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## GENERAL INTAKE ASSESSMENT QUESTIONS

### **DEMOGRAPHIC CHARACTERISTICS:**

Name, address, age, gender, marital/partner status, number of other smokers in household.

### **PERSONAL TOBACCO USE HISTORY:**

Average number of cigarettes smoked per day (last 30 days); time to first cigarette smoked each day; Fagerström Test for Nicotine Dependence (FTND) score<sup>48</sup>; previous purposeful quit attempts (at least 48 hours, excluding illness or hospitalization); experience with nicotine replacement therapy (NRT) and other smoking cessation medications; potential reasons for relapse or failure to attain abstinence; how smoking affects mood and severity of withdrawal symptoms.

### **FAMILY TOBACCO USE HISTORY:**

Whether or not parents, siblings, other household members smoke, how important smoking is to the family culture, whether family smoking is a trigger for client smoking.

### **CURRENT QUIT ATTEMPT:**

Readiness to quit; self-efficacy for smoking cessation; barriers and support for quitting; reasons for quitting, client concerns and goals about quitting.

### **SOCIAL SUPPORT:**

Client's support system (how family, friends, peers feel about smoking/quitting), current living situation (e.g., in group home or residential treatment programs with other smokers.)

### **CURRENT LIFE SITUATION:**

Current stresses, e.g., divorce, new baby, personal/family illness, financial hardships, loss of job, death of loved one etc. May consider adding other assessments such as the Beck Depression Inventory.<sup>48</sup>

### **CURRENT HEALTH HISTORY:**

Current medications and potential contraindications to stop smoking medications, e.g.: seizure risk of bupropion, skin sensitivity for nicotine patches.

### **SCREENING FOR MENTAL HEALTH OR SUBSTANCE USE DISORDERS:**

The Expert Advisory Committee strongly recommends using direct assessment questions that address MI/SUD in smokers seeking treatment. Such information is needed to help design an effective treatment plan, since the presence of MI/SUD can undermine any quit attempt. Examples are: "Have you ever received counseling, treatment, or medication for a mental health, emotional, or behavioral problem?" "Have you ever received counseling, treatment or medication for alcohol or other drug problems?"

# NEW JERSEY QUIT CENTER ASSESSMENT

WWW.TOBACCOPROGRAM.ORG

Site/Client ID	City	County
Initial Assessment Date	Initial Target Quit Date	

For Office Use Only

## QUITCENTER CLIENT INFORMATION QUESTIONNAIRE

Please put a check mark (✓) next to your answer. Add additional information where needed.

2a. What is your birth date?	Month _____ Date _____ Year _____					
	2b. How old are you?					
	2c. Have you ever attended this Quitcenter before?					
	YES					
			NO			
3. What is your gender?	Male					
	Female					
4. Which of the following best describes your current relationship status?	Never Married					
	Married					
	Divorced					
	Widowed					
	Separated					
	Member of an Unmarried Couple					
5a. Do you have any children?	YES		NO			
	5b. If yes, how many children do you have?					
	5c. How many children are under 19?					
	5d. How many children live with you?					
6a. What race/ethnicity best describes you?	Caucasian/White					
	African American/Black					
	Hispanic/Latino					
	Asian					
	American Indian/Alaskan Native					
	Native Hawaiian or Pacific Island					
	Other please indicate:					
6b. Please list specific culture:						
example: Hispanic/Latino -Puerto Rican						
6c. What language is primarily spoken at home?	English					
	Spanish					
	Both English and Spanish					
	Other please indicate:					

7. What is the highest level of education that you have achieved?	Less than High School Diploma	
	High School Diploma or GED	
	Some College/Technical School	
	College Degree	
	Graduate Degree	
8a. Which of these best describes your current employment status?	Full-time employment	
	Part-time employment	
	A full-time homemaker	
	A full-time student	
	Part-time student	
	Retired	
	Unemployed	
8b. What is your occupation (if applicable)?	Permanently sick or disabled	
9. Is your household annual income from all sources:	Less than \$10,000	
	\$10,000 - \$14,999	
	\$15,000 - \$19,999	
	\$20,000 - \$24,999	
	\$25,000 - \$34,999	
	\$35,000 - \$49,999	
	\$50,000 - \$74,999	
	\$75,000 - \$99,999	
	\$100,000 or more	
10a. What type of insurance do you have?	Medicare	
	Medicaid	
	Both Medicare & Medicaid	
	Other Health Insurance	
	No Insurance	
10b. What is the name of your insurance provider?		
11. Does your health insurance cover smoking cessation counseling?	YES	
	NO	
	Don't Know	
12. Does your health insurance cover any smoking cessation medications?	YES	
	NO	
	Don't Know	

