Smoking cessation in the 21st century – the ABC intervention framework

This webinar will start soon.

phn TASMANIA
An Australian Government Initiative

primary health TASMANIA

Smoking cessation in the 21st century – the ABC intervention framework

Zoom webinar – Wednesday 28 October 8.15am - 9.15am

Acknowledgement of traditional owners

We acknowledge the Tasmanian Aboriginal people as the traditional owners and ongoing custodians of the land on which we are meeting today. We pay our respects to Elders past and present.

We would also like to acknowledge Aboriginal people who are joining us today.

Some housekeeping

This mornings webinar is being recorded:
https://learning.primaryhealthtas.com.au

Please use the Zoom Q&A feature to ask questions

Please don't forget to register for your next webinar at:
https://www.primaryhealthtas.com.au/for-health-professionals/events/

Presenters



Acacia Bingham

Registered Nurse and Clinical Nurse Consultant for the Smoking Cessation Programme in Southern Tasmania



Jill Harley

Lead, Cessation Services and Partnerships

TASMANIAN HEALTH SERVICE

Smoking Cessation in the 21st Century + the ABC Framework

Acacia Bingham – Smoking Cessation CNC

Jill Harley – QuitTas & Free NRT

28 OCT 2026

Acknowledgement



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Session plan

- Smoking/vaping trends and harms
- The ABC Brief intervention
- Assessing Nicotine Dependence
- Nicotine Replacement Therapies

- Other pharmacotherapies
- Referring on / follow-up
- QuitTas & Free NRT Program
- Take-home messages
- Question time

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Learning outcomes

1. Assess nicotine dependence and quit motivations using the ABC framework and standardised tools appropriate for a range of individuals
2. Describe the various smoking cessation pharmacotherapies available, including PBS authority medications
3. Execute timely and appropriate referrals, documentation and follow-up for nicotine dependent individuals

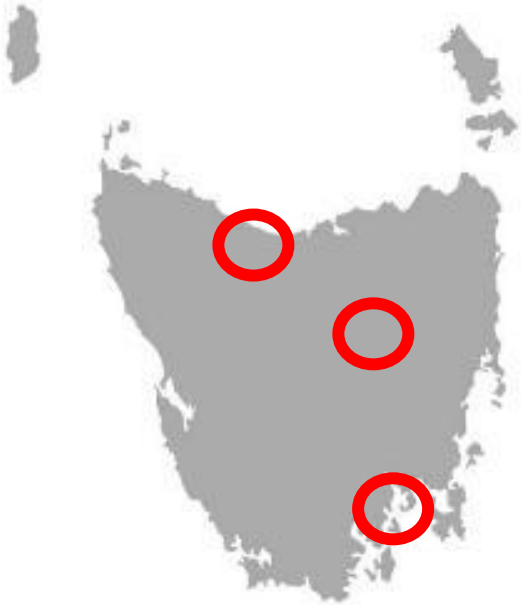
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THS Smoking Cessation Program

Who? *Clinical Nurse Consultants Acacia Bingham + Jen Potter*

Where? *We have 1.0FTE in the South, North and NW*

What? *We provide cessation support to both inpatients and outpatients + education and support to THS staff + other organisations.*



