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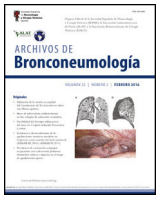

Editorial

Funding smoking cessation therapy: When can we expect it?☆

Financiación de los tratamientos para ayudar a dejar de fumar: ¿para cuándo?

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The theme chosen by the World Health Organization[1] in 2019 for the World No Tobacco Day was "Tobacco and Lung Health", as part of their annual campaign aims to raise awareness of a relevant aspect of the damage smoking causes in people. We applaud the choice of topic, as smoking is responsible for a myriad of respiratory diseases, including, most importantly, lung cancer, chronic obstructive pulmonary disease (COPD), increased risk of pneumonia and tuberculosis, poorly controlled asthma, etc.

It is also particularly appropriate in the specific case of Spain, since the latest 2017 EDADES survey on alcohol and drug abuse in Spain (1995–2017)[2] has brought to light some alarming data on the prevalence of smoking and underlined the urgent need to reverse the prevailing trend:

- 39% of the population between 15 and 64 years reported having smoked in the last month. This figure is similar to data from 2005, the year in which the Smoking Act 28/2005 was passed.[3]
- A total of 34% of the population use tobacco on a daily basis, a figure similar to data from 1997. Consumption fell after the introduction of smoking laws in 2005[3] and 2010[4]; but since 2015 an increase of more than 3 percentage points has been observed.
- In terms of gender, 46% of men in 2017 (44% in 2015) and 36% of women (similar to 2015) smoked daily.
- Around 400,000 people have started smoking since 2015.

The latest Eurobarometer[5] on smoking reported that the gradual reduction in the prevalence of smoking has also stagnated at 2014 figures. Although tobacco control programs appear to have lost impetus, we cannot attribute these data to a lack of information, since the perception of risk among smokers has been increasing gradually since 1997: 67% want to give up smoking, and 65% have tried to do so in the previous year. Another interesting fact is that the lowest smoking rates were observed in Navarra (24% of smokers), an autonomous community with wide experience in funding the treatment of smoking. Similar results have been obtained in the United Kingdom with a network of smoking cessation clinics within the national healthcare system, which includes financial support for the acquisition of treatments for smoking.

A recent Cochrane review[6] reported that public interventions in the form of grants or funding for the treatment of smoking lead to an increase in the number of smokers who are trying to quit, a higher percentage of smokers using pharmacological treatments for cessation, and higher abstinence rates at 6 months or more compared to no intervention (RR 1.77; CI 1.27–2.28).

The World Health Organization has published a summary[7] of all smoking cessation interventions. Subsidized pharmacological treatments is the most effective measure of all, increasing the chances of quitting successfully by 338%.

A budgetary impact study[8] conducted by members of the SEPAR smoking area showed that financial support for the treatment of smoking in patients with COPD is cost-effective. Depending on the model, subsidizing drugs for smoking cessation would not only be an efficient option (the cost would be zero after the third year), it would also lead to considerable savings in public health system resources (estimated at more than 4 million euros 5 years after implementing the program).

We must not forget that the most deprived social classes, in particular very vulnerable collectives, such as the unemployed, women at risk of social exclusion, and immigrants, have a very high prevalence of smoking, compounded by poor access to pharmacological interventions for smoking cessation. This is what the World Health Organization[9] calls the vicious circle of poverty and smoking.

For years, SEPAR has promoted recommendations and guidelines on treatments in respiratory patients[10] or in specific situations, for example, during hospitalization.[11] We believe that the funding of pharmacological treatments of nicotine dependence should be included as part of the portfolio of services of the Spanish national health system, and in view of the recent news[12] from the Ministry of Health and Consumption and Social Welfare, it looks likely that we are about to see a major change for our patients who cannot afford the treatment of a chronic disease such as smoking.

To answer the question posed in this editorial, we believe that the time has come to be more proactive in the control of smoking. We must implement strategies aimed at promoting the access of

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smokers to nicotine addiction treatments by subsidizing drugs that have demonstrated effectiveness, while continuing our efforts to prevent individuals starting the habit.

Conflict of interests

JS-C has received honoraria for presentations, participation in clinical studies, and publications from: AstraZeneca, Boehringer, Ferrer, GSK, Menarini, Pfizer, and Rovi.

MGR has worked with GSK and Pfizer, pharmaceutical companies with an interest in the field of the treatment of smoking.

CAJ-R has participated in studies and given presentations for pharmaceutical companies that produce and market drugs for smoking cessation.

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