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The availability of smoking cessation advice from health professionals — a census from one East London District

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A survey of 382 hospital inpatients and a survey of 500 adults attending a GP open access chest X-ray service showed that 18% and 25% respectively were current smokers. Sixty per cent of the inpatient smokers and three quarters of the community smokers expressed a wish to stop smoking, and 44% of the inpatient smokers and 62% of the community smokers reported having received advice from their primary care physician to stop smoking. However, when the community smokers were asked about more specific advice they had received to help them stop smoking, only 13% had received advice regarding nicotine replacement therapies and under 5% had been given the telephone number of a smoking cessation support service (Smokers Quitline). Use of nicotine replacement therapies nearly doubles the success rate for smoking cessation, and it is essential for all health professionals to be able to give specific advice as to how smokers may be able to quit.

Key words: smoking cessation; nicotine replacement.

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Introduction

A sensible tobacco strategy involves measures to prevent the uptake of smoking and measures to promote cessation of the habit. The latter requires every health professional using every opportunity to advise smokers of the need to stop. Patients wishing to stop should be given advice about how to do so and the use of nicotine replacement therapies (NRT) has been shown to nearly double the success rate for smoking cessation (1). The U.K. Governments recent White Paper recognizes this and proposes free NRT for those who are socioeconomically disadvantaged. However, use of NRT involves doctors advising patients of its advantages and offering smokers details of other sources of support. Surveys in other countries have shown poor physician knowledge of smoking cessation manoeuvres (2) and yet community based intervention programmes can increase the likelihood of health professionals giving smoking cessation advice (3). This study was undertaken to determine how often meaningful advice was offered to smokers in our district.

Methods

In the first part of the census an attempt was made to survey all inpatients in Whipps Cross Hospital over a 3-day period using a standardized questionnaire administered and checked by the authors or other members of the respiratory team. The children's ward, maternity department and psychiatric ward were excluded from the survey.

For the second part of the survey 500 consecutive adults attending a GP open access chest X-ray service were surveyed.

In both parts of the survey the questionnaire was designed to elicit information regarding smoking habits and, amongst current smokers, information about desire to give up and advice they had received from health professionals.

Results

In the first part of the study 72% of inpatients (275/382) completed the questionnaire. One hundred and seven patients were unable to complete the form because of language difficulties, severity of illness, or absence from the ward for investigations or operations. The prevalence of smoking amongst the inpatients and amongst the 500 consecutive attendees at the GP open access chest service is shown in the Table 1.

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TABLE 1. Prevalence of smoking and type of smoking cessation advice received

	Inpatients (<i>n</i> = 275) No (%)	Community (<i>n</i> = 500) No (%)
Smoking prevalence		
Current smokers	50 (18.2)	129 (25.8)
Life-long non-smokers	100 (36.4)	204 (40.8)
Ex-smokers*	125 (45.4)	167 (33.4)
Advice on smoking cessation	Inpatient smokers (<i>n</i> = 50) No (%)	Community smokers (<i>n</i> = 129) No (%)
Expressed wish to stop smoking	30 (60.0)	101 (78.2)
Advised re NRT	17 (34.0)	17 (13.2)
Ever given written information	16 (32.0)	24 (18.6)
Given the smokers quitline telephone number	11 (22.0)	6 (4.6)

*Stopped smoking at least 1 month before the time of the study

Fifteen of the 50 inpatients (30%) reported smoking less than 10 cigarettes per day, 24 (48%) smoked 10–20 cigarettes per day, and 11 (22%) smoked more than 20 cigarettes per day. Amongst the community smokers consumption was similar with 41/113 (36%) being light smokers, 61/113 (54%) moderate smokers and 11/113 (10%) being heavy users of tobacco (13 did not complete this question). Twenty-six of the inpatients (52%) and 68/121 (56%) of the community smokers reported having their first smoke of the day within 30 min of waking, and 35/50 (70%) of the inpatients and 94/121 (78%) of the community smokers had their first smoke of the day within 60 min of waking.

Twenty-two of the 50 inpatients (44%) and 80 of the 129 community smokers (62%) reported having received advice from their Primary Care Physician (General Practitioner) to stop smoking; only 17 of the 50 inpatient smokers (34%) had had advice to stop smoking from a health professional during the current admission to hospital.

When asked whether they had been given advice as to HOW to stop smoking 10 of the 50 inpatient smokers (20%) and 21 of 129 community smokers (16%) reported receiving such advice. The type of advice received by both groups is shown in Table 1.

Discussion

This survey showed lower than average rates of smoking in the two study groups. This may reflect the cultural mix of our local community where a lower smoking prevalence amongst those from Pakistan and sub Saharan Africa may have reduced the average. The lower than national average prevalence of smoking amongst hospital inpatients may reflect the higher average age of an inpatient hospital population than a general community, with the elderly more likely to be ex-smokers. Despite the lower than average prevalence of smoking a high proportion of those who did smoke expressed a wish to stop. The smokers in

both groups reported moderately heavy use of tobacco and the proportion of those smoking soon after waking in the morning suggests the likelihood of significant tobacco addiction. Despite this, the proportion being given advice as to how to stop smoking and the proportion given advice about nicotine replacement therapies or about other supporting services such as telephone helplines (for example U.K. Smokers Quitline 0800-002200) is lamentably low. It is of no value campaigning for free NRT if advice to use it is rarely offered by doctors. In this survey less than a fifth of smokers had been given specific advice as to how to stop smoking and about adjunctive methods. The recently published 'Smoking Cessation Guidelines for Health Professionals' (4) summarizes the evidence and provides clear guidelines as to how to help smokers to stop. Perhaps for health professionals, at least one person in each practice or clinic should now read these guidelines and implement within practice update sessions so that we may tackle the civilized world's largest preventable cause of premature deaths and disability in a meaningful way.

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