



Tobacco Prevention Conference

Danish Health Authority

Vejle, Denmark.

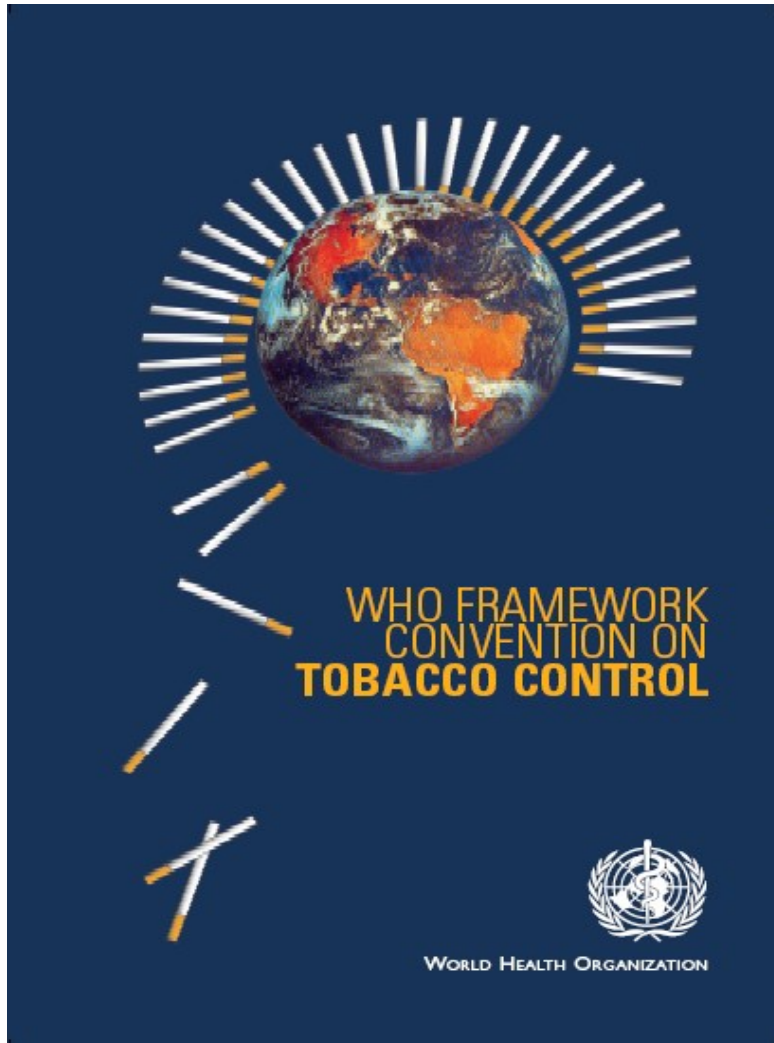
Prof Luke Clancy, Director General

TobaccoFree Research Institute Ireland, Dublin

Thursday the 22nd of March 2018

Conventional tobacco control policies

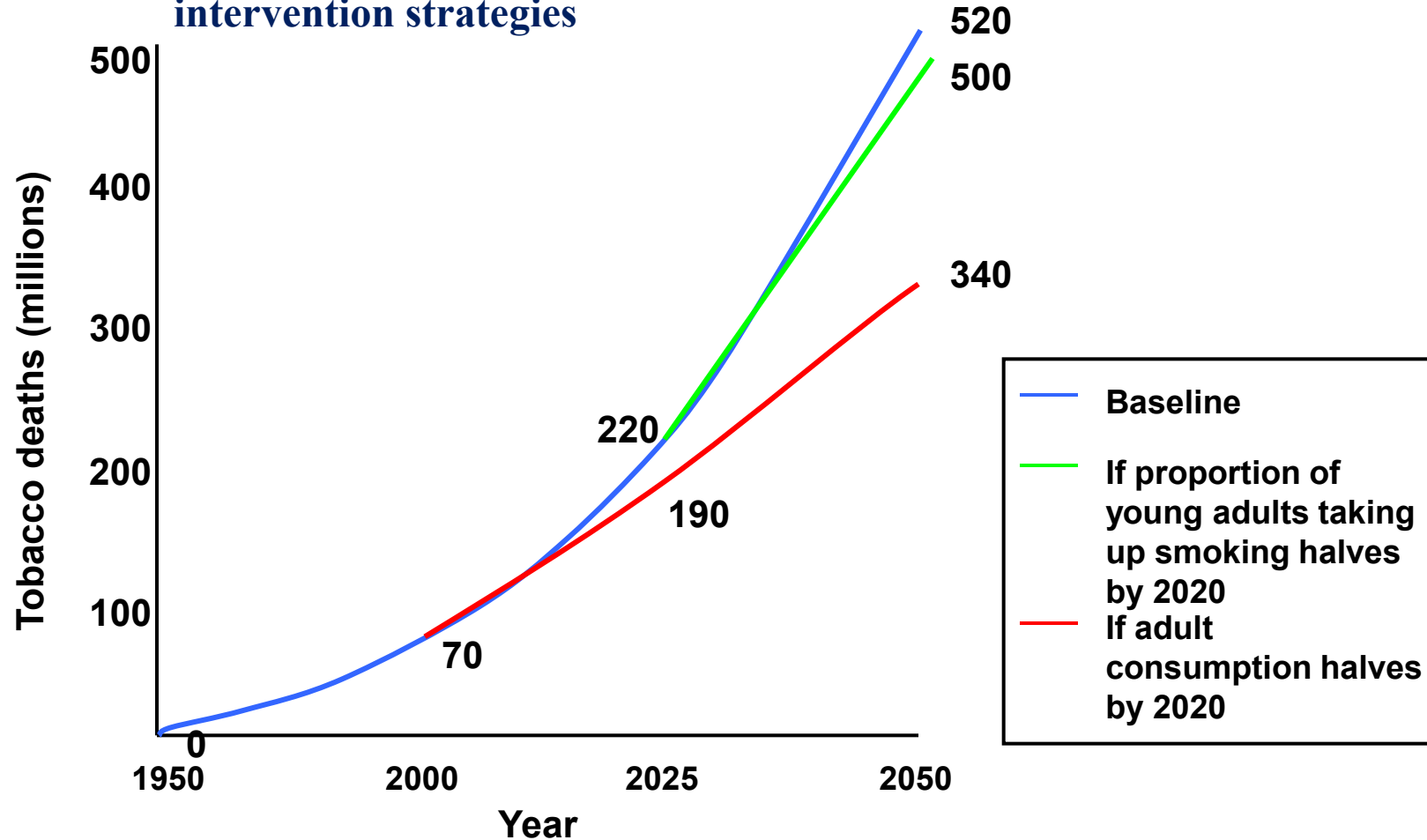
WHO, World Bank, others



- Price and tax increases
- Restrict advertising/other promotion
- Public awareness/health promotion
- Labelling/health warnings
- Cessation programmes
- Restrictions of supply to children
- Smokefree public places
- Product regulation

Unless Current Smokers Quit, Tobacco Deaths will Rise Dramatically in the Next 50 years

Estimated cumulative tobacco deaths 1950-2050 with different intervention strategies



World Bank. Curbing the epidemic:

Governments and the economics of tobacco control. World Bank Publications, 1999. p80.

Treating tobacco dependence

- Tobacco dependence is a chronic relapsing disease due to Nicotine addiction with its own ICD code-F 17.2¹
- Effective and cost-effective treatments are available² with an abstinence rate of 25-38% at 12 weeks³
- Very few smokers however are offered treatment⁴

It is important that medical practitioners take an active role in treating this disease



1. ICD10data.com, at: <http://www.icd10data.com/ICD10CM/Codes/F01-F99/F10-F19/F17->. Accessed July 2016.
2. Cost-effectiveness of pharmacotherapy for smoking cessation, 2012 National Centre for Smoking Cessation and Training (NCSCT), Briefing 7.
3. Anthenelli RM, Benowitz NL, West R, *et al.* Neuropsychiatric safety and efficacy of varenicline, bupropion, and nicotine patch in smokers with and without psychiatric disorders (EAGLES): a double-blind, randomised, placebo-controlled clinical trial. *Lancet* 2016 Apr 22. doi: 10.1016/S0140-6736(16)30272-0 [Epub ahead of print].
4. WHO Few smokers get the help they need, at: www.who.int/tobacco/mpower/publications/en_tfi_mpower_brochure_o.pdf. Accessed July 2016.

