Smoke-free healthcare, living and work environments: the role of "health communication" in pre-vention and health promotion

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Abstract

Background: *Tobacco smoking remains the leading cause of preventable morbidity and mortality in Italy. Both the European Union and the World Health Organization (WHO) emphasize the need for a multisec-toral strategy and the implementation of evidence-based policies to reduce tobacco consumption. In this context, health communication plays a critical role in promoting smoke-free individuals and environments.*
Methods: *This study analyzes data on smoking habits in the Sicilian Region, sourced from the PASSI (Pro-gress of Health Authorities in Health in Italy) and HBSC (Health Behaviour in School-aged Children) sur-veillance systems. It also draws on scientific literature and institutional documents, including the National Prevention Plan 2020–2025, the 2021 Transitional Regional Plan, and the 2021 Regional Health Communi-cation Plan.*
Results: *Brief motivational advice has emerged as the simplest, most cost-effective, and easily replicable strategy across healthcare settings. A five-minute intervention can increase the one-year smoking absti-nence rate from 2–4% (spontaneous cessation) to 6–8%.*
Discussion: *While smoking prevalence remains high, a notable proportion of individuals attempt to quit. Brief interventions by healthcare professionals can double or even triple the cessation rate, emphasizing the importance of targeted communication strategies.*
Conclusions: *Institutional communication and informational activities play a strategic role in health mat-ters, aiming to strengthen knowledge, increase awareness within the general population, and, more speci-fically, promote the adoption of healthy lifestyles and behaviors.*

Background

Tobacco smoking in our country is the leading cause of preventable morbidity and mortality. Although the prevalence of smoking is declining, there are concerning trends regarding consumption among young people, as well as a reduction in the percentage of those attempting to quit.
According to data from the World Health Organization (WHO), tobacco smoking is the greatest threat to health and the primary risk factor for non-communicable chronic diseases worldwide. Tobacco prevention and the fight against tobacco use are objectives of health policies not only in our country but also at the international level. Both the European Union and the WHO recommend the need for a multisectoral approach to tobacco consumption and the implementation of policies that have a measurable impact on reducing tobacco use.
Quitting smoking is, in fact, an essential health investment because it reduces the risk of developing many health conditions. The National Health Service has organized a specialized care response throughout the territory. However, only 2% to 4% of those who quit seek help from a public care center, even though those who use the support of a center have a 35% chance of remaining smoke-free one year after quitting, while those who quit on their own have only a 1-3% chance.
Thus, it is clear how important it is, both at the national and regional levels, to invest in implementing a comprehensive approach to the issue aimed at promoting smoke-free environments and people. This approach should be based on an intersectoral and interdisciplinary view of the problem, where health communication plays a fundamental role.
Health communication becomes a constitutive element and a strategic lever in prevention policies, health promotion, and the fight against inequalities, as already emphasized by the National Health Plan and the 2020 Health Report.
In the healthcare field, there are at least two types of communication. The first, referred to as health communication, relates to the communication activities of Health Authorities towards the public and is primarily focused on services, performance, and crisis and emergency communication. The second is communication for health, which addresses all the factors influencing health, known as the "determinants of health." These can be classified into environmental, social, economic, lifestyle-related (diet, physical activity, smoking, alcohol, etc.), and access to services, not only healthcare but also social, educational, recreational, and transportation services.
Institutional communication for health arises from

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the need of organizations and institutions to properly inform citizens while meeting the criteria of clarity and transparency, contributing to the definition of their image in terms of credibility and reliability. In this context, institutional communication must be clear, direct, and accessible, empowering citizens to take control of their own lifestyles aimed at well-being.

However, in a historical moment of information overload, conveyed through multiple channels, it is essential that health communication identifies the most appropriate strategies to attract the attention of recipients and encourage healthy choices.

Depending on the target audience (internal and external), communication is differentiated into internal and external communication. The internal audience, which includes, for example, all personnel from the Health, Family, School, Training Departments, Healthcare Companies, hospitals, local municipalities, and schools, must be continuously involved in strategic and organizational decisions to protect and promote health. This involves the creation of real networks of expertise and the full sharing of information, following a logic that goes beyond sectoral boundaries and roles and focuses on people and their skills.