13. How did you find out about this clinic?	Family/Friend	
	Newspaper Magazine	
	Health Care Provider please <i>indicate</i>	
	Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Dentist <input type="checkbox"/>	
	Pharmacist/Drugstore	
	Television	
	Radio	
	NJ Quitnet (Internet)	
	Internet site other than Quitnet	
	NJ Quitline	
	ALA or ACS	
	Brochure/Pamphlet	
	Local Partnership Against Tobacco	
	Employer	
	Insurance Company	
Library		
School		
Other please indicate		
TOBACCO SPECIFIC INFORMATION		TOBACCO USE HISTORY
14. Please check appropriate box for each type of tobacco:		
a.	CIGARETTES	Cigarettes-Never Used Cigarettes-Used in Past Cigarettes-Currently Use
b.	PIPE	Pipe-Never Used Pipe-Used in Past Pipe-Currently Use
c.	CIGARS	Cigars-Never Used Cigars-Used in Past Cigars-Currently Use
d.	CHEWING /SMOKELESS TOBACCO	Chewing Tobacco-Never Used Chewing Tobacco-Used in Past Chewing Tobacco -Currently Use
15. What age were you when you first used or tried tobacco?		
16a. What age were you when you started using tobacco on a regular basis?		
16b. How many years have you used tobacco?		
17. How many cigarettes do you smoke each day?		
18. Give the full details of your main current cigarettes (full brand and name, size etc)		
19. How many minutes after you wake up do you smoke your 1st cigarette?		
20a. Do you sometimes awaken at night to have a cigarette or use tobacco?		YES
20b. If yes, how many nights per week do you typically awaken to smoke?		NO
21. How many times have you tried to quit smoking?		

22. Is/was your current usual brand of cigarette a “light” (“low tar”) brand?	YES	
	NO	
23. Is/was your current usual brand of cigarette a menthol brand?	YES	
	NO	
24. In the last six months, have you received any mail addressed to you from any tobacco company?	YES	
	NO	

**CURRENT QUIT ATTEMPT**

<p>25. How important is it to you to stop tobacco use now? Please check one box.</p> <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 6</td> <td><input type="checkbox"/> 7</td> <td><input type="checkbox"/> 8</td> <td><input type="checkbox"/> 9</td> <td><input type="checkbox"/> 10</td> </tr> <tr> <td colspan="3">Not at all</td> <td colspan="4">Average Importance</td> <td colspan="3">Extremely</td> </tr> <tr> <td colspan="3">Important</td> <td colspan="4"></td> <td colspan="3"></td> </tr> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	Not at all			Average Importance				Extremely			Important									
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Not at all			Average Importance				Extremely																							
Important																														
<p>26. How confident are you that you will succeed in stopping your tobacco use now? Please check one box.</p> <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 6</td> <td><input type="checkbox"/> 7</td> <td><input type="checkbox"/> 8</td> <td><input type="checkbox"/> 9</td> <td><input type="checkbox"/> 10</td> </tr> <tr> <td colspan="3">Not At All</td> <td colspan="4">Somewhat Confident</td> <td colspan="3">Extremely</td> </tr> <tr> <td colspan="3">Confident</td> <td colspan="4"></td> <td colspan="3"></td> </tr> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	Not At All			Somewhat Confident				Extremely			Confident									
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Not At All			Somewhat Confident				Extremely																							
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<p>27. A lot of my friends or family smoke. Please check one box.</p> <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 6</td> <td><input type="checkbox"/> 7</td> <td><input type="checkbox"/> 8</td> <td><input type="checkbox"/> 9</td> <td><input type="checkbox"/> 10</td> </tr> <tr> <td colspan="3">Not true at all.</td> <td colspan="4">Somewhat true of me.</td> <td colspan="3">Extremely true of me.</td> </tr> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	Not true at all.			Somewhat true of me.				Extremely true of me.												
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Not true at all.			Somewhat true of me.				Extremely true of me.																							
<p>28. I’m around smokers much of the time. Please check one box.</p> <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 6</td> <td><input type="checkbox"/> 7</td> <td><input type="checkbox"/> 8</td> <td><input type="checkbox"/> 9</td> <td><input type="checkbox"/> 10</td> </tr> <tr> <td colspan="3">Not true at all.</td> <td colspan="4">Somewhat true of me.</td> <td colspan="3">Extremely true of me.</td> </tr> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	Not true at all.			Somewhat true of me.				Extremely true of me.												
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Not true at all.			Somewhat true of me.				Extremely true of me.																							
<p>29. Which statement best describes smoking inside your home?</p> <p>a. Smoking is not allowed anywhere inside the home.</p> <p>b. Smoking is allowed in some places or sometimes.</p> <p>c. Smoking is allowed anywhere inside the home</p> <p>d. Other please indicate</p>																														

