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Awareness of the existence of smoking cessation practitioners amongst workers followed in occupational medicine

Résumé

Les prises en charge par les tabacologues sont-elles connues des fumeurs suivis en médecine du travail en Belgique ?

Contexte : en Belgique, le coût des maladies liées au tabac est supérieur aux recettes provenant de la vente de produits du tabac. Malgré de nombreuses informations disponibles, ainsi qu'un large éventail de thérapies incluant des consultations partiellement remboursées avec un tabacologue, les fumeurs semblent toujours mal informés. Nous voulions fournir des faits précis sur les moyens d'arrêter le tabac. **Méthodes :** une enquête sur base volontaire et anonyme a été menée du 1^{er} février au 30 novembre 2012 au moment de la consultation en médecine du travail. Un total de 1 611 questionnaires a été recueilli et analysé. Les données observées ont été comparées de manière univariée par le test du chi carré et de façon multivariée par régression logistique. **Résultats :** environ deux tiers des fumeurs (77 %) ont déjà voulu arrêter leur consommation et 93 % d'entre eux ont même essayé au moins une méthode d'arrêt du tabac. L'existence du tabacologue semble être connue de 84 % des fumeurs, mais seulement un tiers serait prêt à prendre un rendez-vous. Le remboursement des consultations n'est connu que de 10 % des participants et seulement un sur trois était motivé pour démarrer un suivi. L'analyse multivariée n'a pas montré de différence entre les cols bleus et les cols blancs. **Discussion :** les professionnels peuvent traiter les fumeurs ambivalents plus efficacement s'ils reçoivent une formation pour motiver leurs patients. Prévoir systématiquement des séances de conseil minimal pourrait engendrer un nouvel élan pour l'arrêt du tabac. L'existence et les activités menées par les tabacologues devraient être plus efficacement mises en évidence et impliquées dans toutes les interventions susceptibles d'aider un fumeur. L'information donnée aux fumeurs sur la disponibilité d'un remboursement partiel pour les consultations pourrait être améliorée. D'autres professionnels de la santé devraient participer à la diffusion de cette information.

Mots-clés

Tabac – Tabagisme – Sensibilisation – Médecine du travail – Tabacologue.

Summary

Background: in Belgium, the cost of tobacco related diseases is higher than revenue from the sale of tobacco products. Despite extensive information being available, as well as a wide range of therapies including partially reimbursed consultations with a smoking cessation practitioner (SCP), smokers still seem to be misinformed. We wanted to provide specific facts about ways of stopping smoking. **Methods:** a voluntary and anonymous investigation was conducted from 1 February to 30 November 2012 at the time when occupational medicine consultations were taking place. A total of 1,611 questionnaires was collected and analysed. Observed data were compared in univariate way by chi-square test and in multivariate way by logistic regression. **Results:** about two thirds of smokers (77%) have already wanted to stop their consumption and 93% of them have even tried at least one method of quitting smoking. The existence of SCPs appears to be known to 84% of smokers but only one third would be ready to make an appointment with one. The system of refunding consultations is known to only 10% of participants and only one in three was motivated to initiate the process. Multivariate analysis failed to show any difference between blue and white-collar workers. **Discussion:** professionals may treat ambivalent smokers more effectively if they receive training in motivating their patients. Systematically providing brief counselling sessions could provide further impetus for quitting smoking. The existence and activities carried out by SCPs should be highlighted more effectively and they should be involved in all the interventions likely to help a smoker. The information given to smokers about the availability of partial reimbursement for consultations could be improved. Other health professionals should be involved in circulating this information.

Key words

Tobacco – Smoking – Awareness – Occupational medicine – Smoking cessation practitioner.

More than one person in four in Belgium smokes, and 20,000 deaths per year can be attributed to tobacco, in addition to 2,000 deaths among non-smokers, caused by passive smoking (1, 2). Even though proceeds from tobacco bring enormous profits to the Belgian State (income of 2.62 billion € in 2010), costs in terms of our National Health Service (NHS) are even higher (3.5 to 4.35 billion € in 2012) (3). These costs are estimated at 10% (in 2001) and between 12% and 15% (in 2012) of the total charges for the NHS (3, 4). Information is distributed in a variety of ways (leaflets, booklets or information campaigns on the television, in the newspapers and on the Internet) in order to reach a wider public.

