

Pact on Tobacco for Hospitals and Health Services

Preamble

Tobacco consumption is the single most preventable cause of death and disability in the world. In 2008, tobacco killed more than 5 million people world wide – by 2030 the death toll will exceed 8 million a year, if society does not react. Tobacco kills more than tuberculosis, Aids/HIV and malaria combined. Tobacco smoke harms every organ of the body and kills up to half of its consumers. There is no safe level of exposure to second hand smoke. Second hand smoke exposure contributes to a range of diseases including heart disease and many cancers. The health consequences related to tobacco consumption impact severely on the health budgets of countries around the world. Socially disadvantaged populations are the most at risk and carry the greatest burden of premature death and disease.

Hospitals and health care services have an important obligation to join the effort to reduce the use of tobacco in all its forms and its deleterious health effects. This obligation should be seen in a larger dimension of tobacco control, tobacco cessation and prevention activities in hospitals and health care facilities and should also include the participation in tobacco prevention activities at community level to create a tobacco free environment for all.

The right to the highest attainable standard of physical health is laid down in the Charter of Human Rights and particularly in the International Covenant on Economic, Social and Cultural Rights (ICESCR). The Ottawa Charter sets out the general conditions for health promotion and The Framework Convention on Tobacco Control developed by the World Health Organisation sets international standards for the effort against tobacco. These international agreements and strategies require everyone to work together. Health professionals therefore should become involved, particularly those directly in contact with tobacco users such as doctors, dentists, nurses, psychologists, midwives, etc. by committing personal engagement to the effort for instance by signing the TFU Charter for Health Personnel <http://ensh.gargatek.com/tfu-form.php>

Health professionals are regarded as role models and have the trust of the population, the media and policy makers. Their personal support of and participation in the fight for a tobacco free society is essential in the effort to denormalise tobacco use among the general population both in explicit and implicit ways. On a corporate level, TFU provides organisations and institutions active in public health (hospitals, health care facilities, public health bodies etc.) with an opportunity to demonstrate their commitment through the endorsement, signature and implementation of the TFU Pact. Comprehensive implementation of the TFU Pact on organisational, professional, individual (patients and personnel) regional or national level is supported by the ENSH Code and Standards and through the sharing of Good Practice in national and international ENSH Networks. More information on www.ensh.eu

The TFU Pact is intended to put forward a common philosophy with clear objectives to which organisations of HPH and ENSH can commit to with a view to supporting a comprehensive tobacco control policy within and outside their organisations. The objectives of the Pact are in line with the World Health Organisations' strategy to reduce tobacco consumption world wide laid down in the WHO Framework Convention on Tobacco Control (FCTC) and the policy recommendations of the WHO "MPower" Pack. The TFU Pact is inspired by the WHO recommendations on "The Role of Health Professionals in Tobacco Control" that integrates regional policy recommendations aiming at a better participation of health professionals in Tobacco cessation.

PACT

By adhering to the TFU Pact, healthcare organisations (such as HPH and ENSH member organisation) will to the best of their abilities, strive to implement the measures laid down herein after.

On organisational level

1. to promote and facilitate the implementation of comprehensive tobacco free policies in hospitals and health care facilities based on evidence based approaches and good practice.
2. to promote exclusively evidence based tobacco cessation treatment methods that conform to the differing needs of individual tobacco users taking into account socio-economic status, age, education, ethnicity and gender
3. to dedicate financial and/or other resources to tobacco control – including dedicating resources to the implementation of the objectives of this Pact
4. Include tobacco control in the agenda of all relevant health-related congresses and conferences and reach out to organise or participate in tobacco control activities/ campaigns regionally or nationally and extend networking in tobacco control beyond the HPH/ENSH organisations
5. to refrain from accepting any kind of tobacco industry support- financial or otherwise – and from investing in the tobacco industry

On professional level

6. to encourage health institutions and medical educational centres to include tobacco control in the curriculum of pre, post and continued education and other training programmes
7. to get involved in the development of evidence based guidelines in tobacco /smoking cessation and engage in research activities
8. to take measures to make cost-effective and affordable interventions available to reduce tobacco consumption and dependence
9. to support the inclusion of tobacco control in the agenda of all relevant health-related congresses and conferences and make sure that all events are tobacco/smoke free.
10. to establish a stated policy on any commercial or other kind of relationship with partners who interact with or have interests in the tobacco industry through a declaration of interest.

On individual level

11. to encourage and support health professionals (staff and colleagues) to endorse the TFU Charter for health personnel and become role models by not using tobacco and by implementing a tobacco-free culture in the workplace
12. to commit health professionals within the organisation to routinely record and monitor the tobacco consumption/smoking status of all patients and record their subsequent actions /interventions in an integrated routine record system.
13. to ask health professionals to share their knowledge on the impact of tobacco on health with the wider community (schools, clubs, public services etc) and to collaborate with external tobacco cessation services

On legislative level:

14. to facilitate and support participation of health professionals (staff and colleagues) in the development of tobacco free policies, tobacco prevention and tobacco/smoking cessation guidelines within their organisation or community
15. to encourage regional and national governments to develop effective tobacco control measures especially with regard to Article 8 (Protection from exposure to tobacco smoke) and Art. 14 (Demand reduction measures concerning tobacco dependence and cessation) of the FCTC
16. to advocate with other health professional groups and the tobacco control community for effective implementation of existing tobacco control legislation
17. to engage in and support media related advocacy for tobacco prevention and cessation
18. to contribute to the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry.

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(References used in this document are available on request)