TOBACCO DEPENDENCE TREATMENT AND COUNSELING PREVENTION SERVICES

Tobacco is the single greatest cause of disease and premature death in Kentucky today. Smoking is a known cause of multiple cancers, heart disease, stroke, pregnancy complications, poor birth outcomes, chronic obstructive pulmonary disease, and many other diseases. In addition, recent research has documented the substantial health dangers of involuntary exposure to secondhand smoke.

According to the 2009 BRFSS, 25.6% of Kentucky adults (over the age of 18) currently smoke compared to the national average, 17.9%. Approximately 1 out of 4 pregnant women smokes during her pregnancy – twice the national average. Each day Kentucky youth ages 12 to 17 are experimenting with tobacco products risking becoming addicted and becoming daily tobacco users.

However, more than 70% of all current smokers have expressed a desire to stop smoking. If they successfully quit, the result will be both immediate and long-term health improvement. Clinicians have a vital role to play in helping smokers quit.

Tobacco dependence is a chronic health condition that often requires repeated intervention and multiple attempts to quit. It is essential that clinicians consistently identify and document tobacco use status and treat every tobacco user seen at every healthcare visit. Brief tobacco dependence treatment has been shown to be effective.

The 5A’s (Ask, Advise, Assess, Assist, and Arrange) are designed to be used with the tobacco user who is willing to quit. (“Treating Tobacco Use and Dependence”, U S Department of Health and Human Services, Public Health Service)

<table>
<thead>
<tr>
<th>Ask about tobacco use.</th>
<th>Identify and document tobacco use status for every patient at every visit.</th>
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<tbody>
<tr>
<td>Advise to quit.</td>
<td>In a clear, strong, and personalized manner, urge every tobacco user to quit.</td>
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<tr>
<td>Assess willingness to make a quit attempt.</td>
<td>Is the tobacco user willing to make a quit attempt at this time?</td>
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<tr>
<td>Assist in a quit attempt.</td>
<td>For the patient willing to make a quit attempt, offer medication and provide or refer for counseling or additional treatment to help the patient quit. For patients unwilling to quit at this time, provide interventions designed to increase future quit attempts. (See 5R’s below)</td>
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<tr>
<td>Arrange follow-up.</td>
<td>For the patient willing to make a quit attempt, arrange for follow-up contacts, beginning within the first week after the quit date. For patients unwilling to make a quit attempt at this time, address tobacco dependence and willingness to quit at the next clinic visit.</td>
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Enhancing motivation to quit tobacco – the 5R’s (Relevance, Risks, Rewards, Roadblocks, and Repetition) are designed to be used with the tobacco user who is unwilling to quit. (“Treating Tobacco Use and Dependence”, U S Department of Health and Human Services, Public Health Service)

| Relevance | Encourage the patient to indicate why quitting is personally relevant, being as specific as possible. Motivational information has the greatest impact if it is relevant to a patient’s disease status or risk, family or social situation (e.g., having children in the home), or health concerns. |
| Risks | The clinician should ask the patient to identify potential negative consequences of tobacco use. The clinician should emphasize that smoking low-tar/low-
nicotine cigarettes or use of other forms of tobacco (e.g., smokeless tobacco, cigars, and pipes) will not eliminate these risks. Examples of risks are:  

**Acute risks:** Shortness of breath, exacerbation of asthma, increased risk of respiratory infections, harm to pregnancy, impotence, and infertility.  

**Long-term risks:** Heart attacks and strokes, lung and other cancers, (e.g., larynx, oral cavity, pharynx, esophagus, pancreas, stomach, kidney, bladder, cervix, and acute myelocytic leukemia), chronic obstructive pulmonary diseases (chronic bronchitis and emphysema), osteoporosis, long-term disability, and need for extended care.  

**Environmental risks:** Increased risk of lung cancer and heart disease in spouses; increased risk for low birth weight, sudden infant death syndrome, asthma, middle ear disease, and respiratory infections in children of smokers.

