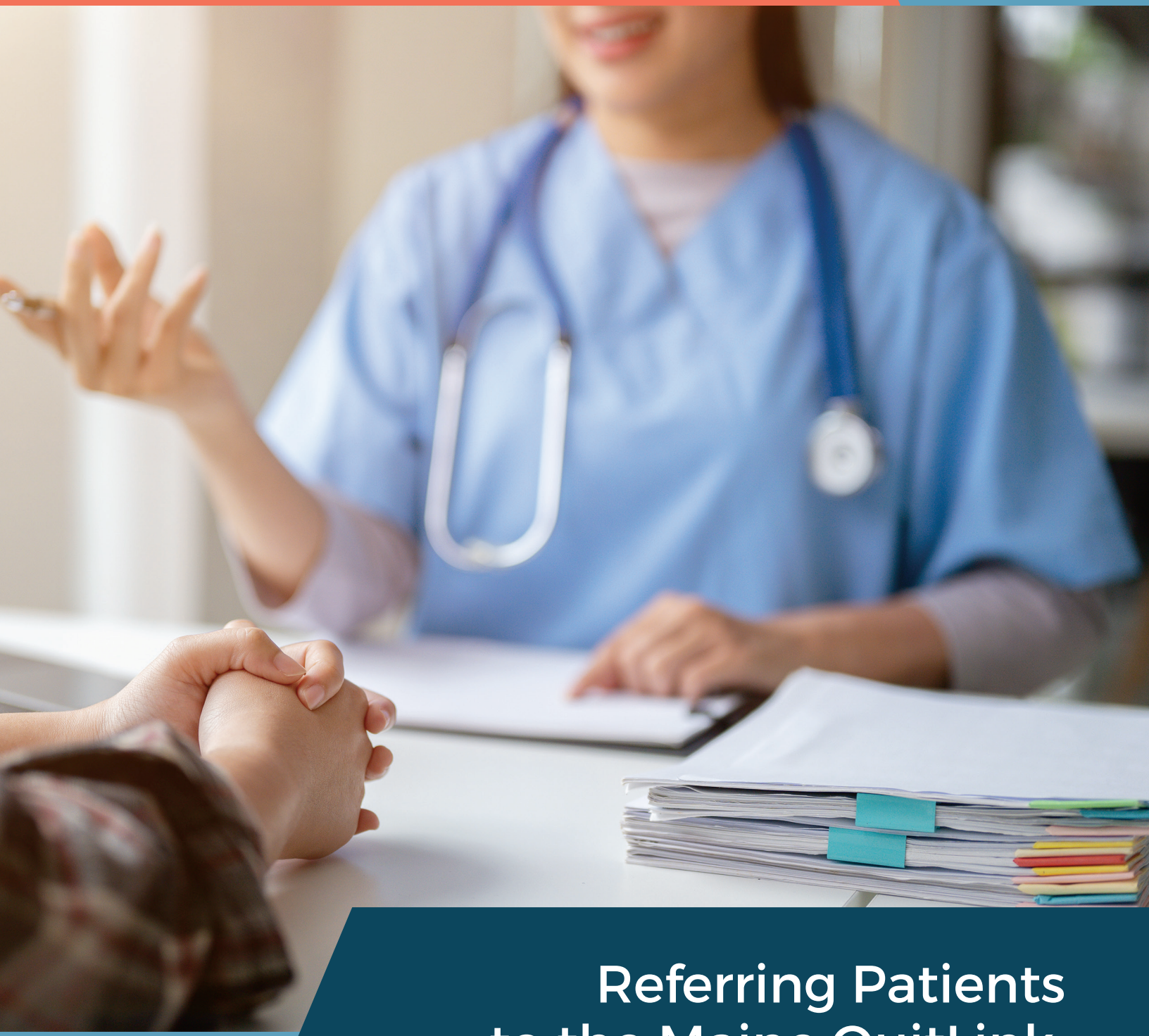


Referring Patients to the Maine QuitLink: **Resources for Providers**

Thinking About Quitting?

The Maine QuitLink Can Help You Become Tobacco-Free!

Scan to connect with the Maine QuitLink or talk to your provider about a referral

Department of Health and Human Services

MAINE QUITLINK.COM
1-800-QUIT-NOW

The Maine QuitLink offers free, confidential support to all people, and does not discriminate on the basis of race, color, national origin, age, disability, gender identity or sexual orientation. This support includes qualified interpreters for people whose primary language is not English, and services to assist individuals who are deaf or hard of hearing.

Ideas for responding to patient indicating desire to quit but declining referral to the Maine QuitLink

Great!

First, acknowledge and congratulate the patient on expressing interest in quitting:

"That's great that you're thinking about quitting tobacco! It's one of the best things you can do for your health."

Why not the Maine QuitLink?

Ask–don't assume or guess. The issue could be timing, confidence, prior personal experience or hearsay, misconception about what the program entails and provides...

"What are your concerns about a referral to the Maine QuitLink?"

Cost

The counseling is free, and Nicotine Replacement Therapy (NRT) medication is free. Maine QuitLink participants can receive NRT, absolutely free, no prescription necessary.

"If your concern is cost, I can assure you the program is free. Would you like to talk with them and hear more about what kind of support is available and how it works?"

Not Ready

If the patient is even thinking about quitting, the Maine QuitLink can be a useful resource. Everyone who is referred gets access to materials - a quit guide with info appropriate for people thinking about quitting, planning to quit, or already quit and trying to stay tobacco-free. The Maine QuitLink offers a variety of programs to meet folks where they are - phone coaching, online tools for quitting, and medication support.

"You don't have to be ready to quit to learn more about the Maine QuitLink."

Doesn't Like Coaching

The Tobacco Treatment Specialists on the Maine QuitLink have current information about strategies and medications that are effective and can help the patient develop an individual plan, or just answer questions they might have. It is friendly, low pressure, and confidential.

