

Guidelines for Tobacco Treatment 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 5A's approach.
- Utilize a **combination of behavioral change counseling 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 very limited time:



Michigan Tobacco Quit Line – 1.800.QUIT.NOW
www.Michigan.gov/tobacco

ADDITIONAL RESOURCES

- Website: www.Michigan.gov/tobacco

For important updates, and additional information and copies of the guideline, Call Michigan's Tobacco Prevention and Control Program at: (517) 335-8376.

This guideline is designed to assist clinicians in the management of patients with tobacco use. This guideline is not intended to replace a clinician's judgment or establish a protocol for all patients with a particular condition.

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 not willing, address the appropriate 5 R's 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 of continued tobacco use
 - Rewards: Have patient talk about benefits of quitting
 - Roadblocks: Have patient discuss barriers and fears if quitting
 - Repetition: Review the relevant 5 R's at each visit

ASSIST

- Provide positive, practical behavioral coaching as part of a quit plan
- Offer tailored pharmacotherapy treatments (see reverse side).
- OR ASSIST by referring the patient to the Michigan Tobacco Quit Line at 1-800-QUIT-NOW (1-800-784-8669)

ARRANGE

- ARRANGE a follow-up contact within the first week after the quit date or Quit Line/ referral and a second follow-up contact within the first month.
- Monitor 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.

Reference: Surgeon General's Website www.surgeongeneral.gov/tobacco/

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 of pharmacotherapy should be discussed with these patients: light smokers, adolescents, smokeless tobacco users, and pregnant patients.

Category/ Availability	Drugs	Recommended Dosage	Recommended Duration	Strength of evidence	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 <small>(weigh risk vs. benefit)</small>
NRT (Nicotine Replacement Therapy)/ OTC	Nicotine Patch/transdermal (NicoDerm CQ, Habitrol, Nicotrol)	> 10cigs/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 < 10cigs/day: use 14 mg/day for 6 weeks and 7mg/day for 2 weeks	Up to 10 weeks	A	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	A	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	B	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
NRT/ prescription	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	Initially use 6 cartridges/day. Use for 3- 6 months	A	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/nosril 1-2 doses/hr (maximum 5 doses/hr or < 40 doses/day)	Up to 3- 6 months	A	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
Medications/ prescription	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	A	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). Take drug after eating with a full glass of water.	12 weeks treatment: may consider additional 12 weeks to enhance cessation	A	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