World Health Organization

It's time to invest in cessation

THE GLOBAL INVESTMENT CASE FOR TOBACCO CESSATION

It's time to invest in cessation: the global investment case for tobacco cessation

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THE GLOBAL INVESTMENT CASE FOR TOBACCO CESSATION

Helping people to quit tobacco use is vital to ending the tobacco epidemic. Tobacco cessation is a critical public health investment. It saves lives, protects health and ultimately, saves governments money.

The entry into force in 2005 of the WHO Framework Convention on Tobacco Control (FCTC) – WHO's first global health treaty – has accelerated global progress in reducing tobacco use.[1] Largely, these gains have come through the adoption of key demand reduction strategies highlighted in the MPOWER package.

Despite significant progress in the last 15 years, there are still 1.3 billion tobacco users today, trapped by nicotine's addictiveness and the manipulative influence of the tobacco industry. Helping them quit tobacco use is the key to breaking this cycle of dependence.

Investing in six key tobacco cessation interventions could help millions of tobacco users quit successfully, save millions of lives, and offer a significant return on investment for governments. These include three population-level approaches (i.e. brief advice in primary care, national toll-free quit lines and mCessation) and 3 pharmacologic interventions (i.e. nicotine replacement therapy (NRT), Bupropion, and Varenicline).

This document presents the case for why countries should invest in tobacco cessation from health and economic perspectives. It presents data from a return-on-investment (ROI) analysis of 124 low- and middle-income countries. The approach builds on previous methodologies and tools developed over the past two decades to support the implementation of the WHO 'best buy' interventions for noncommunicable diseases (NCDs), for which tobacco use is a major risk factor.[2]

MPOWER

MPOWER is an acronym that represents key policy strategies proven to effectively reduce the demand for tobacco, ***based on provisions from the WHO Framework Convention on Tobacco Control.***

The 6 **MPOWER** measures are:

Monitor tobacco use and prevention policies
P otect people from tobacco use
Offer help to quit tobacco use (Cessation)
Warn about the dangers of tobacco
Enforce bans on tobacco advertising, promotion and sponsorship
Raise taxes on tobacco

KEY FINDINGS

US $1.68

ADDITIONAL INVESTMENT PER CAPITA IN CESSATION OVER A 10-YEAR PERIOD (2021-2030) RESULTS IN

BY 2030

152 MILLION

SUCCESSFUL QUITTERS

NEARLY

3 MILLION

LIVES SAVED

BY THE TIME QUITTERS REACH THE AGE OF 65 YEARS

16 MILLION

LIVES SAVED

US$ 7.50 RETURN

ON EVERY DOLLAR INVESTED

WHY CESSATION MATTERS

THERE ARE STILL TOO MANY TOBACCO USERS.

Globally, the prevalence of tobacco use has decreased, with the fastest declines recorded in the years immediately following the entry into force of the WHO FCTC. However, these reductions in prevalence have been outpaced by population growth. This means that the number of smokers globally has increased from 0.99 billion in 1990 to 1.14 billion in 2019.[3] There are also approximately 302.5 million smokeless tobacco users worldwide.[4]

UNLESS CURRENT TOBACCO USERS QUIT, THE COSTS OF TOBACCO USE WILL CONTINUE TO RISE.

Tobacco users are at heightened risk for death, disability and chronic health issues due to NCDs such as ischaemic heart disease, chronic obstructive pulmonary disease, cancers and stroke, are the predominant causes of tobacco-attributable deaths. They are also the major contributors to tobacco-related health care costs. In 2019, tobacco caused nearly 8 million deaths and 200 million disability-adjusted life years (DALYs).[4] The total economic loss due to tobacco is estimated at US$ 1.4 trillion annually.[5] Without cessation, the health burden and costs of tobacco will continue to accrue.

CESSATION INTERVENTIONS ARE PROVEN TO WORK.

Nicotine addiction is powerful, but there are proven ways to help people break free from their tobacco dependence. Currently, accepted evidence-based cessation strategies include population-level interventions (brief advice, quit lines, mCessation), individual specialist approaches (intensive behavioral support, cessation clinics) and pharmacologic interventions (nicotine replacement therapies (NRTs) and non-nicotine pharmacotherapies). Implementing these measures has been shown to result in a 2-15% increase in the proportion of tobacco users who quit tobacco use for 6 months or more, over no intervention.[6] When applied universally over the global population of over a billion tobacco users, the absolute effect size would be considerable.

