

References

1. Centers for Disease Control and Prevention. Perspectives in disease prevention and health promotion smoking-attributable mortality and years of potential life lost—United States, 1984. *MMWR Morb Mortal Wkly Rep* 1997; 46(20):444-51.
2. US Department of Health and Human Services. The health benefits of smoking cessation: A report of the Surgeon General. Atlanta (GA): US Department of Health and Human Services. Public Health Service, Centers for Disease Control, Center for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health. DHHS Publication No. (CDC) 90-8416, 1990.
3. Centers for Disease Control and Prevention. Health objectives for the nation cigarette smoking among adults—United States, 1993. *MMWR Morb Mortal Wkly Rep* 1994;43(50):925-30.
4. Centers for Disease Control and Prevention. Cigarette smoking among adults—United States, 1995. *MMWR Morb Mortal Wkly Rep* 1997; 46(51):1217-20.
5. Centers for Disease Control and Prevention. Cigarette smoking among adults—United States, 1997. *MMWR Morb Mortal Wkly Rep* 1999;48(43):993-6.
6. Centers for Disease Control and Prevention. Tobacco use among high school students—United States, 1997. *MMWR Morb Mortal Wkly Rep* 1998; 47(12):229-233.
7. Centers for Disease Control and Prevention. Incidence of initiation of cigarette smoking—United States, 1965-1996. *MMWR Morb Mortal Wkly Rep* 1998; 47(39):837-40.
8. Gilpin E, Choi WS, Berry C, Pierce JP. How many adolescents start smoking each day in the United States? *J Adolesc Health* 1999;25:248-55.
9. Miller LS, Zhang X, Rice DP, Max W. State estimates of total medical expenditures attributable to cigarette smoking, 1993. *Public Health Rep* 1998;113(5):447-58.
10. Centers for Disease Control and Prevention. Medical care expenditures attributable to cigarette smoking—United States, 1993. *MMWR* 1994;43(26):469-72.
11. Thorndike AN, Rigotti NA, Stafford RS, Singer DE. National patterns in the treatment of smokers by physicians. *JAMA* 1998;279(8):604-8.
12. Fiore MC, Jorenby DE, Schenky AE, Smith SS, Bauer RR, Baker TB. Smoking status as the new vital sign: effect on assessment and intervention in patients who smoke. *Mayo Clin Proc* 1995;70(3):209-13.
13. Glynn TJ, Manley MW, Pechacek TF. Physician-initiated smoking cessation program: the National Cancer Institute trials. *Prog Clin Biol Res* 1990;339:11-25.

Treating Tobacco and Dependence

14. Jaen C, Stange K, Tumieli L, Nutting P. Missed opportunities for prevention: smoking cessation advice and the competing demands of practice. *J Fam Pract* 1997;45(4):348-54.
15. Russell MA, Wilson C, Taylor C, Baker CD. Effect of general practitioners' advice against smoking. *BMJ* 1979;2(6184):231-5.
16. Lightwood JM, Glantz SA. Short-term economic and health benefits of smoking cessation: myocardial infarction and stroke. *Circulation* 1997;96(4):1089-96.
17. US Department of Health and Human Services. Public Health Service. Healthy People 2000: national health promotion and disease prevention objectives. Washington (DC): US Department of Health and Human Services, Public Health Service. DHHS Publication No.(PHS) 91-50212. 1991.
18. Orleans CT. Treating nicotine dependence in medical settings: a stepped-care model. In: Orleans CT, Slade J, editors. *Nicotine addiction: principles and management*. New York: Oxford University Press, 1993.
19. McBride PE, Plane MB, Underbakke G, Brown RL, Solberg LI. Smoking screening and management in primary care practices. *Arch Fam Med* 1997;6(2):165-72.
20. Thorndike A, Ferris T, Stafford R, Rigotti N. Rates of US physicians counseling adolescents about smoking. *Journal of the National Cancer Institute* 1999; 91(21):1857-62.
21. Cabana M, Rand C, Powe N, Wu A, et al. Why don't physicians follow clinical practice guidelines? *JAMA* 1999;282(15):1458-64.
22. Jaen C, Crabtree B, Zyzanski S, Goodwin M, Stange K. Making time for smoking cessation counseling. *J Fam Pract* 1998;46(5):425-8.
23. Slade J. Cessation: it's time to retire the term. *SRNT Newsletter* 1999;5(3):1-4.
24. Jones H, Garrett B, Griffiths R. Subjective and physiological effects of intravenous nicotine and cocaine in cigarette smoking cocaine abusers. *J Pharmacol Exp Ther* 1999;288(1):188-97.
25. US Department of Health and Human Services. The health consequences of smoking: nicotine addiction. A report of the Surgeon General. Atlanta (GA): US Department of Health and Human Services. Public Health Service, Centers for Disease Control, Center for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health. DHHS Publication No. (PHS) (CDC) 88-8406. 1988.
26. American Psychiatric Association. Practice guideline for the treatment of patients with nicotine dependence. *Am J Psychiatry* 1996; 153(10 (Suppl)):S1-S31.

References

27. American Medical Association. American Medical Association guidelines for the diagnosis and treatment of nicotine dependence: how to help patients stop smoking. Washington DC: American Medical Association, 1994.
28. British Thoracic Society. Smoking cessation guidelines and their cost-effectiveness. *Thorax* 1998; 53(Suppl 5, part 1):S1-S38.
29. The Cochrane Collaboration. Cochrane Database of Systematic Reviews. The Cochrane Library 1999;(4).
30. Centers for Disease Control and Prevention. Smoking cessation during previous year among adults—United States, 1990 and 1991. *MMWR Morb Mortal Wkly Rep* 1993;42(26):504-7.
31. Hatziandreu EJ, Pierce JP, Lefkopoulou M, Fiore MC, Mills SL, Novotny TE, et al. Quitting smoking in the United States in 1986. *J Natl Cancer Inst* 1990; 82(17):1402-6.
32. Fiore MC, Baker TB. Smoking cessation treatment and the good doctor club [editorial]. *Am J Public Health* 1995;85(2):161-3.
33. Mezzich J, Kraemer H, Worthington D, Coffman G. Assessment of agreement among several raters formulating multiple diagnoses. *J Psychiatr Res* 1981;16:29-39.
34. Fleiss J. Statistical methods for rates and proportions. New York: Wiley, 1981.
35. Kendrick JS, Zahniser SC, Miller N, Salas N, Stine J, Gargiullo PM, et al. Integrating smoking cessation into routine public prenatal care: the Smoking Cessation in Pregnancy project. *Am J Public Health* 1995;85(2):217-22.
36. Walsh RA, Redman S, Adamson L. The accuracy of self-report of smoking status in pregnant women. *Addict Behav* 1996;21(5):675-9.
37. Windsor RA, Lowe JB, Perkins LL, Smith-Yoder D, Artz L, Crawford M, et al. Health education for pregnant smokers: its behavioral impact and cost benefit. *Am J Public Health* 1993;83(2):201-6.
38. DerSimonian R, Laird N. Meta-analysis in clinical trials. *Control Clin Trials* 1986; 7(3):177-88.
39. Hosmer DW, Lemeshow S. Applied logistic regression. New York: Wiley, 1989.
40. Eddy DM. FAST*PRO software for meta-analysis by the confidence profile method [manual for software]. San Diego (CA): Academic Press, 1992.
41. Centers for Disease Control and Prevention. Physician and other health care professional counseling of smokers to quit—United States, 1991. *MMWR Morb Mortal Wkly Rep* 1993;42(44):854-7.

Treating Tobacco and Dependence

42. Hayward RA, Meetz HK, Shapiro MF, Freeman HE. Utilization of dental services: 1986 patterns and trends. *J Public Health Dent* 1989;49(3):147-52.
43. Tomar SL, Husten CG, Manley MW. Do dentists and physicians advise tobacco users to quit? *J Am Dent Assoc* 1996;127(2):259-65.
44. National Cancer Institute. Tobacco and the clinician: interventions for medical and dental practice. *Monogr Natl Cancer Inst* 5, 1-22. NIH Publication No. 94-3693. 1994.
45. Ockene JK. Smoking intervention: The expanding role of the physician. *Am J Public Health* 1987;77(7):782-3.
46. Pederson LL, Baskerville JC, Wanklin JM. Multivariate statistical models for predicting change in smoking behavior following physician advice to quit smoking. *Prev Med* 1982;11(5):536-49.
47. Woller SC, Smith SS, Piasecki TM, Jorenby DE, Helberg CP, Love RR, et al. Are clinicians intervening with their patients who smoke? A "real-world" assessment of 45 clinics in the upper Midwest. *WMJ* 1995;94(5):266-72.
48. Goldstein MG, Niaura R, Willey-Lessne C, DePue J, Eaton C, Rakowski W, et al. Physicians counseling smokers. A population-based survey of patients' perceptions of health care provider-delivered smoking cessation interventions. *Arch Intern Med* 1997;157(12):1313-9.
49. Stange K, Zyzanski S, Jaen C, et al. Illuminating the black box: a description of 4454 patient visits of 138 family physicians. *J Fam Pract* 1998;46(5):377-89.
50. Gilchrist V, Miller RS, Gillanders WR, Scheid DC, Logue EE, Iverson DC, et al. Does family practice at residency teaching sites reflect community practice? *J Fam Pract* 1993;37(6):555-63.
51. Lichtenstein E, Hollis J. Patient referral to a smoking cessation program: who follows through? *J Fam Pract* 1992;34(6):739-44.
52. Glynn TJ, Manley MW. How to help your patients stop smoking: a National Cancer Institute manual for physicians. Bethesda, MD: NIH Publication No. 89-3064. 1989.
53. Kottke TE, Solberg LI, Brekke ML. Beyond efficacy testing: introducing preventive cardiology into primary care. *Am J Prev Med* 1990;6(2 Suppl):77-83.
54. Mecklenburg RE, Christen AG, Gerbert B, Gift MC. How to help your patients stop using tobacco: a National Cancer Institute manual for the oral health team 1990. US DHHS Public Health Service, National Institutes of Health, National Cancer Institute. NIH Publication No. 91-3191, 1991.