"Talking with a Tobacco Treatment Specialist is not like going to a psychiatrist. Tobacco Treatment Specialists have specific training in tobacco and nicotine addiction and treatment and can talk with you about what you want to do to quit."

Center for Tobacco Independence
CTIMaine.org/Refer

The MaineHealth Center for Tobacco Independence administers the statewide tobacco treatment contract, including the administration of the Maine QuitLink, on behalf of the Maine Center for Disease Control and Prevention (Maine CDC), Maine Department of Health and Human Services.

Concern About Medication

If the patient is concerned about using NRT, e.g. having a reaction to the medication: as the term states, "Nicotine Replacement Therapy" is nicotine, and the nicotine in the patches, gum, and lozenges effects the body the same way nicotine in a cigarette does, only without the harm that comes with smoking or chewing tobacco products and taking in all the other chemical compounds associated with smoking and chewing. It is a safe way to gradually reduce the amount of nicotine the body gets to end the dependence.

Additionally, the Tobacco Treatment Specialists ask questions to identify health issues where NRT is contraindicated, reviewed with a Medical Director.

NRT is nicotine, just like the nicotine in tobacco only without the other harmful substances that come with combusted tobacco products.

"The Maine QuitLink only provides medication the FDA has found to be safe and effective. There is a long record of people using nicotine patches, gum, and lozenges safely to quit."

Wants to Use Electronic Cigarettes to Quit Tobacco, Not Patches or Coaching

If the patient is thinking of using electronic cigarettes (e-cigarettes, vapes): some people think substituting vaping for smoking is a good strategy for quitting smoking tobacco, and in a way it is easy to understand why. Still, the FDA has not approved e-cigarettes as a safe, effective treatment for tobacco addiction, and there is still a lot we do not know about vaping so the Maine QuitLink does not recommend it. NRT, on the other hand, has a long, established record for being safe and effective. The Tobacco Treatment Specialists at the Maine QuitLink can talk with you about different quit strategies and support your planning.

"I'm glad you are starting to plan how to quit. The people at the Maine QuitLink can provide helpful information as you plan so you can make informed decisions with the most current information, Would you like to talk with them?"

Patient Doesn't Smoke, Only Uses Electronic Cigarettes/Vape Pens/Hookah Pens

Can I refer the patient who does not use combustible or chew tobacco to the Maine QuitLink? YES! The Maine QuitLink does support people who want to quit their e-cigarette use and can help develop a plan including NRT.

Bottom Line

The Maine QuitLink has a consistent record of providing effective tobacco treatment and participants have a much better chance of quitting successfully with the coaching and medication support from the Maine QuitLink. The Maine QuitLink is not for everyone, but since it started in 2001, the Maine QuitLink has continually earned high marks for satisfactions, with over 95% of participants surveyed saying they liked the service and would use it again, and would recommend it to a family member or friend.

MAINE QUITLINK.COM 1-800-QUIT-NOW

Referring Patients for Tobacco Treatment

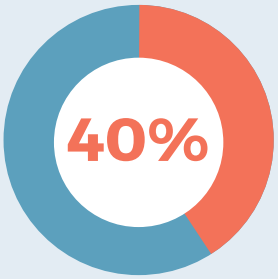
About the Maine QuitLink

The Maine QuitLink is a free service dedicated to helping Maine residents quit tobacco and vaping through evidence-based treatment. Our comprehensive approach is designed to be flexible and supportive, accommodating the unique preferences and needs of each individual.

Key Features:

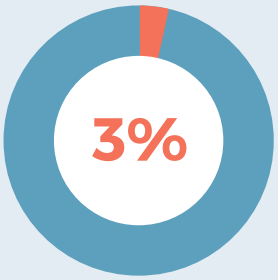
- **Telephonic Counseling:** Personalized one-on-one support through phone calls with a Tobacco Treatment Specialist (TTS).
- **Nicotine Replacement Therapy (NRT):** Access to free nicotine patches, gum, and lozenges (both mono and combination therapy) for adults aged 18 and older.
- **Expert Support:** Nationally certified TTS who are trained in trauma-informed care, cultural competence, and comprehensive nicotine and tobacco dependence treatment.
  - TTS offer participants education about nicotine dependence, guidance on tobacco treatment medications, strategies for managing cravings, and support for relapse prevention.
- **Online Tools:** Includes text messaging, chat support, trackers, educational videos, and other resources.
- **Supportive Materials:** Online or printed materials to aid in the quitting process.
- **Accessibility:** Qualified interpreters are available for people whose primary language is not English, and services to assist individuals who are deaf or hard of hearing are also readily available.

Quit Rate Information



of Maine QuitLink program participants surveyed 7 months post-registration **had not used tobacco** in the previous 30 days.

VS



average **unassisted quit rate** (no counseling, no tobacco treatment medications, no support).

Satisfaction Rate

95%

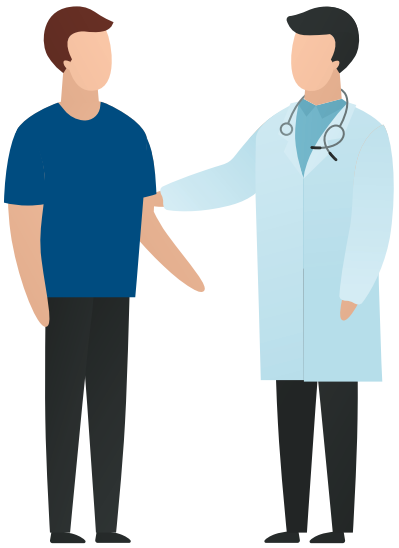
of Maine QuitLink participants **would recommend** the Maine QuitLink to their family or friends

Department of Health and Human Services

MaineHealth

Culturally Tailored Program Options:

- **American Indian Commercial Tobacco Program:** Free and confidential culturally-tailored support with quitting tobacco or vaping; phone or web-based options; up to 12 weeks of combo NRT; developed by tribal members and staffed by Indigenous coaches.
- **My Life, My Quit:** Free and confidential support for teens (13-17) who vape or use tobacco; text, chat, or phone options available.



