



Smoke Free Policy

1. Purpose

This policy outlines the requirement for all WA Country Health Service (WACHS) sites to be smoke free environments. WACHS aims to protect and prevent nicotine related health risks for all patients and staff.

Sites include (but are not limited to) all owned or leased buildings, structures, outdoor areas, grounds, accommodations, car parks and vehicles.

2. Policy

This policy to be read in conjunction with the MP 0158/21 [Smoke Free Policy](#).

References to smoking or vaping are inclusive of the use of cigarettes, electronic cigarettes (e-cigarettes), cigars and personal vaporisers.

WACHS regions are to convene working parties to assist management with the implementation of the smoke free requirements. Responsibilities of the working parties are described in [Section 3](#).

Regular communication activities are to be undertaken to ensure all staff, patients, visitors, and contractors are aware of the smoke-free policy. This includes smoke-free signage. Refer to [Appendix A: Communicating a smoke-free message](#) for information and resources.

WACHS staff are to be supported to access nicotine replacement therapy (NRT) if they wish to access it. This includes provision of access to lozenges, gums, patches, inhalators, or mouth sprays (refer to [Appendix B: Supporting nicotine dependent staff](#)).

2.1 Compliance strategies

Nicotine use is not permitted at any WACHS site or service unless in the form of Nicotine Replacement Therapy (NRT). Respectful enforcement of the policy is everyone's responsibility.

Supporting compliance with patients and visitors

Compliance is to be supported in a manner that is educative and non-confrontational and may include:

- ask them to stop smoking/vaping or move off site
- offer support and discuss any difficulties with managing nicotine dependence with their treating team
- punitive or recriminative measures are not appropriate and are not to be used
- risk should be considered when dealing with patient and visitor non-compliance
- immediate enforcement of the policy may not always be appropriate, and the safety of staff, patients, and visitors should be prioritised.

In the above circumstances WACHS will also consider their responsibility to ensure staff are not exposed to second-hand smoke under work, health and safety legislation.

Staff should consider their own safety and health when approaching someone smoking/vaping. If staff do not feel comfortable approaching the person smoking/vaping, they should discuss this with their line manager.

WACHS Multi-Purpose Service sites housing Aged Care residents should consider risk management requirements on a case-by-case basis for residents who choose to smoke and/or vape while adhering to all policies and relevant legislative and accreditation standards.

Supporting compliance with staff

Compliance is to be supported in a manner that is supportive and educative. Staff are to be reminded that the site is smoke free and informed of the support that is available to them.

Repeated non-compliance by staff should be dealt with in accordance with MP 0127/20 [Discipline Policy](#) and supporting documents.

The WACHS Health Promotion Leadership Group is responsible for providing a report annually for the period 1 July to 30 June to the System Manager on compliance with MP 0158/21 [Smoke Free Policy](#).

2.2 Staff working off site/home visits

Staff providing care to patients at home must request that the patient and other occupants of the home refrain from smoking/vaping in their presence when undergoing treatment or care.

Staff should decline to provide care in an environment that is visibly contaminated with environmental smoke. If the patient or occupant refuses to cease smoking/vaping during a home visit, the staff member should cease care and return at an alternative time, make alternative arrangements or discuss the situation with their manager for advice on the course of action.

2.3 Inpatients and nicotine dependence

Screening and assessment

All adult inpatients are required to have their smoking status assessed and recorded.¹ They are to be asked if they smoke at the earliest practicable opportunity and their response is to be documented on the relevant admission or initial assessment forms.

The three-step brief intervention model (ask, advise, help) can be used for all WACHS patients.

If the patient indicates that they are a nicotine user, then complete the [MR202E.1 WACHS Nicotine Screening and Withdrawal Plan](#). Management of nicotine withdrawal is outlined in the next section.

