

NORTH CAROLINA TOBACCO TREATMENT STANDARD OF CARE

FDA Approved Pharmacotherapy¹

12 weeks of varenicline (Chantix®)

or

12 weeks of combination therapy
(nicotine patches and nicotine gum or
nicotine lozenge)

Other pharmacotherapy includes bupropion,
nicotine nasal spray and nicotine inhaler



Evidenced-Based Counseling

In order of effectiveness:

- Face to face individual counseling
- Group counseling
- QuitlineNC – telephonic, texting,
and web-based counseling

100% TOBACCO FREE ENVIRONMENTS HELP PEOPLE QUIT.

**01
ASK²**

Ask every patient at every visit their tobacco status. "What form of tobacco do you use?"

Tobacco use includes cigarettes, cigars, pipes, hookah, smokeless tobacco, e-cigarettes/vape, etc.

**02
ADVISE²**

CURRENT USER

"Quitting tobacco use is the single
most important thing you can do
for your health and your family.
We are here to help you."

Willing to quit?

YES

NO

Provide counseling on
developing a quit plan
OR refer to TTS
OR refer to Quitline NC²
AND prescribe
varenicline OR patches
+ gum / lozenge.¹

Intervene to
increase
motivation using
motivational
interviewing
techniques.

FORMER USER

Congratulate Success
Reinforce Decision to Quit

Recent quit?

YES

NO

Provide relapse
prevention
strategies such as
discussing past
quit attempts.

NEVER USED

Congratulate

**03
ASSESS²**

**04
ASSIST²**

**05
ARRANGE²**

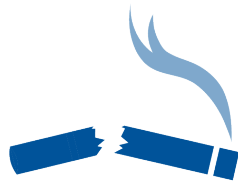
Arrange for follow up. Schedule another visit.

No intervention required.

**Pregnant Women: First line of treatment is evidence-based counseling. Use pharmacotherapy with caution.*



**80% OF TOBACCO
USERS SEE A
PHYSICIAN
EACH YEAR**



**61.5% WANT
TO QUIT**



**39 DEATHS A DAY
IN NC CAUSED BY
TOBACCO**



**INCREASED RISK OF
INFANT MORTALITY**

The Problem

Tobacco use is the leading preventable cause of disease, disability and death in North Carolina and the U.S. It harms nearly every organ in the body and is responsible for one in every five deaths and 39 deaths every day in North Carolina.⁶ For every death, 30 more are sick or disabled. Smoking during pregnancy increases risks of a baby dying before birth, being born too early or too small, and certain birth defects.

The Opportunity

At least 80 percent of tobacco users see a physician each year and a third see a dentist. In North Carolina, 61.5 percent want to quit.⁵ Tobacco users often state that a physician's advice to quit is a powerful motivator to try to quit tobacco use.²

N.C. Tobacco Treatment Standard of Care

The gold standard of treatment for tobacco use according to the Clinical Practice Guideline for Treating Tobacco Use and Dependence as well as the recommendation from the U.S. Preventive Services Task Force is for all clinicians to ask all adults about tobacco use; advise them to stop; and provide behavioral interventions in the form of individual, group, or telephonic counseling plus FDA-approved pharmacotherapy for tobacco treatment to those adults who use tobacco.^{2,3}

Varenicline or combination nicotine replacement therapy (NRT) — patch + gum or lozenge — is the cornerstone of tobacco treatment. Research supporting the use of varenicline or combination NRT is so compelling that no individual should receive less effective treatment (e.g., patch, gum, or bupropion alone) unless there is a valid reason contraindicating the use of these treatment options.⁴

References:

1. Cahill K, Stevens S, Perera R, Lancaster T. Pharmacological interventions for smoking cessation: an overview and network meta-analysis. Cochrane Database of Systematic Reviews 2013, Issue 5. Art. No.: CD009329. DOI: 10.1002/14651858.CD009329.pub2
2. Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.
3. U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Printed with corrections, January 2014.
4. USPSTF, Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions. 2015.
5. Davis, JM, "Module 5.2: Pharmacotherapy Strategies", Duke-UNC Tobacco Treatment Specialist Training Program Manual. Chapel Hill, NC. November 2017. (Duke-UNC TTS Training Program is nationally accredited by ATTUD Council for Tobacco Treatment Training Programs.
6. NCDHHS. BRFSS Survey Results: North Carolina Smoking Cessation. 2016; Available from: <http://www.schs.state.nc.us/data/brfss/2016/nc/all/nc15q02.html>
7. Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs — 2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.