

World No Tobacco Day

31 May

Survey overview

In 2004, 1053 physicians in Jordan completed the Health Professionals Survey 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.

The sample consisted of 913 (86.7%) males and 140 (13.3%) females. Most survey respondents (89.4%) worked in urban areas, with 6.7% working in suburban areas and only 3.9% working in rural areas. A large proportion of the participants (97.7%) reported having contact with patients. The average age of survey participants was 46 years, with 95.5% ranging between 27 and 60 years.

Tobacco use

About 46% of the survey respondents stated that they had never smoked. 20% reported having successfully quit smoking, 7% smoked occasionally and only 27% smoked regularly. Those who smoked regularly consumed 19 cigarettes a day on average. Those who smoked occasionally smoked an average of 10 cigarettes per day. Among smokers who named a preferred brand, Viceroy and Marlboro were the most popular, named by 25% and 22% of respondents respectively. Rothmans and LM followed, at 10% each. The proportion of smokers among male respondents was almost twice as high as among female respondents, at 36.3% versus 19.3% respectively.

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Knowledge about smoking

The great majority (99%) of survey participants agreed that smoking is harmful, with no significant difference among smokers and non-smokers.

Leaders in tobacco control

Physicians 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 to assist them 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 and socially powerful advocacy group, physicians are uniquely positioned to impress upon governments the need for and the 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. More than 90% of the



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respondents agreed that health professionals should take part in fighting smoking and support banning advertising of tobacco products.

Providing care

Physicians in Jordan agreed that health professionals should be and indeed are role models in their attitude to smoking. When combining the responses of those who “strongly agreed” and those who “agreed”, the opinion was nearly the same among smokers and non-smokers. Treated separately, agreement among non-smokers was stronger. There was a slight difference in agreement over the statement that physicians who smoke are less likely to advise their patients against smoking. While 77% of non-smokers “agreed” with this statement, only 70% of occasional or regular smokers did so.

On the availability of interventions to help patients stop smoking, counselling was the option reported as most available. Other interventions, such as medication or self-help materials were less readily available, with 3.3% and 21% of respondents reporting them as available, respectively. However, uptake, defined as use where available, was high for all three. The high uptake levels (69% for medications, 94% for self-help and 97% for counselling) 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 those who reported feeling “prepared” to counsel their patients on how to quit smoking, 86% did counsel their patients on the subject, 23% provided them with self-help material and 8% used medication. Of those who reported feeling “not at all prepared” to counsel their patients on smoking cessation, 36% counselled them, 10% provided self-help material and 4% used medication.

Advocates for health

Physicians responding to the survey overwhelmingly supported banning smoking in enclosed public places (99%), and 93% supported using large-print health warnings on cigarette packaging. Almost all respondents supported prohibiting sales of cigarettes to minors (99.6%), 98% agreed with banning sport sponsorship by the tobacco industry, 96% agreed with banning tobacco advertising completely, and 98% supported making health care facilities completely smoke-free. While 82% of both non-smokers and occasional smokers supported sharp increases in cigarette prices, only 60% of regular smokers supported the idea.

Conclusion

Physicians in Jordan have excellent knowledge of the harms of smoking. They recognize the importance of non-smoking health professionals as role models to assist patients in quitting smoking. They also recognize the role models that health professionals represent to others.

When interventions are available, which was not usually the case in the survey, physicians offered 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 Jordan.

More than 75% of health professionals in Jordan, 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 (especially non-smokers) in Jordan are well positioned to advocate for and support the implementation of comprehensive tobacco control.



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