

C. Main Content of Proposal

1. Overall Goals and Objectives

Main purpose of the proposal: Although there is an increase, the numbers of medical institutions in Japan that can provide smoking cessation treatment with medical insurance is 15.1% of all of the medical institutions nationwide are still low (as of September 5th, 2017).¹ Medical institutions that provide smoking cessation support within the psychiatry department are even fewer, estimated to be roughly 6% (as of December 26th, 2016).² With total smoking cessation within medical institutions being obligated by law to prevent second-hand smoke, ahead of the 2020 Olympic and Paralympic games, it is anticipated that the needs for smoking cessation treatment within psychiatry departments that show a delay in smoking cessation on their properties will increase, yet their infrastructure is insufficient. For this reason, it is especially important to train specialists and supporters who can aid in smoking cessation treatment while also being able to advocate for smoking cessation on premises, as well as to increase medical institutions, especially psychiatrists, who can provide smoking cessation treatment covered by health insurance. Also, by training specialists and supporters who can provide counseling, effects of smoking cessation treatment will improve, burdens on doctors providing the treatment will lessen, and implementation of smoking cessation treatment and recurrence prevention will also be aided. In seminar questionnaires on smoking cessation treatment by the Japan Society for Tobacco Control, requests for themes regarding counseling and smoking cessation treatment for patients with mental disabilities are high, pointing to the existing demand.

Main Objectives: Within all areas of Japan

- Smoking cessation treatment and support based on the ‘Standard procedure manual for smoking cessation treatment’ to be provided. -Lecture-style seminars-
- Appropriate smoking cessation treatment to be provided to mentally disabled peoples. -Lecture-style seminars-
- Increase medical institutions that accept health insurance for smoking cessation treatment. Especially to be increased within medical institutions that sponsor psychiatry departments. -Lecture-style seminars-
- To train specialists and supporters who can advocate for on-site smoking cessation to medical institutions providing smoking cessation treatment in the broad sense. -Lecture-style seminars-
- To train specialists or supporters who understand the basics of smoking cessation support. -Lecture-style seminars and workshops
- To train specialists and supporters who can apply smoking cessation counseling for clinical situations. -Lecture-style seminars and workshops-

The Japan Society for Tobacco Control was established with the objective of ① promoting academic research and investigations regarding smoking cessation and second-hand smoking prevention, and ② appealing not only to doctors, dentists, pharmacists, nurses, and other health and medical professionals, but also the general public who has interest in smoking cessation in hopes of promoting second-hand smoking prevention and smoking cessation, actively advocating the above, and thus strongly agrees with ③ regarding this project.

2. Evaluation of the current necessity in the target areas

a. Necessity of this project within the target areas

According to the 2015 National Health and Nutrition Survey, 55 % of men and 56% of women are either hoping to quit smoking or reduce the amount they smoke, however only 8% are said to be able to quit on their own.^{3, 4} Many cases are seen where people attempt smoking cessation on their own but fail, give up on smoking cessation efforts, or try to rationalize smoking. On the other hand, the Basic Plan for Promoting Cancer Management that was established in 2012, the goal is to reduce the adult smoking rate to 12% by the year 2022.⁵ The adult smoking rate in 2016 was 19.8%. In order for the goal to be met, in order to meet the target number of 12%, it is necessary to make it possible for all people who wish to quit smoking succeed in their efforts.⁶ For that, it is important to increase medical institutions that offer smoking cessation treatment that is covered by health insurance. With this project, we aim to train healthcare specialists and supporters who can provide or support smoking cessation treatment while also increasing the number of medical institutions that can provide smoking cessation treatment covered by health insurance. The numbers of people withing to quit smoking is also high among the mentally disabled. If numbers of psychiatrists that offer smoking cessation treatment covered by health insurance increase, access would become easier, while also assuring safer and certain treatment by staff that are knowledgeable on addictions and mental illness. For this, there is a definite need to support on-site smoking cessation especially at psychiatrists, while increasing the numbers of psychiatrists who provide smoking cessation treatment covered under health insurance.

