

Thank you for accessing our Essential Tobacco Treatment Toolkit! This Toolkit was developed by the Duke-UNC Tobacco Treatment Specialist Training Program and is provided free of charge as part of our mission to train healthcare professionals to help their patients and populations live healthier, tobacco-free lives. While not designed to be an exhaustive collection, this guide contains a selection of curated resources for both healthcare professionals and patients to support you as you provide impactful, evidence-based tobacco dependence treatment to your patients and populations.

Throughout these resources, tobacco dependence refers to all forms of tobacco, including but not limited to combustible tobacco products (traditional cigarettes, pipes, cigars, and cigarillos), smokeless oral tobacco products (snuff, chew, plugs, snus, etc.), dissolvable tobacco products (lozenges, sticks, strips, orbs), e-cigarettes (vapes), and other emerging tobacco products. Unless otherwise specified, these resources are intended to assist with the treatment of any type of tobacco dependence.

Please note that we distinguish between commercial tobacco products and the ceremonial or sacred tobacco used in many American Indian/Alaska Native traditions. Making a distinction between traditional tobacco and commercial tobacco means respecting sacred, religious, and traditional use of the tobacco plant, an important part of the culture for many AI/AN people. For more information on the distinction between commercial and sacred tobacco, please visit the Keep It Sacred website at <https://keepitsacred.itcmi.org/>.

We hope that you find these resources helpful and continue to look to Duke-UNC Tobacco Treatment Specialist Training Program as a trusted source of information for helping to treat your patients' tobacco dependence.

--The Duke-UNC TTS Team

3 A's: Brief Intervention for Tobacco Cessation

The 3 A's model, an adapted version of the 5 A's model, is an intervention that can be used in any brief office setting to increase rates of tobacco cessation. The Ask, Advise, Act method utilizes motivational interviewing, which is proven to be more effective than briefly advising a patient to quit.

- Providers should use a patient-centered approach that is personalized to the patient's tobacco use experience.
- Motivational interviewing can be done during a 15-minute visit.
- Use of the 3 A's model will increase the number of accepted referrals to quit support by more than 23%.

ASK

Do you currently use tobacco?

During every visit, ask all patients about their tobacco use. Identify all patients using tobacco. Ask directly if they want to quit.



ADVISE

Urge all patients using tobacco to quit.

Advise all patients using tobacco to quit, using a firm and personalized recommendation.

- Advise users on the benefits of smoking cessation utilizing a patient-centered approach.
- Inform patients that the current recommendation for quitting involves combining behavioral and pharmacological interventions.



ACT

Aid the patient in quitting.

For those ready to make a quit attempt, connect them to resources for medication management and behavioral counseling. If the patient is not ready to quit, provide support and let them know that you are available to help when they are ready to work on quitting tobacco.

- Offer appropriate pharmacotherapy
- Refer to a smoking cessation program
- Arrange for follow-up care

References

Quinn, V.P., Hollis, J.F., Smith, K.S. et al. Effectiveness of the 5-As Tobacco Cessation Treatments in Nine HMOs. *J Gen Intern Med* 24, 149–154 (2009). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2628990/>.

Himelfarb-Blyth S, Vanderwater C, Hartwick J. Implementing a 3As and 'Opt-Out' Tobacco Cessation Framework in an Outpatient Oncology Setting. *Curr Oncol*. 2021 Mar 14;28(2):1197-1203. <https://www.mdpi.com/1718-7729/28/2/115/htm>.

Medication Decision-Making Aid (page 1 of 2)

FDA-Approved Pharmacotherapy

Varenicline (Chantix)

OR

*Combination Nicotine Replacement
Therapy (NRT)*

*(Nicotine patches plus nicotine gum, lozenges,
inhaler, or nasal spray)*



Evidence-Based Behavioral Intervention

- Individual or group counseling
- Managing smoking triggers
- Planning a quit day
- Identifying social support
- 3 A's, mindfulness, cognitive behavioral therapy (CBT), skills training, etc.

Medical Considerations

Start with either
varenicline or nicotine
patch-based treatment



Does your patient
tolerate one or the
other better?

Does your patient have
a personal preference?

Can your patient get
the medication?



Varenicline

- AVOID if previous severe side effects, active seizure history, or recent suicidal ideations.
- RECOMMENDED for light smokers (< 5 cpd).

Bupropion

- USE if neither patch nor varenicline is tolerated. Contraindicated in patients with a history of seizures or at risk for a seizure.
- CONSIDER bupropion if patients have weight concerns, mild depression, or financial challenges to getting medications.

Patch: AVOID if the patient has an adhesive allergy.

Adding immediate release medication:

- MUST add immediate release medication if patient is on patch
- MAY add immediate release medication if patient is on varenicline or bupropion
- USE immediate release medication ALONE if patch, bupropion, and varenicline are contraindicated.

Immediate release medication options:

- INHALER if strong hand-to-mouth habit, can be expensive, rx only
- GUM/LOZENGE – patient preference, available OTC
- NASAL SPRAY is frequently not tolerated due to nasal irritation

Medication Decision-Making Aid (page 2 of 2)

Length of Treatment

12 weeks vs. 16 weeks: Using medications for 4 weeks pre-quit can increase success of cessation. Continue medications at least 12 weeks post quit date.

