

TOBACCO CESSATION MANUAL FOR PRIMARY CARE PHYSICIANS, NURSES AND HEALTH WORKERS

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Physicians and other primary health care personnel are valuable and effective in the management of individuals with tobacco cessation. The physician has the influence, as a credible expert in a position of authority, to suggest and advise patients to quit tobacco use. In addition, Health care workers & Nurses have proven to be effective in tobacco cessation where Simple advice administered alone, which can take as little as 30 seconds can produce quit rates of 5-10% per year. THEY FILL THE GAP BETWEEN PRIMARY PREVENTION EFFORTS AND MORE INTENSIVE TREATMENT for persons with long standing and more intractable addiction to tobacco.

It is established that a majority of smokers (as many as 70%) desire to quit, who can be helped to quit by simple intervention in a large proportion. Effective tobacco dependence treatments are now available and every patient who uses tobacco should be offered at least one of these treatments:

- 1. Patients unwilling to try and quit tobacco use:** should be provided with a brief intervention designed to increase their motivation to quit. (**Motivation Enhancement Techniques**)
- 2. Patients willing to try and quit tobacco:** should be provided with treatments identified as effective. (**Quit Techniques**)

Patients undergo a series of stages of willingness and preparedness to quit. At each stage a person is thinking and feeling differently about the smoking habit. Intervention helps them move on to the next stage towards the direction of quitting their habit.

There are 5 stages described below which can be also categorized as:

- a) Motivation enhancement techniques:** this includes Progress through successive efforts from stages of **Pre-contemplation(Stage 1)**, **Contemplation (stage 2)**, and **Preparation stage (stage 3)**.
- b) Quit Techniques:** which includes helping a patient reach the stage of **Action (Stage 4)** and to help him maintain his decision through continued guidance which is the **Active period (stage 5)**

STAGES:

Stage-1) Pre-contemplation: Here a person is not thinking about quitting, they are not interested in change. This is because:

- i) They do not see their smoking habit as a problem.
- ii) They think that Tobacco is infact helpful and beneficial, that it helps them in concentration, in digestion, or for relaxing.
- iii) They may be fully aware of the risks but may value tobacco use for other reasons that thus do not wish to stop.
- iv) Unaware of help available and previous failed attempts at changing make them believe they can not stop.

Stage-2) Contemplation: Here the patient knows the risks and problems, but is undecided and is unaware of the benefits on quitting smoking. In this stage the person is torn two ways-: aware that he ought to stop but still feeling attached or drawn to smoking.

Stage-3) Preparation stage: Here the patient expresses a desire to quit. Those in preparation stage are planning to take action soon. They are beginning to make small changes and trying out different ways of behaving. They may tell others about their intention to stop and make clear plans on how they are going to do it.

Stage- 4) Action stage: here patient makes visible changes and puts considerable effort for leaving the habit. This is often the time when they seek professional help.

Stage-5) Active period: During this stage, quit status is continued and strengthened, temporary stoppage becomes part of a more settled pattern. Unless this takes place the person may move into relapse, and return from there to pre-contemplation or contemplation stage.

It may be noted that a person may move from one stage to another in the forward or backward direction and may require continuous effort to move towards the direction to quit smoking.

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

There are 5 major steps which can help in bringing about a change and helping a patient fight with his addiction.

5 MAJOR STEPS

1. ASK: ----- ABOUT TOBACCO USE

Tobacco use is an important aspect of a patient's health status and it is therefore necessary to maintain up-to date record of Tobacco use. Two pieces of information are important:

- a) Does the person use tobacco currently?
- b) If so, whether he is interested at present, in stopping

STEPS:

- i) For this the first step is to **Ask questions** related to: type, quantity, history of tobacco use, and about how the first use of tobacco was started.
- ii) Ask questions which encourage the patient to keep talking -:don't close the conversation down with a yes/no response. Talking helps understand patients' point of view and reasons for taking tobacco.
- iii) Short words of encouragement should be provided from time to time, Help in making the patient feel comfortable by **recognizing** his views and experiences.
- iv) Convey respect and understanding for their position. This helps to encourage more progress.

Sample Questions:

- 1) How many Cigarettes do you smoke in a day?
- 2) How old were you when you first used Tobacco?
- 3) How did you get into this habit?
- 4) Have you ever tried Quitting?

2. ADVISE: ---- ALL USERS TO QUIT

Main Objective : Health professionals are in a good position to help users understand general facts about smoking and health hazards. In a **CLEAR, STRONG, AND PERSONALIZED MANNER**, every tobacco user should be urged to quit. Link smoking to current health/illness, significant life events, social and economic costs, impact of second hand smoke on children and others in the household.

Inform the patient that:

- 1) Continued smoking is risky and explain how stopping the habit is beneficial. This can be done by telling them that if they don't stop smoking then they may have (e.g.):

Twice the risk of heart disease
Ten times the risk of lung cancer.
Increased risk of at least one type of cancer
A lifespan 5-8 years shorter than non smokers
Stained teeth, Bad breath

- 2) Offer help in quitting by telling him why tobacco use is not advisable, for e.g. inform the patient:

What's in smoke :

- **Carbon Monoxide**
A poison that takes place of oxygen in the blood.
- **Ammonia**
Used in fertilizers, explosives and cleaning fluids.
- **Formaldehyde**
A poison used to preserve dead animals.
- **Nicotine**
A deadly poison and an addictive drug.
- **Cyanide**
Poisonous gas used in gas chambers.
- **Tar**
Sticky black glop used to make roads.
- **Arsenic**
A poison used to kill weeds and insects.

