



Departamento de Salud y Servicios Humanos de EE.UU.



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

Financiación y Subvenciones

Plantilla de informe de situación de la AHRQ (Agencia de Investigación y Calidad de la Salud) subvención final

Plantilla que delinea la estructura y las partidas que deben ser proporcionados en los informes finales de los concesionarios en los proyectos que se presentará a la AHRQ como parte del cierre de salida de la concesión de subvenciones.

La plantilla siguiente delinea la estructura y las partidas que se debe proporcionar en los informes finales de los concesionarios en los proyectos que se presentará a la AHRQ como parte del cierre de salida de la concesión de subvenciones. Estarán disponibles las versiones electrónicas de los informes finales a través del sitio web de la AHRQ y el Servicio Nacional de Información Técnica. El único formato aceptable es Word®. Los archivos PDF son **no** aceptables para el último informe parcial.

Duración del Informe

4-20 páginas como máximo, incluyendo una página de título y todos los componentes enumerados a continuación.

Página del título

Incluya lo siguiente:

- Título del Proyecto. [Strengthening healthcare capacity for FCTC Article 14 implementation in Mexico by advocating for a more strategic approach to expanding tobacco dependence treatment](#)
- Investigador Principal y miembros del equipo. [Juan Nuñez Guadarrama; team members: Erick Antonio Ochoa, Elma Correa, Martin Raw y Beatriz Champagne.](#)
- Organización. [Fundación Interamericana del Corazón México.](#)
- Fechas inclusivas del Proyecto. [October 1st 2014 and end March 31 2016; with extension until December 31 2016 and march 31 2017.](#)
- Oficial de Proyecto Federal. [Mtro. Arturo Sabines, Director of the National Office for Tobacco Control.](#)
- Reconocimiento de organismos de apoyo. [National Commission against Addictions.](#)
- Concesión Número premio. [13520827.](#)

componentes informe

Incluir los siguientes seis componentes que utilizan estos títulos:

1. **. Structured summary** (*Seleccionar elementos para*).
2. **Puropose**. To collaborate with the National Commission against Addictions (CONADIC) through the National Office for Tobacco Control (ONCT) to develop a Mexican strategy for better application of Article 14 of the WHO Framework Convention on Tobacco Control CMCT) in order to broaden the impact of nicotine addiction treatment on the population, based on evidence.

Objective 1. To collaborate with CONADIC through the ONCT in its task of assessing the current situation of treatment of tobacco dependence and participating in the development of an integral policy in accordance with the guidelines of Art. 14 of the FCTC, Participation of the State Councils against Addictions and other key stakeholders.

Objective 2. To participate with that guiding government entity in the implementation of strategies that sensitize health personnel and increase their awareness of the importance of treating tobacco dependence and build or strengthen their capacity for care, in parallel with the application of ASN.

3. **Scope: Technical Approach:**

Cessation support in Mexico has been limited by a focus on specialized cessation clinics. This project This project has started moving mobilize healthcare leaders in Mexico towards a more integrated population base approach to help reach the 72% of smokers, of 17.3 million total population of smokers, that say they plan or want to quit. By working with government officials charged with tobacco control at the national level, it will be possible to develop a strategic approach to expand the number of healthcare professionals committed to treating tobacco dependence as well as setting up the systems that will make cessation support sustainable longer term.

Current Assessment of need in target area

There are an estimated 17.3 million smokers in Mexico, 12 million men and 5.2 million women. Of all smokers, more than half (58.4%) has tried to quit and about 80% are aware that there is treatment available, but only 2% has received formal treatment (either counselling and/or pharmacological treatment.) Of all smokers, a significant number (1.5 million) show nicotine addiction based on smoking within 30 minutes of waking up and would particularly benefit from specialized treatment (National Addictions Survey 2011.) Data from the Global Adult Tobacco Survey (GATS) 2008-2010 shows Mexico to be the country with the second largest percentage of

adult smokers planning to quit or thinking about quitting smoking (72%). This same survey reports that while 24% of smokers visited a healthcare professional in the past 12 months, only 16% of these received brief advice to quit smoking.

MPOWER 3 (2011) had shown to be advanced in offering cessation programs that include NRT and other cessation services with at least some of the costs covered. Mexico has many years of supporting tobacco dependence treatment. In 1999 there were 13 cessation clinics in the country. The Secretary of Health and the Social Security systems (IMSS and ISSSTE) at that time promoted a network that at its height had approximately 500 cessation clinics including specialized clinics, New Life Centers, and “Centros de Integración Juvenil.”