b. Suggested Project

The goal for the 2012 Basic Plan for Promoting Cancer Management is to lower the adult smoking rate to 12% by 2022. However, according to the 2016 Comprehensive Survey of Living Conditions by the Ministry of Health, Labour and Welfare, the adult smoking rate of 2016 was 19.7%. The 2015 National Health and Nutrition Survey shows that 55% of men and 56% of women hope to quit smoking or reduce smoking, while only 8% are able to do so themselves. This shows that in order to reach the goal, it is imperative to provide smoking cessation treatment. Also, according to the Health Promotion Act, medical institutions are to be entirely smoke-free, however according to Ministry of Health, Labour and Welfare, hospitals with smoke-free premises are lingering at 4351 (51%).⁷ Furthermore, according to a survey conducted by Hashimoto et al. to psychiatric clinics, 24% of psychiatric clinics were smoke-free on the premise, while only 14% were smoke-free inside when investigating in March of 2013.⁸ When considering that the response rate was 49% when 612 institutions out of 1242 provided responses, it can be assumed that the institutions that did not reply were those where the smoke-free transition was lagging behind. With this, it can be speculated that psychiatric institutions with smoke-free premises were fewer than 24%.

Global Bridges Japan Full Proposal English Translation

Request ID: 35678279 (LOI#5)

Organization: Japan Society for Tobacco Control

Project Title: Building Capacity for tobacco dependence treatment in Japan

In this way, there are gaps between current and target smoking rates, gaps in that there are many smokers who wish to be smoke-free, as well as gaps between on-site smoke free clinics/hospitals and those which should be smoke-free by 100%, especially so in the case of psychiatric institutions. That is why training for specialists was done so that people who wanted to quit, including the mentally disabled, could, and environments were made so that numbers of medical institutions which are smoke-free on site would increase, treatment be health-insurance applicable, and the environment be more welcoming to receive smoking cessation treatment. This project was planned with the above in mind, and so that the smoking rate would decrease as a result.

3. Target Audience: doctors, dentists, pharmacists, nurses, clinical social worker, psychology counselors and other such healthcare specialists, etc.

a. Recruitment plan

Participants are to be recruited through the Japan Society for Tobacco Control homepage, Japan Society for Tobacco Control e-newsletter, Japan Society for Tobacco Control mailing list, fliers and so on. The fliers will be distributed to all psychiatric institutions, prefectural buildings, and prefectural medical associations nation wide.

Levels anticipated of participants: Basic understanding of smoking cessation treatment. Increase the level of their smoking cessation support skills compared to before the training. Understand that even mentally disabled people can succeed in smoking cessation provided with the appropriate support so that even slightly more assistance can be provided to them than now. One criterion must be that the premise be smoke-free and that treatment is covered by health insurance. Understand that there are patients who can succeed in smoking cessation just by making the premises of medical institutions smoke-free and that advocating action to make smoke-free environments are taken. To contribute to recurrence prevention and implementation of smoking cessation treatment along with heightening the effects of smoking cessation treatment. Understand that counseling is an effective means of smoking cessation treatment and support and being able to implement even a fraction of it in actual situations.

b. Regarding the possibility of the target audience to influence the objectives set out in this proposal,

Each participant will promote smoking cessation in their own workplace or community. Utilize through the Smoking Cessation Promotion Committee, Occupational Safety and Health Committee, and in smoking cessation clinics in the case of medical institutions. If said medical institutions are not smoke-free on-site, advocate and promote for the transition and make it so that health insurance would cover smoking cessation treatment. Conduct seminars for supporting smoking cessation treatment where the attendants from workplaces or the community become the lecturers. Collaborate with the administration to promote the smoke-free environments of local medical institutions (especially psychiatric institutions) and also advocate for the smoking cessation of those who are on welfare.

c. Regarding those who will directly reap benefits from the outcome of the project
Smokers who want to quit, including mentally disabled people, smokers who have no desire to

Global Bridges Japan Full Proposal English Translation

Request ID: 35678279 (LOI#5)

Organization: Japan Society for Tobacco Control

Project Title: Building Capacity for tobacco dependence treatment in Japan

quit, healthcare specialists who desire to increase their skills of smoking cessation treatment and support, medical institutions that do not have a smoke-free premise, psychiatric institutions, doctors who are providing smoking cessation treatment covered by health insurance, companies that have smokers, welfare recipients who are smokers, as well as municipalities (cities, towns, and villages).

