

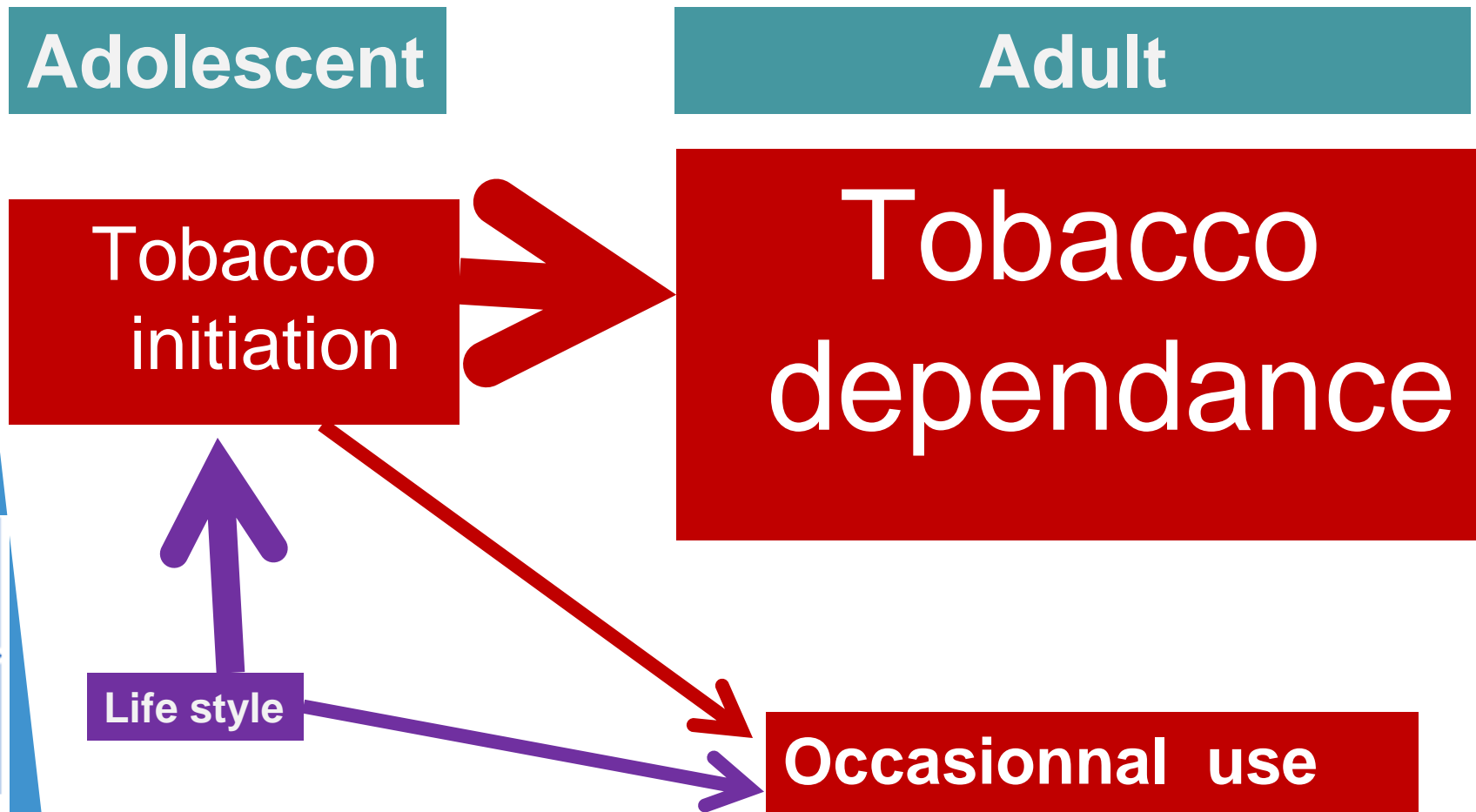
Escscan : A European network of tobacco cessation centers



