## Treating Tobacco Use and Dependence

Purpose

Tobacco dependence treatments are as effective or more effective than the treatment of most other medical conditions. Effective treatment includes but is not limited to physicians. Most tobacco users do not receive the recommended (20 minutes) treatment. Even minimal interventions (3 minutes or less) increase long term abstinence, although they are much less effective. This guideline provides physicians and other clinicians with the evidence-based tools necessary to systematically provide these effective treatments in outpatient setting and is limited to age 18 and over.

Key Messages (and Strength of Evidence):

* Physician advice to quit smoking increases long-term abstinence rates. (A)
* There is a strong dose response relationship between the minutes of contact, number of contacts, (face to face or phone calls from physicians, other clinicians or counselors) and long-term cessation. (A)
* The combination of both medication and counseling is more effective than either one offered alone (A); counseling should include the need to reduce exposure to second-hand smoke, which is causally linked with asthma, cardiovascular disease, diabetes, rheumatoid arthritis, stroke and cancer (e.g. lung and leukemia) and emphysema (Level 1).

*Key Recommendations*

* Use 5 A’s of counseling patients to stop using tobacco (See Intensity of Interventions on page 2) OR Use 3 easy steps

2 A’s and 1 R (Ask, Advise, Refer):

1. **A**sk and document the status of tobacco use (smoking, rules about smoking in the house and the car and use of Emerging and Alternative Products e.g. E-Cigarettes, Hookahs, Chewing tobacco) of each patient.
2. **A**dvise, **Assess**: Advise all smokers to quit. Encourage all families with smokers to maintain a 100% smoke-free home and car. Prescribe/recommend medication to all tobacco users willing to quit, except when contraindicated. If smoker is unwilling to quit discuss 5 “R’s”: Relevance, Risk, Rewards, Roadblocks and Repeat at each visit.
3. Refer patients to treatments that include practical assistance with problem solving/skills training and support or to intensive treatment programs (at least 90 minutes in total time) such as listed below and on pages 5 and 6 and arrange follow-up.
* The FDA has permitted the removal of the black box warnings for Chantix (varenicline) and Zyban (bupropion), citing that risk of serious side effects on mood, behavior, thinking is no greater than experienced on placebo. Nevertheless, the process of tobacco cessation, using ANY pharmacotherapy option (including nicotine replacement), can result in psychiatric nicotine withdrawal symptoms such as mood changes, insomnia, irritability, and anxiety. Regular monitoring and assessment for new or changing symptoms continues to be highly recommended.
* Assess patient risk and exposure to secondhand smoke and recommend avoiding exposure. Offer treatment to the

smoker in the patient’s environment.

* Advise electronic cigarette (e-cigarette) and vaping products are not yet regulated by the US Food and Drug Administration. A recent *National Academy of Sciences* report found 1) e-cigarettes contain toxic substances; 2) chemicals present in e-cigarette aerosols may be cancer causing; and 3) there is insufficient evidence that e- cigarettes are effective as a cessation aid.
* E-cigarette use among U.S. youth and young adults is now a major public health concern.

E-cigarette use has increased considerably in recent years, growing an astounding 900% among high school students from 2011 to 2015. These products are now the most commonly used form of tobacco among youth in the United States, surpassing conventional tobacco products, including cigarettes, cigars, chewing tobacco, and hookahs. Most e-cigarettes contain nicotine, which can cause addiction

