



Robert Wood Johnson Foundation

New Evidence Provides Clinicians With Better Tools to Help Smokers Quit

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An updated clinical practice guideline released by the U.S. Public Health Service has identified new counseling and medication treatments that are effective for helping people quit smoking. In addition, the May 7 issue of the *Journal of the American Medical Association* includes a commentary that urges clinicians to use the updated guideline to accelerate progress in reducing the use of tobacco.

Treating Tobacco Use and Dependence: 2008 Update was developed by a 24-member, private-sector panel of leading national tobacco treatment experts that reviewed more than 8,700 research articles published between 1975 and 2007. The review found that there are now seven medications approved by the Food and Drug Administration as smoking cessation treatments that dramatically increase the success of quitting. The medications are: bupropion SR, nicotine gum, nicotine inhaler, nicotine lozenge, nicotine nasal spray, nicotine patch, and varenicline.

The 2008 PHS guideline update also found evidence that counseling by itself or especially in conjunction with medication, can greatly increase a person's success in quitting. In particular, quitlines were found to be effective and can reach a large number of people; 1-800-QUIT-NOW, a national quitline, is an access number that connects people to their state-based quitline. It also provides broad access to cessation counseling for diverse populations and is easy for clinicians and patients to use.

"Decades after the hazards of smoking first gained national attention, tobacco use remains the leading preventable cause of illness and death in our society," said Rear Admiral Steven K. Galson, M.D., M.P.H., acting surgeon general. "The good news is that we now have some of the best evidence-based treatments available for tobacco cessation."

AHRQ Director Carolyn M. Clancy, M.D., added, "Use of tobacco remains discouragingly high among certain populations, such as people with limited education, low income, or who have psychiatric and substance use disorders. The 2008 PHS guideline update reinforces recommendations for making effective treatments available to smokers and other tobacco users," she said.

A consortium of eight federal and private-sector, nonprofit organizations collaborated to sponsor the 2008 PHS guideline update. They are the Agency for Healthcare Research and Quality, which coordinated the update; the Centers for Disease Control and Prevention; National Cancer Institute; the National Heart, Lung, and Blood

Institute; the National Institute on Drug Abuse; the Robert Wood Johnson Foundation; the American Legacy Foundation; and the Center for Tobacco Research and Intervention at the University of Wisconsin School of Medicine and Public Health. In addition, more than 40 broad-based organizations have endorsed the guideline.

“Tobacco dependence is a chronic condition that often requires repeated intervention that can lead to long-term abstinence,” said Michael C. Fiore, M.D., guideline update panel chair and director of the Center for Tobacco Research and Intervention at the University of Wisconsin School of Medicine and Public Health. “I urge all clinicians to offer these effective treatments to smokers, no matter what their past success, and health care systems to make treatment a standard of care.”

Other recommendations issued in the 2008 PHS guideline update include the following:

- Clinicians, in their offices and in the hospital, should ask their patients if they smoke and offer counseling and other treatments to help them quit. According to AHRQ’s 2007 National Healthcare Quality Report, the percentage of hospitalized heart attack patients who were counseled to quit smoking has increased from 42.7 percent in 2000-2001 to 90.9 percent in 2005. Moreover, 48 States, Puerto Rico, and the District of Columbia all performed above 80 percent on this measure in 2005.
- If tobacco users are unwilling to make an attempt to quit, clinicians should use the motivational treatments that have been shown effective in promoting future attempts to quit.
- Individual, group and telephone counseling are effective, and their effectiveness increases with treatment intensity. Counseling should include two components: practical counseling and social support.
- Tobacco cessation treatments also are highly cost-effective relative to other clinical interventions. Providing coverage for these treatments increases quit rates. Insurers and purchasers should ensure that all insurance plans include the counseling and medication treatments that have been found to be effective in the 2008 PHS guideline update.
- Counseling treatments have been shown to be effective for adolescent smokers and are now recommended. Additional effective interventions and options for use with children, adolescents, and young adults need to be determined.

American Medical Association President Ronald M. Davis, M.D., who supports the call to action for clinicians, stated: “With nearly half a million Americans dying from tobacco-related illness each year, what we do with today’s recommendations can help to dramatically reduce the estimated 5 million smokers who will die over the next decade if we don’t help treat them.”

The 2008 PHS guideline update and its companion products, which include a consumer guide and a pocket guide for clinicians, are available online at <http://www.surgeongeneral.gov/tobacco/default.htm>. Copies of the 2008 PHS guideline update products are also available by calling (800) 358-9295.