THE ROLE OF HEALTH PROFESSIONALS IN TOBACCO CONTROL

Introduction **2**
Tobacco and health **2**
Tobacco and gender *3*
Tobacco and infectious diseases *3*
Tobacco harms the economy and sustainable development **4**
How to control the tobacco epidemic **4**
A framework for tobacco control efforts *5*
Barriers to health professional involvement in tobacco control *15*
The role of health professional associations in tobacco control strategy **17**
International association level *17*
National association level *20*
Local health-care level *25*
Individual health professional level *27*

Sources..**28**
Acknowledgements..**29**

Introduction

Health professionals have a prominent role to play in tobacco control. They have the trust of the population, the media and opinion leaders, and their voices are heard across a vast range of social, economic and political arenas. At the individual level, they can educate the population on the harms of tobacco use and exposure to second-hand smoke. They can also help tobacco users overcome their addiction. At the community level, health professionals can be initiators or supporters of some of the policy measures described above, by engaging, for example, in efforts to promote smoke-free workplaces and extending the availability of tobacco cessation resources. At the society level, health professionals can add their voice and their weight to national and global tobacco control efforts like tax increase campaigns and become involved at the national level in promoting the WHO Framework Convention on Tobacco Control (WHO FCTC). In addition, health professional organizations can show leadership and become a role model for other professional organizations and society by embracing the tenants of the Health Professional Code of Practice on Tobacco Control. (
Box 4*)*

Tobacco and health

Currently, there are an estimated 1.3 billion smokers in the world. The death toll from tobacco consumption is now 4.9 million people a year; if present consumption patterns continue, the number of deaths will increase to 10 million by the year 2020, 70% of which will occur in developing countries. Action must be taken now to prevent this from happening. Governments and legislators have a role to play but they are not the only ones. Society at large needs to be involved in the struggle against tobacco. Within society, one group of professionals has a special role to play because they practice their profession in a particular sector—health.

Tobacco consumption continues to be the leading preventable cause of death in the world. As research and findings continue to show the negative effects of tobacco consumption on health and the number of affected people increases, the list of conditions caused by tobacco consumption has grown. Now it also includes cataracts, pneumonia, acute myeloid leukaemia, abdominal aortic aneurysm, stomach cancer, pancreatic cancer, cervical cancer, kidney cancer, periodontitis and other diseases. These diseases join the familiar list of tobacco-related diseases such as vesicle, lung, oesophagus, larynx, mouth and throat cancer; chronic pulmonary and cardiovascular diseases, and damage to the reproductive system[i]. However, those who consume tobacco are not the only ones exposed to its negative effects. Millions of people, including one half of the world's children, are exposed to second-hand tobacco smoke, known also as passive smoking. There is conclusive evidence linking passive smoking to an increased risk of cardiovascular diseases, lung cancer and other respiratory diseases in adults and respiratory diseases,

ear infection and sudden infant death syndrome in children, to name a few of passive smoking's harmful effects.[ii] Passive smoking is a health problem that requires society's active effort.

In addition to the diseases caused by tobacco consumption and those caused by exposure to second-hand tobacco smoke, tobacco dependence itself is a disease as described in the International Classification Disease (ICD-10)[iii]. As a chronic disease, often involving relapses, nicotine addiction requires proper treatment.

Despite what we know about tobacco today, tobacco consumption continues to increase worldwide. The epidemic is still expanding, especially in less-developed countries. The tobacco industry has a huge potential market in these countries, where they face weaker tobacco control measures and find a great number of possible new customers, among women in particular.

Tobacco and gender

The tobacco epidemic has recently expanded among women worldwide. Recent data from the Global Youth Tobacco Survey show that tobacco consumption among girls is increasing drastically around the globe, and that prevalence is, in many cases, comparable to or even greater than boys[iv].

Developing countries, which are making an enormous effort to improve health conditions at childbirth and decrease maternal and infant mortality are now facing an added burden in achieving this goal, as the number of mothers who smoke increases. Babies born to these women are on average 200 grams (8 ozs) lighter than babies born to comparable mothers who do not smoke. Furthermore, the more cigarettes a woman smokes during pregnancy, the more likely the baby’s lower birth weight. Low birth weight is the main cause of infant mortality; a baby born with low weight has a higher risk of dying, especially in low-income countries. Furthermore, research has shown that cigarette smoking may contribute to inadequate breast milk production[v], as well as to other increased health risks to the newborn child.

Studies show that women who smoke have up to four times higher risk of developing cervical cancer compared to those who are non-smokers, and the risk increases with duration of smoking. The latest United States Surgeon General report on tobacco and health concluded that smoking causes cervical cancer[vi].

Cervical cancer is the leading killer cancer in women worldwide, with more than half a million new cases diagnosed annually. Tobacco control measures and smoke cessation could contribute to the reduction of this burden in woman's health and the improvement of maternal-child health in developed and developing countries.

Tobacco and infectious diseases

There is a growing body of evidence linking smoking and an increased risk of tuberculosis infection, disease and mortality. Studies carried out in India, for instance, show that half the male tuberculosis deaths in that country are caused by smoking, and three quarters of the smokers who were infected with tuberculosis (TB) would not have been infected if they had not smoked[vii].

The exact physiological mechanism for this association has yet to be completely elucidated but damage to pulmonary mucosa by tobacco smoke, which makes it more susceptible to infection, as well as weight

loss and malnutrition in smokers, could be possible mechanisms. The latter would be of special importance among the poorest sector of the population and especially among women.

The incidence of tuberculosis in some developing countries is high and has been aggravated lately by the HIV-AIDS epidemic. An increase in smoking prevalence in these countries could seriously increase the incidence of tuberculosis infection and tuberculosis mortality.

Tobacco harms economy and the sustainable development

The association between tobacco and poverty is now well established and this issue has been more seriously addressed as a result of last years' World No Tobacco Day theme: *Tobacco and poverty: A vicious circle*. Not only are the poorer populations those who consume tobacco the most but tobacco in turn increases poverty.

The tobacco epidemic is moving towards the poorer and least educated worldwide. The tobacco industry is targeting developing countries where they find less resistance to introduce their products and have an enormous potential new market, especially among women and youth. These countries, which have scarce resources for health and still suffer from the burden of communicable diseases, will not be able to afford to treat a population suffering from the consequences of tobacco consumption. The impact of tobacco consumption and production goes beyond the areas of health and poverty in the strict sense. Tobacco also has a negative impact on diverse areas that can reflect poverty such as maternal health, child mortality and morbidity and environmental sustainability. A recent World Health Organization (WHO) publication *The Millennium Development Goals and Tobacco Control: An Opportunity for Global Partnership* also addresses the negative impact of tobacco in development issues. The paper documents the negative effect that tobacco cultivation and tobacco use have on poverty and development and demonstrates the relevance of tobacco control in achieving each of the eight United Nations Millennium Development Goals (Box 1).

Box 1 : United Nations Millennium Development Goals

Goal 1: **Eradicate extreme poverty and hunger**
Goal 2: **Achieve universal primary education**
Goal 3: **Promote gender equality and empower women**
Goal 4: **Reduce child mortality**
Goal 5: **Improve maternal health**
Goal 6: **Combat HIV/AIDS, malaria and other diseases**
Goal 7: **Ensure environmental sustainability**
Goal 8: **Develop a Global Partnership for Development**

Source: http://www.un.org/millenniumgoals/

How to control the tobacco epidemic

There is broad consensus that there is only one way to combat this epidemic, and that is by implementing a comprehensive, continuous, sustainable and adequately funded tobacco control strategy. Tobacco control efforts should be focused on several fronts:

- preventing people from taking up tobacco consumption;

- promoting cessation;
- protecting non-smokers from the exposure to tobacco smoke; and
- regulating tobacco products.

Tobacco control measures could be classified in various ways. WHO classifies interventions into two major groups, those aimed at reducing the demand for tobacco:

- price and tax measures;
- protection from exposure to second-hand tobacco smoke;
- regulation and disclosure of the contents of tobacco products;
- packaging and labelling;
- education, communication, training and public awareness-raising;
- comprehensive bans and restriction on tobacco advertising, promotion and sponsorship;
- tobacco-dependence cessation measures;

and those aimed at reducing the supply of tobacco. Control of smuggling has proven to be the key supply-side measure.

