FCTC/COP4(8) Guidelines for implementation of Article 14 of the WHO Framework Convention on Tobacco Control *(Demand reduction measures concerning tobacco dependence and cessation)*

The Conference of the Parties,

Taking into account Article 14 (*Demand reduction measures concerning tobacco dependence and cessation*) of the WHO Framework Convention on Tobacco Control (WHO FCTC);

Recalling its decision FCTC/COP3(15) to establish a working group to elaborate guidelines on the implementation of Article 14 of the WHO FCTC and to present a progress report or, if possible, draft guidelines for consideration by the Conference of the Parties at its fourth session;

Emphasizing that the aim of these guidelines is to assist Parties in fulfilling their obligations under Article 14 of the WHO FCTC,

1. ADOPTS the guidelines for implementation of Article 14 of the WHO FCTC contained in the Annex to this decision; and

2. REQUESTS the Convention Secretariat to maintain a database of information sources related to these guidelines, based on the information presented by the Parties through their implementation reports and other international sources, as appropriate.

ANNEX

GUIDELINES FOR THE IMPLEMENTATION OF ARTICLE 14 OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL (DEMAND REDUCTION MEASURES CONCERNING TOBACCO DEPENDENCE AND CESSATION)

INTRODUCTION

1. Article 14 of the WHO Framework Convention on Tobacco Control (WHO FCTC) states that "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. Tobacco dependence treatment is defined differently by different cultures and in different languages. It sometimes includes measures to reduce tobacco use in the population as a whole, but often only refers to interventions at the individual level. These guidelines cover both, and therefore employ the term "promotion of tobacco cessation" as well as "tobacco dependence treatment". Further effective measures to promote cessation of tobacco use are contained in other articles of the WHO FCTC and in the guidelines on their implementation.

3. Parties are encouraged to use these guidelines to assist them in fulfilling their obligations under the WHO FCTC and in protecting public health. They are also encouraged to implement measures beyond those recommended by the guidelines, in accordance with the provisions of Article 2.1 of the Convention.[1]

Purpose

4. The purpose of these guidelines is to assist Parties in meeting their obligations under Article 14 of the WHO FCTC, consistent with their obligations under other provisions of the Convention and with the intentions of the Conference of the Parties, on the basis of the best available scientific evidence and taking into account national circumstances and priorities.

5. To this end the guidelines:

   (i) encourage Parties to strengthen or create a sustainable infrastructure which motivates attempts to quit, ensures wide access to support for tobacco users who wish to quit, and provides sustainable resources to ensure that such support is available;

   (ii) identify the key, effective measures needed to promote tobacco cessation and incorporate tobacco dependence treatment into national tobacco control programmes and health-care systems;

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[1] Parties are directed to the WHO FCTC web site (http://www.who.int/fctc/) where further sources of information on topics covered by these guidelines are maintained.

(iii) urge Parties to share experiences and collaborate in order to facilitate the development or strengthening of support for tobacco cessation and tobacco dependence treatment.

Use of terms

6. For the purpose of these guidelines, the following definitions apply:

- "Tobacco user": a person who uses any tobacco product.
- "Tobacco addiction/dependence": a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated tobacco use and that typically include a strong desire to use tobacco, difficulties in controlling its use, persistence in tobacco use despite harmful consequences, a higher priority given to tobacco use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.[2]
- "Tobacco cessation": the process of stopping the use of any tobacco product, with or without assistance.
- "Promotion of tobacco cessation": population-wide measures and approaches that contribute to stopping tobacco use, including tobacco dependence treatment.
- "Tobacco dependence treatment": the provision of behavioural support or medications, or both, to tobacco users, to help them stop their tobacco use.[3]
- "Behavioural support": support, other than medications, aimed at helping people stop their tobacco use. It can include all cessation assistance that imparts knowledge about tobacco use and quitting, provides support and teaches skills and strategies for changing behaviour.
- "Brief advice": advice to stop using tobacco, usually taking only a few minutes, given to all tobacco users, usually during the course of a routine consultation or interaction.

