

GLOBAL NETWORK CONFERENCE 2024

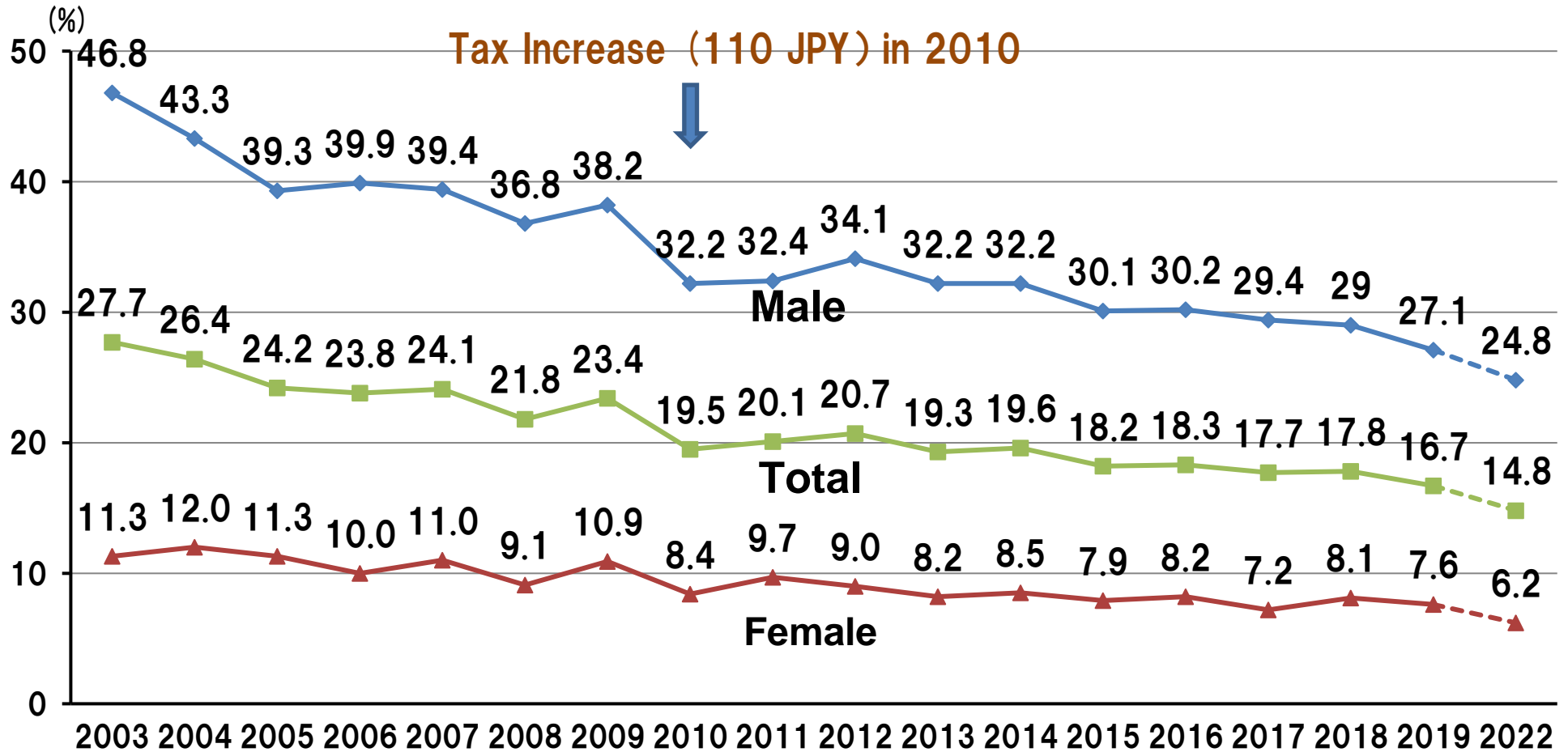
(November 6th, 2024, Hiroshima)

**Future challenges of smoking cessation
intervention and policy from a health
promotion perspective**

Masakazu Nakamura, MD

JADECOM Health Promotion Research Center

Trend of smoking prevalence in Japan

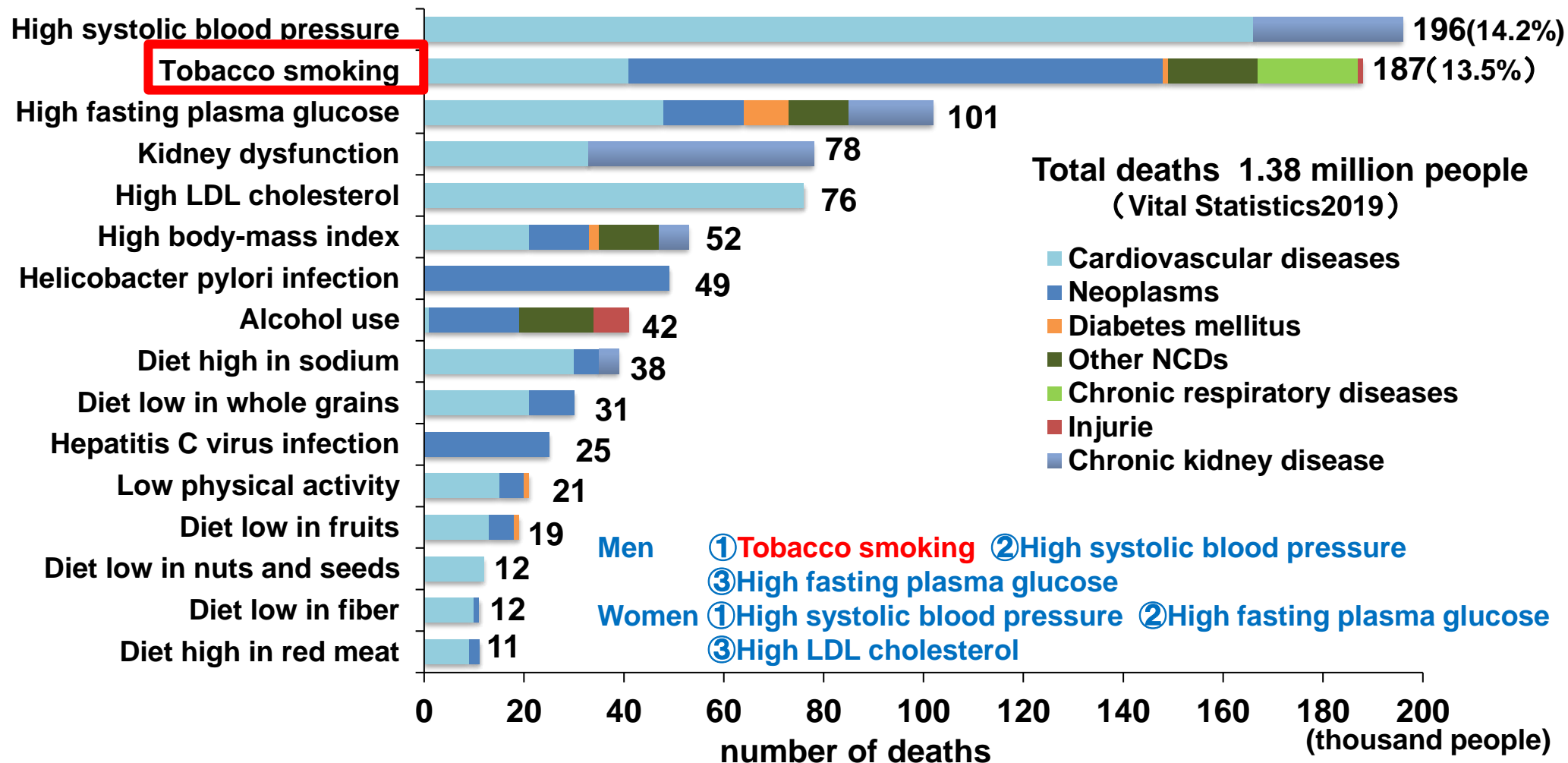


2020,2021 survey was cancelled due to Covid-19 pandemic.

(National Health and Nutrition Survey)

The number of deaths attributable to risk factors in Japan, 2019

«Top 16 out of 34 risk factors»



* Alcohol consumption has been reported to have an estimated effect of preventing 235 diabetes deaths, but is not included in the figure.

Plotted from data in Nomura S, et al: Lancet Reg Health West Pac. 2022. doi:10.1016/j.lanwpc.2021.100377

Contents

1. Achievements of tobacco dependence treatment in Japan

Reimbursement of smoking cessation treatment

Brief intervention at health check-up

Health professional training

2. Future challenges of smoking cessation intervention and policy

Creating an environment conducive to smoking cessation

From ABR to ABC (Proactive Intervention system)

brief intervention, national quitline, online treatment service

Tobacco control reinforcement to increase quit attempts

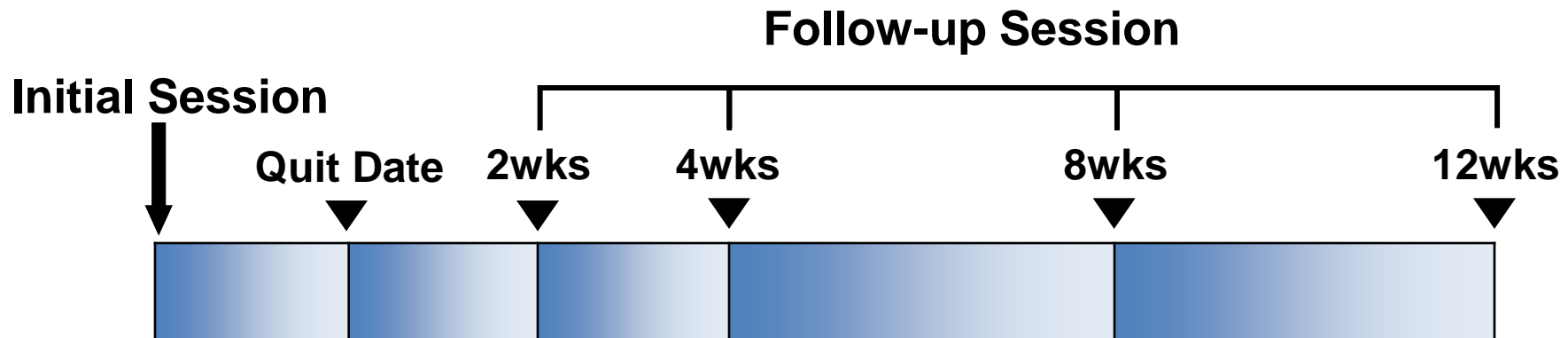
Promotion of tobacco control based on FCTC

Achievements of tobacco dependence treatment in Japan

Coverage of Smoking Cessation Treatment by Public Health Insurance in Japan (2006)

■ Reimbursed Treatment Program

1. **Counseling** by doctor a/o co-medicals (**12 weeks** for **5 sessions**)
2. Prescribed **nicotine patch** or **varenicline** (maximum for 12 weeks)