A framework for tobacco control efforts

Tobacco control efforts are more likely to be sustained when incorporated into existing national, state and district level health structures and linked with existing positions and accountability processes. Involvement of the governmental health sector is expected to increase awareness among health personnel and contribute to developing sustainable tobacco control programmes at the country level. Such a systematic approach will also pave the way for multisectoral acceptance of tobacco control efforts in countries.

1. <u>The tobacco control strategy must be broad and continuous and involve all levels</u>

There is a broad consensus that unless there is a multisectoral and multiprofessional involvement, tobacco control will not be effective. Within the government, and although the tobacco control programme is usually coordinated from the ministry of Health, other ministries such as Finance and Trade, Foreign Affairs, Justice, Interior, Customs and Education, should be part of the inter-ministerial tobacco control committee. Within the civil society, nongovernmental organizations (NGOs), professional associations and other organizations play a vital role in tobacco control.

In fact, the entire society is needed in this enterprise but some sectors have a major role to play. Among these, the various health professional groups are ideally positioned to carry out lead tobacco control activities. Respected both by the government and their own communities, all health professionals, individually and through their organizations, can have a substantial impact on the struggle to diminish the use of tobacco and hence its effects on health and the economy.

Health professionals include physicians, nurses, midwives, dentists, psychologists, psychiatrists, pharmacists and chiropractors. The role and image of the health professional are essential in promoting tobacco-free lifestyles and cultures. Through their professional activities health

professionals can help people by giving advice, guidance and answers to questions related to tobacco use and its health effects. They can serve as a reference for the media, educating the public and policy-makers. They can also have an impact at national and international levels through their associations in influencing policy change for better tobacco control.

Box 2

WHO Framework Convention on Tobacco Control (WHO FCTC)

Effective tobacco control requires international agreement and cooperation. At the World Health Assembly in May 1996, WHO's Member States adopted a resolution calling upon the Director-General of WHO to initiate the development of a framework convention on tobacco control. The WHO FCTC is an international legal instrument designed to control the global tobacco epidemic. After nearly four years of negotiations, the text of the treaty was agreed upon on 1 March 2003. The World Health Assembly unanimously adopted it on 21 May 2003. On 29 November 2004, 40 countries had deposited their instrument of ratification or legal equivalent, triggering the countdown of 90 days for its entry into force. On 27 February 2005, the WHO FCTC became an international, legally binding instrument for its first 40 Contracting Parties. On that date, 57 countries had already deposited their respective instruments.
The WHO FCTC Protocol approach is a dynamic model of global standard-setting. The term 'framework convention' is used to describe a variety of legal agreements that establish broad commitments and general system of governance for a particular issue. With the WHO FCTC in place, national public-health policies, tailored around national needs, can be advanced without the risk of being undone by transnational phenomena (e.g. smuggling as well as cross-border advertising, promotion and sponsorship).
The Preamble of the WHO FCTC specifically mentions the role of health professionals in tobacco control. Article 12 on 'Education, communication, training and public awareness' and Article 14 on 'Demand reduction measures concerning tobacco dependence and cessation' are also of particular interest for health professionals.

PREAMBLE OF THE WHO FCTC

"…Emphasizing the special contribution of nongovernmental organizations and other members of civil society not affiliated with the tobacco industry, **including health professional bodies,** women's, youth, environmental and consumer groups, and academic and health-care institutions, to tobacco control efforts nationally and internationally and the vital importance of their participation in national and international tobacco control efforts…"

2. How health professionals fit within comprehensive tobacco control programmes

As mentioned above, all health professionals can help reduce tobacco consumption and its negative effects. Tobacco-related problems and tobacco control cut across a vast range of health disciplines. One of the roles of health professionals is to ensure that all of those affected by tobacco consumption or dedicated to the health sector support in one way or another tobacco control.

Health professionals such as physicians, nurses, pharmacists, dentists, midwives, physiologists and chiropractors have an enormous potential to play a key role in battling the tobacco epidemic.

They have several roles in common and that work in unison, where one role does not substitute for another. These roles include:

Role model. In community and clinical settings, health professionals are the most knowledgeable in health matters and they are expected to act on the basis of this knowledge. In their society and their communities they are expected to be role models for the rest of the population. And that includes, in general, their behaviour in health-related matters such as diet and exercise, and particularly regarding tobacco. The reality is that most people become addicted to tobacco before they have made a decision to become a health-care provider. In fact, more than 90% of all adult smokers begin while in their teens, or earlier, and more than half become regular, daily smokers before they reach the age of 19[viii].

Surely a health professional is aware of the health consequences of tobacco use, more than a professional in a different field. However, knowing the harm that tobacco use can cause to one's health is not enough to overcome tobacco addiction in many cases. There is need for further support. It is not uncommon in countries around the world to find groups of health professionals with a similar if not higher smoking prevalence than the rest of the population. A 2004 article states that "the smoking prevalence among Russian health professionals equals that of the general population—i.e. 63% of men and 12% in women". It goes on to say that "Health professionals may be the solution to Russia's smoking woes. Professionally respected and popularly revered, they could use such clout to change current smoking trends and spearhead a national anti-smoking movement. That is, if they weren't committed to the same smoking behaviours, misperceptions and lack of motivation as their tobacco-using patients!"[ix]
This perspective creates conflict for the health-care professional and it affects their image and credibility as spokesperson on tobacco control. Additionally, research has shown that health professionals who are smokers are less likely to promote smoking cessation or engage in tobacco control. More efforts need to be made by health professional organizations and health professional schools to assist them in becoming the tobacco-free role models.

In this particular case, the previously mentioned Smoking-Cessation programme encouraged Russian physicians to assist not only their patients, but also themselves.

Clinician. Physicians, nurses, dentists and pharmacists and all health professionals in the everyday health-care setting need to address tobacco dependence as part of their standard of care practice. It has been suggested that questions about tobacco use should be included when monitoring vital signs and at every encounter with a patient the health-care professional must assess tobacco use and note it on the client's chart. In an August 2004 article, *The Journal of American Chiropractic Association* stated that "While doctors of chiropractic frequently advise their patients about exercise and diet, many perhaps do not put as much emphasis on smoking and tobacco use."[x] The same could be said for many other health professionals. This practice could be easily incorporated, and it is of vital importance, given that the use of tobacco products is one of the most important determinants of both individual and community health. In the case of patients or clients who are tobacco users, all health professionals must advise that quitting tobacco is the best thing that can be done for one's own health. And they can easily and quickly raise

awareness about the immediate and longer-term benefits of doing so (Box 3) and remind patients that stopping smoking at any age results in tremendous health benefits, and the earlier one quits, the better. It takes health-care providers less than three minutes to provide this brief assessment and advice to all their patients.

Box 3

Giving up tobacco has some immediate and long-term health benefits:
AFTER

20 Minutes

Blood pressure and pulse drop to a normal rate
Temperature of hands and feet increases to normal

8 Hours

Carbon monoxide level in blood drops to normal
Oxygen level in blood goes up to normal

24 Hours

Chance of heart attack starts going down

48 Hours

Nerve endings start growing again
Ability to smell and taste begins to improve

2 Weeks to 3 Months

Circulation improves
Walking gets easier
Lung function improves up to 30%
"I can talk again when I walk up stairs!"
"It's great to not have to clear my throat all the time."

1 Month to 9 Months

Coughing, sinus congestion, tiredness and shortness of breath decrease

- Cilia (small hairs) grow back in lungs to better handle mucous, clean the lungs and reduce infection

"I've missed so much less work because I get fewer colds and sore throats."
"It's such a relief to not be bogged down with those headaches."
"I can concentrate so much better."

1 Year

Risk of coronary artery disease is half that of a smoker
"I'm not scared by heaviness in my chest in the morning anymore."

5 Years

Lung cancer death rate goes down by one half
Risk of stroke becomes same as non-smoker
Risk of cancer of the mouth, throat, oesophagus, bladder, kidney and pancreas goes down

In addition: If you have a chronic illness like diabetes, asthma or kidney failure, quitting can dramatically improve your health.

Source: http://www.quittobacco.org/whyquit/physicalbenefits.html

(also with illustration)

Research has shown that approximately 70% of all tobacco-users admit they would like to quit eventually. Half of them have tried at some point, and a small fraction is ready to try immediately. Less than 10% of all smokers are successful in a given attempt. The more attempts, the more likely the tobacco user is to achieve his or her objective of stopping tobacco use.

