



# Smoking Cessation: Frequently Asked Questions

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Smoking is a key, modifiable risk factor for cardiovascular morbidity and mortality, including from heart attack, stroke, and limb ischemia. In a 2019 study, 42.4% of Ohio Medicaid recipients were smokers, which is nearly double Ohio's statewide prevalence of 22.3%<sup>1</sup>

Physicians and clinical teams are uniquely positioned to encourage Ohioans toward smoking cessation treatment for better cardiovascular health.



42.4%

of working-age Ohio Medicaid recipients were smokers, which is nearly double Ohio's statewide prevalence of 22.3%.

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## 2020 Smoking Cessation Guidelines and Evidence Updates

The U.S. Department of Health and Human Services released “**Smoking Cessation: A Report of the Surgeon General**,”<sup>2</sup> a comprehensive resource that serves as an updated version of the 1990 Surgeon General’s Report. It provides revised and expanded information on the health benefits of quitting smoking, biologic mechanisms, and successful cessation interventions.

The American Thoracic Society (ATS) released a **Clinical Practice Guideline** detailing evidence for cessation methods,<sup>3</sup> focused on common implementation questions. It provides a pathway for tobacco dependence treatment in seven specific patient scenarios in order to assist clinicians in choosing initial pharmacotherapy.

After reading these guidelines, clinicians in Ohio may have questions about how best to integrate them into practice. Below are frequently asked questions about cessation in general, as well as cessation resources in Ohio specifically, in order to support clinicians as they encourage patients to become tobacco free.



## Frequently Asked Questions

**Question** How long will it take for my patients' health to improve if they quit smoking today?  
**Answer**

As noted in the Surgeon General's report, some smoking cessation benefits are almost immediate. For example, improvements in blood pressure are evident within 20 minutes of cessation. The risk of a myocardial infarction starts to decrease within 24 hours of cessation. The benefits of quitting smoking increase as the time from the last cigarette increases, so long-term abstinence is important.

**Question** Which is more effective for smoking cessation therapy – counseling or medication?

**Answer** Effective smoking cessation intervention generally combines behavioral approaches with pharmacologic treatment. At a minimum, offering a clear, brief, personalized message on the recommendation to quit smoking at every clinical visit has been shown to improve quit rates.

**Question** What is the first-line medication for smoking cessation?

**Answer** First-line pharmacotherapy consists of **combination nicotine replacement therapy (NRT)** (a baseline daily patch plus rapid-acting bolus through gum, inhaler, lozenge, or nasal spray), or varenicline. Bupropion SR (sustained-release) may be used as an alternative in certain patient populations, for example in those with allergy to first-line medications or with other psychiatric indications for use.

In a randomized, placebo-controlled trial,<sup>4</sup> treatment with a nicotine patch plus lozenge was most effective at six months post-quit as compared to patch alone, lozenge alone, bupropion SR, or bupropion SR plus lozenge. In the EAGLES trial,<sup>5</sup> a randomized, double-blind, placebo-controlled trial, varenicline was more effective than nicotine patch alone, bupropion, or placebo, and did not significantly increase adverse neuropsychiatric events.

The ATS recommends varenicline as first-line over nicotine patch alone, based on higher rates of long-term abstinence and fewer adverse effects.<sup>3</sup> The ATS guideline also recommends varenicline over routine use of bupropion based on higher abstinence rates and similar rates of adverse effects.

**It is important to tailor treatments to patients' needs and preferences, and to counsel patients on appropriate use of these medications to maximize effectiveness and avoid adverse reactions.**



NICOTINE PATCH



INHALER



NASAL SPRAY



LOZENGE



GUM

**Question** I've started my patients on NRT. How can I help them prevent relapse?

**Answer** Patients may have concerns about becoming addicted to NRT, or “trading one addiction for another.” Patients can be assured that the nicotine contained in NRT in any form is regulated and the likelihood of long-term addiction to NRT is very low.<sup>6</sup> Varenicline has the most promising evidence for achieving long-term abstinence from smoking.<sup>7</sup> The Surgeon General’s report details the evidence behind several cognitive-behavioral strategies for supporting patients who quit smoking.<sup>2</sup>

**Question** What about e-cigarettes as a quit strategy?

**Answer** E-cigarettes are not recommended over varenicline or prescription NRT. Two recent studies suggest that e-cigarettes may contribute to nicotine dependence as users are likely to continue using them several years later.<sup>8,9</sup> As the Surgeon General’s report summarizes, “NRT has been proven safe and effective, but there is no safe tobacco product. Although e-cigarette aerosol generally contains fewer toxic chemicals than conventional cigarette smoke, all tobacco products, including e-cigarettes, carry risks.”<sup>2</sup>

**Question** How can I provide more in-depth behavioral counseling in short clinic visits?

**Answer** **Motivational interviewing** is a cornerstone of behavioral intervention in smoking cessation therapy. Referral to a counselor, smoking cessation coach, or Quit Line may be helpful if this is not feasible in the clinic setting.



