



## Behavioral and Pharmacotherapy Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Women: Clinical Summary

Population	Nonpregnant adults age ≥18 y	Pregnant adults age ≥18 y	Pregnant adults age ≥18 y	All adults age ≥18 y
Recommendation	<b>Provide pharmacotherapy and behavioral interventions for cessation.</b> Grade: A	<b>Provide behavioral interventions for cessation.</b> Grade: A	<b>Pharmacotherapy interventions: No recommendation.</b> Grade: I statement	<b>ENDS: No recommendation.</b> Grade: I statement

<b>Assessment</b>	The 5 A's framework is a useful strategy for engaging patients in smoking cessation discussions. The "5 A's" include: 1) Asking every patient about tobacco use, 2) Advising them to quit, 3) Assessing their willingness to quit, 4) Assisting them with quitting, and 5) Arranging follow-up.			
<b>Behavioral Counseling Interventions</b>	Behavioral interventions alone (in-person behavioral support and counseling, telephone counseling, and self-help materials) or combined with pharmacotherapy substantially improve achievement of tobacco cessation.	Behavioral interventions substantially improve achievement of tobacco smoking abstinence, increase infant birthweight, and reduce risk for preterm birth.		
<b>Pharmacotherapy Interventions</b>	Pharmacotherapy interventions, including NRT, bupropion SR, and varenicline—with or without behavioral counseling interventions—substantially improve achievement of tobacco cessation.		There is inadequate or no evidence on the benefits of NRT, bupropion SR, or varenicline to achieve tobacco cessation in pregnant women or improve perinatal outcomes in infants.	There is inadequate evidence on the benefit of ENDS to achieve tobacco cessation in adults or improve perinatal outcomes in infants.
<b>Balance of Benefits and Harms</b>	The USPSTF concludes with high certainty that the net benefit of behavioral interventions and FDA-approved pharmacotherapy for tobacco cessation, alone or in combination, is substantial.	The USPSTF concludes with high certainty that the net benefit of behavioral interventions for tobacco cessation on perinatal outcomes and smoking abstinence is substantial.	The USPSTF concludes that the evidence on pharmacotherapy interventions for tobacco cessation is insufficient because of a lack of studies, and the balance of benefits and harms cannot be determined.	The USPSTF concludes that the evidence on the use of ENDS for tobacco cessation is insufficient, and the balance of benefits and harms cannot be determined.
<b>Other Relevant USPSTF Recommendations</b>	The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent the initiation of tobacco use in school-aged children and adolescents. This recommendation is available on the USPSTF Web site ( <a href="http://www.uspreventiveservicestaskforce.org">www.uspreventiveservicestaskforce.org</a> ).			

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to <http://www.uspreventiveservicestaskforce.org/>.