



Going **Smokefree**

A GUIDE FOR HEALTH SERVICES





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WHY GO SMOKEFREE?

> Leading by example

People take social cues from what they see. Smoking around health services sends the message that smoking is okay

WHY GO SMOKEFREE?

There are a number of good reasons for your health service to go smokefree. Smoking is the leading cause of preventable death and disease in Victoria. Health services, which provide care to the people affected by smoking, therefore have a special responsibility to set an example for other organisations and the communities they serve. Smokefree environments reduce the harmful health effects of smoking and secondhand smoke exposure, help to denormalise smoking, and also assist people who have recently quit or are trying to quit. There is considerable community support for smokefree environments.

SMOKEFREE PEDESTRIAN ENTRANCES

The *Tobacco Act 1987 (Vic)* bans smoking within four metres of building entrances (pedestrian access points) to public hospitals and registered community health centres in Victoria. The Act also bans smoking within most enclosed workplaces.

From 1 August 2017 the use of electronic cigarettes will be prohibited in all legislated smokefree areas.

For more information about the legislation, and for resources and fact sheets relating to the ban, visit the Victorian Department of Health and Human Services' Tobacco Reforms website: www2.health.vic.gov.au/public-health/tobacco-reform/smoke-free-areas

The Department of Health and Human Services advises that these Victorian laws are a recommended **minimum standard**. Your health service smokefree policy may stipulate further requirements in addition to the legislation.¹ For example, your health service may be one of a growing number who have decided to be completely smokefree.

Please note that smoking is only illegal within four metres of health service entrances (pedestrian access points). People smoking more than four metres from a health service entrance, in contravention of health service policy, cannot be fined.



WHY GO SMOKEFREE?

> **Community support**

84% of Victorians support smoking bans within hospital grounds

HEALTH REASONS

Secondhand smoke exposure (or 'passive smoking') occurs when others breathe in the smoke from a person's cigarette or from other tobacco products, such as cigars.²⁻⁵

There is no level of exposure to secondhand smoke that is free of risk.⁴ Scientific and medical evidence shows that exposure to secondhand smoke causes disease, including heart disease, stroke and lung cancer.²⁻⁵ Children are particularly vulnerable to the effects of secondhand smoke.³ It can cause bronchitis, pneumonia, middle ear disease, worsening of asthma symptoms, poorer lung function and respiratory symptoms such as cough, wheeze, phlegm and breathlessness.^{3,4} Infants are also at a risk of sudden infant death syndrome (SIDS) due to secondhand smoke exposure.^{3,4}

ROLE MODELLING AND DENORMALISATION

Children learn from and imitate what they see. One of the reasons young people start smoking is related to the smoking behaviour of the important adults in their life.⁶ When smokers light up in the company of children it sends the message that smoking is okay. Prohibiting smoking in certain key areas helps to denormalise smoking and helps to discourage children and young people from taking up smoking.⁶

SUPPORTING SMOKERS TO QUIT

When smokefree policies are introduced into workplaces, smokers generally reduce how many cigarettes they smoke each day. Smokefree workplaces can also help smokers who are trying to quit.^{7,8,9} Smokers trying to quit often have cravings when they are around other people who are smoking.¹⁰ Smoking bans remove these smoking cues for people trying to quit or for those who have already quit.

COMMUNITY SUPPORT

The vast majority of Victorians are non-smokers.¹¹ Providing environments that are comprehensively smokefree ensure that staff, patients and visitors are afforded protection from secondhand smoke.

National surveys report that the majority of the public strongly support bans on smoking in enclosed workplaces.¹²⁻¹⁴ Similarly, surveys of community attitudes to smoking bans in outdoor areas show high support for such measures. Victorian research found 84% of adults, including the majority of smokers, disapprove of smoking in hospital grounds.¹⁵



HOW TO IMPLEMENT SMOKEFREE BANS OUTDOORS

> Take your time and do it right

Get support of staff, management and patients. It is important to take into account the views of smokers and non-smokers

HOW TO IMPLEMENT SMOKEFREE BANS OUTDOORS

This section provides information and guidelines to develop and implement a totally smokefree policy for your health service that goes beyond Victoria's smokefree legislation.

