

A guide for tobacco users to quit

Toolkit for delivering brief tobacco interventions in primary care

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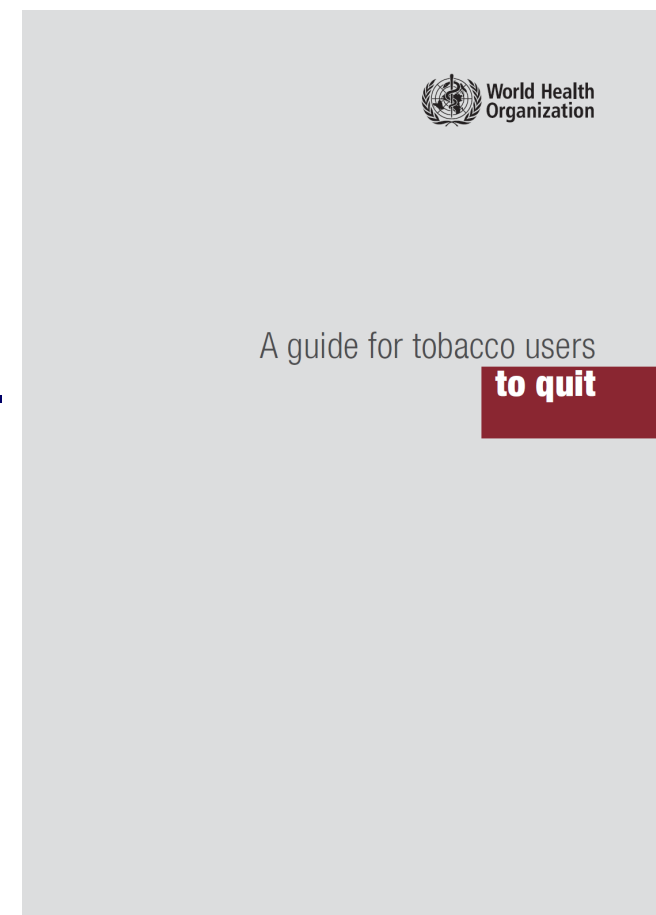
A guide for tobacco users to quit

1. How to get ready to quit —for tobacco users **not ready to quit**:

- Don't think quitting is important
- Don't think they can quit successfully

2. How to plan and make quit attempts— for tobacco users **ready to quit**

3. Local tobacco cessation support resources—for tobacco users **want** to find **more resources** for quitting



A guide for tobacco users to quit

1. getting ready to quit:

- 1) Impact of tobacco smoking
- 2) Benefits of quitting



- 3) How to improve confidence in quitting



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2. Planning and making quit attempts:

- 1) Develop a quit plan (STAR)
- 2) Overcome common barriers and challenges to quitting
 - A. Physical addiction
 - B. Emotional/psychological connections
 - C. Behavioral and social connections
- 3) Prepare for relapse
 - A. Use relapse as a learning experience
 - B. Prevent relapse



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1. Tobacco use: a deadly habit
2. The unique role of the healthcare provider in tobacco control
3. Basics of tobacco use and tobacco dependence
4. 5A's model to help patients ready to quit
5. 5R's model to increase motivation to quit
6. 5A's to avoid exposure to secondhand smoke