By 2008 only 325 were registered. The former Secretary of Health, Dr. Mercedes Juan López stated in 2014 that there were only 231 clinics. The trend has been downward and CONADIC is presently intent on reversing this trend. If we consider that one of the most important clinics, the one at the National Institute of Respiratory Diseases (INER), treats approximately 300 smokers per year, it is easy to see a major gap between need and treatment offerings.

A survey of smoking cessation services worldwide (Pine Abata et al, 2013) showed that Mexico had lacked an adequate quitline dedicated to tobacco cessation, treatment is limited geographically, and there is no easily accessible treatment at the primary care level. Additionally, the survey found that the Cessation Guidelines were outdated, have no dissemination strategy, and were not written for the entire healthcare system.

There has been little information about healthcare professionals regarding their knowledge, attitudes or abilities about smoking cessation treatment.

A recent analysis of the association between quitting intention and medical advice in Mexico shows that visiting a healthcare professional in the last 12 months and brief advice to quit smoking were strongly and independently related to greater intent to quit.

The authors noted that brief advice and registering smoking status where necessary to encourage quit attempts. Also they recommended continued medical education in cessation and incentive plans for healthcare professionals (Nolasco-Alonso et al, 2013). Additionally, results of the Global Health Professional Student Survey for Mexico (2006) show high prevalence of smoking among both medical and dental 3rd year students (33.3% and 43.6% respectively). Encouragingly 7 to 8 of 10 students reported that healthcare professionals should have a role in counseling patients about smoking, but only 22% of medical and 12.6% of dental students reported having had formal training in helping their patients quit tobacco (Reynales-Shigematsu et al, 2007).

There are many opportunities for a more strategic approach to cessation. Treatment has been estimated to be heterogeneous, fragmented and of varied quality. There are 19,377 primary care units in the public health care systems (IMSS, ISSSTE and Secretary of Health) that do not provide treatment for tobacco dependence. There is limited capacity to support cessation in the healthcare community. Treatment is not easily available. In spite of some advances, there are many improvements necessary to align efforts with the FCTC Art 14 guidelines and provide cessation support to a wider range of tobacco users.

Overall population and sample population

The population of Mexico is 122.3 million people (2013) with 17.3 million smokers. There are 13 thousand opportunities in health care that can be provided by the Secretariat and the State Health Systems; On the other hand there are 6,500 in social security systems. Our sample population is served from the main health systems with the power to influence to give the greatest facilities of attention to this problem in the country.

Primary target audience

The primary target audience for this project is healthcare leaders in government, healthcare systems, medical societies and private sector that can influence cessation support policies at a high level.

Who will benefit

Healthcare institutions and healthcare providers are in a better position to offer treatment to smokers. But it is patients that will benefit the most from a systematic and strategic approach to making cessation available and affordable.

Participants

For years it had been customary in the design of tobacco control and cessation strategies in particular, the National Commission against Addictions to act alone, listening to opinions and suggestions but not working with other institutions. An important achievement of our Project has been that this entity and its National Office for Tobacco Control received with the best disposition the initiatives of the Inter-American Heart Foundation Mexico and the National Alliance for Tobacco Control (ALIENTO) and integrated Both to the development of the new strategy on cessation and equal with 10 government institutions and 2 private organizations:

1. Centers for Youth Integration, A.C. (CIJ).

2. Coordination of Research and Prevention of Smoking, Faculty of Medicine, National Autonomous University of Mexico.

3. General Hospital of Mexico "Eduardo Liceaga (HGM).

4. Mexican Institute of Social Security (IMSS).

5. Institute of Security and Social Services for State Workers (ISSSTE).

6. National Cancer Institute (INCAN).

7. National Institute of Respiratory Diseases (INER).

8. National Polytechnic Institute (IPN).

9. Petroleos Mexicanos (PEMEX).

10. Secretariat of National Defense (SEDENA).

As well as two private organizations:

1. Hodgers Aida Isibasi Clinic Against Tobacco (State of Sonora)

2. Clinic Thank You I don't Smoke (State of Querétaro).

The potential for dissemination of treatment to smoking is very important because 334 Primary Care Centers for Addictions (CAPA) depend on CONADIC itself and CIJ has 114 Operative Units, so that these establishments reach the 32 federal entities of the country.

