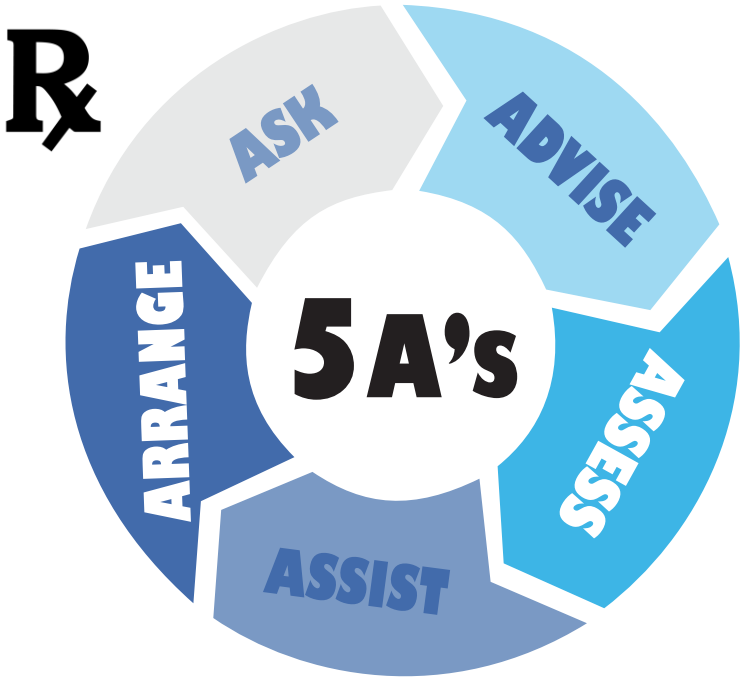
NATIONAL TOBACCO CESSATION TOOLKIT (5As & 5Rs)

For all doctors and health professionals

ABRIDGED VERSION



Health Protection Agency
Ministry of Health

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National Tobacco Cessation Toolkit (5As & 5Rs) for all doctors and health professionals: Abridged version

Introduction and purpose

This national toolkit is a package of protocol, guidelines and patient education material for delivering Brief Intervention for Tobacco Cessation by all doctors and health professionals, to be used *during routine clinical practice*. The abridged version of the toolkit includes only sections that may be directly used for patient management.

Brief Intervention for tobacco cessation is a set of very basic methods for tobacco cessation that can be used by doctors and health professionals during their routine clinical practice, using basic communication skills, and taking minimal time. The most basic and effective requirement for tobacco cessation in the clinical setting is that all clinicians routinely ask all their patients about tobacco use and second-hand smoke exposure, advice and assist those who use tobacco to quit, document this in patient notes and arrange follow up for patients.

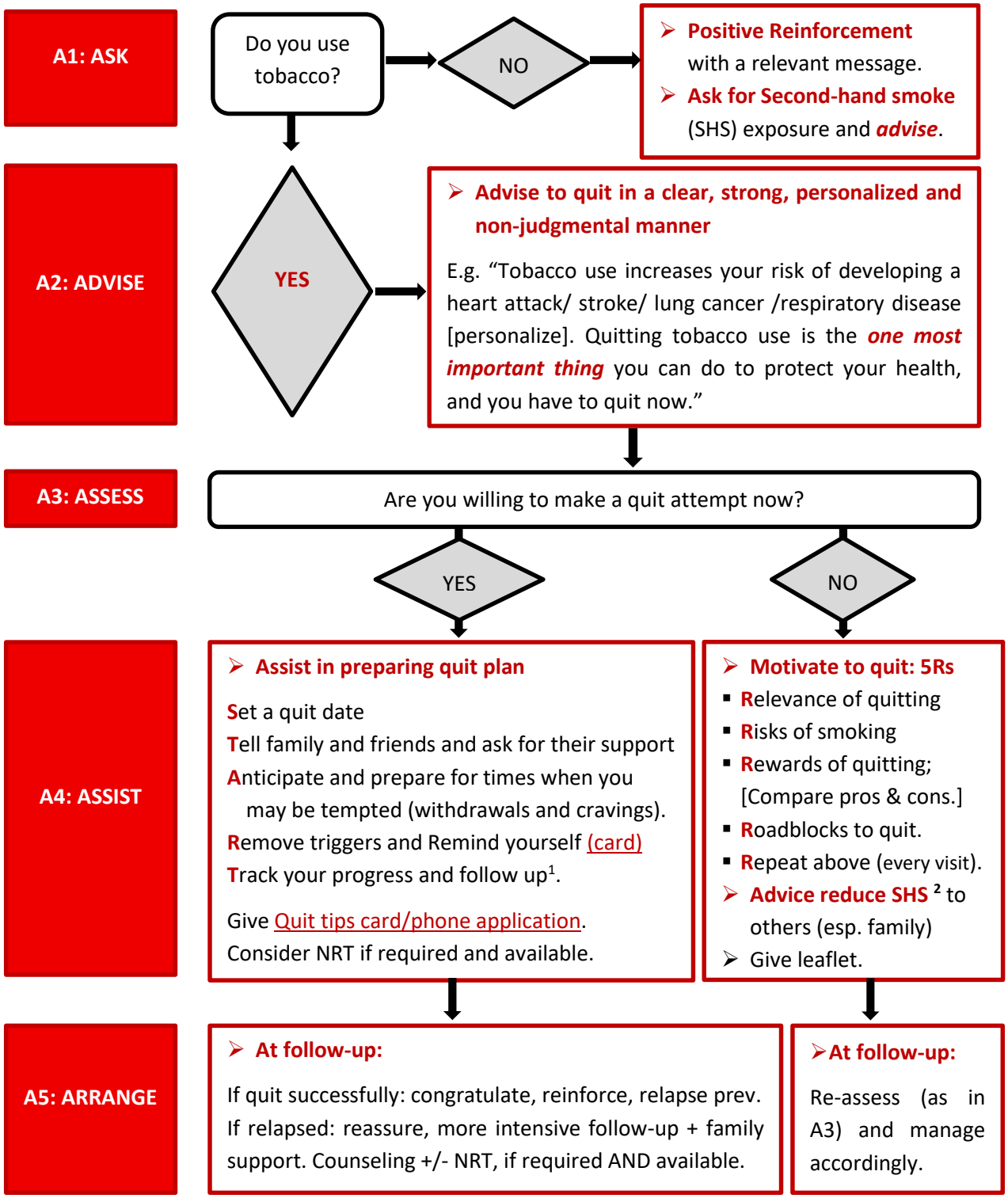
Helping patients quit tobacco as part of health care providers' routine practice takes them only three to five minutes and is feasible, effective and efficient. The 5A's and 5R's brief tobacco interventions protocol can guide you to deliver this. While it may seem that there is a lot to do, in actual practice, busy clinicians can divide these steps over several visits, and deliver a couple of interventions within a minute or two of their clinical interaction. All health professionals should also promote smoke-free policies, particularly where services are delivered so that your patients will not be exposed to secondhand smoke in your health facilities. By having a smoke free facility, health professionals can encourage your patients to live in a smoke free home and work in a smoke free workplace, which will help them avoid exposure to secondhand smoke. (1)

This toolkit is based on and adapted from the WHO guideline: Toolkit for delivering the 5A's and 5R's brief tobacco interventions in primary care, WHO 2014 and the parallel self-help guide: A guide for tobacco users to quit. Inputs from some other useful publications and the Maldives experience from the tobacco cessation clinic at Dhamana Veshi were also used. A brief guide for prescribing nicotine replacement therapy (NRT) and basic pharmacotherapy adapted from WHO and international guidelines has been included, as the expert group feels that NRT would be useful in Maldives, given the high smoking prevalence, inadequate social support and lack of time for many smokers in the economically active population to attend several long consultations and counseling sessions.