Please note that smoking is only illegal within four metres of health service entrances (pedestrian access points). People smoking more than four metres from a health service entrance, in contravention of health service policy, cannot be fined.

1. ASSESS THE CURRENT SITUATION

Review your current policy

The legislation banning smoking within four metres of pedestrian entrances to health service buildings is a **minimum standard**, so your health service may decide to take this opportunity to develop a policy that extends further than this required ban.

Does your health service want to go completely smokefree?

You may consider it more appropriate to take a phased-in approach, with the ultimate goal of going completely smokefree in future. By taking this approach you can designate some outdoor areas within your health service grounds to be smokefree or, alternatively, to be designated smoking areas.

To develop a completely smokefree policy it can help to first conduct a survey of staff members to assess the number of smokers and non-smokers and the general support for going completely smokefree in outdoor areas to identify any possible resistance to these changes. This might assist you to determine whether your health service is ready for a totally smokefree policy, or a phased-in approach.

You may find that it is mostly smokers who complete the survey and express opposition. This shouldn't deter your health service from implementing a totally smokefree policy, rather it can be used to guide how you might communicate the reasons you are extending the smokefree areas and how to best implement the policy.

A sample staff survey can be found at [Appendix A](#).

Does your health service want to ban the use of electronic cigarettes?

You will need to decide whether your smokefree policy will cover electronic cigarettes as well as traditional cigarettes.

Electronic cigarettes are products that are designed to deliver nicotine and/or other substances to the user via an electronically-generated vapour. They are designed to be used in a way that replicates the feeling and action of smoking traditional cigarettes.

While they may not be as harmful as traditional cigarettes, a number of studies have shown that electronic cigarettes contain substances which have adverse health effects when inhaled (either directly or via secondhand vapour). In addition, because electronic cigarettes look a lot like traditional cigarettes, the use of electronic cigarettes could potentially give staff and patients the impression that use of traditional cigarettes is permitted in smokefree areas.

From 1 August 2017 the use of electronic cigarettes will be prohibited in all legislated smokefree areas.

Quit Victoria therefore recommends that smokefree policies be extended to cover electronic cigarettes as well as traditional cigarettes.



HOW TO IMPLEMENT SMOKEFREE BANS OUTDOORS

> Spread the word!

Tell your staff and patients about the smokefree policy well in advance

2. INFORM AND GET THE SUPPORT OF MANAGEMENT

If your health service is keen to go totally smokefree, place the smokefree policy on the agenda for the management or OH&S meeting and highlight the reasons why your health service should move towards a totally smokefree grounds policy. Provide as much information as possible to staff members about the current legislation and reasons to go completely smokefree, including protecting patients, visitors and staff from secondhand smoke and reducing the role modelling of smoking to children and supporting smokers to quit. Refer to facts about smoking and the law, secondhand smoke, role modelling and supporting smokers in the [Why go smokefree?](#) section of this guide. Your committee meeting is also a good time to share the results of a staff smokefree survey if you have conducted one.

3. WRITE THE SMOKEFREE POLICY

If your health service has decided to go completely smokefree, the following information is likely to be useful to include in your policy:

- The reasons why your health service is going completely smokefree. Be sure to highlight health reasons, role modelling and supporting smokers to quit.
- Depending on your health service's individual situation, you may find it easier to phase-in the outdoor smokefree changes. If so, ensure the new policy clearly shows the designated areas where smoking is permitted. If you wish to have a completely smokefree health service ground, ensure that the policy includes all areas such as:
 - outdoor dining and drinking areas
 - playing areas and swimming pools
 - car parks
 - in health service vehicles
 - in vehicles that are within the boundary of the health service (note that smoking is prohibited by Victorian law in vehicles where a person under the age of 18 years is present).

The policy should also detail:

- when the policy comes into effect
- who is responsible for enforcing the policy
- what to do if people smoke in non-smoking areas (see [Develop a non-compliance strategy](#)).

