Clinical Practice Guideline – Management of Tobacco Use and Dependence

Recommendation #1: ASK
Tobacco use status should be updated, for all patients/clients, by health care providers on a regular basis.
Grade: 1A

Recommendation #2: ADVISE
Health care providers should clearly advise patients/clients to quit.
Grade: 1C

Recommendation #3: ASSESS
Health care providers should assess the willingness of patients/clients to begin treatment to achieve abstinence/cessation.
Grade: 1C

Recommendation #4: ASSIST
Every tobacco user who expresses the willingness to begin treatment to quit should be offered assistance.
Grade: 1A

> a) Minimal interventions, of 1-3 minutes, are effective and should be offered to every tobacco user. However, there is a strong dose-response relationship between the session length and successful treatment, and so intensive interventions should be used whenever possible.
> *Grade: 1A*
> b) Counselling by a variety or combination of delivery formats (self-help, individual, group, helpline, web-based) is effective and should be used to assist patients/clients who express a willingness to quit.
> *Grade: 1A*
> c) Because multiple counselling sessions increase the chances of prolonged abstinence, health care providers should provide **four or more counselling sessions** where possible.
> *Grade: 1A*
> d) Combining counselling and smoking cessation medication is more effective than either alone, therefore both should be provided to patients/clients trying to stop smoking where feasible.
> *Grade: 1A*
> e) Motivational interviewing is encouraged to support patients'/clients' willingness to engage in treatment now and in the future.
> *Grade: 1B*
> f) Two types of counselling and behavioural therapies yield significantly higher abstinence rates and should be included in smoking cessation treatment:
> 1) providing practical counselling on problem solving skills or skill training and
> 2) providing support as part of treatment.
> *Grade: 1B*

Notes:
Acupuncture - Available evidence shows no difference in effectiveness between active acupuncture and control acupuncture, suggesting any positive effect of acupuncture may be due to other factors such as expectations that the procedure will aid the cessation process.[16, 25]

Hypnosis, Laser Therapy – Available evidence is inadequate to determine effectiveness of these treatments.[16, 23, 26]

Recommendation #5: ARRANGE
Health care providers:

a) should conduct regular follow-up to assess response, provide support and modify treatment as necessary.
Grade: 1C

b) are encouraged to refer patients/clients to relevant resources as part of the provision of treatment, where appropriate.
Grade: 1A

Recommendations Specific to Acute Care

Recommendation #6
All patients should be made aware of hospital smoke-free policies.
Grade: 1C

Recommendation #7
All elective patients who smoke should be directed to resources to assist them to quit smoking prior to hospital admission or surgery, where possible.
Grade: 1B

Recommendation #8
All hospitals should have systems in place to:
a) identify all smokers;
   Grade: 1A
b) manage nicotine withdrawal during hospitalization;
   Grade: 1C
c) promote attempts toward long-term cessation and;
   Grade: 1A
d) provide/connect patients with follow-up support post-hospitalization.
   Grade: 1A

Recommendation #9
Pharmacotherapy should be considered:
a) to assist patients to manage nicotine withdrawal in hospital; and
   Grade: 1C

b) for use in-hospital and post-hospitalization to promote long-term cessation.
   Grade: 1B

It is important to note that this Guideline is intended for use across all sectors of the Region. The graded evidence used to support the acute care recommendations noted above was based on research in acute care settings, however the WRHA considers the principles found in these recommendations applicable to all sectors of the Region. This means that health care providers across all sectors of the WRHA should inform patients/clients of smoke-free policies, identify all people who use tobacco, consider the use of pharmacotherapy for patients/clients to assist with management of nicotine withdrawal where appropriate, and to promote long-term cessation.

Recommendations for Systems Change and Clinical Education

Clinical practice guidelines and other publications are consistent in their recommendations as they relate to systems change:

- A systematic approach to managing tobacco use and dependence is most effective for consistently identifying and intervening with tobacco users.[16, 19, 23] This can take the form of documentation tools, standing orders/order sets, EHR/EMR tools and prompts.
- All clinicians and clinicians-in-training should be trained in effective strategies to assist tobacco users willing to make a quit attempt and to motivate those unwilling to quit
- Training appears to be more effective when coupled with systems changes.[16, 23] Education should have consistent messaging, promote collaboration across the continuum of care, and across professions.[23]
- Sufficient resources should be allocated for systems support to ensure the delivery of efficacious tobacco use treatments.[16, 19]