Primary Care & *Tobacco Cessation* Handbook

A Resource for Providers

U.S. Department of Veterans Affairs

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I. Tobacco Use in VA's Population

CHAPTER SUMMARY

Scope of the problem

- In 2020, approximately, 12.5 percent of the adult population in the United States smoked cigarettes[1]
- Smoking accounts for more than 480,000 deaths each year in the United States[2]
- Smoking is a known cause of multiple cancers, heart disease, stroke, complications of pregnancy, chronic obstructive pulmonary disease (COPD), and many other diseases[3,4]
- Smoking prevalence in the Veteran population has been reported to be similar to the general U.S. population with approximately 13.3% of Veterans enrolled in VA care reporting smoking in 2020[5]
- In 2020, 5.1% and 3.5% of VA enrollees reported smokeless tobacco and e-cigarette use respectively
- Smokeless tobacco and e-cigarette use is more prevalent among younger Veterans enrolled in VA care. 9.8% and 8.7% of those under age 45 reported smokeless tobacco and e-cigarette use respectively in 2020
- Tobacco dependence is a chronic, relapsing disorder that often requires repeated interventions and multiple quit attempts

Benefits of smoking cessation in primary care patients

- Smoking cessation can reduce and prevent many smoking-related health problems
- Smoking is the most clinically important modifiable cardiovascular risk factor for all patients
- Quitting smoking leads to reduced depression and anxiety symptoms and improved positive mood[6]
- The improvements after quitting tobacco are noticeable within the first few days after stopping
- Every attempt to quit improves the probability of eventual success[9]

CHAPTER SUMMARY

VA's primary care provider's role

- Address tobacco use at every visit. Effectiveness starts with the clinical routine of:
  - **Asking** every patient about tobacco use
  - **Advising** patients to quit at every visit
  - **Assessing** all patients' readiness to quit at every visit
  - **Assisting** all patients willing to make a quit attempt with counseling and cessation medications
- Approach tobacco use as a chronic illness, which includes monitoring repeated quit attempts and relapses
- Counsel and prescribe medications to assist with cessation
- Help patients access comprehensive care to address co-morbidities affecting their ability to quit
- Utilize an integrated model of care and provide a consistent message about the importance of quitting tobacco use
- Use a team approach as it results in greater efficacy in long-term follow up and prescribing tobacco cessation medications

Challenges to tobacco cessation in VA primary care

- Higher rates of tobacco use in many Veteran groups including Veterans of Iraq and Afghanistan wars, mental health patients, substance use disorder patients, and HIV-infected patients
- Integrating tobacco cessation counseling into all patient care areas including primary care, mental health, and specialty clinics
- Changing the delivery of tobacco cessation services to address tobacco use and dependence in a chronic disease model

SCOPE OF THE PROBLEM

Impact of Tobacco Use on Morbidity and Mortality

Smoking is the leading cause of preventable death and disease in the United States.[3] Cigarette smoke contains more than 7,000 chemicals, including hundreds of chemicals that are toxic and more than 70 that can cause cancer.[10] It is a chronic disorder that often requires repeated interventions and multiple attempts to quit.

- In the United States, the current prevalence of tobacco use among adults has dropped from 44% in in the 1960s to approximately 12.5% in 2020.[8]
- The adverse health effects from cigarette smoking account for more than 480,000 annual deaths, or nearly one of every five deaths in the United States.[2]
- More deaths are caused each year by tobacco use than by all deaths from AIDS, alcohol, motor vehicle accidents, homicide, drug use, and suicide, combined.[11-14]
- Smoking causes an estimated 90% of all lung cancer deaths in men and 80% of all lung cancer deaths in women.[4]
- An estimated 90% of all deaths from chronic obstructive lung disease are caused by smoking.[4]
- The risk of heart attack and stroke are much higher in tobacco users compared to people who do not use tobacco.
- Smoking-attributable health costs are estimated at $96 billion per year in direct medical expenses and $97 billion in lost productivity.[15]
- Light smoking is dangerous to the health of those who smoke. The Surgeon General's report on how tobacco causes disease documents in great detail how both direct smoking and secondhand smoke causes damage not only to the lungs and heart, but to every part of the body.[10] Researchers found that inhaling smoke from one cigarette causes damage to the lining of blood vessels and changes to blood platelets that increase risk of clotting, and that light smoking may be almost as detrimental to cardiovascular health as heavy smoking.

BENEFITS OF TOBACCO CESSATION

Smoking cessation can reduce and prevent many smoking-related health problems. The benefits of quitting tobacco can be noticed in the first few days after stopping.[4]

- Smoking cessation lowers the risk for lung and other types of cancer within 10 years after stopping.
- Tobacco cessation reduces the risk of stroke, heart disease, and peripheral vascular disease. Coronary heart disease (CHD) risk begins to decline within 1-2 years of stopping smoking and risk of death due to myocardial infarction and CHD is 50% lower within one year post-cessation.

- Smoking cessation reduces coughing, wheezing, and shortness of breath. The rate of decline in lung function that occurs with aging is slower among persons who quit tobacco.
- Smoking cessation reduces the risk of developing chronic obstructive pulmonary disease (COPD). For those already diagnosed with COPD, smoking cessation is the most important step they can take to control progression of their COPD.
- Smoking increases the rate of infertility in women during their reproductive years. Women who stop smoking during their reproductive years have a reduced risk of infertility and women who stop smoking during pregnancy reduce the risk of having a low birth-weight baby.
- Every attempt to quit improves the probability of eventual success.[10]

THE ROLE OF THE PRIMARY CARE PROVIDER

Assess tobacco use at every visit with Veterans. This can be done by multiple providers during a visit, including but not limited to medical assistants, nurses, physicians, nurse practitioners, physician assistants, pharmacists, and other members of the health care team. It is estimated that 70% of current adult smokers in the United States want to quit and millions have attempted to do so. Tobacco dependence is a chronic disorder that often requires repeated interventions and multiple quit attempts. Limits should not be placed on how often Veterans can attend counseling sessions or receive medication. Methods to quit tobacco use include:

- Brief clinical interventions (≤10 minutes)
    - Provider offering counseling with "advice to quit" and assistance with quitting
- Counseling (≥10 minutes)
    - Individual
    - Group
    - Telephone (VA quitline, 1-855-QUIT-VET, (1-855-784-8838))
- Medications to help with tobacco cessation
    - Nicotine replacement therapy (NRT)
    - Non-nicotine medications
        - Bupropion
        - Varenicline

- The combination of medication and counseling is more effective for tobacco cessation than either medication or counseling alone.[3]

- SmokefreeVET Text Message Program, visit smokefree.gov/VET

CHALLENGES TO TOBACCO CESSATION IN VA PRIMARY CARE PATIENTS

Rates of tobacco use are higher in many Veteran groups, including Veterans of the Iraq and Afghanistan wars, mental health patients, and HIV-infected patients. Quitting tobacco products can be more challenging in these patient groups, however there are effective models of care for smoking cessation interventions in these patients. Establishing programs to help support cessation attempts can increase cessation rates.

Veterans with posttraumatic stress disorder (PTSD) smoke and use tobacco at higher rates than Veterans without PTSD.[14] An integrated model of smoking cessation with primary care providers and staff that provided consistent care for Veterans with PTSD was found to be effective and superior to standard-of-care smoking cessation programs given separately from the primary care clinic.[14-16]

- Veterans with psychiatric disorders smoke at higher rates than those without mental health disorders.[16] Studies in populations with psychiatric disorders and depression suggest moderate efficacy of smoking cessation and little or no evidence of exacerbation of these disorders.[17,18]

- Approximately half of alcohol dependent individuals are daily smokers.[19,20] Evidence indicates that smoking cessation interventions for individuals with alcohol use disorder are effective and have no detrimental effects on abstinence from alcohol.[19] Study results are mixed regarding optimal timing of smoking cessation interventions for individuals with alcohol use disorder.[21,22] Smoking status should be addressed for all individuals with alcohol use disorder and the following recommendations have been proposed:[19,23,25]

    - Smoking cessation interventions should be offered to all alcohol use disorder patients who smoke
    - A menu of options about how and when to stop should be offered
    - Timing of smoking cessation interventions (concurrent versus delayed) should be based on patient preference

- HIV-infected smokers have a greater probability of non-AIDS related diseases such as cardiovascular and pulmonary conditions (pneumothorax, pneumonia, lung cancer) and non-AIDS cancers.[23]

Cigarette smoking is the most important modifiable cardiovascular risk factor among HIV-infected patients, more so even than the use of lipid-lowering drugs or ART.[24]

- Tobacco use is more prevalent in the Veterans from Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) than in the general Veteran population. Veterans returning home from Iraq and Afghanistan report they continued to smoke as a way to modulate negative moods (e.g., anger dysregulation, irritability, stress); cope with a post deployment shift to civilian life; and deal with combat-related injuries, unstructured life outside of the military, sleep disorders, and the inability to turn off the military mindset (e.g., hypervigilance).[27]

- Concurrent tobacco use is the use of cigarettes along with another form of tobacco like chewing tobacco, cigars or pipes. The rates of concurrent tobacco use are increasing and this is felt to be due at least in part to restrictions on cigarette smoking in indoor locations. In a 2008 report, 41% of active duty military personnel reported using at least one form of tobacco in the previous month. Heavier rates of smoking (more than 15 cigarettes a day) was associated with a higher rate of using multiple forms of tobacco (cigarettes, cigars and chewing tobacco).[27]

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II. Tobacco Cessation Interventions

CHAPTER SUMMARY

- Effective interventions can be brief (3-10 minutes) or intensive (lasting for >10 minutes)
- Brief 3-minute interventions advising patients to quit can enhance abstinence rates
- Even without a tobacco cessation program, brief counseling and medications provided as part of ongoing health care can be effective
- When creating a tobacco cessation program, start small and manageable by selecting brief interventions appropriate for the setting
- Identify primary care providers and key staff with an interest in tobacco cessation
- Build the program by incorporating more intensive interventions when appropriate
- Monitor and track your patients' progress

EFFECTIVENESS OF TOBACCO CESSATION INTERVENTIONS

Tobacco cessation interventions can be extremely effective and providers who perform even brief interventions of 'advice to quit' to patients can significantly increase abstinence rates. Health care providers should present a clear, concise, and consistent "quit" message to all their patients who use tobacco. The evidence on tobacco cessation interventions referenced below is presented in full in the U.S. Department of Health and Human Services (DHHS), Public Health Service (PHS), *Treating Tobacco Use and Dependence: 2008 Update* (Clinical Practice Guideline).[1]

Any type of clinician can be effective at delivering evidence-based interventions to increase quit rates. There is strong evidence of a dose-effect response, as the more intense the cessation intervention, the greater the rate of abstinence. Intervention intensity can be increased by extending the length and number of individual treatment sessions.[1] Cessation counseling lasting 4-30 minutes can double a patient's chance of abstinence whereas counseling lasting more than 30 minutes can triple a patient's chance of success.[1] Conducting 2-3 counseling sessions increases abstinence rates by 1.5 fold while conducting 4-8 sessions double the chance of success.[1]

It is important to remember that brief counseling and medications provided as part of an ongoing therapeutic relationship can be as or more effective than a

referral to an outside clinic, tobacco cessation program or the prescribing of medication alone.[1] Behavioral interventions such as group counseling, individual counseling, proactive telephone counseling, physician advice, nurse advice, and mobile phone-based interventions have all been shown to significantly increase abstinence rates compared to stopping "cold turkey."

ESTABLISHING A TOBACCO CESSATION PROGRAM FOR VETERANS IN PRIMARY CARE CLINICS

Implementing a sustainable and effective tobacco cessation program can feel daunting, but several key strategies can be helpful when implementing an effective tobacco cessation program in your primary care clinic. As you start to build a program in your clinic, identify providers and staff who are interested in tobacco cessation as these “local champions” can help build momentum for the program and get other providers involved. As more providers become interested, you can start to implement more intensive cessation interventions. Monitoring and tracking patients’ progress over time can provide helpful feedback to staff so they can see the impact of their work. Finally, there is a Smoking and Tobacco Use Cessation Lead Clinician at each VA facility who can be a valuable resource for your clinic. Please email VHATobaccoProgram@va.gov to obtain the name of the Lead Clinician at your VA facility.

TOBACCO CESSATION BEHAVIORAL INTERVENTIONS

This chapter describes interventions to use when talking with your patients about their interest in tobacco cessation. These brief and intensive interventions have been used in health care settings and range from 3-10 minute conversations to intensive counseling that can last an hour. Challenges and opportunities for implementing these well-established interventions with your primary care patients and making tobacco cessation a routine part of clinical care are also addressed.

Brief Interventions (3-10 minutes)

The most important factor in tobacco cessation is engaging patients. Providing patients with information about the impact of tobacco use, assessing their level of motivation to quit, and helping them move to the next step in cessation through the provision of resources or referrals to tobacco cessation programs, are critical components of brief interventions. The five elements of a brief tobacco cessation intervention are outlined below.

TABLE 1. THE 5 A'S OF TOBACCO CESSATION INTERVENTIONS[1-3]

ASK about smoking*

Ask patients about tobacco use at every clinic visit

- Ask about the type(s) of tobacco used and how long it has been used
- If a patient quit years ago, congratulate and check in periodically

Clinical reminders and performance measures within VHA can assist with this element

ADVISE patient to quit

Provide clear, strong, and personalized suggestions

- **Clear:** *I think it is important that you quit smoking. I can help.*
- **Strong:** *Quitting smoking is one of the most important things you can do to protect your health.*
- **Personalized:** Associate smoking with something that is important to the patient, such as the increased risk of harm to their body, exposure of children or pets to tobacco smoke, the expense of cigarettes, or pulmonary and cardiovascular comorbidities.
  - *Your smoking can increase your risk of heart attacks and strokes.*
  - *Remember the time you had that terrible pneumonia?*
  - *Do you realize that you can save more than $2,000 a year on cigarette expenses if you quit?*

ASSESS readiness to quit

Assess patient's readiness to quit within the next 30 days

- *Are you willing to give quitting a try in the next 30 days?*
  - If patient is ready, assist patient using the follow-up activities in the ARRANGE section (p. 19).
  - If the patient is not ready to quit, consider using motivational interviewing to increase their readiness (See *Table 2. Enhancing Motivation to Quit Tobacco, The 5 R's* on p. 20).

TABLE 1. THE 5 A'S OF TOBACCO CESSATION INTERVENTIONS[1-3] CONT.

ASSIST patients with their quit attempt

Prepare your patient for quitting using STAR. Have them:

- **S**et a target quit date (TQD). Ideally, the TQD should be within two weeks, but no later than within 30 days. The quit date should be a date they feel comfortable with that gives enough time to prepare.
- **T**ell family, friends, and coworkers about quitting, and request understanding and support.
- **A**nticipate challenges to the upcoming quit attempt, particularly during the critical first few weeks. These include nicotine withdrawal symptoms.
- **R**emove tobacco products from their environment. Before quitting, they should avoid smoking in places where a lot of time is spent (e.g., work, home, car) and make their home smoke free.

