Smoking Cessation Guidelines for Providers

Introduction
Source: CDC, 2012; CDC, 2011

The most common cause of chemical dependence in the United States is nicotine (CDC, 2011). Nicotine addiction means that an individual is dependent on nicotine – nicotine can be found in cigarettes or smokeless tobacco. Nicotine can be as addictive as heroin, cocaine, or alcohol. The Centers for Disease Control and Prevention (CDC) (2012) estimate 443,000 deaths occurred in the United States from 2000-2004 due to smoking and tobacco use. Of the total, the causes included:

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>No. of Deaths</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung Cancer</td>
<td>128,900</td>
<td>29%</td>
</tr>
<tr>
<td>Ischemic Heart Disease</td>
<td>126,000</td>
<td>28%</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease (COPD)</td>
<td>92,900</td>
<td>21%</td>
</tr>
<tr>
<td>Other diagnoses</td>
<td>44,000</td>
<td>10%</td>
</tr>
<tr>
<td>Other cancers</td>
<td>35,300</td>
<td>8%</td>
</tr>
<tr>
<td>Stroke</td>
<td>15,900</td>
<td>4%</td>
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The CDC (2011) reports that in 2010, 43.5 million adults (19.3%) in the United States were current smokers. Over 50% of adult smokers stopped smoking for at least 1 day during the preceding 12 months because they were trying to quit. Due to prevention efforts and initiatives, since 2002 the number of former smokers exceeds the number of current smokers.

Key Recommendations
Source: United States Department of Health and Human Services, 2008

1. Tobacco dependence is a chronic disease that often requires repeated intervention and multiple attempts to quit. Effective treatments exist, however, that can significantly increase rates of long-term abstinence.

2. It is essential that clinicians and health care delivery systems consistently identify and document tobacco use status and treat every tobacco user seen in a health care setting.

3. Tobacco dependence treatments are effective across a broad range of populations. Clinicians should encourage every patient willing to make a quit attempt to use the counseling treatments and medications recommended in the guideline Treating Tobacco Use and Dependence (see References for link).

4. Brief tobacco dependence treatment is effective. Clinicians should offer every patient who uses tobacco at least the brief treatments shown to be effective in this Guideline.

5. Individual, group, and telephone counseling are effective, and their effectiveness increases with treatment intensity. Two components of counseling are especially effective, and clinicians should use these when counseling patients making a quit attempt: (a) practical counseling (problem solving/skills training) and (b) social support delivered as part of treatment.
6. Numerous effective medications are available and clinicians should encourage use by all patients attempting to quit smoking - except when medically contraindicated or with specific populations for which there is insufficient evidence of effectiveness (i.e., pregnant women, smokeless tobacco users, light smokers, and adolescents). Seven first-line medications (5 nicotine and 2 non-nicotine) reliably increase long-term smoking abstinence rates: Bupropion SR, Nicotine gum, Nicotine inhaler, Nicotine lozenge, Nicotine nasal spray, Nicotine patch and Varenicline.

7. Counseling and medication are effective when used by themselves for treating tobacco dependence. The combination of counseling and medication, however, is more effective than either alone. Thus, clinicians should encourage all individuals making a quit attempt to use both counseling and medication.

8. Telephone quit line counseling is effective with diverse populations and has broad reach. Therefore, clinicians and health care delivery systems should ensure patient access to quit lines and promote quit line use.

9. If a tobacco user currently is unwilling to make a quit attempt, clinicians should use the motivational treatments shown in this Guideline to be effective in increasing future quit attempts.

10. Tobacco dependence treatments are both clinically effective and highly cost-effective relative to interventions for other clinical disorders. Providing coverage for these treatments increases quit rates. Insurers and purchasers should ensure that all insurance plans include the counseling and medication identified as effective in this Guideline as covered benefits.

Algorithm for Tobacco Cessation


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United States Preventive Services Task Force  
Source: USPSTF, 2009; USPSTF, 2003

The USPSTF recommends that clinicians ask all adults, including pregnant women, about tobacco use and provide tobacco cessation interventions for those who use tobacco products (Grade A recommendation). The USPSTF concludes that the evidence is insufficient to recommend for or against routine screening for tobacco use or interventions to prevent and treat tobacco use and dependence among children or adolescents.

Member Education  
Source: CDC, 2011

Questions to Consider. For members who wish to stop smoking or using tobacco products, you may wish to ask members the following:

- Why do you want to quit?
- When you tried to quit in the past, what helped and what didn't?
- What will be the most difficult situations for you after you quit? How will you plan to handle them?
- Who can help you through the tough times? Your family? Friends? Health care provider?
- What pleasures do you get from smoking? What ways can you still get pleasure if you quit?
- Here are some questions to ask your health care provider.
- How can you help me be successful at quitting?
- What medication do you think would be best for me and how should I take it?
- What should I do if I need more help?
- What is smoking withdrawal like? How can I get information on withdrawal?

Health Risks. The following benefits can be found in the days, weeks and months of smoking cessation (NIH, 2011):

- Heart rate and blood pressure begin to return to normal
- Levels of carbon monoxide in the blood declines
- Lung function and overall circulation improves - less phlegm is produced and coughing and wheezing decreases
- Sense of smell and taste increases

Long term benefits include reduced risk of cancer and diseases (e.g., heart disease, COPD) and premature death (NIH, 2011). In addition, studies show the following risk of premature death:

- Quitting at age 30 reduces a member’s risk by more than 90 percent
- Quitting at age 50 reduce a member’s risk by 50 percent
- Quitting at age 60 or above will still live longer than if they continue to smoke

For members diagnosed with cancer, smoking cessation will improve their body’s ability to respond to surgery, chemotherapy, or other treatments and reduce the risk of pneumonia, respiratory failure, and reduce the chance of cancer recurrence or the development of a second cancer (NIH, 2011).

