

Access to Tobacco Cessation Treatment is a Human Right and Essential for the Endgame

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Endeavor HealthSM



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New Resource

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HOW ADVOCATES AND POLICYMAKERS CAN BOLSTER TOBACCO CESSATION



Access to robust, evidence-based smoking cessation is essential for improving public health and reducing healthcare costs. Across the U.S. and around the world, cities, states and countries do not provide equal access to nor equal support of the necessary tobacco cessation services.

Advocates and policymakers play a crucial role in supporting effective cessation strategies. Summarizing important points from the [US Department of Health and Human Services \(HHS\)](#), and the [American Lung Association \(ALA\)](#), this fact sheet provides detailed recommendations to enhance smoking cessation efforts.

KEY RECOMMENDATIONS TO IMPLEMENT

Comprehensive Cessation Programs

- **Access to Treatment:** Ensure individuals have access to guideline-recommended cessation treatments, including counseling and FDA-approved medications.
- **Insurance Coverage:** Advocate for health insurance plans, including Medicaid and private insurers, to cover all recommended cessation treatments without barriers, inclusive of FDA-approved pharmacotherapy and behavioral interventions.
- **Quit Lines:** Improve access to state-funded quit lines that align with current treatment guidelines.

Supportive Policies

- **Tobacco-Free Laws:** Implement and enforce comprehensive tobacco-free laws in public places to reduce exposure to secondhand smoke and vaping aerosols.
- **Tobacco Taxes:** Increase tobacco taxes to reduce smoking rates.
- **Endgame:** Phase out the sale of commercial tobacco products.

Research Evaluation

- **Ongoing Research:** Support research on new and effective tobacco cessation interventions and how to increase utilization and the impact of existing programs.
- **Program Evaluation:** Regularly evaluate cessation programs to ensure they are effective and make improvements based on findings.

Public Awareness and Education

- **Campaigns:** Fund and support public education campaigns to raise awareness about the benefits of quitting tobacco and available cessation resources.
- **Community Engagement:** Involve communities, especially those disproportionately affected by tobacco use, in developing and sharing educational materials.
- **Education:** Educate the public on how receipt of tobacco treatment increases smoking cessation success rates.

Healthcare Provider Training

- **Training Programs:** Provide training for healthcare providers on effective tobacco cessation interventions and how to support patients in quitting.
- **Integration into Routine Care:** Encourage the integration of tobacco cessation support into routine healthcare visits at all health care facilities.

Equity and Inclusion

- **Address Disparities:** Focus on reducing related tobacco-disparities by providing targeted support to populations with higher commercial tobacco use rates, such as low-income communities and racial/ethnic minorities.
- **Cultural Competence:** Develop culturally competent cessation programs that address the specific needs of diverse populations.
- **Implement treatment to all populations:** Treat tobacco use as a chronic condition and implement treatment to all individuals, regardless of clinical condition.



SPEAKERS



Carol Southard, RN, MSN

*Certified Tobacco Treatment
Specialist*



Dr. Hasmeena Kathuria

*Director, University of Wisconsin Center for
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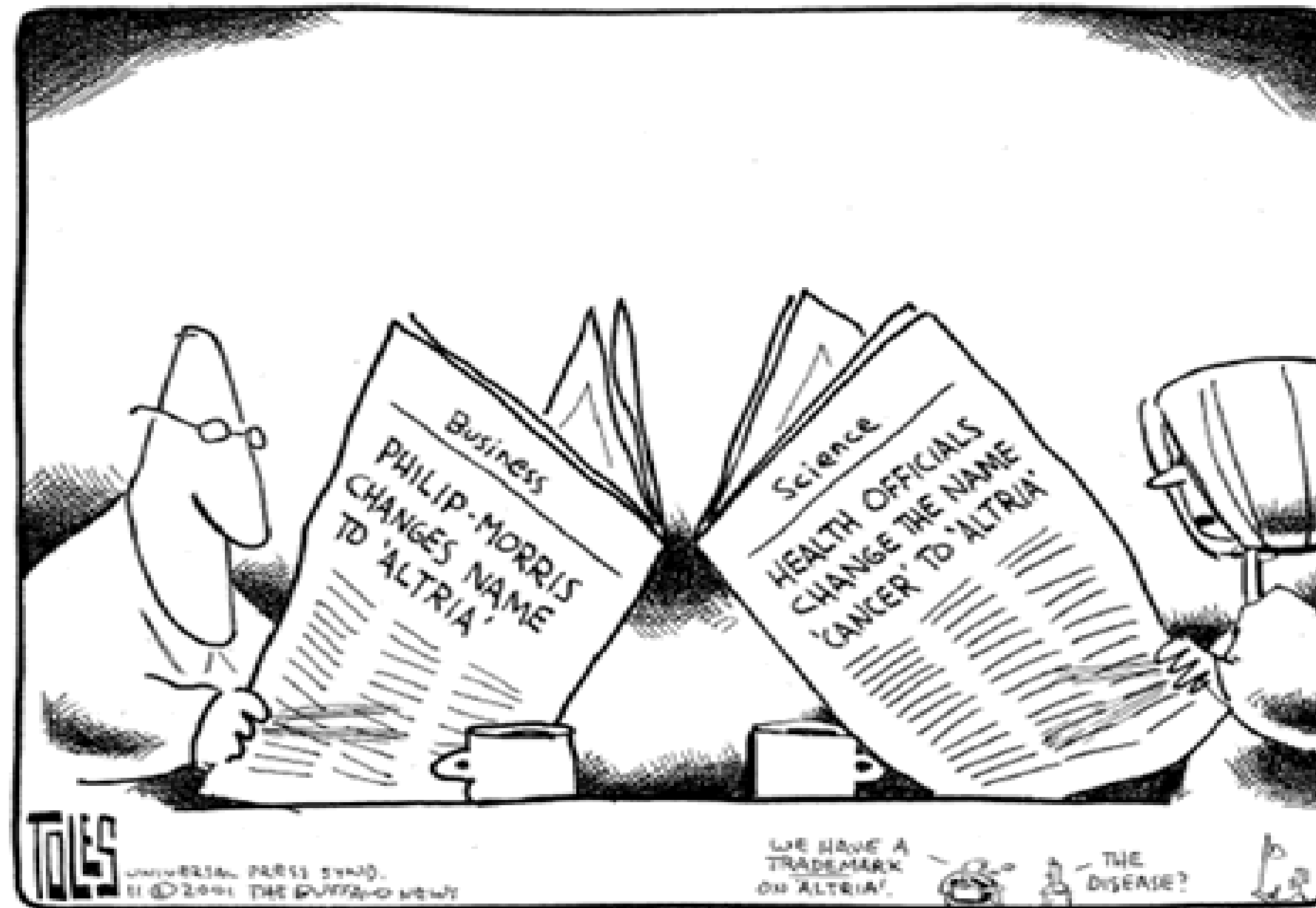
Prioritizing Tobacco Cessation Intervention In Tobacco Control Policy

