Provincial Tobacco and Nicotine Dependence Primary Care Clinical Pathway

Applies to patients ≥18 who indicate they have smoked, vaped, or used other commercial tobacco or nicotine products in the past 30 days. This may include cigarettes, cigars, chewing tobacco, dip, snuff, e-cigarettes, shisha, modernized nicotine gum, or pouches. This does not include Traditional Tobacco used by First Nations and some Métis groups for ceremonial purposes or as a sacred medicine. See Product Definitions link above for details.

Note: If at any point it is clear the patient is focused on other concerns and does not want tobacco and nicotine use to be a discussion topic today, do not continue with pathway at this visit.

1. Ask about tobacco & nicotine product use with respectful, permission-seeking language

- With patient permission, ask about pattern of use (type of products used, how much per day, how often, last time of use)
- "Have you ever thought about quitting or reducing use?"

2. Advise patient to quit

- Use clear, strong, respectful, and personalized messaging
- Advise patient to stop using or reduce use of tobacco or nicotine products
- Include harms of product use and benefits of cessation
- Consider using the 5R's

Tobacco & Nicotine Use can look different for certain populations. Learn more about Population-specific considerations in the Special Populations link above.

3. Assess readiness to quit

- Ask patient "on a scale from 1-10, how important is it for you to change your tobacco/nicotine use or quit smoking?"
- Consider using Confidence and Readiness rulers

score 0-4

- Ask again at next appointment or when appropriate
- Tell patient how they can access support when ready (see Assist link above)
- Encourage patient to book follow-up if they change their mind

repeat at next appt or when appropriate

score 5-10

Is patient interested in help to quit or reduce use?

No

Yes

- Complete any outstanding medical history, including current medications or any chronic or psychiatric comorbidities
- Determine level of addiction to nicotine using Fagerstrom Test (smoking, smokeless, vaping)
- Consider screening for mood disorder if appropriate (PHQ-2 & PHQ-9)
- Assess drug interactions with tobacco smoke

4. Assist

Both behavioural and pharmacological interventions are effective in managing tobacco and nicotine dependence, with a combination of both being the most effective. Work with the patient to determine the methods that will work best for them

Behavioural Interventions:

- Counselling from a trained tobacco cessation counsellor
  - Individual (AlbertaQuits helpline 1-866-710-7848)
  - Group (QuitCore Group Support)
- Text message-based support (AlbertaQuits)
- Self-help materials (AlbertaQuits)
- PCN/RPHCN-level programs and supports as applicable
- Community-based counselling
- Advice or education from a community healthcare provider
- Mobile apps with direct behavioural support

Pharmacotherapy Interventions:

- Nicotine Replacement Therapy (NRT) (e.g., patch, gum, lozenge, inhaler, mouth spray) *does not include e-cigarettes
- Bupropion
- Varenicline
- Cytisine
- Combination therapy can occur

For dosing, treatment duration, cautions, and financial considerations, see Assist link above.

If patient is smoking cigarettes and aged 50-74, complete Lung Screening Risk Assessment

For navigation support, see referral guideline tab for instructions

Referral
See referral guideline tab for instructions

5. Arrange follow-up 1-4 weeks after quit date

- Assess adherence
- Consider combination therapy /interventions (see Assist link above)
- Adjust dose(s) or switch pharmacotherapy as needed