

# EPACTT<sup>2</sup> - EuroPean Accredited Curriculum on Tobacco Treatment-2

Grant ID: 25944945

## A. Cover Page

N.	Partner name	Key researchers	Country
1	European Network for Smoking and Tobacco Prevention	Constantine Vardavas, Cornel Radu Loghin, Dominick Nguyen	Belgium
2	Comité Nacional de Prevención del Tabaquismo	Francisco Lozano	Spain
3	Foundation 'Smart Health – Health in 3D	Krzysztof Przewozniak	Poland
4	AER PUR Romania	Antigona Trofor, Florin Mihaltan	Romania
5	Hellenic Cancer Society	Panagiotis Behrakis	Greece
6	Wallionie Tabac Prevention	Pierre Bize	Belgium (Fr)
7	Kyiv Health Center (Otto Stoyka	Otto Stoyka	Ukraine
8	Tobacco control Alliance of Georgia	George Bakhturidze	Georgia
9	Russian Public Health Association	Andrey Demin	Russia
10	American University of Armenia	Arusyak Harutyunyan	Armenia
11	Institute of Public Health of Serbia	Biljana Kilibarda	Serbia
12	Bulgarian tobacco control	George Kotarov	Bulgaria
13	Wide Services SA	Yiannis Arapoglou	Greece

### Abstract:

The goal of EPACTT-PLUS is to continue the development and expansion of an accredited curriculum for tobacco cessation in 11 European countries and to enhance the formulation of a network of healthcare professionals that will be dedicated to advancing evidence-based tobacco dependence treatment. The project will utilize the extensive network of the European Network on Smoking and Tobacco Prevention (ENSP), and the material from two IGL&C grants, to promote the development of champions in both tobacco treatment and control. The project has two objectives: 1): To further develop, accredit and deliver a user friendly and accredited online training programme, in advanced tobacco treatment **in 11 languages**. (Category 1) and 2): To update, adapt, translate and disseminate the ENSP Guidelines for treating tobacco dependence in 11 languages. A comprehensive and integrated guideline based on scientific evidence and best practices, taking into account national circumstances. (Category 2). To assess the impact of the trainings, evaluation will be performed within a pre/post intervention assessment, to determine whether the EPACTT2 accredited elearning program when delivered among health care professional's covers the practice gap and increases provider knowledge, attitudes, beliefs, perceived behavioral control, intentions and rates of provider delivery of tobacco treatment. Overall, this project will support the expansion of the Global Bridges Network through training and collaboration and would broaden its outreach in Eastern and Southern Europe.



## B. Table of Contents

### Contents

A. Cover Page.....	1
B. Table of Contents .....	2
C. Reviewer Comments .....	3
D. Main Section .....	4
D1. Overall Goal & Objectives.....	4
D2. Current assessment of need in target area.....	6
D3. Target audience .....	8
D4. Design and Methods by Aim .....	9
D4a. Overall strategy, methodology to address the established need .....	9
D4b. Building on existing work and ensuring uniqueness .....	15
D4c. Synergy with other Global Bridges proposal submissions .....	16
D4d. Quality assurance and measuring engagement .....	17
D5. Evaluation design.....	18
D6. Measuring engagement.....	19
D7. Ensuring Data collection, Ethics and Statistical Analysis .....	19
D7a. Data collection and statistics.....	19
D7b. Dissemination .....	20
D8. Detailed Workplan and Deliverables Schedule.....	20
Deliverable Schedule .....	21
E. References .....	22
F. Organizational Detail.....	23
F1. Organizational Capability and Leadership: .....	23
Applicant: ENSP – European Network for Smoking and Tobacco Prevention.....	23
G. Detailed Budget .....	25



## C. Reviewer Comments

- No reviewer comments on the design, feasibility and approach were provided after initial LOI peer review indicating the strength and outreach of EPACCT<sup>2</sup>.
- The only request was to reduce our requested budget from \$300,000 down to \$200,000. We have adjusted our budget accordingly. However if funded we would like to kindly request that this be potentially discussed with Global Bridges, for a slight increase (possibly to 250,000) to allow for further enhancement in the participating 13 countries in this proposal.
- Despite the reduction of the budget by 33% we decided to **enhance** the development of the project through two actions:
  - ✓ Inclusion of 2 more countries within EPACCT<sup>2</sup>, since the submission of the LOI.
  - ✓ We linked EPACCT<sup>2</sup> with 5 other Global Bridges submissions so that ENSP can play a central role in the networking of Global Bridges in Europe.
- TiTAN Greece & Cyprus – Primary Care Tobacco Treatment TrAining Network in Greece & Cyprus (TiTAN-2), GREECE
- Improving smoking cessation interventions in Southern European Countries (ISCI\_SEC), SPAIN
- Initiative for improvement of availability and implementation of smoking cessation interventions in Serbia, submitted by Institute of Public Health of Serbia, SERBIA
- Integrating evidence-based tobacco control services into tuberculosis control in Armenia - ARMENIA
- Advocacy campaign for promotion adaptation of Georgian national smoking cessation guideline on the provisions of the Framework Convention on Tobacco Control (FCTC) Article 14 and its guideline - GEORGIA



## D. Main Section

### D1. Overall Goal & Objectives

The goal of EPACCT<sup>2</sup> is to continue the development and expansion of an accredited curriculum for tobacco cessation in 11 European countries and to enhance the formulation of a network of healthcare professionals that will be dedicated to advancing evidence-based tobacco dependence treatment. The project will utilize the extensive network of the European Network on Smoking and Tobacco Prevention (ENSP), and the material from two previous Global Bridges grants, to promote the development of champions in both tobacco treatment and control. This project will focus on the Eastern European region, an area in need of knowledge transfer and capacity development for FCTC Article 14 implementation which we will support through an online accredited training program (Category 1) and the national translation/adaptation of comprehensive guidelines in tobacco dependence and cessation (Category 2). The focus of this Global Bridges RFP is to *“support capacity building initiatives which build the Global Bridges Network, based on evidence and practice”* (Category 1), and to assist in the implementation of FCTC Article 14 which notes 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”* (Category 2).

The project will utilize the extensive network of the European Network of Smoking and Tobacco Prevention (ENSP), to promote the further development of formal **CME accredited** champions in both tobacco treatment and control. This above capacity development in Europe will continue the expansion of the Global Bridges Network by adding multiple accredited clinicians to the existing Global Bridges network, throughout the greater European Region.

The **aim of the EPACCT<sup>2</sup> program** is to train and accredit professionals in Europe as competent in smoking cessation and knowledgeable of cutting edge issues in tobacco control, with the provision of a formal CME accreditation. As the mission of the Global Bridges Program is to create and mobilize a global network of healthcare professionals and organizations dedicated to advancing evidence-based tobacco dependence treatment and advocating for effective tobacco control policy, this project will rest on three main pillars of the Global Bridges Program:

Specifically this project will rest on three main pillars of the Global Bridges Program:

- ✓ Expand the number of healthcare professionals committed to treating tobacco dependence: We will set up a formal accredited European training program for healthcare professionals, utilizing a user friendly e-learning platform (Moodle), with adapted and translated best practices of tobacco treatment for roll out in 12 languages.
- ✓ Promote collaborations across multiple countries and across regions: This project will support the expansion of the Global Bridges Network and trainees through collaboration



with ENSP and partners in 11 countries (Greece, Spain, Poland, Armenia, Georgia, Ukraine, Russia, Belgium, Romania and Bulgaria, Serbia), in the European Region

- ✓ **Building on existing infrastructure:** The current proposal is a logical follow up of a number of projects (Section D4) that focus on the development of European Guidelines for Smoking Cessation, a formal online training programme (EPACTT1), cessation in primary health care (TITAN), the treatment of high-risk populations (TOB-G) and the initial ENSP-European Smoking Cessation Guidelines (ESCG) Project, which commenced in 2011 with the support of Pfizer Europe. EPACTT<sup>2</sup> also sees itself as an “umbrella project” to other grants that would be funded by creating synergy and using the e-learning platform for sharing between other funded grants (see section D4c)

Our objectives are:

**Objective 1: To further develop, accredit and deliver a user friendly, accredited online training programme in advanced tobacco treatment in 12 languages. (Category 1)**

**Activity 1.1:** To create a faculty of tobacco treatment experts and stakeholders who will be able to further create additional EPACTT tobacco treatment training modules. Emphasis will be to link EPACTT<sup>2</sup> with other Global Bridges projects.