The external audience consists of citizen-users, the largest and most heterogeneous group of recipients of healthcare communication.

Health promotion communication is one of the activities that can benefit from Social Marketing within public health. In healthcare, more specifically referred to as "Health Marketing," its goal is to improve the overall level of health by encouraging individuals to adopt healthy behaviors voluntarily and consciously.

More than a discipline, Social Marketing, which began to establish its identity in the 1970s, provides an interpretive framework that combines communication with other fields (education, economics, social sciences) to promote free and informed choices among individuals, incentivized through proposals with positive value for them. Specifically, the behavior of quitting smoking and the associated change can be encouraged not only through a health communication campaign but also by making individuals aware of the benefits and advantages of adopting the new behavior.

Regarding smoking, healthcare professionals' attention to smoking cessation is still too low: only one in two smokers reports having been advised to quit smoking by a healthcare worker.

Evidence on smoking treatments is summarized by Cochrane meta-analyses, based on over 1,100 scientific articles. According to these data, smoking intervention is considered an approach that should be carried out at multiple levels, both through brief motivational interventions and more intensive treatments.

Materials And Methods

The study was conducted through an analysis of data on smoking habits in the Sicily Region, sourced from the PASSI Surveillance System (population aged 18-69) and the HBSC Surveillance System (population aged 11, 13, and 15). The research was conducted between January 2024 and December 2024.

A research effort was made to collect scientific evidence on tobacco prevention. Information was gathered from the National Prevention Plan 2020-2025, the 2021 Transitional Regional Plan, and the 2021 Regional Health Communication Plan to understand the reference documents for the creation of the National Health Plans.

The National Health Plan (PSN) is not only the primary tool for health programming, through which objectives are defined and project actions are outlined, but it is also one of the main funding mechanisms that allows for the realization of project interventions.

The aforementioned National Health Plan Projects aim to activate processes and interventions to make the workplace a "health-friendly" environment through organizational changes (increasing activities that offer opportunities for adopting healthy behavioral choices) and the concurrent increase of competencies and awareness (empowerment) in workers. Health promotion is viewed as a cross-cutting and integrated function that considers individuals not as recipients of interventions, but as bearers of resources and competencies.

In this sense, the PSN Projects are true governance tools, investing resources in interventions that strengthen community action and create health-promoting environments. The PSN funds allocated to health promotion interventions refer to the following documents:

- National Prevention Plan "2020-2025" (PNP 2020-2025): Adopted with the State-Regions Agreement of August 6, 2020, and received by the Regional Health Department of Sicily with D.A. 1027/2020, as a central planning tool for prevention and health promotion interventions to be implemented nationwide.
- The PNP 2020-2025: Redirects the entire prevention system toward a cross-cutting health promotion approach recommended by international literature and the WHO, setting new organizational objectives and establishing nationwide activities that all regions are required to follow. The PNP is organized into programs, which are defined according to the specificity and analysis of the regional context and align with the strategic lines of the PNP to provide actionable guidance. Some of these, linked to one or more strategic objectives, are "predefined" programs (PP), which have the same characteristics for all regions and are mandatory for implementation. Additionally, there are

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"free programs" (PL), which develop strategic objectives not fully covered by the predefined programs.
- Transitional Regional Prevention Plan (PRP) 2021: Defines the intervention priorities and actions to be launched in the coming year for the regional territory, applying the principles and vision of the National Prevention Plan.
- Regional Prevention Plan (PRP) 2022-2027: Currently in the validation process by the Ministry of Health and set to come into force from 2022.
- Regional Health Communication Plan 2021: Health communication aims to support healthcare workers in their relationships with patients and communicate with the public to promote access to care and spread the culture of health promotion and healthy lifestyles for all ages and population groups, with particular attention to vulnerable groups.

The PSN Projects examined and related to tobacco smoking fall under the specific Predefined Program 3 (PP3) "Workplaces that Promote Health" and focus on health promotion in workplaces, according to the Workplace Health Promotion (WHP) model. This strategy includes organizational improvement programs, health, and well-being enhancement for workers, defined within the European framework as the collective effort of companies, workers, and society to improve the health and well-being of employees.

