

## Section ID: Specific Populations and Other Recommendations

1. Special populations [including HIV-positive smokers; hospitalized smokers; lesbian/gay/bisexual/transgender smokers; those with low socioeconomic status (SES)/limited formal education; smoking with medical comorbidities; older smokers; smokers with psychiatric disorders (including substance use disorders); racial and ethnic minorities; and women smokers].

US: The interventions found to be effective in this Guideline have been shown to be effective in a variety of populations. In addition, many of the studies supporting these interventions comprised diverse samples of tobacco users. Therefore, interventions identified as effective in this Guideline are recommended for all individuals who use tobacco, except when medication use is contraindicated or with specific populations in which medication has not been shown to be effective (pregnant women, smokeless tobacco users, light smokers, and adolescents). (Strength of Evidence = B)

### 2. Children and Adolescents

**SUMMARY:** Cessation counseling should be encouraged for adolescent smokers, supporting abstinence from tobacco and using NRT for those who are nicotine dependent. Counseling in pediatric settings can be useful to make parents aware about the harmfulness of secondhand smoke.

US: Clinicians should ask pediatric and adolescent patients about tobacco use and provide a strong message regarding the importance of totally abstaining from tobacco use. (Strength of Evidence = C)

US: Counseling has been shown to be effective in treatment of adolescent smokers. Therefore, adolescent smokers should be provided with counseling interventions to aid them in quitting smoking. (Strength of Evidence = B)

US: Secondhand smoke is harmful to children. Cessation counseling delivered in pediatric settings has been shown to be effective in increasing abstinence among parents who smoke. Therefore, to protect children from secondhand smoke, clinicians should ask parents about tobacco use and offer them cessation advice and assistance. (Strength of Evidence = B)

NZ: Offer smoking cessation interventions that incorporate known effective components (such as those identified in the previous sections) to young people who smoke. (Grade = √)

NZ: NRT can be used by young people (12-18 year olds) who are dependent on nicotine (that is, NRT is not recommended for use by occasional smokers) if it is believed that NRT may aid the quit attempt. (Grade = C)

UK: Cessation interventions shown to be effective with adults should be considered for use with young people, with the content modified as necessary. (Strength of Evidence = C)

OMA: Cessation medications should be made available for smokers under 18 who want to quit. (No Grade)

### 3. Light Smokers

US: Light smokers should be identified, strongly urged to quit, and provided counseling cessation interventions. (Strength of Evidence = B)

### 4. Non-cigarette Tobacco Users

SUMMARY: Cessation counseling interventions should be offered to all smokeless tobacco, cigar, pipe and other non-cigarette users by health professionals, including dental health professionals.

US: Smokeless tobacco users should be identified, strongly urged to quit, and provided counseling cessation interventions. (Strength of Evidence = A)

US: Clinicians delivering dental health services should provide brief counseling interventions to all smokeless tobacco users. (Strength of Evidence = A)

US: Users of cigars, pipes, and other noncigarette forms of smoking tobacco should be identified, strongly urged to quit, and offered the same counseling interventions recommended for cigarette smokers. (Strength of Evidence = C)

### 5. Pregnant and Breastfeeding Smokers

SUMMARY: Smoking cessation should be encouraged for all pregnant and breastfeeding women from initial visit and throughout pregnancy. Utilizing behavioural and cognitive therapies is a recommended first step, but if found ineffective, oral NRT is recommended over the patch after a risk-benefit analysis.

US: Because of the serious risks of smoking to the pregnant smoker and the fetus, whenever possible pregnant smokers should be offered person-to-person psychosocial interventions that exceed minimal advice to quit. (Strength of Evidence = A)

US: Although abstinence early in pregnancy will produce the greatest benefits to the fetus and expectant mother, quitting at any point in pregnancy can yield benefits. Therefore, clinicians should offer effective tobacco dependence interventions to pregnant smokers at

the first prenatal visit as well as throughout the course of pregnancy. (Strength of Evidence = B)

NZ: Offer all pregnant and breastfeeding women who smoke multi-session behavioural smoking cessation interventions from a specialist/dedicated cessation service. (Grade = A)