and can harm the developing adolescent brain. E-cigarette users ingest high levels of cancer-causing chemicals, and e-cigarette use leads to traditional smoking. E-cigarettes, a continually changing and heterogeneous group of products, are used in a variety of ways. Consequently, it is difficult to make generalizations about efficacy for cessation based on clinical trials involving a particular e-cigarette, and **there is presently inadequate evidence to conclude that e-cigarettes, in general, increase smoking cessation**. The CDC and the American Thoracic Society have raised concerns that there is increasing evidence that inhaling the aerosol from e-cigarettes “damages lung tissue and lowers the body’s natural resistance to infections and to cancers”. Furthermore, there is a risk of nicotine toxicity from skin exposure to e-liquids and a risk of traumatic injury or burns secondary to E-cigarette battery explosions. Most recently, due primarily to the concern for e-cigarette, or vaping, product use-associated lung injury (EVALI), the CDC, FDA, and state health authorities recommend that people not use THC-containing e-cigarette, or vaping, products, particularly from informal sources like friends, family, or in-person or online dealers.  Use of these products by youths, young adults, women who are pregnant, and people who do not currently use tobacco products is especially advised against.

# Intensity of Interventions and Content of Communication

|  |  |  |  |
| --- | --- | --- | --- |
| **INTENSITY OF INTERVENTIONS** | **< 3 minutes** | **<20 minutes** | **30-300 minutes, 2-8 visits** |
| **CONTENT OF****COMMUNICATION** | Ask about tobacco useAdvise/encourage quitting in a clear, strong, personalized mannerAssess willingness to quit  **Yes**  **No** | Ask Advise AssessAssist w/a quit planRecommend medication except where contraindicatedSTAR Set date Tell others Anticipate challenges Remove tobacco productsArrange for follow up to assess pharmacotherapy & progress | Ask Advise Assess AssistMedication Problem solving Skills buildingArrangeThrough referral to intensive treatment or in officeMay use variety of clinician types and format i.e., face to face, phone calls, group counselingReferral to [The Center for Community Health and Prevention (CCHP),](http://www.nysmokefree.com/) Clinical Services. |
| Recommend medicationexcept where contraindicatedRefer for treatment* [NYS Quitline](http://www.nysmokefree.com/)
* [Healthy Living Center](https://www.urmc.rochester.edu/community-health/programs-services/healthy-living-center/stop-smoking-program.aspx)

Offer educational materials* [NYS Quitline materials](http://nysmokefree.com/SpecialPages/Orderpage.aspx?p=0&amp;p1=50)
* National Cancer Institute[-Clearing the Air](http://smokefree.gov/sites/default/files/pdf/clearing-the-air-accessible.pdf)
* AHRQ[-AHRQ - You Can](https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/tearsheets/helpsmokers.html)

[Quit Smoking](https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/tearsheets/helpsmokers.html)* [Smokefree.gov](http://smokefree.gov/)
* [URMC Smoking Research](https://www.urmc.rochester.edu/public-health-sciences/smoking-research-program/downloads.aspx)
 | Motivate using 5 “R’s”Relevance Risk Rewards Roadblocks Repeat |

|  |
| --- |
| **FOR SMOKERS NOT READY TO QUIT 5 “R’s”** |
| **Elicit Patients’ Perspectives On:** |
| RelevanceOf quitting | Ask patients why quitting may be personally relevant to themDiscuss link to current & future health status/concerns, family/loved ones |
| RisksOf continued smoking | Ask patients to identify relevant negative consequences of tobacco use* Shortness of breath, harm to pregnancy, impotence, infertility
* Heart attacks/strokes, lung and other cancers, COPD, disability
* Increased risks of lung cancer & heart disease in family, higher rates of smoking by their children, increased risk for low birth weight, asthma, middle ear & respiratory infections in children of smokers
 |
| RewardsOf quitting | Ask patients to identify potential benefit* improved health
 |  of stopping tobacco use* food tasting better
 |
| * saving money
 | * feeling better physically
 |
| * reducing wrinkling/aging of skin
* protecting your children
 | * home, car, clothes and breath smelling better
 |
| RoadblocksTo quitting | Ask patients to identify barriers to quitting and target treatment to address barriers* withdrawal symptoms  fear of failure
* weight gain  lack of support
* depression  enjoyment of smoking
* stress relief
* cost of treatment
 |
| RepeatAt every visit | Continue to use 5 “R’s” at every visit. Tell tobacco users who have failed previous quit attempts thatmost people make repeat attempts before being successful |

