
Helping people quit smoking in general practice

July 2019



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Introduction

The most recent 2017/18: New Zealand Health Survey shows that the prevalence of current smokers in New Zealand is 13 per cent (estimated at 512,000 adults), with rates still highest in Māori and Pacific Island populations. Approximately 5,000 people die in New Zealand each year from smoking or exposure to second hand smoke. On average, long-term smokers die 10 to 15 years earlier because of smoking.

The government has set a long-term goal of making New Zealand smokefree by 2025 and the Ministry of Health have introduced the 'Better help for smokers to quit' health targets to help reach this goal. The provision of smoking brief advice is a core health target in Pinnacle's quality plan and practices should be aiming to reach these targets each quarter. It is important for primary healthcare professionals to provide the best possible support for people who are wanting to quit smoking.

This manual has been created as a resource for general practices to aid in the delivery of effective smoking cessation services. This resource will help you evaluate your current practice and identify any changes that could be made to improve your smoking cessation service and ultimately reduce the number of smokers at your practice.

Evaluate your current system

1. How does your practice currently identify, and document tobacco use by patients? Whose responsibility is this?

2. How does your practice environment currently communicate to patients the importance of quitting and your ability to assist them? (select all that apply)

- ☐ Signs at entrances stating your practice is smoke free
- ☐ Posters in waiting areas
- ☐ Posters in exam rooms
- ☐ Self-help resources in waiting areas
- ☐ Self-help resources in exam rooms
- ☐ Other _____

3. How does your practice currently help patients quit smoking? (select all that apply)

- ☐ Distribute education materials
- ☐ Refer patients to Taranaki Stop Smoking Service (TSSS)
- ☐ Refer patients to Quitline
- ☐ Conduct smoking cessation group visits
- ☐ Counsel patients at visits
- ☐ Prescribe stop smoking medications at visits
- ☐ Provide follow-up for patients making a quit attempt

4. What systems do you have in place to make sure tobacco use is addressed at patient visits?

- ☐ Patient Prompt in PMS
- ☐ Enrolment forms
- ☐ Smoking status in screening forms/templates (common form? Diabetes annual review, CVRA?)

- ☐ Discharge summary reviews for smoking status/Brief advice – DHB & after-hours clinics
- ☐ Missed opportunity reports
- ☐ Re-enrolment forms
- ☐ “fishing” for patients that need to be asked about brief advice
- ☐ Other

5. Imagine that your practice is successfully doing everything possible to help patients quit smoking. How would this look?

6. What are some of the challenges you face in identifying patients who smoke to help them quit?

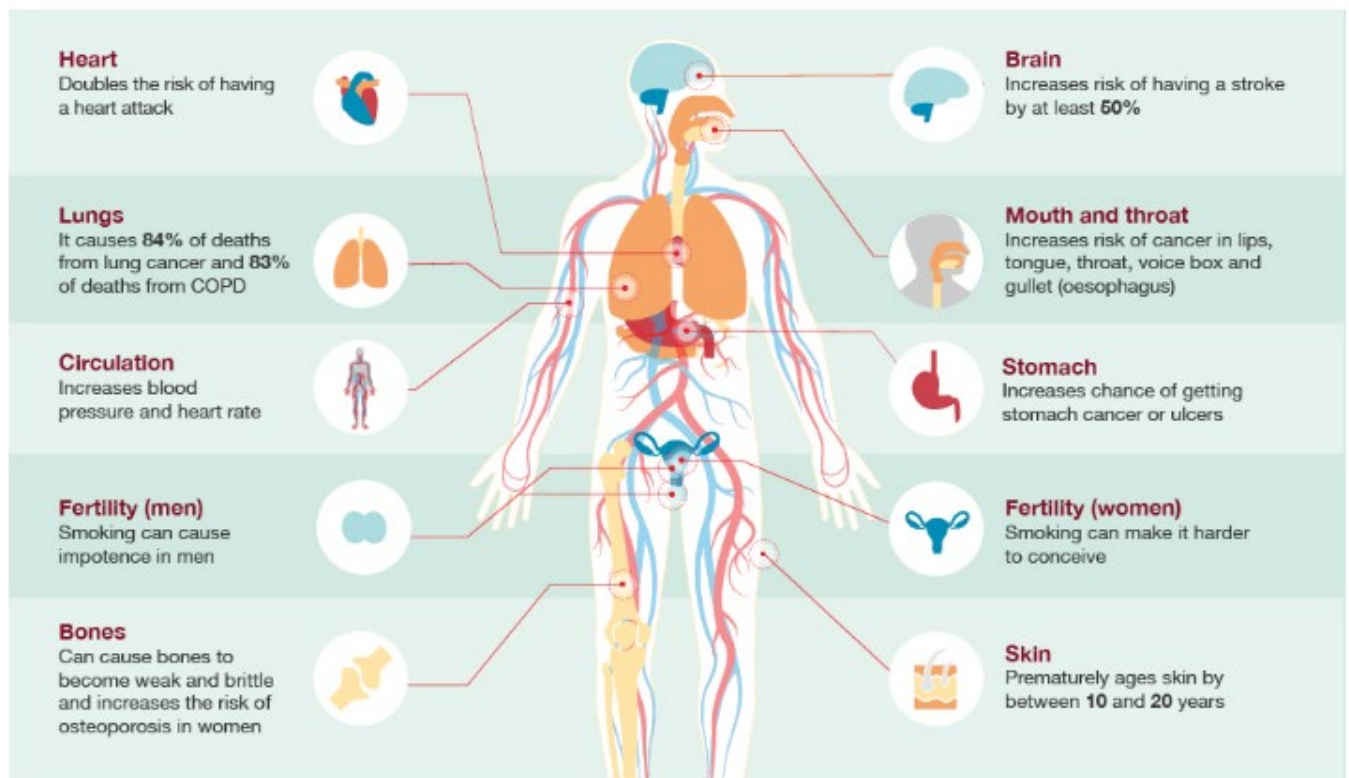
7. What has worked when helping patients quit smoking? What has not worked?

8. Whose responsibility is it to advise patients to quit and to provide counseling and resources?

9. What resources are available for you to provide patients to help them with their quit attempts?

How smoking harms the body

Figure 1: How smoking harms the body (GOV.UK: Public Health England 2016)



Why people should stop smoking

The health benefits of quitting

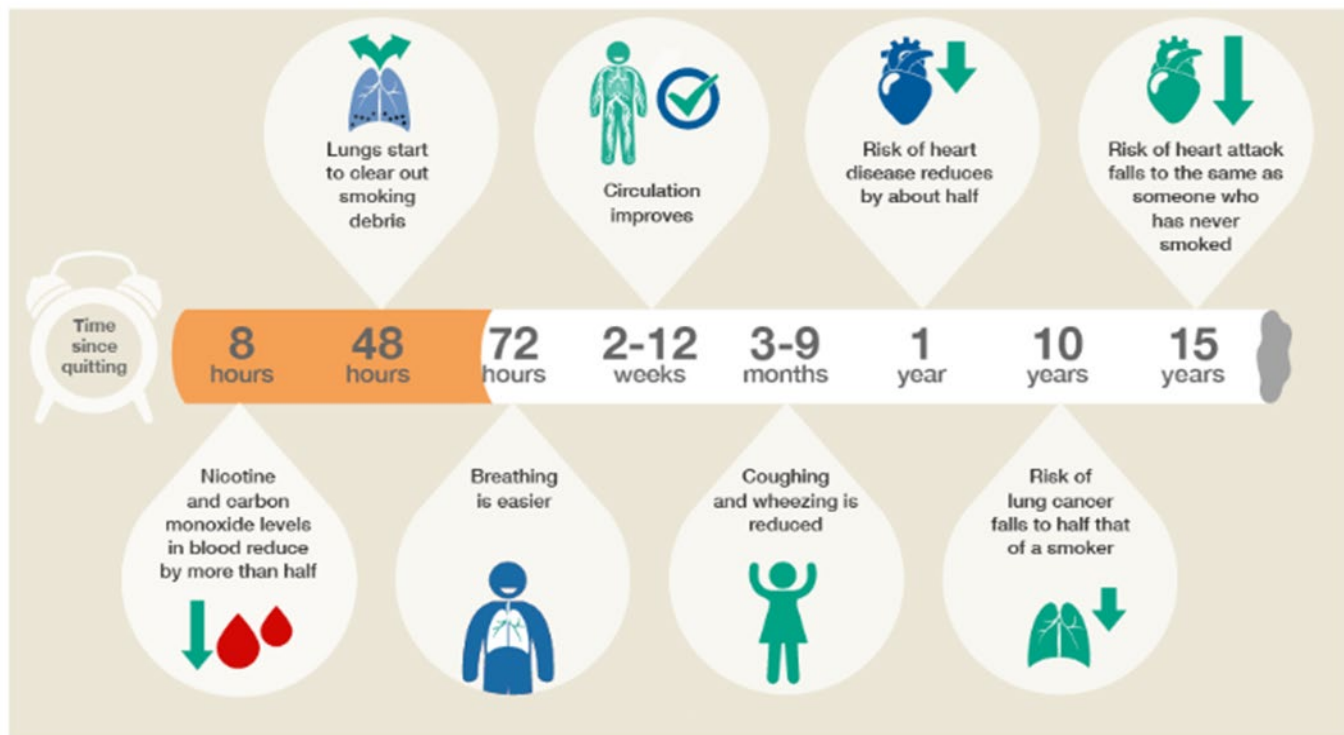


Figure 2: The health benefits of quitting; It's never too late to quit (GOV.UK: Public Health England 2016)

Quitting smoking, is like giving yourself a payrise!



Figure 3: Calculate how much quitting could save you (Smokefree 2019)

Second hand smoke can be harmful

Other benefits of quitting

- **Appearance** - smoking makes your skin dry and grey; you develop wrinkles around your eyes and mouth much earlier and the tar from cigarettes stains your teeth and fingers.
- **Smell** - everything will smell cleaner – your hair, breath, house, car, clothes.
- **Lifestyle improvements**
- **Fitness** - smoking makes it harder to exercise.
- **Senses** - your sense of smell and taste will improve.



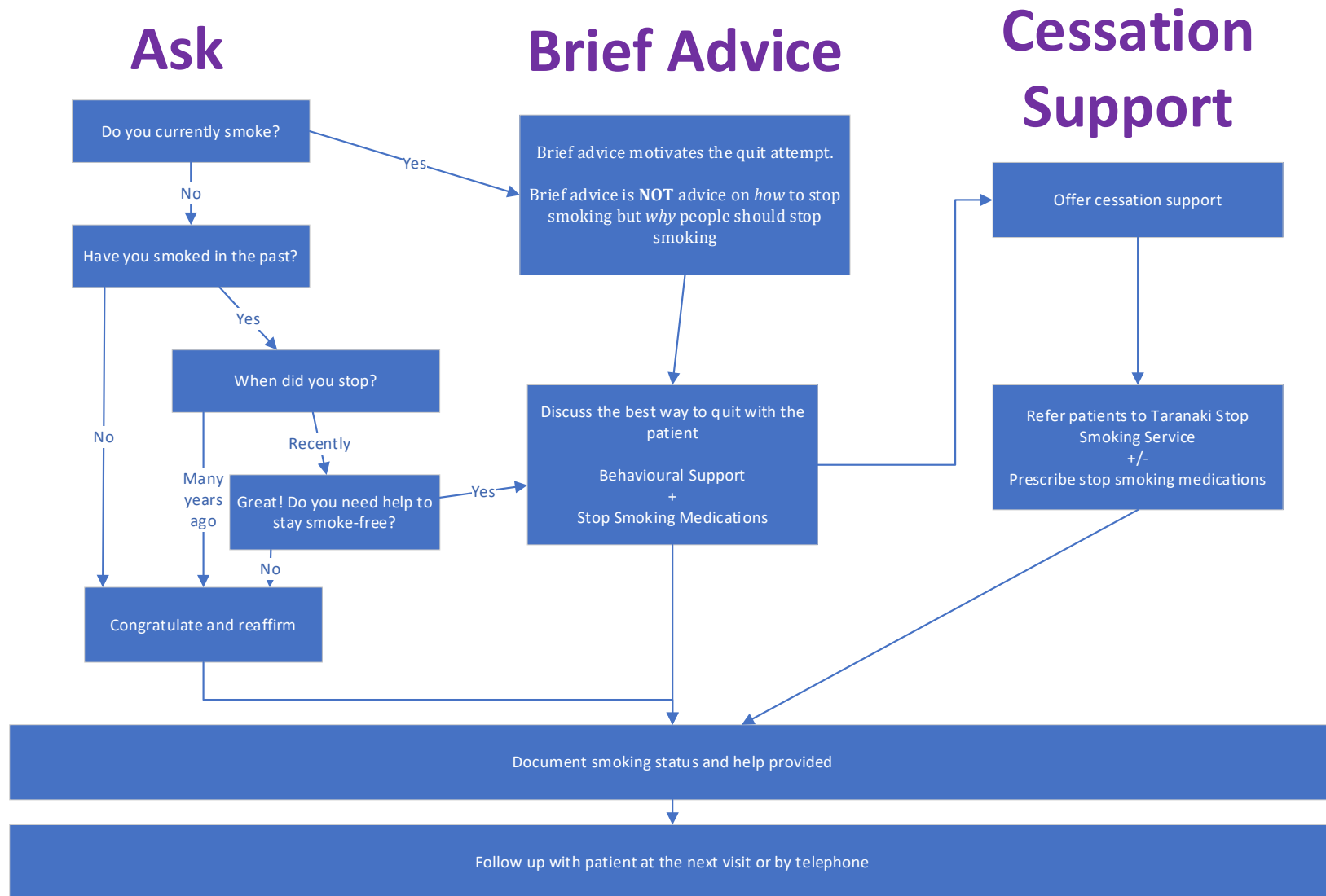
Figure 4: What's your motivation to quit? (Quit & Stay Quit Monday 2019)

Nicotine withdrawal symptoms

Nicotine withdrawal symptoms are common but not every person gets every symptom. Most withdrawal symptoms disappear within four weeks. Stop smoking medications and behavioural support can help reduce the severity of withdrawal symptoms.

Withdrawal symptom	Duration
Irritability	Less than 4 weeks
Depression	Less than 4 weeks
Restlessness	Less than 4 weeks
Poor concentration	Less than 2 weeks
Increased appetite	More than 10 weeks
Sleep disturbance	Less than 1 week
Urges to smoke	More than 2 weeks

The ABC pathway to smoking cessation



The ABC pathway to smoking cessation

A: Ask about and document every person's smoking status

B: Give Brief advice to stop to every person who smokes

C: Strongly encourage every person who smokes to use cessation support and offer them help to access it.

Ask about and document every person's smoking status

Ask all people who attend the practice if they smoke (or use) tobacco i.e. "can I ask, do you smoke at all?" – if someone answers No, follow up with "Have you ever smoked?"

Tailor the way you ask the question to the patient and what you know about them, for example you could ask:

- "How is your health at the moment?" "Do you think your health is impacted by smoking?"
- "How much do you think you spend on smoking every week?"
- "What do your children think about your smoking?"
- "I am wondering how not having a smoke when you are here makes you feel?"
- "Would you like to take a break from smoking?"
- "How long have you been smoking? Have you ever thought about giving up smoking?"

Document this response in the patients clinical records using the appropriate codes (see coding section).

Regularly check and update these records (at least annually in general practice).

The Patient Prompt can be used to remind staff to ask about and document smoking status

Give brief advice to stop to every person who smokes

- Brief advice is important because this is what motivates the quit attempt.
- Brief advice is **NOT** advice on *how* to stop smoking but *why* people should stop smoking.
- Advice can have a stronger effect if it is linked to the person's existing smoking-related medical condition or if it is presented as a way of protecting an unborn child in a pregnant woman or protecting children from exposure to second-hand smoke.

Don't forget to mention the non-health reasons for why people should stop smoking

- "Have you thought about the money you will save if you quit?"
- "You may be less concerned about your own health, but have you thought about stopping for your kids?"

Document in the patient's clinical records that brief advice was provided using appropriate codes.

After giving brief advice, it is important to make an offer of cessation support. Offering some form of cessation support i.e. referral to a stop smoking service or prescribing a stop smoking medication is more effective than just giving brief advice.

Strongly encourage every person who smokes to use cessation support and offer them help to access it

- A combination of behavioural support and a stop smoking medication works best
- Evidence suggests that a person who is trying to stop smoking needs at least four follow up contacts if they are to have the best chances of stopping smoking. Referral to a Stop Smoking Service is important:

It is important to think of smoking as a longterm condition that you can check on when they attend clinic, helping keep it on the agenda as an access point for ongoing discussion.

Taranaki Stop Smoking Service (TSSS)

The Taranaki Stop Smoking Service (TSSS) was launched in 2016 and is led by Tui Ora and available for anyone who smokes and needs support to quit, whether it is their first attempt or their 15th.

