Cut Down to Stop (CDTS) Treatment Programme

A guide to providing behavioural support for people using a structured approach to cut down and then stop smoking



NCSCT

Cut Down to Stop (CDTS) Treatment Programme

Authors: Mary Yates, Sophia Papadakis, Susan Montgomery and Andy McEwen (National Centre for Smoking Cessation and Training (NCSCT))

Editors: Tom Coleman-Haynes and Dulcie Brewer (NCSCT)

Reviewers:

- Francine Brooks, NCSCT
- Dr Sharon Cox, Department of Behavioural Science and Health, University College London
- Raf Hamaizia, Expert by Experience Lead, Cygnet Group
- Sarah Hepworth, South Yorkshire Tobacco Control Alliance
- Dr Nicola Lindson, Nuffield Department of Primary Care Health Sciences, University of Oxford
- Dr Emily Peckham, Centre for Mental Health and Society, Bangor University
- Melanie Perry, NCSCT
- Dr Debbie Robson, National Addiction Centre, King's College London
- Louise Ross, NCSCT

Breathe

Ending smoking together.

This Cut Down to Stop Treatment Programme was developed in partnership with Breathe, a collaboration of fifteen local authorities across Humber and North Yorkshire, West Yorkshire and South Yorkshire NHS Integrated Care Boards.

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Introduction

This Cut Down to Stop (CDTS) Treatment Programme provides guidance on how to support people who do not feel able to stop smoking abruptly, but who are willing to engage with a programme to gradually reduce and then stop smoking completely.

The National Institute for Health and Care Excellence (NICE) and the Department of Health and Social Care's **Local Stop Smoking Services and Support: commissioning, delivery and monitoring guidance** recommend that people who are not ready to stop smoking abruptly should be supported to quit in the near future, using a structured CDTS programme.

There is strong evidence that CDTS interventions are significantly more effective when combined with behavioural support and the following first-choice stop smoking aids:

- Varenicline
- Nicotine replacement therapy (NRT)
- Nicotine vapes

> At the time of publication, cytisinicline is licensed solely for smoking cessation delivered as a 25-day course, in which people are expected to stop completely by day five. Because it is not approved for CDTS, we have not included it as a treatment option here. As further evidence emerges, cytisinicline may be considered for CDTS, given its similar mechanism of action to varenicline.

Cut Down to Stop:

- is evidence-based
- is approved by NICE and the Department of Health and Social Care
- is a popular treatment choice
- improves outcomes when a first-choice stop smoking aid is used
- can be a useful alternative method of stopping for people from priority groups and those with low confidence in their ability to stop abruptly
- extends the reach of stop smoking services by engaging people who might not otherwise try to stop smoking
- is NOT recommended for pregnant women

Use of first-choice stop smoking aids together with behavioural support as part of a CDTS programme can significantly increase clients:

- confidence in their ability to cope with urges to smoke and withdrawal symptoms
- confidence in stop smoking aids to assist with urges to smoke and withdrawal symptoms
- recognition of the value of behavioural support
- motivation to succeed through positive reinforcement
- ability to proactively and reactively problem solve
- ability to recognise gradual health improvements
- opportunity to access stop smoking aids and behavioural support

Further information regarding the evidence for CDTS interventions can be found in this NCSCT publication: Cut Down to Stop: A briefing for stop smoking services.

CDTS Treatment Programme: overview

The CDTS programme begins with an initial assessment, followed by multi-session behavioural support from a trained stop smoking practitioner. **Behaviour change techniques (BCTs) described in the NCSCT Standard Treatment Programme** (abrupt stop method) **can be used with some modifications for clients being supported with CDTS**.

This CDTS Treatment Programme provides guidance on how to structure support and adapt BCTs for CDTS interventions. The checklists provide a useful guide to ensure all essential BCTs are addressed in each session; however, they do not need to be followed sequentially. The flow can be adapted to meet the needs of the client, whilst ensuring important elements are addressed.

Most clients will benefit from weekly contact to provide structure to the reduction programme. **Weekly appointments are valuable initially to encourage client engagement and for development of the reduction and coping plan**. However, some clients may be seen less frequently, particularly those whose reduction goals are over longer periods or those for whom there may be barriers to contact. Brief contacts may be appropriate for some clients who are receiving support in settings such as homelessness services and treatment centres.

All clients should be asked at the point of first contact about any accessibility requirements to ensure equal and effective access to services.

CDTS treatment phases and sessions

CDTS support should include preparatory and reduction phases, followed by support after quitting.

This document presents a 12-week programme comprising **six weeks of cutting down and six additional weeks of support; however, this may not be right for everyone. A flexible approach to the duration of the reduction and post-quit date phases, tailored to the client's needs, is recommended**.

The 12-week programme comprises four distinct phases:

Phase	Sessions	Goal
Preparation	Session 1: Initial assessment	Assess needs, build motivation, set expectations, plan for change
Cutting down with a stop smoking aid	Session 2: Reduction date Session 3 – 6: Reduction sessions	Agree first reduction goal Gradually reduce smoking before quit date
Stopping with a stop smoking aid	Session 7: Quit date	Stop smoking completely
Staying smokefree	Sessions 8 – 11: Post-quit date	Maintain abstinence and prevent relapse
Extend individual phases as needed		
Staying smokefree	Session 12: Final session	Maintain abstinence and prevent relapse

Tailoring the CDTS Treatment Programme

NICE guidance recommends up to six weeks of reduction before the quit date. However, individual tailoring of this duration, as appropriate, is recommended to meet the needs of clients and to increase the chance of success.

The client's comfort level and success in achieving reduction goals should be used to assess what is realistic for them. Too short a time might prove unrealistic for some clients, such as those with very high daily tobacco consumption, whereas too long a reduction period may result in a loss of momentum. A flexible approach to the duration and reduction targets, tailored to the client's needs, is required.

A minimum of four to six weeks of support should be provided following stopping smoking. Some clients, such as those who are highly dependent on tobacco and/or with multiple barriers to stopping, **may benefit from an additional 12 weeks (or longer) of behavioural support and stop smoking aid use**.

Be prepared for some clients to experience setbacks and provide them with support to get back on track with achieving their reduction goals. The journey for some clients, particularly those from priority groups, may not always be smooth. Setbacks will happen and we can support clients by providing positive reinforcement, additional support and, if required, the opportunity to pause the treatment programme and resume as soon as they are able to do so.

Following the quit date, it is important that access to stop smoking aids and behavioural support continues to prevent relapse. Again, the duration of this phase should be tailored to the client's needs.

Like the Standard Treatment Programme (abrupt stop method), it is important that clients do not have a puff on a cigarette after the quit date.

Relational and compassionate practice

The success of any stop smoking treatment programme is strongly influenced by the quality of the practitioner-client relationship. This may be especially important for clients using CDTS, as those who choose this approach often have lower confidence and face multiple barriers.

While behavioural strategies and stop smoking aids are essential, they need to be blended with the need to ensure that people feel understood, supported and accepted.

Clients may arrive with mixed feelings about stopping smoking – hope, ambivalence, fear, past disappointment, or low confidence – and some may have experienced stigma, trauma or mental health challenges. The practitioner's role is therefore not only to guide behaviour change, but also to create a safe, trusting environment where clients feel:

- welcomed without judgement
- supported without pressure to be perfect
- comfortable knowing change does not happen in a straight line
- able to move at a pace that feels manageable

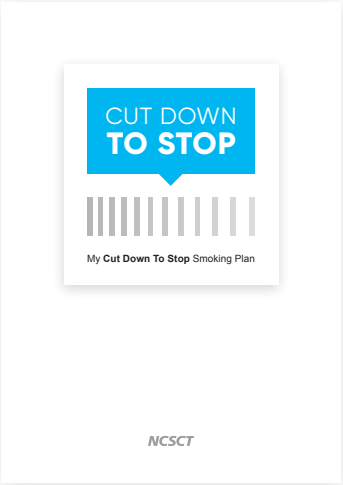
This means prioritising compassion, curiosity and collaboration.

Relapse, difficulty and hesitation are normal parts of the change process. Rather than viewing these as failures, the CDTS approach treats them as learning opportunities that strengthen coping strategies and build resilience.

Practitioners should aim to:

- meet clients where they are, emotionally and practically
- offer simple, flexible options to avoid overwhelming clients
- recognise the impact of life circumstances, stress, trauma and mental health on smoking behaviour
- build trust through empathy, consistency and respect

CDTS planning resource for clients



In this treatment programme we signpost to a client resource – **My Cut Down to Stop Smoking Plan** – which can be used, where appropriate, with clients to help provide structure to their programme. This resource was developed by colleagues at the **University of York as part of the Smoking Cessation Intervention for People with Severe Mental Ill Health (SCIMITAR+) Trial**.

We recommend using a printed version during consultations so that both you and the client can make notes and add information directly to the plan. The document is flexible: it can be printed in its entirety or as individual pages for use in specific sessions.

It is important to be sensitive to any literacy or concentration challenges clients might face. Even for those without literacy challenges, some may find paperwork overwhelming or discouraging. Therefore, the use of this resource is optional and should be offered to clients who find it helpful.

Throughout this document, you will notice an icon that directs you to the relevant sections of the My Cut Down to Stop Smoking Plan and guidance on how to use it most effectively in your work with clients.

When introducing the plan, consider first explaining its purpose and the ways it can support clients in reducing or stopping smoking. Encourage clients to take an active role in completing the plan, adapting the process to fit their unique preferences and needs.

Additional resources

Additional resources that can support delivery of the CDTS treatment programme include:

1. **Cut Down to Stop: a briefing for stop smoking services**
2. **Stop smoking aids: quick reference sheet**
3. **Varenicline briefing**
4. **Varenicline Patient Group Direction (PGD)**
5. **NRT protocol template**

Phase: Preparation

Session 1: Initial assessment

Allow at least 45 minutes

While the checklists used throughout the programme provide structure, sessions should be person-centred, guided by flexibility and compassion, and responsive to the client's needs rather than rigidly following the proposed structures.

Checklist		Done
1	Welcome and build rapport, then assess the client's current readiness and ability to quit	
2	Ask about physical and mental health	
3	Inform about the CDTS treatment programme	
4	Assess past attempts to quit or cut down	
5	Assess current smoking	
6	Explain how tobacco dependence develops and inform about tobacco withdrawal symptoms and urges to smoke	
7	Explain and measure exhaled carbon monoxide (CO), and provide personalised feedback	
8	Discuss the use of approved stop smoking aids	
9	Assess readiness to agree initial reduction goal	
10	Identify smoking routines and triggers and support problem solving	
11	Elicit client's commitment to engage with the CDTS programme	
12	Provide a summary and schedule next appointment	

Communication skills used throughout this session

- build rapport
- boost motivation and self-efficacy
- use reflective listening
- provide reassurance

Specific elements, such as completion of questionnaires and other stop smoking service paperwork, have not been included as they vary according to local protocols and procedures.

1 Welcome and build rapport, then assess the client's current readiness and ability to quit

Some clients may arrive to the initial appointment feeling comfortable to attend and hopeful about stopping smoking. Other clients may arrive feeling nervous, unsure or worried about being judged. The first session should prioritise creating psychological safety and rapport. Small relational gestures – warmth, curiosity and pacing the conversation collaboratively – can help clients feel comfortable and supported.

- **Welcome the client to the service, paying attention to your non-verbal as well as verbal communication.** Set the scene by instilling confidence, using a non-judgemental approach and showing positive, unconditional regard.
- Introduce yourself and ask the client what their preferred name is. Provide an overview of the appointment.

> *"Thank you for coming in to see me. Today I'd like to get to know a little about you and your smoking. I can share with you the options available to support you to stop smoking and help you decide on the first steps. Our appointment should take around 45 minutes. How does that sound?"*

For clients who appear nervous, you can say:

> *"There's no pressure to have everything figured out today. We'll explore things together and go at a pace that feels manageable for you."*
>
> or
>
> *"We can slow this down or pause anytime – there's no need to cover everything today."*

- Build rapport by finding out about the client's smoking, how smoking fits into their life and their reasons for coming along to the service now.

> *"So, can you tell me what has made you decide to get support from this service?"*

- Communicate to the client that you care about their quit attempt and allow them time to ask questions.

- Enquire about the client's current attitude to stopping.

> *"How do you feel about stopping smoking?"*

If the client sounds positive, congratulate them for this, as motivation is a key starting point for engaging in a quit attempt and for planning steps such as setting a quit date.

If the client sounds nervous, reassure them. Emphasise that it is understandable and common to be nervous about stopping smoking. Inform them that by getting support from a trained practitioner such as yourself, and by using approved stop smoking aids, they are greatly improving their chance of success.

> *"It's completely normal to feel both motivated and worried at the same time. Many people have mixed feelings about change"*

- Share the options for stopping smoking with the client.

> *"There are two options for successfully stopping smoking.*
>
> *You can choose a quit date and stop in one go, or you can gradually reduce the number of cigarettes you smoke over several weeks and then stop.*
>
> *Stopping in one go brings immediate health and financial benefits, while cutting down first gives you more time to adjust.*
>
> *What matters most is finding the way that feels right for you. Whatever you decide, I'll support you throughout the process, including helping you use the stop smoking aids you choose."*

Option 1	Option 2
Stop abruptly on a date decided by the client	Cut down gradually over several (usually six) weeks and then stop

- **Make it clear that the advantages to stopping abruptly** are the immediate benefits (e.g. improved health, more money, reducing exposure to secondhand smoke), but emphasise that the most important thing is to successfully stop. Clarify that both options are approved by leading health authorities and backed up by research.

- Explain that, regardless of which option they choose, they will have access to weekly behavioural support sessions, where you will provide support to manage urges to smoke and together build strategies for avoiding smoking. Furthermore, you will be offering access to first-choice stop smoking aids, such as varenicline, NRT products and nicotine vapes.

> *"My role is to work with you to help you find ways to avoid smoking. I'll give you information about stop smoking aids, to help you select the best option for you. I'll help you to access the aids, to use them correctly and to use the dose that's right for you."*

- **Explain that you will work together to reach their quit date**. The quit date is when the client will aim to be completely smokefree.

> *"After your quit date, the aim is to be completely smokefree. Avoiding even a single puff on a cigarette helps the brain and body adjust and reduces the risk of drifting back into regular smoking. If a slip does happen, I'll help you get back on track."*

Clients' chances of stopping smoking are **three times greater** if they use a combination of behavioural support from a trained stop smoking practitioner and a first-choice stop smoking aid.

Inform clients that you will:

- give them accurate information about what to expect during the programme
- provide guidance on how to deal with tricky situations
- help to ensure they have an adequate supply of their choice of stop smoking aid

For those who are ready to stop smoking abruptly in one go, follow the **Standard Treatment Programme.** **If the client is not ready to stop smoking abruptly or is still smoking two weeks after their abrupt quit date, offer the CDTS programme**.

- **For those who are ready to embark on the CDTS programme**, congratulate them for making this important decision and reassure them that you are ready to help them achieve their goal.
- **Explain that the CDTS programme is for 12 weeks and that weekly contact is extremely important**. They will see you six times before their quit date, on their quit date and then five times after their quit date.
- Explain that your role is to focus exclusively on helping them achieve their goal of stopping smoking and that you will be able to signpost to other services if required.

Being clear from the outset about your role, the length of support and the boundaries of the service helps create a healthy, structured working relationship with the client. It also builds trust and helps maintain a healthy balance between support and independence.

- To further enhance your assessment, use open-ended questions to learn more about the client's readiness and ability to embark on the programme now.

"What has prompted you to make changes to your smoking now?" and *"What concerns do you have about stopping smoking?"*

Clients who are unsure about getting started

Clients who have lower motivation may benefit from completing page 5 of the My Cut Down To Stop Smoking Plan with you. This page asks clients to write down the things which are good and not so good about smoking and stopping.

My Cut Down to Stop Smoking Plan: page 5

If the client's motivation is already strong, you can skip this and focus instead on exploring the many benefits of stopping smoking.

Smoking and stress

When asked what concerns they have about stopping smoking, many clients will say that they think smoking helps with stress management. It is important to address this.

Telling someone ***"Smoking does not really help with stress or your mental health"*** might be technically accurate but, if it is delivered too bluntly, it can feel dismissive or invalidating. Many people in priority groups, particularly those with mental health challenges, perceive smoking as one of the few things that helps them feel calm, regulated or in control – even if only briefly. Instead of correcting or dismissing that belief, we need to acknowledge the meaning it holds.

"It makes sense that smoking feels helpful. Let's explore why that is and what else could give you the same relief without the harm."

It is not just about presenting facts, it is about acknowledging the emotional logic behind dependence on tobacco before offering an alternative.

"Most people say one of the main reasons they smoke is to help cope with stress. However, people who stop smoking report less stress and improved mood.

When you smoke, it tops up the level of nicotine in your body and relieves your tobacco withdrawal symptoms, making you feel more relaxed… but it is only temporary. Soon after you have finished smoking, your nicotine levels start to fall… leaving you craving another cigarette. When your nicotine levels are low, you get withdrawal symptoms, making you feel tense, irritable, anxious… stressed.

This is why it is easy to think cigarettes help you relax or calm your nerves. This will happen to you many times throughout the day and the only way to stop this from happening is to stop smoking. It takes a few weeks, but people who stop smoking report being a lot less stressed."

Reassure clients that using NRT or a nicotine vape will help to manage tobacco withdrawal and urges to smoke.

"Nicotine replacement therapy and nicotine vapes can really help because they give you a clean source of nicotine. That means your body still gets some of what it's used to while you are letting go of cigarettes. They fill that gap and take the edge off feelings such as tension, irritability and anxiety, which makes the whole process manageable."

2 Ask about physical and mental health

Asking about physical and mental health conditions will allow you to develop an appropriate and accessible behavioural support programme and to inform, and in some cases involve, other health or social care professionals.

- Ask the client if they have any conditions that may affect their quit attempt.

"There are a couple of questions I ask everyone so that I can tailor support"

"Do you suffer from any physical illness or disorder?"

and

"Are you currently experiencing any mental health problems?"

If yes, ask:

"Are you currently receiving any care or treatment for it?"