Withdrawal management

Nicotine withdrawal symptoms may occur within 1 hour of a nicotine reduction or smoking cessation and can last up to 2-4 weeks. Refer to [Appendix C: Initiation of Nicotine Replacement Therapy](#) for symptoms of withdrawal.

All inpatients at risk of experiencing nicotine withdrawal i.e. smoke within 30 minutes of waking, or smoke after 30 minutes of waking and report withdrawal symptoms, are to be commenced on a [MR202E.1 WACHS Nicotine Screening and Withdrawal Plan](#).

The timeframe for withdrawal is important to consider for patients who will need to be offered NRT promptly. All nicotine dependent inpatients are to be offered NRT unless contraindicated. All WACHS sites must stock NRT patches in addition to at least one form of fast acting NRT product. Refer to [Appendix C: Initiation of Nicotine Replacement Therapy](#) for information on products, key points of prescription and administration.

Discharge

Inpatients who wish to quit smoking or vaping should be referred to comprehensive smoking cessation interventions such as regional stop smoking programs (e.g. WACHS Wheatbelt Vape Free Me, Smoke Free Mee program, No More Ngamari for Aboriginal clients, Great Southern Smokers Clinic for active mental health clients), their general practitioner (GP) or Quitline – 13 7848 (13 QUIT).

Patients should be provided with a discharge prescription for NRT or encouraged to purchase NRT in the community. Smoking status and nicotine dependence management during hospitalisation are to be included in discharge summary to GP.

Those who choose not to quit should be provided with points of referral as above and encouraged to consider a quit attempt in the future.

Specific population groups

For information on nicotine use in specific population groups, refer to [Appendix D](#).

Planned inpatient admissions

Staff are encouraged to provide support as relevant to patients who are nicotine users, in the lead up to any surgery/pre-booked admission.

3. Roles and Responsibilities

WACHS Executive supports establishment of an overarching inter-directorate WACHS Nicotine Dependence steering group.

Executive Directors are responsible for ensuring policy implementation and monitoring.

Directors are responsible for:

- supporting a coordinated approach to addressing smoking in the region
- ensuring regional implementation working groups are in place to support the smoke-free policy, where capacity allows

- ensuring regional processes and monitoring mechanisms are in place to meet policy requirements
- communicating the policy to their regional workforce
- ensuring brief intervention is integrated into clinical practices across the region.

Managers are responsible for:

- informing staff of the policy via induction materials, signage, available education, information in staff emails and MP 0158/21 [Smoke Free Policy](#) intranet page
- ensuring staff complete the [MR202E.1 WACHS Nicotine Screening and Withdrawal Plan](#) and conduct brief intervention with all relevant patients
- facilitating the coordination of a point in time audit of patient healthcare records [MR202E.1 WACHS Nicotine Screening and Withdrawal Plan](#) and monitor compliance with the policy including the proportion of patients appropriately screened, provided NRT and referred
- supporting staff to access NRT and smoking cessation support services
- liaising with facilities management staff to complete an annual audit of signage and arrange replacement signage as required
- liaising with fleet management staff to ensure that all vehicle use complies with policy requirements.

Clinicians are responsible for:

- practicing in accordance with the requirements of this policy and utilise the available tools to support their practice.

Pharmacists are responsible for:

- ensuring adequate stock of NRT for dispensing to nicotine dependent inpatients and staff.

Human Resources are responsible for:

- communicating information about the policy on job advertisement, tenders and pre-employment material
- ensuring “*WACHS is an equal opportunity employer and is a smoke-free environment across all buildings, grounds and vehicles*” is included in all WACHS employment advertisements to inform applicants that WACHS is a smoke free environment. communicate information about the policy on job advertisement, tenders and pre-employment material.

Contract Managers are responsible for:

- ensuring contractors (including security personnel) have been informed and understand that WACHS sites are smoke free environments.

WACHS Health Promotion is responsible for:

- collating regional data for annual reporting as directed
- liaising with Operations Managers to implement signage audits and use existing signage or develop localised smoke free signage where required
- increasing awareness of our smoke free policy and the implementation requirements.

