

US Public Health Service (PHS) Clinical Practice Guideline *Treating Tobacco Use and Dependence: 2008 Update*¹

Approximately 20 percent of the adult US population smokes, and more than 70 percent of smokers say they want to quit.² However, many smokers lack the support needed to be successful, and most are not aware of the tools and treatments available to help them succeed. This updated Guideline is designed to provide health care professionals, payers and others with evidence-based recommendations for smoking cessation treatments that increase the likelihood of a successful quit attempt.

Highlights of *Treating Tobacco Use and Dependence: 2008 Update* include:

Tobacco Dependence

Tobacco dependence is increasingly recognized as a chronic disease that requires ongoing assessment and repeated intervention. Health professionals must consistently identify, document, and treat all tobacco users within the health care setting

Treatment/Intervention

Clinicians should encourage all individuals making a quit attempt to engage in both counseling and medication treatments

- There are seven first-line medications for smoking cessation, allowing clinicians and patients several medication options
- Individual, group, and telephone counseling are effective, and their effectiveness increases with treatment intensity

Insurance Coverage

Tobacco dependence treatments are both clinically effective and highly cost-effective, relative to interventions for other clinical disorders. Insurers and purchasers should ensure that all insurance plans include effective counseling and medication as covered benefits

**For more information on *Treating Tobacco Use and Dependence: 2008 Update*,
visit www.surgeongeneral.gov/tobacco.**

2008 Update Sponsoring Organizations: *US Public Health Service; Agency for Health Care Research & Quality; US Centers for Disease Control & Prevention; National Heart, Lung, and Blood Institute; National Institute on Drug Abuse; National Cancer Institute; American Legacy Foundation; Robert Wood Johnson Foundation; University of Wisconsin School of Medicine and Public Health's Center for Tobacco Research and Intervention*



5A's QUICK GUIDE

Helping tobacco users willing to quit

ASK about tobacco use at every visit

- “Do you currently use tobacco?”
- Document tobacco-use status using these tools: *Vital Signs Stickers*

ADVISE all tobacco users to quit

- “As your healthcare provider, I strongly advise you to quit.”
- “The single most important thing you can do to protect your health is to stop smoking, and I can help you.”

ASSESS patient’s willingness to quit

- “Are you ready to make a quit attempt in the next 30 days?”
- If “yes,” proceed to the next step: ASSIST
- If “no,” turn this card over to follow 5 R’s, give patient this tool: *No, I’m Not Ready to Quit* or *Maybe: I’m Thinking About Quitting*

ASSIST patient in quitting

- Set a quit date and form a quit plan. Give patient this tool: *Yes, I’m Ready to Quit*
- Use Fax Referral Form to initiate Quitline counseling process
- Enlist support of family, friends, co-workers
- Anticipate challenges and triggers
- Give patient this tool: *Quick Tips Rx for Staying Smoke Free*
- Review lessons from past quit attempts
- Prescribe appropriate pharmacotherapy unless contraindicated
- Consult these tools: *Pharmacotherapy Quick Guide, Treating Tobacco Use and Dependence*

ARRANGE follow-up

- Schedule phone or office visit, preferably within the first week after patient’s quit date.
 - Congratulate success
 - or
 - Review circumstance that caused lapse
 - Ask for recommitment to total abstinence
 - Consider referral to more intense treatment
- Assess pharmacotherapy use, and revise or combine as necessary

For telephone counseling: 1-877-YES-QUIT
For referrals to community resources: 1-800-ACS-2345
For Web information: www.cancer.org



5R's QUICK GUIDE

Helping tobacco users unwilling to quit

RELEVANCE

Help patient identify personally relevant reasons for quitting.

Your counseling holds the greatest impact if it is specific to a patient's health status, age, gender, family or social situation, prior quitting experience and any identified barriers to cessation.

RISKS

Invite patient to discuss negative consequences of tobacco use.

- Acute risks: shortness of breath, impotence, exacerbation of asthma, infertility, harm to pregnancy, more susceptible to colds and bronchitis
- Long-term risks: heart attack and stroke; cancers of the lung, larynx, esophagus, pancreas, bladder, cervix, emphysema; need for extended care
- Environmental risks: lung cancer and heart disease in spouses; asthma, middle ear disease, SIDS, respiratory infections and low birth weight in children; children who smoke

REWARDS

Invite patient to name personally relevant benefits of quitting.

- Feel, look and perform better
- Live longer
- Improve your sense of smell and taste
- Save money
- Have fresher-smelling clothing, home, car and breath
- Stop worrying about health risks
- Have more time at work and play
- Have healthier babies and children
- Set a good example for children

ROADBLOCKS

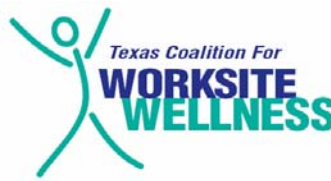
Ask patient to identify barriers to quitting and suggest treatment for specific barriers.

- Withdrawal symptoms or prolonged craving
- Weight gain
- Depression or negative mood
- Fear of failure
- Lack of support in quitting
- Feeling deprived or unmotivated

REPETITION

Repeat the above motivational techniques every time an unmotivated patient visits, and tell patient:

- *"Most people make repeated attempts to quit before they are successful."*
- *"Almost a quarter of U.S. adults—46 million people—are former smokers."*
- *"Quitting isn't easy, but it's not impossible; more than 3 million people quit each year."*
- *"One-half of all people who have ever smoked have now quit."*



Key Findings and Recommendations From *Treating Tobacco Use and Dependence: 2008 Update*³

1. Tobacco dependence is a chronic disease requiring repeated intervention and multiple quit attempts.
2. It is essential that all tobacco users are consistently identified, documented, and treated within the health care setting.
3. Tobacco dependence treatments are effective across many populations, and clinicians should encourage willing patients to use these treatments.
4. Clinicians should offer every tobacco user at least brief treatments to help them quit.
5. Individual, group, and telephone counseling are effective, and their effectiveness increases with treatment intensity. Clinicians should encourage both practical (problem-solving/skills training) and social support counseling when helping patients quit.
6. Many effective medications for tobacco dependence exist, and clinicians should encourage their use by all patients attempting to quit, except when medically contraindicated or with specific populations where insufficient evidence of effectiveness is available.
7. Clinicians should encourage use of counseling and medication for treating tobacco dependence, which have been shown to be more effective in combination than alone.
8. Telephone quitline counseling has been shown to be effective. Clinicians should encourage patients to access and use these resources.
9. For tobacco users unwilling to quit, clinicians should use proven motivational treatments to increase future quit attempts.
10. Tobacco dependence treatments are clinically and cost-effective. All insurance plans should include effective counseling and medication as covered benefits.

¹ Adapted from Fiore MC, Jaen, CR, Baker, TB, et al. *Treating Tobacco Use and Dependence: 2008 Update*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.

² Centers for Disease Control and Prevention. Cigarette Smoking Among Adults—United States, 2000. *MMWR*. 2002;51(29):642-645.

³ Adapted from Fiore MC, Jaen, CR, Baker, TB, et al. *Treating Tobacco Use and Dependence: 2008 Update*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.