

# BE TOBACCO

# FREE



BLANK

1

What do you use?



# 1

## *Identify products*

### *What do you use?*

#### *Techniques*

*Build Rapport*

*Assess current and past  
tobacco use behaviour*

*Purpose: To identify the smokeless tobacco product used by the client, assess their pattern of use and collect brief contextual information about them*

Do you use any of these products?

Do you use something that is not shown here?

Can you describe what it looks like and what it's called?

How often do you use it? Every day? How many times a day?

How long have you used it for?

Do other people use it in your family?

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The text in black are prompts for client-provider interaction

What is inside?

2

Tobacco/  
Ground tobacco

Areca nut

Slaked lime

Paan leaf

Dye

Ash



## 2

*Explain what the product contains*

*What do you use?*

*Techniques*

*Provide information on consequences of tobacco use*

***Purpose:** To explore client's knowledge of the products content and ensure they are aware that the product they use contains tobacco! By explaining to them how different forms of tobacco are mixed with various ingredients to produce the product*

Do you know what the product *(name the product the client uses)* contains?

Let me explain...

**Paan** consists of betel leaf, areca nut, slaked lime and tobacco.

**Gutka** contains finely chopped tobacco, areca nut, slaked lime mixed with flavourings and sweeteners

Naswar or **Nass** is a mixture of powdered local tobacco, ash from tree bark, flavouring like cardamom or menthol, colouring and, sometimes, slaked lime

**Khaini** is coarsely cut tobacco leaves, with a small amount of slaked lime paste

**Khiwam** or Qimam consists of pulped tobacco paste, spices and additives; it is sometimes used in betel quid

**Mawa** is small pieces of areca nut with crushed tobacco and slaked lime

**Mishri** is made from toasted and powdered tobacco

**Zarda** consists of tobacco, lime, spices and vegetable dyes

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3

## Harmful Ingredients

Harmful substances

Products



Health outcome



# 3

## Identify Harmful Ingredients

### Techniques

Provide information on consequences of tobacco use

Explain/make more salient the consequences of tobacco use e.g. the harmful chemicals in tobacco

*Purpose: To focus on shaping knowledge and ensure that the client knows about the harmful ingredients contained in tobacco*

Do you know which ingredients can harm your health?

1. Tobacco is in all of these products and it contains substances that **cause cancer**. These substances are also present in some **pesticides** and **fertilizers**
2. Areca nut contains cancer causing substances and other harmful metals like copper that is used to make **electrical cables**
3. Slaked lime, which is used in **mortars, plasters** and **cements**

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# 4

## What is true?

- ✧ It is addictive and can be difficult to give up on your own.
- ✧ It leads to underdeveloped baby
- ✧ It damages the gums
- ✧ It causes throat and mouth cancer
- ✧ It can cause miscarriages or still births
- ✧ It temporarily reduces oral pain whilst masking the underlying damage
- ✧ It controls morning sickness
- ✧ It helps with digestion
- ✧ It keeps teeth strong and mouth clean
- ✧ It relieves stress
- ✧ It prevents mouth infections
- ✧ It makes you look attractive
- ✧ It controls weight gain



# 4

## Myths and Misconceptions

### What is true?

#### Techniques

*Provide information about the health consequences of tobacco use*

*Explain/make more salient the health consequences of tobacco use*

*Re-attribution: Elicit perceived causes of behaviour and suggest alternative explanations*

#### Slide 4: Myths and misconceptions

**Purpose:** *To explore client's beliefs, identify their misconceptions and address these by providing alternative explanations and the health consequences of using tobacco products*

You might have heard people say different things about using these products. Which of these do you believe are true?