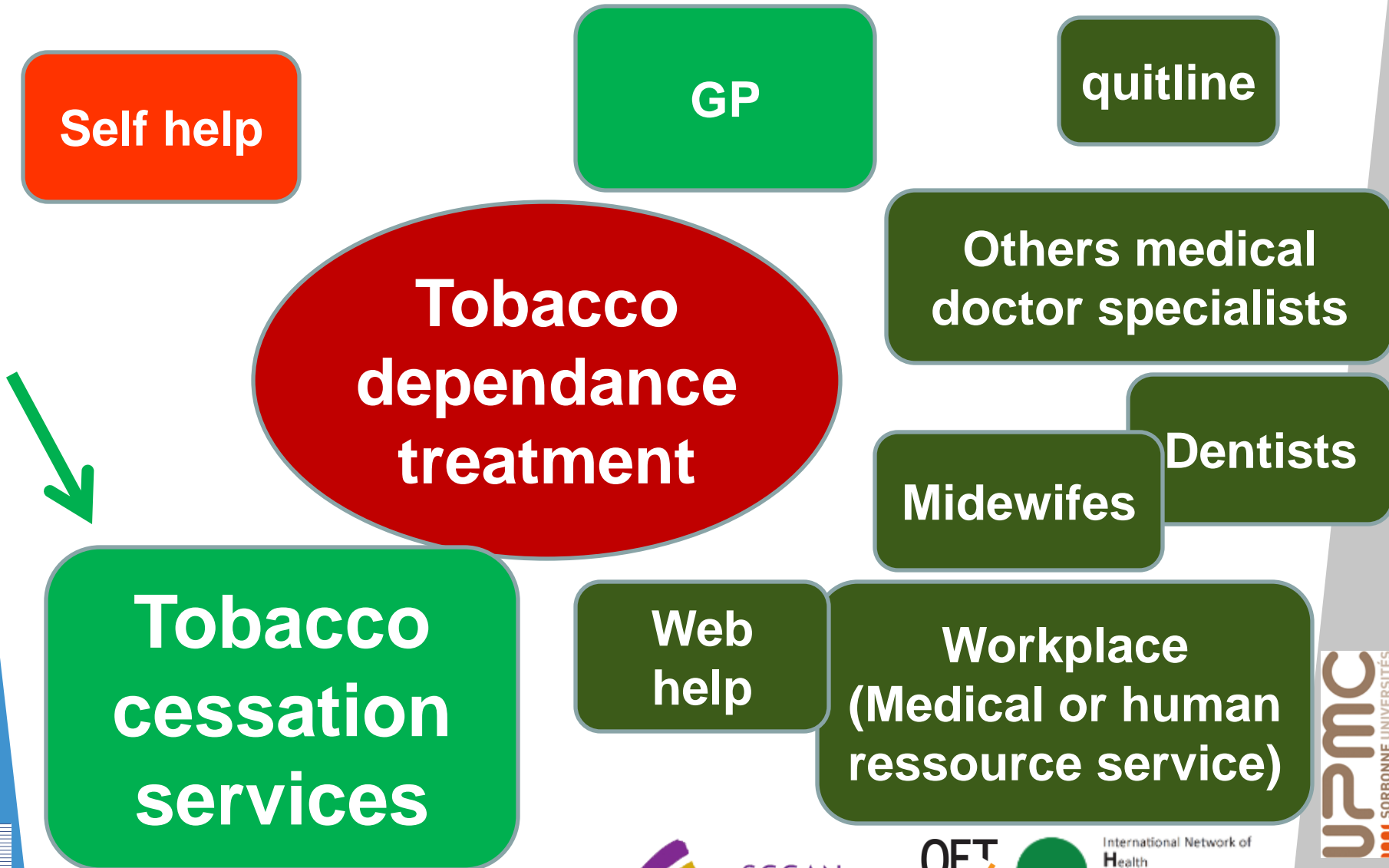
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An unrestricted grant from Pfizer Europe is supporting the project,
but the company has no input in the content of the project.
No other potential conflicts of interest for this presentation

