HOW TO CONTROL THE TOBACCO EPIDEMIC

There is broad consensus that there is only one way to combat this epidemic, and that is by implementing a comprehensive, continuous, sustainable and adequately funded tobacco control strategy. Tobacco control efforts should be focused on several fronts:

- preventing people from taking up tobacco consumption;
- promoting cessation
- protecting non-smokers from the exposure to tobacco smoke
- regulating tobacco products.

Tobacco control measures could be classified in various ways. WHO classifies interventions into two major groups, those aimed at reducing the demand for tobacco:

- price and tax measures
- protection from exposure to second-hand tobacco smoke
- regulation and disclosure of the contents of tobacco products
- packaging and labelling
- education, communication, training and public awareness-raising
- comprehensive bans and restriction on tobacco advertising, promotion and sponsorship
- tobacco-dependence cessation measures;

and those aimed at reducing the supply of tobacco.

Control of smuggling has proven to be the key supply-side measure.

A FRAMEWORK FOR TOBACCO CONTROL EFFORTS

Tobacco control efforts are more likely to be sustained when incorporated into existing national, state and district level health structures and linked with existing positions and accountability processes. Involvement of the governmental health sector is expected to increase awareness among health personnel and contribute to developing sustainable tobacco control programmes at the country level. Such a systematic approach will also pave the way for multisectoral acceptance of tobacco control efforts in countries.

1. The tobacco control strategy must be broad and continuous and involve all levels

There is a broad consensus that unless there is a multisectoral and multiprofessional involvement, tobacco control will not be effective. Within the government, and although the tobacco control programme is usually coordinated from the ministry of Health, other ministries such as Finance and Trade, Foreign Affairs, Justice, Interior, Customs and Education, should be part of the inter-ministerial tobacco control committee. Within the civil society, nongovernmental organizations (NGOs), professional associations and other organizations play a vital role in tobacco control. In fact, the entire society is needed in this enterprise but some sectors have a major

Health professionals include physicians, nurses, midwives, dentists, psychologists, psychiatrists, pharmacists, chiropractors and other health-related professionals. The role and image of the health professional are essential in promoting tobacco-free lifestyles and cultures. Through their professional activities health professionals can help people by giving advice, guidance and answers to questions related to tobacco use and its health effects. They can serve as a reference for the media, educating the public and policy-makers. They can also have an impact at national and international levels through their associations in influencing policy change for better tobacco control.

role to play. Among these, the various health professional groups are ideally positioned to carry out lead tobacco control activities. Respected both by the government and their own communities, all health professionals, individually and through their organizations, can have a substantial impact on the struggle to diminish the use of tobacco and hence its effects on health and the economy.

2. How health professionals fit within comprehensive tobacco control programmes

As mentioned above, all health professionals can help reduce tobacco consumption and its negative effects. Tobacco-related problems and tobacco control cut across a vast range of health disciplines. One of the roles of health professionals is to ensure that all of those affected by tobacco consumption or dedicated to the health sector are prepared to be supportive.

Health professionals such as physicians, nurses, midwives, pharmacists, dentists, physiologists, chiropractors, and other health-related professionals have an enormous potential to play a key role in battling the tobacco epidemic.

They have several roles in common and that work in unison, where one role does not substitute for another. These roles include:

Role model. In community and clinical settings, health professionals are the most knowledgeable in health matters and they are expected to act on the basis of this knowledge. In their society and their communities they are expected to be role models for the rest of the population. And that includes, in general, their behaviour in

BOX 2 WHO Framework Convention on Tobacco Control (WHO FCTC)

Effective tobacco control requires international agreement and cooperation. At the World Health Assembly in May 1996, WHO's Member States adopted a resolution calling upon the Director-General of WHO to initiate the development of a framework convention on tobacco control. The WHO FCTC is an international legal instrument designed to control the global tobacco epidemic. After nearly four years of negotiations, the text of the treaty was agreed upon on 1 March 2003. The World Health Assembly unanimously adopted it on 21 May 2003. On 29 November 2004, 40 countries had deposited their instrument of ratification or legal equivalent, triggering the countdown of 90 days for its entry into force. On 27 February 2005, the WHO FCTC became an international, legally binding instrument for its first 40 Contracting Parties. On that date, 57 countries had already deposited their respective instruments.

