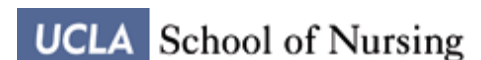


Approaches to enhance smoking cessation in Hungary through targeted training for healthcare professionals

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**18th German Tobacco Control Conference
2 December, 2020**



Declaration of conflict of interest

18. Deutsche Konferenz
für Tabakkontrolle

dkfz. DEUTSCHES
KREBSFORSCHUNGSZENTRUM
IN DER HELMHOLTZ-GEMEINSCHAFT

Forschen für ein Leben ohne Krebs

Dear presenter,

many thanks for your willingness to make a contribution within the scope of the 18th German Conference for Tobacco Control.

According to the national and international quality criteria we ask you to fill out a "Conflict of Interest" (COI) declaration. Please be so kind and start your presentation with a slide with your COI declaration.

Thank you for your cooperation!

Please fax: 06221 – 42 3020
or mail: who-cc@dkfz.de

Katrin Schaller

Dr. Katrin Schaller

CONFLICT OF INTEREST - DECLARATION

Please, mark the answers applying for you:	Yes	No
Within the past 5 years, have you received speaker compensation fees of the pharmaceutical industry, tobacco industry or e-cigarette industry or their lobby organizations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Within the past 5 years, have you received consultation fees of the pharmaceutical industry, tobacco industry or e-cigarette industry or their lobby organizations (Advisory Boards)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Within the past 5 years, have you received financial support for projects of the pharmaceutical industry, tobacco industry or e-cigarette industry or their lobby organizations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have commercial connections with the manufacturers or the distribution organizations for tobacco products, nicotine substitute products or e-inhalation products which are mentioned within the scope of the 18th German conference for tobacco control (if relevant)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have commercial connections with competitors of manufacturers or the distribution organizations for tobacco products, nicotine substitute products or e-inhalation products which are mentioned within the scope of the 18th German conference for tobacco control (if relevant)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have connections with the pharmaceutical industry, tobacco industry or e-cigarette industry or their lobby organizations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please, describe here potential other interest conflicts:

Our centre has education related connection with the Hungarian subsidiary of the Polish Pfizer farmaceutice, responsible for the production and distribution of alicin.

Herewith I declare that I have no conflicts of interests within the scope of the 18th German conference for tobacco control.

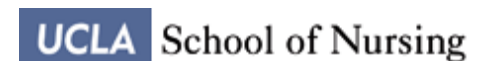
I am responsible for the correctness of the information provided.

CSEIKO, OSW28A

SURNAME, FIRST NAME

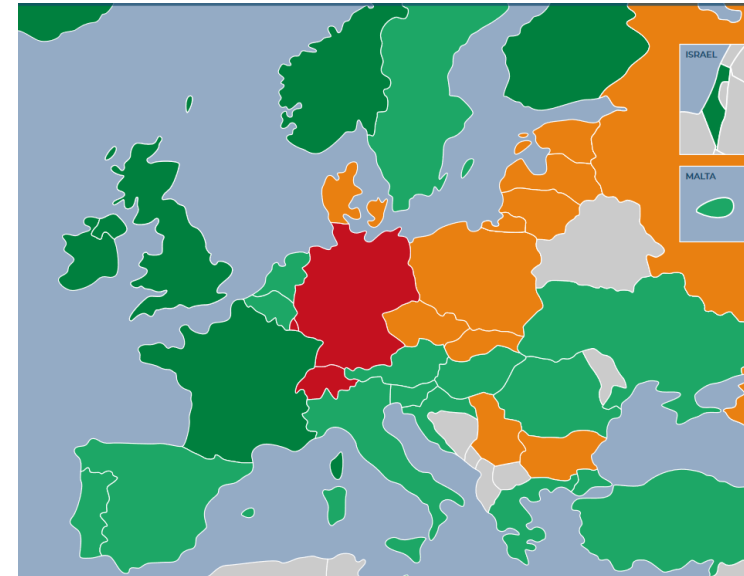
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Smoking situation in Hungary

- Tobacco Control Scale:
2013: 11th, 2016: 9th, 2019: 8th place
Hungary has well enforced,
comprehensive smoke free legislation
and will introduce plain packaging in
2022
- Despite fierce governmental measures in tobacco control,
prevalence of smoking remains high
 - among healthcare professionals (15% of male and 20% of female
healthcare professionals smoked regularly in 2014), and
 - in the general public (at the start of the project, in 2014: 28%, in 2019:
29%)

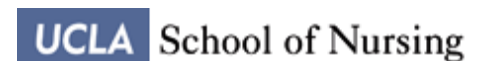


Background to Hungary's involvement in the Eastern Europe-Centre of Excellence (EE-COE) project

The National Korányi Institute of Pulmonology has been a partner institution in the EE-COE project since 2014

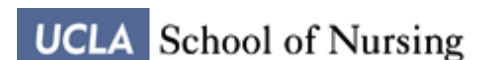


National Methodology Centre for Cessation Support at the Korányi Institute (established in 2012) provides the professional background



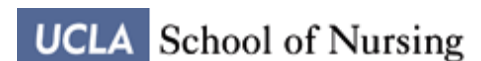
Cooperation started in an optimal time

- Since 2012, the Methodology Centre has been responsible for:
 - The behavioral counselling education of physicians and nurses at Outpatient Pulmonary Clinics
- However, the National Guideline on Smoking Cessation's everyday practice made deficiencies apparent: healthcare professionals fail to provide brief advice to patients due to lack of skills, even though it is part of routine care