UNDERLYING CONSIDERATIONS

7. **Tobacco use is highly addictive.**[4,5] The use of tobacco and exposure to tobacco smoke have severe negative health, economic, environmental and social consequences, and people should be educated about these negative consequences and the benefits of cessation.[6] Knowledge

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[2] Definition adapted from: *International statistical classification of diseases and related health problems*, tenth revision (ICD–10). Geneva, World Health Organization, 2007.

[3] Sometimes called "cessation support" in this document.

[4] See *International statistical classification of diseases and related health problems*, tenth revision (ICD–10). Geneva, World Health Organization, 2007.

[5] The terms addiction and dependence are used interchangeably in these guidelines, as in the Preamble and Articles 4 and 5 of the WHO FCTC.

[6] As outlined in Article 12 of the WHO FCTC.

of these negative consequences is a powerful component of most tobacco users' motivation to quit, and therefore it is important to ensure that they are fully understood by the public and policy-makers.

8. **It is important to 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.

9. **Tobacco cessation and tobacco dependence treatment strategies should be based on the best available evidence of effectiveness.** There is clear scientific evidence that tobacco dependence treatment is effective and that it is a cost-effective health-care intervention, and thus that it is a worthwhile investment for health-care systems.

10. **Treatment should be accessible and affordable.** Tobacco dependence treatment should be widely available, accessible and affordable, and should include education[7] on the range of cessation options available.

11. **Tobacco cessation and tobacco dependence treatment should be inclusive.** Tobacco cessation strategies and tobacco dependence treatment should take into account factors such as gender, culture, religion, age, educational background, literacy, socioeconomic status, disability, and the needs of groups with high rates of tobacco use. Tobacco cessation strategies should be as inclusive as possible, and should where appropriate be tailored to the needs of individual tobacco users.

12. **Monitoring and evaluation are essential.** Monitoring and evaluation are essential components of successful tobacco cessation and tobacco dependence treatment programmes.

13. **Active partnership with civil society.** 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.

14. **Protection from all commercial and vested interests.** Development of strategies to implement Article 14 of the WHO FCTC should be protected from the commercial and other vested interests of the tobacco industry, in line with Article 5.3 of the Convention and its guidelines, and from all other actual and potential conflicts of interest.

15. **Value of sharing experience.** Sharing of experience and collaboration with each other will greatly enhance Parties' abilities to implement these guidelines.

16. **Central role of health-care systems.** Strengthening existing health-care systems to promote tobacco cessation and tobacco dependence treatment is essential.

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[7] Further guidance on education is given in the draft guidelines on implementation of Article 12 of the WHO FCTC (document FCTC/COP/4/7).

DEVELOPING AN INFRASTRUCTURE TO SUPPORT TOBACCO CESSATION AND TREATMENT OF TOBACCO DEPENDENCE

Background

17. Certain infrastructure elements will be needed to promote tobacco cessation and provide effective tobacco dependence treatment. Much of this infrastructure (such as a primary health care system) already exists in many countries. In order to promote tobacco cessation and develop tobacco dependence treatment as rapidly as possible and at as low a cost as possible, Parties should use existing resources and infrastructure as much as they can, and ensure that tobacco users at least receive brief advice. Once this has been achieved, other mechanisms for providing tobacco dependence treatment, including more specialist approaches (see "Developing cessation support: a stepwise approach" below), can be put in place.

18. Professional associations and other groups with relevant expertise in this area should be involved at an early stage in the design and development of the necessary infrastructure, but with the process protected from all actual and potential conflicts of interest.

Recommendation

19. Parties should implement the actions listed below in order to strengthen or create the infrastructure needed to promote cessation of tobacco use effectively and provide adequate treatment for tobacco dependence, taking into account national circumstances and priorities.

Actions

Conduct a national situation analysis

20. 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,[8] 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.

Create or strengthen national coordination

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.

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[8] Further guidance on training is given in the draft guidelines on implementation of Article 12 of the WHO FCTC (document FCTC/COP/4/7).