PP3 also intersects with Predefined Programs PP01 "Schools that Promote Health" and PP04 "Addictions." Moreover, the Ministry of Health's program "GUADAGNARE SALUTE - Making Healthy Choices Easy" is of great importance in tobacco smoking prevention. It is defined as a "multicomponent" intervention, with communication activities and actions aimed at reducing the initiation of cigarette smoking, as well as alcohol abuse and the consumption of calorie-dense foods and beverages.

The goal is to promote increased consumption of fruits and vegetables and encourage physical activity. Within this framework, health promotion in places of life and work, including healthcare environments, can be implemented by specifically addressing the prevention of behavioral risk factors for chronic and degenerative diseases, as well as promoting active aging and good health, through organizational changes that encourage and facilitate the adoption of healthy lifestyles.

This can be achieved by disseminating scientific data and evidence, which, although made public and available on institutional websites of major "Health-producing Entities" (WHO, Ministry of Health, National Institute of Health, etc.), are still poorly known by stakeholders and more commonly used by "industry professionals," generated by the "Surveillance Systems" currently in place in Italy.

Results

The PASSI System (Progress of Health Companies for Health in Italy) is a public health surveillance system modeled after the Behavioral Risk Factor Surveillance System used in many countries. Since 2008, it has been collecting continuous information on lifestyle habits and behavioral risk factors of the adult population (ages 18-69) residing in Italy, particularly those connected to the onset of non-communicable chronic diseases, as well as the degree of knowledge and adherence to intervention programs the country is implementing for their prevention.

An essential tool for constructing health profiles for regions, PASSI is coordinated by the National Institute of Health (ISS), which is part of the National Health Service.

It produces continuous and timely information at the level of Local Health Authorities (ASLs) and regions, aimed at guiding local prevention actions and assessing their effectiveness over time in relation to health objectives set in national and regional prevention plans.

Data collection is conducted through telephone interviews carried out throughout the year by trained ASL operators, sampling a representative group of individuals based on gender and age from the 18-69 age group in their service area (selected from the ASL's health registry). These interviews use a standardized questionnaire.

From the data (2022-2023) on smoking habits and smoker characteristics, it is noted that in Italy, the majority of adults aged 18-69 do not smoke (59%) or have quit smoking (17%). However, one in four Italians still smokes (24%). The average daily consumption is about 12 cigarettes, although nearly a quarter of smokers consume more than one pack per day. Smoking is more prevalent among men than women (28% vs. 21%).

Geographic variability shows that some regions in Central and Southern Italy, particularly Umbria, Campania, and Molise, have the highest smoking rates. In Piedmont, the smoking prevalence remains high (26.3% compared to the national average of 24.5%). Since 2008, the percentage of smokers has significantly decreased across Italy. This reduction is more pronounced among people without financial difficulties, whereas it is less marked among economically disadvantaged individuals, who have a higher smoking rate.

Data for Sicily for the period 2022/2023, related to indicators considered by the PASSI system, show worse results than the national average for ex-smokers and for the question asked to patients by doctors or healthcare workers regarding smoking habits. There is still too little attention from healthcare workers to cigarette smoking: less than half of smokers report having received advice to quit smoking, a figure that has decreased by more than 5 percentage points compared to the PASSI 2017/2020 survey.

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	Smokers	Ex-smokers	Asked if he smokes	Advice to quit
Sicily	23.0	12.0	36.0	43.0
Italy	25.0	17.0	37.0	49.0

Tabele 1 - *PASSI indicators 2022-2023*

Smoking habits in Sicily for the period 2022-2023 are higher among people aged 18-24 (28%), men (25%), those without a high school diploma or with only an elementary school education (36%), and individuals facing economic difficulties (26%). Among the provinces, the lowest percentage of smokers is observed in Palermo (17%), while the highest is in Caltanissetta (33%).

Since 2014, PASSI has also started collecting information about the use of other products introduced on the market: electronic cigarettes (since 2014), shredded tobacco (hand-rolled cigarettes with loose tobacco, since 2015), and IQOS heated tobacco products (since 2018).

Shredded tobacco has seen an increase in sales in recent years within the European Union and in Italy. According to the data for the 2022-2023 period, shredded tobacco is used more frequently in Italy by young people aged 18-24 (25%) and those with higher education (20% among university graduates). On the other hand, the use of shredded tobacco is more common among the less affluent older population.

