Position statement:
Cessation of smoking products

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This document defines smoking products as tobacco cigarettes, cigars, and pipes, and e-cigarettes. It provides Lung Foundation Australia's recommendations for cessation efforts and gives an overview of the evidence for cessation methods, Australian cessation services and products, key cessation statistics, and enablers and barriers to cessation (noting that information on each of these aspects as they relate to e-cigarette cessation is limited due to the recency of e-cigarette use).

Key messages

- A combination of nicotine replacement therapy and oral nicotine medications accompanied by professional behavioural support is the most effective smoking cessation method.
- There is currently insufficient scientific, peer-reviewed, evidence for the use of e-cigarettes for tobacco cigarette cessation.
- All Australian states and territories have a telephone-based Quitline service that is free to consumers or for the cost of a local call. Quitline counsellors provide tailored and evidence-based advice to consumers who want to quit smoking products.
- Australians who are receiving structured evidence-based cessation counselling are eligible to receive 24 weeks subsidised nicotine replacement therapy and cessation medications through the pharmaceutical benefits scheme.
- A third of Australian smokers attempt to quit each year, with the proportion of successful quit attempts in the past year around 10%.
- The most common methods used by Australian smokers to attempt to quit smoking are going cold turkey, followed by using e-cigarettes to cut down on tobacco cigarette use, discussing smoking and health at home, and using nicotine replacement therapy.
- For Australian smokers, smoking enjoyment is the most common reason they do not intend to quit. Developing ill health is the strongest motivator to pursue quitting, while a quarter of Australian smokers indicate that increases in cost of smoking products would motivate a quit attempt.
- Australia does not have a national strategy for tobacco dependence treatment, despite this being an obligation of the WHO Framework Convention on Tobacco Control that Australia is party to.

Lung Foundation Australia's recommendations

1. Governments should seek innovative methods to provide supportive cessation advice.
2. Governments should increase and sustain funding of Tackling Indigenous Smoking (TIS).
3. Healthcare professionals should be regularly encouraged to complete evidence-based cessation training.
4. All nicotine replacement therapy (NRT) and cessation medication should be free to the consumer when it is provided through structured evidence-based cessation counselling.
5. Governments should fund pilot programs to determine best practice nicotine cessation for young Australians.

Lung Foundation Australia's role in cessation

Our advocacy efforts in cessation focus on increased funding for, and access to, evidence-based services and products. We promote cessation support to the public and to our clients living with a lung disease and promote cessation support training to health professionals.

It is critical that smoking cessation efforts do not stigmatise individuals, including people living with a lung disease who have a history of smoking. It is important to recognise that nicotine is a harmful and highly addictive drug for which patterns of use and the development of dependence are strongly influenced by structural factors (e.g. availability, price, social pressures, regulations). For many years the tobacco industry has profited off a known harmful and addictive substance. The tobacco industry is extremely well resourced and continues to launch new products, market to youth, and challenge effective tobacco control legislation.

As a Commonwealth of Australia Health Peak Advisory Body, regarding cessation of smoking products, we work to support:

National Preventive Health Strategy 2021-2030 the policy achievement of: increased provision and access to evidence-based cessation services and support to help people who use tobacco and other novel and emerging products, including e-cigarettes, to quit.[1]

National Tobacco Strategy 2023-2030 The following non-government organisation actions under Priority Area 11 - Provide greater access to evidence-based cessation services to support people to quit the use of tobacco, e-cigarettes and novel and emerging products: advocating for extended Quitline services (11.3); facilitating accredited cessation training (particularly brief interventions) to healthcare providers (11.8); and improving public awareness of services demonstrated to assist with smoking cessation (11.9).[2]

Our Recommendations

1. Supportive, non-stigmatising, smoking cessation advice should be provided using innovative methods to motivate quit attempts.

Lung Foundation Australia welcome the reform in federal legislation to include cessation advice and Quitline contact details on health promotion inserts in tobacco products. Canada implemented such inserts in 2012, with research finding that frequent reading of inserts was associated with self-efficacy to quit, quit attempts, and sustained quitting.[3] We recommend that novel ways to provide cessation advice are sought to continually remind users of tobacco cigarettes and e-cigarettes of their capacity, with support, to quit.

2. Funding of 'Tackling Indigenous Smoking' (TIS) must be sustained to support smoking cessation in First Nations' communities.

TIS has supported reductions in smoking in Aboriginal and Torres Strait Islander communities.[4] Lung Foundation Australia supports leaders in First Nations smoking cessation in their call for funding of mass media campaigns that can be adapted by local communities so that they are personally relevant and meaningful.[5] We recommend states and territories complement Commonwealth investment in TIS to continue the progress that has been achieved.