22. Maintain or consider creating an up-to-date, easily accessible information system on available tobacco cessation services and qualified service providers for tobacco users.

Develop and disseminate comprehensive guidelines

23. Parties should develop and disseminate comprehensive tobacco dependence treatment guidelines based on the best available scientific evidence and best practices, taking into account national circumstances and priorities. These guidelines should include two major components: (1) a **national cessation strategy**, to promote tobacco cessation and provide tobacco dependence treatment, aimed principally at those responsible for funding and implementing policies and programmes; and (2) **national treatment guidelines**[9] aimed principally at those who will develop, manage and provide cessation support to tobacco users.

24. A national cessation strategy and national tobacco dependence treatment guidelines should have the following key characteristics:

- they should be evidence based;
- their development should be protected from all actual and potential conflicts of interest;
- they should be developed in collaboration with key stakeholders, including but not limited to health scientists, health professional organizations, health-care workers, educators, youth workers and nongovernmental organizations with relevant expertise in this area;
- they should be commissioned or led by government, but in active partnership and consultation with other stakeholders; however, if other organizations initiate the treatment guidelines development process, they should do so in active collaboration with government;
- they should include a dissemination and implementation plan, should highlight the importance of all service providers (within or outside the health-care sector) setting an example by not using tobacco, and should be periodically reviewed and updated, in the light of developing scientific evidence, and in accordance with the obligations established by Article 5.1 of the WHO FCTC.

25. Additional key characteristics of national treatment guidelines:

- they should be widely endorsed at national level, including by health professional organizations and/or associations;
- they should include as broad a range of interventions as possible, such as systematic identification of people who use tobacco, provision of brief advice, quitlines, face-to-face behavioural support provided by workers trained to deliver it, systems to make medications accessible and free or at an affordable cost, and systems to support the key

[9] Treatment guidelines are systematically developed statements to help service managers, practitioners and patients to make decisions about appropriate treatment for tobacco dependence and cessation.

steps involved in helping people to quit tobacco use, including reporting tobacco use status in all medical notes;

- they should cover all settings and all providers, both within and outside the health-care sector.

Address tobacco use by health-care workers and others involved in tobacco cessation

26. Health-care workers should avoid using tobacco because:

- they are role models and by using tobacco they undermine public health messages about its effects on health;

- it is important to reduce the social acceptability of tobacco use and health-care workers have a particular responsibility to set a good example in this respect.

27. Specific programmes promoting cessation of tobacco use and offering tobacco dependence treatment should therefore be provided for health-care workers and any other groups involved in helping tobacco users to quit.

Develop training capacity[10]

28. In most countries the health-care system[11] and health-care workers should play a central role in promoting tobacco cessation and offering support to tobacco users who want to quit. However other groups should be involved where appropriate.

29. All health-care workers should be trained to record tobacco use, give brief advice, encourage a quit attempt, and refer tobacco users to specialized tobacco dependence treatment services where appropriate.

30. Outside health-care settings, other individuals can be trained to give brief advice, encourage a quit attempt, and refer tobacco users to specialized tobacco dependence treatment services where appropriate, and therefore also have a role to play in tobacco cessation and tobacco dependence treatment.

31. Both health-care workers and those outside health-care settings who deliver intensive specialized support (see "Key components of a system to help tobacco users to quit" below) should be trained to the highest possible standard and receive continuous education.

32. Tobacco control and tobacco cessation should be incorporated into the training curricula of all health professionals and other relevant occupations both at pre- and post-qualification levels, and in continuous professional development. Training should include information about tobacco

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[10] Further guidance on training is given in the draft guidelines on implementation of Article 12 of the WHO FCTC (document FCTC/COP/4/7).

[11] Including but not limited to governmental bodies, public and private health-care facilities, and funding organizations.

use and the harm it does, the benefits of cessation, and the influence that trained workers can have in prompting quitting.

33. Training standards should be set nationally by competent authorities.

Use existing systems and resources to ensure the greatest possible access to services

34. Parties should use existing infrastructure, in both health-care and other settings, to ensure that all tobacco users are identified and provided with at least brief advice.

