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Diploma in Pharmacy 1st Year
Social Pharmacy
Experiment

To study about tobacco cessation, counselling and identify various tobacco containing products through charts/pictures

Aim:

To study about tobacco cessation, counselling and identify various tobacco containing products through charts/pictures

Reference :

Dr. Gupta G.D , Dr. Sharma Shailesh , Dr. Sharma Anshu , " Practical Manual of Social Pharmacy " Published by Nirali Prakashan , Pg.No 96 - 102

Material Required

Tobacco containing products, and counsellor.

Theory :

One of the principal preventable causes of death and illness is tobacco used by the millions. During adolescence the strongest predictor of the tobacco use in adults is smoking. Tobacco use in India exists in many forms like- chewing. smoking, sucking, gargling, applying, etc. Smoking beedi is the very common form of smoking tobacco smoking followed by smoking cigarette.

In 2002, as a mutual initiative of the Ministry of Health and Family Welfare. Government of India and WHO the first official tobacco cessation clinics in India were set up. In the first phase, the tobacco cessation clinics in India were set up and the developing models for cessation were also developed.

Consequently, these clinics were expanded for the purpose of awareness, training and advocacy issues and in 2005, these were again re-designated as centers for tobacco cessation. Currently, it is predicted that these tobacco cessation centres must be made nodal to the National Tobacco Control Programme (NTCP).

Tobacco Cessation Clinic: OPD based and Community Based

Regularly the TCC services are provided at various parts of the country. The clinic activities includes:

1) Detailed documentation and Registration of tobacco use profile.
2) Counselling in groups
3) Individual counselling/Relatives counseling
4) Pharmacotherapy
5) Carbon Monoxide (CO) monitoring
6) Regular follow up and counselling in brief at every visit
7) Defaulters having telephone Counselling
8) Postal letters to individuals not having any access to telephone facility
9) Home visits by social workers as per requirement
10) Quitters interaction during Educational programmes
11) Certifificates distribution to quitters/ Felicitation of quitter/

Process of Cessation

When the patients are counsekled about smoking, the Healthcare Research Agency recommends a brief smoking cessation intercession known as the 5 A's. However, for structuring tobacco cessation in health care setting the 5A's are proved to be the evidence-based framework. The Five A's (Ask, Advise, Assess, Assist and Arrange) is a 5 to 15 minute research based counseling tool that has proven to be successful.

To give individual the best chance at a successful future, it is crucial that subjects quit their tobacco habit before they develop the diseases. However, it is always better that people should not start this deadly habit. If started health care providers must attempt to motivate a change.

The 5A's are the evidence-based framework for structuring tobacco cessation in health care setting. The Five A's (Ask. Advise, Assess, Assist and Arrange) is a five to fifteen minute research based counseling tool that has proven to be successful.

1) **Ask:** It must be ensured that tobacco-use status is obtained and at every visit of patient it must be recorded As soon as possible, open-ended questions must be

asked so that the patient has an opportunity for claboration. The below scripts will help in initiating the conversation.

i) Have ever been smoked?
ii) How often been smoked?
iii) When was the last time smoking done?
iv) How many cigarettes have been smoked last month/last week/ yesterday?
v) Why to think it would be a good idea to quit?
vi) Do they dip or use snuff?

2) **Advise:** Patient must be advised to quit smoking. Strong, personalised, and clear language must be used to get the point across.

i) "Quitting is the most important and only thing that can be done to protect the self and family health."
ii) The effects of the secondhand smoke are harmful for the family. It is suggested that smoking must be quit not only for the family but also for oneself"
iii) "Smokers quitting smoking save an average of $120 a month"
iv) When a client is been advised the frequently asked questions include
   a) Why should tobacco use be quit?
   b) What is the first thing that is required to be done once decided to quit?
   c) Which medication would work best?
   d) How it is felt when quit tobacco? Will I gain weight?
   e) What kinds of activities can be done when feels the urge for taking tobacco?
   f) When drinking I like to smoke. Do I have to give up both?
   g) What to do, tried to quit before but it did not work.

