

# “Frei von tabak / vivre sans tabac Program in helping patients quit

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# Background

## Swiss context

- 2011
  - Smokers : 25% population aged  $\geq 15$
- 2001
  - Smokers : 33% population
- Half of smokers would like to stop
- 9000 deaths/ year due to tobacco

# Effective interventions for smoking cessation

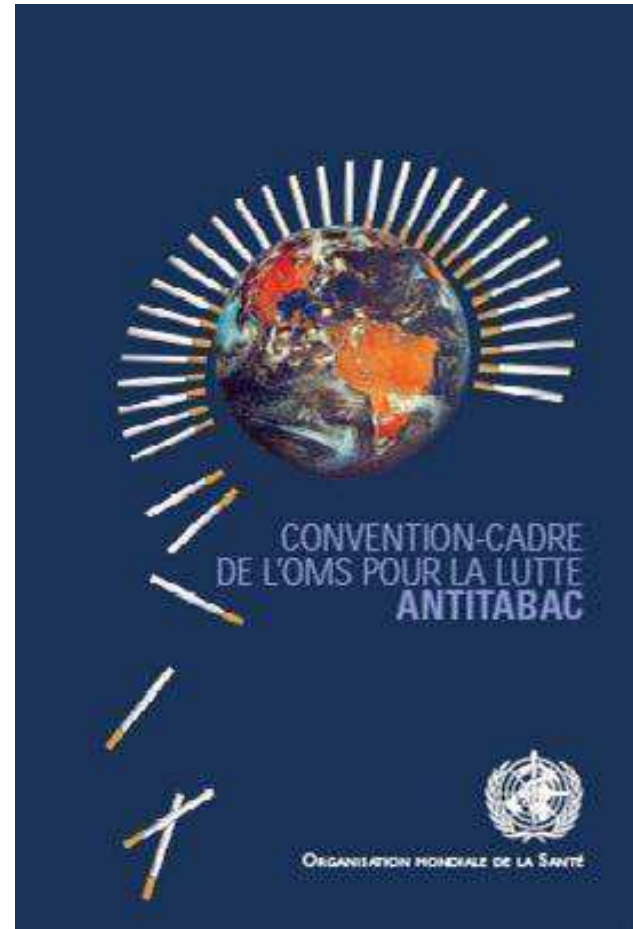
- Health professionals counselling

Table 6.8. Meta-analysis (2000): Effectiveness of and estimated abstinence rates for various intensity levels of session length (n = 43 studies)<sup>a</sup>

Level of contact	Number of arms	Estimated odds ratio (95% C.I.)	Estimated abstinence rate (95% C.I.)
No contact	30	1.0	10.9
Minimal counseling (< 3 minutes)	19	1.3 (1.01–1.6)	13.4 (10.9–16.1)
Low-intensity counseling (3–10 minutes)	16	1.6 (1.2–2.0)	16.0 (12.8–19.2)
Higher intensity counseling (> 10 minutes)	55	2.3 (2.0–2.7)	22.1 (19.4–24.7)

- Group therapy
- Medications: nicotine replacement therapy, varenicline, bupropion
- Self-help: internet, mobile phone, booklets

# Framework Convention on Tobacco control, FCTC



**WHO 2005**

# Framework Convention on Tobacco control, FCTC

## Measures to reduce the demand

- Price and tax measures
- Protection from exposure to tobacco smoke
- Regulation of the contents of tobacco products
- Regulation of tobacco product disclosures
- Packaging and labelling
- Education, communication
- Ban on tobacco advertising, promotion and sponsorship
- **Smoking cessation aid**

## Measures to reduce supply

### Measures against

- Illicit trade in tobacco products
- Sales to and by minors
- Provision of support for economically viable alternative activities

# Smoking cessation training program

## Swiss smoking cessation Training Program for Primary Care Physicians

- [www.frei-von-tabac.ch](http://www.frei-von-tabac.ch)
- [www.vivre-sans-tabac.ch](http://www.vivre-sans-tabac.ch)

