HEALTH PROFESSIONALS AND SMOKING CESSATION IN A LARGER EUROPE

COUNTRY REPORT

CZECH REPUBLIC

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SUMMARY

The aim of the Project - to develop a horizontal European smoking cessation programme through the identification, assessment and development of best practice strategies, policies and guidelines on smoking cessation is for the Czech Republic essential.

Epidemiological research into the occurrence of smoking in the population and its socio-demographic context has an important place in the policy on restricting smoking.

The prevalence of smoking has been falling slightly since the 1990s and this fall is more marked for men. There is a quite opposite situation among adolescents, where the number of smokers has been growing for some time.

The Czech Government endorsed in 2002 a long-term Programme for improving the health of the Czech population – Health 21. Specific target 12.1 deals with measures to reduce smoking. In 2005, at the National Institute of Public Health the Ministry of Health established a Coordination Monitoring and Research Centre to implement the European Strategy on Tobacco Control. The Czech Republic signed the FCTC, its ratification is still discussed in the Parliament.

Until the end of 2004 no state institution has been officially charged with drafting clinical guidelines for smoking cessation, etc. There was a change in 2005 when the Ministry of Health established a Reference Centre for Treatment of Tobacco Addiction, which will deal with this. Smoking cessation strategy is being prepared in an Action Plan. Guidelines have been drafted under the auspices of the JEP Medical Society.

Smoking cessation in the Czech Republic is not integrated in the primary health care system. Patients can get help primarily through the RPHI smoking cessation counselling and, from 2005, at centres for treating tobacco addiction.

1. INTRODUCTION

The Czech Republic has a population of 10 246 178 with a population density of 130 inhabitants per km^2. Dominating nationality is Czech (90,4%) and also Slovak (1,9%), who are the largest ethnic minority. 99,9% of the population are literate, however only 8,9% attains University education. 1 165 581 citizens live in the capital city Prague.

Background to HPs project and country report

Aim:

The aim of the Project is to develop a horizontal European smoking cessation programme through the identification, assessment and development of best practice strategies, policies and guidelines on smoking cessation for health care providers (including general practitioners, gynaecologists, paediatricians, dentists, nurses, midwives, lung physicians, cardiologists, and pharmacists), in all Member States and applicant countries and at European levels, with a long term goal of reducing the burden of disease caused by tobacco.

Objectives:

The objectives of the project are:

- To raise awareness among health care providers so that they can contribute in a fully coherent and systematic way to the development and delivery of best practice guidelines on smoking cessation;
- To create a European evidence based assessment tool to assess the quality of the strategies, policies and guidelines on smoking cessation at the country level;
- To make a registry and inventory of existing services for smoking cessation in all Member States and applicant countries, with an assessment of current services and identification of needs for improvement and to place the inventory on the Internet database treatobacco.net of the Society for Research on Nicotine and Tobacco and the World Health Organization;
- To create country based partnerships and networks for improving and monitoring smoking cessation services;
- To create a European expert network of health care providers on smoking cessation; and
- To prepare and publish a Europe wide best practice report on the implementation of strategies, policies and guidelines for health care providers for smoking cessation.

Tasks:

- Prepare the evidence based registry and assessment tool to organize and improve smoking cessation services at the country level;
- Set up country based expert groups and hold up to two relevant country based consensus building meetings;
- Using the registry and assessment tool, country based expert groups identify, make an inventory and prepare a report on existing strategies, policies, programmes and guidelines for the different professional groups (including general practitioners, gynaecologists, paediatricians, dentists, nurses, midwives, lung

physicians, cardiologists, and pharmacists), taking into account gender perspectives issues of socio-economic inequalities;

- Based on the inventory and tool, assess the existing strategies, policies, programmes and guidelines at the country level and identify gaps and opportunities for best practices;
- Set up the European expert group, convene two meetings of the network and prepare a European report on best practices, identifying the most appropriate means and methods to develop and implement strategies, policies and guidelines (project leader and coordinator);
- Prepare project evaluation and reports.

2. THE USE OF TOBACCO PRODUCTS

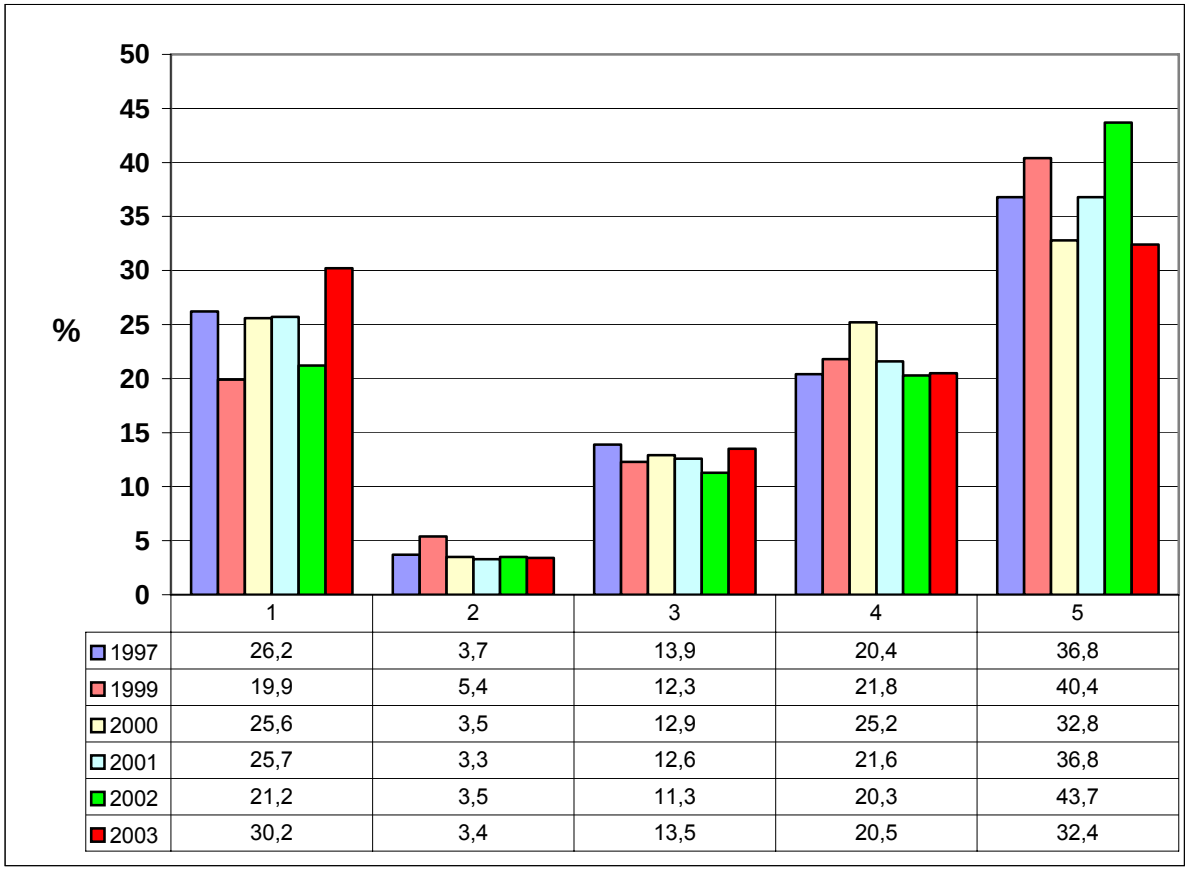
When talking about the use of tobacco products in the Czech Republic, this mostly concerns smoking cigarettes. The consumption of other tobacco products is negligible. Epidemiological research into the occurrence of smoking in the population and its socio-demographic context has an important place in the policy on restricting smoking. The results are partly a reflection of the success of previous anti-smoking measures and also a source of more detailed knowledge that can be used to shape partial prevention priorities in the future.

