Session: Smoking Cessation

➤ Smoking and COPD
➤ Strategies for quitting smoking

Adapted from the “Living Well with COPD” program (2nd edition), Montreal Chest Institute, Canada for Pulmonary Rehabilitation Programmes in Northern Ireland – 2011.
SMOKING CESSATION
SESSION SUMMARY

Education Plan and Methods
Session Length: 15 minutes

• Working Phase
  1. Smoking and COPD. Interactive lecturing.
  2. Strategies for quitting smoking. Group Discussion.
  3. Summary of the session and assessment of participants’ understanding and self-efficacy. Interactive lecturing.

• Closing of the session

Human Resources
1. One health professional (recommended facilitator: smoking cessation nurse)

Living Well with COPD™ for Pulmonary Rehabilitation Resources
1. Information Booklet (Pages 6 to 7)
2. Key messages: Smoking Cessation
3. Educational Posters:
   • Smoking
   • Benefits of stopping smoking
   • Medications to help you quit smoking

Additional Resources
1. Board / Flipchart
2. Bring examples of Nicotine Replacement Therapies for demonstration purposes
3. Resource table:
   • Contact details for local smoking cessation services

Environment
1. Use a quiet and comfortable room for 10 to 15 people. Ensure proper ventilation.
2. Place the chairs in a semi-circle around the board.
SMOKING CESSATION
GROUP INTERVENTIONS FOR EACH PHASE OF THE SESSION

Introduction
• Presentation of the Facilitator.
• Outline the goals of this session.
• Review the key messages from the last session and link them to this session.

Working Phase – Educational Interventions

Note to the facilitator: This education session is designed to provide patients with an overview of some of the strategies that can be used to facilitate smoking cessation. It is not designed to be used as a smoking cessation intervention; instead, it should be used to identify patients who would like to be referred for a one-to-one smoking cessation intervention.

1. Smoking and COPD

1.1 PRESENTATION OF THE EFFECTS OF SMOKING AND THE BENEFITS OF QUITTING

Present this section in an Interactive Way

Use the posters “Smoking” and “Benefits of Stopping Smoking” to support your teaching.

1.1.1 Present the effects of smoking to the participants.

Suggested question:
• How does smoking affect your health?

Suggested script for the Facilitator:
• Cigarette smoke is the main pollutant that can damage your lungs and is the leading cause of COPD.
• The self-cleaning mechanism of your airways is less efficient if you smoke or are exposed to cigarette smoke.
• Cigarettes contain over 4,000 chemicals. Most of these are toxic and can cause lung disease and/or cancer.
• Smokers who are vulnerable will experience a much more rapid decrease of their lung function. This will result in shortness of breath initially, then disability and ultimately death.
• However, it is never too late to stop smoking.
1.1.2 Present the effects of passive smoking to the participants.

Suggested question:
• Have you heard of passive smoking?

Suggested script for the Facilitator:
• Breathing in someone else’s smoke is known as passive smoking. Passive smoking can have a serious impact on your health.
• Exposure to passive smoking can cause eye irritation, headache, cough, sore throat, dizziness and nausea.
• Regular passive smoking can cause a decline in lung function of non-smokers and increase their risk of developing smoking related diseases. Non-smokers exposed to passive smoking, also have an increased risk of heart disease and lung cancer.
• It can also lead to respiratory disease, sudden infant death (cot death) and asthmatic attacks in children.

1.1.3 Present the benefits of quitting smoking to the participants.

Suggested script for the Facilitator:
The single most important thing you can do to slow down the progression of your COPD is to quit smoking. The benefits start straight away.

Suggested question:
• How do you think quitting smoking will affect your health?

Suggested script for the Facilitator:
Timeline of health benefits after quitting smoking

<table>
<thead>
<tr>
<th>After</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>72 hours</td>
<td>Breathing becomes easier. Airways begin to relax and energy levels increase</td>
</tr>
<tr>
<td>1 month</td>
<td>Skin appearance improves because of improved skin perfusion</td>
</tr>
<tr>
<td>3–9 months</td>
<td>Cough, wheezing, and breathing problems improve and lung function increases by up to 10%</td>
</tr>
<tr>
<td>1 year</td>
<td>Risk of a heart attack falls to about half that of a smoker</td>
</tr>
<tr>
<td>10 years</td>
<td>Risk of lung cancer falls to about half that of a smoker</td>
</tr>
<tr>
<td>15 years</td>
<td>Risk of heart attack falls to the same level as someone who has never smoked</td>
</tr>
</tbody>
</table>

SMOKING CESSATION

GROUP INTERVENTIONS FOR EACH PHASE OF THE SESSION

This graph (point to poster “Smoking”) shows how lung function declines with age. The black line (point to the black line) shows how the lung function of someone who never smoked declines slowly over time. However, when you smoke (point to the red line) your lung function gets worse more quickly. By stopping smoking (point to dashed lines) the yearly decline of your lung function will tend to return to normal. This means you may slow or stop the worsening and avoid disability.

Suggested question:
• What other benefits do you think can be gained by quitting smoking?

