ARTICLE 14:
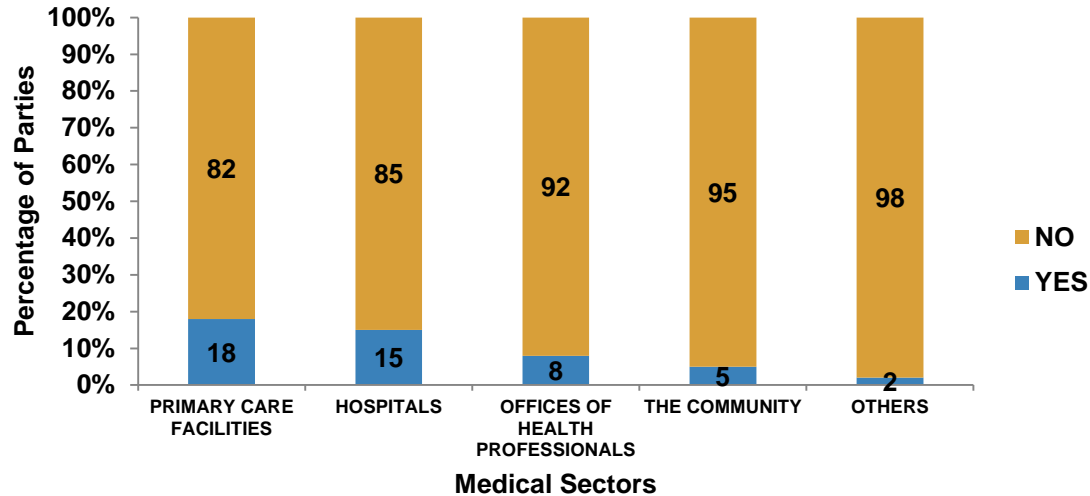# DEMAND REDUCTION MEASURES CONCERNING SLT DEPENDENCE AND CESSATION

BACKGROUND

"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."

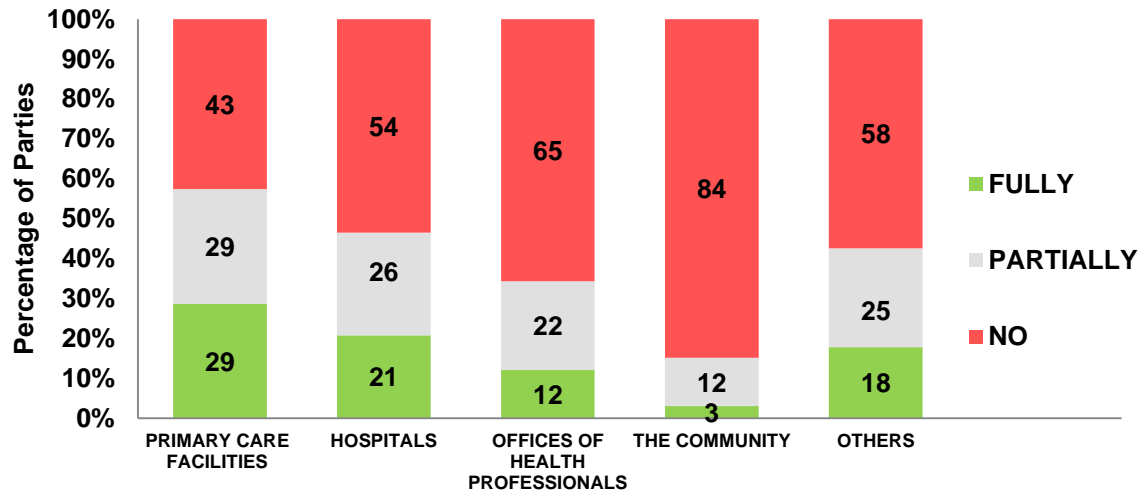Average implementation of the article (2012-16) - around 50%

Availability of tobacco cessation support in different medical sectors

Availability of National toll-free Quitlines (NQL) and Nicotine Replacement Therapy (NRT)

WHO Report on the Global Tobacco Epidemic 2017
(www.who.int/tobacco/global_report/2017/appendix_vi/en/)

