WHO clinical treatment guideline for tobacco cessation in adults.

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World Health Organization (WHO)

World Health Organization (WHO). WHO clinical treatment guideline for tobacco cessation in adults. Geneva (Switzerland): World Health Organization (WHO); 2024. 53 p. [55 references]

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Overview

Guideline Objective

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

Patient Population

Adult tobacco users

Recommendations

Recommendation Statements

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 modalities[1] (text messaging, smartphone apps, 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 Delivered in Both Clinical and Community Settings

4. WHO recommends varenicline, nicotine replacement therapies (NRT), bupropion and cytisine[2] 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]**)

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. (**Statement**)

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 EHRs), 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**)

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.

Evidence Rating Scheme

Certainty of the Evidence

Certainty of Evidence	Definition
High	Further research is very unlikely to change our confidence in the estimate of effect
Moderate	Further research is likely to have an important impact on our confidence in the effect and may change the estimate
Low	Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate
Very low	Any estimate of effect is very uncertain

Recommendation Rating Scheme

Each recommendation in this guideline has been assigned a strength, as well as the certainty of the evidence on which it is based.

- For **strong** recommendations, the guideline development group (GDG) was confident that the desirable effect of following the recommendation outweighed any

potential undesirable effects. Other factors that supported strong recommendations were whether the balance of benefits to harms is sensitive to variability in patient values/preferences regarding outcomes; lower costs or resources and/or high cost-effectiveness; high acceptability and feasibility in the intended populations and settings; and anticipated positive impacts on equity.

- For **conditional** recommendations, the GDG determined that the balance of desirable against undesirable effects favoured the recommendation being followed, but to a relatively small extent; there was more uncertainty about anticipated effects; and/or the decision to follow the recommendation was preference sensitive, costly or cost-ineffective, or there were important feasibility, acceptability or equity concerns.

Implications of the Strength of a Recommendation for Different Users

Perspective	Strong Recommendation	Conditional Recommendation
Patients/tobacco users	Most people in this situation would want the recommended course of action and only a small proportion would not	Most people in this situation would want the recommended course of action, but many would not
Clinicians	Most people should receive the recommended course of action	Recognize that different choices will be appropriate for individual patients
Policy-makers	The recommendation can be adopted as policy in most situations	Require substantial debate with all stakeholders before this can be adopted as policy

Related Content

Supporting Documents

- Systematic Reviews:
    - Individual Behavioural Counselling for Smoking Cessation (Cochrane Review); 2017 Mar 31.
    - Group Behaviour Therapy Programmes for Smoking Cessation (Cochrane Review); 2017 Mar 31.
    - Telephone Counselling for Smoking Cessation (Cochrane Review); 2019 May 2.
    - Real-time Video Counselling for Smoking Cessation (Cochrane Review); 2019 Oct 29.
    - Mobile Phone Text Messaging and App-based Interventions for Smoking Cessation (Cochrane Review); 2019 Oct 22.
    - Nicotine Replacement Therapy Versus Control for Smoking Cessation (Cochrane Review); 2018 May 31.
    - Different Doses, Durations and Modes of Delivery of Nicotine Replacement Therapy for Smoking Cessation (Cochrane Review); 2019 Apr 18.
    - Antidepressants for Smoking Cessation (Cochrane Review); 2023 May 24.
    - Nicotine Receptor Partial Agonists for Smoking Cessation (Cochrane Review); 2023 May 5.
    - Combined Pharmacotherapy and Behavioural Interventions for Smoking Cessation (Cochrane Review); 2016 Mar 24.
    - Electronic Cigarettes for Smoking Cessation (Cochrane Review); 2020 Oct 14.
    - System Change Interventions for Smoking Cessation (Cochrane Review) 2017 Feb 10.
    - Use of Electronic Health Records to Support Smoking Cessation (Cochrane Review); 2014 Dec 30.
    - Training Health Professionals in Smoking Cessation (Cochrane Review); 2012 May 16.

    - Healthcare Financing Systems for Increasing the Use of Tobacco Dependence Treatment (Cochrane Review); 2017 Sep 12.
    - Effectiveness of Very Brief Advice on Tobacco Cessation: A Systematic Review and Meta-Analysis; 2024 May 2.
    - Conversational Artificial Intelligence Interventions to Support Smoking Cessation: A Systematic Review and Meta-analysis; 2023 Nov 3.
    - Interventions for Smokeless Tobacco Use Cessation (Cochrane Review); 2025 Apr 15.
- WHO Handbook for Guideline Development, 2nd Edition; 2014.

Implementation Tools

No implementation tools available.

Patient Education

No patient education materials available.

Disclaimer

TRUST Scorecard

Composition of Guideline Development Group (GDG)

Multidisciplinary GDG Members	**Yes**
Methodologist Involvement	**Yes**
Incorporation of Patient and Public Perspective	★★★☆☆

Systematic Review of Evidence

Literature Search	★★★★★
Study Selection	★★★★★
Evidence Synthesis	★★★★★

Foundations for Recommendations

Strength of Evidence Grade	★★★★★
Description of Benefits and Harms of Recommendations	★★★★★
Summary of Evidence Supporting Recommendations	★★★★★
Strength of Recommendations Rating	★★★★☆
Clear Articulation of Recommendations	★★★★★

Funding Source — Yes

Disclosure and Management of Financial Conflicts of Interests — ★★★★★

External Review — ★★★★★

Updating — ★★★☆☆