



Frequently asked questions

Offer help to quit, enact cessation services

Q: Why is cessation support deemed necessary?

Cessation support is necessary; tobacco users cannot quit by themselves. Tobacco contains nicotine, a powerfully addictive substance. Research suggests that nicotine may be as addictive as heroin, cocaine, or alcohol, and most tobacco users are physiologically dependent on nicotine. 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. The majority of cigarette smokers quit without using cessation treatments. 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%–66%, quit lines increase the success rate by 60% and nicotine replacement therapy and other cessation drugs by 50%–70% and 80%–100%, respectively. The global evidence is unequivocal: treatment of tobacco dependence is safe and efficacious.

Q: Are there any benefits in quitting smoking after many years of tobacco use?

The damage is not already done; quitting smoking after many years of tobacco use yields a benefit. There are immediate and long-term benefits of quitting for all tobacco users. People of all ages who have already developed smoking-related health problems can still benefit from quitting. For example, people who quit after having a heart attack reduce their chances of having another heart attack by 50%. Many risks are reduced as soon as a smoker quits, for example, within a year the excess risk of coronary heart disease is half that of a continuing smoker. Within five to 15 years the risk of stroke is reduced to that of never-smokers. Risks continue to improve further, after 10 years the risk of lung cancer and other cancers is reduced to less than half that of continuing smokers. Furthermore, after 15 years the risk of coronary heart disease is similar to that of never-smokers, and the overall risk of death is almost the same, especially if the smoker quits before illness develops. It is never too late to quit.

Some smokers may take several attempts to quit, and should be encouraged to try again if they fail the first time. From a public health perspective, tobacco cessation is the only intervention with the potential to reduce tobacco-related mortality in the immediate future. 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; cessation, however, could have a significant impact on the survival of current smokers. Thus, cessation has a pivotal role in tobacco control. In order to achieve WHO targets, there should be equal focus on cessation for current smokers and youth.

Q: Is cessation feasible for everyone?

Cessation is feasible for everyone; not only high-income countries can afford to invest in cessation. 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. Thus, options exist for countries at all socioeconomic strata to create the cessation infrastructure and capacity; cessation is feasible for everyone. It is useful to couple cessation with smoke-free areas or tax free hikes, as it shows government compassion in helping smokers. Also, most resources earmarked for quitting should be in mass media programmes as opposed to one-to-one treatments.

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