



# LEAVE THE PACK BEHIND

## Campus-Based Brief Tobacco Intervention

Fall 2008  
Volume 6

### Special Interest:

- Recommended interventions for occasional smokers
- Medication plus counseling helps smokers quit
- OHIP billing codes for cessation

### Contributors

Sharon Lawler, RN, MEd  
Kelli-an Lawrance, PhD  
Valerie Jaeger, PhD, M.D.  
M Shick-Porter, RN BA(Corn Nurs)

[www.LeaveThePackBehind.org](http://www.LeaveThePackBehind.org)

## Treating Tobacco Use and Dependence Campus Clinics Are on the Right Track

Since 2000, Leave The Pack Behind has continuously provided seminars for campus health professionals to assist them to adapt the Clinical Practice Guideline for treating tobacco dependence to the young adult student population. Introductory as well as refresher seminars are offered to keep everyone abreast of the latest scientific evidence in tobacco use prevention. New developments in standards of care for smokers are also presented in these LTPB Bulletins which are issued several times over the academic year. Today, almost every campus clinic in Ontario has adopted a system of Brief Tobacco Interventions (BTI) to identify students who smoke and assist them to cut back or quit smoking. This edition of the LTPB Bulletin describes the newly updated Clinical Practice issued by the U.S. Department of Health and Human Services.

## Clinical Practice Guideline: The 2008 Update<sup>1</sup>

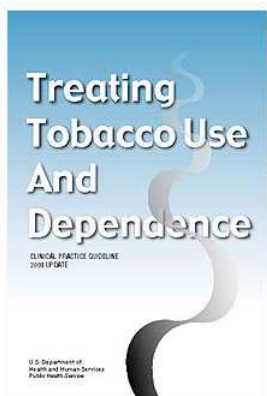
In May 2008, the U.S. Department of Health and Human Services issued an updated Guideline for clinical tobacco interventions and smoking cessation. The updated document replaces the Guideline issued in 2000, *Treating Tobacco Use and Dependence*. The updates are primarily based on extensive literature searches of published research and are designed

specifically for the clinical settings.

**The updated Guideline stresses that nicotine dependence should be treated as a chronic disease that requires repeated interventions.**

The overarching recommendation is that clinicians offer effective tobacco dependence counselling and medication to their patients who

use tobacco. This requires the identification and documentation of tobacco use status and the treatment of every tobacco user who is seen in a health care setting. Implementing the Ask-Advise-Assist-Arrange protocols in a timely and effective manner, significantly reduces the smoker's risk of suffering from smoking-related diseases.



<sup>1</sup>For the complete text of the updated Guideline, visit: [www.ahrq.gov/path/tobacco.htm#clinic](http://www.ahrq.gov/path/tobacco.htm#clinic)

For a single print copy call: Centers for Disease Control and Prevention (CDC) 800-311-3435.

Fiore MC, Jaen CR, Baker T B, et al. (2008). *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline*. Rockville, MD: U.S. Department of Health and Human Services.

### Ask - Advise - Assist - Arrange

**ASK** every patient about tobacco use

**ADVISE** every smoker to quit smoking

**ASSIST** by offering a LTPB 'Clinic Package'

**ARRANGE** a follow-up visit or referral

## Updated Recommendations for Light Smokers

A 'light' smoker is anyone who smokes less than 10 cigarettes a day. It does not matter whether the person smokes 'regular' cigarettes or low tar/low nicotine 'light' cigarettes.

The updated Guideline indicates that light smokers should be identified, strongly urged to quit, and provided with counselling interventions. Even though they smoke fewer cigarettes, these smokers are still at risk for smoking-related diseases. Evidence shows that many 'light' smokers are dependent on tobacco, want to quit, but have difficulty doing so. Unfortunately, 'light' smokers may also be overlooked by health care providers and not receive the tobacco interventions they need to successfully quit. On campus, about half the students who smoke are intermittent or 'light' smokers. Health care providers in the campus clinics need to be alert to this and feel comfortable intervening. The simple question: *Do you use tobacco – even a puff now and again?* could open the door for a meaningful discussion with these young adults and could save them from long term illnesses later in life.

## Other Clinical Guideline Updates

**Effective medications** are available for tobacco dependence. Clinicians should encourage their use by all patients who are trying to quit smoking – except when medically contraindicated or with specific populations for which there is insufficient evidence of effectiveness (i.e., pregnant smokers, smokeless tobacco users, 'light' smokers and teens). Note that *combinations* of these medications have also been used effectively.

**First-line medications** that may increase long-term smoking abstinence include: nicotine gum, inhaler, lozenge, nasal spray\*, patch, Bupropion SR, and Varenicline.  
\*not available in Canada

The updated Guideline includes strong evidence for **counselling and medication**. Both are effective alone,

but their *combined* use is most effective.

There is growing evidence that key components of effective tobacco cessation counselling include:

- practical counselling (problem solving, skills training)
- social support

Counselling also increases smoking cessation among adolescent smokers.

Finally, telephone quit line counselling is effective with diverse populations and has a broad reach.

**Smokers' Helpline:**  
**1-877-513-5333**

The updated Guideline indicates that **health care policies** – such as coverage of cessation medications in benefit plans – markedly enhance the likelihood of smokers receiving effective tobacco treatment and successfully quitting.



LTPB's clinic package includes the Smoke|Quit self-help program

LTPB student teams can offer social support

## OHIP Billing Codes

### Fee for Service Model

#### E079:

- applies to first time ASK-ADVISE-ASSIST
- applies to any smoker at any visit
- can be used once per patient per year
- can bill with any code, e.g., A003, A007

#### K039:

- applies to return smoking cessation visit
- must be *same* physician who billed E079
- can be used twice per patient per year
- must bill with A007