BRIEF INTERVENTION IN TOBACCO CESSATION : A PHYSICIAN'S MANUAL

TOBACCO CESSATION CLINIC
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Acknowledgment:
Technical and Financial support
was received by
WHO for this Project

BRIEF INTERVENTION

Brief intervention is a planned counselling package conducted over 4 sessions spaced at weekly interval. This manual contains instructions for the clinician to carry out the treatment.

SESSION 1

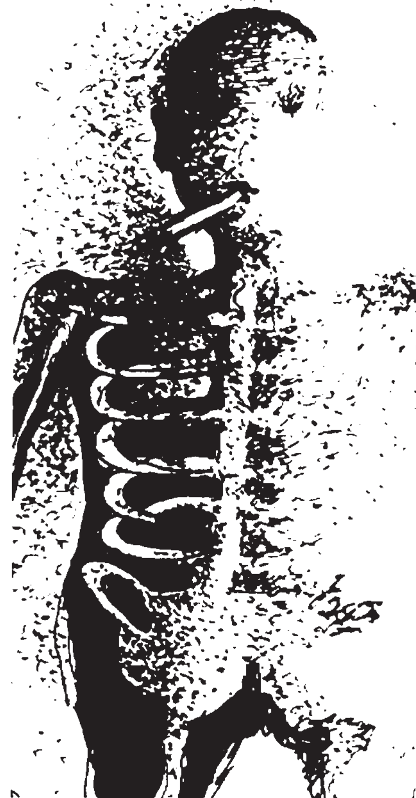
1. Assess the status & severity of tobacco use:

   Inquire into the following aspects of Tobacco use from the patient:

- ❑ Duration of use
- ❑ Quantity used/day
- ❑ Frequency of use
- ❑ Time & situations when the urge is maximum
  - Morning
  - After Meals
  - With tea/coffee
  - When stressed
  - With friends
  - While waiting
- ❑ Ability to control the urge? If Yes, for how long.

- ❑ Physical Signs and symptoms
  - Breathlessness
  - Dry cough
  - Cough with sputum with/without blood
  - Hoarseness of voice
  - Dyspepsia
  - Constipation
  - Heart problems
  - Ulceration in oral cavity
  - Pain in calf muscles
  - Visual disturbances etc.

- ❑ Psychological Problems
  - Anxiety
  - Restlessness
  - Depression
  - Lack of concentration
  - Irritability
  - Low self esteem
  - Poor confidence level



- Social Problems
  - Strained family relations
  - Frequent fights/arguments
  - Financial Problems
  - Interpersonal Problems
  - Occupational Problems

2. **Feedback**

   Based upon the above information, provide feedback to the patient as how tobacco use has resulted in impairments in various areas of his/her life.

3. **Information**

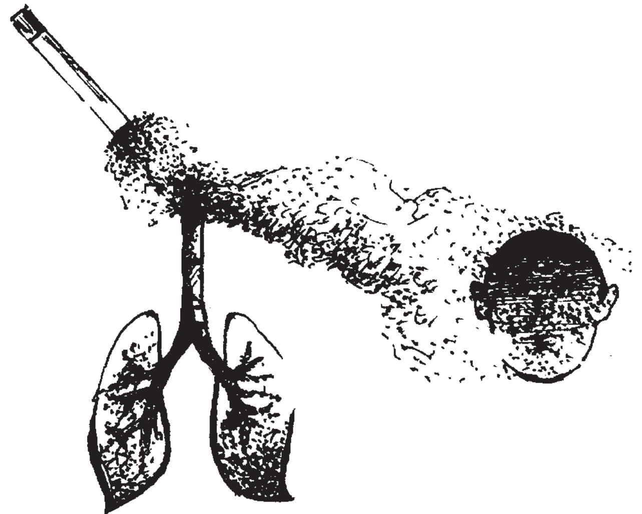
   Provide following information to the patient regarding the effects of tobacco:

A) Physical

Emphasize that:

Continuous tobacco use in any form can lead to various physical abnormalities like:

- Cancers—Lung, oral cavity, throat, larynx, urinary bladder, kidney, pancreas & stomach.
- Cardiovascular diseases—Diseases of heart and is a common risk factor for myocardial infarction (Heart attack). It can lead to stroke also.
- Peripheral blood vessels disease leading to amputation.
- Chronic obstructive pulmonary disease (due to which a person becomes breathless soon and his physical stamina decreases)
- Osteoporosis (causing weakness of bones).
- Disturbances of sleep and generalized weakness.



