CLINICAL PRACTICE GUIDELINES

Smoking Cessation Guideline 2014

Ministry of Health
Brunei Darussalam

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والصلاة والسلا م علي اشر ف الأنبياء والمر سلين

سيد نا محمد وعلي اله وصبه اجمعين

Globally non-communicable diseases (NCDs) are the leading cause of premature deaths and chronic disabilities. NCDs comprise mainly of cancers, diabetes, cardiovascular and chronic lung diseases, which account for 60% of all deaths worldwide, and kill an astounding 36 million people each year. The vast majority (86%) of premature deaths from NCDs occur in developing countries.

In Brunei Darussalam, NCDs were estimated to account for 82% of all deaths in 2011. The top four causes of death in Brunei Darussalam were cancer, cardiovascular diseases, diabetes and cerebrovascular diseases. Tobacco use is one of the biggest contributing agents as it increases the risk of diseases such as lung cancer, chronic obstructive airway disease and cardiovascular disease. Furthermore, the second National Health and Nutritional Status Survey (NHANSS) in 2011 reported that the overall smoking prevalence amongst Bruneians was 17% with the prevalence of adult male smokers increasing slightly from 31.1% in 1997 to 32.8%. While prevalence of adult female smokers decreased from 5.3% to 3.7%.

In the last decade, major achievements have been made in relation to tobacco control, starting with ratification of the Framework Convention on Tobacco Control in June 2004 followed by the enactment of Tobacco Order 2005, its subsequent amendments and implementation as well as establishment of smoking cessation clinics in the community. However, since tobacco consumption continues to be the leading cause of preventable death, tobacco control must continue to be given the high priority it deserves.

To address this, the Brunei Darussalam National Multisectoral Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2018 (BruMAP-NCD) which was launched in September 2013, has put "reducing tobacco use" as its first objective with a target of a 30% reduction in prevalence of current tobacco use in persons aged

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15+years by 2018. Various recommended actions have also been outlined in order to achieve this target, one of which is to strengthen smoking cessation services.

The first 'Klinik Berhenti Merokok' was first launched at Berakas 'A' Health Centre, Anggerek Desa and was officiated by Duli Yang Teramat Mulia Paduka Seri Pengiran Muda Mahkota Pengiran Muda Haji Al Muhtadee Billah Ibni Kebawah Duli Yang Maha Mulia Paduka Seri Baginda Sultan Haji Hassanal Bolkiah Mu'izzadin Waddaulah, Senior Minister at the Prime Minister's office, on 4 June 2005. In order to expand the smoking cessation services to all health centres and hospitals in the country, the Ministry of Health, Brunei Darussalam, namely the Health Promotion Centre has organized a number of smoking cessation counseling workshops for all health professionals including doctors, dentists, nurses, psychologists, dietitians, health education officers and pharmacists to become smoking cessation counsellors, so that they can provide smoking cessation services at their respective health centres and hospitals.

It is hoped that this clinical practice guideline will help to equip and assist health professionals to deliver effective interventions to help tobacco users become tobacco-free. I therefore wish to congratulate members of the Core Team for their success in producing this guideline, which will surely put us in the right track for achieving the target set in BruMAP-NCD, leading us towards a generation free from Tobacco in the future.

DATIN PADUKA DR HJH NORLILA BTE DATO PADUKA HJ ABDUL JALIL
Permanent Secretary

Foreword by Head of Health Promotion Centre

السلام عليكم ورحمة الله وبر كا ته

بسم الله الر حمن الر حيم

Treating tobacco use and dependence is an important and complimentary aspect of any national tobacco control programmes. The provision of smoking cessation services is essential in helping smokers and their families become tobacco-free and in the long run contribute to improving the quality of life and health of all Bruneians generally.

The primary aim of this Smoking Cessation Clinical Practice Guidelines is to reduce the prevalence of tobacco use and dependence through cessation advice, counselling and treatment. This current Clinical Practice Guidelines is based on the first edition of the guidelines that was produced in 2005 and has been revised and updated to include information on harmful effects of tobacco, benefits of quitting, 5 'A's counselling approach, 5 'R's motivational interventions and also pharmacotherapy that are currently available in smoking cessation services.

I hope that this revised edition will continue to be a useful resource and will help guide relevant health professionals in identifying and screening for tobacco users as well as in delivering evidence-based tobacco-use cessation advice and treatment for patients who use tobacco in their daily practice.

The development of this guidelines is also in line with the actions identified under Objective 4 (*To identify people at risk of NCDs and manage effectively*) in the Brunei Darussalam National Multisectoral Action Plan for the Prevention and Control of Noncommunicable Diseases (BruMAP-NCD) 2013 – 2018.

Lastly, I would like to take this opportunity to thank the Smoking Cessation Clinical Practice Guidelines Working Group for their tireless efforts, commitment as well as valuable contribution in revising and helping to develop this second edition of the Smoking Cessation Clinical Practice Guidelines.

Let us all work together in delivering quality cessation services to help reduce the number of smokers in our population and ultimately, towards a tobacco-free Brunei in the future.

DR HJH NORHAYATI HJ MD KASSIM
Head of Health Promotion Centre

Acknowledgements:

The committee of this Clinical Practice Guideline would like to express their gratitude and appreciation to the following for providing expertise and support in the development and publication of this guideline:

Datin Paduka Dr Hjh Norlila binti Dato Paduka Hj Abdul Jalil, Permanent Secretary, Ministry of Health

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All those who have provided valuable input and feedback

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Brunei Darussalam's Tobacco Control Initiatives

Date	Actions
2013	Increase compound to BND$300 for 1st offence for smoking at prohibited places
2012	• Tobacco (Prohibition in certain Places) (Amendment) Notification, 2012 - Extension of no-smoking zones in more public areas in a follow up to the enforcement of Tobacco Act. • Tobacco (Labeling) (Amendment) Regulation, 2012 - Increase in the size of health warning images from 50 per cent to 75 per cent on cigarette packs.
2011	No license for sales of tobacco given for retailers within 1km any school or institution
2010	New tobacco tax and price • Customs Import Duty Order (Amendments) 2010 and Excise Duty Order (Amendments) 2010
2009	National Committee on Tobacco Control established
2007	Tobacco Regulations: - Tobacco (Prohibition in certain places) Notification 2007 - Tobacco (Licensing of importers, wholesalers & retailers) - Tobacco (Composition of offences) - Tobacco (Labeling)
2005	Tobacco Order 2005
March 2005	The Municipal Board issued a notification letter for all licensed holders (restaurants, retail outlets) prohibiting the sale of cigarettes to minors (under18)

