

Nicotine/Tobacco Use and/or Dependence – HM 12

DEFINITION
Those using nicotine in any form. Dependence is a chronic condition that often requires repeated intervention.
SUBJECTIVE
Should include: <ol style="list-style-type: none">1. Screen all clients for current/past nicotine use and form of nicotine used; USPSTF assigns an “A” recommendation to screening all adults2. Assess amount used, formulation of use and length of use.3. Assess for prior attempts at quitting.4. Assess willingness to quit or decrease use.5. Assess for nicotine use related health problems.6. Assess nicotine use in client's environment. (i.e., family and employment setting)
OBJECTIVE
May include age-appropriate physical exam in past year.
LABORATORY
N/A
ASSESSMENT
Nicotine use and/or dependence.
PLAN/CLIENT EDUCATION
Tobacco intervention can be accomplished using screening frameworks. <u>Two are outlined below:</u> <ul style="list-style-type: none">• The Five A's is an effective screening framework:<ol style="list-style-type: none">• Ask about tobacco use• Advise to quit through clear personalized messaging• Assess willingness to quit• Assist to quit• Arrange follow-up and support The three components of the AAR model include ask, advise, and refer: <ul style="list-style-type: none">• Ask about tobacco use• Advise to quit through clear personalized messaging• Refer patient willing to quit smoking to cessation services or materials <ol style="list-style-type: none">1. Implement the Five A's or AAR framework:<ol style="list-style-type: none">a. Screening, brief counseling, and pharmacotherapy can increase the number of patients who attempt to quit and remain abstinent for one year; nonpregnant individuals benefit most from combined pharmacotherapy and counseling than either modality alone2. To prevent initiation of tobacco use, provide age-appropriate brief behavioral counseling interventions for all adolescents and school-aged children such as health consequences of tobacco, impact of social pressure, warnings about marketing, and effective ways to say “no” to tobacco when offered3. Smoking increases a woman's risk of developing cervical cancer 2x more likely than non-smoking counterparts. Among women infected with HPV, current and former smokers, have approximately 2-3x incidence of high-grade cervical intraepithelial lesions or invasive cancer. Smoking may impair immune response of body to clear HPV infection.

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Next Scheduled Review: 10/1/2024

4. Women who smoke are likely to experience menopause one year earlier than average U.S. age of 52.
5. Pharmacologic agents. See attached table FDA approved Medications for Smoking Cessation (American Academy of Family Physicians);
https://www.aafp.org/dam/AAFP/documents/patient_care/tobacco/pharmacologic-guide.pdf
 - a. Nicotine replacement therapy (NRT) may be considered for patient to help reduce physical withdrawal symptoms and cravings
 - b. Counsel patient of side effects of chosen pharmacologic agent
 - c. Avoid pharmacologic agents for whom are contraindicated to use
 - d. Avoid use of NRT pharmacologic agent one hour before breastfeeding
 - e. Provide instruction for use and regarding chosen route of delivery
6. Provide client with Consumer Guide "You Can Quit Smoking," by the US Department of Health and Human Services [Quit Smoking | Smoking & Tobacco Use | CDC](#) or other literature, as available.
7. Advise client to use counseling with any therapies, i.e., the North Dakota Quitline, [NDQuits - Home](#)
8. Additional resources include:
 - a. American Cancer Society (1-800-ACS-2345) or [American Cancer Society | Information and Resources about for Cancer: Breast, Colon, Lung, Prostate, Skin](#)
 - b. American Heart Association (1-800-AHA-USA1) or [American Heart Association | To be a relentless force for a world of longer, healthier lives](#)
 - c. National Cancer Institute (1-800-4-Cancer) or [Comprehensive Cancer Information - National Cancer Institute](#)
 - d. North Dakota Quitline (1-800-784-8669)
 - e. [NDQuits - Home](#)

CONSULT / REFER TO PHYSICIAN

1. As appropriate for those needing pharmacologic intervention if services are not available at the clinic.
2. To tobacco dependence center, if applicable.

REFERENCES

1. Chest Foundation. Smoking and Tobacco Use. (2017, updated 2020). [Smoking and Tobacco Use - Lung Health A-Z - CHEST Foundation \(chestnet.org\)](#)
2. [Medications for Smoking Cessation: Guidelines from the American Thoracic Society - Practice Guidelines - American Family Physician \(aafp.org\) 3/2021](#)
3. [Smoking & Tobacco Use | CDC](#)
4. American Association for Respiratory Care. Clinician's Guide to Treating Tobacco Dependence. (2014). Retrieved from <https://www.aarc.org/wp-content/uploads/2014/11/tobacco-guide.pdf>