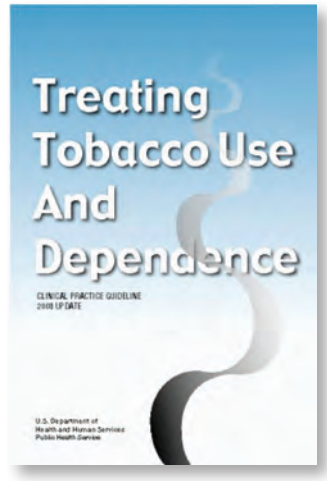
Treating Tobacco Use and Dependence:

A Toolkit for Dental Office Teams



Introduction

Each year, 8,000 Wisconsin families suffer the loss of a loved one due to a preventable death caused by tobacco use. One in two current smokers in Wisconsin will die prematurely if they don't quit. Others will suffer multiple health complications.

Given the enormous public health burden imposed by tobacco use, it is critical that all healthcare clinicians address this issue. Smoking and tobacco use directly and negatively impact oral health and extant research indicates that dental professionals can have an impact on the health behaviors of patients. Thus, it is very important that dentists and hygienists intervene with their patients that use tobacco.

Recommendations and strategies for treating tobacco use and dependence are presented in the, U.S. Department of Health and Human Services, Public Health Service 2008 Clinical Practice Guideline: *Treating Tobacco Use and Dependence.* The guideline is the result of an extraordinary partnership among Federal Government and nonprofit organizations. It provides 10 key recommendations to assist clinicians in delivering and supporting effective treatments for tobacco use and dependence, that is built around the 5 A's brief intervention model (*Ask, Advise, Assess, Assist, and Arrange*).

The guideline states:

- "That tobacco dependence treatment delivered by a variety of clinician types increases abstinence rates. Therefore, all clinicians (physician, nurse, dentist, psychologist or counselor) should provide smoking cessation interventions." (pg 87)
- "The clinician audience for this Guideline update is all professionals who provide health care to tobacco users. This includes: physicians, nurses, physician assistants, medical assistants, dentists, hygienists…. The ultimate beneficiaries of the Guideline are tobacco users and their families." (pg 14)

This packet is designed to assist dental offices with integrating the brief intervention recommended by the guideline into standard office procedures and successfully intervene with their patients that use tobacco. It provides tools and resources to help you, *help your patients,* quit.

We Can Save Lives and Build Our Practice

As Oral Health Care Professionals

- We have interviewing skills that allow us to assess patient tobacco use and desire to quit.
- We review medical histories and are aware of patients who smoke or chew.
- We have the skills to: educate patients about the medical and dental implications of tobacco use; respectfully discuss the benefits of quitting; and motivate patients to quit.
- The trust and rapport we have with our patients is beneficial in effecting behavior change.
- Our patients are used to visiting the dental office on a regular basis. Patient follow-up with tobacco cessation can be incorporated into the regular recall routine.
- A tobacco-cessation protocol in the dental office setting can be brief, simple and does not need to disrupt the practice routine.
- Expanding our professional services to include a tobacco-cessation program is an excellent practice builder.
- Helping patients to free themselves of their addiction is extremely rewarding to the dental team. Brief tobacco cessation interventions may take only a small amount of office time but, when successful, may greatly improve our patient's quality of life and save lives.

Perceived Barriers
to Tobacco Treatment

Some dental health care professionals:

- Don't believe it is their responsibility...but, in reality, tobacco use causes significant oral health problems.
- Are concerned with patient perception of this program in the dental office setting…but research shows patients will appreciate the help and concern if approached in a low-key, nonjudgmental and sensitive manner.
- Think it takes too much time... but interventions can be brief (less than three minutes), simple and do not need to disrupt the practice routine.
- Feel that they can't be reimbursed for this service...but fees can be charged in conjunction with other treatment or separately.
- Are concerned about effectiveness of the program...but intervention has been shown to be very effective in the dental office setting.
- Feel uncomfortable because of lack of training...but this tool will assist you.

Tobacco Dependence
Treatment Roles

Dentist:

- Convene office team to solicit support for the program and to determine the office plan of action.
- Appoint a dentist or hygienist as program coordinator. The coordinator will be responsible for tracking and assessing the effectiveness of the tobacco cessation interventions for each patient.
- Negotiate roles of other team members. Work with hygienist(s) to counsel patients (1-3 minutes) concerning oral effects of tobacco use and benefits of quitting.
- Refer patients to the free Wisconsin Tobacco Quit Line (1-800-QUIT-NOW or 1-800-784-8669) for free coaching and information about local tobacco dependence treatment programs.
- Recommend and prescribe nicotine replacement products; varenicline (Chantix); bupropion (Zyban); or a combination of bupropion and nicotine replacement medication (when appropriate).
- Establish meetings to monitor program progress and evaluate personnel time and commitment; reassign responsibilities if needed. Introduce new team members to program-related responsibilities; delegate training to appropriate personnel, when necessary.

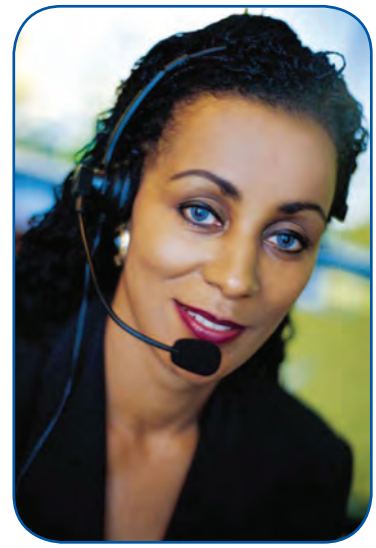
Hygienist:

- Assess tobacco use for every patient via medical history and personal interview. Assess their willingness to quit.
- Provide personalized oral health information as it relates to tobacco use.
- Determine patient's motivation for quitting.
- Based on patient information, provide quit strategies.
- Inform patient of follow-up procedures.
- Record tobacco use status, counseling interactions and any medications in patient chart. A smoking cessation log may also be kept for quick reference and follow up on patients.
- This confidential log should include patient name, quit date, interventions prescribed, next follow-up date and whether the patient was ultimately successful with quitting tobacco use.
- Refer patients to the free Wisconsin Tobacco Quit Line (1-800-QUIT-NOW or 1-800-784-8669) for free coaching and information on local tobacco dependence treatment programs.
- It's sponsored by the Wisconsin Department of Health Services.
- Work with a dentist to evaluate the effectiveness of the program and implement any necessary changes.

Dental Assistant:

- Order supplies, such as chart stickers and tobacco history questionnaires, as directed by the program coordinator.
- Monitor pamphlets/forms and reorder as necessary.
- Access Wisconsin Tobacco Quit Line materials at http://www.ctri.wisc.edu/factsheets.html
- Assist the receptionist, as needed, making follow-up calls concerning quit dates and progress achieved.
- Encourage patients who are going through the quitting process.

WISCONSIN TOBACCO QuitLine 800-QUIT-NOW



Receptionist:

- Note quit date in patient record, appointment book and tobacco-cessation log.
- Telephone patients around their quit dates to encourage and support them.
- Establish appropriate follow-up calls, letters and appointments.
- Replace tobacco-use indicator with non-tobacco-use indicator after a successful quit attempt.
- Record results of each quit attempt for team updates and patient feedback

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5 A's Model

The "5 A's" model for treating tobacco use and dependence is recommended for providing brief interventions in clinical settings. The U.S. Department of Health and Human Services Guideline: "Treating Tobacco Use and Dependence" was updated in 2008.

ASK about tobacco use at every visit.

Point of Emphasis: *Asking the tobacco use question is the first step in the coaching process. Tobacco users are often viewed as outcasts in our society. Because many of them feel defensive, it's wise to approach all tobacco cessation conversations with care and a sympathetic view. No one who starts using tobacco wants to become addicted. Present yourself as someone who wants to help your patient.*

Direct Approach Examples

- Do you currently use tobacco or have you used tobacco in the last six months?
- Do you smoke or use chewing tobacco?
- How long have you been smoking and/or using tobacco?

Conversational Approach Examples

- From your health history, I notice that you use tobacco.
- Is there any one in your life who is encouraging you to stop smoking (or using tobacco?)
- Our oral exam revealed that you have periodontal disease. As your dental provider it's important to let you know that smoking is a major factor in the onset and progression of this disease.

ADVISE all tobacco users to quit.

Point of Emphasis: *In a clear, strong and personalized manner, urge every tobacco user to quit.*

Examples:

- One of the most important things you can do to improve your dental health is to stop using tobacco, and I can help you.
- If you want to make a change in your life that would positively impact you in a number of ways, stopping the use of tobacco is the best place to start.
- I notice that your gum line is receding. Stopping your tobacco use will arrest that recession of your gum tissue.
- You have some white areas in your gum tissue. I don't want to alarm you, but that is leukoplakia and its evidence that cellular change is taking place. If you stop using tobacco, there's better than a 96% chance that this area will disappear.
- I'd like to show you some changes in your mouth caused by tobacco use.
- The No.1 cause of periodontal disease is tobacco use. Have you thought seriously about quitting?

ASSESS readiness to quit.

Point of Emphasis: *In a caring manner, assess whether the tobacco user is willing to make a quit attempt.*

Examples:

- What are your thoughts about quitting?
- How do you feel about making a quit attempt?
- Quitting tobacco is one of the most important things you can do to improve your oral health. If you're ready to make a quit attempt, I can help you.
- Quitting tobacco is one of the most important things you can do to improve your oral health. How do you feel about quitting?
- Are you interested in quitting in the next two weeks?

Readiness Scale Tool - use this simple tool to gauge your patient's readiness to quit and to provide you with an opening to talk to your patients about their tobacco use.

On a scale of 1 to 10, with 1 being no desire to quit and 10 being ready to quit today, where are you in your desire to quit smoking?

1 2 3 4 5 6 7 8 9 10

Sample Follow-up Questions to Readiness Scale:

A) If a tobacco user indicates s/he is a 5, ask them, "What has to happen to move you up the scale, to a 6 or an 8?
B) Why did you say you were a 5 instead of a 3?

ASSIST your patient with quitting.

Point of Emphasis: *Research shows that the combination of coaching and medication gives your patient the best chance of becoming a successful quitter. Whether you are with a patient who wants to quit or with a patient who has no interest in quitting, helping both groups to become ex-tobacco users is your ultimate goal. If your patient tells you s/he wants to quit using tobacco and welcomes your help, praise their decision and open a discussion about their history of quitting, if any.*

Patients Ready to Quit:

ACTION	Strategies for implementation
Help the patient with a quit plan.	A patient's preparations for quitting (STAR): • **S**et a quit date. Ideally, the quit date should be within 2 weeks. • **T**ell family, friends, and coworkers about quitting and request understanding and support • **A**nticipate challenges to the upcoming quit attempt, particularly during the critical first few weeks. These include nicotine withdrawal symptoms. • **R**emove tobacco products from your environment. Prior to quitting, avoid smoking in places where you spend a lot of time (e.g., work, home, car). Make your home smoke-free.
Recommend the use of FDA approved medication, except where contraindicated or with specific populations for which there is insufficient evidence of effectiveness (i.e., pregnant women, smokeless tobacco users, light smokers and adolescents).	Explain how these medications increase quitting success and reduce withdrawal symptoms. FDA-approved medications include: bupropion SR, nicotine gum, nicotine inhaler, nicotine lozenge, nicotine nasal spray, nicotine patch and varenicline. There is insufficient evidence to recommend medications for pregnant women, adolescents, smokeless tobacco users and light (< 10 cigarettes/day) smokers.

Counseling should include
teaching practical problem solving skills and providing support and encouragement.

Develop coping skills Identify and practice coping or problem-solving skills. Typically, these skills are intended to cope with danger situations.	• Learning to anticipate and avoid temptation and trigger situations. • Learning cognitive strategies that will reduce negative moods. • Accomplishing lifestyle changes that reduce stress, improve quality of life, and reduce exposure to smoking cues. • Learning cognitive and behavioral activities to cope with smoking urges (e.g., distracting attention; changing routines).
Provide basic information Provide basic information about smoking and successful quitting.	• The fact that any smoking (even a single puff) increases the likelihood of a full relapse. • Withdrawal symptoms typically peak within 1-2 weeks after quitting but may persist for months. These symptoms include negative mood, urges to smoke, and difficulty concentrating. • The addictive nature of smoking.
Encourage the patient about the quit attempt.	• Note that effective tobacco dependence treatments are now available. • Note that one-half of all people who have ever smoked have now quit. • "You can do this. We can help." • Encourage patient self-efficacy.
Communicate caring and concern.	• Ask how patient feels about quitting. • Directly express concern and willingness to help as often as needed. • Ask about the patient's fears and ambivalence regarding quitting.
Encourage the patient to talk about the quitting process.	Ask about: • Reasons the patient wants to quit. • Concerns or worries about quitting. • Success the patient has achieved. • Difficulties encountered while quitting.

Providing Counseling

Provide practical counseling (problem-solving/skills training).	**Abstinence.** Striving for total abstinence is essential. *"Not even a single puff after the quit date."* *Past quit experience.* Identify what helped and what hurt in previous quit attempts. Build on past success. **Anticipate triggers or challenges for the upcoming attempt.** Discuss challenges/triggers and how patient will successfully overcome them (e.g., avoid triggers, alter routines). Emphasize self-efficacy. **Alcohol.** Since alcohol is associated with relapse, the patient should consider limiting/abstaining from alcohol while quitting. (Note that reducing alcohol intake could precipitate withdrawal in alcohol dependent persons.) **Other smokers in the household. Quitting** is more difficult when there is another smoker in the household. Patients should encourage housemates to quit with them or not smoke in their presence.
Provide intra-treatment support.	Provide a supportive clinical environment while encouraging the patient in his or her quit attempt. *"My office staff and I are available to assist you." "I'm recommending treatment that can provide ongoing support."*
Provide supplementary materials, including information on quit lines.	**Sources:** Federal agencies, nonprofit agencies, national quit line network (1-800-QUIT-NOW), or local/state/tribal health departments/ quit lines. **Type:** Culturally/racially/educationally/age appropriate for the patient. **Location:** Readily available at every clinician's workstation.
Recognize danger situations. Identify events, internal states, or activities that increase the risk of smoking or relapse.	• Negative affect and stress • Being around other tobacco users • Drinking alcohol

Providing Counseling
Frequently Asked Questions

1. My patient doesn't want counseling, only medication. What should I do?

Point out that medication plus counseling works better than medication alone. Explain the nature of counseling (or coaching) as providing the practical skills necessary to quit successfully. Use the motivational interventions designed for tobacco users who do not want to quit (see pages to 16 to 17) to motivate your patient to accept counseling. For example, develop discrepancy by noting the inconsistency between not using effective counseling for something that is as important and difficult as quitting tobacco. If the patient still declines counseling, then provide medication because medication alone has been shown effective. But during follow-up, continue to provide the key elements of counseling: Practical skills and support.

