

## What Works to Help Smokers Quit?

Quitting smoking is hard, and most smokers need help doing it. There are many treatments that have been proven effective in helping smokers quit. These recommendations are based on the Clinical Practice Guideline [Treating Tobacco Use and Dependence](#)<sup>1</sup> and the United States Preventive Services Task Force Guidelines.<sup>2</sup>

### What works to help smokers quit?

Treatment for smoking cessation is not one-size-fits-all. Just like any other medical condition, everyone responds to treatment differently. It is normal for patients to try more than one treatment before finding the right one. For this reason, it is important that cessation benefits offered to smokers are **comprehensive**.

Seven Food and Drug Administration (FDA)-approved medications and three forms of counseling have been proven effective in helping smokers quit. Nicotine replacement therapies (NRTs) are available over-the-counter (patch, gum, lozenge) and by prescription (nasal spray, inhaler). Bupropion and varenicline are two other non-nicotine, prescription-only cessation treatments. Over-the-counter medications may require a prescription to be covered by a health plan. All these medications should be included as part of a comprehensive tobacco cessation benefit.

#### Barriers to Avoid:

- Required Co-payments
- Prior Authorization Requirements
- Limits on Treatment Duration
- Annual or Lifetime Limits
- Dollar Limits
- “Stepped Care” Therapy
- Counseling Required for Medications\*

Three types of counseling – individual (face-to-face), group, and phone - are recommended for helping smokers quit. Cessation counseling is effective in combination with medications, but also on its own.

Smokers have the best chance to quit if they have access to all of these treatments.

### What DOESN'T help smokers quit?

Some healthcare plans that offer cessation benefits implement policies, sometimes called “utilization management techniques” that can discourage smokers from using the benefits or from trying to quit at all. Any policy or process that makes it harder for smokers to get treatment and/or to try different treatments should be avoided. The United States Preventive Services Task Force recommendation emphasizes that the most effective treatments are those that are acceptable and feasible for the patient.

It is important to note that the FDA has not found any e-cigarette to be safe and effective in helping smokers quit; the FDA will regulate e-cigarettes as tobacco products, not as a cessation treatment.

#### Cessation Benefits Should Include ALL of These:

- NRT Gum
- NRT Patch
- NRT Lozenge
- NRT Inhaler
- NRT Nasal Spray
- Bupropion
- Varenicline
- Individual counseling
- Group counseling
- Phone counseling

## Who should have access to these treatments?

All smokers should have access to a comprehensive cessation benefit. One of the ways to provide access is through health insurance. This is why the American Lung Association urges all healthcare plans – including Medicare, Medicaid, exchanges, and employer-sponsored plans – to cover a comprehensive tobacco cessation benefit for all enrollees.

Federal, state, and local governments can also provide these treatments to smokers regardless of insurance status through health departments or other campaigns. The federal and state governments provide phone counseling through 1-800-QUIT-NOW (some quitlines also provide free or discounted medications). Many state and local governments also provide cessation programs through local health departments or community health centers.

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<sup>1</sup> Updated May 2008. Available at: [http://www.ahrq.gov/clinic/tobacco/treating\\_tobacco\\_use08.pdf](http://www.ahrq.gov/clinic/tobacco/treating_tobacco_use08.pdf)

<sup>2</sup> Updated September 2015. Available at:

<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1>

\*Tobacco cessation treatment is most effective when medication is used in combination with counseling, however requiring counseling, especially for the low-income population, can be a barrier to getting any treatment. Both counseling and medication should be encouraged, but should not be a requirement.