



Government
of South Australia

SA Health

I2Q Incentive to quit

Health Professional procedure manual

*Improving the health and wellbeing of South Australians by
reducing the impact of tobacco and e-cigarette products*



Step-by-step guide to empowering
successful smoker quit attempts

I2Q
INCENTIVE TO
QUIT

Quitline
13 7848

Acknowledgement of Country

The authors of this Health Professional training manual respectfully acknowledge the Traditional Custodians of the land on which this work was developed. We recognise their continuing connection to the land, water and community.

It has been our privilege to work with Aboriginal and Torres Strait Islander partners to present these positive messages about healthy living. We pay our respects to Elders past, present and emerging as the Traditional Custodians of what we now call Australia.

The authors would also like to acknowledge the diversity amongst the Aboriginal and Torres Strait Islander Custodial Groups across Australia and their unique and ongoing connection to land, community and spirit.

Hereafter, Aboriginal and Torres Strait Islander peoples will be respectfully referred to in this resource as Aboriginal.

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Smoking in SA

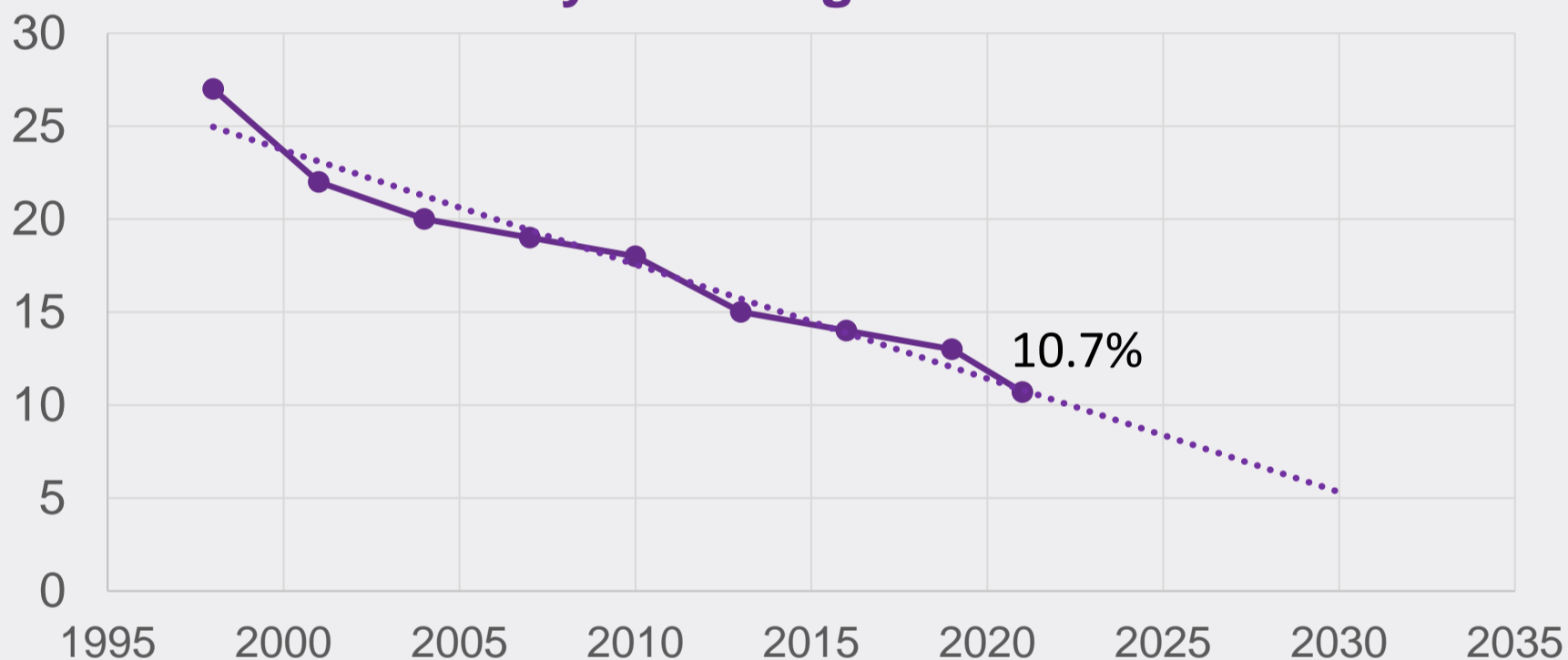
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Tobacco use is **still** the leading cause of preventable death and disability in Australia¹. In South Australia (SA), tobacco use causes around 1,490 deaths each year². Smoking was estimated to cost the state's economy \$2.39 billion³ in 2011.

More than 1 in 10 Australian's still smoke daily

According to the latest estimates, 10.7% of Australians continue to smoke daily⁴. Disadvantaged populations, such as those living in areas with high socio-economic disadvantage, are three times more likely to be daily smokers (17.8%), compared to those living in areas with the least disadvantage (5.8%)⁵. Examples of disadvantage include lower levels of education, higher rates of unemployment and lower income⁶.

Daily Smoking Prevalence



Source: Australian Bureau of Statistics Smoking data for 2020-21 financial year

Certain population groups, such as Aboriginal peoples and those reporting mental health issues, are more likely to experience disadvantage⁶. As a result, tobacco use is higher in these groups with daily smoking reported by 41% of Aboriginal Australians⁶, and 20% of people experiencing mental health conditions⁷. Higher smoking rates worsen health, economic and social inequality gaps, in already disadvantaged Australians.

Smoking rates are higher in people who are economically and socially disadvantaged

It is well known that a significant decline in smoking would prevent hundreds of thousands of premature deaths, dramatically reduce illness, improve quality of life, and reduce the economic and social burden of tobacco in Australia⁴. These are the reasons why the **I2Q** (Incentive to Quit) program was created.

Incentivising quit attempts

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The SA Government is committed to improving population-wide health and wellbeing by reducing the impact of tobacco harm. Preventive Health SA (PHSA) (formerly Drug and Alcohol Services South Australia) is leading the SA Government's strategic approach toward achieving the ambitious goal of a 6.5% daily smoking use in SA by 2025. One action item in SA's Tobacco Control Strategy, is to trial a financial incentive to support smoker quit attempts.

“Develop a proposal for a trial to measure the effectiveness of providing incentives for quitting smoking, particularly for high prevalence groups, and assess mechanisms for linking quitting services with financial wellbeing and resilience programs to minimise the financial impact of smoking” - page 12.

There is strong evidence to support the use of financial incentives to encourage smoker quit attempts, with outcomes of long-term success. One 2019 Cochrane review of 33 studies with >21,600 participants identified an almost 50% increase in the likelihood of quitting with incentives at the longest follow-up period (6-months or more)⁸.

Authors of the Cochrane review did report that concerns have been expressed about incentive-based interventions attracting smokers motivated more by the material rewards than the desire to quit⁸. However, their review found little evidence that people used deception (lying about their smoking status) to get financial rewards.

A 2019 Cochrane review with 33 studies involving over 21,600 participants found that financial incentives almost doubled the number of people successfully quitting after 6-months.

From a health system perspective, most do not have adequate resources to offer patients full evidence-based quit smoking support. Therefore, establishing pathways that link hospitals to effective services like Quitline, is a low-cost solution where patients can still gain access to best practice quit smoking strategies, while minimising health system expenditure⁹.

However, to ensure quit smoking programs are used in practice, and considered engaging by the target audience, it is important to consider consumer perspectives at the very beginning of designing a quit smoking program. For these reasons, PHSA led a co-design process for the **I2Q** program with key stakeholders within North Adelaide Local Health Network (NALHN).

Co-design

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The **I2Q** program and all associated resources, including this health professional procedure manual, underwent iterative co-design with key stakeholders across NALHN, including health professionals, unit directors, service managers, administrating staff and patients attending these services. Co-designing the program from the outset, was felt by PHSA to be an important part of delivering a service that was both wanted and likely to achieve its intended objectives.

“Co-design is meaningful end-user engagement in research design and includes instances of engagement that occur across all stages of the research process and range in intensity from relatively passive to highly active and involved”. (Slattery et al 2020)

Scoping the idea of financial incentives to support smoker quit attempts occurred with NALHN stakeholders in early 2021, led by PHSA. At the time it was felt that a detailed protocol was needed to develop a pilot program, evaluation strategies and to create this health professional procedure manual. Houd Enterprises Pty. Ltd., and its subsidiary Houd Research Group, were contracted by PHSA to develop and create these resources via company director A/Prof Kristin Carson-Chahhoud.

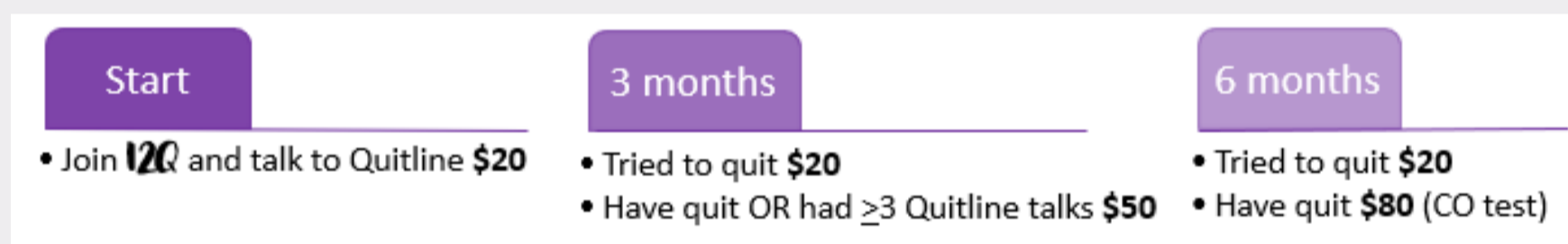
Between March and June 2022, twenty-three NALHN stakeholders were involved in co-design of the **I2Q** program and resources, across all three health service groups, representing nine of the participating sites. These discussions resulted in five iterations of the **I2Q** program and resources.

