Journal of Health Study and Medicine
2022, No. 1
pp. 75–99
DOI 10.36145/JHSM2022.05

Using Professional Support when Quitting Smoking
Original Publication

Submitted: 22 June 2021 Accepted: 29 June 2021 Published: 25 May 2022

Małgorzata Znyk[1]
https://orcid.org/0000-0002-0872-7293

Ewa Siwińska-Beck[1]

[1] Department of Hygiene and Health Promotion, Medical University of Lodz

Address for correspondence

Małgorzata Znyk
Department of Hygiene and Health Promotion
Medical University of Lodz
7/9 Żeligowskiego St., 90–752 Lodz, Poland
znyk@poczta.onet.pl

Abstract

Introduction: *Smoking is defined as a chronic disease with periods of use and abstinence. Reducing tobacco consumption is of key importance to the overall health of the population. The combination of therapeutic education, behavioral support, and pharmacotherapy are key ingredients in smoking cessation. Clinical guidelines recommend cognitive-behavioral intervention together with the administration of first-line drugs (bupropion, varenicline, NRT).*

Interventions of as little as 3 minutes by primary care physicians can help patients to quit smoking successfully. Quitting smoking advice by GPs has been shown to increase rates of quitting smoking.

Aim: *The aim of the study was to assess smoking cessation frequency and the frequency of smoking cessation counseling in primary care.*

Material and Methods: *A cross-sectional study was conducted in 2015 among 114 smokers from the Piotrków district who were referred to a primary care physician. The Bioethics Committee of the Medical University of Lodz issued a positive opinion on the study (RNN/243/15/KE). The research tool was a questionnaire.*

Results: *57% of respondents had tried to quit smoking, the most common number of attempts being 1–2 (32.5% of respondents); 66.7% of respondents intended to quit smoking in the next month, and 22.8% were considering quitting smoking in the next 12 months; 45.6% of respondents had been advised to quit smoking in the last 12 months; and only 38.6% of respondents had ever been given advice on stopping smoking by their GP. In the previous 12 months: 14.9% of respondents had used nicotine replacement therapy, incl. slices or chewing gum; 3.5% of people had benefited from therapeutic help, including the anti-smoking clinic; 3.5% of respondents had used traditional drugs (e.g., champix); and 5.3% of respondents had used prescription drugs (e.g., bupropion).*

Conclusions: *The results suggest that the time spent advising patients on smoking should include helping them to quit smoking. GPs should discuss smoking cessation with more patients who smoke.*

Key words: *smoking cessation, counseling, family doctor, tobacco control, smokers*

Introduction

According to the World Health Organization (WHO), smoking kills more than 8 million people worldwide each year, including about 1.2 million non-smokers as a result of secondhand smoke [1]. The 2018 WHO report on the health of Europeans identified tobacco smoking as one of the main public health problems in the European Region [2]. Smoking is defined as a chronic disease with periods of use and abstinence [3]. Most adult smokers start smoking in adolescence; 88% of them smoke their first cigarette before the age of 18 [4]. The consequences of smoking have a huge impact on public health costs. Reducing tobacco consumption is of key importance to the overall health of the population [5].

The number of people quitting smoking in Poland increases with age (the largest age group among people quitting smoking is people over 60, the smallest group are people aged 15–19). Young people believe that the possible negative effects of smoking will not appear until the distant future and are often not willing to give up smoking permanently [6].

The combination of therapeutic education, behavioral support, and pharmacotherapy are key ingredients in smoking cessation [7]. Clinical guidelines recommend cognitive-behavioral intervention together with the administration of first-line drugs (bupropion, varenicline, NRT) [5].

In the non-pharmacological treatment of smoking cessation, there are psychological therapies that include, inter alia, short counseling, and individual and group cognitive-behavioral therapy [5]. Individual counseling is a commonly used method for people trying to quit smoking [8]. Research indicates the benefits of combined pharmacotherapy with behavioral treatment in comparison with the usual care or short advice [9, 10]. Recently, new technologies and social networks have been incorporated into smoking cessation interventions [11, 12].

One way to reduce tobacco consumption is to offer smoking cessation counseling in primary care settings [13, 14]. Interventions of as little as 3 minutes by primary care physicians can help patients to quit smoking successfully [5]. Minimal intervention by GPs may bring benefits in terms of promoting abstinence as well as creating smoke-free places [5].

GPs under the guidelines must routinely advise smokers to stop smoking, offer them help to stop smoking, and prescribe the use of available stop smoking medications. Moreover, they are to record the patient's behavior in his or her medical records and, if necessary, refer patients to specialist therapy and counseling [7]. Quitting smoking advice by GPs has been shown to increase rates of quitting smoking [15]. However, research suggests that smoking cessation counseling in primary care is not being sufficiently implemented [16]. The aim of the study was to assess smoking cessation frequency and the frequency of smoking cessation counseling in primary care.

