



ERS

EUROPEAN RESPIRATORY SOCIETY

INTERNATIONAL CONGRESS 2016

LONDON united kingdom, 3–7 september

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# Smoking cessation in difficult population groups

## Smoking cessation in Smokers with Respiratory Diseases



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Head of ERS Advocacy Council*



*Prof of Pulmonary Medicine  
Head of University Pulmonary Dep  
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Medical School .  
Athens University , Greece*

**I have no real or perceived conflict  
of interest relevant to this  
presentation**

# SMOKING

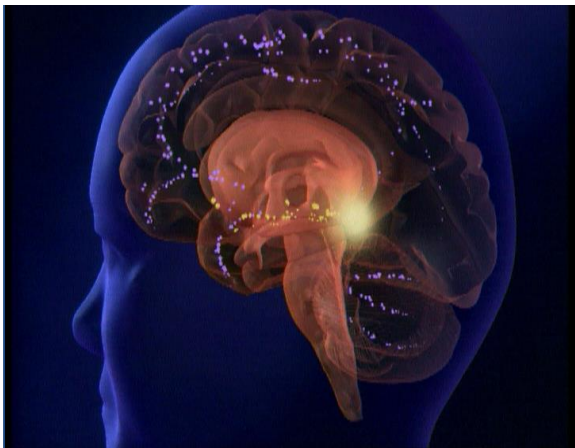
PLEASURE ?



PROBLEM !!



DEPENDENCE !!

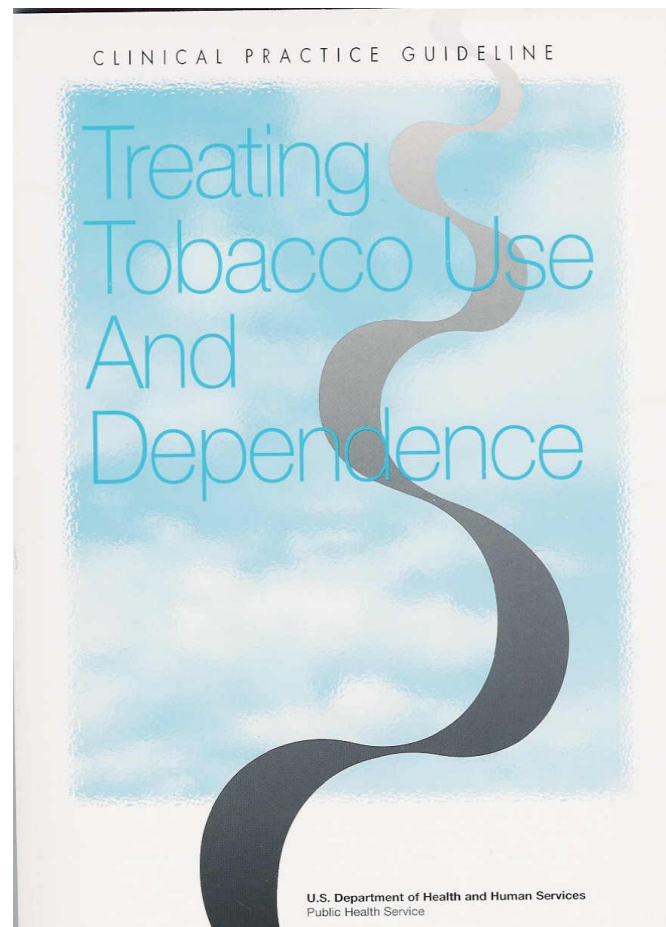


HOW TO STOP IT?



# International guidelines on Smoking Cessation

- Jama 2000.  
Fiore et al. (USA)
- Thorax 2000  
West et al. (UK)
- Chest 2002  
Anderson et al. (USA-  
ACCP)
- JAMA. 2008



US Public Health Service  
Clinical Practice Guideline

# International guidelines on Smoking Cessation

Updated US smoking cessation guideline advises counseling,  
combining therapies.

– **JAMA. 2008 Jun 18;299(23):2736**

## **Clinical Practice Guideline**

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### **Treating Tobacco Use and Dependence: 2008 Update**

#### **Guideline Panel**

Michael C. Fiore, MD, MPH  
(Panel Chair)

Carlos Roberto Jaén, MD, PhD, FAAFP  
(Panel Vice Chair)

Timothy B. Baker, PhD  
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Lawrence Robinson, MD, MPH

Maxine L. Stitzer, PhD

Anthony C. Tommasello, PhD, MS

Louise Villejo, MPH, CHES

Mary Ellen Wewers, PhD, MPH, RN

# Behavioral and Pharmacotherapy Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Women: U.S. Preventive Services Task Force Recommendation Statement

Albert L. Siu, MD, MSPH, for the U.S. Preventive Services Task Force\*



U.S. Preventive Services  
TASK FORCE

[www.USPreventiveServicesTaskForce.org](http://www.USPreventiveServicesTaskForce.org)

[www.annals.org](http://www.annals.org)