Although the co-designed program plan has been developed through consultation with PHSA and key stakeholders from NALHN, co-design of the **I2Q** program and all associated resources will be an ongoing focus throughout the entire pilot evaluation period (August 2022 to June 2025).



Overview of the I2Q program

The Incentive to Quit or **I2Q** program, is a pilot initiative being undertaken by DASSA (now Preventive Health SA) to reduce negative impacts of tobacco use in SA. The **I2Q** program will do this by training health professionals (HPs) in how to deliver brief advice to encourage smoker quit attempts. The program also provides incentives and resources that HPs can give people who smoke who willing to make a genuine quit attempt. These resources include a financial incentive, being a supermarket gift card (*excluding the purchase of alcohol or tobacco products*), use of the Quitline counselling service, and pocket-sized resources with content tailored to help a smoker, or successful quitter, at different stages of their quit smoking journey. The **I2Q** program will support smoker quit attempts for six months, with financial incentives and pocket resources offered on three occasions.



Recruitment for the pilot will run between March 2023 and December 2024, with follow-up continued to June 2025, across health service groups within NALHN. HPs are eligible to participate if they have opportunities to talk with patients about smoking within their role. Any patient over 18 years of age, who is a regular smoker attending one of the participating health services as either an inpatient or outpatient, may be eligible.

This procedure manual provides the step-by-step guide to supporting smoker quit attempts with the **I2Q** program.

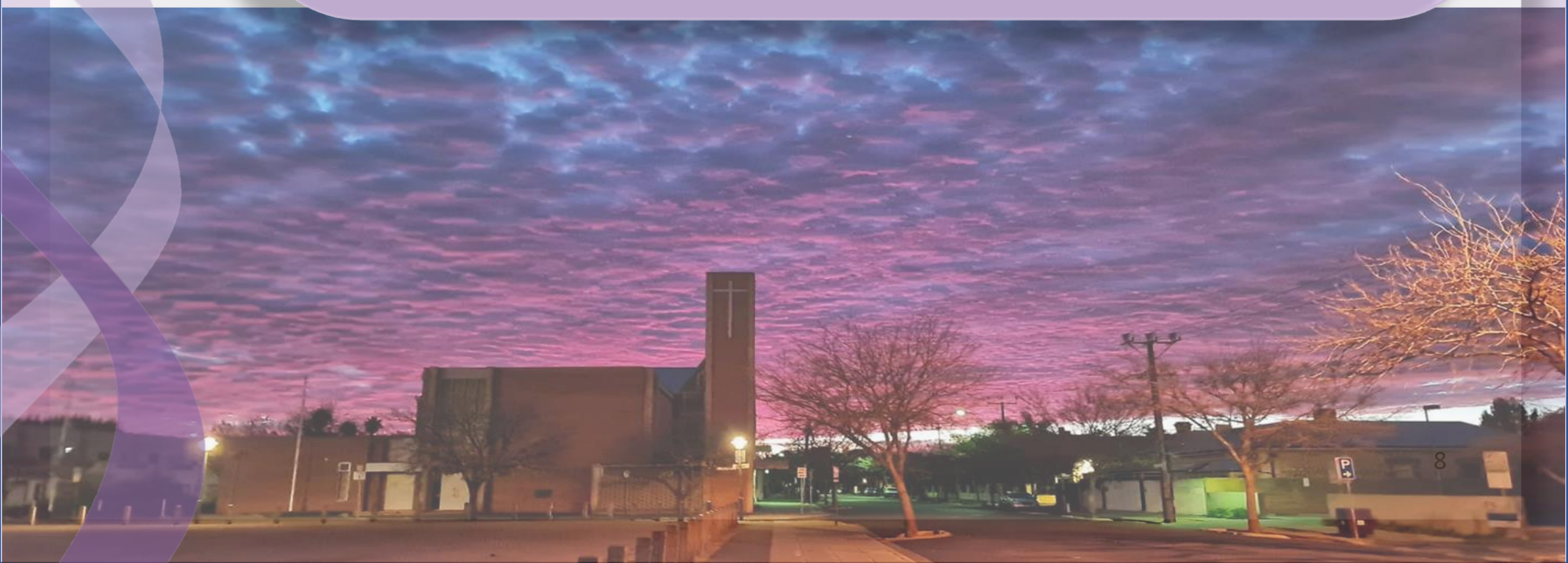
Support for you



The **I2Q** program includes support for health professionals in their ability to offer quit smoking support for patients and includes supports and resources for smokers willing to make a quit attempt. A summary of these supports are provided below.

Overview of support for participating NALHN health professionals

- Provision of education ± training about the **I2Q** program, delivered in-person or via webinar by project support staff,
- Access to nationally accredited brief advice training offered online by Cancer Council Victoria, attracting continuing professional development (CPD) points,
- Access to community co-designed resources that can be handed out to smokers wanting to enroll in the **I2Q** program, including the financial incentives in the form of a supermarket gift card (that excludes the purchase of alcohol and tobacco products),
- This health professional procedure manual to be used as a step-by-step guide for all aspects of delivering the **I2Q** program,
- Ongoing technical support that can be accessed via:
 - The **I2Q** program website: <https://houdresearch.com.au/i2q/>, or
 - E-mail info@houdresearch.com.au
- Provision of progress reports for each patient who enrolls in Quitline counselling, faxed to the relevant health service at conclusion of counselling.



Support for your patient

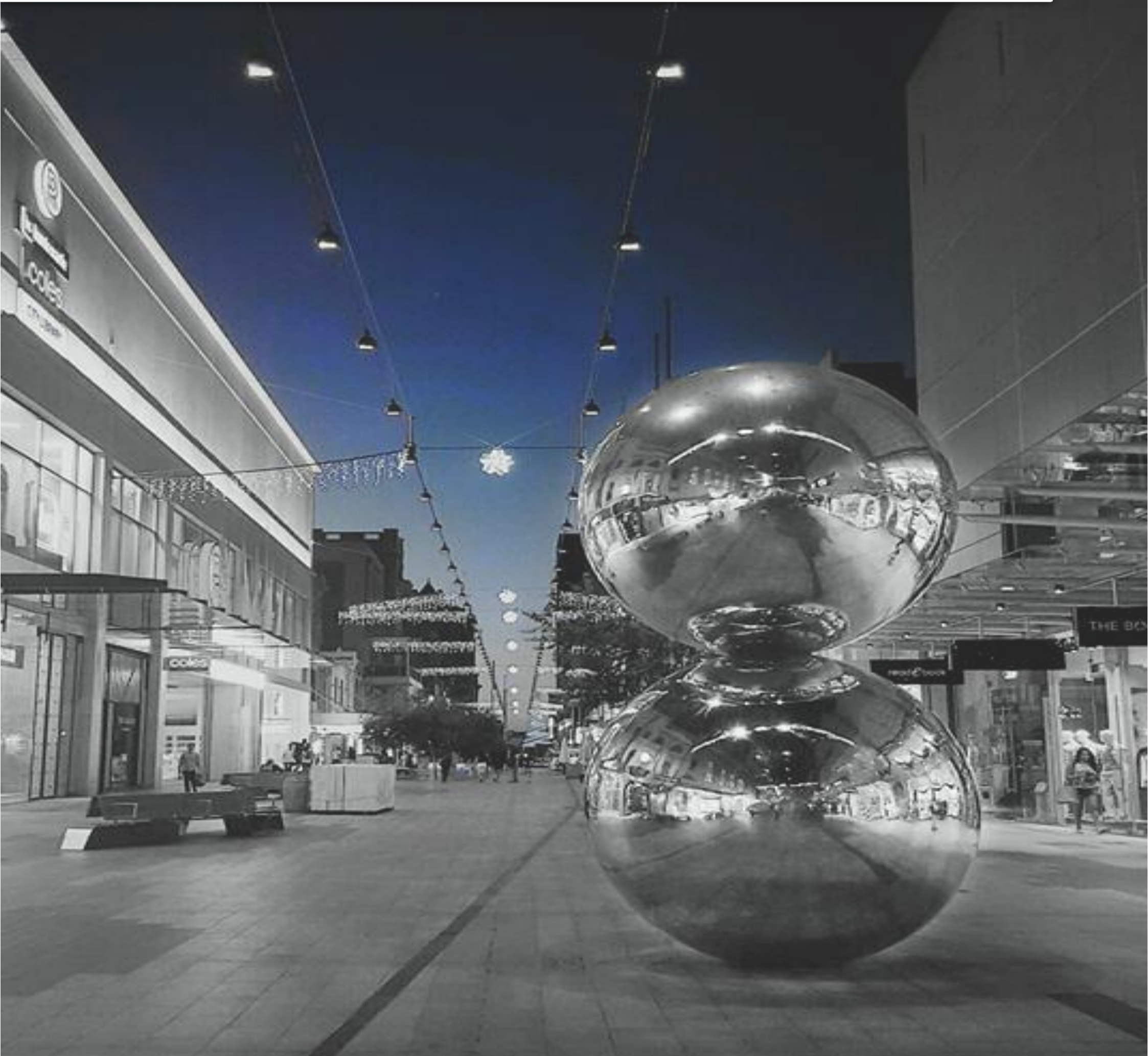
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Smokers/vapers who agree to participate in the I2Q pilot program will be offered several sources of support to increase chances of success in their quit smoking journey. These will be available over the 6-month intervention period.