For list of references see *National Tobacco Cessation Toolkit (5As & 5Rs) for all doctors and health professionals* – complete guidance.

5As & 5Rs: TOBACCO CESSATION – BRIEF ADVICE PROTOCOL FLOWCHART

Adapted from WHO PEN protocol 2: Health Education and Counseling on Healthy Behaviours (8)



[1] Frequency of follow-ups: Follow-up within 1 week and 1 month (earlier if problems +), then every month thereafter for 4 months and evaluation after 1 year. If not feasible, reinforce counseling whenever the patient is seen for blood pressure monitoring. Telephone / community follow-up if defaults.

[2] SHS: Second-hand smoke exposure

Document smoking status, readiness to quit and advice/plan on patient notes / prescription. E.g. *Smokes 20 cigs/day, agreed to quit on 1/1/2016. Review on 8/1/2016.*

For more details: see below, and complete National Tobacco Cessation Toolkit (5A's and 5R's) and training slides.

1. THE 5A's MODEL: to help patients ready to quit

The 5As (Ask, Advise, Assess, Assist, Arrange) summarize all the activities that a primary care provider can do to help a tobacco user within 3–5 minutes in a primary care setting. This model can guide you through the right process to talk to patients who are ready to quit about tobacco use and deliver advice. (1) Please find below action and strategies for implementing each of the 5As (Table 6).

Table 6: The 5A's brief tobacco interventions for patients ready to quit [1]

5A's	Action	Strategies for implementation
Ask - Systematically identify all tobacco users at every visit.	• Ask ALL of your patients at every encounter if they use tobacco and document it. • Make it part of your routine.	• Tobacco use should be asked about in a friendly way – it is not an accusation. • Keep it simple, some sample questions may include: –**"Do you smoke cigarettes?"** –**"Do you use any tobacco products?"** • Tobacco use status should be **documented** in all medical notes. Countries should consider expanding the vital signs to include tobacco use or using tobacco use status stickers on all patient charts or indicating tobacco use status via electronic medical records.
Advise - Persuade all tobacco users that they need to quit	• Urge every tobacco user to quit in a clear, strong and personalized manner.	Advice should be: • **Clear** – "It is important that you quit smoking (or using chewing tobacco) now, and I can help you." "Cutting down while you are ill is not enough." "Occasional or light smoking is still dangerous." • **Strong** – "As your doctor, I need you to know that quitting smoking is the most important thing you can do to protect your health now and in the future. We are here to help you." • **Personalized** – Tie tobacco use to: – *Demographics*: For example, women may be more likely to be interested in the effects of smoking on fertility than men. – *Health concerns*: Asthma sufferers may need to hear about the effect of smoking on respiratory function, while those with gum disease may be interested in the effects of smoking on oral health. "Continuing to smoke makes your asthma worse, and quitting may dramatically improve your health." – *Social factors*: People with young children may be motivated by information on the effects of second-hand smoke, while a person struggling with money may want to consider the financial costs of smoking. "Quitting smoking may reduce the number of ear infections your child has." or "Stopping smoking may be one of the most important things you can do for your children by being a healthy role model." In some cases, how to tailor advice for a particular patient may not always be obvious. A useful strategy may be to ask the patient: – "What do you not like about being a smoker?" The patient's answer to this question can be built upon by you with more detailed information on the issue raised. – Example: **Doctor:** "What do you not like about being a smoker?" **Patient:** "Well, I don't like how much I spend on tobacco." **Doctor:** "Yes, it does build up. Let's work out how much you spend each month. Then we can think about what you could buy instead!
Assess - Determine readiness to make a quit attempt	• Ask two questions in relation to "importance" and "self-efficacy": 1. "Would you like to be a non-tobacco user?" 2. "Do you think you have a chance of quitting successfully?"	• Any answer in the shaded area indicates that the tobacco user is NOT ready to quit. In these cases you should deliver the 5 R's intervention (see Section 6). Question 1 | Yes | Unsure | No Question 2 | Yes | Unsure | No • If the patient is ready to go ahead with a quit attempt you can move on to **Assist** and **Arrange** steps.

[1] Prepared with information from: *Toolkit for delivering 5A's and 5R's, WHO 2014.* (1 pp. 11-12) with details added from *A guide for tobacco users to quit, WHO 2014* (2 p. 11) and *Smokefree Teens* (10)