References

55. Rundmo T, Smedslund G, Gotestam KG. Motivation for smoking cessation among the Norwegian public. *Addict Behav* 1997;22(3):377-86.
56. Colby SM, Barnett NP, Monti PM, Rohsenow DJ, et al. Brief motivational interviewing in a hospital setting for adolescent smoking: a preliminary study. *J Consult Clin Psychol* 1998;66(3):574-8.
57. Miller W, Rolnick S. *Motivational interviewing: preparing people to change addictive behavior*. New York: Guilford, 1991.
58. Prochaska J, Goldstein MG. Process of smoking cessation. Implications for clinicians. *Clin Chest Med* 1991;12(4):727-35.
59. Westman EC, Behm FM, Simel DL, Rose JE. Smoking behavior on the first day of a quit attempt predicts long-term abstinence. *Arch Intern Med* 1997;157(3):335-40.
60. Zhu SH, Stretch V, Balabanis M, Rosbrook B, Sadler G, Pierce JP. Telephone counseling for smoking cessation: effects of single-session and multiple-session interventions. *J Consult Clin Psychol* 1996;64(1):202-11.
61. Brandon TH, Tiffany ST, Obremski K, Baker TB. Postcessation cigarette use: the process of relapse. *Addict Behav* 1990;15:105-14.
62. Carroll KM. Relapse prevention as a psychosocial treatment: A review of controlled clinical trials. *Exp Clin Psychopharmacol* 1996;4(1):46-54.
63. US Department of Health and Human Services. Preventing tobacco use among young people. A report of the Surgeon General. Atlanta (GA): US Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. 1994.
64. Cromwell J, Bartosch WJ, Fiore MC, Hasselblad V, Baker T. Cost-effectiveness of the clinical practice recommendations in the AHCPR Guideline for Smoking Cessation. Agency for Health Care Policy and Research. *JAMA* 1997; 278(21):1759-66.
65. Fiore MC, Novotny TE, Pierce JP, Giovino GA, Hatziandreu EJ, Newcomb PA, et al. Methods used to quit smoking in the United States. Do cessation programs help? [published erratum appears in *JAMA* 1991 Jan 16;265(3):358]. *JAMA* 1990; 263(20):2760-5.
66. Curry SJ, Grothaus LC, McAfee T, Pabiniak C. Use and cost effectiveness of smoking-cessation services under four insurance plans in a health maintenance organization. *N Engl J Med* 1998;339(10):673-9.

Treating Tobacco and Dependence

67. Aakko E, Piasecki TM, Remington P, Fiore MC. Smoking cessation services offered by health insurance plans for Wisconsin State Employees. *WMJ* 1999;98:14-8.
68. Group Health Association of America. HMO industry profile: 1993 edition. Washington DC: Group Health Association of America, 1993.
69. Barker D, Orleans CT, Schauffler H. Tobacco treatment services should be covered under Medicaid (letter). *Tob Control* 1998; 7(1):92.
70. McPhillips-Tangum C. Results from the first annual survey on Addressing Tobacco in Managed Care. *Tob Control* 1998;7(Suppl):S11-S14.
71. Cummings SR, Rubin SM, Oster G. The cost-effectiveness of counseling smokers to quit. *JAMA* 1989;261(1):75-9.
72. Tengs T, Adams M, Pliskin J, Safran D, Seigel J, Weinstein M, et al. Five-hundred life-saving interventions and their cost effectiveness. *Risk Anal* 1995;15(3):369-90.
73. US Department of Health and Human Services. Healthy People 2000: National health promotion and disease prevention objectives. Washington DC: US Department of Health and Human Service, Public Health Service, 1995.
74. US Department of Health and Human Services. Healthy People 2010 (Conference Edition, in Two Volumes). Washington DC. 2000.
75. Eddy DM. The economics of cancer prevention and detection: getting more for less. *Cancer* 1981;47(5 Suppl):1200-9.
76. Eddy DM. Setting priorities for cancer control programs. *J Natl Cancer Inst* 1986; 76(2):187-199.
77. Oster G, Huse DM, Delea TE, Colditz GA. Cost-effectiveness of nicotine gum as an adjunct to physician's advice against cigarette smoking. *JAMA* 1986; 256(10):1315-8.
78. Eddy DM. David Eddy ranks the tests. *Harv Health Lett* 1992;11.
79. Jackson SE, Cheneweth D, Glover ED, Holbert D, White D. Study indicates smoking cessation improves workplace absenteeism rate. *Occup Health Saf* 1989; 58(13):13, 15-6, 18.
80. Kristein M. How much can business expect to profit from smoking cessation? *Prev Med* 1993;12(2):358-81.
81. Ahluwalia JS. Reaching the medically underserved with the AHCPR guideline. *Tob Control* 1997; 6(Suppl 1):S29-S32.

References

82. Ahluwalia J, Gibson C, Kenney R, Wallace D, Resnicow K. Smoking status as a vital sign. *J Gen Intern Med* 1999;14(7):402-8.
83. Chang HC, Zimmerman LH, Beck JM. Impact of chart reminders on smoking cessation practices of pulmonary physicians. *Am J Respir Crit Care Med* 1995; 152(3):984-7.
84. Robinson MD, Laurent SL, Little JM, Jr. Including smoking status as a new vital sign: it works! *J Fam Pract* 1995;40(6):556-61.
85. Yarnall KS, Rimer BK, Hynes D, Watson G, Lyna PR, Woods-Powell CT, et al. Computerized prompts for cancer screening in a community health center. *J Am Board Fam Pract* 1998;11(2):96-104.
86. Dijkstra A, de Vries H, Roijackers J, van Breukelen G. Tailored interventions to communicate stage-matched information to smokers in different motivational stages. *J Consult Clin Psychol* 1998;66(3):549-57.
87. Velicer W, Prochaska JO, Fava J, Laforge R, Rossi JS. Interactive versus noninteractive interventions and dose-response relationships for stage-matched smoking cessation programs in a managed care setting. *Health Psychol* 1999; 18(1):21-8.
88. Gilbert D, Crauthers D, Mooney D, McClernon F, Jensen R. Effects of monetary contingencies on smoking relapse: influences of trait depression, personality, and habitual nicotine intake. *Exp Clin Psychopharmacol* 1999;7(2):174-81.
89. Jaen CR, Stange KC, Nutting PA. Competing demands of primary care: a model for the delivery of clinical preventive services. *J Fam Pract* 1994;38(2):166-71.
90. Killen JD, Fortmann SP, Davis L, Varady A. Nicotine patch and self-help video for cigarette smoking cessation. *J Consult Clin Psychol* 1997;65(4):663-72.
91. Killen JD, Fortmann SP, Kraemer HC, Varady AN, Davis L, Newman B. Interactive effects of depression symptoms, nicotine dependence, and weight change on late smoking relapse. *J Consult Clin Psychol* 1996;64(5):1060-7.
92. Shiffman S, Paty JA, Gnys M, Kassel JA, Hickcox M. First lapses to smoking: within-subjects analysis of real-time reports. *J Consult Clin Psychol* 1996; 64(2):366-79.
93. Fiore MC. The new vital sign. Assessing and documenting smoking status. *JAMA* 1991;266(22):3183-3184.
94. Pallonen UE, Velicer WF, Prochaska JO, Rossi JS, Bellis JM, Tsoh JY, et al. Computer-based smoking cessation interventions in adolescents: description, feasibility, and six-month follow-up findings. *Substance Use & Misuse* 1998; 33(4):935-65.

Treating Tobacco and Dependence

95. Strecher VJ, Kreuter M, Den Boer DJ, Kobrin S, Hospers HJ, Skinner CS. The effects of computer-tailored smoking cessation messages in family practice settings. *J Fam Pract* 1994;39(3):262-70.
96. Davis AL, Faust R, Ordentlich M. Self-help smoking cessation and maintenance programs: a comparative study with 12-month follow-up by the American Lung Association. *Am J Public Health* 1984;74(11):1212-7.
97. Lando HA, Rolnick S, Klevan D, Roski J, Cherney L, Lauger G. Telephone support as an adjunct to transdermal nicotine in smoking cessation. *Am J Public Health* 1997;87(10):1670-4.
98. Ossip-Klein DJ, Giovino GA, Megahed N, Black PM, Emont SL, Stiggins J, et al. Effects of a smoker's hotline: results of a 10-county self-help trial. *J Consult Clin Psychol* 1991;59(2):325-32.
99. Platt S, Tannahill A, Watson J, Fraser E. Effectiveness of antismoking telephone helpline: follow up survey. *BMJ* 1997;314(7091):1371-5.
100. Kenford SL, Fiore MC, Jorenby DE, Smith SS, Wetter D, Baker TB. Predicting smoking cessation. Who will quit with and without the nicotine patch. *JAMA* 1994;271(8):589-94.
101. Marcus B, Albrecht A, King T, Parisi Aea. Efficacy of exercise as an aid for smoking cessation in women. *Arch Intern Med* 1999;159:1229-34.
102. Hall SM, Munoz RF, Reus VI. Cognitive-behavioral intervention increase abstinence rates for depressive-history smokers. *J Consult Clin Psychol* 1994; 62(1):141-6.
103. Hall SM, Munoz RF, Reus VI, Sees KL, Duncan C, Humfleet GL, et al. Mood management and nicotine gum in smoking treatment: a therapeutic contact and placebo-controlled study. *J Consult Clin Psychol* 1996;64(5):1003-9.
104. Abbot N, Stead L, White ABJ, Ernst E. Hypnotherapy for smoking cessation (Cochrane Review). *The Cochrane Library* 1999;(1).
105. Dijkstra A, de Vries H, Roijackers J, van Breukelen G. Tailoring information to enhance quitting in smokers with low motivation to quit: three basic efficacy questions. *Health Psychol* 1998;17(6):513-9.
106. Strecher V. Computer-tailored smoking cessation materials: a review and discussion. *Patient Education and Counseling* 1999;36:107-17.
107. Velicer W, Prochaska JO. An expert system intervention for smoking cessation. *Patient Education and Counseling* 1999;36:119-29.

