



Workshop or class: Cessation methods

Objective

The aim is to review or learn about smoking cessation methods, products and their correct use, and to learn how to guide customers in choosing and using smoking cessation products.

Target group and the group size

If the assignment is used for a review in a workshop setting, it takes approximately one hour.

If the material is used in a lecture-based class as the first introduction to the topic, it requires approximately 2-3 hours.

Time use

If the assignment is used for a review in a workshop setting, it takes approximately one hour.

If the material is used in a lecture-based class as the first introduction to the topic, it requires approximately 2-3 hours.

Preparation, supplies, facilities and equipment

- A blackboard
- Materials on smoking cessation methods and products.
- The material can also be used to prepare lecture materials such as a PowerPoint presentation.

Assignment and work instructions

At the start of the workshop, write "smoking cessation methods" on the blackboard and invite the participants to suggest words related to the topic. Using the suggested words, create a mind map on the blackboard. After the brainstorming, discuss the words with the group and how they are linked to quitting. At this stage, the instructor should describe the most common smoking cessation methods (Appendix 1) and products (Appendices 2, 3 and 4). If many different smoking cessation products were mentioned during the brainstorming session, the instructor can ask questions to engage participants, for example: "Do you know how this product is used, how often and in what quantities?". Review the mind map with the participants. Hand out the appendix materials at the end of the workshop.

Notes

- Appendix 1. Smoking cessation methods
- Appendix 2. Drug therapy
- Appendix 3. Nicotine replacement therapy
- Appendix 4. Smoking cessation products
- Appendix 5. Help and support for quitting



Appendix 1.

Smoking cessation methods

- A caring, empathetic and understanding attitude is an important factor in smoking cessation training.
- Smokers can quit successfully when they receive encouragement, support and practical advice about how to identify smoking triggers and avoid succumbing to them.

General population and community-level cessation training

- Written materials on smoking cessation can help self-directed quitters, especially if they are personalised.
- A hotline is a helpful method.
- Customised SMS-based or online support may be helpful.
- Information leaflets are somewhat helpful to self-directed quitters.
- Competitions and incentives have not been found to contribute significantly to successful smoking cessation, although incentives may increase the number of participants in cessation programmes and thus contribute to the total number of successful quitters.
- Financial assistance for smoking cessation paid to patients or healthcare units appears to increase the number of quitters.
- Workplace measures related to smoking appear to increase the rate of smoking cessation attempts.

Group guidance

- A well-designed group programme is versatile, flexible, arranged in stages and mindful of the group's needs.
- Group-based guidance is a more effective method than educational materials. No differences have been found between different group guidance methods in terms of success rate.
- A suitable group size is 8–12 people. The recommended number of meetings is 6–10, and each course lasts 6–10 weeks depending on the number of meetings and the group schedule. The recommended duration of a meeting is around 1.5 hours.

Individual guidance

- Talks by physical practitioners, even brief discussions, have been found effective in helping smokers quit. With increased intensity, the quitting rate also rises slightly. Additional meetings can up the success rate. The effectiveness of interventions has been found to increase somewhat in correlation with the total time spent and when interventions take place during multiple visits.
- All smokers should have the opportunity to discuss quitting, and every medical practice should have the means to provide such opportunities.
- Individual advice given by registered nurses, public health nurses and other healthcare professionals has also been found effective.
- Smoking cessation interventions by oral healthcare professionals have been found effective, at least among snuff users.
- Smoking cessation interventions offered as part of occupational healthcare are helpful.
- The success rate increases if the intervention involves a number of healthcare professionals.
- Cessation advice provided by phone is effective if it is offered over multiple sessions.



- Guidance and advice offered by pharmacy staff who have received smoking cessation training may increase the success rate. Pharmacies offer advice and assistance in smoking cessation.
- Carbon monoxide measurements and spirometry tests do not appear to increase smoking cessation. They can still be used as motivation tools if required.
- Acupuncture and other similar therapies do not increase the chances of quitting.
- Hypnosis is unlikely to help.
- Physical activity may help reduce withdrawal symptoms.
- Social support provided in conjunction with cessation interventions appears to increase the success rate.
- Reduction of smoking in order to reduce dependence on nicotine may be helpful.
- Smokers can be encouraged to seek further information online (www.tupakkainfo.fi).

Appendix 2.