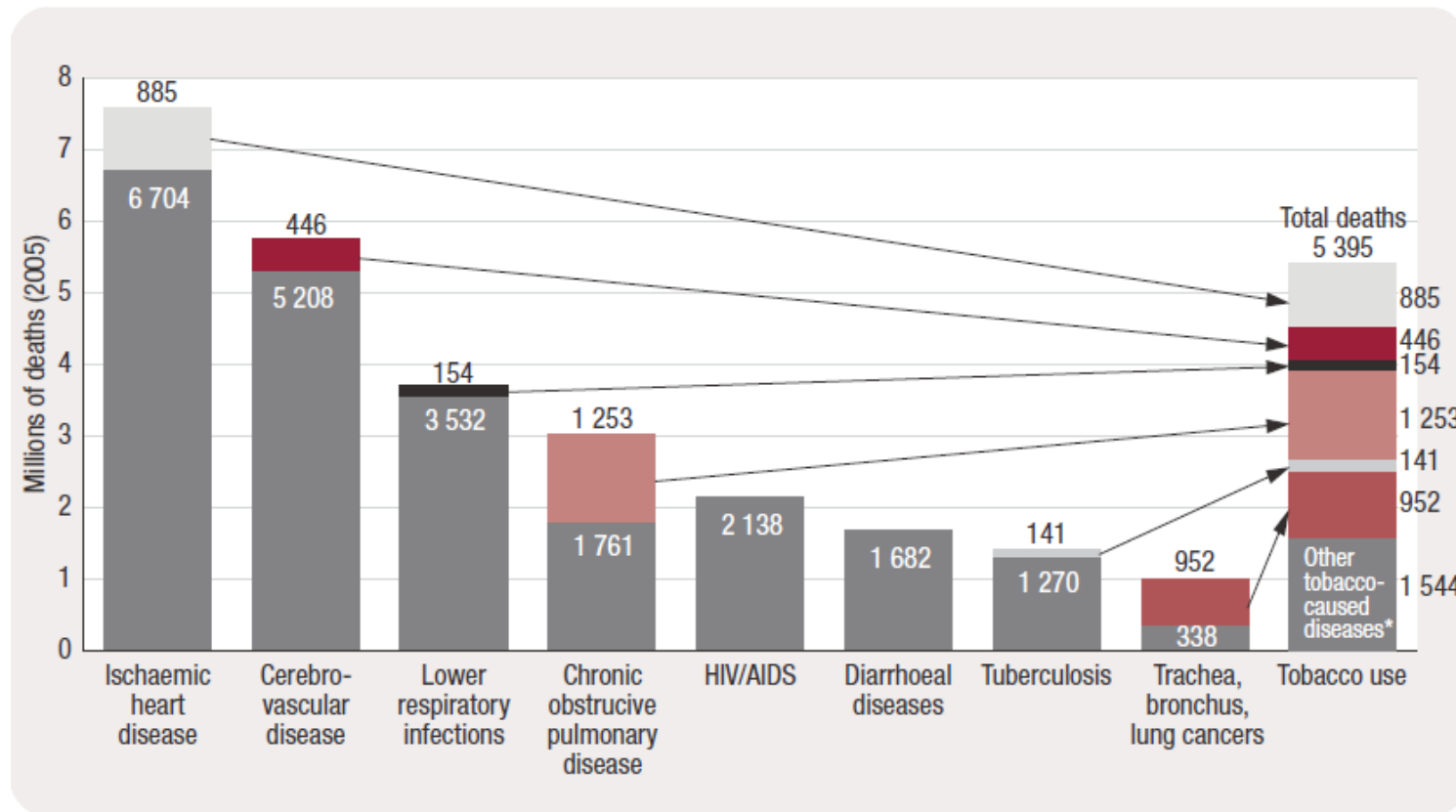


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Tobacco use: a deadly habit

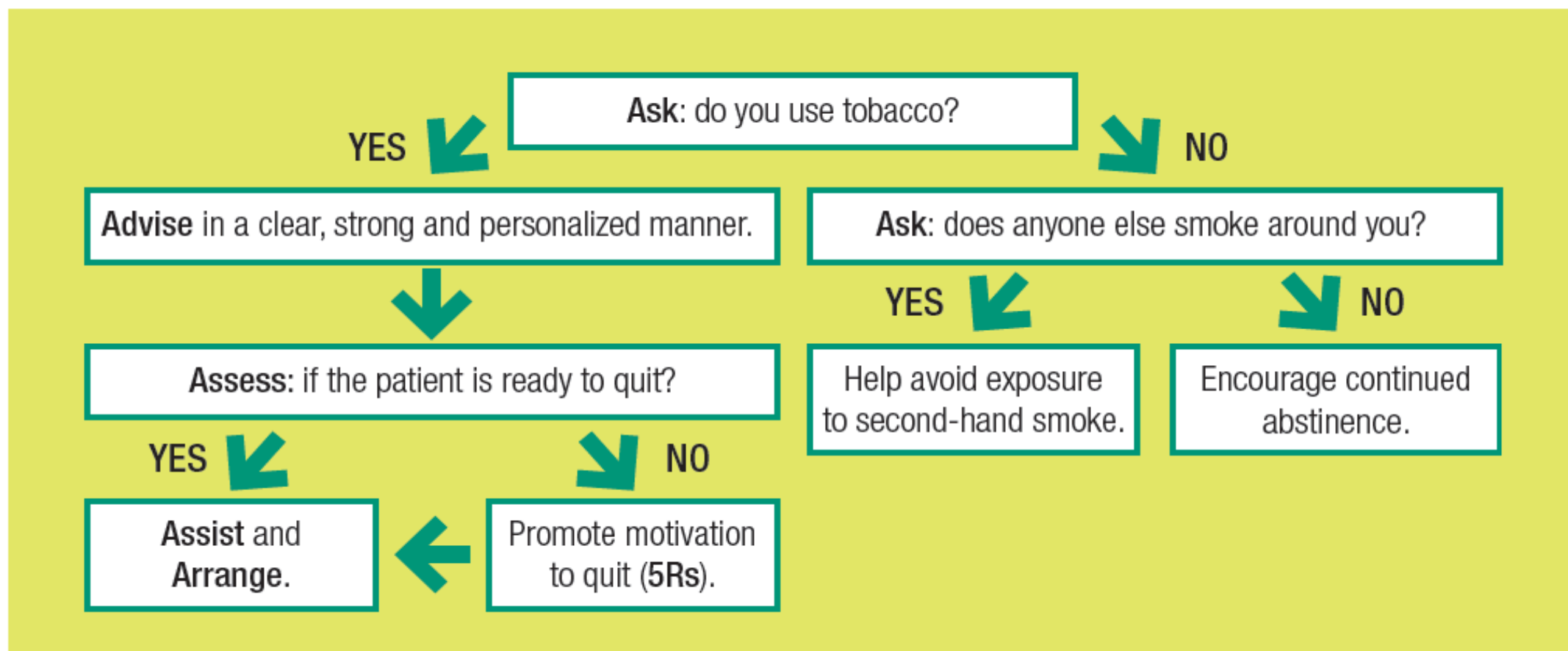
– the importance of helping tobacco users quit

Figure 1: Tobacco is a risk factor for six of the eight leading causes of death in the world



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The unique role of the healthcare provider in tobacco control – the potential of primary care providers in helping tobacco users quit



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Basics of tobacco use and tobacco dependence

– what basic knowledge a primary care provider should have in order to effectively assist tobacco users in quitting

- 1) Impact of tobacco smoking
- 2) Benefits of quitting
- 3) Challenges to quitting
 - A. Physical addiction
 - B. Emotional/psychological connections
 - C. Behavioral and social connections



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5As model – how to better use 3-5 minutes to talk to patients who are ready to quit

Ask – Systematically identify all tobacco users at every visit.

Advise – Advise all tobacco users that they need to quit.

Assess – Determine readiness to make a quit attempt.

Assist – Assist the patient with a quit plan or provide information on specialist support.

Arrange – Schedule follow-up contacts or a referral to specialist support.



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5Rs model – how to better use 3-5 minutes to talk to patients who are not ready to quit

Relevance – How is quitting personally relevant to you?

Risks – What do you know about the risks of tobacco use?

Rewards – What would be the benefits of quitting in that regard?

Roadblocks – What would be difficult about quitting?

Repetition – Repeat assessment of readiness to quit; if still not ready to quit, repeat intervention at a later date.



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5A's model – how to advise non-smoking patients to avoid exposure to SHS

- Ask –** Systematically identify non-smoking patients who are exposed to second-hand smoke at every visit.
- Advise –** Advise the patient to avoid exposure to second-hand smoke.
- Assess –** Determine the patient's willingness to reduce exposure to second-hand smoke.
- Assist –** Assist the patient in making an attempt to make his/her daily life environment smoke-free.
- Arrange –** Schedule follow-up contacts.



WHO eLearning course on brief tobacco interventions

- An **English** version, **free** online training course on brief tobacco interventions for primary care providers is available for everyone:

<https://www.who.int/tobacco/quitting/training-for-primary-care-providers/en/>



Thank you for your attention