

Evidence to Inform Quit Campaigns



Happy New Year TIS Teams!

I hope you all have had a happy and healthy festive season with your loved ones. I am excited about the year ahead and the stories we will share and learn from through our work.

With the arrival of the new year, people often think about stopping smoking. So, this seemed like a great topic for my first evidence overview for 2024.

There are different ways people can quit smoking and choosing the best method will depend on individual preferences and experiences. Learning about different ways to quit and working out which method might work best is a key part of a person's quit journey.

Whilst TIS does not fund smoking cessation support, TIS workers still need up-to-date knowledge of the support available to people wanting to quit, as this can inform population health promotion campaigns and educational activities.

Quitting Unaided

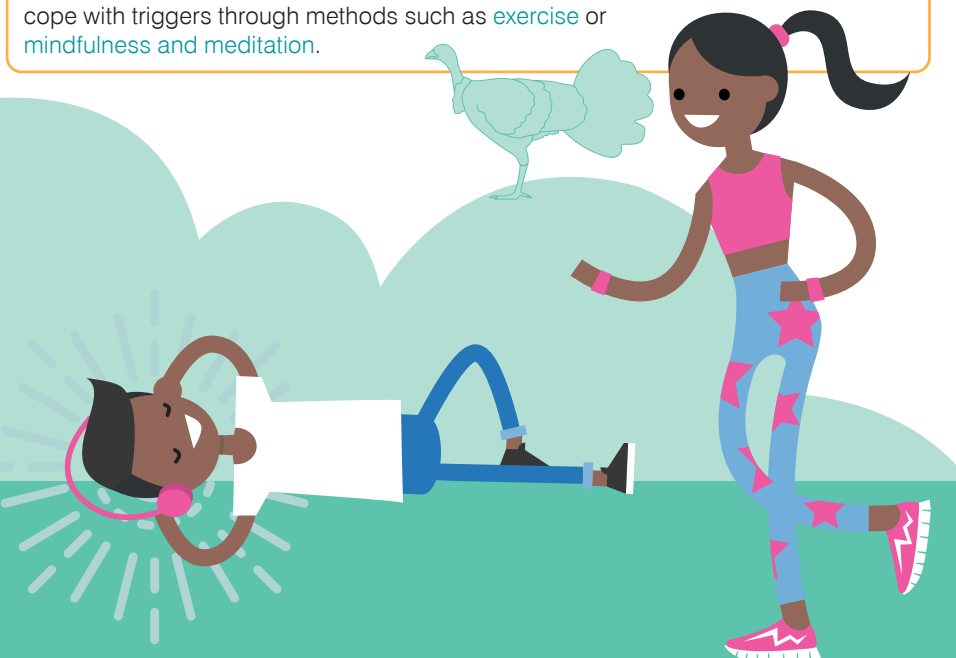
Research consistently tells us that the majority of Aboriginal and Torres Strait Islander people quit without the use of smoking cessation medications or other support:

- According to Talking about the Smokes (TATS) 39% of people who smoked daily had ever used nicotine replacement therapy (NRT) or other smoking cessation medications (Thomas et al. 2015).
- The Mayi Kuwayu Study reported that less than 6% of respondents who previously smoked had received support from a smoking cessation program or service when they quit (Cohen et al. 2021).
- The Which Way? project found that just over a third (35.7%) of women reported using NRT or smoking cessation medications during a quit attempt (Kennedy et al 2022).

Going 'cold turkey' refers to unaided quit attempts where someone stops smoking abruptly. Evidence suggests this is more successful than gradually reducing the number of cigarettes smoked ('cutting down to quit' or 'tapering'). Making a quit plan that includes strategies to cope with nicotine cravings and smoking triggers can help someone going cold turkey to successfully quit.

Using this knowledge in practice

Sharing evidence-based tips for coping with nicotine cravings and smoking triggers can be effective as part of a population health promotion campaign. Check the TIS website for more information about quitting using the [cold turkey](#) method and ideas for campaign messages to support people cope with triggers through methods such as [exercise](#) or [mindfulness and meditation](#).



The Mayi Kuwayu Study reported that

less than 6% of respondents who previously smoked had received support from a smoking cessation program or service when they quit



39%

of people who smoked daily had ever used nicotine replacement therapy (NRT) or other smoking cessation medications

35.7%

of women reported using NRT or smoking cessation medications during a quit attempt



NATIONAL BEST PRACTICE UNIT

TACKLING INDIGENOUS SMOKING

TACKLINGSMOKING.ORG.AU



Smoking Cessation Medication (SCM)

Nicotine replacement therapy (NRT) is the most common smoking cessation medication (SCM) used by people wanting to quit. NRT helps manage nicotine withdrawal symptoms like irritability, anxiety and restlessness by providing controlled doses of nicotine without the harmful chemicals in tobacco smoke. There are two different types of NRT:

- Long-acting NRT patches provide a slow and steady release of nicotine over 16 or 24 hours.
- Fast-acting NRT gum, lozenges, mouth spray and inhalator release nicotine within a few minutes to relieve cravings.

