

Tobacco dependence is a chronic disease. Smoking is the leading cause of premature death that is preventable. There are 480,000 deaths each year due to smoking. Living tobacco free reduces a person's risk factor of developing heart disease, serious cancers, COPD, Asthma, periodontal gum disease, and other diseases. It also reduces the risk of premature death. Tobacco-free living means avoiding the use of all types of tobacco products which includes cigarettes, cigars, smokeless tobacco (chewing), pipe and hookahs. Living smoke free also includes avoiding second hand smoke exposure.

Effective treatments exist that can significantly increase rates of long-term abstinence. Smokers should be encouraged and offered at every encounter or visit to live smoke free. Treatment would comprise all the components of the QUIT program, which includes: education on the benefits of quitting, behavioral change counseling, medication and close follow-up. However, smoke-free living often requires repeated intervention and multiple attempts to quit.

At each visit Providers should:

1. Identify and document the status of tobacco use for each patient seen at each visit. **There are 2 classes of smokers:**

- **LIGHT SMOKERS : LESS THAN 1/2 PPD**
- **HEAVY SMOKERS: MORE THAN 1/2 PPD**

2. Document any recommendations and education regarding smoking cessation.

3. Encourage every patient willing to attempt quitting to use counseling treatments and one of the following recommended medications:

- Seven first-line medications (5 nicotine and 2 non-nicotine) that are used in **Nicotine Replacement Therapy (NRT)** and that reliably increase long-term smoking abstinence rates:

- Bupropion SR
- Nicotine gum
- Nicotine inhaler
- Nicotine lozenge
- Nicotine patch
- Varenicline

➔ Certain of these medications can be used in combination to aid in smoking cessation — except when medically contraindicated or with specific populations for which there is insufficient evidence of effectiveness (i.e., pregnant women, smokeless tobacco users, light smokers, and adolescents).

- Counseling is effective whether it is done in a private office setting, group session, and/or as telephone counseling. The effectiveness of behavior counseling increases as the treatment intensity increases.

➤ Two components of counseling that are especially effective, and should be used when counseling patients to quit:

- ➔ Practical counseling regarding problem solving / coping skills
- ➔ Develop social support systems as part of treatment

- Telephone quitline counseling is effective for many people. The Illinois Quitline number is 1-866-QUIT-YES (866-784-8937)
- Use ongoing counseling and encouragement and motivational treatments when a tobacco user is currently unwilling to attempt to quit. See attached reference guide for information on motivational techniques for current and former smokers.

Source: Treating Tobacco Use and Dependence: U.S. Department of Health and Human Services; Public Health Service, May 2008

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Approved: Professional Peer Review Committee 1/2015; reviewed 2/2016

Attachment #1