



# Training Manual for SEHAT Workers

Phase 3- Smoking

Project SEHAT

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## PART 1- PROGRAM OVERVIEW

### Introduction

This user manual has been developed for Community Health Workers (CHWs) to use during Project SEHAT. The CHW, also known as a SEHAT worker, is expected to carry the manual as she goes about doing her work and to use the manual as a reference point.

### Purpose of this manual

This is the third of three manuals which will help train a SEHAT worker to identify, record and manage individuals who smoke tobacco. This manual will focus on identifying individuals who smoke and help them stop in the setting of their homes. This will try to educate the SEHAT worker about smoking, including the consequences of smoking and the different ways that a worker can help a person stop smoking.

### SEHAT workers role in helping people stop tobacco

As a SEHAT worker, by now you have good access to the community around you. People respect your work, and appreciate your help in managing their health. Because you have gained respect, people will listen to you and value your advice in all areas concerning health, including smoking.

There are various principles you should keep in mind to help people in your community stop smoking tobacco-

- 1) Do not use tobacco in any form, at home or outside. Encourage your family members, including husbands, to stop smoking urgently.
- 2) Educate all people who smoke that:
  - All tobacco products are harmful
  - No tobacco product is safe in any quantity
  - Bidis are as harmful as cigarettes
  - Chewing tobacco also causes cancer, including mouth cancer
  - Second hand smoke (inhaling the smoke of another person's bidi) causes many life threatening diseases
- 3) Spread awareness about the harmful effects of tobacco on health and the economy of the family. Highlight the benefits of stopping tobacco use and smoking.
- 4) Support people who want to stop tobacco use

In this training course, we will learn in detail about these principles, to enable you to be effective in helping people to stop tobacco.

## PART 2- BASICS OF SMOKING

### Tobacco facts

- Tobacco is the number one cause of death in the world and in India
- More than 55 lakh people in the world die from tobacco every year.
- 10 lakh people in India die from tobacco every year. Everyday, around 2,200 people in India die from tobacco.
- Tobacco kills more people than AIDS, Tuberculosis, suicide, murder and road traffic accidents combined.
- Two out of every three people who use tobacco will die because of it, often before the age of 60. Of those that don't die, many will suffer health problems related to tobacco use.
- On average, people who use Tobacco die 14 years before people who do not use tobacco.
- 40 out of 100 cancer cases in India are due to Tobacco use. Nearly all mouth and lung cancer are due to tobacco use.
- Tobacco use can also causes stroke (paralysis), heart attacks, breathing problems, blindness and numerous other diseases.
- Most people who use tobacco have started using them before the age of 18 years.
- Tobacco dependence is a chronic disease (just like Diabetes or Hypertension) that often requires repeated intervention and multiple attempts to stop.

Remember, tobacco users feel ten years older and die ten years younger than people who do not use tobacco.

### Tobacco products in India

Today, India is one of the largest producers and consumers of Tobacco. However, it is important to remember that tobacco has not always been a part of our culture. Tobacco was introduced in India around 400 years ago by people from near England. Since then, tobacco was grown in various parts of India, leading to the problem we have today.

Tobacco is a plant, and the plant product (Tobacco) can be consumed either by smoking or by chewing. Therefore, there are 2 main kinds of tobacco products-

- 1) Smoking tobacco- This includes cigarettes, bidis and hookahs. Cigarettes, hookahs and bidis are equally harmful, as all of them contain tobacco that is inhaled into the lungs.
- 2) Chewing tobacco- Also known as smokeless tobacco. This kind of tobacco is chewed and then absorbed into the blood from the mouth. Since this tobacco stays in the mouth for a long time, it most commonly causes mouth cancer.

The various kinds of chewing tobacco include Khaini, Gutkha, Zarda and pan masala. Most chewing tobacco products that have tobacco in them are accompanied by a picture that warns of the harmful effects of tobacco.

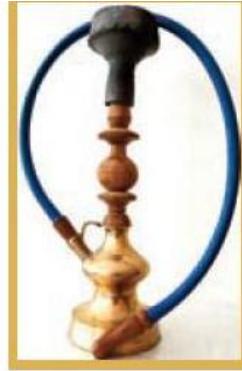
**BIDIS**



**CIGARETTES**



**HOOKAH**



**KHAINI**



**GUTKA**



**ZARDA**

### Composition of cigarettes, bidis and chewing tobacco

- Cigarettes contain 4000 chemicals, 200 known poisons and 60 cancer causing agents.
- Nicotine is the main chemical in tobacco that causes addiction, and makes it difficult for people using tobacco to stop.
- Nicotine is found to be as strong an addiction as charas, ganja and other such dangerous drugs.

### Tobacco addiction

Since tobacco is so addictive, stopping tobacco is often not just a matter of will. The will to stop is obviously necessary, but many people who want to stop are not able to do so due to the addictive nature of tobacco.

Tobacco addiction develops after repeated use of Tobacco and includes-

- A strong desire to use tobacco
- Unable to control or reduce tobacco use
- Continuing to use tobacco despite knowledge of its harmful consequences
- Giving tobacco a higher priority over work or family
- Unable to stay away from tobacco for a day without feeling nicotine withdrawal

Nicotine withdrawal includes problems that a person experiences temporarily when he suddenly stops tobacco consumption. They include-

- Sad mood
- Difficulty sleeping
- Difficulty concentrating, anger and frustration
- Anxiety (Ghabrahat)
- Restlessness
- Headaches
- Constipation
- Increased appetite and weight gain

Nicotine withdrawal is generally highest in the first 3 days after stopping smoking, and gradually decreases over the next 3-4 weeks. Sudden desire for bidis may persist for many months. This desire may be brought on by situations associated with smoking (like being with friends, drinking tea), by stress, or by drinking alcohol. These times of desire to smoke are a common time for ex-smokers to fail and start using tobacco again. The desires will go away if ignored.