Art 14 WHO FCTC¹

Article 14 of the WHO Framework Convention on Tobacco Control (WHO FCTC) states that:

“each Party shall develop and disseminate appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices, taking into account national circumstances and priorities, and shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence”.

1. WHO Framework Convention on Tobacco Control, World Health Organization, Geneva, Switzerland, 2005.

An 'ideal' country: Policy¹

- Recognition of tobacco dependence as a disease and the benefits of treatment
- Surveillance of smoking prevalence
- Smoking prevalence targets set and tracked
- Tobacco prices set at a high-level
- Full access to smoking cessation services
- Reimbursement of smoking cessation services and treatments
- Monitoring success of smoking cessation service
- Full implementation and enforcement of smoke-free legislation
- No tobacco industry advertising or promotional activities

An 'ideal' country: **Services**¹

- ***Physicians*** comprehensively involved in smoking cessation
- ***All healthcare professionals*** comprehensively involved in smoking cessation
- Smoking cessation services organised from a central organisation with a network of smoking cessation centres
- Smoking cessation strategy with guidance on service provision available and with government endorsement
- Medical society approved ***treatment guidelines disseminated and implemented***

Tobacco Control Scale

Treatment to help smokers stop 10

Recording of smoking status in medical notes 1

Legal or financial incentive to record smoking status in all medical notes or patient files 1

Brief advice in primary care 1

Family doctors reimbursed for providing brief advice 1

Quitline 2

National quitline or quitlines in all major regions of country

ADDITIONAL POINT FOR Quitline counselors answering at least 30 hours a week (not recorded messages) 1 1

Network of smoking cessation support and its reimbursement – one only of 4

Cessation support network covering whole country, free 4

Cessation support network but only in selected areas, e.g., major cities; free 3

Cessation support network covering whole country, partially or not free 3

Cessation support network but only in selected areas, e.g., major cities, partially or not free 2

Reimbursement of medications – one only of 2

Medications totally reimbursed or free to users 2 or

Medications partially reimbursed 1

Data Table 7: Treatment - score in 2016 in 35 European countries
Joossens L, Raw M

Country	Recording Smoking status	Brief advice	Quitline	Network Cessation Support	Reimbursement	Total
Maximum scores	1	1	2	4	2	10
Belgium	1		1	3	1	6
Denmark			2	4	1	7
Germany			2	2		4
Greece			2	4		6
Spain		1	1	3	1	6
France			2	3	1	6
Ireland			2	4	2	8
Italy			2	4		6
Lux.	1		2	3	1	7
NL		1	2	3	1	7
Austria	1		2	2		5
Portugal			1	4	1	6
Finland			1	3	1	5
Sweden		1	2	3	1	7
UK	1	1	2	4	1	9
Poland	1	1	2	4		8
Slovakia	1		1	4		6
Iceland			1	1		2
Norway		1	2	3		6
Switzerl.		1	2	3	1	7
Bulgaria			2	2		4
Romania	1		2	3	1	7
Turkey			1	4		5
Russia	1		2	4		7

Actions from COP4 on Article 14 (2010)¹

- **Conduct a national situation analysis**
 - Create or strengthen national coordination
- **Develop and disseminate comprehensive guidelines**
 - Address tobacco use by health-care workers and others involved in tobacco cessation
- **Develop training capacity**
 - Use existing systems and resources to ensure the greatest possible access to services
 - Make the recording of tobacco use in medical notes mandatory
- **Establish a sustainable source of funding for cessation help**

1. Framework Convention Alliance. COP-4/6 POLICY BRIEFING. Adoption of guidelines for implementation of Article 14 (Demand reduction measures concerning tobacco dependence and cessation) Fourth session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control, 15-20 November 2010, Punta del Este, Uruguay.

Evaluation of Smoking Cessation Services in Ireland: Design and pilot of a smoking cessation treatment database

An evaluation of the range and availability of intensive smoking-cessation services in Ireland.

Irish Journal Med Science. 2010 Jun; 179(2):225-31.

Currie L, Keogan S, Campbell P, Gunning M, Kabir Z, Clancy L.



Sheila Keogan



RESEARCH METHODS

1. Database of smoking cessation services

Compiled from existing information from IHPH
Supplemented by further advertising & enquiry:

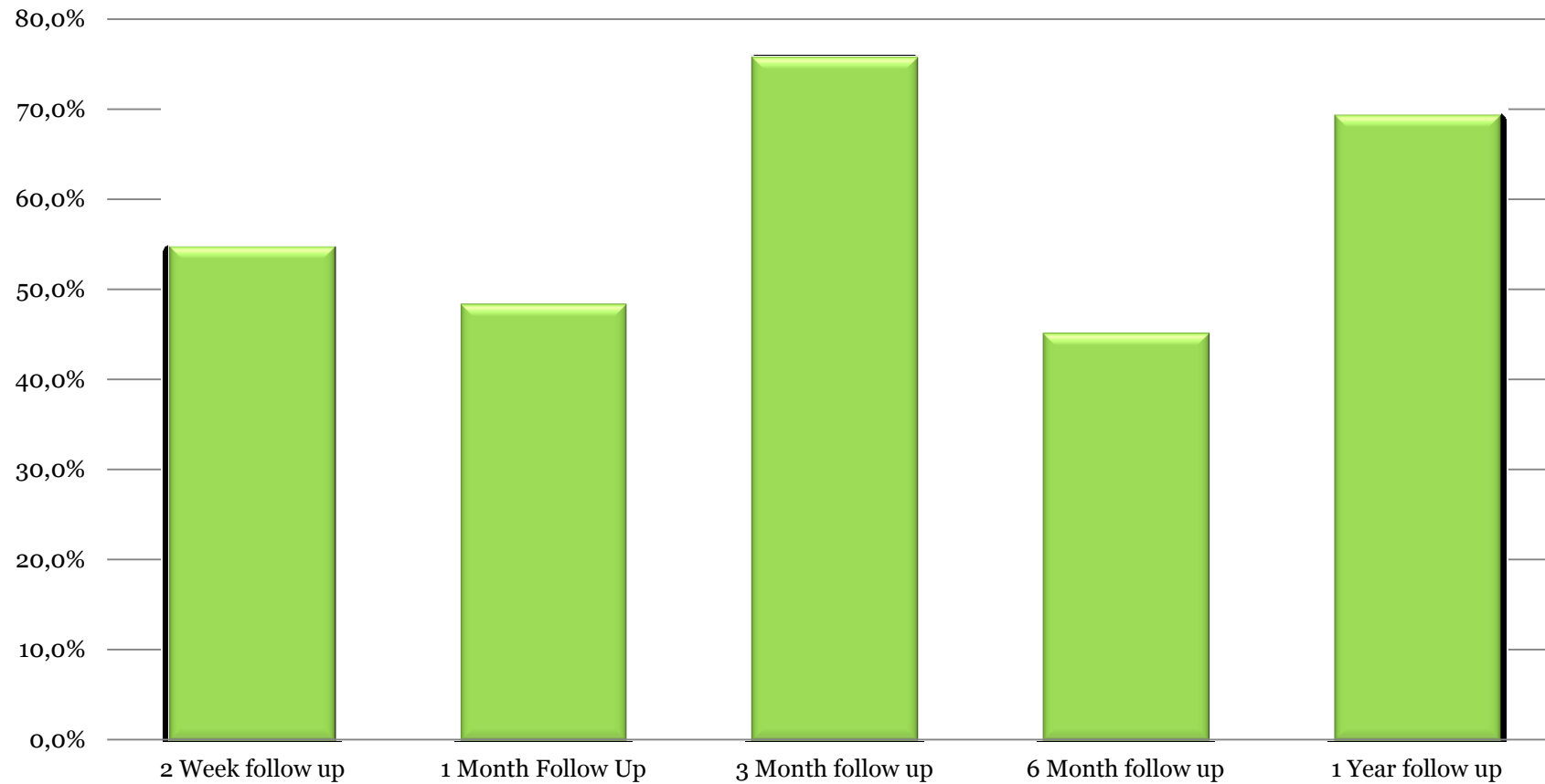
2. Census of Smoking cessation services

Database of service providers (SP) - population base for survey of services.