Materials and Methods

In 2015–2016, a cross-sectional study was conducted which included all smokers from the Piotrków district who gave their written consent to participate in the study. A detailed description of the study area has been published elsewhere [17, 18]. The respondents were referred to a primary care physician to encourage them to quit smoking. The study received a positive opinion and was approved by the Bioethics Committee of the Medical University of Lodz (project identification code: RNN/243/15/KE). The study used a research tool in the form of a questionnaire, which consisted of socio-demographic data (gender, age, marital status, education, professional status, average monthly net income per family member). In addition, the questionnaire questions concerned: smoking; trying to quit smoking; and using professional support when quitting smoking. Current daily smokers (who had smoked one or more cigarettes a day in the last 30 days) as well as those who smoked less frequently (occasional smokers) were included in the study.

Results

114 people smoking cigarettes in the Piotrków district participated in the study, of which men constituted 44.7%, and women 55.3%. The most numerous group of respondents were people in the 30–39 age group (23.7%) and in the 55–59 age group (33.3%). 38.6% of the respondents had secondary education,

28.9% higher education. 46.5% were married and 24.6% were unmarried. Every fifth person was a pensioner, and 59.7% of the respondents were hired employees. Every fourth respondent had a monthly family income of over PLN 1000 to PLN 1500. 7% of smokers smoked less than daily, and 93% of smokers were daily smokers. The average age of the respondents when they lit a cigarette for the first time was 19 years. Smokers most often smoked slim cigarettes (24.6%) and filtered cigarettes (69.2%). The most numerous group (32.5%) were people who started smoking daily at the age of 20–21. As many as 12.3% of respondents started smoking daily 16–20 years ago, and 15.8% 21–25 years ago. Every fourth respondent had smoked cigarettes for 21 to 30 years; every third respondent had smoked cigarettes for 10 to 20 years. The most numerous group (53.5% of respondents) among smokers were people who smoked more than 10 to 20 cigarettes a day. Every fourth respondent (28 people out of 114) smoked more cigarettes in the morning than in the rest of the day. 32.5% of the surveyed smokers would wake up at night and light a cigarette. 54.4% of people would smoke cigarettes even while lying in bed while sick. 70.2% of respondents (80 people out of 114) smoked their first cigarette within 30 minutes after waking up. 51.8% of respondents (59 people out of 114) had the hardest time giving up their first cigarette of the morning. 28.1% of respondents (32 people out of 114) found it difficult to refrain from smoking in public places where smoking is prohibited. 57% of respondents had tried to quit smoking. 32.5% of the respondents had made 1–2 attempts to quit smoking (Table 2). 19.3% of respondents (22 out of 114) had tried to quit smoking in the previous 12 months. These people most often made 1–2 attempts to quit smoking (42.9% of the respondents). In their last attempt to quit smoking, 11.4% subjects stopped smoking for up to 1 day and 16.7% for more than 2 weeks to a month. 4.4% of the surveyed smokers used professional support while quitting smoking, and 93.8% did not. Among the reasons why the respondents had not used professional smoking cessation support so far, the most frequently mentioned ones were: I did not know where to turn for such help (29.8%) and I did not know what professional help in quitting smoking there was (16.7%). Other reasons were: I thought that using professional help would require a lot of work and effort (15%) and I did not want to admit to myself that I needed

professional help to quit smoking (14%). Fear of being ill (27.2%) and current health problems (19.3%) were the most common reasons that had prompted smokers to try to quit smoking. Other reasons mentioned were financial considerations (17.5%) and family wishes (17.5%). 66.7% of respondents (76 out of 114) intended to quit smoking in the next month, and 22.8% (26 out of 114) were considering quitting smoking in the next 12 months. In the case of their current willingness to quit smoking, as many as 36% were definitely convinced of their success, and 48.2% were fairly convinced of their success in quitting smoking. 79.8% of the surveyed smokers had visited a doctor or other health care representative within the previous 12 months, most commonly consisting of 1–2 visits (53.5% of the respondents). 59 respondents (51.8%) were asked during a visit to a doctor or other health care representative whether they had smoked tobacco in the last 12 months. 52 subjects (45.6%) during such a visit in the previous 12 months had been advised to quit smoking. In the previous 12 months, 14.9% of respondents had used nicotine replacement therapy, incl. slices or chewing gum. 3.5% of people had benefited from therapeutic help, including the anti-smoking clinic. 3.5% of respondents had used traditional drugs (e.g., champix) and 5.3% of respondents had used prescription drugs (e.g., bupropion). The helpline for people trying to quit smoking was used by 3.5% of respondents. 7.9% of people tried to switch from smoking to other ways of using tobacco products, the most common being e-cigarettes (14.9%). 39.5% of respondents were very concerned about the harmful health effects of smoking, and every second person was somewhat concerned about the harmful effects. A GP gave advice on smoking cessation to 38.6% of the subjects. 11.4% of the surveyed (13 out of 114) smokers received support in quitting smoking from the workplace where they worked. 46.5% of respondents (53 out of 114) were somewhat concerned and 36.8% (42 out of 114) were very concerned about the harmful health effects of passive smoking.