3) Identify reasons for continued habit without being judgmental, and tell him that it is possible to quit this habit. For this discuss rewards or specific benefits of quitting smoking with the patient.

Link the benefits to the patients' economic life, social life, his well being and improvement in health.

3. ASSESS----- i) TO DETERMINE MOTIVATIONAL STAGE OF PATIENT ii) TO DETERMINE EXTENT & SEVERITY OF HABIT

Main Objective : 1) To ask questions related to tobacco consuming habit. The main aim is to find out how much the patient is willing to change and what kind of reasons he has for continued use.

2) Ask how smoking fits into the patient's life, his daily routine, if people around him want him to stop smoking, and if he has ever tried to quit this habit.

3) Questions should be such that, through the answers given help us understand and judge what kind of thinking the patient has, what information is already available to him, and what we can tell him so that he can change and leave his habit.

Sample Questions:

- 1) What do you think about your smoking?
- 2) Does smoking help you control your feelings?
- 3) How much do you spend on your smoking habit?
- 4) What are the most important things in your life?
- 5) Do you think you can leave smoking?

*** Summarizing: we now move from the Motivational Enhancement stage to the Quitting Stage**

At the end of the three stages we review what the patient has said, and ask the patient to repeat back what has been told to them, so that we can clearly understand what the

patients' priorities are. Because of this we can understand at what stage of readiness to change he is on now.

On basis of evaluation of patient, we have now completed our first three stages and thus come to the conclusion regarding what his motivation level is and what kind of quitting technique should be applied to him.

4. ASSIST: ----- i) IN DECISION TO QUIT ii) IN PROVIDING MOTIVATION TO QUIT

Main Objectives :

- a) Help make a plan for the patient to quit– identify main situations or time when the patient feels like taking tobacco (both internal and external).e.g. after meals, after tea, with friends ,etc.
- b) Help patient to know who all can help him in leaving his habit by identifying his social support such as support of family members, friends, co-workers, health care professionals.
- c) Help Patient in finding out possible weaknesses in plan made to help in leaving tobacco, help patient understand his responsibility towards leaving Tobacco.
- d) Suggest that the patient make's promises and help him keep a diary, so that he can list successes as well as the problems faced.
- e) Give feed back (assistance) and remind the patient that you are there for him even if he is not successful.
- f) Take care of withdrawal symptoms if any, like: headache, vomiting, body ache, restlessness or irritability etc. Note any stress the patient feels or special events coming up that might make a difference in leaving tobacco.

The following Tips may be given to the patient to help him leave his habit:

- 1) Change to non preferred brand.
- 2) Keep a record of the amount and frequency of tobacco used.
- 3) Decrease the no. of puffs while smoking.
- 4) Leave large stubs.
- 5) Do not inhale deeply.
- 6) If you have an extraordinary urge to take tobacco- Try alternatives (chewing gum, toffee, peppermint) so that you can change the taste of your mouth.
- 7) Increase your water intake.
- 8) Deep breathing can calm you and help you cope with the urge to use tobacco.
- 9) Do something else when you feel the urge to smoke/chew tobacco. This will help you keep your mind off tobacco.

- 10) Delay the act, count till 100 and think of pleasant situations and thoughts.
- 11) Hide ashtrays and cigarettes, so that you do not have the urge for smoking when you look at them.
- 12) Keep postponing the first cigarette of the day for a longer and longer time.
- 13) Collect the money saved from each pack of cigarette or pan masala. You can buy a gift for your family with all that money.

It is very common that a patient may have craving for using tobacco again and may not succeed at first in leaving. In such a situation the patient must be helped to understand benefits of leaving tobacco and people around him should be more patient and understanding.

It is possible that a patient tries and then again goes back to a previous stage. But if this happens then it is very important to encourage the patient again and help the patient to realize that there are many risks which he might face because of his habit.

Help the patient understand that breaking the cigarette habit is not denying yourself but as adding to your life—a new dimension of self-discipline and self control
In such a situation the patient may be informed that:

- 1) Learn to say no to tobacco offers from others.
- 2) Do not take even a single puff.
- 3) Try to remain in smoke free areas.
- 4) Avoid company of smokers / chewers
- 5) Make a group of people who have quit tobacco.
- 6) Remember there can be some withdrawal symptoms when you quit
Like--- Headache, Irritability, Lack of concentration etc.

BUT---- these are temporary and will disappear in a few days.

- 7) Try alternative ways to deal with stresses
Like--- Relaxation, Deep Breathing, Listening to music, Meditation.
- 8) Even if you fail in your attempt ---
 - ❖ Don't get disheartened ...TRY AGAIN
 - ❖ Seek help of those who have quit tobacco.
 - ❖ Seek professional help and medical advice.

5. ARRANGE -----FOR CONTINUED HELP AND SUPPORT THROUGH FOLLOW-UP

Main Objective : The main objective is to help patient continue with his decision to quit. Any problems which a patient might face because of leaving tobacco should be looked into and help must be provided from time to time.

The patient must be given encouragement for his efforts. He must be in contact with the health professional so that if he has any problems regarding leaving tobacco then he can be helped.

The patient must be given an appointment in a month's time to judge his progress. Continued follow-up must be maintained and assistance should be provided at every step.

SOME DON'T'S WHILE DEALING WITH A PATIENT

1. Don't use scare tactics.
2. Don't be judgmental
3. Don't Exaggerate.
4. Don't disagree.
5. Don't push too hard.