Overview of support for smokers enrolling in the I2Q program

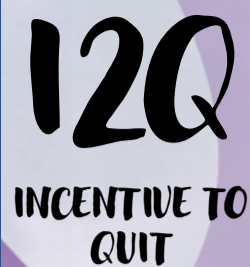
- Support from their treating HP to make a quit attempt using evidence-based quit smoking strategies
- Access to the I2Q program, including the chance to receive up to \$150 in supermarket gift cards (**excluding the purchase of alcohol or tobacco products**)
- Provision of community co-designed education resources tailored to different stages of the quit smoking journey
- Encouraged and incentivized to use Quitline, being a gold standard quit smoking support service
- Exposure to marketing and communication about the I2Q program, around participating health service areas
- Access to ongoing technical support that can be accessed via:
 - The I2Q program website: <https://houdresearch.com.au/i2q/>, or
 - E-mail info@houdresearch.com.au, or
 - Call I2Q on 0412 894 427 or Kristin on 0412 708 879
- Incentivised to have follow-ups at 3-months and 6-months, as every discussion about smoking could help build knowledge and capacity toward long-term quitting success

The **I2Q** program is available for all of **2024**



Support is available for you and your patient via the **I2Q** program website
<https://houdresearch.com.au/i2q/>

Health professional training



Four levels of education, with and without training, are available to introduce the I2Q program to health professionals, and to develop skill, knowledge, and confidence to provide quit smoking support. The content of each level builds in complexity, commencing with an overview of the program through to a comprehensive approach including I2Q and Quit educational materials.

I2Q training

Table of education and training offered to eligible I2Q program professionals

Duration and type	Focus	Delivered by
5-minute I2Q program education	Outline the I2Q program, explain how to enrol smokers & provide resources	I2Q project personnel
15-minute I2Q education + training	Outline + basic tips discussion for supporting smoker quit attempts	I2Q project personnel
60-minute I2Q education + population group tailored training	Outline + basic tips + tailored support and education relevant for individual population groups	I2Q project personnel

Quit essentials training

Table of Cancer Council Victoria's "Essentials training for health professionals"

Duration and type	Focus	Delivered by
30- to 60-minute "Essentials training for health professionals"	Extended training to provide skills, confidence, and knowledge in offering quit smoking advice to patients	Cancer Council Victoria experts in brief advice to prompt quit attempts and use of proven quit aids

Criteria for **I2Q** enrolment

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The **I2Q** program is designed to increase quit smoking activities for as many current daily smokers as possible. As such a limited inclusion criteria has been developed as follows:

Inclusion

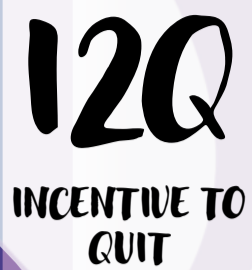
- Attending one of the participating NALHN health service sites as an inpatient or outpatient between 01/03/2023 and 31/12/2024
- Daily smoker of at least 1 cigarette or equivalent, per day, OR 10 cigarettes per week
- OR regular electronic cigarette (e-cig) user/vaper
- At least 18 years of age
- Willing to make an attempt to quit smoking within 2 weeks of first visit

Exclusion

- Past participant of the **I2Q** program



dI2Q: Enrolment process



Start

Patients are identified by you, other professionals, or they may approach you to enrol after seeing **I2Q** program advertising material.

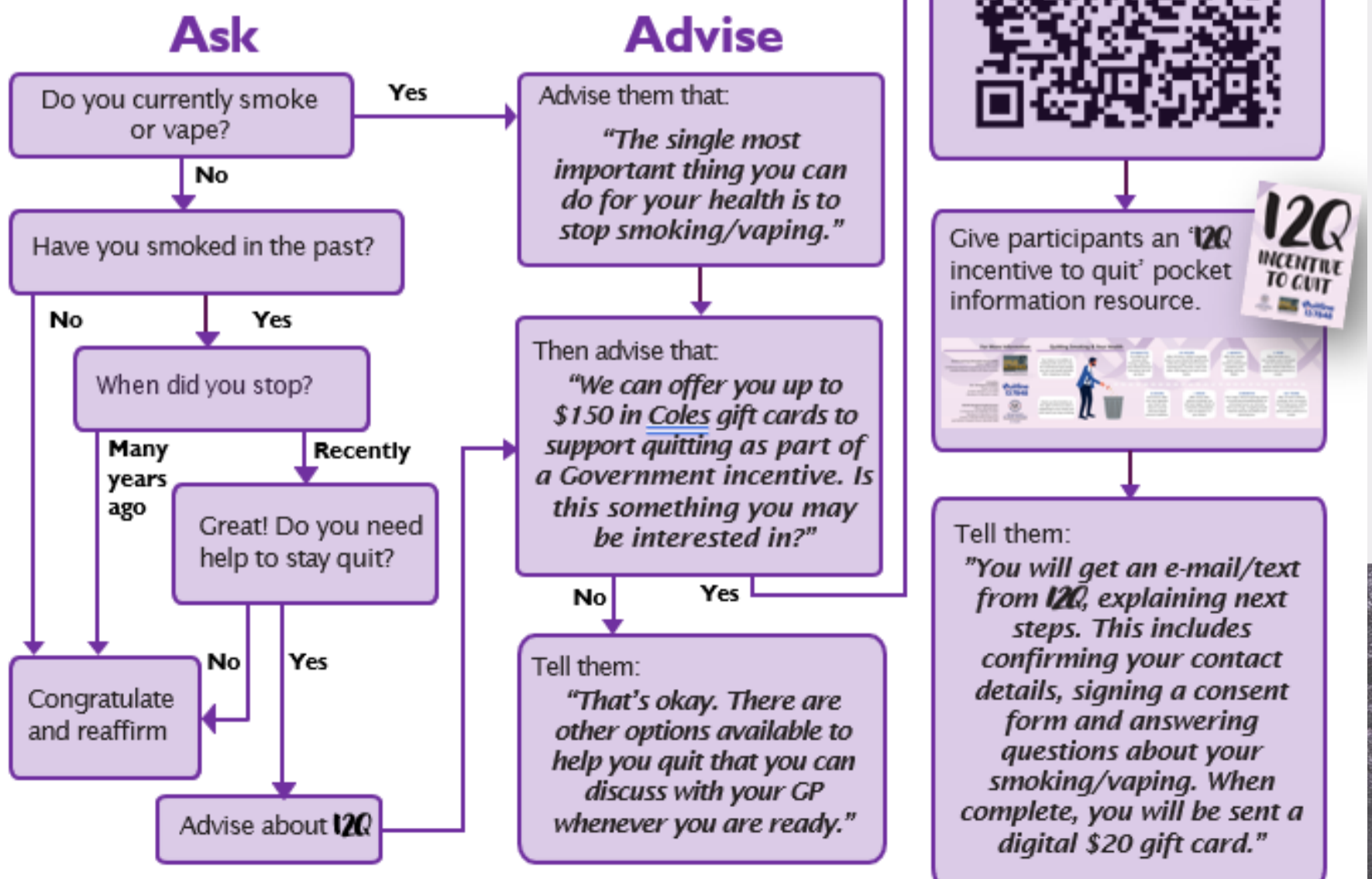
If the patient meets the eligibility criteria, you can then enrol them into the program by scanning the QR code to the left. You can then input the patient's contact information, and the participant will receive a link to the informed consent procedure, and baseline questionnaires.

That's all!

Once the participant has completed the surveys, they will be eligible to receive their first incentive via SMS or email (to be sent by Houd Research Group staff).

Patients may choose to undertake a voluntary Smokerlyzer test to receive a baseline carbon monoxide reading.

This is the 'Ask, Advise, and Help' brief advice **I2Q** program flow-chart. Starting in the top left corner under the heading 'Ask', it provides you with follow-up questions to ask your patient based on their responses. These questions will help you to identifying potential **I2Q** participants.



dI2Q: Follow-up

**3-months
&
6-months**

Use the pico Smokerlyzer OR saliva cotinine tests to verify your patient's smoking status.

A reading of ≤ 10 ppm OR a green clear cotinine test is required to confirm quit success.

One month prior to their follow-up date, participants will be sent a survey to determine if an in-person appointment should be scheduled; if they report that they are still smoking, they can complete their follow-up over the phone. Participants who have quit are required to attend a clinic-based follow-up to undergo biochemical validation and be eligible for the maximum incentive amount.

If they require an in-person appointment, depending on your site location, patients will either return to you or will see a Houd Research Group staff member for follow-up.

The participant will receive a QR code to their phone/email, which you will need to scan during their follow-up appointment.

If the patient reports that they have successfully quit smoking, use a Smokerlyzer to confirm their response. A patient must register ≤ 10 ppm to confirm quitting success. If the patient has enrolled in the program for vaping cessation, use a saliva cotinine test to confirm quit success with a negative reading.

Once the participant has completed the surveys, they will receive their appropriate incentive via SMS or email (to be sent by Houd Research Group staff).

Follow-up **3** & **6** months after start

Ask every patient if they smoke
Advise on importance of quitting
Help connect to the I2Q program

mI2Q: Enrolment process

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Start

Patients are identified by you, other professionals, or they may approach you to enrol after seeing **I2Q** program advertising material.

If the patient meets the eligibility criteria, you can then enrol them into the program by adding patient details to the enrolment registry, completing the **'My Quit Smoking Journey'** handout together (page 19-20), and by providing advice that may help their quitting journey.

