

USPHS Clinical Practice Guideline: Treating Tobacco Use and Dependence

Overview of Best Practice Recommendations

Treating Tobacco Use and Dependence is a U.S. Public Health Service-sponsored Clinical Practice Guideline; a product of the Tobacco Use and Dependence Guideline Panel, public health consortium representatives, consultants, and staff. Updated twice since its original publication in 1996, the 2008 Guideline update reflects the distillation of more than 8,700 research articles reviewed to identify effective, experimentally validated tobacco dependence treatments and practices. The full publication can be accessed at www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf. Below is a brief summary of excerpts from The Guideline, including specific recommendations that pertain to treating tobacco use among pregnant women and families with young children.

Key Guideline Findings and Recommendations

- Tobacco dependence is a chronic disease that often requires repeated intervention and multiple quit attempts. Effective treatments exist to significantly increase long-term abstinence rates.
- It is essential that clinicians and health care delivery systems consistently identify and document tobacco use status and treat every tobacco user seen in a health care setting.
- Brief tobacco dependence treatment is effective. Clinicians should, at minimum, offer every patient who uses tobacco the brief treatments shown to be effective in this Guideline.
- Telephone quitline counseling is effective with diverse populations. Clinicians and health care delivery systems should ensure patients have access to quitlines and promote quitline use.

The Guideline Recommends the 5 A's for All Patients

Given that more than 70 percent of tobacco users visit a physician annually, it is essential that clinicians be prepared to intervene with all tobacco users. Clinicians can provide a brief intervention using the using the 5 A's:

1. It is important for clinicians to Ask every patient if he or she uses tobacco.
2. Advise the patient to quit.
3. Assess the patient's willingness to make a quit attempt.
4. If the patient is willing, the clinician should Assist in making a quit attempt by providing or referring the patient to counseling and offering medication (*excluding certain populations, including pregnant women, for which there is insufficient evidence of the safety and effectiveness of tobacco dependence medication*).
5. Arrange for follow-up contact with the patient to prevent relapse.

Specific Recommendations for Pregnant Smokers

- Because of the serious risks of smoking to the pregnant smoker and the fetus, whenever possible pregnant smokers should be offered person-to-person psychosocial interventions that exceed minimal advice to quit.
- Research has shown that the use of multiple choice questions, as opposed to a simple yes/no question, can increase disclosure among pregnant women by as much as 40 percent.
- Nicotine most likely does have adverse effects on the fetus during pregnancy. Although the use of nicotine replacement therapy exposes pregnant women to nicotine, smoking exposes them to nicotine plus numerous other chemicals that are injurious to the woman and the fetus. These concerns must be considered in the context of inconclusive evidence that cessation medications boost abstinence rates in pregnant smokers.

Specific Recommendations for Families with Young Children

- Secondhand smoke is harmful to children. Cessation counseling delivered in pediatric settings has been shown to effectively increase abstinence among parents who smoke. Therefore, to protect children from secondhand smoke, clinicians should ask parents about tobacco use and offer them cessation advice and assistance.