### Rewards

The clinicians should ask the patient to identify potential benefits of stopping tobacco use. Examples of rewards are:  

- Improved health  
- Food will taste better, improved sense of smell  
- Saving money  
- Feeling better about oneself  
- Home, car, clothing, breath will smell better  
- Setting a good example for children, decreasing the likelihood that they will smoke  
- Having healthier babies and children  
- Feeling better physically and performing better in physical activities  
- Improved appearance, including reduced wrinkling/aging of skin and whiter teeth

### Roadblocks

The clinician should ask the patient to identify barriers to quitting and provide treatment (problem solving counseling, medication) that could address these barriers. Typical barriers include:  

- Withdrawal symptoms  
- Fear of failure  
- Weight gain  
- Lack of support  
- Depression  
- Enjoyment of tobacco  
- Being around other tobacco users  
- Limited knowledge of effective treatment options

### Repetition

The motivational intervention should be repeated every time an unmotivated patient visits the clinic. Tobacco users who have failed in previous quit attempts should be told that most people make repeated quit attempts before they are successful.

*At the minimum, each visit should include the 2A’s plus R (Ask, Advise, Refer) and can be used with all patients who use tobacco products. All Health Departments shall ensure that tobacco use status identification is visible in the patient record. Documentation should include status, referrals, progress, and follow-up.

<table>
<thead>
<tr>
<th>Ask</th>
<th>Systematically identify and document all tobacco users at every visit.</th>
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<tr>
<td>Advise</td>
<td>Strongly urge all tobacco users to quit.</td>
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<tr>
<td>Refer</td>
<td>Proactively refer tobacco users to tobacco cessation referral tools.</td>
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Tobacco Cessation Referral Tools

Recommended programs and resources are listed below. Youth cessation programs are often coupled with prevention efforts and are available through schools, family resources and youth service centers, and other community partners. Contact your Tobacco Prevention and Cessation Coordinator or Specialist for a schedule of programs offered in your area or for additional programs or resources.

**Kentucky’s Tobacco Quitline** is a statewide telephone service providing **free** counseling and support for people (15 and older) who want to stop smoking or using other tobacco products. The Kentucky Tobacco Quitline can be reached at 1-800-Quit-Now (1-800-784-8669) and features trained cessation specialists to help tobacco users develop a quit plan. Concerned family members or health professionals may also call the quitline. Quitline coaches also have protocols for pregnant tobacco users. All services are available in English and Spanish with translation services for other languages available free of charge.

**Cooper/Clayton Method to Stop Smoking** is a twelve-session cessation intervention developed by Drs. Thomas M. Cooper & Richard R. Clayton of The Institute for Comprehensive Behavioral Smoking Cessation. The program combines counseling with nicotine replacement therapy and social support to maximize success with minimal relapse. A trained facilitator, primarily in a group setting, provides the intervention, which addresses all aspects of smoking-physical, psychological, and behavioral.

**BecomeAnEX.org** is an online **free** resource designed to help smokers create their own plan to “re-learn life without cigarettes.” The site contains the latest news and information in text and videos, as well as action-oriented information on how to quit successfully using proven methods. The EX website will also allow users to connect with other smokers in an online community.

**Toolkits:**  *Contact your local Tobacco Coordinator or Specialists for kits*

- Dispelling the Myths About Tobacco, A Community Toolkit for Reducing Tobacco Use Among Women” – CDC
- “Got A Minute? Prevention Through Parenting kit to tackle teen tobacco use” – CDC