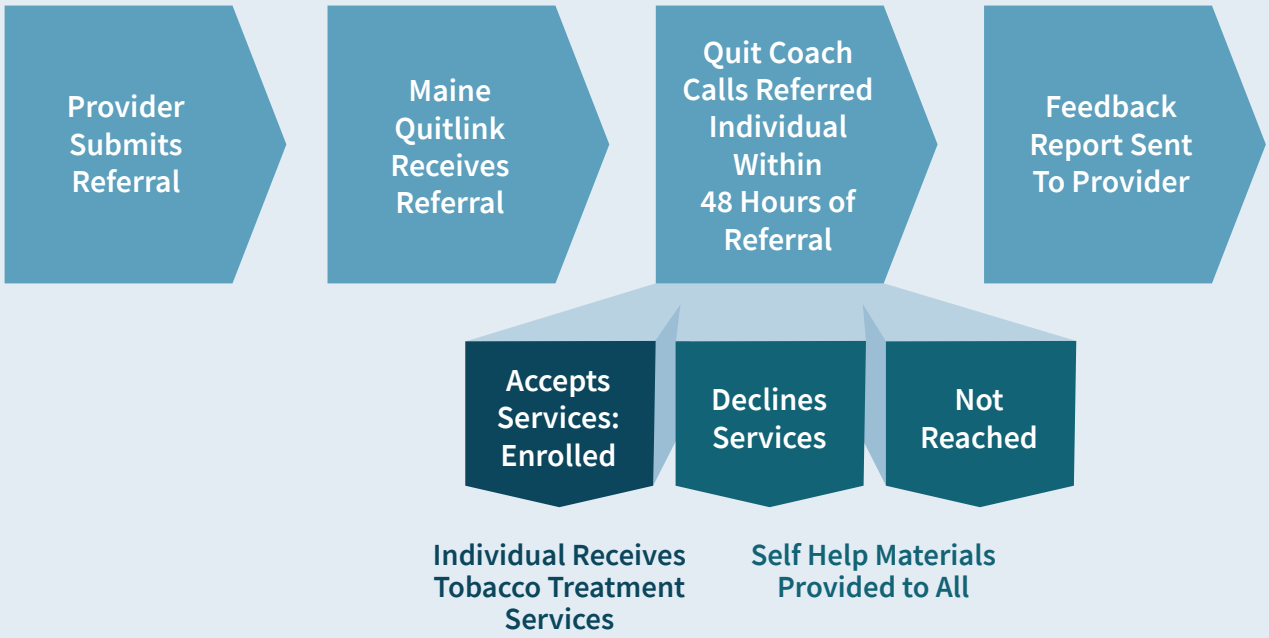
Making a Referral:

Patients are more likely to successfully quit tobacco with the support of the Maine QuitLink.

Learn More: For further details on how to make a referral to the Maine QuitLink, please visit **CTIMaine.org/Refer**.

Contact the Center for Tobacco Independence to learn more about best practices for referrals to tobacco treatment.

What Happens When You Make a Referral?



To learn more about the Maine QuitLink, visit our website: CTIMaine.org/Maine-QuitLink

The MaineHealth Center for Tobacco Independence administers the statewide tobacco treatment contract, including the administration of the Maine QuitLink, on behalf of the Maine Center for Disease Control and Prevention (Maine CDC), MaineDepartment of Health and Human Services.

Open-Ended Questions to Use in Discussing Tobacco & Nicotine Use

General Questions

- How do you feel about your smoking?
- What are your recent thoughts about quitting smoking?
- What do you know about smoking and your family's health?
- What do you think it would be like to stop smoking?
- What are your concerns about quitting?
- What holds you back from trying to stop smoking?
- What do you imagine it would be like if you weren't using tobacco anymore?
- What has been your past experience with quitting smoking?
- What do you think you would need to successfully stop using tobacco/smoking?
- What is it like for you to be talking about this?

For Someone You've Already Spoken With Regarding Their Tobacco/Nicotine Use

- How has it been going with your smoking/vaping since we last talked?
- What have you been thinking about your smoking/vaping since the last time we spoke?

Department of Health and Human Services

MaineHealth

Questions to Evoke Self-Motivational Statements:

Problem Recognition and Concern

- What things make you think this could be a problem?
- What difficulties have you had in relation to your smoking?
- What worries you about your smoking/tobacco use?
- What do you think will happen if you don't make a change?

Intention to Change

- What are you thinking about your smoking at this point?
- What are the reasons you see for making a change?
- What makes you think you need to make a change?
- What makes you think you should keep on smoking the way you have been?
- What makes you think it's time for a change?
- What would be the advantage of a change? The disadvantages?

Optimism

- What encourages you to think that you could change if you wanted to?
- What are some past changes you have made about which you feel proud?
- What do you think would work for you, if you decided to change?

Adapted from Miller, W. & Rollnick, S. (2013) Motivational Interviewing: Helping People Change, New York, Guilford Press.

