

# TOBACCO CESSATION SUPPORT PROGRAMME



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**QUIT**



# TOBACCO CESSATION SUPPORT PROGRAMME

**The Tobacco Cessation Support Programme is a structured behavioural support programme for smoking cessation.**

The Programme provides HSE Smoking Cessation Specialists <sup>(1)</sup> with the resources to build client capacity for behaviour change in smoking cessation.

In facilitating this Programme, the Smoking Cessation Specialist adopts a client centered approach using the core skills of motivational interviewing. This approach enables the Smoking Cessation Specialist to support the tobacco user through the process of quitting by increasing confidence and motivation to quit and developing personal coping skills to sustain this quit attempt over time.

**The Programme incorporates 7 sessions and can be adapted to meet individual client needs, pace and readiness to change. The Programme can be facilitated on an individual or group basis.**

The Tobacco Cessation Support Programme complements the HSE / NCSCCT (National Centre for Smoking Cessation and Training UK) Tobacco Cessation Specialist training. The programme incorporates all elements of the NCSCCT Standard Treatment Programme and complies with HSE National Standard for Tobacco Cessation Programme, March 2013.



(1) National Standard for Tobacco Cessation Support Programme, March 2013.



# Session Plan

## Aim:

Create a supportive environment to facilitate change in smoking behaviour by working through the process of the Tobacco Cessation Support Programme

## Smoking Cessation Specialist Role:

- Engage and build rapport with client
- Provide an overview of Tobacco Cessation Support Programme
- Explain process of quitting and reassure client that Quit Dates are set, following comprehensive preparation and planning, at Session 3
- Ask about current smoking and previous quit attempts
- Assess level of nicotine dependence
- Use scaling questions to discuss client's readiness and motivation to quit
- Raise awareness of client's smoking pattern
- Help client to identify an incremental change in personal behaviour
- Complete Registration and Consent Form
- Summarise and clarify session outcomes
- Complete Weekly Feedback sheet, if appropriate

## By the end of this session clients will:

- Understand the preparation and planning necessary for a successful quit attempt
- Increase awareness of smoking pattern by completing **'My Smoking Day'** on one day in the coming week
- Identify and put into practice **one positive change** in personal behaviour in the week ahead

## Client Handouts:

- **Registration** (Registration Form, Your Smoking Habit and Permission Form)
- **Programme Overview**
- **My Smoking Day**
- **One change I will make**
- **Session Feedback**



# Registration Form

Name		
Address		
Phone Number		
E-mail Address		
<b>Age Range/Age</b> <input type="checkbox"/> 15-24 <input type="checkbox"/> 55-64 <input type="checkbox"/> 25-34 <input type="checkbox"/> 65-74 <input type="checkbox"/> 35-44 <input type="checkbox"/> 75+ <input type="checkbox"/> 45-54	<b>Are you pregnant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you have a Medical Card?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Doctor's Name		
Doctor's Address		

**Health:** Have you had any recent problems with your heart or lungs?

.....

.....

How did you hear about the quit smoking programme?

.....

I intend to take part in all 7 sessions.

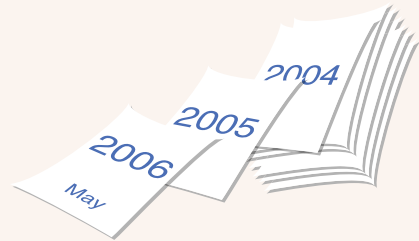
Signed ..... Date .....





# Your smoking habit

How many years have you been smoking?



About how many cigarettes do you smoke a day?

10 40  
35 20

After you wake up, how soon do you have the first cigarette? Tick one box.



Less than 5 mins

☐


5-15 mins

☐


30 mins - 1 hour

☐

More than 1 hour

☐

Did you ever try to quit? Tick yes or no.

Yes

☐

No

☐

If yes how many times?

Why do you want to quit?

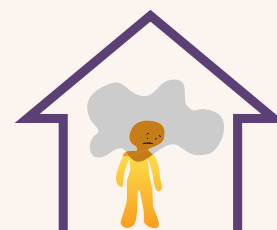


# Your smoking habit

Does anyone living with you smoke? Tick yes or no.

Yes ☐

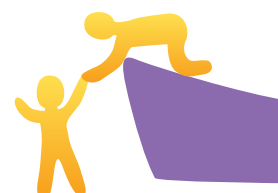
No ☐



Do you have someone to help you quit smoking? Tick yes or no.

Yes ☐

No ☐



If yes, who? Tick yes or no.

Partner ☐

Family member ☐

Friend ☐

How confident are you that you can quit smoking? Please mark a point on the scale



Not confident

Fairly confident

Very confident

How important to you is quitting? Please mark a point on the scale



Not important

Fairly important

Very important



# Permission Form

Please read the statements below.

Tick the box if you agree. Then please sign the form.

1. I give permission to Health Promotion & Improvement to put my smoking status on their database. I understand that this will be kept in accordance with Data Protection Regulations.

☐

2. I agree that the smoking cessation practitioner will contact me to offer support.

☐

3. After my quit, I will be followed-up at 4 weeks, 3 months and 1 year.

☐

If you were referred by your doctor, please read the following and tick the box if you agree.

4. I agree that the smoking cessation practitioner may contact my doctor to give information on my progress.

☐

Signed .....

Date .....



# Programme Overview





# My Smoking Day


Complete for 1 day only

Example of how to fill out this diary

				
Time of smoking	What I was doing at this time	How much I needed to smoke	Number I smoked	How much did I enjoy it?
				
				
				
				
				
				
				
				
				



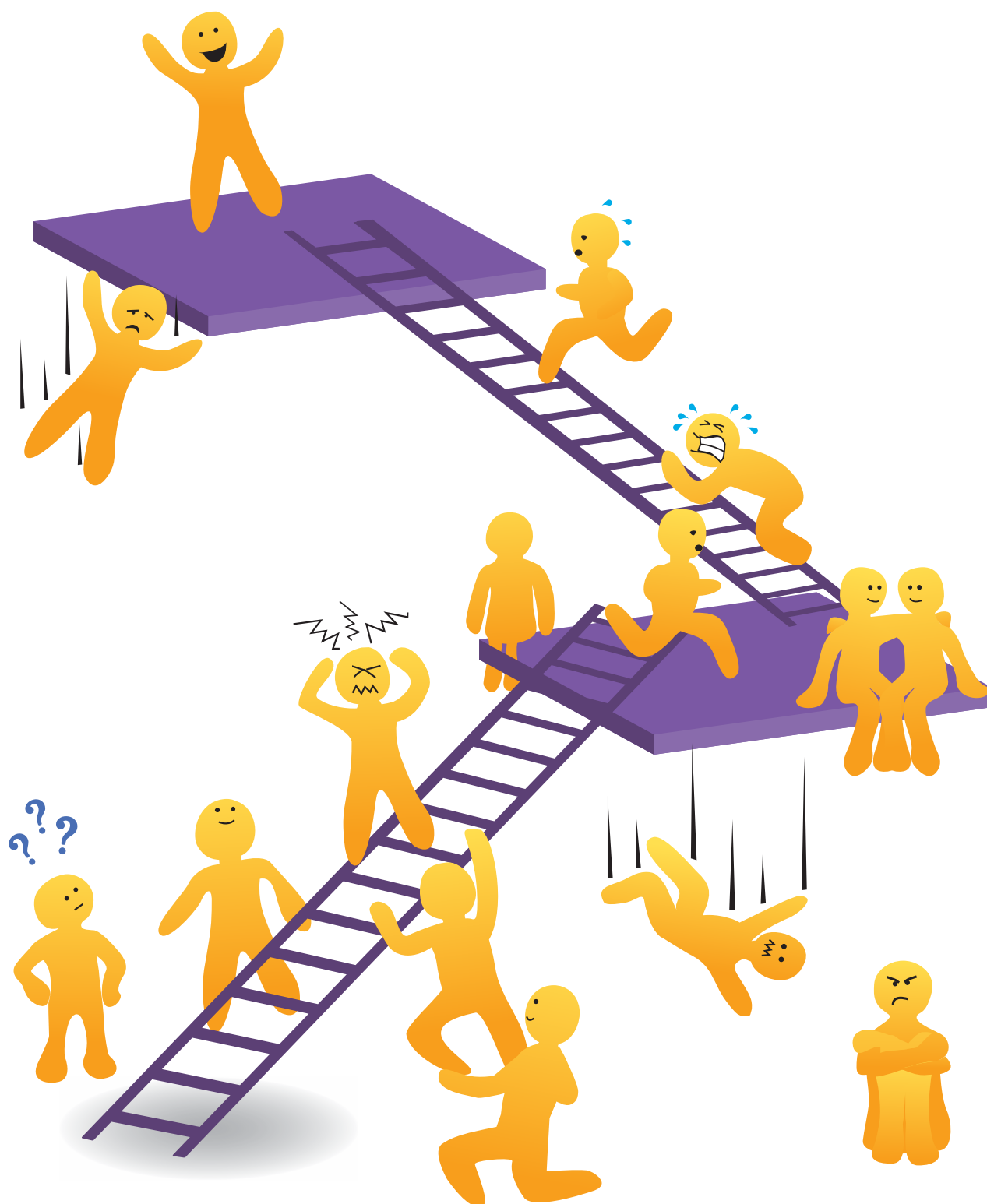
# One Change I Will Make

One change I will make		How and when will I make this change
<p>Start walking</p> 	<p>Smoke outside</p> 	
<p>Do some relaxation</p> 	<p>Drink water</p> 	
<p>Have breakfast</p> 	<p>Not smoke in the car</p> 	
<p>Reduce coffee intake</p> 	<p>Eat some fruits and vegetables</p> 	
<p>Other Things I can do</p>	<p>Other Things I can do</p>	



# Session Feedback

Mark where you are on the sheet.