The results of several representative studies are available in the Czech Republic and show the occurrence of various forms of smoking in the adult population and the population of school-age children. Recently published results from the WHO MONICA study indicate a marked fall in the prevalence of smoking by adult men between 1985 and 1997, from 49% to 37% (see table 1). The share of smokers in the set of women did not change (28% in 1985 and 26% in 1997/98). Men are not only more frequently smokers than women, but also, on average, smoke more cigarettes. The average daily cigarette consumption by men was 16.4 (8.6), whereas by women it was 11.3 (7.0).

The Institute of Health Information and Statistics ascertains the popularity of smoking as a part of the research into the health status of the Czech population. This research is always done once every three years using the WHO HIS – Health Interview Survey methodology. More detailed results from the Czech HIS research are available at the IHIS website (www.uzis.cz). According to the study, the number of smokers in the population is changing only slightly. A more detailed analysis shows that between 1993 and 2002 there was a slight fall in the share of heavy smokers and the percentage of current non-smokers increased (IHIS, 2002).

Study	Year	Definition of smoking	Prevalence of smoking in %	
			Men	Women
HIS CR (IHIS)	1993	Daily smokers	31,9	21,0
HIS CR (IHIS)	1996	Daily smokers	32,3	20,2
HIS CR (IHIS)	1999	Daily smokers	29,6	17,4
HIS CR (IHIS)	2002	Daily smokers	30,9	18,1
MONICA (IKEM)	1992	Smokers	44	29
MONICA (IKEM)	1997	Smokers	37	26
Health and harmful habits (NIPH)	1996	Daily smokers	28	21,7

Prevalence of smoking in the Czech population aged 15-64



	1	2	3	4	5
1997	26,2	3,7	13,9	20,4	36,8
1999	19,9	5,4	12,3	21,8	40,4
2000	25,6	3,5	12,9	25,2	32,8
2001	25,7	3,3	12,6	21,6	36,8
2002	21,2	3,5	11,3	20,3	43,7
2003	30,2	3,4	13,5	20,5	32,4

*Legend: **1** –Daily smokers (one and more cigarettes per day) **2** – Occasional smokers (less than one cigarette per day) **3** – Ex-smokers (smoked more than 100 cigarettes lifelong) **4** – Experimenting smokers (smoked less than 100 cigarettes lifelong)*
***5** – Never-smokers*

The National Institute of Public Health is engaged in general population smoking prevalence surveys since 1996.

The prevalence of smoking has been falling slightly since the 1990s and this fall is more marked for men. There is a quite opposite situation among adolescents, where the number of smokers has been growing for some time. According to the results of the "Health and Harmful Habits" representative research study done by the NIPH in 2003, 30 percent of the Czech population between 15 and 64 can be regarded as regular smokers currently smoking more than one cigarette a day. Another 3.4% are irregular smokers who smoke less than one cigarette a day. 13.5% of respondents classified themselves as former smokers who have smoked more than 100 cigarettes in their life but no longer smoke. 53% of respondents called themselves non-smokers.

Comparing the number of smokers by age shows that the main part of regular smokers (i.e. those who smoke no less than one cigarette a day) comes from the 45 – 54 age range (23.2%) and the 15 - 24 age range (23.0%). A more detailed breakdown shows that the results of the study showed that the highest share of smokers smoking no less than one cigarette a day was in the youngest age range (15 - 19), where it was 34.3%.

This age group also had a higher share of respondents who smoked less than one cigarette a day. A total of 40% of smokers were identified in this age group.

This conclusion fully agrees with results found in 2003 as a part of the European Schools Study on Alcohol and Other Drugs (ESPAD), where 39.4% of boys and 38.0% of girls aged 16 said they smoked regularly, and the results of the international HBSC Study performed in 1994, 1998 and 2002.

Prevalence of smoking in the representative sample of Czech children and adolescents, 1994 - 2002

		Age group								
Age		11 years			13 years			15 years		
Year of study		1994	1998	2002	1994	1998	2002	1994	1998	2002
Regular smokers in % (Smoke at least once a week)	Total	1,9	1,4	2,0	5,8	8,6	11,1	13,9	19,9	29,7
	Boys	2,3	1,9	3,0	7,3	10,1	13,8	15,9	22,4	28,6
	Girls	1,5	1,0	1,0	4,2	6,9	8,6	11,9	17,6	30,6

An analysis of the age dependency of the start of smoking shows that almost 3/4 of adult current and former smokers started to smoke by the time they were 18 (inclusive) with the most starting between 13 and 15.

