Tobacco Use: Recommendation, Rationale and Supplemental References

Recommendation

The summary statements in the Canadian Smoking Cessation Clinical Practice Guideline (CAN-ADAPTT, 2011) are designed as a foundation to support health care providers with tailored information and recommendations to adapt for use.

5As:
*Canadian Smoking Cessation Clinical Practice Guideline Summary Statements**
*(Grade of Recommendation and Level of Evidence**)*

*1. **ASK**: Tobacco use status should be updated for all patients by all health care providers (HCPs) on a regular basis **(Grade 1A**)***
*2. **ADVISE**: HCPs should clearly advise patients to quit **(Grade 1C**)***
*3. **ASSESS**: HCPs should assess willingness of patients to begin treatment for smoking cessation **(Grade 1C**)***
*4. **ASSIST**: Every tobacco user who expresses a willingness to begin treatment to quit should be offered assistance **(Grade 1A**)***
*5. **ARRANGE**: HCPs should conduct regular follow-up to assess response, provide support and modify treatment as necessary **(Grade 1C**)** and refer patients to relevant resources as part of the provision of treatment **(Grade 1A**)***

* CAN-ADAPTT. (2011). *Canadian Smoking Cessation Clinical Practice Guideline: Summary Statements.* Page 2. Retrieved from Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment, Centre for Addiction and Mental Health: www.nicotinedependenceclinic.com/en/canadaptt/PublishingImages/Pages/CAN-ADAPTT-Guidelines/Summary%20Statements%20Overview.pdf

** CAN-ADAPTT. (2011). *Canadian Smoking Cessation Clinical Practice Guideline: Summary Statements.* Page 6. Retrieved from Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment, Centre for Addiction and Mental Health: www.nicotinedependenceclinic.com/en/canadaptt/PublishingImages/Pages/CAN-ADAPTT-Guidelines/Summary%20Statements%20Overview.pdf

The 3As model adapted from the Ottawa Model for Smoking Cessation (University of Ottawa Heart Institute, 2007) can be considered for use in primary care clinics without dedicated smoking cessation resources.

3As:
Ottawa Model for Smoking Cessation adapted for Primary Care*

*1. **ASK** about smoking status: consider as a patient vital sign*
*2. **ADVISE** to quit tobacco use with strong, personalized and non-judgmental advice to quit with offer of support*
*3. **ACT** through referral of patient to nurse, nurse practitioner or pharmacist for dedicated cessation consult*

* University of Ottawa Heart Institute (2007). https://ottawamodel.ottawaheart.ca/primary-care

Rationale for Inclusion of Tobacco Use in ASaP+

Impact of Tobacco Use on Cancer and Other Chronic Diseases

- Tobacco use is the single greatest risk factor for the development of cancer (Poirier, et al., 2019) (i.e., lung, esophagus, colorectal, and bladder) and other chronic diseases (Global Burden of Disease 2015 Tobacco Collaborators, 2015), (i.e., COPD, diabetes and asthma) and the leading preventable cause of premature death in Canada (Public Health Agency of Canada, 2013)
- In 2015 in Alberta, 2,780 new cancer cases were due to smoking tobacco (Brenner, et al., 2019; Poirier, et al., 2019)[1]
- Twenty-eight percent of new cancers diagnosed in Alberta in 2015 were due to smoking tobacco (Brenner, et al., 2019; Poirier, et al., 2019)[1]

Importance and Impact of Screening, Brief Intervention and Referral to Support

[1] All data provided by the ComPARe Study (prevent.cancer.ca)