Frei von Tabak > Homepage Startseite | Sitemap | AT Schweiz

Frei von Tabak  
Vivre sans tabac  
Vivere senza tabacco

NATIONALES RAUCHSTOPP-PROGRAMM  
PROGRAMME NATIONAL D'ARRÊT DU TABAGISME  
PROGRAMMA NAZIONALE PER SMETTERE DI FUMARE

Projekt 'Frei von Tabak' | Kurse | Für die ärztliche Praxis | Für Patienten | News | Links >>

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### FREI VON TABAK-ÄRZTLICHE BERATUNG ZUM RAUCHSTOPP

*Fortbildungen und Dokumentation für die Schweizer Ärzteschaft und ihre Patientinnen und Patienten*

**"Die effizienteste Massnahme, um die durch das Rauchen verursachte Sterblichkeit zu senken, besteht darin, die Anzahl jener Raucher und Raucherinnen zu erhöhen, die den Tabakkonsum aufgeben."**

Doll R. Mortality in relation to smoking, 2004

[31/07/2013]

# Organizations

Part of Swiss National Program for Smoking Prevention

Program supported by:

- Swiss Cancer League
- Swiss Heart Foundation
- Swiss Tobacco Prevention Association
- Tobacco Control Fund

# Objectives

- To improve physicians' smoking cessation knowledge and skills
- To increase patients' smoking cessation rate
- To reduce smoking-related diseases



# Training

- Based on an effective teaching program
- Intended for 10-20 participants
  - Smoking cessation knowledge
  - Evidence-based contents
  - Smoking cessation skills
    - Clinical situations
    - Role playing

# 2 Modules

## **Short module:**

**1.5 hours**

**Basic knowledge on smoking cessation**

## **Long module:**

**4 hours**

**Basic knowledge**

**Practical training of counselling skills**

# Content of the Training

- Nicotine dependence
- Motivation to stop smoking
- Counselling adapted to motivation to stop smoking
- Prescription of medications
- Use of patients' documentation
- Follow-up

