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Primary Healthcare Physicians' Knowledge, Attitude and Practice towards Smoking Cessation in Armenia: A Qualitative Study

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ABBREVIATIONS

AUA- American University of Armenia

CME- Continuous Medical Education

COPD - Chronic obstructive pulmonary disease

CHSR-Center for Health Services Research and Development

IRB- Institutional Review Board

MoH- Ministry of Health

FCTC -Framework Convention on Tobacco Control

FGD-Focus group discussion

WHO- World Health Organization

EXECUTIVE SUMMARY

Introduction

The tobacco epidemic is one of the biggest public health threats the world has ever faced, killing around 6 million people a year. Smoking rate among Armenian men is one of the highest in the European region (63%). To achieve reductions in smoking rates, it is critical to reach smokers with effective smoking cessation interventions. Treatments that combine both counseling by physicians and pharmacotherapy increase cessation rates and are cost-effective. Studies suggest that trained physicians are about twice as likely to offer assistance to their patients who smoke as non-trained physicians. Yet, inadequate training on tobacco dependence and its treatment is one of the major obstacles for consistent and effective treatment of tobacco dependence in Armenia.

The Center for Health Services Research and Development (CHSR) of the School of Public Health at the American University of Armenia (AUA) conducted this study to identify primary healthcare physicians' baseline knowledge, attitude and practices regarding smoking cessation, as well as to clarify their perceived needs for training and support for addressing tobacco use among their adult patients.

Methods

The research team developed and implemented a qualitative study through focus group discussions (FGDs) with primary healthcare physicians. A semi-structured guide was developed based on the main research questions for moderating the FGDs. The study took place in Yerevan (the capital city) mainly at the American University of Armenia and Shirak marz (one of the 10 provinces in Armenia). Overall, 23 primary healthcare physicians participated in 5 focus group discussions in Yerevan (3 FGDs) and Gyumri (2 FGDs). Twelve primary healthcare providers were from Yerevan, and eleven from Gyumri. Directed deductive content analysis was utilized for data analysis.

The research team used the Knowledge, Attitude, Practices (KAP) study framework to answer the research question. Corresponding themes (physicians' knowledge, attitude and practice) were developed with appropriate categories and subcategories. Other specific domains (obstacles for providing effective smoking cessation trainings, perceived needs for trainings) that emerged during the analysis and was not included in the KAP framework were carefully analyzed and labeled.

Results

The study found that primary healthcare physicians strongly believed that smoking is a serious public health problem in Armenia. Cardiovascular diseases, cancer, injuries, as well as chronic obstructive pulmonary diseases (COPD) were identified as the leading causes of death among the adult Armenian population and the physicians acknowledged the role of smoking in the development of these diseases.

Primary healthcare physicians identified themselves as practitioners who mainly provided preventive services to the general population. They acknowledged their role in advising patients to quit smoking but they did not accept that assistance in smoking cessation is their responsibility. Primary healthcare physicians believed that financial burden and health hazards of smoking are the main reasons why smokers should quit smoking. The majority of participants considered willpower as the main tool for quitting in Armenia. Moreover, participants reported that the patients who developed chronic diseases were more likely to quit.

Study findings highlighted that there was no formal and regulated way for identifying and reporting the smoking status of patients. In most cases physicians were unaware of the smoking status of their patients and they usually did not report that in the medical charts.

The study results showed that primary healthcare physicians did not have appropriate skills and knowledge in smoking cessation pharmacotherapy and they rarely prescribed drugs to assist their patients in smoking cessation. They mostly provided behavioral support to their patients for quitting (advice, tips). Unreasonable paper work and lack of time were identified as other obstacles for providing comprehensive counseling in smoking cessation. Primary healthcare physicians believed that their patients did not use/did not ask for smoking cessation drugs because of the high price and low access to drugs.

The majority of primary healthcare physicians participated in several professional trainings and events during which they briefly covered the role of smoking as a risk factor for developing some diseases. The main motivation for participation was that training courses were free of charge and physicians received credits for participation. Physicians were interested and willing to participate in trainings/courses on smoking cessation counseling to help their patients to quit. They were mostly interested in gaining skills and knowledge on different smoking cessation methods, particularly in pharmacotherapy. Primary healthcare physicians' expectations from the upcoming smoking cessation training were the following: relevant content (including practical sections), be short-term and organized in a small group outside of their polyclinics. Psychologists, oncologists, cardiologists, pulmonologists as well as trained professionals in smoking cessation were considered as potential trainers.

Conclusions/Recommendations

Based on the study findings, the research team developed a set of recommendations including 1) Development and implementation of smoking cessation training for primary healthcare physicians; 2) Introduction of changes in the official medical chart forms to facilitate documentation of the smoking status of patients; 3) Regular update of the National Smoking Cessation Guideline and its implementation into the primary healthcare physicians' practice, and 4) Development of performance-based reimbursement mechanism to motivate primary healthcare physicians to provide smoking cessation counseling. Moreover, additional measures should be taken to ensure the availability and affordability of smoking cessation products in Armenia.

1. INTRODUCTION

The tobacco epidemic is one of the biggest public health threats killing around 6 million people a year.[1] Eastern Europe has the highest smoking rates in Europe, yet tobacco dependence treatments are virtually unavailable to smokers in many Eastern European countries.[2] Smoking rate among the Armenian men is one of the highest in the European region (63% in 2010).[3,4]Smoking is also remarkable among Armenian physicians (48.5% -male, 12.8% -female) and medical students (50.0%-male, 7.7% -female).[5]

Armenia was the first former soviet union country to accede to the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) (November 2004); soon after that it adopted a national tobacco control law to ban smoking in healthcare, education, and culture facilities and public transport.[6] The country also banned tobacco advertising on TV and radio (2002) and on billboards (2006) and introduced larger (30%) health warnings on cigarette packs (2006). One of the areas where Armenia's progress is less than satisfactory is the implementation of the FCTC Article 14. The Ministry of Health (MoH) approved "Guidelines for tobacco cessation counseling and treatment" for use by primary healthcare physicians in 2009, but no further steps were undertaken to enable physicians to implement the guidelines.

To achieve reductions in smoking rates, it is critical to reach smokers with effective cessation interventions. Treatment that combines both counseling by physicians and pharmacotherapy can increase cessation rates.[7]

The FCTC Article 14 states "in order to promote tobacco cessation and develop tobacco dependence treatment as rapidly as possible and at as low a cost as possible, Parties should use existing resources and infrastructure as much as they can, and ensure that tobacco users at least receive brief advice".[6] The Article 14 also highlights that "brief advice should be integrated into all health-care systems. All health-care workers should be trained to ask

about tobacco use, record it in the notes, give brief advice on stopping, and direct tobacco users to the most appropriate and effective treatment available locally. Brief advice should be implemented as an essential part of standard practice and its implementation should be monitored regular".[6] The same Article highlights the role of healthcare workers in smoking cessation stating that healthcare workers should act as a role model for their patients and avoid using tobacco themselves.[6]

Studies suggest that trained physicians are about twice as likely to offer assistance to their patients who smoke compared to non-trained physicians.[8,9] Yet, inadequate training on tobacco dependence and its treatment is one of the major obstacles to getting consistent and effective treatment of tobacco dependence.[10,11] Surveys showed that the majority of European medical students recognized the need for smoking cessation training, and that up to 30% of medical students in the Eastern European countries use tobacco products.[12] This is another important barrier to provision of quitting assistance, as physicians who smoke are less likely to advise patients to quit.

The study conducted among healthcare workers (physicians and nurses) in the largest oncology hospital in Armenia demonstrated the need of implementing smoking cessation counseling training among Armenian health providers.[13] The study findings suggested that physicians underestimated their own responsibility in providing smoking cessation counseling and they are more likely to delegate the counseling role to other specialists (such as primary health care providers or cardiologists).[13] Lack of oncologists' motivation to provide smoking cessation assistance was explained by lack of appropriate training on smoking cessation and lack of time and incentives.[13]

The goal of this research is to identify primary healthcare physicians' baseline knowledge, attitude and practices regarding smoking cessation, as well as to clarify their perceived need for training and support for addressing tobacco use among their adult patients.

2. METHODS

2.1 Study design

The research team developed and implemented a qualitative study through focus group discussions (FGDs) with primary healthcare physicians to clarify their baseline knowledge, attitude and practices regarding smoking cessation, as well as to identify the perceived need for smoking cessation training to enable them to advise and assist smoking patients to quit. The research team identified key informants using purposive sampling method to provide pertinent information for the assessment, based on participants experience and expertise in smoking cessation in Armenia. Further recruitment of participants was achieved using "snowball" sampling based on the recommendations of initial participants.

2.2 Study settings and study participants

The qualitative study was conducted among primary healthcare physicians from two Armenian cities, Yerevan, the capital of Armenia, and Gyumri, the second largest city located in Shirak region (marz). Three focus group discussions were held at the American University of Armenia (AUA) in Yerevan and two focus group discussions in the Family Medicine Center and Polyclinic #2 in Gyumri. Overall, 23 primary healthcare physicians were recruited with help from the family physicians association and in cooperation with the National Institute of Health (NIH) of the Republic of Armenia.

