

# Smoking Cessation – The Role of Healthcare Professionals and Health Systems

## Smoking in the U.S.

Since the first Surgeon General's report on smoking and health was released in 1964, cigarette smoking among U.S. adults has declined from nearly 43% to a low of nearly 14% in 2018. Despite this progress, smoking remains the leading cause of preventable disease and death in the U.S. Additionally, smoking-related illnesses continue to cost the nation more than \$300 billion every year.

## Smoking Cessation Saves Lives and Money

Tobacco dependence is a chronic, relapsing condition driven by addiction to nicotine. But cessation treatment can help people quit. The *2020 Surgeon General's Report* highlights the latest evidence on the benefits of smoking cessation. The evidence is clear – one of the most important actions people can take to improve their health is to quit smoking, no matter how old they are or how long they've been smoking.

Smoking cessation:

- ▶ Reduces the risk of premature death, improves health, and enhances quality of life. Quitting can add as much as a decade to life expectancy.
- ▶ Reduces the risk for many adverse health effects, including poor reproductive health outcomes, cardiovascular diseases, chronic obstructive pulmonary disease (COPD), and 12 types of cancer.
- ▶ Benefits people already diagnosed with coronary heart disease or COPD.
- ▶ Benefits the health of pregnant women and that of their fetuses and babies.
- ▶ Reduces the financial burden that smoking places on people who smoke, healthcare systems, and society.

## Most Adults Who Smoke Want to Quit

The report highlights the progress made in reducing smoking in the U.S.:

- ▶ Nearly 70% of adults who smoke say they want to quit.
- ▶ Over 50% of adults who smoke try to quit each year.
- ▶ Three in five adults who ever smoked cigarettes have quit.

The report also presents findings that underscore the challenges we face to further reduce smoking:

- ▶ Over 40% of adults who smoke do not receive advice to quit from a healthcare professional.
- ▶ Fewer than one in three adults who smoke use cessation counseling or FDA-approved medications when trying to quit.
- ▶ Fewer than one in 10 U.S. adults successfully quit smoking each year.

## Key Findings from the 2020 Surgeon General's Report

- ▶ Smoking cessation reduces risk for many adverse health effects, including poor reproductive health outcomes, cardiovascular diseases, chronic obstructive pulmonary disease (COPD), and cancer. Quitting smoking is also beneficial to those who have been diagnosed with heart disease and COPD.
- ▶ More than three out of five U.S. adults who have ever smoked cigarettes have quit. Although a majority of cigarette smokers make a quit attempt each year, less than one-third use cessation medications approved by the U.S. Food and Drug Administration (FDA) or behavioral counseling to support quit attempts.
- ▶ Considerable disparities exist in the prevalence of smoking across the U.S. population, with higher prevalence in some subgroups. Similarly, the prevalence of key indicators of smoking cessation — quit attempts, receiving advice to quit from a health professional, and using cessation therapies — also varies across the population, with lower prevalence in some subgroups.
- ▶ Smoking cessation medications approved by the FDA and behavioral counseling are cost-effective cessation strategies. Cessation medications approved by the FDA and behavioral counseling increase the likelihood of successfully quitting smoking, particularly when used in combination. Using combinations of nicotine replacement therapies can further increase the likelihood of quitting.
- ▶ Insurance coverage for smoking cessation treatment that is comprehensive, barrier-free, and widely promoted increases the use of these treatment services, leads to higher rates of successful quitting, and is cost-effective.
- ▶ E-cigarettes, a continually changing and heterogeneous group of products, are used in a variety of ways. Consequently, it is difficult to make generalizations about efficacy for cessation based on clinical trials involving a particular e-cigarette, and there is presently inadequate evidence to conclude that e-cigarettes, in general, increase smoking cessation.

## For information about:

- ▶ quitting smoking, visit [www.CDC.gov/quit](http://www.CDC.gov/quit)
- ▶ the Surgeon General's report, visit [www.CDC.gov/CessationSGR](http://www.CDC.gov/CessationSGR)

## Evidence-Based Cessation Treatments Work

Tobacco use and dependence often requires repeated intervention and long-term support to help patients quit. The report outlines an array of effective treatments and resources, including:

- ▶ **Counseling and medication** – Each is effective when used alone, and using them together can more than double the chances of quitting.
- ▶ **Combining medications** – Compared to using a single form of nicotine replacement therapy (NRT), combining long-acting NRT (e.g., patch) with a short-acting NRT (e.g., lozenge) increases the chances of quitting.
- ▶ **Tobacco quitlines** – Proactive counseling from quitlines increases the chances of quitting when used alone or together with cessation medication. Text messaging and web-based cessation interventions can also help people successfully quit smoking.

## E-Cigarettes and Adult Cessation

Many adults who smoke are interested in using e-cigarettes to quit cigarettes. Research is uncertain on whether e-cigarettes, in general, increase smoking cessation. Some research suggests that using e-cigarettes containing nicotine is associated with greater smoking cessation than using e-cigarettes that don't contain nicotine, and some research suggests that more frequent use of e-cigarettes is associated with greater smoking cessation than less frequent use. However, e-cigarettes are not currently approved by the FDA as a quit smoking aid, and more research is needed on whether e-cigarettes are effective for smoking cessation and to better understand the health effects of e-cigarettes.

The use of any tobacco products, including e-cigarettes, is not safe for youth, young adults, or pregnant women, as well as adults who do not currently use tobacco products. In order for adult smokers to achieve any meaningful health benefits from e-cigarettes, they would need to fully switch to e-cigarettes and stop smoking cigarettes and other tobacco products completely. Among those who have switched completely, the ultimate goal should be to also stop using e-cigarettes completely to achieve the maximum health benefit.



## You Can Help Your Patients Quit

- ▶ Healthcare professionals can help patients quit by:
  - Advising them to quit
  - Offering brief counseling
  - Prescribing cessation medications
  - Connecting them to additional resources, like a quitline
  - Following up with continued support to help prevent relapse
- ▶ Every member of the care team can help. Delegating these tasks can improve efficiency and support a coordinated-care approach.
- ▶ Providing cessation treatment is reimbursable and can help meet quality measures.

## Health System and Population-Level Interventions

The *Surgeon General's Report* reviews effective health system and population-level interventions that can promote cessation and extend the reach and use of clinical treatments. Health systems can adopt policies and changes to integrate tobacco dependence treatment into routine care and make it easier for healthcare teams to deliver treatment (e.g., integrating cessation content into electronic health records). Additionally, comprehensive, barrier-free smoking cessation insurance coverage that is widely promoted can increase the use of evidence-based treatments and cessation. Population-level interventions, such as raising the price of cigarettes, adopting comprehensive smokefree policies, implementing mass media campaigns, requiring pictorial health warnings, and maintaining comprehensive statewide tobacco control programs also support and increase smoking cessation.

## Smoking Cessation Resources for Healthcare Professionals

- ▶ **Clinical Practice Guideline for Treating Tobacco Use and Dependence** – [www.ahrq.gov/prevention/guidelines/tobacco/index.html](http://www.ahrq.gov/prevention/guidelines/tobacco/index.html)
- ▶ **CDC's Office on Smoking and Health** – [www.CDC.gov/tobaccohcp](http://www.CDC.gov/tobaccohcp)
- ▶ **Million Hearts** – [millionhearts.hhs.gov/tools-protocols/tools/tobacco-use.html](http://millionhearts.hhs.gov/tools-protocols/tools/tobacco-use.html)
- ▶ **Smokefree.gov** – [www.smokefree.gov](http://www.smokefree.gov)