Discussion

Our study supplements the literature on the use by smokers of the professional support of a doctor or other health care representative when quitting

smoking. In our survey, which was conducted among daily smokers, men accounted for 44.7% and women 55.3%. These results are higher than in Poland. According to data, in 2018 in Poland, 27.8% of men and 23.1% of women declared using traditional tobacco products at least once a day; in 2020 they amounted to 23.1% and 14.9% respectively [19]. 14.9% of the respondents in our study tried to switch from smoking to e-cigarettes. As shown by the data from 2020, the percentage of users of electronic tobacco substitutes in all age groups has significantly increased in Poland. The exception was the age group of 70 and more [19]. In our study, 57% of people had tried to quit smoking, with the most common number of attempts to quit being 1–2 (32.5% of respondents).

A systematic review of 17 randomized controlled trials showed that smokers who received medical advice were 66% more likely to quit smoking than those who did not [20]. Another study by Lancaster et al. showed that individual counseling can increase the chances of quitting smoking by 40–80% compared to minimal support [8]. In tobacco dependence treatment guidelines, one of the recommended ways to reduce tobacco consumption is primary care counseling [21–23].

The FCTC (Framework Convention on Tobacco Control) has recognized the important role of healthcare professionals in quitting smoking. Article 14 of the FCTC emphasizes screening and smoking cessation advice by healthcare providers. Moreover, it requires the inclusion of tobacco dependence treatment in the healthcare system [22, 23].

The scheme of minimal anti-smoking intervention is based on the 5xA principle. Each 'A' (ask, advise, evaluate, help, organize) represents the next step of an intervention [26]. As shown by the data, this procedure is not commonly used in practice [24, 25]. Behavior corresponding to 5A ask and advise was reported more often than subsequent strategies: evaluate, help, arrange. On average, 63% of physicians used the 'Advisory' intervention in practice, 65% the 'Ask' procedure, 44% 'Help', 36% 'Assessment', and 22% 'Organize', whilst the measurement and reporting of each of these counseling practices differed depending on the research [16]. Regular contact with a family doctor has been shown to build trust in the doctor-patient relationship, which helps and facilitates the

provision of smoking cessation counseling and allows the implementation of individualized smoking cessation advice [26, 27]. In a study by Shahawa et al. it was shown that only 15% of subjects in primary care were provided the recommended advice given their willingness to quit smoking [28]. Earlier literature shows that approximately 20% of unmotivated smokers will attempt to quit smoking when advised by their GP [29]. Evidence-based measures that increase the chances of smoking cessation include, in addition to direct medical advice, structural counseling, approved drug therapy and a follow-up plan. Varenicline, bupropion, or nicotine replacement therapy in the form of long-acting patches, and short-acting forms of nicotine such as gum, lozenges, prescription nasal spray or prescription inhaler are an approved pharmacotherapy [30].

51.8% of our respondents were asked during a visit to a doctor or other health care representative if they had smoked in the last 12 months, and 45.6% of subjects were advised to quit smoking. This shows that GPs advise smokers to quit smoking according to the guidelines, which may increase the rates of quitting smoking [7, 34].

Only 5.3% of our respondents used prescription drugs (e.g., bupropion) to quit smoking, and 3.5% of the respondents used traditional drugs (e.g., champix). Only 3.5% of the respondents benefited from therapeutic help, including the anti-smoking clinic; 14.9% of the respondents used nicotine replacement therapy, including slices, or chewing gum.

In a cross-sectional study by Tibuakuu et al. in the US in 2006–2015, the percentage of people who reported having received medical advice to quit smoking increased from 60.2% to 64.9%, whilst prescription drug use decreased from 6.0% to 4.6% [31]. Numerous studies suggest that smoking cessation counseling is not sufficiently implemented in primary care [17, 32–39].

A review by Ahluwalia et al. found that in the 31 countries assessed, quitting smoking without any assistance was the most common method of quitting smoking (from 52.7% in Pakistan to 92.4% in Greece). The second most popular method was counseling (from 1.3% in Romania to 23.7% in the Republic of Tanzania), then NRT (from 0.02% in Bangladesh to 26.7% in Indonesia), prescription drugs (from 0.5% in Indonesia to 14.3% in Kazakhstan) and traditional medicines (from 0.1% in Bangladesh to 11.4% in Senegal) [35].