A sample policy for a total ban on smoking at your health service can be found in [Appendix B](#).

4. DEVELOP A NON-COMPLIANCE STRATEGY

The move to a smokefree service should be regarded as a positive one based on its health promoting benefits. Enforcement should be supportive rather than punitive. Many health services have found that making enforcement the responsibility of *all staff*, rather than just a select few, means that the policy becomes part of the organisational culture quickly. If security is involved on site, provide training and support to these staff so that they are well briefed on the new policy and understand their responsibility in relation to enforcement of the policy.

A 'non-compliance strategy' informs people of what to do if someone smokes in a smokefree area. The strategy should follow a simple step-by-step process and be easy for people to follow. A good place to start when approaching someone who is smoking in a no-smoking area is to ask them if they are aware of the smoking bans and let them know why the health service now has a smokefree policy.

Addressing non-compliance with visitors

It is acknowledged that few people feel comfortable approaching others who are smoking in an area where it is not permitted. One way to assist staff and security in feeling comfortable about approaching smokers on site is to think beforehand about what language to use when approaching smokers and to develop a basic 'script'. For example, encourage staff and security to refer to the smokefree signage when they approach a smoker (it's the organisation's policy, not their own), with a positive statement like 'Did you know we (service) are now smokefree?'



HOW TO IMPLEMENT SMOKEFREE BANS OUTDOORS

> Get organised and be prepared

Educate your staff and patients of what it means to be smokefree

It should also be noted in the policy, that if a person becomes verbally or physically aggressive after being asked to smoke off-site or in the designated smoking area, the staff member must remove themselves from that situation immediately and report the incident as directed in hospital policies dealing with managing aggression.

Addressing non-compliance with staff members

It is important to understand that employees who are repeatedly breaching the health service's smokefree policy may be dealing with a powerful addiction. Other staff members who smoke and are complying may have used strategies to manage their smoking while at work.

The first response to non-compliance among staff should be counselling. The following tips may help:

- Ensure the staff member is aware of the smokefree policy and reiterate the reasons for its implementation.
- Emphasise that you do not expect the employee to quit, only that they need to comply with the policy by not smoking on site.
- If an employee indicates that they need help to manage their smoking at work, encourage them to use the smoking cessation services that are available at the health service. The staff member can also contact the Quitline on 13 7848.
- Reinforce that all staff members are required to follow the smokefree policy.

If the staff member continues to breach the smokefree policy, consider drawing upon existing disciplinary procedures that exist for other behavioural infractions.

Addressing non-compliance with patients

Patients repeatedly breaching the health service's smokefree policy may be dealing with a powerful addiction. Non-compliance with the smokefree policy should be dealt with in an educative and non-confrontational manner. Staff and security are encouraged to use the strategies and tips as described above to ensure the patient is aware of the policy, emphasise compliance and advise the patient of the support available to help them quit smoking. It might be necessary in some cases to temporarily manage their nicotine dependency, particularly if patients are non-compliant and aggressive.

5. PROMOTE THE SMOKEFREE POLICY

The smokefree policy must be communicated with staff members, contractors, patients and visitors, as well as external stakeholders.

The timing and manner of the introduction of your smokefree policy is important. Promote the policy's start date to all staff members, contractors, patients, visitors and external stakeholders. Giving advanced notice will allow people time to get used to the change and will help to avoid possible resistance.

It is also important to communicate key messages such as benefits to going smokefree, including protecting patients, visitors and staff from secondhand smoke, reducing the role modelling of smoking to children and supporting people who have recently quit or are trying to quit.

Consider using the following ways to communicate your health service's smokefree policy:

- Department of Health and Human Services posters, fact sheets and palm cards
- your health service's materials and newsletters
- websites
- public announcements
- a notice on intake forms
- distribution of a sheet with commonly asked questions and answers.



