executive insight
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# Assessing the impact of smoking cessation interventions on smoking prevalence

## Lessons from five successful and five less successful countries on reducing smoking prevalence

Adrian M. Bailey, Aleksandar Ruzicic, Olga Tikhonova, and Ross D. Williams
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# Executive summary

Smoking remains the single largest cause of preventable death and the biggest cause of cancer worldwide (WHO Report on the Global Tobacco Epidemic. 2008). It is also the cause of many preventable illnesses, including cardiovascular disease, stroke and chronic obstructive pulmonary disease (WHO Report on the Global Tobacco Epidemic. 2008).

> *The level of success of tobacco control interventions varies significantly at the country level*

The WHO Framework Convention on Tobacco Control (FCTC) is widely seen as a seminal event in tobacco control and in global health (Fong et al, 2006) and has ushered in a wave of interventions all over the world. However, the level of success of tobacco control interventions varies significantly at the country level, which is reflected by the wide variability in smoking prevalence around the world (Chung-Hall et al, 2018; Global Health Observatory, 2015).

The current research was undertaken to see if critical success factors could be identified from countries with high levels of success in reducing smoking prevalence compared with those with more modest results over a period of at least 10 years. If so, these could potentially be applied by other countries to help them accelerate their own smoking cessation agendas.

A full range of smoking prevention, reduction and cessation interventions were analyzed in depth across five high success countries (Japan, Norway, South Korea, Sweden, UK) and five low success countries (France, Germany, Italy, Russia, Switzerland).

The research and advice from experts suggested that tax increases are the single most impactful intervention as well as the most cost effective, and may be a good place for

countries to start. Tax increases may be followed by a range of legislative interventions, which collectively de-normalize tobacco over time (e.g. advertising bans, public smoking bans, restrictions for minors, pack warnings and standardized packaging). It is vital that this legislation is accompanied by a support structure – including stop smoking services and a full range of medications and substitutions – for smokers to help them on the journey towards quitting. Finally, media, education and awareness campaigns, particularly aimed at minors, can help to reinforce the messages and continue to de-normalize smoking and prevent a new generation from starting.

We attempted to identify the effectiveness and relative impact of each intervention in each country. Whilst it is challenging to isolate the specific impact of individual interventions, there were several key differential trends observed in high success countries compared with low success countries.

- **A concerted central strategy implemented without any conflict of interest**

Countries that have had the most success – such as Norway and the UK – have implemented a central strategy in a focused and comprehensive way. Major stumbling blocks for low success countries include a lack of political will, fragmentation at the sub-national level and conflicts of interest with the tobacco industry.

- **A consistent, step-wise approach**

In high success countries such as Sweden, Norway and the UK, measures have been generally implemented incrementally over time, enabling a gradual de-normalization of tobacco to increase likelihood of public adjustment and acceptance. This enables the cumulative weight of interventions to build and lead to successful outcomes. Releasing batch interventions in "binges" – as has been the case in France and Russia – may fail to win public support and may be less sustainable in the long term.

- **Comprehensive implementation of interventions, without loopholes**

High success countries generally implemented interventions in a committed and comprehensive way, maximizing their impact. Interventions – particularly legislation such as advertising bans, public smoking bans and restrictions for minors – were comprehensively implemented and policed. The opposite is often true for low success countries, where legislation has sometimes been implemented in a lackluster way, with exceptions and loopholes undermining their impact.

Examples of comprehensive implementation of interventions include:

- Tax increases that impact affordability, not just price, and are high enough to negate the impact of tobacco providers shielding certain product ranges from price hikes.
- Advertising bans that have no exceptions (e.g. bans on TV but not billboards).
- Public smoking bans that have no exceptions (e.g. specific venues, special rooms for smokers at transport hubs, etc.)
- Stop smoking services that include trained professionals with a full range of medications and substitutions at their disposal.

- **Access to interventions for all**

All high success countries implemented a wide range of interventions aimed at prevention strategies to increase barriers to new smoker uptake and providing a large number of cessation pathways, including politically accepted smoke-free substitutions for heavily addicted smokers. Vitally, they made these interventions accessible at the same time as implementing legislation. In some low success countries, access to support services – whether counselling or medication – has been very limited.

- **A receptive culture**

Culture can play a significant role in how receptive populations are to different interventions. A culture such as Japan's for example, which is centered around respect for others, may be more receptive to public smoking bans than some others.

- **Openness to smoking substitution alternatives**

It was noticeable that several of the high success countries have been open to allowing substitution alternatives – whether Electronic Nicotine Delivery Systems (ENDS), snus or heat-not-burn tobacco products (HTPs). Substitution may be a viable goal for many smokers if complete abstinence is too difficult for the time being.

This is of particular interest when viewed in the context of the lack of availability to cessation services in many countries. In 2019, WHO reported that only 23 of the organization's 194 member states currently provide smoking cessation services at best-practice levels (WHO Report on the Global Tobacco Epidemic, 2019).

The experience of smoking – and attempting to quit – is multifaceted and deeply individual, and there are a wide range of options available to quitters to assist them. The evidence suggests that smoking substitution alternatives should be a part of this armory.

"Substitution" or "reduction" could be a viable addition to, or complement to, the MPOWER measures, to enable more people to quit combustible tobacco and its associated harms and consequences.

Consideration may be given to these differential factors when countries are developing a smoking control strategy.