Some medications need to be monitored and the dose adjusted when people stop or reduce smoking.

If the client tells you about a mental health condition, you can say:

"Stopping smoking can be challenging. Do you feel well enough to do that at the moment?"

Current mental health issues, learning disabilities, neurodivergence and other psychological conditions are no reason to put a client off stopping smoking.

However, adjustments may need to be made to service delivery to provide people with the best chance of success. Examples include longer sessions, flexibility regarding meeting time and venue, joint sessions with other care providers and easy-to-read materials.

"Is there anything that would help during our sessions that I should know about to better support you?"

3 Inform about the CDTS treatment programme

- Advise the client that they are increasing their chances of successfully stopping smoking by using stop smoking aids together with having regular behavioural support sessions with you.

> *"You have taken an important step by coming along to see me. People who get support and use a stop smoking aid are far more likely to successfully reduce their smoking and go on to stop smoking completely."*

- Ask permission to provide more information about the CDTS option.

> *"Would you like me to tell you more about the cut down to stop option?*
>
> *The cut down to stop option helps you set clear goals to reduce the number of cigarettes you smoke over several weeks, with the aim of stopping completely.*
>
> *Most people cut down their cigarettes over a six-week period and then stop completely, but you will decide what is right for you. You might find that you do not need this long, or you might find that you need a bit more time. The important thing is that you succeed, and I am here to help you every step of the way.*
>
> *During this process, I'll share practical hints and tips to help you overcome any challenges as you reduce the number of cigarettes you smoke.*
>
> *I'll support you to manage any withdrawal symptoms with approved stop smoking aids and help you create personalised plans to deal with urges to smoke.*
>
> *Then, when you feel ready, we'll set a quit date together and I'll support you to stop smoking completely. How does that approach sound to you?"*

Regular (ideally weekly) meetings with clients are extremely important. During these meetings, as well as making sure the stop smoking aids are being used correctly and withdrawal symptoms are managed, you will be talking about how to deal with any difficult situations that arise. By addressing barriers and triggers to smoke, and supporting progressive goal setting, you will be helping the client work through the adjustments needed to build a new non-smoking identity.

- Explain any local options for accessing free or low-cost stop smoking aids, such as direct supply from the service or help with prescription charges.

If someone needs to pay for their prescriptions or stop smoking aids, it is important to factor cost into their choice.

- Many people struggle to quit because they do not use their stop smoking aids at the right dose, in the right way or for long enough. Reassure the client that you will help them get maximum benefit from whichever aids they choose.

> *"Many people struggle to stop smoking because they do not use enough of their stop smoking aid, or they do not use it correctly or for long enough. Each time we meet I'll focus on making sure that you get the maximum benefit from the stop smoking aids you decide to use."*

- Explain that the aim of the first session is to get to know them, learn how smoking fits into their life and to ask if they would be willing to keep a smoking diary.



My Cut Down To Stop Smoking Plan: page 4

> *"In this meeting I'd like to get to know more about you and how smoking fits into your life, including any previous experience with quitting, any stop smoking aids you have used in the past and how you got on with them."*

- If appropriate, ask the client if they would be happy to keep a smoking diary.

> *"Some people also find it helpful to keep a smoking diary over the course of the next week to record when they smoke. This will help us learn about your smoking routines. We will review this when we meet next week and at that point discuss setting goals to reduce the number of cigarettes you smoke."*

It is important to be sensitive to any literacy or concentration challenges clients might face. Even for those without literacy challenges, some may find paperwork overwhelming or discouraging. Therefore, the use of a smoking diary is optional and should be offered to clients who find it helpful.

4 Assess past attempts to quit or cut down

We want to learn about the client's previous attempts to stop smoking, as this helps identify what helped and what hindered during these times.

- You can allow the client to explore any previous quit attempts by asking the following questions:

> *"Have you tried to stop smoking before?"*
>
> *"What is your longest period of not smoking?"*
>
> *"What led you back to smoking and what did you find most difficult?"*
>
> *"What did you find helpful?"*
>
> *"What was enjoyable about not smoking?"*
>
> *"What, if any, stop smoking aids have you used and what helped?"*

- **If it is the client's first quit attempt**, boost their motivation by congratulating them for increasing their chance of success by getting specialist support.
- **If the client has made one or more previous attempts**, reassure them that being here now shows their commitment to stopping smoking. Many people make several attempts before they quit for good, and each attempt can provide valuable learning to support the current one.
- Ask the client if there are any strategies that they used in the past that they found helped or hindered them and enquire about any experience of using stop smoking aids.

Answers to these questions will allow you to assess whether clients have used stop smoking aids correctly in the past and what expectations they have of them.

If a client has never used a stop smoking aid, you can inform them that these are effective aids that will significantly improve their chances of quitting.

It can also be useful to define the current quit attempt as a serious one (made with effective aids and expert behavioural support) and to distinguish this from previous ones, if appropriate to do so.

5 Assess current smoking

- A helpful way to understand current smoking is to begin by asking the client about their smoking history. You can build up a picture of how long the client has smoked, what led them to smoking and to what extent smoking has featured in their life and as part of their identity.

> *"What age were you when you first started smoking?"*
>
> *"Were you usually smoking alone or with others?"*

- After hearing about how the client started smoking, you can then assess their current smoking.

> *"Do you smoke cigarettes or rolling tobacco, or both?"*
>
> *"Do you ever smoke any other substance, such as cannabis, with tobacco? I'm asking you this because I want to give you the most relevant advice."*

The NCSCT briefing on **smoking cessation and cannabis use** provides practitioners with an overview of cannabis products and methods of harm reduction and cessation, so that they can speak with confidence to their clients on this topic.

- Assess their tobacco dependence by asking the client how many cigarettes per day they smoke and how soon after waking they have their first cigarette of the day. These two questions form the Heaviness of Smoking Index (HSI).

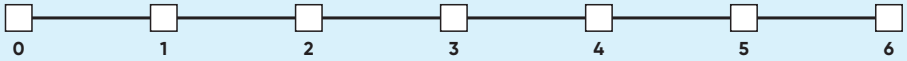
1. How soon after you wake up do you smoke your first cigarette?

- ☐ Within 5 minutes (3 points)
- ☐ 6 – 30 minutes (2 points)
- ☐ 31 – 60 minutes (1 point)
- ☐ After 60 minutes (0 points)

2. How many cigarettes per day do you usually smoke?

- ☐ 10 or fewer (0 points)
- ☐ 11 – 20 (1 point)
- ☐ 21 – 30 (2 points)
- ☐ 31 or more (3 points)

Scoring



Less dependent — More dependent

Alternatively, conduct the longer, six-question Fagerström Test for Cigarette Dependence (FTCD) to determine the client's level of tobacco dependence (see **Appendix 2**).

6 Explain how tobacco dependence develops and inform about tobacco withdrawal symptoms and urges to smoke

Explaining how tobacco dependence develops and informing about tobacco withdrawal symptoms helps to provide the client with an understanding of what they need to overcome.

- Inform the client about the nature of nicotine addiction and how it develops.

> *"When you started to smoke regularly, your brain began to expect regular doses of nicotine. If your usual dose of nicotine falls, you feel uncomfortable and experience withdrawal symptoms.*
>
> *We'll work together to find a stop smoking aid to manage your withdrawal symptoms. This will help you to get through the initial period after stopping smoking, when these symptoms are most problematic. Withdrawal symptoms are predicable but they are temporary. We'll keep them at bay so that you can learn to successfully stop smoking."*

- Withdrawal symptoms are predictable for clients who are cutting down and stopping smoking. **Reassure the client that withdrawal symptoms are temporary and mostly preventable: the trick is to get ahead of them and to use enough of their stop smoking aid before they emerge**.
- Advise the client that if withdrawal symptoms do emerge, stop smoking aids will help. Further reassure the client that although these symptoms are uncomfortable, they will be short-lived. Once they have stopped smoking, most withdrawal symptoms will be gone after four weeks.

> *"It's likely that you will experience some withdrawal symptoms when you start to cut down your smoking. The trick is to get ahead of these by using enough stop smoking aids.*
>
> *We'll discuss withdrawal symptoms every week and, if they are becoming a problem for you, we'll adjust your stop smoking aid.*
>
> *Although withdrawal symptoms can be uncomfortable, they are mostly short-lived. The good news is that most will be gone four weeks after you stop smoking."*

- Ask the client about any previous experience of tobacco withdrawal symptoms.

> *"Because your body is used to regular doses of nicotine, it has to adjust to having less when you cut down and then stop. Withdrawal symptoms are predictable, but they are largely preventable. The trick is to use the right amount of your chosen stop smoking aid in the right way to keep these symptoms at bay.*
>
> *When you stopped smoking before, or had to go without a cigarette for a long time, did you notice any withdrawal symptoms? Was there anything that helped you to manage them that could be useful this time?"*

Respond appropriately, reinforcing that this knowledge is going to be helpful during this quit attempt. If the client expects withdrawal symptoms, they will be more able to cope with them.

- Manage expectations by reminding the client that the correct use of stop smoking aids will help with withdrawal symptoms but will probably not get rid of them completely.

Respond appropriately to any concerns and reassure the client that these symptoms are normal and will pass with time if they do not have a single puff on a cigarette after their quit date.

Common tobacco withdrawal symptoms

- Urges to smoke or cravings (usually reduce over time if the client does not smoke but can appear for a long time after quitting)
- Increased appetite (can persist for three months or longer)
- Depression, restlessness, poor concentration, irritability (usually last less than a month)

Less common tobacco withdrawal symptoms

- Light-headedness (usually lasts less than 48 hours)
- Waking at night (usually at its peak in the first week and can last for two to four weeks)
- Mouth ulcers (can last over a month)
- Constipation (can last over a month)

7 Explain and measure exhaled carbon monoxide (CO), and provide personalised feedback

- Explain that carbon monoxide (CO) is a poisonous gas contained in cigarette smoke and that CO measurements are carried out to show clients objective proof of improved health after they have stopped smoking completely.
- Advise the client that they will be required to hold their breath for a minimum of 15 seconds before blowing into the CO monitor. This allows the pressure in the lungs to equalise and for the CO in the blood to pass into the air in the lungs; this exhaled air is then measured by the monitor.

> *"Carbon monoxide is a poisonous gas found in tobacco smoke. It passes from the lungs into the blood and affects the ability to carry oxygen around the body. It is responsible for much of the heart disease caused by smoking. We would expect the carbon monoxide level to fall as you reduce your smoking and the good news is that, shortly after you stop smoking completely, the level of carbon monoxide in your body returns to that of someone who doesn't smoke.*
>
> *This machine measures the amount of carbon monoxide in your lungs in parts per million. If you have not been smoking, we expect it to be below 10 parts per million.*
>
> *I'll need you to take a deep breath, hold it for 15 seconds and then breathe into this machine. The machine will show the seconds count down. Towards the end of the countdown it will beep three times to tell you when the time is right to breathe out through the mouthpiece."*

There are several CO monitors available, and you should follow the instructions provided by the manufacturer for the model you use in your service. However, the following procedure is common to all monitors:

1. Both the client and the stop smoking practitioner should clean their hands using soap and water or with non-alcohol sanitiser gel before carrying out the CO monitoring.
2. Attach a clean, disposable mouthpiece (a fresh one for each client) to the monitor.
3. Turn the monitor on and pass it to the client.
4. Ask the client to take a deep breath.
5. The monitor will count down for 15 seconds and beep during the last three seconds.
6. The client needs to blow slowly into the mouthpiece, aiming to empty their lungs completely.

7. The parts per million (ppm) of carbon monoxide in the lungs will be displayed on the screen.
8. The mouthpiece should be removed by the client (for infection control reasons) and disposed of in a refuse sack which is tied before being placed in another bag for collection (double bagging) to prevent domestic staff touching the mouthpiece.
9. The CO monitor should be cleaned between tests using a non-alcohol wipe.

After the test

If the measurement was not completed properly (i.e. the client did not hold their breath for the required time or did not place their lips around the tube) then politely ask the client to try again. Allow them a couple of minutes to get their breath back before repeating the measurement.

Weekly CO test results can be recorded in the client's notes and on page 14 of the client's CDTS Smoking Plan.

If the reading is 10 ppm or above

Explain that, as the client reduces their smoking as part of the CDTS programme, we should see the level of CO in their body falling too. The goal is to stop smoking completely, so that the client consistently gets a reading of less than 10 ppm.

> *"The monitor is showing a reading of X ppm, which is what we would expect as you are still smoking.*
>
> *As you start to reduce your smoking we can repeat the test every week, so that you will be able to see the improvements as the carbon monoxide level in your body reduces. The good news is that after you stop smoking completely, this measurement will be the same as that of someone who doesn't smoke."*

Our bodies produce small amounts of CO and there is also CO in the atmosphere around us – such as in car exhaust fumes – so the reading will rarely be zero and will fluctuate slightly depending upon the air the client has been exposed to.

If the reading is below 10 ppm (for a client who is currently smoking)

"The monitor is showing a reading of X ppm. However, carbon monoxide accumulates in the body, and I'm sure that if we were to repeat the test later today, or soon after you've smoked, it would be much higher. After your quit date you will see this come permanently down to the level of someone who doesn't smoke."

Assess engagement

At this stage in the initial assessment session, ask the client whether they have any questions about what you have covered so far. Ask whether they are happy to carry on with the assessment and give them an indication of what you have left to cover, so that they can make an informed decision.

Most clients will be able to retain their focus and engagement for 45 minutes, but for some the option to split this session can ensure they are not overwhelmed with questions and new information.

Allowing time for clients to process and consider the CDTS programme fosters ownership and engagement. If the client does choose to split the session, go straight to **checklist item 11** (Elicit client's commitment to engage with the CDTS programme) and finish the session with **checklist item 12** (Provide a summary and schedule next appointment). Items 8 – 10 can then be addressed at the next appointment.

"We've covered quite a lot, how are you feeling so far?
Would you like to keep going today, or pause here and pick up next time?"

8 Discuss the use of approved stop smoking aids

CDTS support should include the provision of first-choice stop smoking aids (varenicline, NRT, nicotine vapes).

- Give information and guidance on varenicline, NRT and nicotine vapes, so that the client can make an informed choice.

> For CDTS, varenicline and faster-acting NRT are the stop smoking aids for which we have greatest evidence of effectiveness. Whilst there has been less research on the use of nicotine vapes as part of CDTS, available research has shown that they are effective and it is reasonable to expect that they would have similar or greater efficacy to faster-acting NRT products.

"Do you know which stop smoking aid you want to use to help with cutting down and then stopping smoking?"

If the answer is "yes"

- Ask the client to explain what they think is involved with using that stop smoking aid.
- Ensure that they have realistic expectations of stop smoking aids and fill in any gaps in knowledge.

If the answer is "no"

- Inform the client that there are effective stop smoking aids available that will significantly improve their chances of quitting.
- Go through the stop smoking aid choices with the client.

If the answer is "I'm not planning on using any stop smoking aids"

- Ask the client about their reasons for this, address any concerns, remind them of the benefits of stop smoking aids and encourage them to use one of the aids available.

Allow the client to ask questions, confirm their choice of stop smoking aid, and discuss supply.

Ensure that clients who choose to use varenicline can get a supply and start taking the medication at least one week prior to their first reduction date.

Varenicline

"Varenicline, NRT and nicotine vapes, when used together with specialist support, are all recommended for stopping smoking. Can I start by telling you about varenicline?"

- Explain to the client that a standard course of varenicline lasts 12 weeks. The treatment can be extended for a further 12 weeks if needed. Any use beyond 24 weeks needs to be reviewed and agreed by the prescriber.

It is important to follow the detailed guidance on the use of varenicline which can be found in the **Summaries of Product Characteristics (SPCs)**. Each SPC contains a full list of contraindications and cautions.

It is safe to use varenicline whilst smoking and there is good research to support varenicline's efficacy for clients who do not quit abruptly.

"Varenicline has been specifically designed to help people stop smoking and evidence suggests that it is one of the most effective stop smoking aids. It is a tablet that works by reducing urges to smoke and other withdrawal symptoms while cutting down and stopping smoking. It also blocks the ability of nicotine to stimulate the brain, which is why many people who smoke whilst using varenicline do not feel as satisfied if they have a cigarette.

Varenicline has some common minor side effects. The most common side effect is nausea, which affects about three out of 10 people. Nausea is usually mild to moderate. It is recommended you take varenicline with food and a glass of water to help with possible nausea. Other possible side effects include headache, difficulty sleeping and abnormal dreams. For most people, these side effects are minor and usually decrease within the first two weeks of use. The medication is very safe and very effective. I'd like you to let me know about any side effects you experience, as there are some adjustments that can be made to ensure these are minimised.

Varenicline is a prescription-only medication, so you'll need to see your GP/pharmacist to obtain your supply. Varenicline is started one week before your first reduction date."

If the client asks about varenicline and mental health, you can say:

> *"Many years ago, there was concern raised about the possibility that varenicline has some adverse effects, including changes to mental health. Following large research studies we now know there is no link between use of varenicline and increased risk of mental health conditions."*

Clients should take varenicline as per the below treatment regime and set progressive reduction goals as explained within this treatment programme. Ideally, clients will set a quit date within six weeks of commencing varenicline treatment. However, this can be extended for clients who need a little longer.

Days 1–3	Days 4–7	Day 8 onwards
0.5mg once a day	0.5mg twice a day	1mg twice a day

For clients who wish to use varenicline, explain that it will be necessary for them to see a doctor or non-medical prescriber to obtain it. If necessary, support the client in making the appointment for their consultation.

Nicotine-containing stop smoking aids (NRT and nicotine vapes)

Clients should be supported with using enough NRT and/or nicotine vapes to reduce or eliminate withdrawal symptoms and urges to smoke, to make it as easy as possible for them to achieve their reduction goals.

Selecting the initial starting dose

Clients using NRT and/or nicotine vapes should receive **enough nicotine to at least match or often slightly exceed what they would normally obtain from the cigarettes they are cutting out**.

Two factors can be useful to guide the initial dose of nicotine:

- The Heaviness of Smoking Index (HSI)
- The number of cigarettes the client is planning to reduce by

Individuals who are more dependent (a higher HSI score) may benefit from higher overall nicotine doses, particularly when they plan to reduce by a significant number of cigarettes, such as 10 or more.

