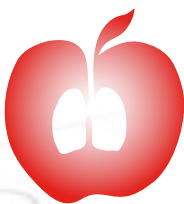
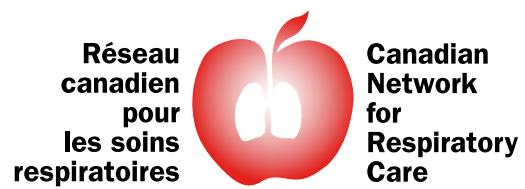


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**Tobacco Education
Competencies**



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1 Health Promotion and Tobacco Prevention

1.1 Examine the Tobacco Use Epidemic

- 1 Explain the relationship between Social Determinants of Health and tobacco use.
- 2 Identify the prevalence of tobacco use among the general population and high-risk and high-use populations.
- 3 Discuss global trends in and impacts of tobacco use.
- 4 Describe the effects of tobacco use on morbidity and mortality.
- 5 Identify biological, psychosocial, and environmental factors that influence initiation and sustainment of tobacco use.

1.2 Describe Tobacco Industry Tactics

- 1 Describe tobacco industry advertising, lobbying, and public relations techniques and tactics.
- 2 Examine tobacco industry tactics that target specific, high-risk and high-use populations.
- 3 Discuss tobacco industry manufacturing tactics that influence tobacco use.

1.3 Implement Tobacco Use Prevention and Health Promotion Strategies

- 1 Explain the importance of prevention, protection, and cessation in population health promotion.
- 2 Identify the role of an educator in health promotion and tobacco prevention.
- 3 Describe the impact of tobacco control measures on tobacco use and cessation.
- 4 Support primary prevention activities in organizations and the community (*e.g. organize a school prevention program*).

2 Tobacco Products and Use

2.1 Describe Tobacco Products

- 1 Describe combustible and non-combustible nicotine delivery devices and methods of use, for example:
 - a Cigarettes, cigarillos, cigars
 - b Blunts
 - c Pipes, hookah/shisha/waterpipes
 - d Snus, chewing tobacco, dipping tobacco, dissolvable tobacco
 - e Snuff
 - f e-cigarettes
- 2 Describe tobacco-like products and other combustible inhalants and methods of use, for example:
 - a Marijuana
 - b Herbal cigarettes
 - c e-cigarettes and hookah used with substances other than nicotine

2.2 Examine Relationships between Tobacco Use and Other Substance Use

- 1 Discuss the impact of concurrent addictions (*e.g. alcohol, marijuana, prescription medication*) on tobacco cessation interventions.
- 2 Address misperceptions of marijuana as a safer alternative to tobacco.
- 3 Describe the neurobiological interactions between caffeine and the components of tobacco smoke.

2.3 Describe the Biological and Environmental Harm Associated with Tobacco Use

- 1 Describe the health impacts of the toxic components and carcinogens in tobacco products.
- 2 Identify the harm associated with second-hand and third-hand/latent types of tobacco smoke exposure.
- 3 Describe the impact of tobacco use on the environment.
- 4 Discuss health risks associated with contraband tobacco products.

3 Tobacco Use Disorder and Chronic Disease Diagnosis

3.1 Describe Tobacco Use Disorder

- 1 Discuss the tobacco use disorder diagnostic criteria.
- 2 Explain the factors that influence the initiation and sustainment of tobacco use disorder:
 - a Biological
 - b Psychosocial
 - c Environmental

3.2 Describe the Interaction between Tobacco Use and Chronic Diseases

- 1 Identify symptoms of chronic diseases caused by or exacerbated by tobacco use.

4 Tobacco Cessation

4.1 Describe Tobacco Cessation

- 1 Identify the prevalence and success rate of individuals attempting tobacco cessation.
- 2 Discuss factors that influence individuals to seek tobacco cessation education and interventions.
- 3 Identify roles of healthcare professionals in early screening and documentation of tobacco use.
- 4 Identify the benefits of tobacco cessation for the individual and society.

4.2 Identify Approaches to Tobacco Cessation

- 1 Describe the 5As intervention approach to tobacco cessation.
- 2 Compare the benefits and limitations of tobacco cessation interventions:
 - a Self-directed
 - b Brief/minimal
 - c Intensive
- 3 Examine the evidence on alternative and complementary approaches and treatments for tobacco cessation.
- 4 Examine harm reduction approaches to tobacco cessation interventions.
- 5 Identify the environmental, behavioural and biological factors that influence cessation interventions.