# Session Plan

## Aim:

Increase personal awareness and understanding of why tobacco use persists and identify the personal benefits of quitting

## Smoking Cessation Specialist Role:

- Elicit feedback on 'My Smoking Day'
- Identify success and/or difficulty in making planned behaviour change and discuss further incremental change
- Explain Carbon Monoxide (CO) Test and record level
- Address ambivalence and motivation to quit using the Decisional Balance
- Identify and discuss personal benefits of quitting
- Discuss clients' previous use of stop smoking medications, if any
- Provide practical examples of stop smoking medications and guidelines for safe use

## By the end of this session clients will:

- Understand and have a record of individual CO level
- Reflect on concerns about stopping smoking
- Identify personal supports and barriers to making positive behaviour changes
- Understand how pharmacotherapy aids quitting
- Select appropriate pharmacotherapy based on previous experience and preference

## Client Handouts:

- **Carbon Monoxide Record**
- **Decisional Balance**
- **Counting the Cost**
- **Benefits of Quitting**
- **Stop Smoking Medicines**







# Carbon Monoxide Record

## What is Carbon Monoxide?

Carbon Monoxide (CO) is a poison. It is a gas. It has no colour or smell. CO is in car exhaust fumes and in tobacco smoke.

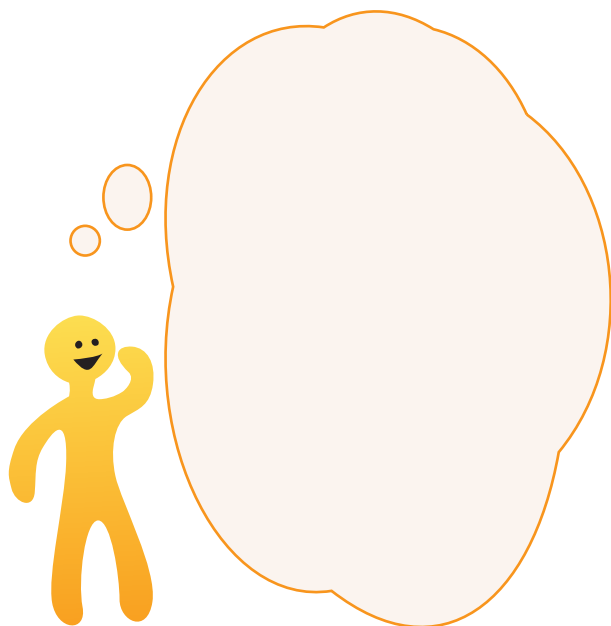
Name .....

Date	My CO level	CO (ppm)	What does this mean?
		↑ Above 25 ↑	 <p><b>Smoker</b></p> <p>When you smoke you breathe CO into your lungs. CO then gets into your blood. The CO poison means the blood can't bring enough oxygen around your body.</p> <p>This means that your heart doesn't get enough oxygen. This can cause heart attack and stroke. You can also find you get out of breath very quickly.</p> <p>When you stop smoking CO in the blood falls almost immediately.</p>
		25	
		24	
		23	
		22	
		21	
		20	
		19	
		18	
		17	
		16	 <p><b>Non-smoker</b></p> <p>A non-smoker has no CO in the blood.</p> <p>There is a good supply of oxygen to heart and lungs.</p>
		15	
		14	
		13	
		12	
		11	
		10	
		9	
		8	
		7	
		6	
		5	
		4	
		3	
		2	
		1	

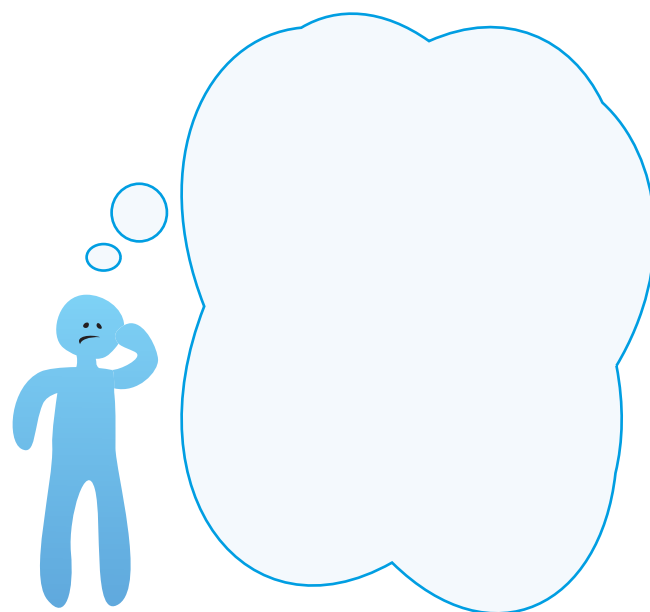


# Decisional Balance

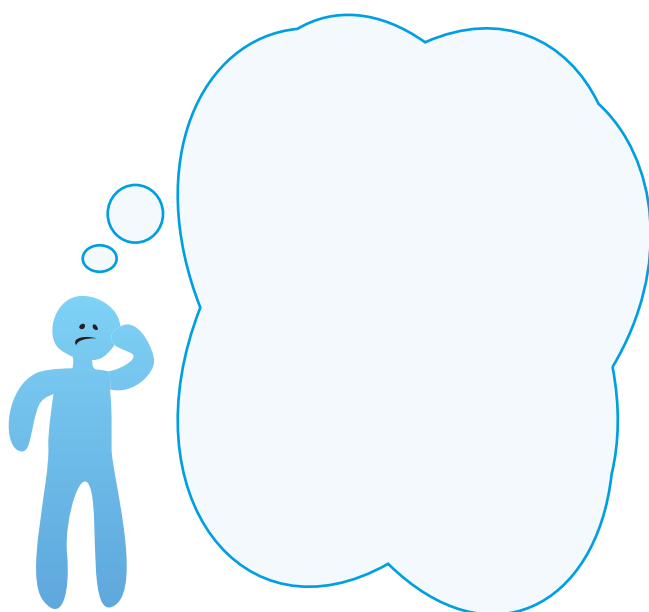
What I like about smoking is...



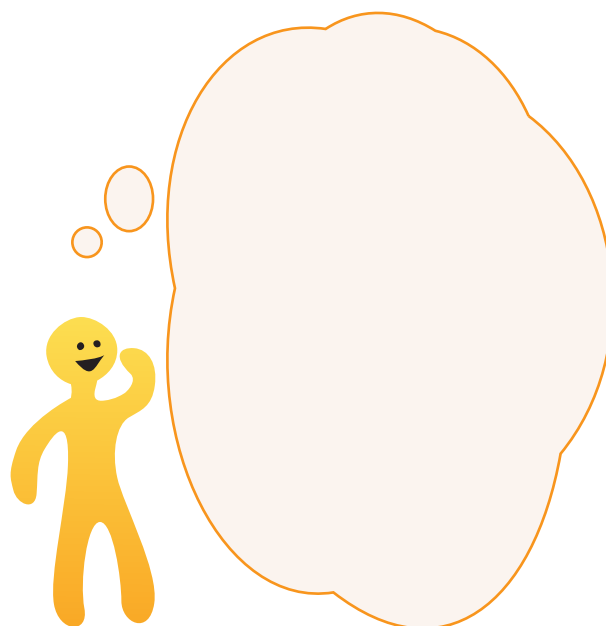
What worries me about smoking is...



What worries me about quitting is...



The good things about quitting are...



**What I will try is**



# Counting the Cost

How much does a packet of 20 cigarettes cost? .....

How many do you smoke a day? .....

If cigarettes cost € ..... and you smoke 20 every day,

If tobacco costs € ..... and you use 25 grams,

that's:

about € ..... **a week**

over € ..... **a month**

nearly € ..... **a year**



How much does smoking cost you?