Developed a structured self-administered questionnaire; circulated electronically(n=77) and by post(n=16)

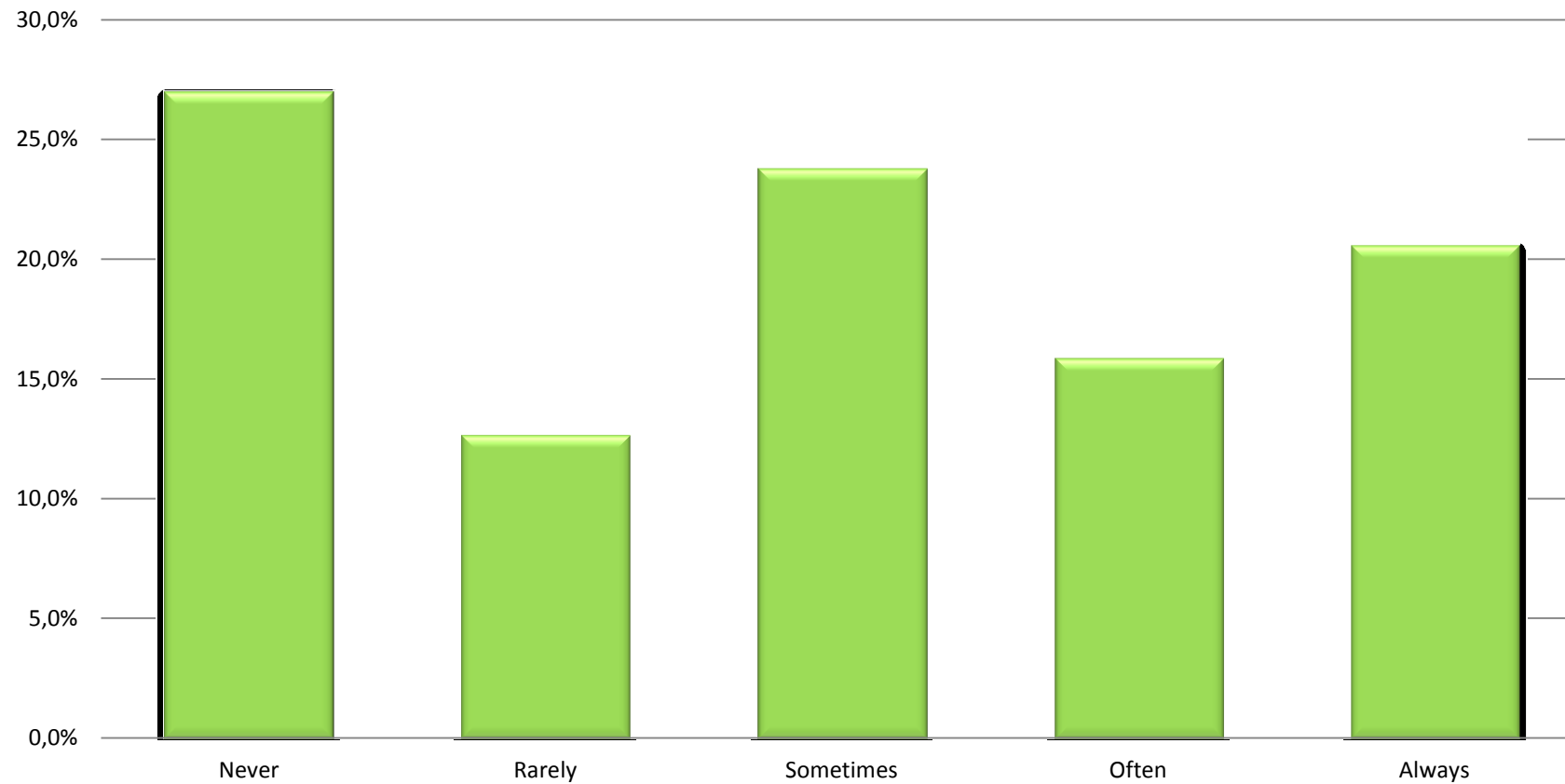
Census findings continued:

Patient follow up appointment schedule

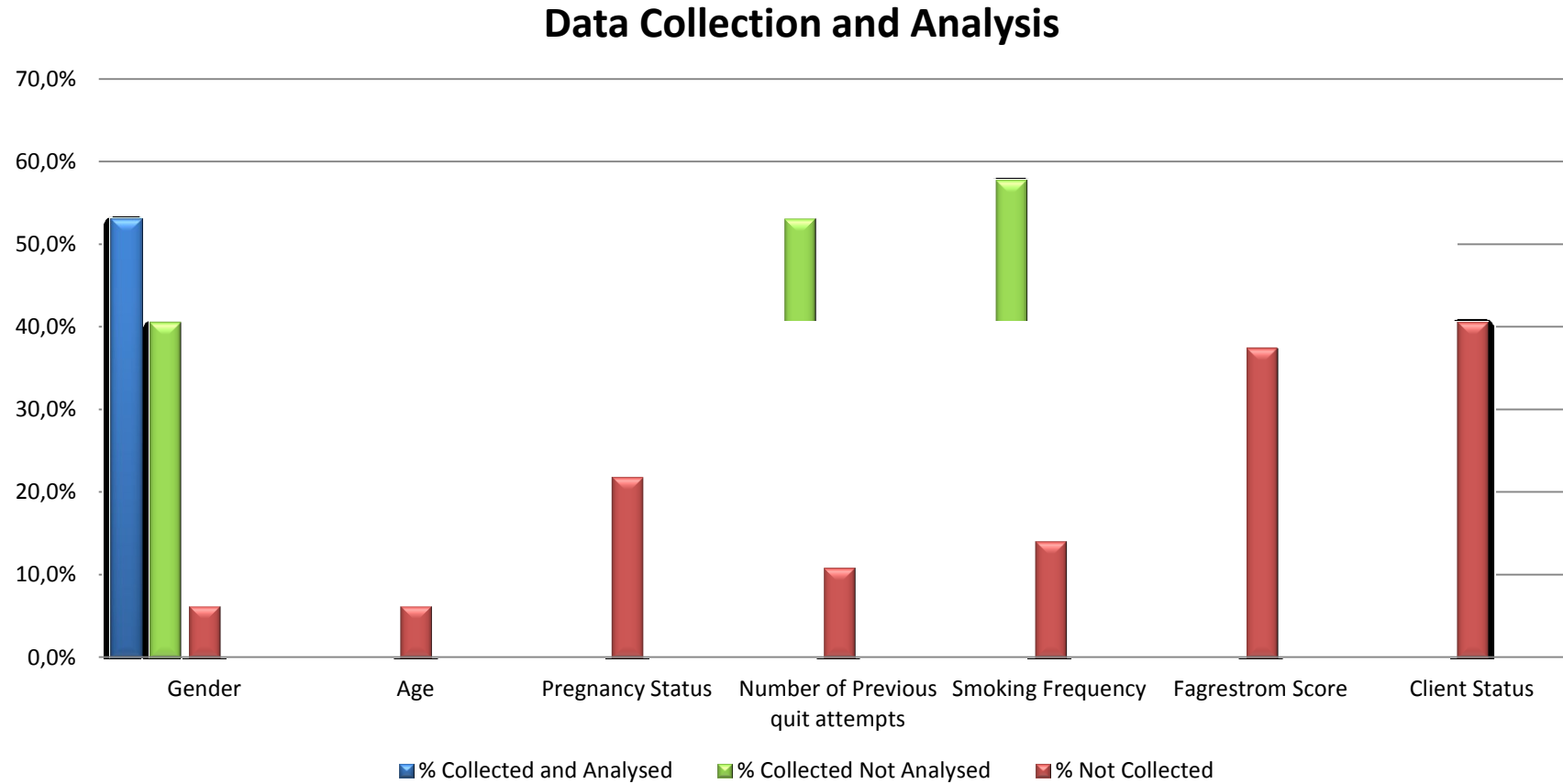


Census findings cont'd:

CO Validation

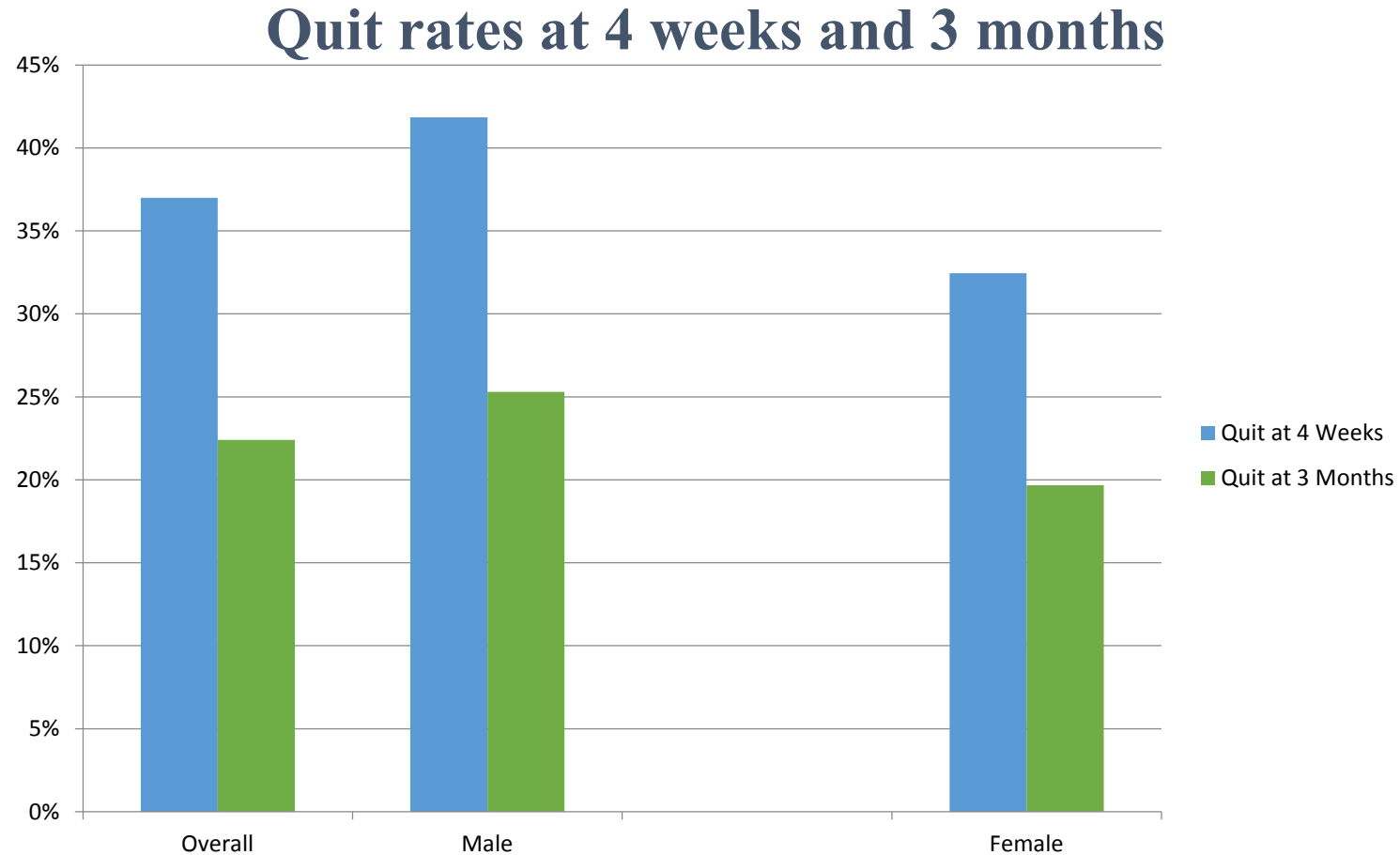


Census findings continued:



Key Findings Continued:

3. Treatment Database (n=1490) Females(736) Males(752)



10th Anniversary of the WHO Framework Convention on Tobacco Control (FCTC): Tobacco Products Directive Implementation¹

On 24 November 2015, 15 European key opinion leaders on tobacco control and smoking cessation gathered in Oslo under the auspices of the European Policy Roundtable on Smoking Cessation to discuss the implementation of the Tobacco Products Directive (TPD) and to celebrate 10th Anniversary of the WHO Framework Convention on Tobacco Control (FCTC).

Attendees:

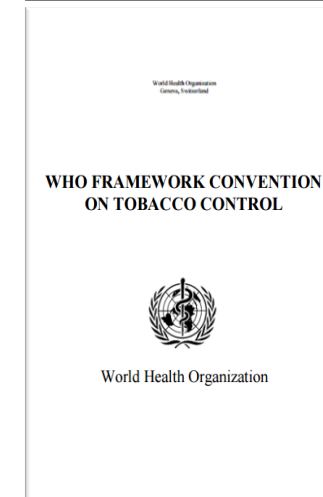
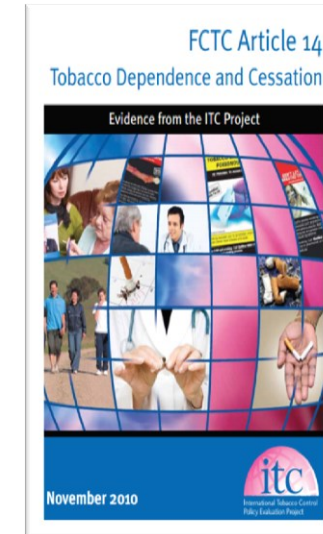
- Luke Clancy
- Gerard Dubois
- Regina Dalmau
- Antero Heloma
- Paraskevi Katsaounou
- Gabor Kovacks
- Anne-Laurance Le Faou
- Carlo La Vecchia
- Vivienne Nathanson
- Anders Ostrem
- Ludmilla Peterkova
- Cornel Radu-Loghin
- Serena Tonstad
- Peter Vajer
- Kamilla Zvolaska

Note this was a Pfizer-sponsored initiative.

1. Eur J Cancer Prev 2016 (in press).

Conclusions Oslo meeting¹

- The huge health and societal burden of tobacco dependence and smoking, emphasises the importance of Article 14
- The treatment of tobacco dependence still has low priority in Europe
- Lack of political will and leadership as main causes on the lack of progress of implementation of Article 14
- Agreed to develop a Statement calling on governments to make treatment of tobacco dependence (Article 14) a priority



1. Eur J Cancer Prev 2016 (in press).
The meeting was initiated and funded by Pfizer

European Expert Consensus Paper on the implementation of Article 14 of the WHO Framework Convention on Tobacco Control

