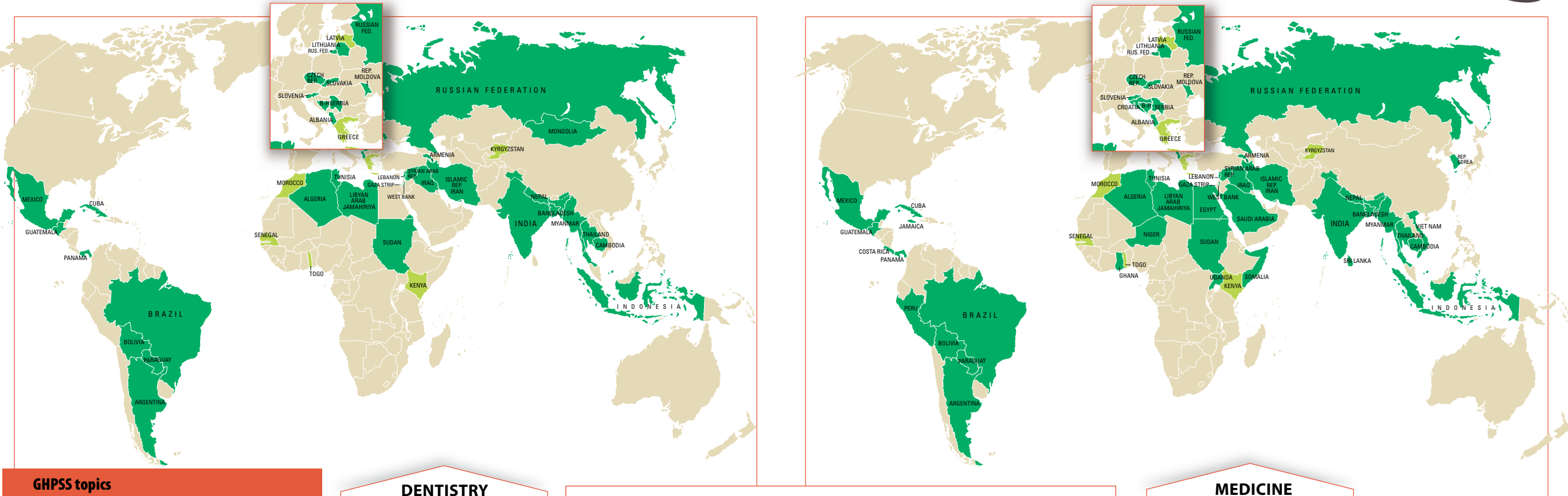


**PART  
FIVE**

# Global Health Professions Student Survey





## GHPSS topics

1. Prevalence of tobacco use
2. Knowledge and attitudes regarding tobacco use
3. Second-hand smoke exposure
4. Desire for smoking cessation
5. Training received regarding patient counseling on smoking-cessation techniques
6. Demographics

