

# **Tobacco Dependence Adviser Training Course: Inpatient Mental Health**

## **Trainer's guide**

### **Day 2**

## Contents

1.	Day 2 timetable	3
2.	<b>Review of day 1 and initial assessment</b>	4
3.	<b>Cannabis and tobacco use, Initial assessment and harm reduction</b>	5
4.	Activity 1: Cannabis withdrawal symptoms	6
5.	Activity 2: Initial assessment and CDTs skills practice	7
6.	Activity 3: What might affect a patient's decision to stop smoking?	9
7.	<b>Smoking and psychotropic medications and follow up sessions</b>	10
8.	Activity 4: What is covered during follow-up contacts?	11
9.	Activity 5: Follow-up contact skills practice	12
10.	<b>Discharge, follow-up and course summary</b>	14
11.	Activity 6: Risk identification and problem solving	15
12.	Activity 7: Responding to patient and staff scenarios	17
13.	<b>Summary and close</b>	19
14.	Appendix 1: Follow-up scenario skills demonstration	20
15.	Appendix 2: Patient and staff scenarios	23

**1****Day 2 timetable**

Time	Agenda
09:00	Enter virtual course
09:15	Review of day 1 and introduction to day 2
09:35	Initial assessment and treatment plan
10:00	Carbon monoxide (CO) monitoring: a motivational tool
10:25	Initial assessment demonstration
10:45	Comfort break
11:00	Cannabis and tobacco use and initial assessment skills practice
11:45	Harm reduction (Cut Down and Then Stop)
12:30	Lunch break
13:00	Smoking and psychotropic medications interactions
13:15	Follow-up scenarios (demonstration and skills practice)
14:30	Comfort break
14:45	Preparing for discharge
15:20	Post discharge follow-up support
15:40	FAQs: responding to patient and staff scenarios
16:10	Summary and close
16:30	Depart virtual course

## 2

## Review of day 1 and initial assessment [09:15 – 10:45]

**Duration:** 1 hours, 30 minutes

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 this trainer's guide.

Time	Agenda	Activity
09:15	Review of day 1 and introduction to day 2	—
09:35	Initial assessment and treatment plan	—
10:00	Carbon monoxide testing	—
10:25	Initial assessment demonstration	—
10:45	<b>Break</b>	—

### Purpose:

- To review key smoking myths and facts.
- To outline the person centred approach and behaviour change techniques required at the point of initial assessment.
- To understand the role of carbon monoxide testing and how this is used as a motivational tool.
- To observe the behaviour change techniques associated with the initial assessment

### Process:

- PowerPoint presentation
- Quiz polling questions
- Group discussion
- Carbon monoxide test demonstration
- Skills demonstration
- Skills practice

### Resources:

- Quiz polling tool
- Carbon monoxide monitor, mouthpieces, and wipes
- Day 2 Handout 1: Clinical Checklist
- Day 2 Handout 2: Patient Profiles

**Duration:** 2 hours (including 30 minute lunch break)

Time	Agenda	Activity
11:00	Cannabis and tobacco use and initial assessment skills practice	1 and 2
11:45	Harm reduction (Cut Down and Then Stop)	2 and 3
12:30	<b>Lunch</b>	—

**Purpose:**

- To outline considerations for patients who smoke cannabis with tobacco
- To outline the principles of a trauma informed approach
- To practice the behaviour change techniques associated with the initial assessment for persons who will be cutting down and then stopping.

**Process:**

- PowerPoint presentation
- Group discussion
- Skills practice

**Resources:**

- Breakout rooms
- Day 2 Handout 1: Clinical Checklist
- Day 2 Handout 2: Patient profiles
- Day 2 Handout 3: CDTS support pack

## 4

### Activity 1: Cannabis withdrawal symptoms

**Activity No:** 1

**Resources:** Chat or trainer-facilitated discussion

**Duration:** 5-7 minutes

**Method:**

- Use the slide to review cannabis withdrawal symptoms. TDAs should observe for cannabis withdrawal symptoms (see full list below) which usually start between 1–3 days after cessation, peak at 2–6 days, and last for 14 days or more.
- Engage learners in an interactive discussion by asking which of the cannabis withdrawal symptoms are also symptoms of tobacco withdrawal. Alternatively, they can use the chat to write out the symptom in full or the number shown next to it on the slide.
- Allow a few minutes for responses. Then move to next slide for responses to appear. Spend a few moments reviewing those that are common and those that are different or specific to cannabis withdrawal.
- Then, ask participants which of the symptoms are also symptoms of mental illness, again inviting use of the chat to share their responses, either writing the symptom in full or its corresponding number
- Allow a few minutes for responses. Then move to next slide for responses to appear. Spend a few moments reviewing those that are common and those that are different or specific to cannabis withdrawal.
- Make any final comments before moving on.

