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Tobacco

OVERVIEW

Nicotine is a chemical found in the tobacco plant. When people smoke, nicotine is the drug that can make the brain hooked on cigarettes (dependent). But there are many other chemicals in cigarette smoke, and some of these can cause cancer. Tobacco smoking also causes heart and blood vessel disease.

There are many ways to help clients quit smoking or cut down. These include: counselling and support, using nicotine replacement therapies (NRT) like patches or gum, and using prescription medicines (Champix or Zyban). What works for one client may not work for another, but you can help your client find the best way for them to quit. If they are not ready to quit, you can help them find ways to reduce the harms of their smoking on themselves and on people around them.

About the tobacco plant

Most tobacco comes from the *Nicotiana tabacum* plant, but many other plants contain nicotine. Nineteen of these plants are native to Australia and at least five of these were used by Aboriginal communities before contact with European people.

History of tobacco smoking in Aboriginal communities

Traditionally, Aboriginal people used the dry leaves of pituri (*Duboisia hopwoodii*) and other native 'tobacco' plants. The leaves were powdered, often mixed with ash and chewed. Nicotine helped people stay awake and reduced hunger during long journeys. Some Aboriginal people still use pituri and other native 'tobacco' plants today.

When Europeans came to Australia they brought commercial tobacco. This was stronger and more addictive than the chemicals in Australian plants. Settlers paid Aboriginal workers with rations, including tobacco, in exchange for their labour. Missionaries also gave tobacco as a reward for going to church.

How common is smoking?

On average nearly half of Aboriginal Australians smoke, compared to less than one in five non-Indigenous Australians. The number of people smoking is even higher in some remote Aboriginal communities, where up to 8 in 10 people smoke. In general, Aboriginal people start smoking at an earlier age, smoke more each day, and smoke for more years than non-Indigenous Australians.

Smoking is the biggest contributor to the 'gap' in life expectancy between Aboriginal Australians and non-Indigenous Australians. If we are to close the gap in health and length of life, tackling smoking will be vital. There are some signs that smoking rates in Aboriginal Australians are starting to go down, as people hear the message about the health effects of smoking.

Smoking is very common among people who are risky drinkers or who use illegal drugs. Clients in alcohol and drug treatment programs tend to smoke more cigarettes each day, inhale more deeply, and spend about one-third of their income on cigarettes. Smoking may be more likely to kill your clients than alcohol or illegal drug use. So when their alcohol or drug use settles down, it is good to start a conversation about smoking.

EFFECTS ON THE BODY

Why does tobacco cause sickness?

While nicotine gets people addicted to tobacco, it is not usually the nicotine that causes sickness. The harms from smoking come from breathing in smoke from a burning cigarette. Along with nicotine, there are over 4,000 chemicals in cigarette smoke and at least 60 of these cause cancer. Smoking also produces carbon monoxide, which is the same poison in car exhaust fumes. Carbon monoxide causes damage to small blood vessels and leads to heart disease and stroke.

Why tobacco can make you feel good

Nicotine is the drug in tobacco that makes you want to smoke more. When a person smokes, the nicotine goes into the blood and up to the brain, where 'feel good' chemicals (like dopamine) are released. This makes a person feel calm, reduces hunger and helps them concentrate.

Chemicals found in tobacco smoke

Chemical	*Commonly found in*
Acetone	Nail polish remover
Ammonia	Toilet cleaner
Arsenic	Insecticide, pesticide, herbicide
Benzene	Petrol
Butane	Lighter fluid
Cadmium	Batteries
Carbon monoxide	Car exhaust
DDT/Dieldrin	Insecticide
Formaldehyde	Fluid for embalming dead bodies
Hexamine	Lighter fluid
Hydrogen cyanide	Rat and insect poison
Methane	Natural gas
Naphthalene	Mothballs
Stearic acid	Candle wax
Vinyl chloride	Plastic pipes

Why is carbon monoxide bad for us?

When we breathe in carbon monoxide it enters our bloodstream, sits on red blood cells and stops oxygen from getting into the blood. Smokers have less oxygen in their blood than non-smokers. To increase the amount of oxygen, the body makes more red blood cells. However, too many red blood cells can lead to blood clots forming, and this can lead to a heart attack or stroke.

What sickness does smoking cause?

