

Treating Tobacco Use and Dependence

Purpose

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

Key Messages (and Strength of Evidence):

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

Key Recommendations

- Use 5 A's of counseling patients to stop using tobacco (See Intensity of Interventions on page 2) OR Use 3 easy steps 2 A's and 1 R (Ask, Advise, Refer):
 1. **Ask** and document the status of tobacco use (smoking, rules about smoking in the house and the car and use of Emerging and Alternative Products e.g. E-Cigarettes, Hookahs, Chewing tobacco) of each patient.
 2. **Advise and Assess:** Advise all smokers to quit. Encourage all families with smokers to maintain a 100% smoke-free home and car. Prescribe/recommend medication to all tobacco users willing to quit, except when contraindicated. If smoker is unwilling to quit discuss 5 "R's": Relevance, Risk, Rewards, Roadblocks and Repeat at each visit.
 3. Refer patients to treatments that include practical assistance with problem solving/skills training and support or to intensive treatment programs (at least 90 minutes in total time) such as listed below and on pages 5 and 6 and arrange follow-up.
- The FDA has permitted the removal of the black box warnings for Chantix (varenicline) and Zyban (bupropion), citing that risk of serious side effects on mood, behavior, thinking is no greater than experienced on placebo. The process of tobacco cessation, using ANY pharmacotherapy option (including nicotine replacement), can result in psychiatric nicotine withdrawal symptoms such as mood changes, insomnia, irritability, and anxiety. Regular monitoring and assessment for new or changing symptoms continues to be highly recommended.
 - When addressing youth nicotine dependence
 - current recommendations include cessation therapy, counseling, and off-label nicotine replacement therapy for adolescents (ages 12-18).
 - While there are no FDA recommendations for pharmaceutical interventions, preliminary evidence shows no increase in adverse effect risk for nicotine replacement therapy (patch, gum, etc.).
 - Few studies address bupropion and varenicline as pharmaceutical adjuncts to cessation therapy in adolescents (ages 12-18). For bupropion, there is some evidence of short-term efficacy when it is combined with counseling; however, there was rapid relapse when bupropion was discontinued.
 - Varenicline (Chantix) has not been shown to increase tobacco abstinence rates in total, however, it was associated with a slightly faster achievement in abstinence and improved post treatment abstinence outcomes.
- Assess patient risk and exposure to secondhand smoke and recommend avoiding exposure. Offer treatment to the smoker who is in their environment.



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- Smokeless Tobacco products such as spitting tobacco, dip, chew, snuff, and snus are addictive, harmful to health, and not a safe alternative to smoking.
 - There is a higher prevalence of use among rural youth and males.
 - Increased risk of heart disease, arterial disease, stroke, in mouth, pharynx, larynx, esophageal, stomach, and pancreatic cancers, as well as oral damage including precancerous oral lesions, gum disease, tooth decay, and tooth loss.
- Dangers of Waterpipe tobacco (Hookahs) are greatly underestimated by patients.
 - Compared to cigarettes, these have higher concentrations of particulate matter, carbon monoxide, volatile organic chemicals, polycyclic aromatic hydrocarbons, acrolein, heavy metals, and arsenic.
 - Long-term waterpipe use worsens atherosclerotic disease, myocardial ischemia and infarction rates as well as is linked to higher mortality rates in hospitalized patients even when compared to long-term cigarette smokers.
- Advise that electronic cigarette (e-cigarette) and vaping products are not fully regulated by the US Food and Drug Administration. A *National Academy of Sciences* report found 1) e-cigarettes contain toxic substances; 2) chemicals present in e-cigarette aerosols are cancer causing; and 3) there is evidence that e- cigarettes are insufficient as a cessation aid. **Vaping may instead have a detrimental effect on tobacco cessation attempts including an increase in prevalence in traditional cigarette use and of dual use.**
- E-cigarette use among U.S. youth and young adults is now a major public health concern, growing at an alarming rate among high school students from 2011 to 2020. They are the most used form of tobacco among youth in the United States, surpassing conventional tobacco products.
 - Advise against initiating use of these products by youths, young adults, women who are pregnant, and people who do not currently use tobacco products.
 - E-cigarettes, a continually changing and heterogeneous group of products, are used in a variety of ways.
 - Most e-cigarettes contain nicotine, which can cause addiction and can harm the developing adolescent brain including the limbic system worsening anxiety, irritability, and impulsivity
 - The CDC and the American Thoracic Society have raised concerns that there is increasing evidence that inhaling the aerosol from e-cigarettes “damages lung tissue and lowers the body’s natural resistance to infections and to cancers”.
 - There is a risk of nicotine toxicity from skin exposure to e-liquids and a risk of traumatic injury or burns secondary to E-cigarette battery explosions.
 - Most recently, due primarily to the concern for e-cigarette, or vaping, product use-associated lung injury (EVALI), the CDC, FDA, and state health authorities recommend that people not use THC-containing products, particularly from informal sources like friends, family, or in-person or online dealers.
- Novel Corona Virus (COVID-19, SARS-CoV-2) is consistently being shown to double disease progression and death in tobacco users. Adolescents and young adults (age 13-24) are five times more likely to test positive for COVID-19 if they vape, and seven times more likely if they are dual users of vape and cigarettes.



