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## **Smoking counselling for smokers and former smokers in medical and dental practices in Switzerland in 2010**

Factsheet of the research report 2010

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Tobacco Monitoring Switzerland – Swiss Survey of Tobacco  
Consumption



## Reference:

Krebs, H., Keller, R., Radtke, T. & Hornung, R. (2010). *Raucherberatung in der ärztlichen und zahnmedizinischen Praxis aus Sicht der Rauchenden und ehemals Rauchenden (Befragung 2010). Tabakmonitoring – Schweizerische Umfrage zum Tabakkonsum*. Zürich: Psychologisches Institut der Universität Zürich, Sozial- und Gesundheitspsychologie.

### **Tobacco Monitoring Switzerland (TMS) - Swiss Survey of Tobacco Consumption**

The TMS was developed on behalf of the Swiss Federal Office of Public Health by the Department of Psychology, Social and Health Psychology, University of Zurich (Prof. Dr. Rainer Hornung, Dr. Roger Keller and Theda Radtke) and Hans Krebs, Kommunikation und Publikumsforschung, Zurich. The data collections were conducted by LINK International Research and Consulting, Lucerne. Since 2004 the Tobacco Monitoring Switzerland was funded by the Tobacco Prevention Fund.

The Tobacco Monitoring Switzerland (TMS) was a representative, continuous survey of tobacco consumption among 14- to 65-year-olds in Switzerland. Since January 2001, four times a year a new sample of 2 500 persons was taken (i.e. 10 000 participants annually). The survey was conducted using standardized telephone interviews in German, French and Italian.

The research instrument consisted of a basic module and several add-on modules. The basic module served as a means of collecting key data on tobacco consumption (e.g. type and frequency of tobacco consumption, willingness to cease smoking) and on demographics. These questions were asked in every survey wave. The add-on modules could be added to the basic module for one or more survey wave (e.g. questions on second-hand smoke, harm reduction).

In the Tobacco Monitoring Survey sampling was done using a two-stage random-random sampling technique (random selection at the household and person levels). In order to have a sufficient number of people in some characteristic groups that are small but important for tobacco prevention (young people, pregnant women and mothers of small children), 14-24 year old men and women 14-44 years of age were oversampled. Residents of the French- and Italian-speaking regions of Switzerland were also overrepresented in the sample in order to ensure a sufficiently large sample for each language region in Switzerland. The 2 500 telephone interviews, conducted four times per year, were made up of 1 426 interviews in the German-speaking region, 711 interviews in the French-speaking region and 363 interviews in the Italian-speaking region of Switzerland. After the plausibility check, the weighting of the data followed. The weighting corrects distortions in the sample, so that it correctly represents the population.

The Tobacco Monitoring Switzerland data collection ended in the 4<sup>th</sup> quarter of 2010. Beginning in January 2011, the data collection concerning tobacco consumption is conducted within the framework of Suchtmonitoring Schweiz, a survey that assesses epidemiological data concerning the problematic use of other addictive substances (e.g. alcohol, cannabis, pharmaceutical drugs) and other addictions (e.g. internet addiction).

For further information please visit our homepage: [www.tabakmonitoring.ch](http://www.tabakmonitoring.ch)

The factsheet contains selected information on counselling in medical and dental practices and at pharmacies in Switzerland. In medical practices the smoking counselling was carried out mainly by physicians, whereas in dental practices the smoking counselling was conducted by dentists as well as dental hygienists. The results reflect the subjective experiences with smoking counselling of smokers and former smokers in the 14- to 65-year-old Swiss population. In the following, the results from 2010 are presented. 1327 smokers and 290 former smokers, who have quit smoking in the last five years, are included in the analysis.

In 2010, 84% of the 14- to 65-year old smokers reported that their smoking habit and the harmful effects of smoking has been addressed in medical (68%) and/or dental (31%) practices. The percentage of smoking counselling has increased over the years, which can mostly be attributed to the increase of smoking counselling in dental practices. Figure 1 shows the percentages of smoking counselling, separated by sex, age and for former smokers, who have quit smoking in the last 5 years.

