

Tools to promote implementation of FCTC Article 14 on tobacco cessation

Effectiveness and Affordability Review (EAR) key messages

West R, Raw M, McNeill A, Stead L, Aveyard P, Britton J, Stapleton J, McRobbie H, Pokhrel S, Lester-George A, Borland R. Healthcare interventions to promote and assist tobacco cessation: a review of efficacy, effectiveness and affordability for use in national guideline development.

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The **EAR** summarises in a concise format the evidence for tobacco cessation support, with estimates of affordability. It is designed to be used as the evidence base for national guidelines, and to help choose what interventions to prioritise with the resources available. It includes a calculator into which country data can be inputted, in order to calculate the cost effectiveness and affordability of an intervention in the country. The following methods were used: Cochrane reviews of RCTs of major healthcare smoking cessation interventions were used to derive *efficacy* estimates in terms of percentage-point increases relative to comparison conditions in 6-12 month continuous abstinence rates. This was combined with analysis and evidence from 'real world' studies to form a judgement on the likely *effectiveness* of each intervention in different settings. The *affordability* of each intervention was assessed for sample countries in each World Bank income category. Based on WHO criteria, an intervention was judged as affordable for a given income category if the estimated cost per life-year saved was less than the per-capita GDP for that category of country.

The EAR has been reviewed and revised in the light of feedback from an international panel: Lekan Ayo-Yusuf, South Africa; Mahmoud Elhabiby, Egypt; Vimla Moody, South Africa; Javier Saimovici, Argentina; Dennis Rada, Bolivia; Elma Correa, Mexico; Tom Glynn, USA; Feras Harawi, Jordan; Jagdish Kaur, India; Oleg Salagay, Russian Federation; Hom Lal Shresha, Nepal; Dan Xiao, China; Caleb Otto, Palau.

Key results

Brief advice from a health worker given opportunistically to smokers attending healthcare services can promote smoking cessation and is affordable for countries in all World Bank income categories ('globally affordable'). Telephone support, automated text messaging programmes, and printed self-help materials can assist smokers wanting help with a quit attempt and are affordable globally. Multi-session, face-to-face behavioural support can increase quit success for cigarettes and smokeless tobacco and is affordable in middle and high income countries. Nicotine replacement therapy, bupropion, nortriptyline, varenicline and cytisine can all aid quitting smoking when given with at least some behavioural support. Of these just cytisine and nortriptyline are affordable globally.

Conclusions

Brief advice from a health worker, telephone helplines, automated text messaging, printed self-help materials, cytisine and nortriptyline are globally affordable healthcare interventions to promote and assist smoking cessation. Evidence on smokeless tobacco cessation suggests that face-to-face behavioural support can promote cessation.