In the Netherlands, only 22.6% of smokers received advice on smoking cessation, and only 20.9% of patients had their GP prescribed or order medications. 58.9% of English smokers received smoking cessation advice from their GP [36]. In a study by Guydish et al., 53% of smokers were recommended to quit smoking, 41% benefited from counseling, 26% received drugs to help quit smoking, and 17% received counseling and medications [37]. In the study by Sipos et al. 25% of smokers were provided with a brief intervention, 7% with programmed non-pharmacological support, and 2% with pharmacotherapy [38].

The study by Zhang et al. showed that people who received smoking cessation advice were more likely to use smoking cessation medications compared to those who did not receive such advice (21% and 13%, respectively) [39].

A review by Owusu et al. based on the Global Adults Tobacco Survey conducted in 12 countries found that 52% had not received any intervention, and 40% of participants had been advised to quit smoking. Smoking cessation advice has been associated with an increased use of telephone quitline advice, WHO prescribed medications, and counseling [23]. Research shows that smoking cessation interventions by healthcare professionals, such as counseling and the use of nicotine replacement therapy (NRT), are cost effective [40]. The Ankabi review showed that nicotine replacement therapy (NRT) improved rates of smoking cessation, and behavioral counseling was more effective than minimal interventions [41]. High availability and low cost of NRT make it an ideal pharmacotherapy for smoking cessation compared to other drugs to help stop smoking [42]. Pharmacological support has been proven effective in quitting smoking [43]. However, the knowledge of smokers and the perceived efficacy of these pharmacotherapies is low [44–49].

Awareness of the availability of smoking cessation treatments in primary care should be increased [49]. Our research also shows that every third respondent did not know where to turn for professional help in stopping smoking, and every sixth respondent did not know what professional help there was to quit smoking. The study has some limitations that should be considered when interpreting the results. One limitation of the study is the small size of the group who participated in the research. The study also used

a cross-sectional design that tends to be observable at one point in time, making it impossible to observe changes over longer periods of time.

Conclusions

The results suggest that the time spent advising patients on smoking should include helping them to quit smoking. GPs should discuss smoking cessation with more patients who smoke. Behavioral counseling, quick advice, and nicotine replacement therapy appear to be effective in helping people quit smoking in low – and middle-income countries.

References

1. World Health Organization 2020. Summary results of the Global Touth Tobacco Survey in selected countries of the WHO European Region.

2. WHO, Regional Office for Europe 2018. European health report 2018: More than numbers – evidence for all [Internet]. Available from: https://www.euro.who.int/en/data-and-evidence/european-health-report/european-health-report-2018/european-health-report-2018.-more-than-numbers-evidence-for-all-2018 [cited 10.06.2021].

3. Bernstein SL, Toll BA. Ask about smoking, not quitting: a chronic disease approach to assessing and treating tobacco use. Addict Sci Clin Practice 2019; 14(1) (article 29). https://doi.org/10.1186/s13722–019-0159-z.

4. U.S. Department of Health and Human Services. Preventing tobacco use among youth and young adults: a report of the Surgeon General. Atlanta (GA): National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2012 [Internet]. Available from: https://www.ncbi.nlm.nih.gov/pubmed/22876391 [cited 10.06.2021].

5. García-Gómez L, Hernández-Pérez A, Noé-Díaz V, Riesco-Miranda JA, Jiménez-Ruiz C. Smoking cessation treatments: Current psychological and pharmalogical options. Rev Invest Clin 2019; 71(1): 7–16. https://doi.org/10.24875/RIC.18002629.

6. Globalny sondaż dotyczący używania tytoniu przez osoby dorosłe (GATS) Polska 2009–2010. Warszawa: Ministerstwo Zdrowia; 2010.

7. Wytyczne dotyczące uzależnienia od tytoniu 2018. European Network for Smoking and Tobacco Prevention (ENSP). Bruksela; 2018.

8. Lancaster T, Stead LF. Individual behavioural counselling for smoking cessation. Cochrane Database Syst Rev 2017; 3(3): CD001292. https://doi.org/10.1002/14651858.CD001292.pub3.

9. Stead LF, Carroll AJ, Lancaster T. Group behaviour therapy programmes for smoking cessation. Cochrane Database Syst Rev 2017; 3(3): CD001007. https://doi.org/10.1002/14651858.CD001007.pub3.

