



### Tobacco cessation best practices

The Smoking Cessation Surgeon General's Report 2020 is the first significant update since 2008 when the Treating Tobacco Use and Dependence Guidelines update was released.

#### Research as far back as the 1990s has shown that quitlines are effective.<sup>1</sup>

- Quitlines that offer multiple proactive calls have better quit rates.<sup>1,2</sup>
- There appears to be a dose-response, more calls completed leads to higher quit rates.<sup>1,2</sup>
- Behavioral and psychological coaching and pharmacological strategies are beneficial independently and quit rates are higher when treatments are combined.<sup>1,2</sup>
- Combination nicotine replacement therapy is more effective than single forms of quit medication for those with high nicotine dependence.<sup>1,2</sup>

These strategies were reported as best practices in the 2008 Guidelines and this continues to be the case today.

### New insights into best practices

#### Digital: text, web and apps

The 2008 Guidelines reported:

- Print materials alone or in addition to counseling do not increase cessation rates.
- SMS or text messaging and web interventions showed promise as an efficacious and cost-saving intervention.<sup>1</sup>

Today a larger percentage of the U.S. population has access to the internet and mobile devices. Ownership is similar across populations such as age, education level, income level and urban vs. rural.<sup>2</sup>

- 95% of U.S. adults own a mobile phone
- 77% own a smartphone.

Current research on the efficacy of text, web and mobile interventions shows:

- Text messages and interactive interventions are effective for those interested in quitting combined with counseling or as an independent intervention.<sup>2</sup>

### E-cigarettes

Previous reports focused on e-cigarette use among youth and young adults. In addition to addressing the youth and young adult e-cigarette epidemic and health issues related to e-cigarettes, this report addressed the science behind using e-cigs for cessation.

- The evidence is still inconclusive about the efficacy and safety of using e-cigarettes as a cessation aid.
- E-cigarettes are appealing because current devices:
  - Mimic the hand-to-mouth action of combustible cigarettes
  - Use nicotine salts, which have more nicotine and cause less irritation when inhaled
- These factors lead to abuse and the meteoric rise in youth vaping.
- More research is needed on the positive and negative effects of e-cigarettes.

### Insurance

The 2020 report includes a mention of the importance of barrier-free, comprehensive insurance coverage for smoking cessation treatment and FDA approved medication. When these services are widely promoted, the use of these treatment services leads to higher rates of successful quitting, and is cost-effective.<sup>2</sup>

- Web interventions with static content are just as effective as print material. However, interactive and tailored online content yields better quit rates.
  - Successful web interventions include approaches such as behavior change strategies, goals and planning, and social support.<sup>2</sup>
- More research is needed on the efficacy of mobile apps.<sup>2</sup>

### Nicotine replacement therapy (NRT)

A new insight in the 2020 report is that quitline reach is expanded when the distribution of NRT is part of the service.<sup>2</sup>

- Combination nicotine replacement therapy is more effective than single forms of quit medication for those with high nicotine dependence.

### Expanding reach and priority populations

- A headline of the 2020 report is health care providers can do more to help their patients access effective tobacco-cessation services.
- There is a higher prevalence of tobacco use among some subgroups.
- Some subgroups have a lower prevalence of quit attempts, receiving advice to quit from a health professional, and using cessation therapies.

### Reaching younger participants

Quitline services are evolving to increase reach and to meet the needs of younger callers who prefer connecting online via web, text, mobile app or chat.

- The 2020 report showcased the Individual Services program, which offers an a la carte menu of services.
- Members can choose email, text, web, print material, NRT starter kit or the integrated quitline.
- This program increases reach, quit attempt and quit rates.<sup>2</sup>

#### Sources:

1. U.S. Clinical Practice Guideline 2008 Update: Treating Tobacco Use and Dependence. Strength of Evidence A (p. 106), US Clinical Practice Guideline 2008 Update: Treating Tobacco Use and Dependence, Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services, Public Health Service, May 2008, <https://www.ncbi.nlm.nih.gov/books/NBK63952/>.
2. Smoking Cessation: A Report of the Surgeon General, U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General, Rockville, MD 2020, <https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf>.

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### Incentives

Incentives are a tool to promote engagement in quitline services.

- When designing incentives, it is important to be clear about the goal.
  - Incentives can increase engagement and cessation but are only effective while the incentive is in place.
  - Punishments, like charging more for insurance, can have negative consequences, such as declining health insurance, or employees who hide their smoking status.
- The most successful programs incentivize engagement and offer a reward for participation. More research is needed on strategies to use incentives to sustain cessation.

### Looking to the future

The 2020 Surgeon General's report identified areas that where evidence is suggestive,<sup>2</sup> but not sufficient to infer effectiveness:

- Preloading NRT, especially with the patch may increase smoking cessation.
- Varenicline as an intervention of long-term cessation and varenicline combined with patch or bupropion may be more effective than varenicline alone.
- Very low nicotine cigarettes may increase smoking cessation.
- Cytosine may be effective as a quit medication.