## DENTISTRY

## GHPSS COVERAGE

By health profession  
2005–08

- survey completed
- survey in progress
- not surveyed

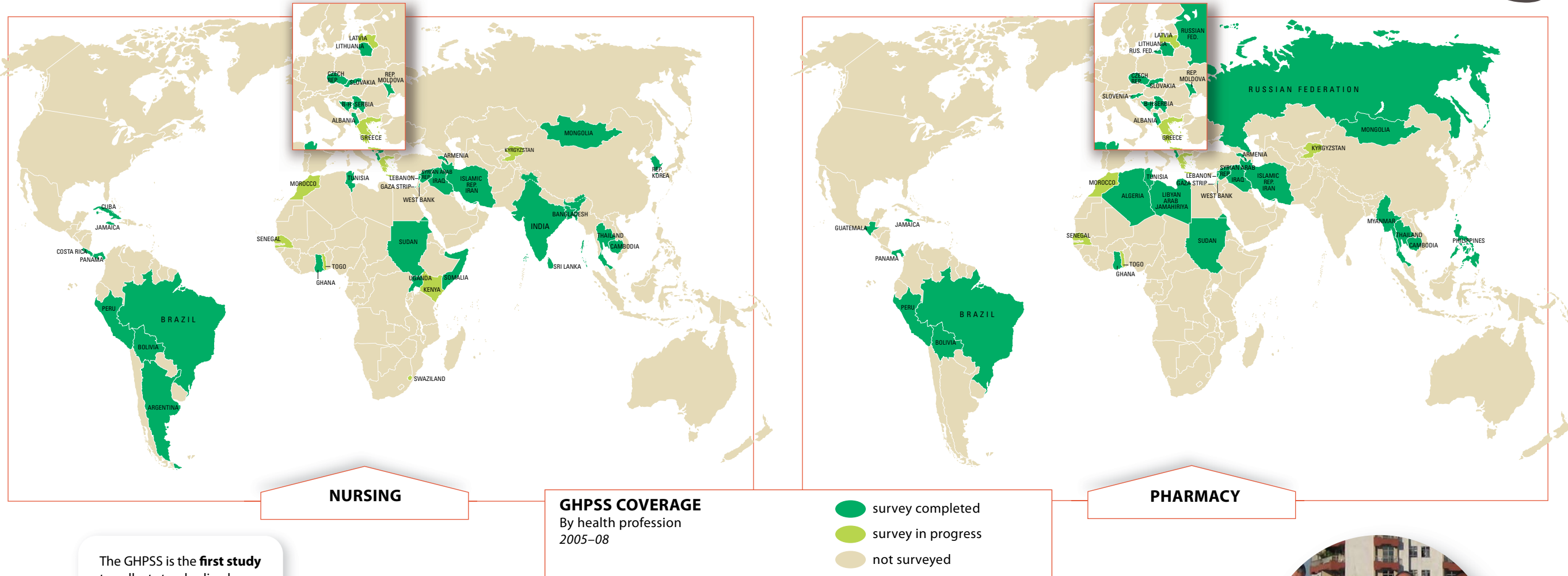
## MEDICINE



Health professionals can play a critical role in reducing tobacco use. Even brief and simple advice from health professionals can substantially increase smoking-cessation rates. Therefore, one of the strategies to reduce the number of smoking-related deaths is to encourage the involvement of health professionals in tobacco-use prevention and cessation counseling.

Studies have collected information from health professions students in various countries about their tobacco use and training as cessation counselors. However, prior to 2005 no study had collected this information cross-nationally using a consistent survey methodology. WHO, CDC, and CPHA developed the GHPSS in 2005 to collect data on tobacco use and cessation counseling among health professions students in all WHO member states.

GHPSS has grown rapidly since its inception in 2005. It has been conducted in all six WHO regions including 49 WHO member states and one geographic region.



The GHPSS is the **first study** to collect standardized, cross-national information on health professions students' tobacco use and training as tobacco-cessation counselors.

GHPSS is a standardized school-based survey of third-year students pursuing advanced degrees in dentistry, medicine, nursing, or pharmacy. It is conducted in schools during regular class sessions. GHPSS follows an anonymous, self-administered format for data collection.

The core 2008 GHPSS questionnaire includes 42 questions covering six categories; research coordinators can add their own questions. The