5A's	Action	Strategies for implementation
Assist - Help the patient with a quit plan	a) Help the patient develop a quit plan. b) Provide practical counseling c) Provide intra-treatment social support. d) Provide supplementary materials – e.g. the *Quit card/leaflet* on START – including self-help tips, information on phone applications, quit lines and other referral resources. e) Recommend the use of approved medication if needed.	a) Use the **START** method to facilitate and help your patient to develop a quit plan. Use *Quit card/leaflet* on START in *Annex 4* to explain to the patient: – **S**et a quit date, ideally within two weeks. Choose a time that is not too stressful but relatively busy. A special date may be useful, but not necessary. – **T**ell family, friends, and coworkers about quitting, and ask for support. *Ask for understanding*, as you may have temporary mood changes due to withdrawal. Ask any smokers among them to refrain from lighting up when you're around! *Ask for support.* They can support you by reminding you of your goal to quit and encouraging you to not give in to temptations like cravings. By telling your friends, family, and coworkers you might also inspire those of them who smoke to create a quit plan with you. Having a "quit buddy" is a great way to keep both of you accountable and on track to quitting. – **A**nticipate challenges to the upcoming quit attempt, (withdrawals, cravings and triggers) and prepare for dealing or coping with these. See sections 1.1.1, 1.1.2 and 1.1.3 below. Choose healthy alternatives to smoking. Maintain a healthy lifestyle. – **R**emove triggers, such as tobacco products, ash trays and souvenirs from your environment and make your home smoke free. Choose smoke-free places when going out. Spend time with friends and family members who do not smoke (avoiding those who smoke). Also **R**emind yourself of your goal and why he/she wanted to quit. (Try making a *Reminder Wallet Card* as in *Annex 2*) – **T**rack progress. Give patient a tick chart or fence chart, or phone app. to mark his/her cravings and how he coped, and review it at follow-up. b) Practical counseling should focus on three elements: 1. Help the patient identify the danger situations (events, internal states, or activities that increase the risk of smoking or relapse – i.e. Withdrawals, Cravings and Triggers). 2. Help the patient identify and practice cognitive and behavioral coping skills to deal with the danger situations. (See sections 1.1.1(i) and 1.1.3) Be prepared with what to do when faced with a trigger, such seeing cigarettes or others smoking, peer pressure to smoke, etc. 3. Provide basic information about smoking and quitting. c) Intra-treatment social support includes: – Encourage the patient in the quit attempt. – Communicate caring and concern. – Encourage the patient to talk about the quitting process. – Engage a close family member or friend who doesn't smoke to support him/her; a young child of the patient could be particularly helpful. Or a 'Quit buddy' to quit together. d) Supplementary material and institutional support: Give *Quit tips card/leaflet* containing START tips, free self-help phone application and numbers to reach counseling services (*Annex 4*). Make sure you have a list of existing local tobacco cessation services (quit lines, tobacco cessation clinics and others) on hand for providing information whenever the patient inquires about them. Before you refer a patient to a tobacco cessation clinic, make sure to contact the center and ask if the service is available, open times, contact numbers, etc. particularly if the patient has to travel to another island. The support given to the patient needs to be described positively but realistically. e) Consider medication such as NRT if it is indicated for the patient and available. Make sure it is available in your area before suggesting it. (See Section 1.1.1 (ii) on Pharmacological therapies)

5A's	Action	Strategies for implementation
Arrange - Schedule follow-up contacts or a referral to specialist support	• Document smoking status and intervention on patient notes • Arrange a follow-up contact with your patient either in person or by telephone. • Refer the patient to specialist support if needed	• **Document** the patient's smoking status, readiness to quit and advice/plan on patient notes such as in-patient-notes, discharge summary, prescription. *E.g. Smokes 20 cigs/day, agreed to quit on 1/1/2016.* This is important for follow-up, even if patient goes to another health care provider. **Follow-ups:** • **When:** The first follow up contact should be arranged during the first week. A second follow up contact is recommended within 1 month after the quit date. Then monthly for 4 months and evaluation after 1 year. If this is not feasible, reinforce counseling whenever the patient is seen for blood pressure monitoring. Telephone / community follow-up if defaults. • **How:** Use practical methods such as telephone, personal visit and mail/ email to do the follow up. Following up with patients is recommended to be done through teamwork if possible. • **What:** **For all patients:** − Identify problems already encountered and anticipate challenges. − Remind patients of available extra-treatment social support. − Assess medication use and problems. − Schedule next follow up contact. **For patients who are abstinent:** − Congratulate them on their success. − Review challenges and give relapse prevention tips. E.g. use the *Reminder Wallet Card* as in *Annex 2* to feel good and boost confidence when patient is alone, prepare for what to do if others invite or pressure patient to smoke. (Inviting friends / family to also quit smoking may help to boost patient's confidence and widen social support.) **For patients who have used tobacco again (relapsed):** − Remind them to view relapse as a learning experience. − Review circumstances and elicit recommitment. − Link to more intensive treatment if available. See complete toolkit: Section 3.2 on *Relapse prevention*.

Prepared with information from: *Toolkit for delivering 5A's and 5R's, WHO 2014.* (1 pp. 11-12), with details added from *A guide for tobacco users to quit, WHO 2014* (2 p. 11), *Smokefree Teens* (10), and references to IEC material and tools developed for Maldives.

1.1. Strategies and skills to overcome common barriers and challenges to quitting

1.1.1. STRATEGIES FOR PHYSICAL ADDICTION

i. Dealing with withdrawals and cravings - Cognitive-behavioural therapies [2]

Withdrawal symptoms	Timings	Main challenges that lead to relapse	Suggestions to overcome challenges
• headaches • mood changes (sadness, irritability, frustration, or anger) – • restlessness • difficulty concentrating • insomnia • decreased heart rate	• usually start within a few hours, • increase and peak over 48-72 hours, • then gradually decrease over 2-4 weeks.	These can negatively affect relationships and work if patients, their family, friends and work colleagues are not prepared for it. Anxiety symptoms may seem frightening, as some people may feel palpitations, or chest pain, or as if they cannot breathe.	Inform patient of symptoms he/she may expect, and that the first 3 days are the hardest, then they keep getting better. They are often relieved by 2-4 weeks. Encourage patient to inform family, friends and immediate work colleagues that he/she is planning to quit smoking, and may experience some temporary mood changes, over the first 2-4 weeks and need their support. Offer patient to try focusing on positive thoughts about quitting or filling your head with happy, uplifting music or prayers to drown out the negative thoughts and emotions that you are experiencing. Engage in prayer for spiritual support. Remind yourself of all the benefits of quitting smoking; think of how much better you will physically feel, think of all the extra energy you will have. If patient presents with severe withdrawals. Investigate and treat as required, but Do NOT let him/her get the impression that it is ok to smoke under any circumstances. Prescribe symptomatic treatment or NRT if required and available. Some symptomatic remedies include: **Headaches:** hydration, healthy lifestyle (See NOTE below) **Restlessness:** get up and move around! Exercise or go for a walk. **Difficulty concentrating:** Prayer, meditation, and mental imagery. Think of it like exercising for you mind! Also healthy lifestyle (See NOTE) **Insomnia:** Relaxation methods and regular exercise. Common practices to overcome insomnia also include bedtime prayers, counting sheep, guided meditation, and self-guided imagery.
• Coughing • influenza–like symptoms, e.g. nasal congestion, runny nose, etc.	• May begin in the first 2-3 days of quitting. • Gradually improves. • May take 1-9 months to recover completely.	Lowers the quitter's confidence, leading them to think they were better off when smoking.	Increased secretions are part of the recovery process of the respiratory system. Explain this to the patient helps him/her see it positively. Despite the cough, breathing gradually becomes easier after the first 72 hours, as bronchial tubes begin to relax. Staying hydrated is key to manage cough. Symptomatic treatment may be advised. E.g. A spoonful of honey, warm teas, juices, inhaling vapors, and avoiding dairy milk. Get enough sleep.

[2] Prepared using information from: *A guide for tobacco users to quit*, WHO 2014, (2 pp. 12-13), *Helping people quit tobacco* (12) and information relevant to the Maldivian context.