NZ: All health care workers should briefly advise pregnant and breastfeeding women who smoke to stop smoking. (Grade = A)

NZ: NRT can be used in pregnancy and during breastfeeding following a risk-benefit assessment. If NRT is used, oral NRT products (for example, gum, inhalers, microtabs and lozenges) are preferable to nicotine patches. (Grade=C)

FR: Since the safety and efficacy of NRT for smoking cessation during pregnancy have not been well studied, behavioural and cognitive therapy and support should first be proposed during pregnancy (Professional consensus)

FR: If behavioural and cognitive therapy and support are ineffective to promote smoking cessation, NRT should be provided; however, nicotine patches should be removed during the night in pregnant women. (Professional consensus)

FR: Behavioural and cognitive therapy and support should first be proposed during breast-feeding. (Professional consensus)

FR: If behavioural and cognitive therapy and support are ineffective to promote smoking cessation, NRT should be provided; however, nicotine gums taken immediately after feeding should be preferred over nicotine patches. (Professional consensus)

UK: Pregnant smokers should be given firm and clear advice to stop smoking throughout pregnancy, and given assistance when it is requested. (Strength of Evidence = A)

OMA: NRT should be made available to pregnant women who are unable to quit using non-pharmacologic methods. As with other drugs, NRT dosage should be matched to suit the smoker's needs. (No Grade)

OMA: Partners who smoke should not smoke around pregnant women; they should be encouraged to quit, and should also consider using stop-smoking medications. (No Grade)

## 6. People who are Concerned with Weight Gain After Stopping Smoking

US: For smokers who are greatly concerned about weight gain, it may be most appropriate to prescribe or recommend bupropion SR or NRT (in particular, nicotine gum and nicotine lozenge), which have been shown to delay weight gain after quitting. (Strength of Evidence = B)

## 7. Racial or Ethnic Minorities

**SUMMARY:** Culturally sensitive methods should be used to deliver cessation services to racial or ethnic minorities.

NZ: Offer all [racial and ethnic] people who smoke smoking cessation interventions that incorporate known effective components (such as those identified in the previous sections). (Grade = √)

NZ: Offer culturally appropriate services where available. (Grade = C)

NZ: Health care workers providing cessation support to [racial and ethnic] people should seek training in how to deliver support to [racial or ethnic] people. (Grade = √)

## 8. Hospitalized and Preoperative Patients

**SUMMARY:** All patients should be made aware of the hospital's smoke free policies and advised to quit smoking prior to hospital admission or surgery. Patients should be provided with NRT during their hospital stay to reduce tobacco use.

NZ: Provide brief advice to stop smoking to all hospitalized people who smoke. (Grade = A)

NZ: Arrange multi-session intensive support, medication and follow up for at least 1 month for all hospitalized patients who smoke. (Grade = A)

NZ: Briefly advise people awaiting surgery who smoke to stop smoking and arrange support (such as NRT) prior to surgery. (Grade = A)

NZ: All hospitals should have systems set up for helping patients to stop smoking. This includes routinely providing advice to stop smoking and either providing a dedicated smoking cessation service within the hospital or arranging for smoking cessation treatment to be provided by an external service. (Grade = B)

NZ: Advise parents and family members of hospitalized children to stop smoking and offer support to help them. (Grade = √)

FR: Quitting smoking before a surgical procedure allows reduction in complications of surgery, therefore, smoking cessation should be proposed for at least 6 weeks before surgery. (Grade B)

FR: The use of NRT as partial substitution therapy to reduce tobacco use should be proposed to patients unwilling to stop. (Grade B)

UK: Hospital staff should assess the smoking status of patients on admission, advise smokers to stop, and assist those interested in doing so. Patients should be advised of the hospital's smoke free status before admission. (Strength of Evidence = C)

UK: Hospital patients who smoke should be offered help in stopping smoking, including the provision of NRT. (Strength of Evidence = A)

OMA: Hospitals should include cessation medications in their drug formularies, and should offer a cessation program based on the Ottawa model to all smokers admitted to their facility. Standard orders should be available to relieve withdrawal and enhance the likelihood of cessation. (No Grade)

