

A World No Tobacco Day 2021 webinar

# Tobacco cessation and behaviour change: lessons and perspectives

YES WE  
**QUIT**

**27 MAY 2021 - 14H GMT**

# WELCOME



# Tobacco cessation

## from a health promotion perspective

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# Health promotion

1. Prevention
2. Health education
3. Public health policy
4. Strengthening community action
5. Providing supportive environment

Tob Prev Cessat. 2020; 6: 9.

PMCID: PMC7291904

Published online 2020 Feb 3. doi: [10.18332/tpc/115032](https://doi.org/10.18332/tpc/115032)

PMID: [32548346](https://pubmed.ncbi.nlm.nih.gov/32548346/)

## **Innovative call emerging from a qualitative study for workplace designated stop-smoking area**

Marie Chan Sun<sup>✉1</sup> and Lovena Rathoa<sup>2</sup>

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**[Abstract](#)**

Go to:

# Framework Convention on Tobacco Control (FCTC)

- Article 8 of the WHO FCTC
  - Protection from exposure to tobacco smoke
  - Comprehensive smoke-free environments (WHO 2003).
- Designated Smoking Areas (DSAs)
  - Common feature of public places
  - Developed and developing countries which ratified the FCTC.
- In this context, we undertook a qualitative study
  - To explore the perception of stakeholders on the DSA prevailing in workplaces in Mauritius
  - To explore the feasibility of smoking cessation interventions in the workplace.

# Methods

- Qualitative study
  - Semi-structured, face-to-face interviews
- Study sample: Stakeholders in tobacco control
  - Ministry of Labour, Ministry of Environment, Ministry of Health, Business Process Outsourcing companies, Media, Trade Unions, Academia, and Non-Government Organizations.
- Sample size:
  - Constitution upon theoretical saturation
- Data collected and analysis
  - Verbatim transcription
  - Thematic analysis
- Ethical clearance obtained from institutional ethics committee

# Results

Three main themes emerged from this study:

- 1) a need for comprehensive smoke-free law,
- 2) a need for smoking cessation services,
- 3) a need for stakeholders' involvement  
local government, employers, and health professionals  
in the promotion of tobacco cessation programs.

Link to the study:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7291904/>

# Results

- Data analysis led to the emergence of four main themes, with each main theme having two to four sub-themes.
- [Table 1](#) presents in a simplistic manner the themes generated.
- [Figure 1](#) shows the findings in a detailed manner.

