Society of Otorhinolaryngology and Head-Neck Nurses

Tobacco

Cessation Program

Developed By

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Preface

Our world today allows us to have instant access to information. It would be impossible, therefore, to not know the basic truth that tobacco use is the leading cause of preventable disease and death in the United States (MMWR, 2016). Although the numbers of people who use tobacco products have steadily declined over the last 15 years, the facts, unfortunately, have not deterred approximately 12 percent of the U.S. population, including about 4.7 million middle and high school students in 2015 that use tobacco products. Nearly one in 17 high school seniors was a daily smoker in 2015. About one in every three high school seniors have smoked at least one cigarette at any time. Today's adolescents can access a wider array of tobacco products including cigarettes, cigars, smokeless tobacco, flavored little cigars, hookahs, and e-cigarettes. (HHS, Dept. of Adolescent Health, 2016).

Because almost 90 percent of adult smokers began the tobacco habit before the age of 18, getting the message of the dangers of tobacco use across to adolescents is critical to curb the devastating effects of tobacco use later in life. Each year, 660,000 people in the U.S. are diagnosed with a cancer related to tobacco use, and 343,000 people will die from their disease (CDC, 2016). Additionally, tobacco use also causes cardiovascular and pulmonary diseases as well. As health professionals, we are obligated to educate our patients on the risks involved with tobacco use, support them in their efforts to stop their lethal habit, and advocate for healthy changes in our communities through laws and policies that prohibit tobacco use in public areas.

We invite you to become an activist in this endeavor. We can make a difference in the health and lives of everyone we encounter- our loved ones, our neighbors in our communities and the public- at- large. Please use this program to assist you in your efforts to effect positive changes in the health of all.

TOBACCO CESSATION PROGRAM

The focus of this course is on smoking cessation and providing smoking prevention information, issues, and strategies. The objective is to increase knowledge about smokeless tobacco and smoking in general. The aim is to develop skill in integrating applicable facts and information into smoking cessation classes. This program seeks to enhance awareness of prevailing information, theories, and practices and concerns in smoking cessation and prevention/early intervention. This course may be given in one sitting, over a period of time, or as deemed appropriate by the instructor. The program is listed in 4 Sessions. Session One presents facts and figures relating to tobacco use. Session Two provides valuable information about tobacco and how it abuses the body. Session Three furthers the information and helps the learner understand addiction. Session Four continues with the skills to quit, what to expect, how to cope and quit for good. Session Four tells the learner how to maintain a smoke-free life and what to do in the event of a relapse.

Included in the program are several forms that the learner completes that allow the learner to visually examine reasons for smoking, learn how to quit, and how to maintain a smoke-free life. Please feel free to photocopy any and all of these forms for your use in teaching this course.

Finally, there is a list in the back of the program for additional information. Most, if not all, of this information is **free** for the asking.

Session One: Tobacco Abuse: Facts and Figures

This session provides pertinent information on tobacco cessation. Strategy for delivery of this information is provided for the instructor.

Participants will:

1. Complete course registration information
2. Verbalize an understanding of the program.
3. Schedule "Quit Day" by the third class session.
4. Complete the tobacco use record.

Session Two: **Smoking Cessation: Issues and Strategies**

This session covers advances in smoking cessation. The student identifies the effects of tobacco on their body, mind and spirit. Reasons for quitting and alternatives to smoking are discussed.

Participants will:

1. List personal areas of concern.
2. Identify their stage of behavior
3. Identify the effects of tobacco on the body.
4. Identify feelings prior to using tobacco and after the use.
5. Identify reasons for using and quitting tobacco use.
6. Identify alternative coping strategies.

Session Three: Quitting Effectively

This is "Quit Day". This session covers what physiologically happens to the body when one quits smoking. A discussion of withdrawal symptoms, quitting tips, dealing with stress and weight maintenance is recommended.

Participants will:

1. Identify immediate effects of quitting tobacco
2. Identify withdrawal symptoms.
3. Identify tips to quit and how to handle the stress.
4. Discuss the benefits of positive thinking.
5. Understand the effects of certain foods on cravings.
6. Identify healthy food choices, options for snacking and how to maintain their weight.

Session Four: Maintaining a Tobacco Free Life Style

This session focuses on maintaining balance, taking cessation one day at a time, coping with a relapse and the long term benefits of not smoking.

Participants will:

1. Develop strategies to maintain a balance for a tobacco free life.
2. View a relapse as a learning process.
3. Plan for desired goals.
4. Identify methods to remain tobacco free.

Guidelines for Instructors

This program is written to **assist** the healthcare team in teaching an office centered smoking cessation/prevention program to your patients. It is not meant to be all inclusive. You will have to seek additional information to fit your particular needs. I have provided the resources and some information that will be helpful.

At the first meeting instruct the learner in completing page 17, Tobacco Cessation Patient Information. You will want to keep a record of the participants who attend your course. Include their address or home phone number for future follow-up.