# International Guidelines on Smoking Cessation

## Smoking is considered as :

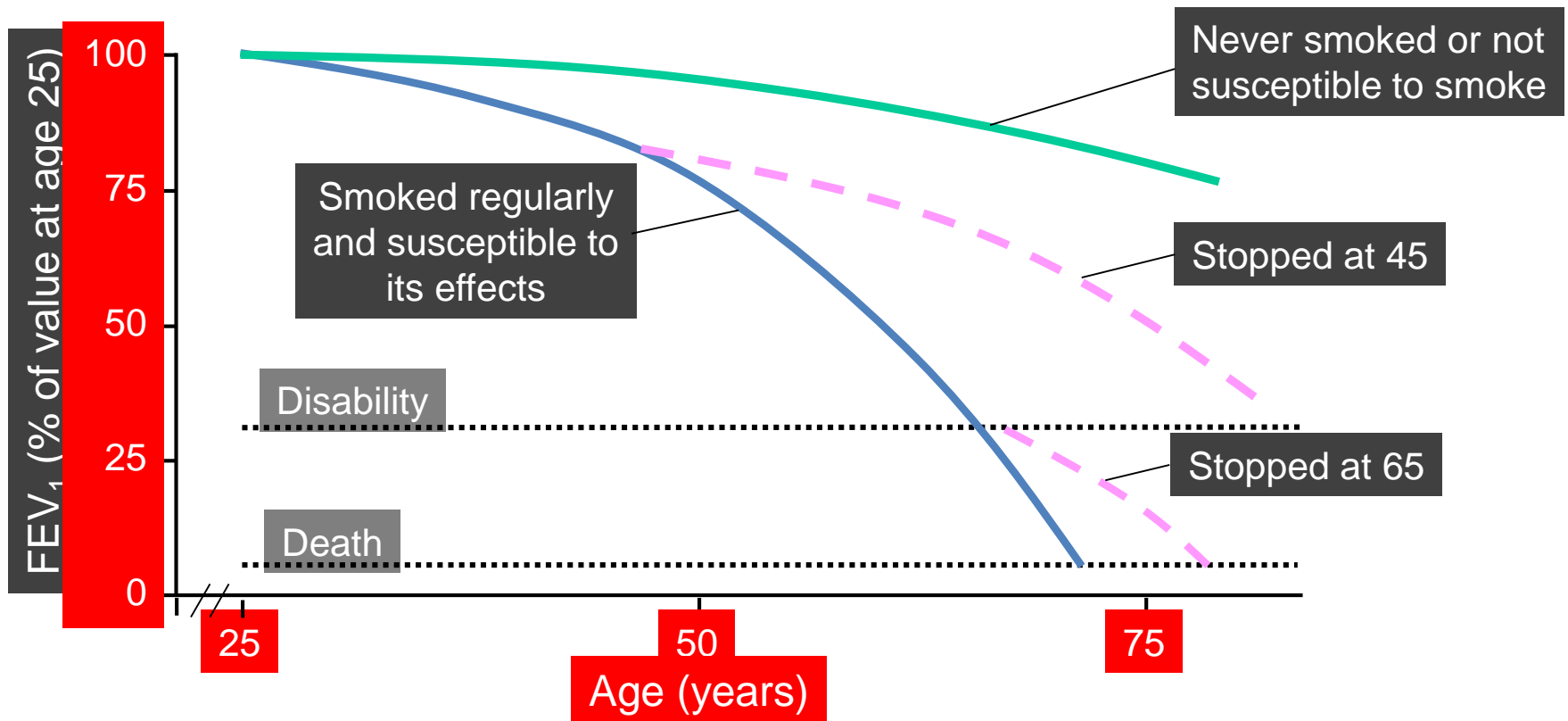
- Chronic Disease
- Dependence
- Can be treated
- Needs medical interference
- Frequent Relapses
- Continuous care and treatment
- Motivation of physicians and of smokers
- Treatment approaches  
Pharmacotherapy and behavioral support



# SMOKING CESSATION BENEFITS

- The large survival benefits for total, cardiovascular, and lung cancer mortality make smoking cessation the most important treatment for all respiratory patients,
- This is very important for patients with COPD and Asthma .

# SMOKING CESSATION AND LUNG FUNCTION



Adapted from: Fletcher *et al*, *Br Med J* 1977.

# SMOKERS WITH RESPIRATORY DISEASES



***"WHY SHOULD I QUIT?"***

***"I AM ALREADY ILL.  
THE HARM IS DONE."***



# COMMON REASONS FOR FAILURE

- **Withdrawal symptoms**
- **Strong craving symptoms**
- **Negative mood-depression**
- **Weight gain**
- **Poor motivation**
- **Poor compliance to treatment**
- **Strong self-confidence**



# **SPECIAL CHARACTERISTICS OF COPD SMOKER PATIENTS**

- **Breathing pattern (deep and long breaths, breath holding)**
- **Airways obstruction (air trapping, hyperinflation- longer smoke exposure)**
- **High Nicotine Dependence**
- **Psychological parameters**

*Drug Safety 2003;26(6):381-403*

# Characteristics of COPD smokers

*Chest* 2001;119(5):1365-70

Table 4—Smoking Characteristics\*

Characteristics	Smokers		p Value
	With COPD (n = 153)	Without COPD (n = 870)	
Cigarettes/d	24.2 (14.4)	18.5 (11.7)	< 0.0001
Fagerström test score	4.77 (2.45)	3.15 (2.38)	< 0.0001
Low dependence (0–3)	51 (33.6)	501 (57.7)	
Moderate dependence (4–6)	58 (37.7)	279 (32.1)	
High dependence ( $\geq$ 7)	44 (28.8)	90 (10.2)	
CO in exhaled air, ppm	19.71 (16.29)	15.38 (12.09)	< 0.0001
Smoke inhalation, No. (%)			< 0.0001
Always	113 (73.9)	609 (70)	
Occasionally	24 (15.7)	161 (18.5)	
Never	12 (7.8)	82 (9.4)	
Do not know	4 (2.6)	18 (2.1)	

\*Values given as mean (SD), unless otherwise indicated.

