

Bucharest



ROMANIA | BUCHAREST | 27-29 MARCH

4th ENSP-SRP
INTERNATIONAL CONFERENCE
ON TOBACCO CONTROL 2019

ABSTRACT
BOOK



ENSP

European Network
for Smoking and Tobacco Prevention



SRP

Societatea Română de PNEUMOLOGIE

and how to increase women representation and leadership of tobacco control policy-making and implementation processes.

Tob. Prev. Cessation 2019;5(Supplement):A37

DOI: 10.18332/tpc/105260

PARTNERING WITH ECONOMIC AND FISCAL POLICY THINKTANKS IN PRODUCING RESEARCH TO INFORM TOBACCO TAXATION POLICIES

Violeta Vulovic¹

¹University of Illinois at Chicago, United States

Objective

This session will highlight the importance of evidence-based policy-making by presenting a case of partnering with economic think-tanks in the SEE region to build their capacity to conduct economic research on the impacts of tobacco taxation and inform tobacco taxation policies through policy-dialogue. In addition to presenting a summary of global economic research and empirical evidence on tobacco taxation in low- and middle-income countries, this session will showcase the think-tank capacity building project by the University of Illinois at Chicago. Finally, this session will showcase the economic research conducted by UIC's partner network of seven SEE countries.

Funding

This research is funded by Bloomberg Philanthropies.

Tob. Prev. Cessation 2019;5(Supplement):A38

DOI: 10.18332/tpc/105216

TOBACCO DEPENDENCE TREATMENT 1

Smoking cessation counseling: a survey among tuberculosis patients in Armenia

Zhanna Sargsyan¹, Arusyak Harutyunyan¹, Varduhi Hayrumyan¹, Zaruhi Grigoryan¹, Varduhi Petrosyan¹

¹American University of Armenia, Turpanjian School of Public Health, Armenia

Introduction

Smoking negatively affects tuberculosis (TB) treatment outcomes and increases the risk of recurrence. TB healthcare providers (HCP) are in regular contact with their patients and have a unique opportunity to deliver smoking cessation interventions at every encounter. This study aimed to explore the provision of smoking cessation services among TB patients in Armenia.

Methods

Interviewer-administered phone survey was conducted among adult TB patients (excluding prisoners and patients with psychiatric diseases) within 2 months after completion of the treatment. The smoking cessation services were assessed according to "5 A's" strategy.

Results

Out of 163 TB patients who completed the survey, 58.3% (n=95) were smokers during their last treatment (77.6% of males). Majority of smokers (92.6%) were asked about their smoking status (Ask) and 89.5% received cessation advice from HCP (Advice). Around 33.0% of the smokers were asked about their interest in quitting (Assess). Only 5.3% of patients received a cessation assistance from HCP (Assist) and 6.3% reported about follow up appointments to discuss smoking (Arrange). Around 60.0% of smokers made a quit attempt during the treatment and

25.3% were abstinent during the last two weeks of the treatment (quitters). However, 45.8% of quitters relapsed and were current smokers at the time of the interview.

Conclusion

The TB patients did not receive recommended smoking cessation counselling according to 5 "A's" model. There is a need for further integration of smoking cessation assistance into TB care in Armenia to increase the quitting rate, decrease the relapse rate among quitters and consequently improve TB treatment outcomes.

Funding

Global Bridges Healthcare Alliance for Tobacco Dependence Treatment, hosted by Mayo Clinic and Pfizer Independent Grants for Learning and Change.

Tob. Prev. Cessation 2019;5(Supplement):A39

DOI: 10.18332/tpc/105227

Smoking during and 1-month after discharge in Southern European countries (Spain and Portugal)

Ariadna Feliu¹, Cristina Martinez¹, Marta Enriquez¹, Laura Anton¹, Ruth Ripoll², Àngels Ruz², Sofia Ravara³, Lidia Videira⁴, Claudia Correia⁵, José Precioso⁵, Esteve Fernandez¹

¹Tobacco Control Unit, Catalan Institute of Oncology and Tobacco Control Research Group, Bellvitge Biomedical Research Institute (IDIBELL), School of Medicine and Health Sciences, University of Barcelona, L'Hospitalet, Barcelona, Spain, ²Consorci Sanitari Integral, L'Hospitalet del Llobregat, Barcelona, Catalonia, Spain, ³Universidade da Beira Interior, Portugal, ⁴Centro Hospitalar Universitário da Cova da Beira, Covilhã, Portugal, ⁵Universidade do Minho, Braga, Portugal

Introduction

Smoking prevalence is still high in Southern European countries. Smokers are frequent users of hospitals and hospital admission might be an adequate moment for quitting. The aim of this study was to assess changes in smoking status, willingness to quit, and quit attempts among current smokers during hospitalization and one-month after discharge.

Methods

We conducted a survey among current smokers hospitalized in two convenience hospitals in Portugal and two in Spain during hospitalization and one-month after discharge. A representative sample of conscious and oriented smokers participated after giving their informant consent and telephone number. The survey included questions about patients' smoking status (abstinence, cigarettes per day, etc), their willingness to quit smoking, quit attempts, and other socio-economic variables. We conducted a Chi-squared bivariate descriptive analysis, stratified by country.

Results

211 smokers were identified during hospitalization (58 from Portugal and 153 from Spain). Overall 74% of smokers were abstinent during hospitalization. Women, ≥55 years/old, and those who live with a non-smoker presented a higher percentage of abstinence than their comparisons (men, < 55 years/old, and those who live with smokers), being statistically significant (p<0.05). One month after discharge, 39.3% of smokers remained abstinent, being the percentage of abstinent patients similar in both Spanish and Portuguese hospitals (39.8% and 37.9%, respectively).

