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At its Board meeting, Brussels, August 30th, 2003, the CPME adopted the following policy : The Role of General Practitioners in Tobacco Prevention (CPME 2003/087 Final EN/fr)

The Role of General Practitioners in Tobacco Prevention
2003

Introduction

History

Within 150 years of Columbus' finding "strange leaves" in the New World, tobacco was being used around the globe. Its rapid spread and widespread acceptance characterise the addiction to the plant *Nicotina tobacum*. Only the mode of delivery has changed. In the 18th century, snuff held sway, the 19th century was the age of the cigar, the 20th century saw the rise of the manufactured cigarette, and with it a greatly increased number of smokers. At the beginning of the 21st century about one third of adults in the world, including increasing numbers of women, used tobacco.

Tobacco kills

Despite thousands of studies showing that tobacco in all its forms kills its users, and smoking cigarettes kills non-users, people continue to smoke, and deaths from tobacco use continue to increase. A long-term tobacco user has a 50% chance of dying prematurely from tobacco-caused disease. Each year, tobacco causes some 4 million premature deaths, with 1 million of these occurring in countries that can least afford the health-care burden. This epidemic is predicted to kill 250 million children and adolescents who are alive today, a third of whom live in developing countries. By the year 2030, tobacco likely will be the world's leading cause of death and disability, killing more than 10 million people annually and claiming more lives than HIV, tuberculosis, maternal mortality, motor vehicle accidents, suicide, and homicide combined. The prevalence of smoking is a major public health concern in Europe as worldwide, given the links between tobacco consumption and a significant proportion of cancers, cardiovascular and respiratory diseases. There are more than a million smoking related deaths per year in Europe. Smoking also has established health effects on non-smokers, particularly on vulnerable groups.

Tobacco use is widespread

At least one-third of the global adult population, or 1.1 billion people, use tobacco. Although overall tobacco use is decreasing in many of the wealthier countries, it is increasing in most of the poor countries. An estimated 48% of men and 7% of women in

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developing countries smoke; in industrialized countries, 42% of men and 24% of women smoke, representing a marked increase among women. Tobacco use is a paediatric epidemic, as well. Most tobacco use starts du adolescence ring childhood teenage and many adolescents use tobacco as a vehicle for other addictives like marijuhana . Only five countries in Europe: Finland, Iceland, Italy, Slovenia and Sweden, in recent years, were able to reduce smoking prevalence below 25% for the adult population. The World Health Organization and UNICEF estimate the additional costs needed to better combat childhood diseases and reduce malnutrition and child mortality by half at 4 thousand million dollars a year. The provision of safe drinking water and sanitation as well as proper family care and family planning services to all requires additional resources estimated at 25 thousand million dollars a year... In contrast, Europe alone spends double this amount (i.e. 50 thousand million dollars) every year on tobacco consumption!

Tobacco products are highly addictive

Because tobacco products are carefully designed to undermine efforts to quit using them, quitting is not simply a matter of choice for the majority of tobacco users. Instead, it involves a struggle to overcome an addiction. Tobacco use typically is woven into everyday life, and can be physiologically, psychologically, and socially reinforcing. Many factors combine with tobacco's addictive capacity to make quitting difficult, including media depictions and cultural and societal acceptance of tobacco use.

Quitting tobacco at any point in life provides both immediate benefits and substantial long-term benefits to health

No amount of tobacco use is safe. Abstinence from tobacco products and freedom from exposure to second-hand smoke are necessary for maximizing health and minimizing risk.

Effective treatment for tobacco dependence can significantly improve overall public health within only a few years.

The currently available, proven treatment methods work

Hundreds of controlled scientific studies have demonstrated that treatment can help tobacco users achieve permanent abstinence. Effective treatment can involve a variety of methods, such as a combination of behavioural treatment and pharmacotherapy (nicotine replacement and non-nicotine medications).

How to curb the tobacco epidemic

Principles

A person's decision to use tobacco is the result of a complex interaction of factors that varies from one individual to another. Most smokers are not happy with their habit, and the majority would like to quit. But the relapse rate is very high because of the addictive nature of tobacco, and of possible social pressures on the smoker. In most smoking cessation programs, a quit rate of between 15 and 20% is considered a success. Most smokers attempt to quit several times before they finally succeed.