Withdrawal symptoms	Timings	Main challenges that lead to relapse	Suggestions to overcome challenges
• cravings (hunger or urges to smoke / use tobacco)	• Rapid fire cravings, last ~1-2 minutes, then ease. • Max. in 1st week, • After 5-8 days: ~3 /day, last <3 min. • After 10 days: <2/day • frequency gradually decreases • Infrequent cue-induced cravings may last 6 months or more	A strong reason for relapse that patients may find difficult to recognize or understand, as most people do not know that this is due to nicotine withdrawal, and mistaken it for their own choice.	Explain that cravings are due to nicotine withdrawal. Help patient identify something to do for a few minutes when cravings occur, to cope or distract his/her attention. A short, 10-minute distraction will do. Try 4Ds for coping with cravings: **D**elay (tell yourself- "I'll wait a little longer") **D**eep breathing **D**rink water **D**o something else instead of smoking (E.g. walk fast, exercise, pray, listen to an inspiring song, roll a pen between fingers, call a friend, etc.) Make sure that it is a healthy alternative. Tracking cravings and triggers in a note-book or using the phone app. can help patient avoid triggers and improve confidence as cravings reduce in frequency. For patients who cannot tolerate cravings, NRT can be prescribed.
• increased appetite or weight gain	• Appetite increases after a couple of days of quitting, resulting in eating more and weight gain.	Excessive weight gain lowers the quitter's confidence, leading them to think they were better off when smoking.	Explain that *improved appetite* (vs. increased appetite) is part of the recovery process, as nerves and taste-buds recover from smoking-induced damage. Trying exercise when quitting smoking can reduce weight gain and additionally help to feel energized, experience physical improvement and boost self-confidence. Help patient make healthy diet choices – drink more water and eat more fruit and vegetables and cut-down on energy drinks, coffee, fizzy drinks, sugary drinks, junk food and fast-food. The improved appetite can help him/her enjoy healthy foods better.
NOTE: All symptoms can be managed with a ***healthy lifestyle***. Make sure to eat healthy and sleeping enough, exercise, drink plenty of water, make good eating choices (particularly eat plenty of fruit, avoid energy drinks, cut down on caffeine and high sugar drinks, junk food and deep fried foods), take a multivitamin, develop relaxation mechanisms (it could be praying, deep breathing, using a stress ball, or something of your own creation!), and reward yourself with things such as a new book or a hot bath to not only help relax you, but to also distract you from your current urges and cravings. Avoid arecanut chewing as an alternative, as it increases risk of oral cancer. (34) Spices like cinnamon or a crunchy fruit like apple may be used for those who prefer chewing something as an alternative to smoking. Healthy lifestyle helps to reduce stress as well.			

Prepared using information from: *A guide for tobacco users to quit*, WHO 2014, (2 pp. 12-13), *Helping people quit tobacco* (12) and information relevant to the Maldivian context added by the author team.

ii. Pharmacological therapies

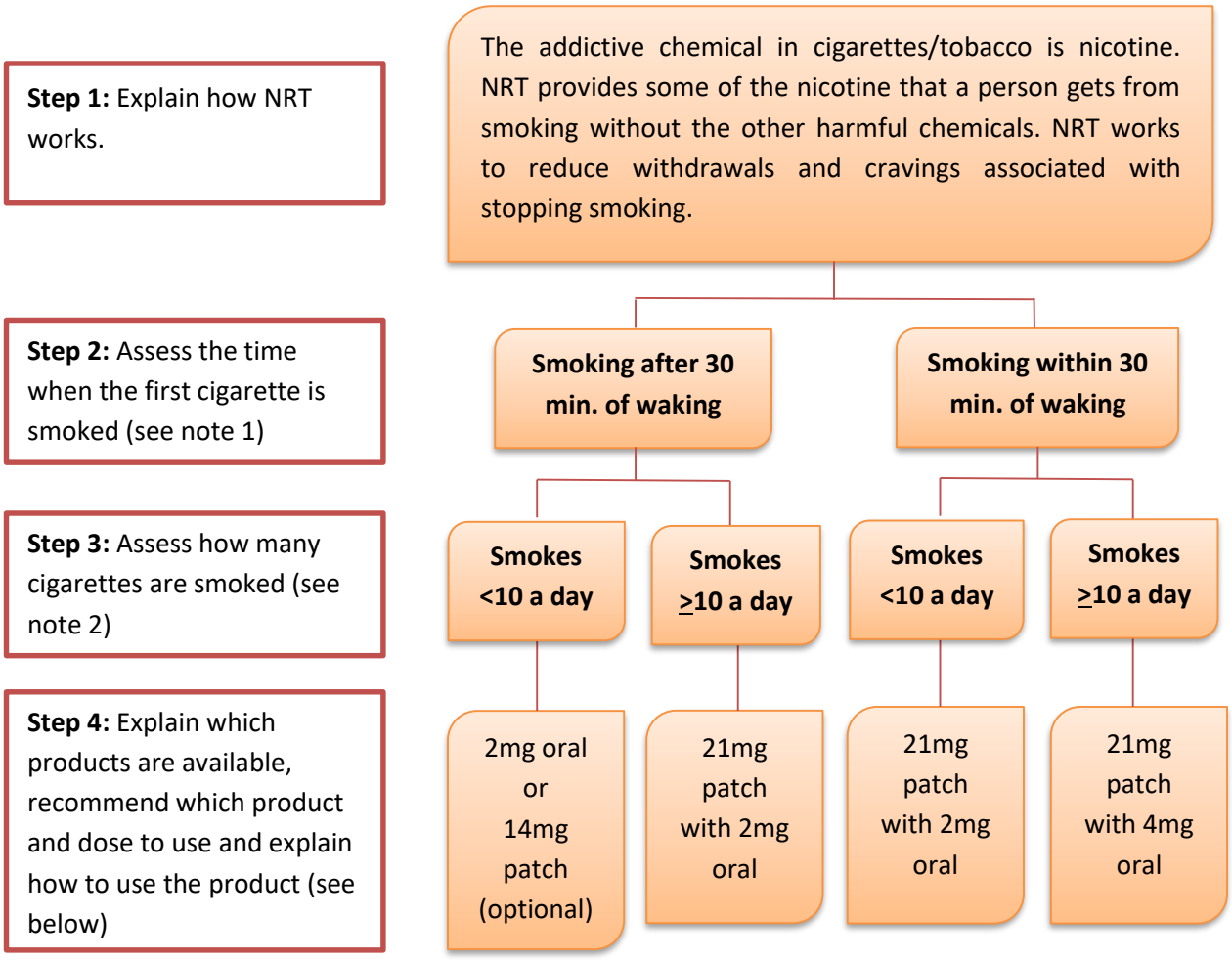
There are two major types of medication available that may be able to relieve withdrawal symptoms: nicotine replacement therapies (NRTs) and non-nicotine replacement therapies. NRTs include nicotine patch and gum or other oral preparations, whereas non-nicotine therapies include medications like bupropion and varenicline. (7)

Medicines are not a must for quitting. Even heavy smokers can quit successfully with good family support and supportive environment.