Offer pharmacotherapy and discuss the role of medications in treatment

Provide practical counseling (problem-solving/skills training)

- Offer intensive treatment options (e.g., tobacco cessation groups, telephone counseling) available within your VA facility.
- Provide a supportive clinical environment while encouraging the patient in his or her quit attempt.
- Provide supplementary materials and other resources to keep the patient motivated and engaged.

TABLE 1. THE 5 A'S OF TOBACCO CESSATION INTERVENTIONS[1-3] CONT.

ARRANGE follow-up encounters

Arrange patient follow-up contact by phone or in clinic (enroll patient in a VHA-based tobacco cessation clinic, if s/he requests)

- Timing
  - The first follow-up encounter should be around the TQD or within the first week
  - The second follow-up encounter should be within the first month of the TQD
- Actions to take during follow-up encounters
  - Assess medication use and any adverse reactions
  - Remind patient of reasons for quitting and other resources available to them
  - Congratulate patient on abstinence
- Provide supplementary materials and other resources such as the *My Tobacco Cessation Workbook* to keep the patient motivated and engaged
  - VA tobacco cessation quitline: 1-855-QUIT VET (1-855-784-8838). Counselors are available Monday-Friday, 9AM-9PM EST. Counseling can be provided in either English or Spanish, depending on Veteran preference.
  - SmokefreeVET text program: text the word VET to 47848 or visit smokefree.gov/VET
  - Stay Quit Coach, a smartphone app to help Veterans quit smoking and stay quit. Visit mobile.va.gov/app/stay-quit-coach
  - Visit veterans.smokefree.gov for additional VA patient resources

For providers with less time or comfort, the 5 A's can be modified to **AAR: Ask → Advise → Refer**, where the patient is referred to existing smoking cessation services.

Intensive Intervention (>10 minutes)[1]

The components of an intensive tobacco cessation intervention consist of:

- Determining whether tobacco users are willing to make a quit attempt with intensive counseling

- Conducting patient assessments that may be helpful including lung function, stress level, and nicotine dependence using the Fagerström Test for Nicotine Dependence (See *Table 3. Fagerström Test for Nicotine Dependence* on p. 26)
- When possible, conducting sessions longer than 10 minutes and including ≥4 sessions
- Combining behavioral counseling and medication (essential to successful tobacco cessation treatment)
- Including problem solving/skills training and intra-treatment social support as part of the intervention

IDENTIFYING REASONS TO QUIT

It is important to help patients identify reasons for quitting. The following intervention, based on motivational interviewing, can help motivate patients who are not quite ready to quit.

TABLE 2. ENHANCING MOTIVATION TO QUIT TOBACCO, THE 5 R'S[3-6]

RELEVANCE **Discuss why cessation is personally relevant**

- Health concerns and patient's disease status or risk
- Family situation, such as quitting for children
- Monetary cost of nicotine dependence

RISKS **Ask patients to explain their perceived potential risks of tobacco use; discuss these risks (e.g., infertility, fetal harm, cardiovascular and pulmonary disease, malignancies, harm of secondhand smoke to others)**

- Increased risk of heart attack and stroke
- Reduced circulation in legs (peripheral artery disease), which can increase risk of amputation
- Increased risk of cancers like lung, bladder, pancreas, esophageal, stomach, and head and neck cancers
- Increased risk of osteoporosis and bone fractures
- Increased risk of lung damage leading to emphysema
- Smoking is a common cause of sexual dysfunction

TABLE 2. ENHANCING MOTIVATION TO QUIT TOBACCO, THE 5 R'S[3-6] CONT.

REWARDS Ask patients to explain what they might gain from tobacco cessation and highlight the rewards most relevant to the patient

- Improved taste of food
- Improved sense of smell
- Improved mood and fewer symptoms of depression and anxiety
- Saving money
- Setting a good example for children
- Better performance of physical activities
- Improved appearance (e.g., reduced wrinkling, whiter teeth)
- Lower risk of heart disease
- Lower risk of lung disease
- Lower risk of tobacco-related cancers

Explain that:

- 20 minutes after quitting, heart rate and blood pressure drop
- Two weeks to three months after quitting, circulation and lung function improve by 30%
- One year after quitting, risk of coronary heart disease (CHD) is reduced by 50%
- Five years after quitting, stroke risk is similar to that of someone who never smoked
- Ten years after quitting, risk of Alzheimer's disease is the same as someone who has never smoked.

ROADBLOCKS Ask patients to identify barriers to quitting and offer options to address those barriers

- Withdrawal symptoms
- Fear of failure
- Weight gain
- Lack of support
- Depression
- Enjoyment of smoking or dipping/chewing
- Socializing with other smokers

REPETITION Discuss the R's listed above with patients at each visit

References:

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III. Real-time Scripts for Brief Tobacco Cessation Interventions

CHAPTER SUMMARY

- Tobacco use and dependence is a chronic, relapsing condition
- Consider tracking tobacco use as a vital sign
- Provide factual information to address patient concerns
- Assess patient's tobacco use status and readiness to quit
- Advise patients about quitting
- Encourage confidence in quitting

APPROACHING PATIENTS ABOUT TOBACCO CESSATION

Though primary care providers are in an excellent position to provide tobacco cessation interventions with their patients who use tobacco products, it can be difficult and sometimes uncomfortable to approach the topic. We recommend treating tobacco use as a vital sign so that a patient's tobacco use status is readily apparent upon their entrance into the exam room. This is an easy way to integrate conversations about tobacco use into the clinic visit. Tobacco use is a chronic, relapsing condition that at times requires varying levels of intervention. We encourage you to go as far as you can with each patient at each visit as you help lay the groundwork for tobacco cessation.

In order to assess your patient's level of nicotine dependence, we suggest using the test in *Table 3. Fagerström Test for Nicotine Dependence* (p. 26). The level of your patient's nicotine dependence has important indications for the regimen that should be suggested for treatment.

TABLE 3. FAGERSTRÖM TEST FOR NICOTINE DEPENDENCE[1-2]

		Points*	Your Points
1. How soon after you wake up do you smoke/use your first cigarette/ chew?	Less than 5 min.	3	
	6-30 min.	2	
	31-60 min.	1	
	After 1 hour	0	
2. Do you smoke/chew more frequently in the hours after waking than during the rest of the day?	Yes	1	
	No	0	
3. Do you find it difficult not to smoke/ chew?	Yes	1	
	No	0	
4. Which cigarette/chew would be the hardest to give up?	First one in the morning	1	
	Any other	0	
5. How many cigarettes do you smoke in a day?	10 or less	0	
	11-20	1	
	21-30	2	
	31 or more	3	
6. Do you smoke when you're so sick that you're home in bed?	Yes	1	
	No	0	

NICOTINE DEPENDENCE SCORE (Points): **Your Score _____**

(0-2 pts.) Very low dependence
(3-4 pts.) Low dependence
(5 pts.) Medium dependence
(6-7 pts.) High dependence
(8-10 pts.) Very high dependence

Note. **Adapted with permission from "The Fagerström Test for Nicotine Dependence: a revision of the Fagerström Tolerance Questionnaire," by T. F. Heatherton, L. T. Kozlowski, R. C. Frecker & K. O. Fagerström, 1991, *British Journal of Addiction*, *86*(9), 1119-1127. Copyrighted.**

ADDRESSING PATIENT CONCERNS AND SAMPLE SCRIPTS

In the following tables, you will find helpful methods for discussing tobacco use and tobacco cessation with your patients.

TABLE 4. SAMPLE RESPONSES TO PATIENTS' CONCERNS ABOUT TOBACCO CESSATION[3-5]

Patient	Provider
I don't want counseling, I only want medication.	■ Counseling and medication works better than medication alone. ■ Counseling will provide you with practical skills to support the behavior changes necessary to quit.
I want to try acupuncture, hypnosis, or laser therapy.	■ We know that a combination of medication and counseling is the most effective treatment for tobacco use. ■ There is insufficient evidence to show that these therapies are effective treatment. If you choose to use one of these therapies, consider also using medication and/or behavioral counseling.
I am concerned that I will gain weight once I quit smoking.	■ The health benefits of stopping smoking outweigh any harms caused by weight gain. ■ Making healthy meal choices and limiting your intake of sweets and sugary drinks when you stop smoking will help to prevent weight gain. ■ Start to increase physical activity as soon as possible. ■ Consider taking a walk instead of a cigarette break.

TABLE 4. SAMPLE RESPONSES TO PATIENTS' CONCERNS ABOUT TOBACCO CESSATION[3-5] CONT.

Patient	Provider
I don't understand how nicotine replacement therapies (NRTs) could be harmless if nicotine is also one of the harmful drugs in cigarettes.	■ Studies have shown that medicinal nicotine is safe. ■ What is harmful in cigarettes are the 7,000 other chemicals, including more than 70 carcinogens. ■ Medicinal nicotine in dosages approved for NRT medications are proven to greatly reduce withdrawal symptoms during tobacco cessation.
My life is too stressful to quit tobacco.	■ Smoking/chewing is one way that many people deal with stress. ■ Counseling will help you develop new and healthier ways to cope with your stress.
I have been smoking for 30 years and I have no health problems. Plus, my grandmother smoked all her life and she lived to be 100.	■ Some people who smoke do not develop obvious health consequences, however about 50% of people who smoke will die from health problems directly caused by smoking. ■ The average smoker lives 10 years less than a non-smoker.

TABLE 5. SAMPLE SCRIPTS* FOR BRIEF TOBACCO CESSATION CONVERSATIONS BETWEEN PATIENTS AND PROVIDERS[3-5]

Approach your patients about smoking/chewing

Assess tobacco status

- How many cigarettes do you smoke a day? How many cans of chewing tobacco do you use in a week?
- Do others in your household or work environment smoke/chew?
- Have you thought about quitting?

Advise patient about quitting tobacco

Be clear

- I think it is important that you quit smoking/chewing. I can help.

Make strong statements

- Quitting smoking is one of the most important things you can do for your health.
- Smoking can greatly increase your chances of having a heart attack or stroke.
- Chewing tobacco is directly linked to cancers in the mouth and throat.

Personalize your feedback

- Your smoking may be a more serious risk to your health right now than your diabetes.
- You can save more than $2,000 a year on cigarette expenses if you quit.
- All your hard work improving your diet and working on reducing your blood pressure is being undone by smoking.
- Your risk of lung disease, coronary heart disease, and other problems are much higher.
- You are at increased risk of developing lung disease and lung cancer when you smoke.
- You complain of shortness of breath; giving up cigarettes will improve your breathing and stamina.

*Questions and statements are all in the voice of the provider.

TABLE 5. SAMPLE SCRIPTS* FOR BRIEF TOBACCO CESSATION CONVERSATIONS BETWEEN PATIENTS AND PROVIDERS[3-5] CONT.

Assess patient's readiness to quit

- Are you willing to give quitting a try in the next 30 days?
- Lets get specific, how much do you want to cut back by the next time I see you?

Assess and build motivation

- How confident do you feel (on a scale of 1-10) that you can quit? What would move that number further up the scale for you?
- What would have to happen for it to become much more important for you to change?
- I believe you can do this. It's a tough thing to give up. Let's think about what some of the main barriers are that might get in the way of you being able to do this.

Support self-efficacy

- So, getting support from your non-smoking friends was a helpful strategy last time you quit.
- You've been really successful in managing your diabetes (or other) medication regimens and you can use some of those same skills here.
- Would you like some resources about smoking cessation that you can read on your own time while you decide?

*Questions and statements are all in the voice of the provider.

TABLE 5. SAMPLE SCRIPTS* FOR BRIEF TOBACCO CESSATION CONVERSATIONS BETWEEN PATIENTS AND PROVIDERS[3-5] CONT.

Encourage confidence in quitting tobacco

- On a 10-point scale, how confident are you in your ability to stop tobacco for good?
- What would make you more confident in your ability to stop tobacco?
- What did you learn from your past quit attempts?
- How might your past relapses be able to help you with this new attempt?
- Is there anything you found helpful in previous attempts to stop tobacco?

Emphasize personal choice and responsibility

- It is up to you to decide when you're ready and how to quit. I'm here to help you whenever you're ready.
- It sounds like you're not ready to think about quitting. It's one of the things we consider like a vital sign so I'll be asking about it when you come in for your next visit. Just let me know when you feel ready to make a change.
- You're interested in quitting, that's an important step. Here's what we have available to help you (e.g., counseling services, medications). What would you be interested in trying first? If you would like, I can tell you some strategies that will help you address those concerns.

Express empathy

- Lots of people worry about how they'll be able to manage without tobacco.
- Sounds like you're not ready to quit today, I know this is a tough decision. I'm here to help you whenever you decide you're ready to quit or start to cut down.

*Questions and statements are all in the voice of the provider.

References:

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IV. Medications for Tobacco Cessation

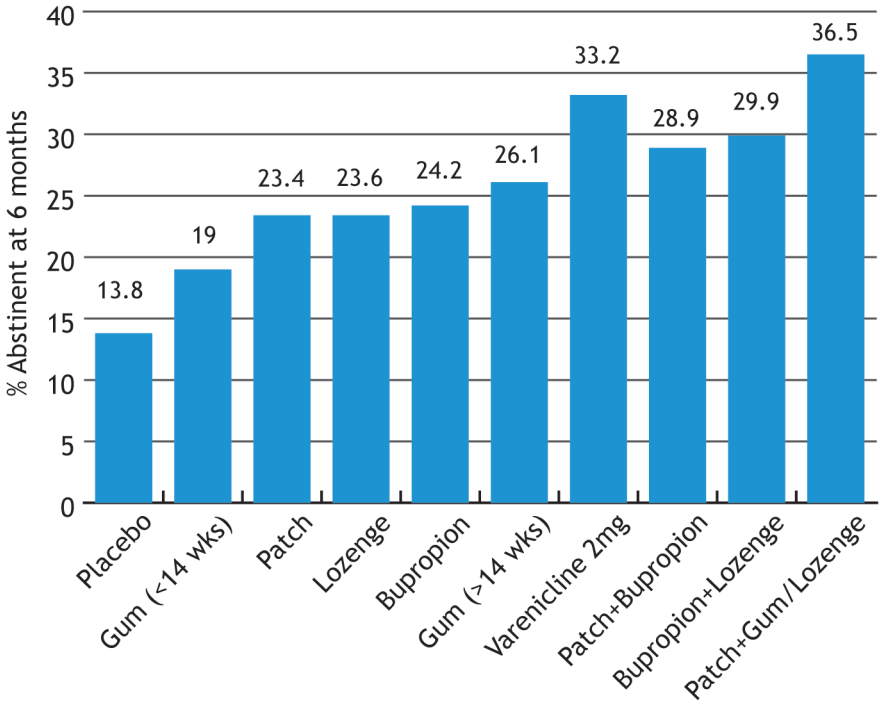
CHAPTER SUMMARY

- Use of medications for tobacco cessation results in better abstinence rates and durability
- Tobacco cessation medications help address the physiological symptoms experienced during a quit attempt, which reduces cravings and the potential for relapse in the early stages of a quit attempt
- Medications for tobacco cessation are most successful when combined with other interventions (e.g., counseling, monitoring and tracking). Use *Table 3. Fagerström Test for Nicotine Dependence* (p. 26) to guide prescribing
- The goal of titration is to eliminate the need for NRT while maintaining tobacco abstinence
- Nicotine pharmacology considers the dose response and manages withdrawal symptoms, which commonly include irritability, impatience, anxiety, difficulty concentrating, restlessness, hunger, depression, insomnia, and cravings
- Selection of the tobacco cessation medication should be based on the person's level of addiction to tobacco, product preference, and concomitant medical conditions
- Combination therapy is more effective than monotherapy. Combination therapy should be offered to patients with high dependence, those who are heavier users, or those experiencing cravings or withdrawal symptoms while on the patch alone
- Consider combination therapy of nicotine patch plus nicotine polacrilex gum or nicotine lozenge for maximum management of withdrawal symptoms

NICOTINE PHARMACOLOGY

First-line agents approved for tobacco cessation consist of nicotine replacement therapies (NRT), including the nicotine patch, gum, lozenge, oral inhaler and nasal spray; and the non-NRT agents bupropion and varenicline. Combination therapy using the nicotine patch plus either nicotine gum, nicotine lozenge, or bupropion is also recommended as a first-line treatment option. The nicotine patch plus either nicotine gum, nicotine lozenge, or bupropion is also recommended as a first-line treatment option.