The reduction of tobacco use requires a comprehensive, many-faceted strategy that includes:

- *f*n**Prevention** (helping to keep non-smokers from starting)
- **Cessation** (helping people who now smoke to quit, and preventing relapse)
- **Protection** (protecting non-smokers from second-hand smoke and other harmful effects of tobacco).

Prevention is the most important strategy of the three, being a non-smoker is a vital element of a healthy active life. However, for those who already smoke,

quitting smoking is probably the most effective thing that they can do to enhance the quality and length of their lives.
Smoking cessation counselling is widely recognized as an effective clinical practice. Even a brief intervention by a health professional significantly increases the cessation rate. 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. As the majority of patients consult their GP at least once a year, often at "teachable moments" when they may be more open than usual to change their unhealthy behaviours, the GP may motivate the patient to take the first steps. GPs can tailor their messages to individuals and work with them on a one to one basis.
Clinical practice guidelines, practice tools, quick reference guides and other resources are available to health professionals to help them counsel on smoking. Pharmacotherapy has been shown to increase the cessation rate significantly and works best when combined with counselling.

Barriers to tobacco prevention

GPs and other health care providers encounter barriers when providing smoking cessation services, notably:

• **Doubts about their own effectiveness** in motivating behaviour change. This is in part due to insufficient education for health professionals in this area.
• **Insufficient time** for counselling during a busy day.
• **Funding mechanisms** that assign a low priority to preventive care, e.g. little or no reimbursement for smoking cessation interventions, follow-up or support.
• *f*n**Health care settings that do not facilitate preventive care**; for example, tools to identify people with specific risk factors, or quick reference guides, may not be easily accessible.
• **Lack of public awareness of the smoking cessation services** a health professional can provide.
• *f*n**Frustration with the high rate of relapse**. Smokers often go through a long period of reaching readiness before they finally quit.
• **GP´s personal attitude**

Implementing Treatment

Universal application of all of the following measures is the most effective approach to tobacco treatment. The current escalation in tobacco use and in tobacco-related death and disease can only be reversed by investment in comprehensive tobacco control, which includes treatment for tobacco dependence. Governments, health-care and education systems, community and religious groups, as well as news and entertainment media should collaborate in promoting tobacco treatment.

• **Make Treatment a Priority.** Governments should rank tobacco addiction treatment as an important public-health priority.
• **Make Treatment Available.** Health care systems should offer practical interventions to all tobacco users, regardless of economic level, age, and sex. This effort includes preventing and treating tobacco use in children and adolescents, reducing family exposure to tobacco, and providing treatment medications when appropriate. This process is facilitated by incorporating tobacco dependence treatment into drug abuse treatment, reproductive and maternal-child services, and other programs.
• **Assess Tobacco Use and Offer Treatment.** GPs and other health care providers should assess and document tobacco use and should provide treatment as an essential part of quality health care. They should assume responsibility for learning about

tobacco use and treatment, and for providing proven interventions. GPs and other health care providers should take advantage of teachable moments and opportunities for prevention and intervention.

• **Health Care Professionals with GPs playing a central role should set an example for their peers and patients by quitting tobacco use.** Governments and education systems can help this process by funding treatment and education programs for health care professionals in training and practice.

• **Fund Effective Treatment.** Governments and health care organizations should fund treatment based on methods that have been demonstrated to be effective, and should make treatment widely available. Increasing the institutional and human capacity for providing this service involves training health-care workers to deliver treatment, implementing curriculum for students in the health professions, developing resource centres, encouraging the creation and maintenance of centres of excellence in treating tobacco dependence, and reducing the barriers between tobacco users and treatment.

• **Motivate Tobacco Users.** Governments, health providers, and community groups share a responsibility for motivating tobacco users to quit and remain abstinent. They should educate the public about the health risks of tobacco use, encourage tobacco users to seek treatment, and help make treatment available, affordable, and accessible.

• **Monitor and Regulate Tobacco**. Governments should monitor and report on tobacco use, and should tax and regulate the sale and marketing of tobacco products.

• **Develop New Treatments.** Investing in the science and technology of treatment improves the efficacy of treatment for those in diverse populations and under-served groups. Treatment should be tailored to the individual needs of the patient.

• **A Comprehensive Approach to Tobacco Control in Primary Care:**

*f*nEducate GPs and the primary health care professionals on their valuable role in tobacco control.