50-60% of current smokers can be called heavy smokers. These people have been smoking for a long time (usually more than 10 years) and smoke in the morning, within an hour of waking up. These are manifestations of heavy smoking with marked nicotine dependence. This group contains extremely heavy smokers, who are very dependent on nicotine. This concerns the approximately 10% of the smoking

population which is characterised by the large daily quantity of cigarettes (more than 20) they smoke and who smoke on an empty stomach immediately after awakening. From the viewpoint of diseases caused by smoking, this group is the “riskiest of the riskiest”.

Around 36% of smokers are not considering stopping smoking at all, another 32% said “some time later”. The remaining 32% would be able to specify a specific date. It can be assumed that this group is thinking about stopping smoking the most seriously.

In years 1997 - 2003 the share of Czech citizens who regard their own health as “very good” rose and the share of those who regard their own health as “quite bad” or “very bad” fell. The relationship between smoking and the subjective perception of health is clearly shown by the following statistic: persons who said they smoked for 21 years or more said their health was quite bad or very bad.

In relation to smoking, the strongest links were identified between longer-term diseases of the heart, circulatory system and respiratory system on the one hand and smoking on the other hand. Smokers who have smoked for 21 or more years significantly more frequently state that they suffer from heart and circulatory system disease.

The group of respondents who most frequently suffer from respiratory system diseases have smoked for 21 years or more, light their first cigarette within 30 minutes of waking up and spend 11 hours or more a day in a smoky environment.

“Passive smoking” puts the health of one in four non-smokers at risk. Most of them (75%) are exposed to tobacco smoke for between 1 and 6 hours a day.

The slow, continuing fall in the prevalence of smoking by adults and the alarming increase in the number of children and young people who smoke are an emphatic reason to take effective countermeasures to limit smoking in the interests of better health and higher quality of life.

3. THE HARM DONE BY TOBACCO

Smoking leads to fatal diseases and invalidity. In the history of humankind, tobacco is one of the leading preventable causes of premature death. It is quite clear that smoking has become a huge global epidemic.

500 million of the world’s current population will probably die of smoking. More than half of them are now children and young people. At present every tenth adult in the world dies of smoking. By 2030 – or perhaps even earlier – this number will increase to every sixth person. It is expected that smoking will become the number one global killer – and will have 10 million deaths a year on its conscience. In comparison with other types of risky behaviour, the risk of premature death is extraordinarily high here. In the end tobacco kills half long-term smokers and half of them die in productive middle age, losing, on average, 20 years of their life.

The Czech Republic’s return to the fold of democratic countries with an economy built on market principles brought not only significant changes in the economy and society, but also surprisingly affected trends in people’s health. Between 1989 and 2002 the expected mean life expectancy rose for men from 68.1 to 72.1 years and for women from 75.4 to 78.5 years. In the same period the standard mortality rate (European standard) fell for men from 1528.7 to 1146.2 and for women from 902.9 to 685.8 per 100,000 of population. These markedly positive changes occurred in a relatively short

period as a consequence of several factors. It is clear that, in addition to improvements in medical care, changes in lifestyle and people's nutrition habits have also played a role. The same as in developed countries, in the Czech Republic the greatest share in the illness rate and circulatory system diseases and tumour diseases account for the mortality rate. Smoking tobacco is the most serious known and preventable risk factor influencing the start, development and course of many such illnesses. Peto et al. (2003) estimated, based on Czech mortality statistics, that a total of 17,700 deaths could be attributed to smoking in 2000 and that each such death led to an average loss of 15 years of life.

Smoking-related deaths in 2002 (adults, 35 years and older)

Diagnosis	Men	Women	**Smoking related men**	**Smoking related women**
Ca - Lip, oral cavity	539	99	**496**	**54**
Ca - Oesophagus	341	59	**266**	**41**
Ca - Pancreas	830	777	**250**	**214**
Ca - Larynx	238	18	**195**	**15**
Ca - Trachea, lung, bronch.	4272	1276	**3879**	**936**
Ca - Cervix uteri		384	**.**	**100**
Ca - Urinary bladder	555	198	**264**	**62**
Ca - Kidney, other urinary	780	472	**384**	**47**
Hypertensive diseases	519	697	**149**	**102**
Ischaem. heart dis., 35-64 yrs	2968	812	**1364**	**258**
Ischaem. heart dis., +65 yrs	8411	10287	**1357**	**491**
Other heart diseases	2399	2548	**687**	**373**
Cerebrovasc. dis., 35-64 yrs	914	486	**477**	**221**
Cerobrovasc. Dis., +65 yrs	5544	9556	**1071**	**278**
Arteriosclerosis	4216	6563	**2493**	**2041**
Aortic aneurysm	274	136	**162**	**42**
Other arterial diseases	83	78	**49**	**24**
Pneumonia, influenza	1110	1249	**374**	**290**
Bronchitis, emphysema	228	152	**190**	**112**
Chronic airways obstruction	813	428	**678**	**315**
Short gestation, low birth	1	7	**0**	**2**
Child. resp. distress syndrome	22	14	**7**	**3**
Other respiratory conditions	19	20	**6**	**4**
Sudden infant death syndrome	7	3	**2**	**0**
Total			**14800**	**6027**

The total number of deaths in 2002 represents 54 377 men and 53 866 women.

4. MEASURES TO REDUCE THE HARM DONE BY TOBACCO

The World Bank published in June 2003 the fact sheet: "Tobacco control at a glance", which describes six cost effective interventions to reduce death and disease caused by tobacco use. These are:

Interventions Beneficiaries/Target Groups Process Indicators;

Higher taxes on cigarettes and other tobacco products;

. Bans/restrictions on smoking in public and work places;

Comprehensive bans on advertising and promotion of all tobacco products, logos and brand names;

Better consumer information: counter advertising, media coverage, and research findings;

Large, direct warning labels on cigarette boxes and other tobacco products;

Help for smokers who wish to quit, including increased access to Nicotine Replacement

(NRT) and other cessation therapies.

The best results are achieved when a comprehensive set of measures to reduce the use of tobacco are implemented together. Many countries have succeeded in reducing smoking prevalence dramatically.