FIGURE 1. EFFICACY OF MEDICATIONS FOR SMOKING CESSATION[6,9,12-13]



Nicotine Withdrawal[3]

Once absorbed, nicotine induces a variety of central nervous system, cardiovascular, and metabolic effects.[1-3] Within seconds after inhalation, nicotine reaches the brain and stimulates the release of various neurotransmitters including dopamine, which produces nearly immediate feelings of pleasure and relieves nicotine-withdrawal symptoms. This rapid dose response reinforces the need to repeat the intake of nicotine, thereby perpetuating smoking behavior.

The main purpose of nicotine pharmacology is to minimize a person's nicotine withdrawal symptoms when they quit tobacco. When nicotine is discontinued, individuals may develop withdrawal symptoms such as irritability, impatience, anxiety, difficulty concentrating, restlessness, hunger, depression, insomnia, and cravings. Most physical withdrawal symptoms generally manifest within 24-48 hours after quitting and gradually dissipate over 2-4 weeks; however, strong cravings for tobacco can persist for months or even years.

NICOTINE REPLACEMENT THERAPY (NRT)

The mechanism of action of NRTs, which are ganglionic (nicotinic) cholinergic-receptor agonists, is to replace nicotine that would have been obtained from smoking.[3] These agents improve quit rates by reducing the symptoms of nicotine withdrawal. The onset of action with NRT is not as rapid as that of nicotine obtained through a cigarette, so patients become less accustomed to the nearly immediate reinforcing effects of tobacco.[4] The goal is to use NRT to taper off of nicotine over a few months. *Table 6. VHA Tobacco Use Cesssation Treatment Guidance* (p. 47) summarizes the dosing regimens, advantages and disadvantages, common adverse effects, and contraindications for the five forms of NRT, bupropion, and varenicline.

Treatment of nicotine dependence with NRT should adhere to the following principles[6]:

- Dose to effect: The initial dose should be sufficient to provide the patient with a nicotine dose similar to that seen prior to stopping cigarettes. Providers should always assess the patient's nicotine dependence before prescribing cessation aids. (See *Table 3. Fagerström Test for Nicotine Dependence* on p. 26). Treat withdrawal symptoms—the nicotine replacement dose should be sufficient to prevent or minimize craving for tobacco products.

- Avoid adverse reactions: The nicotine replacement dose should be titrated so that signs and symptoms of overmedication (e.g., headache, nausea, palpitations) do not occur.

- Follow up with provider if severe cravings continue. Severe cravings may indicate reevaluation of dosage and type of NRT is needed (consider use of combination NRT, such as the patch and gum). If the patient has a slip and uses tobacco while using NRT, encourage the patient to try to get back on track with quitting tobacco. If they are not using combination therapy, then this should be considered to help them abstain completely from tobacco. If they have a relapse and are back to smoking daily, then it may be best to have them quit the NRT and set another quit day when they are ready to try again.

- Selection of the type of NRT should be based on the person's level of addiction to tobacco, product preference, and concomitant medical conditions: Combination therapy is recommended in patients with high dependence or in those who are heavy smokers.

Nicotine transdermal patch[4-6]

- Although the patch has the slowest onset of all the nicotine preparations, it offers more consistent levels of nicotine over a sustained period of time resulting in fewer blood level fluctuations. Plasma nicotine concentrations rise slowly over 1-4 hours and peak within 3-12 hours.
- Steady-state concentration is reached 2-3 days after placement of first patch; following removal of the transdermal patch, the apparent half-life averages 3-6 hours. Plasma nicotine levels are about 50% lower than those achieved with cigarette smoking, but symptoms of withdrawal can still be alleviated.
- Can be applied anywhere on the upper body, including arms and back, avoid hairy areas; rotate the patch site each time a new patch is applied.
- Available OTC in the community.

Nicotine polacrilex gum[6-9]

- Resin complex of nicotine and polacrilin in a sugar-free chewing gum base. Gum has a distinct peppery taste and contains sodium carbonate/bicarbonate buffers to increase salivary pH thereby enhancing absorption of nicotine across the buccal mucosa. The amount of nicotine absorbed from each piece is variable (approximately 1.1 mg and 2.9 mg from the 2 mg and 4 mg formulations, respectively).
- Patients should be advised to use a bite-and-park method when using the nicotine gum. They should bite the gum several times until they taste a peppery taste or feel a tingling sensation, then park the gum on the inside of their cheek where the nicotine will be absorbed. When they no longer taste the peppery taste or feel the tingling sensation, then they should bite the gum several times again and park the gum in the inside of their cheek. This should be repeated until they no longer taste the peppery taste. The gum should not be chewed continuously like regular chewing gum or the nicotine will not be absorbed and the patient may experience stomach upset and heartburn.
- Nicotine plasma levels peak approximately 30 minutes after chewing a piece of gum and slowly decline over 2-3 hours. Provides plasma nicotine concentrations approximately 30-64% of precessation levels.
- Allows smokers to take an active coping response to nicotine withdrawal symptoms.
- Associated with less weight gain compared to placebo during treatment.

- Sticks to dentures, may dislodge fillings and inlays because of the density and texture of the gum.
- Patients should be advised not to eat or drink for 15 minutes before, during or after using. Acidic beverages (e.g., coffee, juice) inhibit the absorption of nicotine and should be avoided within 15-20 minutes of use.
- Available OTC in the community.

Nicotine polacrilex lozenge[4,6-9]

- Resin complex of nicotine and polacrilin in a flavored lozenge intended to be dissolved in mouth and moved from side to side in the mouth until fully dissolved. Lozenge contains sodium carbonate/potassium bicarbonate buffers to increase salivary pH thereby enhancing absorption of nicotine across the buccal mucosa.
- Patients should be advised to place the lozenge in their cheek to allow the lozenge to be absorbed. They should not bite or chew the lozenge.
- Nicotine plasma levels peak in approximately 30 minutes and slowly decline over 2-3 hours. Because the lozenge dissolves completely, it delivers about 25% more nicotine than does an equivalent dose of nicotine gum.
- Allows smokers to take an active coping response to nicotine withdrawal symptoms.
- Potential to consume too quickly, which may cause symptoms of high nicotine levels (e.g., nausea, gastrointestinal upset).
- Patients should be advised not to eat or drink for 15 minutes before, during or after using. Acidic beverages (e.g., coffee, juice) inhibit the absorption of nicotine and should be avoided within 15-20 minutes of use.
- Available OTC in the community.

Nicotine nasal spray[6-10]

- Aqueous solution of nicotine available in a metered-spray pump for administration to nasal mucosa. Each actuation delivers a 50 mcL spray containing 0.5 mg of nicotine.
- Peak concentrations occur more rapidly than with other NRT products; plasma levels peak within 5-15 minutes resembling the kinetics of nicotine seen with cigarette use; approximately 53% is absorbed.

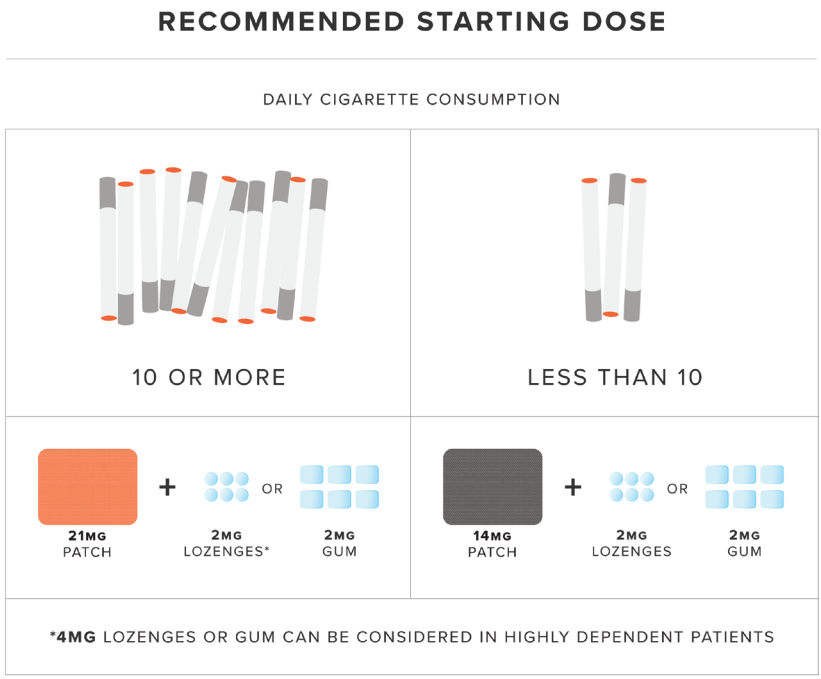
- Due to its faster onset, capacity for self-titration, and rapid fluctuations of nicotine levels, the nasal spray has the highest potential for developing dependence.
- Local irritant adverse effects including nasal and throat irritation, runny nose, sneezing, watery eyes, and cough may occur. These effects frequently dissipate after the first week of use.
- Not recommended for patients with known chronic nasal disorders or severe reactive airway disease.

Nicotine oral inhaler[6-9,11]

- Consists of a plastic mouthpiece and cartridge that delivers nicotine as an inhaled vapor from a porous plug containing nicotine. When puffed, nicotine is vaporized and absorbed across the mucosa of the mouth and throat (not the lungs).
- Each foil sealed cartridge contains 10 mg of nicotine and 1 mg of menthol. Plastic spikes on the mouthpiece pierce the foil allowing the release of 4 mg of nicotine vapor following intensive inhalation of which about 2 mg is absorbed.
- Peak plasma concentrations occur within 15-30 minutes and then slowly decline.
- High residual level of nicotine in discarded cartridge can be dangerous to children and pets.
- High incidence of mouth and throat irritation.
- Use cautiously in patients with severe reactive airway disease.
- Delivery of nicotine from the inhaler declines significantly at temperatures below 40°F.
- Patients should be advised not to eat or drink for 15 minutes before, during or after using. Acidic beverages (e.g., coffee, juice) inhibit the absorption of nicotine and should be avoided within 15-20 minutes of use.

Combination Nicotine Replacement Therapy[6,9,12-15]

FIGURE 2. COMBINATION NICOTINE REPLACEMENT THERAPY (NRT) DOSING AND ADMINISTRATION



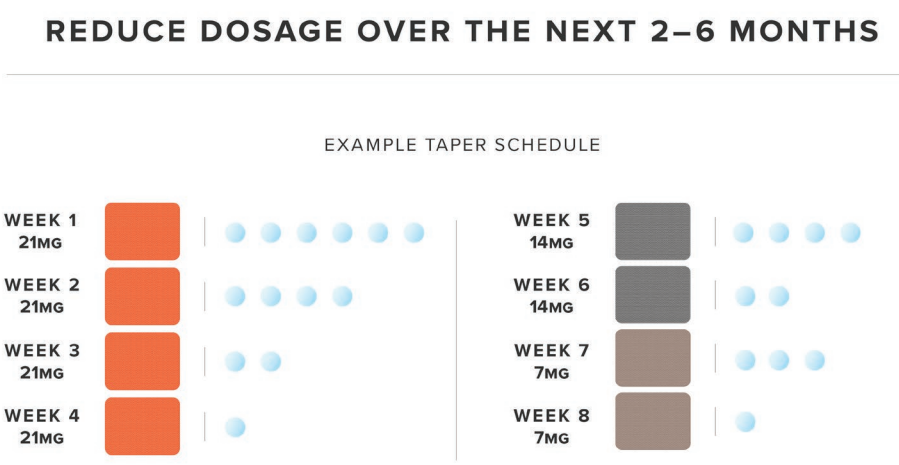
Combination NRT involves the use of a long-acting formulation (e.g., nicotine patch) along with a short-acting formulation (e.g., nicotine gum, nicotine lozenge, nicotine inhaler, or nicotine nasal spray) It is considered the standard treatment when using tobacco cessation medications.

A nicotine patch provides a passive sustained form of nicotine delivery and is used to prevent the onset of severe withdrawal symptoms. Short-acting formulations

provide an ad libitum delivery that has a faster onset and can be used to control the strong cravings or urges that occur during potential relapse situations (e.g., after meals, during times of stress, when around other smokers).

Controlled trials suggest that the nicotine patch in combination with short-acting NRT formulations significantly increases quit rates relative to placebo and the nicotine patch alone. Combination therapy with the nicotine patch and either nicotine gum or lozenge is superior to monotherapy with the nicotine patch in up to one year of follow up. Using a combination of nicotine patch plus long-term nicotine gum (>14 weeks) has been shown to more than triple the likelihood of long-term abstinence (OR = 3.6, 95% CI 2.5-5.2). Similarly, studies evaluating the nicotine patch in combination with the nicotine lozenge for 12 weeks have resulted in abstinence rates of up to 40% at six months.