For people in the general population, we typically replace each cigarette with 1mg of nicotine, while for people with severe mental illness the recommendation is to replace every cigarette with 2mg of nicotine.

Adjusting dosing as clients reduce

As clients reduce the number of cigarettes they smoke, they may need to increase the amount of nicotine they receive from NRT and/or nicotine vapes. This can be done by increasing the nicotine dose or by increasing the frequency of vape or faster-acting NRT use.

Nicotine intake from cigarettes varies widely between individuals. Because of this, the tailored approach to nicotine replacement during the reduction phase should be **guided by the client's experience with withdrawal symptoms, their urges to smoke and their ongoing smoking behaviour**.

Regular review, to monitor for withdrawal symptoms and side effects, and to inform adjustment (up or down) according to the client's feedback, is essential.

> *"Some people find this information quite technical, so please stop me at any time if you want to slow down or ask questions.*
>
> *This next part includes more detailed information – we can go at your pace, and you don't need to remember everything today."*

Nicotine replacement therapy

For clients who opt for NRT, it is recommended that a faster-acting product is always used. **A faster-acting product plus an NRT patch is recommended when reducing by 10 or more cigarettes, or when clients are struggling with meeting reduction targets**.

> *"Let me first tell you about nicotine replacement therapy, which is also known as NRT.*
>
> *NRT is a very effective aid to help you cut down and successfully stop smoking.*
>
> *NRT contains safe, therapeutic nicotine, delivered in smaller doses and more slowly than cigarettes. NRT **does not** contain any of the poisonous chemicals produced by smoking that we know are harmful to health, such as tar and carbon monoxide."*

- Describe how NRT works and the different products that are available.

> *"NRT works by reducing urges to smoke and other withdrawal symptoms, making reducing and then stopping smoking easier. It's not a magic cure – but it will help.*
>
> *There are seven different products to choose from and all are effective. These are: the patch, nasal spray, gum, lozenge, inhalator, microtab and mouth spray. They differ in the amount of nicotine that they contain, how it is delivered and how quickly it acts."*

> *"Studies show that using the NRT patch together with one of the other NRT products at the same time increases your chance of success compared with using one product on its own. I recommend that you start off using one of the faster-acting products. If you decide to make a reduction of more than 10 cigarettes, we will add the NRT patch too.*
>
> *Combining NRT products is very safe: there is no need to worry about overdosing on nicotine.*
>
> *If you ever get more nicotine than you are used to, you might feel a little nauseous, dizzy, or notice a faster heartbeat – these effects pass quickly once you take a break from smoking. It's simply a signal that your body has had enough for now."*

Nicotine vapes

- Explain that nicotine vapes are also very effective and are recommended by leading health authorities (e.g. NICE) as a first-choice treatment option for adults.

> *"Another option, approved for stopping smoking by leading health authorities in the UK, are vapes containing nicotine. Nicotine vapes do not contain tobacco and there is no burning involved in their use, so they are far less harmful to health compared with smoking.*
>
> *If you choose to use a nicotine vape, I can guide you on using it to help manage withdrawal symptoms as you cut down and then stop smoking completely."*

If a client has not used a nicotine vape before, provide advice and support on correct use and, if desired, allow time for familiarisation before any reduction in smoking begins. This period helps build confidence and allows the client to adjust their daily routines (e.g. charging, storage, disposal). It also provides time to experiment with flavours, which can be an important factor in engagement.

When the client is ready to make their first reduction, advise them to start on an e-liquid nicotine strength that closely matches their current level of nicotine dependence, based on their HSI assessment and in consideration of the reduction goal they have set. They can then use their nicotine vape at a frequency that supports them to meet their first reduction goal.

Encourage clients to replace some of their usual cigarettes with nicotine vape use, matching the cigarettes they are cutting out.

Clients who are reducing by a larger number of cigarettes may find it helpful to use their nicotine vape regularly throughout the day to stay comfortable.

> *"I recommend that you use your nicotine vape instead of smoking. Keep it with you at all times, so that it's available whenever you get an urge to smoke. As you cut back your smoking, you can increase the frequency of your vape use to stay comfortable. Many people find that vaping helps them to stop smoking successfully."*

You may wish to provide some information about how nicotine vapes work.

> *"By using your nicotine vape, you'll be replacing some of the nicotine you get from smoking. Because vaping doesn't involve burning tobacco, it doesn't produce smoke, tar and carbon monoxide, which are harmful to health. This makes vaping a far less harmful way to get nicotine compared with smoking."*

It can be useful to advise clients that effective vaping tends to be little and often, compared with smoking which is typically intense and episodic. Reassure clients that regular nicotine vape use is often needed to prevent withdrawal and urges to smoke.

You can advise clients that, in addition to using the nicotine vape to substitute the cigarettes they are cutting out, many people find it beneficial to use their vape throughout the day (i.e. taking puffs on it regularly).

"People usually find that the way they use a nicotine vape is different to how they smoke a cigarette. Because vapes deliver nicotine more slowly than cigarettes, you may need to take puffs more often to feel the same level of relief. Most people vape regularly throughout the day, as well as when replacing the cigarettes they're cutting out, and they find this helps them stay comfortable and resist urges to smoke."

Clients who are more dependent on tobacco are likely to benefit from regular use of their nicotine vape throughout the day. They may also require more than one vape refill per day to keep their withdrawal symptoms at bay, especially as they cut out more cigarettes.

Importantly, more heavily dependent clients often do best when combining nicotine vape use with an NRT patch or, where appropriate, with varenicline. This can be introduced at any stage in the CDTS programme.

The key principle is ensuring that clients receive enough nicotine replacement from the nicotine vape to maintain comfort and support progression through the CDTS programme, with adjustments made as required.

- **Ask the client if they have any questions about stop smoking aids and respond to these. Provide leaflets or accessible information to supplement what you have told them, so that they can increase their awareness after the appointment.**

Combination treatment

More highly dependent clients may benefit from the combination of two stop smoking aids. This is particularly true for clients who have used one aid in the past and reported unmanaged withdrawal symptoms, urges to smoke or relapse. Two stop smoking aids may also be suitable for clients who are unable to meet their reduction targets.

Examples of using stop smoking aids as part of a CDTS programme can be found in **Appendix 1**.

9 Assess readiness to agree initial reduction goal

- Ask the client whether they feel ready to set an initial reduction goal. Some clients may feel ready to set an initial reduction goal in the first session, whilst others may need more time to prepare. The key is to remain person-centred, focusing on client-led reduction goals and prioritising engagement.

"So, can I ask, now that we have discussed how CDTS works, how you are feeling about beginning the process of cutting down prior to quitting?"

"Do you feel ready to set your first reduction goal for this week?"

If the client sounds positive, congratulate them, as motivation is especially important.

> *"It's great that you want to get started! The CDTS programme is about making small steps in the right direction, with the ultimate goal being to quit completely.*
>
> *Most people cut down their cigarettes over a six-week period and then stop completely, but you will decide what is right for you. You might find that you don't need this long, or you might find that you need a bit more time. The important thing is that you succeed, and I'm here to help you every step of the way.*
>
> *Let's look to set a goal that you feel comfortable with and don't forget that you'll be using a stop smoking aid that will make it easier."*

If the client sounds nervous or unsure, you can reassure them that this is completely understandable and that it is common for people to be nervous about making changes to their smoking. Inform them that, by getting support from a trained practitioner such as yourself and by using effective stop smoking aids, they are greatly improving their chance of success.

Explore any specific concerns they may have.

> *"What is worrying you most about cutting down?"*

You may want to revisit their reasons for wanting to stop smoking after cutting down and ask if they can identify any good things that will come from stopping smoking.

> *"What might be some of the good things that happen when you cut down/quit?"*

> *"There's no right or wrong way to begin – we'll find what works for you. It's completely OK if you're not ready to set a reduction target yet. Some people prefer to start by observing their smoking patterns first."*

It is important to ensure you maintain a non-judgemental approach and focus on the development of rapport, engagement and self-monitoring, as explained in checklist item 10 (identify smoking routines and triggers and support problem solving). The client can be reassured that they will set the pace.

- Ask the client about setting an initial reduction goal.

> *"Have you thought about how many cigarettes you would like to cut down by in the first week?"*

Rolling tobacco

Clients who smoke rolling tobacco may reduce the number of roll-ups they have each day but still end up using the same amount of tobacco if they make each cigarette larger. Because of this, it can be more helpful to focus on the total grams of tobacco they use each day.

Other clients may keep smoking the same number of cigarettes but make each one slimmer. In these cases, they miss the chance to break the links between their smoking and the people, places and situations associated with it.

This is why practitioners need to stay curious about all aspects of a client's smoking pattern. Understanding the full picture gives the best chance of supporting genuine reductions in tobacco use and creating opportunities for longer and more frequent smokefree periods as part of a CDTS programme.

- Support the client to formulate a clear goal. It is recommended the reduction starts when they have their stop smoking aid available, to ensure they have the greatest chance of success. **A client may choose a day during the next week, and others will choose the date of their next session**.

> *"Great, so the plan is to reduce from X to Y cigarettes this week, starting on X day.*
>
> *Let's talk about which cigarettes you are going to cut out. Are there some cigarettes that you think it would be the easiest to cut out, or times of the day at which it would be easiest to not smoke?"*

Reduction strategies

The goal is always to stop smoking, but the way this target is reached should be dictated by the client. Working with the client to identify their preferred approach to reducing their smoking helps to make the CDTS plan actionable.

Strategies to reduce the number of cigarettes smoked per day may include:

- Delaying the first cigarette of the day
- Eliminating one or more cigarettes each day, often beginning with the one(s) that the client feels would be easiest to give up
- Increasing the time interval between cigarettes
- Choosing periods during the day when they will not smoke
- Choosing places they spend time where they will not smoke

Some clients will find it useful to count out their cigarettes for the day, putting them in a box and creating a rule that they only smoke from that box.

> ***"There are various strategies to reduce the number of cigarettes smoked, such as extending the time between cigarettes, having smokefree periods in the day and not smoking in certain places like your home or car, or when you're with the kids."***
>
> ***"Do you have any questions about these options?"***
>
> ***"Which of the options do you think would work best for you?"***

Short-term goals can boost confidence and are particularly helpful in the early stages of the programme, as they can help the client feel a sense of achievement. Remind the client that they will have a stop smoking aid which they can use to replace the cigarettes they cut out.

Some clients like to organise their weekly CDTS plan in writing.



Record the plan on page 6 of the client's CDTS Smoking Plan (as well as in the client's notes), check it for accuracy with the client and have it available to refer to in the next session.

If the client is ready to set their first reduction goal in this first week before they see you again, you will need to cover some of the items from the **Session 2: Reduction date checklist** to ensure they have all the information and tools they need to have a successful first week. It will be particularly important that you cover:

- **Item 4** (discuss strategies for managing triggers / problem solving)
- **Item 5** (discuss stop smoking aids and support correct use)
- **Item 7** (discuss withdrawal symptoms and how to manage them)

10 Identify smoking routines and triggers and support problem solving

Self-monitoring of smoking behaviour is a key component of the CDTS programme. The first step to changing smoking behaviour is to understand it.

Self-monitoring requires the client to record – each time they smoke – where they are, who they are with and what they are doing. The client can use the smoking diary to record this information. Some clients find it useful to carry the smoking diary with their cigarette pack, so that they remember to fill it in, while others like to fill it in at the end of each day.

> *"There's no right or wrong way to do this – even rough notes are helpful.*
>
> *This is a tool, not a test. If completing the diary feels difficult, partial or approximate information is absolutely fine – we can adapt this together."*

Self-awareness gained through self-monitoring can guide clients to the changes they need to make to successfully stop smoking. In the early stages of the CDTS programme, self-monitoring can reveal the cigarettes clients are most likely to find it easiest to eliminate first; this fosters a sense of accomplishment and boosts confidence, as clients can see progress within a short time.



My Cut Down to Stop Smoking Plan: page 4

"Before we get started on the CDTS programme, I'd like to understand your current smoking routine. Would you be able to fill in this smoking diary every day for the next week?

As you can see, it asks you to write down, each time you smoke, where you are, who you are with and what you are doing.

If you bring it back next week, we'll look at it together to see if we can spot any patterns and understand more about how smoking fits into your life."

Problem solving is a critical and constant feature of the CDTS approach. The goal is to completely stop smoking, but the CDTS programme requires the client to set a series of smaller goals on their journey to stopping completely.

"As part of the CDTS treatment programme, I'll support you to develop short-term goals. As you achieve your goals, your confidence will increase and you will be able to see that you are getting closer to your ultimate goal of stopping smoking.

Each time we meet, we'll talk about your goal for the week and setting a new goal each week. How does that sound?"

11 Elicit client's commitment to engage with the CDTS programme

It is important that the client hears themselves commit to gradually reducing, with the goal of not smoking at all after their quit date. This contributes to building rapport and leaves no room for misunderstanding as to what the aim of the programme is.

"Some people find it helpful to say their plan out loud, but there's no pressure. Do you think you could say, in your own words, what your plan is for this week?"

The client can commit to the first steps of the programme, which include keeping a smoking diary, reading the materials you have provided on stop smoking aids and starting to prepare for changing their smoking.

The client can commit to the first steps of the programme, which include keeping a smoking diary, reading the materials you have provided on stop smoking aids and starting to prepare for changing their smoking.

For clients who have set their first reduction goal, you can say:

> *"We know that saying plans out loud can really help. Would you be comfortable sharing, in your own words, what your aim is for cutting down this week?"*

12 Provide a summary and schedule next appointment

- Provide the client with a summary of the meeting, ensuring the following points are covered:
  - If the client is ready to confirm their choice of stop smoking aid, clarify how this will be accessed and arrange assistance for using it, if required
  - If the client has set their first reduction goal, reaffirm the goal
  - Remind the client about their smoking diary and ask them to bring this back next week
- Schedule the next meeting, considering the client's preferences. Check the client's contact details and clarify how they can contact you or the service prior to the next meeting.
- Thank the client for coming along, provide reassurance and instil hope.

> *"Thank you for coming to see me today. I'm so pleased that you are ready to make a change to your smoking and I'm sure we can work together to make that happen.*
>
> *I'm looking forward to seeing you again next week, when we can hear how you got on with reducing from X to Y cigarettes / reviewing your smoking diary / getting your CDTS treatment programme fully underway.*
>
> *If you need to get in touch with me or the team during the week, you can contact us at [service email address] or by calling [service phone number]. I'm looking forward to seeing you again next week."*

Phase: Cutting down with a stop smoking aid

Session 2: Reduction date

Allow at least 30 minutes

Checklist		Done
1	Confirm readiness to commit to the CDTS plan	
2	Review and reflect on the client's smoking diary	
3	Assess readiness to agree initial reduction goal	
4	Discuss strategies for managing triggers / problem solving	
5	Discuss stop smoking aids and support correct use	
6	Measure exhaled carbon monoxide (CO) and provide personalised feedback	
7	Discuss withdrawal symptoms and how to manage them	
8	Prompt the client's commitment to the reduction plan	
9	Provide a summary and schedule next appointment	

Communication skills used throughout this session

- build rapport
- boost motivation and self-efficacy
- use reflective listening
- provide reassurance

The purpose of session 2 is to assess readiness to agree the initial reduction goal, if this wasn't agreed in session 1.

If the client set their first reduction goal in session 1, move to session 3 on page 55.

1 Confirm readiness to commit to the CDTS plan

- Warmly welcome the client back, ask them how their week has been and ask them how they are feeling about commencing the CDTS programme.

> *"Welcome back, [name]. Can I ask how are you feeling about beginning the process of cutting down your smoking with the aim to stop smoking completely?"*

If the client sounds positive, congratulate them for this, as motivation is a key starting point for engaging in a quit attempt and for planning steps such as setting a quit date.

If the client sounds nervous or ambivalent, you can reassure them that this is completely understandable and that it is very common for people to be nervous about making changes to their smoking. Inform them that, by getting support from a trained practitioner such as yourself and by using effective stop smoking aids, they are greatly improving their chance of success.

Explore any specific concerns they may have.

> *"What is worrying you most about cutting down?"*

You may want to revisit their reasons for wanting to stop smoking after cutting down, and ask if they can identify any good things that will come from stopping smoking.

> *"What might be some of the good things that will happen when you cut down/quit?"*

2 Review and reflect on the client's smoking diary

- Review the client's smoking diary and ask about any insights into their smoking and anything they didn't expect.

> *"How did you get on with keeping a record of your smoking this week?"*
>
> *"Did you notice any patterns to your smoking, or were your cigarettes spread throughout the day?"*

Areas for exploration:

- Patterns of smoking: was there anything in particular that led to the patterns?
- Establishing the cigarettes that felt most important and least important: this can prove to be a good starting point when the client starts to cut down.
- Anything else they want to share about their experience of keeping the diary.

Investigate to see who the client smokes with, the places where they smoke and the behaviours they have paired with smoking. This awareness will bring into focus the future work, particularly goal setting, problem solving and management of triggers.

Be curious to learn about any fluctuations in the client's smoking. For example, some people will smoke more when they have money, such as after they collect their benefits, and less when their finances are stretched. Fluctuating smoking patterns can hinder progress, unless they are well understood and addressed as part of the client's person-centred CDTS programme.

3 Assess readiness to agree initial reduction goal

Short-term goals can boost confidence and are particularly helpful in the early stages of the programme, as they can help the client feel a sense of achievement. Remind the client that they will have a stop smoking aid to replace the cigarettes they cut out.

"Cutting down to stop is all about making small steps in the right direction, with the ultimate goal of stopping smoking completely.

Most people cut down their cigarettes over a six-week period and then stop completely, but you will decide what is right for you. You might find that you don't need this long or you might find that you need a bit more time. The important thing is that you succeed, and I'm here to help you every step of the way.

Let's look to set a goal that you feel comfortable with and don't forget that you'll be using a stop smoking aid that will make it easier. I think you'll find cutting back won't be as difficult as you may think."

"Have you thought about how many cigarettes you would like to cut down by in the first week?"