2. My patient wants to use a method of quitting not known to be effective—such as acupuncture, hypnosis or laser therapy. What do I do?

Ask the patient to consider increasing the odds that efforts to quit will be successful by augmenting the selected method of quitting with appropriate medication and counseling. Do not denigrate any attempt to quit, as there is something to be learned from every effort. If the patient declines to augment the selected method of treatment, support the effort to quit but ask for an agreement that, should it not work, the patient will consider methods that include medication and counseling.

3. My patient is concerned about gaining weight.

Steer toward bupropion, gum or and/or lozenge as these can help delay (but do not necessarily prevent) weight gain. Recommend your patient start or increase physical activity. For example, take a walk during break time rather than smoking.

4. My patient is concerned about using NRT because they believe nicotine to be one of the harmful ingredients in tobacco products.

Explain that nicotine by itself is minimally harmful. The other thousands of chemicals, including 40 carcinogens, in cigarettes are what are harming their health. Nicotine in small doses has been proven to greatly reduce withdrawal symptoms in many people.

5. My patient does not want to use medication because he or she is:

- Afraid the medication is addictive.
- Doesn't believe medication will help.
- Has recovered from another dependency and believes recovery is not possible if a medication that contains nicotine is used.

Point out:

- The medication is not like smoking and developing a dependency on the medication is rare.
- The probability of successful quitting is much higher with medication.
- Substance abuse counselors routinely use medication to help people quit. The goal remains not using any nicotine and the use of nicotine-containing medication is a transition step toward that goal to quit.

6. My patient says her life is too stressful to quit smoking, and she needs to smoke to relax.

Acknowledge that, for many people, smoking is one way to deal with stress. But it is only one way. And counseling will help her develop new ways. It will take some time and at first; the new ways will not be as good as smoking but, over time, she will have even better, more effective ways to deal with stress. And her health will improve.

7. My patient says he has been smoking for 30 years without any health problem, plus his grandfather smoked two packs a day and still lived to be 105.

Consider saying something like, "There are certainly people who smoke for many years without apparent tobacco-related diseases. But many suffer from tobacco-induced illnesses that don't kill them but decrease their quality of life. Plus about half of smokers will die from a tobacco-related illness, and the average smoker lives 10 years shorter than non-smokers. I know it is hard to quit, but is that any reason to gamble with your health when you know that there is a 50-percent chance you will die from a tobacco related disease?"

Patients Not Ready to Quit

Point of Emphasis: *If your patient has no interest in quitting, tell s/he that you respect their decision but let them know that you'd like to re-open the discussion at a future appointment. Invite them to take a quitline card in case they are curious about calling a quit tobacco coach to ask questions or talk about making a quit attempt. You can also use the "5 R's" approach to enhance your patient's motivation to quit.*

Enhancing Motivation to Quit Tobacco – the "5 R's"

Relevance

Encourage the patient to indicate why quitting is personally relevant, being as specific as possible. Motivational information has the greatest impact if it is relevant to a patient's disease status or risk, family or social situation (e.g., having children in the home), health concerns, age, gender and other important patient characteristics (e.g., prior quitting experience, personal barriers to cessation).

Risks

The clinician should ask the patient to identify potential negative consequences of tobacco use. The clinician may suggest and highlight those that seem most relevant to the patient. The clinician should emphasize that smoking low-tar/low-nicotine cigarettes or use of other forms of tobacco (e.g., smokeless tobacco, cigars and pipes) will not eliminate these risks. Examples of risks are:

- *Acute risks:* Shortness of breath, exacerbation of asthma or bronchitis, increased risk of respiratory infections, harm to pregnancy, impotence, infertility, and periodontal disease.
- *Long-term risks:* Heart attacks and strokes, lung and other cancers (e.g., larynx, oral cavity, pharynx, esophagus, pancreas, stomach, kidney, bladder, cervix and acute myelocytic leukemia), chronic obstructive pulmonary diseases (chronic bronchitis and emphysema), osteoporosis, long-term disability and need for extended care.
- *Environmental risks:* Increased risk of lung cancer and heart disease in spouses; increased risk for low birth weight, sudden infant death syndrome (SIDS), asthma, middle ear disease and respiratory infections in children of smokers.

Rewards

The clinician should ask the patient to identify potential benefits of stopping tobacco use. The clinician may suggest and highlight those that seem most relevant to the patient. Examples of rewards:

- Improved health.
- Food will taste better.
- Improved sense of smell.
- Saving money.
- Better self esteem.
- Home, car, clothing and breath will smell better.
- They'll set a better example for children and decrease the likelihood that they will smoke.
- Healthier babies and children.
- Better physical fitness.
- Improved appearance, including reduced wrinkling/aging of skin and whiter teeth.

Roadblocks

The clinician should ask the patient to identify barriers or impediments to quitting and provide treatment (problem-solving counseling, medication) that could address barriers. Typical barriers might include:

- Withdrawal symptoms.
- Fear of failure.
- Weight gain.
- Lack of support.
- Depression.
- Enjoyment of tobacco.
- Being around other tobacco users.
- Limited knowledge of effective treatment options.

Repetition

The motivational intervention should be repeated every time an unmotivated patient visits the clinic setting. Tobacco users who have failed in previous quit attempts should be told that most people make repeated quit attempts before they are successful and that you will continue to raise their tobacco use with them.

Providers can utilize the principles of Motivational Interviewing to increase a tobacco user's willingness to make a quit attempt.

Motivational Interviewing Strategies

Express Empathy	• Use open-ended questions to explore:
	  ■ The importance of addressing smoking or other tobacco use (e.g., "How important is it for you to quit?").
	  ■ Concerns and benefits of quitting (e.g., "What might happen if you quit?").
	• Use reflective listening to seek shared understanding:
	  ■ Reflect words or meaning (e.g., "So you think smoking helps you to maintain your weight").
	  ■ Summarize (e.g., "What I have heard so far is that smoking is something you enjoy. On the other hand, your boyfriend hates your smoking and you are worried you might develop a serious disease.").
	• Normalize feelings and concerns (e.g., "Many people worry about managing without cigarettes.").
	• Support the patient's autonomy and right to choose or reject change (e.g., "I hear you saying you are not ready to quit smoking right now. I'm here to help you when you are ready.").

Develop Discrepancy	• Highlight the discrepancy between the patient's present behavior and expressed priorities, values and goals (e.g., "It sounds like you are very devoted to your family. How do you think your smoking is affecting your children and spouse/partner?").
	• Reinforce and support "change talk" and "commitment" language.
	  ■ "So, you realize how smoking is affecting your breathing and making it hard to keep up with your kids."
	  ■ "It's great that you are going to quit when you get through this busy time at work."
	• Build and deepen commitment to change.
	  ■ "There are effective treatments that will ease the pain of quitting, including counseling and many medication options."
	  ■ "We would like to help you avoid a stroke like the one your father had."

Roll with Resistance	• Back off and use reflection when the patient expresses resistance.
	  ■ "Sounds like you are feeling pressured about your tobacco use."
	• Express empathy.
	  ■ "You are worried about how you would manage withdrawal symptoms."
	• Ask permission to provide information.
	  ■ "Would you like to hear about some strategies that can help you address that concern when you quit?"

Support Self-Efficacy	• Help the patient to identify and build on past successes.
	  ■ "So you were fairly successful the last time you tried to quit…"
	• Suggest options for achievable small steps toward change.
	  ■ Call the Wisconsin Tobacco Quit Line (1-800-QUIT-NOW) for advice and information
	  ■ Read about quitting benefits and strategies
	  ■ Change smoking patterns (e.g., no smoking in the home)
	  ■ Ask the patient to share his or her ideas about quitting strategies

ARRANGE follow-up with patient.

Point of Emphasis: *Tobacco dependence is an addiction. Quitting is challenging for most tobacco users. The patient who is trying to quit should have follow-up options when s/he leaves your office. This is especially important when the treatment is shared by a team of clinicians and includes treatment extenders such as quit line counseling. Urge the patient who is making a quit attempt to contact their primary care provider about their plan to make a quit attempt. This will give your patient the best chance of being a successful quitter.*

When you see your patient again, ask how the quit attempt is going. Praise the patient for quitting. Make it relevant to the individual – "I see the discoloration of your teeth has decreased and your gums are healthier than when you were using tobacco." In the patient record, list 'tobacco cessation discussed' and any medications recommended or prescribed.

Timing

Follow-up contact should begin soon after the quit date, preferably during the first week. The reason for this is that many patients trying to quit have their worst withdrawal symptoms during the first week when they are at greatest risk for relapse. At a minimum, a second follow-up contact is recommended within the first month. Schedule further follow-up contacts as needed.

Actions during follow-up contact

For all patients, identify problems already encountered and anticipate challenges in the immediate future. Assess medication use and any problems. Remind patients of quitline support (1-800-QUIT-NOW). Address tobacco use at next visit (treat tobacco use as a chronic disease).

Medications

Point of Emphasis: *Research shows that the combination of coaching and medication gives your patient the best chance of becoming a successful quitter. Your patient's primary care provider is your partner in helping the patient to quit. Ideally, treatment is shared between a team of clinicians (dental and medical). This includes treatment extenders such as the Wisconsin Tobacco Quit Line.*

Providing Medication Frequently Asked Questions

1. Who should receive medication for tobacco use? Are there groups of smokers for whom medication has not been shown to be effective?

All smokers trying to quit should be offered medication, except where contraindicated or for specific populations for which there is insufficient evidence of effectiveness (i.e., pregnant women, smokeless tobacco users, light smokers and adolescents).

2. What are the recommended first-line medications?

All seven of the FDA-approved medications for treating tobacco use are recommended: bupropion SR, nicotine gum, nicotine inhaler, nicotine lozenge, nicotine nasal spray, the nicotine patch and varenicline. The clinician should consider the first-line medications shown to be more effective than the nicotine patch alone: 2 mg/day varenicline or the combination of long-term nicotine patch use + ad libitum NRT. Unfortunately, there are no well accepted algorithms to guide optimal selection among the first-line medications.

3. Are there contraindications, warnings, precautions, other concerns and side effects regarding the first-line medications recommended in this Guideline Update?

All seven FDA-approved medications have specific contraindications, warnings, precautions, other concerns and side effects. Please refer to FDA-package inserts for this complete information and FDA updates.

4. What other factors may influence medication selection?

Pragmatic factors may also influence selection—such as insurance coverage or out-of-pocket patient costs, likelihood of adherence, dentures when considering the gum, or dermatitis when considering the patch.

5. Is a patient's prior experience with a medication relevant?

Prior successful experience (sustained abstinence with the medication) suggests that the medication may be helpful to the patient in a subsequent quit attempt, especially if the patient found the medication to be tolerable and/or easy to use. However, it is difficult to draw firm conclusions from prior failure with a medication. Some evidence suggests that re-treating relapsed smokers with the same medication produces small or no benefit while other evidence suggests that it may be of substantial benefit.

6. What medications should a clinician use with a patient who is highly nicotine dependent?

The higher-dose preparations of the nicotine gum, patch or lozenge have been shown to be effective in highly dependent smokers. Also, there is evidence that combination-NRT therapy may be particularly effective in suppressing tobacco-withdrawal symptoms. Thus, it may be that NRT combinations are especially helpful to highly dependent smokers or those with a history of severe withdrawal.

7. Is gender a consideration in selecting a medication?

There is evidence that NRT can be effective with both sexes; however, evidence is mixed as to whether NRT is less effective in women than men. This may encourage the clinician to consider use of another type of medication with women such as bupropion SR or varenicline.

8. Are cessation medications appropriate for light smokers (i.e., <10 cigarettes/day)?

As noted above, cessation medications have not been shown to be beneficial to light smokers. However, if NRT is used with light smokers, clinicians may consider reducing the dose of the medication. No adjustments are necessary when using bupropion SR or varenicline.

9. When should second-line agents be used for treating tobacco dependence?

Consider prescribing second-line agents (clonidine and nortriptyline) for patients unable to use first-line medications because of contraindications, or for patients for whom the group of first-line medications has not been helpful. Assess patients for the specific contraindications, precautions, other concerns and side effects of the second-line agents. Please refer to FDA-package inserts for this information.

10. Which medications should be considered with patients particularly concerned about weight gain?

Data show that bupropion SR and nicotine-replacement therapies, in particular 4 mg nicotine gum and 4 mg nicotine lozenge, delay, but do not prevent, weight gain.

11. Are there medications that should be especially considered in patients with a past history of depression?

Bupropion SR and nortriptyline appear to be effective with this population, but nicotine-replacement medications also appear to help individuals with a past history of depression.

12. Should nicotine-replacement therapies be avoided in patients with a history of cardiovascular disease?

No. The nicotine patch in particular has been demonstrated as safe for cardiovascular patients.