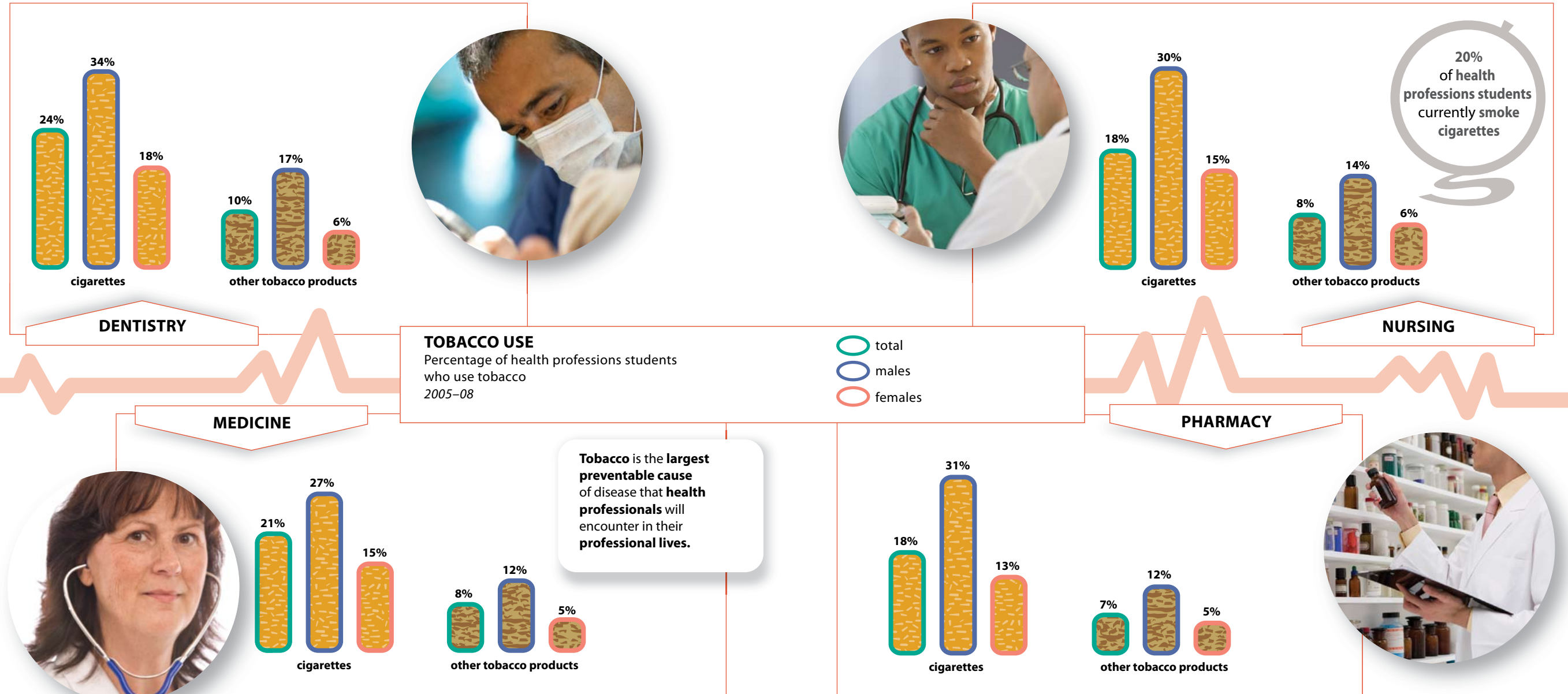
questionnaires are translated into local languages, and tested in focus groups.

The GHPSS is subject to at least three limitations. First, because GHPSS respondents are third-year health professions students who have not had substantial interaction with patients, survey results should not be extrapolated to account for practicing health professionals in any of the countries. Second, the GHPSS did not survey students in all health

professions whose members could provide patients with cessation counseling (such as chiropractors, traditional healers, psychologists, and counselors). Third, because adult smoking rates across countries are not collected by using a standardized and consistent methodology, comparison of the prevalence in this report with the prevalence in the general adult populations is not possible.







Doctors and a wide range of health professionals have a vital role to play in combating smoking among youth.

Doctors are regarded as the most reliable source of advice and information on health issues, and are exemplars to the rest of the community. In this regard, it is difficult for doctors to advise patients not to smoke, if they smoke themselves.

However, the GHPSS data show that one in five health professions students smokes, with rates twice as high among males than females. Approximately one in 10 health professions students uses tobacco products other than cigarettes. Use of other tobacco products among males is twice as high as use among females.