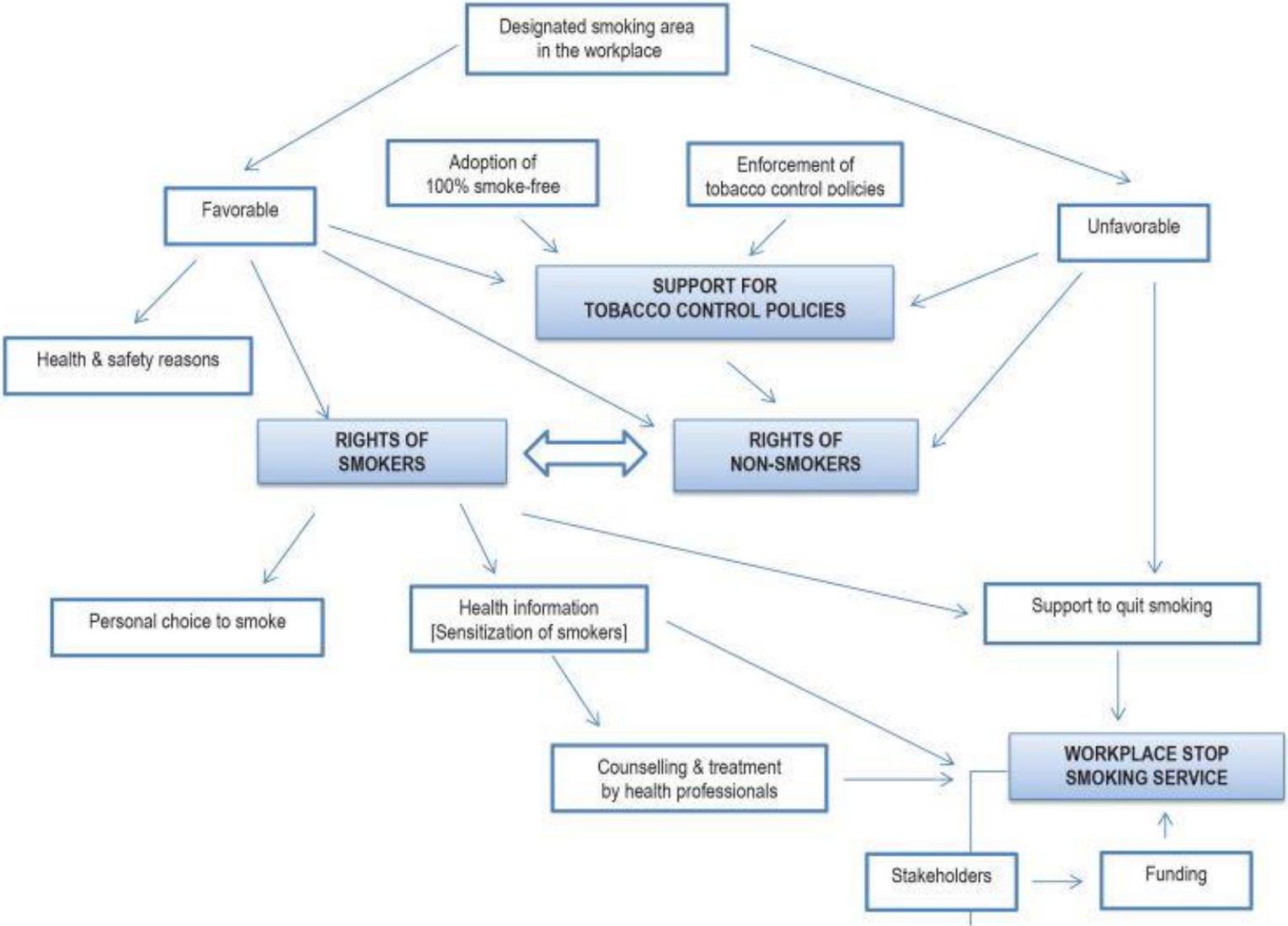
# Main Themes and Sub-Themes

Table 1

Main themes and sub-themes related to the perception of stakeholders

<i>Theme Number</i>	<i>Main themes</i>	<i>Sub-themes</i>
1	Support for tobacco control policies	Adoption of 100% smoke-free environment Enforcement of tobacco control policies
2	Actions for implementation of stop-smoking services	Sensitization of smokers Identification of funding Provision of counselling and treatment Involvement of stakeholders
3	Benefits of workplace stop-smoking services	Benefits to employees Benefits to the company Benefits for the country
4	Controversy on the human rights of citizens	Rights of smokers Rights of non-smokers I have no right to smoke if my smoking affects others

Figure 1



Generation of themes from the views of participants on designated smoking area in workplaces.

### **Theme 3: Benefits of workplace stop smoking services**

Further data analysis revealed the emergence of sub-themes related to the benefits to employees, company, and country. Improvement of the health of employees, the enhanced reputation of the company, and benefits to the economy of the country will be illustrated with the quotes of participants.

