

## **Tools to promote implementation of FCTC Article 14 on tobacco cessation**

### **National Situation Analysis**

**A tool to analyse tobacco cessation support at country level**

**Notes on how to conduct this analysis**

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### **Introduction**

This national situation analysis (NSA) is based on the FCTC Article 14 guidelines (paragraph 20) recommendation that Parties should "analyse, where appropriate:

- (1) the status of all tobacco control policies in the country and their impact, especially in motivating tobacco users to quit and creating demand for treatment support;
- (2) policies to promote tobacco cessation and provide tobacco dependence treatment;
- (3) existing tobacco dependence treatment services and their impact;
- (4) the resources available to strengthen the promotion of tobacco cessation and tobacco dependence treatment services (or to create such services where they do not yet exist), including training capacity, health-care infrastructure, and any other infrastructure that may be helpful;
- (5) any monitoring data available (see "Monitoring and evaluation" below). Use this situation analysis where appropriate to create a strategic plan."

It has been designed to help a country, with or without an existing cessation support system strategically analyse:

1. The current state of tobacco control in the country
2. The current situation with regard to cessation support including available infrastructure and resources
3. Then identify options for the next steps that might be taken to develop or improve cessation support.

It does not assume that cessation support should be developed yet, or that it should be made a high priority. The purpose of the analysis is to determine the next steps to take, if any, and when to take them, taking into account other tobacco control policies (especially FCTC Articles 6, 8, 11, 12 and 13) and national circumstances and priorities.

### **How to do this analysis**

Each section of the form itself (NSA) has questions on your national tobacco control and tobacco cessation situation. Below are explanatory notes to help you use it, and suggestions for next steps based on the FCTC A14 guidelines.

It is recommended that you do this analysis with the FCTC Article 14 guidelines to hand, then use both to design or update a national cessation strategy, or to analyse where cessation support fits into your national tobacco control strategy.

It is recommended that these tools are used with the support of an independent specialist, who can offer an objective perspective, help collect and summarise information, and then identify options for next steps. This can be especially valuable when governmental and nongovernmental organisations are working together.

Put as much detail in your answers as will be helpful to you. This document is a practical tool, it is **your** analysis, intended to help you develop cessation support in your country.

It is recommended that you conduct the analysis in partnership with all key stakeholders in the country – including cessation specialists and leaders in the country, and that you consider using an independent expert (as recommended above) to collate and summarise the results. The expert could also present a summary with preliminary suggestions for next steps (either as a written report or at a meeting). Collaborative working, involving all key stakeholders inside and outside government, is recommended by the FCTC and by the Article 14 guidelines. The use of an external consultant may help facilitate discussion and decision making between interested parties within the country.

### **Treatment guidelines**

Depending on your analysis, one of the things you may wish to do is produce national cessation guidelines, if you don't have them. Guidance on these is contained in two accompanying documents: **Guidance on developing national tobacco cessation guidelines** (short version: National Guidelines Guidance or **NGG**) and the **Effectiveness and Affordability Review (EAR)** (full title "Interventions to promote tobacco cessation: a review of effectiveness and affordability for use in national guideline development").

The **EAR** summarises in a concise format the evidence for tobacco cessation support, with estimates of affordability. It is designed to be used as the evidence base for national guidelines, and to help choose what interventions to prioritise with the resources available. This should speed up the process of guidelines development, help keep them short and focused on what needs to be done, and help keep them affordable by removing the necessity of re-reviewing the evidence. The **EAR** includes a calculator into which you can input country data, in order to calculate the cost effectiveness and affordability of an intervention in your country.

These tools are freely available for anyone to use. However they will periodically be updated and improved, in the light of our experience working with them, and so we recommend that you occasionally check for the latest versions with us and /or on [www.treatobacco.net](http://www.treatobacco.net), where they will be posted.

### **Origin, authorship and funding**

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These documents have been produced working in close association with Hayden McRobbie, Robert West and Ann McNeill, all of whom are members of the UK Centre for Tobacco Control Studies, and authors of the Effectiveness and Affordability Review.

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### **Resources**

1. FCTC: <http://whqlibdoc.who.int/publications/2003/9241591013.pdf>
2. FCTC Article 14 Guidelines: <http://www.who.int/fctc/Guidelines.pdf>
3. Article 14 Guidelines reference material: <http://www.who.int/fctc/A14reference.pdf>
4. National treatment guidelines: [www.treatobacco.net](http://www.treatobacco.net)
5. West R, Raw M, McNeill A, Stead L, Aveyard P, Britton J, Stapleton J, McRobbie H, Pokhrel S, Borland R. Healthcare interventions to promote and assist tobacco cessation: a review of efficacy, effectiveness and affordability for use in national guideline development.
6. Stapleton JA, West R. A direct method and ICER tables for the cost-effectiveness of smoking cessation interventions in general populations: applications to a new cytisine trial and other examples. *Nicotine and Tobacco research* 2011;14:463-471.

### **Basic data: Q1–3**

Note: paragraph (para) numbers refer to the FCTC Article 14 guidelines.

