Clinical Guidelines for Tobacco Cessation and E-Cigarette Use

<table>
<thead>
<tr>
<th>Guideline History</th>
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</thead>
<tbody>
<tr>
<td>Original Approve Date</td>
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<tr>
<td>Review/Revise Dates</td>
</tr>
<tr>
<td>Next Review Date</td>
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</tbody>
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Clinical Treatment Guidelines for Tobacco and E-Cigarette Use

**Purpose:** To provide evidence-based practice strategies for Sentara Healthcare and Optima Health providers treating tobacco or e-cigarette users.

**Background:** In August 2008, the Agency for Healthcare Research and Quality updated *Treating Tobacco Use and Dependence Clinical Practice Guidelines* and reviewed content in October 2018. The review of literature consisted of approximately 8,700 research articles that focused on data analyses and review. The update strongly recommends healthcare professionals implement effective tobacco dependence counseling and medication treatments when intervening with patients who use tobacco. “E-cigarettes are not an FDA-approved quit aid, and there is no conclusive scientific evidence on the effectiveness of e-cigarettes for long-term smoking cessation.” (National Institute on Drug Abuse, 2018).

The following is a recommended protocol for all healthcare practices.

**Procedure:**

**Step 1 – Office Environment - Establish a tobacco and e-cigarette free environment by:**
- Display SIGN(S) of No tobacco or e-cigarette use
- Use of POSTERS that encourage tobacco and e-cigarette cessation
- Provide appropriate patient education MATERIALS according to tobacco or e-cigarette use. Resources should include Optima Health tobacco resource guide, Within 20 minutes of quitting, and available cessation medications
- Provide MAGAZINES in the waiting area that do not contain tobacco or e-cigarette advertisements

**Step 2 – Screen Patients - Identify Every patient at Every visit by:**
- Inquire about STATUS of tobacco and e-cigarette use (5th vital sign)
- Identify tobacco and e-cigarette use on the chart – current or previous use (e.g. using STAMP or CHART STICKERS)
- Ask patient about READINESS to quit tobacco or e-cigarette use (See Stages of Change and Readiness evaluation tools)
- CHART patients tobacco or e-cigarette use and level of readiness to quit

**Step 3 – Intervention**
- Prescribe nicotine replacement therapy and rx prescription as indicated.
- Refer to Tobacco Cessation options *see attachment*
- Refer to Optima Health and Sentara Healthcare Tobacco Treatment Specialist for counseling, support, and additional resources

**Step 4 – Follow up**
- Ensure prescription medications and counseling are a good fit for patient. Consider adjustments as needed
- Ensure patient has no additional concerns or needs

**The Ask, Advise, Assess, Assist, Arrange: The 5 A’s**
The first step of treatment for tobacco and e-cigarette use is effective identification of tobacco or e-cigarette users. Treating Tobacco Use and Dependence Clinical Practice Guidelines, recommends that healthcare professionals utilize the office visit for assessment and intervention opportunities for every patient.

**ASK** about tobacco and e-cigarette use. Know the status (current or past) for every patient at every office visit.

**ADVISE** all tobacco and e-cigarette users to quit. Use a strong, clear and a personalized manner to urge every tobacco or e-cigarette user to quit.

**ASSESS** willingness to make a quit attempt. If the patient is willing to make a quit attempt, provide assistance.

**ASSIST** For the patient willing to make a quit attempt, assist tobacco or e-cigarette user with setting a quit date. Give advice on successful quitting, offer medication and provide or refer for counseling or additional treatment to help the patient quit. Provide resources and information on quit lines. If the patient is unwilling to make a quit attempt within 30 days, provide a brief intervention that will motivate a future quit attempt. Identify reasons to quit in a supportive manner.

**ARRANGE** for follow up contacts beginning within the first week after quit date to prevent relapse. A second follow up call is recommended with in the first month.

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Four Principles of Motivational Interviewing

1. **Express Empathy** – Use open-ended questions to explore concerns about quitting tobacco or e-cigarette use. Normalize feelings and concerns and support patient autonomy.

2. **Develop Discrepancy** – Highlight the discrepancy between the patient’s present behavior and expressed priorities.

3. **Roll with Resistance** – Back off and use reflection if the patient expresses resistance.

4. **Support Self-Efficacy** – Help patient to identify and build on past successes about quitting smoking.

