



10 Key Recommendations

For Tobacco Cessation Programs

1. Tobacco dependence is a chronic disease that often requires repeated intervention and multiple attempts to quit. Effective treatments exist, however, that can significantly increase rates of long-term abstinence.
2. It is essential that clinicians and health care delivery systems consistently identify and document tobacco use status and treat every tobacco user seen in a health care setting.
3. Tobacco dependence treatments are effective across a broad range of populations. Clinicians should encourage every patient willing to make a quit attempt to use the counseling treatments and medications recommended in the Guideline.
4. Brief tobacco dependence treatment is effective. Clinicians should offer every patient who uses tobacco at least the brief treatments shown to be effective in the Guideline.
5. Individual, group, and telephone counseling are effective, and their effectiveness increases with treatment intensity. Two components of counseling are especially effective: practical counseling such as problem solving and skills training, and social support delivered as part of treatment.
6. Numerous effective medications are available for tobacco dependence, and clinicians should encourage their use by all patients attempting to quit smoking - except when medically contraindicated or with specific populations for which there is insufficient evidence of effectiveness. Seven first-line medications reliably increase long-term smoking abstinence rates. Clinicians should consider the use of certain combinations of medications identified as effective in the guideline.
7. Counseling and medication are effective when used by themselves for treating tobacco use and dependence. The combination of counseling and medication, however, is more effective than either alone. Thus, clinicians should encourage all individuals making a quit attempt to use both counseling and medication.
8. Telephone quitline counseling is effective with diverse populations and has broad reach. Therefore, both clinicians and health care delivery systems should ensure patient access to quitlines and promote their use.
9. If a tobacco user currently is willing to make a quit attempt, clinicians should use the motivational treatments shown in this guideline to be effective in increasing future quit attempts.
10. Tobacco dependence treatments are both clinically effective and highly cost-effective relative to the interventions for other clinical disorders. Providing coverage for these treatments increases quit rates.

Adapted from the US Department of Health and Human Services Clinical Practice Guidelines for Treating Tobacco Use and Dependence, 2008 Update