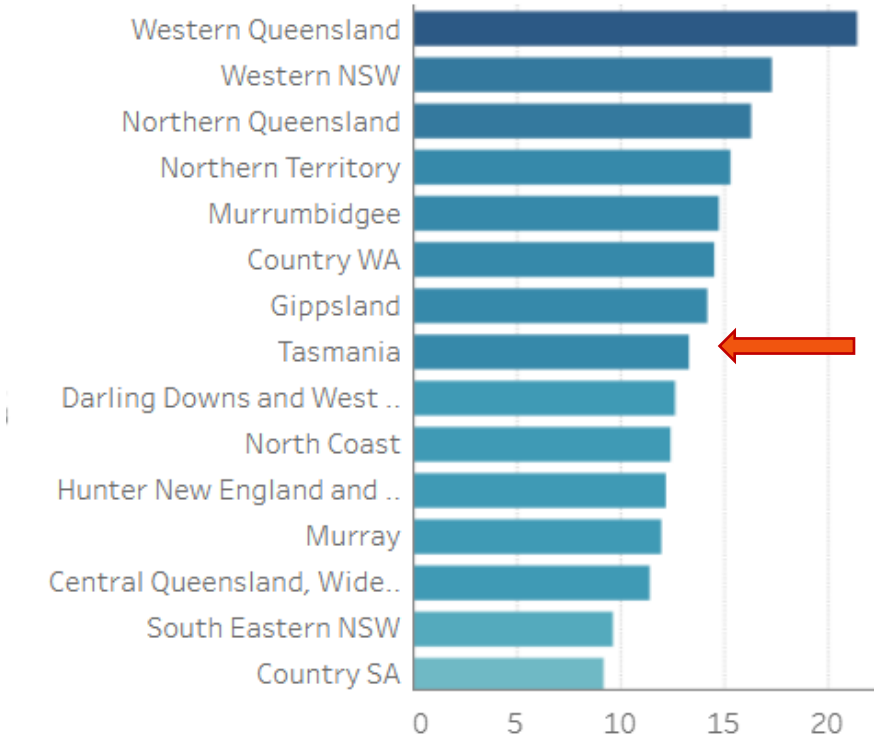
How can we be contacted?

- *Via switch / ext. 66835*
- *Mobile: 0438 303 396*
- *Email: smokingcessation@ths.tas.gov.au*

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Australian and Tasmanian smokers

- Tobacco – 7.6% total burden of disease in 2024 (1)
- Over 20,500 Australians died due to smoking in 2022 – top fatal risk factor (2)
- More Tasmanians smoke than national average (**16.4%** vs 13.8%) + high proportion of low SES in population (3)
- **13.4%** of mothers smoked during pregnancy in Tasmania (2023) (4)
- Key risk factor: Social disadvantage (24% vs 5%) (2)



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Vaping: trends + attitudes

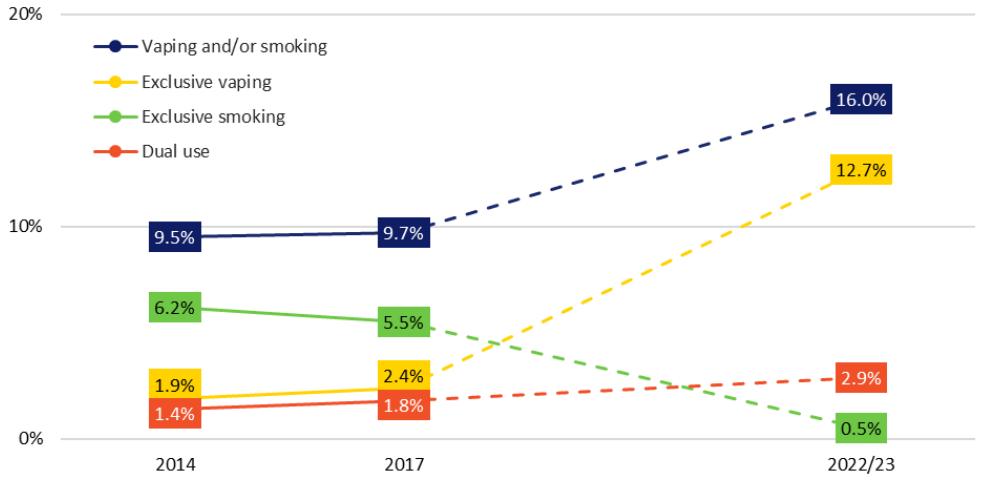


Figure 1: Prevalence of vaping and/or smoking in the past month over time among Australian secondary school students, 2014-2022/2023 (6)

