



Doctors' advice to their patients about smoking: 2000 update

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Abstract

Objective

To monitor trends in the advice given to Victorian patients about smoking by their general practitioners (GPs).

Method

Telephone survey of 2000 randomly sampled Victorians conducted in November 2000.

Results

In 2000, there was no significant change in the proportion of smokers or former smokers reporting that their doctor had given them information or advice to stop smoking compared with data collected in 1998. Between 1990 and 1998 there had been a steady increase in respondents reporting assistance to quit from their GP, so this marked the end of a promising trend.

Conclusions

The opportunity exists to further enhance the role of GPs in the provision of smoking cessation advice. Several projects are now underway involving interventions designed to utilise the unique opportunity which doctors have to provide expert advice about smoking cessation and increase their involvement with smoking patients. They include the development of national best practice guidelines for GPs on smoking cessation, and a project encouraging GPs to use Quitline referral forms for their patients who want to quit smoking.

Introduction

Increasing the role of general practitioners (GPs) in tobacco control offers significant public health benefits. Doctors are extremely well placed to offer advice or counselling to their patients on smoking cessation, or to become involved in at least minimal intervention such as detecting the smoking status of their patients. The majority of adults visit a GP at least once a year (ABS 1993), and people are likely to be more focused on their health (and thus the impact of smoking on their health) when attending a doctor (Ockene & Zapka 1997). Smokers cite doctors as the main source of advice they would utilise when asked how they would seek help to quit (Owen & Davies 1990). In a review of 31 trials including over 26,000 smokers in primary care, hospital wards, outpatient clinics and industrial clinics, even brief advice from doctors during routine care was found to increase the quit rate, while a slightly greater effect was observed with more intensive advice (Lancaster et al. 2000).

A simple intervention strategy for GPs introduced by Quit Victoria in 1991 involved GPs identifying patients who smoked, advising them to quit, and giving them a copy of the Quit book. Quit has continued to send cessation resources and information about campaigns regularly to GPs since then, and has encouraged them to order resources and to be involved in campaigns such as World No Tobacco Day. Such activity was associated with a significant increase in the proportion of Victorian smokers reporting that their GP had provided them with help or information to stop smoking between 1990 and 1996 (Mullins, Livingston & Borland 1999).

While the activities of the National Tobacco Campaign replaced some mail-outs (for information regarding this campaign see Hassard 2000), Quit still encourages GPs to order resources and to be involved in campaigns, and they receive orders from GPs every year for the latest information. Some practices order fresh stocks of display Quit materials periodically. In 2000 and 2001 there were mail-outs related to World No Tobacco Day (May 31), the New Year Campaign 2000/2001, and the launch of the 'Parents' campaign in August 2001. In May and June 2000, two new National Tobacco Campaign television advertisements (continuing the theme 'Every cigarette is doing you damage') were launched ('Tar' and 'Eye'). In 2001, these advertisements and the 'Call for help' advertisement were also shown on television around World No Tobacco Day. The mail-outs associated with such campaigns provide information about the theme of the campaign, suggest ideas about patients' potential responses, and offer a standard display kit or purpose-built order form. Quit receives orders from GPs every year for the latest *Quit Because You Can* booklet, and for information about various campaigns. Doctors

spontaneously ordered about 4619 Quit books in 2000, and 7803 books in 2001, and a further 2000 Quit books were sent for campaigns in 2000/2001 in response to an offer of a display kit.

Since 1990, the population surveys commissioned by the Centre for Behavioural Research in Cancer have included questions asking patients about advice given to them by their GPs about smoking. The 1998 update indicated that promising trends in advice given by doctors to smokers had continued (Letcher & Mullins 2000). Patients' reports suggested that doctors were increasing their involvement with patients who were smokers and were more likely than in previous years to offer smoking cessation information or provide help to smokers, rather than simply advising them to stop smoking.

This report presents the findings from the 2000 survey and compares these data with the types and levels of advice provided in previous years to current and former smokers by their doctors.

Method

The annual population surveys are commissioned from a large market research company which interviews a representative sample of 2000 Victorians by telephone each year. The questions, designed by the Centre for Behavioural Research in Cancer, are asked in an eight-minute interview conducted on weekends and weeknights during November.

Readers should be aware of some method changes if making comparisons with previous years. Since 1998, annual surveys have been conducted by telephone rather than the face-to-face method used in previous years, and since 1997 the standard tobacco use question (AIHW 1999) has been used rather than the self-definition question that was used in previous years.

Statistical analysis

A comparison of the sample socio-demographic characteristics with the Australian Bureau of Statistics estimates of the Victorian population (ABS 2000) revealed that women and older people were over-represented in the 2000 sample. To adjust for this, in this paper, data from each year of the survey were weighted by age and sex according to the population census data for the Victorian population in the year 2000, as trend data from 1990 to 2000 is being considered. This procedure has not been conducted in analyses reported in previous *Quit Evaluation Studies*.