MYTH BUSTING:

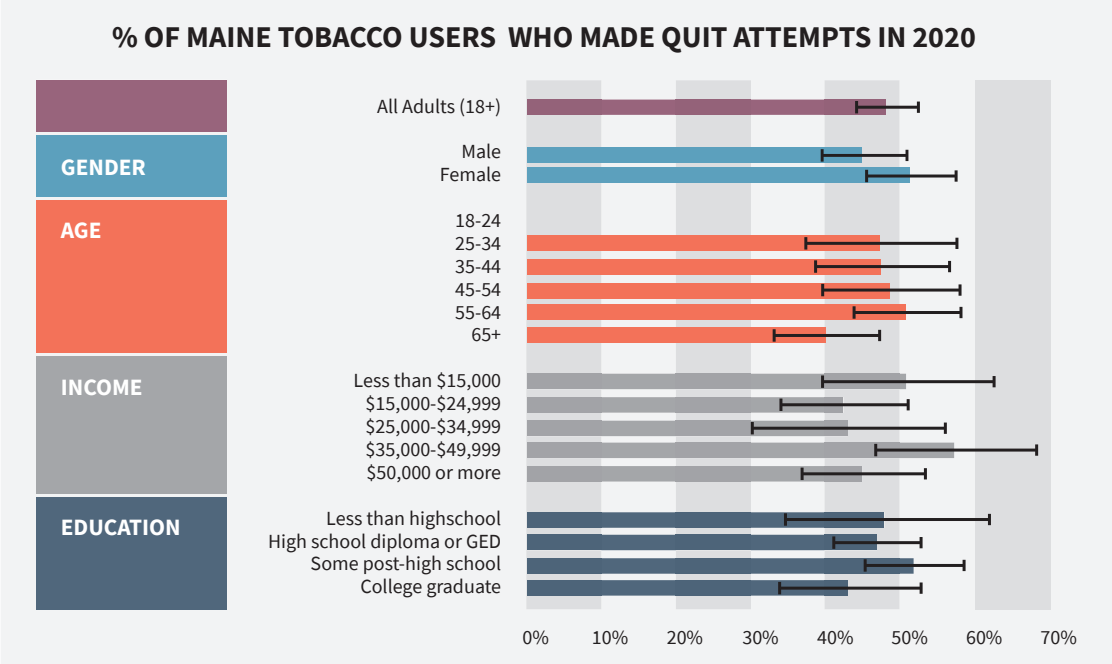
Talking About Tobacco and Referring to the Maine QuitLink

"Tobacco dependence is a chronic disease that often requires repeated intervention and multiple attempts to quit." [1]

The comment above is true, but the statements below are not. For each of the statements we provide the truth.

"Patients are not interested in quitting."

Truth: Patients do want to quit, and they are trying. About 50% of people who use tobacco make a quit attempt each year. Even in Maine – the graph below shows the percentage of tobacco-user Mainers who made quit attempts in 2020.[2]



"I already advise my patients who use tobacco to call the Maine QuitLink* – the patients will call if they want help."

Truth: Patients are 10 times as likely to engage in treatment if given a direct referral, i.e. a referral from the provider to the quitline prompting the quitline to make a proactive call to the patient, than from an indirect referral (provider advises patient to call and/or gives patient quitline number to call).[3]

*For 20 years Maine's tobacco quitline was called The Maine Tobacco HelpLine, but the name was changed in 2020 to the Maine QuitLink to reflect changes in services which now include digital, text and online services in addition to the traditional phone-based treatment.

"I've offered referrals already. Continually asking patients about their tobacco use only aggravates them."

Truth: Patient satisfaction with their provider increases when the provider talks to them about their tobacco use.[4]

"I can't help someone who's not ready. If the patient hasn't quit by now, they either can't quit or don't want to."

Truth: Most people who use tobacco regularly started when they were young. Nearly 9 out of 10 start before age 18, and 95% start before age 25.[5]

Truth: Most teen smokers make their first serious attempt to quit after only two and a half months of smoking, and by the time they have smoked 21 months they have lost confidence in their ability to quit.[6]

Truth: Almost 2/3 of people who use tobacco are thinking about quitting.[7]

Truth: Tobacco dependence is a chronic relapsing condition. Quitting is hard. About 4 to 7 percent of adults who try to quit are successful.[8]

Truth: "Cessation rates with placebo in randomized trials using objective measures of abstinence and typically over six months duration were 8% for nicotine, 18% for alcohol, 47% for cocaine, and 44% for opioids. Evidence from placebo cessation rates indicates that nicotine is more difficult to give up than alcohol, cocaine, and opioids."[9]

Truth: It takes on average 30 attempts before they quit for good.[10]

Truth: Part of the reason it takes so many attempts is that people are not using evidenced-based treatments. The most frequently used method is "coldturkey"–usually with no plan, no medications, and no support system.[11]

Truth: Only 3-4% of unassisted attempts result in successful quit. It's not surprising that people quitting cold-turkey are frustrated and/or lack confidence.[12]

Truth: 70% of people who quit and relapse want to try quitting again within 30 days.[13]

"No one can make someone want to quit."

Truth: People who use tobacco cite a physician's advice to quit as an important motivator for attempting to stop.[14]

Truth: Patients who have the support of their healthcare provider make more quit attempts and have better quit outcomes.[15]

Truth: Each intervention increases the likelihood the patient will make a quit attempt by 2.6%[16]

"Patients tell me the Maine QuitLink does not work."

Truth: Telephone quitlines have been shown to be effective in providing wide access to evidence-based cessation counseling.[17]

Truth: Proactive telephone counseling, group counseling, and individual counseling formats are effective and should be used in smoking cessation interventions. Quitlines significantly increase abstinence compared to minimal or no counseling interventions.[18]

The Maine QuitLink overall 6-month quit rate at the most recent outcomes evaluation was 40% according to the most recently published outcomes evaluation as of this writing–42% for people who participated in all the coaching sessions and used all the free medication provided. This compares very favorably to the 3% quit rate for "cold turkey".

