



Q

T



**ENSP**

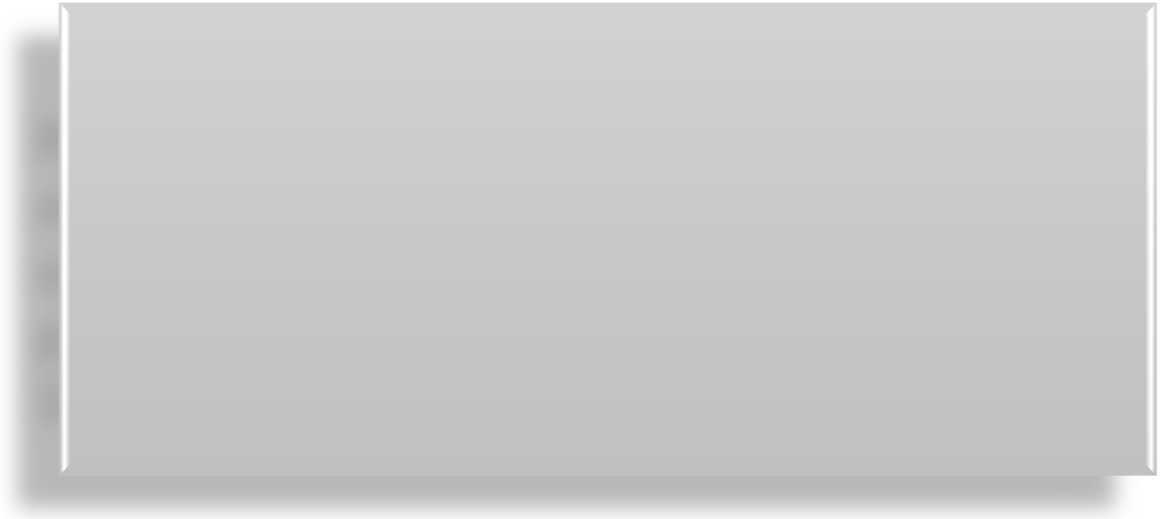
**E**

P

S

E





**Counselling**

Skills for dealing with situations when they would normally smoke

**Pharmacotherapy**

Eases physiological withdrawal symptoms



- Identify the behavioural causes of smoking, the long-term and immediate smoking factors that leads an individual to smoke
- Increase motivation to quit and decrease fears of quitting and of becoming a non-smoker
- Learn how to deal with emotions



### **Minimal Intervention**

- Brief counselling (3-5 minutes)

