Cessation

The Right to Health

Published in support of the World Health Organization's 2021 World No Tobacco Day Theme:

Commit to Quit

ASH ACTION ON SMOKING & HEALTH

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ICTC INTERNATIONAL CENTRE FOR TOBACCO CESSATION

Executive Summary

- Tobacco use is still causing 8 million premature deaths a year and costing 62 million days of life every day.
- Every nation has made a commitment, under human rights law, to provide their citizens with the highest attainable standard of physical and mental health.
- They have failed to meet this commitment by allowing the tobacco industry to prey on their citizens.
- **The highest attainable standard of health must include access to free tobacco cessation support for all citizens.**
- Only adult cessation saves significant numbers of lives in the short to medium term – the next 20 to 30 years
- Cessation support is effective and cost effective, yet is not being widely offered.
- Cytisine is an effective, safe stop smoking medicine, affordable even in middle and low income countries, yet has still not been made more widely available by national authorities.
- The tobacco industry caused this epidemic, they should pay for it.
- The COVID-19 vaccination programme offers an extraordinary opportunity to offer all tobacco users brief advice.

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The Challenge

About 1,300 million people still use tobacco. One billion of them smoke cigarettes, and many of these want to stop (1).

Every day a smoker over 35 continues to smoke they lose about 3-6 hours of life, thus for the estimated 500 million current adult smokers 62 million days of life are lost every day (2).

The Right to Health & Duty of Governments

Every nation has made a general commitment, under human rights law, to provide their citizens with the highest attainable standard of physical and mental health (3).

In the context of tobacco, governments have a specific human rights duty to remedy or "make whole" those citizens they have failed by allowing the tobacco industry to prey upon them.

For many years the horrific results of using tobacco as intended by the manufacturer have been well known, yet few governments have done enough to stop them.

The Right to Health & Tobacco Control

The United Nations Guiding Principles clarify human rights duties vis-à-vis private actors, who are required to respect human rights. In the event that an industry fails to respect human rights, which certainly applies to the marketing and sale of tobacco, governments have a duty to provide a remedy.

Over recent decades some progress has been made in tackling the tobacco epidemic, most remarkably the adoption and partial implementation of the WHO Framework Convention on Tobacco Control (4), but progress has been slow – there are still over a billion people who smoke and over eight million tobacco-attributable deaths every year (5) – and many countries have still not implemented truly comprehensive tobacco control programs. Furthermore, cessation has received scant attention, as the "solution" to the tobacco epidemic has focused on stopping kids from starting to smoke. Cessation is essential and should be expanded.

Some demand-reduction policies, particularly taxation and smoke-free public places, motivate adults to quit, but **few governments offer adequate support for quitting.**

This is a failure of duty and a lost opportunity.

The Right to Health & Tobacco Cessation

Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. Governments have a duty to strive for the full realization of this right.

For tobacco, the absolute minimum government obligation is to provide cessation support for citizens whom they allowed the industry to addict as children.

The responsibility of the tobacco industry, whose marketing has often targeted children, is obvious, and governments should seek ways to force the industry to pay for policies designed to remedy those harms. Note that the qualifying word "attainable" in the right to health does not excuse government inaction, since some cessation interventions are within the reach of even the poorest nations.

It is in governments' own interest to help tobacco users stop, rather than expensively treat their serious disease later, but it is also an obligation.

Article 14 of the FCTC, and the Article 14 Guidelines (6) apply to the vast majority of nations (181 so far). As a binding international treaty within the United Nations system, and falling under the purview of the Vienna Convention on the Law of Treaties, Parties to the FCTC have made a commitment to address cessation. The lack of an enforcement mechanism under the FCTC does not nullify this obligation.

