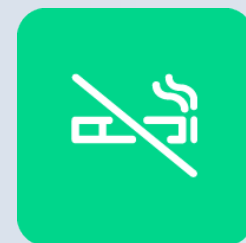


Preparing for Tobacco Endgame: Treatment, Innovation, and the Global Nicotine Landscape

June 25, 2026



GLOBAL
TOBACCO
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COUNCIL



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Disclaimer: The views and opinions expressed in this presentation are those of the speakers and do not necessarily reflect the views or positions of ASH.

SPEAKERS



Eduardo Bianco

*Director, Addiction Training
Program for Healthcare
Professionals*



Geoffrey Kretz

CEO and Co-Founder, KWIT



Krzysztof Przewozniak

*President, Smart Health –
Health in 3D*

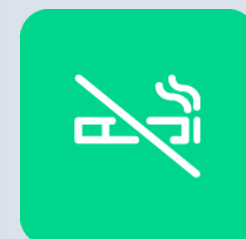


Thomas Glynn

*Adjunct Lecturer, Stanford Prevention
Research Center, Stanford University
School of Medicine*



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Tobacco Cessation: *Framing the Global Landscape*

**Webinar: Preparing for Tobacco Endgame
Treatment, Innovation, and the Global Nicotine Landscape
June 25, 2026**

Dr. Eduardo Bianco

Director, Addiction Training Program (ATHP)
Frank Foundation/NextGenU
NATTI Coordinator

The global challenge

Current situation

- More than 1.25 billion people worldwide use tobacco products.
- 60–70% want to quit smoking.
- 40–50% make attempts to quit each year.
- Without professional help: less than 5% reach long-term abstinence.
- Those who succeed: up to 30 attempts, due to nicotine dependence.



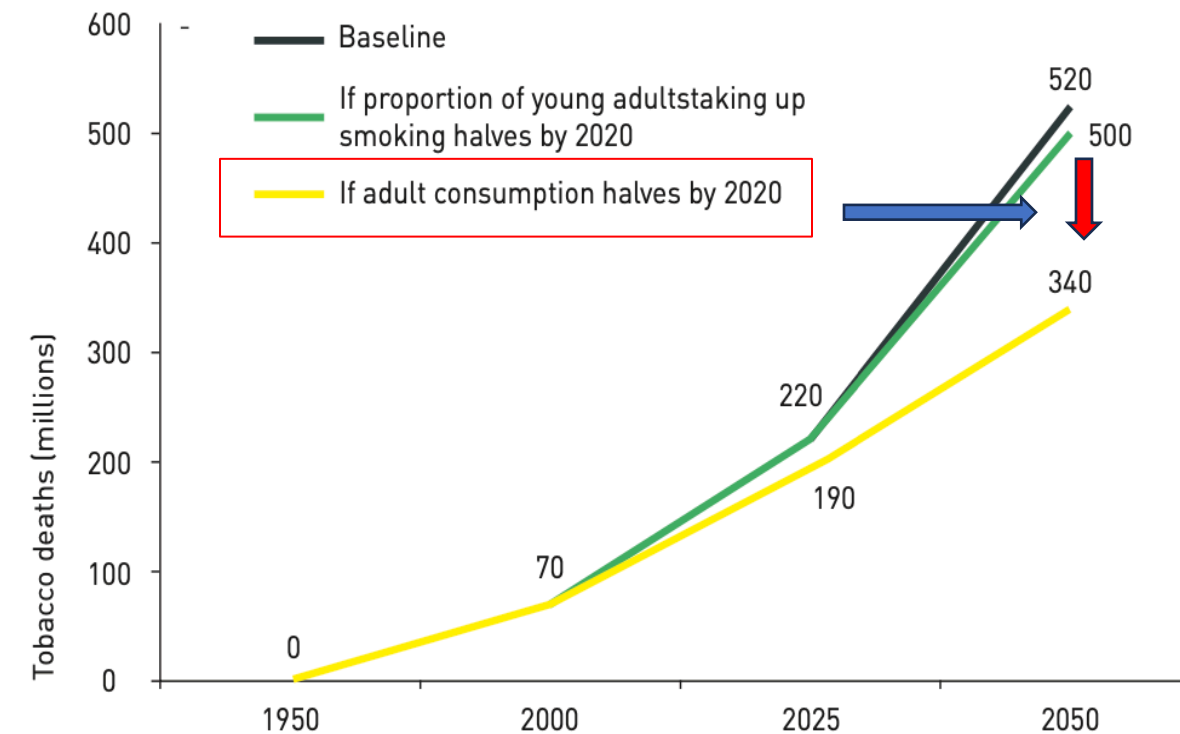
- WHO Report on the Global Tobacco Epidemic 2023.
- WHO Clinical Treatment Guideline for Tobacco Cessation in Adults, 2024.
- Chaiton M. BMJ Open. 2016;6:e011045

We know that ...

To reduce the global burden of death and disease from NCDs



people who use tobacco should quit.



With appropriate support, the chances of success can be improved.

Helping people quit smoking is not only **a public health priority** but also **a matter of human rights.**

World Bank, *Curbing the Epidemic* (1999)

United Nations Human Rights Office of the High Commissioner. *Human Rights and Tobacco Control*. Geneva: OHCHR

We know what works:

Behavioral interventions

- Brief Advice.
- Motivational Interviewing.
- Individual or group counseling.
- Quitlines.
- Digital interventions.

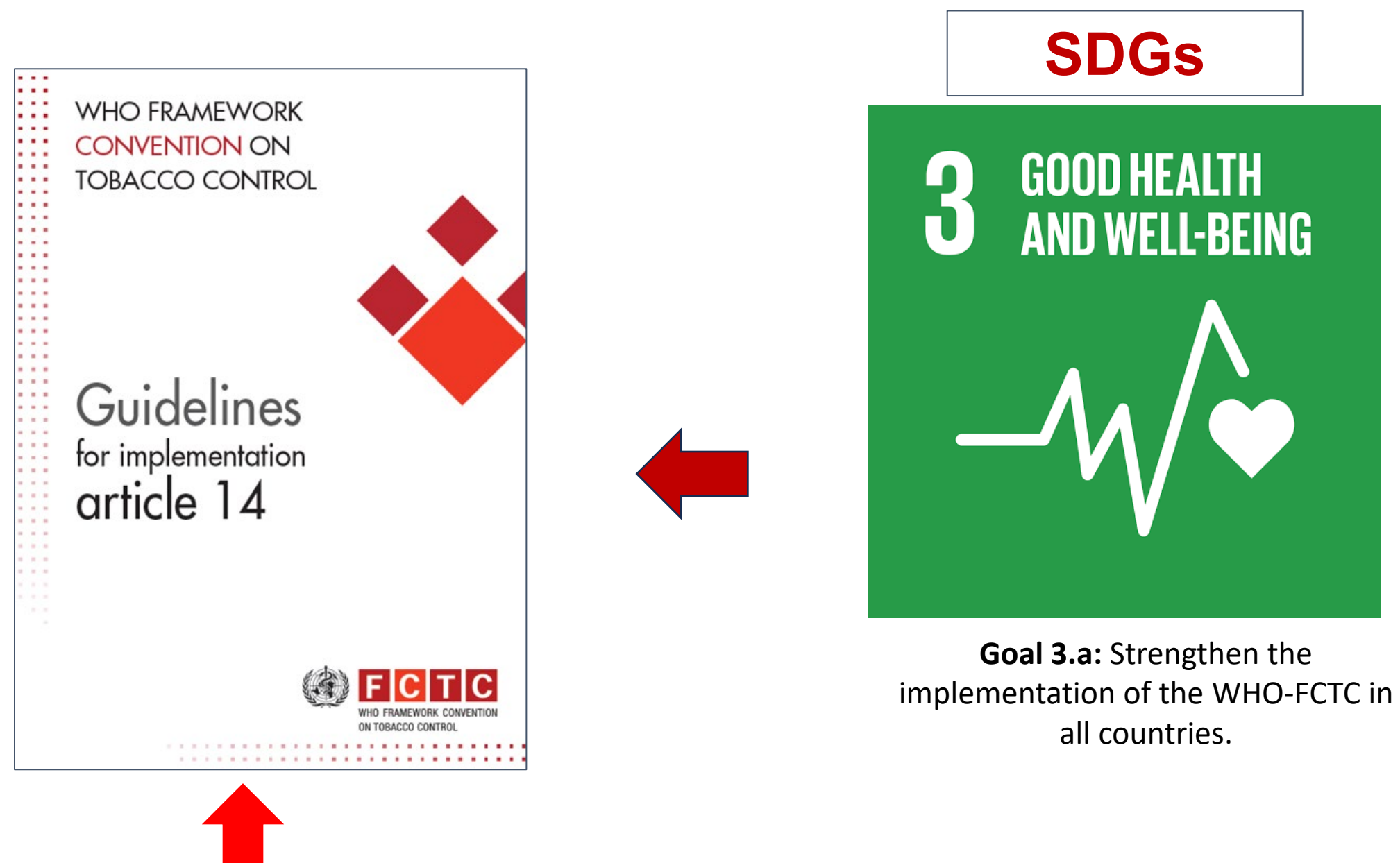
Pharmacological treatment

- NRT
- Varenicline.
- Bupropion.
- Cytisina.

The most effective= Behavioral support + medication

- 2024 WHO Tobacco cessation guidelines for adults.
- WHO-FCTC Article 14 Guidelines

Countries committed to promote cessation



- **United Nations High-Level Statement on NCDs** (*Implementation of the FCTC is essential*)
- **PAHO- Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas.** (*Strengthen cessation services*)

Paradox

- We have effective treatments.
- Governments are committed to implementing them.
- However, most tobacco users still do not receive help and/or do not have access to these treatments.

**The problem is not a
lack of effective
tools;**

**It is the lack of
access and
application**

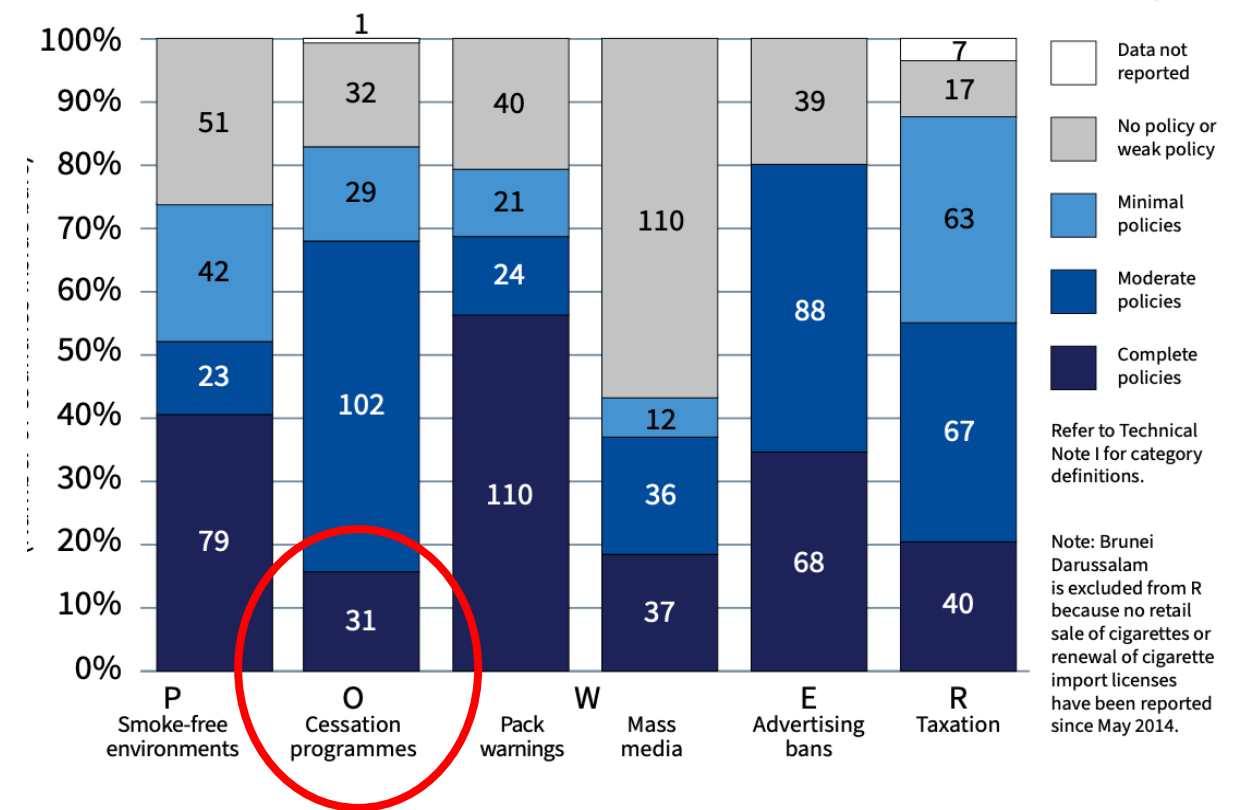
Obstacles to application

- **Consumers do not seek help:** “lack of willpower”, not dependence (especially in developing countries).
- **Professionals:** are not trained and therefore do not intervene.
- **Health systems** do not integrate/prioritize cessation.
- **Countries:** lack pharmaceutical cessation resources.
- **Pharmaceutical companies** do not offer their products due to low demand.
- **Governments:** do not invest in cessation (*it is seen as an "expensive" and competes with other health problems*).



All of this results in...