Tobacco dependance is a chronic relapsing disease of adult acquire by a lifestyle during adolescence



Tobacco dependance et tobacco cessation service



Tobacco dependance and tobacco cessation service

- **Tobacco dependence is a disease too often neglected by health professionals.**
- **Tobacco cessation services have an important role to play in smoking cessation of referred patients, but also in promoting and supporting tobacco dependence treatment in general medical practice and in general population.**

Best practice for smoking cessation

- **As all others places where tobacco dependence treatment is being performed (i.e. general practitioners, pharmacy, etc.) TCS have to follow best practice guidelines for tobacco dependence treatment, theses general guidelines elaboration is NOT a aim of the project**

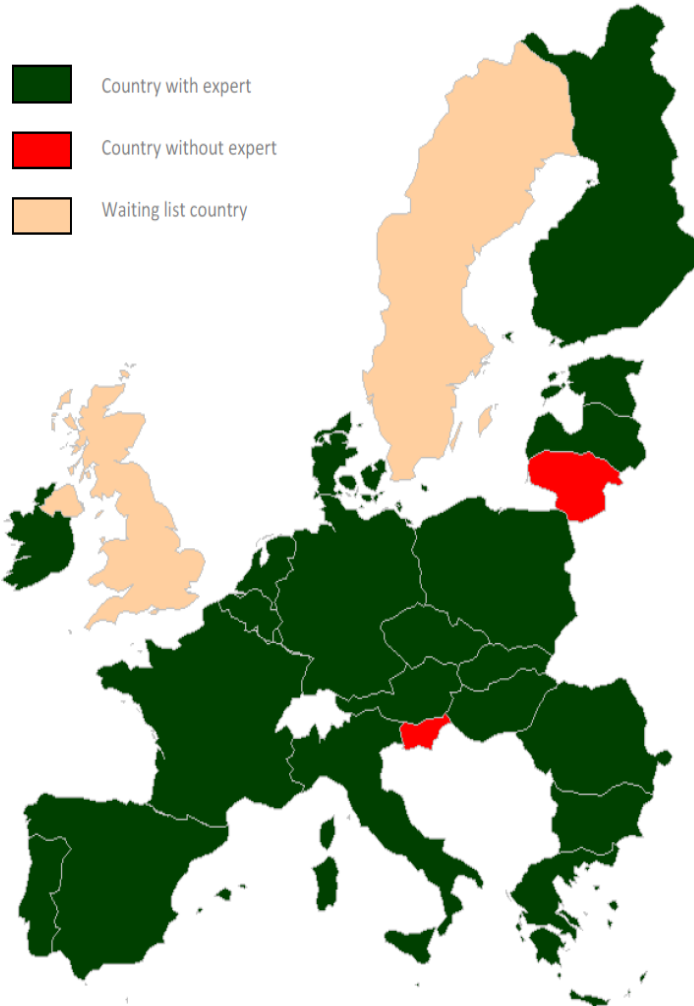
Background

- Tobacco cessation is a health priority in Europe, as tobacco is the leading cause of preventable death in countries.
- Everybody is able to stop smoking alone, or with the help of a nurse or a general practitioners, but it is important that referral centers may treat the most difficult cases and ensure dissemination of good practices for tobacco cessation among other health professionals.

Origine of eSCCAN project

- The tobacco cessation clinics organization and working methods are pretty different from a country to another, which makes the situation heterogeneous in Europe. In particular, definitions as well as practices are often different.
- The French NGO: OFT, headed by Professor Bertrand Dautzenberg who has been following for 10 years tobacco cessation clinics in France had suggest this European initiative.
- This initiative has quickly achieved a good feedback from other partners of European countries.

Aim of eSCCAN project



- The aim of eSCCAN project is to collect information on infrastructure of tobacco cessation services, their organization, definition, and good practice in each of the 27 EU Member States to reach consensus and improve practice.