30. Please check (,) next to the one statement that best describes your current situation:					
a. I am interested in quitting smoking/tobacco use in the next month, and I would be interested in any assistance I could get.					
b. I am interested in drastically reducing the number of cigarettes I currently smoke (reduce by 50% or more), but am not interested in quitting totally.					
c. I am seriously considering quitting in the next 6 months, but not in the next 30 days.					
d. I currently smoke/use tobacco and am certain that I do not want to quit in the next 6 months.					
e. I have recently stopped smoking/using tobacco, and I need to work at not slipping back to using.					
f. I have not smoked/used tobacco products for over 6 months.					
31. Do people smoke outside the entrance to your work place?	YES				
	NO				
<b>CURRENT HEALTH AND MEDICAL HISTORY</b>					
32. Currently, do you have any symptoms or a disease that you believe is caused or made worse by your tobacco use?	YES NO				
33. Have you ever received counseling, treatment or medication for a mental health, emotional or behavioral problem?	YES NO				
34. Have you ever received counseling, treatment or medication for alcohol or other drug problems?	YES NO				
35. Are you pregnant or is there a chance that you could be pregnant at this time?	YES NO				
36. The following questions ask about how you have been feeling during the past 4 weeks. For each question, please circle the number that best describes how often you had this feeling.					
In the last 4 weeks, about how often did you feel...	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a ...so sad that nothing could cheer you up?	4	3	2	1	0
b. ...nervous?	4	3	2	1	0
c. ...restless or fidgety?	4	3	2	1	0
d. ...hopeless?	4	3	2	1	0
e. ...everything was an effort?	4	3	2	1	0
f. ...worthless?	4	3	2	1	0
In the <b>last 4 weeks</b> , how many times have you seen a health professional about these feelings? Number of visits _____					
Comments _____ _____					

37. Please check if you have a	Condition:	Past	Currently treated
	Heart Disease (coronary disease, heart attack)		
	High Blood Pressure		
	Diabetes		
	High Cholesterol		
	Stroke		
	Cancer type:		
	Lung Disease (asthma, emphysema, COPD)		
	Depression		
	Anxiety		
	Schizophrenia		
	Bipolar Disorder		
	Alcohol Problems		
	Drug Problems		

38. Would you say that, in general, your health is:	Excellent
	Good
	Fair
	Poor

THANK YOU FOR COMPLETING THIS FORM.  
PLEASE BE SURE TO BRING IT WITH YOU TO YOUR NEXT SCHEDULED APPOINTMENT.

For Office Use Only

Measurement of Expired Carbon-monoxide \_\_\_\_\_ p.p.m On site: \_\_\_\_\_ Off-Site: \_\_\_\_\_  
Body weight: \_\_\_\_\_ pounds

## MASSACHUSETTS BRIEF INTERVENTION/ASSESSMENT PROTOCOL

ASK – Systematically identify all tobacco uses at every visit

SMOKING STATUS: [check one]

- |  |       |  |
|--|-------|--|
| <input type="checkbox"/> NEVER SMOKED      | ⇒ ⇒ ⇒ | Encourage continued abstinence             |
| <input type="checkbox"/> RECOVERING SMOKER | ⇒ ⇒ ⇒ | Do you need any further help at this time? |

- SMOKER       OTHER TOBACCO USE (snuff, chew, etc...)

Average number of cigarettes smoked per day? \_\_\_\_\_

How soon after waking do you smoke your 1st cigarette? \_\_\_\_\_

ADVISE – Strongly urge all tobacco users to quit

- This program is an addictions treatment program that cares about all aspects of your health and addictions, including nicotine addiction, especially because there are special risks for smokers with histories of alcohol and other drug abuse. I encourage you to consider quitting either now or in the future.

ASSESS – Determine willingness and readiness to make a quit attempt

MOTIVATION & CONFIDENCE IN QUITTING

- |   |
|---|
| <input type="checkbox"/> On a scale of 1-10, with 1 being not at all important and 10 being extremely important, how important would you say it is for you to quit smoking? |
|---|

Not at all 1...3...5...7...10 Extremely important

- |   |
|---|
| <input type="checkbox"/> On the same scale, how interested are you in quitting? |
|---|

Not at all 1...3...5...7...10 Extremely interested

If uninterested, ask: What would make you more interested? \_\_\_\_\_

- |   |
|---|
| <input type="checkbox"/> If you decided to try and quit smoking, on a scale of 1-10, how confident are you that you could successfully do it? |
|---|

Not at all 1...3...5...7...10 Extremely confident

If unconfident, ask: How could the program help you become more confident?

- |   |
|---|
| <input type="checkbox"/> If you were to quit, what would be some reasons? _____ |
|---|

STAGE OF CHANGE

- |   |   |
|---|---|
| <input type="checkbox"/> Pre-contemplation (Not considering quitting) | <input type="checkbox"/> Action (Off tobacco 1 day to 6 months)     |
| <input type="checkbox"/> Contemplation (Thinking about quitting)      | <input type="checkbox"/> Maintenance (Off tobacco 6 months or more) |
| <input type="checkbox"/> Preparation (Ready to quit in next 30 days)  |   |

If in preparation, ask: What steps have you taken to prepare for your quit attempt?

