Nurses who are competent in TOBACCO TREATMENT can use knowledge, values, attitudes, and professional judgment to develop skills including:

1. Self-reflection activities to expand the therapeutic use of self in treating tobacco and nicotine dependence.


https://doi.org/10.1080/10826084.2019.1581221

http://doi:5993/AJHB.40.5.4


https://doi.org/10.1037/pro0000309


https://doi.org/10.5430/jnep.v9n9p1


2. Patient-centered recovery language to create a safe environment for collaborative communication and interventions with persons who are dependent on tobacco and nicotine.


doi:10.1080/08897077.2014.930372


3. Effects of nicotine and tobacco use on specific populations and the treatment needs for patients in a variety of clinical settings.


van Wijk, E., Landais, L. L., & Harting, J. (2019). Understanding the multitude of barriers that prevent smokers in lower socioeconomic groups from accessing cessation support: A literature review. *Preventive Medicine, 123*, 143-151. https://doi.org/10.1016/j.ypmed.2019.03.029


Performs an evidence-based comprehensive tobacco and nicotine dependency assessment for the basis of applying diagnostic criteria.


5. Application of evidence-based existing and emerging pharmacotherapies for treating nicotine dependency to prevent physical and mental health problems associated with tobacco use and dependency.


during early treatment with varenicline or nicotine patch. *Addiction, 111*, 1283-1292. doi:10.1111/add.13329


6. **Applies health teaching about neuro-biological and psychological problems due to tobacco use and nicotine dependence to dispel myths and misinformation.**


Department of Veterans Affairs. (2006). *Integrating tobacco cessation treatment into mental health care: A preceptor training program to improve delivery of tobacco cessation treatment for veterans with mental disorders.* Veterans Health Administration.


Sleight, V. J. (2015). How to win at quitting smoking. *Stop Smoking Stay Quit Publisher.* VJSleight@cs.com


7. **Engaging relevant multidisciplinary team members to strategize evidence-based care coordination.**


8. Combines evidence-based counseling and psychotherapies with FDA approved tobacco treatment medications to achieve the best practice gold standard treatment.


9. Recognizes the role of integrative therapies to honor patient preferences in treating tobacco use and dependency.


10. Understands health implications of emerging trends that can influence the perceptions of benefit or harm to people from potentially unsafe or unproven practices, devices, or treatment methodologies.


with smoking cessation at three and six months. *Nicotine & Tobacco Research, 19*(2), 183-189. https://doi.org/10.1093/ntr/ntw218


11. Analyzes current tobacco and nicotine policies, regulations, and clinical practice guidelines to address issues in health disparities in TUD treatment.


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12. Engages in scientific inquiry to effectively synthesize tobacco and nicotine dependency treatment evidence into clinical practice, and local, state, and national tobacco treatment policies.


13. Utilizes systems change processes and evidence-based practice to engage in or lead in the development, implementation, and evaluation of tobacco and nicotine dependence programs.


https://www.apna.org/m/pages.cfm?pageID=3751

https://smokingcessationleadership.ucsf.edu/campaigns/ca-behavioral-health-wellness-initiative

University of Texas, MD Anderson. (2019, Oct 28-31). *Certified tobacco treatment training program*. Community Hospital Network.

https://www.cdc.gov/tobacco/data_statistics/sgr/2020-smoking-cessation/?s_cid=OSH_misc_m180


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TOBACCO OR ELECTRONIC CIGARETTE INDUSTRY-SPONSORED MATERIAL

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