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“The use of tobacco...conquers men with a certain secret pleasure so that those who have once been accustomed thereto can hardly be restrained therefrom”

Sir Francis Bacon

1622



11-27-01

- “There is little doubt in my mind that if it were not for nicotine, in tobacco smoke, people would be little more inclined to smoke than they are to blow bubbles or light sparklers”

Phillip Morris researcher 1976

Effectiveness of Smoking Cessation Interventions Among Adults

- Pharmaceutical - varenicline, cytisine, nicotine replacement therapy (NRT), bupropion - and behavioral interventions (physician advice, non-tailored print-based self-help materials, stage-based individual counselling, etc.) increased smoking cessation
- Mobile phone-based interventions including text messaging, hypnotherapy, acupuncture, continuous auricular stimulation, laser therapy, electrostimulation, acupressure, St John's wort, S-adenosyl-L-methionine (SAME), interactive voice response systems and other combination treatments did not impact cessation
- Conclusion: pharmacological and behavioral interventions may help the general smoking population quit with observed small/mild harms following NRT or varenicline

Cessation Facts

- 70% of persons who smoke want to quit
- Only 32% consult a health care provider about quitting
- The majority of persons who smoke try to quit on their own - success rate of 4 to 6%
- 3 billion office visits: 62.7% of patients were screened for tobacco use; 20.9% received cessation counseling; 7.6% received cessation medication (NIH 2005-2009)
- 33,672 tobacco users: 7.4% received treatment/counseling (NHIS 2015)
- Almost 1 million smokers (22 healthcare systems): 10.2% were prescribed smoking medications; 3.9% were referred for counseling (CHEST Journal observational study 2020)
- Less than 4 in 10 adults who try to quit smoking use proven treatments - counseling or medication approved by the FDA (CDC 2024)

Treatment Facts

- The efficacy of several tobacco cessation therapies is well documented
- All proven treatments appear to be equally effective: quit rates are at least doubled when compared to no intervention
- Evidence supports that all persons who use tobacco should be offered pharmacotherapy and assisting with treatment produces better outcomes and counseling
- The Agency for Health Care Policy and Research (AHCPR) published updated smoking cessation guidelines for primary care clinicians in 2008

“Tobacco Use Assessment and Counseling” Quality Indicator for CMS 2017

Insurers:

**ICD-10 Code F17.200 - Nicotine Dependence,
unspecified, uncomplicated**

F17.210 - Nicotine dependence, cigarettes

**F17.220 – Nicotine dependence, chewing
tobacco**

**F17.290 – Nicotine dependence, other tobacco
product, uncomplicated**

CPT Code 99406 - Intermediate (3-10 minutes)

CPT Code 99407 - Intensive (more than 10 minutes)

Group Program Agenda

Session Number	Agenda
1	Orientation & Introductions, Understanding Addiction, Preparation
2	Benefits of Quitting, Withdrawal Symptoms, Cessation Strategies
3	QUIT DAY
4	Motivation Reinforcement, Support Systems
5	Lifestyle Issues, Nutritional/Weight Concerns, Exercise

