The Role of Health Professionals in Advancing Tobacco Control

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Tobacco is a hot topic in Hong Kong in 2005, as the Legislative Council debates new (and long overdue) tobacco control measures, following the last draft of legislation nine years ago. China (and thus Hong Kong) has signed, and pledged to ratify, the WHO Framework Convention for Tobacco Control (FCTC), which comes into effect in February 2005. This will put Hong Kong under international legal obligation to implement tobacco control measures.

In addition, WHO World No Tobacco Day on 31st May 2005 in Hong Kong and around the world will focus on the role of health professionals -- doctors, nurses, pharmacists, dentists and many more -- in the tobacco epidemic.

The role of health professional organisations

To support this, a meeting of representatives of international health professional organisations was held by WHO in Geneva in January 2004, producing a Code of practice on tobacco control. (Please refer to the Editorial.)

The world medical, nursing, heart, cancer, dentistry, pharmacist and many other societies have all taken a firm stand against tobacco, yet this has not filtered down to country or individual level in many places (Hong Kong being an exception). The health profession still focuses on curative medicine. There is no proportionate response to the tobacco epidemic, in contrast to communicable diseases such as SARS, avian flu, or natural disasters, which account for far, far fewer deaths.

Background

The statistics are only too well known. Half the world’s tobacco deaths occur in Asia and, of these, half occur in middle age. Many tobacco-related diseases, such as lung cancer, cardiovascular disease, and chronic bronchitis and emphysema are incurable at the time of diagnosis. Thus, the key to reducing the epidemic lies in prevention, and here health professionals have a crucial role to play.

In spite of all efforts in the past 50 years, the numbers of smokers in the world is increasing. Unless there are new and robust initiatives that both reduce the level of youth starting to smoke, and also are effective in getting smokers to quit in their millions, then global annual tobacco related deaths will rise from the present 5 million to 10 million by 2030; seven million of these deaths will be in developing countries; two million will be in China alone.

The role of individual health professionals

The individual health professional is also uniquely placed to reduce the tobacco pandemic in many ways.¹

Act by personal example
Health professionals should be non-smokers, create ‘smoke-free’ offices and clinics, and display health promotion posters and pamphlets. They should not support the tobacco industry, for example, by investing in tobacco shares, attending tobacco-sponsored events, accepting research, conference or other funding from the tobacco companies.

Advise the young
Health professionals should ask young patients if they have tried cigarettes (especially if they have a cough) and counsel them accordingly, as the long-term key to reducing the tobacco epidemic lies in prevention.

Give quitting advice
Helping patients quit smoking while still healthy is arguably more worthwhile than giving another course of antibiotics to chronic bronchitis patients.

Smoking patients can be identified by a chop on the outside of their file, so that their smoking status can be questioned at subsequent visits.

It is important to get the patient to choose a ‘Quit Day’ and to emphasise the positive benefits of quitting, eg, the patient will:

1. feel healthier and fitter
2. gain freedom from a dangerous and addictive habit
3. know that their children will be healthier AND less likely to smoke themselves
4. take less time off work because of illness (smokers are 6% less productive than non-smokers)²
5. save money (adding up the yearly cost comes as a surprise to many smokers; 20 cigarettes a day cost well over HK$10,000 a year in Hong Kong)

Information should include the facts that smokers need to quit completely rather than cut down; many smokers require several attempts before they quit permanently; physically addicted smokers (those who light up a short time after waking) will more than double their success rates by temporary nicotine replacement and newer drug therapy; quitting does not lead to weight gain if simple diet and exercise replaces the smoking habit.
Many health professionals are frustrated by low quitting rates. This may in part be because many doctors give the same advice to all smokers, whereas in reality they are at three different stages, and success will be improved by different approaches:

- Stage 1, the ‘Red Group’: This group are not ready to stop, and may be quite hostile to the suggestion. This group needs preliminary advice, a pamphlet, and a welcome to return if they change their mind, but not (yet) an all-out attempt to get them to quit.

- Stage 2, the ‘Orange Group’: These patients are unsure about stopping, and need more information about smoking and quitting, with a definite offer of support if they decide to try to quit.

- Stage 3, the ‘Green Group’: These are ready to stop now. Several follow-up visits should be planned to support the smoker’s decision.

Smokers can also be referred to the several quitting clinics run in Hong Kong.

Care for the sick

Management, treatment and terminal care for patients with tobacco-related illnesses is one component of the responsibilities of health professionals.

Research

While there are ample data from about 60,000 studies that behave the health profession to act now, there is still a need for on-going research on prevalence, consumption, health effects, public opinion, and especially on the economic impact of tobacco, the tobacco industry, and the responsibilities of health professionals.

Medical curricula

Health professionals working in medical, nursing and allied health schools can ensure that smoking is systematically included in the curricula. The most recent study showed only 60% of smoking medical students in nine Asian countries thought that smoking was harmful to health, and there was a ‘gross underestimation of tobacco’s causal role in a number of important diseases ... ’ Only 44% of final year students (26% of smokers) thought increased taxation on tobacco products is an important preventive measure.4

The curriculum should include not only information on the harmfulness of smoking and how to give advice on quitting, but also information on legislation, taxation, and countering the tactics of the tobacco companies.

Advocacy

Reduction in tobacco use requires national, political and media action. Decisions regarding nation wide containment of tobacco, for example legislation and price increases, lie with governments, not within hospitals or clinics.

Health professionals can support these:

- Write letters to the press; go on TV
- Lobby government and politicians
- Testify before legislative bodies
- Involve their local medical organisations in tobacco issues
- Support litigation (personal injury, public interest, law enforcement, etc)
- Demonstrate!

It is crucial that health professionals support the FCTC and government tobacco control policies, especially when these come under attack from the tobacco industry.

Key message: the medical model is not enough, and health professionals who work only in curative medicine will never reduce the tobacco epidemic.

References: