



Smoking Cessation Counselling

Results of a 2005 Survey of Quebec PHARMACISTS

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INTRODUCTION

More than 13,000 men and women in Quebec (about 36 per day) die each year from tobacco-related diseases. Although the prevalence of tobacco use has declined in the past decade, there are still 1.6 million smokers in the province who inhale more than 4,000 chemical products each day, at least 50 of which are carcinogenic.

Since 2003, the ministère de la Santé et des Services sociaux du Québec (MSSS) has supported the implementation of the *Plan québécois d'abandon du tabagisme*. The objective of this province-wide program is to encourage smokers to quit, and to provide support for them in their efforts to quit. A range of free services have been implemented in Quebec progressively over the past four years, including a telephone helpline, a Web site on tobacco use cessation, and counselling services at smoking cessation centres located throughout the province.

In 2004, the MSSS mandated the Institut national de santé publique du Québec (INSPQ) to develop, in partnership with the Boards of six Professional Orders (i.e., Collège des médecins, Ordre des dentistes, Ordre des hygiénistes dentaires, Ordre des inhalothérapeutes, Ordre des pharmaciens and Ordre des infirmiers et infirmières), a project that encourages their members to become more actively involved in tobacco control. In the context of this project, pharmacists are urged to integrate smoking cessation counselling into their daily practice.

SURVEY

A survey of members of the Ordre des pharmaciens du Québec (OPQ) was conducted between January and March 2005 to collect data on:

- Current cessation counselling practices,
- Factors associated with these practices,
- Interest in and needs for training to improve cessation counselling practices.

A simple random sample of 500 pharmacists was selected from the 2004 OPQ database. To be eligible, respondents had to have provided clinical care during the year preceding data collection.

METHOD

A self-administered questionnaire, available in French and English, was mailed out in January 2005. It was accompanied by a cover letter signed by the OPQ's President, and a researcher from the INSPQ. Two subsequent mailings were carried out in March and April 2005 targeting non-respondents. The response rate after three mailings was 66%.

Descriptive analyses of the data collected were undertaken using SAS version 9.1. The relative frequencies are presented grouped together (e.g. answer categories "All" and "More than half" were grouped into a single category, "More than half").

FINDINGS

Assessing smoking status

Few pharmacists ask patients if they smoke. However, when dealing with patients who have tobacco-related symptoms or diseases, the proportion of pharmacists who ask patients' smoking status increases (Table I).

For more than half of patients who smoke:

- 15% of pharmacists note the smoking status in the patient's file,
- 14% of pharmacists evaluate whether or not the patient is ready to quit smoking.

TABLE I

Proportion of pharmacists who ascertain the smoking status of their patients according to type of patient

Type of Patient	Pharmacists (%) ascertain smoking status of...	
	More than half of patients	Half of patients or fewer
Patients on their first visit	14	86
Patients with smoking-related symptoms or diseases	39	61
Patients who were smokers at the last visit	14	86
Patients without smoking-related symptoms or diseases	5	95

Counselling practices

Tables II and III describe counselling practices among pharmacists for two types of smokers. Thirty percent of pharmacists advise quitting smoking to more than half of patients who smoke, but are not ready to quit (Table II).

More intervention takes place with smokers preparing to quit (Table III).

When they offer cessation counselling during a patient visit, 89% of pharmacists undertake an intervention that lasts more than three minutes.

TABLE II

Proportion of pharmacists who provide counselling for smokers who are not ready to quit, according to specific type of intervention

Intervention	Pharmacists (%) provide intervention...	
	For more than half of smokers	For half of smokers or fewer
Discuss the effects of smoking on health	20	80
Discuss patients' perceptions of the pros and cons of smoking	16	84
Discuss patients' perceptions of the pros and cons of quitting	18	82
Express concerns about the patient's smoking	19	81
Advise patients to stop smoking	30	70
Offer print educational material on smoking or cessation	13	87
Offer an appointment specifically to discuss cessation	2	98
Discuss the effects of second-hand smoke on the health of relatives and friends	12	88

TABLE III

Proportion of pharmacists who provide counselling for smokers who are preparing to quit, according to specific type of intervention

Intervention	Pharmacists (%) provide counselling...	
	For more than half of smokers	For half of smokers or fewer
Ask about the number of cigarettes smoked each day	72	28
Discuss previous quit attempts	62	38
Discuss worries about cessation	45	55
Discuss strategies to quit smoking	70	30
Discuss withdrawal symptoms	56	44
Advise setting a quit date	55	45
Ask whether patients smoke their first cigarette within 30 minutes of waking	48	52
Offer print educational material on smoking or cessation	50	50
Refer patients to cessation resources available in the community	11	89
Recommend nicotine replacement therapy (gum, patch or inhaler)	72	28
Recommend Zyban (bupropion)	4	96

Pharmacists' opinions

Several questions solicited pharmacists' opinions on quitting smoking, on cessation counselling and on smokers' interest in quitting. The majority of

pharmacists agreed (either somewhat or completely) with the following statements:

- It is extremely difficult to quit smoking,
- Support from friends and family is an important factor in quitting,

- Physiological dependence on tobacco is an important barrier to quitting,
- Rituals associated with cigarettes are important barriers to quitting,
- Nicotine patches, nicotine gum and Zyban (bupropion) should be covered by health insurance,
- Advice from pharmacists will increase motivation to quit among smokers,
- Counselling smokers to quit is interesting work.

