



department of
**MENTAL HEALTH &
SUBSTANCE ABUSE**



UNIVERSITY OF GUAM
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Are you ready for cessation?

A conceptual framework for building cessation capacity

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health partners, i.l.c.
— promoting health, providing care —

How do we get tobacco users to quit?...the pressure is on....



FCTC

WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

Set of 9 voluntary global targets



WHO FCTC: Core Provisions

An evidence-based tool for tobacco control

Tobacco Free



Given resource and capacity challenges, how do we **prioritize**?
Where do we start re: MPOWER?

Objective

- Currently, > 85% of the world's population → no access to cessation services.
- Majority live in developing countries, many of which are WHO FCTC Parties.
- OBJECTIVE: To pilot test a systematic assessment process to assist tobacco control stakeholders in prioritizing cessation interventions based on a country's infrastructure and resources

Methodology

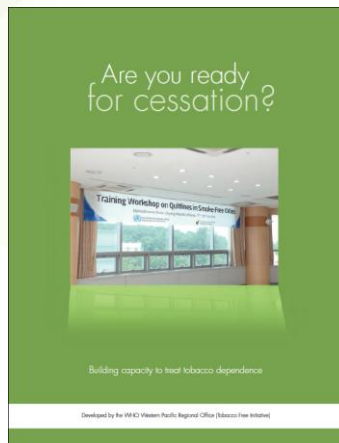
- WHO-WPRO TFI → simple planning tools/exercises
- Pilot-tested by 36 participants and faculty mentors from 14 LMICs, Quitline Workshop, Seoul, S. Korea (17-20 July 2012)
- Assessment questionnaire - (1) demographic information, (2) ease of use; (3) effectiveness in helping to systematically assess the cessation situation; (6) adaptability for local use; and (7) usefulness in guiding strategic thinking about cessation capacity building.

Assumptions

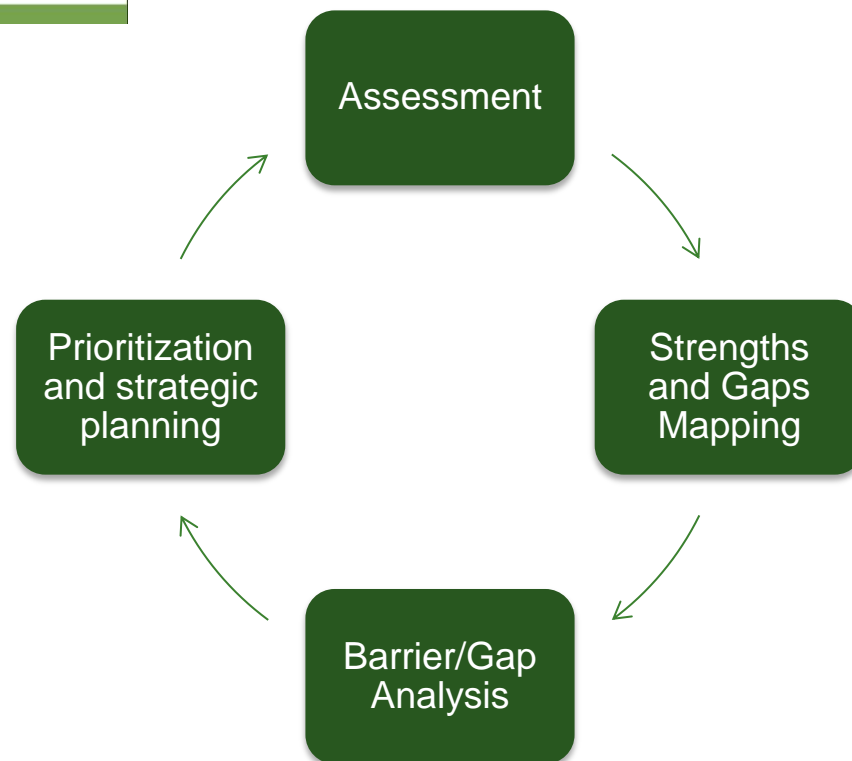
- Countries are at different stages of the tobacco epidemic → differential needs and priorities
- Countries are at different levels of readiness for cessation → differential capacity and infrastructure
- Cessation as a **population** intervention