**Activity 1.2:** Adapt and translate the curriculum/training program on tobacco treatment we have developed as part of EPACTT-1, [www.elearning-ensp.eu](http://www.elearning-ensp.eu) and further enriched in Activity 1.1- so that it can be deployed in English, Greek, Spanish, French, Polish, Armenian, Romanian, Georgian, Russian, Bulgarian, Serbian and Ukrainian (12 languages).

**Activity 1.3:** Submit the EPACTT<sup>2</sup> online training programme for formal accreditation by the official European Accreditation Council for Continuing Medical Education (EACCME).

**Activity 1.4:** Deliver the online tobacco treatment training through an interactive user-friendly e-learning platform in the 12 languages. This would include interactive role playing, interactive books, lectures and quizzes through an interactive user-friendly e-learning platform -using Moodle: the most popular e-Learning System worldwide- in the 12 languages.

**Activity 1.5:** Perform program evaluation to evaluate if the target audience was fully engaged.

**Objective 2: To update, adapt, translate and disseminate the ENSP European Guidelines for Treating Tobacco Dependence. (Category 2)**

**Activity 2.1:** Nationally adapt and translate the ENSP Treating Tobacco Dependence Guidelines, and clinician tools within all participating countries by relevant national experts and champions. These guidelines are comprehensive and integrated guidelines based on scientific evidence and best practices, taking into account national circumstances in these countries. The current version is available from <http://elearning-ensp.eu/mod/page/view.php?id=36>

**Activity 2.2:** To support dissemination of the ENSP guidelines to health care professionals and stakeholders throughout the European Region utilizing the broad ENSP network and its member networks to >1,000 health care professionals (See “Organizational Detail”).



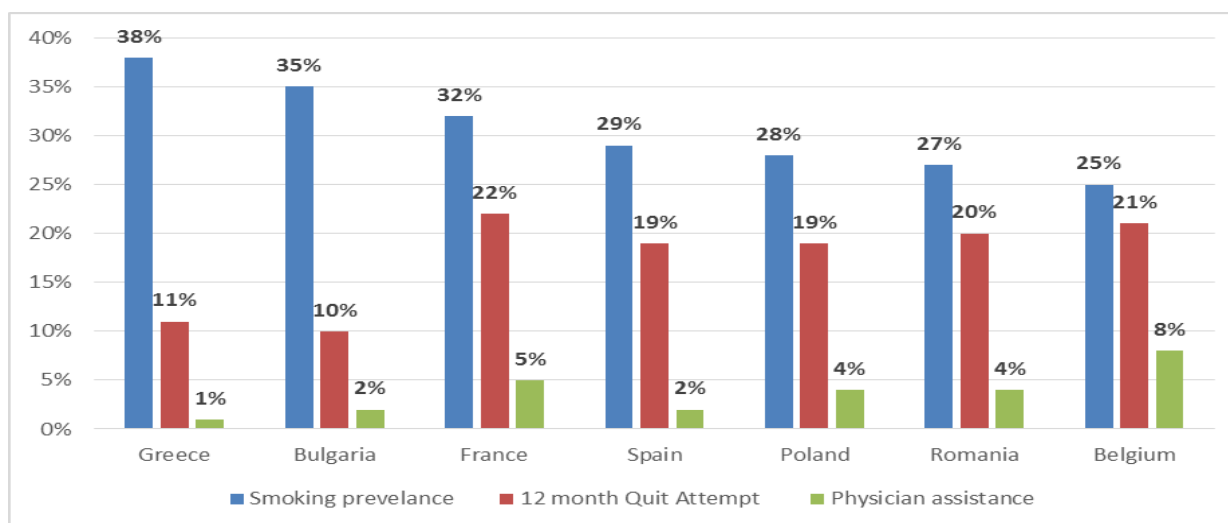
## D2. Current assessment of need in target area

Tobacco use is the largest threat to European Public Health and directly associated with morbidity and mortality. According to the Special Eurobarometer 385, more than a quarter (26%) of Europeans still smoked in 2014 and 61% of current smokers have already tried to quit smoking<sup>1</sup>. This is in light of the 650,000 deaths attributable to tobacco among Europeans every year. Within this maelstrom, there is an increasing consensus that tobacco dependence is a disease that must be treated by health professionals.

Strong evidence shows that multi-component interventions that combine practice-based, provider and patient-level intervention strategies are most effective method for increasing provider performance in the delivery of smoking cessation treatment and improving cessation rates among patients.<sup>2</sup> Smoking cessation is one of the main strategies suggested by the World Health Organization's (WHO) MPOWER package against the tobacco epidemic.<sup>3</sup> The FCTC Article 14 and its implementation guidelines call on its Parties to “*facilitate accessibility and affordability for treatment of tobacco dependence*”<sup>4</sup>.

### ***The population base gap***

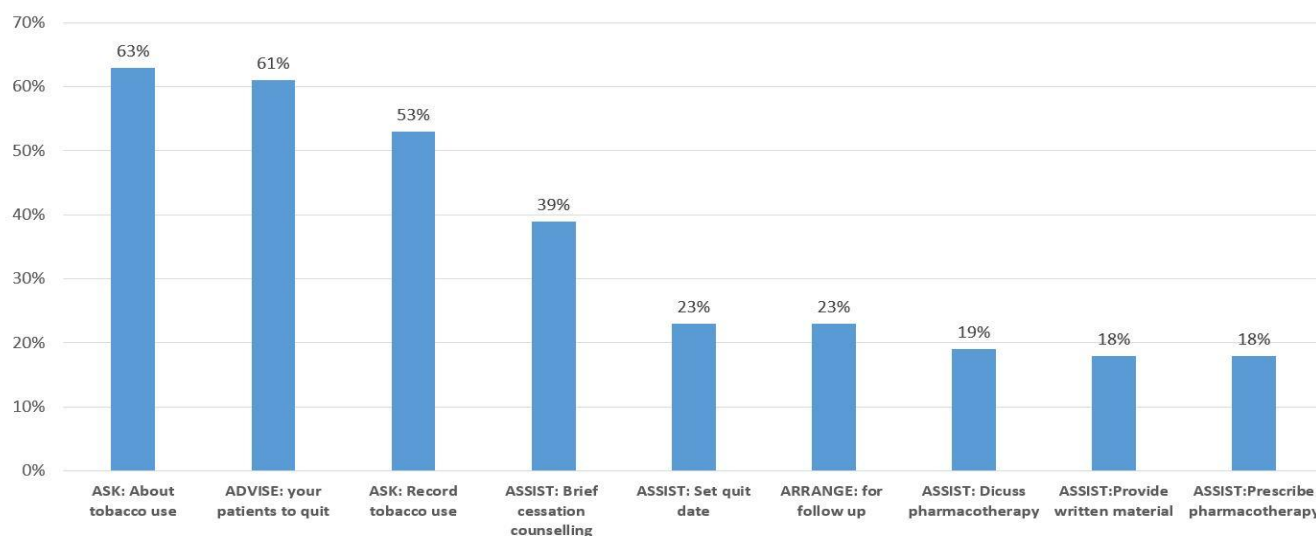
Despite the importance of the above, research published by our team has indicated that among respondents from 27 EU countries in 2012, overall, 32.2% of smokers in the EU reported using “any smoking cessation aid” (from 16.4% in Greece to 45.9% in Sweden), while 19.9% reported using “any recommended aid with proven efficacy” (from 6.4% in Greece to 41.4% in Ireland<sup>5</sup>). It must however also be noted that regional differences in the use of smoking cessation aids may also reflect regional differences in smoking prevalence or intensity. For example, the median prevalence of cigarette smoking is higher in Southern and Eastern Europe when compared to Northern Europe.<sup>6</sup> Indeed, while the average EU prevalence of tobacco use is at 26%, smoking prevalence is substantially higher in the Southern and Eastern European countries that we plan to primary focus on within the EPACCT2 training program. Specifically, **Greece** has a 38% prevalence however a 43% of tobacco users are interested in quitting in the immediate future. Within **Bulgaria**, 35% of the population are smokers while only 10% have tried to quit in the past year and only 7% had used NRT in the past. In **Ukraine**, 29% of adults are current smokers, however 68% are interested in quitting, 60% of **Romanian** smokers also want to quit, with 30% having tried to quit in the past year. On the other side, in **Spain** only 19% of smokers had tried to quit, only 10% with a recommended aid with proven efficacy (i.e. NRT) and only 2% had requested support from a doctor. Likewise in **Poland** only 4% of smokers who tried to quit in the last 12 months reported reaching out to a health care professional indicating a large gap in the consensus that tobacco dependence is a disease that must be treated by health professionals. Research in **Armenia** also indicated a gap in training as only 27% of hospital physicians reported any training in smoking cessation. The below figure gives us a clear picture of the at a population level between prevalence and cessation<sup>7</sup>.