If they continue to use tobacco after graduation, even

if they do not smoke in front of patients, young people, and others will usually be aware of it, simply by observing them in the community.

Doctors and other health-care professionals can create "smoke-free" offices, clinics, and facilities where health-promotion posters and pamphlets are displayed. They can advise the young regarding preventing initiation, and give quitting advice to all

patients. It is vital that tobacco issues are incorporated into the curricula of medical, nursing, and allied health schools. All of these are more difficult to do if the health professional is a smoker.



WHO Framework Convention  
on Tobacco Control

## Article 8: Protection from exposure to tobacco smoke

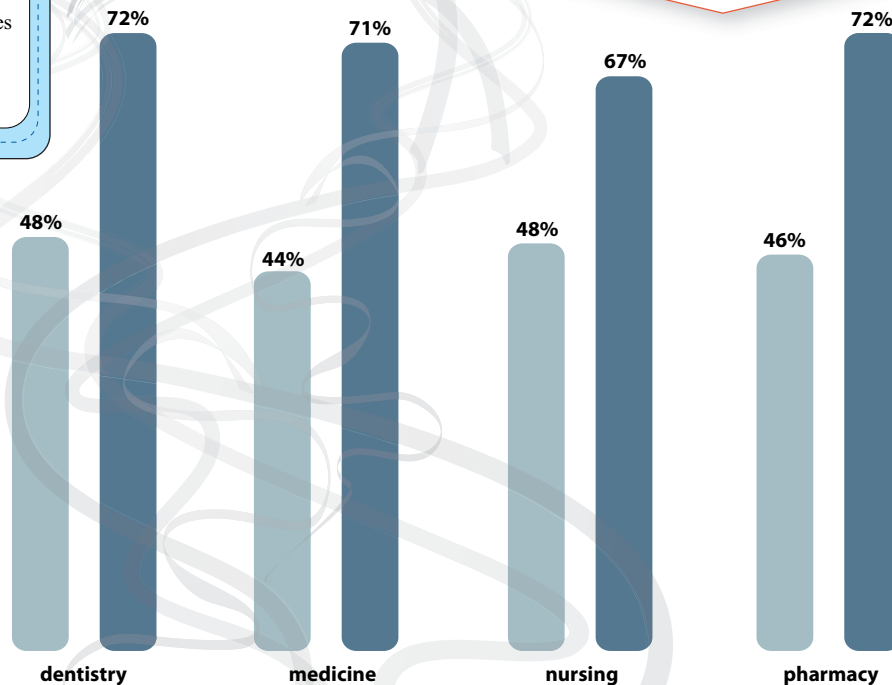
Each Party shall adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

**Parties to the FCTC** recognize that scientific evidence has unequivocally established that exposure to **tobacco smoke causes death, disease and disability.**

## SECOND-HAND SMOKE

Percentage of health professions students reporting exposure to SHS  
2005–08

in place of residence  
in public place



Only 5% of the world's population is covered by comprehensive smoke-free laws

There is no safe level of exposure to second-hand smoke. Complete prohibition of smoking in all indoor environments is the only intervention that effectively protects people from the harm of second-hand smoke. Full enforcement of smoke-free laws is critical to establishing their credibility, and it is particularly important that this enforcement is put in place as soon as they are enacted.

Diseases caused by second-hand smoke in adults include coronary heart disease and lung cancer, and reproductive effects in women; in children it is linked to middle-ear disease, respiratory symptoms such as coughing and wheezing, impaired lung function, sudden infant death syndrome (SIDS), and lower respiratory illness, including infections.