- Support the client to formulate a clear goal by specifying any of the following: the exact number of cigarettes they intend to reduce by, the precise times they will not smoke or the exact places where they will not smoke.

"Great, so the plan is to reduce from X to Y cigarettes this week.

Let's talk about which cigarettes you are going to cut out. Are there some cigarettes that you think it would be the easiest to cut out, or times of the day at which it would be easiest to not smoke?"

Reduction strategies

The goal is always to stop smoking, but the way this target is reached should be dictated by the client. Working with clients to identify their preferred approach to reduce their smoking helps to make the CDTS plan actionable.

Strategies to reduce the number of cigarettes smoked per day may include:

- Delaying the first cigarette of the day
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Some clients will find it useful to count out their cigarettes for the day, putting them in a box and creating a rule that they only smoke from that box.

> *"There are various strategies to reduce the number of cigarettes smoked, such as extending the time between cigarettes, having smokefree periods in the day and not smoking in certain places like your home or car, or when you're with the kids."*
>
> *"Do you have any questions about these options?"*
>
> *"Which of the options do you think would work best for you?"*



Record the plan on page 6 of the client's CDTS Smoking Plan (as well as in the client's notes), check it for accuracy with the client and have it available to refer to in the next session.

Clients who are ambivalent or unable to set an initial reduction goal

If a client is ambivalent or unable to set an initial goal, explore the reasons for this. Many clients benefit from extra time to try out the various stop smoking aids until they find the one that suits them, whilst others need a longer lead-in time to put their CDTS plan in place.

It is important to extend the planning phase if clients need extra time, whilst at the same time explaining the limitations of your service provision. This serves the purpose of helping clients to get started as well as providing clarity on the boundaries of your service, which can reduce the risk of client dependence.

4 Discuss strategies for managing triggers/problem solving

Making space for the client to consider how they can stay committed to their plan, even if they experience triggers to smoke or problems arise, is a key element of this phase.

Clients who can look ahead and anticipate problems, and who have well-developed ideas about how to deal with them, are more likely to be successful. Furthermore, clients who make changes to their usual routine can reduce triggers to smoke and increase their chance of success.

Discuss common triggers for urges to smoke, such as:

- seeing someone smoke
- being in a place where they used to smoke
- being with people who they used to smoke with
- during or after an activity when they used to smoke
- feeling stressed, bored or wanting to celebrate

▶ Allow the client to come up with some ideas for what they can do when they experience the urge to smoke, which you can then expand on or add to if necessary.

> *"You mentioned that reducing the number of cigarettes you smoke when you are watching TV may be tricky for you. What do you think might help you at that time?"*

Strategies can include:

- ensuring that fewer cigarettes are available
- ensuring proper use of stop smoking aids
- avoiding trigger situations
- reminding yourself of why you want to quit
- imagining telling people you have started smoking again
- imagining going through this again in the future
- making changes to your routine

"You're probably going to have times over the next week when you find it hard to stick to your plan. Small changes in your routine may reduce the triggers to smoke. Can you think of any ways you can change your usual routine to make it easier for you to establish a new pattern without cigarettes?"

Remember, **people are experts in their own life** and they will be best persuaded by ideas they generate, so resist jumping in to make suggestions. However, if they seem to be struggling it can help to say what worked for other people in similar situations.

"I recently worked with a client who had a similar problem, as she usually smoked with friends on the walk to school with the kids. She decided to go earlier than usual to avoid that trigger time, until she was feeling stronger and able to confidently decline any cigarettes offered by her friends. Is that something that might work for you?"

Contacts who smoke

- Explore with the client how they will manage contact with other people who smoke and what problems might arise for them through these relationships.

"Do you live with or spend time with people who smoke?"

People who live with or have regular contact with others who smoke can find this gets in the way of them being able to successfully stop. It is important that clients understand that living with or being around people who smoke will present an extra challenge for them. Support them to develop strategies to reduce the risk of not meeting their smoking reduction goals.

- Spend time listening to the client's concerns, explore the benefits of telling their regular contacts about their quit attempt and suggest that they ask these contacts not to smoke around them or leave their cigarettes in view.

Some clients may find a short roleplay of a conversation helps to rehearse what they will say and how they will respond to any pressure to smoke more than they intend.

- Inform the client that some people may try to undermine their quit attempt by saying that they miss their 'smoking buddy' or that they are 'not the same' or 'grumpier' since they started to cut down. In these cases, if appropriate, the client could ask these people to support them because they care about them. **Reinforce the importance of appropriate support to the success of a quit attempt**.

"There are going to be times during your quit attempt, especially in the first few weeks, when the support and encouragement of friends, family and colleagues is going to be important.

This is why we suggest that you tell as many people as possible that you will be quitting smoking and that you are going to need their support. Are there any people from whom you think that you will get support for your quit attempt?"

High-risk situations

- Address any potential high-risk situations in the coming week and support the client to come up with possible strategies for dealing with these situations. **Reinforce the importance of using their stop smoking aid properly and of reminding themselves about their reasons for quitting, and how these can be used during high-risk situations or when strong urges strike**.

"For most people, high-risk situations are linked to times when their barriers are down and where cigarettes are available – your motivation will have to be at its strongest at these times. Looking ahead to next week, when do you think it will be most difficult for you to stick to your plan? What might help you to stick to your plan?"

"Your frame of mind is important: being positive about stopping smoking and knowing that there will be hard times and times when you feel like smoking, but that these will pass, can help."

5 Discuss stop smoking aids and support correct use

- Make sure that the client has obtained their stop smoking aid and has sufficient supply to last them for the next two weeks. If not, discuss arrangements for the client to obtain their supply.
- With all stop smoking aids, you should discuss correct use and possible side effects. Explain that with continued and regular use most people report that side effects reduce over time, or they get used to them.
- Remind and reassure the client of the reasons for use (reduces withdrawal symptoms and urges to smoke and increases success).



Record the stop smoking aid plan on page 6 of the client's CDTS Smoking Plan.

Nicotine-containing stop smoking aids

Some clients prefer to replace each cigarette with a stop smoking aid, such as faster-acting NRT or a nicotine vape, as this approach fits naturally with their routine. Others choose to use their stop smoking aid regularly throughout the day – often on the hour – to minimise withdrawal symptoms and reduce the likelihood of urges to smoke emerging. Both methods are effective; it is the practitioner's role to support the client in identifying and using the approach that works best for them.

If withdrawal symptoms or urges to smoke become difficult to manage, it may be a sign that the nicotine dose or type of stop smoking aid needs adjusting. These feelings can also be linked to behavioural triggers or stress, so it is helpful to explore both the stop smoking aids being used and the coping strategies.

For clients using NRT

- Spend time discussing with the client how to use their NRT correctly to get maximum benefit, and alerting them to potential side effects and providing tips on how to manage them.
- Reassure about initial unpleasant effects (e.g. if using an oral product, they will get used to the taste).
- Encourage the client to use enough of their faster-acting product to address urges to smoke and withdrawal while they reduce the number of cigarettes they smoke.
- Reinforce the need to use their faster-acting product prior to when they would usually smoke, to allow time for the nicotine to absorb into their system.
- Reassure the client about any safety concerns.

"It is worth remembering that nicotine does not cause cancer and other serious illness. It is the tar and carbon monoxide in cigarette smoke that are harmful to health."

- Enquire about any questions they may have about use.

"Make sure you take your NRT with you wherever you go and always keep it handy, perhaps where you used to keep your cigarettes."

For clients using nicotine vapes

- Check to ensure the client knows how to use their nicotine vape correctly.
- Reassure the client that frequent puffs on their nicotine vape may be needed to manage withdrawal symptoms and urges to smoke.
- Check the nicotine strength used by the client to ensure it is appropriate.
- Enquire about any questions they may have about use.

For clients using varenicline

- Check with the client that they started taking their medication at least one week ago.
- Enquire about any side effects and advise accordingly.
- Enquire about any questions they may have about use.

"I'd like to check in with you about the varenicline. How have you been getting on with it so far? Have you been troubled by any side effects or anything that feels different since you started taking it?"

- Allow the client to describe their experience, and acknowledge and explore as needed.

6 Measure exhaled carbon monoxide (CO) and provide personalised feedback

The next task is to complete the weekly CO check. The purpose of the check is to show the client objective proof of changes to the amount of this poisonous chemical in their body after they have changed their smoking. After the client's quit date, we can use the CO check to validate the quit attempt.

▶ Conduct the CO test as described in **Session 1: Initial assessment on page 24**.

After the test, take time to discuss the result and explain what it means, including reference to the fact that the results will start to show improvement as smoking reduces and will be firmly in the green zone (less than 10 ppm) after the quit date.

It can be helpful to compare CO checks from week to week, as this can boost confidence and motivation.

After the test

If the test wasn't completed adequately (i.e. client did not hold their breath for the required time or did not place their lips around the tube properly) then politely advise the client that the test needs to be repeated. Allow them a couple of minutes to get their breath back before repeating the test.

If the reading is 10 ppm or above

"The monitor is showing a reading of X ppm, which is what we would expect as you are still smoking.

As you start to reduce your smoking we can repeat the test every week, so that you will be able to see the improvements as the carbon monoxide level in your body reduces. The good news is that after you stop smoking completely, this measurement will be the same as that of someone who doesn't smoke."

If the reading is below 10 ppm (for a client who is currently smoking)

"The monitor is showing a reading of X ppm. However, carbon monoxide accumulates in the body and I'm sure that if we were to repeat the test later today, or soon after you've smoked, it would be much higher. After your quit date you will see this come permanently down to the level of someone who doesn't smoke."

7 Discuss withdrawal symptoms and how to manage them

- Ask the client about any previous experiences of tobacco withdrawal symptoms and how these were managed.

> *"Did you notice any symptoms when you reduced or stopped smoking in the past, or when you had to go without a cigarette for a long time?*
>
> *Was there anything that worked for you in dealing with these that could be useful this time?"*

- Respond appropriately, reinforcing that this knowledge is going to be helpful during this quit attempt. If the client expects the withdrawal symptoms, they will be better able to cope with them. **Remind the client that proper use of their stop smoking aid will help with withdrawal symptoms and urges to smoke** but will probably not get rid of them completely.
- **Run through the list of common withdrawal symptoms that the client may experience (Appendix 3)**. Emphasise that if withdrawal symptoms do emerge, they are normal, will be short-lived and will gradually disappear, with most gone four weeks after stopping smoking completely.

If withdrawal symptoms and urges to smoke are troublesome, their stop smoking aid plan may need adjusting.

In addition to using a stop smoking aid, we can support clients to build up a range of ways to manage their withdrawal symptoms and urges to smoke. They can be supported to use some or all the following techniques listed on page 52.

> *"You don't need to try all strategies, even one or two that feel manageable is enough."*

Technique	What's involved
Distraction	For example: playing a game on their phone, whistling / singing a song, doing a crossword puzzle, doing some colouring or artwork, doing something active (e.g. star jumps or walking), taking on a cleaning chore, phoning a friend, having a bath or shower.
Changes to routine	For example: choosing a different route to travel (avoiding the place where cigarettes were usually purchased), brushing teeth after waking.
Mindfulness exercise	Name 5 things you can see, think of 4 things you can feel, list 3 things you can hear, notice 2 things you can smell and acknowledge 1 thing you can taste.
Involvement in fulfilling positive activities	Engaging in a positive activity, through formal volunteering or by just being kind to someone, such as making a cup of tea, phoning a friend, sending a card or picking up litter.
Breathing exercise	Sit down with your arms on the chair arms or on your lap and place both feet flat on the ground, with your feet hip-width apart. Let your breath flow as deep down into your belly as is comfortable, without forcing it. Try breathing in through your nose and out through your mouth. Breathe in gently and regularly. Some clients find it helpful to count steadily from 1 to 5. You may not be able to reach 5 at first. Then let it flow out gently, counting from 1 to 5 again, if you find this helpful. Do this for 5 minutes.

The **Five ways to wellbeing** is based on research which shows how certain things we do can improve our mood, reduce the risk of depression, strengthen relationships, keep us healthy and even add seven years to our lives. Some clients will benefit from signposting to the range of ideas proposed by this research to strengthen wellbeing, which will boost their chance of stopping smoking.

8 Prompt the client's commitment to the reduction plan

It is important that the client hears themselves commit to gradually reducing, with the ultimate goal of not smoking at all after their quit date. This contributes to building rapport and leaves no room for misunderstanding as to what the aim of the programme is.

- Invite the client to confirm what their plan is for the week ahead.

> *"We know that saying plans out loud can really help. Would you be comfortable sharing, in your own words, what your aim is for cutting down this week?"*

If clients need help with this, you can prompt them to say:

- which stop smoking aid they will be using
- how they will use it
- how much they will use
- what strategies they will employ to manage withdrawal symptoms
- that it is their intention to tell all their friends and family about their quit attempt

Throughout the programme, we are supporting clients to gradually reduce their smoking in advance of their quit date. **We need to keep reminding them of their goal, which is to stop smoking completely**.

- Congratulate the client for their commitment to the programme. Remind them that it is a tried and tested way of successfully stopping when combined with stop smoking aids and behavioural support.

9 Provide a summary and schedule next appointment

- Provide the client with a summary of the meeting:
  - Confirm their CDTS plan
  - Confirm their choice of stop smoking aid and clarify how this will be accessed
  - Describe what they plan to do to deal with triggers to smoke
  - Describe their plan for responding to withdrawal symptoms
  - Remind them to get additional support from family, friends, neighbours, colleagues and relevant health care professionals

The client's CDTS Smoking Plan can be referred to as a visual reminder.

"Do you have any questions about getting started with cutting down your smoking or using the stop smoking aids? How are you feeling about it now?"

- Thank the client for coming along, provide reassurance and instil hope. Congratulate them for making a commitment to reduce their smoking with a view to quitting and your belief in their ability to do this.
- Schedule the next meeting, taking into account the client's preferences. Check the client's contact details and clarify how they can get in touch with you or the service prior to the next meeting.
- Reinforce the importance of the support programme and let the client know that it is important that they come to all appointments, regardless of whether they are struggling or doing well.
- Communicate that you will be there to support them. Let them know that you understand that this first week may be difficult and to take it one day at a time. Ask them to get in contact with you if they are struggling or have any questions, providing a range of contact methods (phone, email and text) if possible.

"Thank you for coming back to see me today. I'm so pleased that you are ready to make a change to your smoking and I am sure we can work together to make that happen.

I think you have a very solid plan to gradually cut down your smoking whilst at the same time replacing those cigarettes with [client's stop smoking aid].

If you need to get in touch with me or the team during the week, you can contact us at [service email address] or by calling [service phone number]. I'm looking forward to seeing you again next week."

Phase: Cutting down with a stop smoking aid

Sessions 3–6: Reduction sessions

(continue to reduce smoking)

Allow at least 20 minutes

Checklist		Done
1	Check on the client's progress since last meeting, including: ■ their progress with their reduction goal ■ their experience of withdrawal symptoms and urges to smoke ■ how they have used stop smoking aids ■ how they have managed triggers to smoke ■ assess confidence in their progress and ability to stop	
2	Measure exhaled carbon monoxide (CO) and provide personalised feedback	
3	Agree on next reduction goal	
4	Agree on use of stop smoking aids and ensure sufficient supply	
5	Discuss strategies (problem solving) for managing potential high-risk situations / triggers in the coming week	
6	Prompt the client's commitment to the reduction plan	
7	Provide a summary and schedule next appointment	

Communication skills used throughout this session

- build rapport
- boost motivation and self-efficacy
- use reflective listening
- provide reassurance

In reduction sessions 3, 4, 5 and 6, the client is supported in setting progressive goals that focus on continuing to reduce their smoking towards their quit date. The key principle is ensuring the client does not lose sight of the goal of stopping smoking completely.

At the same time, we review and advise them on their use of stop smoking aids, including to use increasing amounts of their NRT / nicotine vape to manage withdrawal and urges to smoke.

This timeframe might prove unrealistic for some clients. Extending this period, or allowing clients time to pause and return later when they are ready, will be essential for some people, especially those in priority groups.

For others, this timeframe may be too long, and the momentum might be lost. Practitioners should use their professional judgement to keep clients moving forward on the CDTS programme at a pace that works best for the individual, ideally over a six-week period

Practitioners should use clinical or line management supervision to review clients who reach the end of the six-week period and are not yet ready to quit.

Options for clients who reach the end of the six-week period and are not yet ready to quit include:

1. **Extending** the cut down phase with stop smoking aids and behavioural support
2. **Altering** support:
   - adjusting stop smoking aids (increasing dose or switching product)
   - adding a second product
   - revisiting behavioural support, identifying roadblocks and developing a tailored plan for cutting the remaining cigarettes
3. **Pausing** the cut down phase and inviting clients to return when they are ready to progress

Pausing a CDTS programme

A pause may be appropriate when a client is temporarily unable to engage safely or meaningfully with the programme. This could be due to a major life event, health issues, instability in their circumstances, or when non-attendance is caused by factors outside their control. **A pause should be planned, time-limited and focused on helping the client return when they are better able to participate**. The aim is to support progress, not to penalise or create a sense of failure.

1 Check on the client's progress since last meeting

- Assess how the client has got on since their last appointment. At all reduction sessions we will want to assess and learn about:
  - their progress with achieving their CDTS goal
  - their experience of withdrawal symptoms and urges to smoke
  - how they have used stop smoking aids
  - how they have managed triggers to smoke
  - as appropriate, their confidence in their progress and ability to stop

Assess progress with achieving their reduction goal

- Warmly welcome the client back and be genuinely excited to find out how they have got on.

> *"It's really good to see you, how has your week been?"*

- To get an accurate response, refer to the goal agreed with the client in the last meeting.

> *"Last week you set a goal to reduce from X cigarettes to Y. How did you get on?"*

If the client has achieved their reduction goal

- Praise them for achieving their goal for the week and recognise the effort they are making to stay committed to their CDTS plan.

> *"It's great to hear that you have achieved your goal for the week. I know how much effort this takes, you are working hard and making excellent progress. You should be really proud of yourself, well done!"*

- Help the client to identify what went well during the last week. Encourage them to build on their success by repeating those things that made it easier to stick with their plan.