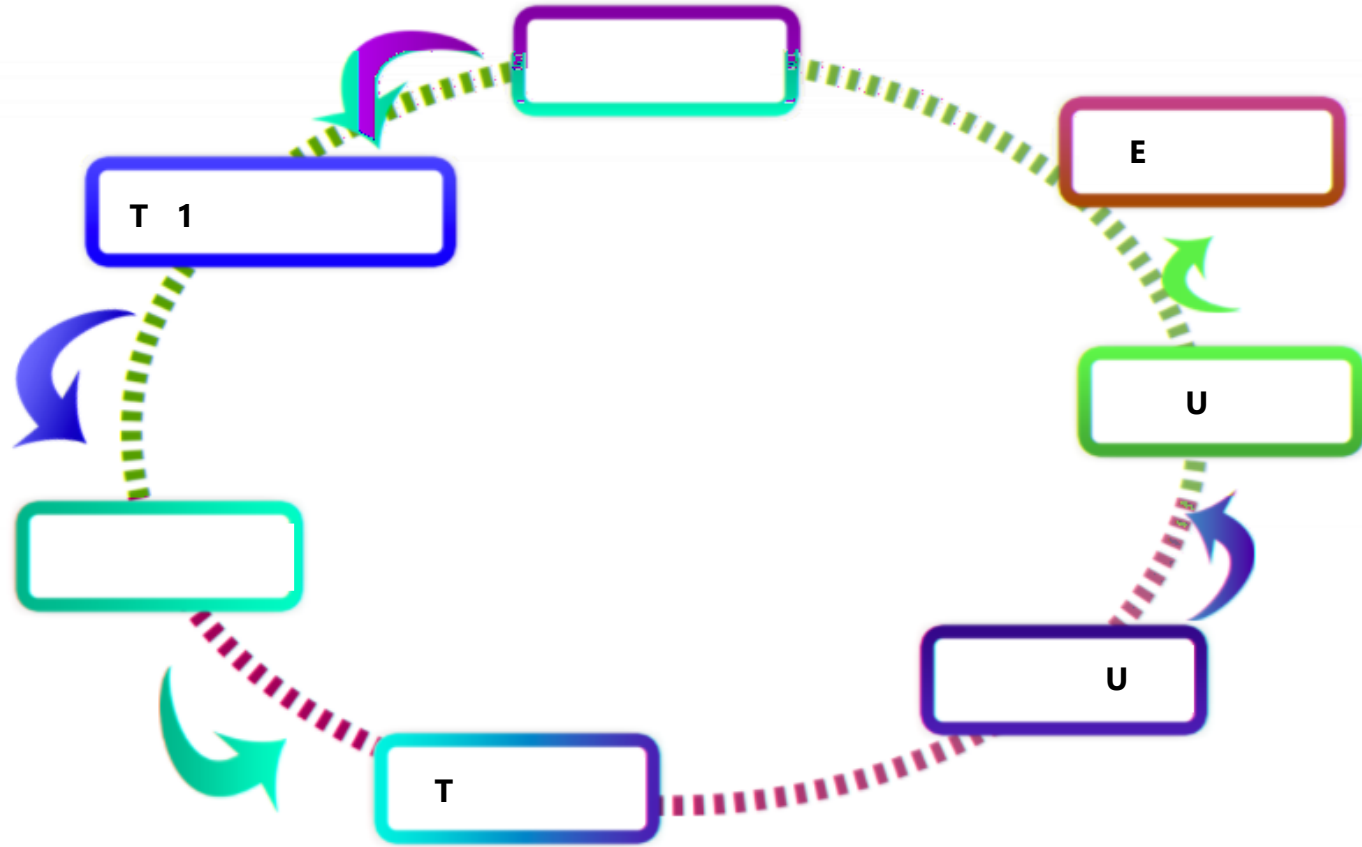
### **Specialised Treatment Support**

- By patient's own clinician
- Referral to specialised quit smoking service



INTERVENTION TYPE	DESCRIPTION
Self-help	Includes print, video or online materials that provide self-directed support with quitting.
Brief physician/ health professional advice	Verbal instructions from the physician or other health care professional with a 'quit smoking' message lasting 3-5 minutes.
Individual counseling	Individual counseling is defined as more than 10 min face-to-face encounter between a patient and a counselor trained in assisting smoking cessation.
Group counseling	Small group based counseling support most often facilitated by a counselor trained in smoking cessation.
Telephone counseling	Telephone services provide information and support for smokers often delivered by government funded 'help-lines', which may deliver proactive (counselor initiates) or reactive (smoker initiates) telephone contact.
Internet-based	Services delivered online either self-help or interactive formats
Text messages	Counselling support and guidance delivered via text messages. Often as an enhancement to individuals of group counselling.







