Starting Tobacco Cessation Services 2009

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Starting Tobacco Cessation Services

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1. INTRODUCTION

Tobacco Use is the single largest cause of disease and premature death in the world. Being the only consumer product which kills one half of its regular users, tobacco is directly responsible for 5.4 million deaths annually. In India, tobacco is responsible for over 8 lakh deaths each year.

History of Tobacco Cessation Centers in India

All over the world, studies show that people who quit tobacco live longer than people who continue to use tobacco. This however is dependent on various factors such as the tobacco use pattern, duration and existence of illness at the time of quitting.

Considering the extensive use and benefits of cessation, starting tobacco cessation clinics in different health settings and training health providers in cessation seemed to be the need of the hour, apart from various community awareness and socio-legal initiatives primarily aimed at prevention.

In view of this, World Health Organization initiated Tobacco Cessation Clinics project in developing countries including India. These clinics started functioning in 13 centers across India on the 31st of May, 2002 on the World No Tobacco Day.

The initial mandate was to setup clinics and gain expertise in providing tobacco cessation services. Subsequently steps were taken to change Tobacco Cessation Clinics to Tobacco Cessation Centers thereby broadening their application to other areas of tobacco control.

This WHO initiative with support from the Ministry of Health and Family Welfare, Government of India, is expanding by increasing the number of such centers in various other parts of the country.

Under the National Tobacco Control Program (NTCP) tobacco cessation services are further being expanded.

Tobacco Control in India

Understanding the importance of Tobacco Control, the Union Government took the first concrete step to Tobacco Control by passing the first Tobacco Control Act at the national level named The Cigarettes and Other Tobacco Products Act (COTPA) in the year 2003.

This Act, through subsequent amendments has covered issues such as banning of smoking in public places, regulations on advertising and warning on tobacco products.

Role of Health Professionals in Tobacco Control

Tobacco Control legislations contribute a lot to curbing the menace of tobacco in the country while health care professionals also play a vital part. Tobacco users come in contact with the health care system more often than the non-users. Health care professionals are considered to be the source of credible health information and their advice is well received by tobacco users often because of the credibility and non-judgmental nature. It was demonstrated that minimal interventions[1] by the health care professional increases overall tobacco abstinence rates *(The PHS Guidelines)*.

What is there in this guide?

This guide contains information on various elements of tobacco cessation in the context of clinical practice. The CDs provided along with this manual contain supplementary materials including videos demonstrating the assessment and counseling process, soft copies of the intake proforma and other relevant materials which can be used in your clinical practice. Tupaq software[2] is also provided in a separate CD.

Who Can Use this Guide?

This guide is intended for health care providers who are interested in providing tobacco cessation services to their clients. This guide is written in a way that the reader will get an overall idea about the modus operandi of initiating tobacco cessation services in his or her current practice. This guide will be helpful to physicians, social workers, psychologists, nurses or experienced lay counselors who provide services in a clinical set up. An informal and simple style of writing is followed throughout this manual to make it easier for the reader.

'Guide' as the name implies should serve only as a frame or model that should be adapted depending on the specific context and needs of the population you are working with.

[1]Interventions lasting for a minimum of three minutes

[2]Tobacco Use Problems Assessment Questionnaire – A software specifically developed for the client data management in TCCs

2. WHO CAN PROVIDE TOBACCO CESSATION SERVICES?

Any health care professional can provide tobacco cessation services. However pharmacological interventions can be carried out only by medical practitioners. Health care practitioners include Doctors, Psychologists, Social Workers, Nurses and Dentists. Experienced lay counselors also can provide basic tobacco cessation services.

Although specific skills can vary across professionals, there are certain skills that are essential for anyone who wants to add tobacco cessation to the array of services they provide. *Apart from the skills one can gain it is also essential that the practitioner should have attitudes reflecting openness to alternative approaches, appreciation of diversity and willingness to change. (Competencies Model, ATTC Curriculum Committee)*

As a health care provider you must demonstrate your commitment to the cause and clients by setting an example by not using any tobacco products or ceasing if you are using any tobacco products. In other words if you don't practice what you preach, nobody will practice what you preach.

What Skills Do You Need?

Regardless of your professional discipline you must have a basic awareness about the various models of addiction, related theories and the behavioral, physiological and social consequences of tobacco use.