# Characteristics of COPD smokers

*Chest* 2001;119(5):1365-70

**Table 5—Phase of Smoking Cessation\***

Characteristics	Smokers		p Value
	With COPD (n = 153)	Without COPD (n = 870)	
Precontemplation, %	76 (49.7)	371 (42.6)	NS
Contemplation, %	20 (13.1)	166 (19.1)	NS
Preparation, %	14 (9.2)	60 (7)	NS
Attempts to quit, %			
Never	52 (34.9)	335 (39.4)	
1–3	65 (43.6)	364 (42.8)	
> 3	32 (21.5)	151 (17.8)	
No answer	4	20	

\*Values given as mean (SD). See Table 2 for abbreviation.

# CHARACTERISTICS OF COPD SMOKERS

- No significant differences , regarding:**
- The stage of the process of change.**
  - The number of attempts to quit.**
  - The motivation for stopping smoking**

Jiménez-Ruiz et al. CHEST. 2001.



# PLACE FOR MOTIVATION

**In order to move into preparation and action smoker needs**

- **To believe that it is important enough to do so**
- **To feel confident in his /her ability to succeed**

**Health professionals may**

- ***Give advice regarding personal health risks***
- ***Strengthen the personal benefits***
- ***Start to indicate the need for skill training***

# ERS Task Force Recommendations on SC ERJ 2007 ERS Monograph 2008

Eur Respir J 2007; 29: 390-417

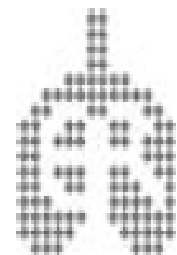
DOI: 10.1183/09031936.00060806

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## ERS TASK FORCE

Smoking cessation in patients with  
respiratory diseases: a high priority, integral  
component of therapy

P. Tønnesen\*, L. Carrozzi<sup>#</sup>, K.O. Fagerström<sup>†</sup>, C. Gratiou<sup>+</sup>, C. Jimenez-Ruiz<sup>§</sup>,  
S. Nardini<sup>‡</sup>, G. Viegi<sup>\*\*</sup>, C. Lazzaro<sup>##</sup>, I.A. Campbell<sup>††</sup>, E. Dagli<sup>++</sup> and R. West<sup>§§</sup>



**Editorials** / The respiratory health benefits of quitting cannabis use page 1 / Insights into idiopathic pulmonary fibrosis in the real world page 16  
**Task Force Reports** / ESR/ERS white paper on lung cancer screening page 28 / Combined endobronchial and oesophageal endosonography for the diagnosis and staging of lung cancer page 40  
**Originals** / The relationship between asthma and suicidal behaviours: a systematic literature review page 96 / Coeliac disease and asthma association in children: the role of antibiotic consumption page 115 / Future trends in cystic fibrosis demography in 34 European countries page 133  
**Series** / Therapeutic management of ALK+ non-small cell lung cancer patients page 230

# New ERS Scientific Task Force ERS Statement on SC ERJ Publication in 2015

TASK FORCE REPORT  
ERS STATEMENT

## Statement on smoking cessation in COPD and other pulmonary diseases and in smokers with comorbidities who find it difficult to quit

Carlos A. Jiménez-Ruiz<sup>1</sup>, Stefan Andreas<sup>2</sup>, Keir E. Lewis<sup>3</sup>, Philip Tonnesen<sup>4</sup>,  
C.P. van Schayck<sup>5</sup>, Peter Hajek<sup>6</sup>, Serena Tonstad<sup>7</sup>, Bertrand Dautzenberg<sup>8</sup>,  
Monica Fletcher<sup>9</sup>, Sarah Masefield<sup>10</sup>, Pippa Powell<sup>10</sup>, Thomas Hering<sup>11</sup>,  
Stefano Nardini<sup>12</sup>, Thomy Tonia<sup>13</sup> and Christina Gratziau<sup>14</sup>

European Respiratory Journal Jul 2015, 46 (1) 61-79;

# ERS CONSENSUS DOCUMENT

- **Qualitative review.**

- COPD
- Lung Cancer
- Asthma
- Tuberculosis

- **Description**

- Epidemiological
- Benefits of stopping smoking
- To assess tobacco dependence
- Interventions
- Characteristics and management of “hardcore” smokers

# ERS CONSENSUS DOCUMENT

- **Methodology**

- MEDLINE Studies

- Dealing with pulmonary disorders
- RCTs and longitudinal studies
- Evaluation of a smoking cessation intervention
- Published in English

# ERS CONSENSUS DOCUMENT

- **COPD**

- Tobacco smoking is the major etiological factor for the development of COPD.
- Smoking cessation is the only therapeutic intervention that can avoid chronic progression of COPD.

# ERS CONSENSUS DOCUMENT

- **Benefits of smoking cessation in COPD**
  - It reduces the annual decrease of FEV1.
  - It improves responses to bronchodilator drugs and inhaled corticosteroids.
  - It reduces the incidence of acute exacerbations.
  - It reduces bronchial infections.