Extended treatment: Continue to 6 months if chance of relapse at 12 weeks post-quit.

Medication Dosing

Varenicline (standard dose):

- 1 mg once daily for 7 days with breakfast.
- Increase to 1 mg twice daily with breakfast and dinner after first week for 11 weeks.

Varenicline (low dose):

- 0.5 mg twice daily if patient unable to tolerate due to nausea.
- 1 mg once daily if patient unable to tolerate due to insomnia or nightmares.

Bupropion SR:

- 150 mg once daily for 3 days.
- Increase to 150 mg twice daily after 3 days for 12 weeks.

Nicotine gum and lozenges:

- 4 mg if patient smokes within first 30 minutes of waking
- Otherwise 2 mg

Nicotine patch (16-week regimen):

5-10 cpd: 14 mg patch x 12 wks >> 7 mg patch x 4 wks

11-20 cpd: 21 mg patch x 12 wks >> 14 mg patch x 2 wks >> 7 mg patch x 2 wks

21-30 cpd: 21 mg patch + 14 mg patch x 12 wks >> 21 mg patch x 2 wks >> 7 mg patch x 2 wks

40+ cpd: 21 mg patch + 21 mg patch x 12 wks >> 21 mg patch x 2 wks >> 7 mg patch x 2 wks

References:

Cahill K, Stevens S, Perera R, Lancaster T. Pharmacological interventions for smoking cessation: An overview and network meta-analysis. *Cochrane Database Syst Rev.* 2013 May 31;2013(5):CD009329. doi: 10.1002/14651858.CD009329.pub2.

Treating Tobacco Use and Dependence: 2008 Update. Content last reviewed February 2020. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/prevention/guidelines/tobacco/index.html>

Decisional Balance Tool

Use this worksheet to help identify challenges and motivations for quitting tobacco use. The reasons for continuing smoking (challenges) will become the basis for developing strategies that support change. Reasons for stopping tobacco use (motivators) will reinforce motivation and help visualize a tobacco-free life.

CHALLENGES	MOTIVATORS
<p><i>Why do you smoke/use tobacco? What do you like or enjoy about smoking/using tobacco?</i></p>	<p><i>Why do you want/need to quit? What do you NOT like about smoking or using tobacco?</i></p>
<p><i>What makes it difficult to stop: triggers, fears, causes of relapse in the past?</i></p>	<p><i>What would being tobacco free be like for you?</i></p>

Smoking Triggers

WHAT IS A TRIGGER?

A trigger is anything that makes you want to smoke. There are many types of smoking triggers. Most of the time, they affect us without us knowing it.

To successfully manage smoking triggers, we first need to see them.

Knowing your triggers will help you gain control over the situation instead of leaving you feeling like an urge came from nowhere.

Smoking triggers can include routines, people, places, emotions, and even times of day.

There are two types of triggers: avoidable triggers and unavoidable triggers. Everyone has both, and everyone manages them differently.

Here are some common triggers that people experience:

- ◆ Seeing someone smoking
- ◆ Hanging out with friends who smoke
- ◆ Drinking alcohol or coffee
- ◆ Taking a break
- ◆ Knowing you won't be able to smoke for a while
- ◆ Any time in the day when you normally smoke
- ◆ Memories
- ◆ Emotions (anger, anxiety)
- ◆ Thoughts
- ◆ Stressful events
- ◆ The smell of smoke
- ◆ The sight of cigarettes
- ◆ Talking on the phone
- ◆ Eating
- ◆ Driving
- ◆ Routines around the house
- ◆ Boredom

LET'S PRACTICE!

Over the next week, when you pick up a cigarette, ask yourself, "What was the trigger?"

Identify whether each trigger is avoidable or unavoidable. This will help you start to think about whether you will need to manage them by avoiding them or by using a coping skill or mindfulness.

If you can think of a realistic strategy for managing each trigger, write it down.

Use the back of this sheet for additional triggers.

Trigger	Unavoidable? (Yes/No)	Plan to Cope
Ex) Driving	No	Put cigarettes in trunk

Mindful Smoking

Mindful Smoking is just what it sounds like – using smoking as a mindfulness exercise. Instead of zoning out while smoking, really focus on it.

The point of mindful smoking is to change the way you smoke. The goal is to disconnect smoking from your triggers and create a new routine of stepping outside to practice mindfulness. Changing your routine is a critical step for breaking away from avoidable triggers.



LET'S PRACTICE!

1. When you smoke, stop what you are doing.
2. Smoke alone, or go outside.
3. Don't drive, watch TV, read, talk, or do anything else to entertain yourself.
4. Pay attention, moment to moment as you smoke.
5. Ask yourself:
 - What is happening, right now?
 - What is the smell, taste, physical feeling in my lungs and in the rest of my body?
 - What am I thinking?
 - What emotions am I feeling?
6. Notice your thoughts and emotions, but don't get lost in them.
7. Label your thoughts/feelings.
8. Accept them – say, "That's okay."
9. Return to your breath while you smoke.

HELPFUL TIPS

- Try not to put yourself down for smoking. In fact, it's OK to let yourself enjoy this practice – it will help you realize what you are giving up.
- It's OK to let yourself experience the toxicity of smoking. That is natural, too.
- If your mind starts to wander, don't worry. Bring it back to your breath while you smoke.