



"The future of treatment of tobacco dependence – harnessing the technology to deliver hybrid interventions"

Aleksandra Herbeć, PhD

Fundacja "Promocja Zdrowia"
UCL Centre for Behaviour Change & UCL Tobacco and Alcohol Research Group
University College London

@AHerbec | #CalisiaConf2019 | a.herbec@ucl.ac.uk



1: Quitting smoking is the most effective intervention

Quitting smoking increases life expectancy

1 year of not smoking => 3 months longer life expectancy

Quitting smoking extends the lifespan

- by 3 years if one quits by the age of 60
- by 6 years if one quits by the age of 50
- by 9 years if one quits by the age of 40



1: Quitting smoking is the most effective intervention

Quitting smoking prevents diseases & improves outcomes for the entire family

Cardiovascular Diseases and Stroke

Stress, anxiety, depression

Primary and secondary cancers

Effectiveness (metabolism) of

COPD and asthma

pharmacotherapy for other

conditions

Pregnancy & Fetal development

Wound healing & hospitalisation

Fertility and impotence

Doll et al, 2004, BMJ



2: We have effective and safe gold standard treatments for smoking

Pharmacotherapy	Odds Ratio
Cytisine (Tabex, Desmoxan)	3.98
Varenicline (Champix)	2.76
Bupropion (Zyban)	1.60
Nicotine replacement therapy (mono: gums, sprays, patches)	1.60
Nicotine replacement therapy (dual: patches+other NRT)	2.14

Behavioural Support	Odds Ratio
Behavioural support (individual)	1.40
Behavioural support (group)	1.88
Telephone support (proactive)	1.37
Text messaging	1.63
Printed materials	1.19

West et al, 2017, Addiction



2: We have effective and safe gold standard treatments for smoking

Pharmacotherapy	Odds Ratio
Cytisine (Tabex, Desmoxan)	3.98
Varenicline (Champix)	2.76
Bupropion (Zyban)	1.60
Nicotine replacement therapy (mono: gums, sprays, patches)	1.60
Nicotine replacement therapy (dual: patches+other NRT)	2.14



Behavioural Support	Odds Ratio
Behavioural support (individual)	1.40
Behavioural support (group)	1.88
Telephone support (proactive)	1.37
Text messaging	1.63
Printed materials	1.19

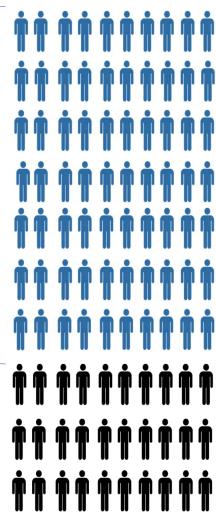
Combine for the best effect

West et al, 2017, Addiction

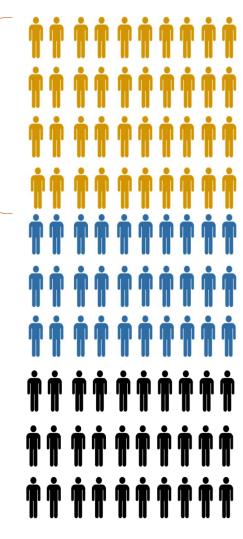


3: Smokers are trying to quitting smoking

70% of smokers want to quit smoking

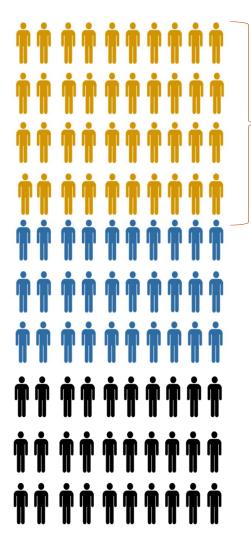


Around 40% try to quit smoking every year





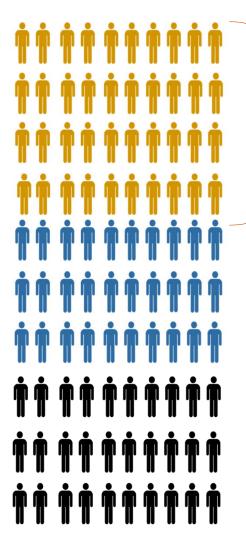
4: Smokers are most often failing to quit smoking