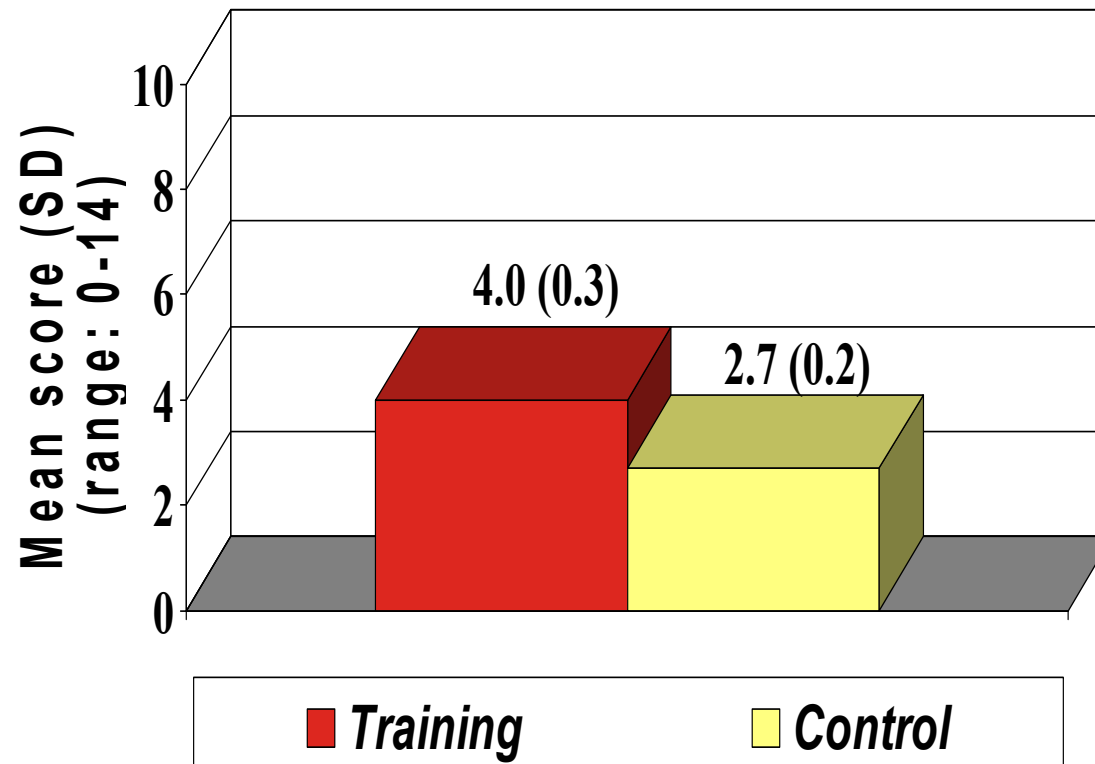
# Smoking Cessation Booklet

Self-learning booklet (Manual)



# Randomized controlled trial

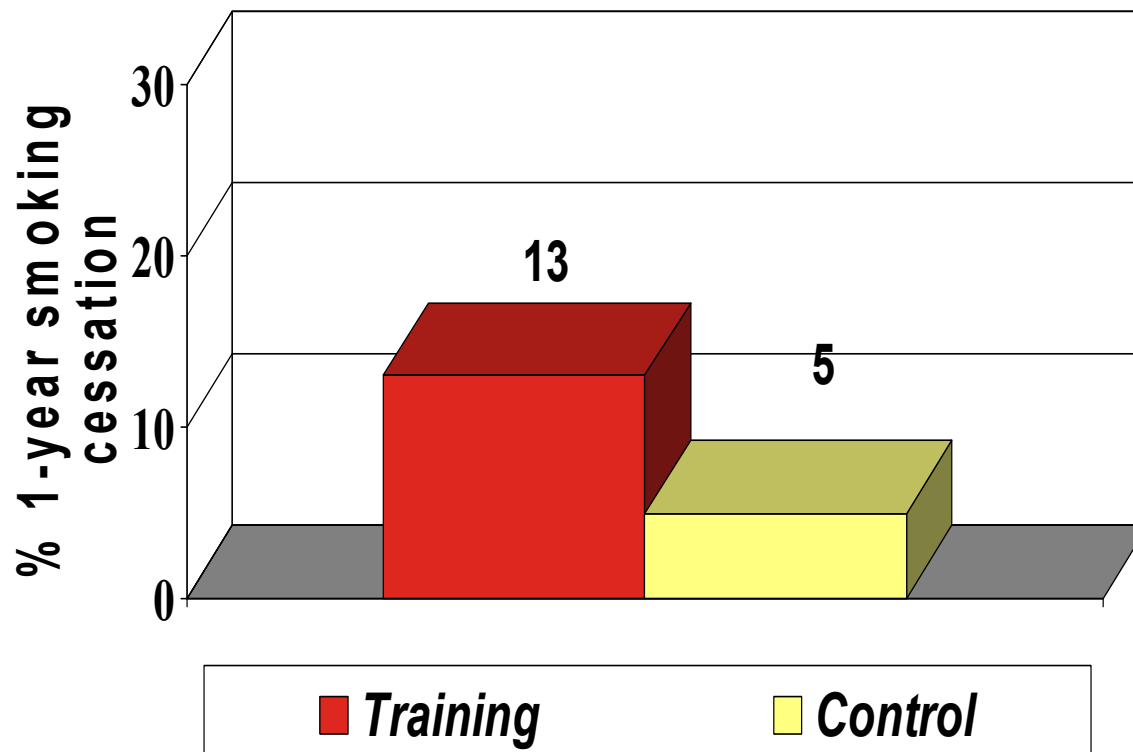
## Medical counselling quality



P=0.002

# Randomized controlled trial

1-year smoking abstinence among smokers



P=0.005

# Dissemination

- 50 teachers: trained in 2002, 2005 and 2011
- 12 update sessions
- 470 training sessions
- 8000 primary care physicians trained since 2002