13. May tobacco-dependence medications be used long-term (e.g., up to six months)?

Yes. This approach may be helpful with smokers who report persistent withdrawal symptoms during the course of medications, who have relapsed in the past after stopping medication, or who desire long-term therapy. A minority of individuals who successfully quit smoking use ad-libitum NRT medications (gum, nasal spray, inhaler) long-term. The use of these medications for up to six months does not present a known health risk and developing dependence is uncommon. Additionally, the FDA has approved the use of bupropion SR, varenicline and some NRT medications for six-month use.

14. Is medication adherence important?

Yes. Patients frequently do not use cessation medications as recommended (e.g., they don't use them at recommended doses or for recommended durations) and this may reduce their effectiveness.

15. May medications ever be combined?

Yes. Among first-line medications, evidence exists that combining the nicotine patch long-term (> 14 weeks) with nicotine gum or nicotine nasal spray, the nicotine patch with the nicotine inhaler, or the nicotine patch with bupropion SR, increases long-term abstinence rates relative to placebo treatments.

16. My patient can't afford medications and doesn't have insurance or insurance doesn't cover it. What can I do?

- Most pharmaceutical companies have programs to provide medications to those who cannot afford them. See the next page for details.
- Instruct patients to set aside all the money they would have spent on tobacco once they quit. After initial use of medication, they will be able to afford medication going forward.
- Many clinics that serve people with no health insurance will provide treatment for tobacco dependence, including medication. Check for ones in your area and have them available for staff and patients as a referral source.
- As a clinician, you can call the Wisconsin Tobacco Quit Line (1-800-QUIT-NOW) and ask about any sources of free or reduced-cost medication for your patients. The phone number works nationwide and seamlessly routes patients to the state that coincides with the area code assigned to their phone.
- If your patient qualifies for Medicaid or Medicare, these programs cover some tobacco dependence treatment medications. Get this information for your state and have it available for staff and patients.

Quit Tobacco Series: Medication Chart‡‡

See FDA package inserts for more information, including more detailed safety information. Ask your doctor if one of these options is right for you.

Medication	Cautions/Warnings	Side Effects	Dosage	Use	Availability (check insurance)
Bupropion SR 150	Not for use if you: * Use monoamine oxidase (MAO) inhibitor * Use bupropion in any other form * Have a history of seizures * Have a history of eating disorders FDA Boxed Warning: **See the FDA Web Site for more information**	* Insomnia * Dry mouth	* Days 1-3: 150 mg each morning * Days 4–end: 150 mg twice daily	Start 1-2 weeks before quit date; use 2 to 6 months	Prescription Only: * Generic * Zyban * Wellbutrin SR
Nicotine Gum (2 mg or 4 mg)	* Caution with dentures * Do not eat or drink 15 minutes before or during use	* Mouth soreness * Stomach Ache	* 1 piece every 1 to 2 hours * 6-15 pieces per day * If ≤ 24 cigs: 2 mg * If ≥ 25 cigs/day: 4 mg	Up to 12 weeks or as needed	OTC Only: * Generic * Nicorette
Nicotine Inhaler	* May irritate mouth/throat at first (but improves with use)	* Local irritation of mouth & throat	* 6-16 cartridges/day * Inhale 80 times/cartridge * May save partially-used cartridge for next day	Up to 6 months; taper at end	Prescription Only: * Nicotrol inhaler
Nicotine Lozenge (2 mg or 4 mg)	* Do not eat or drink 15 minutes before or during use * One lozenge at a time * Limit 20 in 24 hours	* Hiccups * Cough * Heartburn	* If smoke ≥ 30 minutes after waking: 2 mg * If smoke ≤ 30 minutes after waking: 4 mg * Weeks 1-6: 1 every 1-2 hrs * Wks 7-9: 1 every 2-4 hrs * Wks 10-12: 1 every 4-8 hrs	3-6 months	OTC Only: * Generic * Commit
Nicotine Nasal Spray	* Not for patients with asthma * May irritate nose (improves over time) * May cause dependence	* Nasal irritation	* 1 “dose” = 1 squirt per nostril * 1 to 2 doses per hour * 8 to 40 doses per day * Do NOT inhale	3-6 months; taper at end	Prescription Only: * Nicotrol NS
Nicotine Patch (7 mg, 14 mg or 21 mg)	* Do not use if you have severe eczema or psoriasis	* Local skin reaction * Insomnia	* One patch per day * If ≥ 10 cigs/day: 21 mg 4 wks, 14 mg 2-4 wks, 7 mg 2-4 wks	8-12 weeks	OTC or prescription: * Generic * Nicoderm CQ * Nicotrol
Varenicline	Use with caution in patients: * With significant renal impairment * With serious psychiatric illness * Undergoing dialysis FDA Boxed Warning: **See the FDA Web Site for more information**	* Nausea * Insomnia * Abnormal, vivid or strange dreams	* Days 1-3: 0.5 mg every morning * Days 4-7: 0.5 mg twice daily * Day 8–end: 1 mg twice daily	Start 1 week before quit date; use 3-6 months	Prescription only: * Chantix
Combinations: 1) Patch + bupropion 2) Patch + gum 3) Patch + [lozenge or inhaler]	* Only patch + bupropion is currently FDA-approved. * Follow instructions for individual medications.	See individual medications above.	See individual medications above.	See above.	See above.

Updated July 2009 *#Based on the 2008 Clinical Practice Guideline Update: Treating Tobacco Use and Dependence, U.S. Public Health Service, May 2008.*

Drug Interactions With Smoking

Many interactions between tobacco smoke and medications have been identified. Note that in most cases it is the tobacco smoke—not the nicotine—that causes these drug interactions. Tobacco smoke may interact with medications through pharmacokinetic (PK) or pharmacodynamic (PD) mechanisms. PK interactions affect the absorption, distribution, metabolism, or elimination of other drugs, potentially causing an altered pharmacologic response. The majority of PK interactions with smoking are the result of induction of hepatic cytochrome P450 enzymes (primarily CYP1A2). PD interactions alter the expected response or actions of other drugs. The amount of tobacco smoking needed to have an effect has not been established and the assumption is that any smoker is susceptible to the same degree of interaction. The most clinically significant interactions are depicted in the shaded rows.

Drug/Class	Mechanism of Interaction and Effects
Pharmacokinetic Interactions	
Alprazolam (Xanax)	• Conflicting data on significance of a PK interaction. Possible ↓ plasma concentrations (up to 50%); ↓ half-life (35%).
Bendamustine (Treanda)	• Metabolized by CYP1A2. Manufacturer recommends caution in using in smokers due to likely ↓ bendamustine concentrations, with ↑ concentrations of its two active metabolites.
Caffeine	• ↑ Metabolism (induction of CYP1A2); ↑ clearance (56%). • Likely ↑ caffeine levels after cessation.
Chlorpromazine (Thorazine)	• ↓ Area under the curve (AUC) (36%) and serum concentrations (24%). • ↓ Sedation and hypotension possible in smokers; smokers may need ↑ dosages.
Clozapine (Clozaril)	• ↑ Metabolism (induction of CYP1A2); ↓ plasma concentrations (18%). • ↑ levels upon cessation may occur; closely monitor drug levels and reduce dose as required to avoid toxicity.
Erlotinib (Tarceva)	• ↑ Clearance (24%); ↓ trough serum concentrations (2-fold).
Flecainide (Tambocor)	• ↑ Clearance (61%); ↓ trough serum concentrations (25%). • Smokers may need ↑ dosages.
Fluvoxamine (Luvox)	• ↑ Metabolism (induction of CYP1A2); ↑ clearance (24%); ↓ AUC (31%); ↓ plasma concentrations (32%). • Dosage modifications not routinely recommended but smokers may need ↑ dosages.
Haloperidol (Haldol)	• ↑ Clearance (44%); ↓ serum concentrations (70%).
Heparin	• Mechanism unknown but ↑ clearance and ↓ half-life are observed. Smoking has prothrombotic effects. • Smokers may need ↑ dosages due to PK and PD interactions.
Insulin, subcutaneous	• Possible ↓ insulin absorption secondary to peripheral vasoconstriction; smoking may cause release of endogenous substances that cause insulin resistance. • PK & PD interactions likely not clinically significant; smokers may need ↑ dosages.
Irinotecan (Camptosar)	• ↑ Clearance (18%); ↓ serum concentrations of active metabolite, SN-38 (~40%; via induction of glucuronidation); ↓ systemic exposure resulting in lower hematologic toxicity and may reduce efficacy. • Smokers may need ↑ dosages.
Mexiletine (Mexitil)	• ↑ Clearance (25%; via oxidation and glucuronidation); ↓ half-life (36%).
Olanzapine (Zyprexa)	• ↑ Metabolism (induction of CYP1A2); ↑ clearance (98%); ↓ serum concentrations (12%). • Dosage modifications not routinely recommended but smokers may require ↑ dosages.
Propranolol (Inderal)	• ↑ Clearance (77%; via side chain oxidation and glucuronidation)
Ropinirole (Requip)	• ↓ Cmax (38%) and AUC (30%) in study with patients with restless legs syndrome. • Smokers may need ↑ dosages.
Tacrine (Cognex)	• ↑ Metabolism (induction of CYP1A2); ↓ half-life (50%); serum concentrations three-fold lower. • Smokers may need ↑ dosages.
Theophylline (Theo Dur, etc.)	• ↑ Metabolism (induction of CYP1A2); ↑ clearance (58–100%); ↓ half-life (63%). • Levels should be monitored if smoking is initiated, discontinued, or changed. • ↑ Clearance with second-hand smoke exposure. • Maintenance doses are considerably higher in smokers.
Tricyclic antidepressants (e.g., imipramine, nortriptyline)	• Possible interaction with tricyclic antidepressants in the direction of ↓ blood levels, but the clinical importance is not established.
Tizanidine (Zanaflex)	• ↓ AUC (30-40%) and ↓ half-life (10%) observed in male smokers.
Pharmacodynamic Interactions	
Benzodiazepines (diazepam, chlordiazepoxide)	• ↓ Sedation and drowsiness, possibly caused by nicotine stimulation of central nervous system.
Beta-blockers	• Less effective antihypertensive and heart rate control effects; might be caused by nicotine-mediated sympathetic activation. • Smokers may need ↑ dosages.
Corticosteroids, inhaled	• Asthmatic smokers may have less of a response to inhaled corticosteroids.
Hormonal contraceptives	• ↑ Risk of cardiovascular adverse effects (e.g., stroke, myocardial infarction, thromboembolism) in women who smoke and use oral contraceptives. Ortho Evra patch users shown to have 2-fold ↑risk of venous thromboembolism compared to oral contraceptive users, likely due to ↑ estrogen exposure (60% higher levels). • ↑ Risk with age and with heavy smoking (15 or more cigarettes per day) and is quite marked in women age 35 and older.
Opioids (propoxyphene, pentazocine)	• ↓ Analgesic effect; smoking may ↑ the metabolism of propoxyphene (15–20%) and pentazocine (40%). Mechanism unknown. • Smokers may need ↑ opioid dosages for pain relief.

Adapted and updated, from Zevin S, Benowitz NL. Drug interactions with tobacco smoking. *Clin Pharmacokinet* 1999;36:425–438.

C52day Communicate. Collaborate. Cease.

Tobacco Dependence Treatment

FDA-approved Medications
How to "write for"

Nicotine patch (generic; Nicoderm CQ; Nicotrol) 21 mg for 28 days (for month one), followed by 14 mg for 14 days and 7 mg for 14 days (for month 2) – over the counter or prescription

Nicotine patch (generic; Nicoderm CQ; Nicotrol, generic) 14 mg for 28 days (for month one), followed by 7 mg for 28 days (for month 2) – over the counter or prescription

Nicotine gum (generic; Nicorette) 4 mg, 1 every 1-2 hours or with cravings (6-15 pieces/day) (2 boxes of 110 = 28 day supply); refill 28 day supply x 3 months total therapy – over the counter

Nicotine gum (generic; Nicorette) 2 mg, 1 every 1-2 hours or with cravings (6-15 pieces/day) (2 boxes of 110 = 1 month supply); refill 28 day supply x 3 months total therapy – over the counter

Nicotine lozenge (generic; Commit) 4 mg, 1 every 1-2 hours or with cravings (3 boxes of 72 = 28 day supply); refill 28 day supply x 3 months total therapy – over the counter

Nicotine lozenge (generic; Commit) 2 mg, 1 every 1-2 hours or with cravings (3 boxes of 72 = 28 day supply); refill 28 day supply x 3 months total therapy – over the counter

Bupropion SR150 mg, #60, days 1-3: 1 tablet a.m.; day 4-end: 1 tablet a.m., 1 tablet p.m. (8 hrs apart); refill one month kit (#60) x 3 months total therapy – prescription only

Nicotine Inhaler (Nicotrol) 168 cartridges/box = 1 month supply; 6-16 cartridges/day for 28 days; refill x 6 months total therapy – prescription only

Nicotine nasal spray (Nicotrol NS) approximately 100 doses/bottle; dose = .5 mg per nostril (1 mg total). 1-2 doses/hour, increase as needed; Minimum 8 doses/day, maximum 40 doses/day (5 doses/hour); 3-6 months total therapy – prescription only

Chantix™ (Varenicline) Tablets Day 1-3: 1 tablet (0.5 mg) a.m.; day 4 - 7: 1 tablet (0.5 mg) a.m., 1 tablet (0.5 mg) p.m. (8 hrs apart); Day 8-end 1 tablet (1 mg) a.m., 1 tablet (1 mg) p.m. (8 hrs apart); (Starter Pak first month; Continuing Month Packs x 2 months =3 months total therapy – prescription only

Patient Education Materials

Point of Emphasis: *Patient handouts are a way of extending your message beyond the walls of your practice. While there is no guarantee that patients will look at or read the information on handouts, we should aim for reaching the percentage of patients who are looking for educational support and motivation to quit. Use your own creativity in making handouts more interesting. For example, the handout titled, "What Happens When You Quit" could be presented this way: "Here's a flyer that outlines how fast your body will begin to heal itself once you stop using tobacco. You might want to attach it to your refrigerator, or someplace where it will remind you of some of the good reasons why you're quitting."*

The following handouts in this toolkit can be copied, or downloaded from the UW-Center for Tobacco Research and Intervention website: http://www.ctri.wisc.edu/News.Center/News.Center_FactSheets.html

What Happens When You Quit

Quitting improves your appearance:

- ☑ Healthier skin.
- ☑ Fresher breath.
- ☑ Whiter, healthier teeth.

