



Pharmaceutical companies play up the use of anti-tobacco aids, which makes quitting smoking without help seem impossible. But it's not, **T.V. Jayan** points out

**A**re the global efforts to kick the butt dimmed by distortion and deception? Perhaps, says tobacco control expert Simon Chapman.

A public health researcher at the University of Sydney, Chapman — who wrote more than a dozen tomes on tobacco control — has unearthed a disturbing trend in smoking cessation attempts. The pharmaceutical industry has been trying to create the false impression that attempting to quit smoking without medicines or nicotine replacement therapy (NRT) is futile, reveal Chapman and his colleague Ross McKenzie. Their article appeared in the journal *PLoS Medicine* last week.

With the industry proclaiming that "willpower alone is not enough to quit", smokers may think it's useless to try to kick the habit without any aid, they say.

"The aim should be to encourage attempts to quit smoking, and not constantly describe it as difficult. The process has become overly medicalised for many," Chapman told *KnowHOW*.

Not surprisingly, nearly two-third to three-quarters of those who quit smoking did so without any professional or therapeutic help, he adds. This, even though anti-tobacco drugs — such as bupropion and varenicline — and NRT products like patches, gum and lozenges have been in the market for more than 25 years.

NRT, medicines and professional counselling or support may help many smokers, but are not necessary for quitting, asserts Chapman.

According to experts, the cold-turkey method — where you progressively reduce the number of cigarettes before stopping completely — is still the most preferred approach. And campaigners are pleased that in a growing number of countries, there are now more non-smokers than smokers.

Chapman and McKenzie, who analysed more than 660 papers on smoking cessation published in 2007 and 2008, found that the industry and many tobacco control researchers have conveniently

# Stub that butt

# Out



neglected the power of unaided cessation. On the other hand, there has been an attempt to play up the benefits of pharmacological intervention.

The study also brought to light a bias in research on assisted cessation. While in-

dustry-supported research showed that quit-smoking medicines and NRT products have a 51 per cent efficiency, independent studies said the impact was just 22 per cent.

"Because of these attitudes, smoking cessation is becoming increasingly

pathologised, a development that risks distorting public awareness of how most smokers quit, to the obvious benefit of the pharmaceutical companies," say the researchers.

The study comes at a good time, when India is embark-

ing on a major tobacco control campaign. In the last week of January, the Union cabinet approved a Rs 182-crore tobacco control programme. The project — which would cover 42 districts in 21 states — is expected to step up public awareness of the ill effects of tobacco use by setting up testing labs and conducting adult tobacco surveys over the next two years.

Sadly, India has one of the poorest rates of quitting: only about 2 per cent of the smoking population is able to kick the habit annually.

Chapman's views are echoed by Prakash Chopra, a tobacco control expert and director of the Healis-Sekhsaria Institute of Public Health, Mumbai. Chopra strongly believes that there is a need to publicise the fact that most smokers quit without any aid.

"It isn't enough for public health policymakers to simply stress this fact; they must also assist unassisted cessation," he says. This can be done by allocating funds for initiating and enforcing policies in this direction, he suggests.

Chapman points out that most of the government money for tobacco control is spent in support of NRT or similar strategies rather than in aiding unassisted cessation. The criticism seems more than valid, as within a couple of days of publishing his paper many experts from all over the world came up with similar views.

Prabhat Jha, director of the Centre for Global Health Research in Canada, however, believes that pharmaceutical aids do help, though only for a brief while. "These aids double the effectiveness of smoking cessation attempts from a quit rate of about 3 per cent to up to 8 per cent in the following six months. It is true that a vast number of quitters quit cold turkey. But pharmaceutical drugs do help, and if they help more smokers to quit, it's a good thing," says Jha.

According to Jha, there is another way out of the haze — tobacco products should be taxed higher. In developing countries, a 10 per cent higher price, it has been found, results in about 3 to 4 per cent of smokers quitting, and another 3 to 4 per cent of individuals not taking up the habit, he says.

Higher prices and then drugs and therapy—why not use your willpower and save your health as well as money?