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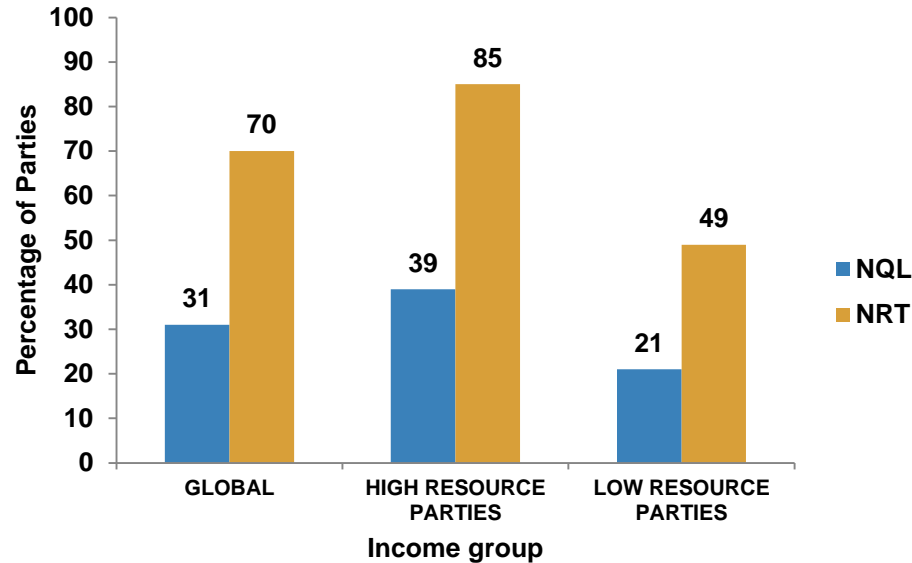
PROGRESS IN IMPLEMENTATION:
Findings from MPOWER 2017

Availability of NQL in WHO Regions

Percentage of Parties

- EUR: 52
- SEAR: 40
- WPR: 33
- AMR: 31
- EMR: 21
- AFR: 9
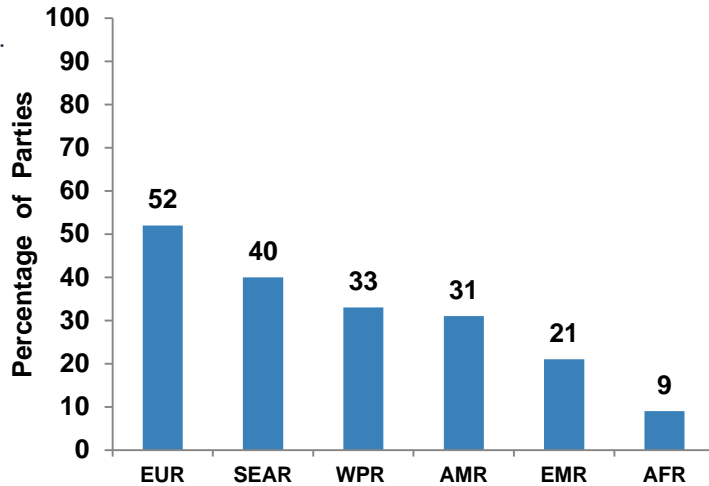
WHO Regions

Availability of NRT in WHO Regions

Percentage of Parties

- EUR: 88
- EMR: 84
- AMR: 72
- WPR: 67
- AFR: 52
- SEAR: 40

WHO Regions

WHO Report on the Global Tobacco Epidemic 2017
(www.who.int/tobacco/global_report/2017/appendix_vi/en/)

5

➢ **NRT** – **Availability -** most high SLT burden Parties

      Included in the essential medicines list - Malaysia, South Africa, Algeria

                              & Sweden

      Cost covered - India, Nigeria, Colombia, Philippines (partially)

            Malaysia (fully)