Other benefits:

- ☑ Your clothes and hair smell better.
- ☑ Your senses of taste and smell improve.
- ☑ Work and exercise without losing your breath.
- ☑ You'll have more money.

Reap The Benefits – Fast.

Everyone knows your health improves when you quit smoking/chewing. But you might be surprised at how fast it happens.

20 minutes after quitting: Your blood pressure drops to a level close to that before the last cigarette. The temperature of your hands and feet increases to normal.

12 hours after quitting: The carbon monoxide level in your blood begins to drop to normal.

24 hours after quitting: Your chance of a heart attack decreases.

2 weeks to 3 months after quitting: Your circulation and lung function improve.

1 to 9 months after quitting: Coughing, sinus congestion, fatigue and shortness of breath decrease; cilia (tiny hair-like structures that move mucus out of the lungs) regain normal function in the lungs, increasing the ability to clean the lungs and reduce infection.

1 year after quitting: The excess risk of coronary heart disease is half that of a tobacco user.

5-15 years after quitting: Your stroke risk is reduced to that of a nonsmoker.

10 years after quitting: The lung cancer death rate is about half that of a continuing tobacco user. The risk of cancer of the mouth, throat, esophagus, bladder, kidney and pancreas decreases.

15 years after quitting: The risk of coronary heart disease falls to that of a nonsmoker's.

Sources: U.S. Surgeon General's Reports

Plan to Quit

Quitting takes hard work, but you can do it! The plan below can help.

Get Ready.

List your reasons for quitting and tell your friends and family about your plan. See your doctor to find out if medication is right for you. Think of whom to reach out to when you need help, like a support group or the Wisconsin Tobacco Quit Line, it's free and available at 1-800-QUIT-NOW (800-784-8669). The Quit Line can help you create a plan that's tailored to your needs. Stop buying tobacco. Set a quit date.

My quit date is: _____.

Purchase Medication.

Ask your doctor if quit-smoking medication is right for you. If so, buy either over-the-counter nicotine patches, lozenges or gum--or get a prescription from your doctor for the nicotine inhaler, patch, nasal spray, or one of the non-nicotine pills: Bupropion SR 150 (Zyban) or varenicline (Chantix). *Note that patients should start taking bupropion SR 150 one to two weeks prior to the quit date. Patients should begin varenicline a week prior to quitting.* Medication(s) I will use:

Change Your Routine.

Think of routines you may want to change. For example, take walks or work out when you normally smoke or chew. Pay attention to when and why you smoke or chew. Clean your clothes to get rid of the smell of cigarette smoke. Think of new ways to relax or things to hold in your hand instead of a cigarette or chew. List things to do instead of smoking/chewing:

Plan For More Money.

Make a list of the things you could do with the extra money you will save by not buying tobacco.

Things I will do with the money: _____

Plan Your Rewards.

Think of rewards you will get yourself after you quit. Make an appointment with your dentist to have your teeth cleaned. At the end of the day, throw away all tobacco, matches or tins. Put away or toss lighters and ashtrays. My reward for quitting tobacco will be: _____

Quit Day

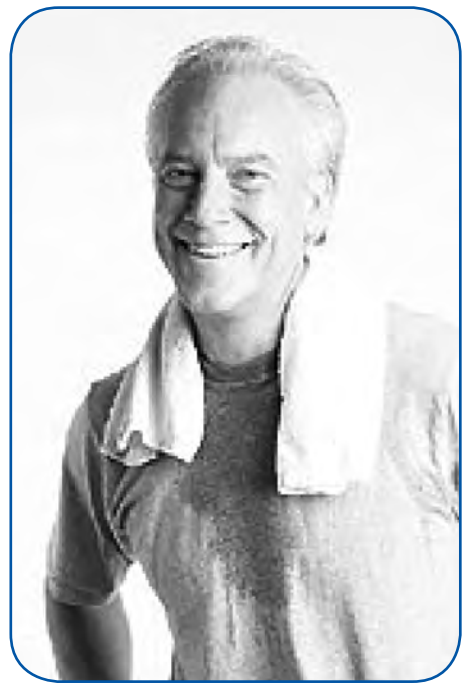
Keep very busy. Change your routine when possible, and do things that don't remind you of smoking/chewing. Remind family, friends, and coworkers that this is your quit day, and ask them to help and support you. Avoid alcohol. Call the Quit Line for ongoing support at 1-800-QUIT-NOW. Buy yourself a treat, or do something to celebrate. You can do it!

Day After You Quit: Congratulations!

Congratulate yourself. When cravings hit, do something else that isn't connected with smoking/chewing, like taking a walk, drinking a glass of water or taking deep breaths. Call your support network or the Quit Line. Eat snacks or chew gum.

Quit Tips For The First Week

Nicotine is a powerful addiction. If you have tried to quit, you know how hard it can be. People who quit smoking or chewing typically experience physical and psychological withdrawal. Millions have quit smoking and chewing tobacco. You can, too!



See Your Doctor for Medication:

- ☑ There are seven FDA-approved medications to help you quit – including Chantix, Zyban and nicotine replacement therapies, including the patch, gum, lozenge, inhaler and nasal spray. Ask your doctor if prescription or OTC medications are right for you. These medications, combined with the proper coaching, may significantly improve your chances of quitting for good.

Call the Quit Line to Get FREE Coaching and Medication:

- ☑ Call the Wisconsin Tobacco Quit Line at 1-800-QUIT-NOW (800-784-8669) for advice on how to quit, help developing a plan and a free two-week supply of the nicotine gum, patch or lozenge. It's confidential.

Replace Tobacco with Healthier Options:

- ☑ Keep your hands and mouth busy. Try low-calorie foods for snacking—carrots, cinnamon sticks, sugarless gum or pretzel sticks. Don't skip meals.
- ☑ Drink a lot of liquids, especially water. Try herbal teas or fruit juices. Limit coffee, soft drinks and alcohol—they can increase your urge to smoke.

Change Your Habits:

- ☑ Exercise regularly and moderately. Regular exercise helps. Try walking or jogging in the morning instead of having a cigarette or dip. Joining an exercise group provides a healthy activity and a new routine.
- ☑ Get more sleep. Go to sleep earlier. Take naps. Read a book before bed instead of lighting up or chewing.
- ☑ Take deep breaths. When cravings hit, do something to distract yourself.
- ☑ Avoid places you connect with smoking/chewing.
- ☑ If you often drink while you smoke, give up alcohol until you are a confident non-smoker.
- ☑ Remind yourself every day why you are quitting.

Reduce Your Stress:

- ☑ Take a hot bath or shower, get a massage or exercise.
- ☑ Listen to relaxing music.
- ☑ Watch a funny movie.

Put Yourself In a Position to Resist Cravings

- ☑ Hang out with people who don't smoke/chew.
- ☑ Reach out to friends, family or a support group for encouragement.
- ☑ Toss all cigarettes, ash trays and chew products.

Medications

The United States Public Health Service guidelines for quitting tobacco use recommend a combination of counseling and medication. The following seven medications are approved by the FDA for that purpose, and can significantly increase your chances of quitting. Talk to your doctor to find the right fit for you.

Bupropion SR 150 generic (Zyban)

Bupropion SR is a prescription pill marketed under the brand name Zyban. It is also available generically. It is designed to help reduce cravings for nicotine. It can also relieve symptoms of depression for some patients. This is not for use if you have a history of seizures or eating disorders or are currently using a monoamine oxidase (MAO) inhibitor or any other form of bupropion (such as Zyban or Wellbutrin). Treatment is recommended for seven to 12 weeks. Begin taking bupropion 7-14 days prior to your quit date. On July 1, 2009, the FDA issued a boxed warning for use of bupropion. For more information, visit the FDA Web site: http://www.fda.gov/Drugs/DrugSafety/PublicHealthAdvisories/ucm169988.htm

Nicotine Replacement Therapies (NRT)

Unlike the high risk of addiction to tobacco use, the risk of addiction to NRT is very low.

Patch

Patches are designed to provide a steady stream of nicotine through your skin over a designated time (16-24 hours, depending on the product). The patch is available via prescription or over the counter (OTC). It's designed to give you enough nicotine to ease cravings. Treatment is typically recommended for six to eight weeks.

Gum

This OTC product is recommended for smokers who want something to turn to when experiencing urges to smoke. Chew up to 20-30 pieces a day for six to eight weeks. Use the 4 mg gum if you're smoking 25 cigarettes or more per day. Use the 2 mg gum if you're smoking less than 24 cigarettes a day.

Inhaler

Patients "puff" small doses of nicotine through this prescription product that looks similar to a cigarette. Unlike a cigarette, there is no harmful carbon monoxide. Treatment usually lasts eight to 12 weeks, depending on the patient.

Nasal spray

This prescription product sprays nicotine into your nose. Recommended use is up to two sprays an hour for as many as three months.

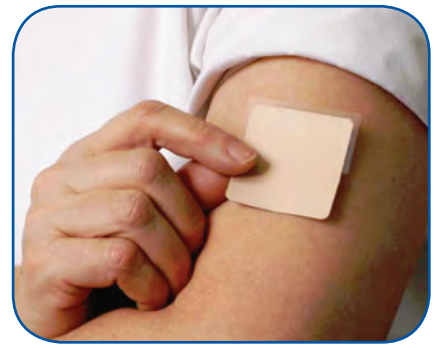
Lozenge

This OTC medication is usually used eight to 12 weeks. If you typically have your first cigarette within 30 minutes of awakening, use the 4 mg dose. Otherwise use the 2 mg dose. Patients are urged to use at least 6 to 12 lozenges per day.

Varenicline (Chantix)

Varenicline is a quit-smoking pill available by prescription only. Varenicline is intended to block some of the rewarding effects of nicotine (the addictive drug in tobacco products) while preventing the withdrawal most people feel after they quit. Begin taking varenicline seven days prior to your quit date. Recommended treatment is 12 weeks. The most common side effects include nausea, headache, trouble sleeping and abnormal dreams. The FDA and manufacturer warn that varenicline patients have reported depressed mood, agitation, behavior changes, thoughts of suicide and some have committed suicide. If you experience a change in mood or behavior while taking this medication, inform your clinician. On July 1, 2009, the FDA issued a boxed warning for use of varenicline. For more information, visit the FDA Web site: http://www.fda.gov/Drugs/DrugSafety/PublicHealthAdvisories/ucm169988.htm

Nicotine Patch



This medication helps you quit smoking. It helps "take the edge off" your cravings and it can provide your body with a steady, safe level of nicotine. Please review package instructions for more detailed information on how to use this medication.

How to Use

Use 1 Patch Per Day

- If you smoke more than 10 cigarettes a day use:
  - 21 mg for 4 weeks
  - then 14 mg for 2 weeks
  - then 7 mg for 2 weeks
- If you smoke less than 10 cigarettes a day, use:
  - 14 mg for 4 weeks
  - then 7 mg for 4 weeks
- Start this medicine on your quit day.

TIP: To prevent relapse, keep using this medicine for the full 8 weeks—even if you think you've quit tobacco use for good.

How to Put On the Nicotine Patch

Leave the patch in its sealed wrapper until you are ready to put it on. Wash your hands with soap before and after applying a patch.

The package instructions will show the body areas where you can wear the patch, typically on a harmless part of the body between the neck and waist.

When putting on each new patch, choose a different place within these areas. Do not put the new patch on the same place where you have worn a patch in the past week. Be sure to remove the old patch before applying a new one. Do not put the patch over burns, cuts or irritated skin. Put on a new patch if the old one has fallen off and cannot be reapplied.

If You Miss a Dose

If you forget to wear or change a patch, put one on as soon as you can. If it is almost time to put on your next patch, wait until then to apply a new patch.

TIP: Do not apply extra patches to make up for a missed dose.

Warnings and Additional Advice When Using this Medicine

This medication has not been proven safe or effective for women who are pregnant or breastfeeding. Do not use if you have severe eczema or psoriasis.

Check with your doctor if you have heart problems, uncontrolled high blood pressure, a stomach ulcer, or diabetes before using this medication. Make sure your doctor knows if you are trying to quit, especially if you are using insulin, or medication for asthma or depression, as well as any other quit-smoking medicine. Tell your doctor about all other medications. Your doctor may alter dosing of these medicines. Do not smoke or chew tobacco while you are using the patch.

Potential Side Effects

- Allergic reaction: Itching or hives, rashes, swelling or tingling in your mouth or throat
- Chest tightness or trouble breathing
- Fast, slow, pounding or irregular heartbeat
- Severe nausea, vomiting, dizziness, weakness, sweating
- Severe allergic skin reaction at the site of the patches

If you notice side effects that you think are caused by this medicine, tell your doctor.

TIP: For ideas on how to handle nicotine urges and help to create a quit plan, ask your doctor or call the Wisconsin Tobacco Quit Line at 1-800-QUIT-NOW (1-800-784-8669). Medications are more effective when used with counseling to quit smoking—like the free coaching from the Quit Line.

You Are Urged To Notify Your Primary Care Physician Before Starting This New Medication.

This information is intended for general information and educational purposes. It is not intended to replace the advice of your healthcare provider or the instructions that come with the medication. Contact your healthcare provider if you believe you have a health problem.

Nicotine Gum

This medication helps you quit smoking. It helps "take the edge off" your cravings and it can provide your body with a steady, safe level of nicotine. Please review package instructions for more detailed information on how to use this medication.

How to Use

Chew one piece every 1-2 hours (6-15 pieces per day):

- Take 2 mg if you smoke less than 25 cigarettes a day
- Take 4 mg if you smoke 25 or more cigarettes a day
- Start this medicine on your quit day

TIP: Many people don't use enough gum. Chew gum when you have an urge to smoke. However, do not use more than 15 pieces of gum in one day.