HOW TO IMPLEMENT SMOKEFREE BANS OUTDOORS

> Prepare the environment

Ensuring that there is plenty of smokefree signage will support enforcement

6. PREPARE YOUR GROUNDS AND FACILITIES

It is important to modify the physical environment to support the smokefree policy.

Signage

Display 'No smoking' signs/posters/brochures and palm cards in prominent positions.

- No smoking signs, posters, brochures and palm cards can be ordered free of charge, via an online order form at the Department of Health and Human Services' Tobacco Reforms website: <https://www2.health.vic.gov.au/public-health/tobacco-reform/resources-and-fact-sheets-tobacco-reform>
- Alternatively, no smoking signs, posters, and fact sheets are also available for download from: <https://www2.health.vic.gov.au/public-health/tobacco-reform/resources-and-fact-sheets-tobacco-reform>
- For examples of posters, brochures and signage go to [Appendix C](#) of this guide.

Butt bins

Remove all butt bins away from pedestrian entrances to your buildings. If your health service is going completely smokefree, remove all butt bins that are within the grounds of the health service.

Redevelopment of outdoor areas

Outdoor spaces which may have been smoking gathering areas can be redeveloped to make them more appealing for all staff and visitors. Some health services have developed these spaces into 'wellness gardens' or meditation areas which encourage people to go outside and appreciate the health benefits of clean outdoor areas.

Ensure signage is clear and prominent in areas that were once popular smoking areas before the policy. Remove all butt bins from the site. Smokers will be less likely to continue to smoke in these areas if it looks different from how it was as a smoking gathering space.

For more information about Department of Health and Human Services resources and Quit Victoria resources, see [Appendix C](#).

7. SUPPORT STAFF MEMBERS TO QUIT SMOKING

Implementation of your outdoor smokefree policy may be just the motivation that your staff members need to quit smoking. Therefore it is important that they are informed of the availability of quit smoking support.

You can support staff who want to stop smoking by:

- providing a Quit pack (a free booklet containing information on how to stop smoking, call the Quitline on 13 7848 to obtain these)
- making nicotine replacement therapy products available (your service may choose to fully or partially subsidise products for staff).

You can encourage staff who want to stop smoking to:

- call the Quitline on 13 7848
- visit the Quit website: quit.org.au
- get support from QuitTxt or QuitCoach.

Further information can be found at the Quit Victoria website: quit.org.au



HOW TO IMPLEMENT SMOKEFREE BANS OUTDOORS

> Offer support to those in need

Some staff and patients may need extra support. Quit offers services and resources that can help

8. SUPPORT PATIENTS TO QUIT SMOKING

Encourage staff to provide patients with information about smoking cessation (e.g. through brochures) at admission, following admission and at discharge. A hospital admission promotes a heightened awareness of one's health, and some patients may choose to use their hospital stay as an opportunity to quit.

Admission or intake questionnaires can be adapted to ask questions about a patient's smoking status and their desire to quit. These questions will guide the intervention offered during their stay.

Many patients will need support to manage their tobacco withdrawal during their hospitalisation. Medical professionals or pharmacists can arrange easy access to nicotine replacement therapy products to help patients stop smoking during their stay. In addition, if your health service has a pharmacy connection, it is important to engage and consult with pharmacists when developing the smokefree policy, in particular about supplying quitting medications to patients.

For further information on supporting patients to go smokefree, visit the Department of Health and Human Services website: www2.health.vic.gov.au/hospitals-and-health-services

9. CESSATION TRAINING FOR STAFF

Education and training of staff in brief smoking cessation interventions is an ideal way to ensure that staff have the skills to support patients and other staff.

Quit Victoria provides free online training, covering a number of health topics through general and specialised modules. Online training can be completed by staff to support the smokefree policy and to guide cessation interventions. To access Quit's online training see: quit.org.au/resource-centre/training/online-learning or to discuss online training options for your staff phone Quit Victoria on 9514 6100.

For information on Quitline and cessation support, see [Appendix D](#).