FIGURE 3. COMBINATION NRT TAPERING STRATEGY



Nicotine Replacement Therapy Safety[6,9,16-18]

Nicotine can increase one's heart rate, blood pressure, and myocardial contractility, and also act as a coronary vasoconstrictor. In patients with stable coronary artery disease, NRT can be initiated at intermediate doses with careful monitoring. Large randomized trials have found no significant increase in the incidence of cardiovascular events or mortality among patients with cardiovascular disease receiving NRT when compared to placebo. A large observational study of more than 33,000 patients found that NRT use was not associated with an increased risk of myocardial infarction, stroke, or death. Serum concentrations of nicotine achieved with the recommended

dosages of NRT are generally much lower than those attained with smoking and most experts agree that the risks associated with NRT use in patients with cardiovascular disease are minimal relative to the risks of continued smoking.

Other conditions for which NRT should be used with caution include active temporomandibular joint (TMJ) disease (specifically, nicotine gum), hyperthyroidism, peptic ulcer disease, and severe renal impairment. Although the FDA has developed a uniform warning for all NRTs because of the risks of nicotine in pregnancy, they believe that NRT is safer than smoking during pregnancy.

The safety of NRT in the elderly has not been systematically evaluated. However, one small pharmacokinetic study concluded that though there were statistically significant differences, the disposition of nicotine does not seem to be changed to a clinically important extent in the elderly compared to younger subjects.

BUPROPION[6,19-23]

Bupropion (Zyban®, Wellbutrin®) is a weak dopamine-norepinephrine reuptake inhibitor with some nicotine receptor blocking activity.[19,20] The mechanism by which bupropion enables patients to abstain from smoking is unknown. However, it is presumed that bupropion acts by enhancing central nervous noradrenergic and dopaminergic release and antagonizes nicotinic acetylcholine receptor function. The antismoking effect of bupropion does not seem to be related to the antidepressant effect, as bupropion is equally effective as a smoking cessation therapy in smokers with or without depression.[21]

- Steady-state levels of bupropion and metabolites are reached within 5-8 days, respectively. It is best to start bupropion one week before one's target quit date.
- In patients with severe hepatic cirrhosis, extreme caution is advised since peak bupropion levels are substantially increased. For patients with mild-to-moderate hepatic cirrhosis, a reduced frequency or dose should be considered.
- Bupropion should be used with caution in patients with renal impairment and a reduced frequency of dosing should be considered. Patients should also be closely monitored for possible adverse effects that could indicate high drug or metabolite effects.
- Bupropion has the potential to interact with other drugs that are metabolized by or which inhibit/induce the CYP2B6 isoenzyme. It can also interact with drugs metabolized by the CYP2D6 isoenzyme.

- Other inducers such as carbamazepine, phenobarbital, and phenytoin can lower bupropion levels via induction of bupropion metabolism.

- Bupropion and hydroxybupropion (one of its metabolites) are inhibitors of CYP2D6 in vitro. Since the interactions between bupropion and drugs metabolized by CYP2D6 have not been formally examined, caution is advised in the coadministration of bupropion with drugs metabolized by CYP2D6. If adding a drug metabolized by CYP2D6 (e.g., nortriptyline, imipramine, desipramine, paroxetine, fluoxetine, sertraline, haloperidol, risperidone, thioridazine, metoprolol, propafenone, flecainide) to a patient already receiving bupropion, consider initiating the coadministered drug at the lower end of the dose range. Conversely, if bupropion is added to a regimen containing a drug metabolized by CYP2D6, consider decreasing the dose of the original medication; especially for those concomitant medications with a narrow therapeutic index.

- MAO (monoamine oxidase) inhibitors: Wait 14 days after discontinuing before starting therapy with bupropion.

- Although the recommended duration of treatment is 7-12 weeks, bupropion is approved for use up to six months to prevent relapse to smoking.[22]

- Bupropion may be associated with less weight gain.

- Bupropion may be used in combination with the nicotine patch.[6,23]

Bupropion Safety[24-26]

Bupropion is associated with a dose-dependent risk of seizures; maximum bupropion SR dose for treating smoking is 300 mg/day. Although higher doses of bupropion SR have been used for treating depression, they have not been tested for smoking cessation. Also, there is no evidence that higher doses improve quit rates.

Caution is advised in patients with severe hepatic cirrhosis; all patients with hepatic impairment should be closely monitored for possible adverse effects. Caution is also advised in patients with a history of hypertension, myocardial infarction, or unstable heart disease due to risk of hypertension.

Rare incidences of neuropsychiatric symptoms have been reported in patients taking bupropion for smoking cessation. These symptoms include, but are not limited to depression, suicidal ideation and suicide attempt. The Food and Drug Administration (FDA) has provided the following recommendations for monitoring bupropion when used for tobacco cessation:

- ***It is important to discuss the possibility of serious neuropsychiatric symptoms in the context of the benefits of quitting smoking with patients before prescribing bupropion. Bupropion is an effective smoking cessation aid and the health benefits of smoking cessation are immediate and substantial.***

- ***Healthcare professionals should monitor all patients taking bupropion for serious neuropsychiatric symptoms.*** These symptoms include changes in behavior, hostility, agitation, depressed mood, suicidal ideation, suicidal behavior, and attempted suicide. These symptoms have occurred in patients without pre-existing psychiatric illness and have worsened in some patients with pre-existing psychiatric illness. In most cases, neuropsychiatric symptoms developed during treatment with bupropion but in others, symptoms developed after stopping drug treatment.

- ***Patients should be informed that it is not unusual to have symptoms such as irritability, feeling anxious, depressed mood and trouble sleeping when they are withdrawing from nicotine, independent of whether they are taking bupropion.***

- ***Patients with serious psychiatric illness such as schizophrenia, bipolar disorder, and major depressive disorder, may experience worsening of their pre-existing psychiatric illness while taking bupropion.***

- ***Patients who discontinue treatment because of neuropsychiatric events should continue to be monitored until symptoms resolve.*** Although in many cases symptoms resolved after treatment was stopped, there were some cases where the symptoms persisted.

VARENICLINE[27-30]

Varenicline tartrate (Chantix®/Champix®) is a partial agonist that binds selectively to the α4ß2 subunit of the nicotinic acetylcholine receptor thereby reducing the symptoms of nicotine withdrawal during abstinence.[27-28] Because of the significantly higher affinity of varenicline for the α4ß2 receptor subunit, it blocks nicotine from binding to the receptor and attenuates the reinforcement and rewarding effects of nicotine.

- Peak concentrations occur within 3-4 hours after oral administration. Steady-state conditions are reached within four days. Varenicline is well absorbed and levels are unaffected by food or time-of-day dosing. However, recommend to patients that they take it after eating and drink eight ounces of water in order to minimize nausea.

- Primarily eliminated via glomerular filtration with active tubular secretion. In subjects with decreased renal function, varenicline exposure increased from 1.5 to 2.7-fold compared with subjects with normal renal function. Varenicline is efficiently removed by hemodialysis.
- Dosage adjustment is necessary for patients with estimated creatinine clearance <30 ml/min.
- No clinically significant drug interactions.
- For patients who have successfully stopped smoking at the end of 12 weeks, an additional 12-week course of treatment (for a total of 24 weeks) may be beneficial in maintaining and increasing the likelihood of long-term abstinence and preventing relapse.[30]
- To date, the safety and efficacy of varenicline in conjunction with NRT or bupropion for smoking cessation has not been studied extensively and is not recommended.

Varenicline Safety[26,32-35]

Varenicline is a very effective tobacco cessation medication and VA would like to ensure that all Veterans who are interested in quitting and are appropriate candidates for use of varenicline are able to have access to and be prescribed a full course of varenicline to help them stop smoking. In December 2016, the FDA removed black box warnings on Chantix® (varenicline) regarding serious mental health side effects.

Following multiple systematic reviews, there do not appear to be any statistically significant increases in either adverse cardiovascular events or adverse neuropsychiatric events (including depression, suicidal ideation, or suicide attempt) associated with varenicline use.

TABLE 6: VHA TOBACCO USE CESSATION TREATMENT GUIDANCE – MEDICATIONS FOR TOBACCO CESSATION

DESCRIPTION AND EXAMPLE	CLINICAL CONSIDERATIONS	DOSING RECOMMENDATIONS	HOW TO USE
Nicotine Patch 21mg, 14mg, 7mg (Generic available, over-the-counter (OTC)) Delivers nicotine directly through the skin VA Formulary 1st line	**Pros** • Provides constant levels of nicotine replacement • Easy to use • Only needs to be applied once a day **Cons** • Less-flexible dosing — cannot titrate dose to acutely manage withdrawal symptoms • Slower onset of delivery • Mild skin rashes and irritation	• > 10 cigarettes/day = 21 mg per/day for 4-6 wks - then 14mg/day for 2-3 wks - then 7mg/day for 2-3 wks • < 10 cigarettes/day = 14 mg/day for 6 wks - then 7mg/day for 2 wks Adjust based on withdrawal symptoms, urges, and comfort. After 4-6 weeks of abstinence, taper every 2-4 weeks in 7-14 mg steps as tolerated. **Duration** – 8-12 weeks **Recommend using in combination with a short acting Nicotine Replacement Therapy (NRT) such as nicotine gum or nicotine lozenge.** (See combination dosing strategy section)	• Patches may be placed anywhere on the upper body, including arms, chest and back. Avoid hairy areas. • Use for 24 hours. If vivid dreams remove patch before bedtime • Rotate sites to avoid minor skin irritation (avoid an area for a week if possible) • Avoid smoking while on the patch but if have slips, don't remove patch to use tobacco, continue using the patch as prescribed (stop only if still smoking a consistent amount)

TABLE 6: VHA TOBACCO USE CESSATION TREATMENT GUIDANCE – MEDICATIONS FOR TOBACCO CESSATION

DESCRIPTION AND EXAMPLE	CLINICAL CONSIDERATIONS	DOSING RECOMMENDATIONS	HOW TO USE
Nicotine Lozenge 2mg, 4mg (Generic available (OTC)) Delivers nicotine through the lining of the mouth while the lozenge dissolves. VA Formulary, 1st line	**Pros** • Easy to use • Can titrate and taper to manage withdrawal symptoms • May satisfy oral cravings • Best when used with nicotine patch for breakthrough cravings • Delivers doses of nicotine 25% higher than nicotine gum **Cons** • Requires proper technique or increased risk of side effects. Most common side effect is nausea (12-15%) or stomach upset • Frequent use during the day required to maintain adequate nicotine levels (may compromise compliance especially if using monotherapy)	• Dosage is based on time to first cigarette of the day (TTFC) or cigarettes/day If using as monotherapy- • Based on TTFC: - if TTFC is > 30 minutes, start with 2 mg - if TTFC is < 30 minutes, start with 4 mg - Use at least 8 lozenges per day - Maximum 20 lozenges per day • Based on # cigarettes/day: - if < 20 cigarettes/day, start with 2 mg - if >20 cigarettes/day, start with 4 mg Taper as tolerated each week. Average tapering is 3-6 months but can be longer if needed. Recommend using in combination with nicotine patch or bupropion If using in combination with patch or bupropion: • can use 2mg for most patients and 4mg in more dependent patients), • use as needed up to 10-12 pieces per day and reduce each week. • if used with nicotine patch, may increase when stepping down to a lower dose patch (See combination dosing strategy section)	• Instruct patients to allow lozenges to dissolve slowly over 20-30 minutes (faster if mini lozenges). Do not chew or swallow. • Rotate to different sites of the mouth • Avoid eating or drinking anything acidic 15 minutes before or during use (reduces nicotine absorption • Review package directions carefully to maximize benefit of product

TABLE 6: VHA TOBACCO USE CESSATION TREATMENT GUIDANCE – MEDICATIONS FOR TOBACCO CESSATION

DESCRIPTION AND EXAMPLE	CLINICAL CONSIDERATIONS	DOSING RECOMMENDATIONS	HOW TO USE
Nicotine Gum 2mg, 4mg (Generic available (OTC)) Delivers nicotine through the lining of the mouth while gum is parked between the cheek and gum. VA Formulary, 1st line	**Pros** • Convenient/flexible dosing that allows for titration and tapering to manage withdrawal symptoms • Faster delivery of nicotine than patch • May satisfy oral cravings • Best when used in combination with nicotine patch for breakthrough cravings **Cons** • Requires proper chewing technique for maximum benefit and to minimize adverse effects (patient should be advised to 'bite down and not chew') • Most common side effect is nausea (12-15%) or stomach upset • Avoid in patients with dental problems, dentures, or temporomandibular jaw disorder (TMJ) • Frequent use during the day required to maintain adequate nicotine levels (may compromise compliance especially if using as monotherapy)	• Dosage is based on time to first cigarette of the day (TTFC) or cigarettes/day If using monotherapy- • Based on TTFC: - if TTFC is ≥ 30 minutes, start with 2mg gum - if TTFC is < 30 minutes, start with 4mg gum - use at least 9 pieces per day, up to maximum of 24 Based on cigarettes/day: • if < 20 cigarettes/day, start with 2 mg gum • if ≥ 20 cigarettes/day, start with 4 mg gum Taper as tolerated each week. Average tapering is 3-6 months, but can be longer if needed Recommend using in combination with Nicotine patch or Bupropion. (See combination dosing strategy section) If using in combination- • can use 2mg for most patients and 4mg in more dependent patients • use as needed up to 10-12 pieces per day and reduce each week. • if using with nicotine patch, may increase when stepping down to a lower dose patch (See combination dosing strategy section)	• Advise the patient not to 'chew' like regular gum. • The patient should be instructed to slowly bite down on the gum until they sense a peppery flavor or slight tingling in their mouth and then 'park' the gum between their cheek and gum • Patient should then park the gum between their cheek and gum for about one (1) minute to absorb until taste or tingle is gone. Repeat step of 'bite down and park' until taste or tingle does not return (about 30 minutes). • Each piece should last about 20-30 minutes • Avoid eating or drinking anything acidic 15 minutes before or during use (reduces nicotine absorption • Review package directions carefully to maximize benefit of product