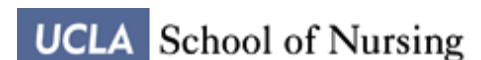
Activities in the EE-COE project

- The aim was for nurses/healthcare professionals to
 - Increase intervention with smoking patients, colleagues, family, or friends.
 - It was also desired that healthcare professionals would have a comprehensive understanding of tobacco control measures and may view themselves as advocates to address tobacco control policy issues.
- Opinions of former and currently smoking nurses on smoking, smoking and quitting, and health education of patients were collected in a focus group
- Cessation guideline written by the project lead, formulated especially for nurses and adopted to Hungarian healthcare work conditions.
- Reached a significant number of nurses and healthcare professionals by e-learning
- Nurses and various healthcare professionals, working in different healthcare settings were reached through in-person workshops



Results of the EE-COE project

- During 2014-2019, 701 healthcare professionals were trained for brief advice
 - Mean age 44 years (SD=1.1)
 - Mean years of practice 22 years (SD=1.26)
 - Predominantly female 56%
 - Current smokers 8%, former smokers 16%
 - 14 clinical specialties



Effects of training on brief intervention practice (three months vs. baseline)

- Ask: OR=1.47
- Advise: OR=1.16
- Assess: OR=1.46
- Assist: OR=1.39
- Arrange: OR=1.21

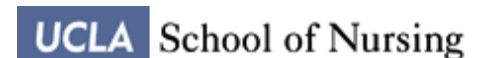
- 80% of workshop participants intervened with their patients

- Healthcare professionals agreed that they should serve as a role model for patients by refraining from smoking – mean 4.3 (SD=0.19)

- Agreed that they need to be actively involved in helping patients quit – mean 4.0 (SD=0.21)

- Need further training to acquire skills in cessation support – mean 4.0 (SD=0.12)

Odds Ratio (95% Confidence Interval)

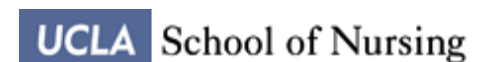
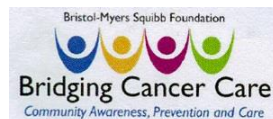


New target in cessation education

Request from the School of Nursing and the Health Visitor Service of Szabolcs-Szatmár-Bereg county to train health visitors in cessation counselling



Health Visitor Service = unique institutional organisation of maternity and infant protection in Hungary which serves health maintenance and health promotion of families

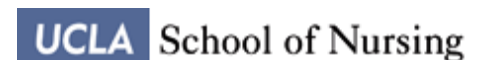


Challenges of the program

- The **population's socio-economic status is generally lower** compared to most other areas
- According to the pregnant care documentation from 2014, **35% of expecting mothers smoked** at the first visit (the country average was 22%) and the quit rate was 32%
- Health visitors are challenged by the difficulties of raising motivation: for many smoking is a learned behavior influenced by the family and begun as a child
- Cross-sectional study:
 - PTB: 8%
 - LBW: 10%

Source:

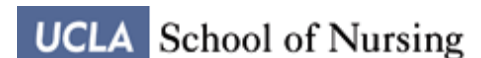
Fogarasi-Grenczer A. Várandósság alatti dohányzás okai és perinatalis kimeneteli eredményei. Doktori értekezés. Semmelweis Egyetem, Patológiai Tudományok Doktori Iskola. 2015.;
Feldolgozott adatgyűjtések (2014) Védőnői jelentés összesített táblái/százalékos összesített jelentés 2014. Gyógyszerészeti és Egészségügyi Minőség- és Szervezetfejlesztési Intézet portál 2015.
<http://193.225.50.35/webgy/regbe/belepes.php>



Effects of training on brief intervention practice (one month vs. baseline and at one year)

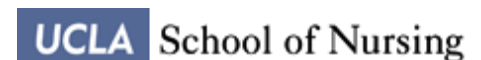
- Ask: OR=10.9
 - Advise: OR=0.9
 - Assess: OR=6.4
 - Assist: OR=9.0
 - Arrange: 8.4
-
- 135 smokers and families reached
-
- At one year 76% of expecting mothers remained abstinent until giving birth; 32% quit

Odds Ratio (95% Confidence Interval)



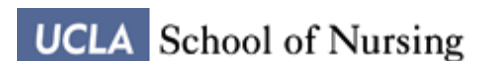
Conclusions of the EE-COE project

- **Focus group:** lack of knowledge, lack of time and motivation, or failure to set a good example are obstacles to carry out brief advice
- Nurses' smoking is influenced both by personal and professional factors
 - Increased psychological and physical pressure increases the amount of smoking
 - Despite progress in complying with the smoke-free law in public places, more needs to be done for the society to reject smoking (health education, legal and fiscal measures)
 - **Many experience their smoking as an inhibitory factor in helping patients quit, however, they all agreed that they want to serve as a role model for their patients in choosing a healthier lifestyle**



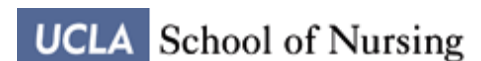
Conclusions of the EE-COE project (cont'd)

- The EE-COE project has increasingly turned attention to helping healthcare professionals to quit and to approach them with smoking cessation education
- Need to increase different healthcare professionals' involvement to promote smoking cessation (nurses in various settings, health promotion specialists, etc.)
- It is necessary to integrate cessation support training into the basic education of all healthcare professionals and to ensure the availability of a wide range of training
- It is indispensable to induce a change in attitude towards smoking on the part of society and healthcare professionals; Governments must comply with their obligations under the WHO Framework Convention on Tobacco Control and human rights treaties to strengthen the enforcement of human rights against the interests of the tobacco industry



Plans in progress

- Expansion of health visitors' and midwives training
- Expansion of the network of trained healthcare professionals as set out by the goals of the EE-COE project: train-the-trainer workshops involving healthcare professionals and health promotion specialists



Thank you for your attention!

