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Title: Compliance With The Legislation Of The Smoking Cessation Clinic In Turkey

Authors: Pelin Duru Çetinkaya¹, Özgür Batum², Emine Aysoy Kararmaz³, Ayşe Turan⁴, Perihan Çetinkaya¹, Ferhat Çetinkaya⁴

Institutions: ¹Adana City Hospital, Adana,

² Dr. Suat Seren Gogus Diseases and Surgery Training and Research Hospital, zmir

³Toros State Hospital, Mersin

⁴ Seyhan State Hospital, Adana

Address for correspondence: Pelin Duru Çetinkaya

E-mail: pelindurucetinkaya@hotmail.com

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Abstract:

Aim: The number of smoking cessation outpatient clinics (SCC) is increasing day by day in our country. In our study, it was aimed to evaluate the situation of smoking cessation clinics in our country.

Material and method: The smoking cessation outpatient clinic (SCC) list was obtained from the website of the TR Ministry of Health. 305 centre was called with telephone from 80 cities and a questionnaire including questions about polyclinics was directed to SCC employees whose verbal consent was obtained.

Results: Out of the 305 smoking cessation outpatient clinic, 183 could be reached, 33 of which did not provide outpatient services. A questionnaire was conducted with 146 SCC. 347 doctors work in these centers. 69 SCC (47,3%) were accepted patients with appointments and 77 (52,7%) of SCC were accepted

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patients directly. When we look at the distribution of physicians in the smoking cessation outpatient clinic, 84 (57.5%) were chest diseases specialists, 30 (20.5%) were general practitioners, 10 (6.8%) were psychiatrists, 12 (8.2%) were other branch physicians, 6 (4.1%) were family physicians and 3 (2.1%) were public health physicians. 125 (85.6%) physicians working in SCC received smoking cessation training. Only 35 (24%) SCCs have 1 or more provincial tobacco control members. 80 of them (54.8%) had a separate SCC room in the SCC, 74 (50.7%) had a waiting room for the patients in the SCC, and 63 (43.2%) had CO measurement device in the SCC.

CONCLUSION: All physicians are able to provide smoking cessation services, but the chest physicians in this country are mostly responsible for this task. In addition to increasing the number of SCC, it is very important to increase the quality and to comply with the standards.

INTRODUCTION

WHO defines smoking as the most important preventable disease cause. According to the Global Adult Tobacco Survey in Turkey, unfortunately, 27.1% of adults (14.8 million adults) still use tobacco products [1]. Approximately 4.9 million people worldwide die every year due to smoking. If the smoking epidemic continues this way, it is expected that this number will reach 10 million by 2020.

The cigarette smokes a pace of public awareness, especially to prevent young people from starting smoking, while the other step is to preventing these habits of smokers. In addition to reducing mortality and morbidity for many diseases, quitting smoking also reduces the number of models in the environment, especially for young people with a high potential to start cigarettes. The society gives the message that the cigarette is a bad thing and should be left. In addition, cigarette outpatient clinics are the focal points of smoking cessation.

Cigarette Addiction treatment is the responsibility of all physicians. Physicians need to be role models for their patients by not smoking, and they should be able to support each step of the way to starting with primary health care.

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Smoking cessation outpatient clinics are the easiest and most effective way to treat smoking cessation. In addition, in smoking cessation outpatient clinics specialized in smoking cessation process, close monitoring, good motivation and psychiatric support increase the likelihood of success. The British consensus has indicated that behavioral therapy as well as specialized cigarette outpatient clinics where pharmacological treatment is applied should be established wherever possible. It has also been shown for those who want to quit smoking, based on scientific evidence that it is more effective to apply to specialized smoking cessation outpatient clinics primarily. Although there is no need for a large resource to establish a smoking cessation outpatient clinics, it is obvious that opening a makeshift polyclinic would be meaningless by considering the conditions of our country. The most important factor for the establishment of the smoking cessation outpatient clinics is the trained human power [2].