### Health effects of cigarette and bidi use

**Heart disease** — Cigarette smoking doubles the risk of developing heart disease, and stopping smoking can rapidly reduce this risk. One year after stopping smoking, the risk of dying from heart disease is reduced by about one-half and continues to decline over time.

**Lung disease** — Smoking increases the risk of permanent breathing problems. While much of the lung damage caused by smoking is not corrected after stopping smoking, stopping smoking can reduce further damage to the lungs, and many smokers with a cough and trouble breathing note an improvement in their symptoms during the first year after stopping smoking.

**Cancer** — Cigarette smoking is responsible for almost 90 percent of cases of lung cancer. It also causes cancer in other parts of the body such as the stomach and pancreas. Overall, 40 out of every 100 cancers are because of smoking.

**Stomach ulcer (hole in stomach)**— Cigarette smoking increases the risk of developing stomach holes that can be painful and sometimes require surgery. Stopping smoking decreases that risk.

**Other diseases** — Smoking also causes or worsens many other conditions as listed below. As an example, pregnant women who smoke have an increased risk of birth defects and of having a weak baby. Smoking causes early skin wrinkling and early aging. Stopping smoking reduces the risk of these conditions.

### HEALTH EFFECTS OF TOBACCO USE

#### *Cancers*

Lung cancer

Stomach cancer

Cancer in various other body parts

40 out of every 100 cancers are caused by tobacco

#### *Other diseases*

Heart attacks

Strokes (paralysis)

Tuberculosis

Breathing troubles

(inability to breathe) and  
cough

Stomach holes

Leg pain and chest pain

### Health effects of chewing tobacco use

Chewing tobacco can cause all the diseases that are caused by smoking tobacco, though the risk of lung cancer might be lower than that in people who smoke tobacco. However, the lower risk of lung cancer is made up for by the fact that unlike smoking tobacco, chewing tobacco can cause mouth cancer. Chewing tobacco is responsible for 95% of mouth cancers, resulting in nearly 1 lakh cases of mouth cancer every year.

Chewing tobacco also causes a lot of teeth problems, leading to tooth pain, need to get teeth taken out and chronic bad smell from mouth.



**MOUTH CANCER**

### Other effects of tobacco use

Besides the health consequences, there are other consequences of tobacco use.

- Children are much more likely to pick up the tobacco habit from their parents, so if you smoke or chew tobacco, it is likely that you will pass on the habit to your child along with all the health consequences of tobacco use
- Tobacco use is expensive, and its cost rises every year as the government increases tax on tobacco products to encourage people to stop tobacco. The money that you spend on tobacco deprives your family of better food, clothes, other sources of entertainment, better education, etc.

### Second hand smoke

- Smoke from someone else's cigarette or bidi is called second hand smoke. Second hand smoke harms non smoker adults, but it causes the greatest harm to young children and babies.
- Second hand smoke is a major cause of diseases, including lung cancer, heart attacks and strokes amongst non smokers. This is especially true for people who live in close contact with smokers, like wives of smokers.
- Around 6 lakh people die throughout the world every year from second hand smoke.



**SECOND HAND SMOKE**

## **ADVERSE EFFECTS OF SHS**

### *Children*

Middle ear infections  
Breathing troubles and cough  
Sudden death of child

### *Adults*

Stroke (Paralysis)  
Heart attacks  
Lung cancer  
Tuberculosis  
Breathing troubles and cough

### *Diseases at highest risk*

Breathing troubles and cough  
Heart attacks  
Lung cancer

### *Health effects specific to women*

Difficulty in getting pregnant  
Having a child that is weak and has low weight at birth

## **Laws regarding tobacco use**

To protect people from the dangerous effects of tobacco, the central government of India passed a national tobacco control act, titled 'Cigarettes and Tobacco Products Act' (COTPA) in 2003. It is against the law to

- Smoke in public places, including places of work: Fine of Rs. 200/-
- Advertise tobacco products in any form: The advertiser can go to jail or have to pay a fine
- Sell tobacco products to children under 18 years: Fine of Rs. 200/-
- Sell tobacco products within 100 yards of schools and colleges: Fine of Rs. 200/-
- Sell tobacco products without picture based warnings: Jail or fine up to Rs. 10,000

As of 2014, Gutkha is banned in 24 states. In West Bengal, Gutkha was banned in May 2013. Despite the ban, gutkha is often sold in shops, sometimes in a hidden manner. However, the ban is implemented well in some larger cities like Mumbai and Delhi, which has led to great reduction in the use of Gutkha in these places.

It is a law made by the government that makes it compulsory for all tobacco companies to display pictures showing the ill effects of tobacco. These picture based warnings, when displayed correctly, have been shown to have a large effect in reducing tobacco use.

Another mechanism employed by the government to reduce tobacco consumption is to increase the taxes on tobacco products. It has been shown that every time prices of tobacco products rise, their consumption falls and many people stop.