TABLE 6: VHA TOBACCO USE CESSATION TREATMENT GUIDANCE – MEDICATIONS FOR TOBACCO CESSATION

DESCRIPTION AND EXAMPLE	CLINICAL CONSIDERATIONS	DOSING RECOMMENDATIONS	HOW TO USE
Combination Nicotine Replacement Therapy (NRT) Most commonly used combinations: Nicotine patch + Nicotine gum PRN Nicotine Patch + Nicotine lozenge PRN	**Pros** • Permits sustained levels of nicotine (patch) with rapid adjustment for acute cravings and urges (PRN gum or lozenge) • More efficacious than NRT monotherapy **Cons** • Added cost of two NRT products vs. one • May increase potential risk of nicotine toxicity (rare)	• Dose patch as described above • Prescribing 2 mg or 4 mg gum or lozenge (according to dose-dependence level described above) on an as-needed basis when acute withdrawal symptoms and urges to use tobacco occur. (Initially most patient require about 6-8 pieces of gum or lozenges/day). • Nicotine patch dose many be increased if patient is requiring more frequent use of PRN gum or lozenge after patch taper. **Duration** • Patch: 8-10 weeks (with lozenge) or 8-24 weeks (with gum) • Gum: 26-52 weeks • Lozenge: 12 weeks	• Providing two types of delivery systems, one passive and one active, appears to be more efficacious • Should be considered for those who have failed single therapy in the past or those considered highly nicotine dependent • Considered a first-line treatment in the USPHS Clinical Practice Guidelines
Nicotine Oral Inhaler Nicotine is delivered and absorbed to mouth or throat VA Formulary, 1st line	**Pros** • Can titrate and taper to manage withdrawal symptoms • May help with the hand to mouth ritual **Cons** • May increase respiratory symptoms in patients with allergies or uncontrolled reactive airway disease • Frequent use during the day required to maintain adequate nicotine levels (may compromise compliance especially if using monotherapy)	• Start with 6 cartridges per day • Increase up to 16 cartridges (usual maximum dose) per day. • Taper as tolerated each week. Average tapering is 3-6 months but can be longer if needed.	• Use by inhaling deeply into back of throat or puff in short breaths (preferred method) • Each cartridge lasts about 20 minutes with active use (~400 puffs) • Avoid eating or drinking anything acidic 15 minutes before or during use (reduces nicotine absorption • Rinse mouthpiece regularly with warm soapy water • Review package directions carefully to maximize benefit of product and complete direction of use

TABLE 6: VHA TOBACCO USE CESSATION TREATMENT GUIDANCE – MEDICATIONS FOR TOBACCO CESSATION

DESCRIPTION AND EXAMPLE	CLINICAL CONSIDERATIONS	DOSING RECOMMENDATIONS	HOW TO USE
Nicotine Nasal Spray VA Formulary, 1st Line	**Pros** • Can titrate and taper to manage withdrawal symptoms • May be better for highly dependent patients. **Cons** • The quickest onset and peak for nicotine absorption out of all the NRTs so also has highest dependence potential • Frequent use during the day required to obtain adequate nicotine levels (may compromise compliance especially if using as monotherapy) • May increase symptoms in patients with allergies or uncontrolled reactive airway disease (avoid in patients with chronic nasal conditions) • Can irritate nasal cavity so most common side effects are hot, peppery feeling in back of throat or nose, sneezing, coughing, watery eyes, or runny nose	• Start with 8 doses per day • Increase up to 40 doses (usual max dose) per day • A dose is equal to 1 spray in each nostril (2 total sprays). • Slowly decrease each week as directed. Max dosing is 5 doses per hour and 40 doses per day. Taper as tolerated each week. Average tapering is 3-6 months but can be longer if needed.	• Instruct the patient to 'prime' the nasal spray before use until a fine spray (likely 6-8 times of pressing the spray) • Instruct the patient to blow nose if it is not clear before use • Insert the nasal spray as far back as comfortable and consider spraying away from the septum to avoid irritation. • Use 1 spray in each nostril (1 dose) • Due to irritability and potential for tearing, do not operate heavy machinery for 10 minutes after use • Review package directions carefully to maximize benefit of product and complete direction of use

TABLE 6: VHA TOBACCO USE CESSATION TREATMENT GUIDANCE – MEDICATIONS FOR TOBACCO CESSATION

DESCRIPTION AND EXAMPLE	CLINICAL CONSIDERATIONS	DOSING RECOMMENDATIONS	HOW TO USE
Bupropion Sustained Release (SR) (150mg) Other Formulations such as Immediate Release (IR) and Extended Release (ER) can be considered. (Generic available) VA Formulary, 1st line	**Pros** • Easy to use • Pill form and may be associated with better compliance • Can be combined with NRT • May be beneficial in patients with depression **Cons** • Contraindicated in patients with seizures (seizure risk 1/1000) • Assess seizure risk in patients with active Substance Use Disorder (e.g. alcohol), anorexia, bulimia, head trauma, brain injury	Start 1 week before target quit date (TQD): • 150 mg daily for at Bupropion SR 150mg daily for 3 days • then 150mg twice a day (8 hrs apart) for 4 days, then, • on target quit date, STOP SMOKING, • continue at 150 mg twice a day for 8 to 12 weeks. • If patient has been successful at quitting, an additional 12 weeks may be considered. • May stop abruptly • No need to taper Patients with cirrhosis, consider adjusting dose to 150mg every other day Recommend in combination with nicotine lozenges or nicotine gum (See combination dosing strategy section)	• Medication should be initiated 1 week prior to quit date and titrated • Avoid bedtime dose to minimize insomnia, but allow 8 hours between doses • Use with caution in patients with liver disease (dose adjustment necessary) • A slight risk of seizure (1:1000) is associated with use of this medicine. • Assess seizure risk and avoid if: - History of seizures - Significant head trauma/brain injury - Anorexia nervosa or bulimia - Abrupt discontinuation of alcohol or sedatives - Concurrent use of meds that lower seizure threshold • If patients experience any suicidal ideation/mood changes (rare adverse event), advise the patient to stop medication and contact you and call the Veterans Crisis Line at 988 or at 1-800-273-8255 and press 1.

TABLE 6: VHA TOBACCO USE CESSATION TREATMENT GUIDANCE – MEDICATIONS FOR TOBACCO CESSATION

DESCRIPTION AND EXAMPLE	CLINICAL CONSIDERATIONS	DOSING RECOMMENDATIONS	HOW TO USE
Bupropion SR + Nicotine Patch	**Pros** • Easy-to-use combination (FDA approved) • Uses agents with two different mechanisms • More efficacious then monotherapy **Cons** • Does not allow for adjustment of acute cravings or urges • Many be associated with more side effects than monotherapy	• Use standard doses and duration • **Bupropion:** See bupropion dosing above; continue for 8-12 weeks • If patient had been successful at quitting, as additional 12 weeks may be considered. • Nicotine patch: Dose patch as described above for total duration of 8-12 weeks	• Providing two types of mechanisms of actions appears to be more efficacious • Should be considered for those who have failed single therapy in the past of those considered to be highly nicotine dependent • Considered a first-line treatment in the USPHS Clinical Practice Guidelines
Bupropion SR + Nicotine Lozenge or Gum	**Pros** • Uses agents with two different mechanisms • Allows for rapid adjustment for acute cravings and urges (PRN use of gum or lozenge) • More efficacious than monotherapy **Cons** • May be associated with more side effects than monotherapy.	• Use standard doses and duration • **Bupropion:** See bupropion dosing above; continue for 8-12 weeks • If patient had been successful at quitting, as additional 12 weeks may be considered • Prescribing 2 mg or 4 mg gum or lozenge (according to dose-dependence level described above) on an as-needed basis when acute withdrawal symptoms and urges to use tobacco occur. (Initially, most patients require about 6-8 pieces of gum or lozenges/day.)	• Providing two types of mechanisms of action, including an active delivery system, appears to be more efficacious. • Should be considered for those who have failed single therapy in the past of those considered to be highly nicotine dependent

TABLE 6: VHA TOBACCO USE CESSATION TREATMENT GUIDANCE – MEDICATIONS FOR TOBACCO CESSATION

DESCRIPTION AND EXAMPLE	CLINICAL CONSIDERATIONS	DOSING RECOMMENDATIONS	HOW TO USE
Varenicline (0.5 mg) VA Formulary, 1st line	**Pros** • Easy to use • In pill form and may be associated with better compliance • Only medication that blocks nicotinic receptors and also stimulates the receptors to reduce cravings • No known drug interactions **Cons** • Nausea common in up to 1/3rd of patients • Vivid dreams also noted as a common side effect	• Start medication one week prior to the quit date: - 0.5 mg once a day for 3 days, then, - 0.5 mg twice a day for 4 days, then, - On the quit dates STOP SMOKING and - Take 1.0 mg twice a day for 11 weeks • If not smoking at the end of twelve weeks, may continue for an additional 12 weeks • May stop abruptly • No need to taper	• Treatment should be initiated 1 week prior to quit date and titrated • Taking the medication with food and titrating the dose as directed may help with nausea • Take with a full glass of water • Dose must be adjusted if kidney function is impaired (0.5 mg/day) • Allow up to 12 weeks to become tobacco free. Then 28 days and 2 refills can be sent to patient for a maximum of 6 months treatment. • If patients experience any suicidal ideation/mood changes (rare adverse event), advise the patient to stop medication and contact you nd call the Veterans Crisis Line at 988 or at 1-800-273-8255 and press 1.

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V. Relapse Prevention and Tobacco Cessation Maintenance

CHAPTER SUMMARY

- Tobacco use is a chronic, relapsing disorder
- Multiple quit attempts and interventions may be necessary
- Relapse is NOT uncommon
- Continue to address tobacco use status at every visit and provide ongoing support
- Offer retreatment with medication and counseling
- Provide patients with options for the management of withdrawal symptoms

TOBACCO USE: A CHRONIC, RELAPSING DISORDER

Patients who have recently quit using tobacco are at very high risk for relapse. Relapse is more likely to occur early in the process of quitting, but it can also occur months or years later. While there have been numerous studies attempting to identify strategies or interventions that are effective to prevent relapse, these studies have failed to identify specific interventions that are effective.[1] The most effective strategy to prevent relapse appears to be use of an evidence-based tobacco cessation treatment from the start, including a combination of tobacco cessation medications and behavioral counseling, as described in previous chapters.

For patients who have recently quit using tobacco, continue to provide support at each visit, especially if they express concerns about relapse. Patients should receive reinforcement for their decision to quit, be congratulated on their success at quitting, and encouraged to remain abstinent. Ask open-ended questions about noticeable benefits they have experienced since quitting. It may be helpful to talk with patients about previous quit attempts and encourage them to plan for how they will cope with challenges to quitting.

Encourage patients to identify their sources of support and if needed, refer them to a counselor or tobacco cessation program for additional support. Additional support available from VA is summarized on the VA Tobacco & Health webpage (www.mentalhealth.va.gov/quit-tobacco). Other resources include the VA telephone quitline, which can be reached at 1-855-QUIT VET (1-855-784-8838) Monday-Friday, 9AM-9PM EST (counseling is also available in Spanish); and the SmokefreeVET text support program (text the word VET to 47848 or sign up at smokefree.gov/VET).

MANAGEMENT OF WITHDRAWAL SYMPTOMS

For patients who relapse, encourage them to describe the challenges they encountered during their quit attempt and recommit to another quit attempt. If needed, also consider referring them to a more intensive smoking cessation treatment program. If the previous quit attempt included medication, review whether the patient used it in an effective manner and determine whether the medication was helpful. Based on this assessment, retreatment can be recommended with either the same medication or with combination NRT.[2]

Those who relapse often report problems that have been worsened by smoking withdrawal. These may include depression, weight gain, or withdrawal symptoms. If a patient reports prolonged cravings or other withdrawal symptoms, consider using combination therapy or extending the use of a short-acting medication (such as the gum or lozenge) to be used on an as-needed basis when acute withdrawal symptoms and urges to use cigarettes occur.[1]

Please refer to the table below for guidance on counseling patients about specific withdrawal symptoms commonly associated with quitting tobacco.

TABLE 7. TOBACCO WITHDRAWAL SYMPTOMS* AND RECOMMENDATIONS

Withdrawal Symptom	Recommendation
■ Chest tightness (tension created by the body's need for nicotine)	■ Practice relaxation techniques ■ Nicotine replacement therapy might be helpful
■ Stomach pain ■ Constipation ■ Gas	■ Drink fluids ■ Avoid stress ■ Increase fiber in diet
■ Cravings/ urges (nicotine withdrawal/ behavioral patterns)	DEADS Strategy (Delay, Escape, Avoid, Distract, Substitute) Delay: The most important thing to remember is that an urge will go away if you just give it time. Waiting out an urge, especially if you begin to do something else, is easier than you may expect.

Most withdrawal symptoms go away after a few days to 1-2 months at the most. Cravings and urges are the only symptoms that can return even after one year of tobacco cessation.

TABLE 7. TOBACCO WITHDRAWAL SYMPTOMS* AND RECOMMENDATIONS CONT.

Withdrawal Symptom	Recommendation
■ Cravings/ urges (nicotine withdrawal/ behavioral patterns) *(cont.)*	Believe it or not, the urge will fade after 5 to 10 minutes, even if you do not smoke. It also helps if you have a positive attitude about the urge disappearing. Think "this won't last, the urge will go away," or "I would like a cigarette, but I'm not going to have one, because I don't need one." Escape: Another technique for dealing with an urge is to remove yourself from the situation or event which led to the urge. If you're in a room where others are smoking, and an urge hits, get up and take a short walk. You can walk around the building, or outside, until you feel ready to re-enter the situation--without smoking. Avoid: Avoiding situations where you'll be tempted to smoke will be particularly important in the first days and weeks after you quit. For example, if you regularly go to places where there's a lot of smoking, like coffee shops or clubs, it's best to avoid them for a little while to allow you to get used to not smoking. Distract: Another way to control urges is to get busy, get back to what you were doing before the urge hit. Also, there may be other things you enjoy doing that are incompatible with smoking such as working in the yard, reading a magazine, walking, taking a shower, or working a crossword puzzle. Substitute: When you feel that you want a cigarette, substitute something else for a cigarette. We suggest sugar-free candy or sugar-free gum, especially if you are watching your weight. You could eat a piece of fruit or drink a juice or tea. You can also use something to chew on like a straw or a toothpick. The trick is to come up with something you like that can be easily substituted for a cigarette.

Most withdrawal symptoms go away after a few days to 1-2 months at the most. Cravings and urges are the only symptoms that can return even after one year of tobacco cessation.

TABLE 7. TOBACCO WITHDRAWAL SYMPTOMS* AND RECOMMENDATIONS CONT.

Withdrawal Symptom	Recommendation
■ Depressed mood (normal process for a short period)	■ Increase pleasurable activities ■ Get support from family/friends ■ Discuss with provider
■ Difficulty concentrating (body needs time to adjust to not having constant nicotine stimulation)	■ Avoid stress ■ Plan workload accordingly
■ Dizziness (body is getting extra oxygen)	■ Be cautious the first few days
■ Fatigue (lack of stimulation of nicotine)	■ Take naps ■ Do not push yourself ■ Nicotine replacement therapy may be helpful
■ Hunger (cravings for a cigarette can be mistaken for hunger)	■ Drink lots of water ■ Eat low-calorie snacks
■ Insomnia (nicotine affects brain wave function and sleep patterns)	■ Limit caffeine (reduce by 50%) ■ Practice relaxation techniques

Most withdrawal symptoms go away after a few days to 1-2 months at the most. Cravings and urges are the only symptoms that can return even after one year of tobacco cessation.

TABLE 7. TOBACCO WITHDRAWAL SYMPTOMS* AND RECOMMENDATIONS CONT.

