

# Guidelines for the Treatment of Nicotine Dependence

<p><b>Principles of the Guideline</b></p>	<ul style="list-style-type: none"> <li>• Tobacco use is the most common avoidable cause of illness and death.</li> <li>• Smoking during pregnancy is the #1 preventable cause of pre-term deliveries.</li> <li>• Passive exposure to tobacco smoke is a significant health risk to children because it increases the incidence of otitis media, lower respiratory infections and asthma.</li> <li>• Most tobacco users want to quit (70 – 80% in surveys).</li> <li>• Tobacco dependence is a chronic disease that often requires repeated intervention and multiple attempts to quit. To treat tobacco users effectively, clinicians need to consistently address tobacco use with patients using the most effective treatments available which include approved cessation pharmacotherapy and cessation counseling.</li> </ul>
<p><b>Definition</b></p>	<p>The purpose of this guideline is to encourage that:</p> <ul style="list-style-type: none"> <li>• All patients, including parents of pediatric patients, are assessed for use of tobacco and have their tobacco use status documented at every visit.</li> <li>• Discussion regarding tobacco use begins before adolescent patients enter middle school.</li> <li>• All clinicians advise all patients who use tobacco to quit. Patients should be offered behavioral support and education about quitting. The use of pharmacotherapy (including bupropion SR tablets, varenicline tablets, nicotine patches, nicotine inhaler, nicotine nasal spray, nicotine gum and nicotine lozenges) is recommended for patients who use tobacco unless the patient is pregnant, a light smoker, an adolescent or there are medical contraindications. <b>Security Health Plan covers these medications, with a prescription, for most members. Contact Customer Service at 1-800-472-2363 for individual coverage information.</b></li> </ul>
<p><b>Tobacco Cessation Programs</b></p>	<p>All Security Health Plan members interested in quitting should be referred to the Tobacco Free Program (1-800-472-2363). Members work with a coach to develop a personalized plan for success. The Wisconsin Tobacco Quit Line (1-800-QUIT-NOW) is also available, at no charge, to all Wisconsin residents. Trained specialists are available from 7:00 A.M. to 11:00 P.M. to assist people in developing a quit plan. More information regarding the Wisconsin Tobacco Quit Line can be obtained at <a href="http://www.ctri.wisc.edu">www.ctri.wisc.edu</a>.</p>
<p><b>Cessation Strategies for Health Care Providers</b></p>	<p><b>ASK</b></p> <ul style="list-style-type: none"> <li>• Identify and document tobacco use status for every patient, including parents of pediatric patients, at every visit.             <ul style="list-style-type: none"> <li>– Health care staff should document tobacco use status as a vital sign.                 <ul style="list-style-type: none"> <li>- Tobacco use: Current; Former; Never</li> </ul> </li> </ul> </li> </ul> <p><b>ADVISE</b></p> <ul style="list-style-type: none"> <li>• In a clear, strong and personalized manner, encourage tobacco users to quit.             <ul style="list-style-type: none"> <li>– Clear: “I think it is important for you to quit now and I can help you.” “Cutting down while you are ill is not enough.”</li> <li>– Strong: “As your provider, I need you to know that quitting is the most important thing you can do to improve your health now and protect it for the future.” “I can help you quit.”</li> </ul> </li> </ul> <p><b>ASSESS</b></p> <ul style="list-style-type: none"> <li>• Ask every tobacco user if he or she is ready to make a quit attempt within the next 30 days.             <ul style="list-style-type: none"> <li>– If the patient is unwilling to make a quit attempt, provide encouragement and educational materials.</li> <li>– If the patient is willing to make a quit attempt, provide assistance.</li> <li>– Encourage participation in a tobacco cessation program. There are a variety of options for patients, including:                 <ul style="list-style-type: none"> <li>- <b>Security Health Plan’s Tobacco Free Program</b> 1-800-472-3363</li> <li>- <b>The Wisconsin Tobacco Quit Line</b> (free to all Wisconsin residents) 1-800-QUIT-NOW</li> <li>- <b>Online resources</b>, such as <a href="http://www.quitnet.com">www.quitnet.com</a> or the American Lung Association’s Freedom from Smoking online program at <a href="http://www.ffsonline.org">www.ffsonline.org</a></li> <li>- <b>Local health departments</b> and clinic <b>Patient Education Departments</b> are also aware of community-based programs.</li> </ul> </li> <li>– If the patient is of a special population (pregnant smoker, adolescent, chemical dependency and/or psychiatric comorbidity) it is best to provide tailored information.</li> </ul> </li> </ul> <p><b>ASSIST</b></p> <ul style="list-style-type: none"> <li>• Help the patient develop a quit plan.             <ul style="list-style-type: none"> <li>– <b>Set a date</b> – ideally within the next two weeks.