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World Health Organization
Regional Office for South-East Asia

Effective Implementation of the WHO Framework Convention on Tobacco Control through the MPOWER Policy Package

Tobacco Cessation Services in the South-East Asia Region

Every year, 1.2 million people in the South-East Asia Region die from tobacco-related illnesses

Introduction

One of the key detrimental effects of tobacco use is the addictive nature of nicotine, a key ingredient in tobacco products. Tobacco users are dependent on and addicted to it. According to research findings, tobacco users who are aware of the harmful effects of tobacco use are more likely to want to quit. However, only a few get the help they need to successfully quit this dangerous habit.

In order to help tobacco users to quit smoking, WHO recommends that Member countries establish programmes that provide low-cost, effective interventions for those who want to give up the habit. Health-care systems hold the primary responsibility for treating tobacco dependence. Along with it, community groups, non-health-care service-providers and community leaders can greatly contribute to increase cessation rates and success in efforts to reduce tobacco prevalence.

The *WHO Report on the Global Tobacco Epidemic, 2008: The MPOWER Package* recommends a six-point strategy to strengthen the implementation of the WHO Framework Convention on Tobacco Control. One of these six policies is "Offer help to quit tobacco use".

Tobacco cessation interventions include various methods which have differing cost efficiency levels and different degrees of impact on individual tobacco users. They should be adapted to individuals, local conditions and cultures. Three types of interventions can be considered:

(i) Tobacco cessation advice incorporated into primary health-care services;

(ii) Easily accessible and free quit helplines; and,

(iii) Access to low-cost pharmacological therapy.

Integrating tobacco cessation into primary health-care is inexpensive and provides the health-care system with repeated opportunities to warn tobacco users about the harmful effects and devastating consequences of tobacco. Advice from health-care practitioners can greatly enhance quit rates. In countries where an extensive network of primary health care is not available, tobacco cessation needs to be integrated into any easily accessible health-care facilities or community resources, which include any type of widely available health-care services, community groups, non-health-care service-providers and/or community leaders. The main expenditure of the government in this type of intervention is in providing basic training for health-care workers or community groups on cessation counselling and in developing information material for tobacco users.

Basic facts about tobacco cessation

- Among all smokers who are aware of the dangers of tobacco, three out of four want to quit.
- Of daily smokers who try to quit unaided, 90-95% will relapse.
- Quit rates increase when counselling is delivered by a variety of health workers. Pharmacological therapy has shown to double quit rates.
- The combination of pharmacological treatment and counselling services will further increase the rate of successful cessation.

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The establishment of quit helplines is also an effective intervention, especially if they have well-trained staff, are accessible to a country's entire population through toll-free phone numbers, and are tailored to the specific requirements of different population segments. Quit helplines are inexpensive to operate, provide confidentiality, can be available for long hours and can be extended to the Internet and provide instant support material and links to other services. Quit helplines can also help introduce users to other tobacco-dependence treatments such as counselling and nicotine replacement therapy. Although quit helplines are not currently popular in the South-East Asia Region, India and Thailand are in the process of introducing national helplines.

The other effective intervention for tobacco cessation is pharmacological treatment such as nicotine replacement therapy (NRT) in the form of patches, lozenges, gum and nasal sprays, and prescription medications such as bupropion and varenicline. Of these only NRT is widely available over the counter.

Tobacco cessation services in the South-East Asia Region

Of the 5.4 million tobacco-related deaths globally each year, 1.2 million occur in the South-East Asia Region. Tobacco consumption and production in the Region is high. Besides the challenges associated with the production of tobacco products, the challenges to overcome tobacco use are also colossal on account of the vast variety of tobacco products and their low prices, which make them easily accessible to the poor and the young consumer. Current male smoking rates vary from 30.6% to 58.6%. Smoking prevalence among females is less than 5% in most Member States except for Maldives (11.6%), Myanmar (13.6%) and Nepal (26.4%). Cessation services are required to address the needs of all smokers and smokeless tobacco users.