Simple advice from a physician has been shown to increase abstinence rates significantly (by 30%) compared to no advice[xi]. Likewise, nursing-led interventions for smoking cessation increase by 50% the chances of successfully quitting[xii].

Research has demonstrated that interventions that use multiple providers are very effective, and that all health-care professionals can have an impact in assisting with cessation[xiii]: essentially, the more a person hears a consistent message from all health professionals, the more likely that person will be able to quit successfully.

The *Treating Tobacco Use and Dependence—Clinical Practice Guideline*, issued by the United States Department of Health and Human Services recommends the 5As approach:

- **ask** about tobacco use;
- **advise** all users to quit;
- **assess** willingness to make a quit attempt;
- **assist** the patient to quit; and,
- **arrange** follow-up contact.[xiv]

Not all health professionals need to become cessation specialists. On the contrary, this work is carried out by specially trained counsellors, who can be nurses, social workers, psychologists or any other health professional. However, all health professionals can, in addition to the brief intervention of asking, advising and assessing in their clinical practice, have available references to more resources that allow them to add referral to more intensive counselling work in their daily health-care services routine. Even with the lack of these, every health professional has a duty to implement the minimal intervention steps of asking about tobacco use, *assessing* willingness to quit, *advising* quitting and further referring and *arranging* for cessation services. Health professionals should also be instrumental in developing and disseminating science-based and practical materials about cessation, adapted to the culture, ethnic background, age, language, and health status of the patient, or predisposition and timeframe attitude towards quitting tobacco use. Whenever possible, health professionals need to make the cessation advice relevant to the patient's current situation by linking it with the existing diagnosis or current lifestyle.

For example, arguments like smoking can cause bad breath, that it is an expensive habit, or that it will mean poorer performance in sports might be of more concern for a young patient than the possibility of lung cancer. Meanwhile, the latter reason could be more compelling for an older patient who has been a tobacco user for a longer period of time.

Another important area for health professionals in clinical setting is to assess exposure to tobacco smoke and to provide information about avoiding all exposure. This is ever more important in settings where tobacco use by the client may not, per se, be an issue, such as paediatrics and maternal-child health clinics. Health professionals need to incorporate such assessments into their practice; therefore, tobacco assessment and advice on quitting can be incorporated in a variety of clinical settings and clientele.

Educator. Health professionals play an important role in preparing new generations of health professionals. They are involved in the training process of students, including pre- and post-graduate training, bedside education, continued education and training or in research and evaluation. According to research, training health professionals is effective in changing their practice[xv]. However, research has also shown that tobacco control content, both theoretical and practical, in health professional schools is inadequate.

All aspects of tobacco control need to be incorporated into the existing health professionals' curricula: tobacco control can be taught as a separate matter or be a part of existing content (epidemiology, health promotion, prevention and treatment, etc.). The health effects of tobacco can be incorporated in a variety of disciplines and students should be given an opportunity to gain practical skills in assessing tobacco use, cessation and advice as well as to learn about the policy aspects of tobacco control and their benefits to public health. Training time is also an ideal opportunity to offer support to health professional students who are tobacco users and are trying to quit.

An example of such an approach was a pilot programme launched in Scotland, where two dental teams at two Scottish universities were trained to help smokers kick the habit. Dental hygienists studying in Glasgow and Dundee Universities were given special training to target smokers and provide cessation advice[xvi]. Dentists, for example, are well-positioned to warn patients about some of the serious oral health risks linked to tobacco use such as oral cancer. In their day-to-day practice it is easy to dedicate five to ten minutes to assess tobacco use patterns among their patients and advise or refer when needed.

In the United States, the University of California's School of Pharmacy developed a curriculum, *Rx for change* that equips clinicians to implement cessation intervention but also addresses all other aspects of tobacco control. The programme is being implemented successfully in schools of pharmacy throughout the country and is broad enough that it is also being used by schools of medicine and nursing[xvii].

Scientist. Tobacco control measures must be based on facts and evidence. Clinical, epidemiological and policy research as well as evaluation are important components to be taken into account when putting in place measures that are intended to reduce tobacco consumption. That is why all health professionals should be aware of science-based information about how tobacco control measures can be implemented within their scope of practice. Research in less traditional areas such as programme and policy implementation and evaluation should be encouraged as well. Given that tobacco is a cross-cutting issue to many other health areas, research on tobacco should be included in several other health fields, such as cancer clinical trials, maternal-child health programme outcomes and cardiovascular disease studies. In their role as scientists, health professionals have a duty to create awareness and educate funding and research agencies about tobacco consumption's impact on all aspects of individual, community and social

health, so that adequate funding resources for research in addressing this worldwide epidemic can be maintained or enhanced.

Leader. Many health professionals have leadership positions at different levels and several enjoy considerable public trust. Health is very much a leadership responsibility, from the local leader/employer to a nation's highest political health authority. Among the many activities health professionals in positions of leadership can take on is getting involved in the policy-making process—supporting comprehensive tobacco control measures that go beyond the availability of cessation to include smoke-free workplaces; increased taxation and prices of tobacco products; campaigns to prevent youth from taking up tobacco and funding for tobacco control programmes. This leadership position can be exerted at the community, national or global level, depending on where one is best able to promote changes. Not all health professionals will be able to tackle all tobacco control issues at the same time, but all health professionals can take small steps to address at least one issue at their own workplace (for example, promoting smoke-free environments) and, depending on their position, tackle larger policy and political tasks as the opportunity arises. Health professionals who belong to professional organizations can also influence their organization to become involved in tobacco control policy-making, and to place tobacco in the organization's agenda, as stated in the Code of Practice on Tobacco Control for Health Professional Organizations (Box 4).

There have been many examples of initiatives of various kinds undertaken by health professionals and their organizations at different levels. The International Pharmaceutical Federation (FIP) launched a call for the adoption of a ban on the sale and use of tobacco products on their premises, to "ensure that all staff and customers can enjoy a smoke-free working environment". In the same initiative, FIP stated that it supports legislation that eliminates the sale of cigarettes from all licensed health-care facilities. They pointed out that pharmacists are health professionals committed to improving the health of their customers, and that individual pharmacists should provide leadership by being free of tobacco themselves."[xviii]

In the United Kingdom, the British Medical Association (BMA) has been calling for legislation to ban smoking in enclosed public places since 1986. In November 2004, they appealed to their role as leaders in calling on the United Kingdom's Health Secretary to set a date for banning smoking in public places [xix]

Opinion-builder. As a citizen of a community, member of an NGO or through national associations, this role to build opinion in support of tobacco control has great potential but has been neglected by most health professionals to date. While not everyone can make tobacco control the centre of their professional activities, they can and should express clearly the magnitude of the tobacco issue in terms of diseases, suffering and premature deaths as well as the economic burden for society, and convey their support for tobacco control measures. Becoming political active or lending support to a group that is championing tobacco control issues are some of the ways to get involved. Additional ways include writing letters to newspapers and other media, issuing press releases on important national or international dates for example, or assisting in disseminating information. It is vital to have figures on these effects appropriate to the level of action—global estimates may not convince a local politician to allocate resources for cessation

support. As an opinion-builder, health professionals should be knowledgeable of existing information resources.

In January 2005, his Majesty the King of Thailand granted an audience to one of the recipients of the 2004 Prince Mahidol Award, Dr Jonathan Samet of the United States. In accepting the award, Dr Samet urged the Thai Government to strictly enforce a ban on smoking in all workplaces, including pubs and bars to protect people from second-hand tobacco smoke. In emphasizing the importance of such a measure, he referred to countries where similar measures had been adopted, pointing out the benefits experienced[xx].

Another example can be found in Malaysia, where last year, Professor Datuk Dzulkifli Abdul Razak, vice-chancellor of Universiti Sains Malaysia (USM) initiated a signature campaign in protest of an International Tobacco Trade Exposition scheduled to be held in Kuala Lumpur, hoping to collect a million signatures and submit the memorandum to the Prime Minister[xxi].

Alliance-builder. Health is important to all health professionals and to other groups. Public health is no one's domain but everyone's arena. Sometimes a health professional group should act by itself but cooperation with others should always be considered carefully. Tobacco-related problems and tobacco control cut across a vast range of health disciplines and one of a health professional's roles is to ensure that all of those affected are prepared to be supportive.

