

What is the status of tobacco quit line service in the Eastern Mediterranean Region?

Ahmad AlMulla and Silva P. Kouyoumjian*

Tobacco Control Center, WHO Collaborative Center, Department of Medicine, Hamad Medical Corporation, Qatar

Abstract

One effective component of tobacco cessation is telephone counselling and/or quit lines. This study aimed to determine the existence of tobacco quit line service in the countries of the Eastern Mediterranean Region (EMR). A cross-sectional survey study was conducted among EMR Tobacco Control Focal Points within the Ministries of Health using an online questionnaire. Of the 22 EMR countries, 16 completed the survey. Only Saudi Arabia and Egypt have answered yes to having a national toll-free tobacco quit line (12.5%). Quit lines and/or telephone counseling are urgently needed to be established across EMR countries, like telephone counseling set successfully by Qatar and quit lines established by other fellow countries, because of its great potential reach of effective treatment for tobacco users, particularly when having proactive counseling system..

Keywords: quit line, telephone counseling, smoking, cessation, Eastern Mediterranean Region

Introduction

Smoking cessation services are vital in reducing the global morbidity and mortality from tobacco use [1]. The 2019 World Health Organization (WHO) Global Tobacco Report promotes effective tobacco cessation interventions such as brief advice at primary care level, national toll-free tobacco quit lines, cost-covered nicotine replacement therapies and others in line with Article 14 of the WHO Framework Convention on Tobacco Control (FCTC) [2].

Currently, worldwide only a third of countries have a national toll-free quit line in place [2]. Over the last two years ten countries introduced a quit line, with only a single country from the Eastern Mediterranean region namely Saudi Arabia knowing that it is inexpensive to operate, especially when using existing call centers since the infrastructure setup is the major cost [3]. Telephone counselling and quit lines, are recent innovative alternatives to face-to-face smoking cessation counselling that offer accessibility, convenience, and privacy to smokers. Against this background, we aimed to assess the current tobacco quit line situation in the Eastern Mediterranean Region (EMR) through an online survey.

Methods

This was a cross-sectional survey conducted by the Tobacco Control Center-WHO Collaborative Center (TCC-WHOCC) in Hamad Medical Corporation (HMC) in Qatar, in collaboration with WHO Eastern Mediterranean Regional Office (EMRO). Data collection spanned for more than 2 months from 23 June-9 September 2019. The study procedures were approved by the Institute Review Board at the Medical Research Center in Hamad Medical Corporation in Qatar. Participants were the representatives of the Tobacco Control Focal Points within the Ministries of Health in EMR. The EMR consists of 22 high, middle, and low-income countries namely: Afghanistan, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen. An email invitation was sent including the purpose of the research study and a web-link for completing the online survey. A structured

questionnaire was designed by TCC-WHOCC and reviewed by WHO to ensure that all appropriate measures were covered. The closing date of the online survey was September 9, 2019. Descriptive statistics were used to describe the data.

Results

Only five out of the 22 EMR countries (22.7%) did not complete the survey namely Libya, Palestine, Somalia, Sudan, United Arab Emirates and Djibouti had answered incorrectly and exited the survey. According to our survey results, 14 out of the total 16 countries (87.5%) have answered no to the question that enquires about national toll-free tobacco quit line existence (Table 1). There were only two countries namely Egypt and Saudi Arabia that had answered yes that they have a tobacco quit line (12.5%). However, it is encouraging to note that ten out of the 14 countries (71.4%) have plans for establishing a national toll-free quit-line service in the future namely Afghanistan, Bahrain, Iran, Jordan, Kuwait, Lebanon, Pakistan, Qatar, Tunisia and Yemen (Table 1).

Discussion

Currently, Egypt and Saudi Arabia have confirmed that they have national toll-free telephone quit line, whereas WHO reports that five countries Egypt, Iran, Kuwait, Saudi Arabia and United Arab Emirates have a national toll-free quit line in place [2] Qatar does not have a toll-free national quit line, however in response to the COVID-19 pandemic, HMC TCC – WHOCC made a drastic shift in its scope of work to meet the needs of smokers and tobacco users. Since the beginning of March 2020 and in alignment with HMC's precautionary measures to limit the spread of the virus, in-clinic consultations at outpatient departments were suspended. Hence, the HMC TCC – WHOCC continued providing its tobacco cessation services by the provision of phone and/or video consultations for those interested in quitting up till this day. The patients have been receiving appropriate in-depth counselling, treatment plan, and follow-up sessions as well as psychological support for behaviour modification. Moreover, the prescribed medication was being delivered to place of residence within 24 hours across the country.