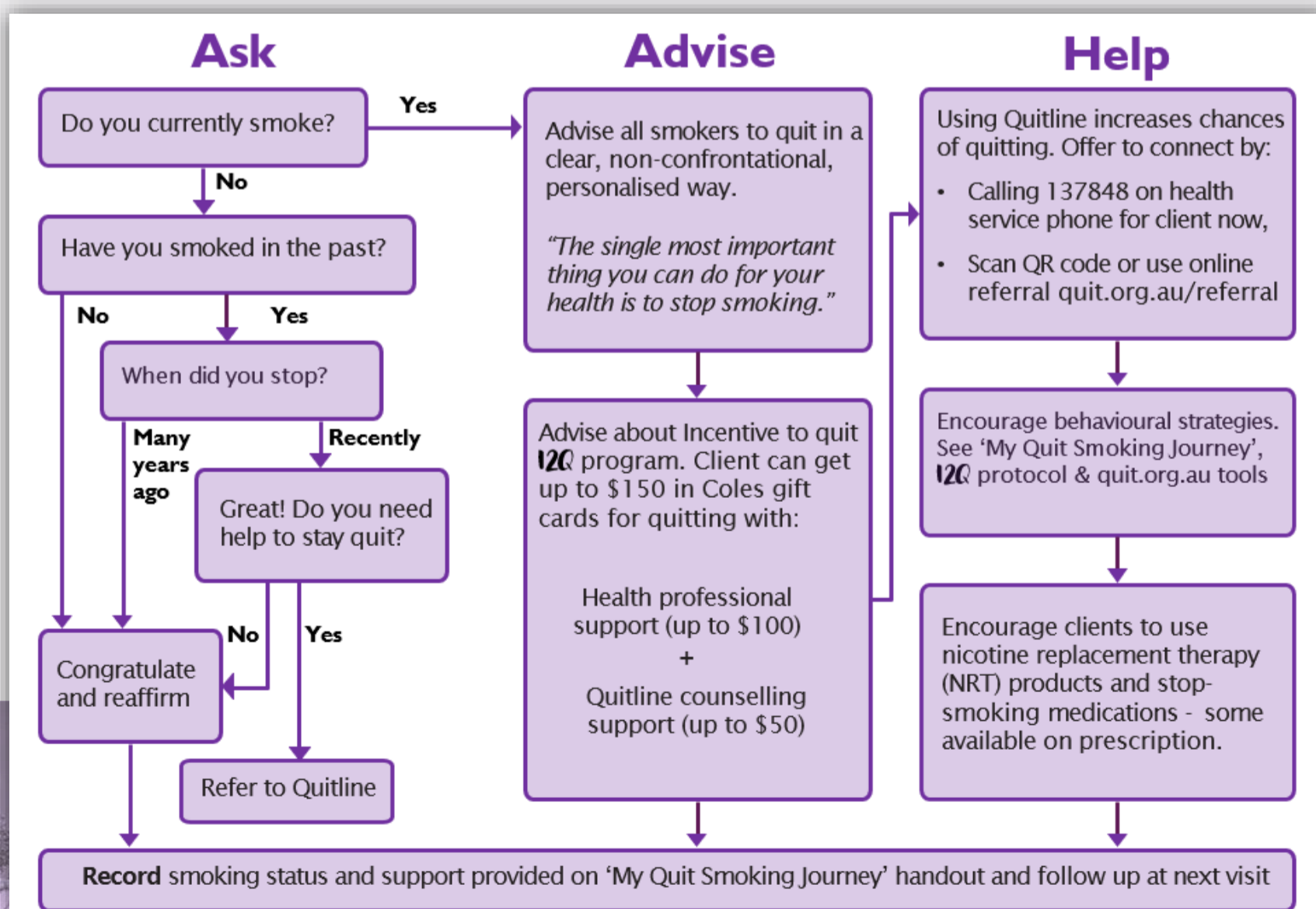
You may wish to use the 'Ask, Advise, and Help' program flow chart below

Once all questions are answered, connect the patient to Quitline via their preferred method, if they agreed to undergo Quitline counselling.

The incentive amount can then be calculated and provided to the patient. It may be beneficial to arrange another staff member to witness you handing this to the patient. Be sure to record the incentive details in the appropriate section of the **'My Quit Smoking Journey'** handout. Please fill in the gift card registry sheet in the I2Q Folder.

Patients may choose to undertake a voluntary Smokerlyzer test to receive a baseline carbon monoxide reading.

The 'Ask, Advise, and Help' brief advice **I2Q** program flow-chart is presented below. Starting in the top left corner under the heading 'Ask', it provides you with follow-up questions to ask your patient based on their responses. These questions will help you to identifying potential **I2Q** participants.



mI2Q: Information Sheet

The information sheet can be provided to potential participants for them to read through and learn more about the project, to reduce the burden during their appointment time.

Please give the patient the information sheet alongside the rest of the I2Q paperwork (pages 18-21).

Am I eligible?
If you would like to participate in the I2Q program, check your eligibility by reading the 'PATIENT ELIGIBILITY CRITERIA', on the next page.

What do I do next?
1.) If you meet the eligibility criteria and would like to participate, write your name, and sign at the bottom of the 'PATIENT ELIGIBILITY CRITERIA' form (picture of form shown below left).

2.) Then complete all question in the 'I2Q Program: Patient questions at enrolment' form (picture of form shown above on the right).

3.) You automatically qualify for a \$10 gift card just by agreeing to join the I2Q program. Now you need to decide if you want an additional \$10 gift card by agreeing for a Quitline counsellor to call you in the next 2-weeks (so \$20 total), OR if you instead want an additional \$20 if you speak with a Quitline counsellor now (so \$30 total).

If you choose the \$20 total and want someone from Quitline to call you in the next two-weeks, then provide your Quitline call back details in the second green box on the 'PATIENT ELIGIBILITY CRITERIA' form (picture of the box to complete shown here on the right)

OR, if you choose the \$30 total, call Quitline while you are in hospital on 13 78 48 and show your health professional that the call was made and the duration.

Your health professional will collect these forms and give you your first incentive gift cards in exchange. You keep this two-page information sheet about the program for your records.

If you have any questions or need more information, please speak to your health professional, or contact A/Prof Kristin Carson-Chahhoud from Houd Research Group, who is leading pilot program delivery and evaluation, on Kristin@houdresearch.com.au or 0412 708 879.

Why am I receiving this?
This information is about the Incentive 2 Quit (I2Q) pilot program. Patients are being offered up to \$150 in Coles gift cards to encourage smoking and vaping quit attempts. If you are not a smoker or vaper, you do not need to read further and you do not need to fill out any of these forms.

If you are a smoker or vaper, would like to know more about the I2Q program, and see if you are eligible to participate, please keep reading!

What is the I2Q pilot program?
The I2Q pilot is a South Australian Government initiative that supports smokers and vapers to quit. I2Q is the first government-funded program in the world to implement a program based on the evidence that you are 2-3 times more likely to successfully quit smoking if you receive a monetary incentive.

In addition to financial incentives up to \$150, you will also be supported through other proven quit aids like Quitline counselling and self-help resources. Quitline has recently undergone some changes and offers one-on-one counselling from experts. These experts will help you build coping strategies and a quit plan to meet your individual needs. You will also receive evidence informed self-help resources that provide practical tips to support your quit attempt.

The program was co-designed with health professionals and patients from the Northern Adelaide Local Health Network community, with input from the nation's leading researchers and experts in nicotine addiction.

Up to 600 patients across Cardiology, Respiratory, Mental health, and Aboriginal health services will be offered the opportunity to participate. If the pilot shows that I2Q is successful in helping smokers and vapers to quit, it may be extended to more patients in the future.

How does the program work?
The I2Q program will support your quitting journey by providing up to \$150 in Coles gift cards, incentivising use of Quitline counselling, and offering practical quit support resources.

To receive the maximum amount of \$150, there are three contact points over six months:

- Start (today):** earn \$30 by agreeing to quit smoking and/or vaping, and by talking with a Quitline counsellor today
- 3-month follow-up:** earn \$50 if you have successfully quit* smoking/vaping and have talked with Quitline at least 4 times over the past 3-months
- 6-month follow-up:** earn \$70 if you have successfully quit* smoking/vaping

*To earn the maximum incentives at 3- and 6-months, you will need to do a breath test to measure carbon monoxide or mouth swab to measure saliva cotinine. These tests are used only to confirm quitting success over time, by showing these chemicals are no longer in the body.

You will need to come back to the hospital at 3- and 6-months for follow-up visits. Though a phone consult may be possible for those only wanting Quitline and quit attempt incentives at 3- and 6-month follow-ups. Where possible, we will try to coordinate the I2Q visit to happen at the same time as your other hospital appointments.