*f*nPromote the inclusion of smoking cessation training in the required academic curricula of GPs and primary health care professionals and in continuingeducation programs.

Communicate research evidence about effective smoking cessation and tobacco reduction strategies to GPs and their team workers.

Provide GPs with tools that will motivate and assist them in their roles as counsellors and referral agents.

Identify the primary health professionals' individual strengths and complementary areas, and enhance collaboration to create a "synergy".

Increase public awareness that support and resources to help people stop smoking are available from their primary health care providers.

Advocate to governments regarding the health professional's role as an effective agent in tobacco control.

*f*nPromote smoke-free environments, and encouraging members to set an example by being smoke-free.

Build partnerships with the community (e.g. schools and workplaces), to deliver cessation, prevention and protection messages to the public, and encouraging members to participate in public education.

Lobby governments and third-party payers for funding to support the provision of smoking cessation services by health professionals.

Smoking Cessation Advice in Primary Care

People who intend to change a behavior go through several stages before they manage. It is important for primary care professionals to be aware of these to be able to approach their patients/clients sucessfully.

Stages of Change:

• **Precontemplation:** Has no intention to take action within the next 6 months
• **Contemplation:** Intends to take action within the next 6 months
• **Preparation:** Intends to take action within the next 30 days and has taken some behavioral steps in this direction
• **Action:** Has changed overt behavior for less than 6 months
• **Maintenance:** Has changed overt behavior for more than 6 months

Primary Care Professionals should:

• **Ask** about smoking at every appropriate opportunity
• **Advise** smokers to stop
• **Assist** the smoker to stop (see below)
• **Arrange** follow up

• **Ask** All patients should have their smoking (or other tobacco use) status established and checked regularly. A system should be devised to record smoking status in the notes. It should at least describe patients as smoker, non-smoker, or recent exsmoker, and note any current interest in stopping. This record should be kept as up to date as possible. Interest in stopping can be assessed with an open ended question such as "Have you ever tried to stop?", which can be followed by a further question such as "Are you interested at all in stopping now"?

• **Advise** All smokers should be advised of the value of stopping and the risks to health of continuing. The advice should be clear, firm, and personalised.

• **Assist** If the smoker would like to stop, help should be offered. A few key points can be covered with the smoker in 5-10 minutes:

o Set a date to stop
o Stop completely on that day
o Review past experience: what helped, what hindered?
o Plan ahead: identify likely problems, make a plan to deal with them.
o Tell family and friends and enlist their support.
o Plan what you are going to do about alcohol.
o Try NRT (Nicotine Replacement Therapy); use whichever product suits best.

o Further advice could include offering a booklet on how to stop which includes practical advice on making an action plan, reasons for stopping, avoiding relapse, coping with stress, and may give a telephone help line number and suggesting they talk to the pharmacist if they want further advice on NRT.

• **Arrange** Offer a follow up visit in about a week, and further visits after that if possible. Most smokers make several attempts to stop before finally succeeding (the average is around 3-4 attempts) thus relapse is a normal part of the process. If a smoker has made repeated attempts to stop and failed, and/or experienced severe withdrawal, and/or requested more intensive help, consider referral to a specialist cessation service.

‘You Can Quit Smoking’

Follow this 5-day countdown to your quit date

5 Days Before Your Quit Date

• Think about your reasons for quitting.
• Tell your friends and family you are planning to quit.
• Stop buying cigarettes.

4 Days Before Your Quit Date

• Pay attention to when and why you smoke.
• Think of other things to hold in your hand instead of a cigarette.
• Think of habits or routines to change.

3 Days Before Your Quit Date

• What will you do with the extra money when you stop buying cigarettes?
• Think of who to reach out to when you need help.

2 Days Before Your Quit Date

• Buy the nicotine patch or nicotine gum.
• Or see your doctor to get the patches or gum, or the nicotine inhaler, nasal spray, or the non-nicotine pill.

1 Day Before Your Quit Date

• Put away lighters and ashtrays.
• Throw away all cigarettes and matches.
• Clean your clothes to get rid of the smell of cigarette smoke.

Quit Day

• Keep very busy.
• Remind family and friends that this is your quit day.
• Stay away from alcohol.
• Give yourself a treat, or do something special.

Smoke Free - Congratulations!

If you "slip" and smoke, don't give up.
Set a new date to get back on track. Call a friend or "quit smoking" support group. Eat healthy food and get exercise.

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