The Czech legislation has changed with regard to the need of its harmonisation with the EU during last years. There is almost complete ban of direct advertising and promotion of tobacco products implemented as well as the protection of non-smokers at workplaces and many public places such as offices, healthcare and educational facilities, public transportation, cinemas, etc.

Law determines health warnings and information on the levels of CO, tar and nicotine on consumer packs of tobacco products. The minimum age for buying cigarettes is 18 years of age.

The Czech Government endorsed in 2002 long-term Programme for improving the health of the Czech population – Health 21. Specific target 12.1 deals with measures to reduce smoking. The Czech Republic signed the FCTC, its ratification is still discussed in the Parliament.

As regards economics of tobacco – taxes and prices of cigarettes are still very low, but steadily increasing.

5. COMMUNITY ACTIONS AND MEDIA EDUCATION

In a cross-sectional survey the NIPH focused its attention on the number of doctors (in 2003) and nurses (in 2004) who smoke. The data are overall data; a more detailed analysis by profession will be performed later.

Prevalence of smoking (in %)
Nurses (N = 1040), Doctors (N = 1196)

	Nurses 2004	Doctors 2003
Daily smokers (one and more cigarettes per day)	22,5	17,6
Occasional smokers (less than one cigarette per day)	6,5	3,5

Ex-smokers (smoked more than 100 cigarettes lifelong	11,2	14,0
Experimenting non-smokers (smoked less than 100 cigarettes lifelong)	19,0	24,5
Never-smokers	40,8	40,4

Every two years, in connection with the "Quit and Win" competition for smokers, there is a media campaign aimed at informing smokers about the risks of smoking and the benefits of quitting, including a guide on how to quit successfully. The information is communicated on television, by radio, in newspapers and magazines and, more and more frequently, over the Internet. Other media campaigns take place in connection with World No-Tobacco Day (31st May) and International Non-smoking Day (3rd Thursday in November).

6. THE EFFECTIVENESS AND COST EFFECTIVENESS OF SMOKING CESSATION INTERVENTIONS

Valid data not available.

7. HEALTH CARE INFRASTRUCTURE

7.1 Smoking cessation in the Czech Republic is not integrated in the primary health care system.

7. 2 The State Institute for Drug Control is the body which licenses medicines to help people stop smoking. The institution also checks the safety of such pharmacological preparations.

Until the end of 2004 no state institution has been officially charged with drafting clinical guidelines for smoking cessation, etc. There was a change in 2005 when the Ministry of Health established a Reference Centre for Treatment of Tobacco Addiction, which will deal with this.

7. 3 Research and knowledge for health

There is no formal research programme for smoking cessation with specifically allocated funding in the Czech Republic yet. Education on smoking cessation is a formal part of curriculum of undergraduate professional training of medical students and nurses. All six Medical schools have a dedicated lecturer for this topic. Postgraduate education is also available on the voluntary basis.

7. 4 Health care policies and strategies for smoking cessation

Smoking cessation strategy is being prepared in an Action Plan, in connection with the establishment of the aforementioned Reference Centre for Treatment of Tobacco Addiction.

7. 5 Structures to manage the implementation of treatment within health services

At the Ministry of Health, the matter is handled by two departments: Health Care (HC), which guarantees the Reference Centre, and Public Health, which covers smoking cessation counselling offered by the network of Regional Public Health Institutes (RPHI).

7. 6 Funding health services and allocating resources

The aforementioned services are financed out of the Ministry of Health's funds; the activities performed by the Reference Centre and the HC section finances its offices and the Public Health nit finances the activities performed by the RPHI smoking cessation counselling. Finance from the National Health Programme is also available for specific projects. The management of funds provided by the state is checked regularly every year.

No percentage of excise duty on tobacco products is set aside for the needs of such services in the Czech Republic.

8. SUPPORT FOR TREATMENT PROVISION

8.1 Screening, quality assessment, referral and follow-up systems

The results of studies into the prevalence of smoking using standard indicators drafted by WHO are available. The studies are regularly done by government institutions (IHIS, NIPH). In 2005, at the National Institute of Public Health the Ministry of Health established a Coordination Monitoring and Research Office to implement the European Tobacco Control Strategy, and it will be responsible for this screening. The studies' results are available in printed form and on the Internet. General practitioners in a number of regions have the opportunity to send their patients to advisory points on stopping smoking, which mostly operate within regional public health institutes; centres for treating tobacco addiction were established in teaching hospitals at the start of 2005.

8.2 Protocols and guidelines

Guidelines have been drafted under the auspices of the Jan Evangelista Purkyne Medical Society. General practitioners are not paid for smoking cessation and it is not part of their usual work. Some psychiatrists are an exception and run AT – outpatients' clinics and, as a part of comprehensive treatment on addiction, also treat tobacco addiction. Doctors at advisory points for stopping smoking at regional public health institutes are paid for their services through their salary.

9. INTERVENTIONS AND TREATMENT

A summary based on the assessment tool, using the following headings:

9. 1 Availability and accessibility

Patients can get help primarily at advisory points for stopping smoking and, from 2005, at centres for treating tobacco addiction, as well as in AT outpatients' clinics and chemists'. Much information can be found on the Internet and a national telephone Quit-line was brought into operation in 2005. Availability is not optimum, but is gradually improving. Clients can use NRT and bupropion to deal with discontinuation symptoms. Patches, chewing gum, inhalers and sublingual tablets with nicotine are available. They can only be obtained from chemists', NRT off-prescription, bupropion only with a prescription. Only NRT can be advertised on television, as advertising for medicines only available on prescription is prohibited.

9.2 Affordability

Patients pay for these themselves. NRT therapy is relatively expensive (higher than the price of cigarettes) and its price often puts patients off using it. Bupropion is even more expensive. Short intervention, if provided by general practitioners, is free to patients, as is intensive advice at advisory points for stopping smoking and centres for treating tobacco addiction. A general practitioner can recommend a patient go there, but patients can also attend without such recommendation.

10. HEALTH CARE PROVIDERS

A summary based on the assessment tool, using the following headings:

10. 1 Clinical accountability

In general, doctors make very little use of routine intervention against smoking patients.