Prescribing Nicotine Replacement Therapy (NRT)

Scientific evidence shows that NRT increases quit rate, particularly coupled with counseling, and also to some extent on its own, when prescribed and followed up by a GP. Smoking cessation using NRT to quit is always safer than continuing to smoke. (13)

Check availability and assess patient for need for NRT before prescribing. Always give clear instructions for use, follow-up and tailor dose according to dependency, withdrawals and cravings at each visit.



Adapted from: New Zealand Guide to prescribing NRT and other guides (2; 13)

Table 7: Nicotine Replacement Products

Product	Nicotine patch	Nicotine oral preparations (gum, pastille, lozenge)	
Strengths	21mg, 14mg, 7mg (long act.)	4mg and 2mg (short acting)	
Action	Controller (long acting)	Reliever (Short acting)	
Dose	≥40 cpd[a]: 42 mg/day 21-39 cpd: 28-35 mg/day 10-20 cpd: 14-21 mg/day <10 cpd: 14 mg/day Adjust based on withdrawal symptoms, urges, and comfort. After 4 weeks of abstinence, taper every 2 weeks in 7-14 mg steps as tolerated. Duration: 8 to 12 weeks	1-2 pieces every 1-2 hours, when cravings occur (10-12 pieces a day, not exceeding 24 pieces per day) First try 4Ds for cravings, if not able to control, then use gum/pastille. Taper as tolerable. Duration: up to 12 weeks	
Instructions for correct use	Apply patch to clean, dry and hairless skin (e.g. arms or back). Remove the old and apply new patch daily, alternating sites to reduce skin irritation. Some redness under the patch may occur – this is normal. The patch can be removed overnight if sleep is disturbed. While fasting, apply patch after breaking fast and remove before starting to fast.	**Nicotine gum** Bite to release the peppery taste and then rest in the side of the mouth (between cheek and gum). Chew again when the taste starts to fade. Chew for about 30 minutes then discard.	**Nicotine pastille or lozenge** Suck to release the peppery taste, and then rest in the side of the mouth (between cheek and gum). Suck again when the taste starts to fade. Keep for about 30 minutes then discard. Do NOT bite or chew.

[a]cpd = cigarettes per day.

For tobacco chewers, 10 cigarettes may be equivalent to approximately 1 pouch of tobacco and 20 cigarettes to about 3 pouches. Chewers need about half or a quarter of the dose for smokers, and more often report side-effects of NRT compared with smokers. (12)

Prepared with information from: *A guide for tobacco users to quit* (2 pp. 13-14), *New Zealand Guide to prescribing NRT* (13) and Helping People Quit Tobacco: A Manual for Doctors and Dentists (12).

Notes for prescribing NRT [3]:

1 When considering NRT, check for availability, nicotine dependence and client's choice. Inform client about the price. NRT is contra-indicated for non-smokers and not indicated for non-daily smokers. NRT can be useful for people with high dependence who are quitting under constantly stressful conditions.

2 Time to first cigarette is used as a measure of tobacco dependence. If a person smokes within 30 minutes of waking they have a higher degree of dependence and are likely to benefit from higher doses of NRT and more intensive stop-smoking support.

3 It is preferable to plan to start NRT from the quit date. Patches can be started a few days before quit date. We do not recommend using tobacco and NRT at the same time, as it may hinder achieving their goal of quitting.

4 Follow-up after 1 week, then 4 weekly (or monthly), as in 5As protocol. More frequent follow-ups as required.

5 Dose can be adjusted at each follow-up visit after assessing symptoms and patient's needs.

6 The dose of NRT can be increased if the user has inadequate relief of withdrawal symptoms (e.g. cravings or urges to smoke, irritability, restlessness).

7 After 4 weeks of abstinence, dose can be reduced by one step every 2 weeks if patient is free of withdrawal symptoms and confident of remaining abstinent. E.g. 21 mg patch → 14 mg → 7 mg → stop.

[3] Sources: *Guide to prescribing NRT (New Zealand)*, *Supporting Smoking Cessation: a guide for health professionals (RACGP)* and *A guide for tobacco users to quit (WHO)*; 2014 (7; 11-13)

8 All products should be used for 8 to 12 weeks, or longer for some people.

9 When using a combination of the patch and oral NRT, a 4-week supply is usually enough. Ongoing need should be assessed and dose adjusted for further NRT given as required. If patient is unable to attend consultation 4 weekly, NRT may be prescribed for 8 weeks, according to the anticipated control of withdrawal symptoms and cravings from patient's previous experience if any.

10 Lower strength patches (7mg) are generally used only for weaning. Their use is not strictly necessary.

11 Note that these recommendations may differ from those on the product packaging. These recommendations simplify NRT dosage and try to ensure that people are getting adequate nicotine replacement without misuse.

12 Most people who smoke do not use enough NRT, but rarely some have too much and then feel sick. If someone feels sick using NRT they should reduce the frequency or dose of the product.

13 NRT can be used with caution by pregnant or breastfeeding women if they would otherwise continue to smoke. Do a risk-benefit assessment – can she quit without NRT? If not, NRT is safer than smoking. Intermittent, short-acting dosage forms (oral) are preferred in pregnancy to long-acting dosage forms (patches). If a patch is used by pregnant women it should be removed overnight. (13; 15) (Similar for 14 below.)

14 NRT can be used by people with cardiovascular disease. Caution is advised for people in hospital for acute cardiovascular events, but if the alternative is active smoking, NRT can be used under medical supervision. (15)

15 NRT can be used in adolescents (aged 12 and over). Use the product best suited to their needs. (13; 15)

16 There are no serious drug interactions with NRT that people who use tobacco don't already have. However, because of the impact of tobacco smoke on the liver's metabolism, the doses of some medicines (e.g. some psychiatric medicines) may need to be adjusted when people stop smoking. (13)

Writing an NRT prescription:

First give for 1 week, then 4-weekly or 1 monthly. If patient is unable to come for follow-up, it may be prescribed for 8 weeks, but 4-weekly prescription is preferred when patient can be followed up.
Here is a scenario demonstrating how you could prescribe NRT.
Ahmed is a 42-year-old seaman who currently smokes 15 cigarettes per day. He usually smokes his first cigarette within 15 min. of waking up. He has used nicotine patches and gum before and wishes to use it again to quit smoking. You are following him up after the first week and he's doing well, but he will be traveling on sea and cannot come for follow-up visit for the next 2 months.

