



News Release
May 19, 2008

Better Tools to Help Smokers Quit

(Salt Lake County) – Do you want to quit smoking? Have you asked your healthcare provider for help? Now may be the perfect time to ask. An updated clinical practice guideline released May 7, 2008 by the U.S. Public Health Service has identified new counseling and medication treatments that are effective for helping people quit smoking. Utah clinicians are following these guidelines and helping to lower smoking rates.

Treating Tobacco Use and Dependence: 2008 Update was developed by a 24-member, private sector panel of leading national tobacco treatment experts that reviewed more than 8,700 research articles published between 1975 and 2007. The review found that there are now seven medications approved by the Food and Drug Administration as smoking cessation treatments that dramatically increased the success of quitting. The medications are: bupropion SR, nicotine gum, nicotine inhaler, nicotine lozenge, nicotine nasal spray, nicotine patch, and varenicline (Chantix).

The 2008 PHS guideline update also found evidence that counseling by itself or especially in conjunction with medication can greatly increase a person's success quitting. In particular, quitlines were found to be effective and can reach a large number of people. The Utah Tobacco Quit Line, 1.888.567.TRUTH, is a free service for all Utahns that provides broad access to cessation counseling for diverse populations and is easy to use.

"The updated version of the Clinical Practice Guideline is a great tool to continue to expand clinician's understanding about the many effective therapies available to help their patients stop using tobacco. The better we understand the best treatments, the better we can help our patients through this life-saving process," said Dr. Tamara Lewis, Medical Advisor for the Coalition for a Tobacco-free Utah.

Other recommendations issued in the 2008 PHS guideline update include the following:

- Clinicians, in their offices and in the hospital, should ask patients if they smoke and offer counseling and other treatments to help them quit.
- If tobacco users are unwilling to make an attempt to quit, clinicians should use the motivational treatments that have been shown effective in promoting future attempts to quit.
- Individual, group and telephone counseling is effective, and their effectiveness increases with treatment intensity.
- Tobacco cessation treatments are highly cost-effective relative to other clinical interventions. Providing coverage for these treatments increases quit rates. Insurers and purchasers should ensure that all insurance plans include the counseling and medication treatments that have been found effective in the 2008 PHS guideline update.

- Counseling treatments have been shown to be effective for adolescent smokers and are now recommended.

“Annually, more than 1,100 Utah adults die as a result of their own smoking and Utah’s economy loses \$530 million each year to smoking-attributable medical and productivity costs. We are very excited because these new guidelines can help Utah clinicians to dramatically reduce tobacco use among their patients,” said Kathy Baebler, Salt Lake Valley Health Department-Tobacco Prevention Program Manager.

The 2008 PHS guideline update and its companion products, which include a consumer guide and a pocket guide for clinicians, are available online at <http://www.surgeongeneral.gov/tobacco/default.htm> or by calling 1-800-358-9295.

For more information, please contact AHRQ Public Affairs: (301) 427-1998.

###