The WACHS Health Promotion Leadership Group is responsible for:

- participating in the Department of Health Tobacco Control Network to maintain WACHS engagement with System Manager to ensure consistent policy implementation and monitoring
- providing support and guidance across WACHS to ensure consistent policy implementation, monitoring and reporting
- ensuring regional information is collated and shared with WACHS Population Health for reporting requirements
- developing resources to support implementation of this policy.

Regional Working Parties are responsible for supporting regional and site management in the:

- local promotion of smoke free policy and resources
- monitoring local policy implementation
- recommendations to improve outcomes
- implementation the smoke free policy in a culturally safe and responsive manner for our Aboriginal workforce and consumers.

Aboriginal Health staff are responsible for:

- engaging with staff to apply cultural knowledge, skills and understanding to enhance compliance and outcomes for Aboriginal people.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

This policy review is to be led by WACHS Public Health and supported by other WACHS directorates as applicable (including pharmacy; nursing). This will occur in accordance with policy review requirements.

Evaluation is informed by the annual report sent to the System Manager on compliance with MP 0158/21 [Smoke Free Policy](#).

5. References

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2. Department of Health, Western Australia. [Guidelines for the implementation of the Smoke-Free policy](#). 2022
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6. Definitions

Term	Definition
Aboriginal	Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.
Brief advice	Brief advice includes a three-step model focused on identifying patients who smoke and connecting them with evidence-based tobacco dependence treatment. Ask, Advise, Help.
Clinicians	Clinicians include aged care, nursing and midwifery, medical, mental health, pharmacists, allied health, population health, Aboriginal health staff working with patients and their families or carers.
Nicotine replacement therapy	Nicotine replacement therapy is a group of pharmacotherapies designed to alleviate nicotine withdrawal. Includes nicotine patch, lozenge, spray, gum and inhalator.
Second hand smoke	Second hand smoke is what is breathed in from another person's smoke which may come directly in a stream from a nearby nicotine device, or indirectly from a build-up of smoke in the air.
Tobacco	Tobacco is a plant of the genus <i>Nicotiana</i> that contains poisonous alkaloids.

7. Document Summary

Coverage	WACHS wide
Audience	All Staff
Records Management	Non Clinical: Corporate Recordkeeping Compliance Policy Clinical: Health Record Management Policy
Related Legislation	Aged Care Act 2024 (Cth) Health Services Act 2016 (WA) Mental Health Act 2014 (WA) Tobacco Products Control Act 2006 (WA) Work Health and Safety Act 2020 (WA) Work Health and Safety (General) Regulations 2022 (WA)
Related Mandatory Policies/Frameworks	<ul style="list-style-type: none"> • MP 0127/20 Discipline Policy • MP 0078/18 Medication Chart Policy • MP 0139/20 Medicines Handling Policy • MP 006/16 Risk Management Policy • MP 0158/21 Smoke Free Policy • Clinical Governance, Safety and Quality Policy Framework • Mental Health Policy Framework • Public Health Policy Framework • Risk, Compliance and Audit Policy Framework
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Health Promotion Policy • Hazard and Incident Management Procedure • Medication Prescribing and Administration Policy • Motor Vehicle Fleet Driver and Management Policy • Smoking and Nicotine Replacement Therapy Procedure – Broome Mental Health Inpatient Unit • Smoking Care Guideline – Albany Hospital Acute Psychiatric Unit • Smokers' Clinic Guideline – Great Southern Mental Health Service • Work Health and Safety Policy
Other Related Documents	<ul style="list-style-type: none"> • WA Health Guidelines for the implementation of the Smoke Free Policy • WA Health Guidelines for supporting involuntary mental health inpatients
Related Forms	<ul style="list-style-type: none"> • Safety Risk Report Form • MR202E.1 WACHS Nicotine Screening and Withdrawal Management Plan • Employee Application for Nicotine Replacement Therapy Form
Related Training	Available from MyLearning : <ul style="list-style-type: none"> • Brief Advice for Smoking Cessation (CL698 EL2)
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 4193