**Tobacco Treatment Training** CME courses for nurses and tobacco prevention and cessation specialists’ at www1.tobaccocme.com.
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<th>Pharmacotherapy Formulations</th>
<th>Precautions</th>
<th>Side Effects</th>
<th>Dosage</th>
<th>Use</th>
<th>Availability</th>
<th>Cost/day&lt;sup&gt;b&lt;/sup&gt;</th>
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<tr>
<td><strong>Nicotine Gum</strong></td>
<td>Pregnancy (Category D) and breastfeeding Recent (&lt; 2 weeks) myocardial infarction Serious underlying arrhythmias Severe worsened angina pectoris Temporomandibular joint disease Caution with dentures</td>
<td>Mouth soreness Stomach Ache Hiccups Effects associated with incorrect chewing technique: -Light headedness -Nausea/Vomiting -Throat &amp; mouth irritation</td>
<td>&gt;25 cigarettes/day: 4mg 25-50 cigarettes/day: 2mg Use 1 piece every 1-2 hours, 9-24 pieces/day Park between cheek &amp; gum when tingling sensation appears (15-30 chews), Resume chewing when tingle fades. Park in different areas of mouth. No food or beverage 15 min before or during use.</td>
<td>Up to 12 weeks</td>
<td>Nicorette®*, Nicorette® Mint®, generic products (OTC only) 2mg, 4mg Original, Cinnamon, Fruit, Mint, Orange</td>
<td>Brand name: 2 mg - $4.45 4 mg - $4.76 Generic: 2 mg - $2.83 4 mg - $3.29 for 9 pieces</td>
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<tr>
<td><strong>Nicotine Lozenge</strong></td>
<td>Pregnancy and breastfeeding Recent (&lt; 2 weeks) myocardial infarction Serious underlying arrhythmias Severe worsened angina pectoris</td>
<td>Hiccups Heartburn Nausea Headache (on 4mg) Cough (on 4mg)</td>
<td>1st cigarette &lt;30 min after waking: 4mg 1st cigarette &gt;=30 min after waking: 2mg Use 1 lozenge every 1-2 hours, 9-20 per day. Allow to dissolve between cheek &amp; gum. Do not chew or swallow. Occasionally rotate to different areas of mouth. No food or beverage 15 min before or during use.</td>
<td>Up to 12 weeks</td>
<td>Combi™ Lozenge, generic products (OTC only) 2mg, 4mg Cappuccino, Cherry, Original, Mint</td>
<td>Brand name: 2 mg - $4.05 4 mg - $4.05 Generic: 2 mg - $3.92 4 mg - $3.92 for 9 lozenges</td>
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<tr>
<td><strong>Nicotine Patch</strong></td>
<td>Severe eczema or psoriasis Pregnancy (Category D) and breastfeeding Recent (&lt; 2 weeks) myocardial infarction Serious underlying arrhythmias Severe worsened angina pectoris</td>
<td>Local skin reaction Sleep disturbances (insomnia, abnormal/Vivid dreams) associated with nocturnal nicotine absorption</td>
<td>One patch per day if &lt; 10 cigs/day: 21mg 4 wks, 14mg 2-4 wks, 7mg 2-4 wks if &lt; 10 cigarettes: 14mg 4 wks, then 7mg 4 wks</td>
<td>8-12 Weeks</td>
<td>Nicoderm CQ®, Nicotrol®, generic products (prescription and OTC), generic products (OTC only) 10mg cartridge delivers 4mg inhaled nicotine vapor</td>
<td>Brand name: $3.61 Generic: $2.58 (1 patch)</td>
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<tr>
<td><strong>Nicotine Nasal Spray</strong></td>
<td>Severe reactive airway disease Pregnancy (Category D) and breastfeeding Recent (&lt; 2 weeks) myocardial infarction Serious underlying arrhythmias Severe worsened angina pectoris</td>
<td>Nasal irritation</td>
<td>1-2 doses/hour (8-40 doses/day) (one dose = one spray per nostril) Maximum: 5 doses/hour Patients should not sniff, swallow, or inhale through the nose as the spray is being administered</td>
<td>3-6 months</td>
<td>Nicotrol NS® (prescription only)</td>
<td>$3.04 (8 doses)</td>
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<tr>
<td><strong>Nicotine Oral Inhaler</strong></td>
