

# A Practical Guide to Help Your Patients Quit Using Tobacco

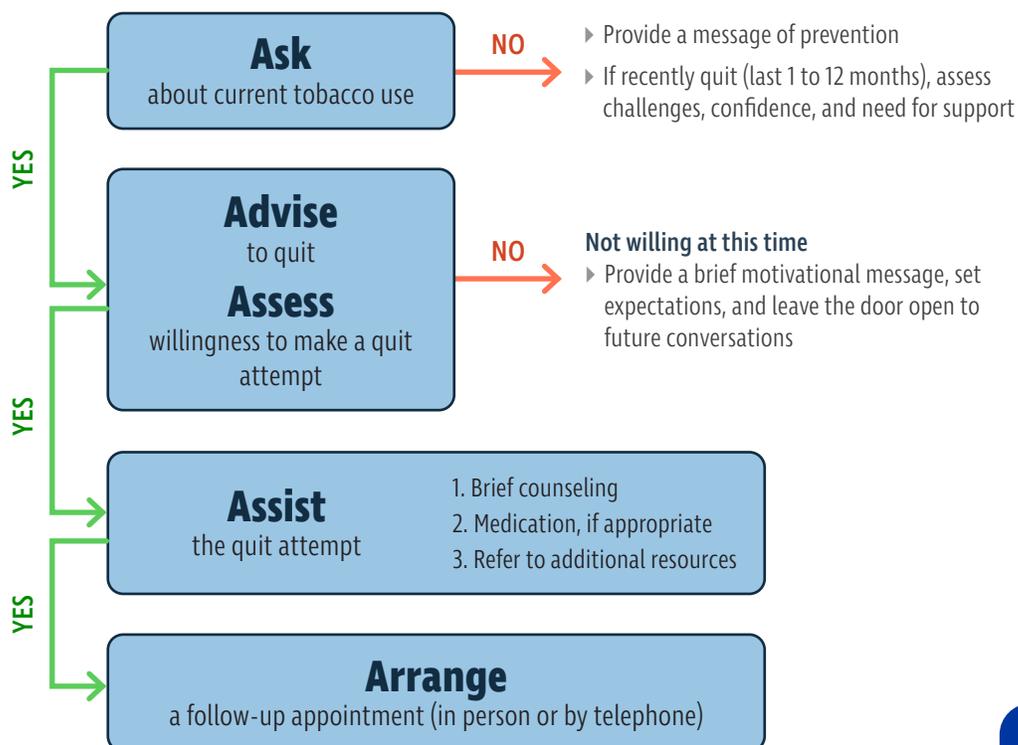
**Tobacco dependence is a chronic condition driven by addiction to nicotine.** No amount of tobacco use is safe, and treatment of tobacco use and dependence often requires multiple interventions and long-term support. Effective clinical interventions are available to help patients who use tobacco to quit.

This guide provides simple steps and suggested language that you can use to briefly (3 to 5 minutes) intervene with patients who use tobacco. These steps can be integrated into the routine clinical workflow and can be delivered by the entire clinical care team.

Key considerations for treating tobacco dependence:

- ▶ **Behavioral counseling** can benefit all patients.
- ▶ **Medication** can help patients quit and can be used with most patients, though special considerations may apply for some individuals. *See page 3.*
- ▶ **Combining behavioral counseling and medication** is more effective than either treatment alone.
- ▶ **Follow-up** is key to monitoring patients for treatment adherence, side effects, and efficacy, along with providing support and continued assistance.

## Overview: Tobacco Cessation Brief Clinical Intervention





## Clinical Intervention – Language You Can Use

### Ask

**Ask every patient about tobacco use at every visit.**

*“Do you use tobacco products, for example cigarettes or e-cigarettes?”*

**If your patient has recently quit** (in the last 1 to 12 months), congratulate them and assess challenges, confidence, and need for support.

*“The first few weeks after quitting can be hard. Have you felt the urge to use tobacco?”*

*“You are doing a great job. This is such an important step to take. Is there anything I can do to support you?”*

**If your patient has recently relapsed**, provide encouragement and support to try to quit again.

*“Quitting can be hard. It can often take someone several tries to quit successfully. Would you like to try again?”*

### Advise + Assess

**Advise your patient to quit using tobacco, and assess their willingness to quit.**

A clinician's advice to quit is an important motivator for patients. Using nonjudgmental language, deliver a message that is clear, strong, and personalized.

*“Quitting [smoking, chewing, etc.] is the most important thing you can do for your health. As someone who cares about you and your health, I'd like to help you quit.”*

*“I'd like to hear your thoughts about quitting [smoking, chewing, etc.]”*

*“Would you be willing to quit in the next 30 days?”*

**If your patient is not ready to quit**, provide a brief motivational message, set expectations, and leave the door open to future conversation.

*“I feel strongly about tobacco use and its effect on your health. I understand that quitting can be hard, but I am here to support you. I will ask you about it again the next time I see you.”*

## Assist

### If your patient is ready to make a quit attempt, assist with counseling, medications (if appropriate), and resources for support.