Around 95%
do not use any
support when
quitting
('strong will',
or cold turkey)

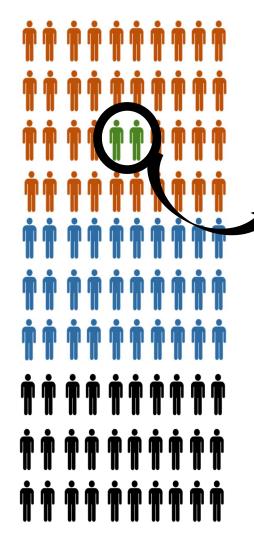


4: Smokers are most often failing to quit smoking



Around 95%
do not use any
support when
quitting
('strong will',
or cold turkey)





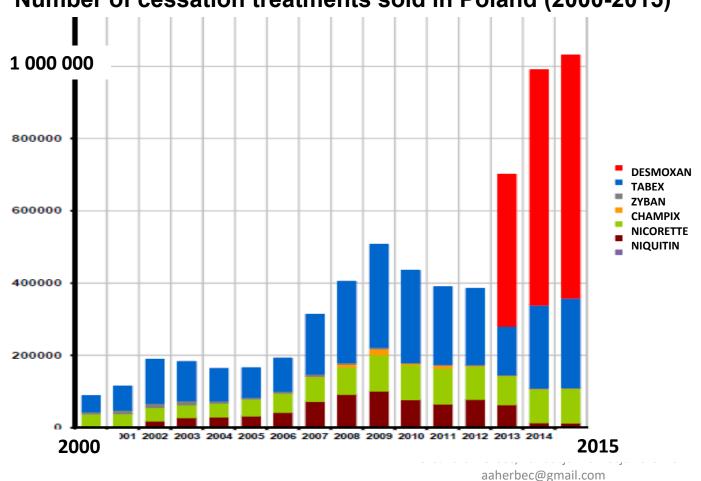
Most smokers return to smoking within 2 weeks.

Only 5% will succeed.



5: Smokers are interested in pharmacotherapy



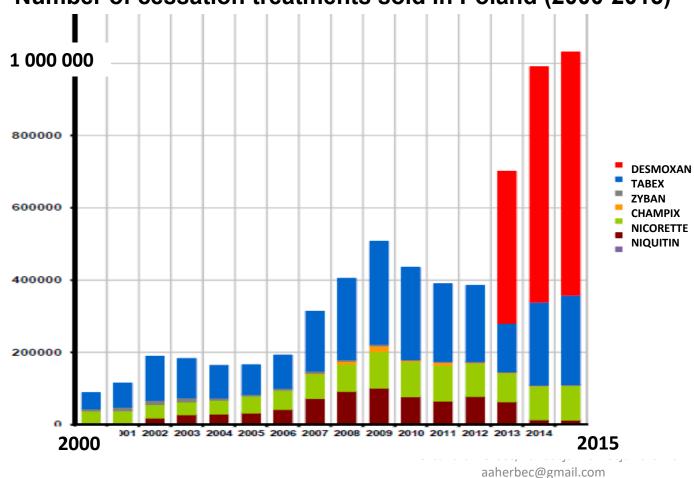


1 million stop smoking treatments sold in Poland. Majority are cytisine-based (effective and safe, available over-the-counter).



5: Smokers are interested in pharmacotherapy



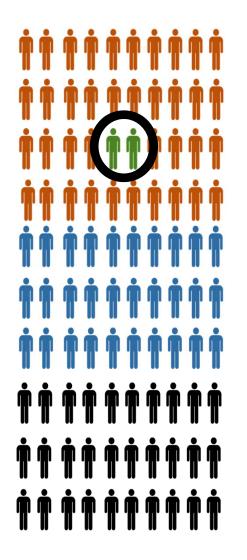


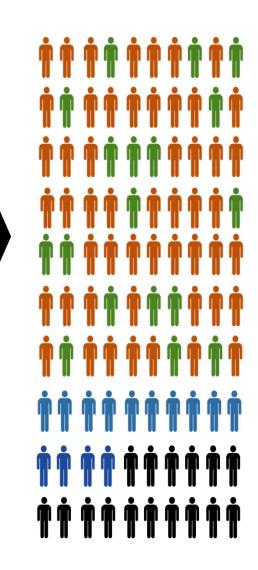
1 million stop smoking treatments sold in Poland. Majority are cytisine-based (effective and safe, available over-the-counter).