- **WHO FCTC Article 14** is one of the least (fully) implemented.
- **HIC**: Services exist but are underutilized or inaccessible to vulnerable groups.
- **LMICs**: Minimal services, low funding.
- These **weaknesses** are being used by TI to undermine tobacco cessation (Harm Reduction Narrative) and promote the use of their “new” nicotine and tobacco products .



Tobacco dependence treatment at best-practice level, 2024



WHO report on the global tobacco epidemic, 2025:

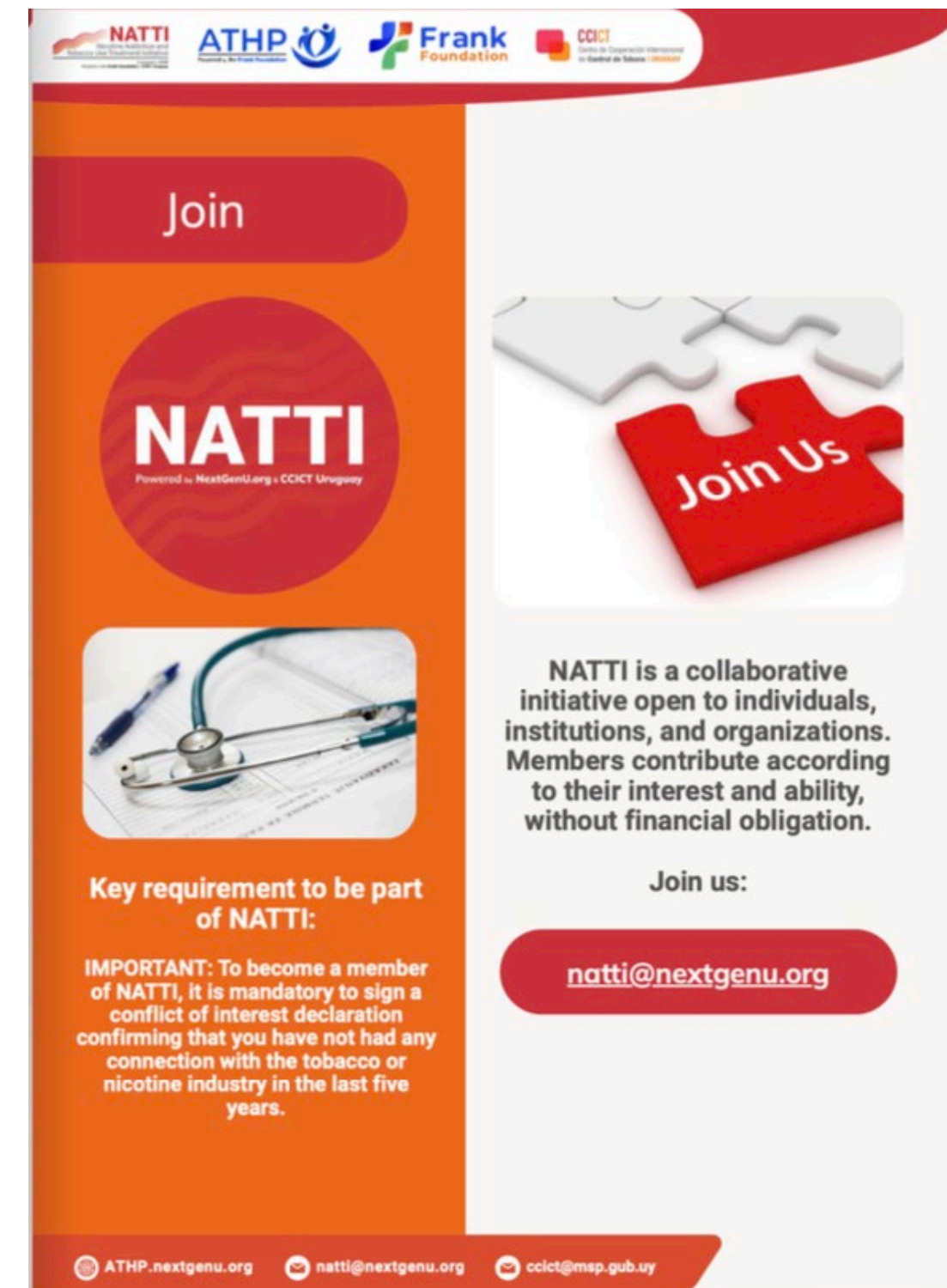
NATTI- *Nicotine and Tobacco use Treatment Initiative*

A collaborative effort

- ❑ to enhance the capacity and commitment of HCP and their institutions
- ❑ to address tobacco and nicotine dependence through evidence-based education and developing coordinated networks.
- ❑ to counteract tobacco industry harm reduction narrative.

Led by:

- ❑ the International Cooperation Center on Tobacco Control of the Ministry of Public Health of Uruguay
- ❑ The ATHP at the Frank Foundation.



The flyer features logos for NATTI, ATHP, Frank Foundation, and CCICT at the top. It includes a 'Join' button, a circular NATTI logo, a stethoscope image, and a 'Join Us' puzzle piece graphic. Text describes the initiative as collaborative and open to individuals, institutions, and organizations, with a key requirement to sign a conflict of interest declaration. Contact information is provided at the bottom.

Join

NATTI
Powered by NextGenU.org & CCICT Uruguay

Join Us

NATTI is a collaborative initiative open to individuals, institutions, and organizations. Members contribute according to their interest and ability, without financial obligation.

Join us:

natti@nextgenu.org

Key requirement to be part of NATTI:

IMPORTANT: To become a member of NATTI, it is mandatory to sign a conflict of interest declaration confirming that you have not had any connection with the tobacco or nicotine industry in the last five years.

ATHP_nextgenu.org natti@nextgenu.org ccict@mep.gub.uy

From barriers to solutions

Barrier	Solution
Dependence	Apply evidence-based treatment
Lack of training	Massive formation of HCP
Lack of access	Inclusion in primary care + digital health + free of charge
Limited funding	Fund with tobacco taxes
Tobacco Industry Interference	Application of Article 5.3 and countering the TI Harm Reduction Narrative



Final reflection

- Safe and effective treatments supported by solid evidence exist.
- Tobacco cessation is one of the most cost-effective health interventions available.
- The challenge for the next decade: ensuring full implementation of WHO-FCTC Article 14 and integrating Tobacco and Nicotine cessation into Universal Health Coverage.

Tobacco dependence should be treated the same as other chronic diseases.

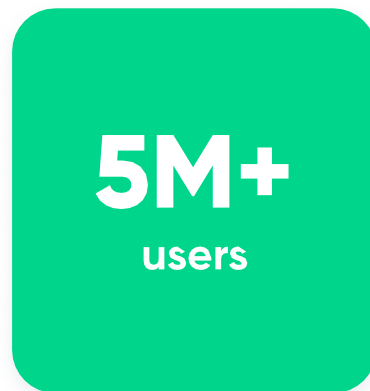
There is no Tobacco Endgame without a solid strategy to accelerate tobacco cessation.



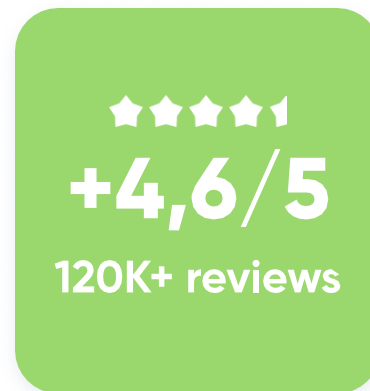
The science-backed app that helps people quit smoking and vaping – for good.



WHO validation



5M+
users

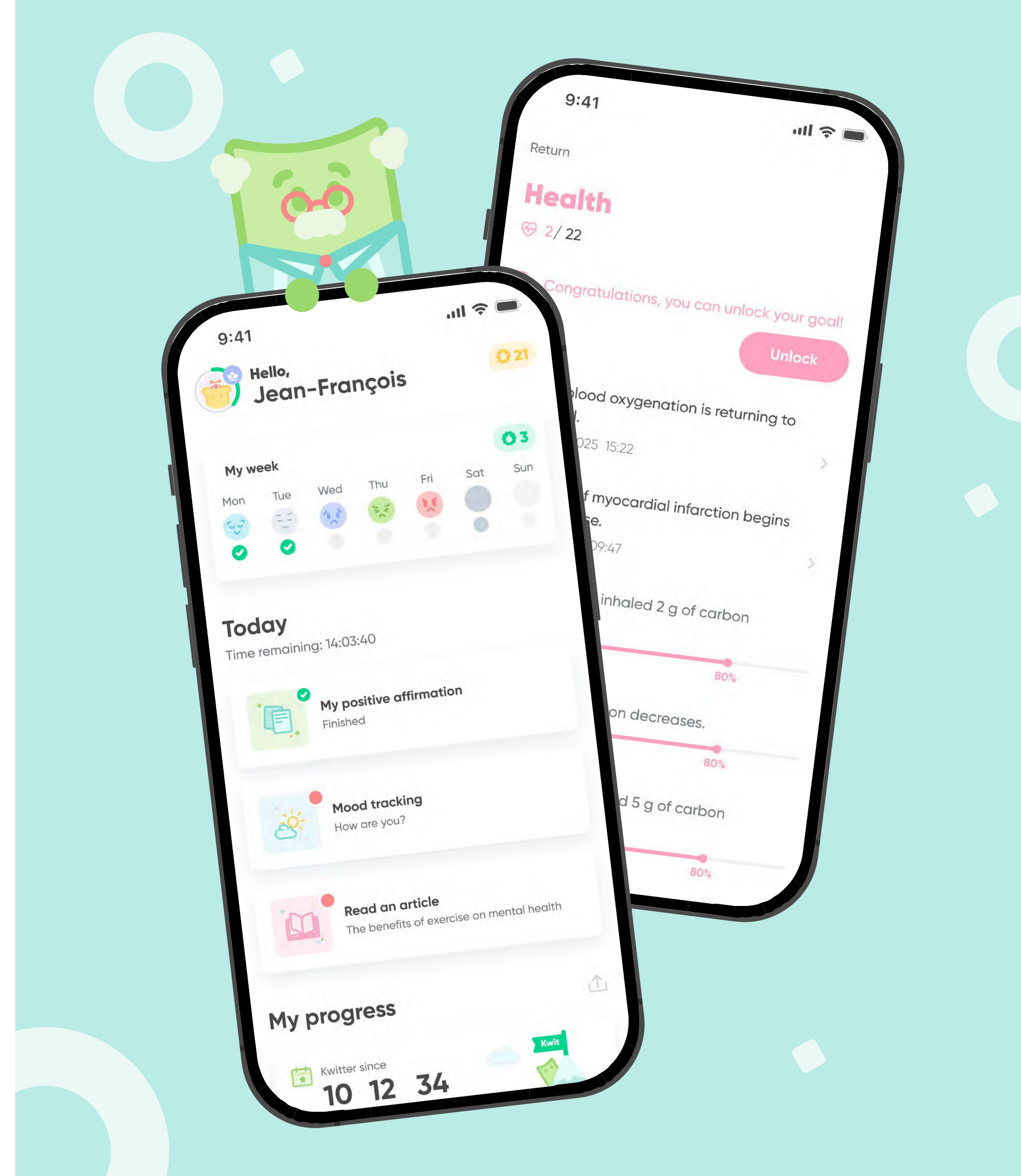


★★★★★
+4,6/5
120K+ reviews

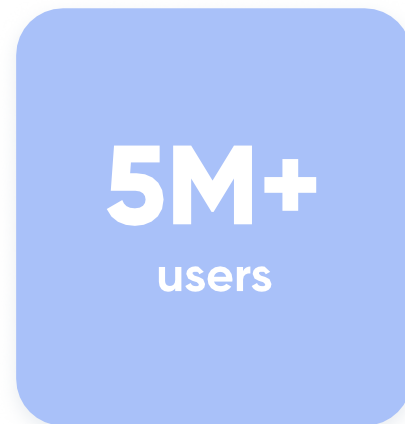


91.7%
goal
achievement
rate

Confidential and Proprietary. Copyright© by Kwit. All Rights Reserved.



Loved by our users, trusted by health authorities



WHO has reviewed the Kwit digital application and found it to be aligned with best practice for quitting tobacco (2023).



Kwit user



This is the **best app to stop you smoking** it's very supportive in its own rights ! Love all the information it gives you and the achievements !
Would give it ten stars if I could.



