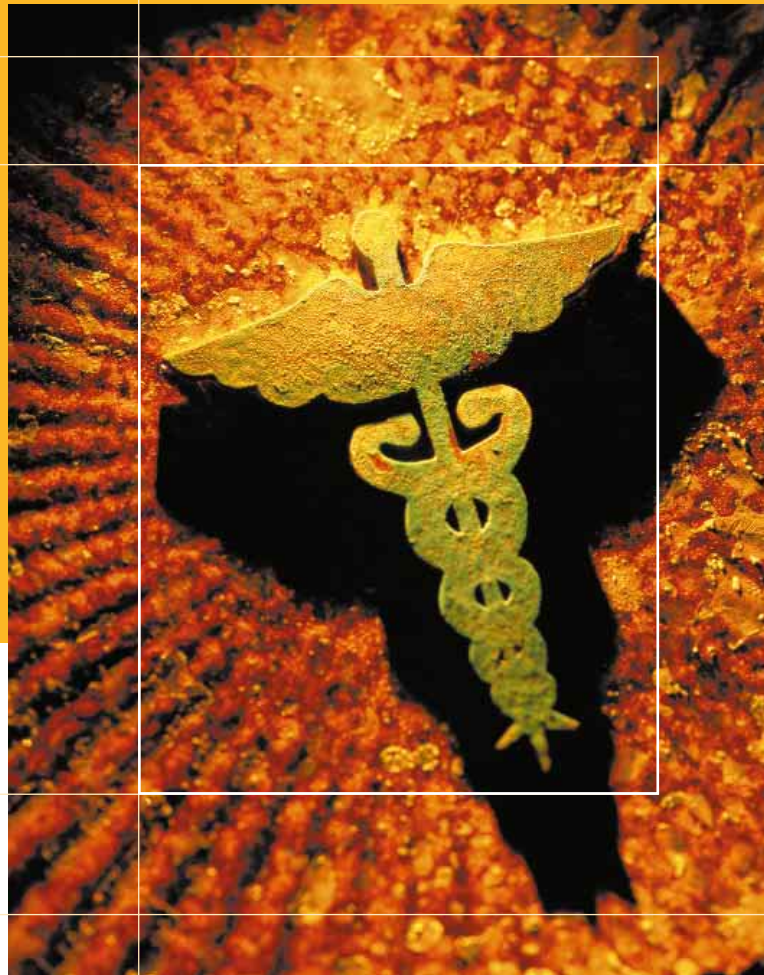


# Engaging Doctors in Tobacco Control



## To our colleagues in the global tobacco control movement:

For nearly a half century we have been struggling with the 20th century's brown plague: tobacco use. As we begin this new century, we face both a grim forecast, and a new hope.

The grim forecast? This voracious devourer of health and life threatens hundreds of millions of new victims, especially in the developing world.

The source of hope? We have now learned – through our failures as much as our successes – how to fight tobacco.

These lessons were hard won. At first, we believed that the verdict of science, and public awareness of that verdict, would compel tobacco users to quit, and governments to take appropriate action to control tobacco use.

But we were wrong. We did not, could not, imagine the depths to which the international tobacco industry would descend to deny, deceive, bully, undermine, and confuse public understanding and government action. Neither could we imagine the extent to which governments would fail to act as conscience demanded.

We engaged in public health education; the tobacco lobby engaged in unrelenting, often corrupt politics. Slowly, we learned that tobacco control would require strategic political responses to tobacco industry political action and government inaction.

Across the globe, experienced leaders emerged who had learned advocacy skills and strategies to overcome tobacco industry resistance and government inertia. They have achieved the enactment and enforcement of those comprehensive tobacco control policies that science also tells us will halt the spread of the tobacco pandemic.

On behalf of the American Cancer Society, The International Union Against Cancer, the Campaign for Tobacco-Free Kids, and the many wise and experienced colleagues who contributed to this lengthy project, we are deeply pleased to offer this series of guides, *Tobacco Control Strategy Planning* to the global tobacco control community.

We hope that as you read these guides and learn new lessons in your advocacy efforts, that you will share these lessons with us, so that we can revise and upgrade both the written guides and the website.