## Part 3- Stopping smoking

### Basics of stopping tobacco use

Tobacco users can stop either by

- 1) Brief counselling providing motivation to stop
- 2) Nicotine based medicines

The chances of successful stopping are maximised when the approaches are combined, i.e. both counselling and medicines are provided.

In the rest of this book, we will discuss in detail about counselling people to provide motivation to stop, and how to help them stay away from tobacco after stopping.

Nicotine based medicines can only be provided by doctors, and therefore it is important to counsel patients to see a doctor to help them get these medicines. These medicines work by decreasing the nicotine withdrawal symptoms that occur after stopping tobacco. Nicotine withdrawal symptoms occur when a person stops using tobacco suddenly and are characterised by headache, anxiety and inability to concentrate. These symptoms are usually present for only a few days before they go away. However, during this period of nicotine withdrawal, a person is tempted to go back to tobacco as the tobacco can immediately provide relief from his symptoms, just like any other drug. The medicines have a small amount of nicotine (without the other harmful and cancer causing substances) that they release into the body, therefore helping a person minimise his nicotine withdrawal and craving.

It is important to remember that nicotine based medicines only work if the person is determined and willing to try to stop. The medicine cannot force someone who doesn't want to stop. Therefore, it is important to provide adequate counselling to all smokers to encourage them to make an attempt at stopping. Once they decide to make an attempt to stop, they can do so either with or without the aid of nicotine based medicines. Using nicotine based medicines will increase their chances of making a successful stop attempt.

The value of nicotine based medicines is less for light smokers (those who smoke less than 10 cigarettes/bidis per day) as compared to heavy smokers. Light smokers should be counselled that they can seek a doctor's help if they feel they will have severe nicotine withdrawal symptoms. However, a lot of light smokers will only have mild nicotine withdrawal that can be managed with counselling.

Light smokers who make an unsuccessful quit attempt should be strongly encouraged to go to a physician for nicotine based medicines, before they make a second attempt. Heavy smokers, on the other hand, should be highly encouraged to go to a physician for nicotine based medicines, as they are likely to get severe nicotine withdrawal otherwise, which will decrease their chances of successfully stopping smoking.

### General principles and tips for stopping tobacco

- Be determined
- Set a stop date, and stick to it. Total stopping of tobacco is essential. 'Not even a single puff after the stop date.'
- Throw away any matches, lighters and bidis/cigarettes. There's no need for them now.
- It is important to quit all tobacco products, including smokeless tobacco. Using even one of them will greatly increase the chance of failure.

- Tell one's family and friends that you are trying to stop tobacco use. Ask them to help by encouraging you.
- Identify situation that make you want to smoke and avoid them. For example, seeing a bidi or chai shop, or people smoking tobacco.
- Smoking cessation has major and immediate health benefits for men and women of all ages. The earlier one stops, the greater the benefits. People who stop smoking before age 50 reduce their risk of dying over the next 15 years by one-half, as compared to those who continue to smoke.
- The key to successful stopping is to inform the smoker with as much information as possible about what to expect during stop attempts.

### Stages of stopping

Around 70% of people who smoke in the US want to stop. In India, the figure is slightly less at 30-40%- mostly due to less awareness of the harmful effects of smoking.

Everyone who smokes can be put in 1 out of 5 stages, with relation to how far they have travelled towards stopping tobacco use.

These are-

- 1) Stage 1- Pre-contemplation (Not thinking about stopping smoking within the next 30 days)
- 2) Stage 2- Contemplation (Thinking about stopping smoking within the next 30 days)
- 3) Stage 3- Preparation (Preparing for the attempt at stopping smoking)
- 4) Stage 4- Action (Stopping tobacco use completely)
- 5) Stage 5- Maintenance (Continuing to stay away from tobacco)
- 6) Stage 6- Restart (Restarting tobacco use after having tried to stop)

We will discuss these categories one by one in detail-

### Pre-contemplation (Stage 1)

When a smoker does not want to stop, and does not even think about stopping, he is said to be in pre-contemplation. These are going to be the majority of our patients. These people feel that the benefits of smoking are greater than the risks and costs. They often have not experienced the health consequences of smoking, and therefore underestimate them. Also, some of them may have experienced health consequences of smoking, but are not aware that their health problems are related to smoking.

If these people remain open to learning new information about smoking, or experience some of the consequence of smoking, they can move to the next stage of stopping, which is the contemplation stage.

To help people in pre-contemplation move to the contemplation stage, educate them on the health effects of continuing to use tobacco and its effects on the family's economy, e.g. telling them of all the essential things (better food, clothes, etc.) that they could buy if the money was not spent on buying tobacco products.

About 70% of our patients will be in pre-contemplation (not ready to stop phase) and will need education to help them want to stop. This education is based on the 5 fingers approach which will be discussed with the flipbook and is given in the appendix.

### Sample positive statements to help people stop tobacco

- "As your health worker, I would like to help you STOP tobacco because stopping tobacco use is vital to your health and those around you."

- “As your health worker, I want you to know that stopping will help you live a longer, healthier life. You’ll also protect those around you.”
- “As your health worker, I want you to stop as soon as you can — the sooner you stop, the better you’ll feel. Your health starts improving immediately after stopping.”
- “As your health worker, I want you to know that it is never too late to stop — stopping at any age will improve your health.”
- “As your health worker, I want to know when you are ready to stop so that I can help you”

### Contemplation (Stage 2)

These are people who are thinking about stopping, but are not completely ready to stop. Part of them wants to stop because they realise smoking is not good for them, but part of them cannot give up the enjoyment of cigarettes.