■ The minimum standard of a qualified service

follow the standard manual

equip with **CO monitor** and **confirm smoking status at every visit**

total smoking ban on the premises

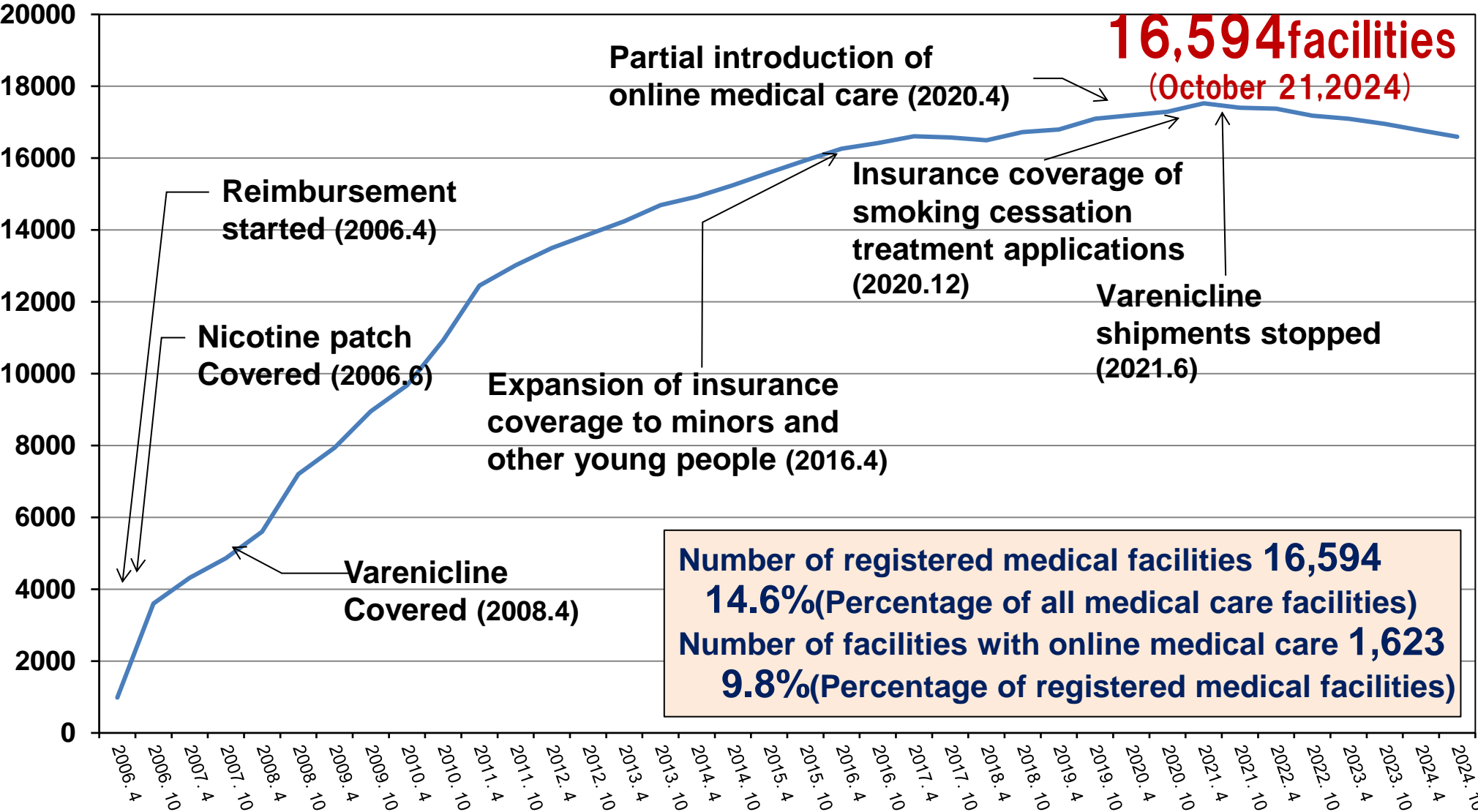
report the abstinence rate among treated smokers

How we succeeded?

■ 3 Key Factors of Successful Establishment

- **Paradigm Shift:** “Smoking is a disease”
Only treatment of a disease (not Prevention) is reimbursed by public health insurance.
- **Collaboration:** “Team Play”
*Collaborative works were very effective.
(Health ministry, Medical societies, Research Group)*
- **Economic Benefits :** “Save the Money”
Smoking cessation intervention save the money as well as the lives.

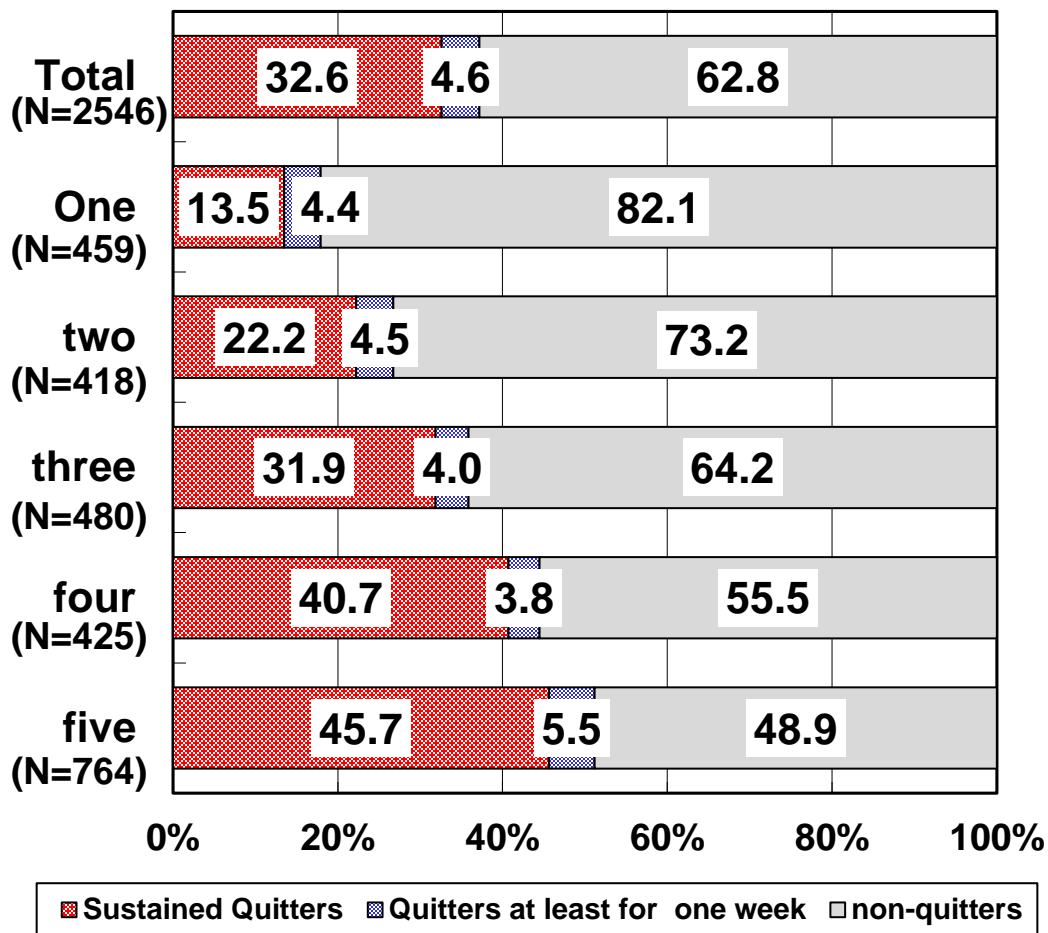
Trend of number of registered medical facilities



Number of registered medical facilities 16,594
14.6%(Percentage of all medical care facilities)
Number of facilities with online medical care 1,623
9.8%(Percentage of registered medical facilities)

9 Month Sustained Abstinence Rates at One Year Follow-up by Number of Treatment Sessions

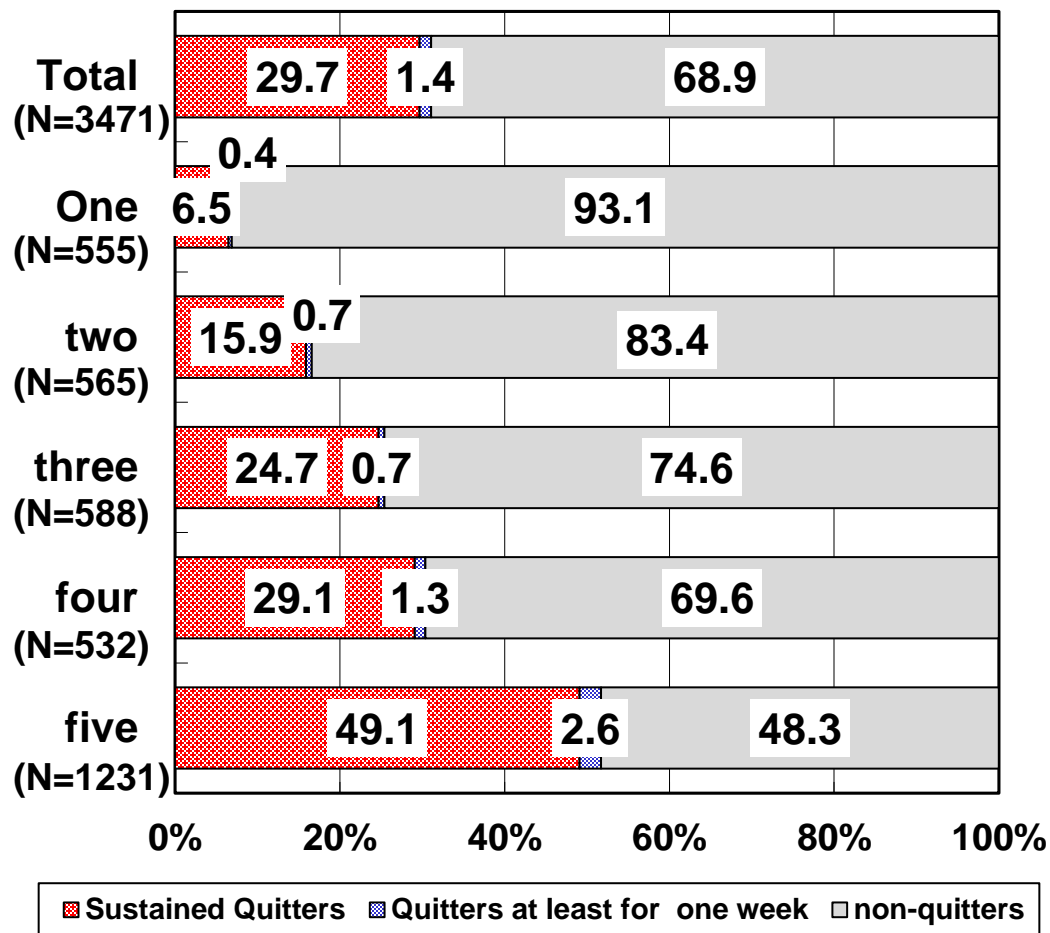
2007 Follow-up Survey



* response rate 61.2% (279/456)

(Central Social Insurance Medical Council, October 10, 2007)