### *The clinical based gap*

On one side we have the population based gap and very small noted percentages of people who obtain assistance from their health care professionals to quit. This may be due to multiple issues, including lack of guidelines, tools, and training. So as to evaluate this hypothesis, we provide the following baseline data collected among clinicians within EPACTT1 in Russia, Ukraine, Georgia Armenia and Romania, our research indicated that **70%** had not received training on tobacco dependence, **only 50%** had an available process to screen and document smoking status and **only 34%** had consult forms to guide them through the intervention. Even more alarmingly, **20%** of clinicians that had enrolled in EPACTT-1 had no process, no self-help material and no consult forms in their clinical practice. **Importantly the lack of understanding English was an additional noted barrier.** The above stress the importance of providing adapted and translated tools and guidelines for clinicians in their national language.

### **Actions in the past month from clinician participants from the 5 countries of EPACTT1**





With regards to their confidence in performing an intervention among EPACTT1 trainees, on a scale of 1-10 with 10 being “very confident”, the average responses were 5.8/10 for prescribing smoking cessation medications, 6.5/10 for setting a quit date, 6.7/10 for following up with patients planning to quit and 7/10 for providing counselling indicating a gap in the clinicians confidence – a fact which can be approved with appropriate training. Acknowledging that cessation aids, such as medication and provision or referral for counselling, have been proven highly effective for tobacco dependence treatment health professionals in Europe should be further trained on their use or referral procedures.<sup>8</sup>

Hence based on EPACTT-1 baseline data, the Southern and Eastern European region would benefit from a formal accredited training program in national languages, which could develop the next “front line” of regional tobacco control and treatment champions. This gap was also clearly identified through the Global Connections Network survey, performed in 2013, which identified the necessity to expand into the Eastern European region – an issue we address.

### **D3. Target audience**

#### ***Commitment to the project:***

The target audience for the training program will be healthcare professionals in Europe with a specific focus on participants from **12 European Countries:**

- ✓ 5 countries from EPACTT1: Romania, Armenia, Georgia, Ukraine, Russia. Additional health care professionals from these countries will be recruited to the already existing training platform. Currently the pilot platform and training is about to finish, while 65 trainees from these countries met on the 5-6<sup>th</sup> April in Brussels for a CME accredited programme on tobacco control and treatment. **This indicates the commitment of the partners it is important to stress as all 65 partners and trainees came to the EPACTT1 hands on training, despite this being only 14 days after the Brussels Airport terrorist attacks, with Brussels airport still closed and flights diverted.** Please see section D4b for information and material from this session.
- ✓ 7 more in EPACTT2: Greece, Spain, Poland, Bulgaria, Belgium, Serbia, France. These countries have very active ENSP engagement and through EPACTT2 we wish to expand the initial pilot project to these additional 7 countries.

In these countries in which we have direct ENSP engagement and active regional faculty. The primary audience will be health professionals that include prescribing physicians, nurses, social workers, psychologists, dentists, midwives, etc. who may all be directly involved in smoking cessation activities. Secondly, it is important to note that the patients who interact with these health care professionals would benefit from EPACTT-2.

***Primary target audience for this project:*** Within each of the 12 countries that we target, we aim through Objective 1, to identify a minimum of 40-45 health care professionals that would





complete the online training program (n=500 in total). Moreover, through Objective 2, the ENSP Guidelines for Treating Tobacco Dependence would be disseminated in an e-format to relevant health care professionals in all ENSP associated networks in the European Region and hence be available to >1,000 professionals in both the ENSP network and ENSP member networks (ENSP is an umbrella network for other national networks), in all 28 EU Member States plus Switzerland, Norway, Iceland, Georgia, Ukraine, and Russia.

**Secondary target audience:** As the e-learning courses and Guidelines/tools and other material will be free to download and use for non-commercial purposes (see section D4b), it is highly likely that other health care professionals from the European Region would also benefit from the material and training. We will impose no access restrictions and as such the training and accreditation would be open to all. Data on user characteristics will be requested and as such we would be able to provide evidence of its outreach to the secondary target audience also.

#### **D4. Design and Methods by Aim**

##### **D4a. Overall strategy, methodology to address the established need**

Our goal is to further expand and enhance the developed accreditation curriculum for tobacco cessation clinicians in Europe for which we propose the following specific objectives, design and methods:

**Objective 1: To further develop, accredit and deliver a user friendly, accredited online training programme in advanced tobacco treatment in 12 languages. (Category 1)**

**Activity 1.1: To create a faculty of tobacco treatment experts and stakeholders who will be able to further create additional EPACTT tobacco treatment training modules.** Emphasis will be to link EPACTT-PLUS with other sister Global Bridges projects.

- ✓ We will establish the faculty who will be involved in delivering the curriculum and modules. The faculty will be enhanced by the inclusion of international experts from the Global Bridges network. Additional emphasis will be placed on identifying both multidisciplinary faculty and regional leaders that would be able to provide expertise in tobacco treatment or policy/advocacy at a country level.
- ✓ The regional and international faculty will support the project team with adaptation of existing training materials. We will adapt the existing Global Bridges training curricula developed in EPACTT1 and supplement with training resources developed by other online tobacco treatment certification programmes.
- ✓ We will perform a critical appraisal of the existing online training modules (including ATTUD, Global Bridges material etc.), and request permission for use if necessary.



- ✓ The overall tobacco control curriculum will be based on the expertise of the international faculty (led by Dr Vardavas, Prof Behrakis and Dr Papadakis) and best practices in global tobacco control. Within EPACTT<sup>1</sup> we performed a pilot development of an e-learning platform and examples of the initially developed domains and internal modules included in the training programme include but are not limited to: theoretical background; Biological basis of nicotine addiction; tobacco dependence; pharmacology; Treatment algorithms: Treatment algorithms in clinical practice; 5A's or 3A's approach; managing relapse; Patient assessment tools; Patient communication and effective patient management; Handling special patient categories, tobacco control modules with the ability to choose between which modules to complete).

Deliverable 1: The enhanced and broadened modular EPACTT<sup>2</sup> program on tobacco treatment and control (Month 8)

**Activity 1.2: Adapt and translate the curriculum/training program on tobacco treatment we have developed as part of EPACTT-1, [www.elearning-ensp.eu](http://www.elearning-ensp.eu) and further enriched in Activity 1.1- so that it can be deployed in English, Greek, Spanish, French, Polish, Armenian, Romanian, Georgian, Russian, Bulgarian, Serbian and Ukrainian.**

- ✓ Adapting to local context is critical to successful knowledge translation programs. In this project we will engage local champions in the adaptation of an evidence-based model and will develop and support rollout in daily clinical practice. As such our approach to training will be to ensure early involvement from the local faculty that will support the establishment of a network of local tobacco treatment champions with expertise in evidence-based tobacco treatment and can facilitate the future rollout of the treatment network.
- ✓ The eLearning material currently is only in English and hence within this activity all slides, modules, quizzes, etc. would be translated/adapted into the above languages.

Deliverable 2: Fully operational and translated/adapted online training modules in 12 languages (Month 9).

**Activity 1.3: Submit the EPACTT<sup>2</sup> online training programme for formal accreditation by the official European Accreditation Council for Continuing Medical Education (EACCME).**

The European Accreditation Council for Continuing Medical Education (EACCME®), is a body with the aim of encouraging high standards in the development, delivery and harmonisation of continuing medical education (CME), and the official accreditation board in the EU. At least 6-8 weeks are needed between application time and the actual training process, hence we will be requesting EACCME credits as soon as we have the completed outline and the ability to fill in the gaps in the EACCME application (module content, lecturers etc.)