*Read the list to the client, allowing him/her to say what they believe*

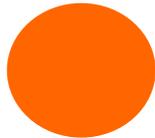
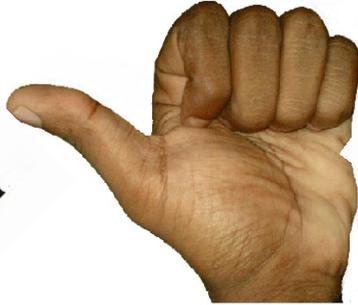
✓ It is addictive and difficult to give up on your own	x It controls morning sickness
✓ It leads to underdeveloped baby	x It helps with digestion
✓ It damages the gums	x It keeps teeth strong and mouth clean
✓ It causes mouth and throat cancer	x It relieves stress
✓ It can cause miscarriages or still births	x It prevents mouth infections
✓ It temporarily reduces oral pain whilst masking the underlying damage	x It makes you look attractive x It controls weight gain

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**5**

**Importance**



# 5

## Importance of stopping

### Techniques

Assess current readiness to stop

Advise to identify and compare the reasons for wanting and not wanting to stop tobacco use

### Slide 5: Importance to stop

*Purpose: To assess importance to stop using the product for the client and ensure that they are quitting because they themselves wish to do so*

Now, I'd like to understand how important it is for you to stop using the tobacco product

On a scale of 1 – 5, if 1 is not important at all to stop, and 5 is very important to stop, what score would you give yourself?

Why have you given yourself a score of \_\_\_\_\_?

*(If the score is low, ask a further question)*

What do you think will take you to a higher score?

*Change emphasis of advice if the importance level is low (3 or less) and focus more on beliefs, knowledge of harm and consequences rather than continuing towards setting a quit date! Until importance to quit is high there is unlikely to be any change in intention to change behaviour.*

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6

## Benefits

1 Day



1 Week



1 Month



1 Year



# 6

## Benefits of stopping

### Techniques

*Advise to identify and compare the reasons for wanting and not wanting to stop using tobacco*

*Framing/re-framing: Suggest the deliberate adoption of a perspective on behaviour (e.g. its purpose) in order to change cognitions or emotions about performing the behaviour*

### Slide 6: Benefits of stopping

*Purpose: To provide information on the benefits of stopping tobacco use*

There are many benefits to stopping using the product, what do you think would be better for you as a non-user?

*(Let client respond then prompt if necessary by giving the following examples)*

**Financial benefit:** How much money do you spend on buying this product, every week? Stopping using the product will save enough money in a year to buy new things for yourself, your family or your home

**Social benefit:** Stopping using the product will reverse staining of your teeth and bad breath

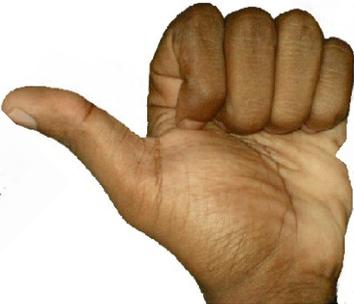
**Health benefit:** Stopping using the product will reverse the risk of premature death

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7

Confidence



1

2

3

4

5

# 7

## Confidence in ability to stop

### Techniques

Assess current ability to stop using tobacco

Assess past history of quit attempts

Focus on past success

*Purpose: To assess confidence in ability to stop using the product for the client and offer support*

You have already told me that it's important for you to stop, so now, let's see how confident or capable do you feel about stopping using the product?

On a scale of 1 – 5, if 1 is not confident at all, and 5 is very confident, what score would you give yourself?

Why have you given yourself a score of \_\_\_\_\_?

*(If the score is low, ask a further question)*

What do you think will take you to a higher score?

*Change emphasis of advice if the confidence level is low (3 or less) and focus more on boosting motivation and self-efficacy rather than continuing towards setting a quit date!*

*Prompt if the client has tried to stop before and ask if they learnt anything from the previous attempt that could be used again (to boost confidence),*

Can you tell me, if you have tried to stop using this product in the last 12 months?

How many times did you try?

*if the score remains low and ideas are not forthcoming then ask, 'if we gave you some support to stop do you think that might help?' then explain what could be offered (refer to next slide for details about the program).*

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8



**Social Norms**

# 8

## Social Norms

### *Techniques*

*Advise on restructuring social environmental*

*Boost motivation and self-efficacy*

*Provide normative information about others behaviour and experiences*

*Instruction on how to perform a behaviour*

### **Slide 8: Social norms**

***Purpose:** To elicit perceived causes of behaviour, suggest alternative explanations and provide normative information about others behaviours to draw on positive experiences to boost client's motivation to stop*

Looking at the images on this slide, can you distinguish between the red and the green bordered ones?