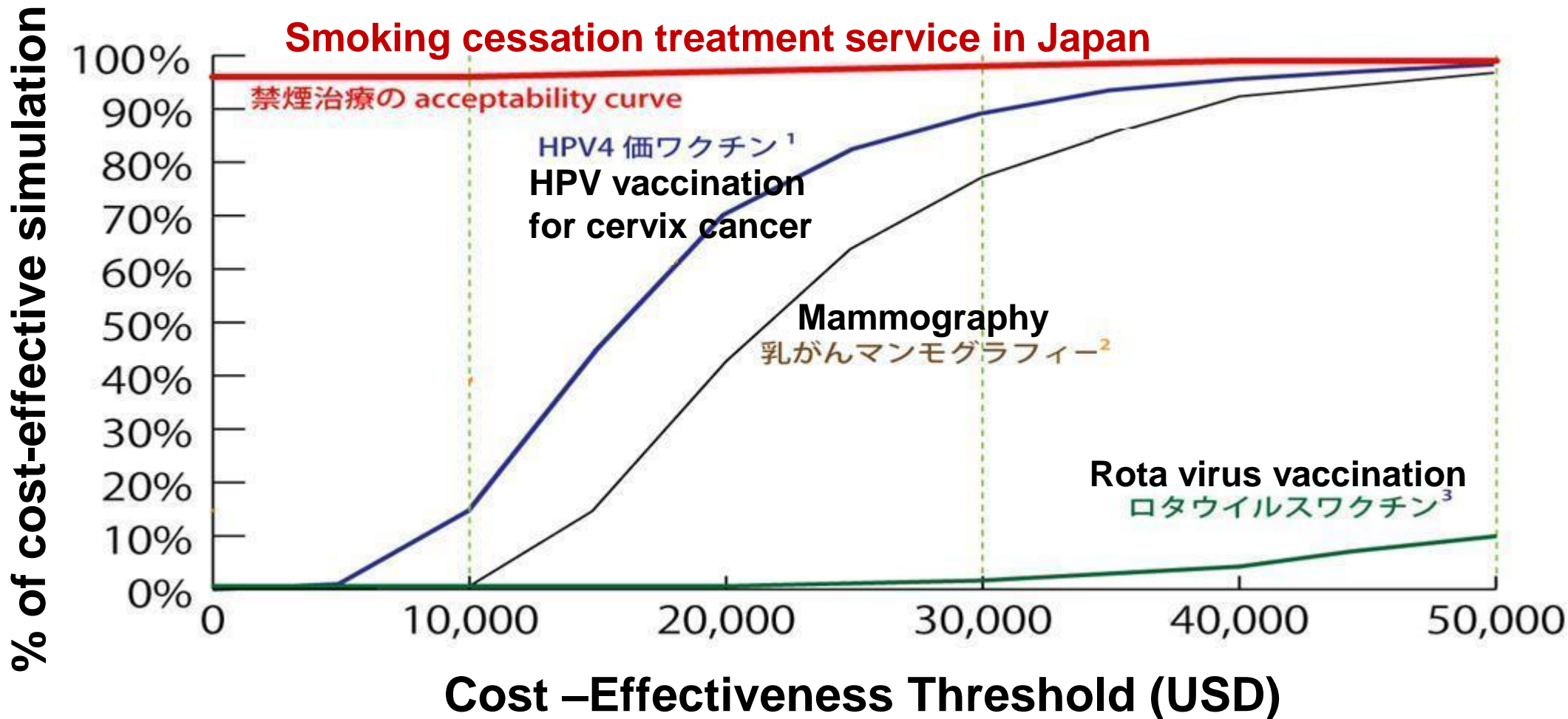
2009 Follow-up Survey



* response rate 47.5% (712/1500)

(Central Social Insurance Medical Council, November 10, 2009)

Probabilistic Sensitivity Analysis



<HPV> Brisson M, et al. Vaccine 2007; 25(29): 5399-408.

<Mammography> Onuki K, et al. J Jpn Assoc Breast Cancer Screen 1997; 6: 145-51.

<Rota virus vaccination> Igarashi A, et al. ISPOR 12th Annual European Congress, Paris; 26 Oct 2009 (poster presentation),

Heated Tobacco Products Epidemic



IQOS ILUMA PRIME



glo hyper+
約250/260°C



Ploom X
約295°C



LIL Hybrid
約160°C



Ploom TECH
約30°C



IQOS 3 DUO
約300~350°C



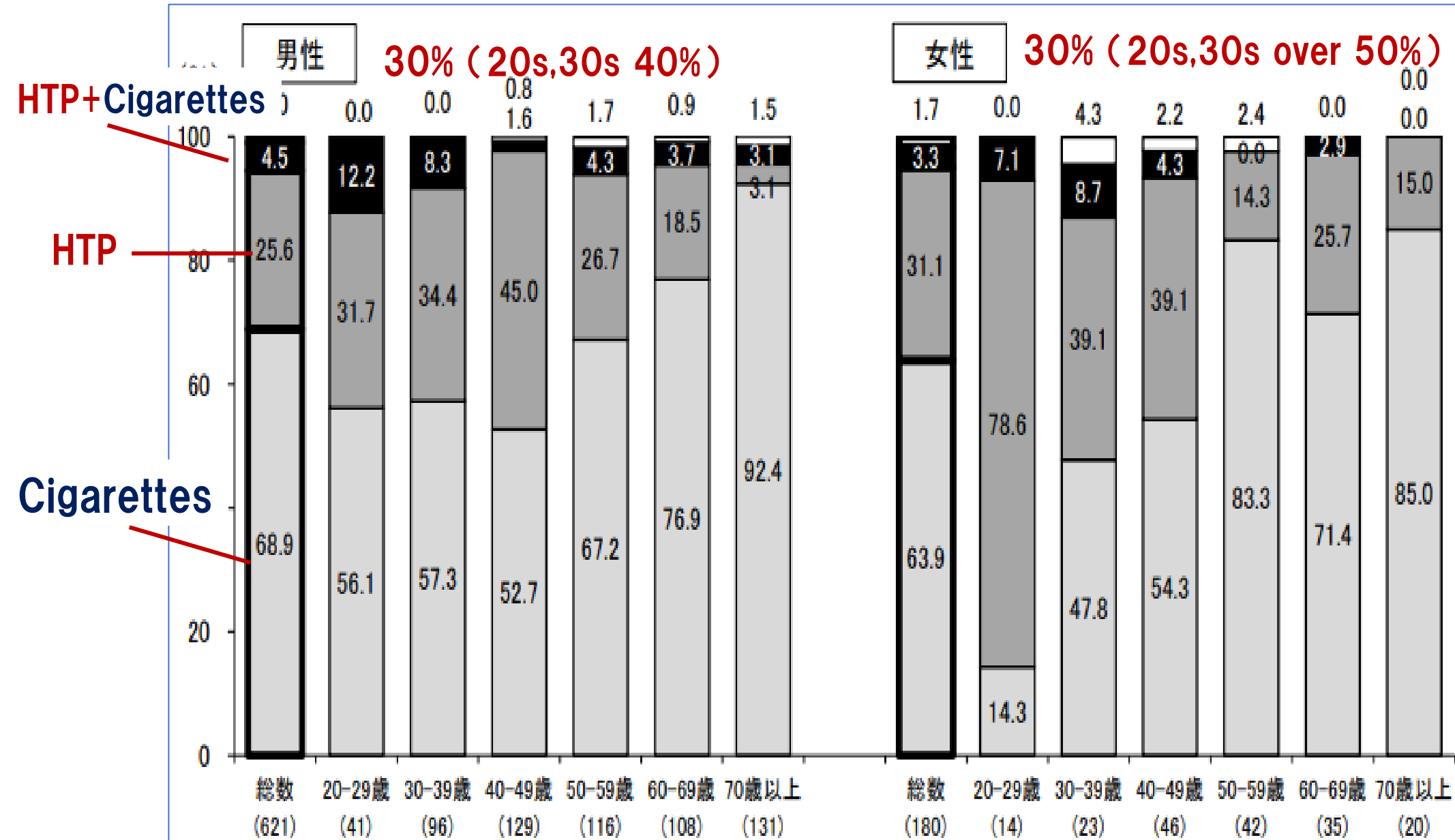
glo pro slim
約250/280°C



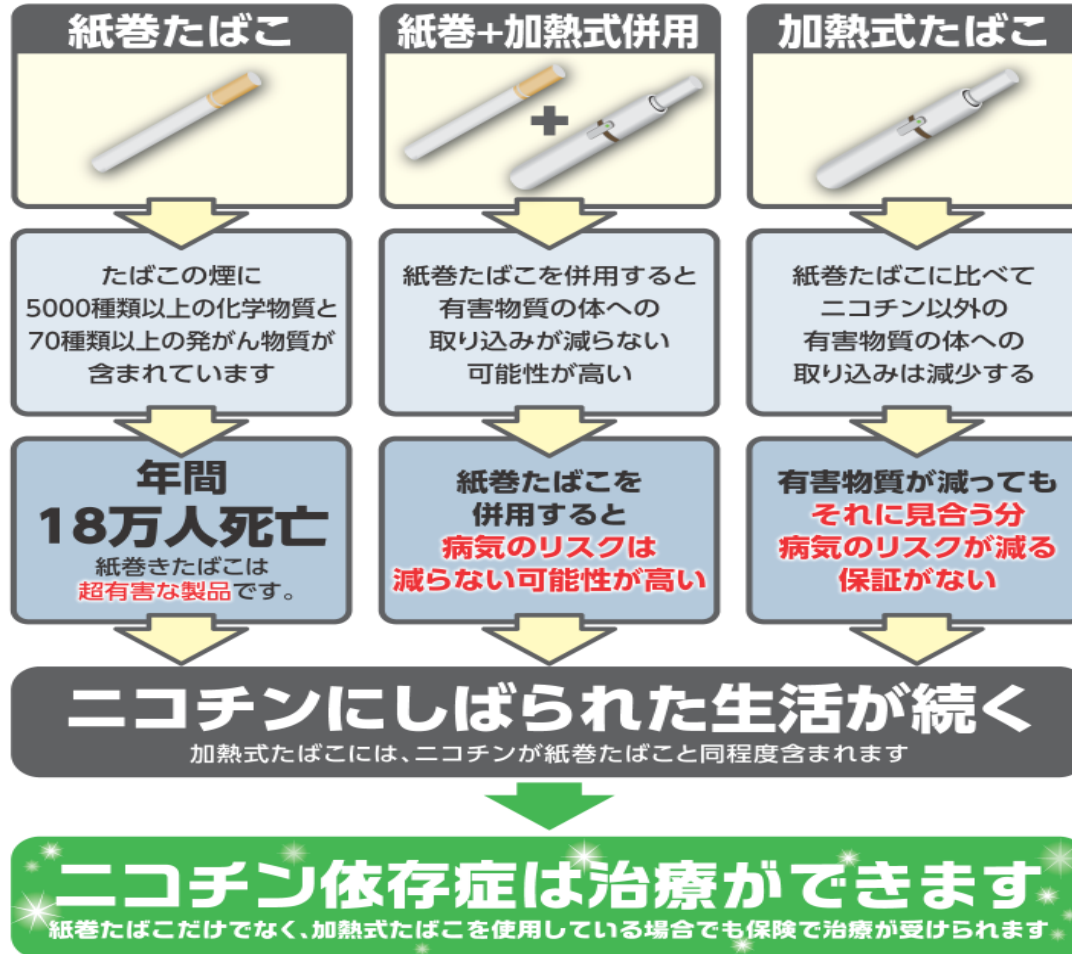
Ploom TECH+ with
約40°C

【画像出典】 加熱式たばこ IQOS(アイコス)公式サイト <https://jp.igoss.com/> , 加熱式たばこリル ハイブリッド™ | IQOS(アイコス)公式サイト <https://its-lil.jp/>
加熱式たばこ glo™(グロー)公式サイト <https://www.discoverglo.jp/> , 加熱式たばこ Ploom | Ploom(プルーム)公式サイト <https://ploom.clubit.jp/>