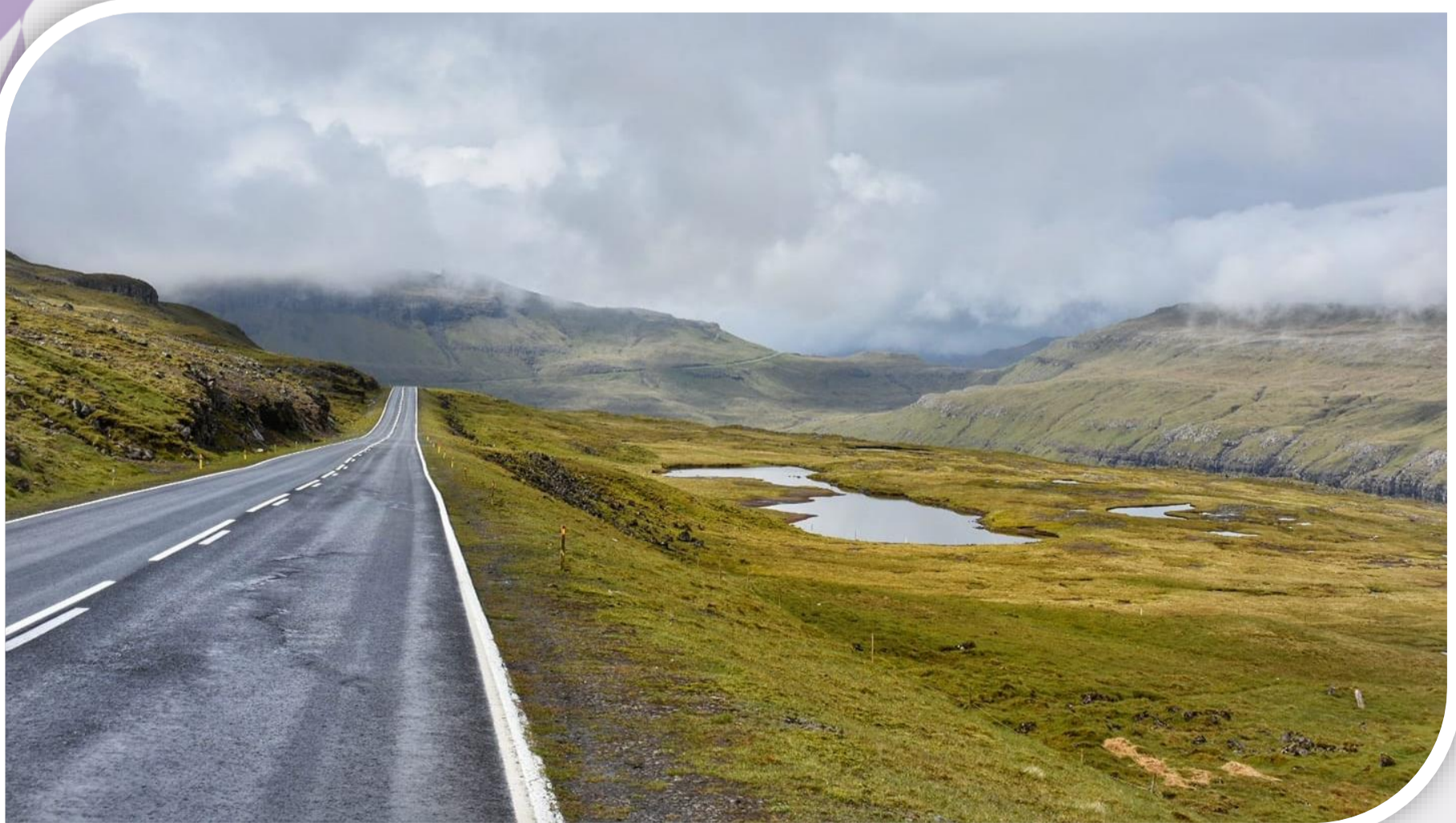
mI2Q: Paperwork

There is ONE (1) document to be completed when enrolling new patients, which includes 3 forms:

- 1) The *'My Quit Smoking Journey'* consent form
- 2) The *'My Quit Smoking Journey'* incentive page
- 3) A brief, 1-page patient questionnaire

Copies of these resources are provided by Houd Research Group staff as required by the sites. Additional copies can also be obtained during any of the regular **i2Q** training sessions and updates occurring in your local area.

To request more resources for your site, or to request a training workshop, go to <https://houdresearch.com.au/i2q/>.



mI2Q: “My Quit Smoking Journey”



The key patient engagement resource in the I2Q program is the ‘My Quit Smoking Journey’ handout. This resource has been co-developed with end users as a guide to enrol, monitor and encourage each patient’s quit smoking journey, and to track engagement with the I2Q program.

The first step is to check patient eligibility against the inclusions/exclusion criteria on the ‘My Quit Smoking Journey’ consent page, and allow the patient to sign the consent form.

1



Patient ID. _____



The I2Q Incentive to Quit program offers financial rewards of up to \$150 (Coles gift cards*) for eligible patients making an attempt to quit the smokes.

PATIENT ELIGIBILITY CRITERIA

- Over 18-years of age;
- Daily smoker of at least one cigarette or other tobacco product, per day, or regular smoker of at least 10 cigarettes or other tobacco product per week, or regular electronic cigarette (e-cig) user / vaper;
- Attended one of the Cardio-pulmonary or Mental Health & Wellbeing sites, or a staff member working at one of these services, between 01/03/2023 and 28/02/2024;
- Agrees to make a quit smoking attempt within 2-weeks of first visit;
- Consents to information on this form and via Quitline (if relevant) being used to measure success of the I2Q pilot program (you will not be individually identified in any reports or publications);
- For people who have successfully quit at 3- or 6-months, I understand I will be required to do a carbon monoxide breath test (if cigarette smoker) or cotinine saliva test (if vape user) to confirm my quitting success. These tests are only used to confirm that I have successfully quit the smokes / vapes and do not test for anything else. You can refuse these tests, but will not be able to receive the full \$150 reward;
- To be able to receive the Quitline incentive, your name and date of birth will be shared with Quitline to match our records with their records. If you choose not to participate in the Quitline incentive component, your details will not be shared with Quitline;

I _____ have read and understand the information above and
(patient first and last name)

give my consent to participate in this program on; _____ | _____
(today's date) (patient signature)

_____ | _____
(witness first and last name) (witness signature)



*Coles gift cards exclude the purchase of alcohol and tobacco products. Additional eligibility criteria; Past participants of this program are not eligible to re-enrol a second time. Only available to smokers attending participating Cardio-pulmonary or Mental Health & Wellbeing sites.

mI2Q: "My Quit Smoking Journey"

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Complete the 'Start' (green) section of the form, depending on the patient's preferences for calling the Quitline.

The participant can either choose to call and talk with the Quitline as they are leaving the session, call the Quitline and ask for a call back, or may only complete the first box.

Ensure you **CIRCLE** the incentive amount received by the patient, and make sure you both sign to confirm that the financial incentive gift card was received by the patients.

2

Start



I agree to;

- Join the **I2Q** program
- Make a quit smoking attempt in the next 2-weeks

(if yes) **\$10**

+

I agree to;

- Have at least one chat with someone from Quitline
- Phone #: _____ Alt #: _____ Post Code: _____
- Best time for Quitline to call: AM / PM / Evening
(please circle preference)
- Do you identify as;
Aboriginal / Torres Strait Islander / Both / Don't want to say
(please circle preference)

(if yes) **\$10**

OR

+

I agree to;

- chat with someone from Quitline right now

(Tick if Quitline call completed during consult) (if yes) **\$20**

Total \$ Given

\$10 OR
\$10 + \$10 OR
\$10 + \$20

(please circle \$ given based on patient participation)

(HP signature)

(patient signature)

CO Test @ Baseline

mI2Q: Patient Questionnaire

Following the My Quit Journey paperwork, patients also need to complete the patient questionnaire (below).

3

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Patients first name: _____ Surname: _____

Phone number: _____ Email: _____

I2Q Program: Patient questions at enrolment

HP ID code: _____

Patient ID: _____

Please answer questions as honestly as possible. There are no wrong answers. Responses are confidential and any reports evaluating data for the I2Q program will not individually identify you.

Demographic information

Age (years): _____

Gender: _____

Ethnicity: _____

Occupation: _____

Smoking history

Average number of smokes per day: _____

How old when you started smoking? _____

Have you tried to quit in the past? Yes / No

If yes... how many times have you tried to quit in the past? _____

What is the longest time you were able to quit? _____

Have you used Quitline before Yes / No

If yes, was it helpful? Yes / No

What supports (medications or strategies) have you used to try and quit? _____

What caused you to start smoking again? _____

Vaping (electronic cigarette) history

Have you ever tried vaping? Yes / No

Are you a current or casual vape user? Yes / No

If yes, how long have you vaped? _____ (days / months / years)

How often do you vape? _____

Why did you start vaping? _____

Have you tried to quit vaping in the past? Yes / No

If yes, what caused the relapse? _____

Notes: _____

I2Q Patient enrolment questions; Resource Date 01/03/2023, NALHN Health Services
For more information, please contact A/Prof Carson-Chahhoud Kristin@houdresearch.com.au or 0412 708 879

Once completed, please place these documents back into the folder for the Houd Research Group team to collect.

m12Q: Follow-up

3-months

Use the pico Smokerlyzer OR saliva cotinine tests to verify your patient's smoking status.

A reading of ≤ 10 ppm OR a green clear cotinine test is required to confirm quit success.

Depending on your site location, patients will either return to you for an appointment at 3-months (give or take 3 weeks), or will see a Houd Research Group staff member for follow-up.

Use the **'My Quit Smoking Journey'** handout as a guide to talk about your patient's quitting experience, and tailor your advice to support their ongoing attempt to quit smoking. You do this by incorporating what they tell you about their quitting experience into your advice and recommendations, using your brief advice skills.

Complete the 3-month box of **'My Quit Smoking Journey'**, and provide the combined incentive and patient information resource using the same process as described under 'Start'. If the patient reports that they have successfully quit smoking, use a Smokerlyzer to confirm their response. A patient must register ≤ 10 ppm to confirm quitting success. If the patient has enrolled in the program for vaping cessation, use a saliva cotinine test to confirm quit success with a negative reading.

A Houd Research Group team member will indicate on the **'My Quit Smoking Journey'** sheet if patients have completed the minimum Quitline counselling sessions.

6-months

Depending on the site location, patients will either return to your service, or will see a Houd Research Group staff member for follow-up at 6-months (give or take 3-weeks). Follow the same process described at the 3-month follow-up for confirming quit smoking success.

mI2Q: Paperwork at follow-up

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There are two follow-up sessions for the **I2Q** program. As detailed in the 'My Quit Smoking Journey' resource. These occur at 3-months and 6-months after the program start date. Each follow-up has unique questions that must be asked. Responses to these questions are recorded on the patient's "My Quit Smoking Journey" document. These responses are needed to determine how much financial incentive to provide to the patient, and to offer information to track if the **I2Q** program does help in supporting successful smoker quit attempts.