- ✓ European CME Credits (ECMEC) will be requested for the enduring online process



- ✓ We have successfully received EACCME credits during EPACTT-1, hence this experience will be used when applying for EACCME credits for EPACTT-2. A copy of the accreditation we received for EPACTT-1 is at the end of the pdf file as an **Annex 1**

Deliverable 3: EACCME accreditation for the e-learning training sessions (Month 11).

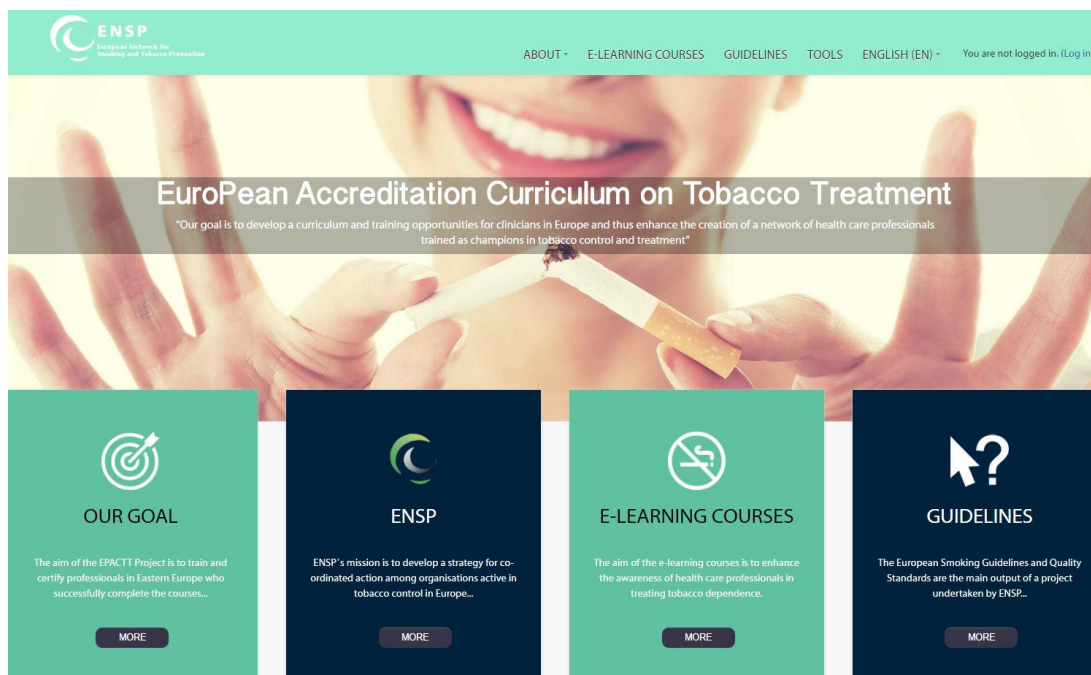
**Activity 1.4: Deliver the online tobacco treatment training through an interactive user-friendly e-learning platform in the 12 languages. This would include interactive role playing, interactive books, lectures and quizzes.**

- ✓ This type of delivery is typically presented as an asynchronous training intervention and consists of the learner having to work through a digitally prepared resource. An electronic learning module (Moodle) would be used for this process. Moodle is the most popular e-Learning Content Management Systems used by educational institutes worldwide.
- ✓ All material will be available on ENSP e-learning website. [www.elearning-ensp.eu](http://www.elearning-ensp.eu) completely free to access and use. Registration would only be requested so as to be able to follow up the participant and perform the evaluation of the project (See section D5 for the evaluation design).
- ✓ Overall we aim to recruit at least 40-45 professionals from each participating country to receive the online training programme. With the countries in the EPACTT<sup>2</sup> proposal our aim is to have at least 500 practicing health care professionals complete the online training.
- ✓ As the content will be available via the eLearning platform, the trainees will be able to access the webinars at their own timeframe. Following each module, participants will be requested to answer a short quiz on the topics covered so as to assess their understanding. Certification will be provided for each module. Formal CME accreditation would be provided after the participant completes all modules and quizzes.
- ✓ The elearning platform will be tablet and mobile friendly so as to support Mobile learning.
- ✓ The pilot platform (which was developed under EPACTT1 and is fully operational although still with limited modules), is available at [www.elearning.ensp.eu](http://www.elearning.ensp.eu)
- ✓ Types of learning objects within the elearning platform will include:
  - Flip books: Interactive ebooks with interactive effect by adding multi-media like YouTube videos on cessation and 5As, images, hyperlinks, Flash media, animated text, exercises, avatars, audio, animated rich media, dynamic date/time and more in HTML5 mobile friendly format.
  - SCORM: Interactive content based on Sharable Content Object Reference Model.
  - Interactive Powerpoint presentations: Animation effects, audio, avatars, video captures from the presenter, etc.
  - Non-linear dialogues & scenarios: For fields where complex problems are normal, such as engaging smoking cessation among patients with scenarios and strategies of



engagement. These nonlinear dialogues are used in eLearning to simulate realistic non-linear dialogues between characters, or even teach, observe, and correct behaviors.

Deliverable 4: Finalization of a fully operational and improved eLearning platform in all languages (Month 14)



**Activity 1.5: Perform program evaluation to evaluate if the target audience was fully engaged.**

Outcome evaluation will be presented in detail in the section further below (Section H).

- ✓ A **pre-post design** will be used to examine the impact on the program on the trainee's *attitudes, beliefs, perceived intentions* related to the delivery of tobacco treatment.
- ✓ This survey is designed to gather data which may assist with understanding the current practice setting, current practices related to tobacco use and barriers or other contextual factors that may influence the delivery of tobacco treatment in the practice of the participating health care professionals
- ✓ Moreover individual trainee performance will be evaluated after the e-learning sessions. Feedback from the trainees will be requested based on their experiences, differences in expectations, workload and knowledge transfer so as to improve EPACCT for further implementation.
- ✓ Please see the relevant Section H of this proposal for a complete and detailed description of the outcome evaluation.

Deliverable 5: Completed evaluation process (Month 24)



**Objective for Category 2: To update, adapt, translate and disseminate the ENSP European Guidelines for Treating Tobacco Dependence. (Category 2) - A comprehensive and integrated guideline based on scientific evidence and best practices, taking into account national circumstances in 11 countries.**

**Activity 2.1: Nationally adapt and translate the ENSP Guidelines for Treating Tobacco Dependence and clinician tools within participating countries, by relevant national experts and champions.**

Within this activity the nationally experts will adapt and translate the ENSP guidelines and clinician tools into their regional language, taking into account their national perspective. The guidelines have been translated into 6 languages as part of EPACCT1 (English, Russian, Armenian, Georgian, Ukrainian, Romanian) but now will be translated/adapted into another 5 (Greek, Polish, Spanish, Serbian, Bulgarian). The guidelines were recently revised to include the best practice and evidence with regards to treating tobacco dependence complete with PICO evidence tables, Grade assessment and evidence based recommendations.

Guidelines:

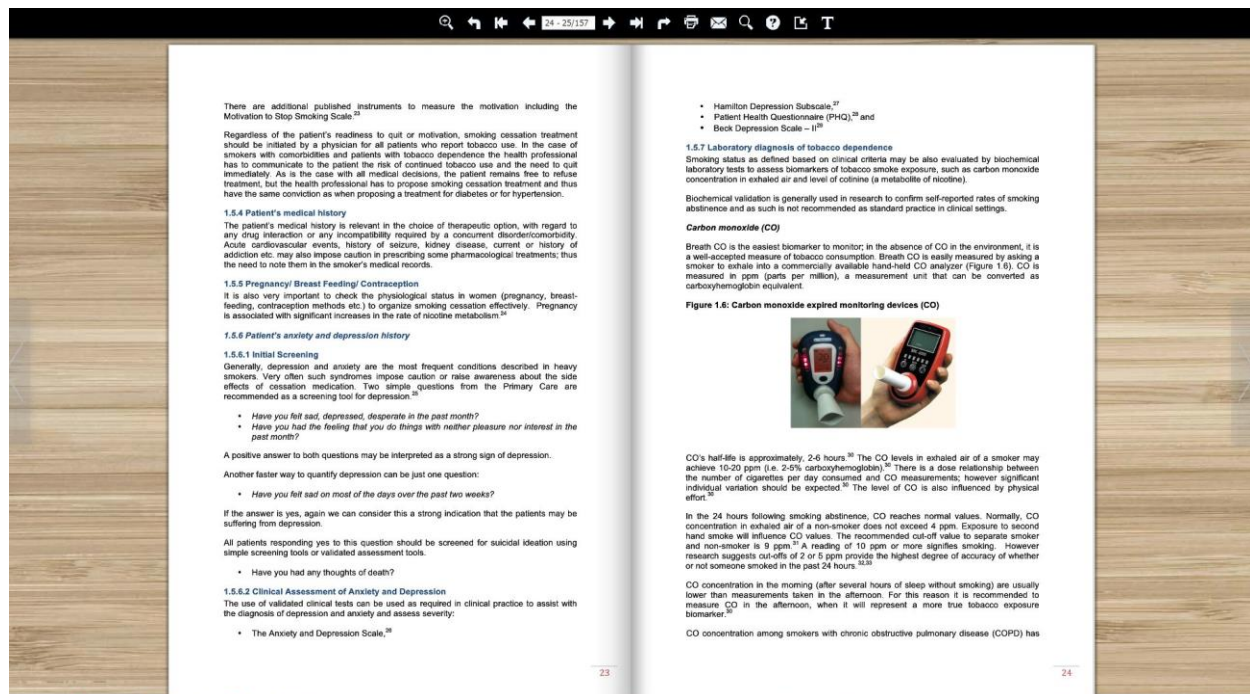
- ✓ The ENSP Guidelines for Treating Tobacco Dependence have been prepared by an expert editorial board, these guidelines as mentioned will be adapted and translated and further enhanced throughout EPACCT<sup>2</sup> so that they are the comprehensive document to assist in the implementation of FCTC Article 14 which notes 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”*.
- ✓ Chapters include:
  - Chapter 1: Assessment of tobacco use and dependence
  - Chapter 2: General recommendations for the treatment of tobacco use and dependence
  - Chapter 3: Brief advice on stopping tobacco use
  - Chapter 4: Standard tobacco treatment interventions
  - Chapter 5: Research and scientific recommendations for evaluating cessation.
  - Chapter 6: Standards for tobacco cessation specialists and services
- ✓ The table of contents, with complete details is available as **Annex 2**.
- ✓ The guidelines are **OPEN ACCESS, free to download** and freely available for use under the Creative Commons CC-BY-NC license.

Clinician Tools: Within EPACCT-2, the Ottawa Model for Smoking Cessation, used within the context of the TITAN Crete project will be used and adapted in the all languages (not English, French, Greek versions already exist from EPACCT1 and TITAN). These tools include a tobacco use survey, smoking cessation manual for patients; tools to engage patients in a quit plan,



including quit plan consult forms and patient follow up forms. We have obtained permission from the legal office of the University of Ottawa to translate the material in the European languages of EPACCT, as long as they are freely available and non-commercial use. These tools are currently available in English, Greek on the e-learning site: <http://elearning-ensp.eu/mod/page/view.php?id=408>

## Deliverable 6: Adapted and translated Guidelines (Month 12)



**Activity 2.2: To support dissemination of the 3<sup>rd</sup> edition of the guidelines to health care professionals and stakeholders throughout the European Region utilizing the broad ENSP network and its member networks to >1,000 health care professionals (See “Organizational Detail”).**

The dissemination activities of the EPACCT program will be both regional in Eastern Europe and international. The partners of the EPACCT program, as members of the ENSP network will collaborate with the ENSP secretariat to ensure international outreach and dissemination at a European level.

Dissemination activities will be adapted and tailored to each local, national and European target group, including:

- ✓ Health professionals (clinicians, general practitioners, specialists, public health practitioners, scientific communities, academics and researchers, etc.)
- ✓ Policy makers (local authorities, health departments, governmental bodies, etc.)
- ✓ Other stakeholders (charities, NGOs, association, unions, experts, etc.)





## Deliverable 7: Report on the dissemination of the guidelines to health care professionals in Europe (Month 18)

### D4b. Building on existing work and ensuring uniqueness

The current project is a logical continuation of three projects all of which provide added value, networking and know-how, and that feed into EPACCT<sup>-2</sup> as indicated in the flowchart below

**The ENSP-ESCG project:** The ENSP-ESCG Project, commenced in 2011 with the support of Pfizer Europe. Through the ENSP-ESCG project, a group of ENSP Smoking Cessation Specialists from ENSP prepared the first draft of the European Guidelines for Smoking Cessation. [www.ensp.org/escg](http://www.ensp.org/escg)

**EPACCT-1:** The basis of the ESCG project was expanded with Global Bridges funding and the multinational ENSP network parties in Romania, Armenia, Georgia, Ukraine and Russia. Within EPACCT1, a pilot training curriculum was developed and the ESCG guidelines were updated with 2016 data (2<sup>nd</sup> Edition Edited by C Vardavas and S Papadakis) and translated into 5 languages Russian, Ukrainian, Romanian, Georgian and Armenian (The Table of contents is presented in Annex 2). The first 150 Health professionals participated with success in the - fully accredited – live training session on tobacco control and treatment organized by ENSP in Brussels (and the EU Parliament) on April 5-7<sup>th</sup> 2016. [www.elearning.ensp.eu](http://www.elearning.ensp.eu) & [www.epactt.eu](http://www.epactt.eu)





**TITAN:** The Tobacco treatment TrAining Network in Crete (TiTAN) Crete is a two-year project being conducted as a partnership between the Clinic of Social and Family Medicine and the Division of Prevention and Rehabilitation at the University of Ottawa Heart Institute. The goal of the TiTAN Crete Project was to develop a network of trained primary health care (PHC) providers in Crete, Greece that will integrate treatment of tobacco dependence into daily clinical practice and become champions of tobacco control policy. The training program and in-practice supports have been designed to support primary care providers in delivering the latest evidence-based tobacco treatments to their patients who smoke. Drs. Vardavas is the co-PI and Dr Papadakis is a Co-Investigator on the TiTAN Crete Project. [www.titan.uoc.gr](http://www.titan.uoc.gr)

**TOB-G:** The Tobacco Cessation Guidelines for High Risk Groups (TOB-G) is a grant funded by the European Commission (Agreement n°: 664292 – TOB-G – HP-PJ-2014). The aim of the TOB-G project is to create specialized tobacco treatment guidelines for high risk patient populations (adolescents, pregnancy and breast feeding woman, cardiovascular disease, diabetes, and chronic obstructive pulmonary disease). This project is an initiative of ENSP and will add to the ENSP- Guidelines for Treating Tobacco Dependence. These annexes will provide evidence-base which will be translated into training curricula as part of the present project. Dr. Behrakis is Principal Investigator for the TOB-G project, Dr Vardavas is the project coordinator. More information is available at [www.tob-g.eu](http://www.tob-g.eu)

#### **D4c. Synergy with other Global Bridges proposal submissions**

This proposal provides added value to the concurrent proposal submissions of individual ENSP members in Eastern and Southern Europe (Georgia, Armenia, Spain, Greece, Serbia). Hence the EPACTT framework aims to address the issue of enhancing ENSP as a Global Bridges “Hub” for Eastern and Southern Europe that would be able to compliment the UK hub which is very active in Northern and Eastern Europe. The synergy between these proposals is ensured by the fact that each submitting member of the above proposals also participates in the current EPACTT program and are ENSP national members. These proposals will be linked together under the EPACTT umbrella which would be able to provide additional training resources and networking, as done within the ENSP Global Bridges Training in Brussels where all of the above groups were invited to the common EPACTT1 training and networking in April 2016.