These essential knowledge and skills can be developed through training. This guide will serve as a standalone manual for beginners in Tobacco Cessation practice as well as a supplementary guide for professionals who already provide Tobacco Cessation services.

There are certain elements which form the foundation of any therapeutic human interaction. They are, a non-judgmental attitude (not imposing the values of the therapist on the client, and openly accepting the views of the client) and genuineness and warmth (a genuine interest in the welfare of your client, however difficult they may sound). This genuineness is also called unconditional positive regard. Principle of confidentiality is another element of a therapeutic human interaction that is considered sacrosanct in the realm of any clinical services.

Clinical Skills

Clinical Skills are the most important element of tobacco cessation practice, which ultimately determines the extent of success or outcome of interventions carried out.

Any therapeutic relationship is developed based on the ability of the clinician on building rapport with his/her clients. A well-developed and maintained therapeutic relationship is essential for therapeutic compliance and thereby progress in the treatment.

Apart from the skills mentioned above, assessment skills are something that every tobacco cessation practitioner should develop. Assessment proforma and measurement scales will help in the assessment process yet they cannot substitute for the ability of the clinician to comprehensively assess the psychosocial and behavioral aspects.

Motivational skills of the practitioner help client to resolve their ambivalence related to giving up of tobacco use and to proceed towards quitting. Hence, one of the most beneficial assets of a tobacco cessation professional would be the ability to motivate his or her clients. There are many techniques, which facilitate the process, and one such prominent and effective method is the Motivational Interviewing Technique (developed by Miller and Rollnick).

Other skills, which help in the intervention process are negotiation and consultation skills, and problem solving skills.

Documentation Skills

It is very essential that the clinician make arrangements to record the intake, assessment information, treatment plans, clinical reports, progress notes and follow up information. Accurate documentation requires the clinician to be objective and it is very important to safeguard the client information.

Recording also helps the clinician to understand the efficacy of the process and to develop further his/her knowledge base. This helps in improving the clinical practice. Current research related to treatment outcomes. Outcome data can also be used for program evaluation.

There are computer programs that make the documentation process easier. One example is the Tupaq software (Tobacco Use Problems Assessment Questionnaire), which developed by TCC, NIMHANS with support from the Ministry of Health and Family Welfare, Government of India, the World Health Organization Country office and Siemens Ltd. India. You will be getting this

software in one of the CDs provided along with this manual. Alternatively you can download this software from the TCC India website (www.chooselifenottobacco.org) or you can request a free installation CD by contacting the Tobacco Cessation Clinic Resource Center or Tobacco Free Initiative, World Health Organization country office.

How will you get the Training?

You may approach any of the existing Tobacco Cessation Centers for training on tobacco cessation. A standard training module will involve sharing of technical information, sharing of materials and demonstration of the intervention process. Many centers also provide the opportunity for the trainee to observe the proceedings of the actual clinic as a non participant observer which will give the trainee a firsthand knowledge of tobacco cessation practice.

The standard training module will have presentations by experts of the field, discussions and demonstrations through role-plays and recorded videos. These workshops are usually conducted for duration of one to three days. About 20 hours of training would be sufficient for a health professional to begin practicing tobacco cessation.

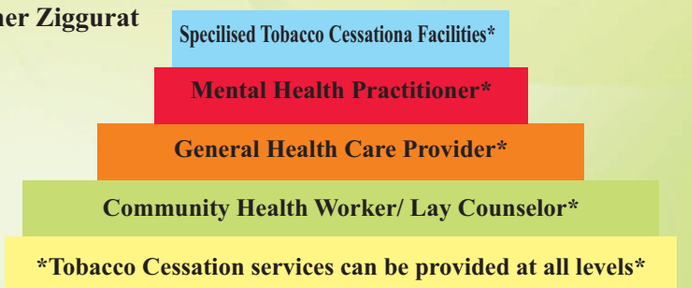
Lists of currently existing Tobacco Cessation Centers and their contact addresses are provided in the appendix for your reference.

Providing tobacco cessation services on a large scale

Looking at the number of tobacco users it is quite wise to assume that the needs will always be larger than available resources Hence it is essential that more and more professionals be able to provide cessation services to meet the needs of the ever large community of tobacco users in our country.