- The CAN-ADAPTT Guideline (2011) provides the Grade of Recommendation (GR) and the Level of Evidence (LOE) to support the medical priority to address smoking in all adults (see Appendix A)
- Advice from professionals helps smokers quit; brief advice for as little as five minutes has clear benefits, and follow-up visits to discuss progress and provide support are effective in increasing long-term quit rates (Royal Australian College of General Practitioners, 2019)
- Motivational interviewing is a more intensive intervention and potential option when members of primary care team other than physicians are available to spend more time with patients (Lindson-Hawley, et al., 2015)
- There are pronounced and immediate benefits of cessation (Patel & Steinberg, 2016), yet successful cessation often occurs after many attempts with each attempt contributing to likelihood of ultimate cessation (Patel & Steinberg, 2016; Pipe, et al., 2011)
- Treatment goals vary and tobacco cessation interventions should be designed to match i.e., goals can include abrupt cessation, reduction prior to cessation, or reduction only (Reid, et al., 2016)

<u>5A and 3A Tobacco Intervention Models</u>

A primary care clinic can choose either the 5As or 3As model, depending upon the cessation support resources available.

5As

- **Ask** about tobacco use at every encounter: Identify and document tobacco use and consider part of a systematic process (e.g., vital signs)
- **Advise** to quit tobacco use with strong, clear, personalized message
- **Assess** the patient's willingness to quit: if patient is not ready, offer motivational counselling
- **Assist** in quitting or referral to quit support: set a quit date; behavioural changes i.e., alternatives, skills; pharmacotherapy; support i.e., environment, triggers
- **Arrange** follow-up: in-person, telephone, electronics; monitor progress, side effects, withdrawal

3As

- The Ottawa Model for Smoking Cessation (OMSC) (University of Ottawa Heart Institute, 2007), an intervention originally designed for use in hospital settings, is an evidence-based, systematic approach to address tobacco use
- The OMSC model has been adapted for use in primary care practices (Reid et al., 2010)
- The 3As (Ask, Advise, Act) model (Papadakis et al., 2016) has been used in the primary care setting and is based on the involvement of multiple health professionals collaborating to deliver treatment in busy clinics:

- **Ask** about smoking status – consider as a patient vital sign
- **Advise** to quit tobacco use with strong, personalized non-judgmental advice to quit with offer of support
- **Act** through referral of patient to nurse, nurse practitioner or pharmacist for dedicated cessation consult

Supplemental References

Several reviews, reports and guidelines related to tobacco use have been developed by international bodies. The highlights below are provided as additional information.

1. Tobe, S. W., Stone, J. A., Walker, K. M., Anderson, T., Bhattacharyya, O., Cheng, A. Y., . . . Liu, P. P. (2014). Canadian Cardiovascular Harmonized National Guidelines Endeavour (C-CHANGE): 2014 Update. *Canadian Medical Association Journal*, 1299-1305. Retrieved from https://www.cmaj.ca/content/186/17/1299.full
   (Tobe, et al., 2014)
   - All patients should be asked if they use tobacco and have tobacco use status documented on a regular basis
   - All physicians, nurses and other health care workers should strongly advise all patients who smoke to quit and provide brief advice

     ~ Referenced in ASaP

2. Leung A., et al. (2017). Hypertension Canada's 2017 Guidelines for Diagnosis, Risk Assessment, Prevention, and Treatment of Hypertension in Adults. *Canadian Journal of Cardiology*, 557-576. Retrieved from http://www.onlinecjc.ca/article/S0828-282X(17)30110-1/fulltext
   (Leung A., et al, 2017)
   - Tobacco use status of all patients should be updated on a regular basis and health care providers should clearly advise patients to quit smoking.