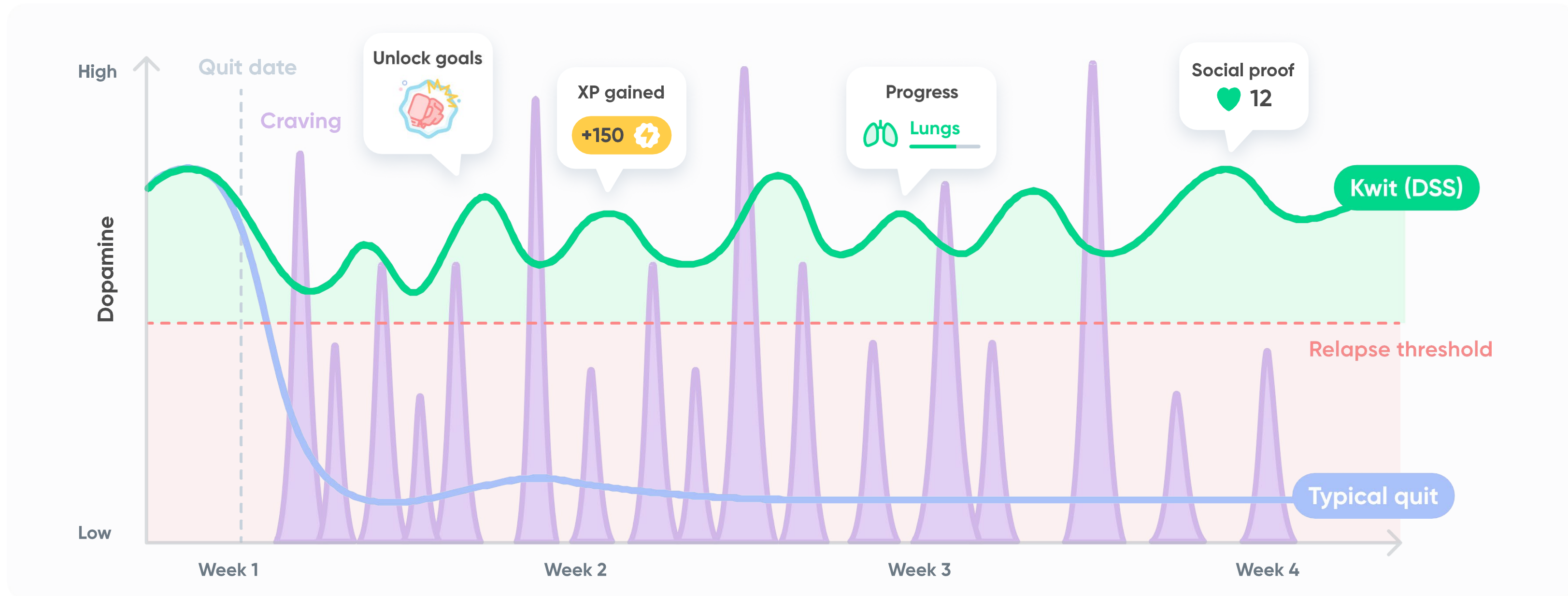
Kwit user



This app is **fantastic**, it has a very detailed overview of all areas that improve with every cigarette you don't inhale. The app is great for **keeping me motivated** and receive notifications when I have **achieved goals**. I also have the option to input cravings, resistance and thoughts into a diary every time I feel like smoking. **Thank you!!**

Our secret sauce: dopamine substitution strategy (DSS)

The real relapse driver is not nicotine withdrawal alone. It is the post-quit reward deficit. DSS uses immediate, repeated, non-drug reinforcement to rebuild reward after quitting, a mechanism that can extend beyond tobacco to alcohol and other addictions.



Scientific basis: post-quit reward deficit predicts relapse; reinforcing alternative rewards improves abstinence outcomes.

Kwit turns intention into lasting nicotine behavior change

Every smoker is different – Kwit adapts all four pillars to each user.



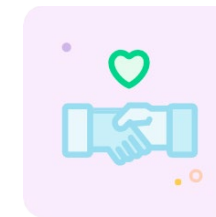
Cognitive-behavioral sciences



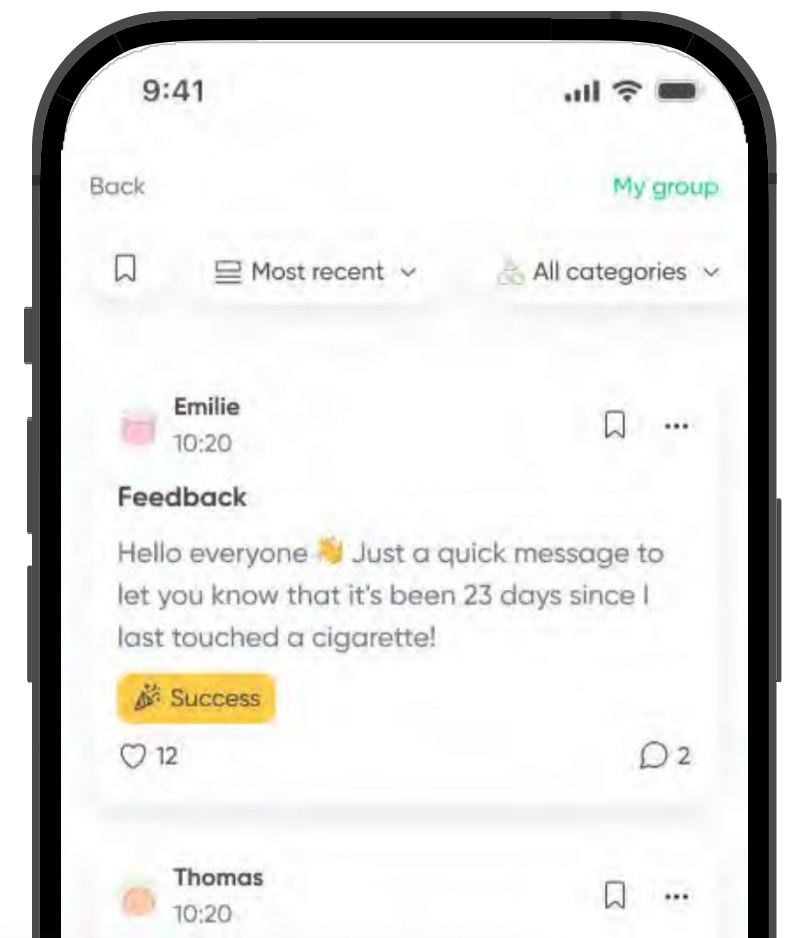
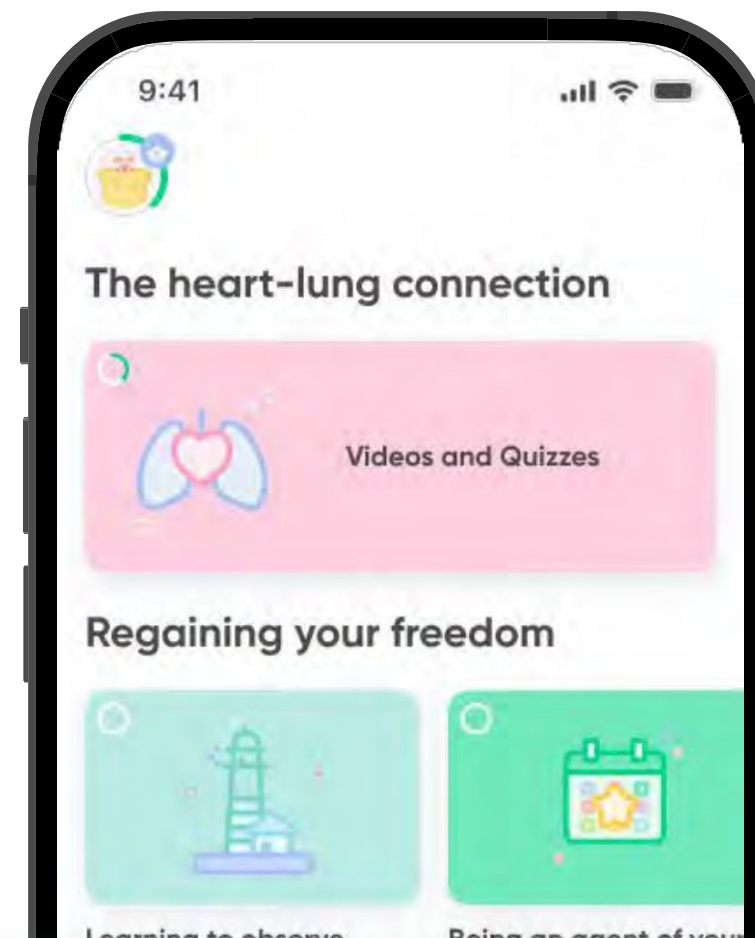
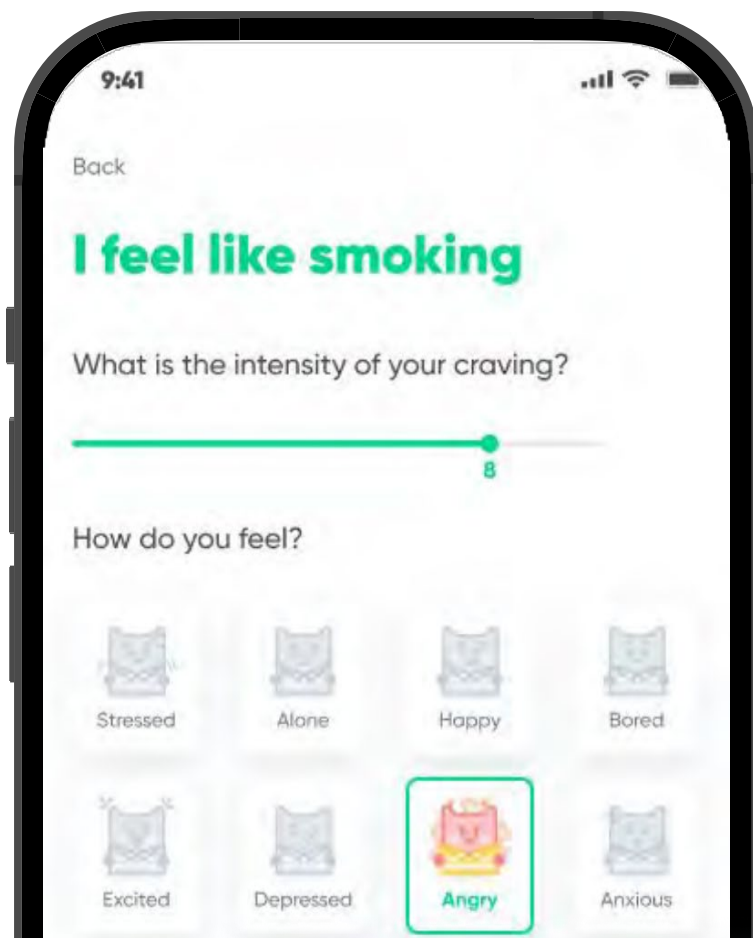
Gamification



Therapeutic education



Peer support

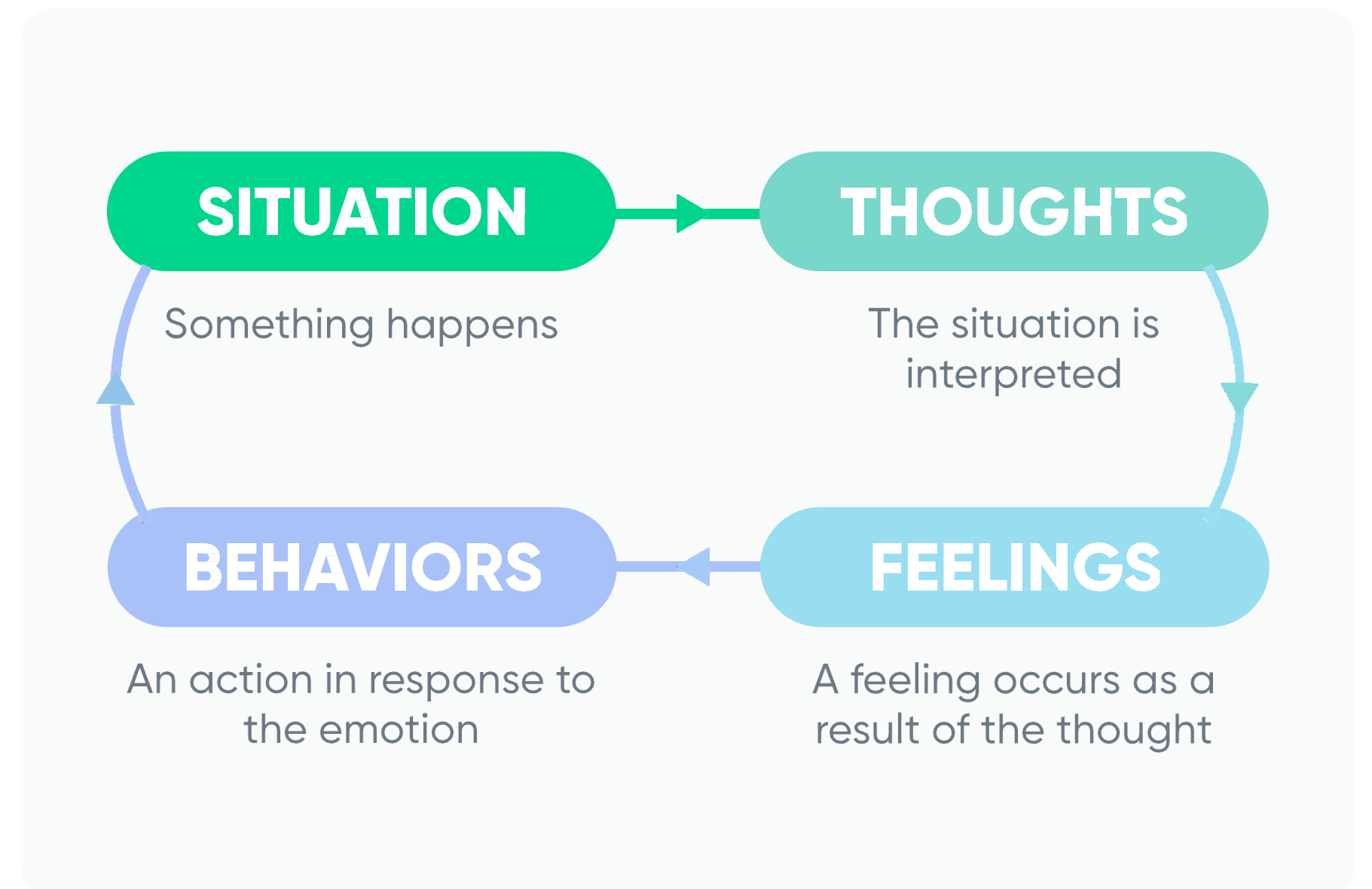


91.7% of users engaged 3+ months achieved their goal (67.7% quit, 23.9% reduced smoking)

Cognitive and behavioral therapies

Brainhacking via psychoeducation

Therapies and techniques that helps people learn how to **identify and change maladaptive thought patterns** that have a negative influence on behavior and emotions.



