

European Expert Consensus Paper on the implementation of Article 14 of the WHO Framework Convention on Tobacco Control

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On 24 November 2015, under the auspices of the European Policy Roundtable on Smoking Cessation, 15 experts on tobacco control and dependence from across the European Union, chaired by Professor Luke Clancy, met in Oslo, Norway, to discuss the implementation of the Tobacco Products Directive and the WHO Framework Convention on Tobacco Control, namely Article 14. On the occasion of the 10th anniversary of the Framework Convention on Tobacco Control, this paper reports the consensus reached by all Roundtable participants on the need to further advance the availability and access to services to support cessation of tobacco use. The implementation of services to support cessation of tobacco use in line with Article 14 can and should be significantly improved to protect the health of

Under the auspices of the European Policy Roundtable on Smoking Cessation, initiated and funded by Pfizer, 15 experts on tobacco dependence and control urge policy makers across Europe to prioritize the continued implementation of the WHO Framework Convention on Tobacco Control (FCTC) in the interest of public health.

Together, we call on policy makers to take action to reduce the human, societal and economic burden of tobacco use by urgently and significantly improving the implementation of Article 14 on tobacco dependence and cessation. Only through improving the implementation will we achieve a decrease in mortality and morbidity associated with tobacco use.

The burden of tobacco on morbidity and mortality is preventable and significant, and remains unnecessarily high in Europe. Progress has been made in introducing policies to reduce the heavy toll of tobacco use on the health and well-being of European citizens. Data from the European Commission's 2015 Eurobarometer report suggest that tobacco use decreased by 2% between 2012 and 2015 (European Commission, 2015). Despite this, tobacco consumption remains the single largest avoidable health risk in Europe (European Commission, 2015) and it is clear that more needs to be done. More than a quarter (26%) of Europeans still smoked in 2014 (European Commission, 2015) and the harm caused by tobacco

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extends beyond the user to those – often children – with no option but to share smokers' space (Öberg *et al.*, 2011).

There is no 'safe' level of tobacco use. Tobacco use causes illness and death, drains healthcare resources and decreases productivity (European Commission, 2012; European Commission, 2015). It claims 700 000 lives every year in Europe (European Commission, 2015) and an estimated 25.3 € billion of European public healthcare funds are spent annually to treat tobacco-related diseases (European Commission, 2012), while tobacco use costs European productivity a staggering 8.3 € billion (European Commission, 2012).

Tobacco prevention policies aim to stop individuals from starting to smoke. Evidence suggests, however, that strategies focusing wholly on smoking prevention can provide only minimal reductions in tobacco-related morbidity over the next 20 years [International Tobacco Control (ITC) Policy Evaluation Project, 2010]. It is, therefore, vital to help those who are already dependent on tobacco to quit. The cessation of tobacco use is the only way to achieve the 25% reduction in mortality from noncommunicable diseases before 2025, which was a commitment made at the 2011 UN high-level meeting on noncommunicable diseases (Kontis *et al.*, 2015).

Tobacco dependence is a WHO-recognized disorder (World Health Organization, 2015) that can benefit from treatment. Tobacco dependence and addiction make cessation a struggle, even for those with a strong commitment to stopping. Of daily smokers who attempt to quit without support, 96–97% relapse within 12 months

(West, 2012). Conversely, smokers who seek help from a healthcare professional are up to four times more likely to successfully quit than those who do not see expert help (Walsh and Sanson-Fisher, 2001; National Institute for Health and Care Excellence, 2006; West, 2012).

The benefits of support to aid the cessation of tobacco use are widespread, and cessation interventions are 'extremely cost-effective when compared with other healthcare system interventions' (World Health Organization, 2015). The FCTC Article 14 and its implementation guidelines call on its parties to 'facilitate accessibility and affordability for treatment of tobacco dependence' (World Health Organization, 2015). According to the 2014 FCTC implementation report, the implementation of services to support cessation of tobacco use in line with Article 14 can and should be significantly improved (World Health Organization, 2014). Furthermore, the WHO 2015 report on the global tobacco epidemic noted that 'there has been little progress in providing access to essential help to quit smoking' (World Health Organization, 2015). We believe that it is time for this to change: more urgent steps are required to protect the health of European citizens.

We call on policy makers to continue implementing the WHO FCTC as a public health priority. In line with governments' obligations under the FCTC, we urge them to establish effective services to support cessation of tobacco use available through health systems and insurances to prevent treatment cost acting as a barrier to those who wish to quit.

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Conflicts of interest

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