

## Center of Excellence for Health Systems Improvement

### Q&A Summary for *“Treating Tobacco Dependence: Implementing Evidence-Based Practices for Behavioral Health Populations”* – Webinar on June 29, 2017

#	Question	Answer
1.	Can you share the references that support providing pre-cessation NRT?	<p>Pharmacotherapy is not appropriate for people who only want to cut down; it should almost always be reserved for someone who is preparing to make a quit attempt in the near future.</p> <ol style="list-style-type: none"> <li>1) It is unlikely that a person would overdose on nicotine through smoking alone. The FDA stated in 2013, "There are no significant safety concerns associated with using more than one over-the-counter (OTC) nicotine replacement therapy at the same time, or using an OTC NRT at the same time as another nicotine-containing product—including a cigarette" (FDA, 2013).</li> <li>2) Providers have also started using nicotine replacement therapies before the individual makes a quit attempt, and results in studies have shown:               <ol style="list-style-type: none"> <li>a) Individuals who used the patch prior to quitting did not experience any significant side effects, and side effects were not different or more significant compared to individuals who did not smoke while using the patch (Schiffman &amp; Ferguson, 2008; Rose, Herskovic, Behm, &amp; Westman, 2009).</li> <li>b) At six months, those who used the patch before their quit date were twice as likely to have maintained their abstinence as those who used the patch on their quit date (Schiffman &amp; Ferguson, 2008; Rose, Herskovic, Behm, &amp; Westman, 2009).</li> </ol> </li> </ol>
2.	Can you share the references regarding 36 month quit-rates?	<ol style="list-style-type: none"> <li>1) This slide provides a snapshot of quit rates maintained over a 36-month, or 3-year, period with different medications. Note the quit rates for individuals who use some form of cessation medication are higher than for those individuals who used a placebo (Silagy &amp; Stead, 2004; Hughes, Stead, &amp; Lancaster, 2004; Gonzales et al., 2006).</li> <li>2) Abstinence rates for unaided or “cold turkey” attempts are 4-7% (Fiore et al., 2008).</li> </ol>
3.	Is there any literature available regarding the precise dosing of NRT medications during the pre-cessation therapy phase?	<p>Unfortunately, there is not a wide body of research on the precise dosing of medications during the pre-cessation therapy phase. Because people’s tobacco use habits vary so greatly, as well as methods that might help them to quit, dosage recommendations really do need to be made on a case-by-case basis after carefully evaluating the client’s unique circumstances. With Varenicline requiring a prescription, the prescriber would ultimately need to make that determination, although they could certainly touch base with a CTTS or a similar specialist for insight and input.</p> <p>(see above for references that support providing pre-cessation NRT)</p>