Health professionals can form alliances as individuals, but they can also be formed between societies and organizations. The results of such alliances can have a much greater impact, and the benefits to one cause or issue, in this case tobacco control, are enhanced.

Such was the case of a meeting convened by WHO's Tobacco Free Initiative (TFI) that took place in Geneva between 28-30 January 2004. TFI invited representatives from 30 different international health professional organizations, with members and affiliates throughout the world. The meeting aimed to explore potential ways in which they could contribute to tobacco control/public health goals as well as their possible role in the signature, ratification (or legal equivalent) and implementation of the WHO FCTC. The meeting led to fruitful discussions with excellent outcomes—they adopted the Code of practice on tobacco control for health professional organizations, with the commitment to adopt common standard strategies in the approaches and activities of the different professional groups on tobacco control. The selection of the theme *The Role of Health Professionals in Tobacco Control* for World No Tobacco Day was also one of the outcomes of that "alliance". Moreover, the organizations devised a way to promote and raise awareness of the WHO FCTC by creating the web page www.fctcnow.org, where individuals and associations could sign up to show support. To date, it has collected some 650 signatures from organizations worldwide and over 3600 from individuals!

Building alliances in a vertical way is also a way to synergize efforts, and obtain better outcomes by using existing resources. Every type of health professional association at the local or national level has its counterpart at the regional, international or global level. Smaller associations can benefit from existing resources and the exchange of technical information that is created at the higher level while the international associations reach more members and affiliates through their subsidiaries or national

members. International organizations that were present during the meeting in Geneva, agreed to disseminate the outcomes among their members, endorsing the principles agreed and in the end, reaching a higher percentage of the global population in every country in which they are present.

Joint initiatives between different associations, whether local, national or international are also a good way to advance the tobacco control agenda. There are many examples of coalitions that are created by health professional associations at the national level with this purpose. In March 2005, doctors and nurses in Liverpool, England, joined forces to back smoke-free legislation after the release of data published by the *British Medical Journal* showing that second-hand smoke at work kills over 600 people every year in the United Kingdom.
The British Medical Association (BMA), the Royal College of Nursing (RCN) and the Joint Consultants Committee (JCC) all backed Smoke-free Liverpool's private bill, which was due for reading in the House of Lords[xxii].

Watch out for tobacco industry activities. Health professionals, as individuals or associations have a duty to denounce tobacco industry strategies aimed at hindering local, national or international tobacco control efforts and to demand from the authorities the adoption of policies that prioritize the health and quality of life of their people over the industry's profits. In addition, health professionals need to take a stand against the pervasive and negative influence of tobacco industry money in many aspects of our society.

It is not easy to keep away from the tobacco industry sphere. The presence of their resources, products or influence is not always that visible. Health professionals should have a greater awareness of this influence than the rest of the population. Banning the sale and consumption of tobacco products on their premises; refusing to accept funding from the tobacco industry for their projects or research; and possibly having a declaration of interest for their associations, members and partners that regulates interaction with the tobacco industry are ways of raising awareness and keeping away from this undesirable influence. All of the above points are listed under the code of practice approved and adopted during the Geneva meeting.

In addition, by developing alliances with health professionals in other areas, the awareness of the tobacco industry's influence can grow and be countered more efficiently. This is why it is so important that all health professionals be involved in tobacco control, and not only those that encounter the more obvious consequences of tobacco use. The actions of health professionals who are interested in setting an example as well as changing policy and public opinion should go beyond their strictly clinical or individual patient duties.

Such was the approach taken by the Canadian Medical Association (CMA) in August 2004 when it called on the Canada Pension Plan to end its investment in tobacco industry stock, stating that it undermines public-health efforts. The association received the support of Canada's Health Minister, who said he was shocked and angered to learn that almost CAD$ 95 million in pension contributions had been invested in the tobacco industry. [xxiii]

A similar approach was taken by a group of students in Edinburgh, who initiated a campaign in November 2004 to persuade Edinburgh University to divest itself of tobacco industry stock, arguing that there was a

conflict between the university's medical research and its shares in companies such as British American Tobacco[xxiv].

Barriers to health professional involvement in tobacco control

Some barriers to the full involvement of health professionals in tobacco control do persist:

1) Lack of knowledge and skills about tobacco and tobacco control:

Health professionals' curricula lack, in general, appropriate content and practice on tobacco-related matters, from prevention to cessation and policy. Although some general aspects of harms to health might be covered, the full extent of the tobacco epidemic, the breadth and depth of the problem might be overlooked. Given that tobacco is one of the most significant causes of preventable illness and death in the world, health professional schools may need to reassess the time they dedicate to this issue (Article 6 of the code of practice).

2) Lack of organizational leadership:

In many parts of the world, health professional organizations have not yet joined and lent their voice to tobacco control efforts. Many remain unaware of the epidemiological aspects of tobacco use and its impact in the world's health. This is slowly changing, with some international-level organizations taking action, and some national organizations becoming more involved in all aspects of tobacco control. But much remains to be done for all health professionals to be able to accept that tobacco control is part of every health professional's practice.

3) Continued tobacco consumption among health professionals:

In many parts of the world health professionals continue to use tobacco, often at a rate similar to—if not higher than—that of the general public. The latest available data from the Tobacco Atlas on line[xxv] show that in China, for example, there is a smoking prevalence of 61.3% for male physicians, while in general, 66.9% of the male population smokes. However, for women, the prevalence among physicians is nearly three times that of the general female population (12.2% vs 4.2%). In Russia, the prevalence for female physicians is also higher (13%) than for the general female population (9.7%), which shows the epidemic's expansion among women. In Spain, the prevalence of smoking among female physicians is high, and among female nurses it is higher than that of the general female population.[xxvi] It is common knowledge that health professionals who consume tobacco themselves are often less likely to engage in tobacco control than their non-tobacco-using counterparts. Health professional schools and organizations need to make an effort to provide support for members who want to quit using tobacco.

In fact, a 2003 survey of several countries showed that nurse and physician smoking rates respond to the levels of tobacco control activity in a country.[xxvii] In countries where tobacco use prevalence is declining, smoking among health professionals is also declining. In countries where tobacco prevalence is rising or stable, prevalence among health professionals, mainly women, is also rising.[xxviii]

Nurses are a group of health professionals with a traditionally high smoking prevalence. The Tobacco Free Nurses Initiative was created in the United States to help nurses' patients to quit smoking as well as help other nurses to do the same. They describe themselves as "…nurses who want to benefit nurses and

patients, and promote a tobacco-free society"[xxix]. It is an example of the kind of initiatives needed to help health professionals to quit tobacco use themselves.

Global Health Professional Tobacco Survey

While health professionals, including physicians, pharmacists, nurses and dentists play a major role in tobacco control, tobacco consumption in this group is often high. Many countries have requested technical assistance in monitoring tobacco use among health professionals. In collaboration with WHO, the Centers for Disease Control and Prevention (CDC) is conducting a pilot survey to monitor tobacco-related issues among different health professionals. Since the survey follows the same methodology of established global tobacco surveys such as the Global Youth Tobacco Survey (GYTS) and the Global School Personnel Survey (GSPS), health professional students in the third year of dentistry, medicine, nursing and pharmacy have been chosen to participate in the pilot. The rationale is based on previous experience and cost effectiveness of school-based and self-administered data collection from students of the Global Youth Tobacco Survey.

The study also includes questions on knowledge of and attitudes towards tobacco control and education/training on tobacco-related issues. The study has a two-fold objective: first, it would serve as a global surveillance system for adult tobacco consumption and other tobacco-related issues, taking this group of the population as a proxy, and second, it would monitor tobacco consumption patterns among health professionals. In that respect, the study would identify the elements needed to achieve a reduction in their consumption and it would help them implement tobacco control measures and act as advocates for tobacco control in their respective countries.

The GHPS is being pilot-tested in each of the six WHO regions. The sites included in the pilot are: Albania, Argentina, Bangladesh, Bosnia and Herzegovina, Croatia, Egypt, India, the Philippines and Uganda. The results are expected in the next few months.

Apart from providing us with preliminary data, the pilot survey results will help in evaluating how appropriate the methodology is and will assist in the design of the global survey.

