

Tobacco is highly addictive because tobacco products deliver nicotine rapidly to the brain. Current users require repeated interventions and multiple attempts to quit.



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Tobacco is highly addictive. This is mainly because tobacco products deliver nicotine rapidly to the brain. Nicotine addiction leads to powerful urges to use tobacco, in order to relieve the adverse mood and physical symptoms caused by abstinence. Tobacco dependency is a chronic medical condition requiring repeated intervention and multiple attempts to quit.

Most tobacco users want to quit but it can be hard to do so. The Global Youth Tobacco Survey (1999–2008) found that 71% of students aged 13–15 in the Eastern Mediterranean Region who smoke want to quit. However, few services exist to help them do so, and only 16% of teachers in the Region are trained to help students avoid or stop using tobacco, according to the Global School Professionals Survey (2000–2008).

Health benefits of cessation

Giving up tobacco use has both immediate and long-term benefits. These benefits apply to all age groups, even those already suffering from tobacco-related health problems. Benefits include the following:

Declines in lung function stop within 48 hours of cessation.

Within three months, walking gets easier, lung capacity increases, skin appearance improves as it loses the greyish pallor and becomes less wrinkled, chronic cough disappears and the risk of heart attack falls.

In the longer term, cessation reduces the risk of cancer, heart disease, stroke and respiratory diseases.

People who quit smoking after having a heart attack reduce their chances of having another heart attack by 50%.

Smokers who quit before developing a tobacco-related illness can reduce most of their tobacco-associated risks within a few years.

Former smokers live longer than continuing smokers, with increases in life expectancy seen for all age groups.

Quitting also has health benefits for those exposed to second-hand smoke. For example, children of smoking parents will see a reduction in their risk of respiratory diseases, such as asthma and ear infections. Cessation has benefits for reproductive health. The risks of impotence, experiencing difficulties getting pregnant, premature births, low birth weights and miscarriage are all reduced through tobacco cessation.

Cessation interventions

Tobacco cessation interventions are effective and cost-effective. They include:

Mass communication campaigns to encourage quitting. These can refer people to cessation services and telephone quitlines.

Tobacco telephone quitlines to provide information, support and advice on quitting. They allow better access to people who live in rural areas and can operate outside normal business hours. Trained quitline staff can introduce tobacco users to different treatment options and therapies, and refer to cessation services such as counselling. For best effect, quitlines should be free, adequately staffed and widely publicised. Their numbers can be included on tobacco product packaging. Internet-based support and mobile telephone text messaging can also be effective cessation tools.

Tobacco cessation advice integrated into health care services. Tobacco users can be reminded at every visit that tobacco harms their health and the health of those around them. Health care workers should be trained to ask about tobacco use, record it in patient notes and give brief advice, including referral to cessation services and products where appropriate.

Pharmacological interventions through the use of medications. This includes nicotine replacement therapy (NRT), in which low levels of nicotine are delivered to the body through skin patches, chewing gum, lozenges, tablets, nasal sprays and inhalers. NRT increases a smoker's chances of quitting by 1.5 to 2 times. Also antidepressant medications, such as bupropion and nortryptiline, can reduce withdrawal symptoms and double the chances of quitting. In addition, varenicline tablets reduce the need to smoke and make cigarettes less satisfying, increasing the chance of quitting three-fold.

Behavioural interventions by specialized tobacco dependence treatment services. This includes structured support by trained specialists such as group or individual counselling. This can be provided in a variety of settings and by different types of health care workers, including doctors, nurses, midwives, psychologists and pharmacists. It can also be tailored to different groups of people, through men and women-only groups or groups for pregnant women or young people. It can be combined with pharmacological interventions for best effect.

Best practices and the way forward

Cessation services should be sustainably funded as part of all comprehensive tobacco control programmes, integrated into health services and required to be covered by government and private health insurance schemes. Pharmacological cessation products should be made accessible and affordable. They should be available without prescription, while tax and pricing policies should ensure that they are affordable.

Providing assistance for smoking cessation and tobacco dependency treatment are key tobacco control measures. Article 14 of the WHO Framework Convention on Tobacco Control stipulates that Parties should adopt measures concerning treatment for tobacco dependence and cessation of tobacco use. This includes:

establishing programmes to promote cessation in locations such as educational institutions, health care facilities, workplaces and sporting environments

the provision of tobacco dependency treatment and cessation counselling services in health and education services

ensuring the accessibility and affordability of tobacco dependency treatment, including pharmaceutical products.

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