<u>National Safety and Quality Health Service (NSQHS) Standards</u>	4.01, 4.02, 4.03, 4.11, 4.13, 5.03, 5.04, 5.10, 5.11, 5.13, 6.03
<u>Aged Care Quality Standards</u>	1, 5, 7, 8
<u>Chief Psychiatrist's Standards for Clinical Care</u>	1.7, 1.10, 2.6, 2.9, 4.5, 5.2, 6.4, 10.1.9, 10.4.1, 10.5
<u>Other Standards</u>	Nil

8. Document Control

Version	Published date	Current from	Summary of changes
4.00	25 November 2025	25 November 2025	<ul style="list-style-type: none"> change of title including change from procedure to policy removal of exemption for involuntary mental health inpatients establishment of cross departmental overarching and regional working groups to ensure coordinated approach lowered age of screening and assessment to 16 years and over inclusion of reference to e-cigarettes, cigars and personal vaporisers inclusion of a flowchart for staff access to NRT: removal of line management approval for staff NRT information from Employee Access to nicotine Replacement Therapy Procedure (now rescinded) incorporated into this document.

9. Approval

Policy Owner	Executive Director Clinical Excellence
Co-approver	Chief Operating Officer
Contact	Program Manager Population Health
Business Unit	Population Health
EDRMS #	ED-CO-14-6024
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This document can be made available in alternative formats on request.

Appendix A: Communicating a smoke-free message

Communication

WA Country Health Service (WACHS) should ensure that regular communication activities are undertaken to ensure all staff, patients, visitors, and contractors are aware of this policy.

Staff

Staff may be informed of the policy in the following ways:

- signage in staff areas
- information in staff emails
- intranet news and pages
- induction materials.

The following statement should be included in all WACHS employment advertisements: “WA Country Health Service is an equal opportunity employer and is a smoke-free environment across all buildings, grounds and vehicles.”

Patients

Patients should be informed of the smoke free message at the earliest appropriate opportunity. Local processes should be developed to support this during pre-admission planning, the admission process, and in the emergency department.

The following communication methods and materials may be used:

- signage
- brochures and other patient information packs
- bedside material
- service websites.

Contractors

All contractors and agency staff should be informed of the Smoke Free Policy at site induction.

Signage

Smoke-free signage is an important means of communicating the Policy. Proper signage maintains a consistent message across WACHS grounds. Signage is displayed at prominent locations to inform patients, staff, contractors and volunteers that WACHS is smoke and vape free.

Signage should be placed strategically at:

- the main entrance to WACHS sites
- every entrance and exit to WACHS buildings
- any previously designated smoking areas
- lifts and stairwells
- all courtyards and places of congregation
- within all vehicles that are the property of the health service.

Auditing of smoke-free signage should be conducted annually using a local Site Observational Audit Checklist. Signage should always remain visible and be well-maintained. All graffiti should be attended to regularly and damaged or removed signage should be replaced immediately.

Signs with two key messages were developed for WACHS. Signage featuring these messages will ensure consistency and credibility across health sites:

- [No smoking or vaping – A3 landscape](#)
- [No smoking or vaping anywhere on grounds – A3 portrait](#)
- [No smoking or vaping anywhere on grounds – A4 portrait](#)
- [No smoking or vaping anywhere on grounds – A5 portrait](#)

Other signage resources:

- WA Health [resources](#)
- Smoke and vape free 82 mm rounded stickers are available to order [by email request](#).
- 'Make Smoking History' also has [smoke and vape-free signage options](#) available for use with permission.

