Fact Sheet – SA Health Smoke-free Policy

# Support Guide

The purpose of this fact sheet[1] is to assist SA Health staff to effectively implement the SA Health Smoke-free Policy (the 'Policy').

## Implementation

Useful considerations for the implementation of the Policy include:

- providing support for management
- assessing and recording inpatient smoking status, including use of e-cigarettes
- management of nicotine withdrawal and cessation support in nicotine dependent inpatients
- provision of nicotine replacement therapy and stop smoking medications
- behavioural supports
- supporting nicotine dependent staff, and
- supporting mental health inpatients.

### Support for management

Health services may consider convening working parties to assist with ongoing implementation and monitoring of the Policy.

Working parties could be involved in the following tasks:

- developing local procedures and guidelines
- coordination of staff training
- local promotion of the Policy and resources available to support it
- monitoring policy implementation
- making recommendations to improve outcomes.

### Assessment and recording of inpatient smoking status

All adult patients should be asked if they smoke at the earliest practicable opportunity. If it is established that a patient is a smoker, nicotine dependence may be assessed by asking the patient:

- how soon after waking they have their first cigarette
- how many cigarettes do they smoke per day
- have they had nicotine withdrawal symptoms during previous quit attempts.

Smoking within 30 minutes of waking, smoking more than 10 cigarettes per day and experiencing withdrawal symptoms during previous quit attempts are indicators of nicotine dependence. Relevant guidelines and procedures should be developed for staff to assess nicotine dependence.

[1] Reproduced content pp.2,4,5,6,8, from "Guidelines for the implementation of the Smoke Free Policy 2022", Government of Western Australia, Department of Health. © State of Western Australia, reproduced with permission.

Patient smoking status should be recorded in a consistent location and manner that allows for auditing of data. Set parameters for smoking status categories, such as ‘never smoker’, ‘smoker’, and ‘ex-smoker’, should be established and clear procedures for recording smoking status available to all staff. Health services can adapt client information recording systems to prompt and assist recording of patient smoking status.

## Management of nicotine withdrawal in nicotine dependent inpatients

Brief advice is a way of having a quick and effective conversation about stopping smoking. 1 in every 33 conversations in which a doctor advises a patient to quit smoking will result in the patient successfully quitting.[2]

Online training is available at no charge to staff of Health services that provide inpatient services. See Online training course section below.

The training can take as little 30 minutes to complete. After completing the training staff will:

- understand current rates of smoking and which populations have higher rates of smoking
- understand the negative impact of smoking on medical outcomes
- know how to provide fast, simple and effective brief advice in a supportive, non-judgmental manner
- recognise the importance of managing nicotine withdrawal in the inpatient setting
- understand the important role of multi-session behavioural intervention (such as Quitline) and how to refer
- know what additional resources and support are available to help patients who smoke.

Health services should regularly promote the training and encourage all relevant staff to complete it.

## Provision of nicotine replacement therapy and stop smoking medications

NRT is an effective means of reducing nicotine withdrawal symptoms upon stopping smoking. Withdrawal symptoms can appear within two hours of ceasing smoking, and may include irritability, restlessness, frustration, anxiety, and difficultly concentrating.[3]

Health services should develop guidelines for the provision of Therapeutic Goods Administration (TGA) approved NRT to nicotine dependent inpatients in accordance with their clinical governance structures. Evidence suggests that a combination of nicotine patches and a fast release form of NRT is safe and more effective than a single form of NRT.[4]

Other stop smoking medications may be appropriate for some patients. In Australia, there are two prescribed medications available that are designed to help people quit smoking:

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[2] Stead LF, Bergson G, Lancaster T. Physician advice for smoking cessation. Cochrane Database Syst Rev. 2008 Apr 16;(2):CD000165.

[3] Christensen, D. 6.11 Tolerance, Dependence, and Withdrawal. In Scollo, MM and Winstanley, MH [editors]. Tobacco in Australia: Facts and issues. Melbourne: Cancer Council Victoria; 2018. Available from http://www.tobaccoinaustralia.org.au/chapter-6-addiction/6-11-tolerance-dependence-and-withdrawal

[4] Shah SD, Wilken LA, Winkler SR, Lin SJ. Systematic review and meta-analysis of combination therapy for smoking cessation. J Am Pharm Assoc (2003). 2008;48(5):659-65.