5 Assessment

5.1 Select Assessment Tools

- 1 Identify appropriate assessments for clients based on the uses, outcomes, advantages and disadvantages of assessment tools and tests:
 - a Descriptive (*e.g. Hooked on Nicotine Checklist [HONC], Autonomy Over Smoking Scale [AUTOS], Fagerstrom Test for Nicotine Dependence, readiness ruler*)
 - b Objective (*e.g. carbon monoxide levels, cotinine levels, spirometry*)

5.2 Provide Initial and Ongoing Assessments

- 1 Assess client readiness to quit.
- 2 Document client tobacco use and health history (*e.g. cigarettes per day, concurrent mental health disorders, marijuana use*).
- 3 Identify Social Determinants of Health unique to the client.
- 4 Identify client:
 - a Environmental exposures and triggers for tobacco use
 - b Barriers to tobacco cessation
- 5 Identify client supports (*e.g. social, financial*).
- 6 Interpret results of assessments.
- 7 Assess level of nicotine dependence and severity of withdrawal symptoms.
- 8 Assist the client in identifying the 5Rs that influence motivation for cessation:
 - a Relevance
 - b Risks
 - c Rewards
 - d Roadblocks
 - e Repetition

6 Interventions

6.1 Develop a Quit Plan in Collaboration with the Client

- 1 Integrate the results of assessments into the quit plan.
- 2 Guide the client in establishing SMART (*i.e. specific, measurable, achievable, relevant, and time-bound*) goals for the quit plan.
- 3 Guide the client in selecting tobacco cessation therapies and treatments.
- 4 Recommend strategies to address the impacts of tobacco cessation (*e.g. nicotine withdrawal symptoms, substance/medication absorption or metabolism*).
- 5 Develop a relapse prevention plan with the client that includes strategies to develop resiliency (*e.g. nutrition, exercise, social support, stress management, daily diary*).

6.2 Counsel Clients

- 1 Implement evidence-based education and counselling techniques and theories for tobacco cessation (*e.g. motivational interviewing, cognitive behavioural therapy, social-cognitive theory*).
- 2 Address the psychosocial impact of tobacco use and tobacco cessation on the client (*e.g. sense of loss, family dynamic, quitting history, concurrent disorders*).
- 3 Counsel the client on how to identify, avoid, and cope with exposure to tobacco use triggers and cessation barriers.
- 4 Adapt the counselling strategy based on the client's response to therapy.

6.3 Discuss Pharmacological Interventions

- 1 Discuss pharmacotherapy options with the client:
 - a Indications, contraindications and health claims
 - b Precautions
 - c Adverse effects
 - d Dosage
 - e Interactions
 - f Usage
 - g Cost
 - h Combinations

6.4 Support the Client through Relapse

- 1 Evaluate cessation progress with the client.
- 2 Explore learning from previous cessation attempts with the client.
- 3 Conduct regular follow-up sessions with the client to re-evaluate client progress towards quit plan objectives.
- 4 Counsel the client through the impacts of relapse.
- 5 Adjust intervention and relapse plans.

7 Client-Centred Approach

7.1 Adapt Approach to Client Characteristics

- 1 Adapt treatment and therapies for vulnerable, high-risk, and diverse populations, for example:
 - a Aboriginal and Indigenous people
 - b Clients from diverse language, religious, cultural, racial and ethnic populations
 - c Clients living in environments with high tobacco prevalence
 - d Clients with mental health disorders and addictions
 - e Clients with limited education
 - f Clients working in occupations with high tobacco use
 - g Clients with diverse sexual orientations and gender identities
 - h Older adults
 - i Women who are pregnant or breast-feeding
 - j Youth (*i.e. children, adolescents and young adults*)
 - k Non-daily tobacco users
- 2 Identify client-centred resources and programs.
- 3 Explain the traditional use of tobacco among Aboriginal people and within Aboriginal communities

8 Tobacco Programs and Systems

8.1 Implement Tobacco Protection, Prevention and Cessation Programming

- 1 Evaluate tobacco programming for applicability to practice.
- 2 Develop plans to adapt and implement tobacco programming for practice.
- 3 Secure resources and support for tobacco programming.
- 4 Integrate tobacco programming into practice.
- 5 Evaluate tobacco programming against program objectives.

8.2 Advocate for an Organizational Tobacco Cessation System

- 1 Explain the components of an integrated tobacco cessation system.
- 2 Identify the role of the educator in the tobacco cessation system.
- 3 Advocate for the systemization of tobacco cessation activities in an organization or community (*e.g. Ottawa Model for Smoking Cessation*).
- 4 Recommend policies and procedures to formalize the team approach to tobacco cessation.
- 5 Recommend processes for recording client tobacco use status.
- 6 Contribute to the development of a referral network.

Clinical Guidelines

In addition to these competencies, educators should be familiar with the following clinical practice guidelines in order to prepare for the examination:

CAMH. (2012). CAN-ADAPPT **Canadian Smoking Cessation Clinical Practice Guideline**. CAMH: Toronto, ON.

Fiore, M.C. et al. (2008). **Clinical Practice Guideline. Treating Tobacco Use and Dependence: 2008 Update**. Agency for Healthcare Research and Quality: Rockville, MD.