AN ASSESSMENT OF THE ATTITUDE OF COMMUNITY PHARMACISTS TOWARDS TOBACCO SMOKING CESSION IN NIGERIA.

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ABSTRACT

Users of tobacco continue to smoke it despite their knowledge of the harmful effects probably as a result of addiction. Many tobacco smokers want to quit smoking but there are no smoking cessation programs to help them. Community pharmacists could serve as source of help. The study was aimed at assessing the current level of involvement of community pharmacists in tobacco cessation services in Nigeria and their attitude towards such services. Pre-tested questionnaire was administered to 33 community pharmacists sampled by convenience in two major cities in Nigeria. Twenty community pharmacists (60.6%) noted that no tobacco smoker had ever consulted them for assistance to quit smoking. Six community pharmacists (19.4%) had access to smoking cessation publicity materials but only one community pharmacist stocked them. Most of the Community pharmacists (75.0%) were willing to start tobacco cessation program in their pharmacies and majority would attend any required training. Community pharmacists’ level of participation in tobacco cessation was low. However, they were willing to start tobacco cessation program and were willing to attend trainings that would enable them carry out such roles.

1. Keywords: Attitude; Pharmacists; Nigeria; Smoking; Tobacco.

INTRODUCTION

Tobacco is a consumer product that can harm everyone exposed to it – and it kills up to half of those who use it (WHO, 2014), yet its use is common throughout the world. It has been described as the main preventable cause of ill health in the world (WHO, 2008). Cigarette smoking has been confirmed to cause lung cancer and several other diseases (Hatsukami et al, 2008).

Despite these harmful effects of tobacco, its use is on the increase particularly in low-income countries (Jha and Peto, 2014). The 2013 World Health Assembly called on governments to reduce the prevalence of smoking by about a third by 2025 and this is expected to reduce the number of deaths from tobacco use (Jha and Peto, 2014).

Nigeria, being one of the most populous of the low-income countries, is likely one of the largest target markets for tobacco products in Africa. The prevalence of tobacco smoking among adults in Nigeria as reported by The Global Adult Tobacco Survey (2012) was 3.9% (3.1 million adults); also, not less than 17 billion cigarettes are produced in the country annually (Yishua, 2012). In a study by Ekanem (2008), smoking experimentation rate among Nigerian teenagers, aged 13 – 15 years, ranged from 4.7% to 16.1% and some of such teenagers were likely to
initiate smoking later. Lagos state government of Nigeria recorded more than 9,000 cases of tobacco-related illnesses in 2006 alone (Semiu, 2007). The knowledge of health hazards of smoking appears not to reduce the number of smokers as most smokers continued to smoke despite their awareness of its health hazards (Salawu et al, 2009). This disinclination towards quitting tobacco smoking may be attributed majorly to the addictive property of nicotine which is the major constituent of tobacco smoke (West and Shiffman, 2007). About 70% of smokers globally and 81.7% of smokers between 10 and 18 years in southeast Nigeria want to quit (WHO, 2008; Ekanem, 2008). However, only about 5% of the world populations have access to full tobacco cessation support (WHO, 2008). Therefore, there is a need to create smoking cessation interventions that will help smokers to make informed decision about quitting tobacco smoking, and guide them through the process.

A study showed limited knowledge of smoking cessation among physicians in Nigeria (Desalu et al, 2009) but data on the knowledge and the practices relating to smoking cessation interventions among community pharmacists in Nigeria are scarce. The involvement of community pharmacists, who are usually the first point of contact for patients and for some patients, the only contact with a healthcare professional (PSNC et al, 2003), will greatly improve the anti-smoking fight in Nigeria. More so, studies have shown that community pharmacists are effective in smoking cessation interventions (Kennedy et al, 2002)

The objectives of this study are to assess the current level of involvement of community pharmacists in tobacco cessation interventions in Nigeria and to determine their attitudes towards starting such interventions in their pharmacies.

METHODS

Questionnaires were administered to community pharmacists in Ile-Ife and Ibadan cities of Nigeria. The questionnaire was designed to obtain their demographic data, assess their experiences with smokers as well as their knowledge and attitude towards smoking cessation interventions.

The study covered both Ile-Ife and Ibadan Nigeria. Both cities have registered community pharmacists who provide pharmaceutical care.

