

# Guideline for Tobacco Cessation and Secondhand Smoke Exposure

**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.
- 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 children; encourage the establishment of smoke-free environments.

Tobacco dependence (current or former) is a chronic relapsing disease that requires a systematic approach and may require repeated clinician interventions 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 at each encounter about tobacco use and document status.
  - » If patient recently quit using tobacco, reassess abstinence status, address possible relapse, and congratulate success.
- **ASK** the patient if they are exposed to secondhand smoke, or if the person who cares for their children smokes.

## ADVISE

- **ADVISE** every tobacco user to quit smoking 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, and **ADVISE** them to always smoke outside and to create smoke-free home and car environments.

## ASSESS

- **ASSESS** the willingness to make a quit attempt within the next 30 days:
  - » If willing, proceed to the next step: "**ASSIST**"
  - » If not willing, use strategies of empathy, listening reflectively and open ended questions to enhance patient's motivation to quit:
    - » Address the appropriate 5 Rs with encouragement and support 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 of quitting
      - › **Roadblocks** - have patient discuss barriers and fears to quitting
      - › **Repetition** - review the relevant 5 Rs at each visit

## ASSIST

- **ASSIST** by referring the patient 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
  - » Establish a system of self-rewarding success (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).
- **AGREEMENT**: collaboratively set specific quit goals and address barriers (e.g.: weight gain, fear of failure).

## ARRANGE

- **ARRANGE** 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, reassure this is normal and use lapse as a learning experience, identify triggers and plan next quit attempt.
- Congratulate successes!

### Additional Resources:

- CCGC Website: [www.coloradoguidelines.org/tobacco](http://www.coloradoguidelines.org/tobacco)
- Free office toolkits and materials: [www.STEPPitems.com](http://www.STEPPitems.com)
- Colorado QuitLine: 1-800-QUIT-NOW (1-800-784-8669) or [www.coquitline.org](http://www.coquitline.org)
- Provider Website: [www.COhealthproviders.com](http://www.COhealthproviders.com)

For important updates, special clinical considerations, additional information and copies of the guideline, email CCGC at [tobaccoinfo@coloradoguidelines.org](mailto:tobaccoinfo@coloradoguidelines.org) OR call (720) 297-1681 OR (866) 401-2092.

### Reference:

- Surgeon General's Website: [www.surgeongeneral.gov/tobacco/](http://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.

**Pharmacotherapy Treatments: Tobacco Cessation Medication Classification and Dosages**

- Tobacco use should be approached as a chronic relapsing disease.
- **Pharmacotherapy should be offered for all patients attempting to quit smoking except when contraindicated.**
- The average smoker has multiple attempts to quit before successful abstinence.
- 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.

Category	Drugs	Recommended Dosage	Recommended Duration	Relative Cost Index:  1ppd = \$\$ (av \$150/mo)	Contraindications/Precautions <i>Consult package insert for full list of precautions, contraindications, use in pediatrics, and drug interactions</i>	Adverse Side Effects/Treatment Tips <i>These are general categories; individual patient reactions may vary</i>	Pregnancy (weigh risk vs. benefit)
<b>NRT (nicotine replacement therapy)</b>	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
<b>Medications</b>	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): increased in children, adolescents, and young adults	• Insomnia, abnormal or change in dreams • Headache	Cat C
	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: monitor frequently for depressed mood, agitation, changes in behavior, suicidal ideation and suicide • Monitor neuropsychiatric symptoms • Use caution driving or operating machinery until you know how quitting smoking and/or using CHANTIX may affect you.	• Insomnia, abnormal, strange or vivid dreams • Headache • GI nausea, gas, dyspepsia, constipation	Cat C

Reference: Treating Tobacco Use and Dependence; US Department of Health and Human Services Public Health Service, 2008  
For important updates, special clinical considerations, and effectiveness information, visit [www.coloradoguidelines.org/tobacco](http://www.coloradoguidelines.org/tobacco)

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