Brunei Darussalam's Tobacco Control Initiatives

Date	Actions
4th July 2005	Smoking cessation clinics established
3rd June 2004	Brunei Darussalam signed & ratified the World Health Organization Framework Convention on Tobacco Control
July 2002	Administrative prohibitions of smoking on business premises by the Municipal Board & District Offices.
1st January 2002	Declaration of all schools (including private schools) as cigarette & smoke-free areas
1999	Prohibition to smoke at the Brunei International Airport
1st April 1998	Prohibition to smoke by the Royal Brunei Airline on all flight
1st December 1994	Increase on tobacco taxation by 200%
1st September 1994	Administrative prohibition to smoke in all government Buildings
Customs Act 1991	Prohibition for cigarettes to enter the country without health warnings
15 August 1990	Administrative prohibition to smoke in all buildings under the Ministry of Health, Brunei Darussalam
1976	Ban on tobacco adverts by the Radio & Television Brunei & in cinema

Code of practice
(adapted from the World Health Organization):

In order to contribute actively to the reduction of tobacco consumption as well as to include tobacco control in the public health agenda at national, regional and global levels, it is hereby agreed that any health professional organizations in Brunei will:

1. Encourage and support their members to be role models by not using tobacco and by promoting a tobacco-free culture.
2. Asses and address the tobacco consumption patterns and tobacco-control attitudes of their members through surveys and the introduction of appropriate policies.
3. Make their own organizations' premises and events tobacco-free and encourage their members to do the same.
4. Include tobacco control in the agenda of all relevant health-related congress and conferences.
5. Advise their members to routinely ask patients and clients about tobacco consumption and exposure to tobacco smoke – using evidence-based approaches and best practices, give advice on how to quit smoking and ensure appropriate follow-up of their cessation goals.
6. Influence health institutions and educational centers to include tobacco control in their health professional's curricula, through continued education and other training programs.
7. Actively participate in World No Tobacco Day every 31 May.
8. Refrain from accepting any kind of tobacco industry support – financial or otherwise, and from investing in the tobacco industry, and encourage their members to do the same.
9. Ensure that their organization has a stated policy on any commercial or other tobacco industry through a declaration of interest.
10. Prohibit the sale or promotion of tobacco products on their premises, and encourage their members to do the same.
11. Actively support the governments in the implementation of the WHO Framework Convention on Tobacco Controls as well as the Brunei Darussalam Tobacco Order 2005.
12. Dedicate financial and/or other resources to tobacco control, including dedicating resources to the implementation of this code of practice.
13. Participate in the tobacco control activities of health professional network.
14. Support campaigns for tobacco-free public places.

1 Introduction

- Introduction
- Harmful Effects of Tobacco
- Benefits of Quitting

Introduction

The Clinical Practice Guidelines on Smoking Cessation are an update of the Clinical Practice Guidelines 'A Guide To Assist Smokers Quit 'developed by the Ministry of Health in 2005. The revised guidelines provide updated evidence-based recommendations to support the effectiveness of interventions to treat tobacco use and dependence. Tobacco dependence is a chronic condition that requires repeated interventions and multiple attempts to quit.

Objectives of guidelines

The aim is to assist all health professionals to identify and assess the tobacco use status of every patient and to deliver evidence-based effective tobacco use and dependence treatments.

Target users

The guidelines are intended for all health professionals, including doctors, dentists, psychologists, pharmacists, dieticians, social workers, occupational therapists, physiotherapists and nurses to assist them in their tobacco use cessation initiatives.

Emerging trends of tobacco use

Tobacco consumption is increasing worldwide (1.3 billion smokers) and has grown substantially in low- and middle-income nations (82% of the world's smokers) including in the ASEAN region. This highly addictive product is commonly used by all segments of the population including women, youth and children.

At present, there are 127 million adults smokers (30% of adult ASEAN population) living in ASEAN countries. Tobacco use remains the single biggest preventable cause of disease, disability, and premature deaths in the world. The World Health Organization estimates that about 5 million people die prematurely each year from tobacco—related diseases. Tobacco smokers are not only putting themselves at risk but also 1.8 billion non-smokers worldwide. In 2004, it was estimated that 40% of children, 33% of male and 35% of female non-smokers were exposed to environmental tobacco smoke (ETS).

Introduction

Smoking Cessation

Cigarette smoking is an addiction. Nicotine in cigarettes causes both physical and psychological dependence. Most tobacco users who understand the full range of harms caused by tobacco use want to quit, but it is difficult for many to do so unaided because of the extreme addictiveness of nicotine. Most smokers who quit are able to do so without assistance, but cessation interventions greatly increase quit rates. People who quit tobacco use experience immediate and significant health benefits, and reduce most of their excess health risk within a few years.

Article 14 of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) states "Each party shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence. Each party shall design and implement effective programmes aimed at promoting the cessation of tobacco use."

Clinical cessation interventions are effective, and also extremely cost-effective. It has been shown that brief advice from doctors and healthcare workers increases quit rates and pharmacological therapy with nicotine replacement therapy (NRT) alone or in combination with other prescription cessation medications can double or triple quit rates.

The primary goal of the clinical practice guidelines is to reduce the prevalence of tobacco use and dependence through cessation treatments. This updated Clinical Practice Guidelines on Smoking Cessation are developed based on comprehensive literature reviews on evidence on tobacco use and dependence treatments.

A suggested framework for treating tobacco use and dependence has also been developed to provide a simple step-by-step approach that all health professionals can use. The important message to every health professional is to make treating tobacco use and dependence a priority during the patient's visit.

Harmful Effects of Tobacco

Tobacco use is a major risk factor for many diseases and is also the number one preventable cause of death in the world. On average, a smoker dies 14 years prematurely due to tobacco-related diseases compared to a non-smoker. The harmful effects of tobacco use are well documented in numerous studies.

If one smokes 20 cigarettes a day, the risk of contracting lung cancer is about 10-15 times that of a non-smoker. On average the risk of developing lung cancer is 1% for non-smokers and up to 30% for heavy smokers.

Smoking causes diseases related to the heart and its arteries as well as blood vessels. Smoking increases the likelihood of contracting coronary heart diseases by 3-4 times. A smoker is twice as likely to suffer a stroke as compared with a person who has never smoked.

Nicotine alters the acid-alkaline balance, disturbs stomach acid contractions and causes the flow of stomach acid back up the oesophagus. Smokers are twice as likely to have peptic ulcer. Other health effects from tobacco use are shown in Figure 1.