- Champix® (brand name for varenicline tartrate)
- Zyban® (brand name for bupropion)

These medications can help reduce nicotine cravings and withdrawal symptoms such as irritability, difficulty concentrating and insomnia.

### Behavioural supports

Behavioural supports are also able to assist in the management of nicotine dependency. Health services should ensure that nicotine dependent inpatients are provided access to behavioural supports (such as Quitline) to manage nicotine withdrawal. If a patient is receptive, the easiest way to make a referral to the Quitline is by using the online form.

### Supporting nicotine dependent staff

Health services that provide inpatient services are required to provide access to nicotine replacement therapy (NRT) products including lozenges, gums, patches, inhalators or mouth sprays, for staff should they wish to access it.

NRT should be dispensed by service pharmacies where possible. If required, limits may be placed on the quantity of NRT which is able to be accessed by staff within a set period.

Nicotine dependent staff should have access to behavioural support for quitting. This may be promoted through staff wellness initiatives, regular staff communications, and service intranet sites. If appropriate, staff may also be directed to an employee assistance program.

### Supporting mental health inpatients

The prevalence of smoking among people with mental illness is higher than that of the general population.[5] People with mental illness are also more likely to smoke more heavily and have higher levels of nicotine dependence.[6]

Those very dependent on nicotine will likely experience withdrawal symptoms when they are admitted to a mental health service and are unable to smoke at all or as much as usual. Pharmacological and behavioural strategies are successful in supporting smoking cessation in people with mental illness and should be a routine part of care.

Health services should consider factors specific to mental health settings to support inpatients who are nicotine dependent.

These may include:

- staff skills and knowledge to manage nicotine dependence
- availability and awareness of training for staff
- addressing smoking in patient treatment support and discharge plans
- increased access to treatment team to address issues related to nicotine dependence
- collaboration with support services
- patient access to distraction activities and behavioural supports
- support during leave from a ward (for patients who choose to smoke and patients who do not choose to smoke during leave)

[5] Australian National Survey of Mental Health and Wellbeing. ABS 2008 2. Cooper J. Aust NZ J Psych 2012 3. AIHW. National Drug Strategy Household Surveys 3. Bowden J. ANZJ Psych 2011

[6] Bowden JA. ANZ J Psych 2011 2. Lasser K. JAMA 2000; Campion J. Adv Psychiatr Treat 2008

- procedures for documenting usage of nicotine replacement therapy
- provision of supports in a timely manner
- medication interactions with smoking and impact of cessation
- management of patient aggression and distress.

## Online training course

Quit has developed a range of high quality online training courses for health workers/social services professionals to develop their skills, confidence and knowledge to talk to patients and clients about their tobacco and e-cigarette use and support their quitting.

All SA Health staff can access this online training free of cost at:
www.quit.org.au/resources/quit-education/quit training

### Content includes:

- the health effects of tobacco and e-cigarette use and the benefits of quitting
- how tobacco and e-cigarette use is addictive
- evidence-based tobacco and e-cigarette use cessation interventions
- applying a three-step brief tobacco and e-cigarette use cessation advice model (ask, advise, help)
- how to use Quitline services and resources to address tobacco and e-cigarette use with SA Health patients.

### Course length:

Courses takes between 30 minutes and two hours to complete, depending on the specific profession, and can contribute to Continuing Professional Development points.

Courses are tailored to variety of health service types, including:

- health services
- alcohol and other drug services
- community and social services
- eye health professionals
- general practitioners and nurse practitioners
- maternity health
- mental health
- oral health.

## Other information and support resources:

- Online video titled: ‘Smoke-Free Hospitals: supporting your smoke-free policy’ produced by Cancer Council WA:
https://www.youtube.com/watch?v=Qgofjo6GCZk

- Quitline (phone 13 78 48) is a confidential, evidence-based telephone counselling service. The SA Quitline operates Monday to Friday, 8am to 8pm ACST.

## For more information

**Drug and Alcohol Services South Australia (DASSA)**
**Tobacco Control Unit**
**Telephone: (08) 7425 5168**
**9:00am - 5pm 5 days/week (Mon. to Fri.)**
**HealthDASSATobaccoControlUnit@sa.gov.au**

Government of South Australia
SA Health

DRUG & ALCOHOL SERVICES SOUTH AUSTRALIA