10. Stead LF, Koilpillai P, Lancaster T. Additional behavioural support as an adjunct to pharmacotherapy for smoking cessation. Cochrane Database Syst Rev 2015; 10: CD009670. https://doi.org/10.1002/14651858.CD009670.pub3.

11. Ramo DE, Thrul J, Delucchi KL, Ling PM, Hall SM, Prochaska JJ. The Tobacco Status Project (TSP): Study protocol for a randomized controlled trial of a Facebook smoking cessation intervention for young adults. BMC Public Health 2015; 15: 897.

12. Baskerville NB, Azagba S, Norman C, McKeown K, Brown KS. Effect of a Digital Social Media Campaign on Young Adult Smoking Cessation. Nicotine Tob Res 2016; 18(3): 351–360. https://doi.org/10.1093/ntr/ntv119.

13. McRobbie H, Bullen C, Glover M, Whittaker R, Wallace-Bell M, Fraser T et al. New Zealand smoking cessation guidelines. N Z Med J 2008; 121(1276): 57–70.

14. Fiore MC. US public health service clinical practice guideline: treating tobacco use and dependence. Respiratory Care 2000; 45(10): 1200–1262.

15. Stead LF, Buitrago D, Preciado N, Sanchez G, Hartmann-Boyce J, Lancaster T. Physician advice for smoking cessation. Cochrane Database Syst Rev 2013; 5: CD000165.

16. Bartsch AL, Härter M, Niedrich J, Brütt AL, Buchholz A. A Systematic Literature Review of Self-Reported Smoking Cessation Counseling by Primary Care Physicians. PLoS One 2016; 11(12): e0168482. https://doi.org/10.1371/journal.pone.0168482. eCollection 2016.

17. Znyk M, Kaleta D. Subjective assessment of health in people with varying degrees of nicotine addiction. Journal of Health Study and Medicine 2020; 4: 47–65. https://doi.org/10.36145/JHSM2020.26.

18. Milcarz K, Makowiec-Dąbrowska T, Bąk-Romaniszyn L, Kaleta D. Smoking Patterns and Smoking Cessation Willingness – A Study among Beneficiaries of Government Welfare Assistance in Poland. Int J Environ Res Public Health 2017; 14(2): 131.

19. Wojtyniak B, Gorynski P. Health Status of Polish Population and Its Determinants 2020. Warsaw, Poland: National Institute of Public Health National Institute of Hygiene; 2020.

20. Stead LF, Buitrago D, Preciado N, Sanchez G, Hartmann – Boyce J, Lancaster T. Physician advice for smoking cessation. Cochrane Database Syst Rev 2008; 2. https://doi.org/10.1002/14651858.CD000165.pub4.

21. AWMF. S3-Leitlinie Screening, Diagnostik und Behandlung des schädlichen und abhängigen Tabakkonsums [S3-Guideline Screening, diagnosis and treatment of harmful and addictive tobacco consumption]. 2015 [Internet]. Available from: https://www.awmf.org/ leitlinien/detail/ll/076–006.html [cited 10.06.2021].

22. WHO FCTC/COP4(8) Guidelines for implementation of Article 14 of the WHO Framework Convention on Tobacco Control [Internet]. Available from: http://www.who.int/fctc/ Guidelines.pdf? ua=1. Published 2010 [cited 10.06.2021].

23. Owusu D, Wang KS, Quinn M, Aibangbee J, John RM, Mamudu HM. Health Care Provider Intervention and Utilization of Cessation Assistance in 12 Low – and Middle-Income Countries. Nicotine Tob Res 2019; 21(2): 188–196. https://doi.org/10.1093/ntr/nty028.

24. Young JM, Ward JE. Implementing guidelines for smoking cessation advice in Australian general practice: opinions, current practices, readiness to change and perceived barriers. Fam Pract 2001; 18(1): 14–20. https://doi.org/10.1093/fampra/18.1.14.

25. Szatkowski L, Lewis S, McNeill A, Coleman T. Is smoking status routinely recorded when patients register with a new GP? Fam Pract 2010; 27(6): 673–675. https://doi.org/10.1093/fampra/cmq046.

26. Ulbricht S, Meyer C, Schumann A, Rumpf HJ, Hapke U, John U. Provision of smoking cessation counseling by general practitioners assisted by training and screening procedure. Patient Educ Couns 2006; 63(1–2): 232–238.

27. Hoch E, Muehlig S, Höfler M, Lieb R, Wittchen HU. How prevalent is smoking and nicotine dependence in primary care in Germany? Addiction 2004; 99(12): 1586–1598.

28. El-Shahawy O, Shires DA, Elston Lafata J. Assessment of the Efficiency of Tobacco Cessation Counseling in Primary Care. Eval Health Prof 2016; 39(3): 326–335. https://doi.org/10.1177/0163278715599204.