Patient/carer education

This is to occur at the earliest appropriate opportunity, such as during initial assessment, as part of pre-admission planning. Resources include:

- signage
- brochures and information, e.g. [No Smoking Policy](#), [Going to hospital](#), [Smoking and surgery](#) , [stopping smoking for surgery](#)
- bedside material
- WACHS internet page

Appendix B: Supporting nicotine dependent staff

All WACHS staff who wish to quit smoking/vaping or manage their nicotine dependence whilst at work will be provided a four-week course of combination NRT, which may be repeated during employment, recognising that most people will have multiple quit attempts, and combination NRT is more effective than monotherapy.

WACHS provides a [flowchart](#) describing the process for supporting WACHS staff to quit smoking/vaping or manage their nicotine dependence while in a smoke free setting.

All nicotine dependent WACHS employees can access NRT during their employment with the Health Service. Refer to WACHS [Employee Application for Nicotine Replacement Therapy Form](#).

Employees may also want to access the Quitline or local quit smoking/vaping programs for support.

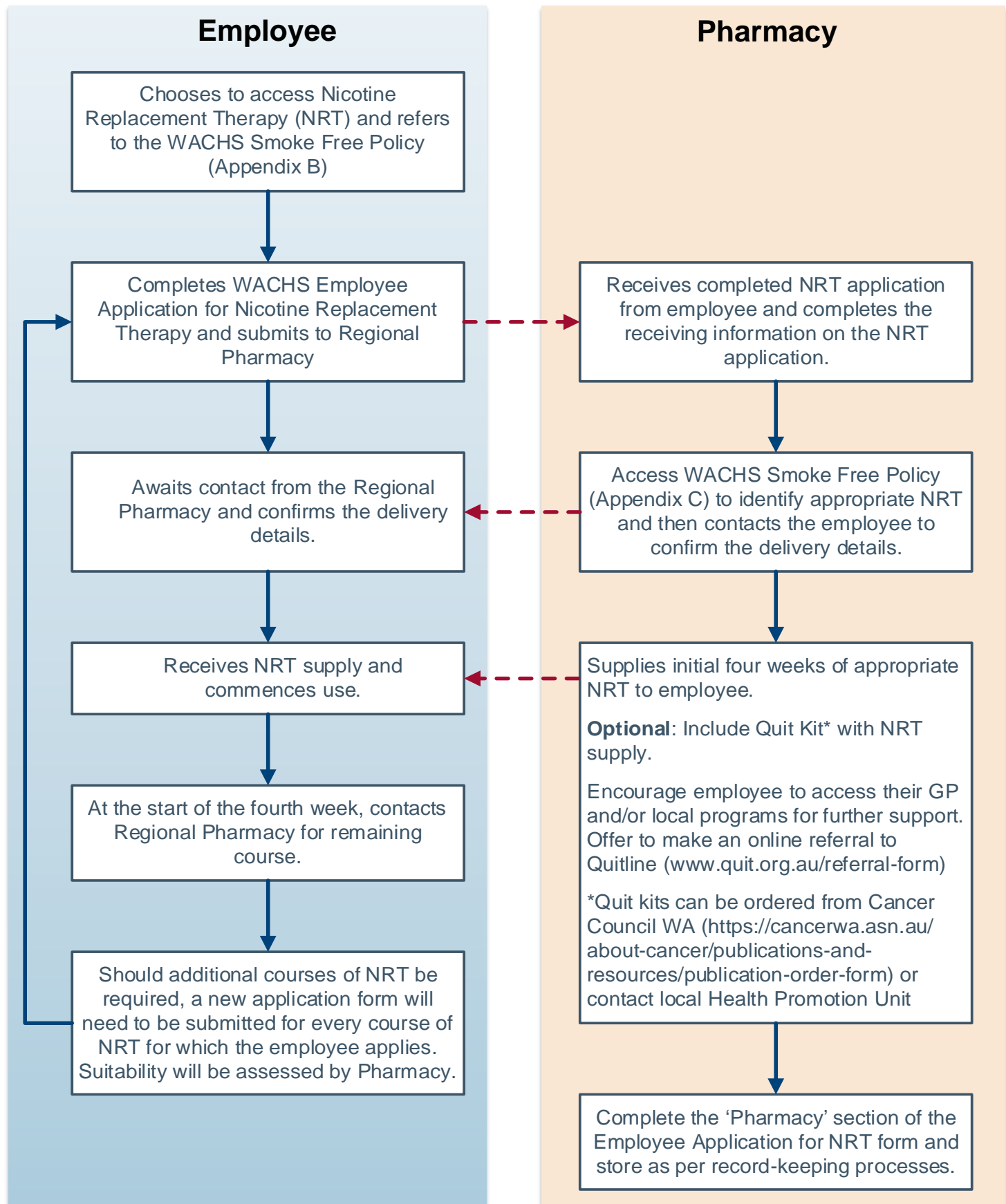
Employee responsibilities:

- complete, sign and submit the Employee Application for NRT form.

Pharmacy responsibilities:

- supply NRT to employees after receiving a completed Employee Application for NRT form
- use standard pharmacy protocol to send NRT to employee, or employee to collect requested NRT from nominated pharmacy
- complete the 'Pharmacy' section of the Employee Application for NRT.

Employee Access to Nicotine Replacement Therapy Flowchart



Appendix C: Initiation of Nicotine Replacement Therapy

Scope

This information is to assist clinicians within their scope of practice to initiate Nicotine Replacement Therapy (NRT) for inpatients.

Nicotine replacement reduces the severity of nicotine withdrawal symptoms and increases the likelihood of smoking/vaping cessation.

Whilst NRT can be commenced anytime during an inpatient admission, it is best utilised if commenced on admission.

Assessing Nicotine Dependence

Assess patient's motivation to quit smoking or vaping and provide a brief intervention on smoking cessation as per [MR202E.1 WACHS Nicotine Screening and Withdrawal Plan](#).

The following tables are a guide to assess the degree of dependence to nicotine. This can then assist in determining the most appropriate type and strength of NRT.

There is limited information available for assessing dependence of novel nicotine products, such as chewing tobacco and nicotine pouches.

For patients who smoke cigarettes, assess nicotine dependence by obtaining the following history:

- The number of cigarettes smoked per day, and
- Time to first cigarette after waking.

Level of dependence	High	Moderate	Low to moderate	Low
Number of cigarettes smoked per day	More than 30 cigarettes	20 to 30 cigarettes	10 to 20 cigarettes	Less than 10 cigarettes
Time to first cigarette after waking	Waking at night to smoke or within 5 minutes of waking	Within 30 minutes of waking	30 to 60 minutes after waking	More than 60 minutes after waking

Table 1: Assessing dependence for people who smoke

For patients who vape, assess nicotine dependence by obtaining the following history:

- Time to first vape after waking.

Note: it is difficult to quantify the frequency of vape use throughout a day, therefore this is not used as a measure of assessing degree of dependence.

Level of dependence	Very high	High	Moderate	Low
Time to first vape	Within 5 minutes of waking	Within 30 minutes of waking	30 – 60 minutes after waking	More than 60 minutes after waking

Table 2: Assessing dependence for people who vape

Assessing appropriateness for NRT

Contraindications:

- People with phenylketonuria should not use lozenges containing aspartame (metabolised to phenylalanine).
- People with menthol hypersensitivity should not use inhalator.

Precautions

NRT may not be safe or appropriate for the following situations and/or patient presentations. Initiate therapy only after discussion with the treating medical team/pharmacy:

- pregnancy or lactation. Consider the risks and benefits of initiating therapy versus those of continued nicotine use
- patients under 18 years of age
- pneumothorax (inhalator related concerns only)
- life threatening arrhythmia
- haemodynamically unstable patients
- uncontrolled hypertension
- suspected or confirmed head injuries.
- acute phase stroke
- acute phase cerebral injury
- transient ischaemic attack
- pulmonary arterial hypertension
- patients prescribed medications that may interact with smoking ([Medications which interact with cigarette smoking](#)).