Smoking causes lots of sickness in Aboriginal Australians. The damage occurs on the inside and often cannot be seen. Smoking causes harm to almost every organ in the body. The younger a person starts and the more years they smoke, the greater the health risks. However, stopping smoking at any age can improve health.

Cancer

Smoking greatly increases the risk of getting cancer of the lungs, mouth, lip, throat, stomach, liver, pancreas, kidney and bladder.

> When a person smokes and also drinks alcohol in a risky way, they have a much higher risk of some health problems (e.g. cancers of the mouth and throat).

Heart and blood vessel disease (cardiovascular disease)

Smoking narrows the blood vessels that take oxygen to the heart and to other parts of the body. Once narrowed, these blood vessels can easily get blocked. When a blockage happens, parts of the body can be damaged or die because of a lack of oxygen. For example, a person can have a stroke because of an area of brain damage, or a heart attack when an area of heart muscle is damaged. After a stroke, a person can be paralysed for the rest of their life. If the arteries that take oxygen to the legs and feet are affected, a person can get pain in their calves when walking, or when a blockage happens they can get gangrene, where part of their foot goes black and dies.

Lung disease

Smoking is the main cause of long-term (chronic) lung diseases like bronchitis and emphysema. Together these are known as Chronic Obstructive Pulmonary Disease (COPD). COPD makes people short of breath, causes a cough or wheeze, and makes the airways produce large amounts of mucus (a slimy or sticky substance, also called phlegm). Over time, even everyday activities become hard to do, like having a shower or going shopping. Once a person has COPD, their lungs do not usually return to normal.

> Quitting smoking can stop a client's COPD getting worse and can reduce the number of chest infections they get.

Diabetes

Smoking increases the chance of developing diabetes (type II). It also increases the risk of sickness from diabetes such as heart or blood vessel disease.

If a person has diabetes and they smoke, damage to the blood vessels can happen more quickly. Helping them to stop smoking is important to prevent these problems.

Pregnant women and harm to the baby

Smoking when pregnant is dangerous as the poisons in tobacco can be passed onto the baby.

Women who smoke while pregnant may have more problems during pregnancy and labour, and the baby may:

- Be born too early (premature)
- Have a greater risk of cot death
- Be born too small (low birth weight). This is linked to poor health, even into adulthood (e.g. heart disease, stroke, high blood pressure, being overweight and diabetes).
- Have an increased risk of deformities, such as cleft palate and cleft lip.

It is best if mothers can stop smoking before getting pregnant, but the earlier they stop during pregnancy the better. It is also better for pregnant women to try to avoid being around smokers altogether.

Passive smoking

Breathing in smoke from someone else's cigarette is called 'passive smoking'. Non-smokers can get sick from this (e.g. heart disease and breathing problems).

The effects of passive smoking on children include:

- More ear infections
- More coughs, colds and asthma
- More likely to take up smoking because they copy their parents or other family members or friends who smoke.

Risks of black market tobacco

'Chop chop' (black market tobacco) may contain chemicals, cotton plant waste, fungi and bacteria that can cause severe breathing problems and lung disease.

Death

Smoking is the leading cause of death in Aboriginal Australians. It causes one in every five deaths (many more deaths than alcohol or drug use cause). But tobacco is a 'silent killer'. You often do not see the harms until the illness is already severe. The three most common causes of death from smoking for Aboriginal Australians are heart and blood vessel disease (including strokes), lung disease and cancers. Nearly all lung cancer deaths (9 out of 10) are caused by smoking.

Consider local culture and views on causes of sickness

In some Aboriginal communities, commonly held beliefs may lead people to think that tobacco-related sickness (e.g. lung cancer, heart attack and stroke) happens because of sorcery and black magic. In these cases, it can be useful to work with community leaders, agencies and other community members to raise awareness that sickness such as lung cancer, heart attack and stroke can be caused by smoking. If the community speaks their own language, it can be useful to give messages about tobacco-related sickness in the local language and using local concepts. Ask local Aboriginal people to help you to explain it better.

HOW TO RECOGNISE NICOTINE DEPENDENCE

Some people only smoke tobacco occasionally (e.g. at a party) and they do not miss it if they do not have it. But most people who smoke daily or almost daily are dependent on nicotine (addicted) and find it hard to stop. They get strong cravings for cigarettes if they do not have one. They may also feel edgy or cranky if they cannot smoke. People who are highly dependent usually have their first cigarette within 30 minutes of waking. If they try to stop, they experience withdrawal symptoms. Dependent smokers are more successful at quitting if they get help.