Withdrawal Symptom	Recommendation
■ Irritability (body's craving for nicotine)	■ Exercise ■ Practice relaxation techniques ■ Take a hot bath
■ Stress	■ Exercise ■ Practice relaxation techniques ■ Avoid known stressful situations ■ Plan workload accordingly

Most withdrawal symptoms go away after a few days to 1-2 months at the most. Cravings and urges are the only symptoms that can return even after one year of tobacco cessation.

References:

1. Fiore, M. C., Jaén, C. R., Baker, T. B., Bailey, W. C., Benowitz, N. L., Curry, S. J., Dorfman, S. F., Froelicher, E. S., Goldstein, M. G., Healton, C. G., Henderson, P. Nez, Heyman, R. B., Koh, H. K., Kottke, T. E., Lando, H. A., Mecklenburg, R. E., Mermelstein, R. J., Mullen, P. D., Orleans, C. Tracy, Robinson, L., Stitzer, M. L., Tommasello, A. C., Villejo, L., & Wewers, M. E. (2008, May). *Treating tobacco use and dependence: 2008 update. Clinical practice guideline.* Rockville, MD: U.S. Department of Health and Human Services, Public Health Service. Accessed at https://www.ncbi.nlm.nih.gov/books/NBK63952/
2. U.S. Department of Veterans Affairs, Office of Public Health and Environmental Hazards. (2010, July). *VHA tobacco use cessation treatment guidance part 2: Assisting with tobacco cessation — medication options.* Accessed at https://dvagov.sharepoint.com/sites/VHAtobacco/SitePages/Medication.aspx#guidance-and-resources
(NOTE: This is an internal VA website that is not available to the public)

VI. Establishing A Tobacco Cessation Program In Primary Care Clinics

CHAPTER SUMMARY

Group counseling program

- Session 1: Introduction
- Session 2: Why do I use tobacco and nicotine addiction
- Session 3: Medications to help you quit tobacco and getting ready for quit day
- Session 4: Quit day
- Session 5-7: Follow-up sessions

GROUP COUNSELING PROGRAM

This chapter offers suggestions on how to moderate a tobacco cessation group counseling program using the guidance below and *My Tobacco Cessation Workbook: A Resource for Veterans*. The participant manual is designed to be used in a group format for patients in primary care clinics. The program is flexible when choosing which chapters to use in each group session. To encourage an environment that supports motivational interviewing, topics for discussion can be introduced at the beginning of each session. The group can then have input on the topics they would like emphasized. Sessions should be instructed in a format that encourages discussion among the group members. Participants have the opportunity to choose the topics they would like to focus on for the session. Group moderators should feel free to incorporate these suggestions or make changes that they find appropriate. However, providers should ensure that changes to the program follow the guidelines provided in the 2008 U.S. Public Health Service Clinical Practice Guideline *Treating Tobacco Use and Dependence*.

It is recommended that the group program consist of 5-7 group sessions, each lasting 60 minutes in duration. The program could be extended to 8-10 sessions to allow coverage of all topics in adequate detail and to have a longer follow-up period.

Sessions At A Glance		
Session	**Corresponding Chapter In Participant's Manual**	**Topic**
1	**Chapter 1**	■ Introduction
2	**Chapters 2 & 3**	■ Why do I use tobacco? ■ Nicotine addiction
3	**Chapters 4 & 5**	■ Medications to help you quit tobacco ■ Getting ready for quit day!
4	**Chapter 6**	■ Quit day
5-7	**Chapters 7-9**	■ The first two weeks after quit day ■ How do I stay off tobacco? ■ Living as a nonsmoker

Additional sessions can be added to allow group support for the first few months after quit day. The duration of follow-up sessions can be extended for a longer period of time if the instructor feels this is necessary. Another consideration for follow up could be to do telephone follow up at one month and two months after quit day and potentially adding follow up at six and 12 months to evaluate long-term cessation.

A more detailed look at the sessions is reviewed below.

Session 1

Covers Chapter 1: Introduction

Room Set Up

This group program would be best delivered in a room with chairs arranged in a circle. A dry erase board is useful when having a group discussion to write down ideas from the group.

At the beginning of the session, take time to do introductions and give some background into what participants can expect from the program. Introduce yourself to the group and include your experience in providing tobacco

cessation counseling. Discuss if you have smoked in the past and if so, how you quit tobacco. If you have never smoked cigarettes, you are still able to moderate this program. Just be honest with the group and let them know that you will be providing information and counseling that is based on strong evidence to help people quit tobacco. *If you are currently a tobacco user, it is advised that you not be an instructor for this group.*

Background For Providing Tobacco Cessation Counseling

Review with participants that research has shown that providing tobacco cessation counseling in addition to medications for tobacco cessation is the most effective way to help people quit smoking. While the research is not as strong for the use of tobacco cessation counseling and medication for people who use chewing tobacco, cigars or pipes, it is felt that these interventions may still help people quit. The program can be used by all types of tobacco users. Discuss that on average, it takes 6-8 tries for people to quit tobacco. It is important to highlight that participants should not be frustrated if they have tried to quit in the past and have not been successful. Each time a person tries to quit tobacco they learn a little more about how to quit. These lessons can be applied in future quit attempts. Review that tobacco use can be thought of as a chronic disease like hypertension or diabetes and that tobacco users can rotate between using tobacco and not using tobacco many times before they quit for good.

Next, have the group introduce themselves and state what type of tobacco they use, how much daily, and when they started using tobacco. This information is good to enter into your progress notes for the group. Note if participants are using chewing tobacco. If participants are using chewing tobacco, try to say “tobacco” rather than “cigarettes” when instructing the program so everyone feels included.

It is a good idea to set up “rules” for the program. Examples include respecting other group participants, keeping information that is said in the group confidential, no tobacco breaks during group and limiting topics of discussion to tobacco cessation. It is beneficial to keep political talk out of the group sessions. Also ask the group for rules they would like to include. Participants can sign confidentiality agreements at the first session to be scanned into their charts.

Give A Brief Summary Of The Program, Reviewing The Topics For Discussion For Each Of The Sessions

A discussion about the regional tobacco use for the state where you live is a good way to start participants talking in the group. You can find your state-specific prevalence of cigarette and smokeless tobacco use on the Centers

for Disease Control and Prevention (CDC) website at: www.cdc.gov/tobacco/stateandcommunity/state-fact-sheets/index.htm. The prevalence of tobacco use among VA patients is very similar to the state-specific data, but in some cases might be slightly higher.

The next topic of discussion is the participants' reasons to quit tobacco. Explain that it is important to start thinking about why they want to quit and to keep these reasons at the forefront of their minds as they embark on this quit attempt. Ask the participants to give one reason they have for quitting tobacco to facilitate a discussion. If participants offer "my health" as a reason, ask them to be specific about what part of their health they are concerned about and list each health reason separately. Being specific about health reasons will make it more personalized for the group members.

Ask participants to review why they use tobacco. Again have them go around the room and give one reason they use tobacco. Reassure participants that it is ok to admit that they like to smoke or chew (or both) and this does not impact whether they will be successful in stopping tobacco. Once they have reviewed their reasons to use tobacco, have them look at the participant manual pages (p. 3-4) listing their reasons to quit and their reasons to use tobacco. Ask: Do your reasons to quit outweigh your reasons to continue to use tobacco? If the answer is yes, then they are ready to quit tobacco.

Next, ask the participants if they have tried to quit tobacco in the past. Then have them think about what caused them to go back to using tobacco. Introduce this as a barrier to quitting. Barriers can be thought of as "speed bumps" that can get in the way of quitting successfully. The barriers can also become a "back door" that is left open to justify going back to smoking or chewing. It is helpful to close these "back doors" so there is no reason to return to tobacco. Have the group give one barrier they feel might hinder their chances of quitting tobacco. Participants can mark off their barriers to quitting on page 5 of the participant manual. Discuss each barrier and have the group think of ways to manage each barrier without using tobacco.

Session 2

Covers Chapter 2: Why Do I Use Tobacco? & Chapter 3: Nicotine Addiction

Why Do I Use Tobacco?

Review the types of behaviors related to tobacco use:

1. **Learned behavior:** Ask the participants where they learned to use tobacco. The list could include family, friends, TV/movies, magazines, and military life. Then go over the calculation of how often they puff on a cigarette a day and mention how many puffs this would equal in a year.

   If you look at smoking one pack a day for 40 years you would have taken approximately three million puffs from cigarettes.

Example	My Experience
If you smoke 1 pack per day	■ I smoke ____ packs/ cigarettes per day
Estimate 10 puffs on each cigarette	■ Estimate 10 puffs on each cigarette
10 puffs/cigarette x 20 cigarettes/ day = 200 puffs each day **200 puffs/day x 365 days/year = 73,000 puffs/year**	■ 10 puffs/cigarette x ___ cigarettes/day = _____ puffs each day

2. **Triggered behavior:** Have the participants discuss their triggers and have them mark these off in the participant manual (p. 8-9). Then pose a challenge: Ask each participant to pick one trigger they have each day. An example of a trigger could be after breakfast. The challenge is to avoid smoking or chewing tobacco for 10 minutes after that trigger for the first day. If they are successful in waiting 10 minutes, then they are encouraged to add 10 minutes a day until they have reached not smoking for 60 minutes after the trigger. They should only attempt one trigger once in a day to start. If they are successful with the first trigger, then the next week they can try a new trigger. Have participants think of things they can do instead of smoking. Examples could be taking a walk, deep breathing, using sugar-free candy or gum, chewing on a straw or toothpick, reading a book, doing yard work, or brushing their teeth. This can help them be more successful at avoiding using tobacco use around the trigger.

3. **Automatic behavior:** Review that tobacco use can develop over time into an automatic behavior where they use tobacco without even thinking about it. To help reduce the automatic behavior, suggest they move their tobacco to a different location. This could mean putting the pack of cigarettes on the kitchen counter instead of in their pocket. They could also bring only one cigarette with them when going outside to smoke instead of the entire pack. This way they have to go back inside to get more if they want more than one cigarette. This may help them reduce the amount of daily use. The other tip is to try using *Table 2. Tobacco Tracker* (p. 13) of the participant manual. For this exercise, participants mark off each cigarette they smoke or each time they chew, noting their mood before using tobacco and their need for the tobacco. They can mark off ½ cigarettes, if they are smoking only ½ of the cigarette at a time. By writing down each time they use tobacco, it can help them see patterns in their use and whether they smoke due to emotional changes or from boredom. They may also find that they can put off having a cigarette for a while and this may help reduce their daily consumption.

Nicotine Addiction

Nicotine is a substance found naturally in tobacco that causes feelings of pleasure, relaxation or stimulation, and stress reduction. Many people mistakenly think that nicotine is the substance that causes cancer, lung disease and the other toxicities related to tobacco use. Explain that the body is harmed by the many other substances found in tobacco and those compounds are formed when they are burned. Advise that tobacco, even when grown organically and harvested and dried without chemicals, is harmful to the body and still contains cancer-causing substances. There are more than 7,000 chemicals in tobacco smoke that cause cell damage, cell death, and cancer. Some of the compounds that are harmful to humans include:

- Carbon monoxide
- Hydrogen cyanide
- Ammonia
- Lead
- Cadmium
- Polonium-210
- Arsenic

- Benzene
- Formaldehyde

Nicotine is one of the most addictive substances available on earth; this is why it is so hard to stop smoking. Explain that you feel a need for a cigarette when the level of nicotine in your body starts to drop. If you go for long periods of time between cigarettes or after sleeping during the night without cigarettes, you will have a strong craving to smoke. This is because the amount of nicotine in your body has dropped and since your body is used to having nicotine, it will want more.

Now ask participants if they have tried to quit tobacco in the past and what withdrawal symptoms they have experienced. Some common withdrawal symptoms include:

- Irritability/frustration/anger
- Anxiety
- Difficulty concentrating
- Restlessness
- Depressed mood
- Difficulty sleeping
- Increased appetite
- Cravings
- Coughing
- Runny nose

Explain that most of these symptoms start on the first or second day after stopping tobacco. They are at the worst in the first week and get better with time. Most symptoms will disappear after 2-4 weeks. Irritability and difficulty sleeping will usually be gone after 2-4 weeks, but the urge to smoke can stay for a long time. The urge will be stronger at first and seem to last for minutes. However, after the first 2-4 weeks, the urges become shorter. For most people the urge lasts only seconds after they have been off tobacco for a month or longer. Nicotine withdrawal symptoms can be managed by some medicines and with behavioral coping strategies. Medications to help with tobacco cessation will be discussed during Session 3.

Here are some suggestions to deal with the withdrawal symptoms:

Withdrawal Symptom	Recommendation
■ Irritability	■ Avoid stress ■ Practice relaxation techniques ■ Exercise
■ Depressed mood	■ Do something fun ■ Get support from family and friends ■ Discuss with your medical provider
■ Difficulty concentrating	■ Avoid stress ■ Plan your workload accordingly
■ Dizziness	■ Get up slowly from sitting position
■ Chest tightness	■ Practice relaxation techniques
■ Fatigue	■ Get more sleep ■ Take naps ■ Don't push yourself
■ Hunger	■ Drink lots of water ■ Eat low-calorie snacks
■ Stomach pain, constipation, gas	■ Drink fluids ■ Eat fruits and vegetables
■ Cough, dry throat, runny nose	■ Drink fluids ■ Eat sugar-free candy ■ Use cough drops
■ Difficulty sleeping	■ Reduce caffeine consumption (e.g., reduce daily intake by 50%)
■ Stress	■ Practice relaxation techniques ■ Avoid stress ■ Exercise ■ Plan your workload accordingly

Withdrawal Symptom	Recommendation
■ Craving/urge for tobacco	■ Practice *DEADS Strategy* (see p. 47 of participant manual) ■ Use nicotine replacement therapy

Administer the Fagerström Test for Nicotine Dependence, go over the questions with the group, and have them discuss some of their answers.

Fagerström Test for Nicotine Dependence		Points*	Your Points
1. How soon after you wake up do you smoke/use your first cigarette/chew?	Less than 5 min.	3	
	6-30 min.	2	
	31-60 min.	1	
	After 1 hr.	0	
2. Do you smoke/chew more frequently in the hours after waking than during the rest of the day?	Yes	1	
	No	0	
3. Do you find it difficult not to smoke/chew?	Yes	1	
	No	0	
4. Which cigarette/chew would be the hardest to give up?	First one in the morning	1	
	Any other	0	
5. How many cigarettes do you smoke in a day?	10 or less	0	
	11-20	1	
	21-30	2	
	31 or more	3	
6. Do you smoke when you're so sick that you're home in bed?	Yes	1	
	No	0	

Fagerström Test for Nicotine Dependence	Points*	Your Points
NICOTINE DEPENDENCE SCORE (Points):	**Your Score:**	_____
(0-2 pts.) Very low dependence		
(3-4 pts.) Low dependence		
(5 pts.) Medium dependence		
(6-7 pts.) High dependence		
(8-10 pts.) Very high dependence		

Note. **Adapted with permission from "The Fagerström Test for Nicotine Dependence: a revision of the Fagerström Tolerance Questionnaire," by T. F. Heatherton, L. T. Kozlowski, R. C. Frecker & K. O. Fagerström, 1991, *British Journal of Addiction*, *86*(9), 1119-1127. Copyrighted.**

Explain what their scores mean. The higher the number (up to 10) suggests a higher level of nicotine addiction. In the end, whether the score is high or low, quitting tobacco will still require hard work.