To avoid relapse, use for the full 12 weeks—even if you think you've quit tobacco use for good.

How to Chew Nicotine Gum

Do not chew nicotine gum like you would regular gum. Begin by taking a few bites until you feel tingling or a peppery taste. This means the nicotine is being released.

As soon as the tingling starts, move the piece of nicotine gum to the side of your mouth, between your gum and your cheek. Park the gum there until the tingling goes away. Slowly start to chew the gum again until the tingling returns. Then move the gum to the other side of your mouth.

Keep repeating this cycle of slowly chewing, then moving the gum to one or the other side of your mouth. When you chew the gum and the tingling or peppery taste doesn't come back, then you are finished with that piece of gum. This usually takes about 30 minutes.

If you still feel a craving to smoke even after chewing a piece of gum, you may use a second piece.

TIP: Nicotine gum now comes in flavors. Find one you like.

Warnings and Additional Advice When Using this Medicine

This medication has not been proven safe or effective for women who are pregnant or breastfeeding. Make sure your doctor knows if you are trying to quit, especially if you are using insulin, or medication for asthma or depression, as well as any other quit-smoking medicine. Tell your doctor about all other medications. Your doctor may alter dosing of these medicines. **Check with your doctor if you have heart problems, uncontrolled high blood pressure, and a stomach ulcer or diabetes before using the nicotine gum.**

TIP: Do not smoke or chew tobacco while you are using nicotine gum. Do not drink cola, coffee, orange juice or other acidic drinks while chewing nicotine gum. Do not eat or drink 15 minutes prior to (or while chewing) nicotine gum.

Potential Side Effects

- Allergic reaction: Itching or hives, rashes, swelling or tingling in your mouth or throat
- Chest tightness or trouble breathing
- Fast, slow, pounding or irregular heartbeat
- Severe nausea, vomiting, dizziness, weakness, sweating

If you notice any side effects that you think are caused by this medicine, tell your doctor.

TIP: For ideas on how to handle nicotine urges and help to create a quit plan, ask your doctor or call the Wisconsin Tobacco Quit Line at 1-800-QUIT-NOW (1-800-784-8669). Medications are more effective when used with counseling to quit smoking—like the free coaching from the Quit Line.

You Are Urged To Notify Your Primary Care Physician Before Starting This New Medication.

This information is intended for general information and educational purposes. It is not intended to replace the advice of your healthcare provider or the instructions that come with the medication. Contact your healthcare provider if you believe you have a health problem.

Nicotine Lozenge

This medication helps you quit smoking. It helps "take the edge off" your cravings and it can provide your body with a steady, safe level of nicotine. Please review package instructions for more detailed information on how to use this medication.

How to Use

- **2mg** if you smoke your first cigarette more than 30 minutes after waking
- **4mg** if you smoke less than 30 minutes after waking
- ***Start*** this medicine on your quit day
- ***Weeks 1-6***: 1 lozenge every 1-2 hours
- ***Weeks 7-9:*** 1 lozenge every 2-4 hours
- ***Weeks 10-12:*** 1 lozenge every 4-8 hours

Do not eat or drink anything 15 minutes prior to or during use of a nicotine lozenge.

TIP: Do not bite, chew or swallow the lozenge. It is best to suck on the lozenge and let it melt slowly in your mouth. The lozenge should melt completely in about 20 to 30 minutes.

You may feel tingling or a warm feeling in your mouth. This means the nicotine is being released. Move the lozenge around while it is in your mouth. Most people will hold the lozenge inside one cheek, and then move it to the other cheek occasionally.

TIP: Lozenges now come in flavors. Find one you like. To prevent relapse, keep using this medicine for the full 12 weeks—even if you think you've quit tobacco use for good. Do not use more than 20 lozenges in one day. Do not use two lozenges at one time.

Warnings and Additional Advice When Using This Medicine

This medication has not been proven safe or effective for women who are pregnant or breastfeeding. Before using this medication, check with your doctor if you have heart problems or uncontrolled high blood pressure, a stomach ulcer or diabetes.
Make sure your doctor knows if you are trying to quit, especially if you are using insulin, or medication for asthma or depression, as well as any other quit-smoking medicine. Tell your doctor about all other medications. Your doctor may alter dosing of these medicines. Do not smoke or chew tobacco while you are using the lozenge.

TIP: For ideas on how to handle nicotine urges and help to create a quit plan, ask your doctor or call the Wisconsin Tobacco Quit Line at 1-800-QUIT-NOW (1-800-784-8669). Medications are more effective when used with counseling to quit smoking—like the free coaching from the Quit Line.

Potential Side Effects

Allergic reaction: Itching or hives, swelling in your face or hands, swelling or tingling in your mouth or throat, chest tightness, trouble breathing

- Fast, slow, pounding, or irregular heartbeat
- Nausea, vomiting, dizziness, weakness, sweating
- Pain, sores, or other problems in your mouth
- Headache
- Mild nausea, heartburn, hiccups
- Trouble sleeping

If you notice side effects that you think are caused by this medicine, tell your doctor.

You Are Urged To Notify Your Primary Care Physician Before Starting This New Medication.

This information is intended for general information and educational purposes. It is not intended to replace the advice of your healthcare provider or the instructions that come with the medication. Contact your healthcare provider if you believe you have a health problem.

Nicotine Inhaler

This medication helps you quit smoking. It helps "take the edge off" your cravings and it can provide your body with a steady, safe level of nicotine. Please review package instructions for more detailed information on how to use this medication.

How to Use

- Start this medicine on your quit day
- Puff on the inhaler to absorb the nicotine through your mouth
- Up to 80 inhalations per cartridge
- 6-16 cartridges per day
- Can use part of cartridge and save rest for later that day
- When you no longer get the nicotine taste, you have used up the nicotine in that cartridge

Each nicotine inhaler package includes mouthpieces and 168 cartridges of nicotine. You should use as many nicotine cartridges as needed—at least 6, but no more than 16 daily.

TIP: For peak effectiveness, puff frequently on each cartridge for about 20 minutes.

Warnings While Using This Medicine

This medication has not been proven safe or effective for women who are pregnant or breastfeeding. Make sure your doctor knows if you have heart problems, uncontrolled high blood pressure, a stomach ulcer, or diabetes. Check with your doctor if you are using insulin, or medication for asthma or depression, as well as any other quit-smoking medicine before you begin using the nicotine inhaler. Tell your doctor about all other medications. Your doctor may alter dosing of these medicines. Do not smoke or chew tobacco while you are using the nicotine inhaler.

TIP: Do not drink acidic beverages or use any tobacco product 15 minutes prior to or while using the inhaler.

TIP: For ideas on how to handle nicotine urges and help to create a quit plan, ask your doctor or call the Wisconsin Tobacco Quit Line at 1-800-QUIT-NOW (1-800-784-8669). Medications are more effective when used with counseling to quit smoking—like the free coaching from the Quit Line.

Potential Side Effects

Call your doctor right away if you notice any of these side effects:

- Allergic reaction: Itching or hives, swelling in your face or hands, swelling or tingling in your mouth or throat, chest tightness or trouble breathing
- Fast, slow, pounding or irregular heartbeat
- Nausea, vomiting, dizziness, weakness or sweating
- Pain, sores or other problems in your mouth

If you notice other side effects that you think are caused by this medicine, tell your doctor.

You Are Urged To Notify Your Primary Care Physician Before Starting This New Medication.

This information is intended for general information and educational purposes. It is not intended to replace the advice of your healthcare provider or the instructions that come with the medication. Contact your healthcare provider if you believe you have a health problem.

Nasal Spray

This medication helps you quit smoking. Known as Nicotrol NS, it is available by prescription only. It helps "take the edge off" your cravings and it can provide your body with a steady, safe level of nicotine. Please review package instructions for more detailed information on how to use this medication.

How to Use

- Start this medicine on your quit day
- 1 "dose" = 1 squirt per nostril
- 1 to 2 doses per hour
- 8 to 40 doses per day
- Do NOT inhale
- Use for 3-6 months; taper at end

TIP: Do not drink acidic beverages or use any tobacco product 15 minutes prior to or while using the inhaler.

Warnings and Additional Advice When Using This Medicine

- This medication is not for patients with asthma.
- Nicotine nasal spray also has not been proven safe or effective for women who are pregnant or breastfeeding. Counseling to quit smoking has been shown to be effective.
- May cause nicotine dependence.
- May irritate nose, mouth or throat (typically improves over time).

Before using this medication, check with your doctor if you have heart problems or uncontrolled high blood pressure, a stomach ulcer or diabetes.
Make sure your doctor knows if you are trying to quit, especially if you are using insulin, or medication for asthma or depression, as well as any other quit-smoking medicine. Tell your doctor about all other medications. Your doctor may alter dosing of these medicines. Do not smoke or chew tobacco while you are using the nasal spray.

TIP: For ideas on how to handle nicotine urges and help to create a quit plan, ask your doctor or call the Wisconsin Tobacco Quit Line at 1-800-QUIT-NOW (1-800-784-8669). Medications are more effective when used with counseling to quit smoking—like the free coaching from the Quit Line.

Potential Side Effects

- Allergic reaction: Itching or hives, rashes, swelling or tingling in your mouth or throat
- Chest tightness or trouble breathing
- Fast, slow, pounding or irregular heartbeat
- Severe nausea, vomiting, dizziness, weakness, sweating

If you notice any side effects that you think are caused by this medicine, tell your doctor.

You Are Urged To Notify Your Primary Care Physician Before Starting This New Medication.

This information is intended for general information and educational purposes. It is not intended to replace the advice of your healthcare provider or the instructions that come with the medication. Contact your healthcare provider if you believe you have a health problem.

Bupropion SR 150

Bupropion SR is a prescription medication (known as Zyban) that only should be used under a doctor's direction. Before using bupropion SR, tell your doctor about medical conditions, including:

- Current use of a monoamine oxidase (MAO) inhibitor
- Current use of bupropion in any other form (i.e., Zyban/Wellbutrin)
- History of seizures or eating disorders
- Heart problems, uncontrolled high blood pressure, a stomach ulcer, or diabetes

How to Use

- Start using pills 7 days prior to your quit date (Quit on day 8)
- For the first 3 days, take one pill each morning
- Starting on day 4, take one pill in the morning; wait at least 8 hours, then take a second pill in the late afternoon (Do this each day from Day 4 to Day 63)

IMPORTANT

- If you forget to take a pill, do not take 2 pills to "make up" for missing a dose
- Do not take more than 2 pills in less than 8 hours (Be sure to wait at least 8 hours after your first morning pill before taking your second pill)
- Do not use alcohol or other sedatives excessively

TIP: For ideas on how to handle nicotine urges and help to create a quit plan, ask your doctor or call the Wisconsin Tobacco Quit Line at 1-800-QUIT-NOW (1-800-784-8669). Medications are more effective when used with counseling to quit smoking—like the free coaching from the Quit Line.

Storage

- Keep away from children and pets
- Store away from heat, direct light and moisture

Potential Side Effects

- Trouble sleeping (avoid taking your medicine too close to bedtime)
- Dry mouth
- Contact your doctor immediately if you experience: An allergic reaction with symptoms of skin rash, hives, chest pain, swelling or shortness of breath

Warnings While Using This Medicine

The FDA is requiring the manufacturer of this product to add a new Boxed Warning to the product labeling to alert healthcare professionals to this important new safety information. People who are taking bupropion and experience any serious or unusual changes in mood or behavior or who feel like hurting themselves or someone else should stop taking the medicine and call their healthcare professional right away. See FDA.gov or package inserts for more information. In addition, this medication has not been proven safe or effective for women who are pregnant or breastfeeding. Bupropion has not been studied in children or adolescents and is not approved for treating anyone less than 18 years old. This information is intended for general information and educational purposes. It is not intended to replace the advice of your health care provider or the instructions that come with the medication. Contact your doctor if you believe you have a health problem.

Varenicline (var-EN-nik-lin)

Varenicline, marketed under the brand name "Chantix," is a quit-smoking medication approved by the FDA. It is available by prescription only.

How it Works

Varenicline acts differently than the other cessation medications. It is neither a nicotine replacement therapy nor an anti-depressant drug. Varenicline acts on nicotine receptors with two types of action: It blocks rewarding effects of nicotine (antagonist) and at the same time reduces withdrawal (agonist). Varenicline, like all quit-smoking medications, is not a "magic pill" and should be used in conjunction with coaching on how to quit. Call 1-800-QUIT-NOW (1-800-784-8669) to talk to live quit coaches on the phone; it's completely free and confidential.

How Well it Works

In research studies, varenicline proved to be more effective than placebo or bupropion. Abstinence rates at the end of treatment were: 18% for placebo, 30% for bupropion and 44% for varenicline. These trials included counseling for all participants.

Side Effects and Contraindications

In research studies, varenicline was well tolerated, with overall discontinuation rates similar to placebo. The most common side effects included nausea, headache, trouble sleeping and abnormal dreams. The most common side effect—nausea—can be significantly reduced if the medication is taken with food and water. The FDA recommends healthcare providers use caution in patients: with significant renal impairment, with psychiatric conditions, undergoing dialysis.

Warnings

On July 1, 2009, the FDA notified the public that the use of Chantix (varenicline) has been associated with reports of changes in behavior such as hostility, agitation, depressed mood and suicidal thoughts or actions. The FDA is requiring the manufacturer of this product to add a new *Boxed Warning* to the product labeling to alert healthcare professionals to this important new safety information. **People who are taking Chantix and experience any serious and unusual changes in mood or behavior or who feel like hurting themselves or someone else should stop taking the medicine and call their healthcare professional right away. See** FDA.gov **or package inserts for more information.**

Dosage and Cost

Start varenicline one week before the quit date for maximum effectiveness.
Recommended treatment is 12 weeks:

- Days 1-3: . . . . . 1 pill (0.5 mg) per day;
- Days 4-7: . . . . . 1 pill (0.5 mg) twice a day (a.m. and p.m.)
- Day 8 to the end: . . . 1 pill (1 mg) twice a day (a.m. and p.m.)
- For best results, quit smoking on Day 8

An additional course of 12 weeks for maintenance can be considered. The manufacturer pre-packages Chantix so the pills are laid out day-by-day, in a "Starting Month" package (four weeks) and "Continuing Month" packages thereafter.

