



**Topic Contact: David P. Hopkins, MD, MPH**  
CDC, EPO, DPRAM, Community Guide Branch  
503-872-6708 [DHopkins@cdc.gov](mailto:DHopkins@cdc.gov)

**Community Guide Contact: Brad Myers**  
CDC, EPO, DPRAM, Community Guide Branch  
770-488-8189 [BMyers@cdc.gov](mailto:BMyers@cdc.gov)

## Effectiveness of Telephone Counseling and Support to Help More Tobacco Users Quit

Tobacco use is the single largest cause of preventable premature death in the United States. Seven out of ten of smokers want to quit completely. Counseling and support for quitting increase the number of smokers and other tobacco users who quit. The question is: *can cessation counseling be effectively delivered by telephone?*

A systematic review of published studies, conducted on behalf of the Task Force on Community Preventive Services by a team of experts, found that providing counseling and support to patients by telephone, when included as one component of a multicomponent strategy to help smokers quit, is effective in increasing the number of smokers who succeed. Based on this review, the **Task Force recommends that this strategy be implemented on the basis of strong evidence of effectiveness.**

### Background on Multicomponent Patient Telephone Support

- These programs are organized efforts to help tobacco users quit and not start using tobacco again. They provide one or more sessions of counseling or assistance, usually delivered by trained counselors, healthcare providers.
- Help is delivered in one of two ways: either the tobacco user places a call requesting help, or the professional guiding the effort to quit calls the user to offer help or returns a call from a user who requested help.
- These telephone sessions, which usually follow a standardized approach to providing advice and counseling, are often combined with other efforts, such as distribution of materials about quitting, formal individual or group counseling, or nicotine replacement therapies (including patches or gum).

### Findings from the Systematic Review

- The 32 qualifying studies, with a median follow-up period of 12 months, demonstrated small, but consistent increases in the number of tobacco users who quit. The median difference was +2.6 percentage points (a 41% improvement) in quit rates when compared to smokers who did not receive telephone counseling.
- This kind of telephone support is most effective when combined with other efforts, such as other educational approaches or medical therapies.
- There are many different approaches to the use of telephone support, some of which work better than others. To be effective, programs should at least give tobacco users the option to call for help and should distribute printed materials about quitting tobacco use.
- Telephone support, when combined with other efforts such as educational approaches or medical therapies, was effective in helping smokers to quit when implemented in both clinical and community settings.

### Publications:

- **MMWR/Recommendations and Reports** – [November 10, 2000/ Vol. 49/ No. RR-12](#). A report on findings.
- **American Journal of Preventive Medicine** – Am J Prev Med 2001; 20 (2S); 16-66. A report on findings and evidence.

---

The **Guide to Community Preventive Services** (Community Guide) provides recommendations on population-based interventions to promote health and to prevent disease, injury, disability, and premature death, appropriate for use by communities and healthcare systems. For more information about the Community Guide (including links to publications and a variety of resources) see

[www.thecommunityguide.org](http://www.thecommunityguide.org) and for more information about tobacco interventions see [www.thecommunityguide.org/tobacco/](http://www.thecommunityguide.org/tobacco/)

This information is in the public domain. Copying and disseminating freely is encouraged. However, citation to source is appreciated.

Updated – January 3, 2003