

# Smoking & Smoking Cessation Interventions on Ontario Post-Secondary Campuses: Healthcare Providers' & Students' Perspectives

Poster presented at 13<sup>th</sup> World Conference on Tobacco or Health; Washington, DC; July 12-15

Kelli-an Lawrance, PhD, Community Health Sciences, Brock University,  
Sharon Lawler, RN, MEd, Leave The Pack Behind, Brock University,  
Melodie Shick-Porter, RN, Clinical Services, Student Health Services, Brock University,  
Linda Jessup, PhD, Health Studies & Gerontology, University of Waterloo

Financial support for these studies was provided by the Ontario Tobacco Research Unit, Health Canada, and the Government of Ontario.

## Introduction

Despite evidence that clinician-provided Clinical Tobacco Intervention (CTI) enhances smokers' likelihood of quitting, this type of smoking cessation support is generally under-utilized on post-secondary campuses (Koontz et al., 2004; Wechsler et al., 2001). A review of the literature suggests two possible explanations for this. It may be that healthcare providers lack the time, support and resources to routinely implement the "ask, advise, assist, and arrange" protocol recommended in clinical practice guidelines, or, it may be that students who smoke do not seek cessation support or do not report their smoking to health professionals when asked (Foote et al., 1996; Frank et al., 1991; Koontz et al., 2004; Kviz et al., 1997; Thorndike et al., 1999). We used data collected in two recent studies to explore:

- students' smoking, smoking cessation behaviours, and use of campus health services
- campus health care providers' self-reported implementation of CTI protocols
- students' perceptions of clinician-provided smoking cessation interventions

## Methods

In November 2004, confidential questionnaires were distributed to 593 campus healthcare professionals from 16 universities in Ontario Canada. Survey questions addressed:

- clinicians' use of "ask, advise, assist, arrange" CTI protocols
- factors that facilitated or impeded intervening around smoking

In the November 2005, approximately 90,000 students from 9 universities received email invitations to complete an anonymous, on-line questionnaire about tobacco. Survey questions addressed:

- students' patterns of smoking and smoking cessation
- their use of campus health services
- their perceptions of clinician-provided cessation interventions

In both surveys, institutions were representative of Ontario's 20 four-year, degree-granting universities in terms of size, location, programs and student demographics.

Response rates exceeded 50% for the campus health professionals and 5% for the students.

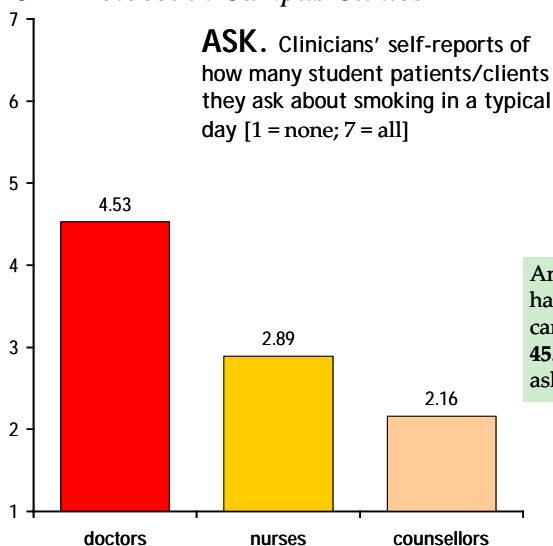
## Results

*Campus healthcare providers (N = 309).* The sample composition was as follows: 40.5% doctors; 26.9% nurses; 32.7% counsellors

*Undergraduate students (N = 6,780).* Only full-time, undergraduate students between the ages 17 – 25 were retained in the final sample. This resulted in a final sample of 6,189 students. In this sample, **22%** of students reported currently using tobacco. Of the smokers:

- 41.0% described themselves as “non-smokers who smoke sometimes”
- 38.3% had tried to quit in the past month
- 50.2% intended to quit (half within the next month)
- 33.2% had visited their campus health clinic in the past few months