An ideal system should have tobacco cessation services of various intensities provided by a wide variety of professionals ranging from the community level health worker to the specialized health professional.

Practitioner Ziggurat



3. WHAT DO YOU NEED TO START TOBACCO CESSATION SERVICES?

Tobacco Cessation Services are done best when there are

- ✓ Trained staff
- ✓ Appropriate location
- ✓ Supporting equipment
- ✓ Measures to publicize tobacco cessation services

Trained Staff

Ideally a tobacco cessation center should have staff trained in both psychosocial as well as in pharmacological interventions. As discussed in the previous chapter, staff in a tobacco cessation center should possess certain attitudes and skills such as a genuine unconditional positive regard for the clients and the respect for the ability of an individual to change. Staff should be sufficiently trained in counseling skills and periodic refresher programs should be a routine for the organization to make sure that the staff keeps up with the latest developments in the clinical practice of tobacco cessation.

Appropriate Location

Space is another resource, which is important in the running of a tobacco cessation clinic. There should be enough space available for the client and the therapist to sit comfortably during the sessions. Along with comfortable furniture it is also essential that the treatment room is free from external sound and distractions. Unintentional interruptions can be avoided by having a separate room for tobacco cessation intervention. Individual treatment room ensures that the client's right to privacy and confidentiality is respected adequately.

Supporting Equipment

There are certain instruments that help when you provide tobacco cessation services at a professional level. One very helpful instrument is a handheld Carbon Monoxide monitor. This provides real time feedback to clients regarding the amount of carbon monoxide present in their lungs and indirectly about the tobacco usage. Another instrument that is used commonly in some of the existing tobacco cessation centers is a Spirometer. It helps to assess the lung functioning of the client. A bad spirometry value as well as a higher carbon monoxide level hastens the decision making process of the client especially

when he/she is in the contemplative stage. During follow-ups, reduced CO level readings and better spirometry results (improved pulmonary functioning) reinforces abstinence.

Urine and saliva Cotinine strips are also used for the detection of nicotine in the client and are useful in follow-up monitoring.

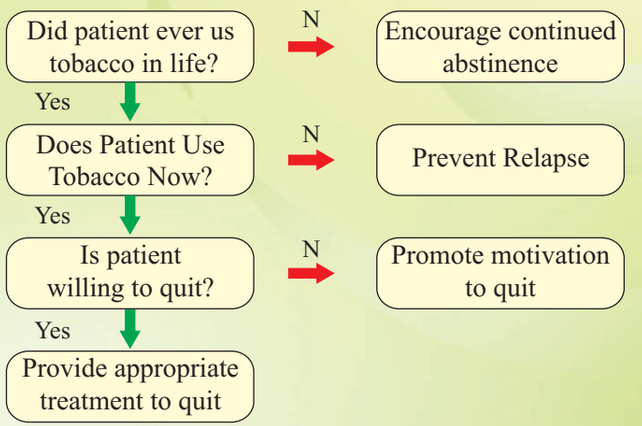
Measures to publicize tobacco cessation services

Tobacco cessation services should be publicized through various media as the knowledge/awareness about the availability of clinical services itself can motivate many tobacco users to give up the habit. It is also helpful because many people are not aware of help being available for cessation.

Advertisements in the newspapers, news paper inserts and local news channels are good means for promoting your services in your locality. Health columns in the local dailies and magazines are another avenue.

If you have a separate space for providing tobacco cessation services, it should be made identifiable. Name boards will help. Information materials related to tobacco, its harm and quitting could be displayed in the client waiting room. Posters and video presentations on TV are ideal for this purpose. It is a very good idea to make informational brochures and booklets in the client waiting room as well as in the therapist's room. These often need to be in multiple languages.