The lists of registered community pharmacy premises, 41 in Ibadan and 15 in Ile-Ife, were obtained from the chapter chairmen of the Association of Community Pharmacists of Nigeria (ACPN) in both Ile-Ife and Ibadan. Following the lists, the registered premises were visited as convenient and questionnaires administered to the superintendent pharmacists. A total of 33 community pharmacists were involved in both cities; 23 in Ibadan and 10 in Ile-Ife.

Data obtained was analyzed using Statistical Package for the Social Sciences (SPSS) version 16.0 for such descriptive statistics as frequencies and percentages; and inferential statistics (Fisher's Exact Test).

An approval for this study was obtained from the Health Research Ethics Committee of the Institute of Public Health, Obafemi Awolowo University, Ile-Ife, Nigeria.

RESULTS

The respondents were made up of 57.6% males and seventeen (51.1%) of the pharmacists had been in community pharmacy practice for more than 10 years. The demographics of the respondents are shown in table 1.
Table 1. Demographics of the Community Pharmacists

<table>
<thead>
<tr>
<th></th>
<th>Frequency (N)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>19</td>
<td>57.6</td>
</tr>
<tr>
<td>Female</td>
<td>14</td>
<td>42.4</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 – 30 years</td>
<td>5</td>
<td>15.2</td>
</tr>
<tr>
<td>31 – 40 Years</td>
<td>5</td>
<td>15.2</td>
</tr>
<tr>
<td>41 – 50 Years</td>
<td>6</td>
<td>18.2</td>
</tr>
<tr>
<td>51 – 60 Years</td>
<td>6</td>
<td>18.2</td>
</tr>
<tr>
<td>&gt; 60 Years</td>
<td>11</td>
<td>33.3</td>
</tr>
<tr>
<td>Degrees Obtained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.Pharm only</td>
<td>28</td>
<td>90.3</td>
</tr>
<tr>
<td>B.Pharm plus other degrees</td>
<td>3</td>
<td>9.7</td>
</tr>
<tr>
<td>Years in Community practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 1 year</td>
<td>2</td>
<td>6.1</td>
</tr>
<tr>
<td>1-5 Years</td>
<td>9</td>
<td>27.3</td>
</tr>
<tr>
<td>6-10 Years</td>
<td>5</td>
<td>15.2</td>
</tr>
<tr>
<td>&gt; 10 Years</td>
<td>17</td>
<td>51.5</td>
</tr>
</tbody>
</table>

Twenty pharmacists (60.6%) noted that no one had walked into their pharmacies requesting for help with smoking cessation while 11 (33.3%) reported contacts with smokers seeking help out of whom 5 counseled the smokers, 3 offered drug therapy while 1 pharmacist combined counseling with drug therapy.

Nineteen pharmacists (65.5%) did not receive patients, prescriptions or referrals with smoking related diseases while 9 (27.3%) pharmacists reported that they did receive patients, prescriptions and/ or referrals with smoking related diseases.

The diseases noted were cough, asthma, urinary tract infection, emphysema, tuberculosis, bronchitis, chest pain with burning, among others. Aside asthma, cough and urinary tract infections which occurred from once to more than once a week, the diseases generally occurred less than once a week.

Only 6 (19.4%) respondents had access to publicity materials used in smoking cessation, others did not. In all, respondents had handbills (3), leaflets (1), illustrations (1) and both leaflets and handbills (1).

Out of 30 community pharmacists, 16 (53.3%) were not aware of smoking-related drugs that were used in Nigeria. Seven respondents indicated that they were aware of such drugs and 5 of them were able to list some of the drugs used in tobacco smoking cessation. The medicines listed were Nicobloc®, Nicotine patch, Nobac® and Nicorette®. Only 1 respondent however, stocked one of them – Nicobloc®.

Some pharmacists were willing to display antismoking publicity materials in pharmacies (93.8%) and to commence smoking cessation services (75%) (Table 2).
Fisher’s Exact Test showed a significant relationship (p < 0.05) between the age of pharmacists above or below 40 years and their willingness to commence smoking cessation services. Gender, additional degree and years in community pharmacy practice did not have any significant effect on the willingness of community pharmacists to commence smoking cessation services.

Community pharmacists strongly agreed (70%) and agreed (26.7%) that all community pharmacists should be involved in tobacco smoking cessation. The other responses relating to smoking cessation activities are presented in Figure 1.

