

# Tobacco Cessation Treatments

## Background

The Public Health Service (PHS) of the U.S Department of Health and Human Services, and led by the Surgeon General, has periodically released a series of guidelines related to the treatment of tobacco use. The most recent set of guidelines was released in 2000 in response to new, effective clinical treatments for tobacco dependence that were identified since the previous set of guidelines was published in 1994. Another update is anticipated in the near future.

## PHS Clinical Practice Guidelines

Following are the PHS Clinical Practice Guidelines for effective tobacco cessation treatments<sup>1,2</sup>:

- Tobacco use screening and brief intervention in routine medical care provided by a variety of providers—including physicians, nurses and dentists—using the 5As:
  1. **Ask** all patients about tobacco use.
  2. **Advise** all users to quit.
  3. **Assess** quitting readiness.
  4. **Assist** with brief counseling (1-3 minutes for most smokers, 5-15 minutes for pregnant smokers) and FDA-approved pharmacotherapies if appropriate.
  5. **Arrange** follow-up assistance and referral if needed.
- Face-to-face intensive counseling treatments.
- Proactive telephone counseling.
- For all counseling modalities, three counseling strategies are recommended:
  1. Provide smokers with practical counseling such as problem-solving skills and skills training to provide basic information, help smokers recognize danger situations and help them develop coping skills.
  2. Provide social support as part of treatment such as encouraging the smoker in the quit attempt, communicating caring and concern, and encouraging the patient to talk about the quitting process.
  3. Help smokers obtain social support such as training the smoker in support solicitation skills, and prompting them to obtain support in environments outside of the treatment setting.
- Intensive counseling interventions are more effective than less intensive interventions and should be used whenever possible—including face-to-face or telephone.

- Effective pharmacotherapies should be used for smoking cessation except in the presence of special circumstances (e.g., pregnancy, certain medical co-morbidities).
  1. Recommended first-line FDA-approved pharmacotherapies include bupropion SR (Zyban or Wellbutrin), nicotine gum, nicotine inhaler, nicotine nasal spray and nicotine patch.
  2. Newly FDA-approved cessation medications include nicotine lozenges and varenicline (Chantix).
  3. Combination nicotine replacement therapy (combining the nicotine patch with a self-administered form of nicotine replacement therapy) should be encouraged if patients are unable to quit using a single type of first-line pharmacotherapy.
  4. Second-line pharmacotherapies include clonidine and nortriptyline and may be considered by clinicians if first-line pharmacotherapies are not effective.
- Long-term smoking cessation pharmacotherapy should be considered as a strategy to reduce the likelihood of relapse.

The Guidelines also identify a number of key findings that clinicians should utilize. These include:

1. Tobacco dependence is a chronic condition that often requires repeated intervention. However, effective treatments exist that can produce long-term or even permanent abstinence.

2. Because effective tobacco dependence treatments are available, every patient who uses tobacco should be offered at least one of these treatments.
  - a. Patients willing to try to quit tobacco use should be provided treatments identified as effective in this guideline.
  - b. Patients unwilling to try to quit tobacco use should be provided a brief intervention designed to increase their motivation to quit.
3. It is essential that clinicians and health care delivery systems (including administrators, insurers, and purchasers) institutionalize the consistent identification, documentation, and treatment of every tobacco user seen in a health care setting.
4. Brief tobacco dependence treatment is effective, and every patient who uses tobacco should be offered at least brief treatment.
5. Tobacco dependence treatments are both clinically effective and cost-effective relative to other medical and disease prevention interventions. As such, insurers and purchasers should ensure that:
  - a. All insurance plans include as a reimbursed benefit the counseling and pharmacotherapeutic treatments identified as effective in this guideline.
  - b. Clinicians are reimbursed for providing tobacco dependence treatment just as they are reimbursed for treating other chronic conditions.

<sup>1</sup>Fiore MC, Bailey WC, Cohen SJ, et al. Treating Tobacco Use and Dependence. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. June 2000

<sup>2</sup>Foulds, J., et al. (2006) Developments in Pharmacotherapy for Tobacco Dependence: Past, Present and Future. Drug and Alcohol Review, 25(1):59-71