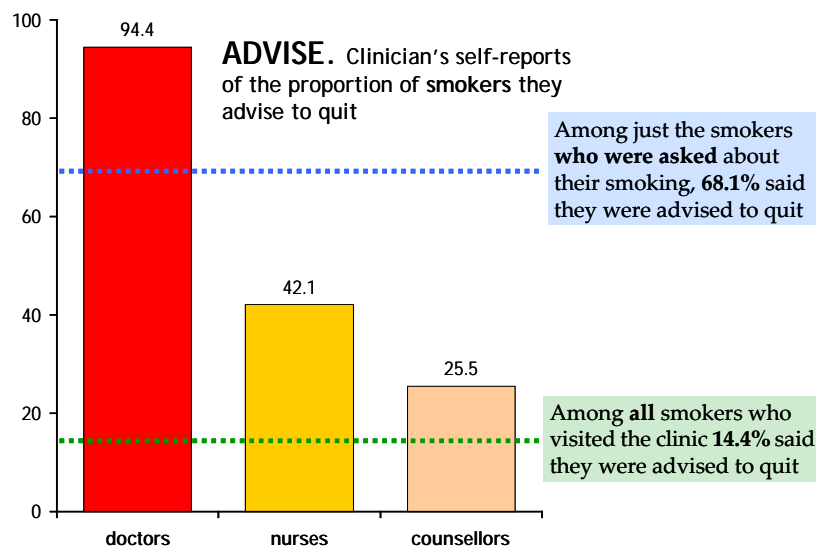
### CTI Protocol in Campus Clinics

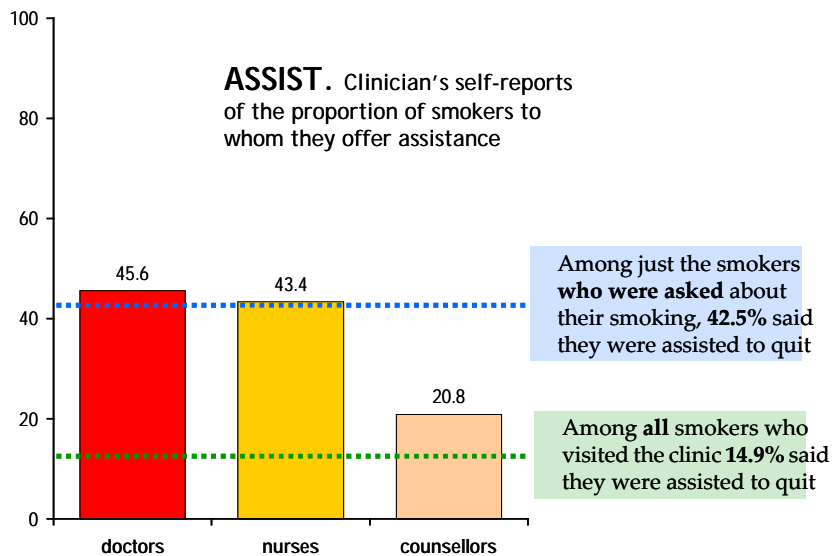


Among all students who had recently visited the campus health clinic, **45.1%** reported being asked if they smoke.

Among all student *smokers* who visited the campus health clinic (regardless of whether a clinician asked them about their smoking):