OMA: The attending physician should routinely offer cessation medications to hospitalized patients who smoke, including patient in psychiatric wards. (No Grade)

OMA: When smokers know of their hospitalization in advance, these patients should be offered assistance in gaining skills to abstain from tobacco, including the offer of cessation medications. Ideally this should be done six weeks prior to their admission. (No Grade)

## 9. Patients with Cardiovascular Disease

SUMMARY: Patients with CVD are highly recommended to quit smoking and should be provided with NRT or other stop-smoking medications to facilitate the quit as advised by a physician.

NZ: NRT can be provided to people with cardiovascular disease. However, where people have suffered a serious cardiovascular event (for example, people who have had a myocardial infarction or stroke) in the past 2 weeks or have a poorly controlled disease, treatment should be discussed with a physician. In these cases, oral NRT products rather than patches are recommended as the preferred option. (Grade = B)

FR: Smoking cessation is highly recommended for patients suffering from cardiovascular disease. (Grade = A)

FR: NRT is well tolerated and does not increase severity of cardiovascular diseases, therefore NRT is recommended for smokers suffering from cardiovascular diseases. (Grade = B)

FR: The prescription may start immediately after intensive care unit treatment for myocardial infarction. (Grade = C)

FR: The prescription should take into account loss of tolerance to nicotine with smoking cessation. (Professional consensus)

OMA: Stop-smoking medications should be made available to patients with cardiovascular disease who have not been able to quit using non-pharmacologic methods (No Grade)

## 10. People who use Mental Health Services/Patients with Psychiatric disorders

SUMMARY: Smoking cessation counseling and NRT should be offered to smokers who use mental health services. While using NRT, the patients' psychiatric conditions and medication dosages should be monitored and adjusted as necessary.

NZ: Provide brief advice to stop smoking to all users of mental health services who smoke. (Grade = A)

NZ: Offer smoking cessation interventions that incorporate known effective components (such as those identified in the previous sections) to people with mental health disorders who smoke. (Grade = √)

NZ: People with mental health disorders who stop smoking while taking medications for their illness should be monitored to determine if dosage reductions in their medication are necessary. (Grade = A)

FR: In patients suffering from psychiatric disorders, smoking cessation should start once the psychiatric disorder is stabilized. (Professional consensus)

OMA: The attending physician should routinely offer cessation medications to hospitalized patients who smoke, including patient in psychiatric wards. (No Grade)

## 11. People who use addiction treatment services/Drug Dependence

SUMMARY: Smokers in addiction services should be screened and provided with brief counselling on smoking cessation.

NZ: Provide brief advice to stop smoking to all users of addiction services who smoke. (Grade = A)

NZ: Offer smoking cessation interventions that incorporate known effective components (such as those identified in the previous sections) to people who smoke tobacco and who use addiction services. (Grade = √)

FR: Specific questionnaires such as CAGE are useful in screening for a pathological use of alcohol in the general population. (Professional consensus)

## 12. People who make Repeat Attempts to Stop Smoking

SUMMARY: Smokers who relapse should be provided with smoking cessation support when they request it, using NRT as a way to increase motivation to complete the quit.

NZ: Provide brief advice to stop smoking to all people who have relapsed. (Grade = A)

NZ: Offer smoking cessation interventions that incorporate known effective components (such as those identified in the previous sections) to people making another quit attempt. (Grade = A)

NZ: Services should be able to offer support to people who have relapsed as soon as they request support. (Grade =  $\sqrt{\quad}$ )

FR: NRT used as a partial substitute should be not employed extensively and should be used as a way to increase the motivation to complete smoking cessation in subjects. (Professional consensus)

### 13. Aging

FR: Minimal counselling, behavioural and cognitive therapy and NRT have shown their efficacy in subjects more than 65 years old. (Grade = A)

### 14. Low income smokers

UK: Considerations should be given to ways of increasing the availability of NRT to low income smokers, including at a reduced cost or free of charge. (Strength of Evidence = C)