A person is more likely to become dependent on cigarettes if they have:

- A parent or grandparent who was or is a smoker
- Grown up in a household where most people smoke
- Experienced trauma and high levels of stress in childhood
- Mental health issues
- Peer pressure to smoke or if many of their peers smoke
- Other drug and alcohol use.

HOW TO RECOGNISE NICOTINE WITHDRAWAL

Nicotine withdrawal happens when a dependent smoker stops smoking. It usually starts within an hour after the last cigarette and can include:

- Craving
- Feeling anxious
- Feeling cranky or irritable
- Trouble concentrating, or being forgetful
- Feeling tense and frustrated
- Increased hunger, especially for sweet foods
- Headaches
- Feeling dizzy
- Feeling constipated
- Feeling depressed.

Symptoms get stronger and usually peak around 1–3 days after the last cigarette. They then get weaker and usually settle down within 10–14 days. Because of these withdrawals, stopping smoking can be hard.

If your client gets strong withdrawal symptoms for most of the day, they are more likely to relapse and start smoking again. There are medicines to help reduce these withdrawal symptoms (see p. 118).

The 5 'As' of smoking cessation can remind you of the steps in helping clients to cut down or stop smoking:

1. *Ask* all clients if they smoke tobacco.
2. *Assess* your client's smoking (e.g. dependence, readiness to change).
3. *Advise* all clients who smoke that quitting would be the best thing that they could do for their health. This can be done in a clear and supportive way that is not judgemental.
4. *Assist:* offer smokers advice on quitting or cutting down. You can tell them about medicines available to help them. If your client cannot or will not stop smoking, you can discuss ways to reduce the harms from smoking.
5. *Arrange* a follow-up session with clients who are trying to quit. Even clients who are not ready to quit can be encouraged to come back and talk anytime about their smoking.

HOW TO ASSESS A CLIENT WHO SMOKES TOBACCO

Ask all clients if they smoke (if you do not already know). You can then find out:

- How ready they are to change. Ask: "Have you ever thought about stopping smoking?"
- How dependent they are on nicotine. Ask: "How soon after waking do you smoke your first cigarette?"

Finding out about your client's past experience of quitting can help you decide what might be most helpful for them now.

- Ask: "Have you ever tried to quit in the past?"
  If they say yes, ask them:
  - "What withdrawal symptoms did you get?"
  - "Have you tried any medicines to help you quit?" If yes, "Did you have any problems with them?"

HOW TO HELP A CLIENT TACKLE THEIR SMOKING

Sometimes just asking questions can be a powerful way of getting a person to think about their smoking. You can also use motivational interviewing to help the person weigh up what they like and what they do not like about smoking. For example, you can ask:

- What do you like about smoking?
  - They might say that it: calms you down, stops boredom, can be shared with friends, and is nice smoking with family and friends.
- What do you not like about smoking?
  - They might say that it: costs a lot, makes it harder to run or play sport, makes you cough, makes your chest feel tight and makes you short of breath, causes sickness. Also, people say that they do not like it when everyone asks for cigarettes (humbug), when they run out of smokes and want more, and that their kids do not like it.

The type of help you give will depend on:

- How ready the client is to tackle smoking
- The goals they want to aim for (e.g. trying to quit now, coming back to discuss quitting, cutting down, trying to avoid smoking near children)
- Which treatments the client prefers, if any (e.g. nicotine gum, Champix)
- What training and experience you have had in helping clients to cut down or quit smoking
- Whether you have a skilled smoking cessation worker available to help your client.

How to help a client who wants to cut down (but not quit)

Of course the best thing for your client's health is to stop smoking altogether. But not everyone is ready or able to quit right away. After talking about their smoking, your client may decide that they are prepared to cut down but are not ready to quit.

If your client is just an occasional smoker, and is not dependent, they may be able to cut down on their own (see Tips to cut down or quit, p. 115).

But if your client is dependent on cigarettes (e.g. they smoke as soon as they wake up, or get cranky when they run out of cigarettes), cutting down can be a problem. Your client may find that they drag more deeply on each cigarette because they are 'desperate for a smoke'. This can be particularly bad for the lungs, as the poisons get right out to the small airways at the edges of the lungs. If a dependent smoker wants to cut down, NRT can make it easier.

