

Training Manual for SEHAT Workers

Smoking

Project MUKTI

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PART 1- PROGRAM OVERVIEW

Introduction

This user manual has been developed for Community Health Workers (CHWs) to use during Project MUKTI. 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 manual 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.

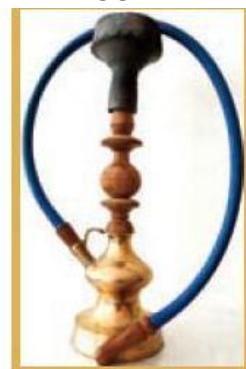
Tobacco products in India

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 (Ghabhrat)
- 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, Gutka was banned in May 2013. Despite the ban, gutka 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 Gutka 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 situations 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. However, more people in the US and India would admit to wanting to stop if it were easy. People know that stopping smoking is hard.

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, increase their motivation by having conversations in which they do not feel pressured to stop. This is described more in this document. This technique we will call "motivational interviewing." This is interviewing someone like a newspaper reporter, so that they find their own motivation to stop smoking.

About 70% of our patients will be in pre-contemplation (not ready to stop phase) and will need motivational interviewing to help them want to stop.

Motivational interviewing is further described in Appendix 1.

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 health worker 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 restart, the patient should consider limiting alcohol intake while stopping tobacco use.
- Getting social support for his stop attempt can increase 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 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 did that happen, 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 nicotine gum
- 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.

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 stopped 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.

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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

Motivational Interviewing

Motivational interviewing is a technique for helping people stop smoking. It was developed in the US and is very widely used. It was based on the same stages of change theory used in the SEHAT project (pre-contemplation, contemplation, preparation, action and maintainance). Motivational Interviewing is effective for people in the pre-contemplation stage, who do not want to stop smoking. It is a style of interacting with people that helps people *convince themselves* to stop smoking instead of being directly told to stop. “**Motivational**” means this technique is about increasing motivation to stop smoking within the patient. “**Interviewing**” means having a conversation, like a newspaper reporter might have, instead of giving direct advice like physicians often do.



Motivational Interviewing is like being a reporter doing an interview

Newspaper reporters ask questions and listen carefully to get information. They don't judge the person they are talking to, because then the person may not want to talk to the reporter. The newspaper reporter never argues with the person they are interviewing. The reporter's goal is to keep the conversation going and to get as much information as possible. They ask open-ended questions that take time to answer instead of asking simple yes/no questions. Reporters also repeat what they hear back to the person they are interviewing to make sure they have the correct information. They express empathy so that the person they are interviewing feels understood and keeps talking. They also summarize what they hear to make sure they have a full understanding of the conversation. This, being interviewed by a reporter, is what motivational interviewing feels like.

Motivational Interviewing builds inner conflict in the patient

The goal of motivational interviewing is different from the goal of a reporter interviewing someone for a newspaper story or TV report. A reporter does an interview to get the information as completely as possible so that they can understand what happened. This helps them write a story or report the news. However, the goal of motivational interviewing is to build inner conflict in the person being interviewed. When people don't want to be told what to do – which is often the case in changing unhealthy behaviors – giving direct advice doesn't work and can be unpleasant for both the healthcare worker and patient. That kind of direct advice feels like a confrontation and patients might feel like they are not being respected. Motivational interviewing assumes that people who do unhealthy things have some *inner conflict* about their unhealthy behavior. Motivational interviewing uncovers the inner conflict and brings it to the surface so the patient can see it and feel it. Because people don't like inner conflict, they try to resolve it somehow. Often they start to have more motivation to stop the unhealthy behavior.

Inner Conflict

In Western culture, inner conflict is sometimes pictured as a person with an angel on one shoulder and a devil on the other shoulder. The angel and devil are both giving advice to the person, whispering in the person's ears. This represents the person's inner conflict on whether or not to do something good or stop doing something bad. The person resolves this conflict by following the advice of the angel or devil, and then the conflict goes away (the devil and angel disappear). If the angel wins, the person stops doing the bad thing or starts doing the good thing. If the devil wins, the person keeps doing the bad thing or stops doing the good thing. For example, a child might be deciding whether or not to lie to his mother about where he was. Maybe he was supposed to be studying, but he went to a cricket match instead. His mother asks him where he was. The child has an inner conflict, with the devil saying, "You won't get in trouble if she doesn't know, just say you were studying." On the other shoulder, the angel says, "You can't lie to your mother, she will find out from your friends." The child has to decide what to do – tell the truth or lie.