29. Kotz D, Brown J, West R. Predictive validity of the motivation to stop scale (MTSS): A single-item measure of motivation to stop smoking. Drug Alcohol Depend 2013; 128(1–2): 15–9.

30. Steliga MA. Smoking Cessation in Clinical Practice: How to Get Patients to Stop. Semin Thorac Cardiovasc Surg Spring 2018; 30(1): 87–91. https://doi.org/10.1053/ j.semtcvs.2018.02.033.

31. Tibuakuu M, Okunrintemi V, Jirru E, Echouffo Tcheugui JB, Orimoloye OA, Mehta PK, DeFilippis AP, Blaha MJ, Michos ED. National Trends in Cessation Counseling, Prescription Medication Use, and Associated Costs Among US Adult Cigarette Smokers. JAMA Netw Open 2019; 2(5): e194585. https://doi.org/10.1001/jamanetworkopen.2019.4585.

32. West R, DiMarino ME, Gitchell J, McNeill A. Impact of UK policy initiatives on use of medicines to aid smoking cessation. Tob Control 2005; 14: 166–171.

33. Leung CMK, Leung AKC, Hon KLE, Kong AYF. Fighting tabacco smoking – a difficult but not impossible battle. Int J Environ Res Public Health 2009; 6(1): 69–83.

34. West R, Raw M, McNeill A et al. Health-care interventions to promote and assist tabacco cessation: a review of efficacy, effectiveness and affordability for use in national guideline development. Addiction 2015; 110(9): 1388–1403.

35. Ahluwalia IB, Tripp AL, Dean AK, Mbulo L, Lazarous M, Arrazola RA, Twentyman E, King BA. Tobacco Smoking Cessation and Quitline Use Among Adults Aged ≥ 15 years in 31 countries: finding from the Global Adult Tobacco Survey. Am J Prev Med 2021; 60(3 Suppl 2): S128–S135. https://doi.org/10.1016/j.amepre.2020.04.029.

36. Kotz D, Willemsen MC, Brown J, West R. Light smokers are less likely to receive advice to quit from their GP than moderate – to-heavy smokers: A comparison of national survey data from the Netherlands and England. Eur J Gen Pract 2013; 19(2): 99–105.

37. Guydish J, Yip D, Le T, Gubner NR, Williams DD, Delucchi KL. Tobacco Cessation Services in Addiction Treatment: What Do Clients Say? Psychiatr Serv 2019; 70(3): 229–232. https://doi.org/10.1176/appi.ps.201700565.

38. Sipos V, Pálinkás A, Kovács N, Csenteri KO, Vincze F, Szőllősi JG, Jenei T, Papp M, Ádány R, Sándor J. Smoking cessation support for regular smokers in Hungarian primary care: a nationwide representative cross-sectional study. BMJ Open 2018; 8(2): e018932. https://doi.org/10.1136/bmjopen-2017–018932.

39. Zhang B, Chaiton MO, Diemert LM, Bondy SJ, Brown KS, Ferrence R. Health professional advice, use of medications and smoking cessation: A population-based prospective cohort study Preventive Medicine: An International Journal Devoted to Practice and Theory 2016; 91: 117–122. https://doi.org/10.1016/j.ypmed.2016.07.027.

40. USPSTF. Tobacco Use in Children and Adolescents: Primary Care Interventions. 2020 [Internet]. Available from: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/tobacco-and-nicotine-use-prevention-in-children-and-adolescents-primary-care-interventions [cited 10.06.2021].

41. Akanbi MO, Carroll AJ, Achenbach C, O'Dwyer LC, Jordan N, Hitsman B, Bilaver LA, McHugh MC, Murphy R. The efficacy of smoking cessation interventions in low – and middle-income countries: a systematic review and meta-analysis. Addiction 2019; 114(4): 620–635. https://doi.org/10.1111/add.14518.

42. Pine-Abata H, McNeill A, Murray R, Bitton A, Rigotti N, Raw M. A survey of tobacco dependence treatment services in 121 countries. Addiction 2013; 108(8): 1476–1484.

43. Hartmann-Boyce J, Stead LF, Cahill K, Lancaster T. Efficacy of interventions to combat tobacco addiction: Cochrane update of 2012 reviews. Addiction 2013; 108(10): 1711–1721.

44. Vogt F, Ashworth M, Hall S, Sniehotta FF, Marteau TM. What underlies the perception that a medical intervention is effective? An exploratory study among smokers. Nicotine Tob Res 2010; 12(5): 508–515.

45. Hammond D, McDonald PW, Fong GT, Borland R. Do smokers know how to quit? Knowledge and perceived effectiveness of cessation assistance as predictors of cessation behaviour. Addiction 2004; 99(8): 1042–1048.