B) Psychological

Inform:

People using tobacco for long periods of time may suffer from anxiety, restlessness, dysphasia or depressed mood, irritability, low self esteem and poor coping with stressors. They are also more prone to various psychiatric disorders such as anxiety disorders (panic disorder, generalized anxiety disorder) and use of other addicting substances.

C) Social

Inform:

Continuous nicotine use may lead to strained relations with the family members. There are frequent objections to use of tobacco by family due to its repellent smell, sight, person's devotion of time to tobacco than family. As one smokes in the presence of the family members, health of the children and others may be affected adversely by passive smoking. It may incite youngsters in the family to experiment with these substances.

D) Financial

Inform :

Tobacco use may be a cause of financial problems. Additional costs incurred on buying tobacco products is a burden on pocket.

E) Occupational

Inform :

Tobacco use can lead to decreased output at workplace and strained occupational relationships.

GENERAL INFORMATION FOR THE CLINICIANS

The emphasis of all the above points is to make the patients aware that tobacco use is affecting their physical health, family & social life. The guiding principle here should be to involve the patient in discussion and providing personalized information of the consequences of tobacco use.

SESSION-2

This session should start first by getting feedback from the patient regarding previously held session, clarifying and augmenting the information provided.

1. **Need for treatment**

   Emphasize on the need for treatment by explaining:

   As indicated from the earlier session, it is clear that you are suffering in various aspects of your life due to continuous use of tobacco. Hence it indicates that tobacco use has become a problem for you. You have become dependent on this substance as indicated by various physical and psychological symptoms which you get whenever you can not get the substance. The hallmark of this dependence form illness is loss of control over the substance intake. As you can see despite the fact that you are damaging yourself, you can not control the intake/stop it as you have lost control. Professional help from us hence is needed in order to let you gain control again. Tobacco dependence is a chronic, recurring and relapsing condition. Patients who quit may relapse again for which the treatment is needed so that we are able to identify the situations which might cause relapse again and help you to control these.

2) **Benefits of quitting tobacco**

Inform that

Quitting tobacco has major & immediate health benefits for all ages.

ON STOPPING TOBACCO WITHIN	THAT'S THAT HAPPENS
20 min	B.P., pulse rate & body temperature returns to normal.
8 hrs	The Carbon monoxide level in blood drops to normal & oxygen level increases to normal.
24 hrs	Your chances of heart attack decrease.
48 hrs	Nerve endings start re-growing and ability to smell & taste is enhanced.
72 hrs	Bronchial tubes relax, lung capacity increases, breathing becomes easier.
2 weeks to 3 months	Circulation improves, walking is easier.
1-9 months	Cilia grows in lungs, ability to clear lungs and reduce infections increase, coughing, fatigue & shortness of breath decreases & body's energy level increases.
5 yrs	Lung Cancer death risk decreases by 50%.
10 yrs	Lung Cancer death risk drops to the level of a non-smoker.

Also inform:

Quitting tobacco not only has immediate gains on physical health but also would improve your social & interpersonal relations as well as also your emotional health.

SESSION-3

Session should start by first getting a feedback from the patient about the previously held session, clarifying and strengthening the information provided. This session would focus on psychosocial treatments and oral medication.

PSYCHOSOCIAL MODALITIES OF TREATMENT

1. **Behavioral Counselling**

   Inform:

   Quitting smoking or chewing tobacco though difficult is a possible task. All what is required is modification of deeply entrenched behaviors. In Behavioral Counselling sessions, the reasons which provoke you to take tobacco will be identified, your behaviour will be analyzed and you will be given direction as how to modify that behaviour. Remember, your co-operation in the program is most needed if it is to succeed.

2. **Initial Interventions**

   Those who have not yet decided to quit

   The counselling should be directed at increasing motivation and readiness to change. Various tips which can be utilized are:

   1. Providing personalized information and feedback on the risks of tobacco that are particular to the individual patient.
   2. Aversive Technique - Patients can be told to smoke or chew tobacco 2-3 times than their normal quantity in a day. By doing so the whole experience of smoking / chewing becomes distasteful. It can help the patients in motivating them to quit.
   3. Patients can be advised to keep a large glass container at their home / workplace. They should collect every cigarette butt or empty sachet in the glass container. The filling container can serve as a reminder to patients about the amount of tobacco they consume.