# Cochrane review

*Carson KV, Verbiest MEA, Crone MR, et al.*

**Training health professionals in smoking cessation.**

*Cochrane Database of Systematic Reviews  
2012;(5):CD000214.*

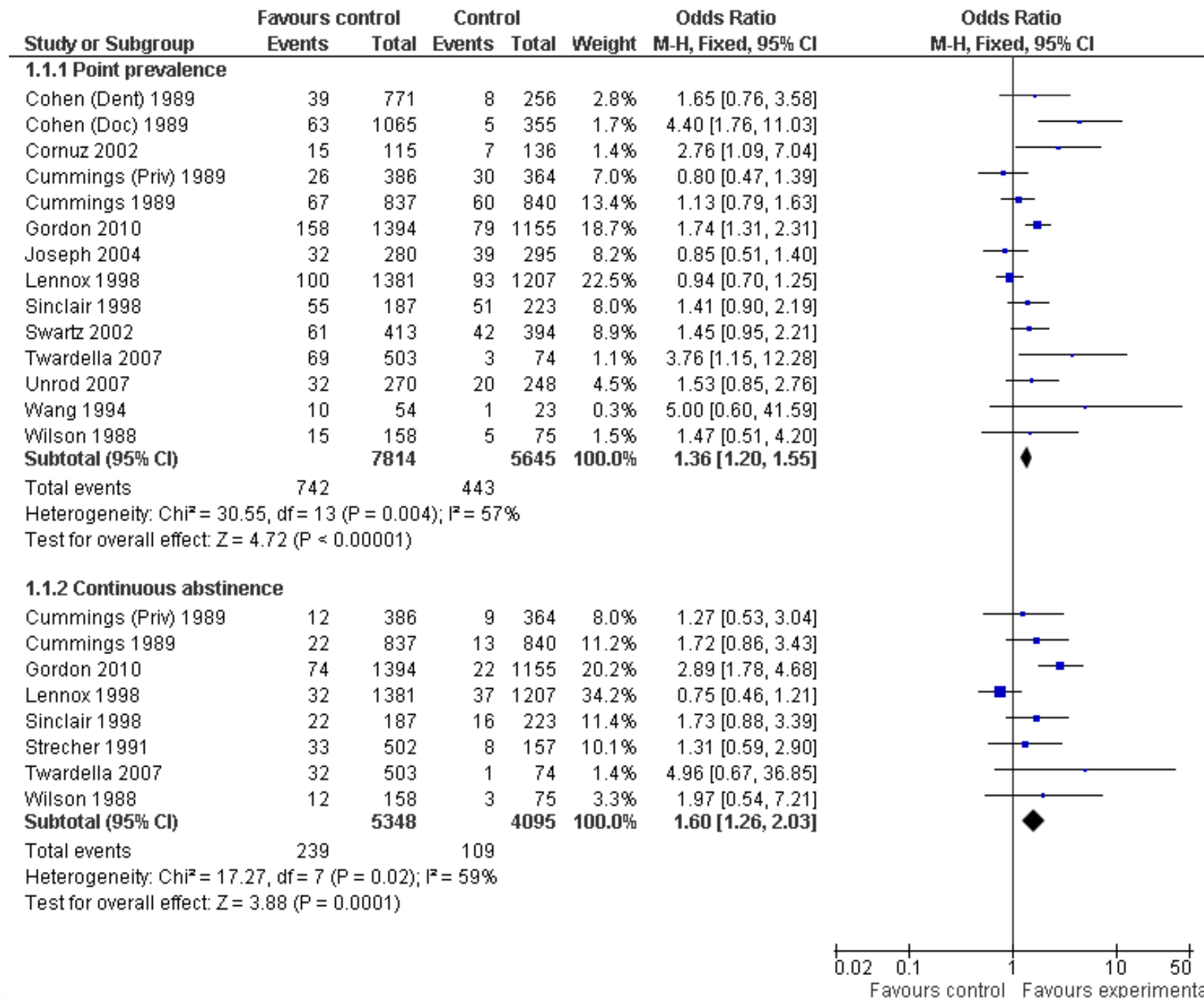


# Objectives of the review

- To determine the effectiveness of **training health care professionals** in the delivery of smoking cessation interventions to their patients
- To assess effects of training characteristics: content, intensity, delivery method