2.3 Study instrument

A semi-structured guide for moderating the FGDs was developed based on the main research questions (see Appendix 1). The research team adapted the questions included in the guide to participants' roles, responsibilities and professional/individual experience and practice in the areas related to smoking cessation in Armenia. The research team developed a short demographic information form to be completed by participants after each FGD (see Appendix 2). The Center for Health Services Research and Development (CHSR) team of

the School of Public Health at AUA developed the guides in English and then translated them into Armenian.

2.4 Data collection and analysis

The data collection took place in March 2015. Each FGD had a trained moderator and a note-taker. The sessions were audio recorded with permission of all study participants. All FGDs were transcribed. The qualitative study followed the research methods of heterogeneity and triangulation, and terminated when saturation was achieved. After data collection, the research team analyzed focus group discussion transcripts using directed deductive content analysis techniques. The research team used the Knowledge, Attitude, Practices (KAP) study framework to answer the research question. In addition, other specific domains that emerged during the analysis that was not included in the KAP framework were carefully analyzed and labeled.

2.5 Categorization of study participants

Direct quotes provided in the boxes in the Results section are taken from focus group discussions. All participants are physicians employed in primary healthcare facilities. The individual informant identifiers (e.g., Phys. 3.1.A.1) specify the category of participants who provided the quote (e.g., Phys), the subhead of the report (e.g., 3.1.A) and the sequential number of the given category of participant who provided the quote for the given box (e.g., 1). If the same participant provided more than one quote within a single box, these quotes are provided under the same identifier. A single informant who provided quotes in more than one box has different identifiers for each box. After each identifier, the geographic area of his/her practice or residency is shown (Yerevan versus Shirak marz).

2.6 Ethical considerations

The Institutional Review Board of the American University of Armenia approved the study for compliance with locally and internationally accepted ethical standards. All

participants were informed about their rights (their participation was voluntary, they could stop at any time and refuse to answer any question they chose, and their anonymity and confidentiality were fully respected) (see Appendix 3). Audio-recording was possible only with permission of all participants; if a participant did not want to be audio-recorded, only written notes were taken. The final report does not contain respondents' names, positions, institutions, or any other details that could identify the participants.

3. RESULTS

Overall, 23 primary healthcare physicians participated in 5 focus group discussions in Yerevan (3 FGDs) and Gyumri (2 FGDs). The mean duration of the FGDs was 38 minutes. Twelve primary healthcare providers were from Yerevan and eleven from Gyumri. The mean age of primary healthcare providers was 53 (range 37-75) and all of them were female. The mean professional experience of providers was 27 years (range 9-53). Two primary healthcare physicians from Yerevan reported smoking less than one cigarette per day, while the other participants reported that they never smoked. Thirteen primary healthcare physicians reported that they participated in smoking cessation trainings (6 from Yerevan and 7 from Gyumri) in the past (see Table 1).

3.1 Primary healthcare physicians' knowledge of smoking-related issues

3.1.A Burden of smoking in Armenia

The overwhelming majority of the respondents believed that smoking was a serious issue for Armenia. Some of the primary healthcare physicians believed that about 80% of Armenian adult population was smokes. Respondents mentioned wide range of numbers to describe the smoking rate among adult men (60%-80%) and women (4%-70%) in Armenia. Moreover, most of the participants highlighted that there was an increase in women's reporting of smoking in recent years because of the change in moral values.

"The population [in Armenia] is 60% male and 40% female. Out of the 60% male population 85% smoke, and out of the 40% female population 10% smoke.

Phys. 3.1.A.1, Yerevan

"I think that approximately 80% of adult population smokes [in Armenia]".

Phys 3.1.A.2, Gyumri

"In my opinion poor socioeconomic situation increases the chance of smoking. Approximately 57% of men, no even more, up to 80% are smokers".

Phys 3.1.A.3, Yerevan

"In the past women were hiding their smoking status more frequently, as smoking was associated with poor moral values. Nowadays, people think that smoking is not associated with moral values".

Phys 3.1.A.4, Yerevan

"Nowadays there are lots of smokers among women and young people".

Phys 3.1.A.5, Yerevan

3.1. B. Leading causes of death and risk factors in Armenia

Most of the primary healthcare physicians acknowledged that the first two leading causes of death among adult Armenian population were cardiovascular disease and malignant neoplasms. The respondents also mentioned injuries and chronic obstructive pulmonary disease (COPD) as the third leading causes of death following heart diseases and cancer.

"I think that the main causes of death are cardiovascular diseases, malignant neoplasms and accidents".

Phys 3.1.B.1, Yerevan

"Heart diseases, ischemic disease, oncological problems and chronic obstructive pulmonary disease are the main causes of death in Armenia".

Phys 3.1.B.2, Yerevan

"To me, heart disease, injuries and lung disease are three main causes of death among the Armenian adult population".

Phys 3.1.B.3, Gyumri

Participants of almost all groups identified smoking, diet, alcohol consumption, environmental pollution (including living conditions), sedentary lifestyle, and stress as

common risk factors for developing cardiovascular disease, malignant neoplasms as well as other main causes of death in Armenia. Moreover, primary health care physicians from Gyumri highlighted that people who live in temporary shelters (called "domics") had significantly worse health conditions compared to those who live in residential buildings.

"They eat food that concentrates the blood [increase blood clotting]. They [patients] do not take it into account, they use mainly "dry" food (չոր սնունդ), they do not use "liquid food" (ջրիկ սնունդ), and they mainly focus on sweets".

Phys 3.1.B.4, Yerevan

"... Obesity, sedentary lifestyle... patients are not know that they should walk".

Phys 3.1.B.5, Yerevan

"The most important risk factor for developing diseases is stress".

Phys 3.1.B.6, Gyumri

"Malnutrition is also an important risk factor, as not every person can afford to buy cheese. For example, cheese has the same price as meat".

Phys 3.1.B.7, Gyumri

"The risk factor for chronic obstructive pulmonary disease is smoking".

Phys 3.1.B.8, Yerevan

"Smoking may even cause urinary bladder cancer".

Phys 3.1.B.9, Yerevan

"I serve 2 districts. In one district people live in buildings and in the other district people live in temporary shelters (called "domics"). There is a huge difference in their health status. People who live in domics get sick more often than people living in the buildings".

Phys 3.1.B.10, Gyumri

3.2 Primary healthcare physicians' attitude towards smoking cessation

3.2. A.The role of physicians in provision of smoking cessation

The overwhelming majority of primary health care physicians identified themselves as the practitioners who mainly provide preventive services to the general population. Meanwhile, some of the primary healthcare physicians complained that their role as a treating doctor was underestimated, which was "offensive" and "humiliating" for them.

"Prevention is the primary aspect of our work, as we initially work with a healthy population."

Phys 3.2.A.1, Yerevan

"The polyclinic is a preventive clinic. It is not a treatment clinic."

Phys 3.2.A.2, Yerevan

"Apparently, we are dealing only with prevention; we do not play any role in the treatment of patients. It is very offensive; the physician in the hospital received the same diploma as me. So why are you underestimating us? Why are you humiliating me in front of my patient? We prescribe the drugs, we consult them [patients], explain them their condition, but the patient said that the doctor from hospital told him something else. But I am his/her primary healthcare physician. Why is the hospital doctor's opinion more important?"

Phys 3.2.A.3, Yerevan

The vast majority of primary healthcare physicians acknowledged their role in advising patients to quit. Nevertheless, almost all physicians reported that they did not consider provision of smoking cessation assistance as their duty. Some of the physicians highlighted the important role of psychologists in assisting patients to quit.

"I feel confident when advising my patients".

Phys 3.2.A.4, Yerevan

"We have never prescribed drugs, it is not our duty".

Phys 3.2.A.5, Gyumri

"...all over the world people visit psychologists for quitting smoking. If pharmacotherapy is not the primary method, so psychological assistance comes first".

Phys 3.2.A.6, Yerevan

3.2. B. Primary healthcare physicians' misconceptions related to smoking cessation

While sharing their ideas on smoking cessation, the physicians underestimated the role of pharmacotherapy in smoking cessation and highlighted patients' willpower as the main tool for quitting in Armenia. Physicians noted that smoking related financial burden and health hazards drive patients' willingness to quit smoking. Moreover, several physicians

believed that smoking cessation was not beneficial for some groups of patients and they shared their concerns about providing smoking cessation assistance to people with certain conditions.

"I do not prescribe the drugs as I believe that for quitting only the will is needed. The patient should have a will to understand that he does not need medication for quitting".

Phys 3.2.B.1, Yerevan

"I focus on the power of will. If you do not quit, this means that you do not want".

Phys 3.2.B.2, Yerevan

"Indeed, everyone should have a willingness to quit smoking".