Countries in the Region are committed to tobacco control. Ten out of 11 Member countries are also party to the WHO Framework Convention. A number of countries have tobacco control legislations in place and others have started to implement the most suitably effective measures in the area of tobacco control. Countries have also started to undertake measures in the area of tobacco cessation; however, only a few have established systems in a limited way.

Bangladesh, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka and Thailand have established tobacco cessation clinics in some of their health-care facilities and hospitals. In addition, Bangladesh, India, Indonesia, Maldives, Myanmar and Thailand have some cessation services at the community level. In Sri Lanka and Thailand the health insurance or the national health service covers the cost of this support entirely or partially.

Prevalence of tobacco use

- Current levels of smoking in boys of the age-group of 13-15 years varies from 1.6% to 50.6% in the South-East Asia Region.
- Current smoking prevalence among 13-15 year-old girls varies from 0.9% to 17.3%.
- Prevalence of use of tobacco products other than cigarettes among 13-15 year-old boys ranges from 0.4% to 29%.
- Prevalence of use of tobacco products other than cigarettes among 13-15 year-old girls varies from 2.4% to 20.2%.
- Nearly 70% students who smoke want to quit.
- 70% teachers do not have access to teaching and learning materials on tobacco control.
- 80% teachers do not receive training in tobacco control.
- 70% of health students who smoke want to quit.
- More than 90% health professions students understand that their prime responsibility is to help patients quit tobacco use.
- Most doctors want to be trained in tobacco cessation techniques.

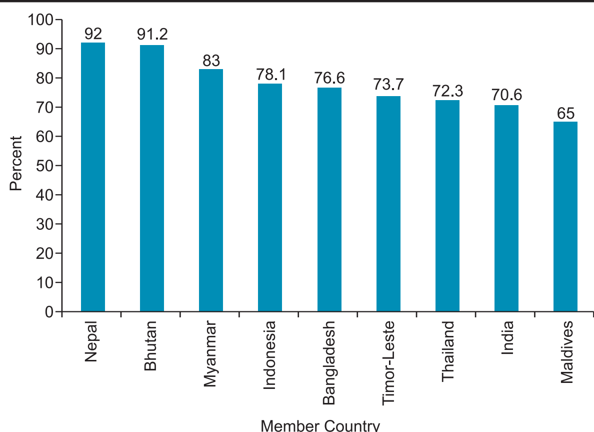
Source: *Global Youth Tobacco Survey (GYTS) 2006-2007, Global School Personnel Survey (GSPS) 2007, Global Health Professions Students Survey (GHPSS) 2007, and Global Medical Doctors Pilot Survey (GMDS) 2003.*

In the Region, nicotine replacement therapy (NRT) is available over-the-counter only in India and Thailand. Pharmacotherapy (Bupropion) is available with a physician's prescription in India, Myanmar, Sri Lanka and Thailand.

There is limited data on cessation rates in Member countries of the Region. However, findings from the Global Youth Tobacco Survey (GYTS is the survey of students aged 13-15 years with two stage cluster sampling design) and the Global Health Professions Student Survey (GHPSS is the survey of third year health professional students—medical, dental ,nursing and pharmacy) suggest that seven out of every ten smokers wish to quit but do not find optimum cessation support for the same. Teachers hold an advantageous position in supporting students who want to quit. However, the Global School Personnel Survey (GSPS is the survey of school teachers and administrators in schools selected for GYTS) found that seven of ten teachers do not have access to teaching and learning materials on tobacco control and eight out of ten teachers do not receive training in tobacco control.