Monroe County Medical Society Community-wide Guidelines

## Treating Tobacco Use and Dependence

## Prescribing Medications for Tobacco Dependency\*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pharmacotherapy | Precautions/Contraindications | Side Effects | Dosage | Duration | Availability |
| Nicotine Patch | If patient has disrupted sleep, consider removing before bedtime. Do not use if patient has severe eczema or psoriasis. | Local skin reaction Insomnia | 21 mg/24 hours14 mg/24 hours7 mg/24 hours | 4 weeks with first dose, then reductions in the dose every two weeks, with the longest use being 6 months | *OTC & Rx*Generic: Nicotrol Brand: Nicoderm CQ |
| Nicotine Gum | Avoid eating and drinking anything but H2O 15 minutes before or during chewing. | Mouth soreness Dyspepsia | 1-24 cigs/day-2 mg gum (up to 24 pcs/day) 25+cigs/day-4 mg gum (up to 24 pcs/day)Chew slowly until peppery or minty taste then park between check & gum. Chew and park intermittently for 30 min. | Up to 12 weeks, may be used for longer period after reassessment | *OTC only* |
| Nicotine Nasal Sprayeach bottle = ~ 100 doses 1 dose = 1 squirt (0.5 mg) per nostril (1mg total) | Not for patient’s w/asthma, nasal or sinus disorders. | Nasal irritation | One dose = one 0.5 mg spray to each nostril with head tilted back (1 mg total)Initially 1-2 doses per hour, increase as needed. to MDD of 40 doses (5 doses/hour) per dayShould gradually reduce dosage and discontinue, weeks 9-14Do NOT sniff, swallow or inhale. | 3-6 months | *Rx only*Brand: Nicotrol NS |
| Nicotine Inhaler | Avoid eating or drinking anything but H20 15 minutes before or during use. Nicotine delivery declines in temps below 40 degrees F | Local irritation of mouth and throat | One dose = one puff or inhalationOne cartridge delivers 4mg of nicotine over approximately 80 inhalations (about 3-4 cigarettes)Typical dosing: 6 -16 cartridges/dayRecommended duration up to 6 months; taper off lasts 3 months | Up to 6 months | *Rx only* Brand: Nicotrol Inhaler |
| Nicotine Lozenge | Do not eat or drink anything but H2O) 15 minutes before or during use1 lozenge at a time Limit 20 in 24 hours | Local irritation of throat Hiccups Heartburn/Indigestion Nausea | If smoke/chew > 30 min. after waking: 2 mg (up to 20 pcs/day)If smoke/chew < 30 min. after waking 4 mg (up to 20 pcs/day)Wks 1-6: 1 lozenge every 1-2 hrs.Wks 7-9: 1 lozenge every 2-4 hrsWks 10-12: 1 lozenge every 4-8 hrs | 12 weeks, may be used for longer period after reassessment | *OTC only* |
| bupropion SR | History of seizureHistory of eating disordersUse of MAO inhibitors in past 14 days | Insomnia Dry mouth | 150 mg every morning for 3 days then 150 mg twice daily(Begin treatment 1-2 weeks pre-quit) | 7-12 weeks maintenance up to 6 months | *Rx only*available as generic bupropion SR and brand name ZybanSR 150mg tablets |
| varenicline | Check [FAA r](http://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/pharm/dni_dnf/)ules for prescribing to pilots | NauseaTrouble sleeping | 0.5 mg once daily for days 5-7 before quit date0.5 mg twice daily for days 1-4 before quit date 1 mg twice daily starting on quit date | 3 months maintenance up to 6 months is recommended | *Rx only*Brand: Chantix |

