

Community mental health tobacco treatment training

Trainer's guide

Virtual training: Day 2

NCSCCT

NHS

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Day 2 timetable

Time	Agenda	Activity
09:00	Enter virtual course	
09:15	Review of day 1 and introduction to day 2	Presentation Group discussion
09:30	Stop smoking medications and vaping	Presentation Small group work Product demonstration
11:00	Comfort break	
11:15	Vaping and practice scenarios	Group discussion Small group work
12:00	Smoking and psychotropic medication interactions	Presentation Film clip Group discussion
12:20	Quit date or reduction date session	Skills demonstration
12:45	Lunch	Optional CO monitor demonstration
13:30	Skills practice – Quit Date	Skills practice (Quit Date)
14:00	Follow-up sessions: staying on track and preventing relapse	Presentation Group discussion
15:00	Comfort break	
15:15	Managing setbacks	Film clips
15:40	Responding to scenarios	FAQs in two groups
16:10	Summary and close	Further training opportunities Post-training questionnaire Course evaluation
16:30	Depart virtual course	

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Review of day 1, stop smoking medications and vaping

[09:15 – 12:20]

Duration: 3 hours, 5 minutes (including 15 minute break)

Use the presentation notes to progress through the presentation until you come to a group activity. The group activity number is detailed within the slide notes and the corresponding activity instructions can be found within the trainer guide.

Time	Agenda	Slides	Activity
09:15	Review of day 1 and welcome to day 2	2–4	1
09:30	Tobacco dependence and withdrawal	5–10	–
09:45	Stop smoking medications: overview	11–18	–
10:00	Nicotine replacement therapy (NRT)	19–38	–
11:00	Break	39	–
11:15	Vaping	40–58	–
11:45	Practice scenario – individualised dosing	59–73	2
12:00	Smoking and psychotropic medication	74–85	–
12:20	Close session	85	–

Purpose:

- To communicate the clinical skills needed to explain stop smoking medications and support effective medication use.
- To provide an understanding of vaping and to communicate the key principles of discussing vaping with patients.
- To update on any new and emerging technology.

Process:

- PowerPoint presentation
- Small group work
- Group discussion
- Product demonstration

Resources:

- Breakout rooms
- Trainer: NRT samples for demonstration
- Virtual post-it notes
- Handout 2: Individualised dosing of nicotine-containing products

Trainer notes**Trainer guidance on medications**

Prior to delivering the course, it will be worth you viewing the medication pages in the NCSCT *Training and Assessment Programme* and the NCSCT online *stop smoking medications* module. It would also be beneficial to review the NCSCT online *Vaping: a guide for healthcare professionals* module.

Please also read relevant briefings from the NCSCT website and the following information regarding medications requiring monitoring following smoking cessation, available here:

www.sps.nhs.uk/articles/what-are-the-clinically-significant-drug-interactions-with-tobacco-smoking/

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Activity 1: Review and summary of day 1

Activity No: 1
Slide No: 3
Resources: Breakout rooms and virtual post-it notes or pen and paper
Breakout room numbers and duration: 5 participants per group; 10 minutes
Duration: 15 minutes
<p>Method:</p> <p>Trainer: The aim of this activity is to provide participants with time to reflect on day 1 and gather their learning to take into day 2. This activity also acts as a reminder to all participants of day 1 key points.</p> <p>Slide 3:</p> <ul style="list-style-type: none"> ■ Advise participants that they will soon split into groups of 5. ■ The group has 10 minutes to have a discussion about and note their key takeaways from day 1. Did they have any lightbulb moments? ■ Ask participants to note their day 1 takeaways using the virtual post-it notes or pen and paper and nominate someone from the group to feedback. <p>On return:</p> <ul style="list-style-type: none"> ■ Ask each group in turn to feedback a summary of their day 1 takeaways. ■ Supplement responses with the below as required: <p>Summary of day 1:</p> <ul style="list-style-type: none"> – Review of the relationship between smoking and mental health and evidence-based practice for supporting people with SMI with quitting. – Core communication skills that run through every session and techniques for engaging people with SMI in quitting. – The standard treatment programme, in particular the evidence-based behaviour change techniques associated with the initial session, and how support can be organised for patients motivated to quit in one go, those who will do better with a structured reduce to quit plan, and how to set less structured support for those smokers who will need to experience some success before they make a commitment to quitting or reducing. What is key to you being able to fully use these skills is the ability to fit them into your own style. <p>Slide 4</p> <ul style="list-style-type: none"> ■ Provide an overview of the timetable and breaks for day 2
Break [11:00 – 11:15]

