

## 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 (**A**sk, **A**ssess, **A**dvice, **A**ssist, and **A**rrange) (See Intensity of Interventions on page 2) **OR 3 easy steps** 2 A's and 1 R (**A**sk, **A**ssist, **R**efer):
  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": **R**elevance, **R**isk, **R**ewards, **R**oadblocks and **R**epeat 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.



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## Intensity of Interventions and Content of Communication

INTENSITY OF INTERVENTIONS	< 3 minutes	<20 minutes	30-300 minutes, 2-8 visits
CONTENT OF COMMUNICATION	<p><b>Ask</b> about tobacco use</p> <p><b>Advise</b>/encourage quitting in a clear, strong, personalized manner</p> <p><b>Assess</b> willingness to quit</p>	<p><b>Ask</b></p> <p><b>Advise</b></p> <p><b>Assess</b></p> <p><b>Assist</b> w/a quit plan</p> <p><b>Recommend</b> medication except where contraindicated</p> <p><b>STAR</b></p> <p><u>Set</u> date</p> <p><u>Tell</u> others</p> <p><u>Anticipate</u> challenges</p> <p><u>Remove</u> tobacco products</p> <p><b>Arrange</b> for follow up to assess pharmacotherapy &amp; progress</p>	<p><b>Ask</b></p> <p><b>Advise</b></p> <p><b>Assess</b></p> <p><b>Assist</b></p> <p>Medication</p> <p>Problem solving</p> <p>Skills building</p> <p>Arrange</p> <p>Through referral to intensive treatment or in office</p> <p>May use variety of clinician types and format i.e., face to face, phone calls, group counseling</p> <p>Referral to <u>NYS Quitline</u>, <u>Healthy Living Center</u></p>
	<p>Yes</p> <p>Recommend medication except where contraindicated</p> <p>Refer for treatment</p> <ul style="list-style-type: none"> <li>- <u>NYS Quitline</u></li> <li>- <u>Healthy Living Center</u></li> </ul> <p>Offer educational materials</p> <ul style="list-style-type: none"> <li>- <u>NYS Quitline materials</u></li> <li>- National Cancer Institute-<u>Clearing the Air</u></li> <li>- <u>AHRQ-You Can Quit Smoking</u></li> <li>- <u>Smokefree.gov</u></li> </ul>	<p>No</p> <p>Motivate using 5 "R's"</p> <p>Relevance</p> <p>Risk</p> <p>Rewards</p> <p>Roadblocks</p> <p>Repeat</p>	



### FOR SMOKERS NOT READY TO QUIT 5 "R's"

**Elicit Patients' Perspectives On:**

<b>Relevance</b> Of quitting	Ask patients why quitting may be personally relevant to them Discuss link to current & future health status/concerns, family/loved ones
<b>Risks</b> Of continued smoking	Ask patients to identify relevant negative consequences of tobacco use <ul style="list-style-type: none"> <li>• Shortness of breath, harm to pregnancy, impotence, infertility</li> <li>• Heart attacks/strokes, lung and other cancers, COPD, disability</li> <li>• Increased risks of lung cancer &amp; heart disease in family, higher rates of smoking by their children, increased risk for low birth weight, asthma, middle ear &amp; respiratory infections in children of smokers</li> </ul>
<b>Rewards</b> Of quitting	Ask patients to identify potential benefits of stopping tobacco use <ul style="list-style-type: none"> <li>• improved health</li> <li>• saving money</li> <li>• reducing wrinkling/aging of skin</li> <li>• protecting your children</li> <li>• food tasting better</li> <li>• feeling better physically</li> <li>• home, car, clothes and breath smelling better</li> </ul>
<b>Roadblocks</b> To quitting	Ask patients to identify barriers to quitting and target treatment to address barriers <ul style="list-style-type: none"> <li>• withdrawal symptoms</li> <li>• weight gain</li> <li>• depression</li> <li>• cost of treatment</li> <li>• fear of failure</li> <li>• lack of support</li> <li>• enjoyment of smoking</li> </ul>
<b>Repeat</b> At every visit	Continue to use 5 "R's" at every visit. Tell tobacco users who have failed previous quit attempts that most people make repeat attempts before being successful

Guidelines are intended to be flexible. They serve as reference points or recommendations, not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, the setting, the circumstances, or other factors, care can and should be tailored to fit individual needs.