\*The FDA has permitted the removal of the black box warnings for Chantix (varenicline) and Zyban (bupropion), citing that risk of serious side effects on mood, behavior, or thinking is lower than previously suspected. Nevertheless, the process of tobacco cessation, using ANY pharmacotherapy option (including nicotine replacement) can result in psychiatric nicotine withdrawal symptoms such as mood changes, insomnia, irritability, and anxiety. Regular monitoring and assessment for new or changing symptoms continues to be highly recommended. DISCUSS THE IMPORTANCE OF PATIENTS TAKING MEDICATION AS PRESCRIBED AS SOME MAY TAKE A LOWER DOSAGE FOR COST SAVINGS.THE USE OF COMBINATION THERAPY WARRANTS

ADDITIONAL RESEARCH. The information contained within this table is not comprehensive. Please see medication package inserts for additional information.

Monroe County Medical Society Community-wide Guidelines

## Treating Tobacco Use and Dependence

**Resources for Patients**

###  [The New York State Smokers’ Quitline](http://www.nysmokefree.com/)

**1-866-NY-QUITS (1-866-697-8487)** [**www.nysmokefree.com/**](http://www.nysmokefree.com/)

Deaf, Hard of Hearing and Speech Disabled: Call NY Relay Service at 711 (Voice or TTY), Give Operator Quitline Number

|  |
| --- |
| *Call to find out if you are eligible for free starter kit of Nicotine Replacement Therapy to help you stop smoking* |
| **Monroe**Center for Community Health & Prevention. Clinical Services. 46 Prince StRochester NY 14607(585) 602-0720 *Provides evidence-based counseling and medication support to individuals in Monroe County and surrounding areas.*Wilmot Cancer Institute Tobacco Dependence Treatment Program[https://www.urmc.rochester.edu/cancer-](https://www.urmc.rochester.edu/cancer-institute/patients-caregivers/wellness/tobacco-dependence-treatment.aspx) [institute/patients-caregivers/wellness/tobacco-](https://www.urmc.rochester.edu/cancer-institute/patients-caregivers/wellness/tobacco-dependence-treatment.aspx) [dependence-treatment.aspx](https://www.urmc.rochester.edu/cancer-institute/patients-caregivers/wellness/tobacco-dependence-treatment.aspx)**Livingston**Freedom from Smoking [Noyes Memorial Hospital](https://www.noyes-health.org/health-information/noyes-healthy-living-and-wellness) 111 Clara Barton St.Conference Room B, Lower levelPhone: (585) 335-4327Alternate Phone: (585) 335-4355*Provides group cessation classes on site.* To set up a class, contact Lorraine Wichtowski at lwichtowski@noyeshealth.org or (585) 335-4327.Program uses American Cancer Society Freshstart material**Ontario**The SpringsClifton Springs Hospital & Clinic 2 Coulter RoadClifton Springs, NY 14432 315-462-0390 |  **Steuben**Quit-Stay-Quit[Steuben Co Public Health Southern TTAC](http://www.steubencony.org/pages.asp?PID=723) Steuben Co Public Health3 East Pulteney Square Bath, NY 14810(607) 664-2438*Provides group cessation classes.***Wayne**[Wayne County Health](http://www.co.wayne.ny.us/departments/publichlth/index.html) Tobacco Cessation ProgramWayne County Public Health1519 Nye Road Suite 200Lyons, NY 14489(315) 946-5749*Website:* [*https://web.co.wayne.ny.us/index.php/publichealth/tobacco-prevention-program*](https://web.co.wayne.ny.us/index.php/publichealth/tobacco-prevention-program)*The cessation course taught by Ryan Mulhern at Wayne County Public Health. Individual counseling 1 hr. sessions Neighboring counties: Monroe/Ontario/Seneca/Cayuga/Yates. NRT is available, starting with 2 wks. up to 6 months. PATCH, GUM AND LOZENGES. EMAIL: RMULHERN@CO.WAYNE.NY.US***Yates**Tobacco Cessation Programs Yates County Public Health 417 Liberty St., Suite 2120 Penn Yan, NY 14527(315) 536-5160*Provides group cessation classes. $10 registration fee, refundable upon completion of program. Group of 2 or more needed for coaching. 4 neighboring counties: Ontario, Seneca, Steuben, Schuyler. No NRY available (coaching only). PT will have to get doctor or clinical approval. Call for dates, times, and fees. Email Kathy Swarthout at kswarthout@yatescounty.org*Yates County Public Health and Nursing Services417 Liberty St. Suite 2021Penn Yan, NY 14527Phone: (315) 536-5160Alternate Phone: (866) 212-5160 |