"Meta-analytic reviews and individual studies have established that proactive quitlines [i.e. where the quitline calls the patient rather than the patient calling the quitline] in particular are an effective intervention for smoking cessation. Research shows that proactive telephone counseling, in particular, helps smokers interested in quitting. There is evidence of a dose response: one or two brief calls are less likely to provide a measurable benefit, while three or more calls increase the odds of quitting compared to a minimal intervention such as providing standard self-help materials, brief advice or compared to pharmacotherapy alone."[19]

"Patients could not afford the medication from the Maine QuitLink."

Truth: The Maine QuitLink provides Nicotine Replacement Therapy (patches, gum or lozenges or patch+gum or patch+ lozenge) to eligible adults **at absolutely no cost** regardless of insurance status.

"The Maine QuitLink calls too often."

Truth: When the Maine QuitLink staff receives the referral they will make no more than 3 attempts to reach your patient. They do not call more than once in a day, they do not call two days in a row, and they do not call more than twice in the same week. This also applies to attempts to reach participants for ongoing counseling calls.

"My patient has a cancer diagnosis. It does not make sense to refer for tobacco treatment."

Truth: Smoking cessation after the diagnosis of cancer is highly likely to reduce all-cause mortality and cancer-specific mortality. Research from the general population indicates that patients with cancer who smoke will benefit from smoking cessation treatments, including both counseling and U.S. Food and Drug Administration (FDA)–approved medications. Effective strategies exist to increase the delivery of smoking cessation treatment in cancer care settings. Evidence-based smoking cessation treatment should be systematically provided to all patients with cancer, regardless of the type of cancer. However, patients with cancer are not consistently offered and provided such treatment. Continued smoking after a cancer diagnosis is associated with higher health care utilization and greater health care costs in comparison with quitting smoking. Medically underserved and vulnerable populations of cancer patients who smoke are very likely to benefit from using the evidence-based smoking cessation treatments identified as effective in the general population of people who smoke.[20]

"Using Nicotine Replacement Therapy will interfere with healing after surgery."

Truth: A large observational study of surgical patients demonstrated that perioperative NRT is not associated with adverse outcomes after surgery. These results strengthen the evidence that NRT should be prescribed routinely in the perioperative period. [21]

Truth: Although the available data are limited, there is no evidence from human studies that NRT increases the risk of healing-related or cardiovascular complications. Individual clinical trials of tobacco use interventions that include NRT have revealed either no effect or a reduction in complication rates. Therefore, given the benefits of smoking abstinence to both perioperative outcomes and long-term health and the efficacy of NRT in achieving and maintaining abstinence, any policies that prohibit the use of NRT in surgical patients should be reexamined.[22]

"Patients don't find the Maine QuitLink valuable."

Truth: For 20+ years, >95% of participant's surveyed said "I would use the Maine QuitLink again and/or recommend it to a family member or friend."

Endnotes

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[13] Centers for Disease Control and Prevention. Cigarette smoking among adults—United States, 2006. MMWR. 2007; 56:1157–61.

[14] National Cancer Institute. Tobacco and the clinician: interventions for medical and dental practice. Monograph No. 5. NIH Publication No. 94-3696, 1994.Kreuter MW, Chheda SG, Bull FC. How does physician advice influence patient behavior? Evidence for a priming effect. Arch Fam Med. 2000;9:426–33. Richmond RL. Physicians can make a difference with smokers: evidence-based clinical approaches. Presentation given during the Symposium on Smoking Cessation at the 29th World Conference of the IUATLD/UICTMR and Global Congress on Lung Health, Bangkok, Thailand, 23–26 November 1998. International Union Against Tuberculosis and Lung Disease. Int J Tuberc Lung Dis.1999;3:100–12. Whitlock EP, Orleans CT, Pender N. et al. Evaluating primary care behavioral counseling interventions: an evidence-based approach. Am J Prev Med. 2002;22:267–84. Tessaro I, Lyna PR, Rimer BK. et al. Readiness to change smoking behavior in a community health center population. J Community Health. 1997;22:15–31. Ossip-Klein DJ, McIntosh S, Utman C. et al. Smokers ages 50+: who gets physician advice to quit? Prev Med. 2000;31:364–9.

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[21] "The Association of Nicotine Replacement Therapy With Outcomes Among Smokers Hospitalized for a Major Surgical Procedure" Mihaela S Stefan, Quinn Pack, Meng-Shiou Shieh, Penelope S Pekow, Steven L Bernstein, Karthik Raghunathan, Katie S Nason, Peter K Lindenauer, Volume 157, Issue 5, May 2020, pp. 1354-136

[22] "Safety and Efficacy of Nicotine Replacement Therapy in the Perioperative Period: A Narrative Review", Nolan, Margaret B, MD and Warner, David O., MD.Mayo Clinic Proceedings, Volume 90, Issue 11, November 2015, pp. 1553-1561.

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Department of Health and Human Services

Center For Tobacco Independence

Tobacco Treatment Medication Dosing Guidelines

Nicotine Replacement Therapy (NRT)

Dosing with Nicotine Replacement Therapy often requires an individualized approach, adapted for a patient's unique characteristics. Monitor and adjust dose based on withdrawal symptoms, cravings and confidence. Combination therapy has been found to generally be more efficacious than monotherapy.

Patch

Strengths: 21mg, 14mg, 7mg
Long acting (once/day)

STANDARD DOSING

< 5 cig/d: 7mg/day
6 -10 cig/d: 7- 14mg/day
11-20 cig/d: 14-21mg/day
21-39 cig/d: 21mg + 7mg or 21mg + 14mg
40+ cig/d: 21mg + 7mg, 14mg, or 21mg

Use for 4-6 weeks. May combine with short acting NRT (i.e., gum, lozenge, or inhaler) for acute cravings and withdrawal management. Taper by 7 mg every 2-4 weeks as withdrawal symptoms, cravings and patient confidence improve.

