Treating Tobacco Use and Dependence

Purpose

Tobacco dependence treatments are as effective or more effective than the treatment of most other medical conditions. Effective treatment includes but is not limited to physicians. Most tobacco users do not receive the recommended (20 minutes) treatment. Even minimal interventions (3 minutes or less) increase long term abstinence, although they are much less effective. This guideline provides physicians and other clinicians with the evidence based tools necessary to systematically provide these effective treatments in outpatient setting and is limited to age 18 and over.

Key Messages (and Strength of Evidence*):

- **Physician advice to quit smoking increases long term abstinence rates. (A)**
- **There is a strong dose response relationship between the amount of contact time, minutes of contact, number of contacts, (face to face or phone calls from physicians, other clinicians or counselors) and long term cessation. (A)**
- **The combination of both medication and counseling is more effective than either one offered alone (A); counseling should include the need to reduce exposure to second-hand smoke, which is causally linked with asthma, cardiovascular disease, diabetes, rheumatoid arthritis, stroke and cancer (e.g. lung and leukemia) and emphysema (Level 1).**

Key Recommendations

- Use 5 A's of counseling patients to stop using tobacco (Ask, Assess, Advise, Assist, and Arrange) (See Intensity of Interventions on page 2) OR 3 easy steps 2 A's and 1 R (Ask, Assist, Refer):
  1. Ask and document the status of tobacco use (smoking, rules about smoking in the house and the car and use of Emerging and Alternative Products e.g. E-Cigarettes, Hookahs, Chewing tobacco) of each patient.
  2. Assist: advise all smokers to quit. Encourage all families with smokers to maintain a 100% smoke-free home and car. Prescribe/recommend medication to all tobacco users willing to quit, except when contraindicated. If smoker is unwilling to quit discuss 5 "R's": Relevance, Risk, Rewards, Roadblocks and Repeat at each visit.
  3. Refer patients to treatments that include practical assistance with problem solving/skills training and support or to intensive treatment programs (at least 90 minutes in total time) such as listed below and on pages 5 and 6 and arrange follow-up.
- Assess patient risk and exposure to secondhand smoke and recommend avoiding exposure. Offer treatment to the smoker in the patient's environment.
- Advise electronic cigarette (e-cigarette) and vaping products are not yet regulated by the US Food and Drug Administration and no rigorous scientific studies have shown that they are safe for use or effective in helping to quit smoking.

High Risk Populations/Disparities

- Lung cancer deaths in blacks (74 per 100,000 Monroe County residents) is far greater than in whites (58 per 100,000) and Latinos (30 per 100,000) between 2005-2014. Males are more likely to die from lung cancer than females in Monroe County (63 per 100,000 vs 55 per 100,000).
- Females are far more likely to die than males from COPD (43 per 100,000 vs 29 per 100,000). Latinos (23 per 100,000) are far less likely to die from COPD than whites (37 per 100,000) and blacks (31 per 100,000).
- Whites are less likely to smoke on a daily basis (9.9%) than blacks (19.4%) or Latinos (14.4%), although Latinos and blacks (66.2% and 64.6%, respectively) are more likely to have never smoked than whites (56.8%).
- Those less educated and those who make less money are more likely to smoke on a daily basis.