Proportion of Heated Tobacco Product Use



「加熱式たばこ」 は安全？



禁煙治療が受けられる医療機関

日本禁煙学会 禁煙外来 

【参考資料】1. 厚生労働省 喫煙と健康 喫煙の健康影響に関する検討会報告書、2016。
2. 厚生労働省 禁煙支援マニュアル(第二版)増補改訂版、2018。
3. Nomura S, et al: Lancet Reg Health West Pac. 2022; 21: doi:10.1016/j.lanwpc.2021.100377



公益社団法人

地域医療振興協会

Japan Association for Development of Community Medicine

2024.3. ヘルスプロモーション開発センター制作

Specific Health Examination and Specific Health Guidance (the first term 2008-12)

Basic Idea

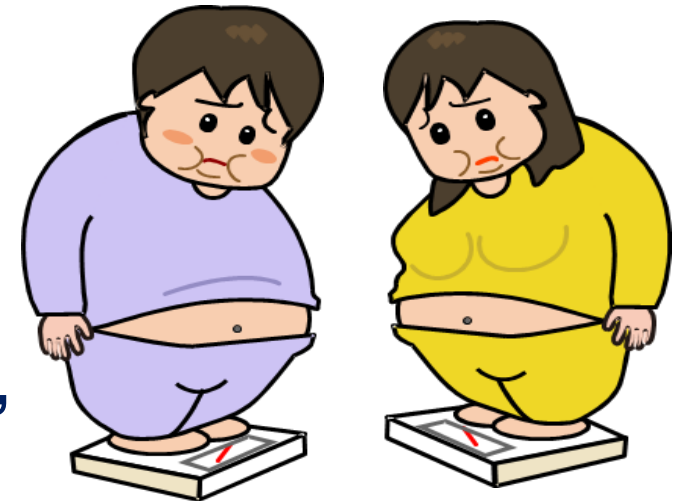
- to prevent lifestyle-related diseases and moderate medical service fees.
- **focus on visceral fat obesity (metabolic syndrome)**

Target

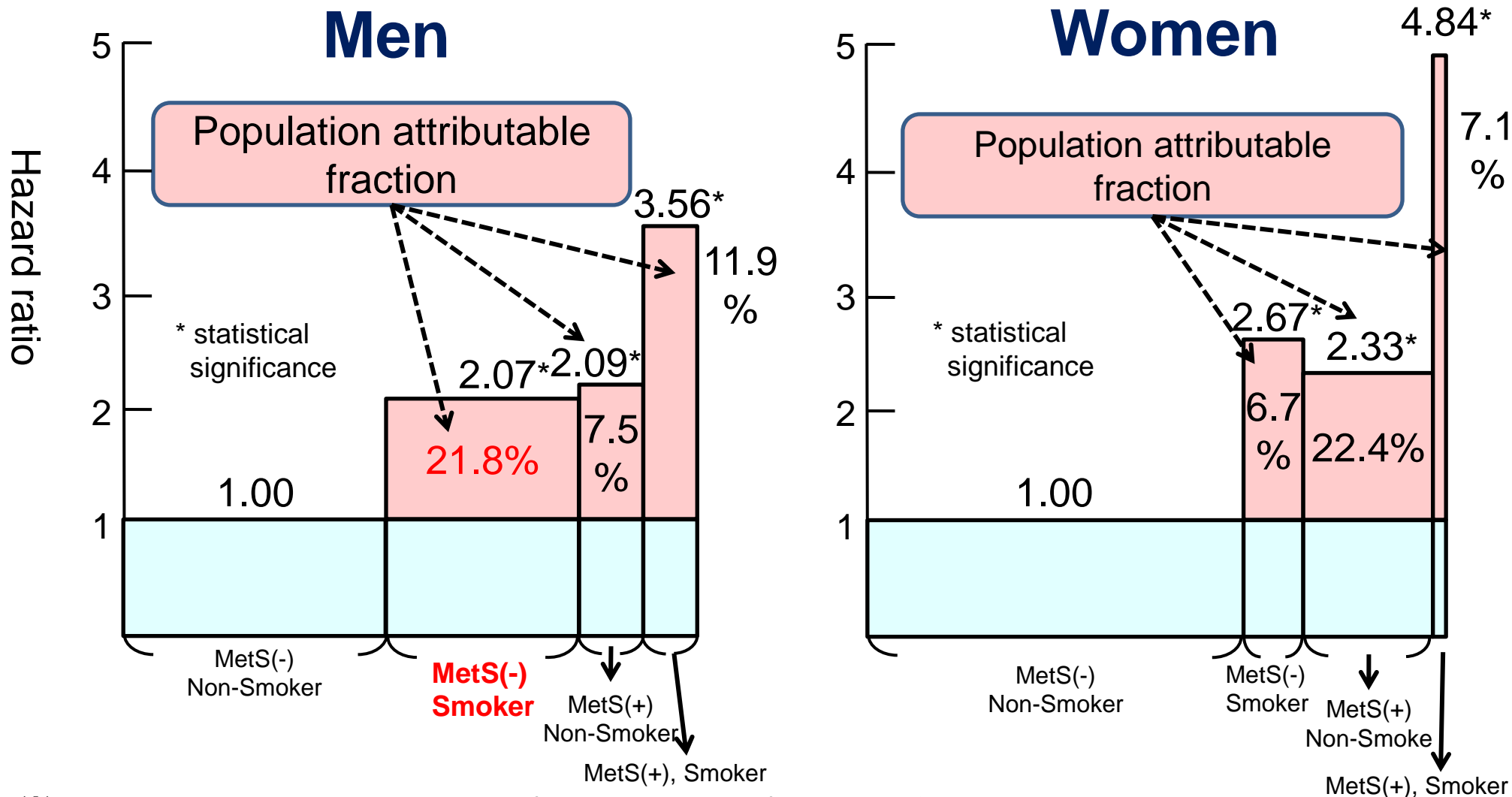
- aged between 40 and 74 years old

Program

- implement specific health guidance for 6 months for those who meet criteria, based on the health examination results



The Risk of Smoking and MetS for Incidence of Cardiovascular Disease



※Japanese population sample 3,911(40-74 years old), 12 year follow-up

Multivariate analysis(adjusted for age, alcohol drinking, glomerular filtration rate and non-HDL-cholesterol)

☆MetS was defined using the modified NCEP-ATPIII criteria (Higashiyama A, et al. *Circ J* 2009; 73: 2258-2263.)

Academic Advocacy for Enforcement of smoking cessation intervention at Specific Health Examination and Health Guidance (2011)

平成 23 年 7 月 15 日

厚生労働大臣 細川 律夫 殿
 厚生労働省健康局長 外山 千也 殿
 厚生労働省保険局長 外口 崇 殿

禁煙推進学術ネットワーク

日本癌学会 日本口腔衛生学会 日本口腔外科学会
 日本公衆衛生学会 日本呼吸器学会 日本産科婦人科学会
 日本歯周病学会 日本循環器学会 日本小児科学会
 日本心臓病学会 日本肺癌学会 日本麻酔科学会
 日本人間ドック学会 日本口腔インプラント学会
 日本頭頸部癌学会 日本歯科人間ドック学会

特定健康診査における禁煙の勧奨・支援のための制度化に関する要望書

謹啓

盛夏の候、ますますご清栄のこととお慶び申し上げます。平素は格別のご高配を賜り、厚くお礼申し上げます。

さて、平成 20 年度からの特定健康診査（以下特定健診と略す）・特定保健指導について、平成 23 年 4 月から「保険者による健診・保健指導等に関する検討会」が開催され、その実施内容や方法についての検討が開始されました。これまで指摘されている検討課題として、メタボリックシンドローム（以下メタボと略す）の診断基準や腹囲の基準、非メタボの取り扱い、治療中の者への対応、受診率や実施率の向上策などがありますが、喫煙者への対応も重要な見直しの課題と考えます。

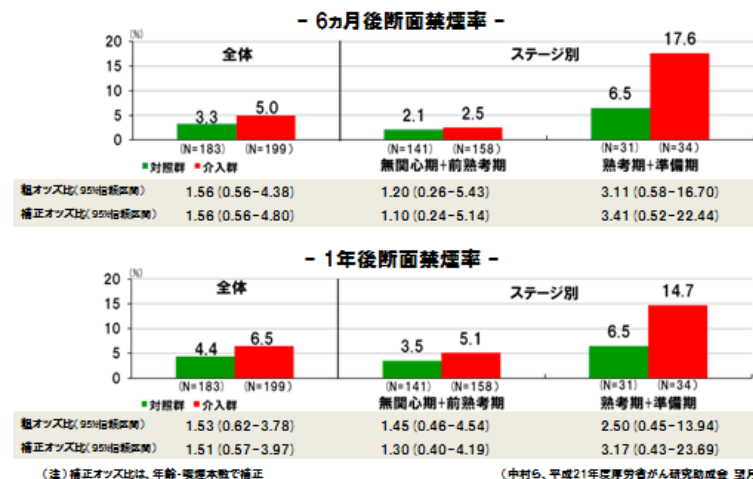
喫煙は肺がんをはじめ多くの病気の原因であり、わが国では年間少なくとも 13 万人以上が喫煙が原因で死亡していると推定されています¹⁾。また、循環器疾患の発症リスクの比較において、喫煙のリスクはメタボとほぼ等しく、喫煙率の高い男性では喫煙の方がメタボより循環器疾患発症の寄与危険度割合が大きいことが報告されており²⁾、循環器疾患予防における禁煙の重要性が高いことがわかります。

現行の制度では喫煙はメタボ階層化の追加リスクとして加えられていますが、リスクの大きさを考えると、平成 19 年度の公衆衛生学会からの意見表明³⁾にも基本的な考え方が示されているように、メタボの有無に関わらず喫煙者全員に禁煙のアドバイスや情報提供を実施し、やめたい人には保険治療実施医療機関や薬局を紹介する活動が現場で実施されるよう制度改正が必要と考えます。そのためには、特定健診の実施主体である保険者に対して、健診当日に喫煙者に対する禁煙のアドバイスや情報提供を義務づけるとともに、参酌標準に喫煙率の減少を新たに加え、特定健診の場での禁煙勧奨・支援の実行率を高めることが必要です。国際的には、平成 22 年 11 月にウルグアイで採択された WHO のたばこ規制枠組条約 14 条（たばこ使用の中止と禁煙治療の促進）のガイドライン⁴⁾において、保健医療システムにおける禁煙推進の取り組みとして短時間の禁煙アドバイスを保健医療の場で提供することが求められています。本提案はこのガイドラインの趣旨にも添うものと考えます。