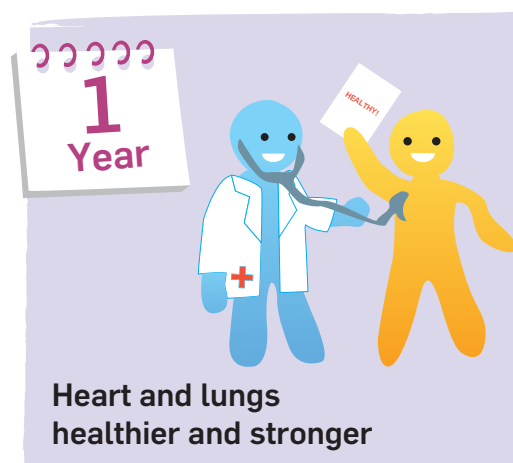
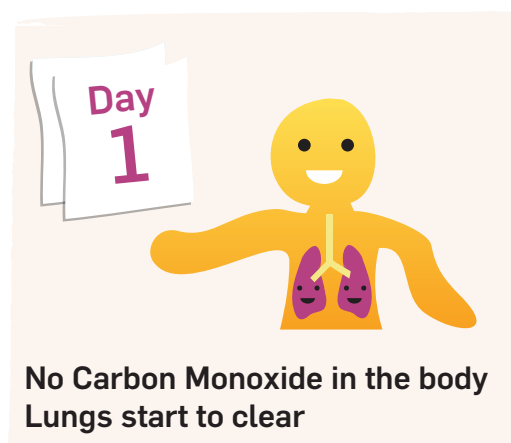
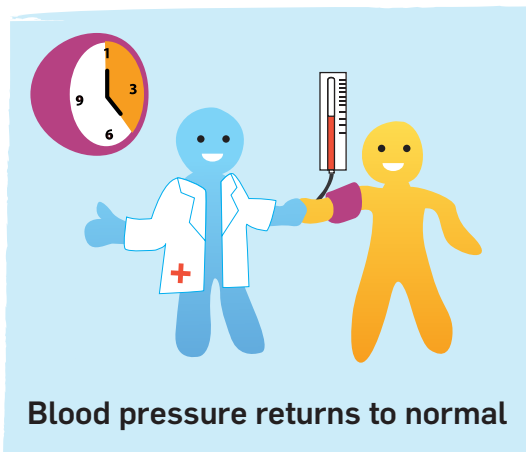
Every week? .....

Every month? .....

Every year? .....



# Benefits of Quitting





# Stop Smoking Medicines

Nicotine Replacement Therapy and other stop smoking medicines will help you stop smoking if used properly.

## There are different type of Nicotine Replacement Therapy



Patch  
(24 hour or  
16 hour)



Gum



Lozenge

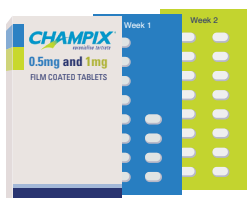


Spray



Inhaler

## Other Aids



Champix  
(On prescription only  
from your GP)



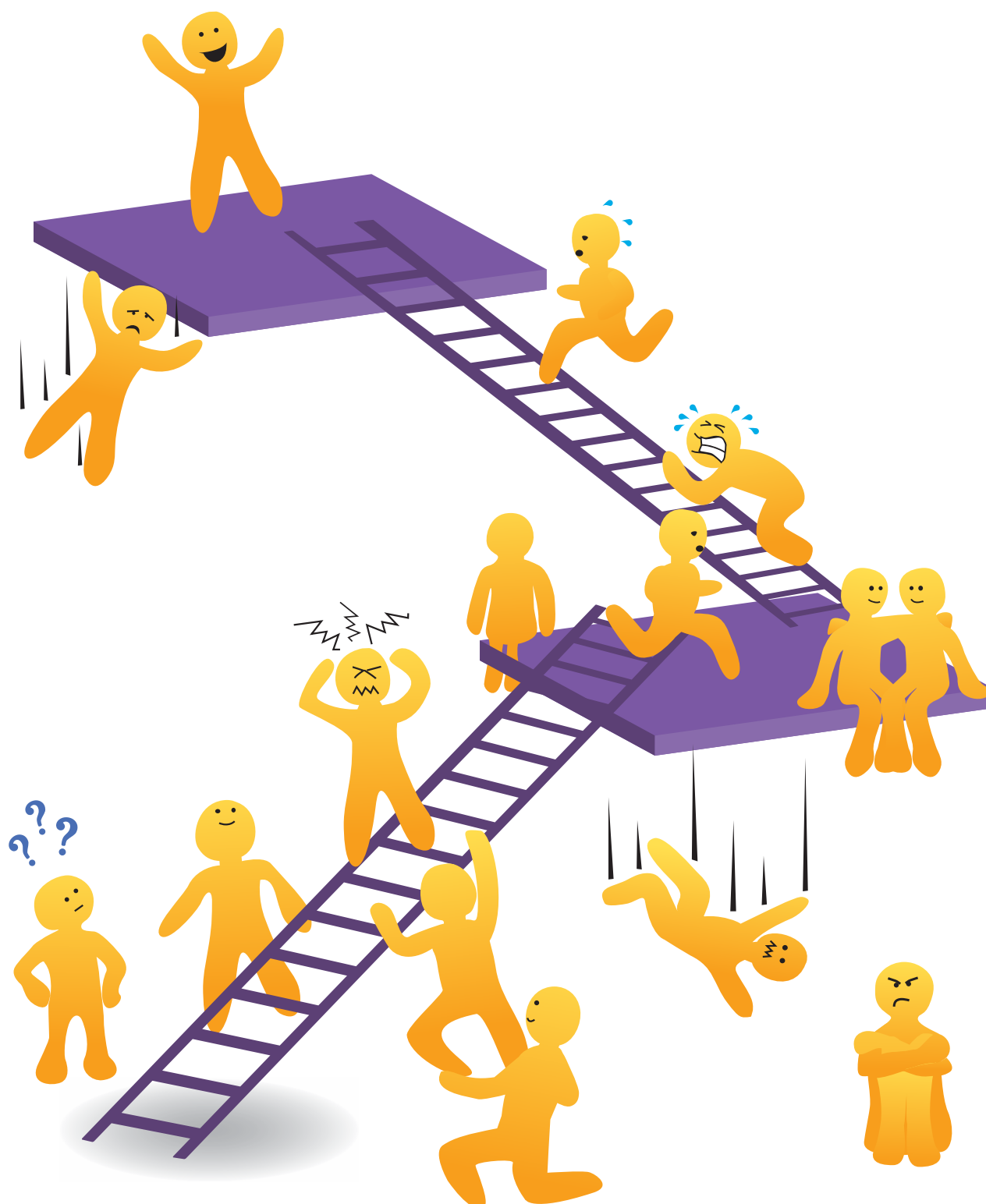
Zyban  
(On prescription only  
from your GP)

- All Stop Smoking Medicines are used for 12 weeks, 8 weeks at the higher dose and then reduced to a lower dose for the following 4 weeks.
- Talk to your GP, Pharmacist or Smoking Cessation practitioner or specialist about which medicine might be best for you.
- Check how to use the type of medication you have chosen and make sure you understand the instructions before you start using it.



# Session Feedback

Mark where you are on the sheet.





# Session Plan

## Aim:

**Prepare client to set a quit date with confidence**

## Smoking Cessation Specialist Role:

- Review progress on additional behaviour change during the week
- Discuss and identify personal coping strategies
- Reflect on previous quit attempts
- Confirm readiness to set a quit date
- Confirm client has appropriate pharmacotherapy and understanding of its correct use
- Assist client to develop personal quit plan and set a quit date
- Explain the importance of the 'not a puff' rule

## By the end of this session clients will:

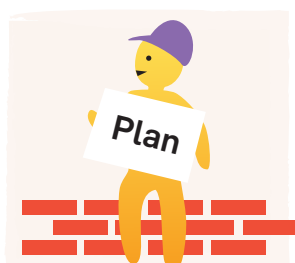
- Identify personal coping strategies by completing 'When I stop smoking'
- Understand importance of pharmacotherapy and its correct use
- Personalise and complete 'My Quitting Plan'
- Set a quit date
- Commit to 'Not a puff' rule

## Client Handouts:

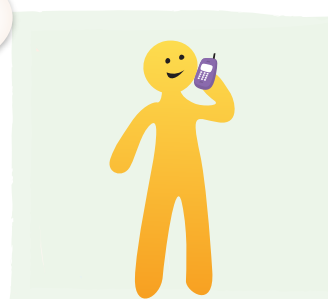
- **Coping with Cravings**
- **When I stop smoking**
- **My Quitting Plan**
- **Session Feedback**