GENERAL MODEL FOR TOBACCO CESSATION



(Algorithm for Cessation Adapted from Treating Tobacco Use and Dependence, PHS Practice Guidelines)

Knowing the Five A's helps in structuring tobacco cessation in health care settings. The five A's described below are an adaptation of the 5As for brief intervention of the US Treating Tobacco Use and Dependence Clinical Practice Guidelines. The 5 A's are Ask, Advice, Assess, Assist and Arrange follow up

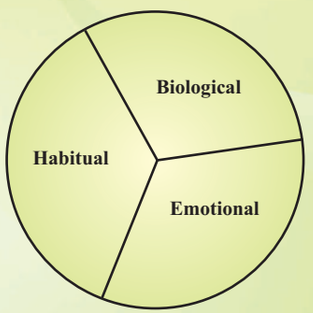
The Five "A"s

ASK	**Ask about tobacco use**	*"Do you use any form of tobacco?"*
ADVISE	**Advice to quit**	*"You must quit smoking if you want your lung capacity to improve from the current stage"*
ASSESS	**Assess willingness to make a quit attempt**	*"Would you like to quit smoking this time?"*
ASSIST	**Assist in quit attempt**	*"There are effective behavioral and pharmacological therapies to assist people who quit tobacco"*
ARRANGE	**Arrange for follow-up**	*"Follow-ups are very essential for the tobacco cessation treatment and I would like to see you after one/two weeks. Whenever you feel like quitting smoking you can come back to me".*

Understanding Addiction

Before we go on to learn more about the interventions for tobacco cessation, it would be a good idea to spend some time to know what addiction is.

Knowing the reasons why one is hooked to tobacco will help us to plan his/her treatment in the most beneficial way.



From the above diagram it is clear that there are three elements to addiction.

Nicotine, one of the most addictive chemical known to mankind, acts on the human brain and gives a reward comparable to what one gets when his/her basic needs are satisfied. Once this nicotine supply becomes regular, the human brain starts to yearn for more nicotine and this phenomenon is called craving. If the brain does not receive its dose of nicotine while it craves, the body develops withdrawal symptoms. Most commonly noticed withdrawal symptoms in the case of nicotine withdrawal are irritability, decreased concentration and decreased interest to socialize, restlessness and headache. These symptoms vary from person to person. Once the person satisfies his/her brain's urge to have the next fix of nicotine, withdrawal symptoms subside temporarily. This cycle continues and this is when one is said to be having ***biological dependence.***

Theory of learning will help us to understand the process of ***habituation*** in the tobacco user. During the initial stage, tobacco is used while he/she is engaged in certain activities and in the long run tobacco use gets paired with that particular activity. Once an association is formed between a particular activity and tobacco use, each time a person engages in that activity craving to use tobacco is also triggered. One common example which can be observed in majority of tobacco users is the association their tobacco use has with regular coffee/tea breaks. The association is so strong that each time they take a coffee or tea in hand, their hands automatically reach for a cigarette or beedi and matchbox or for tobacco packet.

Thirdly, tobacco is used as an alternate response to common ***emotions.*** Smoking or using tobacco in response to stress, sadness or irritability is very common among regular tobacco users. And unfortunately it provides a temporary relief by providing a quick lift to the mood. People also use tobacco as a response to positive emotions such as excitement and happiness.

4. INTERVENTION FOR TOBACCO USE

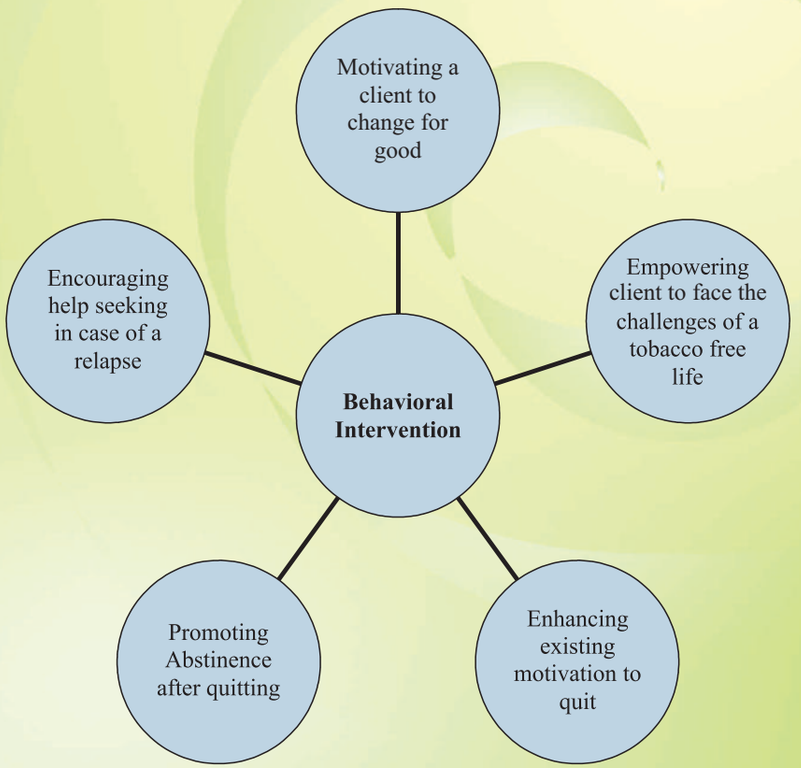
Client's needs and preferences should have paramount importance in the treatment process and the duty of the clinician is to help the client make informed decisions about the treatment and to guide them during the process.