Start



I agree to;

- Join the **I2Q** program
- Make a quit smoking attempt in the next 2-weeks

(if yes) **\$10**

+

I agree to;

- Have at least one chat with someone from Quitline
- Phone #: _____ Alt #: _____ Post Code: _____
- Best time for Quitline to call: AM / PM / Evening (please circle preference)
- Do you identify as; Aboriginal / Torres Strait Islander / Both / Don't want to say (please circle preference)

(if yes) **\$10**

OR

I agree to;

- chat with someone from Quitline right now

(Tick if Quitline call completed during consult)

(if yes) **\$20**

Total \$ Given
\$10 OR
\$10 + \$10 OR
\$10 + \$20
(please circle \$ given based on patient participation)

(HP signature)

(patient signature)

CO Test @ Baseline

3 Months

• I made _____ attempt/s to quit (how many)

• My longest attempt lasted _____ (duration in days, weeks or months)

(if yes) **\$10**

OR

• I quit the smokes for _____ (duration in days, weeks or months)

• CO verified _____ by _____ (PPM result) (HP initials)

(if <6PPM) **\$20**

+

• I had **at least 4** chats with Quitline since joining the **I2Q** program

• Confirmed by Quitline confirmation shown in **I2Q** database

>4 chats (**\$30**)
(Tick if Quitline report is in Teams database)

• If ≥ 4 chats but **not** reported in HRG Notes box (right), as confirmed with Quitline, please call either; Kristin on **0412 708 879**, or Michael on **0413 691 983**

(if yes) **\$30**

Total \$ Given
\$10 OR
\$20 OR
\$10 + \$30 OR
\$20 + \$30
(please circle \$ given based on patient participation)

(HP signature)

(patient signature)

HRG Notes

6 Months

• I made _____ attempt/s to quit (how many)

• My longest attempt lasted _____ (duration in days, weeks or months)

(if yes) **\$10**

OR

• I quit the smokes for _____ (duration in days, weeks or months)

• CO verified _____ by _____ (PPM result) (HP initials)

(if <6PPM) **\$70**

Total \$ Given
\$10 OR
\$70
(please circle \$ given based on patient participation)

(HP signature)

(patient signature)

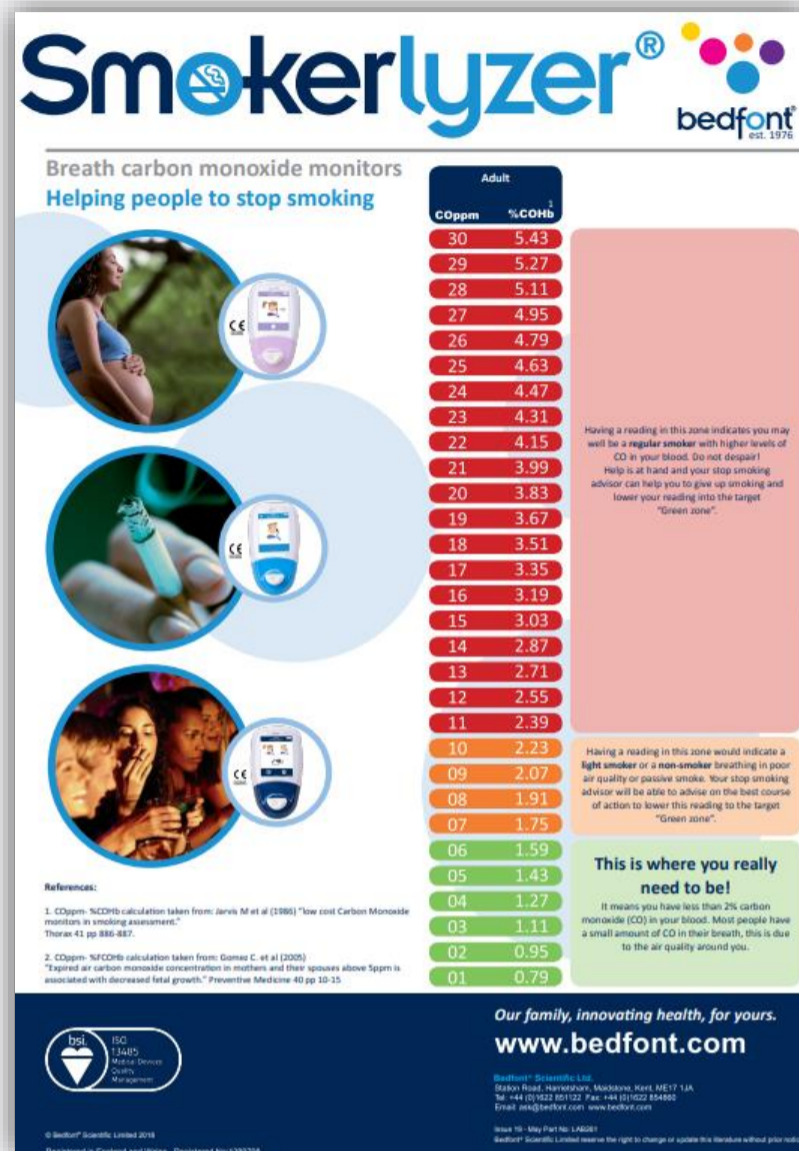
Verifying quitting success: Smokerlyzer (cigarettes)

12Q
INCENTIVE TO
QUIT

To verify abstinence at 3- and 6-month follow-ups, patients will be tested using a **Smokerlyzer breath test** (combustible tobacco products i.e. cigarettes, pipes, cigars) or a saliva cotinine test (all other products i.e. vapes, chewing tobacco etc).

Please note: patients using NRT products will NOT be eligible for abstinence testing, as the nicotine will produce a false positive.

Smokerlyzers may be also used within patients' initial appointments to provide a baseline reading of CO but will be required at the 3- and 6- month follow-ups for patients to be eligible for the maximum incentive.



How to use piCO Smokerlyzers:

1. Attach the D-piece (as shown) and hold down the power button at the top of the machine to turn on the screen.
2. Press the home screen when the Smokerlyzer turns on.
3. Attach the OneBreath disposable mouth-piece into the D-piece and tap the image of the animated character on the screen.
4. Instruct patient to hold breath for 15 seconds (10 seconds is appropriate if patient is unable to hold for a longer duration)– during the final 3 seconds the Smokerlyzer will beep, prompting patient to prepare to exhale.
5. Exhale at a comfortable pace into the mouthpiece until lungs are completely deflated. The reading on the screen will show in ppm CO – patients require **<10ppm** to be eligible for their incentive.
6. Refer to the Smokerlyzer CO charts for a visual representation of the safety of the patients' CO reading.



This big one is the D piece

This shows the D piece and OneBreath disposable mouthpiece in the Smokerlyzer

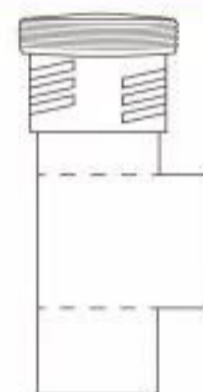
Verifying quitting success: Saliva Cotinine (vapers)

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INCENTIVE TO
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ScreenClear™ Nicotine Oral drug test

PROCEDURE CARD

- Bring tests and specimens to room temperature (15-30°C/59-86°F) before use. Donors should avoid placing anything (including food, drink, gum and tobacco products) in their mouth for at least 10 minutes prior to specimen collection.
- The oral fluid specimen should be collected using the collector provided with the kit. No other collection devices should be used with this drug test.

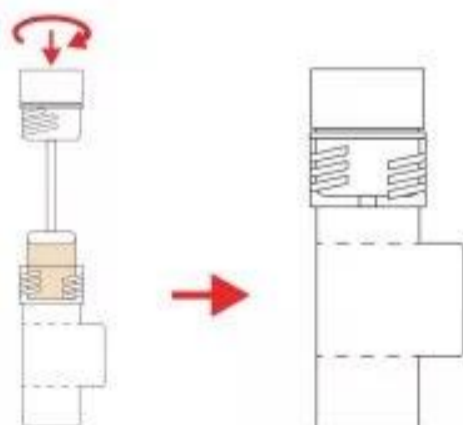


- A** Remove the collector from the sealed pouch, insert the sponge into the mouth. Collect oral fluid for **at least 3 minutes** until sponge is soft and fully saturated. **No hard spots should be felt on the sponge when saturated.**

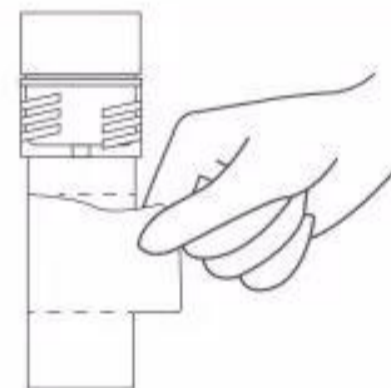


At least 3 min.

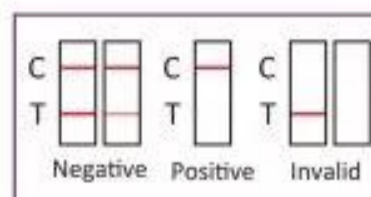
- B** Place the test device on a clean and flat surface. Remove the collection sponge from the mouth and insert the sponge into the screening device, screw the collector cap in place. **Keep upright on flat surface when inserting and screwing the sponge.**



- C** **Keep upright while test is running.** Peel off the label to view results.



- D** Read the results at 10 minutes.



Note: 1, Once the collection sponge locks in place, the device is airtight, tamper evident, and ready to be disposed or sent to lab for confirmation (on presumptive positive result).
2, In the case of no flowing even with enough saliva specimen, or the saliva is too thick to run, please move the device (keep upright, don't tilt) back and forth on the flat surface for several times. Do not tilt during the whole process.



10ppm or less confirms quit success

Use the 'My Quit Smoking Journey' to guide your quit smoking brief advice

The financial incentive

I2Q
INCENTIVE TO
QUIT

Coles gift cards (excluding the purchase of tobacco or alcohol products) will be provided in-person or sent via email or SMS to smokers/vapers enrolled in the I2Q program on three occasions. When starting the I2Q program (baseline), approximately 3-months after their enrolment date (give or take 2-weeks) and 6-months after their enrolment date (give or take 3-weeks).



The Coles gift card dollar amount provided to the I2Q program participant at each visit, depends on their agreed level of involvement in I2Q program components, and their quitting outcomes. The amounts with corresponding milestones are below.