The role of health professional associations in the tobacco control strategy

International association level

International associations have great potential to show leadership by sending a clear message to their national counterparts that tobacco control is at the top of the agenda. Many organizations have several other competing priorities and interests, but the bottom line is that tobacco is the second most important cause of preventable death and illness in the world, and unless national associations realize that their international organization is giving tobacco its due priority, the message is not disseminated further as effectively. In addition to endorsing the Code of Practice on Tobacco Control for Health Professional Organizations and adhering to its principles, international organizations can provide support to national organization efforts. They can use their communication with member mechanisms to highlight tobacco-related issues and how they pertain to their particular group, make tobacco a plenary topic in conferences, link with existing resources that have overlapping interests with their members, and visibly support the implementation of the WHO FCTC.

As mentioned previously, the code of practice was developed during the WHO informal meeting of health professional organizations and tobacco control by a group of international health professional organizations in January 2004. The following 14 points outline the potential role of health professional organizations in the treatment of tobacco dependence and smoking cessation and provide guidance on organizational changes and activities that can be undertaken to promote a smoke-free profession.

Box 4

Code of Practice on tobacco control for health professional organizations

WHO's TFI organized a meeting with representatives of international health professional organizations from 28-30 January 2004 in Geneva, Switzerland. The meeting's purpose was to explore with representatives from various international health professional organizations (physicians, nurses, pharmacists, dentists, chiropractors, etc.) potential ways in which they could contribute to tobacco control/public health goals. Their potential role in the signature, ratification and implementation of the WHO FCTC was also discussed.

A 'code of practice' for health professional organizations was developed as a result of the meeting. It outlines the potential role of health professional organizations in tobacco control.

Code of practice on tobacco control for health professional organizations

Preamble: In order to contribute actively to the reduction of tobacco consumption and include tobacco control in the public health agenda at national, regional and global levels, it is hereby agreed that health professional organizations will:

1. Encourage and support their members to be role models by not using tobacco and by promoting a tobacco-free culture.
2. Assess and address the tobacco consumption patterns and tobacco-control attitudes of their members through surveys and the introduction of appropriate policies.
3. Make their own organizations' premises and events tobacco-free and encourage their members to do the same.
4. Include tobacco control in the agenda of all relevant health-related congresses and conferences.
5. Advise their members to routinely ask patients and clients about tobacco consumption and exposure to tobacco smoke, using evidence-based approaches and best practices, give advice on how to quit smoking and ensure appropriate follow-up of their cessation goals.
6. Influence health institutions and educational centres to include tobacco control in their health professionals' curricula, through continued education and other training programmes.
7. Actively participate in World No Tobacco Day every 31 May.
8. Refrain from accepting any kind of tobacco industry support—financial or otherwise—and from investing in the tobacco industry, and encourage their members to do the same.
9. Ensure that their organization has a stated policy on any commercial or other kind of relationship with partners who interact with or have interests in the tobacco industry through a declaration of interest.
10. Prohibit the sale or promotion of tobacco products on their premises, and encourage their members to do the same.
11. Actively support governments in the process leading to signature, ratification and implementation of the WHO Framework Convention on Tobacco Control.
12. Dedicate financial and/or other resources to tobacco control—including dedicating resources to the implementation of this code of practice.
13. Participate in the tobacco-control activities of health professional networks.
14. Support campaigns for tobacco-free public places.

Adopted and signed by the participants of the WHO Informal Meeting on Health Professionals and Tobacco Control; 28-30 January 2004; Geneva, Switzerland.

Source and more info: www.who.int/tobacco/codeofpractice/en/

Examples of international health professional associations with a special focus on tobacco control

Pharmacists

Since the launch of the Global Network of Pharmacists Against Tobacco in Helsinki in August 2003, the International Pharmaceutical Federation (FIP) has been involved in many new tobacco cessation initiatives. During the FIP Congress 2003 in Sydney, Australia, FIP adopted a Statement of Policy on the Role of the Pharmacist in Promoting a Tobacco Free Future. The statement includes recommendations both for pharmaceutical organizations and for individual pharmacists to help people who wish to give up smoking or other uses of tobacco, and to encourage others to do so. As a step towards the implementation of the Statement, the FIP Council agreed to make a combined effort of all FIP member organizations to mobilize pharmacists around the Tobacco Cessation. The issue was tackled through a global campaign for pharmacists launched on World No Tobacco Day on 31 May 2004. FIP produced campaign materials including the following:

- a letter from the FIP president;
- an FIP Statement of Policy on the Role of the Pharmacist in Promoting a Tobacco Free Future;
- a draft press release on the role of the pharmacist in tobacco cessation;
- examples of FIP activities;
- an announcement for the next FIP Congress in New Orleans;
- examples of tobacco control activities of FIP member organizations;
- a model letter to the minister of health regarding signature, ratification and implementation of the WHO FCTC;
- a booklet on the WHO FCTC; and
- an updated status of the WHO FCTC.

On the occasion of World No Tobacco Day 2004, 15 member organizations reported on their activities. In January 2004, the FIP participated in the WHO Meeting for Health Professional Organizations and tobacco control (Box 4). FIP has formally adopted this code of practice and has promoted it to their respective member organizations. A meeting of the FIP Global Network of Pharmacists Against Tobacco was held during the 64th FIP Congress in New Orleans, USA on 7 September 2004 and attended by more than 70 pharmacists from 20 countries. The meeting discussed national and local initiatives pharmacists had undertaken to offer tobacco cessation services as well as pharmacist education and training to this end. During the 64th FIP Congress, the FIP also issued a press release entitled 'FIP calls for ban on tobacco sales and smoking in pharmacies'. During the press conference, the panel pointed out that pharmacists are health professionals committed to improving the health of their customers. The elimination of tobacco products from pharmacies is an achievable tobacco control strategy that will benefit public health. To date, 322 people have subscribed to the Pharmacists Against Tobacco e-mail list and messages have been posted by pharmacists on various topics including pharmacy guidelines on smoking cessation, training materials, events, use of nicotine replacement therapy (NRT), a ban on the sale of tobacco products in pharmacies, local campaigns and awareness-raising about the WHO FCTC. The subscribers include among others, pharmacists, other health professionals, health journalists, researchers, students and WHO employees.

Source/contact: International Pharmaceutical Federation (FIP).
Website: www.phamacistsagainsttobacco.org

Dentists

The FDI World Dental Federation is a federation of National Dental Associations. Its primary roles are to bring together the world of dentistry, represent the global dental profession and stimulate and facilitate exchange of information across all borders with the aim of optimal oral health for all people. (http://www.fdiworldental.org/home/home.html)

In the area of tobacco control, the FDI World Dental Federation has advocated actively for the inclusion of dentists in the Global Health Professional Survey (GHPS), a surveillance initiative by WHO's TFI and the Centers for Disease Control and Prevention. The aim of this survey is to study tobacco issues among various health professional groups by obtaining information from dentistry, pharmacy, as well as medical school and nursing school students. A pilot study is currently being implemented in all six WHO regions and initial results are expected by the end of May 2005.
In January 2004, the FDI participated in the WHO Meeting for Health Professional Organizations and tobacco control (Box 4). The General Assembly of the FDI adopted the code of practice as an official FDI policy statement.
In September 2004, during the Annual World Dental Control Congress in New Delhi, India, a full-day session was held on oral cancer and pre-cancer. Indian and international experts explored the links between oral cancer and tobacco.
Source: http://www.fdiworldental.org/public_health/4_3activities.html

Nurses

The International Council of Nurses (ICN) produces 'Nursing Matters', a series of fact sheets to provide quick reference information and international perspectives from the nursing profession on current health and social issues. The fact sheet on 'Nurses for a Tobacco-Free Life', highlights that: i) nurses are at the forefront of prevention; ii) nurses can help other nurses; and, iii) nurses can contribute to public health policy.
Nurses are in a unique position to enhance prevention and cessation strategies since together they see millions of people every day in a variety of settings and situations. Nurses have the opportunity and competence to assess smoking status, advise on the ill-health effects of smoking, and assist in smoking cessation. It is important for nurses to understand the physical and psychological addiction of nicotine and the social role that it plays in many people's lives. Health-care professionals must provide a non-judgmental environment that fosters a positive approach in support of cessation instead of instilling guilt or blaming the patient. ICN further urges nurses around the world to be in the forefront of tobacco control. Nurses and nursing associations can help one another in their own tobacco battles. An ICN survey currently in progress reveals that the majority of National Nursing Associations do not provide training in cessation methods for professionals who smoke. Nurses should develop partnerships with a broad range of other professional groups, women's and youth associations, the media, schools, government and others committed to a tobacco-free lifestyle. In January 2004, the International Council of Nurses (ICN) participated in the WHO Meeting for Health Professional Organizations and Tobacco control (Box 4). In March 2004, the ICN endorsed the code of practice on tobacco control for health professional organizations and disseminated the code to all national nurse associations worldwide, urging them to implement it.

