



Role Of Health Professionals In Quitting Tobacco Consumption

(Nurses can play an important role in tobacco control)

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Abstract: Cigarette smoking is the largest preventable cause of mortality globally. Many smokers desire to stop, and others may be receptive to being encouraged to do so. Brief interventions by health experts have been shown to enhance quit efforts. Healthcare workers are in a unique position to assist people in quitting smoking since their opinion on health concerns is more trusted than that of others. To facilitate tobacco dependency therapy, it is critical that all healthcare workers be trained and feel competent as role models. The present paper deals with Impact of Tobacco Use, Benefits of Quitting Tobacco, Challenges to Quit Tobacco, The Role of The Health Professionals in Tobacco Control and Nurses Can Play an Important Role in Tobacco Control.

Keywords– Tobacco consumption, smoking, Tobacco quitting, Role of Health Professionals.

INTRODUCTION

Tobacco use is the biggest preventable cause of death worldwide, killing half of all lifetime users and half of those in middle age. Tobacco is a risk factor for six of the world's top eight causes of death. The number of deaths from tobacco is approximately six million per year. More than five million of those deaths are caused by direct tobacco use, whereas more than 600,000 are caused by nonsmokers being exposed to second-hand smoke. Tobacco kills one person every six seconds, accounting for one in every ten adult fatalities. Without immediate action, the annual death toll could soar to more than eight million by 2030.

Smoking poses a serious threat to global public health. It has assumed epidemic proportions, causing severe disease, death and disability. Besides being harmful to health, smoking has a significant negative impact on society as a whole. These costs include decreased productivity, increased health care costs, household poverty, and environmental damage. There is a substantial amount of data to support the hypothesis that smoking causes vascular disorders, including coronary heart disease, subclinical atherosclerosis and stroke, respiratory diseases such as pneumonia, and chronic diseases, obstructive pulmonary disease and cancer at 10 sites. A sizable portion of people around the world still smoke despite the harmful health implications. Cigarette smokers are known to have 60-80% higher mortality rates than non-smokers. The amount of harm that tobacco production and use causes to individuals and society as a whole far outweighs the financial and economic benefits they produce. Countries around the world set out to create a campaign strategy and battle plan to

combat the tobacco menace as awareness of the risks of tobacco increased. (Mahaveer Golechha. 2016).

Most smokers who are aware of the risks of tobacco desire to stop. A cigarette user's chances of effectively quitting can more than double with counselling and medicines. Only 23 nations presently provide complete cessation programmes with full or partial cost coverage to assist smokers in quitting. Just 32% of the world's population is represented by this. (WHO 2020)

1. THE IMPACT OF TOBACCO USE

For those patients who do not yet feel they need to give up tobacco use, it is important that they look into the risks involved. Tobacco use will affect the health and non-health of tobacco users and others.

1.1. Impact on health

This includes the health risks of tobacco users and their families. Tobacco products are made from extremely toxic materials. Tobacco smoke includes about 7,000 compounds, at least 250 of which are known to be toxic and at least 69 of which are believed to cause cancer. All tobacco products are harmful. Tobacco smoke can damage all parts of the body and cause many real medical conditions, such as shortness of breath, exacerbation of asthma and respiratory infections, as well as many chronic diseases, such as heart disease, stroke, cancer and chronic respiratory disease. NCDs are expected to be responsible for 53% of all deaths in India, according to WHO data from 2010. Of these deaths, cardiovascular disease and diabetes are the most common

causes of death in India. This huge burden of NCDs can be attributed to the increase in tobacco use. Tobacco is a major risk factor for a number of diseases affecting all ages. WHO data shows that tobacco use kills nearly six million people a year. About five million of these deaths are the result of direct tobacco use, while more than 600,000 are the result of non-smokers' exposure to secondhand smoke. Tobacco consumption kills one person every six seconds. Up to half of current users will eventually die from tobacco-related diseases.

Cigarette smoke causes chronic diseases that appear in old age, such as lung cancer, as well as negative health effects that occur in the short term. The negative effects on immediate and short-term health of smoking are less likely to be directly fatal than the effects on long-term health. Some of the health problems are reported below.

• **Cancer**

Smoking causes most lung cancer and can cause cancer almost everywhere in the body. This includes lips, tongue, mouth, nose, esophagus, throat, larynx, stomach, liver, kidneys, pancreas, bladder, blood, cervix, vulva, penalties and the year

• **Respiratory problems**

Smoking is the main cause of chronic obstructive pulmonary disease (COPD), a serious, progressive and disabling condition that limits the flow of air into the lungs. Active smoking also worsens asthma in active smokers and is associated with an increased risk of asthma in teenagers and adults.