Stop-smoking programmes are delivered by trained Quit Coaches who provide group programmes, clinics or one-on-one support. The service is free and confidential, available to anyone in Taranaki, wherever they are. Current stats show a 52% success rate, which ranks favourably alongside national figures. We also have equitable outcomes for Māori.

For further information phone 06 759 7314 or email stopsmoking@tuiora.co.nz

See [Appendix 3](#) for details on how to do an eReferral to TSSS in Medtech.

See [Appendix 4](#) for details on how to do an eReferral to TSSS in Indici.

Quitline

Quitline gives people free, ongoing support to quit smoking. Quitline provides phone, text and online support and can also refer people to local stop smoking services.

There are three ways to contact Quitline:

- Call 0800 778 778
- Text 4006
- Register online

For more information refer to their website: <https://quit.org.nz/>

Use every clinical opportunity to offer smokers support to quit

“Advice from a health professional is one of the most effective ways to encourage people to quit: one in every 33 conversations will lead to a patient successfully quitting smoking.”

<http://starttheconversation.org.au/>

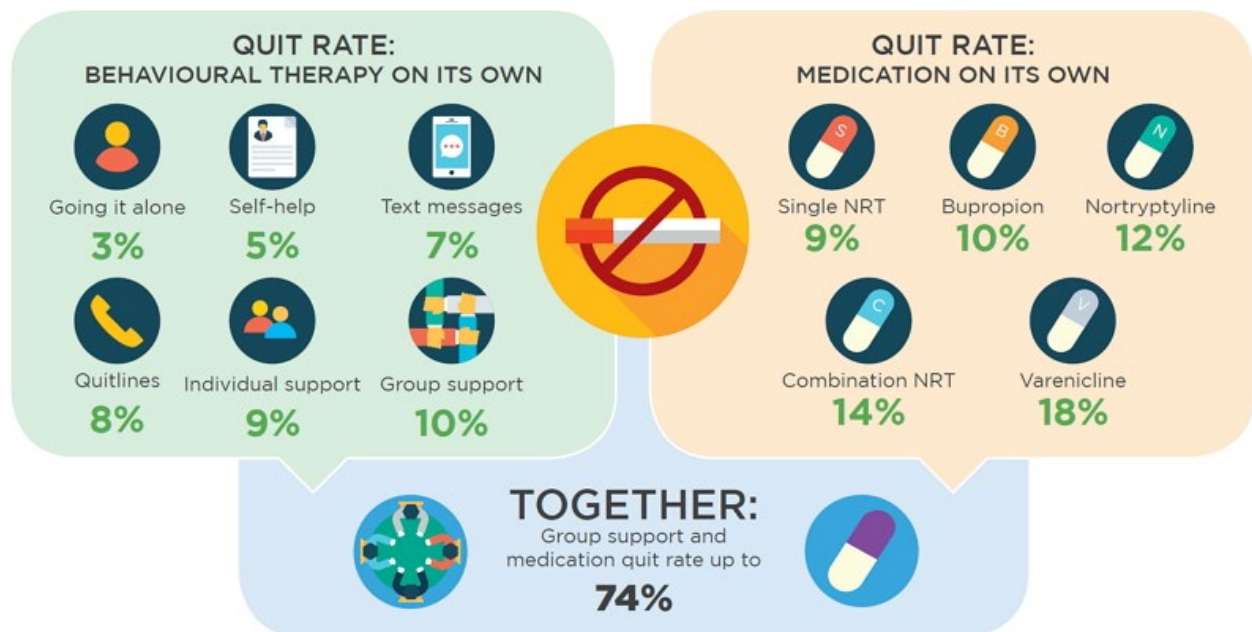
Most people who smoke, know that smoking is harmful to their health and that they should stop – they just need the motivation to quit or to be pointed in the right direction to receive the support they need to quit.

General practices need to use every clinical opportunity to offer smokers support to quit. Some clinical opportunities include:

- new patient visits
- annual physical checks
- Well Child visits i.e. discuss smoking in the car or household
- womens health exams i.e. cervical screening, breast screening
- GP visits related to diseases caused or affected by tobacco smoking or exposure to second hand smoke i.e. upper respiratory conditions, diabetes, hypertension, asthma
- follow up visits after hospitalisation for a smoking-related illness or the birth of a baby
- recent health scares.

Providing cessation support

Behavioural support and medications work best



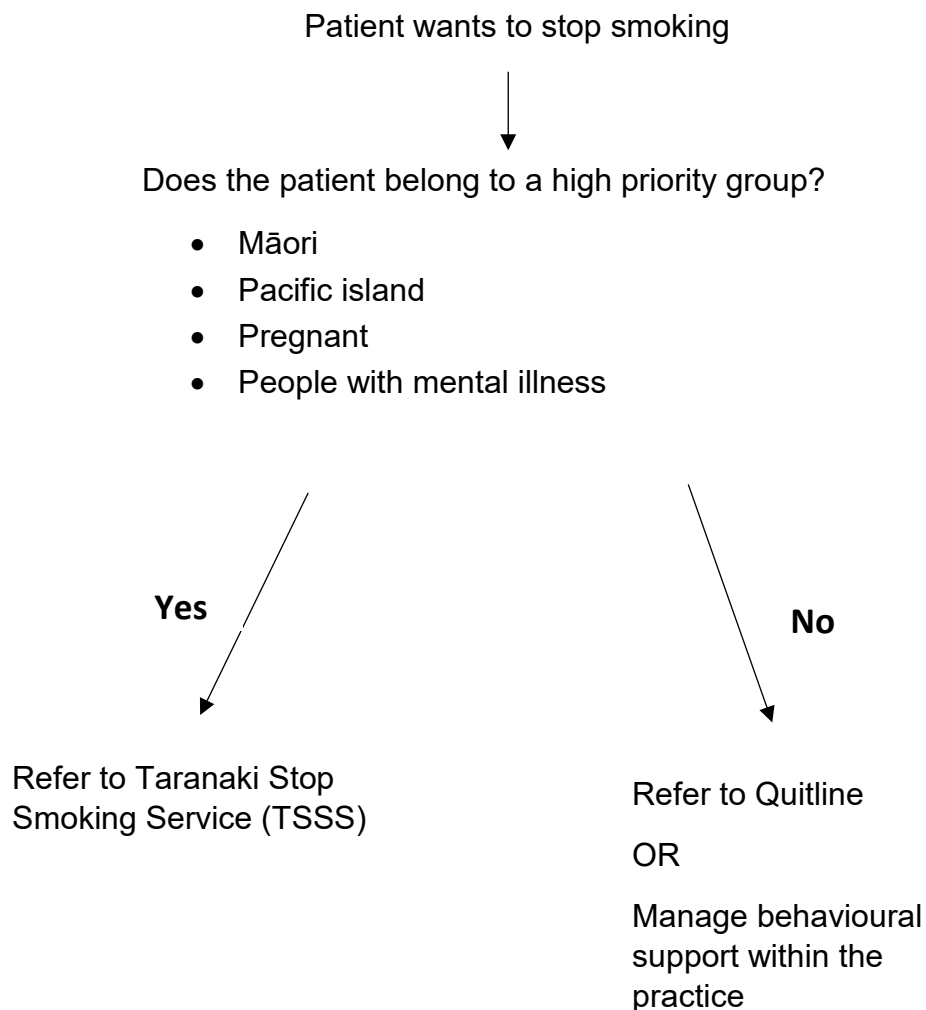
West et al, 2015, Addiction, published by John Wiley & Sons Ltd on behalf of Society for the Study of Addiction.

Behavioural support

Combining behavioural support from a stop smoking service with medication is the best way to quit. There is good evidence to show that behavioural support or counselling can increase longterm quit rates. Intensive support offered over multiple sessions further increases quit rates.

Behavioural support can be offered in various ways and a full range of options are available in New Zealand i.e. face-to-face, individual/group, phone/text, internet/app, self-help.

Referrals for behavioural support



Taranaki Stop Smoking Service

The Taranaki Stop Smoking Service (TSSS) is free, confidential and can come to clients at any time - wherever they are.

Quitline

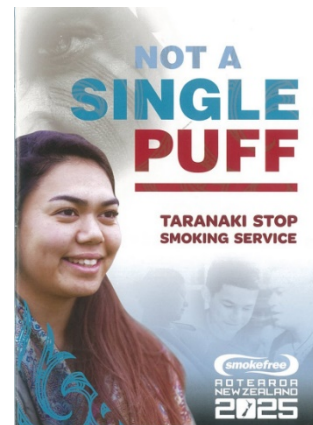
Quitline is open 24/7. People can register by phone, text or online and get sent texts to motivate them to quit. By registering on the website, people can see how much money they are saving by quitting and join a community blog.

Community Pharmacies

Some community pharmacists can provide funded NRT (nicotine gum, patches or lozenges) without a prescription. This will attract a \$5 co-payment. Some pharmacists or pharmacies also offer behaviour support services as well, others will refer you to the Taranaki Stop Smoking Service or Quitline.



Taranaki Stop Smoking Service



Our quit coaches – meet the team

George Rapana

George Rapana was a two pack a day smoker. That was 21 years ago but George says that the urge to smoke can still be strong. George supports individuals who are trying to stop but has also worked collectively with colleagues in workplaces where staff are trying to quit in a group situation. “Smoking is a comfort thing. You do it when you’re tired or when you’re stressed. That’s what makes it so hard to stop. It’s taking that comfort away and learning to live without it.”

Janine Lineham

Janine Lineham has 13 years’ experience working as a Quit Coach. Two years ago, along with her colleague George Rapana, Janine received her practitioner certificate in smoking cessation. They were among the first graduates of this new programme. Janine comes from a big family of smokers and used to smoke socially herself. When she became a mother she quit for her kids, not wanting them to grow up seeing their Mum as a smoker. “We are fine-tuning the way we deliver the quit programme, constantly thinking of ways we can individually support people because what works for one person, doesn’t for another. But as a team we use common language so there is consistency and the same level of understanding.”

Emma Dillon

Emma Dillon has been a Quit Coach for five years but to do it she had to overcome a 30-year

habit of smoking up to 30 cigarettes a day. Emma will help anyone who wants to stop smoking but has

particular experience in working with pregnant women. She has a strong message – giving up at any stage of pregnancy is worthwhile with the benefits far outweighing. “I quit for my grandchildren.

That’s what made me do it. The hardest part was making the decision to stop, and then sticking to it.”

Refer via Best Practice

Tui Ora will acknowledge the referral and contact patient
within 1-3 days

Patient declines the
support

Patient accepts the
support

Tui Ora informs GP

Patient enrolls in stop
smoking programme

Patient does not
complete and exits the
programme

Patient completes the
7 Week Stop Smoking
Programme

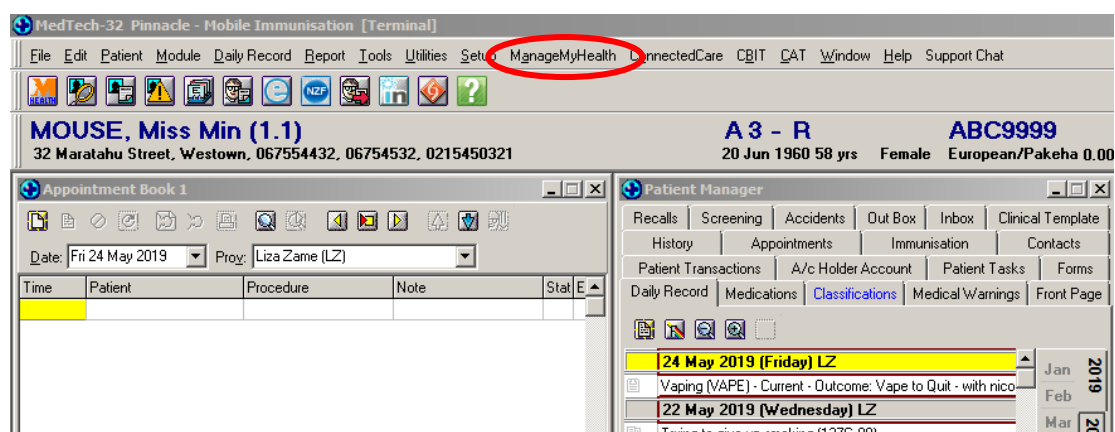
Tui Ora informs GP

Referrals to Quitline from primary care – PHOs

Medtech PMS

If you use the Medtech PMS you can refer patients directly to Quitline using the 'ManageMyHealth' menu. This is a quick and easy way to refer as online referral forms auto populate from patient records and patient READ codes are automatically updated. The referral form takes seconds to complete and is available to all practices using Medtech32 version 19.14 or later, regardless of whether you subscribe to ManageMyHealth or not. You will receive feedback into your ManageMyHealth inbox.

1. With the patient record open in Medtech, you can access the Quitline referral form by going to the "ManageMyHealth" menu and selecting "Launch Quitline Referral". Note, all users have access to the "ManageMyHealth" menu. This is free and does not require you to subscribe to "ManageMyHealth". The referral form takes a few seconds to complete.

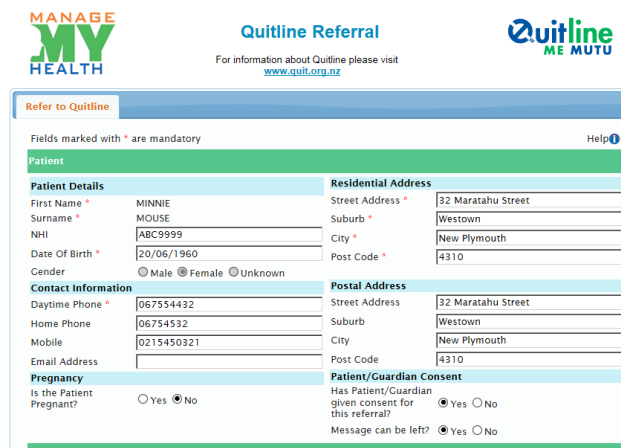


2. Patient information will pre-populate from Medtech. This will also automate the smoking cessation Read Codes:
 - @ZPSB.10 = Brief smoking cessation advice given
 - @ZPSC.10 = Refer to smoking cessation support

Please ensure the patient contact details are correct and indicate if Quitline can leave a message. If the patient is pregnant, click the check box to indicate this.

Click on the "Submit Quitline Referral" to electronically send the referral directly to Quitline.

An acknowledgement of receipt of referral will be sent in return.



3. You can check the status of your referral by going into "Connected Care" and selecting "View Referral Status".

indici and other PMS/other ways of referring to Quitline

If you do not use Medtech, you can refer by filling in a simple form [<https://quit.org.nz/en/helping-others-quit/primary-care---phos> – see page 18] and forwarding it to Quitline to follow up with your patient. Once the form is complete email referrals@quit.org.nz.

What happens when Quitline receives my referral?

Your referral will be acknowledged and processed by our Quitline Advisors, who will contact the client within three working days from receiving your referral. We make two separate attempts to contact clients. If we are still unable to contact them, we send a letter encouraging them to get in touch, accompanied by quit smoking information (provided you have supplied the person's address with your referral).

For enquiries about a specific referral you have made please email referrals@quit.org.nz.

Referral to Quitline

- Has the patient/client consented to a referral? Yes/No
- Is it ok to leave a message? Yes/No
- If there is no phone may we send a letter? Yes /No

If completing manually, please print clearly

Patient/client's information			
First Name			
Last Name		Date of Birth	
NHI		Pregnant?	
Gender		Ethnicity	
Address			
Post Code			
Home Number		Work number	
Mobile			

Has NRT been dispensed? Yes/No

Referrer's information	
Name	
Organisation	
Email	
Date	

Please send to Quitline by fax (04 460 9879) or email (referrals@quit.org.nz)

Barriers to quitting

Fear of consequences can encourage smoking

- A fear of being “left-out” socially amongst whanau and friends
- A fear that giving up smoking will cause illness
- A fear of weight gain
- A fear of boredom

Viewing smoking as a stress-reliever can be a barrier to quitting

- People who use smoking as a stress-relieving activity will be afraid to quit.
- People with mental health disorders may be concerned about changes in their mood.
 - It is important to explain to people that their mood improves just minutes after a cigarette because smoking is an addiction to nicotine and every puff continues this cycle.
 - Every person who breaks smoking addiction cycle can expect mental health benefits.

Stop smoking medications

It is important to match smokers with the best option for cessation. The choice of treatment will depend on what the patient prefers, likely adherence to treatment, what they have already tried in the past and what the potential side effects of treatment are. The New Zealand Guidelines for Helping People to Stop Smoking recommend the use of nicotine replacement therapy (NRT), bupropion, varenicline or nortriptyline to help people stop smoking. NRT is usually the first line stop smoking medication that is recommended. A lot of people may have already tried NRT and found it helpful, while others may have had inadequate responses due to using the product incorrectly or for not long enough.

Stop Smoking medications make quitting easier but they do not completely remove the urge to smoke.