Luke Clancy

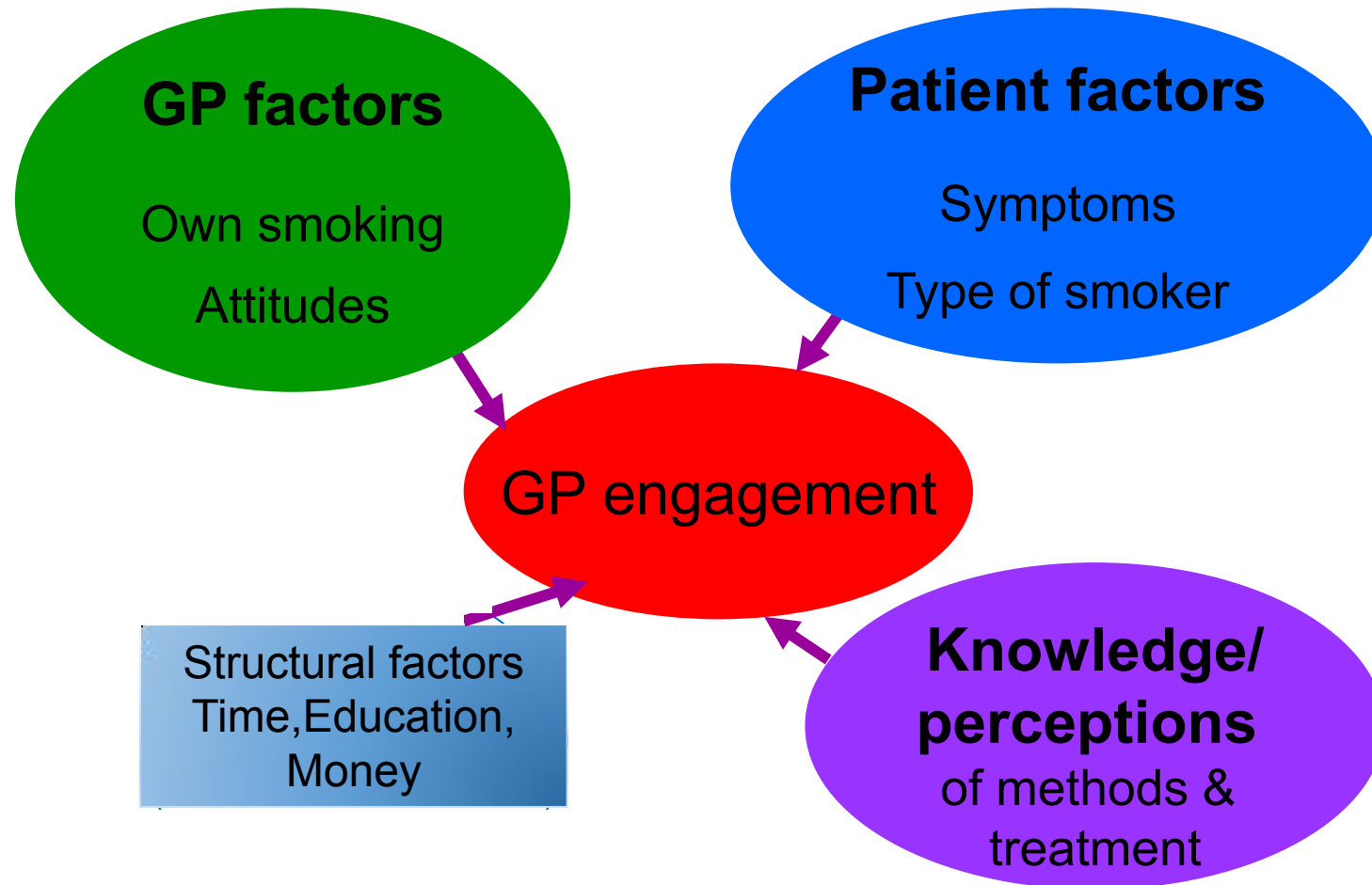
On the occasion of the 10th anniversary of the Framework Convention on Tobacco Control, this paper reports the consensus reached by all Roundtable participants on the need to further advance the availability and access to services to support cessation of tobacco use.

The implementation of services to support cessation of tobacco use in line with Article 14 can and should be significantly improved to protect the health of European citizens.

The meeting was initiated and funded by Pfizer.

European Journal of Cancer Prevention 2016 , 25:556–557

Factors influencing GPs' engagement in smoking cessation¹



The Tobacco Industry

FCTC Article 5.3



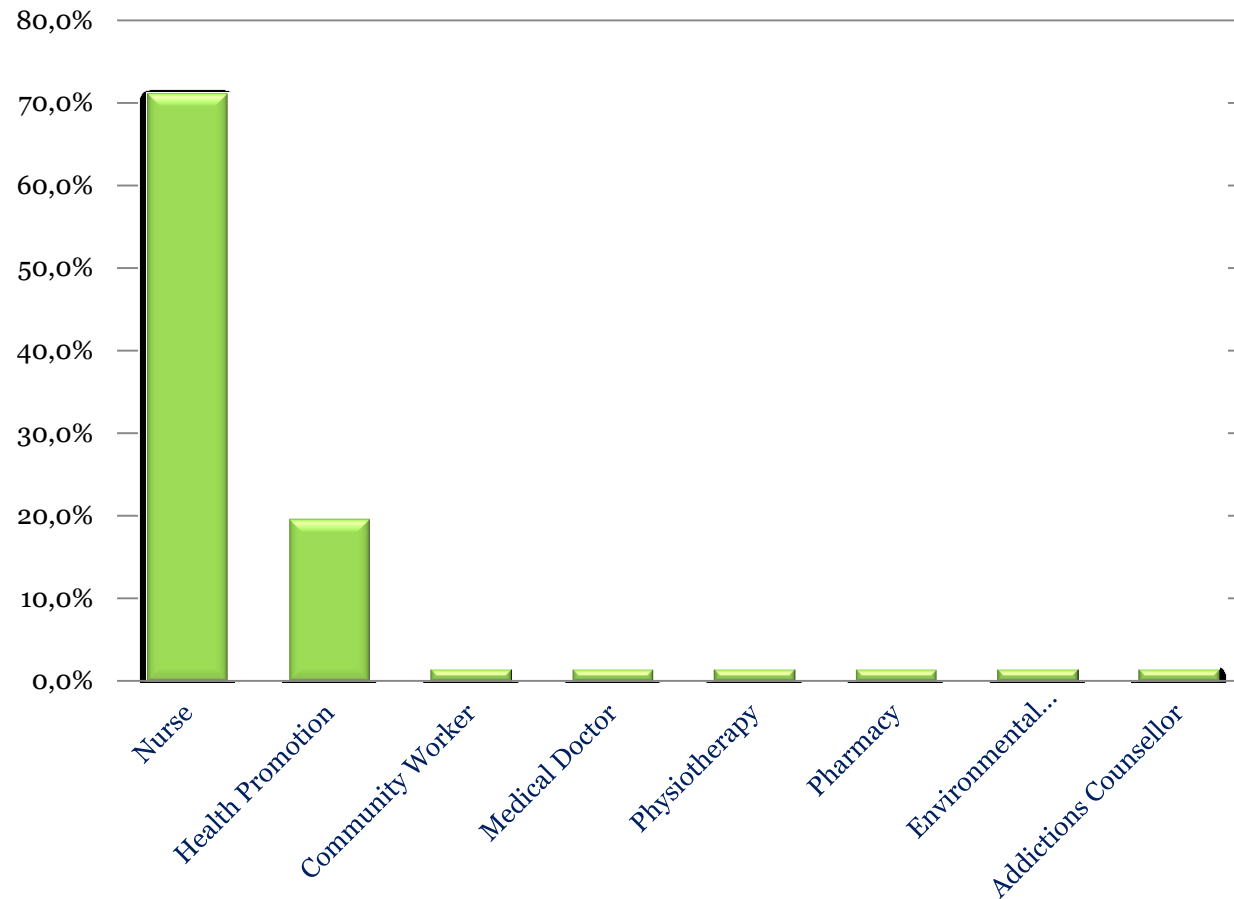
Checking industry interference

- **European Commission should educate medical specialists and the public about the benefits of tobacco taxation, revenue and public health impact**
- **Influence of industry on tax structures and rates should be exposed**
- **European Union and Member State policymakers ensure tobacco tax policies are developed without industry involvement in conformity with Article 5.3.**

Key Findings

Census of smoking cessation service : 85% response rate

Professional Background



Where we were in 2010

Adapted UK TV
campaign

Campaign material adapted from UK market

Poor links and integration between campaign and between services

Quitline – phone only, decreasing activity, not connected to online/face-to-face services

Give up
Smoking.ie

Give up Smoking.ie – increase in use of online QUITplan, approx. 5000 annually

Disconnected pathways for smokers seeking help to quit

National Quitline
2-tier Phone only
1850 201 203

1-1 clinics
Group Services

Our QUIT Service



Building Relationships

Ongoing monitoring and Reporting

Problem Solving

Planning and Project Management

Strong Leadership

How will H&WB deliver a tobacco free Ireland?