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Intensity of Interventions and Content of Communication

INTENSITY OF INTERVENTIONS	< 3 minutes	<20 minutes	30-300 minutes, 2-8 visits	
CONTENT OF COMMUNICATION	Ask about tobacco use Advise/encourage quitting in a clear, strong, personalized manner Assess willingness to quit <div style="text-align: center;"> Yes No </div>		Ask Advise Assess Assist w/a quit plan Recommend medication except where contraindicated <u>STAR</u> <u>Set date</u> <u>Tell others</u> <u>Anticipate challenges</u> <u>Remove tobacco products</u> Arrange for follow up to assess pharmacotherapy & progress	Ask Advise Assess Assist Medication Problem solving Skills building Arrange Through referral to intensive treatment or in office May use variety of clinician types and format i.e., face to face, phone calls, group counseling Referral to <u>The Center for Community Health and Prevention (CCHP), Clinical Services.</u>
	Recommend medication except where contraindicated Refer for treatment - NYS Quitline - Healthy Living Center Offer educational materials - NYS Quitline materials - National Cancer Institute- Clearing the Air - AHRQ-AHRQ - You Can Quit Smoking - Smokefree.gov - URMC Smoking Research	Motivate using 5 "R's" Relevance Risk Rewards Roadblocks Repeat 		



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FOR SMOKERS NOT READY TO QUIT 5 “R’s”

Elicit Patients’ Perspectives On:

Relevance Of quitting	Ask patients why quitting may be personally relevant to them Discuss link to current & future health status/concerns, family/loved ones
Risks Of continued smoking	Ask patients to identify relevant negative consequences of tobacco use <ul style="list-style-type: none"> • Shortness of breath, harm to pregnancy, impotence, infertility • Heart attacks/strokes, lung and other cancers, COPD, disability • Increased risks of lung cancer & heart disease in family, higher rates of smoking by their children, increased risk for low birth weight, asthma, middle ear & respiratory infections in children of smokers
Rewards Of quitting	Ask patients to identify potential benefit of stopping tobacco use <ul style="list-style-type: none"> • improved health • saving money • reducing wrinkling/aging of skin • protecting your children • food tasting better • feeling better physically • home, car, clothes, and breath smelling better
Roadblocks To quitting	Ask patients to identify barriers to quitting and target treatment to address barriers <ul style="list-style-type: none"> • withdrawal symptoms • weight gain • depression • stress relief • cost of treatment ☐ fear of failure ☐ lack of support ☐ enjoyment of smoking
Repeat At every visit	Continue to use 5 “R’s” at every visit. Tell tobacco users who have failed previous quit attempts that most people make repeat attempts before being successful

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Prescribing Medications for Tobacco Dependency*