Since 2002, in Brussels and Wallonia, health professionals have been able to access training in tobaccology, set up on the initiative of the “Tobacco Prevention Service” and the “Tobacco” Scientific Committee forming part of the Fund for Respiratory Diseases (FARES) (5). This training leads to the title of “tobaccologist” or Smoking cessation practitioner (SCP). In Flanders, the Flemish Association for Respiratory Health and Tuberculosis Control (VRGT) is responsible for dispensing this training (6). In Belgium, further to Royal Decree of 31 August 2009 (7), a smoker who would like to be monitored by a SCP can benefit from a partial reimbursement of 170 € (240 € for pregnant women) for the first eight consultations. In April 2013, there were 420 approved SCPs in our country, comprising 113 doctors, 145 psychologists, 91 nurses, 26 midwives and 12 physiotherapists (8). A free, anonymous telephone number, run by a team of SCPs, has also been available since 2004 (9). This number has appeared on tobacco packets since 1st January 2011 (10, 11). The number of requests for help from a SCP rose from 1,935 in 2009 to 25,678 in 2010 (12).

In neighbouring countries, only France has offered university training leading to a degree in tobaccology since 1986, and this has been recognized by the National Council of the Medical Order since 2005 (5). Since 1st February 2007, nicotine substitutes (NS) have been reimbursed by the NHS up to an amount of 50 € (per year and per beneficiary) and 150 € for pregnant women and young people between 20 and 25 years old (since 5 September 2014 for this group) (13). A telephone help line is available although it is not free (14). In Luxembourg, help with stopping smoking is offered by the National Health Fund which covers for two specific consultations relating to tobacco addiction

(the first one followed by the second one eight months later) with the purpose of starting treatment and providing eight months support for people who want to stop smoking. Those taking part are entitled to a 100% reimbursement for these two consultations plus 50% for medication targeted at stopping smoking up to a maximum amount of 100 € (15). In Switzerland, there is no degree-standard training in tobacco addiction and medical insurance does not cover the cost of medication for stopping smoking (16, 17). However, an Internet site providing information is available since 1997 and receives an average of 100,000 visitors per month (18). Germany does not offer any degree-standard training in tobacco addiction either, but there is a free, anonymous telephone help-line (19). On the other hand, treatments to help with stopping smoking are not reimbursed (20). In the Netherlands, the programme for stopping smoking is reimbursed in full by basic insurance, as are NS, varenicline and bupropion (21). There is no degree-standard training.

Study aim

In spite of all the efforts to make smokers aware of the situation and to provide them with information, it still seems that the general Belgian population is not properly informed about the advantages of being monitored by a SCP or about the fact that consultations are partially reimbursed. Existing literature is full of studies on workplace information and programmes about stopping smoking at work but there is a lack of interest in consulting a SCP. Consequently we conducted a questionnaire-based objective investigation in order to estimate the extent of employed smokers' knowledge of how they can be helped to give up smoking: existence of the SCPs and reimbursed consultations. To our knowledge, this is the first study of this type performed in Belgium.

Methods

We drafted a questionnaire in the two national languages, French and Dutch, covering 21 items. The questionnaire can be divided into three parts. Questions 1 to 5 are of an epidemiological nature (gender, age, post code, level of education, profession). Questions 6 to 16 tackle points relating to family and current smoking habits, the type of methods already used for

giving up smoking, treatments which do and do not involve medication, the ability to stop on one's own or even the usefulness of professional support whilst in the process of giving up. The last five questions constitute the essential point of this study, concerning with the employee's awareness of the SCP : Q17. Do you think you could learn more about tobacco with a professional? Q18. Did you know there are SCPs? Q19. Would you be willing to consult a SCP? Q20. Do you know if SCP consultations are reimbursed? Q21. If they were reimbursed, this will motivate you to consult?