10. 2 Treatment provision

The National Institute of Public Health implemented two studies focusing on the relationship between a doctor and a patient on smoking in 2001. The results have not yet been published (with the exception of a poster presentation at an international conference).

Distribution of answers directed towards questions concerning smoking status

	Physicians	**Population (whole sample)**	**Population (current smokers only)**
Always	47%	19%	24%
Sometimes	40%	36%	51%
Never	13%	45%	25%

Wording of questions: *Do you ask your patients whether they smoke or not?* (For doctors) and D*oes your doctor ask about your smoking?* (Population).

Characteristics of smokers who reported that their doctor advised them to stop smoking

⇒ more often males	65% males
⇒ longer smoking carrier	16,7 years versus 11,7 years
⇒ higher daily consumption of cigarettes	18.5 pieces versus 12 pieces
⇒ older	mean age 38 years versus 33
⇒ more often report chronic disease	30 % versus 12 %

11. HEALTH CARE USERS

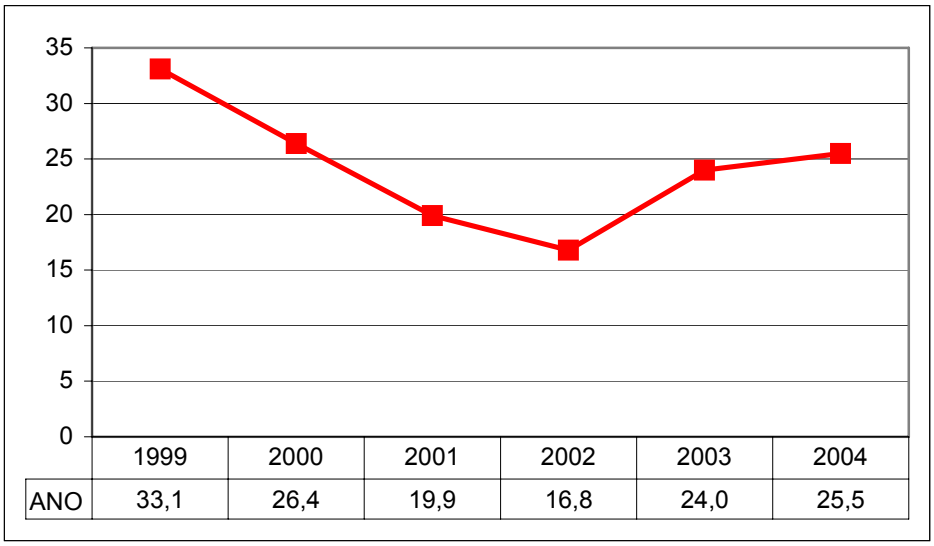
A summary based on the assessment tool, using the following headings:

11.1 Knowledge - Data not available

11.2 Treatment seeking behaviour – Data not available

11.3 Smoking behaviour and intentions to quit

Studies Health and harmful behaviours, performed by the NIPH show the percentage of smokers who intent to quit smoking in next six months.



	1999	2000	2001	2002	2003	2004
ANO	33,1	26,4	19,9	16,8	24,0	25,5

12. REFERENCES

Peto, R., Lopez, A.D., Boreham, J., Thun, M. and Heath Jr., C.: Mortality from Smoking in Developed Countries 1950 – 2000. Oxford University Press, Oxford, 1994 (Second edition; data updated 15 July, 2003)

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Institute of Health information and Statistics, Dynamic tables.(www.uzis.cz)

THE ASSESSMENT TOOL

A tool to assess the available services for smoking cessation at the country or regional level

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Please cross the box, place a cross in the table or ring the option corresponding to your answer or write your answer where indicated.

PART I

Personal details of contact person for completion of tool

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If you are answering for a jurisdictional[1] region rather than a country as a whole, which jurisdictional region is it? whole country

Please note: unless you state otherwise in the tool, it will be assumed, if you are completing the questionnaire for a jurisdictional region other than a country, that all your answers are for this jurisdictional region.

Population size of the country/region: 10 250 000

Date of completing the tool (dd-mm-yy): 20/1/05

[1] Such a jurisdictional region could be a region within a country or a municipality

Is there a country-wide or region-wide formal or informal smoking cessation coalition or partnership?

☒ Yes
☐ No
☐ Do not know

If yes:

What is the name of the coalition? Czech Coalition against Tobacco

When was it established? 1998

Please describe the aim of the coalition in one sentence: Non-governmental, non-profit organization associating organizations and persons active in tobacco control in the Czech Republic and running various campaigns and activities in this field.

Please provide a separate word document listing the members of the coalition or partnership, including the following information:

Name of member organization or individual:

One sentence description of organization or individual: (e.g. “national scientific body representing general practitioners”, or “recognized expert”)

PART II

A. LEGISLATIVE MEASURES

This section will provide the completed country specific WHO European profiles of tobacco control, and the completed country specific profiles of the ENSP project on tobacco control policies as attachments. The files will be sent separately and at a later date.

Respondents will be asked to check and update the data, and provide an assessment of implementation and enforcement.

There is no need to do anything at present.

B. COMMUNITY ACTION AND MEDIA EDUCATION

1. What is the percentage of health professionals in your country or region who smoke?

	% who are daily smokers	Date of survey	Please provide filename for document reference (and complete document reference template)
1.1. Doctors overall	17,6%	2003	ATHP1.1CR.doc
1.2. Nurses overall	23%	12/2004	ATHP1.2CR.doc
1.3. General practitioners			
1.4. Nurses in general practice			
1.5. Nurses in general hospitals			
1.6. Pharmacists			
1.7. Midwives			
1.8. Dentists			
1.9. Oncologists			
1.10. Cardiologists			
1.11. Lung physicians			
1.12. Surgeons			
1.13. Gynaecologists			

2. Have there been public education campaigns implemented in your country or region in the past 24 months in the listed media that provide information about why smokers should quit smoking, or provide information on how to quit? If so, were they publicly funded?

	Provide information about why smokers should quit smoking	Provide information on how to quit	Were the campaigns publicly funded		
			Fully	Partial	No
Television	☒	☐	☐	☒	☐
Radio	☒	☒	☐	☒	☐
Newspapers and magazines	☒	☒	☐	☒	☐
Billboards	☐	☐	☐	☐	☐
Other (please state)	☒	☒	☐	☒	☐

C. HEALTH CARE INFRASTRUCTURE

Integrated health care system

3. Would you say that smoking cessation is integrated in the health care system, including co-operation or relationships between primary health care and secondary health care, similar to that for other chronic diseases such as asthma?