*Prompt and explain the images if client is struggling*

The green bordered activities can easily substitute the red ones for social situations that might trigger chewing tobacco use.

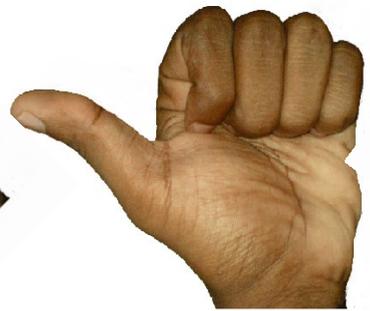
Do you know someone who has given up chewing? e.g. among your friends or family or neighbourhood? *(Use it as a positive reinforcement that chewing is not a norm)*

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9

Ready to Quit



1

2

3

4

5

# 9

## Readiness to quit

### Techniques

*Assess current readiness to stop tobacco use*

*Framing and re-framing: Suggest that they might think of quitting as reducing the risk of consequences from continuing chewing (rather than just the benefits of stopping)*

***Purpose:** To assess client's level of motivation and readiness to stop; and reinforce their commitment by encouraging them to consider the consequences of wanting or not wanting to stop*

How are you feeling now it's your Quit Date?

Do you feel you are ready to stop using the product for good and ready to stop now?

On a scale of 1 – 5, if 1 is not ready at all, and 5 is definitely ready to stop today, what score would you give yourself?

If you ever feel tempted to chew consider what would be the consequences to you of not chewing e.g. health benefits, financial benefits, social benefits and what would be the consequences to you of continuing to chew i.e. ill health, self-image/staining of teeth and bad breath, wastage of money.

*Change emphasis of advice if the readiness to quit is low (3 or less) and focus more on boosting motivation and self-efficacy by condensing the information on the harms of chewing tobacco-the adverse health effects and the benefits of stopping!*

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## Preparation and Planning

Dispose of any remaining tobacco products



Family Support

### Social Circles



# 10

## Preparation and planning

### Techniques

*Focus on past success: Advise to think about or list previous successes in performing the behaviour*

*Explain the importance of abrupt cessation*

*Prompt commitment from the client*

*Facilitate goal setting and action planning*

*Advise on avoiding social cues for smoking*

*Advise on environmental restructuring*

*Instruct on how to perform behaviour*

**Purpose:** *To inform the client about the support that they can have to help them stop using the product and prepare them for the quit attempt*

You are increasing your chances of stopping for good by seeking help than attempting to stop on your own.

Are there occasions when you stay off chewing? e.g. during fasting or pilgrimage etc. If so, this means you have the strength to resist using the tobacco product and we can build on your strength to make a fresh start to quit now.

*Set the Quit Date with the client (this could be a week rather than a day)*

Your goal from the Quit Date onwards is not to have even 'a single chew' of the tobacco product.

Having explained the 'not even a single chew' rule to you, I would really like to hear you say that your aim is not to chew at all after your quit date. Can you do that for me?

To prepare for your Quit Date, it is important to:

Hide reminders of chewing e.g. paan dan/container, tobacco

Decide which friends and family members to discuss your quit attempt and ask for their support