**Benefits to employees** *Benefits to employees 'As these smokers quit smoking, they will save money and their health will start to improve ...'. (6, F)*

*'If we go towards these people, it would be very beneficial to them. They would be more available to attend the programs (...). The programs should be flexible so that employees will not be absent from work to follow this program'. (7, M)*

**Benefits to the company** *'... start providing these types of programs to their employees as it will lead to healthy people working in the company and increase in its productivity'. (4, M)*

*'...the productivity of the company is increased and there will be a decrease in absenteeism due to tobacco-related diseases'. (6, F)*

*'...the time taken for the program must not be greater than their time taken to smoke'. (2, M)*

**Benefits for the country** *'Reducing the prevalence of smokers is beneficial to the country's economy as we reduce the import tobacco products...'. (2, M)*

*'...these people will stop polluting the environment... As we invest money in treatment, we will recover it because the morbidity and mortality (...) will decrease'. (6, F)*

# Benefits of workplace smoking cessation programs

- Benefits for the country, highlighted by participants, are in line with various studies demonstrating cost benefits.
- Potential costs of interventions were substantially larger than actual costs (Honeycutt et al 2019).
- Benefits include savings in terms of medical costs
  - Smoking cessation is a significant economic investment for companies with long-term benefits with a benefit-cost ratio of nearly 9 times (Warner et al 1996).
- Benefits for employees include upon successful smoking cessation.
  - Significant increase in intention to quit smoking (Mache et al 2019)
  - Significant decrease in absenteeism (Halpern et al 2001)
  - Significant change in productivity levels

# Recommendations

In light of the findings of this study and the benefits of workplace smoking cessation programs, this qualitative study led to a new concept:

## The Workplace DSSA

It will help to address the issue of DSAs in the workplace.

Survey to find out in which countries DSAs prevail in the workplace...

# Workplace smoking cessation interventions

- **Stakeholders**

Government, Employers, Employees and Health professionals

- **Innovation**

- DSSAs can become a VIP lounge for stop-smoking services.
- DSSAs will be a therapeutic means to divert smokers away from their usual behavior.

- **Interventions**

- Group therapy, individual motivational counselling, and tobacco treatment
- Outcome: Achievement of successful smoking cessation

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Thank you

Merci

# QuitLines



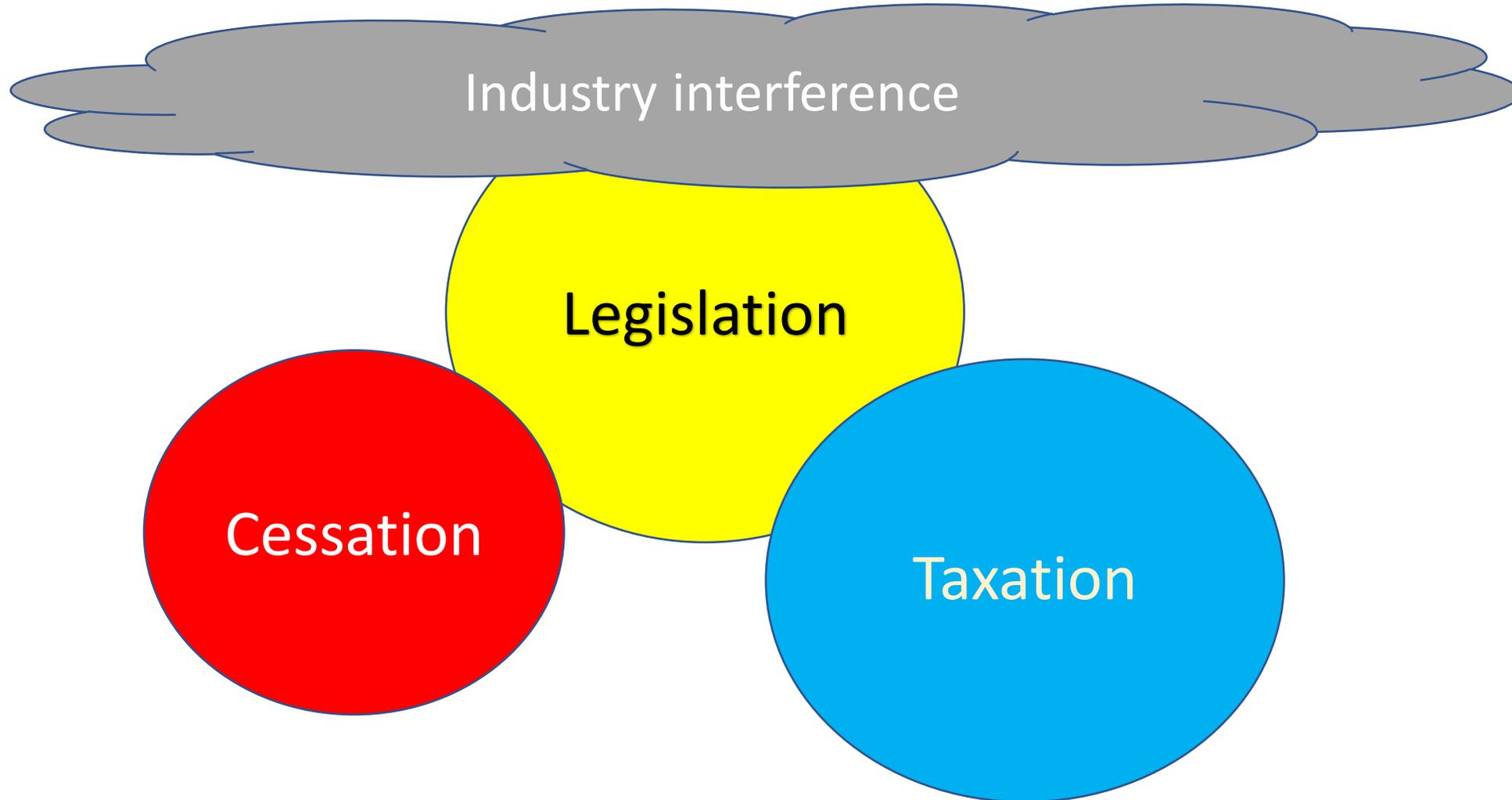
Dr Yussuf Saloojee  
National Council Against Smoking

