



Recommendations towards the Tobacco Endgame from international workshop on smoking cessation interventions

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On December 14 and 15, 2016, an international multidisciplinary panel met in Copenhagen for an international workshop on the process towards the Tobacco Endgame.

About the Workshop

The workshop was held at Clinical Health Promotion Centre, WHO-CC, Frederiksberg Hospital, Denmark.

Affiliation of workshop participants:

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The Tobacco Endgame

The WHO Framework Convention for Tobacco Control (WHO FCTC) is an evidence-based treaty which reaffirms the right of all people to the highest standard of health¹ through both preventing new smokers to start and supporting current smokers to quit. The WHO FCTC has been ratified by 180 countries including Sweden, Ireland, Spain and Denmark². The long-term goal of the treaty is to eliminate smoking and has inspired several countries and regions to formulate a strategy to phase out smoking by a specific year. For the same reason the process has earned the name the Tobacco Endgame (TE).

The scope and purpose of the workshop

The focus of the workshop was on supporting current smokers to quit through the best smoking cessation interventions (SCI) – with specific attention to vulnerable groups. The scope and purpose was a comparison of SCI on a national and local level to identify how countries and regions can collaborate internationally to ensure the quality of SCI and moving forward towards TE.

Recommendations - Tobacco Endgame requires effective SCI

No TE if smokers do not quit smoking
Databases are essential for measuring the effect of SCI i.e. quit rates.

Follow up of SCI

This is crucial and shows that compliance is the main factor for success.

Follow-up of unsuccessful quitting attempts can also be used as a recruitment tool for further efforts.

International standards

Monitoring using international standards makes comparisons between countries and regions doable.

Fast feedback

Giving quick meaningful responses to health professionals on the effect of their SCI is more pro-active than just controlling who is doing what. It also increases the will to register data and to faster improvement of SCI.

Vulnerable groups

It is crucial to include groups of smokers at very high risk and/or frequency:

- Pregnant women
- Surgical patients
- Mentally ill patients. Offering them SCI (often for the first time), protecting them and keeping in mind that also most mental patients want to quit.
- Other vulnerable and disadvantaged groups.

Establish a platform for counsellors

It is necessary to learn from each other. Counsellors are often working in very small groups or alone.

References

- (1) WHO Framework Convention on Tobacco Control (2005). World Health Organisation, Geneva. <http://apps.who.int/iris/bitstream/10665/42811/1/9241591013.pdf?ua=1>
- (2) WHO Framework Convention on Tobacco Control (2003). World Health Organisation, Geneva. https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtsg_no=IX-4&chapter=9&clang=en