



## Smoking Cessation Counselling

### Results of a 2005 Survey of Quebec PHYSICIANS

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### INTRODUCTION

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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, physicians are urged to integrate smoking cessation counselling into their daily practice.

## SURVEY

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A survey of members of the Collège des médecins du Québec (CMQ) was conducted between February and April 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 physicians was selected from the 2004 CMQ database. To be eligible, respondents had to have provided clinical care during the year preceding data collection.

## METHOD

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A self-administered questionnaire, available in French and English, was mailed out by the CMQ in February 2005. It was accompanied by a cover letter signed by the CMQ's President, and a researcher from the INSPQ. Two subsequent mailings were carried out in February and March 2005 targeting

non-respondents. The response rate after three mailings was 55% and therefore some caution is needed in generalizing these results to all physicians.

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

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### *Assessing smoking status*

The majority of physicians ascertain the smoking status of their patients (Table I).

For more than half of patients who smoke:

- 90% of physicians note the smoking status in the patient's file,
- 62% of physicians evaluate whether or not the patient is ready to quit smoking.

**TABLE I**

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

Type of Patient	Physicians (%) ascertain smoking status of...	
	More than half of patients	Half of patients or fewer
Patients on their first visit	93	7
Patients with smoking-related symptoms or diseases	99	1
Patients who were smokers at the last visit	79	21
Patients without smoking-related symptoms or diseases	72	28

## *Counselling practices*

Tables II and III describe counselling practices among physicians for two types of smokers.

In general, most physicians discuss the impacts of smoking and smoking cessation with more than half of smokers who are not ready to quit (Table II). Many of them also advise smokers to quit. However, few of them offer print material or an appointment specifically to discuss cessation.

Most physicians discuss previous quit attempts and cessation strategies and prescribe a nicotine replacement therapy to more than half of smokers preparing to quit (Table III).

When they offer cessation counselling during a patient visit, 82% of physicians undertake an intervention that lasts more than three minutes.

**TABLE II**

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

Intervention	Physicians (%) provide intervention...	
	For more than half of smokers	For half of smokers or fewer
Discuss the effects of smoking on health	71	29
Discuss patients' perceptions of the pros and cons of smoking	49	51
Discuss patients' perceptions of the pros and cons of quitting	50	50
Express concerns about the patient's smoking	75	25
Advise patients to stop smoking	84	16
Offer print educational material on smoking or cessation	23	77
Offer an appointment specifically to discuss cessation	13	87
Discuss the effects of second-hand smoke on the health of relatives and friends	28	73

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

**TABLE III**

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

Intervention	Physicians (%) provide counselling...	
	For more than half of smokers	For half of smokers or fewer
Ask about the number of cigarettes smoked each day	92	8
Discuss previous quit attempts	81	19
Discuss worries about cessation	53	47
Discuss strategies to quit smoking	79	21
Discuss withdrawal symptoms	65	35
Advise setting a quit date	68	32
Ask whether patients smoke their first cigarette within 30 minutes of waking	34	66
Offer print educational material on smoking or cessation	38	62
Refer patients to cessation resources available in the community	13	87
Prescribe nicotine replacement therapy (gum, patch or inhaler)	74	26
Prescribe Zyban (bupropion)	9	91

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

### *Physicians' opinions*

Several questions solicited physicians' opinions on quitting smoking, on cessation counselling and on smokers' interest in quitting. The majority of physicians 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,
- Most of my patients who smoke want to quit,
- My patients who smoke are interested in discussing cessation with me,

- Advice from physicians will increase motivation to quit among smokers,
- Counselling smokers to quit is interesting work,
- Nicotine patches, nicotine gum and Zyban (bupropion) should be covered by health insurance.

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

**TABLE IV**

Level of agreement among physicians 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 (%)
Physicians should ask their patients if they smoke	99	1	0
Physicians should advise patients to quit smoking	100	0	0
Physicians should know about resources available that can help patients quit	96	3	1
Physicians should make appointments with their patients who smoke specifically to help them quit	61	26	13

### *Perception of barriers*

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

- Lack of time 58%
- Patients' resistance to advice 58%
- Difficulty following up 54%
- Lack of compliance among patients 54%
- Lack of interest among patients 53%
- Lack of community resources to which patients can be referred 33%
- Cost of medication 30%
- Lack of impact of counselling on patients 28%
- Lack of knowledge about cessation counselling 26%

- Lack of knowledge about medication for cessation 26%
- Difficulty assessing patient's readiness to quit 23%
- Lack of print educational material 23%
- No reimbursement for cessation counselling 23%

### *Perception of skills*

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

**TABLE V**

Perceptions among physicians 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	85	13	2
I am able to tailor smoking cessation counselling to the specific needs of my patients	88	9	3
It is easy for me to initiate a discussion about quitting with my patients	92	5	3
I am able to ascertain the level of addiction of my patients	73	21	6
I think that I can influence my patients to quit smoking	90	9	2

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

## Interest in training

The survey found that 50% of physicians 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 physicians 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 (%)
Educational material for smokers	70	21	9
Inventory of resources	68	22	10
Print materials	53	32	14
System to better identify patients who smoke	42	24	33
Articles on smoking cessation in the journal <i>Le médecin du Québec</i>	41	34	25
Audiovisual materials	39	33	28
Articles on smoking cessation in <i>l'Actualité médicale</i>	36	36	29
Articles on smoking cessation in <i>MedActuel</i>	34	36	30
Conferences on smoking cessation counselling	29	36	35
Interactive workshops	29	33	38
Internet-based training	26	30	45

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

Further, 29% of physicians indicated that they had read the Smoking Prevention and Cessation Clinical Guidelines, published by the CMQ in 1999. Thirty

one percent of physicians who read this publication said they had modified their practices “very much” or “a lot”.

## COMMENTS

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According to this study, physicians believe they have a very important role to play in getting smokers to quit smoking and in supporting them in their efforts. Most of them ask about the smoking status of their patients, add this information in the patient's file and assess patients' readiness to quit. Further, when they advise patients to quit smoking, 82% of physicians undertake an intervention that lasts for more than three minutes.

The survey also indicates that 50% of physicians are interested in updating their smoking cessation counselling skills. They would like to have access to different tools, among which educational material for smoking patients, a resource inventory and written material for themselves. However, only 29% mention that they read the guidelines published by the Collège des médecins du Québec in 1999, while a previous study had shown that 46.5% of Montreal physicians had done so in 2000. Updating and re-issuing this publication would perhaps answer this need for printed material.

Physicians identified some barriers to providing cessation counselling including lack of interest in quitting among smokers, resistance to advice 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, 2000)<sup>1</sup>.

Finally, 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.

## REFERENCE

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1. Fiore, M.C., Bailey, W. C., Cohen, S. J. et al. (2000). *Treating tobacco use and dependence*. Clinical practice guideline. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service.

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