4. **Methods** The National Situation Analysis (NSA) questionnaire was adapted to Mexico and was distributed among the leading institutions in the process of cessation. Before sharing the questionnaire we held briefings with one or several institutions, prior to the first face-to-face meeting with the authorities of CONADIC and ONCT. Although the changes of officials in CONADIC and ONCT significantly delayed the start of the project, institutions and organizations expressed early to FIC Mexico and to ALIENTO their interest and desire to participate.

The ceasing leaders of the 12 participating entities, the CONADIC/ONCT staff and the representatives of FIC Mexico and ALIENTO reviewed separately and in group Article 14 of the Framework Convention on Tobacco Control, as well as the Guidelines for The implementation of Article 14 of the WHO Framework Convention on Tobacco Control (Demand Reduction in Relation to Tobacco Dependence).

On October 13 2015, we held our first face-to-face session with all participating institutions and organizations in the Multiple Use Room of the Ministry of Health. The National Commissioner against Addictions sent the invitations to the authorities of those institutions and organizations. The Director of the National Office for Tobacco Control, Mtro. Juan Arturo Sabines Torres and the Coordinator of the National Tobacco Control Alliance, Juan Núñez Guadarrama, explained the reasons for the project, their scope and explained the steps to follow.

Together with the National Office for Tobacco Control we reviewed the results of 12 questionnaires for the National Situation Analysis of treatment of smoking in the country. All institutions ratified their agreement with our strategies.

At that meeting, the ALENTO Coordinator proposed that, in parallel with the response to the questionnaires on the National Situation Analysis, a small group of National Experts in Cessation should be integrated to update and standardize the names and characteristics of the cessation services because each institution had its own specifications of such services.

Participants accepted and the Director of the ONCT said that this group (which also included representatives of FIC México and ALIENTO) would henceforth be a permanent adviser to the ONCT. During 2016, the Group held 6 meetings at the CONADIC installations, which enabled the authority (CONADIC/ONCT) to issue National Guidelines for the Operation of Tobacco Cessation Services.

Dr. Martin Raw, and Dr. Beatriz Marcet Champagne, international project advisors, followed the process at all times, providing specific suggestions.

With the personal participation of Dr. Beatriz Marcet Champagne and by Dr. Martin Raw (Through remote communication) the General Meeting for reviewing questionnaires and issuing recommendations on the National Situation Analysis took place on October 25, 2016 in the meeting room of CONADIC. The meeting made it possible to jointly review the findings of the questionnaire, to discuss points of interest or controversy, and to deepen the understanding of the facts and situations that influence the cessation of tobacco use, in order to enrich the consensus level around the strategy for Improve the availability and affordability of cessation services.

The review of the results of the National Situation Analysis (NSA) made it possible to formulate recommendations and strategies to improve support for cessation in Mexico. A written report, approved by CONADIC, summarized the following steps, aimed at facilitating the work of the actors to implement the strategies identified. It was agreed that these include the expansion of the short-term health advice for cessation of tobacco use in the first level of care, 100% smoking status in the

medical records, as well as promoting propaganda and motivation for smokers to identify smoking as a disease and a serious risk to their health and consequently seek treatment.

Together with CONADIC/ONCT, we promoted and participated in group meetings, conferences, courses and forums with health professionals from the National Institutes of Cancerology and Respiratory Diseases, the Mexican Institute of Social Security and the Institute of Security and Services Social of the State Workers. CONADIC/ONCT updated the lines of Action and Actions of the Anti-Smoking Program 2013-2018 regarding cessation.

Both the Inter-American Heart Foundation Mexico (FIC) and the National Alliance for Tobacco Control (ALIENTO) know and have maintained good communication with the leading leaders in the country's cessation. However, working together with them in this project allowed us to explore other possibilities of influencing health professionals (and other disciplines) to give smoking treatment the place it deserves as part of public policies for the control of smoking. tobacco. Considering our experience in networking, as well as the experience of having established in 2008 the ALIENTO alliance and in 2013 the Mexico Salud-Hable (Health-Speaking) Coalition which advocates on noncommunicable diseases, we propose to our colleagues the proposal to integrate a coalition of professionals on cessation.

