

Tobacco Dependence Management Guideline – Youth Clinics

Site Applicability

All VCH Youth Clinics

Practice Level

RN: Basic Skill

- **Performance of a Registered Nurse Initiated Activity (RNIA)** is an advanced skill requiring additional education (and limited to RNs only – see CCRS [NIA Moodle](#)). The following RNIA have been approved for use as noted in the site applicability above. The following nicotine replacement therapy (NRT) products can be used by RN's to treat tobacco dependence and support tobacco cessation:
 - Nicotine patch and/or gum and/or lozenge and/or inhaler.

Policy Statement

- All clients will be screened for tobacco use on their first visit and as indicated (e.g. contraceptive management assessment).
- All tobacco dependent clients will be given strategic advice and supported using the Canadian Smoking Cessation Clinical Practice Guideline (CAN-ADAPTT).^{1,2,3}
- The use of RNIA is supported within Policy: [Nurse Initiated Activities \(NIA\) and Nurse Initiated Protocols \(NIP\)](#) (BCD-11-11-40001)
 - RNIA can only be used at the sites where the RNIA has been approved for RN practice.

Need to Know

The focus is to incorporate evidence-informed strategies to treat tobacco dependence, including provision of NRT, into existing VCH Youth Clinics. Clinicians will screen for tobacco dependence, offer information, NRT, behavioural support, and follow-up within the youth clinic setting. Youth-centered care is provided. Services will be delivered following the key principles outlined below:

Key Principles

- Client-driven, client-centered
- Culturally safe and responsive - does not require a client to provide information they are not ready to provide
- Strengths-based approach
- Trauma-informed approach
- Motivational interviewing approach
- CAN-ADAPTT 5A's

Research shows that brief interventions using the CAN-ADAPTT 5 A's to treat tobacco dependence by a health professional can increase the quit rate for tobacco users by 30%⁴. Furthermore, NRT decreases symptoms of nicotine withdrawal and has been proven to be safe for use among youth populations who use tobacco⁵. NRT can be used for those who wish to stop or reduce the amount of the tobacco they consume⁶.

Practice Guideline: CAN-ADAPTT 5A's^{1,2,3}

Clinical Process:

All clients will be screened for tobacco use using the [Smoking Cessation Consult Form](#). Tobacco dependence will be documented on the client record. All tobacco dependent clients will be given strategic advice and supported using the CAN-ADAPTT 5 A's.

ASK:

Tobacco use status should be updated, for all clients, by all healthcare providers on a regular basis.^{1,2,3}

At their first visit and on subsequent visits (when indicated), all clients are screened for tobacco use:

1. Have you used any form of tobacco in the past 6 months?
2. Have you used any form of tobacco in the past 7 days?

Note: Some areas may choose to use "Have you used any form of tobacco in the past 30 days?"

For clients who answer "yes" to above tobacco use question(s), their tobacco use status will be documented on the appropriate form. Tobacco use will be updated at every intake/opportunity.

ADVISE:

Give client personalized advice to quit using tobacco.

Note: Discuss the effects of smoking when using hormonal contraceptives, on oral health, respiratory health, athletic performance, etc.

ASSESS:

If the client answers "yes" to the tobacco screening question(s), the clinician assesses the client's level of nicotine dependence and interest in cessation.

1. Which of the following best describes your feelings about tobacco use right now?
 - ☐ I have quit in the last 6 months
 - ☐ I would like to quit now
 - ☐ I am planning to quit in the next month
 - ☐ I would like to quit in the next 6 months
 - ☐ I am not planning to quit in the next 6 months
2. All tobacco users who are nicotine-dependent should be offered support, resources to access NRT, and at minimum, a brief intervention.
 - Assess client's willingness to use NRT.
 - If client wishes to have NRT support, complete the "Level of Nicotine Dependence" assessment below.
 - If client uses smokeless tobacco, see [Smokeless Tobacco Treatment Recommendation](#) for equivalencies.
 - Provide anticipatory guidance, monitor and assess for withdrawal symptoms.

Level of Nicotine Dependence (Brief Fagerström Test)		
1. How soon after waking does the client have their first cigarette?	<input type="checkbox"/> within 5 minutes	(3 points)
	<input type="checkbox"/> 6 to 30 minutes	(2 points)
	<input type="checkbox"/> 31 to 60 minutes	(1 point)
	<input type="checkbox"/> more than 1 hour	(0 points)
2. On average, how many cigarettes does the client smoke per day?	<input type="checkbox"/> more than 30	(3 points)
	<input type="checkbox"/> 21 to 30	(2 points)
	<input type="checkbox"/> 11 to 20	(1 point)
	<input type="checkbox"/> 10 or less	(0 points)
3. Assign Score: _____ points	5 to 6 points = high nicotine dependence 3 to 4 points = moderate nicotine dependence 0 to 2 points = low nicotine dependence	

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ASSIST:

Every tobacco user who expresses the willingness to begin treatment should be offered assistance.