Method

- The Office Français de Prévention du Tabagisme (OFT) in France has initiated this European project to assess the current tobacco cessation practice in Europe and to reach expert consensus on definitions of tobacco cessation services in order to create a common base line for action.
- Firstly, common definitions were drawn in a meeting to use the same word to design the same think.
- A Delphi consensus has been built and the last discrepancies have been smoothed in a general meeting.

Approved definitions

- **The first set of definitions approved is about tobacco cessation service (tobacco and not smoking) which indicates any place where a health professional advises tobacco dependence treatment as the goal or as one of the goals of the service.**

General role of Tobacco cessation services

General role of tobacco cessation service

Tobacco cessation services have a role in...

1. Treatment of tobacco dependence case focus on more difficult cases,
2. Education/training of health professional on tobacco cessation,
3. Research/evaluation in tobacco cessation interventions,
4. Dissemination of good practice in smoking cessation among health professional and general population and elimination of bad practice,
5. Health promotion.

The 3 types of Tobacco cessation services

Tobacco cessation services

TCC

- Tobacco cessation clinics

TCPC

- Tobacco cessation practitioner cabinets

TCCC

- Tobacco cessation counselling centres

European code of TCS (eSCCAN)

Tobacco cessation service announces clearly that the service is dedicated to take care of any tobacco user and offers evidence based tobacco cessation treatment

Tobacco cessation services make every effort to acquire sufficient human and materiel resources that is needed to accomplish their mission.

Tobacco cessation services may treat all tobacco users, but have a specific obligation towards more severe cases. If TSC's decide to only treat specific risk group's (i.e. pregnant women), this option must be clearly advertised.

Tobacco cessation services work based on scientific evidence, according to accepted best practice and validated tobacco dependence treatment guidelines (national/regional).

Tobacco cessation services participate in pre and post graduate education and training programs for health professionals on tobacco cessation.

Tobacco cessation services participate in the assessment of tobacco cessation tools and research in this field.

Tobacco cessation services conduct health promotion activities in connection with the community.

Tobacco cessation services evaluate their activities and continuously improve these based on feedback from the evaluation.

Self audit tool for TCS (1) Visibility of TCS

1-The Tobacco Cessation Service (TCS) announces clearly that the service is dedicated to take care of any tobacco user and offer tobacco cessation treatment

	No implementation	Some implementation	Half implemented	Near totally implemented	Yes fully implemented	Non applicable
1. Word "tobacco cessation" (or equivalent) is present in all documents in printed or electronic form of TCS and on the building entrance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Word "tobacco cessation" (or equivalent) is present in the internet presentation of the service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. A specific phone number exists to reach a tobacco cessation health professional at the TCS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. If a directory of TCS's exists at regional or national level, the TCS must be listed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Self audit tool for TCS (2) Human ressource

2-TCS makes every effort to acquire sufficient human ressource that is needed to accomplish their mission.

	No implementation	Some implementation	Half implemented	Near totally implemented	Yes fully implemente	Non applicable
1. Sufficient staff time is available to ensure that the delay for a first visit does not exceed 3 weeks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. A process for accreditation or equivalent qualification for all staff exists.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. At least half of the staff is a certified or has an equivalent qualification as tobacco cessation specialist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Possibility to prescribe pharmaceutical aids is fully available.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. A separate, quiet room for tobacco cessation counselling (> 10m2) is available.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. At least one exhaled carbon monoxide expiratory device is available in the TCS per 600 visits/year.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Auto-evaluation questionnaires such as the Fagerstoom Test for Nicotine Dependance (FTND) are available for all patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The consultation room is equipped with a computer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Pharmaceutical products are available or on display to inform tobacco users.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Self audit tool for TCS (3) Specific Groups

3-TCS may treat all tobacco users, but have a specific obligation toward more severe cases. If TCS's decide to treat a specific risk group (i.e. pregnant women), this option must be clearly advertised.