Source: http://www.icn.ch/matters_tobacco_print.htm

Physicians

As an organization promoting the highest possible standards of medical ethics, the World Medical Association (WMA) provides ethical guidance to physicians through its declarations, resolutions and statements. These documents also help to guide national medical associations, governments and international organizations throughout the world. In September 1988, the 40th World Medical Assembly (Vienna, Austria) adopted the WMA Statement on Health Hazards of Tobacco Products. The statement was amended by the 49th WMA General Assembly in Hamburg, Germany in November 1997. If they have not taken appropriate action already, the WMA urges the National Medical Associations and all physicians to take the following actions to help reduce the health hazards related to smoking and to other use of tobacco products: i) Adopt a policy position opposing smoking and the use of tobacco products, and publicize the policy so adopted; ii) Prohibit smoking at all business, social, and ceremonial meetings of the National Medical Association, in line with the decision of the World Medical Association to impose a similar ban at all its own such meetings; iii) Develop, support and participate in programmes to educate the profession and the public as to the health hazards of tobacco products. Educational programmes directed specifically at children and young adults to avoid the use of tobacco products are particularly important. Programmes for non-smokers and non-users of smokeless tobacco products aimed at avoidance are as necessary as education aimed at convincing smokers to cease the use of tobacco products; iv) Encourage individual physicians to be role models (by not using tobacco products) and spokesmen for the campaign to educate the public about the deleterious effects on health resulting from the use of tobacco products. Ask all hospitals and health facilities to prohibit smoking on their premises; v) Refrain from accepting any funding from the tobacco industry, and to urge medical schools, research institutions and individual researchers to do the same, in order to avoid giving any credibility to that industry. vi) Advocate the enactment and enforcement of laws that: a) require warning about health hazards to be printed on all packages in which tobacco products are sold and in all advertising and promotional materials for tobacco products; b) limit smoking in public buildings, commercial airlines, schools, hospitals, clinics and other health facilities; c) impose limitations on advertising and sales promotion of tobacco products; d) ban all advertising and sales promotion of tobacco products, except at the point of sale; e) prohibit the sales of cigarettes and other tobacco products to children and adolescents; f) prohibit smoking on all commercial airline flights within national borders and on all international commercial airline flights, and prohibit the sale of tax-free tobacco products at airports; g) prohibit all government subsidies for tobacco and tobacco products; h) provide for research into the prevalence of tobacco product use and the effect of tobacco products on the population's health status, and develop educational programmes for the public on the health hazards of tobacco use; i) prohibit the promotion, distribution and sale of any new forms of tobacco products that are not currently available; and, j) increase taxation of tobacco products, using the increased revenues for health-care measures. The WMA regularly issues press releases on the importance of tobacco control. *Source:* http://www.wma.net/

Other health professional alliances

Since its foundation in 1999, the World Health Professional Alliance (WHPA) has already achieved a number of important milestones, including an active role in the anti-tobacco initiative. Joined by the International Dental Federation (FDI) and the World Confederation for Physical Therapy (WCPT), the WHPA unites efforts in the war against tobacco use to actively work for a tobacco-free world. The WHPA encourages governments to: develop policies that ban tobacco advertising and promotion; require prominent and significant tobacco warnings on all tobacco products; ban smoking in public places and commercial airline flights, provide public education campaigns against tobacco use, and encourage tobacco farmers to shift to crop substitution. On the occasion of WNTD 1999, the WHPA issued a joint statement urging national health professional associations: i) to unite their efforts in the war against tobacco use, and to actively work for a tobacco-free world; ii) to coordinate efforts with other national anti-smoking groups to bring the harmful effects of tobacco to the attention of their governments and encourage them to reduce, discourage and eradicate tobacco use; iii) to encourage their governments to develop policies that ban tobacco advertising and promotion; require prominent and significant tobacco warnings on all tobacco products; ban smoking in public places and commercial airline flights, provide public education campaigns against tobacco use, and encourage tobacco farmers to shift to crop substitution. Moreover, the statement urged individual health professionals to: i) ban smoking within their premises and at all meetings and conferences of the national associations; ii) promote smoke-free hospitals and other health facilities; iii) develop programmes to educate the health professionals and the public on the health hazards of tobacco use; iv) encourage health professionals to be living examples of a tobacco-free lifestyle, and to be champions for this cause; v) lobby for increased taxation on tobacco products and to use the revenue for health care; and, distance themselves and their professional associations from the tobacco industry.

Source: http://www.whpa.org/whpa.htm

National association level

National health professional organizations are responsible for action within and outside their organizations. Within their organizations, they should raise awareness among their individual members about tobacco. If awareness is already high, the national health professional organizations could share new scientific research findings, new developments in cessation, and new policy developments. If awareness is low, national health professional associations need to highlight the scientific evidence, the politics and economics of tobacco, the way tobacco promotion works, and other key issues in a more thorough and wide-ranging effort[xxx].

Among the membership, national health professional organizations could, among other things:

- Carry out regular surveys of health professionals' tobacco consumption habits and attitudes towards tobacco consumption;
- Disseminate the results of the surveys among the members;
- Set up a tobacco group within the national health professional organization. This group could, among other things, pass resolutions at member meetings, produce articles on various aspects of tobacco control, lobby for tobacco control among the members, etc;
- Educate the membership about tobacco;
- Make the national health professional organization's premises and meetings smoke- and tobacco-free;

- Brief health professional journalists on tobacco issues and encourage regular inclusion of news stories and features about tobacco in the health profession press;
- Brief health professionals about cessation and/or organize training to keep them well informed about the latest information on smoking cessation techniques and their cost-effectiveness;
- Train those who represent the association in press interviews on general principles of health advocacy as well as on the various components of tobacco control;
- Raise the issue of litigation, train the membership and establish professional links with those pursuing legal action;
- Support cessation activities to help health professionals quit and to encourage them to help their patients quit;
- Review the investment portfolio of the health professional organization to eliminate tobacco holdings;
- Refuse tobacco company representatives' donations for events or congress, or their participation as presenters or speakers because their intention is to confuse the audience through their good-will speech and raise doubts about scientific research on tobacco risks and harm;
- Maintain awareness of any tobacco company strategy to try to influence their institution or to take part in any scientific initiative, thus protecting their association or society from tobacco company influence.

Outside their own organization and membership, national health professional organizations could:

- Contribute to the formulation of a national plan of action for tobacco control;
- Work with other health professional organizations to develop a common position on tobacco control and consider establishing a coalition to support common goals and share resources;
- Use the news and the media;
- Work with politicians to make them feel that it is in their interest to accept invitations to meetings and other events that focus on tobacco control issues;
- Campaign for smoke-free/tobacco-free health-care facilities to make non-smoking the norm;
- Influence the content of health professional education and motivate students by setting up a tobacco control body;
- Prepare a baseline report on tobacco, presenting a detailed review of the country's tobacco problem and highlighting tobacco control priorities;
- Carry out regular surveys to monitor progress and measure public knowledge and attitudes about tobacco consumption so that each item of the tobacco control plan of action can be evaluated and adjusted as needed;
- Lobby for public and private reimbursement for cessation counselling.