46. Bansal MA, Cummings KM, Hyland A, Giovino GA. Stop-smoking medications: Who uses them, who misuses them, and who is misinformed about them? Nicotine Tob Res 2004; 6 Suppl. 3: S303–S310.

47. Gross B, Brose L, Schumann A, Ulbricht S, Meyer C, Völzke H, Rumpf HJ, U John. Reasons for not using smoking cessation aids. BMC Public Health 2008; 8 (article 129).

48. Ismailov RM, Leatherdale ST. Smoking cessation aids and strategies among former smokers in Canada. Addict Behav 2010; 35(3): 282–285.

49. van Rossem C, Spigt MG, Kleijsen JRC, Hendricx M, van Schayck CP, Kotz D. Smoking cessation in primary care: Exploration of barriers and solutions in current daily practice from the perspective of smokers and healthcare professionals. Eur J Gen Pract 2015; 21(2): 111–117. https://doi.org/10.3109/13814788.2014.990881.

Table 1. Characteristics of the studied population (N = 114)

	N	%
Sex		
female	63	55.3
male	51	44.7
Age (years)		
< 30	14	12.3
30–39	27	23.7
40–49	9	7.9
50–59	38	33.3
≥ 60	26	22.8
Marital status		
unmarried	28	24.6
married	53	46.5
divorced	18	15.8
widower/widow	15	13.1
Education		
basic	2	1.8
basic vocational	21	18.4
average	44	38.6
post-secondary	14	12.3
higher	33	28.9
Professional status in the last 12 months		
salaried employee	68	59.7
self-employed person	11	9.6
pupil/student	3	2.6
housewife	2	1.8
pensioner/annuitant	23	20.2
unemployed	7	6.1
Monthly net family income per person		
up to 500 PLN	11	9.7
over 500 to 700 PLN	8	7.0
over 700 to 1000 PLN	18	15.8
above 1000 to 1500 PLN	29	25.4
above 1500 to 2000 PLN	26	22.8
above 2000 to 2500 PLN	13	11.4
above 2500 PLN	9	7.9
Smoking tobacco		
Yes, everyday	106	93.0
Yes, less than every day	8	7.0

	N	%
What kind of cigarettes do you currently smoke?		
With filter	79	69.2
Unfiltered	1	0.9
Slim	28	24.6
Menthol	6	5.3
How old were you when you **first smoked** tobacco?		
10–12	2	1.8
13–14	5	4.4
15–16	25	21.9
17–18	27	23.7
19–20	25	21.9
21–22	6	5.3
24–25	11	9.6
28–30	11	9.6
above 30	2	1.8
How old were you when you started smoking tobacco **every day**?		
14–15	3	2.6
16–17	12	10.5
18–19	21	18.4
20–21	37	32.5
22–24	8	7.1
25–27	14	12.3
28–30	11	9.6
31–32	4	3.5
35–40	2	1.7
above 40	1	0.9
no data	1	0.9
How many years ago did you start smoking tobacco **every day**?		
Up to 1 year	3	2.6
from 2 to 5 years	6	5.3
from 6 to 10 years old	11	9.6
from 11 to 15 years old	8	7.0
from 16 to 20 years old	14	12.3
from 21 to 25 years old	18	15.8
from 26 to 30 years old	12	10.5
from 31 to 35 years old	12	10.5
from 36 to 40 years old	14	12.3
over 40 years old	16	14.1

	N	%
How many cigarettes do you smoke in total during the day? (pieces)		
< 1	2	1.7
1–5	5	4.4
over 5 to 10	27	23.7
above 10 to 20	61	53.5
above 20 to 30	18	15.8
above 30	1	0.9
Number of years of regular daily smoking? (after deducting any interruptions for abstinence)		
< 10	17	15.0
10–20	36	31.6
21–30	29	25.4
31–40	20	17.5
> 40	11	9.6
No data	1	0.9
How quickly do you light up the first cigarette (pipe, cigar, cigarillo, another tobacco product) **after you wake up**?		
in the first 5 minutes	26	22.8
after 6–15 minutes	31	27.2
after 16–30 minutes	23	20.2
after 31–60 minutes or	16	14.0
after more than 60 minutes	17	14.9
no data	1	0.9
Do you wake up at night and light up a cigarette?		
Yes	37	32.5
No	77	67.5
Do you smoke **more cigarettes in the morning than the rest of the day**?		
Yes	28	24.6
No	86	75.4
Which cigarette is the most difficult for you to give up?		
The first of the morning	59	51.8
Every other cigarette	55	48.2
Do you find it **difficult to refrain from smoking in non-smoking public places** (e.g. library, cinema, church)?		
Yes	32	28.1
No	82	71.9
Do you smoke cigarettes even when you are **so sick that you have to stay in bed**?		
Yes	62	54.4
No	52	45.6

