

## Conference Report

ENQ Conference Paris  
29 & 30 January 2009  
With Support from Nicorette

### Executive Summary

The ENQ Spring conference took place in Paris on 29th/ 30th January 2009. The conference was led by Steve Crone, Chairman of the European Network of Quitlines, organised by Alice Roberts, Project Manager of ENQ and assisted by LILT. 63 delegates attended from Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Finland, Germany, Iceland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, and UK.

The central theme of this conference was ***Latest Developments in Smoking Cessation Treatments***.

A combination of both presentations and workshops were held with key outcomes from each of the four discussions summarised below.

### Presentations

- **Jean-Louis Wilquin**, Head of studies at the French Institute for Health Promotion and health Education (INPES) - *The French smoking ban in bars and restaurants*
- **Gay Sutherland**, Research Psychologist, King's College London – *Increasing cessation rates with NRT*
- **Dr. Asgeir R. Helgason**, Associate Professor, Stockholm Centre of Public Health - *Motivational Interviewing in a Telephone Counselling Setting*
- **Robert West**, Professor of Health Psychology and Director of Tobacco Studies at the Cancer Research UK Health Behaviour Unit, University College London - *Practical use of NRT & Psychological principles underpinning effective behavioural support*
- **Philip Tonnesen**, Chair of Dept of Pulmonary Medicine, Gentofte University Hospital, Copenhagen, Denmark - *Using NRT to cut down, and then stop smoking*



Jean-Louis Wilquin (Head of studies at the French Institute for Health Promotion and health Education - INPES) began discussion on INPES's evaluation of the impact of the smoking ban in France that was put in place in November 2006. This was implemented in 2 stages ; first stage in February 2007 in workplaces, schools, hospitals, public transport, and second on 1 January 2008 in bars, restaurants, discotheques, hotels, casinos.



Before the implementation of the ban great hostility was perceived, not only amongst smokers but the public at large. However in a survey carried out amongst 800 interviewees post ban, it was observed that not only had the number of smokers decreased, but there was a considerable decrease in individual exposure to second-hand smoke and that there had been a reversal in public opinion and now the majority considered the ban as a positive action.

### **Increasing cessation rates with NRT**

Gay Sutherland (*Research Psychologist, King's College London*) led a discussion on the benefits of using NRT in the quitting procedure. Gay outlined that NRT can double quit rates of both brief and intensive interventions, reduce the severity of withdrawal symptoms, delays weight gain, reduces relapse and is a very safe option for smokers.

The efficacy of NRT is considerable high, with the Cochrane Review 2008 reporting 106 individual studies out of 111 showing a positive results for NRT versus placebo.

However, it appears that there is a large misuse and mistrust in the usage of NRT's, with many users experiencing unrealistic expectations ('magic cure', waiting for the drug to 'make me stop smoking'), insufficient and incorrect use (fear of nicotine, using only when desperate), lack of preparation for the fact that oral products in particular may take time to get used to.



Gay outlined that there are better ways of using NRT, such as the use of combination NRT, the use of higher doses, pre-treatment before quit day and continuing to use during a lapse or "slip".

There are many false beliefs about NRT's , and this is of the large drawbacks as it influences the usage. Re-education on these products is needed across the board.

Recommendations on usage are:

- Maximum effort early on
- Get good NRT dosing from the beginning of the quit attempt
- Be flexible - switch NRTs if smoker prefers
- Use combinations
- Use higher doses
- Continue with NRT during lapses
- Most important - keep re-treating “failures”!!!

### **Motivational Interviewing in a Telephone Counselling Setting**

Dr. Asgeir R. Helgason, Associate Professor, and his colleagues Helena Lindqvist & Lisa Forsberg from the Stockholm Centre of Public Health gave a brief introduction on motivational interviewing, followed by a workshop of the topic.



Discussions were opened with a short introduction to what Motivational Interviewing (MI) is and how it has been used in the Swedish tobacco quitline setting.

Focus was on MITI coding, as an essential part of the STQ training-supervision model.

Delegates participated in practical MITI coding exercises to better illustrate the MITI coding concept.

A practical session on how the Swedish Quitline have used MITI in continuous training/supervision, the lessons learned from the MI implementation, and what has worked for us as well as what we could have done better were also overseen.

### **Practical use of NRT& Psychological principles underpinning effective behavioural support**

Robert West, Professor of Health Psychology and Director of Tobacco Studies at the Cancer Research UK Health Behaviour Unit, University College London led a discussion on the how Quitlines integrate the use of NRT in their programmes and the practical issues on recommending and supplying NRT.

He followed this with a talk on the psychological principles underpinning behavioural support.



Behavioural support is often needed after the start of the 'quit attempt' when smokers can experience powerful, frequent and/or persistent feelings of desire (want or need) to smoke (PRIME Theory) - motivational support can reduce the desire to relapse and can increase the capacity to exercise self-control.