We observed an overall change in smoking patterns after discharge with a reduction of the number of cigarettes per day ($p=0.025$) and an increase in the number of quit attempts ($p>0.001$). The main reason to continue smoking was nicotine dependence and anxiety; while the main reasons to quit smoking were receiving health professional advice and personal decision (42.8% in both cases).

Conclusion

Hospitalization is a key moment to promote smoking abstinence and quit attempts. Our findings suggest the need to promote smoking cessation during and after hospital stay.

Funding

The project ISCI-SEC was funded by Global Bridges Mayo Clinic (Pfizer Medical Group; GB-25678023: Independent Grants for Learning and Change (IGLC).AF, CM, ME, LA were supported by the Ministry of Research and Universities from the Government of Catalonia (2017SGR319). EF was also supported by the Instituto de Salud Carlos III, Government of Spain, co-funded by the European Regional Development Fund (FEDER) (INT16/00211 and INT17/00103). CM was also supported by the Instituto de Salud Carlos III, Government of Spain, co-funded by the European Regional Development Fund (FEDER) (INT17/00116) and Ministry of Health from the Government of Catalonia (PERIS No 9015-586920/2017).

Tob. Prev. Cessation 2019;5(Supplement):A40

DOI: 10.18332/tpc/105268

Assessment of factors affecting the duration and quality of tobacco dependence remissions based on the annual reports of tobacco dependence treatment rooms of the Russian Federation

Olga Speranskaya¹

¹Federal Medical Research Center of Psychiatry and Addiction, Ministry of Health Care, Russia

Objectives

One of the relevant and significant directions of improving the quality of tobacco dependence therapy is the ability to predict the duration of abstinence from Smoking on the basis of clinical evaluation of therapeutic remissions.

Aim

Comparative study of the results of complex therapy of tobacco dependence in 18 regions of the Russian Federation with the analysis of clinical features of emerging therapeutic remissions.

Results

The results of tobacco dependence therapy, conducted by psychiatrists-narcologists in 18 regions of the Russian Federation evaluated in 6 and 12 months after the anti-nicotine therapy, were investigated.

The effectiveness was characterized by quitting, ranged from 38.8% to 68% after therapy course, from 29.5% to 50% - after 6 months, from 25.3% to 38% - after 12 months.

The best results were in 8 regions where the combined therapy of tobacco dependence was carried out: the combination of nicotine replacement and receptor therapy with small doses of psychotropic drugs, psychotherapy, non-drug therapies.

Factors that worsen the prognosis-pharmacoresistance to drugs for nicotine dependence therapy (Nicorette, Champix), the presence of incomplete remission after quitting

Conclusions

New directions to increase the efficiency of results of treatment of tobacco dependence – the improvement of clinical and diagnostic evaluation of Smoking patients, the use of complex pathogenetic therapy.

Tob. Prev. Cessation 2019;5(Supplement):A41

DOI: 10.18332/tpc/105289

The effect of brief counselling and NRT sampling on the recruitment of smokers to quit smoking

Kin Ho¹, Patrick Fok¹, Helen Chan¹, Celeste Tang¹, Sherren Ng¹, Timothy Tsang¹, Wood Koh¹, Yip Leung¹

¹Tung Wah Group of Hospitals Integrated Centre on Smoking Cessation, Hong Kong, China

Introduction

The smoking population has declined to 10.8% in Hong Kong in 2017 thematic household survey. The passive recruitment measures to motivated smokers to join smoking cessation service exclusively results in a significant missed opportunity to capture the remaining majority of smokers who are not yet planning quit attempts.

2012 Cochrane review suggests that proactive personal contact with potential participants and tailored intervention may help to recruit smokers into smoking cessation programme.

The majority of smokers are ambivalent about quitting. Emerging evidence reveals that providing NRT samples engage both motivated and unmotivated smokers into the quitting process.

Methodology

In the past two years, a mobile truck was deployed to park at different smoking hotspots to reach the smoking population. We provide brief counselling using 5 A's and 5 R' techniques to engage the smokers. Free one week nicotine replacement therapy (NRT), either patch or gum was provided for those who were aged 18 or above, no chronic medical diseases or mental illness, not pregnant or breast feeding no recent hospital admission in the recent 6 months and no contraindications on the use of NRT. They were then recommended to join our formal smoking cessation programme. Phone follow up were arranged within one week to answer queries on any side effects. Those not eligible for NRT sample were also encouraged to join our service.

Personal data were collected. Number of smokers who had received NRT sample and those who had enrolled our full treatment programme were recorded. The self-reported 7-day point prevalence abstinence rate at 8th and 26th week were ascertained by phone contact. Those who defaulted or could not be contacted were considered failure to quit by intention to treat analysis.

Results

2,890 smokers were engaged with brief counseling and 1,394 (48.24%) enrolled our smoke cessation programme. The mean age was 41.68 (SD 13.24) with male 2,324 (81.29%) and female 536 (18.71%) with 30 missing data on gender. The average cigarette consumption per day was 17.29 (SD 8.46). The average Fagerstrom score was 4.74 (SD 2.38). 1,842 (63.74%) received sample NRT of whom 810 (810/1842, 44%) enrolled our full treatment programme whereas 584 (584/1048, 55.7%) without NRT sample enrolled our service. The 7-day point prevalence abstinence rate of all the enrollees at 8th week, 26th week were 47.34%, 38.85% respectively. There was no major adverse events reported.