**Cannabis withdrawal symptoms include:**

restlessness, irritability, feeling anxious or worried, feeling depressed, trouble sleeping, nightmares / vivid dreams, feeling tired during the day, lack of appetite and weight loss, headaches, sweating, digestion problems, cramps, and nausea, tremor, fever or chills

## 5

## Activity 2: Initial assessment skills practice

### Activity No: 2

**Resources:** Breakout rooms

#### **Part 1 (initial assessment)**

Day 2 Handout 1: Clinical checklist

Day 2 Handout 2: Patient profiles

#### **Part 2 (CDTS)**

Day 2 Handout 3: CDTS initial assessment checklist and patient profile

Day 2 Handout 5: CDTS support pack

**Breakout room numbers and duration:** Pairs; two 15-minute sessions (initial assessment and CDTS)

**Duration:** 30 minutes

#### **Method:**

#### **Initial assessment skills practice:**

- Explain that you will be dividing participants into pairs and that each person will get a turn to be the patient or practitioner.
- **Practitioner** - The 'practitioners' role involves conducting an initial assessment. Participants should use the clinical checklist within Handout 1 and practise communication skills.
- **Patient** - play a typical patient at initial session using **Kerri's patient profile** in Handout 2. Give information only when asked, keep in character and supplement information, but don't make the consultation too difficult
- Explain that participants will have **15 minutes (10 to carry out the skills practice and 5 to feedback to each other and debrief)** before coming back to the main room, ask participants to be prepared with at least one thing that went well and at least one thing that was more challenging or that they feel more practice is required.
- **Advise participants that trainers will pop into breakout rooms to see how they are getting on.**

#### **On return:**

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

**Note: the Cut Down and Then Stop section of this activity (detailed below) does not take place until after Activity 3 (see below, page 9)**

**Cut Down and Then Stop skills practice:**

- Explain that participants will go back into the same pairs as for the previous activity **and that they will be swapping roles** (the practitioner will now play the patient and vice versa).
- **Practitioner:** The practitioner's role involves conducting an initial assessment using Handout 3
- **Patient:** play a typical patient at initial session using Michale's patient profile in Handout 3. Give information only when asked, keep in character and supplement information, but don't make the consultation too difficult

**On return:**

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



## 6

### Activity 3: What might affect a patient's decision to stop smoking?

**Activity No:** 3

**Resources:**

Virtual delivery: Jamboard (or chat)

In-person delivery: Sticky notes (or flip chart)

**Duration:** 3–5 minutes

**Method for virtual course:**

- Ask participants to think about what might affect a hospitalised patient's decision to stop smoking long-term
- Ask participants to add to the Jamboard their thoughts on what might affect a patient's decision to stop smoking
- Trainer can read aloud a few of the responses as they are posted
- After a few minutes offer some summary comments and move to next slide

**Method for in-person course:**

- Invite participants to think about what might affect a hospitalised patient's decision to stop smoking long-term
- Distribute sticky notes (3–5 to each participant)
- Ask participants to write their thoughts down on a sticky note
- Invite participants to stick their note on a location defined by trainer
- Trainer can read aloud a few of the responses as they are posted.
- After a few minutes offer some summary comments and move to next slide.

**Optional:** This exercise can also be done as a large group discussion with trainer writing down on flip chart or white board responses as they are called out from group.

## 7

## Smoking and psychotropic medications and follow up sessions [13:00 – 14:30]

**Duration:** 1 hours, 30 minutes

Time	Agenda	Activity
13:00	Smoking and psychotropic medications interactions	-
13:15	Follow-up scenarios	4 and 5
14:30	<b>Break</b>	-

### Purpose:

- To understand the effect of stopping smoking on other medications and review clinical management.
- To review the skills associated with the follow up session.
- To consider the support required for patients going on leave from the inpatient setting.