## Treating Tobacco Use and Dependence

**Resources for Physicians**

Tobacco use is the single most preventable cause of disease, disability, and death in the United States and a risk factor for 6 of the world’s 8 leading causes of death. Each year, smoking kills 480,000 Americans – causing about one out of every five deaths in the U.S. If more progress is not made, 5.6 million children under age 18 alive today will die prematurely from smoking-caused disease. Over 42 million adults (18%) of the US population still smoke and 70% of tobacco users want to quit. Users say expert advice is important to their decision to quit. The expert can be a physician, clinician, or other health care worker in your practice. Physician assisted (counseling and medication) quit rates at one year are 10 – 40% and these rates increase with more contact time with the patient.

High Risk Populations/Disparities

Lung cancer is the leading cause of cancer deaths in Monroe County, The death rate is higher among males (56.1/100,000) compared to females (37.9/100,000).

* Incidence and death rates for lung cancer are higher among Black males (111.5/100,000) and females (61.7/100,000) compared to White males (69.4/100,000) and females (56.4/100,000).
* Mortality: Black males (85.8/100,000), Black females (44.3/100,000), White males (53.2/100,000), White females (36.9/100,000).
* Those less educated and those who make less money are more likely to smoke on a daily basis.

Agency for Healthcare Research and Quality

Provides up-to-date information about treating tobacco use and dependence.

<https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html>

[American Academy of Pediatrics (AAP) Julius B. Richmond Center of Excellence](http://www2.aap.org/richmondcenter/)

Provides current information on coding and payment, training and CME courses, practice guidelines, and resources for counseling parents about smoking cessation and prevention of children’s exposure to tobacco smoke.

American Thoracic Society.

Provides education on vaping/electronic nicotine delivery systems.

<https://www.thoracic.org/patients/patient-resources/resources/vaping-electronic-nicotine-delivery-systems.pdf>

Centers for Disease Control and Prevention.

Provides information e-cigarettes, e-cigarette composition, effects on health, and risk vs benefits.

<https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html>

Center for a Tobacco-Free Finger Lakes (CTFFL) CTFFL, which is based at the University of Rochester Medical Center, provides free “Tobacco Dependence Treatment: Train-the-Trainer” presentations for staff who work at medical health systems and mental health systems in Chemung, Livingston, Monroe, Seneca, Ontario, Schuyler, Steuben, Wayne, and Yates counties. CTFFL also provides evidence-based resources, programs, and consultations to assist providers in the design and implementation of office-based systems that identify and effectively treat tobacco dependence. Call: (585) 275-0511 or email scott mcintosh@urmc.rochester.edu. Medical and behavioral health clinicians in the above 9 counties can go to [http://www.smokingresearch.urmc.edu](http://www.smokingresearch.urmc.edu/) to schedule a free train-the-trainer session. Any clinicians in New York State can go to this website to download free clinical training modules and educational materials for both clinicians and patients.

