



Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

Guideline: [Management of Tobacco and Nicotine Use](#) (previously *Tobacco Control*)

Released: September 2019

This alert provides a summary of only the recommendations which were updated. Refer to the complete guideline for all recommendations and level of evidence.

Updated recommendations include:

Eligible Population

All patients

Prevent starting

Provide interventions (including education and brief counseling) to prevent initiation of tobacco/nicotine use.

All school age children, adolescents and adults

Establish tobacco/nicotine exposure

Assess:

- Tobacco use status including use of e-cigarettes (vaping¹), smokeless tobacco, pipe, snuff, dip, cigars, and hookah (waterpipe). Document quantity, current and past use in the medical record and/or problem list.
- Second and third hand smoke exposure; recommend stop exposure, offer cessation resources to family.

All patients identified as current smokers/tobacco users

Interventions to promote cessation of tobacco use

Advise:

- E-cigarettes ([vaping](#)) are not recommended as a healthier alternative to smoking or to facilitate smoking cessation.

Assist:

- Offer nicotine replacement therapy and/or non-nicotine medications (varenicline, bupropion, others).
- Refer to a smoking cessation program, or patient's health plan program. Acupuncture or hypnotism have not been found effective.

SPECIAL POPULATIONS (SMOKERS AND NICOTINE USERS)

- **Pregnancy** – at each prenatal visit, prescribe interventions (refer to complete guideline) due to the serious risks to the mother and fetus (including low birth weight <2500g) and preterm birth (<37 weeks). Weigh risks and benefits of nicotine replacement or bupropion.
- **Psychiatric comorbidity** – patients with behavioral health conditions have higher rates of smoking. Address ongoing behavioral health conditions. Nicotine withdrawal may cause or exacerbate depression or anxiety. Stopping smoking may affect the pharmacokinetics of caffeine and certain psychiatric drugs. Clinicians should closely monitor the actions or side effects of psychiatric medications in smokers/tobacco users who are attempting to quit. Caffeine levels may rise after smoking cessation.