In 2023 a [review of the evidence](#) confirmed that both types of NRT are equally effective when used alone. This means people who smoke are just as likely to quit successfully whether they use nicotine patches or another type of NRT such as gum, lozenge or nasal spray. However, the review also stressed that using a long-acting and a fast-acting NRT together (combination therapy) further increases the chances of successful quitting. [Evidence](#) suggests that combination therapy doubles a person's chances of a successful quit attempt. This is because the patch supplies the body with a steady level of nicotine to reduce withdrawal symptoms throughout the day, but any breakthrough cravings can be tackled using fast-acting NRT such as a lozenge or gum. The review also found some evidence that higher-dose patches and starting to use NRT before attempting to quit might increase quit success, although more research is needed to confirm this. NRT is available over the counter in pharmacies and some supermarkets as well as on prescription.

Other SCM available in Australia to help reduce cravings and withdrawal symptoms are bupropion and varenicline (Champix®). They work by blocking the nicotine receptors in the brain, making smoking less enjoyable. [Evidence](#) suggests varenicline is as effective as combination NRT, doubling the chance of successfully quitting. These medications are not suitable for everyone and can only be accessed with a prescription.

Cost can be a barrier to using SCMs. To make access to these medications less financially burdensome, NRT, bupropion and varenicline are all subsidised through the Pharmaceutical Benefits Scheme (PBS). Under the Closing the Gap PBS co-payment costs may be further reduced or eliminated for eligible Aboriginal and Torres Strait Islander people. In July 2023 nicotine gum and lozenges were removed from the PBS listing, making the nicotine patch the only NRT available through the PBS. Anyone who is considered nicotine dependent can receive 2 x 12-week PBS-subsidised treatment courses over a 12-month period.

[Research](#) shows that Aboriginal and Torres Strait Islander people are less likely to use SCM compared to non-Indigenous people despite the financial aid provided by the CTG measure. The reasons for this are likely to be complex. According to a [recent survey](#) of Aboriginal and Torres Strait Islander women, barriers include concerns about side effects and preferences to quit unaided, as well as financial costs. There is also [evidence](#) that Aboriginal and Torres Strait Islander people are not always offered appropriate smoking cessation advice. Other barriers to using SCM might therefore include a lack of knowledge and understanding of how medications like NRT work, their safety, and how to use them effectively.

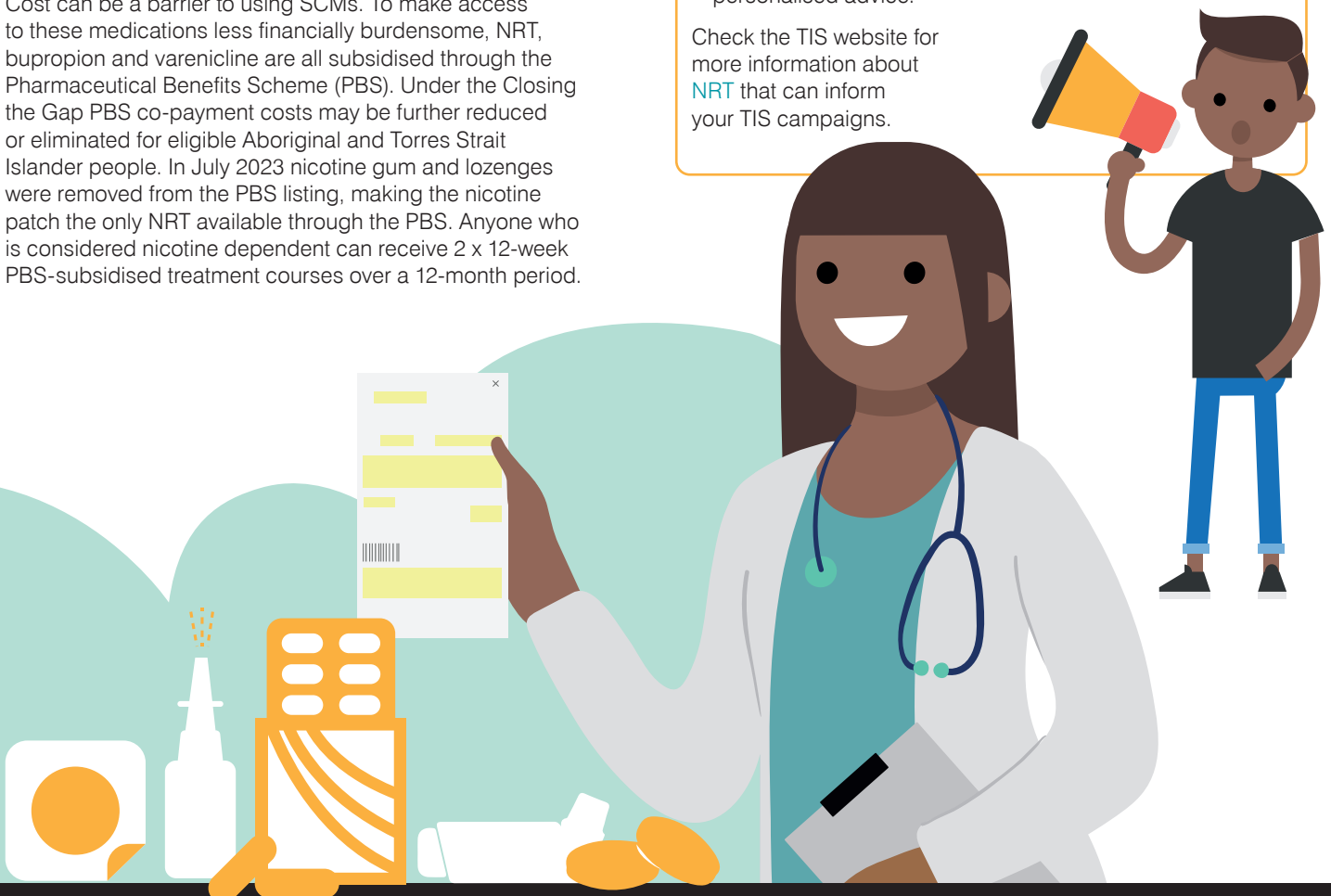
Consequently, increasing awareness and knowledge of the effectiveness and safety of SCM could increase acceptance and access to cessation supports such as NRT. There is some evidence that providing [free NRT samples](#) along with appropriate support and advice can increase NRT uptake and quit attempts. In Queensland, Quitline's free 'Yarn to Quit' service offers 12 weeks of NRT combined with telephone counselling from Aboriginal and Torres Strait Islander quit support specialists. As described in my [last research round up](#), there is strong evidence that promoting this kind of service through community programs (like those funded by TIS) can increase uptake and quit success.

