

Strengthening the Tobacco Cessation Ecosystem

Strategies for Improving Access, Use, Success, Synergy and Impact at the National, Subnational and Organizational Levels

Executive Summary and Key Concepts

Background

Tobacco use remains one of the most preventable drivers of death and disease worldwide, causing more than 7 million deaths and costing US\$1.4 trillion annually. More than 60% of tobacco users globally want to quit, yet 70% lack access to cessation services. Help is often fragmented and hard to access, reaching only a small fraction of those in need. An ecosystem approach treats cessation not as a single program or clinic but as a coordinated system aligning policies, clinical practices, population services, financing and measurement. The goal is to make it easier for all people to try to quit, with accessible, widely available support that increases success.

Tobacco Cessation Ecosystem Model and Elements

The tobacco cessation ecosystem (TCE) model integrates resource management, stakeholder involvement, monitoring and health care delivery system improvement to increase the accessibility, affordability and effectiveness of tobacco cessation interventions. The TCE approach fosters interactions among cessation services, including quitlines, digital cessation (such as apps and texting programs), in-person counseling, brief advice in health care settings, and pharmacotherapies. When these services interact synergistically, their impact is multiplied.

Measures such as comprehensive smoke-free laws, higher excise taxes, prominent health warnings and anti-tobacco media reduce use and generate waves of quit attempts. These attempts translate into lasting quits more reliably when cessation services are visible, trusted and available. Tobacco users are more likely to quit when they receive repeated messages encouraging cessation from multiple sources. To succeed, programs need consistent funding, education, and workforce training, leadership messaging and support, and integration into all components of health care systems.

Maximizing Impact Through Population-Level Cessation Interventions

Impactful cessation improvements focus first on interventions that can reach a large fraction of all tobacco users. WHO's investment case demonstrates a strong return on investment for these population-level cessation interventions. Policies that make the overall environment more conducive to cessation emphasize systematic advice to quit and offer evidence-based assistance to all tobacco users in health care and community settings.

In resource-constrained settings, priorities include scaling brief advice, establishing or strengthening toll-free quitline services, launching and maintaining low-cost mCessation/text programs, and delivering ongoing media messages that encourage quitting and normalize seeking help—augmented by providing targeted access to affordable medications. In health systems with moderate health care capacity but limited public-health budgets, the emphasis includes the above priorities plus making cessation a core clinical service. This includes guaranteed medication coverage, counseling embedded within primary care, routine referrals to quitlines and digital tools, and clear, consistent messaging from the leadership of ministries of health, health care professional organizations, payers, hospitals and clinics. Messaging can emphasize that tobacco treatment is as fundamental as immunizations and hypertension control to good medical practice. In well-resourced systems, in addition to the priorities noted for low- and middle-resource settings, the focus can include optimizing referrals, integrating cessation in hospitals, specialty clinics, antenatal care, and pharmacies, and using data that helps expand outreach in high-burden communities. Specialized cessation clinics can provide more support for heavily addicted patients but are resource intensive. If developed, they should complement rather than substitute for broader interventions.

Shared Responsibilities for a Strong Tobacco Cessation Ecosystem

Each actor in the TCE plays a key role. Government and other payers set standards, purchase services and medicines, and ensure equitable access. Health care systems provide routine treatment, appropriate referrals, and a clinical leadership voice that normalizes cessation's place as part of standard care. Pharmacies expand low-barrier access points for advice and pharmacotherapy. NGOs, health care professional associations, and academic partners deliver contracted services, help train the workforce, and evaluate, innovate, and advocate. Employers and community organizations amplify benefits and connect members to help.

Governments can also foster collaboration among health care providers and institutions, including providing or requiring stable funding for cessation services through medical insurance or subsidy, and enacting policies and sponsoring programs that promote cessation initiatives, such as smoke-free laws and anti-tobacco media campaigns.

Finally, tobacco companies use marketing strategies and lobbying to maintain addiction and hinder cessation efforts. Recently, they have begun promoting “tobacco harm reduction” products, such as e-cigarettes and heated tobacco products, as an alternative to quitting all commercial tobacco and nicotine products. However, these products still pose significant health risks and, if not properly regulated, could further entrench nicotine addiction by serving as alternate pathways to initiating and sustaining nicotine and tobacco use. Policymakers must remain vigilant against the tobacco industry's tactics, as required by Article 5.3 of the WHO FCTC. Reliable access to evidence-based cessation support helps minimize tobacco company influence.

Conclusion

Disparities in health care access, higher exposure to tobacco marketing, lack of cessation treatment training and support for health professionals, and fewer cessation services for low-income and minority groups can exacerbate the burden of tobacco use. Strengthening the tobacco cessation ecosystem by improving integration, expanding access to services, and addressing barriers to cessation can result in a more effective and sustainable reduction in tobacco use globally. This will lead to better public health outcomes, reduce the economic burden of tobacco-related diseases, and assure a healthier future for all communities.

The core approach is to:
“consistently address tobacco use and dependence in all patients as a standard of care, providing evidence-based support.”

Tobacco treatment includes routine screening, diagnosis, advice to quit, and assistance or referral with follow-up in all health care settings. This approach is key to the effective prevention and management of other important diseases and health conditions.

Key Concepts and Implications of the Tobacco Cessation Ecosystem Perspective

- Increasing the delivery of brief advice, counseling support and cessation medications increases cessation success.
- The population-level impact of cessation programs and policies should be a central focus in implementation and evaluation.
- Increasing impact requires expanding the reach of effective cessation treatments.
- Improving how all cessation ecosystem parts work together results in greater impact than solely focusing on individual programs.
- Reliable financing of cessation services with consistent leadership messaging is critical to long-term success.
- Systematic health worker training with ongoing support is necessary for adoption.
- Tobacco industry messaging, influence, and products hinder cessation.
- Implementing tobacco control measures—including smoke-free laws, price increases, health warnings and anti-tobacco media—supports cessation success.

