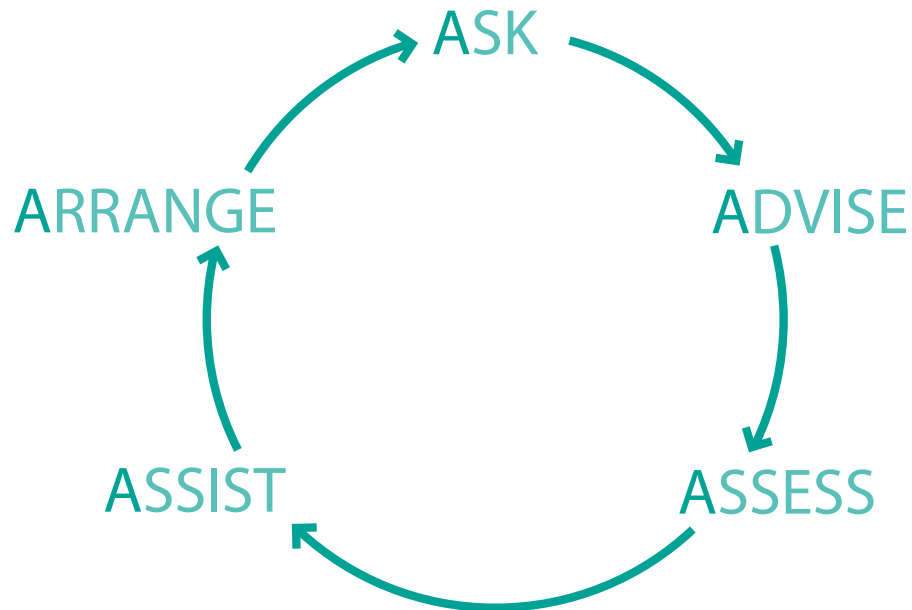


Guideline for Tobacco Cessation and Secondhand Smoke Exposure

- Integrate interventions for tobacco cessation and secondhand smoke exposure **reduction** into every interaction with the patient by using the 5As approach.
- Utilize a **combination of behavioral change counseling (including the Colorado QuitLine) and pharmacotherapy treatments** for the highest rates of abstinence success.
- Exposure to secondhand smoke is a significant health risk to the general public, especially children, and the establishment of smoke-free environments should be encouraged.
- Evidence shows patients are more likely to quit **when their clinician advises them to** – even a brief clinician intervention has been shown to be effective.

Tobacco dependence (current or former) is a chronic relapsing disease that requires a systematic approach, repeated clinician intervention, and **may require clinician support for multiple patient quit attempts.**



If you have limited time:

ASK → ADVISE → REFER

**COLORADO
QuitLine**
Be tobacco free
1-800-QUIT-NOW
1-800-784-8669

ASK

- **ASK** every patient and document tobacco use status at every encounter.
- **ASK** if anyone who lives with or takes care of children smokes.
- If patient recently quit using tobacco, reassess abstinence status, address possible relapse, and congratulate on success.

ADVISE

- Urge every tobacco user to quit smoking with clear strong personalized health messages about the benefits of quitting.
- Discuss the health risks of secondhand smoke exposure on household members, especially children, and **advise** them to smoke outside and to create smoke-free home and car **environments.**

ASSESS

Determine the willingness to make a quit attempt within the next 30 days:

- If yes, proceed to the next step: "ASSIST"
- If no, use strategies of encouragement and open ended questions to enhance patient's motivation to quit:
 - » Address the 5 R's with empathy, supporting self-reliance in a non-confrontational manner:
 - › Relevance - search for patient's personal important reason(s) to quit
 - › Risk - ask patient to identify what are the harms to continued tobacco use
 - › Rewards - have patient talk about benefits to quitting
 - › Roadblocks - have patient discuss barriers and fears to quitting
 - › Repetition - **review** this list at each visit

ASSIST

- **REFER** to the Colorado QuitLine at 1.800.QUIT.NOW (1.800.784.8669) and/or
- Provide positive practical behavioral **coaching** as part of a quit plan:
 - » Practical problem solving and **coping skills training**
 - › Discuss cessation tips: set a quit date, create smoke-free environments, avoid high risk situations, and identify triggers
 - › Provide tailored self-help materials for cessation and reducing secondhand smoke exposure
 - » Social support:
 - › **Use encouragement, communicate caring and concern, assist with establishing support of friends and family**
- Offer tailored pharmacotherapy treatments (see reverse side).
- **AGREEMENT:** collaboratively set specific quit goals and address barriers (e.g.: weight gain, fear of failure).

ARRANGE

- Schedule a follow-up contact within the first week after the quit date, or QuitLine referral and a second follow-up contact within the first month.
- **Ongoing monitoring** for relapse; if relapse occurs, use lapse as a learning experience, identify triggers and plan next quit attempt.
- Congratulate successes!

Additional Resources:

- CCGC Website: www.coloradoguidelines.org/tobacco
- To order free office toolkits and materials: www.STEPPitems.com
- Colorado QuitLine: 1.800.QUIT.NOW (1.800.784.8669) or www.coquitline.org
- Provider Website: www.COhealthproviders.com

For important updates, special clinical considerations, additional information, and copies of the guideline email CCGC at tobaccoinfo@coloradoguidelines.org OR call 720.297.1681 OR 866.401.2092.