The study began on 1st February 2012 and ended on 30 November 2012. This survey involved the Interbusiness Services Centre (CESI), an external service for prevention and protection at work with which the first author collaborates. Occupational medicine consultations take place in CESI centres located in each province in Belgium and mobile centres (buses offering medical services). Questionnaires were sent by e-mail to all the field staff (occupational physicians, paramedical assistants and technician-drivers) from the CESI but the employees who participated were not identified. Additional questionnaires were printed and given to colleagues who wished to contribute to the survey. Finally, those questionnaires were given out to all employed smokers (including trainees) on the basis of their anonymous and voluntary participation. Information about the aim of the investigation appeared on the first page of the questionnaire. Refusals were not recorded. On several occasions, the author was able to fill in the questionnaire in the company of the employee if he/she was not able to read, write and/or understand the written questions. At the end of the ten months of the investigation, 1,651 questionnaires were collected. However, 40 of these could not be used in the data analysis, as they had not been correctly completed (several answers were missing or some pages were incomplete). This left a total of 1,611 questionnaires (1,599 in French and 12 in Dutch), i.e. 98% of the completed questionnaires, and this was used as a database for the statistical analysis assisted by SPSS software version 18.0 (SPSS Inc, Chicago, Ill, USA). However, a minimum amount of data was missing as some volunteers did not respond systematically to all the questions.

Observed data were compared in univariate way by chi-square test and in multivariate way by logistic regression with backward selection of variables by Wald test. All statistical tests are two-tailed. Approval from the local ethics committee was obtained. The data collec-

ted in the course of the investigation remained strictly confidential as far as the employer was concerned.

Results

Demographics

The sample of subjects taking part in the study involved 1,035 men and 576 women (64% and 36%, respectively), of an average age of 36 (15 to 67 years). Table I shows the demographic and smoking characteristics of this population. Most questionnaires were collected in the province of Hainaut (61%). Out of 1,611 subjects, 48 lived in France (3%) with 13 not providing their post code. Figure 1 shows a map of Belgium and the number of questionnaires collected per province. Categorisation of "blue-" and "white-collar" workers was carried out, as in the study conducted by Hadgraft et al. (22) and based on the International standard classification of occupations (ISCO) (23). White-collar/administrative (WC) employees are those working in the community and in personal services, clerical and administrative employees, plus those working in sales (n = 453, 28%). Blue-collar (BC) workers are technicians and tradesmen, machinery operators and drivers as well as labourers (n = 1,138, 71%). 20 subjects did not report their profession (1%).

Awareness of assistance available for tobacco addiction

The existence of SCPs seemed to be well known since 84% of smokers responded positively to question 18 and women appear to be more aware of their existence (compared to men, $p = 0.024$). One smoker in three (30%) would be prepared to consult a SCP (question 19). 10% of the smokers taking part appeared to know about refunds for consultations about tobacco. One third of the smokers questioned (34%) would be motivated by reimbursement for consultations. This information appears in table II, showing the results to the last five questions according to gender. Table III specifies the results of logistic regression analysis involving the five last questions. "Learn more about tobacco with a professional" is positively associated with the interest to be supervised and negatively associated with the level of education. "To be willing to consult a SCP" is positively associated with the desire to quit and the

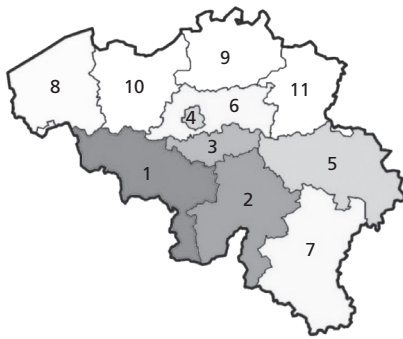


Figure 1. – Belgian provinces classified in decreasing order of participation: 1. Hainaut, n = 987 (61%); 2. Namur, n = 351 (22%); 3. Brabant Wallon, n = 87 (5%); 4. Bruxelles, n = 46 (2.9%); 5. Liège, n = 36 (2%); 6. Brabant Flamand, n = 18 (1%); 7. Luxembourg, n = 17 (1%); 8. Flandre Orientale, n = 7 (0.4%); 9. Anvers, n = 1 (0.06%); 10. Flandre Occidentale, n = 0; 11. Limbourg, n = 0.