3. Healthcare professionals should complete evidence based- cessation training to empower them to deliver brief interventions.

Lung Foundation Australia, through the Lung Learning Hub, facilitate access to Quit Centre's online cessation training for healthcare professionals. Tailored training is provided for primary health care nurses, general practitioners, pharmacists, and pregnancy and maternity health professionals.[6] We recommend that these professionals be regularly encouraged, within their relevant continuing professional education programs, to complete this training.

4. NRT and cessation medications should be free to Australians participating in cessation counselling to remove cost as a barrier.

Analysis of Pharmaceutical Benefits Scheme data shows that subsidy of NRT and cessation medications was associated with a substantial increase in use of these products in Australia, particularly among concession card holders (80% of all NRT prescriptions in 2020 were for concession patients).[7] The higher prevalence of smoking among groups who are more likely to be concession card holders supports a strategy to provide free NRT and cessation medications to these groups and, for equality, to all Australians seeking to quit smoking.

5. Funding of pilot programs should be provided for nicotine cessation support for young Australians.

With recreational e-cigarettes banned from Australian retail from 1 July 2024, young Australians will require cessation support that reflects their preferences. There is limited evidence to guide the best treatment for younger people to cease e-cigarettes and no evidence for effective pharmacological treatments.[8] We recommend that pilot programs, particularly with youth from priority population groups, are funded by government to develop the evidence base.

Evidence for methods of cessation of smoking products

Most effective cessation method

- The Supporting smoking cessation: A guide for health professionals produced by the Royal Australian College of General Practitioners (RACGP) details evidence-based recommendations. A strong recommendation for an intervention with high certainty of evidence for successful cessation is a combination of nicotine replacement therapy (NRT, such as a nicotine skin patch) and oral nicotine medications (Varenicline or Bupropion in Australia) accompanied by professional behavioural support.[9]

Advice from a health professional

- The U.S. Surgeon General concluded in a 2020 report that advice to quit from a health professional (even brief advice of less than 3 minutes) improves smoking cessation rates.[10] A RACGP strong recommendation with high certainty evidence is that all people who smoke should be offered brief advice to quit smoking.[9]

Telephone counselling

- A Cochrane systematic review of telephone counselling for smoking cessation found that there is moderate-certainty evidence that proactive telephone counselling (where the service calls the client) increases quit rates in smokers.[11] An evaluation of Australia's free smoking cessation telephone counselling service, Quitline (detailed in the following section), in Victoria, found that a callback service led to higher quit rates in smokers that used the service compared to those that did not.[12]

E-cigarettes for tobacco cigarette cessation

- The Australian Government Department of Health and Aged Care advises that there is insufficient evidence for the use of e-cigarettes for tobacco cigarette cessation.[13] A systematic review of nicotine vaping products (NVP, e-cigarettes that contain nicotine) concluded that there is 'limited evidence' that NVP in combination with best-practice counselling may be more efficacious for long-term (>four months) smoking cessation than NRT, compared to no intervention or usual care.[14] The RACGP advises that: the long-term health effects of NVP are unknown; NVP are not registered in Australia by the Therapeutic Goods Administration; and there is a lack of uniformity in NVP which increases the uncertainties associated with their use.[9]

Aboriginal and Torres Strait Islander people

- The Tackling Indigenous Smoking (TIS) program, managed and funded by the Australian Government Department of Health and Aged Care is a collaborative of 26 organisations who provide evidence-based tobacco control activities within a particular region.[15] The Mayi Kuwayu Study, the largest prospective (self-report) cohort study of Aboriginal and Torres Strait Islander people, examines the impact of TIS. A cross-sectional analysis of 2018-2020 data found that Aboriginal and Torres Strait Islander adults living in areas with a TIS program were more likely to be smoke free at home and show lower rates of nicotine dependency compared to adults living in non-TIS areas.[16]