References

108. Cinciripini PM, Lapitsky L, Seay S, Wallfisch A, Kitchens K, Van V. The effects of smoking schedules on cessation outcome: can we improve on common methods of gradual and abrupt nicotine withdrawal? *J Consult Clin Psychol* 1995; 63(3):388-99.
109. Herrera N, Franco R, Herrera L, Partidas A, Rolando R, Fagerstrom KO. Nicotine gum, 2 and 4 mg, for nicotine dependence. A double-blind placebo-controlled trial within a behavior modification support program. *Chest* 1995; 108(2):447-51.
110. Kornitzer M, Kittel F, Dramaix M, Bourdoux P. A double blind study of 2 mg versus 4 mg nicotine-gum in an industrial setting. *J Psychosom Res* 1987;31(2):171-6.
111. Fagerstrom KO. Combined use of nicotine replacement products. *Health Values* 1994;18(3):15-20.
112. Stapleton J. Commentary: Progress on nicotine replacement therapy for smokers [comment]. *BMJ* 1999; 318(7179):289.
113. Kornitzer M, Bousten M, Thijs J, Gustavsson G. Efficiency and safety of combined use of nicotine patches and nicotine gum in smoking cessation: A placebo controlled double-blind trial. *Eur Respir J* 1993;6(17 Suppl):630s.
114. Puska P, Korhonen H, Vartiainen E, Urjanheimo EL, Gustavsson G, Westin A. Combined use of nicotine patch and gum compared with gum alone in smoking cessation: a clinical trial in North Karelia. *Tob Control* 1995;4:231-5.
115. Blondal T, Gudmundsson LJ, Olafsdottir I, Gustavsson G, Westin A. Nicotine nasal spray with nicotine patch for smoking cessation: Randomized trial with six year follow up. *BMJ* 1999;318:285-8.
116. Fagerstrom KO. Effectiveness of nicotine patch and nicotine gum as individual versus combined treatments for tobacco withdrawal symptoms. *Psychopharmacology* 1993;111:271-7.
117. Hughes JR, Cummings KM, Hyland A. Ability of smokers to reduce their smoking and its association with future smoking cessation. *Addiction* 1999;94(1):109-14.
118. Jorenby DE, Leischow S, Nides M, Rennard S, Johnston JA, Hughes AR, et al. A controlled trial of sustained-release bupropion, a nicotine patch, or both for smoking cessation. *N Engl J Med* 1999;340(9):685-91.
119. Jorenby DE, Smith SS, Fiore MC, Hurt RD, Offord KP, Croghan IT, et al. Varying nicotine patch dose and type of smoking cessation counseling. *JAMA* 1995; 274(17):1347-52.
120. Tonnesen P, Paoletti P, Gustavsson G, Russell MA, Saracci R, Gulsvik A, et al. Higher dosage nicotine patches increase one-year smoking cessation rates: results from the European CEASE trial. *Eur Respir J* 1999;13:238-246.

Treating Tobacco and Dependence

121. Anda RF, Williamson DF, Escobedo LG, Mast EE, Giovino GA, Remington PL. Depression and the dynamics of smoking. A national perspective. *JAMA* 1990; 264(12):1541-5.
122. Breslau N, Kilbey MM, Andreski P. Nicotine withdrawal symptoms and psychiatric disorders: findings from an epidemiologic study of young adults. *Am J Psychiatry* 1992;149(4):464-9.
123. Glassman AH, Helzer JE, Covey LS, Cottler LB, Stetner F, Tipp JE, et al. Smoking, smoking cessation, and major depression. *JAMA* 1990;264(12):1546-9.
124. Farebrother MJB, Pearce SJ, Turner P, Appleton DR. Propranolol and giving up smoking. *Br J Dis Chest* 1980;74(1):95-96.
125. Wei H, Young D. Effect of clonidine on cigarette cessation and in the alleviation of withdrawal symptoms. *Br J Addict* 1988;83:1221-6.
126. Cinciripini PM, Lapitsky L, Seay S, Wallfisch A, Meyer WJ 3rd, van Vunakis H. A placebo-controlled evaluation of the effects of buspirone on smoking cessation: differences between high- and low-anxiety smokers [published erratum appears in *J Clin Psychopharmacol* 1995 Dec;15(6):408]. *J Clin Psychopharmacol* 1995; 15(3):182-91.
127. Schneider NG, Olmstead RE, Steinberg C, Sloan K, Daims RM, Brown HV. Efficacy of buspirone in smoking cessation: a placebo-controlled trial. *Clin Pharmacol Ther* 1996;60(5):568-75.
128. Hymowitz N, Eckholdt H. Effects of a 2.5-mg silver acetate lozenge on initial and long-term smoking cessation. *Prev Med* 1996;25(5):537-46.
129. Jensen EJ, Schmidt E, Pedersen B, Dahl R. The effect of nicotine, silver acetate, and placebo chewing gum on the cessation of smoking. The influence of smoking type and nicotine dependence. *Int J Addict* 1991;26(11):1231-3.
130. Rose JE, Behm FM, Westman EC. Nicotine-mecamylamine treatment for smoking cessation: the role of pre-cessation therapy. *Exp Clin Psychopharmacol* 1998; 6(3):331-43.
131. Rose JE, Behm FM, Westman EC, Levin ED, Stein RM, Ripka GV. Mecamylamine combined with nicotine skin patch facilitates smoking cessation beyond nicotine patch treatment alone. *Clin Pharmacol Ther* 1994;56:86-99.
132. Fiore MC, Kenford SL, Jorenby DE, Wetter DW, Smith SS, Baker TB. Two studies of the clinical effectiveness of the nicotine patch with different counseling treatments. *Chest* 1994;105(2):524-33.

References

133. Silagy C, Mant D, Fowler G, Lodge M. The effectiveness of nicotine replacement therapies in smoking cessation. *Online J Curr Clin Trials* 1994; Doc No 113:[7906 words; 110 paragraphs].
134. Nides MA, Rakos RF, Gonzales D, Murray RP, Tashkin DP, Bjornson B, et al. Predictors of initial smoking cessation and relapse through the first 2 years of the Lung Health Study. *J Consult Clin Psychol* 1995;63(1):60-9.
135. Hajek P, Jackson P, Belcher M. Long-term use of nicotine chewing gum. Occurrence, determinants, and effect on weight gain. *JAMA* 1988;260(11):1593-6.
136. Hughes JR, Wadland WC, Fenwick JW, Lewis J, Bickel WK. Effect of cost on the self-administration and efficacy of nicotine gum: A preliminary study. *Prev Med* 1991;20:486-96.
137. Henningfield JE. Nicotine medications for smoking cessation. [Review] [101 refs]. *N Engl J Med* 1995;333(18):1196-203.
138. Hall SM, Reus VI, Munoz RF, Sees KL, Humfleet G, Hartz DT, et al. Nortriptyline and cognitive-behavioral therapy in the treatment of cigarette smoking. *Arch Gen Psychiatry* 1998;55(8):683-90.
139. Hayford K, Patten C, Rummans D, Offord KP, et al. Efficacy of bupropion for smoking cessation in smokers with a former history of major depression or alcoholism. *Br J Psychiatry* 1999;174:173-8.
140. Bjornson W, Rand C, Connett JE, Lindgren P, Nides M, Pope F, et al. Gender differences in smoking cessation after 3 years in the Lung Health Study. *Am J Public Health* 1995;85(2):223-30.
141. Gritz ER, Thompson B, Emmons K, Ockene JK, McLerran DF, Nielsen IR. Gender differences among smokers and quitters in the Working Well Trial. *Prev Med* 1998; 27(4):553-61.
142. Hughes J, Goldstein MG. Recent advances in the pharmacotherapy of smoking. *JAMA* 1999;281(1):72-6.
143. Hatsukami D, Severson H. Oral spit tobacco: addiction, prevention, and treatment. *Nicotine Tob Res* 1999;1:21-44.
144. Benowitz NL, Gourlay SG. Cardiovascular toxicity of nicotine: implications for nicotine replacement therapy. *J Am Coll Cardiol* 1997;29(7):1422-31.
145. Joseph AM, Norman SM, Ferry LH, Prochazka AV, Westman EC, Steele BG, et al. The safety of transdermal nicotine as an aid to smoking cessation in patients with cardiac disease. *N Engl J Med* 1996;335(24):1792-8.