Only when they become convinced that the negative aspects of tobacco are far greater than the benefits, only then can they take a firm decision and stop tobacco. Once they take a firm decision to stop tobacco, they move to the next stage, which is preparation.

### Preparation (Stage 3)

After deciding to stop, some people stop immediately. While that is a good thing, if one has not mentally prepared himself for the consequences of stopping smoking, he may restart into tobacco soon. This will make him discouraged, and make him feel that stopping tobacco is too difficult. Therefore, it is important to try and spend some time preparing for a stop attempt, to maximise the chances of making a successful attempt.

Basic principles of preparation are-

**S** = Set a stop date

**T** = Tell family, friends, and the people around you that you plan to stop

**A** = Anticipate or plan ahead for the tough times you'll face while stopping

**R** = Remove cigarettes and other tobacco products from your home and workplace

**T** = Talk to your doctor about getting help to stop

Some things that smokers can do to prepare for a successful stop attempt include-

- Decrease the number of bidis they are smoking everyday while they are preparing for their stop attempt. This will make it easier for them to stop and minimise nicotine withdrawal.
- Make a list or think about the situations and times when he smokes the most. He should think about what ‘triggers’ his smoking- after eating, before going to the toilet in the morning, boredom, while meeting friends, stress.
- He should then think about alternative ways of dealing with each of these situations that are more healthy. For example, he can eat saunf after dinner, he can meet friends in his house where there are children so he won’t smoke in front of them, he can try and eat more fruits and vegetables to minimise constipation so that he won’t feel the need to use tobacco before going to the toilet, and finally, he can try yoga and other exercises to fight stress and boredom.
- Changing one’s habits can also help people prepare to stop tobacco. If someone always smokes in a particular spot of the house, temporarily use that spot for something else so that he can’t go there and smoke. If someone always smokes after eating lunch, change the place where he eats lunch so he is not always reminded of smoking after lunch.

- Because alcohol can cause a restart, the patient should consider limiting alcohol intake while stopping tobacco use.
- Getting social support for his stop attempt can increase the chance of success. Tell them, "Ask your wife and friends to support you in your stop attempt." You can also talk to any of their family members, telling them that the smoker has decided to stop tobacco and that they should help him.
- As part of preparations to stop smoking, the person can go to his doctor and seek medicines that can help him decrease nicotine withdrawal. These medicines can increase his chances of making a successful stop attempt.
- Practise exercise or meditation to decrease nicotine withdrawal. We will discuss meditation techniques in detail when discussing the flipbook.

Once a person feels they are adequately prepared and are ready to stop, they should set a stop date- the day when they are going to completely stop using tobacco in any form. It is important to stop smoking completely, as simply reducing bidis is not a good long term solution. This is because people who only cut down on the number of bidis and don't quit, often keep the tobacco smoke longer in their lungs to get the same effect. Therefore, their risk of harm from tobacco is usually not reduced.

#### 4) Action (Stage 4)

This is the main stage. When people stop tobacco (usually on their stop date), they are said to have entered the action stage.

In the action stage, people will usually go through nicotine withdrawal. They should have been adequately prepared during the 'preparation' stage to deal with these nicotine withdrawal symptoms.

In this short phase, they should be encouraged and reminded that the anxiety, poor concentration, being irritated and craving for tobacco will pass and that nicotine withdrawal is a temporary phase. They should be reminded that within 24 hours of stopping smoking, their heart will already begin to improve, and their sense of taste and smell will improve.

#### 5) Maintenance (Stage 5)- (Restart prevention)

24 hours after having stopped tobacco, the person is said to have entered the maintenance stage. Now that the person is a retired smoker, he should be congratulated. It is important to give positive encouragement to the person, and remind him that he has completed a difficult task which will lead to a lot of benefit for him and his family.

- In this stage, it is important to stay completely away from tobacco, as even a single bidi can make the person forget all the risks and start smoking again. This is because nicotine is addictive, just like Charas, and if the person is reminded of the addiction, he can suffer a restart. The person should have developed some strategies in his head by now, to stay away from the temptation of smoking tobacco.
- If the person does slip and have a bidi, it is important to encourage the person to think why that happened, what circumstances tempted him to smoke? This will allow him to stay away from similar circumstances and be tobacco free. Keep reminding the person of the rewards and benefits of having stopped smoking. Saying positive things usually works better than saying negative things.
- Some people think of chewing tobacco as a safer option to bidis and start using chewing tobacco after stopping bidis. This is to be highly discouraged and people should be told to avoid tobacco in all forms.

When meeting a person who has stopped using tobacco, ask questions such as-

- 'How has stopping tobacco use helped you?' or 'How has your life changed after stopping tobacco use?' Point out to them the various advantages they are enjoying such as money saved, cleaner air, better health for their children and themselves.
- Discuss the benefits, including potential health benefits, that the patient will get from stopping tobacco use
- Talk about the success the patient has had in quitting (duration since last use of tobacco, reduction in nicotine withdrawal, etc)
- 'What do you think are the roadblocks to continuing to stay away from tobacco?' Suggest answers such as stress, alcohol, other tobacco users in the house or amongst friend, desire for enjoyment of tobacco, decreasing motivation. Talk about strategies to overcome those roadblocks.