Global Bridges Japan Full Proposal English Translation

Request ID: 35678279 (LOI#5)

Organization: Japan Society for Tobacco Control

Project Title: Building Capacity for tobacco dependence treatment in Japan

4. Design and Methods of the Project

a. Explanation of overall strategy, methodology and analysis

- The “smoking cessation treatment and support committee” of the Japan Society for Tobacco Control will conduct the project by committee members comprised of smoking cessation specialists active in various field becoming the executive committee.
- Make it so that standard smoking cessation treatment, specialized treatment for psychiatry, and motivational interviewing methods can be learned through a total of 8 one-day seminars.

As a basic rule, each of the 8 seminars will be a 1-day course.

Each seminar will have a total of 8 people: 4 instructors and 4 people that include a chairperson and facilitator

Original plan of the course

10:00-11:00 Lecture based on the standard procedure manual for smoking cessation treatment

11:10-12:10 Smoking cessation treatment in the psychiatry department including methods for on-site smoking cessation

13:10-16:10 Motivational Interview Method Workshop

14:10-16:40 Exchange opinions, questionnaires, wrap-up

17:00-18:00 Executive committee

Each seminar will be prepared by the responsible committee (participating on committees, specific planning, discussions with ML and higher, confirmation, communication with the lecturer, preparation of materials and questionnaires), and will conduct operations on the days of seminars.

- Questionnaires will be given to all psychiatric hospitals nation-wide before and after the seminar so that the numbers of smoke-free premises and smoking cessation clinics can be evaluated as indices.
- Create and evaluate a questionnaire to determine if the target audience who attended the seminars sufficiently took part in the project.
- According to the data provided by the Ministry of Health, Labour and Welfare, analyze the numbers of medical institution with smoke-free premises, the numbers of medical institutions notifying their costs for nicotine addiction management by data provided through the social insurance agency, and the number of certified people within the Japan Society for Tobacco Control, before and after the project.
- Publish slides and materials created for the seminar for free to promote further smoking cessation efforts.

b. Cope with the needs that have been established and think about how this project is drawn up to lead to desirable results.

This will be done with the “Smoking Cessation Treatment and Support Committee” of the Japan Society for Tobacco Control at the helm, confirming, sharing information with and considering the operational statuses and plans at all times during committee meetings with ML and the executive committee.

Global Bridges Japan Full Proposal English Translation

Request ID: 35678279 (LOI#5)

Organization: Japan Society for Tobacco Control

Project Title: Building Capacity for tobacco dependence treatment in Japan

c. How to determine if the target audience was sufficiently involved in the project.

Conduct surveys on participant before and after the seminar and also after the project is complete.

As for the approaches to be taken at workplaces and communities, see the conduct ratio of each item in section 5A.

d. Regarding measures taken to prove that the ideas for this project are original and that there is no overlap with materials of other projects that have been drafted previously.

It is original in that all psychiatric institutions in the country have received information regarding the seminar, no interventions were made, nor has anything been comparatively evaluated before and after the project. By publishing this on the website, it proves that the ideas for this project are original and that there are no overlapping matters with materials of previous projects.

e. Relating to this project, research developed by other institutions and organizations related to the applicant, pilot projects and other projects currently underway

Refer to the contents of surveys that Hashimoto et al. have done with all domestic psychiatric institutions as a first in Japan⁸.

f. If the project in application requires development of tools

If tool were developed for this project, they will be available to the public for free.

5. Evaluation Design

a. Regarding metrics used to evaluate the necessity of this project, practice gaps of target groups (If they have medical or scientific knowledge, but have not been able to translate that to actual medical practice or nursing, or such executions and actions are not disseminating) and how to evaluate if such undertakings have been made

During the 1-day seminar, basic smoking cessation treatment and specialized treatment adapted for psychiatrists will be taught, and during the practical exercises of Motivational Interviewing methods, attempt to motivate so that it can be transferred to actual medical and nursing practices. Participants will be given a survey before and after to determine how their confidence and since of importance to execute this into their practices or within smoking cessation advocacy activities has changed. Also, the post-seminar survey will determine if they were actually put to use.

