Smoke Free Client Case Study



A young person (aged 14) was referred to the Stop Smoking Service via the school nurse service. This young person was concerned that they were suffering from a lot of coughs and that they were breathless during any exertion. An appointment was made during the school lunch break and a private room booked within the school building for the young person to talk to the advisor.

Support provided

The young person wanted to know how much damage they might have done since starting smoking at age 11. Information was given but the emphasis was on reassuring them that quitting was the best decision to make for their health. Motivational messages that have been shown to engage young people: were conveyed looking good, better breath and teeth.

The young person also mentioned that anxiety caused them to smoke, and they talked about nicotine dependence. It was discussed how to manage this: the nicotine replacement products (NRT) that can be used, and changes of habits and routines. This was a good point in the consultation to explain about smoking and carbon monoxide (CO). They blew a CO reading of 12ppm and admitted to smoking during break time. They smoked between 4-8 roll ups per day, but this was variable.

The young person's smoking habits were also discussed, and they reported that they mostly smoked around the routines of the school day, and that they bought tobacco from older kids and shared costs with a friend. The young person had previously received disciplinary measures for smoking on school grounds. They felt that they could do an abrupt quit with support because they weren't allowed to smoke at home (although sometimes they did if their parents were out). They committed to stop smoking on the way to school and after school, but most of their smoking was at weekends and with mates, which was the biggest challenge.

NRT was discussed and what forms appealed to them. Using two products in combination can be too much for a young person, and patches often do not work well with young people who may not want anything obvious worn on their body. The young person chose nicotine gum (2mg), and the chew and park technique was explained to them. It was suggested that the young person speak to their form teacher for permission to use the gum if necessary at school.

They set a quit date for one week's time and were asked if they could agree with their friend about not buying any further tobacco. A meeting at school, the following week was agreed, to review progress.

Outcomes

Follow up (1 week later): The young person had a false start with the NRT because they hadn't used the voucher provided; they tried to quit with regular gum but found this difficult. However, the false start made them realise how nicotine dependent they had become and that going "cold turkey" was not working. They agreed to go to the pharmacy on the way home that day and we re-set a quit date for two days later.

Appointment 3: The young person had quit smoking and was already feeling better, they reported less breathlessness and few cravings. They were using four pieces of 2mg nicotine gum per day without any side effects. They blew 1ppm on the CO monitor and were happy with the results. Upcoming social events were discussed, and the need to plan for times when they would usually smoke. They were determined to stay smoke free because of the changes they were already experiencing: they were less breathless, and their anxiety had decreased.

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