

Adoption of guidelines for implementation of Article 14 (Demand reduction measures concerning tobacco dependence and cessation)

Fourth session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control, 15-20 November 2010, Punta del Este, Uruguay

Recommendation

The Framework Convention Alliance strongly endorses the draft guidelines for implementation of Article 14 (Demand reduction measures concerning tobacco dependence and cessation) and recommends that the fourth session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control adopt the draft guidelines in full and without change.

The draft Article 14 guidelines on tobacco dependence and cessation:

1. Recommend a stepwise approach in developing support for cessation and tobacco dependence treatment which recognises that these measures must be implemented as part of a comprehensive tobacco control programme “including, but not limited to, the implementation of Articles 6, 8, 11, 12 and 13”.
2. Recommend the development of a basic infrastructure and environment which prompts quit attempts, and implementation of interventions that increase the likelihood of quit attempts succeeding.
3. Provide a helpful list of the actions needed to effectively promote tobacco cessation and dependence treatment, using, where possible, existing infrastructure both in health-care and other settings to help ensure sustainability:
 - Conduct a national situation analysis
 - Create or strengthen national coordination
 - Develop and disseminate comprehensive guidelines (including a national cessation strategy and national treatment guidelines)
 - Address tobacco use by healthcare workers and others involved in tobacco cessation
 - Develop training capacity
 - Use existing systems and resources to ensure the greatest possible access to services
 - Make the recording of tobacco use in medical notes mandatory
 - Encourage collaborative working between governmental and nongovernmental organisations
 - Establish a sustainable source of funding for cessation help.
4. Prioritise cessation interventions at population level which are appropriate to Parties with limited resources and at all stages of WHO FCTC implementation, such as mass communication and education programmes, brief advice to quit and quitlines.
5. Recommend, where resources allow, the provision of specialised tobacco dependence treatment services providing behavioural support and, where appropriate, medications, if possible free of charge or at a cost affordable to tobacco users.
6. Recommend monitoring and evaluation of tobacco cessation and tobacco dependence treatment strategies and programmes to enable updating in the light of the development of the evidence base.
7. Recommend international collaboration in accordance with Articles 20, 21 and 22.
8. Recognise that active partnership with civil society is essential for effective implementation of the guidelines.

9. Recognise that implementation of the guidelines must be protected from all commercial and vested interests of the tobacco industry and all other potential conflicts of interest.

Background

Article 14 of the WHO Framework Convention on Tobacco Control (FCTC) requires Parties “to develop and disseminate appropriate, comprehensive guidelines based on scientific evidence and best practice, taking into account national circumstances and priorities, and to take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence”.

The Conference of the Parties (COP) decided at its third session (COP-3) to establish a working group to elaborate draft guidelines on the implementation of Article 14 for presentation to its fourth session (COP-4). The working group has presented draft guidelines (Document FCTC/COP/4/8).

The Framework Convention Alliance (FCA) supports the principle set out in the draft guidelines for implementation of Article 14 that tobacco dependence treatment measures should be implemented synergistically with other tobacco-control measures, as part of a comprehensive integrated tobacco control programme which motivates users to stop in accordance with Parties’ obligations under the FCTC, and in active partnership with civil society.

The draft guidelines

FCA congratulates the Article 14 working group, and particularly the key facilitator Parties – Ghana, Iran, South Korea, the UK and Uruguay – for the excellent work that they have done in elaborating draft guidelines. FCA considers that the draft guidelines should be adopted by COP-4 in full and without change.

The draft guidelines elaborated by the working group offer very useful guidance to Parties in implementing Article 14. They draw on the large body of evidence on the effectiveness of tobacco cessation and treatment interventions and provide advice and recommendations on the infrastructure elements Parties need to put in place to promote effective treatment, on the key components of a system to help tobacco users stop, and on how to prioritise the introduction of cessation support and tobacco dependence treatment.

The guidelines will, if adopted, greatly assist Parties in effectively fulfilling their obligations under Article 14.

FCA supports the draft guidelines in full, and comments here on some of their particularly important features:

Introduction (1-6)

Paragraph 2 of the introduction to the guidelines includes a helpful explanation of tobacco dependence treatment and tobacco cessation for the purposes of the guidelines:

“Tobacco dependence treatment is defined differently by different cultures and in different languages. It sometimes includes measures to reduce tobacco use in the population as a whole, but often only refers to interventions at the individual level. These guidelines cover both, and therefore employ the term “promotion of tobacco cessation” as well as “tobacco dependence treatment”. Further effective measures to promote cessation of tobacco use are contained in other articles of the WHO Framework Convention on Tobacco Control and in the guidelines on their implementation.”