Annual data confirms a progressive and significant increase in the use of this product, from 11% in 2015 to 15% in 2023.

During the 2022-2023 period, the use of e-cigarettes involved 4% of the population, but it is more frequent among younger people aged 18-24 (8% vs. 2% among 50-69-year-olds). Annual data shows a slow but modest increase in e-cigarette use among residents in Italy, rising from just under 2% in 2014 to just under 5% in 2023.

Regarding heated tobacco products, PASSI started collecting information about this product in 2018. It is still used by only a small percentage of the population (slightly more than 3% in the 2022-2023 period), but with a significant increase from 0.5% in 2018 to 3.4% in 2023. Despite the low numbers, significant differences in usage are already evident by age and gender: the percentage of people using heated tobacco devices reaches 6% among those under 34 years old, and among young women, it reaches 7%, significantly higher than the 5.6% among male peers. Additionally, there is an educational gradient, with the usage rate increasing from less than 1% among those with only an elementary school diploma to 4% among university graduates.

A very interesting finding from the 2022-2023 period concerns attempts to quit smoking: one-third of smokers interviewed by PASSI reported trying to quit smoking in the 12 months before the interview, having stayed at least one day without smoking. In most cases (almost 78%), the attempt fails; only a small percentage (11%) manages to quit for more than six months. Quitting smoking is more frequent among people with no economic difficulties and higher education levels, while attempts to quit smoking between men and women are not significantly different.

From the data, it is clear that the number of people trying to quit smoking has decreased over time, but so has the percentage of smokers. Those who succeed in quitting report having done so mostly without any assistance (74%), while around 20% quit through the use of e-cigarettes. The use of medications or patches is very limited, and requests for help from health and social services are rare. During the 2022-2023 period, attempts to quit smoking were lower in the regions of Puglia (21.3%) and Calabria (21.5%). In Sicily, the rate stands at 25%, compared to the national percentage of 32%. The province of Bolzano has the highest attempt rate to quit smoking (48.6%).

HBSC Surveillance (Health Behaviour in School-aged Children)

HBSC is an international multicenter study conducted in collaboration with the WHO Regional Office for Europe. It aims to deepen the understanding of young people's health status and their social context.

HBSC focuses on a sample of school-aged children of both sexes: 11, 13, and 15 years old. The surveillance system is managed by a network of university researchers and government institutions, coordinated by a committee made up of elected members from the participating countries.

Data collection follows a multidisciplinary protocol, which is developed and updated over the years by the international research group. Italy has been participating in the HBSC multicenter study since 2002, with data collected every four years. To date, six surveys have been conducted, ensuring continuity in monitoring the phenomena over time (2002 survey, 2006 survey, 2010 survey, 2014 survey, 2018 survey, and 2022 survey).

Regarding tobacco use, it emerges that, despite the well-known negative consequences of smoking, young people attribute a "regulatory" function to tobacco use, such as controlling mood or weight, as well as a "relational" function, such as group belonging or the sense of maturity and independence.

From the analysis of the 2018 HBSC survey, most of the surveyed children reported never having

smoked. However, the percentage of "non-smokers" decreases with age, from 96% among 11-year-olds to 82% among 13-year-olds and 55% among 15-year-olds. It is worth noting that in more than half of the Italian regions (14 regions), the percentage of those who reported smoking at least one cigarette in the last 30 days shows a significant gender difference at 15 years old (24.8% in boys, 31.9% in girls).

The percentage of boys who have smoked at least one cigarette in their life is slightly decreasing compared to the 2014 survey. From the 2022 survey, the percentage of boys and girls who reported smoking at least one day in the past 30 days increases from 2% among 11-year-olds to 15% among 13-year-olds and 49% among 15-year-olds, with a significant gender prevalence (more than half of the sample reports having smoked).

Among 15-year-olds, the national average for smokers in the past 30 days is 20.1% for boys and 29.2% for girls, while in Sicily, it is 20.9% for boys and 22.6% for girls.