Product	Dosage and duration	Quantity
Nicotine patch (controller)	☑ 21mg patch, one patch per day for 4 weeks. Start on day before quitting.	21mg x 28 patches
	After completing above treatment, then start ☑ 14mg patch, 1 patch per day for 2 weeks,	14 mg x 14 patches
	Then start ☑ 7mg patch, 1 patch per day for 2 weeks, then stop. (Usage instructions: Apply patch on waking up in the morning and remove next morning. If sleep is disturbed, remove patch before sleeping at night. While fasting, apply patch after breaking fast and remove before beginning the next day's fast.)	7 mg x 14 patches
Nicotine pastille / gum (reliever)	☑ 4mg pastille, Start on day of quitting. Use upto 12 pieces per day for 2 weeks, when urge /cravings occur. Taper as cravings reduce. Suck to release taste and keep in side of mouth for about 30 min. Do not chew.	150 pieces (15 cards of 10)

Other medications for aiding tobacco cessation:
For other medications for aiding tobacco cessation, please see complete toolkit - *Section 3.1.1(ii).*

Referral of patients to tobacco cessation clinics, counseling or higher centers:

Please see complete toolkit for details.

1.1.2. STRATEGIES FOR EMOTIONAL/PSYCHOLOGICAL CONNECTIONS

You need to help your patient break the connection between smoking or tobacco use and their emotions and beliefs. Look for any such beliefs and misconceptions and clear their misconceptions.

Here are some things you could explain to your patient:

You may not have realized this, but, as a smoker, you link cigarettes and smoking with certain emotions, thoughts, and beliefs. Part of quitting involves breaking those subconscious connections. Some common links that smokers form include smoking when they feel stressed, happy, sad or angry. In fact, using cigarettes to cope with these feelings is misguided. It does not help solve the source of your problems. (2)

In addition to linking emotions or feelings with smoking, it is also common to link certain beliefs with smoking. These beliefs include, and are not limited to:

- "Smoking helps me relax."
- "Smoking isn't really harmful!"
- "It's cool to smoke!"
- "It keeps my weight down." (2)

You can remind smokers about the risks of smoking and the benefits quitting, as in 5R's method in section 2. (1) You may use the Annex 3: *Motivation Tool* for 5Rs to help your patient list the pros and cons of smoking and quitting that are most important to him/her, which they could keep in a visible place to remind themselves and motivate them to quit.

See complete toolkit: Section 1.3 - box 1 on debunking the myths.

You can encourage your patient create positive self-talks based on the benefits of quitting such as "Quitting smoking can save my life", "quitting smoking can save me money", "quitting can help my family", "quitting can help me become a better/stronger person", etc. to help him/her break the connections between quitting and negative beliefs. (2)

1.1.3. STRATEGIES FOR DEALING WITH BEHAVIORAL AND SOCIAL CONNECTIONS (TRIGGERS)

You could help your patient break the connection between smoking and behaviours and social cues or triggers.

Below are just a few suggestions on how to begin breaking the links of smoking and certain behaviors.

Action/behavior	Suggestion to break the link
Smoking associated with eating	Begin a new activity immediately after eating. Distract yourself from the temptations and urges. Wash the dishes, exercise, read, [a]pray or do other household chores are just a few examples.
[a]Smoking associated with coffee	Avoid coffee and energy drinks. These are high in caffeine, and can increase stress and withdrawals and dehydrate you. Try a healthy alternative like water, green tea, a fruit, or take a short walk or stretch for a break instead.
Smoking as a social activity (while with friends or coworkers)	Avoid these situations until you have successfully quit smoking. You do not have to cease ties with your friends all together, just avoid going to coffee, dinner, or out, with them until you are strong in your commitment to abstain. [a]Spending more time with family and friends who do not smoke, spending more time with children bearing in mind that you should be a good role model, choosing smoke-free places to go out, choosing healthy meals and trying a different social activity with your friends (like a new sport, religious activities or volunteer work), may be helpful.
Smoking as a stress reliever	This is a common misconception believed by many smokers. Smoking has absolutely no connection to stress relief. However, there are many other ways to deal with stress. Drink water or tea, carry around a stress ball to keep your hands busy, practice deep breathing, [a]read qur'an, engage in prayer or exercise (e.g. walk fast) to relieve stress. [a]Avoid energy drinks and coffee, as these also increase stress.
Smoking on the motorcycle /vehicle	Remove all cigarettes from the vehicle, [a]listen to qur'an or music, take public transportation, or pool vehicles to help avoid temptation.
Smoking while on the phone	Engage in another activity while on the phone. Whether it's playing with a stress ball, or walking around, distract yourself from the urge to smoke.
[a]Seeing other people smoking and seeming to enjoy	Make your home smoke free. Choose smoke free places to go out. Choose to spend more time with family and friends who do not smoke. Be prepared with what to do. Try positive self-talks (e.g. "poor thing – he's still addicted. I've quit already and I'm feeling great", walk away, and try 4Ds if it makes you feel like smoking again.
[a]Seeing cigarette packs displayed in your grocery shop, ashtrays in the restaurant you go to, etc.	Change the venue. Go to a shop that does not display cigarettes on the counter. When going out, choose a smoke-free restaurant that does not display ashtrays, cigarettes, logos or other triggers. Request the owner to avoid displaying cigarettes, ashtrays, etc. Explain that this hinders your attempts to quitting smoking and ask them to help people like you to quit.

Prepared with information from: *A guide for tobacco users to quit*, WHO 2014 (2 p. 15), with modifications - rows and points marked (a) added in relevance to the Maldivian context from (12) and by the author team.

Environmental triggers like fancy ashtrays with logos in restaurants and office buildings, or attractive displays of tobacco products in shops are unsuspecting product promotions by the tobacco industry that are designed to make people feel that smoking is 'cool', 'normal', or 'the thing to do'. These are also often deliberately set-up to act as triggers to induce cravings when smokers try to quit, and have worked in pushing them into relapse. Look out for such triggers in your patients and educate them about it. There is evidence that educating people about how the tobacco industry traps them into smoking helps to reduce smoking prevalence. (22)

Remind your patients that: *it is important to always keep your end goal at the forefront of your mind so that you are not derailed by your connected habits and triggers. If you find yourself craving a cigarette, get up and remove yourself from the situation – whatever it may be! Do what you must to distract yourself until the tied habits are no longer a trigger for smoking cravings. Typically cravings/urges are brief, lasting only 1 to 2 minutes.* (2)

Relapse Prevention: Regular follow-up is the key. For details please see complete toolkit and Table 8 above.

2. THE 5R's MODEL: to increase motivation to quit

The 5R's - relevance, risks, rewards, roadblocks, and repetition – are the content areas that should be addressed in a motivational counseling intervention to help those who are not ready to quit.

If your patient doesn't want to be a non-tobacco user (doesn't think that quitting is important), please focus more time on "Risks" and "Rewards". If your patient wants to be a non-tobacco user but doesn't think he or she can quit successfully (doesn't feel confident in their ability to quit), please focus more time on the "Roadblocks". If patients remain not ready to quit, end positively with an invitation to them to come back to you if they change their minds. (1) Table 9 summarizes some useful strategies to deliver a brief motivational intervention in primary care.