### Process:

- PowerPoint presentation
- Group discussion

### Resources:

- Film clips [embedded in slides]
- Scenarios [detailed on slides]
- Trainer demonstration script [Appendix 1]
- Day 2 Handout 1: Clinical checklist
- Day 2 Handout 4: Activity and interest ideas

**Activity No: 4****Resources:**

Virtual delivery: Jamboard (or chat)

In-person delivery: Sticky notes (or flip chart)

**Duration:** 3–5 minutes

**Method for virtual course:**

- Ask the group to use the Jamboard to respond to the question: What would we cover as part of follow-up contacts during the patient's admission to hospital?
- Trainer can read aloud a few of the responses as they are posted
- After a few minutes offer some summary comments and move to next slide

**Method for in-person course:**

- Ask the group to use the sticky notes or flip chart or to respond to the question: What would we cover as part of follow-up contacts during the patient's admission to hospital?
- Distribute sticky notes (3–5 to each participant)
- Invite participants to stick their note on a location defined by trainer
- Trainer can read aloud a few of the responses as they are posted
- After a few minutes offer some summary comments and move to next slide

## 5

## Activity 5: Follow-up contact skills practice

### Activity No: 5

#### Resources: Breakout rooms

Day 2, Handout 1: Clinical checklist

Day 2, Handout 2: Patient profiles

#### Breakout room numbers and duration: Pairs, 10 minutes

#### Duration: 15 minutes

#### Method:

- Explain that you will be dividing participants into pairs and that each person will be the patient or practitioner. The aim of this skills practice is to practice preparing for leave from hospital.
- **Practitioner:** the practitioner's role involves conducting a discharge planning session. Participants should use the follow-up checklist (Handout 1) and practice communication skills.
- **Patient:** play a typical patient preparing for leave using the **Kerri patient profile** (Handout 2). **Kerri is three weeks into her inpatient stay and has been granted 24-hour leave.** Give information only when asked, keep in character and supplement information, but don't make the consultation too difficult

#### During this skills practice we encourage you to consider the following:

- What will you want to learn about?
- What advice and planning will you provide in preparation for leave?
- What advice about use of aids will you provide?
- What are their high-risk situations for smoking?
- Have the patient identify 1–3 potentially high-risk situations and develop plans to deal with them
- Participants will have **10 minutes** before coming back to the main room.
- **Advise participants that trainers will pop into breakout rooms to see how they are getting on.**

#### On return:

- For those of you in the TDA role, what did you discuss?
- What went well?
- For those of you in the role of the patient, how did the conversation go?

**Points to be made:**

- Having the patient commit to remaining smokefree during leave, reviewing benefits of doing so.
- Having the patient think ahead and practice with you how they will manage challenging situations.
- Having an agreed plan that reflects the realities for the patient.
- Having an exit plan that includes medication for when the patient finds themselves in a position where they will find it difficult to not smoke.

**Duration:** 1 hour, 45 minutes

Time	Agenda	Activity
14:45	Preparing for discharge	–
15:20	Post discharge follow-up support	6
15:40	FAQs: responding to patient and staff scenarios	7
16:10	Summary and close	–
<b>16:30</b>	<b>Depart</b>	<b>–</b>

#### Purpose:

- To review the skills associated with discharge planning.
- To identify the skills required for post discharge follow up.
- To review the champion role of the TDA and discuss how to support front line staff to effectively implement tobacco dependence pathways.
- To summarise key course learning outcomes through responding to patient scenarios.

#### Process:

- Presentation
- Group discussion
- Responding to patient scenarios in two groups

#### Resources:

- Breakout rooms
- Appendix 2: Patient and staff scenarios

**Activity No:** 6

**Resources:** Breakout rooms, Day 2 Handout 6: Strategies

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

**Duration:** 15-20 minutes

**Method:**

- Explain to participants that they are going to split into **groups of 5** and they will have **10 minutes** for this activity
- Ask participants to consider each of the below areas in relation to the post-quit sessions and note their responses on their handout (Handout 6).
  - **Lapse/relapse risk situations:** Ask participants to come up with as many lapse risk situations, feelings and thoughts they can think of
  - **Problem solving:** Ask participants to identify problem solving and solution seeking questions
  - **Providing a menu of options:** Highlight to participants that they may also have ideas to add to the patient's strategies. Ask participants, if as an adviser you were to provide a menu of options what would they be? Build a list of solutions in the third section of the handout
- Bring participants back after **10 minutes** and debrief the activity using the notes below where required.