Invite the client to come back and let you know how they are going with their smoking.

How to help a client who is ready to quit

- Some people can quit smoking without any help, but support, counselling and medicines have shown to help dependent smokers. Offer to see the client regularly while they are trying to stop.
- Many smokers take several attempts to quit.
- What works to help one smoker quit may not work for someone else. Your client can try a different approach if they do not succeed at first.
- Discuss support options including QuitLine (phone: 131 848).
- Discuss NRT and other medicines.
- Consider getting help from a GP. In particular, get advice from a GP if your client is pregnant, taking other medicines, is less than 18 years old, has a serious health problem, or if they want a script for NRT or other medicines.
- For most people (more than nine out of 10), even a single puff on a cigarette can lead to relapse. It is important that once a person has stopped smoking, they avoid cigarettes altogether.
- Often clients with drug and alcohol, mental health or physical health issues have complex histories and may be very dependent on nicotine. More support may be needed to help them stop smoking.

Tips to help your client cut down or quit smoking

Tip 1: Stay away from other smokers

Try to avoid being around other smokers during the first few weeks of quitting, although this will be very hard to do in some communities. Breathing in other people's smoke and spending too much time around smokers will make cravings stronger and is the biggest cause of relapse.

Tip 2: Do not make the mistake of having 'just one' cigarette

For most people who quit smoking, just one puff on a cigarette can lead them back to smoking all the time.

Tip 3: Avoid drinking alcohol during the first few weeks of quitting

Alcohol increases cravings for nicotine. Drinking alcohol can increase the chance of starting up smoking again and can make you feel less determined to want to stop smoking. Smokers who have quit are more likely to ask for a cigarette if they drink alcohol during the first few weeks of quitting.

Tip 4: Reduce caffeine but do not stop

Drinking less coffee, cola and other caffeinated drinks when trying to quit smoking can help people feel less agitated and anxious. Reducing the amount of caffeine by about half each day can help, but stopping altogether can lead to caffeine withdrawal.

Tip 5: Citrus helps (lemons, limes, oranges, grapefruit and native or 'wild' limes)

Citrus and nicotine do not go together very well. Rubbing a lemon wedge on the tongue is a natural way to reduce nicotine cravings. Or your client can eat or drink citrus fruit.

Tip 6: Eat breakfast

Eating breakfast can help reduce nicotine cravings. Sometimes smokers mistake feeling hungry for nicotine cravings.

Tip 7: Distract yourself

Most cigarette cravings last about 3–5 minutes, but it can feel much longer. Distraction can help to manage the craving until it passes (e.g. do the washing up, sweep the floor, go into another room, go for a short walk, brush your teeth, or have a shower).

Tip 8: Glucose helps

Having something sweet like a glucose lolly or a jellybean when craving a cigarette can help reduce cravings during the first few weeks of quitting.

Tip 9: Do some exercise

Regular exercise for short periods of time can help when trying to quit smoking. Exercise helps the brain release 'feel good' chemicals (e.g. dopamine) that can help when trying to quit smoking.

Tip 10: Everyone smokes outside the house or car

Advise your client to make their house and car a smoke-free zone before trying to quit. Allowing people to smoke inside the house and/or car when trying to quit makes it difficult to stop. If your client lives with other smokers, advise them to talk to these people about smoking outside before making a quit attempt. They should try not to go outside when other people are smoking.

Things to consider if your client uses caffeine, alcohol or certain prescribed medicines

Smoking can affect how the body processes (metabolises) other drugs such as caffeine, alcohol, paracetamol and some psychiatric medicines.

Caffeine and nicotine

Most smokers drink more tea, coffee and cola than non-smokers. This is because caffeine breaks down faster in smokers. When quitting smoking your client's caffeine levels may build up. Having too much caffeine can make them feel anxious and can cause sleep problems. This can make the withdrawal worse. This is why smokers should reduce their caffeine intake by half when quitting smoking.

Alcohol and nicotine

Smokers also process alcohol faster than a non-smoker and so tend to drink more to get the same effect from alcohol. Nicotine and alcohol strengthen each other's 'high' – that is why they are so often used together. Added to this is that alcohol can take away the will to say no.