As a result, observe how the smoking rate has changed according to the national health survey, how the numbers of on-premise smoke-free medical institutions, numbers of medical institutions reporting their charges for nicotine addiction management (from the Social Insurance Agency), the numbers of people certified by the Japan Society for Tobacco Control, and accredited employees of psychiatric institutions will change.

Data collection and analysis methods

Compare the aforementioned data before and after the project

About the judgment method to see if the evaluation results have direct influence on the interventions listed in this proposal.

Global Bridges Japan Full Proposal English Translation

Request ID: 35678279 (LOI#5)

Organization: Japan Society for Tobacco Control

Project Title: Building Capacity for tobacco dependence treatment in Japan

- Consider the rates of change before and after the project
- Look at the numbers and percentages of participants related to psychiatry
Participating professions, if they are related to psychiatry, if they are people working at psychiatric medical institutions (working at a psychiatric medical institution regardless of profession), and if they have interactions with mentally disabled people (government institutions, NPO, family, etc.) and so on should be ascertained from surveys.
- Evaluate by the change in the rate of increase of psychiatric medical institutions with on-site smoking bans.
- Evaluate by numbers and proportion of psychiatric medical institutions that can provide smoking cessation treatment covered by health insurance against the whole.

b. Exceed the baseline by 10% regarding quantification of the viewpoint of the target audience from the capacity of variation expected from this project.

c. Regarding plans to diffuse the project results

While specifying the project results, including the numbers of participants, on the Japan Society for Tobacco Control website, also report on the activities in the Society journal. Consider publishing results at the Japan Medical Association, Japanese Society of Psychiatry and Neurology, or other related associations.

Reports on the results to all psychiatry related medical institutions via email or post. Details can be seen on the website.

Also report to the Japan Psychiatric Hospitals Association, government, life insurance agents, etc. regarding the results.

6. Detailed task plans and deliverable completion schedule

As operations will begin after receiving the grant, the intention is to begin in January of 2018, but there is a slight chance for that to be postponed. 8 seminars will be held in Hokkaido, Tohoku, Kanto, Chubu, Kinki, Chugoku, Shikoku, Kyushu / Okinawa during the two year period between 2018-2019. Determine where in the 8 locations will host the seminars and who will be the person in charge within the first two months. The person in charge is to select 4 lecturers and contact them while also selecting 3 potential locations to host the seminars. 1 of the 4 instructors is to be the Project Manager who will also support the person in charge. The Chairman will be selected from people in charge, the lecturers, or local people. The person in charge will also request a facilitator for the motivational interviewing method as needed. Create surveys (before and after the project) to be sent to psychiatric hospitals on the 2nd and 3rd month. E-mail addresses must be provided so that information can be transmitted using this medium. Confirm if the post-facto survey can be done online. Create a flier during the 3rd month that details the date, location and instructors for the upcoming 8 projects in the coming 2-year period. Send them to all domestic psychiatric hospitals along with the surveys intended for such hospitals. Tally the surveys to psychiatric hospitals as they come in and subsequently create an email address list. Create slides to be used for the seminar during the 2nd month and finalize a seminar outline/resume by the 5th month. Create the survey to be conducted before and after each seminar during the 4th month.

Global Bridges Japan Full Proposal English Translation

Request ID: 35678279 (LOI#5)

Organization: Japan Society for Tobacco Control

Project Title: Building Capacity for tobacco dependence treatment in Japan

During the 5th month, create the survey that will determine if the target audience was adequately involved in the project. Using the ML for the smoking cessation treatment and support committee already in use, thoroughly discuss and materialize the content. The first in-person project executive committee meeting will be held on March 4th, 2017. The seminar will put to use all of the experienced garnered from the past to put together information, assemble and prepare the location, contact and communicate with the lecturers, conduct the seminars as MC, as well as distribute and collect surveys. Conduct a project executive committee meeting after the completion of the seminar with the participant executive committee. Content deliberated during such times will be shared via the mailing list. Immediately following the seminar, pre- and post seminar surveys are to be tallied in order to apply responses them to the next seminar.