## COUNSELLING TIPS FOR SC IN COPD

TABLE 2 Characteristics of counselling for smoking cessation in smokers with chronic obstructive pulmonary disease (COPD)

Clear explanation of the relationship between smoking and COPD, and the relationship between smoking cessation and improvement of COPD

Use of spirometric results, CO monitors and “lung age” to increase motivation to quit

Setting a quit date, identifying high-risk situations and developing coping skills

Arranging follow-up visits in order to specifically address smoking cessation

Explanation of the withdrawal syndrome

Providing self-help materials

Sending personal letters, e-mails and SMS



# ERS CONSENSUS DOCUMENT

TABLE 3 Pharmacological treatments for smokers with chronic obstructive pulmonary disease (COPD)

Intervention	First author [ref.]	Subjects	Design	Duration	Outcome quit rate %	Statistical significance?
Nicotine replacement therapy	TØNNESEN [47]	370 smokers with COPD	NST/ placebo, low CBT/ high CBT	12 weeks	At 12 months: NST 17%; placebo 10% No difference between high or low CBT	Yes OR 2.88 [1.34–6.16]
	TASHKIN [48]	404 smokers with COPD	BP/ placebo	12 weeks	At 6 months: BP 16%; placebo 9%	Yes $p < 0.005$
	WAGENA [49]	255 smokers at risk of or with COPD	BP/NT/ placebo	12 weeks	At 6 months: BP 28%; NT 25%; placebo 15%	Yes for BP versus placebo No for NT versus placebo
	VAN SCHAYCK [50]	255 smokers at risk of or with COPD	BP/NT/ placebo	12 weeks	At 12 months: BP 20.9%; NT 20%; placebo 13.5%	No
Varenicline (VRN)	TASHKIN [51]	504 smokers with COPD	VRN/ placebo	12 weeks	At 12 months: VRN 18.6%; placebo 5.6%	Yes OR 4.04 [2.13–7.67]

The table only shows randomised, double-blind, placebo-controlled trials. All studies, but VAN SCHAYCK *et al.* [50], assessed cessation by measuring CO in expired air. VAN SCHAYCK *et al.* [50] assessed cessation by measuring urinary cotinine. NST: nicotine sublingual tablets; CBT: cognitive behavioural therapy.

# ERS CONSENSUS DOCUMENT

## • Lung Cancer

- 85 % of lung cancer are caused by smoking
- 10–13% of lung cancer patients still smoke 6 months after diagnosis
- Smoking cessation advice can start at the moment of diagnosis (is a teachable moment)
- SC strategy include counselling and use of pharmacotherapy (NRTs, Bupropion, Varenicline)

# BENEFITS OF SMOKING CESSATION IN LUNG CANCER

TABLE 4 Benefits of smoking cessation in lung cancer

## **Reduction in surgical complications**

- Reduction in the incidence of surgical wound complications
- Reduction in the incidence of post-operative pulmonary complications
- Reduction in the incidence of post-operative cardiovascular complications
- Reduction in the incidence of re-operations
- Reduction in the length of hospital stay
- Reduction in hospital mortality

## **Improvement of responses to chemotherapy and radiotherapy**

- Improvement of response to platinum-based chemotherapy
- Avoiding the effects of smoking on the metabolism of drugs used for chemotherapy
- Reduction in the side-effects of chemotherapy and radiotherapy

## **Increase in survival time**

## **Diminishing the risk of recurrence**

## **Diminishing the risk of having a second primary malignancy**

## **Improvement of quality of life**

## SMOKING CESSATION IN LUNG CANCER

TABLE 5 Characteristics of counselling for smoking cessation in smokers with lung cancer

Direct, sensible and empathic

Provided at every visit

Considers that lung cancer patients can be depressed, antidepressants are sometimes used

Considers that lung cancer patients can suffer from a high degree of nicotine dependence

The use of pharmacological treatment for smoking cessation is standard practice

Sending positive messages to patients (see table 4)

Addressing fatalistic beliefs (see table 4)

# ERS CONSENSUS DOCUMENT

## • Asthma

- Smoking rate among asthma patients is similar to the general population

TABLE 7 Summary of the relevant issues for smoking cessation in patients with asthma

**Smoking rate among asthma patients is similar to the general population**

**Smoking has detrimental effects on asthma**

Greater decline in forced expiratory volume in 1 s

Lack of response to medications (bronchodilator drugs and inhaled corticosteroids)

Increased need for use of concomitant medications

**Asthma patients who smoke can suffer from higher nicotine dependence and are less likely to attend education programmes**

**Counselling and use of pharmacological treatments is a good approach for smoking cessation in asthma patients; nevertheless, there is a lack of smoking cessation trials in these patients**

# ERS CONSENSUS DOCUMENT

## • Tuberculosis

- Smoking rate among people with TB is higher than in the general population

TABLE 8 Summary of the relevant issues for smoking cessation in patients with tuberculosis (TB)