How Tobacco Affects Your Body

Review with participants how tobacco affects the body, starting from the head and going to the toes. To encourage group participation, write each body part (e.g., head) on a board and ask the group the effect of tobacco on each of the parts.

Head

- Stroke (blockage or breaking of a blood vessel in the brain)
- Alzheimer's disease and other dementia
- Increased rate of long-term cognitive decline
- Impaired brain function (it is harder for people who smoke to focus on tasks and process information)
- Mouth and throat cancers
- Cavities and loss of teeth
- Bad breath
- Decreased night vision

- Yellow staining of skin and teeth
- Nose congestion and infections
- Wrinkles

Lungs

- Cancer (up to 85% of all lung cancers are from smoking)
- Emphysema and chronic bronchitis
- Worsening of asthma
- Lung infections

Heart

- Congestive heart failure
- Heart attacks
- Increased blood pressure and heart rate

Stomach/intestines

- Cancers
- Ulcers
- Heartburn

Pancreas

- Cancer

Circulation in arms, legs and feet

- Reduced circulation in arms, legs and feet that sometimes leads to amputations in severe cases - particularly among people with diabetes.

Bones

- Increased bone thinning leading to a higher risk of broken bones

Genitals/urinary system

- Cancers in kidneys, bladder and reproductive organs
- Erectile dysfunction in men
- Sexual dysfunction in women

- Fertility problems and early menopause in women

Secondhand Smoke

Review the effects of secondhand smoke on adults, children, and pets.

Adults exposed to secondhand smoke may:

- Have more breathing problems
- Get colds or flu more easily
- Have higher chances of heart disease and cancer
- Die younger than people not exposed to secondhand smoke

Children exposed to secondhand smoke may have:

- More breathing problems like asthma
- More ear infections
- More lung infections like pneumonia
- More dental problems like cavities

Pregnant women and infants exposed to secondhand smoke may have:

- A higher risk of giving birth to a low birth-weight baby
- A higher risk of sudden infant death syndrome (SIDS)

Pets exposed to secondhand smoke may have:

- Higher risk of oral cancer, lung cancer and lymphomas (cats)
- Higher risk of lung and nasal cancers (dogs)
- Higher risk of lung cancer (birds)
- A fatal nicotine overdose if your pet eats a cigarette

After reviewing the harmful effects of tobacco, it is time to review how the body heals after stopping tobacco. Review the section *Recovery Of Your Body After Stopping Tobacco* (p. 26-27) in the participant's manual. Start with 20 minutes after stopping and end at 20 years. It can be mentioned that the benefits of lowered blood pressure and heart rate occurring 20 minutes after quitting can be experienced by participants as they sit in the group.

20 minutes after you quit

Reduction in your heart rate and blood pressure; the temperature of your hands and feet will start returning to normal.

12 hours after you quit
Carbon monoxide level in your blood drops.

24 hours after you quit
Anxiety and irritability may start due to withdrawal from nicotine. These symptoms get better the longer you are off tobacco.

2—3 days after you quit
Nerve endings in your body start to regenerate and you may notice a return in your taste and smell. Anger, anxiety and irritability from nicotine withdrawal may be at the worst level during this time. Nicotine replacement with nicotine gum or lozenges may help this. Breathing may be easier now.

1 week after you quit
Tobacco cravings and urges may be less frequent and shorter in duration.

2 weeks after you quit
Blood circulation in your gums and teeth are similar to a nonsmoker. You should no longer have anger, anxiety and irritability from nicotine withdrawal. Cravings and urges should be shorter and less frequent.

1—3 months after you quit
Your heart attack risk has started to drop and your lung function is improving. The blood circulation in your body has improved and walking might be easier. Give walking a try and see if you can go farther than when you were smoking. If you had a cough when you smoked, the cough should be gone now.

1—9 months after you quit
Smoking-related nasal congestion, fatigue, and shortness of breath should be improving. Cilia (little hairs in the lungs, throat and nose) have re-grown in your lungs and can clean your lungs to remove irritants and mucous, and reduce infections.

1 year after you quit
The risk of cardiovascular disease, heart attack, and stroke has dropped to less than half that of a smoker.

10—15 years after you quit
Your risk of having a stroke or heart attack has dropped to a similar rate as a nonsmoker.

Your risk of lung cancer is 30-50% less than a continuing smoker's risk. Your risk of death from lung cancer is one-half of the risk if you were an average smoker (one pack per day). Your risk of pancreatic cancer is similar to a person who has not smoked and your risk of mouth, throat, and esophageal cancer has reduced significantly.

Your risk of tooth loss has decreased to a rate similar to someone who has never smoked.

Your risk of Alzheimer's disease is the same as someone who has never smoked.

20 years after you quit (women)

Your risk of death from smoking-related causes, including cancer and lung disease, is the same as a person who never smoked.

Session 3

Covers Chapter 4: Medications To Help You Quit Tobacco & Chapter 5: Getting Ready For Quit Day!

(Please refer to Chapter IV of this manual for detailed information on medications used for tobacco cessation.)

Medications To Help You Quit Tobacco

When presenting information about medications for tobacco cessation, emphasize to the participants that the medications can help them quit tobacco, but they are not a "magic bullet." Research shows that using medication, in addition to behavioral counseling is the best method to quit tobacco. It is important to present the medications in an unbiased manner, understanding that each group participant might need to use a different regimen due to their medical history or current medications. If one regimen is highlighted to be significantly more effective than another regimen, then participants will want to use that regimen even if it might not be advisable with their medical history or current medications.

There are many ways to present the medication section to the group. One way to present the information would be to first present NRTs, highlighting the nicotine patch, nicotine gum and nicotine lozenge. The nasal spray and oral inhaler could be introduced to an individual patient if they have had problems tolerating the other NRTs. Refer to *Table 6. VHA Tobacco Use Cessation Treatment Guidance* on p. 47 that covers medications.

The nicotine patch, nicotine gum and nicotine lozenge can be presented to include the following information:

- Directions for use
- Duration of therapy
- Potential adverse effects
- Options for combination therapy and instructions on use of combination therapy

Bupropion can be presented next with the following information highlighted:

- Relative contraindications
- General dosing instructions
- Potential adverse effects
- Directions for use
- Duration of therapy
- Options for combination therapy and instructions on use of combination therapy

Varenicline can be presented next with the following information highlighted:

- Relative contraindications
- General dosing instructions
- Potential adverse effects
- Directions for use
- Duration of therapy
- Inform participants that varenicline is not generally used in combination therapy

Smoking And Drug Interactions

When a person smokes, they inhale polyaromatic hydrocarbons, which can increase the metabolism of certain medications. Specifically the polyaromatic hydrocarbons cause an induction of the CYP1A2 liver enzymes. This effect is only seen with smoking tobacco and is not seen when using chewing tobacco or when using NRT.

Medications that can be affected by this include:

- Atypical antipsychotics

- Theophylline
- Warfarin
- Anxiolytics
- Antihypertensives
- Caffeine

When an individual stops smoking, their liver enzymes will return to normal functioning in 2-3 days. If they are taking the medications listed above, they might have increased adverse effects. If this occurs, a reduction in the medication dose may be needed.

If patients drink coffee or consume other caffeinated beverages, they might have side effects of too much caffeine if they continue their same level of consumption. It is recommended that a person reduce their caffeine consumption by 50% when they stop smoking.

Getting Ready For Quit Day!

With the group, review the following steps to get ready for quit day.

1. Plan out your tobacco usage so you will run out by your quit day. Make sure you remove all tobacco from your home. Look in jacket pockets, kitchen drawers, the freezer, your garage, or other frequent tobacco storage sites. Also check inside your car for any stashes of tobacco. Considering that the average craving for tobacco lasts 2-3 minutes, removing nearby tobacco products will keep you from being tempted. For most folks, the urge may pass before you can get in the car and go to a store to buy tobacco.

2. Remove all ashtrays and lighters. These can be triggers for tobacco once you get to quit day. Since your plan is to quit, do you really still need them? Remove ashtrays and lighters in the car as well.

3. Clean up your smoking area. If you smoke in one room (e.g., porch, garage) or in the car, clean up these locations, as they can be triggers for you to smoke. Remove cigarette butts, wash down furniture, and spray upholstery with an odor neutralizer to help remove the smoke smell. Getting your car cleaned or detailed may help. You may find you have trouble spending time in these areas for a while. That is ok, just take a break and come back when you have a few weeks being tobacco free.

4. Go to the store and stock up on tobacco substitutes. Sugar-free gum, sugar-free mints or candies, carrot and celery sticks or other vegetables, toothpicks, straws, and cinnamon sticks. These items can be helpful to use when you are having a craving.

5. Think about hobbies or other interests you have to fill up your day. Some hobbies/interests to consider would be puzzles, games, reading, exercise, fishing, woodworking, painting, drawing, and cooking. Make sure it is a hobby not associated with tobacco use.

Encourage participants to consider packing an emergency kit for their first long car trip or a pending adventure. Such a kit would contain:

- Sugar-free candy
- Sugar-free gum
- Toothpicks
- Straws
- Vegetables and fruit
- Water
- Cinnamon sticks
- Throat lozenges

Planning For Quit Day

Group Activity

Page 45 of the participant manual has participants list the top situations where they use tobacco and what they will do instead of using tobacco. They can also use the information from *Table 2. Tobacco Tracker* (p. 13) to review their pattern of using tobacco. Then pick three times that they use tobacco and write these into the spaces on page 45. Ask the group to write down an activity they can do or a substitute they can use instead of using tobacco. Have the group share one of their times that they smoke/chew and something they will do at that time instead of using tobacco.

Stress And Tobacco Use

Most Veterans who use tobacco say that stress is their biggest trigger. When

under stress, many smokers will inhale deeper and hold the smoke in longer. Most people feel that using tobacco helps them relax when they are feeling stress. It is important to explain that the feeling of relaxation is usually from the nicotine treating the withdrawal symptoms between cigarettes or chewing tobacco. Nicotine is actually a stimulant and can increase heart rate and blood pressure very quickly. This can result in physical stress.

Ask the group to think about situations that cause them to have more stress. They can write down these situations in their manual.

Discuss with the group the stress reduction tips listed in the participant manual including:

- Talking to a friend
- Deep breathing
- Going for a walk or a jog
- Doing chair exercises
- Reading a book
- Listening to relaxing music
- Working a crossword puzzle
- Playing computer games

Cravings For Tobacco

Review that it is common to have cravings for tobacco after quit day. Almost all people have tobacco cravings when they quit. Explain that having a craving for tobacco should never be thought of as a relapse.

Introduce the *DEADS Strategy* (see p. 64-65):

- Delay
- Escape
- Avoid
- Distract
- Substitute

Get Help From Family And Friends

Finding a support person can be helpful. It could be a family member, a friend, a neighbor, or someone from work. It is best to choose someone who does not smoke. How can your support person help you?

- Listen when you want to talk
- Call to see how you are doing
- Offer to help you with chores, errands, childcare, shopping, etc.
- Talk about problems and how to solve them
- Cheer you on

You can help your support person in the following ways:

- Let them know what will help you
- Let them know when you will be quitting tobacco
- Plan on when you want to talk to them after quit day
- Plan fun activities that can keep you from thinking about tobacco
- Teach your support person about quitting tobacco, especially if they have not used tobacco themselves
- If you are keeping your quit attempt a secret, then let your support person know this
- Thank your support person for helping you quit tobacco

Session 4

Covers Chapter 6: Quit Day

Quit Day

Celebrate the quit day! Congratulate everyone in the group for making it to this day. Take time to go around the group and ask everyone when they last smoked or chewed tobacco. Congratulate those who have quit so far and give encouragement to those who have not quit. Provide assistance to those who have not yet quit. Review briefly getting ready for quit day again and suggest they try quitting tomorrow if they are ready.

Review The Following:

It Is Time To Make Some Changes:

- Change your routine
- Switch the order of your morning
- Be active — take a walk
- Have your morning coffee in a new mug
- Drink less caffeine
- Drive to work on a new route
- Take your work break inside
- Get up from the table as soon as you finish eating
- Sit in a different chair to watch TV or read the newspaper

Keep Busy:

- Do something fun like see a movie
- Exercise for 20-30 minutes a day
- Wash your clothes and sheets
- Use substitutes to keep your mouth busy
- Meet with friends who don't smoke
- Go to nonsmoking places like the library
- Drink more water
- Stay away from places where you smoked

Don't:

- Feel like smoking has been taken away from you, remember you are better off without it.
- Test yourself by trying a cigarette. This can lead to a full relapse.
- Forget there will be difficult times when you stop smoking: be proud of how well you are doing!
- Drink alcohol and go to bars for a while; this can be too tempting and you may want to smoke.
- Forget to bring nicotine lozenges or nicotine gum with you when you need to go places or do things where you used to smoke.

Handling Nicotine Cravings

Review that nicotine cravings at first seem like they last minutes and happen frequently. The cravings will reduce in intensity and frequency with more time off tobacco. Review the *DEADS Strategy* (p. 64-65). Also remind participants that have been using nicotine gum or lozenges in combination therapy that these are used to help reduce nicotine cravings. Encourage them to contact their VA provider if they experience strong cravings or withdrawal symptoms to see if they may need to change their medication dosage.

Spend a few minutes reviewing deep breathing exercises and suggest using these to help with nicotine cravings.

Discuss how exercise can be used to help reduce nicotine cravings. For participants who do not currently exercise, emphasize that they start very slowly at about five minutes and slowly increase as tolerated. Review activities they can try:

- Walking or jogging
- Tennis
- Dancing
- Golfing without a cart
- Aerobic exercise classes
- Cycling
- Gardening and pushing a lawn mower

- Yoga
- Swimming
- Water walking
- Weight machines
- Aqua aerobics

Healthy Eating

This can be particularly helpful if participants are concerned about weight gain after quitting tobacco.

Suggestions to review:

- The health benefits of stopping tobacco use generally outweigh any health concerns about weight gain after stopping.
- Weight gain is typically small from quitting tobacco, about 5-10 pounds on average.
- Eating more healthy foods and staying active can minimize weight gain after stopping tobacco.
- Eat more fresh fruits and vegetables. If you cannot afford fresh fruit/vegetables, then try buying them frozen.
- Drink more water, which will help you feel full and reduce weight gain.
- Eat carrot and celery sticks to help with the hand-to-mouth behavior from smoking.
- Eat crunchy foods like pretzels, rice cakes, or air popped popcorn, so your mouth has to work.
- If craving a sweet, eat a small square of dark chocolate or a low-fat frozen yogurt.
- Eat smaller meals, but more often. If you eat snacks in between meals, you are less likely to overeat. This can help prevent weight gain as well.