Phys 3.2.B.3, Yerevan

"Once my husband found an article on the Internet. It was written that nicotine has good influence on 20% of world population. My husband said that maybe he was in that 20% and he should continue smoking".

Phys 3.2.B.1, Yerevan

"I think that there is no need to convince 70 years old person to quit smoking, as well as a patient with a severe condition. They already have serious problems and stress associated with quitting will harm them even more, rather than nicotine".

Phys 3.2.B.4, Yerevan

3.3 Practice related to smoking cessation in Armenia

3.3. A. Physicians' practice in smoking cessation

3.3. A.1. Identifying and reporting patients' smoking status

Almost all physicians confirmed that there was no formal and regulated way of identifying and reporting patients' smoking status. The majority of physicians reported that identification of smoking status was not mandatory; mostly they did it on their own initiative. Moreover, several participants mentioned that asking patients about their smoking status could be "offensive" and "harmful".

There was a difference between asking women and men about their smoking status. The majority of physicians reported that they only asked men about their smoking status.

Some of the physicians from Yerevan mentioned that they asked women about their smoking status only if they noticed changes in the woman's voice or if the woman developed bronchitis. Only few physicians mentioned that they asked every patient about his/her smoking status regardless of the gender. Some of the physicians indicated that they assumed the patient was a smoker if they were not aware of the patient's smoking status.

The overwhelming majority of primary healthcare physicians from Gyumri reported that they did not ask women about their smoking status because "it may harm them" or "they do not have women smokers".

"I only ask men [about smoking status], but not women".

Phys 3.3.A.1.1, Gyumri

"You know why we do not mention that [smoking status of woman], because when a woman smoker enters the room, I can smell the cigarette, but she may say that she does not smoke. Does it make sense to ask her [about her smoking status]"?

Phys 3.3.A.1.2, Yerevan

"I also ask women about their smoking status. I ask when I notice that there are changes in the patient's voice or they have a tendency to develop bronchitis".

Phys 3.3.A.1.3, Yerevan

"I ask women as well. I tell them, I should ask you a question, if you want, you can answer, if no, you do not have to".

Phys 3.3.A.1.4, Yerevan

"I have never met a woman who smokes."

Phys 3.3.A.1.5, Gyumri

"It [asking a woman about her smoking status] would be a bit offensive for women."

Phys 3.3.A.1.6, Gyumri

The majority of the participants emphasized that the medical records had no special place where they could record smoking status (see Appendix 4 for information about existing medical records). They report patients' smoking status of the patients on their own initiative under the "harmful behaviors" section. Nevertheless, the majority of respondents reported that they do not report about the provided smoking cessation services in the medical charts.

Physicians should provide counseling on healthy lifestyle issues, which should also include smoking cessation advice. So, they only report about provided healthy lifestyle counseling. All participants mentioned that they receive bonuses for providing healthy lifestyle counseling, but not specifically for smoking cessation services.

"Smoking is included in counseling on healthy lifestyle, but we do not mention it as a separate point. When you see a record in a medical card that consultation on healthy lifestyle is provided, it is obvious that smoking is included. But I think that smoking and alcohol consumption should be recorded separately for further screening. For example, you are asking patient about number of cigarettes that s/he smokes. He said 2 packs. I advice to reduce the daily consumption to one pack. It would be better to report this progress".

Phys 3.3.A.1.2, Yerevan

"We do not have special place to write it [smoking status of the patient]. When I was in clinical internship, we recorded about non-healthy behavior (smoking, coffee) of our patients in the medical cards. Now we do not have a special place or a column where we can write this."

Phys 3.3.A.1.3, Yerevan

"In cases when I do not know the smoking status of the patient, I mention that they smoke. This is because the majority of men are smokers in Armenia. You can hardly find someone who does not smoke".

Phys 3.3.A.1.1, Yerevan

"We just mention that counseling on healthy lifestyle has been provided."

Phys 3.3.A.1.4, Gyumri

3.3. A.2. Providing counseling and pharmacotherapy for smoking cessation

The majority of primary health care physicians felt comfortable when advising their patients to quit smoking. Some of the physicians noted that convincing others to quit smoking was a sensitive issue that might lead to conflict situations. Several participants agreed that they felt more comfortable while advising relatives to quit rather than patients and shared their experience regarding convincing their family members to quit.

"I feel confident when advising my patients [to quit]".

Phys 3.3.A.2.1, Yerevan

"Advising a person not to smoke may lead to conflict situation".

Phys 3.3.A.2.2, Yerevan

"If the person is very close to me… I definitely want him to quit smoking. But if the person is not so close, maybe it will sound not correct to ask him give up smoking".

Phys 3.3.A.2.3, Yerevan

"It is a very sensitive issue. You should not impose, but you should explain. That is why I was stressing that if the person is your relative, you can try to convince him; otherwise, they may think that you are very talkative".

Phys 3.3.A.2.4, Yerevan

Developing a chronic health condition and financial burden were identified as motivations for quitting among family members. The majority of the primary health care physicians mentioned that after providing counseling on smoking cessation "patients did not quit smoking immediately, but reduced the number of cigarettes they used". Some of the respondents mentioned that they have never had a successful case of smoking cessation, while others shared that they had patients who quit smoking for a long time.

"You know at that time there were 3 smokers in my home; my youngest son was smoking, but then he quit as I have chronic bronchitis. Recently, I haven't been able to control my chronic bronchitis and simultaneously I have developed asthma, and these conditions influenced my son's smoking behavior".

Phys 3.3.A.2.1, Yerevan

"My father quit, due to social reasons. He worked for many years, but quit smoking when he retired. He said that the money he would have spent on cigarettes he could now give to his children and grandchildren. Mostly they should have a motivation to quit".

Phys 3.3.A.2.2, Yerevan

"I do not say to quit, I suggest minimizing it [the number of cigarettes]. I suggest that as soon as you [patients] reach the middle of the cigarette; throw it away, as at the end it contains much more nicotine. And gradually I see that he [patient] decreases the number of cigarettes he uses. But they do not stop abruptly".

Phys 3.3.A.2.3, Yerevan

"I encourage quitting smoking, and the patient reduces the number of smoked cigarettes, but I cannot say that this is due to my efforts".

Phys 3.3.A.2.4 Gyumri

"I have never had a successful case of a patient quitting smoking".

Phys 3.3.A.2.5, Gyumri

The overwhelming majority of the participants mentioned that they did not prescribe smoking cessation medication to their patients. Physicians mostly provide them behavioral counseling including some tips to help them to quit. The most popular tips included eating sunflower seeds and candy, methods for distracting attention from smoking (e.g. hand-held calculators), not putting cigarettes in their pockets and leaving the cigarettes in a hidden place.

"If they say that cannot live without smoking, I advise just do one inhalation and then put out the cigarette".

Phys 3.3.A.2.3, Yerevan

"I advise activities that distract their attention, for example hand-held calculators and for those who do not have diabetes I advise eating small candies".

Phys 3.3.A.2.4, Yerevan

"I advise -Do not put the cigarette in the pocket. Leave it [cigarette] in a hidden place".

Phys 3.3.A.2.3, Yerevan

3.3. B. Patients' practice in smoking cessation

3.3. B.1. Willpower as a main tool for quitting in Armenia

The overwhelming majority of primary healthcare physicians highlighted that developing chronic conditions (such as myocardial infarction and cancer) triggered patients' desire to quit smoking. Patients' willpower was identified as the main tool for quitting.

"...I have patients that quit smoking after stroke and myocardial infarction and do not return to it again. The same person before stroke said that it is impossible for him to quit, but after having a stroke the same person quit smoking".

Phys 3.3.B.1.1, Yerevan

"My husband was smoking 3 packs per day. After having a myocardial infarction he gave up".

Phys 3.3.B.1.2, Gyumri

"I have also noticed that after illness they quit smoking".

Phys 3.3.B.1.3,

Gyumri

"It does not matter, how much women or children ask the father or husband to quit; each person should have willingness to quit smoking".

Phys 3.3.B.1.4, Yerevan

"It does not matter how much drugs you prescribe. If the patient does not want to quit, if he/she does not have willingness to stop smoking, nothing will help".

Phys 3.3.B.1.5 Gyumri

"You can advise, but I do not remember any case during my practice that patient follows my advice and takes smoking cessation drugs. For example, once I advised a patient to use "Tabex" for quitting. But still I do not remember any case that patient said that he followed my advice and now he does not smoke".

Phys 3.3.B.1.6, Yerevan

3.3. B.2 "Adverse effects" of smoking cessation

The majority of primary healthcare physicians reported that while trying to stop smoking their patients experienced loss of teeth, weight gain, and nervous tension. Some of the respondents highlighted that these symptoms made their patients to start smoking again.

"One of my patients told. "I know that the cause of my disease is smoking, but my friend quit smoking and lost his teeth"".

Phys 3.3.B.2.1, Yerevan

"After quitting smoking my husband gained weight. He did not smoke a year, and it was not difficult for him to quit smoking. But because of his weight gain, he started smoking again".