1. Use motivational interviewing techniques to counsel client in the following areas:
 - Pros/cons and reasons for using tobacco
 - Possible challenges and triggers (e.g. family/friends who smoke; stress/alcohol/other drugs)
 - Strategies for relapse prevention
 - Quitting history:
 - Successful past quit attempts
 - History of NRT use
2. Provide self-help materials: [“QuitNow for GIRLS who want to quit smoking \(booklet for Youth\)”](#) and [“QuitNow for GUYS who want to quit smoking \(booklet for Youth\)”](#) or [“On the Road to Quitting: Guide to becoming a non-smoker for young adults”](#)
3. Dispense NRT. Nurses will dispense NRT following the principles outlined in the CRNBC dispensing medications practice standard
 - (A) Review:
 - Contraindications: **Breastfeeding or pregnant clients need to be referred to a physician or NP** (See [“Note: Pregnant or lactating clients” below for more details](#)).
 - Types of NRT available and proper use of NRT. Provide Stop Smoking Medications pamphlet.
 - (B) Advise the client:
 - To cut back on caffeine consumption by 50% on quit date. The liver’s ability to process caffeine returns to normal after cessation, and the effect of caffeine will feel stronger and may produce symptoms similar to nicotine withdrawal.
 - Changes in mood may occur in the short-term due to withdrawal from nicotine.
 - (C) Dispense
 - Type of NRT (patch, lozenge, gum, inhaler) is based on client preference. Depending on preference, clients may use long-acting NRT (patch), short-acting NRT (lozenge/gum/inhaler) or a combination of both. See [Table 1: Nicotine Replacement Therapy Options](#).
 - Dose of NRT is titrated based on the amount of tobacco used per day. To determine dose and the amount of NRT to dispense, see [Table 2: Nicotine Replacement Therapy Dosing](#).
 - Provide and review [“How to use NRT” Teaching Sheets](#) for NRT dispensed.
 - Clients are provided with a supply of NRT.
 - Clients should be encouraged to visit their local pharmacist to access The BC Smoking Cessation Program for 12 weeks of free NRT
 - Attach clinic’s NRT label:
 - Client’s name
 - Type of NRT, dosage, route and (where appropriate) strength
 - Directions for use
 - Quantity dispensed
 - Date dispensed
 - Initials of the nurse dispensing the NRT and the name, address, and telephone number of the clinic/agency from which the NRT is dispensed
 - Expiry
 - Lot number

Table 1: Nicotine Replacement Therapy Options

Nicotine Patch	Nicotine Gum	Nicotine Inhaler	Nicotine Lozenge
<ul style="list-style-type: none"> Easiest to use Continuous delivery Increases efficacy when used in combination with a PRN nicotine gum, inhaler or lozenge. Remove prior to MRI Peak nicotine levels are reached in 4 hours 	<ul style="list-style-type: none"> Useful adjunct to patch for PRN use (if client can chew; no dentures) Must use correct technique: Bite gum once or twice, then "park it" between cheek and gum. Wait a minute, then repeat. Keep in mouth until peppery taste gone (approx. 30 min) Alternative to patch; can use regularly Q1H if patch unsuitable 	<ul style="list-style-type: none"> Useful adjunct to patch for PRN use Mimics hand to mouth ritual ~8 to 10 puffs of 1 cartridge = 1 cigarette 1 cartridge delivers 4 mg nicotine and can replace 4 cigarettes and lasts up to 20 minutes of continuous puffing 	<ul style="list-style-type: none"> Alternative to gum for clients who find gum difficult to chew May be easier to use than gum or inhaler Placed in the mouth and switched back from side to side as needed for approx. 30 min
Adverse Effects			
<ul style="list-style-type: none"> May cause insomnia (if develops, remove patch at night and reapply in AM) Skin rash (ensure sites rotated daily) 	<ul style="list-style-type: none"> Can cause jaw pain (if develops, review correct technique) 	<ul style="list-style-type: none"> Can cause throat irritation 	

Table 2: Nicotine Replacement Therapy Dosing

Nicotine Replacement Therapy (NRT)	Long-acting NRT Patch	Less than 10 cigs/day 14 mg x 6 wks	10-29 cigs/day 21 mg x 6 wks	30-39 cigs/day 28 mg x 6 wks	40+ cigs/day 42 mg x 6 wks
NB: Dose of NRT should be titrated based on client's needs NB: up to 6 weeks supply provided per visit	Short-acting NRT Gum, Lozenge, Inhaler May be used on its own or in combination with patch (PRN)	Less than 10 cigs/day <input type="checkbox"/> 2 mg gum Q1H (max 40 mg in 24h) <input type="checkbox"/> 2 mg lozenge Q1H (max 40 mg in 24h) <input type="checkbox"/> Inhaler (max 6 to 12 cartridges in 24h)			
		Greater than 10 cigs/day <input type="checkbox"/> 4mg gum Q1H (max 80 mg in 24h) <input type="checkbox"/> 4 mg lozenge Q1H (max 80 mg in 24h) <input type="checkbox"/> Inhaler (max 12 cartridges in 24h)			