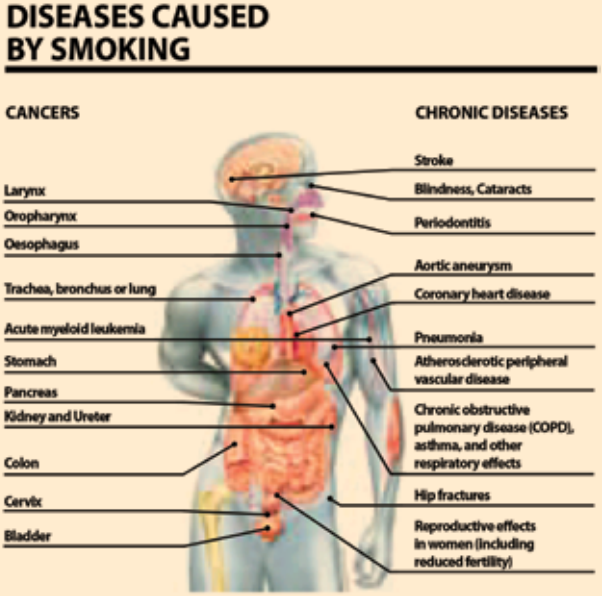


FIGURE 1: EFFECTS OF SMOKING ON HEALTH

Harmful Effects of Tobacco

Second-hand tobacco smoke, also known as environmental tobacco smoke (ETS), is a combination of sidestream smoke (the smoke that is given out by the burning of tobacco product) and mainstream smoke (the smoke exhaled by the smoker).

Globally, exposure to secondhand tobacco smoke has been estimated to have caused 379,000 deaths from ischaemic heart disease, 165, 000 from lower respiratory tract infections, 36, 900 from asthma and 21,400 from lung cancer. It was estimated that living with a tobacco user increases the non-smokers risk of developing lung cancer by 20-30%.

Other harmful effects from exposure to secondhand smoke are shown in Figure 2.

FIGURE 2: EFFECTS OF SECONDHAND SMOKE ON HEALTH

Benefits of Quitting

Quitting tobacco use has major and immediate health benefits for both men and women of all ages. It is well established through numerous studies that quitting tobacco use improves health and quality of life almost immediately.

TIME AFTER QUITTING	HEALTH BENEFITS
20 MINUTES	• Blood pressure returns to normal • Pulse rate returns to normal • Circulation improves in hands and feet
8 HOURS	• Carbon monoxide level in blood drops to normal • Oxygen level in blood increases to normal
24 HOURS	• Carbon monoxide is eliminated from the body • Lungs start to clear out mucus and other debris
48 HOURS	• Nerve endings start to re-grow • Senses of taste and smell are greatly improved
72 HOURS	• Breathing becomes easier as bronchial tubes relax • Lung capacity increases making it easier to do physical activities
3 MONTHS	• Nagging cough disappears • Risk of further gum disease reduced significantly • Tobacco related mouth ulcers disappear • Circulation improves • Walking becomes easier • Lung function increases up to 30%
UP TO 9 MONTHS	• Coughing, sinus congestion, fatigue, shortness of breath decrease • Overall energy level increases
1 YEAR	• Risk of coronary heart disease is half that of a smoker
5-10 YEARS	• Risk of lung cancer reduces by almost half • Risk of stroke and heart disease decrease to that of a non-smoker

TABLE 1: BENEFITS OF QUITTING SMOKING

Framework for Treating Tobacco Use and Dependence

Tobacco use is a chronic condition that often requires repeated cessation interventions in different forms. There are effective treatments for tobacco use and dependence that can significantly increase rates of long-term abstinence. Behavioural support and counseling remains the mainstay of treatment and may be effective alone. However many patients require additional pharmacotherapy to ameliorate physical withdrawal symptoms. The highest abstinence rates are usually achieved with a combination of behavioural support and medications.

Tobacco use and dependence treatment interventions can be carried out at 2 levels, depending on the amount of time available and the competency level of the health professionals.

LEVEL 1	The **ABC** approach (Basic Level Intervention)
LEVEL 2	The **5 'A's** approach (Intensive Level Intervention for client who is ready to quit) The **5 'R's** approach (Motivational Interviewing for client who is not ready to quit)

TABLE 2: FRAMEWORK FOR TOBACCO DEPENDENCE TREATMENT

2 Counselling

- ABC Approach
- 5 'A's Approach
- 5 'R's Approach

LEVEL 1 – The ABC Approach
(Basic Level Intervention)

The ABC approach is a simple and easy-to-remember aid for busy health professionals such as general practitioners, specialists and ward nurses who have only 1 to 3 minutes to initiate the subject of tobacco use cessation during their consultation sessions.
The aim of the ABC approach is to incorporate tobacco use cessation advice as a routine opportunistic first-line intervention when providing consultation to patients.

Ask	Ask and document status of tobacco use for every patient. ***"Do you smoke or use any other forms of tobacco?"*** For patients who smoke or have recently stopped using tobacco, the tobacco use status should be checked and updated on a regular basis. Systems should be put in place to ensure tobacco use status is documented at each visit. For health facilities: to include tobacco use as a "vital sign" **Tobacco use (circle one): Current Former Never Passive Smoker** Patients who have never used tobacco or have not used for many years need not be asked repeatedly.
Brief Advice	Brief advice to stop tobacco use for every patient who uses tobacco regardless of intention to quit. Brief advice appears to work by triggering a quit attempt. Advice can be strengthened by linking it to the smoker's existing tobacco-related medical condition. **Asthma sufferers may need to hear about the effect of smoking on respiratory function. Women may be more likely to be interested in the effects of smoking on fertility. People with young children may be motivated by information on the effects of second hand smoke.** Document the advice that was given.
Cessation referral	Cessation support for every patient who expresses the intention to quit. For tobacco users who are willing to quit: • Refer to a **Smoking Cessation Counselor** (SCC) at your clinic / hospital or the nearest **Klinik Berhenti Merokok** (KBM) For tobacco users who are not willing to quit: • Ask for their reasons for not wanting to quit • Reinforce the advantages and acknowledge the disadvantages • Provide information on smoking leaflets and smoking cessation services if they are agreeable, in case they change their mind about quitting in the future

TABLE 3: THE ABC APPROACH

LEVEL 2 – THE 5 'A's Approach

(Intensive Level Interventions for patient who is ready to quit)

The 5 'A's approach (Ask, Advise, Assess, Assist and Arrange) is an easy-to-implement intervention for health professionals in settings that allow them to spend a little more time on tobacco use cessation with their patients. This approach is recommended specifically for smoking cessation counselors (SCC) and other health professionals such as general practitioners, nurse educators who have attended smoking cessation counseling workshop, to spend 15-20 minutes to initiate assessment and cessation interventions with patients who use tobacco.

1. ASK PATIENT ABOUT SMOKING STATUS

Ask and document status of tobacco use for every patient. This should be a routine practice at every consultation.

"Do you smoke or use any other forms of tobacco?"

For patients who smoke or have recently stopped using tobacco, the tobacco use status should be checked and updated on a regular basis. Systems should be put in place to ensure tobacco use status is documented at each visit.