ASSIST – Aid the client in quitting or planning for the future

- Evaluate past quitting experience: How many times have you tried to quit smoking? \_\_\_\_  
What kinds of pharmacotherapy (NRT) have you tried? (gum, patches, inhaler, Zyban/Wellbutrin)

- Discuss what program offers:  Individual counseling and pharmacotherapy on-site  
 Referral to local tobacco treatment specialist off-site  Support for tapering  Support for going 'cold turkey' ü Self-help materials  Nicotine Anonymous information

Give materials; encourage support & use of telephone counseling @ Tobacco-Free Helpline 1-800 TRYTOSTOP or website www.trytostop.org

ARRANGE – Schedule follow-up contact

- Offered referral for on-site tobacco treatment: Client would like to be referred: \_\_\_\_  
Client does not want to be referred: \_\_\_\_
- Will follow-up as part of regular treatment planning

## **INDIRECT ASSESSMENT QUESTIONS SCREENING FOR MENTAL ILLNESS OR SUBSTANCE USE DISORDERS**

Sample questions provided from California Smokers' Helpline counseling protocol.

Note: Callers to the California Smokers' Helpline are asked first about their needs. Callers interested in quitting and who want to speak to a counselor are either transferred to an available counselor or scheduled for a call back by the counselor. The counselor then completes a series of assessment questions including a tobacco use history. Callers are also asked about medication use and professional support. For those taking any psychotropic medications or participating in any type of professional support, the following series of questions are asked to help screen for potential issues around mental illness and substance use and to establish an appropriate quit plan.

### Medications

1. Are you taking medication for any reason?  
If yes (and taking psychotropic medication),
  - a) How is it working for you?
  - b) How long have you been taking the medication(s)?
  - c) Does a psychiatrist or another doctor prescribe it for you?
  - d) How often do you see your doctor?
  - e) Have you spoken with him or her about quitting?

### Professional Support

2. Do you attend any meetings or counseling of any kind?  
If yes,
  - a) How is that going?
  - b) How long have you been going?
  - c) How often do you attend?
  - d) Will you be able to get support for quitting there?

If Yes to either 1 or 2:

### Assess Psychiatric Health (Stability)

1. Are you having any symptoms (related to diagnosis) currently?
2. Are you currently in treatment?
3. How regularly do you attend treatment (compliance with medication)?
4. How is the treatment working for you?
5. What, if anything, has your health care provider said to you about quitting smoking?
6. If client is not presently seeing a health care professional, explore how client can seek care in their area prior to next scheduled call.

### Assess previous quitting history & symptoms

1. When you quit before, what did you notice about your symptoms?
2. If you noticed a change when you quit before, what did you do?
3. If on medications, did you notice any change in how your medication(s) worked after quitting?

## Tobacco Cessation Pharmacology 2007: Nicotine Replacement Therapy (NRT) and Non-Nicotine Therapies

### Nicotine Replacement Therapies

General NRT recommendations: 1) Use sufficient amount to control withdrawal (overdosing is very unlikely; under-dosing is common); 2) Use one patch daily or flexible dosing (NRT every few hours to maintain steady state); 3) Combination therapy (nicotine patches + flexible dose NRT) may be necessary for heavier, dependent smokers to control withdrawal. NRT may be less effective for women than for men