   Support Self Efficacy in patients by identifying and praising past behavioral changes and encouraging the use of strategies effective in the past.

   Those who wish to quit

   4 A's strategy should be used

   1. Ask the Record smoking status.
   2. Advise to stop. Clear direct advice to stop smoking/chewing is essential.
   3. Assist the patient in addressing cessation. Attempts should be directed to elicit commitment to quit. Written materials focused on either motivating the patient to make a quit attempt or suggesting tips on how to make the cessation attempt successful.
   4. Arrange follow-up

Other effective measures are:

1. Patients should be advised to postpone lighting their first cigarette/packet of the day by one hour each day. They should note down the time of first cigarette/packet of the day on a notepad.
2. Patients can decide to smoke/chew tobacco only during even or odd hours of the day. It would help to cut down overall number of cigarettes smoked/quantity of tobacco taken.
3. All smokers/chewers have choice of one brand over others. They should be advised to abandon the brands they like and use the ones they do not like. It can be done by buying the disliked brands in advance.
4. Smoking or chewing tobacco is commonly associated with other behaviours such as smoking/chewing while watching television, talking on a telephone, eating meals, drinking alcohol etc. Apart from these there are other behaviours associated with smoking/chewing. This pairing should be broken by advising patients to either cut down on these associated activities or replace smoking/chewing by other activities as drinking juice etc.
5. Patients should be directed to buy one cigarette or one pack at a time rather than piling up the stock. Reduced availability will be helpful to cut down consumption.
6. For most patients it is difficult to overcome craving (as they perceive it). Actually craving does not last for more than 3 minutes. Patients should be told to "wait out" the craving. Number of attempts at "waiting out" craving should be increased slowly.

<u>Patients who have just quit</u>

1. These patients should be imparted knowledge about and encouraged to practice Anti Craving Techniques.
2. Their progress should be reviewed regularly and positive feedback given.
3. Attempts should be directed at maintaining their high motivation for tobacco abstinence.
4. Along with the anti craving techniques, individual's coping skills should be enhanced so that she / he can effectively handle stress without taking the recourse to tobacco. Specific techniques like problem solving skills are best imparted by trained professionals. Individuals should be taught tobacco refusal skills. Plans to deal with emergencies and lapse should also be discussed.

PHARMACOLOGICAL TREATMENT

The basic principles involved in pharmacological approach to tobacco dependence treatment is management of withdrawal symptoms and prevention of relapse by reducing craving, developing aversion to tobacco use and reducing associated anxiety states etc.

Inform:
-Various medications used for treatment to tobacco use, their efficacy / usefulness.
-Medications effective during withdrawal phase like Nicotine replacement drugs, clonidine etc.

Modalities of Drug treatment

Nicotine Replacement Therapy
Antagonist Therapy
Agents that mimic Nicotine effects

Nicotine Replacement Therapies:

All nicotine replacement therapies double cessation rates.
These therapeutic agents also reduce nicotine withdrawal, allowing the patient to focus on the habit and conditioning factors when attempting to stop.
Replacement therapies use a short period of maintenance (6 to 12 weeks) often followed by a gradual reduction period (6 to 12 weeks).

Various Products

* Nicotine gum
* Nicotine patch
* Nicotine Nasal Spray
* Nicotine Inhaler

Emphasize that these agents are currently not easily available in India.

Antagonist Therapy

The goal of antagonist therapy is to prevent tobacco from producing positive reinforcing and subjective effects.

Agents:
Naltrexone
Mecamylamine

Agents that mimic Nicotine effects

Inform that these agents reduce dysphoria or anxiety which are often associated with nicotine use or decrease physiological arousal associated with withdrawal state. These agents have been shown to improve quit rates.

Agents:

- ❑ Anxiolytics - Buspirone has the most robust evidence, others are diazepam etc.
- ❑ Antidepressants - Bupropion, Tri-Cyclic antidepressants etc. These are considered as promising treatments.
- ❑ Clonidine - Clonidine is found to be useful in patients who fail nicotine replacement therapy.
- ❑ Stimulants - No sufficient evidence.
- ❑ Anorectics - No sufficient evidence but appear promising.

