100% TOBACCO FREE ENVIRONMENTS HELP PEOPLE QUIT.

**ASK**

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.

**ADVISE**

“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**

Provide counseling on developing a quit plan OR refer to TT3 OR refer to Quitline NC2 AND prescribe varenicline OR patches + gum/lozenge.1

Intervene to increase motivation using motivational interviewing techniques.

**NO**

Recent quit?

**YES**

Provide relapse prevention strategies such as discussing past quit attempts.

**NO**

**ASSESS**

**FORMER USER**

Congratulate Success
Reinforce Decision to Quit

**NEVER USED**

Congratulate

**ASSIST**

**CURRENT USER**

Provide counseling on developing a quit plan OR refer to TT3 OR refer to Quitline NC2 AND prescribe varenicline OR patches + gum/lozenge.1

Intervene to increase motivation using motivational interviewing techniques.

**ARRANGE**

Arrange for follow up. Schedule another visit.

No intervention required.

*Pregnant Women: First line of treatment is evidence-based counseling. Use pharmacotherapy with caution.
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. 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. Tobacco users often state that a physician’s advice to quit is a powerful motivator to try to quit tobacco use.

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.

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.

References:

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