

### Introduction

Tobacco use is the single greatest cause of disease and premature death in the world today. More than 1 billion people smoke with nearly 70% of them living in low- and middle-income countries. Nearly 6 million people die every year from tobacco use [1]. Tobacco use has been identified as a risk factor for six of the eight leading causes of death in the world. Tobacco use continues to grow in developing countries due to steady population growth along with aggressive marketing efforts by the tobacco industry.

Tobacco control uses a combination of mostly population-based interventions to discourage tobacco use and individual-based tobacco cessation interventions. These interventions are based on the WHO Framework Convention on Tobacco Control (WHO FCTC). Implementation of these strategies takes place by means of communication, advocacy, taxation, legislation and law enforcement.

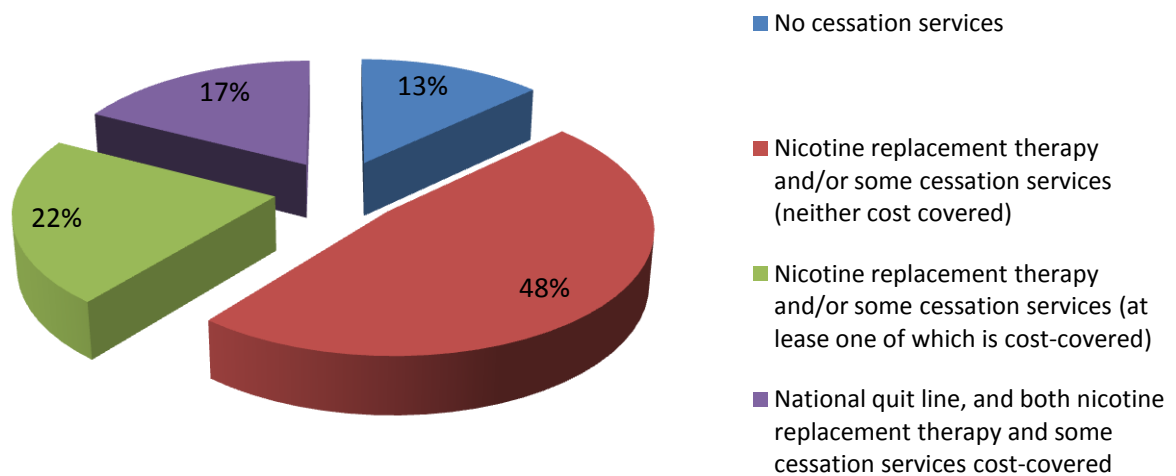
Effective treatment for individual tobacco users should be given more attention by governments since tobacco dependence is a chronic condition that often requires repeated intervention and multiple attempts to quit [2].

Treatment of tobacco dependence should be an integral part of any comprehensive tobacco control programme as indicated in the WHO FCTC. Article 14 of the WHO FCTC addresses the issue of tobacco dependence treatment. It obligates Parties to this Convention to endeavour to: a) design and implement effective programmes aimed at promoting the cessation of tobacco use, in such locations as educational institutions, health care facilities, workplaces and sporting environments; b) include diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education programmes, plans and strategies, with the participation of health workers, community

workers and social workers as appropriate; c) establish in health care facilities and rehabilitation centres programmes for diagnosing, counselling, preventing and treating tobacco dependence; and d) collaborate with other Parties to facilitate accessibility and affordability for treatment of tobacco dependence including pharmaceutical products pursuant to Article 22 [3].

The Conference of the Parties to the WHO FCTC adopted guidelines for implementation of Article 14 of the WHO FCTC at its fourth session (Punta del Este, Uruguay, 15–20 November 2010). The guidelines recommend integrating brief tobacco interventions into existing health care systems as one of the first actions to be taken by the Parties to develop their comprehensive cessation support system. Individual-based tobacco cessation interventions in the health care system such as brief routine advice have the potential to reach a large number of tobacco users when they are widely delivered using existing entry points and opportunities.

The overall goal of integration of tobacco dependence treatments (behavioural and pharmacological) into a sustainable health system is to improve access to effective tobacco cessation services for tobacco-dependent consumers, and eventually to increase the chances that a tobacco user will quit successfully. However, many countries in the WHO Eastern Mediterranean 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 problems (Figure 1). It has been suggested that tobacco cessation efforts are more likely to be strengthened in a cost effective manner through the health care system when integrated into existing national, state and district level health structures and linked with existing primary health care health programmes [2].