TABLE 1

INCLUDED CESSATION INTERVENTIONS WITH COVERAGE TARGETS AND EFFECT SIZES USED

	INTERVENTION	DEFINITION / DESCRIPTION	ASSUMED COVERAGE TARGET	IMPACT / EFFECT SIZE *% of intervention users that quit tobacco*
POPULATION-LEVEL INTERVENTIONS	**Brief advice**	Advice to stop using tobacco, usually taking only a few minutes, is given to all tobacco users during the course of a routine consultation and/or interaction with a physician or health care worker.	50% of all tobacco users aged 15+	2%
	National toll-free quitline	A national toll-free quit line is a telephone counselling service that can provide both proactive and reactive counselling. A reactive quit line provides an immediate response to a call initiated by the tobacco user, but only responds to incoming calls. A proactive quit line involves setting up a schedule of follow-up calls to tobacco users to provide ongoing support.	5% of all tobacco users aged 15+	5%
	mCessation	Tobacco cessation interventions are delivered via mobile phone text messaging. Mobile technologies provide the opportunity to expand access to a wider population, and text messaging can provide personalized tobacco cessation support in an efficient and cost-effective manner.	3.5% of all tobacco users aged 15+	4%
PHARMACOLOGICAL INTERVENTIONS	**Nicotine replacement therapy (NRTs)**	NRTs are available in several forms including gum, lozenges, patches, inhalers and nasal spray. These cessation tools reduce craving and withdrawal symptoms by providing a low, controlled dose of nicotine without the toxins found in cigarettes. The doses of NRT are gradually reduced over time to help the tobacco user ween off of nicotine by getting used to less and less stimulation.	An additional 5% on top of estimated current NRT use among tobacco users aged 15+ (varies per country)	6%
	Bupropion	Non-nicotine pharmacotherapy: These pharmacotherapies reduce cravings and withdrawal symptoms and decrease the pleasurable effects of cigarettes and other tobacco products.	An additional 1.5% on top of estimated current NRT use among tobacco users aged 15+ (varies per country)	7%
	Varenicline	Non-nicotine pharmacotherapy: These pharmacotherapies reduce cravings and withdrawal symptoms and decrease the pleasurable effects of cigarettes and other tobacco products.	An additional 1.5% on top of estimated current NRT use among tobacco users aged 15+ (varies per country)	15%

Adapted from the following source: WHO. WHO Report on the Global Tobacco Epidemic, 2019. Geneva: World Health Organization; 2019. License: CC BY-NC-SA 3.0 IGO.

STRONGER TOBACCO CONTROL LAWS HAVE INCREASED PRESSURE ON TOBACCO USERS TO QUIT.