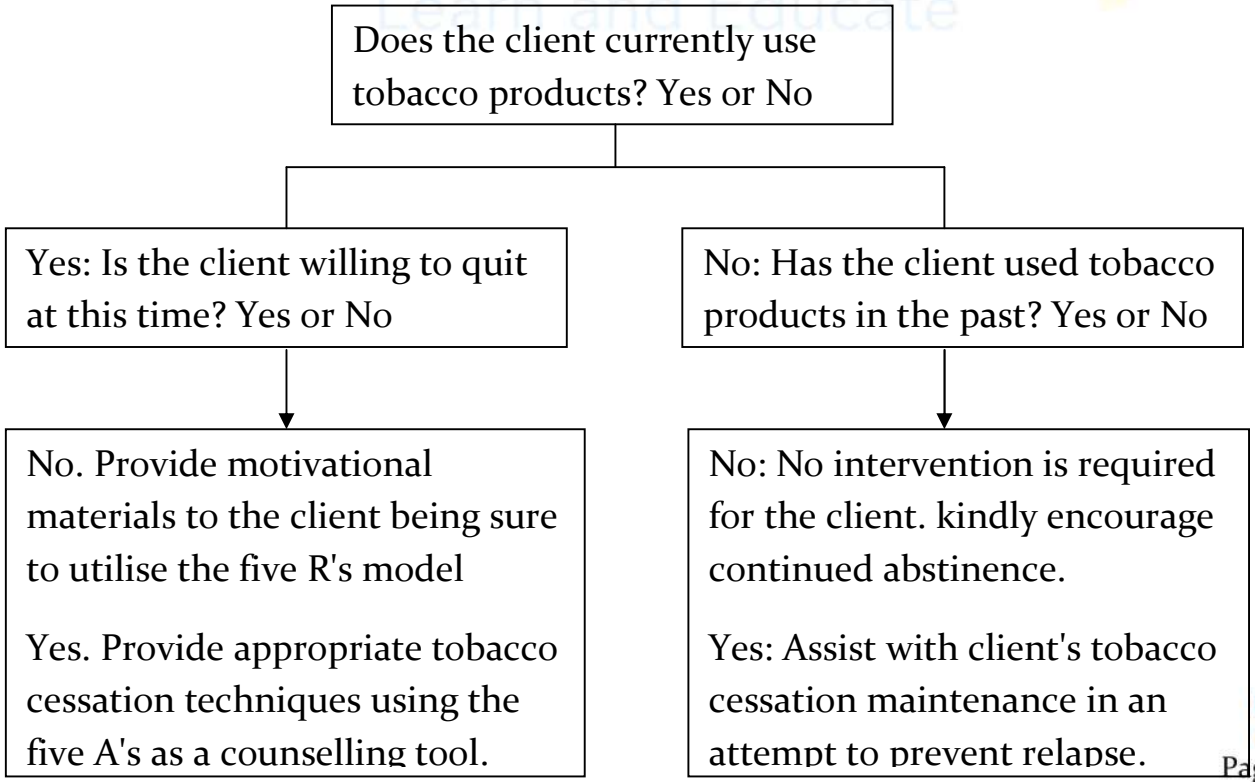
3) **Benefits of Quitting:** Benefits of quitting must always be explained to the client. From the moment smoking is finished only takes 20 minutes are required by the body to start undergoing beneficial changes (This is helpful while giving individual or group counseling)

- **20 Minutes:**
  a) Pulse rate decreases to normal
  b) Blood Pressure decreases to normal
  c) Hands and feet temperature increases to normal
- **8 Hours:**

a) Level of Carbon-Monoxide in blood drops to normal
b) Level of Oxygen in blood increases to normal

- **24 Hours: Heart attack chance gets decreased**
- **48 Hours:**
  a) Ability to smell and taste is increased
  b) Nerve endings start re-growing
- **2 Weeks to 3 Months:** Circulation improves and functions of Lungs increases up to 30%
- **9 Months:**
  a) Sinus congestion, Coughing, shortness of breath and fatigue decreases.
  b) Cilia re-grow in lungs.
  c) Increasing ability to handle mucus, clean the lungs, reduce infection
- **1 Year:** Risk of coronary heart disease reduces to half as compared to that of a smoker

4) **Assess:** Determine willingness to make a quit attempt. To be able to assist a client with tobacco cessation required to assess the willingness of client to commit to this change Every tobacco user must be asked whether he/she is willing to make a quit attempt at this time (e.g., within the next 30 days). Here is a flow chart to help in determining where the client stands.



5) **Assist:** Assist the patients with a quit plan. Give advice on successful quitting.

i. "It is best if he/she refrain from drinking alcohol at the beginning of their effort to quit smoking as alcohol is strongly associated with relapse
ii. "I suggest he/she should ask others not to smoke in the house while they are trying to quit as it may hinder their success." Provide resources for the patient.
iii. "If they feel the need of more support that will help them to quit, here is a list of support groups in our area."
iv. "Let me give he/she some education materials on the benefits of not smoking that will help make quitting easier."
v. "There are some great resources on the internet that can help them with quitting. Here is a list of websites recommend."
vi. "When is the good time for them to quit? Have the patient arrange support from family, friends and co-workers
vii. "Do they friends or family who can call if them about an urge?"

6) **Arrange:** Follow-up visits/phone calls must be scheduled for reviewing patient progress toward quitting.

Types of Tobacco Products

1) **Bidis :** A bidi is a mini-cigar or thin cigarette filled with tobacco flake. It is wrapped commonly in a Piliostigmaracemosum leaf or tendu tied with a string or adhesive at one end Bidis can be flavoured (like- chocolate, cherry, mango) or unflavored. Smoking bidi is associated with an increased risk for lung, oral, esophageal, and stomach cancer and also an increased risk for heart attacks, coronary heart disease, and chronic bronchitis.

7) **Moist Snuff :** Moist snuff is a small amount of ground tobacco held in the mouth between the cheek and gum. Manufacturers are increasingly prepackaging moist snuff into small paper or cloth packets to make the product more convenient. Other moist snuff products are known as khaini, snus, shammaah, nass, or naswa.

8) **Dry Snuff :** Dry snuff is powdered tobacco that is inhaled through the nose and absorbed through the nasal mucosa or taken orally. Once widespread. particularly in Europe, the use of dry snuff is in decline.

9) **Pipe:** Pipes are made of slate, briar, clay, or other substances. Tobacco is placed in the bowl in middle, and the smoke is inhaled by the stem. In Southeast Asia, clay pipes are widely used known as chillum, sulpa, and hookli.

10) Kreteks: These are clove-flavoured cigarettes smoked widely in Indonesia. They may contain a wide range of exotic flavourings and eugenol, which has an anaesthetic effect, allowing for deeper and more harmful smoke inhalation.

11) Water Pipes/ Hookah: Water pipes, also known as shisha, hookah, narghile, or hubble-bubble, operate by water filtration and indirect heat. Flavoured tobacco is burned in a smoking bowl covered with foil and coal. The smoke is cooled by filtration through a basin of water and consumed through a hose and mouthpiece.

Result : Tobacco cessation, counselling and identification of various tobacco containing products through charts/pictures were done..

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