The WHO FCTC Protocol approach is a dynamic model of global standard-setting. The term 'framework convention' is used to describe a variety of legal agreements that establish broad commitments and general system of governance for a particular issue. With the WHO FCTC in place, national public-health policies, tailored around national needs, can be advanced without the risk of being undone by transnational phenomena (e.g. smuggling as well as cross-border advertising, promotion and sponsorship).

The Preamble of the WHO FCTC specifically mentions the role of health professionals in tobacco control. Article 12 on 'Education, communication, training and public awareness' and Article 14 on 'Demand reduction measures concerning tobacco dependence and cessation' are also of particular interest for health professionals.

health-related matters such as diet and exercise, and particularly regarding tobacco. The reality is that most people become addicted to tobacco before they have made a decision to become a health-care provider. In fact, more than 90% of all adult smokers begin while in their teens, or earlier, and more than half become regular, daily smokers before they reach the age of 19[VIII]. Surely a health professional is aware of the health consequences of tobacco use, more than a professional in a different field. However, knowing the harm that tobacco use can cause to one's health is not enough to overcome tobacco addiction in many cases. There is need for further support. It is not uncommon in countries around the world to find groups of health professionals with a similar if not higher smoking prevalence than the rest of the population. A 2004 article states that "the smoking prevalence among Russian health professionals equals that of the general population–i.e. 63% of men and 12% in women". It goes on to say that "Health professionals may be the solution to Russia's smoking woes. Professionally respected and popularly revered, they could use such clout to change current smoking trends and spearhead a national anti-smoking movement. That is, if they weren't committed to the same smoking behaviours, misperceptions and lack of motivation as their tobacco-using patients!"[IX] This perspective creates conflict for the health-care professional and it affects their image and credibility as spokesperson on tobacco control. Additionally, research has shown that health professionals who are smokers are less likely to promote smoking cessation or engage in tobacco control. More efforts need to be made by health professional organizations and health professional schools to assist them in becoming the tobacco-free role models.

In this particular case, the previously mentioned Smoking-Cessation programme encouraged Russian physicians to assist not only their patients, but also themselves.

Clinician. Physicians, nurses, dentists and pharmacists and all health professionals in the everyday health-care setting need to address tobacco dependence as part of their standard of care practice. It has been suggested that questions about tobacco use should be included when monitoring vital signs and at every encounter with a patient the health-care professional must assess tobacco use and note it on the client's chart. In an August 2004 article, The Journal of American Chiropractic Association stated that "While doctors of chiropractic frequently advise their patients about exercise and diet, many perhaps do not put as much emphasis on smoking and tobacco use."[X] The same could be said for many other health professionals. This practice could be easily incorporated, and it is of vital importance, given that the use of tobacco products is one of the most important determinants of both individual and community health. In the case of patients or clients who are tobacco users, all health professionals must advise that quitting tobacco is the best thing that can be done for one's own health. And they can easily and quickly raise awareness about the immediate and longer-term benefits of doing so (Box 3) and remind patients that stopping smoking at any age results in tremendous health benefits,

PREAMBLE OF THE WHO FCTC

"…Emphasizing the special contribution of nongovernmental organizations and other members of civil society not affiliated with the tobacco industry, including health professional bodies, women's, youth, environmental and consumer groups, and academic and health-care institutions, to tobacco control efforts nationally and internationally and the vital importance of their participation in national and international tobacco control efforts…"

BOX 3 Giving up tobacco has some immediate and long-term health benefits:

AFTER

20 Minutes

- Blood pressure and pulse drop to a normal rate
- Temperature of hands and feet increases to normal

8 Hours

- Carbon monoxide level in blood drops to normal
- Oxygen level in blood goes up to normal

24 Hours

- Chance of heart attack starts going down

48 Hours

- Nerve endings start growing again
- Ability to smell and taste begins to improve

2 Weeks to 3 Months

- Circulation improves
- Walking gets easier
- Lung function improves up to 30%

"I can talk again when I walk up stairs!"
"It's great to not have to clear my throat all the time."