• **Cardiac diseases, stroke and blood circulation problems**

Smoking is the main cause of cardiovascular diseases, such as heart disease and stroke. Smoking increases the risk of blood clots, which block the blood flow to the heart, brain or legs. Some smokers end up suffering the amputation of the limbs due to bloodstream problems caused by smoking.

• **Diabetes**

Smoking causes type 2 diabetes, with active smokers that have a greater risk than 30-40% of developing diabetes than non-smokers. Smoking can even worsen some of the health conditions associated with type 1 diabetes, such as kidney disease.

• **Infections**

Smoking weakens the immune system, therefore bacterial and viral infections are more likely to contract.

• **Dental problems**

Smoking increases the risk of gingival diseases, loss of teeth and teeth sensitivity. Once a person has gingival damage, smoking makes the healing of gums even more difficult.

• **Hearing loss**

Smoking reduces blood flow to the internal ear. Smokers can also lose the hearing than non-smokers.

• **Loss of vision**

Tobacco smoking harms the eyes and can cause macular degeneration, the leading cause of blindness.

• **Fertility problems**

Smoking can make pregnancy difficult and affect the quality of sperm. Find out more about smoking, tobacco and pregnancy.

• **Osteoporosis and menopause**

Smoking is a risk factor for osteoporosis and can lead to an early menopause in women than the non-smoking.

1.2. Psychological impact

Tobacco smoke can affect psychological health. It can influence it depends on how often and how much smoke. Some possible effects may include:

Addiction: When a person smokes tobacco, nicotine reaches the brain in 10 seconds. For some people, nicotine improves mood and helps to relax. However, regular use can lead to addiction. Regular doses of tobacco can cause changes in the brain. When nicotine offer decreases, this causes abstinence symptoms. This increases the habit. Most smokers become employee because of this cycle.

Fatigue: While some people smoke to relieve stress, studies show that smoking increases stress. Tobacco can provide an immediate feeling of relaxation, leading to believe that it reduces anxiety. However, this feeling of relaxation is temporary. It can make develop a greater desire to smoke and start experimenting unpleasant symptoms of abstinence. Smoking can reduce abstinence symptoms, but does not reduce anxiety.

Depression: A depressed person has double the chances of smoking with respect to a person without depression. However, it is important to note that many people start smoking without showing signs of depression. The tobacco causes the release of a chemical, dopamine, in the brain. Dopamine triggers positive feelings. Depressed people often have low dopamine levels, so they can use tobacco to feel pleasure. In the long term, smoking actually encourages the brain to produce less dopamine. This reduction will eventually make want to smoke more.

Schizophrenia: People with schizophrenia have a probability three times greater than smoking than those without. It is also more likely to smoke a lot. This is because smoking seems to control some of the symptoms related to the disease or the side effects of the drugs used in the treatment. Research also shows that smoke can increase the risk of developing schizophrenia.

1.3. Economic impact

Tobacco smoking detracts not only from the health of the smoker, but also from his wealth. It is estimated that between 5 and 15% of a smoker's disposable income is spent on tobacco, which could place a huge financial burden on him and his family.

2. BENEFITS OF QUITTING TOBACCO

The risk of most health problems from smoking, including cancer and heart and lung disease, can be reduced by quitting. Quitting smoking at an early age will further improve a person's health. People who quit smoking reduce their risk of lung cancer by 30-50% after 10 years compared to people who continue to smoke, and halve their risk of mouth or esophageal cancer within 10 years or 5 years after quitting.

The harm caused by smoking is even worse for people who have had cancer. They have a higher risk of cancer recurrence, new cancers, and long-term side effects of cancer treatment. Quitting smoking and stopping other harmful behaviors can improve your health and quality of life in the long term.

2.1. Health Benefits

Helping patients quit smoking is the best thing you can do to improve their health. Quitting smoking has both immediate and long-term health advantages for all smokers. You can extend the patient's life up to 10 years by giving up smoking. It is important to help patients quit smoking as soon as possible so they can achieve these beneficial health changes and live longer, healthier lives.

2.2. Economic benefits

Quitting smoking also has very clear and tangible financial benefits for smokers. You can use the quit and save exercise to help patients figure out how much money they can save by quitting.

2.3. Social benefits

After quitting, patients will feel less isolated: quitting means they can go anywhere, not just where they can smoke. You will improve your relationships with family, friends and employers and you will be more productive: you won't have to give up smoking. They will be able to expand their social interactions. When patients quit smoking, their children are less likely to start smoking and more likely to quit if they already smoke.