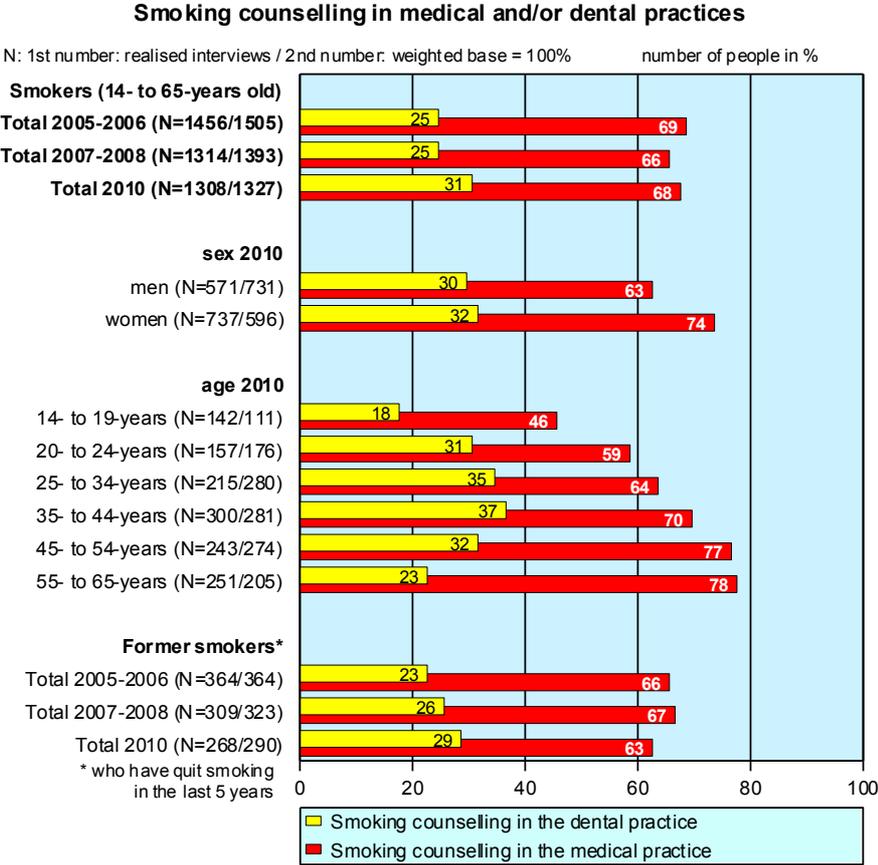


Figure 1: Smoking counselling in medical and/or dental practices, separated by sex, age and for former smokers, who have quit smoking in the last 5 years.

**Smoking counselling in medical practices**

Two out of three smokers have spoken to a physician about their smoking habit. When asked to whom these smokers were speaking to last about their smoking habit, 76% named their general practitioner, 18% a specialised physician, and 3% a doctor at a hospital. 16% of the

women named their gynaecologist as their last contact concerning their smoking habit. Following reasons are named for the smoking counselling: Check-ups (women 40%; men 48%), doctor's visit caused by illness (women 27%; men 26%), and 5% of the women named pregnancy as a reason. Most often the smokers were asked how often they smoked (88%), most of them were informed about the harmful effects of smoking (77%) and the benefits of quitting (72%). A more minor percentage was asked whether they are motivated to quit (55%) and was informed about the difficulties of smoking cessation (50%).

34% of the smokers were advised to quit smoking and 19% were offered support, most often in form of pharmaceuticals, such as nicotine substitutes (39%). The advice to quit smoking was given more often to smokers who smoke a high amount of cigarettes per day and smokers with a low estimated health status (compare Figure 2).