Behavioural interventions for smoking cessation: an overview and network meta-analysis (Hartmann-Boyce et al, 2021)



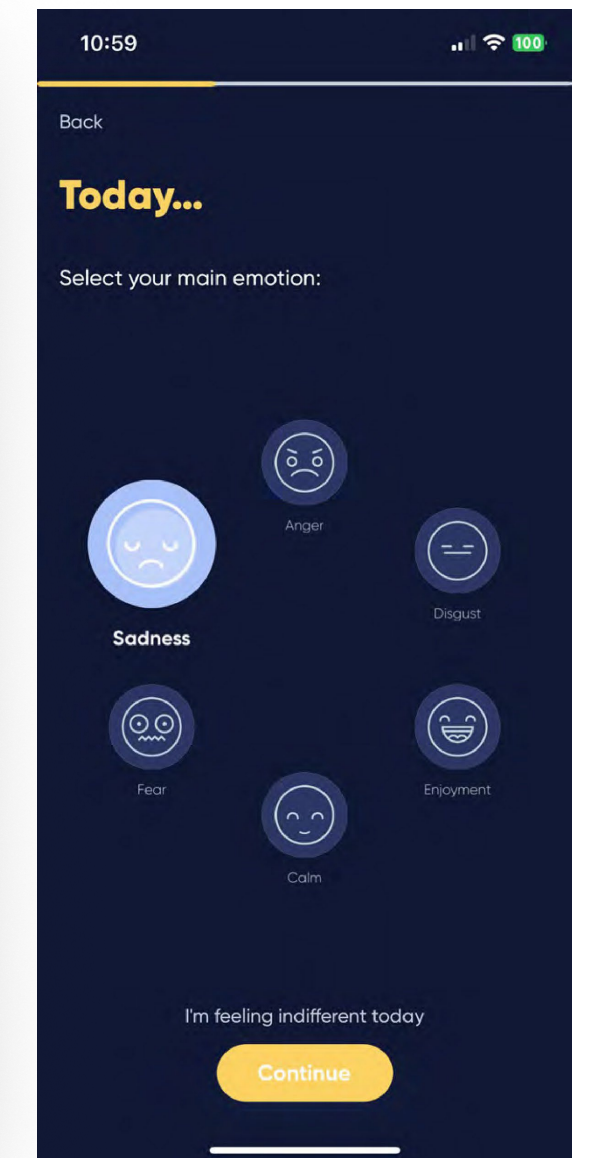
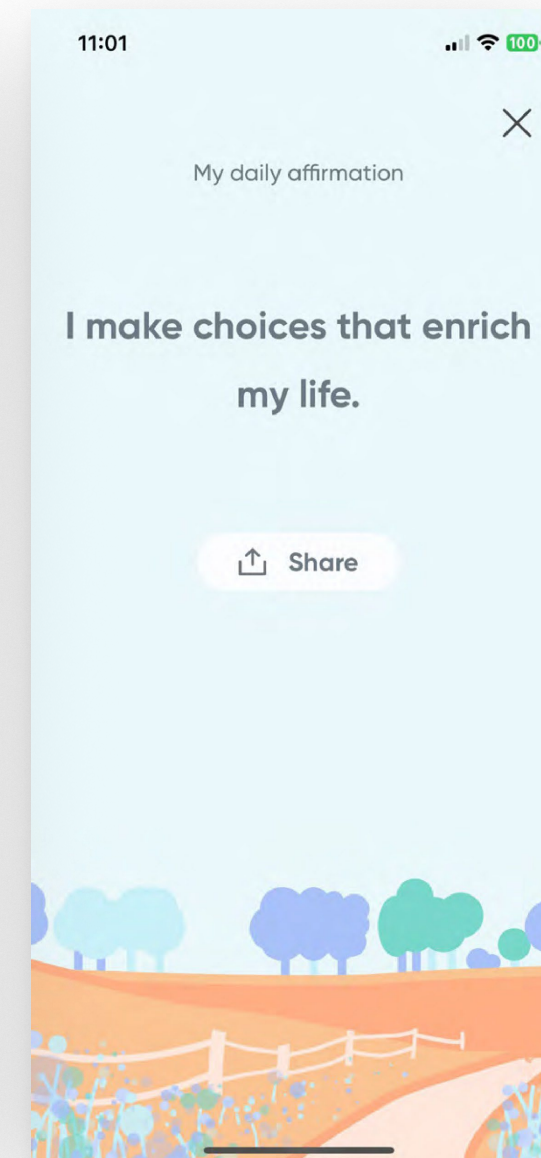
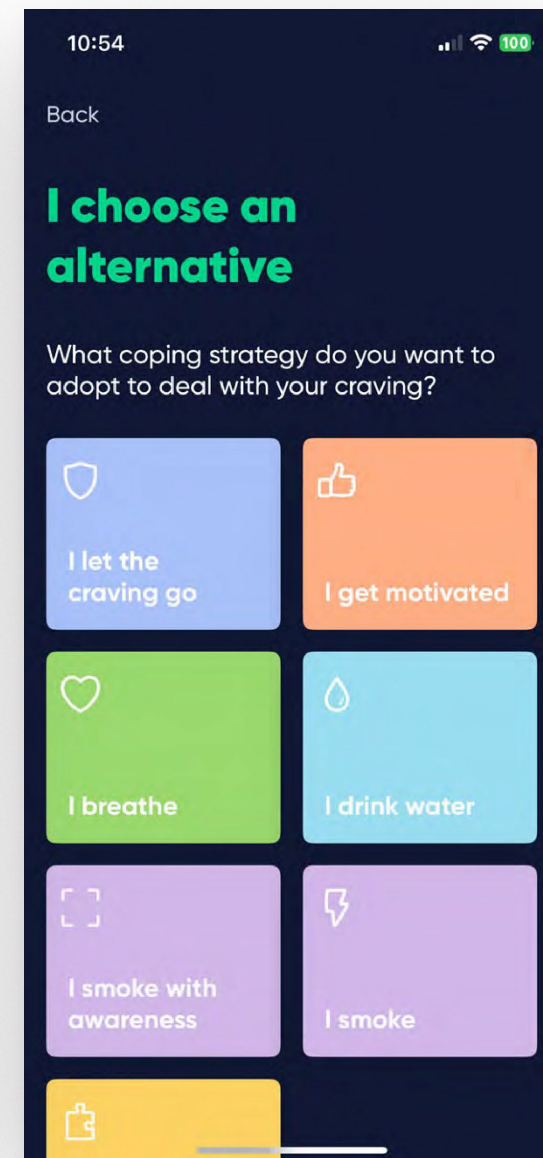
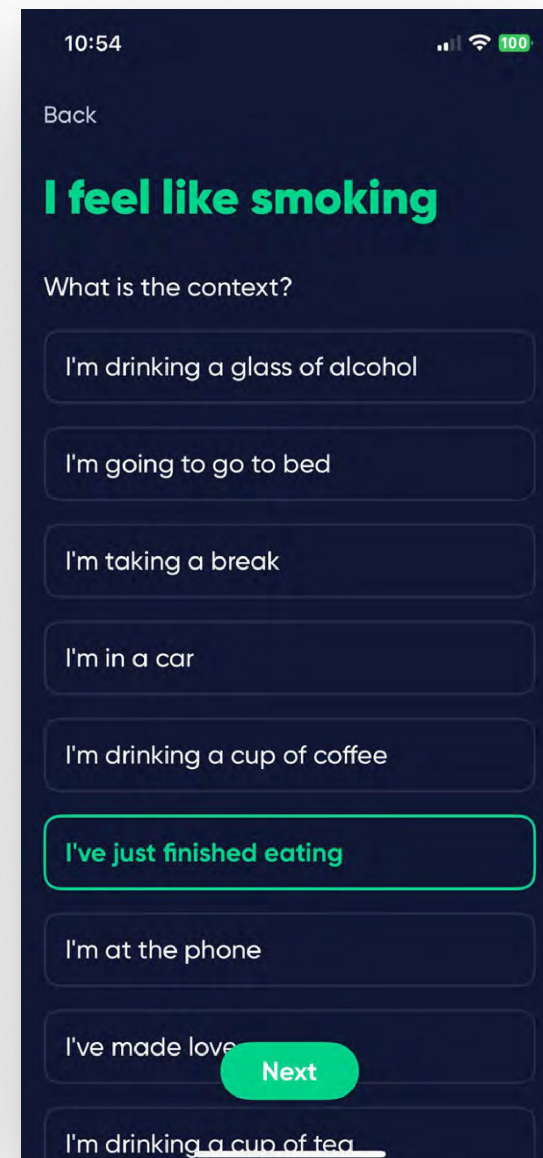
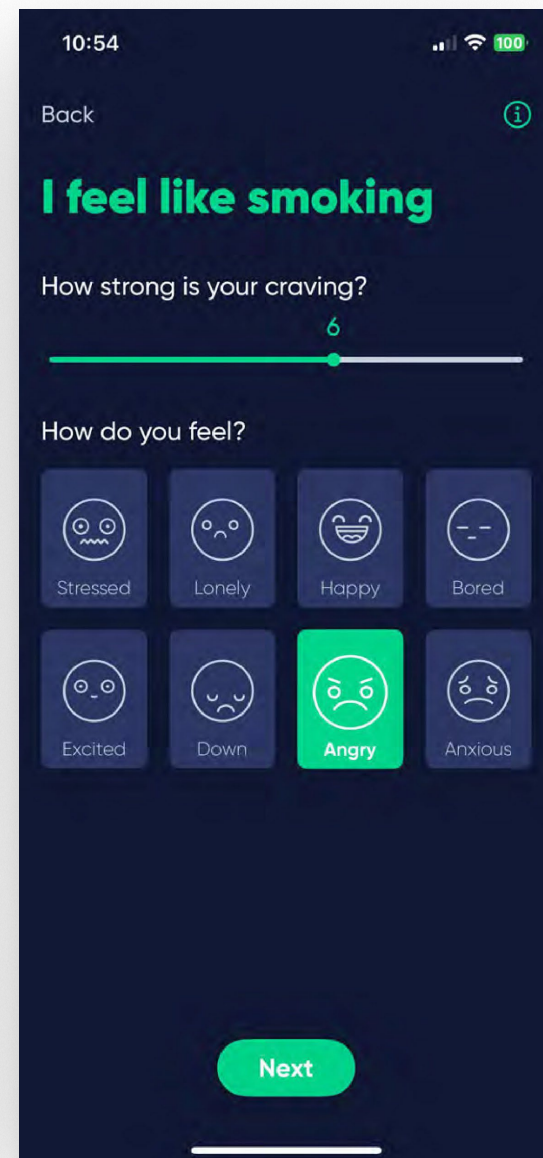
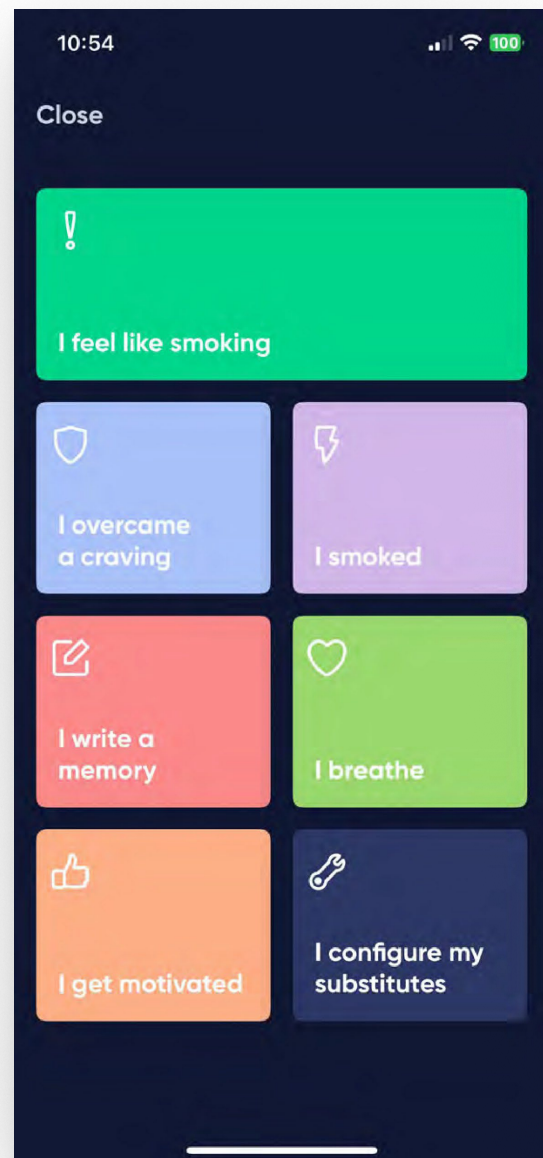
Cognitive-behavioral sciences in Kwit