Using this knowledge in practice

Population health promotion campaigns can help overcome the barriers to accessing SCM by:

- providing evidence-based plain language information about the benefits of SCM;
- dispelling myths about the safety of [NRT](#) or other SCM;
- encouraging people to speak to their doctor, Aboriginal Health Worker/Practitioner, or Quitline for more information and personalised advice.

Check the TIS website for more information about [NRT](#) that can inform your TIS campaigns.



Behavioural Support

Behavioural support for smoking cessation comes in different forms and according to the [evidence](#) increases quit success. Usually, behavioural support includes one or all of the following to encourage and/or sustain cessation:

- advice to quit smoking;
- information on how to quit smoking;
- motivational counselling.

Behavioural support can be provided in different ways including:

- face-to-face by a healthcare professional;
- over the phone (e.g., Quitline);
- smartphone apps (e.g., [MyQuitBuddy](#));
- online communities (e.g., [icanquit](#)).

The effectiveness of these different delivery modes may depend on personal choice.

Behavioural support can help people to identify smoking triggers, develop coping strategies for when cravings strike, and adapt behaviours associated with smoking. Behavioural support can also increase a person's confidence in their ability to make and sustain a quit attempt ('quit self-efficacy'). A [survey](#) of Aboriginal and Torres Strait Islander people has highlighted the importance of quit self-efficacy for long-term cessation, recommending that behavioural support should focus more on increasing people's confidence and belief that they can quit for good. Several attempts may be needed before someone quits for good, and reminders not to be discouraged by relapse to smoking is an important part of behavioural support.

Using this knowledge in practice

Raising awareness in communities about the culturally safe support options available at local clinics and national services (e.g. Quitline, MyQuitBuddy app) can increase access to behavioural supports. Where possible, campaigns should promote the services preferred by specific populations. For example, we know that [Aboriginal and Torres Strait Islander women](#) prefer smoking cessation support to be provided face-to-face by Aboriginal Health Workers.

Check the TIS website for more information on [behavioural support](#) for smoking cessation.

A Note on Vaping Cessation

There is a lack of evidence about effective vaping cessation methods. However, leading researchers, clinicians and organisations suggest that vaping cessation methods align with evidence-based practices for smoking cessation. This means that the methods described above can also be recommended for stopping vaping. Quitline also has counselling protocols to support people who are using vapes to quit smoking and supports for people who want to stop vaping, including young people.

Take Home Message for TIS Teams

Understanding different ways to quit smoking is crucial for effective tobacco control. This time of year often prompts people to consider quitting, so it's important to encourage action when motivation to quit is high. For more ideas check out the Cancer Institute NSW 'New Year, New You' campaign for 2024: '[Quit smoking and enjoy more in '24](#)'

Happy campaigning TIS teams – wishing you continued success and impact in tobacco control throughout the coming year!

