

Healthcare professionals and the tobacco control

“From counsel to cessation”

“Patient First”

*“ Vision with Action
CAN CHANGE
the progression of
tobacco use ”*



SMOKING  HEALTH

“DEATH”

Tobacco use in Lebanon

- Number of smokers is the highest in the region and in the world

	Among youth (13–15)		Among adults	
Smoked tobacco prevalence (%)	Current tobacco smoking	Current cigarette smoking	Current tobacco smoking	Current cigarette smoking
Male	41,9	17,7	43,2	32,3
Female	31,4	6	33,8	20,5
Total	36,2	11,3	38,2	24,7

- 3500 preventable death/year

Youth: Global Youth Tobacco Survey, 2011; National, ages 13–15 (CDC)
Adult: Lebanese National Tobacco Program survey, 2010; National, ages 18–100
WHO Report on the Global Tobacco Epidemic, 2013

Lebanon : the heaven for smokers



- WHO: March 2004, Framework Convention on Tobacco Control (CCLAT)
- Signed by 168 countries (Lebanon)
- Lebanon: March 2006, entered into force

Objectives of Tobacco control

- Decrease the incidence of new users (teen-agers + + +)

Health
Professionals'
role



- Increase quit-smoking rate
- Maintain abstinence at the long term



WHO Objective, 2025:



Tobacco-use by 30%

Health professionals: well placed to make a difference

- Image, expertise, professionalism
- Different roles in the smoking cessation:
 - ✓ Daily practice : advise, credible health information (risks, benefits), refer
 - ✓ The model (47,5%): non smoker
Boost smoker's motivation to quit



Smoking by Healthcare professionals is a barrier to
tobacco interventions

*Sources: OMS(CCD) Lebanon – Dental Students (3rd Year Students Only) Global Health Professions Student Survey (GHPSS)
Center of Diseases Prevention and Control (CDC)*

HOSPITAL, because of its missions is:

- Major actor of the health politics
 - Place to provide health care
 - Place for education and research
- Place of excellence, quality and security
- Place for patients, for workers, for visitors



- ✓ Major actor in the tobacco control
- ✓ Improving quality of health care

HOSPITAL: public place

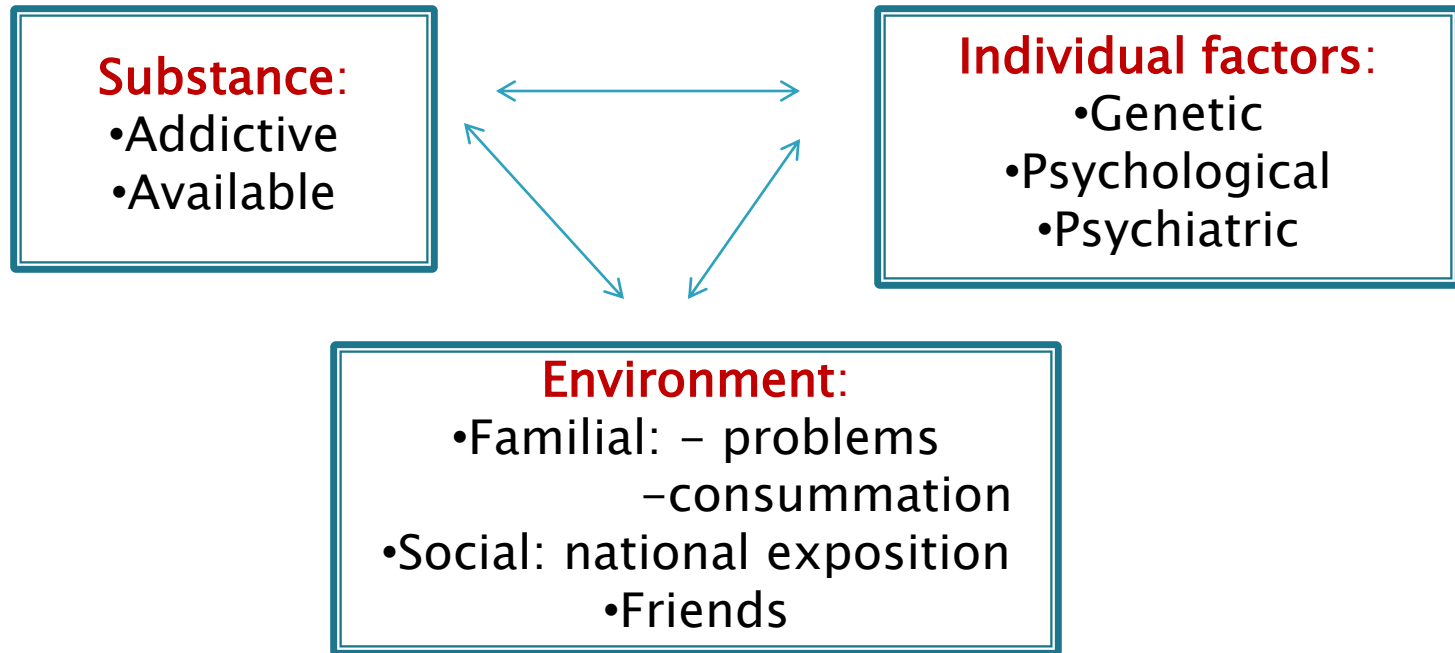
- Permanent contact between people and health professionals
 - 145 hospitals/11 886 beds
 - 229 529 inpatient admissions/year
- Adding to this the outpatients, the medical staff, the students, the employees, the visitors
 - 30–40% of the Lebanese population/year