Use of Motivational Interviewing Principles with FRAMES

*Adapted from Florida State University Area Health Education Tobacco Treatment Specialist Training 2018 *see references*

- **Feedback**: Specifically address concerns about use
  - “I am concerned about how nicotine and smoking is affecting your health problems.”
- **Responsibility**: Emphasize that change is up to patient.
  - “Only you can decide to make your life better.”
- **Advice**: Give specific goals you have for the patient
  - “I want you to be evaluated by a cardiologist/pulmonologist.”
- **Menu**: Offer alternatives to advice
  - “You could stop smoking in your home/car.”
- **Empathy**: “I know you find talking about this difficult”.
  - “I understand that this is a difficult change for you to consider.”
- **Self-efficacy**:
  - “You deserve better - you can be better with help”

**Unwilling to Quit –Use the 5Rs**

- **RELEVANCE** – encourage the patient to indicate why quitting is personally relevant. Be as specific as possible. Motivational interviewing has the greatest impact if it is relevant to the patient’s condition, family, past quit attempts.

- **RISKS** - Ask the patient to identify potential negative consequences of tobacco or e-cigarette use.
  - Acute (short-term) pregnancy risks, shortness of breath) or Chronic (long-term risks– heart attack, stroke, COPD, cancer).

- **REWARDS** – Ask patient to identify potential benefits of quitting tobacco or e-cigarette use. Suggest improved health benefits, reduced risks to family (secondhand smoke), and potential money saved.

- **ROADBLOCKS** - Ask the patient to identify barriers to quitting and discuss treatment options. Discuss medications, stress management techniques, and behavior changes that could help manage the barriers.

- **REPETITION** – Motivational interviewing should be repeated every time an unmotivated patient visits the clinic setting. Provide Tobacco resources and information. Refer patient to Sentara Healthcare and Optima Health Tobacco Treatment Specialist for further assistance. Inform the patients that it takes most people 8-10 repeated quit attempts before finally quitting.

**Treatments for the Patient Who Has Recently Quit**

The patient who has recently quit should receive congratulations on any success and strong encouragement to remain abstinent.

- Discuss benefits of quitting if patient is willing to discuss issues related to quitting.
- Discuss any success the patient has had with quitting.
- Discuss problems and anticipated threats to maintain abstinence.
- Discuss effectiveness of medication if patient is taking medications. Adjust as needed.
**Willingness to Change**

Change does not just happen. According to the Prochaska transtheoretical model of change, there are several stages to change. During the stages of change a person moves from precontemplation, to contemplation, then to preparation, then to action, and finally to maintenance. Stages of Change assessments are useful for addressing the patient’s actual willingness to quit smoking which could change with every office visit. These stages are cyclical.

**Stages of Change from the Transtheoretical Model of Intentional Behavior Change**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
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<tbody>
<tr>
<td>Precontemplation</td>
<td>Current tobacco or e-cigarette users who are NOT planning to quit within the next 6 months.</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Current tobacco or e-cigarette users who are considering quitting within the next 6 months and have not made an attempt in the last year.</td>
</tr>
<tr>
<td>Preparation</td>
<td>Current tobacco or e-cigarette users who have made quit attempts in the last year and are planning to quit within the next 30 days.</td>
</tr>
<tr>
<td>Action</td>
<td>Individuals who have recently stopped using tobacco or e-cigarette within the past 6 months.</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Individuals who are not currently using tobacco or e-cigarette for longer than 6 months but less than 5 years (former smokers).</td>
</tr>
<tr>
<td>Relapse</td>
<td>Individuals revert to previous tobacco or e-cigarette usage.</td>
</tr>
</tbody>
</table>

*Florida State University Area Health Education Tobacco Treatment Specialist Training 2018 *see references*

**Tobacco Use and Quitting Self Evaluation Tool**

1. Please mark the spot that reflects how important it is for you to change your tobacco use

   - Not Important
   - Important

2. Please mark the point that reflects how confident you are that you can change your tobacco usage.

   - Not Confident
   - Very Confident

3. On the following scale, which point best describes how ready you are at this time to change your tobacco habit?

   - Not at all
   - Ready to change
   - Thinking about changing
   - Planning & making a commitment to change
   - Actually changing

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Nicotine Withdrawal
Nicotine withdrawal symptoms include anger, irritability, anxiety, difficulty concentrating, restlessness, insomnia, negative or depressed mood, increased appetite, weight gain, and cravings. Cravings typically last 3-5 minutes. The use of evidence-based cessation medications during the quit attempt and intense cessation counseling have proven to be the best and effective strategies for long-term abstinence. Withdrawal symptoms start 1-2 days after quitting, peak within the first week, and subside within 2-4 weeks.