	No implementation	Some implementation	Half implemented	Near totally implemented	Yes fully implemented	Non applicable
1. A majority of new patients show co-morbidity, co-addiction, are pregnant or have low socio-economic status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Specificity of population who may have access to the TCS is clearly announced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Self audit tool for TCS (4) Best practice

4- Tobacco cessation service respect best practice and validated guidelines related to smoking cessation.

	No implementation	Some implementation	Half implemented	Near totally implemented	Yes fully implemented	Non applicable
1. A majority of new patients show co-morbidity, co-addiction, are pregnant or have low socio-economic status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Specificity of population who may have access to the TCS is clearly announced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TCs disseminate good practice of cessation for health professionals who are not tobacco cessation specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Self audit tool for TCS(5) Education of HCW

5-TCS contributes proactively in pre and post graduate education and training programs for health professionals on tobacco cessation treatment.

	No implementation	Some implementation	Half implemented	Near totally implemented	Yes fully implemented	Non applicable
1. TCS contributes proactively in education and training of non medical doctors, health professionals on tobacco dependence treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. TCS contributes proactively in education of medical doctors on tobacco dependence treatment evaluation and tobacco cessation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Self audit tool for TCS (6), Research

6: *TCS contributes proactively in the assessment of tobacco cessation tools and research in this field.

	No implementation	Some implementation	Half implemented	Near totally implemented	Yes fully implemented	Non applicable
1. TCS records and provides data to local and/or national evaluation projects on tobacco cessation treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. TCS contributes proactively to academic research on tobacco dependence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Self audit tool for TCS (7), health promotion

7-TCS conducts health promotion activities in connection with the community.

1. TCS conducted health promotion activities including participation in community based programs during the current year.

No implementation Some implementation Half implemented Near totally implemented Yes fully implemented Non applicable

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International Network of
Health
Promoting
Hospitals & Health Services

Self audit tool for TCS (8) Assessment

8-TCS evaluates their activities regularly and continuously improve these based on feedback from the evaluation.

	No implementation	Some implementation	Half implemented	Near totally implemented	Yes fully implemented	Non applicable
1. Abstinence is recorded at 3, 6, 12 months. 6 months evaluation is the most important outcome measure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Statistical data on the results of tobacco cessation treatment are systematically collected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Different organisations for different countries

- Organization of TCS is very different from one country to another.
- In Sweden tobacco cessation is on the responsibility of GP and nurse, no TCS exists.
- In Denmark each municipality contract mainly with pharmacy to help smokers to quit.
- In Germany most of smoking cessation services are counseling centers managed by psychologists, but TCS managed by chest physician are progressing.
- In France, Italy, Belgium, Spain have a network of tobacco cessation clinics
- Private cabinet for tobacco cessation are few in Europe because in most of the countries, the pricing of this activity is too low and doesn't cover the real cost of the service.

Good and bad practices examples

- Exemples of good and examples of bad practices are collected.
-We had received good practices and bad practices for the management of the delay before the first visit.

GOOD PRACTICE	OUR PRACTICE TO INCREASE THE PROFESSIONAL SKILLS	Czech Republic
BACKGROUND	To increase the interest of health professionals - doctors, nurses, pharmacists as well as the public	To increase the interest of health professionals - doctors, nurses, pharmacists as well as the public
AIM	We would like to provide tobacco treatment services for all inpatients of our clinic within 2 days and within 2 weeks for outpatients	To provide tobacco treatment services for all inpatients of our clinic within 2 weeks for outpatients
IMPLEMENTATION	Educated staff able to set up the diagnosis and dependence level as well as comorbidities, to deliver the intervention, indicate the pharmacotherapy, to verify the tobacco smoke exposition (CO or cotinine).	To set up the diagnosis and dependence level as well as comorbidities, to indicate the pharmacotherapy, to verify the tobacco smoke exposition
ASSESSMENT	Screening visit - individual, about 1 hour, intervention visit (individual or small group), about 2-3 hours, follow-up about 30 minutes about 8 times/year	Individual, about 1 hour, intervention visit (individual or small group), about 2-3 hours, follow-up about 30 minutes about 8 times/year
DISCUSSION	Special collaboration with detox clinic and with psychiatric clinic at our hospital	In with detox clinic and with psychiatric clinic at our hospital
CONCLUSION	To provide this service at the evidence-based level is an ethical, non-invasive and highly cost-effective possibility to improve both individual and public health	Practice at the evidence-based level is an ethical, non-invasive and highly cost-effective possibility to improve both individual and public health