Medicines and nicotine

Smoking can speed up the way the body processes certain medicines such as insulin, warfarin (a blood thinner) and clozapine (an anti-psychotic drug). These medicines can sometimes build up in the body when a person stops smoking. Your client should see their doctor while they are quitting to check that these medicines do not become too strong.

WHAT MEDICINES ARE THERE TO HELP PEOPLE QUIT SMOKING?

There are two types of medicine available that can help people to quit smoking. These are most often used if the person is dependent on nicotine (addicted). These are:

- Nicotine replacement therapy (NRT): patches, nicotine gum, lozenges, mini-lozenges, microtabs, inhaler
- Prescription medicines: Champix (varenicline tartrate) and Zyban (bupropion).

How do quitting medicines help?

Quitting medicines reduce withdrawal symptoms such as cravings, feeling cranky and irritable, mood swings and feeling anxious. They usually do not stop withdrawal symptoms altogether. Most clients will still get some cravings in situations where they usually smoke.

The tablets, Champix or Zyban, are started while a person is still smoking. They can reduce the desire to smoke.

Using nicotine replacement therapy (NRT)

NRT is much safer than smoking tobacco because it does not contain the cancer-causing chemicals found in tobacco smoke. NRT helps to reduce cravings and withdrawal symptoms.

Your client should speak to their doctor or pharmacist before using NRT if they are:

- Pregnant
- Have a major illness (e.g. recent heart disease)
- Taking strong medicines such as insulin, warfarin (a blood thinner), or medicines for schizophrenia
- Less than 18 years old.

Patches

A patch is placed on the skin and slowly releases nicotine through the skin and into the blood, giving the body a steady dose of nicotine. This takes the edge off cravings throughout the day but may not take them away altogether. If a client does not smoke every day and does not get withdrawals, a patch may be too strong and may make them feel sick in the stomach. If the client feels sick, they may do better using short-acting NRT instead (e.g. gum or lozenges).

Tips for using nicotine patches

What strength patch should be used?

- Most smokers who are heavily dependent or smoke 15 or more cigarettes a day should start with a 21mg patch. If they get withdrawals they may need to increase to two patches.
- Less dependent smokers who smoke less than 15 cigarettes a day should start with a 14mg or 7mg patch (designed as a 16-hour patch).

When to use a 24-hour patch?

- Clients should use a 24-hour patch if they smoke soon after waking.
- To reduce the chance of sleep problems (e.g. vivid dreams), put the patch on late at night (e.g. 11pm or later). This allows the body's nicotine levels to build up slowly overnight ready to help with the morning craving.

When to use a 16-hour patch?

- Clients should use a 16-hour patch if they do not smoke until later in the day – at least a couple of hours after waking.
- Clients who have sleep problems (e.g. vivid dreams) with a 24-hour patch (even when they put it on late at night), or clients who want to go to bed early, should use a 16-hour patch.
- Put the 16-hour patch on first thing in the morning and take it off before bed.

How and where to put on a patch?

- Shower before putting the patch on (patches can come off when they get wet).
- Apply to clean, dry and hairless skin on the upper body.
- Hold the patch down for 10 seconds.
- Remember to put the patch in a different spot every day.
- In hot, humid climates, your client may need to use some tape (e.g. 'micropore' tape) to keep the patch in place, against the skin.

What if the patch is not strong enough?

Highly dependent smokers may end up smoking while wearing the patch because it is not strong enough. If this happens, they may need to add short-acting NRT (e.g. gum, lozenge, microtab, inhaler). Specialist smoking cessation clinics also often add a second patch. You can get advice on this from the Quitline or a specialist smoking cessation worker.

What if the patch is too strong?

If the patch is too strong, your client may feel like a young person who has smoked too many cigarettes (e.g. dizzy, sick in the stomach). If this happens, they can use a weaker patch or switch to short-acting NRT instead.

What if people smoke while using a patch?

If a person smokes while using a patch, this usually just means that they need a higher dose of NRT (see above). It is not a reason to stop using patches.