Treating Tobacco and Dependence

146. Mahmarian JJ, Moye LA, Nasser GA, et al. Nicotine patch therapy in smoking cessation reduces the extent of exercise-induced myocardial ischemia. *J Am Coll Cardiol* 1997;30(1):125-30.
147. Working Group for the Study of Transdermal Nicotine in Patients with Coronary Artery Disease. Nicotine replacement therapy for patients with coronary artery disease. *Arch Intern Med* 1994;154:989-95.
148. Leischow S, Muramoto ML, Cook G, Merikle E, Castellini S, Otte PS. OTC nicotine patches: effectiveness alone and with brief physician intervention. *Am J Health Behav* 1999;23(1):61-9.
149. Pierce J, Giovino G, Hatziaandreu E, Shopland D. National age and sex differences in quitting smoking. *J Psychoactive Drugs* 1989;21(3):293-8.
150. Gritz E, Thompson B, Emmons K, Ockene J, McLerran DF, Nielsen IR. Gender differences among smokers and quitter in the working well trial. *Prev Med* 1998; 27:553-61.
151. Perkins KA. Sex differences in nicotine versus nonnicotine reinforcement as determinants of tobacco smoking. *Exp Clin Psychopharmacol* 1996;4(2):166-77.
152. Wetter D, Fiore MC, Jorenby D, Kenford S, Smith S, Baker T. Gender differences in smoking. *J Consult Clin Psychol* 1999;67(4):555-62.
153. Gritz ER, Nielsen IR, Brooks LA. Smoking cessation and gender: the influence of physiological, psychological, and behavioral factors. [Review] [86 refs]. *J Am Med Womens Assoc* 1996;51(1-2):35-42.
154. Ershoff DH, Mullen PD, Quinn VP. A randomized trial of a serialized self-help smoking cessation program for pregnant women in an HMO. *Am J Public Health* 1989;79(2):182-7.
155. Walsh RA, Redman S, Brinsmead MW, Byrne JM, Melmeth A. A smoking cessation program at a public antenatal clinic. *Am J Public Health* 1997; 87(7):1201-4.
156. Windsor RA, Cutter G, Morris J, Reese Y, Manzella B, Bartlett EE, et al. The effectiveness of smoking cessation methods for smokers in public health maternity clinics: a randomized trial. *Am J Public Health* 1985;75(12):1389-92.
157. Wisborg K, Henriksen TB, Obel C, Skajaa E. Smoking during pregnancy and hospitalization of the child. *Pediatrics* 1999;104(4):e46 (internet).
158. Mullen PD, Carbonari JP, Tabak ER, Glenday MC. Improving disclosure of smoking by pregnant women. *Am J Obstet Gynecol* 1991;165(2):409-13.
159. Edwards N, Sims-Jones N. Smoking and smoking relapse during pregnancy and postpartum: results of a qualitative study. *Birth* 1998;25(2):94-100.

References

160. Ko M, Schulken ED. Factors related to smoking cessation and relapse among pregnant smokers. *Am J Health Behav* 1998;22(2):83-9.
161. McBride CM, Pirie PL. Postpartum smoking relapse. *Addict Behav* 1990; 15(2):165-8.
162. Severson HH, Andrews JA, Lichtenstein E, Wall M, Akers L. Reducing maternal smoking and relapse: long-term evaluation of a pediatric intervention. *Prev Med* 1997;26(1):120-30.
163. Slotkin TA. Fetal nicotine or cocaine exposure: which one is worse? *J Pharmacol Exp Ther* 1998;285(3):931-45.
164. Dunner D, Zisook S, Billow A, Batey S, et al. A prospective safety surveillance study for bupropion sustained-release in the treatment of depression. *J Clin Psychiatry* 1998;59(7):366-73.
165. Centers for Disease Control. Cigarette smoking among blacks and other minority populations. *MMWR Morb Mortal Wkly Rep* 1987;36(25):405-7.
166. US Department of Health and Human Services. African Americans and tobacco. Surgeon General's Report on African Americans and Tobacco. 1998.
167. Coultas DB, Gong H, Jr., Grad R, Handler A, McCurdy SA, Player R, et al. Respiratory diseases in minorities of the United States. *Am J Respir Crit Care Med* 1994;149(3 Pt 2):S93-S131.
168. Orleans CT, Schoenbach VJ, Salmon MA, Strecher VJ, Kalsbeek W, Quade D, et al. A survey of smoking and quitting patterns among Black Americans. *Am J Public Health* 1989;79(2):176-81.
169. Stotts RC, Glynn TJ, Baquet CR. Smoking cessation among blacks. *J Health Care Poor Underserved* 1991;2(2).
170. Brownson RC, Jackson-Thompson J, Wilkerson JC, Davis JR, Owens NW, Fisher EB, Jr. Demographic and socioeconomic differences in beliefs about the health effects of smoking. *Am J Public Health* 1992;82(1):99-103.
171. Royce JM, Hymowitz N, Corbett K, Hartwell TD, and Orlandi MA, for the COMMIT Research Group. Smoking cessation factors among African Americans and whites. *Am J Public Health* 1993;83(2):220-6.
172. Ahluwalia JS, McNagny SE, Clark WS. Smoking cessation among inner-city African Americans using the nicotine transdermal patch. *J Gen Intern Med* 1998; 13(1):1-8.

Treating Tobacco and Dependence

173. Lipkus IM, Lyna PR, Rimer BK. Using tailored interventions to enhance smoking cessation among African-Americans as a community health center. *Nicotine Tob Res* 1999;1:77-85.
174. Royce JM, Ashford A, Resnicow K, Freeman HP, Caesar AA, Orlandi MA. Physician- and nurse-assisted smoking cessation in Harlem. *J Natl Med Assoc* 1995;87(4):291-9.
175. Schorling J, Roach J, Baturka N, et al. A trial of church-based smoking cessation interventions for rural African Americans. *Prev Med* 1997;26(1):92-101.
176. Orleans CT, Boyd NR, Bingle R, Sutton C, Fairclough D, Heller D, et al. A self-help intervention for African American smokers: tailoring cancer information service counseling for a special population. *Prev Med* 1998;27(5 Pt 2):S61-S70.
177. Leischow SJ, Hill A, Cook G. The effects of transdermal nicotine for the treatment of Hispanic smokers. *Am J Health Behav* 1996;20(5):304-11.
178. Munoz RF, Marin BV, Posner SF, Perez-Stable EJ. Mood management mail intervention increases abstinence rates for Spanish-speaking Latino smokers. *Am J Community Psychol* 1997;25(3):325-43.
179. Johnson KM, Lando HA, Schmid LS, Solberg LI. The GAINS project: outcome of smoking cessation strategies in four urban Native American clinics. Giving American Indians No-smoking Strategies. *Addict Behav* 1997;22(2):207-18.
180. Multiple Risk Factor Intervention Trial Research Group. Multiple Risk Factor Intervention Trial. Risk factor changes and mortality results. *JAMA* 1982; 248(12):1465-77.
181. Browman GP, Wong G, Hodson I, Sathya J, Russell R, McAlpine L, et al. Influence of cigarette smoking on the efficacy of radiation therapy in head and neck cancer. *N Engl J Med* 1993;328(3):159-63.
182. Fujisawa T, Lizasa T, et al. Smoking before surgery predicts poor long-term survival in patients with stage I non-small-cell lung carcinomas. *J Clin Oncol* 1999; 17(7):2086-91.
183. Gritz E. Smoking and smoking cessation in cancer patients. *British Journal of Addict* 1991;86:549-54.
184. Kawahara M, Ushijima S, et al. Second primary tumours in more than 2-year disease-free survivors of small-cell lung cancer in Japan: the role of smoking cessation. *Br J Cancer* 1998;78(3):409-12.
185. Richardson G, Tucker M, Venzon D. Smoking cessation after successful treatment of small-cell lung cancer is associated with fewer smoking-related second primary cancers. *Ann Intern Med* 1993;119(5):383-90.

References

186. Chang L, Buncke G, et al. Cigarette smoking, plastic surgery, and microsurgery. *J Reconstr Microsurg* 1996;12(7):467-74.
187. Grossi SG, Genco RJ, Machtei EE, et al. Assessment of risk for periodontal diseases. II. Risk indicators for alveolar bone loss. *J Periodontol* 1995;66:23-9.
188. Jones RM. Smoking before surgery: the case for stopping [editorial]. *BMJ (Clin Res Ed)* 1985;290(6484):1763-4.
189. Hurt RD, Lauger GG, Offord KP, Bruce BK, Dale LC, McClain FL, et al. An integrated approach to the treatment of nicotine dependence in a medical center setting: Description of the initial experience. *J Gen Intern Med* 1992;7:114-6.
190. Stevens VJ, Glasgow RE, Hollis JF, Lichtenstein E, Vogt TM. A smoking-cessation intervention for hospital patients. *Med Care* 1993; 31(1):65-72.
191. Brandon TH. Negative affect as motivation to smoke. *Curr Psychol Res Rev* 1994; 3(33):33-7.
192. Breslau N. Psychiatric co-morbidity of smoking and nicotine dependence. *Behav Genet* 1995;25:95-101.
193. Breslau N, Kilbey MM, Andreski P. DSM-III-R nicotine dependence in young adults: prevalence, correlates and associated psychiatric disorders. *Addiction* 1994;89(6):743-54.
194. Glassman AH, Stetner F, Walsh BT, Raizman PS, Fleiss JL, Cooper TB, et al. Heavy smokers, smoking cessation, and clonidine: results of a double-blind, randomized trial. *JAMA* 1988;259(19):2863-6.
195. Hall SM, Munoz RF, Reus VI, Sees KL. Nicotine, negative affect, and depression. *J Consult Clin Psychol* 1993;61(5):761-7.
196. Budney AJ, Higgins ST, Hughes JR, Bickel WK. Nicotine and caffeine use in cocaine-dependent individuals. *J Subst Abuse* 1993;5(2):117-30.
197. Clemmey P, Brooner R, Chutuape MA, Kidorf M, Stitzer M. Smoking habits and attitudes in a methadone maintenance treatment population. *Drug Alcohol Depend* 1997;44(2-3):123-32.
198. DiFranza JR, Guerrera MP. Alcoholism and smoking. *J Stud Alcohol* 1990; 51(2):130-5.
199. Covey LS, Glassman AH, Stetner F. Cigarette smoking and major depression. [Review] [28 refs]. *J Addict Dis* 1998;17(1):35-46.
200. Ginsberg JP, Klesges RC, Johnson KC, Eck LH, Meyers AW, Winders SA. The relationship between a history of depression and adherence to a multicomponent smoking-cessation program. *Addict Behav* 1997;22(6):783-7.

