Public health plan to reduce deaths from tobacco use

Health-related behaviors are affected by and affect multiple levels of influence; intrapersonal or individual factors, interpersonal factors, institutional or organizational factors, community factors, and public policy factors. (Mary – Jane Schneider, 2011).

The first level of influence

Intrapersonal or Individual factors such as knowledge, attitudes, beliefs and personality influence tobacco use. Individual-level interventions involve one-to-one interactions between a patient and a health care provider, often within a clinical environment (clinician’s office or clinic), providing clinical preventive services like counselling. Health promotion messages—through mass media, peer education, and other interventions translates readily to overt behavior, necessary to overcome habitual unhealthy behaviors such as smoking. It also factors in an individual’s sense of self-efficacy or confidence in one’s ability to make the desired change. (Irwin M. Rosenstock et al., 1988).

The second level of influence

Interpersonal factors include family, friends, peers and co-workers who provide social identity, support and define roles. Families are the building blocks of the society, in early life several habits are learned from the family. A child is likely to smoke if raised in a family where either or both parents smoke. Peer pressure is also vital, teenagers evolving into youths and then adults tend to identify with their peers. Health education classes, debates at school clubs are ways of discouraging tobacco use.

The third level of influence

Institutional factors
Institutions such as schools, healthcare facilities, workplaces, sporting, places of worship, non-governmental organizations, public and private agencies and other group environments can all be involved in health communication to promote tobacco use cessation. Communications to public and private agencies and non-governmental organizations will increase their awareness of and participation in tobacco control programs including the development and implementation of inter-sectoral programs and strategies.

One to one interactions occur in institutions hence, workplace health program, tobacco quit lines, educational and skill building programs, workplace competitions, rules, regulations and policies can be set up in institutions to promote recommended behaviors.

School-based tobacco prevention programs which inculcate tobacco health prevention messages and education initiatives should be delivered repeatedly and taken seriously. It should also be promoted powerfully.

**Worksite health promotion programs;** smoke-free regulations, worksite incentive programs, worksite cessation interventions (e.g., group and individual counselling, nicotine replacement therapy) are effective in helping employees quit tobacco use, as are smoke-free regulations. Worksite incentive programs and competitions to increase cessation are also effective when combined with the above interventions. (Cahill K, Moher M, Lancaster , 2008)

The fourth level of influence

Community factors which include social networks and norms or standards that exist formally or informally among individuals, groups, religious groups, social network and organizations regarding tobacco smoking. Public awareness campaigns, community based education and trainings programs, school based and work place health promotion are modes of community-level interventions which influence living and working conditions.
These interventions target groups and systems that have a common interest including health or service agencies, organizations, workplaces, schools, health care or public health practitioners, or policy makers. Training and awareness programs on tobacco control should be targeted to health workers, community workers, social workers, media professionals, educators, decision-makers, and administrators.

The fifth level of influence

Effective public policies should be aimed at reducing tobacco use, reduce the demand for and restrict the supply of tobacco products, as well as to protect the public against harmful exposure to second-hand smoke.

• Raising excise taxes on tobacco will result in increase in price of tobacco products and raise government’s revenue. This will be effective in reducing tobacco use in children, youths, adolescents and adults, reducing tobacco consumption and increasing tobacco cessation. A fraction of the revenues should be dedicated to reducing tobacco use.

• Regulating exposure to environmental tobacco smoke, smoking bans and restrictions of tobacco use in indoor workplaces, public transportation, public indoor spaces and other public places will be effective in reducing exposure to environmental tobacco smoke. Establishing Smoke-Free Workplaces and Public Spaces will protect non-smokers from toxic effects of tobacco smoke and reduce use by smokers.

• Regulating the contents of tobacco products, policies that require manufacturers and importers of tobacco products to disclose information about the toxic contents and harmful emissions of tobacco products to governmental authorities and the public are effective in reducing the demand for tobacco products.
• Regulating packaging and labelling, policies requiring that each pack and carton of tobacco products and any outside packaging and labelling carry health warnings on the harmful effects of tobacco use and toxic emissions of tobacco products can be effective in reducing demand for tobacco products.

• Banning tobacco advertising, promotion, and sponsorship, a comprehensive ban on advertising, promotion, and sponsorship of tobacco products will reduce tobacco consumption.