**Risk situations:**

- Occasions – weddings, funerals, holidays
- Strong feelings – sad, happy, anxious, angry, bored, feeling under stress
- Thoughts – *I deserve a reward, I'll just have one, I want to test myself*
- Partner/family/friends who smoke
- Cue situations – with coffee, alcohol, after dinner, smelling smoke, needing a break, seeing smoking associated items like cigarettes, lighter, ash tray

**Problem solving** (eliciting patient views and boosting self-efficacy):

- What situations can you foresee that may be difficult in the coming week

- What things do you think would help to handle that situation or feeling without smoking? (This can act like a brainstorm for the patient coming up with as many different things they can think of and picking the top 2-3)
- When you have tried to stop in the past, what times were most difficult, led you back to smoking? What would you do differently this time?
- Hypothetical questions and If then plans e.g. so if this happened, what could you do?
- What strategies have helped when you have gone through difficult times before?

**Menu of options:**

- Use stop smoking medication (enough for long enough)
- Avoid (or minimise) tempting situations
- Avoid alcohol initially until feeling confident as a non-smoker
- Changing routines e.g. get up later, straight to shower
- Changing associations e.g. different hot drink in the morning
- Distraction e.g. Physical activity
- Practice declining cigarettes – ‘no thanks, I don’t smoke’
- Asking household members/friends not to offer cigarettes and keep them out of sight
- Consider how far they have come, Imagine telling people you have started again
- Remind yourself, write down, the reasons why you are stopping
- Stress management techniques (yogic breathing)
- Agree a three-step strategy (agree what works for the patient)
  1. Use your stop smoking medication,
  2. Speak to someone who is supportive of you stopping
  3. Call me or the smokefree helpline
- Look after yourself – try to avoid getting too tired, bored, hungry or angry



**Activity No: 7****Resources:** Breakout rooms, Appendix 2: Patient and staff scenarios**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** with one trainer in each room for **30 minutes**.
- The trainer will explain what we are going to do when we get into the breakout room

**Breakout room:**

- Ask participants to select a **screen view that ensures everyone** in the session can see each other.
- Participants are going to consider some of the common **questions and comments received from patients and staff**.
- 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
- **It's important to create a 'safe' environment for participants to feel supported to attempt a response.**
  - Explain that it's ok to get it wrong and we are all here to 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 too.
- Ask each participant to call a number from 1–14. You will ask the corresponding question on the patient scenario list (Appendix 2) and they will then respond as a practitioner. Score the question off once the number has been picked. There is a supplemental list of questions that can be used if time permits. You can go back around to the group with a second question, if all trainees have responded to one statement already.

**Look out for:**

- Not dealing with ambivalent questions by using the communication skills.

- Tendency to avoid giving straight answers to knowledge questions.
- **Uncomfortable/threatened inexperienced advisers:** 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 **anonymous course evaluation** in the chat and ask participants to click on the link to launch the evaluation form and complete the questions.
- Provide an overview of NCSCT resources using the slides.
- 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.

The script below is intended to guide the skills demonstration looking at TDA/staff interactions with patient. The scenario specifically addresses how we might respond to a patient who bring cigarettes back to the ward following leave.

**TDA:** X Can we meet to talk about your leave, when's a good time for you?

**Patient:** I am free now, so we can meet straight away if you like  
(Go to the private interview room)

**TDA:** You must be delighted to have your leave back X...

**Patient:** Yes, it's great to be able to get out in the fresh air

**TDA:** So how did it go?

**Patient:** It was fine. I had no problems and I got back on time.

**TDA:** I'm really pleased to hear that you had no problems X, and well done for getting back on time, you are doing great and on track for overnight home leave, which is super. I noticed that you are struggling with the smoke free policy since you got back to the ward, and I wonder if that is something I can help you with?

**Patient:** I didn't intend to smoke but I found myself walking into the village with the others and they were all buying cigarettes and I just thought I can't be the odd one out and what difference will one packet make?

**TDA:** So, you joined some other patients and bought cigarettes with them in the village shop. How do you feel about that now?

**Patient:** To be honest I have mixed feelings, part of me thinks it doesn't matter but another part of me thinks it was stupid because I had been doing so well and feeling so much better and now, I'm annoyed with myself and I'm not sure if my medication will be affected.

**TDA:** I understand, your mixed feelings. You noticed many benefits since you stopped smoking but when you were in that moment with the group it was very difficult to stick to your plan.

It might help if we look at the reasons why you wanted to stop smoking, shall I get this out and we can revisit the plan you have in place, I wonder if there is anything else the team here can do to help you manage challenging situations like the one you had today?

**Patient:** Sure, let's do that, although I now think it's probably best if I give up on **stopping** until such time as I'm discharged and start again when I'm out of this place and away from temptation.