Treating Tobacco and Dependence

201. Glassman AH. Cigarette smoking: implications for psychiatric illness. *Am J Psychiatry* 1993;150(4):546-53.
202. Glassman AH, Covey LS, Dalack GW, Stetner F, Rivelli SK, Fleiss J, et al. Smoking cessation, clonidine, and vulnerability to nicotine among dependent smokers. *Clin Pharmacol Ther* 1993;54(6):670-9.
203. Breckenridge JS. Smoking by outpatients. *Hosp Community Psychiatry* 1990; 41(4):454-5.
204. Burling TA, Marshall GD, Seidner AL. Smoking cessation for substance abuse inpatients. *J Subst Abuse* 1991;3(3):269-76.
205. Hartman N, Jarvik ME, Wilkins JN. Reduction of cigarette smoking by use of a nicotine patch [letter]. *Arch Gen Psychiatry* 1989;46(3):289.
206. Hartman N, Leong GB, Glynn SM, Wilkins JN, Jarvik ME. Transdermal nicotine and smoking behavior in psychiatric patients. *Am J Psychiatry* 1991;148(3):374-5.
207. Ziedonis DM, George TP. Schizophrenia and nicotine use: report of a pilot smoking cessation program and review of neurobiological and clinical issues. *Schizophr Bull* 1997;23(2):247-54.
208. Zelman DC, Brandon TH, Jorenby DE, Baker TB. Measures of affect and nicotine dependence predict differential response to smoking cessation treatments. *J Consult Clin Psychol* 1992;60(6):943-52.
209. Hurt RD, Eberman KM, Slade J, Karan L. Treating nicotine addiction in patients with other addictive disorders. In: Orleans CT, Slade J, editors. *Nicotine addiction: principles and management*. New York: Oxford, 1993:310-326.
210. Resnick MP. Treating nicotine addiction in patients with psychiatric comorbidity. In: Orleans CT, Slade J, editors. *Nicotine addiction: principles and management*. New York: Oxford University Press, 1993: 327-36.
211. Smith C, Pristach C, Cartagena M. Obligatory cessation of smoking by psychiatric inpatients. *Psychiatr Serv* 1999;50(1):91-4.
212. Hughes JR. Pharmacotherapy for smoking cessation: unvalidated assumptions, anomalies, and suggestions for future research. [Review]. *J Consult Clin Psychol* 1993;61(5):751-60.
213. Bobo JK, McIlvain HE, Lando HA, Walker RD, Leed-Kelly A. Effect of smoking cessation counseling on recovery from alcoholism: findings from a randomized community intervention trial. *Addiction* 1998;93(6):877-87.
214. Ellingstad T, Sobell L, Sobell M, Cleland P. Alcohol abusers who want to quit smoking: implications for clinical treatment. *Drug Alcohol Depend* 1999; 54(3):259-65.

References

215. UMI News and Information Services. Drug use by America's young people. MTFP 1998.
216. Green DE. Teenage smoking: immediate and long-term patterns. Washington DC: National Institute of Education, 1979.
217. Johnston L, O'Malley PM, Bachman JG. National survey results on drug use from monitoring the future study. 1975-1994: vol. 1, secondary school students. Bethesda, Maryland: US Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute on Drug Abuse. NIH Publication No. 95-4025. 1995.
218. Pierce JP, Gilpin E. How long will today's new adolescent smoker be addicted to cigarettes? *Am J Public Health* 1996;86(2):253-6.
219. Pierce JP, Choi WS, Gilpin E, Farkas AJ, et al. Tobacco industry promotion of cigarettes and adolescent smoking. *JAMA* 1998;279(7):511-5.
220. Centers for Disease Control and Prevention. Trends in smoking initiation among adolescents and young adults: United States, 1980-89. *MMWR Morb Mortal Wkly Rep* 1995;44(28):521-5.
221. DiFranza, JR. Preventing teenage tobacco addiction. *J Fam Pract* 1992;34(6):753-6.
222. Lynch B, Bonnie RJ, editors. Institute of Medicine Committee on Preventing Nicotine Addiction in Children and Youths. Growing up tobacco free: preventing nicotine addiction in children and youths. Washington (DC): Natl Acad Press, 1994.
223. Centers for Disease Control and Prevention. Fastats. Fastats: CDC Publication 1999; www.cdc.gov/nchswww/fastats/smoking.htm.
224. Moss AJ, Allen KF, Giovino GA, Mills SL. Recent trends in adolescent smoking, smoking-uptake correlates, and expectations about the future. *Adv Data* 1992; (221):1-28.
225. Sussman S, Lichtman K, Ritt A, Pallonen UE. Effects of thirty-four adolescent tobacco use cessation and prevention trials on regular users of tobacco products. *Substance Use & Misuse* 1999;34(11):1469-503.
226. Wahlgren DR, Hovell MF, Slymen DJ, Conway TL, Hofstetter CR, Jones JA. Predictors of tobacco use initiation in adolescents: a two-year prospective study and theoretical discussion. *Tob Control* 1997;6(2):95-103.
227. Wall MA, Severson HH, Andrews JA, Lichtenstein E, Zoref L. Pediatric office-based smoking intervention: impact on maternal smoking and relapse. *Pediatrics* 1995;96(4 Pt 1):622-8.

Treating Tobacco and Dependence

228. Smith TA, House RFJ, Croghan IT, Gauvin TR, Colligan RC, Offord KP, et al. Nicotine patch therapy in adolescent smokers. *Pediatrics* 1996;98(4 (Pt 1)):659-67.
229. Rimer BK, Orleans CT, Fleisher L, Cristinzio S, Resch N, Telepchak J, et al. Does tailoring matter? The impact of a tailored guide on ratings and short-term smoking-related outcomes for older smokers. *Health Educ Res* 1994;9(1):69-84.
230. Cohen D, Fowlie S. Changing lifelong habits of elderly people. *BMJ* 1992; 304:1055-6.
231. Hermanson B, Omenn GS, Kronmal RA, Gersh BJ. Beneficial six-year outcome of smoking cessation in older men and women with coronary artery disease. Results from the CASS registry. *N Engl J Med* 1988;319(21):1365-9.
232. Rogers RL, Meyer JS, Judd BW, et al. Abstention from cigarette smoking improves cerebral perfusion among elderly chronic smokers. *JAMA* 1985;253(20):2970-4.
233. Boyd NR. Smoking cessation: a four-step plan to help older patients quit. [Review] [21 refs]. *Geriatrics* 1996;51(11):52-7.
234. Burton LC, Paglia MJ, German PS, Shapiro S, Damiano AM, The Medicare Preventive Services Research Team. The effect among older persons of a general preventive visit on three health behaviors: smoking, excessive alcohol drinking, and sedentary lifestyle. *Prev Med* 1995;24(5):492-7.
235. Morgan GD, Noll EL, Orleans CT, Rimer BK, Amfoh K, Bonney G. Reaching midlife and older smokers: tailored interventions for routine medical care. *Prev Med* 1996;25(3):346-54.
236. Vetter NJ, Ford D. Smoking prevention among people aged 60 and over: a randomized controlled trial. *Age Ageing* 1990;19(3):164-8.
237. Kviz FJ, Clark MA, Crittenden KS, Freels S, Warnecke RB. Age and readiness to quit smoking. *Prev Med* 1994;23(2):211-22.
238. Ossip-Klein DJ, Carosella AM, Krusch DA. Self-help interventions for older smokers. *Tob Control* 1997;6(3):188-93.
239. Orleans CT, Resch N, Noll E, Keintz MK, Rimer BK, Brown TV, et al. Use of transdermal nicotine in a state-level prescription plan for the elderly. A first look at 'real-world' patch users. *JAMA* 1994;271(8):601-7.
240. Fromm P, Melamed S, Benbassat J. Smoking cessation and weight gain. [Review] [61 refs]. *J Fam Pract* 1998;46(6):460-4.
241. Klesges RC, Winders SE, Meyers AW, Eck LH, Ward KD, Hultquist CM, et al. How much weight gain occurs following smoking cessation? A comparison of weight gain using both continuous and point prevalence abstinence. *J Consult Clin Psychol* 1997;65(2):286-91.