According to GHPSS findings almost all health students understand that health professionals have a significant role in providing advice or information about smoking cessation to patients and they want formal

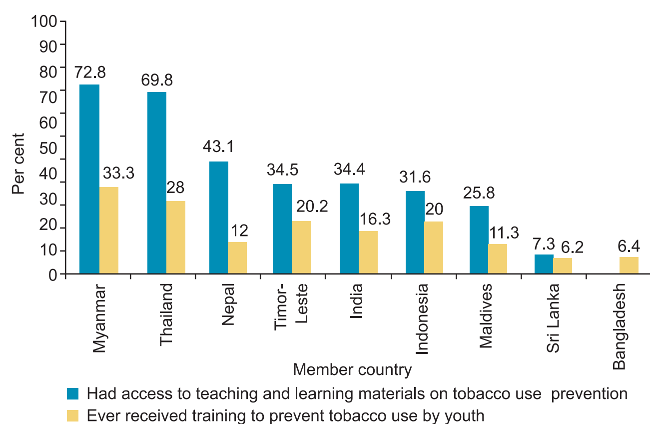
Figure 1: Per cent of current smokers (students aged 13-15 years) who want to quit now in selected Member countries in South-East Asia Region



Source: GYTS 2006-07

training on cessation. Four out of every five students, however, have not been provided formal training on cessation. This finding brings out the great necessity of providing cessation training to future health-care providers and the respective governments should include tobacco cessation in the curriculum of all health courses. Some Member countries have taken an initiative in this regard.

Figure 2: Access to teaching material and training on tobacco prevention for school personnel in selected Member countries in South-East Asia Region



Source: GSPS 2006-2007

Integrating TB and tobacco control using the Practical Approach to Lung Health (PAL): the experience in Nepal

The association between tobacco use and tuberculosis (TB) outcomes have long been suspected. Recent studies have provided evidence for causal association between active and passive smoking and a range of TB outcomes. However, this association has not been recognized by policy-makers and health system personnel until recently.

In order to address this issue, the WHO Tobacco Free Initiative (TFI) and WHO Stop TB (STB) – in collaboration with the International Union Against Tuberculosis and Lung Diseases (The Union) – resolved in 2004 to integrate tuberculosis and tobacco control activities within district-level health systems. The new Stop TB strategy recognizes that prevention of potent risk factors, including smoking, has a tremendous impact on TB control. It has, therefore, introduced the Practical Approach to Lung Health (PAL) as a component for health systems strengthening. PAL is a syndromic management of patients attending primary health-care services for the treatment of respiratory symptoms.

The implementation of PAL is seen as an opportunity for tobacco control because of the possibility to implement tobacco counselling and cessation activities among smokers with TB, asthma, acute respiratory infections (ARI) and chronic obstructive pulmonary disease (COPD). It also allows for the introduction of primary health-care facilities to operate as smoke-free environments; offers the opportunity to provide encouragement and help to overcome the tobacco addiction; and has the possibility to raise awareness

A PAL training activity session

levels among smokers and non-smokers on the consequences of exposure to second-hand smoke as well as the opportunity to provide training and support to health staff and managers for smoking cessation treatments. In addition, tobacco control efforts are more likely to be bolstered when incorporated into existing national-, state- and district-level health structures linked with current positions and accountability processes.

A PAL pilot project was carried out in Nepal between mid-2007 and mid-2008 under the initiative of the WHO Tobacco Free Initiative and WHO Stop TB. This followed a pilot study in Nawalparasi district of Nepal in July 2002 to explore the feasibility and effectiveness of PAL. To support the pilot project in 2007, a National Working Group (NWG) on PAL for the organization and preparation of the implementation plan (workplan) was set up, and PAL guidelines and training materials were

revised and adapted. Bhaktapur and Nawalparasi districts were selected for the pilot project.

As part of the project, 146 health staff were trained from 25 health facilities (district health offices, hospitals, primary health-care centres and health posts of the pilot districts, including the National Tuberculosis Centre). Peak flow metres, PAL reporting forms, OPD registers and smoking cessation recording registers were distributed to all pilot sites.

Implementation of PAL at primary health-care centres

As a result of the project, an increased and improved diagnosis, management recording and reporting of respiratory cases was observed at all the health facility levels. An increase in regular recording of smoking status at most primary health-care centres and the initiation of the process of smoking cessation counselling and documentation of all respiratory cases were also part of the beneficial consequences.

The pilot project on TB and tobacco control through PAL in Nepal revealed the importance of this strategy for the integration of tobacco cessation activities at health-care centres. A phase-wise expansion of the project to five districts of Nepal has been planned.