Australian services and products for cessation

Counselling

- Each Australian state and territory fund their own Quitline (quit.org.au) confidential telephone service **(13 7848 – 13 QUIT)** (open hours differ by jurisdiction). Clients can call the service for the cost of a local call or request a callback by texting 'call back' to 0482 090 634 (VIC, SA, NT, WA only) or via an online form quit.org.au/request-callback. Quitline operators have qualifications in psychology or counselling and training from the WHO.[17] The counsellors provide tailored and evidence-based advice to people who want to quit tobacco smoking and/or e-cigarettes. They work to a set of National Minimum Standards that detail response times, data collection, and protocols for supporting people from particular groups, such as those living with a mental illness or from culturally and linguistically diverse communities.[18]
- Aboriginal Australians can access the Aboriginal Quitline quit.org.au/articles/aboriginal-quitline by calling the Quitline number and asking to speak with an Aboriginal counsellor (this can also be requested through the online callback form).
- All Australian health professionals are encouraged to provide cessation support through the Ask Advise Help method devised by Quit Victoria.[19] The model aims to identify people who smoke and help them to access best practice cessation. The Ask step requires health professionals to ask all patients about their smoking status and document this in their medical record; Advise involves encouraging all patients who smoke to quit in a clear, non-confrontational and personalised way; and Help comprises referring patients to Quitline and helping them access (or prescribing) NRT and/or cessation medication.

Nicotine Replacement Therapy and cessation medications

- NRT is available for purchase from pharmacies, supermarkets and online. In Australia, NRT comes in the form of a patch, gum, lozenge, mouth spray, and inhalator. A 28 pack of patches costs around $45, a 20-cartridge pack of an inhalator around $50, a 150-spray cartridge of mouth spray around $35, and a 210-piece pack of gum around $45. *(Major Australian retailers, 2024)*.
- Australians can access a 2x12-week supply of subsidised nicotine patches under the Pharmaceutical Benefits Scheme (PBS) on the condition that they are 'undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program or are about to enter such a program at the time PBS-subsidised treatment is initiated.'[20]
- Varenicline and Bupropion are subsidised on the PBS under the same condition as for subsidised patches.[21,22] The maximum general patient charge for one supply of these medications is $30.
- Aboriginal and Torres Strait Islander people enrolled in the Closing the Gap scheme (https://www.pbs.gov.au/info/publication/factsheets/closing-the-gap-pbs-co-payment-measure) can access NRT and cessation medications for free with a concession card or at a subsidised price without a concession card.
- In Queensland, pregnant women (and those planning a pregnancy in the next 6 months) and their partner, Aboriginal and Torres Strait Islander people, parents or carers/guardians of children aged three years and under, and Queenslanders aged 12-30 can access 12 weeks free NRT through participation in Quitline counselling (https://www.quithq.initiatives.qld.gov.au/how-to-quit/get-help-from-quitline).

Digital and hardcopy resources

- The free My QuitBuddy app (health.gov.au/resources/apps-and-tools/my-quitbuddy-app) provides customised support by allowing the user to set goals, receive daily tips, view progress, utilise distractions to help with cravings, read messages from other people who are quitting, and call the Quitline directly.
- Multiple online resources are available to Australians who seek to quit smoking. The Quit website (quit.org.au, where a mailed quit pack can be requested) and the Australian Government's 'How to quit smoking' website (health.gov.au/topics/smoking-vaping-and-tobacco/how-to-quit) have several resources.

Key statistics on cessation

- A population-level analysis of Australian smokers' quitting behaviour from 1998 to 2017 (annual cross-sectional nationally-representative surveys, n=11,917) found that the average probability of having a past year quit attempt was 36.3%, i.e. a third of smokers attempt to quit each year.[23] No significant differences were observed in quit attempts by socioeconomic status, region or mental health condition. The proportion of ex-smokers who had quit in the past year ranged between 6% and 11% over the study period. Figure 1 shows the preferences for cessation support over time.

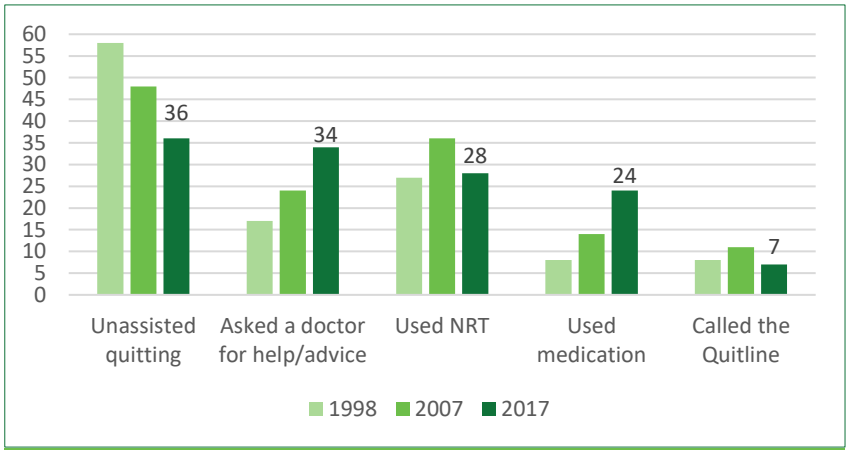

Figure 1. Proportion (%) of Australian smokers' use of different smoking cessation supports, 1998, 2007, and 2017