Therapy Efficacy	TRANSDERMAL PATCH (OR = 1.9)*1 Nicoderm CQ®, Generic	GUM (OR = 1.5)*1 Nicorette®, Generic	LOZENGE (OR = 1.95 (2 mg); 2.76 (4mg))*2 Commit®	INHALER (OR = 2.5)*1 Nicotrol® Inhaler	NASAL SPRAY (OR = 2.7)*1 Nicotrol® NS
Length of Treatment	8-10 weeks	Up to 12 weeks	12 weeks	3-6 months	3-6 months
Dosing	<ul style="list-style-type: none"> <li>• <b>More than 10 cigs/day</b> start on 21 mg. patch.</li> <li>• <b>Less than 10 cigs/day</b>, start on 14 mg. patch.</li> <li>• Apply once daily in am on hairless skin on upper body. Rotate sites.</li> <li>• Peak level in 2-8 hr.</li> <li>• 21 mg. x 4-6 wks. 14 mg. x 2 wks. (or 4-6 wks. if starting dose).</li> <li>• 7 mg. x 2 wks.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>25 or more cigs/day</b> = 4 mg.</li> <li>• <b>Less than 25 cigs/day</b> = 2 mg.</li> <li>• 1 every 1-2 hrs. x 6 wks.</li> <li>• 1 every 2-4 hrs. x 3wks.</li> <li>• 1 every 4-8 hrs. x 3 wks..</li> <li>• Peak level in 15-20 min.</li> <li>• Use "chew and park" technique; rotate to different sites in mouth.</li> <li>• <b>Use enough</b> to control symptoms, up to 24 per day.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>1st cig less than 30 min after waking</b> = 4 mg.</li> <li>• <b>1st cig more than 30 min after waking</b> = 2mg.</li> <li>• 1 every 1-2 hrs. x 6 wks.</li> <li>• 1 every 2-4 hrs. x 3 wks.</li> <li>• 1 every 4-8 hrs. x 3 wks.</li> <li>• Peak level in 15-20 min.</li> <li>• Dissolve slowly, rotate sites in mouth, DO NOT CHEW.</li> <li>• <b>Use enough</b> to control symptoms, &lt; to 5 in 6 hrs. up to 20 per day.</li> </ul>	<ul style="list-style-type: none"> <li>• 6-16 cartridges per day/individualized dosing; <b>start at least six per day initially. Use enough</b> to control symptoms.</li> <li>• Peak level in 15-20 min.</li> <li>• Puff continuously for 20 minutes.</li> <li>• Inhale into back of throat or puff in short breaths; DO NOT inhale into lungs.</li> <li>• Can use part of cartridge and save rest for later (within 24 hours).</li> </ul>	<ul style="list-style-type: none"> <li>• Dose = one squirt to each nostril.</li> <li>• Peak level in 1.1-1.3 min.</li> <li>• Dose 1-2 times each hour as needed. <b>Use enough</b> to control symptoms.</li> <li>• Min dose = 8/day.</li> <li>• Max = 40/day.</li> <li>• Use correctly. <b>DO NOT</b> sniff, swallow, or inhale.</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>• Severe uncontrolled eczema or psoriasis.</li> <li>• Recent (&lt; 2 wks) MI.</li> <li>• Serious underlying arrhythmias.</li> <li>• Serious or worsening angina.</li> <li>• TMJ</li> <li>• Pregnancy (Category D).</li> <li>• Do not eat or drink 15 min. prior to use.</li> <li>• May stick to and damage dental work</li> </ul>	<ul style="list-style-type: none"> <li>• Recent (&lt; 2 wks) MI.</li> <li>• Serious underlying arrhythmias.</li> <li>• Serious or worsening angina.</li> <li>• TMJ</li> <li>• Pregnancy (Category D).</li> <li>• Do not eat or drink 15 min. prior to use.</li> <li>• May stick to and damage dental work</li> </ul>	<ul style="list-style-type: none"> <li>• Recent (&lt; 2 wks) MI.</li> <li>• Serious underlying arrhythmias.</li> <li>• Serious or worsening angina.</li> <li>• Pregnancy (Category D).</li> <li>• Do not use more than one at a time or one after the other.</li> <li>• Do not eat or drink 15 min. prior to use.</li> </ul>	<ul style="list-style-type: none"> <li>• Recent (&lt; 2 wks) MI.</li> <li>• Serious underlying arrhythmias.</li> <li>• Serious or worsening angina.</li> <li>• Severe reactive airway disease.</li> <li>• Pregnancy (Category D).</li> </ul>	<ul style="list-style-type: none"> <li>• Recent (&lt; 2 wks) MI.</li> <li>• Serious underlying arrhythmias.</li> <li>• Serious or worsening angina.</li> <li>• Pregnancy (Category D).</li> <li>• Severe reactive airway disease).</li> </ul>
Pros	<ul style="list-style-type: none"> <li>• Easy to use; better compliance.</li> <li>• Steady dose (even when sleeping).</li> <li>• Can combine with flexible dosing NRT.</li> </ul>	<ul style="list-style-type: none"> <li>• Flexible dosing.</li> <li>• Helps with predictable urges (e.g. after meals).</li> <li>• Keeps mouth busy.</li> <li>• Use in combination with patch and for relapse prevention.</li> </ul>	<ul style="list-style-type: none"> <li>• Flexible dosing.</li> <li>• Helps with predictable urges (e.g. after meals).</li> <li>• Keeps mouth busy.</li> <li>• Use in combination with patch and for relapse prevention.</li> </ul>	<ul style="list-style-type: none"> <li>• Flexible dosing.</li> <li>• Helps with predictable urges (e.g. after meals.)</li> <li>• Keeps hands and mouth busy.</li> <li>• Use in combination with patch and for relapse prevention.</li> </ul>	<ul style="list-style-type: none"> <li>• Flexible dosing.</li> <li>• Helps with predictable urges (e.g. after meals).</li> <li>• Use in combination with patch and for relapse prevention.</li> </ul>
Cons	<ul style="list-style-type: none"> <li>• May irritate skin.</li> <li>• May disturb sleep.</li> <li>• Can't adjust dose.</li> </ul>	<ul style="list-style-type: none"> <li>• Need to use correctly – "chew and park."</li> <li>• May cause nausea, hiccups, coughing, heartburn, headache and flatulence.</li> </ul>	<ul style="list-style-type: none"> <li>• May cause insomnia.</li> <li>• May cause some nausea, hiccups, heartburn, coughing, headache and flatulence.</li> </ul>	<ul style="list-style-type: none"> <li>• May irritate mouth and throat (improves with use).</li> <li>• Does not work well below 40 degrees.</li> </ul>	<ul style="list-style-type: none"> <li>• Need to use correctly (DO NOT INHALE).</li> <li>• Nasal irritation is common.</li> <li>• May cause dependence.</li> <li>• May want to avoid with clients recovering from cocaine addiction.</li> </ul>
Availability	Over-the-counter	Over-the-counter (regular, mint, orange)	Over-the-counter (regular, cherry, mint)	Prescription	Prescription
Cost per day Average wholesale	\$2.50 - \$3.50	\$4.00 - \$4.50	\$4.00	\$5.70= 6 cartridges	\$3.70 = 8 doses