However, still 8 mln smokers:

- 1) <5% smokers report using them to quit in surveys
- 2) buying over-the-counter medications is <u>not enough to quit</u>:
- well documented nonadherence
- lack of psycho-behavioural support.







Priorities for healthy cities (and countries):

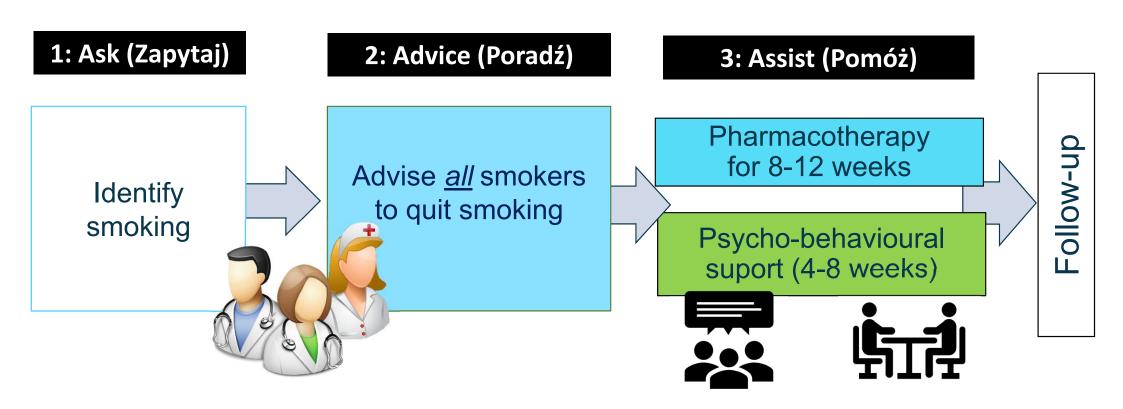
- 1. Increase the number of smokers who make a quit attempt
- 2. Increase access to and use of evidencebased cessation support
- 3. Improve adherence to pharmacotherapy
- 4. Support smokers to remain abstinent for at least 4 weeks (ideally 6 months) to increase long-term quit rates



Solutions?