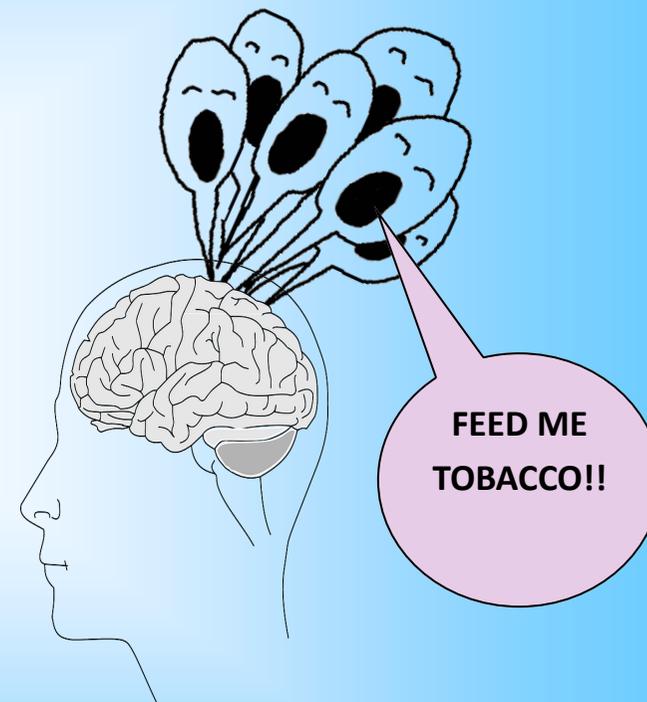
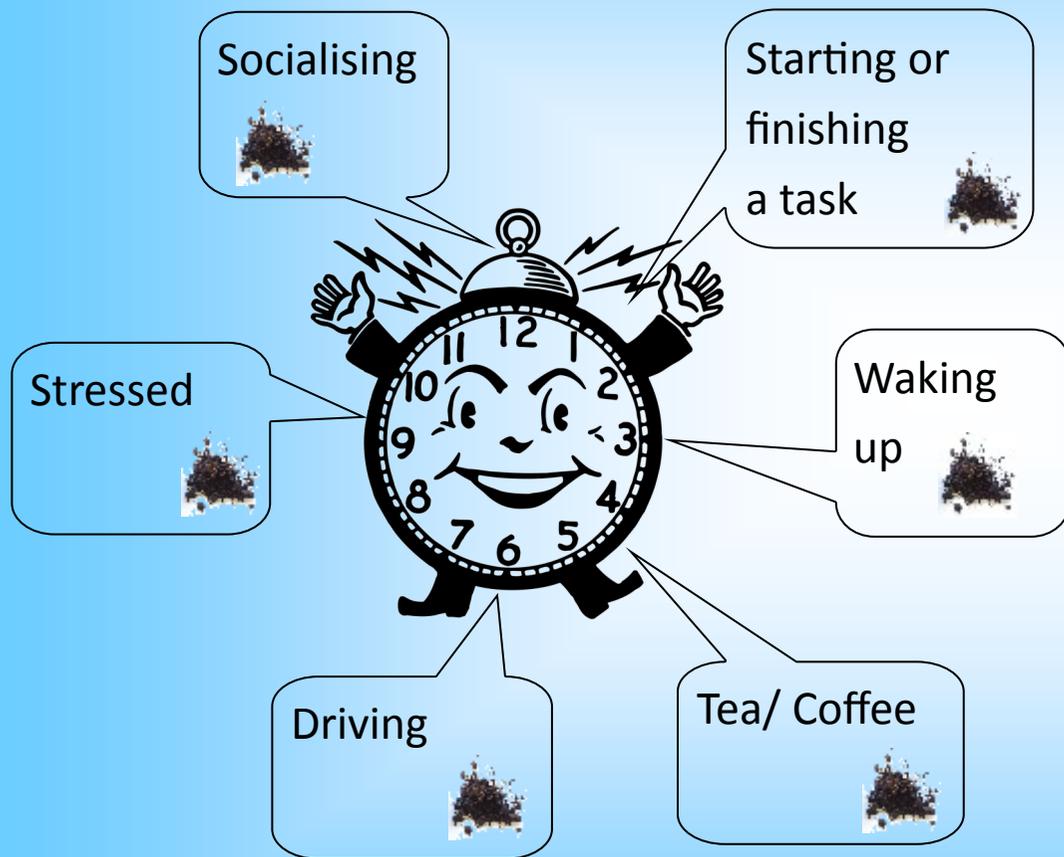
Request friends and family members who chew tobacco, not to do so around you

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11

## Triggers



# 11

## Triggers

### Techniques

Facilitate goal setting

Facilitate barrier identification

Inform about antecedents

**Purpose:** To inform the client about the nature of nicotine dependence and prepare them to; (a) identify the occasions and situations (triggers) which are going to provoke them to chew while quitting; (b) and monitor such triggers

When you first start chewing tobacco your brain changes and expects regular doses of nicotine. When nicotine isn't available (because you have stopped chewing tobacco) you feel an urge for it. This urge from nicotine can be very strong and can undermine your motivation to stop chewing tobacco, especially when in situations that may trigger you to chew!