Identifying triggers

Cognitive reorganisation

Development of coping strategies

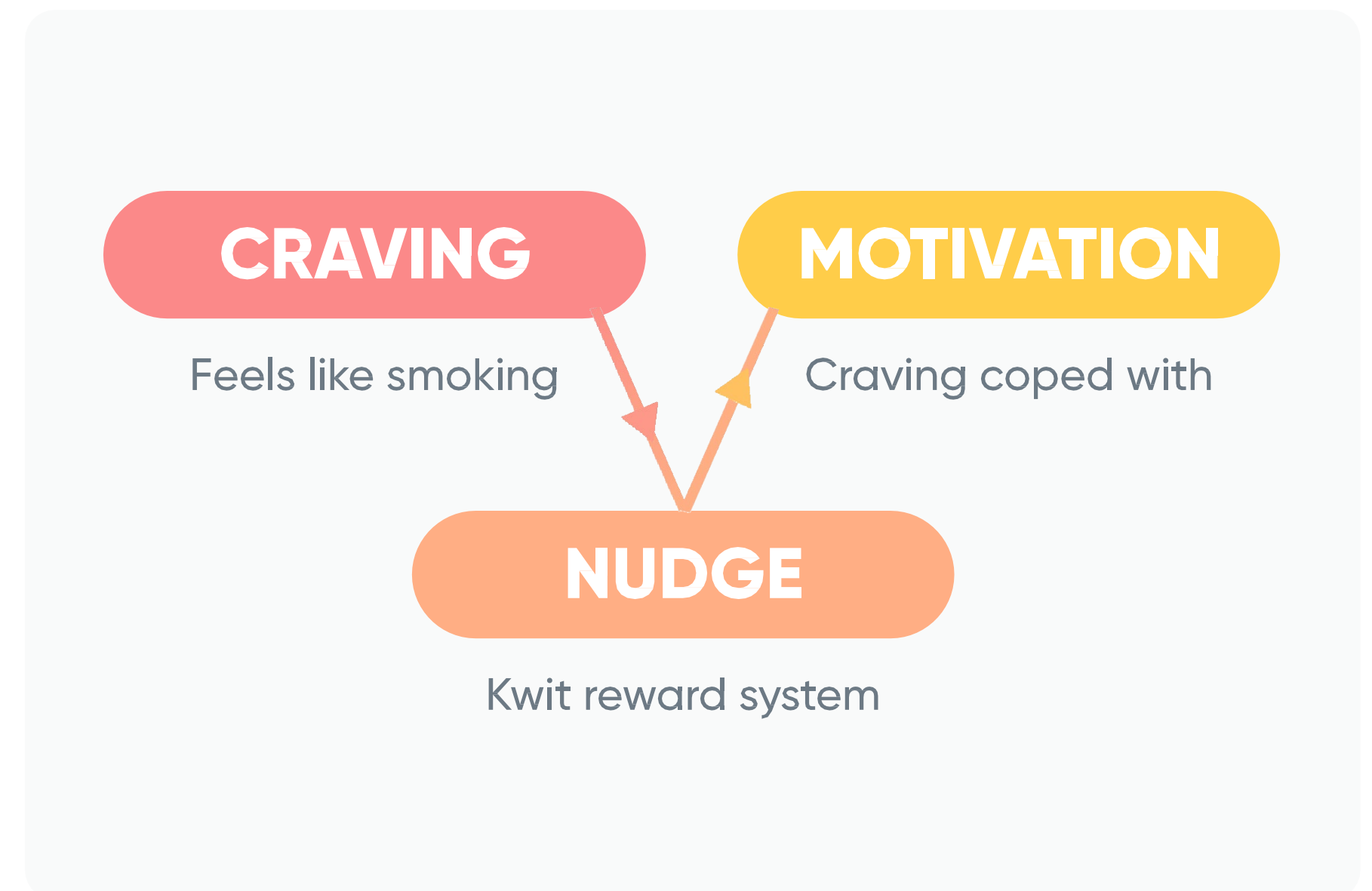
Relapse prevention



Gamification

Brainhacking via nudging

Gamification turns the tables on addiction, **rewiring the brain's reward system** to crave the wins in our apps instead of the habit.





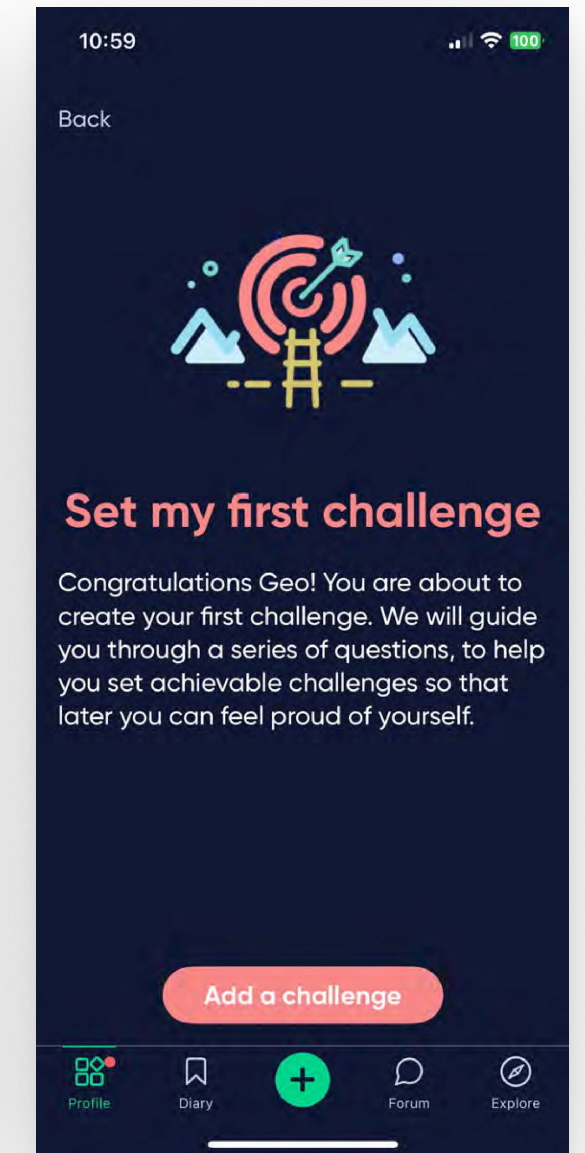
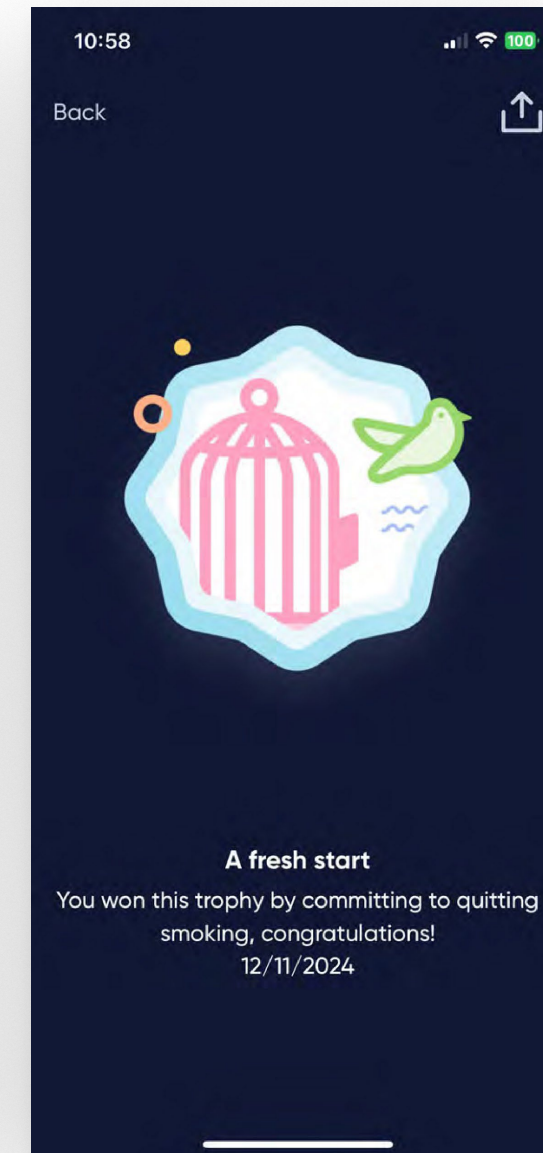
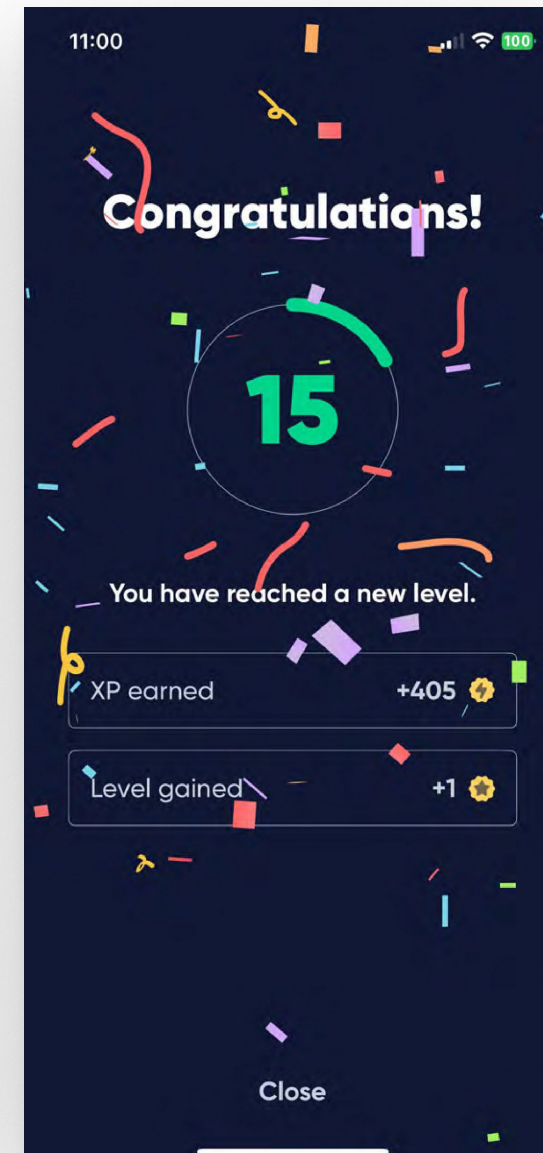
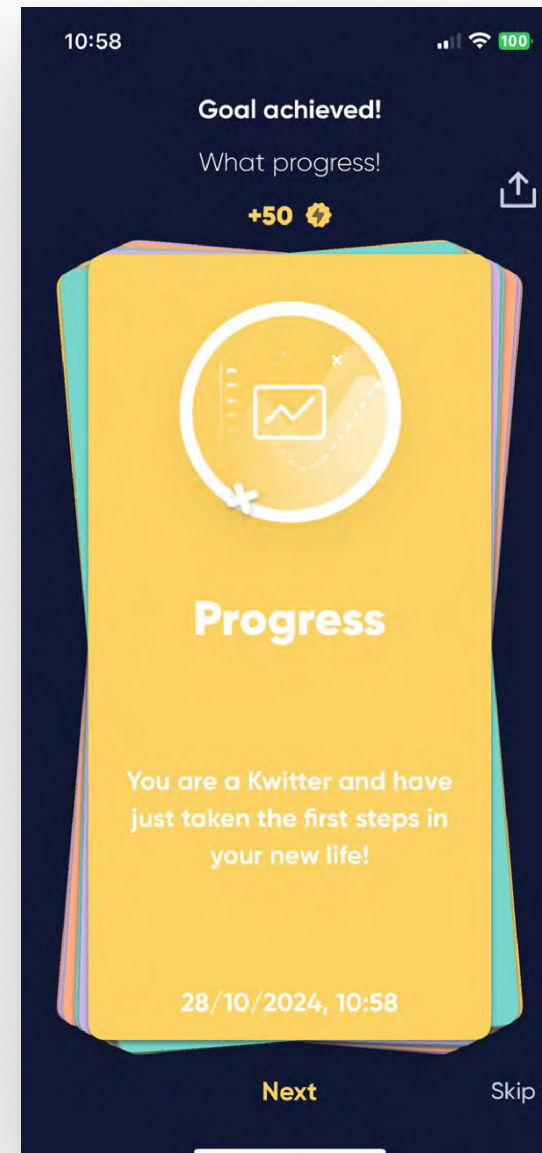
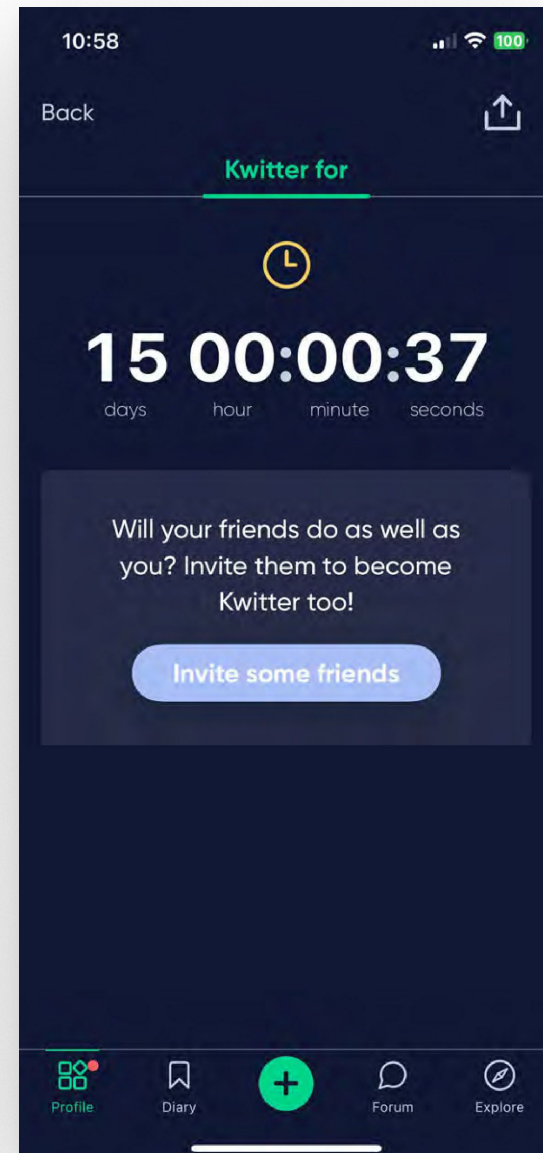
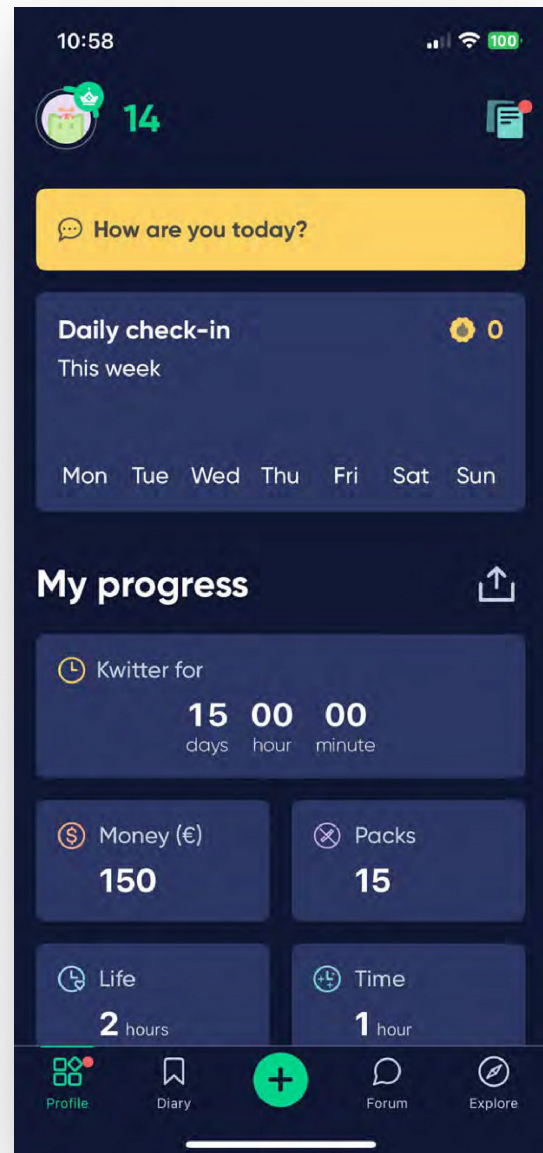
Gamification in Kwit