**TDA:** It's your decision X, there is never an easy time to stop smoking, and on days like today when you have a lapse it's understandable that you doubt yourself. But please be reassured everyone here is determined to give you all the support possible and I do not doubt you can succeed. If you stop smoking your physical and mental health will improve – you have a lower dose of medication and you will have more money to spend on yourself and your family. Being positive about stopping

smoking and knowing that there will be hard times and periods when you feel like smoking, but that these will pass, can help. Your lapse today doesn't have to be a relapse. The support available from the staff here, together with the medication we provide gives you a great opportunity to succeed. So, let's see if we can strengthen your plan to get you back on track, eh?

**Patient:** I know there are so many benefits and I do want to enjoy those things you mention but I don't think I am able to do it right now, especially when I'm surrounded by other smokers.

**TDA:** Sounds like your motivation to quit is still high but your confidence has taken a bit of a knock, and you found it difficult not to join the smokers in the village. What do you think might help next time you go out to avoid this risky situation?

**Patient:** Well, I guess, I could go out at a different time than the smokers and I could bring just enough money for a coffee in the café which would mean I avoid the shop and the group and do my own thing.

**TDA:** This sounds like a good idea X, finding other things to do and other places to go will definitely make it easier for you. Can I check if you had enough NRT and vape when you were out?

**Patient:** Yes, I'm happy with my vape, but I'm thinking about having a second one as a backup.

**TDA:** That's a super idea X. I've seen other people do this and it works really well. Is there anything you need from me or the team?

**Patient:** I'm a little worried now about my medication level – do you think I've blown it and might have to increase my medication again?

**TDA:** We will only know the answer to this after doing a blood test. It depends on how many cigarettes you smoked and how you smoked them. I'll organise a blood test for you tomorrow morning and we can put your mind to rest on this really quickly. I also notice on your plan you are scheduled to have daily carbon monoxide tests; do you think it would help if we scheduled your CO test after you return from leave? In the past some people have found doing the check just after leave keeps them on track and it might help you to get through this initial phase as you start to go out and find new things to do other than smoking.

**Patient:** Mmmm, no place to hide!

**TDA:** X, it's your decision. We're here to help, if doing your CO test after you get back to the ward helps you then we will be delighted to give you that extra support. Why not give it a try? We can revisit your plan again at any time when you feel it's not helping you to reach your goal.

**Patient:** Ok then – I have come so far; I don't want to start going backwards.

**TDA:** Perfect – shall we summarise, you go first and say what your going to do and I'll type it up

**Patient:** I'm going to avoid going out on leave with the smokers

I'm going to avoid the village shop and go to the café instead.

I'm going to bring just enough money for coffee and I'm going to buy a spare e-cigarette

**TDA:** And I'm going to order a blood test for tomorrow and change the time of your daily CO test to be done after leave rather than first thing every morning. Would it be ok if we do your CO test now, it might help remind you about the impact of smoking on your health?

**Patient:** Sure, why not. Let's do it

**TDA:** Complete CO test and discuss result. Is there anything else, I can help you with today?

**Patient:** No, I think that's everything – thank you

**TDA:** Let's catch up again in a few days to see how this plan is working out. Before you go, Can I ask you to please hand in any remaining cigarettes/lighter you have please?

**Reflection notes to use in debrief following the scenario:**

- The patient is observed smoking in bedroom but staff do not rush in to take the lit cigarette from the patient. This would be potentially risky.
- Staff meets with the patient in private to discuss the policy breach and to offer support.
- Open ended question to begin
- Listening, paraphrasing, and responding
- Using the patient's own words and name
- Summarise the conversation
- Repeated offer of support
- Draw attention to benefits
- Draw attention to what can be lost
- Allow the patient space to work out their own solutions
- Provide additional ideas, but let the patient decide on the next steps
- Check medication
- Check CO
- Allow space for verbalising commitment
- Provide the plan in writing and confirm follow up/review
- Restate boundaries by retrieving any tobacco in patients' possession after support has been provided

Suggested trainer responses [for trainer's reference only]

1. **[Staff statement]** “The patient has a psychotic episode and is having a difficult time. We can look at stopping smoking at a later time.”

**Suggested response:**

- It won't be unusual for some patients to not be stable enough to speak to you as a TDA.
- Agree that support in the form of TDA consultation can be rescheduled when patient is stable. Work with care team to ensure the patient is being treated for acute nicotine withdrawal. Agree to when follow-up can occur from the Tobacco Dependence Team or at least when the team should check back in. Be sure to check back in on patient in 48–72 hours and re-assess.

