Views of Ontarians About Health Professionals' Smoking Cessation Advice

Joan M. Brewster, PhD

J. Charles Victor, MSc

Mary Jane Ashley, MD

ABSTRACT

Background: Health professionals have important roles in helping smokers quit. However, it is not known how the public, especially smokers, view smoking cessation advice from different health professionals.

Methods: We added questions regarding opinions and experiences with health professionals' smoking cessation advice to the 2002 CAMH Monitor, an annual random-digit-dialled survey of adult Ontarians. We report on how good a source of advice physicians, pharmacists, and dentists are perceived to be, how likely smokers are to consult each of these professionals, who smokers would ask for advice on the use of NRT, and advice received by smokers in the past year.

Results: About two thirds of respondents viewed physicians as a very good source of advice on quitting, compared to just over one third and about one quarter who thought this of pharmacists and dentists, respectively. Over half of current smokers would be very likely to ask a physician for quit advice, compared to about 20% and only 3% for a pharmacist or a dentist, respectively. Among smokers, over 40% would first ask a physician for advice on NRT; about 20% would first ask a pharmacist. About 42% and 8% of current smokers reported that they received advice in the past year from a physician and pharmacist, respectively.

Interpretation: Smokers are receptive to quit advice from physicians, but less likely to ask other health professionals. Few smokers received advice from pharmacists and dentists. Increasing the reach of quit advice requires both increased professional intervention and education of the public.

MeSH terms: Health personnel; smoking cessation; patient education

La traduction du résumé se trouve à la fin de l'article.

Ontario Tobacco Research Unit, Department of Public Health Sciences, University of Toronto, Toronto, ON

Correspondence and reprint requests: Dr. Joan M. Brewster, Scientist, Ontario Tobacco Research Unit, 33 Russell Street, Toronto, ON M5S 2S1, Tel: 416-535-8501, ext. 6510, Fax: 416-595-6068, E-mail: joan_brewster@camh.net

Acknowledgements: This project was funded by the National Cancer Institute of Canada (grant number 012161). Preparation of the proposal was funded by the National Cancer Institute of Canada, Canadian Tobacco Research Initiative (planning grant 010631). Data collection was carried out by the Institute for Social Research, York University, Toronto, Canada. We thank David Northrup, Ed Adlaf, Claudine Laurier, Roberta Ferrence, Joanna Cohen, and Rachel Dioso for advice, support, and contributions to the study.

A central role for physicians and dentists in smoking cessation has long been recognized.^{1,2} Now that nicotine replacement therapy (NRT) is available without prescription in Canada, pharmacists also have a central and independent role to play in advising patients about quitting smoking. In Canada, the professional associations of medicine, dentistry, pharmacy and six other health professions issued a joint statement in 2001 on the roles of health professionals in smoking cessation.³ Educational initiatives are underway at the national,⁴ provincial,⁵ and university^{6,7} levels to prepare health professionals to help with smoking cessation. It has been shown that advice from a health professional clearly increases smokers' chances of quitting.⁸

In contrast, little is known about how members of the public, especially smokers, perceive smoking cessation advice from professionals. Most related surveys have been conducted in selected patient populations.⁹⁻¹³ Although one Australian survey found that 85% of community respondents would appreciate their general practitioner asking about smoking,¹⁴ no general population survey has asked respondents about their views of smoking cessation advice from different health professionals, nor have smokers been asked how likely they are to seek such advice.

We used the CAMH (Centre for Addiction & Mental Health) Monitor¹⁵ survey to study Ontarians' views about how good a source of advice on quitting physicians, pharmacists and dentists would be, and smokers' assessments of how likely they are to seek help from each, as well as the frequency of receiving quit advice and advice regarding NRT. The findings will help to inform the development of tobacco control initiatives regarding smoking cessation.