Some examples of involvement of national health professional associations on tobacco control

Pharmacists

The Indian Pharmacist Association (IPA) conducted a survey based on the 'European Pharmacists against smoking survey' developed by EUROPharm Forum in 2001. The survey included community pharmacists, pharmacists in other settings and pharmacy students. The survey examined pharmacists' attitude to smoking and smokeless tobacco consumption. Questions included, "Is your current knowledge about smoking sufficient?", "Should smoking prevention and cessation be included in normal training programmes for pharmacists?", "Do you know the legislative actions taken by your state/central government?", "Are you advising/will you advise your patients/customers to stop smoking?", "Will you volunteer to write information on smoking cessation to patients/customers?", "Will you volunteer to write information about smoking cessation courses to patients/customers who want to stop smoking?", "Do you actively promote NRT to your patients/customers?" and "Do you feel you have a role to play in the fight for a future free of tobacco?" The IPA used the data collected in developing campaign materials for the National Pharmacy Week 2003.
The main theme of the NPW 2003 was 'Pharmacists for the promotion of a future free of tobacco. Materials were distributed to 10 000 pharmacists and pharmaceutical scientists; 65 local and state branches; and, 500 diploma and degree colleges. During the National Pharmacy Week 2003, a quiz was conducted and painting (rangoli) was organized; sessions on NRT were provided; and workshops/seminars, silent rallies, etc. were held at the state and local branch levels. The public was sensitized to the role of pharmacists in tobacco control (prevention and cessation) through the press, TV and other media. Lessons learned included: pharmacists need 'IEC' (information, education, communication) for promoting smoking prevention and cessation; they should be equipped to volunteer information on the use of tobacco to patients/customers who want to stop smoking; they should actively promote NRT in community pharmacies; pharmacists need training in smoking cessation programmes. To this extent, the National Association is to prepare and implement 'Guidelines for Pharmacists for a Tobacco Free Future'.
Source: Presentation on pharmacists for promoting a future free of tobacco in India by M.V. Siva Prasad Reddy and Prafull D. Sheth, SEARPharm Forum, New Delhi, India, 7 September 2004.
(http://www.fip.org/pharmacistsagainsttobacco/activities.htm

Dentists

In 1992, the Japan Medical-Dental Association for Tobacco Control was founded in order to protect the health of Japanese people from the hazards of tobacco and to promote tobacco control by cooperation between physicians and dentists. Members include: i) physicians or dentists who are non-smokers and who do not encourage production, sale or consumption of tobacco; ii) students who are non-smokers and who do not encourage production, sale or consumption of tobacco.

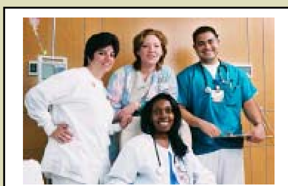
Source: http://www.d2.dion.ne.jp/~nosmoke/english.htm

Physicians

Tobacco is the leading preventable cause of death and disease in Australia. Persuading governments and others to adopt effective strategies to reduce population exposure to tobacco smoke is therefore a crucial goal for the Cancer Council Australia. As a contribution to this effort, the Cancer Council Australia and the National Heart Foundation convened a National Consensus meeting on strategic tobacco policy research in December 1998, at which policy and research experts considered 10 areas of tobacco control. Subsequently, a panel of experts determined the strategic importance and practicality of each of the ideas proposed and developed a list of research priorities. The result is tobacco control in Australia: a priority-driven research agenda.
The document outlines the research needed to support effective tobacco control in this country. The Cancer Council of Australia, together with the National Heart Foundation, the Australian Medical Association and Action on Smoking and Health also developed tobacco facts for medical practitioners. This is an information bulletin for Federal MPs from Australia's leading health organizations. The Cancer Council Australia contributes to international as well as national efforts to control tobacco consumption, as part of its quest to reduce disability and deaths caused by cancer. The Cancer Council Australia is a member of the International Union Against Cancer and the International Non-Governmental Coalition Against Tobacco, and is contributing to global actions such as the WHO Framework Convention on Tobacco Control.

Source: http://www.cancer.org.au/content.cfm?randid=907897

Nurses



Historically, nurses in the United States of America have had higher rates of smoking than other health professionals. As the largest group of health-care professionals, nurses have tremendous potential to effectively implement smoking cessation interventions and advance tobacco use reduction goals proposed by Healthy People 2010. In January 2004, the American Association of Colleges of Nursing, the American Nurses Foundation/American Nurses Association and the National Coalition of Ethnic Minority Nurses Associations have therefore established the Tobacco Free Nurses initiative, funded by the Robert Wood Johnson Foundation. The Tobacco Free Nurses initiative is the first national initiative focused on providing support for nurses who smoke and establishing a framework for engaging nurses in tobacco use prevention and cessation.

The mission of the Tobacco Free Nurses initiative is to ensure that the nursing profession is prepared to actively promote health by reducing nurses' barriers to involvement in tobacco control, including lack of education, smoking among professionals, and lack of nursing leadership. Nurses must be equipped to assist with smoking cessation, prevent tobacco use, and promote strategies to decrease exposure to second-hand tobacco smoke. The Tobacco Free Nurses initiative accomplishes its mission through:

1) Supporting and assisting smoking cessation efforts of nurses and nursing students;
2) Providing tobacco control resources for use in patient care;
3) Enhancing the culture of nurses as leaders and advocates of a smoke-free society.

The Tobacco Free Nurses initiative includes: 1) a nurse-tailored, web-based intervention for smoking cessation; 2) educational and mass media materials; and 3) a first ever national summit of nursing leaders to address enhancing the nursing role in tobacco control. This programme can be used as a model for addressing other important public health problems faced by nurses both personally and professionally.

Source: www.tobaccofreenurses.org

Local health-care level

Apart from encouraging cessation work with patients, national health professional organizations could ensure that their members take individual action in other ways in the wider community[xxxi]. Local branches could nominate a health professional to take special interest in tobacco control and work towards action on as many of the ideas as possible:

- Explore the benefits of visiting schools to discuss the impact of tobacco and industry tactics with students, staff and even with parents;
- Organize campaigns to establish smoke- and tobacco-free schools, hospitals, restaurants, offices, shops, public transport and leisure premises;
- Organize a special day to encourage and assist people to quit tobacco;
- Persuade local governments to ban tobacco advertising;
- Organize campaigns to increase compliance with existing laws, such as a ban on sales to minors;
- Organize campaigns to make sports events tobacco-free;
- Invite politicians to meetings where the harsh realities of tobacco are being explained and the policy solutions discussed, and explore favourable press coverage of the event;
- Engage in professional advisory roles on, for example, occupational health and environmental health to educate the public and to influence public opinion on the specific aspects of tobacco control by submitting regular contributions to medical and scientific columns in local newspapers and by appearing on local radio or television;
- Contribute to research by monitoring tobacco use among population groups, by monitoring the incidence of tobacco-related disease, by informing and educating the public, by monitoring

industry tactics, and by exposing the potential damage to public health of academic institutions accepting tobacco money;

- Support litigation by testifying as expert witnesses about the proof of tobacco as a cause of disease and providing opinions about smoking as a cause of an individual's ill health.

The Ontario Dental Association (ODA) and its 6400 members are committed to providing exemplary oral health care. The ODA is a voluntary professional association representing more than 80% of Ontario's dentists. As Ontario's primary source of information on dental health and the profession, the ODA has been improving public awareness of the importance of oral health since 1867. The ODA works with health-care professionals, governments and the private sector to attain the highest possible quality standards of health care for the people of Ontario. In 1987, the ODA established a strict workplace non-smoking policy while advocating for a total ban on tobacco product advertising, smoke-free public and work places as well as government initiatives for Ontario tobacco farmers to switch to growing crops other than tobacco. This has been followed up with more recent policies highlighting the risks of second-hand smoke. In 2000, the Ontario Dental Association teamed up with the Ontario Medical Association and the Ontario Pharmacists' Association to offer the Clinical Tobacco Intervention (CTI) training programme to member health-care providers. The CTI educational programmes provide ODA member dentists with the training and the resources they need to provide effective tobacco cessation advice and assistance to their patients. The ODA members are now routinely pointing out to their patients some of the early effects of smoking such as stained teeth, halitosis (bad breath), and periodontal (gum) disease. On the occasion of the National Non-Smoking Week (17-21 January 2005), the Ontario Dental Association has advocated quitting smoking to reduce the risk of oral cancer and other oral diseases.

Source: www.oda.on.ca/pub_1897.asp

Individual health professional level

- Health professionals should be tobacco-free role models and peers could encourage one another to this end. By providing supportive, non-judgmental care, health professionals can assist one another in their cessation efforts and their goal of becoming tobacco-free role models.
- Health professionals should help one another understand that tobacco dependence is a disease and not a moral issue and that the smoker is not a weak-willed person but a human being that has a health problem and needs treatment with a human and empathic approach.
- Health professionals should use every opportunity to incorporate some aspect of cessation counselling into their practices. This counselling should be stimulating and non-judgmental.