• Prohibiting tobacco sales to minors combined with active enforcement of retailer sales laws will be effective in reducing the accessibility of tobacco products to minors and prohibiting the manufacture and sale of tobacco-related sweets, snacks, toys or any other tobacco products targeted to minors. The enforcement of youth access laws will not achieve its full potential impact until merchant compliance rates are high.

• Regulating physical access to tobacco products, banning the sale of tobacco products in any manner that makes them directly accessible, such as on store shelves, and adopting a total ban on vending machine sales will reduce access to tobacco products.

• Eliminating all forms of illicit trade of tobacco products will be an effective component of tobacco control and reducing access to tobacco products. (US CDC, department of health and human services, Feb 2009)

From Public Health Perspective, Health Promotion and Prevention of Tobacco use can also be achieved through the 3 tiers of Health Prevention.

- Primary Prevention

- Secondary Prevention

- Tertiary Prevention
Primary Prevention aims at decreasing tobacco use and preventing youths from taking up the habit of smoking. Health professionals should be trained to screen advice and support patients. Practice-based systems should exist for tracking smoking status; office-based written materials for smokers to take home should be available. These programs are cessation programs and should be covered by health plans and reimbursement for treatments by payers. The World Health Organization in collaboration with the United States Centre for Disease Control identifies 6 strategies for primary prevention of tobacco use “monitor tobacco use and prevention policies, protect people from tobacco smoke, offer help to quit tobacco use, warn about the dangers of tobacco, raise taxes on tobacco and enforce bans on tobacco advertising, promotion”.

Primary prevention also involves;

- Eliminating exposure to second hand smoke
- Promoting quitting among adults and youth
- Preventing initiation among youth

Counter advertising and education initiatives.

It has been reported that, enforcing laws against sales of tobacco to minors can reduce tobacco consumption (Fiore M.C., Bailey W.C., Cohen S.J., et al, 1996). Media campaigns that reinforce non smoking norms enhance motivation to quit, reduce tobacco use among those who continue to smoke, and prevent relapse. Access to effective treatment programs should be improved. At a primary health care provider’s facility systematic reviews including routine, repeated questions on tobacco use, advice and support should be offered annually as a measure to increase smoking cessation rates. This should be documented (Fiore MC, Jaén CR, Baker TB, et al, 2008).
Healthcare Provider reminder systems (e.g., chart stickers, expanded vital signs checklists, flowcharts, electronic reminders) should be employed to increase rates at which providers deliver advice to quit for patients who use tobacco, providing insurance coverage for or subsidizing the costs of tobacco dependence treatments will be effective in increasing use of treatments and successful quitting (de Beber J, Waverly Brigden L, 2003). Educational materials can be mailed to residents across the state, posters distributed through local groups and advertisements ran in print, radio, and transit markets.

Secondary prevention aims at reducing complications and morbidity associated with tobacco smoking.

Adoption and dissemination of comprehensive, evidence-based clinical practice guidelines on diagnosing and treating tobacco dependence and provision of counselling services and pharmacotherapy to support cessation to healthcare professionals will provide adequate treatment and promote cessation of tobacco use. (Fiore MC, Jaén CR, Baker TB, et al, 2008).

Treatment programs for tobacco dependence should be established to educate tobacco-dependent people about treatment options.

Medical programs should cover and reimburse the costs of the treatments. “Programs that combine behavioral therapies (delivered in group settings or individually, in person or by telephone) with pharmacotherapies have the best results”(Curry S.J., 1997).

Tertiary Prevention involves highly specialized services designed to support individuals with smoking related diseases and ways to improve their quality of life. Tobacco use increases the risk of diseases like cancer, respiratory diseases, cardiovascular diseases, cerebrovascular accidents, infertility and risk of preterm delivery, stillbirth, low birth weight,
sudden infant death syndrome in pregnancy to mention but a few. Hospitals should be fully equipped, health care professionals should be adequately trained to manage these disease conditions.

All of the interventions above have some impact when considered alone, there is a clear added value when they are implemented together, indicating that a truly comprehensive response from all levels of society is necessary in order to achieve the best results in tobacco use prevention and cessation.
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