つきましては、今後の特定健診の効果的な実施にむけて、健診時の禁煙の指導の強化のための制度化が実現されますようお願いをさせていただきます。

謹白

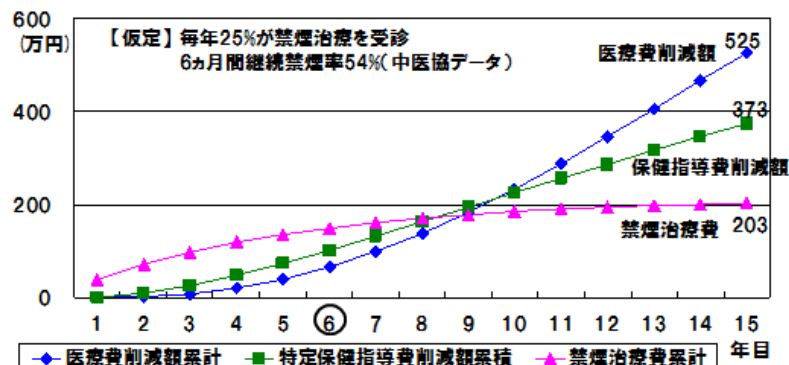
Effect of Brief intervettion



Economic Benefit

大阪府立健康科学センターの健診対象集団を用いて推計
 (対象1000人、40-74歳は757人、積極的支援10.8%、動機付け支援9.8%)

●6年目で黒字に転じ、15年目には696万円の黒字となる

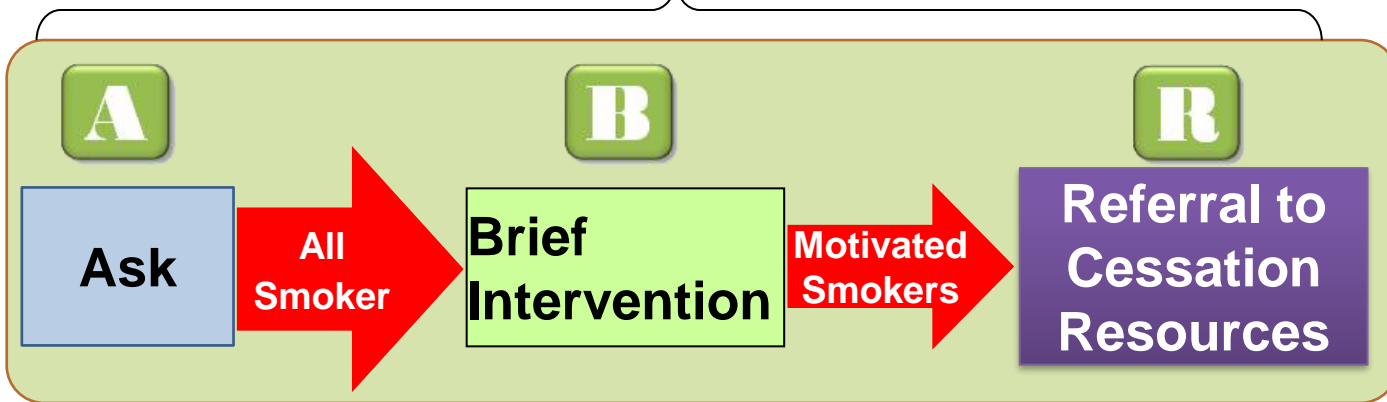


(平成19年度厚生科学第3次対がん研究中村班報告書)

The Methods of Smoking Cessation Intervention

Brief Intervention (“ABR” method)

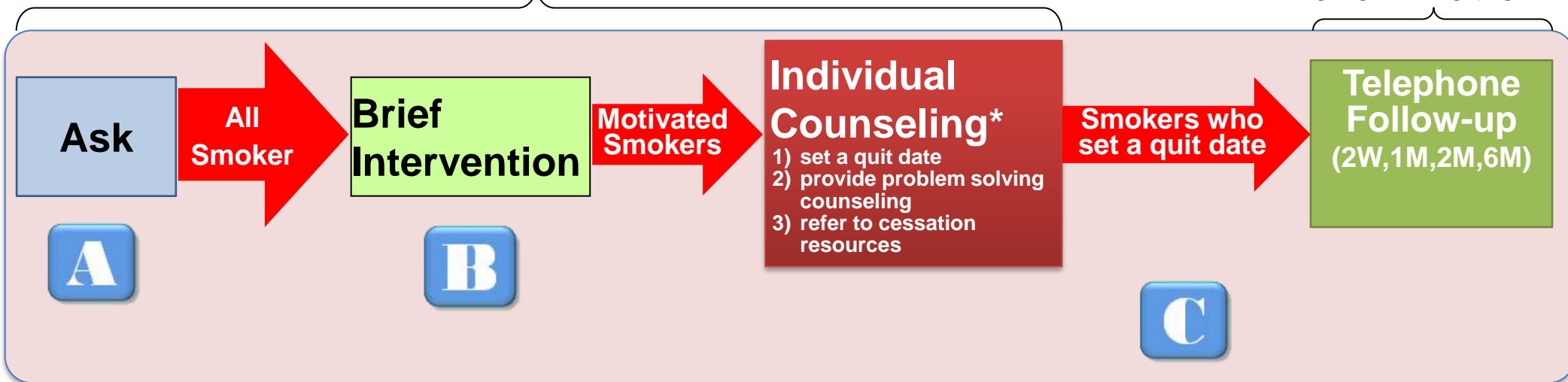
On the day of the health examination



The concepts and contents in SCS program were used for developing Smoking Cessation Manual (2nd edition) by Health Ministry.

Standard Counseling (“ABC” method)

On the day of the health examination



After the health examination

Two elements to work on in ABR

importance

confidence

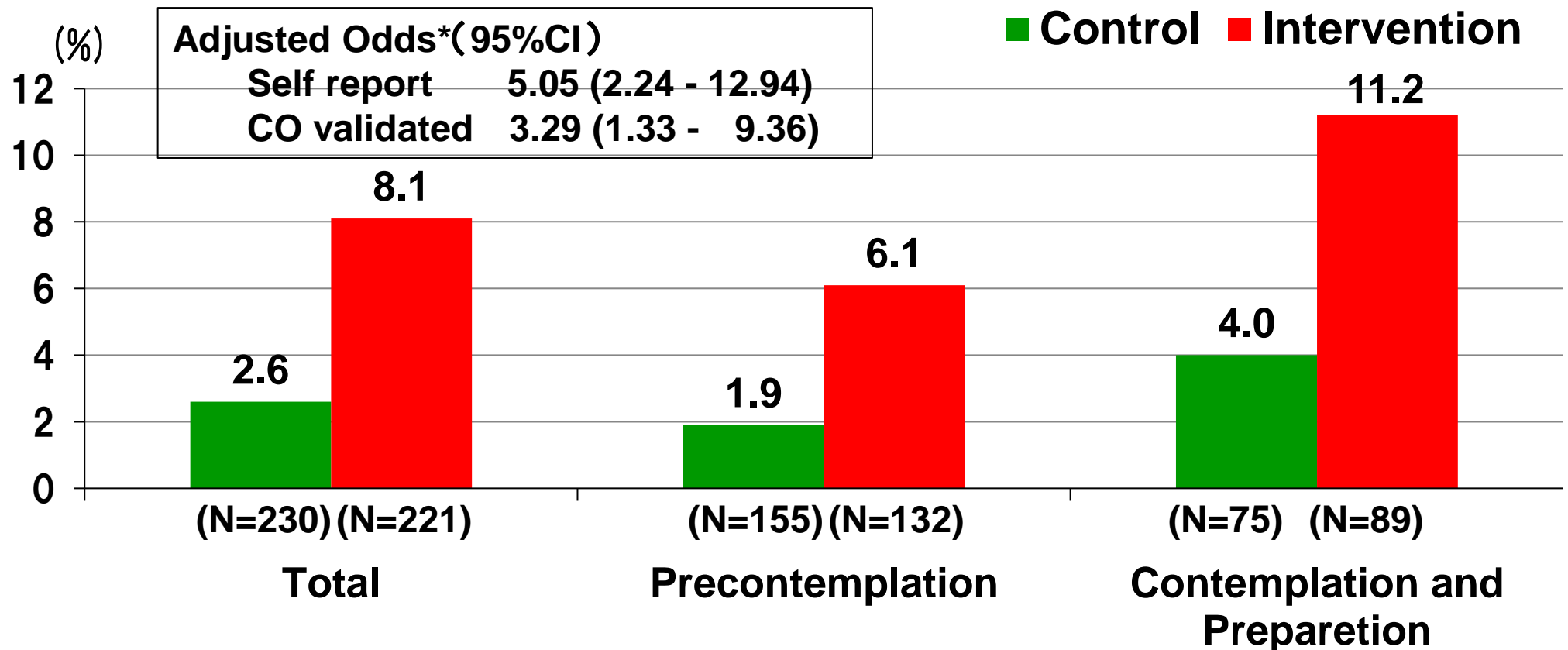
Readiness
for change

```
graph LR; A[importance] --> C[Readiness for change]; B[confidence] --> C;
```

The diagram illustrates a conceptual model where two input elements, 'importance' and 'confidence', both contribute to a single outcome, 'Readiness for change'. 'importance' is represented by a red box, 'confidence' by a green box, and the resulting 'Readiness for change' by a grey box. Two black arrows point from the 'importance' and 'confidence' boxes towards the 'Readiness for change' box.

Effects of brief intervention by physician and by public health nurse (1-2minutes) at health check-up

6 month point prevalence abstinence rate (expired CO validated)

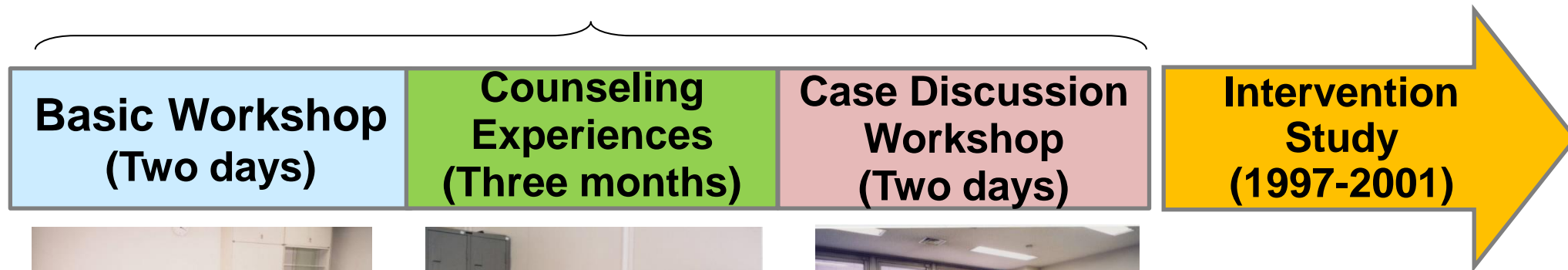


* Adjusted by sex, age, stage, past quit attempt

(Nakayama et al., Report of the Grant-in-Aid for Cancer Research supported FY 2012 MHLW grants)

Training Workshop Program for HPs in Smoking Cessation (1997-98)

Training Course (Six months)



- Lectures
- Demo video viewing
- Role playing



- Practices at real settings
- Feedback to the videotaped counseling



- Viewing of videotaped counseling practices
- Group discussion

Our Basic Concept of Developing Training Program

What you **hear**, you forget.

What you **see**, you remember.

What you **do**, you learn.