GENERAL USE INSTRUCTIONS AND INFORMATION

- Over the counter.
- Easiest to use, excellent safety record.
- Delivers steady state of nicotine over 20-24 hours.
- Slow onset - up to 2 hours.
- Apply new patch each day at the same time, on clean, dry, hairless site; usually upper trunk and arms. Rotate sites daily. Avoid using moisturizers on skin.
- May be removed at bedtime if it disrupts sleep. Place a new patch upon awaking.
- Dispose of carefully to avoid contact with children and pets.

SIDE EFFECTS

- Localized skin irritation. May use 1% hydrocortisone as needed. Stop patch if rash lasts longer than 24 hours, or if excessive redness or indication of allergy.

Gum

Strengths: 2mg, 4mg
Short acting

STANDARD DOSING

Based on time to first cigarette of the day:
  <30 minutes to first cig: 4mg
  >30 minutes to first cig: 2mg
Based on cigarettes/day:
  <20 cig/d: 2mg
  >20 cig/d: 4mg

Use one piece every 1-2 hours initially, based on patient withdrawal symptoms and cravings as needed. Maximum of 20 pieces/day. Scheduled dosing is recommended. Taper as withdrawal symptoms, cravings and patient confidence improve.

GENERAL USE INSTRUCTIONS AND INFORMATION

- Over the counter.
- Efficacy and frequency of side effects are related to dose.
- Do not chew nicotine gum continually as with regular gum. Rather, chew one piece several times until a peppery taste is released. Then, park between gum and cheek. Repeat when the peppery taste fades, parking it in different areas. One piece lasts for 30 min.
- Avoid eating and drinking 15 min before, during, or 15 min after use (esp. with coffee and colas).
- Do not use with dentures, bridges, gum disease, or if toothless.
- Use caution with digestive conditions such as gastroesophageal reflux.

SIDE EFFECTS

- Indigestion, mouth or jaw soreness, hiccups.
- Over-chewing can cause excessive swallowing of nicotine, leading to nausea or indigestion.

Lozenge

Strengths: 2mg, 4mg
Short acting

STANDARD DOSING

Based on time to first cigarette of the day:
  <30 minutes to first cig = 4 mg
  >30 minutes to first cig = 2 mg
Based on cigarettes/day:
  <20 cig/day = 2 mg
  >20 cig/day = 4 mg

Use one lozenge every 1-2 hours initially, based on patient withdrawal symptoms and cravings as needed. Scheduled dosing is recommended. Maximum of 24 pieces /day. Taper as withdrawal symptoms, cravings and patient confidence improve.

GENERAL USE INSTRUCTIONS AND INFORMATION

- Over the counter.
- Dose delivered is ~25% higher than with nicotine gum.
- Place lozenge between gum and cheek, allow to dissolve slowly, moving lozenge from one side of mouth to the other. Do not chew, swallow or suck the lozenge continually.
- Avoid eating and drinking 15 min before, during, or 15 min after use (esp. with coffee and colas).
- Use caution in those with oral lesions and digestive conditions such as gastroesophageal reflux.

SIDE EFFECTS

- Indigestion, nausea, and hiccups.
- Constant sucking can cause excessive swallowing of nicotine and lead to nausea or indigestion, soreness, hiccups.

Inhaler

Strengths: 10mg/cartridge
6 cartridges/package
Short acting

STANDARD DOSING

1 cartridge delivers about 4mg of nicotine, but varies by individual and technique used. One nicotine cartridge delivers about 80 "sips".

Use one cartridge every 1-2 hours initially, based on patient withdrawal symptoms and cravings as needed.

Use 6 -16 cartridges /day.

Taper as withdrawal symptoms, cravings and patient confidence improve.

GENERAL USE INSTRUCTIONS AND INFORMATION

- Prescription required.
- Nicotine vapor is "sipped" (like drawing from a straw) through a plastic cylinder containing a cartridge of nicotine. Bring vapor into the mouth where it is absorbed. "Sip" frequently over 20-60 minutes. **Do not inhale.**
- Avoid eating and drinking 15 min before, during, or 15 min after use (esp. with coffee and colas).
- Will not function properly in temperatures below 60° F.
- Caution in patients with asthma, severe reactive airway disease, or COPD.

SIDE EFFECTS

- Mouth or throat irritation, cough, and changes in taste.

Nasal Spray

Strengths: 10mg/ml
10ml bottle = 200 applications
Short acting

STANDARD DOSING

1 spray in each nostril (1 dose) per hour initially, or as needed.

Not to exceed 5 doses in an hour or 40 doses in a day.

Taper as withdrawal symptoms, cravings and patient confidence improve.

GENERAL USE INSTRUCTIONS AND INFORMATION

- Prescription required.
- Fastest nicotine delivery of all NRTs.
- Tilt head back. Spray against the outer wall of the nostril. Do not sniff. Wait 2-3 minutes before blowing nose (if desired).
- Avoid in rhinitis, nasal polyps, sinusitis, asthma or other reactive airway disease.

SIDE EFFECTS

- Significant nose and throat irritation, (may improve with time), headaches and rhinitis.

Non-Nicotine Oral Medications by Prescription

Bupropion SR

(Zyban®, Wellbutrin SR®)

STANDARD DOSING

Begin 1 week before target quit date.

Start with 150 mg daily for 7 days, then twice daily.

May try 150 mg once/day for those who do not tolerate the full dose.

Continue for 12 weeks or longer as needed.

GENERAL USE INSTRUCTIONS AND INFORMATION

- Take with food.
- Contraindicated in patients with history of/risk for seizures (e.g. bulimia, head injury, alcohol detox), some mental health conditions, uncontrolled hypertension.
- May help to delay weight gain in some users.

SIDE EFFECTS

- Agitation, insomnia, dry mouth, headache.
- **See Possible Mental Health Side Effects Below.**

Varenicline

(Chantix®)

STANDARD DOSING

Begin 1 week before target quit date.

