

Nicotine/Tobacco Use and/or Dependence – HM 12

DEFINITION

Nicotine contained in tobacco is highly addictive. Tobacco use is a major risk factor for cardiovascular and respiratory diseases, cancer, and other debilitating health conditions. Tobacco can also be harmful or deadly for non-smokers. Second-hand smoke exposures have been implicated in adverse health outcomes and death. Smoking while pregnant can lead to several chronic health conditions for neonates. Electronic nicotine delivery systems, commonly known as e-cigarettes, may or may not contain nicotine but are harmful to health. The long-term impact of e-cigarettes is still under clinical investigation. Among smokers who are aware of the dangers of tobacco, most want to quit. Screening, counseling and medication can increase a tobacco user's chance of successful permanent cessation.

SUBJECTIVE

Should include:

1. Screen all clients for current/past nicotine use and form of nicotine used; USPSTF assigns an "A" recommendation to screening all adults
2. Assess amount used, formulation of use and length of use.
3. Assess for prior attempts at quitting.
4. Assess willingness to quit or decrease use.
5. Assess for nicotine use related health problems.
6. Assess nicotine use in client's environment. (i.e., family and employment setting)

OBJECTIVE

May include age-appropriate physical exam in past year.

LABORATORY

N/A

ASSESSMENT

Nicotine use and/or dependence.

PLAN/CLIENT EDUCATION

Tobacco intervention can be accomplished using screening frameworks.

Two are outlined below:

- The Five A's is an effective screening framework:
- Ask about tobacco use
- Advise to quit through clear personalized messaging
- Assess willingness to quit
- Assist to quit
- Arrange follow-up and support

The three components of the AAR model include ask, advise, and refer:

- Ask about tobacco use
- Advise to quit through clear personalized messaging
- Refer patient willing to quit smoking to cessation services or materials

1. Implement the Five A's or AAR framework:

- a. Screening, brief counseling, and pharmacotherapy can increase the number of patients who attempt to quit and remain abstinent for one year; nonpregnant individuals benefit most from combined pharmacotherapy and counseling than either modality alone

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2. To prevent initiation of tobacco use, provide age-appropriate brief behavioral counseling interventions for all adolescents and school-aged children such as health consequences of tobacco, impact of social pressure, warnings about marketing, and effective ways to say “no” to tobacco when offered
3. Smoking increases a woman’s risk of developing cervical cancer 2x more likely than non-smoking counterparts. Smoking may impair immune response of body to clear HPV infection.
4. Women who smoke are likely to experience menopause one year earlier than average U.S. age of 52.
5. Pharmacologic agents. See Pharmacologic Product Guide: FDA-Approved Medications for Smoking Cessation in the references
 - a. Nicotine replacement therapy (NRT) may be considered for patient to help reduce physical withdrawal symptoms and cravings
 - b. Counsel patient of side effects of chosen pharmacologic agent
 - c. Avoid pharmacologic agents for whom are contraindicated to use
 - d. Avoid use of NRT pharmacologic agent one hour before breastfeeding
 - e. Provide instruction for use and regarding chosen route of delivery
6. Provide client with patient cessation materials.
 - a. Advise client to use counseling with any therapies, i.e., the North Dakota

CONSULT / REFER TO PHYSICIAN

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

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