Note: Pregnant or lactating clients – NRT initiated by PRESCRIBERS ONLY (i.e. Physician or NP order required)

Due to the serious risks of smoking to the pregnant smoker user and fetus, whenever possible pregnant tobacco user should be offered person-to-person psychosocial interventions that exceed minimal advice to quit. Abstinence in early pregnancy will produce the greatest benefits, but quitting at any point will yield results⁷. Nicotine crosses the placental barrier and is also excreted in breast milk. Smoking exposes the mother and fetus to multiple harmful toxins (many of which are carcinogenic). Although there is a probable relationship between nicotine and spontaneous abortion, low birth weight and neonatal neurotoxicity, NRT is a safer option for addressing nicotine dependence than smoking. NRT is recommended if a woman smokes greater than 10 cigarettes per day and is unable to quit with counselling alone⁸. The risks and benefits of NRT must be discussed with pregnant/lactating clients. For these clients, nicotine gum or inhaler is recommended on a PRN basis; if the nicotine patch is used, it should be removed at night⁷.

ARRANGE: (Discharge planning & follow-up):

1. Encourage client to follow-up at youth clinic in 1 month or PRN for support.
2. Ensure client has information on the BC Smoking Cessation Program. A further 12 weeks of NRT is provided for free by this service. (Note: The BC Smoking Cessation Program provides free nicotine patch, gum, lozenge or inhaler. Clients can register for this program through their local pharmacist.)

Equipment & Supplies

- Nicotine patches, gum, lozenge, and inhaler (Community Access to Pharmacy Service (CAPS) program)
- [QuitNow for GIRLS who want to quit smoking \(booklet for Youth\)](#) and [QuitNow for GUYS who want to quit smoking \(booklet for Youth\)](#)
- [On the Road to Quitting: Guide to becoming a non-smoker for young adults](#)
- [Stop Smoking Medications Pamphlet](#)
- ["How to use NRT" Teaching Sheets](#)
- [BC Smoking Cessation Program](#)
- Other cessation resources as available

Patient/Client/Resident Education

Client education materials are listed above under "Equipment & Supplies"

Site Specific Practices

Clients are provided with a supply of NRT and encouraged to visit their local pharmacist to access the BC Smoking Cessation Program for an additional 12 weeks of free NRT.

Documentation

Document all assessment, interventions and client education on the client's electronic medical record.

1. PARIS Users: Youth Clinic Assessment V3 medication grid (indicate amount, type of medication dispensed and lot number), clinic notes and activity grid row.
2. EMR Users: EMR Medication Dispensing & Administration module as well as an encounter case note detailing clinical assessment and decision-making.
 - [Smoking Cessation Consult Form](#) (paper)
 - Smoking Cessation Follow-up Consult Form (paper)
3. Complete NRT Tracking Tool

Related Documents

- Smoking Cessation Consult Form to be used as a reference by youth clinic clinician (RN, NP, GP). All information collected via this tool to be documented in electronic record. (See [Smoking Cessation Consult Form](#))
- [Stop Smoking Medications Pamphlet](#)

References

1. Adapted from The 5 A's of Prevention (2008) Fiore, M.C.; Bailey, W.C.; Cohen, S.J. Treating Tobacco Use and Dependence: 2008 Update, US Department of Health and Human Services. Public Health Service; 2008
2. CAN-ADAPTT. (2011). Canadian Smoking Cessation Clinical Practice Guideline. Toronto, Canada: Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment, Centre for Addiction and Mental Health.
3. Smoking Cessation in Canada: Practice-informed Research Agenda. The Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment (CAN-ADAPTT). April 19, 2011 <http://www.can-adaptt.net/English/Pages/Research/Research-Agenda.aspx>
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6. Stead, L. F., Perera, R., Bullen, C., Mant, D., Hartmann-Boyce, J., Cahill, K., & Lancaster, T. (2012). Nicotine replacement therapy for smoking cessation. *Cochrane Database Syst Rev*, 11(11).
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8. British Columbia Reproductive Care Program (2006). BCRCP Guideline: Tobacco Use in the Prenatal Period, 2006, Prenatal Services BC, Vancouver, BC Retrieved from <http://www.perinatalservicesbc.ca>

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