35. Parties should use existing infrastructure to provide tobacco dependence treatment for people who want to stop using tobacco. Such treatment should be widely accessible, evidence based, and affordable.

36. Parties should consider using existing infrastructure that would provide the greatest possible access for tobacco users, including but not limited to primary health care and other services such as those providing treatment for tuberculosis and HIV/AIDS.

Make the recording of tobacco use in medical notes mandatory

37. Parties should ensure that the recording of tobacco use status in all medical and other relevant notes is mandatory, and should encourage the recording of tobacco use in death certification.

Encourage collaborative working

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.

Establish a sustainable source of funding for cessation help

39. The strengthening or creation of a national infrastructure to promote tobacco cessation and to provide tobacco dependence treatment will require both financial and technical resources and it will therefore be essential to identify funding for that infrastructure, in accordance with Article 26 of the WHO FCTC.

40. In order to alleviate governmental budgetary pressure, Parties could consider placing the cost of cessation support on the tobacco industry and retailers, through such measures as: designated tobacco taxes; tobacco manufacturing and/or importing licensing fees; tobacco product registration fees; tobacco selling licenses for distributors and retailers; noncompliance fees levied on the tobacco industry and retailers, such as administrative monetary penalties; and annual tobacco surveillance/control fees for the tobacco industry and retailers. Successful action to reduce the illicit trade in tobacco products (as outlined in Article 15 of the WHO FCTC) could also increase government revenue substantially.

KEY COMPONENTS OF A SYSTEM TO HELP TOBACCO USERS QUIT

Background

41. Support can be offered to tobacco users in a wide variety of settings and by a wide variety of providers, as described in the previous section, and can include a range of options, from less intensive population-wide approaches to more intensive approaches delivered by specialists who are trained and may be paid. The key components of a system to help tobacco users quit include approaches with a wide reach like brief advice and quitlines[12] more intensive approaches like behavioural support delivered by trained specialists, and effective medications. There is a substantial body of scientific evidence showing that behavioural support and medications are effective and cost-effective, separately and combined, and that they are more effective when combined.

Recommendations

42. In designing national cessation and treatment systems for health-care and other settings, Parties should include the components listed below, taking into account national circumstances and priorities.

43. Parties should provide cessation support and treatment in all health-care settings and by all health-care providers. Parties should additionally consider providing cessation support and treatment in non-health-care settings and by suitably trained non-health-care providers, especially where scientific evidence suggests that some populations of tobacco users[13] may be better served in this way.

Actions

Establish population-level approaches

44. **Mass communication.** 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.[14] These programmes can include both unpaid and paid media placements.

45. **Brief advice.** Brief advice should be integrated into all health-care systems. All health-care 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. Brief advice should be implemented as an essential part of standard practice and its implementation should be monitored regularly.

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[12] A quitline is a telephone counselling service that can provide both reactive and proactive counselling. A reactive quitline provides an immediate response to a call initiated by the tobacco user, but only responds to incoming calls. A proactive quitline involves setting up a schedule of planned calls to tobacco users.

[13] Such populations may include, but not be limited to young people, parents, and people of low socioeconomic status.

[14] See the draft guidelines on implementation of Article 12 of the WHO FCTC (document FCTC/COP/4/7).

46. **Quitlines.** All Parties should offer quitlines in which callers can receive advice from trained cessation specialists. Ideally they should be free and offer proactive support. Quitlines should be widely publicized and advertised, and adequately staffed, to ensure that tobacco users can always receive individual support. Parties are encouraged to include the quitline number on tobacco product packaging.

Establish more intensive individual approaches

47. **Specialized tobacco dependence treatment services**. Tobacco users who need cessation support should, where resources allow, be offered intensive specialized support, delivered by specially trained practitioners. Such services should offer behavioural support, and where appropriate, medications or advice on the provision of medications. The services may be delivered by a variety of health-care or other trained workers, including doctors, nurses, midwives, pharmacists, psychologists, and others, according to national circumstances. These services can be delivered in a wide variety of settings and should be easily accessible to tobacco users. Where possible they should be provided free or at an affordable cost. Specialized treatment services should meet national or applicable standards of care.