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### Prescribing Medications for Tobacco Dependency

Pharmacotherapy	Precautions/ Contraindications	Side Effects	Dosage	Duration	Availability
Nicotine Patch	If patient has disrupted sleep, consider removing before bedtime. Do not use if patient has severe eczema or psoriasis.	Local skin reaction Insomnia	21 mg/24 hours 14 mg/24 hours 7 mg/24 hours	4 weeks then 2 weeks then 2 weeks, may be used for longer period after reassessment	OTC <sup>b</sup> & Prescription Generic: Nicotrol Brand: Nicoderm CQ
Nicotine Gum	Avoid eating and drinking anything but H <sub>2</sub> O 15 minutes before or during chewing.	Mouth soreness Dyspepsia	1-24 cigs/day-2 mg gum (up to 24 pcs/day) 25+cigs/day-4 mg gum (up to 24 pcs/day) Chew slowly til peppery or minty taste then park between check & gum. Chew and park intermittently for 30 min.	Up to 12 weeks, may be used for longer period after reassessment	OTC <sup>b</sup> only
Nicotine Nasal Spray  each bottle = ~ 100 doses 1 dose = 1 squirt (0.5 mg) per nostril (1mg total)	Not for patients w/asthma, nasal or sinus disorders.	Nasal irritation	One dose = one 0.5 mg spray to each nostril with head tilted back (1 mg total) Initially 1-2 doses per hour, increase as needed. to MDD of 40 doses (5 doses/hour) per day Should gradually reduce dosage and discontinue, weeks 9-14 Do NOT sniff, swallow or inhale.	3-6 months	Prescription only Brand: Nicotrol NS
Nicotine Inhaler	Avoid eating or drinking anything but H <sub>2</sub> O 15 minutes before or during use. Nicotine delivery declines in temps below 40 degrees F	Local irritation of mouth and throat	One dose = one puff or inhalation One cartridge delivers 4mg of nicotine over approximately 80 inhalations (about 3-4 cigarettes) Typical dosing: 6 -16 cartridges/day Recommended duration up to 6 months; taper off lasts 3 months	Up to 6 months	Prescription only Brand: Nicotrol Inhaler
Nicotine Lozenge	Do not eat or drink anything but H <sub>2</sub> O) 15 minutes before or during use 1 lozenge at a time Limit 20 in 24 hours	Local irritation of throat Hiccups Heartburn/Indigestion Nausea	If smoke/chew > 30 min. after waking: 2 mg (up to 20 pcs/day) If smoke/chew ≤ 30 min. after waking 4 mg (up to 20 pcs/day) Wks 1-6: 1 lozenge every 1-2 hrs. Wks 7-9: 1 lozenge every 2-4 hrs Wks 10-12: 1 lozenge every 4-8 hrs	12 weeks, may be used for longer period after reassessment	OTC <sup>b</sup> only
bupropion SR	Monitor for changes in mood, behavior, psychiatric symptoms, including suicidal ideation History of seizure History of eating disorders Use of MAO inhibitors in past 14 days	Insomnia Dry mouth	150 mg every morning for 3 days then 150 mg twice daily (Begin treatment 1-2 weeks pre-quit)	7-12 weeks maintenance up to 6 months	Prescription only Brand: Zyban SR
varenicline	Monitor for changes in mood, behavior, psychiatric symptoms, including suicidal ideation Check FMCSA and FAA rules for prescribing to drivers and pilots	Nausea Trouble sleeping	0.5 mg once daily for days 5-7 before quit date 0.5 mg twice daily for days 1-4 before quit date 1 mg twice daily starting on quit date	3 months maintenance up to 6 months	Prescription only Brand: Chantix

**DISCUSS THE IMPORTANCE OF PATIENTS TAKING MEDICATION AS PRESCRIBED AS SOME MAY TAKE A LOWER DOSAGE FOR COST SAVINGS.THE USE OF COMBINATION THERAPY WARRANTS ADDITIONAL RESEARCH.**

a. The information contained within this table is not comprehensive. Please see medication package inserts for additional information. b. OTC refers to over the counter.

