

# Smoking Cessation Guidelines Handout

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This handout is based on the latest Smoking Cessation Guidelines from the World Health Organization (WHO).

## Behavioral support delivered in both clinical and community setting

1. WHO recommends brief advice (between 30 seconds and 3 minutes per encounter) be consistently provided by health-care providers as a routine practice to all tobacco users accessing any health-care settings.

**Strong** recommendation; **moderate** certainty

2. WHO recommends offering more intensive behavioral support to all tobacco users interested in quitting. Options for behavioral support are individual face-to-face counseling, group face-to-face counseling, or telephone counseling; multiple behavioral support options should be provided.

**Strong** recommendation; **high** certainty (individual counseling)/ **moderate** certainty (group counseling and telephone counseling)

## Digital tobacco cessation interventions

3. Digital tobacco cessation modalities<sup>3</sup> (text messaging, smartphone apps, AI-based interventions or internet-based interventions), individually or combined, can be made available for tobacco users interested in quitting, as an adjunct to other tobacco cessation support or as a self-management tool.

**Conditional** recommendation; **moderate** certainty (text messaging)/ **low** certainty (smartphone apps/AI-based interventions)/ **very low** certainty (internet-based interventions)

## Pharmacological interventions delivered in both clinical and community settings

4. WHO recommends varenicline, NRT, bupropion, and cytisine<sup>4</sup> as pharmacological treatment options for tobacco users who smoke and are interested in quitting. Varenicline, NRT, or bupropion are recommended as first-line options; combination NRT (a patch plus a short-acting form, such as gum or a lozenge) is an option for tobacco users interested in quitting who will use NRT.

**Strong** recommendation; **high** certainty (varenicline, NRT and bupropion)/ **moderate** certainty (combination NRT, cytisine) Varenicline / bupropion / cytisine NRT 5.

5. Bupropion in combination with NRT or varenicline may be offered to tobacco users interested in quitting when there is inadequate response to first-line treatments.

**Conditional** recommendation; **moderate** certainty (bupropion plus varenicline)/ **low** certainty (bupropion plus NRT)

## Interventions for smokeless tobacco use cessation

6. WHO recommends providing intensive behavioral support interventions (individual face-to-face counseling, face-to-face group counseling or telephone counseling) for smokeless tobacco users interested in quitting.

**Strong** recommendation; **moderate** certainty

7. WHO recommends varenicline or NRT as pharmacological options for smokeless tobacco users interested in quitting.

**Strong** recommendation; **moderate** certainty (varenicline)/ **low** certainty (NRT)

## Combination of behavioral and pharmacological treatments

8. WHO recommends combining pharmacotherapy and behavioral interventions to support tobacco users interested in quitting.

**Strong** recommendation; **high** certainty

## Traditional, complementary and alternative therapies

9. Evidence is insufficient to make a recommendation for or against traditional, complementary and alternative therapies for tobacco users interested in quitting. If these therapies are utilized by tobacco users interested in quitting, ensure that they are offered a comprehensive approach to support tobacco cessation, including behavioral support and/or pharmacotherapy.

## System-level interventions and policies

10. WHO recommends that all health-care facilities include tobacco use status and use of tobacco cessation interventions in their medical records (including EHRs), to facilitate provider interaction with tobacco-using patients and increase adoption and maintenance of evidence-based treatment interventions.

**Strong** recommendation; **moderate** certainty

11. WHO recommends training of all health-care providers on delivery of evidence-based cessation interventions, with ongoing prompting and feedback, in their routine medical practices at all levels of health-care settings.

**Strong** recommendation; **moderate** certainty

12. WHO recommends that evidence-based tobacco cessation interventions be provided at no or reduced cost to all tobacco users interested in quitting. No cost is strongly preferred over reduced cost.

**Strong** recommendation; **moderate** certainty

## Assessment of evidence and grading

Certainty of evidence	Description
High	Further research is very unlikely to change our confidence in the estimate of effect.
Moderate	Further research is likely to have an important impact on our confidence in the effect and may change the estimate.
Low	Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low	Any estimate of the effect is very uncertain.

## Implications of the strength of a recommendation for different users

Perspective	Strong recommendation	Conditional recommendation
Patients/tobacco users	Most people in this situation would want the recommended course of action and only a small proportion would not.	Most people in this situation would want the recommended course of action, but many would not.
Clinicians	Most people should receive the recommended course of action.	Recognize that different choices will be appropriate for individual patients.
Policy-makers	The recommendation can be adopted as policy in most situations.	Require substantial debate with all stakeholders before this can be adopted as policy.

## Reference

World Health Organization. (2024). WHO clinical treatment guideline for tobacco cessation in adults. <https://iris.who.int/bitstream/handle/10665/377825/9789240096431-eng.pdf?sequence=4>