The Framework Convention on Tobacco Control was adopted unanimously by the member countries at the 2003 General Assembly meeting of the World Health Organization (WHO). The Framework Convention on Tobacco Control was confirmed by Parliament in 2004, has become the domestic legislation of Turkey. Five years later the adoption of the Framework Agreement, the MPOWER package was published by WHO as a guide to the countries in this regard. In the MPOWER package, OFFER (Offer help to quit tobacco use) requires support for people to quit smoking. Smoking cessation outpatient clinics are the most effective institution for the treatment. People via smoking cessation outpatient clinics think they can quit smoking. Smoking cessation outpatient clinics play an active role in the Framework Convention on Tobacco Control by providing treatment, educating the public, taking part in provincial tobacco control boards [2, 3].

Smoking cessation outpatient clinics is one of the basic elements of the fight against tobacco. The first smoking cessation outpatient clinic in our country was established in Uludağ University in 1992. While the number of smoking cessation outpatient clinics in 2009 is 62, 305 SCC were registered to the Ministry of Health in 2013. Although there is no need for a large resource to establish a SCC, a makeshift outpatient clinic will lead to a loss of confidence in smoking cessation outpatient clinics [2, 4]. The most important element for SCC is the trained human power. It should be composed of non-smoker, volunteer physician, psychologist and health personnel who believe in the fight against tobacco.

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The Republic of Turkey Ministry of Health, "about the treatment of tobacco dependence and training units" has published regulations in the date of 23.03.2011. In this regulation, work flow chart of smoking cessation outpatient clinics has been given and the minimum requirements have been stated. The core staff of the clinics was defined as a physician, a psychologist and an assistant health staff [5]. In this study, smoking cessation outpatient clinics are evaluated via the survey and its compliance with the regulation is examined. It has not been come across any studies conducted on this subject in Turkey and abroad. The standards of the smoking cessation outpatient clinics could not be compared before and after the regulation.

Material and Method:

Ethics Committee Approval of the study was taken with 14.08.2014 date and ANNEX.2014/53 decision no. Smoking cessation outpatient clinic (SCC) list was taken from the website of Ministry of Health of the Republic of Turkey. 305 SCCs in the list were called by phone [6]. Each center that can not be reached was called by phone at least 3 times. Those who could not be reached in the third call were not included in the study. 183 SCC of 305 SCC agreed to participate in survey. A survey which containing questions related to their polyclinics was conducted to SCC personnel who can be reached by phone and had verbal informed consent (Table1). The survey consists of 12 questions to determine whether SCC have met the requirements of the "Regulation on Tobacco Addiction Treatment and Training Units".

Statistical Analysis:

Results of the survey were analyzed using a statistical software package programme SPSS 15.0. The percentage distribution of the survey data was evaluated by column charts.

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Results:

From 305 centers, 183 SCCs were reached by telephone. It has been learned that 33 (18%) of the polyclinics could not serve for various reasons. Employees in the four SCCs did not agree to participate in the survey. Thus, an employee survey was carried out in 146 SCCs.

There were no doctors in a part of 146 SCCs, on the other hand more than one physician was working in some SCCs. When looking at the branches of physicians working in SCCs; 84 (57.5%) were chest diseases specialists, 30 (20.5%) were general practitioners, 10 (6.8%) were psychiatrists, 12 (8.2%) were other branch physicians, 6 (4.1%) were family physicians and 3 (2.1%) were public health physicians (Figure 1).

It was found out that 125 (85.6%) physicians in SCC received Smoking Cessation Training, 17 (11.6%) physicians in SCC did not receive smoking cessation education and 3 (2.2%) SCC physicians did not know their education status. It was learned that 24% (35 SCC) of one or more physicians were members of PTC when questioned about the members of Provincial Tobacco Control (PTC) of the doctors of the Smoking Cessation outpatient clinics.

When the distribution of assistive personnel working in SCCs is examined; in 40 (27.4%) center there is no assistive health care personnel, in 32 (21.6%) center nurses were working, in 32 (21.6%) center the secretary were working, the core staff (nurse, secretary, psychologist) were found only in 7 (4.8%) center (Figure 2).

The number of SCC working with appointment was 69 (47.3%). The number of centers providing training outside the physician 's individual interview was 62 (42.5%). While 80 (% 54.8) smoking cessation outpatient clinic had a separate polyclinic room, it was learned that 45.2% of them had normal polyclinic room. There were waiting rooms in the 74 (% 50,7) center and in 61 (% 41,8) centers there were training materials (brochures, TV, billboards, posters etc.) related to smoking cessation. The number of SCCs, which had a carbon monoxide (CO) measuring device, was 63 (43.2%) (Table 2). When we look at the SCCs service day, it was learned that 103 (70.5%) centers worked 5 days a week, while 29 (19.9%) centers served only one day a week.

