JOINT POSITION STATEMENT

CAOT · ACE
Canadian Association of Occupational Therapists
Association canadienne des ergothérapeutes

Canadian Counselling and Psychotherapy Association
L'Association canadienne de counseling et de psychothérapie

CDHA ACHD
The Canadian Dental Hygienists Association
L'Association canadienne des hygiénistes dentaires

Association médicale canadienne
Canadian Medical Association

Canadian Nurses Association

Canadian Physiotherapy Association
Association canadienne de physiothérapie

The Role of Health Professionals in Tobacco Cessation

Position

There is a role for every Canadian health professional in tobacco-use cessation.[1] Tobacco use[2] inflicts a heavy burden on Canadians' health and on the Canadian health-care system, and health professionals can advocate effectively for tobacco-use cessation at the clinical and public health levels.

As providers of client- and patient-centred services, health professionals are involved in tobacco cessation by:

- assessing and documenting all forms of tobacco use, willingness to quit and risk of exposure to second-hand smoke;
- discussing with clients and patients the negative health effects of tobacco use and exposure to second-hand smoke, and the health and other benefits (e.g., financial) of becoming tobacco free;
- offering to help, and helping, tobacco users quit;
- offering a variety of tobacco-cessation strategies (e.g., counselling, behavioural therapy, self-help materials, pharmacotherapy) as appropriate to their knowledge, skills and tools;
- providing strategies for non-smokers to help them reduce their exposure to second-hand smoke;
- being knowledgeable about and providing referrals to community-based initiatives and resources;
- recognizing that relapse occurs frequently, and conducting follow-up assessment and intervention;
- tailoring interventions to the needs of specific populations (e.g., age, gender, ethnicity, diagnosis, socio-economic status); and
- using a collaborative, multidisciplinary approach.

[1] For detailed recommendations and guidelines for tobacco treatment related to health professionals, see Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment, (2008); Registered Nurses' Association of Ontario, (2007); and Canadian Dental Hygienists Association, (2004).

[2] For the purpose of this position statement, tobacco includes products that can be inhaled, sniffed, sucked or chewed (e.g., flavoured cigarillos, kreteks, chewing tobacco, moist snuff, betel or qat, hookah or shisha, bidis, cigars and pipes).

As educators and researchers, health professionals are involved in tobacco cessation by:

- including education on tobacco-cessation strategies and strategies for resisting tobacco use in basic education programs for health professionals;
- providing professional development programs for health professionals on tobacco cessation;
- conducting research to encourage and improve health professionals' knowledge and provision of tobacco cessation; and
- communicating research evidence about tobacco-cessation strategies.

As administrators of health-care organizations, health professionals are involved in tobacco cessation by:

- offering training on tobacco cessation as part of employee orientation;
- providing access to professional education on tobacco cessation for employees;
- enforcing applicable bans on tobacco wherever health professionals are employed (e.g., health-care facilities, private homes); and
- ensuring that tobacco-cessation programs and tobacco-free workplaces are included in accreditation standards.

As public health advocates, health professionals are involved in tobacco cessation by:

- increasing public awareness that health professionals can help people remain tobacco free or stop using tobacco; and
- advocating for federal, provincial and territorial governments' investment in comprehensive tobacco control that includes programs, legislation and policies to prevent the uptake of tobacco and reduce tobacco use (e.g., bans on tobacco advertising). Programs must focus on health promotion and include community-based initiatives.

Background

Tobacco is an addictive and harmful product, and its use is the leading cause of preventable death in Canada.[3] Each year in Canada, more than 37,000 people die prematurely due to tobacco use.[4] Approximately 17 per cent of the population 15 years of age and older (about 4.8 million Canadians) smoke.[5] Strong evidence has revealed that smoking is associated with more than two dozen diseases and conditions.[6] The economic costs of tobacco use are estimated at $17 billion annually ($4.4 billion in direct health-care costs and $12.5 billion in indirect costs such as lost productivity).[7]