To gain some understanding of how much your learner is dependent on tobacco have the learner complete the Fagerström Test (page 18). If you have students who chew or dip, have them complete the Fagerström Test for Nicotine Dependence- Smokeless Tobacco (FTND- ST) (page 19). Grade the test for level of dependence.

If the learner is an office patient, use the office record (page 20). It can be included and readily visible on the chart for easy reference. This also makes it known who the tobacco users are and presents the opportunity to teach.

The Tobacco Use Record (page 21) should be completed daily by the learner, similar to a food diary; every encounter with tobacco is written down - a real eye opener for some. You will need to make additional copies of this page. The learner rates each cigarette/chew/dip/cigar as to how they feel about using tobacco at that particular time.

To assist the instructor in providing up to date information the following information about prevalence and addiction is provided for your use.

Patient Assessment of Nicotine Status - Every office visit is an opportunity to promote smoking cessation. If you encounter a patient that smokes take time to talk to them about smoking. Use smoking questions such as:

- Number of years they have smoked/dipped/chewed
- Number of times they smoke/chew per day
- Past efforts at cessation
- Brands they use
- Solicit smoking-related symptoms such as cough, sputum production, shortness of breath, recurrent respiratory infections
- Review family history, such as coronary heart disease, cancer, and other tobacco-related diseases

Session One: Tobacco Abuse: Facts and Figures

Prevalence, Morbidity and Mortality Information

Smoking reprograms your brain and makes youth more vulnerable to addiction. As one becomes used to using tobacco products, the behavior, a physical habit develops that is actually reinforced over the years. Nicotine gives an addicting kick. This may help the smoker cope with their problems, further conditioning one to the psychological dependence. In fact, smoking increases stress and anxiety. Three of four teens that use tobacco and think they can quit in a few years cannot (U.S. Department of Health and Human Services, 2016).

The Real Cost (2016) report the following related to tobacco use:

- Cigarette smokers have a lower level of lung function than those who never smoked.
- Smoking reprograms brain development in youth.
- In adults, smoking causes heart disease and stroke. Studies have shown that early signs of these diseases can be found in adolescents who smoke.
- Smoking hurts young people's physical fitness in terms of both performance and endurance - even among those in competitive sports.
- Teenage smokers suffer from shortness of breath almost three times as often as teens who do not smoke, and produce phlegm more than twice as often as teens who do not smoke (U.S. Department of Health and Human Services, 2016)

The prevalence of smoking in the United States peaked about 1965 with 42.5% of adults using some form of tobacco. Recent estimates indicate that 46 million adults, about 17% of the U.S. American adult population smoke (American Cancer Society (ACS), 2016). Smoking is most prevalent in the 25 - 44 year-old age group. This seems to be inversely proportional to the person's educational level. About one million new smokers start every year! Many of these are young people. In 2015 in the United States, 25% of high school students were current tobacco users (CDC, 2016). The mean average age of starting to smoke is 14.6 years old. One out of every five high school students is a smoker or uses a form of tobacco. Every day in the US, 4000 youth under 18 try their first cigarette and 1000 of those become consistent users (ACS, 2016). Unfortunately, according to clinical experience young people seldom give up their nicotine. Their "immortality" perspective makes them think they can stop at any time.

In America, tobacco causes more deaths per year than all other addictive substances combined. Smoking causes about 480,000 preventable deaths per year. That is one out of every five deaths. Tobacco related deaths can be linked to complications from cardiovascular disease, lung and other forms of cancer, respiratory diseases, diseases in infants, and smoking related burns. In addition, there is a strong connection between smoking and mental health illnesses such as depression, anxiety, and stress (CDC, 2016)

Cigarette smoking is the leading cause of heart attacks and vascular diseases. Other factors only compound the problem - cholesterol, estrogen, and increased blood glucose levels.

The average smoker has double the risk of death from cancer than a nonsmoker, while heavy smokers have four times the risk. There are more than 7,000 substances found in cigarette smoke, 69 of them are known carcinogens. Smoking causes lung cancer, but it is also responsible for mouth, gum, larynx, pharynx, esophagus, stomach, pancreas, and cervix and urinary tract cancers (ACS, 2016).

Smoking is also responsible for 113,100 deaths per year from respiratory diseases such as obstructive pulmonary disease and pneumonia. Chronic obstructive pulmonary disease (COPD) is the fifth leading cause of death in America. Approximately 140,000 women die each year from smoking related diseases. Lung cancer now outranks breast cancer mortality for women (CDC, 2016).

Smoking while pregnant has many risks. The danger of smoking has been proven yet 10% of pregnant women choose to smoke during the last 3 month of pregnancy and 40% restart after delivery (CDC, 2016). Infants on average weigh 200 grams less if the mother smokes. Their growth is affected and the educational achievement rate is decreased. Passive smoking (second hand smoke) has also been recognized as a health risk. Children are especially susceptible to this form of smoke. It causes asthma, ear infections, bronchitis, and other respiratory infections. (CDC, 2016).

Smoking is the leading cause of preventable morbidity and mortality of users and innocent bystanders. American Cancer Society (ACS) (2015) cite other health problems caused by tobacco such as gum disease, infertility, hearing loss, lung disease, cardiovascular disease, vision loss, and poor overall health. One ENT health related problem related tobacco exposure to is recurrent upper respiratory infections leading to tonsillectomy. There are over a half million tonsillectomies performed in the US every year in children under age 15. The top two indications for tonsillectomies are sleep apnea and chronic tonsillitis (Shay, Shapiro, & Bhattacharyya, 2014). Straight, Patel, Lehman, et al. (2015) found children exposed to smoking were twice as likely to require tonsillectomy for recurrent tonsillitis as those with no exposure. Furthermore, a European study found kids undergoing tonsillectomy who had exposure to smoking as evidenced by elevated carboxyhemoglobin levels (13.9% vs 86.1%, $p<0.001$) immediate post op in PACU, then 7 days post op (23.5% vs 54.5%, $p<0.001$) had more post op complications from tonsillectomy such as increased pain and coughing (longer than 15 sec.) (Koyuncu, Turhanogulu, Davarc, et al., 2014).

There are cultural, behavioral, and environmental factors influencing tobacco use that results in recurrent upper respiratory infections resulting in tonsillectomy in children. Not surprisingly, tobacco usage is negatively correlated with education and socio-economic status. People with a high school education were more than twice as likely to smoke. Furthermore, those that failed to finish high school were three times as likely to smoke as their college educated counterparts (ACS, 2015).

In August 2016, the Federal Drug Administration enacted the Family Smoking Prevention and Tobacco Control Act signed by President Barack Obama. This rule included regulation of all tobacco products that were previously unregulated such as e-cigarettes, cigars, hand rolled cigarettes, hookahs. This is important legislation to protect the public, especially our youth (FDA, 2017).

Cigar and Pipe Smokers Beware!

As a group, cigar and pipe smokers in the United States experience overall mortality rates that are higher than those for nonsmokers, but lower than that of cigarette smokers. The typical cigar smoker smokes fewer than five cigars a day and the typical pipe smoker consumes less than 20 pipefuls a day.

As a result, the harmful effects of cigar and pipe smoking appear to be largely limited to those sites which are exposed to the smoke of these products. Cigars have more tar, more cancer causing agents, and a higher toxin level than cigarettes (National Cancer Institute, 2016). Cigar users have mortality rates from cancer of the oral cavity, larynx, pharynx and esophagus approximately 4 to 10 higher than nonsmokers. Heavy users are also at increased risk for emphysema, coronary artery disease, and chronic bronchitis (CDC, 2016).

According to the CDC (2016) cigar and/or pipe smoking mainly occurs among men, in whom prevalence is 8.2 percent. Five percent of teens are cigar users and of those, 64% use flavored cigars. Males' usage in teens is 10.8% vs. 5% for females. Usage is higher in black males earning <$20,000 (ACS, 2016).

Since 1993, the use of cigars in the United States has increased by 34 percent. Previous Surgeon General's Reports on the health consequences of smoking presented clear evidence that cigar smoking represents a significant health risk and is not a safe alternative to cigarette smoking. An estimated 12.4 million people in the U.S. report regular cigar use.

Rates of cigar use did not vary by region within the United States.

From 2000-2011 large cigar sales tripled from 3.9 billion to 12.9 billion. Sale of cigars are increasing related to lower taxes for cigars as compared to cigarettes. Production of cigars is at the highest level since the mid-1989 (ACS, 2016).

Additional information may be obtained from the American Cancer Society, the National Cancer Institute, or the Centers for Disease Control and Prevention (CDC) Office of Smoking and Health. The address is in the reference section.

Smokeless Tobacco - A Dangerous Alternative

Smokeless tobacco is often viewed as an alternative to cigarette smoking. There has been an increase in usage since 2000 after a decline in the 1990s. The adult usage rate is 3.4% and 6.0% for youth. (CDC, 2016). Smokeless tobacco can cause gum disease and cancer of the mouth, larynx, esophagus, and pancreas. It can even cause lung cancer even though it is not inhaled. Smokeless tobacco can lead to irreversible gum recession (disease) (CDC, 2016). Smokeless tobacco increases blood pressure and can cause an irregular heartbeat - and death. One study has shown that smokeless tobacco use doubles the risk of dying from cardiovascular disease. Youth believe that smokeless tobacco is a safe alternative to smoking because it is not addictive. This is not true!

Effects of Nicotine on the Body

Nicotine acts mostly on the central nervous system. By regulating the number, duration, and intensity of the puffs of a cigarette, the smoker regulates the amount of nicotine being delivered to the brain. Smoke increases the risk of cardiovascular disease including, stroke, myocardial infarction, aneurysm and peripheral vascular disease. Nicotine activates the sympathetic nervous system. It causes an increase in the pulse rate and blood pressure. Nicotine increases vasopressin which may account for the feeling of release of tension and anxiety. Smoking increases the basal metabolic rate leading to a decreased appetite and calorie intake.

E-cigarettes

Electronic cigarettes are not what they seem. They are battery operated cigarettes. E-cigarettes are flavored to target youth and young adults. There is no national restricted sale to children. A rapid spike in usage is noted in youth since 2011. These products are largely unregulated. They were first encouraged as a FDA approved pharmacotherapies first for smoking cessation. E-cigs are refillable, can burn or explode and are not safe for use if used per package instructions. They contain lung irritants, damage genes, and cancer causing in animals. E-cigarettes contain a vaporized nicotine solution. While they contain lower toxic content, cytotoxicity, adverse effects and secondhand toxicity exposure are negative consequences of this tobacco product. Clinicians should discuss known safety and efficacy information before recommending use. Content is inconsistent with labeling. Content can vary widely. (Raloff, 2013).

Session Two: Tobacco Cessation: Issues and Strategies

Session Two: Tobacco Cessation: Issues and Strategies

Addiction

Inhaled nicotine gets to the brain in about 13 seconds and is cleared from the brain in a single circulatory passage. The smoker regulates nicotine delivery by the number, duration, and intensity of puffs.

Nicotine binds to acetylcholine receptors in the brain. Nicotine acts on the area that regulates vigilance, arousal, concentration, and stress reactions, causing the smoker to be more alert. It also acts on the brain's "pleasure center" of limbic system, creating a dependence cycle.

Nicotine also affects other organs. It activates the sympathetic nervous system, resulting in increased heart rate and blood pressure. Nicotine decreases high density lipoprotein and increases low density lipoprotein, which may affect cardiovascular disease risk.

Nicotine causes a rise in vasopressin, which improves memory. Women who smoke have lower estrogen levels, possibly resulting in earlier menopause and increased risk of osteoporosis.

Nicotine increases the metabolic rate. This phenomenon lasts for 6-12 months after one quits smoking and can lead to weight gain.

Many smokers report withdrawal symptoms. These can include irritability, frustration, anger, anxiety, difficulty concentrating, restlessness, cravings, decreased heart rate, increased appetite or weight gain. These can interfere with daily activities at home and at work. Nicotine replacement is a link that can be very helpful. It often increases the success rate of cessation.

One study which analyzed the 2010-2011 Tobacco Use Supplement of the Current Population Survey (TUS-CPS) found that 64 percent of tobacco users visited a physician and 39 percent visited a dentist over the past year (Agaku and Ayo-Yusuf, 2014) It is essential that these clinicians be prepared to offer a brief intervention with all tobacco users. Successful intervention begins with identifying users and offering appropriate interventions based upon the patient's willingness to quit. The five major steps to intervention are the "5 A's": Ask, Advise, Assess, Assist, and Arrange. (AHRQ, 2016)

1. **Ask** – Identify and document tobacco use status for every patient at every visit.
2. **Advise** – In a clear, strong, and personalized manner, urge every tobacco user to quit.
3. **Assess** – Is the tobacco user willing to make a quit attempt at this time?
4. **Assist** – For the patient willing to make a quit attempt, use counseling and pharmacotherapy to help him or her quit.
5. **Arrange** – Schedule follow-up contact, in person or by telephone, preferably within the first week after the quit date. (AHRQ, 2016)

Nicotine Replacement Options

Nicorette® Gum - in available over the counter in 2 mg and 4 mg strengths. Nicotine gum does not provide a bolus of nicotine to the system like a cigarette, but a smoker can regulate the amount of nicotine by how often they chew the gum. It works best if the user uses a set schedule to chew their gum rather than haphazardly. Treatment is usually for 2-3 months followed by weaning for 2-3 months. Adverse effects are rare but have been reported to include mouth irritation, sore jaws, heartburn, and nausea. The user should be instructed to follow the label as to the how and when to chew the gum.

Nicotine inhaler – A dose from the nicotine inhaler consists of a puff or inhalation. Each cartridge delivers a total of 4 mg of nicotine over 80 inhalations. Recommended dosage is 6–16 cartridges/day. Recommended duration of therapy is up to 6 months. Instruct patient to taper dosage during the final 3 months of treatment. Acidic beverages (e.g., coffee, juices, soft drinks) interfere with the buccal absorption of nicotine, so eating and drinking anything except water should be avoided for 15 minutes before or during use of the inhaler.

Nicotine lozenge – Dosage is based on when the 1st cigarette of the day begins. When < 30 minutes of waking, 4mg lozenges should be used every 1-2 hours for the first 6 weeks decreasing to every 4-6 hours weeks 7-9 and finishing weeks 10-12 with a lozenge every 4-8 hours. When the first cigarette is >30 minutes after waking, a 2 mg lozenge is used at the same hourly rate. Allow the lozenge to dissolve. No food or beverage 15 minutes before or after use. Rotate lozenges to different areas of the mouth. Gastrointestinal side effects may occur.