**Smoking rate among people with TB is higher than in the general population**

**Smoking is an important risk factor for both pulmonary and extrapulmonary TB**

**TB risk increases in those exposed to passive smoking**

**Smoking leads to worse TB outcomes**

Smokers present later to healthcare providers

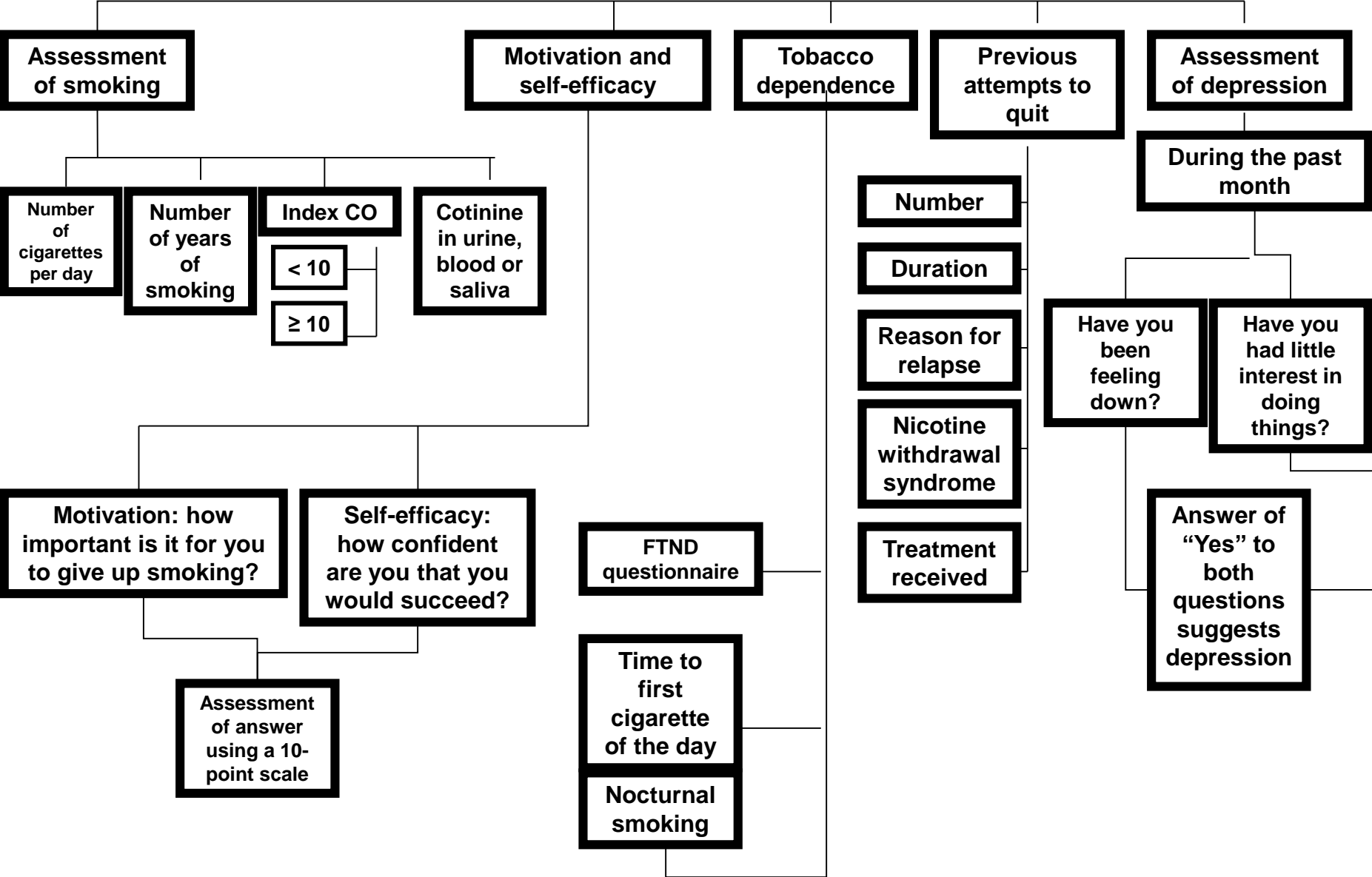
Smokers are less compliant with TB medications

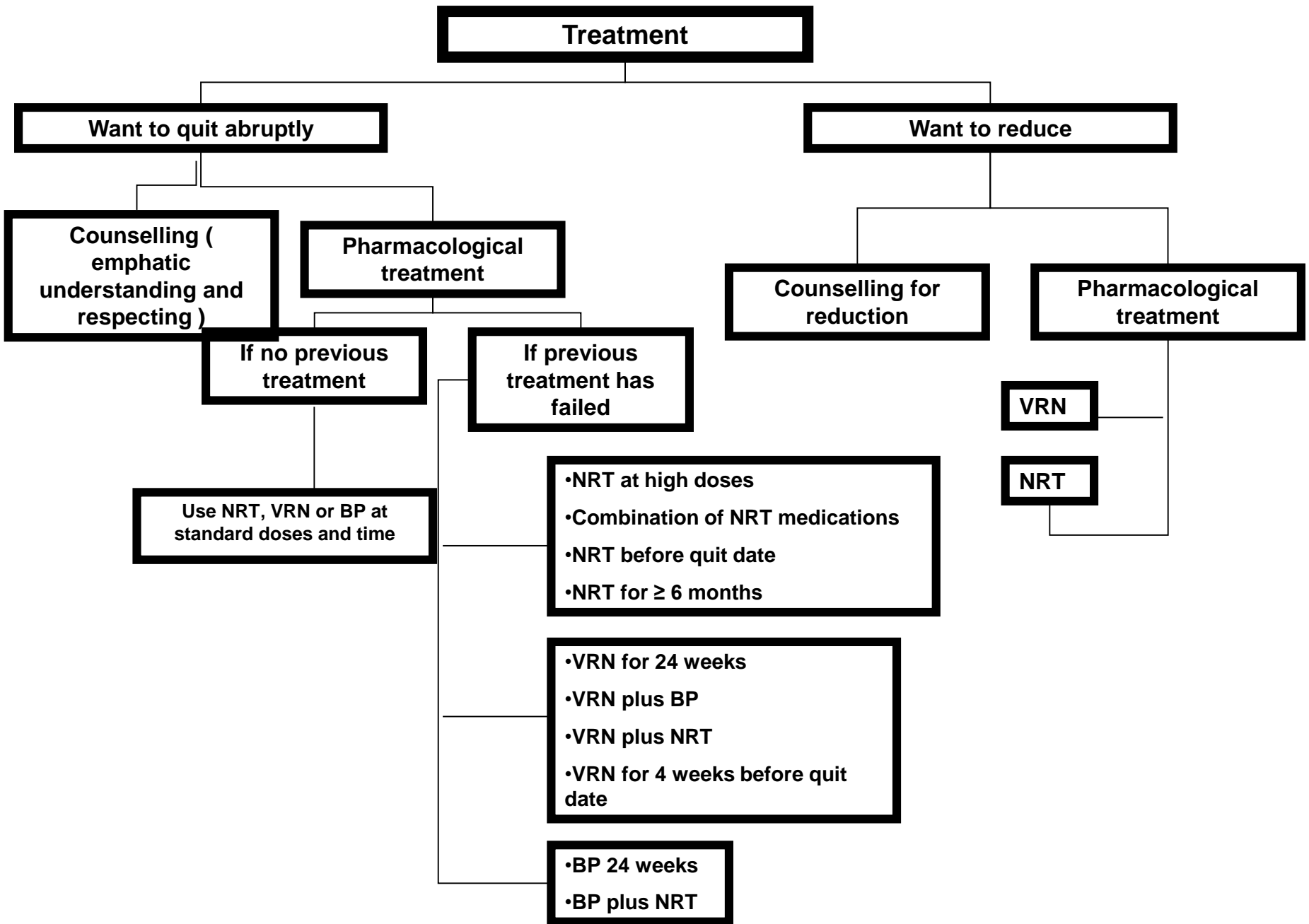
Smoking alters immunological responses and reduces mucociliary clearance

