

CLEARING THE AIR

SMOKING/TOBACCO CESSATION

COUNSELOR GUIDE



Counselor — Please note that this script can be used with the separate client script “Clearing the Air: Smoking/Tobacco Cessation Counseling: Client Packet”, which can be printed out and given to the client and it can also be used with the NCI’s “Clearing The Air” booklet. The pages for each section have been highlighted for you for easy reference.

In addition, there are doubled sided cards available that can be printed out on card stock and given to any client regardless of which plan/booklet the client is given: “Reasons to Quit” card and “Withdrawal Symptoms” card. These are small cards which can be carried between the cigarette pack and the outside cellophane so they can be read each time before lighting up to increase motivation and to remind the client of the normal withdrawal symptoms. Smokeless tobacco users can carry them in their wallet or rubber band them to their tin.

Throughout this guide the term “tobacco-free or using tobacco” is used since you may be working with clients who use smoke-less tobacco and other tobacco products besides cigarettes. Tailor your discussion to the type of tobacco product the client uses.

INITIAL VISIT

1. Introductions and Consent Form

“Hi [Client]. Congratulations on your decision to quit smoking/using tobacco products.

I am glad you have decided to go tobacco-free. Quitting isn’t easy, it may be one of the hardest things you ever do, but I guarantee you, it will be worth the effort.

Becoming tobacco-free is the best thing you can do for yourself and your loved ones. Using tobacco is the leading preventable cause of death and disability in the United States. However, when you quit using tobacco, you are doing the best thing you can to improve your health and your quality of life.

Just thinking about quitting may be causing some anxiety but having a plan and being prepared will improve your chances to not only stop using tobacco but to stay quit. I am here to assist you in the process. When it comes to quitting, tobacco users don’t plan to fail but they fail to plan. Today we will be going over some helpful techniques and working together to come up with a detailed quit plan just for you.

I would like to reassure you that everything you tell me will be kept confidential.

Read through with client

Informed Consent for Smoking/Tobacco Cessation Counseling

Welcome!

Thank you for coming in today to discuss strategies for becoming tobacco-free!

Confidentiality

Your visit is completely confidential and all information will be shared only with you. The only time that we are required to disclose personal information is in any event that you intend to harm yourself or someone else. We will give you a copy of this consent form and keep a copy for our records.

Staff Information

This counseling session may be facilitated by an intern who is still learning. While a supervisor is always available, you are strongly advised to visit your physician to discuss this counseling session. We do not diagnose or prescribe medications and the advice we give is not intended to take the place of your physician's recommendations.

Who may I contact?

If you have any questions or concerns, you may contact Julie Chobdee, MPH, Wellness Program Coordinator at 951-827-1488, or by email at julie.chobdee@ucr.edu.

Consent

I have read the preceding information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to participate in this counseling session and understand that I have the right to withdraw from counseling at any time without affecting my medical care or employment.

I release the staff working under the Wellness Program at the University of California, Riverside from any liability including any matter committed or omitted which may arise during my visit. I understand that it is my responsibility to follow up with my physician or a care provider regarding the information provided.

Print Name of Participant: _____

Signature of Participant: _____ **Date:** _____

Print Name of Staff/Intern: _____

Signature of Staff/Intern: _____ **Date:** _____

2. Background

Coming here is a great first step to quit using tobacco! I am happy to help you become tobacco-free.

Do you mind if I take notes so that I can recall our conversation details?

During our time together today, we will talk a little bit about your smoking/tobacco use history, previous quit attempts, and why you want to quit.

And before you leave today, I will provide you with resources available on and off campus to help you in your quit efforts. Do you have any questions before we begin?

3. Smoking History

Talking Points

a. How did you hear about this counseling opportunity?

b. How do you feel about quitting? (Client will be in one of three different states of mind):

- Not wanting to quit—focus on motivation
- Want to quit but not sure—focus on building confidence by creating a plan
- Ready to set a quit date with 30 days.