The project has encouraged constant communication and joint work with the authorities of the National Commission Against Addictions and the National Office for Tobacco Control especially with Mtra. Maria Jose Martinez and Mtro. Arturo Sabines. For the first time in the history of smoking cessation treatment in Mexico, these government agencies have joined professionals from other institutions and civil society to design public policies to bring attention to the tobacco epidemic and provided greater opportunities for collaboration in updating the Mexican Official Standards on Prevention, Treatment and Control of Addictions.

By partnering with organizations working in the field of non-communicable diseases, we have had more presence in media, among legislators and other government officials. In particular we performed several actions (courses, forums) on cancer and its relationship with tobacco consumption. On several occasions we also participated in press conferences and forums in the Chamber of Deputies.

We have also had significant participation in the Inter-Agency Committee to Combat Tobacco, which the National Institute of Respiratory Diseases has held every year. Our colleagues from different institutions have supported our proposals to give smoking cessation the attention it deserves.

Very important was the participation of the national medical adviser to the project, Dr. Elma Correa in the Rochester Summit, convened by Global Bridges in May. She exchanged experiences with colleagues from other countries in similar situations and learned what they had done to address problems similar to those that we have in Mexico.

5. **Outcomes** The country now has the National Situation Analysis (ASN) on the treatment of smoking, previously non-existent. This was the result of the work of members of 10 government institutions and 2 private clinics, coordinated by the National Commission against Addictions and the National Office for Tobacco Control, the Inter-American Heart Foundation Mexico and the National Alliance for Control Of Tobacco. The findings of the ASN will facilitate the best performance of 114 Operational Units of Youth Integration Centers and 334 Primary Addiction Centers (CAPA) located in areas of high population density in the 31 states and the capital of Mexico.

Likewise, a Permanent Group of Specialists in Cessation of 5 leading institutions in cessation was formed, which advises ONCT and CONADIC. One of the relevant tasks of the project was the design of the National Guidelines for the Operation of Tobacco Cessation Services.

The Coalition of Specialists in Smoking Treatment (CENTRA) was established on March 31, 2017 with professionals from 12 government institutions and private organizations. Its members pointed out: The design and actions to implement public policies on tobacco control have in practice underestimated the promotion of tobacco cessation services, treatment for nicotine addiction, which allows us to comply with what is recommended in Article 14 of the WHO Framework Convention on the subject.

It is desirable that those who care for patients by smoking, in addition to carrying out their work with professional rigor, sufficiency and opportunity, may already be able to form a better communicated and interacting community, with access to avant-garde knowledge and proven clinical practice, As a quality interlocutor before the decision makers in the country, in order to give the treatment of smoking the rank it deserves in the Health System, and provide it with the corresponding resources.

That is why today we publicly agreed to form a coalition of health professionals and complementary disciplines, which provide in the country services for cessation or treatment of nicotine addiction in government institutions or private and social organizations.

The Coalition of Specialists in Smoking Treatment (CENTRA) was born.

On March 31, 2017, the First Plural Meeting on Cessation of Tobacco Consumption was held, organized by the National Commission against Addictions and the National Office for Tobacco Control, supported by the Inter-American Heart Foundation Mexico and the National Alliance for

Tobacco Control as part of the Global Bridges Alliance-sponsored project and the Pfizer Independent Grants for Learning and Change.

The Meeting marked the culmination of the project Strengthening the capacity of the health system to implement Article 14 of the Framework Convention on Tobacco Control through the promotion of a more strategic approach to expand the treatment of tobacco dependence, which began in October 2015.

The Meeting met its objectives by opening a plural space and open to the analysis, discussion, debate and signing of agreements around the application of Article 14. The findings of the National Situation Analysis (ASN) of the treatment of smoking In Mexico and the National Guidelines for the Operation of Tobacco Cessation Services were announced, in addition to ratifying a joint permanent work agenda among the governing health institutions, private organizations and professionals of the cessation.

Very important was the participation in the Meeting of professionals of the cessation that worked in the states of the country for many years, but that had maintained little communication with his colleagues of the capital of the country. Since 1999, Mexico has not had the opportunity to bring together tobacco treatment specialists, who face different challenges in their communities, including the still low risk perception of people, particularly those who smoke; In certain social strata there is even permissiveness for adolescents to smoke.

Manuel Mondragón and Kalb, the National Commissioner against Addictions, presided over the closing ceremony of the meeting, and when he was Secretary of Health of the Government of the Federal District, in 2008, he promoted the Law on the Protection of the Health of Non-smokers.



