Cessation Interventions

Quitting smoking has immediate and long-term health benefits. Encouraging tobacco users to quit—and supporting them as they quit tobacco—is the fastest way to reduce tobacco-related disease, death, and health care costs.

While tobacco control programs should provide cessation treatment services to certain vulnerable populations, programs should focus on large-scale strategic efforts to normalize quitting and encourage or require health care systems, insurers, and employers to provide cessation services.

Cessation interventions should:
- Promote health systems change to fully integrate tobacco dependence treatment into clinical care
- Expand public and private insurance coverage for proven cessation treatments
- Support state quitline capacity

Several recent developments have created opportunities to increase access to and use of evidence-based cessation treatments, including:
- Implementation of the Affordable Care Act
- Increased use of electronic health records
- The new Joint Commission hospital cessation performance measures
- The 50% federal match for state quitline counseling provided to Medicaid enrollees
- CDC’s Tips From Former Smokers national education campaigns

Considerations for Funding Levels for Cessation Interventions include:
- Personnel (e.g., a full-time cessation coordinator, other staff and/or contractors to conduct outreach to health care organizations, as well as data collection and analysis)
- Grants to selected health care system organizations to evaluate cessation interventions and disseminate the results
- State quitline support

State quitlines should:
- Provide all callers with counseling by trained cessation counselors
- Seek sustainable sources of funding, including partnerships with health plans and employers and the federal Medicaid match
- Promote referrals from health care providers
- Conduct targeted outreach to underserved populations