Acknowledge that client is (ready to quit, not sure about quitting, or doesn't want to quit).

c. How long have you been using tobacco? And how much? (Tell the client that after using tobacco for so long, it has become a major part of his/her life and daily routine. Therefore, it is important to figure out ways to break the rituals or change the habits that lead to picking up a cigarette or use smokeless tobacco. This process will be detailed in the client's quit plan.)

d. Have you ever tried to quit before? How many times? What did you do that worked? (Reassure the client that most people have 5-7 “practice runs”. This does not mean they have failed in the past but it means that nicotine is a difficult addiction to overcome.) (Congratulate client on any past attempt to become tobacco-free regardless of length of time).

- e. **What caused you to start using tobacco again? And/or what do you see as potential barriers to your success this time? (Tell the client that all of these previous attempts are important for helping the client know what works and what doesn't work for them).**

- f. **What can you do differently for this quit attempt? Having a plan for those tough times can help get you through the cravings.**

4. Mini Test for Nicotine Dependence: Learn how much you depend on nicotine

In order to determine what quit methods will help you most, I now have a few questions that I would like to ask you to get an idea of your dependence on nicotine.

Instructions: Read questions word-for-word and check the appropriate response box. Tally the points to determine the client's nicotine dependence. Note: 1 pack = 20 cigarettes.

1. How soon after you wake up do you use tobacco?

- | | |
|---|-----|
| <input type="checkbox"/> After 60 minutes | (0) |
| <input type="checkbox"/> 31-60 minutes | (1) |
| <input type="checkbox"/> 6-30 minutes | (2) |
| <input type="checkbox"/> Within 5 minutes | (3) |

2. How many cigarettes per day do you smoke? Or tins per week?

- | | | | |
|-------------------------------------|-----|--|-----|
| <input type="checkbox"/> 10 or less | (0) | <input type="checkbox"/> 1 tin or less: | (0) |
| <input type="checkbox"/> 11-19 | (1) | <input type="checkbox"/> 2 to 3 tins: | (1) |
| <input type="checkbox"/> 20-30 | (2) | <input type="checkbox"/> 3 or more tins: | (2) |
| <input type="checkbox"/> 31 or more | (3) | | |

Score:

- 0-2 points: Low nicotine addiction
3-4 points: Moderate nicotine addiction
5-6 points: High nicotine addiction

Interpreting Results

If the client has...

- Low nicotine dependence, reassure the client that s/he has less of an addiction to nicotine and can focus on cessation techniques. But if you scored even 1 point, you might be dependent upon nicotine and medications are available if you do experience any withdrawal symptoms. No one needs to be uncomfortable during their quit attempt.
- Moderate or High nicotine dependence, encourage the client to look into using nicotine replacement therapies or medications in addition to behavior techniques. Medications will double the success rate for most tobacco users.

Explain there is an expanded version of this tobacco dependence test which can further assist the client in deciding whether a cessation medication is appropriate for them:

- Clearing the Air: Page 7
- “Clearing the Air: Smoking/Tobacco Cessation Counseling: Client Packet”,: Appendix A

SMOKING/TOBACCO CESSATION COUNSELING

A. Preparing to Quit: Have good reasons to quit

Becoming tobacco free may be one of the hardest things you do and it easy to lose sight of your goal so it's important to have good reasons. What are some of your reasons for going tobacco-free?

(Affirm their decision to become tobacco-free and summarize their reasons. There will be times when you won't feel like quitting, it's at those times that it's important to remember what is more important to you like you mentioned...health, saving money, better role model etc.).

(Provide “Reasons to Quit” Card and/or refer client to part A of client guide or page 5 of the NCI booklet “Clearing the Air”).

Besides the physical part of quitting, there is also a behavioral part. There are many different ways to quit and I am going to go through some useful techniques have helped other tobacco users like you to help you be as successful as possible.

Ask the client: “On a scale from 0 to 10, with 0 meaning no confidence and 10 being very confident, how confident are you that you can become tobacco-free?” Regardless of their number, explain they can increase their confidence by planning ahead. The more techniques they use, the more likely they are to succeed.

