

Tobacco cessation and treatment

One of six cost-effective actions endorsed by WHO to reduce tobacco's deadly toll

Among smokers who are aware of the dangers of tobacco, three out of four want to quit,¹ however 92 percent of the world's population do not have access to treatment for tobacco dependence.² Like people dependent on any addictive drug, it is difficult for most tobacco users to quit on their own, and they benefit from help and support to overcome their dependence.

WHO Framework Convention on Tobacco Control (FCTC)

Article 14 of the FCTC requires parties to endeavor to create cessation programs in a range of settings, including diagnosis and treatment of nicotine dependence in national health programs, establishment of programs for diagnosis, counseling and treatment in health care facilities and rehabilitation center, and collaboration with other countries to increase the accessibility of cessation therapies.

KEY MESSAGES

- Three out of four smokers who understand the dangers of tobacco want to quit.
- Cessation services help smokers quit but are often unavailable.

The case for tobacco cessation and treatment

- **Cessation services help smokers quit.** It is difficult for most tobacco users to quit on their own and they benefit from help and support to overcome their dependence.
- **An effective tobacco cessation program should include a range of treatment methods to adequately assist smokers in quitting:**
 - » Integrating tobacco cessation into primary health care reinforces the need to stop using tobacco.^{3,4,5}
 - » Quit lines are inexpensive to operate, easily accessible, confidential and can be staffed for long hours.⁶
 - » Pharmacological treatment such as nicotine replacement therapy has been shown to double or triple quit rates.⁷
- **Tobacco tax increases can fund cessation treatment that will save lives and greatly reduce the burden of disease.**

“Current statistics indicate that it will not be possible to reduce tobacco-related deaths over the next 30-50 years, unless adult smokers are encouraged to quit.”

WHO Policy

1. Jones JM. Smoking habits stable; most would like to quit. 18 July 2006. Gallup News Service. Available from: <http://www.gallup.com/poll/23791/Smoking-Habits-Stable-Most-Would-Like-Quit.aspx>. 2. WHO Report on the Global Tobacco Epidemic, 2009: Implementing smoke-free environments. Geneva: WHO; 2009. 3. WHO Report on the Global Tobacco Epidemic 2008: The MPOWER package. Geneva: WHO; 2008. 4. Solberg LI et al. Repeated tobacco-use screening and intervention in clinical practice: health impact and cost effectiveness. *American Journal of Preventive Medicine*. 2006;31(1):62–71. 5. West R, Sohal T. “Catastrophic” pathway to smoking cessation: findings from national survey. *British Medical Journal*. 2006;332(7539):458–460. 6. WHO: MPOWER. 7. Tobacco Advisory Group of the Royal College of Physicians. Nicotine addiction in Britain; a report of the Tobacco Advisory Group of the Royal College of Physicians. London, Royal College of Physicians of London, 2000. Available from: <http://www.rcplondon.ac.uk/pubs/books/nicotine>.