3000 tobacco cessation clinics in Europe

- A roster of tobacco cessation clinic by collection of existing data is in progress.
- At this time 1800 services are listed.
- The best estimation is 3000 TCS across the 27 EU countries

Need for definitions for tobacco cessation

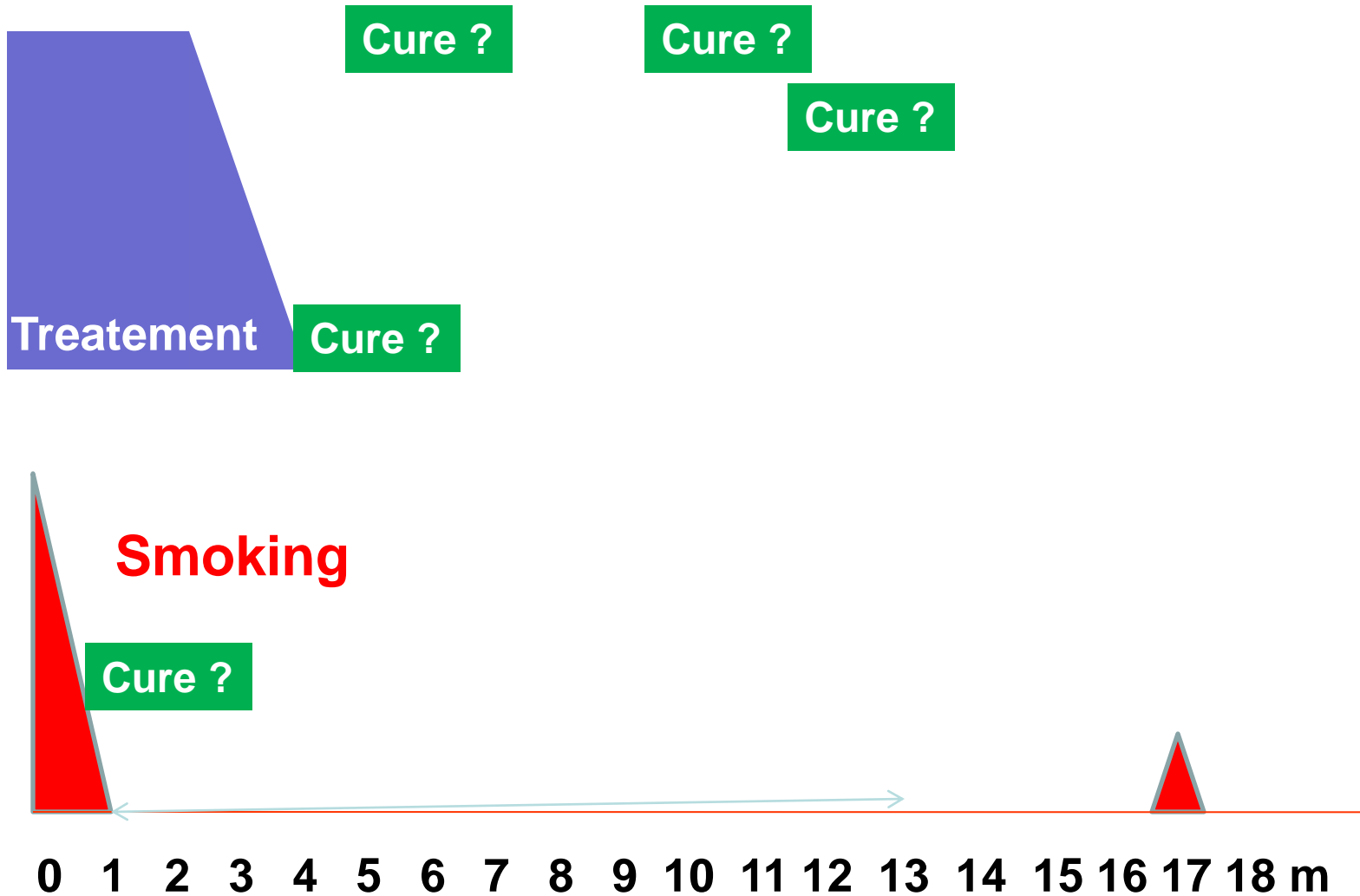
- No body is happy with the current definition of success used in smoking cessation.
- The definition used of cure is NOT smoking cessation (cure) at the end of treatment ! !
- The situation after quitting is not a return to the « non-smoker status », but a tobacco dependant smoker, become a « former smoker » or an « ex smoker ». The risk of relapse is high.
- The risk of relapse increase in population with high incidence of smokers.
- The risk of relapse is maximum the first year after the end of treatment as for tuberculosis.