**Foundations of Tobacco Dependence Treatment:<sup>3</sup>**

1. All patients should be screened for tobacco use, and the potential diagnosis of tobacco dependence should be assessed.
2. The diagnosis of tobacco dependence, as well as the toxic effects of tobacco exposure, should be incorporated into the patient’s problem list.
3. Simply encouraging patients to stop smoking is insufficient. All patients who use tobacco should be provided with evidence-based treatment, including pharmacotherapy, to help them stop.
4. Tobacco dependence interventions require longitudinal follow-up, akin to the longitudinal evaluation and management of other chronic illnesses.

**Question** How can I get through the “5 A’s” (Ask-Assess-Advise-Assist-Arrange) in a 20-minute office visit?



**Answer** Consider the abbreviated **AAC** (Ask-Advise-Connect) framework. Ask-Advise-Connect has shown increased uptake of services by patients in place of the traditional “5 A’s” approach.<sup>10</sup> In AAC, patients are asked about tobacco use and are provided brief, personalized advice to quit. If patients agree, their contact information is then provided by fax or e-referral to the Quit Line, which then contacts them proactively within 48 hours. The **AAC** process, also known as Ask-Advise-Refer, typically requires about 2 to 3 minutes of visit time and can be performed by a clinical team member.

**Question** How do I talk with a patient who has restarted smoking or who feels that repeated attempts are not likely to help?

**Answer** First, congratulate the patient on prior attempts to quit and any periods of cessation. These are helpful to the patient’s health and predict ultimate success with quitting. Assure your patient that most smokers make between six and 20 attempts to quit before achieving long-term success.<sup>11</sup> Talk to your patient about what seemed to work in prior quit attempts so they can include those strategies in any efforts to quit they may plan now. Ask about any triggers or factors that may have led to prior relapse.

**Question** What can I do when we run out of time or forget to address smoking cessation, or if the patient prefers to address it at a later visit?

**Answer** Leverage the electronic medical record to keep tobacco and all forms of smoking on the active problem list and to keep the clinical team aware of the elevated cardiovascular risk and opportunity for intervention.

**Question** How can I bill for time spent counseling patients on cessation? Are smoking-cessation medications covered by Ohio Medicaid?

**Answer** Ohio Medicaid covers all seven FDA-approved medications for smoking cessation. However, limitations and the need for prior authorization vary by managed care plan. The Ohio Department of Medicaid provides details on **billing and pharmacotherapy coverage**. During the COVID-19 pandemic, Ohio Medicaid covers **counseling on smoking cessation** via telehealth.

**Question** **There is a lot of information for patients on smoking cessation. How can I ensure patients understand the most important information?**

**Answer** Prepare an electronic medical record (EMR) “smart phrase” of pre-written instructions for patients who smoke. These can include key smoking cessation resources and instructions for smoking cessation medication use, including nicotine replacement. Be sure to have high-quality materials available in the clinic for patients. For example, the Society for Vascular Medicine offers free, printable, peer-reviewed patient information pages (see [Resources for Patients](#)).

**Question** **What is provided through the Quit Line in Ohio?**

**Answer** The Quit Line (1-800-QUIT-NOW), managed by the National Cancer Institute, connects tobacco users to their state’s Quit Line services.

In Ohio, the Quit Line is available free of cost and staffed by coaches for telephone-based counseling 9 a.m. to 11 p.m. Monday – Friday and 10:30 a.m. to 6:30 p.m. Saturday and Sunday. Voicemail services are available 24 hours a day, seven days per week, and all messages are returned within 48 hours. Callers can enroll in a five-call telephone counseling series through the Quit Line, with or without an [online support component](#). Nicotine replacement therapy also is provided by mail free of cost through this service to uninsured patients, pregnant women, and patients on Medicaid or Medicare. A text message-based reminder service is available for ongoing motivation. Online and telephone Quit Line services also are available in Spanish.

**Question** **Is the Quit Line effective in helping people stop smoking?**

**Answer** Yes! A recent Cochrane Review<sup>12</sup> found that telephone counseling increases the chance of quitting smoking, even in those who are not yet motivated to quit.

