Tobacco Cessation & Treatment

While programs to prevent children from starting to use tobacco are critical, these efforts will have little impact on the 1.1 billion people in the world who currently use tobacco. Unless urgent action is taken, about 500 million of these people will die prematurely from tobacco use.[1]

There are clear health benefits, including longer life, for all tobacco users who quit, no matter how heavily they use, how impaired their health, or the age at which they quit. Even though millions of adults give up tobacco every year, there are many more who are unable to quit. For this population, the provision of cessation and treatment services is vital.

Nicotine: The Basis Of Addiction

Tobacco contains nicotine, which can be a powerful and highly addictive substance. Most tobacco products deliver nicotine to the brain very rapidly and effectively, thus bringing on the rapid onset and maintenance of addiction. The resulting physiological need for tobacco, as well as the accompanying psychological and behavioral needs related to tobacco use, provide ample explanation for continuing use of tobacco products in spite of the dangers.

Evidence of the dependence-producing properties of tobacco has been accumulating for some time. In 1988, the U.S. Surgeon General's Report reached three key conclusions about dependence on tobacco use:

- Cigarettes and other forms of tobacco are addictive.
- Nicotine is the drug in tobacco which causes addiction.
- The pharmacological and behavioral processes that determine tobacco addiction are similar to those that determine addiction to such drugs as heroin and cocaine.[2]

Tobacco addiction often leads to a situation where an otherwise rational, motivated, knowledgeable person who understands the serious risks of smoking makes the decision to continue smoking.[3] Studies in a number of countries have shown that although an overwhelming majority of tobacco users want to quit, less than half succeed in stopping permanently before the age of 60 because tobacco-delivered nicotine is so powerfully addictive.

- Surveys in the United States have found up to 70% of those using tobacco reporting a strong interest in quitting,[4] while in the Dominican Republic a study found that 87% of current users wished to quit.[5]
- While up to 40% of those using tobacco will make a serious quit attempt in any given year, as few as 3% actually remain tobacco-free six months later.[6]

If the number of tobacco-related deaths is to be reduced, people must be assisted to overcome their tobacco dependence. Although tax increases, health messages, advertising bans and smoke-free spaces increase interest in quitting, nicotine dependence and tobacco product design and marketing make cessation difficult to achieve. Nevertheless, despite the addictive properties of tobacco, cessation is both possible and essential.

Guidelines For Effective Cessation & Treatment

There is a growing consensus among those involved in tobacco control that no single approach will prove to be a "magic bullet" in the effort to prevent and treat tobacco dependence, particularly given the diversity of countries' economic situations, regulatory regimes and health care systems. A comprehensive tobacco control program should not only encourage tobacco users to quit but also provide assistance in doing so. Treatment services and programs can be provided through health care providers, schools, government agencies and community organizations. These services can include:

Health education through the media, schools, community groups and health care providers which describes the health hazards of smoking and provides coping strategies.

Financial incentives can be used to encourage people to quit. By calculating the cost of a year's supply of cigarettes, public health advocates can help reinforce a person's decision to stop using tobacco. The average smoker in South Korea, for example, could save $285 annually by quitting, while the average Norwegian smoker could save $1,982 annually. Put another way, the Korean would have an extra 39 hours worth of wages available for other purposes, while the Norwegian would have 95 hours worth of wages available.[7]

National Campaigns, such as a "National No Tobacco Day" can encourage people to participate by stopping for just one day. The hope is that some of the people who take part will quit for good. "Quit and Win" competitions, originally designed in Finland, now take place in over 50 countries, with hundreds of thousands of tobacco users participating each year. The incentive-based competition, with an international grand prize of $10,000, provides users wishing to quit with support and incentives while providing organizers coalition-building opportunities.[8]