We began this letter with the challenge and the hope for global tobacco control in the 21st century. We will end with a quote from Dr. Erich Fromm, the great social psychologist, who wrote that “hope” is “a decisive element in any effort to bring about social change”. But such hope, “is neither passive waiting...nor the disguise of phrase making and adventurism, of disregard for reality, and of forcing what cannot be forced.”

True hope, wrote Fromm, “is like the crouched tiger, which will jump only when the moment for jumping has come.” Today for the global tobacco control movement in every country of the world, “the moment for jumping has come!”

John R. Seffrin, PhD  
CEO, American Cancer Society  
President, International Union Against Cancer



# American Cancer Society/International Union Against Cancer (UICC) Tobacco Control Strategy Planning

## *Introduction to the Series*

*Tobacco Control Strategy Planning* is a series of guides developed by the American Cancer Society (ACS) and the International Union Against Cancer (UICC). Each guide in this series takes readers through a set of strategic planning questions that address specific challenges in tobacco control advocacy. The guides answer those questions, based on the wisdom and experience of tobacco control advocates throughout the world.

The first two guides in the American Cancer Society/UICC series are basic tools designed to be used together by tobacco control advocates whose countries are in the early stages of tobacco control.

*Strategy Planning for Tobacco Control Advocacy* takes NGO (nongovernmental organization) planners through the process of developing long- and short-term national strategic plans, with an emphasis on media advocacy.

*Strategy Planning for Tobacco Control Movement Building* helps planners identify the kinds of people and allied organizations that can be the most helpful to them in putting together and implementing national plans. The guide includes methods for recruiting allies, tips for organizing effective alliances, leadership requirements for effective national tobacco control movements, and critical lessons in movement leadership.

Both guides are also designed to be “meta-guides.” They not only answer strategic questions but also provide Internet links to authoritative and useful publications, fact sheets, tested arguments, background papers, and other online advocacy resources.

To help simplify the strategy planning process for advocates, UICC has created a one-stop website on GLOBALink ([www.globalink.org](http://www.globalink.org)). This site allows advocates to conveniently locate and download all the advocacy resources mentioned in the guides.

This series also includes two specialized strategy planning guides:

*Engaging Doctors in Tobacco Control* responds to the concern of tobacco control advocates that far too few doctors – who should be among the leaders of every tobacco control movement – are actively engaged in tobacco control.

*Building Public Awareness of Passive Smoking Hazards* responds to the evidence in many countries of little or no public awareness of the serious, proven health hazards of passive smoking. This lack of awareness severely hampers advocates who try to persuade governments to decree or enforce smoke-free public places or work sites.

Each guide is designed to help advocates develop practical strategies to overcome specific barriers to effective tobacco control policies. As advocates continue to learn valuable lessons about tobacco control advocacy, we encourage them to share their experiences. We will continually update these guides and the related website ([www.strategyguides.globalink.org](http://www.strategyguides.globalink.org)) so that advocates always have access to the most current strategies and resources.

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# Engaging Doctors in Tobacco Control

## What is our goal?

***Our goal is to motivate more doctors to become active in the full range of tobacco control activities.***

In most countries, doctors and other health care professionals are highly respected and influential community leaders. According to *Doctors and Tobacco: Medicine's Big Challenge*, by David Simpson, medical professionals probably have “the greatest potential of any group in society to promote a reduction in tobacco use, and thus, in due course, a reduction in tobacco-induced mortality and morbidity.”<sup>1</sup> They have a unique potential to contribute to tobacco control in several complementary ways:

- As role models in not smoking, or quitting smoking.
- In counseling patients not to smoke.
- In providing smoking cessation treatment.
- In organizing and speaking out publicly and lobbying for comprehensive public policies to control tobacco use.

Unfortunately, too many doctors in too many countries do not consider tobacco control to be part of their professional responsibilities. Instead they simply treat the illnesses tobacco use causes. This mindset is especially harmful in countries that lack strong tobacco control advocates – often the very same countries in which medical professionals are most respected and influential.

Many nations have respected parliamentarians who are themselves doctors and who could be highly influential on medical science matters such as tobacco control. However, they rarely choose to speak out against tobacco because they do not see themselves as natural leaders of public health advocacy efforts.

In countries with the highest smoking rates, doctors smoke even more than the general public and, as a result, serve as negative role models. Getting doctors to quit smoking can have profound effects on tobacco control. They become positive role models for patients and are far more likely to advocate for tobacco control than those who still smoke.