> *"Was there anything that made it easier for you to stick with your Cut Down to Stop plan in the last week?"*

If the client has not achieved their reduction goal

If the client could not achieve their CDTS goal for the week, they will benefit from exploring the times that were challenging. Reflecting with you on their experience of cutting down will help them to notice what is hindering their progress.

> *"You've generally done really well and you should be proud of yourself. But it's not always going to go smoothly, and the trick is to look at those times and plan to either avoid them in the future, or to do things differently so that you don't end up missing your daily target again.*
>
> *We can do that now and we'll also speak about your use of your [stop smoking aid]."*

> *"Looking back on the past week, what do you think got in the way of your progress?"*
>
> or
>
> *"I'd like to hear about the times this week when you found it hard to stick to your CDTS plan. Could you tell me about them?"*

Through conversation with you, the client may come to realise that their goal was unrealistic. Explain to the client the benefit of setting goals and advise that the most important thing is to learn from the experience gained in the past week.

With the benefit of hindsight, help the client to consider what adjustments they can make to make it more likely that they will have success in the coming week.

> *"Looking back, is there anything you think you could have done differently that would have helped you achieve your goal for the week?"*

Assess experience of withdrawal symptoms and urges to smoke

- Ask the client about their experience of withdrawal symptoms and urges to smoke and how they managed them. It can be helpful to fill in the withdrawal symptoms chart (see **Appendix 3: tobacco withdrawal symptoms checker**) with the client to get a detailed understanding of their challenges.

"How difficult has it been to reduce from X to Y cigarettes this past week? Have you experienced any withdrawal symptoms or urges to smoke?"

Asking clients to rate the severity of any withdrawal symptoms can be a useful tool to assist with identifying clients who may benefit from treatment adjustment.

If they indicate that they have experienced withdrawal symptoms, you can ask how problematic they were on a scale of one to four. A more detailed examination of withdrawal symptoms can also include a discussion about their frequency and their management.

*"On a scale of zero (none at all) to four (severe), how severe is the **[withdrawal symptom]** you are experiencing? How often has it occurred?"*

*"On a scale of zero (none at all) to four (severe), how severe are the **urges to smoke** you are experiencing? How frequently are you having urges to smoke?"*

For any client reporting withdrawal symptoms that are a three or four in severity, treatment adjustment should be considered.

Be alert to any sign of changes in the frequency or intensity of withdrawal symptoms and draw the client's attention to any improvements noted when you compare previous reports to the current one.

- Ask the client about how they have dealt with withdrawal symptoms, taking time to hear about things they tried that worked well and things that did not work as well. Remind them that the best way to manage withdrawal symptoms and urges to smoke is by using their stop smoking aids and reassure them that they are short-lived.

Ensure that you help the client distinguish between genuine withdrawal symptoms, stop smoking aid side effects and coincidental symptoms.

Appendix 4 provides information for practitioners on withdrawal symptoms and strategies for managing them.

Assess how they have used stop smoking aids

- Ask the client about their use of stop smoking aids, check they have used their stop smoking aid correctly and remind them that correct use will help with withdrawal symptoms, but will probably not get rid of them completely.

> *"One of the best ways to manage withdrawal symptoms is by using stop smoking aids. Would you be able to tell me how you have got on with using your [stop smoking aid]?"*

Assess how they have managed triggers to smoke

- Discuss the challenging times over the past week in detail and help the client to identify triggers for smoking. Triggers can be people, places, feelings or things that they have paired with smoking. Explore how to deal with these triggers.

Remember that clients will benefit most from ideas they generate themselves and that are relevant to their situation. If clients struggle to come up with ideas, you can help them to think about ways to manage these difficult situations.

- **Delay** being in high-risk situations
- **Escape** from high-risk situations
- **Use a distraction** technique in high-risk situations
- **Avoid** being in high-risk situations until you feel better able to resist the temptation

You will find more ideas about helping clients to manage high-risk situations and triggers to smoke on **page 76 (Session 7: Quit date)**.

As appropriate, assess confidence in their progress and ability to stop

- If the client is achieving their reduction goals and they are at a stage where you think it is appropriate, it can be useful to ask them how confident they feel about successfully stopping smoking.

This will help you to assess readiness to progress to quitting completely. For some clients, this may be after a few weeks whilst for others it may be longer.

> *"On a scale of 1 to 10 – if 1 is low and 10 is high – how confident are you right now that you will be able to successfully stop smoking completely?"*

You can follow up this question by asking the client to explain why they chose their answer. It is important to note that this is not a fixed assessment as it is normal for confidence to fluctuate. Nevertheless, scaling questions can be useful to summarise your understanding of the client's situation.

If the client is positive

- Ask the client how they would feel about cutting out their remaining cigarettes and setting a quit date.

> *"It sounds like you feel ready to cut out those last five cigarettes and stop completely. What do you think?"*

- Set the quit date with the client – this will normally be the date of the next appointment.
- Explain that the goal from the quit date onwards is to **not to have a single puff on a cigarette**.

> *"Have you considered what time your last cigarette will be on your quit date? Some people like to smoke their last cigarette on the night before their quit date, but most people who I help to quit have their last cigarette immediately before their quit date appointment with me.*
>
> *Whatever the time of the day that you have your last cigarette, it is vitally important that after this point you don't smoke any cigarettes, not even one puff."*

Discuss preparing for the quit date

- Encourage the client to tell supportive friends, colleagues and family about their quit attempt – this solidifies their commitment and can increase the support and encouragement they receive.
- Discuss plans for managing interactions with friends, colleagues and family who smoke to reduce their exposure to smoking and to the availability of cigarettes.
- Confirm plans to get rid of all remaining cigarettes, lighters and ashtrays on the quit date.
- Agree to the date of the last cigarette.

Reiterate that maintaining consistent contact with you is important, even when hiccups or challenges arise along the way.

2 Measure exhaled carbon monoxide (CO) and provide personalised feedback

The next task is to complete the weekly CO check. The purpose of the check is to show the client objective proof of changes to the amount of this poisonous chemical in their body after they have changed their smoking. After the client's quit date, we can use the CO check to validate the quit attempt.

▶ Conduct the CO test as described in **Session 1: Initial assessment on page 24**.

After the test, take time to discuss the result and explain what it means, including reference to the fact that the results will start to show improvement as smoking reduces and will be firmly in the green zone (less than 10 ppm) after the quit date.

It can be helpful to compare CO checks from week to week, as this can boost confidence and motivation.

If the CO reading has reduced

> *"I'm really pleased to see that since you've reduced your smoking there's less of the poisonous chemical carbon monoxide in your body; in fact, you've now more than halved the amount. Well done!"*

If the client has reduced their smoking but their CO reading is higher than expected

> *"Your carbon monoxide reading is 20 parts per million, which is a little higher than last week, but I know you've done such a great job by reducing further this week.*
> *Let's see if we can work out what would help to reduce those carbon monoxide levels.*
>
> *How are you getting on with using the patch and [faster-acting NRT product]?*
> *How often are you using the [faster-acting NRT product]?"*

Clients not using enough of their NRT product / nicotine vape

> *"On the days you don't use enough of your nicotine replacement, it's possible that your body is prompting you to smoke your cigarettes 'harder', to smoke all the way down to the filter, to take bigger puffs, or to hold the smoke in for longer.*
>
> *We call this compensatory smoking. It happens when, without you realising it, your body prompts you to try and get more nicotine from each cigarette to prevent you from experiencing tobacco withdrawal."*

CO levels can also be affected by when the client last smoked a cigarette and by appointment times (e.g. readings in the afternoon may be higher due to smoking throughout the day).

Clients may sometimes record a higher than expected CO reading that can't be explained. See **page 83 (Sessions 8 – 11: Post-quit date)** for guidance.

3 Agree on next reduction goal

It might be necessary to provide a recap for some clients on the various options they have for reducing the number of cigarettes they smoke. **See page 44 (Session 2: Reduction date)** for reduction strategies.

- Repeating the client's goal for the previous week is a good way to provide a stepping stone to help them formulate their next goal.

> *"You've done really well this week. Shall we think about setting a target to reduce your smoking further?"*

> *"When you first came to see me, you were smoking X cigarettes a day. You have now reduced to Y cigarettes a day. What would you like your cut down goal to be for next week?"*

In sessions 3, 4, 5 and 6, the client will be supported to make progressive reduction goals towards their quit date.

This timeframe might prove unrealistic for some clients. Extending this period or allowing clients time to pause and return later when they are ready, will be essential for some people, especially those in priority groups.

For others, this timeframe may be too long and the momentum might be lost. Practitioners should use their clinical judgement to keep clients moving forward on the CDTS programme at a pace that works best for the individual, ideally over a six-week period.

Record the plan on page 6 of the client's CDTS Smoking Plan (as well as in the client's notes), check it for accuracy with the client and have it available to refer to in the next session.

If the client has not achieved their reduction goal

Always praise clients for coming back to see you, especially when they have not achieved their reduction goal. Being prepared to explore the reasons for this is important. Through reflection, seek to understand the reason for the lack of progress, so that this becomes a learning experience. Offer reassurance and encouragement to set a new goal.

"So, it sounds like this week has been a struggle. Let's talk about the week, what you found difficult and try to get back on track. It's not always going to be easy but I'm here to support you. So, let's keep focused on taking steps in the right direction."

"It sounds like things are not that easy at the moment. We can keep things simple today and focus on what feels doable, even if that's just holding steady rather than reducing further."

4 Agree on use of stop smoking aids and ensure sufficient supply

- To guide adjustments to stop smoking aids, assess the client's current use and their experiences. This assessment should include:
  - their experience of withdrawal symptoms and urges to smoke
  - challenges they have experienced
  - side effects of their stop smoking aid
  - whether they have achieved their reduction goal
  - consideration of their new reduction goal

NRT and nicotine vapes

The aim is to ensure that clients using NRT and/or nicotine vapes receive an amount of nicotine from their product of choice which at least matches the amount of nicotine they would have received from the cigarettes they are attempting to cut out.

Careful monitoring of withdrawal symptoms, urges to smoke and any difficulties meeting reduction goals should guide dosing decisions. The key principle is ensuring adequate nicotine replacement to maintain comfort and support progression through the CDTS programme, with adjustments made as required.

Client assessment will guide if and how soon the NRT patch is introduced into NRT and nicotine vape treatment plans, or whether an additional stop smoking aid is required. Clients who decide to reduce by 10 cigarettes or more benefit from using combination NRT.

> *"Last week you cut down from 20 cigarettes a day to 15 cigarettes a day. Instead of smoking, you used 4 mg NRT lozenges. You explained that some of the urges to smoke were troublesome and you've felt irritable at times.*
>
> *Next week, you plan to cut down to 10 cigarettes a day. I recommend that you use the NRT patch and 4 mg lozenges to help you cut down to 10 cigarettes a day".*

- Check with the client again that they know how to use their NRT/nicotine vape correctly. Ensure that they have sufficient supply and reassure them that, as they continue to make further reductions, they will be able to continue to increase the amount of nicotine they get from their NRT and/or nicotine vape to ensure their comfort.

Clients who reach a point where they feel unable to make further reduction goals may also need to have the amount of nicotine they receive from their NRT and/or nicotine vape increased further. NRT products such as patches, or varenicline, can be used alongside nicotine vapes at any stage where additional support is needed.

Varenicline

Clients who are using varenicline should follow the prescribing guidelines.

Highly dependent clients who have difficulty reaching their reduction goals or stopping completely – often it is the last five to 10 cigarettes that are problematic – can benefit from the addition of NRT or a nicotine vape. The addition of a second stop smoking aid can often assist these clients with achieving full cessation.

5 Discuss strategies (problem solving) for managing potential high-risk situations / triggers in the coming week

- Ask the client whether they anticipate any times in the week ahead when sticking to their plan might prove tricky.

> *"It helps to plan ahead. Are there any times during the coming week when you think you might struggle to stick to your CDTS plan?"*

Allowing time for discussing the management of high-risk situations and triggers in the coming week is one of the most important things we can do in our meetings with clients, as it is key to boosting motivation.

We can help clients to prioritise what is important for them. We can also help clients to see that they are in control of their feelings and behaviours, which govern the decisions they make. For more information on managing high-risk situations, see **page 45 (Session 2: Reduction date)**.

6 Prompt the client's commitment to the reduction plan

- Prompt a commitment from the client to remain committed to the programme, or to their quit date if this has been set during the session.

It is important that the client hears themselves commit to gradually reducing their smoking. This contributes to building rapport and leaves no room for misunderstanding as to what the aim of the programme is.

Clients who have set their next reduction goal

- Invite the client to tell you what their plan is for the coming week.

> *"Do you think you could say, in your own words, what your plan is for this week – to stop smoking completely, not even a puff – from your quit date onwards?"*

If a client needs help with this, you can prompt them to say:

- which stop smoking aid they will be using
- how they will use it
- how much they will use
- what strategies they will employ to manage withdrawal symptoms
- what strategies they will employ to manage high-risk situations

▶ Congratulate the client for their commitment to the programme. Remind them that it is a tried and tested way of successfully stopping when combined with stop smoking aids and behavioural support.

7 Provide a summary and schedule next appointment

▶ Provide the client with a summary of the meeting:

- Confirm their CDTS plan (or quit date if the client is ready)
- Confirm their choice of stop smoking aid and clarify how this will be accessed
- Describe what they plan to do to deal with triggers to smoke
- Describe their plan for responding to withdrawal symptoms
- Remind them to get additional support from family, friends, neighbours, colleagues and relevant health care professionals



The client's CDTS Smoking Plan can be referred to as a visual reminder.

"Do you have any questions about continuing with cutting down your smoking or using the stop smoking aids?"

- Thank the client for coming along, provide reassurance and instil hope. Congratulate them for continuing to reduce their smoking and your belief in their ability to do this.
- Schedule the next meeting, taking into account the client's preferences. Check the client's contact details and clarify how they can get in touch with you or the service prior to the next meeting.
- Reinforce the importance of the support programme and let the client know that it is important that they come to all appointments, regardless of whether they are struggling or doing well.
- Communicate that you will be there to support them every step of the way. Let them know that you understand that there may be difficult times over the next week and to take it one day at a time. Ask them to get in contact with you if they are struggling or have any questions, providing a range of contact methods (phone, email and text) if possible.

"Thank you for coming back to see me today. I'm so pleased with the progress you have made cutting down your smoking whilst at the same time replacing those cigarettes with [client's stop smoking aid].

If you need to get in touch with me or the team during the week, you can contact us at [service email address] or by calling [service phone number]. I'm looking forward to seeing you again next week."

Phase: Stopping with a stop smoking aid

Session 7: Quit date

Allow at least 30 minutes

Checklist		Done
1	Confirm readiness to stop smoking completely	
2	Confirm the client has sufficient supply of their stop smoking aid and revisit correct use (dose and technique)	
3	Measure exhaled carbon monoxide (CO) and provide personalised feedback	
4	Discuss withdrawal symptoms and urges to smoke, and how to manage them	
5	Address any potential high-risk situations in the coming week, including strategies for managing triggers / problem solving	
6	Prompt the client's commitment to not having a puff on a cigarette	
7	Provide a summary and schedule next appointment	

Communication skills used throughout this session

- build rapport
- boost motivation and self-efficacy
- use reflective listening
- provide reassurance

The quit date session should take place on the client's first smokefree day or as near as possible to this. Some clients will have their last cigarette the evening before their quit date or just prior to attending this session.

1 Confirm readiness to stop smoking completely

- Welcome the client back and be genuinely excited for them that their quit date has arrived and that they are about to stop smoking for good.
- If the client has had their last cigarette, ask them to discard any remaining cigarettes whilst with you or agree to when they will do so. Ask the client to go through any hiding places they might have had for cigarettes (e.g. coat pockets, handbags, drawers) to make sure there are no cigarettes available to use during vulnerable moments. Stress how important it is to make sure all their supplies have been removed, so that if / when they are tempted to smoke, cigarettes will not be easily accessible.

> *"Before we talk about stopping today, is it okay if I ask how you're feeling about this step?"*

If the client sounds positive

- Congratulate them, as motivation is very important. Encourage the client to reflect on any benefits they have noticed since they started to cut down.

> *"Have you noticed any improvements in your life since you started to cut down your smoking?"*

If they struggle with this, you might need to prompt them by asking about their physical and mental health, their relationships and their financial situation.

If the client sounds nervous or ambivalent

- You can reassure them that it is completely understandable and very common for people to be nervous about stopping smoking.
- Inform them that by getting support from a trained practitioner such as yourself, and by using effective stop smoking aids, they are greatly improving their chance of success.

> *"Is there anything worrying you about stopping smoking completely?"*

- It can be helpful to revisit their reasons for wanting to stop smoking and to ask if they can identify any good things that will come from stopping smoking.

> *"What might be some of the good things that will happen when you stop smoking?"*

Some clients get nervous at the final stage of the CDTS programme. They might express concern about giving up the last few cigarettes and it is not unusual for these final cigarettes to take on a new level of importance. In these circumstances, it is necessary to listen carefully to clients' concerns, explore these in depth and take care not to dismiss them.

By acknowledging and validating clients' concerns they feel listened to, which can have a powerful impact.

At this time, remind clients that they will be able to adjust the use of their stop smoking aid. This can alleviate concerns for most, but a minority may still feel worried that they will not be able to manage.

> *"I can see that you are worried about cutting out the last cigarettes today. I know that cigarettes have been a feature of your life for a long time and you are struggling to imagine how you will cope. I get that – it's a big step – but you've been able to successfully cut down from X to Y cigarettes and now you are in a strong position to take the final step to quit today.*
>
> *Don't forget that we will be adjusting your stop smoking aid to compensate for the nicotine you won't be getting from smoking. Does that provide you with any reassurance?"*

Clients who have relapsed to their baseline number of cigarettes

A supportive, non-judgemental response is essential when responding to this situation. Praise the client for attending despite this setback, acknowledge their effort so far on the programme, normalise what's happened, and help them get back on track without shame or pressure.