Pharmacological aids such as nicotine replacement therapy (NRT) and other non-nicotine medical therapies should also be utilized in order to assist tobacco users to quit. Research bodies recommend pharmacologic therapies including nicotine gum, inhalers, nasal spray and patches, as well as bupropion (an anti-depressant) and other non-nicotine-based products.[9] NRT delivers low doses of nicotine without delivering all of the harmful substances found in tobacco smoke. And, according to the Pan American Health Organization, there is little abuse potential with NRT products, none of which can compete with cigarettes in terms of the speed of nicotine delivery or its euphoric effects. Rather, NRT eases the transition for tobacco users already motivated to quit and can significantly increase the success rate of other cessation efforts.[10] NRT can be self-administered, making it potentially attractive in countries with limited health services. Nevertheless, in most developing countries, NRT is difficult to obtain because of cost and/or regulatory barriers nor has its cost-effectiveness in developing country settings been studied extensively.[11]

- According to World Bank estimates, increasing the availability of NRT could lead to millions of lives being saved. Using conservative estimates of quit rates among NRT users, the Bank estimated that if 6% of smokers used NRT that 6 million smokers alive in 1995 would be enabled to quit, averting an estimated 1 million deaths. If 25% of smokers used NRT, 29 million smokers alive in 1995 would be enabled to quit, averting an estimated 7 million deaths.[12]

Stop-Smoking Groups deal with a relatively small proportion of the smoking population. However, those who participate in such groups tend to be heavier smokers who perceive themselves to be particularly dependent on tobacco, and such groups can play an important role in providing the necessary encouragement and support.

The Important Role of Health Care Providers

Health-care professionals can play an important role in smoking cessation both to model non-smoking behavior and to help patients stop smoking. According to the International Union Against Cancer, health-care professionals "have a duty to provide counseling and treat tobacco dependence as they would any other disease or addiction."[13] Yet despite the fact that tobacco use is the leading preventable cause of death in the world, health care providers, for the most part, lack the proper tools with which to treat nicotine dependence. In the United States, for example, less than a quarter of physicians report receiving adequate training to help their patients stop smoking. One recent study found that only 15% of tobacco users who saw a physician in the prior year were offered assistance with quitting, while only 3% were scheduled for a follow-up appointment to address their addiction.[14]

Government's Role in Promoting Cessation

Providing consumers with accurate and comprehensive information about the health effects of smoking and the benefits of quitting requires a coordinated approach on the part of government. Some of these efforts can be financed through increased tobacco taxes, while many other measures can be implemented at little or no cost. For example, health warning labels and mandatory disclosure of tobacco additives and toxins on tobacco packages are effective ways of communicating pertinent information at no cost to the government.[15]

- Governments can require tobacco companies to prominently present cessation-oriented messages on all cigarette packages and at points-of-sale, such as putting the telephone numbers of quitlines that tobacco users can call for advice about quitting.

- Governments can ensure that consumers are protected from misleading messages through advertising and sponsorship bans, labeling controls, and the mandatory placement of prominent and accurate health information at points-of-sale or anywhere that tobacco is promoted.

- Governments can require that tobacco products be modified to reduce harm, although this is an effort that needs to be explored carefully. Tobacco products are largely unregulated while products that help people quit are classified as pharmaceuticals and are therefore often strictly regulated. While regulatory approval of different nicotine-based treatments should vary according to their risk and benefits, overzealous regulation of such products should be tempered by the fact that in most countries cigarettes

remain widely available and heavily promoted.[16]

- Governments can provide protection from environmental tobacco smoke. For example, smoke-free public transit, health care institutions, education and sports facilities, workplaces and places of public assembly motivate and reinforce cessation.

Tobacco Industry Impediments To Cessation

In addition to the impediments to cessation caused by government policies (or the lack thereof) and the addictive nature of nicotine, the tobacco industry itself presents numerous barriers to cessation efforts. The significant economic and political resources which the industry spends in an attempt to keep people smoking and recruit new smokers serve to stymie efforts to promote cessation.