PAL implementation in Nepal

Tobacco cessation services in select Member countries of the SEA Region

Tobacco cessation services in Bangladesh

In the National Strategic Plan of Action for Tobacco Control 2007-2010 the Ministry of Health and Family Welfare (MoH&FW) emphasized the need for promotion of cessation of tobacco use and adequate treatment for tobacco dependency. Accordingly efforts are being made to establish tobacco cessation clinics at health facilities and at the community level, both in urban and rural settings. WHO Country Office in Bangladesh is supporting such initiatives.

Community Cessation Programme by ECOH, Motlob-North, Bangladesh

Several NGOs such as the Ekhlaspur Centre of Health (ECOH) and Bangladesh Integrated Community Development (BICD) have established tobacco cessation programmes both at the clinic and community levels. In addition to the clinic-based smoking cessation activity, health assistants also visit neighbourhoods every week and provide consultation to community people on health promotion including tobacco cessation. A report submitted to WHO by BICD revealed an encouraging rate of quitting, especially among women. After 18 months about 25% of the women tobacco users in the community and 47% of all registered patients attending the clinic had stopped using any type of tobacco

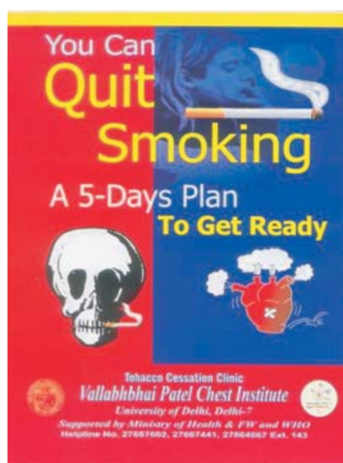
Community Cessation Programme by ECOH, Motlob-North, Bangladesh

product. BICD is also establishing a smoking cessation programme at the government-owned Chest Diseases Hospital at Rajshahi with support from WHO.

The Dhaka Ahsania Mission conducts training for NGO workers on smoking cessation with support from WHO. They have also developed a training manual on tobacco cessation keeping local perspectives in mind. The manual will be used to train health workers on tobacco cessation.

Tobacco cessation services in India

In India, it is estimated that nearly one million deaths occur due to tobacco use every year. Since 2001, the Ministry of Health and Family Welfare (MoH&FW) has, with support from WHO, established 19 tobacco cessation centres (TCCs) in 17 states across the country in diverse settings such as cancer treatment hospitals, psychiatric hospitals, medical colleges and NGOs to help users quit the tobacco addiction. The 2007 five-year National Tobacco Control Programme proposed to set up additional cessation centres in 450 districts.

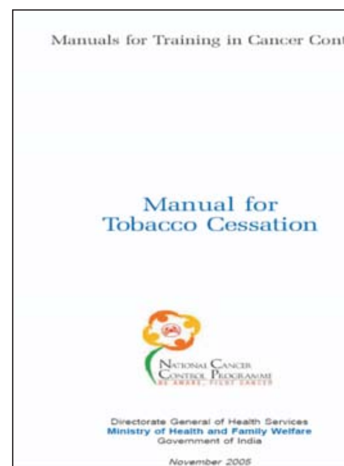


Posters used by tobacco cessation centres to motivate tobacco users to quit

Tobacco cessation services in India are provided through various tools such as behavioural counselling, pharmacotherapy and a combination therapy after assessing the degree of nicotine dependence of the tobacco user. TCCs have developed and maintain a standardized client intake form, a standardized patient intake software called Tobacco Use & Problem Assessment Questionnaire (TUPAC); and a modified Fagerström Heatherton Test for Nicotine Dependence questionnaire that measures the nicotine dependence of smokeless tobacco users based on a scoring system. TCCs are providing tobacco cessation services at both the clinical and community levels and serve as tobacco control resource centres for each state by providing technical support, training and other services. TCCs have also developed outreach programmes for the community and many of them are regularly conducting awareness programmes in schools, colleges, slums and workplaces.