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## Additional Resources

### Resources for Clinicians

- **2018 ACC Expert Consensus Decision Pathway on Tobacco Cessation Treatment: A Report of the American College of Cardiology Task Force on Clinical Expert Consensus Documents:** A step-by-step guide to evaluate and treat tobacco dependence with evidence-based approaches.  
[jacc.org/doi/full/10.1016/j.jacc.2018.10.027?\\_ga=2.191780845.651608611.1544036239-920245740.1501853580](https://www.jacc.org/doi/full/10.1016/j.jacc.2018.10.027?_ga=2.191780845.651608611.1544036239-920245740.1501853580)
- **E-Cigarette, or Vaping Products Visual Dictionary:** A Centers for Disease Control’s resource on e-cigarette products.  
[cdc.gov/tobacco/basic\\_information/e-cigarettes/pdfs/ecigarette-or-vaping-products-visual-dictionary-508.pdf](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/pdfs/ecigarette-or-vaping-products-visual-dictionary-508.pdf)
- **Initiating Pharmacologic Treatment in Tobacco-Dependent Adults: An Official American Thoracic Society Clinical Practice Guideline:** Recommendations to make tobacco-dependence pharmacotherapy more effective.  
[atsjournals.org/doi/pdf/10.1164/rccm.202005-1982ST](https://atsjournals.org/doi/pdf/10.1164/rccm.202005-1982ST)
- **Pharmacologic Product Guide: FDA-Approved Medications for Smoking Cessation:** U.S. Food and Drug Administration list of approved medications for use in smoking cessation.  
[ncbi.nlm.nih.gov/books/NBK555596/table/ch6.tab2/?report=objectonly](https://ncbi.nlm.nih.gov/books/NBK555596/table/ch6.tab2/?report=objectonly)
- **Smoking Cessation in Peripheral Artery Disease:** A 2020 expert analysis from the American College of Cardiology that provides tips and a framework for tobacco cessation treatment.  
[acc.org/latest-in-cardiology/articles/2020/03/05/07/53/smoking-cessation-in-peripheral-artery-disease](https://www.acc.org/latest-in-cardiology/articles/2020/03/05/07/53/smoking-cessation-in-peripheral-artery-disease)
- **Summary of Smoking Cessation: A Report of the Surgeon General – 2020:** An overview of the recent research on the health advantages of smoking cessation  
[ncbi.nlm.nih.gov/books/NBK555591/](https://ncbi.nlm.nih.gov/books/NBK555591/)
- **Vaping Devices (Electronic Cigarettes) DrugFacts:** Information from the National Institutes of Health on the use of electronic cigarettes (e-cigarettes) and their associated health risks.  
[nida.nih.gov/publications/drugfacts/vaping-devices-electronic-cigarettes](https://nida.nih.gov/publications/drugfacts/vaping-devices-electronic-cigarettes)

## Resources for Patients

- **E-Cigarettes:** Free, printable, peer-reviewed patient information pages on smoking cessation from the Society for Vascular Medicine.  
[journals.sagepub.com/doi/pdf/10.1177/1358863X19837361](https://journals.sagepub.com/doi/pdf/10.1177/1358863X19837361)
- **Ohio Quit Line:** Free telephone-based counseling, accessible by calling 1-800-QUIT-NOW.  
[odh.ohio.gov/wps/wcm/connect/gov/b099bb46-f246-4cad-88da-9ea5bedc616c/Ohio-Quit-Line-Brochure.pdf?MOD=AJPERES&CONVERT\\_TO=url&CACHEID=ROOTWORKSPACE.Z18\\_M1HGGIK0N0JO00QO9DDDDM3000-b099bb46-f246-4cad-88da-9ea5bedc616c-mDFoauj](https://odh.ohio.gov/wps/wcm/connect/gov/b099bb46-f246-4cad-88da-9ea5bedc616c/Ohio-Quit-Line-Brochure.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-b099bb46-f246-4cad-88da-9ea5bedc616c-mDFoauj)
- **SmokeFree.gov:** National Cancer Institute resource with tools and tips to help people quit smoking.  
[smokefree.gov](https://smokefree.gov)
- **Smoking Cessation:** Free, printable, peer-reviewed patient information pages on e-cigarettes from the Society for Vascular Medicine.  
[journals.sagepub.com/doi/pdf/10.1177/1358863x16661767](https://journals.sagepub.com/doi/pdf/10.1177/1358863x16661767)

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