In this paper, details of statistical tests of significance are not usually included in the text. Where relationships between variables are reported, the probability level of significance was less than 0.05, indicating a less than 1 in 20 probability that the effect was caused by chance, and where appropriate, measures of association are reported.

In this volume, smoking status is reported using standard questions for tobacco use (AIHW 1999) and has been categorised into four groups: regular smoker, irregular smoker, former smoker and never-smoker. Regular smokers are defined as those who report smoking daily or at least weekly, irregular smokers are those who report smoking less than weekly, former smokers include those who have smoked at least 100 cigarettes in their lifetime, and never-smoker includes those who report not smoking at all and those who have not smoked 100 or more cigarettes in their lifetime.

There are some differences in the way in which questions relating to doctors' advice concerning smoking have been asked over the years. In 1990, the specific questions on what a doctor may have said to a patient about smoking were asked only of smokers. In 1992, 1994, 1996 and 1998, as with the current survey, respondents who had quit smoking were asked about the advice their doctors had given them about smoking. The response categories were the same as those used for current smokers. However, the 1992, 1994 and 1996 household surveys included an additional category allowing former smokers to indicate if the doctor had advised them to quit before or after they had done so. The 1998 and 2000 telephone surveys included these questions but did not ask former smokers whether the doctor's advice came before or after they quit.

Definition of former smoker

Comparisons for former smokers between 1998 and 2000 are made for those who reported having smoked daily and having smoked more than 100 cigarettes in the past. This is to ensure that comparisons between years are between equivalent groups and therefore valid, as in 1998 those who reported having smoked at least 100 cigarettes in their lifetime, but did not report they had smoked daily in the past, were asked only whether their doctor had ever asked them if they smoked. In surveys prior to 1998 the definition of ex-smoker was based on self-description (respondents reported they 'used to smoke but do not smoke now') and respondents were not asked if they had smoked more than 100 cigarettes in their lifetime.

Sample

In 2000, telephone interviews were conducted across Victoria with 2000 men and women aged 18 years and over.

All respondents were asked: ‘Has your doctor ever asked if you smoke?’ Smokers and former smokers (100+ cigarettes) were also asked a further seven questions:

‘Has your doctor ever:

- given you advice to stop smoking?’
- given you information or help to stop smoking?’
- advised you to cut down on your smoking?’
- advised you to keep smoking?’
- advised you to contact the Quit campaign for help?’
- advised you to go to a stop smoking course?’
- talked to you about nicotine replacement therapy, such as gum, patches or inhaler?’

Respondents could respond in the affirmative to as many of these questions as appropriate. Mutually exclusive categories were then created by developing a hierarchy of responses, depending on how desirable the doctor’s behaviour had been with regard to discouraging the respondent’s smoking behaviour. The hierarchy comprised: given information or help to stop smoking, advised to stop smoking, advised to cut down, asked if smoked but given no advice or help to stop, nothing said (not asked if smoked), and advised to keep smoking. Thus, if respondents had been advised to stop smoking, and had also been given help to achieve this, they were classified as having been given information or help.

As in previous years (Letcher & Mullins 2000), a small proportion of people (1%; $n=11$) reported that their doctor had advised them to keep smoking. These respondents were excluded from the analysis due to small cell size.

There has been some change in the numbers of smokers and former smokers reported in the trend tables compared with previous *Quit Evaluation Studies*. This is due to the weighting of the data to 2000 census data, as well as some changes to the coding used to create the hierarchy compared with previous years, in order to correct some discrepancies in creating mutually exclusive categories. The coding changes did not make a difference to the overall results from previous years.

Results

In 2000, 72% ($n=1438$) of respondents reported that their doctor had asked if they smoked. This compares with 74% in 1998.

Advice to current smokers

In 2000, there was little change in the level or kinds of advice respondents reported being given by their doctors compared with 1998, while some substantial changes can be seen between 1990 and 1998 (Table 1). While there was a significant increase in the proportion of respondents reporting that their doctor had given them information or help to stop smoking between 1996 (21%) and 1998 (37%), this decreased, but not significantly, to 34% in 2000. There was also a non-significant decrease in the proportion reporting their doctor had advised them to stop smoking, from 28% in 1998 to 23% in 2000. One-quarter of smokers reported that they had only been asked if they smoked, and 8% had been advised to cut down. There was little change in the proportion of smokers reporting their doctor had said nothing about smoking.