Smoking increases clearance of TB medications

**Smoking cessation strategies for TB patients include: a combination of counselling (brief behavioural intervention at diagnosis followed by monthly behavioural support throughout the TB treatment course) and pharmacological treatment (nicotine replacement therapy, bupropion and varenicline)**

**COPD smokers**







# ERS CONSENSUS DOCUMENT

## • Conclusions.

According to ERS consensus document

- There are evidence-based links among smoking and respiratory disorders.
- Smoking cessation in these smokers with respiratory problems must be a priority.
- A combination of counseling plus pharmacological medications is crucial to help these patients quit.

# A REAL LIFE STUDY OF SC IN COPD & ASTHMA

Respiratory Medicine (2014) 108, 577–583

**Table 1** Demographics and smoking attitudes characteristics of the study population.

	COPD <sup>a</sup> (n = 166)	Asthma (n = 120)	ROAD <sup>b</sup> (n = 286)	Control (n = 1854)
Age	55.4 (±9.3)	41.9 (±10.0)	49.7 (±11.8)	45.7 (±10.4)
Cigarettes/day	38.0 (±18.1)	32.7 (±15.3)	36.0 (±17.0)	33.3 (±14.4)
Packs/year	66.7 (±38.3)	37.0 (±29.7)	54.5 (±37.8)	43.6 (±27.0)
FDNT <sup>c</sup>	7.1 (±1.8)	7.0 (±2.1)	7.1 (±1.9)	7.1 (±2.0)
DSM-IV <sup>d</sup>	15.0 (±7.8)	14.5 (±7.4)	14.7 (±7.6)	13.4 (±7.6)
Motivation scale	8	9	8.5	8

Ch Gratziou <sup>a,\*</sup>, A. Florou <sup>a,1</sup>, E. Ischaki <sup>b,2</sup>, K. Eleftheriou <sup>b</sup>,  
A. Sachlas <sup>c</sup>, S. Bersimis <sup>c</sup>, S. Zakynthinos <sup>b</sup>

# SMOKING ABSTINENCE IN SMOKERS WITH COPD OR ASTHMA : A REAL LIFE STUDY

**Table 3** Continuous Abstinence Rate at 3 months (end of pharmacological treatment) and at 6, 9, 12 months after Target Quit Date (TQD) in smokers with ROAD vs control group and in smokers with COPD vs asthmatic smokers in the whole study population.

CAR <sup>a</sup> , n(%)	3 months	6 months	9 months	12 months
Control group	890 (48.0%)	549 (29.6%)	454 (24.5%)	295 (15.9%)
Smokers with ROAD <sup>b</sup>	145 (50.7%)	89 (31.2%)	81 (28.4%)	45 (16.0%)
<i>p</i> -Value	0.425	0.632	0.191	0.999
Smokers with COPD <sup>c</sup>	82 (49.4%)	48 (28.9%)	44 (25.9%)	23 (13.9%)
Smokers with asthma	63 (51.7%)	41 (34.2%)	37 (30.8%)	22 (18.3%)
<i>p</i> -Value	0.796	0.414	0.434	0.389

