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O Offer help to quit tobacco use

Commitment of Parties to the WHO Framework Convention on Tobacco Control (WHO FCTC)[1]

- Take effective measures to promote cessation of tobacco use and provide adequate treatment for tobacco dependence.
- 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.

Global best practice

All tobacco users should be offered tobacco dependence treatment.

Effective cessation programmes should include:[2]

- tobacco cessation advice incorporated into primary and routine health care services;
- access to free telephone cessation help lines or quit lines; and
- free or low-cost cessation medications.

Global evidence

Cessation works. Brief advice from a physician increases the likelihood of quitting successfully by 30%[3]–66%[4], quit lines increase the success rate by 60%[3] and nicotine replacement therapy and other cessation drugs by 50%–70%[5] and 80%–100%,[6] respectively.

Cessation saves lives. Tobacco users who quit tobacco use before 40 years of age avoid more than 90% of the excess risk of premature death and disease during their next few decades of life, as compared with those who continue to smoke. Even those who stop at 50 years of age avoid more than half the excess risk.[7,8]

Global impact

- 759 150 fewer smokers and 379 575 deaths averted by implementation of "best practice" cessation programmes in four countries, including the United Arab Emirates from 2007 to 2010.[9]

Regional status and data

Many tobacco users want to quit.

- Islamic Republic of Iran, Kuwait and the United Arab Emirates are among the world's highest achievers in offering help to quit tobacco use.
- About half of adult tobacco users in Egypt and nearly 70% of tobacco users in Qatar want to quit.[10–12]
- 1 in 3 smokers in Qatar made a quit attempt in the past year.[12]

Cessation interventions are effective and can be readily incorporated into health care systems.

- 71% of smokers in Qatar were advised to quit tobacco use by a health care provider in the past 12 months.[12]
- Three years of comprehensive cessation programmes in United Arab Emirates resulted in 19 282 fewer smokers and prevented 9641 smoking-related deaths.[9]

11 countries in the Region have no or minimal cessation interventions.

Actions needed

- Establish effective interventions to help tobacco users quit.
- Establish a free quit line.
- Routinely ask all patients about tobacco use and advise all tobacco users to quit.

World Health Organization
Regional Office for the Eastern Mediterranean

- Integrate cessation into primary health care.
- Train all health care workers in giving brief advice and offering cessation support to tobacco users.
- Provide nicotine replacement therapy.

Facts and fallacies: the truth about cessation interventions

Fallacy: Tobacco users can quit by themselves; cessation support is not necessary. Besides, most smoking cessation treatments have a low success rate.

Fact: Tobacco contains nicotine, a powerfully addictive substance.[2] Research suggests that nicotine may be as addictive as heroin, cocaine, or alcohol,[13] and most tobacco users are physiologically dependent on nicotine.[2] Because of this dependence, quitting smoking is difficult and may require multiple attempts. Users often relapse because of stress, weight gain, and nicotine withdrawal symptoms.[14] The majority of cigarette smokers quit without using cessation treatments.[15] However, cessation interventions can increase significantly the chances of successfully staying tobacco-free after a quit attempt. Brief advice from a physician increases the likelihood of quitting successfully by 30%[3]–66%[4], quit lines increase success rate by 60%[3] and nicotine replacement therapy and other cessation drugs by 50%–70%[5] and 80%–100%,[6] respectively. The global evidence is unequivocal: treatment of tobacco dependence is safe and efficacious.

Fallacy: Quitting smoking after many years of tobacco use yields little benefit; the damage is already done.

Fact: There are immediate and long-term benefits of quitting for all tobacco users.[16] People of all ages who have already developed smoking-related health problems can still benefit from quitting (Table 1). For example, people who quit after having a heart attack reduce their chances of having another heart attack by 50%.[7,8] It is never too late to quit.

Table 1. **Years of life gained from quitting tobacco use, by age at the time of cessation[8]**

Age at the time of cessation	Years of life gained compared to smokers
30 years	Gain of 10 years of life expectancy
40 years	Gain 9 years of life expectancy
50 years	Gain 6 years of life expectancy
60 years	Gain 3 years of life expectancy

From a public health perspective, tobacco cessation is the only intervention with the potential to reduce tobacco-related mortality in the immediate future.[2] Efforts to deter children from smoking would have a minimal impact on global smoking-related mortality for about three decades, since most of the projected deaths for the next 50 years are those of existing smokers;[17] cessation, however, could have a significant impact on the survival of current smokers. Thus, cessation has a pivotal role in tobacco control.

Fallacy: Cessation is expensive; only high-income countries can afford to invest in cessation.

Fact: A wide range of treatment options for cessation exists, with both population-based and individual approaches. While pharmacologic therapies require investments for drug procurement, minimal interventions, such as brief cessation advice and public health approaches including quit lines and quit and win competitions require few resources beyond political will and capacity-building. All countries, regardless of socioeconomic status, can institute policies that require health professionals to ask about tobacco use and provide cessation advice to all tobacco users at every clinical encounter. This is an effective and low-cost health system intervention that, if implemented consistently across an entire population, would yield a significant decline in smoking prevalence and ultimately, tobacco-related deaths.

Cessation is most effective when part of a comprehensive tobacco control strategy that includes measures, such as taxation and price policies, advertising restrictions, dissemination of information and protection of non-smokers through the creation of smoke-free public places. These policy interventions that create an environment where quitting is encouraged and supported, require mostly investments in leadership and political will. Furthermore, governments can use tax revenues to help fund cessation programmes, ensuring a sustainable financing mechanism.[18] Thus, options exist for countries at all socioeconomic strata to create the cessation infrastructure and capacity; cessation is feasible for everyone.

Promote cessation and give tobacco users the help they need to quit.

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