

# Knowledge and Attitude of Pharmacists to Tobacco/Smoking Cessation in Lagos State

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## ABSTRACT

**Background:** Tobacco use is projected to cause nearly 450 million deaths worldwide during the next 50 years. Health professionals can have a critical role in reducing tobacco use; even brief and simple advice from health professionals can substantially increase smoking cessation rates. Therefore, one of the strategies to reduce the number of smoking-related deaths is to encourage the involvement of health professionals in tobacco-use prevention and cessation counseling.

If healthcare providers are to play a role in reducing death from tobacco related diseases, an assessment of their own knowledge and attitude to smoking cessation becomes necessary. This research was to determine the knowledge and attitude of pharmacists in Lagos State to smoking cessation

**Methods:** Data was collected by the use of a well structured, pretested self administered questionnaire which was aimed at determining their knowledge of smoking cessation and attitude to involvement in smoking cessation. The study population was pharmacists at the monthly meeting of Pharmaceutical Society of Nigeria (PSN), Lagos State.

**Results:** Out of 250 questionnaires distributed 218 were returned which was about 87% response rate but out of these only 200 questionnaires were useful which came to 80%.

Over 56% of respondents had no information on tobacco or smoking cessation programme. Awareness of WHO global tobacco treaty was low among respondents (12.4%) but they

were willing to be involved in helping smokers to quit (98.9%). Majority of the respondents (95.6%) would want additional information on tobacco cessation program while in the same vein about 80% were willing to attend a seminar or workshop on tobacco cessation.

**Conclusions:** From this study it can be concluded that the knowledge and information on smoking cessation is low among pharmacists but they are willing to be involved in smoking cessation programme.

**KEY WORDS:** Tobacco, Smoking cessation, WHO FCTC

## INTRODUCTION

Tobacco use is the single largest cause of preventable death in the world today. The *WHO report on the global tobacco epidemic, 2008*<sup>1</sup> provides a comprehensive analysis, based on data from 135 countries, of patterns of tobacco use, the deaths that result and the measures to reduce deaths.

Tobacco kills a third to a half of all those who use it. On average, every user of tobacco loses 15 years of life. Total tobacco-attributable deaths from ischaemic heart disease, cerebrovascular disease (stroke), chronic obstructive pulmonary disease and other diseases are projected to rise from 5.4 million in 2004 to 8.3 million in 2030, almost 10% of all deaths worldwide. More than 80% of these deaths will occur in developing countries.

Tobacco use is highly prevalent in many countries. According to estimates for 2005, 22% of adults worldwide currently smoke tobacco. Some 36% of

men smoke compared to 8% of women.<sup>2</sup>

WHO recommends five policies for controlling tobacco use: smoke-free environments; support programmes for tobacco users who wish to stop; health warnings on tobacco packs; bans on the advertising, promotion and sponsorship of tobacco; and higher taxation of tobacco. About half of all countries in the world implement none of these five recommended policies, despite the fact that tobacco control measures are cost-effective and proven. Moreover, not more than 5% of the world's population is fully covered by any one of these measures.<sup>3</sup>

The World Health Organization has estimated that tobacco and its products kill over 3.5 million people worldwide every year and it is extrapolated that by the decade 2020-2030, tobacco will kill 10 million people a year.<sup>3</sup>

The World Health Organization Framework Convention on Tobacco Control (WHO - FCTC) is a global public health treaty aimed at reducing the burden of disease and death caused by tobacco consumption. The WHO Framework Convention for Tobacco Control (WHO-FCTC), adopted by the 56th World Health Assembly in May 2003, is the first international public health treaty on tobacco control.<sup>4</sup> The Convention opened for signature on 16th June 2003 in Geneva, Switzerland. The Convention quickly became one of the most widely embraced treaties in United Nations history; within two and a half years, it boasted more than 100 Contracting Parties. It officially entered into force in February 2005 and by the end of 2006, the total number of



Parties had reached 149 covering more than three quarters of the world's population. At present the Signatories to the WHO FCTC is 168 and the Parties to the WHO PCTC is 156<sup>5</sup>. It gives the international community tools to stand up to tobacco giants, decrease global addiction rates, and reverse the tobacco epidemic.

The global tobacco treaty bans tobacco advertising, promotion and sponsorship, and insulates public health policy from interference by tobacco corporations. The treaty's advertising ban means an end to some of the tobacco industry's most effective and deadly tactics, like Philip Morris/Altria's Marlboro Man, in countries that ratify. While Philip Morris/Altria, British American Tobacco (BAT) and Japan Tobacco International (JTI) continue to aggressively target developing countries to expand markets for their products, the tobacco giants are renewing their efforts to derail the treaty process in countries around the world.