Phys 3.3.B.2.2, Yerevan

"They [patients] start smoking again when their teeth begun to move".

Phys 3.3.B.2.3, Gyumri

"My patients experience problems with their teeth and gums and also gain weight."

Phys 3.3.B.2.4, Gyumri

"…gaining weight, losing teeth, coughing… because of these reasons they [patients] start smoking again."

Phys 3.3.B.2.5, Gyumri

3.4 Obstacles for providing effective smoking cessation

3.4. A. High price and unavailability of smoking cessation drugs

Many of the respondents mentioned that their patients did not use smoking cessation drugs for quitting because of the high price of the drugs. Some of the physicians mentioned that they prescribed smoking cessation products, but found them to be ineffective. Unavailability of smoking cessation products was stressed as another obstacle for providing effective smoking cessation services. One of the physicians mentioned that she was not able to find smoking cessation products for her son.

> *"It [pharmacotherapy] is very costly. People in developed countries receive a large amount of nicotine gums. In Armenia smoking cessation drugs are very expensive as very few companies import it to our market.*
>
> *Phys 3.4.A.1*
> *Yerevan*
>
> *"Sometimes we can prescribe the medication; and then the patient comes back and says that it is almost several months that this drug is not available in the market. I feel very embarrassed. It would be better to be informed about the turnover of drugs during training courses".*
>
> *Phys 3.4.A.2,*
> *Yerevan*
>
> *"I have never heard that they [patients] quit smoking due to drugs, because the drugs are very expensive".*
>
> *Phys 3.4.A.3,*
> *Yerevan*
>
> *"My elder son is a musician and he frequently goes abroad. He always asks me to find Nicorette for him to take in the airplane. But I was not able to find it. I suggested that he can buy an ordinary chewing gum and put the nicotine from cigarette and chew it in the airplane. Every pharmacy that I visit, I was told that I should order it [Nicorette] beforehand".*
>
> *Phys 3.4.A.4,*
> *Yerevan*

3.4. B Overload of primary healthcare physicians

Physicians reported that they are overwhelmed with patients and with paperwork which restricts the time they spend with patients. Almost all primary healthcare physicians reported that unreasonable paper work and lack of time were the major obstacles for providing comprehensive counseling, including smoking cessation counseling.

"Usually I am so busy with paperwork that my patients say that I do not even look at their faces".

Phys 3.4.B.1, Yerevan

"It [paperwork] gradually increases. Although it does not help us to follow-up the patients".

Phys 3.4.B.2, Yerevan

"It is impossible to write and work with patients simultaneously, that is why usually we put aside the paperwork which gradually becomes a big pile of paper".

Phys 3.4.B.3, Gyumri

"We need enough time to provide concealing, but we do not have a lot of time. If we speak a lot we will not have time to write and as a result we will serve only 2-3 patients per day. In this case they [healthcare authorities] should pay attention to reducing the paperwork. Otherwise, it is impossible. We do not treat the patients because of lack of time".

Phys 3.4.B.4, Gyumri

"I do not like unreasonable paperwork. Now we type the same data and then we write the same thing manually. It is ridiculous".

Phys 3.4.B.5, Gyumri

"In our daily practice when during 3-4 hours we serve 10-15 patients and have a load of paper work, we are able to say only one thing "You are not allowed to smoke". And the patient may deny this (Օֆ, բժշկուհի ջան). And this is the end of the conversation".

Phys 3.4.B.6, Gyumri

3.4. C. Lack of knowledge and professional trainings on smoking cessation

The overwhelming majority of the participants mentioned that they did not feel comfortable for prescribing pharmacotherapy for smoking cessation to their patients. Lack of knowledge on smoking cessation drugs' side effects, as well as limited information on smoking cessation drugs in general were identified as the main reasons for not providing pharmacotherapy for smoking cessation.

"I do not try to prescribe the drugs".

Phys 3.4.C.1, Yerevan

"We do not know about negative side effects of [smoking cessation] drugs".

Phys 3.4.C.2, Gyumri

"... We are not knowledgeable enough [to prescribe the smoking cessation drugs], we are not professionals in it".

Phys 3.4.C.3, Yerevan

"… I am not fluent in prescribing smoking cessation drugs".

Phys 3.4.C.4, Yerevan

"I also do not prescribe the drugs, as I do not know how these drugs work".

Phys 3.4.C.5, Yerevan

The majority of the respondents mentioned that during several trainings and events they briefly covered smoking as a risk factor, while others noted that they had never participated in training courses covering smoking related issues. Some of the respondents indicated that they participated in training courses on smoking cessation several years ago.

"During the last training on the prevention of non-communicable diseases, there was a well written section about smoking, about patients' motivation".

Phys 3.4.C.6, Yerevan

"I clearly remember that training on non-communicable diseases had a section on smoking".

Phys 3.4.C.7, Gyumri

"During the training courses they [organizers] only mentioned about smoking as a risk factor, and how to control it, but did not mention about other aspects of smoking cessation".

Phys 3.4.C.8, Yerevan

"During the course on non-communicable diseases we referred to smoking as a risk factor".

Phys 3.4.C.10, Yerevan

"In 2008, I participated in a 3-days training. The trainers were from Kazakhstan. It was a great pleasure to participate".

Phys 3.4.C.11, Yerevan

"There was a training relating to tobacco control. It was 3 years ago. It was a 5-day course and it was very well organized".

Phys 3.4.C.12, Yerevan

"We briefly touched upon smoking-related issues during the training on family medicine".

Phys 3.4.C.13, Yerevan

"I participated in training; I was given a CD. It was 5 years ago, he [the trainer] came from Russia; he presented smoker's lung and bronchial conditions. He [the trainer] directed patients to a non-smoking lifestyle through influencing on patient psychology and educating the patient".

Phys 3.4.C.14, Yerevan

3.5 Professional Trainings

3.5. A. Past trainings

The overwhelming majority of the respondents mentioned that they recently participated in trainings on “Treatment and management of non-communicable diseases”, “Diagnosis, management and prevention of cervical cancer”, and “Emergency situations”. Several participants took part in trainings on nephrology, gastroenterology, and neurology.

The physicians highlighted that the main motivation for participation in the trainings was that the trainings were free of charge and they received CME (continuous medical education) credits for participation. Moreover, the respondents mentioned that every 5 years they have to pass several courses in order to have a right to continue working, otherwise they should pay for their training.

“Let us talk openly. If it is free we want to participate, as the physician should pay for trainings”.

Phys 3.5.A.1, Yerevan

“Credits are important because we are required to gain credits during the year for having the right to work. But from the perspective of knowledge, the credits are not required. But the trainings are required”.

Phys 3.5.A.2, Gyumri

“Of course, we would like to participate in professional trainings, but for most of the offered courses we have to pay”.

Phys 3.5.A.3, Gyumri

“Every 5 years we are obliged to participate in training courses”.

Phys 3.5.A.4, Yerevan

“That course was free of charge, and we participated in it with great pleasure. It was important for us, as we know that we would receive credits for participation”.

Phys 3.5.A.5, Yerevan

Physicians clarified that they did not receive credits for participating in trainings organized by pharmaceutical companies. Despite this fact the physicians expressed willingness to participate in training courses related to drug administration, as they become

informed about "latest news in pharmaceutical industry, as well as about latest drugs". The respondents also highlighted that participation in the trainings provide them up-to-date information, which is very important for them.

"Trainings organized by pharmaceutical companies do not provide any credits".
Phys 3.5.A.6, Yerevan

"Credits are not so important for me. When I participate in trainings I become more confident".
Phys 3.5.A.7, Yerevan

"Training content should include new information. The information should be beyond what we can find from the books".
Phys 3.5.A.8, Yerevan

Some of the participants noted that they received supportive materials during several training courses that referred to smoking cessation issue. However, the overwhelming majority of respondents mentioned that they were not familiar with the smoking cessation guidelines for primary healthcare physicians developed by the NIH (see Appendix 5 for the assessment of the existing National Smoking Cessation Guideline).

3.5. B. Interest in participation in a smoking cessation training

Almost all physicians expressed a willingness and interest to participate in smoking cessation training. Moreover, some of the respondents noted that the knowledge and skills gained from the training they would use not only while working with patients but also with their family members.

"I like that during trainings I receive new information that I can use in my daily practice".
Phys 3.5.B.1, Gyumri

"If as a result of the training we can help our patients, I will participate with great pleasure".
Phys 3.5.B.2, Yerevan

"I am very interested in that training as I need skills for my personal life as well".
Phys 3.5.B.3, Gyumri

3.5. C. Expectations from the upcoming smoking cessation training

While setting the expectations from the smoking cessation training to help their patients to quit smoking the physicians suggested that the smoking cessation training should have relevant content and include not only theoretical but also practical sections.