Theoretical Framework of Training Program

Basic Workshop

Whole Program

Social Learning Theory

Basic knowledge

hear

Lecture

Basic Workshop

Demonstration of skills (Modeling)

see

Video Viewing and Discussion

Exercise (Rehearsal)

do

Role Playing

Counseling Experiences

Evaluation of skills (Feedback)

Discussion after Role Playing

Case Discussion

Practice

J-STOP

Japan Smoking cessation Training Outreach Project

Purpose:

To **standardize the quality** and **improve the accessibility** by providing training program for **physicians and co-medicals**

Organization:

Japan Medical-Dental Association for Tobacco Control



Japan Smoking cessation
Training Outreach
Project

2008

Development of
the program

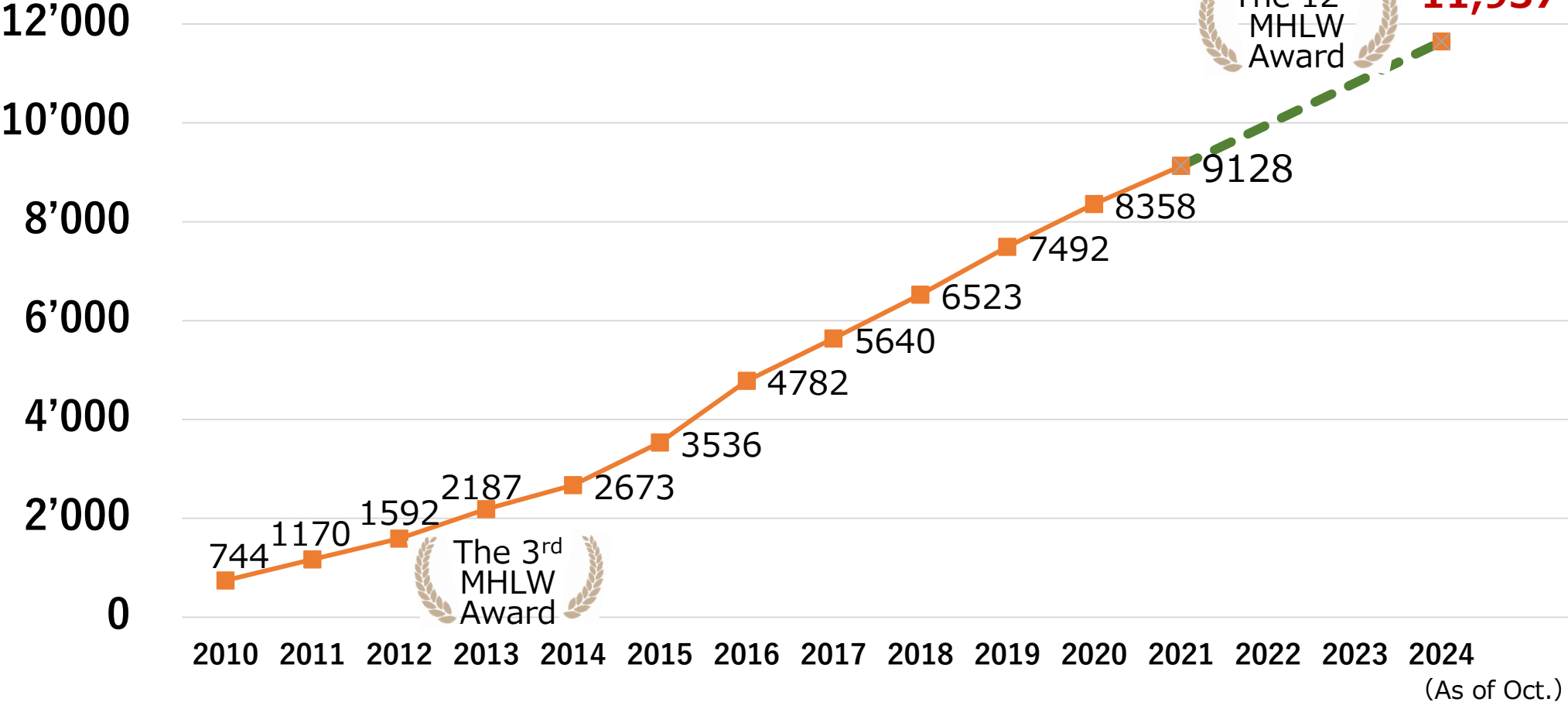
2009

Pilot
implementation

2010~

National
implementation

Number of Trainees of J-STOP/ J-STOP Next



**J-STOP
(e-learning)**

**J-STOP NEXT
(web-based)**

J-STOP Next: Outline of Three Training Programs



	SCT program (Smoking cessation treatment)	SCA program (smoking cessation advice)	SCS program (Smoking cessation support)
Situations	Smoking cessation clinics	Routine medical practice Pharmacies/drug stores	Regional or occupational health services
Contents	Smoking cessation treatment in accordance with standard procedures	Motivating smokers to quit smoking and providing information in a short time	Motivating smokers to quit smoking and providing information in a short time, and smoking cessation counseling
Subjects	Physicians and co-medicals	Physicians and co-medicals Pharmacists at pharmacies/drug stores	Regional or occupational health instructors
Required time (estimated)	13 to 15 hrs	6 to 7 hrs	7 to 8 hrs

For more information, go to J-STOP website at <http://www.j-stop.jp>.

J-STOP

Search

J-STOP Next: the Contents of Three Training Programs

SCT program

SCA Program

SCS Program



導入編

Introduction

Short lecture

Short lecture

Short lecture



Study Using Texts

Study Using Texts

Study Using Texts

Study Viewing lecture videos on recent topics

Study Viewing lecture videos on recent topics

Study Viewing lecture videos on recent topics



1. Virtual Case conference

1. Virtual Counseling

1. Counseling Study

2. Virtual Q&A sessions

2. Q&A sessions

2. Q&A sessions

3. Virtual Counseling



実践編

Practical Section



The Five Cases for Virtual Counseling

click

ケースを選択してください

TOPへ戻る

Case A 45 y.o. Female Smoker with a history of depression (smoking cessation treatment)

ケースA (禁煙治療)



女性・45歳
【禁煙ステージ】
準備期

【学習目標】

合併症がない健康な人に対するニコチンパッチを使った一般的な治療内容や禁煙後の体重増加について、アドバイスの方法を学びます。

ケースB (禁煙治療)



男性・65歳
【禁煙ステージ】
準備期

【学習目標】

急性心筋梗塞の既往がある男性喫煙者に対するチャンピックスを使った一般的な禁煙治療の方法や再喫煙時のアドバイスの方法を学びます。

Case B 65 y.o. Male Smoker after MI (smoking cessation treatment)

ケースC (動機付け)



男性・28歳
【禁煙ステージ】
無関心期

【学習目標】

無関心期の喫煙者に対する禁煙の働きかけと情報提供や繰り返し働きかけを行うことが重要であることを学びます。

Case C 28 y.o. Male Young smoker with acute pharyngitis (enhance motivation at clinical practice)

ケースD (動機付け)



男性・51歳
【禁煙ステージ】
関心期

【学習目標】

健診の場で行う短時間の禁煙アドバイスの方法や肥満でない喫煙者に対する禁煙の動機付けについて学びます。

Case D 51 y.o. Male "healthy" middle-aged smoker (enhance motivation at health checkup)

ケースE (動機付け)



女性・32歳
【禁煙ステージ】
関心期

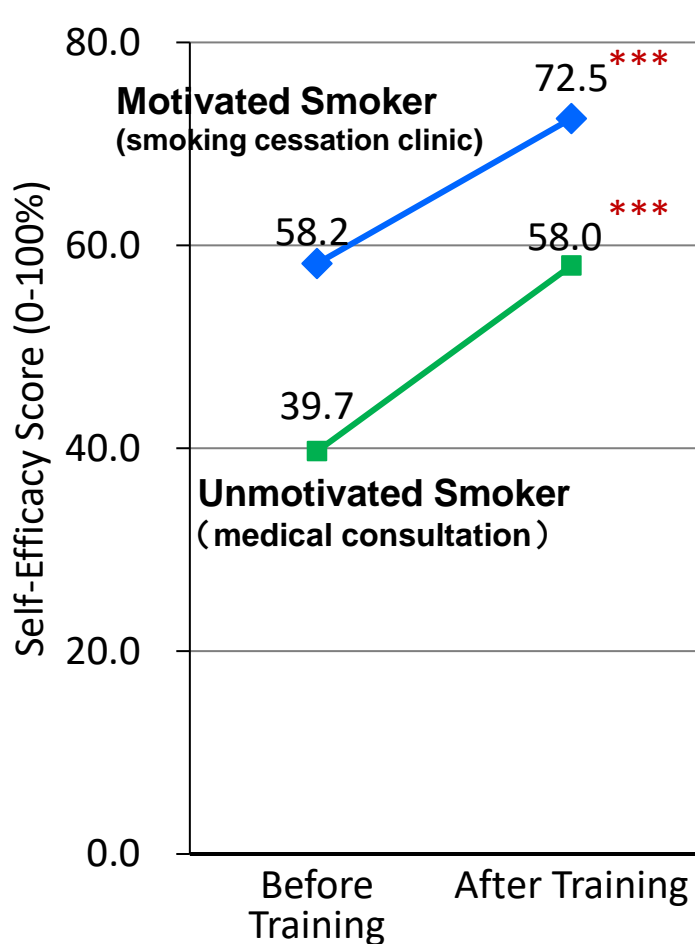
【学習目標】

受動喫煙のリスクに対する情報提供や喫煙する母親に対する禁煙の情報提供と動機付け支援の方法を学びます。

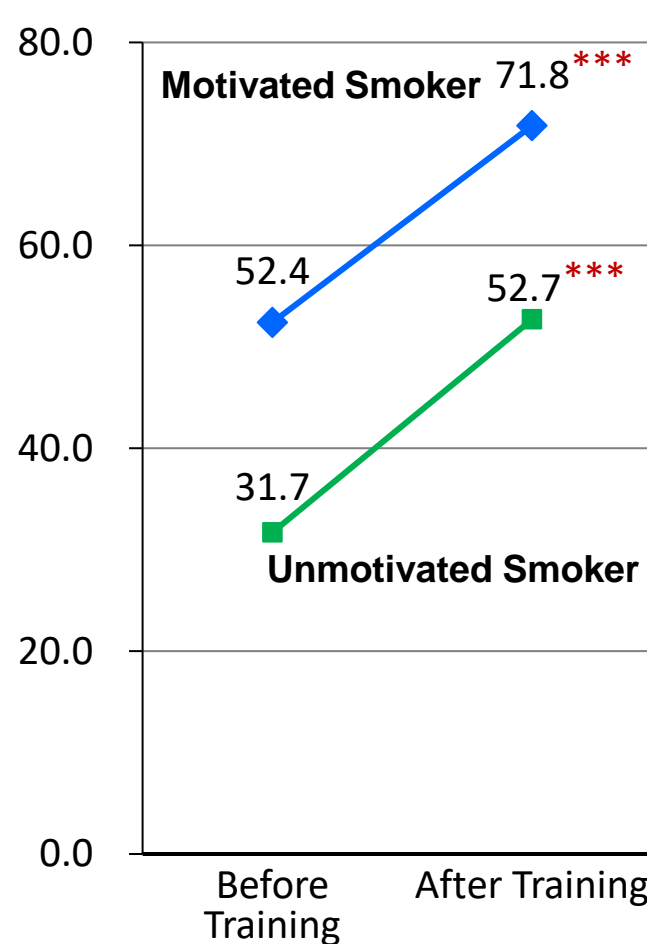
Case E 32 y.o. Female Smoker with an asthmatic child (enhance motivation at clinical practice)

