

Executive summary

Background

Tobacco kills more than 8 million people per year and imposes a significant economic burden throughout the world. Globally, there are still 1.25 billion people who use tobacco. Intensive and sustained efforts are needed to end this global epidemic. As tobacco control policy efforts increase, the scaling up of comprehensive tobacco cessation services to support current tobacco users to quit is imperative.

Rationale and objectives

The need to help tobacco users quit as a key component of a comprehensive tobacco control approach has been reflected in the actions recommended by the *Guidelines for implementation of Article 14* of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC). Over 60% of the world's 1.25 billion adult tobacco users want to quit, but around 70% of them have no access to comprehensive tobacco cessation services due to the challenges that face health systems, such as limited human and financial resources, and limited capacities of tobacco cessation services at the country level. National clinical treatment guidelines for tobacco dependence are recommended by the WHO FCTC Article 14 guidelines as basic infrastructure for promoting tobacco cessation and providing effective tobacco dependence treatment. However, national clinical treatment guidelines for tobacco dependence do not exist in nearly 60% of World Health Organization (WHO) Member States. Therefore, there is an urgent need to develop a standard evidence-based WHO clinical treatment guideline to guide WHO Member States on tobacco cessation and tobacco dependence treatment in adults.

The objective of this guideline is to provide technical guidance on tobacco cessation in adults that can be used by WHO Member States, and to support the use of evidence-based behavioural interventions and pharmacological treatments for tobacco cessation as part of a comprehensive tobacco control approach.

Guideline development process and methods

This guideline was developed following WHO guideline development processes and methods outlined in the *WHO handbook for guideline development (2nd edition)*. The WHO Department of Health Promotion oversaw the guideline development process with a dedicated WHO Steering Group and a guideline methodologist. A Guideline Development Group (GDG) was established – comprising 13 external experts with a range of expertise and perspectives – to determine the key guideline questions, review the evidence and formulate recommendations.

Evidence to inform the guideline recommendations was derived from 20 existing or newly commissioned systematic reviews. The GDG reviewed the evidence and made recommendations. The Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach was used to determine the certainty of evidence and formulate the recommendations. The External Review Group reviewed the draft guideline.

Target audience

The primary audience for the guideline is health-care providers working in clinical and community settings, where tobacco users may present and be managed. The recommendations on system-level interventions and policies contained in this guideline are intended to inform policy-makers and health service managers on how to provide more-effective tobacco cessation approaches and services.



Summary of recommendations

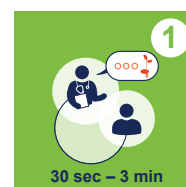
This guideline provides recommendations on the use of behavioural support, delivered in both clinical and community settings, including: digital tobacco cessation interventions, pharmacological interventions, and system-level interventions and policies to enhance the adoption and implementation of tobacco cessation interventions. No recommendation is made on the use of traditional, complementary and alternative therapies for tobacco cessation due to insufficient evidence. The WHO recommendations on tobacco cessation in adults are outlined below.






Behavioural support delivered in both clinical and community settings

1. WHO recommends brief advice (between 30 seconds and 3 minutes per encounter) be consistently provided by health-care providers as a routine practice to all tobacco users accessing any health-care settings.

 **Strong** recommendation;
 **moderate** certainty







2. WHO recommends more-intensive behavioural support be offered to all tobacco users interested in quitting. Options for behavioural support are individual face-to-face counselling, group face-to-face counselling or telephone counselling; multiple behavioural support options should be provided.

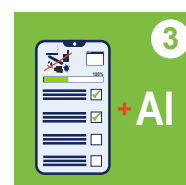
 **Strong** recommendation;
 **high** certainty (individual counselling)/
 **moderate** certainty (group counselling and telephone counselling)



Digital tobacco cessation interventions




3. Digital tobacco cessation modalities¹ (text messaging, smartphone applications, artificial intelligence-based interventions or internet-based interventions), individually or combined, can be made available for tobacco users interested in quitting, as an adjunct to other tobacco cessation support or as a self-management tool.