Medications licensed in New Zealand for smoking cessation

- Nicotine Replacement Therapy (NRT) – patches, gum, lozenges, oral spray, inhalator
- Bupropion
- Nortriptyline
- Varenicline

Nicotine Replacement Therapy (NRT)

NRT provides some of the nicotine a person would have otherwise received from tobacco but without the harmful toxins contained in tobacco smoke. NRT is effective and can increase long term abstinence rates by 5-7% compared with placebo. There are five NRT products available in New Zealand including patches, gum, lozenges, inhalator and mouth spray.

Using a combination of NRT products e.g. a patch and gum is more effective than using a single product. It is important that people use NRT for at least 8 weeks and are educated on using the products correctly. NRT can be used by people who are not ready to



stop smoking straight away by reducing the number of cigarettes they use. NRT can also be used to relieve withdrawal symptoms in settings where people can not smoke, even if they do not intend to stop smoking long term.

A close relationship needs to be formed between primary care and the Stop Smoking Service. If a patient fails to quit smoking using NRT, it is important that they are referred back to their GP to discuss alternative stop smoking medications such as bupropion, varenicline or nortriptyline.

If people go to their local stop smoking service they can access NRT products for free.

Bupropion (prescription only)

Bupropion is an atypical antidepressant that helps people to stop smoking by reducing the severity of withdrawal symptoms. The use of bupropion can increase long term abstinence rates by 6-14% compared with placebo. The efficacy of bupropion is similar to that of single-product NRT and nortriptyline but less effective than varenicline.

Varenicline (prescription only)

Varenicline is a selective nicotine-receptor partial agonist. It reduces the urge to smoke as well as the reward experienced from smoking. The use of varenicline can increase long term abstinence rates by 12-19% compared with placebo and by 2-10% compared with bupropion. varenicline has been shown to be more effective than single-product NRT and bupropion but to have similar efficacy to combination NRT.

Nortriptyline (prescription only)

Nortriptyline is an antidepressant that reduces the severity of withdrawal symptoms. The use of nortriptyline can increase long term abstinence rates by 5-18 per cent compared with placebo.

Since three of the four smoking cessation medications are prescription only, GP's have an important role to play in a person's quit attempt.

General practice staff need to encourage smokers to use a stop smoking service. Sometimes practice staff may provide cessation support e.g. when seeing a patient on a regular basis or when a patient declines referral to a stop smoking service.

Patient information sheets

At the end of this document, there are copies of patient information sheets about each stop smoking medication. These documents can be uploaded into Medtech as an Outbox or into Indici as a patient resource and printed or emailed to the patient at the time of prescribing.

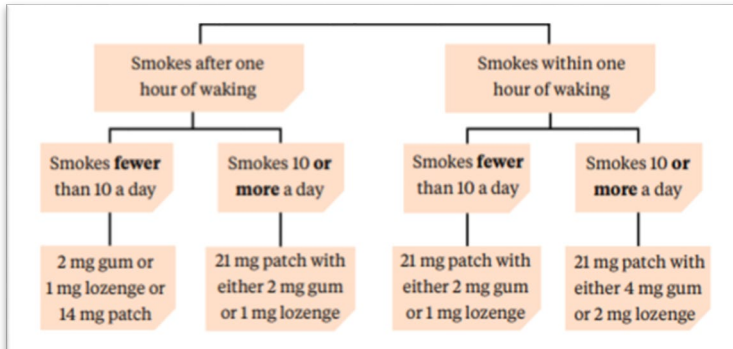
Patient information sheets can be downloaded from the Pinnacle website.

[Bupropion](#)

[Varenicline](#)

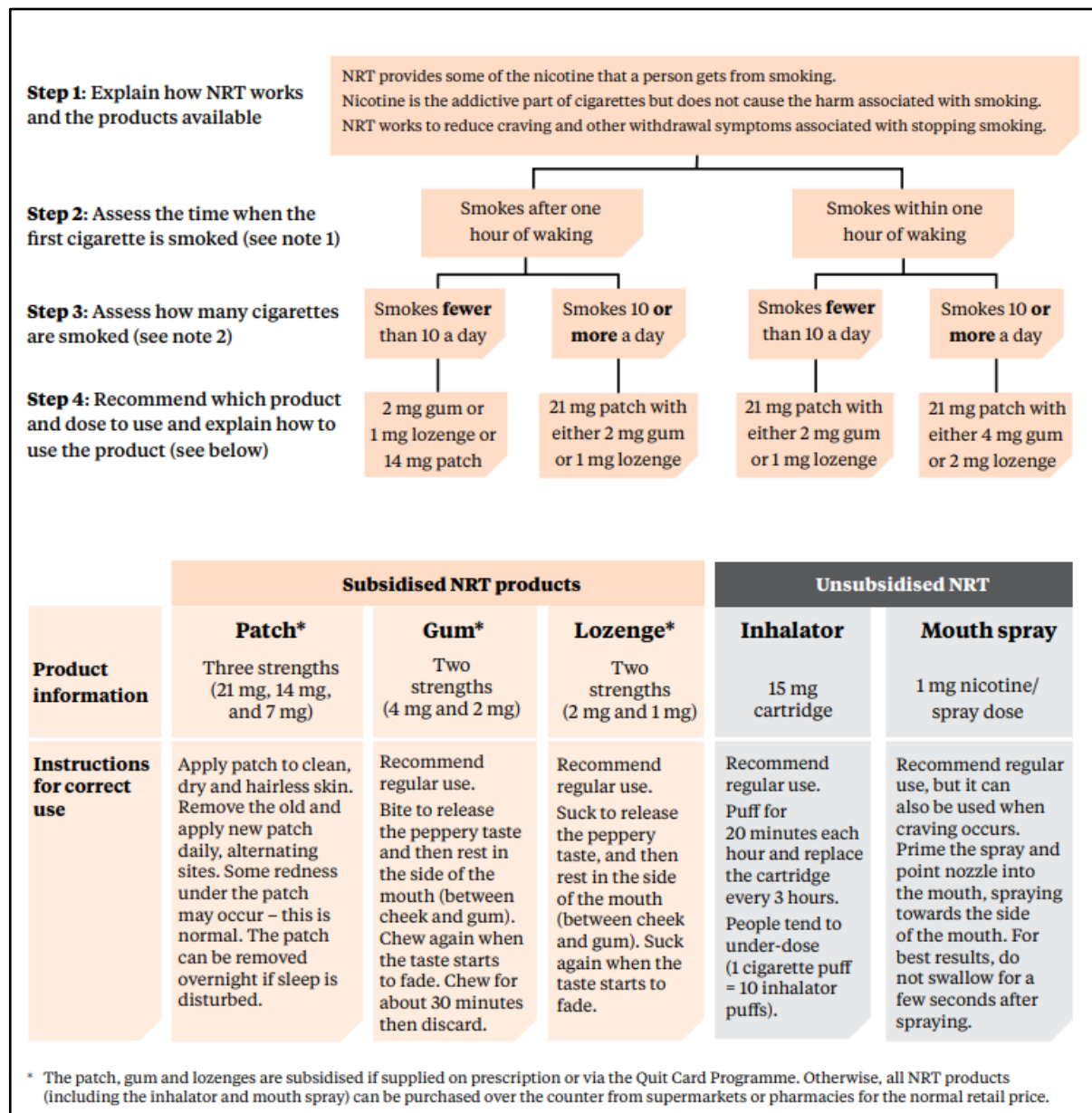
[Nortriptyline](#)

Nicotine Replacement Therapy (NRT)

NICOTINE REPLACEMENT THERAPY (NRT)					
	PATCH	GUM	LOZENGE	INHALATOR	ORAL SPRAY
PRODUCT DETAILS	Habitrol® 7mg, 14mg, 21mg (24-hr release)	Habitrol® 2mg, 4mg	Habitrol® 1mg, 2mg	Nicorette® 15mg	Nicorette® 1mg/actuation
INITIATING TREATMENT	Usually started on the quit day but can also be used with smoking to “cut down and quit”				
DOSE				Use for 20 minutes each hour and replace cartridge every 3 hours; recommend regular use	Use 1–2 sprays in the mouth when the urge to smoke occurs or to prevent cravings; individuals should not exceed 2 sprays per episode, and a maximum of 64 sprays daily
HOW TO USE	Patches should be applied on waking to dry, non-hairy skin on the hip, trunk, or upper arm and held in position for 10–20 seconds to ensure adhesion; remove old patch and place next patch on a different area and avoid using the same site for several days.	Chew the gum until the taste becomes strong, then rest it between the cheek and gum; when the taste starts to fade, repeat this process. 1 piece of gum lasts for approximately 30 minutes.	Slowly suck the lozenge until the taste becomes strong, then rest it between the cheek and gum; when the taste starts to fade, repeat this process.	Insert the cartridge into the device and draw in air through the mouthpiece. The amount of nicotine from 1 puff of the cartridge is less than that from a cigarette, therefore it is necessary to inhale more often than when smoking a cigarette (8–10 times as many puffs as when smoking a cigarette).	If using the oral spray for the first time, or if unit not used for 2 or more days, prime the unit before administration. The oral spray should be released into the mouth, holding the spray as close to the mouth as possible and avoiding the lips. The individual should not inhale while spraying and avoid swallowing for a few seconds after use.
DURATION	All products should be used for 8–12 weeks, or longer for some people. If there is inadequate relief of withdrawal symptoms, doses of NRT can be increased; if adverse effects such as nausea are experienced, dose or frequency of NRT use should be reduced.				
FUNDING	Fully funded			Non-funded	
CONTRAINDICATIONS	Children under 12 years; non-smokers				

	NICOTINE REPLACEMENT THERAPY (NRT)				
	PATCH	GUM	LOZENGE	INHALATOR	ORAL SPRAY
CAUTIONS	<p>Most warnings for nicotine replacement therapy also apply to continued cigarette smoking, but the risk of continued smoking outweighs any risks of using nicotine preparations. Nicotine replacement therapy should be used with caution in haemodynamically unstable patients hospitalised with severe arrhythmias, myocardial infarction, or cerebrovascular accident, and in patients with phaeochromocytoma or uncontrolled hyperthyroidism. Care is also needed in patients with diabetes mellitus—blood-glucose concentration should be monitored closely when initiating treatment.</p> <p>Patches should not be placed on broken skin and should be used with caution in patients with skin disorders.</p> <p>Oral preparations should be used with caution in patients with oesophagitis, gastritis, or peptic ulcers because swallowed nicotine can aggravate these conditions. The gum may also stick to and damage dentures.</p> <p>Care should be taken with the inhalation cartridges in patients with obstructive lung disease, chronic throat disease, or bronchospastic disease.</p>				
ADVERSE EFFECTS	<p>Mild topical reactions at the beginning of treatment are common because of the irritant effect of nicotine. Gastro-intestinal disturbances are common but more likely associated with swallowed nicotine in oral preparations; nausea, vomiting, dyspepsia, and hiccup occur most frequently. Ulcerative stomatitis has also been reported.</p> <p>Gum: Other adverse effects include irritation of the throat, increased salivation, and palpitations.</p> <p>Inhalation cartridge: Other adverse effects include irritation of the throat, atrial fibrillation, palpitations, and nasal congestion.</p> <p>Lozenge: Other adverse effects include irritation of the throat, dry mouth, increased salivation, diarrhoea, constipation, dysphagia, oesophagitis, gastritis, mouth ulcers, bloating, flatulence; <i>less commonly</i> taste disturbance, thirst, gingival bleeding, halitosis. Lozenges may also cause palpitations, chest pain, rash, and hot flushes.</p> <p>Patch: Other adverse effects include dry mouth, arrhythmia (rarely), chest pain, palpitations, abnormal dreams (removal of the patch before bed may help), arthralgia, myalgia, minor skin irritation, and sweating.</p> <p>Oral spray: Other adverse effects include irritation of the throat, increased salivation, watery eyes, blurred vision, dry mouth, abdominal pain, flatulence, taste disturbance, palpitations, arrhythmia, chest pain, paraesthesia, rash, hot flushes, sweating and myalgia.</p>				
DRUG INTERACTIONS	<p>There are no drug interactions with NRT, although there are some medications that are affected when people stop smoking.</p>				
USE IN PREGNANCY	<p>Non-pharmacological treatment is safest but if this fails, nicotine patches or gum/lozenges can be used by pregnant women who smoke. If patches are used, they should be removed at bedtime.</p>				
USE IN BREASTFEEDING	<p>Nicotine is present in milk, however, the amount to which the infant is exposed is small. Intermittent therapy with gum/lozenges is preferred.</p>				

Guide to prescribing Nicotine Replacement Therapy (NRT) Ministry of Health 2014



NRT can be prescribed like any other medication or provided on a quit card via a quit card provider

Quit card providers

Quit card providers offer face-to-face support for people who want to quit smoking and distribute quit cards for subsidised nicotine patches gum and lozenges. Quitline administers the quit cards programme through a contract with the Ministry of Health.

Nurses, medical students (3rd year and above) and nursing students (3rd year and above) can train to become quit card providers.

If you have any questions about quit cards, please email quitcards@quit.org.nz.

Want to order more quit cards?

More quit cards can be ordered online from: <https://quit.org.nz/en/Quitcards>.

Filling in a quit card

Here is a scenario that identifies how you should fill in a quit card.

Henry is a 42-year-old man who currently smokes 15 cigarettes per day. Henry usually smokes his first cigarette within 15 minutes of waking up in the morning. He has used NRT gum before and is happy to use it again.

KIA AUAAHI KORE • QUITCARD
SUBSIDISED NICOTINE REPLACEMENT THERAPY
Quitline
ME MUTU

Name and residential address of client			A4												
Name <u>Henry Bloggs</u>															
Address <u>123 Orange Place</u> <u>Orangevale</u>															
Date of birth <u>29/1/1972</u>			NHI no.. <small>if available</small> Client ID: <small>(Quitline only)</small>												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Product</th> <th style="width: 45%;">Dosage</th> <th style="width: 30%;">Period of supply</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Nicotine patch</td> <td style="padding: 5px;"> <input checked="" type="checkbox"/> 21 mg <input type="checkbox"/> 14 mg <input type="checkbox"/> 7 mg <small>Use one patch per day</small> </td> <td style="padding: 5px;"> <input type="checkbox"/> 4 weeks <input checked="" type="checkbox"/> 8 weeks </td> </tr> <tr> <td style="padding: 5px;">Nicotine gum</td> <td style="padding: 5px;"> <input checked="" type="checkbox"/> 4 mg <input type="checkbox"/> 2 mg <small>Use up to 12 pieces per day</small> </td> <td style="padding: 5px;"> <input checked="" type="checkbox"/> 4 weeks <input type="checkbox"/> 8 weeks </td> </tr> <tr> <td style="padding: 5px;">Nicotine lozenge</td> <td style="padding: 5px;"> <input type="checkbox"/> 2 mg <input type="checkbox"/> 1 mg <small>Use up to 12 lozenges per day</small> </td> <td style="padding: 5px;"> <input type="checkbox"/> 4 weeks <input type="checkbox"/> 8 weeks </td> </tr> </tbody> </table>				Product	Dosage	Period of supply	Nicotine patch	<input checked="" type="checkbox"/> 21 mg <input type="checkbox"/> 14 mg <input type="checkbox"/> 7 mg <small>Use one patch per day</small>	<input type="checkbox"/> 4 weeks <input checked="" type="checkbox"/> 8 weeks	Nicotine gum	<input checked="" type="checkbox"/> 4 mg <input type="checkbox"/> 2 mg <small>Use up to 12 pieces per day</small>	<input checked="" type="checkbox"/> 4 weeks <input type="checkbox"/> 8 weeks	Nicotine lozenge	<input type="checkbox"/> 2 mg <input type="checkbox"/> 1 mg <small>Use up to 12 lozenges per day</small>	<input type="checkbox"/> 4 weeks <input type="checkbox"/> 8 weeks
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Provider's details Full name <u>Sally Doe</u> Identifier/registration no. <u>MC 99999</u> Address <u>Good Health Clinic, 345 Green Road, Greenwood</u> Contact phone no. <u>(00) 123 4567</u> Signature <u>S. Doe</u> Date <u>1/5/2014</u>															

NHI No: This is the client's National Health Index number. Fill in if available.

Client ID: This is for Quitline only.

Identifier/registration No. Prescribers to use their own registration number. All other Quitcard providers to use MC99999.