References

242. Williamson DF, Madans J, Anda RF, Kleinman JC, Giovino GA, Byers T. Smoking cessation and severity of weight gain in a national cohort. *N Engl J Med* 1991;324(11):739-45.
243. Burnette MM, Meilahn E, Wing RR, Kuller LH. Smoking cessation, weight gain, and changes in cardiovascular risk factors during menopause: the Healthy Women Study. *Am J Public Health* 1998;88(1):93-6.
244. Becona E, Vazquez FL. Smoking cessation and weight gain in smokers participating in a behavioral treatment at 3-year follow-up. *Psychol Rep* 1998; 82(3 Pt 1):999-1005.
245. Caan B, Coates A, Schaefer C, Finkler L, Sternfeld B, Corbett K. Women gain weight 1 year after smoking cessation while dietary intake temporarily increases. *J Am Diet Assoc* 1996;96(11):1150-5.
246. Emont SC, Cummings KM. Weight gain following smoking cessation: a possible role for nicotine replacement in weight management. *Addict Behav* 1987;12:151-5.
247. Frederick SL, Hall SM, Humfleet GL, Munoz RF. Sex differences in the relation of mood to weight gain after quitting smoking. *Exp Clin Psychopharmacol* 1996; 4(2):178-85.
248. Klesges RC, Ward KD, Ray JW, Cutter G, Jacobs DRJ, Wagenknecht LE. The prospective relationships between smoking and weight in a young, biracial cohort: the Coronary Artery Risk Development in Young Adults Study. *J Consult Clin Psychol* 1998;66(6):987-93.
249. Gritz ER, Crane LA. Use of diet pills and amphetamines to lose weight among smoking and nonsmoking high school seniors. *Health Psychol* 1991;10(5):330-5.
250. Gritz ER, Klesges RC, Meyers AW. The smoking and body weight relationship: implications for intervention and postcessation weight control. *Ann Behav Med* 1989;11(4):144-53.
251. Klesges RC, Klesges LM. Cigarette smoking as a dietary strategy in a university population. *Int J Eat Disord* 1988;7:413-19.
252. Klesges RC, Meyers AW, Klesges LM, La Vasque ME. Smoking, body weight, and their effects on smoking behavior: A comprehensive review of the literature. *Psychol Bull* 1989; 106(2):204-30.
253. French S, Perry C, Leon G, Fulkerson J. Weight concerns, dieting behavior, and smoking initiation among adolescents: a prospective study. *Am J Public Health* 1994;84(11):1818-20.

Treating Tobacco and Dependence

254. Gritz E, Crane LA. Use of diet pills and amphetamines to lose weight among smoking and nonsmoking high school seniors. *Health Psychol* 1991;10(5):330-5.
255. Klesges RC, Elliott VE, Robinson LA. Chronic dieting and the belief that smoking controls body weight in a biracial, population-based adolescent sample. *Tob Control* 1997;6(2):89-94.
256. Tomeo C, Field A, Berkey C, et al. Weight concerns, weight control behavior, and smoking initiation. *Pediatrics* 1999;104(4):918-24.
257. Camp D, Klesges RC, Relyea G. The relationship between body weight concerns and adolescent smoking. *Health Psychol* 1993;12(1):24-32.
258. Hall SM, Tunstall CD, Vila KL, Duffy J. Weight gain prevention and smoking cessation: Cautionary findings. *Am J Public Health* 1992;82(6):799-803.
259. Perkins KA. Issues in the prevention of weight gain after smoking cessation. *Ann Behav Med* 1994;16:46-52.
260. Pirie PL, McBride CM, Hellerstedt W, Jeffery RW, Hatsukami D, Allen S, et al. Smoking cessation in women concerned about weight. *Am J Public Health* 1992;82(9):1238-43.
261. Kawachi I, Troisi RJ, Rotnitzky AG, Coakley EH. Can physical activity minimize weight gain in women after smoking cessation? *Am J Public Health* 1996;86(7):999-1004.
262. Dale LC, Schroeder DR, Wolter TD, Croghan IT, Hurt RD, Offord KP. Weight change after smoking cessation using variable doses of transdermal nicotine replacement. *J Gen Intern Med* 1998;13(1):9-15.
263. Doherty K, Militello FS, Kinnunen T, Garvey AJ. Nicotine gum dose and weight gain after smoking cessation. *J Consult Clin Psychol* 1996;64(4):799-807.
264. Gross J, Stitzer ML, Maldonado J. Nicotine replacement: effects on postcessation weight gain. *J Consult Clin Psychol* 1989;57(1):87-92.
265. Nides M, Rand C, Dolce J, Murray R, O'Hara P, Voelker H et al. Weight gain as a function of smoking cessation and 2-mg nicotine gum use among middle-aged smokers with mild lung impairment in the first 2 years of the Lung Health Study. *Health Psychol* 1994;13(4):354-61.
266. Hurt RD, Sachs DP, Glover ED, Offord KP, Johnston JA, Dale LC, et al. A comparison of sustained-release bupropion and placebo for smoking cessation. *N Engl J Med* 1997;337(17):1195-202.
267. Jorenby DE. New developments in approaches to smoking cessation. [Review] [33 refs]. *Curr Opin Pulm Med* 1998;4(2):103-6.

References

268. Gray CL, Cinciripini PM, Cinciripini LG. The relationship of gender, diet patterns, and body type to weight change following smoking reduction: a multivariate approach. *J Subst Abuse* 1995;7(4):405-23.
269. Hatsukami D, LaBounty L, Hughes J, Laine D. Effects of tobacco abstinence on food intake among cigarette smokers. *Health Psychol* 1993;12(6):499-502.
270. Hofstetter A, Schutz Y, Jequier E, Wahren J. Increased 24-hour energy expenditure in cigarette smokers. *N Engl J Med* 1986;314(2):79-82.
271. Klesges LM, Shumaker SA, editors. Proceedings of the national working conference on smoking and body weight. *Health Psychol* 1992;11(suppl):1-22.
272. Moffatt RJ, Owens SG. Cessation from cigarette smoking: changes in body weight, body composition, resting metabolism, and energy consumption. *Metabolism* 1991;40(5):465-70.
273. Schwid SR, Hirvonen MD, Keeseey RE. Nicotine effects on body weight: a regulatory perspective. *Am J Clin Nutr* 1992;55(4):878-884.
274. Noppa H, Bengtsson C. Obesity in relation to smoking: a population study of women in Goteborg, Sweden. *Prev Med* 1980;9(4):534-43.
275. Stamford BA, Matter S, Fell RD, Papanek P. Effects of smoking cessation on weight gain, metabolic rate, caloric consumption, and blood lipids. *Am J Clin Nutr* 1986; 43(4):486-94.
276. Glover ED, Glover PN. Smokeless tobacco cessation and nicotine reduction therapy. In: *Smoking and tobacco control: monograph 2 Smokeless tobacco or health: An international perspective* U S Department of Health and Human Services, Public Health Service, National Institutes of Health, NIH Publication No 92-3461 1992;291-296.
277. Marcus AC, Crane LA, Shopland DR, Lynn WR. Use of smokeless tobacco in the United States: recent estimates from the current population survey. *NCI Monogr* 1989;(8):17-23.
278. Maxwell, J. *The Maxwell consumer report: the smokeless tobacco industry in 1994*. Richmond, VA, The Wheat First Butcher Singer. 1995.
279. Bolinder G, Alfredsson L, Englund A, et al. Smokeless tobacco use and increased cardiovascular mortality among Swedish construction workers. *Am J Public Health* 1994;84:399-404.
280. Glover ED, Schroeder KL, Henningfield JE, Severson HH, Christen AG. An interpretative review of smokeless tobacco research in the United States: Part I. *J Drug Educ* 1988;18(4):285-310.

Treating Tobacco and Dependence

281. Krall E, Garvey A, et al. Alveolar bone loss and tooth loss in male cigar and pipe smokers. *J Am Dent Assoc* 1999;130:57-64.
282. Iribarren C, Tekawa I, Sidney S, Friedman G. Effect of cigar smoking on the risk of cardiovascular disease, chronic obstructive pulmonary disease, and cancer in men. *JAMA* 1999;340(23):1773-80.
283. National Cancer Institute. Cigars: Health effects and trends. Smoking and Tobacco Control Monograph No.9. Bethesda, Maryland, National Cancer Institute. NIH Publication No. 98-4302. 1998.
284. Severson HH, Andrews JA, Lichtenstein E, Gordon JS, Barckley MF. Using the hygiene visit to deliver a tobacco cessation program: results of a randomized clinical trial. *J Am Dent Assoc* 1998;129(7):993-9.
285. Stevens VJ, Severson H, Lichtenstein E, Little SJ, Leben J. Making the most of a teachable moment: a smokeless-tobacco cessation intervention in the dental office. *Am J Public Health* 1995;85(2):231-5.
286. Lancaster, T., Silagy, C., Fowler, G., and Spiers, I. Training health professionals in smoking cessation. *Cochrane Database of Systematic Reviews*. Issue 4. 1999.
287. Ockene J, Zapka J. Changing provider behaviour: provider education and training. *Tob Control* 1997;6(Suppl 1):S63-S67.
288. Cummings KM, Giovino G, Sciandra R, Koenigsberg M, Emont SL. Physician advice to quit smoking: who gets it and who doesn't. *Am J Prev Med* 1987; 3(2):69-75.
289. Ferry LH, Grissino L, Runfola P. Tobacco dependence curricula in US undergraduate medical education. *JAMA* 1999;282(9):825-829.
290. Scott CS, Neighbor WE. Preventive care attitudes of medical students. *Soc Sci Med* 1985;1(3):299-305.
291. Wechsler H, Levine S, Idelson RK, Rohman M, Taylor JO. The physician's role in health promotion- a survey of primary-care practitioners. *Massachusetts Department of Public Health* 1983;308(2):97-100.
292. Jones C. Response to a smoking cessation workshop by family practice resident physicians. *Tob Control* 1993;2:30-4.
293. Fiore MC, Epps RP, Manley MW. A missed opportunity. Teaching medical students to help their patients successfully quit smoking. *JAMA* 1994; 271(8):624-6.
294. Kottke TE, Solberg LI, Brekke ML, Conn SA, Maxwell P, Brekke MJ. A controlled trial to integrate smoking cessation advice into primary care practice: Doctors helping smokers, round III. *J Fam Pract* 1992;34(6):701-8.