Nicotine transdermal patches - In early clinical trials, nicotine patches provided twice the success rate of cessation by the end of treatment as did those treated with a placebo (Glaxo-Wellcome, 1997). The typical treatment regime is four weeks using the patch at full dosage then two weeks at decreasing doses. The advantage of using the patch is that it is once a day treatment. The only reported side effect is skin irritation. The FDA guidelines for use state that this item should be used as part of a comprehensive behavioral smoking cessation program.

Nicotine Nasal Spray - Nicotrol®NS™ delivers about 0.5 mg of nicotine per spray. The spray is rapidly absorbed through the nasal mucosa membranes. This product should be used not more than five times per day for three months. Reported side effects include irritation to the nasal mucosa and a runny nose.

Zyban® (bupropion HCL) - A sustained-release nicotine-free tablet designed to be used in conjunction with a comprehensive smoking cessation program. Zyban® is not recommended for those with seizure disorders, those on Wellbutin®, MAO inhibitors, or other medications containing bupropion HCL. It is not recommended for those who are breast-feeding or pregnant.

For smoking cessation use, 300 mg/daily should be divided into two doses - 150 mg twice daily. The most common side effect is dry mouth and insomnia. Zyban is about $100.00 per month.

Chantix (varenicline) - Use as a first line medication. Avoid in pregnant or breastfeeding women. Use in caution with kidney disease. Dosing begins 1 week prior to quit date with 0.5mg every morning for 3 days, then twice a day for the next 4 days. On day eight, the dose is increased to 1mg twice a day and tobacco cessation begins. Take each dose after eating and with a full glass of water. Rare side effects of depressive mood, agitation hostility and suicidal thoughts have been reported. Medication needs to be stopped for the symptoms. Gastrointestinal and sleep disturbances are adverse effects.

Smoking Cessation is a process. If the learner knows what to expect from the smoking cessation process, they are more likely to stick to the program and cope with their symptoms. This is a major step in their life and it involves certain stages of behavior change. According to experts there are five stages. These are Pre-contemplation, Contemplation, Preparation or Action, and Maintenance (See page 16).

During the **Pre-contemplation phase** there is personal and environmental stress, public information is obtained, the student learns about risks, addiction, acceptability, being a good example, is concerned about dependence, negative images, and about the physician's warning to quit smoking/chewing/dipping. This is the *information seeking phase*. There is little concern about making a change yet. This is where smokers demand their smoker's right. Their consciousness is rising and the smoker is seeking the right thing to do.

During the **Contemplation Phase,** the cost of smoking/dipping/chewing is researched, they pay attention to media information, social pressure is evident, and they search out nicotine replacement modalities, self-help programs and how to quit information. There is intent to change. There may be short term success.

During the **Preparation phase,** the smoker is ready to learn new skills and make a plan to quit tobacco use. Action may be taken but not always on a regular basis. They are making small changes.

During the **Action Phase**, the tobacco user is monitoring their progress, substituting good habits for bad ones, being assertive, rewarding their efforts. This is when relapse is the greatest risk!

During the **Maintenance Phase** the tobacco user is then able to maintain for six months or more. They are confident, using support groups, and focused on the advantages of not using tobacco.

A list of **coping strategies** and common situations which may trigger tobacco use is provided on page 26. Review this list and ask for additions that your learner's may use. Discuss among the group what triggers are prevalent and what coping strategies might work. Page 26 is useful for writing triggers and what coping mechanism may be useful.

A **Tobacco Use Diary** is provided. This may help identify cues that trigger tobacco use. By writing down each time tobacco is used, the activity, level of desire and why, the smoker may identify triggers. This is useful for the doctor or nurse to discuss behaviors and suggest tips to change.

STAGES OF BEHAVIOR CHANGES

Stage	Characteristics	Process Needed
Pre-contemplation	Not thinking of making a change at this time Possibly very resistant to change; defensive May not be aware of the benefits of change	Consciousness rising Helping relationship Social liberation
Contemplation	Intending to change Has some knowledge of the negative consequences or advantages to change Costs outweigh benefits May not know how to get started Low self confidence Few behavioral skills Probably in contemplation a long time	Monitor yourself Identify triggers that help cause behaviors Self reevaluations, i.e., will losing weight increase your self esteem? Stop and reflect before you do the behavior Increase the pros
Preparation	Ready to learn new skills and make a plan Are taking action but not on a regular basis Making small changes Pros and Cons are pretty balanced	Create a plan of action Commitment Go public Seek support Decrease your perception of cons
Action	Meeting the criteria for behavior change Are monitoring your progress At greatest risk for relapse!	Substitute healthy behaviors for problem ones Be assertive Environmental control Reward yourself Don't become overconfident
Maintenance	Sustaining change Have been able to maintain criteria for action for at least 6 months Feel confident about your new behavior Focusing on advantages	Continue your commitment Don't forget where you came from Be honest with yourself Support groups