\* Odds ratio (OR) = odds of remaining abstinent after 6 months compared to placebo

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## Tobacco Cessation Pharmacology 2007: Non-Nicotine Medications

Therapy Efficacy	BUPROPION SR 150 mg. (OR = 2.1)* <sup>1</sup> Zyban®/Wellbutrin®	VARNEICLINE (OR = 3.68)* <sup>3,4</sup> Chantix®	For all medications
Length of Treatment	<ul style="list-style-type: none"> <li>• 7-12 weeks.</li> <li>• May take up to 6 months of total therapy to prevent relapse.</li> </ul>	<ul style="list-style-type: none"> <li>• 12 weeks.</li> <li>• If quit at 12 weeks may take for additional 12 weeks to prevent relapse.</li> </ul>	<ul style="list-style-type: none"> <li>• Patients should continue on medications even if not successfully quit at first. Research shows that up to 8 weeks may be needed to fully quit.</li> <li>• Symptoms or history of substance use and/or depression reduce success in quitting. Recommend treating these conditions first whenever possible before beginning tobacco dependence treatment.</li> <li>• Clients on psychiatric medications should be monitored for potential increase in medication side effects after reducing or quitting smoking.</li> <li>• Clients with a history of depression should be monitored more closely for symptoms of depression following smoking cessation.</li> <li>• Women metabolize nicotine more rapidly than men especially when pregnant women and on birth control. NRT, if used, may need to be adjusted.<sup>5,6</sup></li> <li>• For complete prescribing instructions, please refer to the manufacturers' package inserts.</li> </ul>
Dosing	<ul style="list-style-type: none"> <li>• 7-day up titration prior to quitting.</li> <li>• Days 1-3; 150 mg tablet each am.</li> <li>• Days 4-end; 150 mg tablet am and pm.</li> <li>• Doses should be &gt; 8 hours apart.</li> <li>• Dose not adjusted by # cigs smoked per day.</li> <li>• May be combined with NRT.</li> <li>• May be combined with NRT to improve efficacy.</li> </ul>	<ul style="list-style-type: none"> <li>• 7-day up titration prior to quitting.</li> <li>• Days 1-3; .5 mg. white tablet per day.</li> <li>• Days 4-7; .5 mg. white tablet twice per day, am and pm.</li> <li>• Days 8 to end of treatment; 1.0 mg light blue tablet twice per day.</li> <li>• Take after eating with full glass of water.</li> <li>• Doses should be &gt; 8 hrs apart.</li> <li>• Dose not adjusted by # cigs smoked per day.</li> </ul>	
Precautions	<ul style="list-style-type: none"> <li>• Immediate release form of Wellbutrin® increases seizure risk compared to Sustained Release (SR) or Extended Release (XL) forms.</li> <li>• Do not use with seizure disorder, heavy drinking, eating disorders, or while on monoamine oxidase inhibitor.</li> <li>• Can increase suicidal thoughts in children and adolescents.</li> <li>• Can cause agitation.</li> <li>• Not recommended for clients with bipolar disorder.</li> </ul>	<ul style="list-style-type: none"> <li>• Doseage adjustment is recommended for patients with severe renal impairment.</li> <li>• Not recommended for combination therapy with NRT.</li> <li>• Can cause sleep disturbances and abnormal dreams. (Take second dose earlier in day.)</li> <li>• Can cause nausea – up to 30% of patients. (Dose can be reduced to .5 mg twice per day if nausea cannot be tolerated.)</li> <li>• Client psychiatric symptoms should be monitored after quitting.</li> </ul>	
Pros	<ul style="list-style-type: none"> <li>• Easy to use</li> <li>• Reduces urge to smoke</li> </ul>	<ul style="list-style-type: none"> <li>• Easy to use.</li> <li>• Reduces urge to smoke + satisfaction from smoking.</li> </ul>	
Cons	<ul style="list-style-type: none"> <li>• May disturb sleep</li> <li>• May cause dry mouth</li> </ul>	<ul style="list-style-type: none"> <li>• Nausea or sleep disturbances can be a problem for some. Dose can be adjusted (0.5 mg twice daily) to reduce symptoms.</li> </ul>	
Availability	Prescription Available as generic: bupropion SR 150mg.	Prescription	
Cost per day Average wholesale	\$4.33	\$4.00	