# Coping with Cravings



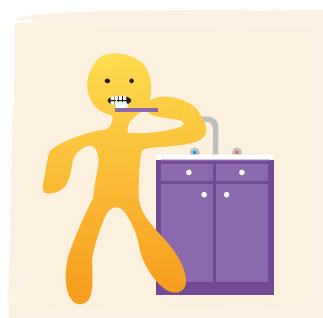
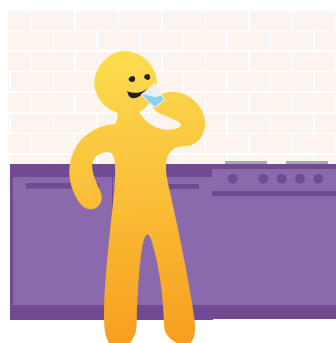
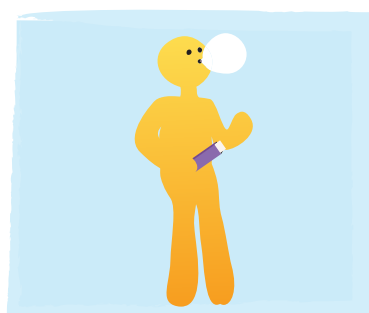
**Distract yourself.**



**Distract your thoughts.**



**Distract your hands.**



**Distract your mouth.**

**Use your stop smoking aids**





# When I stop smoking...

My day	What will I do instead of smoking?
 Morning time	
 Tea or coffee	
 Driving	
 Break from children	
 Meal times	
 When stressed	
 On the phone	
 Relaxing	
 Meeting friends	
Other times	
 Before bed	



# My Quitting Plan

My quit date is: ..... and after that I will not have a single puff

My difficult times	What I plan to do at these times

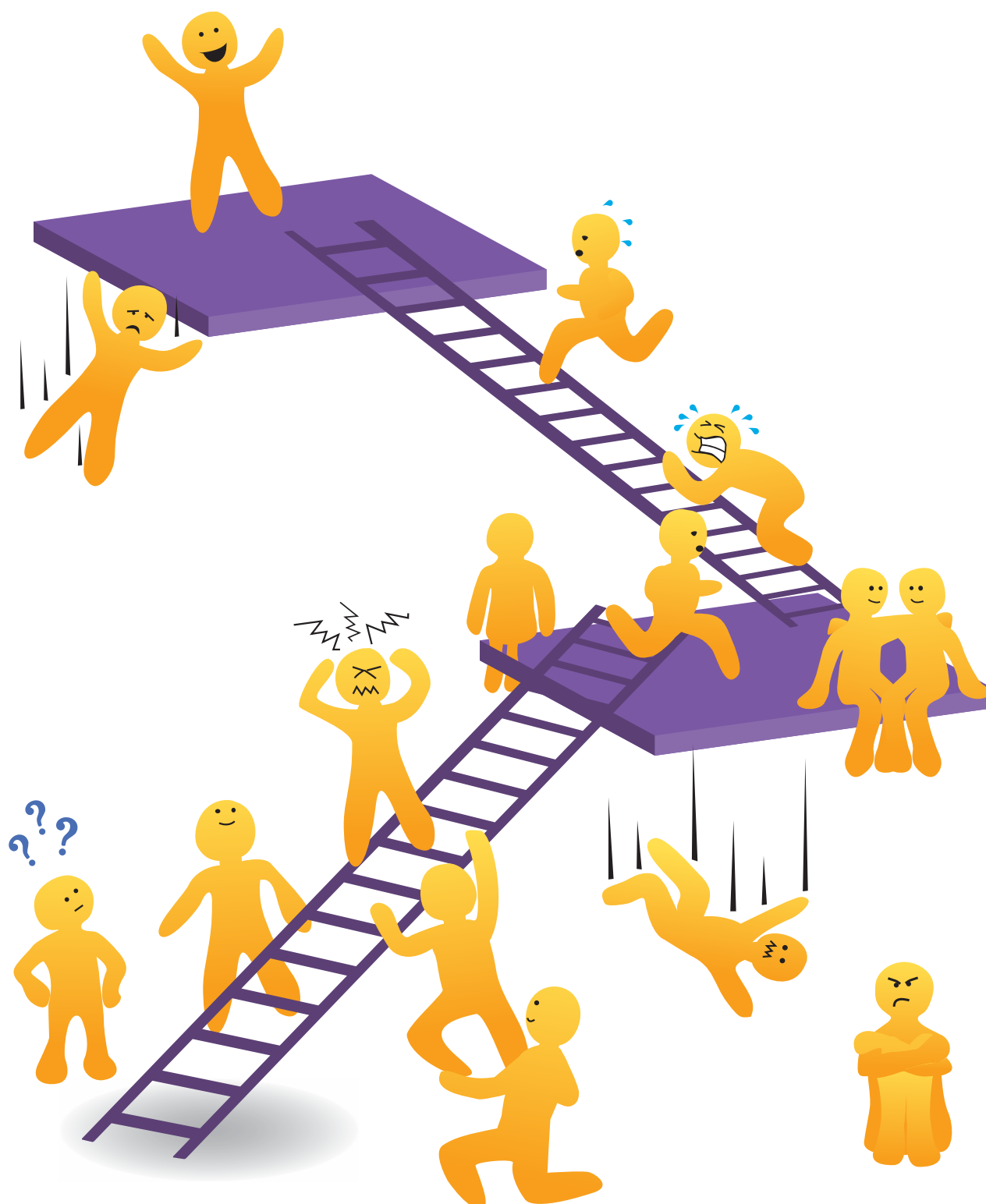
Support	
Who will I ask to support me?	
What support will I ask for?	

Other things I plan to do to make quitting easier



# Session Feedback

Mark where you are on the sheet.





# Session Plan

## Aim:

**Support tobacco users commitment to stopping smoking**

## Smoking Cessation Specialist Role:

- Invite feedback on planned quit attempt
- Acknowledge clients' achievement in quitting or attempting to quit
- Monitor and record CO level
- Identify additional supports required, if necessary
- Look at common withdrawal symptoms and how to cope with them
- Discuss the link between nicotine depletion and stress
- Assist client in identifying strategies for managing stress

## By the end of this session clients will:

- Review personal quit plan
- Feel motivated to sustain quit attempt
- Be aware of withdrawal symptoms and how to cope with them
- Understand the link between smoking and stress and identify strategies for managing stress

## Client Handouts:

- **Withdrawal symptoms**
- **Smoking and Stress**
- **Coping with Stress**
- **Session Feedback**