Need for definitions for cure and relapse

For **tuberculosis** international definition are endorse by near everybody.

- **Cure** : no disease at the end of treatment (usually 6 month).
- **Relapse** : is a recurrence of the disease after the end of treatment and recommendation is to follow patient until the end of the second year because the relapse rate is maximum at the beginning of follow up..

Need for definitions for cure and relapse



Need for definitions for tobacco

- Because we have not, as for tuberculosis, clear definition and each official body use is own standard (For example the 1-year - success asked by Ema is an evaluation of success and early relapse, not only of success of cessation (as the 6-mont success use by Surgeon general report in US and proposed by eSCCAN experts is a pragmatic target in absence of other consensus, but not evidence base..

Conclusion

- The Escscan Project working in cooperation with other EU networks may help to better understand tobacco cessation service sharing in Europe and to improve practices by experiences.
- Experience had to be chair with others networks
- Treatment fo cessation is evidence base and had a high benefitt/risk ration.
- Treatment for preventing relapse after quit and end of cessation of tobacco use is not define, not studied and not implemented.



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http://www.humangames.tv/game_smoky_rabbit.html

Smoky Rabbit : n'essayez surtout pas de l'enf

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HOME PROJECT e.SCCAN TOOLS EVENTS NEWS & DOCUMENTS ARCHIVES Welcome, Bdautz

HOME

The aim of European Smoking Cessation Clinic Assessment and Networking project (e.SCCAN) 2010-2011 is to identify, assess and improve the medical and health centers in the 27 members of the EC.

Smoking cessation is a health priority in Europe, as tobacco is the leading cause of preventable death in our countries. Everybody is able to stop smoking alone, or with the help of a nurse or a general practitioner, but it is important that referral centers may treat the most difficult cases and ensure dissemination of good practices for stopping smoking among other health professionals.

The tobacco cessation clinics organization and working methods are pretty different from a country to another, which makes the situation heterogeneous in Europe. In particular, definitions as well as practices are often different.


The French NGO, OFT, headed by Professor Bertrand Dautzenberg who has been following for 10 years tobacco cessation clinics in France has been suggesting this European initiative.

This initiative has quickly achieved a good feedback from other partners of European countries, as you may notice while exploring this website.

An unrestricted grant from Pfizer Europe is supporting the project, but the company has no input in the content of the project.

Edit

Contact



Today event
Nothing today!

- 31 May 2011 – World no tobacco day
General
- 1 June 2011 – 19th International Conference on Health Promoting Hospitals and Health Services
Congress
- 8 September 2011 – 13th Annual SNRT Europe
Congress

See you on
<http://ofta-asso.fr/escscan/>

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