Smoking Cessation Programs
What Works?
Overview

- Brandon Regional Health Authority Tobacco Dependence Program
  - History
  - Outline
- Registered Nurses Association of Ontario Tobacco Cessation Initiative
  - Integrating Smoking Cessation into Daily Nursing Practice
- Community Resources
Brandon Regional Health Authority Tobacco Dependence Program History

**Steering Committee**
- Research and visits to other tobacco cessation programs (2002)
- Hired a Tobacco Dependence Program Counselor (2003)

**Planning**
- Developed a tobacco reduction/cessation program based on the Mayo Clinic
- Developed formative evaluation process

**Implementation**
- Phase 1: RHA employees (Feb. 2004)
- Phase 2: Clients/inpatients/residents (Aug. 2004)
- Phase 3: Community residents (Nov. 2005)
- Continue with ongoing client/patient/resident referrals and staff education requests

Ottawa Heart Institute model completed one year ago – more inpatient focus
Tobacco Dependence Program Goals

✓ Reduce number of cigarettes used
✓ Increase quit attempts
✓ Change behaviors associated with smoking
✓ Start pharmacotherapy
✓ Provide support
✓ Reduce second hand smoke exposure
Philosophy

- Do what works.
- Try something new.
- Spread the word.
- Everyone can cut back.
- Pharmacotherapy is for all patients.
- Pharmacotherapy should be used with inpatients who do not want to quit.
How does it work?

• Ask every patient at every contact do you smoke?
• Advise every patient to quit.
• Arrange for patient to be referred to Tobacco Dependence Clinic
Who asks?

• Every form from a GI colonoscopy booking to a prenatal intake form.
Relapse Prevention:

- How to stay quit
- How to get back on track after a slip
- Follow up support
- Referral out (EAP, physician, community services)
Pharmacotherapy

- Recommend for almost all patients
- Most patients are not aware of all the options
- Many patients have false beliefs about medications
- Patients see themselves as weak if they use meds to quit.
TOBACCO WITHDRAWAL
MEDICATION STANDING ORDERS

Tobacco Withdrawal Therapy is synonymous with Nicotine Replacement Therapy (NRT). Precaution should be taken in pregnant/breastfeeding women. Multiple forms of NRT can be used concurrently with appropriate monitoring.

NICOTINE PATCH (Precaution in generalized skin disorders)

☐ Patient smoking less than 10 cigarettes per day:
   Nicotine Patch 7 mg daily x 6 weeks.

☐ Patient smoking 21-30 cigarettes per day:
   Nicotine Patch 21 mg daily x 6 weeks; then
   Nicotine Patch 14 mg daily x 2 weeks; then
   Nicotine Patch 7 mg daily x 2 weeks.

☐ Patient smoking greater than 40 cigarettes per day:
   Nicotine Patch 42 mg (21 mg + 21 mg) daily x 6 weeks; then
   Nicotine Patch 35 mg (21 mg + 14 mg) daily x 2 weeks; then
   Nicotine Patch 28 mg (21 mg + 7 mg) daily x 2 weeks; then
   Nicotine Patch 21 mg daily x 2 weeks; then
   Nicotine Patch 14 mg daily x 2 weeks; then
   Nicotine Patch 7 mg daily x 2 weeks.

Patch may be removed at HS, if patient complains of insomnia.

PLUS Adjunctive Therapy:

NICOTINE GUM (Precaution in Active Temporomandibular Joint Disease)
   Bite gum twice and then “park it” between cheek and gum. Wait one minute, repeat process until tingling or peppery taste subsides and then discard (usually 20-30 minutes). Maximum of 20 pieces per day. Two pieces of Nicotine Gum may be kept at bedside.

☐ Nicotine Gum 2 mg pieces pm, maximum ______ pieces per day
☐ Nicotine Gum 4 mg pieces pm, maximum ______ pieces per day

NICOTINE INHALER
   Nicotine 10 mg Inhaler (delivers 4 mg of Nicotine): Insert cartridge in inhaler and lightly puff several times a minute as needed. Maximum of 12 cartridges per day. Replace cartridge when empty or after 24 hours. One Nicotine Inhaler cartridge may be kept at bedside.

☐ Nicotine (Nicorette) Inhaler pm, max. __________ cartridges per day

☐ VARENICLINE ONLY
   0.5 mg PO daily __________ Days
   0.5 mg PO twice daily __________ Days
   1 mg PO twice daily __________ Weeks

☐ Consult Tobacco Dependence Clinic

Nicotine Replacement Therapy may be used as an adjunctive therapy until effect with Varenicline is observed. It may be necessary to have the dose lowered temporarily or permanently if patient experiences nausea or other side effects.
BRHC Varenicline (Champix) Use

![Bar graph showing the use of Varenicline 0.5 mg, Varenicline 1 mg, and Total Varenicline from 2009 to 2010.](image-url)
RHA STAFF QUIT

- Ran first year of Quit for You Program only for staff of RHA.
- Staff were given time away from work to attend appointments
- Staff were given $100.00 to buy quit smoking aids.
Staff Quit Formats

- One to One Counseling
- Group educational sessions
- Email quit
RNAO Tobacco Cessation Initiative

- The goal of the RNAO smoking cessation initiatives is to strengthen nurses’ capacity to help their clients by implementing smoking cessation strategies and techniques in their daily practice.
- Focus on Public Health sites
- Public Health Services took part in initiative
- Public Health Nurses as Smoking Cessation Facilitator
- Trains Tobacco Cessation Champions to build smoking cessation into daily practice
- Included any health care practitioner
4 A’s

- Ask
- Advise
- Assist
- Arrange
RNAO Tobacco Cessation Initiative Phase 2

- Brandon RHA Public Health Services taking part in phase 2
- Focus on target group of youth age 15-24
- Partner with schools of nursing
Second Hand Smoke

- Blue Lights
  - For smoke free homes

- STARRS
  - Start Thinking About Reducing Second Hand Smoke

- Smoke Free Car and Home Lung Association

- Smoking information sheets translated in to Spanish, Mandarin, Ukrainian and Russian by Healthy Brandon Tobacco Free
Questions?