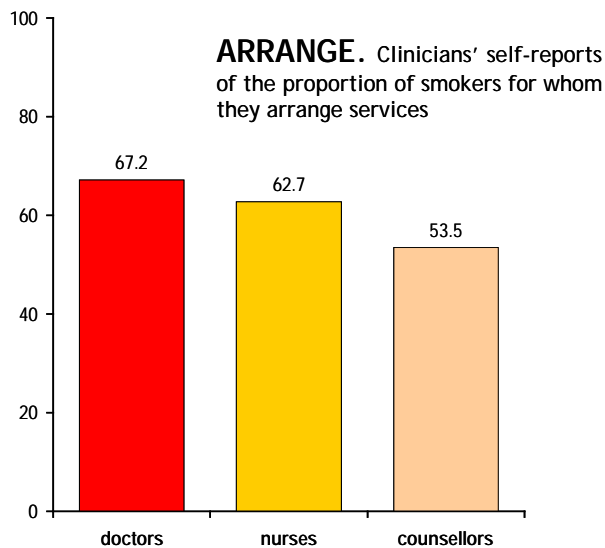
- 14.4% reported being advised to quit;
- 42.0% said no one advised them to quit;
- 29.0% reported that they weren't advised because they don't smoke; and
- 14.6% could not recall, or provided no answer.





Among smokers who were assisted to quit, 42.3% reported getting print materials and 18.6% said they received verbal guidance.

Doctors were most likely to ask about smoking during physical exams, nurses asked during visits for respiratory concerns. More than 50% of clinicians – especially counsellors – indicated that “concerns about patient resistance” prevented them from intervening with patients around smoking



## Discussion

Among campus healthcare providers, doctors are most likely to ask student patients about their smoking and to advise them to quit. Only a minority of campus health professionals offers smoking cessation assistance; even fewer student smokers perceive that aid is being given. This lack of assistance may be attributable to students' untruthful answers when asked about their smoking status, and to clinician's concerns about smokers' receptivity to cessation advice and intervention.

Regardless of which view best represents reality, there is a clear need to ensure that more students who smoke access the smoking cessation supports available in campus clinics and to see that campus clinics are better resourced to deliver this support. These recommendations are offered: **1 consistently** implement CTI protocols in campus health clinics; **2** ask students if they use tobacco (vs. whether they are 'smokers'); and **3** make easy-to-use, age-tailored (print) interventions readily available to ease concerns about resistance.

### ***Translation to Practice***

Leave The Pack Behind ([www.LeaveThePackBehind.org](http://www.LeaveThePackBehind.org)) is a multi-campus comprehensive tobacco control initiative that helps ensure smoking cessation is always at the forefront of campus clinic services. Leave The Pack Behind uses three key strategies to do this.

#### **Strategy 1: Linking a student-team with a health professional from the clinic**

To gain the attention of other students on campus, and have them *accept* tobacco control messaging, it is essential for the message to come from peers. The connection between a student-team and clinicians (through a dedicated health professional) ensures that tobacco control messages, programs and services flow back and forth.

#### **Strategy 2: Using campus communication channels to educate students about the availability of services in the campus clinic**

Continuous messaging is essential for reaching students at times when they are most prepared to listen (e.g., when they are ready to quit, having smoking-related issues with friends or roommates, etc.). Continuous messaging helps ensure students know about clinic services.

#### **Strategy 3: Supporting clinic staff**

This strategy ultimately enhances the likelihood that students will ask about smoking and that healthcare professionals will disseminate supportive materials. (Strategies to support the clinic include: creating educational posters and displays, stocking campus clinics with smoking cessation and other promotional materials, introducing procedures to ensure that self-help programs are always available in all examining rooms, using student-to-student programming to refer student smokers to campus clinics, and arranging Clinical Tobacco Intervention training for campus health professionals).

#### **Correspondence can be addressed to:**

Kelli-an Lawrance, Ph.D., Community Health Sciences Department, Brock University, 500 Glenridge Avenue, St. Catharines, ON, Canada, L2S 3A1 / [kelli-an.lawrance@brocku.ca](mailto:kelli-an.lawrance@brocku.ca)

Sharon Lawler, RN, MEd, Manager, Leave The Pack Behind, Brock Research Institute for Youth Studies, Brock University, 500 Glenridge Avenue, St. Catharines, ON, Canada, L2S 3A1 / [sharon.lawler@brocku.ca](mailto:sharon.lawler@brocku.ca)