References

295. Nelson DE, Emont SL, Brackbill RM, Cameron LL, Peddicord J, Fiore MC. Cigarette smoking prevalence by occupation in the United States. A comparison between 1978 to 1980 and 1987 to 1990. *J Occup Med* 1994;36(5):516-25.
296. Croghan IT, Offord KP, Evans RW, Schmidt S, Gomez-Dahl LC, Schroeder DR, et al. Cost-effectiveness of treating nicotine dependence: the Mayo Clinic experience. *Mayo Clin Proc* 1997;72(10):917-24.
297. Meenan RT, Stevens VJ, Hornbrook MC, La Chance PA, Glasgow RE, Hollis, et al. Cost-effectiveness of a hospital-based smoking cessation intervention. *Med Care* 1998;36(5):670-8.
298. Plans-Rubio P. Cost-effectiveness of cardiovascular prevention programs in Spain. *Int J Technol Assess Health Care* 1998;14(2):320-9.
299. Lightwood JM, Phibbs C, Glantz SA. Short-term health and economic benefits of smoking cessation: low birth weight. *Pediatrics* 1999;104(6):1312-20.
300. Marks JS, Koplan JP, Hogue CJ, Dalmat ME. A cost-benefit/cost-effectiveness analysis of smoking cessation for pregnant women. *Am J Prev Med* 1990; 6(5):282-9.
301. Warner KE. Cost effectiveness of smoking-cessation therapies. Interpretation of the evidence and implications for coverage. [Review] [41 refs]. *PharmacoEconomics* 1997;11(6):538-49.
302. Cox JL, McKenna JP. Nicotine gum: does providing it free in a smoking cessation program alter success rates? *J Fam Pract* 1990;31(3):278-80.
303. Johnson RE, Hollis JF, Stevens VJ, Woodson GT. Patterns of nicotine gum use in a health maintenance organization. *DICP* 1991;25(7-8):730-5.
304. Henry RC, Ogle KS, Snellman LA. Preventive medicine: Physician practices, beliefs, and perceived barriers for implementation. *Fam Med* 1987;19(2):110-3.
305. Logsdon DN, Lazaro CM, Meier RV. The feasibility of behavioral risk reduction in primary medical care. *Am J Prev Med* 1989;5(5):249-56.
306. Centers for Disease Control and Prevention. Use of clinical preventive services by adults aged <65 years enrolled in health-maintenance organizations—United States, 1996. *MMWR Morb Mortal Wkly Rep* 1998;47(29):613-9.
307. Davis RM. Healthcare report cards and tobacco measures. *Tob Control* 1997; 6(Suppl 1):570-7.
308. Hughes JR. Applying harm reduction to smoking. *Tob Control* 1995; 4(Suppl 2):S33-S38.

Treating Tobacco and Dependence

309. Rosengren A, Wilhelmsen L, Wedel H. Coronary heart-disease, cancer, and mortality in male middle-aged light smokers. *J Intern Med* 1992;231(4):357-62.
310. US Department of Health and Human Services. The FTC cigarette test method for determining tar, nicotine, and carbon monoxide yields of US cigarettes: report of the NCI expert committee. Bethesda, MD, National Institutes of Health Publication. Publication No. 96-4028. 1996.
311. Henningfield J, Benowitz N, Slade J, Houston T, Davis RM, Deitchman S. Reducing the addictiveness of cigarettes. *Tob Control* 1998;7:281-93.

Glossary

Abstinence percentage. The percentage of smokers who achieve long-term abstinence from smoking. The most frequently used abstinence measure for this guideline was the percentage of smokers in a group or treatment condition who were abstinent at a followup point that occurred at least 5 months after treatment.

Acupuncture. A treatment involving the placement of needles in specific areas of the body with the intent to promote abstinence from tobacco use.

All-comers. Individuals included in a tobacco treatment study regardless of whether they sought to participate. For example, if treatment was delivered to all smokers visiting a primary care clinic, the treatment population would be coded as “all-comers.” Presumably, individuals who seek to participate in tobacco treatment studies (“want-to-quit” smokers) are likely more motivated to quit, and studies limited to these individuals may produce higher quit rates. All-comers can be contrasted with “want-to-quit” populations.

Anxiolytic. A medication used to reduce anxiety symptoms.

Aversive smoking. Several types of therapeutic techniques that involve smoking in an unpleasant or concentrated manner. These techniques pair smoking with negative associations or responses. Notable examples include rapid smoking, rapid puffing, focused smoking, and satiation smoking.

Biochemical confirmation. The use of biological samples (expired air, blood, saliva, or urine) to measure tobacco-related compounds such as thiocyanate, cotinine, nicotine, and carboxyhemoglobin to verify users’ reports of abstinence.

Bupropion SR (bupropion sustained-release). A non-nicotine aid to smoking cessation originally developed and marketed as an antidepressant. It is chemically unrelated to tricyclics, tetracyclics, selective serotonin re-uptake inhibitors, or other known antidepressant medications. Its mechanism of action is presumed to be mediated through its capacity to block the re-uptake of dopamine and norepinephrine centrally.

Cigarette fading/smoking reduction prequit. An intervention strategy designed to reduce the number of cigarettes smoked or nicotine intake prior to a patient’s quit date. This may be accomplished through advice to cut down or by systematically restricting access to cigarettes. This category includes interventions using computers and/or strategies to accomplish prequitting reductions in cigarette consumption or nicotine intake.

Clinician. A professional directly providing health care services.

Clinic screening system. The strategies used in clinics and practices for the delivery of clinical services. Clinic screening system interventions involve

Treating Tobacco and Dependence

changes in protocols designed to enhance the identification of and intervention with patients who smoke. Examples include affixing tobacco use status stickers to patients' charts, expanding the vital signs to include tobacco use, and incorporating tobacco-use status items into patient questionnaires.

Clonidine. An alpha-2-adrenergic agonist typically used as an antihypertensive medication, but also documented in this guideline as an effective medication for smoking cessation. The U.S. Food and Drug Administration (FDA) has not approved clonidine as a smoking cessation aid.

Compensatory smoking. When a smoker inhales more smoke, or smokes more intensely, to compensate for reductions in nicotine content of tobacco smoke, or number of cigarettes smoked/day.

Contingency contracting/instrumental contingencies. Interventions where individuals earn rewards for cigarette abstinence and/or incur costs or unpleasant consequences for smoking. To receive this classification code, actual, tangible consequences had to be contingent on smoking or abstinence. Thus, simple agreements about a quit date, or other agreements between treatment providers and patients without specifiable consequences, were not included in this category. Deposits refunded based on study attendance and/or other incentives that are not contingent on smoking abstinence or relapse did not receive this code.

Continuous abstinence. A measure of tobacco abstinence based on whether subjects are continuously abstinent from smoking/tobacco use from their quit day to a designated outcome point (e.g., end of treatment, 6 months after the quit day).

Cue exposure/extinction. Interventions that repeatedly expose patients to smoking-related cues in the absence of nicotine reinforcement in an attempt to extinguish affective/motivational responding to such cues. This includes treatments where patients are encouraged to perform the smoking self-administration ritual, excepting inhalation.

Diazepam. A benzodiazepine anxiolytic; medication intended to reduce anxiety.

Environmental tobacco smoke (ETS). Also known as "second-hand smoke." The smoke inhaled by an individual not actively engaged in smoking but due to exposure to ambient tobacco smoke.

Exercise/fitness component. Refers to an intervention that contains a component related to exercise/fitness. The intensity of interventions falling within this category varied from the mere provision of information/advice about exercise/fitness to exercise classes.

Extra-treatment social support component. Interventions or elements of an intervention wherein patients are provided with tools or assistance in obtaining

social support outside of treatment. This category is distinct from intra-treatment social support, in which social support is delivered directly by treatment staff.

Foundation for Accountability (FACCT). A consumer- and purchaser-driven organization that develops patient-oriented measures of health care quality.

First-line pharmacotherapy for tobacco dependence. First-line pharmacotherapies have been found to be safe and effective for tobacco dependence treatment and have been approved by the FDA for this use. First-line medications have established empirical record of efficacy, and should be considered first as part of tobacco dependence treatment except in cases of contraindications.

Formats. Refers to a smoking cessation intervention delivery strategy. This includes self-help, proactive telephone counseling, individual counseling, and group counseling.

Health Plan Employer Data and Information Set (HEDIS). Serves as a “report card” for providing information on quality, utilization, enrollee access and satisfaction, and finances for managed care organizations and other health care delivery entities.

Higher intensity counseling. Refers to interventions that involve extended contact between clinicians and patients. It was coded based on the length of contact between clinicians and patients (greater than 10 minutes). If that information was unavailable, it was coded based on the content of the contact between clinicians and patients.

Hotline/helpline. See Telephone hotline/helpline.

Hypnosis. Also hypnotherapy. A treatment by which a clinician attempts to induce an altered attention state and heightened suggestibility in a tobacco user for the purpose of promoting abstinence from tobacco use.

Intent-to-treat analysis. Treatment outcome analyses where abstinence percentages are based on all subjects randomized to treatment conditions, rather than on just those subjects who completed the intervention or those who could be contacted at followup.