> *"It [smoking cessation training] should have a practical component".*
>
> *Phys 3.5.C.1, Yerevan*
>
> *"The training should be interactive".*
>
> *Phys 3.5.C.2, Yerevan*
>
> *"The content of the training should be up-to-date and interesting".*
>
> *Phys 3.5.C.3, Gyumri*
>
> *"Methods should be applicable and correspond to the needs of population that we can use them in Armenia".*
>
> *Phys 3.5.C.4, Yerevan*
>
> *"It is very important not only to provide knowledge but also practice. It would be better to organize groups with certain people and convince those people with certain words [demonstration of counseling]".*
>
> *Phys 3.5.C.2, Yerevan*

In addition, some of the participants valued the importance of being taught about smoking cessation products available in the Armenian pharmaceutical market. Several of the participants mentioned that nowadays only pharmaceutical companies presented smoking cessation drugs, while they would like to receive the latest guidelines and treatment schemes during professional trainings.

> *"It is a pity that nowadays the pharmaceutical companies present the drugs. We do not receive the latest guidelines and latest treatment schemes during professional trainings".*
>
> *Phys 3.5.C.5, Yerevan*
>
> *"Please inform us about the pharmaceutical market. What kinds of products are available for smoking cessation"?*
>
> *Phys 3.5.C.6, Yerevan*
>
> *"We are aware of harmful effect of nicotine, but we do not know the harmful effects of smoking cessation drugs".*
>
> *Phys 3.5.C.5, Yerevan*

The respondents also mentioned that they would like to participate in a short-term training that will last from 3-4 days up to 1 week, and would like to be organized in small groups with 10-15 people. Some participants noted that they would not like to participate in the training that lasts 4 hours per day, while others prefer having 3-4 days training that would last the whole day. However, the majority of physicians highlighted the importance of being "given time off from work" while participating in the smoking cessation training.

"One week may be too long. For example, we all are very satisfied with the course on cervical cancer[name], but let us speak frankly, 2 days are more than enough to gain that knowledge".

Phys 3.5.C.5, Yerevan

"It [training on smoking cessation] should be short, no more than 4 hours per day".

Phys 3.5.C.7, Yerevan

"It [training on smoking cessation] may last several days (3 or 4 days), even the whole day. And smoking cessation guide should be presented".

Phys 3.5.C.6, Yerevan

"It [training on smoking cessation] can be organized with a small group of people, maximum 10-15 people in a group".

Phys 3.5.C.8, Yerevan

"Training may last for 3-4 days; it depends on the volume of information. Plus we should be given time off from our work, as it would be very difficult to digest such difficult material after a working day".

Phys 3.5.C.9, Yerevan

The respondents expressed diverse opinions regarding who should be lecturers/trainers. Psychologists, oncologists, cardiologist, pulmonologist and trained smoking cessation professionals were considered as appropriate potential trainers. There were contradictory opinions regarding the role of psychologists in providing the smoking cessation training. Some of the participants highlighted the important role of psychologists, while others noted that no one will visit a psychologist for quitting.

"We do not have a culture of visiting psychologists".

Phys 3.5.C.10, Yerevan

"Maybe people visit psychologists for quitting, but in Armenia who visits psychologists?

Phys 3.5.C.11, Yerevan

"Therapist plus psychologist [should be trainers], as the psychologist may suggest his/her own options".

Phys 3.5.C.6, Yerevan

"A person who deals with this issue [should be a trainer]. It does not matter the specialty, but it should be a person with experience and who can share own results".

Phys 3.5.C.2, Yerevan

"Trained professionals should teach us. But that professional should be foreigner, as in Armenia we do not have such specialists".

Phys 3.5.C.5, Yerevan

"Pulmonologist. The trainers should be aware of the topic in order to share it with us".

Phys 3.5.C.6, Yerevan

The overwhelming majority of respondents mentioned that the training should be organized outside of the polyclinic; nevertheless, some physicians mentioned that the training could be run in the polyclinic as well. Moreover, primary health care physicians from Gyumri expressed contradictory opinions regarding the city where the training could be organized. Some of them preferred to participate in a training organized in Gyurmi, while others in Yerevan.

"It would be better to organize training in our polyclinic".

Phys 3.5.C.2, Yerevan

"It is impossible [to organize training in the polyclinic] as patients will disturb us. During the cervical cancer course we were listening with a clear mind. If you see your patient one hour ago, he/she will be in your mind. Moreover, patients would find us in the polyclinic".

Phys 3.5.C.9, Yerevan

"The training should be organized out of polyclinic, as patients will disturb us all the time; they will knock the door, as well as will open and close it all the time".

Phys 3.5.C.1, Yerevan

"[Training should be organized] close to our workplace in order not to lose time. Maybe in polyclinic".

Phys 3.5.C.2, Yerevan

"I would like to participate in a training that is organized in Gyumri".

Phys 3.5.C.10, Gyumri

"In Yerevan. I would like to enjoy Yerevan for one or two days".

Phys 3.5.C.11, Gyumri

4. CONCLUSIONS AND RECOMMENDATIONS

Based on the study findings the research team made the following conclusions:

- Primary healthcare physicians acknowledged smoking as a serious public health problem in Armenia.
- Cardiovascular diseases, cancer, injuries and COPD were identified as the leading causes of death among the adult Armenian population. Primary healthcare physicians considered diet, alcohol consumption, smoking, environmental pollution ecology (including living conditions), sedentary lifestyle and stress as the common risk factors for developing those diseases that are the leading causes of death in Armenia.
- Primary healthcare physicians identified themselves as the practitioners who mainly provided preventive services to the general population. They acknowledged their role in advising patients to quit smoking but they did not accept that assistance in smoking cessation is their responsibility.
- Primary healthcare physicians believed that financial burden and health hazards of smoking were the main reasons why smokers should quit smoking. Willpower was considered as the main tool for quitting in Armenia.
- Primary healthcare physicians reported that there was no formal and regulated way for identifying and reporting the smoking status of patients, thus physicians were not always aware of the smoking status of their patients.

- Physicians mostly provided behavioral support to their patients for quitting (advise, tips). Primary healthcare physicians identified that patients who developed chronic diseases were more likely to quit.
- Primary healthcare physicians believed that while trying to stop smoking some patients experience loss of teeth, weight gain, and nervous tension.
- Primary healthcare physicians did not have appropriate skills and knowledge in smoking cessation pharmacotherapy and they rarely prescribed drugs to assist their patients in smoking cessation. Unreasonable paper work and lack of time were identified as other obstacles for providing comprehensive counseling in smoking cessation.
- Primary healthcare physicians believed that their patients did not use/did not ask for smoking cessation drugs for quitting because of the high price and low access to the drugs.
- Primary healthcare physicians participated in several professional trainings and events during which they briefly covered the role of smoking as a risk factor for some diseases. The main motivation was that training courses were free of charge and physicians received continuous professional development credits for participation.
- Physicians were interested and willing to participate in training/courses on smoking cessation counseling to help their patients to quit. They were mostly interested in gaining skills and knowledge on different smoking cessation methods, particularly in pharmacotherapy.
- Primary healthcare physicians indicated that they expected from upcoming smoking cessation training the following: relevant content (including practical sections), be short-term and organized in a small group outside of the polyclinics. Psychologists, oncologists, cardiologists, pulmonologists as well as trained professionals in smoking cessation were considered as potential trainers.

Taking into consideration the study findings, the research team presents the following recommendations:

- Develop and implement smoking cessation training for primary healthcare physicians to:
    - provide evidence-based brief advice on quitting smoking to all patients at any medical contact
    - ensure accurate and adequate identification/documentation of smoking status.
- Make appropriate changes in medical charts to ensure accurate and adequate documentation of smoking status
- Ensure availability and affordability of smoking cessation medications
- Regularly update the National Smoking Cessation Guideline and implement it into the primary healthcare physicians' practice
- Develop performance-based reimbursement mechanism to motivate primary healthcare physicians to provide smoking cessation counseling.

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TABLES

Table 1. Demographic characteristics of FGD participants

Characteristics		**N (number)**
Age, Mean (Range)		**53 (37-75)**
Gender		
	Male	**0**
	Female	**23**
Residence		
	Yerevan	**12**
	Gyumri	**11**
Current smoking status		
	Yes	**2**
	No	**21**
Working Years, Mean (Range)		**27 (9-53)**
Training on Smoking Cessation		
	Yes	**13**
	No	**10**

APPENDICES

Appendix 1: Focus group discussion guides (English and Armenian versions)

Place____

Date____

Time____

Moderator____

Recorder____

Introduction

Purpose: Today we will be focusing our discussion on the tobacco burden in Armenia and the important role of health professionals in tobacco control. All your views, concerns, perspectives and suggestions for solutions of the issues concerning high smoking prevalence and smoking attributable morbidity/mortality in Armenia will play an important role in national planning and strategizing. We will ask the question to better understand what you think and do related to smoking cessation.