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Activity 2: Individualised dosing of nicotine-containing products

Activity No: 2

Slide No: 61–63

Resources: Breakout rooms and Handout 2:
Individualised dosing of nicotine-containing products

Breakout room numbers and duration: 5 participants per group; 10 minutes

Duration: 15 minutes

Method:

Slide 61:

- Advise participants that we are now going to review a case study and assess the person's stop smoking medication needs.
- John currently smokes 50 cigarettes per day. While cigarettes vary in their nicotine content, a rough estimate is that 1.0 to 1.5mg of nicotine is absorbed from each cigarette (*this is affected by brand and smoking technique; it is not an evidence-based statement but simply a 'rule of thumb' to establish an absolute minimum dose to ensure people aren't underdosing*).
- Explain that this means John is **currently getting approximately 50mg of nicotine per day from his cigarettes** and that we are now going to think about how a nicotine-containing product could support John's quit attempt.

Instructions to participants:

- Advise participants that they will soon split into **groups of 5**.
- The group has **10 minutes** to respond to the questions in Handout 2: Individualised dosing of nicotine-containing products.
- As well as information about John's current smoking, the handout includes information on his past NRT use. Participants are to review these details and discuss the four questions presented at the top of the handout and note answers.
- Advise the groups to nominate one person to feedback to the larger group.

On return

- Take responses to each question in the handout.
- To ensure each group gets a chance to feedback, take feedback on one question from each group, asking each time if other groups have anything to add.
- Use **slide 62** as a summary slide of the details in the handout and **slide 63** to support question 3 of the handout (What nicotine-containing product options and at what dosage would you recommend for John?).

5**Quit date or reduction date session [12:20 – 14:00]**

Duration: 1 hour, 40 minutes (including 45 minute lunch break)

Time	Agenda	Slides	Activity
12:20	Introduction to quit date or reduction date session	86–87	–
12:25	Skills identification and demonstration	88–90	3
12:45	Lunch	93	–
13:30	Quit date skills practice (abrupt quit and CDTs)	2–15	4
14:00	Close quit date / reduction date session	16	–

Purpose:

- To identify and practice key skills used during the quit date and CDTs reduction date session.

Process:

- PowerPoint presentation
- Skills demonstration
- Group discussion
- Skills practice

Resources:

- Breakout rooms
- Virtual post-it notes
- Handout 3: Quit date checklist and patient profile
- Handout 4: Reduction date checklist and patient profile
- CO monitor, mouthpieces and wipes

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Activity 3: identifying competencies and quit date demonstration

Activity No: 3

Slide No: 88–90

Resources: Virtual post-it notes and Handout 3: Quit date checklist and patient profile

Duration: 25 minutes

Method:

Slide 88:

- Open up virtual post-it notes and ask participants to write what they would expect to cover in a typical quit date appointment where the patient is aiming for **quitting completely in one step**.
- Ask participants to note one point per post-it.
- Organise participant responses as they come in.

Slide 89 and 90:

- After a few minutes provide an overview of the quit date session using the points on these slides.
- Explain that it is normal for patients to feel quite nervous on their quit date.
 - **Ask participants how they think patients might demonstrate that they are nervous?** They may tell you, use humour, be dismissive, question value, question ability, etc.
 - **How might participants put patients at ease?** Take time to build rapport, empathise and reassure that it's normal to feel nervous, establish what they feel most nervous about and explore specific concerns.
 - You may also want to revisit their reasons for wanting to quit and perhaps ask if they can identify any good things that will come from stopping smoking.

Quit date demonstration

- Ask participants to open Handout 3: Quit date checklist and patient profile.
- Inform participants that you will model some components and ask for their advice and input on others (e.g. you might ask participants how they would 'assess readiness and ability to quit' and then demonstrate 'confirming that the patient has sufficient supply of medication and discussing expectations of medication').
- Ask participants to keep a note of any questions that arise as they watch the session and anything missed from the session.
- Highlight to participants that their sessions will usually last longer than we have time for in the training and therefore we will focus on key aspects. The standard treatment programme provides a full intervention designed to maximise the effectiveness of the intervention.
- Carry out a short (**10 minute**) quit date session demonstration.
- Ask participants for their feedback on the session and ask if there was anything they would add or if anything was missed.
 - **If you missed anything** you can make a point of returning to the role play to complete the missed BCT.