**Q3** will reflect the policies you have implemented driving people to want to stop, including policies on price and taxation, smokefree public places, health warnings, education campaigns, and advertising bans. You may want to establish the level of demand for cessation support before deciding what kinds of interventions to offer, or how much support to offer.

### **Status of tobacco control policies and their impact: Q4–8**

**It is suggested that you read these explanatory notes before you answer questions 4 to 8.**

Refer to the FCTC for details of what these Articles recommend. In general these FCTC Articles refer not just to *having* such policies but to having policies which are implemented

and effective (eg. "each Party shall adopt and implement effective - - - measures - - -").

The Article 14 guidelines recommend:

Para 58: "Parties that have not already done so should implement measures to promote tobacco cessation and increase demand for tobacco dependence treatment contained in other articles of the WHO FCTC, including but not limited to 6, 8, 11, 12 and 13."

Para 8 (implement tobacco dependence treatment measures synergistically with other tobacco control measures): "The promotion of tobacco cessation and treatment of tobacco dependence are key components of a comprehensive, integrated tobacco control programme. Support for tobacco users in their cessation efforts and successful treatment of their tobacco dependence will reinforce other tobacco control policies, by increasing social support for them and increasing their acceptability. Implementing cessation and treatment measures in conjunction with population level interventions covered by other articles of the WHO FCTC, will have a synergistic effect and thus maximize their impact."

Paras 44 and 54 (implement population approaches that drive demand for support first): "Mass communication and education programmes are essential for encouraging tobacco cessation, promoting support for tobacco cessation, and encouraging tobacco users to draw on this support. These programmes can include both unpaid and paid media placements."

The guidelines also note however that even low levels of demand for support, in percentage terms, might mean high numbers of people needing support if absolute numbers are high, as they are in China and India for example.

### **Status of tobacco control policies and their impact: suggestions for next steps**

#### **Implement measures that promote cessation attempts and create demand for cessation support as a priority if you haven't already done so**

Getting healthcare workers to routinely raise the issue and give brief advice could be considered such a measure.

#### **If you have no data on demand for cessation support, investigate how you might estimate such demand**

International surveys like GATS ([www.who.int/tobacco/surveillance/gats/en](http://www.who.int/tobacco/surveillance/gats/en)) and ITC ([www.itcproject.org](http://www.itcproject.org)) measure demand for cessation support.

#### **If demand for cessation support is low, you might consider starting with forms of support that are broad reach and low cost (see on).**

#### **However recording tobacco use in medical (and other) notes and giving brief advice, should be routine practice in all healthcare systems and should be prioritised.**

WHO's Report on the Global Tobacco Epidemic (2008) (MPOWER) ([www.who.int/tobacco/mpower/2008/en/index.html](http://www.who.int/tobacco/mpower/2008/en/index.html)) recommends that "three types of treatment should be included in any tobacco prevention effort: (i) tobacco cessation advice incorporated into primary health-care services; (ii) easily accessible and free quitlines; and (iii) access to low-cost pharmacological therapy."

See on for suggestions on broad reach low cost interventions, and see also the **EAR**.

### **Infrastructure: Q9–12**

**Q9** Paragraphs 26, 27 and 60 of the Article 14 guidelines recommend that Parties "Address tobacco use by healthcare workers and others involved in tobacco cessation" including offering them help to stop. Prevalence of tobacco use in healthcare workers is very high in some countries; it may be difficult to engage them in helping tobacco users stop if they themselves use tobacco, and they will probably have low credibility on the issue.

**Q10** The Article 14 guidelines urge Parties to "Use existing systems and resources to ensure the greatest possible access to services" and state (para 36) that "Parties should consider using existing infrastructure that would provide the greatest possible access for tobacco users, including but not limited to primary healthcare and other services such as those providing treatment for tuberculosis and HIV/AIDS." Although the guidelines envisage healthcare workers and the healthcare system taking a leading role in providing cessation support there will be countries where non-healthcare workers (para 30) can make an important contribution.

**Q11** There is evidence that text messaging can be effective (see **EAR**), and increasing research on web based approaches. Because of widespread cellphone ownership in many countries text messaging especially could offer a very broad reach and low cost intervention.

**Q12** The FCTC and the Article 14 guidelines repeatedly stress that with limited resources it is essential to work in partnership with whomever can help achieve your collective goals (but with the process protected from vested interests (para 14)):

Para 13: "The active participation of and partnership with civil society, as specified in the Preamble and in Article 4.7 of the WHO FCTC, are essential to the effective implementation of these guidelines." Para 15: "Sharing of experience and collaboration with each other will greatly enhance Parties' abilities to implement these guidelines." Para 38: "It is essential that governmental and nongovernmental organizations work in partnership, in accordance with the spirit of the underlying considerations of these guidelines, in order to make rapid progress in implementing the provisions of Article 14 of the WHO FCTC".

### **Infrastructure: suggestions for next steps**

List services, institutions, organisations and resources (healthcare and other) that can help develop cessation support (and may already be doing so); reach out to them, work together.