Intra-treatment social support. Refers to an intervention component that is intended to provide encouragement, a sense of concern, and interested empathic listening as part of the treatment.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO). An independent, not-for-profit organization that evaluates and accredits more than 19,500 health care organizations in the United States, including hospitals, health care networks, managed care organizations, and health

Treating Tobacco and Dependence

care organizations that provide home care, long-term care, behavioral health care, laboratory, and ambulatory care services.

Logistic regression. Statistical technique to determine the statistical association or relation between/among two or more variables, and where one of the variables, the dependent variable, is dichotomous (has only two levels of magnitude) (e.g., abstinent vs. smoking).

Low-intensity counseling. Low-intensity counseling refers to interventions that involve contact between clinicians and patients and that last between 3 and 10 minutes. If the information on length of contact was unavailable, it was coded based on the description of content of the clinical intervention.

Managed care organizations (MCOs). Any group implementing health care using managed care concepts, including preauthorization of treatment, utilization review, and a fixed network of providers.

Meta-analysis. A statistical technique that estimates the impact of a treatment or variable across a set of related studies, publications, or investigations.

Minimal counseling. Minimal counseling refers to interventions that involve very brief contact between clinicians and patients. It was coded based on the length of contact between clinicians and patients (3 minutes or less). If that information was unavailable, it was coded based on the content of the clinical intervention.

Motivation. A type of intervention designed to bolster patients' resolve to quit through manipulations such as setting a quit date, use of a contract with a specified quit date, reinforcing correspondence (letters mailed from clinical/study staff congratulating the patient on his or her decision to quit or on early success), providing information about the health risks of smoking, and so on.

National Committee for Quality Assurance (NCQA). Reviews and accredits managed care organizations, develops processes for measuring health plan performance, and disseminates information about quality so consumers can make informed choices (e.g., report cards like HEDIS).

Negative affect/depression component. A type of intervention designed to train patients to cope with negative affect after cessation. The intensity of the interventions in this category may vary from prolonged counseling to the simple provision of information about coping with negative moods. To receive this code, interventions targeted depressed mood, not simply stress. Interventions aimed at teaching subjects to cope with stressors were coded as problemsolving. When it was unclear whether an intervention was directed at negative affect/depression or at psychosocial stress, problemsolving was the default code.

Nicotine replacement therapy (NRT). Refers to a medication containing nicotine that is intended to promote smoking cessation. There are four nicotine

replacement therapy delivery systems currently approved for use in the United States. These include nicotine chewing gum, nicotine inhaler, nicotine patch, and nicotine nasal spray.

Nortriptyline. A tricyclic antidepressant identified by the guideline panel as a second-line pharmacotherapy for smoking cessation. The FDA has not approved nortriptyline as a smoking cessation aid.

Odds ratio. The odds of an outcome on one variable, given a certain status on another variable(s). This ratio expresses the increase in risk of a given outcome if the variable is present.

Oral mucosa. The mucous membranes that line the mouth.

Person-to-person intervention. In-person, or face-to-face, contact between a clinician and a patient(s) for the purpose of tobacco use intervention or assessment.

Physiological feedback. A treatment by which a clinician provides to a tobacco user biological information, such as spirometry readings, carbon monoxide readings, or genetic susceptibility information, for the purpose of increasing abstinence from tobacco use.

Point prevalence. A measure of tobacco abstinence based on smoking/tobacco use occurrence within a set time period (usually 7 days) prior to a followup assessment.

Practical counseling (problemsolving/skills training). Refers to a tobacco use treatment in which tobacco users are trained to identify and cope with events or problems that increase the likelihood of their tobacco use. For example, quitters might be trained to anticipate stressful events and to use coping skills such as distraction or deep breathing to cope with an urge to smoke. Related and similar interventions are coping skill training, relapse prevention, and stress management.

Primary care clinician. A clinician (e.g., in medicine, nursing, psychology, pharmacology, dentistry/oral health, physical, occupational, and respiratory therapy) who provides basic health care services for problems other than tobacco use per se. Primary care providers are encouraged to identify tobacco users and to intervene, regardless of whether tobacco use is the patient's presenting problem.

Proactive telephone counseling. Treatment initiated by a clinician who telephones and counsels the patient over the telephone.

Propranolol. A beta-adrenergic blocker often used as an antihypertensive medication.

Treating Tobacco and Dependence

Psychosocial interventions. Refers to intervention strategies that are designed to increase tobacco abstinence rates due to psychological or social support mechanisms. These interventions comprise such treatment strategies as counseling, self-help, and behavioral treatment like rapid smoking and contingency contracting.

Purchaser. A corporation, company, Government agency, or other consortium that purchases health care benefits for a group of individuals.

Quit day. The day of a given cessation attempt during which a patient tries to abstain totally from tobacco use. Also refers to a motivational intervention, whereby a patient commits to quit tobacco use on a specified day.

Randomized controlled trial. For the purposes of this guideline, a study in which subjects are assigned to conditions on the basis of chance, and where at least one of the conditions is a control or comparison condition.

Reference group. In meta-analyses, refers to the group against which other groups are compared (i.e., a comparison or control group).

Relaxation/breathing. An intervention strategy in which patients are trained in relaxation techniques. Interventions using meditation, breathing exercises, and so on, fit this category. This category should be distinguished from the category of problemsolving, which includes a much wider range of stress-reduction/management strategies.

Restricted Environmental Stimulation Therapy. Also known as REST. A treatment involving the use of sensory deprivation to promote abstinence from tobacco use.

Second-hand smoke. Also known as environmental tobacco smoke (ETS). The smoke inhaled by an individual not actively engaged in smoking but due to exposure to ambient tobacco smoke.

Second-line pharmacotherapy for tobacco dependence. Second-line medications are pharmacotherapies for which there is evidence of efficacy for treating tobacco dependence, but they have a more limited role than first-line medications because: (1) the FDA has not approved them for a tobacco dependence treatment indication, and (2) there are more concerns about potential side effects than exist with first-line medications. Second-line treatments should be considered for use on a case-by-case basis after first-line treatments have been used or considered.

Self-help. An intervention strategy in which the patient uses a nonpharmacologic physical aid to achieve abstinence from tobacco. Self-help strategies typically involve little contact with a clinician, although some strategies (e.g., hotline/helpline) involve patient-initiated contact. Examples of types of self-help materials include: pamphlets/booklets/mailings/manuals; videos; audios; referrals

to 12-step programs; mass media community-level interventions; lists of community programs; reactive telephone hotlines/helplines; and computer programs/Internet.

Self-selected. Refers to a patient population that seeks or agrees to participate in a tobacco use treatment. May be contrasted with an “all-comers” population in which treatment is provided without the patient actively seeking it (see “all-comers”).

Serum cotinine. Level of cotinine in the blood. Cotinine is nicotine’s major metabolite, which has a significantly longer half-life than nicotine. This is often used to estimate a patient’s tobacco/nicotine self-administration prior to quitting, and to confirm abstinence self-reports during followup. Cotinine is commonly measured in urine and saliva.

Serum nicotine. Level of nicotine in the blood. This is often used to assess a patient’s tobacco/nicotine self-administration prior to quitting, and to confirm abstinence self-reports during followup. Nicotine is commonly measured in urine and saliva.

Silver acetate. Silver acetate reacts with cigarette smoke to produce an unpleasant taste and has been investigated as a deterrent to smoking.

Smokeless tobacco. Any used form of unburned tobacco, including chewing tobacco and snuff.

Specialized assessments. Refers to assessment of patient characteristics, such as nicotine dependence and motivation for quitting, that may allow clinicians to tailor interventions to the needs of the individual patient.

Starter kits. Self-help materials and/or programs usually provided by a pharmaceutical company to assist patients in successfully quitting smoking while using a pharmaceutical medication.

Stepped-care. The practice of initiating treatment with a low-intensity intervention and then exposing treatment failures to successively more intense interventions.

Tailored interventions. Tailored interventions are based on a dimension, or a subset of dimensions, of the individual (i.e. weight concerns, dependency, etc.). See also individualized interventions.

Targeted interventions. Targeted interventions are defined as interventions that focus on particular populations (i.e., racial groups, women, etc.).

Telephone hotline/helpline. A reactive telephone line dedicated to over-the-phone smoking intervention. A hotline/helpline treatment occurs when a

Treating Tobacco and Dependence

hotline/helpline number is provided to a patient, or a referral to a hotline/helpline is made. The key distinction between a hotline/helpline and proactive telephone counseling is that in the former the patient must initiate clinical contact.

Tobacco dependence specialists. These specialists typically provide intensive tobacco interventions. Specialists are not defined by their professional affiliation or by the field in which they trained. Rather, specialists view tobacco dependence treatment as a primary professional role. Specialists possess the skills, knowledge, and training to provide efficacious interventions across a range of intensities, and often are affiliated with programs offering intensive treatment interventions or services.

Transdermal nicotine. Refers to delivery of nicotine by diffusion through the skin. Often used as a synonym for “nicotine patch.”

Treatment matching. Differential assignment of patients to treatments based on the patient’s pretreatment characteristics. Treatment matching is based on the notion that particular types of tobacco users are most likely to benefit from particular types of treatments.

Weight/diet/nutrition component. An intervention strategy designed to address weight gain or concerns about weight gain. Interventions that teach nutrition/diet/weight management strategies, incorporate daily/weekly weight monitoring (for reasons other than routine data collection), require or suggest energy intake maintenance/reduction, and/or convey nutritional information/tips/counseling receive this code.