Power of Intervention

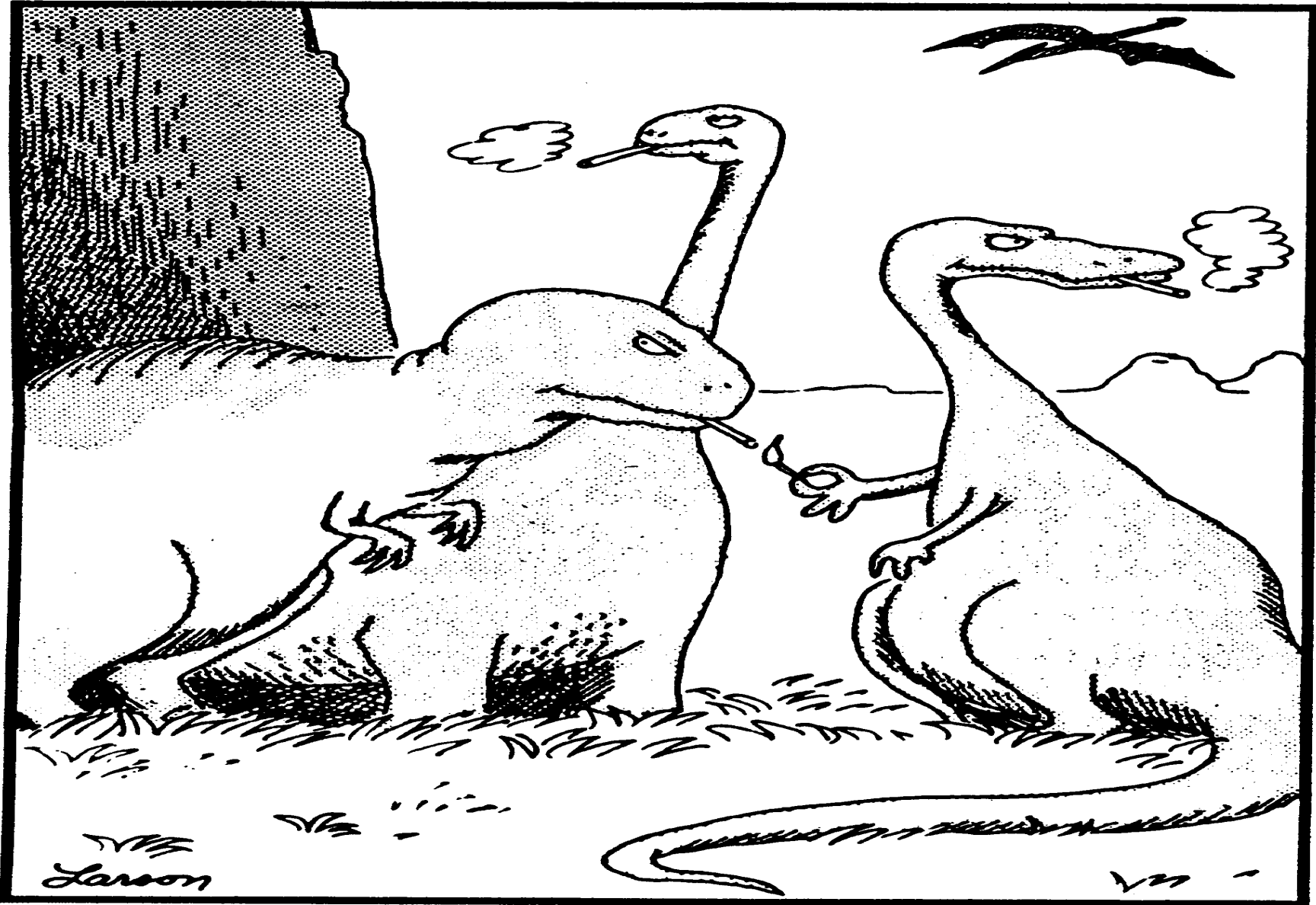
- The costs of providing brief interventions is \$3 per person who smokes
- Implementing such interventions could quadruple the national annual cessation rate, translating to roughly 4.8 million quitters
- Adding brief behavioral counseling and medication can increase the cessation rate six fold, translating to roughly 7.2 million quitters
- “If every physician advised every patient at every visit not to smoke, one million Americans could escape nicotine addiction each year.”

Michael Fiore, MD

- “Lives saved from smoking cessation would swamp all the benefits accrued if each year every person underwent every cancer screening procedure recommended by the American Cancer Society.”

Steven A. Schroeder, MD

What about Joe Camel?



The real reason dinosaurs became extinct

Key Takeaways

Tobacco-cessation counseling by clinicians is effective in improving tobacco quit rates among adults and adolescents

Only 3% of persons who smoke quit per year if the clinician does nothing - 6% quit for at least 6 months with only 3 minutes of counseling

Evidence based, population level policies - tobacco product price increases, comprehensive smoke-free policies, and health communications campaigns - are all essential components of tobacco control policy measures

Evidence based cessation interventions routinely provided at all health care facilities must be a component in tobacco control policy measures to finally end the global tobacco epidemic

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United States Food and Drug Administration. What it's like to quit smoking. Available at: www.fda.gov/tobacco-products/health-effects-tobacco-use/what-its-quit-smoking (Date last accessed: 31 March 2023)

U.S. Department of Health and Human Services Food and Drug Administration. Center for Drug Evaluation and Research (CDER). Smoking Cessation and Related Indications: Developing Nicotine Replacement Therapy Drug Products Guidance for Industry. Available at: <https://www.fda.gov/media/167599/download> (Date last accessed: 3 June 2023)

Learn How to Quit Even if You Don't Want to Quit!