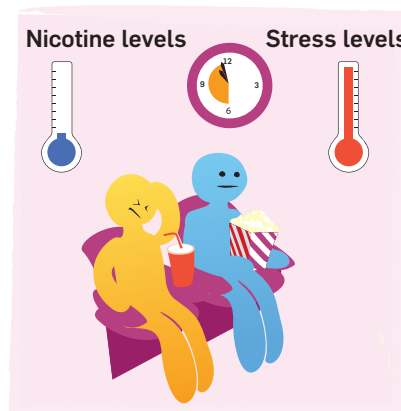
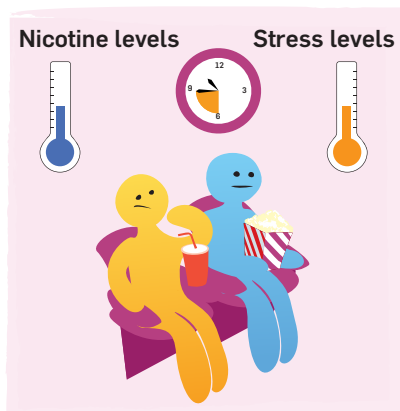
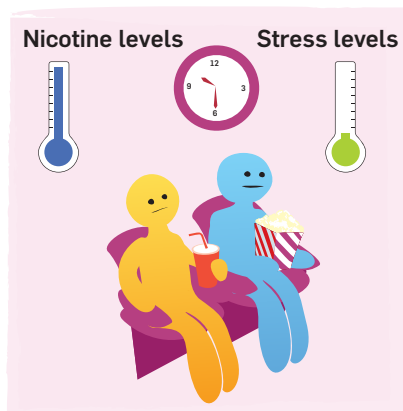
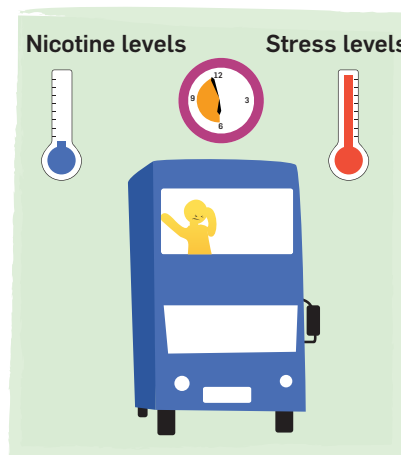
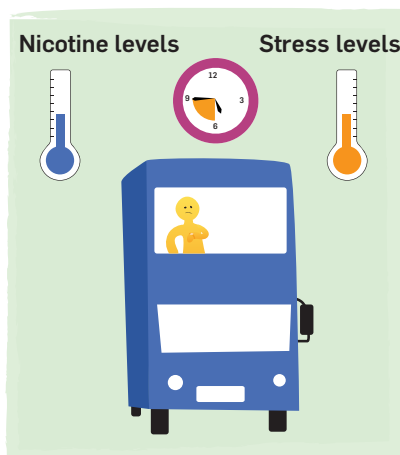
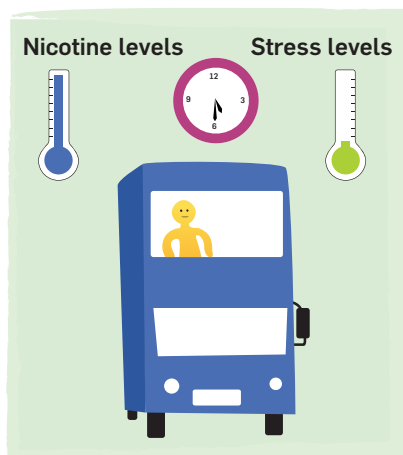
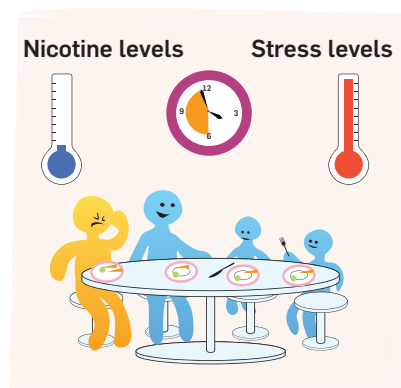
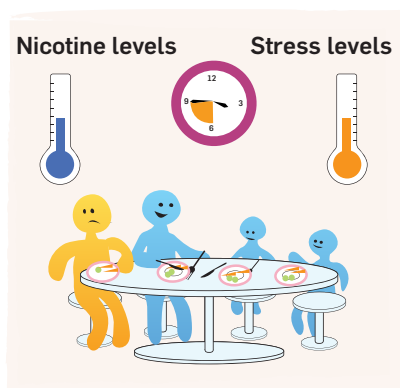
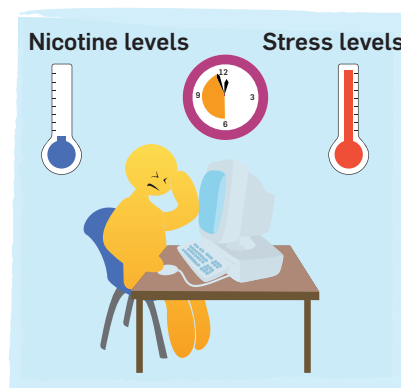
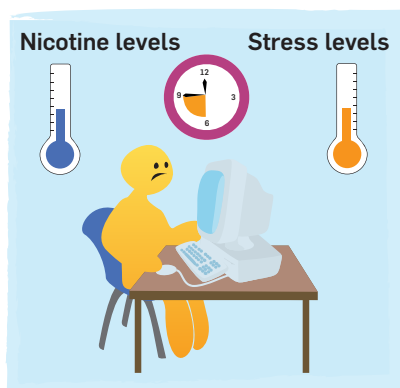
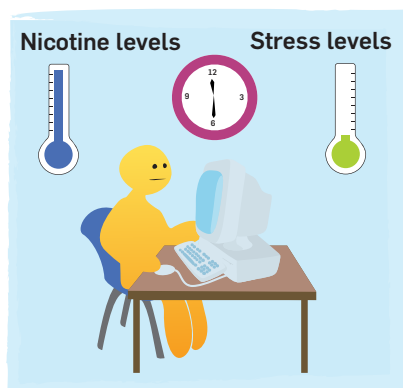


# Withdrawal symptoms - how to cope

Symptom	When it will pass	What to do
<p>Urges to smoke.</p>	<p><b>Week 2</b></p> <p>2 weeks</p>	<p>The urge will pass in a few minutes. Remember your quitting plan.</p>
<p>Hard to sleep.</p>	<p><b>Week 1</b></p> <p>1 week</p>	<p>Avoid tea and coffee late in day.</p>
<p>Hard to concentrate.</p>	<p><b>Week 1</b></p> <p>1 week</p>	<p>Plan work carefully.</p> <p><b>Plan</b></p> <ol style="list-style-type: none"> <li>1. Start with...</li> <li>2. Then do...</li> <li>3. Finish off...</li> <li>4. If time...</li> </ol>
<p>Anxiety and restlessness</p>	<p><b>Week 2</b></p> <p>2 weeks</p>	<p>Deep breathe or use a relaxation method.</p>
<p>Irritable</p>	<p><b>Week 4</b></p> <p>4 weeks</p>	<p>Exercise.</p>
<p>Increased appetite</p>	<p><b>Week 11</b></p> <p>11 weeks</p>	<p>Have a healthy diet. Drink water.</p>



# Smoking and Stress





# Coping with Stress

## > Know yourself

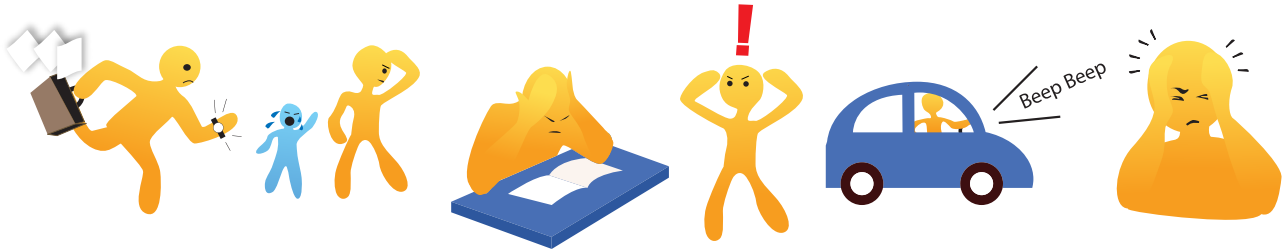
You have many roles and challenges every day.



## > Know your warning signs

Stress is different for each of us.

Knowing what makes you stressed is the first step to coping.



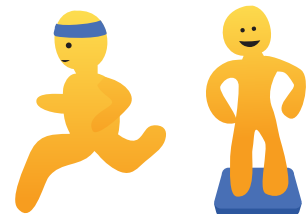
## > Know how to cope

Pick a few ways that work for you. Remember to...