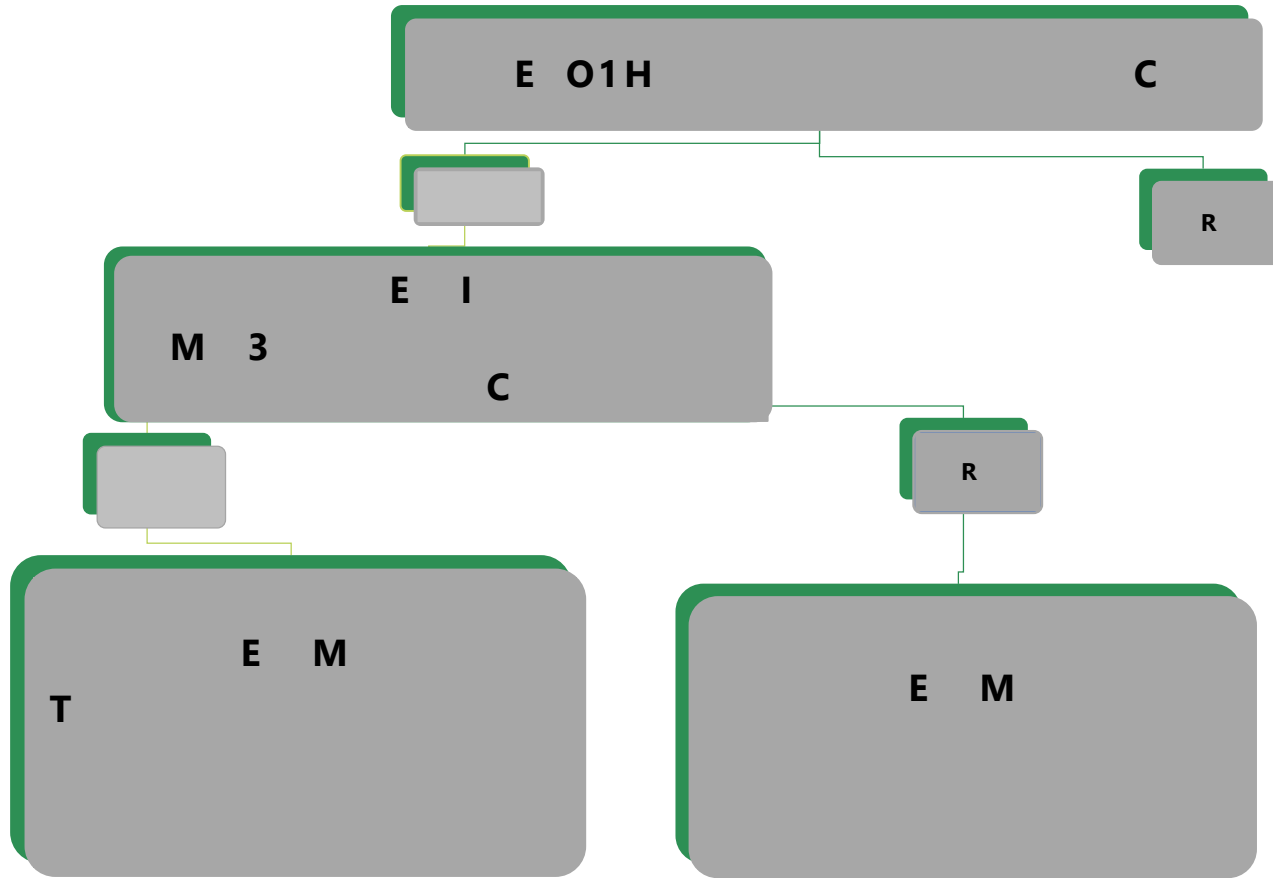
***ENSP European Tobacco Treatment Guideline Recommendation:***

It is recommended to assess the patient's motivation to quit smoking (level of evidence C)

