

U.S. Preventive Services Task Force Recommends That Clinicians Ask All Adults About Tobacco Use and Offer Ways to Quit

Evidence shows that behavioral therapies and medications are effective for smoking cessation

WASHINGTON, D.C. – September 22, 2015 – The U.S. Preventive Services Task Force (Task Force) today published a final recommendation statement on smoking cessation in adults. The Task Force recommends that clinicians ask all adults whether they smoke, advise them to quit if they do, and provide appropriate cessation aids to adults who use tobacco. This is an **A recommendation**.

Smoking is the leading cause of preventable disease, disability, and death in the United States. Every year, smoking results in 480,000 premature deaths and accounts for approximately one in every five deaths. Despite this, it is estimated that 42.1 million U.S. adults, or about 18% of the population, currently smoke.

“One of the most important steps people can take for their health is to quit smoking, or to never start. The good news is that there are many effective interventions to help people stop smoking,” says Task Force chair Albert Siu, M.D., M.S.P.H.

Grades in this recommendation:

- A:** Recommended.
- I:** The balance of benefits and harms cannot be determined.

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For adults who are not pregnant, the Task Force recommends behavioral interventions and smoking cessation medications. Behavioral interventions include in-person counseling sessions, telephone counseling, and tailored self-help materials. These can be delivered by health care providers or trained counselors. Currently, U.S. Food and Drug Administration–approved smoking cessation medications include nicotine replacement therapy, which is available in a variety of forms such as patches, gums, and lozenges, and the medications varenicline and bupropion SR (more commonly known by the brand names of Chantix and Zyban). Both intervention types (smoking cessation medications and behavioral interventions) are effective; combinations of interventions are most effective, and all types should be offered to patients.

For pregnant women, the Task Force recommends that clinicians ask about tobacco use, advise patients to quit smoking, and provide behavioral interventions for cessation to pregnant women who use tobacco. This is an **A recommendation**. Smoking while pregnant increases the risk of miscarriage, complications during pregnancy, SIDS (sudden infant death syndrome), and impaired lung function in childhood among children whose mothers smoked.

The Task Force is calling for more research about the use of smoking cessation medications in pregnant women who smoke and on the use of electronic nicotine delivery systems, such as e-cigarettes, for smoking cessation and has issued an **I Statement** for both.

“Smoking cessation is tough, but clinicians and patients have a variety of evidence-based interventions to choose from. Clinicians should ask their patients if they smoke and work together to determine the most appropriate way to help them quit,” says Task Force member Francisco Garcia, M.D., M.P.H.

The Task Force's final recommendation statements have been published online in *Annals of Internal Medicine*, as well as on the Task Force Web site at www.uspreventiveservicestaskforce.org. A fact sheet that explains the recommendation statement in plain language is also available. The draft recommendations were available for public comment from May 5 to June 1, 2015.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

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