Source: Recueil national des statistiques sanitaires au Liban

HOSPITAL: major actor of the tobacco control

- Principal actors are the **healthcare professionals**
 - **Global Strategy:**
 - Motivation and implication of all the actors
 - Adaptation of the project to the culture of the hospital
 - **Communication/Information**
 - Training of the healthcare professionals
 - **Lasting and continuous action**
 - Quit-smoking consultation
 - Cooperation (Scientific societies, NGO...)

Addiction = S x I X E



- Addiction to tobacco is **double:**
- Physical (nicotine) (Fagrenstrom Test)
 - Psycho-behavioral (Horn Test)

Fagrenstrom Test

Physical addiction to nicotine

1. How many cigarettes do you smoke per day ?	<ul style="list-style-type: none">– 10 or less– 11 to 20– 21 to 30– 31 and more	<ul style="list-style-type: none">0123
2. In the morning, how long after you wake up, do you smoke your first cigarette?	<ul style="list-style-type: none">– Less than 5 minutes– 6 to 30 minutes– 31 to 60 minutes– After more than 1 hour	<ul style="list-style-type: none">3210
Interpretation	<ul style="list-style-type: none">– 0–1: No addiction– 2–3: Moderate addiction– 4–5–6: Strong addiction	

Horn Test

Psycho-behavioral addiction

- 18 questions
- Evaluation of the perceived effects:
 - ✓ Pleasure of smoking
 - ✓ Relaxation
 - ✓ Anxiety
 - ✓ Stimulation (Intellectual/Physical)
 - ✓ Need to smoke (absolute)
 - ✓ Behavior (acquired)

Which approach in our daily practice?

Systematic screening of smokers
Brief interventions: 5A's

- **A**sk, **A**dvice, **A**ssess, **A**ssist, **A**rrange
- Highly-recommended evidence-based
- Brief and repetitive interventions (1 to 5 min)
- **E**mpathy
- Listen without judgment



HELP SMOKERS TO PROGRESS TOWARD QUIT

- If individual action: 2% more will quit/year

The 5A's approach

*Systematic
SCREENING*

ASK: Do you smoke?

NO

Past smoker?

NO

Felicitation

YES

Maintenance stage:

Former smokers: >6 M, <5 Y

Encourage the abstinence:
Challenge

YES

ADVISE: to quit

ADVISE: counsels to quit

- Systematically to all smokers
- Use terms related to health: good, bad, profits/risks
- All tobacco products are bad for health
- It is never too late to quit
- The risks of the second-hand smoke

ADVISE: brief, clear, personalized counsels

EMPATHY

- *Brief* : 3 minutes
- *Clear* : « It is important that you quit, and I can help you. »
« It is never too late to quit and it is even better if you quit early. »
- *Personalized* :
 - ✓ Symptoms, diseases
Second-hand smoke (children...)
 - ✓ Costs, Social issues

Immediate profits: after the last cigarette

20 Minutes	• B.P and Heart rate → Normal
8 Hours	• CO (blood) → → By half • Organ oxygenation → Normal
24 Hours	• Heart: MI risk begins to → • Lungs: Elimination of mucus and smoke residues begins • Nicotine=0
48 Hours	• Taste and smell : improves
72 Hours	• Bronchus: dilated • Lung functions: improve • Respiration: easier • Energy: →

Short and long terms profits

2 weeks– 9 months	<ul style="list-style-type: none">• Cough →• Shortness of breath improves (walk)• Bronchial cilia : regeneration
1 year	<ul style="list-style-type: none">• Heart : MI risk → by 50%• Stroke risk begins to →• Mouth, throat, esophagus: cancer risk →
5 years	<ul style="list-style-type: none">• Lungs: cancer risk → by 50%• Stroke risk: equal to a non-smoker
10–15 years	<ul style="list-style-type: none">• Heart: MI risk equal to a non-smoker• Life expectancy: equal to never smoke

The 5A's approach

ASK

ADVISE

ASSESS:

Do you intend to quit?