May 2021

# Why Quit?

- Every smoker benefits from quitting - regardless of age, disease status, or years of smoking.
- Promotes quality of life.
- Prevents disease, disability, and early death.
- Protects family, co-workers, friends, and others from secondhand smoke
- Reduces the economic costs to smokers themselves, healthcare systems, and society.

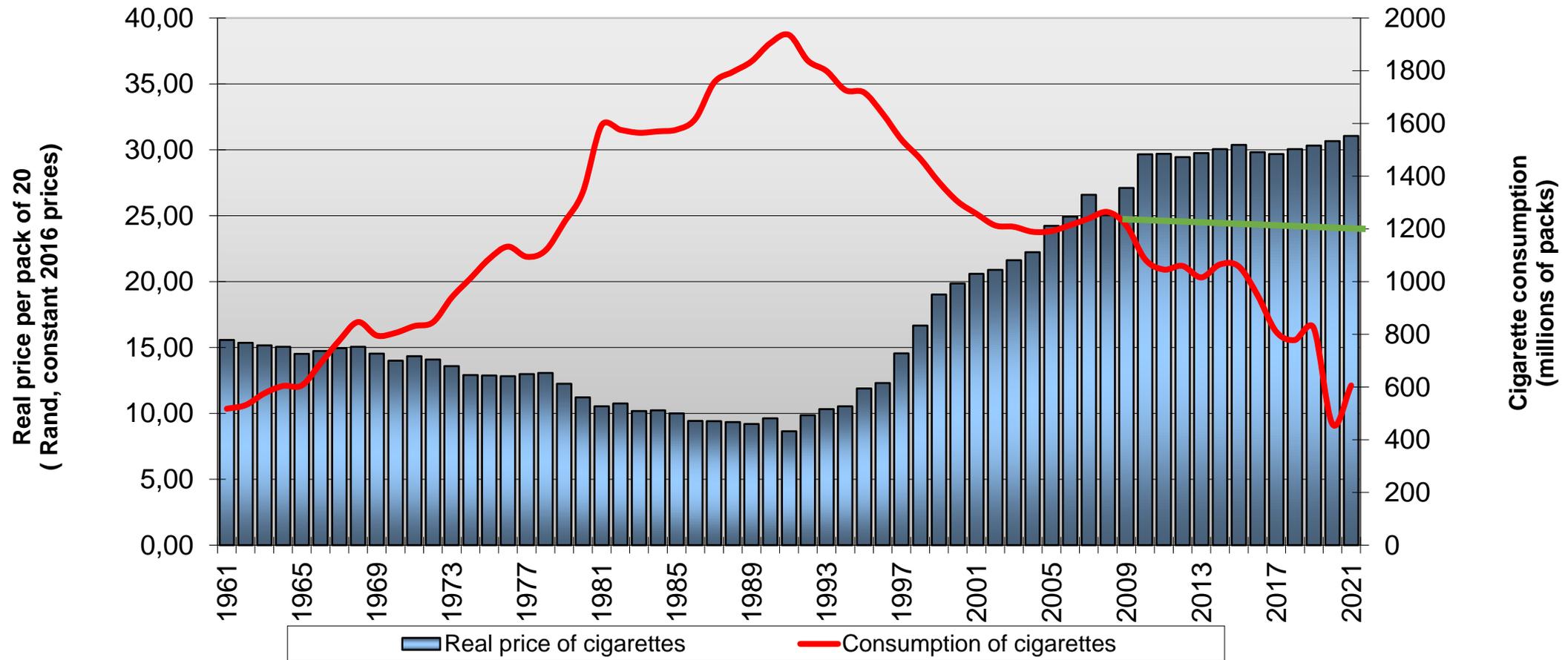
# FCTC: comprehensive measures needed



# Goal of Tobacco Control Policies

- Giving people the skills to control their behaviour while providing supportive environments.

# South Africa cigarette consumption 1960 - 2020



SOURCE: REEP 2021

# Decline in Deaths from Tobacco use in SA

Year	Age	Estimated No of deaths
• 2000*	All	40,000
• 2016**	35-74y	25,708

Source: \* Groenewald P, et al. MRC 2006.

\*\* Boachie MK, et al. REEP, 2020.

# What is a QuitLine?

- Helps people stop smoking via the telephone.
- Smokers given information, advice, and help in quitting.
- Also answer queries on the tobacco laws, people's rights and follows-up on to complaints about non-compliance with the law.
- **What we do not do?**
- Give medical advice.
- Provide cessation medication.