Tobacco Cessation Patient Information

Date and Time:	
Age: Height: Weight: Male/Female	
Smoking/Chewing History: ___packs per day X ___years or _____chew per day X _____years	
Medical History: Any history of:	_____ MI (heart attack) _____ Arrhythmia (irregular heartbeat) _____ Angina(chest pain) _____ Hypertension (High Blood Pressure) _____ Other
Any Respiratory Problems:	_____ Shortness of breath _____ Cough or bronchitis _____ Emphysema or COPD (lung disease)
Any other illnesses?	_____ Cancer, if so where? _____ _____ Migraines (severe headaches) _____ Ulcers in the stomach _____ Seizures _____ Depression
Other Family History:	
Current Medications: 1._____ 2. _____ 3. _____ 4. _____ 5._____ 6. _____ 7._____	
Drug/Food allergies:	
Females: Any chance that you may be pregnant?	
OBJECTIVE DATA:	
Blood Pressure: ____/_____ Pulse: _____	
Attitude toward Cessation of tobacco: _____Ready to quit _____ Not ready to quit	
Readiness/Motivation to learn: _____Low _____Moderate _____High	
Assessment Notes:	

TOBACCO CESSATION PROGRAM
FAGERSTRÖM TEST FOR NICOTINE DEPENDENCE

Date:

Questions:	Answer	Points
1. How soon after you wake do you smoke your first cigarette?	a. Within 5 min	3
	b. 6-30 min	2
	c. 31-60 min	1
	d. After 60 min	0
2. Do you find it difficult to refrain from smoking in places where it is forbidden e.g. in church, library, movies, etc.?	a. Yes	1
	b. No	0
3. Which cigarette would you hate to give up the most?	a. First one of the morning	1
	b. All others	0
4. How many cigarettes a day do you smoke?	a. 10 or less	0
	b. 11-20	1
	c. 21-30	2
	d. 31 or more	3
5. Do you smoke more frequently during the first hours after waking than during the rest of the day?	a. Yes	1
	b. No	0
6. Do you smoke if you are so ill that you are in bed most of the day?	a. Yes	1
	b. No	0

Score:	Level of Dependence:
0-2	Very low
3-4	Low
5	Medium
6-7	High (heavy)
8-10	Very high

The Fagerström Test for Nicotine Dependence-Smokeless Tobacco (FTND-ST)

Item	Answers	Points
1. How soon after you wake up to do you place your first dip?	Within 5 min	3
	6–30 min	2
	31–60 min	1
	After 60 min	0
2. How often do you intentionally swallow tobacco juice?	Always	2
	Sometimes	1
	Never	0
3. Which chew would you hate to give up most?	The first one in the Morning	1
	Any other	0
4. How many cans/pouches per week do you use?	More than 3	2
	2–3	1
	1	0
5. Do you chew more frequently during the first hours after awakening than during the rest of the day?	Yes	1
	No	0
6. Do you chew if you are so ill that you are in bed most of the day?	Yes	1
	No	0

Score:	Level of Dependence:
0-2	Very low
3-4	Low
5	Medium
6-7	High (heavy)
8-10	Very high

OFFICE RECORD

Circle one: Quitter Stop on their own Will quit later Will decrease Unsure

No - will not quit Did Not Ask Stopped with help of a course

Name: _____ Phone: (H)_____ (W)_____

Address_____Sex: M/F Age: _____

Smoking History: Type: Filter:_____ Non-filter: _____ Brand: _____ Years: _____

Chewing history: Type: _____ Number of times per day: _____ for how long: _____

Every quit before? ____ for how long _____

Current Diseases:

Other in home that smoke: # of_____Smokers # of _____nonsmokers # of _____children

Comments:

_____

_____

Date	Amt smoking	Who educated patient	Attitude toward quitting	Plans

TOBACCO USE RECORD

Directions: Rate each cigarette/chew on a scale of 1 to 5.
1= you can take it or leave it without a problem
5= a cigarette/chew that would be extremely difficult not to use

Time	Activity	How I feel	How badly I want this cig/chew
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5

Date: _____ Day of the Week: _____ Number packs/tins: _____

LIKES and DISLIKES

Why I like Tobacco	Why I dislike Tobacco

Session Three: Quitting Effectively

Quitting the use of tobacco may be one of the hardest things your learner has had to do. Nicotine dependence is basically the chemical phenomenon that keeps smokers smoking. Inhaled nicotine gets to the brain in about 13 seconds and is completely cleared from the brain in one passage.

Doctor Karl-Olav Fagerstrom developed a test for nicotine dependence. Helping a patient quit smoking requires accurate identification of the problem, development of an individualized management plan and careful follow-up of the patient's response to treatment. Tools such as the Fagerstrom Test for Nicotine Dependence help the doctor learn about the patient's smoking habit and then to develop an effective treatment plan. The test is simple and is designed to estimate the patient's degree of nicotine dependence. The test has a scoring range of 0 (minimal addiction) to 11 (maximum addiction). Smoking the first cigarette within 30 minutes of waking and smoking brands with a nicotine level of 1.3 mg or higher are indicative of higher degrees of nicotine addiction. Other signs of hard-core addiction are using smokeless tobacco early in the morning, when it is hard to go more than a few hours without tobacco. When there are cravings for tobacco. When you no longer get sick or dizzy after a dip of smokeless tobacco - you are addicted! Smokeless tobacco is just as addicting as cigarettes. They both contain nicotine, a highly addictive drug.