Table I: Demographic and smoking characteristics of the population

Characteristics				Population	Men	Women	
Subjects				1,611	1,035 / 64%	576 / 36%	
Mean age (years)				36 (15-66)	35 (15-62)	38 (16-66)	
Categorisation	Group blue-collar	Sectors	Building ¹	321 / 28%	319 / 31%	2 / 1%	
			Other workers ²	553 / 49%	465 / 45%	88 / 15%	
			Housekeeping ³	206 / 18%	6 / 1%	200 / 35%	
			Transport ⁴	58 / 5%	58 / 5%	0 / 0%	
			Total	1,138 / 71%	848 / 82%	290 / 50%	
	Group white-collar	Sectors	Health / Beauty care ⁵	114 / 25%	20 / 2%	94 / 16%	
			Employees ⁶	159 / 35%	78 / 8%	81 / 14%	
			Social ⁷	79 / 18%	26 / 2%	53 / 9%	
			Sale ⁸	36 / 8%	8 / 1%	28 / 5%	
			Food ⁹	65 / 14%	41 / 4%	24 / 4%	
			Total	453 / 28 %	173 / 17%	280 / 49%	
	Unknown				20 / 1%	14 / 1%	6 / 1%
	Studies	Primary school			5%	61 / 6%	21 / 4%
Secondary school			55%	550 / 53%	334 / 58%		
Higher education			18%	148 / 14%	146 / 25%		
Apprenticeship			18%	241 / 23%	53 / 9%		
University			2%	14 / 1%	10 / 2%		
Not communicated			2%	21 / 2%	12 / 2%		
Number of cigarettes smoked by day				15 (1-70)	16 (1-70)	14 (1-60)	
Time to first cigarette	Cut-off (30 min)	< 30	749 / 46%	472 / 46%	277 / 48%		
		≥ 30	814 / 51%	538 / 52%	276 / 48%		
		Not communicated	48 / 3%	25 / 2%	23 / 4%		

¹ Masons, roofers, electricians, carpenters, painters, tilers, fixers, labourers, apprentices...

² Workers, versatile workers, skilled labourer, production workers, mechanics, fitters, welders, turners, coachbuilders, apprentices...

³ Housekeepers, chamber maids, cleaners...

⁴ Buses drivers, taxis, deliverers...

⁵ Assistant nurses, dental / pharmacists assistants, doctors, nurses, hairdressers, beautician, apprentices...

⁶ Administrative employees, coordinators, secretaries...

⁷ Specialized educators, educators, social assistants, teachers...

⁸ Traders, sellers, apprentices...

⁹ Cooks, bakers, bartenders, kitchen aids...

Table II: Results on the awareness of the existence of smoking cessation practitioner (SCP)

Questions	Men (n = 1,035)			Women (n = 576)		
	Yes	No	I don't know	Yes	No	I don't know
Do you think you could learn more about tobacco with a professional?	416 / 40%	403 / 39%	219 / 21%	186 / 32%	258 / 45%	132 / 23%
Did you know there are SCP?	851 / 82%	110 / 11%	74 / 7%	508 / 88%	43 / 8%	24 / 4%
Would you be willing to consult a SCP?	310 / 30%	473 / 46%	252 / 24%	176 / 30%	240 / 42%	160 / 28%
Do you know if SCP consultations are reimbursed?	98 / 9%	431 / 42%	506 / 49%	71 / 12%	258 / 45%	247 / 43%
If they were reimbursed, this will motivate you to consult?	328 / 32%	455 / 44%	251 / 24%	213 / 37%	227 / 39%	136 / 24%

Table III: Estimated coefficients \pm standard errors of significant covariates in logistic regression between various factors and main questions

