

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 **final recommendation statement** on *Behavioral and Pharmacotherapy Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Women*.

This final 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 smoking cessation interventions). The final recommendation statement summarizes what the Task Force learned:

- 1) Health professionals should ask all adults, including pregnant women, whether they smoke, advise them to quit if they do, and provide interventions to help them quit.
- 2) For adults who smoke, including pregnant women, the Task force recommends behavioral interventions, such as counseling, to help them quit.
- 3) For adults who are not pregnant, the Task Force recommends U.S. Food and Drug Administration (FDA)-approved smoking cessation medications. Combinations of both behavioral interventions and medication have been found to work the best for non-pregnant adults and are also recommended.
- 4) There is not enough information to recommend for or against the use of medications to help pregnant women stop smoking. There was not enough evidence for the Task Force to recommend in favor of or against the use of Electronic Nicotine Delivery Devices, such as e-cigarettes, for smoking cessation in adults, including pregnant women.

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.

Facts about Smoking and its Health Effects

About 42 million U.S. adults (about 18% of the population) smoke cigarettes. Smoking is less common in pregnant women than in non-pregnant women, but still, about one in six pregnant women smoke.

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. 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

Health professionals can use several effective methods to help people quit smoking. These methods fall into two broad groups:

- Behavioral interventions. These include in-person counseling, telephone counseling, and printed 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)
 - NRT 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 for adults and pregnant women.

The Final 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.

Visit the Task Force Web site to read the full [final recommendation statement](#). The statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the studies the Task Force reviewed.

- 1 The Task Force recommends that *clinicians* ask all *adults* about tobacco use, advise them to stop using tobacco, and provide *behavioral interventions* and U.S. Food and Drug Administration (FDA)–approved *pharmacotherapy* for *cessation* to adults who use tobacco. **Grade A**
- 2 The Task Force recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide *behavioral interventions* for cessation to pregnant women who use tobacco. **Grade A**
- 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 in adults, including pregnant women. The USPSTF recommends that clinicians direct patients who smoke tobacco to other cessation *interventions with established effectiveness and safety (previously stated)*. **I Statement**

Notes

- 1 *clinicians*
Doctors, nurses, nurse practitioners, physician assistants, and other health professionals who care for patients.
- adults*
Those ages 18 years and older.
- behavioral interventions*
Actions such as in-person counseling, phone counseling, and use of self-help materials.
- pharmacotherapy*
Medicines, including nicotine replacement therapy products, bupropion SR and varenicline.
- cessation*
Quitting smoking
- 2 *behavioral interventions*
Actions such as counseling, feedback, health education incentives, and social support.
- 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*
Battery powered devices that deliver nicotine, such as e-cigarettes.
- interventions with established effectiveness and safety*
Interventions that research studies have shown to help people successfully quit smoking and that are safe, such as behavioral counseling for adults and pregnant women, and medicines for non-pregnant adults.
- previously stated*
The behavioral interventions and pharmacotherapy covered in Recommendations 1 and 2.

Talking with Your Primary Care Clinician about Smoking Cessation

Quitting smoking is difficult, and some people try several times before they are successful. But it's worth the struggle, because quitting smoking is one of the most important things you can do for your health. If you're pregnant, quitting smoking is one of the best ways to protect your and your baby's health.

The most effective smoking cessation therapy is the one that helps you quit. This may be different for you than for another person depending on your medical history, preferences, and how much you smoke. Either counseling or medicine alone may be enough for you, or you may need both. Many studies show that combinations of behavioral interventions and pharmacotherapy can help the most. For pregnant women, evidence shows that counseling and other behavioral strategies work to help them quit.

Talk with your doctor or nurse to decide which intervention might work best to help you quit. Consider your own health and lifestyle. Think about your personal beliefs and preferences for health care. And consider scientific recommendations, like this one from the Task Force.

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





The Task Force is an independent, volunteer group 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, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease.

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)
-  **Tobacco Use and Pregnancy** (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)