The Smoking Cessation Program is led by Carol Southard, RN, MSN, tobacco treatment specialist, with more than 30 years of experience helping people quit tobacco products. She has led more than 400 groups, with a 50 percent or better success rate one year following treatment.

Studies show that people who quit with the support of a program have a much better chance of success of taking control over this most difficult of all addictions.

This program consists of eight one-hour sessions and includes a comprehensive support group with individualized interventions. Rather than focus on the dangers of smoking, the curriculum outlines a **strategy on how to quit smoking** and offers techniques and materials to establish a systematic cessation plan for each participant. For more information, call Carol at **312-613-6286**.

To register, visit <https://swedishcovenant.org/classes-events/detail/smoking-cessation-program>

THANK YOU!



**UW Center for
Tobacco Research and Intervention**
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Best Practices for Promoting Tobacco Cessation

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Professor of Medicine, Allergy, Pulmonary, and Critical Care Medicine

1/30/2025

Financial Disclosure for Hasmeena Kathuria

Below are the pharmaceutical or medical device companies from which I have received gifts or financial reimbursements for research, conferences, articles, advisory committees, consulting, speaker bureaus, travel, and regional or national meetings in the twelve months prior to this lecture.

Section Editor: UpToDate Tobacco Treatment section

Rationale

Integrating cessation services with tobacco control and policy interventions:

- Provides support for those trying to quit tobacco due to new programs and policies
- Enhances the effectiveness of the tobacco control and policy interventions

Some examples

- Hospitalization
- Lung Cancer Continuum
- Policies (e.g., menthol ban and nicotine standards)

The U.S. Department of Health and Human Services (HHS) Framework to Support and Accelerate Smoking Cessation (2024)

Goal 1. Reduce Smoking- and Cessation-Related Disparities

Goal 2. Increase Awareness and Knowledge Related to Smoking and Cessation

Goal 3. Strengthen, Expand, and Sustain Cessation Services and Supports

Goal 4. Increase Access to and Coverage of Comprehensive Evidence-Based Cessation Treatment

- Electronic Health Record (EHR) Integration of smoking cessation interventions and clinical decision support tools:
 - Can help clinicians easily access and utilize resources during patient visits
 - Prompt healthcare providers to offer smoking cessation counseling and treatment

Goal 5. Advance and Sustain Surveillance & Strengthen Performance Measurement and Evaluation

Goal 6. Promote Ongoing and Innovative Research to Support and Accelerate Smoking Cessation

Tobacco Treatment During Hospitalization

Hospitalization: “Opt-out” approaches to tobacco treatment

- “Opt-out” approaches offer tobacco treatment to all people who use tobacco, regardless of motivation or readiness to quit
- Studies using an **“Opt-out” tobacco treatment service + continued phone follow-up for 30 days after discharge:**
 - Increase smoking abstinence one month after hospital discharge
 - Reduce 30-day hospital readmissions
 - Reduce health care cost

Nahhas GJ, Wilson D, Talbot V, Cartmell KB, Warren GW, Toll BA, et al. Feasibility of Implementing a Hospital-Based "Opt-Out" Tobacco-Cessation Service. *Nicotine Tob Res.* 2016.

Haas JS et al. Proactive tobacco cessation outreach to smokers of low socioeconomic status: a randomized clinical trial. *JAMA Intern Med.* 2015;175(2):218-26.

Cartmell KB, et al. Effect of an Evidence-based Inpatient Tobacco Dependence Treatment Service on 1-Year Postdischarge Health Care Costs. *Med Care.* 2018;56(10):883-9.

Cartmell KB, et al. Effect of an Evidence-based Inpatient Tobacco Dependence Treatment Service on 30-, 90-, and 180-Day Hospital Readmission Rates. *Med Care.* 2018;56(4):358-63.

Opt-out EHR-based Tobacco Treatment Consult (TTC) service

- EHR elements: EPIC Best Practice Advisory (BPA) + order set that pops up upon admission for **all** adults designated as a ‘currently using tobacco products’



⚠ Patient currently uses tobacco products. Please place the following tobacco treatment consult order.

[👉 Inpatient consult to Tobacco Treatment \(No Call Necessary\)](#)

