



Prevention of Tobacco and Nicotine Use Including Vaping

The following guideline recommends specific interventions for abatement of tobacco or nicotine use.

Eligible Population	Key Components	Recommendation and Level of Evidence	Frequency
All patients	Prevent starting	Provide interventions (including education and brief counseling) to prevent initiation of tobacco/nicotine use. [B]	At least annually; ideally at each visit
All school-age children, adolescents who have not started to use tobacco, and nonpregnant adults	Establish tobacco/nicotine exposure	<p>Assess: Tobacco use status including use of e-cigarettes (vaping¹), smokeless tobacco, pipe, snuff, dip, cigars, and hookah (waterpipe). [A] Document quantity, current and past use in the medical record and/or problem list. Second and third-hand smoke exposure; recommend stopping exposure, and offer cessation resources to the family.</p> <p>Provide interventions, including education or brief counseling, to prevent initiation of tobacco use in children/adolescents. [B]</p> <p>Provide positive reinforcement to former tobacco users and non-users.</p>	
All patients identified as current smokers/tobacco Users	Intervention to promote cessation of tobacco use	<p>Patients are more likely to quit when providers clearly state their desire for the patient to quit, this patient's personalized risk of smoking, and their confidence in the patient's ability to quit.</p> <p>Advise: To quit. [A] E-cigarettes (vaping) are not recommended as a healthier alternative to smoking or to facilitate smoking cessation. Explain risks of vaping.</p> <p>Agree: To an action plan based on patient's willingness to attempt to quit or cut back. [C]</p> <p>Assist: Establish a quit date. Provide self-help materials (e.g. MDHHS Quit Line 1-800-784-8669). Offer nicotine replacement therapy and/or non-nicotine medications (varenicline, bupropion, others). [A] Refer to a smoking cessation program, or patient's health plan program. Acupuncture or hypnotism have not been found effective. The combination of medication plus a smoking cessation program is more effective than either alone [A]</p> <p>Arrange: Follow-up contact. [D]</p>	<p>At each periodic health exam, more frequently at the discretion of the physician</p> <p>Patient may be more receptive to quit during respiratory illness or hospitalization</p>

SPECIAL POPULATIONS (SMOKERS AND NICOTINE USERS)

School-aged children and adolescents who use tobacco	Use clinical judgement to decide how to best help youth who use tobacco.		
Pregnancy	Prescribe interventions listed above(assess, advise, and provide behavioral interventions [A]) due to the serious risks to the mother and fetus (including low birth weight <2500g) and preterm birth (<37 weeks). Weigh risks and benefits of nicotine replacement or bupropion.		At each prenatal visit
Hospitalized	Clinicians should provide appropriate pharmacotherapy and counseling during hospitalization to reduce nicotine withdrawal symptoms and assist smokers in quitting. Clinicians should emphasize the importance of smoking cessation during hospital discharge process.		
Psychiatric Comorbidity	Patients with behavioral health conditions have higher rates of smoking. Address ongoing behavioral health conditions. Nicotine withdrawal may cause or exacerbate depression or anxiety. Stopping smoking may affect the pharmacokinetics of caffeine and certain psychiatric drugs. Clinicians should closely monitor the actions or side effects of psychiatric medications in smokers/tobacco users who are attempting to quit. Caffeine levels may rise after smoking cessation.		
Tobacco and nicotine users taking other medications	Nicotine withdrawal alters pharmacokinetics of other medications, e.g., beta blockers, warfarin, theophylline.		

¹Surgeon General E-Cigarettes & Young People, Know the Risks

Selph S, Patnode CD, Bailey SR, et al. Primary Care Interventions for Prevention and Cessation of Tobacco Use in Children and Adolescents: A Systematic Review for the U.S. Preventive Services Task Force [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2020 Apr. (Evidence Synthesis, No. 185.) Available from: <https://www.ncbi.nlm.nih.gov/books/NBK556871/>. Patnode CD, Henderson JT, Coppola EL, Melnikow J, Durbin S, Thomas RG. Interventions for Tobacco Cessation in Adults, Including Pregnant Persons: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force. JAMA. 2021 Jan 19;325(3):280-298. doi: 10.1001/jama.2020.23541. PMID: 33464342. Barua, R, Rigotti, N, Benowitz, N. et al. 2018 ACC Expert Consensus Decision Pathway on Tobacco Cessation Treatment: A Report of the American College of Cardiology Task Force on Clinical Expert Consensus Documents. J Am Coll Cardiol. 2018 Dec, 72 (25) 3332–3365. Tobacco and nicotine cessation during pregnancy. ACOG Committee Opinion No. 807. American College of Obstetricians and Gynecologists. Obstet Gynecol 2020;135:e221-9. <https://doi.org/10.1016/j.jacc.2018.10.027>

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