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Tabac & Liberté

Network of practitioners

General Practitioners and the Economics of Smoking Cessation (PESCE) Grant Agreement 2005319.

The association *Tabac & Liberté* has obtained the agreement of the European Commission to provide 60% funding for the PESCE project (660,000 Euros) and has found the additional funding. Since August 2006, *Tabac & Liberté* has been coordinating the action of the partners from the 27 countries of the European Union (plus Norway and Switzerland) which are collaborating on the project, in order to bring the various stages of the project to a successful conclusion. The aim is to improve the participation of general practitioners (GPs) in the fight against smoking in Europe.

The major objective of the project is to define ways to increase the involvement of European GPs in the fight against smoking, by addressing the socioeconomic environment of GP practices, by analysing the long-term health benefits and economic growth that would result from intensifying this involvement, taking into account the effects on the health sector and on improved productivity and economic conditions for citizens in general. The final objective is to develop evidence-based policy recommendations and implementation strategies to change the socioeconomic environment through political measures, in order to promote greater involvement of GPs in the fight against smoking. The final objective is to develop a model to introduce preventive medicine into the national health systems using smoking cessation interventions by GPs as an example.

An analysis of the international literature and the "grey" literature of the participating countries has revealed the 3 following factors:

What motivates practitioners to manage smoking cessation of their patients is:

1. their smoking status
2. their perception of their role and their duty towards their patients.
3. the doctor's actions depend on the relationship he/she develops with his/her patients.

Patient-related factors must also be taken into account:

1. certain smokers want to quit
2. as far as patients who smoke are concerned, one would need manage both heavy and light smokers
3. and particularly pregnant women and other high-risk groups

Association *TABAC & LIBERTE*

10 rue des Arts - 31000 TOULOUSE

Tél : 05 61 44 90 46 et 05 62 88 67 74 port 06 14 08 56 28 Fax 05 61 25 87 24

e-mail : daver.jean@wanadoo.fr et etienne.andre@tabac-liberte.com

asso.tabac-et-liberte@wanadoo.fr site internet: www.tabac-liberte.com

The GPs' professional conditions:

1. for many GPs, their professional conditions do not allow them to deal with smoking,
2. GPs complain a lot about the lack of education and training
3. the conditions regarding remuneration vary between health insurance funds
4. lack of knowledge about smoking cessation methods and products
5. this is complicated by the fact that GPs have no feedback about the efficacy of the various smoking cessation methods and the medicinal products available.
6. another obstacle to GPs' involvement in the field of smoking is not knowing what centres and specialists are available in the geographical area within which they practice.

At the end of the analysis, the factors enabling greater GP involvement in the field of smoking are:

- 1- training and greater awareness:
- 2- the strategy of giving brief smoking cessation advice
- 3- training interventions based on stage changes within DiClemente and Prochaska's decision-making cycle
- 4- the provision of information and documentation (brochures)
- 5- more effective financial interventions for continuation of the action than for its initiation,
- 6- the collection of statistical data about activities

This study gave 3 main directions to research activities

- review the system of prevention-organization, payment and political, cultural and economic contexts
- review the education of practitioners when it comes to prevention medicine on the one hand and their involvement (player or expert ?), on the other.
- Rethink the system of knowledge acquisition and professional structures to set up ; with a redistribution of the activities

Warsaw Expert Committee:

Based on this and the experience of its members, who come from various European countries, the Expert committee that met at Warsaw developed the following recommendations:

I. Education and training

- 1- Further develop initial, post-university and continuous training in smoking cessation. This should be compulsory in initial and post-university education and put on the programme of continuous education. Include communicative competence specific for smoking cessation in GP education and training.
- 2- GPs must be encouraged to take part in studies on smoking cessation.
- 3- All health professionals who smoke must be helped to quit.

II. Conditions of Practice

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4 GPs must receive comprehensible and easy to use information about the smoking cessation organisations in his/her environment, including the type of service, the place, the procedures used, the costs and contact details.

5- Tobacco addiction centres must regularly provide information to GPs about patients who are quitting smoking.

6- GPs must observe the smoking status of their patients and record all the action taken to address this in an integrated system of routine forms.

7- Simple smoking cessation software must be incorporated into the computerised patient management systems used by GPs.

8- Review the administrative obligations of doctors so that they may free up time to devote to preventive medicine.

III. Social and economical context

9- Budgets must be specifically devoted to the reimbursement of smoking cessation and included in the normal system of GP remuneration.

10- GPs must play a central role in the development of clinical guidelines based on smoking cessation experience.

11- Establish and reinforce the policy around non-smoking areas at the workplace by occupational doctors.

IV. Communication and Information

12- The smoking status of GPs should be assessed on a regular basis.

13- Raise the awareness of the population about the benefits of smoking cessation and the role of doctors as an ideal point of contact with smoking cessation services.

14- It is necessary to raise GPs' awareness of the importance of prevention and smoking cessation.

15- GP's and GP's associations must not enter into collaboration of any sort with the tobacco industry, be it of pharmaceutical or other nature

Barcelona Conference:

All the studies conducted as part of this project were presented at the European Conference, held in Barcelona on 27 and 28 March 2008. Based on the 15 recommendations of the Warsaw expert committee, the participants discussed the role of GPs in the prevention and treatment of smoking in the various countries participating in the PESCE project. The 15 recommendations of the Warsaw expert committee have given rise to discussions on how their setting up in European countries. Within the next few days, each participant will have to propose a version of the Warsaw recommendations adapted to his/her country.

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From this work, we can envisage common objectives for the various countries and find effective solutions that would lead to increased involvement by GPs in smoking cessation in Europe. However, the setting up and calendar of activities must be done at national level. The role of GPs and his/her prevention activities should be included in the cultural, social and economic environment of the country. The latter essentially depends upon the national health system as well as available financial resources.

One can already suggest, as an example, to things for France:

- 1- GPs in France would apparently be happy to take on prevention and smoking cessation for their patients who smoke, on condition that they are given, in order of importance, the time (which is what they lack most), proper remuneration and, finally, consideration, i.e. the recognition that preventive interventions have the same value as therapeutic interventions.
- 2- The issue raised is whether the doctor should keep his/her active role in health as a continuation of his/her current activity or become the expert at the head of a group of health professionals to whom he/she would delegate a number of services, under his/her responsibility and control. Should he/she remain a player, the limit of day-to-day practice does not allow for large-scale actions in public health (tens of thousands of doctors or so to treat 13 million smokers).
On the other hand, if GPs act as experts, their intervention will be geared down by all the health professionals working with them

= Obviously this would require some reorganisation of healthcare structures, a new breakdown of the tasks after discussion between health professionals, politics, institutions and health insurance offices.

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