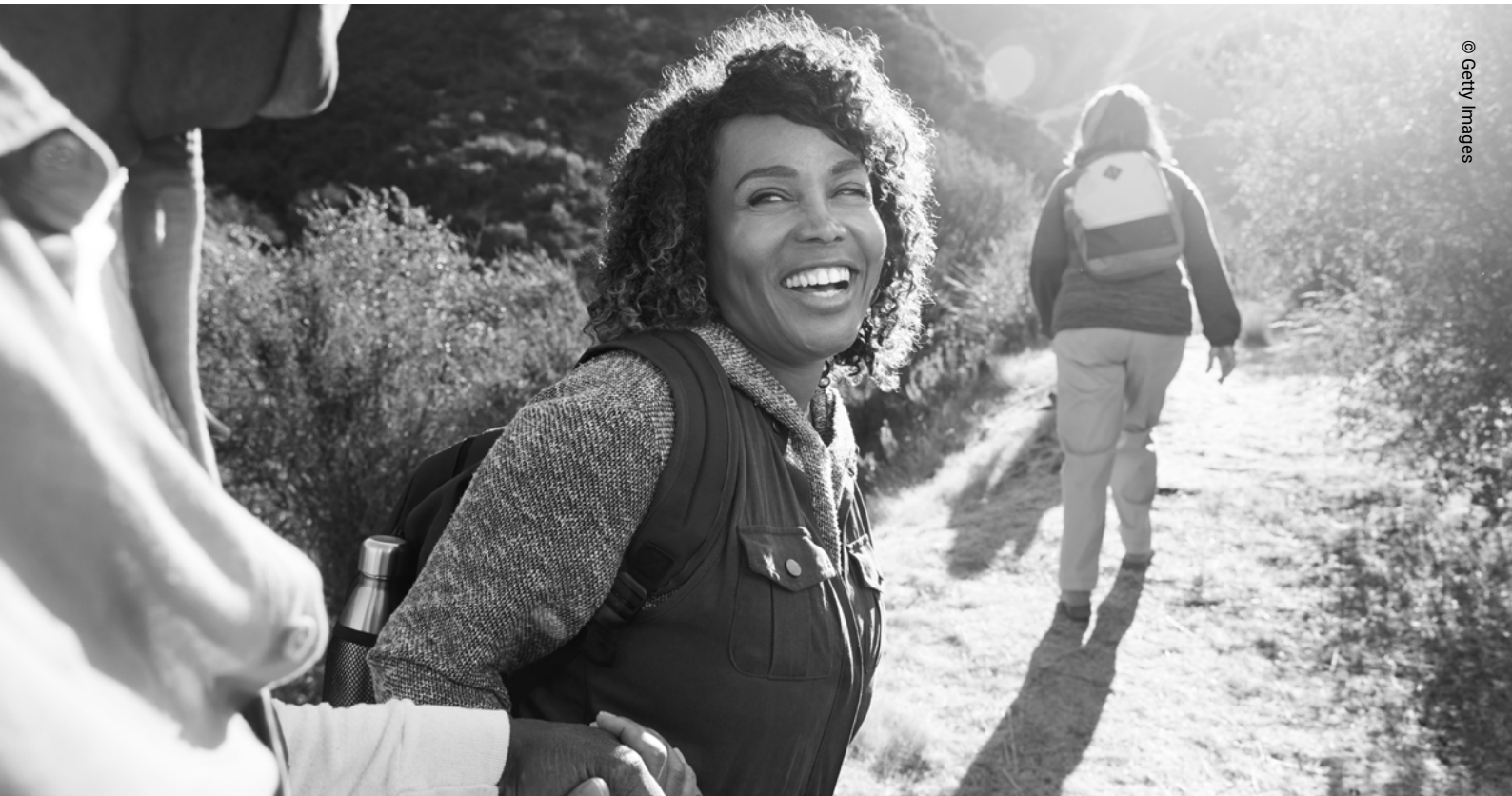
There are now 182 Parties to the WHO FCTC, covering 90% of the world's population.[7] As these Parties increasingly enact and implement tobacco control policies, tobacco users' intention to quit will continue to increase. Over 60% of smokers report that they want to quit, and over 40% have attempted to do so in the past year.[8] However, many will fail without cessation assistance.

OFFERING CESSATION SUPPORT IS AN ETHICAL OBLIGATION.

Investing in proven cessation interventions now, to meet rising demand to quit tobacco use, is not just strategic. It is also an ethical obligation, providing those addicted to nicotine with the assistance and support that they need. The United Nations Member States pledged to ensure "no one will be left behind" and to "endeavour to reach the furthest behind first" when they adopted the 2030 Sustainable Development Goals.[9] Tobacco users are the ones who are being left behind in tobacco control. Without cessation support, they will continue to bear the brunt of tobacco's harms.

NOT ENOUGH TOBACCO USERS HAVE ACCESS TO HIGH-QUALITY TOBACCO CESSATION SERVICES.

Ensuring tobacco cessation interventions reach the people who need them is a significant challenge. Currently, only about 30% of the world's population has access to appropriate tobacco cessation services.[10] Many countries still have no national tobacco cessation strategy and only a few countries have dedicated personnel and budgets for cessation programmes.[10]



WHAT THE NUMBERS SHOW

The models utilized in this study examined the impact of investing in three evidence-based population-level tobacco cessation strategies and three pharmacologic interventions. The models looked at several parameters such as per capita costs, number of successful quitters, lives saved, and the economic benefits and returns on investment after a 10-year investment period (2021-2030) and until the cohort of quitters reaches the age of 65 years.[11]