Lunch break [12:45 – 13:30]

Offer participants a detailed carbon monoxide test demonstration at the lunch break for those new to smoking cessation.

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Activity 4: Quit/reduction date skills practice

Activity No: 4

Slide No: 4–14

Resources: Breakout rooms, Handout 3: Quit date checklist and patient profile, Handout 4: Reduction date checklist and patient profile

Breakout room numbers and duration: Pairs; **Two** 12-minute sessions

Duration: 30 minutes

Method:

Slide 4:

- Advise participants that they will now, in pairs, have an opportunity to practice the quit date session – abrupt quit.
- One participant will play the practitioner and the other the patient.

Slides 5 & 6:

- Advise participants to use the quit date clinical checklist in Handout 3 to guide the session.
- Go over the points of the skills practice using slides **5 & 6**.
- Coach participants to carry out the skills practice to reflect their service delivery model, i.e. turn camera off for a telephone service and keep it on for services using video or face-to-face.
- Ask participants to ensure they get a chance to practice the **'not a puff' rule** and **prompting a commitment from the patient** as these are two key BCTs.
- As this is virtual training, advise participants they will need to pretend that they have carried out the carbon monoxide test.

Slide 7:

- Provide participants with an overview of the patient they will play (Gemma).
- Advise participants they will have **12 minutes** for this session.
- **Advise participants that trainers will pop into breakout rooms to observe and support skills practice.**

Slide 8:

- **Debrief the skills practice:** Ask for general feedback, comments or questions participants have regarding the quit date session.
- Were there any areas that you found challenging?
- How did explaining the not a puff rule and eliciting a commitment go?
- **Summarise** what you have observed.
- **Highlight examples** of good skill implementation that you have seen.
- **Mention any weaknesses** that were common.

Slides 9 to 13:

- Advise participants that you are now going to focus on patients who plan to CDTs.
- **Use slides 9 to 11** to remind participants of the process of supporting CDTs and the strategies that can be used.
- Ask participants to open Handout 4: Reduction date checklist and patient profile.
- Advise participants that they will now **return to the same pairs and swap roles** to carry out a **12-minute session**. This time the patient will be Michael who is cutting down to stop and you are seeing him on his reduction start date.
- Provide an overview of Michael using **slide 12**.
- Go over the points of the skills practice using **slide 13**.

Slide 14:

- **Debrief the skills practice:** Ask for general feedback, comments or questions participants have regarding the quit date session.
- Were there any areas that you found challenging?
- **Summarise** what you have observed.
- **Highlight examples** of good skill implementation that you have seen.
- **Mention any weaknesses** that were common.

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Follow-up sessions: staying on track and preventing relapse

[14:00 – 15:00]

Duration: 1 hour

Time	Agenda	Slides	Activity
14:00	Introduction to follow up sessions	17–22	–
14:20	Follow up session scenarios	23–32	–
15:00	Break	33	–

Purpose:

- To review the skills associated with follow-up sessions.

Process:

- PowerPoint presentation
- Group discussion
- Film clips

Resources:

- Chat function
- Film clips [embedded in slides]

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Managing setbacks [15:15 – 16:30]

Duration: 1 hour, 15 minutes

Time	Agenda	Slides	Activity
15:15	Dealing with setbacks	34–40	–
15:40	Responding to scenarios	41	5
16:10	Summary and close	42–50	–
16:30	Depart	51	–

Purpose:

- To review the skills associated with follow-up sessions.
- To review skills associated with supporting the patient to manage setbacks.
- To summarise key course points through responding to patient scenarios.

Process:

- Group discussion
- Small group work
- Responding to patient scenarios in two groups

Resources:

- Breakout rooms
- Chat function
- Appendix 1: Patient scenarios

Activity No: 5

Slide No: 41

Resources: Appendix 1: Patient scenarios and breakout rooms

Breakout room numbers and duration:

Two rooms, participants divided equally between each; 30 minutes

Duration: 30 minutes

Method:

- Advise participants that the group is now going to split into **two breakout rooms for 30 minutes, with one trainer in each room.**
- Inform participants that the trainer will explain the activity once in the breakout room.