Tobacco cessation rally

In addition, the MoH&FW has developed and disseminated a *Manual for Tobacco Cessation*; a brief intervention in tobacco cessation titled *A Physician's Manual*; a module for behavioural counselling for tobacco users; self-help tips for tobacco cessation; and anti tobacco posters and film and radio spots. Manuals and IEC material produced in Bangalore, Chennai and Mumbai are available on the Internet.



Manual for tobacco cessation, MoH&FW

The MoH&FW has also developed, in collaboration with the WHO Country Office for India, a *Manual for Dental Practitioners* and a *Manual for Medical Students* on tobacco cessation.

Smoking cessation services in Thailand 2009

Smoking cessation in Thailand has four components: health-care settings with cessation services, pharmacotherapy, interventions of the Thai Health Professional Alliance Against Tobacco, and the helpline.

In 2003 the Department of Disease Control revealed that there were 430 health-care settings, both governmental and private, which provided smoking cessation services. However, other sources showed that there were 1120 smoking cessation clinics, 127 in

Bangkok and 993 in other provinces. Most cessation clinics in the Department of Disease Control's list follow the five 'A's' about smoking cessation services: (1) Ask about smoking habits, (2) Advise, (3) Assess readiness, (4) Assist, and (5) Arrange follow-up. Cessation is promoted through multidisciplinary teams and through the use of both the mass media and individual or group communication sessions.

Pharmacological treatment used for smoking cessation include NRT in the form of nicotine chewing gum or polacrilex, and the nicotine patch, both of which are restricted for sale only under a pharmacist's supervision; non-nicotine tablets such as Bupropion HCL (Amfebutamone) and Nortriptyline. The latter being in the "Primary Drug List" persons covered by the general governmental health insurance can obtain it free of charge.

The Thai Health Professional Alliance Against Tobacco network was established in 2004 and consists of eight health-related professionals. During the past three years the network has been actively implementing smoking cessation activities for several specific target groups of populations.

Helplines have so far been provided by NGOs with limited manpower such as the Smoke-free Foundation and the Thanyarak Narcotic Hospital. In addition, the Ministry of Public Health integrated the smoking cessation helpline with the hotlines for other drug addictions, which pursue different tactics and techniques in dispensing cessation advice. For this reason, the Thai Health Promotion Foundation, National Health Security Office, Health Profession Network for Tobacco Control and the Ministry of Public Health recently developed a national smoking cessation services network and set up a National Quit Line (1600) to bolster the country's tobacco cessation services. The telephone number of this helpline will be printed on cigarette package labels as well. In order to support this effort, a Working Group on Tobacco Cessation Planning has been established under the National Tobacco Control Policy and Plan Development Committee, and tobacco cessation promotion has been considered as one key strategy in the current National Tobacco Control Policy and Plan.

The Thai Health Promotion Foundation, in coordination with the Nurses Association of Thailand, Thailand Nursing School and the Faculty of Nursing at Mahidol University, organized a tobacco cessation programme for surgical patients that was administered and managed by nurses. The programme revealed that six months after a surgical procedure 61.5% of surgical patients who received tobacco cessation counselling continued to stay off tobacco.

The way forward

The realm of tobacco cessation has yet to be strengthened conspicuously across the SEA Region. Member countries provide cessation services only in some health-care facilities and some hospitals. Similarly, a few Member countries have pharmacological treatment available. Moreover, both pharmacotherapy and counselling are usually not covered by the national health insurance umbrella and only two countries have initiated the process of putting national helplines in place.

During the Regional Workshop on the MPOWER Policy Package for Strengthening Tobacco Control Efforts held in Dhaka in April 2009 delegates from Member countries of the WHO SEA Region held discussions on tobacco cessation and agreed on certain basic strategies that could be followed at the country level. The participants recommended that countries should establish comprehensive and easily accessible cessation services through primary health-care settings and community-based interventions, as well as through other appropriate settings, and provide necessary training to health workers on tobacco cessation. They also suggested measures for strengthening counselling services at different levels of the health system, stressed the need to establish intersectoral coordination mechanisms, and to assess the feasibility of making available pharmacotherapy options—including options to ensure its coverage under the national health insurance systems—to help smokers quit the habit.