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DISCUSSION:

Smoking cessation outpatient clinic infrastructure studies have been completed in our country and in November 2011 a regulation was published by the Ministry of Health. Article 9 of this regulation states that SCC can be established with minimum standard equipment and personnel. [5]. According to the legislation, there should be a separate polyclinic room, a separate waiting room and educational images. In this study, in the accessed and participated SCCs, out of 146 SCCs, 80 of them (54.8%) had a separate SCC room in the SCC, 74 (50.7%) had a waiting room for the patients in the SCC, and 41.8% (61) found to have educational images in SCC. Despite the presence of 305 SCCs registered with the Ministry of Health, 33 (18%) out of 183 outpatient clinics were found not to serve for various reasons.

Although, everyone who has been trained in this subject can do the Smoking cessation outpatient clinics, in this study, 84% were chest diseases specialists, 20.5% were general practitioners, 6.8% were psychiatrists. Unfortunately, since no other studies conducted on this subject could be found, no comparison could be made. Although in 57.5% of SCC in our country, the service is given by chest disease specialist, in the study of Bostan et al. it was detected that the rate of smoking cessation polyclinics among the chest diseases specialists was 39.5%. [7]. Again, in this study, smoking cessation outpatient clinic training has been found to increase smoking cessation activity. According to SCC legislation, the physician who will work in the smoking cessation outpatient clinic is required to receive training. In this study, 125 of (85.6%) physicians in SCC were trained.

According to the legislation, in the smoking cessation outpatient clinics, although there should be at least one physician, a health personnel, a secretary, a psychologist, in 27.4% (40) of the centers in this study, only physicians worked in the center and in only 4.8% (7) of the centers meets the minimum standards for working personnel.

The best work style for smoking cessation outpatient clinics is working with appointment. Because people who are determined to quit smoking are more likely to quit smoking. In this study, it was determined that 69 centers (47.3%) were working with an appointment, which is not in line with the legislation. There are 305 SCCs registered in the ministry of health in our country with 14.8 million smokers and unfortunately 18% of the available SCC was found to be closed. It had been learned that 70.5% of the SCCs are working 5 days a week and 19.9% are working one day a week.

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The annual success rates of smoking cessation outpatient clinics are 23% -48.5% in various studies conducted in our country [8-15]. However, annual smoking cessation rates were not questioned in these studies since smoking cessation rates were not examined in every SCC. In 2011, 228 smoking cessation outpatient clinics from 81 cities participated in the study of free varenicline and bupropion were given by the Ministry of Health in Turkey. [16]. In our study with 164733 participated patients, one-year cessation rate of varenicline was found as 29.6%; bupropion was 25.1%.

The limitation of our study: Smoking cessation outpatient clinics were called by telephone. Since the outpatient clinics, who had been called for three times at different times and could not be reached, were not included in the study. These data reflect the status of the outpatient clinics included in the study.

As a result, in order to be successful in the fight against tobacco, it is necessary to increase the number of smoking cessation clinic as well as their quality. Although the amount of working staff was standardized by the legislation published in November 2011, the adaptation to this legislation in the working environments was found to be low in this study. Since there is no very centralized study on the infrastructure of SCCs in our country, there is a need for extensive studies including employees' smoking status, smoking cessation rates and treatment modalities.

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Figure 1. Distribution of specialities of doctors working in SCCs.

