

Offer help to quit tobacco use

The *WHO Framework Convention on Tobacco Control* states:

Article 14

Each Party ... shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence.

Each Party shall endeavour to design and implement effective programmes aimed at promoting the cessation of tobacco use [and to] include diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education programmes, plans and strategies ...

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Few smokers get the help they need

More than one billion smokers worldwide – a quarter of all adults – are victims of the tobacco epidemic. Like people dependent on any addictive drug, it is difficult for tobacco users to quit. However, most people want to quit when informed of the health risks.

Tobacco control policies create the environment in which users can successfully stop. Cessation support and medication can increase the likelihood that a smoker will quit successfully. However, few smokers currently receive the help and support they need to overcome their dependence.

Health-care systems are responsible for treatment

Tobacco dependence treatment is primarily the responsibility of each country’s health-care system.

Countries should establish programmes that provide low-cost, effective interventions for tobacco users to stop.

Cost analyses have shown the benefits from tobacco cessation programmes to be either cost-saving or cost-neutral.

Yet, few smokers currently receive the help and support they need to overcome their dependence.

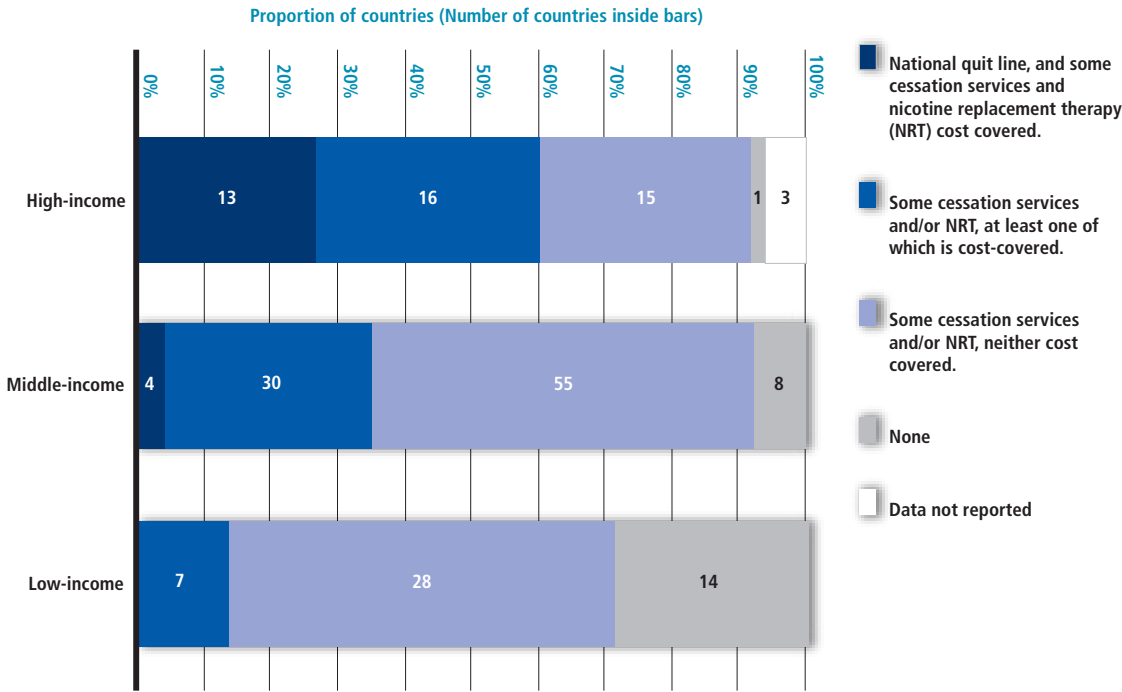
Three primary forms of treatment

Treatment includes various methods, but programmes should include:

- Tobacco cessation advice incorporated into primary and routine health-care services
- Easily accessible and free telephone help lines (known as quit lines)
- Access to free or low-cost cessation medicines

These methods work best when adapted to local conditions and cultures, and tailored to individual preferences and needs.

IN 2008, SMOKERS IN 98 COUNTRIES HAD TO PAY FOR ANY TOBACCO DEPENDENCE TREATMENT. IN 23 COUNTRIES NO TREATMENT WAS AVAILABLE



Data from 2008. Source: WHO Report on the Global Tobacco Epidemic, 2009. Implementing smoke-free environments. Geneva, World Health Organization, 2009.

Quit advice from all health professionals is effective

Clear, strong, personalized advice from all health professionals about the risks of tobacco use and the importance of quitting is usually well-received and increases quit rates.

Brief advice (1-3 minutes) is inexpensive when integrated into existing health-care services.

Health-care systems should encourage all health professionals to routinely ask all patients about their tobacco use and provide advice to stop.

All health-care workers must be motivated to provide advice.

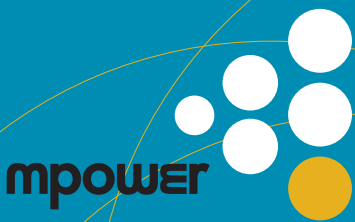
Cessation services and cessation support

All health professionals should offer cessation support to smokers, or refer smokers to a cessation service where possible.

Cessation support includes:

- Promoting the benefits of cessation
- Assessing the degree of nicotine dependence
- Assisting smokers in setting a quit date
- Advising that complete abstinence from smoking is best
- Arranging effective medication, if available
- Arranging follow-up

All health-care workers should be trained in giving brief advice to quit and offering cessation support to tobacco users.



- Monitor** Monitor tobacco use and prevention policies
- Protect** Protect people from tobacco smoke
- Offer** Offer help to quit tobacco use
- Warn** Warn about the dangers of tobacco
- Enforce** Enforce bans on tobacco advertising, promotion and sponsorship
- Raise** Raise taxes on tobacco

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the pre-eminent global tobacco control instrument, which contains legally binding obligations for its Parties and provides a comprehensive direction for tobacco control policy at all levels. WHO introduced the MPOWER package of measures to assist in the country-level implementation of effective measures to reduce the demand for tobacco, contained in the WHO FCTC.

Additional resources on this topic are available at www.who.int/tobacco/mpower/publications



Health professionals should not smoke

Doctors and other health-care workers are most effective in assisting patients to quit when they serve as role models by not smoking themselves. Their effectiveness increases further if they are visibly involved in local and national tobacco control activities.

In some countries, a high proportion of physicians smoke – particularly male physicians. In addition to setting a deadly example for their patients, doctors who smoke undermine tobacco control messages and policies.



Quit lines are effective

Advice and counselling can also be provided in the form of telephone quit lines. These should:

- Be free of charge
- Provide information similar to that available from in-person counselling
- Be staffed by live operators, rather than use pre-recorded messages
- Be accessible to the public at convenient times

Where feasible, additional cessation materials and links to more intensive counselling should be provided.

Quit lines are most useful in countries where telephone service is universal and the public is accustomed to making phone calls for services.

Quit lines require financing and training of staff to answer incoming calls and provide appropriate counselling or referral for services.

Quit line follow-up is important

Quit lines are most effective when staff take proactive measures to make follow-up phone calls to check on progress and provide encouragement to:

- Quit
- Maintain abstinence
- Make another quit attempt in case of relapse

Multiple follow-up calls at regular intervals have the greatest likelihood of keeping people committed to long-term cessation.

Emerging communications technologies such as text messaging and social networking web sites can also be effective.



Cessation medications are effective

Cessation medications can double or triple the likelihood of successfully quitting.

The highest quit rates are achieved when cessation support is combined with medication.

Medication is also effective when provided separately.

Prescription medications should be provided through the health-care system. At least some form of nicotine replacement therapy (NRT) should be available over-the-counter without prescription at retail pharmacies.



There are two main types of cessation medication available:

- NRT (patches, lozenges, gum, oral inhalers and nasal spray).
- Prescription-only medicines such as bupropion and varenicline. These are intended for short-term therapy.

Two forms of NRT are included on the WHO Model List of Essential Medicines.

Cessation programmes are politically feasible

Cessation programmes generally encounter few political obstacles. They help foster support for policies to reduce tobacco use, an important step in creating a tobacco-free society.

Cessation programmes enable governments to help those most directly affected by the epidemic at the same time as they enact new restrictions on tobacco.

Most countries can use lower-cost counselling options effectively, even if funds for medications are limited.

This may also reduce opposition to other tobacco control policies.

Governments can use tobacco tax revenues – ultimately collected from smokers themselves – to subsidize cessation services.



Cessation services are cost-effective

Clinical cessation services are much more cost-effective than most other health-care system activities. They are most effective when combined with other MPOWER measures.

While cessation services have a smaller population impact than other MPOWER interventions (such as tax increases, bans on advertising, promotion and sponsorship, anti-tobacco advertising and establishment of smoke-free places), they have a great impact on individual health.

The risks of developing a tobacco-related illness are significantly reduced within a few years among those who quit smoking before they develop such an illness, regardless of their age.

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