



Tobacco and Nicotine Use Treatment

Evidence-Based Guidance for
Supporting Patients Who Use Tobacco

Purpose and Scope

This Clinical Support Tool provides a concise summary of evidence-based recommendations for the treatment of tobacco and nicotine use in adult patients aged 18 years and older who are eligible for care in the Department of Veterans Affairs and Department of Defense healthcare systems. It applies to combustible tobacco products, smokeless tobacco products, and electronic nicotine delivery systems.

Key Principles of Tobacco Use Treatment

Tobacco use treatment is a process, and many patients require multiple quit attempts before achieving long-term abstinence. Combination treatment using pharmacotherapy and behavioral counseling provides the greatest likelihood of successful cessation. Effective treatment is patient-centered and incorporates shared decision-making, respecting individual preferences, goals, and readiness to make changes.

The Ask-Advise-Act Framework for Tobacco Use Treatment

The Ask–Advise–Act framework provides a concise and practical approach for addressing tobacco and nicotine use during clinical encounters. This model supports brief interventions and can be applied consistently across healthcare settings.



Ask

Routinely ask all patients about current tobacco and nicotine product use, including combustible tobacco, smokeless tobacco, and electronic nicotine delivery systems. Document the type of product used, frequency of use, and duration of use.

Advise patients who use tobacco or nicotine products to consider quitting or reducing use. Advice should be clear, respectful, and personalized. Providers should emphasize the health benefits of quitting while acknowledging patient autonomy and readiness to change.

Advise



Act

Act by offering evidence-based treatment options and support. This may include pharmacotherapy, behavioral counseling, referral to cessation programs, or other resources that align with the patient's goals and readiness to make changes. Providers should also arrange appropriate follow-up to support continued progress.



Patient Engagement and Readiness to Change

All adults who use tobacco should be offered information, support, and treatment options for tobacco use, with care guided by the patient's goals and readiness to make changes. Evidence supports the use of varenicline and nicotine replacement therapy (NRT) to support both quit attempts and intermediate goals such as reducing tobacco use, increasing motivation, and encouraging future quit attempts.

Providers should collaborate with patients to identify patient-centered tobacco use change goals that feel achievable.

Examples include:

- Reducing the number of cigarettes smoked each day
- Delaying the first cigarette of the day
- Delaying or managing urges to smoke
- Avoiding tobacco use in specific situations



When counseling is provided, it should emphasize the development of competence and self-efficacy gained through practicing tobacco reduction or pattern change skills. These strategies help patients build confidence and develop skills that can support future quit attempts.

Patients who become ready to make a quit attempt should be promptly offered cessation-focused counseling and pharmacotherapy. Providers should initiate treatment with varenicline or combination nicotine replacement therapy (NRT) as part of a structured quit plan.

Pharmacotherapy for Combustible Tobacco

FDA-approved pharmacotherapy is recommended to support tobacco cessation. Selection should be guided by patient preference, prior response, and clinical considerations.

Pharmacotherapy for Tobacco Use

- Use FDA-approved pharmacotherapy (varenicline, NRT, bupropion SR)
- Prefer combination NRT (patch + short-acting) over single therapy
- Prefer varenicline over other monotherapies

Pharmacotherapy for Smokeless Tobacco and Electronic Nicotine Delivery Systems

Varenicline is recommended to increase abstinence from smokeless tobacco. Nicotine replacement therapy may also be used for smokeless tobacco, although the supporting evidence is weaker. For patients using electronic nicotine delivery systems (ENDS), varenicline or nicotine replacement therapy may be considered to increase abstinence. ENDS are not recommended as a treatment for tobacco or nicotine cessation and are not FDA-approved for this purpose.

Pharmacotherapy for Smokeless Tobacco and ENDS

- Recommend varenicline for smokeless tobacco
- Consider NRT for smokeless tobacco
- Consider varenicline or NRT for ENDS abstinence
- **Do not recommend ENDS for tobacco or nicotine cessation**