1 Month to 9 Months

- Coughing, sinus congestion, tiredness and shortness of breath decrease
- Cilia (small hairs) grow back in lungs to better handle mucous, clean the lungs and reduce infection

"I've missed so much less work because I get fewer colds and sore throats."
"It's such a relief to not be bogged down with those headaches."
"I can concentrate so much better."

1 Year

- Risk of coronary artery disease is half that of a smoker

"I'm not scared by heaviness in my chest in the morning anymore."

5 Years

- Lung cancer death rate goes down by one half
- Risk of stroke becomes same as non-smoker
- Risk of cancer of the mouth, throat, oesophagus, bladder, kidney and pancreas goes down

In addition: If you have a chronic illness like diabetes, asthma or kidney failure, quitting can dramatically improve your health.

Source: http://www.quittobacco.org/whyquit/physicalbenefits.html

and the earlier one quits, the better. It takes health-care providers less than three minutes to provide this brief assessment and advice to all their patients.

Research has shown that approximately 70% of all tobacco users admit they would like to quit eventually. Half of them have tried at some point, and a small fraction is ready to try immediately. Less than 10% of all smokers are successful in a given attempt. The more attempts, the more likely the tobacco user is to achieve his or her objective of stopping tobacco use.

Simple advice from a physician has been shown to increase abstinence rates significantly (by 30%) compared to no advice.[XI] Likewise, nursing-led interventions for smoking cessation increase by 50% the chances of successfully quitting[XII].

Research has demonstrated that interventions that use multiple providers are very effective, and that all health-care professionals can have an impact in assisting with cessation[XIII]: essentially, the more a person hears a consistent message from all health professionals, the more likely that person will be able to quit successfully.

The Treating Tobacco Use and Dependence – Clinical Practice Guideline, issued by the United States Department of Health and Human Services recommends the 5As approach:

- ask about tobacco use
- advise all users to quit
- assess willingness to make a quit attempt
- assist the patient to quit
- arrange follow-up contact.[XIV]

Not all health professionals need to become cessation specialists. On the contrary, this work is carried out by specially trained counsellors, who can be nurses, social workers, psychologists or any other health professional. However, all health professionals can, in addition to the brief intervention of asking, advising and assessing in their clinical practice, have available references to more resources that allow them to add referral to more intensive counselling work in their daily health-care services routine. Even with the lack of these, every health professional has a duty to implement the minimal intervention steps of asking about tobacco use, assessing willingness to quit, advising quitting and further referring and arranging for cessation services. Health professionals should also be instrumental in developing and disseminating science-based and practical materials about cessation, adapted to the culture, ethnic background, age, language, and health status of the patient, or predisposition and timeframe attitude towards quitting tobacco use. Whenever possible, health professionals need to make the cessation advice relevant to the patient's current situation by linking it with the existing diagnosis or current lifestyle.

For example, arguments like smoking can cause bad breath, that it is an expensive habit, or that it will mean poorer performance in sports might be of more concern for a young patient than the possibility of lung cancer. Meanwhile, the latter reason could be more compelling for an older patient who has been a tobacco user for a longer period of time.

Another important area for health professionals in clinical setting is to assess exposure to tobacco smoke and to provide information about avoiding all exposure. This is ever more important in settings where tobacco use by the client may not, per se, be an issue, such as paediatrics and maternal-child health clinics. Health professionals need to incorporate such assessments into their practice; therefore, tobacco assessment and advice on quitting can be incorporated in a variety of clinical settings and clientele.

Educator. Health professionals play an important role in preparing new generations of health

professionals. They are involved in the training process of students, including pre- and post-graduate training, bedside education, continued education and training or in research and evaluation. According to research, training health professionals is effective in changing their practice[XV]. However, research has also shown that tobacco control content, both theoretical and practical, in health professional schools is inadequate.