Other stop smoking medications

	Bupropion	Varenicline	Nortriptyline
Product details	Zyban® 150mg modified release tablet	Varenicline Pfizer® 0.5mg and 1mg tablets	Norpress® 10mg and 25mg tablets
Initiating treatment	Start at least one week before quit date	Start at least one week before quit date	Start two to four weeks before quit date
Dose	<p>Days 1-3: 150mg PO once daily Days 4 onwards: 150mg PO twice daily (minimum 8 hours between doses)</p> <p>Refer to the New Zealand Formulary https://nzf.org.nz/nzf_2841 for prescribing information in renal and hepatic impairment.</p>	<p>The total funded course of 12 weeks consists of a 4-week <u>initiation</u> pack and two 4-week <u>continuation</u> packs.</p> <p>A prescription can be provided for either 4 weeks with 2 repeats, or for 12 weeks. A 12-week course will be dispensed as a 4-week initiation pack followed by two continuation packs.</p> <p>Days 1-3: 0.5mg ONCE daily Days 4-7: 0.5mg TWICE daily Days 8 onwards: 1mg TWICE daily</p> <p>Refer to the New Zealand Formulary https://nzf.org.nz/nzf_2856 for prescribing information in renal impairment.</p>	<p>Initially start with 25mg once daily then increase slowly to 75-100mg once daily (elderly patients may need to be started on a lower dose).</p> <p>Refer to the New Zealand Formulary https://nzf.org.nz/nzf_2260 for prescribing information in hepatic impairment.</p>
Duration	Take for 7-12 weeks.	Take for 12 weeks (a second treatment of 12 weeks can be used if needed, but this is NOT funded).	Take for 12 weeks.
Contraindications	Acute alcohol or benzodiazepine withdrawal; CNS tumour; history of seizures, eating disorders, or bipolar disorder; history of bulimia or anorexia nervosa; use of monoamine oxidase inhibitors (MAOI) within 14 days; pregnancy; breastfeeding; <18 years of age; allergic to it.	< 18 years of age; pregnancy or breastfeeding; allergic to it.	Immediate recovery period after myocardial infarction; arrhythmias (particularly heart block); in the manic phase of bipolar disorder; avoid in acute porphyria; use of monoamine oxidase inhibitor (MAOI) within 14 days; pregnancy; breastfeeding; <18 years of age; allergic to it.
Cautions	<p>Elderly; predisposition to seizures (prescribe only if benefit clearly outweighs risk) including concomitant use of drugs that lower seizure threshold; alcohol abuse; history of head trauma; diabetes; history of psychiatric illness (contra-indicated in history of bipolar disorder); serotonin syndrome.</p> <p>Measure blood pressure before and during treatment as bupropion can cause hypertension.</p>	<p>Risk of relapse, irritability, depression, and insomnia on discontinuation (consider dose tapering on completion of 12-week course); history of psychiatric illness (may exacerbate underlying illness including depression); predisposition to seizures, including conditions that may lower seizure threshold; history of cardiovascular disease.</p> <p>Neuropsychiatric reactions and suicidal behaviour with varenicline Patients taking varenicline (and their family members/friends) should be alerted to monitor for neuropsychiatric symptoms such as changes in behaviour or thinking, mood swings, anxiety, depression, suicide ideation, and stop treatment and seek medical advice immediately. For more information see, Medsafe approved advice (June 2012)—Suicidal behaviour and varenicline.</p>	<p>Cardiovascular disease; may prolong QT-interval and increase risk of arrhythmia—avoid use if risk factors for prolonged QT-interval—see Medsafe Prescriber Update December 2013 for further information.</p> <p>Hyperthyroidism; phaeochromocytoma; epilepsy; diabetes; prostatic hypertrophy; chronic constipation; increased intra-ocular pressure; urinary retention; susceptibility to angle-closure glaucoma; hepatic impairment.</p> <p>Risk of suicide; history of psychosis; history of bipolar disorder (treatment should be stopped if the patient enters a manic phase); serotonin syndrome.</p> <p>Elderly Elderly patients are particularly susceptible to many of the adverse effects of tricyclic antidepressants; low initial doses should be used, with close monitoring, particularly for psychiatric and cardiac adverse effects.</p>

	Bupropion	Varenicline	Nortriptyline
Drug Interactions	Potential risk of serotonin syndrome with concomitant administration of other serotonergic drugs. Caution with medications that can lower the seizure threshold e.g. antipsychotics, antidepressants, antimalarials, tramadol, theophylline, systemic corticosteroids, quinolones, sedating antihistamines.	There are no clinically significant meaningful drug interactions.	Potential risk of serotonin syndrome with concomitant administration of other serotonergic drugs. Refer to the New Zealand Formulary https://nzf.org.nz/interactions/stockkeys/of/10029271000116109 for a complete list of known drug interactions.
Adverse Effects	<ul style="list-style-type: none"> • Dry mouth • Insomnia (reduced by avoiding dose at bedtime) • Headache • Rash • Seizures have been rarely reported (the risk of seizures 1 in 1000 is similar to other antidepressants) <p>Monitor for any changes in mood or depression.</p> <p>Refer to the New Zealand Formulary https://nzf.org.nz/nzf_2841 for a complete list of known adverse effects.</p>	<ul style="list-style-type: none"> • nausea • headache • insomnia • vivid dreams <p>Refer to the New Zealand Formulary https://nzf.org.nz/nzf_2856 for a complete list of known adverse effects.</p>	<ul style="list-style-type: none"> • drowsiness • dry mouth • constipation <p>Refer to the New Zealand Formulary https://nzf.org.nz/nzf_2260 for a complete list of known adverse effects.</p>
Funding	Fully Funded	Fully funded with Special Authority Number: https://www.pharmac.govt.nz/2019/03/01/SA1771.pdf	Fully funded

References:

New Zealand Formulary (NZF). NZF v81. 2019. Available from: www.nzf.org.nz (Accessed March, 2019).

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Pharmac seminars "Can we see smoke free 2025 through the vape cloud?" Wellington, New Zealand, 12 March 2018. Available from: <https://www.pharmac.govt.nz/seminars/seminar-resources/smokefree/> (Accessed March, 2019)

BPJ 71 (2015). Smoking cessation – helping patients stick with it, until they quit

NTS Handbook for Stop Smoking Medicines. 2018. Available from: <http://nts.org.nz/resources> (Accessed February, 2019)

Varenicline tartrate

Note:

a maximum of 12 weeks' varenicline will be subsidised on each Special Authority approval.

This includes the 2-week 'starter' pack.

INITIAL APPLICATION

Applications from any relevant practitioner. Approvals valid for 5 months.

Prerequisites (tick boxes where appropriate)

☐ Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking

and

☐ The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring

and

☐ The patient has tried but failed to quit smoking after at least two separate trials of nicotine replacement therapy, at least one of which included the patient receiving comprehensive advice on the optimal use of nicotine replacement therapy

or

☐ The patient has tried but failed to quit smoking using bupropion or nortriptyline

and

☐ The patient has not used funded varenicline in the last 12 months

and

☐ Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this

and

☐ The patient is not pregnant

and

☐ The patient will not be prescribed more than 12 weeks' funded varenicline (see note)

What to tell patients about stop smoking medications

- How they work
- How to take them
- How long to use them for
- Common side effects

Bupropion

“Bupropion works by reducing the urge to smoke, and other withdrawal symptoms, that many people experience when stopping smoking. In doing so it makes your quit attempt easier and will increase your chances of success. However like all other stop smoking medications it is not a magic cure.”

“Bupropion is easy to take. You will need to start this at least a week before your Quit Date, as it needs some time to start working. You will start with just one tablet once a day for the first 3 days and then on to one tablet twice a day. Don't take your evening tablet too close to bedtime as this might keep you awake. There needs to be at least 8 hours between each tablet, so if you take one at 8am you could take your next one at 4pm.”

“Bupropion is an antidepressant type medicine and so it does have some common side effects that include headache, difficulty sleeping and dry mouth. These are mostly mild. There are some more serious side effects (e.g. severe allergic reaction, risk of having a seizure) but these are uncommon.”

“Some people have found they have experienced mood changes when using this medicine. It is not common, but if you experience changes in mood or are depressed please let your doctor know.”

Varenicline

“Varenicline works by reducing the urge to smoke, and other withdrawal symptoms, that many people experience when stopping smoking. In doing so it makes your quit attempt easier. However like all other stop smoking medications it is not a magic cure.”

“Varenicline is easy to take and you essentially follow the instructions on the packet. You need to start taking this medicine at least a week before your Quit Date, to give it time to start working. You can smoke as normal right up until your Quit Date and then aim not to have a single puff afterwards.”

“It is best that you use the whole 12-week course of varenicline, and not stop using it too soon.”

“Varenicline is associated with some common side effects that include nausea, insomnia and vivid dreams. These are mostly mild and should disappear over time. Make sure you take tablets with food, as this will limit the nausea”.

“Some people have found they have experienced changes in their mood and some have become seriously depressed. This is not a common symptom, but if you experience changes in mood or are depressed please let your doctor know.”

Nortriptyline

“Nortriptyline works by reducing the urge to smoke, and other withdrawal symptoms, that many people experience when stopping smoking. In doing so it makes your quit attempt easier, in fact it will double your chances of stopping. However like all other stop smoking medications it is not a magic cure.”

“This medication is started by increasing your dose slowly so you will also need to start nortriptyline 1-2 weeks before stopping.”

“Nortriptyline has some common side effects. These include feeling sleepy and having a dry mouth”.

NRT

“Nicotine Replacement Therapy works by providing some of the nicotine you would have otherwise got from your cigarette smoke. However, it delivers a lower dose of nicotine that is more slowly absorbed compared to your cigarettes but its enough to help reduce urges to smoke and other withdrawal symptoms.”

“NRT is not a magic cure and some effort on your part will still be required.”

“It is important to remember that nicotine does not cause cancer or heart and lung disease. NRT is safe to use.”

“You should use NRT for at least 8-12 weeks. Even if you slip and smoke, dont stop using NRT.”

Patches: “Each morning, apply a new patch on a clean dry and hairless area of skin. It can be kept on overnight and removed the next day, when you apply a new patch to a different area of skin. You may notice a little bit of redness under the patch and it might be itchy at times, but this is normal.”

Gum: “There is a technique to chewing the gum. Chew a piece of gum until you get a strong (sometimes hot and peppery) taste, then stop chewing and rest it between your cheek and gums. This gives time for the nicotine to be absorbed across the lining of your mouth. When the taste starts to fade you should start chewing the gum again. You can keep chewing in this way for around 30 minutes. After 30 minutes you can spit the gum out and have a break. For the first few weeks you should use one piece of gum every hour.

Lozenges: “There is a technique to using the lozenge. Suck a lozenge until you get a strong (sometimes hot and peppery) taste, then stop sucking and rest it between your cheek and gums. This gives time for the nicotine to be absorbed across the lining of your mouth. When the taste starts to fade you should start sucking the lozenge again. You can keep sucking this way for around 30 minutes. After 30 minutes you can spit the lozenge out (if there is any left) and have a break. For the first few weeks you should use one lozenge every hour.”

“Using gum and lozenges regularly is better than waiting until you have a craving.”

“You might notice that the gum and lozenges irritate your mouth and throat at first, but you will get used to this over time. Some people also find they swallow a lot of saliva when chewing the gum or sucking the lozenge. Don’t worry this is not dangerous, but it might give you a bit of heartburn or hiccups. If you experience these, try chewing/sucking less and parking more in the side of your mouth.”

The effect of stopping smoking on the metabolism of other medications

Cigarette smoking can increase the metabolism of some medications by stimulating the CYP1A2 enzyme. When people stop smoking, the doses of these medications may need to be reduced. Patients should be regularly monitored for side effects and INR levels monitored closely for patients on warfarin.

Examples of medications metabolised by CYP1A2:

- clozapine
- olanzapine
- theophylline
- warfarin
- haloperidol
- ropinirole
- chlorpromazine

Other medicines may also be affected such as: erlotinib, verapamil, propranolol, diazepam, naratriptan, fluvoxamine and lamotrigine. Patients taking these medicines should be monitored for overdose effects and dose adjustments made if necessary.

Patients exposed to second-hand smoke may also metabolise medicines faster than non-smokers and this may need to be considered in their treatment plan.

Nicotine does not have the same effects on CYP P450 enzymes. Patients using nicotine replacement therapy to help quit smoking will require changes to their medicines as for smokers quitting without assistance.

Smoking cessation in priority population groups

Smoking cessation in adolescents and young people

The average age of people starting to smoke in New Zealand is 14.8 years old. Currently 3% of 15-17 year olds smoke, down from 14% in 2006/7. A recent biennial study of year 10 students (14-15 year olds) reports daily smoking rates are 1.9%. This rate is the lowest it has been since the survey was first introduced in 2000.

Young people like to experiment with tobacco, and it is critical to prevent the transition to dependence. Counselling is important in this age group and staff need to keep asking about smoking and providing strong anti-smoking messages. NRT can be used in children over the age of 12, while varenicline and bupropion are contraindicated in children less than 18 years of age.

Smoking cessation in people with cardiovascular disease

Becoming smoke free is the best thing someone can do for their heart. Smokers are four times more likely to die of heart disease than a non-smoker.

Stop smoking medications in people with cardiovascular disease

NRT: most warnings for NRT also apply to continued cigarette smoking but the risk of continued smoking outweighs any risks of using nicotine products. NRT should be used with caution in haemodynamically unstable patients hospitalised with severe arrhythmias, myocardial infarction or cerebrovascular accident.

bupropion: the Zyban datasheet states “there is limited clinical experience establishing the safety of ZYBAN in patients with a recent history of myocardial infarction or unstable heart disease. Therefore, care should be exercised if it is used in these groups”. Bupropion can also cause hypertension, so it is important to measure blood pressure before and during treatment.

varenicline: varenicline must be used with caution in patients with a history of cardiovascular disease.

Smoking cessation in Māori and pacific island patients

Māori have higher smoking rates and higher rates of death and smoking-related illness than non-Māori. Māori are 2.6 times more likely to be smokers than non-Māori. The current smoking rate for Māori is 34% and Māori women have a slightly higher smoking rate than Māori men (37% versus 30%).

The smoking rate for pacific islanders is 23%, the second highest smoking rate after Māori. Smokers who are pacific islanders also have the quickest transition from experimentation to regular smoking (2.7 years).

There are free health resources available in different languages through the HealthEd website that can be downloaded or ordered online and given to patients. <https://www.healthed.govt.nz/home>.

Smoking cessation in pregnant and breastfeeding women

Effects of smoking on baby (during pregnancy and after birth)

During pregnancy

- Toxins from smoking are passed through the placenta to the baby
- Death of baby – mothers who smoke have an increased risk of miscarriage, still birth or SUDI (sudden unexpected death in infancy)
- Pregnancy complications e.g. low-lying placenta, placenta coming away from the womb, ectopic pregnancy, premature birth
- Effects on baby's development -smoking can harm the development of the baby's lungs, heart and immune system and increase their risk of having breathing illnesses like asthma

After birth (second-hand smoke)

- SUDI (sudden unexplained death of an infant)
- Breathing and lung problems – children whose family smokes are more likely to have asthma and other lung infections like bronchitis and pneumonia
- Ear infections (glue ear)
- Learning problems -second hand smoke can affect development and behaviour

Effects of smoking on breastfeeding

- It is important for mothers to continue to breastfeed regardless of smoking status
- Mothers who smoke tobacco are known to produce less breast milk compared to non-smoking mothers.

Benefits of stopping smoking during pregnancy

- Babies health improves as soon as smoking stops - “babies whose mothers quit smoking in the first trimester are just as likely to be a healthy, normal birth weight as babies whose mothers never smoked”
- Changes happen quickly
- Cutting back does not benefit baby – even low levels of carbon monoxide and other toxins in cigarettes is enough to affect a baby's health and growth.

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Encouraging smoke-free pregnancies: the role of primary care. *BPJ* 50 (2013). Available from: <https://bpac.org.nz/bpj/2013/february/smoke-free-pregnancies.aspx> (Accessed March, 2019)

Pregnancy and Smoking Cessation Quick Reference Guide. *Matua Raki*. Available from: <https://www.matuaraki.org.nz/uploads/files/resource-assets/pregnancy-and-smoking-cessation-quick-reference-guide.pdf> (Accessed March, 2019)

E-cigarettes in pregnancy. Smoking in Pregnancy Challenge Group. Available from: <file:///H:/E-cigarettes%20in%20Pregnancy.pdf> (Accessed February, 2019). Eddy, Alison. Smoking in pregnancy – what's new? *Midwifery News*. March 2017.

Nicotine Replacement Therapy (NRT) during pregnancy

- Smoking cessation without NRT is preferable in pregnancy, however if this is not possible, using NRT during pregnancy is safer than continuing to smoke.
- You need to discuss the risks and benefits of treatment before offering NRT
- NRT delivers lower levels of nicotine than smoking without the additional toxins found in cigarette smoking.
- NRT also reduces nicotine withdrawal symptoms, lessening the risk of a smoking relapse.
- The lowest dose of NRT is preferred – gum and lozenges are preferred over patches as they provide a lower daily dose of nicotine.
- If patches are used, they should be removed at bedtime.
- If breastfeeding, try and use the gum or lozenge immediately after feeding to allow the time between the NRT dose and the next feed to be as long as possible.

Using other smoking cessation medications in pregnancy and breastfeeding

Refer to NZF https://nzf.org.nz/nzf_2838 for more specific information about using bupropion, varenicline and nortriptyline in pregnancy and breastfeeding.

Using e-cigarettes in pregnancy

“Although not completely harm free, e-cigarettes are less harmful than continuing to smoke”.

“The evidence that is available suggests that using an e-cigarette while pregnant is much safer than smoking”.