In Motivational Interviewing for stopping smoking, your job is to keep the inner conflict in the patient going. Keep the angel and devil talking by using your interviewing skills. Don't judge what they say, but make sure you understand them. Show the patients that you know how they feel. If they are only listening to one side of the conflict (the devil), point out the other side of the conflict (the angel). If they feel the inner conflict, they will often start saying that they might change. You have then increased their motivation by making them aware of the inner conflict. Sometimes they stop talking because they don't want to listen to the angel and devil on their shoulder. They don't like the inner conflict, so they resist talking about it. When this happens, don't pressure them to stop smoking. Just keep asking questions politely or decide to end the interview. The motivational interview should be pleasant, like a reporter interviewing someone to get both sides of the story. It should not be a confrontation or feel like pressure to do something. If you get skilled at motivational interviewing, people will *convince themselves* that they should stop smoking and they won't even realize that you helped them.

Four Motivational Interviewing skills:

1. **Open questions:** Ask questions that take a while to answer. "How important do you think it is for you to stop smoking?" Instead of "Do you want to stop smoking?" This keeps the interview going and shows them that you want to understand and are not judging them.

2. **Repeating back information:** Repeat back to them what they are trying to say, using your own words. "So you're saying that smoking helps you relax?" This shows that you are really listening and trying to understand, and gives them an opportunity to keep talking.
3. **Empathy:** Show them that you do not judge them by focusing on what they think and feel. "I hear what you are saying. Many people use smoking to relax." This shows that you are not judging them and that you respect them. You can also use empathy to show that you see they do not want to change. "Sounds like you are feeling pressured to stop smoking."
4. **Summarizing:** Summarize what has been said so far, but gently point out the inner conflict. "You are saying that you don't want to stop smoking, because smoking helps you relax, but people are pressuring you to stop smoking."

Example interview

Health Worker: "What do you think about stopping smoking?"

Patient: "I don't want to stop smoking. I never think about it."

Health Worker: "Stopping smoking isn't a priority for you right now, I understand. Well what kind of smoker are you? What do you smoke?"

Patient: "I smoke mostly bidis and only 10 each day. I don't think this is a problem."

Health Worker: "So you don't think 10 is a lot of bidis, and you don't worry about bad effects on your health. There must be some reason you smoke. What do you like about smoking?"

Patient: "Smoking makes me feel good and I smoke with my friends."

Health Worker: "Yes, many people smoke together and say it makes them feel good, that's natural. What are the negatives of smoking for you?"

Patient: "Smoking costs some money."

Health Worker: "Yes, smoking can be expensive. What would you do with more money if you stopped smoking?"

Patient: "I don't know. There's never enough money." (*laughs*)

Health Worker: "Yes, we can all use more money! Is there anything else you don't like about smoking?"

Patient: "Sometimes I cough too much, especially in the morning, but I don't think I should have to stop smoking for that."

Health Worker: "I understand you don't want to stop smoking, but sometimes you see that it can make you cough."

Patient: "And I get short of breath when I play cricket. I'm not as fast as I used to be and it's hard to keep up with some of the guys."

Health Worker: "Maybe you are seeing some effects of smoking that you don't like. And it takes money you could use for something else. But you also said it makes you feel good and you like to smoke to be with friends. Where does that leave you now?"

Patient: "I don't know. I'm not trying to stop smoking yet."

Health Worker: "Not right now, but things do change. What would it take to get you interested in stopping smoking?"

Patient: "I suppose if my breathing got worse or if I got sick."

Health Worker: "Yes, maybe if you were feeling the health effects it would make you more interested in stopping smoking. Why do you think it's important to stop smoking when you're ready?"

Patient: "Everyone says it's bad for health."

Health Worker: "It is bad for health. You know that, but I understand that smoking is also something you enjoy. A lot of people don't want to stop right now, but think that they will stop one day. Would more information on the health problems of smoking make you more interested in stopping?"

Patient: "Not now."

Health Worker: "Can we agree that if you want to stop you will let me know?"

Patient: "Yes, that would be fine. I might stop in the future but not now."

Health Worker: "Can I send a text message sometimes to see if you've changed your mind or to provide more information about smoking?"

Patient: "That would be fine."

Health Worker: "Okay I'll text you every few months to check. Things do change."

Appendix 2

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

The 5 fingers technique is a good technique for people who **want** to be convinced to stop smoking. Some people in the pre-contemplation phase really don't know that smoking is dangerous, and they really haven't thought about the risks of smoking or the benefits of stopping. Also, some people believe that a health worker is a respected authority who should be listened to. Some people want to be told what they can do to improve their health, and they welcome bold advice. If someone is open to a direct approach, the 5 Fingers approach is fine to use. However, when people are in the pre-contemplation phase, they often resist being told what to do. Anyone who is resistant should receive motivational interviewing. All of the information in the 5 Fingers technique is the same information you would want to communicate with motivational interviewing (e.g., importance, harm, prize, roadblocks). The main difference is in the way the conversation feels to the patient and health worker, and the way that the patient should be convincing themselves to stop smoking, instead of being told to stop.

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 3

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.