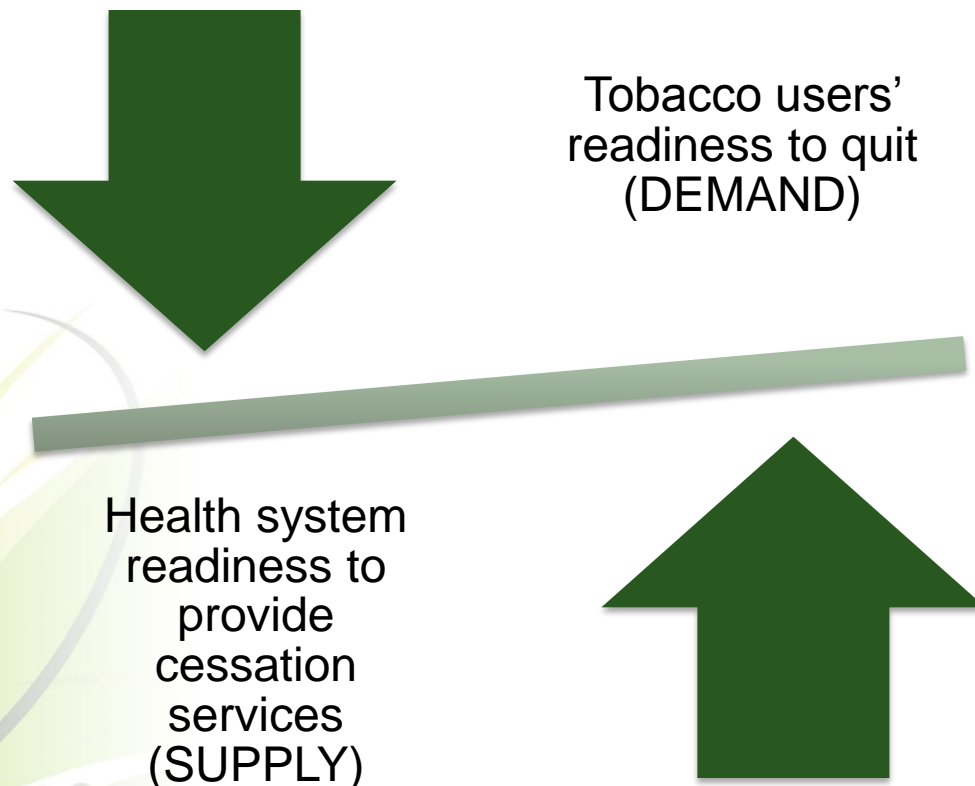
- Readiness for Cessation
- The Cessation Pyramid
- 5 Why's
- Action Plan



4 Exercises



2 Types of cessation readiness



Are you ready for cessation?

Health system readiness

- Health professionals capacity and readiness
- Cessation as a “valued” health service
- Integration into primary health care
- Referral network
- Resources for cessation delivery systems → f2f programs, quitline, text, etc.

Tobacco users’ readiness

Internal drivers:

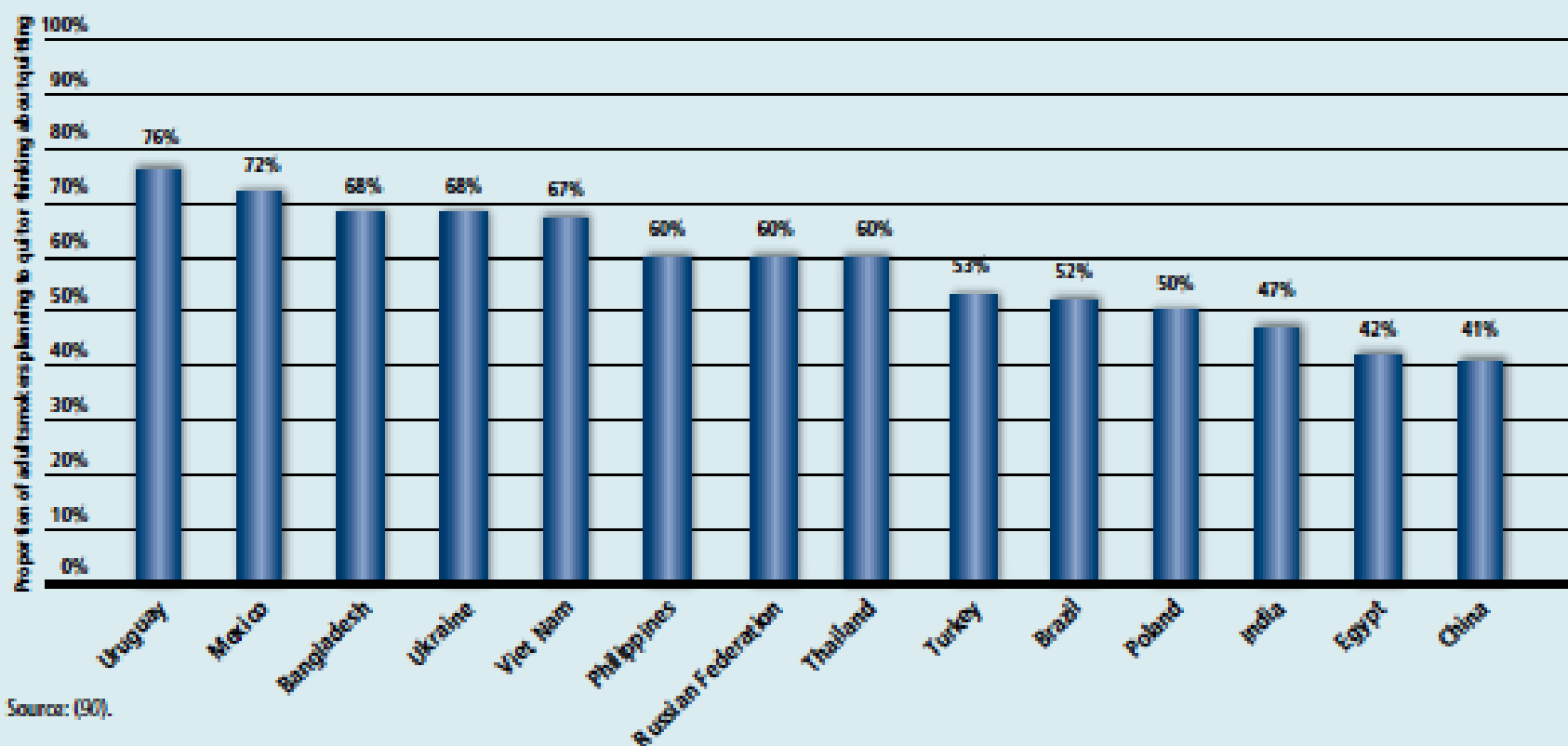
- Awareness of harm
- Physical health
- Convenience

External drivers:

- Smoke-free norms
- Cost
- Social pressure
- Stage of the epidemic

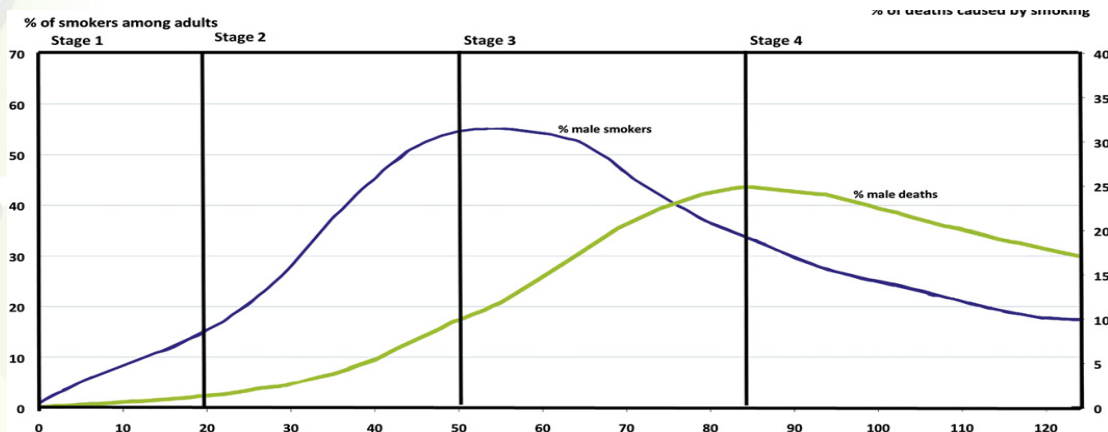
Who wants to quit?

