





# offering

**help to quit tobacco use**

## Context

Kuwait ratified the WHO Framework Convention on Tobacco Control (FCTC) on 12 May 2006 and as part of its national tobacco control strategy, it adopted a significant policy of providing assistance to nicotine dependents in quitting smoking. Demonstrating leadership in the Region, Kuwait became the first country to establish cessation clinics, with the initial clinic operating since the early 1980s.

By 1998, the Asma clinic was following established protocols and achieving success. In 2003, a ministerial decree was issued to expand the presence of cessation clinics nationwide. As a result, a clinic was established in each governorate, increasing the total number of clinics to six. Additionally, another clinic was opened to cater specifically to workers in the oil industry at the Al Shuaiba Industrial Area. These clinics offered free services, including medical assessments, nicotine replacement therapy and counselling, for four hours, twice a week, in the afternoon. The cessation success rates for these clinics averaged around 30% over a period of six months.

However, the clinics faced the possibility of closure. The reasons cited for potential closure included the perception that the clinics did not yield successful outcomes, the belief that quitting smoking "cold turkey" was the most effective method and doubts regarding the quality of assistance provided by healthcare professionals.

## Initiative

To prevent the potential closure of the cessation clinics, several steps have been undertaken:

Compile evidence highlighting the significance of smoking cessation clinics for any healthcare system aiming to control tobacco consumption. This involved creating a comprehensive report that gathered evidence from relevant literature and incorporated the guidelines outlined in Article 14 of the WHO FCTC.

Conduct an audit of the clinics' operations and provide recommendations regarding the necessity of enhancing doctors' capabilities to meet international standards. This includes the development of patient information sheets and the implementation of a standardized protocol for clinic management.

Implement a training programme for doctors, nurses and health inspectors responsible for running the clinics. The objective of this programme is to enhance their competencies in delivering internationally accredited management within the clinics.

Revise and update the protocol for the treatment of nicotine dependence, ensuring it aligns with current best practices and guidelines.

## **Challenges and lessons learnt**

The preservation of smoking cessation clinics faced various challenges that required immediate attention. These challenges included bureaucratic obstacles within the governmental sector, the need to navigate ministerial administrative restrictions and the importance of securing sustained financial support for clinic operations. Additionally, it was essential to involve doctors from general hospitals in the clinics' operations to ensure their success.

Throughout this process, valuable lessons were learnt, leading to corresponding actions being taken. A primary lesson was the recognition of the significance of incorporating scientific evidence into policy development and implementation. This evidence-based approach played a vital role in making informed decisions regarding tobacco control. Another crucial lesson was the value of constructive criticism in evaluating existing healthcare services and identifying areas for improvement. Acting upon this feedback, subsequent enhancements were implemented. Moreover, the WHO FCTC emerged as a crucial cornerstone in guiding effective tobacco control policies within healthcare systems.

To address the challenges, specific actions were undertaken. Firstly, a step was taken by submitting a scientific report that advocated for the importance of smoking cessation clinics. This report served as a robust defense, utilizing scientific evidence to underscore the clinics' significance and impact. Additionally, the constructive criticism received was embraced as an opportunity for improvement. This led to the implementation of targeted training programmes for healthcare professionals involved in the clinics, resulting in enhanced service quality. Collectively, these actions played a vital role in strengthening the effectiveness and impact of smoking cessation clinics, paving the way for improved tobacco control measures.

## **Impact**

The approach used had a positive impact on the clinics in multiple ways. Firstly, the clinics continue to operate successfully, ensuring their ongoing provision of services. Additionally, there are plans in place to expand the number of cessation clinics, reflecting a commitment to future growth and development in this area.

## Next steps

Moving forward, there are important plans to improve the cessation clinics. The National Programme will take over their supervision, ensuring a more coordinated approach. Certification through appropriate training will be required for clinic staff to enhance the quality of services provided. Expanding the training programme to involve doctors at all healthcare levels is also planned, aiming for a comprehensive approach to address tobacco dependence. Additionally, the objective is to increase the number of clinics and operate them in the morning at primary healthcare facilities for better accessibility. These plans demonstrate a strong commitment to improving the clinics and supporting individuals in their journey to quit smoking.

## References

[MPOWER measures to reduce demand for tobacco](#)

[WHO Framework Convention on Tobacco Control](#)

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