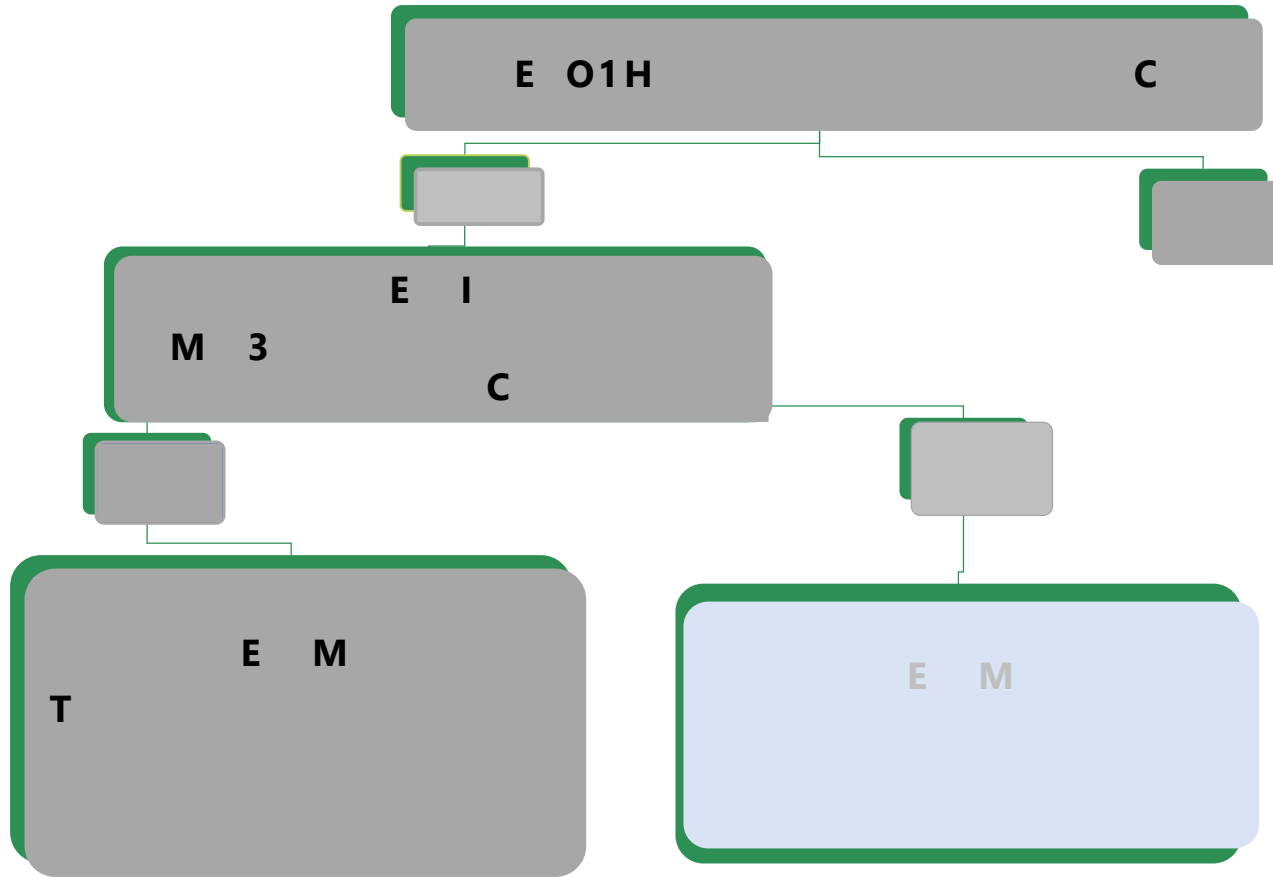


**Do you want to quit smoking now?**

**What are your feelings about quitting smoking right now?**



L



CBT has been extensively evaluated in rigorous clinical trials and has solid empirical support as an effective techniques for increasing smoking abstinence.



- ❑ CBT is structured, goal-oriented, and focused on the immediate problems faced by tobacco users attempting to quit
- ❑ CBT emphasizes the development of new skills that are valuable in assisting people in quitting smoking and sustaining abstinence
- ❑ Involves the mastery of skills through practice







- ❖ Motives for quitting
- ❖ Concerns about quitting
- ❖ Past experience with quitting and lessons which can be learned
- ❖ Personal triggers for smoking and high-risk situations that increase the risk of relapse





Emphasize the importance of committing to the “not a puff rule”.

