

TOBACCO CESSATION SUPPORT PROGRAMME



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

QUIT



TOBACCO CESSATION SUPPORT PROGRAMME

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

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

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

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

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



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



Session Plan

Aim:

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

Smoking Cessation Specialist Role:

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

By the end of this session clients will:

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

Client Handouts:

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



Registration Form

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

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

.....

.....

How did you hear about the quit smoking programme?

.....

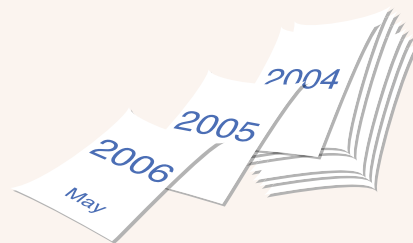
I intend to take part in all 7 sessions.

Signed Date



Your smoking habit

How many years have you been smoking?



About how many cigarettes do you smoke a day?



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



Less than 5 mins



5-15 mins



30 mins - 1 hour

More than 1 hour

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

Yes

No

If yes how many times?

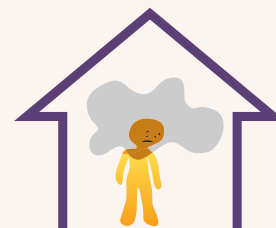
Why do you want to quit?



Your smoking habit

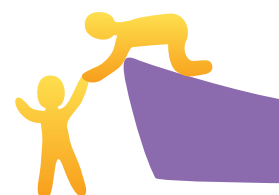
Does anyone living with you smoke? Tick yes or no.

Yes No



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

Yes No



If yes, who? Tick yes or no.

Partner Family member Friend

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



1 2 3 4 5 6 7 8 9 10

Not confident

Fairly confident

Very confident

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



1 2 3 4 5 6 7 8 9 10

Not important

Fairly important

Very important



Permission Form

Please read the statements below.

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

1. I give permission to Health Promotion & Improvement to put my smoking status on their database. I understand that this will be kept in accordance with Data Protection Regulations.
2. I agree that the smoking cessation practitioner will contact me to offer support.
3. After my quit, I will be followed-up at 4 weeks, 3 months and 1 year.

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

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

Signed

Date



Programme Overview





My Smoking Day

Complete for 1 day only

Example of how to fill out this diary

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



One Change I Will Make

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



Session Feedback

Mark where you are on the sheet.