Short-acting NRT

- People who are nicotine dependent often need to use both a patch and also a short-acting form of NRT (such as gum, lozenges, mini-lozenges, microtabs, or an inhaler). The short-acting NRT helps cope with occasional cravings during the day.
- Occasional smokers, or people who often run out of cigarettes, may not be physically dependent on nicotine. For them, short-acting NRT alone may be enough.
- It is absorbed through the lining of the mouth.
- It gives a quick hit of NRT (within 2–3 minutes).
- It should be used quickly, as soon as the client thinks about smoking (do not let the craving build).

Tips for using short-acting NRT

What strength should be used (for gum and lozenges)?

If your client is very dependent, they should probably start on the stronger form (4mg). If you are not sure, your client can start with the lower strength (2mg), and, if needed, use two pieces at once.

Choosing a short-acting NRT

- Gum: people with many missing teeth or with false teeth should not use gum.
- Mini-lozenges: can taste better than lozenges, but may be a little more expensive.
- Microtabs: more expensive than gum and lozenges.
- Inhaler: the inhaler gives the quickest hit of nicotine and is most like a cigarette. It can also help replace the 'ritual' of smoking.

What flavour?

The flavoured gum, lozenges and microtabs (e.g. mint, citrus) taste better than the standard variety.

How do you use it?

- Gum: put gum in mouth and chew a few times, until a tingling or peppery taste is felt. Then 'park it' between the cheek and gums. Every now and then, chew a few times to release more nicotine. Throw the gum away after 30 minutes.
- Lozenges/mini-lozenges: move around the mouth and let dissolve.
- Microtabs: leave the tablet under the tongue until it dissolves.
- Inhaler: the smoker puffs on a plastic tube that contains a cartridge of nicotine (called an inhaler).

How often?

Your client can use short-acting NRT as often as they need it, whenever they feel like smoking. Tell them not to let the craving build. However, if they use it too much, they may feel dizzy, sick in the stomach or get a sore mouth.

What to do if it's not strong enough

- If your client still has cravings, they may need a patch as well (or instead).
- Your client may need to use the short-acting NRT more often, or use a higher strength (4mg instead of 2mg).
- Different kinds of short-acting NRT can be mixed (e.g. inhaler and gum).
- If your client is using an inhaler and it does not seem to be working, make sure they are puffing on the inhaler rather than just taking deep breaths.

Can your client get hooked on short-acting NRT?

Short-acting NRT gives a much quicker hit of nicotine than patches, so occasionally a person can become dependent on it, and find it hard to stop. These people can be weaned off short-acting NRT (using lower strength, or less often), or they can use a patch to allow them to stop.

Warning: 'e-cigarettes' are sometimes bought on the internet, but are not recommended, as they may contain cancer-causing agents.

NRT and pregnancy

Pregnant women could try going 'cold turkey' first, but pregnant women who are more dependent can use short-acting NRT. Patches are generally not recommended for pregnant women. Sometimes a specialist may approve them.

NRT and illness

Patches should not be used if the person has had a heart attack in the last 24 hours or recent onset heart pain (angina) in the past month.

Using NRT to reduce the harms from smoking

Your client can use NRT if they are ever in a place where they cannot smoke (e.g. airport, train, hospital).

There is evidence that NRT helps people smoke less. This is because when a person uses NRT they are less 'desperate' for a cigarette and draw back less, so less poison from the cigarette enters their body.

How your client can get NRT

- NRT is available at most chemists, and at big supermarkets and petrol stations in cities and towns. Any adult can buy them. If your client needs extra advice on how to use them, they can ask the chemist or call the Quitline (phone: 131 848).
- Free or discounted nicotine patches are available on prescription from a GP.

! Free nicotine patches for Aboriginal Australians

Aboriginal Australians can receive up to two courses of free nicotine patches a year by getting a script from their doctor. Each course is for 12 weeks.

Discount nicotine patches for all Australians

Your Aboriginal client may have a non-Aboriginal partner who smokes. At the time of writing, any Australian who wants to quit smoking can ask their GP for a script for nicotine patches. This makes the patches the same cost as other medicines on the PBS, and a lot cheaper than full price patches at the chemist.

Using prescription medicines

Champix (varenicline tartrate) and Zyban (bupropion) are two medicines available on a script from a doctor to help people stop smoking. The client starts taking the medicine while they are still smoking and it may reduce the desire to smoke. These medicines are not suitable for all clients.

Champix and Zyban are both listed on the PBS to make them less expensive.