METHOD

Survey

The CAMH Monitor survey is fully described elsewhere.¹⁵ In brief, the CAMH Monitor is an annual regionally stratified random-digit-dialled survey of Ontario residents aged 18 and older. Respondents are asked questions about tobacco, alcohol, and other drugs, gambling, mental health issues, and topics related to public policy. We purchased questions on the 2002 sur-

TABLE I

When It Comes to Advice About How to Quit Smoking, How Good a Source of Advice is Each Profession? (all respondents)

	Physicians (% , 95% CI†)					Pharmacists (% , 95% CI)					Dentists (% , 95% CI)				
	Very Good	Some-what Good	Not Very Good	N	p-value	Very Good	Some-what Good	Not Very Good	N	p-value	Very Good	Some-what Good	Not Very Good	N	p-value
Total	65.9% ± 2.3	28.3% ± 2.1	5.8% ± 1.1	2263	—	36.8% ± 2.3	45.2% ± 2.4	17.9% ± 1.9	2221	—	23.6% ± 2.1	42.2% ± 2.4	34.2% ± 2.2	2178	—
Age															
18-34	63.2 ± 4.2	33.2 ± 4.2	3.6* ± 1.5	648	0.007	33.1 ± 4.1	48.6 ± 4.4	18.3 ± 3.5	646	0.007	16.2 ± 3.4	49.1 ± 4.5	34.8 ± 4.2	634	0.0001
35-54	67.0 ± 2.5	26.5 ± 3.3	6.5 ± 1.5	930		36.1 ± 3.5	46.2 ± 3.6	17.7 ± 2.9	921		23.9 ± 3.0	40.6 ± 3.6	35.4 ± 3.5	906	
55+	67.7 ± 4.1	25.5 ± 3.8	6.9 ± 2.2	635		43.9 ± 4.5	38.5 ± 4.4	17.5 ± 3.4	607		31.6 ± 4.3	37.2 ± 4.5	31.2 ± 4.3	589	
Gender															
F	67.5 ± 3.0	28.2 ± 2.9	4.4 ± 1.3	1228	0.028	40.4 ± 3.2	45.1 ± 3.2	14.4 ± 2.4	1209	0.0001	24.0 ± 2.7	45.5 ± 3.3	30.5 ± 3.0	1182	0.003
M	64.2 ± 3.3	28.5 ± 3.2	7.3 ± 1.8	1035		33.1 ± 3.2	45.3 ± 3.5	21.6 ± 3.0	1012		23.3 ± 3.0	38.7 ± 3.4	38.0 ± 3.5	996	
Smoking status															
Current	61.5 ± 4.6	30.6 ± 4.4	7.8 ± 2.4	567	0.029	32.3 ± 4.5	42.0 ± 4.8	25.7 ± 4.3	554	0.0001	18.7 ± 3.8	39.9 ± 4.9	41.5 ± 4.7	543	0.0004
Former	64.7 ± 4.1	28.6 ± 3.9	6.7 ± 2.1	645		37.1 ± 4.2	43.2 ± 4.3	19.7 ± 3.7	620		23.4 ± 3.7	40.4 ± 4.3	36.2 ± 4.2	614	
Never	68.7 ± 3.3	27.1 ± 3.2	4.3* ± 1.5	1051		38.9 ± 3.3	47.8 ± 3.5	13.3 ± 2.5	1047		26.1 ± 3.1	44.3 ± 3.5	29.6 ± 3.2	1021	

* Interpret with caution, moderate levels of error associated with estimate—Coefficient of Variation between 16.6% and 33.3%.

† 95% Confidence Interval.

vey to ask about opinions and experiences with health professionals' (pharmacists, physicians and dentists) advice in relation to smoking cessation. Questions used in 2002 are available from CAMH.¹⁶ The CAMH Monitor is reviewed by the CAMH ethical review process.

Data analysis

Data analyses were conducted using SAS 9.1. Estimates were weighted to account for the complex survey design. Chi-square tests were performed to assess the associations between perceptions of how good a source of advice on quitting were physicians, pharmacists and dentists, and how likely smokers would be to ask each profession for advice, and respondents' demographic characteristics. In addition, we described whether smokers received advice from physicians or pharmacists and what advice was received.