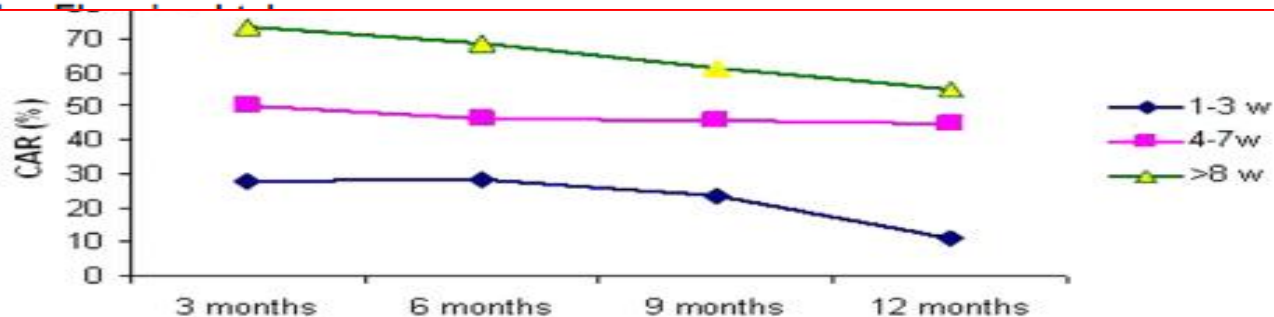
**Table 4** Continuous Abstinence Rate at 3 months (end of pharmacological treatment) and at 6, 9, 12 months after Target Quit Date (TQD) in smokers with ROAD vs control group and in smokers with COPD vs asthmatic smokers in smokers with good compliance to the program.

CAR <sup>a</sup> , n(%)	3 months	6 months	9 months	12 months
Control smokers	890 (56.8%)	549 (52.1%)	454 (46.6%)	295 (39.3%)
Smokers with ROAD <sup>b</sup>	144 (59.3%)	89 (56.4%)	80 (51.9%)	45 (39.5%)
<i>p</i> -Value	0.500	0.361	0.249	0.999
Smokers with COPD <sup>c</sup>	82 (59.4%)	48 (55.2%)	43 (50.6%)	23 (37.7%)
Smokers with asthma	62 (57.9%)	41 (56.9%)	37 (51.4%)	22 (40.0%)
<i>p</i> -Value	0.919	0.949	0.999	0.950

# SMOKING ABSTINENCE IN SMOKERS WITH COPD OR ASTHMA : A REAL LIFE STUDY



**Conclusion:** The results support the view that smokers with respiratory obstructive airway diseases of any severity should be offered an intensive smoking cessation program with regular and long-term follow-up. This will help them to achieve high abstinence rates and prevent relapses.



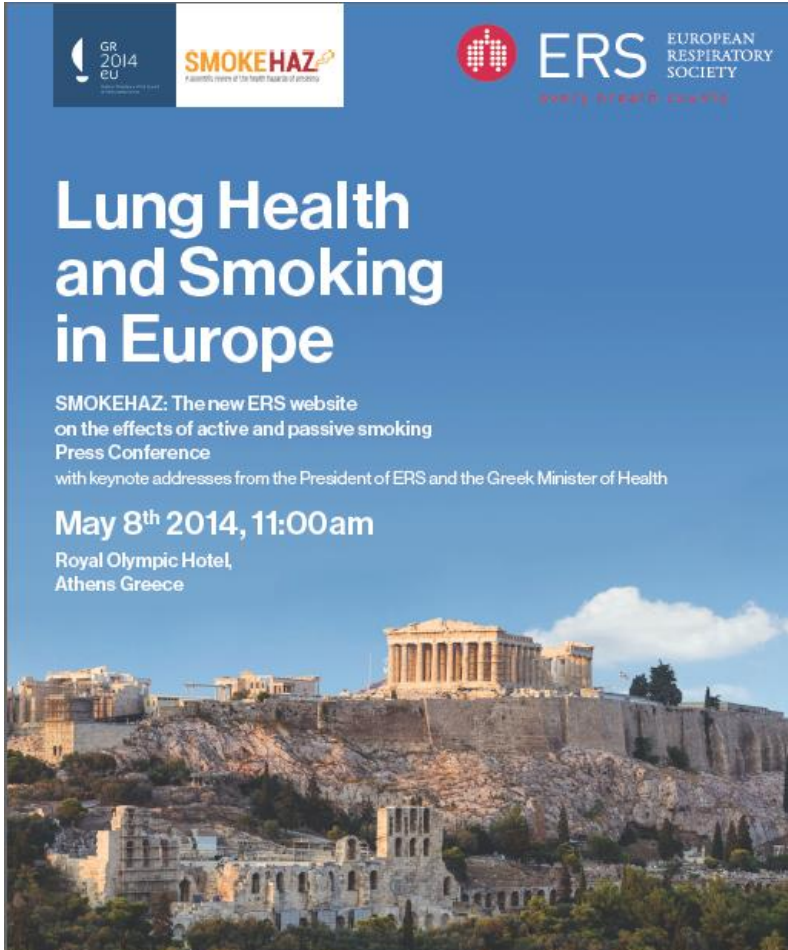
**Figure 1** a. CAR at 3, 6, 9 and 12 months after TQD in smokers with COPD. b. CAR at 3, 6, 9 and 12 months after TQD in smokers with asthma.

# SMOKING ABSTINENCE IN SMOKERS WITH COPD OR ASTHMA : A REAL LIFE STUDY


Regular attendance with frequent follow-up visits mainly for the first three months are important and the combination of medical counseling with individual behavioral support and pharmaceutical treatment can increase abstinence rates through reinforcing the quit effort and overcoming possible withdrawal symptoms. Doctor's optimistic approach and more motivational tools to increase the patient compliance can be helpful. Quitting smoking is the healthiest intervention to affect the natural progression, the treatment response and quality of life in all respiratory patients.