Breakout room:

- Ask participants to select **'gallery view' via the 'view' icon on the top right hand side of their screen** (this will mean everyone in the session can see each other).
- Participants are going to consider some of the **key questions and comments that may be received from patients across all sessions.**
- Remind participants of the core communication skills but to also be aware that some questions are of a technical nature. In other words, they require a straight answer
- Make it clear that it's OK to get an answer wrong and that we are all here for help should anyone need it. There may also be more than one response to each question, so people may have other ideas they want to chip in with too.
- Ask each participant to call a number from 1–13. You will ask the corresponding question on the patient scenario list (Appendix 1) and they will then respond as a practitioner. Score the question off once the number has been picked.
- There are **13 priority FAQs** which should be completed first. If you have time you could move on to the secondary FAQs.

Look out for:

- Not dealing with ambivalent questions by using the communication skills mainly covered in Day 1.
- Not identifying withdrawal symptom questions.
- Tendency to avoid giving straight answers to knowledge questions.
- **Uncomfortable/threatened inexperienced advisors:** allow them to pass the question on to someone who is more experienced or has encountered the question before.

Purpose:

- To recap the skills and learning outcomes covered in the course.
- To provide information regarding NCSCT briefings, clinical tools and e-learning resources.
- To allow feedback from participants.

Process:

- Group discussion
- Completion of post-course questionnaire and evaluation

Resources:

- Post-course questionnaire link
- Course evaluation link

What to do

- Recap the main skills that participants have identified, observed and practised throughout the course.
- Remind participants that the clinical checklists are detailed at the start of each session within the standard treatment programme and will allow them to continue this process whilst carrying out their job.
- **Invite each participant** to state one thing they can take away from course to implement in practice or that they will do differently.
- Place a link to the **post-course questionnaire** in the chat and ask participants to click on the link to launch the questionnaire and complete the questions (names required).
- Place a link to the **course evaluation** in the chat and ask participants to click on the link to launch the evaluation form and complete the questions (names *not* required).
- Provide an overview of NCSCT resources (**slides 48 and 49**).
- Advise participants that they will receive their certificate of attendance via email.
- Thank everyone for their participation in the training.
- Debrief with your fellow trainer and admin support.
- Complete the training material feedback form and return to the NCSCT.

1. ***"Is it ok to use this nicotine gum and smoke when I'm trying to cut down on my smoking?"***

Suggested response:

- *"It is absolutely safe to use the gum or other NRT products and continue to smoke. It's the smoking that isn't OK."*
- *"In fact, it is recommended that when you are cutting down that you use NRT or a vape to help you do so."*

2. ***"Isn't using NRT or vaping just like switching one addiction for another?"***

Suggested response:

- Explain the difference between nicotine delivered via cigarettes and that delivered by NRT and/or vapes.
- Explain the role of nicotine as part of the quit plan and address concerns about safety.

3. ***"My doctor has told me that, given my [SMI] I can't use a stop smoking medication."***

Suggested response:

- *"What are your thoughts about what the doctor has told you?"*
- *"Did the doctor give you reasons why he thinks that is the case?"*
- *"Do you have your doctor's contact details? If so, would you like me to have a chat with them to see why they think this is the case?"*
- *"How have you been feeling in yourself recently?"*

4. *"I've returned to smoking, I'm sorry if I've disappointed you. You did your best."*

Suggested response:

- Explain it's normal to have slips or to relapse. Let them know it can take several goes before they manage to quit for good.
- Provide positive reinforcement on any success they have had so far, however small or large it may have been (e.g. days or weeks).
- Ensure they understand they have not disappointed you but that you are keen to learn from the experience and get them back on track.
- Remind them why they wanted to quit in the first place (their personal reasons for quitting) and assess their interest in giving it another go either now or in the near future.
- It is important to keep the patient engaged in treatment, to boost motivation, and support them in getting back on track.
- Patients may benefit from knowing they can take a break and re-engage with treatment. It can be useful to schedule a time to touch base in a few weeks' time.