ADULT SMOKERS PLANNING TO QUIT OR THINKING ABOUT QUITTING SMOKING
IN THE 14 COUNTRIES THAT COMPLETED GATS, 2008–2010

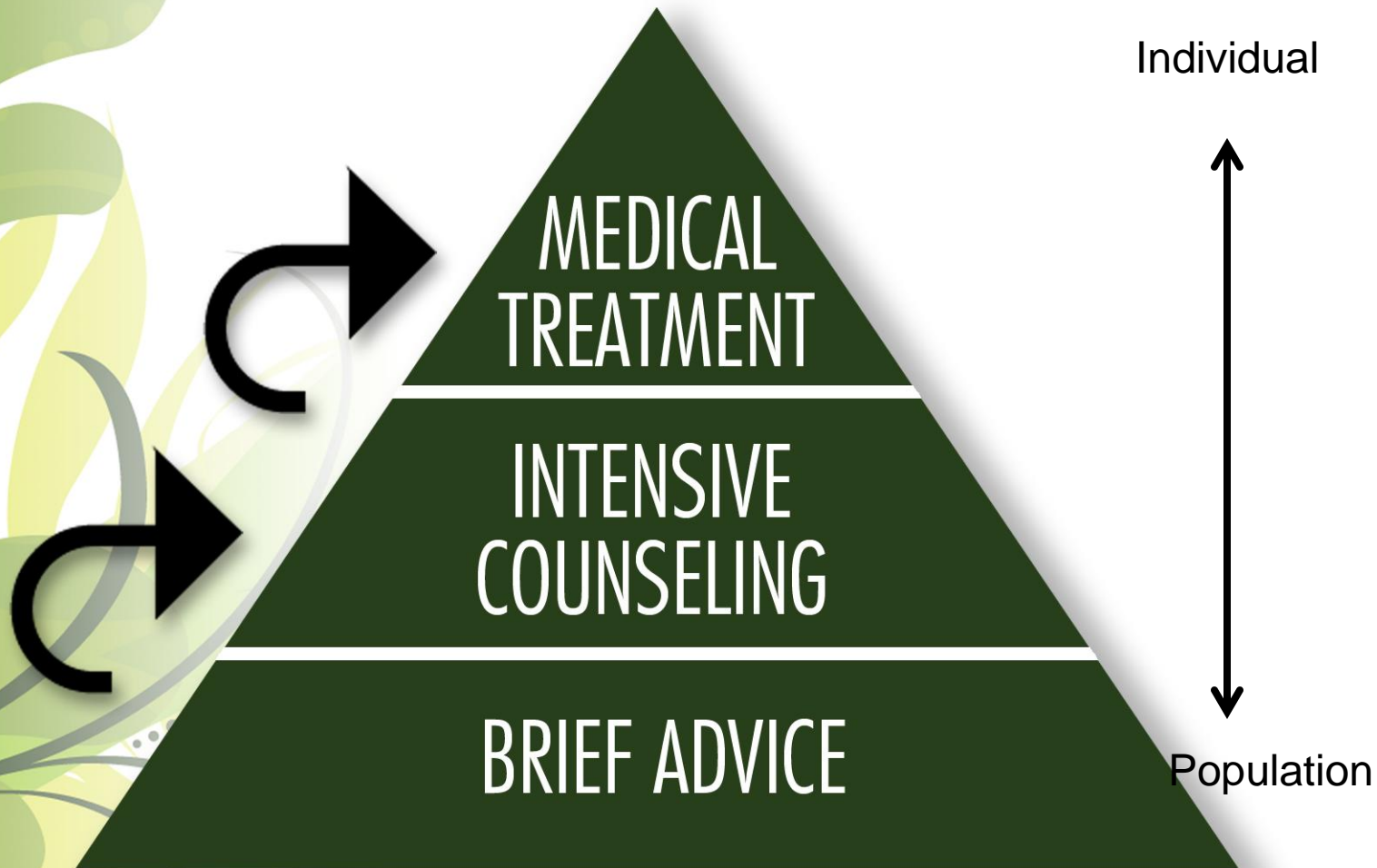


Ready for cessation?