Bupropion Hydrochloride :

Bupropion Hydrochloride is the only non-nicotine agent for smoking cessation approved by the FDA.

It acts as an anti craving agent by enhancing dopamine levels in metonymic systems (brain reward region) and by affecting noradrenergic neurons in locus ceruleus thus reducing the urge or craving for nicotine.

Dosage Schedule -

- Tablet is available in sustained release preparation as 150 mg
- To be started as 150 mg once a day for three days followed by 150 mg twice a day up to 12 weeks.
- As it takes about 7-10 days for steady plasma levels to be achieved, the patients should be advised to quit smoking or tobacco use completely at the end of 7 or 14 days of starting Bupropion.

Side effects like dry mouth, sleep disturbances can occur but these side effects are generally mild and often disappear in a few weeks. Inform about possibility of seizures and precautions.

Concomitant use of tobacco and Bupropion although undesirable carries no added risk either physical or mental.

SESSION - 4

Session should start by first getting a feedback from the patient about the previously held session, clarifying and strengthening the information provided.

1. **Maintenance of abstinence and relapse prevention :**

   Inform :
   Many patients, who quit tobacco use, restart it.
   Restarting of tobacco use can start from two set of conditions :

   a) Difficult Withdrawal:
   During the withdrawal phase, one may experience symptoms such as craving, sleep disturbances, constipation, anxiety, weight gain etc. One may be prompted to restart tobacco use due to these symptoms but remember these are temporary symptoms and restart of tobacco is not a solution and these will disappear in short time span.

   b) Triggers after the withdrawal :
   Once active withdrawal is over a host of other factors might prompt a person to restart the tobacco use. Common reasons are :
   - Craving
   - Seeing someone else smoking / chewing
   - Passing near a tobacco shop
   - Anxiety, poor concentration
   - Peer pressure
   - Family / occupational or other forms of stresses

   Help :
   Help the patient identify his / her own reasons which might cause relapse / has caused relapse in the past.

INITIAL TREATMENT

Method to prevent relapse During the Withdrawal Phase

Educate :
Educate about the following. Simple tips for withdrawal symptoms :

- ❑ Craving
  - -Distraction
  - -Deep breathing
  - -Brush your teeth

❑ Anxiety / Irritation	-Take deep, slow breaths
❑ Sleep Disturbances	-Avoid coffee / tea in the evening, afternoon -Do regular exercises in the morning -Your room should be peaceful & comfortable -Read some books before sleeping or listen to relaxing music -Keep regular sleep hours
❑ Gas / Constipation	-Take plenty of fluid -Get a lot of fiber in diet including raw vegetables, fruits etc. -Exercise

Emphasize

- ❑ In the end to be able to quit tobacco use totally, one needs to identify and solve all these possible factors associated with relapse.
- ❑ Help may be sought from the doctors who can provide various techniques to solve these factors
- ❑ Going back to tobacco use is not the solution to all the problems identified.

PSYCHO BEHAVIOURAL INTERVENTION

Information about the following specific techniques of psycho behavioral intervention may be given to the patient. These skills are effective both in initial phase when the individual is giving up or has just quit tobacco and in maintenance phase to avoid relapse.

1. ***Skills Training / Relapse Prevention***

This includes various strategies like problem solving, coping skills and training in stress management etc., Patients are enabled to anticipate a large number of situations or processes that are likely to lead to urges to smoke / chew tobacco or to prompt a slip (e.g. a party, an argument). Patients are advised that early on in the cessation, it is often best to avoid high risk situations. They are helped in planning and developing strategies to cope with these situations later on. Illustrate with examples:

Behavioural Coping - It includes substituting other behaviors for smoking / chewing. Patient may be asked to do physical exercise or take a walk at times he indulges in smoking / chewing the most. Patients can also be told about developing and utilizing skills to manage the triggers.