     ~ Referenced in ASaP

3. National Institute for Health and Care Excellence. (March 2018). *Stop smoking interventions and services. NICE guideline [NG92].* UK: NICE. Retrieved from https://www.nice.org.uk/guidance/ng92
   (National Institute for Health and Care Excellence, March 2018)
   - Healthcare providers ask patients if they smoke
   - Every patient who smokes is advised to quit
   - Patients not ready to quit should be asked to consider the possibility and encouraged to seek help in the future

- If a patient who smokes presents with a smoking-related disease, cessation advice may be linked to the patient's medical condition
- People who smoke are asked how interested they are in quitting. Advice to stop smoking is sensitive to the individual's preferences, needs and circumstances: there is no evidence that the 'stages of change' model is more effective than any other approach
- Healthcare providers share information on the consequences of smoking and stopping smoking and advise on options for support and pharmacotherapy
- Smoking status of patients not ready to stop is recorded and reviewed with the patient once a year

4. Royal Australian College of General Practitioners. (2019). *Supporting smoking cessation: A guide for health professionals. 2nd edn.* Retrieved from Royal Australian College of General Practitioners: https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/supporting-smoking-cessation
   (Royal Australian College of General Practitioners, 2019)
   - Most successful quit approach for nicotine-dependence is counselling and support combined with first-line pharmacotherapy and follow-up
   - Health professionals should offer to assist patients with a quit attempt, using pharmacotherapy and counselling, either within the health service or by referral to intensive support to a telephone quit line, or to a tobacco treatment specialist
   - Minimal interventions (1-3 minutes) are effective and should be offered to every tobacco user
   - A strong dose-response relationship between session length and successful treatment exists, therefore referral to intensive interventions should occur
   - Counselling by a variety or combination of delivery formats (self-help, individual, group, helpline, web-based) increases cessation rates over approaches in which there is minimal support
   - Multiple counselling sessions increase chances of prolonged abstinence - 4 or more sessions when possible
   - Combined counselling and smoking cessation medication is more effective than either alone and both should be provided
   - Motivational interviewing is encouraged to support patients to engage in treatment now and in future
   - Provide practical counselling on problem solving skills or skill training and provide support as part of treatment
   - Assessment of readiness to quit is a valuable step in planning treatment
   - Offer brief cessation advice in routine consultations and appointments whenever possible and at least annually
   - All smokers attempting to quit should be offered follow-up

- Pharmacotherapy should be offered to all motivated smokers who have evidence of nicotine dependence

References

Agency for Healthcare Research and Quality. (2008). *Treating tobacco use and dependence. 2008 update*. Retrieved from https://www.ahrq.gov/prevention/guidelines/tobacco/index.html

Brenner, D. R., Friedenreich, C. M., Ruan, Y., Poirier, A. E., Walter, S. D., King, W. D., . . . De, P. (2019). The burden of cancer attributable to modifiable risk factors in Canada: Methods overview. *Preventive Medicine*, 3-8.

CAN-ADAPTT. (2011). *Canadian Smoking Cessation Clinical Practice Guideline: Summary Statements.* Retrieved from Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment, Centre for Addiction and Mental Health: www.nicotinedependenceclinic.com/en/canadaptt/PublishingImages/Pages/CAN-ADAPTT-Guidelines/Summary%20Statements%20Overview.pdf

Global Burden of Disease 2015 Tobacco Collaborators. (2015). Smoking prevalence and attributable diease burden in 195 countries and territories, 1990-2015: a systematic analysis from the Global Burden of Disease Study 2015. *The Lancet*, 1885-1906.

Leung A., et al. (2017). Hypertension Canada's 2017 Guidelines for Diagnosis, Risk Assessment, Prevention, and Treatment of Hypertension in Adults. *Canadian Journal of Cardiology*, 557-576. Retrieved from http://www.onlinecjc.ca/article/S0828-282X(17)30110-1/fulltext

Lindson-Hawley, N., Thompson, T. P., & Begh, R. (2015). Motivational interviewing for smoking cessation. *Cochrane Database of Systematic Reviews*.

National Institute for Health and Care Excellence. (March 2018). *Stop smoking interventions and services. NICE guideline [NG92].* UK: NICE. Retrieved from https://www.nice.org.uk/guidance/ng92

Papadakis S, C. A. (2016). Increasing rates of tobacco treatment delivery in primary care practice: Evaluation of the Ottawa Model for smoking cessation. *Annals of Family Medicine*, 235-243.

Patel, M. S., & Steinberg, M. B. (2016). Smoking Cessation. *Annals of Internal Medicine*, ITC33-ITC48.

Pipe, A. L., Eisenberg, M. J., Gupta, A., Reid, R. D., Suskin, N. G., & Stone, J. A. (2011). Smoking cessation and the cardiovascular specialist: Canadian Cardiovascular Society Position Paper. *Canadian Journal of Cardiology*, 132-137.

Poirier, A., Ruan, Y., Volesky, K. D., King, W. D., O'Sullivan, D. E., Gogna, P., . . . ComPARe Study Team. (2019). The current and future burden of cancer attributable to modifiable risk factors in Canada: Summary of results. *Preventive Medicine*, 140-147.

Public Health Agency of Canada. (2013). *Chronic Disease Risk Factor Atlas.* Public Health Agency of Canada. Retrieved from https://www.canada.ca/en/public-health/services/chronic-diseases/risk-factor-atlas.html

Reid RD, M. K. (2010). Smoking cessation for hospitalized smokers: an evaluation of the "Ottawa Model". *Nicotine Tob Res*, 11-18.

Reid, R. D., Pritchard, G., Walker, K., Aitken, D., Mullen, K., & Pipe, A. L. (2016). Managing smoking cessation. *Canadian Medical Association Journal*, E484-492.

Royal Australian College of General Practitioners. (2019). *Supporting smoking cessation: A guide for health professionals. 2nd edn.* Retrieved from Royal Australian College of General Practitioners: https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/supporting-smoking-cessation

Tobe, S. W., Stone, J. A., Walker, K. M., Anderson, T., Bhattacharyya, O., Cheng, A. Y., . . . Liu, P. P. (2014). Canadian Cardiovascular Harmonized National Guidelines Endeavour (C-CHANGE): 2014 Update. *Canadian Medical Association Journal*, 1299-1305. Retrieved from https://www.cmaj.ca/content/186/17/1299.full

University of Ottawa Heart Institute. (2007). Retrieved from Ottawa Model for Smoking Cessation: http://www.ottawamodel.ottawaheart.ca

Appendix A: CAN-ADAPTT Canadian Smoking Cessation Guideline
Grade of Recommendation and Level of Evidence Summary Table

GR/LOE*	CLARITY OF RISK/BENEFIT	QUALITY OF SUPPORTING EVIDENCE	IMPLICATIONS
1A Strong Recommendation *High Quality Evidence*	Benefits clearly outweigh risk and burdens, or vice versa	Consistent evidence from well performed randomized, controlled trials or overwhelming evidence of some other form. Further research is unlikely to change our confidence in the estimate of benefit and risk.	Strong recommendations, can apply to most patients in most circumstances without reservation. Clinicians should follow a strong recommendation unless a clear and compelling rationale for an alternative approach is present.
1B Strong Recommendation *Moderate Quality Evidence*	Benefits clearly outweigh risk and burdens, or vice versa	Evidence from randomized, controlled trials with important limitations (inconsistent results, methodologic flaws, indirect or imprecise), or very strong evidence of some other research design. Further research (if performed) is likely to have an impact on our confidence in the estimate of benefit and risk and may change the estimate.	Strong recommendation and applies to most patients. Clinicians should follow a strong recommendation unless a clear and compelling rationale for an alternative approach is present.
1C Strong Recommendation *Low Quality Evidence*	Benefits appear to outweigh risk and burdens, or vice versa	Evidence from observational studies, unsystematic clinical experience, or from randomized, controlled trials with serious flaws. Any estimate of effect is uncertain.	Strong recommendation, and applies to most patients. Some of the evidence base supporting the recommendation is, however, of low quality.

Access at: https://www.nicotinedependenceclinic.com/en/canadaptt/Pages/CAN-ADAPTT-Guidelines.aspx