Opportunities for individual health professionals' involvement in tobacco control[xxxii]

- Write letters to the Editor or Op-Eds on tobacco control policy proposals at the local, state or federal level
- Write/call/e-mail legislators and policy-makers at all levels to express support for tobacco control proposals
- Get involved with a local tobacco control group or organization
- Create a committee at your workplace to enhance awareness about tobacco control issues, such as integrating smoking cessation into practice
- Advocate for access to and reimbursement for tobacco cessation treatment (behavioural and pharmaceutical)
- Propose that questions on tobacco use be included in all patient records as a part of monitoring vital signs
- Improve the quality of tobacco cessation treatment through adoption of clinical practice guidelines for tobacco use cessation
- Push for government regulation of tobacco products
- Advocate for tobacco tax increases and dedication of funds for tobacco control programmes and research
- Advocate for bans on smoking in all workplaces and public spaces
- Explore alternative avenues for implementing tobacco control interventions, such as paediatric primary care and home health care
- Integrate tobacco interventions into current practice, for example in the areas of maternal-child health, primary care and acute care
- Conduct research on tobacco use prevalence among health professionals, cessation needs as well as effectiveness of interventions in different settings
- Develop and implement tobacco control policies. These might include health-care professional involvement in implementing smoke-free health-care facilities
- Join with other NGOs to promote tobacco control advocacy
- Implement curriculum changes in health professionals' schools to enhance knowledge about and skills in interventions in tobacco prevention, smoking cessation and efforts to reduce exposure to second-hand smoke.

SOURCES

[i] *The Health Consequences of Smoking: A Report of the Surgeon General*, United States Department of Health and Human Services. Washington, DC, 27 May 2004.

[ii] DRAFT Health Effects Assessment for ETS. *SRP Review*. California Air Resources Board, March, 2005. (http://www.arb.ca.gov/toxics/ets/dreport/mar05/bexsum.pdf)

International Consultation on Environmental Tobacco Smoke (ETS) and Child Health. Consultation Report. Geneva, World Health Organization, 1999.

[iii] *International Statistical Classification of Diseases and Related Health Problems*, 10th revision. Geneva, World Health Organization, 2003.

[iv] Global Youth Tobacco Survey Collaborating Group. Differences in Worldwide Tobacco Use by Gender: Findings from the Global Youth Tobacco Survey. *Journal of School Health*, August 2003, Vol.73, 6: 207-215.

[v] Hopkinson JM et al. Milk production by mothers of premature infants: influence of cigarette smoking. *Paediatrics*, 1992, 90:934.

[vi] *The Health Consequences of Smoking: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, Washington, DC, 2004. (http://www.cdc.gov/tobacco/sgr/sgr_2004/Factsheets/2.htm)

[vii] Gajalakshmi V et al. Smoking and mortality from tuberculosis and other diseases in India: retrospective study of 43 000 adult male deaths and 35 000 controls. *Lancet*, 2003, 362:507-15.

[viii] SAMHSA HHS. Calculated based on data in *National Household Survey on Drug Abuse*, 2001 (http://oas.samhsa.gov/facts.cfm). See, also, HHS, *Youth and Tobacco: Preventing Tobacco Use among Young People: A Report of the Surgeon General*. Washington, DC, 1995.

[ix] Smoking-Cessation Programme Motivates Russian Physicians to Assist Their Patients - and Themselves - Global Health & Environment Monitor, Winter 2004 (http://www.ceche.org/communications/russian-cancer-cen.html)

[x] Baird R. WFC's Chiropractors Against Tobacco: Wellness Project. *Journal of the American Chiropractic Association,* August 2004.

[xi] Fiore MC et al. *Treating Tobacco Use and Dependence. Clinical Practice Guideline*. Rockville, MD, US Department of Health and Human Services. Public Health Service, 2000.

[xii] Rice VH, Stead LF. Nursing interventions for smoking cessation. In: The Cochrane Library, Issue 1. Chichester, John Wiley and Sons, 2004

[xiii] (http://www.joannabriggs.edu.au/best_practice/BPISsmok.php#anchor14719788)

[xiv] Fiore MC et al. *Treating Tobacco Use and Dependence. Clinical Practice Guideline*. Rockville, MD, US Department of Health and Human Services. Public Health Service, 2000.

[xv] http://www.cochrane.org/cochrane/revabstr/ab000214.htm

[xvi] [Anonymous] Dentists target smoking dangers. *BBC News*, UK Edition, 24 June 2003. http://news.bbc.co.uk/go/pr/fr/-/1/hi/scotland/3016914.stm

[xvii] http://rxforchange.ucsf.edu/
[xviii] Pharmacists Against Tobacco. Global Network of Pharmacists Against Tobacco. (http://www.fip.org/pharmacistsagainsttobacco/20040915PATupdate.pdf)

[xix] *The human cost of tobacco. Passive smoking: doctors speak out on behalf of patients*. British Medical Association, July 2004. (http://www.bma.org.uk/ap.nsf/Content/humancosttobacco/$file/tobacco.pdf)

[xx] Assavanonda A. US expert urges strict smoking ban. *Bangkok Post*, 28 January 2005. (http://www.tobacco.org/news/188057.html)

[xxi] [Anonymous] Campaign against tobacco trade expo. *The Star Online*, 5 February 2005. (http://penang.thestar.com.my/[...]005/2/5/10094485.asp)

[xxii] [Anonymous]. Doctors and nurses back Liverpool's bid to go smoke free, UK. *Medical News Today*, 3 March 2005. (http://www.medicalnewstoday.com/medicalnews.php?newsid=20571)

[xxiii] Picard A, Chase S. End CPP investment in tobacco, doctors demand. *Globe and Mail*, 18 August 2004.

[xxiv] Students extinguish tobacco investment. *The Times Higher Education Supplement*, 12 November 2004 [Extracted from *ASH Daily News*, 15 November 2004]

[xxv] Mackay J, Eriksen M. *The Tobacco Atlas*. Geneva, World Health Organization, 2002. on-line version: (http://www.myriadeditions.com/statmap/)

[xxvi] Fernandez Ruiz ML, Sanchez Bayle M. Evolution of the prevalence of smoking among female physicians and nurses in the Autonomous Community of Madrid, Spain. *Gaceta Sanitaria*, 2003, Jan-Feb,17(1):5-10.

[xxvii] John U, Hanke M. Tobacco-smoking prevalence among physicians and nurses in countries with different tobacco-control activities. *European Journal of Cancer Prevention*, 2003 June, 12(3):235-7.

[xxviii] Percival J et al. International Efforts in Tobacco Control. *Seminars in Oncology Nursing* 2003;19(4):301-07.
[xxix] www.tobaccofreenurses.org

[xxx] Simpson D. *Medicine's Big Challenge: Doctors and Tobacco*. Tobacco Control Resource Centre, 2000.

[xxxi] Simpson D. *Medicine's Big Challenge: Doctors and Tobacco*. Tobacco Control Resource Centre, 2000.

[xxxii] [Adapted from] Aguinaga Bialous S, Kaufman N, Sarna L. Tobacco Control Policies. Seminars in Oncology Nursing, 2003,19(4):291-300 and Percival J et al. International Efforts in Tobacco Control. Seminars in Oncology Nursing, 2003, 19(4):301-07.

Acknowledgements:

The production of this document would not have been possible without the contribution of many people. The WHO Tobacco Free Initiative would especially like to thank Dr Göran Boëthius of the Doctors Against Tobacco for preparing the concept paper which served as the basis for this document, as well as Dr Tania Cavalcante of the tobacco Control Programme at the National Cancer Institute, Ministry of Health, Brazil, for her reviews and invaluable comments.

The WHO Tobacco Free Initiative further wishes to thank the Ministries of Health, the WHO Collaborating Centers on Tobacco Control, the Health Professional Organizations and all institutions and individuals who provided other valuable inputs during the development of this document.
The WHO would also like to thank all the people and organizations that have allowed us to use their images for the production of this booklet. Copyrights of such images remain within the organizations and individuals that produced them.

© World Health Organization 2004