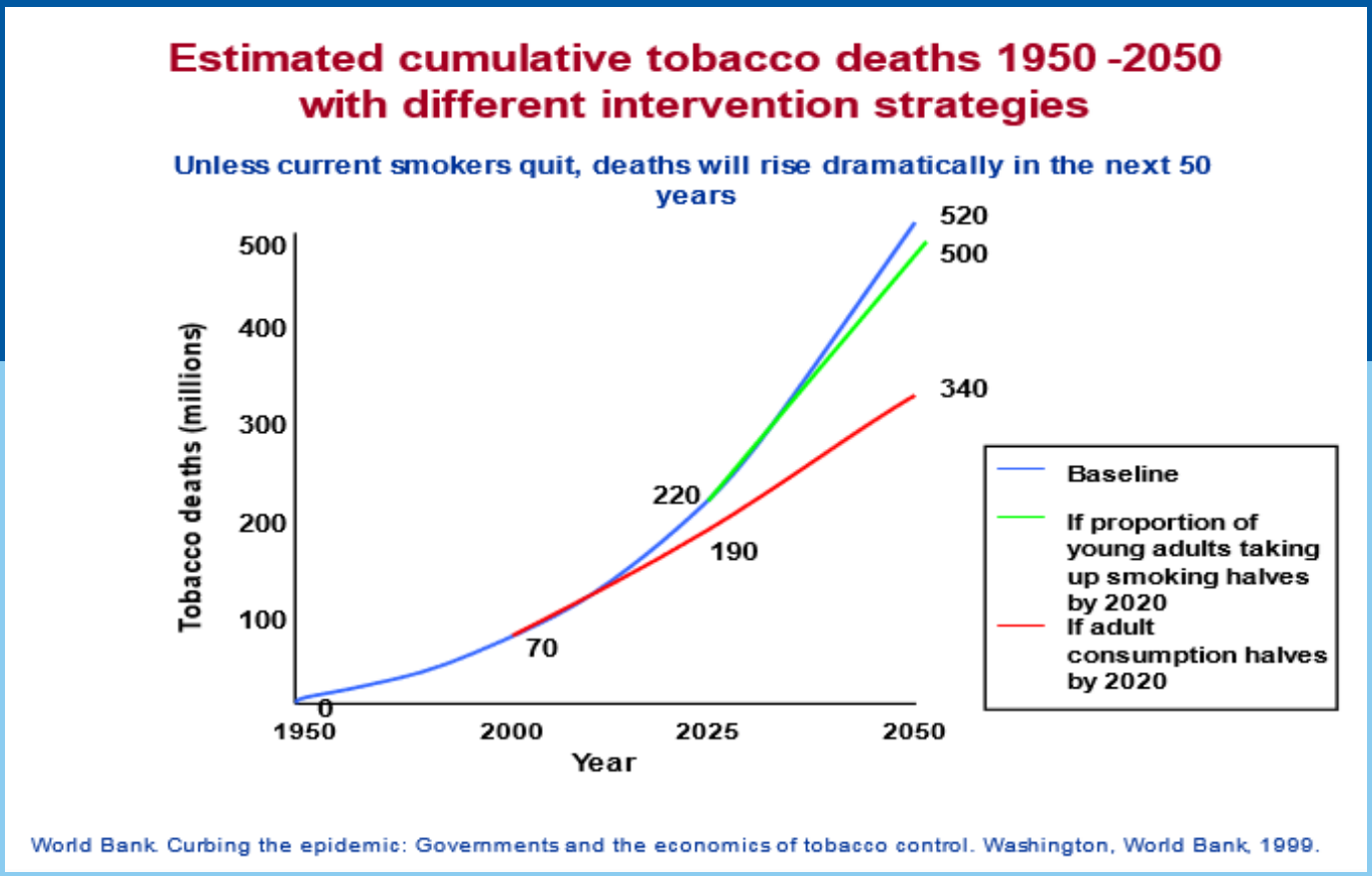
Why Cessation?

Because nicotine is addictive

Most tobacco users were hooked when very young, many find it very difficult to stop, and many die because they couldn't stop. Even in countries where tobacco use is long established and most users want to stop, unaided cessation rates are very low – about 5% over one year (6, 7, 8).