There are three modalities used in the tobacco cessation intervention. They are:

- Behavioral Intervention
- Pharmacotherapy
  - Nicotine Replacement Therapy
  - Other Pharmacotherapy

Behavioral Intervention

Behavioral interventions are the primary level of intervention provided to a quitter.



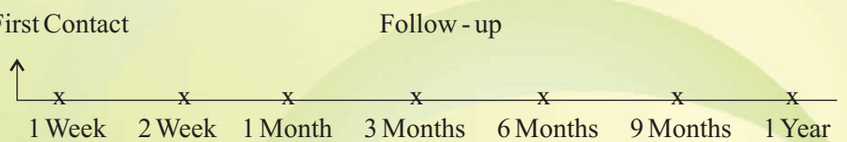
The client will be asked to make certain changes in his/her routine to adjust with the "new life" without tobacco and these changes are intended to minimize the risk of relapses. The entire process of identifying risky situations and adjusting the day to day activities is called lifestyle modification.

Main components of the behavioral intervention are:

- Habit analysis – It is the process of understanding the tobacco usage pattern mainly to identify the triggering factors instigating the use of tobacco. This involves maintaining a tobacco diary where one can record his/her tobacco consumption in terms of the time, place, activity he/she was doing, mood status and the need for tobacco at that particular time. Comparison of a few days' diary facilitates the identification of one's own distinctive triggers.
- Craving management – Craving or urge hits the tobacco users more frequently during the initial weeks of quitting. It is one of the most common reasons for lapse in quitters. It is very important that there are certain pre-planned alternative activities in place to handle craving. Techniques such as the 4 D's[3] can be easily mastered with proper guidance and sincere efforts.
- Withdrawal management – Withdrawal symptoms vary from user to user and hence it is essential to identify client specific withdrawal symptoms before you advice on ways of handling them. Quitters experience physical as well as psychological withdrawal symptoms and to counter these, a wide array of techniques ranging from stress management to diet modifications can be used. Withdrawal symptoms make it very difficult for the addicted person to quit and most of your clients will appreciate it if you acknowledge this!
- Relapse prevention – Relapse is no more viewed as a dreadful word. It is a part of the cessation process which many of the clients undergo. Many of the quitters relapse for a few times before quitting forever. It is very important for the therapist to understand that relapse does not indicate a failure of the intervention or lack of motivation of the client. It is an opportunity for the therapist to fine tune his/her interventions and the client to reassess his triggers and high risk situations.

[3] Delaying, Distracting, Deep breathing and Drinking water

Regular follow ups are important for long term abstinence. During the initial session itself, the client should be made aware of the need for regular follow up and its role in maintaining a tobacco free life. Follow ups should be regular at least for the initial six months and ideally should continue for a year. Follow ups can be fixed for every week or two weeks initially and can be spaced out to three months intervals during the course. Clients may drop out due to various factors, most of which are discussed in the final section. Follow up can be improved if you can offer alternative means of follow up also such as telephonic, online or email assisted and postal. Dedicated telephone quitlines have also been shown to be usefull in many countries.



Follow ups can be in personal or through telephone contact.

You will get more information about the behavioral intervention from the booklet *Manual for Tobacco Cessation [National Cancer Control Program]* which is provided in the Supplementary CD.