The global tobacco treaty is a major victory for the corporate accountability movement. It sets important precedents for regulating other abusive industries that profit at the expense of people's health and the environment.

The preamble of the WHO FCTC emphasizes the role of health professional bodies in to include tobacco control in the public health agenda and contribute actively to the reduction of tobacco consumption. These activities are also described in the Code of Practice for Health Professionals which has been officially adopted now by several Health Professional Associations worldwide<sup>6</sup>.

Since 1987, the World Health Organization (WHO) has sponsored World No Tobacco Day to encourage countries to implement comprehensive programs to reduce tobacco use. Involvement of health professionals in tobacco control is very important such that the theme of World No Tobacco Day 2005 was Health professionals against tobacco<sup>7</sup>.

Pharmacists are healthcare providers involved in treating and preventing illness and promoting health, and are therefore central to achieving the tobacco cessation goals.

The Global Network of Pharmacists

Against Tobacco, established by the International Pharmaceutical Federation (FIP) in collaboration with the WHO EuroPharm Forum, is a global forum for pharmacists, pharmaceutical students and their professional organizations as well as other individuals or organizations interested in smoking cessation and tobacco control activities. The network was officially launched during the World Conference on Tobacco or Health 2003 in Helsinki, Finland, in connection with the Pharmacists Special Session<sup>8</sup>.

Since the launch of the Global Network of Pharmacists Against Tobacco in Helsinki in August 2003, FIP has been involved in many new Tobacco Cessation initiatives.

During the FIP Congress 2003 in Sydney, 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 Organisations to mobilise pharmacists around Tobacco Cessation. This issue was tackled through a global campaign for pharmacists, launched on the World No Tobacco Day on 31 May 2004. FIP produced campaign materials including:

- WHO Code of Practice on Tobacco Control for Health Professional Organisations
- WHO FCTC booklet and
- Updated status of the WHO FCTC

As an offshoot of Code of Practice on Tobacco Control for Health Professional Organisations a meeting of the FIP Global Network of Pharmacists Against Tobacco was held during the 64th FIP Congress in New Orleans, LA, USA, which was attended by more than 70 pharmacists from 20 countries after which FIP issued a Press Release entitled "FIP Calls for Ban on Tobacco Sales and Smoking in Pharmacies".

According to Sinclair, Bond and Stead<sup>9</sup>, trained community pharmacists, providing a counselling and record keeping support programme for their

customers, may have a positive effect on smoking cessation rates. Also Kennedy et al<sup>10</sup> concluded in their study that compared with other types of previously reported interventions, a community pharmacist-managed smoking cessation clinic achieved greater long-term smoking cessation rates. Pharmacists have been involved in tobacco cessation activities in some countries 11 - 13.

Objectives of the study were to determine the knowledge and attitude of pharmacists to tobacco cessation and their willingness to be involved in tobacco cessation in Lagos State

## METHODS

### Study Area

Study Area was Lagos State.

### Study Population

Study population was pharmacists attending the monthly meeting of the Pharmaceutical Society of Nigeria (PSN), Lagos State branch.

### Study design

A cross-sectional survey

### Study instrument

A well structured, pretested self administered questionnaire was used. The questionnaire of this study was developed based on the questionnaire of Global Health Professional Survey (GHPS)<sup>14</sup>. The questionnaire consisted of demographic characteristics (age, sex, level, and religion.), knowledge and attitude to tobacco/smoking cessation and willingness to be involved in smoking cessation.

### Procedure for data collection

Consent of the pharmacists was sought before distribution of questionnaire. Questionnaires were distributed to the pharmacists during their meeting. The questionnaires were filled and retrieved same day.

### Data Analysis

The information in the questionnaires was transferred into Epiinfo 6 software. Data analysis consisted of frequency analysis

## RESULTS

In this study out of 250 questionnaires were distributed, 218 were returned (87%). Out of these only 200 questionnaires were useful which came to response rate of about 80%. ▶



Majority of the respondents were in the age group of between 31 to 40 years (Fig 1). Among the respondents for this study, 61% were males while 39% were females (Fig 2). All the major areas of practice of pharmacy were represented with majority being in community practice (48.4%) and the least in academia (2.6%) (Fig 3).

Less than half of the respondents (43.4%) had information on tobacco

cessation programme (Fig. 4). Sources of information were mainly television and radio (Fig 5). Very few of the respondents were aware of Nigerian Tobacco Control Decree (22.1%) and WHO-FCTC (12.4%) but a fair proportion (41.7%) were aware of World No Tobacco Day (Fig 4).