RESULTS

Respondents

A total of 2,421 responses were received, giving an overall corrected response rate of 58% after exclusion of ineligible telephone numbers. Data were weighted by region and household size to allow for the differing probabilities of becoming a respondent.

Smoking status

Approximately half (49.9%) of respondents reported that they never smoked, 27.3% were former smokers (smoked at least 100 cigarettes in their lifetime but none within the past 30 days), and 22.8% reported current smoking (smoking daily or occasionally, smoked at least 100 cigarettes in their lifetime and smoked at least 1 cigarette in the past 30 days).

Health professionals as a source of advice on quitting

About two thirds of all respondents thought that physicians would be a very good source of advice on quitting, compared to just over one third and about one quarter who thought this of pharmacists and dentists, respectively (Table I). Only about 6% indicated that physicians would not be a very good source of quit advice; the corresponding percentages for pharmacists and dentists were 18% and 34%, respectively. Perception of each professional as a very good source of quit advice increased with age. Female respondents were more likely than males to report that physicians and pharmacists would be a very good source of advice on quitting and less likely to report that dentists would be a not very good source of advice. Current smokers were less likely than never smokers to see all three professions as very good sources of quit advice.

Current smokers, who would they ask for advice?

Just over half of current smokers reported that they would be very likely to ask a physician for advice on quitting (Table II). While only 19% of current smokers reported that they would be very likely to ask a pharmacist for quit advice, another 25% said they would be somewhat likely to do so. In contrast, only 3% of current smokers reported that they would be very likely to ask a dentist for help in quitting smoking, and 84% reported that they would not likely do so (data not shown). Because so few smokers reported that they were likely to ask a dentist for advice, associations with demographic variables were not assessed.

The proportion of smokers who reported that they would be very likely to ask a physician or a pharmacist for advice on quitting increased with age. For both physicians and pharmacists, female smokers were more likely than males to report that they would be very likely to ask for advice on quitting. Smokers who had received advice about smoking from a physician in the past year were more likely than others to say that they would be very likely to seek advice from a physician or pharmacist.

Current smokers, advice received in past year

Among current smokers who had seen a physician, 230 (41.7%) reported that they

TABLE II

Current Smokers: If You Were to Quit Smoking, How Likely Would You Be to Ask Each Profession for Advice?

	Physicians (% , 95% CI†)					Pharmacists (% , 95% CI)				
	Very Likely	Somewhat Likely	Not Likely	N	p-value	Very Likely	Somewhat Likely	Not Likely	N	p-value
Total	52.5 ± 4.9	21.1 ± 4.0	26.4 ± 4.3	568	—	18.5 ± 3.6	24.9 ± 4.0	56.7 ± 4.7	565	—
Age										
18-34	48.5 ± 8.3	29.7 ± 7.7	21.8 ± 6.7	199	0.007	12.9* ± 5.3	28.6 ± 7.2	58.5 ± 8.1	197	0.134
35-54	54.9 ± 6.8	15.4 ± 4.9	29.7 ± 6.4	265		22.5 ± 5.9	24.5 ± 5.7	53.0 ± 6.9	266	
55+	57.3 ± 11.7	14.5* ± 7.6	28.2* ± 10.9	97		20.9* ± 8.9	15.7* ± 8.1	63.5 ± 11.1	95	
Gender										
F	60.4 ± 6.9	18.3 ± 5.5	21.3 ± 5.8	277	0.016	24.6 ± 6.1	25.4 ± 5.8	50.0 ± 7.1	275	0.008
M	46.0 ± 6.7	23.4 ± 5.7	30.7 ± 6.0	291		13.4 ± 4.2	24.5 ± 5.6	62.1 ± 6.4	290	
Physician advice, past year										
Not seen physician	45.1 ± 12.5	18.7 ± 9.5	36.3 ± 11.7	90	0.032	12.3* ± 8.0	25.3* ± 10.8	62.4 ± 12.0	89	0.040
Seen physician, no advice	46.7 ± 7.6	25.4 ± 6.7	27.8 ± 6.6	227		16.4 ± 5.5	20.9 ± 5.9	62.7 ± 7.2	227	
Seen physician, advice	61.4 ± 7.4	17.0 ± 5.9	21.6 ± 6.3	227		23.8 ± 6.3	28.6 ± 6.5	47.5 ± 7.5	226	

* Interpret with caution, moderate levels of error associated with estimate—Coefficient of Variation between 16.6% and 33.3%.