The Smoking in Pregnancy Challenge Group in the UK has produced a resource about using e-cigarettes in pregnancy: <http://smokefreeaction.org.uk/wp-content/uploads/2017/06/SIPe-cig-infographic.pdf>

Follow up and on-going support is important

A large percentage of women who stop smoking during pregnancy begin smoking again within one year of giving birth. It is important to ensure that smoking cessation support is ongoing and pro-active in primary care and that all opportunities for follow up are utilised i.e. infant immunisation appointments

Smoking cessation for people with mental illness

Smoking rates are two to three times higher in people with mental illness compared with the general population. A lot of people with mental illness do want to stop smoking and we need to encourage and support these people to have a successful quit.

People with mental illness are more likely to experience nicotine withdrawal symptoms and some of these symptoms may already exist as part of the patient's mental illness e.g. anxiety, irritability, insomnia, depression.

People with mental illness need to be referred to a Stop Smoking Service for support with their quit attempt. They will benefit best from intensive face-to-face behavioural support in combination with medications. The use of electronic cigarettes or vaping devices may also be helpful in this group of patients.

It is important to work with the client and create a "concrete" plan, that considers:

- things that they can do and remember
- simple straightforward advice
- replacing smoking with another behavior
- enhancing social support.

Stop smoking medications in people with mental illness

Stop smoking medications are effective in people with mental illness and people should not be excluded from using stop smoking medications based on having a mental illness. NRT and varenicline are the safest option because they have no known drug interactions, while bupropion should be used with caution if a patient is also taking antidepressants or antipsychotics. varenicline is effective in patients with mental illness and has been shown to be more effective than bupropion and placebo.

bupropion may cause mood changes or depression. Although not common, it is important that people that experience these, let their doctor know.

Neuropsychiatric reactions and suicidal behaviour with varenicline

Patients taking varenicline (and their family members/friends) should be alerted to monitor for neuropsychiatric symptoms such as changes in behaviour or thinking, mood swings, anxiety, depression, suicide ideation, and stop treatment and seek medical advice immediately.

Effect of stopping smoking on psychiatric medications

Smoking and stopping smoking can increase the metabolism of medications metabolised by CYP1A2. People who stop smoking need to be monitored for adverse effects and doses of medications may also need to be reduced.

Some medications that are metabolised by CYP1A2 and used to treat mental illness include:

- clozapine
- olanzapine
- haloperidol
- chlorpromazine
- diazepam
- lamotrigine.

Nicotine does not have the same effects on CYP P450 enzymes. Patients using nicotine replacement therapy to help quit smoking will require changes to their medicines as for smokers quitting without assistance.

Follow up

Because smoking is an addiction, quitting is difficult, therefore it is important to follow up with patients after they have set a quit date or started a stop smoking medication to monitor their progress. Patients may be tempted to stop taking a medication if they experience side effects and this may affect their ability to quit successfully. People can be followed up in person or via the telephone and should begin within the first week of quitting.

Relapse

A slip is when a patient uses one or two cigarettes, compared with a relapse, which occurs when a patient starts smoking again and returns to their previous level of tobacco use. It is important to understand that not all slips lead to a full relapse.

Many smokers will relapse despite advice and support and it is important that this is not seen as a failure. Some relapse is to be expected and some patients may try several attempts before they successfully quit smoking. People who relapse should continue to be encouraged to quit over and over again until they succeed.

Relapses should be seen as normal and expected when someone decides to quit smoking. When someone relapses, it is important to ask, “What got in the way?” – what were the obstacles to quitting for the patient? Some situations cannot be changed, and patients may need to come up with strategies to overcome these. Relapses should be used as a problem-solving exercise – you should discuss with the patient what has worked well previously and help them decide what will work well in their next quit attempt.

There is evidence that extending the length of treatment of varenicline from 12 to 24 weeks reduces the chances of relapse, although only 12 weeks of treatment is funded, and the patient would have to pay for the second course of 12 weeks at approximately \$150-\$200.

Vape to quit – an option for people who smoke

What is vaping?	Vaping devices heat a liquid (with or without nicotine), to produce a vapour that is inhaled by the user. Vaping devices are also known as e-cigarettes or nicotine delivery systems.
Is vaping safe?	<p>Vaping is less harmful to a patient's health than continuing smoking. Aerosol from a vaping device contains fewer and lower levels of harmful chemicals than cigarette smoke. The long-term health risks of vaping are currently unknown. Non-smokers should be strongly encouraged not to start vaping.</p> <p>Side effects of vaping:</p> <ul style="list-style-type: none"> • Mouth and throat irritation • Dry cough • Anxiety • Insomnia • Depression <p>Vaping devices and e-liquids need to be kept out of the reach of children due to the risk of nicotine poisoning.</p>
Can vaping help patients quit smoking?	Vaping may help smokers to quit if other attempts have failed. Vaping should be seen as an interim measure, with the goal of quitting smoking and eventually stopping vaping. Behavioural support should still be continued. Vaping devices can be used with other approved stop-smoking medications such as NRT, bupropion and varenicline.
What type of vaping products should patients use?	<p>There are many different types of vaping devices and flavours of e-liquids on the market. e-liquids may or may not contain nicotine. There are different strengths of nicotine e-liquids available and vape retailers can help suggest what strength a patient should start on. It is important that patients read the manufacturer's instructions on how to use and care for the vaping device.</p> <p>Not all vaping products are the same, so it is important to buy products from a reputable source like specialist vape retailers.</p>
How should patients use the vaping products?	Daily use of vaping products is generally more effective for quitting smoking than intermittent use. It is important to use the vaping device correctly to ensure the proper amount of nicotine is inhaled to relieve the urge to smoke – vape retailers can help educate patients.
Where can patients use a vaping product?	The legal ban on smoking indoors does not currently apply to vaping products. Businesses can decide whether to include vaping in their smoke free policies or not.
Are vaping devices or e-liquids funded?	Vaping devices are legal in New Zealand but are not approved smoking cessation products and they are not funded.
Can patients who are vaping still be referred to Taranaki Stop Smoking Service (TSSS) or Quitline?	Yes, patients who vape can be referred to TSSS or Quitline as it is important that behavioural smoking cessation support is continued.
Can patients keep smoking a little bit if they are also using vaping products?	Smokers should be encouraged to quit altogether as even low levels of smoking or low exposure such as second-hand smoke can be associated with significantly increased health risks compared to not smoking. Avoid dual use of cigarettes and vaping devices if possible.

References:

Smoke and mirrors: is vaping useful for smokers who cannot quit? *BPAC* (August 2018). Available from: <https://bpac.org.nz/2018/vaping.aspx#3> (Accessed February, 2019)

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Vaping. Available from: <https://quit.org.nz/help-to-quit/vaping> (Accessed February, 2019)

Different generations/types of vape devices



Source: Electronic cigarettes: a brief update (A. Mathur et. Al)

First generation devices

These devices were designed to resemble a traditional tobacco cigarette. They are also known as a cig-a-like.

Second generation devices

These devices are also known as “Tank” models or vape pens. They are rechargeable e-cigarettes with a tank or reservoir for e-liquid. People can either manually refill e-liquid in the tanks themselves (open tank) or buy ready-made refills (closed tank).

Third generation devices

These devices are also known as “Mods” or advanced personal vaping devices. They are customisable devices that people can adjust the voltage on, increasing the power of the device.

Fourth generation devices

Examples of fourth generation devices include pods and JUULs. A pod vaping device stores its e-liquid in a hollow and usually disposable plastic pod. JUUL devices look like a USB drive and the pods contain nicotine salts which turn into vapour when heated.

Introducing vape to quit to patients

I've tried all that

What not to say...

“Have you tried vaping?”

This leads to blocked conversations (“Yes, but” game)

What to say ...

Tell me, have you had any experience with vaping?

Has anyone you know used vaping to quit?

“That wouldn't work for me ...” (this is about self-efficacy)

You might think that, but ... there are new options with vaping that have worked for a lot of people to help them quit. Can I show you?

Provide the patient with the information pamphlet [Vape to quit – an option for people who smoke](#)

Options

- Print “**Vaping to Quit – An Option for people who smoke**” via the VAPE outbox in Medtech.
- Print “**Vaping to Quit – An Option for people who smoke**” resource in indicati.
- Email the pamphlet to the patient.

Medtech

The vape to quit information sheet can be imported into Medtech as an outbox - see [Appendix 5](#). The process is similar for any practices using Medtech Evolution – if you require assistance importing an outbox into Medtech Evolution, please contact your practice support person.

Download the vape to quit information sheet [from the Pinnacle website](#).

You can also set a task for someone at the time of printing/sending the Outbox in Medtech – so that the patient is followed up 1-2 weeks after starting their medication.

indici

The vape to quit patient resource can be uploaded into indicati – see [Appendix 6](#).

Download the vape to quit patient resource [from the Pinnacle website](#).

The Medicine Recalls screen allows you to configure recalls and automated tasks against particular medications, so that whenever a user prescribes one of these medications for a patient, a recall and/or task will be automatically generated – see [Appendix 7](#).

Options for patients interested in vape to quit

Supported vape to quit – Taranaki Stop Smoking Service (TSSS)/Quitline

Refer to Stop Smoking Service/Quitline for a **supported Vape to Quit programme**. (Support doubles quit success).

The service will:

- review options for the patient
- match them with the most appropriate vaping device and e-liquid supplier
- support them to stop smoking by switching from smoking to vaping
- gradually reduce the e-liquid nicotine strength
- support the person to stop vaping.

Vape to quit self-management

Many smokers self-manage their quitting using vaping. Dual smoking/vaping initially is common. NRT patches may help the transition from tobacco use.

- Refer them to a specialist vape retail store.
- Offer to have a quit coach contact them for advice (via TSSS or Quitline).
- Check progress at any subsequent practice attendance.

Guidance for sending patient to vape retail stores

- Refer to mainstream retailer who provides comprehensive service.
- Advise patients they have free choice.
- Advise the practice has no personal link to supplier.
- **Stop Smoking Service can advise.**

Recording vaping in clinical notes

MedTech

Recording vaping as ex-smoking

Once a person has stopped smoking and is vaping, they can be coded as not smoking.

Choose the “Recently quit” read code in the BPAC Patient Prompt (Smoking Status: Trying to Quit). Once the patient has stopped smoking for 12 months or more, their read code in the BPAC Patient Prompt can be updated to “Past” (Smoking Status: Ex Smoker).

There are no READ codes for vaping in MedTech. However, long term Vaping is a health risk and appropriate to record.

Annotate vaping status (with or without nicotine) in the free text section of classifications.

Using a screening term to record vaping

Vaping status can be recorded in MedTech using a screening term.

VAPE screening term:

- current
- ex-vaping
- never vaped.

These screening terms or similar terms need to be loaded – see [Appendix 8](#). They can be [imported for Medtech](#). The process is similar for any practices using Medtech Evolution – if you require assistance uploading a screening term into Medtech Evolution, please contact your practice support person.

indici

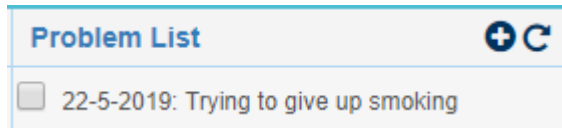
Recording vaping as ex-smoking

Once a person has stopped smoking and is vaping, they can be coded as not smoking.

Choose the “Quit within last 12 months” Smoking Status in the Smoking Alert. Once the patient has stopped smoking for 12 months or more, their Smoking Status can be updated to “Ex smoker”.

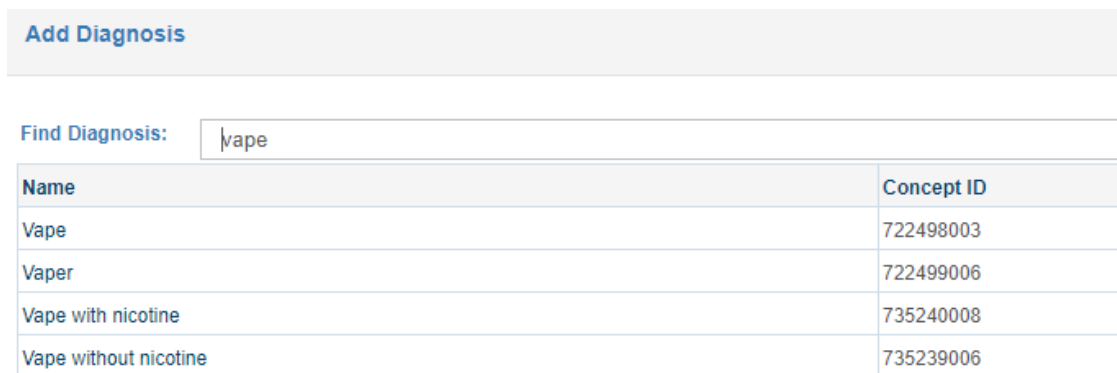
Long term Vaping is a health risk and appropriate to record.

1. Vaping status (with or without nicotine) can be recorded via  the button on the Problem List.



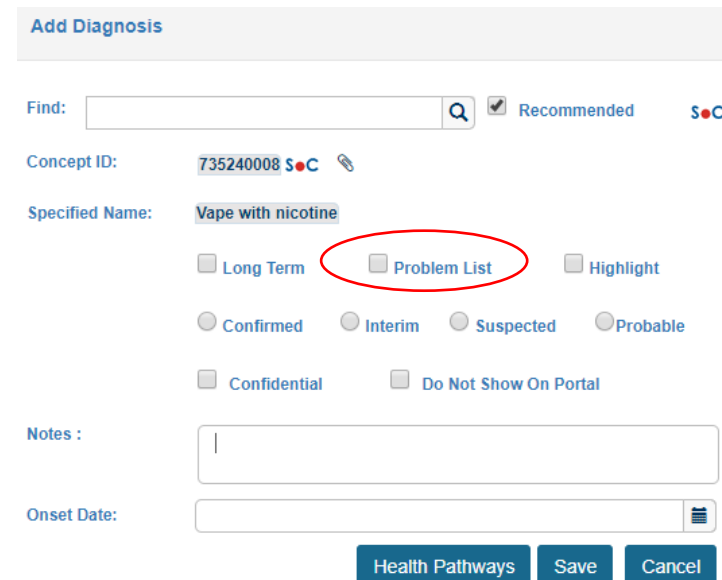
Problem List	
<input type="checkbox"/>	22-5-2019: Trying to give up smoking

2. Search “vape” and choose “with or without nicotine”.







Add Diagnosis	
Find Diagnosis: <input type="text" value="vape"/>	
Name	Concept ID
Vape	722498003
Vaper	722499006
Vape with nicotine	735240008
Vape without nicotine	735239006

3. Tick “Problem List” so that the vaping status appears on the Problem List.



Add Diagnosis

Find:  ☒ Recommended 

Concept ID:  


Specified Name:

☐ Long Term ☒ Problem List ☐ Highlight

☐ Confirmed ☐ Interim ☐ Suspected ☐ Probable

☐ Confidential ☐ Do Not Show On Portal

Notes :

Onset Date: 



Problem List	
<input type="checkbox"/>	17-6-2019: Ex-smoker
<input type="checkbox"/>	17-6-2019: Vape with nicotine

Advice from people who have switched to vaping

1. Find a combination of vaping device, flavours of e-liquid and nicotine strength that “works for you”.
2. Continuing to smoke for a while after starting to vape is OK.
3. Don’t be deterred from vaping because of past failed attempts to quit smoking.
4. Expect health to improve after switching to vaping.

[Nicotine Tob Res. 2018 Jul 9;20\(8\):977-984. doi: 10.1093/ntr/ntx176.](#)

Advice From Former-Smoking E-Cigarette Users to Current Smokers on How to Use E-Cigarettes as Part of an Attempt to Quit Smoking.

[Russell C¹](#), [Dickson T¹](#), [McKeganey N¹](#).

A survey of vapers in New Zealand has found:

- vaping is a means of smoking cessation, smoking reduction and avoidance/mitigation of a relapse to smoking
- vapers tend to start with devices that look like cigarettes and overtime explore more powerful devices such as tank models
- vapers tend to start using tobacco and menthol flavoured e-liquids before experimenting with other flavours
- vapers may both smoke and vape initially, gradually reducing tobacco consumption over time
- very few adverse effects of vaping were reported. Weight gain is not usually seen when switching to vaping, however it can occur when people stop smoking.