Strategies to overcome roadblocks include-

- If the patient reports excessive craving for tobacco, recommend seeing a doctor to get nicotine based medicines.
- Help the patient ask his friends and family for help in staying away from tobacco. Talk to family members if needed.
- Recommend increased physical activity to fight craving and decrease stress
- For decreasing motivation- Tell the patient that these feelings are common, recommend rewarding activities such as eating tasty food, etc.. Ask patient to make sure that the patient is not using tobacco secretly, repeat that beginning to smoke (even a puff) will increase desire to smoke and make stopping more difficult, repeat the benefits that the individual patient has gained so far from stopping smoking (saving money, improved health, better environment for children, etc.)

A little less than half of patients fail between years one and five after quitting. Therefore, smokers who have stopped smoking need follow up visits, just like for Diabetes or Hypertension.

## 6) Restart (Stage 6)

After an unsuccessful stop attempt, smokers should be encouraged to plan another stop attempt, keeping in mind the factors that led to the restart of their earlier stop attempt. At this stage, one can also encourage them to go to a doctor to get medicines. This will help them increase their chances of successfully stopping tobacco.

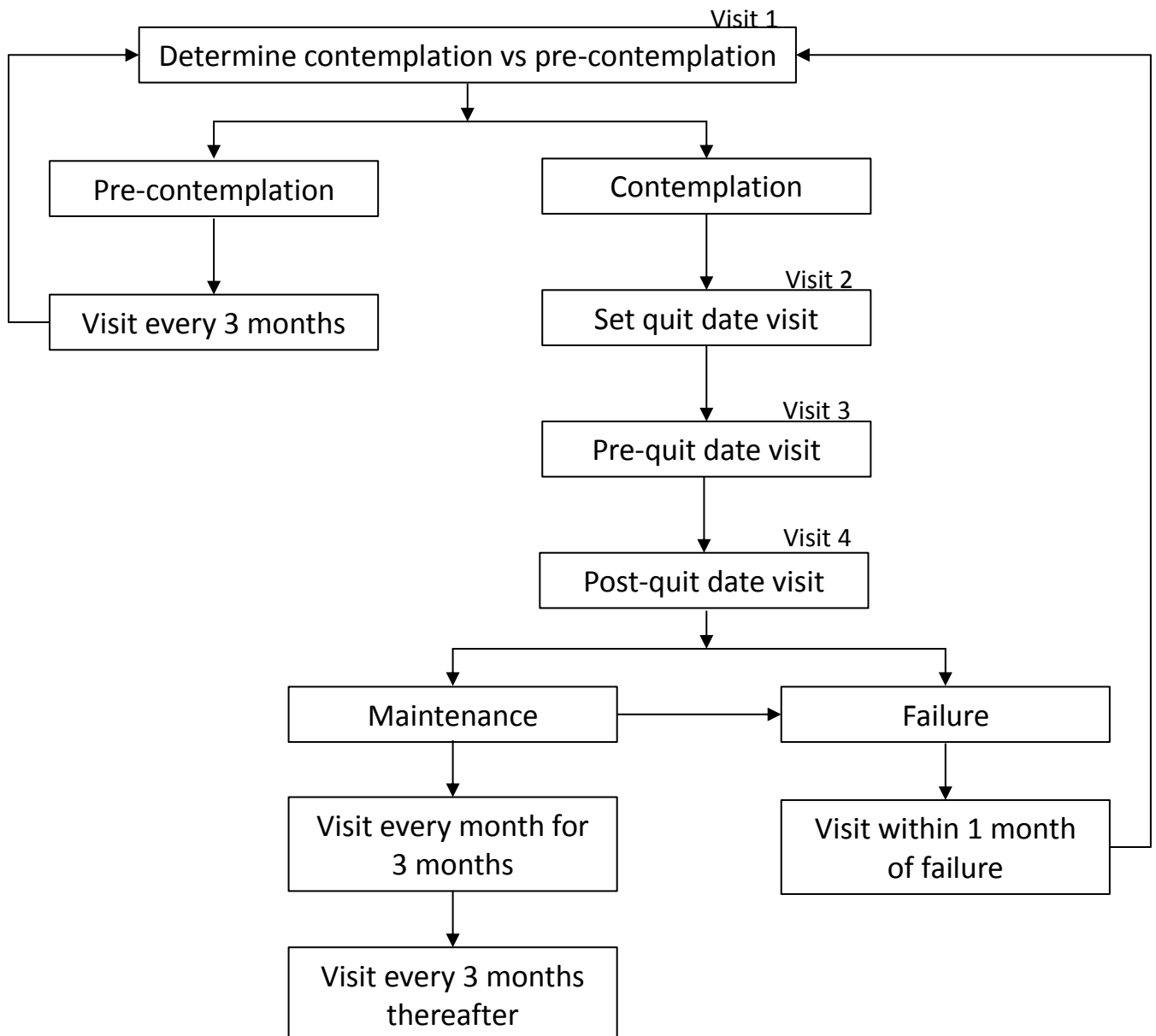
More than half of smokers who fail report wanting to quit again within 30 days. Patients should be reminded that most smokers require multiple attempts at quitting smoking before permanently quitting. Restarting tobacco use should not be thought of as failures. Each stop attempt should be thought of as a victory, and the longer it lasts, the better.