B. Know your triggers

Find out what triggers your smoking/tobacco habit – coffee, alcohol, food, stress, sex, friends who use tobacco, bars, other smoking environments, etc. Write down these triggers and plan on what you can do avoid using tobacco at these times. Have you discovered anything that triggers your use of tobacco? It helps to track your use of tobacco for a few days to see what some of the most important triggers that cause you to use tobacco.

The “Tobacco Use Record” is Appendix B in “Clearing the Air: Smoking/Tobacco Cessation Counseling: Client Packet”, and is the Smoking Journal on page 15 of NCI booklet “Clearing the Air”.

C. Meet your Triggers Head On: Fighting the urge to use tobacco helps if you have some alternatives to using tobacco. It pays to plan ahead.

“The Seven D’s”: Explain that the Seven D’s are some simple tips to help them through cravings. (The Seven D’s are Appendix D in the “Clearing the Air: Smoking/Tobacco Cessation Counseling: Client Packet”).

- **Drink water.**
- **Deep breathing and other relaxation techniques** can give the same calming effect as nicotine. Using tobacco is a very soothing activity for a lot of people. Therefore, it is important to find new ways to relax. If you are stressed, find some ways to calm down such as listening to music, walking outdoors, reading, laughing, watching a good movie, reading a good book, meditating, progressive muscle relaxation etc. Deep breathing can often give the same calming effect as using tobacco. What are some things you could do?
- **Distraction:** Most cravings seem to last forever but really only last for a couple of minutes. Find a way to distract yourself until the cravings go away (i.e. Have someone to call beforehand, take a walk, listen to music, etc.). Do you have any ideas for you can distract yourself? Consider making an emergency quit kit. Your packet lists some useful items to in a quit kit.
- **Do something else:** Make time for hobbies/new activities such as learning a musical instrument, learning how to draw, etc. These activities will keep your hands busy and your mind occupied! Do you have any hobbies you can do to keep yourself busy?

Substitute mouth and finger senses: When you aren’t using tobacco, do you miss having something in your hands or mouth? Chewing sugarless gum and holding a pen or pencil can help you to avoid this type of trigger. Think about including some of these items in your quit kit.

- **Discuss with others — Finding social support:** Ask the client if they live with any tobacco users. Role play how they might ask for support in their quit attempt if the tobacco user they live with isn’t willing to quit too.

Surround yourself with people who do not use tobacco. Avoid tobacco users in the first few weeks of quitting. Try making some new friends who don’t use tobacco or even participate in tobacco cessation support groups. Do you have any friends or family members who you can spend extra time with over the next few weeks?

- **Distract your thoughts:** Change the way you think about tobacco. Have a daily meditation or affirmation to clear your mind and prepare yourself for each day (“NOPE-Not One Puff Ever” or “I’m a puff away from a pack a day”). Ask your religious community for support during the quit process.
- **Don’t use tobacco.** Remind them that even one puff/one chew could trigger a full relapse.

Explain that they may need different techniques for each type of activity associated with using tobacco. For example, one technique may be needed for when they use tobacco with coffee, and another one when driving.

Which of these ideas do you think will help you and that you are willing to try?

D. Set a Date

(Page 12 of the NCI booklet “Clearing the Air” and part D in “Clearing the Air: Smoking/Tobacco Cessation Counseling: Client Packet”)

Now we are going to talk about setting a date. Are you ready to set a date within the next 2 to 4 weeks?

If no — ask if they are willing to work on tracking their tobacco use habits and thinking of ways to try some of the Seven D’s.

If yes — This is one of the most important steps. Pick a date that works best for you. Decide whether a weekend or a work day would be better for you. It can be a date that is meaningful for you or any day you choose. Avoid a date where you have any special social events planned where you might be tempted to use tobacco. It should be 2-4 weeks in the future so that you have enough time to come up with a detailed plan, but not enough time to talk yourself out of your decision.