† 95% Confidence Interval.

TABLE III

Current Smokers: If You Wanted Advice About How to Use NRT to Quit Smoking, Which of the Following Sources Would You First Go to for Advice?

	Who respondent would first go to for advice (% , 95% CI†)				N	p-value
	Physician	Pharmacist	Friend	Other*		
Total	42.0 ± 4.7	19.9 ± 3.8	19.2 ± 3.9	19.0 ± 3.9	564	—
Age						
18-34	30.5 ± 7.3	21.1 ± 6.8	22.3 ± 7.1	26.1 ± 7.5	197	<0.0001
35-54	44.0 ± 6.9	20.8 ± 5.3	20.2 ± 5.7	15.1‡ ± 4.9	265	
55+	68.2 ± 10.3	13.1‡ ± 7.5	8.9‡ ± 5.4	9.8‡ ± 6.2	97	
Gender						
F	42.6 ± 6.8	21.4 ± 5.6	17.8 ± 5.8	18.2 ± 5.8	277	0.801
M	41.5 ± 6.6	18.6 ± 5.1	20.3 ± 5.3	19.6 ± 5.4	289	
Prescription filled in past 12 months						
Y	48.4 ± 6.3	16.9 ± 4.5	20.7 ± 5.2	14.0 ± 4.5	221	0.001
N	33.7 ± 7.2	23.7 ± 6.6	16.7‡ ± 5.9	25.9 ± 6.9	343	
Physician advice, past year						
Not seen physician	28.3‡ ± 11.5	23.5‡ ± 10.6	18.0‡ ± 9.2	30.2‡ ± 11.0	91	0.017
Seen physician, no advice	40.3‡ ± 7.4	21.8 ± 6.3	16.8 ± 5.8	21.1 ± 6.7	225	
Seen physician, advice	49.0 ± 7.4	16.4 ± 5.0	22.2 ± 6.6	12.4 ± 4.9	228	

* Includes dentists, package instructions, and internet.

† 95% Confidence Interval.

‡ Interpret with caution, moderate levels of error associated with estimate—Coefficient of Variation between 16.6% and 33.3%.

had received smoking cessation advice from a physician in the past year. In contrast, only 48 (7.6%) smokers received advice on quitting from a pharmacist in the past year. Of those receiving advice

from a physician, about one third received advice on the use of NRT, one quarter received a prescription for bupropion, and about 17% set a quit date. Among those who had received advice from a pharma-

cist, about half reported that this advice concerned the use of NRT, about one quarter were advised to see a doctor for a bupropion prescription, and about one quarter were advised to set a quit date.

Current smokers, who would they ask about NRT?

When asked who they would ask first for advice on the use of NRT in quitting smoking, 42% of current smokers reported that they would first ask a physician and 20% reported that they would first ask a pharmacist (Table III). Older respondents were much more likely than younger respondents to ask a physician first for advice on NRT. More younger smokers than older smokers said they would ask a friend or other sources (including the internet) first for advice on NRT. Those who have seen a physician in the past year, those who received quit advice from a physician, and those who had a prescription filled in the past year were more likely than others to ask a physician first for advice regarding the use of NRT.

Former smokers, how they quit

Former smokers abstinent for at least one year were asked to name the single most important factor in helping them quit smoking (N=614 responded), then the second most important (N=451 responded). Among those who responded, 5% (N=28)

said that advice from a physician was the single most important factor in helping them quit; 10% (N=39) said that physician advice was the second most important factor. Only one and two respondents mentioned advice from a pharmacist and dentist, respectively. Almost three quarters of respondents to this question (72%; N=447) reported that they quit on their own without help. Current and former smokers were asked whether they had ever used NRT gum or patches; about one third (32%; N=222) reported that they had done so.