2. **[Staff statement]** “Mr Jones is taking clozapine, so best not to have him try to stop smoking.”

**Suggested response:**

- An important opportunity to ensure that use of clozapine is not a contraindication to tobacco treatment or use of stop smoking aids. Discuss with clinician the current guidance and importance of treatment.

3. **[Staff statement]** “I have already spoken to the patient about NRT, he wasn't interested.”

**Suggested response:**

- This is valuable information and you may wish to learn more from staff members about the patient and any discussions they may have had.
- Let staff know that you value that information and that we will want to ensure we follow-up to see how the patient is doing with withdrawal symptoms and urges to smoke, if they are smoking.
- It's an opportunity to mention that sometimes learnings more about how safe the NRT products and that you can still smoke while you use them is helpful.
- You can also inform staff person that as part of your assessment you can see about speaking to the patients about the use of a nicotine vape or nicotine analogue.

4. **“What does my smoking have to do with my recovery here in hospital?”**

**Suggested response:**

- Explain the benefits to both their physical health and mental health recovery:
- *“Using this opportunity to go smokefree while you are in a no-smoking environment is really important, for your mental and physical health, there will be significant health benefits”.*

5. **“Won’t stopping smoking make my mental health worse?”**

**Suggested response:**

- Use as an opportunity to probe further: Have you ever tried to stop smoking before? What happened when you did?
- Stopping smoking does not have a detrimental effect on your mental health. In fact just the opposite is true. *“People who stop smoking suffer less from stress and depression than smokers and actually report being happier...”*
- *“There will be a period of adjustment but that’s why I’m here, to support you throughout that time with the help of stop smoking medications. People often feel a little bit more irritable and or depressed after stopping, this is normal and will only last for a few weeks. What could you do if this happened to you?”*

6. **“I’ve never gone more than a day without a cigarette before. What is it going to feel like?”**

**Suggested response:**

- Share how other patients have benefited from going smokefree and the benefits they have felt after this short period of withdrawal.
- *“People experience stopping smoking in different ways, however, most will find that they experience some urges to smoke and some tobacco withdrawal symptoms, for example irritability, low mood, poor concentration but these can all be eased by using a sufficient amount of NRT or a vape.”*
- *“Tobacco withdrawal is temporary and will pass (as long as you don’t smoke), it’s not dangerous and using a stop smoking medication will help.”*

7. **“Is it ok to wear a patch and smoke?”**

**Suggested response:**

- *“Yes, it is completely safe. The fact that you are still wanting to smoke whilst wearing your patch tells me we should so look at increasing the amount of nicotine you are receiving to ensure you are getting enough as we can increase this to help with any urges to smoke you may be getting.”*

8. **“How long will the withdrawal symptoms last?”**

**Suggested response:**

- Explain that the withdrawal symptoms will be lessened by ensuring that they take the maximum amount of medication based on their levels of dependence to tobacco.
- *“Most withdrawal symptoms will start to subside by the time you have been completely smokefree for around four weeks.”*



9. **"I used to smoke a lot. But I've cut down to just a few cigarettes a day. I am not willing to give those up."**

**Suggested response:**

- Congratulate the patient on managing to do so well in cutting out so many cigarettes and ask them what benefits they have noticed. If they are not quite ready to abstain completely, explain that they can follow a 'cut down, then stop' plan with you supporting them throughout the process until they have stopped altogether.
- *"The last few cigarettes can become important to you and very difficult to give up. Also, because you are used to a certain dose of nicotine you will end up smoking the fewer cigarettes more efficiently to make sure that you get the same amount of nicotine from them as you were previously when smoking more cigarettes. This also means that you will get similar amounts of tar and carbon monoxide and so the health benefits aren't there."*

10. **"I've tried to stop many times and never managed."**

**Suggested response:**

- *"Many people try several times before they manage to stop for good. You can use the experience from stopping previously to help with this one."*
- *"You have a much better chance of success when you stop with support and medication."*
- *"What's the longest you managed?" "How did you do it and how much better did you feel?"*
- *"What did you find helped you?", "What did you find difficult? You can use this to help you work through it this time."*

11. **Patient taking varenicline: "I am feeling quite nauseous."**

**Suggested response:**

- Explain that this is a common side effect with taking varenicline that often wears off over time (first two weeks)
- Nausea is reduced when the medication is taken after food so to ensure that they have eaten before taking each dose.
- If the nausea persists after these preventative measures have been taken, then the dose can be reduced to 0.5mg twice daily.
- If severe and putting the patient off abstaining from smoking, you may need to consider discussing a switch to NRT and/or a vape

12. **Patient using mouth spray: "My stomach is really upset."**

**Suggested response:**

- Advise patients this can often occur if you swallow the spray and that it can be addressed fairly easily.
- Review correct technique, which is to avoid swallowing for 15 seconds after using spray.