Constructed from Dono et al 2022[23]

- The 2022-23 National Drug Strategy Household Survey (NDSHS) found that among Australians aged 14 and over who currently smoke, the most common activities undertaken to help quit were going cold turkey (24%), followed by using e-cigarettes to cut down on tobacco cigarette use (20%), discussing smoking and health at home (19%), and using NRT (17%).[24]
- The NDSHS shows that the proportion of older adults quitting smoking daily has not decreased as substantially over time as younger age groups. For example, the smoking rate among people in their 60s fell 2.3% between 2010 and 2022-23 and 0.4% between 2019 and 2022-23 –this compares with 12% and 4% for people in their 20s.[24]
- The National Aboriginal and Torres Strait Islander Health Survey shows that of First Nations adult smokers who have successfully quit smoking among ever smokers in 2018-2019 was 30% higher than it was in 2004-2005.[25]

Enablers and barriers to cessation

Intrapersonal

- The 2022-23 NDSHS asked participants who had reported a recent quit attempt what motivated them to change their behaviour. The most common response was 'it was costing too much' (53%), followed by 'I think it was affecting my health or fitness' (45%), with 18% reporting that their doctor advised them to quit.[24] The NDSHS also asks current smokers who reported that they did not intend to quit, why they did not intend to quit and what would motivate them to quit. The proportions of smokers selecting particular reasons were similar between the 2010, 2013, 2016 and 2019 surveys. In 2022-23, almost sixty percent of current smokers indicated that smoking enjoyment was a reason they did not intend to quit, while developing ill health was the strongest motivator to pursue quitting (Figure 3). A quarter responded that increases in cost would motivate quitting, indicating that the Australian Government's decision from 2023 to increase the tax on tobacco by five per cent per year for three years may positively impact cessation rates.[26]

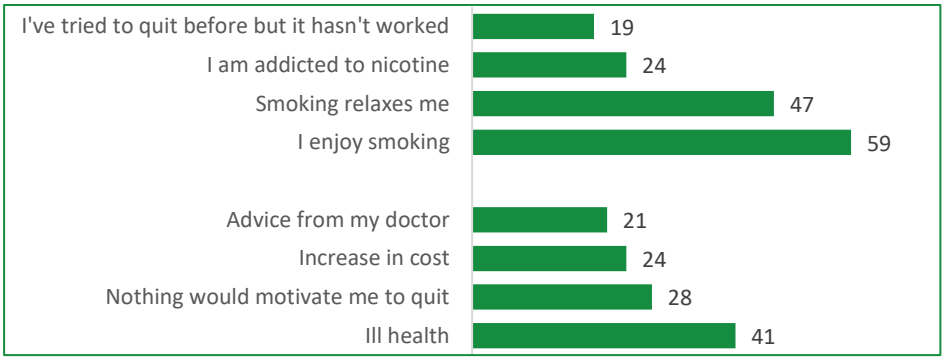

Figure 3. Proportion (%) of current smokers in the NDSHS 2022-23 by top reasons for not intending to quit smoking and by top factors that would motivate quitting

Constructed from AIHW 2024[24]

Structural

- While it is a requirement of our obligations under the WHO Framework Convention on Tobacco Control, Australia does not have a national strategy for tobacco dependence treatment, and this means that opportunities to provide treatment are missed.[27]
- Australians living in regional, rural and remote areas who smoke are significantly less likely to be provided with health professional smoking cessation advice and more likely to face barriers to supports such as face-to-face counselling and NRT.[28,29]
- Encouragingly, socio-economic status (SES) has not been found to be associated with poorer use of Quitline, NRT, cessation medication, or quit advice and referral by general practitioners. Data from the Victorian Quitline shows that low SES smokers were just as likely to have called the Quitline or visited the website to obtain cessation information.[30] Data from the 2022-23 NDSHS found that disadvantaged smokers were significantly more likely to use NRT and cessation medications and just as likely as mid-high SES smokers to report that they were motivated by their doctor's advice to quit.[31]

At-risk groups

- A systematic review of perceived barriers to smoking cessation in vulnerable groups identified common barriers: smoking for stress management, lack of support from health and other service providers, and the high prevalence and acceptability of smoking in vulnerable communities.[32] Unique group barriers included: cultural and historical norms for First Nations people, maintenance of mental health (self-treatment) for people living with a mental illness, and high accessibility of tobacco for at-risk youth.

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