

Highlights in Tobacco Control

Published at the University of Texas at Austin, Public Health Promotion Research & Program Development,
<http://www.UHealthPromotion.net>, Volume 4, Issue 5 April 2005

Practical Ideas Online

The Texas Department of State Health Services - Tobacco Prevention and Control has a new Web site! Click here to view it: <http://www.dshs.state.tx.us/tobacco/>



World No Tobacco Day - May 31, 2005

Hats off to Texas Health Care Professionals!



World No Tobacco Day is celebrated around the world every year on May 31. This yearly celebration informs the public on the dangers of using tobacco, the business practices of tobacco companies, what the World Health Organization is doing to fight the tobacco epidemic, and what people around the world can do to claim their right to health and healthy living and to protect future generations.

Message to the Community

Texas has more than:

- ❑ 140,817 registered nurses
- ❑ 49,000 emergency medical services personnel
- ❑ 16,000 pharmacists
- ❑ 15,000 primary care physicians (general pediatrics, obstetrics-gynecology, general internal medicine, family practice and general practice direct patient care specialists)
- ❑ 8,200 dental hygienists
- ❑ 3,800 nurse practitioners and
- ❑ Many other health care professionals



Thank a health care provider for being on the “front lines” of tobacco control.

Reference

Texas DSHS, Health Professions Resource Center, Supply and Distribution Tables for State-Licensed Health Professionals; Access online at <http://www.tdh.state.tx.us/dpa/health.htm> to find out how many health care providers practice in your county.

Dear Dr. Phil (Huang),

Why is it important to talk to health professionals about World No Tobacco Day 2005?

This year, World No Tobacco Day focuses on the role of health professionals in tobacco control. For many reasons, health professionals have a very important role to play. "They're influential and respected and they reach a high percentage of the population." Health Professionals have the opportunity to help people change their behavior and they can give advice, guidance and answers to questions related to the consequences of tobacco use. "They can help patients to quit and they can be outstanding role models for non smoking." Studies have shown that even brief counselling by health professionals on the dangers of smoking and the importance of quitting is one of the most cost-effective methods of reducing smoking.



Reference: <http://www.who.int/tobacco/communications/events/wntd/2005/en/>

Event Ideas for World No Tobacco Day

Schools - Invite a local health care provider to your class to talk about how they promote tobacco control in his/her practice or community.



Community - Interview several health care providers about tobacco control and write an article about how local health practitioners promote tobacco control.

Community - Stage a health care provider recognition day. Visit professional offices and present health care providers with plaques, and photograph them receiving acknowledgement for their work in community tobacco control.

Community - Stage a mini-parade through the halls of a local hospital, business, or health clinic passing out breath mints and the Quitline number.

Community - Contact a health care professional and give him/her the tip sheet on how to talk to patients about quitting tobacco (*see next page*).

Health Care Professionals Contribute to Tobacco Control and Public Health*

They can:

- Be role models by not using tobacco and promoting a tobacco free culture
- Work within professional organizations to monitor tobacco consumption patterns and attitudes
- Promote tobacco free events and premises
- Promote tobacco control on the agenda of all professional meetings
- Routinely ask patients and clients about tobacco consumption and exposure to tobacco smoke
- Use evidence-based practices to advise patients on how to quit smoking
- Promote tobacco control in professional development curricula
- Participate in World No Tobacco Day events
- Refrain from accepting any kind of tobacco industry support
- Prohibit the sale or promotion of tobacco products on their premises
- Dedicate resources to tobacco control
- Participate in tobacco control activities of their professional network
- Support campaigns for tobacco-free public places



*Adapted from World Health Organization Meeting on Health Professions and Tobacco Control; Code of Practice on Tobacco Control for health professional organizations, 28-30 January 2004; Geneva, Switzerland.

Information for Health Care Professionals

How to Talk to Patients About Quitting Tobacco

For All Patients Who Smoke

The “5 A’s,” **Ask, Advise, Assess, Assist,** and **Arrange**, are designed to be used with the smoker who is willing to quit.

Ask - Systematically identify all tobacco users at every visit

Advice should be:

Clear - *“I think it is important for you to quit smoking now and I can help you.” “Cutting down while you are ill is not enough.”*

Strong - *“As your clinician, 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. The clinic staff and I will help you.”*

Personalized - *Tie tobacco use to current health/ illness, and/or its social and economic costs, motivation level/readiness to quit, and/or the impact of tobacco use on children and others in the household.*

Assess - Determine willingness to make a quit attempt

Assist - Aid the patient in quitting

A patient’s preparations for quitting:

- *Set a quit date*—ideally, the quit date should be within 2 weeks.
- *Tell* family, friends, and coworkers about quitting and request understanding and support.
- *Anticipate* challenges to planned quit attempt, particularly during the critical first few weeks.
- *Remove* tobacco products from your environment.

Arrange - Schedule followup contact

Patients Not Ready To Make A Quit Attempt Now The “5 Rs”

Approximately 46 percent try to quit each year. Most try to quit “cold turkey.” Of those, only about 5 percent succeed. Most smokers make several quit attempts before they successfully quit for good.

Patients not ready to make a quit attempt may respond to a motivational intervention. The clinician can motivate patients to consider a quit attempt with the “5 Rs”: **Relevance, Risks, Rewards, Roadblocks, and Repetition.**

Relevance - Encourage the patient to indicate why quitting is personally relevant.

Risks - Ask the patient to identify potential negative consequences of tobacco use.

Rewards - Ask the patient to identify potential benefits of stopping tobacco use.

Roadblocks - Ask the patient to identify barriers or impediments to quitting.

Repetition - The motivational intervention should be repeated every time an unmotivated patient has an interaction with a clinician. Tobacco users who have failed in previous quit attempts should be told that most people make repeated quit attempts before they are successful.

Reference

Treating Tobacco Use and Dependence—Clinician’s Packet. A How-To Guide For Implementing the Public Health Service Clinical Practice Guideline, March 2003. U.S. Public Health Service. <http://www.surgeongeneral.gov/tobacco/clinpack.html>

Click here for the Texas Dept. of State Health Services Clinical Toolkit <http://www.dshs.state.tx.us/tobacco/toolkit.shtm>