Answers expected from the participants:
• Decreases frequency and severity of exacerbations
• Saves money
• Decreases risk to those around you
• Reduces the early signs of ageing caused by wrinkles
• Lose the smell of tobacco on your skin, hair and clothes
• Food and drinks smell and taste better
• Increases life expectancy
2. Strategies for Quitting Smoking

2.1 PRESENTATION OF STRATEGIES FOR QUITTING SMOKING

Present this section in an Interactive Way

2.1.1 Present to the participants strategies for quitting smoking.

Suggested script for the Facilitator:
Smoking is an addictive habit, and as such, you may need a lot of motivation and effort to be able to control it. However, there are many ways to improve your chances of success in quitting smoking.

Here are some suggestions:
1. Use medications: nicotine replacement therapy or non-nicotine therapies
2. Get support and counselling
3. Plan in advance
4. Manage cravings and withdrawal symptoms
5. Deal with relapses

2.1.2 Discuss with the participants the nicotine replacement therapies and non-nicotine therapies that they could use to help them quit smoking.

Use the poster “Medications to help you quit smoking” to support your teaching.

There are different products available to help people quit smoking. Using these products could double your chances of success. These products either deliver nicotine to the body to help relieve withdrawal symptoms, or they work on the brain to reduce cravings.

2.1.2.1 Nicotine Replacement Therapies

Suggested question:
- Has anyone tried a nicotine replacement therapy? If so, which one? Did it work?

Suggested script for the Facilitator:
Nicotine replacement therapies deliver enough nicotine to your body to counteract the withdrawal symptoms, without the harmful chemicals you get from cigarette smoke. It is these chemicals in tobacco that are most harmful, not the nicotine. But it’s the nicotine that is addictive. Using a nicotine replacement therapy can double your chances of quitting smoking.

Nicotine replacement therapies can be bought from your pharmacist and or through a prescription from your GP. Ask your pharmacist or GP for advice about the best one for you.

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Nicotine replacement therapies include:

- **Nicotine patches:** The patches are designed to release a continual dose of nicotine into the blood stream. Each patch should be replaced with a new one every 24 hours.

- **Nicotine gum:** You can chew the gum for up to 20-30 minutes or until the craving passes.

- **Nicotine inhalator:** This is made up of a plastic mouthpiece and replaceable nicotine cartridge that you put on the end. You can inhale about 80 puffs over 20 minutes or until cravings are gone. Often, using the inhaler for 5 minutes is enough. Do not inhale deeply into your lungs; instead, take slow puffs to avoid throat burn and increase nicotine absorption.

- **Nicotine nasal spray:** The nasal spray is recommended for heavy smokers as it delivers the strongest dose of nicotine and is absorbed quickly.

- **Nicotine tablets:** These small tablets are placed under your tongue and the nicotine is absorbed through the lining of the mouth.

- **Nicotine lozenges:** The lozenges can be used whenever you feel the need for a cigarette. The lozenges should be sucked slowly to allow the nicotine to be absorbed through the mouth. Each lozenge will last for about 20-30 minutes.

**Note to the facilitator:**

- Inform participants that if they want to talk to someone face-to-face about nicotine replacement therapy, they can speak to their local GP practice, pharmacist, or smoking cessation nurse. They can discuss the correct dose of nicotine replacement therapy to take and how long they should take it for.

- Some nicotine replacement therapies can be combined to achieve best results in some patients. Please speak to your health professional.

**2.1.2.2 Non-nicotine replacement therapies**

**Suggested question:**

- Has anyone tried a non-nicotine treatment? If so, which one? Did it work?

**Suggested script for the Facilitator:**

There are non-nicotine treatments available that can help smokers quit. These are only available on prescription from a GP. They do not provide nicotine to the body like the other products we have just discussed. Instead they work in the brain to help reduce the cravings for cigarettes, hence breaking the addiction to nicotine.

**Note to the facilitator:** Give participants some examples of non-nicotine treatments that are available on prescription.
2.1.3 Discuss with the participants where they could receive support from when quitting smoking

You can triple your chances of success if you combine medication with counselling. There are group programmes or one-to-one sessions.

Suggested question:
- Where could you get support and advice when stopping smoking?

Answers expected from the participants:
- Talk to a health professional, for example your local smoking cessation nurse, doctor or pharmacist.
- The NHS Smokers’ Helpline (0800 85 85 85) is a freephone service
- Stop smoking website: www.want2stop.info
- Tell people that you are going to quit or get a family member or friend to quit with you

Note to the facilitator: Identify any participants who wish to quit smoking and would like referral to a smoking cessation nurse. Ensure that you have contact details for local smoking cessation services on the resource table.

2.1.4 Discuss with the participants strategies they could use to plan in advance to prepare themselves for quitting smoking.

Suggested question:
- How could you plan in advance to prepare yourself for quitting smoking?

Answers expected from the participants:
- Select a good time to stop (for example, when you are doing this pulmonary rehabilitation programme). It is better to set a date rather than gradually quitting.
- Remove all smoking related items from your house e.g. ashtrays, cigarettes, lighters.
- Use a calendar to record your progress: mark each day that you abstain from smoking.