Table 2: Attitude of Community Pharmacists towards Smoking Cessation Activities and Trainings

<table>
<thead>
<tr>
<th>Activity</th>
<th>Willing</th>
<th>Unwilling</th>
<th>Indifferent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Display antismoking publicity materials in pharmacies</td>
<td>30 (93.8)</td>
<td>2 (6.2)</td>
<td>0 (0)</td>
<td>32 (100)</td>
</tr>
<tr>
<td>Commence smoking cessation services</td>
<td>24 (75.0)</td>
<td>2 (6.25)</td>
<td>6 (18.75)</td>
<td>32 (100)</td>
</tr>
<tr>
<td>Undergo training for smoking cessation</td>
<td>27 (87.0)</td>
<td>2 (6.5)</td>
<td>2 (6.5)</td>
<td>31 (100)</td>
</tr>
<tr>
<td>Pay for smoking cessation training</td>
<td>12 (54.6)</td>
<td>7 (31.8)</td>
<td>3 (13.6)</td>
<td>22 (100)</td>
</tr>
</tbody>
</table>

Figure 1. Posture of Community Pharmacists to Smoking Cessation
DISCUSSION

More male community pharmacists participated in this study than females and majority of them were above 50 years of age. Majority were above 50 years likely because most pharmacists ‘retire’ back to community pharmacy after practicing in other areas. This observation is different from what was observed in the study in Poland where most of the pharmacists surveyed were females (Goniewicz et al, 2010).

Most respondents had only B. Pharm degree, suggesting that many community pharmacists probably do not obtain higher degrees after the minimum B. Pharm degree. This might explain their poor knowledge of smoking cessation drugs available in the country, since it might not be in the curriculum with which they were trained. This also indicates the need for training of community pharmacists on smoking cessation interventions.

Over half of respondents had been practicing for over 10 years. This is expected as most respondents were above 50 years of age. This indicates that over half of respondents may be well experienced in the practice. However, most of them noted that no one had walked into their pharmacies requesting for help with smoking cessation, indicating that smokers have not been consulting community pharmacists for smoking cessation, which may be because smokers do not think that community pharmacists could assist in smoking cessation. It could also be because of the limited access to antismoking publicity materials that could have served as pointers to indicate that they could help in smoking cessation. It could also be because community pharmacists do not routinely ask their patients if they smoke or use tobacco products (Williams et al, 2000). On the contrary, pharmacists in Lagos state of Nigeria claimed lots of people have approached them to help in their intention to quit smoking (Aina and Azimoh, 2008). Most of the community pharmacists agreed that smoking cessation materials should be made available to them and almost all of them were willing to display antismoking publicity materials in their pharmacies. This is expected to aid smokers who will see the materials displayed in the pharmacies and convict them in deciding to quit smoking.

Majority of respondents were willing to start smoking cessation services in their pharmacies and were willing to undergo training. There was significant relationship between the age of the pharmacist and willingness to start smoking cessation services. Previous studies also reported positive attitude of pharmacists towards the provision of smoking cessation services (Aina and Azimoh, 2008; Chang et al, 2012). The poor knowledge, among community pharmacists, of drugs used in smoking cessation/control indicates a need for community pharmacists to be trained in tobacco cessation control as it is one of their significant contribution to public health (PSNC et al, 2003). Community pharmacists themselves apparently recognized their poor knowledge of smoking cessation as majority of respondents who were willing to start smoking cessation services were also willing to be trained. The study by Aina and Azimoh (2008) in Lagos also reported that pharmacists were willing to acquire additional information on smoking cessation as majority of them claimed they were not taught in pharmacy school. The inclusion of smoking cessation in undergraduate pharmacy curriculum will help in improving the competences of pharmacists in smoking cessation as observed in Poland where pharmacy students were taught smoking cessation (Goniewicz et al, 2010). Despite their willingness to be trained, only about half of respondents who wanted to be trained were willing to pay for the training. This might indicate that smoking cessation
service is not yet perceived as a profitable venture and therefore, paying for a preparatory training is not perceived as an investment. This is buttressed by the fact that majority of the community pharmacists agreed to the statement saying that smoking cessation training should be subsidized by the government.

CONCLUSION

Community pharmacists have few encounters with smoking related symptoms/diseases and have poor knowledge of smoking cessation; however, they are willing to start smoking cessation services in their pharmacies and would undergo training for the service.

LIMITATION OF STUDY

This study did not use random sampling method because of the difficulties encountered in locating some of the registered pharmacy premises and also because some pharmacists were not in the office when their premises were visited. Also, statistical inferences are difficult to draw because of the small sample size used in the study.

REFERENCES


