Comprehensive Tobacco Control Programs: Cessation Interventions

Best practices for comprehensive Tobacco Control programs recommend that approximately **35%** of program funds be used for cessation interventions.

Helping Everyone Quit Tobacco Use for Good

Tobacco control programs implement cessation interventions that help people quit using tobacco products for good. These are not interventions for individual patients; programs work across communities to make cessation the default. People can quit tobacco using FDA-approved medication or behavioral counseling, and using both is even more effective.[1] Helping people quit for good is the fastest way to reduce tobacco-related death and disease — and health care costs.[1]

Cessation Intervention Goals for Comprehensive Tobacco Control Programs[1,2,3,4]

Promoting Health Systems Change

- 70% of people who smoke visit a doctor annually, but providers often do not offer cessation help.[1]
- Tobacco control programs work closely with the health systems in their state to integrate cessation interventions into routine clinical care so every patient gets the opportunity to try and quit with the help of their medical team.
- This can include revising organizational policies, improving clinical processes, and providing training on cessation for health care providers from cessation experts.

Expanding Insurance Coverage for Proven Cessation Treatments

- Expanding coverage improves access to counseling and medications.
- This includes removing cost or administrative barriers, co-payments for treatment, or limits on the number of times people try to quit in a year.
- Tobacco control programs can also partner with state Medicaid agencies and state employee insurance providers to increase awareness of cessation benefits.
- Negotiating with state Medicaid program a Medicaid Administrative Match, which allows Medicaid programs to claim up to 50% of cost of quitline administration to reach populations covered by Medicaid for a federal funding match.

The Need for Tobacco Cessation

There is no safe tobacco product. Tobacco use is not a lifestyle choice, habit, or personal failing. Tobacco dependence is a chronic, relapsing disorder driven by Nicotine

Supporting State Quitlines

- Quitlines are cost-efficient and effective, providing a baseline of cessation services to everyone in a state.[1] They increase quit rates. Quitlines are effective because they are free to use, easy to access, and confidential.
- Quitlines also make it easier for medical teams to refer their patients to a proven resource.
- Health communication campaigns help increase everyone's awareness of the importance of cessation and promote using cessation services, such as the quitline.[2]

How Comprehensive Tobacco Control Programs Advance These Cessation Goals

Programs need a sophisticated understanding of how health care and insurance work in their state. This includes building relationships with health care organizations, insurers, employers, and the state Medicaid program. In addition, they can allocate grants to health care organizations, insurers, and employers to implement cessation interventions. Programs also document the results to figure out what works best.

Tobacco control programs can hire a cessation coordinator and staff with expertise in addiction to collect data on cessation interventions and outcomes, such as data from Electronic Health Records and insurance claims data. These experts also train health care providers on how best to support their patients.

Cessation interventions also include resources for quitlines. CDC recommends state quitlines cover:[2]

- 100% of the cost of three proactive counseling calls to uninsured/underinsured callers or callers insured through the state insurance marketplace.
- 50% of the cost of providing counseling to Medicaid callers.
- 100% of the cost of providing two weeks of nicotine replacement therapy to select callers.

Finally, programs also need resources to promote cessation, especially the state quitline, and the ability to ramp up capacity when cessation demand increases. This is especially important if this promotion is timed with, for example, implementation of smokefree policies or increases in the price of tobacco products. Integrating cessation into policy implementation can make those policies even more effective and help close gaps in cessation.[5]

What Helps People Quit?

- FDA has approved seven medications to help people who smoke quit for good. This medication is called nicotine replacement therapy and comes in the form of patches, lozenges, gum, nasal sprays, and inhalers.
- Medication plus behavioral counseling is even more effective than either alone.
- Quitlines are a proven way to connect people to both counseling and nicotine replacement therapy.
- There is no evidence that e-cigarettes help people who smoke quit for the long term. Instead, many people who smoke keep using both products, continuing to harm their health.

[1] U.S. Department of Health and Human Services. Smoking Cessation—A Report of the Surgeon General. Atlanta (GA): Centers for Disease Control and Prevention; 2020.

[2] Adapted from: Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs. Atlanta, GA: 2014. Evidence-Based Guides for States | Smoking and Tobacco Use | CDC

[3] U.S. 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.

[4] U.S. Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults—A Report of the Surgeon General. Atlanta (GA): Centers for Disease Control and Prevention; 2016.

[5] U.S. Department of Health and Human Services. HHS Framework to Support and Accelerate Smoking Cessation 2024. Washington(DC): Department of Health and Human Services; 2024.

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