2.1.5 Discuss with the participants strategies they could use to manage cravings and withdrawal symptoms.

It is important that you prepare for cravings and withdrawal symptoms. Withdrawal symptoms include irritability, insomnia, fatigue, difficulty concentrating, headache and dry mouth. They don’t last more than a few weeks.

Suggested question:
- What strategies could you use to help you manage cravings and withdrawal symptoms?
Answers expected from the participants:

- If you miss having a cigarette in your mouth, try sugar-free chewing gum, or something healthy and non-fattening.

- Try eating fruit when you feel like having a cigarette. This will refresh your mouth and hopefully lower your craving.

- Take some exercise. Even a short walk will give you energy and take your mind off cigarettes. Some people find that they put on weight when they stop smoking; therefore try to eat healthily and exercise regularly.

- Treat yourself. Spend some of the money you’ve saved to give yourself a treat for doing so well.

- Learn to relax. Every day do something that will help you to relax and deal with stress.

Note to the facilitator: Inform participants that cutting down is less likely to help than quitting altogether.

2.1.6 Discuss with the participants what strategies they could use in difficult situations to minimise the risk of relapse.

Suggested question:

- What strategies could you use to help reduce your chances of relapsing?

Answers expected from the participants:

- Stay positive. There will be times when you feel tempted to give in – try to remember how far you’ve come and why you stopped.

- Don’t let friends who smoke tempt you to join them.

- Don’t become complacent – stay determined and don’t allow yourself to be tempted.

- Ride with your urges, they usually pass within 5 minutes.

- Be careful when drinking alcohol - it can affect your will power.

Note to the facilitator: Inform participants to be prepared to keep trying to stop. If they slip up and have a cigarette, they should not be too hard on themselves. Most smokers have several attempts before they quit for good. When ready, they should try again. Advise participants to think about what caused them to relapse and to try to avoid this in the future.
3. Summary of the session and assessment of participants’ understanding and self-efficacy

3.1 SUMMARY OF THE SESSION AND ASSESSMENT OF PARTICIPANTS’ UNDERSTANDING AND SELF-EFFICACY

Present this section using Group Discussion

Evaluate participants’ understanding and self-efficacy to quit smoking. Use this opportunity to summarise the key messages from the session.

Use Attachment 1 (Key messages: Smoking Cessation) to support your teaching

Suggested questions:

• How well do you understand the benefits of quitting smoking?
• How confident are you that you can access support and advice about quitting smoking?

Suggested script for the Facilitator:

• The single most important thing you can do to slow down the progression of your COPD is to quit smoking.
• There are strategies you can use to help you quit smoking:
  – Using medications, for example nicotine replacement therapy or non-nicotine therapies, could double your chances of quitting smoking
  – There are health professionals who can help you quit smoking, including your local smoking cessation nurse, GP and pharmacist. You can triple your chances of success if you combine medication with support and counseling.
  – Plan in advance and remove all smoking related items from your house
  – Manage cravings and withdrawal symptoms. If you miss having a cigarette in your mouth, try sugar-free chewing gum, or something healthy and non-fattening.
  – Deal with relapses. Most smokers have several attempts before they quit for good.
• If you would like more information on quitting smoking or if you would like to be referred to the local smoking cessation nurse, please speak to a member of the pulmonary rehabilitation team.

Note to the facilitator: Inform participants that the key messages from this session are summarised on their key messages sheet and additional information can be found in their information booklets (pages 6 to 7).

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If participants feel ready to quit smoking, ask them to speak to a member of the pulmonary rehabilitation team so they can be referred to their smoking cessation nurse for support.

If some participants do not feel ready to quit smoking, make sure to provide them with contact details of their local smoking cessation nurse for their reference when they are ready to stop.

Closing the session

- Answer the questions of the participants.
- **Learning contract**: Advice participants to seek support and advice if they have difficulty quitting smoking or staying quit.
- Evaluate the satisfaction of the participants with regards to the present session.
Attachment 1:

Smoking Cessation

Key Messages

- The single most important thing you can do to slow down the progression of your COPD is to quit smoking.

- There are strategies you can use to help you quit smoking:
  - Using medications, for example nicotine replacement therapy or non-nicotine therapies, could **double your chances** of quitting smoking.
  - There are health professionals who can help you quit smoking, including your local smoking cessation nurse, GP and pharmacist. You can **triple your chances of success** if you combine medication with support and counseling.
  - Plan in advance and remove all smoking related items from your house.
  - Manage cravings and withdrawal symptoms. If you miss having a cigarette in your mouth, try sugar-free chewing gum, or something healthy and non-fattening.
  - Deal with relapses. Most smokers have several attempts before they quit for good.

- If you would like more information on quitting smoking or if you would like to be referred to the local smoking cessation nurse, please speak to a member of the pulmonary rehabilitation team.
ACKNOWLEDGEMENTS

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The Living Well with COPD programme for pulmonary rehabilitation has been endorsed by:
The Association of Chartered Physiotherapists in Respiratory Care
The Northern Ireland Regional Respiratory Forum

Living Well with COPD™
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