

# Which smoking cessation aids are proven effective according to smokers who want to quit smoking? A report from the Netherlands

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## Which smoking cessation aids are proven effective according to smokers who want to quit smoking? A report from the Netherlands

The use of evidence-based smoking cessation aids (SCA) is an important strategy in helping smokers to quit successfully and is highly recommended for smoking cessation.<sup>1</sup> However, the use of these aids in the Netherlands is particularly low.<sup>2</sup> While many smokers seem to underestimate the benefits of using evidence-based SCA,<sup>3</sup> the use of non-evidence-based SCA is quite popular.<sup>4,5</sup> Smokers do not perceive non-evidence-based SCA to be less helpful than evidence-based SCA.<sup>6,7</sup> The internet might contribute to this misperception, since internet searches for SCA more often lead to non-professional than professional websites.<sup>8</sup> So do smokers know which SCA are evidence-based and which are not? This study sought to find an answer to this question.

The data collected in September 2010 were part of a study administered by the research agency MarketResponse. Adult smokers were randomly selected for participation from a large research panel. Of the 4338 smokers who were contacted, 2673 smokers (61.6%) responded. Of these smokers, 668 (25.0%) intended to quit within half a year and were included in the analysis. Knowledge about the effectiveness of 10 different SCA was measured by asking, 'Which smoking cessation aid is, according to you, proven effective?'

Mean age of the respondents was 45.5 years (SD=14.1); 53.0% were men. Mean number of cigarettes per day was 12.62 (SD=8.00). Table 1 shows respondents' reporting on the evidence base for each smoking cessation aid. In general, more smokers reported that SCA were not proven effective than proven effective. At least one out of three smokers indicated that they did not know whether a certain aid was proven effective. While nicotine replacement therapies, acupuncture and advice to quit from a general practitioner (GP) were known by almost every smoker, stop-smoking medications were unfamiliar to about half of the smokers.

The results of this study indicate that Dutch smokers who intend to quit smoking have a rather low level of knowledge about the evidence base of SCA. A striking finding was that what smokers indicated to be proven effective seemed irrespective of the actual evidence base of SCA. This might be explained by the intensive promotion of ineffective commercial cessation methods, resulting in a situation where smokers cannot distinguish correctly between evidence-based and non-evidence-based SCA. It should also be noted that respondents might have had different interpretations of what 'proven effective' actually means. It would be advisable for future research to include an introductory message explaining what is meant by proven effectiveness. More research is also needed to examine whether our results are generalisable to countries with higher use of SCA. However, it seems that—at least in the Netherlands—action is needed to increase smokers' knowledge of the evidence base of SCA. Such action could be a referral of smokers regarding the use of effective SCA by GPs, because our data indicate a relatively high confidence in the advice from their GP. Unfortunately, advice from a GP or other professionals to quit smoking is relatively low in the Netherlands.<sup>2</sup>

### What this paper adds

- ▶ This study demonstrates that smokers who intend to quit smoking have a rather low level of knowledge about the evidence base of different smoking cessation aids (SCA).
- ▶ The general practitioner (GP) could play a key role in educating about the effectiveness of SCA, since these smokers report a relatively high confidence in the advice from their GP.

**Table 1** Percentages of responses to the question 'Which smoking cessation aid is, according to you, proven effective?' (n=668)

Cessation aid	Proven effective	Not proven effective	Never heard of	Don't know
Evidence-based SCA*				
Nicotine gum	16.5	43.9	1.6	38.0
Nicotine patch	26.8	36.9	1.1	35.2
Nicotine lozenge	17.2	35.5	6.0	41.3
Zyban/Bupropion	10.5	9.3	45.9	34.3
Champix/Varenicline	6.2	7.5	51.8	34.4
Advice to quit from GP	30.5	22.6	4.6	42.3
Telephonic coach	8.1	27.6	18.9	45.3
Non-evidence-based SCA				
Allen Carr method†	13.7	30.1	22.0	34.2
Acupuncture	23.6	36.6	3.8	36.0
Laser treatment	17.8	28.9	14.4	39.0

\*A smoking cessation aid was considered evidence-based when the results were obtained from (a systematic review containing) randomised comparative studies of good quality (randomised, double-blind, controlled studies), sufficient size and consistency.<sup>1</sup>

†The Allen Carr method includes a book and group therapy. No randomised controlled trials were found with respect to this method.

GP, general practitioner; SCA, smoking cessation aids.

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