DISCUSSION

These findings have implications for smoking cessation initiatives. While a substantial majority of Ontarians perceive physicians to be a very good source of advice on quitting smoking, they are much less likely to think that pharmacists and dentists are a very good source of quit advice. Current smokers are less likely than never smokers to perceive that any of the three professions are very good sources of advice. Nevertheless, about half of smokers are very likely to ask a physician for advice on quitting, and a substantial minority are very or somewhat likely to ask a pharmacist. Regarding NRT, more than 40% of smokers would ask a physician for advice about its use; about 20% would ask a pharmacist. Thus, among the general public and among smokers, physicians are perceived to be the best source of advice on quitting smoking, among these three professions. Pharmacists, despite their pharmaceutical training and position as vendors of NRT, are much less likely to be perceived as a very good source of advice than are physicians, even regarding the use of NRT. Dentists are not perceived as a very good source of advice on quitting smoking.

Perceptions of advice from health professionals may reflect experience. While just over 40% of smokers received advice regarding quitting smoking from a physician in the past year, only 8% had discussed quitting with a pharmacist. Very few former smokers reported that health professional advice was important in helping them quit. Smokers who had received advice from a physician were more likely to ask a physician for help with quitting and about the use of NRT. Thus, those who

have had the benefit of professional advice are more likely to seek it. Women and older respondents are more likely to perceive the professions as very good sources of smoking cessation advice, and, among smokers, those who are older or female are more likely to report that they would seek professional help in quitting. There is a great deal of room for increasing smoking cessation advice by all three professions, especially pharmacists and dentists. Also, advice from health professionals is associated with increased quit rates.⁸ Reaching those who can benefit most from this advice is a challenge to the professions and to smoking cessation program planners.

Limitations

This study has limitations. A random-digit-dialled telephone survey excludes a small proportion of the population not reachable by telephone. The response rate was 58%, but the method is proven and is used for the ongoing CAMH Monitor survey.¹⁵ When compared to the 2001 Ontario census, the CAMH Monitor significantly over-represented those who were married (64% vs. 60%) and those with a university education (28% vs. 19%), which is common to telephone surveys.¹⁷ The age and sex distribution captured by the survey is similar to that of the Ontario adult population, increasing the reliability of the estimates produced. Space restrictions on this established survey limited the number of questions we could add, restricting our exploration of the topic. The cross-sectional design of the study precludes drawing causal inferences. Statistical tests of associations are provided to guide the reader, but correction for multiple comparisons was not made.

CONCLUSIONS

Despite favourable views regarding advice from physicians and pharmacists, many smokers are not being reached by these professionals, especially pharmacists. Increasing the reach and effectiveness of smoking cessation advice from health professionals requires not only further tobacco-related education of health professionals, but also education of the public about how professionals can help. Smokers, in particular, need to be made more aware of the help available, especially from pharmacists

and dentists. Previous studies of patient populations have shown that patients expect their physicians, pharmacists, and dentists to address their smoking,^{12,18-20} and that patients are more satisfied with their physicians when they do so.^{9-11,21,22} Our study confirms that smokers are open to utilizing smoking cessation advice from health professionals. The challenge is not only to ensure that professionals are well trained to deliver this advice, but also that the public is aware of and accesses these services.