10. REVIEW YOUR POLICY

Set dates to review your smokefree policy. This is very important when the policy is first introduced. It is a good idea to review the policy six months after it has been introduced. Seek feedback on how the policy can be changed to make it more effective. Ask the following questions:

- Are people following the new policy?
- Are the no smoking signs effective?
- Is the non-compliance response strategy working?
- How can the policy be changed to make it more effective?



APPENDIX A: SAMPLE EMPLOYEE SURVEY

[Name of health service] is considering the best way to introduce a totally smokefree policy that is mindful of the needs of both smokers and non-smokers. To help us to develop a fair policy, please take a few minutes to complete this survey and return it to **[contact person or location]**. Your response is completely confidential and you do not need to give your name or any other details on this form.

1. Do you smoke? Yes No

If 'Yes', how many cigarettes on average do you smoke per day? (*tick one box only*)

- Less than 5 a day 5 to 10
 11 to 20 21 to 40
 more than 40

2. Are you bothered or affected by tobacco smoke at our health service?

Yes No

If 'Yes', please tell us any ways in which you are bothered or affected, including any physical symptoms you think are due to smoke

Where at work are you affected by smoke?

3. Which places do you think should be made smokefree? Please tick as many as you like.

- Car parks Company vehicles
 Outdoor covered areas Entire site
 Outdoor dining areas
 Other _____

4. If you smoke, would an outdoor smokefree policy at our health service:

- Help you cut down? Create difficulties for you?
 Encourage you to quit? Not affect you at all?
 Please comment: _____

5. What type of support should be provided for staff members who wish to quit or cut down?

- Quitting information Group counselling at work
 Individual counselling at work Time off to attend a group outside work
 Cash incentive/fee Quit courses
 Reimbursement for quitting Subsidised nicotine replacement therapy products
 Free nicotine replacement therapy products Other:

6. When should an outdoor smokefree policy be introduced?

- 1 month 3 months
 more time

Please specify:

7. Please make any further comments



APPENDIX B: SAMPLE SMOKEFREE POLICY

SAMPLE SMOKEFREE POLICY: A TOTAL BAN ON SMOKING

RATIONALE

The *Tobacco Act 1987 (Vic)* bans smoking within four metres of entrances (pedestrian access points) to public hospitals and registered community health centres in Victoria. The Act also bans smoking within most enclosed workplaces. The current bans are a **minimum standard**.

[Name of health service] recognises that exposure to secondhand smoke is harmful to health and the community has a right to be protected. Even in outdoor areas where people tend to gather, secondhand smoke may be a potential health risk to non-smokers. Evidence suggests that smokefree areas support smokers who are trying to quit and also reduces their overall cigarette consumption. Smokefree bans reduce role modelling of smoking behaviours around children and young people.

Accordingly, the following smokefree policy has been developed by **[name of health service]**.

WHO IS AFFECTED BY THE POLICY

This policy applies to all staff members, patients, visitors and contractors of **[name of health service]** at all times, whilst on health service grounds.

TIMING

This policy is effective from **[start date for the policy]**.

POSITION ON ELECTRONIC CIGARETTES

[Suggested position]

From 1 August 2017, the use of electronic cigarettes will be banned across Victoria in enclosed workplaces and other legislated smokefree areas.

Electronic cigarettes may be harmful to users and to those exposed to secondhand vapour.

This policy therefore applies to both electronic cigarettes and traditional cigarettes. Electronic cigarettes are not permitted to be used in any of the smokefree areas referred to in this policy.

SMOKEFREE AREAS

This policy requires the entire area of the grounds of **[name of health service]** to be smokefree.

This includes:

- all indoor areas (Victorian legislation states that enclosed workplaces must be smokefree)
- all outdoor areas (both uncovered and covered)
- car parks
- in health service vehicles
- in vehicles that are within the boundary of the health service.

The totally smokefree status of our health service will be clearly signed at the entrance to, and within the health service grounds.

SUPPORTING STAFF MEMBERS AND PATIENTS WHO SMOKE

[Name of health service] will promote the Quitline (13 7848) on **[name of health service]** materials.