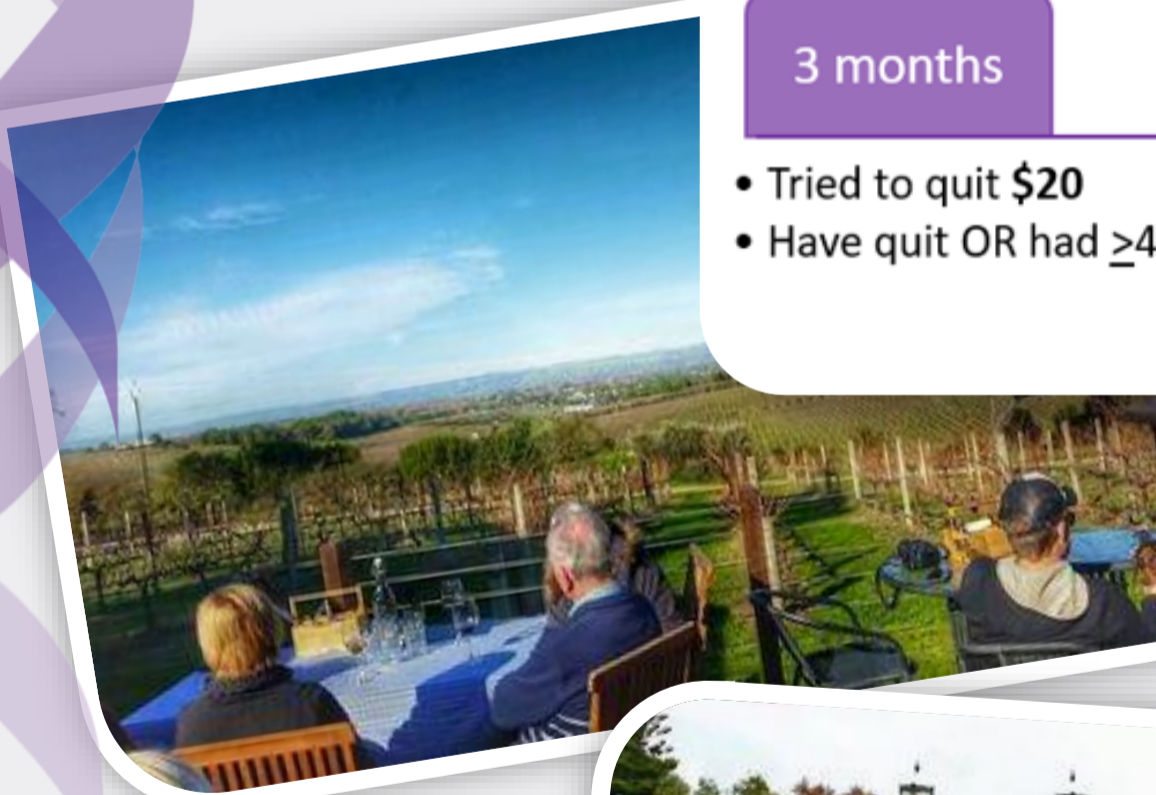
Start

- Join I2Q and talk to Quitline \$20



3 months

- Tried to quit \$20
- Have quit OR had ≥ 4 Quitline talks \$50



6 months

- Tried to quit \$20
- Have quit \$80 (CO test)



Quitline

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QUIT

Quitline (137848) is a confidential, evidence-based telephone counselling service. The SA Quitline operates Monday to Friday, 8am to 8pm ACST. Highly skilled, **friendly Quitline counsellors based in SA** deliver behavioural interventions to help people stop smoking.

Quitline
13 7848

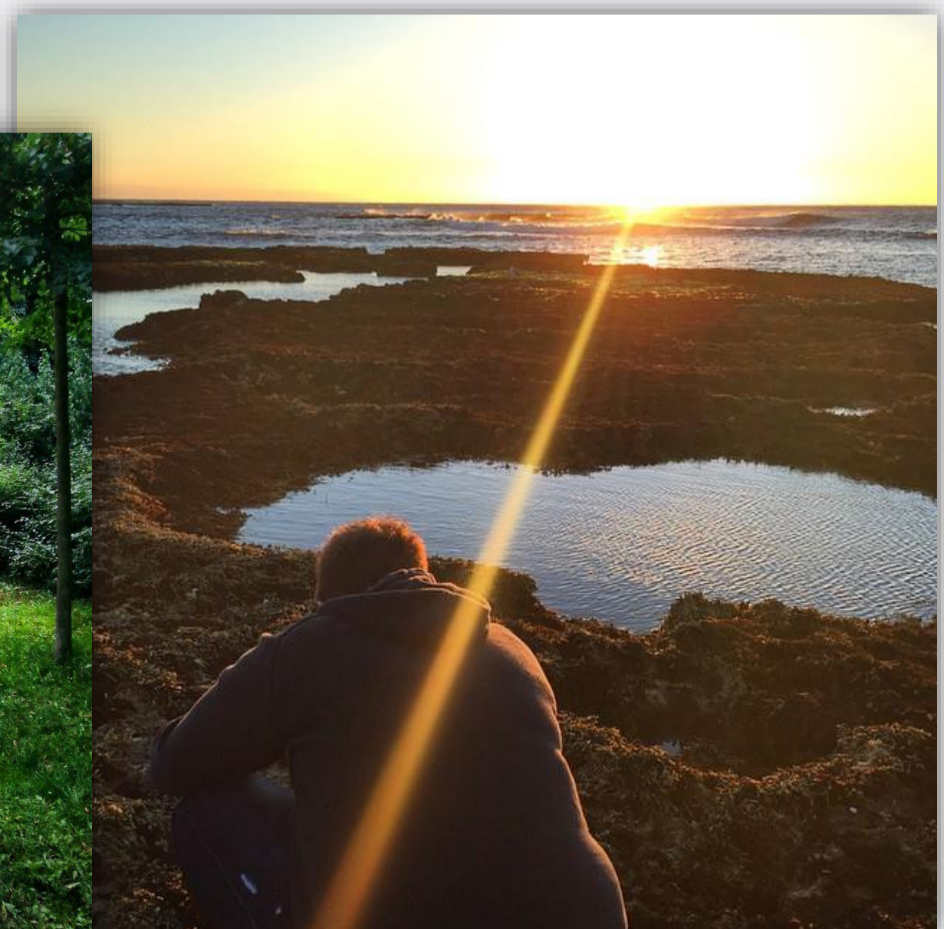


This includes helping people to:

- Identify and manage triggers to smoke
- Manage nicotine withdrawal symptoms and cravings
- Build motivation, skills and confidence to quit

Aboriginal Quitline is also available to support Aboriginal and Torres Strait Islander people who smoke. Quitline is tailored to meet the needs of priority populations, including people living with a mental illness, youth and pregnant women.

People who have a hearing or speech impairment can call via the National Relay Service. The option of an interpreter is also available for people who speak a language other than English.



Additional resources

I2Q
INCENTIVE TO
QUIT

Looking for that bit of extra information, inspiration or advice on how to start a quit smoking conversation with your patient?

This section includes resources to help you, and your patient, to take the plunge.

Patient information resource

Each Coles gift card will be attached to a concertina-style pocket-sized information resource. The information resource will include information relevant to the intervention period (start, 3-months, or 6-months).



3 months

Information will include ongoing support and recommendations on how to sustain quit attempts and prevent relapse.



Start

Content will include information about making quit attempts, services and options available to support quit attempts, and help to manage cravings.



6 months

Information will be relevant to this stage of the quit journey, such as reinforcing quitting abstinence, and motivating people who may have relapsed.

Aboriginal resources

I2Q
INCENTIVE TO
QUIT

Is your patient of Aboriginal heritage and would like some culturally tailored resources to help them on their smoking journey? If so, there are I2Q resources that have been co-designed by Aboriginal smokers and ex-smokers from Adelaide, using locally commissioned artwork and stories, intended to help an Aboriginal smoker on their quit smoking journey.



This painting represents someone who has been a smoker and their journey to better health and wellbeing by giving up smoking. The person starts off 'grey', isolated, alone and in poor health. They make the decision to quit and start their journey.

Giving up smoking starts to improve the persons social and emotional well-being. Moving into the coloured section of the painting. represents their improved health, and connections to family as they become more active and involved in the community. The further they go along their journey the better they feel and their health and outlook on life becomes more positive.

To access these resources, and more, go to <https://houdresearch.com.au/i2q/>

Enrolment strategies

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QUIT

There are many barriers to quitting smoking. Some of these barriers are not based in evidence, and as a result are misunderstood. Facts for the most commonly reported barriers are provided below. You could use these facts to help reduce patient fears if they report one of these as a barrier to their attempts to quit.

Weight gain

- 1 in 5 Quitters do not gain weight
- Average weight gain after quitting is only 4-5 kg
- Suggest: quit now, lose the weight later
- Benefit of quitting > cost of weight gain

Nicotine withdrawal

- Cravings last 2-3 minutes at a time
- Cravings usually persist for 2-4 weeks
- Nicotine withdrawal symptoms are worst in the first week and then improve
- Suggest: distraction techniques and/
- or appropriate pharmacotherapy

Fear of failure

- Most ex-smokers tried many times before successfully quitting
- Use unsuccessful quit attempts as a learning experience
- Suggest: counselling, support & pharmacotherapy to increase chances of success

Peer or social pressure

- Avoid friends who smoke for the first few weeks
- Ask friends & family not to smoke near them and to avoid offering them cigarettes
- Leave the room if someone is smoking
- Have a plan for how to respond if offered a cigarette

Coping with stress

- Smoking actually increases stress & patients will feel more relaxed when they quit
- Smoking a cigarette only temporarily relieves anxiety and restlessness caused by nicotine withdrawal
- Relaxation techniques can be helpful while quitting

Benefits of quitting over time

Health benefits in quitting smoking can be obtained within a very short time period. Twenty-minutes to be exact. The benefits over time are provided below, which you can use to encourage your patient to make a quit attempt.

20 minutes: Blood pressure and pulse rate will go down.

4 to 6 hours: Breath becomes fresher. Nicotine levels in the body fall quickly, which can cause nicotine withdrawal resulting in symptoms and feelings such as irritability and restlessness.

6 hours: Heart rate slows to normal and your blood pressure becomes more stable.

24 hours: Immediate risk of heart attack starts to fall. Carbon monoxide level in the blood falls significantly, while the oxygen level increases, enabling muscles, heart and other vital organs to work more easily.

1 week: Higher levels of protective antioxidants such as vitamin C in your blood.

Nerve endings damaged by smoking will start to regrow. Improved ability to taste and smell.

14 days: Breathing and walking easier because of improved circulation and oxygen levels in the blood.