Because only cessation in adults saves lives in the short to medium term

Because of the long delay between smoking and developing serious diseases like cancer, only adult cessation saves significant numbers of lives in 20 to 30 years. To focus exclusively on preventing young people starting will save lives in 40 to 50 years time, but would mean abandoning adult tobacco users, leaving millions of them to die prematurely (9).



World Bank. Curbing the epidemic: Governments and the economics of tobacco control. Washington, World Bank, 1999.

Furthermore the WHO and UN goal of a 25% reduction in premature mortality from noncommunicable diseases by 2025 (NCD 25x25 goal) and UN goal of reducing the risk of premature death in middle age from NCDs by 2030 (SDG 3.4.1 indicator) will surely now be missed without urgent action on cessation (10, 11).

Because cessation is effective and cost effective

We mentioned previously the very low unaided population cessation rate. But even simple cessation support can increase this to 10–20%. But even much lower cessation rates, for example healthcare workers offering brief advice, applied to a whole population will produce large numbers of ex-tobacco users, and could save millions of lives (12).

"Smoking cessation remains better value than many life preserving interventions" (13) and is one of the most cost effective of all healthcare interventions (2).

A review of the effectiveness and affordability of tobacco cessation support found that "Brief advice from a health-care worker, telephone helplines, automated text messaging, printed self-help materials, cytisine and nortriptyline are globally affordable health-care interventions to promote and assist smoking cessation." (12)

Cytisine is a naturally occurring, low cost stop smoking medicine that has been available in Eastern Europe for 60 years, is effective, and as noted above, globally affordable. In 2016 Walker et al urged countries to fast track its licensing: "Most tobacco users live in low and middle income countries where stop smoking medicines are unavailable or unaffordable. **There is an urgent need for action by key stakeholders to get cytisine licensed worldwide so that its life-saving potential can be realised." (14)** National licensing could be accelerated by cytisine's inclusion on the World Health Organization's Essential Medicines List.

As the cause of the problem, the tobacco industry should be made to pay for cessation support on the polluter pays principle (see box).

Who should pay for cessation?

A 1998 UK report for No Smoking Day estimated the annual amount spent on cessation to be just under £2 per smoker, equivalent to the cost of just 4 minutes of a Primary Care Physician's time.

By contrast, the same year, the tobacco industry made approximately £60 per year from each of these smokers, 30 times more (15).

Because cessation is part of the FCTC

Article 14 of the FCTC mandates cessation and the Article 14 Guidelines recommend action in a clear, stepwise way, that includes broad reach, low-cost measures.

FCTC Article 14

Para 1. Each Party shall develop and disseminate appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices, taking into account national circumstances and priorities, and shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence.

Para 2 (selected). Towards this end, each Party shall endeavour to: - - - include diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education programmes, plans and strategies, with the participation of health workers, community workers and social workers as appropriate - - - establish in health care facilities - - - programmes for diagnosing, counselling, preventing and treating tobacco dependence - - - collaborate with other Parties to facilitate accessibility and affordability for treatment of tobacco dependence.

Article 14 Guidelines

Key low-cost recommendations:

- Conduct a national situation analysis
- Strengthen national coordination
- Develop comprehensive guidelines
- Address tobacco use in healthcare workers
- Use existing healthcare infrastructure
- Record tobacco use in medical notes
- Integrate brief advice into healthcare systems

Yet cessation is being seriously neglected by the tobacco control community

Offering cessation support is lagging behind implementation of other FCTC measures.

The WHO Report on the Tobacco Epidemic (1) notes that "global targets for reducing tobacco use will not be reached unless current tobacco users quit" and acknowledges that "tobacco cessation support worldwide remains low". The report notes that **"many countries still have no national cessation strategy".**

In fact the situation is considerably worse than that. Nilan and colleagues (16) showed how few countries had even basic cessation infrastructure.

