



In the Name of God, the Compassionate, the Merciful

Address by

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to the

**INTERCOUNTRY MEETING ON IMPLEMENTATION OF THE FRAMEWORK
CONVENTION ON TOBACCO CONTROL (FCTC) GUIDELINES ON TREATING
TOBACCO DEPENDENCE**

EMRO, Cairo, 23–25 September 2012

Ladies and Gentlemen,

It gives me great pleasure to welcome you all to this intercountry meeting on implementation of the Framework Convention on Tobacco Control (FCTC) guidelines on treating tobacco dependence, which set forth demand-reduction measures concerning tobacco dependence and cessation.

As you are all aware, tobacco is highly addictive. However, cumulative evidence has shown that tobacco cessation services can be an effective measure in reducing the use of tobacco. Still, over 85% of the world's population does not have access to such services.

Why is that?

Simply put, tobacco dependence treatment services are not cheap. Yet, they need to be made widely available and accessible if we are to reverse the deadly and debilitating impact of an epidemic that kills nearly 6 million people every year worldwide.

To achieve this, WHO has developed guidelines for implementation of Article 14 of the WHO FCTC, and the MPOWER measures.

The guidelines are a technical and practical tool in one. They tell us what we need to know about tobacco dependence and provide us with a step-by-step account of how to evaluate and establish national cessation services.

The MPOWER package of six evidence-based tobacco control measures provides practical assistance with country-level implementation of effective policies that have been proven to reduce tobacco use and save lives.

Ladies and Gentlemen,

Political support for tobacco control is growing. Governments are actively taking steps to: ban tobacco use in public places; increase taxes on tobacco products; ban all forms of tobacco advertising, promotion and sponsorship; and implement pictorial health warnings on tobacco product packaging.

This is our time to take action. As restrictions on tobacco use increase, so does the desire of tobacco users to quit. However, because tobacco dependence is a chronic condition that often requires repeated interventions and multiple attempts to quit, we must provide the help and support needed for tobacco users to overcome their dependence.

Ladies and Gentlemen,

Integrating tobacco cessation interventions into well-established, well-funded health programmes improves access to effective tobacco cessation services and eventually increases the chances that a tobacco user will quit successfully. Also, providing training to health care providers in primary health care units enables them to deliver brief tobacco interventions and offer support to tobacco users wanting to quit.

Additionally, strong evidence has shown the effectiveness of toll-free quit-lines. They are practical to implement; they can be included in any advertisement or incorporated onto a tobacco product pack in conjunction with health warnings. Quit-lines also have the greatest chance of materially impacting the rate of quit attempts and quit success at the population level, when combined with other policy initiatives and measures.

Clearly, for tobacco dependence treatment and cessation services to be truly effective, one single policy or measure cannot work in solitude. Tobacco dependence treatment and cessation services must be part of larger national level interventions to control tobacco.

Ladies and Gentlemen,

We are well aware that many countries in our Region have very limited resources for tobacco control, and inclusion of cessation activities into health system programmes is not yet considered a priority due to funding.

Yet, we need to start somewhere.

For the coming three days, we will discuss and demonstrate how tobacco cessation can be strengthened in a cost-effective manner through: integrating such services into existing national, state and district level health structures and linking them with existing primary health care health programmes; training health care providers in existing, well-established health care settings to offer support and advice; and establishing national toll-free quit-lines.

For the coming three days, we will work with each and every country to develop a preliminary plan of action. A plan for you to take home; a plan with well-defined steps for implementing and improving cessation services at national level in a cost-effective manner, based on existing evidence and best practices.

Ladies and Gentlemen,

Challenges can be overcome one step at a time. With the WHO FCTC guidelines and the MPOWER package, we can take the necessary steps.

Tobacco dependence treatment carries financial benefits for society; it decreases health care costs and improves productivity, and is one of the most cost-effective preventive measures to reduce tobacco use. Providing tobacco dependence treatment and cessation services is thus an obligation for Parties and non-parties alike.

Finally, I would like to thank all of you for participating in this meeting. I wish you a successful outcome and pleasant stay.