Dr. Thomas Glynn, American Cancer Society Director of Cancer Science and Trends and a veteran tobacco control leader, has studied this phenomenon. “In those nations in which the tobacco epidemic appears to have peaked and begun to ease, a retrospective view reveals that it was, in nearly all cases, physicians who led the way by changing their behavior from being one of the groups with the highest smoking prevalence to being one of, if not the, lowest,” he says. “Therefore, in any nation where the tobacco epidemic has not peaked, or has not yet taken hold, focusing on reducing smoking among physicians and involving them in tobacco control activities – by appealing to and educating them personally and through their medical societies – may be the most important action a national tobacco control movement can take.”

## Who do we need to persuade in order to motivate doctors to become more engaged in tobacco control?

*We need to persuade doctors themselves and those who most influence them.*

Among doctors, two key target audiences are medical students, who are among the most open to a new understanding of doctors' responsibilities, and women doctors. In Poland, for example, smoking among women doctors has declined dramatically – to far below smoking rates for male doctors. Doctors who quit also are more likely to become engaged in both cessation counseling and advocacy, so it is especially important that they receive our messages.

Our target audience also includes those who have the most professional influence with doctors, including deans of medical schools, professors of medicine, and other respected, award-winning doctors and medical scientists. It also includes those with institutional and economic influence, including health ministers and senior public health officials, hospital administrators, boards of directors, hospital medical department heads, nursing directors, and inspectors of hospital hygiene and safety.

## What messages will move doctors to become more engaged in tobacco control?

*Our message includes powerful information that can motivate doctors to become involved in tobacco control advocacy.*

Even in countries without active tobacco control efforts, many doctors are informed of smoking's health risks but often fail to take responsibility for tobacco control. They do not recognize that their professional responsibility extends beyond the treatment and cure of tobacco-caused disease to include prevention and cessation. This lack of recognition is reinforced by medical compensation systems that rarely pay for counseling or cessation services.

Several of the world's leading health authorities have issued strong statements encouraging medical professionals to give up smoking and to embrace the key role they play in helping others curtail their tobacco use.

### According to the World Health Organization (WHO):

“Health professionals are encouraged to personally exhibit and promote a tobacco-free lifestyle. The advice and treatment given by health professionals can be a major factor in whether or not a person tries and succeeds in quitting smoking.”<sup>2</sup>

### According to the WHO's Tobacco Free Initiative:

“Health workers function as exemplars and educators for their patients, and consequently should set an example by abstaining from tobacco. When this point is emphasized in professional organizations and through the education system that trains professionals, their tobacco use rates decline. If health professionals and researchers focus as much on efforts to prompt attempts at tobacco cessation as on creating new approaches to treatment, many additional tobacco users will be motivated to quit...physician advice does increase both immediate and more distant attempts to quit.”<sup>3</sup>

### According to the American Medical Association:

“Tobacco dependence is a chronic illness, much like diabetes or high blood pressure, and it requires that doctors take the same long-term treatment approach to help patients succeed.”<sup>4</sup>

### The American Academy of Family Physicians

“The American Academy of Family Physicians...strongly encourages all of its members and staff to:

- Avoid smoking and the use of tobacco products in their personal lives.
- Assess and document smoking and tobacco use status as part of the medical history for every patient.
- Provide cessation counseling and other proven therapy to all patients who use tobacco.”<sup>5</sup>

### According to Health Professionals Against Smoking:

“The detrimental effects of smoking constitute one of the most urgent health problems in Europe. Individual doctors have a clear duty and responsibility toward their patients in this respect. Campaigns to inform the public of the damage to health caused by smoking will not be convincing if doctors – as individuals and as a profession – are seen as smokers.”<sup>6</sup>

Several other messages on quitting and providing cessation counseling might be effective in reaching our target audience:

- A cardiologist who fails to provide cessation counseling to a patient who smokes is no better than a cardiologist who neglects to prescribe a cholesterol-lowering drug.
- In most countries today, a cardiologist who sees a patient with high blood pressure would never fail to take that patient’s smoking history.
- “Doctors are in a unique position to help [their patients stop smoking] because their advice on health matters is trusted more than anyone else’s.”<sup>7</sup>
- “Many smokers want to stop smoking, and others may be receptive to encouragement to stop. A brief intervention by a doctor has been shown to increase the chances that a smoker will successfully stop smoking.”<sup>8</sup>
- “In smoking cessation, the decisive value is assigned to the physician’s approach and his/her assistance... mere advice from the physician not to smoke increases the likelihood of successful quit rate in the patient by about 10%.”<sup>9</sup>
- When a smoker must confront an uncertain medical future, his or her doctor has a unique opportunity to encourage smoking cessation.