Positive reinforcement of healthy behaviors

Creating lasting habits

Maintaining daily motivation

Celebrating small victories





Peer support and therapeutic education

Peer support (on iOS)

Sharing similar experiences

Mutual emotional support

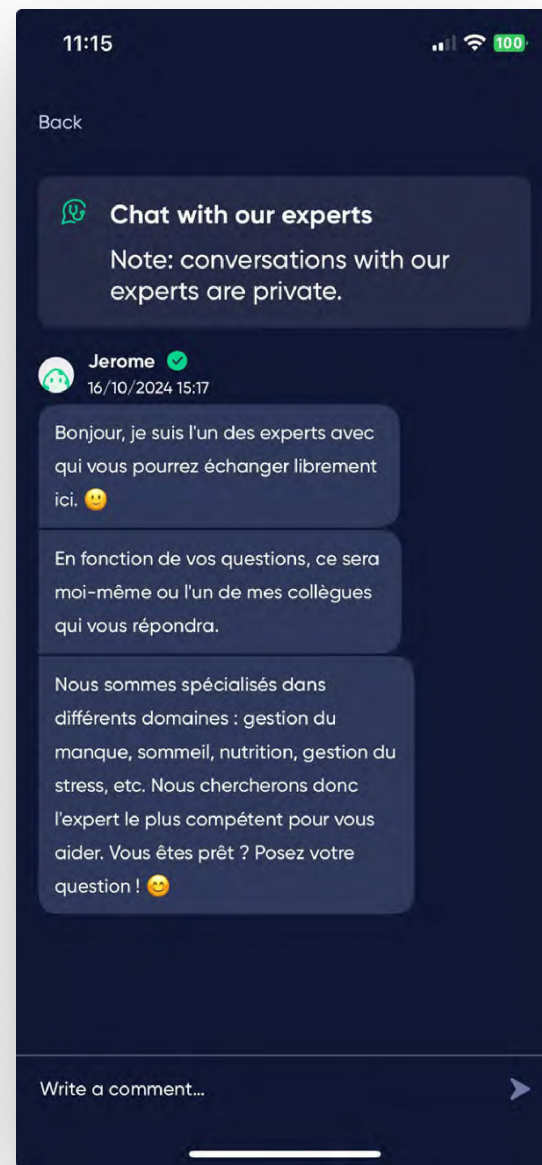
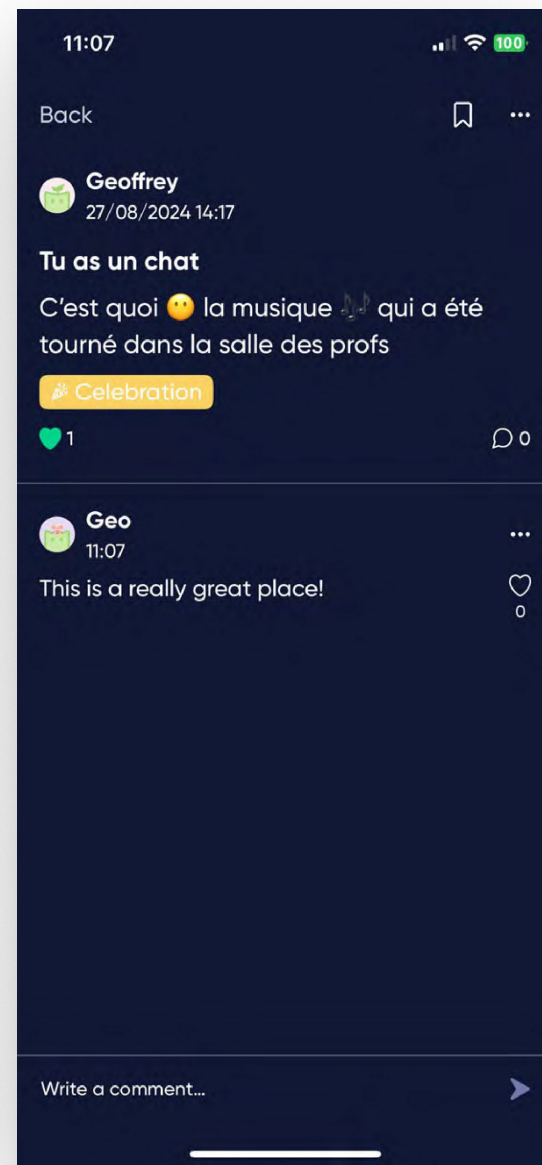
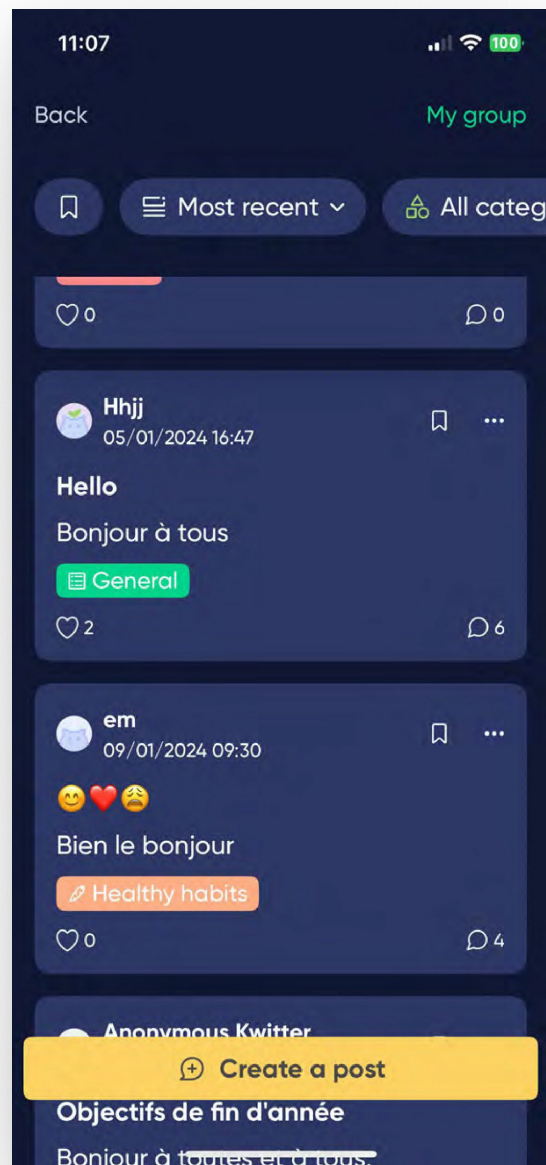
Therapeutic education

Understanding addiction

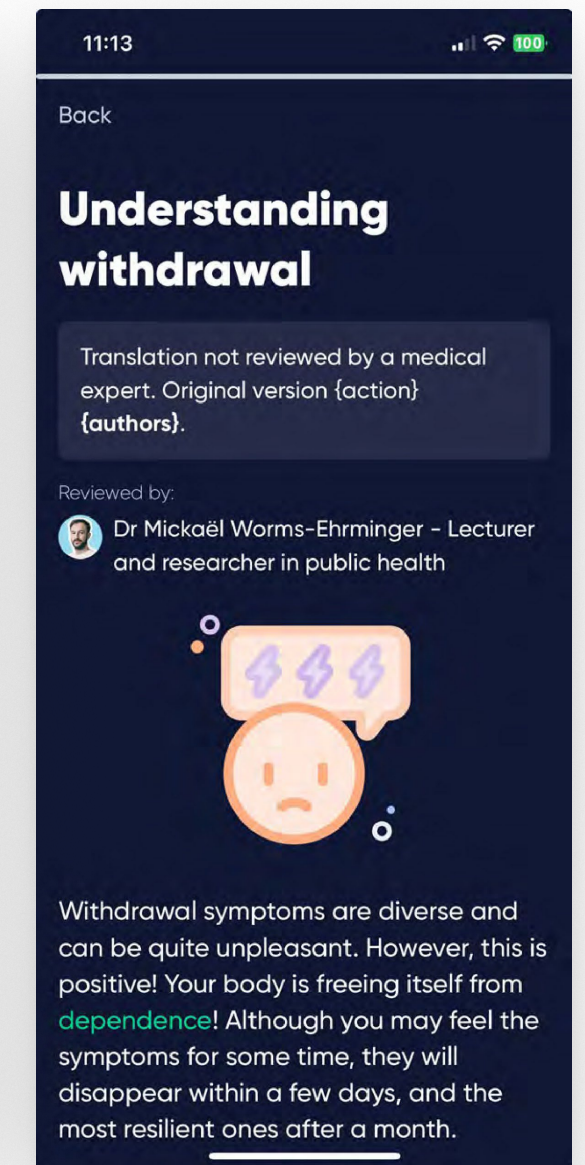
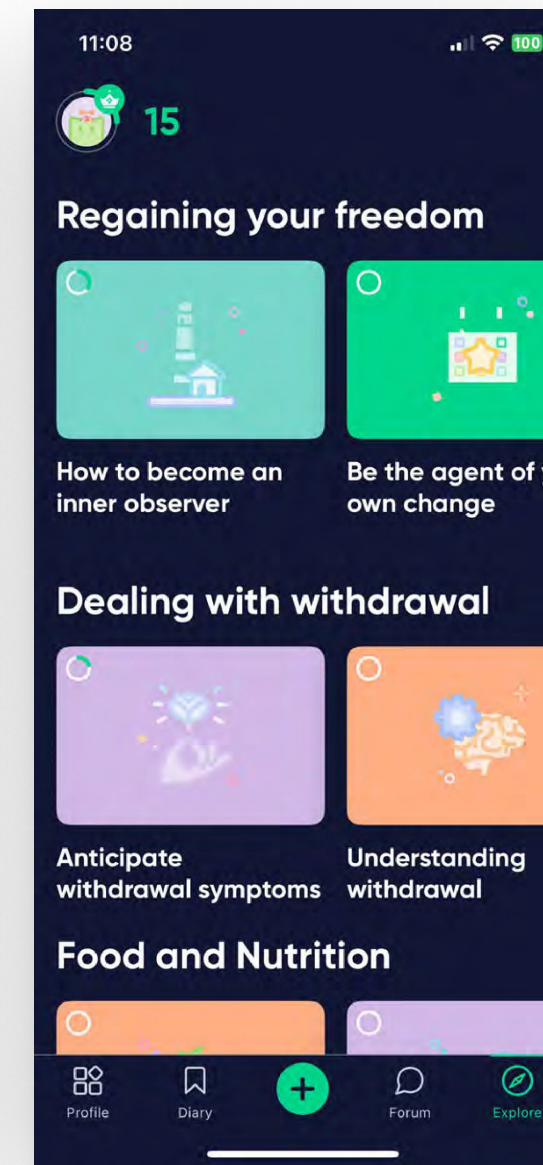
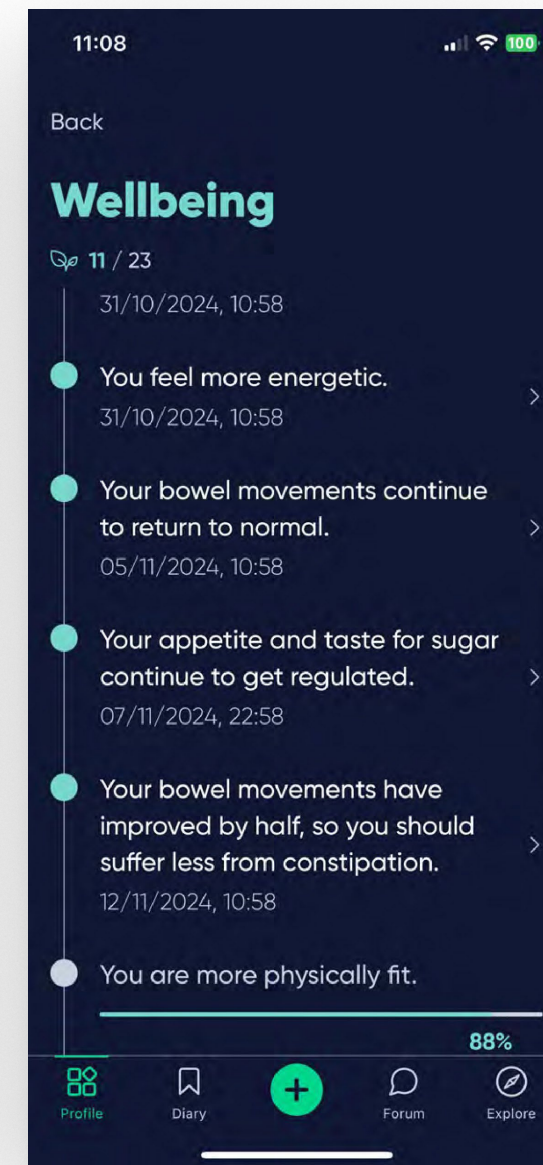
Acquiring self-management tools