Starter pack includes dose titration pills from 0.5 mg once a day up to 1 mg twice daily.

Continue for 12 weeks or longer if necessary.

GENERAL USE INSTRUCTIONS AND INFORMATION

- Take with food to minimize nausea.
- Avoid taking at bedtime.
- Do not make up a missed dose by doubling up the next dose.
- May need dose reduction in renal disease, elderly, or in those who weigh less than 100 pounds.

SIDE EFFECTS

- Nausea, vomiting, gas, constipation, headache, sleep disturbance, unusual dreams, drowsiness.
- Use caution if recent cardiac event.
- **See Possible Mental Health Side Effects Below.**

Possible Mental Health Side Effects

when taking Bupropion and Varenicline

The FDA has removed the Black Box Warning on varenicline and bupropion as of 12/16/16. The risk for serious side effects on mood, behavior, or thinking when taking varenicline and/or bupropion is lower than previously suspected. The risk is still present however, especially in those with current or past histories of mental illnesses such as depression, anxiety disorders, or schizophrenia. Monitor for neuropsychiatric symptoms and counsel patients to stop taking varenicline or bupropion and to contact their professional right away if they notice any side effects on mood, behavior or thinking.

MaineHealth

The MaineHealth Center for Tobacco Independence administers the statewide tobacco treatment contract on behalf of the Maine Center for Disease Control and Prevention (Maine CDC), Maine Department of Health and Human Services.

Additional Guidelines

Combination Therapy

Combination therapy has been found to be more efficacious than monotherapy (PHS Clinical Guideline, 2008). FDA approved in 2013.

Combined NRT permits sustained levels of nicotine with added benefit of rapid adjustment for acute needs and cravings. Adjust short acting method based on symptoms. Examples: combine long acting NRT (patch) with short acting NRT (lozenge, gum or inhaler). Combine bupropion plus NRT (patch, gum or lozenge). May increase risk of nicotine excess symptoms.

Smokeless Tobacco

PHS Clinical Practice Guideline 2008 Update does not recommend tobacco treatment medications in smokeless tobacco users due to insufficient evidence of efficacy. Yet, these medications may be beneficial for some patients and options should be discussed with each patient. Monitor and adjust dose based patient response.

Dosing: 1 or more cans/week: 21 mg patch or 4 mg gum or 4 mg lozenge

Less than 1 can/week: 14 mg patch or 2 mg gum or 2 mg lozenge

Cigars & Pipes

Small Cigars: dose similar to cigarettes

Medium cigars: 2 or more cigars /day: 21 mg patch or 4 mg gum or 4 mg lozenge

Large Cigars: <2 /day: 14 mg patch or 2 mg gum or 2 mg lozenge

Large Cigars: 2 or more /day: 21 mg patch or 4 mg gum or 4mg lozenge

Pipe (averages >0.4mg/bowl): dose similar to smoking 2 -10 cigarettes/day

Special Populations

Always consider risk/benefit ratio to medication use. **Pregnant/lactating women:** Behavioral counseling alone is first approach. Limited safety testing and no FDA approval for tobacco treatment medications. Use under the guidance of patient's provider. **Youth:** no evidence for efficacy; probably safe, not FDA approved. **Cardiovascular disease:** NRT considered safe for most, use caution if very recent MI or stroke; or in arrhythmias. **Psychiatric disorders:** These medications are generally safe, but potential exists for psych destabilization in nicotine withdrawal, changes in psych med metabolism, and/or with use of some of these medications. Consider psychiatric consultation.

Contraindications for NRT (partial list)

Relative contraindications for NRT: Unstable cardiovascular disease, some acute post-op conditions. Consult provider. Monitor/consider alternatives if: peptic ulcer disease, endocrine disorders, severe kidney or liver disease, or malignant hypertension. Allergic reactions are possible with any medication. Past allergic reaction to one of these medications is a contraindication.

Absolute Contraindication for NRT: Buerger's Disease

Smoking Cessation Effect on Some Medications

Smoking interferes with the metabolism of several medications via its effect on P-450 enzymes. Stopping smoking can directly impact medication metabolism with the result of increased medication circulating in the blood stream. Closer monitoring of these medications is warranted when patients stop smoking. This is a smoking effect, not a nicotine effect. For a list of the most common medications effected and information, go to: **https://smokingcessationleadership.ucsf.edu/sites/smokingcessationleadership.ucsf.edu/files/Drug-Interactions-with-Tobacco-Smoke.pdf**

This Dosing Guideline is a summary of recommendations for the use of all seven FDA approved medication in the treatment of tobacco dependence and is strictly for the convenience of healthcare professionals. Information is simplified and may not reflect the most recent updates. Please see package inserts for prescribing details. Consult a healthcare provider for special circumstances.

Last Updated: March 2025

Key Takeaways Addressing Tobacco Use Through Brief Intervention and Referrals

Tobacco facts:

- Addiction, including nicotine, is a chronic and often relapsing disease.
- Tobacco use is the leading cause of preventable disease, disability, and death in the United States.
- 90% of people start using tobacco before the age of 18 and start thinking of quitting within 2 years.

Misconceptions and truths:

Myth: There is not enough time to address tobacco use.
Truth: Tobacco use can be addressed efficiently and effectively.

Myth: Patients are not intersted in quitting.
Truth: 70% of tobacco users are thinking about quitting and 50% will make a quit attempt every year. For those who have tried to quit and relapsed, 70% want to try to quit again in the next 30 days.

Myth: Advice to quit does not make a difference.
Truth: Patient satisfaction with providers increases when providers talk with them about their tobacco use. Just bringing it up increases motivation to quit. Increased quit attempts leads to successfully quitting.

