Evidence indicates that patients are more likely to quit tobacco when clinicians intervene.

- Integrate interventions for tobacco cessation and secondhand smoke exposure reduction into every interaction with the patient by using the 5As approach or Ask, Advise, Refer.
- Utilize a combination of behavioral change counseling (including the Colorado QuitLine) and pharmacotherapy treatments for the highest rates of abstinence success.
- Inform about the health risks of secondhand smoke exposure - especially in children; encourage smoke-free environments.
- Tobacco dependence (current or former) is a chronic relapsing disease that requires a systematic approach. It may require repeated interventions and multiple quit attempts.

Guideline for Tobacco Cessation and Secondhand Smoke Exposure

**ASK**
- **ASK** every patient at each encounter about tobacco use. Document status.
  - If patient recently quit using tobacco, reassess abstinence status, address possible relapse, and congratulate success.
  - **ASK** patients if they are exposed to secondhand smoke, or if a person who cares for their children smokes. Document status.

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

**ASSESS**
- **ASSESS** readiness to make a quit attempt within the next 30 days:
  - If ready, proceed to the next step: “ASSIST”
  - If not ready, use empathy, reflective listening and open ended questions to enhance motivation to quit:
    - **Relevance** - search for patient’s personal important reason(s) to quit. Example.
    - **Risk** - ask patient to identify what are the harms to continued tobacco use. Example.
    - **Rewards** - have patient talk about benefits of quitting. Example.
    - **Roadblocks** - have patient discuss barriers and fears to quitting. Example.
    - **Repetition** - review the relevant 5 Rs at each visit. Example.

**ASSIST**
- **ASSIST** by referring the patient to the Colorado QuitLine at 1-800-QUIT-NOW (1-800-784-8669) and/or
  - **ASSIST** with coaching to help patient develop 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
      - Establish a system of rewards (e.g.: money saved, improved sense of taste)
    - Social support:
      - Use encouragement, communicate caring and concern, assist with establishing support of friends and family
      - Offer tailored pharmacotherapy treatments (see reverse side).
    - Agree to specific goals and a plan. Address barriers (e.g.: weight gain, fear of failure).
    - Plan for relapse and slip ups.

**ARRANGE**
- **ARRANGE** follow-up within the first week after the quit date or QuitLine referral. Second follow-up within the first month.
  - Monitor for relapse. If relapse occurs:
    - Reassure this is normal and reframe as moving toward success
    - Use relapse as a learning experience. Identify triggers and plan next quit attempt.
    - Congratulate successes!

Additional Resources:
- Free materials: [www.cohealthresources.org](http://www.cohealthresources.org) or [www.coquitline.org](http://www.coquitline.org)

For important updates, special clinical considerations, and additional information go to: [www.healthteamworks.org](http://www.healthteamworks.org) or call (303) 446-7200 or (866) 401-2092.

Reference:
Treating Tobacco Use and Dependence; US Department of Health and Human Services Public Health Service, 2008

This guideline is designed to assist clinicians in the management of patients with tobacco use and/or secondhand smoke exposure. It is not intended to replace a clinician's judgment or establish a protocol for all patients with a particular condition.
**Pharmacotherapy Treatments: Tobacco Cessation Medication Classification and Dosages**

- FDA approved pharmacotherapy should be offered for all patients attempting to quit smoking except when contraindicated.
- Combination therapy options: Nicotine patch + other NRT or Nicotine patch + Bupropion SR
- Current evidence is insufficient and risk/benefits should be discussed with these patients: light smokers, adolescents, smokeless tobacco users, and pregnant patients.

<table>
<thead>
<tr>
<th>Category</th>
<th>Drugs</th>
<th>Recommended Dosage</th>
<th>Recommended Duration</th>
<th>Contraindications/Precautions</th>
<th>Adverse Side Effects/Treatment Tips</th>
</tr>
</thead>
</table>
| **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 7 mg/24 hrs for 2-4 weeks | Up to 10 weeks | Contraindicated: | Local skin reaction
| | | < 10 cigs/day: use 15 mg/16 hrs for 6 weeks | | - Recent (< 2 weeks) myocardial infarction, severe arrhythmias, unstable angina | Insomnia, abnormal or change in dreams
| | Nitine Lozenge (Commit) | 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) | Up to 12 weeks | Contraindicated: | Jaw pain, mouth or throat soreness, throat nasal and mouth irritation
| | Nicotine Gum (Nicorette) | Each cartridge 4 mg | OTC | - Recent (< 2 weeks) myocardial infarction, severe arrhythmias, unstable angina | Insomnia, abnormal or change in dreams
| | Nicotine Nasal Spray (Nicotrol Inhaler) | 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 | Contraindicated: | GI nausea, gas, dyspepsia, constipation
| | Nicotine Oral Inhaler | 6-16 cartridges/day; puff each cartridge for up to 20 minutes Each cartridge 4 mg 10 puffs inhaler = 1 puff cigarette | prescription | - Recent (< 2 weeks) myocardial infarction, severe arrhythmias, unstable angina | Jaw pain, mouth or throat soreness, throat nasal and mouth irritation
| | 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 | 12 weeks treatment: may consider additional 12 weeks to enhance cessation | Contraindicated: | Insomnia, abnormal, strange or vivid dreams

**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 | - Patients with seizure disorders, bulimia or anorexia nervosa (eating disorders) | Insomnia, abnormal or change in dreams
| | 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 | - Patients with bipolar and schizophrenia, MAO use within previous 14 days | Insomnia, abnormal, strange or vivid dreams

**Relative Cost**

1ppd = $$

(aw $150/mo)

**Adverse Side Effects/Treatment Tips**

- These are general categories; individual patient reactions may vary

**Pregnancy (risk vs. benefit)**

Cat A: Use

Cat B: Use with caution

Cat C: Use only if clearly needed

Cat D: Avoid

Cat E: Use only if benefit clearly outweighs risk

**Index:**

- Relative Cost Index
- Relative Cost

**Warning/precaution:**

- NRT (nicotine replacement therapy)
- Nicotine Patch (transdermal, Habitrol, Nicotrol)
- Nicotine Lozenge (Commit)
- Nicotine Gum (Nicorette)
- Nicotine Oral Inhaler
- Nicotine Nasal Spray (Nicotrol inhaler)
- Varenicline (Chantix)

**Duration**

- Up to 10 weeks
- Up to 12 weeks
- Up to 3-6 months
- Up to 10 weeks
- Up to 12 weeks
- Up to 10 weeks
- Up to 12 weeks