

# World No Tobacco Day 31 May

## Survey overview

In 2003, 2402 health professionals in Saudi Arabia 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.

Out of the respondents, 2160 (89.9%) were physicians, 215 (9%) were dentists and 20 (0.8%) were nurses. The sample consisted of 78.7% males and 21.3% females. Survey respondents worked in a variety of health care settings, with 78.7% working in urban areas, 7% in suburban areas and 12.6% working in rural areas. The average age of survey respondents was 43 years.

## Tobacco use

74.8% of the survey respondents stated that they had never smoked. 11% reported having successfully quit smoking and 14.2% were current smokers (divided evenly between daily and occasional smokers).

Smokers reported using an average of 11 cigarettes a day. Among 275 smokers who named a preferred brand, Marlboro brand was the most popular, named by 39%.

The proportion of smokers among male respondents was 16.7%, and only 4.9% among female respondents. The average number of cigarettes consumed by physicians or nurses daily was about 12 cigarettes, while dentists who smoke reported consuming about 9 cigarettes per day.



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## Knowledge about smoking

Some 98% of survey respondents agreed that smoking is harmful to health. There was a difference of 2.7% between smokers and non-smokers in favour of non-smokers.

## 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 Saudi Arabia see themselves as models of behaviour. Thus, 80% of non-smoking health professionals reported that they believe that a physician who smokes is less likely to advise his/her patients to stop smoking. 64% of health professionals 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 advisers for people who want to quit smoking.

Self-help, counselling and medication for smoking cessation are available to a limited extent. Uptake, defined as use where available, is high for all three interventions (over 62%). Some 6% of participants said that no intervention was available to them. High uptake levels suggest that health professionals use self-help, counselling and medication for their patients when these are available.

Health professionals' assessment of their preparedness when offering smoking cessation counselling is a powerful predictor of whether they will offer it to patients. Among those who reported feeling "well prepared", 69% used counselling. That figure drops to 39% among those who reported feeling "not at all prepared". In addition, health professionals who reported feeling "not at all prepared" when counselling patients on how to stop cigarette smoking were not likely to use any method other than counselling, although they preferred self-help material (19.3%) to traditional methods (12.2%) or medications (9.3%).

## Advocates for health

Health professionals responding to the survey overwhelmingly supported measures to reduce smoking. Banning smoking in enclosed public places was supported by 97% of respondents, including smokers, and use of large-print health warnings on cigarette packaging was supported by 93% of non-smokers and 87% of

smokers. Both groups supported banning the sale of cigarettes to minors (97%). Smokers and non-smokers differed slightly on banning sport sponsorship by the tobacco industry (93% versus 90% respectively), on banning tobacco advertising completely (94% versus 90%), and on making hospitals completely smoke-free (96% versus 95%).

The only policy action over which smokers and non-smokers disagreed significantly was significant price increases, which was supported by 82% of non-smokers versus 59% of smokers.

## Conclusion

Health professionals in Saudi Arabia 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. With just over 1 in 6 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.

Physicians have at their disposal a range of effective smoking cessation interventions for their patients. Only 6% of the physicians said that they do not use any of the techniques available to them. 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 Saudi Arabia.

A very large proportion of those surveyed agree with the need to implement the elements of comprehensive tobacco control. In fact, more than 50% supported all measures suggested. For all but price increases, support was virtually unanimous. Thus, physicians in Saudi Arabia are well positioned to advocate for and support the implementation of comprehensive tobacco control.



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