Vaping FAQs

<p>What is MTL (mouth to lung) and DTL (direct to lung)?</p>	<p>MTL and DTL are two common ways of vaping.</p> <p>Mouth to Lung (MTL):</p> <ul style="list-style-type: none"> • The vapour is taken into your mouth first, before being inhaled into the lungs • This technique is most similar to smoking a cigarette • this technique is good for newcomers to vaping <p>Direct to Lung (DTL):</p> <ul style="list-style-type: none"> • The vapour is drawn straight down into the lungs – like breathing in deeply or sucking on air from a balloon • This technique gives a more intense hit and produces a bigger cloud than MTL • This technique is preferred by vaping hobbyists who are not looking to get rid of their smoking addiction.
<p>How long does a bottle of e-liquid last?</p>	<p>This depends on how often a person vapes and what type of device they are using.</p>
<p>Is vaping cheaper than smoking tobacco?</p>	<p>The cost of vaping depends on the amount you vape and the type of device and e-juice you choose. It is difficult to quantify what one pack of cigarettes per day equals in vaping. NZ Vapor have estimated that one bottle of e-juice is equivalent to 10-15 packs of cigarettes, which means that the cost of vaping is approximately less than 10% of the cost of smoking the equivalent number of cigarettes. Even though you still need to purchase a vaping device, this is a one-off cost, so vaping is still cheaper than smoking cigarettes.</p>
<p>What is the difference between the smell of vaping and tobacco cigarette smoking?</p>	<p>The smell of tobacco smoke clings to clothes and other materials such as carpet, hair and drapes. There is no tar used to produce smoke in a vaping device, therefore there is no unpleasant smell. There tends to be a pleasant smell, which is associated with the fruit flavoured e-juices.</p>
<p>Is second hand vape smoke bad for you?</p>	<p>There is no side-stream vapour generated from e-cigarettes, just the aerosol that is exhaled by the e-cigarette user. “To date, there have been no identified health risks of passive vaping to bystanders”.</p>
<p>Why are some vape clouds larger than others?</p>	<p>The size of the vape cloud depends on the user’s technique and vapour production. Users can increase their power and airflow to produce larger vape clouds. The choice of e-juice is also important as those with a higher content of VG produce larger vape clouds. Finally, the size of the cloud depends on a person’s technique – the key to a larger cloud is a long, slow release.</p>

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BEGINNERS GUIDE TO PRODUCING BIG VAPE CLOUDS. Available from: <https://www.vapresso.com/cloud-community-blog/beginners-guide-to-producing-big-vape-clouds> (Accessed April 2019)

Additional resources



People can learn what support is available to help them quit smoking and read about other people's success stories. There is also information about why people should stop smoking, ways to help people stay smoke free and how others can help family or friends to stop smoking. <https://quit.org.nz/>



A website for the public and health professionals. Easy-to-read information on a wide range of health conditions including smoking, as well as information about the stop smoking medications. There is also a review of some of the quit smoking apps on this website. www.healthnavigator.org.nz/



This website provides information, advice, useful contacts and resources to help prevent and reduce smoking related harm. www.smokefree.org.nz



Information about the health effects of smoking, and how people can access help to quit smoking. It discusses the Ministry of Health's position statement on vaping and includes a link to the Vaping Facts website. The New Zealand Guidelines for Helping People to Stop Smoking can also be accessed via the Publications section. www.health.govt.nz/your-health/healthy-living/addictions/smoking/stop-smoking



This website helps people make healthy living choices. It explains how smoking affects your heart and gives people information about where to go for help and what other support is available to help them quit smoking. www.heartfoundation.org.nz/wellbeing/managing-risk/stop-smoking



A catalogue of free health resources brought to you by the Health Promotion Agency (HPA) and The Ministry of Health. Resources can be filtered by topic e.g. smoke free and by language. www.healthed.govt.nz/search?topic%5B0%5D=18&topic%5B1%5D=36&topic%5B2%5D=37&type=resource&mode=picture-view



The National Training Service (NTS) provides the Stop Smoking Practitioner Programme (SSPP). This website contains a number of resources for health professionals as well as links to webinars with Professor Hayden McRobbie. <http://nts.org.nz/>



This website is supported by HPA and targets young adults and their smoking, especially the point where they might turn from social smoking to regular smoking. It contains information and tools to help people resist tobacco and remain smoke free. www.stopbeforeyoustart.co.nz



This website contains learning resources for health practitioners:

- Effective Stop Smoking Conversations with Pregnant Women
- Helping people to stop smoking e-learning (2019) – Ministry of Health

https://learnonline.health.nz/totara/catalog/index.php?catalog_fts=smoking



This website is for:

- people who are looking to quit smoking and those who support them
- anyone interested in vaping as a way to quit smoking
- people looking for NZ-specific information about vaping

It contains:

- key facts about vaping
- information on vaping versus smoking
- information about vaping to quit smoking

www.vapingfacts.health.nz/

Patient Information Sheets

varenicline patient information

What is varenicline?

Varenicline is a medicine that is used to help you stop smoking. It works by blocking the effects of nicotine in the brain and reducing your urge to smoke. It will also make smoking less pleasurable.

How should I take varenicline?

1. Start taking varenicline for a total of 12 weeks (start with the 4-week initiation pack, followed by the two 4-week continuation packs as per the pharmacy instructions).
 2. Choose a quit date when you will stop smoking between days 8 and 35 of starting varenicline (make a note of this date. You can write this date on the carton of the Initiation Pack as a reminder). Make sure that you try to stop smoking on your quit date. If you slip-up and smoke, try again.
- Swallow tablets whole with a full glass of water.
 - Take varenicline with food (to prevent stomach upset).

What should I do if I forget to take a dose?

Take the missed dose as soon as possible. If it is nearly time for your next dose, skip the missed dose and take the next dose at the right time. Do **not** take two doses at the same time.

Side effects of varenicline

Side effect	What should I do?
Indigestion, nausea (feeling sick), stomach upset	These are quite common when you first start taking varenicline. Try taking varenicline with food.
Drowsiness, tiredness, weakness	These are quite common when you first start taking varenicline. Be careful when driving or using tools until you know how this medicine will affect you. Limit alcohol. Tell your doctor if troublesome.
Headache	Tell your doctor if troublesome.
Difficulty sleeping, sleep disturbances, abnormal dreams	Tell your doctor if troublesome.
Agitation, feeling anxious, mood changes, depression	Tell your doctor immediately if you get any of these side effects.

Other information

- Tell your doctor if you have kidney, heart or a mental health problem, or if you have ever had a seizure.
- Tell your doctor if you are pregnant, planning to become pregnant or breastfeeding.

bupropion patient information

What is bupropion?



Bupropion is a medicine that is used to help you stop smoking. It works by reducing your urge to smoke and the severity of withdrawal symptoms.

How should I take bupropion?

1. Start taking bupropion while you are still smoking.
 2. Choose a quit date when you will stop smoking ideally within the second week of taking bupropion. Make sure you try to stop smoking on your quit date. If you slip-up and smoke, try again.
 3. Keep taking bupropion for at least seven weeks. Your doctor may then decide that you should continue to take bupropion for longer. If you have not been able to stop smoking after seven weeks, your doctor may advise you to stop taking bupropion, as it is unlikely to work for you during this stop smoking attempt.
- Swallow tablets whole with a full glass of water.
 - Take bupropion with or without food.
 - Allow at least eight hours between doses.
 - Do not take your evening dose too close to bedtime as this may keep you awake.

What should I do if I forget to take a dose?

Take the missed dose as soon as possible (allow at least eight hours between doses). If it is nearly time for your next dose, skip the missed dose and take the next dose at the right time. Do not take two doses at the same time.

Side effects of bupropion

Side effect	What should I do?
Dry mouth, sore throat, nausea (feeling sick), loss of appetite, headache.	These are quite common when you first start taking bupropion. Tell your doctor if troublesome.
Sleep problems, difficulty falling asleep.	This is common when you first start taking bupropion but goes away with time. Avoid taking your evening dose too close to bedtime.
Feeling sleepy, drowsy or tired during the day; poor concentration.	Be careful when driving or using tools until you know how this medicine will affect you. You will have a greater risk of falls and injuries, especially if you are elderly. Talk to your doctor if you are concerned. Limit alcohol intake.
Anxiety, agitation.	Tell your doctor.
Skin rash, itching, swelling of lips, face and mouth or difficulty breathing.	Stop taking bupropion. Tell your doctor immediately .
Epileptic seizures or fits.	Bupropion can increase the risk of epileptic seizures or fits. These are rare but you need to tell your doctor immediately if these occur.
Depression, suicidal thoughts.	Tell your doctor immediately .
Fast or irregular heartbeat; muscle twitching or shaking you cannot control, confusion, heavy sweating, fever.	Tell your doctor immediately .

Other information

- Tell your doctor if you have kidney, heart or liver problems or bipolar disorder.
- Tell your doctor if you are pregnant, planning to become pregnant or breastfeeding.
- Tell your doctor if you have had epilepsy, a seizure (fit or convulsion) or an unexplained blackout.
- Tell your doctor if you have a history of an eating disorder.
- Some medications may interact, so it is important to tell your doctor or pharmacist that you are taking bupropion when buying over the counter medications or starting on a new medication.

nortriptyline patient information

What is nortriptyline?

Nortriptyline is an antidepressant medicine that is used to help you stop smoking. It works by reducing the severity of withdrawal symptoms.

How should I take nortriptyline?

1. The dose of nortriptyline may be different for different people. Your doctor will usually start you on a low dose and increase this slowly.
 2. Choose a quit date when you will stop smoking (usually two to four weeks after starting nortriptyline). Make sure you try to stop smoking on your quit date. If you slip-up and smoke, try again.
- Swallow tablets whole with a full glass of water.
 - Take nortriptyline with or without food.
 - If you are taking nortriptyline once a day, take it at bedtime.
 - It may take a few weeks before you notice the full benefits of nortriptyline. Do **not** stop taking nortriptyline suddenly – if you think nortriptyline is not working for you, speak to your nurse or doctor before stopping.
 - Protect yourself from too much sunlight while being treated with nortriptyline. Use sunscreen and avoid sunbeds.

What should I do if I forget to take a dose?

Take the missed dose as soon as possible. If it is nearly time for your next dose, skip the missed dose and take the next dose at the right time. Do **not** take two doses at the same time.

Side effects of nortriptyline

Side effect	What should I do?
Feeling sleepy, drowsy or tired.	These are quite common when you first start taking nortriptyline and usually go away with time. If taking once a day, take at bedtime. Be careful when driving or using tools until you know how this medicine will affect you. You will have a greater risk of falls and injuries, especially if you are elderly. Talk to your doctor if you are concerned. Do not drink alcohol.
Feeling dizzy, faint or light-headed.	Get up slowly when rising from a sitting or lying position. You will have a greater risk of falls and injuries, especially if you are elderly. Talk to your doctor if you are concerned.
Dry mouth, constipation.	These are quite common when you first start taking nortriptyline. Tell your doctor if troublesome.
Suicidal thoughts, thoughts of harming yourself or worsening depression.	Tell your doctor immediately .
Signs of serotonin syndrome – agitation, restlessness, heavy sweating, shivering, fast heart rate or irregular heartbeat, headache, diarrhoea, rigid or twitching muscles.	You are at increased risk of serotonin syndrome if you have recently started taking nortriptyline or your dose has been increased. Tell your doctor immediately if you get any of these side effects.

Other information

- Tell your doctor if you have liver, heart, thyroid or prostate problems or if you have trouble peeing.
- Tell your doctor if you have recently had a heart attack; have problems with your heart rhythm or have diabetes.
- Tell your doctor if you have glaucoma, bipolar disorder, or if you have ever had a seizure.
- Tell your doctor if you are pregnant, planning to become pregnant or breastfeeding.
- Nortriptyline interacts with a number of medications and herbal supplements – check with your doctor or pharmacist before starting any new medications.

VAPE TO QUIT

An option for people who smoke

What is vaping?

Vape devices are also known as e-cigarettes. They, heat a liquid (with or without nicotine), turning it into an aerosol (vapour) that is inhaled by the user.

How is vaping different to smoking?

Vaping is different to smoking. Smoking burns tobacco leaf, creating smoke – it is the burning of the tobacco that causes most of the harm. Vaping using a nicotine e-liquid still delivers nicotine but in a much less harmful way than smoking.

What vape device should I use?

There are many different vaping devices on the market. Going into a vape store is the best way to get a vape that's right for you. It's a personal choice that depends on many things, like how often and how much you smoke.

What vape liquid should I use?

Choose an e-liquid with a flavour you like, and nicotine base and strength that matches how you smoke. Talking to a vape store specialist can help you find that fit.

Risks of vaping

While vaping is less harmful than smoking it is not harm free; nicotine in any form is harmful, and there are additional chemicals in e-liquids. The risks associated with long-term vaping are unknown. Ideally, smokers who are vaping to quit should be aiming to eventually stop vaping too.

Side effects of vaping

There are side effects to vaping. These can depend on how much you vape and what style e-liquid you choose.

The most common side effects of vaping include:

- Coughing
- Dry mouth and throat
- Shortness of breath
- Mouth and throat irritation
- Headaches

Second-hand vapour

Second-hand vapour is not as harmful as second-hand smoke. Currently there is no evidence to show that second-hand vapour is harmful. However, it is best not to vape around children and to be considerate of others.

Cost of vaping

Apart from the initial set up costs, vaping costs much less than smoking.

Laws on vaping

Nicotine vaping products cannot be sold to anyone under the age of 18. There are no laws around where you can vape in New Zealand. People can vape anywhere unless a council, business or school has their own policy in place.

Vaping to quit smoking

Quitting smoking can be tough. Vaping is a way to quit cigarettes by getting nicotine with fewer of the toxins that come from burning tobacco. You get to stay social, spend less, and once you've quit smoking, you'll feel better for it.

You should aim to stop smoking completely, rather than smoke and vape, as even one cigarette a day can cause damage.

Switching successfully from smoking to vaping?

To transition successfully from smoking to vaping, it helps to get advice and support.

Quitline - call any time, 24/7, on 0800 778 778 or text 4006.

You can also get support from their online community at www.quit.org.nz/blogs



Taranaki Stop Smoking Service 06 759 7314
stopsmoking@tuiora.co.nz

Vaping Facts website

<https://vapingfacts.health.nz>



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Appendices

Appendix 1: BPAC Patient Prompt (Medtech)

Appendix 2: Indici Patient Prompt

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Appendix 1: Medtech - BPAC Patient Prompt



Smoking status

If the patient has no recorded smoking status, then the following prompt is displayed in red:

Unknown: Update Status [change status](#)

☒ Smoker ☐ No ☐ Past ☐ Recently quit ☐ Yes

The Patient Prompt trigger criteria are:

1. No smoking status recorded, and the patient turns 15 years before the end of the current quarter.
2. Smoker and the last recorded status was over 365 days prior to the end of the current quarter.
3. If the patient has had a status of Recently quit for more than 365 days (at the end of the current quarter). NB: The Patient Prompt uses the words 'Trying to Quit' to reflect a Classification of 'Recently Quit 137G.00':

Rep	Date	Read Code Term	Note	On Set	Prov
<input type="checkbox"/>	9 Aug 2017	Recently Quit (137G.00)	bestpractice	Aug 2017	SFE

No kidney function results available	open
Smoking Status: Trying to Quit	change status

4. If the patient was coded as Recently Quit (137G.00) >12 months ago, the Prompt will display red as a reminder to confirm the smoking status. If the patient has now stopped smoking for 12 months or more, their smoking status should be updated to Past: Read Code 'Ex-smoker (137S.00)'.

Trying to Quit: re-Code Past [change status](#)

☒ Smoker ☐ No ☐ Past ☐ Recently quit ☐ Yes

5. If the patient's age is 15-25 years, Users will be prompted yearly to confirm the smoking status, no matter what the smoking status is.

Non Smoker under 26: Update Status [change status](#)

☒ Smoker ☐ No ☐ Past ☐ Recently quit ☐ Yes

If the patient's smoking status is up to date, then the prompt will display green.

Smoking Status : Non Smoker [change status](#)

Smoking Status : Ex Smoker [change status](#)

Smoking Status : Trying to Quit [change status](#)

Smoking Status: Current Smoker [change status](#)

The following Smoking Status read codes are picked up by the prompt:

Smoker: Current Smoker (137R.00), Trivial Smoker - < 1 cig/day (1372), Light Smoker - 1-9 cigs/day (1373), Moderate Smoker - 10-19 cigs/day (1374), Heavy Smoker 20-39 cigs/day (1375), Very Heavy Smoker - 40+ cigs/day (1376), Pipe Smoker (137H.), Cigar Smoker (137J.), Cigarette Smoker (137P.), Smoking Started (137Q.), Rolls own cigarettes (137M.), Tobacco dependence – unspecified (E2510), Tobacco dependence – continuous (E2511), Tobacco dependence – episodic (E2512).

Recently Quit: Ex-Smoker < 12 months (ZPSA32), Recently quit/trying to give up smoking (137G.00), Keeps trying to quit (137C).

Past: Tobacco depend. In remission (E2513), Ex-Smoker (137S.), Stopped Smoking (137K.), Ex pipe smoker (137N.), Ex cigar smoker (137O.), Current non-smoker (137L.), Ex Trivial Smoker(<1/day) (1377.00), Ex light smoker (1-9/day) (1378), Ex-moderate smoker (10-19/day) (1379), Ex-heavy smoker (20-39/day) (137A.), Ex-very heavy smoker (40+/day) (137B.), Ex-smoker - amount unknown (137F.), Ex-Smoker NFD (ZPSA30), ExEx-Smoker >12 months (ZPSA31).

Non-smoker: Never smoked tobacco (1371.), Non-Smoker (1371.11).