Pharmacotherapy	Precautions/Contraindications	Side Effects	Dosage	Duration	Availability
Nicotine Patch	If patient has disrupted sleep, consider removing before bedtime. Do not use if patient has severe eczema or psoriasis.	Local skin reaction Insomnia	21 mg/24 hours 14 mg/24 hours 7 mg/24 hours	4 weeks with first dose, then reductions in the dose every two weeks, with the longest use being 6 months	OTC & Rx Generic: Nicotrol Brand: Nicoderm CQ
Nicotine Gum	Avoid eating and drinking anything but H2O 15 minutes before or during chewing.	Mouth soreness Dyspepsia	1-24 cigs/day-2 mg gum (up to 24 pcs/day) 25+cigs/day-4 mg gum (up to 24 pcs/day) Chew slowly until peppery or minty taste then park between cheek & gum. Chew and park intermittently for 30 min.	Up to 12 weeks, may be used for longer period after reassessment	OTC only
Nicotine Nasal Spray each bottle = ~ 100 doses 1 dose = 1 squirt (0.5 mg) per nostril (1mg total)	Not for patient's w/asthma, nasal or sinus disorders.	Nasal irritation	One dose = one 0.5 mg spray to each nostril with head tilted back (1 mg total) Initially 1-2 doses per hour, increase as needed. to MDD of 40 doses (5 doses/hour) per day Should gradually reduce dosage and discontinue, weeks 9-14 Do NOT sniff, swallow or inhale.	3-6 months	Rx only Brand: Nicotrol NS
Nicotine Inhaler	Avoid eating or drinking anything but H2O 15 minutes before or during use. Nicotine delivery declines in temps below 40 degrees F	Local irritation of mouth and throat	One dose = one puff or inhalation One cartridge delivers 4mg of nicotine over approximately 80 inhalations (about 3-4 cigarettes) Typical dosing: 6 -16 cartridges/day Recommended duration up to 6 months; taper off lasts 3 months	Up to 6 months	Rx only Brand: Nicotrol Inhaler

Guidelines are intended to be flexible. They serve as reference points or recommendations, not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, the setting, the circumstances, or other factors, care can and should be tailored to fit individual needs.

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Nicotine Lozenge	Do not eat or drink anything but H ₂ O 15 minutes before or during use 1 lozenge at a time Limit 20 in 24 hours	Local irritation of throat Hiccups Heartburn/Indigestion Nausea	If smoke/chew > 30 min. after waking: 2 mg (up to 20 pcs/day) If smoke/chew ≤ 30 min. after waking 4 mg (up to 20 pcs/day) Wks 1-6: 1 lozenge every 1-2 hrs. Wks 7-9: 1 lozenge every 2-4 hrs Wks 10-12: 1 lozenge every 4-8 hrs	12 weeks, may be used for longer period after reassessment	<i>OTC only</i>
bupropion SR	History of seizure History of eating disorders Use of MAO inhibitors in past 14 days	Insomnia Dry mouth	150 mg every morning for 3 days then 150 mg twice daily (Begin treatment 1-2 weeks pre-quit)	7-12 weeks maintenance up to 6 months	<i>Rx only</i> available as generic bupropion SR and brand name Zyban SR 150mg tablets
varenicline	Check <u>FAA</u> rules for prescribing to pilots	Nausea Trouble sleeping	0.5 mg once daily for days 5-7 before quit date 0.5 mg twice daily for days 1-4 before quit date 1 mg twice daily starting on quit date	3 months maintenance up to 6 months is recommended	<i>Rx only</i> Brand: Chantix

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Resources for Patients

The New York State Smokers' Quitline
1-866-NY-QUITS (1-866-697-8487) www.nysmokefree.com/

Deaf, Hard of Hearing and Speech Disabled: Call NY Relay Service at 711 (Voice or TTY), Give Operator Quitline Number
Call to find out if you are eligible for free starter kit of Nicotine Replacement Therapy to help you stop smoking