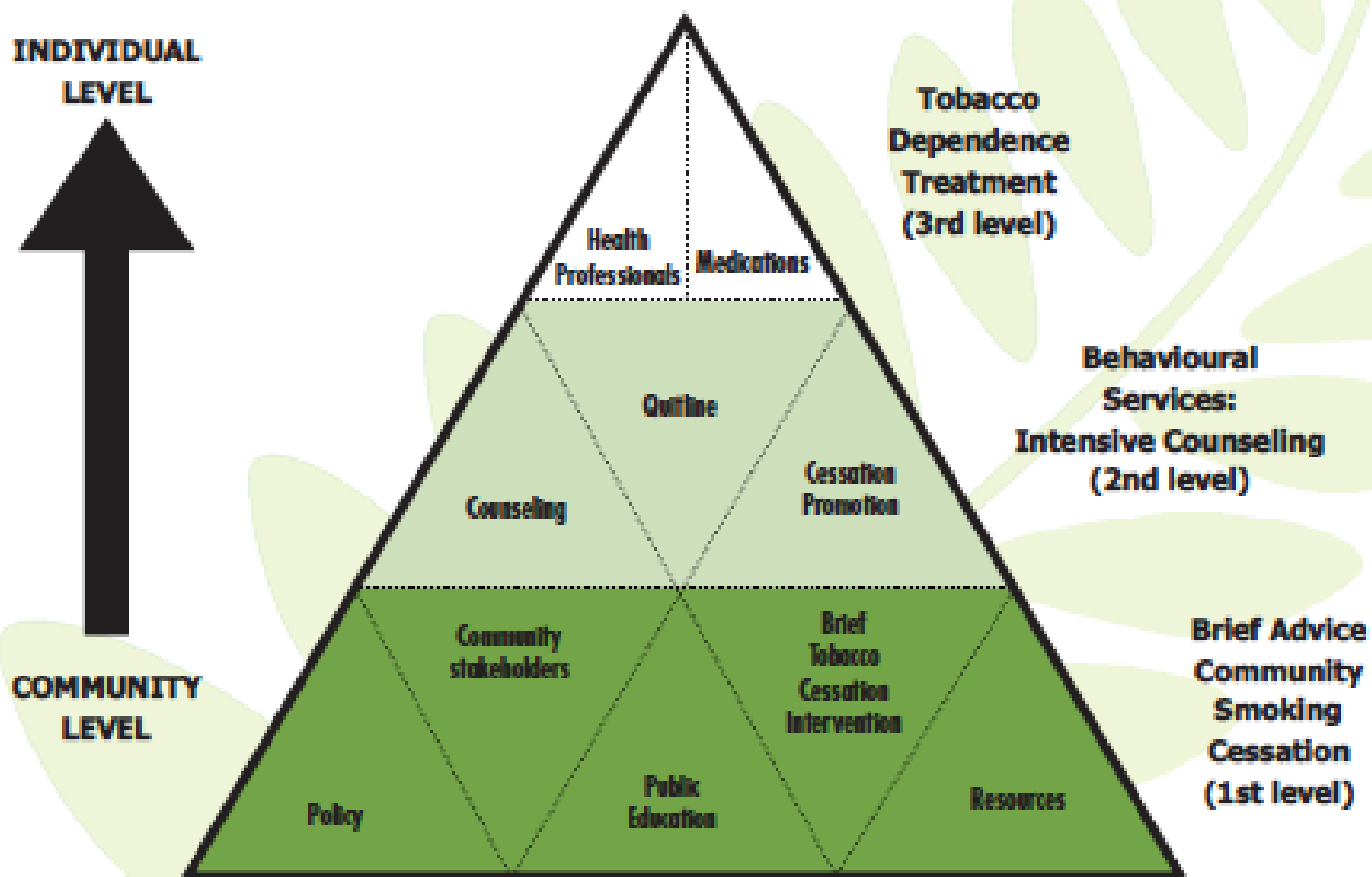
	Scenario 1	Scenario 2	Scenario 3	Scenario 4
Tobacco users	Not ready to quit	Ready to quit	Not ready to quit	Ready to quit
Health system	Not ready to provide cessation services	Not ready to provide cessation services	Ready to provide cessation services	Ready to provide cessation services