How will we implement this?
What is the role of H&WB?
What are the key drivers?
What are the key challenges?
What are the key to deliver this?

- Tobacco as a Priority Programme
- Health & Wellbeing leads in the CHOs and Hospital Groups about to be appointed
- Yearly NSP/CHO/Hospital Group deliverables and an accountability framework
- Activity Based Funding
- Development of a 3 year implementation plan – measurable targets

National & International Partnerships

Engagement with international and national partners
– FCA and ENSH

Raise Taxes on Tobacco Products

Increases in taxation

Enforce Bans on Tobacco Advertising

- Plain packaging
- Monitor on-line advertising
- Legislative Changes

Monitor Use and Prevention Policies

Monitoring new research findings and amending policy & practice accordingly
HI survey to monitor progress

Protect from Tobacco Smoke

Tobacco Free Environments embedded in future planning and funding sources
Limit access & disincentivise sale

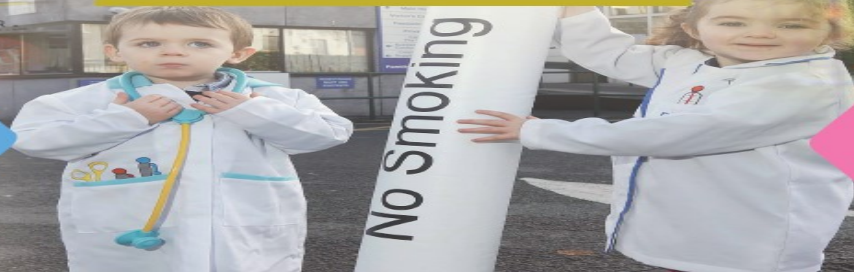
Offer Help to Quit

Multicomponent interactive supports to QUIT

Warn about the Dangers

Increase investment in QUIT
Education initiatives aimed at youth

**TOBACCO
FREE
IRELAND**





Digital and
Outdoor



Facebook

Health
Care

Why to QUIT
How to QUIT

Partners

Radio



TV



30 Stop Smoking Advice

second When you only have 30 seconds the most effective thing you can do is ASK, ADVISE and ACT

ASK

■■■■■ **ASK** every patient about tobacco use at every healthcare contact, including on hospital admission and record smoking status.

ADVISE

■■■■■ **ADVISE** "Quitting is the single best thing you can do to improve your health. We need to do two things – give you support and start you on medication. With medication and support you are up to **4 times** more likely to be successful."

Combined pharmacotherapy and behavioural support is 4 times more effective when compared with quitting unaided

KEY MESSAGES:

- Tobacco dependence is a chronic relapsing disease, WHO (ICD-F17.2) classification
- Smokers expect to be asked about smoking as it shows concern for their overall health
- Tobacco dependence treatments are both clinically effective and cost effective
- No other clinical intervention produces the same significant results for such a small investment in time

ACT

■■■■■ **PRESCRIBE** "The first few days and weeks after you quit can be the hardest. Many people will go back to smoking unless they get extra help. You will now get the medication and support to help you." (see prescribing information on page 2).

REFER

"I would also like you to call the HSE Quit Team @ 1800 201 203 www.quit.ie*, which is a free service. They will give you tips on dealing with cravings, withdrawal symptoms, smoking medications and help in staying motivated. Are you happy to do that now?"



* as per local arrangements

Make every contact count



PRESCRIBING FOR TOBACCO DEPENDENCE

Tobacco use remains the leading preventable cause of illness and death in our society. Smokers who quit reduce their risk of many diseases, including cardiovascular disease, respiratory disease and cancer. Quitting increases life expectancy. Some smokers make many attempts to quit before they succeed.

TREATMENT

NICOTINE REPLACEMENT THERAPY (NRT)*

PATCH

GUM /
LOZENGE

INHALER

MOUTH
SPRAY

COMBINATION NRT

A combination of nicotine patch and a faster acting intermittent form along with behavioural support is more effective than monotherapy and should be considered the standard treatment

PATCH
+ GUM

PATCH +
LOZENGE

PATCH +
INHALER

PATCH +
MOUTH
SPRAY

SET QUIT DATE: SAME DAY AS STARTING NRT

KEY MESSAGES:

- Quit rate is double placebo
- NRT is available to purchase over the counter
- NRT is available for medical card holders
- NRT should be prescribed to all patients ON ADMISSION to hospital, including day cases, to help them manage nicotine withdrawal symptoms

VARENICLINE (CHAMPIX)*

SET QUIT DATE: 7-14 DAYS AFTER STARTING VARENICLINE

KEY MESSAGES:

- This is the most effective medication; quit rate is triple placebo
- Available only on prescription
- There is no good evidence that combining NRT with Varenicline improves success rates

BUPROPION (ZYBAN)*

SET QUIT DATE: 7-10 DAYS AFTER STARTING BUPROPION

KEY MESSAGES:

- Quit rate is double placebo
- Available only on prescription
- There is no good evidence that combining NRT with Bupropion improves success rates



We're
here to help!



FREEPHONE 1800 201 203

FREETEXT QUIT TO 50100

EMAIL US SUPPORT@QUIT.IE

TWEET US @HSEQUITTEAM

FACEBOOK US [FACEBOOK.COM/HSEQUIT](https://www.facebook.com/HSEQUIT)

GET STARTED ON WWW.QUIT.IE

* for comprehensive information on these medications consult your prescribing manual.

This guideline was developed in line with the evidence available. This guidance does not, however, override the individual responsibility of health professionals to make decisions appropriate to each patient. The guideline will be reviewed as new evidence emerges.

Acknowledgement: Developed with the assistance of Dr Andy McEwen, Executive Director, National Centre for Smoking Cessation and Training. www.ncsct.co.uk