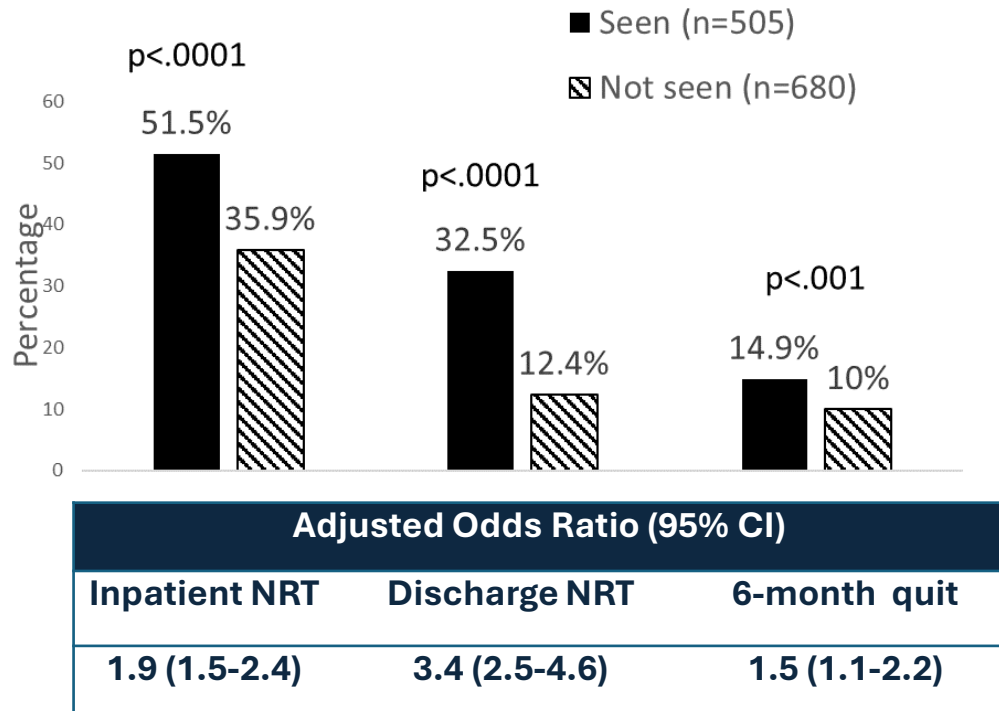
Acknowledge Reason _____



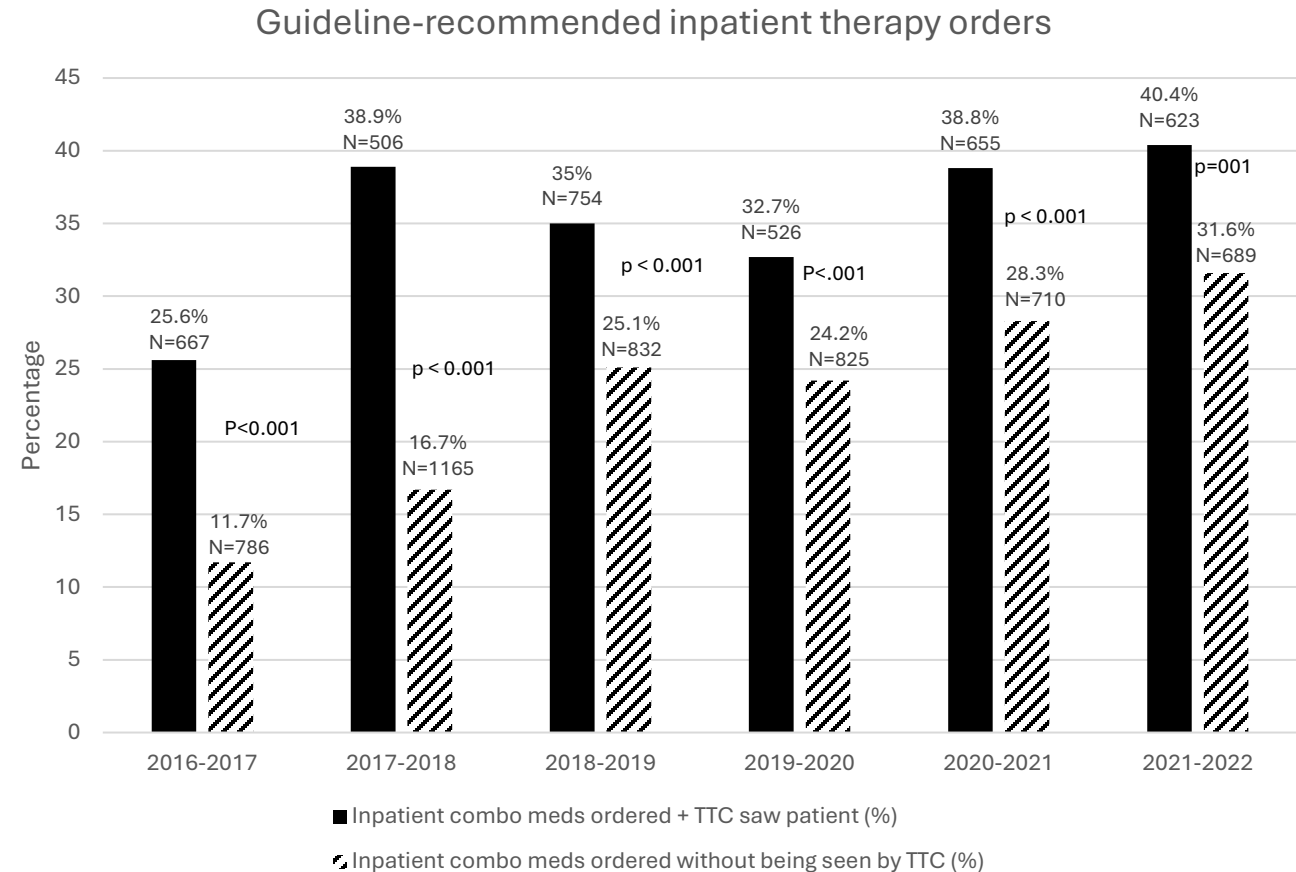
- TTC service (certified tobacco treatment specialists) offers:
 1. Bedside counseling (15-20 minutes)
 2. Recommendations for pharmacotherapy while hospitalized
 3. Linkage to outpatient treatment at discharge