- ☐ Yes, widely
- ☐ Yes, partially
- ☒ No
- ☐ Do not know

Structures for quality of care

4. For each topic in the table, is there a formal governmental organization, or organization appointed or contracted by the government that:

	Yes	No	If yes, please provide filename for organizational reference (and complete organization reference template)
4.1. Licenses drugs for smoking cessation?	☒	☐	ATHP4.1CZ.doc
4.2. Has the responsibility of preparing clinical guidelines for smoking cessation?	☐	☒	
4.3. Monitors health outcomes at the population level from smoking cessation?	☐	☒	
4.4. Monitors the quality of care provided for smoking cessation?	☐	☒	
4.5. Reviews the cost effectiveness of smoking cessation interventions?	☐	☒	
4.6. Deals with cases of clinical negligence in smoking cessation?	☐	☒	
4.7. Reviews the safety of pharmacological treatments for smoking cessation?	☒	☐	ATHP4.1CZ.doc
4.8. Provides information on smoking cessation to health care providers?	☐	☒	

Research and knowledge for health

5. Is there a formal research programme for smoking cessation with specifically allocated funding from governmental, government appointed or non-governmental organizations (excluding the pharmaceutical companies and the tobacco industry)?

☐ Yes
☒ No

6. Is education on smoking cessation formally part of the curriculum of undergraduate/basic professional training of the following health care providers?

	Undergraduate/ basic professional training		**Postgraduate professional training**		**Continuing medical education**	
	Yes	No	Yes	No	Yes	No
Medical students	☒	☐	☒	☐	☒	☐
Nursing students	☒	☐	☒	☐	☐	☒
Pharmacy students	☐	☒	☐	☒	☐	☒
Dentistry students	☐	☒	☐	☒	☐	☒

Health care policies and strategies for smoking cessation

7. Are there official written policies on smoking cessation from the Government or Ministry of Health in your country or region? Please mark all that apply:

☐ Yes, a governmental written stand alone policy on smoking cessation

☐ Yes, a governmental written policy on smoking cessation which is part of an overall tobacco control policy

☒ No, but there is a governmental policy on smoking cessation in preparation

☐ No, there are no governmental policies on smoking cessation

☐ Do not know

If yes,

Please give filename for document reference:
(and complete document reference template)

8. If available, the governmental policy on smoking cessation includes:

	Yes	No
A strategy on training for health professionals	☐	☐
A national funded research strategy for smoking cessation	☐	☐
A strategy for support of interventions by primary care professionals	☐	☐
Intensive support for smoking cessation in specialised treatment facilities	☐	☐
Position promoting the use of pharmaceutical products	☐	☐

Structures to manage the implementation of treatment within health services

9. Is there an identified person within the Department of Health or Government, or who is contracted by the Department of Health or Government, who oversees or manages smoking cessation services?

☒ Yes
☐ No
☐ Do not know

Please provide his/her contact details:

Name: Jarmila Vedralova, Jarmila Razova, M.D.

Organization and position: Ministry of Health - Dept. of Health Care, Dept. of Public Health

Address: Palackeho namesti 4, 128 02 Prague 2, Czech Republic

Telephone: +420 224 972 582; +420 224 972 189

Email: jarmila.vedralova@mzcr.cz; jarmila.razova@mzcr.cz

Website: www.mzcr.cz

Funding health services and allocating resources

10. Is there government funding for services for smoking cessation?

- [x] Yes
- [ ] No
- [ ] Do not know

If no,

- [ ] Funding is being prepared

11. Is the funding reviewed?

- [x] Yes
- [ ] No
- [ ] Do not know

If yes,

- [x] Annually reviewed
- [ ] Reviewed every 2 to 5 years
- [ ] Reviewed every 5 years or longer
- [ ] Other (please specify):

12. Is a proportion of tobacco taxes specifically earmarked (hypothecated) to fund the costs of smoking cessation services?

- [ ] Yes
- [x] No
- [ ] Do not know

13. If yes, please state the proportion:

14. Is yes, is the money raised from the tax actually spent on the costs of smoking cessation services?

- [ ] Yes
- [x] No
- [ ] Do not know

15. Is the hypothecated tax reviewed?

- ☐ Yes
- ☐ No
- ☐ Do not know

If yes,

- ☐ Annually reviewed
- ☐ Reviewed every 2 to 5 years
- ☐ Reviewed every 5 years or longer
- ☐ Other (please specify):

D. SUPPORT FOR TREATMENT PROVISION

Screening, quality assessment, referral and follow-up systems

16. Are the following screening and support systems available for health care providers in smoking cessation?

	Available in general practice			Available in hospitals		
	Yes, widely	Yes, partially	No	Yes, widely	Yes, partially	No
Standardized screening instruments to identify smoking status	☐	☒	☐	☐	☒	☐
Standardized case notes or computer records to record smoking status	☐	☐	☒	☐	☐	☒
Protocol charts or diagrams as an aid for smoking cessation	☐	☐	☒	☐	☐	☒
Support by facilitators or advisors for smoking cessation	☐	☒	☐	☐	☒	☐
Systems to follow-up patients for monitoring and treatment	☐	☐	☒	☐	☐	☒

Protocols and guidelines

17. Are there multidisciplinary clinical guidelines for smoking cessation in your country/region that have been approved or endorsed by at least one health care professional body?

☒ Yes
☐ No
☐ Do not know

If yes:

☒ Stand alone guidelines for smoking cessation
☐ Part of other clinical care guidelines (e.g. asthma guidelines)

If yes, please provide filename for document reference(s): ATHP17CR.doc
(and complete document reference template(s))

If no:

☐ Guidelines are being prepared

18. If there are endorsed clinical guidelines for smoking cessation, have there been any studies in your country on their implementation or adherence?

☐ Yes
☒ No
☐ Do not know

If yes, please provide filename for document reference(s):
(and complete document reference template(s))

If no:

☐ Studies are being prepared

19. Are the following health care providers reimbursed for smoking cessation, or is smoking cessation within their terms of service (contract) and part of their normal salary?

