



CENTRO DI RICERCA PER LA RIDUZIONE DEL DANNO DA FUMO
CENTER OF EXCELLENCE FOR THE ACCELERATION OF HARM REDUCTION
CoEHAR



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PRESS RELEASE

CoEHAR-led initiative publishes world's first dedicated smoking-cessation recommendations for people with type 2 diabetes

Landmark international consensus gives clinicians a practical roadmap for making smoking cessation a routine part of diabetes care

Catania, Italy — 31 August 2026 — An international panel of 35 experts from 13 countries has published the world's first dedicated international consensus recommendations for smoking cessation in people with type 2 diabetes. The initiative was conceived and coordinated by the Center of Excellence for the Acceleration of Harm Reduction (CoEHAR) at the University of Catania.

Published in *Diabetes Research and Clinical Practice*, the recommendations address a long-standing gap in diabetes care. Although leading organisations advise people with diabetes not to smoke, clinicians have lacked comprehensive, diabetes-specific guidance on treatment selection, behavioural support, relapse prevention, post-cessation metabolic monitoring and drug–smoke interactions.

Smoking substantially increases cardiovascular, cerebrovascular and other complications in type 2 diabetes. Quitting reduces these risks but can produce short-term changes in glycaemic control, body weight, blood pressure and drug metabolism. The recommendations therefore position cessation as a structured, personalised clinical process—not simply lifestyle advice.

The initiative began in 2022, when CoEHAR researchers identified the absence of dedicated international guidance. They established the DiaSmokeFree Working Group, uniting specialists in diabetology, cardiometabolic and internal medicine, smoking cessation, behavioural science and guideline development.

Using a structured international consensus process, the panel developed 34 evidence-informed recommendations, applying GRADE principles where feasible and reporting in alignment with the AGREE framework. Six overarching recommendations translate the evidence into key clinical actions.

From advice to active treatment

The central message is clear: smoking cessation should be an essential component of type 2 diabetes care, supported by treatment, monitoring and continued follow-up.

Principal recommendations include:

- **Make smoking cessation a routine component of diabetes management for every patient who smokes**, regardless of nicotine dependence or previous quit attempts.



- **Offer varenicline as first-line pharmacotherapy where available;** consider nicotine-replacement therapy or bupropion when it is unavailable or contraindicated.
- **Combine pharmacotherapy with structured,** intensive behavioural support and repeated contact within diabetes services.
- **Review patients within two weeks and again at four weeks,** assessing glycaemic control, body weight, blood pressure and relevant drug–smoke interactions.
- **Embed cessation pathways in diabetes services through electronic prompts,** automated referrals and multidisciplinary coordination.
- **Expand research into diabetes-specific cessation strategies,** emerging pharmacotherapies, e-cigarettes and digital tools.

Treatment evidence and medication monitoring

Although diabetes-specific evidence remains limited, varenicline was the only cessation medicine supporting a strong recommendation. Nicotine-replacement therapy and bupropion are appropriate alternatives, while intensive, individualised behavioural support remains integral to treatment.

The document also highlights an often-overlooked issue: tobacco smoke alters the metabolism of several medicines. After cessation, exposure to drugs metabolised through pathways including CYP1A2 and UGT may change, requiring closer monitoring or dose adjustment.

From publication to implementation

Publication marks the beginning of a broader DiaSmokeFree implementation programme coordinated by CoEHAR. The next phase will translate the recommendations into practical resources for professionals and patients, including clinical algorithms, pharmacotherapy guidance, drug–smoke interaction tools, follow-up templates and educational materials.

These resources are intended for use in diabetes clinics, primary care, professional education and health systems internationally.

The Working Group will engage international and national diabetes organisations and professional societies to promote cessation assessment, treatment and follow-up as measurable components of diabetes care.

Quotes

“We are immensely proud of this pioneering achievement. For the first time, clinicians have comprehensive, actionable guidance designed specifically for a high-risk population that has been overlooked for too long” said **Professor Riccardo Polosa**, who conceived and coordinated the initiative. “This turns a familiar instruction <<you should quit>> into a practical clinical pathway for helping patients with diabetes quit safely and successfully.”



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“People with type 2 diabetes who smoke face an exceptionally high burden of preventable complications. Yet it is shocking to note that cessation support has rarely been tailored to their clinical needs,” said **Professor Magdalena Walicka**, lead author of the recommendations. “These recommendations close that gap by bringing treatment, metabolic monitoring and relapse prevention into one coordinated approach.”

“CoEHAR recognised this neglected need and convened an outstanding international group to address it,” said **Professor Giovanni Li Volti**, Director of CoEHAR. “The result is more than a consensus paper: it is a blueprint for making smoking cessation part of routine diabetes care worldwide. Our next task is to translate these recommendations into practical tools and care pathways that clinicians can use—and into measurable improvements for patients.”

About the DiaSmokeFree Working Group

The DiaSmokeFree Working Group is a multidisciplinary collaboration of 35 experts from 13 countries across five continents, spanning diabetes and cardiometabolic medicine, internal medicine, smoking cessation, behavioural science and guideline methodology.

Publication details

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