

Addiction. Compulsive drug use, with loss of control, the development of dependence, continued use despite negative consequences, and specific withdrawal symptoms when the drug is removed.

Bupropion SR (bupropion sustained-release). FDA-approved non-nicotine medication used to treat tobacco use dependency, 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.

Clinician. A professional directly providing health care services.

Combination medications. Treatment that involves use of two or more FDA-approved cessation medications to support long acting and short acting therapies to lessen the intensity and frequency of urges. Combination therapy has been shown to be more effective in increasing long term abstinence compared to any cessation medication alone. (Ex: nicotine patch plus nicotine lozenge or nicotine patch plus bupropion SR, etc.)

Discrepancy. A strategy used in motivational interviewing to highlight how a patient's expressed priorities, values, and goals may conflict with the use of tobacco.

E-Cigarettes. An electronic device that simulates tobacco smoking. It can also be called "e-cigs", "vapes", "e-hookahs", "vape pens" and "electronic nicotine delivery systems (ENDS)." It can consist of an atomizer, a power source such as a battery, and a contained such as a cartridge or tank. These products can contain nicotine, which is a highly addictive chemical.

Efficacy and effectiveness. *Efficacy* is the outcome achieved from a treatment provided under near-ideal circumstances of control (typically, in a research study). Efficacy studies involve recruitment of motivated participants, random assignment, intensive assessment, and methods designed to keep participants in treatment. *Effectiveness* is the outcome achieved from a treatment provided in a "real-world setting" (in a clinic or community setting).

Fagerström: The Fagerström Test for Nicotine Dependence is a standard instrument for assessing the intensity of physical addiction to nicotine. The test was designed to provide an ordinal measure of nicotine dependence related to tobacco usage.

Food and Drug Administration (FDA). Federal regulatory agency that has control over the safety and release of drugs marketed in the United States.



Heat Not Burn Products. A tobacco product that heats the tobacco at a lower temperature than conventional tobacco products. These products contain nicotine, which is a highly addictive chemical. The heat generates an aerosol to be inhaled from the tobacco, which contains nicotine and other chemicals.

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

Hookah. A smoking pipe designed with a long tube passing through an urn of water that cools the smoke as it is drawn through. Also called “waterpipe,” “hubble-bubble,” “narghile” and “shisha.”

Hotline/helpline. A reactive telephone line dedicated to over-the-phone smoking intervention. Hotline/helpline treatment occurs when a 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 each clinical contact.

Individualized interventions. Refers to tailoring an intervention to fit the needs of a particular tobacco user. For example, relapse prevention can be individualized based on information obtained about problems the patient has encountered in maintaining abstinence.

Intervention. An action or program that aims to bring about identifiable outcomes. In tobacco dependence treatment, the intervention generally is clinical in nature and may consist of counseling and the use of medications. Also referred to as “treatment.”

Motivation. Refers to a patient's intent or resolve to quit. Motivation can be bolstered through actions, such as setting a quit date, using 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), and providing information about the health risks of smoking.

Motivational intervention. An intervention designed to increase the tobacco user's motivation to quit.

Motivational interviewing (MI). A directive and patient-centered counseling method used to increase motivation and facilitate change.

Nicotine gum. An FDA-approved nicotine-containing gum, a cessation aid, that delivers nicotine through the oral mucosa. It is available without a prescription.



Nicotine inhaler. An FDA-approved device which includes a nicotine inhaler and cartridges containing nicotine, which is used to inhale (breathe in) small doses of nicotine through the mouth. The nicotine is absorbed through the lining of the mouth and lungs and goes into the blood. It is available by prescription only.

Nicotine lozenge. An FDA-approved nicotine-containing hard lozenge, a cessation aid, that delivers nicotine through the oral mucosa. It is available without a prescription.

Nicotine nasal spray. An FDA-approved nicotine-containing spray, a cessation aid, that delivers nicotine in a mist that is absorbed in the nasal passages. It is available by prescription only.

Nicotine replacement therapy (NRT). Refers to medications containing nicotine that are intended to promote tobacco cessation. There are five NRT delivery systems currently FDA-approved for use in the United States. These include nicotine gum, nicotine inhaler, nicotine lozenge, nicotine nasal spray, and nicotine patch.

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

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.

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.

Quitline. A telephone counseling service that can provide both proactive telephone counseling and reactive telephone counseling (see hotline/helpline).

Rapid puffing/smoking. A cessation technique that involves the pairing of concentrated smoking with negative associations or responses (e.g., nausea).

Recovery symptoms. A variety of symptoms (e.g., difficulty concentrating, irritability, anxiety, anger, depressed mood, sleep disturbance, and craving) that occur after use of an addictive drug is reduced or stopped.

Relapse. Return to regular tobacco use by someone who has quit (see Slip).



Relaxation/breathing. An intervention strategy in which patients are trained in relaxation techniques, such as meditation and breathing exercises. This intervention should be distinguished from “problem solving,” which includes a much wider range of stress-reduction/management strategies.

Secondhand smoke. Also known as environmental tobacco smoke (ETS). The smoke inhaled involuntarily by an individual not actively engaged in tobacco use, but who is exposed to smoke from the lit end of a cigarette, or an electronic nicotine delivery system, and the smoke exhaled by the tobacco user. (see Environmental tobacco smoke)

Self-efficacy. One's beliefs about his/her capability to successfully act to achieve specific goals or influence events that affect one's life.

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., reactive hotline/helpline) involve patient-initiated contact. 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.

Side effects. Undesired actions or effects of a drug used in tobacco use treatment, such as insomnia or dry mouth.

Slip. A brief or reduced return to tobacco use after quitting. Also referred to as a “lapse” (see Relapse).

Smokeless tobacco. Any form of unburned tobacco, including chewing tobacco, snus and snuff. Use of smokeless tobacco is as addictive as smoking cigarettes and can cause cancer of the gum, cheek, lip, mouth, tongue, throat, and pancreas.

Social support. Nonmedicinal support for the tobacco cessation patient that provides personal encouragement and empathetic listening. Tobacco dependence treatments include two types of social supports: intratreatment social support and extratreatment social support.

Socioeconomic status (SES). Position of an individual or group in a population or society, usually based on income, education, or occupational categories.

Tobacco dependence. Physical and psychological factors that make it difficult to stop using any form of tobacco, including, but not exclusive to, cigarettes, pipes, cigars, and chewing tobacco.



Tobacco treatment 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 effective interventions across a range of intensities, and often are affiliated with programs offering intensive treatment interventions or services.

Tobacco user. A person dependent on one or more forms of tobacco products.

Treatment. An action or program that aims to bring about identifiable outcomes. For tobacco dependence, the treatment generally is clinical in nature and may consist of counseling and the use of medications. Also, may be referred to as “intervention.”

Unaided quit attempts. Quit attempts made by patients, without the assistance of any clinical intervention or medications. Also known as “quitting cold turkey.”

Varenicline. An FDA-approved non-nicotine prescription medication used to treat tobacco dependence. It works by blocking the ability of nicotine to activate the receptors in the brain which reduces craving for and decreases the pleasurable effects of tobacco use. Available by prescription only.