There may be certain occasions or situations where you would chew tobacco or certain friends/family members who you often chew with. I would like you to think through what occasions and situations trigger your desire to chew tobacco?

*Prompt only if necessary:*

After waking-up in morning	Boring activity/job (e.g. driving a taxi)
After meals	Sitting in a certain chair/area
When in stress/pressure	Seeing the 'paan dan' or making 'paan' for others
Before going to the toilet	Social gatherings/occasions (what type?)
Before going to bed	Offered 'paan' by others
Sitting with friends/ seeing others take 'paan' or 'other product'	

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Managing Triggers

# 12

## Managing Triggers

### Techniques

Facilitate action planning/ develop treatment plan

Facilitate problem solving

Advise on behaviour substitution/ changing routine

Distraction: Advise to use alternative focus for attention to avoid triggers for chewing

Advise on setting graded tasks

Advise on avoiding social cues for smoking

**Purpose:** To prepare the client to think about and discuss the coping strategies they can use to avoid or manage their triggers

It is important that we can recognize what triggers your desire to chew, so we can work together to develop a plan to manage these triggers.

Therefore, between now and your quit date I want you to think what might help you in dealing with occasions and situations that trigger your desire to use the product. Do you have any ideas at the moment of the types of things you might do instead?

Encourage client to come up with their own strategies and offer examples only if they don't identify any strategies for themselves. e.g.:

Chewing gum	Chewing fennel seed/crushed coconut
Socialising with friends	Having a healthy snack such as dry fruits, seeds or nuts
Walking/exercising	Offering prayer
Going to the cinema	Sewing or knitting
Gardening/watering plants	Replacing paan dan contents with dry fruit/crushed coconut/fennel seed/nuts
Having a hot or cold drink	Avoiding company of those who chew tobacco in the short-term

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13

## Reward Yourself



# 13

## *Self-reward*

### *Techniques*

*Setting self-incentive/reward*

*Summarise information*

*Offer appropriate written materials*

*Purpose: To encourage self-motivation through self-incentive/reward*

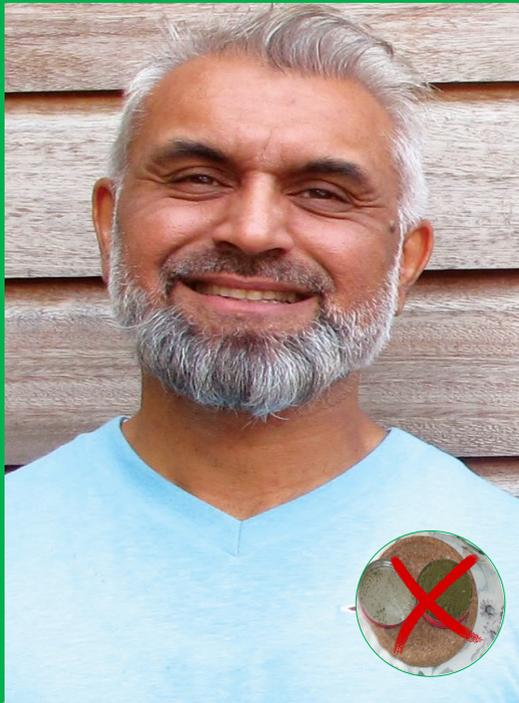
Suppose if you are able to stop using the product by \_\_\_\_\_ (*agreed quit date*) and stay quit for the first 4 weeks; you will have really achieved something and should reward yourself. Have you any ideas how would you like to reward yourself?

Please take this information (*Give client the booklet*) with you now and glance over it at home; it will remind you of what we have discussed today and help you prepare for your Quit Date.