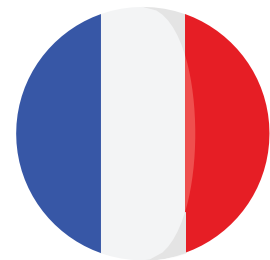
Peer support (on iOS)



Therapeutic education



Astrazeneca



Completed
questionnaires
→ 300k

Identified at risk
→ 74k

Consulted a HCP
→ 7.5k

COPD
→ 1.1k

Since November 1, 2021, Kwit and AstraZeneca France are joining forces to contribute to a public health initiative to raise awareness of COPD and encourage early detection. In partnership with the NGO Santé Respiratoire France.



16:55



Où en est votre souffle ?

Kwit s'engage aux côtés de Santé respiratoire France, association de référence dans les maladies respiratoires pour faire le point sur votre souffle.

Business models

B2C Freemium

→ Users pay for premium features

With B2B2C distribution

Pharmaceutical companies

→ We build dedicated patient journeys, with or without healthcare professionals

Health insurance companies and public health services

→ Partners pay for and promote Kwit for their clients/insurees

Small focused team

Founders



Geoffrey Krietz
CEO (HEC MBA)
15+ years mobile products




Christophe Dehlinger
CTO (PhD CS)
25+ years engineering



Jean-François Kraemer
CPO
15+ years mobile product;
iOS dev


Core team




Emilie Riotte
Growth: UA + social +
channels (5+ years)



Julie Grienenberger
Product/UX: 15+ years
(mobile)



Cyril Niobé
Android: 7+ years startup/
mobile



Art: UI + brand system
(8+ years)

Advisory board



Experts in the fields of B2C, mobile app, consumer, digital health and scale-up.

Clinical governance (Scientific board)



Multidisciplinary experts across addictology, CBT psychology, psychiatry, and cognitive neuroscience

Supports evidence discipline, safe health claims, and content review

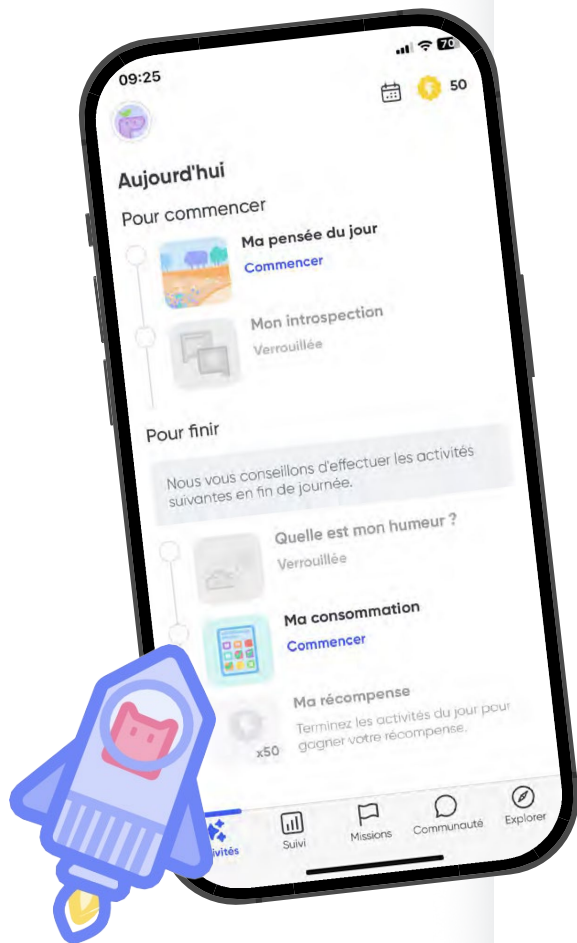
Compliance / regulatory readiness



Brain&Mind supports compliance & regulatory needs (claims discipline, security/ethics expectations for distribution partners)

Sobero contributes today; KwitDM extends platform optionality

Two adjacent tracks on the same behavior-science foundation, with disciplined scope separation.



Sobero

Alcohol behavior-change app

- Reduce/quit alcohol use with a sober-curious, harm-reduction framing
- iOS live since dec 2022; Android rollout is planned in 2026

Users since launch
60k+

Languages
FR + EN



Kwit DM

Medical-device track

- Peri-operative smoking cessation digital-therapy track
- Regulatory/compliance support in place with Brain&Mind
- Clinical study partner: Vivalto Santé





Panel 3: Cytisine and other smoking cessation aids: their potential in tobacco endgame

Thursday, June 25, 2026
12:00pm ET | 9:00am PT | 16:00 GMT

A potential impact of smoking cessation strategies on reduction of smoking-attributable deaths at global scale

Figure 1: Unless current smokers quit, tobacco deaths will rise dramatically in the next 50 years. Estimated cumulative deaths worldwide 1950-2050 with different intervention strategies. (Source: The World Bank 1999)

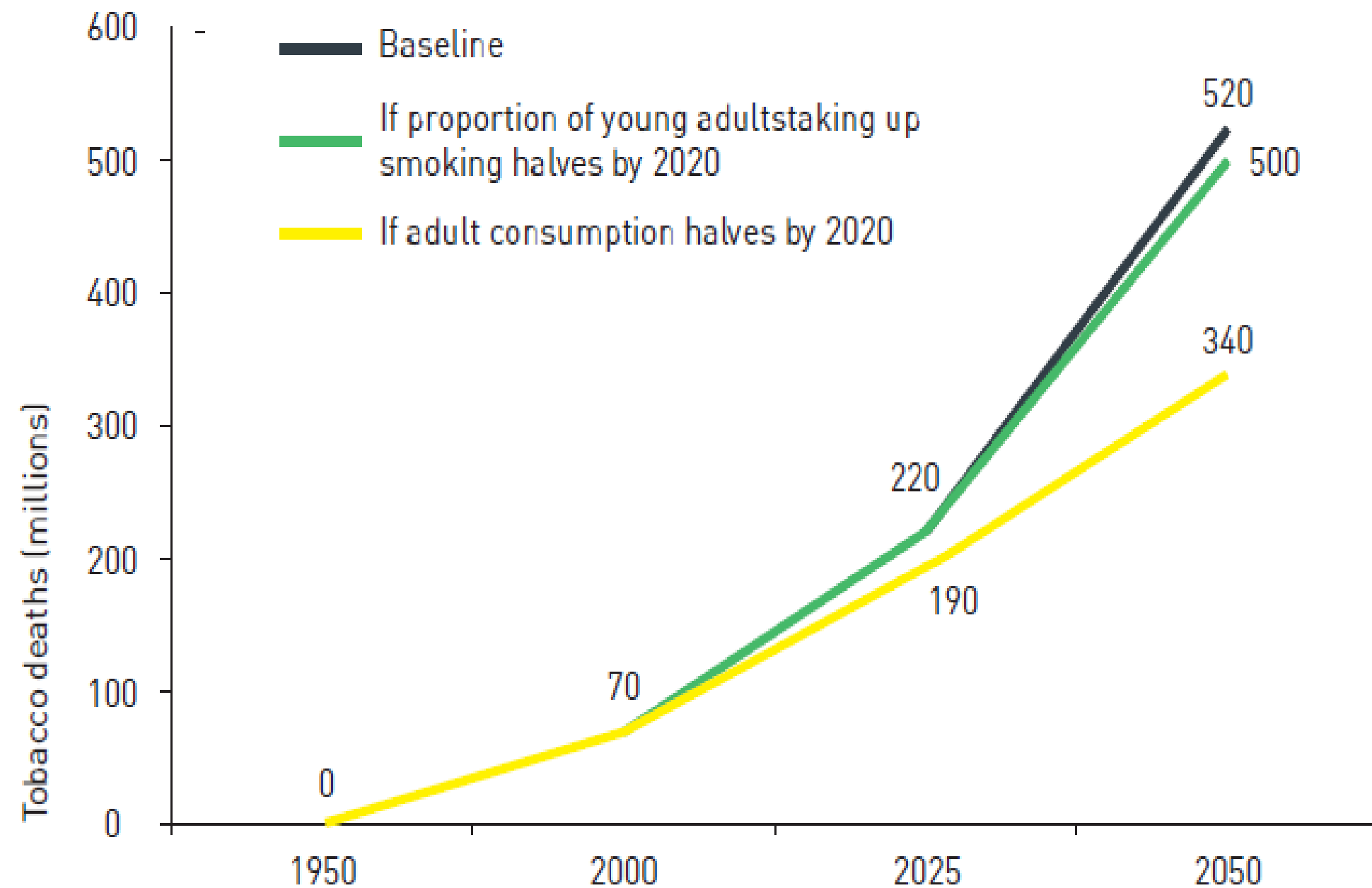
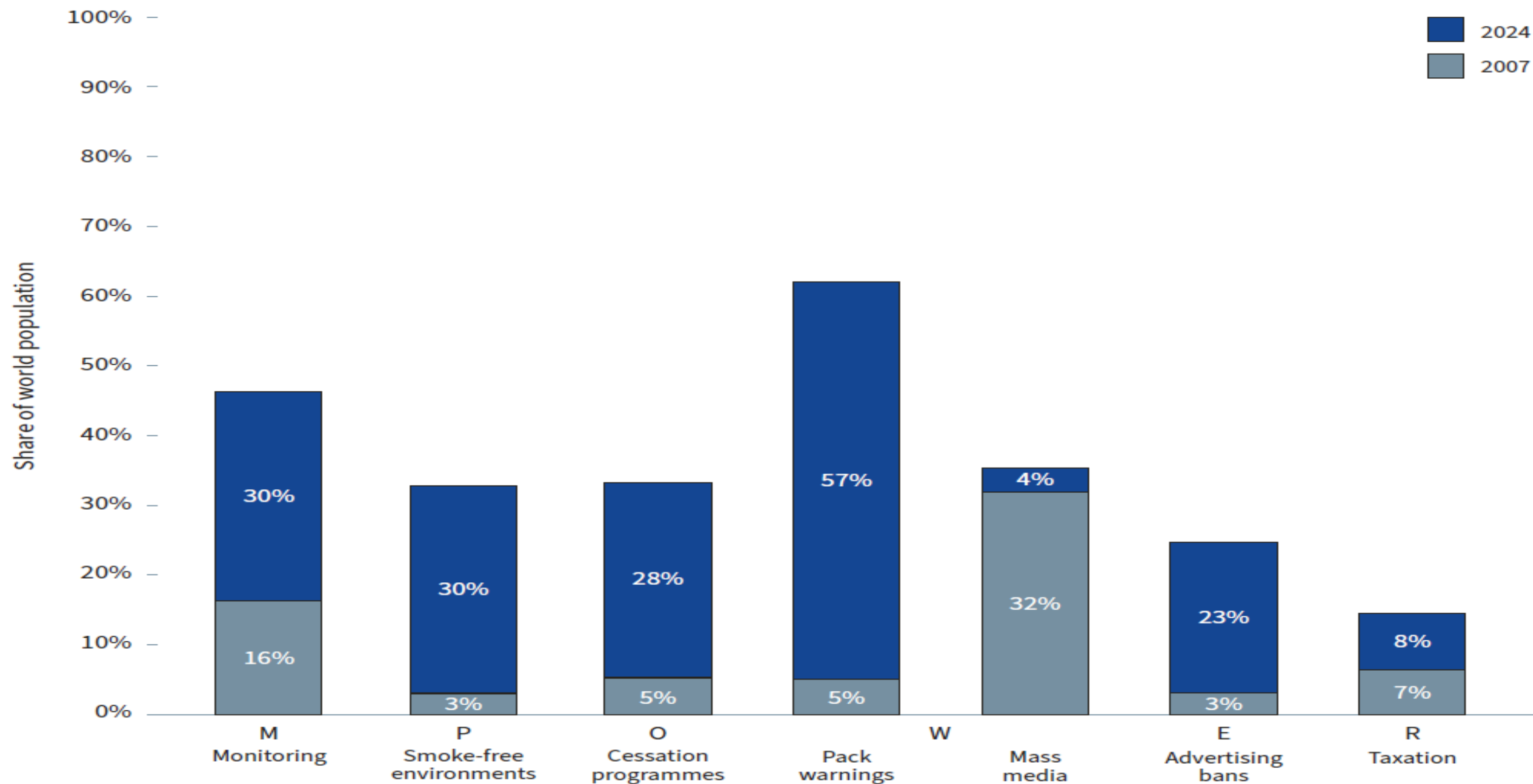


