

Chapman S. The inverse impact law of smoking cessation. *Lancet* 2008;373:701-03

In 1985 I argued for the abandonment of smoking cessation clinics,¹ which make an inconsequential contribution to reducing smoking in whole populations^{2,3}—the test of their public health significance. Their labour intensity devours resources which could be better used in mass campaigns⁴ to motivate cessation in far more smokers than the best evidence shows are interested in attending clinics, let alone benefiting from them.

But the most powerful argument against a frontline role for clinics is their reiterating message “you need help and are unlikely to succeed alone.” Over 25 years, with the advent of nicotine-replacement therapy (NRT), bupropion, and varenicline, this arguably misleading message has been turbocharged through heavy pharmaceutical advertising directed at both consumers and physicians. Whilst legions of clinical trials⁵ and more equivocal real-world evaluations⁶ show that assistance improves cessation, unassisted cessation remains the preferred and most successful method used by most ex-smokers.

Today’s sustained medicalisation of cessation epitomises Ivan Illich’s concept of a disabling profession.⁷ It purposefully erodes smokers’ confidence in taking control of a process that hundreds of millions of ex-smokers globally have demonstrated works better for more than any other. Typical of this medicalisation, a recent *Lancet* Seminar on tobacco addiction⁸ devoted just half a sentence in ten pages to the rhinoceros in the living room: that some 25 years after the advent of NRT, there remains daylight between unassisted cessation and the population cessation-yield obtained by all other methods combined.^{9,10}

Acknowledging Julian Tudor Hart,¹¹ I propose the inverse impact law of smoking cessation. This law states that the volume of research and effort devoted to professionally and pharmacologically mediated cessation is in inverse proportion to that examining how ex-smokers actually quit. Research on cessation is dominated by ever-finely tuned accounts of how smokers can be encouraged to do anything but go it alone when trying to quit—exactly opposite of how a very large majority of ex-smokers succeeded. The virtual silence about this undeniably positive news reflects the dominance of those whose careers depend on continuing to offer and evaluate labour-intensive regimens and the influence of the drug industry which has a vested interest in prolonging cessation and in repeat attempts after relapse.

Those impertinent enough to note the continuing dominance of unassisted cessation among ex-smokers and encouraging smokers to go it alone are regarded as heretical, so pervasive is the inverse impact law of smoking cessation I describe and the imperatives for researchers to inhabit its doctrine. Disciples of the law are preoccupied with success rates, when success numbers are what really matter in public health. Extrapolating from Californian data for 1996,¹² of 1 million smokers attempting to quit, I calculate that nearly twice as many smokers (60 999) quit

unaided than with any form of help (33 014), despite many years of NRT availability (table).^{9,12}

I know of no population data from any nation since that shows otherwise.

Cold turkey is routinely framed as the enemy of effective smoking cessation, a kind of amateur half-hearted approach to cessation, when it ought to be embraced as the first-choice method that over decades has consistently assisted far more than any other approach. Failed quit attempts (the average ex-smoker can experience up to 14 of these¹³) should be redefined as normal rehearsals for success, the unassisted quitting experience demystified as how most people actually quit, and pharmacotherapy restored to the perspective it deserves.

The English approach to cessation epitomises the legacy of the law I propose. There, tobacco-control expenditure has been heavily focussed on dedicated smoking-cessation services, requiring attendance at individual or group counselling sessions with emphasis on NRT. A 2005 report¹⁴ that examined the contribution of this programme to reaching a target national smoking prevalence of 21% by 2010 stated: “Nationally, stop smoking achieved a reduction in prevalence of 0·51% in 2003/04. If persisting up to 2010, this success rate would lead to a reduction in prevalence of 3·6%—ie from the current level of 26% to 22·4%. For stop smoking service alone to meet the target of 21%, in England the number of successful quitters each year would need to be 50% greater.” However, in a remarkably understated next paragraph, the report continues: “since successful quitting [in these calculations] is measured by a self-report at 4 weeks and only 25% of smokers remain quit at 12 months...all the estimates of reduction in prevalence calculated in this report could legitimately be divided by four—producing an overall reduction of 0·13% per year or around 1% (from 26% to 25%) by 2010 for England.”

Australia, by contrast, has negligible cessation services and since 1997 has run large scare-based¹⁵ campaigns to motivate quit attempts. Daily smoking prevalence in those aged 14 years and older has fallen by 30·2% from 23·8% in 1995 to 16·6% in 2007,¹⁶ with only 3·6% of adult smokers having ever even called the quitline.¹⁷ While pharmaceutical advertisers coattail the governmental campaign, the latter has never given centre stage to messages implying smokers need help. We need to restore smokers’ confidence in their ability to do what literally millions of smokers have done for many decades without having to rely on help.

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I declare that I have no conflict of interest.

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Cessation method	Proportion (number) using in 1 million smokers making quit attempts	Proportion (number) quit at 8 months
Unassisted	80.1% (801 000)	7.0% (56 070)
Used self-help materials	3.1% (31 000)	15.9% (4929)
Total without professional help or NRT	83.2% (832 000)	7.3% (60 999)
Counselling	2.9% (29 000)	16.7% (4843)
NRT without counselling	11.7% (117 000)	20.9% (24 453)
Counselling + NRT	2.2% (22 000)	16.9% (3718)
Total with professional or NRT help	16.8% (168 000)	19.7% (33 014)
Total	100.0% (1000000)	9.4% (94 013)

Table: Estimated cessation rates and numbers at 8 months in population of 1 million smokers attempting to quit

NRT=nicotine-replacement therapy. Data are extrapolated from reference 12, for 1996. Data are for California, USA.