

Integrating Tobacco Interventions into Daily Practice

A Pocket Guide

TOBACCO

FREE

in 1 to 3!



1-3 minutes is all it takes
to help your clients quit
or reduce their tobacco
use, or manage their
withdrawal symptoms.

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This pocket guide was designed to support the Registered Nurses' Association of Ontario (RNAO) Best Practice Guideline *Integrating Tobacco Interventions into Daily Practice - Third Edition*. This resource will allow nurses and other health-care providers to have easy access to important tools that will help promote the use of tobacco interventions with clients. Nurses and other health-care providers are encouraged to refer to the guideline for more complete and detailed information.

With global efforts to reduce tobacco use and exposure to second-hand and third-hand smoke, it is important that all nurses be motivated and supported to identify the tobacco use status of their clients, and to intervene with persons who use tobacco in a sensitive, non-judgemental manner about the importance of cessation or harm reduction.

Guiding Principles/Assumptions about Tobacco Interventions

1. Tobacco use is the single most preventable cause of disease, disability, and death worldwide.
2. Regular tobacco use is an addiction that requires treatment, support, and repeated interventions for clients.
3. Nurses at all points of care have an ethical and professional responsibility to provide access to evidence-based, best practice treatment and support to clients who use tobacco.

INTRODUCTION TO THE POCKET GUIDE

4. Clients have the right to access tobacco intervention treatment to support withdrawal symptoms and addiction management in any health-care sector, at all points of care.
5. Tobacco users may relapse several times before achieving abstinence, and nurses need to re-engage clients in the tobacco intervention process.
6. It is important to encourage individuals who use tobacco, as well as those who do not, to make their homes tobacco-free to protect children, families, themselves, and others from exposure to second-hand smoke and third-hand smoke.
7. Nursing education programs, nursing colleges, and nursing associations have a responsibility to educate and support nurses to provide evidence-based tobacco interventions.
8. Nurses are ideally positioned to take a leadership role in tobacco interventions at the individual, program, and/or policy level.
9. Systematic and comprehensive tobacco interventions implemented in every health care setting will increase success in managing quit attempts and withdrawal symptoms, and promote harm reduction and tobacco cessation.

Background

- The first step in addressing tobacco use is screening for tobacco use and offering brief interventions to all persons who use tobacco products, at every opportunity and in every setting.

INTRODUCTION TO THE POCKET GUIDE

- There is strong evidence suggesting that tobacco interventions contribute to reduced health-care costs and increased quality of life for those who quit or reduce their use.
- It is important to recognize that some groups experience a greater negative effect from tobacco use than the general public due to the social determinants of health (Reid et al., 2015).

Harmful Substances in Tobacco

Tobacco smoke contains more than 7,000 chemicals. Hundreds of these chemicals are toxic and at least 69 are known carcinogens.

Nicotine is the addictive component in tobacco leaves. When tobacco products are burned, you are exposed to:

- Tar
 - Carbon monoxide
 - Formaldehyde
 - Arsenic
 - Cyanide
- ...and hundreds of other toxic chemicals.

(Eriksen, Mackay & Ross, 2012)

PRACTICE RECOMMENDATIONS

PRACTICE RECOMMENDATIONS	
1.0 Assessment	<p>Recommendation 1.1:</p> <p>Use brief interventions to screen all clients for all forms of tobacco use and initiate intervention as appropriate.</p>
2.0 Planning	<p>Recommendation 2.1:</p> <p>Develop a person-centred tobacco intervention plan with the client.</p>
3.0 Implementation	<p>Recommendation 3.1:</p> <p>Provide clients with, or refer them to, intensive interventions and counselling on the use of pharmacotherapy, if they use tobacco and express an interest in reducing or quitting their tobacco use.</p>
	<p>Recommendation 3.2:</p> <p>Treat or refer all pregnant or postpartum women at every encounter for intensive behavioural counselling for tobacco harm reduction, cessation, and relapse prevention, in conjunction with nicotine replacement therapy, on a case by case basis.</p>
4.0 Evaluation	<p>Recommendation 4.1:</p> <p>Evaluate the effectiveness of the intervention plan until the client's goals are met.</p>

For educational, and system, organization, and policy recommendations please see the complete guideline at RNAO.ca/bpg

BRIEF INTERVENTION FLOW CHART

All health-care providers should use brief interventions to help their clients to quit or reduce their tobacco use. Please refer to the following steps and corresponding practice guidelines/tips to support your clients in **all settings**, and specifically in **in-patient settings** and **community settings**.