Second-hand smoke is also harmful. Each year, more than 1,000 non-smoking Canadians die due to second-hand smoke.[8] Exposure to second-hand smoke is the number two cause of lung cancer (smoking is the number one cause).[9] Second-hand smoke can also aggravate allergies, bring about asthma attacks and increase the risk of bronchitis and pneumonia.[10] Research also suggests that there may be a link between second-hand smoke and the risk of breast cancer.[11]

Tobacco use is the result of the complex interaction of individual and social factors, such as socio-economic status, having family members who smoke and exposure to marketing tactics of the tobacco industry. Reduction and elimination of tobacco use requires comprehensive, multi-faceted strategies addressing both physical dependence and social context. Such strategies will include:

- prevention – helping to keep non-users from starting to use tobacco;
- cessation – helping current smokers to quit, and helping prevent relapse; and
- protection – protecting all Canadians from the harmful effects of tobacco use and from the influences of tobacco industry marketing.

Prevention is the most important strategy of the three; being tobacco-free is a vital element of a healthy, active life. Thus, for current tobacco users, quitting is the single most effective action they can take to enhance the quality and length of their lives.

Most tobacco users would like to improve their health, and in a Canadian survey 30 per cent of all smokers stated that they intended to quit as a means of doing so.[12] Indeed, in studies in Canada, the U.K. and Germany, smokers rated health concerns and current health problems as the primary reason for wanting to quit;[13] other

[3] (Health Canada, 2009)

[4] (Health Canada, 2007)

[5] (Statistics Canada, 2009)

[6] (Health Canada, 2007)

[7] (Canadian Centre on Substance Abuse, 2006)

[8] (Canadian Cancer Society, 2010)

[9] (Canadian Lung Association, 2006)

[10] (Canadian Cancer Society, 2010)

[11] (Canadian Cancer Society, 2010)

[12] (Physicians for a Smoke-Free Canada, 2005)

[13] (Vangeli & West, 2008; Ontario Tobacco Research Unit, 2008; Breitling, Rothenbacher, Stegmaier, Raum & Brenner, 2009)

reasons why smokers quit include the cost of cigarettes[14] and persistent advice to quit from family[15] and health professionals.[16] However, the relapse rate is very high because of the addictive nature of tobacco.[17] Most smokers attempt to quit several times before they finally succeed.

Smoking cessation counselling is widely recognized as an effective clinical strategy. Even a brief intervention by a health professional significantly increases the cessation rate.[18] Furthermore, counselling programs that initiate follow-up calls to smokers as a "proactive" measure have been found to increase smoking-cessation rates by 50 per cent.[19] The majority of Canadians consult a health professional at least once a year,[20] creating several "teachable moments" when they may be more motivated than usual to change unhealthy behaviours.[21] A smoker's likelihood of quitting increases when he or she hears the message from a number of health-care providers from a variety of disciplines.[22]

However, health professionals encounter barriers that require solutions, notably:

- **the need for better education for health professionals (e.g., how to identify smokers quickly and easily, which treatments are most effective, how such treatments can be delivered);**
- **the need to allow for sufficient time to provide counselling;**
- **the need to focus on preventive care by**
    - **increasing funding for preventive care (e.g., providing reimbursement for smoking cessation interventions, follow-up or support); and**
    - **encouraging health-care settings to facilitate preventive care (e.g., access to quick reference guides or tools to identify people with specific risk factors);**
- **the need to increase public awareness of the smoking cessation services a health professional can provide; and**
- **the need to recognize the frustration associated with the high rate of relapse. Because of the powerful nature of tobacco dependence, smokers often go through a long period of reaching readiness before they finally quit.**

[14] (Ross, Blecher, Yan & Hyland, 2010)

[15] (Young, Hopkins, Smith & Hogarth, 2010)

[16] (Bao, Duan & Fox, 2006)

[17] (Fiore et al., 2008; Shields, 2004)

[18] (Fiore et al., 2008)

[19] (Stead, Lancaster & Perera, 2006)

[20] (Nabalamba & Millar, 2007)

[21] (Canadian Medical Association, 2008)

[22] (Fiore et al., 2008)

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Replaces:

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