Procedures: Our discussion will take about 60-70 minutes. Please remember that there are not right or wrong answers and you are free to ask for clarification if you do not understand the question. We want this to be a group discussion, so feel free to respond to me and to other members in the group without waiting to be called on. However, we would appreciate it if only one person did talk at a time. Be ensured that all of you will have equal opportunity to express your opinions and please be respectful to divergent attitudes expressed by other participant.

Confidentiality: The session will be recorded with your permission and a transcript of the discussion will be made so that we do not miss anything you have to say. Please be assured that at no time will I record any names or other identifying information. We will protect the information you give us as best as we can and the audio-recording will be destroyed after completion of the project.
You can refuse to answer any question and leave discussion group at any time. You will not be penalised in any way if you decide not to participate.

May I continue?

A. General questions on medical practice:

1. Let's start with each of you telling about your daily work activities and years of work as a primary health care physician?
   For probing: What kind of patients do you often see? How many per day/week? How much time do you spend with each patient?

2. What do you like/dislike most in your work?
3. In your opinion, what is the main role of the primary health care physician?

B. Professional trainings

1. Could you please tell us about professional trainings that you participated in the last two years?
   For probing: Who organized them? How did you learn about them? Did you pay for them? Were they required or you decided by yourself to participate? Did you receive credits for participating in the training?

2. Which training did you like the most? Why?
3. Could you please list courses during which you learned about tobacco/smoking?
4. Which of the courses covered the topic more effectively? Please explain.

C. Questions on smoking-related issues.

1. What proportion of population smoke in Armenia? Male, female? How does that compare to rates of smoking in other countries?
2. Could you please list three leading causes of death in Armenia?
3. What are the most common risk factors related to these diseases and what are the ways of altering these risk factors?
4. Have you ever asked anyone not to smoke around you?
5. How much would you worry about the smoking habits of your close friends and/or a member of your family?
6. Have you ever tried to convince someone to quit smoking?

D. Physician and patient smoking

1. How do you identify your patients' smoking status?
2. Have you ever tried to intervene about patients' smoking? How?
   For probing: Tell us about your success stories? Failures?
3. How do you report your patients smoking status and/or provided consultation in the medical records?
4. Could you suggest a few reasons why smokers should quit?
5. Could you please list/ describe the most common ways people quit smoking in general and in Armenia? Any other suggestions?
6. What difficulties, issues can a smoker experience while trying to stop smoking?
7. How comfortable do you feel about advising your patients to quit? Why?
8. How comfortable do you feel about prescribing your patients medications for quitting smoking? Why?
9. Have you seen the smoking cessation guide developed for the family doctors in Armenia? If yes, what do you think about it?
10. Would you be interested in taking a short course/training on smoking cessation counseling to help your patients to quit? Why? Why not?
11. What would be your main expectations from that course/training?

For probing: How long the training should be? What topics are you most interested in? Who should be the teachers? Where should this trainings be organized?

12. Is there any other information regarding this topic you would like to add?

Closure of the Focus Group Discussion

Though there were many different opinions about smoking cessation. It appears unanimous that smoking cessation counselling is/NOT the part of your work. Does anyone see it differently? It seems that most of you agree/disagree to participate in the training on smoking cessation and then advise and help your smoking patients to quit smoking. Does anyone want to add or clarify an opinion on this?

We have finished with the discussions today. Thank you very much for participation. Your time is very much appreciated and your comments have been very helpful. You have a card with the name of the people who manage the research, their phone number, if you have any questions or concerns, at any time you can contact us.

Time at the end of the discussion	|___|___| h |___|___| min
Comments: Attitudes of the participants during the discussion: …………………………………………….. ………………………………………………………………………………………………… ………………………………………………………………………………………………… ………………………………………………………………………………………………… Interruptions during the discussion: no/yes (frequency)…………..……………………….……	

THANK YOU

Առաջնային օղակի բուժաշխատողների հետ խմբային քննարկման ուղեցույց

Վայր____

Ամսաթիվ____

Ժամ ____

Վարող ____

Գրառումներ կատարող____

Ներածություն

Նպատակ: Այսօր մենք կքննարկենք Հայաստանում ծխախոտի օգտագործման ծանր հետևանքների և ծխախոտի դեմ պայքարում բուժաշխատողների կարևոր դերի մասին:
Ծխելու լայն տարածվածության և ծխախոտի օգտագործման հետ կապված մահացության/հիվանդացության խնդիրների լուծման Ձեր տեսանկյունները, մտահոգությունները, հեռանկարները և առաջարկությունները կարևոր նշանակություն ունեն այս ոլորտում ազգային ռազմավարության մշակման գործում: Մենք Ձեզ հարցեր կտանք, որպեսզի ավելի լավ հասկանանք, թե դուք ի՞նչ կարծիք ունեք և ի՞նչ քայլեր եք իրականացնում ծխելը դադարեցնելը խրախուսելու համար::

Ընթացակարգ: Մեր քննարկումը կտևի մոտ մեկ ժամ: Խնդրում եմ հիշեք, որ չկան ճիշտ և սխալ պատասխաններ, և դուք ազատ կարող եք հարցնել, եթե ինչ-որ բան անհասկանալի է ձեզ համար: Մենք ուզում ենք, որ սա խմբային քննարկում լինի, հետևաբար ազատ զգացեք ձեզ և կիսվեք իմ և խմբի մյուս անդամների հետ, եթե ասելիք ունեք: Սակայն կարևոր է, որ հերթով խոսենք, որպեսզի ձեզանից յուրաքանչյուրը սեփական մտքերն արտահայտելու հավասար հնարավորություն ունենա: Խնդրում եմ հարգալից գտնվել միմյանց նկատմամբ, եթե տարբեր կարծիքներ հնչեն:

Գաղտնիություն: Ձեր թույլտվությամբ այս հանդիպումը կձայնագրենք, որպեսզի ոչ մի կարևոր տեղեկատվություն բաց չթողնենք: Ոչ ձեր անունները, ոչ էլ ձեր անձը բացահայտող որևէ այլ տեղեկատվություն չի որևէ փուլում չի արձանագրվի: Ձեր կողմից ստացված տեղեկատվությունը մենք խիստ գաղտնի ենք պահելու, իսկ ձայնագրությունները ջնջելու ենք ծրագրի ավարտից հետո: Դուք կարող եք հրաժարվել մասնակցելուց կամ լքել քննարկումը ցանկացած պահի: Դա ոչ մի կերպ չի ազդի ձեզ վրա, եթե դուք հրաժարվեք մասնակցել քննարկմանը:

Կարո՞ղ եմ շարունակել:

Ա. Բժշկական պրակտիկայի վերաբերյալ ընդհանուր հարցեր

a. Եկեք սկսենք նրանից, որ ձեզանից յուրաքանչյուրը պատմի իր աշխատանքային գործունեության վերաբերյալ և իր աշխատանքային տարիների մասին՝ որպես առաջնային օղակի բուժաշխատող: *Փորձ. Ինչպիսի՞ հիվանդների եք դուք հաճախ ընդունում: Օրեկան/շաբաթական քանի՞ հիվանդ եք ընդունում: Որքա՞ն ժամանակ եք տրամադրում յուրաքանչյուր հիվանդին:*

b. Ի՞նչն եք ամենաշատը սիրում/ չեք սիրում ձեր աշխատանքում:

c. Ձեր կարծիքով, ո՞րն է առաջնային օղակի բուժաշխատողների հիմնական դերը:

Բ. Մասնագիտական վերապատրաստումներ/դասընթացներ

1. Խնդրում եմ պատմեք մասնագիտական վերապատրաստումների/ դասընթացների մասին, որոնց մասնակցել եք վերջին երկու տարիների ընթացքում: *Փորձ. Ովքե՞ր են կազմակերպել այդ վերապատրաստումները/ դասընթացները: Ինչպե՞ս եք իմացել այդ վերապատրաստումների/ դասընթացների մասին: Վճարե՞լ եք արդյոք այդ վերապատրաստումներին/ դասընթացներին մասնակցելու համար: Վերապատրաստումների/ դասընթացներին մասնակցելը պարտադի՞ր էր, թե ձեր ցանկությամբ եք մասնակցել: Դուք կրեդիտներ ստացե՞լ եք այդ վերապատրաստումներին/ դասընթացներին մասնակցելու համար:*
2. Ո՞ր վերապատրաստումները/դասընթացներն եք հավանել ամենաշատը: Ինչո՞ւ:
3. Կարո՞ղ եք թվարկել այն վերապատրաստումները/դասընթացները, որոնց ընթացքում անդրադարձել եք ծխախոտի/ծխելու խնդիրներին:
4. Ո՞ր վերապատրաստումները/դասընթացներն են ավելի արդյունավետ լուսաբանել տվյալ խնդիրը: Խնդրում եմ պարզաբանեք:

Գ. Ծխելու հետ կապված հարցեր

1. Ձեր կարծիքով Հայաստանում բնակչության ո՞ր մասն է ծխում: Տղամարդի՞կ, կանա՞յք: Ինչպե՞ս է այս ցուցանիշը համեմատած այլ երկրներում ծխելու ցուցանիշի հետ:
2. Խնդրում եմ թվարկեք, թե որոնք են Հայաստանում մահվան երեք հիմնական պատճառները:
3. Որո՞նք են այս հիվանդությունների առաջացման հիմնական ռիկի գործոնները և որո՞նք են այդ ռիսկի գործոնները նվազեցնելու ուղիները:
4. Երբևէ խնդրե՞լ եք որևէ մեկին չծխել ձեր ներկայությամբ:
5. Որքա՞ն եք դուք անհանգստանում ձեր մտերիմ ընկերոջ և/կամ ձեր ընտանիքի անդամի ծխելու սովորության համար:
6. Երբևէ համոզե՞լ եք որևէ մեկին դադարեցնել ծխելը:

Դ. Բուժաշխատողների և հիվանդների ծխելու սովորույթը

1. Ինչպե՞ս եք բացահայտում ձեր հիվանդի ծխելու կարգավիճակը:
2. Դուք երբևէ՞ փորձել եք փոխել ձեր հիվանդների ծխելու սովորությունը: Ինչպե՞ս: *Փորձ. Պատմեք խնդրում եմ ձեր հաջողված/անհաջող դեպքերի մասին:*
3. Բժշկական փաստաթղթերում ինչպե՞ս եք արձանագրում հիվանդի ծխելու կարգավիճակը և/կամ նրան տրամադրված խորհրդատվությունը:
4. Կարո՞ղ եք թվարկել մի քանի պատճառներ, թե ինչու ծխողները պետք է դադարեն/թողնեն ծխելը:
5. Թվարկեք/նկարագրեք խնդրում եմ ամենատարածված ձևերը, թե ինչպես են մարդիկ թողնում ծխելն ընդանրապես և Հայաստանում: Այլ առաջարկություններ:
6. Ի՞նչ դժվարությունների/խնդիրների կարող է ունենա մարդը, ով ցանկանում է թողնել ծխելը:
7. Որքա՞նով եք ձեզ վստահ զգում հիվանդին ծխելը դադարեցնելու խորհուրդ տալու առումով: Ինչո՞ւ:
8. Որքա՞նով եք ձեզ վստահ զգում հիվանդին ծխելը դադարեցնելու համար դեղորայք նշանակելու առումով: Ինչո՞ւ:
9. Դուք ծանո՞թ եք Հայաստանում ընտանեկան բժիշկների համար պատրաստված ծխելը դադարեցնելու ազգային ուղեցույցին: Եթե այո, ապա ի՞նչ եք կարծում դրա մասին:
10. Ձեզ հետաքրքի՞ր կլիներ մասնակցել ծխելը դադարեցնելու մեթոդների վերաբերյալ կարճ վերապատրաստման/դասընթացի: Ինչո՞ւ: Ինչո՞ւ ոչ:
11. Ո՞րն է ձեր հիմնական ակնկալիքը այդ վերապատրաստումից/դասընթացից: *Փորձ. Որքա՞ն երկար պետք է վերապատրաստումը/դասընթացը տևի: Ո՞ր թեմաներն են ձեզ առավել հետաքրքիր: Ո՞վ պետք է լինի դասընթացավարը: Որտե՞ղ եք նախընտրում, որ անցկացվի վերապատրաստումը/դասընթացը:*
12. Կա՞ արդյոք որևէ բան, որ դուք կցանկանայիք ավելացնել:

Խմբային քննարկման ավարտը/փակումը

Թեև տարբեր կարծիքներ հնչեցին ծխելու դադարեցման վերաբերյալ, ակնհայտ է, որ ծխելու դադարեցմանն ուղղված խորհրդատվությունը ձեր աշխատանքի մի մասն է կազմում/չի կազմում: Կա՞ որևէ մեկը, որ այլ կերպ է կարծում:

Ակնհայտ է, որ ձեզանից շատերը ցանկանում են մասնակցել/չեն ցանկանում մասնակցել դասընթացի/վերապատրաստման, որպեսզի հետագայում խորհուրդ տան/օգնեն իրենց հիվանդներին դադարեցնել/թողնել ծխելը: Կա՞ ինչ-որ մեկը,որ ցանկանում է որևէ բան ավելացնել կամ պարզաբանել իր կարծիքն այս մասին:

Այսօրվա մեր քննարկումն ավարտվեց: Շնորհակալ ենք մասնակցության և ձեր տրամադրած ժամանակի համար: Ձեր կարծիքները շատ օգտակար են: Դուք ունեք այցեքարտեր, որոնց վրա նշված են հետազոտական թիմի անդամների անունները և հեռախոսահամարները: Հարցեր ունենալու դեպքում կարող եք դիմել:

Քննարկման ավարտի ժամը	|___|___| ժ |___|___| րոպե
Նշումներ: Մասնակիցների վերաբերմունքը քննարկման ժամանակ .... ………………………………………………………………………………………………… ………………………………………………………………………………………………… ………………………………………………………………………………………………… Քննարկումների ժամանակ ընդհատումներ: այո/ոչ (հաճախականությունը)…………..…………………………..	

ՇՆՈՐՀԱԿԱԼՈՒԹՅՈՒՆ

Appendix 2: Demographic forms for FGD participants (English and Armenian versions)

1	Age__________
2	Gender □ Male □ Female
3	Where do you work? □Yerevan □ other city________________________ □ village______________ _____________
4	Which statement best describes you? □ I have never smoked cigarettes □ I smoke cigarettes less than daily □ I smoke cigarettes every day □ I quit smoking cigarettes less than 1 year ago □ I quit smoking cigarettes more than 1 year ago
5	How many years do you work as a physician (excluding residency)___________________
6	Have you ever participated in training on smoking cessation? □Yes When?______________________ □No

	Ժողովրդագրական տվյալներ
1.	Տարիք _________________
2.	Սեռ □ Տղամարդ □ Կին
3.	Որտե՞ղ եք Դուք աշխատում: □ Երևան □ այլ քաղաք ____________________ □ գյուղ__________________________
4.	Ներքոհիշյալ ո՞ր պնդումն է ամենալավը բնութագրում Ձեզ: □ Ես երբեք ծխախոտ չեմ օգտագործել □ Ես օգտագործում եմ ծխախոտ, բայց ոչ ամեն օր □ Ես օգտագործում եմ ծխախոտ ամեն օր □ Ես թողել եմ ծխելը վերջին 1 տարվա ընթացքում □ Ես թողել եմ ծխելը ավելի քան 1 տարի առաջ
5.	Քանի՞ տարի է, որ Դուք աշխատում եք որպես բժիշկ (չհաշված կլինիկական օրդինատուրան) _________________________
6.	Երբևէ մասնակցե՞լ եք ծխախոտի դադարեցման վերաբերյալ վերապատրաստման/դասընթացի: □ Այո Ե՞րբ______________________ □ Ոչ

Appendix 3. Consent forms (English and Armenian versions)

Consent form
American University of Armenia
Institutional Review Board #1
"Implementing the FCTC Article 14 in Armenia through Building National Capacity in Smoking Cessation Training"

Hello! My name is… I am working at the Center for Health Services Research and Development within the School of Public Health at the American University of Armenia. American University of Armenia (AUA) is conducting a project that aims to design, implement and evaluate the first smoking cessation training program for health professionals in Armenia.

You have been invited to this meeting because you are a primary healthcare phycisian working in Yerevan/… We will have a few such meetings with up to 15-20 other physicians. The purpose of our meeting today is to learn your opinions that will help us to assist in the development of the training course and to assess the current practices and possible obstacles and challenges in the implementation of this innovative course.

The information provided by you will remain confidential and will be used only for current project. Only aggregate/summary data will be used in further research. The participation in this discussion is completely voluntary. It is your right to withdraw whenever you want; there won't be any negative consequences related to your work. Please feel free to share and present your opinions on the discussion questions, because all different opinions are equally important and respected.

Participation in these discussions does not have any direct benefit or harm to you, but your responses are valuable for us and will contribute to successful development and implementation of this project.

Today's discussion will last approximately 1 hour. We will take notes throughout the session. Also with your permission we will audio-record the discussions to make sure that we will not miss any of the information you provide.

Here is the card with contact information for the research team. If you have any questions regarding this project you can call the Principal Investigator Dr. Arusyak Harutyunyan, (+37460) 612621 or (+374 94) 630077 (mobile).

If you feel you have not been treated fairly or think you have been hurt by joining the project you should contact Dr. Kristina Akopyan, the Human Subject Protection Administrator of the American University of Armenia (37460) 61 25 61.

Do you agree to participate?

Thank you.

If yes, shall we continue?

