

# World No Tobacco Day

## 31 May

### Survey overview

Between 2002 and 2004, 10 939 health professionals in five countries of the WHO Eastern Mediterranean Region (Egypt, Jordan, Libyan Arab Jamahiriya, Qatar and Saudi Arabia) 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.

Of the respondents, 7613 (70%) were physicians, 701 (6%) were dentists, 1394 (13%) were nurses and 1226 (11%) worked in supporting professions. The sample consisted of 66% males and 34% females. Survey respondents worked in a variety of health care settings. The average age of respondents was 39 years.

### Tobacco use

67% of respondents reported that they had never smoked. 10% reported having successfully quit smoking and 23% were current smokers.

Respondents who smoked reported an average consumption of 16 cigarettes a day. The lowest average consumption was in Saudi Arabia (11 cigarettes); the highest was in Jordan (19 cigarettes).

The proportion of smokers was 32% among male respondents and 5% among female respondents. Among males, nurses had the highest proportion of smokers; among females, the highest proportion of smokers was among physicians.

## HEALTH PROFESSIONALS SURVEY IN THE EASTERN MEDITERRANEAN REGION

### Knowledge about smoking

97.9% of survey participants agreed that smoking is harmful to health. This high level of knowledge was reported by both smokers and non-smokers, with no major difference in the degree of agreement.

### 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, 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 the countries surveyed clearly regard themselves as role models. 83% of non-smoking health professionals reported that they believed that a physician who smokes is less likely to advise his/her patients to stop smoking. 70% of health professionals who smoked regularly also identified this as a problem. Thus, a majority of health professionals, regardless of whether they smoke, recognize the importance of non-smoking 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 fairly high for self-help and medications, and is very high for counselling. The high uptake levels suggest that health professionals rely mainly on counselling patients, supported by the use of self-help material or medication if available.

Health professionals' assessment of their preparedness to offer smoking cessation counselling is a powerful predictor for whether they will offer it to patients. Overall, only 53% of respondents reported feeling "well prepared" to give counselling on smoking cessation, while another 30% reported feeling "somewhat prepared". Among those who reported feeling "well prepared", over 94% used counselling.

## Advocates for health

Health professionals responding to the survey overwhelmingly supported banning smoking in enclosed public places (97%), using large-print health warnings on cigarette packaging (87% of smokers and 93% of non-smokers), banning sales to minors (97%), banning sport sponsorship by the tobacco industry (92%), banning tobacco advertising completely (97%), and making hospitals completely smoke-free (96%).

The only policy action over which smokers and non-smokers disagreed was significant price increases. 84% of non-smokers supported sharp increases as a measure to assist smokers in quitting and to prevent young people from starting to smoke. Despite the direct effect of this on smokers, 66% of health professionals who smoke supported sharp price increases.

## Conclusion

Health professionals in the countries surveyed 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 23% of health professionals 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 72% of respondents reporting lack of availability of interventions (other than counselling) for 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 the countries surveyed.

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



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