- Ask them to see if that works to address the stomach upset and if not that you can revisit.

13. **“I am really worried about how I am going to cope when I get back home.”**

**Suggested response:**

- You have done so well here in the hospital. It's really great that you are thinking ahead to when you return home.
- Being back home can mean old routines, situations where you normally would smoke. But it can also be a fresh start.
- I'd like to hear more about what you are concerned about, we can work together to make sure you have a really good plan in place to help you stay smokefree when you are at home.
- We can take it one step at a time and I am confident that you will be able to keep up with staying smokefree.

14. **[Follow-up two weeks following discharge] “I have gone back to smoking. Everyone I know smokes, what's the difference anyway.”**

**Suggested response:**

- A lot of people find it hard to stay smokefree once you leave hospital. You had done really well and there is no reason you can't get back on track.
- I am curious to know what caused you to go back to smoking. Tell us what has gone since you left hospital with your smoking.

**Extra questions, if time permits:**

15. **“Smoking is the only enjoyment I have in my life?”**

**Suggested response:**

- I hear that a lot from my patients. Tell me what you find enjoyable about smoking? Is there anything you don't enjoy about smoking?
- I can share with you that that enjoyment you feel may just be the cigarettes playing tricks on you. When we are addicted to cigarettes we find that a drag on a cigarette can be really pleasurable, you feel more relaxed, calm, etc. These feelings can be deceiving. Can I tell you more about how tobacco dependence presents itself?
- Outside of smoking what else do you enjoy doing?

16. **“Tell me more about the support once I am discharged?”**

**Suggested response:**

- You have done so well here in hospital and we will want to ensure that you have support with keeping this up after you leave hospital.
- We try to ensure you have support from colleagues after you are discharged from hospital. We have a team of advisers at the local stop smoking service that we can refer you to. They can continue to support you

with NRT products you are using and the specialist there can meet with you to ensure you have the support you need to stay smokefree and deal with any challenges that come up.

- We also have a community pharmacist that follows patients after discharge and that might be an option that suits you.

17. **“I’ve got a lot going on. I’m worried about how I’ll cope with stress when I stop smoking”**

**Suggested response:**

- Normalise that this is a common concern.
- Can I give you some information on how nicotine works....[dispel stress myth]
- Using a stop smoking medication (enough for long enough) will help with cravings and tobacco withdrawal
- “What do you usually find calming?” Some examples that may help e.g. deep breathing, walking, talk to someone.

18. **“I’ve been smoking for so long that you can’t expect me to stop just like that; shouldn’t I cut down first.”**

**Suggested response:**

- Empathise that for this patient smoking has been a part of their life for a long time and stopping feels like a big step.
- *“What worries you about stopping completely?”*
- *“Have you tried cutting down in the past? What happened?”*
- **Explain the rationale for abrupt cessation and that research and clinical experience shows that the best way of stopping is to do it abruptly.**
- *“The last few cigarettes can become really important to you and very difficult to give up. Also, because you are used to a certain dose of nicotine you will end up smoking the fewer cigarettes more efficiently to make sure that you get the same amount of nicotine from them as when you were smoking more cigarettes. This also means that you will get similar amounts of tar and carbon monoxide and so the health benefits aren’t really there.”*
- **Provide reassurance about using a stop smoking medication (combination NRT) and use of nicotine containing vape to manage tobacco withdrawal.**
- *“If you do not feel ready to quit in one go, a structured reduce to stop approach, where we start by cutting back and work our way towards stopping, is a great option and I can support you along the way.”*

19. **“It’s all I’ve got to be honest, I don’t have much else in my life, smoking passes the time”**

**Suggested response:**

- Empower people to develop skills to plan their own time in a meaningful, individual way.

- We can assist patients with cultivating a variety of interests and activities. Rather than just staying busy it can be helpful to specifically seek out activities that the individual finds meaningful or rewarding. Ideally this would include spending time with other non-smokers and making meaningful connections.
- Given that many patients with SMI have limited disposable income, it can be important that when planning activities for addressing boredom or stress that these be low cost.
- In your Day 2 Handouts you will find the “activity and interest ideas” planning tool. This tool can be used to help discuss with patients activities they may enjoy. Patients can independently review the activities and check off those that would interest them, or this can be facilitated through a conversation: *“Here is a list of activities that you might find of interest, check those that appeal to you.”*
- We know that some mental health trusts have organised regular walking or exercise groups that provide alternative activities for people with SMI who smoke, and this may be something that other trusts wish to consider.