Make medications available

48. Medications that have been clearly shown by scientific evidence to increase the chances of tobacco cessation should be made available to tobacco users wanting to quit and where possible be provided free or at an affordable cost.

49. Some medications can also be made available population wide, with fewer restrictions to access, taking into account relevant legislation. Experience in some countries has shown that increasing the accessibility and availability of some medications can increase the number of attempts to quit.

50. Collective bargaining by governments or regional economic organizations should be used to reduce medication prices by bulk purchase or other available means, to ensure that cessation treatment does not impose excessive costs on those stopping tobacco use. Where low-cost, effective[15] medications exist, these may be considered as a standard treatment.

Consider emerging research evidence and novel approaches and media

51. Parties should keep under review the developing scientific evidence of new approaches to promoting tobacco cessation and providing tobacco dependence treatment.

52. Parties should be open to new and innovative approaches to promoting tobacco cessation and providing tobacco dependence treatment, while at the same time prioritizing approaches that are more strongly based on the scientific evidence.

53. There is evidence from some countries that national No Smoking Days, sometimes held on World No Tobacco Day, can be effective low-cost interventions that motivate tobacco users to try to quit. Cellphone text messaging and Internet-based behavioural support may be especially useful in countries where telephone and Internet use are high. These and other approaches are

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[15] According to the scientific evidence (see “Monitoring and evaluation” below).

being investigated in scientific trials, although there is insufficient evidence yet to recommend them as a core part of treatment provision. The potential of using electronic media like radio for delivering cessation messages and advice could also be explored, as in many countries radio is the most widespread and low-cost medium of mass communication. Some countries also have local and folk media which have wide access at the grass-roots level, and the use of these for disseminating information about availability of tobacco cessation facilities may be considered along with other culturally acceptable approaches to treatment.

DEVELOPING CESSATION SUPPORT: A STEPWISE APPROACH

Background

54. Tobacco control policies which reduce the demand for tobacco, and which are covered in other articles of the WHO FCTC,[16] promote tobacco cessation by encouraging quitting and creating a supportive environment for the implementation of measures that support cessation. Implementing tobacco cessation and tobacco dependence treatment measures in conjunction with such policies will have a synergistic effect and thus maximize the impact on public health.

55. Even a country with a low proportion of tobacco users wanting to quit and needing help to do so may have large demand for cessation support, if the absolute number of tobacco users is high.

56. Introduction of the different components of a comprehensive, integrated system to promote tobacco cessation and treat tobacco dependence can be simultaneous or stepwise, according to each Party's circumstances and priorities. Some Parties already have comprehensive treatment systems, and all Parties should aim to provide the fullest complement of interventions for tobacco cessation and treatment of tobacco dependence.

57. Resources are finite however, so this section suggests the elements of a stepwise approach to developing tobacco dependence treatment, if such an approach is deemed appropriate.

Recommendations

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.[17]

59. Parties should use existing infrastructure, in both health-care and other settings, to ensure that all tobacco users are identified and provided with at least brief advice.

60. Parties should implement the actions listed below, taking into account national circumstances and priorities.

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[16] Including, but not limited to, Articles 6, 8, 11, 12 and 13.

[17] Including, but not limited to, Articles 6, 8, 11, 12 and 13.

Actions

Actions that establish basic infrastructure and create an environment that prompts quit attempts

Establish system components

- Ensure that the population is well informed about the harmful effects of tobacco products.
- Strengthen or create – and fund – national coordination for tobacco cessation and tobacco dependence treatment, as part of the national tobacco control plan.
- Develop and disseminate a national tobacco cessation strategy and national tobacco dependence treatment guidelines.
- Identify and allocate sustainable funding for tobacco cessation and tobacco dependence treatment programmes.
- Where appropriate, ensure that health insurance or other funded health-care systems record tobacco dependence as a disease or disorder and include its treatment in services covered.

