POLICY RECOMMENDATIONS FOR SMOKING CESSATION AND TREATMENT OF TOBACCO DEPENDENCE

A review of the evidence base of effective smoking cessation and treatment of tobacco dependence demonstrates that behavioural and pharmacological therapies for tobacco dependence can contribute substantially to greater health gains. A number of authoritative bodies have reviewed efficacious and highly cost-effective treatments. These reviews advocate that all health-care personnel and clinicians should consistently deliver smoking cessation interventions to their patients. Evidence-based pharmacotherapy offers a variety of options for individuals. These include several forms of nicotine-replacement therapy (gum, lozenge, patch, nasal spray and oral inhaler) and bupropion. The general efficacy of the various evidence-based treatments is similar in providing an approximate doubling of the probability of long-term smoking cessation. Behavioural treatment can be effective in its own right and can also substantially increase the success of pharmacotherapy. A wide range of behavioural and pharmacological therapies has proved effective. However, no single approach should be emphasized to the exclusion of the others, because the therapies vary widely in their efficacy, acceptability, cost-effectiveness and their cost on an individual and population basis.

Opportunities to motivate the smoker to quit exist both in a social setting as well as within the health care systems. Working with individual smokers to change their smoking behaviour is an important goal, but it has a limited impact if the environmental factors that promote and support smoking are not also addressed. Hence, population-based interventions should be viewed as complementary approaches to individual-based behavioural or pharmacological interventions.

Public health approaches at the general population level such as mass media campaigns, Quit and Win competitions and telephone help-lines play an important role in changing societal norms and promoting smoking cessation. Mass media campaigns can increase knowledge about the health effects of smoking and the benefits of stopping. They can also change and reinforce attitudes towards stopping, provide cues to simple action and influence smoking behaviour. Quit-lines have an important role to play as part of an overall comprehensive smoking cessation programme. They provide a low-cost, easily accessible, popular and effective service. Quit and Win campaigns have been using innovative communication methods and partnerships, including the involvement of community organizations and health services, to achieve cessation rates of around 20%.
As discussed previously in the chapter on supportive environments, creating a supportive environment which is conducive to deglamourizing the cigarette and encouraging the smoker to quit is imperative for effective implementation of smoking cessation services. Smoke-free policies at workplaces and in strategic settings such as hospitals and official buildings constitute a cost-effective public health approach that encourages the important long-term goal of de-normalizing tobacco use. Taking a public health approach (i.e. population-based measures) can affect large numbers of individuals at minimal cost.

Similarly, pharmacies and drugstores are settings where the personnel can be given regular training on providing brief advice to smokers who are trying to quit; materials (e.g. pamphlets and handouts) can be given to smokers. Their brief advice provided in routine day-to-day situations could provide an effective reinforcement for the smoker seeking help. Similarly, health professionals who are members of professional associations and groups at the local and national level can educate the smoking population and encourage cessation.

An environment conducive to smoking cessation, created through general population-based measures, can motivate smokers to quit. However, this should be supplemented with “treatment” for their dependence on tobacco. Such treatment, both pharmacological and behavioural, has to be integrated within health-care systems to enable effective delivery of cessation services. Apart from the specialized units at secondary and tertiary levels of health care, which would provide the therapy, the primary health care system wherever it exists, should be actively involved in providing brief advice and tips to smokers as part of routine health education.

Human and financial resources are a prerequisite for sustaining interventions on smoking cessation and treatment of tobacco dependence at both the population and individual levels discussed above. Public health officials need to be trained to deliver the population-based measures such as campaigns and incentive-based cessation programmes. Trained human and institutional resources are also needed to provide support and counselling to smokers. Building capacity to educate and train health-care providers to advocate and implement strategies for smoking cessation and treatment of tobacco dependence is essential for ensuring success. To support this, the role of policy-makers, health professionals, and researchers will be imperative in getting tobacco cessation high on the national public health agenda.

The role of the international community in ensuring accessibility and availability of treatment of tobacco dependence is also important. It can help by providing a forum for sharing and distributing information, writing up guidelines and reviews
on best practices, raising funds and establishing partnerships with research and academic institutions in the area of smoking cessation. This will create a “global” supportive and favourable environment for cessation, which is one of the key strategies to reduce the disease burden due to tobacco use.

In order to further expand smoking cessation interventions and treatment of tobacco dependence at the national level and to make these more widely available to the population, political commitment and will are critical. National governments will need to increase their human, institutional and financial resources in support of effective population- and individual-based tobacco cessation interventions. To ensure sustainability of smoking cessation policies and programmes, governments need to incorporate these into other basic health care services. This should be done within the context of a comprehensive tobacco-control strategy employing a broad range of evidence-based policies.

Having learnt about the experiences of participating countries in smoking cessation, coupled with the expert reviews and discussions on how to assist countries in implementing the Mayo Clinic/WHO recommendations, participants of the two-day meeting in Moscow drew up the following recommendations. These are recommended as the priority elements to be undertaken by governments, intergovernmental organizations, nongovernmental organizations and health-care professionals interested in making public-health gains in the short and medium term:

• A smoking cessation and treatment for tobacco dependence policy should be part of any comprehensive tobacco-control policy if cessation efforts are to be effective and sustainable;
• A supportive environment, which includes a decrease in accessibility of tobacco products, a reduction in social acceptance of tobacco consumption and an increase in information, will increase the likelihood of tobacco users managing to quit;
• All tobacco-users should be offered effective treatment for tobacco dependence;
• Member States should develop evidence-based national policy guidelines for the treatment of tobacco dependence;
• Awareness should be increased among health-care professionals, administrators, and policy-makers of both the benefits and cost-effectiveness of smoking cessation interventions and treatment for tobacco dependence relative to other health-care interventions;
• Training should be provided to all health-care providers at primary care, community and national level to enable them to effectively deliver smoking cessation interventions and treatment for tobacco dependence;
• New partnerships are needed to increase commitment and the pooling of financial and technical support for implementing evidence-based treatment.
References