1 month: Most of the nicotine withdrawal symptoms and feelings will have faded. Body better at fighting infections in cuts and wounds.

6 weeks: Starting to feel less stressed than when smoking.

3 months: The lungs' natural cleaning system (involving little hair-like cells called cilia) is recovering and getting better at removing mucus, tar and dust from the lungs. Coughing and wheezing should improve. Immune system starting to recover, enabling the body to do a better job of fighting off infection. Circulation system working better and blood will be less thick and sticky. Blood flow to feet and hands improved. Fading of tobacco stains on fingers.

6 months: Less likely to be coughing up phlegm.

9 months: More energy. Coughing, blocked sinuses and shortness of breath decreased. The cilia that keep the lungs clean regrown and doing their job well. Immune system more able to fight off colds and flu.

1 year: Increased risk of coronary heart disease will be half that of a person who continues to smoke. Lungs healthier and breathing more easily than a smoker.

2-5 years: Large drop in risk of heart attack and stroke that will continue to gradually decrease over time.

10 years: Increased risk of lung cancer will be around half that of a person who continues to smoke. Gradually, abnormal cells will have been replaced by healthy cells. Risk of other cancers, including oesophageal, bladder, laryngeal, oral cavity, cervical and pancreatic, decreased substantially. Risk of mouth, throat and oesophagus cancer half that of a person who continues to smoke.

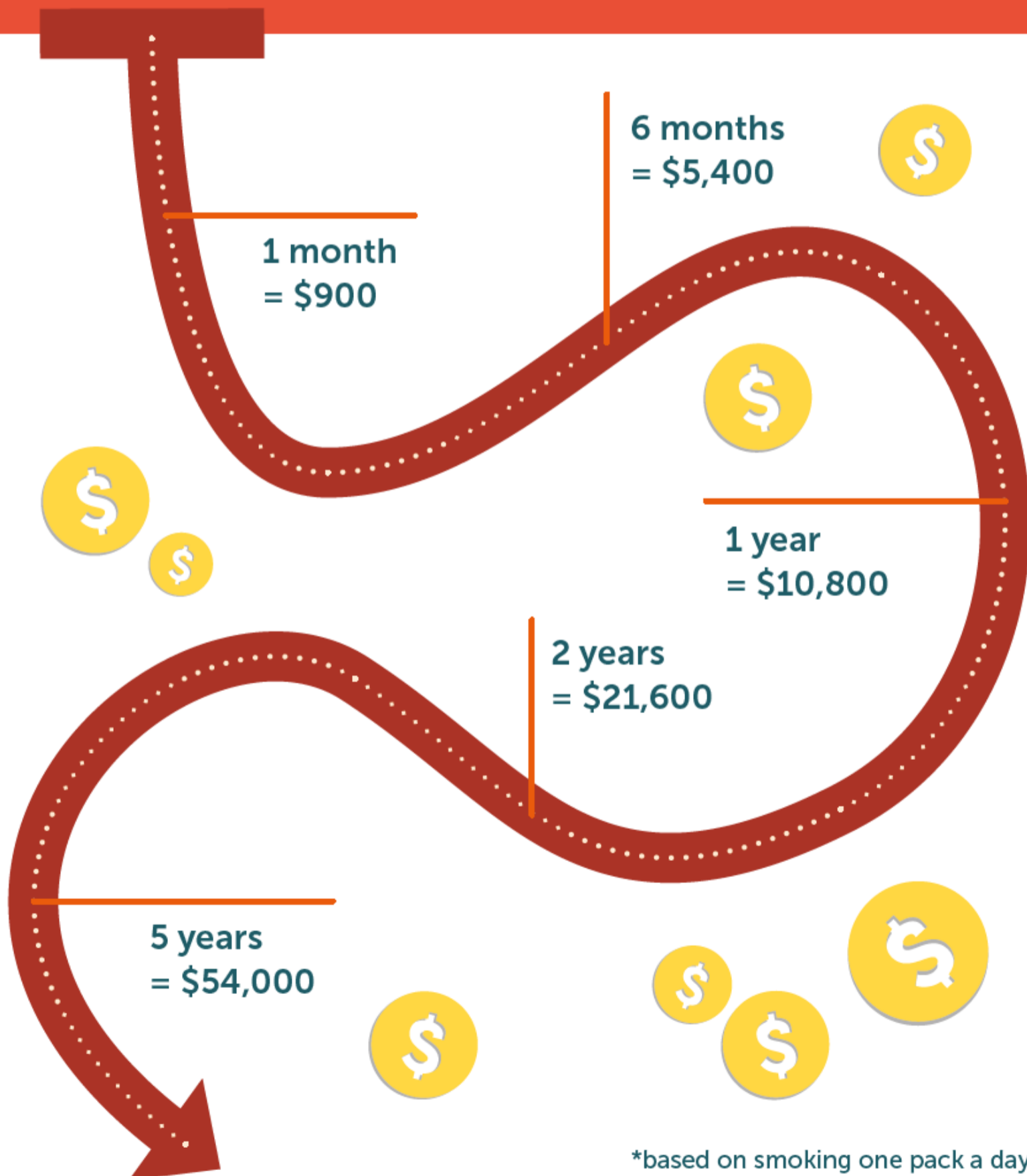
15 to 20 years: Risk of coronary heart disease the same as a non-smoker. Risk of stroke will be close to that of a person who has never smoked.

Understanding motivations

There are many different reasons why smokers/vapers try to quit. Understanding their motivations (for example, saving money vs improving health) means you can tailor the types of tools and strategies you suggest to help them on their journey.

My why is MONEY

How much cash can you save if you kick the smokes? We'll show you!



*based on smoking one pack a day

Types of NRT

Nicotine Replacement Therapy (NRT) options include inhalators, patches, gum, lozenges, or sprays. These products do contain nicotine, but not the other harmful chemicals found in cigarettes.

Participants who identify as Aboriginal may be able to access cheap NRT through 'Close the Gap', or with a prescription.



Inhalators feel similar to smoking



Patches are long lasting



Gum is cheap



Lozenges are easy to use



Mouth spray is the quickest to work

Frequently Asked Questions

Q. Is it fair to pay someone to quit smoking, when other non-smokers or ex-smokers haven't received the same benefit?

A. While we understand this view, the incentive payments are relatively small in comparison to the potential population health gains and the reduced cost on the health system over time. e.g. return on investment and cost savings.

Q. How many times can an individual participate in I2Q?

A. For this pilot program, each person can participate once.

Q. What if a participant lies about their enrolment, or tries to enrol across multiple sites to receive more incentives?

A. They will be excluded from all future participation.

Q. Can participants self-refer?

A. Not for this pilot study – participants must be recruited through one of the participating health services.

Q. Can we offer the program to participants via telehealth?

A. Yes, we can. However, in order to receive the full 3- and 6- month incentives, participants will need to present to the clinic for follow-up testing to undergo biochemical testing.

Q. Where will the follow-up clinic be located?

A. The clinic for 3- and 6-month follow-ups is located at Lyell McEwin Hospital, in the CDMU consult room. The CDMU clinic is located on Level 1 in Clinical Admin, outside of the Diabetes Centre. Participants will be provided with a map and additional details on how to access the clinic space.

Artwork acknowledgement

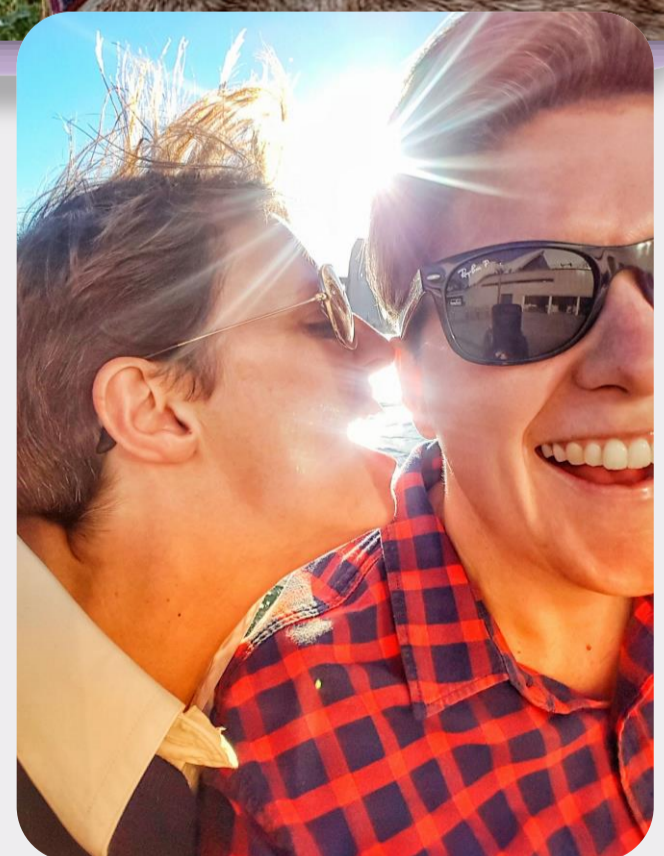
12Q
INCENTIVE TO
QUIT

Some of you may recognise the name, Alison Barr. That is because Alison spent almost four years working at Lyell McEwin Hospital as the Research Governance Officer, between 2014 and 2018.

Alison is a proud South Aussie girl. Her way of showing appreciation for her home town, is by capturing its beauty on camera, and turning it into visually compelling pieces of art.



These days, Alison enjoys spending her time seeking out new sources of inspiration with her bulldog Ruby and her wife, who also happens to be named Allison.



Abbreviations

- A/Prof – Associate Professor
- CO – Carbon Monoxide
- CPD – Continuing Professional Development
- E-cig – e-cigarette
- I2Q – Incentive to Quit
- HP – Health Professional
- NALHN – Northern Adelaide Local Health Network
- NRT – Nicotine Replacement Therapy
- PHSA – Preventive Health South Australia
- SA – South Australia

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Contact details for further information



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Monday to Friday 8am to 8pm

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