



Cessation

Why provide tobacco dependence treatment services?

Is it a legal obligation to support cessation services at national level?

Yes, it is. Article 14 of the WHO Framework Convention on Tobacco Control (FCTC) states:

“Each Party shall develop and disseminate appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices, taking into account national circumstances and priorities, and shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence.”

Tobacco is highly addictive and there is cumulative evidence that tobacco cessation services can be a very effective tool for treating tobacco dependence. However, tobacco cessation services have to be part of larger national level interventions to control tobacco, based on the obligations of the FCTC.

Guidelines for implementation of Article 14 of the FCTC on demand reduction measures concerning tobacco dependence and cessation were adopted by the fourth Conference of the Parties. The guidelines are not only a very good technical tool on tobacco dependence but a practical step-by-step document for Member States to use for both evaluation and establishing national cessation services.

Funding tobacco dependence treatment

Tobacco dependence treatment is not a cheap service and therefore the guidelines suggest to Parties the following methodologies to financially support tobacco treatment services.

1. Designate tobacco taxes.
2. Impose tobacco manufacturing and/or importing licensing fees.
3. Impose tobacco product registration fees.
4. Require tobacco selling licenses for distributors and retailers.
5. Levy noncompliance fees, such as administrative monetary penalties, on the tobacco industry and retailers.

Are countries obliged to provide the same tobacco treatment services?

With growing political support for tobacco control and steps taken by governments to ban tobacco use in public places, to increase taxes and ban all forms of tobacco advertising, promotion and sponsorship, the desire of smokers to quit is likely to increase. It is difficult for most tobacco users to quit on their own and they can benefit from help and support to overcome their dependence. Due to the varying financial ability, health system and priorities of countries, they are not obliged to adopt a certain system for tobacco dependence treatment.

While designing and structuring tobacco cessation strategies and tobacco dependence treatment, countries should take into account factors such as gender, culture, religion, age, educational background, literacy, socioeconomic status, disability, and the needs of groups with high rates of tobacco use.

Tobacco dependence treatment in the Region

- Seven countries in the Region have no facilities for tobacco dependence treatment, while 12 have tobacco cessation clinics. Three countries have tobacco cessation clinics in most primary health care facilities, hospitals and in clinics of health professionals. In two of these countries the government fully supports the cost of the service.
- Of the 22 countries, only five have a toll-free telephone quit line/help line with a person available to discuss cessation with callers.



- Nicotine replacement therapy (patch, gum, lozenge, spray or inhaler) are legally sold in 18 countries of the Region. These products are purchased in pharmacies without prescription. However, only in four countries does national/federal health insurance or the national health service fully cover the cost of these products, and they are partially supported by health insurance in another three countries. In four countries, nicotine replacement therapy has been added to the essential medicines list.

How to treat tobacco dependence successfully

The following nine tips can help to ensure that the provision of tobacco dependence treatment is a success at national level.

1. Tobacco dependence treatment should be widely available, accessible and affordable, and should include education on the range of cessation options available.
2. Tobacco dependence treatment should, where appropriate, be tailored to the needs of individual tobacco users.
3. Countries should be very careful to protect the process of planning and building cessation services from all commercial and vested interests of pharmaceutical companies whose aim is to promote their own products.
4. Countries should learn from the experiences of countries with similar health settings and economic status.
5. Health care systems should have a central role in treating tobacco dependence.
6. Existing resources and infrastructure should be used in providing treatment.
7. Health care workers should play a central role in promoting tobacco cessation and offering support to tobacco users who want to quit.
8. The recording of tobacco use in medical notes should be mandatory.
9. The strengthening or creation of a national infrastructure to promote tobacco cessation and to provide tobacco dependence treatment will require both financial and technical resources; is therefore essential to identify funding for that infrastructure (Figure 1).

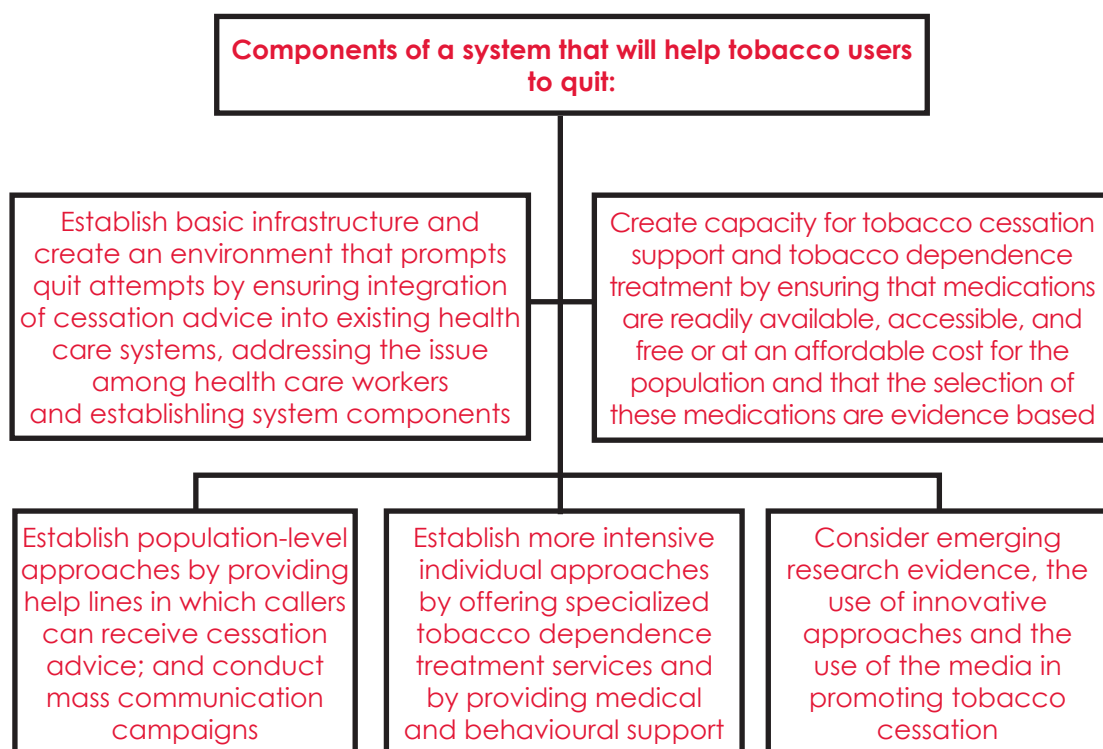


Figure 1. Components of a successful tobacco dependence treatment system