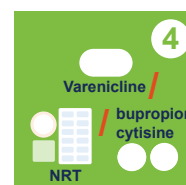
 **Conditional** recommendation;
 **moderate** certainty (text messaging)/
 **low** certainty (smartphone applications/artificial intelligence-based interventions)/
 **very low** certainty (internet-based interventions)






Pharmacological interventions delivered in both clinical and community settings

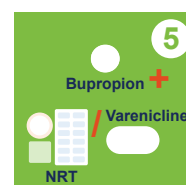
4. WHO recommends varenicline, Nicotine Replacement Therapy (NRT), bupropion and cytisine² as pharmacological treatment options for tobacco users who smoke and are interested in quitting. Varenicline, NRT or bupropion are recommended as first-line options; combination NRT (a patch plus a short-acting form, such as gum or a lozenge) is an option for tobacco users interested in quitting who will use NRT.

 **Strong** recommendation;
 **high** certainty (varenicline, NRT and bupropion)/
 **moderate** certainty (combination NRT, cytisine)



5. Bupropion in combination with NRT or varenicline may be offered to tobacco users interested in quitting when there is inadequate response to first-line treatments.

 **Conditional** recommendation;
 **moderate** certainty (bupropion plus varenicline)/
 **low** certainty (bupropion plus NRT)



¹ WHO observes a rapid innovation cycle in digital technologies that necessitate reviews as new evidence emerges.

² Although cytisine is as effective as other so-called first-line medications, it is listed separately because evidence certainty is moderate, it is currently only legally available in some countries, has more variability in dosing regimen, and less review and approval by country-level drug regulatory bodies. However, all medications carry strong recommendations and any of these medications can be used.

Interventions for smokeless tobacco use cessation

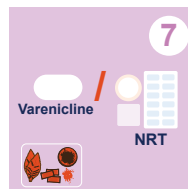
6. WHO recommends providing intensive behavioural support interventions (individual face-to-face counselling, face-to-face group counselling or telephone counselling) for smokeless tobacco users interested in quitting.

↑ **Strong** recommendation;
 ⚡ **moderate** certainty



7. WHO recommends varenicline or NRT as pharmacological options for smokeless tobacco users interested in quitting.

↑ **Strong** recommendation;
 ⚡ **moderate** certainty (varenicline)/
 ⚡ **low** certainty (NRT)



Combination of behavioural and pharmacological treatments

8. WHO recommends combining pharmacotherapy and behavioural interventions to support tobacco users interested in quitting.

↑ **Strong** recommendation;
 ↑ **high** certainty



Traditional, complementary and alternative therapies

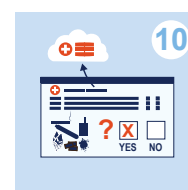
9. Evidence is insufficient to make a recommendation for or against traditional, complementary and alternative therapies for tobacco users interested in quitting. If these therapies are utilized by tobacco users interested in quitting, ensure that they are offered a comprehensive approach to support tobacco cessation, including behavioural support and/or pharmacotherapy.



System-level interventions and policies

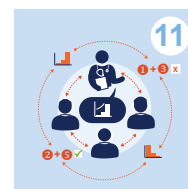
10. WHO recommends that all health-care facilities include tobacco use status and use of tobacco cessation interventions in their medical records (including electronic health records), to facilitate provider interaction with tobacco-using patients and increase adoption and maintenance of evidence-based treatment interventions.

↑ **Strong** recommendation;
 ⚡ **moderate** certainty



11. WHO recommends training of all health-care providers on delivery of evidence-based cessation interventions, with ongoing prompting and feedback, in their routine medical practices at all levels of health-care settings.

↑ **Strong** recommendation;
 ⚡ **moderate** certainty



12. WHO recommends that evidence-based tobacco cessation interventions be provided at no or reduced cost to all tobacco users interested in quitting. No cost is strongly preferred over reduced cost.

↑ **Strong** recommendation;
 ⚡ **moderate** certainty