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14



**Healthier and Happier!**

# 14

## Support new image as ex-user

### Techniques

*Strengthen ex-user identity*

*Framing and re-framing: Encourage them to reframe in their mind why they wanted to stop in the first place*

*Encourage identification of self as a role model 'who used to chew': Inform that their own behaviour may be an example to others*

*Prompt self-recording*

*Purpose: To address the use of product 'to have a self-image' and to strengthen ex-user identity by encouraging them to see themselves as someone who used to chew tobacco*

From today you will no longer be a tobacco user but you will have a new identity as someone who 'used to chew tobacco'!

You will become part of the healthier and happier group which does not use these products.

You might want to act as a 'role model' for others. So that when others see you, they might also think about stopping using the product.

Can you remind me of the reasons why you wanted to stop?

Please take this calendar (*Give client the calendar*) to take with you today; there is a space for each day for the next four weeks; today is day 1. Each day you go without chewing, put a tick in that day. If you do use the product, even once, then put a cross in that day.

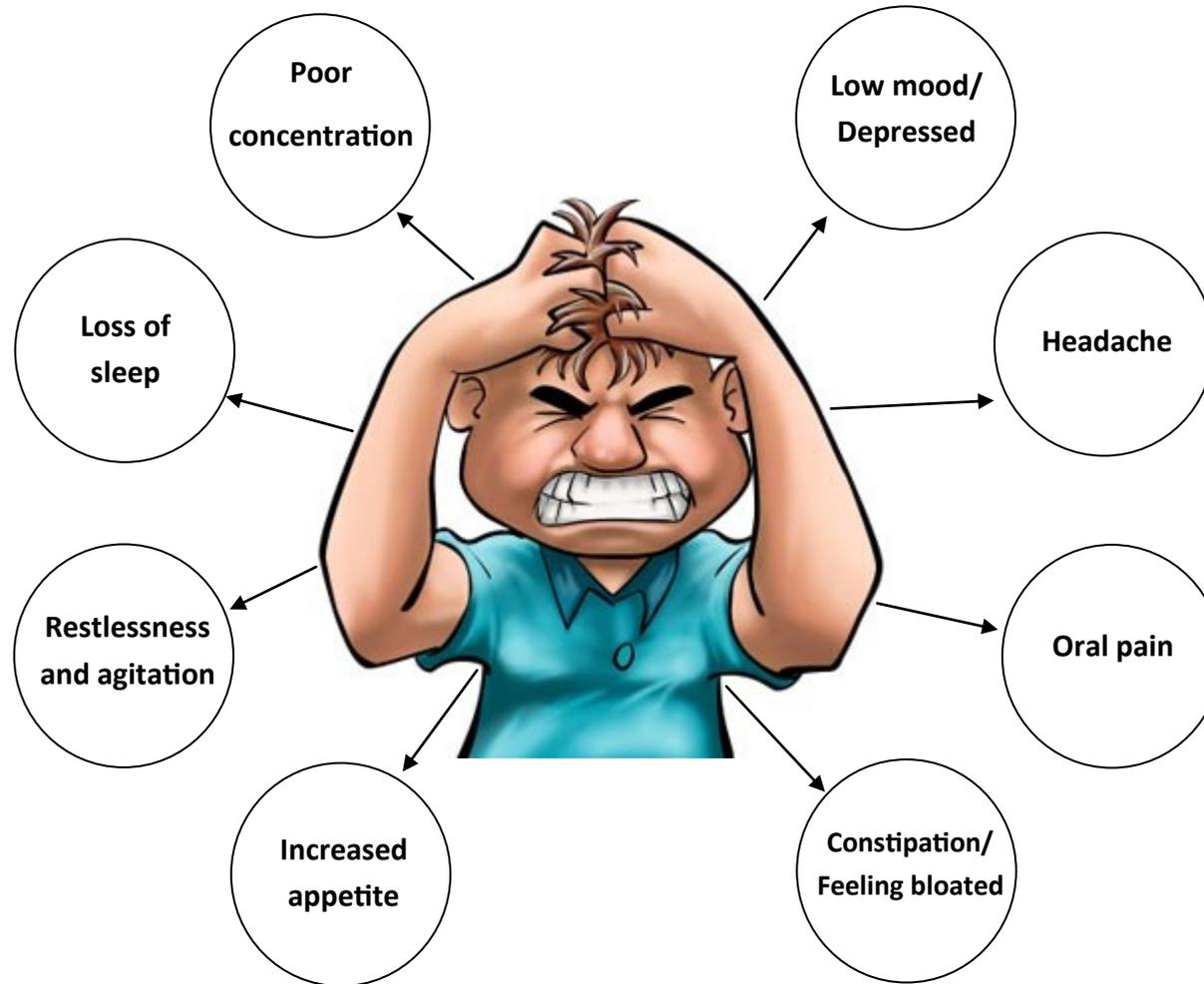
This calendar provides several reminders of what you can do to help you manage. Remember what you planned to do to manage the occasions and situations that remind you of chewing tobacco.

