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Factsheet 6.

Smoking cessation

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Healthcare workers at a smokefree medical centre in Vietnam. Cessation advice integrated into primary care is an effective intervention. Credit: Matthieu Zellweger

The need for smoking cessation programmes

Tobacco is highly addictive, and tobacco dependency is recognised as a medical condition.² When smokers quit, they are very likely to start again.³ Providing assistance for smoking cessation and tobacco dependency treatment are key tobacco control measures. The introduction of tobacco control legislation around the world has encouraged many smokers to quit.

Health benefits of smoking cessation

Smoking cessation brings immediate health benefits for smokers, whether or not they have a tobacco-related disease. For example, the decline in lung function stops within 48 hours of cessation. Former smokers live longer than continuing smokers. Cessation reduces the risk of cancer, heart disease, stroke and respiratory diseases. It also improves reproductive health.⁴

People who quit smoking before developing a tobacco-related illness can reduce most of the associated risks within a few years of quitting. These smokers, if they quit before the age of 35, have a life expectancy that is similar to non-smokers. And smokers quitting after the age of 35 will substantially reduce the risk of tobacco-related disease compared to continuing smokers.⁵

Smoking cessation services

A poll of US smokers in 2006 found that three quarters wanted to quit. However, the success rate among attempted quitters is very low.^{6,7} Cigarettes are addictive, primarily because they deliver nicotine rapidly to the brain. Abstinence can create adverse moods and physical symptoms.⁸ The following interventions assist those making a quit attempt:

Cessation advice integrated into primary healthcare services: Smokers are reminded at every medical visit that tobacco harms their health and the health of those around them. Repeated advice reinforces the need to quit. It is a relatively inexpensive intervention.

Quit lines and internet-based support: Inexpensive to run, easy to access and can operate beyond normal business hours. They can reach people in remote areas, introduce smokers to other therapies, and can be tailored to target groups. Quit lines linked to counseling services are more effective. Recent studies have shown that internet-based support also help,^{9 10 11 12} as can text messaging.

Key Facts

- Cessation brings immediate and long-term health benefits.
- Cessation advice, quit lines, pharmacological and behavioural therapies are effective interventions.
- For young people the focus is largely on preventing them from starting using tobacco.¹
- Article 14 of the WHO Framework Convention on Tobacco Control [WHO FCTC] requires parties to promote smoking cessation and treatment of tobacco dependency.

Pharmacological interventions

There are three main categories of medical intervention:

1. Nicotine replacement therapy (NRT) - low levels of nicotine are delivered to the body through skin patches, chewing gum, lozenges, nasal sprays and inhalers in order to mitigate withdrawal symptoms. NRT can increase a smoker's chances of quitting by 1.5 to 2 times.¹⁴
2. Sustained-release bupropion tablet - an anti-depressant that reduces withdrawal symptoms and increases the smoker's chance of quitting twofold.¹⁵ Another antidepressant, nortryptiline, has also been shown to double the chances of quitting.
3. Varenicline tablet - reduces the need to smoke and also makes cigarettes less satisfying. A 2007 study found that varenicline increases the likelihood of a smoker quitting threefold.¹⁶

Combinations of different NRTs are effective, and no side effects of toxicity have been reported.^{17 18 19} NRT is usually available without prescription. The other medications must be prescribed.

Electronic Nicotine Delivery Systems (ENDS) and e-cigarettes (ECs)

E-cigarettes have not been scientifically proven to be an effective cessation aid. Despite health claims made in e-cigarette marketing as yet they are unsupported by the scientific evidence.^{20 21}

These products are not yet regulated, and their long-term impact on health is not yet known. However e-cigarettes are likely a lower-risk option than regular cigarettes.

Behavioural interventions

Behavioural interventions can be effective.^{22 23} A combination of structured behavioural support and medication is believed to be the most effective way to help smokers quit.²⁴ Supervision of medication use, psychological support, and group counseling can all help. Interventions should be adapted to local conditions and cultures, and tailored to individual preferences and needs.

Availability of smoking cessation services

Cessation therapies are not available in all parts of the world, but availability is increasing.¹³ Services to treat tobacco dependence are fully available in only 21 countries, 15% of the world's population. Nearly half of all countries, including more than 80% of low-income countries, provide only minimal, if any, support for those wanting to quit tobacco use.²⁵

WHO FCTC requirements

Under Article 14 of the WHO FCTC, parties must:²⁶

- Develop comprehensive guidelines based on evidence and best practice.
- Adopt measures to promote smoking cessation and treatment of tobacco dependence.

The WHO FCTC recognizes two key approaches to cessation - population level [including mass media, advice through primary care, national quit lines] and individual level [including access to medication and behavioural support].

Draft guidelines for the implementation of Article 14 include the following best practice recommendations:²⁷



Smokefree signage at a restaurant / bar in Buenos Aires, Argentina. A focus should be on preventing young people from starting smoking.

Best practice

- Integrate smoking cessation services into government healthcare services.
- Make NRT products available without prescription.
- Adopt tax/price policies that make cessation products affordable.
- Require that cessation products and counselling are covered by private and government health insurance.
- Make available funding for smoking cessation programmes.
- Offer national quit lines as an effective population-level approach to help tobacco users quit.

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