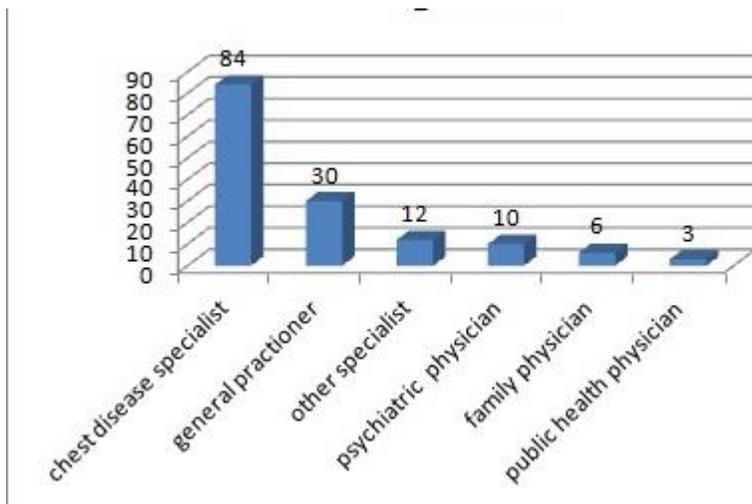
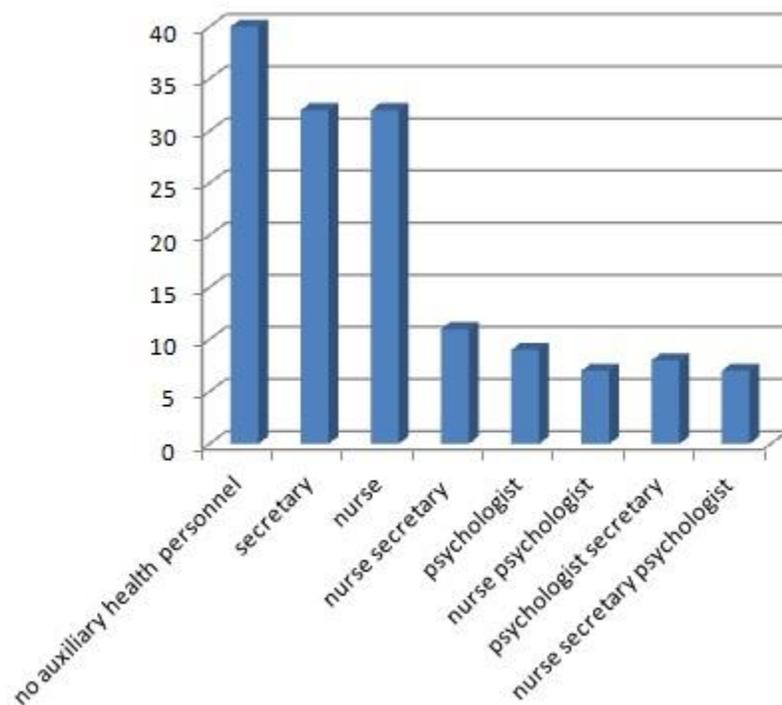


Figure 2. Distribution of assistive personnel working in SCCs



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Table 1. Questions on the questionnaire

Table 1. Questions on the questionnaire
Question 1: Does your smoking cessation work actively?
Question 2: Do you have an appointment for your smoking cessation clinic?
Question 3: Does your physician work in your pollution cessation pollution?
Question 4: What are the branches of doctors working in smoking cessation policlinic
Question 5: Do the physicians who work in smoking cessation polyclinics have smoking cessation training? Is there a certificate?
Question 6: Are the physicians who work in smoking cessation polyclinics a member of the Provincial Tobacco Control Group?
Question 7: Do you have a separate room for smoking cessation outpatient clinic?
Question 8: Do you have a waiting room for patients in your smoking cessation outpatient clinic?
Question 9: Do you have a CO measurement device in your smoking cessation outpatient clinic?
Question10: Is public education given to patients besides the individual education in smoking cessation outpatient clinic?
Question 11: Who works at the smoking cessation outpatient clinic?
Question 12: How many days a week do you work in smoking cessation polyclinic?

Table 2. Physical conditions of smoking cessation outpatient clinics

	Yes N (%)	No N (%)
SCC with appointment?	69 (47.3%)	77 (52.7%)

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Is there separate polyclinic room?	80 (54.8%)	66 (45.2%)
Is there any waiting room ?	74 (50.7%)	72 (49.3%)
Is there educational material ? (Brochure or magazine)	61 (41.8%)	85 (58.2%)
Is there CO measurement device?	63 (43.2%)	83 (56.8%)
Is there a training beside individual interviews?	64 (43.8%)	82 (56.2%)

SCC: Smoking cessation outpatient clinics CO: carbonmonoxide

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