<p>Monroe Center for Community Health & Prevention. Clinical Services. 46 Prince St Rochester NY 14607 (585) 602-0720 <i>Provides evidence-based counseling and medication support to individuals in Monroe County and surrounding areas.</i></p> <p><u>Wilmot Cancer Institute Tobacco Dependence Treatment Program</u></p> <p>https://www.urmc.rochester.edu/cancer-institute/patients-caregivers/wellness/tobacco-dependence-treatment.aspx</p> <p>Livingston <u>Freedom from Smoking Noyes Memorial Hospital</u> 111 Clara Barton St. Conference Room B, Lower level Phone: (585) 335-4327 Alternate Phone: (585) 335-4355<i>Provides group cessation classes on site. To set up a class, contact Lorraine Wichtowski at lwichtowski@noyeshealth.org or (585) 335-4327.</i> Program uses American Cancer Society Freshstart material</p> <p>Ontario The Springs Clifton Springs Hospital & Clinic 2 Coulter Road Clifton Springs, NY 14432 315-462-0390</p>	<p>Steuben Quit-Stay-Quit <u>Steuben Co Public Health Southern TTAC</u> Steuben Co Public Health 3 East Pulteney Square Bath, NY 14810 (607) 664-2438 <i>Provides group cessation classes.</i></p> <p>Wayne <u>Wayne County Health Tobacco Cessation Program</u> Wayne County Public Health 1519 Nye Road Suite 200 Lyons, NY 14489 (315) 946-5749 Website: https://web.co.wayne.ny.us/index.php/publichealth/tobacco-prevention-program</p> <p><i>The cessation course taught by Ryan Mulhern at Wayne County Public Health. Individual counseling 1 hr. sessions Neighboring counties: Monroe/Ontario/Seneca/Cayuga/Yates. NRT is available, starting with 2 wks. up to 6 months. PATCH, GUM AND LOZENGES. EMAIL: RMULHERN@CO.WAYNE.NY.US</i></p> <p>Yates <u>Tobacco Cessation Programs</u> <u>Yates County Public Health 417</u> Liberty St., Suite 2120 Penn Yan, NY 14527 (315) 536-5160 <i>Provides group cessation classes. \$10 registration fee, refundable upon completion of program. Group of 2 or more needed for coaching. 4 neighboring counties: Ontario, Seneca, Steuben, Schuyler. No NRY available (coaching only). PT will have to get doctor or clinical approval. Call for dates, times, and fees. Email Kathy Swarthout at kswarthout@yatescounty.org</i></p> <p><u>Yates County Public Health and Nursing Services</u> 417 Liberty St. Suite 2021 Penn Yan, NY 14527 Phone: (315) 536-5160 Alternate Phone: (866) 212-5160</p>
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Resources for Physicians

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

High Risk Populations/Disparities

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

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

Agency for Healthcare Research and Quality

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

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

American Academy of Pediatrics (AAP) Julius B. Richmond Center of Excellence

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

American Thoracic Society.

Provides education on vaping/electronic nicotine delivery systems.

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

Centers for Disease Control and Prevention.

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

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

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

Cigarette Smoking, New York State Adults, 2016 provides smoking rates among NYS adults, as well as a comparison of smoking rates between 2011 and 2016 by demographic indicators:

https://www.health.ny.gov/statistics/brfss/reports/docs/1802_brfss_smoking.pdf

Easy-to-Access NY State Provider Information for Treating Tobacco Addiction:

<http://talktoyourpatients.ny.gov/>

Electronic Cigarettes (E-Cigarettes)

- [AAP E-Cigarette Fact Sheet](#)
- [U.S. FDA – e-Cigarettes](#) (Provides up-to-date information about the safety and regulation of e-Cigarettes.)

U.S Department of Health and Human Services.

Smoking Cessation: A Report of the Surgeon General.

Provides the full 2020 report and executive summary.

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

Healthy Living Center

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

Monroe County 2015 Adult Community Tobacco Survey Final Report

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

Know the Risks – E-cigarettes and Young People <https://e-cigarettes.surgeongeneral.gov>

National Cancer Institute

- Online pamphlet: Clearing the Air: Quit Smoking Today - Describes tools that can help smokers stop smoking and the problems to expect when they quit.

<http://smokefree.gov/sites/default/files/pdf/clearing-the-air-accessible.pdf>

- Online pamphlet: Clear Horizons – Self-help manual for smokers age 50 and older.

<http://smokefree.gov/sites/default/files/pdf/clear-horizons-accessible.pdf>

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

NYS Quitline/Quitsite Services

<https://www.nysmokefree.com/1-866-NY-QUITS> (1-866-697-8487) www.nysmokefree.com

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

Preventive Task Force Guidelines:

<http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1>

Smoking Health Action Community (SHAC) in Monroe County

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

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

Fax: (585) 442-4263

Smokefree.gov

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

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

Measures Commonly Used by National Organizations

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

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