Address the issue in health-care workers

- Incorporate tobacco dependence and cessation into the core curriculum and continuing professional training of medical, dental, nursing, pharmacy and other relevant undergraduate and postgraduate courses and in licensing and certifying examinations.
- Train health-care workers to give brief advice according to a simple formula.
- Where appropriate train workers and service providers outside the health-care sector in tobacco cessation and tobacco dependence treatment skills.
- Promote tobacco cessation among health-care workers and service providers who use tobacco, and offer support to them to quit if they need it.

Integrate brief advice into existing health-care systems

- Ensure that tobacco use is recorded in medical notes and other relevant notes at all levels of care.
- Integrate brief advice into the existing primary health-care system.
- Involve all relevant sectors of a country's health-care system in providing brief advice.
- Integrate brief advice into other culturally relevant settings outside the health-care sector when the opportunity or necessity arises.
- Reimbursement of health-care workers' time for tobacco cessation counselling, and of the costs of medications, is recommended where appropriate.

Actions that increase the likelihood of quit attempts succeeding

Create capacity for tobacco cessation support and tobacco dependence treatment

- Ensure that the population is well informed about the availability and accessibility of tobacco dependence treatment services and encourage them to make use of them.
- Establish a free proactive quitline providing advice on how to quit, or if resources are scarce, start by establishing a free reactive quitline.
- Ensure that effective medications are readily available, accessible, and free or at an affordable cost.
- Establish a network of specialized comprehensive tobacco dependence treatment services that meet national or applicable standards of care.

MONITORING AND EVALUATION

Background

61. Monitoring and evaluation activities measure the progress and impact of an intervention or programme by collecting data/information showing change, or the lack of it. This includes periodically reviewing interventions and programmes. Scientific evidence is evidence gained by scientific enquiry, usually through formal research, and includes evidence obtained through monitoring and evaluation.[18]

62. Monitoring and evaluation are essential to ensure that the best means are employed to develop and deliver effective treatment to tobacco users. At national level, monitoring and evaluation ensure that progress is measured, so that interventions can be modified and improved as necessary, helping to ensure that the most efficient use is made of limited resources. Internationally, the sharing of experience will help Parties to adapt and improve their strategies.

63. There are national and international data collection systems that can be used to inform and support the collection of monitoring and evaluation data.

Recommendation

64. Parties should monitor and evaluate all tobacco cessation and tobacco dependence treatment strategies and programmes, including process and outcome measures, to observe trends. They should benefit from the experience of other countries through the exchange of information, in accordance with the provisions of Articles 20, 21 and 22 of the WHO FCTC.

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[18] See the draft guidelines on implementation of Article 12 of the WHO FCTC (document FCTC/COP/4/7), for a definition of research-based evidence.

Actions

65. Formulate measurable objectives, determine the resources required, and identify indicators to enable the assessment of progress towards each objective.

66. Encourage health-care workers and service providers to participate in the monitoring of service performance through clearly defined indicators, taking account of national circumstances and priorities.

67. Use data collection systems that are practical and efficient, built on strong methodologies, and are appropriate to local circumstances.

INTERNATIONAL COOPERATION

Background

68. International cooperation between Parties is a treaty obligation under Article 22 of the WHO FCTC. International cooperation in tobacco cessation and tobacco dependence treatment is also a means of supporting and strengthening the implementation of the Convention.

Recommendation

69. 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.

Actions

70. Share tobacco cessation and treatment experiences with other Parties, including strategies to develop and fund support for cessation of tobacco use, national treatment guidelines, training strategies, and data and reports from evaluations of tobacco dependence treatment systems.

71. Where appropriate, use international reporting mechanisms, such as regular reporting on the implementation of the WHO FCTC, and take advantage of bilateral and multilateral contacts and agreements.

72. Review and revise these guidelines periodically to ensure that they continue to provide effective guidance and assistance to Parties.

(Seventh plenary meeting, 19 November 2010)