Age Group	Non-Smokers (%)	Smoked at Least One Cigarette in Last 30 Days (%)	Gender Difference (%) at 15 Years	Percentage Who Smoked in Lifetime (%)
11 Years	96%	2%	-	-
13 Years	82%	15%	-	-
15 Years	**55%**	**49%**	**24.8% in Boys vs 31.9% in Girls**	-

Tabele 2 - *Results HBSC Surveillance*

GYTS Survey (2021-2022)

The fourth data collection, conducted in Italy by the Global Youth Tobacco Survey (GYTS) in the 2021-2022 school year, contributed to expanding knowledge and attitudes related to the use of traditional cigarettes, e-cigarettes, and, for the first time, heated tobacco products (HTPs) among students aged 13-15 years in Italian schools. In 2022, the percentage of young people who primarily or exclusively smoke traditional cigarettes decreased, while the percentage using new products, such as e-cigarettes (e-cig) and/or heated tobacco products (HTPs), increased. The latter product was used by 23% of regular tobacco users (20% among boys and 27% among girls) and by 14% of current smokers (12% and 16%).

The composite use of the three types of products (traditional cigarettes, e-cigarettes, HTPs) in 2022 stood at 14%, while the percentage of boys and girls using only traditional cigarettes drastically decreased to 2%.

To ensure effective communication, healthcare operators must not only stay constantly updated on health surveillance and implement effective internal communication but also establish an empathetic relationship. They must be skilled in listening and observing the needs of users, and be capable of engaging in appropriate dialogue.

These skills should be adequately promoted in every healthcare context, even in "opportunistic" settings that extend beyond the strict boundaries of clinics or wards. These settings can include, in addition to General Practitioners' and Pediatricians' offices, Vaccination Centers, Pharmacies, and even "non-health settings" that represent a population pool directly or indirectly "targeted" by prevention and health promotion policies. Examples of these include schools of all levels and local authorities.

Therefore, it is a priority that every healthcare operator, regardless of their role or duties, acquires and develops specific communication skills, which are crucial in the medical field. Communicating in medicine is not just about providing information, but also about entering the cognitive sphere of others to reach shared definitions of care based on respect for the knowledge and emotional perspective of those to be informed and treated.

The strategic choice, therefore, is to develop the fundamental role of healthcare personnel through continuous training on the application of brief motivational interviewing techniques. These techniques promote healthy lifestyles, ensure adherence to the-

Product Type	2022	2022 - Boys	2022 - Girls
Traditional Cigarettes (Exclusive Use)	2%	2%	2%
Heated Tobacco Products (HTP)	23% (of regular tobacco users)	20%	27%
Current Smokers Using HTP	14% (of current smokers)	12%	16%
Composite Use (Traditional Cigarettes, e-cig, HTP)	14%	-	-
Exclusive Use of Traditional Cigarettes	2%	-	-

Tabele 3 – *Results GYTS Survey (2021-2022)*

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rapies, and contribute significantly to individual and collective participation and responsibility.

Brief motivational interviewing (also called minimal advice or brief advice) has proven to be the simplest, least costly, and most easily replicable approach in all healthcare settings, including district polyclinics, family planning centers, vaccination clinics, screening centers, and general practitioners' and pediatricians' offices. A five-minute intervention can increase smoking cessation rates from 2-4% (spontaneous cessation) to 6-8% (one-year outcomes).

Acquiring skills for brief motivational advice allows healthcare operators to reflect on their communication style and face, with greater awareness and more appropriate tools, the most demanding communication moments—an integral and essential part of their professional role.

Expressing empathy, listening authentically, and supporting self-efficacy are among the key strategies in brief motivational interviewing. Expressing empathy does not involve identifying with the other person but understanding their experiences, concerns, and perspectives, and communicating that understanding to them. This helps the other person feel welcomed in a non-judgmental atmosphere that encourages them to express their experiences.

Supporting self-efficacy in brief motivational interviewing involves reinforcing the expectation of success in the individual, encouraging them to decide to make a change. This is a delicate operation because, at the same time, one must not minimize the effort required for change or hide the difficulties that may arise.

Discussion

The data highlights how widespread and increasing the habit of smoking tobacco is, but it also shows a significant number of people who decide to quit smoking. The annual rate of people who quit smoking permanently corresponds to approximately 2% for spontaneous cessation, but this rate can reach 5% when "Brief Interventions" are implemented by healthcare personnel.

According to well-established scientific evidence, a brief piece of advice lasting about 2-3 minutes has been shown to increase the number of smokers who make serious attempts to quit.