</li> <li>– Encourage the patient to <b>seek support</b> from family, friends and coworkers.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>– <b>Discuss possible challenges</b> with the patient. How will he or she overcome specific times during the day or situations that may be difficult? Stress the need to <b>develop specific alternate activities</b> for these times.</li> <li>– <b>Remove tobacco products from the environment</b> prior to quitting (such as in the car, home, workplace.)</li> <li>– <b>Encourage total abstinence</b> on the quit date. . .not even a single puff.</li> <li>– <b>Review past quit attempts.</b> What worked in past attempts? What factors contributed to relapse?</li> <li>– <b>Discuss alcohol.</b> Because many people are tempted to use tobacco when they are in situations involving alcohol, it may be best to avoid these situations while quitting.</li> <li>– <b>Other smokers in the home.</b> For many people, quitting is more difficult when there is another smoker in the home. Patients should determine if the family member or roommate is willing to quit with them or not smoke in their presence. It would be best, if a roommate continues to smoke, that he or she find an alternate place to go so that the home can become completely tobacco free.</li> <li>– <b>Provide a supportive clinical environment.</b> “My office staff and I are here to help you.”</li> <li>– <b>Recommend the use of pharmacotherapy.</b> Explain how these medications (including bupropion SR tablets, varenicline, nicotine patch, nicotine inhaler, nicotine nasal spray, nicotine gum and nicotine lozenges) increase success and reduce withdrawal symptoms. Security Health Plan covers these medications for most members; contact Customer Service at 1-800-472-2363 for more information.</li> </ul> <ul style="list-style-type: none"> <li>• Have supplemental educational materials available at every workstation.</li> </ul> <p><b>ARRANGE</b></p> <ul style="list-style-type: none"> <li>• Schedule follow-up contacts either in person or via telephone. <ul style="list-style-type: none"> <li>– Timing: Follow-up should occur within the first week following the quit date. A second follow up within the first month is also recommended. Schedule further follow-up as needed. Congratulate successes. If the patient wasn’t successful, discuss reasons for relapse and problem solve ways to deal with the issues. Encourage the patient to set a new date. Assess pharmacotherapy use and problems.</li> </ul> </li> <li>• Refer the patient to a cessation program for additional support. Provide information regarding Security Health Plan’s Tobacco Free Program (1-800-472-2363) and the Wisconsin Tobacco Quit Line (1-800-QUIT-NOW).</li> </ul>
<b>Assisting Recent Quitters</b>	<p>When encountering a recent quitter, discuss how things are going. Is the patient still struggling? What situations trigger cravings? Some common responses may include:</p> <ul style="list-style-type: none"> <li>• <b>Strong or prolonged symptoms</b> – consider adjusting the dosing of the current pharmacotherapy or extending the use of the medication.</li> <li>• <b>Depressed feelings</b> – provide counseling, prescribe appropriate medications or refer the patient to a specialist.</li> <li>• <b>Weight gain</b> – Reassure the patient that some weight gain after quitting is common. Recommend increasing physical activity. Emphasize the importance of a healthy diet. Refer the patient to a specialist or program if necessary.</li> <li>• <b>Decrease in Motivation to Continue</b> – Reassure the patient that these feelings are normal. Recommend rewarding activities. Emphasize that it will get better as the patient adjusts to his or her new lifestyle.</li> </ul>
<b>Pregnant Women</b>	<p>Because of the serious risks of smoking to the pregnant smoker and the fetus, pregnant smokers should be offered extended psychosocial interventions that exceed minimal advice. Although early abstinence is best, quitting at any point can yield benefits. Therefore, clinicians should offer assistance at the first prenatal visit and throughout the course of the pregnancy. Due to possible effects on the fetus, medications are usually reserved for motivated patients who have failed all other (nonpharmaceutical) interventions.</p>
<b>Smokeless Tobacco</b>	<p>Clinicians should also offer behavioral support and education to patients who use smokeless tobacco. Zyban and nicotine replacement products should be considered as well. Encourage enrollment in Security Health Plan’s Tobacco Free Program (1-800-472-2363) or the Wisconsin Tobacco Quit Line (1-800-QUIT-NOW).</p>

References: Treating Tobacco Use and Dependence Clinical Practice Guideline, Department of Health and Human Services. Marshfield Clinic practice guideline titled: Tobacco Cessation. Adopted by the Quality Improvement Committee September 2003. Reviewed and revised September 2006, October 2007 and June 2010.

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