ARTICLE 14 OF WHO FCTC: GAPS IN IMPLEMENTATION & RECOMMENDATIONS

RF-1234-4

Suzanne Tanya Nethan, Dhirendra N Sinha, Kumar Chandan, Ravi Mehrotra
Demand Reduction measures concerning Tobacco Cessation and Dependence

“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.”
METHODS

- MPOWER 2017
- Global Surveys with tobacco cessation-related indicators (GATS, GHPSS, GSPS)

Information on tobacco cessation support in WHO FCTC member Parties

- PubMed
- Google

Meta-analysis of global RCTs & cohort studies on smokeless tobacco cessation interventions
RESULTS

Availability of Tobacco Cessation Support

WHO Report on the Global Tobacco Epidemic 2017
(www.who.int/tobacco/global_report/2017/appendix_vi/en/)
Cost Coverage Of Tobacco Cessation Support

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

mCessation
➢ Tobacco cessation through mobile text messages
➢ A national, bilingual programme started in 2016 in India
➢ >12,000 registered users
➢ Quit rate (at the end of 1 year) – 7%
## Availability of National Toll-free Quitlines (NQL) and Nicotine Replacement Therapy (NRT)

<table>
<thead>
<tr>
<th></th>
<th>NQL (%)</th>
<th>NRT (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GLOBAL</strong></td>
<td>31</td>
<td>70</td>
</tr>
<tr>
<td><strong>BASED ON PARTY INCOME GROUP</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(High resource &gt; Low resource)</td>
<td>39</td>
<td>85</td>
</tr>
<tr>
<td><strong>BASED ON WHO REGION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Maximum: European region)</td>
<td>52</td>
<td>88</td>
</tr>
</tbody>
</table>
Results Of Systematic Review and Meta-analysis of Smokeless Tobacco (SLT) Cessation Intervention Trials -

➢ 35 RCTs and cohort studies, with at least 6 months follow-up, performed in USA (31), Scandinavia (2), India (2).

➢ SLT cessation interventions showing highest efficacy:
  - **Behavioural interventions alone**, RR 1.50 (1.25, 1.76) >
  - Nicotine lozenge, RR 1.36 (1.19, 1.52) >
  - Varenicline, RR 1.34 (1.04, 1.64)

➢ *Cochrane Review (2012):*
  - Behavioural interventions for SLT cessation - RR: 1.70 [1.36, 2.11]
  - for smoking cessation - RR: 1.74 [1.33, 2.27]

*Carr AB, Ebbert J. Interventions for tobacco cessation in the dental setting. Cochrane Database of Systematic Reviews 2012, 6:1-38.*
Tobacco Users advised to quit by health care provider in past 12 Months (Global Adult Tobacco Survey - GATS)

Global Health Professions Student Surveys (GHPSS), Global School Personnel Survey (GSPS) - lack of formal training among healthcare professional students and school teachers, respectively.
CONCLUSION

➢ Sensitisation of health care providers on smokeless tobacco (SLT) cessation.

➢ Establishment of quit-lines upto the grass root level.

➢ Inclusion of SLT in comprehensive tobacco control strategy.