	Reimbursed for providing smoking cessation		Smoking cessation within terms of service and part of normal salary	
	Yes	No	Yes	No
General practitioners	☐	☒	☐	☒
Nurses working in general practice	☐	☒	☐	☒
Doctors in hospital	☐	☒	☐	☒
Nurses in hospitals	☐	☒	☐	☒
Pharmacists	☐	☒	☐	☒
Dentists	☐	☒	☐	☒
Addiction specialists	☐	☒	☒	☐

20. For the following professional groups, are there specialized guidelines or protocols, a written policy on smoking cessation by the professional association, smoking cessation training within professional vocational education and smoking cessation training within accredited continuing medical education?

For the following professional groups, are there the following for smoking cessation:								
	Specialized guidelines or protocols		Written policy on smoking cessation by professional association		Smoking cessation training within professional vocational training		Smoking cessation training within accredited continuing medical education	
	Yes	No	Yes	No	Yes	No	Yes	No
General practitioners	☐	☒	☐	☒	☐	☒	☐	☒
Nurses in general practice	☐	☒	☐	☒	☐	☒	☐	☒
Nurses in general hospitals	☐	☒	☐	☒	☐	☒	☐	☒
Specialist nurses	☐	☒	☐	☒	☐	☒	☐	☒
Pharmacists	☐	☒	☐	☒	☐	☒	☐	☒
Midwives	☐	☒	☐	☒	☐	☒	☐	☒
Dentists	☐	☒	☐	☒	☐	☒	☐	☒
Oncologists	☐	☒	☐	☒	☐	☒	☐	☒
Cardiologists	☐	☒	☐	☒	☐	☒	☐	☒
Lung physicians	☐	☒	☐	☒	☐	☒	☐	☒
Ear, nose and throat specialists	☐	☒	☐	☒	☐	☒	☐	☒
Internal medicine specialists	☐	☒	☐	☒	☐	☒	☐	☒
Surgeons	☐	☒	☐	☒	☐	☒	☐	☒
Psychiatrists	☐	☒	☐	☒	☐	☒	☐	☒
Counsellors in specialist services	☐	☒	☐	☒	☐	☒	☐	☒
Telephone quit line counsellors	☐	☒	☐	☒	☐	☒	☐	☒
Counsellors in community clinics	☐	☒	☐	☒	☐	☒	☐	☒
Obstetricians	☐	☒	☐	☒	☐	☒	☐	☒
Paediatricians	☐	☒	☐	☒	☐	☒	☐	☒
Addiction specialists	☐	☒	☐	☒	☐	☒	☒	☐

E. INTERVENTION AND TREATMENT

Availability and accessibility

21. Is patient help for smoking cessation available and obtainable (e.g., patients have good access) in the following settings?

Smoking cessation is available and obtainable:	Available in:			Obtainable from:		
	Yes	No	Do not know	Yes	No	Do not know
General/family practice	☐	☒	☐	☐	☒	☐
Hospital clinics	☐	☒	☐	☐	☒	☐
Work places	☐	☒	☐	☐	☒	☐
Pharmacists	☒	☐	☐	☒	☐	☐
Specialist clinics	☒	☐	☐	☒	☐	☐
Addiction services	☒	☐	☐	☒	☐	☐
Community based clinics	☐	☒	☐	☐	☒	☐
Dentists	☐	☒	☐	☐	☒	☐
Schools	☐	☒	☐	☐	☒	☐
Prisons	☐	☒	☐	☐	☒	☐
Telephone quit-lines	☐	☒	☐	☐	☒	☐
Country or regional internet sites	☒	☐	☐	☒	☐	☐

22. Are the following products licensed for use? In what way are they available and, can they be advertised on the television?

Are these products licensed and available from:	Licensed for use?			General sale (e.g. in supermarkets)			From pharmacies (over the counter)			Doctors' prescription			Can be advertised on television		
	Yes	No	Do not know	Yes	No	Do not know	Yes	No	Do not know	Yes	No	Do not know	Yes	No	Do not know
NRT 2 mg gum	☒	☐	☐	☐	☒	☐	☒	☐	☐	☐	☒	☐	☒	☐	☐
NRT 4 mg gum	☒	☐	☐	☐	☒	☐	☒	☐	☐	☐	☒	☐	☒	☐	☐
NRT Patch	☒	☐	☐	☐	☒	☐	☒	☐	☐	☐	☒	☐	☒	☐	☐
NRT Sub-lingual tablet	☒	☐	☐	☐	☒	☐	☒	☐	☐	☐	☒	☐	☒	☐	☐
NRT Lozenge	☐	☒	☐	☐	☒	☐	☐	☒	☐	☐	☒	☐	☐	☒	☐
NRT Inhaler	☒	☐	☐	☐	☒	☐	☒	☐	☐	☐	☒	☐	☒	☐	☐
NRT Nasal spray	☐	☒	☐	☐	☒	☐	☐	☒	☐	☐	☒	☐	☐	☒	☐
Bupropion	☒	☐	☐	☐	☒	☐	☒	☐	☐	☒	☐	☐	☐	☒	☐
Other pharmaceuticals (please specify)	☐	☒	☐	☐	☒	☐	☐	☒	☐	☐	☒	☐	☐	☒	☐

Affordability

23. Are the costs of smoking cessation or the following pharmacological products available free of charge or fully reimbursed to users by the health care system or other third party payers (insurance companies)?

Smoking cessation advice and treatment is free of charge or fully reimbursed	Yes, totally	Yes, partially (indicate the proportion covered)	Only by paying the full cost	Do not know
NRT 2 mg gum	☐	☐	☒	☐
NRT 4 mg gum	☐	☐	☒	☐
NRT patch	☐	☐	☒	☐
NRT sub-lingual tablet	☐	☐	☒	☐
NRT lozenge	☐	☐	☐	☐
NRT inhaler	☐	☐	☒	☐
NRT nasal spray	☐	☐	☐	☐
Bupropion	☐	☐	☒	☐
Other pharmaceuticals (please specify)	☐	☐	☐	☐
Brief counselling interventions	☐	☒ ?	☐	☐
Intensive counselling interventions	☐	☒ ?	☐	☐

24. What is the unit cost (please state currency) for one 4mg piece of gum and one tablet of bupropion, and, if the information is available, what are the quantities sold (either in volume or in the costs of total sales) in your country/region

	Unit cost	Number of units sold (please state year)	Cost of total sales (please state year)
NRT 4 mg gum	aprox. 10 CZK		
Bupropion	aprox. 50 CZK		

25. Is there a specialist service (i.e., specialist or specialist clinic) for smoking cessation available in the country/region?