Refer to [Table 3: Nicotine replacement therapy based on nicotine dependence](#) for additional precautions relevant to particular forms of NRT.

Symptoms of Nicotine Withdrawal

Symptoms of nicotine withdrawal may include:

- anxiety
- irritability or restlessness
- reduced concentration
- tobacco craving
- malaise
- headache
- increased cough
- dysphoria
- mouth ulceration
- insomnia
- increased appetite
- constipation

Patients should continue to be monitored for symptoms of nicotine withdrawal even while receiving NRT to ensure the NRT is sufficient for their nicotine requirements.

Initiating NRT

All inpatients should be offered and/or initiated on a long-acting form and short-acting form of nicotine replacement therapy. Inpatients should have NRT initiated on the Hospital Medication Chart. Outpatients can be given a prescription for NRT or advised to purchase it from their local pharmacy or supermarket. Correct use should be discussed.

Refer to the [Medication Prescribing and Administration Policy](#) for information on initiating NRT for inpatients without prescription. (See Appendix A for Nurses and Appendix C for Pharmacists).

Refer to [Table 3: Nicotine replacement therapy based on nicotine dependence](#) to guide prescribing. Note NRT doses suggested in the table are to be used as a guide only, many patients may require higher doses.

Note: NRTs are not approved by the Therapeutic Goods Administration for vaping and is considered off-label use of medication.

The below table provides a summary of available NRT products. This is a guide only for current commercially available NRT products. Not all listed products will be available in all regions. Discuss availability of current NRT products with pharmacy in your region.

High dependence	Moderate dependence	Low to moderate dependence	Low dependence
Long acting NRT			
Chart on the regular section of the medication chart. Avoid use of patches in patients with dermatological conditions such as psoriasis or dermatitis			
Nicotine 21 mg/24 hour patch: apply one patch once each day	Nicotine 21 mg/24 hour patch: apply one patch once each day	Nicotine 14 mg/24 hour patch: apply one patch once each day	Nicotine 14 mg/24 hour patch: apply one patch once each day
OR			
Nicotine 25 mg/15 hour patch: apply one patch once each day	Nicotine 15 mg/15 hour patch: apply one patch once each day	Nicotine 10-15 mg/15 hour patch: apply one patch once each day	Nicotine 10 mg/15 hour patch: apply one patch once each day
Short acting NRT			
Chart on the PRN section of the hospital medication chart			
Nicotine 1 mg/dose spray: Spray 1 or 2 doses into the mouth as required when craving occurs. Maximum of 4 sprays/hour for 16 hours and/or 64 sprays/day . <ul style="list-style-type: none"> Advise patients they can either stop smoking immediately and replace cigarettes with spray or use the spray to cut down on cigarettes smoked. After 6 weeks of use attempt to gradually cut down over the next 6 weeks to zero usage. Avoid in patients with oral, oesophageal, pharyngeal or gastric inflammation. 			
Nicotine 4 mg lozenge: 1 lozenge up to every 1 hour as required. Maximum of 15 lozenges/day .		Nicotine 2 mg lozenge: 1 lozenge up to every 1 hour as required. Maximum of 15 lozenges/day	

<ul style="list-style-type: none">Avoid in patients with oral, oesophageal, pharyngeal or gastric inflammation and phenylketonuria		
Nicotine 4 mg Gum: Chew 1 piece of gum up to every 1 hour . Maximum of 10 pieces of gum/day .	Nicotine 2 mg gum: Chew 1 piece of gum up to every 1 hour . Maximum of 12 pieces of gum/day .	Gum not recommended (except in certain settings such as mental health).
<ul style="list-style-type: none">Avoid gum in patients with denturesAvoid in patients with oral, oesophageal, pharyngeal or gastric inflammation		
*The availability of NRT replacement products may vary throughout different regions.		