All aspects of tobacco control need to be incorporated into the existing health professionals' curricula: tobacco control can be taught as a separate matter or be a part of existing content (epidemiology, health promotion, prevention and treatment, etc.). The health effects of tobacco can be incorporated in a variety of disciplines and students should be given an opportunity to gain practical skills in assessing tobacco use, cessation and advice as well as to learn about the policy aspects of tobacco control and their benefits to public health. Training time is also an ideal opportunity to offer support to health professional students who are tobacco users and are trying to quit.

An example of such an approach was a pilot programme launched in Scotland, where two dental teams at two Scottish universities were trained to help smokers kick the habit. Dental hygienists studying in Glasgow and Dundee Universities were given special training to target smokers and provide cessation advice.[XVI] Dentists, for example, are well-positioned to warn patients about some of the serious oral health risks linked to tobacco use such as oral cancer. In their day-to-day practice it is easy to dedicate five to ten minutes to assess tobacco use patterns among their patients and advise or refer when needed. In the United States, the University of California's School of Pharmacy developed a curriculum, Rx for change that equips clinicians to implement cessation intervention but also addresses all other aspects of tobacco control. The programme is being implemented successfully in schools of pharmacy throughout the country and is broad enough that it is also being used by schools of medicine and nursing[XVII].

Scientist. Tobacco control measures must be based on facts and evidence. Clinical, epidemiological and policy research as well as evaluation are important components to be taken into account when putting in place measures that are intended to reduce tobacco consumption. That is why all health professionals should be aware of science-based information about how tobacco control measures can be implemented within their scope of practice. Research in less traditional areas such as programme and policy implementation and evaluation should be encouraged as well. Given that tobacco is a cross-cutting issue to many other health areas, research on tobacco should be included in several other health fields, such as cancer clinical trials, maternal-child health programme outcomes and cardiovascular disease studies. In their role as scientists, health professionals have a duty to create awareness and educate funding and research agencies about tobacco consumption's impact on all aspects of individual, community and social health, so that adequate funding resources for research in addressing this worldwide epidemic can be maintained or enhanced.

Leader. Many health professionals have leadership positions at different levels and several enjoy considerable public trust. Health is very much a leadership responsibility, from the local leader/employer to a nation's highest political health authority. Among the many activities health professionals in positions of leadership can take on is getting involved in the policy-making process–supporting comprehensive tobacco control measures that go beyond the availability of cessation to include smoke-free workplaces; increased taxation and prices of tobacco products; campaigns to prevent youth from taking up tobacco and funding for tobacco control

programmes. This leadership position can be exerted at the community, national or global level, depending on where one is best able to promote changes. Not all health professionals will be able to tackle all tobacco control issues at the same time, but all health professionals can take small steps to address at least one issue at their own workplace (for example, promoting smoke-free environments) and, depending on their position, tackle larger policy and political tasks as the opportunity arises. Health professionals who belong to professional organizations can also influence their organization to become involved in tobacco control policy-making, and to place tobacco in the organization's agenda, as stated in the Code of Practice on Tobacco Control for Health Professional Organizations (Box 4).

There have been many examples of initiatives of various kinds undertaken by health professionals and their organizations at different levels. The International Pharmaceutical Federation (FIP) launched a call for the adoption of a ban on the sale and use of tobacco products on their premises, to "ensure that all staff and customers can enjoy a smoke-free working environment". In the same initiative, FIP stated that it supports legislation that eliminates the sale of cigarettes from all licensed health-care facilities. They pointed out that pharmacists are health professionals committed to improving the health of their customers, and that individual pharmacists should provide leadership by being free of tobacco themselves."[XVIII]

In the United Kingdom, the British Medical Association (BMA) has been calling for legislation to ban smoking in enclosed public places since 1986. In November 2004, they appealed to their role as leaders in calling on the United Kingdom's Health Secretary to set a date for banning smoking in public places.[XIX]

Opinion-builder. As a citizen of a community, member of an NGO or through national associations, this role to build opinion in support of tobacco control has great potential but has been neglected by most health professionals to date. While not everyone can make tobacco control the centre of their professional activities, they can and should express clearly the magnitude of the tobacco issue in terms of diseases, suffering and premature deaths as well as the economic burden for society, and convey their support for tobacco control measures. Becoming political active or lending support to a group that is championing tobacco control issues are some of the ways to get involved. Additional ways include writing letters to newspapers and other media, issuing press releases on important national or international dates for example, or assisting in disseminating information. It is vital to have figures on these effects appropriate to the level of action – global estimates may not convince a local politician to allocate resources for cessation support. As an opinion-builder, health professionals should be knowledgeable of existing information resources.