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15

## Withdrawal symptoms



# 15

## Withdrawal symptoms

### Techniques

Provide information on withdrawal symptoms

Facilitate goal setting

Facilitate barrier identification

**Purpose:** *To inform client about the possible withdrawal symptoms after stopping chewing tobacco; and to reassure that these symptoms are short-lived*

Because your brain is used to regular doses of nicotine, it has to adjust to being without it. Within the first few hours of stopping chewing tobacco, your brain will start getting used to being without nicotine - this adjustment may result in withdrawal symptoms.

You might develop withdrawal symptoms like *(client might already recognise these from previous quit attempts, prompt only if necessary)*:

Craving for nicotine/ poor concentration	Constipation/ feeling bloated
loss of sleep	Oral pain
Restlessness/ agitation	Headache
Increased appetite (leading to weight gain)	Low mood/ depressed

Or any other symptoms, specific to you!

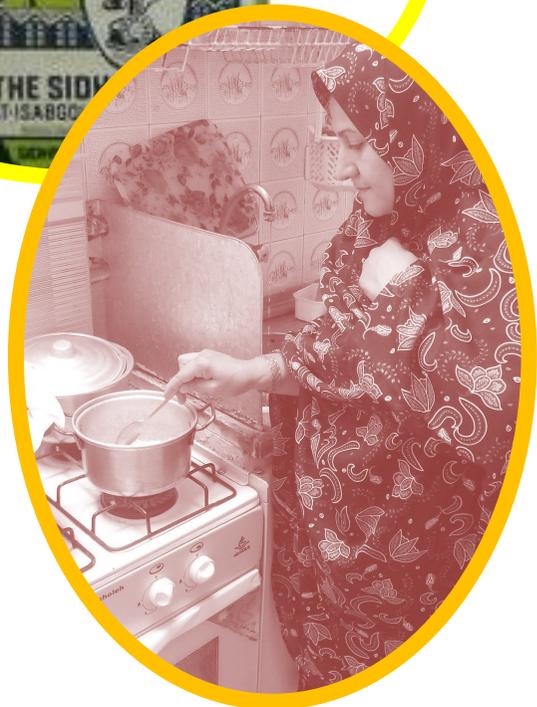
Rest assured that if you experience these symptoms, they are perfectly normal, short-lived and will reduce overtime!

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16

## Managing Withdrawal Symptoms



# 16

## Managing Withdrawal symptoms

### Techniques

*Facilitate action planning and develop treatment plan*

*Facilitate problem solving*

*Advise on behaviour substitution/  
changing routine*

**Purpose:** *To prepare the client to think about and discuss the coping strategies they can use to manage their withdrawal symptoms*

Different people experience different craving symptoms, once they stop. You need to make a plan of how you will manage these if you experience them.

It is important to remember that this is YOUR quit attempt, and you need to think what might help you to manage these symptoms!

Can you tell me what you will plan to do to manage these symptoms?

*Client might already recognise these symptoms from previous quit attempts; discuss their past experience and the coping strategies that worked or suggest alternative strategies if these did not work. Encourage client to come up with their own strategies and offer examples only if the client is struggling. e.g.:*

Yoga/ long walk	Gardening
Listen to relaxing music	Knitting/ sewing
Deep breathing exercises	Cooking
Taking psyllium at night	Offering prayer/ going to mosque (or place of worship)

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