Smoking brief advice

If the patient requires Brief Advice and Cessation Support then the prompt will display the smoking status along with 'Offer Advice' and options to offer cessation support as shown in 2, 3, 4 and 5 below. The Patient Prompt trigger criteria are:

1. Current smoker & no brief advice offered in the last 12 months (measured at the beginning of the current quarter i.e. 15 months from the end of the current quarter) displays red.

A screenshot of a patient prompt titled 'Current Smoker: Offer Advice' with a red border. It includes a 'change status' link in the top right. The prompt contains five rows, each with a checkbox and a red circle containing the number 1:

Option	Selection
Brief advice to quit smoking given	<input type="checkbox"/>
Provided cessation behavioural support	<input type="checkbox"/>
Prescribed cessation medication	<input type="checkbox"/>
Referral to cessation support	<input type="checkbox"/>
Declined cessation services	<input type="checkbox"/>

2. Current Smoker and last advice and/or cessation support earlier this year displays orange. This is to support primary care to give advice and offer cessation support at the most recent opportunity patient was seen – in case the patient isn't seen again in clinic within 12 months of the last advice.

A screenshot of a patient prompt titled 'Current Smoker: Offer Advice' with an orange border. It includes a 'change status' link in the top right. The prompt contains five rows, each with a checkbox and a red circle containing the number 1:

Option	Selection
Brief advice to quit smoking given	<input type="checkbox"/>
Provided cessation behavioural support	<input type="checkbox"/>
Prescribed cessation medication	<input type="checkbox"/>
Referral to cessation support	<input type="checkbox"/>
Declined cessation services	<input type="checkbox"/>

1.

3. Recently quit and no brief advice offered in the last 12 months (at the start of the current quarter i.e. 15 months from the end of the quarter) displays red.

A screenshot of a patient prompt titled 'Unknown: Update Status' with a red border. It includes a 'change status' link in the top right. At the top, there are radio buttons for 'Smoker', 'No', 'Past', 'Recently quit', and 'Yes' (which is selected). Below are five rows, each with a checkbox and a red circle containing a number:

Option	Selection
Brief advice to quit smoking given	<input type="checkbox"/> 1
Provided cessation behavioural support	<input type="checkbox"/> 2
Prescribed cessation medication	<input type="checkbox"/> 3
Referral to cessation support	<input type="checkbox"/> 4
Declined cessation services	<input type="checkbox"/> 5

The following read codes will be written back depending on the selection above.

1. Brief smoking cess adv given (@ZPSB.10).
2. Smoking cessation behaviour support (@ZPSC.30).
3. Prescribed smoking cess medication (@ZPSC.20).
4. Referral to smoking cess support (@ZPSC.10).
5. Refused smoking cess support (@ZPSC.90).

If Cessation support is offered or declined as in 2,3, 4 and 5 above then Brief Advice (@ZPSB.10) will automatically be ticked and written back to the PMS as shown in 1.

Declined cessation services (@ZPSC.90) cannot be selected if one of the following are already selected:

- Provided cessation behavioural support (@ZPSC.30)
- Prescribed cessation medication (@ZPSC.20)
- Referral to cessation support (@ZPSC.10) and vice versa.

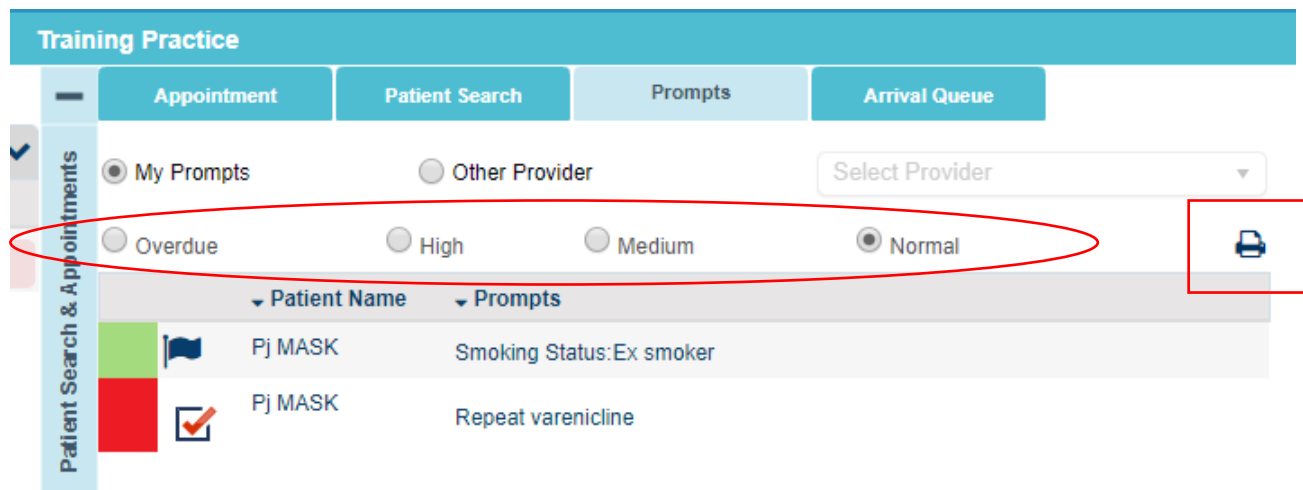
The following Smoking brief advice read code is also detected by the Patient Prompt: Brief advice to quit smoking provided (6791.00)

Reminder: Brief smoking cess adv given (@ZPSB.10) is always written back when any option from 2-5 is entered

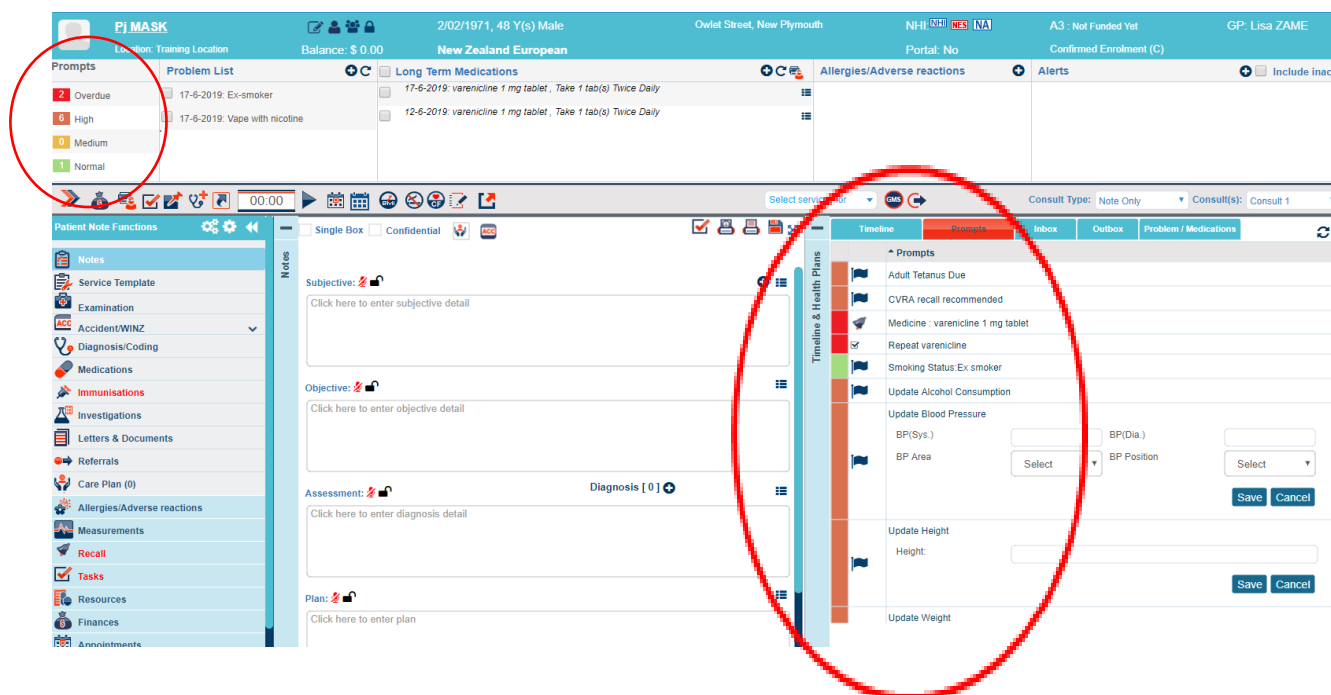
Appendix 2: indici - Patient Prompt

Prompts can be seen in several locations:

1. **Under the Prompts tab in the top right corner of the home screen**, you will see the listing of prompts for all of your patients. From here you can action them by simply clicking on each prompt, which will open the relevant interface.
2. You can filter this prompt list by the following categories: Overdue, High, Medium, Normal:
3. You can also print your list of prompts. First set the desired filter, e.g. High; then click the Print icon:



4. **In the Prompts section on the patient's consult screen:** Prompts are displayed in both the top left panel and the Prompts section in the bottom right:



5. Here you will see all of the prompts related to this particular patient, and you can action any of these by clicking on them. If there are high priority prompts in the list, the consult screen will open on the prompts by default and the Prompts button itself will be red. If not, the screen will open on the patient's timeline.

Smoking Status

If the patient has no recorded smoking status, then the following prompt is displayed:

The screenshot shows a medical software interface with a top navigation bar containing 'services for', 'GMS', and 'Consult Type: Note Only'. Below this is a tabbed interface with 'Timeline', 'Prompts', 'Inbox', 'Outbox', and 'Problem / Medications'. The 'Prompts' tab is active, showing a list of prompts: 'Update Alcohol Consumption', 'Update Height', and 'Update Smoking Status: Unknown'. The 'Update Smoking Status: Unknown' prompt is circled in red. To the right of the prompts is a vertical sidebar labeled 'Service Eligibility Determination'.

Click on the patient prompt and add the latest smoking status:

The screenshot shows a dialog box titled 'Smoking Alert: Latest smoking status:'. It contains two columns of radio button options. The first column has 'Never smoked' and 'Ex smoker'. The second column has 'Smoker' and 'Quit within last 12 months'. The 'Ex smoker' option is selected. There are 'Save' and 'Cancel' buttons at the bottom right.

Smoking Brief Advice

If the patient has a smoking status of: “Ex smoker”, “Smoker” or “Quit within last 12 months”, the Brief smoking cessation advice box appears. Click on the appropriate boxes based on what type of cessation support was provided:

The screenshot shows the same dialog box as before, but with the 'Ex smoker' option selected. Below the dialog box, a new box titled 'Brief smoking cessation advice given on : 11/09/2018' is highlighted with a red circle. This box contains a list of checkboxes for different types of cessation support: 'Brief smoking cessation advice', 'Referral to smoking cessation advisor', 'Smoking cessation advice declined (situation)', 'Smoking cessation behaviour support', and 'Smoking cessation therapy (regime/therapy)'. All checkboxes are currently unchecked.

The latest smoking status will appear on the patient's problem list.

Brief smoking cessation advice can also be added to the problem list by going into Diagnosis/Coding and selecting what alerts you would like displayed where:



L = Long Term Diagnosis

P = Problem List

H = Highlight (this highlights the alert red in the Problem List)

Prompts **Problem List** ☐ Long Term Medications

Prompts	Problem List
0 Overdue	<input type="checkbox"/> 19-6-2019: Smoker
11 High	<input type="checkbox"/> 19-6-2019: Brief smoking cessation advice
0 Medium	<input type="checkbox"/> 19-6-2019: Referral to smoking cessation ad...
0 Normal	<input type="checkbox"/> 19-6-2019: Smoking cessation therapy (regi...

00:00

Patient Note Functions

- Notes
- Service Template
- Examination
- ACC Accident/WINZ
- Diagnosis/Coding
- Medications
- Immunisations
- Investigations
- Letters & Documents
- Referrals
- Care Plan (0)
- Allergies/Adverse reactions
- Measurements

Diagnosis/Coding

Diagnosis Procedure Hx Family Hx Social Hx History

General Comments

Find: All ☒ Recommended SoC

Date	Name	Pro.	Actions
19-06-2019	Smoker	LiZa	L P H
19-06-2019	Brief smoking cessation advice	LiZa	L P H
19-06-2019	Referral to smoking cessation advisor	LiZa	L P H
19-06-2019	Smoking cessation therapy (regime/therapy)	LiZa	L P H

Long Term Diagnosis

Date	Name	Pro.	Actions
19-06-2019	Smoker	LiZa	L P H
19-06-2019	Brief smoking cessation advice	LiZa	L P H
19-06-2019	Referral to smoking cessation advisor	LiZa	L P H
19-06-2019	Smoking cessation therapy (regime/therapy)	LiZa	L P H

Recent Diagnosis

Appendix 3: Medtech – eReferrals to Taranaki Stop Smoking Service (TSSA)

In Medtech

1. Click:



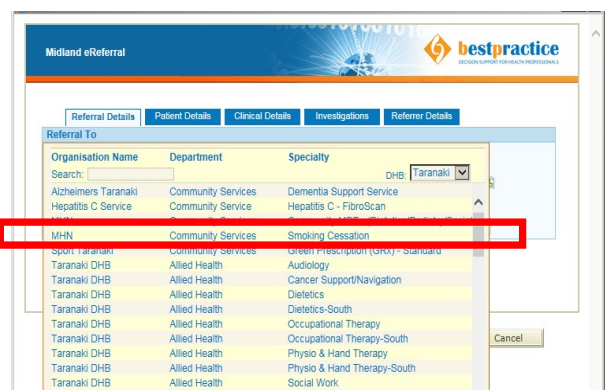
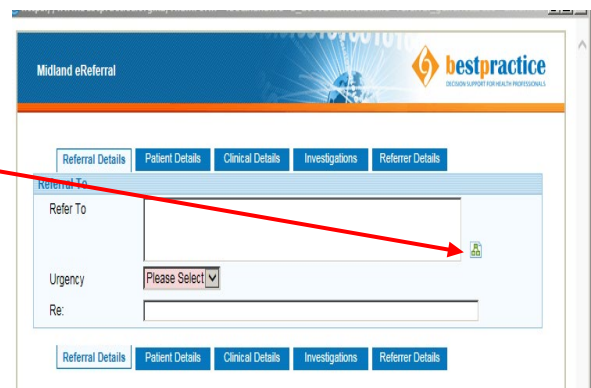
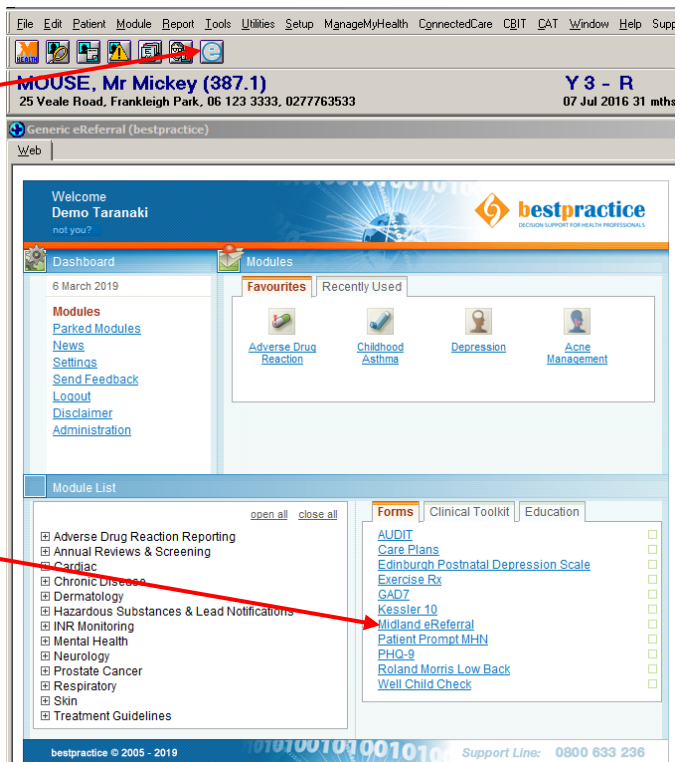
2. Click: Midland eReferral

3. Click: the “Picker”



4. Click:

MHN Community Services Smoking Cessation



Appendix 4: Indici – eReferrals to Taranaki Stop Smoking Service (TSSA)

1. Click:



Patrol PAW
Location: Beerescourt Medical Practice Balance: \$ 92.00 DR.