- Primary Care Tobacco Treatment TrAining Network in Greece & Cyprus (TITAN-2), GREECE
- Improving smoking cessation interventions in Southern European Countries (ISCI\_SEC), SPAIN
- Initiative for improvement of availability and implementation of smoking cessation interventions in Serbia, submitted by Institute of Public Health of Serbia, SERBIA
- Integrating evidence-based tobacco control services into tuberculosis control in Armenia - ARMENIA
- Advocacy for promotion of Georgian national smoking cessation guideline on the provisions of the Framework Convention on Tobacco Control (FCTC) Article 14 and its guideline - GEORGIA





#### D4d. Quality assurance and measuring engagement

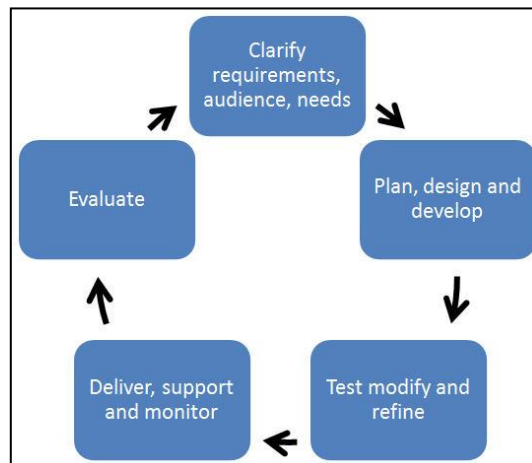
Quality assurance will be developed based on a continuous feedback cycle during all phases of the EPACCT2 training program development. The below quality assurance cycle will be enacted in all stages of the proposal:

a) *Plan, design and develop*: This means being clear about the need for the e-learning development and ensuring the design is appropriate to the learning need and target audience.

b) *Test, modify and refine*: robust testing is needed to ensure successful delivery, picks up on any initial enhancements and the course is performing as intended.

c) *Deliver, monitor and support*: This means that the required delivery, monitoring and support processes are developed and in place to support the learner and influence a positive learning experience.

d) *Evaluate*: plan and methods are in place for monitoring benefits observed against those envisaged.



All members of the Consortium are committed to quality in both the interaction with Global Bridges and the training delivery. For the latter this will involve a close follow up of internal process indicators and deliverables, progress to date and the direct supervision of all activities. As the team has extensive experience in EU and international field work, we are confident that this will be applied within this consortium also.

We view this proposal as important strategically and in timing for the implementation of the European Tobacco Products Directive and the next programming period of Tobacco Control Policy at EU level. Therefore delivery must be excellent. We will ensure quality through in-depth planning and design for each task, internal procedures to track and check all work internally and frequent meetings to review progress.

***Process indicators to measure engagement include but are not limited to the following:***

1. Number of final modules uploaded
2. Number of webinars uploaded
3. Number of additional material available in each regional language
4. Number of trainees that enroll in the program
5. Progress in number of countries involved.
6. Number of Centers within each country with accredited professionals
7. Progress in number of professionals trained



## D5. Evaluation design

The aim of the evaluation to be performed as Activity 1.5, is to determine whether the EPACCT2 program when delivered among health care professionals covers the practice gap and ***increases provider knowledge, attitudes, beliefs, perceived behavioral control, intentions and rates of provider delivery of tobacco treatment.***

All health care practitioners that participate in EPACCT<sup>2</sup> will complete a pre/post intervention assessment. The sources of data collection include a survey instrument, which is a questionnaire based on the existing outcome evaluation protocol currently developed as part of the Global Bridges funded TITAN project, which was also used during the EPACCT-1 training in Brussels, on 5-6<sup>th</sup> April 2016.

**Based on the pre-post analyses performed within EPACCT1, the training increased health providers knowledge on many aspects of treating tobacco dependence.** We expect similar success rates in EPACCT<sup>2</sup>. Striking examples of changes in knowledge that we identified after the training include:

- 1) The percentage of trainees that correctly answered what are the most effective treatments that increase quitting dramatically increased from 1% to 37% ( $p < 0.001$ )
- 2) Knowledge of how long a craving lasts increased from 18% to 38% ( $p = 0.007$ )
- 3) Awareness of the most common side effects for pharmacotherapy increased from 25% to 43% ( $p = 0.017$ )
- 4) Awareness of the impact of the physicians advice on quit rates increased among trainees from 16% to 32% ( $p = 0.03$ )

Finally it is important to note that our EPACCT1 training performed in 5-7 April 2016 was met with great enthusiasm, as 80.2% of the trainees in the post evaluation survey noted that the ***“training programme met to a great extent or exceeded their expectations”***.

The **pre training questionnaire** gathers information about provider demographics (gender; age, smoking status); number of years practicing medicine, professional training; previous smoking cessation training; frequency with which providers followed the evidence-based 5As tobacco treatment guidelines (9 items). Knowledge (10-items), attitudes (6-items), subjective norms (4-items), perceived behavioral control (6-items), and intentions (6-items) about the treatment of tobacco use will be assessed. Providers will be asked to reply using a 5-point Likert scale (strongly agree to strongly disagree).

- ✓ Providers will also be asked about barriers to the delivery of tobacco treatment (10-items). A 3-point Likert scale will be used to rate the importance of each of the barriers to the providers' practice: (0= Not at all important, 3= Very important).
- ✓ The survey instrument has been developed based on research of Dr. Papadakis (Hellenic Cancer Society)<sup>9</sup>, Delluchi<sup>10</sup> and is consistent with previous research looking at providers tobacco treatment behaviours<sup>11</sup>.



- ✓ Providers will complete a **post-training questionnaire** will reassess changes in knowledge, attitudes, norms, perceived behavioural control and intentions and again 2 months later.

## D6. Measuring engagement

**Provider satisfaction/engagement survey:** All providers will also complete an assessment of the quality of the training program, quality of in-practice support, quality of support materials, feasibility of maintaining tobacco treatment delivery in patients, barriers, suggestions for improvement, and suggestions for continued engagement. This provider satisfaction survey has been developed and successfully implemented through the Pfizer IGL&C, TITAN project and already successfully implemented in EPACTT1.

**Target audience engagement:** Target audience engagement indicators will be monitored during project management. These include but are not limited to the following:

- ✓ Number of trainees that enroll in the e-learning program
- ✓ Number of trainees that complete each e-learning module
- ✓ Progress in number of countries involved.
- ✓ Progress in number of professionals trained.
- ✓ Number of downloads of the updated guidelines

## D7. Ensuring Data collection, Ethics and Statistical Analysis

### D7a. Data collection and statistics

- ✓ Both the pre and the post survey and all knowledge tests will be incorporated within the Moodle e-learning platform so as to ensure data is linked to the participant and that each participant responds to the questionnaires before accreditation. Hence whoever participates will have to complete the information surveys. Within EPACTT1, SurveyMonkey was used to collect baseline questionnaires, and a 100% response rate was obtained among invited participants.
- ✓ IRB approval from the local ethics committee will be requested and obtained before EPACTT2 is live. Consent will be requested as part of participant enrollment, while IRB will be requested and provided before the first participant is enrolled.
- ✓ As the study design is of pre-post intervention, and using the survey questionnaires we will be able to evaluate if the results evaluated are related to the intervention.
- ✓ Provider characteristics will be compared using t-tests for continuous variables and Pearson chi-square tests for categorical variables. Multi-level modeling will be used to examine the association between outcomes and all predictor variables entered into the model such that the odds ratio presented for a given variable are adjusted for all other



covariates in the model. Sensitivity analyses will be performed so as to address the potential role of factors which may mediate the associations.

#### **Potential outcomes:**

- ✓ Primary outcomes measures include: Theory of Planned Behavior Constructs: Attitudes, Beliefs, Control Beliefs, Subjective Norms, Normative Beliefs, Perceived Behavioral Control, Intentions in next 6-months) related to tobacco treatment delivery will be assessed using the pre-post survey. This survey has previously been used in the EPACTT-1 training evaluation on the 5-6<sup>th</sup> April 2016.
- ✓ Predictor variables include both practice level variables and provider level variables  
Practice-level variables: Geographic location of clinic (country, rural/suburban); number of providers in practice, availability of allied health professional support. Provider-level variables include: Socio-demographic (age, gender); number of years practicing, Professional training (physician, nurse etc.), previous cessation training, etc.

#### **D7b. Dissemination**

The dissemination activities of the EPACTT program will be both regional in Eastern Europe and international. Examples of dissemination routes include:

**Project website and links:** The EPACTT website ([www.epactt.eu](http://www.epactt.eu)) and the e-learning website ([www.elearning-ensp.eu](http://www.elearning-ensp.eu)) & ENSP website ([www.ensp.org](http://www.ensp.org)) will regularly disseminate information, project updates and results. The websites aim to keep all partners, stakeholders and the general public informed about progress and eventually provide practical links to all relevant publications, tools and other platforms. The content will be regularly updated to include news, requests, achievements and results. The teaching material and all guidelines will be free to download after email sign-up.

**Social media:** Project news, requests and results will be disseminated via the ENSP Facebook page and Twitter account (<https://twitter.com/enspbrussels>).