The best way to quit is to set a **"Quit Date"**. Quitting on the spur of the moment is harder for many people. Even quitting "cold turkey" is easier with a plan. Quitting has to be something you want to do. The learner needs to research their feelings about tobacco. Pages 18 and 22 have forms to complete regarding feelings about tobacco. Instruct the learner to complete page 18, listing the reasons why they like and dislike tobacco. This can be difficult to write for someone who isn't sure they want to quit. It can also be the catalyst to move someone forward.

Pick a "Quit Date". This gives the learner time to get ready. It gives them time to cut back by tapering the number of chews or cigarettes taken each day. It allows time to switch to a lower nicotine tobacco if desired. There is no "ideal" time to quit, but sometimes are better than others. Low stress times are better. Page 25 contains a list of coping strategies for quitting. Space is allowed for the learner to write in their own cue to use tobacco. Some ex-tobacco users recommend picking three triggers or causes (situations) that entice one to use tobacco. These should be the first three times to choose **not** to smoke or chew. This may be very hard at first. Instruct the learner to watch what other non-smokers do during their times of stress. This may give them some ideas of substitutes. There is no safe way to use tobacco! The goal is cutting back and quitting.

Before "Quit Day" instruct the learner to let their friends, family and coworkers know that they are quitting. Warn them that they may be edgy; ask for their help in maintaining tobacco free. (Tip: ask the learner to consider/ verbalize how people can help)

Instruct the learner to get rid of all tobacco products the night before “Quit Day”. This way there is no temptation to use tobacco. Instruct the learner to stock up on alternatives - carrots, gum, candy, toothpicks. Also keep the substitutes in the same place they kept their tobacco.

COPING STRATEGIES

Common Situations which cue tobacco use	Helpful Coping Strategies
Finishing a meal	Throw away all tobacco products
Getting ready for an appointment	Remove ashtrays
Drinking coffee	Avoid smoking places
Waiting	List places to go where smoking is
Driving a car	Not allowed
Talking on the phone	Refer to yourself as an ex-smoker
At the end of the workday	Set aside money formerly spent on
A stressful situation	Tobacco for a reward
On a break at work	Play with your car keys
A boring situation	Chew sugarless gum
At a party	Doodle
Watching TV	Take a walk
Watching someone else smoke	Practice relaxation techniques
Sight of a cigarette ad	Exercise
When feeling restless	Rearrange your schedule
When feeling cooped up	Change office/room assignments
In a relaxed situation	Drink different beverages
While listening to music	Ask for nonsmoking sections
While reading	Add your own examples:
After sexual activity	_____
When having a drink	_____
Add your own examples:	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TRIGGERS TO SMOKING/CHEWING AND COPING TECHNIQUES

Directions: List triggers that make you smoke or chew tobacco in the left column and the appropriate coping skill in the right column.

Trigger	Coping Mechanism

Session Four: Maintaining a Tobacco Free Life Style

Make “Quit Day” a very special day. Instruct the learner to change the daily routine. Changing the order of the day makes, quitting seem like just another change in the day. Keep busy and active. Instruct the learner that withdrawal symptoms are strongest the first week after they quit. There may be an urge to dip or chew cravings for foods, irritability, tenseness, restlessness, trouble concentrating, constipation or irregularity**.** Instruct the student to try to wait out the cravings. Deep breathing exercises may help ease the tension. Walking is an excellent exercise to decrease the stress. Gum or snacks may be helpful. Going easy on themselves is a must. This is a very noble thing to do and it is not easy. Adding fiber to the diet will help with the constipation. Drinking juices or eating low calorie snacks like apples, oranges, gums or candies may help.

After the first week the withdrawal symptoms will ease. Food will taste better, the confidence will be high. However, temptation may be around the corner. Avoiding places when you use to smoke or dip will be helpful. Encourage your learners not to slip - but if they do it is not the end of the world. Encourage them to get back with the program. Don’t let guilt override their success. A slip does not mean failure. The learner needs to identify why there was a slip and how to better manage the situation again, Lapses happen. It takes on average 6-8 quit attempts to finally quit smoking. Do not quit quitting.

During your smoking cessation efforts, it is important to plan for high-risk situations. If there is a relapse:

1. Quit tobacco use immediately
2. Think about what happened and how to avoid it happening again.
3. Recognize that there was a problem
4. Learn from the mistake and start again

Please consider regular counseling sessions with health coaches, or other members of your health care team to gain support, insight, and strategies that will assist your smoking cessation

efforts. Research has shown that 3-4 counseling sessions and pharmacological therapy combined increases patient's satisfaction and quit rates. There are also several government sponsored web sites, toll-free numbers, phone applications, and nonprofit organizations that can provide assistance in the form of problem solving, person-person counseling, and encouraging messages. Always focus on the positive outcomes of smoking cessation!