With the participation of 90 professionals from the main institutions of the Health Health Sector and private organizations, on March 31, 2017, the First Encounter Plural was held in the auditorium "Frida Kahlo" of the Marriott Reforma Hotel in Mexico City On the cessation of tobacco

consumption, organized by the Ministry of Health, the National Commission against Addictions, the Inter-American Heart Foundation Mexico and the National Alliance for Tobacco Control (ALIENTO) under the auspices of the Global Bridges Alliance for Treatment of Tobacco Dependence and the Pfizer Grant Program for Learning and Change.



Since 1999, there were not so many professionals in the process of cessation in Mexico.

The Meeting marked the culmination of the project Strengthening the capacity of the health system to implement Article 14 of the Framework Convention on Tobacco Control through the promotion of a more strategic approach to expand the treatment of tobacco dependence, which began in October 2015.



**Participants from Governmental institutions
and private organizations.**

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The Government ratifies this

COMMITMENT WITH THE CESSATION

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Representatives of the Institute for the Care and Prevention of Addictions in Mexico City, Centers for Youth Integration, CDMX Health Secretariat, National Commission against Addictions, Inter-American Heart Foundation Mexico, Mexican Social Security Institute, Mexican Counsel against The Tobacco and Institute of Security and Social Services for the Workers of the State.

The participants in the project considered that cessation of tobacco use received wide promotion within the institutions of the Health Sector and in private clinics. Among the policies promoted by the Framework Convention on Tobacco Control, the application of Article 14 had been underestimated compared to the rise in taxes or smoke-free environments.

Health personnel tended to overlook the importance of treatment, but through our participation in workshops and forums with health professionals in legislative spaces and media, we believe we have contributed to a greater awareness among health service providers , But also among users of the same. In Mexico, the lack of perception of risk to smoking and the permissiveness of tobacco use, including in young people, has been conspicuous.

The ASN allows the health professionals to disseminate the available therapeutic approaches and medicines and to promote an incipient treatment access culture.

6. List of publications y products

Publicación *Fortalecimiento de la capacidad del sistema de salud para implementar el artículo 14 del Convenio Marco para el Control del Tabaco mediante la promoción de un enfoque más estratégico que permita ampliar el tratamiento de la dependencia del tabaco.*

- Reporte de Resultados
- Relatoría amplia de la segunda sesión 251016.
- Lineamientos Nacionales para el Funcionamiento de los Servicios para la Cesación del Consumo de Tabaco 150517.
- Nota Primer Encuentro Plural sobre Cesación310317.
- Reporte de Conferencia de Prensa 220217.
- Directorio CENTRA 150517.
- Propuesta ENTRA 290317.
- MENSAJE CLAVE 210217.
- DECLARACIÓN CENTRA 310317.

1. Structured summary and five elements Los resúmenes estructurados pueden tener un máximo de 250 palabras.

Purpose: A strategy was developed with the National Commission against Addictions (CONADIC) to improve the application in Mexico of Article 14 of the WHO FCTC that extends the impact of treatment to smoking in the population.

Scope: With 17.3 million smokers, Mexico is the country with the second highest percentage of those who want to quit (GATS 2008-2010), but the treatment has been heterogeneous, centralized and of variable quality. For this reason, the 12 leading institutions in the process of cessation, several with national representation, operated 500 cessation services and had the potential to influence 19,500 units of state health and social security systems, were incorporated into strategy.

Methods: The National Situation Analysis (Raw, 2013) was applied, which allowed to know the current state of tobacco control in the country and the support for cessation and to identify the next steps to improve these supports. Interviews and discussion meetings and proposals were conducted with the National Office for Tobacco Control of CONADIC, with 5 national experts on cessation and representatives of the 12 participating entities.

Outcomes: Mexico today has its National Situation Analysis on Tobacco Treatment, with a National Expert Group on Cessation, whose work allowed CONADIC to issue National Guidelines for the Operation of Tobacco Cessation Services; The Coalition of Specialists in Smoking Treatment (CENTRA) was created and the First Plural Meeting on Cessation of Tobacco Consumption was held with 90 professionals from different institutions.

Keywords: Article 14, Treatment, Smoking, Strategy, Analysis, Guidelines, Coalition. *Esta página fue revisada de noviembre de 2011*