Effectiveness: Improving Patient-level Tobacco Treatment

Outcomes



Sustainability



Tobacco Treatment in the Cancer Continuum

Lung Cancer Continuum: An Opportunity to Promote Smoking Cessation

Lung Cancer Screening (LCS) with low-dose CT scan (LDCT) for high-risk individuals

- About 50% of screened individuals smoke cigarettes
- Quitting smoking among people undergoing LCS reduces mortality risk three to five-fold

At the Time of Diagnosis

- Cessation improves treatment response and decreases toxicities
- Increases 5-year survival by at least 30%

During and After Treatment

- Continued smoking doubles mortality risk
- Cessation reduces disease progression, second cancers, and recurrence

Pastorino U et al. Stopping Smoking Reduces Mortality in Low-Dose Computed Tomography Screening Participants. *J Thorac Oncol.* 2016;11(5):693-9.

Parsons A et al. Influence of smoking cessation after diagnosis of early stage lung cancer on prognosis: systematic review of observational studies with meta-analysis. *BMJ.* 2010;340:b5569.

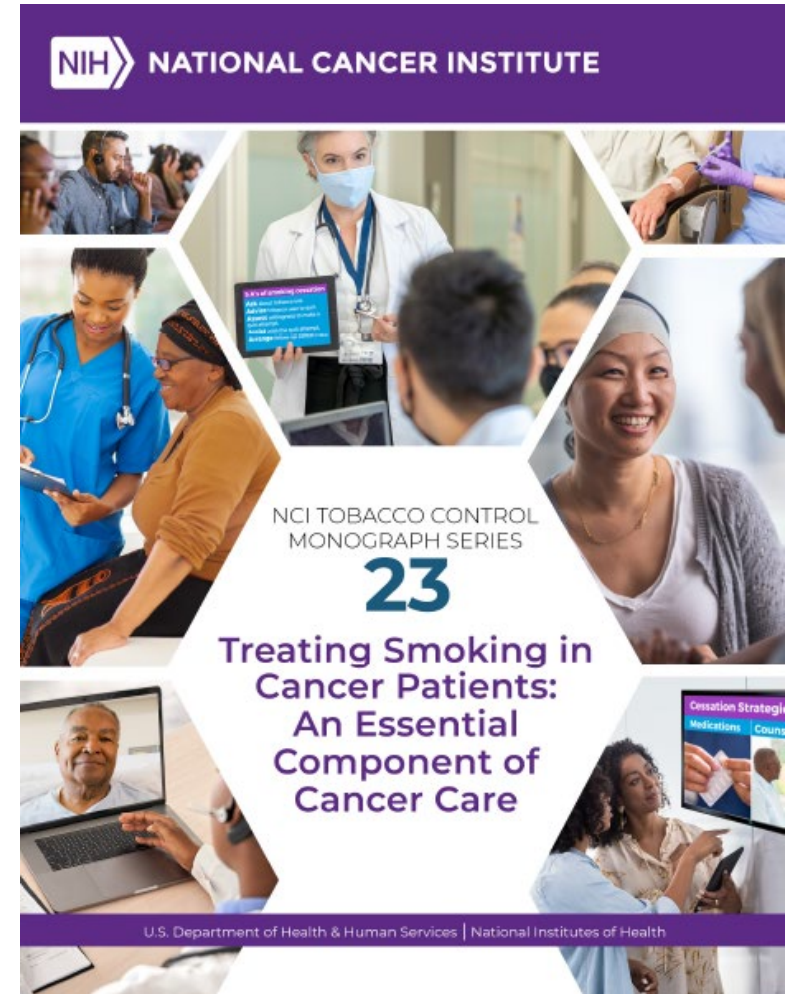
Warren GW, Alberg AJ, Cummings KM, Dresler C. Smoking Cessation After a Cancer Diagnosis Is Associated With Improved Survival. *Journal of thoracic oncology : official publication of the International Association for the Study of Lung Cancer.* 2020;15(5):705-8.

Aredo et al. Tobacco Smoking and Risk of Second Primary Lung Cancer. *J Thorac Oncol.* 2021;16(6):968-79. doi: 10.1016/j.jtho.2021.02.024.

Treating Smoking in Cancer Care

National Cancer Institute (NCI) urges all cancer centers **to improve rates** of tobacco treatment for cancer patients

The National Comprehensive Cancer Network (NCCN) guidelines: **12 weeks of varenicline or combination NRT + behavior therapy for all patients with cancer who smoke**



US Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 2014.

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NCI Cancer Center Cessation Initiative (C3I)

52 cancer centers (CCs) funded (2017 to 2020)

Goal:

- Enhance capacity of NCI-designated Cancer Centers to promote smoking cessation among cancer patients.

Funded center were charged with:

- Taking a population-based approach to screen and offer treatment
- Increasing proportion of patients who received cessation treatment and cessation outcomes

Coordinating Center (UW CCC / UW CTRI)

- Collected reach and effectiveness data (>106,000 reached since 2018)
- Supported EHR integration and workflows
- NCI Learning Collaborative to disseminate lessons learned:
www.TobaccoTreatmentRoadmap.org

Key Features of Successful Programs:

Screening:

- Regular, non-stigmatizing tobacco screening

Treatment:

- Use of pharmacotherapy

Proactive Approach:

- Outreach via mail, EHR, phone, text, or visits

Opt-Out Approach:

- Default initiation of tobacco treatment

Engagement:

- Involving leadership, IT, clinical staff, patients

Sustainability:

- Data collection for ongoing improvement

Health Equity:

- Ensuring high-risk groups are screened and treated

Smoking Cessation and Lung Cancer Screening (LCS)

- **Opportunity:**

- Providing smoking cessation treatment with LCS offers an opportunity to combine two interventions known to reduce smoking-related morbidity and mortality.