Table 2. Use of professional support when quitting smoking (N = 114)

Variable	N	%
Have you ever tried to quit smoking?		
No	49	43.0
Yes	65	57.0
If you have ever tried to quit smoking, how many times?		
0	2	1.7
1–2	37	32.5
3–4	30	26.3
5–6	6	5.3
6+	3	2.6
No data	36	31.6
Have you tried to quit smoking in the last 12 months?		
Yes	22	19.3
No	82	71.9
No data	10	8.8
If in the last 12 months you have tried to quit smoking, how many times?		
0	7	6.1
1–2	49	42.9
3–4	5	4.4
5–6	1	0.9
6+	2	1.8
No data	50	43.9
During the last attempt to quit smoking, for how long did you stop smoking?		
1 day	13	11.4
from 2 days to a week	12	10.5
over a week to 2 weeks	5	4.4
over 2 weeks to a month	19	16.7
over a month to 6 months	11	9.6
over 6 months to 1 year	3	2.6
no data	51	44.7
Have you ever benefited from professional support when quitting smoking?		
Yes	5	4.4
No	107	93.8
No data	2	1.8

Variable	N	%
Which of the following statements best describes the reason for which you have so far NOT used professional support in quitting smoking?		
I did not know where to turn for such help	34	29.8
I was ashamed of what others would think of me	11	9.6
I thought that using professional help would require a lot of work and effort from me	17	15.0
I didn't want to admit to myself that I needed professional help to quit smoking	16	14.0
I was too proud to ask for professional help	5	4.4
I did not feel able to talk to another person about my smoking	4	3.5
I was afraid that professional help would be very expensive	8	7.0
I did not know what professional help there was to stop smoking	19	16.7
What prompted you to now try to quit smoking?		
current health problems	22	19.3
fear of disease	31	27.2
doctor's recommendations	7	6.1
family wishes	20	17.5
belief in the harmful effects of smoking	11	9.7
financial considerations	20	17.5
no smoking in the workplace	2	1.8
other reason	1	0.9
Which of the following best describes your intention to stop smoking?		
I'm going to quit smoking in the next month	76	66.7
I'm considering quitting in the next 12 months	26	22.8
I'll quit smoking, but not in the next 12 months	5	4.4
I'm not going to quit smoking	1	0.9
I do not know	6	5.2
Which of the following best describes your **current approach to quitting smoking?**		
I'm definitely convinced of success	41	36.0
I'm rather convinced of success	55	48.2
I'm not convinced of success	18	15.8
Have you visited **a doctor or other health care representative** in the last 12 months?		
Yes	91	79.8
No	23	20.2

Variable	N	%
How many times have you visited a doctor or other health care representative in the last 12 months?		
1–2 times	61	53.5
3 to 5 times	28	24.6
6 or more times	18	15.8
No data	7	6.1
During a visit to a doctor or other health care representative in the last 12 months, were you asked if you smoke?		
Yes	59	51.8
No	49	43.0
No data	6	5.2
During a visit to a doctor or other health care professional in the last 12 months, were you advised to quit smoking?		
Yes	52	45.6
No	49	43.0
No data	13	11.4
In the last 12 months, have you used the following measures to help you quit smoking?		
Therapeutic help, including help from the anti-smoking clinic		
Yes	4	3.5
No	110	96.5
Nicotine replacement therapy, such as patches or chewing gum?		
Yes	17	14.9
No	97	85.1
Other prescription drugs, for example (Bupropion)?		
Yes	6	5.3
No	108	94.7
Traditional drugs, for example (Champix)?		
Yes	4	3.5
No	110	96.5
Quit Smoking Helpline?		
Yes	4	3.5
Well	110	96.5
Switching from smoking to other ways of using tobacco products?		
Yes	9	7.9
No	105	92.1
e-cigarettes		
Yes	17	14.9
No	97	85.1

Variable	N	%
Are you concerned about the harmful effects of smoking on your health?		
I am very concerned	45	39.5
I'm a little worried	57	50.0
I'm not very worried	11	9.6
I'm not at all concerned	1	0.9
Have you ever been given any smoking cessation advice by your GP / family doctor?		
Yes	44	38.6
No	70	61.4
Have you received help / support to stop smoking from the workplace where you work?		
Yes	13	11.4
No	101	88.6
Are you concerned about the harmful effects of passive smoking on your health?		
I'm very concerned	42	36.8
I'm a little worried	53	46.5
I'm not very worried	14	12.3
I'm not at all concerned	5	4.4