Circle this date on a calendar and ask family and friends for support. Do you have a date in mind?

(If they are not ready to set up a date, explain that they can still work on developing their plan to quit and be practicing different techniques until they are ready to set a quit date which will help them build their confidence.)

E. Tell your Friends and Family and Find Support:

(Page 13 of the NCI booklet “Clearing the Air” and Part E of “Clearing the Air: Smoking/Tobacco Cessation Counseling: Client Packet”)

It’s helpful to have support from your family and friends. Who are the people in your life that you will tell and what kind of support will you ask them to help you with:

Find a sponsor or a quit buddy:

Your sponsor should preferably be a person who does not use tobacco. A former tobacco user may be a good sponsor. This person should be supportive but not judgmental. Do you have anyone who can sponsor you? (If not, volunteer to be their sponsor.) Or find a quit-buddy. Do you know of anyone else who is also becoming tobacco-free now who you can partner with for support?

Spiritual support

Have a daily meditation to clear your mind and prepare yourself for each day. Ask your religious community for support during the quit process.

What I Will Do for Spiritual Support:

F. Environmental Control: Remove tobacco products from your home, car, and workplace

(Page 16 of the NCI booklet "Clearing the Air" and part F of "Clearing the Air: Smoking/Tobacco Cessation Counseling: Client Packet)

- Before your quit date, find any hidden or loose cigarettes/tins and everything tobacco related: ash trays, lighters, matches, etc. Clean your house to remove the tobacco smells and detail your car. How does that sound?
- Where do you smoke now? _____
- Encourage smokers to set up a "smoking corner", someplace where all they do is smoke. Even if they are already smoking outside such as on the patio-ask if they want to go there after they quit and not crave a cigarette? Suggest their smoking corner be by the garbage cans, in the garage, anywhere where they don't normally spend much time. You want them to break their association between their favorite chair, the patio etc. with their smoking. Their former smoking place can now become the place their practice relaxation techniques.
- Make a "Butt Jar." Collect your cigarette butts for a week in a glass jar and fill with water. Remind yourself of what the cigarettes are doing to your body. For smoke-less tobacco users, collect tobacco juices in a jar.
- Where could you set up a smoking corner? _____
- After tracking their tobacco use for a few days, they can start substituting these different ideas to break their connections before they quit. When they go to their smoking corner, don't take their coffee, phone, iPod, etc., only stand and smoke. Then go back into the house and use one of the Seven D's. This way they break their "habit" cigarettes before their quit day.

G. Prepare Physically: Talk to your doctor about getting help

(Page 17 of the NCI booklet “Clearing the Air” and Part G in “Clearing the Air: Smoking/Tobacco Cessation Counseling: Client Packet”)

Know the symptoms of nicotine withdrawal and be ready to face them. Some symptoms include: irritability, depression, anxiety, an urge to use tobacco (physical cravings), insomnia, increased appetite and weight gain.

Medications and nicotine replacement therapies in combination with behavioral counseling greatly increase your chances of success.

(Give them the “Withdrawal Symptom card”. Explain that these are normal symptoms and to carry this card around with them on and after their quit date. The Seven D’s are on the back side).

(If in their tobacco use history, they mentioned using medications in the past, explore this further. Often a tobacco user will stop for a long period of time and then relapse and think a medication didn’t work. Explain that medications are only designed to “take the edge off of the physical withdrawals. Quitting is two-part process and medications won’t take the place of having a plan to deal with the behavioral aspects. If a medication was used and it helped, encourage its usage again.)

Are you interested in any nicotine replacement therapies or medications to help you with withdrawal symptoms? Let’s take a look at Appendix E. This chart will tell you all of the medications and therapies that are FDA-approved. It shows the pros and cons of each medication or therapy and how to take them properly. (Source: Treating Tobacco Use and Dependence: 2008 Update Clinical Practice Guideline published by the U.S. Dept. of Health and Human Services)

If you are interested in any of these options, please talk to your physician. Your health plan covers various cessation medications and programs. *(Ask what health plan they have and provide information for that plan.)*

How concerned are you about gaining weight?