Factors	Do you think you could learn more about tobacco with a professional?	Did you know there are SCP?	Would you be willing to consult a SCP?	Do you know if SCP consultations are reimbursed?	If they were reimbursed, this will motivate you to consult?
Female Gender	NS	0.857 \pm 0.364 p = 0.018	NS	NS	NS
Age	NS	NS	NS	0.036 \pm 0.013 p = 0.005	NS
Maternal smoking	NS	NS	NS	NS	-0.496 \pm 0.226 p = 0.028
High level of education	-0.544 \pm 0.256 p = 0.033	NS	NS	0.782 \pm 0.315 p = 0.013	NS
TTFC > 30 min	NS	NS	NS	NS	-0.460 \pm 0.225 p = 0.041
Pleasure to smoke (Q 9)	NS	NS	-0.580 \pm 0.271 p = 0.033	NS	-0.570 \pm 0.232 p = 0.014
Desire to quit	NS	NS	1.042 \pm 0.378 p = 0.006	NS	0.622 \pm 0.306 p = 0.042
Interest to be supervised	2.136 \pm 0.227 p < 0.001	NS	2.930 \pm 0.334 p < 0.001	NS	2.152 \pm 0.225 p < 0.001
Thought of being able to quit alone	NS	NS	NS	1.091 \pm 0.406 p = 0.007	NS

interest to be supervised but negatively associated with the pleasure to smoke. "To know if SCP consultations are reimbursed" is positively associated with the age and the level of education. "If the reimbursement will motivate to consult" is positively associated with the desire to quit and the interest to be supervised but negatively associated with the TTFC and the pleasure to smoke.

Discussion

Epidemiology

As the first author works professionally in Hainaut, the majority of the questionnaires were collected in this province. So, our sample was not representative of the tobacco-using population on a national scale. The number of questionnaires from other provinces reflects the extent to which colleagues participated in this investigation. The total number of workers taken into consideration in order to recruit the smokers was not determined. The man-woman ratio in our sample (0.64-0.36) is relatively similar to that of the working population in Belgium (0.54-0.46) (24). The sex ratio of the working population in Hainaut is 0.52-0.48 (25). The difference associated with the higher participation of male subjects may be due to a larger number of questionnaires circulated within the building sector. Indeed, this sector represents about 55% and 40% of consultations held in mobile centres and CESI centres, respec-

tively. Within this population of smokers, the majority of men formed part of the BC group (building, other workers and transport). Women were split equally between the two groups and represent almost all of the housekeeping sector in BC group. School attendance was exactly the same in both sexes. However, men were more likely to have followed an apprenticeship whereas more women had gone to university.

Smoking and awareness of assistance available

In our population, 77% of smokers wanted to stop and 71% had tried although only 28% had used any particular methods of stopping. In the United States (US), 70% of adult smokers are interested in quitting and 40% of smokers attempt to quit each year (26). Burris et al. (2013) stated that in the US under a third of smokers use the method of assistance to stop smoking (27). Stopping on its own, without any assistance, was the most common method in about 60% of the smokers questioned. Over 40% of them did not think they needed a professional in order to stop and 51% thought they could manage on their own. Lots of smokers did not perceive assistance with stopping smoking as being effective, and this was also reflected in a Polish study on a sample of 618 active and former smokers (28). However, the level of unassisted success is evaluated as being between 3 and 5% in the long term (after 12 months) (28, 29) whereas professional assistance was able to

obtain long term success, of up to 40% depending on the treatment (28, 30, 31).

It is interesting to note that ambivalence about whether or not smokers found cigarettes pleasant affected a significant proportion of users, amounting to almost one third of cases. Depending on the stages of the process of stopping smoking, ambivalence was displayed by 20 to 40% of smokers (32). Uncertainty also affected almost 30% of smokers in relation to questions 15 and 16 ("Do you think that a professional is useful to stop smoking?" and "Do you think to be able to stop smoking alone?"). These are the subjects who need to be targeted and motivated. Whereas 41% of participants do not think they need to learn any more about tobacco, 37% replied that they did. Amongst these respondents, there is a significant link with a low standard of education and more interest in being followed (table III). Motivational interviewing (MI) relates directly to ambivalent smokers and increases their chances of stopping smoking (33).

Over 80% of smokers indicated that they were conscious of the existence of SCPs with women being significantly more aware of this than men (table III), although we were not able to explain this. Only 30% of smokers would be prepared to consult SCPs and those who were most willing to do so were those who seemed more prepared to stop (lack of enjoyment, greater wish to stop and finding follow-up useful). We were surprised by the fact that the reimbursement was only known to 10% of the participants and only motivated just over 40% of the smokers questioned, with no great differences between men and women for these two questions (tables II and III). Awareness of reimbursement is significantly linked to an older age and more advanced education. This reimbursement seems to have a positive influence on those with the most motivation for stopping (as for question 19) but also smokers with a shorter TTFC, possibly because they are more aware of the fact that their addiction is more serious.