1. Engaging With Your Client

Ask every client about tobacco use at every health-care visit and document subsequent care provided in the client chart.

All Settings:

- *Have you used any form of tobacco in the last 30 days?*

If **'Yes'** Proceed to Step 2.

If **'No'** no further intervention is needed

BRIEF INTERVENTION FLOW CHART

2. Advising Your Client That Quitting is the Best Thing They Can Do For Their Health

It is essential to address tobacco use in a clear, non-judgemental manner during every health-care encounter.

Tailor your advice to the setting. For example...

In-patient Settings:

- *The best thing you can do for your health is to quit. While you are admitted you will not be able to use tobacco the same way as when you are at home, so we can work together to manage your withdrawal symptoms.*

Community Settings:

- *The best thing you can do for your health is to quit. I can help you by creating a plan, which might include starting with reducing your tobacco use.*

BRIEF INTERVENTION FLOW CHART

3. Assessing Readiness to Quit or Manage Symptoms

Ask the client about his or her readiness to change (are they interested in quitting, reducing, or managing withdrawal?)

All Settings:

- *Are you interested in quitting or reducing your tobacco use?*

In-patient Settings:

- *Are you interested in working towards managing your withdrawal symptoms while you are admitted/in hospital?*

Based on response and setting offer support to your client (4a or 4b)

BRIEF INTERVENTION FLOW CHART

4a. Not Ready to Quit or Manage Symptoms

Setting specific recommendations:

All Settings:

- *Explain health risks of tobacco use and benefits of quitting.*
- *Clarify that the decision to quit or reduce use is his or hers.*
- *Encourage evaluation of pros and cons of quitting or reducing use.*
- *Provide withdrawal management support and resources including quitline information.*

In-patient Settings:

- *Promote use of any available in-patient counselling.*
- *Advocate for NRT to be prescribed.*
- *Educate client about the need to address withdrawal symptoms while admitted: consider pharmaceutical support and appropriate use, which may include titration and multiple product use.*

Community Settings:

- *Advise client to follow up with health-care providers or a quitline for support when they are ready.*

BRIEF INTERVENTION FLOW CHART

4b. Ready to Quit or Manage Symptoms

Setting specific recommendations:

All Settings:

- *Explain health risks of tobacco use and benefits of quitting.*
- *Help client identify his or her obstacles to quitting.*
- *Educate client about need to address withdrawal symptoms.*
- *Provide information about local withdrawal support/resources.*
- *Encourage client to use social support networks to enhance self-confidence.*
- *Provide positive reinforcement — recognize client's successes.*

In-patient Settings:

- *Promote use of any available in-patient counselling.*
- *Advocate for NRT to be prescribed.*

Community Settings:

- *Offer resources around quitting and advise the client to follow up with quitline services.*

HARMS FROM TOBACCO (HEAD-TO-TOE)

Eyes

Cataracts, blindness (macular degeneration)
Stinging, excessive tearing and blinking

Brain and Psyche

Stroke (cerebrovascular accident)
Addiction/withdrawal

Hair

Odour and discolouration

Nose

Cancer of nasal cavities and paranasal sinuses
Chronic rhinosinusitis
Impaired sense of smell

Teeth

Gum disease, gingivitis
Discolouration and staining

Mouth and Throat

Cancers of the lips, mouth, throat, larynx and pharynx
Bad breath

Lungs

Lung, bronchus and tracheal cancer
Chronic obstructive pulmonary disease (COPD) and emphysema

HARMS FROM TOBACCO (HEAD-TO-TOE)

Heart

Coronary thrombosis (heart attack)

Atherosclerosis (damage and occlusion of coronary vasculature)

Chest and Abdomen

Gastric, colon and pancreatic cancer

Abdominal aortic aneurysm

Peptic ulcer

Liver

Liver cancer

Male Reproduction

Infertility, impotence

Female Reproduction

Cervical and ovarian cancer

Reduced fertility

Urinary System

Bladder, kidney and ureter cancer

Hands

Peripheral vascular disease

Skin

Psoriasis

Loss of skin tone, premature aging

HARMS FROM TOBACCO (HEAD-TO-TOE)