30
Average number of quit attempts before quitting successfully

95%
of quit attempts are done with no medications or support and are only successful 3% of the time.

2x
Patients who receive assistance from their provider are twice as likely to quit succesfully.

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Key Takeaways Addressing Tobacco Use Through Brief Intervention and Referrals

Simple three-part evidence-based message:

ASK: Asking them about tobacco/nicotine use at every encounter.

ADVISE: Letting them know you think it's important, you want to help, and you can help.

REFER: Referring them to the Maine QuitLink for free medication and coaching support.

Example of how this might look:

"Are you currently using any tobacco products?"

IF YES: "We like all of our patients who use tobacco to connect with the Maine QuitLink and I can put a referral through for you now. Would you be interested?"

NOTE: Please do not put referrals through the Maine QuitLink for patients who have declined the referral or for patients you have not discussed the referral with.

NOTE: Studies have shown that patients are 10x more likely to engage in treatment if a referral is made vs. giving the patient a number to call.

Facts about the Maine QuitLink:

- Patients do not need to be ready to quit to talk with the Maine QuitLink.
- Patients can receive free Nicotine Replacement Therapy (NRT) and coaching support, online or over the phone.
- Patients can receive up to 12 weeks of combination NRT (patch + gum, or patch + lozenge).
- This service is free and confidential to all residents of Maine.

MAINE QUITLINK.COM 1-800-QUIT-NOW

40%

Survey results 7 months after quitting with the Maine QuitLink reveal 40% of participants are still quit vs. quitting without support.

For more information on outcomes and training opportunities, visit: CTIMaine.org

For more information on the Maine QuitLink services, visit: MaineQuitLink.com

FREE HELP TO QUIT SMOKING

THINKING ABOUT QUITTING?
LET US HELP.

Quitting is a process. For some people, it can take many tries to quit. The Maine QuitLink can make it easier to quit for good.

MAINE QUITLINK
1-800-QUIT-NOW

WHO IS IT FOR?

- Anyone thinking about quitting smoking, vaping, or other tobacco use.
- People who want to help a friend or family member quit.

WHAT HAPPENS WHEN I CONNECT?

- We'll ask questions to see what kind of help you need.
- We'll work with you based on where you are at in your process.
- We'll make a plan just for you and help you cope with urges.
- We'll give free quit medications (including nicotine patches or gum) to residents.

WHY SHOULD I CONNECT?

- Registration is easy and you can complete by phone or online.
- You can pick the program that is right for you – including phone coaching or online tools.
- We offer positive, supportive messages, and want you to succeed. We won't pressure you or put you down.
- **You can increase your chance of success. It is free, confidential, and works two to three times better than quitting alone.**

YOU CAN DO IT.

MAINE QUITLINE.COM
1-800-QUIT-NOW

Department of Health and Human Services

References to tobacco in this document refer to commercial tobacco use, not the sacred and traditional tobacco used by Indigenous communities.

Learn More About What We Offer

BREATHE EASY
REDUCING SMOKE EXPOSURE IN MAINE

Supporting and recognizing organizations for addressing tobacco use and exposure through policy and treatment strategies.

BreatheEasyMaine.org

MAINE QUITLINK.COM
1-800-QUIT-NOW

Personalized support geared to your life whether you're ready to quit smoking, vaping or are trying to help someone else quit.

MaineQuitLink.com

MY LIFE MY QUIT™

Tailored support for teens to quit smoking or vaping online, over the phone, and text support.

MyLifeMyQuit.com

Center for Tobacco Independence

CONNECT WITH US

TOBACCO TREATMENT, TRAINING AND PREVENTION

The MaineHealth Center for Tobacco Independence (CTI) is committed to supporting a tobacco-free Maine through education, prevention, policy, treatment and training initiatives.

CTIMAINE.ORG OFFERS:

- Information about CTI programs
- Data on initiatives and outcomes
- Free downloadable resources
- Calendar of educational offerings and webinars

STAY CONNECTED

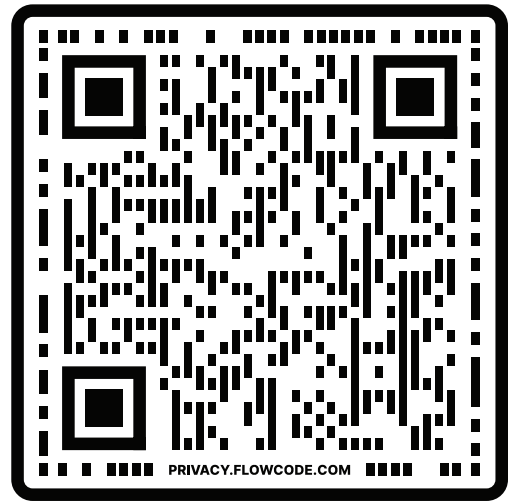
Sign up for our e-newsletters and receive up-to-date information directly to your inbox.
CTIMaine.org/newsletter-sign-up

LEARN MORE AT CTIMAINE.ORG

CTI administers the statewide tobacco treatment initiative on behalf of the Maine Center for Disease Control and Prevention, Maine Department of Health and Human Services.

MAINE QUITLINK.COM

1-800-QUIT-NOW



FREE SUPPORT & SERVICES FOR ALL MAINERS.
INTERPRETERS AVAILABLE.

WHEN YOU'RE READY TO
QUIT SMOKING, VAPING, OR OTHER TOBACCO USE,
CHOOSE THE OPTION THAT'S RIGHT FOR YOU.

PHONE COACHING

ONLINE TOOLS FOR QUITTING

Scan To Order Materials

Center for Tobacco Independence

Supporting a commercial tobacco-free Maine through education, prevention, policy, treatment and training initiatives.

Connect with Us

CTIMaine.org

MaineHealth

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CTIMaine.org/Resources