Congratulate the group one more time to finish the session and wish them luck for the next week.

Sessions 5-7: Follow-up sessions

Covers Chapter 7: The first two weeks after quit day, Chapter 8: How do I stay off tobacco? & Chapter 9: Living as a nonsmoker

The ideal time for the first follow-up session is in the first week after quit day. Subsequent follow-up sessions can be done weekly or could be extended to every two weeks.

The First Two Weeks After Quit Day

The first portion of each follow-up session can be used to ask each participant to share how they have done since quit day. Ask the group to comment on the following:

- Have you had any slips since quit day?
    - If you had a slip, what caused it?
    - Did you continue to smoke or did you stop after the slip?
    - What could you do in the future to prevent having a slip?
- What benefits have you noticed since quit day?
    - Examples of some benefits they may have noticed so far:
        - Improved breathing
        - More energy
        - Improved sense of taste and smell
        - Yellow staining almost gone from fingers and sides of mouth
        - Feeling in control instead of the cigarette being in control
        - MORE MONEY!

Reward Yourself

Discuss that rewarding yourself along the way when you quit tobacco can help you stay motivated. Review examples of rewards:

- Buy yourself something special to celebrate quitting
- Splurge on a massage or dinner at a new restaurant
- See a movie or sporting event
- Start a new hobby

- Begin exercising
- Use your savings to pay off your bills
- Go on a nice trip after being a nonsmoker for six months

Ask the group if they have some rewards they plan to do after quit day. Review page 61 of the participant manual and the cost savings from quitting tobacco. Have the group calculate their savings.

If participants have problems with triggers and urges for tobacco, review the section:

How Do I Stay Off Tobacco?

Watch Out For Triggers

- Go back to your list of triggers on pages 8-9.
- What triggers are the most common now that you have quit?
- How have you kept from using tobacco when you have a trigger?

Resist The Urges

Remember, the urge to use tobacco will go away whether you smoke/chew or not. Try to avoid using tobacco and the urges will slowly lose their power over you.

Go back to page 45 when you were planning for quit day. On that page you wrote down what you could do instead of smoking when you had a craving for tobacco. Have these strategies worked?

Make a new list if your strategies are not working.

- Instead of using tobacco I could:
    - Go for a walk
    - Chew gum
    - Eat a sugar-free mint or candy
    - Talk to a friend
    - Listen to music
    - Play with your dog/cat
    - Try deep breathing

No matter what, don't think "Just one won't hurt"…yes it can hurt and cause you to go back to smoking daily. You have worked so hard!

Keep things simple. Work through this one day at a time.

Planning For The Future

It is time to start looking at your calendar and see if there are any big events coming up that might be a trigger for you to use tobacco. Examples of some events that could cause triggers:

- Weddings
- Holidays
- Anniversaries
- Birthdays
- Family or group events
- Sporting events
- Hunting season
- Fishing season

List some upcoming events where you might be triggered to use tobacco.

What could you do instead of smoking at these events?

Slip Prevention

This is an important section to review with participants. Include an explanation of what a slip is and how to prevent slips. Use the information below to assist with the discussion.

What is a slip? This is when you smoke a couple cigarettes and then go back to not smoking. This is not a full relapse but can lead to a relapse if not corrected quickly.

To prevent slips:

- Be aware of triggers—during these times you will crave tobacco more often

- Do not get overconfident—you may think that you can smoke just one and go back to being a nonsmoker. Many people relapse and go back to full-time smoking after just one cigarette.
- Think about the benefits you have experienced and feel good about your progress

To continue your success, try to:

- Be aware of your triggers
- Not get discouraged if you slip and stay the course of becoming tobacco free
- Stay positive and praise your achievements
- Focus on the benefits of quitting and beginning a healthier lifestyle

What if I have slipped?

Don't get discouraged! One cigarette is better than smoking the whole pack. Get back on track quickly.

- Slips can quickly lead to a relapse
- If you bought a pack, throw it away and destroy it so you will not be tempted to dig it out of the garbage
- Continue to use medications as prescribed

Figure out what caused the slip:

- If you can identify what caused the slip, you can try to prevent this from happening in the future
- If stress is the cause, review your stress reduction strategies such as:
    - Deep breathing
    - Going for a walk
    - Removing yourself from the stressful situation
    - Using nicotine lozenges or nicotine gum if you were prescribed these medications. If you were not prescribed these, ask your provider if these would be appropriate for you.

Don't let one slip take you back to smoking again!

What if I am back to daily smoking?

If you go back to daily smoking then this is called a relapse. If you relapse, get back on track as soon as you can.

- Stop your medications until you are ready to quit again
- Set a new quit day in the next two weeks
- Review what led you to start smoking again
- Plan out your cigarettes so you will not have any left once you get to your new quit day
- Throw out ashtrays and lighters on quit day
- Talk to your provider about the medication you used for stopping tobacco
    - You might want to consider a change in medication if the medication did not seem to help you or if you had adverse effects from the medication.
    - If the medication did help you, then you can retry the same medication.

Don't tell yourself negative messages like:

- *"It's no use, I can't quit. I may as well give up because I smoked!"*
    - In reality, it takes people on average 6-8 tries to quit for good.
- *"I smoked because I'm weak and don't have the willpower."*
    - This is not about willpower. It's more about learning from the relapse to make sure you don't fall back again. You learn more about your addiction and the best way for you to quit the more times you try.
- *"I'm too old to quit smoking; it is too late for me anyway."*
    - Everyone can benefit from stopping smoking no matter their age or current health status.
    - Even people with very severe lung disease can see improvements by stopping smoking.

Living As A Nonsmoker

For each follow-up session, go around the room and have each participant comment on the progress of their quit attempt. Have each participant

comment on the following:

- Have you had any slips since quit day?
    - If you had a slip, what caused it?
    - Did you continue to smoke or did you stop after the slip?
    - What could you do in the future to prevent having a slip?
- What benefits have you noticed since quit day?
    - Examples of some benefits they could have noticed so far:
        - Improved breathing
        - More energy
        - Improved sense of taste and smell
        - Yellow staining almost gone from fingers and sides of mouth
        - Feeling in control instead of the cigarette being in control
        - MORE MONEY!

Review with the group tips to maintain cessation from tobacco products. Use the information to assist with the discussion. Congratulate everyone in the group on their progress in quitting tobacco. For those who are still smoking, provide continued encouragement to help them quit completely. One strategy is to set another quit day and try again. For those who have quit completely, encourage continued cessation by reviewing the following:

- Avoid smoking and chewing
    - Smoking or chewing even one time can lead to relapse. Sometimes you might think that "it is only one" but many people have relapsed from "just one."
    - Avoid cigars and e-cigarettes as well. These can lead you back to smoking or chewing and cause a relapse.
- Try to be around people who do not smoke
    - It can be challenging to stay off tobacco when you are around people who still smoke. Try to be around nonsmokers if you can do this. If you must be around people who smoke, let them know you have quit smoking and ask them not to offer you any tobacco. You can also be around them in places where they can't smoke.
    - Bring your emergency kit and other items to help distract you from wanting to use tobacco.

- Continue to use substitutions and distractions
  - Use your emergency kit or some sugar-free candy or gum
  - Have a book, the newspaper, or a puzzle book to do when you have extra time on your hands
- Don't be afraid to ask for help
  - If you have been working with your primary care provider or tobacco cessation counselor to quit, contact them if you are struggling to remain off tobacco
  - Ask for help from friends and family
  - Call the VA tobacco quitline at 1-855-QUIT VET (1-855-784-8838), Monday through Friday, 9AM-9PM EST. English- and Spanish-speaking counselors are available
  - Get supportive text messages from SmokefreeVET, text the word VET to 47848 (manda VETesp para espanol). If you need an immediate tip, text keywords URGE, STRESS, SMOKED, or DIPPED to 47848 (smokefree.gov/VET)
- If you have been using medication to help you quit, take it for the entire course of treatment
  - You may feel ready to stop the medication early, but try not to do this. The medication may work better if you finish the entire course.
  - If you need the medication for a longer period of time, talk to your primary care provider or tobacco cessation counselor.
- Congratulate yourself every day
  - You have done an amazing job and you deserve it!

Remind Participants: If you feel like using tobacco again, remember why you quit.

Go back to page 3 and look at your reasons for quitting tobacco. Check off the things you are enjoying now that you have quit tobacco:

- I have more energy
- I can breathe better
- I am not wheezing
- I sleep better
- I can walk farther
- I have saved money
- I don't have to stand outside to smoke
- I can say I am a nonsmoker
- I am setting a good example for my children/ grandchildren
- I smell better
- I can taste my food
- I have lowered my risk of cancer
- I have lowered my risk of heart disease
- I have less stress since I quit tobacco
- I am in control now
- I am proud of myself

Dealing With Stress

Here are more tips on how to deal with stress. We all have stress, so remember that there are ways to deal with stress other than using tobacco.

Do what is best for you

- Give yourself extra time to get to work or appointments
- Make time to do things you want to do
- Learn to say “no” to things you don’t want or don’t have time to do
- Eat healthy foods
- Get enough sleep
- Reward yourself

Have fun

- Enjoy your hobbies
- Go for a walk, go swimming, or get on your bike
- Go to a movie
- Play with your favorite pet
- Go outside

Spend time with others

- Visit or call a friend
- Go out to eat
- Spend time with family members
- Cook a special meal for your spouse or friend
- Go to a fun event

Keep busy

- Go dancing
- Work on your yard
- Fix or build something
- Clean your home
- Listen to music

Find time to relax and have quiet time

- Read a book or magazine
- Listen to music
- Take a bath
- Practice deep breathing
- Meditate
- Daydream
- Take a yoga class

Appendices

Appendix A. Evaluating Tobacco Cessation Programs

To assess the effectiveness of your program, track the outcome measures related to its objectives. The use of these outcome measures as performance measures will elicit more participation support among your fellow clinicians. Below is a list of tobacco cessation program performance measures you may want to track yearly, quarterly, monthly, weekly, and/or daily.

- Number of patients seen in your clinic
- Number of patients identified as a tobacco user in CPRS or in the Social History section of the Cerner electronic health record, as appropriate.
- Number of patients identified as a tobacco user when prompted by a provider
- Number of patients in each dependence level, as defined by Fagerström Test for Nicotine Dependence
    - (0-2 pts.) Very low dependence
    - (3-4 pts.) Low dependence
    - (5 pts.) Medium dependence
    - (6-7 pts.) High dependence
    - (8-10 pts.) Very high dependence
- Number of patients reporting abstinence (supported by cotinine level, CO_2 — optional)
    - Continuous abstinence (1, 3, 6, and 12 months)
    - 7 day point prevalence (not smoking during the last 7 days)
- Number of patients referred to the tobacco cessation program
- Number of encounters/visits completed
- Number of patients enrolled in the clinic
- Number of quit attempts
- Number of patients prescribed the different types of medication

regimens and their outcomes (abstinence)

- Combination NRTs such as the patch + lozenges
- Combination bupropion + NRT (e.g., nicotine patch)
- NRT monotherapy
- Varenicline

- Number and details of counseling sessions
  - Face-to-face
  - Telephone
  - Duration and frequency
  - Provider who delivered the intervention

To track the effectiveness of your facility in providing tobacco cessation assistance, below is a checklist of performance measures you may want to track yearly, quarterly, monthly, weekly, and/or daily.

- Number of tobacco users screened for their interest in a tobacco cessation program
- Number of tobacco users ready for a screening visit with a tobacco cessation counselor following this visit
- Number of tobacco cessation medication prescriptions ordered by providers
- Number of patients prescribed specific medication regimens and their outcomes (i.e., abstinent at 1 month, 3 months, 6 months, 12 months)
- Number of counseling sessions, frequency, duration, provider who delivered interventions

Appendix B. Tobacco Cessation Resources

Web And Telephone Resources

- VHA Tobacco & Health
  www.mentalhealth.va.gov/quit-tobacco

- SmokefreeVET website
  veterans.smokefree.gov/
  Go to “Build Your Quit Plan” to create a personalized, printable quit plan
  Go to "Nicotine Replacement Therapy" to learn how to quit for good with NRT

- 1-855-QUIT-VET, Veterans Tobacco Quitline
  1-855-784-8838, Monday-Friday, 9AM-9PM EST
  Available in English and Spanish

- SmokefreeVET Text Message Program
  Text the word **VET** to **47848** or sign up online:
  smokefree.gov/VET

  SmokefreeVET en Español
  Envie la palabra **VETesp** al **47848**
  smokefree.gov/VETesp

- Stay Quit Coach smartphone app
  Download from the App Store or Google Play
  mobile.va.gov/app/stay-quit-coach

- Women.smokefree.gov
  www.women.smokefree.gov

- My HealtheVet
  www.myhealth.va.gov/mhv-portal-web/home

- Centers for Disease Control and Prevention
  www.cdc.gov/tobacco and
  www.cdc.gov/tobacco/data_statistics/sgr/2010/consumer_booklet

- U.S. Department of Health and Human Services
  www.ahrq.gov/topics/tobacco-use.html

- Office of the Surgeon General
  www.surgeongeneral.gov

Smokeless Tobacco Resources

- SmokefreeVET smokeless tobacco website
  veterans.smokefree.gov/smokeless-tobacco
- U.S. Food and Drug Administration
  www.fda.gov/TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm482582.htm
- Center for Disease Control and Prevention
  www.cdc.gov/tobacco/data_statistics/fact_sheets/smokeless/health_effects/index.htm

Web Resources and Online Trainings for Health Care Providers

- VHA Tobacco & Health SharePoint site
  dvagov.sharepoint.com/sites/VHAtobacco/ (NOTE: This is an internal VA website that is not available to the public)
- National Institutes of Health — National Institute of Drug Abuse — Smoking Cessation
  nida.nih.gov/drug-topics/tobacconicotine-vaping
- Centers for Disease Control and Prevention — Smoking and Tobacco Use
  www.cdc.gov/tobacco
- The Health Consequences of Smoking—50 Years of Progress
  A Report of the Surgeon General (2014)
  www.ncbi.nlm.nih.gov/books/NBK179276/
- Smoking Cessation
  A Report of the Surgeon General (2020)
  https://www.ncbi.nlm.nih.gov/books/NBK555591/
- U.S. Department of Health and Human Services, Public Health Service
  Treating Tobacco Use and Dependence: 2008 Update (Clinical Practice Guideline)
  ncbi.nlm.nih.gov/books/NBK63952
- U.S. Preventive Services Task Force
  Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions
  www.uspreventiveservicestaskforce.org

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A Resource for Providers

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