

TOBACCO: THE ROLE OF HEALTH PROFESSIONALS IN SMOKING CESSATION JOINT STATEMENT

This statement was developed cooperatively by the Canadian Association of Occupational Therapists, Canadian Association of Social Workers, Canadian Dental Association, Canadian Medical Association, Canadian Nurses Association, Canadian Pharmacists Association, Canadian Physiotherapy Association, Canadian Psychological Association, and Canadian Society of Respiratory Therapists.

Tobacco is the number one risk factor for preventable death and disease in Canada. Nearly 7 million Canadians smoke, and an estimated 45,000 of them die every year of tobacco related diseases. The economic burden of tobacco use is very high; it is estimated that smoking-related diseases cost Canada \$3 billion per year in direct health care expenses. This does not include the cost of lost productivity, increased insurance premiums and other indirect expenses, which increase the cost of tobacco use to society to \$11 billion annually.

A person's decision to use tobacco is the result of a complex interaction of factors that varies from one individual to another. In the same way, the reduction of tobacco use requires a comprehensive, many-faceted strategy that includes

- Prevention (helping to keep non-smokers from starting)
- Cessation (helping people who now smoke to quit, and preventing relapse)
- Protection (protecting non-smokers from second-hand smoke and other harmful effects of tobacco).

Prevention is the most important strategy of the three; being a non-smoker is a vital element of a healthy active life. However, for those who already smoke, quitting smoking is the single most effective thing that they can do to enhance the quality and length of their lives. Health professionals are in a unique position to assist smokers. Therefore, this statement focuses on smoking cessation as part of a comprehensive strategy, specifically on the role of health professionals in helping Canadians stop smoking.

Most smokers are not happy with their habit, and the majority would like to quit. But the relapse rate is very high because of the addictive nature of tobacco, and of possible social pressures on the smoker. In most smoking cessation programs, a quit rate of between 15 and 20% is considered a success. Most smokers attempt to quit several times before they finally succeed.

Smoking cessation counselling is widely recognized as an effective clinical practice. Even a brief intervention by a health professional significantly increases the cessation rate. A smoker's likelihood of quitting increases when he or she hears the message from a number of health care providers from a variety of disciplines. Health professionals are perhaps Canadians' most credible source of health information. Nearly all Canadians consult a health professional at least once a year, often at "teachable moments"¹ when they may be more motivated than usual to change their unhealthy behaviours. Health professionals can tailor their messages to individuals and work with them on a one to one basis.

Clinical practice guidelines, practice tools, quick reference guides and other resources are available to health professionals to help them counsel on smoking. Pharmacotherapy has been shown to increase the cessation rate significantly and works best when combined with counselling.

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However, health professionals encounter barriers when providing smoking cessation services, notably:

- Doubts about their own effectiveness in motivating behaviour change. This is in part due to insufficient education for health professionals in this area.
- Insufficient time during a busy day for counselling.
- Funding mechanisms that assign a low priority to preventive care, e.g. little or no reimbursement for smoking cessation interventions, follow-up or support.
- Health care settings that do not facilitate preventive care; for example, tools to identify people with specific risk factors, or quick reference guides, may not be easily accessible.
- Lack of public awareness of the smoking cessation services a health professional can provide.
- Frustration with the high rate of relapse. Smokers often go through a long period of reaching readiness before they finally quit.

PRINCIPLES

Given the burden that tobacco inflicts on Canadians, and given evidence of the effectiveness of clinical tobacco interventions, health professional associations assert that:

1. There is a leadership role for health professionals in smoking cessation and prevention, and in protection of the public from the harmful effects of tobacco smoke.
2. Helping smokers stop smoking is one of the most important services a health care provider can offer.
3. A comprehensive approach to smoking cessation is important (e.g. assessment, counselling, pharmacotherapy, ongoing support, relapse prevention strategies).
4. A collaborative multidisciplinary approach to tobacco control is important.
5. Each health profession brings its own unique knowledge and expertise to advance an overall strategy.
6. The patient/client² is an active partner in the smoking cessation process.
7. Health professionals should take advantage of opportunities to reduce tobacco use.
8. Every healthcare provider should ask each patient/client about their smoking status when appropriate and document it.
9. Health professionals require specific education and tools to facilitate their roles in tobacco control.
10. The health care system should support providers with appropriate resources and incentives to reduce tobacco use in Canada.
11. Clinical tobacco interventions by health professionals should be part of a comprehensive national tobacco control strategy which also includes prevention and protection measures such as legislation, tax increases, restrictions on tobacco advertising and promotion, restrictions on smoking in public places, and public education campaigns.

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THE ROLE OF HEALTH PROFESSIONAL ASSOCIATIONS

As part of a comprehensive approach to tobacco control which maximizes the likelihood of smokers quitting, health professional associations can use the following strategies:

- Educating members on their valuable role in tobacco control.
- Promoting the inclusion of smoking cessation training in the required academic curricula of all health professionals and in continuing-education programs.
- Communicating research evidence about effective smoking cessation and tobacco reduction strategies to members.
- Providing members with tools that will motivate and assist them in their roles as counsellors and referral agents.
- Identifying our individual strengths and complementary areas, and collaborating to create a “synergy.”
- Increasing public awareness that support and resources to help people stop smoking are available from their health care providers.
- Advocating to governments regarding the health professional’s role as an effective agent in tobacco control.
- Lobbying governments and third-party payers for funding to support the provision of smoking cessation services by health professionals.
- Promoting smoke-free environments, and encouraging members to set an example by being smoke-free.
- Building partnerships with the community (e.g. schools and workplaces), to deliver cessation, prevention and protection messages to the public, and encouraging members to participate in public education.

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References:

¹ Examples of “teachable moments” can include but are not limited to:

respiratory infection	post-heart attack
child’s ear infection	coping with stress
post-stroke rehabilitation	regular teeth cleaning

² In recognition of the preferences of various health professional groups for specific terminology, the terms “patient” and “client” are used interchangeably.