(If the client is concerned about weight gain, add exercise and healthy eating habits as part of the cessation plan. Page 30 in the NCI booklet “Clearing the Air” and Part I in “Clearing the Air: Smoking/Tobacco Cessation Counseling: Client Packet”)

H. Reward System: Plan to reward yourself

(Page 25 of the NCI booklet “Clearing the Air” and Part H in “Clearing the Air: Smoking/Tobacco Cessation Counseling: Client Packet”)

Make sure to reward yourself after successfully quitting for one month, two months, three months, etc. From quitting you’ll have some extra spending money and time!

How much money do you currently spend on cigarettes/tobacco? (Help them to estimate how much money they’ll save in a year/5 years. \$6/a pack per day x 365 days = \$2,190. Ask if they don’t quit now, how many more years will they smoke? Then times their yearly amount by the number of years they say. \$2,190 x 5 years = \$10,950. Then ask, do you think tobacco will get any cheaper?) This same example can be used if the client uses smokeless tobacco, substituting tins for packs.

How would you like to use all that extra money to reward yourself for quitting?

What can you do with the extra time you will have when you become tobacco-free?

I. Lifestyle Advice:

(Page 30 of the NCI booklet “Clearing the Air” and Part I of “Clearing the Air: Smoking/Tobacco Cessation Counseling: Client Packet”)

Eat lots of fruits and vegetables, avoid fattening and sugary foods, drink lots of water, and exercise regularly. Your body will recover faster and you’ll minimize weight gain! (Provide information on wellness/health promotion programs and resources).

Conclusion

We talked about a lot of techniques today to help you to quit using tobacco. How do you feel about the tools that we came up with?

Keep these ideas in mind when you go through your packet. The packet will guide you through writing out a detailed quit plan. At the end of the packet is a contract for you to sign once you feel ready to start your quit plan.

If you have any questions or concerns, you have our number on the consent form. Also, here is the California Smoker’s Helpline: (1-800-NO-Butts) feel free to give it a call if you ever need to talk to someone immediately. Are there any other resources I can offer you to make you feel more confident and ready? (If the client does not have any questions or concerns, set a date and time for the follow-up meeting.)

FOLLOW-UP VISIT

1. Welcome

- Welcome back! How are you?
- How have you been since we last met?

2. Review

The second visit will be for one of two situations and the script should follow where ever the client is at:

- **Not quit**, needs help in making/refining their plan.
- **Quit**, needs help with reinforcement and relapse prevention

A. Not Quit: Help in making and refining their plan:

- a. Review their reasons for wanting to become tobacco-free. You mentioned that _____ were some of your reasons for becoming tobacco-free. What other ideas have you added to your list?
- b. On a scale of 1 to 10, how motivated are you to quit at this time? (Regardless of the number, ask how they can increase their motivation. If a 9 or a 10, ask if they are ready to set another quit date—if not, then what is stopping them? Fears of quitting or lack of skills?

On your last visit, your confidence level was _____. Where are you now? How can you increase that number? Explain the more they work on their plan, the more confident they will become.

- c. What did you discover about your tobacco use habits by doing the (tobacco use record, Appendix B “Clearing the Air: Smoking/Tobacco Cessation Counseling: Client Packet” or smoking journal—from page 15 of the NCI booklet “Clearing the Air”)?

- d. What are the triggers which seem to be the most bothersome?

- e. What have you tried? What else could you try?

- f. How you talked with your doctor about cessation medications? If not—why not?

- g. Have you talked with your family and friends and asked for support? How did that go? If they live with another tobacco user—ask how that that person is being supportive or not—ask how they are handling this situation.

- h. Ask if they have set up a smoking corner and/or cleaned up their environment.

- i. Are you ready to set another quit date? If still no, reinforce that they can still be working on their quit plan refining it until they are ready to set a date.

