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Editorial

Accreditation of Specialist Stop Smoking Units

La acreditación de las Unidades Especializadas en Tabaquismo

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Smoking is a highly-prevalent chronic disease and the number one avoidable cause of death in our country¹⁻³ Indeed, the most recent data on mortality associated with tobacco consumption in Spain show that in 2006 53,155 Spaniards died as a result of smoking. In other words, this drug dependence causes 25.1% of deaths in males and 3.4% of deaths in females.³ This high mortality, together with high prevalence (29.5% of the general Spanish population over the age of 16 smokes²) convert smoking into a chronic disease that should be given special consideration by all health-care professionals.

Continuous, systematized intervention by medical professionals in the tobacco habit of their patients has been shown to be one of the most effective means to help smokers quit.¹ The identification of smokers, evaluation of their motivation to stop smoking and personalized intervention in each case are ineludible tasks that all health-care professionals should undertake to improve their patients' state of health.

Different types of interventions have been described in smokers. Depending on their intensity and duration, these are divided into two categories: minimal intervention and intensive intervention. The first is low-intensity and usually has a duration of less than 3 minutes, taking place in no more than 3 to 4 sessions over a period of 6 months. In the second, high-intensity type, these interventions last more than 10 minutes, taking place in more than 7 sessions over a period of approximately 12 months¹. Minimal intervention mainly takes place in the General Medicine setting, and general practitioners and the nursing staff are involved. Nevertheless, all health-care professionals, regardless of the setting in which they work, should participate. Although intensive intervention may be carried out by health-care professionals working in General Medicine, it is more easily done by professionals working in other health-care units, where more time can be dedicated to each subject as there is less of a patient load.¹

In the last two decades, medical attention for smokers has been the object of many studies. In addition, many advances have been

made, not only in the research and development of new effective and safe drugs to help smokers quit, but also in the establishment of more adequate cognitive-behavioral techniques for these patients.^{1,4-7} The experience developed by experts over these years has provided some important conclusions: a) all smokers are susceptible to receiving smoking cessation treatment; most need only minimal intervention to quit, while others require more intensive treatment to maintain cessation; b) all health-care professionals should receive specific formation in the aspects related to smoking diagnosis and treatment, as well as training in the skills necessary to implement in clinical practice the best possible health-care attention for smokers; and c) aside from the fact that all medical professionals should intervene in the smoking habit of their patients, it is necessary for there to be specialized centers where smokers with special characteristics can receive proper treatment.^{1,8-11} We therefore establish the advisability of having specific care units managed by professionals specialized in smoking diagnosis and treatment where special health care and attention is offered to smokers. Said care centers are given very different names in different countries. In Spain, these have adopted the name of Specialized Anti-Smoking Units.^{8,12}

Specialized Anti-smoking Units are defined as a health-care service integrated in a health-care area that advocates, coordinates and takes steps favoring the prevention and treatment of smoking in that area. This is done in direct collaboration with other medical services of the same area. The main objectives of the units with these characteristics are three-fold: attention, education and research.⁸ The medical attention programs offered to smokers by a Specialized Anti-smoking Unit should fulfill a series of requirements, whose efficacy has been proven scientifically.¹ It is important that the help in these units be given by health-care professionals from different areas (doctors, nurses, psychologists, nutritionists, etc.) with accredited knowledge and ample experience in smoking diagnosis and treatment. Likewise, it is important that the treatment programs applied be intensive (more than four sessions, more than 10 minutes long each, with a one-year follow-up) and imparted in different formats (individual, group and telephone).

The experience accumulated by various medical centers functioning in different parts of the world as Specialized Anti-

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smoking Units show that this type of attention is effective, safe and fulfills excellent cost-effectiveness ratios. In the United Kingdom, the *Smoking Cessation Services* established throughout the country after a large investment by the executive government boasted magnificent results. The studies showed that the mean cost per life year won 684 pounds sterling, which was reduced to 438 pounds when accounting for the savings in future medical service expenses. In the worst-case scenario, the total cost would be 2,293 pounds per life year won, and in the best of cases the cost would be only 102 pounds. In both assumptions, the price would be well less than the amount of 20,000 pounds per quality-adjusted life year won, which is the limit usually used by the National Institute for Clinical Excellence of the United Kingdom.¹⁰ In Spain, our experience is not as wide. Nevertheless, data has been recently published from a Specialized Anti-Smoking Unit that works quite similarly to the English services, and they have found that the cost in medication per patient attended was 118 euros, and the cost per smoker attended that maintained abstinence at 6, 12, 36 and 57 months was 202, 215, 281 and 338 euros, respectively.^{13,14}

Medical attention for smokers in Spain has very different characteristics, depending not only on the attention level where it is received, but also on the resources available, on the formation and motivation of the medical professionals involved and on the institutional support provided by the various health-care administrations. This heterogeneity spans varying realities, going from medical centers in which the smoker is merely correctly identified and adequately alerted about the need to stop smoking, to the other extreme where the smoker receives intensive therapy provided by different health-care professionals, in different formats and often free of charge. The Spanish Society of Pulmonology and Thoracic Surgery (SEPAR), with the aim of increasing sensitivity of Spanish medical professionals and of improving attention to smokers, has intended to identify the different realities found in our country and establish criteria for accrediting different anti-smoking services. SEPAR and the scientific societies for pulmonology in the Spanish autonomous communities (provinces) have worked together in the definition of these criteria.¹⁵

The accreditation is established while taking into account the availability of human and material resources, as well as the activities that take place in each center. Three levels of accreditation have been designated: Specialized Anti-Smoking Unit, Anti-Smoking Unit and Specialized Anti-Smoking Consultation. These levels of accreditation in no way mean categories of lesser or greater rank. All these centers, regardless of the level of accreditation that they may have, are providing necessary, high-quality health-care services.

A center is accredited as a Specialized Anti-Smoking Unit when its members, all medical professionals who are experts in smoking and specialized in different disciplines, work full-time not only in attending patients, but also in teaching and research. The accreditation as an Anti-Smoking Unit is reserved for those centers with medical

professional experts in smoking cessation from at least two disciplines, attending patients. In order to obtain this level, it is not necessary to work full-time in smoking cessation, nor in educational activities or research, although these are especially valued. The Specialized Anti-Smoking Consultation is accredited as a center managed by a medical professional working part-time and who has adequate credentials in smoking prevention, diagnosis and treatment. It is not necessary for this type of center to promote either educational or research activities.¹⁵

The definition of these levels of accreditation will help clarify the current heterogeneous situation in Spain regarding tobacco habit health care services. It will surely inspire more medical professionals to do more for smoking prevention and treatment in our country, while acknowledging the work and efforts of the many health-care professionals that work in this field.

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