Skeletal System

Osteoporosis

Bone marrow cancer

Rheumatoid arthritis

Wounds and Surgery

Impaired wound healing

Legs and Feet

Peripheral vascular disease, cold feet, leg pain and gangrene

Deep vein thrombosis

Circulatory System, Immune System & Others

Buerger's disease (inflammation of arteries, veins, nerves in the legs)

Acute myeloid leukemia

Impaired resistance to infection

Possible increased risk of allergies

Diabetes sudden death

(Tobacco Atlas, 2015)

BENEFITS OF QUITTING SMOKING

Within 20 minutes of last cigarette:

- Blood pressure may drop to normal level.
- Pulse rate drops to normal rate.
- Body temperature of hands & feet increase to normal.

Within 8 Hours:

- Carbon monoxide level in blood drops.
- Oxygen level in blood increases.

Within 24 Hours:

- May reduce chance of heart attack.

Within 48 Hours:

- Nerve endings may regrow.
- Ability to smell and taste is enhanced.

Within 72 Hours:

- Bronchial tubes relax; if undamaged, making breathing easier.
- Lung capacity increases.

2 Weeks to 3 Months:

- Circulation improves.
- Walking becomes easier.
- Lung function may increase up to 20 percent.

1 Month to 9 Months:

- Coughing, sinus congestion, fatigue, and shortness of breath may decrease markedly over a number of weeks.
- Potential for cilia to regrow in lungs, increasing ability to handle mucous, clean the lungs, and reduce infection.

BENEFITS OF QUITTING SMOKING

1 Year:

- The risk of heart disease is reduced by half. After 15 years, the risk is similar to that of persons who have never smoked.

2 Years:

- Cervical cancer risk reduced compared to continuing smokers.
- Bladder cancer risk halved compared to continuing smokers.

5 Years:

- Lung cancer death rate for average smoker (one pack a day) decreases from 137 per 100,000 to 72 per 100,000.
- 5 to 15 years after quitting, stroke risk is reduced to that of someone who has never smoked.

10 Years and Longer:

- Precancerous cells are replaced.
- Risk of other cancers – such as those of the mouth, larynx, esophagus, bladder, kidney and pancreas– decrease.
- After long-term quitting, the risk of death from chronic obstructive pulmonary disease is reduced compared to someone who continues to smoke.

Time periods mentioned are to be taken as a general measure only, will naturally vary from individual to individual, and are dependent upon length of habit and number of cigarettes smoked. (Health Canada, 2016)

EFFECTS OF NICOTINE

Effects of Nicotine on the Body

- Decreased appetite
- Increased heart rate
- Increased blood pressure
- Nausea
- Diarrhea

Symptoms of Nicotine Withdrawal

- Strong cravings
- Mood changes
- Anxiety and/or depression
- Restlessness
- Insomnia
- Increased appetite
- Lack of mental focus
- Headache

(Tobacco Atlas, 2015; World Lung Foundation, 2015)

PHARMACOLOGICAL INTERVENTIONS

Nicotine Replacement Therapy (NRT)

All NRT is available over the counter (no prescription needed).

Nicotine Patch	<ul style="list-style-type: none">■ Has a slow onset and steady delivery over the course of 24 hours.■ Comes in three doses: 7mg, 14mg, and 21 mg.■ Is applied to a hair-free, clean, dry site above the waist, with the placement site changed for each application.
Nicotine Gum	<ul style="list-style-type: none">■ Short acting for breakthrough cravings.■ Comes in two doses: 2mg and 4mg.■ Is not chewed continuously; rather, is chewed two to three times and then parked between the cheek and the gum: "bite, bite and park" between cheek and gums, then wait a minute and repeat over 30 minutes or less.
Nicotine Lozenge	<ul style="list-style-type: none">■ Short acting for breakthrough cravings.■ Comes in two doses: 2mg and 4mg.
Nicotine Inhaler	<ul style="list-style-type: none">■ Short acting for breakthrough cravings.■ Is a mouthpiece with a nicotine cartridge insert.■ Addresses both the physical and behavioural dependency of smoking as it mimics the hand-to-mouth ritual of smoking.
Nicotine Spray	<ul style="list-style-type: none">■ Is the most rapidly absorbed form of NRT.■ Sprays directly into the mouth and is absorbed.■ Works as quickly as 60 seconds to relieve cravings.