1

**1 IN EVERY 2 SMOKERS WILL DIE
OF A TOBACCO RELATED DISEASE**

2



1

**1 IN EVERY 2 SMOKERS WILL DIE
OF A TOBACCO RELATED DISEASE**

2

quit.ie 1850 201 203

HEALTH SERVICES EXECUTIVE

Irish cancer society

**CAN YOU LIVE
WITH THAT?**

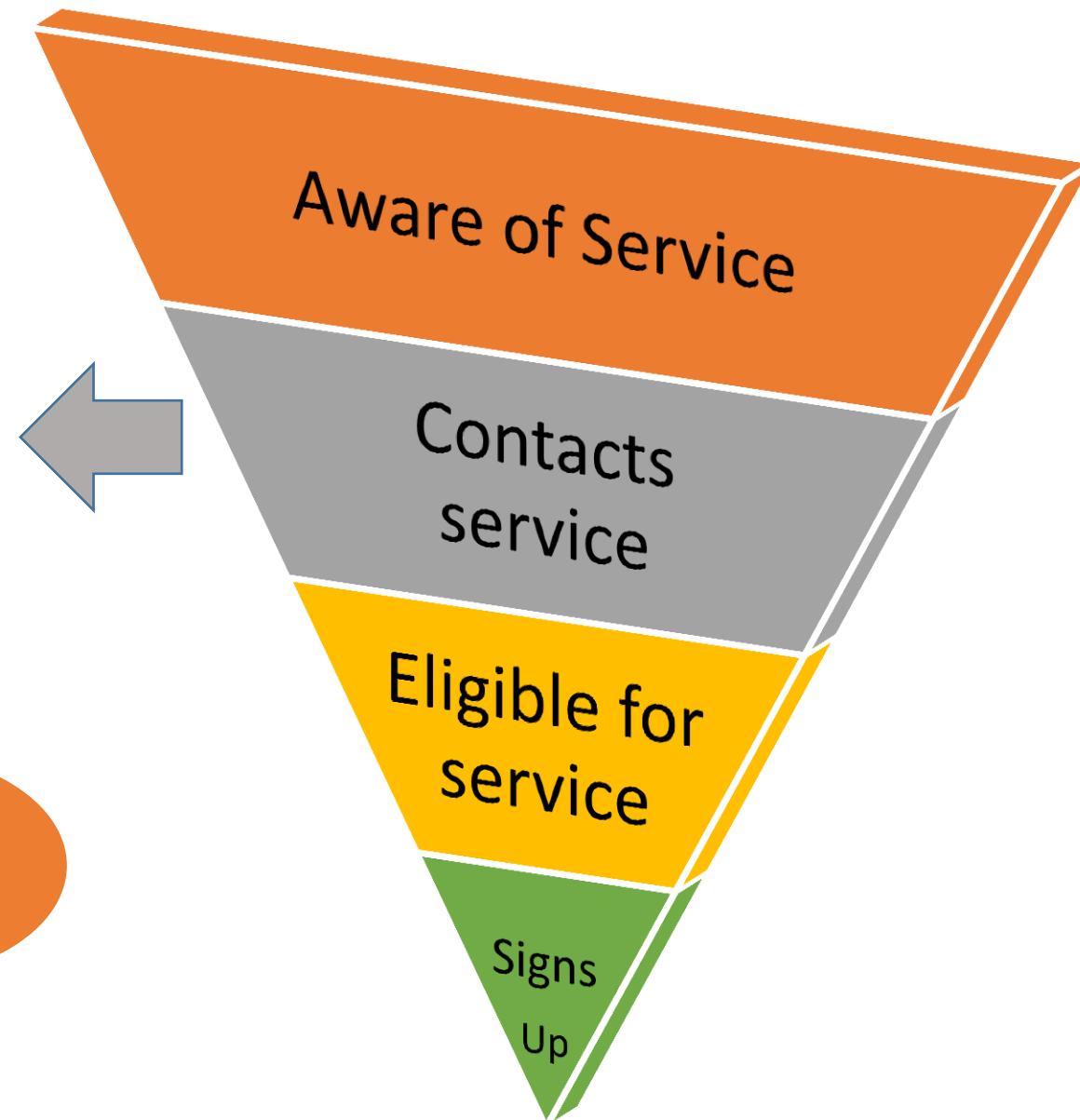
QUIT

Increased reach

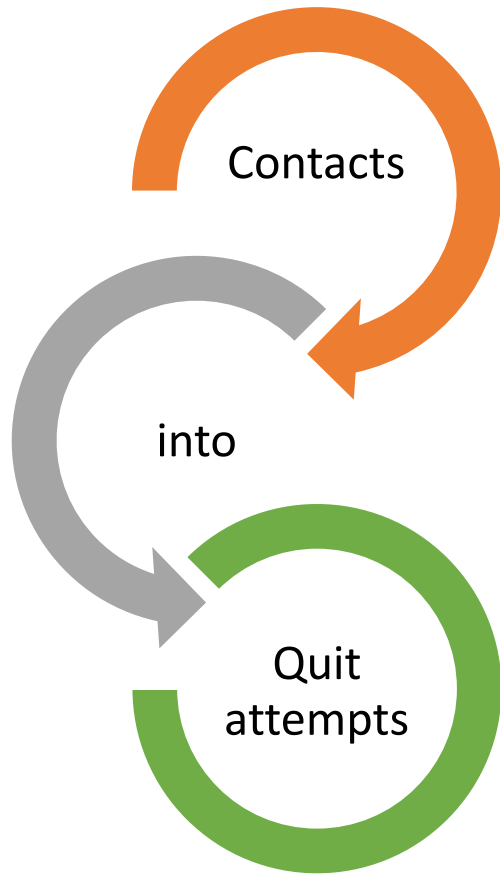
Type of contact	Q1 2014	Q1 2015
Phone	1,346	1,483
Text	n/a	2,649
Webchat	n/a	382
Email	n/a	421
Quitplan views	13,887	13,554
QUITheroos	n/a	12,585 users 228 stories
Social - engagement	Facebook Not connected to service	Facebook 119 private msgs 4,032 comments Twitter 1,045 followers 705 retweets

**5K
Direct**

**30K
Engaged**



Converting Reach into Quits



	January to March 2014	January to March 2015
Ads, messages, media spend, TVRs similar.	Communication channels unconnected. Primary focus – lead generation.	Communication channels integrated. Direct access to QUIT programme.
PHONE – 1800 201 203		
No of contacts	1,346	1,483
No of smokers receiving intensive cessation support	256	553 - 116% increase
No of clients enrolled in QUIT programme	97	241 – 141% increase
QUIT.ie		
Site visits	93,716	77,672
QUITplan home page view	13,877	13,554
QUITplan sign-ups	3,593	5,655 – 57% increase

Client feedback

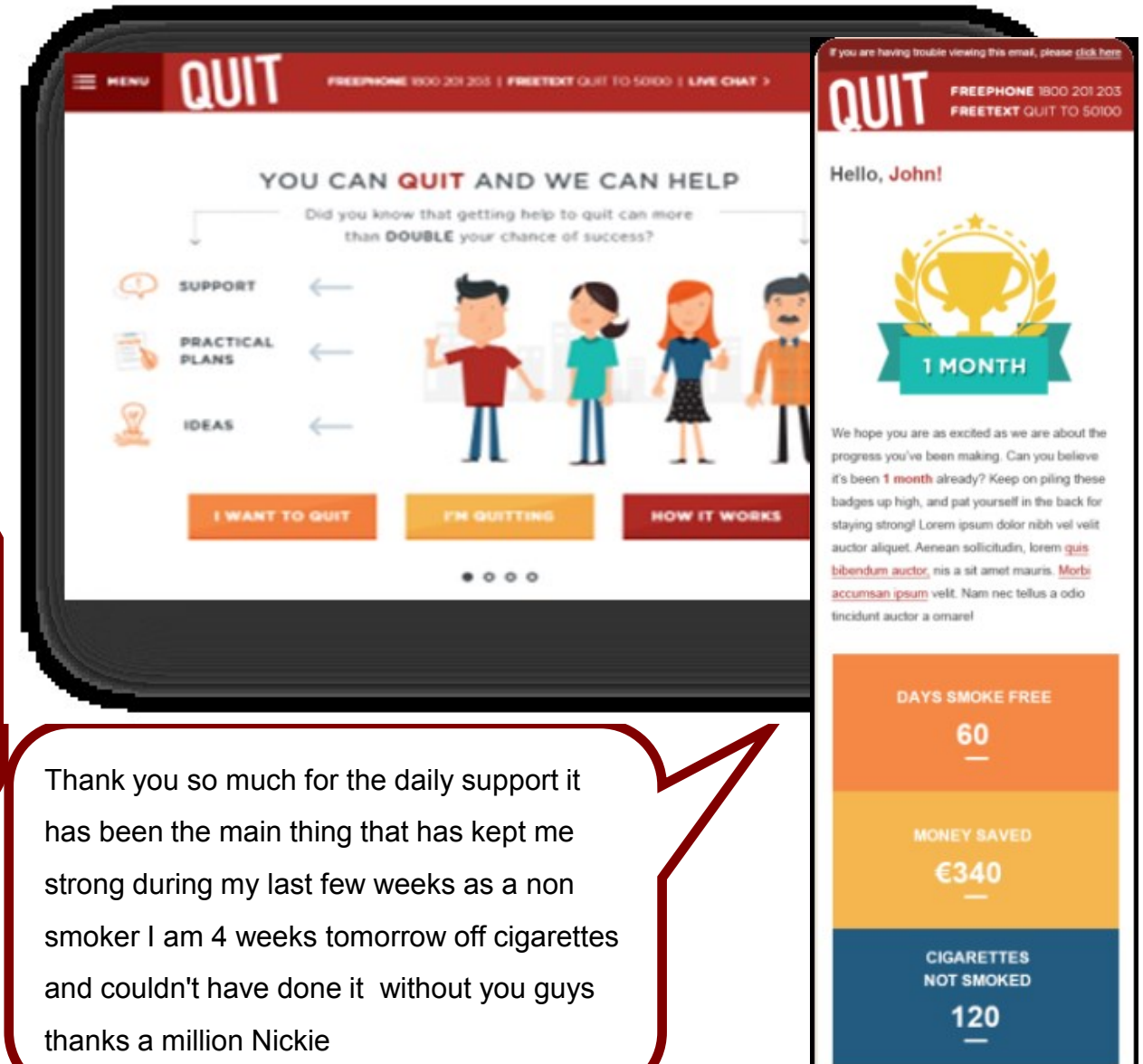
Customer Satisfaction Survey – March 2015
(852 respondents)

Over 75% felt that the service really helped them with their quit attempt.