Health Benefits. Smoke caused by cigarettes contain a mixture of over 7,000 chemicals, many are toxic and at least 70 are linked to cancer (CDC, 2011). Smoking can cause health problems for smokers and those around them. Cessation of smoking and the use of tobacco products can lead to better health at any age and reduce risk of premature death. Other health benefits include lowering an individual’s risk of:

- Lung and other types of cancer
- Coronary heart disease, stroke, and peripheral vascular disease (effects on coronary heart disease can be seen within 1 to 2 years of stopping smoking)
- Respiratory symptoms (e.g., coughing, wheezing, shortness of breath)
- Developing chronic obstructive pulmonary disease (COPD), a leading cause of death in the United States
- Infertility among women during childbearing years
- Having a baby with low birth weight (for women who smoke while pregnant)

The following talking points can also be implemented:

1. **Get Ready!** Encourage members to a date and change their surroundings. Remove all cigarettes and ashtrays in the home, at work and in their car. Encourage them to tell others about their goal.
2. **Get Support and Encouragement.** The more support someone has, the more successful they will be at quitting.
   - Members can ask family, friends, and co-workers for support, including asking them not to smoke around them or leave cigarettes where they can see them.
   - Solicit advice from their health provider, psychologist, or enlist a smoking cessation counselor.
   - Find individual, group, or telephone counseling which can double the success rate.
3. **Learn New Skills and Behaviors.** Ask the member to identify what distracts them from their goal and substitute it with a different behavior (e.g. call someone, go for a walk, or focus on a task). A change in routine can also help – drive a different way to work, have breakfast in a different place, reduce stress (e.g., exercise, read a book).
4. **Get Medication and Use It Correctly.** Encourage adherence and questions. FDA-approved medications and/or individual, group or phone counseling may double their chance of success. Products may include:
   - Nicotine replacement products
   - Over-the-counter (e.g., nicotine patch, gum, lozenge)
   - Prescription (e.g., nicotine inhaler, nasal spray)
   - Prescription non-nicotine medications, such as bupropion SR (Zyban®) or varenicline tartrate (Chantix®)
5. **Be Prepared.** Let members know that relapse can occur within the first 3 months - many people try several times to quit smoking before finally doing so. Tell members they can avoid the following potential triggers:
   - *Drinking alcohol can lower their chance of success.*
   - Being around *other smokers* may make them want to smoke.
   - Follow a healthy diet and exercise regularly; do not let possible *weight gain* keep them from your goal.
   - Be prepared for *mood changes.* A referral to a counselor or smoking cessation counselor may be warranted.

### Additional Resources

Source: CDC, 2013; NIH, 2011

**CDC State Tobacco Activities Tracking & Evaluation (STATE) System** - [http://apps.nccd.cdc.gov/statesystem](http://apps.nccd.cdc.gov/statesystem)
An interactive application that displays current and historical state-level data on tobacco use prevention and control.

**National Cancer Institute** - [http://www.smokefree.gov](http://www.smokefree.gov)
- Smoking Quitline (877) 44U–QUIT: individualized counseling, printed information, and referrals to other sources

**National Networks of Tobacco Control and Prevention** - [http://www.tobaccopreventionnetworks.org](http://www.tobaccopreventionnetworks.org)
- A collaboration of the CDC Office on Smoking and Health (OSH), network members and partners, states, and other local and national tobacco control organizations to advance the science and practice of tobacco control in the United States for all members of their population. The National Networks represent minorities, those with a low socio-economic status, and lesbian, gay, bisexual, and transgender (LGBT).
- Goals of NTCP include:
  1. Prevent initiation of tobacco use among young people
  2. Promote cessation of tobacco use among youth and adults
  3. Protect the public from secondhand smoke
  4. Identify and eliminate disparities in tobacco use among population groups
Internet Resources

- American Cancer Society
  http://www.cancer.org/Healthy/StayAwayfromTobacco/GuidetoQuittingSmoking/index
- American Heart Association
  http://www.heart.org/HEARTORG/GettingHealthy/QuitSmoking/Quit-Smoking_UCM_001085_SubHomePage.jsp
- Smoke Free - http://www.smokefree.gov
- Smoke Free en Español - http://espanol.smokefree.gov/
- Smoke Free Teen - http://teen.smokefree.gov/
- UCanQuit - http://www.ucanquit2.org (for military personnel and their families)
- FDA 101: Smoking Cessation Products
  http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm198176.htm
- Pathways to Freedom: Winning the Fight Against Tobacco
  http://www.cdc.gov/tobacco/quit_smoking/how_to_quit/pathways/index.htm
- Where To Get Help When You Decide To Quit Smoking
  http://www.cancer.gov/cancertopics/factsheet/tobacco/help-quitting

Smoking Quit and Information Lines

- (800) LUNG-USA : helpline and education for those wishing to stop smoking
- (800) QUIT-NOW : educational materials and coaches that can help you quit smoking or chewing tobacco
- (877) 44U–QUIT: individualized counseling, printed information, and referrals to other sources

References