\* Odds ratio (OR) = odds of remaining abstinent after 6 months compared to placebo

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1. Fiore MC, Bailey WC, Cohen SJ, et al. Treating Tobacco Use and Dependence. Clinical Practice Guideline. Rockville MD: US Department of Health and Human Services, Public Health Service; June, 2000.
2. Shiffman S, Dresler CM, Hajek P, et al. Efficacy of a nicotine lozenge for smoking cessation. Arch Intern Med. 2002;162:1267-1276.
3. Gonzales D, Rennard SI, Nides M, et al; for the Varenicline Phase 3 Study Group. Varenicline, an <sub>4</sub>-2 nicotinic acetylcholine receptor partial agonist, vs sustained-release bupropion and placebo for smoking cessation: a randomized controlled trial. JAMA. 2006;296:47-55
4. Jorenby DE, Hays JT, Rigotti NA, et al; for the Varenicline Phase 3 Study Group. Efficacy of varenicline, an <sub>4</sub>-2 nicotinic acetylcholine receptor partial agonist, vs placebo or sustained-release bupropion for smoking cessation: a randomized controlled trial. JAMA. 2006;296:56-63
5. Benowitz NL, Lessov-Schlaggar CN, Swan GE, Jacob P 3rd. Female sex and oral contraceptive use accelerate nicotine metabolism. Clin Pharmacol Ther. 2006;79:480-8.
6. Dempsey D, Jacob P 3rd, Benowitz NL. Accelerated metabolism of nicotine and cotinine in pregnant smokers. J Pharmacol Exp Ther 2002;301:594-598 D

## ONLINE RESOURCES

### TOOLKITS

**Smoking Cessation for Persons with Mental Illness: A Toolkit for Mental Health Providers (2007).** A 42-page binder developed by the University of Colorado at Denver and Health Sciences Center and funded by the Tobacco Disparities Initiatives of the State Tobacco Education and Prevention Partnership (STEPP), Colorado Department of Public Health and the Environment that educates mental health care professionals about specific guidelines and strategies to use to reduce the burden of tobacco among persons with mental illnesses. To order copies of this toolkit and additional materials, visit [www.steppitems.com](http://www.steppitems.com)

**Tobacco-Free Living in Psychiatric Settings: A Best-Practices Toolkit Promoting Wellness and Recovery (July 2007).** Developed by the National Association of State Mental Health Program Directors (NASMHPD). Provides practical tips for converting facilities to smoke-free status. Available at: [www.nasmhpd.org/general\\_files/publications/NASMHPD.toolkit.FINAL.pdf](http://www.nasmhpd.org/general_files/publications/NASMHPD.toolkit.FINAL.pdf)

### PROFESSIONAL PRESENTATIONS

**BEA Expert Advisory Committee Members** (found at [www.tcln.org/bea/resources.html](http://www.tcln.org/bea/resources.html))

**Bringing Everyone Along: Survey Results.** Presented at the BEA Expert Advisory Committee held June 28-29, 2007 in Portland, Oregon.

**Setting the Stage: Conducting Tobacco Treatment with clients with Substance Use Disorders.** Janet Smeltz, M.Ed., LADC-I, CTTS-M, Director, T.A.P.E. Project, Institute for Health and Recovery. Presented at the Expert Advisory Committee held June 28-29, 2007 in Portland, Oregon.

**Tobacco Use in Special Populations: Psychiatric and Substance Use Disorders.** Eric Heiligenstein, M.D., Clinical Director, Psychiatry Service University Health Services Associate, CTRI, University of Wisconsin-Madison. Presented at the Expert Advisory Committee held June 28-29, 2007 in Portland, Oregon.

**From the Front Lines: One Wisconsin Program's Experience Treating Nicotine Addiction in an Integrated Alcohol, Drug and Tobacco Program.** Sheila Weix MSN, RN, CARN, David Macmaster, CSAC, TTS. Presented at the Wisconsin Tobacco Prevention & Control Conference held May 1-2, 2007 in Madison, Wisconsin. Available at: [www.smokefreewi.org/conference07/documents/FromtheFrontLines.pdf](http://www.smokefreewi.org/conference07/documents/FromtheFrontLines.pdf)

**New Initiatives for Reaching Smokers with Mental Illness.** TCLN Roundtable Discussion held on March 20, 2007. Speaker materials available at: [www.tcln.org/schedule/index.html](http://www.tcln.org/schedule/index.html)

**Smoking Cessation in People with Serious Mental Illness.** New York State Cessation Centers Collaborative Conference Call held on March 07, 2007. Conference audio and speaker materials available at: [www.nysmokefree.com/newweb/showcalls.aspx?p=552010](http://www.nysmokefree.com/newweb/showcalls.aspx?p=552010)

### CONSUMER INFORMATION

**Quitting for Good.** An informative article published by [www.schizophreniadigest.com](http://www.schizophreniadigest.com). Available at: [www.njchoices.org/smokingforschizophreindigest.pdf](http://www.njchoices.org/smokingforschizophreindigest.pdf)

**Facts about Smoking and Mental Health Disorders (2007).** Tobacco Cessation Leadership Network. Available at: [www.tcln.org](http://www.tcln.org).