Motivational support is not a substitute for NRT but a combined therapy. With proven research showing that behavioural support may be needed to address sources of desire to smoke that medication does not, with behavioural support needed to maximise desire not to smoke and a capacity for self control.

Systematic reviews show clear benefit from the use of behavioural support in a variety of settings, including Individual face-to-face, group face-to-face, telephone-based and internet-based settings. These can be delivered to smokers in general, hospital inpatients, and pregnant smokers, with on average approx 1 in 20 smokers are helped at each quit attempt.

### **Using NRT to cut down, and then stop smoking**

Philip Tonnesen, Chair of Dept of Pulmonary Medicine, at the Gentofte University Hospital, Copenhagen, Denmark.



Philip's overview on the topic of 'cut down to stop' concentrated on the proven fact that smoking reduction promotes smoking cessation

The method of Smoking Reduction is aimed at smokers low in motivation to quit or those that perceive themselves as unable to quit. This introduction of cutting down to quit can lead to a permanent change in individuals smoking habits.

Research shows that Smoking reduction can result in long-term reduction in tobacco intake, an increase in complete cessation rates, and uptake of NRT usage and a greater motivation to quit is actually increased from 55-80%.

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Winter Conference  
29<sup>th</sup>/30<sup>th</sup> January – Paris, France

## Latest Developments in Smoking Cessation Treatments

### Agenda

#### Day 1

- 12:30** Registration and Lunch
- 13:00** Introduction from Steve Crone, ENQ Chairman
- 13:10** Welcome from Dr Bernard BASSET, Deputy Director of the French Institute for Health Promotion and health Education (INPES)
- 13:15** ***The French smoking ban in bars and restaurants***  
Jean-Louis Wilquin, Head of studies at the French Institute for Health Promotion and health Education (INPES)
- 13.45** ***Increasing cessation rates with NRT***  
Gay Sutherland, Research Psychologist, King's College London
- 14.30** ***Motivational Interviewing in a Telephone Counselling Setting***  
Dr. Asgeir R. Helgason, Associate Professor, Stockholm Centre of Public Health
- 15.15** Tea and Coffee
- 15.30** ***Motivational Interviewing Workshop: Introduction to MI & Practical MI Coding Exercises***  
Helena Lindqvist & Lisa Forsberg, Stockholm Centre of Public Health
- 17.00** ***Evening Dinner Plans***  
Alice Roberts, ENQ Project Manager