Table 3: Nicotine replacement therapy based on nicotine dependence

Appendix D: Nicotine use in specific population groups

Aboriginal clients

Aboriginal people experience higher rates of smoking and tobacco-related disease. Supporting Aboriginal clients with smoking cessation to reduce health disparity is a high priority for WACHS.

- Culturally safe and responsive practices should be used when providing smoking cessation advice with Aboriginal clients.
- Aboriginal staff members should be involved as early as possible.
- Clients referred to Aboriginal-specific smoking cessation programs, where available.

Specific resources include:

- [Medicines to help Aboriginal and Torres Strait Islander People stop smoking – a guide for health workers](#)
- [Quit Victoria | Aboriginal Quitline](#)
- [Aboriginal Quitline Brochure](#) – NSW
- Clinical Yarning eLearning (YARN EL1) available on the [WACHS LMS](#).

Mental Health consumers

Compared with the general population, people experiencing mental health conditions have higher smoking rates and higher levels of nicotine dependence, with limited access to smoking cessation treatment. They have longer durations of smoking and lower rates of quitting.⁷

Quitting smoking can improve mental health, mood and quality of life for everyone, including people with a mental health disorders. Smokers with a mental health condition, or addiction are as motivated to quit as the general population and can quit successfully.⁷

Smoking can affect the metabolism of many medicines used for mental health conditions, including but not limited to: agomelatine, clozapine, fluvoxamine, olanzapine. More information can be found in this resource: [NSW Health: Clozapine, olanzapine and smoking cessation \(nsw.gov.au\)](#)

Specific resources available:

- [Department of Health and Ageing: Supporting someone with a mental illness to quit smoking \(health.gov.au\).](#)
- [NSW Health: Clozapine, olanzapine and smoking cessation \(nsw.gov.au\)](#)

Pregnancy and breastfeeding

Smoking has adverse effects in pregnancy for the mother and developing child. Tobacco smoking during pregnancy is the most common preventable risk factor for pregnancy complications; and is associated with low birthweight, being small for gestational age, pre-term birth, perinatal death, placental abruption, SIDS, cleft palate, cleft lip and childhood cancers².

If a woman is unable to quit smoking during pregnancy and breastfeeding, NRT should be considered. During pregnancy, oral NRT is preferred to patches. If oral forms are not tolerated, patches can be used by removed at night. During breastfeeding, faster acting oral NRT is preferred to patches and should be used immediately following breastfeeding

Always source current documents from [WACHS HealthPoint Policies](#).

Copies sourced otherwise are considered uncontrolled.

to reduce transmission of nicotine to the baby. For more information, refer to the [Health Quick Guide to NRT \(nsw.gov.au\)](#).

Youth (under 18 years)

Using e-cigarettes or vaping has become increasingly popular among young people in recent years. In 2023, over 14% of Australian 14–17-year-olds were currently vaping.¹⁷ Health professionals can use clinical judgment to screen patients they suspect are at risk of withdrawal, to manage their nicotine dependence and implement early intervention strategies to support them to quit.

Young people can be assessed for nicotine dependence using the [Fagerstrom test \(aarc.org\)](#).

NRTs have been recommended for adolescents aged >12 years seeking to quit smoking and therefore would be helpful for youth who use e-cigarettes or vapes. Combination of long-acting patch (for maintenance nicotine delivery) as well as short-acting gum, spray or lozenge (for breakthrough cravings) should be used for optimum treatment effectiveness. Nicotine inhalators should be avoided as it imitates the act of e-cigarette use/vaping and addressing the physical aspect of dependency (hand to mouth) is crucial.

Specific resource available:

- [Guide to support young people to quit vaping \(WA Health\)](#)
 - developed to support health professionals and others who work with young people to effectively address e-cigarette use, manage withdrawals, and assist in quitting e-cigarettes.