**Manage time**



**Exercise**



**Have a healthy diet**

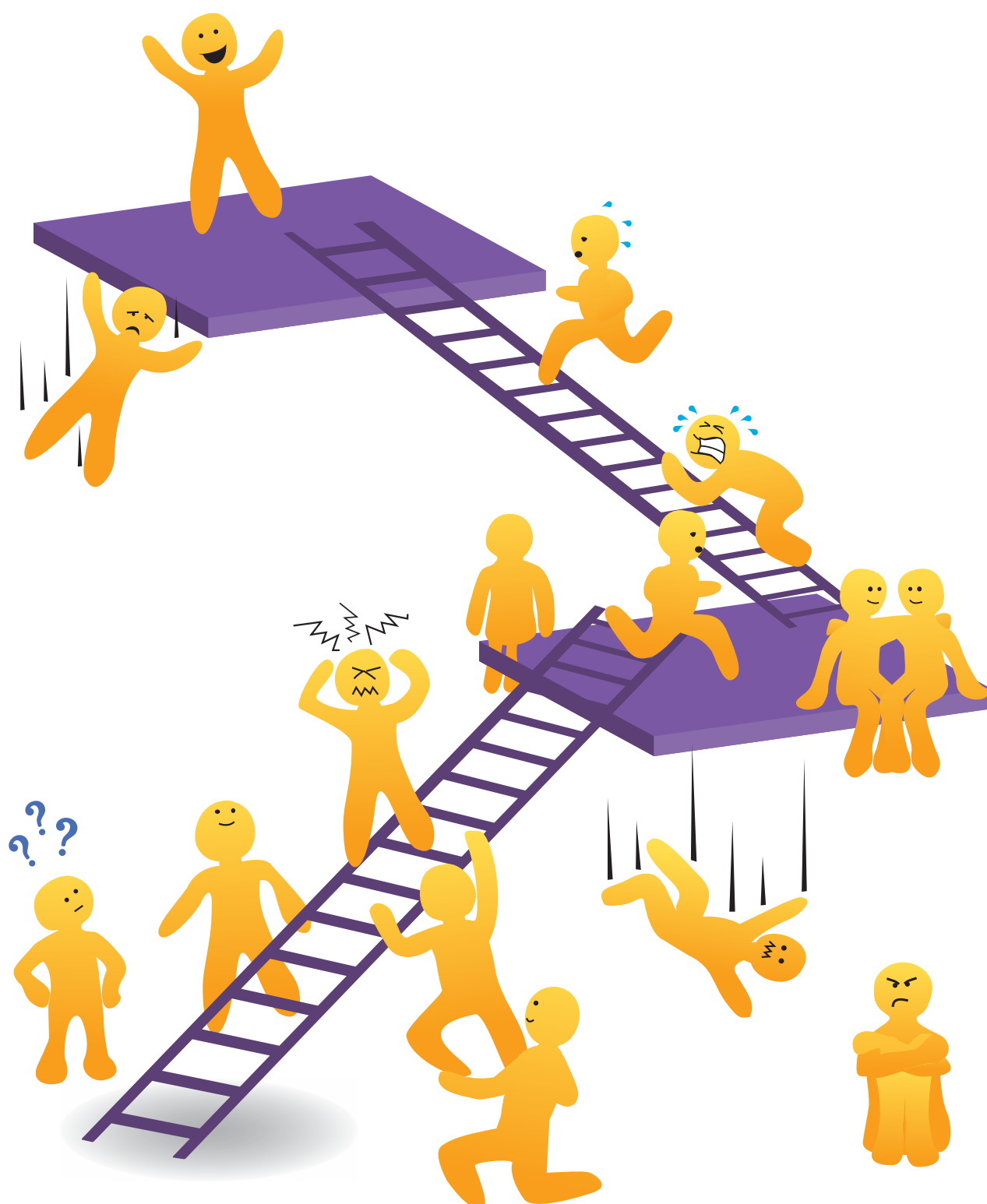


**Be positive**



# Session Feedback

Mark where you are on the sheet.







# Session Plan

## Aim:

**Maintain a healthy quit attempt**

## Smoking Cessation Specialist Role:

- Invite feedback on client progress
- Reinforce the 'not a puff' rule
- Elicit benefits gained post quit
- Address aspects of a healthy diet when quitting smoking

## By the end of this session clients will:

- Feel confident to maintain quit attempt
- Reflect on personal eating habits
- Complete 'My plan to quit smoking without gaining weight'

## Client Handouts:

- **Use the Food Pyramid to plan your healthy food choices**
- **My plan to quit smoking without putting on weight**
- **Session Feedback**

## For adults, teenagers and children aged five and over

# Foods and drinks high in fat, sugar and salt



**NOT  
every  
day**

!

**Maximum once or twice a week**

# Fats, spreads and oils

In very small amounts

## Meat, poultry, fish, eggs, beans and nuts

**2**  
Servings  
a day

## Milk, yogurt and cheese

**3**  
Servings  
a day

**5** for  
children age  
9–12 and  
teenagers  
age 13–18

## Wholemeal cereals and breads, potatoes, pasta and rice

**3-5\***  
Servings  
a day

**Up to 7\***  
for teenage  
boys and  
men age  
19–50

# Vegetables, salad and fruit

**5-7**  
Servings  
a day

There is no guideline for inactive children as it is essential that all children are active.



**Drink at least 8 cups  
of fluid a day –  
water is best**



## Get Active!

To maintain a healthy weight adults need at least 30 minutes a day of moderate activity on 5 days a week (or 150 minutes a week); children need to be active at a moderate to vigorous level for at least 60 minutes every day.



# My plan to quit smoking without putting on weight

Fill in what you eat and drink during the day.  
How does it compare with the Food Pyramid?

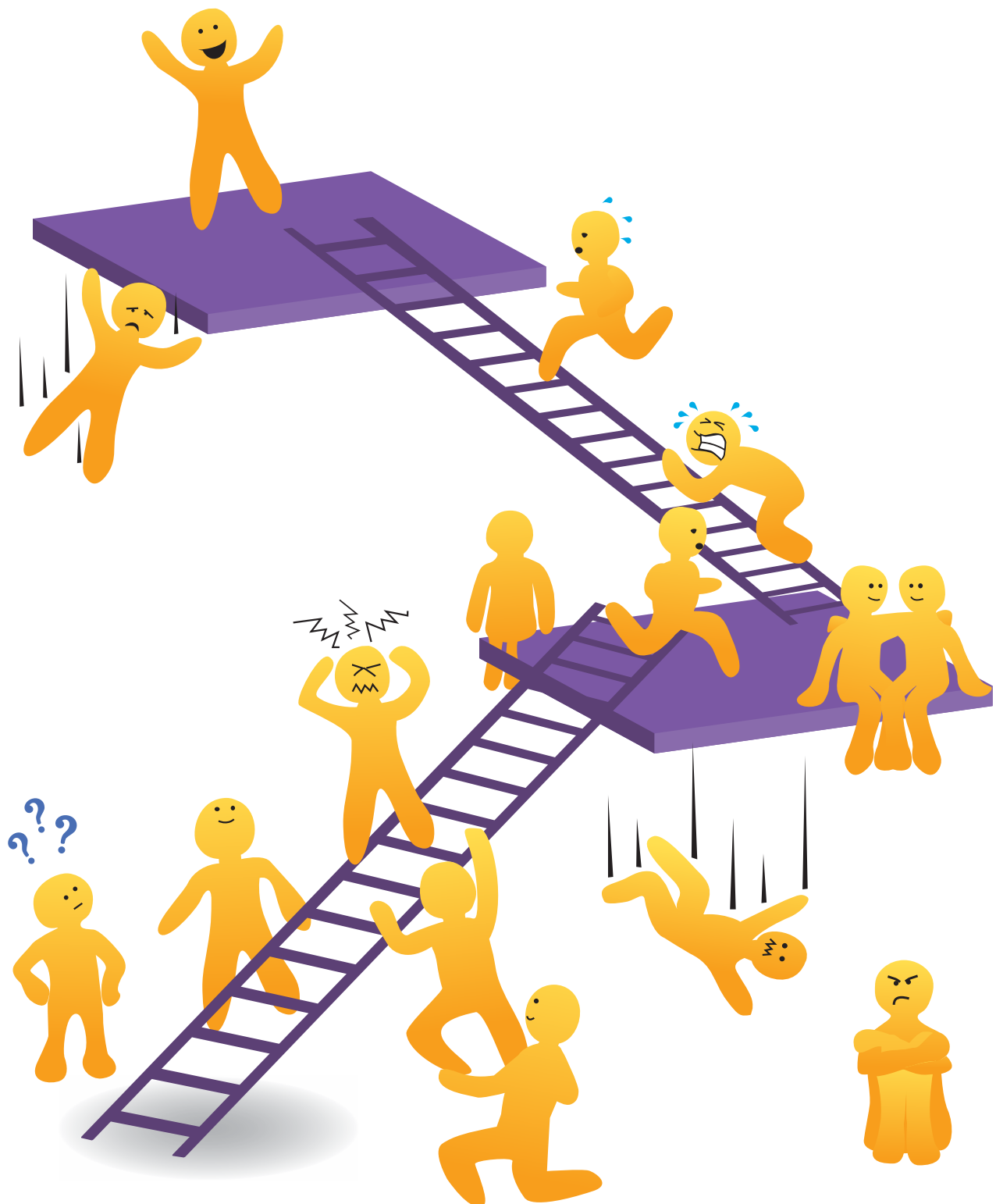
<b>Breakfast</b>	
<b>Mid-morning</b>	
<b>Lunch</b>	
<b>Mid-afternoon</b>	
<b>Dinner</b>	
<b>Late Evening</b>	

Are you replacing your cigarettes with food? .....

Are you snacking in between meals? .....

**One change I will make in my eating habits:**

Mark where you are on the sheet.





# Session Plan

## Aim:

**Affirm tobacco user's motivation in sustaining their quit effort**

## Smoking Cessation Specialist Role:

- Review key triggers and benefits of quitting
- Explain the concept of the space we have between what happens to us and our response to it.
- Encourage client to reflect on their capacity to make a positive choice.
- Raise awareness of physical activity in supporting and maintaining a healthy quit
- National Guidelines on Physical Activity for adults aged 18 – 64 is 30 minutes a day of moderate activity on 5 days a week or 150 minutes a week.

