

Treating tobacco dependence – behavioural support interventions

Key citations:

1. *Hartmann-Boyce J, et al. Behavioural interventions for smoking cessation: an overview and network meta-analysis. Cochrane Database Syst Rev 2021;1:CD013229.*
2. *Heckman CJ, et al. Efficacy of motivational interviewing for smoking cessation: a systematic review and meta-analysis. Tob Control 2010;19:410-6.*
3. *Stead LF, et al. Combined pharmacotherapy and behavioural interventions for smoking cessation. Cochrane Database Syst Rev 2016;3:CD008286.*
4. *Peirson L, et al. Interventions for prevention and treatment of tobacco smoking in school-aged children and adolescents: A systematic review and meta-analysis. Prev Med 2016;85:20-31.*

Title of evidence summary

Treating tobacco dependence – behavioural support interventions

Who is this summary for?

Health managers, researchers, practitioners in each country.

Focus

Effectiveness of behavioural support interventions to assist adolescents to quit smoking

Key findings/recommendations

Behavioural support, including counseling (eg motivational interviewing), exercise, hypnotherapy and self-help materials, can increase quit rates and sustained quit rates at six months or longer among adult smokers (meta-analysis of data from 312 randomized controlled trials [RCTs]).^{1,2} This meta-analysis also suggested a benefit for delivery of behavioural support via text message, email, and audio recording or by a lay health advisor. Behavioural interventions in combination with pharmacotherapy may be more effective than either intervention alone, at least among adults.³ Although more limited, a meta-analysis of data from nine RCTs supports the effectiveness of behavioural interventions (including counseling, education, acupuncture, hypnosis, laser therapy) to support smoking cessation among school-aged children and adolescents.⁴

Implementation considerations

No single behavioural support intervention has proven more effective than others. Effectiveness of individual interventions may be context and resource dependent. Training as well as willingness and time to deliver the intervention on an ongoing or repeated basis may be required.

Quality of the evidence

Limited for adolescent smokers; high for adult smokers.

Citation for any linked full evidence review

1. Hartmann-Boyce J, et al. Behavioural interventions for smoking cessation: an overview and network meta-analysis. *Cochrane Database Syst Rev* 2021;1:CD013229.
2. Heckman CJ, et al. Efficacy of motivational interviewing for smoking cessation: a systematic review and meta-analysis. *Tob Control* 2010;19:410-6.
3. Stead LF, et al. Combined pharmacotherapy and behavioural interventions for smoking cessation. *Cochrane Database Syst Rev* 2016;3:CD008286.
4. Peirson L, et al. Interventions for prevention and treatment of tobacco smoking in school-aged children and adolescents: A systematic review and meta-analysis. *Prev Med* 2016;85:20-31.

Funding [no single review]

Languages (can use ISO codes) [most papers only in English]

Other sources of information: (none are specific to adolescents)

- Integrated brief interventions for noncommunicable disease risk factors in primary care: the manual. BRIEF project. Copenhagen: WHO Regional Office for Europe; 2022. Licence: CC BY-NC-SA 3.0 IGO. pages 100 onwards <https://www.who.int/europe/publications/i/item/9789289058551>
- IPCRG. Treating tobacco dependence: guidance for primary care on life-saving interventions. Position statement of the IPCRG giving Numbers Needed to Treat doi: [10.1038/s41533-017-0039-5](https://doi.org/10.1038/s41533-017-0039-5)
- IPCRG desktop helper – practical guide to helping smokers quit. <https://www.ipcr.org/desktophelpers/desktop-helper-no-4-helping-patients-quit-tobacco-3rd-edition>.