PHARMACOLOGICAL INTERVENTIONS

Prescription Medications	
Bupropion Hydrochloride	<ul style="list-style-type: none">■ Is also marketed as the antidepressant medication Wellbutrin.■ Mimics the effect of nicotine on dopamine and noradrenaline receptors in the brain in order to prevent nicotine withdrawal symptoms (Wamer & Shoib, 2005).■ Is an effective cessation method and increases the chances of quitting when compared to a placebo (Cahill & Lancaster, 2014).
Varenicline	<ul style="list-style-type: none">■ Prevents relapse and decreases the pleasure associated with smoking (Cahill, Lindson-Hawley, Thomas, Fanshawe, & Lancaster, 2016).■ Has had its efficacy for smoking cessation demonstrated in several studies (Cahill et al., 2016; Huang, Li, Yang, Jiang, & Wu, 2012).

STOP Program: Sample Nicotine Replacement Therapy (NRT) Algorithm

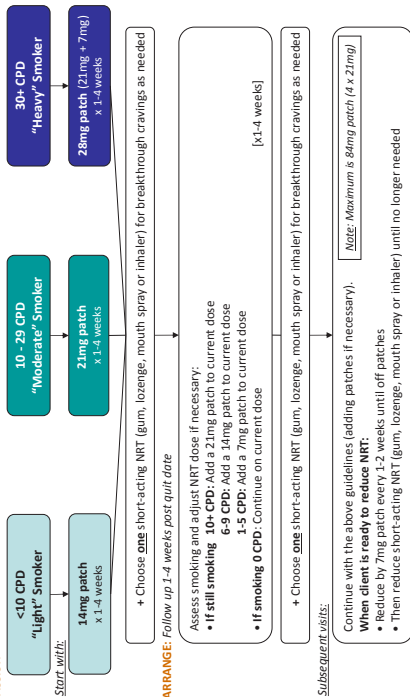
STOP Program: Sample Nicotine Replacement Therapy (NRT) Algorithm



ASK: How many Cigarettes do you smoke Per Day (CPD)?

ADVISE/ASSESS: Instruct the client to quit smoking on their target quit date, or reduce CPD by 50% by the next visit (if no quit date).

ASSIST:



Fagerström Test for Nicotine Dependence (Revised)

The following test is designed to help you determine the strength of your nicotine addiction. Circle the appropriate score for each question. Total the number of points to arrive at your score.

The highest possible score is 10.

How soon after you wake up do you smoke your first cigarette?

- Within 5 min..... 3 points
- 5–30 min 2 points
- 31–60 min 1 point
- After 60 min 0 points

Do you find it hard not to smoke in places that you shouldn't smoke, such as at church, in school, in a movie, on the bus, in court, or in a hospital?

- Yes..... 1 point
- No 0 points

Which cigarette would you hate most to have to give up?

- The first one in the morning 1 point
- Any other one..... 0 points

How many cigarettes do you smoke each day?

- 10 or fewer 0 points
- 11–20..... 1 point
- 21–30..... 2 points
- 31 or more 3 points

Do you smoke more in the first few hours after waking than you do during the rest of the day?

- Yes..... 1 point
- No 0 points

Do you still smoke, even if you are so sick that you are in bed most of the day, or if you have the flu or a severe cough?

- Yes..... 1 point
- No 0 points

TOTAL ____ points

Interpretation of Scoring

7 to 10: You have a high dependence on nicotine and may benefit from a smoking cessation program based on treatment for nicotine addiction. Start with 21 mg patch or 4 mg gum.

4 to 6: You have a moderate dependence on nicotine; however, this does not rule out a smoking cessation program based on treatment for nicotine addiction. Start with 14 mg patch or 2 mg gum.

< 4: You have a low dependence on nicotine, but are not likely to need nicotine replacement therapy (NRT).

Source: Reprinted with permission from Dr. Karl Fagerström.

MOTIVATIONAL INTERVIEWING

Motivational Interviewing (MI) is a person-centred counselling style that aims to address ambivalence to change while supporting the inherent worth and potential of an individual.

MI is a collaborative conversation style that strengthens a person's own motivation to change (Miller & Rollnick, 2012).

PROCESS OF MI	DESCRIPTION
Engage	Establish a connection and working relationship.
Focus	Focus on the client's needs in the conversation about change.
Evoke	Prompt the client to discuss his or her own motivations to change.
Plan	Develop a commitment to change and create an action plan.