34% self-reported as quit at 4 weeks

Didn't realise I could contact Advisor - I would have liked that

Thank you so much for the daily support it has been the main thing that has kept me strong during my last few weeks as a non smoker I am 4 weeks tomorrow off cigarettes and couldn't have done it without you guys thanks a million Nickie



2013 HSE NSP

- Commitment to implement HSE TFC Policy in All acute hospitals & 35% of PC centers (40 Acute sites/82%, 35% of PC sites achieved)
- Commitment to train 1,350 healthcare staff in BISC (1395 trained)
- ***9000 clients to receive intensive smoking cessation support (10,525 exceeded by 16.9%)***
- No of sales to minors test purchases

(TC Service Standards published, TC Training commissioned, QUIT campaign, SHS policy, TFI drafted, National Conference)

TOBACCOFREE



RESEARCH INSTITUTE

2014 HSE NSP

- Commitment to implement HSE TFC Policy in 100% Hospitals & 70% PC (100% Acutes achieved and 72% achieved in PC)
- Commitment to train 1,350 healthcare staff in BISC (1303 ↓ trained plus 165 undergrad)
- ***9,000 clients to receive intensive smoking cessation support (9,309)***
- ***No. of smokers quit at 1 month (2,450) (2,184 ↓)***
- QPS Audit of Tobacco F Campus 8 sites (complete)
- No of sales to minors test purchases (480)

(60 staff trained in T Cessation, New QUIT service commissioned, QUIT campaign – Gerry, TC treatment algorithm developed, Engagement with HIQA, PMS business case commenced)



2015 HSE NSP

- Commitment to implement HSE TFC Policy in 100% Approved MH, (39% achieved) 25%
- Residential MH (24% achieved), 20% Older Persons Residential (↑45% achieved), 25%
- Disability Residential) (↓14.7% achieved)
- Commitment to train 1,350 healthcare staff in BISC (1,279 - 5.2% on target)
- ***9,000 clients to receive intensive smoking cessation support (11,950 + 32.8%)***
- ***No. of smokers quit at 1 month (2,450) (achieved 2,490)***
- No of sales to minors test purchases (480) (↓460)

(30 staff trained in T Cessation including MH staff, QUIT campaign 1.2 M, Further engagement with HIQA/MHC, PMS business case progressed and approved, Toolkit group for TFC resource established)

2016 HSE NSP

- Commitment to implement HSE TFC Policy in 100% Approved MH, 25% Residential MH, 75% Older Persons Residential, 25% Disability Residential)
- Commitment to train 1,350 healthcare staff in BISC
- **11,500 clients to receive intensive smoking cessation support**
- **%. of smokers quit at 1 month (45%)**
- No of sales to minors test purchases (384)
- Tender for PMS
- Launch Toolkit for TFC, Mental health Briefing resource
- 6 National TFC support workshops

Developments from 2015

- ***Quit.ie upgrade – New community section, easier quit plan design, personalised content, more emails/SMS, video/Blog.***
- ***Hero App V2 – improved display, categories, Quit.ie integration.***
- ***New Quitter Testimonial-Based Radio, Video and Digital creative.***
- ***Quit packs review and refresh***
- ***Research with pregnant smokers – informing new information and support resources.***

Future Developments –

Objective:

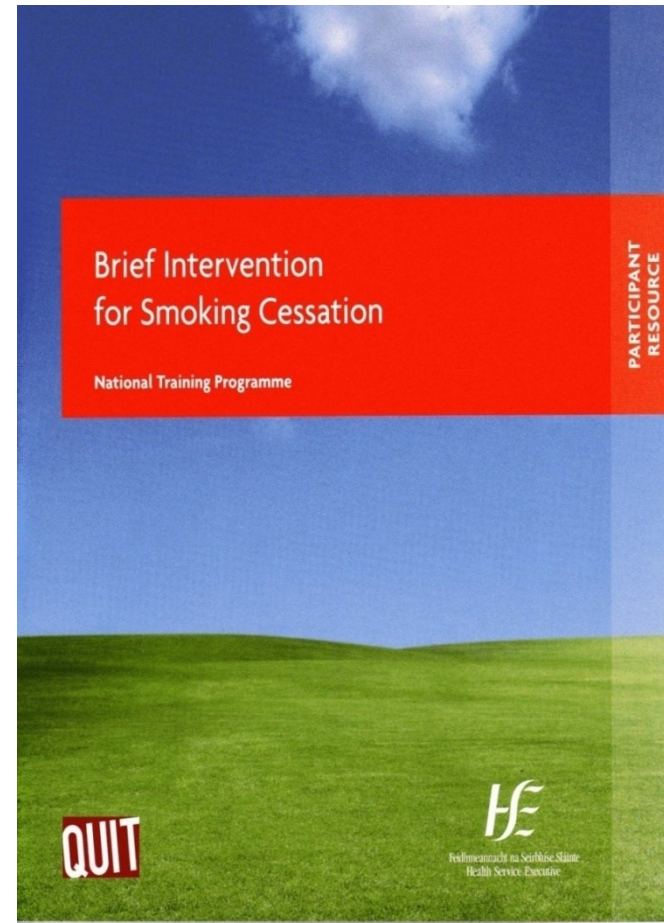
Health professionals trained to incorporate prevention and support for behaviour change as a routine part of healthcare delivery:

- Development of 3 year TFI implementation plan
- BI generic training for existing health service staff
- Training integrated into undergrad and post-grad health professional education (lead & project manager – UCC)
- Roll out of Tobacco Cessation PMS
- Notice of intent to develop Clinical Guidelines for the treatment of tobacco addiction (through the DOH)
- Develop new QUIT campaign
- Review and revise the HSE national TFC policy

1. NSP BISC training targets

2. On-line registration

<http://www.hse.ie/bisc>



2016 BISC target Mental Health = 4.5% frontline staff

CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
35	43	28	50	44	20	42	37	44



With over **30 million** contacts annually by frontline staff and patients

Making Every Contact Count aims to capitalise on those opportunities

Supporting **patients** to make **healthy lifestyle choices** to support **Chronic Disease prevention** and self-management of **existing chronic diseases**

[Read more...](#)

Making Every Contact Count

Model for Making Every Contact Count in the Irish Health Services Adapted from NHS Yorkshire & Humber Prevention & Lifestyle Behaviour Change Competence Framework (2011)¹ and NICE (2014)²

Making Every Contact Count – A Health Behaviour Change Framework and Implementation Plan for Health Professionals in the Irish Health Service



How to Implement “HSE Tobacco Free Campus Policy”

Tobacco Free Campus Implementation Guidance Document

QUIT



HSE
HeALTH SERVICE EXECUTIVE
Feidhmeasacht na Seirbhíse Sláinte



Feidhmeasacht na Seirbhíse Sláinte
Health Service Executive

QUIT



SMOKING CESSATION AND MENTAL HEALTH

A briefing for front-line staff

Tobacco

Smokers receiving intensive cessation support

- 1,017 received cessation support. 1,194 in June. (Target 950)
- 8,598 YTD (Target YTD 7,149)