Smoking (even a puff) increases the likelihood of a full relapse.



T

U

H



Five horizontal green rounded rectangular boxes stacked vertically, intended for text input.

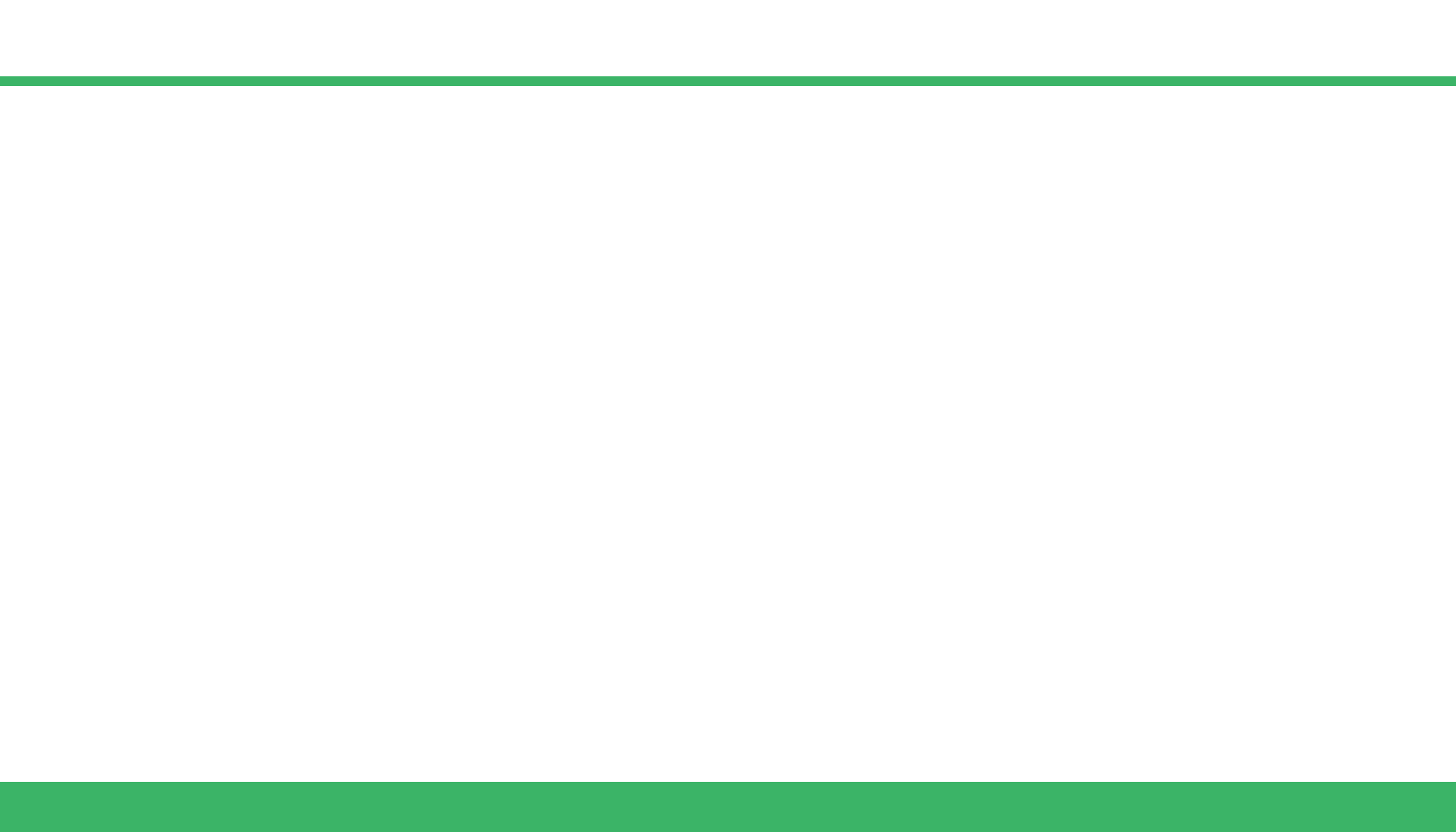


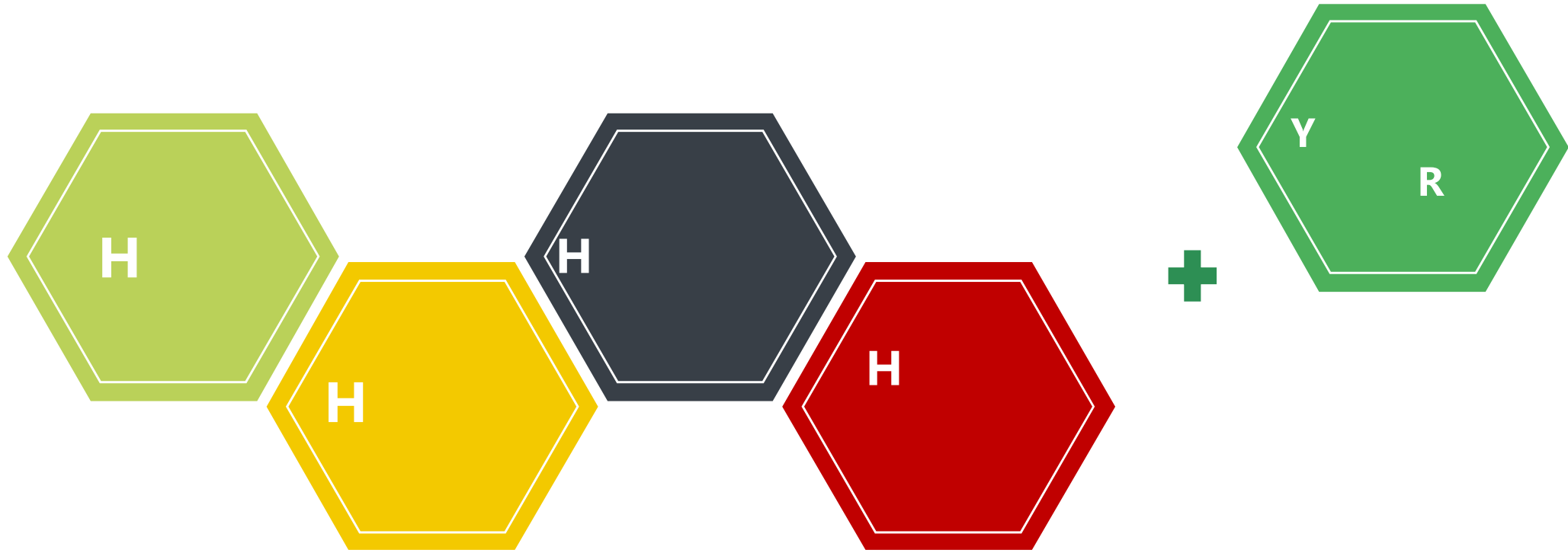
Five empty, rounded rectangular green boxes stacked vertically, intended for writing tips or notes.

1













1





- ❖ Identify high risk situations in which the patient may be tempted to smoke
- ❖ Discuss alternative responses to dealing with triggers and stress other than smoking
- ❖ Discuss how to reduce exposure to high risk situations