> *"It's completely understandable to slip back into old patterns, especially when you are so close to your quit date. This doesn't wipe out the progress you've already made, it just means something got in the way this time. Let's look at what was happening for you and what made it hard to stick with the plan. We can adjust things so that you feel more prepared and supported going forward. You can absolutely get back on track, and I'm here to help you do that."*

Clients who continue to feel unable to take the final step and quit

Work with the client to agree a further small reduction. For example, if the client was smoking two cigarettes each day, ask if they would be able to consider a reduction to one cigarette per day, with a further increase in their stop smoking aid to offset this. **Develop a plan for cutting out each of the remaining cigarettes, as tackling one at a time may be less daunting**.

Some clients may get stuck on one cigarette a day and then feel unable to take the final step. The following can help clients stop smoking completely:

- **Taking advantage of a change in routine:** Support clients to identify one day in the coming week that may be different from their normal routine, where they may be able to manage without the single cigarette (e.g. not going to work, not seeing a certain friend who smokes). This can help them build confidence.
- **Cutting down further:** Suggest that previous clients have found it beneficial to try smoking just half a cigarette and then reducing further to just a few puffs.
- **Switching their routine or environment:** Some clients can eliminate the final cigarette by doing something new (e.g. going for a day out) or changing something about their location (e.g. redecorating their living room, going to a different bus stop).
- **Making strategic use of their stop smoking aid:** Discuss how use of their stop smoking aid can assist them when they are tempted to smoke.
- **Significant dates:** Many people find it motivating to begin their quit journey on a date that feels meaningful to them – for example, a birthday, an anniversary, or another personal milestone. Choosing a significant date can give the quit attempt extra focus and a sense of purpose.
- **Reaching out:** Encourage clients to seek support from friends or family, download a stop smoking app or call the Smokefree National Helpline (0300 123 1044) for additional support when they are tempted to smoke.

Stay calm and positive when clients get stuck, continue to be creative and **maintain the belief that everyone has the capacity to stop smoking**. Remain determined to help them with the endeavour, no matter how hard it is. Practitioners who are working with clients who get stuck can benefit from peer group support, clinical supervision and support from line managers.

Ensure you congratulate clients for the significant progress they have made and help them to see the benefits they have achieved so far. Stress the importance of maintaining this progress and allow clients the option to step off the CDTS programme if they need time to consolidate their position and get into the right frame of mind to stop completely. A short pause or break from the programme can take the pressure off and give some clients time to set themselves up for completing their plan. Being flexible and sensitive to the client's situation is important for supporting client success.

2 Confirm the client has sufficient supply of their stop smoking aid and revisit correct use (dose and technique)

- Spend time reflecting on the client's account of how they have adhered to their plan during the past week, with a focus on their use of stop smoking aids. Listen carefully for indications that the client has dealt well with challenges, triggers, problems and withdrawal symptoms.
- Praise and congratulate the client for their achievements, however small they might seem – this can help the client to see their progression.

NRT and nicotine vapes

"Since you have reached your quit date, you will now switch to the stop smoking aids and stop smoking cigarettes completely. The NRT patch will give you a steady dose of nicotine throughout the day and the [faster-acting NRT/nicotine vape] will be useful for topping up your nicotine levels at times when you might be tempted to smoke.

I'd like to check that you are using enough of your stop smoking aids and that you have sufficient supply to keep you going through the coming week. Can you tell me about how you are using the patch? We will then discuss your use of the [faster-acting NRT/nicotine vape]."

- Stress the importance of using the NRT and nicotine vapes in the correct way and for long enough to ensure withdrawal is well managed.

Some clients who use nicotine vapes have reported that having two vapes is helpful, as this can ensure that one is always fully charged and ready to use. It also provides a backup if one vape breaks or is mislaid.

"Some clients I've worked with have found that having two nicotine vapes was useful. It meant that they always had one charged and ready to use.

Is that something that might work well for you?"

Varenicline

- Check that clients using varenicline are taking the correct dose.
- Since side effects are at their peak in the first two weeks after starting varenicline, they should be minimal by this stage in the programme. Nevertheless, it is still worth checking if there are any ongoing issues and to provide support to manage these.

> *"I'd like to check in with you about the varenicline. How have you been getting on with it so far? Have you been troubled by any side effects or anything that feels different since you started taking it?"*

- Allow the client to describe their experience, and acknowledge and explore as needed.
- Consider whether the client needs support to access supplies and arrange this if required.

Combining varenicline with NRT and nicotine vapes

For clients who are unable to achieve their goal of quitting smoking, it may be appropriate to recommend adding an NRT product or nicotine vape alongside varenicline.

As varenicline is a **partial agonist**, it only occupies a portion of the available nicotinic receptors. Because of this, it is possible that the addition of nicotine in the form of NRT or a nicotine vape may provide enough to bind to the remaining free receptors and help the client achieve total abstinence.

Varenicline can be used alongside NRT or a nicotine vape for 12 weeks, and then a further 12 weeks if needed.

Varenicline use for up to 12 months has been shown to be important for preventing relapse, particularly among people within priority groups, such as people with co-addictions and people with severe mental illness. A medical prescriber is generally required to oversee use beyond 24 weeks. Once varenicline is discontinued, NRT / nicotine vape use can be continued as needed.

3 Measure exhaled carbon monoxide (CO) and provide personalised feedback

- Conduct the CO test as described in **Session 1: Initial assessment on page 24**.

After the test, take time to discuss the result. We should expect the result to show improvement if smoking has been reduced. Depending on when the client had their last cigarette, the result may be in the green zone (less than 10 ppm) on their quit date. It can be helpful to compare the CO check with results from previous weeks, as this can boost confidence and motivation.

- Advise the client that we will expect to see their CO test result firmly in the green zone (less than 10 ppm) next week and going forward.

> *"Well done for working hard to reduce the amount of the poisonous chemical carbon monoxide that is in your body. You have now reduced the level down to that of someone who doesn't smoke.*
>
> *How does it feel?"*

4 Discuss withdrawal symptoms and urges to smoke, and how to manage them

- Ask the client whether they have been experiencing any withdrawal symptoms or urges to smoke.

> *"Have you been experiencing any withdrawal symptoms or urges to smoke?"*

A helpful way of doing this part of the assessment is to show the client the common tobacco withdrawal symptoms chart (see **Appendix 3**) and ask them to indicate if they have experienced any of the withdrawal symptoms listed during the last week.

If they indicate that they have, you can ask how problematic they were on a scale of one to four. A more detailed examination of withdrawal symptoms can also include a discussion about their frequency and their management.

*"On a scale of zero (none at all) to four (severe), how severe is the **[withdrawal symptom]** you are experiencing? How often has it occurred?"*

*"On a scale of zero (none at all) to four (severe), how severe are the **urges to smoke** you are experiencing? How frequently are you having urges to smoke?"*

For any client reporting withdrawal symptoms that are a three or four in severity, treatment adjustment should be considered.

Be alert to any sign of changes in the frequency or intensity of withdrawal symptoms and draw the client's attention to any improvements noted when you compare previous reports to the current one.

- Ask the client about how they have dealt with withdrawal symptoms, taking time to hear about things they tried that worked well and things that did not work as well. Remind them that the best way to manage withdrawal symptoms and urges to smoke is by using their stop smoking aids and reassure them that they are short-lived. **Additional withdrawal management strategies can be found in Appendix 4**.

5 Address any potential high-risk situations in the coming week, including strategies for managing triggers / problem solving

- Ask the client if there are any times of day or situations in the coming week when they think that they might be at particular risk of smoking. Support the client to come up with a plan for reducing the risk of a lapse or relapse in these situations.

Keep in mind that solutions clients generate themselves are most likely to work, because clients are experts in their own lives. However, some people may be challenged either initially or throughout your work together to generate solutions and so you may need to assist some clients with developing a coping plan. To do this, you can introduce ideas that other clients in similar situations found helpful.

The table below shows some ways you might be able to support the client in this phase of the CDTS programme.

List	Ask the client to write down their triggers to smoke (people, places things they do, days / times, situations, moods) – these are times when they think it will be difficult to stay smokefree Work together to generate ideas for managing these high-risk situations
Alternative	Support the client to generate alternative solutions that will eliminate or reduce the risk of returning to smoking **Use the activity ideas tool (see pages 10 and 11 of the client CDTS Smoking Plan) to help with this**
Plan	Help the client with making an "if, then" or "when, then" plan and write it down For example: *"If my colleagues are going out to smoke then I will treat myself to a coffee instead"* *"When I am going out, I will use the bus stop on X road rather than my usual bus stop on Y road, so that I will avoid meeting my friend who always offers me a cigarette"*
Practice	Make use of visualisation and roleplay to build the client's confidence in dealing with challenging situations, such as assertively saying no when offered a cigarette
Pledge	Have the client commit to the plan and say it out loud
Evaluate	Revisit the client's plan, review how it is working or not working and adjust if necessary
Reinforce	Reinforce to the client the importance of them using their stop smoking aid in high-risk situations
Remind	Ask the client to remind themselves about their reasons for quitting and how these can be used during high-risk situations or when strong urges to smoke arise

Some clients may need support in facilitating solutions, such as signing up for activities, arranging for a family member to play a specific role, arranging transport and finding something they can do with their hands instead of smoking.

6 Prompt client's commitment to not having a puff on a cigarette

- Invite the client to tell you that they will commit to not having a cigarette – not even one puff – after today's quit date.

> *"Before we finish, I want to recognise the effort you've put into reaching your quit date – it's a huge achievement. To give yourself the best chance of staying smokefree, it's important to avoid even a single puff from today, as that can make it harder to keep going.*
>
> *How do you feel about committing to staying completely smokefree from today? I'm here to support you with whatever you need to make that happen."*

> *"Do you think you could say, in your own words, what your plan is for this week?"*

7 Provide a summary and schedule next appointment

- As you come to the end of the session, ask the client how they are feeling about stopping.

> *"How are you feeling about having stopped smoking?"*

- Provide the client with a summary of the meeting:
  - Stress the importance of continuing to use their stop smoking aid
  - Clarify how their stop smoking aid will be accessed and arrange assistance for using it, if required
  - Describe how they plan to deal with triggers to smoke
  - Describe their plan for responding to withdrawal symptoms
  - Remind them to get additional support from family, friends, neighbours, colleagues and relevant health care professionals

- Thank the client for coming along, provide reassurance and increase the client's confidence that they can quit successfully. Congratulate them for their progress so far and for reaching their quit date.
- Schedule the next meeting, taking into account the client's preferences. Check the client's contact details and clarify how they can get in touch with you or the service prior to the next meeting.
- Reinforce the importance of the support programme and let the client know that it is important that they come to all appointments, regardless of whether they are struggling or doing well.
- Communicate that you will be there to support them every step of the way. **Let them know you that you understand this first week may be difficult and to take it one day at a time**. Ask them to get in contact with you if they are struggling or have any questions, providing a range of contact methods (phone, email and text) if possible.

"Thank you for coming back to see me today. I'm so pleased that you have now stopped smoking. I think you have a very solid plan to remain smokefree.

Be easy on yourself. Stopping smoking can be stressful at times and you should try and relax as much as possible, eat well and get plenty of sleep. Also, do not be afraid to ask for support from the people around you – even if it is just asking them to be tolerant of you.

If you need to get in touch with me or the team during the week you can contact us at [service email address] or by calling [service phone number]. I'm looking forward to seeing you again next week."

Phase: Staying smokefree

Sessions 8 – 11: Post-quit date

Allow at least 30 minutes

Checklist		Done
1	Check on the client's progress	
2	Measure exhaled carbon monoxide (CO) and provide personalised feedback	
3	Confirm the client has sufficient supply of their stop smoking aid and revisit correct use (dose and technique)	
4	Discuss withdrawal symptoms and urges to smoke the client has experienced and how they dealt with them	
5	Discuss strategies for building, boosting and broadcasting non-smoking identity	
6	Address any potential high-risk situations in the coming week, including strategies for managing triggers/problem solving	
7	Confirm the importance of not having a puff on a cigarette and prompt client's commitment	
8	Provide a summary and schedule next appointment	

Communication skills used throughout this session

- build rapport
- boost motivation and self-efficacy
- use reflective listening
- provide reassurance

This session will cover strategies for avoiding smoking and it should aim to enhance motivation and boost self-confidence throughout.

1 Check on the client's progress

- Welcome the client back and be genuinely excited to find out how they have got on. Ask about their smoking status and discuss the response.

> *"How has the week been for you since we last met? Have you managed to stay smokefree since our last appointment?"*

To get an accurate response, it is often useful to clarify the client's answer by offering them the following options, or by asking them to confirm that they have not had even one puff on a cigarette:

- No, not even a puff
- Yes, just a few puffs
- Yes, between one and five cigarettes
- Yes, more than five cigarettes

If the client has remained abstinent

- **Congratulate and praise them**. Explain that most people who relapse go back to smoking in the first few days after their quit date and that managing not to smoke at all makes their chance of becoming permanently smokefree much higher.

If the client has experienced one or more lapses

- **Acknowledge the effort made, especially if they are highly dependent on tobacco**. However, also reinforce the rationale of complete abstinence and that having the occasional cigarette makes withdrawal worse and reduces the likelihood of quitting successfully.

It is normal for clients who have experienced lapses back to smoking to feel guilty, frustrated or even angry. Our role is to respond compassionately. Support these clients to keep their lapse(s) in perspective, and to look at all they have achieved, the learning they have gained and the progress they have made. **Having a lapse is best seen as a temporary setback**.

Support the client to get back quickly to what they now know works – **using their stop smoking aid and making changes to their usual routine** – to strengthen their chance of success.

- Advise the client that each cigarette can make it harder for your body to adjust, so returning to being smokefree as soon as possible gives you the best chance moving forward.

"Look, you've generally done really well and you should be proud of yourself. Lapses happen to many people, what matters most is what you choose to do next.

I'd love to hear more about how the week went and we can then come up with some things that might help when you feel tempted to smoke."

2 Measure exhaled carbon monoxide (CO) and provide personalised feedback

- Explain to the client that purpose of the CO check is to show them objective proof of change in the amount of this poisonous chemical in their body now that they have stopped smoking.
- Conduct the CO test as described in **Session 1: Initial assessment on page 24**.

After the test, take time to discuss the result. If the client has successfully stopped smoking, the result will be in the green zone (less than 10 ppm). It can be helpful to compare the CO check with results from previous weeks, as this can boost confidence and motivation.

If the reading is below 10 ppm

Congratulate the client and reiterate the health benefits they are achieving by not smoking.

"Well done for working hard to reduce the amount of the poisonous chemical carbon monoxide that is in your body. You have now got the level down to that of someone who doesn't smoke. How does it feel?"

If the reading is 10 ppm or above

- Remind the client of the need to not have even a single puff on a cigarette if they want to see improvements to their health.

"Your carbon monoxide level is higher than what we would expect from someone who doesn't smoke. From this point onwards, it's really important to avoid even one puff on a cigarette so that your body can start to recover.

Next time you see me, hopefully we will see a nice, low reading and we will know that your health is reaping the benefits of your quit."

If the reading is 10 ppm or above and the client reports having stopped smoking

If the client reports that they have stopped smoking, but they record a high CO level, this needs to be discussed sensitively.

- Remind the client of the expected CO level; it can be helpful to refer to the CO chart (see **Appendix 5**), as this is less confrontational and you can indicate where we would expect their level to be.

> *"You said you haven't smoked this week and I've no reason not to believe you – it's your quit attempt, after all – but something has raised your carbon monoxide level…*
>
> *Other than smoking, there are a number of other possible reasons for a high reading. You may have been exposed to carbon monoxide fumes from a faulty gas boiler, car exhaust or from paint stripper. It is important to check these things out, as exposure to carbon monoxide is dangerous. It could also be because you are lactose intolerant – most people know if they are – and the high reading is a consequence of you consuming dairy products, which can produce gases in your breath.*
>
> *It might be that my CO monitor is faulty. I'll make sure it's serviced before we meet next week and we can check your level again then."*

Clients can be advised to call the free Health and Safety Executive gas safety advice line on 0800 300 363.

It is usually best not to challenge the client and to instead sound hopeful for a low reading next week.

- Let the client know that you will make sure the monitor is checked/serviced before the next meeting. When the client leaves, check if the CO monitor is working correctly by doing a CO check on yourself.

3 Confirm the client has sufficient supply of their stop smoking aid and revisit correct use (dose and technique)

- Spend time reflecting on the client's feedback of how they have used their stop smoking aids during the last week.

NRT and nicotine vapes

- Clarify the dose of the NRT / nicotine strength of the vape the client is using.
- Check how they are using their NRT / nicotine vape.
- Stress the importance of using their NRT / nicotine vape correctly, at the right dose and in the right way to get maximum support.

> *"Since you have successfully stopped smoking, you are now using your stop smoking aids to top up your nicotine level to help with urges to smoke and nicotine withdrawal. The NRT patch provides a steady dose of nicotine every day and the nicotine vape / faster-acting NRT tops up the nicotine level at times when you might be tempted to smoke.*
>
> *I'd like to check that you are using enough of both of these aids and that you have sufficient supplies to keep you going through the coming week. Can you tell me how frequently you are using your [faster-acting NRT / nicotine vape] and how you are using the NRT patch?"*
>
> *It's important to use your [faster-acting NRT / nicotine vape] throughout the day – we like to say to use it 'on the hour, every hour'. In addition, it can be used when you have urges to smoke. If you find you are using a lot of your faster-acting product, we can increase the dose of the patch or add another stop smoking aid."*

- Praise and congratulate clients who report using their stop smoking aids well.
- Although the client will have been using their stop smoking aids for some weeks at this point, it is still important to check for any issues or side effects experienced.

> *"Have you had any difficulties with your stop smoking aids, or experienced any side effects? Tell me about how you use them and I'll see if I can help with the side effects you are having."*

Some clients who use nicotine vapes have reported that having two vapes is helpful, as this can ensure that one is always fully charged and ready to use. It also provides a backup if one vape breaks or is mislaid.

> *"Some clients I've worked with have found that having two nicotine vapes was useful. It meant that they always had one charged and ready to use.*
>
> *Is that something that might work well for you?"*

- **Check that the client has a sufficient supply of their NRT and/or nicotine vape and remember to consider when additional supplies might be needed, such as at a bank holiday weekends or during holiday periods**.

