

World No Tobacco Day

31 May

Survey overview

In 2003, 3497 health professionals in the Libyan Arab Jamahiriya 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, 898 (25.7%) were physicians, 173 (4.9%) were dentists, 1207 (34.5%) were nurses and 1219 (34.9%) were in other health professions. The sample consisted of 58.1% males and 41.9% females. Survey respondents worked in a variety of health care settings, with 64.4% working in urban areas, 12% in suburban areas and 20% working in rural areas. The average age of survey participants was 35 years.

Tobacco use

75.3% of the survey respondents reported that they had never smoked. 5% reported having successfully quit smoking, 17.1% were current smokers (daily or occasionally) and 2.6% did not respond to the question.

Daily smokers in the survey reported using an average of 15 cigarettes a day, and occasional smokers reported smoking an average of 8 cigarettes a day. Among 492 smokers who named a preferred brand, Riyadh brand was the most popular, named by 50.2%.

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The proportion of smokers among male respondents was 36.7%, and only 2.8% among female respondents. The highest proportions were among male nurses and males in the category of other health professionals (about 40% in each). The average number of cigarettes consumed by dentists who smoked was 19 cigarettes a day, while it ranged from 13 to 14 for others.

Knowledge about smoking

More than 99% of non-smoking respondents agreed that smoking is harmful. About 96% of respondents who smoked agreed.

Leaders in tobacco control

Health professionals play two different but complementary roles in advancing tobacco control and human health. Firstly, 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. Secondly, in their role as a prominent, socially powerful advocacy group,



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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. These views were held by over 80% of the respondents.

Providing care

Health professionals in the Libyan Arab Jamahiriya see themselves as role models for their patients. Thus, 85% of non-smoking physicians reported that they believe that a physician who smokes is less likely to advise his/her patients to stop smoking. 80% of physicians who smoke also identified this as a problem. Thus, a majority of health professionals, regardless of whether they are smokers themselves, recognize the importance of health care professionals as role models and access points for people who want to quit smoking.

The question of whether interventions were available to help patients stop smoking was skipped by 55% of the respondents. 43.3% said that one method or another was available to them. Counselling was available to 37% of the participants and self-help material was available to 6.8%. Both remedies are available to 5.5%. Uptake, defined as use where available, is high for counselling (90%) and is fairly high for remedies.

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 "well prepared", 79% offered counselling. Only 68% of those who reported feeling "not at all prepared" offered counselling.

Advocates for health

Most health professionals responding to the survey supported banning smoking in enclosed

public places (91.5%), large-print health warnings on cigarette packaging (98%), banning sales to minors (97%), banning sport sponsorship by the tobacco industry (89%), banning tobacco advertising completely (93%), and making hospitals completely smoke-free (97.5%).

The only policy action over which smokers and non-smokers disagreed was significant price increases. 80% of non-smokers supported sharp increases as a measure to assist smokers in quitting and to prevent young people from starting to smoke, compared with 60% of smokers.

Conclusion

Health professionals in the Libyan Arab Jamahiriya 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 4 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.

Health professionals 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 the Libyan Arab Jamahiriya.

Only half the respondents took the time to suggest ways in which WHO could support efforts to reduce smoking, and there were no significant differences among the different health professions either in response or the suggested ways for WHO to help. Educational programmes and making information materials available were the ways suggested by about 47% of those responding to the question.



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