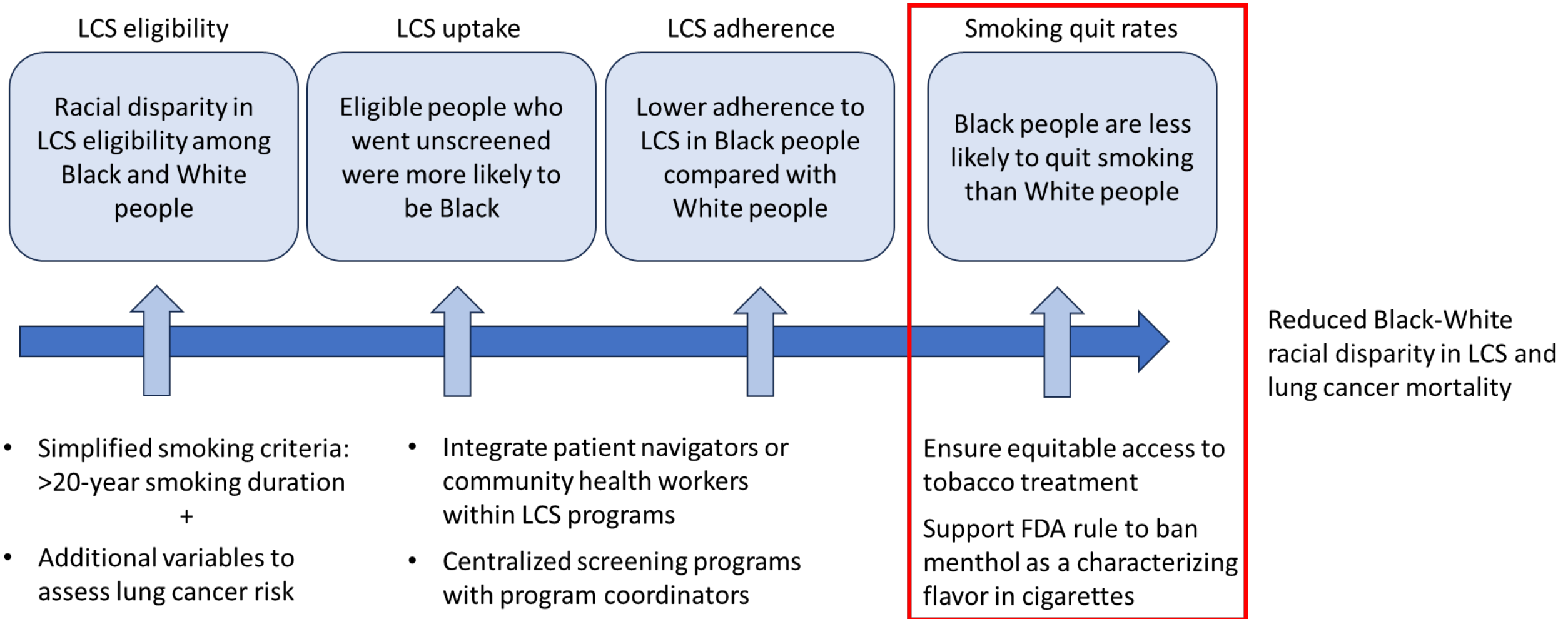
- **Requirement:**

- The Centers for Medicare and Medicaid Services (CMS) requires that smoking cessation interventions be offered to receive Medicare reimbursement of the LCS.

- **ATTUD and SRNT Recommendations:**

- Should be encouraged to quit smoking at each visit regardless of screening results.
- Should be assisted with access to evidence-based treatments.
- Follow-up contacts to support patient's cessation efforts should be arranged.

Strategies to mitigate disparities in LCS and lung cancer mortality



Integrating cessation services with tobacco policy

Potential impact of menthol ban

- **Menthol bans are effective in promoting smoking cessation and reducing sales**
 - Across seven provinces in Canada that have banned menthol cigarettes, **individuals who smoke menthol cigarettes were also more likely to successfully quit than individuals who smoke non-menthol cigarettes.**
- **Important opportunity to improve health**
 - Modeling study: prohibiting menthol in cigarette and flavorings in cigars **could prevent 650,000 premature tobacco-related deaths** and reduce life-years lost by 11 million **over 40 years**
 - Simulation modeling to project the impact of a US menthol ban suggests that **by 2060, 48.2% of Black individuals would become non-users**

While the proposed FDA menthol ban has since been withdrawn, states (MA, CA) and localities in the US have banned the sale of menthol cigarettes and others have proposed legislation

Chaiton M et al. Prior Daily Menthol Smokers More Likely to Quit 2 Years After a Menthol Ban Than Non-menthol Smokers: A Population Cohort Study. *Nicotine & Tobacco Research*. 2021.

