



TOBACCO USE AND TRAINING FOR PATIENT COUNSELING AMONG HEALTH PROFESSIONAL STUDENTS: ARMENIA, 2006

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Abstract

Tobacco use is one of the main preventable causes of chronic disease and death in developed countries and is the second leading cause of death worldwide. Findings from the 2006 Global Health Professionals Survey (GHPS) in Armenia show that smoking prevalence rates among third-year health professional students in Armenia is high, ranging from 28.6% (dental students) to 7.2% (nursing students). GHPS data show that less than 20% of health professional students received formal training in patient cessation counseling, even though more than 90% of the same students want such training to be included in their formal curricula. Findings from the GHPS suggest the Ministry of Health and Ministry of Education in Armenia must work together with other interested partners in developing, testing, and implementing successful patient cessation-counseling training programs for health professional students.

Introduction

Tobacco use is one of the main preventable causes of chronic disease and death in developed countries and is the second leading cause of death worldwide [Peto R. *et al.*, 1994; Ezzati M. *et al.*, 2002; WHO IARC 2004 a; b]. The global burden of disease estimates a doubling in the number of deaths from tobacco use, from 5 million in 2005, to over 10 million in 2020 [Peto R. *et al.*, 1994]. 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 [US Dept. Health & Human Services, 2000 a; Fiore M.C. *et al.* 2000b; Lancaster T., *et al.*, 2000c]. 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. There have been a few studies that collected information from health professional students in various countries about their tobacco use and training as cessation counselors [Gupta P.C.,

Ray C.S., 2003; Naskar N.N., Bhattacharya S.K., 1999; Mammas I.N. *et al.*, 2003; Vakefliu Y. *et al.* 2002]; however, these studies did not use a consistent survey methodology or questionnaire. To address this problem, the World Health Organization, US Center for Disease Control and Prevention, and the Canadian Public Health Association developed and implemented the Global Health Professionals Survey (GHPS) to collect data on tobacco use and cessation counseling among health professional students in WHO Member States [GTSS Collaborative Group, 2005].

This report summarizes data from GHPS conducted in Armenia in 2006 among third-year students attending dental, medical, nursing, and pharmacy schools.

Methods

The Global Health Professionals Survey (GHPS) is the part of the Global Tobacco Surveillance System (GTSS), which collects data through three surveys: the Global Youth Tobacco Survey (GYTS), the Global School Personnel Survey (GSPS), and GHPS. GHPS is a school-based survey of third-year students pursuing advanced degrees in dentistry, medicine, pharmacy, and nursing. GHPS uses a core ques-

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tionnaire on demography, prevalence of cigarette smoking and use of other tobacco products, exposure to second hand smoke (SHS), desire to quit smoking, and training received regarding patients counseling on cessation techniques. GHPS has a standardized methodology for selecting participating schools and classes and uniform data processing procedures. In Armenia, third-year students pursuing degrees in dentistry, medicine, nursing, and pharmacy were surveyed in 2006. The school response rate was 100% for dentistry, medicine, and pharmacy but only 50.0% for nursing; the student response rate was 62.6% for dentistry, 90.0% for medicine, 55.0% for nursing, and 87.7% for pharmacy. The overall response rate was 62.6% for dentistry, 90.0% for medicine, 27.5% for nursing, and 87.7% for pharmacy. In total 156 dental students, 186 medical students, 521 nursing students, and 186 pharmacy students completed the GHPS. Due to the low school and student response rates, the nursing school data will not be shown in this paper.

The GHPS was conducted in schools during regular lectures and class sessions. GHPS follows an anonymous, self-administered format for data collection. A weighting factor was applied to each student record to adjust for non-response (by school and student) and variation in the probability of selection at the school, class, and student levels. SUDAAN, a software package developed for statistical analysis of correlated data, was used to compute standard errors of the estimates and produce 95% confidence intervals, which are shown as lower and upper bounds [Shah B.V. et al., 1997]. Statistical differences noted are at the $p < 0.05$ level.

Results

Student Characteristics: The majority of students in each of the 3 disciplines were females: 59.4% for dentistry; 74.0% for medicine, and 71.1% for pharmacy. Also, for each of the 3 disciplines over 8 in 10 students were aged 19-24 (80.2% - dentistry, 81.9% - medicine, and 82.1% -pharmacy).

Prevalence: The percent of students who had

ever smoked cigarettes ranged from 59.0% for medical students to 44.4% for pharmacy students. Male students in all 3 disciplines were significantly more likely than female students to have ever smoked. About 10% of students in all three disciplines had ever used other tobacco products (7.6%, 10.9%, and 8.0% among dental, medical, and pharmacy students, respectively). In all 3 disciplines, male students were significantly more likely than female students to have ever used tobacco products other than cigarettes.