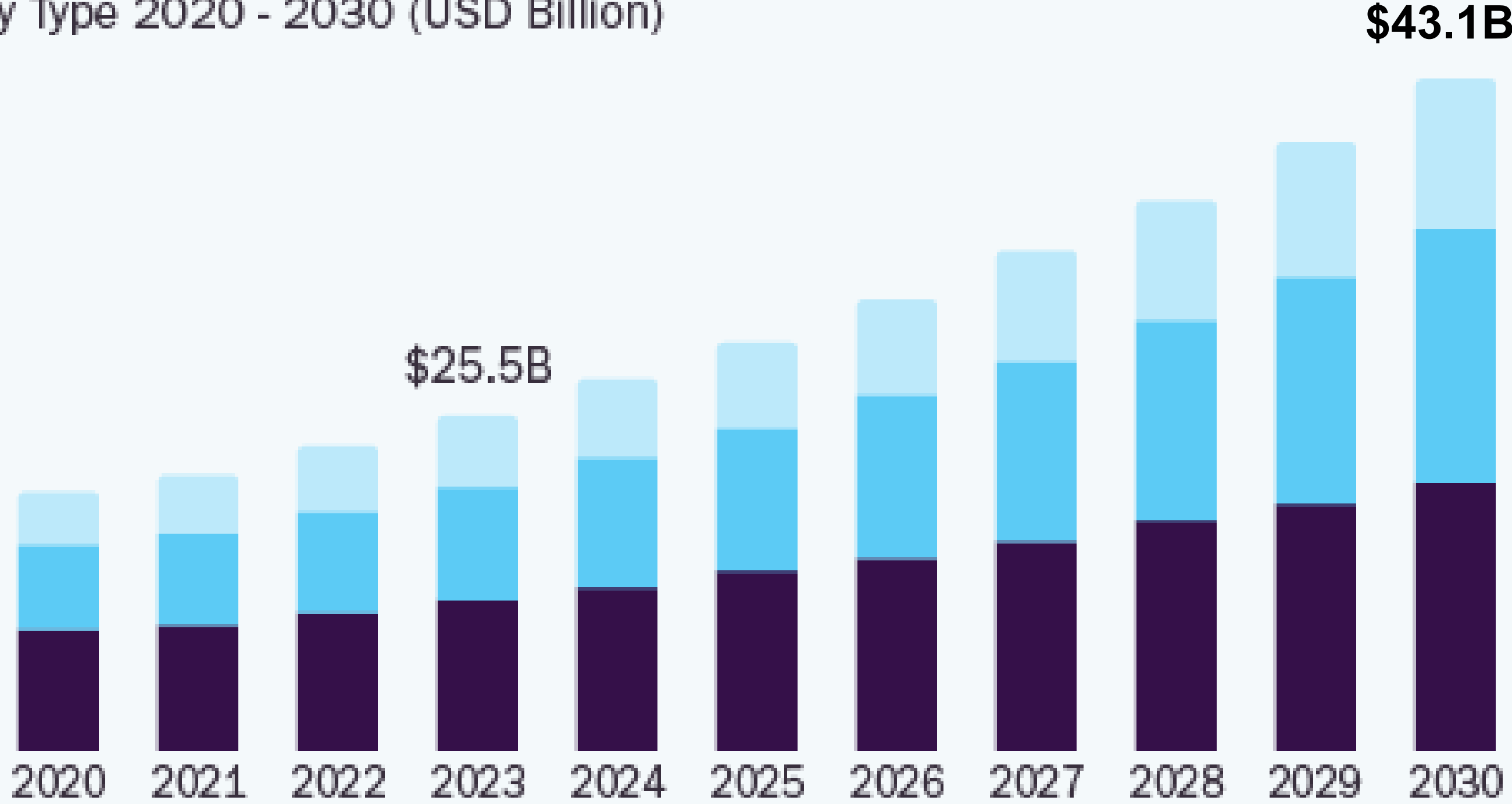
Fig. 4. Increase in the world population covered by selected tobacco control policies, 2007^a to 2024



^a 2010 for W mass media, 2008 for R taxation

Smoking Cessation And Nicotine De-addiction Market Size

by Type 2020 - 2030 (USD Billion)



● E-cigarettes ● Nicotine Replacement Therapy ● Drug Therapy



GRAND VIEW RESEARCH

10.4%

Global Market CAGR,
2024 - 2030

Compound annual growth rate (CAGR) formula

$$CAGR = \left(\frac{\text{Final value}}{\text{Starting value}} \right)^{\frac{1}{N}} - 1$$

INSIDER

Source:
www.grandviewresearch.com

Table 6. Gaps reported by the Parties in relation to technical areas under various WHO FCTC articles

Article 4.7	<ul style="list-style-type: none"> No NGOs dedicated to work in tobacco control, insufficient involvement and participation of NGOs in the implementation of the WHO FCTC, lack of involvement of professional associations in tobacco control.
Article 5	<ul style="list-style-type: none"> Lack of or weak political commitment. Lack of or gaps in national legislation (the legislation is not WHO FCTC-compliant; Article 5.3 is not included in the national legislation). Lack of national comprehensive tobacco control strategy or plan, or a plan in the process of updating. Lack of a national coordinating mechanism for tobacco control. Lack of or limited collaboration among stakeholders. Lack of a dedicated tobacco control unit. Lack of or ineffective enforcement.
Article 6	<ul style="list-style-type: none"> Absence of a taxation policy.
Articles 9 and 10	<ul style="list-style-type: none"> Lack of laboratory testing capacity.
Article 11	<ul style="list-style-type: none"> Need for support on plain packaging.
Article 12	<ul style="list-style-type: none"> Lack of a media strategy for tobacco control.
Article 14	<ul style="list-style-type: none"> Lack of activities to help quit tobacco use. This includes a lack of a national quit lines, promotion of tobacco cessation services, pharmaceutical products to assist those who wish to quit are not available, a lack of inclusion of cessation services in primary health care and a lack of inclusion of nicotine replacement therapy in the essential medicines list.
Article 15	<ul style="list-style-type: none"> Need to address illicit tobacco trade. Implementation of tracking and tracing systems for tobacco products.
Article 16	<ul style="list-style-type: none"> Sale of individual sticks are still allowed Shelves are directly accessible to buyers
Article 17	<ul style="list-style-type: none"> No viable alternative livelihood programmes are available.
Article 20	<ul style="list-style-type: none"> More research is needed, in areas such as tobacco control investment cases, epidemiological studies, surveillance and monitoring.
Article 26	<ul style="list-style-type: none"> Lack of technical assistance. Lack of basic office needs.

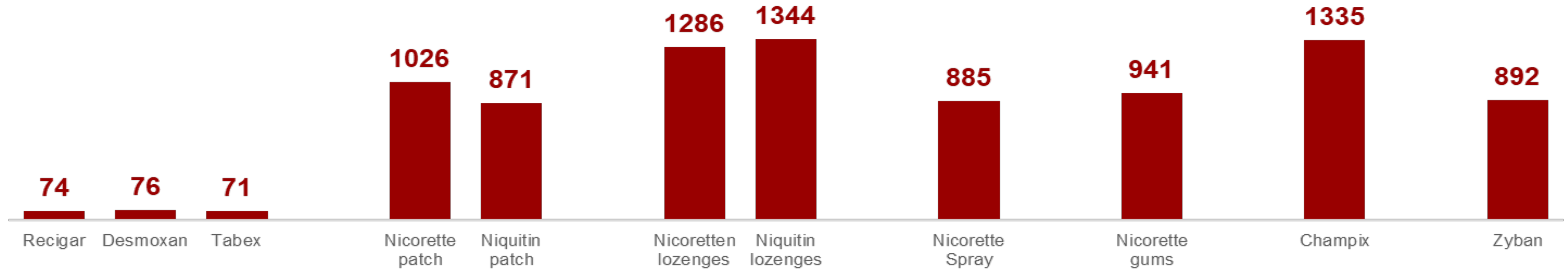
The ranking of NMA results, comparing smoking cessation rates at six months or longer against placebo

COMPONENT	Participants (Trials)	Relative Effect RR (95% CrI)	Absolute Effect Without Intervention	Absolute Effect With Intervention	Certainty of evidence
VARENICLINE	16,430 (67 RCTs)	OR 2.33 (2.02 to 2.68)	6 per 100	14 per 100	High
CYTISINE	3,848 (7 RCTs)	OR 2.21 (1.66 to 2.97)	6 per 100	13 per 100	High
NICOTINE PATCH	37,319 (105 RCTs)	OR 1.37 (1.20 to 1.56)	6 per 100	8 per 100	High
FAST-ACTING NRT	31,756 (120 RCTs)	OR 1.41 (1.29 to 1.55)	6 per 100	9 per 100	High
BUPROPION	14,759 (71 RCTs)	OR 1.43 (1.26 to 1.62)	6 per 100	9 per 100	High

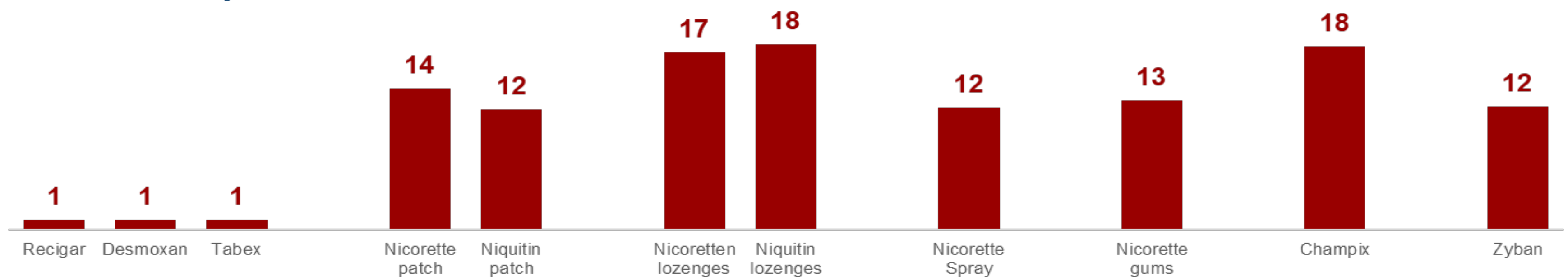
Source: Lindson, et al. (2023). Pharmacological and electronic cigarette interventions for smoking cessation in adults: Component network meta-analyses. *Cochrane Database of Systematic Reviews*, 9(9), CD015226. <https://doi.org/10.1002/14651858.CD015226.pub2>.

Comparable cost of cytisine in Poland

Prices of smoking cessation therapies (PLN)



Price index to cytisine, full treatment course



Source: Market database provided by pharmaceutical companies.

Major questions to be asked and discussed

Effective medications exist, yet affordability and availability remain significant challenges, also in terms of geographical, social and economic gaps. How the access to smoking cessation aids, programs and services can be increased and the gaps closed?

What are the main barriers for effective implementation of cessation programs and services as WHO MPOWER package tool?

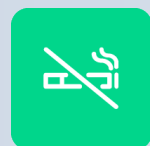
What policies or/and healthcare system changes would have the greatest impact on expanding access to treatment of tobacco dependence at country, regional and global level?

What tobacco control and medical community would do to strengthen smoking cessation intervention, in particular in medical practice?

STAY INVOLVED



Please complete our survey. Thank you!



Kwit

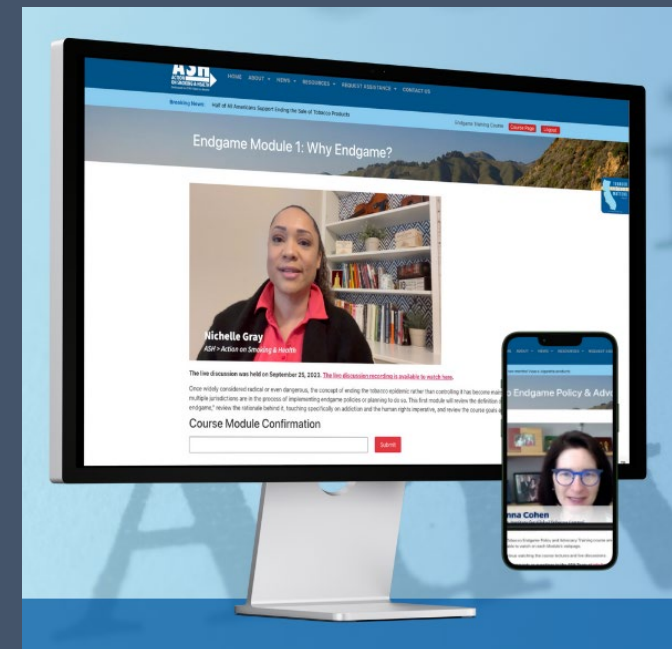


Coming soon...

Preparing for Tobacco Endgame

Our continuing cessation webinar series exploring the future of nicotine addiction treatment, health system readiness, and global tobacco endgame implementation.

Registration details for the next webinar will be announced soon!



Register Today! Tobacco Endgame Policy and Advocacy Training Course

<https://ProjectSunset.ash.org>