Explore the ambivalence

Motivation , Stage of change (WHEN?)

ASSESS: the Motivation (1)

Readiness ruler:

How important is for you to quit smoking?

0 1 2 3 4 5 6 7 8 9 10



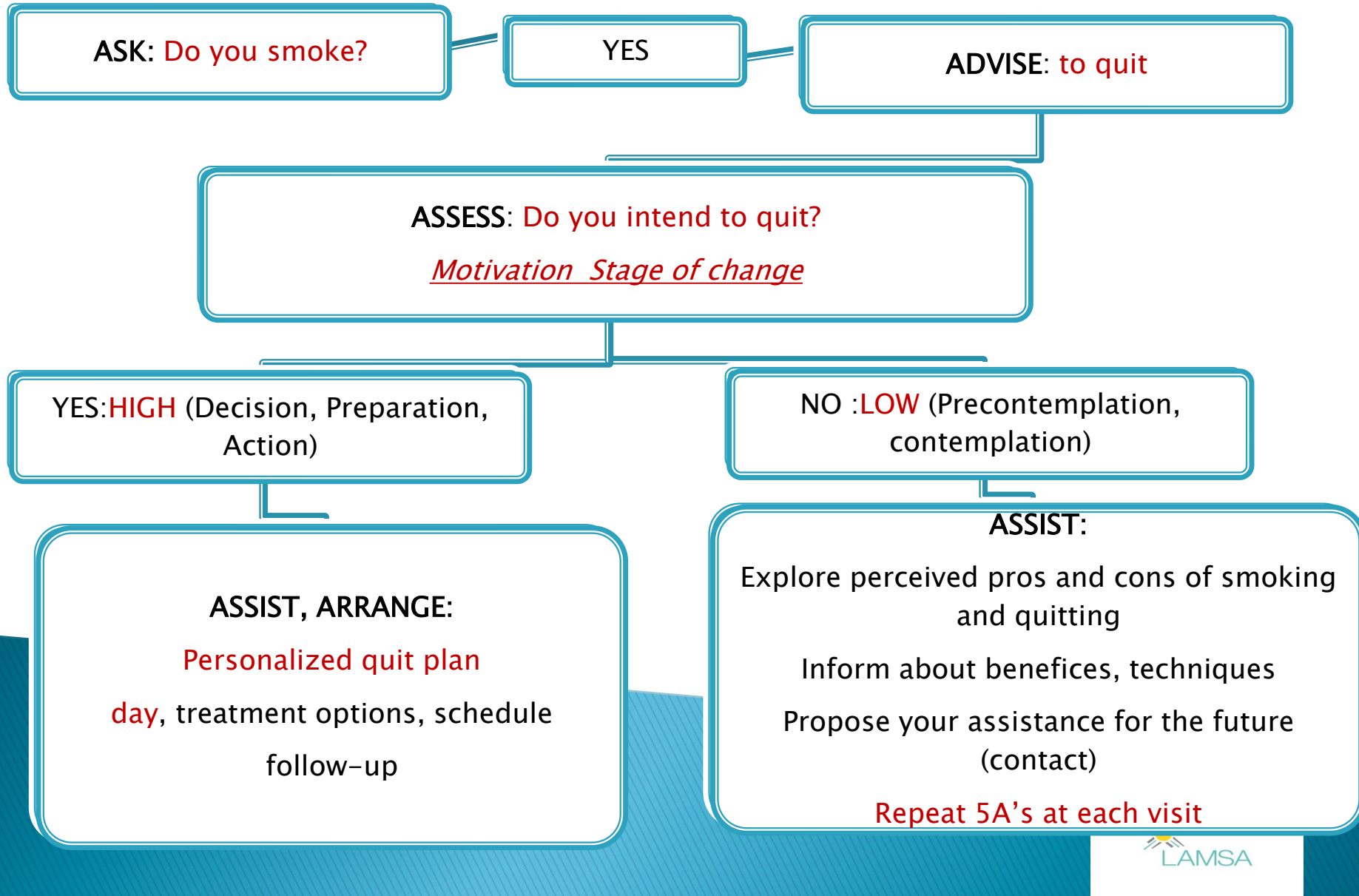
0: Not important at all
10: Extremely important

ASSESS: the Motivation (2)

When do you intend to quit? Stages of change:

Precontemplation	Not planning on quitting within the next 6 months
Contemplation	Considering quitting within the next 6 months (no attempt last year)
Decision/Preparation	Planning to quit within the next 30 days (attempt last year)
Action (recently quit)	Not currently smoking and stopped within the past 6 months
Maintenance (former smoker)	Not currently smoking and stopped >6 months but <5 years

The 5A's approach



Brief interventions are effective (5 A's)

- Evidence-based performing way to increase motivation to quit
 - Minimal intervention < 3 minutes :
 - ✓ Increases overall abstinence rates
 - ✓ Highly cost-effective
 - ✓ Fully implement of the 5 A's show better results than those with partial or inconsistent use
- Pregnant women and youth/teen-agers**

Source: Fiore, M. C., Jaen, C. R., & Baker, T. B. (2008). A clinical practice guideline for treating tobacco use and dependence: 2008 update a U.S. public health service.