Smokers seemed to know very little about the advantages and efficacy of being personally monitored by a professional. The Polish investigation conducted by Sieminska et al. (28) revealed evidence of aspects which hampered the possibility of professionals helping a smoker, such as lack of knowledge, time constraints and the smoking behaviours of doctors. This study also showed that health was the most important reason for quitting. However, smokers did not feel much benefit after they

stopped and so they relapsed. Paradoxically, the cost of smoking is the least important reason for stopping.

Although reimbursement motivates those who seem to be most prepared to stop, generally speaking, in our population, reimbursement does not seem to be very effective. This is in contrast with the last review of Cahill et al. (34), where it appears that incentives boost cessation rates. In his conclusion, the Polish team proposes investigating the reasons why former smokers stopped smoking in more depth. Nevertheless, insurance cover for assistance with quitting smoking was able to increase the number of attempts at stoppage, increased the use of treatments for stopping smoking and increases the level of self-restraint according to advice from the French National Authority for Health (29).

According to the recommendations for giving up smoking in New Zealand (35), brief information should be given to all smokers, and this is known as Brief counselling (BC). This encourages less dependent smokers to attempt to give up smoking, with up to 6% quitting spontaneously after 12 months (32, 36). In the most dependent smokers, information must be followed by the recommendation to use a therapy, and they must then be referred to a service for assistance in quitting smoking.

Nevertheless, it seems that only 5% of Belgian general practitioners systematically suggest that their smoker patients give up smoking (37). A study shows that one third of US doctors do not ask their patients whether or not they smoke (38). Several studies show that doctors have insufficient training and time to advise their patients and point to non-existent or limited training in the course of medical studies (38-40). Different methods could increase the ability of professionals to manage the process of stopping smoking, such as e-learning modules, group discussions, role play and simulation (40). We should be aware that anti-tobacco messages have a cumulative effect if they are repeated (36) and smokers may have to make several attempts before being successful (28, 36). So they must receive regular encouragement about quitting.

In occupational medicine

Workplace information programmes and workplace smoking cessation programmes are good initiatives to encourage people to quit smoking. Some recent studies confirm that individual or group counselling in com-

panies is more likely to lead to quitting smoking. (41, 42). Employers gain significantly from this. In fact, an American study estimated the additional annual cost for an employer of a worker who smokes (compared with a non-smoker) at around 4,600 € (43). However, only a few employers offer this opportunity to their workers. As long ago as 1997, a Belgian study pointed out that workplace programmes are more difficult to implement in small companies. Employers are faced with economic problems and resistance from smokers, especially among BC workers (44). It is generally well-known that BC workers are more likely to smoke than WC workers. However, smoking rates differ by country and regions. A Canadian study (45) found that levels of smoking were 18% and 37%, respectively, among WC and BC workers. An Italian study (46), found a rate of 36% in WC and 47% in industrial employees in the Campania region. The rates were 51% and 46% respectively for BC and WC in four Greek companies (47), whereas a US national survey (48) revealed rates of 46% for BC versus 33% for WC.

Our survey shows that we need to make smokers more aware of the problems caused by smoking and the benefits of stopping, the various ways of stopping, the existence of SCPs (listed on the Tabac-Stop website) and the existence of the partial reimbursement of consultations with the SCP. We consider that the role of SCPs in helping people to quit smoking and the advantages of consulting them need to be explained in more detail. This information should be circulated more successfully with the help of other health professionals. More emphasis could be placed on informing smokers about reimbursement and the level of information amongst smokers could be improved. Finally, SCPs should be involved in all of the interventions capable of helping a smoker quit, notably in workplace information or smoking cessation programmes. ■

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Authors' contributions. – CM was involved in searching through literature, producing the figures, data collection and interpretation, and drafting the manuscript. JJ was involved in data analysis and interpretation, and in drafting the manuscript. All the authors read and approved the final manuscript.

Conflicting interests. – The authors declare that they have no conflicting interests.

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