Cognitive Coping - It includes identifying maladaptive thoughts, challenging them and substituting more effective thought patterns. When experiencing craving, many people have the tendency to remember only the positive effects of tobacco and often forget the negative consequences of tobacco. Therefore clients can be instructed to remind themselves of the benefits of not smoking and the negative consequences of smoking when hey experience craving

2. ***Stimulus Control***

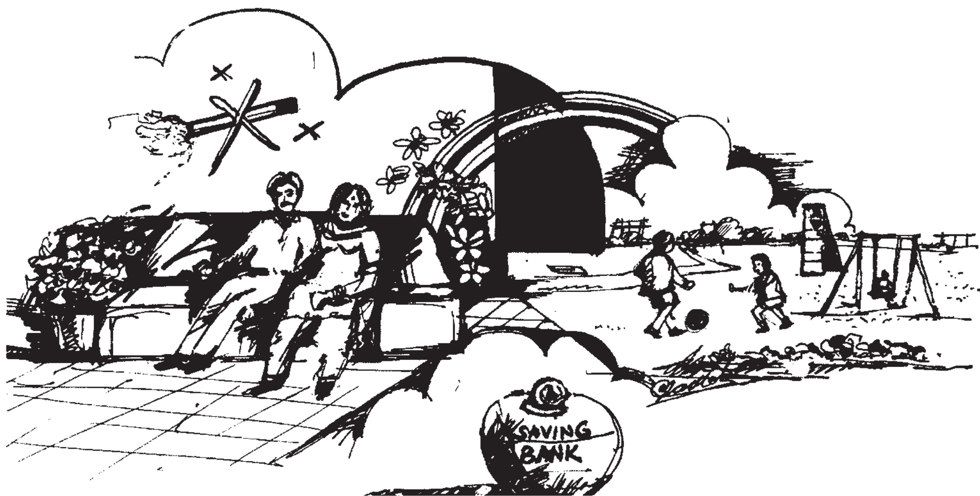
In this patients are informed that smoking / chewing gradually becomes associated with certain events, emotional states addressed as stimuli which can trigger smoking / urge to smoke when the client attempts to quit smoking / chewing. They are advised to follow self-monitoring of their smoking / chewing schedule prior to a quit attempt. This helps them to identify these stimuli associates with smoking / chewing. Once they are able to identify these they are enabled at either avoiding these situations, coping with them or removing these cues associated with smoking / chewing. For example if a client smokes while driving then driving becomes the stimulus and the client can avoid smoking by chewing sugarless gum while doing same.

3. ***Relaxation***

For relapse situations associated with anxiety, relaxation techniques can be taught. It is a part of multi component relapse prevention and emphasize that by itself it does not increase tobacco cessation. There are various techniques for relaxation like yoga, deep breathing etc. The patient is trained in the techniques with which the therapist is familiar and competent with. After demonstrating the technique few sessions are held for supervision. Certain specific therapies like Jacobson's Progressive Muscular Relaxation Techniques are best carried out by trained professional, psychiatrist or psychologist.

4. ***Social Support***

This aims at enhancing the social support and involving the caregivers in reinforcing the patients to quit tobacco.



5. ***Contingency Management***

In this procedure, smokers / chewers are either reinforced for not smoking with the presentation of some reward or punished for smoking / chewing by the loss of some reward. For example, patients place a deposit that is either refunded contingent on not smoking or forfeited for smoking / chewing. It involves detailed behavioral analysis and is best carried out by trained professional, psychiatrist or psychologist.

6. ***Cue Exposure***

It involves repeatedly exposing patients to real or imagined situations that evoke potent urges to smoke in an attempt to extinguish the ability of these situations to evoke urges to smoke. It is best carried out by trained professional, psychiatrist or psychologist.

7. ***Aversive Therapy***

Explain the rationale of aversive therapy that it is to make smoking more aversive and less reinforcing. The procedure involves having the smoker smoke a cigarette at the rate of one inhalation every 6 seconds. This concentrated smoking soon produces unpleasant sensory and physiological effects such as dizziness, nausea and an increased heart rate. The smoker is asked to concentrate on these negative sensations during the procedure. Rapid smoking continues (with the client lighting a second cigarette if necessary) until he or she cannot bear to take another puff or is about to become physically ill. The smoker is then allowed to breathe fresh air until these reactions subside, at which point the rapid smoking procedure is repeated. This cycle continues until the smoker is unable to tolerate another cigarette. These sessions are held daily (usually for 2 or 3 days) until the smoker is able to abstain completely. Clients are urged not to smoke in between the sessions. It is best carried out by a trained professional, psychiatrist or psychologist.

For more details and to get professional/medical advice

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