**Smoking and mental illness (2006).** Fact sheet developed by SANE. SANE Australia is a national charity working for a better life for people affected by mental illness - through campaigning, education and research. Available at: [www.sane.org/information/factsheets/smoking\\_and\\_mental\\_illness.html](http://www.sane.org/information/factsheets/smoking_and_mental_illness.html)

Williams JM, Ziedonis DM, Speelman N, Vreeland B, Zechner M, Rahim R, O'Hea E. **Learning about Healthy Living: Tobacco and You Manual**. Revised June 2005. Supported by a grant from the NJ Division of Mental Health Services. Available at: <http://rwjms.umdnj.edu/addiction/LAHL.htm>

**Key Assistance Report, Focus on Smoking Cessation** (Date Posted: March 27, 2007). National Mental Health Consumers' Self-Help Clearinghouse. The Clearinghouse is supported by a grant from the U.S. Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, and the Center for Mental Health Services. Available to download from the Clearinghouse website at: [www.mhselfhelp.org](http://www.mhselfhelp.org).

**You CAN Quit: Tips for Preparing to Quit (2007)**. A brochure that educates persons with mental illnesses about the dangers of smoking. Developed by the University of Colorado at Denver and Health Sciences Center and funded by the Tobacco Disparities Initiatives of the State Tobacco Education and Prevention Partnership (STEPP), Colorado Department of Public Health and the Environment. Available at: [www.steppitems.com](http://www.steppitems.com).

**You CAN Quit (2007)**. A poster that educates persons with mental illnesses about the dangers of smoking. Developed by the University of Colorado at Denver and Health Sciences Center and funded by the Tobacco Disparities Initiatives of the State Tobacco Education and Prevention Partnership (STEPP), Colorado Department of Public Health and the Environment. Available at: [www.steppitems.com](http://www.steppitems.com).

## WEBSITES

**Centers for Disease Control and Prevention, Office on Smoking and Health**. The CDC Office on Smoking and Health website has many free tobacco use prevention and cessation resources for professionals and clients, including posters, videos/DVD's, and pamphlets. Many materials are available in Spanish. [www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)

**Consumers Helping Others Improve their Condition by Ending Smoking (CHOICES)**. The goal of this consumer driven organization is to increase awareness of the importance of addressing tobacco use and to create a strong peer support network that encourages mental health consumers to make a positive healthy lifestyle change by addressing smoking and tobacco use. [www.njchoices.org/index.htm](http://www.njchoices.org/index.htm)

**Program for Research in Smokers with Mental Illness (PRISM)**. This research program is directed towards understanding reasons for the high rates of tobacco use among individuals with major psychiatric disorders. Website: <http://prism.yale.edu/>

**Smoking Cessation Leadership Center (SCLC)**. The SCLC website provides a list of mental health resources. To view these resources and learn about the SLC's *Mental Health Partnership for Wellness and Smoking Cessation*, go to: <http://smokingcessationleadership.ucsf.edu/>

**New York State Tobacco Dependence Resource Center** aims to provide New York's chemical dependency service providers, policy makers, and researchers with cutting-edge scientific resources and support on integrating tobacco dependence interventions into chemical dependency treatment. You will first have to register to obtain these resources. Website: [www.tobaccodependence.org/](http://www.tobaccodependence.org/)

**North American Quitline Consortium (NAQC)**. The NAQC website provides information about quitline services available in all 50 states, the District of Columbia, Canada, and Mexico. [www.naquitline.org](http://www.naquitline.org).

**UMDNJ Tobacco Dependence Program (TDP)** The tobacco dependence program is dedicated to reducing the harm to health caused by tobacco use. The TDP particularly aims to provide expertise on quitting smoking for those who need it most and has several resources for tobacco users with mental illness and substance use disorders. Website: [www.tobaccoprogram.org](http://www.tobaccoprogram.org).

## **VIDEO**

**Smoke Alarm: The Truth About Smoking and Mental Illness (2007):** The New York State Department of Health funded a project conducted by the Clubhouse of Suffolk, Inc., a private not-for-profit psychiatric rehab agency to tailor intervention for patients who struggled with tobacco addiction. The outcomes of the project are documented in the video. Contact Lindsey von Busch at 732-288-0629 to obtain a copy.