ROLES OF NURSES AND OTHER HEALTH PROFESSIONALS IN THE TOBACCO EPIDEMIC: EXPERIENCE OF INDONESIA*

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BACKGROUND

• Nurses, midwives and physicians are the largest number of health professionals with direct patient contact

• The Indonesian health professionals indicate that they are not confident in their involvement in tobacco control & their ability to advise patients about smoking cessation (the current nursing, midwife and medical curricula fail to address this)

• All health professionals should be aware of scientific-based information and knowledge to implement tobacco control measures
SITUATIONAL ANALYSIS OF TOBACCO USE IN INDONESIA

- Indonesia has the third largest smokers in the world, after China & India (WHO, 2008)
- Indonesia is the fourth-largest cigarette consuming country, after China, Russia, and US (Tobacco Atlas, 2007)
- In 2010, cigarette consumption in Indonesia: 230 billion sticks
- In 2010, about 190,260 Indonesians died due to tobacco attributed diseases (12.7 % from total deaths)
- Total Macroeconomic loss in 2010: 28.52 Billion US Dollars
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<th>Female</th>
<th>Total</th>
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WHAT’S THE EXPECTING ROLE OF HEALTH PROFESSIONALS IN TOBACCO CONTROL

- Advocacy, creating mass /popular movements
- Monitoring or watchdog role
- Providing education and training
- Research
- Service provision for smoking cessation efforts
- Health promotion and prevention interventions
QUALITIES OF AN EFFECTIVE HEALTH PROFESSIONAL ADVOCATE

• Has an important, relevant, personal or professional story to tell
• Knows the scientific facts (data) and where to find them
• Leverages expertise—theirs and others
• Networks—with other advocates and with decision-makers
ROLES OF NURSES, MIDWIVES AND PHYSICIANS IN TOBACCO CONTROL

Health professionals are in direct contact with

- Patients at the health care settings
- Primary care centers
- Communities (while implementing public goods activities)

Levels of Involvement in Tobacco Control

- Individual
- Local
- National
INDIVIDUAL LEVEL:

Article # 14 FCTC

Each party shall endeavour to:

• design and implement effective programs aimed at promoting the cessation of tobacco use at educational institutions, health care facilities, workplaces and sporting environments

• establish in health care facilities and rehabilitation centres programs for diagnosing, counselling, preventing and treating tobacco dependence
LOCAL AND NATIONAL LEVEL

- Establish network between health institutions/organizations and other national institutions/organizations (e.g. Consumer organization) that are involved in tobacco control to strengthen the tobacco control efforts

- Be involved in developing and maintaining a systematic approach in tobacco control including creating smoke free public places and treating tobacco dependence
THE REALITY

• Health professional is aware of the health consequences of tobacco use, more than any professional in a different field.

• Knowing the health hazards of tobacco is not enough to overcome tobacco addiction.

• Using their professional and popular respect,
  • they could change current smoking trends
  • spread head a national anti-tobacco movement.
The Reality

If THEY ARE SMOKERS

- This will create conflict
- It affects their image
- Credibility as a spokes-person on tobacco
- They are less
  - To promote smoking cessation
  - To engage in tobacco control.
Tobacco control can be taught as

- a separate matter or
- be a part of existing content:
  - epidemiology,
  - health promotion,
  - prevention and treatment, etc.

Training time is also an ideal opportunity to offer support to students who are tobacco users and are trying to quit.
ROLE OF HEALTH PROFESSIONAL ORGANIZATIONS

• Encourage their members to be role models
  ➢ by not using tobacco
  ➢ by promoting a tobacco-free culture.

• Assess & address the tobacco consumption patterns and tobacco-control attitudes of their members through
  ➢ surveys
  ➢ Introduction of appropriate policies.

• Make the organizations’ events tobacco-free

• Include tobacco control in the agenda of all relevant health-related congresses & conferences

• Participate in the tobacco-control activities of the networks.

• Support campaigns for tobacco-free public places.
ALLIANCE-BUILDER

• Health is important for
  • all health professionals
  • other groups.

Public health is no one's domain but everyone's arena.

• Sometimes a health professional organization should
  • act by itself; however
  • cooperation with others should be considered carefully

• Tobacco control cut across a vast range of health disciplines

• To ensure that all of those, support in one way or another tobacco control activities
CURRENT ROLES OF INDONESIAN PROFESSIONAL ORGANIZATIONS

• Founding and Active Members of National Commission on Tobacco Control (Since 1997):
  • Indonesian Nurses Association
  • Indonesian Midwife Association
  • Indonesian Medical Association

• Implementing Code of Practice on Tobacco Control:
  • Promoting a tobacco-free culture of their members
  • Provide advice on how to quit smoking
  • Support the inclusion of tobacco control in the health professionals’ curricula
  • Prohibit the sale or promotion of tobacco products in the organizations’ events
  • Lobbying the national parliament and support the government regulation on tobacco control
  • Support the accession of FCTC
  • Support the national campaign for tobacco free public places
NURSES OF INDONESIAN HEALTH CENTER WERE TRAINED TO CARRY OUT SMOKE FREE PUBLIC PLACES AND VILLAGE BASED CESSATION COUNSELLING