Change in Self-Efficacy

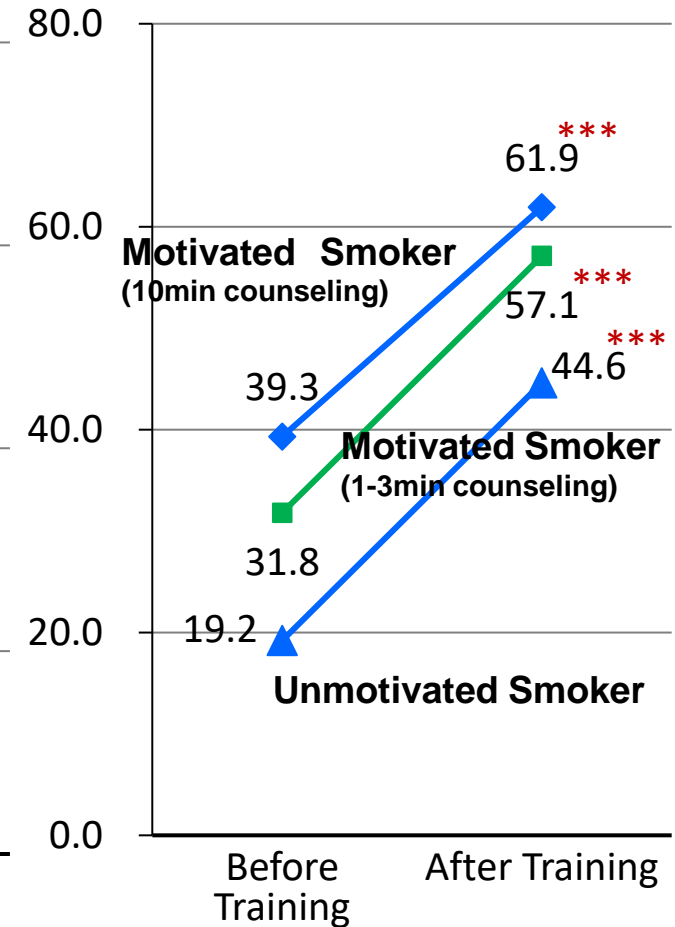
Nakamura, M, et al: 2017, 25 (3), 180-194



SCT Program(N=997)



SCA Program(N=251)



SCS Program(N=621)

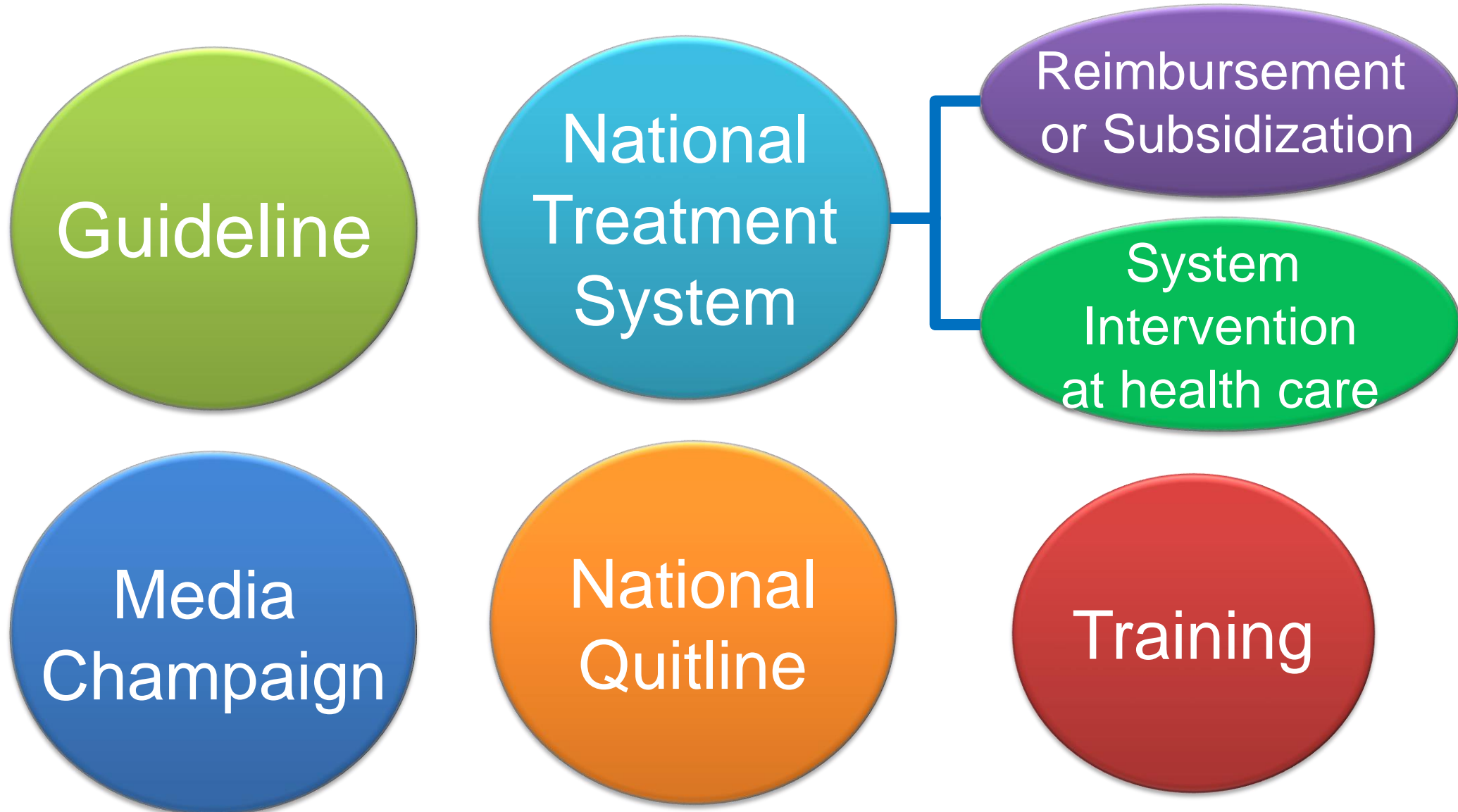
SCT program: Smoking cessation treatment, SCA program: smoking cessation advice, SCS program: Smoking cessation support

Range of Self-Efficacy Score is 0 to 100.