Current cigarette smoking ranged from 28.6% for dental students to 19.1% for pharmacy students. In all 3 disciplines, male students were significantly more likely than female students to currently smoke cigarettes. Over half of male students in all 3 disciplines currently smoked cigarettes. Current use of other tobacco products ranged from 4.3% for pharmacy students to 2.9% for medical students. Male students in all 3 disciplines were significantly more likely than female students to currently use other tobacco products.

Exposure to Second Hand Smoke: Almost 8 in 10 dental, medical and pharmacy students were exposed to Second Hand Smoke (SHS) in public places. Over 8 in 10 medical and pharmacy students supported the idea of banning smoking in restaurants, compared to 68.1% for dental students. Support for a ban on smoking in discos, bars or pubs ranged from 65.0% among medical students to 58.6% among dental students. Medical and pharmacy students were significantly less likely to support a ban on smoking in discos, bars or pubs than in restaurants. Dental and medical students were significantly more likely than pharmacy students to report that their school has a ban on smoking in buildings or clinics. Over half of dental and medical students report their school had a ban compared to 3 in 10 pharmacy students. Enforcement of the ban was reported to be over 90% by medical and pharmacy students compared to 82% among dental students.

Role Model and Training: About 8 in 10 dental and medical students but only 7 in 10 pharmacy students believe health professionals have a role in giving advice or information on smoking cessation to their patients. Over 8 in 10 students in all 3 disciplines think health professionals should get training on cessation techniques. However, only 4 in 10 students in pharmacy schools and 3 in 10 students in dental and medical schools report that they have received training on cessation techniques or approaches to use with patients.

Discussion

Health professionals who smoke cigarettes send an inconsistent message to patients whom they counsel to quit smoking. Findings from the GHPS show current smoking prevalence rates among 3rd year health professional students in Armenia are high, ranging from 28.6% (dental students) to 19.1% (pharmacy students). Current smoking among female students ranged from 7.7% (medical) to 1.3% (pharmacy), which is equal or higher than the rate for adult females (2.4%) [Mackay J. et al 2006]. Current smoking among adult males in Armenia is 61.8% which is only slightly higher than for male dental students (61.5%) and almost as high as the rate for males in medical, nursing, and pharmacy schools (53.4%, 56.8%, and 55.5%, respectively). These results suggest interventions are needed to focus the national tobacco control policy on school health education and prevention activities accompanied by community-based actions aimed at young people: both males and females.

Since these health professionals are positive role models in society, they should be trained to provide effective patient cessation counseling and knowledge on the harmful health effects of smoking. All health-related curricula in health professional schools in Armenia should be revised to include sections on tobacco and its health consequences, or at least incorporate various tobacco-related topics into the existing subjects.

In 2004, the National Assembly of Armenia passed “The Law of the Republic of Armenia on

Sale, Consumption and Use Restrictions of Tobacco” [The Law of RA, 2004]. This law includes a number of provisions designed to protect the health of non-smokers and prohibit smoking in public places, such as educational institutions, cultural institutions, health institutions, and public transport and vehicles. Data from the GHPS show that almost 8 in 10 students were exposed to SHS in public places in the week before the survey and the percent of colleges with official policies banning smoking in college buildings and clinics ranges from 6 in 10 for dental schools to 3 in 10 for pharmacy schools. This suggests a general lack of enforcement of the law. Enforcement of the law is very important for further improvement of tobacco control in Armenia.

GHPS data show that less than 40% of health professional students received formal training in patient cessation counseling, even though more than 80% of the same students want such training to be included in their formal curricula. In Armenia, there has been a move to incorporate tobacco-related issues into some health profession curricula; however, this has not followed a systematic protocol across the health professional schools and disciplines. Findings from the GHPS suggest the Ministry of Health and Ministry of Education and Science of the Republic of Armenia must work together with other interested partners in developing, testing, and implementing successful patient cessation-counseling training programs for health professional students. The students recognize their responsibility as patient cessation-counselors, they want to be trained, but to date they have not received this training.

Conclusion

All health professional schools, public health organizations, and education officials should discourage tobacco use among health professionals and work together to design and implement programs that train all health professionals in effective cessation counseling techniques. Armenia ratified the WHO Framework Convention on Tobacco Control (WHO FCTC) on

November 29, 2004. As a Party to the WHO FCTC, Armenia has an obligation to develop and implement a National Action Plan to curb tobacco consumption [WHO FW Convention,

2003]. The GHPS data can serve as part of the evidence base for monitoring and evaluating progress toward meeting the objectives of the tobacco control program in Armenia.

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