For health facilities: to include tobacco use as a "vital sign"
Tobacco use (circle one): **Current** Former **Never** Passive Smoker

Smoking status should be updated regularly and documented in the file.

Patients who have never used tobacco or have not used for many years need not be asked repeatedly. Non-smokers (especially youths and young adults) and ex-smokers need positive reinforcement of their smoke-free lifestyle.

For smokers, a routine smoking history is essential for all patients, and should include:
- Number of cigarettes smoked per day
- Duration of smoking (years)

LEVEL 2 – THE 5 'A's Approach

(Intensive Level Interventions for patient who is ready to quit)

- Previous quit attempts:
  - ◇ Method use
  - ◇ Duration
  - ◇ What helped and what did not
  - ◇ Reason for relapse
- Medical conditions such as high blood pressure, heart attack, stroke, diabetes mellitus, hypercholesterolemia, chronic lung diseases e.g. asthma, emphysema, recurrent lung infections, peptic ulcers.
- Family history of high blood pressure, heart attack, stroke, diabetes, lung cancer and other cancer.

Assess level of addiction:

- The smoker's degree of nicotine addiction will influence your counseling and cessation strategies
- Use the Fagerstrom's Questionnaire to assess the level of addiction

THE FAGERSTORM QUESTIONAIRRE

1. How soon after you wake up do you smoke your first cigarette?
   - i. Within 5 minutes (3 points)
   - ii. 5 to 30 minutes (2 points)
   - iii. 31 to 60 minutes (1 point)
   - iv. After 60 minutes (0 point)
2. Do you find it difficult not to smoke in places where you should not, such as in mosque, in a hospital or in an airplane?
   - i. Yes (1 point)
   - ii. No (0 point)
3. Which cigarette would you most hate give-up; the one which you treasure the most?
   - i. The first one in the morning (1 point)
   - ii. Any other one (0 point)

LEVEL 2 – THE 5 'A's Approach

(Intensive Level Interventions for patient who is ready to quit)

THE FAGERSTORM QUESTIONAIRRE

4. How many cigarettes do you smoke each day?
   - i. 10 fewer (3 points)
   - ii. 11 to 20 (2 points)
   - iii. 21 to 30 (1 point)
   - iv. 31 or more (0 point)
5. Do you smoke more during the first few hours after waking up than during the rest of the day?
   - i. Yes (1 point)
   - ii. No (0 point)
6. Do you still smoke if you are sick that you are in bed most of the day or if you have a cold or the flu and have trouble breathing?
   - i. Yes (1 point)
   - ii. No (0 point)

No of point(s) (_____)

Scoring:	**7 – 10 points**	**Highly dependent**
	4 – 6 points	**Moderately dependent**
	0 – 3 points	**Minimally dependent**

TABLE 4: FAGERSTROM SCORE

LEVEL 2 – THE 5 'A's Approach

(Intensive Level Interventions for patient who is ready to quit)

2. ADVICE PATIENT TO STOP SMOKING

Some reasons for patient's reluctance to quit are:

- Lack of information on the harmful effects of tobacco
- Demoralised because of previous relapse
- Fears or concerns about quitting

Convince the patient to quit smoking with a clear advice and strong manner.

- *"I really think you should stop smoking now"*
- *"Stopping smoking is one of the most important health decisions you can make for yourself/ your child"*

Bear in mind your patient's age in tailoring your message to him/her:

a. Demographics: For example, women may be more likely to be interested in the effects of smoking on fertility than men.

b. Health: Asthma sufferers may need to hear about the effect of smoking on respiratory function, while those with gum disease may be interested in the effects of smoking on oral health.

c. Social Factors: People with young children may be motivated by information on the effects of second hand smoke, while a person struggling with money may want to consider the financial costs of smoking.

Examples of tailored advice include:

- *"Your cough will subside more quickly and your air passages will return to normal"*
- *"You will stop further damage to your lung which causes your cough/ breathing difficulty"*
- *"Your risk of heart attack will drop immediately"*
- *"Your blood pressure will drop and your risk of stroke will be reduced immediately"*
- *"You will increase your chances of having normal, healthy baby"*
- *"You are likely to have a healthier baby/child because you are reducing his/her risk of suffering from chest infection"*
- *"Your stamina will improve"*

LEVEL 2 – THE 5 'A's Approach

(Intensive Level Interventions for patient who is ready to quit)

3. ASSESS PATIENT'S READINESS TO STOP SMOKING.

When we counsel patients to quit smoking, it is important to recognize that different patients are at different stages of readiness to quit. These stages were identified by Prochaska and diClemente and adapted for use in smoking cessation as shown below:

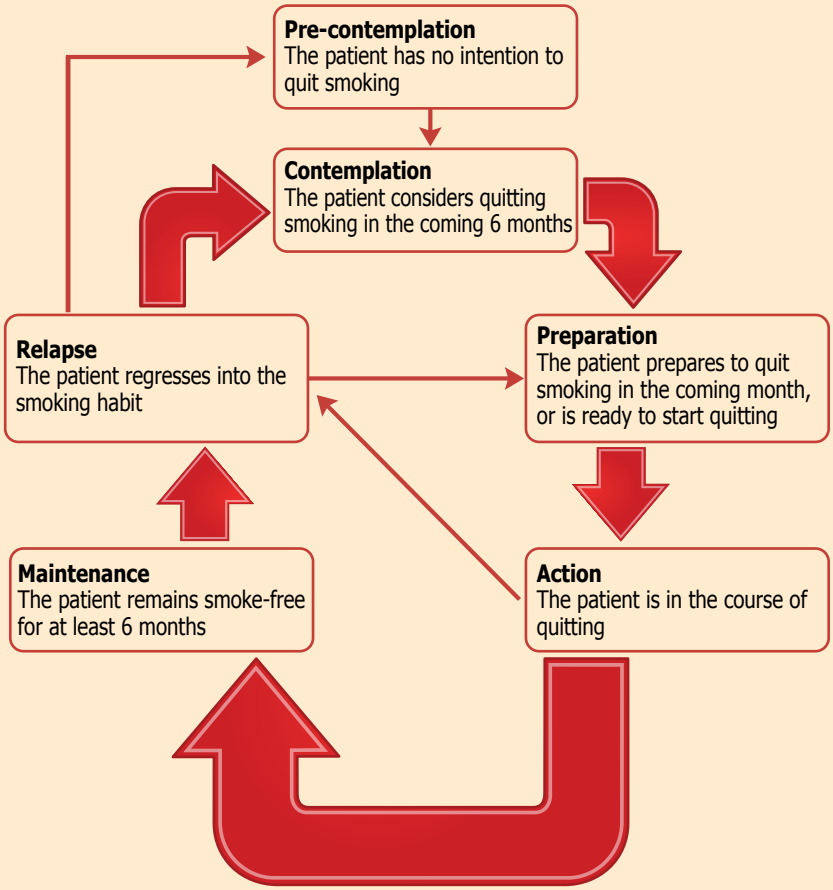


FIGURE 3: TRANSTHEORETICAL MODEL OF CHANGE

LEVEL 2 – THE 5 'A's Approach

(Intensive Level Interventions for patient who is ready to quit)

4. ASSIST PATIENT IN PREPARATION FOR QUITTING

Work out with the patient on the smoking cessation plan:

- Set a quit date – preferably within the subsequent two weeks. Make sure that your patient selects a period in his life which is relatively low in stress.
- Encourage the patient to tell family members, colleagues and friends about his/her decision to quit smoking so as to enlist their support and encouragement. If a private commitment to stop smoking is then made public, it creates social pressures to support the change.
- Smokers should encourage family/ friends/ colleagues to quit with them or not smoke in their presence to minimize risk of treatment failure and exposure to second hand smoking.