Half of pharmacists agreed (either somewhat or completely) with the following statements:

- Most of my patients who smoke want to quit,

- My patients who smoke are interested in discussing cessation with me.

They disagreed (either somewhat or completely) with the following statements:

- When a patient has been smoking for many years, it isn't worth the trouble to try to quit,
- When we advise smokers to quit smoking, we risk losing them as patients.

Perception of role

The pharmacists surveyed believe that they have a major role to play in cessation (Table IV).

TABLE IV

Level of agreement among pharmacists on their role in helping smokers quit, according to specific type of intervention*

Intervention	Agree somewhat or completely (%)	Neither agree nor disagree (%)	Disagree somewhat or completely (%)
Pharmacists should ask their patients if they smoke	84	11	5
Pharmacists should advise patients to quit smoking	84	11	4
Pharmacists should know about resources available that can help patients quit	98	2	1
Pharmacists should make appointments with their patients who smoke specifically to help them quit	80	14	6

* Percentages are rounded off and therefore may not total 100.

Perception of barriers

Pharmacists identified numerous barriers to cessation counselling as very or extremely important:

- Lack of time 79%
- Lack of interest among patients 70%
- Patients' resistance to advice 67%
- Difficulty following up 67%
- Lack of compliance among patients 61%
- Difficulty assessing patients' readiness to quit 54%
- Cost of medication 47%
- Lack of impact of counselling on patients 46%
- Lack of community resources to which patients can be referred 40%

- Lack of knowledge about cessation counselling 39%
- Lack of print educational material 38%
- Lack of knowledge about medication for cessation 37%
- No reimbursement for cessation counselling 30%
- Inadequate office space 28%

Perception of skills

The survey ascertained pharmacists' perceptions of their skill levels in terms of providing cessation counselling (Table V).

TABLE V

Perceptions among pharmacists of their skill levels to undertake cessation counselling

Skill	Agree somewhat or completely (%)	Neither agree nor disagree (%)	Disagree somewhat or completely (%)
I have the skills to help my patients quit smoking	89	8	3
I am able to tailor smoking cessation counselling to the specific needs of my patients	93	5	2
It is easy for me to initiate a discussion about quitting with my patients	61	19	20
I am able to ascertain the level of addiction of my patients	64	20	16
I think that I can influence my patients to quit smoking	68	25	7

Interest in training

The survey found that 82% of pharmacists are interested in updating their knowledge on smoking

cessation and would like tools to help them provide advice to their patients who smoke (Table VI).

TABLE VI

Level of interest among pharmacists in training to update cessation counselling skills, and in specific tools to assist with counselling*

Training/tools	Very or extremely interested (%)	Somewhat interested (%)	Slightly or not at all interested (%)
Possibility of prescribing a nicotine replacement therapy	91	7	2
Inventory of resources	82	14	4
Educational material for smokers	79	17	4
Print materials	70	22	8
Smoking cessation guidelines	70	20	10
Articles on smoking cessation in <i>Québec pharmacie</i>	69	23	8
System to better identify patients who smoke	65	24	11
Articles on smoking cessation in <i>L'actualité pharmaceutique</i>	62	25	13
Interactive workshops	51	30	20
Conference on smoking cessation counselling	55	28	16
Possibility of prescribing Zyban (bupropion)	49	27	24
Audiovisual materials	47	34	19
Articles on smoking cessation in <i>Le praticien</i>	46	31	23
Internet-based training	44	30	26
Articles on smoking cessation on the OPQ Web site	34	27	39

* Percentages are rounded and therefore may not total 100.

COMMENTS

To our knowledge, this survey is the first ever in Quebec to describe cessation counselling practices among pharmacists. Results indicate that few pharmacists identify their patients' smoking status and intervene with smokers who are not ready to quit. However, they are more thorough with smokers who are preparing to quit.

Pharmacists identified numerous barriers to providing cessation counselling, including lack of interest in quitting among smokers, resistance to advice among smokers, and lack of compliance with advice provided. Despite these barriers, it should be remembered that the majority of smokers do want to quit smoking to be liberated from an addiction that they did not choose to begin with (Fiore, et. al., 2000)¹.

The difficulty in following up with smokers and the lack of time to provide counselling, may be issues that need review in terms of professional practice standards.

According to this study, pharmacists estimate that they have a very important role to play to encourage smokers to quit and support them in this endeavour. Therefore, it is not surprising that 82% of them show an interest in updating their knowledge, especially since a minority of them have received tobacco cessation counselling training during (36%) or after their studies (32%).

The challenge for the coming years will be to adequately address the training needs as expressed by pharmacists in the context of this study, in order to optimize their counselling practices, in particular with smokers who are not ready to quit. The OPQ, in collaboration with the INSPQ, are determined to meet this challenge.

REFERENCE

1. Fiore, M.C., Bailey, W. C., Cohen, S. J., et al. 2000. *Clinical Practice Guideline: Treating Tobacco Use and Dependence*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service.

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