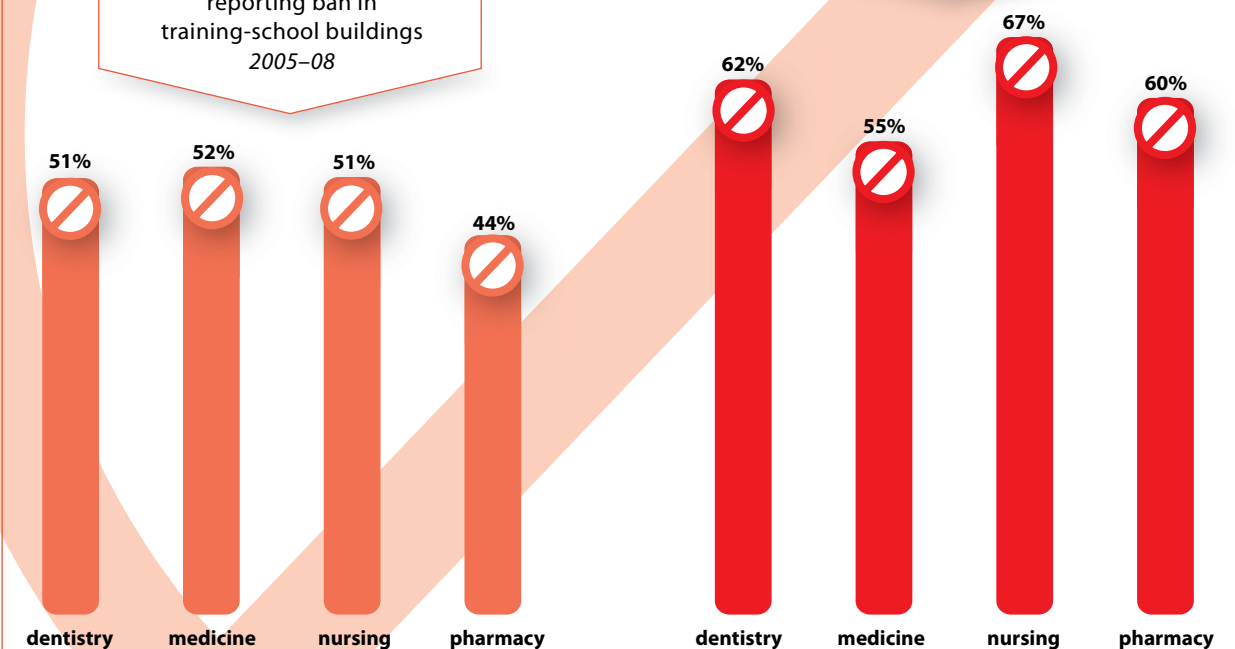
**mpower** Only half of all students reported a ban on smoking in their school buildings

## SMOKING BAN ENFORCED

Where smoking ban is in place in training-school buildings percentage of health professions students reporting that it was enforced  
2005–08

