

Session 4

Quitting tobacco and nicotine products



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WHO clinical treatment guideline for tobacco cessation in adults

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Tobacco Free Initiative

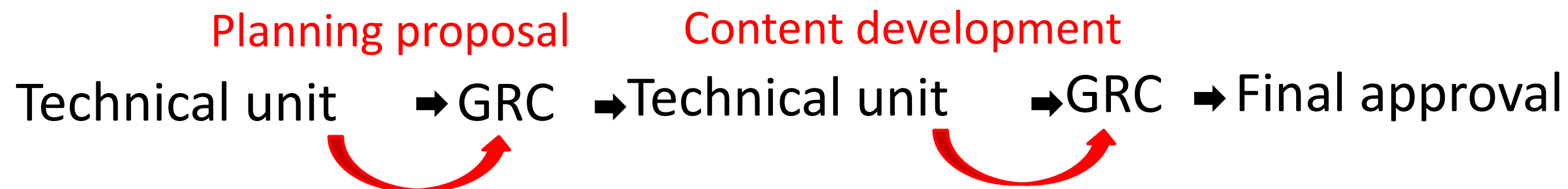
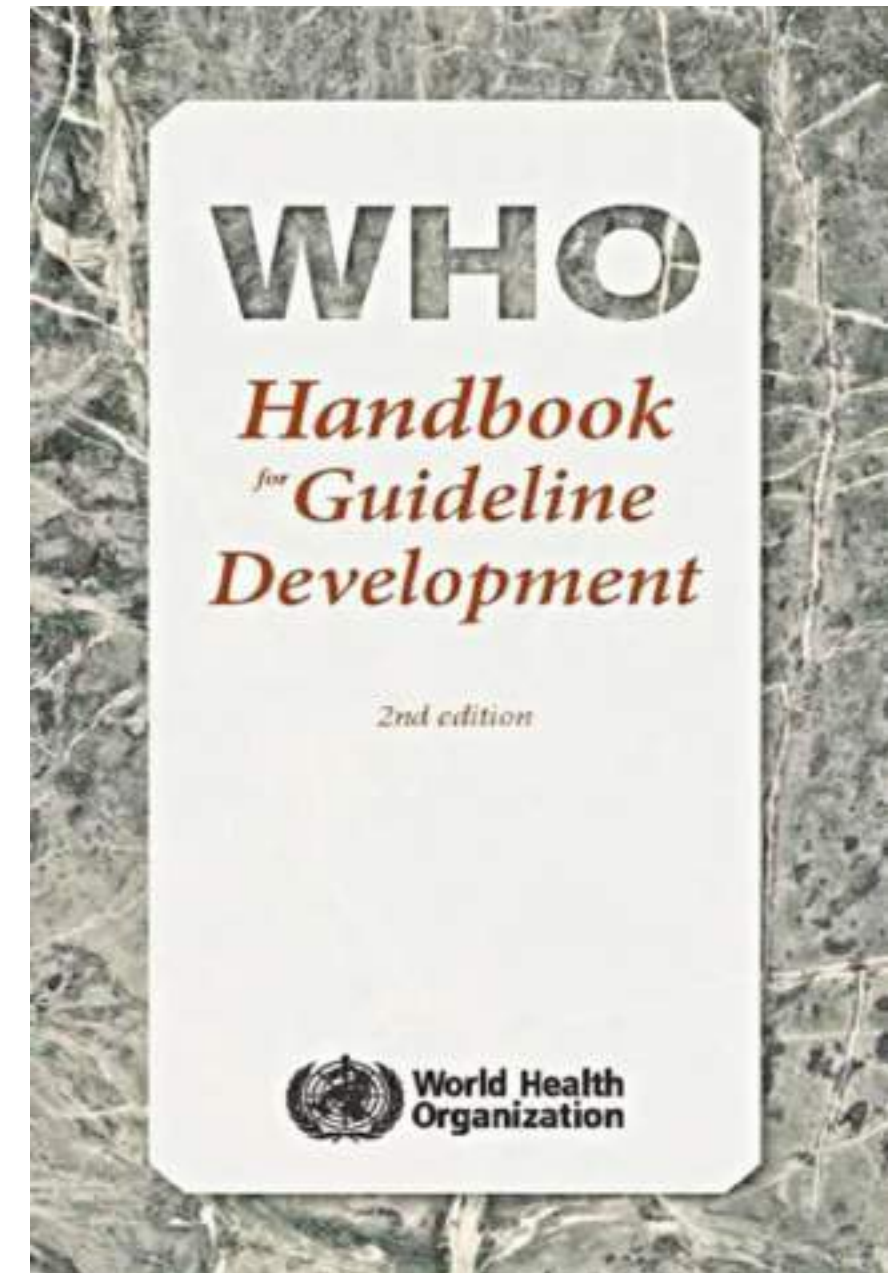
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Outline