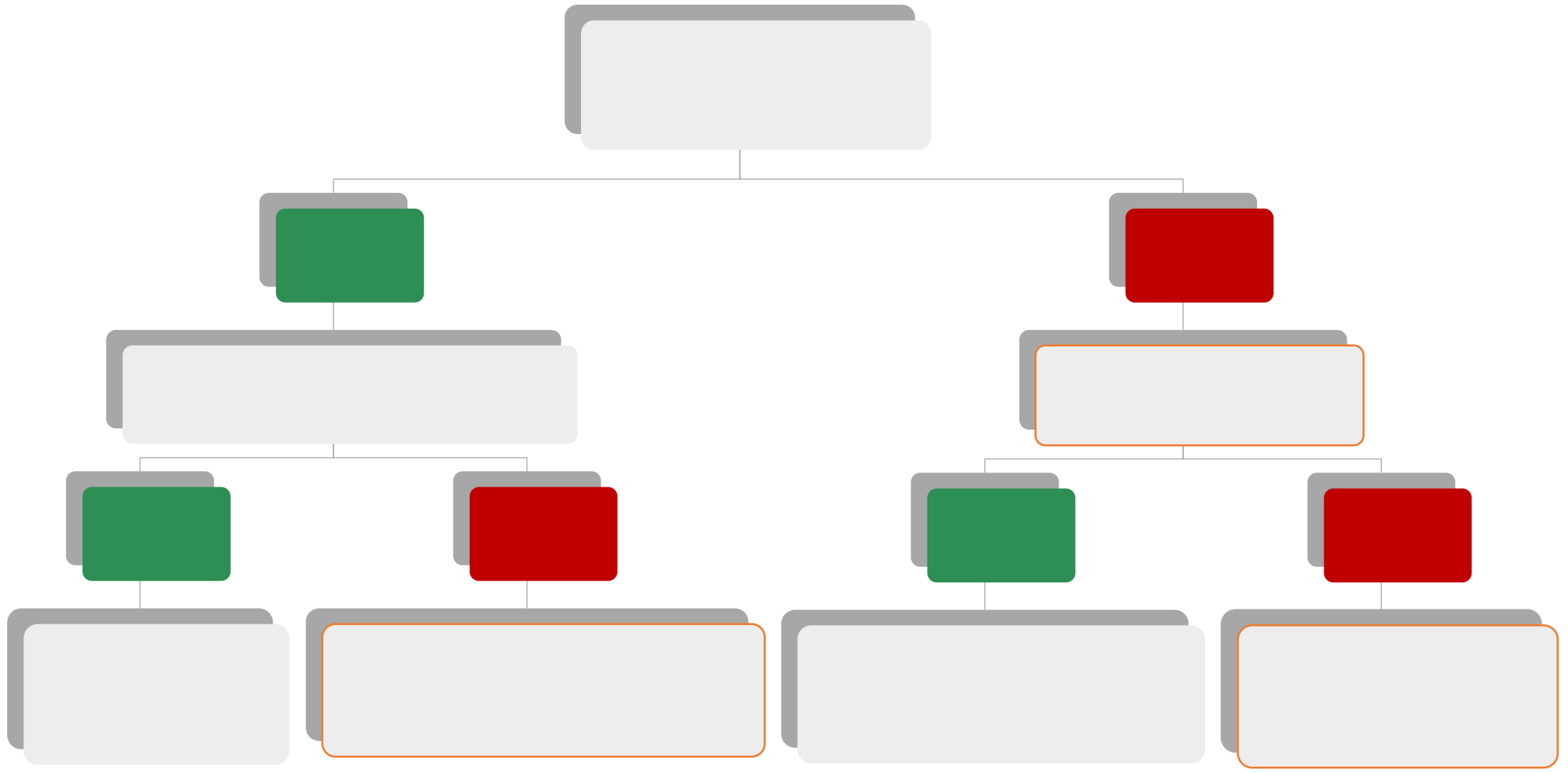


“It is important that you continue to use the medication for the full course of treatment”

“Please be sure to speak to me if you have any concerns about the medications”

T








*Do you still feel the need/urge to smoke?*

*What would it take to further increase your chances of quitting?*

The background of the slide is a blurred image of two hands clasped together, rendered in shades of blue and green. The hands are positioned centrally, with the fingers interlaced. The overall tone is professional and collaborative.

T Q I 1