Underlying considerations (7-16)

This section sets out important guiding principles underlying the guidelines:

In particular that tobacco use is highly addictive and that people should be educated about the negative consequences of tobacco use and the benefits of cessation, and that it is important that policy-makers as well as the public are aware of these negative consequences.

Furthermore, that it is important to implement tobacco dependence treatment measures synergistically with other tobacco control measures, that cessation help and treatment should not be developed in isolation from other tobacco control measures, and that tobacco cessation and tobacco dependence treatment strategies should be based on the best available evidence of effectiveness, and should be accessible, affordable and inclusive.

The need for active partnership with civil society and for protection from all commercial and vested interests of the tobacco industry, and all other actual and potential conflicts of interest, is also emphasised in this section.

Developing an infrastructure to support tobacco cessation and treatment of tobacco dependence (17-40)

This section emphasises the importance of maximising the use of existing resources and infrastructure in order to develop a treatment system as quickly as possible and at as low a cost as possible, working in partnership with professional associations and other groups with relevant expertise.

The key actions set out in this section are:

- Conduct a national situation analysis
- Create or strengthen national coordination
- Develop and disseminate comprehensive guidelines (including a national cessation strategy and national treatment guidelines)
- Address tobacco use by healthcare workers and others involved in cessation
- Develop training capacity
- Use existing systems and resources to ensure the greatest possible access to services
- Make the recording of tobacco use in medical notes mandatory
- Encourage collaborative working between governmental and nongovernmental organisations
- Establish a sustainable source of funding for cessation help

The key characteristics of national evidence-based treatment guidelines which Parties should develop are listed in this section. Governments should draw on available expertise to work in partnership to achieve the goals of the guidelines, but with the development of strategies to implement Article 14 carefully protected from the commercial and other vested interests of the tobacco industry and all other actual and potential conflicts of interest, for example those of the pharmaceutical industry.

The need to address tobacco use by healthcare workers and others involved in tobacco cessation, and to actively educate healthcare workers and other relevant groups about the risks of using tobacco and to help them stop is recognised in this section.

Key components of a system to help tobacco users quit (41-53)

The key recommendation of this section is that Parties should provide support in all healthcare settings, as well as by suitably trained non-healthcare providers. This is important as not all countries have well developed healthcare systems, and it is important to provide support to tobacco users to stop in as wide a variety of settings as possible.

This section also clearly sets out the range of approaches that should be considered in developing treatment systems, emphasising approaches that are low in intensity but broad in reach, such as mass communication education programmes, brief advice, and quitlines. Such broad-reach, low-intensity approaches are likely to be especially relevant to low and middle income Parties, as well as high income Parties still in the early stages of developing an approach to treatment. This section also recommends access to medications at as low a cost as possible and the development of more intensive specialised services where resources allow.

Developing cessation support: a stepwise approach (54-60)

This section recognises the very different economic realities of different Parties to the FCTC, as well as the fact that they will differ greatly in the extent to which they have implemented other tobacco control measures which help create demand for treatment. Parties that have not already fully implemented other Articles of the WHO FCTC to promote tobacco cessation and increase demand for dependence treatment, including, but not limited to, Articles 6, 8, 11, 12, and 13, should do so.

Parties are also recommended to use existing infrastructure in both health-care and other settings to identify tobacco use and provide brief advice.

Taking into account national circumstances, Parties are recommended to establish basic infrastructure and create an environment that prompts quit attempts, and to implement interventions

that increase the likelihood of quit attempts succeeding. These measures include evidence-based treatment interventions including brief advice, quitlines, access to affordable medications, and access to more intensive specialist support where resources allow.

Monitoring and Evaluation (61-67)

This section recognises that monitoring and evaluation are essential to ensure that the best means are employed to deliver effective treatment to tobacco users, using national and international data collection systems.

International Cooperation (68-72)

This section recognises that international cooperation, in accordance with the provisions of Articles 20, 21 and 22, of the FCTC is a means of supporting and strengthening implementation of the most effective measures for tobacco cessation.