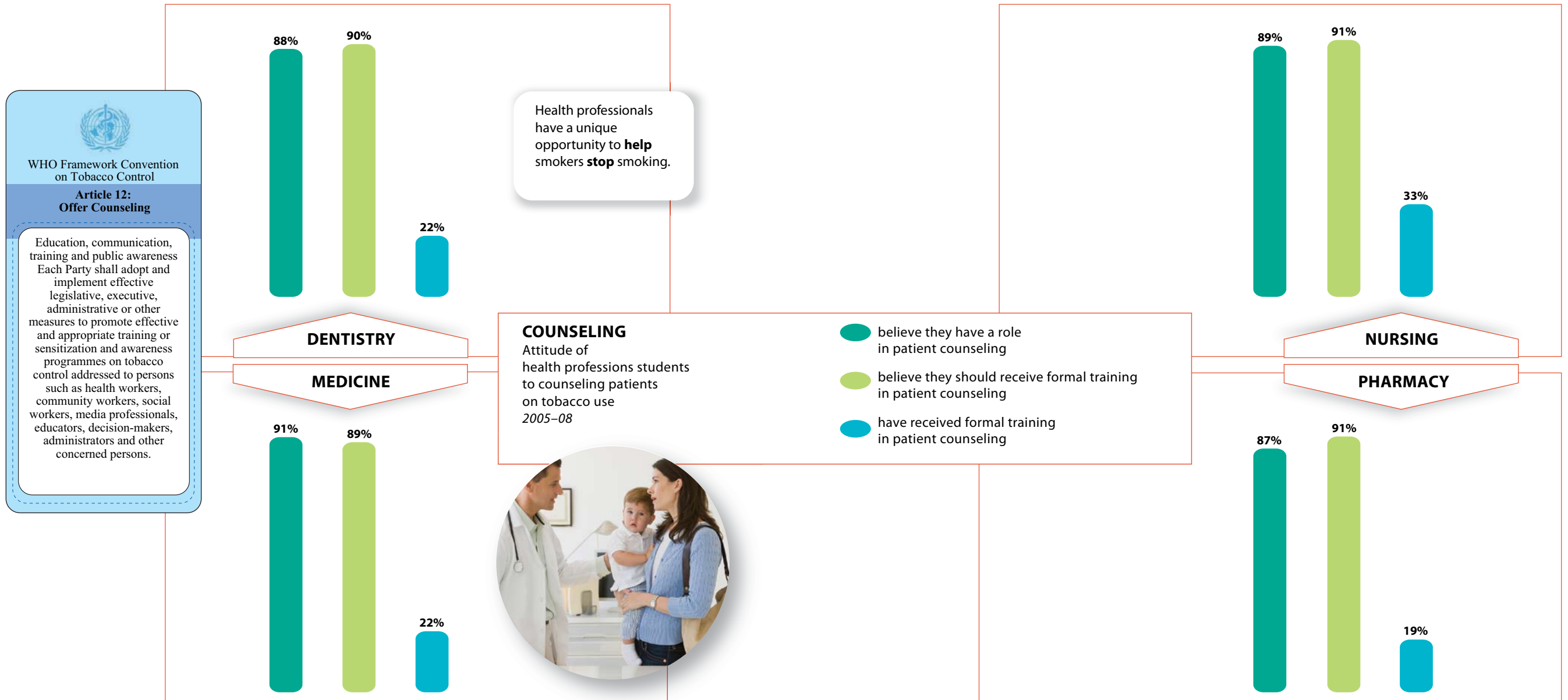
## SMOKING BAN

Percentage of health professions students reporting ban in training-school buildings  
2005–08



The tobacco industry will say that smoke-free areas are too difficult to implement and enforce, that smoking rooms should be provided, and will claim that smoke-free areas infringe on smokers' rights, but no one has the right to harm others. It is the duty of governments, employers, and organizations to offer a safe and healthy environment, free of cancer-causing chemicals. Contrary to tobacco-industry predictions,

smoke-free environments are popular and easy to implement and enforce.



The GHPSS data clearly shows that the majority of health professionals believe that they have a duty and a role in helping patients quit, yet few have received any training in doing so.

A brief intervention by a doctor has been shown to increase the chances that a smoker will successfully stop smoking. Effective ways of trying to maximize the number of health professionals helping their patients to stop smoking have involved various

training options, service payments, more and less elaborate counseling sessions and materials, various cessation aids and group counseling sessions. Not all of these are appropriate in all countries.

In addition to tobacco-cessation advice to adults, health professionals can discuss the issue of smoking as early as possible with teenage patients. For many young patients, this may be the first time they have had a supportive discussion about health problems

(including tobacco), laying down the basis for an adult patient relationship with their doctor. This may help to prevent smoking uptake, aid cessation early on, or simply plant the first seeds of an intention among an important segment of the population not to smoke.

Over nine in 10 health professions students believe that they have a role in patient counseling, and believe that they should receive formal training to do

so. Despite their desire to receive formal training in patient counseling, fewer than one-third of the health professions students have received such training.