Doctors need to hear that their interventions can have a powerful impact, not only in cessation counseling and treatment, but also in policy advocacy. David Simpson said, “such messages are empowering – there is something they can do to alleviate the suffering from tobacco-caused disease.”

Such messages include:

- Polls show that doctors remain among the most respected and trusted community voices on matters related to health, including public health policies.
- An oncologist may save more lives by lobbying for tobacco control laws for several hours than by treating lung cancer patients for a lifetime.
- A letter to the editor of a city newspaper from a citizen demanding that the city enforce local clean indoor air laws may be ignored, but such a letter from one or more doctors will almost always be printed.

Narrowcast messages – those designed for a particular, important audience – are equally important:

- **For heads of medical societies:** In countries where tobacco control efforts are well established, medical (e.g., oncology and cardiology) societies have been at these movements' forefronts.
- **For the deans of medical colleges:** Medical colleges with a serious commitment to treating and preventing disease cannot ignore the importance of tobacco control training. Such interventions have a greater potential for sparing lives and improving health than many medical and surgical courses combined.
- **For hospital administrators:** The continued presence of smoking doctors in a medical facility is one certain sign – to patients and to the public – that your institution is not seriously committed to protecting public health.

## Who can best deliver these messages to doctors?

***Doctors need to hear messages from other doctors who are already active in tobacco control.***

As Krzysztof Przewozniak of the Polish Health Foundation says, “Doctors believe doctors.” Doctors who have already become tobacco control advocates are perhaps the most powerful messengers. This is especially true of those doctor/advocates who have institutional and economic influence on doctors and/or hospital administrators. While they are not great in number, many health ministries and tobacco control nongovernmental organizations (NGOs) include at least a few leading doctors who are influential with their medical peers.

In Mumbai, India, Dr. Ketayun A. Dinshaw, Director of the Tata Memorial Center Department of Radiation Oncology, established a smoke-free policy for the hospital, which is India's leading cancer hospital. This policy established clean indoor air as the norm for patients and doctors and set an example for other institutions to emulate.

Medical school professors have a prime opportunity to educate young doctors about the hazards of tobacco use. Their curricula can introduce prospective doctors to tobacco control activities and can make them aware of their obligation to participate as members of the medical profession.

In some countries, leading physicians have access to the mass media – as guest experts on news programs and talk shows or with their own health guidance programs. They can use these media opportunities to encourage their colleagues to get involved in tobacco control. One physician advocate, Dr. Elmer Huerta, hosts a Spanish language radio show to discuss health issues in the United States. The radio show led to a cable television program, and he is now a celebrity in the Hispanic community and is known especially for his tobacco control advocacy.

Patients themselves – and especially patient organizations – can also take the initiative to influence doctors' behaviors. Other effective messengers might include senior health ministry physicians, WHO regional advisers, medical ethicists, leaders of medical and specialist societies, and medical writers in mass media publications.

## How do we get doctors to heed our message?

*Doctors will be receptive to messages that come from other medical professionals, medical societies, and other leaders of the medical community.*

### *Medical societies*

Medical societies are in a unique position to influence the behavior of their members. They can:

- Conduct surveys of their members, which would include questions about their smoking patterns, the extent to which they provide tobacco use counseling and cessation treatment, and their willingness to become engaged in tobacco control advocacy
- Organize plenary speakers and panel discussions at society conferences and workshops
- Adopt resolutions and issue ethical opinions on members' tobacco control responsibilities
- Publish stories in their journals and newsletters about directives, ethical opinions, and model tobacco control initiatives taken by member societies
- Advocate for health care systems to reimburse for cessation counseling and treatment
- Issue press releases, hold press conferences, make members readily available for news and talk show appearances, and organize direct lobbying by medical society leaders