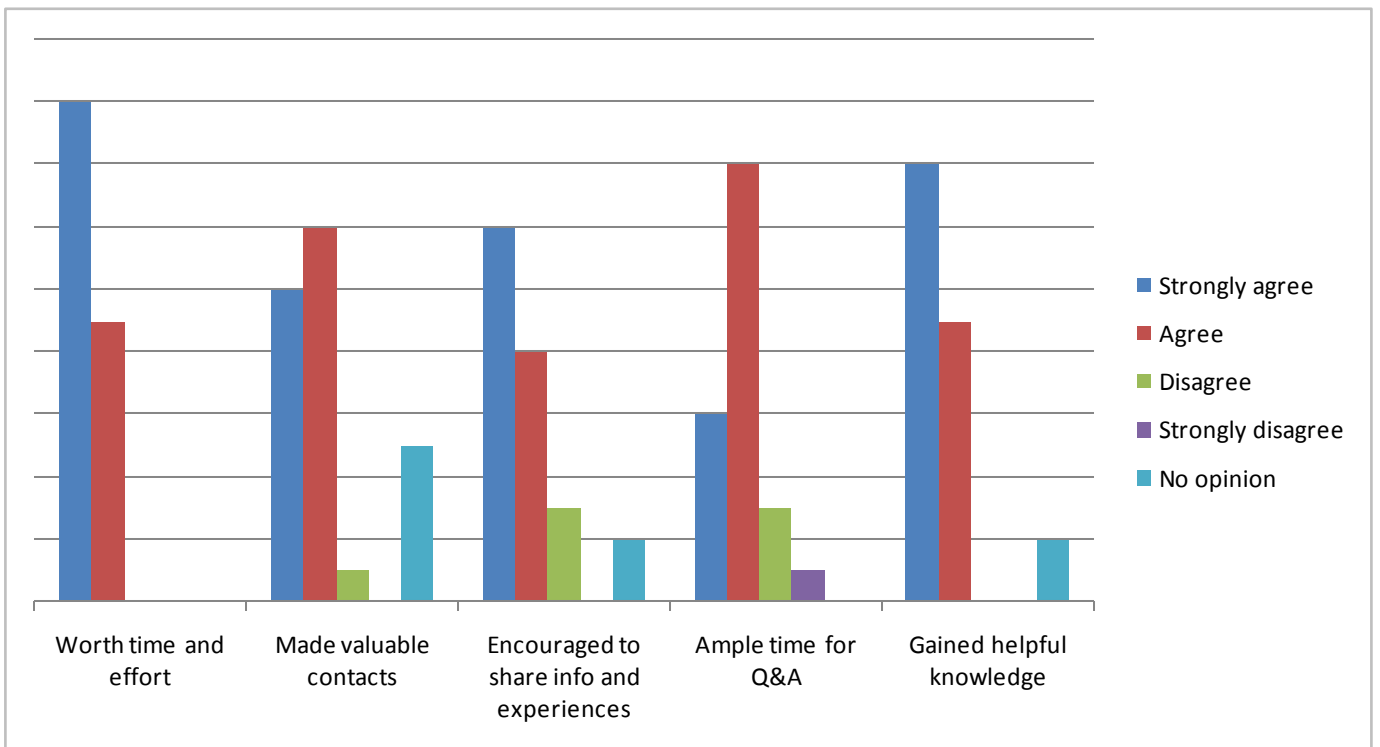
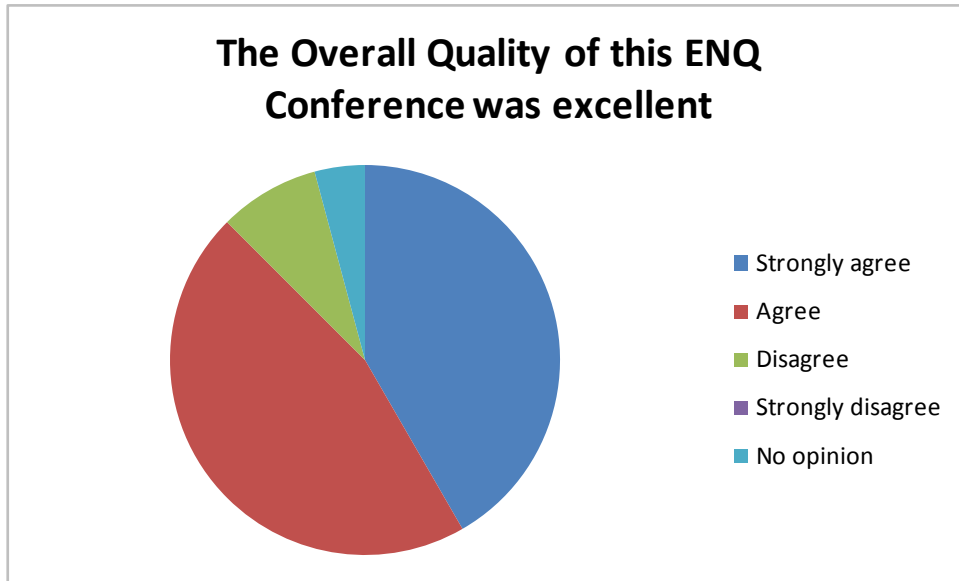
## Day 2

- 9:30** Opening of day 2
- 9:40** Welcome from Steve Crone, ENQ Chairman
- 9:45** ***Practical use of NRT: Plenary Discussion***
- Robert West, Professor of Health Psychology and Director of Tobacco Studies at the Cancer Research UK Health Behaviour Unit, University College London
- 10.15** ***Psychological principles underpinning effective behavioural support***
- Robert West, Professor of Health Psychology and Director of Tobacco Studies at the Cancer Research UK Health Behaviour Unit, University College London
- 10.45** ***Using NRT to cut down, and then stop smoking***
- Philip Tonnesen, Chair of Dept of Pulmonary Medicine, Gentofte University Hospital, Copenhagen, Denmark
- 11.30** Tea and Coffee
- 11.45** ***Motivational Interviewing Workshop - Training and Supervision of MI***
- Helena Lindqvist & Lisa Forsberg, Stockholm Centre of Public Health
- 12.45** ***Future ENQ Research & Operational Plans***
- Alice Roberts, ENQ Project Manager
- 13.00** Any Other Business

**ENQ Paris Conference**

**Feedback Report**

The following is a report of the feedback received from the ENQ Paris Conference that took place on the 29<sup>th</sup> and 30<sup>th</sup> of January 2009.



What are your thoughts on the conference?

Czech Republic

I was only wondering if it would be helpful to ask members about topics they are actually dealing with and then ask experts in that area to help us with it, but every topic on meeting I was so far was very useful

Germany

The overall organization was very good and convenient.

Norway

I think that Alice is doing a very good job in organizing the conference

Portugal

Most of the presentations were very good

Sweden

I think all the presentations were very interesting.

Switzerland

Efforts to collaborate more with health care sectors (pharmacies, physiotherapists, dentists, hospitals, etc.) so that their clients and patients get encouraged to call our Quitline.

Any other comments?

Belgium – Marianne Kemink

*I would like to compliment Alice: whenever I have a question or need a document, she always answers very accurate and fast!*

Czech Republic – Tomas Pelc

*I want to thanks Alice and all members that prepared and participated on this conference for their wonderful effort*

Romania – Catalina Constantin

*It was excellent for me. Every time is different, which is good for making new contacts, meeting different people with different experience*

Luxembourg – Christian Thiel

*It was excellent. Thank you very much!*