All members of healthcare personnel, due to the trust-based relationship they can establish with individuals, are considered a valuable source of motivation for smokers to quit in various settings. Every healthcare staff member plays a key role: each operational context in which they work can provide an opportunity to inform users about risk factors, assess unhealthy lifestyle habits, iden-tify possibilities for positive change, and motivate them to take action.

One common belief among smokers who are candidates for cessation is that the damage already caused is irreversible. This belief often leads to delay and hesitation in starting a smoking cessation program. However, research has widely demonstrated that, in the absence of existing diseases, quitting smoking leads, over time, to a return to the risk levels of non-smokers. If some damage has already occurred, quitting smoking still reduces the progression and worsening of the disease.

It is important to remember that the first 24 hours after the last cigarette are the most difficult, and withdrawal symptoms are most intense during the first 4 days. These symptoms tend to lessen from the first week to the first month, although feelings of discomfort (such as fatigue, irritability, difficulty concentrating, and increased appetite) may persist for several months. In the smoking cessation journey, relapses are a normal part of the change process and should not discourage individuals, as they can provide insight into critical moments and help improve strategies for coping.

Communication is a process that must be evaluated and redefined each time, based on the contexts in which it is applied, the goals to be achieved, the interlocutors being addressed, the time available, and the resources allocated.

For this reason, it is important to pay attention to certain "at-risk" groups where cigarette smoking is a serious health risk, such as patients with chronic obstructive pulmonary disease (COPD) and pregnant women.

In Italy, it is estimated that there are about 4.5 million female smokers, 40% of whom do not stop smoking during pregnancy. This phenomenon is very dangerous, as it is well known that smoking harms the health of the fetus and the newborn. Nicotine can reduce placental blood flow, resulting in less nutritional supply to the fetus, which may experience restricted growth and, consequently, lower birth weight. It is also documented that the risk of spontaneous abortion for smoking women is about 50% higher during the first trimester of pregnancy. The risk of low birth weight is 2 to 5 times higher (according to different studies), and the effect of smoking seems to be more pronounced for women who have smoked during the last trimester.

Just as for pregnant women, cigarette smoking is a major health risk for patients with chronic obstructive pulmonary disease. Smoking can lead to airway inflammation, which damages the bronchi and lungs, obstructing the airways and preventing normal airflow, leading to respiratory symptoms of the disease, primarily dyspnea.

Moreover, the inflammation of the bronchi caused by smoking increases the susceptibility of patients with COPD to viral and bacterial infections, partly due to the reduced local antibody immune activity in the bronchial mucosa, for which smoking is responsible. This increased susceptibility to infectious exacerbations is accompanied, in smokers, by a longer duration of these episodes and a need for more intensive pharmacological treatments.

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These complications related to active smokers with COPD may also manifest in situations where a non-smoking patient with COPD is exposed to passive cigarette smoke for long periods.

Conclusions

Communication in the "Health" sector aims to support medical actions and serve both medicine and those who benefit from it. Institutional communication and information activities play a strategic role in health matters, as they are designed to enhance knowledge, increase awareness among the general population, and more specifically, promote the adoption of healthy lifestyles and behaviors.

The central goal of communication is the empowerment of citizens. An empowered citizen is someone who understands and chooses, a builder of their own lifestyle, a protagonist of their well-being, and is capable of gathering information, making informed choices, and interacting responsibly with the National Health System.

Talking about patient empowerment means focusing on the patient themselves as a "Health Ambassador," with greater involvement in the decision-making process of care. This represents a type of "participatory health," which has positive outcomes on prevention, therapy adherence, and the effectiveness of treatments.

Communication, therefore, plays an important role in diagnosis, therapy (both in therapy selection and execution), recommending behavioral styles, safeguarding public health, and preventing diseases.

It is therefore desirable and of primary importance that every healthcare operator, regardless of role and duties, acquires and develops specific communication techniques and skills starting from university education, with constant updates over time. These skills are crucial in medicine, as communicating is not just about informing, but also about assessing the sustainability of the advice provided, in order to reach shared definitions of a care path based on respect for the knowledge and emotional charge of those who need to be informed and treated.

Lastly, it should be emphasized that Smoking Cessation Centers (CTT) represent a valuable resource that should be expanded within the territory.

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