5. *"Why are you giving me two types of NRT, do I really need a patch and these lozenges as well? Won't I overdose?"*

Suggested response:

- *"The clean pharmaceutical nicotine in these products is delivered at lower doses and more gradually than what you are used to getting from your tobacco, so it's important we try to deliver as much of this safe clean nicotine to your brain as possible to help ease withdrawal symptoms and urges to smoke."*
- *"You are used to getting big hits of nicotine from your cigarettes. When you quit you may really miss these. Using two nicotine replacement products will deliver safer clean pharmaceutical nicotine to your brain, which will make it easier to resist when urges to smoke come along."*

6. *"How long will the withdrawal symptoms last?"*

Suggested response:

- *"Some of the withdrawal symptoms last only a week or so and most go by four weeks after your quit date as long as you don't smoke."*
- *"Increased appetite and urges to smoke can last longer but usually get weaker and easier to deal with the longer that you are abstinent."*
- *"Tobacco withdrawal symptoms are normal and will pass as long as you don't smoke at all."*

7. Two weeks post-quit:

"I feel really down about stopping smoking. It's making my mental state worse."

Suggested response:

- *"Can you tell me more about the ways in which stopping smoking is making your mental state worse?"*
- *"When you say really down, how does this feel? How down have you felt like this?"*
- *"What's the hardest thing right now, for you, about not smoking?"*
- *"How is this affecting your day-to-day life?"*
- *"In sharing this with me, what you are best hopes as to how I can help?"*
- Responses to the above from the patient will help both the patient and the tobacco treatment advisor to unpick what is going on; is this a usual part of tobacco withdrawal and quitting or something else? They can consider whether it will be sufficient to provide information about feeling down being a normal withdrawal symptom, reassurance, encouragement and enhanced support, or whether there is something else going on. For example, if the person is really struggling with their mental ill health, liaising with their care coordinator may be helpful.
- It is important to empower the patient, reminding them that it is always their choice as to whether to continue with a quit attempt. They can choose to stop at any point and they can always opt back in. The door is always open and they can build on the progress they have already made.
- Listing pros and cons might help the patient reflect more on whether to continue with the quit attempt or to pause.

8. Pre-quit: *"I also smoke cannabis."*

Suggested response:

- *"How do you smoke it?"* (Note: most people smoke it with tobacco).
- *"The best thing for your quit attempt is to completely stop smoking both cannabis and tobacco. Even in the long-term, a return to using cannabis puts you at high risk of relapsing back to cigarette smoking. What are your thoughts about this?"*
- If the patient is prepared to stop using cannabis with tobacco but feel that they cannot, or don't want to, stop using cannabis altogether, then there are a number of alternatives to reduce the harm caused by their cannabis use and to maintain their chances of abstinence from smoking.
- Switching to a non-combustible cannabis product or method is a harm reduction approach that can be considered for patients making a quit attempt as they do not involve tobacco. It is important to note that switching the way that cannabis is used may alter the effect of it.

9. ***"I've been using this mouth spray for three months now, and it really helps to keep me away from smoking, can I carry on using it?"***

Suggested response:

- *"Some smokers will benefit from using nicotine replacement medications for longer to help them from slipping back into smoking. Long term use of the medications is safe and effective and has none of the health risks you would have been exposed to if you had continued to get your nicotine from smoking."*

10. ***"My friend told me those vapes are just as bad as smoking."***

Suggested response:

- *"There's a lot of misinformation about vaping, and I can assure you that the evidence shows that it's the smoke in a cigarette that is harmful; the NHS encourages all smokers to give vaping a try."*
- *"If you choose to use a vape and it helps you to quit and stay smokefree, it is far safer for you than continuing to smoke. Specifically, vapes do not produce carbon monoxide, which is the poison produced when you smoke cigarettes."*
- *"A lot of smokers have found vaping to be really helpful in getting them off cigarettes and healthier. Vapes are the most commonly used quit aid among smokers in England."*

11. ***"I bought one of those ecigs years ago, it was rubbish. It's probably still in the kitchen drawer."***

Suggested response:

- *"Vapes have come on a lot in the last few years. Newer ones are much more satisfying, and you might be surprised at how well they help you stay off smoking."*

12. Patient referred from inpatient setting:

"I've done OK with the vape while I've been on the unit, but I couldn't wait to have a proper cigarette when I got home."