#### Provide and document brief tobacco cessation counseling. (1-3 minutes; 3-10 minutes)

- ▶ Set a quit date within 30 days
- ▶ Review past quit attempts, including counseling and medication used
- ▶ Discuss potential withdrawal symptoms and coping strategies – see table on page 4
- ▶ Discuss potential triggers and coping strategies – see table on page 4

#### Discuss, prescribe, and document tobacco cessation medication(s) unless medically contraindicated.

Populations for which there is insufficient evidence for the effectiveness of cessation medications include pregnant women (unless with medical clearance and patient consent); adolescents; people who smoke  $\leq 5$  cigarettes a day; and people who use tobacco products other than cigarettes, including smokeless tobacco and e-cigarettes.

- ▶ Nicotine replacement therapy (NRT) – patch, gum, lozenge, inhaler, and nasal spray
- ▶ Bupropion
- ▶ Varenicline
- ▶ Medication combinations: combining long-acting NRT (i.e., patch) with short-acting NRT (e.g., lozenge) increases the chances of quitting compared with using a single form of NRT

#### Make a referral to additional in-depth and free cessation help.

- ▶ State tobacco quitline (1-800-QUIT-NOW; 1-855-DÉJÉLO-YA)
- ▶ Tobacco cessation program based in the community, clinic, or healthcare system
- ▶ Web support: [CDC.gov/quit](https://www.cdc.gov/quit); [Smokefree.gov](https://www.smokefree.gov); [becomeanex.org](https://www.becomeanex.org)
- ▶ Text support: [Smokefree.gov/SmokefreeTXT](https://www.smokefree.gov/SmokefreeTXT)
- ▶ App support: [Smokefree.gov/tools-tips/apps/quitstart](https://www.smokefree.gov/tools-tips/apps/quitstart)

## Arrange

### Arrange follow-up with patients who are making a quit attempt.

Follow up either in person or by telephone within a week of the patient's quit date. A second follow-up is recommended within the first month.

*"Before you leave today, we are going to schedule a follow-up appointment close to your quit date. We will check in to see how your quit attempt is going, ask if you have any questions, and see if there are ways we can support your quit attempt."*

*"Please feel free to contact us at any point. We are here to help and support you."*



## Withdrawal Symptoms and Coping Strategies

### ANXIETY AND IRRITABILITY

- ▶ Exercise; even a 5-minute walk can help
- ▶ Contact a friend for support
- ▶ Take a few slow, deep breaths
- ▶ Chew sugar-free gum

### INSOMNIA OR SLEEP PROBLEMS

- ▶ Avoid caffeine in the late afternoon and evening
- ▶ Exercise
- ▶ Go to sleep and wake up on a regular, consistent schedule

### RESTLESSNESS

- ▶ Exercise
- ▶ Focus on an existing hobby, or try something new like cooking, drawing, or hiking
- ▶ Clean the house, garage, basement, or attic

### HUNGER

- ▶ Eat plenty of fruits and vegetables
- ▶ Exercise regularly
- ▶ Avoid high-calorie foods and beverages
- ▶ Carry sugar-free gum or toothpicks
- ▶ Drink more water

## Triggers and Coping Strategies

### SITUATIONS

- ▶ Avoid people who use tobacco, or ask them not to use tobacco around you
- ▶ Establish friendships with people who don't use tobacco
- ▶ Avoid smoke breaks and other social situations where you use tobacco
- ▶ Avoid other situations where you usually use tobacco

### THINGS

- ▶ Get rid of cigarettes, matches, lighters, ashtrays, and any other objects that are cues or triggers for smoking or using other tobacco products
- ▶ Avoid alcohol (at least for the first month) as it may trigger a desire to smoke
- ▶ Develop new ways to manage stress, such as going for a walk

### PLACES

- ▶ Avoid places where you usually buy tobacco products
- ▶ Avoid locations where you usually use tobacco
- ▶ Take a different route to work or school

## Resources for Providers

- ▶ CDC's Office on Smoking and Health – [CDC.gov/TobaccoHCP](https://www.cdc.gov/TobaccoHCP)
- ▶ National Cancer Institute: Help Others Quit ([Smokefree.gov/help-others-quit/health-professionals](https://www.smokefree.gov/help-others-quit/health-professionals))
- ▶ Million Hearts (available at [millionhearts.hhs.gov](https://millionhearts.hhs.gov))
  - Tobacco Cessation Protocol
  - Tobacco Cessation Clinical Action Guide
  - Tobacco Cessation Change Package
- ▶ Treating Tobacco Use and Dependence, Clinical Practice Guideline: 2008 Update (available at [www.ahrq.gov](https://www.ahrq.gov))
- ▶ U.S. Preventive Services Task Force (USPSTF) Tobacco Cessation Recommendations (available at [www.uspreventiveservicestaskforce.org](https://www.uspreventiveservicestaskforce.org))

Adapted from:

- ▶ Million Hearts Protocol for Identifying and Treating Patients Who Use Tobacco (<https://millionhearts.hhs.gov/files/Tobacco-Cessation-Protocol.pdf>)
- ▶ New York City Department of Health and Mental Hygiene Quit Smoking Coaching Guide (<https://www1.nyc.gov/assets/doh/downloads/pdf/csi/smoke-quit-smoking-coaching-guide.pdf>)