Problems

Problem List	Long Term
0 Overdue	
2 High	
3 Medium	
1 Normal	

Problem List

- 22-5-2019: Trying to give up smoking
- 23-5-2019: Hypertension
- 23-5-2019: Sweaty feet
- 23-5-2019: Sweating

Patient Note Functions

- Notes
- Service Template
- Examination
- Accident/WINZ
- Diagnosis/Coding
- Medications
- Immunisations
- Investigations

Notes

Subjective:

Click here to enter subjective

Objective:

Click here to enter objective

2. Click: the "Picker"



Midland eReferral

Referral Details Patient Details Clinical Details Investigations Referrer Details

Referral To

Refer To:

Urgency: Please Select

Re:

Referral Details Patient Details Clinical Details Investigations Referrer Details

3. Click:

MHN Community Services Smoking Cessation

Midland eReferral

Referral Details Patient Details Clinical Details Investigations Referrer Details

Referral To

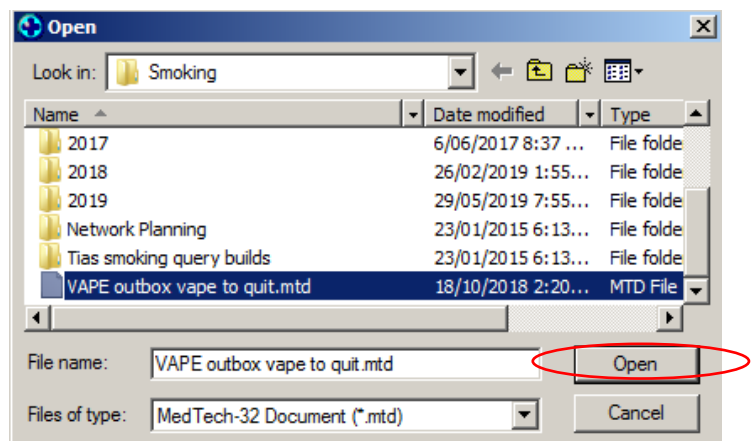
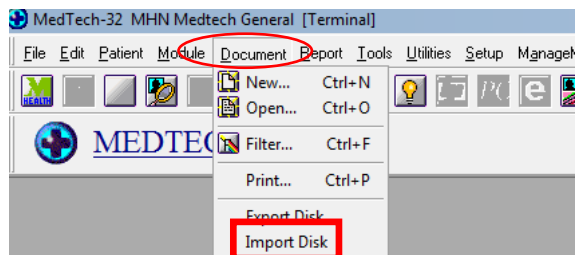
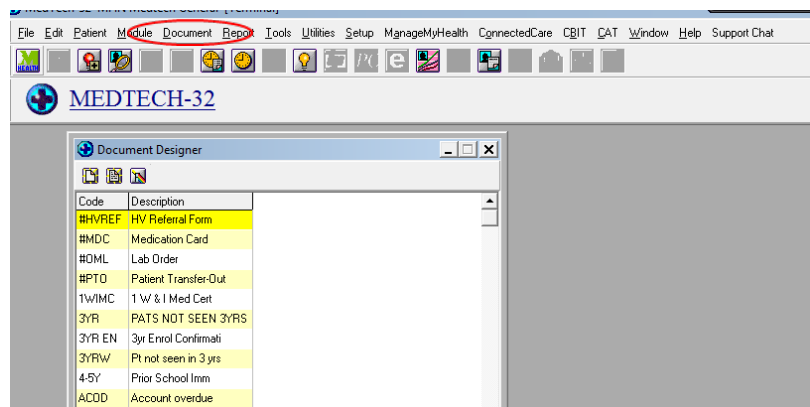
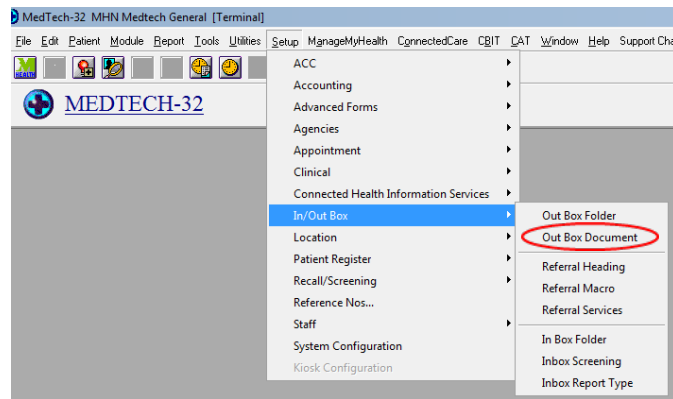
Organisation Name	Department	Specialty
Search:		DHB: Taranaki
Alzheimers Taranaki	Community Services	Dementia Support Service
Hepatitis C Service	Community Service	Hepatitis C - FibroScan
MHN	Community Services	Smoking Cessation
Sport Taranaki	Community Services	Green Prescription (GRx) - Standard
Taranaki DHB	Allied Health	Audiology
Taranaki DHB	Allied Health	Cancer Support/Navigation
Taranaki DHB	Allied Health	Dietetics
Taranaki DHB	Allied Health	Dietetics-South
Taranaki DHB	Allied Health	Occupational Therapy
Taranaki DHB	Allied Health	Occupational Therapy-South
Taranaki DHB	Allied Health	Physio & Hand Therapy
Taranaki DHB	Allied Health	Physio & Hand Therapy-South
Taranaki DHB	Allied Health	Social Work

Cancel

Appendix 5: Medtech - Importing a word outbox document

Save the document you would like to import to a folder or desktop

1. Open Medtech
2. Click: Setup / In/Out Box / Outbox Document
3. With the document designer open, you should see a new menu option named "Document"
4. Click Document/ Import Disk
5. Locate the file on your computer and select open. This will import the document into Medtech



6. Find the document in the Document Designer and double-click

PH-UTC	Ph Unable to Contact
PL	Parentline Report
RAD	Radiology Order
RAD1	Radiology Order 2
REF	Referral Letter
REFA5	Referral Letter A5
REQPT	Request Pt. Notes
SCRIPT	Prescript. Template
SDHB	Sch Nurse DHB Contr
SMA	MTD-Self Management
SPEC	Special Authority
SW-UTC	Unable to Contact
SWDL	SW Discharge Letter
SWON	SW UPDATE
TERMSC	Terms & Conditions
THC	Taranaki Healthcare
TRANS	Transfer PatientFile
UNABLE	Unable to Contact
VAPE	vape to quit

7. Ensure the following
Folder= Other (OT)
Format= Word(W)

8. Open the “Word” to check the document is attached

9. Check the printer settings

10. Click OK

The screenshot shows the 'Document Designer' window for a document titled 'vape to quit (VAPE)'. The window has a 'Main' tab and an 'Audit' tab. The 'Details' section contains the following fields: Code (VAPE), Description (vape to quit), Folder (Other (OT)), Format (Word (W)), Refer To (empty), Referral Type (empty), Cost (empty), Cc1 (empty), Cc2 (empty), Cc3 (empty), and Cc4 (empty). There is an 'External Referral' checkbox and a 'Word' icon button. The 'Printing Details' section includes Paper Size (A4 Paper (A4)), Print Landscape checkbox, Print Logo checkbox, and Reserved Lines for Pre-Printed Footer (0). The 'Unload Codes' section has an Unload Ref field. The 'Tasks' section has Reminder In (empty), Task Prefix (empty), For (empty), and a CC... button. The 'Inactive' checkbox is unchecked. The bottom of the window has OK, Cancel, and Help buttons.

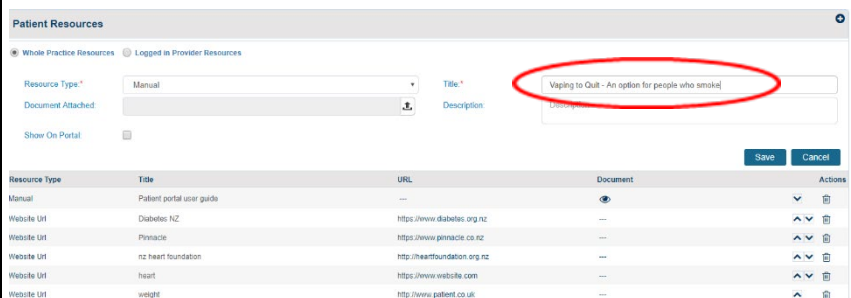
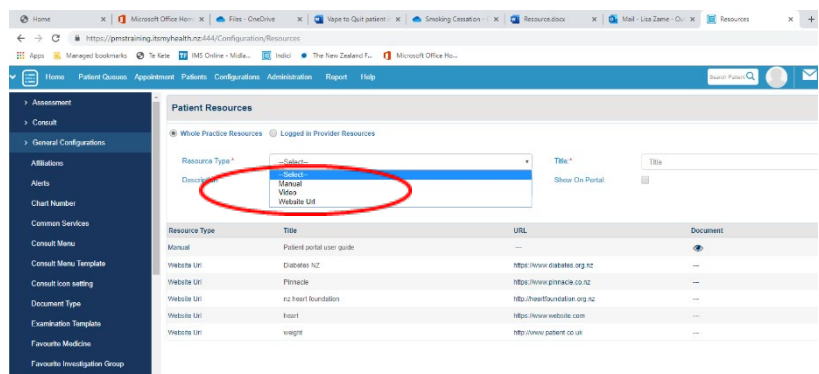
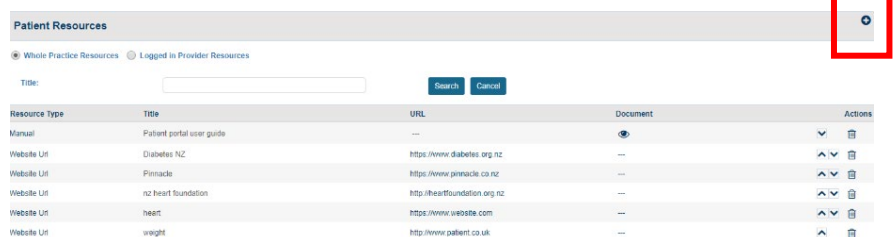
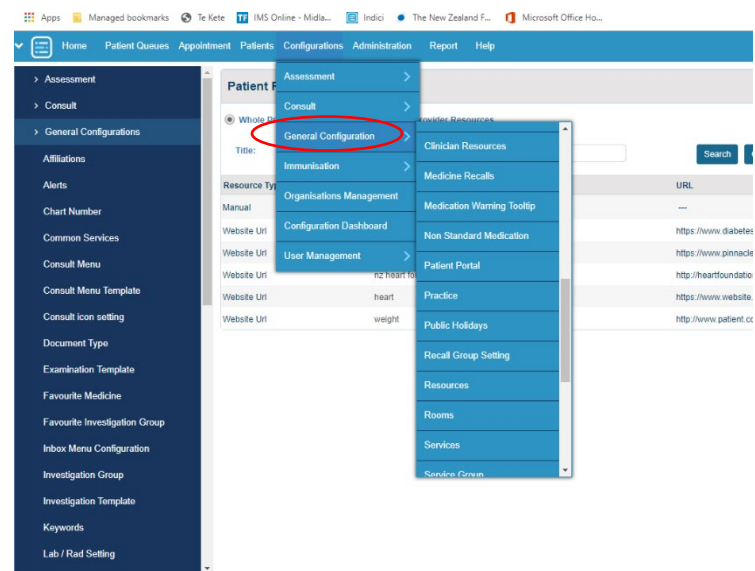
Appendix 6: Indici - Uploading a patient resource

1. Save the document you would like to import to a folder or desktop
2. Open Indici
3. Click: Configuration / General Configuration / Resources

4. Click on the  button to upload a new patient resource.

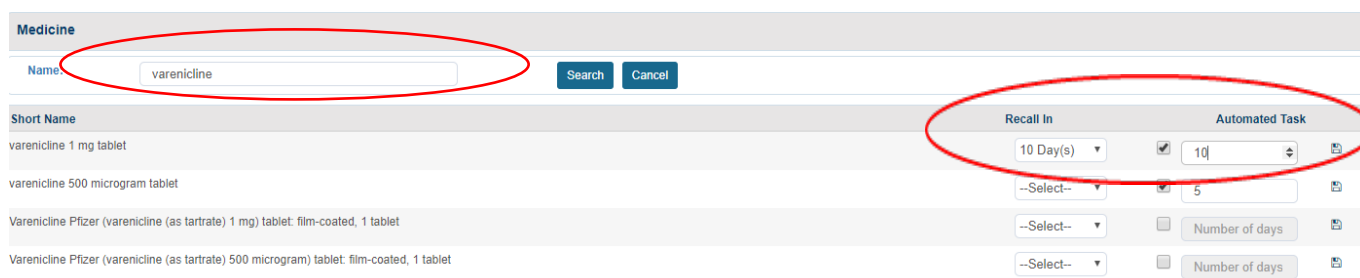
5. Choose the Resource Type – Manual

6. Enter a title for the document: “Vaping to Quit – An option for people who smoke”. Click Save and it will add the document to the list of Patient Resources.



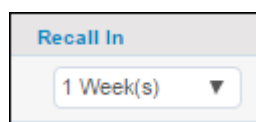
Appendix 7: indici - Medicine recall

1. To access this screen, go to the *Configurations* tab > *General Configurations* and select *Medicine Recalls*.
2. Search for the medication name:



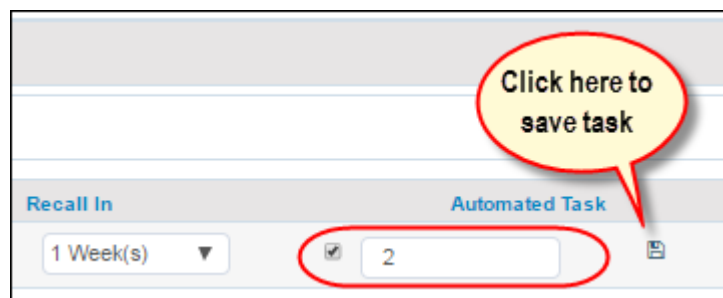
Medicine	Recall In	Automated Task
Name: varenicline		
Short Name		
varenicline 1 mg tablet	10 Day(s)	<input checked="" type="checkbox"/> 10
varenicline 500 microgram tablet	--Select--	<input checked="" type="checkbox"/> 5
Varenicline Pfizer (varenicline (as tartrate) 1 mg) tablet: film-coated, 1 tablet	--Select--	<input type="checkbox"/> Number of days
Varenicline Pfizer (varenicline (as tartrate) 500 microgram) tablet: film-coated, 1 tablet	--Select--	<input type="checkbox"/> Number of days

3. Select the appropriate recall interval in the *Recall In* field next to the medication



Recall In
1 Week(s) ▼

4. To set an automated task, mark the checkbox and enter the task interval (i.e. the number of days it should be due in) in the *Automated Task* field. Lastly click the *Save Automated Task* icon, as shown in the screenshot below: Click: Configuration / General Configuration / Resources

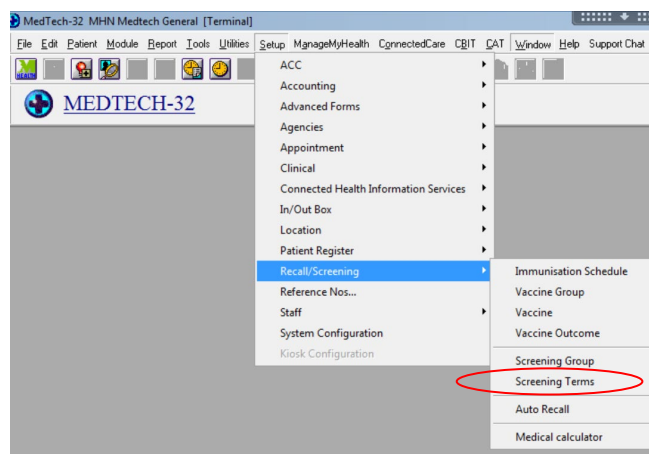


Recall In	Automated Task
1 Week(s) ▼	<input checked="" type="checkbox"/> 2

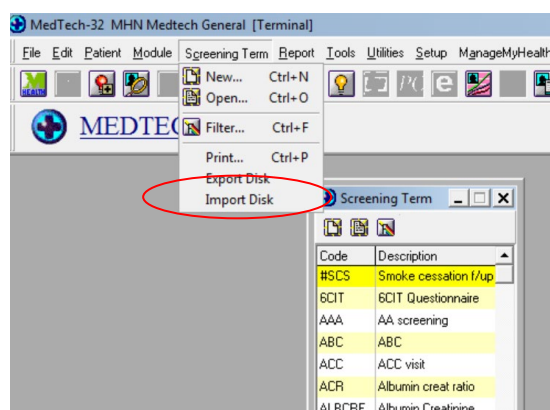
Appendix 8: Medtech - Importing a screening term

Save the file to a folder or desktop

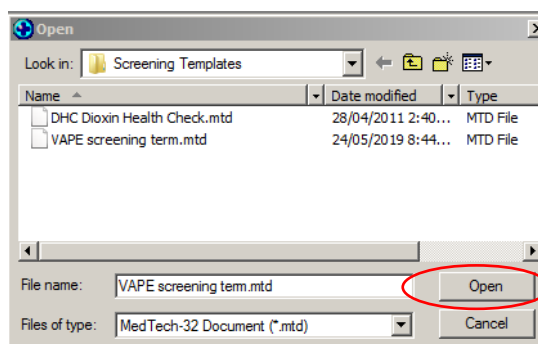
1. Open Medtech. Go to Setup→Recall/Screening→Screening Terms



2. The Screening Term menu will appear on the toolbar. Go to Screening Term → Import Disk.



3. Locate the file on your desktop and click open.



4. The screening term should now be installed and is ready to use