Consider low cost broad reach approaches, including brief advice and quitlines (see on). If you have good telephone coverage you might consider a quitline and text messaging to be priorities (see **EAR**).

If tobacco use is high in healthcare workers and/or students, plan how you are going to address the issue as a priority.

Work with national professional associations to raise the profile of tobacco use and cessation, in terms of their own professional standards and also training. For example, is it part of the professional code of the National Medical Association (and other health professional associations) not to smoke in front of patients?

### **Cessation support infrastructure: Q13–30**

**Q13** Para 21: "Ensure that the national coordinating mechanism or focal point facilitates the strengthening or creation of a programme to promote tobacco cessation and provide tobacco dependence treatment."

**Q14** Paras 39 & 40: "Establish a sustainable source of funding for cessation help" and make some suggestions of where this money might come from.

**Q15, Q16** The Article 14 guidelines recommend that the recording of tobacco use in medical notes should be mandatory (para 37). See also paras 25, 34, 45 and 60 which deal with systems components, including the systematic recording of tobacco use and routine giving of brief advice. Q16 implies the need for monitoring data; see Q19.

**Q17, Q18** Para 45: "Brief advice should be integrated into all health-care systems. All healthcare workers should be trained to ask about tobacco use, record it in the notes, give brief advice on stopping, and direct tobacco users to the most appropriate and effective treatment available locally". Para 59: "ensure that all tobacco users are identified and provided with at least brief advice." Brief advice should in principle very low cost.

**Q19** It is important to monitor performance; surveys suggest that even when it is mandatory for healthcare workers to give brief advice, as it is in some countries, it is not always done.

**Q20, Q21** Paras 28 to 33 of the guidelines stress the critical importance of training. Do you have sufficient training capacity?

**Q22** An official, national, written strategy is important. It sets priorities but is also an important statement of the importance of the issue, and thus as a tool for arguing for more resources.

**Q23** Para 23 recommends that Parties develop and disseminate tobacco dependence treatment guidelines which include a national cessation strategy and national treatment guidelines. The NGG (see page 2) offers guidance on developing national treatment guidelines.

**Q24** Para 47: "Tobacco users who need cessation support should, where resources allow, be offered intensive specialized support, delivered by specially trained practitioners". Such resources are relatively expensive however and unlikely to be an urgent priority in low and middle income countries that don't currently have them.

**Q25, Q26** Para 46: "All Parties should offer quitlines in which callers can receive advice from trained cessation specialists"; "ideally they should be free"; "include the quitline number on tobacco product packaging".

**Q27, Q28, Q29** The Article 14 guidelines repeatedly stress accessibility and affordability (hence the strategic focus in this analysis on basic infrastructure) and healthcare systems, especially primary care. If you have very little cessation support yet, and if you have finite resources, use this analysis to help consider how to provide support which is low cost and broad reach, including low cost medications (like cytisine).

**Q30** The last section of the Article 14 guidelines (paras 68 to 72) reminds Parties that international cooperation between Parties is a treaty obligation and recommends that Parties "should collaborate at the international level to ensure that they are able to implement the most effective measures for tobacco cessation, in accordance with the provisions of Articles

20, 21 and 22 of the WHO FCTC" including "strategies to develop and fund support for cessation of tobacco use, national treatment guidelines, training strategies, and data and reports from evaluation".

### **Cessation support infrastructure: suggestions for next steps**

If nobody has responsibility for cessation designate or appoint someone.

#### **Systems and training**

Making it mandatory to record tobacco use status in all medical and other notes would seem to be a pre-requisite (but not sufficient) condition before we can expect health professionals to routinely raise the issue and give brief advice. Check and ensure it is actually done; seek help with monitoring if necessary.

Helping healthcare workers stop using tobacco is also a priority if this is an issue in your country.

Establish the level and quality of training on tobacco control and cessation in your country, the local resources available for it – both financial and expertise – and potential sources of help from outside the country.

#### **National strategy and treatment guidelines**

If you have no official national cessation strategy, or guidelines, develop them (see **NGG**).

#### **Quitlines**

A quitline is relatively low cost (especially compared with clinics), cost effective and broad reach. Various resources exist to help countries plan them, including the WHO Quitline Manual. It is important how quitlines are set up; their effectiveness depends critically on setting them up optimally, according to the evidence base; see **EAR**.

#### **Working in partnership with other stakeholders**

It is recommended you work with all relevant stakeholders, taking care to protect the process against vested interests, and that you consider developing your strategy with the help of specialists, including at organisations that can help (including but not limited to The Union, WHO, WHO Regional Offices).

It is strongly recommended that you follow the FCTC Article 14 recommendations and follow a logical, stepwise process, starting with essential infrastructure, including systems that motivate quit attempts, prioritising wide access to support, include measures to promote cessation through other articles of the FCTC, and focus at least initially (depending on what stage you are at in providing cessation support) on broad reach, low cost interventions like brief advice, quitlines and low cost medications. Contact and work with other Parties and organisations that may be able to offer support.