- **The guideline development process and methods**
- **The objective of this guideline**
- **Summary of the guideline recommendations**

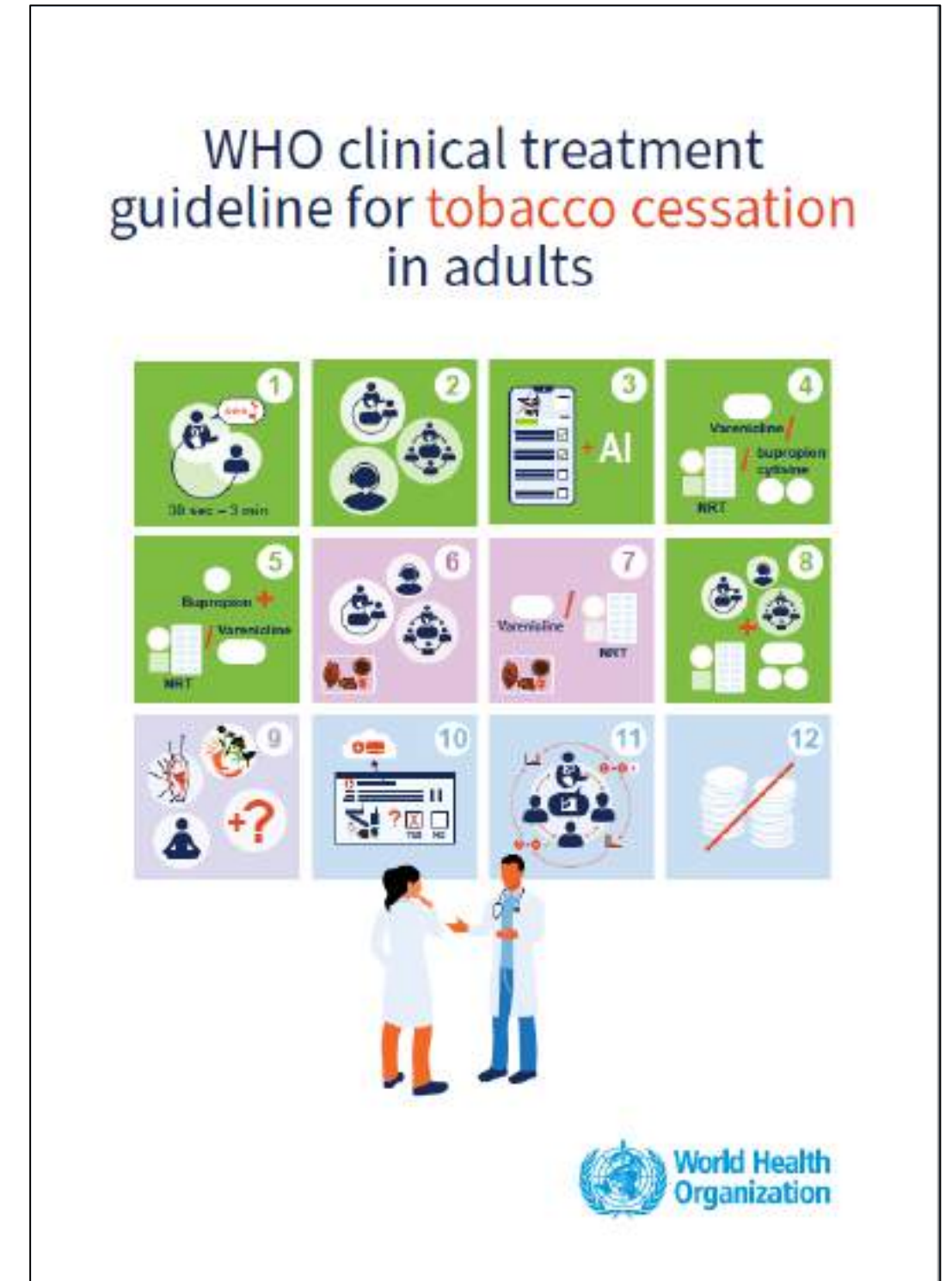
The guideline development process and methods

- **WHO first-ever clinical treatment guideline for tobacco cessation in adults was released on 2 July 2024**
- The Guideline development has followed **WHO's standard process** as described in *WHO Handbook for Guideline Development*.
- The WHO Department of Health Promotion oversaw the guideline development process with a dedicated WHO Steering Group, a methodologist and a Guideline Development Group.
- WHO Guidelines Review Committee(GRC) monitors guideline development process and ensures that WHO regulations and standards are applied.