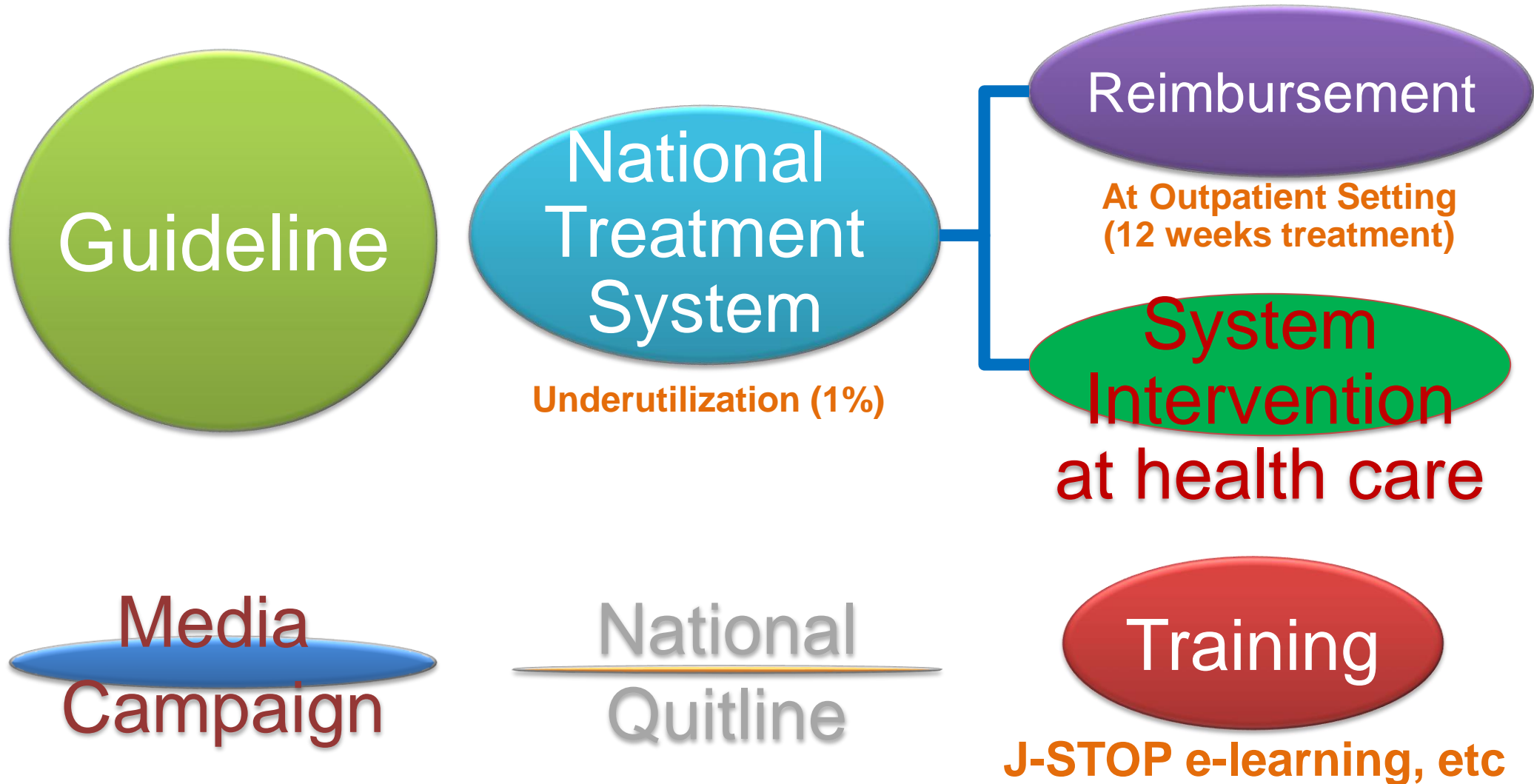
*** ANOVA $p < 0.001$

Future challenges of smoking cessation intervention and policy

Tobacco Dependence Treatment Policies



Treatment Policies in Japan

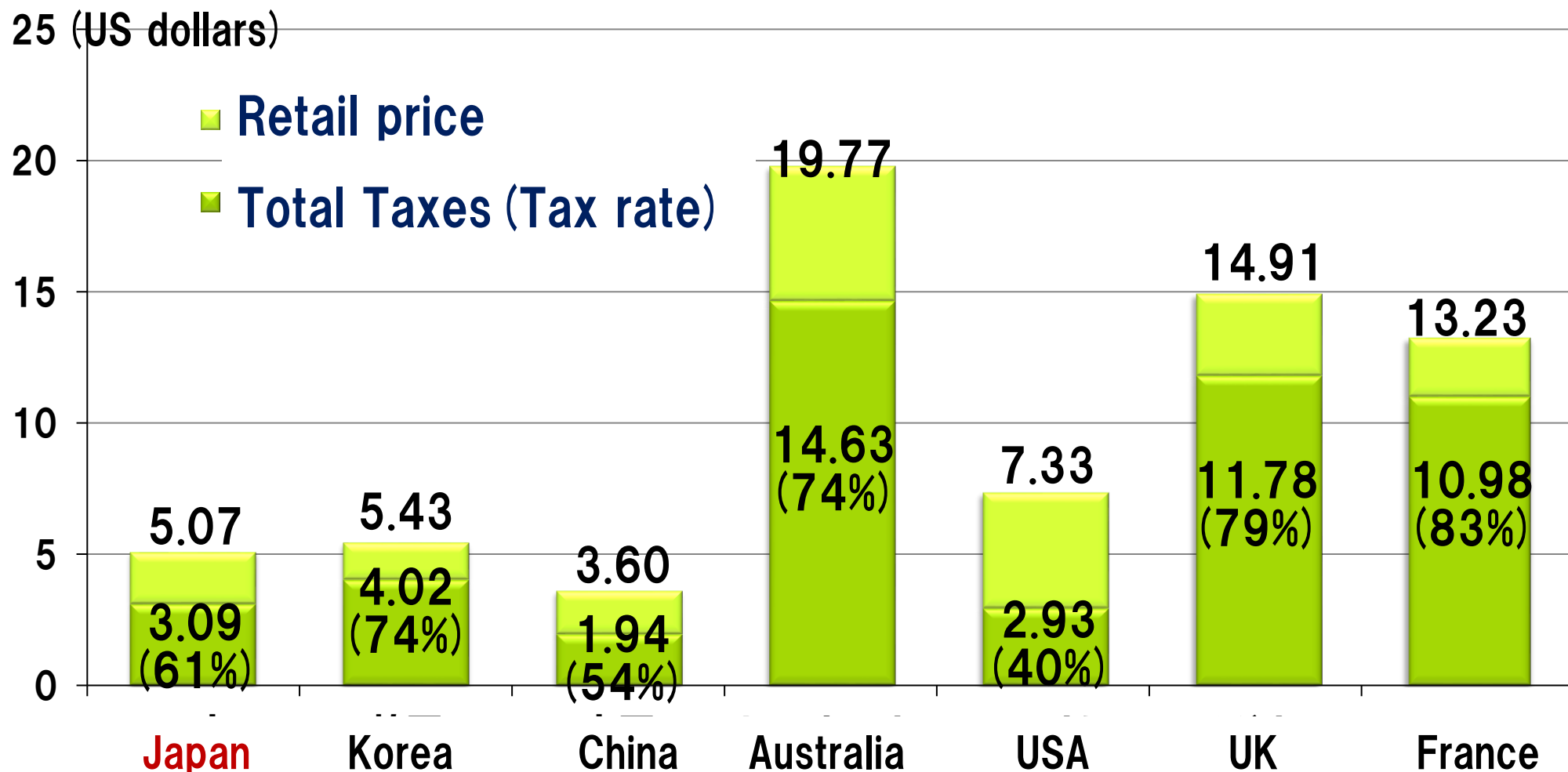


Evaluation of tobacco control policies (2022)

	Japan	UK
M (Monitoring)	Ex	Ex
P (Smoke-Free)	F	Ex
O (Cessation)	G	G
W (Warning)	G	Ex
W (Media Campaigns)	Ex	Ex
E (Advertising Bans)	P	G
R (Taxation)	G	Ex

Ex: Excellent **G**: Good **F**: Fair **P**: Poor

International Comparison of Tobacco Prices



(WHO Report on the Global Tobacco Epidemic, 2021)

Health warning labels

Text only



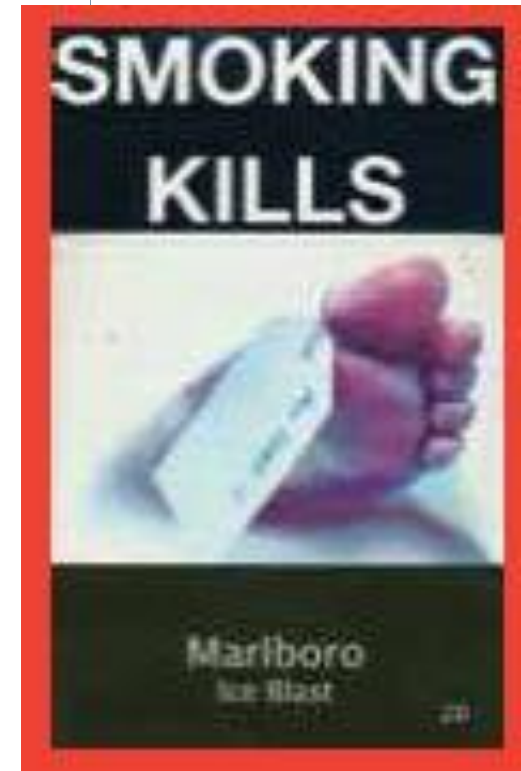
Japan (51%)

Graphic



Thailand (85%)

Plain package



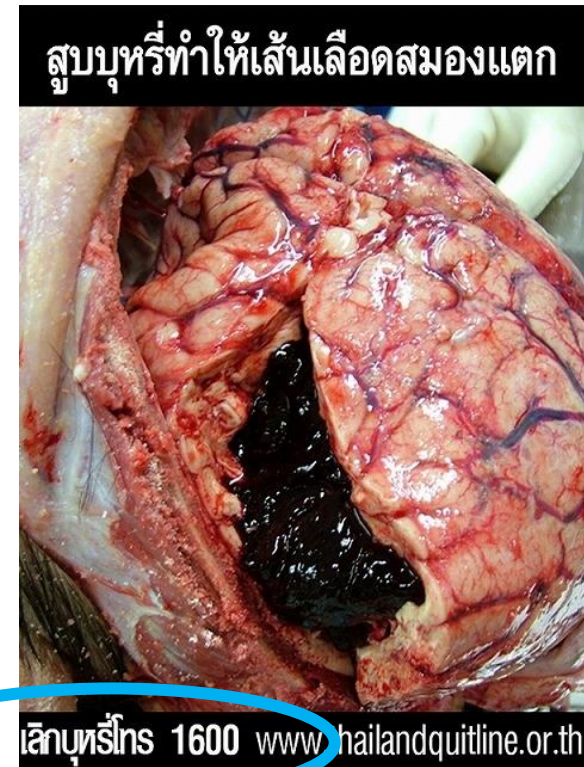
Australia (82.5%)

Proactive Intervention

Graphic warning label ✕ Quitline



Canada



Thailand

“Two” Systems to Promote Smoking Cessation

Public Health Intervention System

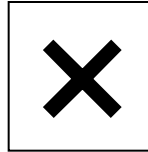


Health Care Intervention System



To Promote Smoking Cessation at population level

Quit attempt 



Cessation rate 

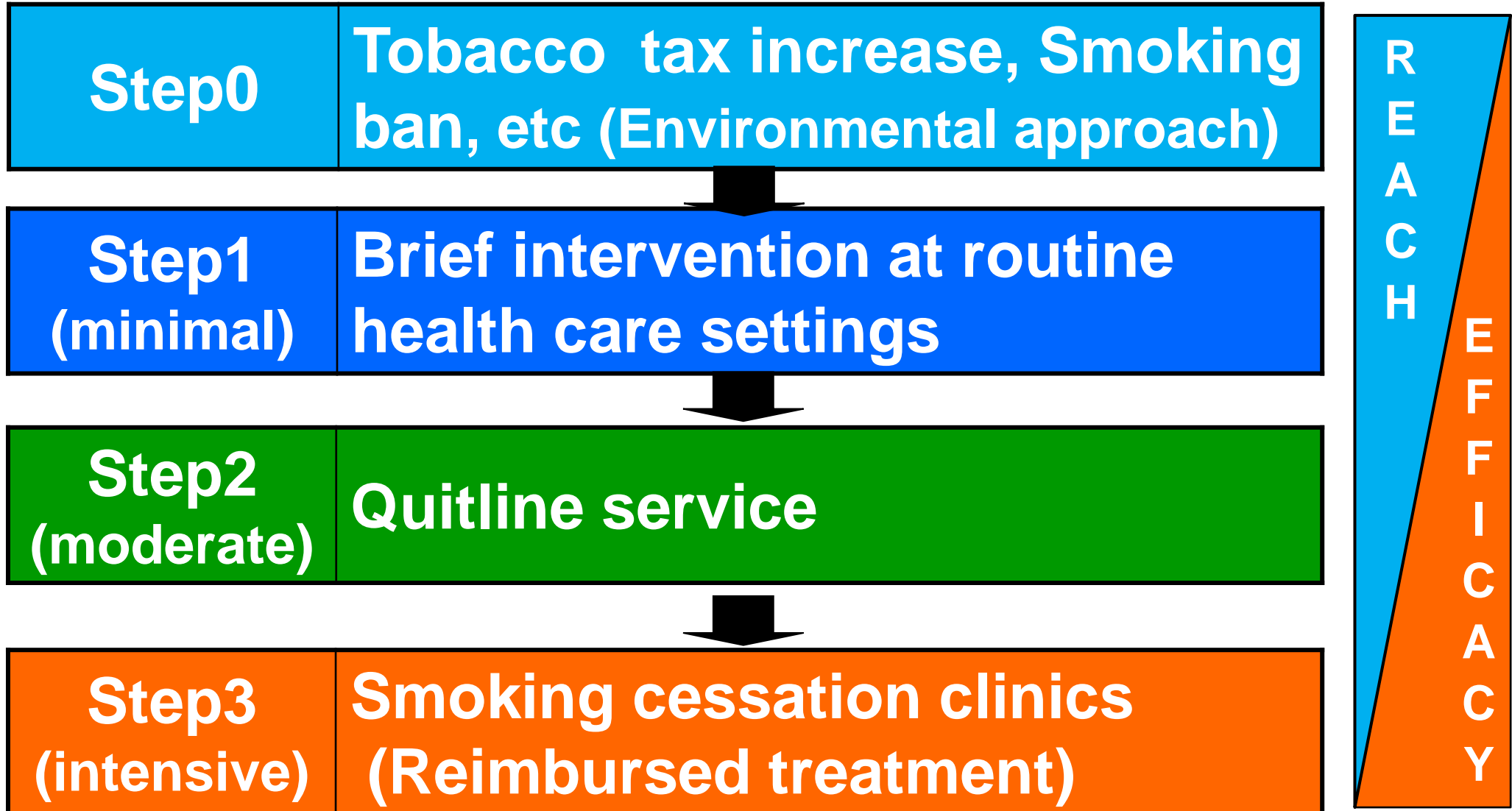


Public Health Intervention

Health Care Intervention

Health Care Intervention

Health Promotion Model for Promoting Smoking Cessation at Population Level



Issues for the future

To promote smoking cessation at population level and reduce overall smoking prevalence

- (1) Increase demand for cessation interventions**
by media campaigns, higher tobacco price and smoke free-environments
- (2) Facilitate access to cessation services**
by proactive brief interventions at routine activities and quitline services (system intervention)
- (3) Improve access to cessation services**
by tele-health technology
- (4) Disseminate effective and novel treatment options**
to increase the success rate based on the evidence
- (5) Improve the ability of health care professionals**
to provide evidence-based counseling and treatment by building training system

Thank you for your attention