Pharmacotherapy

There are many pharmacological agents which support in the process of quitting. These medicines act on the brain to reduce craving and the withdrawal symptoms associated with quitting tobacco. Pharmacological interventions for tobacco cessation have been found to be very effective from clinical studies, when provided with behavioral interventions. Pharmacological approaches include nicotine replacement and use of non nicotine medications. Two drugs which are used for tobacco cessation are Bupropion and Varenicline. Fact sheet one will guide you on the prescription information and other factors associated with pharmacotherapy.

5. CHALLENGES FOR PRACTICING TOBACCO CESSATION IN A CLINICAL SETTING

It has been found out that retaining people in follow-up leads to better long term abstinence rates. One of the most challenging aspects of a clinic based tobacco cessation service is maintaining regular followup of the clients.

Data from TCCs of India suggest that women tend to drop out of the tobacco cessation treatments more than men. From the TCC experience, a combination of behavioral interventions and pharmacotherapy was found to positively influence treatment adherence.

There are other factors associated with drop out during tobacco cessation treatment such as :

- Poor motivation
- Severity of nicotine dependence
- Presence of psychiatric co-morbidities
- Unavailability of medicine or cost of treatment
- Failure to stop or reduce tobacco use
- Clients moving out and related accessibility issues.
- Weight gain

A good relationship between the client and the therapist is seen to be a predictor for long term follow up. Interventions aimed at improving the self-efficacy of the client and educating the client about the importance of adherence is also associated with a lower likelihood of dropout. While it is very essential that the therapist takes the above factors into consideration during the initial stages of the treatment to improve the follow up, it is also very important to have a continuous monitoring and reassessment of the treatment.

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FACT SHEET 1

Pharmacological Interventions for Tobacco Use

Tobacco Cessation has advanced with many effective pharmacological aids available for the benefit of the quitters. Cessation medicines work by reducing cravings and by handling reduces symptoms. Every individual who comes to quit tobacco should be offered pharmacological interventions in the absence of any significant contraindications. It must be noted that any medicines should be prescribed along with a behavioral support program, as the center of tobacco cessation is the will and motivation of the person who is quitting.

Nicotine Replacement Therapy

When a regular tobacco user quits, his/her body responds to the decreased nicotine levels through withdrawals symptoms. Nicotine Replacement Therapy (NRT) is a method of replacing the tobacco product with an approved nicotine delivery product. This maintains the nicotine levels in the body of the tobacco user and eases the withdrawal symptoms associated with quitting tobacco. NRT can be administered in various forms. Nicotine gums, nicotine patches, lozenges, sprays and inhalers.

Nicotine gums are the only NRT currently available in India. Nicotine gums are available in both 2 mg and 4 mg. NRT can be advised either on a regular fixed interval regime or on an S.O.S basis with a daily dose cap. The daily dosage is decided based on the number of tobacco units consumed per day. The quitter can be advised to slowly chew the required gum till the taste of the gum changes and then to park on the right or left side of the mouth between the gum and the cheek. Nicotine is absorbed through the buccal mucosa. This procedure is repeated after five minutes and the sides are swapped. Each gum can be used for a duration of 30 – 45 minutes.

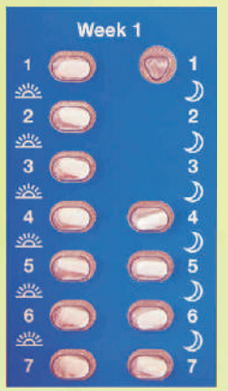
NRT is relatively safe with very few possible side effects such as nausea, burning sensation in the stomach and hiccups. Continuous chewing can cause a sore jaw. Tolerance develops to most side effects over the first week.

NRT is started after the quit date and is continued for up to 12 weeks. The quitter is strongly advised against using NRT along with tobacco products.

Nicotine gums cost Rs.4 – Rs.6 per gum for 2 mg and 4 mg.

Other Drugs :

Two medicines warrant special attention, Bupropion Hydrochloride and Varenicline Tartrate Initially marketed as an anti depressant, Bupropion was subsequently found to be effective as a tobacco cessation aid. Treatment with Bupropion is started usually one–two weeks before the quit date, started at a daily dose of 150mg for three days, then increased to 300mg. Daily dose should not exceed 300mg. The treatment is continued usually for a period of 12 weeks. It is contraindicated in individuals having a history of seizure disorder or eating disorders, who are taking another form of Bupropion or who have used a MAO inhibitor in the past 14 days. Most commonly reported side effects are insomnia (35-40%) and dry mouth (10%). Bupropion costs Rs. 1,234.00 for the course.