Reference:

- PHS website: www.surgeongeneral.gov/tobacco/

This guideline is designed to assist clinicians in the management of patients with tobacco use and/or secondhand smoke exposure. This guideline is not intended to replace a clinician's judgment or establish a protocol for all patients with a particular condition.

Tips to use in tobacco cessation efforts:
 Tobacco use is to be approached as a chronic relapsing disease.
Pharmacotherapy should be offered for all patients attempting to quit smoking except when contraindicated or not recommended (light smoker, pregnancy, adolescents).
 The average smoker has multiple attempts to quit before successful abstinence.
 Combination therapy:
 • Nicotine patch + other NRT
 • Nicotine patch + Bupropion SR
These treatments apply to chew, spit, and smokeless tobacco users.

Category	Drugs	Recommended Dosage	Recommended Duration	Relative Cost Index: 1ppd = \$\$ (av \$120/mo)	Precautions Consult package insert for full list of precautions, contraindications, use in pediatrics, and drug interactions	Adverse Side Effects/Treatment Tips These are general categories; individual patient reactions may vary	Pregnancy (weigh risk vs. benefit)
First Line NRT (nicotine replacement therapy)	Nicotine Patch/transdermal (NicoDerm CQ, Habitrol, Nicotrol)	> 10 cigs/day: use 21 mg/24 hrs for 6-8 wks, then 14 mg/24 hrs for 2-4 weeks, then 7mg/24 hrs for 2-4 weeks < 10 cigs/day: use 15 mg/16 hrs for 6 weeks	Up to 10 weeks	OTC \$ Available from QuitLine with program enrollment	Contraindicated: • Recent (</= 2 weeks) myocardial infarction, • severe arrhythmias, • unstable angina Precautions: • TMJ disease	• Local skin reaction • Insomnia, abnormal or change in dreams • Headache • GI nausea, gas, dyspepsia, constipation	Cat D
	Nicotine Gum (Nicorette)	1-24 cigs/day: 2 mg gum (every 1- 2 hrs up to 24 pieces/day) 25+ cigs/day: 4 mg gum (every 1- 2 hrs up to 24 pieces/day) No food or drink 15 minutes before use "Chew and Park" technique	Up to 12 weeks	OTC \$\$	Contraindicated: • Recent (</= 2 weeks) myocardial infarction, • severe arrhythmias, • unstable angina	• Jaw pain, mouth or throat soreness, throat nasal and mouth irritation • Insomnia, abnormal or change in dreams • GI nausea, gas, dyspepsia, constipation	Cat C
	Nicotine Lozenge (Commit)	2 mg for those who smoke their first cigarette more than 30 min after waking 4 mg for those who smoke their first cigarette within 30 min of waking No food or drink 15 min before use	Up to 12 weeks: wks 1- 6: 1 loz/ 1-2 hrs wks 7-9: 1 loz/ 2-4 hrs wk 10-12: 1 loz/ 4-8 hrs	OTC \$	Contraindicated: • Recent (</= 2 weeks) myocardial infarction, • severe arrhythmias, • unstable angina	• Jaw pain, mouth or throat soreness, throat nasal and mouth irritation • Headache • GI nausea, gas, dyspepsia, constipation	Cat D
	Nicotine Oral Inhaler (Nicotrol Inhaler)	6-16 cartridges/day; puff each cartridge for up to 20 minutes Each cartridge 4 mg 10 puffs inhaler=1 puff cigarette	6-16 cartridges/day; puff each cartridge for up to 20 minutes Each cartridge 4 mg	prescription \$	Contraindicated: • Recent (</= 2 weeks) myocardial infarction, • severe arrhythmias, • unstable angina	• Jaw pain, mouth or throat soreness, throat nasal and mouth irritation • Headache	Cat D
	Nicotine Nasal Spray (Nicotrol NS)	8-40 sprays/day: 1 dose = 1 spray/ nostril 1-2 doses/ hr (maximum 5 doses/hr or <40 doses/day)	Up to 3 - 6 months	prescription \$	Contraindicated: • Recent (</= 2 weeks) myocardial infarction, • severe arrhythmias, • unstable angina Precautions: • Severe reactive airway disease • Underlying chronic nasal disorders (rhinitis, nasal polyps, sinusitis)	• Jaw pain, mouth or throat soreness, throat nasal and mouth irritation • GI nausea, gas, dyspepsia, constipation	Cat D
	Medications	Bupropion SR (Zyban)	150 mg/day for 3 days, then 150 mg/day BID from day 4 to end of treatment (begin treatment 1-2 weeks pre-quit)	Up to 12 weeks Maintenance up to 6 months	prescription \$	Contraindicated: • Patients with seizure disorders, bulimia or anorexia nervosa (eating disorders) • Patients with bipolar and schizophrenia, MAO use within previous 14 days • Simultaneous abrupt discontinuation of alcohol or sedatives • Suicide risk (Black box warning)	• Insomnia, abnormal or change in dreams • Headache
Varenicline (Chantix)		0.5 mg/day on days 1-3, 0.5 mg BID on days 4-7, then 1 mg BID from day 8 to end of treatment (begin treatment 7 days pre-quit date)	12 weeks treatment; may consider additional 12 weeks to enhance cessation	prescription \$	Warning/precaution: • Renal impairment, dialysis, psychiatric condition • Serious psychiatric illness: depressed mood, agitation, changes in behavior, suicidal ideation and suicide • Neuropsychiatric symptoms	• Insomnia, abnormal, strange or vivid dreams • Headache • GI nausea, gas, dyspepsia, constipation	Cat C