Four Basic Skills of MI (OARS):

Open-Ended Questions: encourages open dialogue. Example: "What concerns you the most about your tobacco use?"

Affirmations: praising or complimenting and exploring past successes to help build a therapeutic relationship.

Reflective Listening: reflecting back the underlying meaning and feelings garnered from the conversation with the client.

Summarizing: gather what has been said and prepare the client to move forward to address withdrawal symptoms while admitted.

STRATEGIES TO AVOID RELAPSE

- Encourage the client to identify tempting situations and develop a specific plan to handle them (e.g. write down three strategies and carry the list at all times)
- Reframe a lapse (slip) as a learning opportunity, not a failure
- Recommend that the client:
 - Learn stress management and relaxation techniques
 - Learn to balance their lifestyle so pressures and triggers are not overwhelming
- Common factors associated with relapse include:
 - Alcohol use
 - Negative mood or depression
 - Negative self-talk
 - Other smokers in the household
 - Prolonged withdrawal symptoms
 - Exposure to high-risk situations
 - Dietary restriction
 - Lack of cessation support
 - Problems with pharmacotherapy use
 - Recreational drug use

(University of Toronto Department of Family and Community Medicine, 2000)

Resources for People Who Use Tobacco

Canadian Cancer Society

National Office

55 St Clair Avenue West, Suite 300

Toronto, Ontario M4V 2Y7

Tel: 1-416-961-7223

Website: cancer.ca

Smokers' Helpline

Tel: 1-877-513-5333

Website: smokershelpline.ca

Centre for Addiction and Mental Health: Nicotine Dependence Clinic

175 College Street

Toronto, Ontario M5T 1P7

Tel: 1-416-535-8501 ext. 34455

Website: nicotinedependenceclinic.com

Health Canada

Tobacco Control Programme

Postal Locator: 0301A

Tel: 1-866-318-1116

Fax: 1-613-952-5188

Website: gosmokefree.ca

RESOURCES

Heart and Stroke Foundation of Canada

110-1525 Carling Avenue

Ottawa, Ontario K1Z 8R9

Tel: 1-613-727-5060

Fax: 613-727-1985

Website: heartandstroke.ca

Leave the Pack Behind

Brock University, Niagara Region

1812 Sir Isaac Brock Way, Plaza 514

St. Catharines, Ontario L2S 3A1

Tel: 1-905-688-5550 ext. 4992

Website: leavethepackbehind.org

Prevention of Gestational and Neonatal Exposure to Tobacco Smoke (PREGNETS)

Website: pregnets.org

Canadian Lung Association

1750 Courtwood Crescent, Suite 300

Ottawa, Ontario K2C 2B5

Tel: 1-888-566-LUNG (5864)

Website: lung.ca

RESOURCES

Ontario Lung Association

18 Wynford Drive, Suite 401
Toronto, Ontario M3C 0K8

Tel: 1-888-566-LUNG (5864)

Website: lungontario.ca

Resources for Health-Care Professionals

Best Start: Tobacco Misuse Resources

180 Dundas Street West, Suite 301
Toronto, Ontario M5G 1Z8

Tel: 1-416-408-2249 or 1-800-397-9567

Fax: 1-416-408-2122

Website: beststart.org

Physicians for a Smoke-Free Canada (PSC)

134 Caroline Avenue
Ottawa, Ontario K1Y 0S9

Tel: 1-613-297-3590

Fax: 1-613-728-9049

Website: smoke-free.ca

RESOURCES

Ontario Tobacco Research Unit (OTRU)

33 Russell Street

Toronto, Ontario M5S 2S1

Tel: 1-416-595-6888

Fax: 1-416-595-6068

Website: otru.org

Registered Nurses' Association of Ontario (RNAO)

158 Pearl Street

Toronto, Ontario M5H 1L3

Tel: 1-416-599-1925 or 1-800-268-7199

Fax: 416-599-1926

Website: RNAO.ca

Centre for Addiction and Mental Health: Training Enhancement in Applied Cessation Counselling and Health (TEACH)

175 College Street, 3rd Floor

Toronto, Ontario M5T 1P7

Tel: 1-416-535-8501 ext. 31600

Website: nicotinedependenceclinic.com

You Can Make It Happen

Website: youcanmakeithappen.ca

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