**E-newsletters:** Regular E-newsletters, at least six-monthly, will be produced and disseminated to stakeholders through the web site and the project's mailing list. Project related news will also be included in the ENSP monthly newsletter (over 500 recipients)

**Publications:** Scientific articles conference proceedings (ECTO, SRNT) will be published

**Press releases:** Regular press releases will be sent to local, national and international media and journalists, to inform them about the project and its ongoing achievements. This will raise awareness of the project and generate interest from key audiences.

#### **D8. Detailed Workplan and Deliverables Schedule**

EPACTT<sup>2</sup>, as with any other e-learning and accreditation program, has a specific flow of activities that will be adhered to so as to ensure efficient implementation. This workplan is described below in tabular format. During months 1-8 we will further develop the EPACTT1



training program, including the e-learning modules so that it is comprehensive, broadened and enhanced (Deliverable 1). During months 4-9 the training modules will be translated and adapted in the 12 languages, so that they will be ready and available by month 9. (Deliverable 9). Between months 8-10 we will apply for formal EACCME accreditation for the provision of CME credits, a process that takes 2 months. Subsequently, the modules that are created will be incorporated into a fully operational and interactive elearning module that would augment participation (Deliverable 4). In parallel, and as part of Objective 2, the experts will adapt and translate the ENSP European Treating Tobacco Dependence Guidelines. (Deliverable 6). The final stage of our project, that of evaluation, we will assess the outcomes defined above in both a pre post survey design and individual trainee assessment to evaluate the final output of the EPACT program (Deliverable 5). In parallel, we will perform dissemination activities throughout the project, with an emphasis on the dissemination of the guidelines (Deliverable 7)

### Deliverable Schedule

Deliverable 1: The enhanced and broadened modular EPACTT<sup>2</sup> program on tobacco treatment and control (Month 8)

Deliverable 2: Operational and translated/adapted online modules in 12 languages (Month 9).

Deliverable 3: EACCME accreditation for the e-learning training sessions (Month 10).

Deliverable 4: Finalized and improved eLearning platform in all languages (Month 14)

Deliverable 5: Completion of the evaluation process (Month 24)

Deliverable 6: Adaptation and translation of the Guidelines in 11 languages (Month 12)

Deliverable 7: Report on the dissemination of the guidelines to health care professionals in Europe (Month 18)

Month	1-3	4-6	7-9	9-12	13-15	16-18	19-21	21-24
<b>Objective 1</b>								
Activity 1.1: Module development			D1					
Activity 1.2: Translation/adaptation of modules			D2					
Activity 1.3: EACCME accreditation				D3				
Activity 1.4: Enhancement of the elearning platform					D4			
Activity 1.5: Evaluation process								D5
<b>Objective 2</b>								
Activity 2.1: Adaptation/translation of guidelines				D6				
Activity 2.2: Dissemination of guidelines								D7
<b>Supporting Tasks</b>								
Monitoring, quality control								
Dissemination activities								
Reports								



## E. References

- 1 ENSP Treating Tobacco Dependence guidelines. <http://elearning-ensp.eu/mod/page/view.php?id=36>
- 2 Papadakis, S., McDonald, P., Reid, RD., Pipe, AL., Mullen, K., and K. Skulsky. Strategies to improve the delivery of smoking cessation treatments in primary care: A systematic review and meta-analysis. *Preventive Medicine* 2010; 51:199-213.
- 3 World Health Organization, 2008. WHO Report on the Global Tobacco Epidemic, 2008: The MPOWER Package (Geneva).
- 4 World Health Organization. Tobacco Free Initiative - WHO Framework Convention on Tobacco Control. Article 14 - Demand reduction measures concerning tobacco dependence and cessation. Available at [http://www.who.int/tobacco/control/measures\\_art\\_14/en/](http://www.who.int/tobacco/control/measures_art_14/en/) Last accessed March 2016.
- 5 Filippidis, Gerovasili, Vardavas, Aagaku, Tountas. Determinants of use of smoking cessation aids in 27 European Countries. *Preventive Medicine* 2014; 99-102
- 6 Agaku, I.T., Filippidis, F.T., Vardavas, C.I., et al., 2014. Poly-tobacco use among adults in 44 countries during 2008–2012: evidence for an integrative and comprehensive approach in tobacco control. *Drug Alcohol Depend.* <http://dx.doi.org/10.1016/j.drugalcdep.2014.03.003>.
- 7 The 2015 Special Eurobarometer on Tobacco.
- 8 Cahill, K., Stevens, S., Perera, R., Lancaster, T., 2013. Pharmacological interventions for smoking cessation: an overview and network meta-analysis. *Cochrane Database Syst. Rev.* 5, CD009329.
- 9 Papadakis, S., Pipe, AL., Reid, RD., Tulloch, H., Mullen K., Assi R., Cole A., Wells, G. Effectiveness of performance coaching for enhancing rates of smoking cessation treatment delivery by primary care providers: Study protocol for a cluster randomized controlled trial. *Contemporary Clinical Trials* (in press).
- 10 Delucchi KL, Tajima B, Guydish J. Development of the smoking knowledge, attitudes, and practices (S-KAP) instrument. *J Drug Issues.* 2009;39(2):347-364.
- 11 Ampt AJ, Amoroso C, Harris MF, McKenzie SH, Rose VK, Taggart JR. Attitudes, norms and controls influencing lifestyle risk factor management in general practice. *BMC Fam Pract.* 2009;10:59-2296-10-59.



EACCME  
European Accreditation Council for Continuing Medical Education

# Certificate

**EPACTT- Treating Tobacco Dependence Programme**  
Brussels, Belgium (5.–6.04.2016)

has been accredited by the European Accreditation Council for Continuing Medical Education (EACCME) to provide the following CME activity for medical specialists.

EPACTT- Treating Tobacco Dependence Programme  
is designated for a maximum of, or up to 11 European CME credits (ECMEC).

Dr.....  
(country)

Each medical specialist should claim only those credits that he/she actually spent in the educational activity.

The EACCME is an institution of the European Union of Medical Specialists (UEMS), [www.uems.net](http://www.uems.net).

Through an agreement between the European Union of Medical Specialists and the American Medical Association, physicians may convert EACCME credits to an equivalent number of AMA PRA Category 1 Credits™. Information on the process to convert EACCME credit to AMA credit can be found at [www.ama-assn.org/go/internationalcme](http://www.ama-assn.org/go/internationalcme).

Live educational activities, occurring outside of Canada, recognized by the UEMS-EACCME for ECMEC credits are deemed to be Accredited Group Learning Activities (Section 1) as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada.





## European Network of Smoking and Tobacco Prevention (ENSP)

### SUBJECT: EACCME accreditation granted EACCME-13628-G

We are pleased to inform you that your application for European accreditation for:

#### **EPACTT- Treating Tobacco Dependence Programme**

Venue: Brussels, Belgium (5.–6.04.2016)

Event code: 13628

was granted **11** European CME credits (ECMEC) by the European Accreditation Council for Continuing Medical Education (EACCME).

#### **European Accreditation**

European Accreditation is granted by the EACCME in order to allow participants who attend the above-mentioned activity to validate their credits in their own country.

#### **Accreditation Statement**

Accreditation by the EACCME confers the right to place the following statement in all communication materials including the registration website, the event programme and the certificate of attendance. The following statements must be used without revision:

»The 'European Network of Smoking and Tobacco Prevention (ENSP)' (or) 'EPACTT- Treating Tobacco Dependence Programme' is accredited by the European Accreditation Council for Continuing Medical Education (EACCME) to provide the following CME activity for medical specialists. The EACCME is an institution of the European Union of Medical Specialists (UEMS), [www.uems.net](http://www.uems.net).«

»The 'EPACTT- Treating Tobacco Dependence Programme' is designated for a maximum of (or 'for up to') 11 hours of European external CME credits. Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity.«

»Through an agreement between the European Union of Medical Specialists and the American Medical Association, physicians may convert EACCME credits to an equivalent number of AMA PRA Category 1 Credits™. Information on the process to convert EACCME credit to AMA credit can be found at [www.ama-assn.org/go/internationalcme](http://www.ama-assn.org/go/internationalcme).«

»Live educational activities, occurring outside of Canada, recognized by the UEMS-EACCME for ECMEC credits are deemed to be Accredited Group Learning Activities (Section 1) as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada.«

#### **EACCME credits**

Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity. The EACCME credit system is based on 1 ECMEC per hour with a maximum of 3 ECMECs for half a day and 6 ECMECs for a full-day event.