It was also pointed out that activities such as the development of training modules and materials on cessation, the development of standard operating procedures, integration of tobacco cessation services in other health programmes such as TB, HIV, reproductive health, substance abuse, noncommunicable diseases, and in programmes/ activities of educational institutions, professional organizations or community organizations should be seriously considered.

The Regional Office for South-East Asia has developed a *Manual for Clinics and Community-Based Interventions for Prevention and Cessation of Tobacco Use* and a *Manual on Tobacco Control in Schools* to support Member countries in their unrelenting efforts at tobacco cessation. In addition, the Regional Office organized a training workshop on tobacco cessation for health workers in Mumbai from 30 June to 4 July 2006 in coordination with Healis - Sekhsaria Institute for Public Health. The work in this area is expected to be reinforced in future.

Moreover, the experience of TB and tobacco through PAL in Nepal is being disseminated to other countries

of the Region. The Regional Office will strengthen the tobacco cessation services under the MPOWER package in 2009 and beyond. Training modules for tobacco cessation would be developed for training of health workers for tobacco cessation services. The Regional Office will continue to support national-level training workshops for health workers in tobacco cessation where these modules would be used.

The Regional Office will also continue to focus its work in the integration of tobacco control elements in the TB control programme through PAL. One of the important aspects of this focus on tobacco cessation would be the integration of these services into the primary health-care settings and with community-based initiatives.

Two forms of nicotine replacement therapy chosen as part of the corpus of WHO "Essential Medicines"

Two forms of nicotine replacement therapy (NRT)—transdermal patches and chewing gum—to help people quit their addiction to tobacco have been placed on the 16th World Health Organization Model List of Essential Medicines, at the recommendation of the 17th Expert Committee on the Selection and Use of Essential Medicines which met in Geneva on 23-27 March 2009.

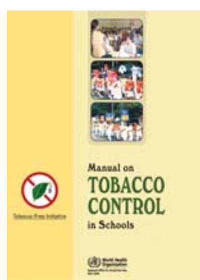
In making its recommendation, the Committee cited the public health need, the high-quality evidence of effectiveness, and the acceptable safety and cost-effectiveness of the two therapies.

It is expected that the inclusion of the therapies would advance discussions on the development of guidelines for the implementation of Article 14 of the WHO Framework Convention on Tobacco Control. The international treaty requires its 165 (as of today) Parties to develop programmes to reduce tobacco addiction. It is also expected that the inclusion of the therapies would promote improved access to NRT in developing countries.

Upcoming events on tobacco cessation in 2009

- Regional Training of Trainers for Health-Care Providers on Tobacco Cessation, 26-27 November 2009, Bangkok, Thailand
- National workshops on the MPOWER Policy Package

Useful WHO SEARO Publications on tobacco cessation



Manual on Tobacco Control in Schools:

Can be accessed through:
http://www.searo.who.int/en/Section1174/Section2469/Section2477.htm

Prevention and Cessation of Tobacco Use: A Manual for Clinics and Community Based Interventions

Can be accessed through:
http://www.searo.who.int/LinkFiles/Publications_and_Documents_manual_clinics.pdf

WHO Framework Convention on Tobacco Control

Article 14. Demand reduction measures concerning tobacco dependence and cessation

1. 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.

2. Towards this end, each Party shall 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, counseling, 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. Such products and their constituents may include medicines, products used to administer medicines and diagnostics when appropriate.

Decision of the Conference of Parties on Article 14 of the Framework Convention

The third session of the Conference of Parties to the WHO Framework Convention held in 2008 in Durban, South-Africa established a working group on Article 14 of the Framework Convention (Demand reduction measures concerning tobacco dependence and cessation) and requested the group to submit a progress report on the work of the same and, if possible, to draft guidelines for consideration of the Conference at its fourth session to be held in Uruguay in the last quarter of 2010.

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