The Tobacco Advisory Group of the Royal College of Physicians of London published a report in February 2000, *Nicotine Addiction in Britain*. By emphasizing the “central role of nicotine addiction in smoking: its physical, pharmacological and psychological effects,” this report encouraged physicians to make smoking a “major health priority in Britain.” It also made specific recommendations “for the ways in which smoking could be managed by doctors and health professionals in the future.”<sup>11</sup>

*It is important that medical associations keep their members well informed about the latest evidence on smoking cessation techniques and effectiveness. Regardless of the stage they may have reached in their personal education about smoking, all doctors can benefit from knowing what they can do to help patients who want to stop smoking.*

*– David Simpson  
Doctors and Tobacco: Medicine's Big Challenge*

Since 1993, the Finnish Medical Association has supported a program based on the report *Tobacco or Health*, which includes the following objectives:

- Place regular articles in the association's journal on the risks of smoking.
- Persuade doctors and health care professionals not to smoke through the Doctors Against Tobacco program.
- Prevent hospitals from selling tobacco, and promote a smoke-free hospital environment.
- Educate the general public about the dangers of tobacco use.
- Provide information for medical students about the risks of smoking.
- Provide information for schools about the risks of smoking.
- Lobby for legislation to prevent smoking in public places.

The Slovak Medical Association's tobacco control activities include:

- Lobbying for the implementation of a tobacco control law.
- Instigating a national tobacco control activity plan.
- Holding meetings to lobby workplaces to become smoke-free.
- Encouraging "Quit and Win" competitions.
- Promoting smoking cessation through sponsorship, educational programs, school health lessons, and epidemiological research.<sup>12</sup>

### ***Medical schools***

Medical schools have a critical opportunity to educate and motivate emerging doctors. Medical school deans and professors can take several complementary approaches:

- Courses in tobacco control treatment can be offered and even mandated within the curriculum.
- Tobacco control responsibility can be incorporated into orientation lectures and brochures for incoming students.
- Medical school students can be recruited for diverse tobacco control projects, from working in cessation clinics to conducting surveys of tobacco use by doctors in medical facilities.
- Professors can use their status to speak out about the importance of tobacco control, not only in classes, but also to medical forums, to the media, and to parliamentarians.
- Medical schools can organize peer education groups to get students involved in anti-smoking work well before they conclude their studies.

Dr. Eva Kralikova in the Czech Republic has been a pioneer and model in advocating for and implementing tobacco control advocacy in medical schools. Now, every student in each of the seven faculties of medicine in the country must take a course in tobacco control. Dr. Kralikova has been able to assign teams of students who, when they return to their respective home cities

for vacation, approach local health clinics to survey medical personnel's smoking behavior. These widespread surveys provide:

- Evidence of the prevalence of smoking among doctors.
- Heightened awareness among medical professionals of tobacco control – and of their potential exposure to criticism for failing to address smoking among doctors and staff.
- Greater medical student engagement in tobacco control.

Dr. Kralikova successfully argued that each medical faculty should have at least one member on its staff who would be responsible for ensuring that students receive tobacco control education. Since 1994, each medical student has completed at least two hours of instruction on the treatment of tobacco addiction. Tobacco education coordinators from each medical faculty also meet once a year to share their experiences in teaching treatment and to share survey results on smoking prevalence among doctors and nurses.

### ***Health ministries***

There are both direct and indirect ways that health ministries can enlighten, encourage, and enlist doctors into taking more responsibility for their own smoking habits and for tobacco control efforts. Ministries can:

- Initiate surveys of smoking habits among doctors and other health care providers.
- Advocate or fund cessation treatment reimbursement within the health care system.
- Advocate for national tobacco control legislation (as in Poland) that provides grants for programs that recruit and train doctors in smoking cessation treatment.
- Circulate pronouncements about doctors' roles in tobacco control among its members from WHO or other authorities.
- Organize a network of smoke-free hospitals and doctors.

### ***Voluntary health nongovernmental organizations***

Voluntary cancer, heart, and lung associations, NGOs dedicated solely to tobacco control, and other national NGO coalitions have played, and can continue to play, a strong role in recruiting doctors to support tobacco control. They can:

- Develop and maintain a list of doctors who are active in tobacco control and who will recruit other doctors, lecture at medical forums, and speak with the media about the need for doctors to be engaged.
- Issue brochures and guidelines in local languages that call upon doctors to become fully engaged in tobacco control.
- Petition medical societies to encourage their members to become more involved.
- Hold workshops for doctors.
- Offer resolutions at national, regional, and international tobacco control and other conferences that call upon doctors to become more fully engaged.
- Help organize talk show debates about doctors' responsibilities.