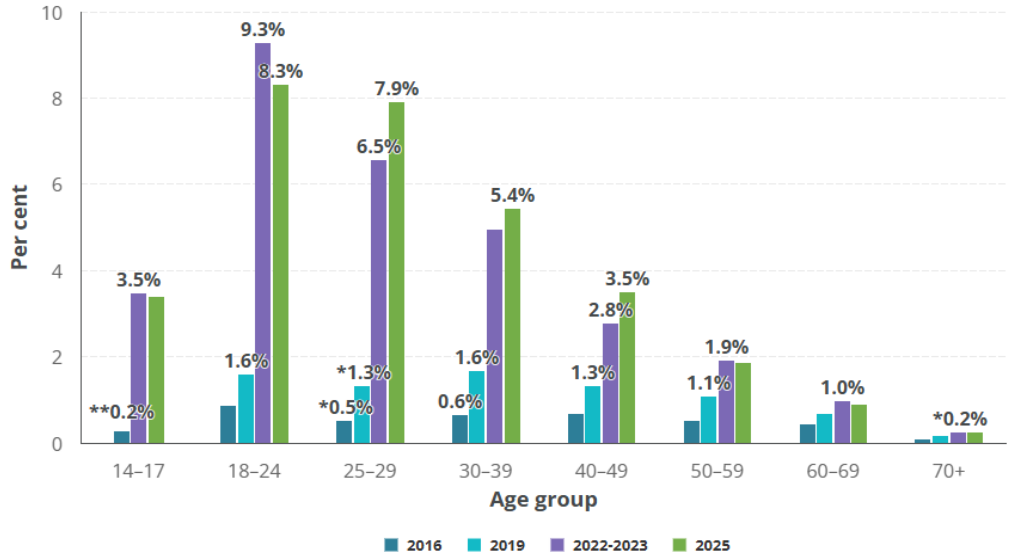


Figure 2: AIHW Daily use of e-cigarettes by age, 2016 to 2025 (7)

% of all young people reporting ever having used a vape^					
	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8
Number of respondents (n)	n=3000	n=3000	n=3001	n=2990	n=3002
Never vaped^^	82.5%	84.4%	84.3%	85.7%	85.4%
<10 occasions^^^	5.8%	5.2%	5.0%	4.9%	5.4%
10 to <100 occasions	5.9%	4.8%	5.0%	5.3%	5.0%
100+ occasions	5.8%	5.5%	5.7%	4.1%	4.3%

Figure 3: Data from the most recent waves of the *Generation Vape Project*, Australia (5)

Slow but steady decrease

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Vapes: what's in them?

Originating in the e-liquid

- Nicotine (most around 50mg/ml), solvent carrier (propylene glycol), volatile organic compounds (acetone, acrolein, chlorophenol), flavourings (diacetyl etc.)

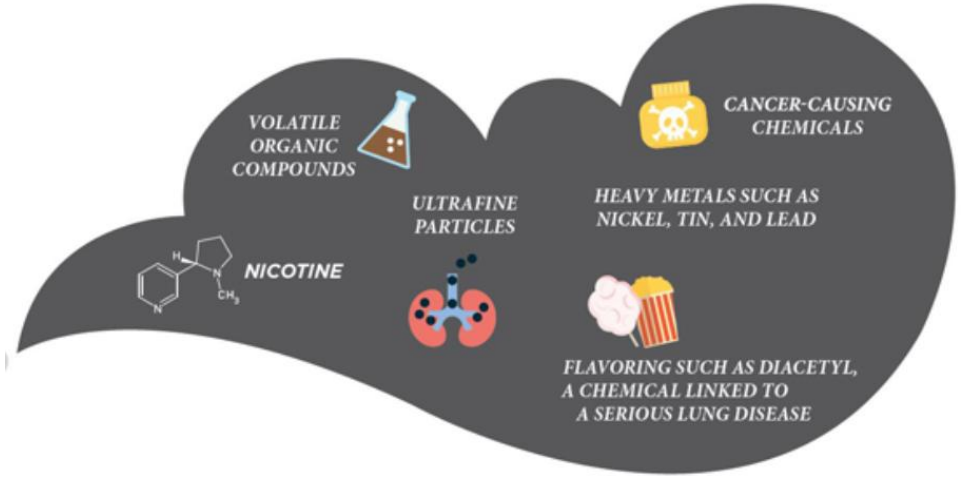
From the heated element

- Aldehydes (formaldehyde)