Varenicline Tartrate is the first non – nicotine prescription drug specifically designed for smoking cessation. The recommended dosage for an adult is 1 mg twice daily and the standard course is for 12 weeks. It is started at 0.5 mg once daily for three days and titrated by increasing to 0.5 mg twice daily for another four days and finally to 1 mg twice daily, which should be continued till the end of the treatment. The practitioner should be aware of any history of psychiatric illness before starting Varenicline such as depressed mood, agitation; changes in behavior and suicidal ideation. In order to avoid any adverse consequences,

Market rates of the medicines were calculated as on 25th March 2009 in Bangalore

the practitioner should monitor patients for changes in mood and behavior when prescribing this medicine. Common side effects are nausea, increased appetite, insomnia and abnormal dreams. Varenicline cost Rs.11,206.00 for the full course.

Another medicine used for tobacco cessation is Nortryptiline. Pharmacological interventions when used with behavioral strategies can produce quit rates of about 25 –30 %. Pharmacotherapy reliably increase long-term smoking abstinence rate.

FACT SHEET 2

Tobacco Cessation Centres and their contact persons

Sl. No.	Name of the Contact Person	Address	Contact
1	**Dr. Surendra Shastri** Prof. and Head, Department of Preventive Oncology	Tobacco Cessation Center, Tata Memorial Centre, Department of Preventive Oncology, Dr. Ernest Borges Road, Parel, Mumbai - 400 012	PH: 022- 24154379
2	**Dr. Savita Malhotra** Prof. and Head, Dept. of Psychiatry	Tobacco Cessation Centre, Postgraduate Institute of Medical Education & Research, Chandigarh -160 012	PH: 0172- 2744503 / 2756801 savita.pgi@gmail.com
3	**Dr. Nimesh Desai** Prof. and Head, Dept. of Psychiatry	Tobacco Cessation Centre, Institute of Human Behaviour and Allied Sciences,G.T. Road, Dilshad Garden, Post Box No.9250, Delhi.	PH: 011- 22114021 / 32 tccihbasrc@hotmail.com
4	**Dr. Girish Mishra,** Prof. and Head, Dept. of NET, Head and Neck Surgery	Tobacco Cessation Centre, Pramukhswami Medical College & Shree Krishna Hospital, Karamsad-388325, Gujarat	PH: 02692 - 223010 Mobile: 98254 89878 daxa.girish@yahoo.com daxa.girish@gmail.com
5	**Dr. U.R. Parija,** Head, Dept. of Head and Neck Oncology	Tobacco Cessation Centre, Acharya Harihar Regional Cancer Centre, Medical Road, Manglbad, Cuttack - 753 007	Tel: 0671 – 2302535 usaranjan@sify.com
6	**Dr. Mahabir Das,** Principle Investigator,	Tobacco Cessation Centre, East Boring Canal Road, Kamta Path, Patna - 800 001.	Tel: 0612 2532848 mdasnotebihar@sify.com bvhapatna@gmail.com 0612 – 2266884

Tobacco Cessation Centres and their contact persons

Sl. No.	Name of the Contact Person	Address	Contact
7	**Dr. Rama Kant** Prof. Department of Surgery	Tobacco Cessation Centre,Chatrapathi Shahuji Maharaj Medical University Luchknow - 226 016	Tel: 0522- 2358230 ramakantkgmc@rediffmail.com
8	**Dr. R K Pandey,** Head, Dept. of Radiation Oncology	Tobacco Cessation Centre Jawaharlal Nehru Cancer Hospital and Research Centre, P.O.Box No. 32, Idgah Hills, Bhopal - 462 001, Madhya Pradesh.	Tel: 0755 – 2665720 / 2666374
9	**Dr, Shekar Salkar,** Surgical Oncologist	Tobacco Cessation Centre,General Secretary NOTE India, Salgaokar Medical Research Centre, Chicalim, Goa - 403 711	PH: 0832 – 2423366
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