However, if restart does occur, it is important to understand why so that the next attempt will be more successful. Common reasons include stress, desire for enjoyment of tobacco, friends who smoke, excessive nicotine withdrawal. Keep this in mind when attempting to stop for the first time. If one has success for a while, he can learn what helped and what did not and try again. Try to figure out the reasons that led to start smoking again, and determine if the methods were used correctly. Then explore solutions to use next time. Consider trying different methods or combinations of methods.

Most restarts occur in the first week after stopping, when withdrawal symptoms are strongest. It is important to get family and friends to support during this important time. Consider rewards for not smoking; use the money saved on cigarettes for a special treat such as a picture, new clothes, or eating special food.

Later restarts often occur during stressful situations or with social situations that are associated with smoking, often combined with drinking alcohol. Being aware of these high-risk situations may help.

### Structure of Intervention



#### VISIT 1 (Basic education visit)

- Identify stage of stopping (pre-contemplation versus contemplation)
- To identify the stage of stopping they are in, ask them the following question  
 ‘Are you thinking about stopping tobacco?’

If the answer is yes, then they are in Stage 2 (Contemplation), otherwise they are in Stage 1 (pre-contemplation)

### **For people in pre-contemplation phase (stage 1)**

- 5 fingers (Go as far as possible down the list, depending on the individual's willingness to participate)

Importance- Ask the smoker as to why he thinks stopping smoking is important for him. Common reasons to stop smoking include concerns about family and children, health concerns, saving money etc.

Harms- Educate on negative effects, short and long term

Reward- Educate on short term and long term rewards

Roadblocks- Ask the person about what prevents him from stopping smoking (suggest common barriers)

Repetition-Repeated at every visit for people still in pre-contemplation

See the 5 finger approach in detail in the appendix.

### **For people in contemplation phase (stage 2)**

Go through 5 fingers and then

- Ask them to compare the benefits and harms of smoking.

- Identify triggers that lead to smoking, and try and get social support for their wish to stop smoking (Smokers get into the habit of associating the pleasure of tobacco use with their everyday activities such as lunch or dinner, going to the bathroom in the morning or tea. Smokers need to understand which everyday activities they associate with smoking, find ways to either avoid these activities (give up drinking tea for some time) or start activities such as exercise and meditation to distract them from smoking.

### **VISIT 2 (Setting stop date visit)**

If in the second visit, a person moves from pre-contemplation to contemplation, start with the contemplation material from visit 1. If they have already been through that material, then proceed to setting the stop date.

- Questions about discussion from visit 1 to be addressed.

- Discuss methods to reduce smoking, identifying personal smoking triggers, and physical withdrawal from nicotine.

You can discuss if the smoker wants to stop at once or does he want to cut down gradually before stopping completely. If he wants to stop gradually, set a goal of how much he wants to reduce every week. A recommended rate would be to reduce smoking by about 10% every week.

- Teach about managing and avoiding common triggers. Encourage to practise these skills till the next visit. The smoker should practise avoiding his triggers even before he stops smoking. That way he gets some practise before he actually stops.

- Ask to set a stop date, give information on what to do before this (i.e., remove bidis from house, etc.), and what to expect when they do stop smoking. The stop date should be within 2 weeks, as if the stop date is too far, the person may lose his motivation by then.

- Once stop date is set, encourage smoker to inform friends/family, avoid smoking in home, work or other places where a lot of time is spent, and plan for nicotine withdrawal symptoms. Emphasise support from family and friends. Remind smoker that he cannot take a single puff after the stop date, as even a single puff will increase his chances of going back to smoking.

### **VISIT 3 (PRE-STOP DAY VISIT)**

- Healthy techniques to manage stress, which is a common trigger for tobacco use. Techniques include exercise and meditation. Encourage to practise at home.

- Revise skills to help quit tobacco. Skills include-

- 1) Identifying situations or activities that may increase the risk of smoking or relapse. Examples include having smokers within the household or with friends, getting into stressful situations, and alcohol use.
- 2) Once the "danger situations" have been identified, discuss with the smoker how to avoid or minimise these situations. Educate the smoker on what usually happens after stopping smoking.
- 3) The smoker should be encouraged to think how to minimize the time spent in the company of smokers.

The key to successful quitting is to equip the smoker with as much information as possible about what to expect during quit attempt.

#### **VISIT 4- (POST STOP DAY VISIT)**

- Congratulate on successfully stopping tobacco, encourage staying away from tobacco completely (even a single puff can lead to restart)
- Discuss any problems that may have started as a result of stopping smoking (e.g., low mood, lack of support from friends and family, or prolonged withdrawal symptoms). Make concrete recommendations on how to deal with these issues.

#### **Restart-**

- Educate on nature of stopping process, educate that most people make repeated attempts before they are successful
- Determine whether they are in Stage 1 or Stage 2
- Educate on 5R approach
- Strongly suggest them to go to a doctor to get help, especially nicotine based medicine to help them stop smoking.

#### **Time of visits**

For people in pre-contemplation (Stage 1)- Visit every 3 months. Repeat material in visit 1 (basic education visit).

For people in contemplation (Stage 2)-

Time frame of visits-

Visit 2 (Set quit day visit)- Within 2 weeks after 1<sup>st</sup> visit

Visit 3 (Pre quit day visit)- Within a week before the stop date

Visit 4 (Post quit day visit)- Within a week after the stop date

Each visit will be of approx 15-20 minutes

You don't have to complete 1 visit for all the patients before starting the second visit. This is unlike Diabetes and Hypertension, where you saw all the patients once before starting your second visit.

