



# Management of Tobacco and Nicotine Use

The following guideline recommends specific interventions for management of tobacco or nicotine users.

Eligible Population	Key Components	Recommendation and Level of Evidence	Frequency
All patients	Prevent starting	Provide interventions (including education and brief counseling) to prevent initiation of tobacco/nicotine use. <b>[B]</b>	At least annually; ideally at each visit
All school-age children, adolescents and adults	Establish tobacco/nicotine exposure	<p><b>Assess:</b></p> <p>Tobacco use status including use of e-cigarettes (vaping<sup>1</sup>), smokeless tobacco, pipe, snuff, dip, cigars, and hookah (waterpipe). <b>[A]</b> Document quantity, current and past use in the medical record and/or problem list.</p> <p>Second and third hand smoke exposure; recommend stop exposure, offer cessation resources to family.</p> <p>Provide positive reinforcement to former tobacco users and non-users.</p>	At least annually; ideally at each visit
All patients identified as current smokers/tobacco users	Intervention to promote cessation of tobacco use	<p>Patients are more likely to quit when providers clearly state their desire for the patient to quit, this patient's personalized risk of smoking, and their confidence in the patient's ability to quit.</p> <p><b>Advise:</b></p> <p>To quit. <b>[A]</b></p> <p>E-cigarettes (vaping) are not recommended as a healthier alternative to smoking or to facilitate smoking cessation. Explain risks of vaping.</p> <p><b>Agree:</b></p> <p>To an action plan based on patient's willingness to attempt to quit or cut back. <b>[C]</b></p> <p><b>Assist:</b></p> <p>Establish a quit date.</p> <p>Provide self-help materials (e.g. MDHHS Quit Line 1-800-784-8669).</p> <p>Offer nicotine replacement therapy and/or non-nicotine medications (varenicline, bupropion, others). <b>[A]</b></p> <p>Refer to a smoking cessation program, or patient's health plan program. Acupuncture or hypnotism have not been found effective.</p> <p>The combination of medication plus a smoking cessation program is more effective than either alone <b>[A]</b></p> <p><b>Arrange:</b></p> <p>Follow-up contact. <b>[D]</b></p>	<p>At each periodic health exam, more frequently at the discretion of the physician</p> <p>Patient may be more receptive to quit during respiratory illness or hospitalization</p>

## SPECIAL POPULATIONS (SMOKERS AND NICOTINE USERS)

Pregnancy	Prescribe interventions listed above due to the serious risks to the mother and fetus (including low birth weight <2500g) and perterm birth (<37 weeks). Weigh risks and benefits of nicotine replacement or bupropion.	At each prenatal visit
Hospitalized	Clinicians should provide appropriate pharmacotherapy and counseling during hospitalization to reduce nicotine withdrawal symptoms and assist smokers in quitting.	
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.	
Tobacco and nicotine users taking other medications	Nicotine withdrawal alters pharmacokinetics of other medications, e.g., beta blockers, warfarin, theophylline.	

<sup>1</sup>[Surgeon General E-Cigarettes & Young People, Know the Risks](#)

**Levels of Evidence for the most significant recommendations:** A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core management steps. It is based on Fiore MC, Jaen CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008; and Smoking cessation during pregnancy. Committee Opinion No. 721. American College of Obstetricians and Gynecologists. Obstet Gynecol 2017;130:e200–4. Individual patient considerations and advances in medical science may supersede or modify these recommendations.