# Method

- **Population**
  - health professionals
- **Intervention**
  - smoking cessation training
- **Comparison**
  - no smoking cessation training
- **Outcome**
  - Patients smoking cessation
  - Smoking cessation interventions



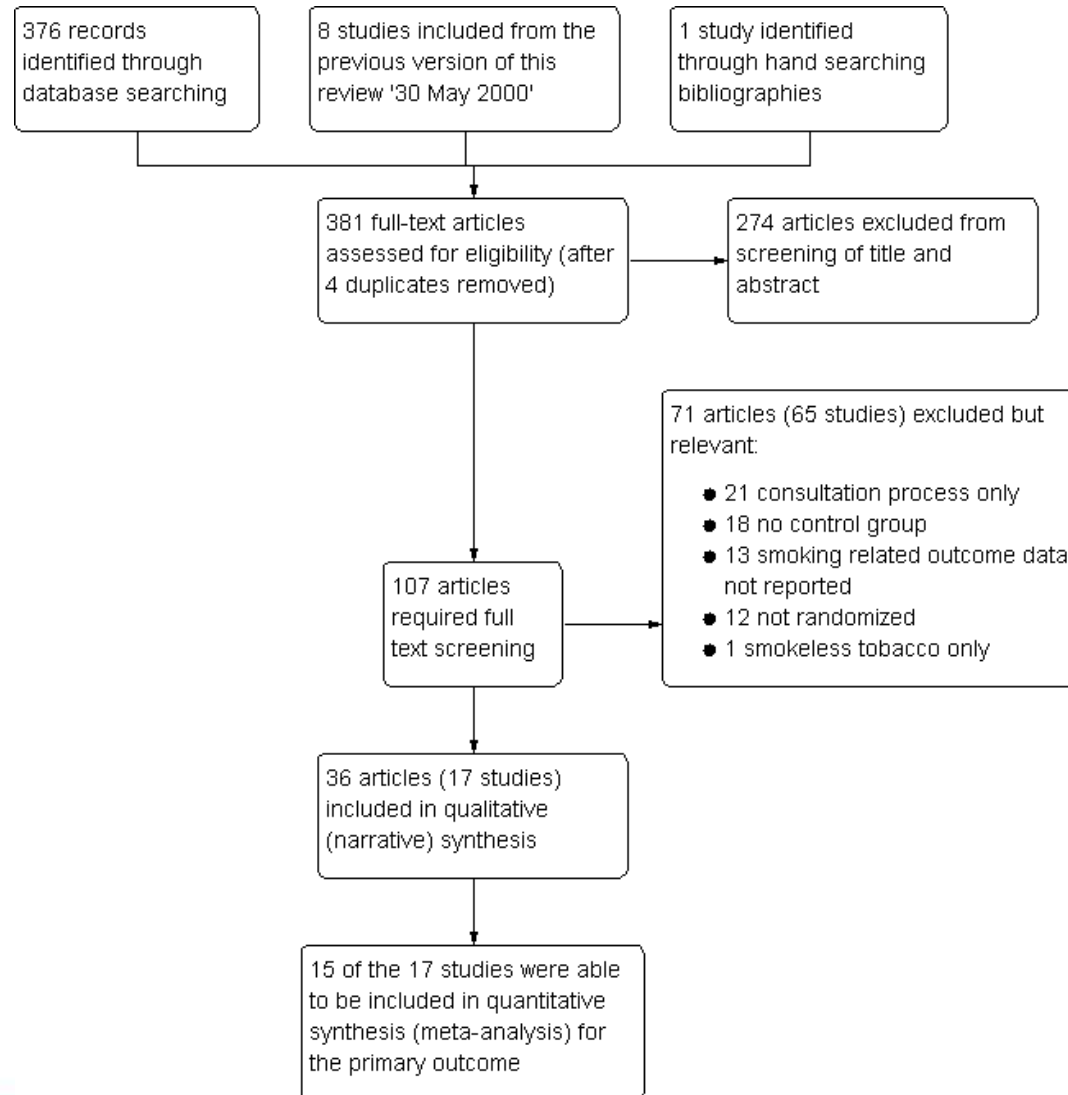
# Merci de votre attention

# Method

## Selection criteria

- Randomized trials
- Health professionals training in smoking cessation intervention
- Reported outcomes for patients at least 6 months after intervention

# Study flow diagram



# Results

17 randomised controlled trials included

## Participants

- Patients
  - 28,531 baseline      21,031 final follow-up
- Health professionals
  - 1,434 baseline      1,204 follow-up
- 11 studies with physicians (primary care and internists)
- 3 studies with a combination of health professionals including physicians, nurses, psychologists, pharmacists
- 2 studies with dentists
- 1 study with pharmacists

# Outcome: patients smoking cessation

Outcome	Odds ratio, 95% CI	No studies	Follow-up
Point prevalence smoking cessation*	1.4 (1.2-1.6)	14	6 to 14 months
Continuous smoking abstinence**	1.6 (1.3-2.0)	8	6 to 14 months

- \* **Point prevalence abstinence:** abstinence at a particular point in time, or during a relatively brief specified period, e.g. 7 days
  - mixture of recent and long-term quitters
- \*\* **Continuous abstinence:** abstinence since the quit day
  - the most rigorous measure of abstinence



# Outcome: smoking cessation interventions

Outcome	Odds ratio, 95% CI	No studies
Counselling of smokers	2.3 (1.6-3.3)	14