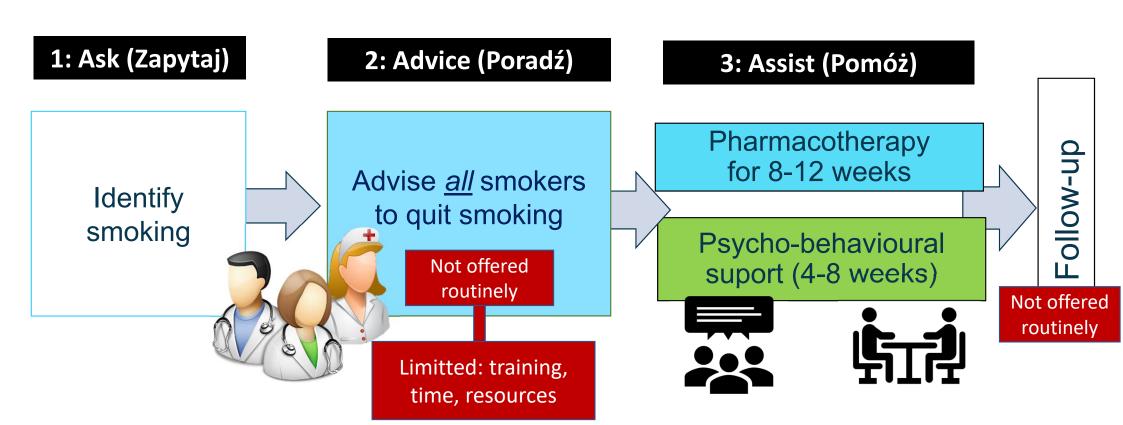


Brief advice (3As) – a highly cost-effective treatment



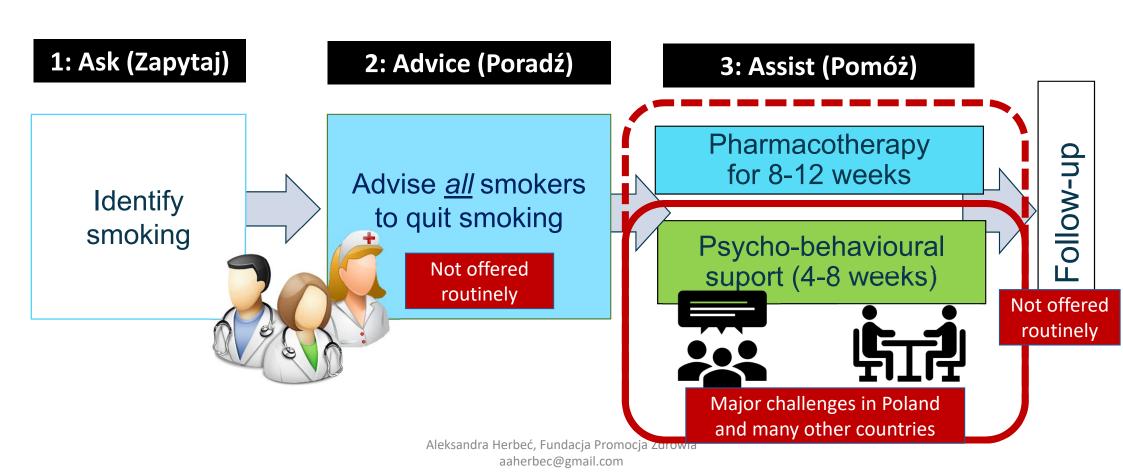


Brief advice (3As) – a highly cost-effective treatment

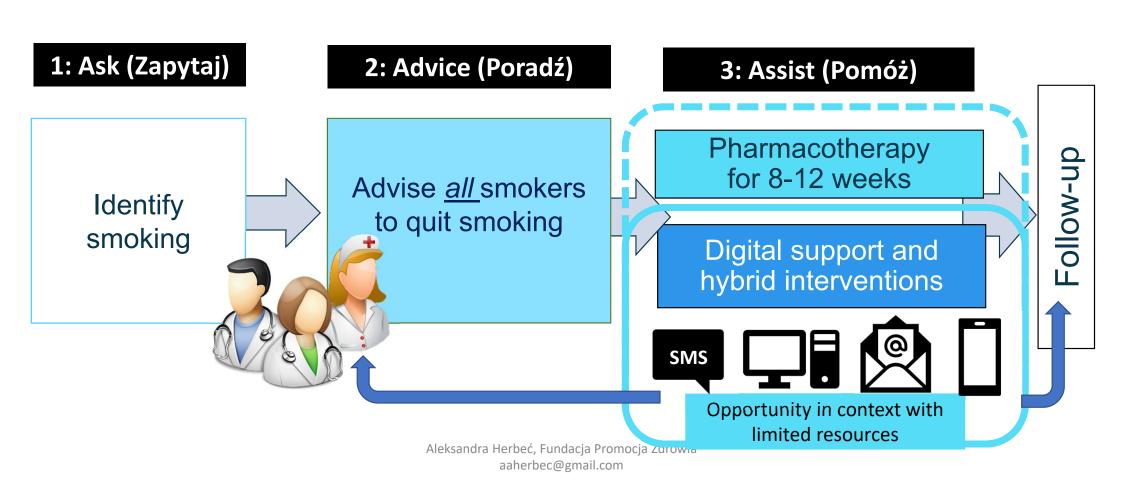




Brief advice (3As) – a highly cost-effective treatment









TOP-DOWN

Theory + Components
of effective traditional
face-to-face
treatments

Adaptation into 4-8 week programmes

Medium	Level of support
SMS-texting	Good (OR=1.63)
Web-based (tailored, personalised)	Low-Moderate (OR=1.15)
Hybrid (web-based and face-to-face)	Good (OR=1.69)
Smartphone-based	Lack of strong support yet