- Encourage medical leaders to write letters and editorial articles to newspapers.
- Endorse scientific articles on the effectiveness of doctor interventions.
- Provide the mass media with profiles of doctors who save lives through counseling and advocacy.
- Promote newspaper editorials about the connection between medical ethics and doctors' tobacco control responsibilities.
- Organize media events featuring visiting public health leaders, such as WHO spokespersons.

The potential for constructive collaboration between tobacco control NGOs and medical societies is illustrated by the alliance between Dr. Cornel Radu-Loghin, leader of Romania's tobacco control advocacy organization Aer Pur Romania, and Dr. Florin Mhaltan, a pneumologist and epidemiologist. The two doctors met at the 1997 World Conference on Tobacco or Health in Beijing, China.

Upon his return to Romania, Dr. Mhaltan joined Dr. Cornel in Aer Pur Romania and began recruiting his fellow pneumologists to tobacco control advocacy. At the same time, Dr. Mhaltan started a medical school course on smoking cessation and advocacy. Together they organized a cessation-training workshop for 25 Romanian doctors last December, most of whom were members of the Romanian Society of Pneumology. They plan to extend the program to family doctors in the future.

Kryszstof Przewozniak of the Polish Health Promotion Foundation collaborated with pharmaceutical companies and health insurance companies to train doctors on treating tobacco dependence. He explained that pharmaceutical companies and health insurers have a unique influence on doctors. More doctors were interested in participating in the conferences when they learned these groups were co-sponsors.

As in all forms of advocacy, creativity is both essential and welcome. For example, one Romanian team developed an award-winning plan for its "Great National Smoke-Out." The program included a poster contest by school children on the hazards of tobacco use. By recruiting doctors to act as judges for the contest, both children and doctors became actively involved in tobacco control.

In order for tobacco control advocacy efforts to be effective, it is essential that doctors and other health care providers become actively involved. By taking advantage of the unique opportunities offered by medical societies, medical schools, NGOs, and other influential groups, we can ensure that more doctors and prospective doctors hear our message and join us in the fight to eradicate tobacco use as an international public health pandemic.

## Appendix I

### Resources for medical professionals

#### **National Heart Foundation of Australia – Passive Smoking**

[www.heartfoundation.com.au/docs/ppt2.htm#top](http://www.heartfoundation.com.au/docs/ppt2.htm#top)

Information for health professionals includes recommendations for public health policy and how to educate patients – especially those with cardiac diseases – about the dangers of exposure to secondhand smoke.

#### **Treattobacco.net**

[www.treattobacco.net/home/home.cfm](http://www.treattobacco.net/home/home.cfm)

Treattobacco.net is “an essential resource for those working on the treatment of tobacco dependence throughout the world. It presents evidence-based information about the treatment of tobacco dependence.”

#### **Doctors and Tobacco – Tobacco Control Resource Centre**

[www.tobacco-control.org/tcrc\\_Web\\_Site/Pages\\_tcrc/Action/Action\\_Main\\_Page.htm#DP](http://www.tobacco-control.org/tcrc_Web_Site/Pages_tcrc/Action/Action_Main_Page.htm#DP)

This Web page provides information for doctors on how they can take effective action to reduce the burden of illness and death caused by tobacco, either as individuals or collectively.

#### **BC [British Columbia] Doctors’ Stop Smoking Program: FAQs – Clinicians**

[www.bcdssp.com/faq\\_clinicians.htm](http://www.bcdssp.com/faq_clinicians.htm)

Learn how to motivate smokers who don’t want to quit and how to talk to teens about not smoking.

#### **“Enhancing the Nurses’ Role in Tobacco Control”**

[www.uicc.org/programmes/tobacco/fact\\_sheets/18fact.shtml](http://www.uicc.org/programmes/tobacco/fact_sheets/18fact.shtml)

A fact sheet from UICC discusses some of the ways in which nurses can make a significant contribution toward a smoke-free world.