## Treating Tobacco Use and Dependence

### Resources for Patients

**The New York State Smokers' Quitline**  
**1-866-NY-QUITS (1-866-697-8487) [www.nysmokefree.com/](http://www.nysmokefree.com/)**

Deaf, Hard of Hearing and Speech Disabled: Call NY Relay Service at 711 (Voice or TTY), Give Operator Quitline Number  
**Call to find out if you are eligible for free starter kit of Nicotine Replacement Therapy to help you stop smoking**

<p><b>Monroe</b>  <u>Healthy Living Center</u>                  46 Prince St                  Rochester NY 14607                  (585) 530-2050  <i>Provides evidence based counseling and medication support to individuals in Monroe County and surrounding areas.</i></p> <p><b>Livingston</b>  <u>Noyes Memorial Hospital</u>                  111 Clara Barton St.,                  Dansville, NY 14437                  (585) 335-4327 - Contact Lorraine Wichtowski  <i>Provides group cessation classes with a minimum of four participants per group at no charge. Call for next class. Use American Cancer Society Freshstart material.</i></p> <p><b>Ontario</b>  <u>Thompson Health Wellness Services</u>                  350 Parrish Street                  Canandaigua, NY 14424                  (585) 396-6111  <i>Provides individual counseling (7 week series) for a \$35 fee.</i></p> <p><b>Seneca</b>                  ACS Freshstart Program  <u>Seneca County Health Department</u>                  31 Thurber Drive                  Waterloo, NY 13165                  (315) 539-1949  <i>Provides group cessation classes with a minimum of four participants per group.</i></p>	<p><b>Steuben</b>                  Quit-Stay-Quit  <u>Steuben Co Public Health Southern TTAC</u>                  Steuben Co Public Health                  3 East Pulteney Square                  Bath, NY 14810                  (607) 664-2438  <i>Provides group cessation classes.</i></p> <p><b>Wayne</b>  <u>Wayne County Public Health</u>                  1519 Nye Road Suite 200                  Lyons, NY 14489                  (315) 946-5749  <i>Provides individual and group counseling at no charge. Group classes: 1) Not on Tobacco-group classes, for teenagers, based on American Lung Association (ALA) materials, 2) Freedom from Smoking, based on ALA material, 3) I Can Quit (different timeframe from Freedom from Smoking)</i></p> <p><b>Yates</b>                  Tobacco Cessation Programs                  Yates County Public Health                  417 Liberty St., Suite 2120                  Penn Yan, NY 14527                  (315) 536-5160  <i>Provides group cessation classes. There is a \$10 fee at registration, refundable upon completion of classes.</i></p>
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### Resources for Physicians

Tobacco use is the single most preventable cause of disease, disability, and death in the United States and a risk factor for 6 of the world's 8 leading causes of death. Each year, smoking kills 480,000 Americans – causing about one out of every five deaths in the U.S. If more progress is not made, 5.6 million children under age 18 alive today will die prematurely from smoking-caused disease. Over 42 million adults (18%) of the US population still smoke and 70% of tobacco users want to quit. Users say expert advice is important to their decision to quit. The expert can be a physician, clinician, or other health care worker in your practice. Physician assisted (counseling and medication) quit rates at one year are 10 – 40% and these rates increase with more contact time with the patient.

#### **Agency for Healthcare Research and Quality**

Provides up-to-date information about treating tobacco use and dependence.

<http://www.ahrq.gov/health-care-information/topics/topic-tobacco-use.html>

#### **American Academy of Pediatrics (AAP) Julius B. Richmond Center of Excellence**

Provides current information on coding and payment, training and CME courses, practice guidelines, and resources for counseling parents about smoking cessation and prevention of children's exposure to tobacco smoke.

**Center for a Tobacco-Free Finger Lakes (CTFFL)** CTFFL, which is based at the University of Rochester Medical Center, provides free "Tobacco Dependence Treatment: Train-the-Trainer" presentations for staff who work at medical health systems and mental health systems in Chemung, Livingston, Monroe, Seneca, Ontario, Schuyler, Steuben, Wayne, and Yates counties. CTFFL also provides evidence-based resources, programs, and consultations to assist providers in the design and implementation of office-based systems that identify and effectively treat tobacco dependence. Call: (585) 275-0598.