REFERENCES

1. Rosen C, Ashley MJ. Smoking and the health professional: Recognition and performance of roles. *Can J Public Health* 1978;69(5):399-406.
2. National Cancer Institute Monograph 5. Tobacco and the Clinician: Interventions for medical and dental practice. Rockville, MD: US Department of Health and Human Services, Public Health Service, National Institutes of Health, NIH Publication No. 94-3693, 1994.
3. Joint Statement on Smoking Cessation. Tobacco – The role of health professionals in smoking cessation. Available online at: http://www.pharmacists.ca/content/about_cpha/who_we_are/policy_position/pdf/Smoking_Cessation_Joint_Stat.pdf (Accessed January 25, 2006).
4. Weir K. Tobacco cessation training and resources for pharmacists. *Can Pharm J* 2005;138(5):22.
5. Clinical Tobacco Intervention. Available online at: <http://www.opacti.org> (Accessed April 26, 2006).
6. Brewster JM, Ashley MJ. On the front line of smoking cessation: Survey and workshop for faculty. *Can Pharm J* 2005;138(3):24-25.
7. CREATE. Available online at: <http://www.addictionmedicine.ca/home.htm> (Accessed August 27, 2007).
8. Fiore MC, Bailey WC, Cohen SJ, Dorfman SF, Goldstein MG, Gritz ER, et al. Treating Tobacco Use and Dependence. Clinical Practice Guideline. Rockville, MD: US Department of Health and Human Services, Public Health Service, 2000.
9. Quinn VP, Stevens VJ, Hollis JF, Rigotti NA, Solberg LI, Gordon N, et al. Tobacco-cessation services and patient satisfaction in nine nonprofit HMOs. *Am J Prev Med* 2005;29(2):77-84.
10. Solberg LI, Boyle RG, Davidson G, Magnan SJ, Carlson CL. Patient satisfaction and discussion of smoking cessation during clinical visits. *Mayo Clin Proc* 2001;76(2):138-43.
11. Conroy MB, Majchrzak NE, Regan S, Silverman CB, Schneider LI, Rigotti NA. The association between patient-reported receipt of tobacco intervention at a primary care visit and smokers' satisfaction with their health care. *Nicotine Tob Res* 2005;7(Suppl 1):S29-S34.
12. Campbell HS, Sletten M, Petty T. Patient perceptions of tobacco cessation services in dental offices. *JADA* 1999;130:219-26.
13. Iversen L, Mollison J, MacLeod TNN. Attitudes of the general public to the expanding role of community pharmacists: A pilot study. *Fam Pract* 2001;18(5):534-36.
14. Slama KJ, Redman S, Cockburn J, Sanson-Fisher RW. Community views about the role of general practitioners in disease prevention. *Fam Pract* 1989;6(3):203-9.
15. http://www.camh.net/research/camh_monitor.html (Accessed January 25, 2006).

16. Adlaf EM, Ialomiteanu A. CAMH Monitor 2002: Technical Guide. Toronto, ON: Centre for Addiction and Mental Health, 2002.
17. Trewin D, Lee G. International comparisons of telephone coverage. In: Groves RM, Biemer PP, Lyberg LE, Massey JT, Nicholls WL, Waksberg J (Eds.), *Telephone Survey Methodology*. New York, NY: John Wiley & Sons, 1988.
18. Wallace PG, Haines AP. General practitioner and health promotion: What patients think. *BMJ* 1984;289:534-36.
19. Stanford JB, Solberg LI. Rural patients' interests in preventive medical care. *J Am Board Fam Pract* 1991;4(1):11-18.
20. Rikard-Bell G, Donnelly N, Ward J. Preventive dentistry: What do Australian patients endorse and recall of smoking cessation advice by their dentists? *Br Dent J* 2003;194(3):159-64.
21. Barzilai DA, Goodwin MA, Zyzanski SJ, Stange KC. Does health habit counselling affect patient satisfaction? *Prev Med* 2001;33:595-99.
22. Weingarten SR, Stone E, Green A, Pelter M, Nessim S, Huang H, Kristopaitis R. A study of patient satisfaction and adherence to preventive care practice guidelines. *Am J Med* 1995;99:590-96.

Received: April 28, 2006

Accepted: January 29, 2007

RÉSUMÉ

Contexte : Les professionnels de la santé jouent un rôle important lorsqu'il s'agit d'aider les fumeurs à cesser de fumer. On ignore cependant comment le public, et surtout les fumeurs, perçoit les conseils de renoncement au tabac lorsqu'ils sont donnés par différents professionnels de la santé.