Drug therapy

- The smoking cessation drugs available in Finland include varenicline, bupropion and nortriptyline, all of which require a prescription.
- Varenicline is an effective cessation drug. It attaches itself to nicotine receptors, working both as an agonist (producing milder effects than nicotine) and as an antagonist (blocking nicotine).
- Varenicline is also effective among snuff users.
- Possible psychological side effects of varenicline are listed in the e-materials.
- Bupropion is an effective cessation drug. It is thought to affect dopamine and noradrenaline metabolism in the brain, which helps to reduce cravings and other withdrawal symptoms.
- Nortriptyline is an effective cessation drug.
- The efficacy of bupropion and nortriptyline is not based on their antidepressant properties, and they are equally effective on smokers with or without clinical depression.
- Other antidepressants have not been found to have a significant effect on smoking cessation.
- A combined nicotine replacement and bupropion therapy is unlikely to improve the success rate. The same applies to combined nortriptyline and replacement therapy.
- Due to the effective mechanisms of varenicline, it should not be combined with nicotine replacement therapy.
- Varenicline and bupropion have been reported to increase the risk of severe depression and self-destructive behaviour. This should be taken into account when choosing cessation therapies and patients should be monitored throughout the cessation programme.



Appendix 3.

Nicotine replacement therapy

- By replacing the nicotine from cigarettes with temporary nicotine replacement products, smokers can avoid or significantly reduce their withdrawal symptoms.
- Nicotine replacement products always result in lower concentrations of nicotine in the blood compared with smoking. This effect is enough to reduce withdrawal symptoms while eliminating the nicotine peaks which can maintain the addiction.
- All nicotine replacement products are effective in smoking cessation and increase the success rate by 1.5–2 times regardless of what other support interventions are available.
- Nicotine replacement therapy is also suitable for snuff users.
- Starting the nicotine replacement therapy before the planned day of quitting also improves chances of quitting.
- Simultaneous use of nicotine patches and chewing gum appears to be more effective than using either of the two alone.
- Nicotine replacement therapy should be recommended to those who smoke more than ten cigarettes a day who want to quit. Although scientific evidence on the personalised choice of product forms and dosages is scarce, dependence can be assessed using Fagerström's short questionnaire of nicotine dependence. A personalised choice of the product may help improve chances of quitting, especially for smokers with high nicotine dependence.
- For example, for smokers with high nicotine dependence, a 4mg chewing gum product is more effective than the 2mg one.
- Nicotine replacement therapy can be more effective with stronger nicotine patches.
- It is safe to continue the therapy if withdrawal symptoms persist after the regular treatment period of 2–3 months.
- The level of nicotine dependence is determined using the Fagerström questionnaire, and the strength of the replacement therapy is then gradually reduced.
- With quitters who wish to stop long-term use of nicotine gum, the dosage is reduced gradually or nicotine patches are used instead, since long-term use of the patches is not common.
- The consumption of acidic drinks (such as fruit juice) or coffee with nicotine gum or lozenges may reduce the absorption of nicotine in the mouth. Patients are advised to avoid these drinks 15 minutes before using the nicotine gum and while chewing it.
- Nicotine replacement therapy also appears to be beneficial in gradual smoking cessation.
- Research data on the efficacy and safety of electronic cigarettes is still scarce, and no recommendations can be given regarding their use at this time.
- Snuff should not be used as a smoking cessation product, because it causes higher concentrations of nicotine than nicotine replacement therapies.



Appendix 4.

Smoking cessation products

Bupropion (prescription)

- Treatment is started 1–2 weeks before the date of quitting: initial dosage of 150 mg taken in the mornings for six days, followed by 150 mg x 2
- Duration of therapy: 7–9 weeks
- This treatment is contraindicated in patients with spasticity and eating disorders. Possible side effects of bupropion include insomnia and dry mouth.

Nortriptyline (prescription)

- Dosage 75–100 mg/day
- Duration of therapy: 12 weeks
- This treatment is contraindicated in patients at risk of arrhythmia. Possible side effects are fatigue and dry mouth.

Nicotine gum (self-treatment)

- Possible side effects include sore mouth and throat and stomach problems
- Duration of therapy: 2–3 months with gradual reduction of dosage
- Dosage: the 2 mg gum is suitable for those who smoke less than 20 cigarettes a day. Max. 25 pieces per day. Those who smoke 20–30 cigarettes a day should start with 2–4 mg. Smokers using 30+ cigarettes a day should start with 4 mg. Max. 15 pieces a day.
- Chew nicotine gum correctly: after a couple of chews, the gum develops a strong taste of nicotine. The released nicotine is absorbed into your circulation via your mouth. Rest the piece between your gums and cheek until the strong taste disappears. Continue this chew-rest cycle.
- If you chew the gum continuously, the released nicotine will not be fully absorbed. Nicotine is not effective when swallowed with saliva. If you experience a ticklish throat, hiccups or flatulence, you should take longer breaks between chewing.
- Once the strong taste has disappeared, you can chew again. Continue the chew-rest-chew cycle until all nicotine has been released from the gum. This usually takes around 30 minutes.
- For quitters who wish to stop the long-term use of nicotine gum, the dosage is reduced gradually or nicotine patches are used instead, since long-term use of the patches is not common.