➢ **NQL** - **Available** - 30% parties

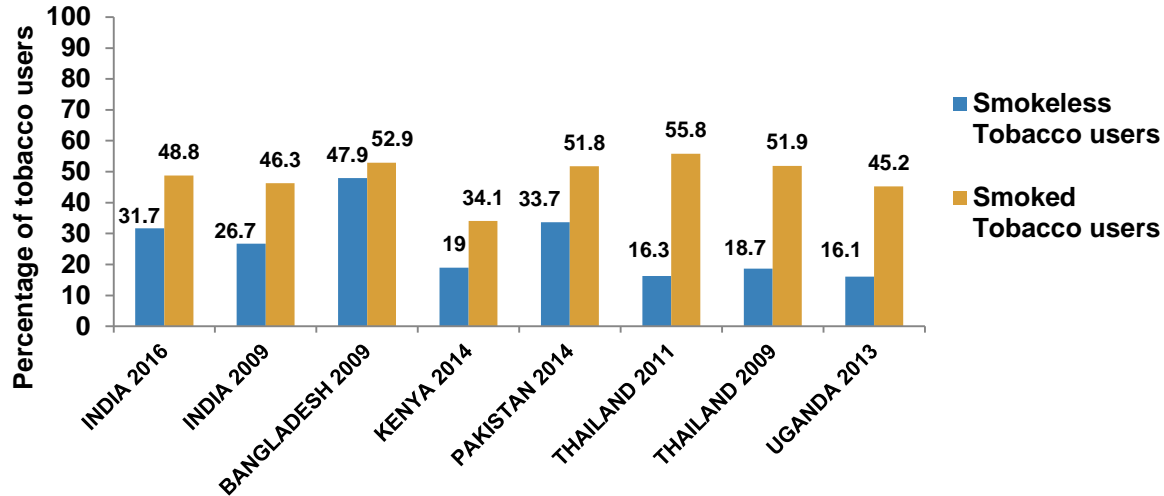   (India, Germany, Sri Lanka, Thailand, Egypt, Sweden, Kenya).

➤ **Cochrane Review (2012):** for SLT cessation – OR: 1.70 [1.36, 2.11]

for smoked tobacco cessation – OR: 1.74 [1.33, 2.27]

➤ **Cochrane Review (2015):** Varenicline, Nicotine Lozenges and Behavioural interventions may assist SLT users to quit.

➤ These trials were mostly performed in USA (non-ratified) and few in Scandinavian countries (Sweden and Norway); those done in the SEAR (India), UK & Pakistan were not included (review with regard to the same is in process).

Carr AB, Ebbert J. Interventions for tobacco cessation in the dental setting.
Cochrane Database of Systematic Reviews 2012, 6:1-38.
Ebbert JO, Elrashidi MY, Stead LF. Interventions for smokeless tobacco use
cessation. Cochrane Database of Systematic Reviews 2015, 6:1-66.

PROGRESS IN IMPLEMENTATION:
Capacity Building of Health Professionals and other stake holders of Tobacco Control

Tobacco users advised to quit by health care provider in past 12 months (Global Adult Tobacco Survey)

WHO Global Adult Tobacco Survey
(http://www.who.int/tobacco/surveillance/survey/gats/en/)

Findings from the Global Health Professions Student Surveys (GHPSS) –

Lack of adequate training in tobacco cessation among the medical, dental, pharmacy and nursing students.

Findings from the Global School Personnel Survey (GSPS) –

Lack of adequate training in tobacco cessation among the school teachers.

FCTC
WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL
SECRETARIAT·KNOWLEDGE HUB

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NATIONAL INSTITUTE OF CANCER
PREVENTION AND RESEARCH
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LIMITATIONS AND GAPS

➤ Tobacco cessation support is available in very few Parties (high resource and EUR Parties).

➤ NQL - in 1/3rd parties, NRT - in 3/4th parties.

➤ Very few parties report full coverage of the costs of tobacco cessation treatment.

LIMITATIONS AND GAPS

➢ Globally, SLT cessation intervention trials are reported only for 3% parties i.e. Sweden, Norway, India, UK, Pakistan, apart from USA (non-ratified) and are mostly for adults.

➢ Lack of formal training in tobacco cessation among health professionals, health profession students and school personnel.

➢ Parties, including High SLT burden Parties, do not provide information on SLT cessation (GATS - five indicators: India, Bangladesh and Kenya).

RECOMMENDATIONS

➤ Strengthening of tobacco cessation support.

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➤ Cost coverage of tobacco cessation support facilities.

➤ Studies assessing the efficacy of tobacco cessation interventions, especially for SLT products, especially by the high SLT burden Parties.

➤ Effective SLT prevention and cessation programs at school level onwards (at an early age).

RECOMMENDATIONS…

➤ Training in tobacco cessation of faculty and students in dental, medical, nursing and pharmacy colleges and school teachers, along with inclusion in the course curriculum.

➤ Inclusion of questions on SLT cessation in tobacco surveillance system and progress report, especially by the high SLT burden Parties.

THANK YOU !