Provide appropriate techniques on problem solving:

- Identify reasons for quitting and benefits of quitting
- Review past quit attempts – what helped and what led to relapse
- Reduce the number of cigarettes smoked gradually before the set date. You may suggest to your patient these tips:
  - ◇ Try to delay smoking the first cigarette for as long as possible
  - ◇ Only smoke half of a cigarette and throw away the remainder
  - ◇ If there is a craving to smoke, advise to delay smoking in graduation (e.g. 15 / 20 / 30 minutes)
  - ◇ When smoking, place the cigarette on the ash tray and do not hold it all the time
  - ◇ Smoke their own cigarette and say "no" offered by others
  - ◇ Change the brand of cigarette to a least favoured one
- Prior to quitting, avoid smoking in places where a lot of smoker's time is spent (e.g. work, home, car). Make a few key areas as "no smoking" zone (e.g. in the car, in front of the children, in the house) and put up reminders if necessary.
- Discard cigarettes, lighters and all other smoking-related items on the quit date.

LEVEL 2 – THE 5 'A's Approach

(Intensive Level Interventions for patient who is ready to quit)

- Anticipate challenges to plan quit attempt, particularly during the critical first few weeks. These include nicotine withdrawal symptoms. Discuss challenges/ triggers and how smoker will successfully overcome them.
- The smoker should consider limiting/ abstaining from alcohol while quitting as it can cause relapses.
- Recommend the use of nicotine replacement therapy or medication if indicated.
- Remind your patient that total abstinence is essential. Not even a single puff after the quit date.
- Provide relevant smoking cessation information such as quit diary pack, pamphlets etc.
- Assist by making referral to a smoking cessation counselor at your clinic /hospital or the nearest smoking cessation services available.

5. ARRANGE FOLLOW-UP FOR THE PATIENT

Work out with the client on the follow-up schedule and approaches.

- It is preferable to conduct the first follow-up within the first week after the quit day and then subsequent encounters regularly.
- Provide counseling and encouragement during each follow-up.
- Recognize the efforts of those who have successfully remained smoke-free, and remind those who are still unable to kick the habit to regard occasional 'slips' as an alert.
- If a relapse occurs, encourage the client to repeat quit attempt.

If the client is in the Action stage, and has stopped smoking for less than a month, he is likely to be experiencing withdrawal symptoms. Support client by:

- Reinforce the smoker's decision to quit.
- Praise him/her for remaining smoke free so far.
- Encourage the smoker to actively discuss the benefits already derived from cessation.
- Encourage the smoker to report any difficulties promptly while continuing efforts to remain abstinent.
- Strongly encourage to the smoker to remain abstinent.

LEVEL 2 – THE 5 'A's Approach

(Intensive Level Interventions for patient who is ready to quit)

Below are some of behavioral techniques that patient can try to stay smoke-free:

Delay	• Set a quit date – preferably within the subsequent two weeks. Make sure that your patient selects a period in his life which is relatively low in stress.
Escape	• Escape situation that induce smoking e.g. negative emotional state (such as disagreement with employer, spouse)
Avoid	• Avoid usual smoking social group temporarily e.g. to coffee shops. • Avoid situation associated with smoking e.g. sitting in a favorite chair. • Avoid places where smoking is common. • Avoid alcohol which may trigger to smoke.
Distract	• Distract smoking by drinking water, chewing on sugar-free gums, keeping hand busy by fiddling (e.g. 'bertasbih'). • Keep busy with activity you enjoy. • Spend free time in places where smoking is not allowed.

TABLE 5: D.E.A.D pointers as behavioural techniques

LEVEL 2 – The 5 'R's MOTIVATIONAL INTERVENTIONS

(Intensive Level Interventions for patient who is not ready to quit)

Often, the patient will not be ready to quit. They may not want to be a non-smoker, or be certain that they could not quit. In these cases, it is advised to deliver a brief motivational intervention before ending the consultation. The intervention is called **the 5R's (Relevance, Risks, Rewards, Roadblocks and Repetition).** This will occur after the Assess stage. Once completed, try re-assess readiness to quit and complete the 5A's if appropriate.

RELEVANCE	Encourage the smoker to indicate why quitting is personally relevant. If the smoker is consulting about a medical complaint, use the opportunity to relate the health condition with his/ her smoking habit, for example: • Colds, flu and respiratory problems • Chronic lung disease • Cardiovascular disease • High blood pressure • Pregnancy and the pill • Involuntary smoking and the children You could also relate the possible interaction of smoking with the drugs that the patient might be taking for existing conditions.
RISKS	Ask the smoker to identify potential negative consequences of tobacco smoking. Suggest and highlight those that seem most relevant to the smoker. Emphasise that switching to low-tar/ low nicotine cigarettes or other forms of tobacco will still carry similar risks. Examples of risks are: • Short-term risks: Shortness of breath, exacerbation of asthma, harm to pregnancy, impotence, infertility, increased serum carbon monoxide. • Long-term risks: Heart attacks and strokes, cancers (oral cavity, larynx, pharynx, lung, oesophagus, pancreas, bladder, cervix), chronic obstructive pulmonary disease (chronic bronchitis and emphysema), long-term disability and need for extended care. • Environmental risk of lung cancer.