Help with Physical Addiction: Nicotine Replacement Therapy
Nicotine Replacement Therapy (NRT) provides nicotine without the toxic and harmful chemicals found in tobacco. They also assist in providing support for long-term tobacco abstinence. They are not FDA approved for treatment of vaping. NRT options include:

<table>
<thead>
<tr>
<th>NRT Types</th>
<th>How to Get Them</th>
<th>How to Use Them</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patch</td>
<td>Over the Counter</td>
<td>Place on the skin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gives a small and steady amount of nicotine</td>
</tr>
<tr>
<td>Gum</td>
<td>Over the Counter</td>
<td>Chew to release nicotine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chew until you get a tingling feeling, then place between cheek and gums</td>
</tr>
<tr>
<td>Lozenge</td>
<td>Over the Counter</td>
<td>Place in the mouth like hard candy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Releases nicotine as it slowly dissolves in the mouth</td>
</tr>
<tr>
<td>Inhaler</td>
<td>Prescription</td>
<td>Cartridge attached to a mouthpiece</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inhaling through the mouthpiece gives a specific amount of nicotine</td>
</tr>
<tr>
<td>Nasal Spray</td>
<td>Prescription</td>
<td>Pump bottle containing nicotine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Put into nose and spray</td>
</tr>
</tbody>
</table>

How Nicotine Replacements Therapy Works
“Nicotine replacement therapy (NRT) can help with the difficult withdrawal symptoms and cravings that 70% to 90% of smokers say is their only reason for not giving up cigarettes. Using NRT reduces a smoker's withdrawal symptoms. (ACS, 2012)”

Medications
There are seven medications that are FDA-approved for treating tobacco use:

- Bupropion SR (Zyban®, Wellbutrin®, Aplenzin®)
- Nicotine Gum (Nicorette®)
- Nicotine Inhaler (Nicotrol®)
- Nicotine Patch (Nicoderm CQ®)
- Nicotine Lozenge (Nicorette®)
- Varenicline (Chantix®)

*Nicotine replacement medications can be combined with one another, and/or with prescribed tobacco cessation medications, to increase the chances of quitting by limiting withdrawal symptoms.*

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Tobacco Cessation Referral Options

Any patient can be referred to Latoya Johnson, RN, MSN, Tobacco Treatment Specialist, Health & Preventive Services by calling 757-687-6132.

Sentara Employees & Optima Health Insured Patients:

- **WebMD telephonic coaching**: patient should call 1-866-513-2507 to engage in a 12-week program with a certified health coach trained in tobacco cessation methods. The program provides free nicotine replacement therapy and advice on proper usage. This program is funded by Optima Health. Available options (telephonic coaching vs. online coaching), are determined by the patients’ insurance plan.

- **At home program**: patient should visit www.optimahealth.com/mylifemyplan to view the self-paced program called “Get Off Your Butt: Stay Smokeless for Life”.

- **Telephonic counseling** with the Sentara tobacco treatment specialist by phone or 4 one-on-one visits: patient should call Health & Preventive Services at 757-687-6132 to be connected with the tobacco treatment specialist.

Non-Optima Health Insured/Community Member:

- **Quit Now Virginia telephonic support**: This is a state funded quit line. The program provides counseling, free nicotine replacement therapy and advice on proper usage. Please instruct patient to complete fax referral form (see below). Staff should return form to Latoya Johnson.

- **At home program**: patient should visit www.wellnessforme.com to access the self-paced program called “Get Off Your Butt: Stay Smokeless for Life”.

- **Telephonic counseling** with the Sentara tobacco treatment specialist by phone or 4 one-on-one visits: patient should call Health & Preventive Services at 757-687-6132 to be connected with the tobacco treatment specialist.

