

Toolkit for delivering the 5A's and 5R's
brief tobacco interventions
in primary care

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Toolkit for delivering the 5A's and 5R's brief tobacco interventions in primary care.

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Introduction

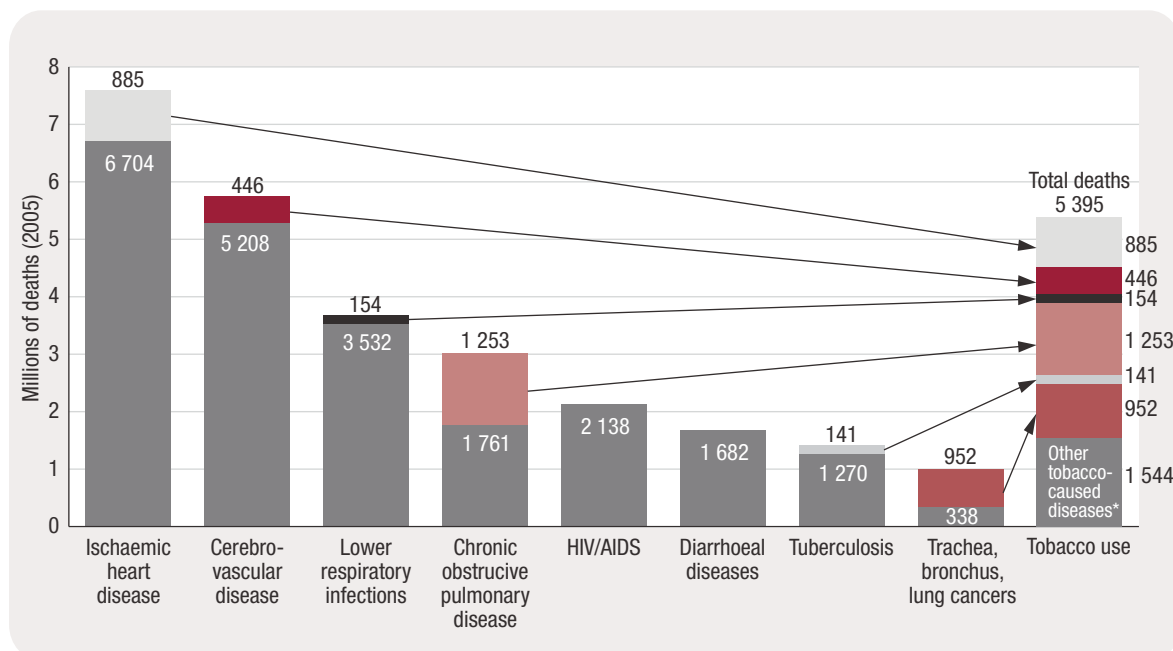
This toolkit was developed based on WHO Capacity Building Training Package 4 entitled “Strengthening health systems for treating tobacco dependence in primary care”. Its target audience are primary care providers. It aims to serve as a quick reference guide to help primary care providers deliver brief tobacco interventions as part of their routine practice. The content of this toolkit includes:

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. The 5A's model to help patients ready to quit;
5. The 5R's model to increase motivation to quit;
6. The 5A's to avoid exposure to secondhand smoke.

I. Tobacco use: a deadly habit

Tobacco use is the leading preventable cause of death in the world and it kills half of all lifetime users and half of those die in middle age (35-69). Tobacco is a risk factor for six of the eight leading causes of death in the world (See Figure 1). Tobacco kills nearly six million people each year. More than five million of those deaths are the result of direct tobacco use while more than 600 000 are the result of non-smokers being exposed to second-hand smoke. Approximately one person dies every six seconds due to tobacco, accounting for one in 10 adult deaths. Unless urgent action is taken, the annual death toll could rise to more than eight million by 2030.

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



II. The unique role of the healthcare provider in tobacco control

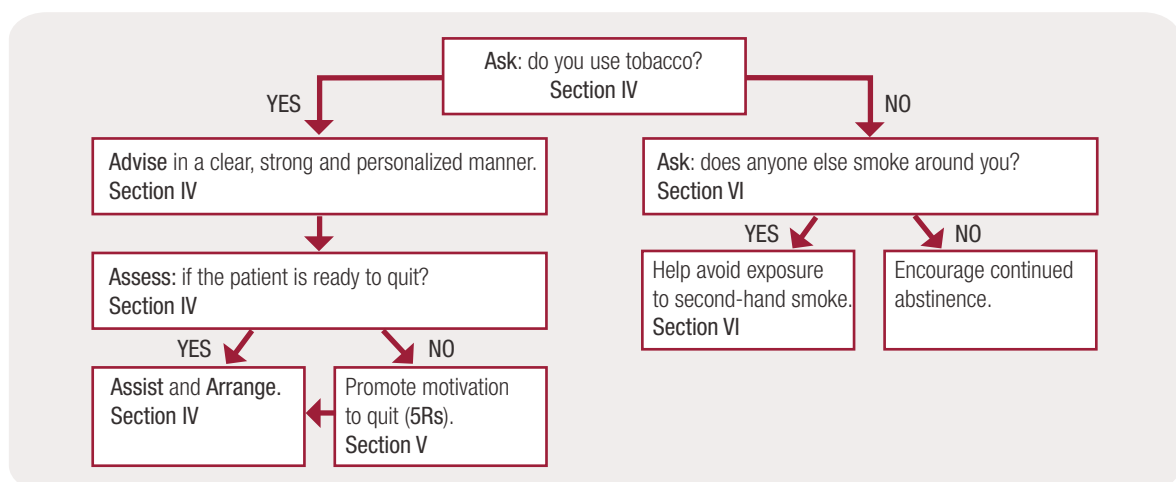
In order to reverse the tobacco epidemic, concerted efforts will be needed from a wide range of sectors with national health systems well-placed to take the leading role for implementing measures to prevent and treat tobacco dependence. Health professionals have several roles to play in comprehensive tobacco control efforts, including role model, clinician, educator, scientist, leader, opinion-builder, and alliance builder. All health professionals should at least:

- Serves as tobacco-free role models for the general public;
- Address tobacco dependence as part of your standard of care practice;
- Assess exposure to secondhand smoke and provide information about avoiding all exposure.

Primary care providers are in the unique position in helping tobacco users. If all primary care providers routinely ask about tobacco use and advise tobacco users to stop, they have the potential to reach more than 80% of all tobacco users per year; trigger 40% of cases to make a quit attempt; and help 2-3% of those receiving brief advice quit successfully.

Helping patients quit tobacco as part of primary care providers' routine practice takes them only three to five minutes and is feasible, effective and efficient. The algorithm below can guide you to deliver the 5A's and 5R's brief tobacco interventions to patients in primary care (Figure 2).

Figure 2. Algorithm for delivering brief tobacco interventions



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.

III. Basics of tobacco use and tobacco dependence

In order to assist patients in quitting more effectively, every primary care provider should have some basic knowledge of tobacco use and tobacco dependence – such as the impact of tobacco use; the benefits of quitting tobacco use; and why people smoke and do not quit. The following information on the risk of tobacco use, the benefits of quitting, the three challenges in quitting tobacco and effective coping skills will help you deliver brief tobacco interventions.

i. THE IMPACT OF TOBACCO USE ON TOBACCO USERS AND OTHERS

For those patients who still do not feel that they should quit tobacco use it is important for them to go over the risks that are involved. Tobacco use will have both health and non-health impacts on tobacco users and others.

HEALTH IMPACT

This includes health risks to tobacco users and their family.

Tobacco products are made of extremely toxic materials. Tobacco smoke contains more than 7000 chemicals, of which at least 250 are known to be harmful and at least 69 are known to cause cancer. All tobacco products are harmful. Tobacco smoking can damage every part of the body, causing many actual medical conditions such as shortness of breath, exacerbation of asthma and respiratory infections as well as many chronic diseases including heart disease, strokes, cancer and chronic respiratory diseases.

Smoking puts the smoker's family at risk. Secondhand smoke exposure increases the risks of having the following diseases:

Diseases in children	Diseases in adults
<ul style="list-style-type: none">– sudden infant death syndrome;– acute respiratory illnesses;– middle ear disease;– chronic respiratory symptoms.	<ul style="list-style-type: none">– coronary heart disease;– nasal irritation;– lung cancer;– reproductive effects in women (low birth weight).

You will need to be prepared to help patients debunk misconceptions about health risks of smoking. Many smokers, especially those in developing countries, do not completely understand the dangers of tobacco smoking due to tobacco companies' misleading data that distort the true things about smoking.

ECONOMIC IMPACT OF TOBACCO USE

Tobacco smoking takes away not just the smoker's health but wealth. It is estimated that 5-15% of a smoker's disposable income is spent on tobacco, which could be an enormous economic burden on them and their family. You can use the cost calculator below to help patients find out how much money they have spent on cigarettes.

The smoking cost calculator						
Number of packs you smoke a year*	X	Number of years you have smoked	X	The average cigarette pack price	=	How much you have spent on cigarettes during your lifetime
	X		X		=	

*: For day to year conversion, see below table

1 pack a day	1 ½ packs a day	2 packs a day	2 ½ packs a day	3 packs a day
365 packs a year	548 packs a year	730 packs a year	913 packs a year	1095 packs a year

Tobacco use causes an acknowledgeable amount of suffering for families and individuals associating with smokers. This suffering manifests itself in the form of diminished quality of life, death, and financial burden.

SOCIAL CONSEQUENCES OF TOBACCO USE

Smoking affects social interaction and relationships negatively. In most cultures, people see smokers negatively. There is a stigma attached to smoking (for example, people may think the smoker is smelly, disgusting/dirty, unhealthy...). As a smoker, their personal relationships may be affected because many people don't consider being in a relationship with a smoker. As a smoker, their children are more likely to smoke and to be heavier smokers at young ages.

ii. BENEFITS OF QUITTING

You can explain to patients about the benefits of quitting in order to motivate them to make a quit attempt.

HEALTH BENEFITS

Helping your patients quit is the best thing that you can do to improve their health. There are immediate and long term health benefits of quitting for all smokers. You can extend the patient's life up to 10 years by quitting. It is important to help your patients quit smoking as soon as possible so they can achieve these beneficial health changes and can live a longer and healthier life. (See Table 1).

Table 1. Fact sheet: Health benefits of smoking cessation

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_27841