B. Quit: if they have quit:

- a) **Set a date:**

What date did you end up quitting?
Congratulations! How was that day for you?

- b) **Prepare physically:**

How are you doing with withdrawal symptoms?
Did you choose to use a medication or nicotine replacement therapy? How is that working for you?

(If they are having extreme withdrawals and/or did not choose to use a cessation medication, encourage them

to speak to their doctor since there is no reason why they should be uncomfortable. Remind them that the use of a medication will double their chances of quitting for good.)

Are you participating in any cessation support programs?

- c) **Environmental control:** Are there still places, times or people where you are tempted to use tobacco? How are you handling those situations?
- d) **Distraction, Do something else, substitute triggers, substitute mouth and finger senses/relaxation techniques**

What techniques have you found helpful?

What are you saying to yourself when a craving comes up or how are you changing your behavior?

What are you doing to keep your hand/mouth busy?

What relaxation techniques are you using?

- e) **Social support/find a sponsor**

How is your social support? Do you need any additional support in this area? If so, here is a list of local group classes.

Did you find a sponsor or a quit buddy. How is that working out for you? Have they been supportive of you?

- f) **Reward system:** What are you doing to reward yourself?
- g) **Lifestyle advice:** What lifestyle changes have helped you to stay tobacco-free? How do you feel?

3. Set Goal for Next Visit

Congratulations! You are off to a great start for having quit _____ days! It's important to keep your guard up and focus on sticking to it.

Are you concerned or do you need help with:

- Weight gain
- Stress Management
- Social situations/being around other tobacco users

We can set up a follow-up appointment to discuss these items. We also have the following classes available to address weight management/exercise/stress.

Do you have any questions about anything we've discussed?

4. Conclusion

This is such a great accomplishment! Feel free to contact me if you need any more assistance.