Cost varies, but it is approximately $120 per month ($4 per day). Varenicline is covered by many health care plans.

Chewing Tobacco Facts

Chewing Tobacco Statistics

- Chew tobacco is not a safe alternative to cigarettes. It can be just as addictive as cigarettes.
- Nationally, an estimated three percent of adults – 8.9 million – chew tobacco. Chew-tobacco use is much more common among men (six percent) than women (0.3 percent).
- Approximately 100,000 Wisconsin residents chew tobacco.
- In Wisconsin, 14 percent of high school males and two percent of high school females chew.
- Nationally, seven percent of high school students chew tobacco. It's more common among male (11 percent) than female high school students (2 percent). Also, an estimated 3 percent of middle school students chew tobacco.
- During 2001, the five largest tobacco manufacturers spent $236.7 million on chewing tobacco advertising and promotion.

Good Reasons to Quit

- Brighter smile. Healthier teeth and gums.
- Save money. At $4.30 or more a tin, a chewer can save a lot of money by quitting. If a person dips a tin a day, that's more than $1,500 a year!
- Reducing cancer risk. Chewing tobacco contains 28 cancer-causing chemicals. Three-quarters of mouth and throat cancers are caused by tobacco and only half of those diagnosed are alive five years later.
- Reducing risk of heart disease and high blood pressure.

Tips to Help People Quit Chewing Tobacco

- Quitting tobacco is very difficult, but it CAN be done with a little preparation!
- Ask family, friends or co-workers for support.
- Call the Wisconsin Tobacco Quit Line for free coaching and materials: 1-800-QUIT-NOW (784-8669).
- Get rid of all tobacco and related products in the home, car and workplace.
- Replace the tin or pouch of tobacco with pretzels, carrots or gum.
- Log on to www.ChewFree.com.

FOUR KEYS FOR QUITTING CHEW

1. Get Ready.

- Set a quit date and stick to it - not even a single dip!
- Think about past quit attempts. What worked and what did not?

2. Get Support And Encouragement.

- Get help through telephone coaching or other individual or group counseling.
- Free, confidential telephone coaching is available by calling 1-800-QUIT-NOW (784-8669).
- Tell family, friends and coworkers you are quitting.
- Talk to your doctor or other health care provider.

3. Learn New Skills and Behaviors.

- When you first try to quit, change your routine.
- Reduce stress. Exercise.
- Distract yourself from urges to use spit tobacco.
- Plan something enjoyable to do every day.
- Drink a lot of water and other fluids.
- Use oral substitutes like sunflower seeds, gum, hard candy or cinnamon sticks.

4. Be Prepared For Relapse or Difficult Situations.

- Avoid alcohol.
- Be careful around other tobacco users.
- Improve your mood without using spit tobacco.
- Eat a healthy diet and stay active.
- Be aware of triggers.

YOUR QUIT PLAN

1. Call The Quit Line: 1-800-QUIT-NOW (800-784-8669)

Quit Date: _____

2. Who Can Help You:

_____

_____

_____

_____

3. Skills and Behaviors You Can Use:

_____

_____

_____

_____

4. How Will You Prepare?

_____

_____

_____

_____

WISCONSIN TOBACCO QuitLine 800-QUIT-NOW

Quit Line Fact Sheet

Hours: 7 a.m. to 2 a.m. daily

Callers can leave a message for a return call within 2 business days.

How the Quit Line works.

1 A Wisconsinite calls the Quit Line.

2 A friendly coach offers tips and helps create a plan.

3 The Quit Line sends free medications and materials.

4 They arrive in the mail. It's free.

The Quit Line's FREE Services Include:

- **Telephone coaching** for Wisconsin tobacco users who want to quit. This consists of one individualized coaching and support call.
  - Callers will receive personalized advice on how to quit, information on medications, and assistance with choosing a quit date and creating a quit plan.
  - Wisconsin residents may call the Quit Line back as often as they like.
  - However, due to state budget cuts, the Quit Line no longer initiates a series of calls beyond the one coaching call described above.
- **Two weeks of free medication** (nicotine patch, nicotine gum or nicotine lozenge) and self-help materials.
- **A secure Web site** where tobacco users can interact with others trying to quit, get support, develop personalized quit plans and track results.
- **Information for those concerned about a tobacco user**.
- **Referrals** to local quit-tobacco resources and services.

How to Reach Us:

- **Call 1-800-QUIT-NOW** (1-800-784-8669).
- Visit www.**WiQuitLine.org** and click on **"Click to Call"** in the upper-right corner. Enter your phone number and hit "send." A Quit Line coach will call you within minutes.

Helping Smokers Quit:

- **150,000 callers** since May 1, 2001.
- 92% satisfaction rate.

The Quit Line Saves Dollars:

$ The CDC estimates that Wisconsin saves $1,623 per year in healthcare costs for each smoker that quits.

About the Quit Line:

The Quit Line is managed by the University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI). It is funded by the Wisconsin Department of Health Services. Quit Line services are provided by Free and Clear, Inc.

WISCONSIN TOBACCO QuitLine 800-QUIT-NOW

Quit Line Web Coach

Allowing Quit Line Callers to Interact with Peers, Coaches

How to Access the Free Web Coach System

1 A Wisconsinite calls the Quit Line.

2 A friendly coach offers tips and helps create a plan.

3 The quit coach e-mails a Web password to the caller.

Free Web Features:

1 - Discussion forums
2 - Plans to quit and stay tobacco-free
3 - Quit-date calendar
4 - Interactive exercises
5 - Progress tracker
6 - Periodic e-mails with tips
7 - Savings calculator

Plus Free Information On:

- The health benefits of quitting
- Nicotine addiction and craving
- Strategies for coping with stress
- Tips for managing weight

The site is completely secure and password protected. It's all integrated with your telephone support. You choose whether to participate and for how long. It's all free!

Clinician Reference Materials
Wisconsin Tobacco Quit Line

Point of Emphasis: *The following resources in this section are for clinician use only. For more information on the Wisconsin Tobacco Quit Line and/or Fax to Quit program, contact the outreach specialist in your region.*

WISCONSIN TOBACCO QuitLine 800-QUIT-NOW

Fax to Quit Q&A

What is Fax to Quit?

Fax to Quit is a program that builds on the services of the Wisconsin Tobacco Quit Line by creating partnerships with healthcare providers. Through Fax to Quit, smokers and chewers no longer have to take the first step by calling the Quit Line; instead, after talking with their clinician, they agree to have the Quit Line call them.

How Does it Work?

Individual smokers and chewers sign a Fax-to-Quit-enrollment form during a face-to-face intervention at a doctor's office, hospital, dentist's office, clinic or agency site. The form is faxed to the Quit Line. Within 48 hours, a quit coach makes the initial call to the tobacco user to begin the intervention.

Why is it Beneficial?

- **Seizing the Moment**. Fax to Quit connects tobacco users with the Quit Line right from the doctor's office. Since the Quit Line initiates the first call, the onus is not on the smoker to begin services. This raises the chances people will actually quit.
- **It Saves Time**. Many doctors, dentists and other healthcare providers don't have time to offer comprehensive tobacco treatment. Fax to Quit allows them to refer tobacco users to the Quit Line for extensive coaching based on years of scientific research.
- **Not Lost in Translation**. The smoker or chewer can identify his or her primary language on the enrollment form and a Quit Line translator will be on the line when the quit coach places the call. Quit Line services are available in virtually any language.

What is the Reach of the Program?

There are more than 600 Fax to Quit clinic sites throughout Wisconsin helping thousands of tobacco users to quit.

What is the History of the Program?

The Wisconsin Tobacco Quit Line was founded in 2001 and Fax to Quit began in March of 2003. The Quit Line is managed by the University of Wisconsin Center for Tobacco Research and Intervention – a program of the UW School of Medicine and Public Health. It is funded by the Wisconsin Department of Health and Family Services as well as other grants. Quit Line coaching services are provided by Free and Clear, Inc., whose trained telephone counselors have a minimum of a bachelor's degree and many have master's degrees.

More Information

Call UW-CTRI for more information at (608) 262-8673. www.ctri.wisc.edu/quitline

Coding, Billing and Reimbursement

Point of Emphasis: *Brief interventions lasting less than 3 minutes (5 A's model), increase overall tobacco abstinence rates. This brief intervention is designed to be part of the normal dental and oral hygiene care you provide on a routine basis, and is not typically billed as a separate service. Tobacco prevention and cessation services reduce patient risks of developing tobacco-related oral diseases and conditions and improve prognosis for certain dental therapies.*

- *When more extensive counseling services are provided, use the appropriate codes below based on the services rendered and plan billed.*
- *Dental plans in Wisconsin generally do not include benefits for smoking cessation (including prescription drugs) as these are usually available through the medical carrier.*
- *Wisconsin Medicaid, BadgerCare, and SeniorCare do not cover counseling services for dentists or dental hygienists. Dentists can prescribe cessation medications and need to include the diagnostic code 305.1 on all prescriptions.*

Medicare Smoking Cessation Codes

CPT Codes (effective January 1, 2008):

- 99406: Smoking and tobacco-use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes. *Short descriptor:* Smoke/tobacco counseling 3-10
- 99407: Smoking and tobacco-use cessation counseling visit; intensive, greater than 10 minutes. *Short descriptor:* Smoke/Tobacco counseling greater than 10

Private Payer Smoking Cessation Codes

Private payer benefits are subject to specific plan policies. Before providing service, please verify benefit eligibility and payer coding requirements.

HCPCS/CPT Codes:

- 99406: Smoking and tobacco-use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes. *Short descriptor:* Smoke/Tobacco counseling 3-10
- 99407: Smoking and tobacco-use cessation counseling visit; intensive, greater than 10 minutes. *Short descriptor:* Smoke/Tobacco counseling greater than 10
- S9075: Smoking Cessation Treatment
- S9453: Smoking Cessation Classes, non-physician provider, per session
- Various Evaluation and Management Services (associated with acute or chronic care).
- When providing an E/M service, if greater than fifty percent of face-to-face time with patient is spent in counseling, time may be used as a basis for selection of level of service.
- 99381- 99397: Preventive medicine services
- 96150- 96155: Health & Behavior Assessment/Intervention (Non-physician only)
- 99078- Physician educational services in a group setting

Dental Payer Smoking Cessation Code

Use the ADA CDT code:

D1320: Tobacco counseling for the control and prevention of oral disease

ICD-9 diagnosis codes (All codes with .x or .xx require fourth and fifth digits. See the ICD-9 manual for complete descriptions.)

Report 305.1 Tobacco use disorder and related condition:

140.x Malignant neoplasm, lip

140.0 Upper lip, vermilion border
140.1 Lower lip, vermilion border
140.3 Upper lip, inner aspect
140.4 Lower lip, inner aspect
140.5 Lip, unspecified, inner aspect
140.6 Commissure of lip
140.8 Other sites of lips
140.9 Lip, unspecified, vermilion border

141.x Malignant neoplasm, tongue

141.0 Base of tongue
141.1 Dorsal surface of tongue
141.2 Tip and lateral border of tongue
141.3 Ventral surface of tongue

141.4 Anterior two-thirds of tongue, part unspecified
141.5 Junctional zone
141.6 Lingual tonsil
141.8 Other sites of tongue
141.9 Tongue, unspecified

143.x Malignant neoplasm, gum

143.0 Upper gum
143.1 Lower gum
143.8 Other sites of gum
143.9 Gum, unspecified

144.x Malignant neoplasm, floor of mouth

144.0 Anterior portion
144.1 Lateral portion
144.8 Other sites of floor of mouth
144.9 Floor of mouth, part unspecified

145.x Malignant neoplasm, other parts mouth

145.0 Cheek mucosa
145.2 Hard palate
145.3 Soft palate
145.6 Retromolar area
145.8 Other specified parts of mouth
145.9 Mouth, unspecified

146.x Malignant neoplasm, oropharynx

146.0 Tonsil
146.1 Tonsillar fossa
146.2 Tonsillar pillars (anterior) (posterior)
146.3 Vallecula
146.4 Anterior aspect of epiglottis
146.5 Junctional region
146.6 Lateral wall of oropharynx
146.7 Posterior wall of oropharynx
146.8 Other specified sites of oropharynx
146.9 Oropharynx, unspecified

523.0x Acute gingivitis

523.00 Acute gingivitis, plaque induced
523.01 Acute gingivitis, non-plaque induced

523.1x Chronic gingivitis

523.10 Chronic gingivitis, plaque induced
523.11 Chronic gingivitis, non-plaque induced

523.2x Gingival recession

523.20 Gingival recession, unspecified
523.21 Gingival recession, minimal
523.22 Gingival recession, moderate
523.23 Gingival recession, severe
523.24 Gingival recession, localized
523.25 Gingival recession, generalized

523.3x Aggressive and acute periodontitis

523.30 Aggressive periodontitis, unspecified
523.31 Aggressive periodontitis, localized
Periodontal abscess

523.32 Aggressive periodontitis, generalized
523.33 Acute periodontitis

523.4x Chronic periodontitis

523.40 Chronic periodontitis, unspecified
523.41 Chronic periodontitis, localized
523.42 Chronic periodontitis, generalized

523.5 Periodontosis

523.9 Unspecified gingival and periodontal disease

649.0x Tobacco use disorder complicating pregnancy, childbirth, or puerperium

989.84 Toxic effect of other substances, chiefly non-medicinal as to source, tobacco

It is important that any medication prescribed or recommended be listed in the progress notes or on the intervention form. Use ADA code D1320: Tobacco counseling for the control and prevention of oral disease.