Table 1 Doctors' advice to smokers about smoking, 1990 to 2000

Doctors' advice	1990 ($n=589$) % (95% CI)	1992 ($n=564$) % (95% CI)	1994 ($n=586$) % (95% CI)	1996 ($n=538$) % (95% CI)	1998 ($n=402$) % (95% CI)	2000 ($n=380$) % (95% CI)
Information or help to stop	11 (8.8-13.9)	13 (10.0-15.5)	18 (14.8-21.0)	21 (17.4-24.2)	37 (32.1-41.5)	34 (28.9-38.4)
Advised to stop smoking	35 (31.0-38.7)	38 (33.6-41.6)	37 (33.5-41.3)	35 (31.1-39.2)	28 (23.7-32.5)	23 (19.2-27.7)
Advised to cut down	12 (9.3-14.5)	10 (7.8-12.8)	11 (8.7-13.8)	9 (6.8-11.7)	5 (2.7-6.8)	8 (5.0-10.3)
Asked if smoked/ no advice given	22 (18.4-25.1)	22 (18.4-25.2)	16 (12.8-18.6)	19 (15.8-22.5)	21 (17.4-25.4)	25 (20.9-29.6)
Nothing said	20 (16.8-23.3)	18 (14.4-20.7)	18 (14.7-20.8)	16 (12.5-18.7)	9 (6.0-11.5)	10 (7.0-13.0)

Advice to former smokers

Table 2 reports the percentages of former smokers reporting what, if anything, their doctors had said to them about smoking. Between 1998 and 2000, there was no change in the type or level of advice provided. This follows a significant increase in the proportion of former smokers in 1998 reporting

they had been given information or help to stop. In 2000, this was reported by 19% of former smokers, the same proportion reporting they had been advised to stop smoking. As in 1998, most (41%) had only been asked if they smoked, while 18% reported that nothing had been said to them by their doctor.

Table 2 *Doctors' advice to former smokers (aged 18 years and over) about smoking, 1994 to 2000*

Doctors' advice	1994 (n=605) % (95% CI)	1996 (n=571) % (95% CI)	1998 (n=418) % (95% CI)	2000 (n=501) % (95% CI)
Information or help to stop	5 (3.2–6.7)	7 (4.8–8.9)	17 (13.2–20.3)	19 (15.2–22.0)
Advised to stop smoking	24 (20.4–27.2)	24 (20.3–27.3)	23 (19.2–27.3)	19 (15.2–22.0)
Advised to cut down	2 (1.2–3.7)	4 (2.7–6.1)	2 (0.9–3.9)	4 (2.3–5.7)
Asked if smoked/no advice given	21 (17.6–24.1)	21 (17.5–24.2)	42 (37.6–47.1)	41 (36.8–45.4)
Nothing said	48 (44.0–51.9)	44 (40.1–48.2)	15 (11.9–18.8)	18 (14.2–20.9)

Discussion

The latest results show little change in reported advice provided to smokers and former smokers by GPs between 1998 and 2000. It is disappointing that while the majority of smokers reported being provided with information or help to stop by their doctor, there were still almost one-quarter who had only been asked if they smoked, and 10% who recalled that their doctor had said nothing to them regarding smoking. As GPs can have a substantial impact on the smoking behaviour of their patients, the opportunity exists to enhance the role of GPs in the provision of smoking cessation advice even further.

While brief intervention may be more practical for GPs than the provision of more extensive support to patients attempting to quit smoking, the results suggest that it may be time to focus on more than minimal intervention. Previous findings related to quit attempts and doctors' advice about smoking suggest that advice must be broad, and stronger than a recommendation to cut down consumption (Mullins & Borland 1993), as such advice may suggest to smokers that they may do this in lieu of giving up completely.

As there are many reasons why doctors may not detect smokers or raise the issue of smoking with their patients, the challenge is to develop strategies that are both practical for GPs and effective in encouraging a greater number of smokers to quit. Several projects are now underway involving interventions designed to utilise the unique opportunity which doctors have to provide expert advice about smoking cessation and increase their involvement with smoking patients. For example, Quit and the VicHealth Centre for Tobacco Control are part of the consortium conducting the Commonwealth Department of Health and Ageing's 'Australian Best Practice Guidelines in Smoking Cessation for General Practitioners and Supporting Resource Material' project in 2002/2003. The project aims to develop Australian best practice guidelines in smoking cessation for GPs, and to assist with effective delivery of guidelines and supporting material in general practice settings. Guidelines are expected to be finalised in 2003.

Another project started in 2002 involves Quit and the Melbourne Division of General Practice working together to offer training sessions and visits to medical centres by a Quitline adviser. The project aims to provide information for GPs on brief smoking cessation interventions, as well as the Quitline and services provided by the Quit program to assist GPs. This follows a pilot study conducted in 1999 comparing active and passive referral to the Quitline by practitioners, combining telephone counselling intervention (including the call-back service) and brief interventions by GPs. Results suggest a high level of acceptability of the intervention among GPs involved (Trish Livingston 2001, pers. comm., May). In the current project, GPs are encouraged to use Quitline referral forms for their patients who want to quit smoking. Quitline advisers contact the patients referred and, with patient consent, provide GPs with feedback on patients' progress with quitting.

Such projects serve to highlight to doctors the significance of their role in encouraging cessation with their patients, as even minimal intervention by doctors may have a significant public health benefit.

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