TABLE 1. FDA APPROVED MEDICATIONS FOR TOBACCO DEPENDENCE

Pharmacotherapy	Common Side Effects	Advantages	Disadvantages	Dosage	Duration	Availability
Bupropion SR	<ul style="list-style-type: none"> • Insomnia • Dry mouth 	<ul style="list-style-type: none"> • Easy to use (pill) • No concerns for cardiac patients • Effective in patients with depression • Limits weight gain • Can be used with NRT 	<ul style="list-style-type: none"> • Prescription needed • Precautions: Pregnancy Category C <ul style="list-style-type: none"> • Seizure disorders, stroke • Current use of MAO inhibitors, levodopa • Anorexia, bulimia • Other seizure-threshold-lowering conditions (e.g., alcohol dependence, head trauma) 	150 mg every morning for 3 days, then 150 mg twice daily Begin 1-2 weeks before first tobacco free day Check BP if combine with NRT	7-12 weeks, maintenance up to 6 months	Zyban® Wellbutrin SR® Generic (Prescription only)
Nicotine Patch	<ul style="list-style-type: none"> • Local skin reaction • Insomnia 	<ul style="list-style-type: none"> • Provides steady levels of nicotine • Easy to use • Unobtrusive • No prescription needed- OTC 	<ul style="list-style-type: none"> • Dose is not adjustable if cravings occur • Contraindications: Pregnancy Category D. Severe or unstable angina pectoris, serious arrhythmias, For one month after acute MI • Use clinical judgment in pregnancy/teens 	For most patients: 21 mg/24 hours Then 14 mg/24 hours..... Then 7 mg/24 hours	4-6 weeks 2-4 weeks 2-4 weeks	Nicoderm CQ® Nicotrol® Habitrol® Generic (All available OTC)
Nicotine Gum	<ul style="list-style-type: none"> • Mouth soreness • Heartburn • Hiccups 	<ul style="list-style-type: none"> • Can use with patches to control urge in addicted smokers • User controls dose • No prescription needed- OTC 	<ul style="list-style-type: none"> • Proper use technique required • Difficult for users with bad teeth, dentures • Coffee, tea, soda & fruit limit absorption • Contraindications: Pregnancy Category D. TMJ disease. Also see patch 	1-24 cigarettes/day 2mg gum 25+ cigarettes/day 4mg gum Chew each piece slowly 30 minutes, up to 24 pieces/day (10-12/day usually)	Up to 12 weeks Taper 7-12 weeks	Nicorette® Nicorette Mint® (All OTC)
Nicotine Lozenge	<ul style="list-style-type: none"> • Nausea • Insomnia • Hiccups 	<ul style="list-style-type: none"> • Can use with patches to control urge in addicted smokers • User controls dose • No prescription needed 	<ul style="list-style-type: none"> • No eating or drinking before and during use • Takes lozenges 20-30 minutes to dissolve • Coffee, tea, soda & fruit juice limit absorption • Contraindications: Pregnancy Category D. Also see patch 	If 1 st cigarette more than 30 min. after waking – 2mg PRN If 1 st cigarette less than 30 min. after waking – 4 mg PRN. Up to 10 lozenges/day	Up to 12 weeks	Commit® Generic (All OTC)
Nicotine Inhaler	<ul style="list-style-type: none"> • Local irritation of mouth and throat 	<ul style="list-style-type: none"> • Can be used with patches to control urges in addicted smokers • User controls dose • Addresses hand to mouth habit 	<ul style="list-style-type: none"> • Prescription needed • Frequent continuous puffing needed for up to 20 minutes per cartridge • Does not work in cold (<40 degrees F) • Coffee, tea, soda & fruit juice limit absorption • Contraindications: Pregnancy Category D. Reactive airway disease. Also see patch 	6-16 cartridges/day PRN 20 minutes/cartridge Taper dosage after 3-6 months	Up to 6 months	Nicotrol Inhaler® (Prescription only)
Nicotine Nasal Spray	<ul style="list-style-type: none"> • Nasal irritation • Dyspepsia • Sneezing • Red, watery eyes initially 	<ul style="list-style-type: none"> • Can use with patches to control urge in addicted smokers • User controls dose • Most rapid nicotine delivery; simulates smoking 	<ul style="list-style-type: none"> • Prescription needed • Localized adverse effects limit use • Change in sense of smell or taste • Contraindications: Pregnancy Category D. Reactive airway disease. Also see patch 	Recommend 1-2 doses/hr PRN 5 doses/hr, 40 doses/day maximum One dose equals two sprays, one spray in each nostril (nearly equals nicotine from one cigarette)	3 months	Nicotrol NS® (Prescription only)
Varenicline	<ul style="list-style-type: none"> • Nausea • Insomnia • Abnormal dreams • Dry mouth 	<ul style="list-style-type: none"> • Easy to use (pill) • Blocks nicotine & therefore, the pleasure of smoking • No drug interactions 	<ul style="list-style-type: none"> • Prescription needed • Precautions: Pregnancy Category C <ul style="list-style-type: none"> • Dose adjustment for significant renal impairment • Mental illness may worsen or manifest • Nursing 	Begin 1-2 weeks before stop date Days 1-3: 0.5 mg tablet every morning Days 4-7: 0.5 mg tablet twice daily Days 8 to end of treatment: 1 mg tablet twice daily	3 to 6 months	Chantix® (Prescription only)

*When writing a prescription for Medi-Cal patients, prescribe specifically for Zyban or Nicoderm. All other treatments require a Treatment Authorization Request (TAR). Pharmacists must submit a certificate of counseling to receive Medi-Cal reimbursement. The Smokers' Helpline can fax a certificate directly to the pharmacy after the first intake phone session.

CREDITS

Created by:

- Julie Chobdee, MPH, UCR Wellness Program Coordinator
- Cheri Watkins, PhD, UCR Wellness Program Intern

Reviewed by:

- Beth Olagues, CHES, College Program Coordinator, California Youth Advocacy Network
- VJ Sleight, MA, Tobacco Treatment Specialist