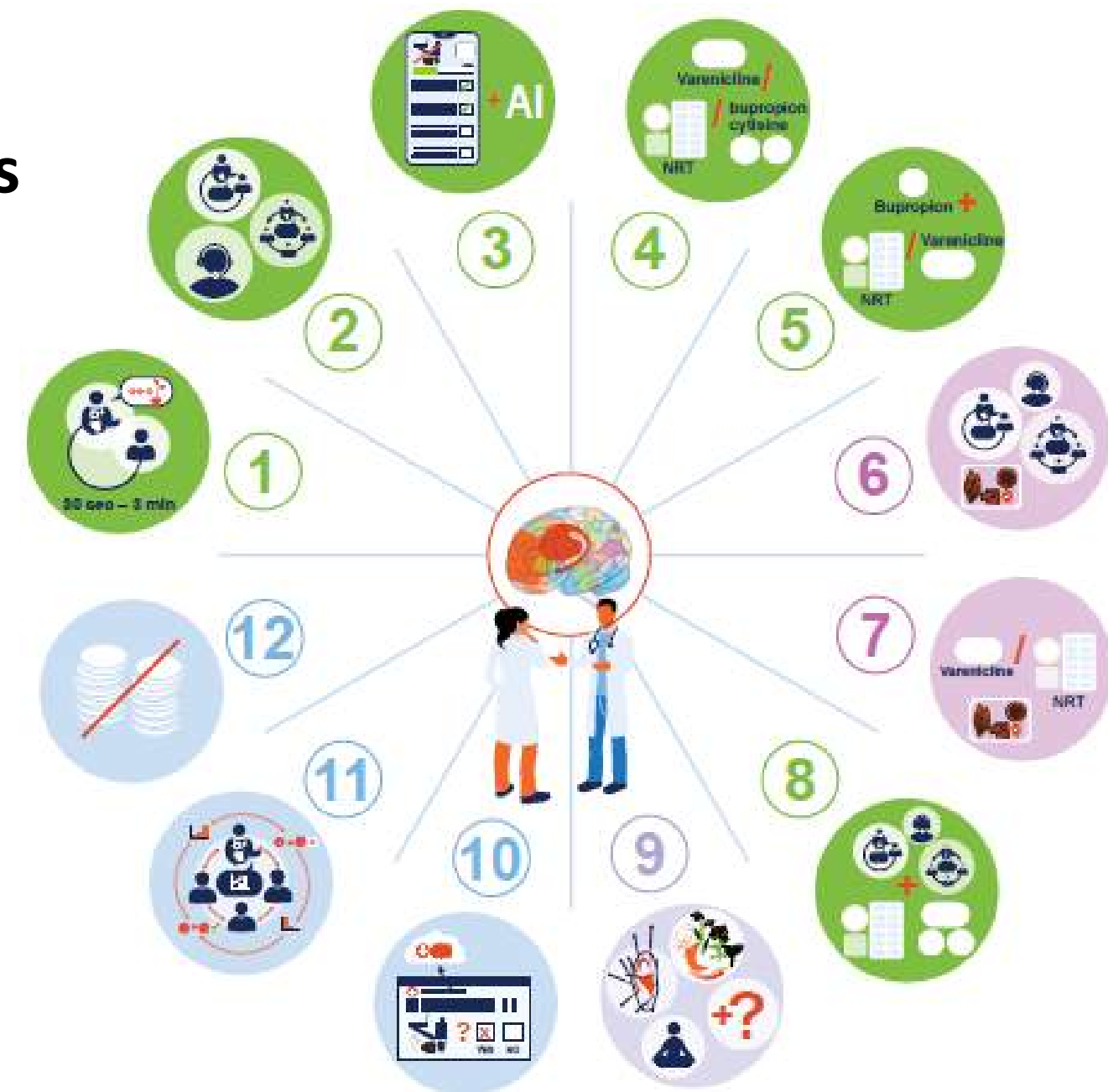
The objective of this guideline

- The objective of this guideline is to provide **a comprehensive set of global technical guidance** for WHO Member States to support **1.25 billion adult tobacco users to quit by using evidence-based behavioral interventions and pharmacological treatments** as part of a comprehensive tobacco control approach



Summary of the guideline recommendations

- The guideline contains recommendations for:
 - Behavioral support delivered in clinical and community settings
 - Digital tobacco cessation interventions
 - Pharmacological interventions
 - Interventions for smokeless tobacco use cessation
 - Combination of behavioral and pharmacological treatments
 - Traditional, complementary, and alternative therapies
 - System-level interventions and policies



Behavioral support in clinical and community settings

- **Behavioral support:**

- Support, other than medications, aimed at helping people stop their tobacco use by improving their knowledge, skills and strategies.
- It includes brief advice and intensive behavioral support (multiple sessions of individual, group or telephone counselling).

