

# World No Tobacco Day

## 31 May

### Survey overview

In 2003, 3384 health professionals in Egypt completed the Health Professionals Survey, which was developed by WHO in collaboration with the Centers for Disease Control and Prevention (USA), International Agency for Research on Cancer, Emory University (USA) and University of New South Wales (Australia), and administered in several WHO Member States.

Out of the respondents, 2889 (85%) were physicians, 328 (10%) were dentists and 165 (5%) were nurses. The sample consisted of 76% males and 24% females. Survey respondents worked in a variety of health care settings and 96% reported having contact with patients. The average age of survey participants was 37 years.

### Tobacco use

71% of the survey respondents stated that they had never smoked. 14% reported having successfully quit smoking and 15% were current smokers.

The respondents who smoked reported using an average of 12 cigarettes a day. Among 253 smokers who named a preferred brand, Cleopatra brand was the most popular, named by 37%.

The proportion of smokers among male respondents was 18.3% and 8% among female respondents. Both ratios were much higher among nurses than among physicians and dentists. The average number of cigarettes consumed by physicians or nurses daily was about 12 cigarettes, while dentists who smoked reported consuming about 9 cigarettes per day.



### Knowledge about smoking

97% of survey respondents agreed that smoking is harmful. This level of knowledge was the same among smokers and non-smokers.

### Leaders in tobacco control

Health professionals play two different but complementary roles in advancing tobacco control and human health. First, as health care providers, they are uniquely positioned to provide patients with information about the harmful effects of tobacco use and assistance with quitting smoking, through counselling, referral to other services and, where so regulated, prescribing medications that are effective for smoking cessation. Second, as a prominent, socially powerful advocacy group, health professionals are uniquely positioned to impress upon governments the need for and benefits of comprehensive tobacco control policy and programmes that can assist smokers in quitting, prevent non-smokers from starting to smoke and reduce exposure to environmental tobacco smoke.



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## Providing care

Health professionals in Egypt are clearly role models. Thus, 85% of non-smoking physicians reported that they believed that a physician who smokes is less likely to advise his/her patients to stop smoking. 79% of physicians who smoke also identified this as a problem. Thus, a majority of physicians, regardless of whether they smoke, recognize the importance of health care professionals as role models and access points for people who want to quit smoking.

Self-help, counselling and medication for smoking cessation are available and used. Uptake, defined as use where available, is high for all three interventions. Although 30% of physicians reported using one of the three, and 35% reported having none of the three interventions available, the high uptake levels suggest that health professionals use self-help, counselling and medication for their patients when they are available.

Health professionals' assessment of their preparedness to offer smoking cessation counselling is a powerful predictor of whether they will offer it to patients. Among respondents who reported feeling "well prepared", over 81% used counselling. That figure was 70% among those who reported feeling "not at all prepared". In addition, health professionals who reported feeling "not at all prepared" to counsel patients were also more likely to use self-help (26%) and less likely to use medication (4%) than those who reported feeling "prepared" for counselling (19% reported using self-help and 16% medication).

## Advocates for health

Health professionals responding to the survey overwhelmingly supported banning smoking in enclosed public places (97%), large-print health warnings on cigarette packaging (44% of smokers and non-smokers, and 96% of former smokers who had quit), banning sales to minors (97%), banning sport sponsorship by the tobacco

industry (93%), banning tobacco advertising completely (94% of smokers and 96% of non-smokers), and making hospitals completely smoke-free (97%).

The only policy action over which smokers and non-smokers disagreed was significant price increases. 90% of non-smokers supported sharp increases as a measure to assist smokers in quitting and to prevent young people from starting to smoke. Sharp price increases was supported by only 81% of smokers.

## Conclusion

Health professionals in Egypt have excellent knowledge of the harms of smoking. They identify the importance of non-smoking health professionals as role models to assist patients in quitting. With just over 1 in 6 male physicians reporting that they smoke, smoking cessation support for health professionals themselves could yield a double benefit: improved health for physicians who successfully quit smoking, and a larger pool of health care professional role models who can assist others to quit smoking.

Despite almost 1 in 3 respondents lacking any intervention to offer patients who smoke, physicians can offer a range of effective smoking cessation interventions to their patients. Expanding access to medication and self-help, coupled with improved smoking cessation counselling training for physicians, would expand coverage of effective smoking cessation interventions in Egypt.

More than 75% of health professionals in Egypt, both smokers and non-smokers, consistently agreed with the need to implement the elements of comprehensive tobacco control. For all but price increases, support was virtually unanimous. Thus, physicians in Egypt are well positioned to advocate for and support the implementation of comprehensive tobacco control.



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