Nicotine patches (self-treatment)

- Duration of therapy: 2–3 months with gradual reduction of dosage
- Possible side effects: skin problems and insomnia
- Not recommended for pregnant women
- 24-hour use of nicotine patches is recommended. The patch can be taken off before going to bed if the user is able to control the cravings in the morning when blood concentration of nicotine is low.



- The initial dosage depends on how many cigarettes the patient smokes per day.
- Heavy smokers should start with 21 mg/24h patches in the first 3-4 weeks. The dosage is then reduced gradually, to 14 mg/24h for the next 3-4 weeks, followed by 7 mg/24h patches for a further period of 3–4 weeks.
- Light smokers can start with 14 mg/24h patches worn for 3–8 weeks. They can then switch to 7 mg/24h patches for a further period of 3–8 weeks.
- It is recommended that users replace the old patch with a fresh one every morning as soon as they remove the old one. The patch can be attached to your arm, upper back or hip on unbroken, clean and hairless skin. Press on the edges of the patch to ensure that it is attached securely. Place the patch on a different spot each day and avoid using the same spot more than once a week.

Nicotine lozenges (self-treatment)

- Duration of therapy: 2–3 months with gradual reduction of dosage
- Possible side effects: irritation of the mouth or oesophagus
- Light smokers can start with a 1 mg dosage: one lozenge every 1–2 hours, on average 8–12 lozenges/day (max. 30 lozenges/day).
- Heavy smokers can start with 2mg: max. 15 lozenges/day.
- Make sure you use the lozenges correctly: after a few seconds of sucking the lozenge you will feel a strong taste of nicotine. This means that the lozenge is releasing nicotine. The nicotine is absorbed into your blood via your mouth. Rest the lozenge between your gums and cheek until the strong taste disappears.
- If you suck the lozenge continuously, the released nicotine will not be fully absorbed. Nicotine is not effective when swallowed with saliva. If you experience a ticklish throat, hiccups, stomach pain or flatulence, you should take longer breaks between sucking the lozenge.
- Once the strong taste has disappeared, suck the lozenge again and continue the suck-rest-suck cycle until the lozenge has dissolved; this takes around 30 minutes.

Nicotine spray (self-treatment)

- Nicotine spray starts to work within 60 seconds, giving effective relief of cigarette cravings. The nicotine is absorbed into your body via the mouth, and you can quickly get your cravings under control.
- Possible side effects include tingling lips, a strong taste in the mouth and hiccups
- The spray should be used by taking 1-2 doses in usual smoking situations or whenever the user has cravings. A second dose can be taken if the first one does not suppress the cravings. The second dose should ideally be taken 30 minutes after the first one.
- Recommended dosage: 1–2 sprays/application, 4 sprays/hour and 64 sprays/day
- Using the spray: Place the nozzle close to your open mouth but avoid touching it with your lips. Press the head of the inhaler until the spray is released into your mouth. The spray is more effective if the user refrains from swallowing for a few seconds after the application.



Appendix 5.

Help and support for quitters

Smokers who are thinking about quitting are advised to visit the [stumppi.fi](http://www.stumppi.fi) website. It offers a wealth of information on the dangers of smoking and how to quit. It also provides peer support for quitters. Smokers can call the Stumppi hotline free of charge.

Stumppi hotline: 0800 148 484 (Mon-Fri 10:00 am - 6:00 pm)

Source: Free hotline. n.d. Stumppi.fi. Accessed 1 November 2015.
<http://www.stumppi.fi/portal/etusivu>

Smokers need help to quit. In addition to friends and family, smokers can get help in chat rooms and the national helpline.

Helpline: 09 42451747 (call charge)

Source: Apua ja tukea matkallesi kohti savuttomuutta. n.d. Nicotinell. Accessed 1 November 2015. <http://www.nicotinell.fi/tukilinja.html>

The [fressis.fi](http://www.fressis.fi) website is aimed at young people who want to quit smoking.

Source: Tupakoinnin lopettaminen. n.d. Fressis.fi. Accessed 1 November 2015.
<http://www.fressis.fi/>

Who can help smokers quit?

- medical practitioners
- dentists
- student and occupational healthcare services
- pharmacies

Some local authorities organise peer groups for smoking cessation. Participation is voluntary, and each group meets a few times. The group offers advice, for example on different smoking cessation products.

Sources:

Tietopaketti: Nicotinell – nikotiinikorvaustuotteet. n.d. Nicotinell. Accessed 28 October 2015.
<http://www.nicotinell.fi/tuotteet.html>

Saarelma, O. 2014. Tupakoinnin lopettaminen (tupakasta vieroitus). Helsinki: Duodecim. Accessed 28 October 2015.
http://www.terveyskirjasto.fi/terveyskirjasto/tk.koti?p_artikkeli=dlk00337