Cigarette Smoking, New York State Adults, 2016 provides smoking rates among NYS adults, as well as a comparison of smoking rates between 2011 and 2016 by demographic indicators: <https://www.health.ny.gov/statistics/brfss/reports/docs/1802_brfss_smoking.pdf>

Easy-to-Access NY State Provider Information for Treating Tobacco Addiction: [http://talktoyourpatients.ny.gov/](https://urldefense.proofpoint.com/v2/url?u=http-3A__talktoyourpatients.ny.gov_&amp;d=BQMFAg&amp;c=4sF48jRmVAe_CH-k9mXYXEGfSnM3bY53YSKuLUQRxhA&amp;r=iMjNky3EVD66IE9gRsJh2b3h2CpmMRkS1Xblb3J_Y2joOT0ogHl4wZdTR706MwSl&amp;m=ZcvGqwqnOOCgS2fPldmVlQ1I5fpgwpL3bEeycI9Fshk&amp;s=Lvr59w94f2Dnm8qLPG19d2iHib0UT8LZTezVUlBPRwI&amp;e)

Electronic Cigarettes (E-Cigarettes)

* AAP [E-Cigarette Fact Sheet](http://www2.aap.org/richmondcenter/pdfs/ECigarette_handout.pdf?utm_source=MagMail&amp;utm_medium=enews&amp;utm_term=richmondctr%40listserv.aap.org&amp;utm_content=AAP%20Richmond%20Center%20E%2DMail%20List%3A%20October%202013)
* [U.S. FDA – e-Cigarettes](http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm172906.htm) (Provides up-to-date information about the safety and regulation of e-Cigarettes.)

U.S Department of Health and Human Services. Smoking Cessation: A Report of the Surgeon General.

Provides the full 2020 report and executive summary.

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



## Treating Tobacco Use and Dependence

[Healthy Living Center](https://www.urmc.rochester.edu/community-health/programs-services/healthy-living-center/stop-smoking-program.aspx)

Provides evidence based intensive intervention with counseling and medication support in person to individuals, over 4 to 8 visits, living in Monroe County and the surrounding areas (585) 530-2050

Monroe County 2015 Adult Community Tobacco Survey Final Report [http://www.smokefreemonroe.com/file/sites%7C\*](http://www.smokefreemonroe.com/file/sites%7C)%7C366%7C\*%7CMonroe-County-2015-Adult- Community-Tobacco-Survey-Final-Report-2-23-15.pdf

Know the Risks – E-cigarettes and Young People [https://e-cigarettes.surgeongeneral.gov](https://e-cigarettes.surgeongeneral.gov/)

National Cancer Institute

* [Online pamphlet: Clearing the Air: Quit Smoking Today](https://pubs.cancer.gov/ncipl/detail.aspx?prodid=P133) - Describes tools that can help smokers stop smoking and the problems to expect when they quit.<http://smokefree.gov/sites/default/files/pdf/clearing-the-air-accessible.pdf>
* [Online pamphlet: Clear Horizons](https://pubs.cancer.gov/ncipl/detail.aspx?prodid=P003) – Self-help manual for smokers age 50 and older.<http://smokefree.gov/sites/default/files/pdf/clear-horizons-accessible.pdf>

New York State Smokers’ Quitline and Quitsite: A free resource for tobacco users, which tobacco users can access themselves or to which clinicians can refer tobacco-using patients for assistance. Free, confidential coaching and cessation-related services are offered to patients who use tobacco products.

NYS Quitline/Quitsite Services

https://[www.nysmokefree.com/1-866-NY-QUITS](http://www.nysmokefree.com/1-866-NY-QUITS) (1-866-697-8487) [www.nysmokefree.com](http://www.nysmokefree.com/)

* + Deaf, Hard of Hearing and Speech Disabled: Call NY Relay Services at 711 (Voice or TTY), Give Operator Quitline Number Cessation Coaching
	+ Text and Messaging Services
	+ Triage to Health Plan Programs

Preventive Task Force Guidelines: [http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-](http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1) [adults-and-pregnant-women-counseling-and-interventions1](http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1)

[Smoking Health Action Community (SHAC) in Monroe County](http://www.smokefreemonroe.com/)

Provides ongoing initiatives to 1) Promote tobacco cessation, 2) Decrease social acceptability of tobacco use, 3) Prevent initiation of tobacco use among youth and young adults and 4) Eliminate exposure to secondhand smoke.