From the device

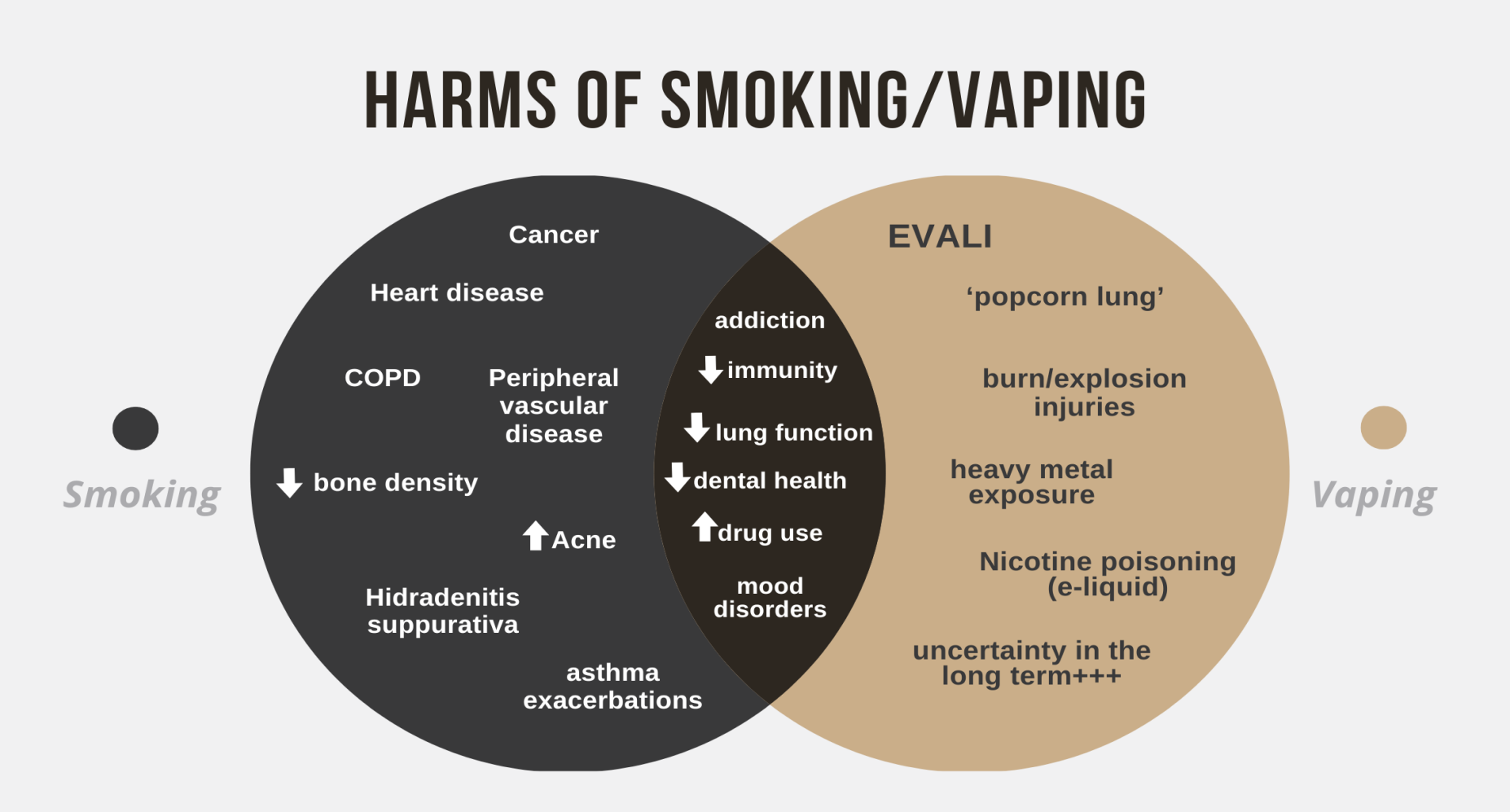
- Metals: aluminium, arsenic, boron, **lead**, nickel, tin

- **4,500 chemicals found in vapes so far**



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Vaping vs Smoking harms



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ABC Brief Intervention

- **A**sk + Assess
- **B**rief advice
- **C**essation support
  - Pharmacotherapies
  - Counselling/Referral

Why?