- Lack of significant regulation has allowed the tobacco industry to create and promote products, such as "light" or "low tar" cigarettes, that purport to offer harm reduction but do not reduce overall disease risks. The heavy promotion of these products to health conscious smokers "at risk" of quitting smoking has served to manipulate their addiction by offering justification for continued smoking, even though there is little evidence that these products reduce the risk of disease.

- Either directly, or through front groups that it funds, the tobacco industry often attacks the scientific evidence on the effects of smoking and publicly adopts the stance that smoking is either not as harmful as "critics" contend or that "everything" is harmful. These public relations strategies are often so far removed from scientific reality that they would not work for most consumer products. But tobacco, because of the dependency it creates, is not like other products.

Smokers are often strongly motivated to find ways to justify continued smoking, and while others might recognize these strategies as attempts to trick consumers, smokers may view them as a beacon of hope in their efforts to justify continued smoking thereby avoiding the hardship of a cessation attempt.[17]

Resources on the World Wide Web

Agency for Healthcare Research and Quality, *Treating Tobacco Use and Dependence: A Clinical Practice Guideline*, 2000
http://www.surgeongeneral.gov/tobacco/default.htm

Ontario Medical Association, *Rethinking Stop-Smoking Medications: Myths and Facts*, 1999
http://www.oma.org/phealth/stopsmoke.htm

QuitNet (resources to help tobacco users quit)
http://www.quitnet.org/qn_main.jtml

Adapted from: Pan American Health Organization (PAHO) "Nicotine Addiction and Smoking Cessation," Policy Brief, 1999; http://165.158.1.110/english/hpp/wntd_policy.htm; World Health Organization, "World No Tobacco Day, Leaving The Pack Behind," 1999; http://www.who.int/toh/worldnotobacco99/teaser.htm; and International Union Against Cancer, "Helping Smokers Stop: Ensuring Wide Availability of Smoking Cessation Interventions," Fact Sheet #9, 1993; http://www.globalink.org/tobacco/fact_sheets/09fact.htm

[1] Pan American Health Organization (PAHO) "Nicotine Addiction and Smoking Cessation," *Policy Brief*, 1999; http://165.158.1.110/english/hpp/wntd_policy.htm
[2] U.S. Department of Health and Human Services, Nicotine Addiction: The Health Consequences of Smoking; A Report of the Surgeon General (Centers for Disease Control: Washington, 1988).
[3] PAHO, *op cit.*
[4] *Ibid.*
[5] World Health Organization (WHO), "World No Tobacco Day, Leaving The Pack Behind," 1999; http://www.who.int/toh/worldnotobacco99/teaser.htm
[6] PAHO, *op cit.*
[7] WHO, *op cit.*
[8] *Ibid.*
[9] See Agency for Healthcare Research and Quality, *Treating Tobacco Use and Dependence: A Clinical Practice Guideline*, 2000; http://www.surgeongeneral.gov/tobacco/default.htm
[10] PAHO, *op cit.*
[11] World Bank, *Curbing the Epidemic: Governments and the Economics of Tobacco Control*, 1999; http://www1.worldbank.org/tobacco/reports.htm
[12] *Ibid.*
[13] International Union Against Cancer, "Helping Smokers Stop: Ensuring Wide Availability of Smoking Cessation Interventions," Fact Sheet #9, 1993; http://www.globalink.org/tobacco/fact_sheets/09fact.htm
[14] Agency for Healthcare Research and Quality, *Treating Tobacco Use and Dependence: A Clinical Practice Guideline*, 2000; http://www.surgeongeneral.gov/tobacco/default.htm
[15] PAHO, *op cit.*
[16] World Health Organization (Regional Office for Europe), *Conference on the Regulation of Tobacco Dependence Treatment Products*, 19 October 1999, Helsinki, Finland; http://www.who.dk/tobacco/treatment.htm
[17] Pan American Health Organization (PAHO) "Nicotine Addiction and Smoking Cessation," *Policy Brief*, 1999; http://165.158.1.110/english/hpp/wntd_policy.htm