To help staff and patients who wish to cut down or stop smoking, **[name of health service]** will provide assistance for people to adjust to the changes. This includes: **[list supports provided, for example:]**

- promoting the Quitline (13 7848)
- providing printed health information
- providing free/subsidised nicotine replacement therapy products (such as patches for 12 weeks)
- providing staff education and training to support patients who smoke.



APPENDIX B: SAMPLE SMOKEFREE POLICY

POSITION ON SMOKING BREAKS

[Suggested position]

Staff members are not permitted to smoke on **[name of health service]** premises. Smoking is only allowed during designated breaks, outside of **[name of health service]** grounds. Refer to 'Following the policy for staff members and contractors' for managing breaches of this policy.

FOLLOWING THE POLICY FOR STAFF MEMBERS AND CONTRACTORS

[A clear statement is required on what the consequences are if staff members and contractors are not following the policy. For example:]

This smokefree policy is an integral part of our existing workplace health and safety policies. Complying with this policy is a condition of employment at **[name of health service]**.

Employees are reminded that they are obliged, under the *Occupational Health and Safety Act 2004 (Vic)*, to protect the health of their fellow workers. The responsibility for enforcing the policy rests with all managers, supervisors and staff.

Any breach of this policy will lead to the normal disciplinary procedures being applied **[describe health service's disciplinary procedures]**.

Any worker who has a grievance relating to this policy should speak to the Health and Safety Officer or appropriate representative.

Employees cannot be disciplined for smoking away from the workplace, in their own time.

FOLLOWING THE POLICY FOR PATIENTS AND VISITORS

There is strong community support for banning smoking at hospitals and health services. This means most people will voluntarily comply with the smoking ban and expect others to do so.

When approaching a person who is smoking in a non-smoking area:

1. Assume that the person is unaware of the policy.
2. Politely ask them to refrain from smoking (or move to a smoking area) and remind them about the smokefree policy.
3. Let them know about **[name of health service]**'s decision to go completely smokefree.

POLICY REVIEW

This policy will be reviewed six months after its introduction and then on an annual basis (or in line with your service's policy review cycle) thereafter. This will ensure that the policy remains current and practical.



APPENDIX C: SIGNAGE AND RESOURCES

RESOURCES AVAILABLE FROM THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

Posters, brochures, palm cards and fact sheets* can be ordered free of charge via an online order form at the Department of Health Human Services Tobacco Reforms website: <https://www2.health.vic.gov.au/public-health/tobacco-reform/resources-and-fact-sheets-tobacco-reform>.

*Please note: the fact sheets are available in Arabic, Simplified Chinese, Dari, Karen and Vietnamese.



A 'No smoking' sign suitable for display at building entrances at health services with a total ban on smoking can be ordered free of charge via an online form on the Department of Health and Human Services Tobacco Reforms website: www2.health.vic.gov.au/public-health/tobacco-reform/resources-and-fact-sheets-tobacco-reform.



If health services wish to put up signage about their own smokefree policy (for example, around the grounds or at the front gate), the signage must not make reference to the *Tobacco Act 1987* (Vic) or state that 'penalties may apply'.

RESOURCES AVAILABLE FROM QUIT VICTORIA

Quitting smoking fact sheets and brochures are available from the Quit Victoria website: quit.org.au/resource-centre/facts-evidence/fact-sheets/quitting-smoking-information-sheets.



APPENDIX D: CESSATION SUPPORT AVAILABLE

WHY YOU SHOULD REFER CLIENTS TO QUITLINE

For more than 30 years Quitline has been providing best practice smoking cessation support. Callers can talk to a Quit Specialist about their smoking, and obtain advice or support to quit. Quitline is also for friends and family who want to encourage and support someone trying to quit.

Quitline is available from 8:00 am to 8:00 pm Monday to Friday for the cost of a local call (except for mobile phones – normal charges apply). Quitline offers a free callback service which allows smokers to book times for a Quit Specialist to call them before and after they quit.

The important role of health professionals in encouraging and supporting their patients/clients to quit smoking is well documented. However, it may not always be possible for you to provide ongoing, more time-consuming support for your patients/clients in a busy practice environment.