- Clients expect to be asked
- Prompts more quit attempts, more often

BI should be delivered by all healthcare workers, reaching more smokers

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Ask

Every new patient, every time

- ‘Have you ever smoked?’
- ‘Have you tried to quit before?’
- ‘How do **you** feel about your smoking?’

Most (60-80%) adults who smoke do want to quit and have tried to several times



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Assess nicotine dependence

Tool 1: Heaviness of Smoking Index

This question is the **tell- tale indicator** of nicotine dependence

Useful to know the smoking rate <u>prior</u> to recent health complaint, as **many will under-report** due to fear of being stigmatised

Question	Answer	Score (Please circle)
1. How soon after waking up do you smoke your first cigarette?	Within 5 min 6-30 minutes 31-60 minutes >60 minutes	3 2 1 0
2. How many cigarettes a day do you smoke?	10 or less 11-20 21-30 31 or more	0 1 2 3
	Total	
*Score: 0-3 low, 4 moderate, 5-6 high		

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Assess nicotine dependence

Tool 2: Modified Hooked on Nicotine Checklist (M-HoNC)

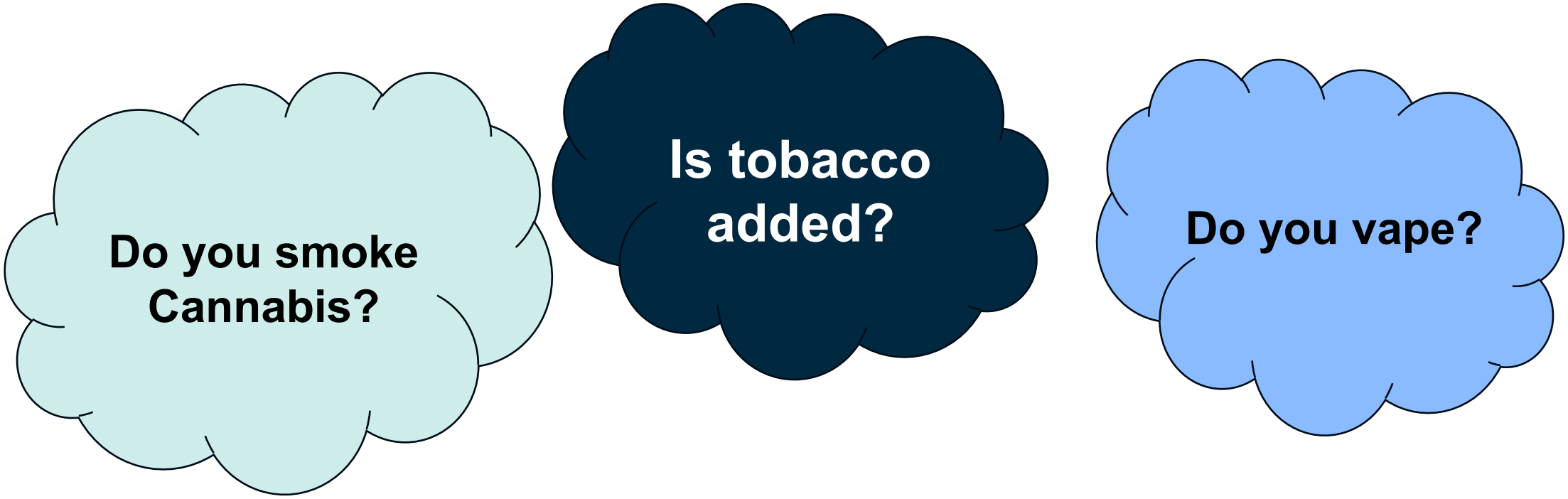
1. Have you ever tried to quit, but couldn't?	Y/N
2. Do you vape now because it is really hard to quit?	Y/N
3. Have you ever felt like you were addicted to vapes?	Y/N
4. Do you ever have strong cravings to vape?	Y/N
5. Have you ever felt like you really needed a vape?	Y/N
6. Is it hard to keep from vaping in places where you are not supposed to, like school?	Y/N
When you tried to stop vaping (or when you haven't used vapes for a while) ...	
7. did you find it hard to concentrate because you couldn't vape?	Y/N
8. did you feel more irritable because you couldn't vape?	Y/N
9. did you feel a strong need or urge to vape?	Y/N
10. did you feel nervous, restless or anxious because you couldn't vape?	Y/N
A yes to any question indicates that the young person is experiencing a 'loss of autonomy' over their use and some dependence on nicotine. Each yes indicates increasing dependence.	