Chung-Hall J et al. Evaluating the impact of menthol cigarette bans on cessation and smoking behaviours in Canada: longitudinal findings from the Canadian arm of the 2016–2018 ITC Four Country Smoking and Vaping Surveys. *Tobacco Control*. 2021;0:1-8.

Ensure equitable access to treatment

Many attribute the high number of Canadians who switched from menthol to non-menthol cigarettes after the ban to suboptimal smoking cessation support.

A menthol ban requires expansion of tobacco treatment programs to meet the increased number of people who would make a quit attempt.

Federal Resources

- Smokefree.gov
- FDA/NCI Every Try Counts campaign
- FDA's Tobacco Education Resource Library
- <https://digitalmedia.hhs.gov/tobacco>

State Resources

- Quitlines- Menthol incentives program (\$50)
- 1-800-QUIT-NOW



Menthol in Cigarettes

Menthol is a flavor additive with a minty taste and aroma that is widely used in consumer and medicinal products due to its reported cooling or painkilling properties. Menthol's flavor and sensory effects make menthol cigarettes more appealing and easier to use particularly among new tobacco users, such as youth and young adults. It also interacts with nicotine in the brain to enhance nicotine's addictive effects and makes it more difficult for people to quit smoking.

There are more than **18.5 MILLION** people who currently smoke menthol cigarettes in the U.S.¹

Nearly 85% of non-Hispanic Black smokers use menthol cigarettes, compared to 30% of non-Hispanic White smokers.¹

85%	30%
Use Menthol Cigarettes	Use Menthol Cigarettes

About 49% of smokers who identify as lesbian, gay, or bisexual (LGB) report smoking menthol cigarettes vs. about 40% of smokers who do not identify as LGB.¹

An advertisement for smokefree.gov featuring a woman hugging a child. The text reads: "smokefree.gov", "Quit Your Way.", "We have tools that can help.", and "Looking to quit smoking menthol cigarettes? Create a personalized quit plan and find other tools to help you quit."

If you indicate you use menthol tobacco products, you may be eligible for an incentive program (based on availability):

- [You can earn up to \\$50 in gift cards just by participating.](#)

Chung-Hall J et al. Evaluating the impact of menthol cigarette bans on cessation and smoking behaviours in Canada: longitudinal findings from the Canadian arm of the 2016–2018 ITC Four Country Smoking and Vaping Surveys. Tobacco Control. 2021;0:1-8.

Przewozniak K et al. Effects of and challenges to bans on menthol and other flavors in tobacco. Tobacco Prevention and Cessation. 2021;7(November).

D'Silva J, Boyle RG, Lien R, Rode P, Okuyemi KS. Cessation outcomes among treatment-seeking menthol and nonmenthol smokers. Am J Prev Med. 2012;43(5 Suppl 3):S242-8

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Tobacco Product Standard for Nicotine Yield of Cigarettes and Certain Other Combusted Tobacco Products

Proposed Rule

- Establish a maximum nicotine level in cigarettes and certain other combusted tobacco products that could make them minimally or nonaddictive.
- Proposed nicotine level: 0.70 mg of nicotine per gram of total tobacco (95% lower than most products on the market)

Excluded Products

- Premium cigars, e-cigarettes, hookah, smokeless tobacco products

Modeling

- Within the first year, more than 12.9 million people who smoke would quit

Need for expansion of tobacco treatment programs to meet the increased number of people who would make a quit attempt.

Thank-you!



STAY INVOLVED



Please complete our survey after the webinar ends. Thank you!



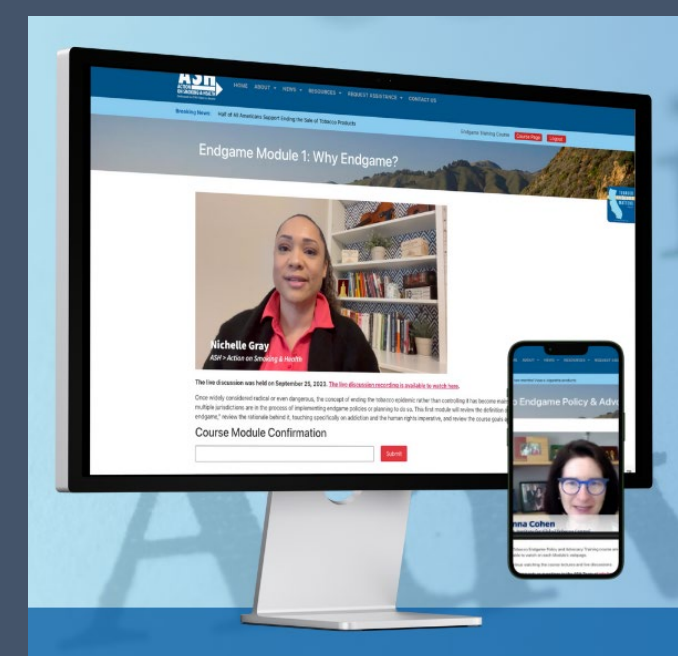
NEXT WEBINAR:

WHO FCTC: How We Got Here and Where We're Going

February 13, 2025

Fact Sheet: How Advocates and Policymakers can Bolster Tobacco Cessation

<https://ash.org/cessation-resource>



Tobacco Endgame Policy and Advocacy Training Course

<https://Endgame.Training>