<td>Recent (&lt; 2 weeks) myocardial infarction Serious underlying arrhythmias Severe worsened angina pectoris Bronchopulmonary disease Breastfeeding</td>
<td>Local irritation of mouth &amp; throat Cough Rhinoitis</td>
<td>6-16 cartridges/day Individualize dosing; initially use 1 cartridge q 1-2 hours. Best effects with continuous puffing for 20 min. Do not inhale into the lungs, but “puff” as if lighting a pipe.</td>
<td>Up to 6 months</td>
<td>Nicotrol Inhaler (prescription only) 150 mg sustained-release tablet</td>
<td>$7.10 (6 cartridges)</td>
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<td><strong>Bupropion SR</strong></td>
<td>History of seizure History of eating disorder MAO inhibitor therapy in previous 14 days Current use of bupropion in any other form Pregnancy (Category C) and breastfeeding Warning: BLACK-BOXED WARNING for neuropsychiatric symptoms&lt;sup&gt;c&lt;/sup&gt;</td>
<td>Insomnia Dry mouth Seizures (risk 1/1,000) [0.1%]</td>
<td>Days 1-3: 150 mg each morning Days 4-end: 150 mg twice daily Allow at least 8 hours between doses Avoid bedtime dosing to minimize insomnia Dose tapering is not necessary Can be used safely with NRT</td>
<td>Begin treatment 1-2 weeks before quit date Use for 7-12 weeks or maintenance up to 6 months</td>
<td>Zyban®, generic SR products (prescription only) 150 mg sustained-release tablet</td>
<td>Brand name: $6.72 Generic: $2.70 (2 tablets)</td>
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<td><strong>Varenicline</strong></td>
<td>Severe renal impairment (dosage adjustment is necessary) Currently undergoing dialysis Monitor for changes in mood, behavior, psychiatric symptoms, and suicidal ideation Pregnancy (Category C) and breastfeeding Warning: BLACK-BOXED WARNING for neuropsychiatric symptoms&lt;sup&gt;d&lt;/sup&gt; Safety &amp; efficacy have not been established in patients with serious psychiatric illness</td>
<td>Nausea Insomnia Abnormal / Vivid dreams Neuropsychiatric symptoms</td>
<td>Days 1-3: 0.5 mg every morning Days 4-7: 0.5 mg twice daily Days 8-end: 1 mg twice daily Take dose after eating with a full glass of water Dose tapering is not necessary Nausea &amp; insomnia are side effects that are usually temporary</td>
<td>Begin treatment one week before quit date Use for 3 months; maintenance up to 6 months</td>
<td>Chantix™ (prescription only) 5mg, 1mg tablet</td>
<td>$4.75 (2 tablets)</td>
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<sup>a</sup>The information contained in this table is not comprehensive. Please see package insert for additional information.

<sup>b</sup>Cost/day based on average retail prices of medications purchased at four chain pharmacies located in Kentucky, October 2009.

<sup>c</sup>Quitting smoking, with or without medication, can result in nicotine withdrawal symptoms (such as depressed mood, agitation) or a worsening of underlying psychiatric illness, such as depression. Monitor patients for behavior or mood changes.

<sup>d</sup>In July 2009, the FDA mandated that the prescribing information for all bupropion and varenicline containing products include a black-box warning highlighting the risk of serious neuropsychiatric symptoms, including changes in behavior, hostility, agitation, depressed mood, suicidal thoughts and behavior, and attempted suicide. Clinicians should advise patients to stop taking varenicline or bupropion SR and contact a healthcare provider immediately if they experience agitation, depressed mood, and any changes in behavior that are not typical of nicotine withdrawal, or if they experience suicidal thoughts or behavior. If treatment is stopped due to neuropsychiatric symptoms, patients should be monitored until the symptoms resolve.