## By the end of this session clients will:

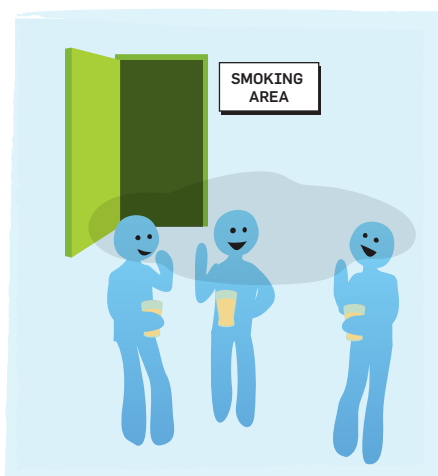
- Understand the space to choose and appreciate their capacity to make positive behavior choices
- Identify physical activity which can be integrated into everyday life

## Client Handouts:

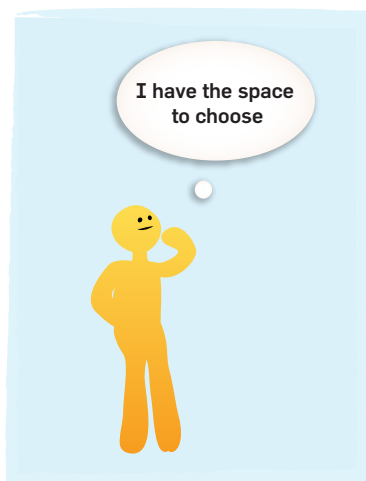
- **Behavioural Pattern: Space to choose**
- **Be Active!**
- **Tips for getting active**
- **My plan to be more active**
- **Session Feedback**

# Space to choose

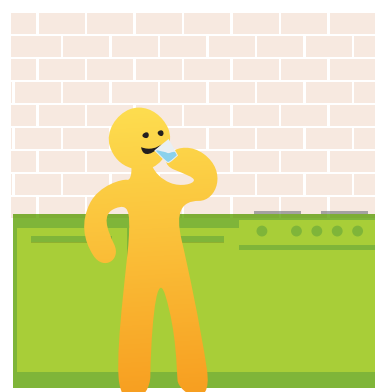
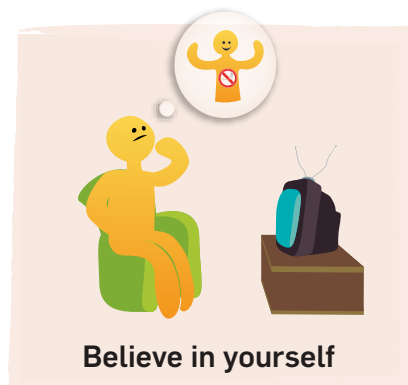
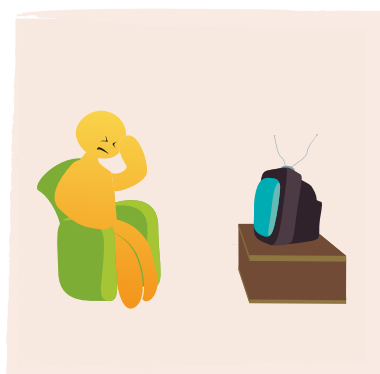
What happens



Space to choose



What you do

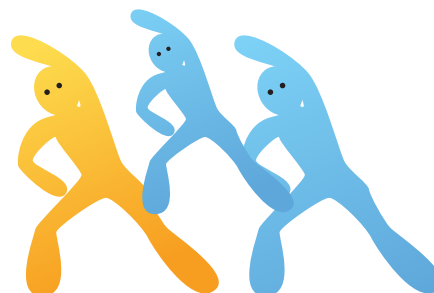




# Be active!

## > Why be physically active?

Being physically active will help keep you fit and keep your weight down to a healthy level. It does this because of the effect it has on the body's metabolic rate.



## > What is metabolic rate?

'Metabolic rate' is how fast your body makes and burns energy. It includes how fast your body burns up the calories from food.

If your metabolic rate is slow, your body will be slow at burning up calories. This could lead to putting on weight, because the body stores unused calories as fat.



## > The good news is...

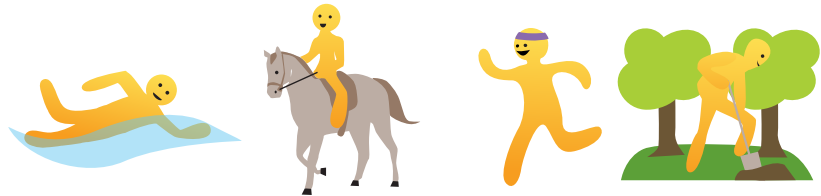
Regular exercise will boost your metabolic rate, both during the exercise and after it. It will help keep you at a healthy weight.



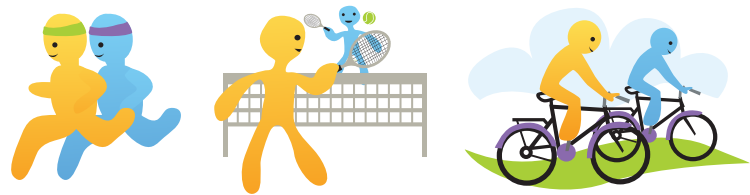
**The best thing to do is to get active and stay active!**

# Tips for getting active

**Choose an activity that you will enjoy.**



**Find a friend to exercise with.**



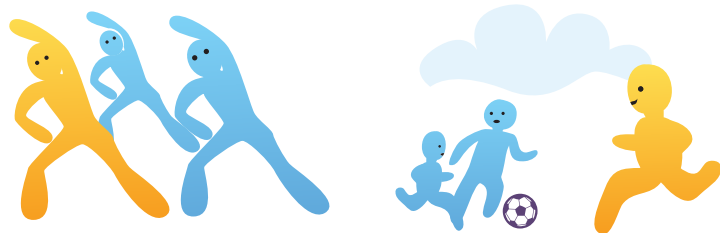
**Build up gradually.**



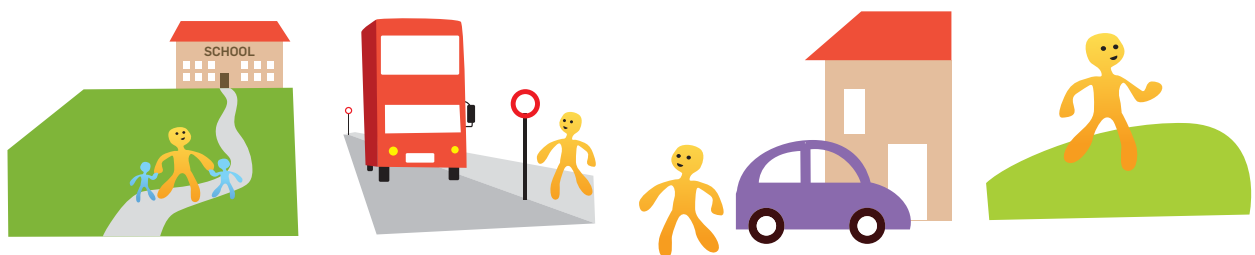
Get started by doing 5 or 10 minutes a few times during the day, and increase this gradually.

**Join a local club or class.**

Check out [www.getirelandactive.ie](http://www.getirelandactive.ie)