Adapted with permission from Bittoun (8)

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Assess nicotine dependence

Other clues



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Brief Advice

- Try to relate this to your patient's experience or presentation
- i.e. health, finances, fitness, freedom, family
- This can tell you more about the person's own **motivations** to quit
- Most people know the harms of smoking, but they may be unaware of **vaping harms**



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Cessation Support

Offer combination NRT

or

Varenicline/Bupropion



Offer referral to QuitTas

or

Smoking Cessation CNC

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Nicotine Replacement Therapy

Offer to *ALL* nicotine dependent patients.

TGA approved from 12 years of age

Combination therapy triples chances of success

Patch plus oral NRT

Ensure adequate dose and effective use

(most people who have not been successful with NRT did not use adequate dose, frequency, duration or technique)

Consider:

- Pregnant or breastfeeding
- Recent AMI/unstable angina
- Severe arrhythmias
- Recent CVA
- Under 45kg
- Recent psychosis/severe mental health event
- Clozapine/olanzapine
- Upcoming surgery

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Nicotine Replacement Therapy

Patches



24hr: 21,14 & 7mg strengths

16 hour: 25, 15 & 10mg strengths

Tips:

- Place on clean, dry, non-hairy skin
- Rotate Site (if skin reaction, try changing brand)
- Always start with the strongest
- Remove for sleep if pregnant
- Can cause interesting dreams
- **Very high dependence**: may need 2 patches





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Nicotine Replacement Therapy

Oral/intermittent products

- Lozenges, Gum and Mouth Spray
- All absorbed via oral mucosa (buccal)
- Anticipate cravings/triggers for best effect
  - Use frequently and regularly
  - Don’t wait for cravings to occur

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Nicotine Replacement Therapy

Mouth spray - QuickMist™

1mg strength (per spray)

Mint and berry flavours

Onset of action: 30-60secs



Tips:

- Spray into cheek/sublingually
- PRN every 30-60minutes (max 4x per hour)
- Max daily dose: 64 sprays/day (32 with patch)
- Requires some **digital dexterity**
- Unsuitable if significant ETOH dependence

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Nicotine Replacement Therapy

Lozenges/gum

4mg and 2mg strengths

Mint and fruit flavours

Onset of action: 5-10mins

Tips:

- Swirl/chew and park
- PRN every 1-2hours
- Max daily dose: 10-15/day (5-7 with patch)
- Gum not suitable with dentures







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Nicotine Replacement Therapy

Pregnancy

Smoking Cessation in pregnancy algorithm:

1) Behavioural support alone
2) If unsuccessful, add in PO NRT
3) If unsuccessful, combination NRT



NRT is not *completely* safe in pregnancy, but it is **significantly safer than smoking cigarettes**, according to Healthdirect, the Royal Australian College of General Practitioners (RACGP), and the National Institutes of Health (NIH).

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PBS Authority Prescriptions

Nicotine Patches (any strength)
- 2 x 12-week course per year

Varenicline
- 12-week course yearly

Bupropion
- 9-week course yearly

Cytisine
- (TBC)… S4 and S3 coming soon …



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Non-nicotine pharmacotherapies

Varenicline (ex-Champix)

Nicotine receptor partial agonist

Reduces withdrawal symptoms

Can make smoking less rewarding

12-week course on PBS

Common GI upset – can prescribe maxalon pre-meals to manage

Monitor closely if mental health diagnoses.