TOP-DOWN

Theory + Components
of effective traditional
face-to-face
treatments

Adaptation into 4-8 week programmes

Medium	Level of support	
SMS-texting	Good (OP-1 62)	
Web-based (tailored, personalised)	Cost-effective	if used
Hybrid (web-based and	by many sm	okers
face-to-face)		
Smartphone-based	Lack of strong support yet	
	SMS-texting Web-based (tailored, personalised) Hybrid (web-based and face-to-face)	SMS-texting Web-based (tailored, personalised) Hybrid (web-based and face-to-face) Cost-effective by many sm



TOP-DOWN

Theory + Components
of effective traditional
face-to-face
treatments

Adaptation into 4-8 week programmes

	Medium	Level of support	
Ī	SMS-texting	Good (OP-1 63)	
,	Web-based (tailored, personalised)	Cost-effective	_
	Hybrid (web-based and face-to-face)	by many sm	iokers
	Smartphone-based	Lack of strong support yet	

BOTTOM-UP

Technology- and datadriven components innovation

New interventions awaiting evaluation		
Dynamically tailored Just-in-time interventions	Artificial Intelligence and chat- bots	
Geo-sensing	Digital devices that detect smoking and vitals (e.g. HR and carbon monoxide monitors)	



TOP-DOWN

Theory + Components of effective traditional face-to-face treatments

Adaptation into 4-8 week programmes

Medium	Level of support	
SMS-texting	Good (OB-1 62)	
Web-based (tailored, personalised)	Cost-effective	e if used
Hybrid (web-based and	by many sm	okers
face-to-face)		
Smartphone-based	Lack of strong support yet	T

BOTTOM-UP

Technology- and datadriven components innovation



Integration as part of the healthcare system => greater use

Geo-sensing

Digital devices that detect smoking and vitals (e.g. HR and carbon monoxide monitors)



A new hybrid platform to support clinicians and patients in the treatment of tobacco dependence