Quit Victoria has an online referral service available to assist you to support patients or clients who are thinking about, or making plans to quit smoking. This works as part of a brief three-step intervention: Ask, Advise, Help, for smoking cessation. The three-step intervention can be used by health professionals to talk about smoking and encourage and support patients who smoke to quit.

The three-step brief intervention model is straightforward, practical and takes only 3–5 minutes.

1. **Ask** all clients about their smoking.
2. **Advise** all smokers to quit and ex-smokers to stay quit.
3. **Help** by offering information, support and referral. With their permission, use the online form (quit.org.au/referral) to refer them to Quitline. Quitline will then ring them back at an agreed time and support them through the quitting process.

Further information about the three-step intervention is available in the Smoking Cessation Essentials course in Quit's Learning Hub. Log in/register for free using this link: quit.org.au/learning-hub/.

When referring someone to a service, it is important you have confidence in what is provided by that service. This information is designed to provide more information about Quitline and the Quit Specialists so that you are comfortable in using the service.

WHO USES THE QUITLINE REFERRAL SYSTEM?

The Quitline referral system is used by a variety of health professionals including general practitioners, optometrists, dentists, cardiac rehabilitation nurses, diabetes educators and the Vietnam Veterans Association.

WHAT HAPPENS ONCE I SUBMIT THE FORM THROUGH TO QUITLINE?

Your patient/client will be called at the nominated time and a discussion will take place based on where he or she is "at" with their smoking. If your patient/client is ready to cut down or make an attempt to quit smoking, we will offer our callback service. If accepted, Quit Specialists will make a number of phone calls at agreed times to the patient/client to support them through the quitting process. The patient/client may of course make additional calls to Quitline depending on need. You will receive notification that contact has been made with your patient/client.



APPENDIX D: CESSATION SUPPORT AVAILABLE

CAN I TRUST QUITLINE TO DO THE RIGHT THING BY MY CLIENT/PATIENT?

Quit Specialists have received intensive training in smoking cessation. They have comprehensive telephone counselling training and experience, and a tertiary qualification in psychology, social work or nursing.

Quit Specialists understand that quitting is a complex process and that most people will have a number of goes at quitting before they quit for good. Quit Specialists are trained to listen carefully to help meet the needs of our callers. We are non-judgmental and aim to empower people to achieve their goals.

Calls to the Quitline are confidential. Callers do not have to give their name if they don't want to.

WHAT ABOUT MY CLIENTS/PATIENTS WITH SPECIAL NEEDS? CAN QUIT CATER FOR THEM?

Quit's services caters for:

- people with mental illness
- pregnant women
- youth
- cardiac patients
- people with intellectual disabilities
- people from multicultural backgrounds.

Callers can also ask to speak to an Aboriginal Quit Specialist.

For callers who would prefer Quitline support in a language other than English, Quit uses the Translating and Interpreting Service. Ask about this at the first call.

DO CLIENTS/PATIENTS LIKE CALLING QUITLINE? WHAT DO THEY THINK ABOUT IT?

Quitline is regularly evaluated to help us provide the best quality service. In the 2013/14 evaluation, 92% of callers said they were satisfied with the service and that they would recommend Quitline to friends and family members.¹⁶ Most callers felt that Quit Specialists:

- listened and understood them
- supported and encouraged them, and
- had provided relevant strategies and information to help them quit.

DOES CALLING QUITLINE HELP SMOKERS TO QUIT?

Many smokers feel that they should be able to quit without help or support. However, without help such as using a support service or nicotine replacement therapy products, long-term success rates are very low. About 3 to 5% of people are able to stay quit for 6 to 12 months after a quit attempt.¹⁷

Calling the Quitline increases a smoker's chance of quitting. The latest evaluation shows that 22% of smokers using Quitline had quit for at least five months, when followed up at six months.

Users of Quitline's callback service had the highest success rate with 25% of smokers staying quit for at least five months when followed up at six months.¹⁸



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