Cease if mood/behaviour change, depression, Suicidal thoughts

Bupropion (Zyban)

Atypical antidepressant (norepinephrine and dopamine reuptake inhibitor)

Eases withdrawal symptoms

9-week course on PBS

Reduces seizure threshold

Contraindicated with seizure history, EDs, monoamine oxidase inhibitors. Caution with other meds that lower the seizure threshold

Both are **NOT** recommended if pregnant or breastfeeding

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Drug interactions with smoking/cessation

Drug	PAH effect	If patient ceases smoking:	Clinical importance
Clozapine	Increases metabolism, decreases serum levels	Closely monitor serum levels, anticipate dose reduction by 25-50%	Very high
Olanzapine	Increases metabolism, decreases serum levels	Monitor side effects (dizziness, sedation, hypotension), consider dose reduction	High
Benzos	Reduces sedating effects	Consider dose reduction if sedation increases	Moderate
Fluvoxamine/ Duloxetine	May decrease serum levels	May need dose reduction	Moderate
Insulin	Smoking increases insulin resistance	Monitor signs of hypoglycaemia, may need dose reduction	Moderate
Warfarin		Serum levels may increase by 15%. Monitor INR, reduce dose if appropriate	Moderate

NSW health (2025), Tool 5: Quick guide to drug interactions with smoking cessation

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Specialist Cessation Support Services

Smoking Cessation CNC

Inpatient consults and weekly outpatient clinic
Refer via email: smokingcessation@ths.tas.gov.au
Or contact Clinical Nurse Consultant (Acacia) through switch

Quitline

Telephone counselling support service
To refer: 13 QUIT (13 7848); or
QuitTas website www.quittas.org.au
My QuitBuddy app (popular with the introverts)

QuitTas

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Who are we?

- Program arm of Cancer Council Tasmania focusing on prevention, support, research, and advocacy.
- Work with individuals, organisations and at population level
- Provide public education campaigns via media, deliver community and health service capacity building through information sharing, training and provision of resources.
- Counselling team provides free evidence based behavioural therapy and counselling services to people considering or wanting to quit smoking and or vaping (or other nicotine dependence).

Service Offerings

- Telephone counselling: 13 7848
  - Behavioural therapy and counselling support: incorporating MI and CBT
  - Client led connections: can be ongoing +/- re engagement for relapse
  - Addresses 3 aspects of smoking/vaping: chemical addiction, emotional connection and habitual aspects
- 3 key phases
  - Initial assessment: Get to know the client, history, GP involvement prn
  - Support phase: goal setting provision of support and accountability
  - Conclusion: relapse prevention plan

Alternative Service Offerings

- Live Chat: Quittas.org.au - talk with a Q/L Counsellor (not a bot!)
  - Establish connection and call to facilitate ease of information sharing, progress, issues
  - Less engagement than anticipated
- SMS: 0489 077 077
  - Increasing use - often youth
  - Tends to be first instance - “get to know you” phase
  - Can convert to phone counselling for access to Free NRT, may continue based on client preference.

Free NRT Program



Who is eligible?

- ***All Tasmanian residents***

Requirements

- A referral to Quitline – via health link (search "quit" under practice name), QuitTas website referral form.
- Advice required re NRT precautions +/- dosage adjustment:
  - Pregnancy
  - Recent cardiac event / major surgery
  - Under 45kg
  - Significant recent mental health episode/psychosis +/- currently taking Olanzapine, Clozapine (Courtesy letter to GP if not advised)
  - Currently prescribed Bupropion or Varenicline (Courtesy letter to GP if not advised)

Take Home Messages



Ask everyone about smoking/vaping

Encourage early use of pharmacotherapies

Ensure enough NRT is prescribed, and it is used correctly

Remember your ABCs and follow-up at each visit

Be aware of and monitor for drug interactions

Refer on: Quitline / Free NRT Program / CNC

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Further resources + references

Cytisine CPD (RACGP endorsed): https://cpde.com.au

Up to date evidence in Australia: Chapter 7: Smoking cessation - Tobacco in Australia