Smoking Treatment Advisory Resource

STAR - Twój Asystent Rzucenia Palenia

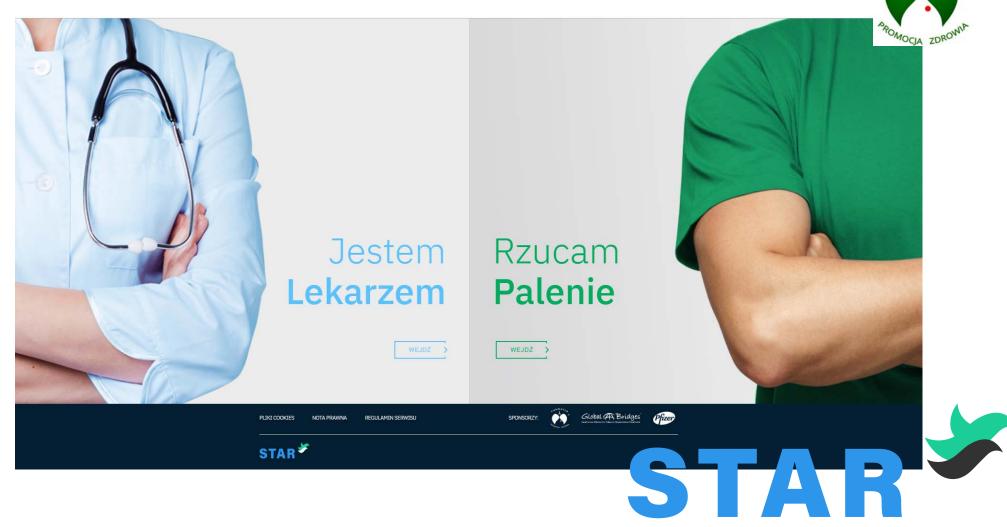






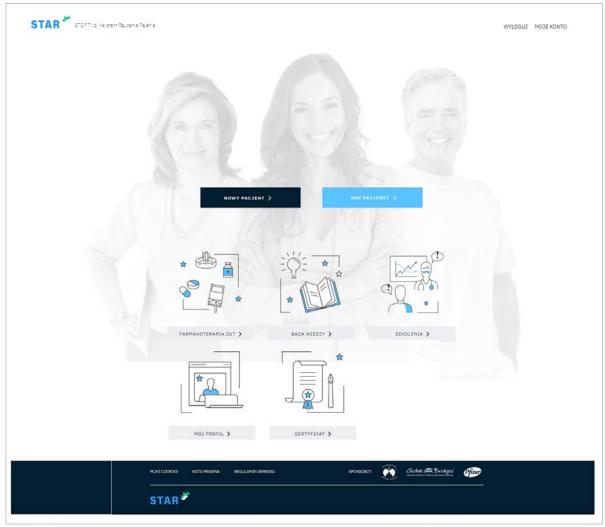






FUNDACIA



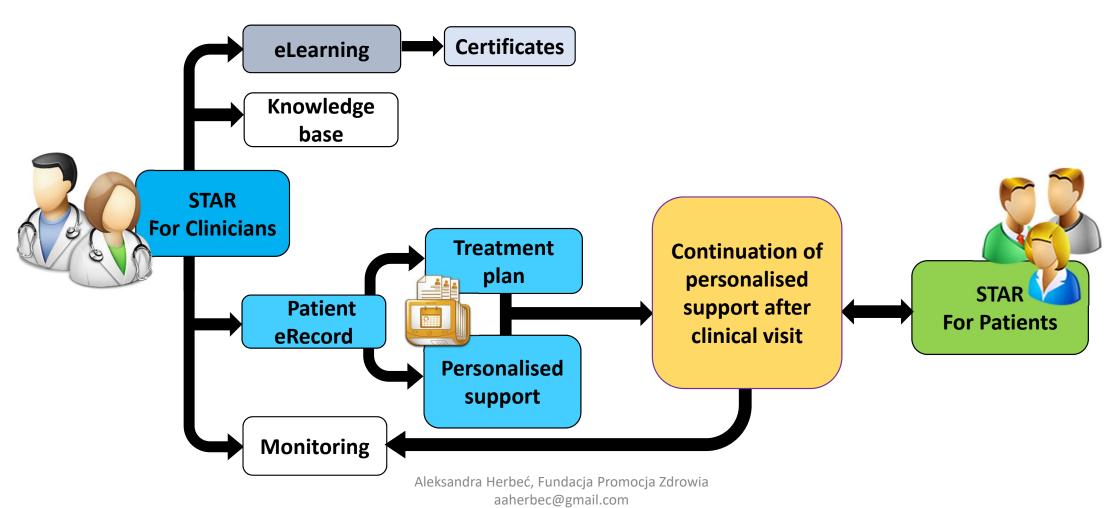


Aleksandra Herbeć, Fundacja Promocja Zdrowia aaherbec@gmail.com

STAR for Clinicians

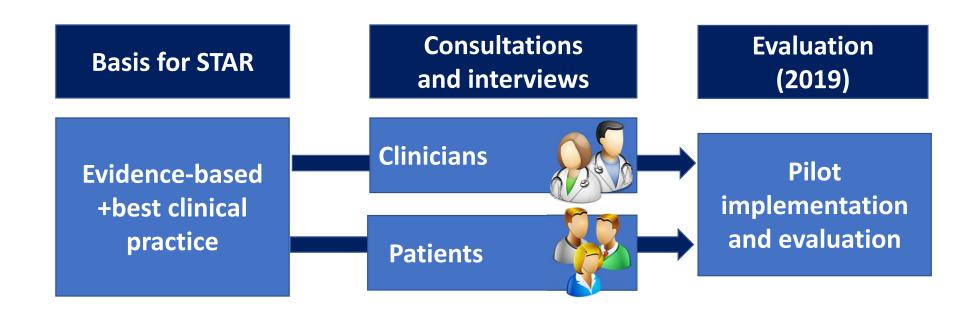


Novel Hybrid Platform STAR





STAR - Platform and research programme 2019















Kalisz city and the region – new programmes

- 1. Healthcare professionals to gain skills to support smokers
- 2. Every patient who smokes should be offered very brief advice and pharmacotherapy
- 3. Patients should be directed to additional support:
 - face-to-face support
 - STAR or other digital programmes



Thank you!

"The future of treatment of tobacco dependence

– harnessing the technology to deliver
hybrid interventions"

Aleksandra Herbeć, PhD

@AHerbec | #CalisiaConf2019 | a.herbec@ucl.ac.uk