irritability
- Frustration
- Difficulty concentrating
- Nausea
- Increased appetite
- Cough

If the person's smoking behaviour indicates morning cravings, prescribe the NRT patch to be applied at night to ensure peak nicotine release upon waking.

Form of pharmacotherapy	Possible adverse reactions or problems	Strategies to manage the adverse reactions or problems
Nicotine patches	Skin rashes where the patch is applied	Rotate the patch site and try patches with alternative adhesive formulas or apply hydrocortisone 1% cream for skin irritation
	Patch keeps falling off – doesn't stick	Use adhesive tape over the patch
	Sleep disturbance (can be due to nicotine withdrawal, increased caffeine levels, or timing of the patch)	Check for other symptoms of nicotine withdrawal. Decrease caffeine intake by half. Apply the patch in the morning rather than at night. Remove the patch before sleep
Oral NRT products	Irritation of the mouth or throat, headaches, hiccups, indigestion, nausea, and coughing	Check for correct use of the oral product or change to a different oral product
Varenicline	Ensure that side effects are not better explained by nicotine withdrawal. Consider commencing on NRT pathway to address this. For varenicline side effects, refer to the Pharmacotherapy for Smoking Cessation Guide	