In January 2005, his Majesty the King of Thailand granted an audience to one of the recipients of the 2004 Prince Mahidol Award, Dr Jonathan Samet of the United States. In accepting the award, Dr Samet urged the Thai Government to strictly enforce a ban on smoking in all workplaces, including pubs and bars to protect people from second-hand tobacco smoke. In emphasizing the importance of such a measure, he referred to countries where similar measures had been adopted, pointing out the benefits experienced.[XX]

Another example can be found in Malaysia, where last year, Professor Datuk Dzulkifli Abdul Razak, vice-chancellor of Universiti Sains Malaysia (USM) initiated a signature campaign in protest of an International Tobacco Trade Exposition scheduled to be held in Kuala Lumpur, hoping to collect a million signatures and submit the memorandum to the Prime Minister.[XXI]

Alliance-builder. Health is important to all health professionals and to other groups. Public health is no one's domain but everyone's arena. Sometimes a health professional group should act by itself but cooperation with others should always be considered carefully. Tobacco-related problems and tobacco control cut across a vast range of health disciplines and one of a health professional's roles is to ensure that all of those affected support in one way or another tobacco control.

Health professionals can form alliances as individuals, but they can also be formed between societies and organizations. The results of such alliances can have a much greater impact, and the benefits to one cause or issue, in this case tobacco control, are enhanced.

Such was the case of a meeting convened by WHO's Tobacco Free Initiative (TFI) that took place in Geneva between 28-30 January 2004. TFI invited representatives from 30 different international health professional organizations, with members and affiliates throughout the world. The meeting aimed to explore potential ways in which they could contribute to tobacco control/public health goals as well as their possible role in the signature, ratification (or legal equivalent) and implementation of the WHO FCTC. The meeting led to fruitful discussions with excellent outcomes–they adopted the Code of practice on tobacco control for health professional organizations, with the commitment to adopt common standard strategies in the approaches and activities of the different professional groups on tobacco control. The selection of the theme The Role of Health Professionals in Tobacco Control for World No Tobacco Day was also one of the outcomes of that "alliance". Moreover, the organizations devised a way to promote and raise awareness of the WHO FCTC by creating the web page www.fctcnow.org, where individuals and associations could sign up to show support. To date, it has collected some 650 signatures from organizations worldwide and over 3600 from individuals!

Building alliances in a vertical way is also a way to synergize efforts, and obtain better outcomes by using existing resources. Every type of health professional association at the local or national level has its counterpart at the regional, international or global level. Smaller associations can benefit from existing resources and the exchange of technical information that is created at the higher level while the international associations reach more members and affiliates through their subsidiaries or national members. International organizations that were present during the meeting in Geneva, agreed to disseminate the outcomes among their members, endorsing the principles agreed and in the end, reaching a higher percentage of the global population in every country in which they are present.

Joint initiatives between different associations, whether local, national or international are also a good way to advance the tobacco control agenda. There are many examples of coalitions that are created by health professional associations at the national level with this purpose. In March 2005, doctors and nurses in Liverpool, England, joined forces to back smoke-free legislation after the release of data published by the British Medical Journal showing that second-hand smoke at work kills over 600 people every year in the United Kingdom.

The British Medical Association (BMA), the Royal College of Nursing (RCN) and the Joint Consultants Committee (JCC) all backed Smoke-free Liverpool's private bill, which was due for reading in the House of Lords.[XXII]

Watch out for tobacco industry activities. Health professionals, as individuals or associations have a duty to denounce tobacco industry strategies