

The Shasta County Tobacco Education Coalition (SCTEC) is recommending the following guidelines set forth by the **U.S. Department of Health and Human Services**, titled “*Treating Tobacco Use and Dependence*,” be used as a determining factor when dealing with patients who use or are dependent upon tobacco.

On May 7, 2008 the U.S. Public Health Service released an updated clinical practice guideline that identifies effective new counseling and medication treatments for helping people quit smoking.

The guideline update reports evidence that counseling by itself, or especially in conjunction with medication, can greatly increase success in quitting. It notes that quit-lines are effective, can reach a large number of people, provide broad access to cessation counseling for diverse populations, and are easy for clinicians and patients to use.



Motivational Intervention

The clinician can motivate patients to consider a quit attempt with the “5 R’s”:

Relevance-- Encourage the patient to indicate why quitting is personally relevant, being as specific as possible.

Risks-- Ask the patient to identify potential negative consequences of tobacco use.

Rewards-- Ask the patient to identify potential benefits of stopping tobacco use.

Roadblocks-- Ask the patient to identify barriers or impediments to quitting and provide treatment options that address roadblocks.

Repetition-- The motivational intervention should be repeated every time an unmotivated patient has an interaction with a clinician. Tobacco users who have failed in previous quit attempts should be told that most people make repeated quit attempts before they are successful.

Local Resources:

The SCTEC further recommends patients be provided with information regarding smoking cessation programs and services provided by local private and non-profit agencies or organizations. A complete list is available by contacting the Tobacco Cessation Education Program at Shasta County Public Health at 229-8467.

Fiore, M.C., Jaen, C.R., Baker, T.B., et al. (May 2008) “Treating Tobacco Use and Dependence: 2008 Update”. [Clinical Practice Guide-line](#). Rockville, MD: U.S. Department of Health and Human Services. Public Health Service.

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Mission

To promote a healthy community and work to protect our residents from the harmful health and economic effects of tobacco and second-hand smoke.

Tobacco Use and Dependence

Information For
Health Care Providers

Major Conclusions and Recommendations:

1. Tobacco dependence is a chronic disease that often requires repeated intervention and multiple attempts to quit. However, effective treatments exist that can significantly increase rates of long-term abstinence.
2. It is essential that healthcare personnel consistently identify and document tobacco use status and treat every tobacco user seen in a healthcare setting.

Identification Intervention

The major steps to intervention are the “5 A’s”:

- Ask--** Identify and document tobacco use for every patient at every visit.
- Advise--** In a clear, strong, and personalized manner, urge every tobacco user to quit.
- Assess--** Is the tobacco user willing to make a quit attempt at this time.
- Assist--** For the patient willing to make a quit attempt, use counseling and pharmacotherapy to help him or her quit.
- Arrange--** Schedule follow up contact, in person or by telephone, preferably within the first week after the quit date.

3. Tobacco dependence treatments are effective across a broad range of populations. Clinicians should encourage every patient willing to make a quit attempt to use the counseling treatments and medications recommended in this guideline.

The Benefits of Quitting

 20 Min:	Blood pressure decreases, and the pulse slows to its normal rate. Temperature in the hands and feet increase to normal.
 8 Hours:	Carbon monoxide level in the blood drops to normal, and oxygen level increases.
 24 Hours:	Breath, hair and body stop smelling like smoke. The chance of having a future heart attack starts decreasing.
 48 Hours:	Damaged nerve endings begin to recover. As a result, sense of taste and smell begin to improve.
 72 Hours:	The body is virtually free of nicotine.

4. Brief tobacco-dependence treatment is effective. Clinicians should offer every tobacco user at least the brief treatments shown to be effective in this guideline.
5. Individual, group, and telephone counseling are effective and their effectiveness increases with treatment intensity. Two components of counseling are especially effective and clinicians should use these when counseling patients making a quit attempt:
 - *Practical counseling* (problem-solving/skills training) such as recognizing danger situations, developing coping skills, and providing basic information.
 - *Social support* by encouraging the quit attempt, communicating caring and concern, and encouraging the patient to talk about the process.

6. There are numerous effective medications for tobacco dependence, and clinicians should encourage their use by all patients when medically indicated.

- Seven first-line medications (five nicotine and two non-nicotine) reliably increase long-term smoking abstinence rates:
 - Bupropion SR
 - Nicotine gum
 - Nicotine inhaler
 - Nicotine lozenge
 - Nicotine nasal spray
 - Nicotine patch
 - Varenicline
- Clinicians should also consider the use of certain combinations of medications identified as effective in the U.S. Public Health Service guideline update.

7. Counseling and medication are effective when used by themselves for treating tobacco dependence. However, the combination of counseling and medication is more effective than either alone. Thus, clinicians should encourage all individuals making a quit attempt to use both counseling and medication.

8. Telephone quit-line counseling is effective with diverse populations and has broad reach. Healthcare personnel should both ensure patient access to quit-lines and promote quit-line use (1-800-NO-BUTTS).

9. If a tobacco user is currently unwilling to make a quit attempt, clinicians should use the motivational treatments shown in this guideline to be effective in increasing future quit attempts.