

Context

In 2005, Saudi Arabia ratified the WHO Framework Convention on Tobacco Control (FCTC). By 2010, approximately 15% of adolescents reported being current tobacco users.

However, health care providers faced significant challenges in assessing and treating smokers due to various barriers. It was crucial to tackle the lack of knowledge and tools necessary for rapid and simple evaluation of tobacco use and the treatment of tobacco dependence. Furthermore, there was a shortage of institutional support for the routine assessment and treatment of tobacco use, resulting in limited training opportunities for tobacco cessation interventions. To enhance the ability of health care providers to address all tobacco users, not just cigarette smokers, extensive efforts were undertaken to integrate tobacco cessation interventions into the existing healthcare system, aiming for a successful strategy implementation.

Initiative

To comply with the guidelines outlined in Article 14 of the WHO FCTC, the Ministry of Health, represented by the National Tobacco Control Committee, enhanced the tobacco cessation guidelines in Saudi Arabia. Starting in 2011, the Ministry initiated the establishment of specialized tobacco cessation clinics, with a total of 262 clinics currently in operation. By integrating these clinics into existing healthcare sectors and ensuring accessible treatment services, the Ministry aimed to deliver a uniform and high-quality standard of care. This clinic project has been expanded to cover all regions within the Saudi Arabia. Additionally, the Ministry launched the '937' hotline for cessation support and developed electronic mobile applications to provide access to cessation services.

Concurrently, the Ministry of Health conducted training programmes for healthcare providers to introduce the new treatment programme, which incorporated both behavioural and therapeutic components. They also introduced online training known as the 'Saudi Certificate for Tobacco Treatment'. In order to offer free, high-quality treatment and preventive services, the Ministry collaborated with the ministries of education, transport and interior as well as the Saudi Food and Drug Authority. These services were made available through 274 hospital clinics, 321 primary healthcare centers, 890 fixed cessation clinics, 100 mobile cessation clinics, 283 home care services and 14 specialized hospitals.

Challenges and lessons learnt

One of the primary challenges faced was the shortage of medical personnel. From this experience, an important lesson learnt was the implementation of an electronic training course offered during official working hours by the General Authority for Medical Specializations. Furthermore, in cases where treatment services were unavailable in the clinic, a shift towards emphasizing awareness and educational aspects of cessation interventions was advised. Utilizing social media platforms proved beneficial in promoting the tobacco cessation programme. Notable successes included:

Equipping physicians and other healthcare providers with the necessary skills and knowledge through training on the smoking cessation programme based on the Saudi manual for cessation services.

Developing a specialized course, the 'Saudi Certificate for Tobacco Treatment' aimed at training physicians to become experts in treating tobacco dependence.

Assisting a significant number of smokers who desired to quit by providing comprehensive behavioural and pharmaceutical treatment services.
Utilizing electronic applications that not only focused on smoking cessation but also assessed user satisfaction with the provided services, as well as serving as a platform for registering clinic auditors.
Enhancing health literacy and awareness of preventive services among the population.
Establishing a tobacco control complaint system and implementing an effective mechanism for handling incoming notifications.
Impact
The development of tobacco cessation clinics has led to their expansion into comprehensive hospital centers, incorporating educational, treatment and control departments. The total number of clinics has notably increased from 461 in 2018 to 1008 in 2019. Similarly, the number of clinic auditors has experienced substantial growth, rising from 51 000 in 2019.
Next steps
With an emphasis on community partnerships, the project aims to further expand the provision of tobacco cessation services through collaborations with nongovernmental organizations, private hospitals and malls. Additionally, the Ministry of Health will continue to encourage the utilization of existing services, such as the '937' hotline, the registration of clinics in the 'appointment' (موهد) application, and the electronic health information system, to actively contribute to tobacco control efforts.
References
Global Tobacco Surveillance System
MPOWER measures to reduce demand for tobacco
WHO Framework Convention on Tobacco Control

Story originated in 2019.

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