#### **Logo**

The UEMS – EACCME logo is a service mark of the European Union of Medical Specialists – European Accreditation Council for CME. This service mark may be used publicly only with the permission of the UEMS – EACCME. The logo may only be used in conjunction with, and in proximity to, the EACCME accreditation statement. The logo cannot be used in notices, advertising, or promotion of activities other than in association with the EACCME accreditation statement.

#### **Feedback report**

The EACCME requires you to provide a feedback report of the event within four weeks of its completion together with a copy of the list of participants and the results of the individual feedback assessments by participants.

Brussels, 21. 3. 2016 The UEMS – EACCME Secretariat





**ENSP**

European Network for  
Smoking and Tobacco Prevention

# ENSP GUIDELINES FOR TREATING TOBACCO DEPENDENCE

THE COMPREHENSIVE GUIDE TO THE IMPLEMENTATION OF TREATMENTS AND  
STRATEGIES TO TREAT TOBACCO DEPENDENCE

March 2016

EUROPEAN NETWORK FOR SMOKING AND TOBACCO PREVENTION

ISBN: 978-618-82526-0-8

© 2016 European Network for Smoking and Tobacco Prevention aisbl (ENSP)

Responsible Publisher: ENSP  
European Network for Smoking and Tobacco Prevention aisbl (ENSP)  
Chaussée d'Ixelles 144  
B-1050 Brussels, Belgium  
Tel.: +32 2 2306515  
Fax: +32 2 2307507  
E-mail: [info@ensp.org](mailto:info@ensp.org)  
Internet: [www.ensp.org](http://www.ensp.org)

## Table of Contents

Acknowledgements.....	5
Declarations of Interests.....	6
Preface.....	8

### PART ONE

<b>1.0 Assessment of tobacco use and tobacco dependence .....</b>	<b>12</b>
<b>1.1 Tobacco use is a disease.....</b>	<b>12</b>
<b>1.2. Definitions, classifications, terms and specific explanations .....</b>	<b>13</b>
1.2.1 Tobacco dependence: an acquired industrial disease.....	13
1.2.2 Mechanism of induction of tobacco dependence.....	13
1.2.3 Nicotine is not the only driver of tobacco dependence .....	13
1.2.4 Nicotine dependence according to WHO.....	14
<b>1.3 Smoking is a chronic relapsing disease.....</b>	<b>16</b>
1.3.1 Relapse patterns.....	16
1.3.2 Treatment of tobacco dependence after cessation .....	17
<b>1.4. Routine identification of smokers is mandatory in current medical practice .....</b>	<b>18</b>
<b>1.5 Assessment/diagnosis of tobacco use and dependence .....</b>	<b>18</b>
1.5.1. Clinical diagnosis of tobacco use and dependence .....	18
1.5.2 Analysis of previous quit smoking attempts .....	20
1.5.3 Motivation to quit smoking .....	20
1.5.4 Patient's medical history .....	22
1.5.5 Pregnancy/ Breast Feeding/ Contraception.....	22
1.5.6 Patient's anxiety and depression history.....	22
1.5.6.1 Initial Screening.....	22
1.5.6.2 Clinical Assessment of Anxiety and Depression.....	22
1.5.7 Laboratory diagnosis of tobacco dependence .....	23
<b>2.0 General recommendations for the treatment of tobacco use and tobacco dependence .....</b>	<b>26</b>
<b>2.1 Tobacco use .....</b>	<b>27</b>
<b>2.2 Tobacco dependence disease.....</b>	<b>27</b>
<b>2.3 Smoking cessation.....</b>	<b>27</b>
2.3.1 Therapeutic education.....	27
2.3.2 Behavioural support.....	28
2.3.3 Medications .....	28
2.3.4 Tobacco cessation.....	28
<b>2.4 Treatment of tobacco dependence after cessation.....</b>	<b>28</b>
<b>2.5 Prevention of relapse.....</b>	<b>29</b>
<b>3.0 Brief advice on stopping tobacco use .....</b>	<b>31</b>
<b>3.1 General recommendations .....</b>	<b>32</b>
<b>3.2 Intervention plan for medical personnel involved in assisting smokers.....</b>	<b>32</b>
<b>3.3 Recommendations for general practitioners.....</b>	<b>32</b>
<b>3.4 Recommendation for hospitalized patients .....</b>	<b>33</b>
<b>3.5 Recommendation for pregnant women .....</b>	<b>33</b>
<b>3.6 Recommendation for patients with elective surgery.....</b>	<b>33</b>

## PART TWO

<b>4.0 Standard tobacco treatment interventions .....</b>	<b>36</b>
<b>4.1. Therapeutic interventions for tobacco use and tobacco dependence.....</b>	<b>36</b>
4.1.1 Therapeutic intervention to stop smoking is mandatory.....	36
4.1.2 Standard approach to quitting smoking.....	38
4.1.3 Effectiveness of treatment for tobacco use and dependence (Assist).....	42
4.1.4 Follow-up Support (Arrange).....	42
4.1.5 Health care systems approach for tobacco use and dependence treatments.....	44
4.1.6 Types of smoking cessation interventions.....	44
4.1.6.2 Specialized individual interventions towards stopping smoking .....	44
<b>4.2 Behavioural Counselling.....</b>	<b>47</b>
4.2.1 Psychological support for smoking cessation.....	47
4.2.2 Cognitive-behavioural therapy (CBT) .....	49
4.2.3 Motivational interviewing (MI) .....	52
4.2.4 Delivery Format.....	54
<b>4.3 Pharmacological treatment of tobacco dependence.....</b>	<b>62</b>
4.3.1. Treatment with NRT.....	64
4.3.2 Treatment with bupropion SR .....	75
4.3.3 Treatment with varenicline .....	79
4.3.4 Treatment with clonidine .....	87
4.3.5 Treatment with nortriptyline.....	88
4.3.6 Cytisine.....	90
<b>4.4 Individualized therapeutic schemes .....</b>	<b>95</b>
4.4.1 Combination of pharmacological therapies .....	95
4.4.2 Recommendations for prolonging treatment duration .....	100
<b>4.5 Available evidence on other interventions to support tobacco cessation .....</b>	<b>102</b>
<b>4.6 Recommendations for the smoking reduction approach.....</b>	<b>107</b>
4.6.1 Smoking reduction with nicotine replacement.....	108
<b>4.7 Treatment recommendations to prevent relapse to smoking .....</b>	<b>109</b>
<b>4.8 Treatment recommendations in special situations and population groups.....</b>	<b>111</b>
4.8.1. Treatment recommendations for pregnant women .....	112
4.8.2. Treatment recommendations for young people under 18.....	113
4.8.3. Treatment recommendations for smokers with respiratory, cardiovascular, psychiatric, cancer and other comorbidities .....	117
4.8.4 Recommendations to approach post-smoking cessation weight gain .....	124
<b>5.0 Research and Scientific Recommendations for Evaluating Smoking Cessation.....</b>	<b>127</b>
5.1. Criteria for clinical research in smoking cessation .....	127
5.2 Cost-effectiveness of tobacco dependence therapies .....	128
5.3 Recommendations about implementation of smoking cessation guidelines .....	130
5.4 Recommended Scientific Literature Resources on Smoking Cessation .....	131

## **PART THREE**

### **European Standards for Accreditation Of Tobacco Cessation Services and Training in Tobacco Cessation..... 132**

#### **6.0 Recommendations to train health professionals in the treatment of tobacco use and dependence and quality standards for tobacco cessation specialists and tobacco cessation services ..... 133**

##### **6.1 Recommendations for criteria of standard smoking cessation expertise training.....135**

##### **6.2 Recommendations to develop smoking cessation curricula for medical university graduates in Europe.....136**

##### **6.3 Recommendations to develop smoking cessation curricula for medical university postgraduates in Europe – Certificate Programme.....139**

##### **6.4 Recommendations to develop smoking cessation curricula for other categories of professionals involved in delivering smoking cessation in Europe: psychologists, nurses, health policy-makers .....141**

##### **6.5. Training standards for tobacco cessation clinicians.....142**

##### **6.6 Quality standards in tobacco dependence treatment.....144**

##### **6.7 Requirements for accreditation of specialized tobacco cessation service .....148**

###### **6.7.1 Three levels of tobacco cessation services<sup>2</sup> ..... 148**

###### **6.7.2 Accreditation of specialized tobacco cessation units ..... 149**