**Walk more as part of your ordinary routine.**















## Remember the benefits!





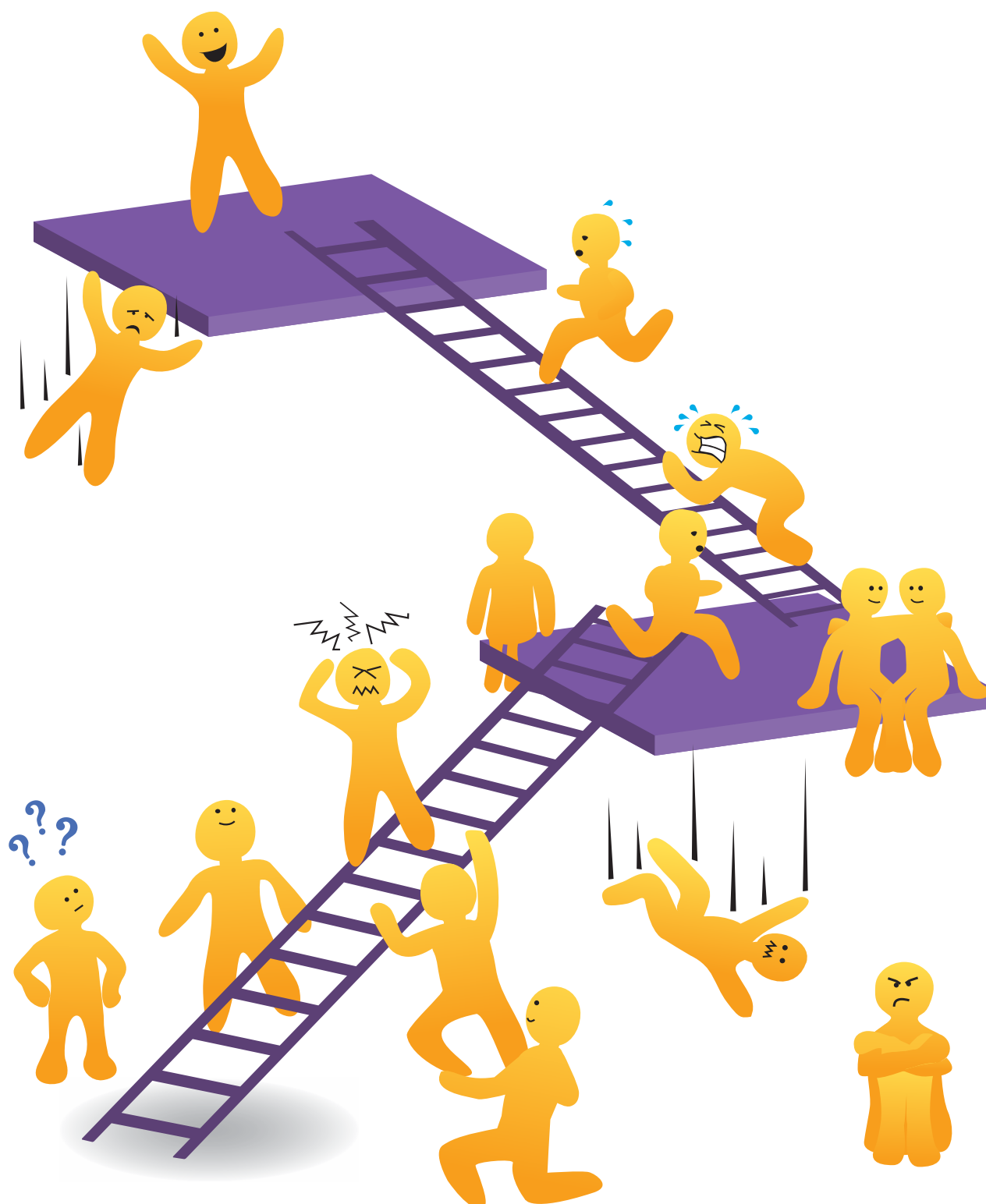
# My plan to be more active

What I will try	When I will do this activity	What I will try	When I will do this activity
			
			
			
			
			
			

Or choose some other activity .....

# Session Feedback

Mark where you are on the sheet.





# Session Plan

## Aim:

**Review smoking cessation support programme and personal quit attempt.**

## Smoking Cessation Specialist Role:

- Review quitting journey and positive changes made
- Discuss relapse prevention and affirm strategies that have previously worked
- Reiterate the 'not a puff' rule
- Validate 4 week quit through CO monitoring
- Discuss continued correct usage of pharmacotherapy
- Reassure client of on-going support, as appropriate
- Provide options for maintenance support including Quit Team or further face-to-face sessions
- Remind client of follow up at 3 months and 12 months post quit
- Evaluation, if appropriate

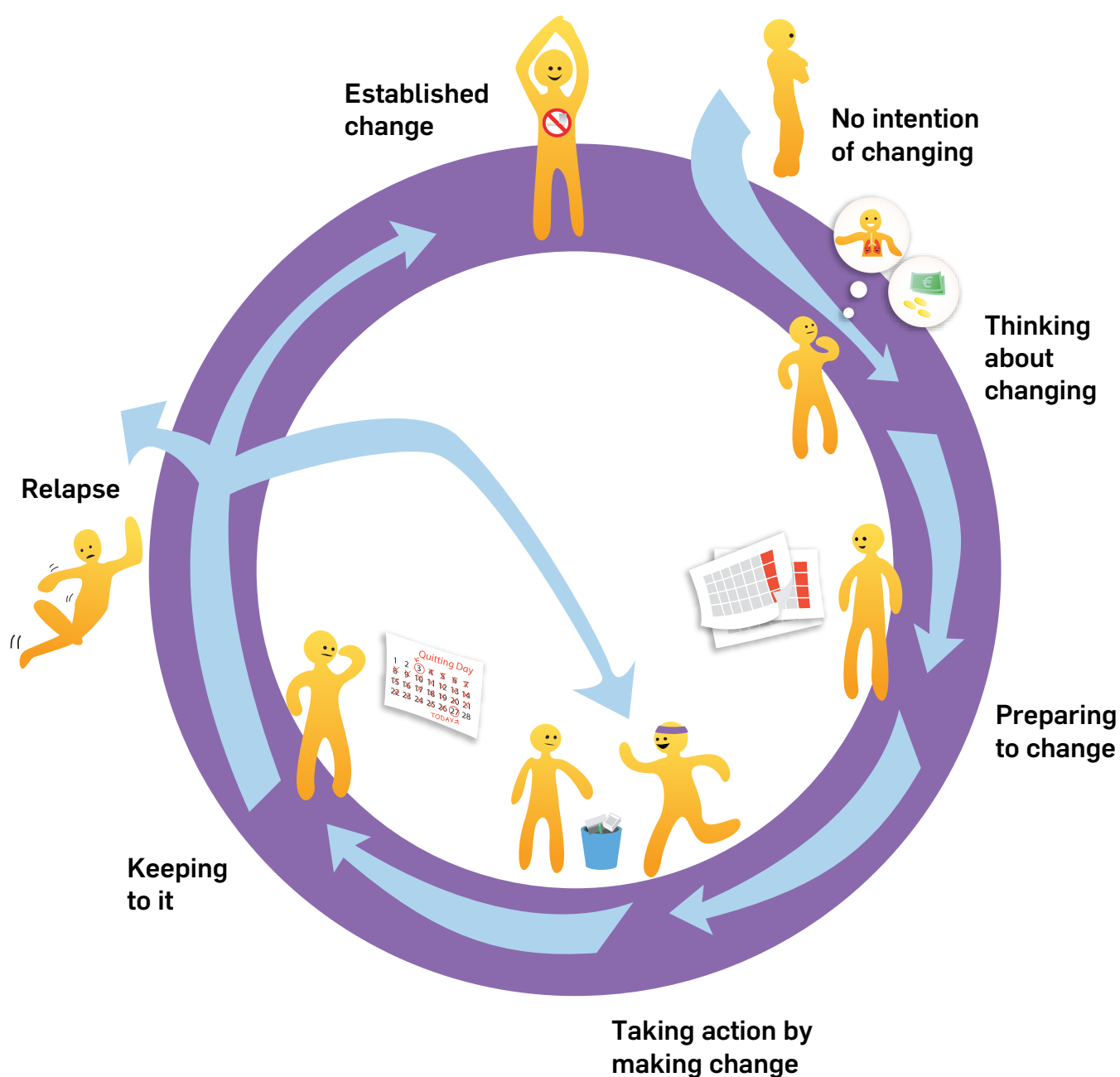
## By the end of this session clients will:

- Identify personal relapse strategies
- Feel confident that further support is available if required
- Know where and how to access additional support
- Understand that there will be follow up at 3 months and 12 months post quit date

## Client Handouts:

- **Where are you on the cycle of change?**
- **Relapse prevention: I've come a long way**
- **Useful Contacts**
- **Evaluation**

# Where are you on the cycle of change?





# I've come a long way!

I've quit and plan to stay quit!

☐

OR I've cut down and plan to quit!

☐


**Remember:** Stopping smoking is the single most important thing you can do to improve your health.

For support telephone .....



# Useful Contacts

## HSE Quit Team

➤ Freephone 1800 201 203 for telephone support

Monday to Thursday: 10am – 7pm

Friday: 10am – 5pm

Saturday: 10am – 1pm

➤ Website [QUIT.ie](http://QUIT.ie)

➤ Clinic Locator [quit.ie/I-Want-to-Quit/Support-Services](http://quit.ie/I-Want-to-Quit/Support-Services)

HSE Smoking Cessation Services provide specialist support to help you quit in community or health service settings.

Check this link to find your local smoking cessation service or to make an individual appointment.

➤ E-mail [support@quit.ie](mailto:support@quit.ie)

➤ Text Freetext QUIT to 50100

➤ Tweet @HSEQuitTeam

➤ Facebook [facebook.com/HSEquit](https://facebook.com/HSEquit)

All Services are available free of charge





# Evaluation

Please let us know how useful the programme was to you, by answering the following questions.

## 1. Did the programme help you to do any of the following?

Please tick yes or no.

Quit

YES

NO

☐
☐


Cut down

☐
☐


Think about quitting another time

☐
☐

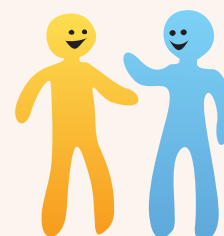
Improve your health

☐
☐

Protect others from passive smoking

☐
☐

Help friends or family to cut down or quit

☐
☐


## 2. How helpful was the programme to you?

Please mark a point on this scale:



Not helpful

OK

Very helpful



# Evaluation

## 3. What did you find most useful?

.....

.....

.....

## 4. Would you advise other smokers to use this programme?

Please tick yes or no.

Yes

☐

No

☐

If no, please say why

.....

.....

## 4. Use this space for anything else you'd like to say about the programme.

.....

.....

.....

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