Health Professionals' Involvement in Tobacco Control: Opportunities, Challenges and Research

Research for International Tobacco Control (RITC) program of the International Development Research Centre (IDRC)

Rosemary Kennedy

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Asmara, Eritrea

Health Professionals: Opportunities for Involvement in TC

- As individuals, health professionals play a critical role as effective change agents:
 - » Highly respected; role models
 - » Ideally situated to counsel patients against tobacco use and to assist patients in quitting

Health Professionals: Opportunities for Involvement in TC

- Research shows that brief interventions (i.e., 5As) have a positive impact on smoking cessation rates
 - » Clinical Practice Guidelines issued by the US Dept of Health and Human Services recommends the 5As approach: Ask, Advise, Assess, Assist, Arrange follow-up
- Trained health professionals are more likely to intervene with their patients

Health Professionals: Challenges to Involvement in TC

- Often high rates of tobacco use
 - » Key finding from GHPSS: Current smoking rates of 20% in many countries
- Lack of knowledge and skills
 - » Key finding from GHPSS: very few health professionals students have received TC training within their education curricula

Global Health Professionals Student Survey: collects information from 3rd year students attending dental, medical, nursing and pharmacy schools

Health Professionals: Challenges to Involvement in TC

- In the few training programs that do exist, the focus tends to be on cessation; little on prevention
- Even fewer programs include training on counseling populations with special needs (e.g., pregnant women)
- Role of nurses often under-valued in TC
- Over-stretched health services and health personnel

Health Professional Organizations: Opportunity and Challenge

- At institutional level, health professional organizations can play important role in TC:
 - » Physicians for a Smoke-Free Canada
 - » World Federation of Public Health Associations

BUT

 Often lack of organizational leadership: in many countries, health professional organizations have not lent their voice to TC

Leadership on Tobacco Control for PHA in East & Southern Africa

- Workshop held in Maputo May 2007, cosponsored by IDRC/RITC, WHO and CPHA
- Representatives from PHA in 6 E/SA countries (RSA, Malawi, Mozambique, Tanzania, Uganda, Ethiopia)
- Purpose: to define a strategy for PHA leadership in TC advocacy and action at national and regional levels

Leadership on Tobacco Control for PHA in East & Southern Africa

Recommendations:

- Promote increased collaboration among PHAs in E/SA to take a leadership role in TC
- Examine the quality/effectiveness of tobacco control curricula within health professions faculties in E/SA
- Develop Africa-appropriate TC training modules
- Advocate for a Pan-African movement on TC

IDRC/RITC supported research studies involving health professionals

Research supported by RITC in African region

ERITREA:

- Tobacco Use Among Health Professionals:
 - » Recipient: Eritrean Pharmaceutical Association
 - » Aim: To determine tobacco use prevalence and knowledge and attitudes among Eritrean health professionals regarding:
 - Tobacco use
 - Cessation
 - Prevention
 - Tobacco control

Research supported by RITC in African region (cont'd)

SOUTH AFRICA:

- Delivery of smoking cessation assistance to high-risk pregnant women
 - » Recipient: Medical Research Council
 - » Aim: To develop, implement and evaluate the impact of an intervention delivered by midwives and peer educators in antenatal clinics
 - This is the first time that a cessation program based on best practice guidelines (5As) from a developed country have been adapted for use in a developing country context.

Research in African region

SOUTH AFRICA (cont'd):

Delivery of smoking cessation assistance to high-risk pregnant women:

» Results:

- This smoking cessation intervention based on best practice guidelines and adapted to suit local conditions for pregnant women with multiple risk behaviours, was proven to be effective among all categories of smokers, including heavy smokers.
- South African Department of Health now considering delivering the intervention in public antenatal clinics across the country.

Research supported by RITC in South/Southeast Asian Region

LAO PDR:

» Smoking behaviour and tobacco control among medical doctors

CAMBODIA:

- » Analysis of the role of health professionals in advancing tobacco control policy
- Integrating tobacco control into DOTs treatment for tuberculosis patients

Research Supported in the South/ Southeast Asian Region (cont'd)

CHINA:

- » Survey of primary healthcare providers' readiness for implementing FCTC provisions
- » Developing, implementing and evaluating the effectiveness of a tobacco control strategy in a tuberculosis dispensary

MALAYSIA:

» Advanced tobacco control training for community health practitioners

PAKISTAN:

» Evaluating an integrated intervention to stop tobacco use among tuberculosis patients

Research supported by RITC in Central Asia and Eastern Europe

KYRGYZSTAN:

- » How committed are medical students to promoting smoking cessation and prevention in their future practice?
 - Results published in CVD Prevention & Control journal, Jan 2006
- » Prevalence of tobacco use among physicians and nurses

RUSSIA:

- » Creation, implementation and evaluation of a cost-effective and popular method of smoking cessation assistance
 - Results published in Jan 2006.

Research supported in Central Asia and Eastern Europe (cont'd)

GEORGIA:

» Evaluation of compliance and enforcement of legislation on smoking restrictions in healthcare institutions

SERBIA:

» Assessment of smoke-free policy and practice among health professionals in healthcare institutions

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CARIBBEAN:

- TRINIDAD & TOBAGO:
 - » Assessment of the capacity to offer smoking cessation services in primary healthcare facilities

MIDDLE EAST:

- Egypt:
 - » Health facilities' smoking control policies, implementation, barriers and challenges

RITC's website

https://www.idrc.ca/tobacco