20. **“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.

21. **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 adviser to unpick what is going on; is this a usual part of tobacco withdrawal and stopping 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.

22. **“Last time I stopped smoking I had a lot of negative side effects, I was jittery all the time, couldn’t concentrate and I’m not sure if there’s anything I can do to make it easier this time.”**

**Suggested response:**

- Normalise withdrawal and discuss what they can expect, how long symptoms last and the importance of having a plan to help with managing withdrawal and cravings, including sufficient, regular and proper use of stop smoking medications or vapes.
- Ask if the patient drinks a lot of coffee or other caffeinated drinks. Feeling jittery is not a withdrawal symptom but can be related to caffeine intake. Caffeine consumption should be reduced after stopping smoking. Discuss caffeine intake and the importance of reducing to ensure they are not over caffeinating. Reduction may need to be up to half for heavy coffee drinkers.

23. **“Why are you giving me two types of NRT, do I really need a patch and these lozenges as well?”**

**Suggested response:**

- *“We have good evidence to show that using two types of NRT significantly increases the likelihood of you staying smokefree for good. You will also be less likely to have urges to smoke or experience any withdrawal symptoms from the tobacco.”*

24. **“My doctor told me it’s a good idea to be thinking about stopping now.”**

**Suggested response:**

- *“Plenty of our patients do get asked to stop smoking by their doctor as it is something that is very important to your physical and mental health”*
- *“What did your doctor say about your smoking?”*
- *“What did your doctor tell you about the support and treatment you could get?”*
- *“What would be the advantages of you stopping smoking right now?”*
- *“Have you tried stopping previously? What’s the longest period you managed to stop for?”*

25. **“You’ve given me a patch and six cartridges for the inhalator, but I still feel irritable and can’t concentrate. Can I have more cartridges?”**

**Suggested response:**

- Check that the patient is using the medication correctly and maybe check the HSI dependence score to ensure the dosage is sufficient to manage any withdrawal symptoms
- *“If you are still feeling uncomfortable after taking the maximum dose for your inhalator then maybe we should explore some other faster acting products for you to try or increase the dose of your patch?”*

26. **Patient using patch: “I have a lot of skin irritation from the patch.”**

**Suggested response:**

- Check first that the patient is using the patch as prescribed.
- Check that they have tried changing the placement.
- Some skin irritation is normal but not if it is causing a lot of discomfort.
- Sometimes a change of brand can help

27. **“If I use a vape wouldn’t I just be swapping one addiction for another?”**

**Suggested response:**

- *“Not at all, the nicotine you receive from a vape is in a safer form than in your tobacco and much less addictive.”*
- It is nicotine in cigarettes that is addictive and vapes contain nicotine, so there is no swap in addiction. But with vapes, there is no burning and therefore no tar, carbon monoxide and other harmful products that are inhaled from tobacco smoke.
- Vaping offers a significantly less harmful way of consuming nicotine than smoking and can be an effective way of stopping smoking.

28. **“I can’t afford to put on any weight and I know, if I do, I’ll start smoking again.”**

**Suggested response:**

- Has this happened to you before?
- If you achieved your goal to stop smoking, how much weight gain could you accept?
- What is your biggest concern about weight gain?
- What measures could you take to keep the weight down?
- Would you like some suggestions from me on how to avoid weight gain?
- What’s more important to you right now, stopping smoking or your weight?

**Short response:**

“Putting on weight isn’t inevitable, but you would probably have to exercise more or eat less to not gain some weight when you stop smoking. This is a lot to ask and most people decide to concentrate on one thing at a time – and stopping smoking is the best thing that you can do for your health. Most smokers who put on weight when they stop do not go back to smoking because of it, they wait until they are confident that they are a non-smoker (two or three

months) and then they think about dieting or exercising – is this something that you could consider?”

29. **“I’ve tried patches, gum, the lot! - and none of them work for me.”**

**Suggested response:**

- *“What have you tried? Tell me how you used the medicines (technique)?”*
- *“How long did you use the medicines for and how much?”*
- *“Why do you think the medicines didn’t work?”*
- Medications, and using them 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?