The First two weeks after quitting:

•Improved breathing

•The yellow staining almost gone from fingers and corners of mouth

•More energy

•Feeling like you are in control instead of the cigarettes being in control of you

•More Money!

•Improved sense of smell

List some benefits you have noticed since your quit date:

List some benefits you are looking forward to in the next few weeks:

REWARD YOURSELF

•Buy yourself something special to celebrate
•Splurge on a massage or dinner at new restaurant
•Start a new hobby
•Start exercising
•Use savings to pay off bills
•Go on a nice trip after being smoke free for 6 months

Write down future plans for rewards:

After week 1 without tobacco, I will reward myself with:

After week 2 without tobacco, I will reward myself with:

After 1 month without tobacco, I will reward myself with:

After 3 months without tobacco, I will reward myself with:

After 6 months without tobacco, I will reward myself with:

After 12 months without tobacco, I will reward myself with:

Counseling Techniques for Providers

Motivational Interviewing for Smoking Cessation
OARS: Strategies for Engaging Patients

Open-ended questions and statements

•**Invite** patients to share their "stories"

•**Explore** concerns, values, needs, priorities, ideas, feelings, beliefs, and expectations

•**Encourage** patients to share what is most important to them

•Examples

- "*What reasons do you have for quitting smoking?"*
- *"How important is it for you to quit smoking?"*
- *"How do you feel about quitting smoking?"*
- *"What are your most important concerns regarding smoking cessation?"*
- *"Tell me about something that you are planning to do for quitting smoking."*

Affirmations

•Statements that recognize **Patient Strengths**

•Acknowledge current or past behaviors that reflect **Positive Behaviors or Change**

•Must be **Genuine and Heartfelt**

•Examples

- "I'm impressed with how you…"
- "You showed a lot of self-control in the way you…"
- "You have a real gift for…"
- "You were able to avoid smoking last week…"
- "I appreciate how hard you have been working on quitting smoking."

Reflective Listening

•Reflect what the Patient said, expressed, meant:

- Simple-restating or paraphrasing the Patient's message
- Complex-reflecting deeper meaning, feelings, values
- Strategic-amplify, agree with a twist
- Metaphor

•Wait; allow the Patient to correct, clarify, confirm, and elaborate

•Strive to increase the ratio of reflections to questions

•Stems:

- "So, what you are saying is…."
- "You're thinking that…"
- "I'm hearing that you are concerned about…"
- "You're…."

Summaries

•A series, or 'bouquet", of reflections that you offer to the Patient

•Allow Patient to confirm or elaborate (or correct)

•May use to selectively reinforce change talk

•May be used to shift towards planning or taking steps

•Example: "So, you have several reasons for wanting to quit smoking, including improving your ability to keep up with your kids, reducing your risk of having a heart attack, and being able to spend the money you save on items your family needs. Though you are concerned about getting more anxious and irritable when you quit, you had some success when you used nicotine patches the last time you quit. So, where would you like to go from her?"

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Additional Resources

American Cancer Society - http://www.cancer.org or call 1-800-227-2345

American Heart Association – http://aha.org

American Lung Association - http://www.lungusa.org/ or call 1-800-247-6303

American Academy of Pediatrics - http://www.aap.org/

American Academy of Otolaryngology - http://www.entnet.org

American Medical Association - http://www.ama-assn.org or call 1-800-621-8335

Association for Research in Otolaryngology - http://www.aro.org

Centers for Disease Control and Prevention- http://www.cdc.com

Coalition on Smoking OR Health, 1150 Connecticut Avenue, NW- Suite 826, Washington, DC (202)452-1184 www.nbch.org

Department of Health and Human Services - FDA - http://www.fda.gov/

Government Printing Office - https://www.gpo.gov/

Library of Congress- Legislative Branch - https://www.loc.gov/

National Cancer Institute - Cancer Information Service – 1-800-422-6237 https://www.**cancer**.gov/

National Cancer Institute – http://smokefree.gov

National Health Information Center - https://www.**health**.gov/NHIC/

National Institutes of Health - http://www.nih.gov/

National Library of Medicine - http://www.nlm.nih.gov/

Nicotine anonymous - https://**nicotine-anonymous**.org/

Office on Smoking and Health
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Mailstop K50
Atlanta, GA 30333

1-800-232-1311
www.cdc.gov/tobacco/about/osh/

Oncology Nursing Society - http://www.ons.org/

The QuitNet: http://www.quitnet.org

The Society of Otolaryngology-Head and Neck Nurses, Inc. – http://www.sohnnurse.com

TIPS (Tobacco Information and Prevention) - http://www.cdc.gov.nccdphp/osh/tobacco.html

US Department of Health & Human Services - BeTobaccoFree.gov

World health Organization - http://www.who.ch/