Իրազեկ համաձայնության ձև
Հայաստանի ամերիկյան համալսարան
Գիտահետազոտական էթիկայի թիվ 1 հանձնաժողով

«ԾՊՇԿ 14-րդ հոդվածի ներդրումը Հայաստանում՝ ծխելը դադարեցնելու վերաբերյալ դասընթացների իրականացնելու ազգային կարողությունների զարգացման միջոցով»

Բարև ձեզ, իմ անունն ..... է: Ես աշխատում եմ Հայաստանի ամերիկյան համալսարանի Հանրային առողջապահության ֆակուլտետում: Հայաստանի ամերիկյան համալսարանի Առողջապահական ծառայությունների հետազոտությունների և զարգացման կենտրոնն իրականացնում է մի ծրագիր, որի նպատակն է առաջնային օղակի բուժաշխատողների համար մշակել, ներդնել և գնահատել ծխելը դադարեցնելուն ուղղված ուսուցողական դասընթաց:

Դուք հրավիրված եք մասնակցելու այս հանդիպմանը, քանի որ դուք առաջնային օղակի բուժաշխատողներ եք և աշխատում եք Երևանի թիվ ... պոլիկլինիկայում:

Մենք մի քանի նմանատիպ հանդիպումներ կունենանք 15-20 այլ բուժաշխատողների հետ: Այսօրվա մեր հանդիպման նպատակն է ծանոթանալ Ձեր կարծիքներին, որը կօգնի մեզ զարգացնել նորարարական այս ուսուցողական ծրագիրը, գնահատել Ձեր փորձառությունը և ծրագրի ներդրման հնարավոր խոչընդոտները:

Ձեր կողմից տրամադրված տեղեկատվությունը կպահպանվի գաղտնի և կկիրառվի միայն հետազոտական նպատակներով: Միայն ամփոփված տվյալները կներկայացվեն վերջնական զեկույցում:

Ձեր մասնակցությունն այս ծրագրում կամավոր է: Դուք իրավունք ունեք դուրս գալ ծրագրից, երբ ցանկանաք, և դա ոչ մի բացասական հետևանք չի ունենա Ձեր աշխատանքի վրա: Խնդրում եմ ազատ զգացեք Ձեզ, արտահայտեք Ձեր կարծիքը քննարկվող հարցերի վերաբերյալ, քանի որ բոլորիդ կարծիքները հավասարապես կարևոր են մեզ համար և արժանի են ուշադրության:

Ձեր մասնակցությունն այս քննարկումներում չի նախատեսում որևէ անմիջական օգուտ կամ վնաս, սակայն Ձեր անկեղծ պատասխանները չափազանց կարևոր են մեզ համար և կնպաստեն այս ծրագրի բարեհաջող զարգացմանն ու ներդրմանը:

Այսօրվա քննարկումը տևելու է մոտավորապես 1 ժամ: Մենք կգրառենք և Ձեր թույլտվությամբ նաև կձայնագրենք հանդիպումը՝ համոզված լինելու համար, որ ոչ մի կարևոր ինֆորմացիա բաց չենք թողել:

Եթե Դուք որևէ հարց ունենաք այս ծրագրի վերաբերյալ, ապա կարող եք այս այցեքարտում նշված հեռ. համարով զանգահարել գլխավոր հետազոտող Արուսյակ Հարությունյանին (374 60)612621 կամ (374 94) 630077 (բջջային). Եթե Դուք կարծում եք, որ Ձեզ հետ արդարացի չենք վարվել կամ որևէ կերպ վնաս ենք պատճառել Ձեզ ծրագրի մասնակցության ընթացքում, ապա խնդրում ենք դիմել Հայաստանի ամերիկյան համալսարանի Էթիկայի հանձնաժողովի համակարգող Քրիստինա Հակոբյանին հետևյալ հեռախոսահամարով՝ (374 60) 61 25 61:

Դուք ցանկանո՞ւմ եք մասնակցել:

Շնորհակալություն: Կարո՞ղ ենք սկսել:

Appendix 4. Information on existing medical records in Armenia

According to the Article 14 of the WHO FCTC "parties should ensure that the recording of tobacco use status in all medical and other relevant notes is mandatory, and should encourage the recording of tobacco use in death certification".

In order to achieve the best smoking cessation rates, all smokers must be systematically identified at each medical contact, whether or not the patient is in consultation for a tobacco-related disease. All doctors, independent of their specialty, should use these occasions to identify smokers and to organize cessation therapy. Clinical evaluation of tobacco use is a mandatory medical act and must be legitimized as a routine intervention.

According to the Decree N 1752-N adopted by the Ministry of Health of the Republic of Armenia in 2007, there are three types of outpatient medical record[1]. The Decree N73-N adopted by the Ministry of Health of the Republic of Armenia in 2013 includes the Outpatient medical record for oncology patients[2]

1. Adult outpatient medical record (մեծահասակի ամբուլատոր բժշկական քարտ)
2. Child (male) outpatient medical record (երեխայի (տղա) բժշկական հսկողության ամբուլատոր քարտ)
3. Child (female) outpatient medical record (երեխայի (աղջիկ) բժշկական հսկողության ամբուլատոր քարտ)։
4. Outpatient medical record for oncology patients (ուռուցքաբանական հիվանդի ամբուլատոր քարտ)

None of the existing outpatient medical records have special place for recording the smoking status of patients. In the outpatient oncology patient's medical record point 19 refers to patients "harmful habits" without any further specification.

The Decree N 02-N adopted by the Ministry of Health of the Republic of Armenia in 2014 there are four types of inpatient medical records[3];

1. Adult inpatient medical record (Մեծահասակի հիվանդության պատմագիր)
2. Psychiatric inpatient medical record

[1] http://www.arlis.am/DocumentView.aspx?DocID=45412
[2] http://www.arlis.am/documentview.aspx?docID=87877
[3] http://www.arlis.am/DocumentView.aspx?DocID=89951

3. Child inpatient medical record (Երեխայի հիվանդության պատմագիր)
4. Labor/Delivery inpatient medical record (Ծննդաբերության պատմագիր)

Only in adult inpatient medical record under “objective examination data” (Օբյեկտիվ զննման տվյալներ) section there is a place where the physician may record smoking status of the patient (smoking yes/no) without any specification on the duration of smoking, number of smoked cigarettes per day, level of dependence , and other details.

Appendix 5. Assessment of the national guideline on smoking cessation

In 2009, the National Institute of Health (NIH) developed the first smoking cessation national guideline for primary healthcare physicians in Armenia, and the Ministry of Health (MoH) approved it.

In 2010 smoking cessation national guideline was revised and designed for all healthcare professionals with the main focus on primary healthcare physicians.

We assessed/summarized the main components of the latest smoking cessation national guideline currently available in Armenia using the questionnaire used for "Tobacco dependence treatment guidelines in 31 countries" [4] article.

1. The guideline focuses on those interventions, which are applicable in healthcare system and support those who want to quit. The guideline recommends brief interventions for smoking cessation which include recommendations about smoking status of the smokers and interventions for smoking cessation. The interventions based on the international 5 A's algorithm for guiding the development of behavioral interventions, which represent ask, advice, assess, assist and arrange principles.
2. The guideline recommends medications for smoking cessation that are registered in Armenia and it contains information about drugs, which are widely used internationally but are not registered and available in Armenia. Table 1 presents the medications described in the guideline.

Table 1: Recommended Drugs According to the National Guideline on Smoking Cessation for Primary Healthcare Physicians in Armenia

Registered and available in Armenia	Not registered but used internationally
Varenicline _ Champix	Nicotine inhaler _ Nicotrol
Nicotine gum _ Nicorette gum	Nicotine nasal spray _ Nicotrol
Cytisine _ Tabex	Nicotine patch _ Nicoderm, Nicotrol

3. The guideline does not recommend alternative interventions such as quit lines, self-help books/resources, hypnosis, acupuncture, laser therapy, and other ways.

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[4] Raw M, Regan S, Rigotti N, McNeill a. A survey of tobacco dependence treatment guideilnes in 31 countries. *Addiction*. 2009;104(7):1243-1250. doi:10.1111/j.1360-0443.2009.02584.x.A

4. The interventions described in the guideline can be used by doctors having different professions but are more applicable in primary health care settings.
5. The guideline does not explicitly refer to the Cochrane database.
6. For the development of the guideline the following main documents were considered:
    a. The WHO European strategy for smoking cessation policy, WHO, Copenhagen, 2004
    b. The WHO evidence-based recommendations on the treatment of tobacco dependence, WHO, Copenhagen, 2001
    c. Fiore MC, Baily WC, Cohen SJ, et al. Treating tobacco use and dependence, Clinical practice guideline. Rockvile, MD: US Department of Health and Human Services. Public health service. June 2000
7. The guideline is a national document.
8. The guideline is applicable for the whole healthcare system and for the entire country.
9. The guideline was prepared by the working group from the Ministry of Health of Armenia.
10. From the guideline it is not clear whether it went through any kind of peer review process.
11. Information about funding is not provided.
12. Working group from Ministry of Health of Armenia led the process of guideline development.
13. The guideline does not include evidence on cost-effectiveness of different interventions.
14. The guideline does not contain information about the impact the guideline had on the treatment policy.