

Smoking Cessation Guideline

MVP Health Care, as part of its continuing Quality Improvement Program, adopted the Department of Health and Human Services (HHS) Smoking Cessation guideline. The full guideline is available at [Smoking Cessation Evidence and Resources | Agency for Healthcare Research and Quality \(ahrq.gov\)](https://www.aahrq.gov/resources/practiceguideline/smoking-cessation)

Impact of Smoking 2022

- About 42 million people (about twice the population of New York) in the United States (nearly 18 percent of the population) currently smoke. Smoking is a deadly habit, contributing to more than 480,000 deaths, or one of every five deaths in the United States each year including more than 41,000 deaths resulting from secondhand smoke exposure. This is about twenty percent of total deaths every year, or 1,300 deaths every day.
 - Tobacco use is a leading cause of illness, disability, and death in the United States.
 - Cigarette smoking accounts for one out of every five deaths and is estimated to increase the risk for heart disease and stroke by two to four times.
 - Smoking during pregnancy increases the risk of congenital anomalies, perinatal complications, miscarriage, and stillbirth.
 - Substantial clinical evidence shows that quitting smoking is one of the most important things a person can do for his or her health.
 - Current smoking has declined from 20.9% (nearly 21 of every 100 adults) in 2005 to 14.0% (14 of every 100 adults) in 2019, and the proportion of ever smokers who have quit has increased.
- More than 16 million Americans are living with a disease caused by smoking.
- For every person who dies because of smoking, at least 30 people live with a serious smoking-related illness.
- Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis.
- Smoking also increases risks of tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis.
- Smoking is a known cause of erectile dysfunction in males.
- Smoking is the leading cause of preventable death.
- On average, smokers die 10 years earlier than nonsmokers.
- If smoking continues at the current rate among U.S. youth, 5.6 million of today's Americans younger than 18 years of age are expected to die prematurely from a smoking-related illness. This represents about one in every 13 Americans aged 17 years or younger who are alive today.

Costs and Expenditures

- The total economic cost of smoking in the U. S. is more than \$300 billion (about \$920 per person in the U. S.) a year, including more than \$225 billion in direct medical care for adults
- More than \$156 billion (about \$480 per person in the US) in lost productivity due to premature death and exposure to secondhand smoke
- \$8.2 billion (about \$25 per person in the U. S.) was spent on advertising and promotion of cigarettes and smokeless tobacco combined—about \$22.5 million every day, and nearly \$1 million every hour. Smokeless tobacco products include dry snuff, moist snuff, plug/twist, loose-leaf chewing tobacco and dissolvable products.
- Price discounts to retailers account for 74.7% of all cigarette marketing (about \$5.7 billion). These are discounts paid in order to reduce the price of cigarettes to consumers.

U.S. Department of Health and Human Services. Smoking and tobacco use: Fact sheets. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. See: https://www.cdc.gov/tobacco/data_statistics/fact_sheets/

E-cigarettes and vaping

- E-cigarette aerosol generally contains fewer harmful chemicals than the smoke from burned tobacco products. However, e-cigarette aerosol can contain cancer-causing and also otherwise dangerous chemicals and tiny particles that reach deep into the lungs.
- Most e-cigarettes contain nicotine, the highly addictive drug found in tobacco.
- In youth and young adults, nicotine can harm brain development, which continues until about age 25.
- Nicotine is dangerous for pregnant women and their developing babies.
- The FDA **has not approved e-cigarettes as a quit smoking aid**, and more research is needed on whether e-cigarettes are effective for quitting smoking and to better understand the health effects of e-cigarettes.
- E-cigarettes are not safe for youth, young adults, pregnant women, and adults who do not currently use tobacco products, or anyone else.
- E-cigarettes are a rapidly emerged and diversified product class. These devices typically deliver nicotine and other additives to users via an inhaled aerosol. These devices are referred to by a variety of names, including “e-cigs,” “e-hookahs,” “mods,” “vape pens,” “vapes,” and “tank systems.”
- E-cigarette use among youth and young adults has become a public health concern. In 2014, current use of e-cigarettes by young adults 18–24 years of age surpassed that of adults 25 years of age and older.
- E-cigarettes are now the most commonly used tobacco/nicotine product among youth, surpassing conventional cigarettes in 2014.
- E-cigarette use is strongly associated with the use of other tobacco products among youth and young adults, including combustible tobacco products. The use of products containing

nicotine poses dangers to youth, pregnant women, and fetuses. The use of products containing nicotine in any form among youth, including in e-cigarettes is unsafe.

- E-cigarette aerosol is not harmless. It can contain harmful and potentially harmful constituents, including nicotine. Nicotine exposure during adolescence can cause addiction and can harm the developing adolescent brain.
- E-cigarettes are marketed by using a wide variety of media channels and approaches used for marketing conventional tobacco products to youth and young adults.
- Action can be taken at the national, state, local, tribal and territorial levels to address e-cigarette use among youth and young adults.
- Such actions could include incorporating e-cigarettes into smokefree policies, preventing access to e-cigarettes by youth, price and tax policies, retail licensure, regulation of e-cigarette marketing likely to attract youth and educational initiatives targeting youth and young adults

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm

https://www.cdc.gov/tobacco/data_statistics/sgr/e-cigarettes/index.htm

Summary of the Guidelines

Tobacco products are unsafe to use.

They increase morbidity and mortality.

They are also popular and extremely addictive because of their nicotine content.

Nonpharmacologic approaches to cessation of tobacco product use are several and can work. Effective pharmacologic options are readily available over-the-counter and also available by prescription. The HHS's recommendation includes tips for assessing a patient's readiness to quit and suggested medications available for patients who want to stop smoking. Additionally, there is a tear sheet containing tips for patients to improve their chances of quitting successfully as well as an area to document their quitting plan.

Additional tools to assist providers with educating their patients on smoking cessation are included in the Provider Quality Improvement Manual under Preventive Health.

<https://www.mvphealthcare.com/providers/quality-programs/provider-quality-improvement-manual-pqim/preventive-health>.

This guideline is not intended to replace the role of clinical judgment by the physician in the management of this, or any other disease entity. It is an educational guideline to assist in the delivery of good medical care. All treatment decisions are ultimately up to the physician. Where medication recommendations are made, please refer to each health plan's formulary for coverage considerations.

MVP Health Care updates its clinical guidelines at least every two years. The review process is also initiated when new scientific evidence or national standards are published. Practitioners are alerted via the web site and by written notices from the plan via fax or newsletter. A hard

copy of the clinical guidelines can be requested by calling the MVP Quality Improvement Department at **800-777-4793**.