**Cigarette Smoking, New York State Adults, 2014** provides smoking rates among NYS adults, as well as a comparison of smoking rates between 2011 and 2014 by demographic indicators:

[http://www.health.ny.gov/statistics/brfss/reports/docs/brfssbrief\\_smoking\\_1603.pdf](http://www.health.ny.gov/statistics/brfss/reports/docs/brfssbrief_smoking_1603.pdf)

#### **Easy-to-Access NY State Provider Information for Treating Tobacco Addiction:**

<http://talktoyourpatients.ny.gov/>

#### **Electronic Cigarettes (E-Cigarettes)**

- [AAP E-Cigarette Fact Sheet](#)
- [U.S. FDA – e-Cigarettes](#) (Provides up-to-date information about the safety and regulation of e-Cigarettes.)

#### **Healthy Living Center**

Provides evidence based intensive intervention with counseling and medication support in person to individuals, over 4 to 8 visits, living in Monroe County and the surrounding areas (585) 530-2050 FAX (585) 530-2398.

#### **Monroe County 2015 Adult Community Tobacco Survey Final Report**

[http://www.smokefreemonroe.com/file/sites%7C\\*%7C366%7C\\*%7CMonroe-County-2015-Adult-Community-Tobacco-Survey-Final-Report-2-23-15.pdf](http://www.smokefreemonroe.com/file/sites%7C*%7C366%7C*%7CMonroe-County-2015-Adult-Community-Tobacco-Survey-Final-Report-2-23-15.pdf)

## Treating Tobacco Use and Dependence

### National Cancer Institute

- Online pamphlet: Clearing the Air: Quit Smoking Today - Describes tools that can help smokers stop smoking and the problems to expect when they quit.  
<http://smokefree.gov/sites/default/files/pdf/clearing-the-air-accessible.pdf>
- Online pamphlet: Clear Horizons – Self-help manual for smokers age 50 and older.  
<http://smokefree.gov/sites/default/files/pdf/clear-horizons-accessible.pdf>

**New York State Smokers' Quitline and Quitsite:** A free resource for tobacco users, which tobacco users can access themselves or to which clinicians can refer tobacco-using patients for assistance. Free, confidential coaching and cessation-related services are offered to patients who use tobacco products.

### NYS Quitline/Quitsite Services

- Cessation Coaching
- Text and Messaging Services
- Triage to Health Plan Programs

### NYS Quitline/Quitsite Resources

Refer-To-Quit Program: <http://nysmokefree.com/HCP/HCPSubpage.aspx?P=70&P1=7030>

- Opt-To-Quit Program: <http://nysmokefree.com/HCP/HCPSubpage.aspx?P=70&P1=7030>
- Fax Referral Program: <http://nysmokefree.com/Fax/Refer-to-QuitReferralForm2-11.pdf>
- Online Referral Form: <https://www.nysmokefree.com/register/Intro.aspx>
- Order materials for physicians to use with patients:  
<http://nysmokefree.com/SpecialPages/Orderpage.aspx?p=0&p1=50>

### Preventive Task Force Guidelines:

<http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1>

### Smoking Health Action Community (SHAC) in Monroe County

Provides ongoing initiatives to: 1) Promote tobacco cessation, 2) Decrease social acceptability of tobacco use, 3) Prevent initiation of tobacco use among youth and young adults and 4) Eliminate exposure to secondhand smoke.

Website: [www.smokefreemonroe.com/](http://www.smokefreemonroe.com/)

Telephone: (585) 666-1399

Fax: (585) 442-4263

### Smokefree.gov

Provides online resources to help patients quit smoking. Smartphone apps are user friendly and easy to download.

- Download free QuitStart smartphone apps (created with teens in mind, but can be used by adults):  
<http://smokefree.gov/apps-quitstart>
- SmokefreeTXT (free interactive text messaging to help adults and young adults quit smoking)  
<http://www.treatobacco.net/en/index.php>  
<http://www.cdc.gov/tobacco/>



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### Measures Commonly Used by National Organizations

- Screening and Cessation: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user. (*Physician Quality Reporting System (PQRS), CMS Meaningful Use*)
- Smoking and Cessation: Percentage of patients aged 18 years and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use of whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies. (*PQRS*)
- Tobacco Use and Second Hand Smoke: Percentage of patients (or their primary caregiver) aged 5 through 50 years with a diagnosis of asthma who were queried about tobacco use and exposure to second hand smoke within their home environment at least once during the one-year measurement period. (*PQRS*)

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