Training of Healthcare professional

- Increase the **performance** of the healthcare professional in **counseling** :
 - ✓ Without training: 36 %
 - ✓ **With training: 65%**
- Increase the **quit rate at 6 months**:
 - ✓ Without training: 9%
 - ✓ **With training: 29%**

Physicians

- Cessation rate at 6 months:
 - ✓ Pharmaceutical therapy alone: 22%
 - ✓ Pharmaceutical therapy and **counseling** : 28%
 - ✓ Pharmaceutical therapy and **telephone counseling**: 28%
- At least 82% of patients want their physician to discuss smoking cessation often or at every visit

Sources: Fiore, M. C., Jaen, C. R., & Baker, T. B. (2008). A clinical practice guideline for treating tobacco use and dependence: 2008 update a U.S. public health service report.

Solberg, L.I., Maciosek, M.V., Edwards, N.M., et al. (2006). Repeated tobacco-use screening and intervention in clinical practice: health impact and cost effectiveness. American Journal of Preventive Medicine, 31, 62-71

HAS recommendations(1)

- Training for Systematic screening & Quit smoking techniques:
 - ✓ All health professionals (GP, OBGYN...)
 - ✓ Continuous Medical Education
 - Screening:
 - ✓ Education of medical students
 - ✓ Systematically in the hospitals
 - Training for motivational interviewing:
 - ✓ Highly recommended for all health professionals
 - Know most frequent **poly-addictions**

Objective of training: **psychological support**

HAS recommendations(2)

- Refer to a specialist (Addiction MD) :
 - ✓ Multiple attempts to quit
 - ✓ Psychiatric co morbidities
 - ✓ Polyaddictions
 - ✓ CBT (Cognitive Behavioral Therapy)

Motivational Interviewing

MOTIVATION

- Not included in the 5A's approach
 - Needs specific training
- Long interventions (20–30 minutes)
- Evaluation of the desires, beliefs and expectations/ tobacco use, cessation therapy
 - Questions:
 - « What do you gain by smoking? »
 - « For which reasons do you want to quit? »
 - « Are you afraid to quit? If yes, why? »
 - Assess self-confidence to quit

No-Smoking Confidence Assessment

- How big is your confidence in your ability to quit if you decide today?



Predictive success rate: **0% – 20% Not at all confident**
30% – 40% Slightly confident
50% – 70% Fairly confident
80% – 100% Very confident

Source: AHA

Financial issues

- According to a new study from the Massachusetts General Hospital, Boston (JAMA, 2014):
 - Quit smoking rate at 3 months:
 - ✓ 27% Counsel + **free medication** + phone calls V/S
 - ✓ 16% **Not free medication**

Financial aid **boost motivation to quit** by 70%

- Lebanon:
 - ✓ **No financial cover**
 - ✓ Cost of 3 months medication (NST) : 400 to 500\$

Lebanon

- **Health professional's role** in smoking cessation: 3d y dental students survey
 - ✓ 32.9% received formal training
 - ✓ 95.2% thought health professionals should get specific training
- Smoking **cessation support availability**:
 - ✓ Not available in primary care clinics
 - ✓ **Available in some hospitals**
 - ✓ Available at some health professional's offices

*Source: (Lebanon – Dental Students (3rd Year Students Only) Global Health Professions Student Survey (GHPSS), 2010, (OMS,CDC)
WHO Report on the Global Tobacco Epidemic, 2013*

“ACTIONS CAN CHANGE...”



- **Systematic Screening:**
 - ✓ Do you smoke?
 - **Approach 5A:**
 - ✓ Do you intend to quit? When?
 - **Counsel with Empathy**
- **Training** in smoking cessation approaches
 - **Financial aid**
- **Team work, Cooperation**

*World No Tobacco
Day
May 31, 2015*



“ The way in which you talk with patients about their health can substantially influence their personal motivation for behavior change.”

(Rollnick, Miller & Butler)

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Thank you for your attention

Lebanese Association of Medical services for Addiction (NGO)