WHO clinical treatment guideline for tobacco cessation in adults



Behavioral support in clinical and community settings

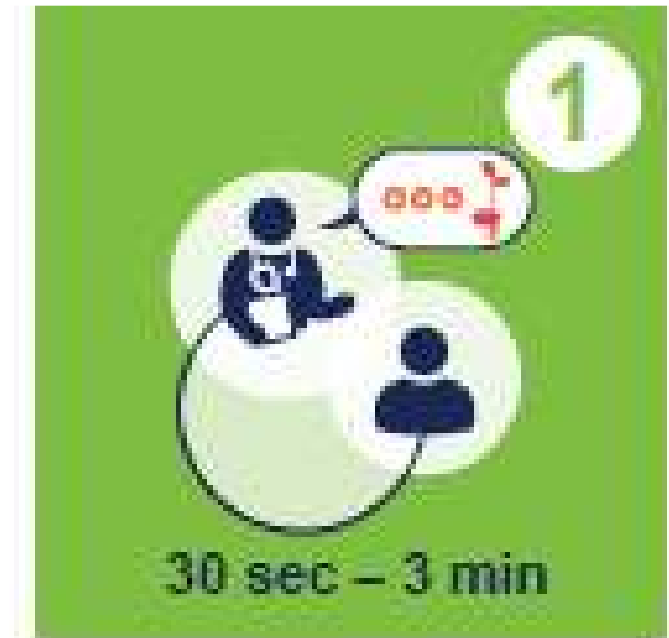
- WHO recommendations:

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

Strong recommendation; **moderate** certainty

2. WHO recommends more **intensive behavioral support** be offered to all tobacco users interested in quitting. Options for behavioral 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

- **Tobacco cessation interventions delivered through digital technologies and can involve the following modalities:**
 - Text-messaging
 - Internet-based interventions
 - Smartphone applications
 - Artificial Intelligence-based software interventions

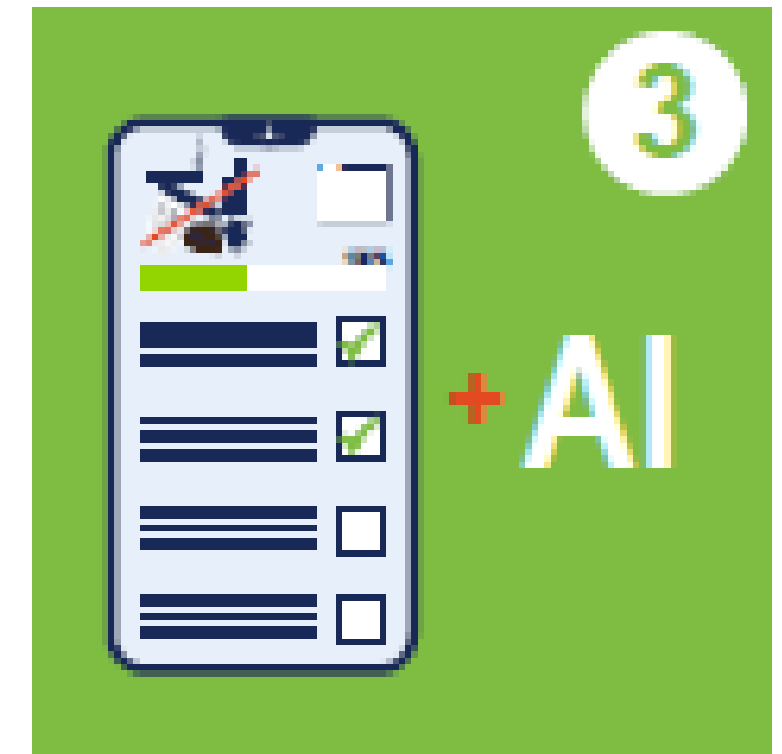


Digital tobacco cessation interventions

- **WHO recommendation:**

Digital tobacco cessation modalities (text messaging, smartphone applications, AI-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 apps/AI-based interventions)/**very low** certainty (internet-based interventions)