Online access to tobacco and e-cigarette resources are available at:

- [www.sentara.com/tobaccocessation](http://www.sentara.com/tobaccocessation)
- [https://wavenet.sentara.com/channels/empres/healthyedge/Pages/TobaccoCessation.aspx](https://wavenet.sentara.com/channels/empres/healthyedge/Pages/TobaccoCessation.aspx)

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Questions and Answers about E-Cigarettes

Q. Q. What are electronic cigarettes?
A.: Electronic cigarettes (e-cigarettes) are battery-powered devices that deliver nicotine and other flavored substances to users in the form of vapor that resembles smoke. Their design, size, and amount of nicotine delivered per use, vary depending on the manufacturer and type of device. Typically, they are composed of a rechargeable battery, electric heating element (atomizer or cartomizer) and a replaceable liquid cartridge that contains variable amounts of nicotine and other chemical substances. When the liquid is heated, it creates a vapor. Inhaled e-cigarette vapor may contain an undetermined amount of nicotine and other harmful chemicals. E-cigarettes have also been used to smoke cannabis products.

Q. What are the dangers of smoking an e-cigarette?
A.: E-cigarettes contain some of the same harmful ingredients found in traditional cigarettes. Nicotine is contained in almost all e-cigarettes (despite claims against this ingredient). Inhalation of the two primary ingredients of e-cigarettes, propylene glycol (increases flavor) and vegetable glycerin (increases vapor), exposes users to high levels of toxins. The flavoring ingredient diacetyl has been found to cause irreversible lung damage and lung disease. Variable amounts of nicotine in devices causes a risk of nicotine overdose. Long-term consequences of using e-cigarettes remains unknown due to limited time on the market.

Q. What are the dangers of e-cigarette explosions?
A.: In 2016, the U.S. Fire Administration concluded e-cigarettes and their rechargeable batteries could cause fires and explosions while in the pockets of users, in use, being charged, or stored. The explosions have caused third degree burns, loss of body parts, and facial injuries to the users’ body. Lithium ion batteries should not be used in e-cigarettes and cause the greatest risks of explosions and injuries.

Q. Are there risks of secondhand e-cigarette emission?
A.: In 2016, the Surgeon General concluded that secondhand smoke from e-cigarettes contained nicotine, diacetyl (flavoring that cause severe lung disease), volatile compound benzene (found in car exhaust) and heavy metals (nickel, tin, and lead). Devices containing nicotine can effect lung and brain development during pregnancy.

Q. What are the current regulations on e-cigarettes?
A.: In 2016, the FDA mandated all e-cigarette manufacturers meet the same standards as other tobacco products. They have until 2021 to comply with the regulatory authority as follows:

- Manufacturers must include a warning statement of nicotine addictiveness on all products.
- Both in-store and online retailers are prohibited from selling products to minors under 18 years of age.
- E-cigarette manufacturers are required to list all liquid solution ingredients on their label.

Q. Are e-cigarettes a smoking cessation tool?
A.: E-cigarettes are not a FDA approved treatment for smoking cessation. Current FDA-approved nicotine replacement products include chewing gum, transdermal patch, nasal sprays, inhalers, and lozenges. They deliver a controlled dose of nicotine to relieve withdrawal symptoms while the person tries to quit. (National Institute on Drug Abuse, 2018).

Other Information & Resources:
Most e-cigarettes are manufactured to look like conventional cigarettes, cigars, or pipes, while some brands resemble everyday items such as pens and USB memory sticks. The latest data from the CDC found that the rate of teens reporting ever having used e-cigarettes is significantly higher than reported usage of conventional tobacco products. Other terms associated with e-cigarettes include ENDS—electronic nicotine delivery systems, vape, vape pen, e-pipe, hookah pen and JUUL. These terms may be used to identify non-prescribed e-cigarettes with or without nicotine.

Many states are regulating e-cigarette sales to those over 18 even if the product claims to be nicotine free. Many state legislators are also working to include e-cigarette vapor in the clean indoor air act, which would prohibit indoor use in restaurants, shopping malls, and other communal locations.

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References


6. Florida State University College of Medicine. Area Health Education Center (AHEC) Program. Tobacco Treatment Specialist Training: 3 Day Foundation Course (May 2018)


**This document has been review and updated by Optima Health and Sentara Healthcare Tobacco Treatment Specialist Latoya S. Johnson MSN, RN, CCM TTS. (1/2019)**