Website: [www.smokefreemonroe.com/](http://www.smokefreemonroe.com/) Telephone: (585) 666-1399

Fax: (585) 442-4263

[Smokefree.gov](http://smokefree.gov/)

Provides online resources to help patients quit smoking. Smartphone apps are user friendly and easy to download.

* [Download *free* QuitStart smartphone apps](http://smokefree.gov/apps-quitstart) (created with teens in mind, but can be used by adults):<http://smokefree.gov/apps-quitstart>
* [SmokefreeTXT](http://smokefree.gov/smokefreetxt) (free interactive text messaging to help adults and young adults quit smoking)
* <http://www.treatobacco.net/en/index.php>
* <http://www.cdc.gov/tobacco/>

Measures Commonly Used by National Organizations

* Screening and Cessation: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user. *(MIPS)*
* Smoking and Cessation: Percentage of patients aged 18 years and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use of whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies. *(MIPS)*

References

Anthenelli RM, Benowitz NL, West R, St. Aubin L, McRae T, Lawrence D, Ascher J, Russ C, Krishen A, Evins AE. Neuropsychiatric Safety and Efficacy of Varenicline, Bupropion, and Nicotine Patch in Smokers With and Without Psychiatric Disorders (EAGLES - a Double-Blind, Randomised, Placebo-Controlled Clinical Trial.

The Lancet.com 2016 <https://clinicaltrials.gov/ct2/show/study/NCT01456936>

Centers for Medicare & Medicaid Services Meaningful Use Quality Measure. (clinical quality measures for electronic submission by Medicare and Medicaid eligible physicians), Baltimore, MD. <http://www.cms.gov/Regulations-and-> Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms/

Centers for Medicare & Medicaid Services Physician Quality Reporting System (PQRS), Baltimore, MD. <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-> Instruments/PQRS/index.html?redirect=/pqrs

National Academy of Sciences Public Health Consequences of E-Cigarettes

 <https://www.nap.edu/catalog/24952/public-health-consequences-of-e-cigarettes>

Office on Smoking and Health (US). The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta (GA): Centers for Disease Control and Prevention (US); 2006. 1, Introduction, Summary, and Conclusions. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK44328/>

Patnode CD, Henderson JT, Thompson JH, Senger CA, Fortmann SP, Whitlock EP. Behavioral Counseling and Pharmacotherapy Interventions for Tobacco Cessation in Adults, Including Pregnant Women: A Review of Reviews for the U.S. Preventive Services Task Force. Ann Intern Med. 2015; 163:608-621. doi:10.7326/M15- 0171

PubMed - NCBI A comparison of sustained-release bupropion and placebo for smoking cessation.

<https://www.ncbi.nlm.nih.gov/m/pubmed/9337378/>

PubMed – NCBI

Effectiveness of bupropion sustained release for smoking cessation in a health care setting: a randomized trial.

<https://www.ncbi.nlm.nih.gov/m/pubmed/14581254/>

Rigotti NA. Strategies to Help a Smoker Who Is Struggling to Quit. JAMA. 2012;308(15):1573-1580 <http://www.prevent.org/data/files/other%20documents/jama%20-%20rigotti%202012.pdf>

## Treating Tobacco Use and Dependence

References, cont’d.

Siu AL, for the U.S. Preventive Services Task Force. Behavioral and Pharmacotherapy Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Women: U.S. Preventive Services Task Force Recommendation Statement. Ann Intern Med. 2015; 163:622-634. doi:10.7326/M15-2023.

Surgeon General's Report— The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General, 2014. Centers for Disease Control and Prevention. Atlanta, GA. <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html>

Surgeon General’s Report - E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General, 2016 https://e-cigarettes.surgeongeneral.gov