For smoking, you can start with a small group of patients (say 10-15), and first go through all the phases with them. Then you can start going to another 30-40 people and go through all the phases with them. You can keep doing this till you have gone through all your smoker patients. This will allow you to remember all your patients who are smoking in detail, and you will be able to focus on delivering good quality care to them.



After a person has successfully stopped tobacco, he should have a visit every month to ensure that everything is going right with him for the first 3 months. After that, he can be visited every 3 months.

Once someone has made an unsuccessful stop attempt (restart), discuss the reasons for restart as shown in flipbook, determine whether they are in Stage 1 or Stage 2 and proceed accordingly.

### Health benefits of stopping tobacco use

Stopping makes you feel good about yourself and your food soon starts tasting better.

The following positive changes can be seen after you stop tobacco:

- Within 12 hours: The harmful chemicals are out of the lungs, and your lung starts to function better
- 2 days: Sense of smell improves. Physical activity becomes easier and more air is able to get into the lungs
- 2 months: Lungs work more efficiently, and there is less coughing. Blood flow to the legs improves.
- 12 months: Risk of heart attack and paralysis is halved, as compared to if the person had continued to smoke
- 10 years: Risk of Lung cancer is halved, as compared to if the person had continued to smoke
- 15 years: Risk of heart attack and stroke is almost the same as a person who has never smoked
- Lowers risk for lung cancer and other cancers
- Money spent on tobacco can be used to meet food, education and health costs of family

## Myths about tobacco use

- Chewing tobacco is less harmful than smoking tobacco

Chewing tobacco contains nearly 3000 chemicals of which around 30 are cancer causing. It is the largest cause of mouth cancer. Chewing tobacco causes heart attacks and strokes just like smoking tobacco. In addition, chewing tobacco affects teeth and gums leading to tooth pain, bad breath and yellowing of teeth.

- 'Light' cigarettes are less harmful than regular cigarettes

There is no difference in the risk for harm between regular cigarettes and 'light' cigarettes. There are various such techniques that tobacco companies employ to fool people into smoking cigarettes. All cigarettes and bidis are equally harmful.

- "If tobacco is so harmful, then why do so many doctors smoke?"

This is not true. There are only around 15% of doctors and medical students who smoke, as compared to 45% of the general population. There can be various factors that can lead a doctor to ignore the risks of smoking, such as thinking that it might happen to patients, but not to him. Just because a doctor is making a mistake, doesn't mean that you have to make the mistake too. When you suffer the consequences of smoking, you will be alone and pointing to someone's else's smoking habit will not make you better.

- "If I smoke, it only harms me without affecting others. So it's my wish if I want to continue smoking."

Second hand smoke is a leading cause of death, just like smoking. It exposes non smoking adults, like wives, to an increased risk of diseases related to tobacco smoke. Most importantly, a person's smoke can directly affect the health of children in the house, leading to frequent cough among them, breathing problems, decreased growth and overall poor health.

- "I can stop whenever I want"

Tobacco is as addictive as some drugs such as Ganja, Charas and other drugs. Most people who have never tried to stop underestimate the addictive nature of tobacco, and think that it's easy to stop. It's only when people try and stop smoking completely that they realise how addicted they have become to tobacco.

- "I smoke just 3-4 bidis a day, which is fine."

People who say this are comparing themselves to people who smoke 10-15 bidis a day. However, there is no safe lower limit for tobacco consumption. For example, as compared to someone who does not use tobacco, people who smoke 3-4 bidis a day are three times more likely to get lung cancer. A similar increase in risk is applicable for other smoking related diseases too.

- "I am going to die anyway. It's better that I die young, I don't want to become old and die."

Tobacco smoking does not cause an easy, painless death. Also, it does not only cause death but can cause immense suffering. For example, one can become constantly short of breath, suffer from

chronic pain in the legs or pain in the chest. If one suffers a stroke due to smoking, one might not die but become paralysed to the point that one is not even able to use the toilet on his own. In this case, you can end up becoming a burden to your family.

- If you can't stop the first time you try, you will never be able to stop.

Stopping tobacco is hard due to its addictive nature. A lot of people need to make two or three stop attempts before being able to stop permanently. There are millions of people in the world who have successfully stop smoking.

- My other healthy habits make up for my smoking.

Some people eat a very healthy diet and do a lot of yoga or other exercises, and think that this will reduce their risk of harm from smoking. The way by which smoking damages the body is not impacted by the amount of exercise, yoga or a healthy diet. While having these healthy habits obviously improves one's health, they can't make up for the harmful effects of smoking. This is similar to how eating only rice for a meal, even if you eat lots of it, cannot make up for the lack of other parts of a complete meal.

- 'I've smoked for so long, the damage has already been done. What's the use of stopping now?'

The damage from smoking continues to accumulate the more you smoke. Though the earlier you stop, the more the benefit, a person will benefit even if he stops smoking at the age of 70. Even at that age, he will still see an improvement in his lung function, be able to breathe better, feel healthier, able to taste food better and decrease his chance of stroke and other diseases that can worsen the quality of his life.

### Questions for discussion

1) What do you think are the most important reasons for health workers to address the problem of tobacco use?

2) If someone says, 'But I feel absolutely fine. Why are you trying to scare me? I have been smoking for so many years and nothing has happened so far.' What will be your reply?

3) If someone says "I can't stop smoking right now. I'm already under so much stress. Stopping smoking will increase my stress." What will be your reply?