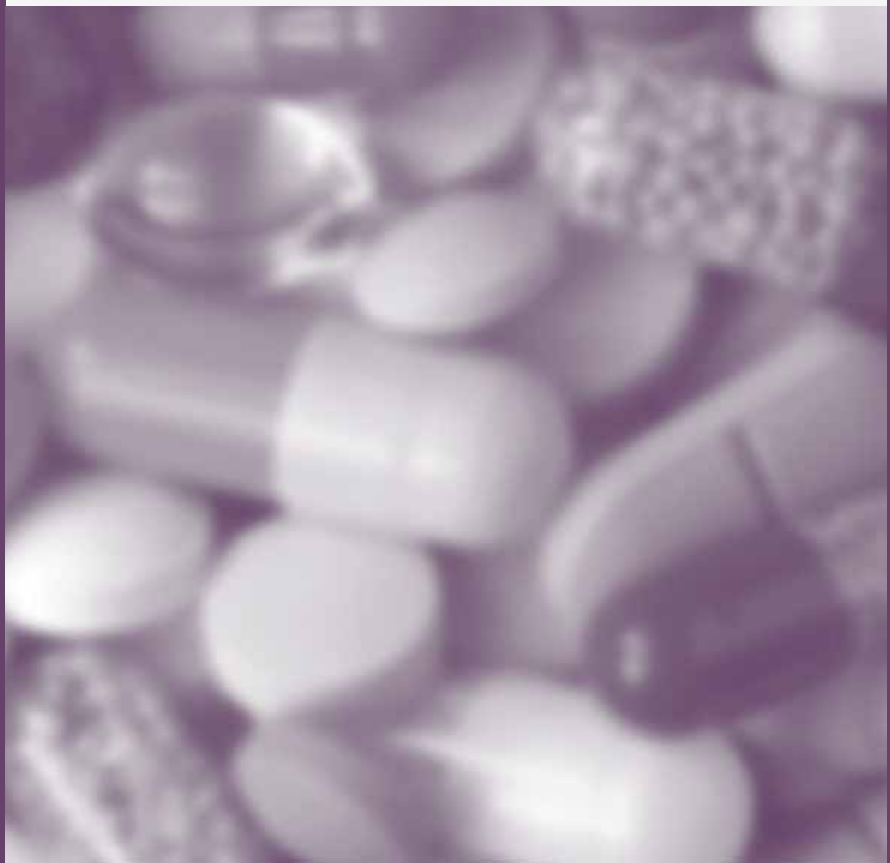
LEVEL 2 – The 5 'R's MOTIVATIONAL INTERVENTIONS

(Intensive Level Interventions for patient who is not ready to quit)

REWARDS	Ask the smoker to identify potential benefits of quitting smoking. Suggest and highlight those that seem most relevant to the smoker. Examples of rewards are: • "It will reduce your asthma attacks in a year" • "Since you already have high blood pressure, quitting smoking will reduce your blood pressure and will reduce your risk of heart attacks and strokes".
ROAD BLOCKS	Ask the smoker to identify barriers of quitting and suggest possible solutions to those barriers. Examples of roadblocks: cravings, withdrawal symptoms, environmental etc.
REPETITION	Repeat the motivational intervention every time a smoker visits the clinic. Remind them that most ex-smokers make repeated quit attempts before they are successful. If the patient still refuses to stop smoking: • Follow them up about their smoking at another appointment (and make sure that you do it). This will let the patient know that you are serious about him stopping smoking. • Provide information leaflets to reinforce the advice that you had already given. • Document in the file what was discussed during the consultation to facilitate further follow-up of the patient.

Table 5: Motivational Intervention: The 5 R's Approach

3 Pharmacotherapy

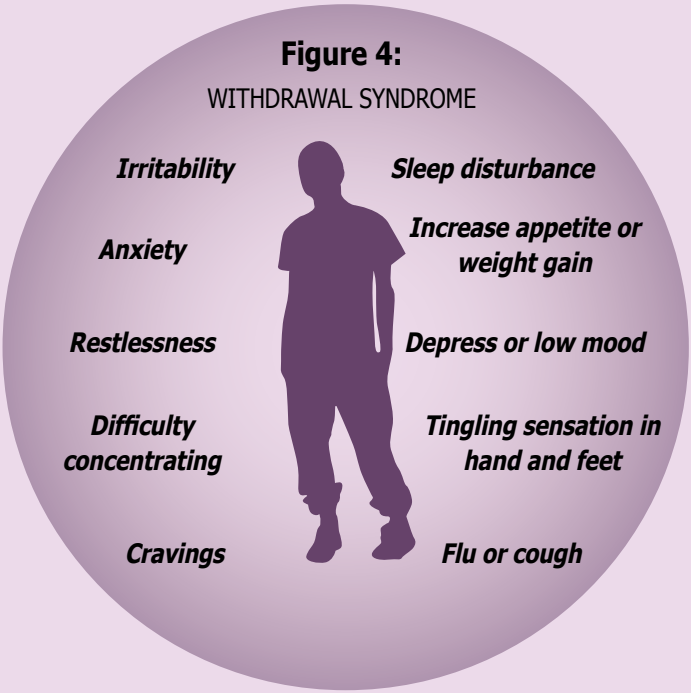


Pharmacotherapy

All patients attempting to quit should be encouraged to use effective pharmacotherapies for smoking cessation except in the presence of special circumstances. Once a smoker refrains from smoking, the nicotine level inside his/her body will start to drop gradually. Some of the withdrawal symptoms include:

Figure 4:

WITHDRAWAL SYNDROME



Studies showed that pharmacotherapies can alleviate withdrawal symptoms and increase the success rate effectively. Besides, the medication can also become an incentive for the quitter to attend follow-up consultation on schedule. Common first line supplementary medicine for smoking cessation nowadays can be broadly divided into two categories:

- Nicotine replacement therapy
- Non-nicotine replacement therapy

NICOTINE REPLACEMENT THERAPY
(NRT)

Nicotine replacement therapy (NRT) help to relieve withdrawal symtoms and allow smoker to concentrate on behavioral and psychological factors during quit attempt. It also eliminates the reinforcing effect of nicotine achieved through smoking. It is useful for smokers who are moderately to highly dependent on nicotine. It is vital to remind patient to stop smoking while undergoing treatment.

In Brunei, nicotine replacement therapies that are available include:

- Nicotine patch
- Nicotine Lozenges

1. NICOTINE PATCH

The nicotine patch is used as a temporary aid to treat nicotine dependence among moderately to highly addicted smoker. It should be used in conjunction with behavioral counseling for better success rate. They are used in gradual strengths to help reduce the smoker's dependency on nicotine, gradually weaning him off nicotine.