Méthode : Dans l'édition 2002 de CAMH Monitor, une enquête téléphonique annuelle à composition aléatoire menée par le Centre de toxicomanie et de santé mentale de l'Université de Toronto auprès d'adultes ontariens, nous avons ajouté des questions sur l'opinion et l'expérience des personnes interrogées quant aux conseils de renoncement au tabac des professionnels de la santé. Nous présentons ici les résultats de l'enquête sur les points suivants : 1) l'importance accordée par les répondants aux conseils donnés par les médecins, les pharmaciens et les dentistes, 2) la probabilité que les fumeurs consultent ces trois catégories de professionnels, 3) les personnes à qui les fumeurs intéressés par la thérapie de remplacement de la nicotine (TRN) demanderaient conseil et 4) les conseils reçus par les fumeurs au cours de l'année antérieure.

Résultats : Environ les deux tiers des répondants considéraient les médecins comme une très bonne source de conseils sur l'abandon du tabac, tandis qu'un peu plus du tiers accordaient le même crédit aux pharmaciens, et environ le quart aux dentistes. Plus de la moitié des fumeurs actuels seraient très portés à demander conseil à un médecin pour cesser de fumer, contre environ 20 % à un pharmacien et à peine 3 % à un dentiste. Chez les fumeurs, plus de 40 % demanderaient d'abord conseil à un médecin au sujet de la TRN; environ 20 % commenceraient par un pharmacien. Environ 42 % des fumeurs actuels ont dit avoir reçu les conseils d'un médecin à ce sujet au cours de l'année antérieure, et 8 % ont dit avoir reçu les conseils d'un pharmacien.

Interprétation : Les personnes qui veulent cesser de fumer sont ouvertes aux conseils des médecins, mais elles ont moins tendance à s'adresser à d'autres professionnels de la santé. Peu de fumeurs avaient eu des conseils de la part de pharmaciens ou de dentistes. Pour élargir la portée des conseils de renoncement au tabac, il faut conjuguer l'accroissement des interventions professionnelles et des mesures d'éducation du public.

PRÉVENTION, PRÉPARATION ET PROTECTION FACE À LA PROCHAINE PANDÉMIE DE GRIPPE

L'Association canadienne de santé publique (ACSP) et le Réseau d'alerte pandémique (RAP) informent les Canadiens sur les précautions que nous pouvons tous prendre pour empêcher la propagation de la maladie, réagir à un état d'urgence et protéger notre santé durant la pandémie.

Partout dans le monde, les gouvernements se mobilisent en vue de la prochaine pandémie de grippe. Les sites Web, fiches d'information et listes de vérification se multiplient. Mais il arrive souvent que le langage soit compliqué et que les renseignements fournis soient de nature technique. C'est la raison pour laquelle l'ACSP et le RAP ont mis au point une trousse d'informations pratiques, fondées sur des faits et rédigées en langage simple.

Cette trousse simple et pratique donnera aux Canadiens l'information dont ils ont besoin pour se protéger durant une pandémie de grippe. Il s'agit de simples précautions que tout le monde peut prendre dans la vie de tous les jours.

Ces mesures de santé publique se résument en trois mots :

1. **PRÉVENTION** – bonnes habitudes d'hygiène qui réduisent le risque d'attraper et de transmettre la maladie, par exemple bien se laver les mains;
2. **PRÉPARATION** – instructions faciles à suivre pour se préparer à la pandémie de grippe ou à toute autre situation d'urgence;
3. **PROTECTION** – renseignements essentiels pour se soigner et se protéger durant la pandémie.

Avec cette trousse, l'ACSP veut inciter les Canadiens à mieux se renseigner et à mettre en pratique les conseils qui leur sont donnés sous forme de simples précautions, afin de limiter les dégâts que la prochaine pandémie pourrait causer. On espère que ces mesures renforceront la résilience et que toute la population sera mieux préparée à faire face à une pandémie de grippe ou à toute autre situation d'urgence en matière de santé publique.

La trousse est disponible en français et en anglais, en ligne. Consultez le site www.pandemie.cpha.ca.