Source: [4]

**Figure 1. Status of cessation services in the Region**

**Key implementation strategies for integrating tobacco cessation services into primary health care**

- Developing national policy to support integration of effective tobacco cessation interventions into well-funded health programmes.
- Increasing awareness among health care professionals, administrators and policy-makers of both the benefits and cost effectiveness of tobacco cessation interventions relative to other health care interventions.
- Advocating for including tobacco use status in the registration and information system.
- Providing training to health care providers in primary health care units to enable them to deliver brief tobacco interventions (“5 As” and “5 Rs”) effectively.
- Strengthening tobacco dependence treatment in the Practical Approach to Lung Health (PAL) implementation where appropriately integrated in the primary health care system.
- If appropriate, offering and making accessible a full range of effective behavioural and

pharmacological treatments to all addicted tobacco users who wish to quit.

**Implementation requirements for tobacco cessation interventions in primary health care facilities [2,5]**

- Assessment of tobacco use for each patient visiting the primary health care unit.
- Registration system for patients’ tobacco use, provision of brief routine advice and referral to health care physician within the health care facility for counselling.
- Managerial decisions to overcome barriers in the health system to institutionalize treatment for tobacco dependence in order to ensure accessibility of service by every patient.
- Training on brief tobacco interventions and intensive treatment for health care physicians and health care workers in primary health care facilities.
- Referral of tobacco users to any existing resources for intensive behavioural counselling and/or where appropriate, pharmacological treatment for tobacco dependence.

- Training for all primary health care clinic managers on planning and implementing system changes to support the delivery of tobacco dependence treatment.
- Promotion and enforcement of smoke-free policies, particularly smoke-free health facilities, clear anti-smoking signs for patients and visitors, application of fines and penalties according to legislation.
- Support for primary health care providers who use tobacco to quit.

#### **Evaluation of tobacco cessation services [2,5]**

1. Assess the level of health system support for tobacco dependence treatment delivery.
  - Tobacco use status included in the primary health care information system.
  - Number and proportion of clinics that have at least one manager trained on planning and implementing system changes to support the delivery of tobacco dependence treatment.
  - Number and proportion of clinics that have at least one staff member trained in intensive tobacco dependence treatment.
  - Number and proportion of health care providers in primary health care units trained on brief tobacco interventions (“5 As” and “5 Rs”).
  - A budget dedicated to providing tobacco cessation services.
2. Assess the level of tobacco dependence treatment delivery.
  - Number and proportion of patients attending the clinics/units identified as tobacco users.
  - Number and proportion of identified tobacco users who receive tobacco dependence treatment.
3. Assess the impact of tobacco dependence treatment delivery.
  - Number and proportion of treated tobacco users who successfully quit in 6 or 12 months.

#### **Brief tobacco interventions: the “5 As” and “5 Rs” [5]**

##### **“5 As”: the counselling approach for patients who are willing to quit tobacco use**

Ask patients about their tobacco use

Advise them to quit

Assess their willingness to make a quit attempt

Assist in their attempt to quit

Arrange follow-up with them

##### **“5 Rs”: the counselling approach for patients unwilling to quit tobacco use**

*Relevance:* Encourage the patient to indicate why quitting is personally relevant to him or her

*Risks:* Ask the patient to identify potential negative consequences of tobacco use

*Rewards:* Ask the patient to identify potential benefits of quitting tobacco use

*Road blocks:* Ask the patient to identify obstacles to quitting

*Repetition:* Repeat the intervention every time an unmotivated patient visits the primary health care setting

#### **Sources**

1. WHO report on the global tobacco epidemic 2008: the MPOWER package. Geneva, World Health Organization, 2008.
2. WHO policy recommendations on tobacco cessation and treatment of tobacco dependence. Geneva, World Health Organization, 2004.
3. WHO Framework Convention on Tobacco Control. Geneva, World Health Organization, 2003.
4. WHO report on the global tobacco epidemic 2009: implementing smoke free environments. Geneva, World Health Organization, 2009.
5. Fiore MC et al. *Treating tobacco use and dependence: clinical practice guideline*. Rockville, MD. United States Department of Health and Human Services, Public Health Service, 2000.