Most of the respondents (95.6%) wanted additional information on tobacco cessation programme while

about 80% of them were willing to attend a seminar or workshop on tobacco cessation (Fig 6). About 98% of the respondents were willing to be involved in global campaign against tobacco smoking. About 31% of the respondents agreed to have been taught about tobacco cessation in their undergraduate level (Fig 6). Some 79.1% of the respondents have come across smokers wanting to quit.

Figure 1: Age of Respondents

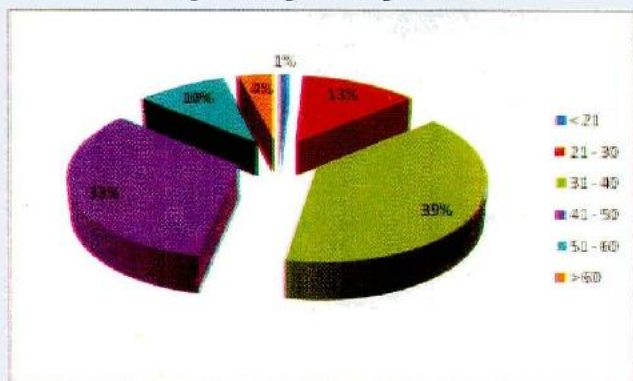


Figure 2: Sex of respondents

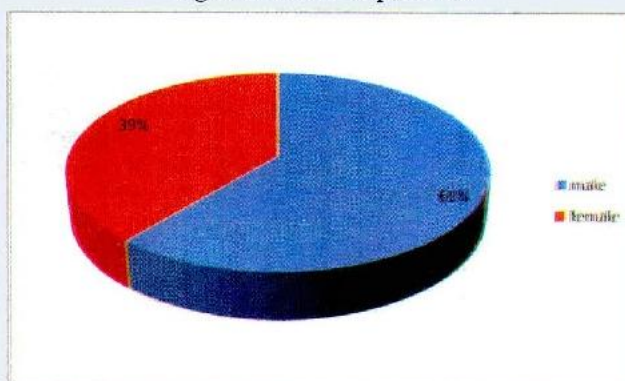


Figure 3: Areas of Practice

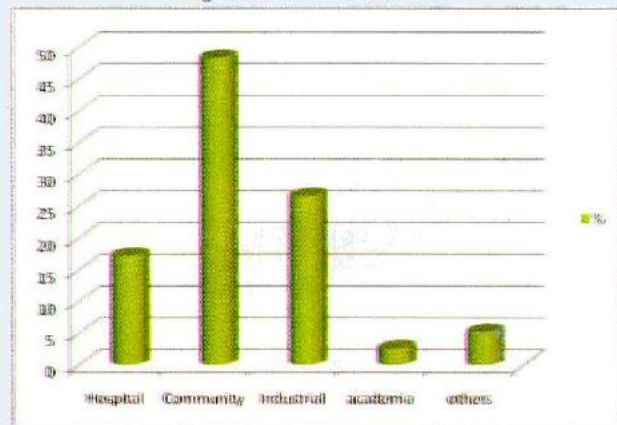


Figure 4: Awareness responses

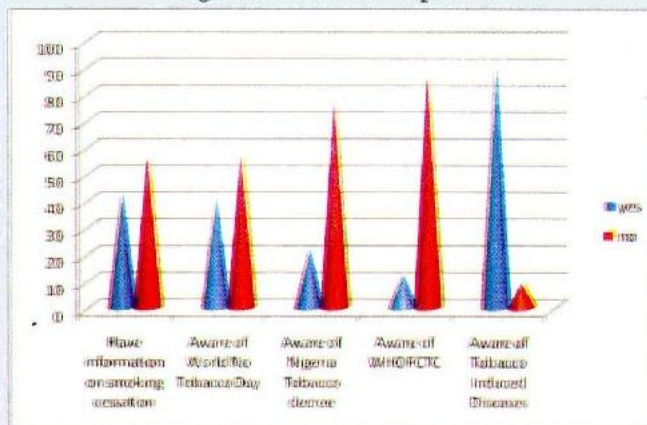


Figure 5: Sources of information on tobacco cessation programme

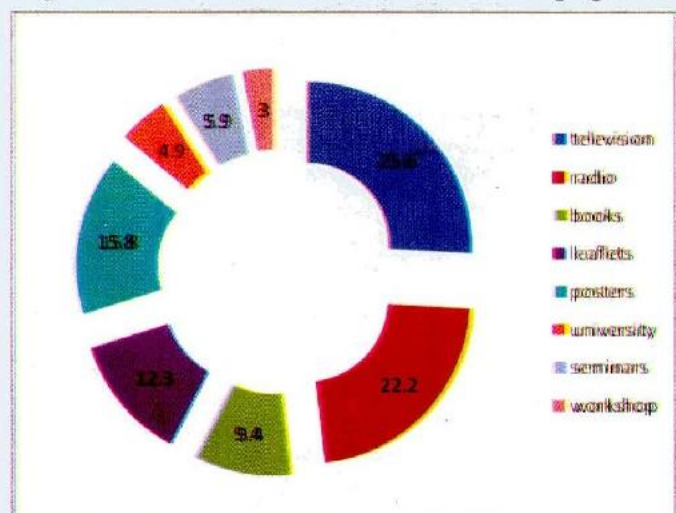
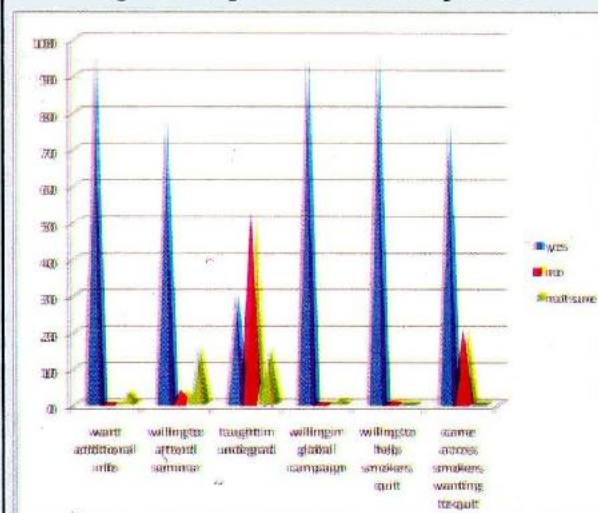


Figure 6: Response to attitudinal questions



**DISCUSSION**

Pharmacists have a great role to play in tobacco cessation and knowledge of tobacco/smoking cessation programme would be important in their ability to be involved in cessation. The major objectives of this survey were to determine the awareness (knowledge and attitude) of pharmacists in Lagos State to tobacco/smoking cessation.

From the result, the level of awareness of Nigerian Tobacco Control Decree and WHO FCTC and having information on tobacco cessation was quite low but it is gladdening that the respondents would want additional information on smoking cessation program and were willing to attend a seminar on tobacco cessation. The pharmacists not being aware of Nigeria Tobacco Control Decree may not be able to counsel and help spread or enforce the decree for example the decree says no smoking in public places. The response to some attitudinal questions addressing the main thrust of these local and global policies were favourable which implies that there would be minimal effort necessary to convince pharmacists to abide with the code of conduct for health care professionals. More than half of the respondents claimed they were not taught about tobacco cessation in their undergraduate days and this is similar to the response of pharmacy students at the University of Lagos<sup>15</sup>. Because