The Cessation Pyramid

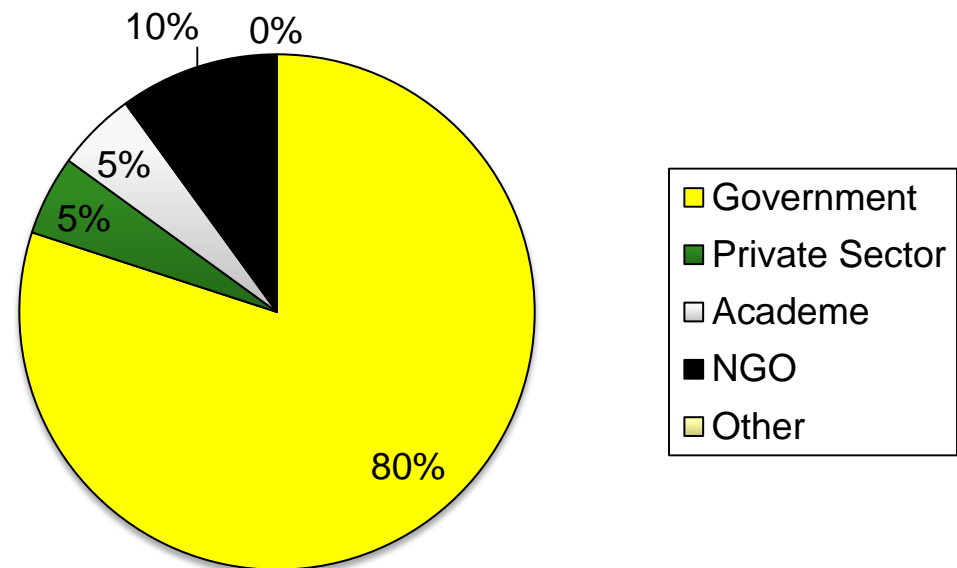


Cessation System Mapping



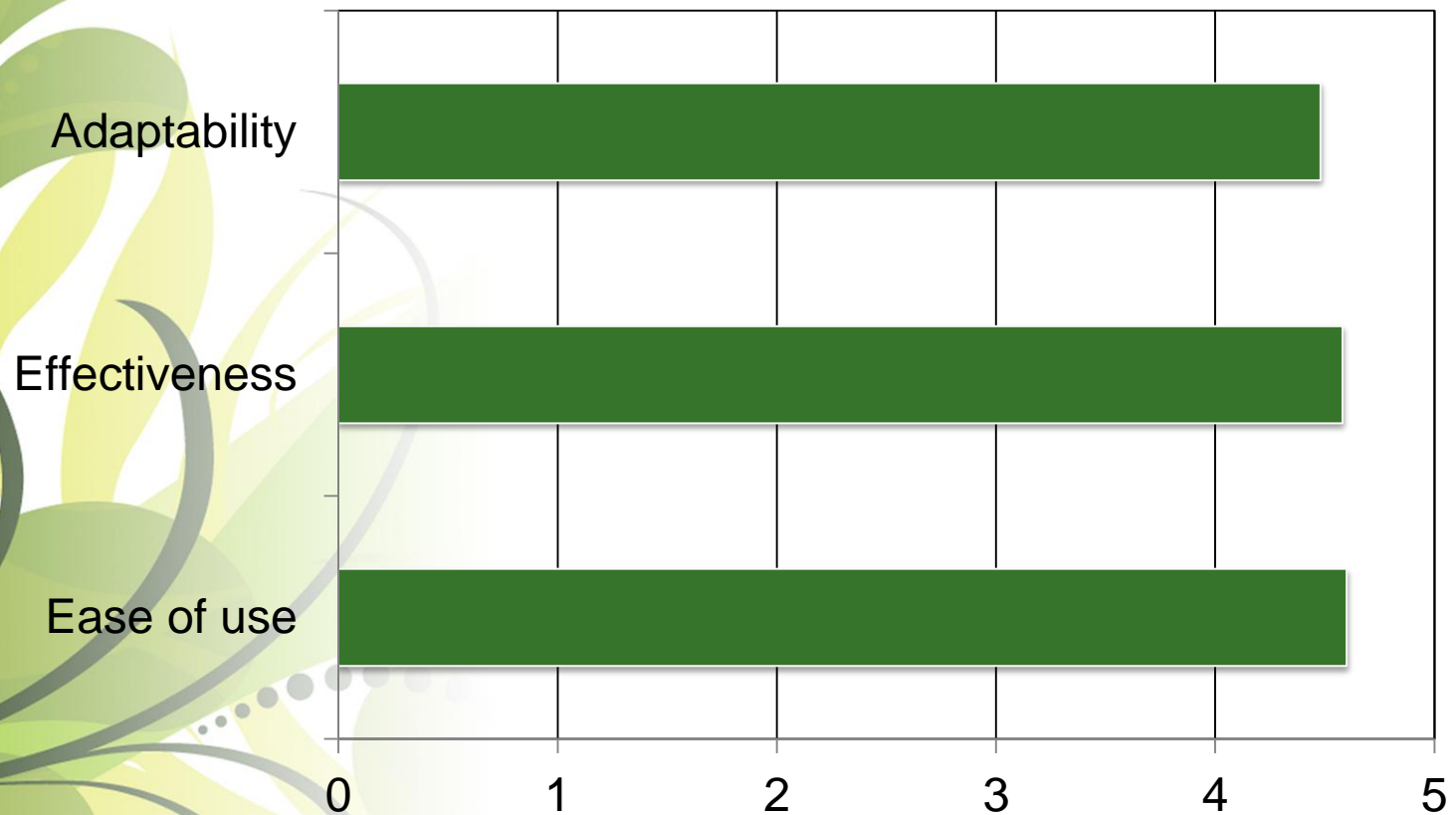
Results

- Response rate: 92%



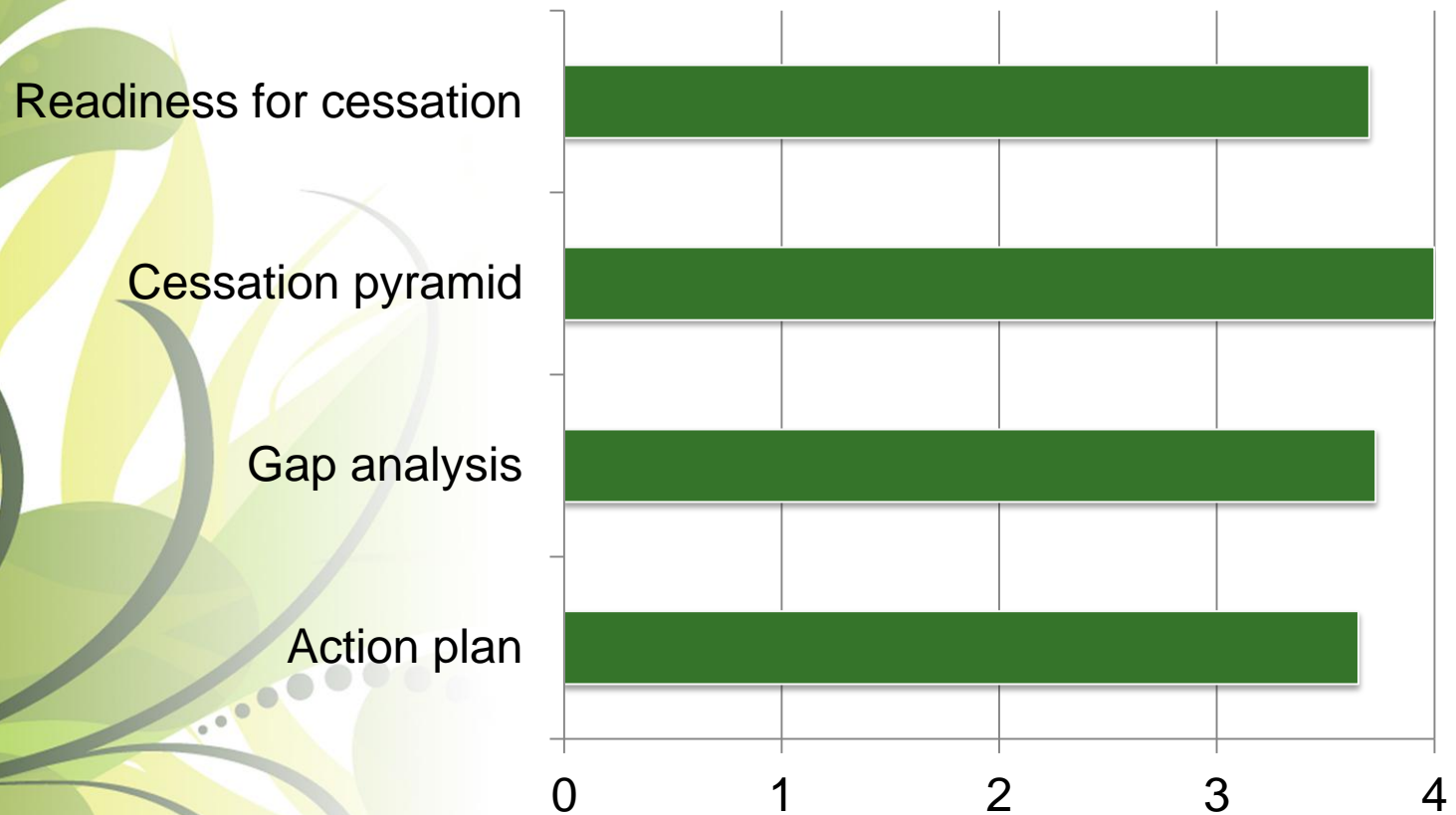
Results

Mean rating on a 5-point Lickert scale



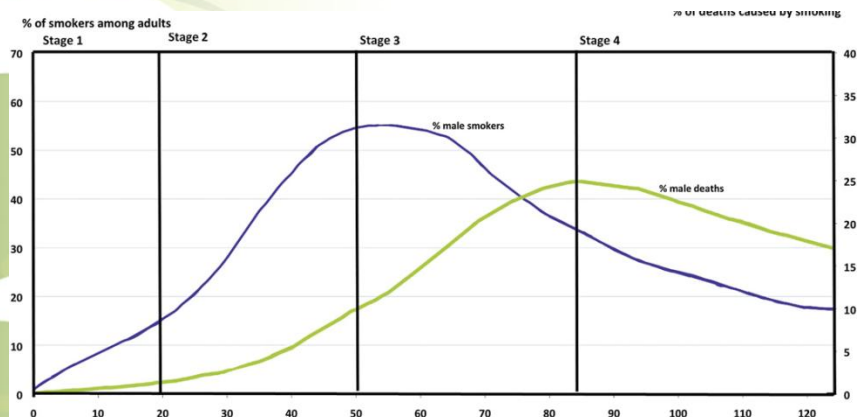
Results

Mean usefulness rating on a 4-point scale

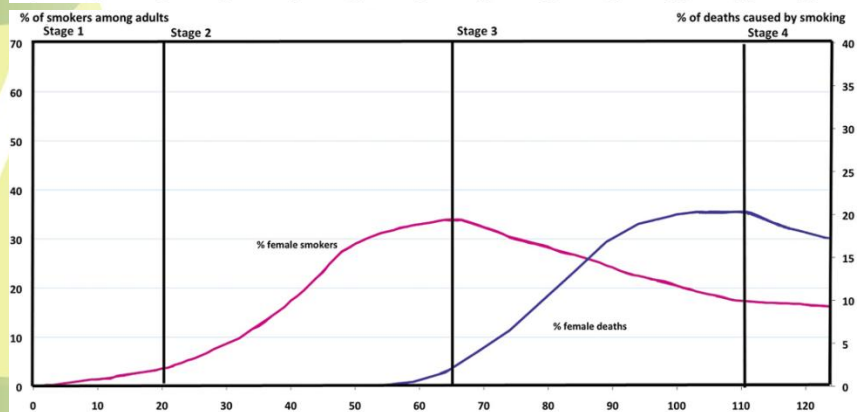


A Framework for Prioritizing Action

Males



Females



Data (M)