Clients receiving a high dose of nicotine from NRT and/or a nicotine vape benefit from gradually reducing the dose over time and gradually tapering it off, rather than stopping use abruptly. Advise clients that long-term use (up to one year) of stop smoking aids is recommended to prevent relapse for people who feel this will prevent a return to smoking.

It is important that clients don't begin reducing their use of stop smoking aids until they feel confident that their risk of relapse is low. If they start to taper and notice cravings or urges increasing, or feel their risk of relapse rising, they should return to the previous dose. The aim is to keep them well-supported for as long as they need, rather than reducing too early.

Varenicline

- Check that clients using varenicline are taking the correct dose.
- Ask about any side effects and how they are managing to minimise these.
- Consider whether the client needs support to access supplies and arrange this if required.
- Inform clients taking varenicline that it is licensed for 12 weeks, with the option to extend treatment for a further 12 weeks if required.

"Many people who use stop smoking aids to help them quit don't use them for long enough as they think that, if things are going well after a few weeks of not smoking, there isn't any need for them.

This is risky. If things are going well, it's most likely because the stop smoking aid is helping! Don't be tempted to reduce or stop your stop smoking aid too soon."

4 Discuss withdrawal symptoms and urges to smoke the client has experienced and how they dealt with them

- Ask the client whether they have been experiencing any withdrawal symptoms or urges to smoke.

"Have you been experiencing any withdrawal symptoms or urges to smoke?

A helpful way of doing this part of the assessment is to show the client the common tobacco withdrawal symptoms chart (see **Appendix 3**) and ask them to indicate if they have experienced any of the withdrawal symptoms listed during the last week.

If they indicate that they have, you can ask how problematic they were (mild, moderate or severe). A more detailed examination of withdrawal symptoms can also include a discussion about their frequency and their management.

*"On a scale of zero (none at all) to three (severe), how severe is the **[withdrawal symptom]** you are experiencing? How often has it occurred?"*

*"On a scale of zero (none at all) to three (severe), how severe are the **urges to smoke** you are experiencing? How frequently are you having urges to smoke?"*

Be alert to any sign of changes in the frequency or intensity of withdrawal symptoms and draw the client's attention to any improvements noted when you compare previous reports to the current one.

- Ask the client about how they have dealt with withdrawal symptoms, taking time to hear about things they tried that worked well and things that did not work as well. Remind them that the best way to manage withdrawal symptoms and urges to smoke is by using their stop smoking aids and reassure them that they are short-lived. **Additional withdrawal management strategies can be found in Appendix 4**.

> *"When you first stop smoking, withdrawal symptoms can feel overwhelming, especially if they take you by surprise. In the first few days and weeks, these symptoms can be very strong and can occur a lot, but they do pass and can be controlled.*
>
> *If you do not smoke after today, over the next few weeks they will get less strong and less frequent and you will get better at dealing with them by using your stop smoking aids.*
>
> *You don't need to try every strategy, even one or two that feel manageable is enough."*

5 Discuss strategies for building, boosting and broadcasting non-smoking identity

- Explain to the client that our identity is composed of **labels** (how we define ourselves), **attributes** (the characteristics arising from labels) and **rules** (the behaviours we permit ourselves).

Many people notice that stopping smoking involves adjusting routines, habits and how they think about themselves as someone who no longer smokes.

It is through these elements (labels, attributes and rules) that our identity directs our behaviour and generates motives that may override an impulse to smoke.

> *"Now that you have stopped smoking, I'd like us to talk about your new non-smoking identity. Putting smoking behind you for good will take time and effort. An important part of adjusting to life without cigarettes is learning to see yourself as someone who used to smoke, or someone who no longer smokes, and finding new ways of living without cigarettes. This is something we can work on over the coming weeks."*

Social factors are important for the uptake of smoking, and they also contribute to the continuation or cessation of tobacco use.

> *"We know that increasing the time you spend in places where smoking isn't permitted can make it easier for you when you are stopping smoking. Can you think of any changes to your usual routine that might help with reducing the time you are in places where you can smoke?*
>
> *One sure way of helping you shake off your smoking identity is to start spending more time with people who don't smoke. Is this something that you might be able to do to give yourself the best chance of success?"*



If clients are struggling to think of ways to reduce their contact with people who smoke and reduce the time they spend in places where smoking is permitted, go through the **activities and interests list in the client's CDTS Smoking Plan (pages 10 and 11)** and signpost to local events, community groups, or volunteering opportunities that have helped other clients to find new ways of fostering a non-smoking identity.

People who successfully quit:

- have fewer social contacts who smoke
- live in places with a smoking ban
- face social pressure to stop
- have a partner who objects to smoking

People who struggle to quit:

- see themselves as a person who smokes socially
- have people who smoke in their social network
- see themselves as a person who is 'trying to quit' rather than a person who 'has quit'
- spend time with people who smoke

> *"Studies have shown that being around people who smoke, particularly in the early stages of a quit attempt when a person's no-smoking rules are not yet firmly embedded, can increase the risk of relapse. How will you manage being around other people who smoke?"*

It is important to recognise that, although we understand the factors that can support or challenge a quit attempt, none of these are essential for success. For example, a client can still quit successfully even if they live with a partner who smokes.

Prompting commitment to the mutually agreed goal is another key behavioural change technique that it is closely linked to establishing and building a non-smoking identity.

> *"Studies have also shown that building a non-smoking identity requires people to set new rules for themselves that galvanise their commitment to not having a single puff on a cigarette. These rules must be robust. For example, it's not enough to say 'I'll try not to smoke when I'm at the birthday party this weekend' – this is unlikely to prevent a lapse, because it allows some wriggle room.*
>
> *People who are most likely to achieve long-term success set new rules that define* ***no smoking at all under any circumstances****. How do you feel about this?"*

- Allow time in your sessions for the client to imagine not smoking in various scenarios. You can ask them to explore their new identity with you, so that they can begin to see themselves in a new light.

> *"How does it feel when you tell people that you have stopped smoking?"*

> *"What does it mean to you to have stopped smoking?"*

Broadcasting non-smoking identity anchors the client's new rule within their social network – their family, friends and peer group. People can be easily pulled back to smoking by others, so the trick is to anticipate that others will offer cigarettes and intervene early to prevent this.

> *"Do you remember when I told you that it's best not to wait for withdrawal symptoms to emerge and then try to manage them, but to always anticipate and get ahead of them?*
>
> *Well, it's the same with people offering cigarettes. We know it will happen, so it's best to get in first:* ***announce your new non-smoking identity*** *before you are put under pressure.*
>
> *Can you say it out loud, using your own words? How does it feel?"*

- Help the client, using their own words, to start saying out loud that they have stopped smoking. Hearing these words and letting them sink in evokes new feelings to explore.

The more times clients say that they have stopped smoking for good, the more they will believe it.

6 Address any potential high-risk situations in the coming week, including strategies for managing triggers / problem solving

- Ask the client if there are any times in the coming week when they think that they might be at particular risk of smoking. **Support the client to come up with a plan for reducing the risk of a lapse or relapse in these situations**.

Some clients find that unhelpful beliefs can get in the way of successfully stopping smoking. In this phase of the treatment programme, we can help clients identify, examine and reframe any unhelpful thoughts that are problematic.

For example, a client who reports that they smoked a few cigarettes when they went to the pub last Friday can be supported to identify how they feel about that now, and how they can reframe their thoughts so that it paves the way for starting the new week with an ambition to succeed again.

Client's thoughts about smoking	Client's reframed thoughts about smoking
"I'm an idiot, I've blown it! All that hard work is down the drain. I have no willpower and I'll never be able to stop smoking. I should have known better than to go to the pub, I'd worked so hard and now it's all for nothing."	*"I'm not an idiot. I made a mistake and it's not the end of the world. I'm pleased that I haven't continued to smoke since Friday. It would have been better if I'd avoided the pub, but I can't change that now. I can start again today."*

Encourage clients to regularly examine their thoughts about smoking. Some people find this easier if they write them down because, when they see them in black and white, it can help them to see how flawed or unhelpful they are.

After identifying thoughts about smoking, the next step is to decide whether to **dismiss, reframe or change** them. Some clients can find it helpful to have a trusted partner to help with this in the early stages of stopping smoking.

Refer to **page 66 (Sessions 3–6: Follow-up)** for more information on managing triggers and problem solving.

7 Confirm the importance of not having a puff on a cigarette and prompt client's commitment

- Invite the client to say, in their own words, what their aim is for the coming week.

> *"We're coming towards the end of our meeting today but there is one more important thing to do. Just like last week, do you think you could say, in your own words, what your plan is for this week?"*

8 Provide a summary and schedule next appointment

- Provide the client with a summary of the meeting:
  - Stress the importance of continuing to use their stop smoking aid
  - Clarify how their stop smoking aid will be accessed and arrange assistance for using it, if required
  - Describe how they plan to deal with triggers to smoke
  - Describe their plan for responding to withdrawal symptoms
  - Encourage them to broadcast their new non-smoking identity and to get additional support from family, friends, neighbours and colleagues.

> *"Do you have any questions about getting through the next week without smoking? How are you feeling?"*

- Thank the client for coming along, provide reassurance and instil hope. Congratulate them for their progress so far and your belief in their ability to remain smokefree.
- Schedule the next meeting, taking into account the client's preferences. Check the client's contact details and clarify how they can get in touch with you or the service prior to the next meeting.
- Reinforce the importance of the support programme and let the client know that it is important that they come to all appointments, regardless of whether they are struggling or doing well.

- Communicate that you will be there to support them every step of the way. **Let them know you that you understand these early days and weeks after stopping may be difficult and to take it one day at a time**. Ask them to get in contact with you if they are struggling or have any questions, providing a range of contact methods (phone, email and text) if possible.

> *"Thank you for coming back to see me today. I'm so pleased that you have now stopped smoking. I think you have a very solid plan to remain smokefree.*
>
> *Be easy on yourself. Stopping smoking can be challenging at times and you should try to relax as much as possible, eat well and get plenty of sleep. Also, do not be afraid to ask for support from the people around you – even if it is just asking them to be tolerant of you.*
>
> *If you need to get in touch with me or the team during the week you can contact us at [service email address] or by calling [service phone number]. I'm looking forward to seeing you again next week."*

Phase: Staying smokefree

Session 12: Final session

Allow at least 30 minutes

Checklist		Done
1	Check on the client's progress	
2	Measure exhaled carbon monoxide (CO) and provide personalised feedback	
3	Advise on continued use of stop smoking aids and ensure the client knows how to obtain further supplies	
4	Discuss withdrawal symptoms and urges to smoke the client has experienced and how they can deal with them in the future	
5	Discuss any difficult situations experienced, including ways of coping and address any future potential high-risk situations	
6	Confirm the importance of not having a puff on a cigarette and prompt client's commitment	
7	Provide a summary	

Communication skills used throughout this session

- build rapport
- boost motivation and self-efficacy
- use reflective listening
- provide reassurance

The final session is an opportunity to reinforce confidence, reflect on progress and help the client feel supported as they move forward independently.

The focus is on collaboration, reassurance and strengthening the client's belief that they can continue being smokefree, even if future challenges arise.

1 Check on the client's progress

- Welcome the client back and be genuinely excited to find out how they have got on. Ask about their smoking status and discuss the response.

> *"How are you getting on, have you managed to stay smokefree since our last appointment?"*

> *"How are you feeling after X weeks without smoking?"*

If the client has maintained abstinence since their quit date

- Congratulate the client and give them praise. Reinforce the ongoing need for not having a single puff on a cigarette.
- Listen actively to what the client is telling you and respond appropriately in a manner that boosts their motivation and confidence.

If the client has not managed to stop smoking

- Acknowledge that whilst this quit attempt may not have worked for them, it is normal for it to take several attempts before quitting for good.
- Assess whether they are ready to recommence their quit attempt again now.
- Encourage them to think about what didn't work this time to build their motivation for another try in the future.
- Remind them about the full range of approved treatment options and the possibility to explore other options next time.
- Ask them to contact the service again when they are ready.

2 Measure exhaled carbon monoxide (CO) and provide personalised feedback

- Remind the client that CO checks are carried out to show objective proof of improved health after they have stopped smoking completely.
- Conduct the CO test as described in **Session 1: Initial assessment on page 24**.

If the reading is below 10 ppm

- Congratulate the client and reiterate the health benefits they have achieved.

> *"Congratulations, your carbon monoxide level is down to that of a person who does not smoke and will remain that way if you stick to not having a single puff on a cigarette. You should be so proud of yourself!*
>
> *It's not just your lungs that will benefit – your general health will continue to improve as long as you remain smokefree."*

If the reading is 10 ppm or above

- Remind the client to not have even a single puff on a cigarette if they want their health to improve and explore why their CO test result may be higher than expected.

However, if the client claims that they have not smoked at all there can be other reasons for heightened readings that the client should be informed about. See **page 83 (Sessions 8 – 11: Post-quit date)** for additional guidance.

> *"Your carbon monoxide level is higher than we would expect from someone who doesn't smoke. It is important that you don't have even one puff on a cigarette from now onwards in order to see improvements in your health."*

3 Advise about continued use of stop smoking aids and ensure the client knows how to obtain further supplies

- Review the client's continued use of stop smoking aids:
  - Stress the importance of not cutting down or stopping use of their stop smoking aid too soon
  - Reassure the client that nicotine is not responsible for most of the harmful effects of smoking and that extended use of NRT is safe
  - Enquire about any side effects and support the client with guidance on the correct use of stop smoking aids if needed
  - Ensure the client has an adequate supply and a plan for continued supply now that they are not receiving weekly support

> *"Many people who use stop smoking aids to help them quit smoking don't use them for long enough as they think that, if things are going well after a few weeks of not smoking, there isn't any need for them.*
>
> *This is risky. If things are going well, it's most likely because the stop smoking aid is helping! Don't be tempted to reduce or stop your stop smoking aid use too soon"*

> *"Using NRT for extended periods is safe and some people continue using it for many months or even years. This is fine if it helps them stay smokefree.*
>
> *Using vapes containing nicotine is far less harmful than smoking, but the long-term effects of inhaling vapour are still being studied."*

4 Discuss withdrawal symptoms and urges to smoke the client has experienced and how to deal with them in the future

- Ask the client whether they have been experiencing any withdrawal symptoms or urges to smoke (see **Appendix 3**). Explain that although many withdrawal symptoms have likely disappeared by this point, some may last longer.

> *"At this stage of the programme, most clients report that their withdrawal symptoms have mostly disappeared.*
>
> *However, many say that an increased appetite and urges to smoke – although less frequent – are still there. How have your withdrawal symptoms been?"*

- Remind the client that continued abstinence (not even a single puff on a cigarette) will result in the withdrawal symptoms disappearing completely and more quickly.

> *"The longer you remain smokefree, the more your withdrawal symptoms will subside. Are things getting any easier for you?"*

- Advise the client that strong urges to smoke may occur well into the future and that they should expect to experience them occasionally. Advise that having a simple plan will help them feel prepared rather than caught off guard.

> *"You might have noticed that, although the urges to smoke can remain quite strong, they do become less frequent the longer you go without smoking at all.*
>
> *You've managed to deal successfully with the urges to smoke so far and these strategies can be used again in the future when the urge to smoke strikes."*

5 Discuss any difficult situations experienced, including ways of coping and address any potential high-risk situations in the future

- Ask the client whether there have been any times since you last met that have caused them to feel at risk of going back to smoking. Review with the client how they dealt with these situations and discuss whether new or modified methods of coping are required.

> *"It sounds like you've managed to cope with a lot since we last met, well done!*
>
> *There are several situations which are high-risk for people who have stopped smoking which you might not have encountered yet. Would it be OK if we look at these together now?"*

- Discuss these potential high-risk situations, such as:
  - Being in the company of others who are smoking
  - Drinking alcohol
  - After arguing with partners or family
  - When stressed, such as dealing with extra pressure at work, financial pressures, health concerns
  - Celebrations or special occasions, such as birthdays and weddings
  - Bereavement
  - When on holiday, especially in countries where smoking is more common and cigarettes are cheaper
- Respond appropriately with reflective listening. Emphasise the strategies that have worked well for the client and encourage them to feel confident in approaching the future.
- Explore how the client is feeling about their smokefree future.

> *"Do you have any concerns about continuing to remain smokefree?"*
>
> *"Do you feel any different now that you are not smoking?"*
>
> *"Do you see yourself any differently?"*

- Respond appropriately, reflecting back issues that the client mentions, and taking every opportunity to instil hope and provide reassurance that they now have the knowledge and skills to remain smokefree.

- Reinforce the importance of continued use of stop smoking aids and of reminding themselves about their reasons for quitting, and how these can be used during high-risk situations or when strong urges strike.

> *"You might like to consider always keeping a small supply of faster-acting NRT (such as the gum, lozenge, microtab or inhalator) with you and commit to using it if you ever feel likely to have a cigarette. How do you feel about that?"*

or

> *"Don't give up your nicotine vape too early. You might like to reduce the nicotine strength you use in your vape. However, continue to use it for as long as it takes to prevent you going back to smoking, and don't be afraid to increase the strength again if life gets hectic and you feel tempted to smoke."*

or

> *"You might like to consider writing down the reasons why you wanted to stop smoking in the first place. You can keep them with you at all times and commit to reading them if you ever feel likely to have a cigarette. How do you feel about that?"*

or

> *"You might consider saving the free National Smokefree Helpline number (**0300 123 1044**) in your contacts and committing to calling it if you ever feel likely to have a cigarette. How do you feel about that?"*

and

> *"Consider getting support from family and friends. They're likely to be with you during moments when you are at high risk of relapse, such as when you're on holiday or attending family events. Is that something that might work for you?*

- Respond appropriately and discuss long-term plans.

6 Confirm the importance of not having a puff on a cigarette and prompt client's commitment

One thing that really helps people stay smokefree is building a strong non-smoking identity. This means the client seeing themselves as a person who doesn't smoke, or as a person who used to smoke and doesn't any more, rather than someone who is 'trying to quit'.

