

This fact sheet explains the Task Force's draft recommendation statement on interventions to help adults quit smoking tobacco. It also tells you how you can send comments about the draft statement to the Task Force. Comments may be submitted from May 5 to June 1, 2015. The Task Force welcomes your comments.

Behavioral and Pharmacotherapy Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Women

The U.S. Preventive Services Task Force (Task Force) has issued a **draft recommendation** statement on *Behavioral and Pharmacotherapy Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Women*.

This draft recommendation statement applies to all adults ages 18 and older and all pregnant women.

The Task Force reviewed research studies on interventions that are used to help adults quit smoking (also called tobacco cessation interventions). The draft recommendation statement summarizes what the Task Force learned:

1) Health professionals should ask all their non-pregnant adult patients whether they smoke and should provide behavioral interventions (such as counseling), medications (including nicotine replacement therapy [NRT]), or both to help those who smoke to quit.

- 2) Health professionals should ask all their pregnant patients whether they smoke and should provide behavioral therapy (such as counseling) to help those who smoke to quit.
- 3) There is not enough information on whether medications, including NRT, help pregnant women quit smoking, or on what harms may be associated with using these medications during pregnancy.
- 4) There is not enough information on whether Electronic Nicotine Delivery Systems (ENDS), also known as e-cigarettes, help patients quit smoking, or on what harms may be associated with using e-cigarettes as an aid to quit smoking.

What are behavioral and pharmacotherapy interventions?

Behavioral interventions include counseling (in person or by telephone) and use of printed self-help materials. Pharmacotherapy interventions include medications such as varenicline (Chantix), bupropion SR (Zyban) and nicotine replacement therapy (NRT) products (such as nicotine patches or gum).

Facts about Smoking and its Health Effects

One of the most important actions a person can take for good health is to quit smoking, or to never start smoking.

Smoking is the leading preventable cause of disease, disability, and death in the United States. It harms nearly every organ in the body and causes about one in every five deaths. People who smoke are estimated to live at least 10 years less than people who don't smoke.

Smoking during pregnancy can affect the health of the baby before and after birth. It increases risks of a baby dying before birth, being born too early or too small, and certain birth defects.

Interventions to Help People Quit Smoking

Effective methods are available for health professionals to help people quit smoking. These methods fall into two broad groups:

- **Behavioral interventions.** These include in-person counseling, telephone counseling, and targeted self-help materials.
- **Pharmacotherapy interventions.** The U.S. Food and Drug Administration has approved several medications and NRT products including:
 - Varenicline (Chantix)
 - Bupropion SR (Zyban)
 - Nicotine Replacement Therapy (gum, lozenges, patches, inhalers and sprays)

Potential Benefits and Harms of Tobacco Cessation Interventions

Non-Pregnant Adults who Smoke

The Task Force found that behavioral interventions and medications, including NRT—either alone or in combination—greatly improve the chances that a person will be able to successfully quit. They also found that the harms of behavioral interventions are likely to be small to none, and the potential harms of medications and NRT are likely to be small.

Pregnant Women who Smoke

The Task Force found that behavioral interventions greatly improve the chances that a pregnant woman can stop smoking during her pregnancy. Additionally, not smoking during pregnancy reduces the risk of a baby being born too small or too early. There were not enough studies for the Task Force to weigh the overall benefits and harms of using medications, including NRT, to help pregnant women quit smoking.

E-Cigarettes

Finally, the Task Force found that there was not enough information to determine whether e-cigarettes are more helpful or harmful for smoking cessation.

The Draft Recommendations on Tobacco Cessation Interventions: What Do They Mean?

Here are the Task Force's draft recommendations on interventions to help people quit smoking. Recommendations have letter grades. The grades are based on the quality and strength of the evidence about the potential benefits and harms of interventions for this purpose. They are also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force recommends an intervention (**Grade A**), it is because it has more potential benefits than potential harms. When there is not enough evidence to judge benefits and harms, the Task Force does not make a recommendation for or against—it issues an **I Statement**. The Notes explain key ideas.

Before you send comments to the Task Force, you may want to read the full **draft recommendation statement**. The statement explains the evidence the Task Force reviewed and how it decided on the grade. An **evidence report** provides more detail about the studies the Task Force reviewed.

- 1** The Task Force recommends *clinicians* ask all *adults* about tobacco use and provide *FDA* approved *pharmacotherapy* or *behavioral interventions*, alone or in combination, for cessation among adults who use tobacco. **A Grade**
- 2** The Task Force recommends that clinicians ask all pregnant women about tobacco use and provide behavioral interventions for *cessation* to pregnant women who use tobacco. **A Grade**
- 3** The Task Force concludes that the *current evidence is insufficient* to assess the balance of benefits and harms of pharmacotherapy interventions for tobacco cessation in pregnant women. **I Statement**
- 4** The Task Force concludes that the current evidence is insufficient to recommend *Electronic Nicotine Delivery Systems (ENDS)* for tobacco cessation. **I Statement**. The Task Force recommends that clinicians direct patients who smoke tobacco to other cessation interventions with *established effectiveness and safety* (see above).

Notes

- 1 clinicians**
Doctors, nurses, nurse practitioners, physician assistants and other health professionals who care for patients.
adults
Those ages 18 years and older.
FDA
U.S. Food and Drug Administration.
pharmacotherapy
Medicines, including nicotine replacement therapy products.
behavioral interventions
Examples include counseling and use of self-help materials.
- 2 cessation**
Quitting smoking.
- 3 current evidence is insufficient**
The Task Force did not find enough information in the studies to make a recommendation for or against this service.
- 4 Electronic Nicotine Delivery Systems**
E-cigarettes.
Established effectiveness and safety
Research studies have shown that interventions such as behavioral counseling, medicines, and NRT, are safe and help people successfully quit smoking.

What is the U.S. Preventive Services Task Force?

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, or preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a **draft recommendation statement**. All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force Web site](#).

Task Force Recommendation Grades	
Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

Click Here to Learn More About Smoking and Smoking Cessation

-  **Quit Smoking**
(healthfinder.gov)
-  **Quitting Smoking**
(Centers for Disease Control and Prevention)
-  **Health Effects of Cigarette Smoking**
(Centers for Disease Control and Prevention)

Click Here to Learn About Other Task Force Recommendations on Tobacco Cessation

-  **Tobacco Use in Children and Adolescents: Primary Care Interventions**
(August 2013)

[Click Here](#) to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received **between May 5 and June 1, 2015**.



All comments will be considered for use in writing final recommendations.