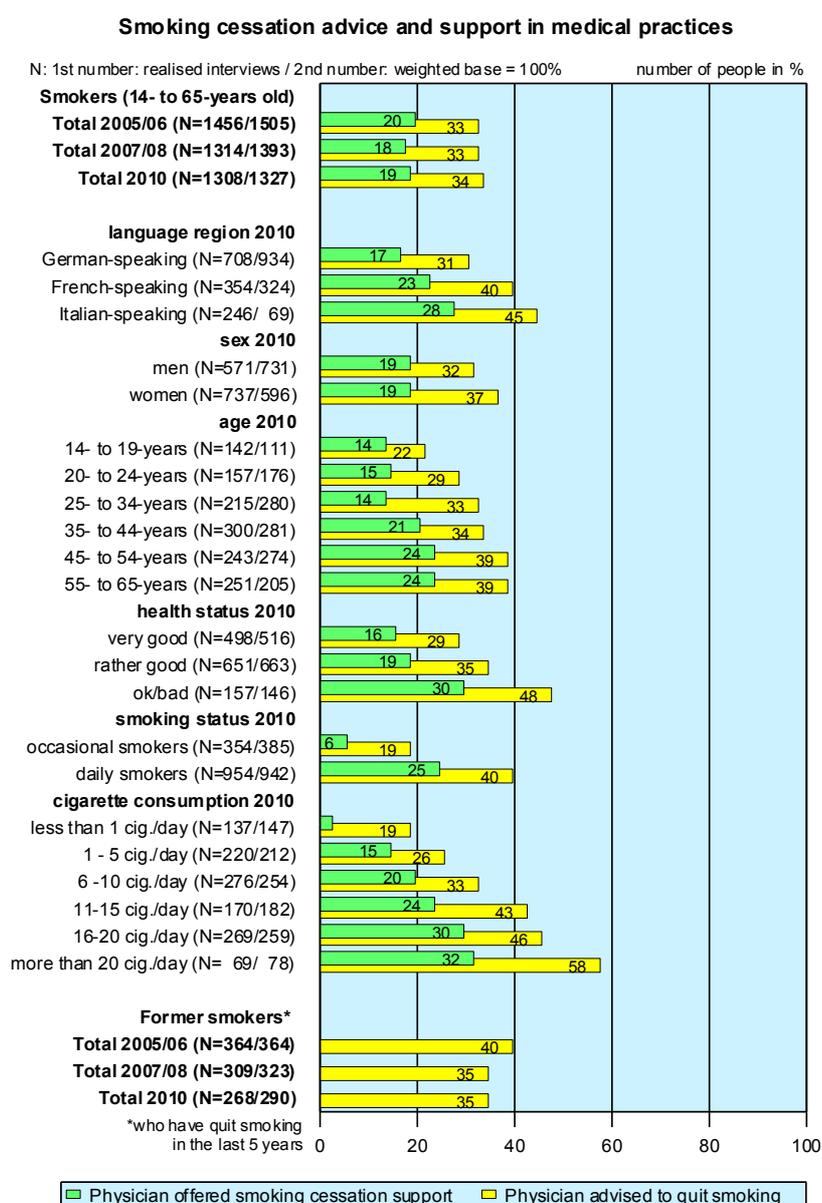


Figure 2: Smoking cessation advice and support in medical practices, separated by language region, sex, age, health status, smoking status and daily cigarette consumption.

Almost half of the smokers that were approached by the physician (46%) deemed the smoking counselling as helpful. 19% of the former smokers name the physician's intervention as helpful for their smoking cessation.

### ***Smoking counselling in dental practices***

31% of the 14- to 65-year-old smokers reported to have received smoking counselling in dental practices. This number has increased since the last survey in 2007/08 (25%). 53% of the approached smokers had their last conversation with a dentist and 43% with the dental hygienist. Following reasons were named for the counselling: dental cleaning (41%), dental check (31%), or a dental treatment (22%).

38% of the smokers, who were approached in dental practices, report that they were advised to quit smoking in their *last* conversation. Every fourth person that received the advice to quit smoking was also offered support, in form of smoking cessation aids.

### ***Smoking counselling in pharmacies***

6% of the smokers asked for smoking cessation advice in pharmacies, with the highest demand in the French-speaking part of Switzerland. 4% of the former smokers that quit in the past 5 years were given advice in pharmacies.

**Expectations of the smoking counselling**

60% of the 14- to 65-year-old smokers expect smoking counselling in medical and 37% in dental practices (double entries were possible). 85% of the patients, addressed in medical practices, and 75% of the patients, addressed in dental practices, additionally expect to be advised to quit smoking (compare Figure 3). 55% expect that pharmacies offer smoking counselling to smokers.

**Expectation that the doctor addresses the patients smoking habits and advises to quit smoking (2010)**

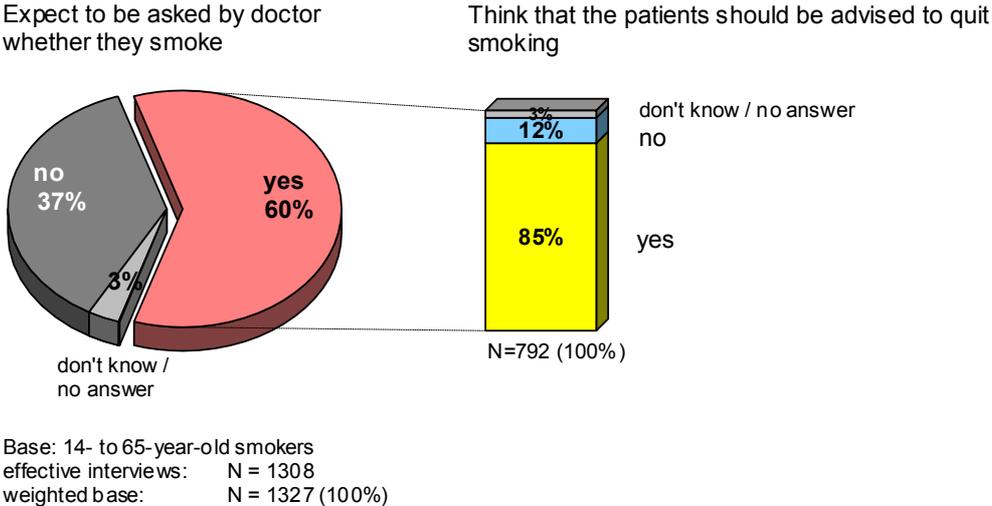


Figure 3: Expectations of the smoking counselling by current smokers (2010)