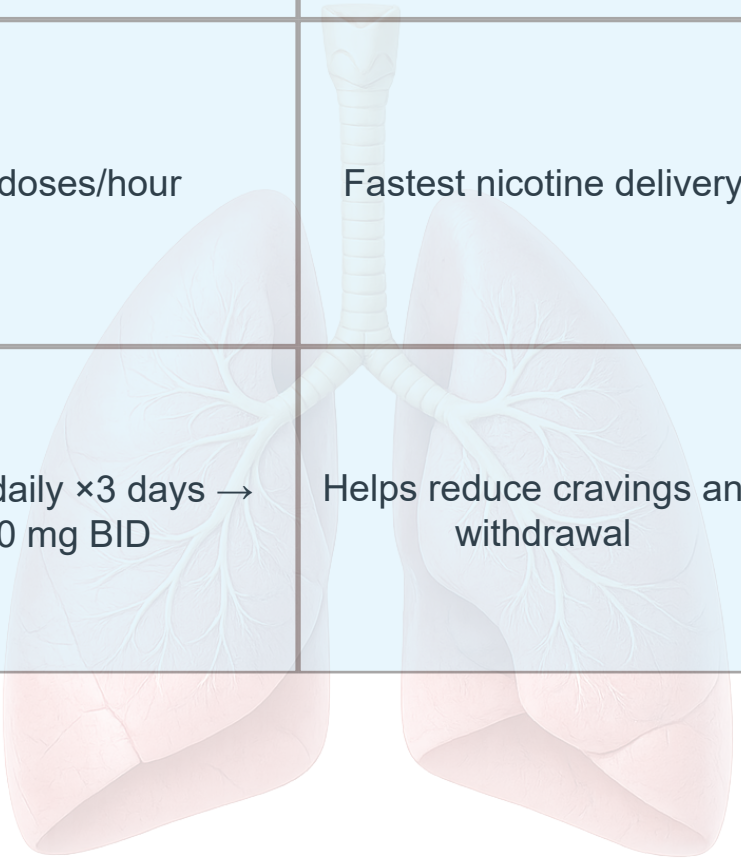
Medication Selection, Dosing, and Duration

Medication	Dosing	Key Points	Cautions / Notes
Varenicline	Start 1 week before quit date Day 1 – 3: 0.5 mg daily Day 4 – 7: 0.5 mg twice daily Day 8+: 1 mg twice daily	Most effective monotherapy Reduces cravings & reward	Nausea is common Needs dose adjustment for renal impairment
Nicotine Patch	21 mg daily (step-down over time)	Provides steady nicotine levels Use with short-acting NRT	Skin irritation possible
Nicotine Gum	2 mg or 4 mg PRN	Helps with breakthrough cravings	Avoid acidic drinks before use
Nicotine Lozenge	2 mg or 4 mg PRN	Easy to use alternative to gum	May cause hiccups, GI upset

Some medications may not be in your formulary.

Medication Selection, Dosing, and Duration

Medication	Dosing	Key Points	Cautions / Notes
Nicotine Nasal Spray	1–2 doses/hour	Fastest nicotine delivery	Nasal irritation is common
Bupropion SR	150 mg daily ×3 days → 150 mg BID	Helps reduce cravings and withdrawal	Contraindicated in seizure disorders Avoid in eating disorders



Some medications may not be in your formulary.

Pharmacotherapy Clinical Pearls

Varenicline

- Most effective single agent for tobacco cessation
- Start before quit date when possible
- Continue therapy for 3 to 6 months when tolerated

Nicotine Replacement Therapy

- Combination therapy (patch plus short-acting NRT) improves quit rates compared with monotherapy
- Patch provides baseline nicotine levels to reduce nicotine withdrawals
- Gum, lozenge, or nasal spray help with breakthrough cravings and provide additional nicotine withdrawal control.

Bupropion SR

- May be useful when patients prefer non-nicotine medication
- Should be combined with nicotine replacement therapy

Short-acting nicotine replacement therapy options include gum, lozenge, and nasal spray.



Tobacco Use Treatment: Counseling, Follow-Up, and Special Populations

Behavioral Counseling Interventions



- Provide behavioral counseling as part of tobacco use treatment
- Educate patients on available resources
- Refer patients to counseling or support services as appropriate
- Combine counseling with pharmacotherapy for best outcomes

Follow-Up and Relapse Management



- Schedule follow-up to assess adherence, side effects, and progress
- Offer repeat treatment (pharmacotherapy + counseling) if tobacco use resumes
- Adjust treatment based on response, preferences, and past treatment history

Special Populations



- Offer pharmacotherapy and behavioral counseling to patients with stable mental health conditions
- Consider varenicline to improve abstinence in this population
- Treat tobacco use concurrently in patients with substance use disorders
- Individualize treatment during pregnancy

VA and DoD Tobacco Cessation Resources

Veterans enrolled in VA healthcare can access counseling, medications, and resources like quit lines, texts, apps, and web tools. Service members and families can access similar DoD programs, though availability varies by service and location.

How To Quit Smoking & Other Tobacco: Veteran Resources

<https://www.mentalhealth.va.gov/quit-tobacco/index.asp>



How To Quit Smoking & Other Tobacco: Veteran Resources

<https://www.mentalhealth.va.gov/quit-tobacco/smokefreevet.asp>



Stay Quit Coach application (iOS and Android Download Link)

<https://mobile.va.gov/app/stay-quit-coach>



Become a SmokeFree Veteran
[Veterans.Smokefree.gov](https://www.veterans.smokefree.gov)



<https://tricare.mil/CoveredServices/IsItCovered/TobaccoCessationServices>



<https://tricare.mil/HealthWellness/Substance-Use-Disorders/Tobacco>



You Can Quit 2

<https://www.ycq2.org/>