1. AIHW (2025), Alcohol, tobacco & other drugs in Australia, Tobacco - Australian Institute of Health and Welfare
2. ABS (2023), Smoking and vaping, 2022 | Australian Bureau of Statistics
3. Tobacco in Australia: Facts & issues analysis of AIHW National Drug Strategy Household Survey 2022–23. ADA Dataverse, 2024. 1.13 Smoking by Australian states and territories - Tobacco in Australia
4. AIHW (2026), Australia's mothers and babies, Smoking during pregnancy - Australian Institute of Health and Welfare
5. Cancer Council (2025), Vaping and young people: Assessing early impacts of Australia's comprehensive approach to vaping product control. Generation Vape. GenerationVape-Wave8-14-17s-short-report-July-2025.pdf
6. Cancer Council Victoria (2023), ASSAD 2022–2023: Australian secondary school students' use of tobacco and e-cigarettes. Secondary school students' use of tobacco and e-cigarettes – 2022-2023
7. AIHW (2026), National Drug Strategy Household Survey 2025: Tobacco, e-cigarettes and other nicotine insights: Vaping and e-cigarette use in the NDSHS - Australian Institute of Health and Welfare
8. Wilson & Zwar (2024), Assisting young people aged 12–25 years to cease e-cigarette use in general practice. Australian Journal of General Practice (53):5 https://doi.10.31128/AJGP-11-23-7021
9. NSW health (2025), Tool 5: Quick guide to drug interactions with smoking cessation

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Questions

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Hobart TAS 7001

1300 135 513

health.tas.gov.au

Version 1.0 | February 2026

Community HealthPathways



Tasmanian HealthPathways

is a web-based information portal developed by Primary Health Tasmania. It is designed to help primary care clinicians plan local patient care through primary, community and secondary healthcare systems.

tasmania.communityhealthpathways.org

https://tasmania.communityhealthpathways.org/13454.htm

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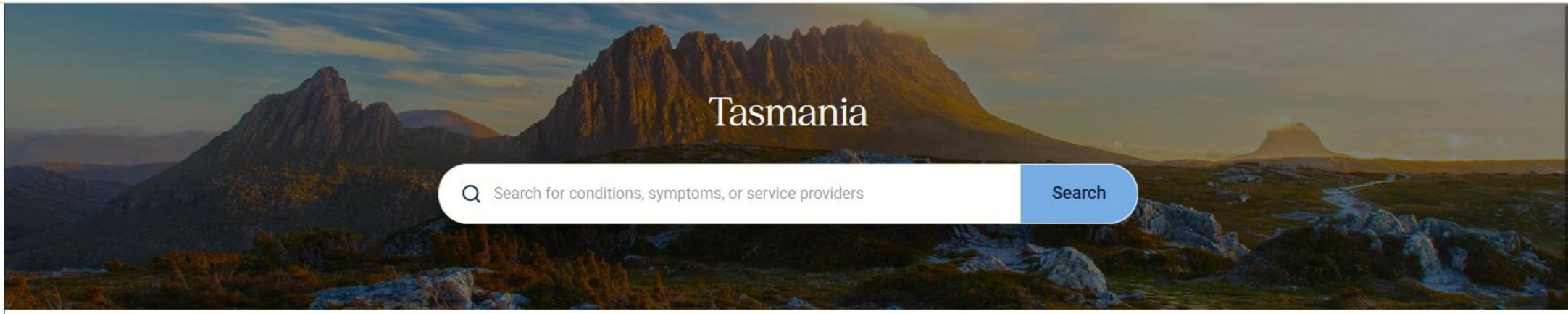
Community HealthPathways Tasmania

Resources | TS

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Health Alert

Primary Care Alert: Avian influenza H5 bird flu.
Primary Health Tasmania is sharing a Primary Care Alert from the Director of Public Health regarding the update on Avian Influenza in Australia. Read more here.

Recent News

21 August

Primary Care Alert: Avian influenza H5 bird flu

Primary Health Tasmania is sharing a Primary Care Alert from the Director of Public Health regarding the update on Avian Influenza in Australia. Read more here.

25 June

Primary Care Alert: Meningococcal B program launch and other vaccine

Resources

- Online Learning Hub
- Primary Health Tasmania
- RACGP Red Book
- FindHelpTas
- MBS Online
- PBS
- Tasmanian Health Directory
- Primary Health Tasmania Events

CPD Events

Send feedback

Some final words

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