UW-CTRI OUTREACH CONTACTS

Northwestern
Kris Hayden
615 W. Clairemont Avenue
Eau Claire, WI 54701
(715) 830 – 5582
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kh4@ctri.wisc.edu

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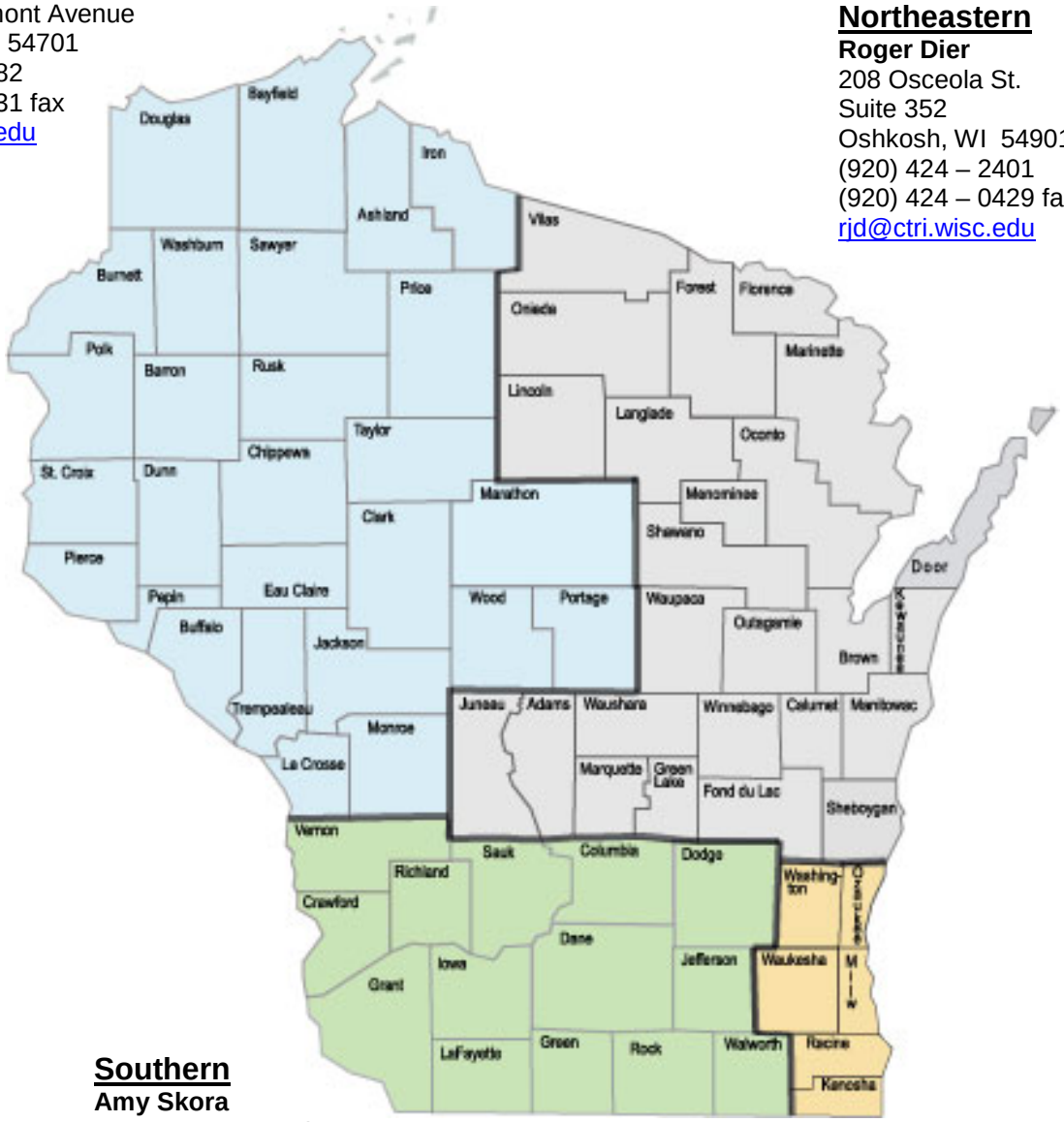
(920) 424 – 2401
(920) 424 – 0429 fax
rjd@ctri.wisc.edu



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Southeastern
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agorrilla@ctri.wisc.edu

* To verify contact information, refer to our web site at: http://www.ctri.wisc.edu/map.htm

Quit Line
Researchers
Healthcare Providers
Smokers
Insurers
Employers
Advocates
UW-CTRI Home

Quit Line Materials

Unfortunately, due to substantial budget cuts to the Wisconsin Tobacco Prevention & Control program--which funds the Wisconsin Tobacco Quit Line, Quit Line promotional materials are no longer mailed out free of charge to health care providers. (Quit Line *callers* will still receive quit-smoking materials via mail.) We offer the following options for health care providers to access Quit Line materials:

1. **Pick up free Quit Line materials** at our Madison office: UW-CTRI, 1930 Monroe Street, Suite 200, Madison, WI 53711. Please send a request for pickup ahead of time by e-mail at quitline@ctri.medicine.wisc.edu.

2. **Receive the materials via FedEx** by providing us with your FedEx account number for billing purposes. Send your materials request, your mailing address and FedEx information to quitline@ctri.medicine.wisc.edu.

3. **Request the free electronic files** for Quit Line materials then work with your local print vendor to print them. You have the option of adding your organization's logo to the Quit Line materials. Simply e-mail your request to quitline@ctri.medicine.wisc.edu.

Materials available include:

- Quit Line brochure (general information)
- Medications brochure
- Bookmarks (Spanish/English or Hmong/English versions available)
- Business card
- Poster

Quantities are limited. Please check back here for updates on the availability of materials before making future requests.

To download and print one-page fact sheets free from your desktop, click here.

Fact Sheets
Impact by Region
Operation Quit Tobacco
Video: About Web Coach
Community Guide to Quit-Tobacco Resources
Details for Smokers
Details for Healthcare Providers
Offer Feedback

GLOSSARY + CONTACT US + SITE MAP + HOME

Online Resources

The websites listed here are intended to assist readers in finding additional information regarding the treatment of tobacco dependence and does not constitute endorsement of the contents of any particular site.

Agency for Health Care Research and Quality www.ahrq.gov
American Cancer Society www.cancer.org
American Legacy Foundation www.americanlegacy.org
Society for Research on Nicotine and Tobacco www.srnt.org
World Health Organization www.who.int
American Lung Association: (maintains profiles of state tobacco control activities) www.lungusa.org
Association for the Treatment of Tobacco Use and Dependence www.attud.org
Campaign for Tobacco-Free Kids www.tobaccofreekids.org
National Cancer Institute www.nci.nih.gov
National Institute on Drug Abuse www.nida.nih.gov
Office on Smoking and Health at the Centers for Disease Control and Prevention www.cdc.gov/tobacco
Office of the Surgeon General www.surgeongeneral.gov/tobacco/
Tobacco Free Nurses www.tobaccofreenurses.org
University of Wisconsin Center for Tobacco Research and Intervention www.ctri.wisc.edu
Oral Health of America www.oralhealthamerica.org

Smokeless Tobacco Education and Treatment

http://www.ctri.wisc.edu/Smokers/smokeless.htm UW-CTRI information and cessation methods for smokeless tobacco users

http://chewfree.com/ This site was developed as part of a research project funded by the National Institutes of Health to help people quit their use of chewing tobacco or snuff; teen friendly

http://www.cdc.gov/tobacco/data_statistics/fact_sheets/smokeless/ Centers for Disease Control smokeless tobacco information and factsheets.

http://www.rwjf.org/pr/product.jsp?id=34370 Robert Wood Johnson Foundation's national smokeless tobacco education program. Contains a variety of spit tobacco educational and informational resources

http://www1.umn.edu/perio/tobacco/office_tcmanual.pdf Tobacco Cessation Intervention Techniques for the Dental Office Team How to help your nicotine dependent patients become tobacco free

http://www.cancer.gov/cancertopics/smokeless-tobacco National Cancer Institute's smokeless tobacco information: Fact sheet with Q&A style information

http://www.tobaccofreekids.org/research/factsheets/pdf/0003.pdf Many factsheets with information and statistics regarding spit tobacco.

http://throughwithchew.com/ Homepage of Wyoming's Through with Chew program. Contains spit tobacco information and quit materials

http://www.quittobacco.com/facts/effects.htm Graphic images of oral health damage caused by smokeless tobacco use

http://www.tobwis.org/uploads/media/Links-TreatingSpitTobacco.pdf What you need to know as a dental care provider by Jon Ebert, Mayo Clinic

http://www.nidcr.nih.gov/OralHealth/Topics/SpitTobacco/SpitTobaccoAGuideforQuitting.htm The National Institute of Dental and Craniofacial Research guide for quitting smokeless tobacco

http://mylastdip.com/ Web-based smokeless tobacco cessation project. MyLastDip offers two unique programs to help chewing tobacco users quit.

WDA
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VISIT US ONLINE @ WWW.WDA.ORG

Oral Cancer in Wisconsin: the Good the Bad and the Ugly

Toni Roucka DDS, Rob Adsit, MEd and Denis P. Lynch DDS, Ph.D.

Oral and pharyngeal cancer is more common and more deadly than most people think.

Of the more than 26,000 new cases of cancer in Wisconsin in 2006, approximately three percent (800) of them will be oral and pharyngeal cancers. Of the 10,000 projected Wisconsin cancer deaths in 2006, close to 325 will be from oral and pharyngeal cancer.

With nearly 3,000 Wisconsin Dental Association (WDA) member dentists, it is likely that one in four dentists saw a case of oral cancer last year.

The sad reality is not all patients with oral cancer are being diagnosed and those who are often are in the later stages of their disease. It is precisely for this reason the five-year survival rate continues to hover at 50 percent.

Nationally, only one-third of all new cases of oral and pharyngeal cancer is diagnosed when the lesion is localized (there has been invasion of the underlying connective tissue, but no lymph node metastases). In 2006, more than half of the oral and pharyngeal cancers that will be diagnosed will already have metastasized to the lymph nodes and 10 percent of those will have metastasized to distant sites. Obviously, the presence of regional, and especially distant metastases, dramatically decreases the long-term survival of these cancer victims.

Patients with regional metastases at the time of initial cancer diagnosis have only a 50 percent chance of being alive in five years. The five-year survival of patients with distant metastases is a dismal 28 percent. On average, the five-year survival of patients with oral and pharyngeal cancer is only 59 percent with the survival rate for blacks approximately 20 percent lower than that for Caucasians. These figures have not changed significantly in the past 50 years.

What can be done?

First, dentists must be more aggressive in diagnosing oral and pharyngeal cancers.

Second, since most patients diagnosed with oral and pharyngeal cancer use tobacco in some form, dentists can help their patients quit tobacco use. Through intervention in the dental office via patient education and tobacco cessation efforts, many oral and pharyngeal cancer cases can be prevented.

Dentistry's Role in Prevention

Perhaps the best way to avoid having to deal with oral cancer in the dental office setting is to prevent it from occurring in the first place. Given dentistry's long-standing support of prevention relative to dental caries and periodontal disease, it is natural for dentistry to embrace oral cancer prevention through tobacco cessation efforts.

The WDA is working with the University of Wisconsin-Madison's Center for Tobacco Research and Intervention (UW-CTRI) to make tobacco cessation activities easier to adopt as a routine part of patient care activities.

There are a variety of simple, effective techniques that can be used in the dental office to intervene with patients who are tobacco-dependent. The best known are the five As: ask, advise, assess, assist and arrange. These can be provided by the dentist or initiated by the dental hygienist.

1. **Ask** every patient about his/her tobacco use at every visit as part of the patient's medical history.

2. **Advise** every patient who currently uses tobacco to quit. Patients respect advice from dental professionals regarding oral health issues, including oral cancer screening and tobacco use. Relating the advice to quit to the patient's specific disease or potential disease is most effective.

3. **Assess** every patient who currently uses tobacco regarding his/her willingness to try to quitting. Asking patients openly about their desire to quit and assuring them you can help is important. They must have a strong desire to quit and make the commitment in order to be successful.

4. **Assist** every patient who expresses an interest in quitting in the preparation, counseling and pharmacotherapy aspects of quitting. This may mean writing a prescription for nicotine replacement medication or advising patients to see a physician to obtain medication. It also should include referral to the Wisconsin Tobacco Quit Line or a local tobacco treatment program for counseling/coaching support.

5. **Arrange** the process and follow-up visits for every patient who wants to quit.

A number of excellent Web sites also provide current information designed for health care providers and patients, including UW-CTRI (www.ctri.wisc.edu), U.S. Department of Health and Human Services (www.surgeongeneral.gov/tobacco) and the American Cancer Society (www.cancer.org).

Routine pharmacologic management of tobacco cessation efforts is within the scope of dental practice and dependent on the training, experience and interest of the treating dentist. Joint care with the patient's primary care physician also is a well-accepted method of management of tobacco-dependent patients.

Of all of the wonderful activities we are involved with through the profession of dentistry, there are few occasions where we literally have a chance to save someone's life. This is one of them and the opportunity is open to each and every one of us.

Be a hero!

Counseling tobacco-dependent patients can be as simple as referring them to the Wisconsin Tobacco Quit Line at 800-QUIT-NOW (800-784-8669) or 877-2NO-FUME (Spanish). This is a free service for Wisconsin residents. Counselors are on duty seven days a week.

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

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TO: Wisconsin Dentistry Examining Board

FROM: Ruby Jefferson-Moore, Legal Counsel

DATE: December 8, 2009

RE: Diagnosis and Treatment of Dental Diseases Resulting From the Use of Tobacco Products

I. Opinion

Based upon several provisions contained in Wis. Stats., ch. 447, including §447.01 (2), which defines "dental disease" and §447.01 (8), which defines "dentistry", as well as a review of the information of records obtained by the Board during its extensive fact-gathering process, it is my opinion that the diagnosis and treatment of dental diseases that are caused by or the result of the use of tobacco products by dental patients is within the scope of the practice of dentistry.