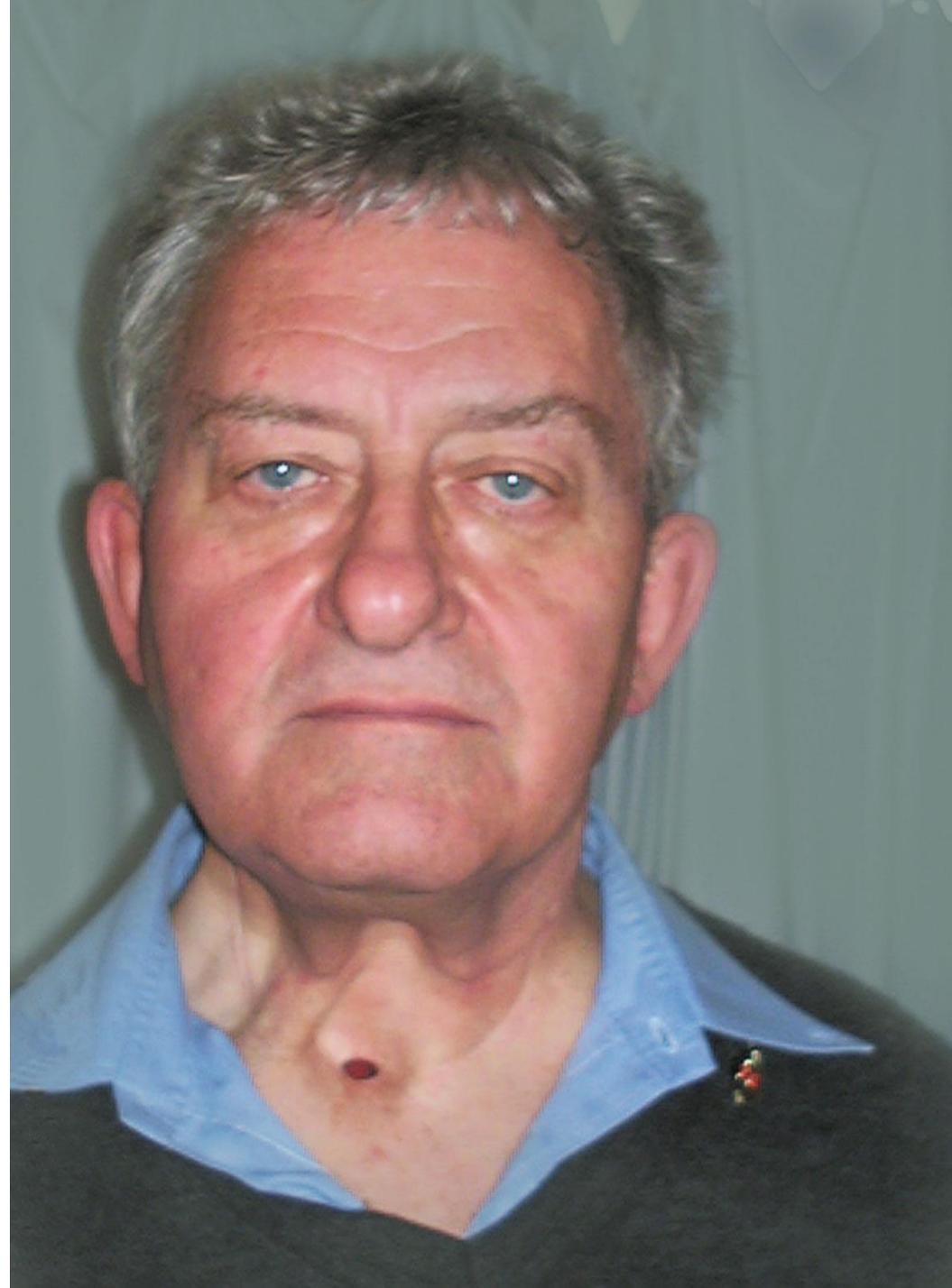


# Who calls the QuitLine?

- Mostly adult smokers from the general population who want to quit.
- Also people with chronic mental or health conditions, teenagers, and pregnant women.

## Other calls

- People wanting to buy tobacco or complain about the product.



# Types of Quitline?

- Reactive: People call us and we respond
- Proactive: The Quitline calls people not actively wanting to stop and who had not called the line.



# What we provide?

- Calls are triaged: More help is provided to those who need it more.
- Initial calls handled by an experienced quitline coach.
- Subsequent calls go to a cessation counsellor.
  
- Initially, telephonic advice on organising a quit attempt, plus minimal support such as self-help leaflets.
- Later, intensive support.

# Promoting the Quitline

- Number on package.
- Earned media.
- Mass media advertising – PSAs and paid.
- Word of mouth.

\* Referrals from doctors/nurses.