Table 9: The 5R's brief motivational intervention for patients not ready to quit [4]

5R's	Strategies for implementation	Example
Relevance	Encourage the patient to indicate **how quitting is personally relevant to him or her.** Motivational information has the greatest impact if it is relevant to a patient's disease status or risk, family or social situation (e.g. having children in the home), health concerns, age, sex, and other important patient characteristics (e.g. prior quitting experience, personal barriers to cessation).	**HCP:** "How is quitting most personally relevant to you?" **P:** *"I suppose smoking is bad for my health."*
Risks	Encourage the patient to identify **potential negative consequences of tobacco use that are relevant to him or her**. Examples of risks are: • *Acute risks*: shortness of breath, exacerbation of asthma, increased risk of respiratory infections, harm to pregnancy, impotence, and infertility. • *Long-term risks*: heart attacks and strokes, lung and other cancers (e.g. larynx, oral cavity, pharynx, esophagus), chronic obstructive pulmonary diseases, osteoporosis, long-term disability, and need for extended care. • *Environmental risks*: increased risk of lung cancer and heart disease in spouses; increased risk for low birth-weight, sudden infant death syndrome, asthma, middle ear disease, and respiratory infections in children of smokers.	**HCP:** "What do you know about the risks of smoking to your health? What particularly worries you?"¨ **P:** *"I know it causes cancer. That must be awful."* **HCP:** "That's right – the risk of cancer is many times higher among smokers."
Rewards	Ask the patient to identify **potential relevant benefits of stopping tobacco use**. Examples of rewards could include: – improved health; – food will taste better; – improved sense of smell; – saving money; – feeling better about oneself; – home, car, clothing and breath will smell better; – setting a good example for children and decreasing the likelihood that they will smoke; – having healthier babies and children; – feeling better physically; – performing better in physical activities. – improved appearance, including reduced wrinkling/ageing of skin and whiter teeth.	**HCP:** "Do you know how stopping smoking would affect your risk of cancer?" **P:** "*I guess it would be more successful if I quit.*" **HCP:** "Yes, and it doesn't take long for the risk to decrease. But it's important to quit as soon as possible."

[4] Adapted with permission, from: *Toolkit for delivering 5A's and 5R's, WHO 2014* (1 pp. 13-14), with modifications.

5R's	Strategies for implementation	Example
	[a]For patients considering quitting but not quite ready, the *Motivational tool for 5Rs* in *Annex 3* may be used to help patient note down and compare his/her Risks from smoking and Rewards of quitting vs. any factors associated with continuing the habit. This may help him/her to make a positive decision to quit smoking.	
Roadblocks	Ask the patient to identify **barriers or impediments to quitting** and provide treatment (problem-solving counselling, medication) that could address barriers. Typical barriers might include: – withdrawal symptoms; – fear of failure; – weight gain; – lack of support (family, friends, workplace, living conditions); – depression; – 'enjoyment' of tobacco; – being around other tobacco users; – limited knowledge of effective treatment options – [a]social acceptance of smoking in the community – [a]lack of smoke-free spaces (home, workplace, leisure) – [a]tobacco industry influence – easy availability, unsuspected promotions (e.g. cigarettes arranged attractively at shop counters, ashtrays in restaurants, etc.)	**HCP:** "So what would be difficult about quitting for you?" **P:** "*Cravings – they would be awful!*" HCP: "We can help with that. We can give you nicotine replacement therapy (NRT) that can reduce the cravings." **P:** "*Does that really work?*" **HCP:** "You still need will-power, but research shows that NRT can double your chances of quitting successfully."
Repetition	**Repeat assessment of readiness to quit. If still not ready to quit repeat intervention at a later date.** The motivational intervention should be repeated every time an unmotivated patient visits the clinic setting.	**HCP:** "So, now we've had a chat, let's see if you feel differently. Can you answer these questions again…?" (Go back to the **Assess** stage of the 5A's. If ready to quit then proceed with the 5A's. If not ready to quit, end intervention positively by saying "This is a difficult process but I know you can get through it and I am here to help you".)
HCP: health-care provider; **P:** patient		

Adapted with permission, from: *Toolkit for delivering 5A's and 5R's, WHO 2014* (1 pp. 13-14), with modifications: points marked (a) added by author team in relevance to the Maldivian context.

3. THE 5A's TO AVOID EXPOSURE to secondhand smoke

If your patient is a non-smoker you can offer a brief advice to inform them about the dangers of secondhand smoke (SHS) and help them avoid exposure to SHS. (1) Please find below action and strategies for using 5A's model to help patients avoid exposure to SHS (Table 10).