Champix

- Champix partly blocks the effect of nicotine on the brain, so that smoking loses its reward or 'feel good' effect. People lose interest in smoking. It also has a very small nicotine-like effect, and because of this the client does not get withdrawals.
- Tablets are taken twice a day following the instructions on the box.
- If a client has cut down but not stopped smoking after one month on Champix, they can add NRT (short-acting NRT or patches) and continue for another two months.
- If there is no reduction in smoking after one month, the client should stop taking Champix and switch to NRT.

Possible side effects of Champix:

- Nausea: can be reduced by taking Champix with food
- Sleep problems: to avoid sleep problems, take the Champix at 7am and 3pm. Taking the second dose of Champix any later in the day can increase the risk of sleep problems. However, there needs to be eight hours between the first and second dose.
- Depressed and suicidal thoughts: ask family or a health professional to keep an eye out for any mood changes
- Aggressive or strange behaviour
- Can increase the risk of heart attack.

Champix should not be used if your client:

- Is pregnant
- Has kidney problems
- Has a history of seizures
- Has a history of suicidal thoughts or severe depression
- Shows aggressive behaviour when not intoxicated.

Within one month of taking Champix, almost half of smokers (4 in 10 people) will stop smoking or greatly reduce how much they smoke. However, we do not know why this medicine works for some people and not others.

Zyban

Zyban is an anti-depressant medicine that helps reduce nicotine withdrawal symptoms. Tablets are taken twice a day for 12 weeks. The full course of treatment should be taken to increase the chance of successfully quitting.

- If a client has cut down their smoking after two weeks but not stopped, they can use NRT (any type) together with Zyban for the rest of the 12 weeks.
- If after two weeks there is no reduction in smoking, the client should stop taking Zyban and talk to their doctor about using Champix or NRT.

Possible side effects of Zyban:

- Sleep problems: can be helped by taking the night-time dose as early as possible before going to sleep. But remember that there needs to be around eight hours between taking the first and second dose.
- Seizures: these are not common.

Zyban should not be used if your client:

- Is pregnant
- Could be at risk of seizures because of withdrawal from alcohol or benzos, a brain tumour, or past serious head injury
- Has a history of eating disorders (e.g. anorexia nervosa, bulimia nervosa).

Within two weeks of taking Zyban, 1 in 3 smokers will stop smoking. However, we do not know why this medicine works for some people and not others.

USING A CARBON MONOXIDE MONITOR WHEN HELPING CLIENTS TO QUIT SMOKING

Carbon monoxide is a poisonous gas found in cigarette smoke, cannabis smoke and car exhaust fumes. It is a major cause of the damage to blood vessels that happens in smokers.

What is a carbon monoxide monitor?

A carbon monoxide monitor (usually called a 'smokerlyser') looks a bit like a breathalyser. It is used to show clients how much carbon monoxide is in their breath and how smoking less can help reduce this.

The client blows into the smokerlyser and gets a reading of the amount of carbon monoxide in their breath. High readings tell us that the client draws in deeply when they smoke and has a greater risk of harm.

Within 2–3 days of stopping smoking, carbon monoxide levels will drop to that of a non-smoker. Cutting down by using NRT can greatly reduce the level of carbon monoxide in the body. Seeing carbon monoxide levels drop can help motivate clients to keep trying to quit.

HOW TO REDUCE THE HARMS OF PASSIVE SMOKING

If your client is not ready to quit, you can talk about things that they can do to reduce the risks of smoking to the people around them. Your client can:

- Smoke outside
- Make their house and car a smoke-free zone. Remove all ashtrays from inside the home and perhaps create a special outside area where people can smoke.
- Avoid smoking around babies, children or older people, and ask others to do the same
- Wear a shirt for smoking and leave it outside. Take it off before cuddling babies and children.

FURTHER READING

The Centre for Excellence in Indigenous Tobacco Control (CEITC) has information and resources. See www.ceitc.org.au.

Zwar N, Richmond R, Borland R, Peters M, Stillman S, Litt J, Bell J, Caldwell B. (2007). *Smoking cessation pharmacotherapy: An update for health professionals. Melbourne:* The Royal Australian College of General Practitioners. Available from: www.racgp.org.au/Content/NavigationMenu/ClinicalResources/RACGPGuidelines/smoking/Smoking_Cessation_Update09.pdf.