First, the Legislature by its enactment of Wis. Stats., ch. 447, has established the scope of practice of dentistry. The Legislature has defined the term "dentistry" in §447.01 (8) to mean "the examination, diagnosis, treatment, planning or care of conditions within the human oral cavity or its adjacent tissues and structures." The statute further states that dentistry includes the following (in part):

> (a) Examining into the fact, condition or cause of dental health or dental disease or applying principles or techniques of dental science in the diagnosis, treatment or prevention of or prescription for any of the lesions, dental diseases, disorders or deficiencies of the human oral cavity, teeth, investing tissues, maxilla or mandible, or adjacent associated structures.
>
> (e) Prescribing or administering drugs in the course of or incident to the rendition of dental services, or as part of a representation that dental services have been or will be rendered.
>
> (f) Engaging in any of the practices, techniques or procedures included in the curricula of accredited dental schools.
>
> (h) Developing a treatment plan for a dental patient to treat, operate, prescribe or advise for the patient by any means or instrumentality.

The term "dental disease" is defined in §447.01 (2) to mean "any pain, injury, deformity, physical illness or departure from complete dental health or the proper condition of the human oral cavity or any of its parts."

Second, the Legislature has delegated the authority to the Board to interpret the various provisions set forth in Wis. Stats., ch. 447 for its own guidance and the guidance of the dentistry profession, including defining and enforcing professional conduct and unethical practices. Wis. Stats., §§15.08 (5) (b) and 227.11 (2).

II. Recommendations

If the Board elects to adopt the opinion provided above, it is recommended that the Board consider adopting administrative rules setting forth guidance to the dentistry profession. Such rules should include competency and educational requirements for dentists relating to the diagnosis and treatment of dental diseases resulting from the use of tobacco products by dental patients.

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DEB opinion supports dentists' efforts to help patients stop using tobacco

ADVOCATE!

Mara Brooks Director of Government Services mbrooks@wda.org

Wisconsin Dentistry Examining Board legal counsel in the Department of Regulation and Licensing issued an opinion in early December stating, "...the diagnosis and treatment of dental diseases that are caused by or the result of the use of tobacco products by dental patients is within the scope of practice of dentistry."

Research shows dental patients who smoke experience a higher rate of dental disease, including periodontal disease and dental caries. Smoking cessation, as a factor related to dental health, can and should be an important preventive step dentists address with their patients through counseling, education, prescriptions and referrals. It is appropriate for dentists to include tobacco cessation interventions as part of a comprehensive oral health care treatment plan for dental patients currently using tobacco products.

Centers for Disease Control and Prevention guidelines for smoking cessation are now taught as part of the Marquette University School of Dentistry curricula and are among the few clinical guidelines recognized by the American Dental Association.

The 1982 U.S. Surgeon General's report found, "The evidence is sufficient to infer a causal relationship between smoking and cancers of the oral cavity and pharynx."

More research was conducted and in May 2004, U.S. Surgeon General Richard Carmona, MD issued a report

on smoking and health which clearly expanded the list of illnesses and diseases linked to cigarette smoking to include periodontal disease. The dental section of that 960-page report reviewed epidemiological evidence for smoking as a causal factor for the most common forms of nonmalignant oral disease. Its conclusions included a statement that there is sufficient evidence to infer a causal relationship between smoking and periodontitis.

According to the Academy of General Dentistry's "Impact" article from its August 2008 publication titled "Up in Smoke", smoking tobacco has the following negative impacts on the oral cavity and its tissues and structures:

1. Reduces blood flow to the gums and cuts the supply of vital nutrients
2. Reduces vitamin C levels, which is needed to keep gums healthy
3. Causes gum disease, bone loss and tooth loss
4. Reduces saliva flow (saliva is necessary to clean the lining of the mouth and protect teeth from decay)
5. Raises the mouth's temperature, damaging and killing cells in the mouth
6. Releases tobacco compounds that cause oral cancer (smokers are 18 times more likely to develop oral cancer than are nonsmokers)

According to the same article

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from August 2008, smokeless or spit tobacco also has negative impacts on the oral cavity, its tissues and structures. Smokeless tobacco causes irritation and erosion of the gums which helps increase the risk of tooth decay and gum disease. Individuals who chew smokeless or spit tobacco have a four to six times greater risk of contracting any oral cancer and are as much as 50 times more likely to develop oral cancer in areas where tobacco is directly placed.

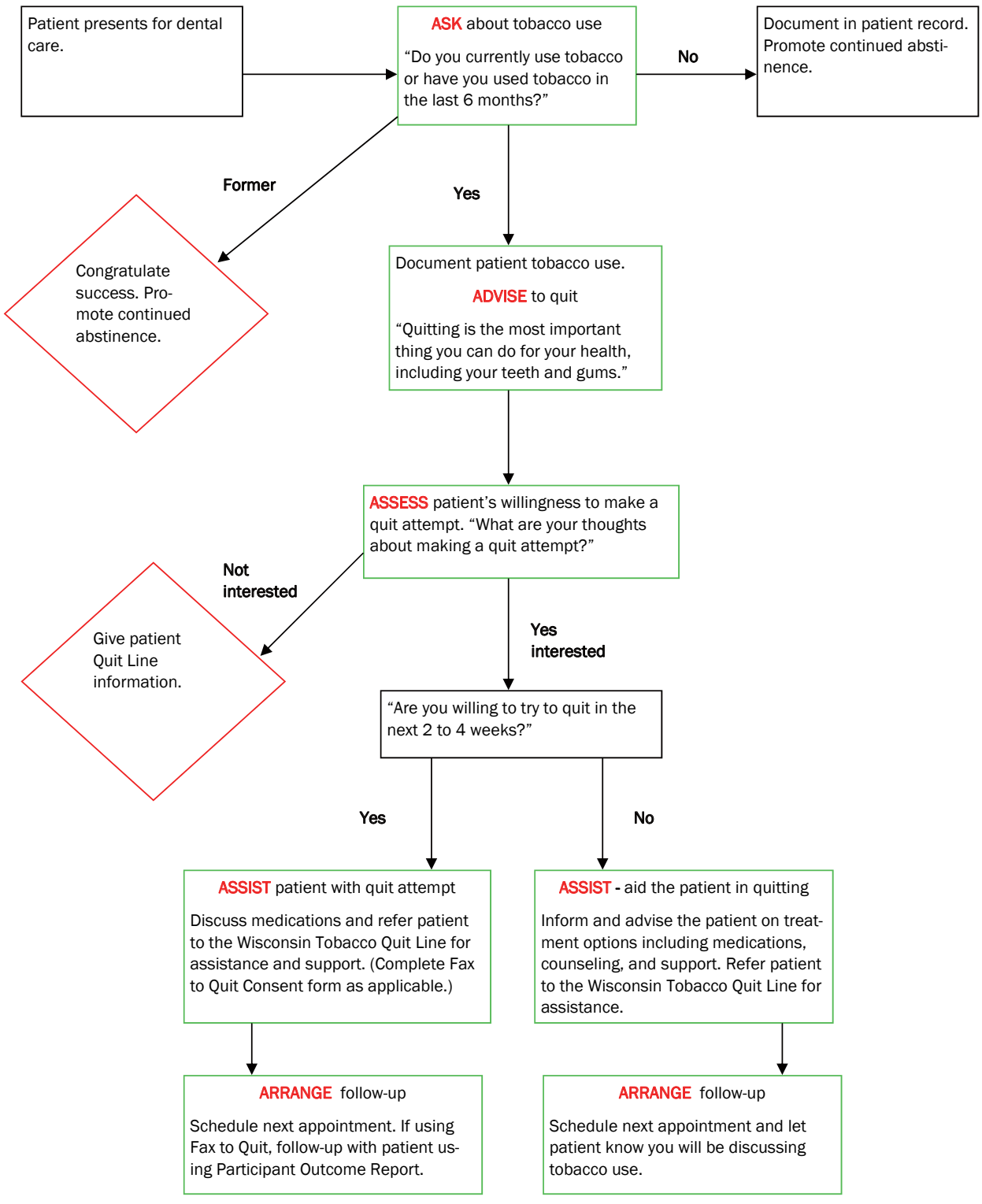
guidance can be obtained via Vol. 131, No. 8, 1137-1143 of the Journal of the American Dental Association (JADA) or at the ADA Web site at http://www.ada.org. It can also be obtained at the University of Wisconsin's Center for Tobacco Research and Intervention at http://www.ctri.wisc.edu/HC.Providershealthcare_dentists.htm.

Smoking cessation, as a factor related to dental health, can and should be an important preventive step dentists address with their patients through counseling, education, prescriptions and referrals.

This recent ruling by the DEB supports the WDA position that it is within a dentist's scope of practice to include counseling and prescribing for tobacco cessation as part of the treatment or prevention of dental disease and conditions of the oral cavity.

As is the case with all dental services provided by dentists, the WDA advocates that dentists who incorporate tobacco cessation interventions into their practice stay current on recommended techniques and medications. Practitioner

Tobacco Dependence Treatment Flow Chart



August 2010

WISCONSIN TOBACCO QuitLine 800-QUIT-NOW

Brief Intervention to Help Dental Patients Quit Tobacco

Date_____

Patient Name_____

Chart # _____

Medical concerns and medications:

_____

_____

_____

❑ **ASK** about tobacco use: ❑ Current ❑ Never ❑ Former (please check appropriate boxes)

❑ **ADVISE** about the oral benefits of quitting

❑ **ASSESS** willingness to make a quit attempt

Willing to try quitting in the next 30 days

- ❑ Number of cigarettes___, cigars___, pipe bowls___ per day
- ❑ Number of spit tobacco cans/pouches per week _____
- ❑ Number of years used ___
- ❑ How soon after you wake up do you use tobacco?
  - ❑ Within 30 minutes ❑ More than 30 minutes
- ❑ Previous quit attempts:
  - ❑ # of attempts _____
  - ❑ Longest quit period _____
  - ❑ Method(s) used_____
  - ❑ How long ago was last attempt to quit: ___ years ___ months
- ❑ Reasons for wanting to quit _____

❑ **Not ready to try to quit in next 30 days** (re-assess during next visit, encourage patient to reconsider, relate reasons why to each individual)

❑ **Recently quit:** Any challenges, urges, close calls? Ideas to help: _____

❑ **ASSIST** patients willing to quit

- ❑ Self-help pamphlets & materials
- ❑ List of local community group/individual quit programs; **Quit Line 1-800-QUIT-NOW**
- ❑ Encourage a quit date
- ❑ Medication: nicotine gum/ lozenge/ patch/ inhaler/ nasal spray/ Zyban/ Chantix
  Rx _____(D1320)

❑ **ARRANGE** follow-up if set a quit date (with permission)
Quit date_____ Phone calls/visits: Week 1-2___ Month 1___, 3___, 6___, 12___

It is important that any medication prescribed or recommended be listed in the progress notes or on the intervention form. Use ADA code D1320: Tobacco counseling for the control and prevention of oral disease.

Source: *This fact sheet was adapted from "Tobacco Cessation Intervention Techniques for the Dental Office Team," Eric E. Stafne, D.D.S., M.S.D., Director of the Tobacco Cessation Program, University of Minnesota School of Dentistry.*
Web site: www.umn.edu/perio/tobacco

August 2010 www.ctri.wisc.edu/HC.Providers/healthcare_dentists.htm

Ten Key Guideline Recommendations

The overarching goal of these recommendations is that clinicians strongly recommend the use of effective tobacco dependence counseling and medication treatments to their patients who use tobacco, and that health care systems, insurers, and purchasers assist clinicians in making such effective treatments available.

1. Tobacco dependence is a chronic disease that often requires repeated intervention and multiple attempts to quit. Effective treatments exist, however, that can significantly increase rates of long-term abstinence.

2. It is essential that clinicians and health care delivery systems consistently identify and document tobacco use status and treat every tobacco user seen in a health care setting.

3. Tobacco dependence treatments are effective across a broad range of populations. Clinicians should encourage every patient willing to make a quit attempt to use the counseling treatments and medications recommended in this Guideline.

4. Brief tobacco dependence treatment is effective. Clinicians should offer every patient who uses tobacco at least the brief treatments shown to be effective in this Guideline.

5. Individual, group, and telephone counseling are effective, and their effectiveness increases with treatment intensity. Two components of counseling are especially effective, and clinicians should use these when counseling patients making a quit attempt:
   - Practical counseling (problem solving/skills training)
   - Social support delivered as part of treatment

6. Numerous effective medications are available for tobacco dependence, and clinicians should encourage their use by all patients attempting to quit smoking—except when medically contraindicated or with specific populations for which there is insufficient evidence of effectiveness (i.e., pregnant women, smokeless tobacco users, light smokers, and adolescents).
   - Seven first-line medications (5 nicotine and 2 non-nicotine) reliably increase long-term smoking abstinence rates:
     - Bupropion SR
     - Nicotine gum
     - Nicotine inhaler
     - Nicotine lozenge
     - Nicotine nasal spray
     - Nicotine patch
     - Varenicline
   - Clinicians also should consider the use of certain combinations of medications identified as effective in this Guideline.

7. Counseling and medication are effective when used by themselves for treating tobacco dependence. The combination of counseling and medication, however, is more effective than either alone. Thus, clinicians should encourage all individuals making a quit attempt to use both counseling and medication.

8. Telephone quit line counseling is effective with diverse populations and has broad reach. Therefore, clinicians and health care delivery systems should both ensure patient access to quit lines and promote quit line use.

9. If a tobacco user currently is unwilling to make a quit attempt, clinicians should use the motivational treatments shown in this Guideline to be effective in increasing future quit attempts.

10. Tobacco dependence treatments are both clinically effective and highly cost-effective relative to interventions for other clinical disorders. Providing coverage for these treatments increases quit rates. Insurers and purchasers should ensure that all insurance plans include the counseling and medication identified as effective in this Guideline as covered benefits.

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