Pharmacological interventions

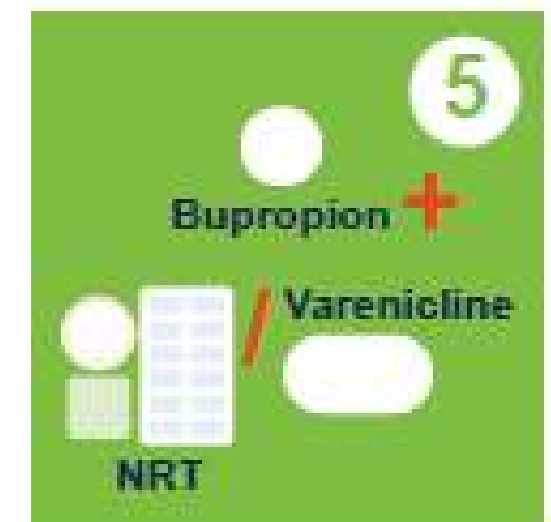
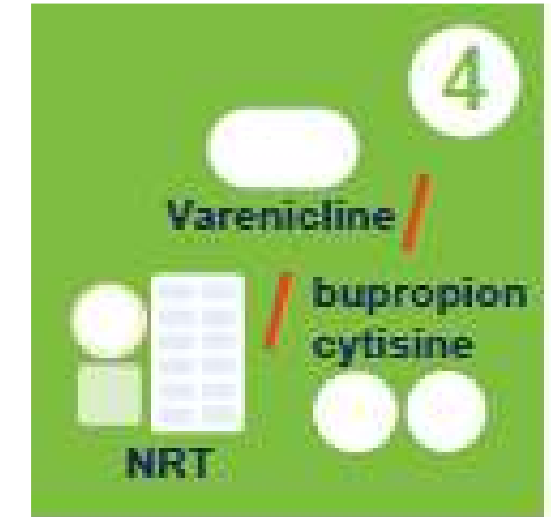
1. WHO recommends **varenicline**, Nicotine Replacement Therapy (**NRT**), **bupropion** and **cytisine** as pharmacological treatment options for tobacco users who smoke and are interested in quitting

- **Varenicline**, **NRT** or **bupropion** are recommended as first-line options;
- WHO recommends **combination NRT** (a patch plus a short acting form, such as gum or lozenge) over NRT monotherapy for tobacco users interested in quitting who will use NRT.

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

2. **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)



Interventions for smokeless tobacco use cessation

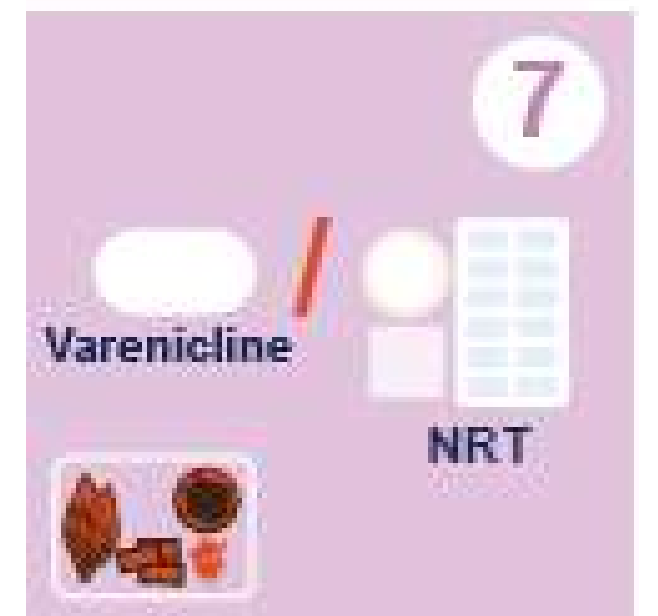
- WHO recommendations:

1. WHO recommends providing more **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

2. 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 behavioral and pharmacological treatments

- **WHO recommendation:**
WHO recommends combining pharmacotherapy and behavioral interventions to support tobacco users interested in quitting.
Strong recommendation; high certainty



Traditional, complementary, and alternative therapies

- **Statement:**

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 behavioral support and/or pharmacotherapy.



System-level interventions and policies

- WHO recommendations:

1. WHO recommends that all healthcare 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

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

Strong recommendation; **moderate** certainty

3. 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



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Thank you for your attention

