

**Briefing 7:
Elaboration of guidelines for implementation of Article 14
(Demand reduction measures concerning tobacco
dependence and cessation)**

**Third session of the Conference of the Parties to the
WHO Framework Convention on Tobacco Control
17-22 November 2008, Durban, South Africa**

Recommendation

The third session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control should decide to establish a working group to elaborate guidelines for implementation of Article 14 (Demand reduction measures concerning tobacco dependence and cessation) and mandate it to present draft guidelines to the fourth session of the Conference of the Parties.

Background

Tobacco is hazardous not only because it contains 4000 chemicals,¹ of which more than 50 cause cancer and many others can adversely affect the function of virtually every organ or cell in the human body, but also because it contains a highly addictive substance: nicotine. Nicotine is a powerful psychoactive agent that plays a key role in tobacco dependence. Tobacco dependence perpetuates exposure to all the hazardous substances in tobacco.

Tobacco dependence is a complex biologic, behavioral and social process that can defeat a tobacco user's best intentions to quit.² The WHO International Classification of Diseases (ICD-10) classifies tobacco dependence and withdrawal symptoms as substance use disorders. Tobacco dependence furthermore is a chronic disease that often requires repeated interventions and multiple attempts to quit. But effective treatments exist that can increase long-term abstinence.³

Failure to address tobacco dependence can defeat the best laid plans to end the epidemic of death, disease and disability due to tobacco. Even if all the

¹ US Department of Health and Human Services, *Reducing the Health Consequences of Smoking: 25 Years of progress: a report of the Surgeon General* (US Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1989) 79.

² US Department of Health and Human Services, *The Health Consequences of Smoking: Nicotine Addiction: a report of the Surgeon General* (US Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Health Promotion and Education, Office on Smoking and Health, 1988).

³ See, for example, MC Fiore, CR Jaén, TB Baker et al, *Treating Tobacco Use and Dependence: 2008 Update* (Clinical Practice Guideline, US Department of Health and Human Services, Public Health Service, May 2008) 6.

tobacco control strategies envisioned by other provisions of the FCTC were completely effective in preventing people from becoming tobacco users, the world would still have to face the burden of 1.5 billion current tobacco users for the next half century. The World Bank estimates that more than 180 million lives could be saved in just the first half of this century by implementing on a global scale what we now know about treating tobacco dependence.⁴ This – coupled with the WHO estimate that, within 20 years, tobacco dependence could become the world's single largest cause of premature death or years lived with disability –⁵ underlines the importance of strong, effective guidelines to assist all Parties to the FCTC in addressing the tobacco dependence treatment issue.

There is every expectation that with the implementation of the range of tobacco control measures to which Parties have committed under the FCTC – such as increased prices and taxes (Article 6), protection from exposure to tobacco smoke (Article 8), effective packaging and labelling requirements (Article 11), effective education, communication, training and public awareness measures (Article 12), and bans on advertising, promotion and sponsorship (Article 13) – an ever greater number of tobacco users will be motivated to quit. The Framework Convention Alliance (FCA) considers, therefore, that as the FCTC motivates tobacco users to make serious quit attempts, there is an obligation to promote effective tobacco dependence treatment availability on a global scale. All of the measures which the FCTC envisions to denormalize the use of tobacco and to create an environment that discourages tobacco use can be made more effective in helping tobacco users quit when recognition of tobacco dependence as a disease and treatment of tobacco dependence are included in a comprehensive tobacco control program.

Treatment of tobacco dependence must conform to the differing needs of individual tobacco users such as the severity of their addiction and the triggers that cause them to turn to tobacco. Treatment encompasses a continuum of measures that can be used alone or together. They include, for example:

- Population based community-wide programs;
- Brief individual counselling;
- Specialized behavior modification or cognitive counseling; and
- Medications such as nicotine replacement products or others that block the desire for nicotine.

FCA notes that although treatment of tobacco dependence has been referred as the 'gold standard' of healthcare cost-effectiveness,⁶ services to treat tobacco dependence are fully available – meaning a full range of treatment and at least partial financial subsidies – in only nine countries, with 5% of the world's population, leaving 95% without access to effective treatment.⁷

⁴ World Bank, *Curbing the Epidemic: Governments and the Economics of Tobacco Control* (1999).

⁵ V da Costa e Silva, *Policy Recommendations for Smoking Cessation and Treatment of Tobacco Dependence* (World Health Organization, 2003).

⁶ DM Eddy, 'The Seven Best Tests. David Eddy Ranks the Tests' (1992) 17 *Harvard Health Letter* (Special Supplement) 10-11.

⁷ World Health Organization, *WHO Report on the Global Tobacco Epidemic, 2008: The MPOWER Package* (2008) 10; 48.

Effective implementation of Article 14 of the FCTC offers the best hope of extending treatment to all tobacco users who wish to quit, securing more immediate reductions in tobacco-related disease and disability, and of assuring the best possible outcome of all the other tobacco control measures envisioned by the FCTC. It will bring the world closer to the FCTC's objective, as set out in Article 3 of the Convention, 'to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke'.

Elaboration of guidelines

FCA has reviewed the Convention Secretariat's 'Report on tobacco dependence and cessation (in relation to Article 14 of the Convention (decision FCTC/COP2(14)))' (Document FCTC/COP/3/10) and agrees with the conclusion that '[i]nternationally agreed guidance on the status, challenges and opportunities for cessation of tobacco use and treatment of tobacco dependence would be a valuable step forward in promoting implementation of Article 14 of the Framework Convention globally' (para 67). FCA considers that the third session of the Conference of the Parties should establish a working group to elaborate guidelines for implementation of Article 14 and mandate it to present draft guidelines to the fourth session of the COP (COP-4).

FCA recommends that guidelines for implementation of Article 14 be based on and include:

- A critical appraisal of all the available evidence including population based studies and studies on the cost effectiveness of different treatment modalities and programs;
- A special review of programs that effectively address the needs of developing country Parties and Parties with economies in transition;
- A review of lessons learned from treatment programs that have been effective in addressing other public health threats such as drug dependence, alcoholism, HIV/AIDS, tuberculosis and malaria;
- A critical appraisal of how socio-economic status, age, education, ethnicity and gender and other factors may affect tobacco dependence and treatment;
- A roadmap to engage all healthcare sectors and practitioners, including traditional healers and non-medical counselors, in the treatment of tobacco dependence;
- An outline of essential program components which are robust and cost-effective, especially for developing country Parties and Parties with economies in transition;
- Measures to evaluate outcomes and successes that would permit continuous improvement of programs; and
- Identification of gaps in knowledge and encouragement of research and sharing of information in accordance with Article 20 (Research, surveillance and exchange of information).