"It can help to set simple rules that support non-smoking identity. Rules that people use include:

- *'I don't smoke, not even one puff'*
- *'If I get an urge to smoke, I use my stop smoking aid straight away'*
- *'I keep cigarettes and lighters out of my home environment'*

What kind of rules do you think would work best for you to reinforce your non-smoking identity?"

- Reinforce not having a puff on a cigarette and stress that having even a single cigarette will only act to remind the client's mind and body about smoking. Invite the client to say, in their own words, what their aim is going forward.

"Just like every other week, do you think you could say that your aim is to not smoke at all and to not have even have one puff on a cigarette?"

In fact, why don't you make a promise to yourself that, no matter how tempted you are to smoke in the future, you'll use some NRT/revisit your reasons for quitting/contact the National Smokefree Helpline first?"

7 Provide a summary

- Ask the client how they feel about remaining smokefree beyond the final session.

> *"Do you have any concerns about remaining smokefree into the future?"*

- Respond appropriately and summarise the client's plans, including:
  - Confirming how they are going to continue to use their stop smoking aids, where required, and that they know how to get further supplies
  - Describing how they plan to deal with any urges to smoke
  - Describing what they are going to do in high-risk situations to prevent relapse back to smoking
- Remind the client of the importance of not having a single puff on a cigarette and reassure them that not smoking will continue to get easier over time. Reinforce that you believe in them and fully expect them to succeed.

> *"Often when people have stopped smoking for several months there is the expectation that they should be completely free from the desire to smoke. Although this is sometimes the case, many people still find there are times where they miss smoking or find themselves in a situation where they are tempted to smoke because they truly believe that smoking will help them to cope or feel better.*
>
> *This is understandable when you think about how long people many have been smoking for, but having a cigarette at these times nearly always results in a return to smoking and huge disappointment.*
>
> *It's worth remembering how hard it was to stop if you are ever tempted to have 'just one smoke'. You don't want to go through this again, and now is the time to look forward to being smokefree for the rest of your life."*

- Close the session by congratulating the client for their achievement and letting them know that the service will be there for them should they need support in the future.

"You've done incredibly well, and I want to congratulate you on everything you've achieved. Staying smokefree takes commitment, and you've shown real determination throughout this process.

Going forward, the focus is on maintaining your success. You've built strong habits and a clear non-smoking identity, and there's every reason to feel confident about staying smokefree long-term. Most people who reach this point continue to do really well.

Remember the strategies that have worked for you – your goals, your rules about not smoking and the ways you've managed urges to smoke. Keeping those in place will help protect your progress.

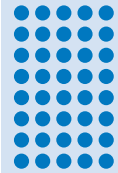
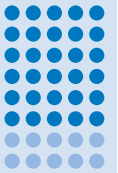
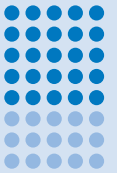
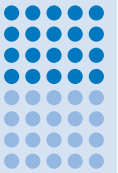
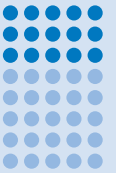
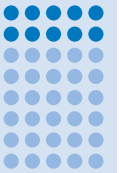
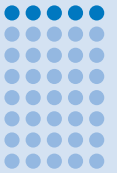
If at any point you feel things getting difficult, or if you just want a bit of extra support, you're always welcome to come back. You don't have to wait until you're struggling – we're here whenever you need us. Once again, well done. You've earned this success, and it's been great working with you."

Appendix 1:
Cut Down To Stop and stop smoking aids

This appendix includes images demonstrating how stop smoking aids can be used within a CDTS treatment programme. They should not be used as a template, as each client's needs are unique. **Clients should receive tailored support based on their response to stop smoking aids, their ability to meet reduction goals and how well withdrawal symptoms and urges to smoke are managed**.

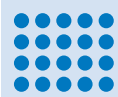
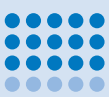
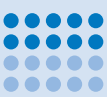
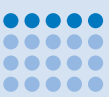
NRT reduction examples

NRT example 1: Client smokes 40 cigarettes per day

40 cigs/day	35 cigs/day	30 cigs/day	25 cigs/day	20 cigs/day	15 cigs/day	10 cigs/day	5 cigs/day	Smoke free
								
Some clients benefit from trying NRT before they start CDTS	Replace 5 4 mg lozenge	Replace 10 4 mg lozenge + 14/15 mg patch	Replace 15 4 mg lozenge + 21/25 mg patch	Replace 20 4 mg lozenge + 21/25 mg patch	Replace 25 4 mg lozenge + 21/25 mg patch	Replace 30 4 mg lozenge + 21/25 mg patch	Replace 35 4 mg lozenge + 21/25 mg patch	Replace 40 4 mg lozenge + 21/25 mg patch
	As cigarettes are reduced, adjust the frequency of using faster-acting NRT							
						Option to add second NRT patch		
						+	+	+
						7/10 mg patch	14/15 mg patch	21/25 mg patch

Guiding principle: Increase NRT if withdrawal symptoms or urges to smoke are problematic or reduction goals are not achieved. Clients who are more heavily dependent may benefit from using more than one nicotine patch to deliver a higher steady state blood nicotine level.

NRT example 2: client smokes 20 cigarettes per day

20 cigs/day	15 cigs/day	10 cigs/day	5 cigs/day	Smoke free
				
Some clients benefit from trying NRT before they start CDTS	Replace 5 NRT mouth spray	Replace 10 NRT mouth spray + 14/15 mg patch	Replace 15 NRT mouth spray + 21/25 mg patch	Replace 20 NRT mouth spray + 21/25 mg patch
	As cigarettes are reduced, adjust the frequency of using faster-acting NRT			

Guiding principle: Increase NRT if withdrawal symptoms or urges to smoke are problematic or reduction goals are not achieved.

Nicotine vape dosing guidance

When the client is ready to make their **first reduction**, the starting strength of the nicotine vape can be assessed based on their baseline Heaviness of Smoking Index (HSI) score **and** the of the number of cigarettes they aim to reduce by (i.e. their reduction goal). The client can use their nicotine vape at a frequency that helps them to manage withdrawal symptoms and urges to smoke, to support them with achieving their CDTS reduction goal.

As the client reduces the number of cigarettes they smoke, they may need to increase the amount of nicotine replacement they receive. This can be done in one of three ways: by **increasing the nicotine vape strength**, by **increasing the frequency of vape use**, or by **adding an NRT patch**. Some more heavily dependent clients may require more than one vape refill per 24 hours to address urges to smoke. There is also the option to combine the nicotine vape with varenicline at any time in the reduction programme, if needed.

The table below provides guidance on selecting an appropriate nicotine vape dose, including when NRT patch use might be initiated. **Regular review, to monitor for withdrawal symptoms and side effects, to inform adjustment (up or down) according to the client's feedback, is essential**. Ongoing review plays a crucial role in helping clients stay on track with their plan and progress successfully toward stopping smoking.

Daily cigarette reduction goal	Low HSI (0 – 3)	Moderate to high HSI (4 – 6)
	Nicotine vape strength per 24 hours	
5 or less	10 or 12 mg / ml	10 – 20 mg / ml
6 – 15	10 – 20 mg / ml	1 – 2 x 20 mg / ml **OR** 1 x 20 mg / ml + 14 mg NRT patch
21 – 30	1 – 2 x 20 mg / ml **OR** 1 x 20 mg / ml + 14 mg NRT patch	1 – 2 x 20 mg / ml **OR** 1 x 20 mg / ml + 21/25 mg NRT patch
31 – 39	1 – 2 x 20 mg / ml **OR** 1 x 20 mg / ml + 21/25 mg NRT patch	1 – 2 x 20 mg / ml **OR** 1 x 20 mg / ml + 21/25 mg NRT patch
40+	–	1 – 3 x 20 mg / ml **OR** 1 – 2 x 20 mg / ml + 1 – 2 x 21/25 mg NRT patch

HSI = Heaviness of Smoking Index

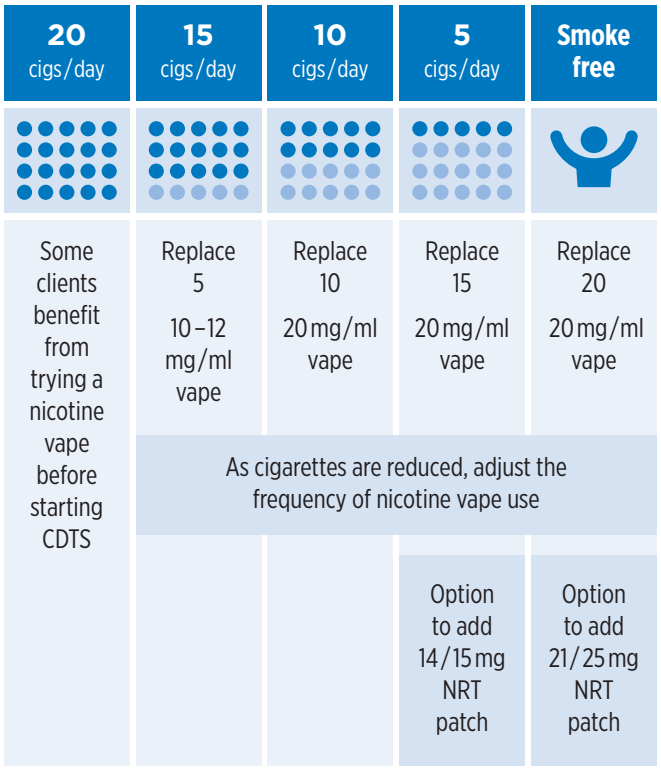
Nicotine vape reduction examples

Nicotine vape example 1: client smokes 40 cigarettes per day (HSI score: 6)

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cigs/day</th><th>35
cigs/day</th><th>30
cigs/day</th><th>25
cigs/day</th><th>20
cigs/day</th><th>15
cigs/day</th><th>10
cigs/day</th><th>5
cigs/day</th><th>Smoke free</th></tr>
<tr><td rowspan="3">Some clients benefit from trying a nicotine vape before starting CDTS</td><td>Replace 5
20 mg/ml vape</td><td>Replace 10
20 mg/ml vape</td><td>Replace 15
20 mg/ml vape</td><td>Replace 20
20 mg/ml vape</td><td>Replace 25
20 mg/ml vape</td><td>Replace 30
20 mg/ml vape</td><td>Replace 35
20 mg/ml vape</td><td>Replace 40
20 mg/ml vape</td></tr>
<tr><td colspan="8">As cigarettes are reduced, adjust the frequency of nicotine vape use</td></tr>
<tr><td colspan="2"></td><td>Add 14/15 mg NRT patch</td><td colspan="4">Add 21/25 mg NRT patch</td><td>Add 2 x 21/25 mg NRT patch</td></tr>
</table>

Guiding principle: Increase frequency of nicotine vape use if withdrawal symptoms or urges to smoke are problematic or reduction goals are not achieved.

Nicotine vape example 2: client smokes 20 cigarettes per day (HSI score: 4)



Guiding principle: Increase frequency of nicotine vape use if withdrawal symptoms or urges to smoke are problematic or reduction goals are not achieved.

Varenicline

Using varenicline alone

Medication dosing

- Days 1–3: **0.5 mg** (am)
- Days 4–7: **0.5 mg** (am & pm)
- Day 8 onwards: **1 mg** (am & pm)
- Then **1 mg** (am & pm) for 12 weeks
- **Extend** for another 12 weeks if needed

Treatment programme

Abrupt quit

- Set a quit date within 7–14 days of starting varenicline

CDTS

- Gradually reduce smoking
- Set a quit date when the client is ready, ideally by week 6

Using varenicline and NRT/a nicotine vape

Consider adding NRT or a nicotine vape when clients are unable to achieve reduction goals.

- Days 1–3: **0.5 mg** (am)
- Days 4–7: **0.5 mg** (am & pm)
- Day 8 onwards: **1 mg** (am & pm)
- Then **1 mg** (am & pm) for 12 weeks
- **Extend** for another 12 weeks if needed

- **Gradually reduce smoking**
- **Set a quit date when the client is ready, ideally by week 6**
- **Discontinue varenicline at week 24**
- **Continue NRT/nicotine vape use as needed**

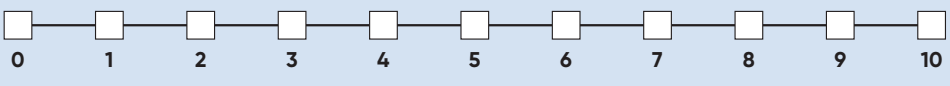
Appendix 2:
Fagerström

Adapted from the Fagerström Test of Nicotine / Cigarette Dependence, FTND / FTCD.

This set of questions will enable us to see how dependent you are on your cigarettes.
Circle one number for each answer.

1. How soon after you wake up do you smoke your first cigarette?	**3** Within 5 minutes **2** 6 – 30 minutes **1** 31 – 60 minutes **0** More than 60 minutes
2. Do you find it difficult not to smoke in a smokefree space?	**0** No **1** Yes
3. Which cigarette would you hate most to give up?	**1** The first of the morning **0** Other
4. How many cigarettes per day do you usually smoke? ☐ per day	**0** 10 or less **1** 11 to 20 **2** 21 to 30 **3** 31 or more
5. Do you smoke more frequently in the first hours after waking than during the rest of the day?	**0** No **1** Yes
6. Do you smoke if you are so ill that you are in bed most of the day?	**0** No **1** Yes

Scoring



Appendix 3:
Withdrawal symptom checker

Tobacco withdrawal symptoms and urges to smoke.
Adapted from Minnesota Tobacco Withdrawal Scale and the work of Mary Yates

Symptom		None = 0	Slight = 1	Mild = 2	Moderate = 3	Severe = 4	How often?*
	Urges to smoke						
	Increased appetite						
	Low mood						
	Restlessness						
	Difficulty concentrating						
	Irritability						
	Light-headed						
	Difficulty sleeping						
	Mouth ulcers						
	Constipation						

* A little of the time = 1 Some of the time = 2 A lot of the time = 3 All the time = 4

Appendix 4:
Withdrawal symptom strategies

Tobacco withdrawal symptoms and urges to smoke management strategies – a guide for practitioners

Symptom	Average duration	Prevalence	Mechanism	Client strategies
Urges to smoke	> 2 weeks	70%	Your brain has nicotine receptors. When you stop smoking, these nicotine receptors are deprived of nicotine and expect to be stimulated.	Each urge to smoke will only last a few minutes. Let it pass. Urges become less frequent and severe the longer it has been since you last had a cigarette. Use your faster-acting NRT product or nicotine vape to help with urges to smoke. Develop coping strategies to deal with urges. Do something that shifts your focus for a few minutes, such as: ■ Walk around the room or around the block outside ■ Text or call someone ■ Play a quick game ■ Wash your hands Even tiny distractions work because urges to smoke are short-lived.
Increased appetite	> 10 weeks	70%	The brain can confuse nicotine urges with hunger. When you stop smoking, tastebuds return to normal and food begins to taste better. Nicotine is also associated with increased metabolism (approx. 150 calories/day for regular smoking).	Choose healthy snacks, drink plenty of water and increase physical activity.
Low mood	< 4 weeks	60%	Changes to mood often occur when people stop smoking. Stopping smoking may unmask untreated depression.	If you have any concerns about your mood, such as feeling down, depressed or hopeless, seek help from a health care professional. You can call 111 for immediate support, see your GP, or go to an Accident and Emergency department. If necessary, your GP will arrange specialist support for you from mental health care services.

Symptom	Average duration	Prevalence	Mechanism	Client strategies
Restlessness	< 4 weeks	60%	Your brain's nicotine receptors are used to regular stimulation, so when you stop smoking, they're suddenly left without the nicotine they expect.	Take time to relax. Take deep, slow breaths, in through your nose and out through your mouth. Develop new routines for distraction. Reduce caffeine intake.
Poor concentration	< 2 weeks	60%	Nicotine is a stimulant. Your brain is getting used to staying alert without it .	Be patient with yourself. Take breaks throughout your day.
Irritability	< 4 weeks	50%	Nicotine acts like a fast-acting stimulant. When it disappears, the brain's nicotine receptors aren't getting the stimulation they're used to. That sudden drop can cause irritability, frustration and a short fuse.	Inform friends and family about your CDTS programme so that they are aware of potential changes to your mood in this early period. Try to take it easy. Take a walk. Use relaxation techniques or a suitable exercise routine. This could be as simple as throwing a tennis ball against a wall.
Light-headedness	< 48 hours	10%	Your body is getting more oxygen than prior to stopping.	Get up slowly from a seated or lying down position.
Tired / low energy	2 – 4 weeks	–	Nicotine is a stimulant. It keeps your body and brain alert.	Take a nap if you are tired. Don't push yourself. Your body is learning how to stay alert without nicotine.
Night-time awakenings	< 1 week	25%	Nicotine is a stimulant, it affects your brain and sleep patterns.	Reduce caffeine intake.
Mouth ulcers	> 4 weeks	40%	Likely due to a short-term drop in your mouth's natural immune protection.	This occurs when stopping and will resolve with a few weeks for most. Avoid alcohol, gargle with salt water, eat ice chips or other cold foods, speak to pharmacist for treatment.
Constipation	> 4 weeks	17%	Your bowel movements may be less frequent.	Drink plenty of water, increase dietary fibre intake and move more. Ask your local pharmacist to recommend an over-the-counter remedy and if this doesn't help seek support from your GP

Appendix 5:
CO test chart

CO ppm	COHb(%)
30	5.43
29	5.27
28	5.11
27	4.95
26	4.79
25	4.63
24	4.47
23	4.31
22	4.15
21	3.99
20	3.83
19	3.67
18	3.51
17	3.35
16	3.19
15	3.03
14	2.87
13	2.71
12	2.55
11	2.39
10	2.23
09	2.07
08	1.91
07	1.75
06	1.59
05	1.43
04	1.27
03	1.11
02	0.95
01	0.79

10+ ppm

Typical levels for a person who smokes.

7 – 9 ppm

Borderline levels that may be found in people who do and do not smoke.

0 – 6 ppm

Typical levels for someone who does not smoke and should be your goal.

We all have a small amount of CO in our body. The level depends on exposure to things like traffic fumes, or boiler fumes.

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