# BRINGING THE EVIDENCE TO POLICY MAKERS

## WEBSITE ON SMOKING AND LUNG HEALTH IN EUROPE




GR 2014 EU  
SMOKEHAZ  
A scientific review of the health hazards of smoking

 **ERS** EUROPEAN  
RESPIRATORY  
SOCIETY  
every breath counts

# Lung Health and Smoking in Europe

SMOKEHAZ: The new ERS website  
on the effects of active and passive smoking  
Press Conference  
with keynote addresses from the President of ERS and the Greek Minister of Health

May 8<sup>th</sup> 2014, 11:00am  
Royal Olympic Hotel,  
Athens Greece



A collaboration project between

*European Respiratory Society (ERS)  
University of Nottingham/UK Centre of  
Excellence for Tobacco and Alcohol Studies  
(UKCTAS)*

*European Lung Foundation (ELF)*



[www.smokehaz.eu](http://www.smokehaz.eu)

# WHO IS IT AIMED AT?

The SMOKEHAZ website is aimed mainly at

1. **policy makers** and those **who need to find easily** and quickly **reliable evidence based** information, **on the effect of active and passive smoking on respiratory health**, which they can confidently know to **come from a valid scientific source**
2. **all health practitioners** and **other health researchers** to facilitate their work to find evidence based information for their education and research
3. **general public and patients with respiratory diseases** as they can find simple messages that can also be very easily understood



# SMOKEHAZ

A scientific review of the health hazards of smoking



KEEP UPDATED

Home

What is the project?

Methods

Lung Conditions

Recommendations

Useful terms

Contact



Almost 6 million people in the EU die from tobacco each year. 5 million people die of active smoking and more than 600,000 non-smokers die from exposure to passive smoke. The aim of this website is to provide a one-stop web platform assessing the relationship between active and passive smoking and a range of health outcomes, focusing on lung health.

EUROPEAN LUNG WHITE BOOK

For more facts and figures about the impact of active and passive smoke on lung health please go to the European Lung White book published by the ERS.



COPD



LUNG CANCER



ALL LUNG CONDITIONS



RECOMMENDATIONS



[www.smokehaz.eu](http://www.smokehaz.eu)

[www.europeanlung.org](http://www.europeanlung.org)

[www.ersnet.org](http://www.ersnet.org)

## The summary document available in 9 languages

- English
- Greek
- German
- Italian
- Polish
- Portuguese
- Spanish
- Russian
- Arabic

El tabaquismo activo y pasivo está relacionado con muchas enfermedades pulmonares.

### En adultos:

#### El cáncer de pulmón es:

- **11 veces** más probable en fumadores activos
- **1,41 veces (41%)** más probable en personas expuestas al tabaquismo pasivo

#### La EPOC (Enfermedad Pulmonar Obstructiva Crónica) es:

- **4 veces** más probable en fumadores activos
- **Más probable** en no fumadores expuestos al tabaquismo pasivo

#### El asma en adultos es:

- **1,61 veces (61%)** más probable en fumadores activos

#### La tuberculosis es:

- **1,57 veces (57%)** más probable en fumadores activos
- **1,44 veces (44%)** más probable en no fumadores expuestos al tabaquismo pasivo

#### Las exacerbaciones del asma son:

- **1,71 veces (71%)** más probables en fumadores activos

#### La apnea del sueño es:

- **2 veces** más probable en fumadores activos

### En niños:

#### Las infecciones respiratorias inferiores son:

- **1,82 veces (82%)** más probables en niños expuestos al tabaquismo pasivo de ambos padres

#### El asma infantil y las sibilancias son:

- **1,65-1,70 veces (65-70%)** más probables en niños expuestos al tabaquismo pasivo originado de la madre
- **1,30-1,50 veces (30-50%)** más probables en niños expuestos al tabaquismo prenatal

#### Las exacerbaciones del asma son:

- **más probables** en niños con asma expuestos al tabaquismo pasivo.

#### La apnea del sueño es:

- **más probable** en niños expuestos al tabaquismo pasivo originado de la madre, durante o después del embarazo

## **Publications of SmokeHaz meta-analysis in CHEST Apr 2016**

### **SmokeHaz: Systematic reviews and meta-analyses of the effects of smoking on respiratory health.**

Jayes L, Haslam PL, Gratziou CG, Powell P, Britton J, Vardavas C, Jimenez-Ruiz C, Leonardi-Bee J; Tobacco Control Committee of the European Respiratory Society.

### **FURTHER DATA**

#### **EXPOSURE TO SECONDHAND SMOKE**

**Eur J Public Health. 2016 Apr;26(2):344-9**

### **Relationship of secondhand smoke exposure with sociodemographic factors and smoke-free legislation in the European Union.**

Filippidis FT, Agaku IT, Girvalaki C, Jiménez-Ruiz C, Ward B, Gratziou C, Vardavas CI; Tobacco Control Committee of the European Respiratory Society.

## WHO Collaboration

### New Project on Smoking Cessation training to organize Educational Courses to

#### **“Help Smokers with Respiratory Diseases to Quit**

- 3 years (2016-2019) project –funded by ERS

## RESPIRATORY PHYSICIANS ROLE

- **Need for Aggressive Disease Management**
- **NOT a PESSIMISTIC Approach**
- **It is possible to Break the chain of nicotine addiction**
- **We can offer smoking cessation opportunities to all smokers**
- **We can organise smoking cessation clinics**
- **We can use effective and safe treatments**



# Tobacco Control Policy

This is a major issue in ERS Health Policy

**Health Professionals have an important  
role to play**

**Advise & Care**

**Educate & Advocate**

**Patients**

**Community**

**Media**

**Politicians**