4) Do you know anyone who has suffered from the health consequences of tobacco use? Do you want to share the story with the rest of the group?

5) What barriers do you expect when you talk to people about tobacco use? How do you think these barriers can be overcome?

6) How successful do you think you can be in helping people to stop tobacco?

7) Do you know anyone who has successfully stop using tobacco? What do you think were the factors that allowed them to stop successfully?

8) How will you handle a patient who is drunk, or who is unfriendly or rude? How will you handle a situation where you don't feel safe?

Walk away from the situation, inform your supervisor, make a note in your diary about why you can't go back to the patient.

## References

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4) [www.uptodate.com](http://www.uptodate.com) (Accessed on 11/18/14)

Overview of smoking cessation management in adults.

5Rs to motivate smokers unwilling to quit

Patient information: Quitting smoking (Basics)

Patient information: Quitting smoking (Beyond the basics)

Smoking cessation counselling strategies in primary care

## Appendix 1

### **5 Fingers (Importance, Prize, harms, roadblocks and repeat)**

#### Importance-

Ask the smoker to say why stopping is personally important (Why is stopping smoking important to you?). The more personal the reason for quitting, the greater the motivation to quit. Common reasons why people think quitting is important include

Experiencing harms of smoking and wanting to feel better in terms of their health, not wanting to die early, want to avoid cancer and other diseases, wife is pregnant or presence of children in the house, don't want children to pick up habit

#### Harm-

Ask the smoker what does he think are the harmful effects of tobacco use. Once the patient has told you his understanding of the harms, educate him regarding the harms of smoking, highlighting the risks most relevant to the individual (for example, talking about the risks of second hand smoke if the person has children in the house). Tell the patient that chewing tobacco will not eliminate these risks.

Examples of harms are:

Short term harms - Shortness of breath, cough, bad smell, waste of money

Long term harms- Heart attacks and strokes, lung and other cancers (nearly half of all cancers are caused by smoking), permanent breathing problems, early death (smokers die 14 years before non smokers), disability (after a stroke- being dependant on family members for everyday routine such as going to the bathroom)

Second hand smoke- Harm to wife and children, breathing trouble and cough in children, harm to pregnancy, increased risk of lung cancer and heart disease in spouses, higher rates of smoking in children of tobacco users, increased risk for weak babies of low weight being born.

#### Prize-

Ask the smoker what does he think are the potential benefits and prizes of stopping tobacco use. Once the patient has told you his understanding of the benefits, educate him on the benefits of stopping smoking. Focus on those benefits that are most important to the patient.

Benefits include-

Improved health, food will taste better, improved sense of smell, save money that can be used for other things, feel stronger and better mentally, can stop worrying about harm to family (wife and children) from your smoking, can stop worrying about falling ill due to smoking, set a good example for the children so that they don't pick up the bad habit, improved health of your children

#### Roadblocks-

Ask the patient to identify barriers or roadblocks to quitting and think about how you can help him overcome those roadblocks.

Common roadblocks include-

Withdrawal symptoms (Nicotine withdrawal)

Fear of failure

Lack of support

Enjoyment of tobacco

Depression

#### Repeat-

The counselling should be repeated every time you visit a patient in Stage 1. Tobacco users who have failed in previous stop attempts should be told that most people make repeated stop attempts before they are successful.

## Appendix 2

### **Breathing technique**

The diaphragm is the most efficient muscle of breathing. It is a large, dome-shaped muscle located at the base of the lungs. Your abdominal muscles help move the diaphragm and give you more power to empty your lungs.

Diaphragmatic breathing is intended to help you use the diaphragm correctly while breathing to:

- Strengthen the diaphragm
- Decrease the work of breathing by slowing your breathing rate
- Decrease oxygen demand
- Use less effort and energy to breathe

### **Diaphragmatic breathing technique**

**1.** Lie on your back on a flat surface or in bed, with your knees bent and your head supported. You can use a pillow under your knees to support your legs. Place one hand on your upper chest and the other just below your rib cage. This will allow you to feel your diaphragm move as you breathe.

**2.** Breathe in slowly through your nose so that your stomach moves out against your hand. The hand on your chest should remain as still as possible.

**3.** Tighten your stomach muscles, letting them fall inward as you exhale through pursed lips. The hand on your upper chest must remain as still as possible.

When you first learn the diaphragmatic breathing technique, it may be easier for you to follow the instructions lying down, as shown on the first page. As you gain more practice, you can try the diaphragmatic breathing technique while sitting in a chair, as shown below.

#### **To perform this exercise while sitting in a chair:**

**1.** Sit comfortably, with your knees bent and your shoulders, head and neck relaxed.

**2.** Place one hand on your upper chest and the other just below your rib cage. This will allow you to feel your diaphragm move as you breathe.

**3.** Breathe in slowly through your nose so that your stomach moves out against your hand. The hand on your chest should remain as still as possible.

**4.** Tighten your stomach muscles, letting them fall inward as you exhale through pursed lips. The hand on your upper chest must remain as still as possible.

Note: You may notice an increased effort will be needed to use the diaphragm correctly. At first, you'll probably get tired while doing this exercise. But keep at it, because with continued practice, diaphragmatic breathing will become easy and automatic.

**How often to practice this exercise?** At first, practice this exercise 5-10 minutes about 3-4 times per day. Gradually increase the amount of time you spend doing this exercise.