Survey of Tobacco Dependence Treatment in 142 Countries

54% – Officially identified person responsible for treatment
32% – National treatment strategy
40% – National treatment guidelines
44% – Help healthcare workers to stop using tobacco
30% – Mandatory recording of tobacco use in medical notes

Furthermore, a key group in helping tobacco users stop – **healthcare workers** – themselves still use tobacco at high rates. A recent systematic review of tobacco use in healthcare workers in 63 countries found an overall tobacco use prevalence of 31% in males, 17% in females, and 21% overall, and as high as 45% in male doctors in low and lower middle income countries (17).

Cessation and COVID-19: An Extraordinary Opportunity

There is some evidence that smokers who get Covid get more severe symptoms, which makes sense given that smoking seriously damages the lungs. This strongly emphasises the importance, the urgency, of stopping smoking in this Covid era.

Obviously healthcare workers should whenever possible advise and help smokers hospitalised because of Covid to stop smoking. But **visits for Covid vaccinations also offer an extraordinary opportunity for a population level, effective cessation intervention – brief advice**. It can be when administering the vaccine, without taking any extra time at all, and in principle reach the entire population.

An opportunity like this may never arise again.

What You Can Do

Government Ministers

- Develop an official national cessation strategy
- Mandate recording tobacco use in medical notes (and do it)
- Train healthcare workers to give brief advice
- Help healthcare workers stop smoking
- Offer cessation support by text messaging
- Fast track the licensing of affordable medicines

The ICTC works with countries to help them improve their cessation support. For details contact martin@martinraw.com

Healthcare Workers

- Ask about tobacco use at every opportunity, including while giving the COVID-19 vaccination
- Give brief advice to stop
- Offer practical tips and support if possible

People Who Smoke or Use Tobacco

- In the U.S., call 1-800-QUIT-NOW or visit smokefree.gov for free support quitting.

References

1. https://www.who.int/teams/health-promotion/tobacco-control/who-report-on-the-global-tobacco-epidemic-2019.
2. Raw M, Mackay J, Reddy S. Time to take tobacco dependence treatment seriously. Lancet 2016;387:412-413. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00950-2/fulltext.
3. Office of the High Commissioner for Human Rights, The Right to Health, 2008: https://www.ohchr.org/documents/publications/factsheet31.pdf.
4. https://www.who.int/tobacco/framework/WHO_FCTC_english.pdf.
5. https://www.who.int/news-room/fact-sheets/detail/tobacco.
6. https://www.who.int/fctc/guidelines/adopted/article_14/en/.
7. https://profiles.nlm.nih.gov/spotlight/nn/catalog/nlm:nlmuid-101584932X423-doc.
8. Tobacco Advisory Group of the Royal College of Physicians. Nicotine Addiction in Britain. London: Royal College of Physicians; 2000.
9. https://documents.worldbank.org/en/publication/documents-reports/documentdetail/914041468176678949/curbing-the-epidemic-governments-and-the-economics-of-tobacco-control.
10. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60616-4/fulltext.
11. https://globalheartjournal.com/articles/10.5334/gh.531/.
12. http://onlinelibrary.wiley.com/doi/10.1111/add.12998/pdf.
13. Parrott S, Godfrey C, Raw M, West R, McNeill A. Guidance for commissioners on the cost-effectiveness of smoking cessation interventions. Thorax 1998;53: Supplement 5 Part 2 pp 1-35. http://thorax.bmjjournals.com/cgi/reprint/53/suppl_5/S2?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&author1=Raw&fulltext=Smoking&andorexactfulltext=and&searchid=1098903324571_3515&stored_search=&FIRSTINDEX=0&sortspec=relevance&volume=53&resourcetype=1&journalcode=thoraxjnl.
14. Walker et al 2016 https://onlinelibrary.wiley.com/doi/full/10.1111/add.13464.
15. Raw M, Godfrey C, Burrows S. An estimate of national expenditure on smoking cessation in the UK. London, No Smoking Day, March 1998.
16. Progress in implementation of WHO FCTC Article 14 and its guidelines: a survey of tobacco dependence treatment provision in 142 countries - Nilan - 2017 - Addiction - Wiley Online Library.
17. Prevalence of tobacco use in healthcare workers: A systematic review and meta-analysis (plos.org).

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