

**ASK** all patients about tobacco use status and assess their readiness to quit. Tobacco use status should be documented in the medical record.

**ADVISE** all tobacco users to seriously consider making a quit attempt using a clear and personalized message. Advice as brief as 3 minutes is effective.

**ASSESS** all tobacco users willingness to make a quit attempt. Is the patient ready to quit?

**REFER** patients interested in quitting within 30 days to a Tobacco Treatment Specialist\*

## If your patient is not ready to quit offer motivational intervention using the Five “R’s”

**Relevance** — Tie tobacco use to current health, or social and economic costs of tobacco use, motivation level, and/or the impact of smoking on children and others in the home. For example, “Your child’s asthma flare is certainly related to your smoking habit. It would be in your child’s best interest for you to set a quit date in the near future.”

**Risks** — Ask patient to identify potential negative consequences of tobacco use.

- Acute risks — shortness of breath, exacerbation of asthma, impotence, infertility
- Long term risks — heart attacks, strokes, gum disease, tooth loss, COPD, lung and other cancers
- Environmental risks — increased risk of lung cancer in spouse and children; higher rates of smoking by children; increased risk for SIDS, asthma, middle ear disease and respiratory infection in children

**Rewards** — Ask patient to identify 1) Any positive benefits they currently derive from tobacco use. Discuss alternative methods for filling the potential void after cessation. 2) The potential rewards of quitting including improved health, improved taste, money saved, healthier children, freedom from addiction.

**Roadblocks** — Ask patient to think about what are the barriers to quitting tobacco use (e.g., partner or co-worker who smokes, fears about quitting smoking, etc.).

**Repetition** — Repeat above strategies every time an unmotivated patient has a visit.

## Dosing and Administration of Medications for Tobacco Treatment

Agent	Available Dosages	Dosing	Duration	Instructions	Side Effects
<b>Transdermal nicotine patch</b> Maximum nicotine levels achieved within 2 hours.	<b>Over-the-Counter and Prescription</b> Nicotine Patch 21 mg, 14 mg, 7 mg	>14 cigs per day, start with highest dose.  5 - 10 cigs per day, use 7-14 mg dose.	Up to 12 weeks  Suggest: • Weeks 1-6: highest dose • Weeks 6-9: next lowest dose • Weeks 9-12: lowest dose	No smoking while on patch, rotate to new hairless skin site each day, remove before bed if insomnia, avoid tattoos. May consider supplement with gum, lozenge, inhaler or nasal spray.	Skin reactions including pruritus, edema, rash; sleep disturbance.
<b>Nicotine Gum (polacrilex):</b> Maximum nicotine levels achieved within 20-30 minutes of use.	<b>Over-the-Counter</b> Nicotine Gum 2 mg and 4 mg pieces	≥ 20 cigs per day, use 4 mg stick q one hour.  < 20 cigs per day, use 2 mg stick q one hour.	Up to 12 weeks	Chew until peppery flavor begins, then “park” between cheek and gum for absorption. Repeat. Remove after 1/2 hour. Avoid eating or drinking 15 min prior to, during, or after using gum.	Jaw fatigue, hiccups, belching, nausea.

*continued on back*

Agent	Available Dosages	Dosing	Duration	Instructions	Side Effects
<b>Nicotine Lozenge</b> Maximum nicotine levels achieved within 20-30 minutes of use.	<b>Over-the-Counter</b> Nicotine Lozenge 2 mg and 4 mg	4-20 lozenges/daily. 4 mg if first cigarette < 30 min of awakening; 2 mg if >30 min after awakening.	Up to 12 weeks	Place the lozenge in mouth between cheek and gum and allow to dissolve slowly over 20-30 mins. Do not chew, bite, or swallow lozenge. Avoid eating or drinking 15 min prior to, during, or after using a lozenge.	Headache, diarrhea, flatulence, heartburn, hiccups, nausea, coughing, sore throat, and upper respiratory infection (occurring in > 5% of patients).
<b>Nicotine Inhaler</b> Maximum levels of nicotine reached within 20 minutes.	<b>Prescription only</b> Nicotrol inhaler Each inhaler cartridge with 10 mg nicotine	6-16 cartridges/day	Up to 6 months	Point toward top of mouth rather than toward throat. Continuous puffing for 20 minutes for maximum effectiveness.	Cough, mouth and throat irritation.
<b>Nicotine Nasal Spray</b> Maximum levels of nicotine reached within 5 -10 minutes. Levels begin to fall within 30 minutes of dose. Most closely mimics nicotine delivery pattern of cigarette.	<b>Prescription only</b> Nicotrol NS 1 mg = 1 spray each nostril = 1 dose	Spray q 30-60 minutes prn craving. Maximum 40 doses/day	Up to 6 months	Careful instruction on spray technique (see patient education handout located online in the Physician's Toolkit).	Nasal irritation / rhinorrhea, sneeze, cough.  Decreased severity of effects after first week.
<b>Bupropion hydrochloride SR* (Wellbutrin or Zyban)</b>	<b>Prescription only</b>	150 mg/day for 3 days, then 150 mg BID	7-12 weeks (Maintenance up to 6 months)	Start 7-14 days before quit date.	Insomnia, dry mouth, nausea, and seizures.  <b>Contraindications:</b> Seizure disorder, major head trauma, eating disorder, or on Wellbutrin® or MAO inhibitors.
<b>Varenicline* (Chantix®)</b>	<b>Prescription only</b>	Start with 0.5 mg daily for three days, then 0.5 mg BID for four days, then 1 mg BID	12 weeks, with option to continue for another 12 weeks	Start 7-10 days before quit date. Must quit one week after starting first dose. Take after eating, with a full glass of water.	Nausea, insomnia, and unusual dreams.  Discontinue use if experience change in behavior, agitation or mood.

\*The analyses revealed that some who have taken Varenicline and Bupropion have reported experiencing unusual changes in behavior, become depressed, or had their depression worsen, and had thoughts of suicide or dying. In many cases, the problems began shortly after starting the medication and ended when the medication was stopped. However, some people continued to have symptoms after stopping the medication. Also, in a few cases, the problems began after the medication was stopped.



2025 Traverwood Suite A3, Ann Arbor, MI 48105 • [www.mhealthy.umich.edu/tobacco](http://www.mhealthy.umich.edu/tobacco)  
QuitSmoking@med.umich.edu • <https://www.med.umich.edu/secure/mfit/referral-tobacco.html>