Healthcare professionals and the tobacco control

“From counsel to cessation”
"Vision with Action CAN CHANGE the progression of tobacco use "

SMOKING ➡️ HEALTH ➡️ “DEATH”
Tobacco: Global epidemic

- 1 milliard of smokers worldwide
- 6 millions deaths/year (50%), 600 000 of them are passive smokers
- 1st preventable cause of mortality
- Principal risk factor of the non-transmissible diseases (60% of mortality)

The biggest public health issue:
In 2030, 70% of deaths will be caused by tobacco

Source: OMS: www.who.int/topics/tobacco
Tobacco use in Lebanon

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

<table>
<thead>
<tr>
<th></th>
<th>Among youth (13–15)</th>
<th>Among adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoked tobacco prevalence (%)</td>
<td>Current tobacco smoking</td>
<td>Current cigarette smoking</td>
</tr>
<tr>
<td>Male</td>
<td>41.9</td>
<td>17.7</td>
</tr>
<tr>
<td>Female</td>
<td>31.4</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>36.2</td>
<td>11.3</td>
</tr>
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</table>

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

WHO Objective, 2025: Tobacco-use by 30%

Health Professionals’ role
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/11886 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

**Substance:**
- Addictive
- Available

**Individual factors:**
- Genetic
- Psychological
- Psychiatric

**Environment:**
- Familial: – problems
  - consumption
- Social: national exposition
  - Friends

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?**
   - 10 or less: 0
   - 11 to 20: 1
   - 21 to 30: 2
   - 31 and more: 3

2. **In the morning, how long after you wake up, do you smoke your first cigarette?**
   - Less than 5 minutes: 3
   - 6 to 30 minutes: 2
   - 31 to 60 minutes: 1
   - After more than 1 hour: 0

**Interpretation**
- 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

- **Ask**, **Advice**, **Assess**, **Assist**, **Arrange**
- Highly-recommended evidence-based
- Brief and repetitive interventions (1 to 5 min)
  - Empathy
  - Listen without judgment

**HELP SMOKERS TO PROGRESS TOWARD QUIT**
- If individual action: 2% more will quit/year
The 5A’s approach

1. **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

- 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 Benefits: After the Last Cigarette

<table>
<thead>
<tr>
<th>Time</th>
<th>Benefits</th>
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<tbody>
<tr>
<td>20 Minutes</td>
<td>- B.P and Heart rate Normal</td>
</tr>
<tr>
<td>8 Hours</td>
<td>- CO (blood) By half</td>
</tr>
<tr>
<td></td>
<td>- Organ oxygenation Normal</td>
</tr>
<tr>
<td>24 Hours</td>
<td>- Heart: MI risk begins to</td>
</tr>
<tr>
<td></td>
<td>- Lungs: Elimination of mucus and smoke residues begins</td>
</tr>
<tr>
<td></td>
<td>- Nicotine=0</td>
</tr>
<tr>
<td>48 Hours</td>
<td>- Taste and smell: improves</td>
</tr>
<tr>
<td>72 Hours</td>
<td>- Bronchus: dilated</td>
</tr>
<tr>
<td></td>
<td>- Lung functions: improve</td>
</tr>
<tr>
<td></td>
<td>- Respiration: easier</td>
</tr>
<tr>
<td></td>
<td>- Energy:</td>
</tr>
</tbody>
</table>
## Short and long terms profits

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Health Effects</th>
</tr>
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<tbody>
<tr>
<td>2 weeks– 9 months</td>
<td>• Cough&lt;br&gt;• Shortness of breath improves (walk)&lt;br&gt;• Bronchial cilia: regeneration</td>
</tr>
<tr>
<td>1 year</td>
<td>• Heart: MI risk by 50%&lt;br&gt;• Stroke risk begins to&lt;br&gt;• Mouth, throat, esophagus: cancer risk</td>
</tr>
<tr>
<td>5 years</td>
<td>• Lungs: cancer risk by 50%&lt;br&gt;• Stroke risk: equal to a non-smoker</td>
</tr>
<tr>
<td>10–15 years</td>
<td>• Heart: MI risk equal to a non-smoker&lt;br&gt;• Life expectancy: equal to never smoke</td>
</tr>
</tbody>
</table>
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: Not important at all
10: Extremely important
**ASSESS: the Motivation (2)**

*When do you intend to quit? Stages of change:*

<table>
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<tr>
<th>Stage</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Precontemplation</td>
<td>Not planning on quitting within the next 6 months</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Considering quitting within the next 6 months (no attempt last year)</td>
</tr>
<tr>
<td>Decision/Preparation</td>
<td>Planning to quit within the next 30 days (attempt last year)</td>
</tr>
<tr>
<td>Action (recently quit)</td>
<td>Not currently smoking and stopped within the past 6 months</td>
</tr>
<tr>
<td>Maintenance (former smoker)</td>
<td>Not currently smoking and stopped &gt;6 months but &lt;5 years</td>
</tr>
</tbody>
</table>
The 5A’s approach

ASK: Do you smoke?

YES

ADVISE: to quit

ASSESS: Do you intend to quit?

Motivation Stage of change

YES: HIGH (Decision, Preparation, Action)

ASSIST, ARRANGE:
Personalized quit plan
day, treatment options, schedule
follow-up

NO : LOW (Precontemplation, contemplation)

ASSIST:
Explore perceived pros and cons of smoking and quitting
Inform about benefits, techniques
Propose your assistance for the future (contact)
Repeat 5A’s at each visit
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

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

HAS recommendations

- 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

- 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: 3rd year 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

“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

Lebanese Association of Medical services for Addiction (NGO)
“The way in which you talk with patients about their health can substantially influence their personal motivation for behavior change.”

( Rollnick, Miller & Butler )
Thank you for your attention