Table 10: The 5A's brief interventions for reducing exposure to SHS

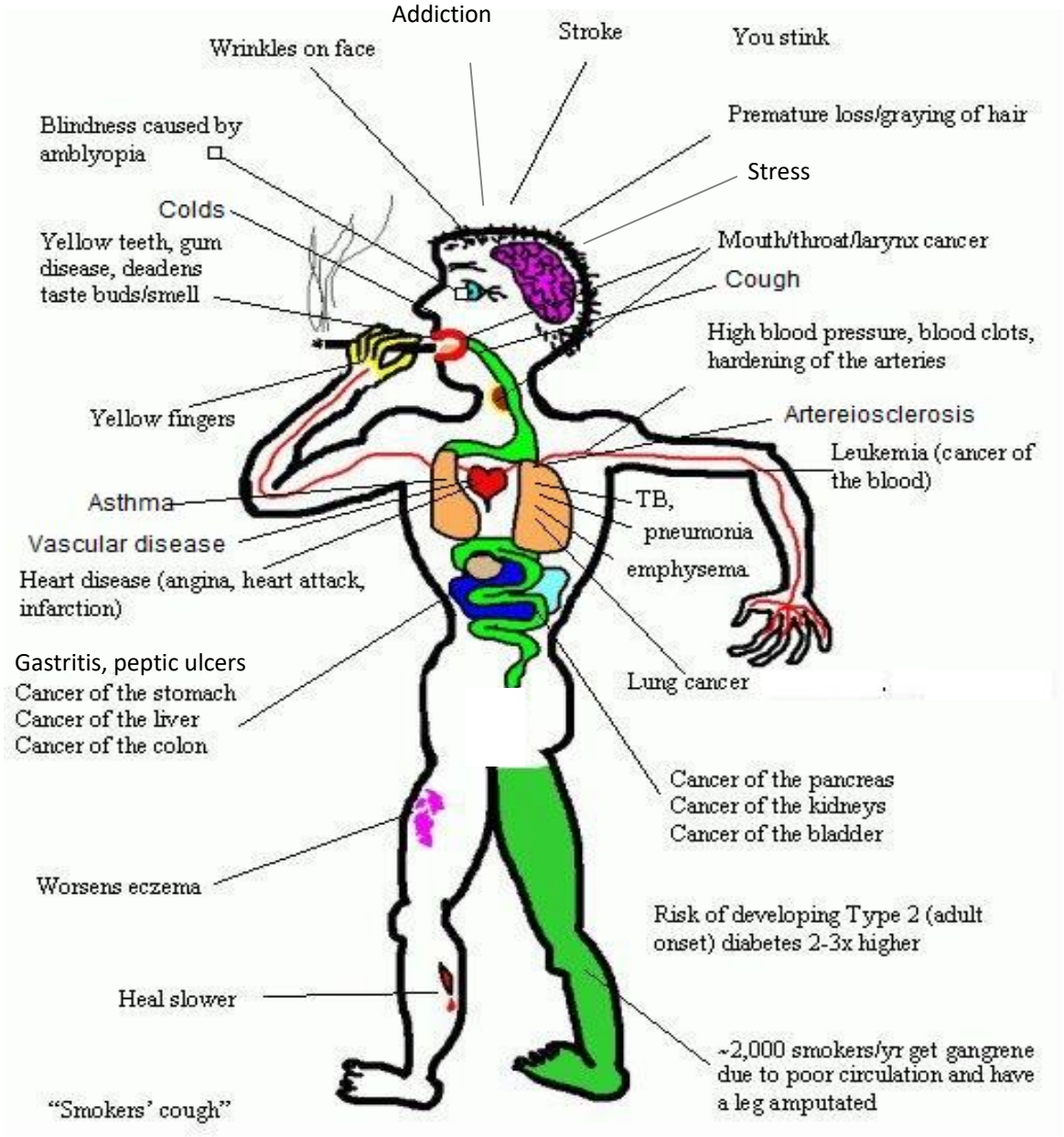
5A's	Action	Strategies for implementation
Ask - Systematically identify non-smoking patients who are exposed to SHS at every visit	• Ask **ALL** of your non-smoking patients at every encounter if they are exposed to SHS. • Make it part of your routine.	• Keep it simple. For example: – "Does anyone else smoke around you?" • Consider including the information on SHS in all medical notes.
Advise - Persuade the patient to avoid exposure to SHS	• Educate every patient who is exposed to SHS about the dangers of SHS and advise them to avoid it.	• Your advice should be clear, positive, and tailored to that specific patient's characteristics and circumstances. For example, *"There is no safe level of exposure, it is important that you avoid exposure to SHS, which may dramatically reduce your respiratory symptoms."*
Assess - Determine the patient's willingness to reduce exposure to SHS	• Assess if the patient is willing to reduce his or her SHS or not. • Assess where the patient is exposed to SHS and whether there is a possibility to reduce the patient's exposure.	• Have your patient list off all the common places where they can be around secondhand smoke. Common examples include their: – Home – Workplace – Restaurants – Recreational settings • Encourage your patient to assess the possibility of reduce exposure to SHS in each place. Some places, for example, exposure to SHS at home, the patient would have a high possibility to reduce exposure by encouraging his or her family to quit or to smoke outside.
Assist - Help the patient in making an attempt to make his or her daily life environment smoke-free	• Assist your patient in developing an action plan to reduce their exposure to SHS.	• Use MAD-TEA to help your patient plan what they can do: **M**eet their friends at spaces in the community that are smoke free **A**sk family members and visitors to smoke outside **D**eclare their home and personal spaces (e.g. their car) to be smoke free **T**alk to family members and people they work with about the risks of secondhand smoke **E**ncourage family members, friends, and workmates who smoke to stop **A**dvocate comprehensive smoke-free laws or regulations in workplaces and public places. [a]E.g.: – Request your local authorities to make all public places smoke-free, such as parks, restaurants, leisure areas for family, children and youth. – Request the restaurants you go to become fully smoke free. – Make fun events smoke-free. Demand that organizers choose smoke-free restaurants or places for fun events and outings; if such places are not available, at least request the restaurants to make it smoke-free during the time of the event.
Arrange - Schedule follow-up contacts	• Arrange a follow-up contact after around one week to provide necessary support.	• **When:** The first follow up contact should be arranged after one week. • **How:** Use practical methods such as telephone, personal visit and mail/ email to do the follow up. Following up with patients is recommended to be done through teamwork if possible. • **What:** – Congratulate them on their success if the patients have reduced exposure. – Identify problems already encountered and anticipate challenges. – Provide necessary support. – Schedule next follow up contact.

Adapted with permission, from: *Toolkit for delivering 5A's and 5R's, WHO 2014* (1 p. 15), with locally relevant examples added under superscript marked (a).

Annexes

Annex 1

Health consequences of tobacco use



Source: Taiphoon – a Taiwanese online magazine

Annex 2

Reminder Card (Wallet card)

for 'Remind yourself' under START tips

My 3 Reasons to Quit Smoking:

ތަމްބާކޫ ބޭނުންކުރުމަށް ދިއުމުގެ 3 ސަބަބުތަކެއް:

1.

2.

3.

Get your patient to write his/her 3 main reasons to quit on a small card or coloured paper, or using coloured pens to make it attractive, and keep it in his/her wallet. Alternatively, write on a paper and take a photo of it and save on his/her phone as a reminder.

Annex 3

Motivation Tool for 5Rs

Comparing your pros and cons for Quitting smoking

ދުންމަހުގެ ތަކުލީފުތަކާ ދުންމަ ދޫކުރުމުގެ ފައިދާތައް ތުލަނ ބަލާ

ދުންމަހުގެ ތަކުލީފުތަކާ ދުންމަ ދޫކުރުމުގެ ފައިދާ "ލަދުގަ" My “benefits” I get from smoking	ދުންމަހުގެ ތަކުލީފުތަކާ ދުންމަ ދޫކުރުމުގެ ނުކުތާ My losses due to smoking
ދުންމަ ދޫކުރުމުގެ ފަހުން ލިބޭ ފައިދާ What I lose if I quit	ދުންމަ ދޫކުރުމުގެ ފަހުން ލިބޭ ފައިދާ Benefits I gain if I Quit

Annex 4


WANT TO START A NEW LIFE?
QUIT SMOKING - START NOW!
S
Set a Quit Date
T
Tell family and friends about your decision to quit and get their support
A
Anticipate and prepare for times when you may be tempted
4 D's
R
Remove triggers and Remind yourself
T
Track and monitor your progress
For more details or assistance to quit:
In Male': 3313755 3318804 3318901
Youth Health Café
SHE
Dhamanaveshi
Atolls: nearest Regional or Atoll Hospital.
Free!
Available on the App Store
Google play
Try the FREE
quitSTART
Phone App. from:
Smokefree Teen (SFT) website: {http://teen.smokefree.gov/sftapps.aspx}
quitSTART
Smokefree Teen
quitSTART is a product of Smokefree Teen— a smoking cessation resource for teens created by the Tobacco Control Research Branch at the National Cancer Institute in collaboration with the U.S. Food and Drug Administration and inputs from tobacco control professionals, smoking cessation experts, and ex-smokers.
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Ministry of Health

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