Suggested response:

- *"Is it OK if I ask you a little more about this? What was it about having a proper cigarette when you got home that was so important to you?"*
- *"You said you did OK with the vape on the unit, would you be OK to tell me a bit more about this?"*
- *"I hear you, you have smoked for a long time and it's no surprise you wanted to have a cigarette when you got home. I hear it from a lot of patients I work with who leave the unit and go back to old routines as smoking was a big part of those routines."*
- *"How did you feel after you had the cigarette? How are you feeling now about your smoking?"*
- *"You've done so well and you're already breathing better than when you were first admitted. Why not think about staying smokefree now that you are home? A vape will keep you from smoking; it's the smoke that kills, not the nicotine, so you can keep using it."*

Additional FAQs

13. *"Since wearing the patch I've been having strange dreams and disturbed sleep. Is this normal?"*

Suggested response:

- *"It's worth bearing in mind that in the first week or so after quitting disturbed sleep can be down to tobacco withdrawal, this will pass as long as you don't smoke at all."*
- *"How was your sleep before using the patch? Are you using the 24-hour patch? Disturbed sleep can be a side effect of the 24-hour patch."*
- *"How are you coping with cravings and withdrawal?"*
- *"If this is troublesome you could take the patch off at night and replace with a new one in the morning. Make sure you have your second product ready for morning cravings."*
- It may be useful to ask about sleep prior to providing the 24-hour patch to understand if disturbed sleep is an issue for the patient.

14. **One week post-quit:**

"I've cut down, but I haven't been able to stop completely."

Suggested response:

- *"How do you feel about having cut down?"*
- *"You seemed sure about quitting completely when we spoke last week, did anything happen that changed your plan, such difficulty with cravings or withdrawal symptoms?"*
- Discuss compensatory smoking and the rationale for abrupt quit.
- Review medication use and ensure the patient understands how to maximise this.
- If there a pattern to the cigarettes smoked, discuss a plan for these times

15. *"My friend has just stopped after having hypnotherapy and I was thinking of doing the same, what do you think?"*

Suggested response:

- *"It's great that your friend managed to stop smoking. People may quit smoking while undergoing hypnotherapy, but the percentage who remain smokefree is no greater than those who go 'cold turkey' without any support. Hypnotherapy can be costly so it's important you know this because I wouldn't want you to spend all that money on something that is unlikely to work."*
- *"Getting support from the stop smoking service and using a stop smoking medication is the most effective way to stop smoking."*

16. “Will I become addicted to the gum?”

Suggested response:

- *“It is highly unlikely, only a very small percentage of people continue to use the gum long term. In fact, the biggest problem with these nicotine medicines is that people don’t use enough of them for long enough and then they relapse back to smoking.”*
- *“Most people use the gum for around three months and find they use less the longer they are quit. However, to reassure you if you are one of the people who need to use gum for longer than three months, it is safe to do so.”*

17. “I haven’t smoked at all for over two weeks, should I try a day without the patch and just use my inhalator?”

Suggested response:

- *“It’s great that you haven’t smoked and are feeling confident, what makes you want to try without the patch?”*
- *“It’s not uncommon for people to want to reduce their medication early but the problem with this is that the patch is helping you through this at the moment by reducing your withdrawal symptoms and to stop it too early could derail all your hard work so far. It’d be best to keep going with the patch and the inhalator for now, we recommend using nicotine replacement for 12 weeks.”*

18. “These cravings to smoke are driving me mad and everything is annoying me!”

Suggested response:

- *“It can be hard in the early days, it can seem that there is little relief from the thought of smoking and other withdrawal symptoms.”*
- *“Tell me a little about your medication use, how are you using it and how often?”*
- Discuss optimum use of stop smoking medications.
- Discuss other strategies like deep breathing, exercise/walking, distractions, etc.

19. "I've tried patches, gum, the lot! None of them work!"

Suggested response:

- *"Medications, when used properly, are an important part of a quit attempt, but they are not a magic cure. Being determined to quit, getting specialist help from someone like me, changing your routines, getting the support of friends and family – and a little bit of luck – are all components of a successful quit attempt. Shall we talk about how you might be able to get all of these things in place?"*
- *"What have you tried? How have you used the medicines [investigate the patient's technique]?"*
- *"How long did you use the medicines for and how much did you use?"*
- *"Why do you think the medicines didn't work?"*

20. "I'm not planning to use a stop smoking medication, it's all about will power isn't it?"

Suggested response:

- *"What's putting you off using a stop smoking medication?"*
- Dispel myths and explain the cycle of nicotine dependence and how this can undermine motivation and 'willpower'.

21. "I'm using about four lozenges a day, that's really good isn't it?"

Suggested response:

- *"How are your cravings and other withdrawal symptoms?"*
- *"Four lozenges is a very small amount to use, is there any reason you are using so few?"*