PRODUCT	NICOTINELL (24HR PATCH)	NICORETTE (16HR PATCH)
Strengths	7mg (10") 14mg (20") 21mg (30")	5mg 10mg 15mg
Duration of use	24hr	16hr
Instruction	Put on AM, change next day	Put on AM, remove bedtime
Dosage **1 cigarette ≈ 1 mg nicotine** **No. of cigarettes smoked = dose of nicotine required**	10-20 cigarettes/day 21mg for 6-8 weeks 14mg for 2-4 weeks 7mg for 2 weeks	10-20 cigarettes/day 15mg for 6-8 weeks 10mg for 2-4 weeks 5mg for 2 weeks
Dosage	<10 cigarettes/day 14mg for 6 weeks 7mg for 4 weeks	<10 cigarettes/day 10mg for 6 weeks 5mg for 4 weeks

TABLE 6: NICOTINE PATCH REGIMEN

ADVERSE REACTIONS:	PRECAUTION FOR USE:	CONTRAINDICATIONS FOR USE:
• Skin irritation at application site e.g. Erythema,pruritis, oedema, burning sensation,blister, rash, pinching sensation. • Headache • Cold, flu-like symptoms • Dysmenorrhoea • Insomnia • Nausea • Myalgia • Dizziness	• Severe hypertension • Severe cardiovascular disease • Diabetes requiring insulin • Skin disorders • Kidney or liver problems • Pregnancy or lactation • Uncontrolled hyperthyroidism	• *Under 18 years old • Non-smoker • Occasional smoker • *Pregnancy or breastfeeding • Recent heart attact or stroke • Unstable or worsening angina pectoris • Severe cardiac arrythmias • Recent cerebrovascular accident • Generalized skin disorder. • Broken or inflamed skin. • Hypersensitivity to nicotine or component of the therapeutic system.

TABLE 7: NICOTINE PATCH USE

2. NICOTINE LOZENGES

Devices to deliver nicotine into the bloodstream to reduce motivation to smoke by :
• reducing cravings and withdrawal symptoms
• reducing the rewarding effect of smoking

Nicotine absorption is intermediate absorption so it is used when there are cravings for immediate relief of withdrawal symptoms. Nicotine lozenges can deliver 25% more nicotine than equivalent dose of nicotine gum, as you must chew gum to release nicotine. Can be used as combined therapy with nicotine patches.

NICOTINE REPLACEMENT THERAPY
(NRT)

Heavy smoker >20 cigarettes per day: 4mg lozenges **Moderate smoker <20 cigarettes per day: 2mg lozenges**	Weeks 1 to 6: use one lozenge every 1 to 2 hours Weeks 7 to 9: use one lozenge every 2 to 4 hours Weeks 10 to 12: use one lozenge every 4 to 8 hours Do not use more than 20 lozenges per day.

TABLE 8: NICOTINE LOZENGES REGIMEN

HOW TO USE:	SIDE EFFECTS:	CONTRAINDICATIONS:
• Suck slowly until the taste become strong. • Rest lozenge between gum and cheek. • Suck again when the taste has faded. • Each Lozenge can last about 30 minutes.	• Hiccups • Throat irritation • Palpitations • Rapid heartbeat • Dizziness • Headache and nausea • Vomiting or diarrhea • Weakness in the body	• *Under 18 years old • Recent angina or heart attack • Stroke • *Pregnancy or breastfeeding **PRECAUTIONS:** • Diabetes • Hyperthyroidism • Stomach ulcer or stomach problems • High blood pressure • Any form of cardiovascular and circulatory disease • Liver or kidney disease • Phenylketonuria • Pregnancy or breast-feeding • Tooth or gum disease • Sore throats or irritations

TABLE 9: NICOTINE LOZENGE USE

VARENICLINE TARTRATE
(CHAMPIX)

High affinity and selectivity at alpha4 –beta2 neuronal nicotinic acytycholine receptors. Work by its low-level agonist activity at the receptor site combined with competitive inhibition of nicotine binding.

Actions by:

- Partially blocking nicotine:
  - ◇ To reduce the pleasurable effects of nicotine
  - ◇ To reduce the risk of full relapse
- Partially stimulating the receptors:
  - ◇ To relieve craving and withdrawal symptoms

DOSSAGE: Therapy starts one week before the quit date Day 1-3: 0.5mg (1 tab) daily Day 4-7: 0.5mg (1 tab) twice daily Week 2 (quit date) – end of week 12: 1mg (1 tab) twice daily Maybe extended for another 12 weeks. Excreted substantially by kidneys, dose reduction to 0.5mg/day (up to 0.5mg bd max) in severe renal impairment.
SIDE EFFECTS AND WARNINGS: Nausea, sleep disturbances (insomnia, abnormal dreams), constipation, flatulence, vomiting There have been reports of depressed mood, agitation, changes in behaviour, suicidal ideation and suicide in Varenicline users
WHO CAN USE: All adult smokers except those; • With severe renal impairment • Pregnant or breastfeeding

TABLE 10: VARENICLINE USE

4 References

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MINISTRY OF HEALTH
BRUNEI DARUSSALAM

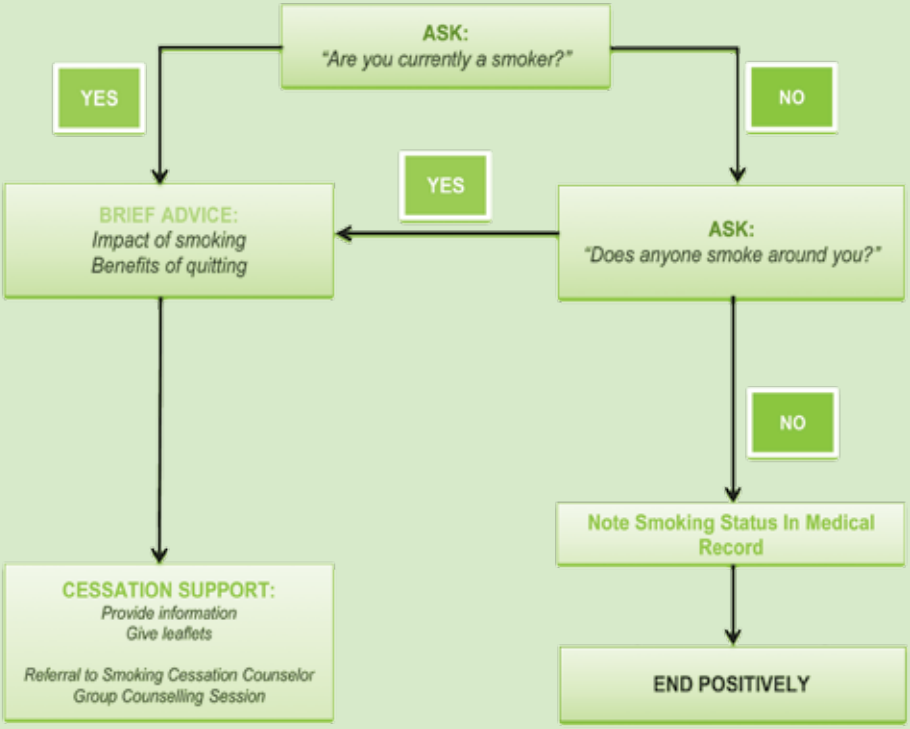
PUSAT PROMOSI KESIHATAN

HEALTHLINE 145

5 Appendix

APPENDIX 1:

APPENDIX 1: ABC OF TOBACCO CESSATION
At triage or consultation (3mins)



APPENDIX 2:

APPENDIX 2: 5 'A's AND 5 'R's (Intensive Counselling)

APPENDIX 3:
RESPONSES TO PATIENTS DIFFICULTIES

PATIENT' S REASON	YOUR RESPONSE
It's too hard to quit. I don't have enough will power.	Quitting and staying away from cigarettes will not be easy, but millions of people have succeeded, and I am sure you can too. You may need to try different methods of quitting. I will give you all the support I can.
I'm under a lot of stress and smoking relaxes me	If a smoker feels edgy due to falling nicotine levels, then a cigarette will reduce this perceived "stress" which is actually the beginning of withdrawal from smoking. Nicotine is a stimulant. In fact smokers as a whole tend to have slightly higher anxiety levels than non-smokers or ex-smokers.
I'll be impossible to live with.	Your family and friends will understand and be glad that you are stopping, even if it means putting up with you for a short while. Most smokers find that they are not as irritable as they expected to be. You'd be harder to live with if you had a stroke or emphysema.
I can't concentrate / perform well / create / produce etc.	These are normal symptoms of nicotine withdrawal. You feel more alert because the nicotine raises your heart rate and blood pressure. But smoking also deprives your brain of oxygen. These symptoms are most acute in the first 3 to 4 days after stopping, but they will disappear after a few weeks. Make sure you get enough rest every day to improve your concentration without needing to depend on smoking. You have also learnt to associate certain activities with smoking. The substances in tobacco smoke actually inhibit performance; so in fact, you should be able to do a better job without smoking.

APPENDIX 3:
RESPONSES TO PATIENTS DIFFICULTIES

PATIENT' S REASON	YOUR RESPONSE
I feel so irritable whenever I try not to smoke.	This is part of the withdrawal symptoms. It's harder for some people than others. Just remember it is also temporary. Try to take your mind off smoking when that happens e.g. take a walk, chat with a friend, play some sport, or go somewhere you can't smoke (like the cinema).
I'm concern about gaining weight.	It is common for people to put on few kilograms when they first stop smoking. This can be made worse by snacking on sweet and fatty foods as a replacement for smoking. However, this does not happen to everyone and being slightly overweight is less of health risk than being a smoker.
Sometimes I have overwhelming strong desire to have a cigarette.	Some people relieve cravings by chewing sugar-free gum, sucking on a cinnamon stick, or eating a carrot. Craving for cigarettes are a normal part of withdrawal. Most cravings last for only a few minutes and then subside. Cravings become rare after a few weeks. Use NRT if prescribed.
I don't know what to do with my hands.	That's a common complaint among ex-smokers. Keep your hands occupied in other ways. Try holding something like a pencil, paper clip, key chain or marble or even 'tasbih'.

APPENDIX 3:
RESPONSES TO PATIENTS DIFFICULTIES

PATIENT' S REASON	YOUR RESPONSE
I blew it. I smoked a cigarette.	Smoking one or even 10 cigarettes doesn't mean that you have blown it. You've gotten through several days without smoking. Don't let this one cigarette become an excuse to start smoking again. You are ex-smoker and can continue to be ex-smoker. Keep trying.
I forget all about my determination to quit every time I see cigarette	Write down all your reasons for wanting to quit, and all the positive things that you have notice since quitting. Keep this list in your pocket or on your office table and use it to remind yourself to stay away from cigarettes.
I've tried to quit many times but I just can't seem to quit for good.	That's true for a lot of people. Most ex-smokers have to quit a few times before they finally succeed. We learn by trying. The more often you try, the more likely you are to succeed. Don't give up.

APPENDIX 4:
FLOWCHART OF SMOKING CESSATION SERVICES

REGISTRATION DAY

- Patient to fill-in the registration form.
- Doctors and nurses to assess readiness to quit:
  (stage of change: PRECONTEMPLATION / CONTEMPLATION / PREPARATION / ACTION / MAINTENANCE / RELAPSE)
- Doctors and nurses to assess the patient's will, determination and confidence to quit smoking.
- Set a quit date and choose appropriate quitting methods:
  (COLD TURKEY / SLOW REDUCTION TO QUIT)
- Set appointment for a group introductory lecture

FOLLOW-UP FOR THE FIRST MONTH
(Preparation Stage)

- Advise patient to announce the quit date to family members, friends and colleagues.
- Discard all cigarettes, ashtrays and lighters.
- Point out possible withdrawal symptoms and relief measures.
- Advise on refusal skills towards other smokers' offers.
- When indicated, recommend nicotine replacement therapy (NRT) in addition to counseling therapy. Help the patient to make appropriate choice on the type and dosage of NRT and provides detailed information on the treatment plan and usages for various medications.

APPENDIX 4:
FLOWCHART OF SMOKING CESSATION SERVICES

FOLLOW-UP FOR THE SECOND AND THIRD MONTH
(Action Stage: after the QUIT DATE)

- Make a note on the QUIT DATE.
- Check carbon monoxide level on the smokerlyzers.
- Check urine/salivary cotinine test.
- Assess the patient's progress; assist them to handle difficulties encountered accordingly.
- Assess the mode, dosage and effectiveness of NRT.
- Coach and strengthen patient's confidence and skills to overcome difficulties and barriers.
- Discuss the importance of balanced diet and healthy lifestyles. Encourage regular exercise and decent hobbies.

FOLLOW-UP FOR THE FOURTH, FIFTH AND SIXTH MONTH
(Maintenance Stage)

- Make a note on Smoking Status at 3 months after Quit date
- Check carbon monoxide level on the smokerlyzers.
- Assess the patient's progress; assist them to handle difficulties encountered accordingly.
- Assess the mode, dosage and effectiveness of NRT.
- Coach and strengthen clients' confidence and skills to overcome difficulties and barriers.
- Guide the patient to identify the source of pressure and figure our appropriate stress coping strategies.
- Sharing of refusal skills and encourage the patient to urge family members, friends or colleagues to quit smoking.

APPENDIX 4:
FLOWCHART OF SMOKING CESSATION SERVICES

FOLLOW-UP AFTER SIX MONTHS
(Maintenance Stage)

- Discharge patient at 6th month, make note on the smoking status.
- Check carbon monoxide level on the smokerlyzers.
- Check urine/salivary cotinine test
- Give patient certificate of 'successful quitter'and invite as support group or spokeperson
- Offer necessary counseling and arrangements to unsuccessful quitters, and point out that many smokers need several attempts to succeed.
- Encourage the patient to call the Healthline 145 when necessary.
- Encourage successful quitters to urge family members, friends or colleagues to quit smoking as well.
- To remind client that a follow-up call at 1 year will be made to check patient's status.

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