3. CHALLENGES TO QUIT TOBACCO

3.1. Physical addiction

Nicotine, an addictive chemical in tobacco products, affects the dopamine systems in the smoker's brain and increases the number of nicotinic receptors in the brain. As a smoker, your brain and body get used to working with a certain level of nicotine. If they stop smoking, their nicotine level will drop dramatically an hour or two after their last cigarette, causing cravings for nicotine (cigarettes) and withdrawal symptoms. Nicotine withdrawal symptoms that can occur when you suddenly stop using tobacco, such as headache, cough, cravings, increased appetite or weight gain, mood changes (sad, irritable, frustrated or angry), restlessness, decreased heart rate, difficulty concentrating, flu –Like symptoms and insomnia, these can be a major obstacle to trying to quit or stay. The good news is that these symptoms are usually temporary (2-4 weeks) and not everyone experiences withdrawal symptoms. There are also effective methods to help patients overcome them.

There are two ways to treat nicotine withdrawal symptoms: cognitive behavioral therapies and drug/medical therapies (nicotine replacement therapies, bupropion and varenicline).

3.2. Emotional/psychological connections

Smokers link cigarettes and smoking to certain emotions, thoughts and beliefs through the process of withdrawal and "operant conditioning". Part of quitting smoking involves breaking those unconscious connections. It is important to work with patients to uncover the links between smoking and their feelings and beliefs that smokers form, and to help them debunk negative beliefs about smoking and quit (e.g., "Smoking helps me relax," "Smoking helps me it's not really harmful.") You can remind smokers of the risks of smoking and the benefits of quitting, and also suggest that patients create a positive self-talk to help them form positive thoughts.

3.3. Behavioral and social connections

Smoking is a habit, an addictive habit. It is so closely related to the daily activities of the smoker. To quit smoking, the smoker must break these connections that have formed the habit. The healthcare professional should work with patients to find out what behavior or action has been associated with smoking and to identify effective strategies or activities to break the connections.

It's important that these three types of challenges aren't necessarily separate obstacles. Successful management of challenges in one category can help patients cope with challenges in other categories as well. (WHO 2014)

4. THE ROLE OF THE HEALTH PROFESSIONALS IN TOBACCO CONTROL

In general, quitting without help is the most common route to quitting smoking, although studies indicate that some form of evidence-based quitting help is better than no help at all, and multiple methods may increase your chances of quitting than using only one method. There are several smoking cessation methods or aids available to smokers who want to quit, including nicotine replacement therapy (NRT), prescription medication (bupropion/varenicline), behavior counseling, and quit lines, apps, and sites to smoke.

Health professionals, more than any other group in society, have the greatest ability to encourage tobacco reduction. Studies show that few people understand the specific health risks of tobacco, including lung cancer, heart disease and stroke. Brief advice from health care professionals can increase smoking cessation success rates by up to 30%, while intensive advice increases the chances of quitting by 84%.

The participation of health professionals in the tobacco epidemic is an essential and effective way to address it. Even brief advice from healthcare professionals to smoking patients can significantly increase the quit rate. One way to make the involvement of health professionals even more effective in tackling tobacco use is a multi-professional approach which has been recommended by the World Health Organization (WHO). Doctors generally do more smoking cessation counseling than other health professionals, but other groups of health professionals can also be effective. Research has shown that a clear majority of dental, medical and nursing students believe that healthcare professionals

play an important role in advising patients on how to quit smoking. (Hooman Keshavarz. et al 2016)

The 5As (Ask, Advise, Assess, Assist, Arrange) summaries all of the tasks that Healthcare professionals might engage in to provide rapid smoking cessation programs.

1. Ask: Always inquire about cigarette usage.

This is essential for determining the patient's tobacco usage, and in certain situations, questioning about tobacco use is included as part of vital indicators such as blood pressure. Inquire about the patients' current and previous smoking habits.

2. Advise: Encourage tobacco users to stop.

The patient should be advised to stop in a clear, firm, and individualized manner. Urge every tobacco user to quit. Be willing to listen non-judgmentally to his/her concerns about quitting tobacco use.

3. Assess: Determine your willingness to undertake a quit attempt

Determine the patient's current readiness to quit smoking. Readiness rulers and Stages of Change evaluations are important in addressing the extent to which a person is ready to change, which can vary from visit to visit.

4. Assist: Offer assistance in moving the client toward a successful quit attempt.

Those who have successfully stopped smoking can be helped by acknowledging their accomplishment to boost self-efficacy and discussing any problems to staying quit as well as measures to avoid relapse.

5. Arrange a follow-up session

Follow-up is most beneficial when done within the first few weeks following a stop date and can be done in person or over the phone. Encourage the individual to continue quitting throughout this call. Discuss any potential roadblocks and how to overcome them. Congratulate those who have succeeded in quitting. Repeated usage of the 5 A's and 5 R's is critical for encouraging motivational adjustments over time to progress toward Action for quitting nicotine for people who continue to use tobacco. (World Health Organization. (2014)

5. NURSES CAN PLAY AN IMPORTANT ROLE IN TOBACCO CONTROL

Nurses play an important role in impacting patients' health. Whether working in the hospital, school or community, nurses are ideally placed to encourage smokers to quit. Even the most basic intervention by a health professional can have a profound effect in encouraging a smoker to quit or seek help to quit.

