



		Low resources		High resources	
RECOMMENDATIONS WHO-MAYO	SCENARIO A LOW PRIORITIZATION	SCENARIO B HIGH PRIORITIZATION	SCENARIO C LOW PRIORITIZATION	SCENARIO D HIGH PRIORITIZATION	
<p>General policy measures</p> <ul style="list-style-type: none"> ■ Governments, health providers and communities are responsible for motivating tobacco users to quit and remain abstinent. They should educate the public about the health risks of tobacco use, encourage tobacco users to seek treatment, and make treatment available, affordable and accessible. 	<ul style="list-style-type: none"> ◆ Use health education and information to encourage tobacco- use cessation and prevention; ◆ Encourage culturally relevant motivations (e.g. family, religion) to promote cessation; ◆ Use public-service announcements and low-cost quitlines to promote cessation. 	<ul style="list-style-type: none"> ◆ Increase awareness of smoking cessation using cigarette packages; ◆ Increase taxes to fund and support public mass-media campaigning to raise awareness of tobacco and increase motivation to quit tobacco use; ◆ Encourage NGOs to set up and advocate the use of quitlines/helplines or other telecommunications media such as internet-based services. 	<ul style="list-style-type: none"> ◆ Promote development of "Quit and Win" type intervention programmes; ◆ Use key society leaders (politicians, artists, scientists) as role models for smoking cessation in public events, television and media advertising campaigns; ◆ Include key messages in school curricula on the health benefits of quitting. 	<ul style="list-style-type: none"> ◆ Encourage community leaders to participate in and implement community-based smoking cessation strategies - i.e. enforcing smoke-free public places, "Quit and Win" approaches; ◆ Provide intensive group or individual therapy to all those who need it. 	



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<p>MONITOR AND REGULATE TOBACCO USE</p> <p><u>General principals</u></p> <p>Governments should monitor and report on tobacco-use behaviour and its impact on cessation rates;</p> <p>Regulatory authorities should prohibit marketing strategies that give a false impression of minimized risks;</p> <p>Governments should collaborate to provide meaningful and accurate ratings of nicotine and other toxic substances in tobacco products and reduce the toxicity and addictiveness of these products;</p> <p>Treatment medication should be at least as accessible as tobacco products.</p>	<p>SCENARIO A LOW PRIORITIZATION</p> <ul style="list-style-type: none"> ◆ Encourage NGOs, academic institutions and health professionals to monitor tobacco use; ◆ Pressure governments to monitor illegal tobacco-trade markets. 	<p>SCENARIO B HIGH PRIORITIZATION</p> <ul style="list-style-type: none"> ◆ Support surveys and facilitate efforts of institutions to conduct surveys and monitor tobacco products; ◆ Support the monitoring and dissemination of information on the tobacco industry and its marketing practices; ◆ Pressure regulatory authorities to prohibit marketing strategies that give false reassurance about minimal health risks and which divert attention from quitting. 	<p>SCENARIO C LOW PRIORITIZATION</p> <ul style="list-style-type: none"> ◆ Encourage researchers and health professionals to conduct research, evaluate products, and make findings public through mass media; ◆ Encourage existing laboratories and researchers to conduct exploratory research on tobacco products. 	<p>SCENARIO D HIGH PRIORITIZATION</p> <ul style="list-style-type: none"> ◆ Make treatment more available and accessible by implementing existing recommendations; ◆ Develop new methods to reduce the harmfulness of tobacco products; ◆ Develop a regulatory framework for tobacco products.



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<p>DEVELOP NEW TREATMENTS</p> <p>General policy measures</p> <p>Governmental and NGO/scientific organizations at local and international levels should define and promote a research agenda to explore:</p> <ul style="list-style-type: none"> ■ The impact of different treatment interventions across different cultures and settings; ■ The efficacy and safety of NRT across special groups like pregnant women, adolescents and other population groups; ■ The relationship between tobacco brands and nicotine exposure among different populations and races; ■ Partnership with international agencies (e.g. SRNT to build research capacity). 	<ul style="list-style-type: none"> ◆ Explore the use of culturally relevant behavioural treatments at community level; ◆ Encourage political leaders to support innovative treatment development; ◆ Integrate treatment of tobacco- dependence research into other related fields. 	<ul style="list-style-type: none"> ◆ Promote culturally relevant behavioural treatments that are evidence-based; ◆ Develop pilot programmes to use and evaluate medications and adherence to them among the general population; ◆ Extend treatments to special populations such as children, adolescents and pregnant women. 	<ul style="list-style-type: none"> ◆ Develop more culturally relevant treatments for all populations; ◆ Support research and development of pharmaceuticals and new behavioural approaches for smoking cessation; ◆ Evaluate more effective means of sustaining abstinence and addressing relapse. 	<ul style="list-style-type: none"> ◆ Encourage private sectors to fund independent research administered by NGOs; ◆ Develop research programmes to assess and evaluate the impact of pharmacotherapies in the general population; ◆ Promote international cooperation in research training programmes.