- [x] Yes
- [ ] No
- [ ] Do not know

If yes,

- [ ] Only by referral
- [ ] Only by self-referral
- [x] By both referral and self-referral

If yes, is it reimbursed for the patient?

- [ ] Yes
- [x] No
- [ ] Do not know

F. HEALTH CARE PROVIDERS

Clinical accountability

26. To what extent do you estimate on a ten-point scale that treatment providers consider smoking cessation advice as a part of their routine clinical practice?

Advice is routine in clinical practice:	Not at all 0 1 2 3 4 5 6 7 8 9 10 Fully
General practitioners/ Family doctors	☐ ☐ ☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Nurses working in general practice	☐ ☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Pharmacists	☐ ☐ ☐ ☐ ☒ ☐ ☐ ☐ ☐ ☐ ☐
Midwives	☐ ☐ ☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Dentists	☐ ☐ ☐ ☐ ☒ ☐ ☐ ☐ ☐ ☐ ☐
Oncologists	☐ ☐ ☐ ☐ ☐ ☒ ☐ ☐ ☐ ☐ ☐
Cardiologists	☐ ☐ ☐ ☐ ☐ ☒ ☐ ☐ ☐ ☐ ☐
Lung physicians	☐ ☐ ☐ ☐ ☒ ☐ ☐ ☐ ☐ ☐ ☐
ENT (ear, nose and throat) specialists	☐ ☐ ☐ ☐ ☒ ☐ ☐ ☐ ☐ ☐ ☐
Paediatricians	☐ ☐ ☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

If there are any publications on this topic, please provide the filenames for the document reference(s) and complete the document reference template(s):

Treatment provision

27. Have there been any studies, surveys or publications on the following or similar outcomes in primary health care (general practice/family practice), and if so, what are the main findings of the most recent results?

	Date of information Please write NO, if no information	Main findings	Please provide filename for document reference (and complete document reference template, one for each document)
Patients are asked or screened about their smoking status	NO		
Smoking patients are given advice to quit	NO		
Smoking patients are assessed their willingness to quit	NO		
Smoking patients are assisted with quitting	NO		
Treatment meets quality criteria	NO		
Practice protocols are followed	NO		
Pharmacological products are recommended	NO		
Pharmacological products are prescribed	NO		
Abstinence is assessed at the end of treatment	NO		
Patients making a quit attempt are followed- up	NO		
Smoking patients stopped in the last year	NO		

G. HEALTH CARE USERS

Knowledge

28. Have there been any studies, surveys or publications that provide answers for the following or similar information concerning smoking and if so, what are the main findings of the most recent results?

	Date of information Please write NO, if no information	Main findings	Please provide filename for document reference (and complete document reference template, one for each document)
People know that smoking is dangerous to their health	NO		
People know that living with someone who smokes increases their own risk for health problems	NO		
People think that cigarette dependence is a behaviour that you can simply choose to stop (a habit)	NO		
People think that cigarette dependence is a behaviour that is difficult to stop even when you want to (an addiction)	NO		
People know about effective treatment methods	NO		

Treatment seeking behaviour

29. Have there been any surveys, studies, or publications which provide information on the proportion of smokers who have ever used one of the following methods to stop smoking and if so, what are the main findings of the most recent results?

	Date of information Please write NO, if no information	Main findings	Please provide filename for document reference (and complete document reference template, one for each document)
Help from a doctor	YES	Analysis showed that doctors more frequently advised to stop smoking to 1) men (65.1%); 2) the elderly (average age 38.4); 3) heavy smokers (average number of years of smoking 16.7); and 4) to persons suffering from diseases requiring permanent medical supervision (29.6%).	ATHP29CR.cz
Help from a nurse	NO		
Help from a pharmacist	NO		
Help from a dentist	NO		
Help from friends or family	NO		
NRT products overall	NO		
Nicotine gum	NO		
Nicotine patches	NO		
Other nicotine products, such as lozenges, tablets, Inhaler or nasal spray	NO		
Bupropion tablets	NO		
Herbal remedies	NO		
Hypnotherapy or acupuncture	NO		
Leaflets, books, articles or videos on how to stop smoking	NO		
Advice from the Internet	NO		

Stop smoking competitions	NO		
Stop smoking clinic or group	NO		
Smoking help line telephone service	NO		
Willpower alone	NO		

Smoking behaviour and intentions to quit

30. Have there been any surveys, studies, or publications which provide information on smoking status or intentions to quit, and if so, what are the main findings of the most recent results?

	Date of information Please write NO, if no information	Definition of adult	Proportion of adults (%) who are	Please provide filename for document reference (and complete document reference template, one for each document)
Current smokers:				
Males	2003	15 - 64	35	ATHP30CR.doc
Females	2003	15 - 64	26	ATHP30CR.doc
Total	2003	15 - 64	30	ATHP30CR.doc
Tobacco dependent smokers according to Fagerström score:				
Males	NO			
Females	NO			
Total	NO			
Ex-smokers:				
Males	NO			
Females	NO			
Total	YES	15 - 64	13,5	ATHP30CR.doc
Attempted to quit over a 1 year period				
Males	NO			
Females	NO			
Total	NO			
Considering to quit in next 6 months				
Males	NO			
Females	NO			
Total	YES	15 - 64	24	ATHP30CR.doc

	Date of information Please write NO, if no information	Definition of adult	Proportion of adults (%) who are	Please provide filename for document reference (and complete document reference template, one for each document)
Successfully quit for at least 1 year during last 2 years				
Males	NO			
Females	NO			
Total	NO			

If there is data breaking down the above information in more detail by age or socio-economic group, please provide the data.