of the aforementioned there is need to organize seminars or workshop for practicing pharmacists on tobacco/smoking cessation and part of this is being taken care of in the new Module VII of Mandatory Continuing Professional Development (MCPD) programme for pharmacists in Nigeria being organized by Pharmacists Council of Nigeria (PCN). Pharmacists in Lagos State will serve as good counselors to the public on smoking cessation since most of the respondents were willing to be involved in smoking cessation program and they were also willing to attend seminar or workshop on tobacco/smoking cessation. About 98% of the respondents agreed that pharmacists should be involved in the global campaign against smoking programme and this is similar to the report of the survey of 10 WHO member countries where about 86 to 99% believed that health professionals should give advice or information about smoking cessation to patients<sup>16</sup>.

Quite a lot of them have come across smokers wanting to quit but because they did not have enough information they were not able to help these smokers since you can only give what you have hence the need for training is imperative if Nigerian pharmacists especially those in Lagos State would contribute to reducing tobacco menace. The need for training is important to empower the pharmacists to render smoking cessation intervention; previous studies have shown that trained community pharmacists providing intervention achieved positive and long term cessation rates<sup>9,10</sup>.

**CONCLUSIONS**

From this study it can be concluded that the knowledge and information on smoking cessation among pharmacists in Lagos State is low but they were willing to attend seminar or workshop on smoking cessation.

It can also be concluded from the result of this study that though level of awareness of pharmacists of Nigeria tobacco decree and WHO FCTC is low but their attitude towards the contents of the decree and control was highly favourable and they were willing to be involved in smoking cessation programme.

It is being recommended that the smoking cessation training under PCN's MCPD Module VII should be strengthened and smoking cessation should be in pharmacy undergraduate curriculum.

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