#### **“Treating Tobacco Use and Dependence: Quick Reference Guide for Clinicians”**

[www.surgeongeneral.gov/tobacco/tobaqrg.htm](http://www.surgeongeneral.gov/tobacco/tobaqrg.htm)

“This Quick Reference Guide summarizes the guideline strategies for providing appropriate treatments for every patient. Effective treatments for tobacco dependence now exist, and every patient should receive at least minimal treatment every time he or she visits a clinician.”

#### **Doctors and Tobacco: Medicine’s Big Challenge**, by David Simpson

[www.bma.org.uk/tcrc.nsf/4723e4b3bbc9362e802566e300360f8e/128ed5df90a6cf678025688f00527529?OpenDocument](http://www.bma.org.uk/tcrc.nsf/4723e4b3bbc9362e802566e300360f8e/128ed5df90a6cf678025688f00527529?OpenDocument)

#### **The Tobacco Reference Guide**, by David Moyer, MD

[www.globalink.org/tobacco/trg/table\\_of\\_contents.html#Preface](http://www.globalink.org/tobacco/trg/table_of_contents.html#Preface)

#### **“Nicotine Addiction in Britain: A report of the Tobacco Advisory Group of the Royal College of Physicians”**

[www.rcplondon.ac.uk/pubs/books/nicotine/index.htm](http://www.rcplondon.ac.uk/pubs/books/nicotine/index.htm)

“This report addresses the fundamental role of nicotine addiction in smoking. It is now recognised that nicotine addiction is one of the major reasons why people continue to smoke cigarettes... Recognition of this central role of nicotine addiction is important because it has major implications for the way that smoking is managed by doctors and other health professionals.”

**“Pharmacotherapy in Smoking Cessation,”** by Baska, T., et al. Bratisl Lek Listy 2001; 102 (6): 298.301. [www.elis.sk/bl/01/full/bl0601g.pdf](http://www.elis.sk/bl/01/full/bl0601g.pdf)

## Notes

<sup>1</sup> Simpson, David. Doctors and Tobacco: Medicine's Big Challenge, Tobacco Control Resource Centre, 2000. pg. 4. Obtained online at

[www.tobaccocontrol.org/tcrc\\_Web\\_Site/Pages\\_tcrc/Resources/tcrc\\_Publications/Publications.htm](http://www.tobaccocontrol.org/tcrc_Web_Site/Pages_tcrc/Resources/tcrc_Publications/Publications.htm)

<sup>2</sup> The World Health Organization: [www.who.int/archives/tohalert/4-96/e/ta6.htm](http://www.who.int/archives/tohalert/4-96/e/ta6.htm)

<sup>3</sup> The WHO's Tobacco-Free Initiative: [www5.who.int/tobacco/page.cfm?tld=71#ImplementingTreatment](http://www5.who.int/tobacco/page.cfm?tld=71#ImplementingTreatment)

<sup>4</sup> The American Medical Association: [www.ama-assn.org](http://www.ama-assn.org)

<sup>5</sup> The American Academy of Family Physicians: [www.aafp.org/policy/xl879.xml](http://www.aafp.org/policy/xl879.xml)

<sup>6</sup> Health Professionals Against Smoking: [www.ieo.it/inglese/smoking.htm](http://www.ieo.it/inglese/smoking.htm)

<sup>7</sup> Simpson. Doctors and Tobacco, pg. 16

<sup>8</sup> Simpson. Doctors and Tobacco, pg. 16

<sup>9</sup> Baska, T., Madar, R., Straka, S., Kavcova, E. from "Pharmacotherapy in Smoking Cessation"

<sup>10</sup> Simpson. Doctors and Tobacco, pg. 32

<sup>11</sup> From Nicotine Addiction in Britain, a report of the Tobacco Advisory Group of the Royal College of Physicians of London. Obtained online at [www.rcplondon.ac.uk/pubs/books/nicotine/](http://www.rcplondon.ac.uk/pubs/books/nicotine/)

<sup>12</sup> Information about the Finnish and Slovak Medical Associations obtained at [www.tobacco-control.org/tcrc\\_Web\\_Site/Pages\\_tcrc/Resources/tcrc\\_Research.htm](http://www.tobacco-control.org/tcrc_Web_Site/Pages_tcrc/Resources/tcrc_Research.htm)



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