Request for follow-up appointment	3.3 (1.5-7.3)	7
Distribution of self-help material (booklet, website,...)	3.5 (1.9-6.5)	9
Nicotine replacement therapy	1.6 (0.9-2.8)	9

# Outcome: level of training intensity

## Comparison 4. Sub-group: treatment intensity - Total exposure

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 Patient asked to set a quit date	8	4332	Odds Ratio (M-H, Random, 95% CI)	4.98 [1.79, 13.88]
1.1 Duration 40 minutes to 2 hours	5	2979	Odds Ratio (M-H, Random, 95% CI)	5.63 [0.71, 44.43]
1.2 Duration >2 to 4 hours	2	1102	Odds Ratio (M-H, Random, 95% CI)	4.70 [3.08, 7.16]
1.3 Duration >4 hours	1	251	Odds Ratio (M-H, Random, 95% CI)	3.76 [0.65, 21.65]
2 Patient asked to make a follow-up appointment	6		Odds Ratio (M-H, Random, 95% CI)	Totals not selected
2.1 Duration 40 minutes to 2 hours	4		Odds Ratio (M-H, Random, 95% CI)	0.0 [0.0, 0.0]
2.2 Duration >2 to 4 hours	2		Odds Ratio (M-H, Random, 95% CI)	0.0 [0.0, 0.0]
3 Number of smokers counselled	14	8531	Odds Ratio (M-H, Random, 95% CI)	2.28 [1.41, 3.67]
3.1 Duration 40 minutes to 2 hours	8	4220	Odds Ratio (M-H, Random, 95% CI)	3.25 [1.67, 6.33]
3.2 Duration >2 to 4 hours	3	2482	Odds Ratio (M-H, Random, 95% CI)	1.57 [0.86, 2.86]
3.3 Duration >4 hours	3	1829	Odds Ratio (M-H, Random, 95% CI)	1.29 [0.99, 1.68]
4 Number of smokers receiving self-help material	9	4925	Odds Ratio (M-H, Random, 95% CI)	3.52 [1.56, 7.91]

# Limits

- Unclear methodological design
  - Allocation concealment
  - Professionals blinding
- Varenicline and bupropion not tested