5.1. Community nurse

In primary care, smoking cessation guidelines for healthcare professionals recommend that nurses be trained to encourage and support known smokers to quit. Whenever possible, nurses should receive sufficient practical and theoretical

training so that they can provide timely advice, encourage cessation, and recommend the use of NRT or bupropion.

Nurses can help the community by providing interventions to promote healthy behavior and prevent disease.

— Do not use any form of tobacco, at home or away from home.

— Educate community members about the harmful effects of tobacco use by:

- *All tobacco products are harmful.*
- *No tobacco product is safe in any quantity.*
- *Bidis are as harmful as cigarettes.*
- *Secondhand tobacco smoke causes many fatal diseases.*
- *Chewing tobacco is also harmful to one's health, including the development of oral cancer.*

— Raise awareness of the harmful effects of tobacco on health and household finances and highlight the benefits of quitting tobacco and smoking.

— Support people who want to quit smoking.

— Set an example for others by not smoking or chewing tobacco.

— Ensure that smoking is prohibited in healthcare facilities and public places in the work area.

— Prevent young people from starting tobacco use.

— Discuss the issue with school staff near the health facility and involve them in tobacco control efforts.

5.2. School health nurse

Four out of five people who use tobacco start before reaching adulthood, smoking prevention activities should focus on school-age children and adolescents. Evidence suggests that school-based health programs can be an effective means of preventing tobacco use among youth.

Preventing children and adolescents from using tobacco is a primary duty of school nurses because most tobacco users start smoking before the age of 18, leading to a lifelong nicotine addiction. There are school programs with varying degrees of success that have been used in school settings to help children decide not to use nicotine products. Secondhand smoke efforts to limit public tobacco use have been very successful, with smoking no longer permitted in most public places due to laws limiting exposure to secondhand smoke. On an individual level, parents who smoke should be aware that they should not smoke in the presence of their children or in enclosed areas where children are present, such as a home or motor vehicle.

Advocacy, including raising public awareness and promoting anti-smoking legislation, has been successful in changing attitudes towards tobacco use. Social acceptance of tobacco use is declining due to laws requiring a minimum age for the purchase of tobacco products and raising the prices of tobacco products through taxes, creating difficulties for adolescents in the purchase of tobacco.

5.3. Clinical nurse

Hospital facilities provide appropriate times for all patients who smoke to receive adequate and timely treatment according to best smoking cessation practices. During the hospital stay, support for smoking cessation and withdrawal symptom treatment should be provided. Regular medications that interact with smoking should be reviewed and dosages adjusted for hospitalized patients.” However, implementation of these recommendations varies widely between hospital settings and the provision of drug therapy and behavioral counseling for hospitalized patients who smoking is limited in various hospital settings. While smoking cessation advice from clinical staff has been shown to improve smoking cessation rates and is highly cost-effective, the main barriers to implementing smoking cessation care in hospitals include lack of time, lack of knowledge (regarding smoking cessation interventions), perceived lack of patient motivation to quit, lack of support (including from other colleagues, the hospital and the health system in general), lack of addiction training, lack of trust and uncertainty about the role that s turns to providing cessation assistance. (World Health Organization. 2014)

Brief interventions on hospitalization include assessment of tobacco use; offer nicotine replacement during hospitalization, assess whether a patient is interested in quitting, and refer for counseling if necessary. Particular attention should be paid to pregnant women who use tobacco products.

Smokers who are addicted to nicotine will experience withdrawal symptoms if they are not allowed to use tobacco products during their hospital stay, including anxiety, dizziness, mood swings and a general feeling of restlessness. There may be standing orders for nicotine replacement therapy; o Nurses should ask the supplier for an order for nicotine replacement, such as nicotine patches, gum or lozenges. (Russell L, Whiffen R, Chapman L, et al 2021).

6. EVIDENCE-BASED SMOKING CESSATION TREATMENTS

To help people quit smoking, tobacco usage and addiction frequently need repeated treatments and long-term assistance. The report outlines a variety of effective treatments and remedies, including:

Counseling and medications: Each is effective when used alone, and using them together can more than double your chances of quitting.

Combination drugs: Compared to using a single form of nicotine replacement therapy (NRT), combining a long-acting NRT (eg, patch) with a short-acting NRT (p eg, pills) increases the chances of quitting.

Smoking cessation lines: Proactive counseling from smoking cessation lines increases the chances of quitting when used alone or in combination with smoking cessation medications. Text messaging and web-based smoking cessation interventions can also help people quit smoking successfully. (Adams TN, Morris J, Bomgaars DL 2022)

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