Table 1. The national toll-free telephone quit line service status in EMR countries

EMRO Country	Response	National toll-free telephone quit line/helpline with a live person available to discuss tobacco cessation with callers in your country	Plans for establishing a national toll-free telephone quit line/helpline service in the near future
Afghanistan	Full	No	Yes
Bahrain	Full	No	Yes
Djibouti*	Partial	Yes	-
Egypt	Full	Yes	NA
Iran	Full	No	Yes
Iraq	Full	No	No
Jordan	Full	No	Yes
Kuwait	Full	No	Yes
Lebanon	Full	No	Yes
Libya	-	-	-
Morocco	Full	No	No
Oman	Full	No	No
Pakistan	Full	No	Yes
Palestine	-	-	-
Qatar	Full	No	Yes
Saudi Arabia	Partial	Yes	NA
Somalia	-	-	-
Sudan	-	-	-
Syrian Arabic Republic	Full	No	No
Tunisia	Full	No	Yes
United Arab Emirates	-	-	-
Yemen	Full	No	Yes

*Djibouti has no national toll-free telephone quit line

In EMR region, tobacco smoking is measured as the third risk factor contributing for the disease burden [4]. The high consumption rate of tobacco smoking in EMR is very alarming [5]. Smoking cessation and treatment services are an important component of tobacco control and should be a priority to ensure a significant impact on the morbidity and mortality caused by tobacco [6]. Therefore, more EMR countries should consider telephone counseling or establishing national toll-free tobacco quit line services, because of its potential use in identifying smokers interested in quitting, providing counseling, referrals and further support. Quit lines are cost-effective and have a wide population reach ranging between 4 to 6% of total tobacco users per year in a country [3]. To be effective, it must provide multiple sessions of proactive counselling by a trained counselor [7]. Based on results of a systematic review of 14 trials, quit rates were higher for smokers receiving multiple sessions of proactive counselling with a risk ratio of 1.38 (95% confidence interval 1.19 -1.61) compared with receiving self-help resources or one brief counselling call [8]. Following an initial enquiry by the smoker has been found to increase cessation rates by 25-50%, which equals to 2 to 3 absolute percentage points compared to reactive counseling model—people who call a quit line number [7].

Tobacco cessation services should be scaled up urgently across EMR. For instance, five countries namely Bahrain, Iraq, Jordan, Qatar and Tunisia can achieve best practice implementation level

of WHO's tobacco cessation measure in the MPOWER package, if only national toll-free tobacco quit line is introduced 2. Most importantly, quit line's core effectiveness and success will depend upon having proactive call-back system with three or more calls [3,7,8], because of the great potential to increase reach of more effective treatment, in contrast to simply making referrals which is the current situation in some EMR countries. It is established that quit line can aid smoking cessation in any country. The successful way forward for EMR countries depends upon governments and it is important to admit that their commitments are still low.

Conclusion

Only two countries in EMR have confirmed that they have national toll-free quit line, hopefully, more EMR countries will successfully adopt this effective control strategy, like telephone counseling set by Qatar and quit lines established by other fellow countries to promote tobacco cessation.

Authors' contributions

AA led the design of the study. SPK described the data and wrote the brief report with input from AA. All authors have read, discussed and approved the final manuscript.

Ethics

The study procedures were approved as an exempt study by the Institute Review Board at the Medical Research Center in Hamad Medical Corporation in Qatar.

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References

1. GBD 2015 Tobacco Collaborators. Smoking prevalence and attributable disease burden in 195 countries and territories, 1990-2015: a systematic analysis from the Global Burden of Disease Study 2015. *Lancet*. 2017; 389: 1885-1906.
2. World Health Organization. WHO Report on the Global Tobacco Epidemic 2019. Geneva: World Health Organization; 2019.
3. World Health Organization. Developing and improving national toll-free tobacco quit line services: a World Health Organization manual. Geneva: World Health Organization; 2011.
4. Lim SS, Vos T, Flaxman AD, Danaei G, Shibuya K, et al. A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990-2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet*. 2012; 380: 2224-2260.
5. Heydari G, Zaatari G, Al-Lawati JA, El-Awa F, Fouad H. MPOWER, needs and challenges: trends in the implementation of the WHO FCTC in the Eastern Mediterranean Region. *East Mediterr Health J*. 2018; 24: 63-71.
6. AlMulla A, Hassan-Yassoub N, Fu D, El-Awa F, Alebshehy R, et al. Smoking cessation services in the Eastern Mediterranean Region: highlights and findings from the WHO Report on the Global Tobacco Epidemic
7. Stead LF, Hartmann-Boyce J, Perera R, Lancaster T. Telephone counselling for smoking cessation. *The Cochrane database of systematic reviews*. 2013: CD002850.
8. Matkin W, Ordonez-Mena JM, Hartmann-Boyce J. Telephone counselling for smoking cessation. *The Cochrane Database Syst Rev*. 2019; 5: CD002850.

***Correspondence:** Silva Kouyoumjian, Tobacco Control Center, WHO Collaborative Center, Department of Medicine, Hamad Medical Corporation, P.O. Box 3050, Doha, Qatar, Tel: + (974) 4025-4858, E-mail: SKouyoumjian@hamad.qa

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