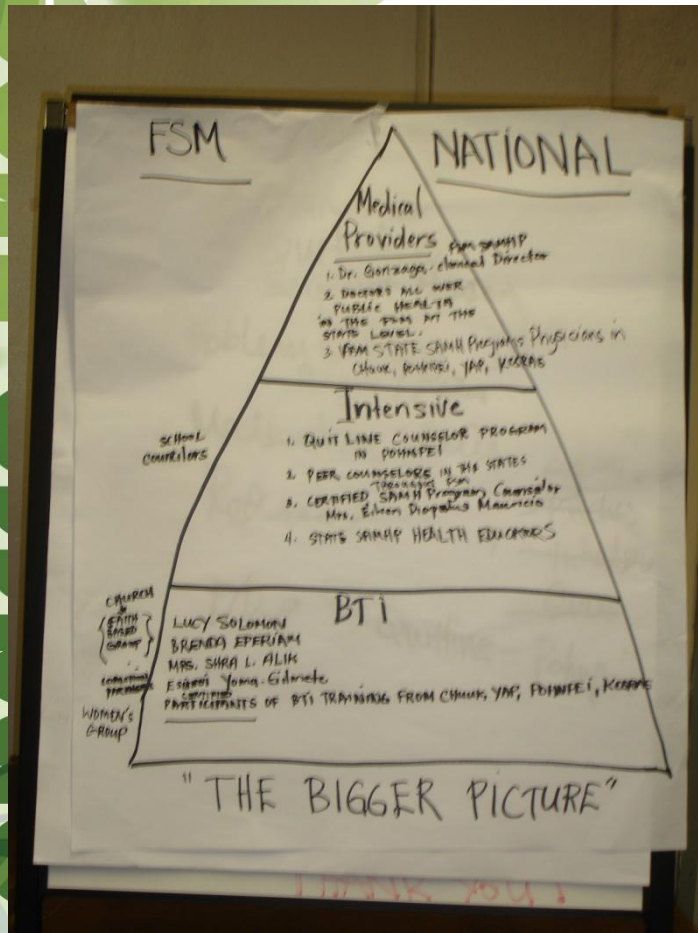
Prevention (W)

Demand reduction

- Ad bans (E)
- Tax increases (R)
- Smoke-free laws (P)

Cessation (O)

Lesson: Build a **system**, not just a **service**.



- Start with POPULATION approach – brief cessation interventions
 - ❑ Relatively easy, low cost
 - ❑ Low success rate individually but if done over the entire population, net yield can be significant
- You DON'T need to have cessation drugs to START your cessation system. (You can add them on later...)



Building the cessation system

- Integrate brief advice into every health care encounter.
- Include cessation treatment (including counseling) under universal health care coverage.
- Mandate training in cessation for health care providers.
- Create links between 3 levels of cessation services to promote cross-referral and maximum use of resources.

Build a Cessation System



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Cessation works!