# *Tired of Smoking?*

## *We Can Help*

**For Free Help**

 **011 720 3145**

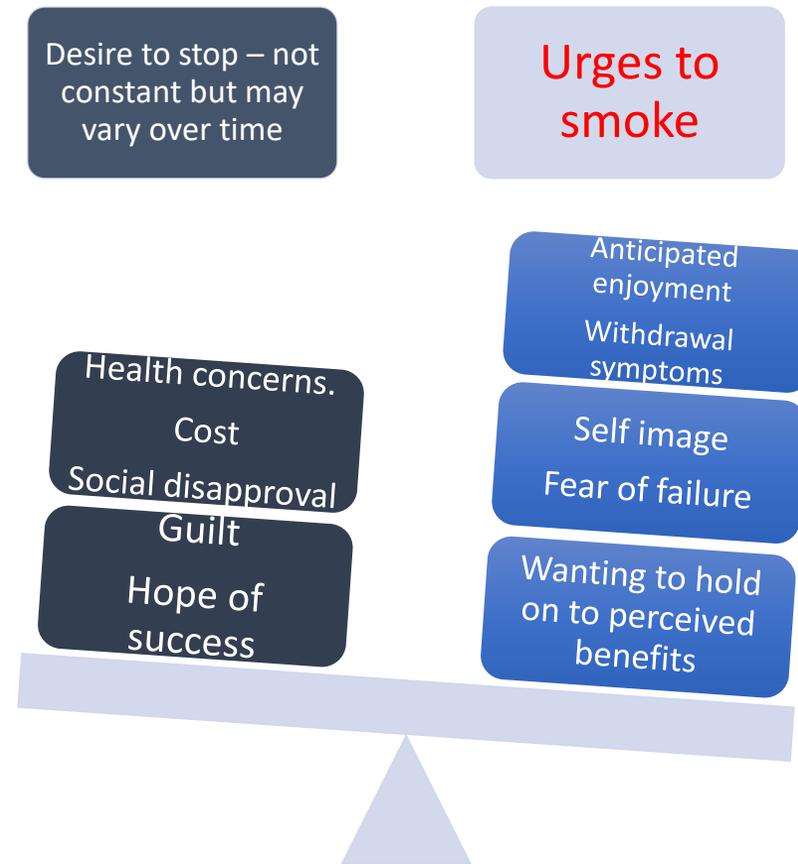
  **072 766 4812**



# QuitLine: behavioural support

- Review smoking history and the motivation to quit,
- Identify situations in which it is difficult not to smoke;
- Develop strategies for dealing with these situations.
- Increase self-efficacy.

# Desire to stop vs Need to smoke



Depending upon the strength of the competing needs, this conflict may result in:

Never thinking about quitting/ Thinking of quitting at some vague time in the future/ Making a definite decision to stop smoking in the future/

Deciding to stop immediately.... Offering treatment can change this balance.. Small things can have a big effect.

# Do QuitLines work?

- QuitLines are effective.
- Lower long-term success rates than specialized cessation clinics, but higher reach (accessible to everybody) so greater impact.
- **IMPACT = REACH x SUCCESS RATE.**

# Anecdotal evidence

“I have fought this battle for many years, however because of the NCAS help and the quitting guide I have been able to be smoke free”.

*48 year-old male. Quit 3 months*

“Stopped yesterday until 2pm after an altercation. Found myself smoking three in a row”.

*38 year-old male*

“Very awesome idea. I have been longing for some encouragement, especially with the space of those quitting. 1<sup>st</sup> week smoke free and still punching ahead”.

*39 year-old male.*

Thank You

# CESSATION AND BEHAVIOR CHANGE

Mira B Aghi, PhD

## WHY DO WE NEED CESSATION?

- Tobacco use like smoking, chewing, rubbing, plugging and gurgling affects nearly every organ of the body
- Its use causes more than 8 million deaths per year
- If the pattern of tobacco use all over the globe doesn't change, the deaths will increase even more
- Do we stay unperturbed or do we find a way to change the situation?

## CHANGE THE SITUATION

- Enacting the WHO Framework Convention has been one such step towards this change
- To solidify in a way to make tobacco control a reality
- However, all the provisions in the FCTC need to be implemented in totality
- In addition, we have to seek an effective way to bring about a sustainable change in the behavior of people so that they cease to use tobacco

So let us see how we can actualize this change.

## CONSIDER BEHAVIORAL FRAMEWORKS

The framework helps us to identify determinants of desired and undesired behavior, as well assist us in identifying potential points of intervention.

Another name for such intervention is behavioral change communication (BCC-UNIICEF) (process of involving people in evolving behavior)

# BEHAVIOR CHANGE

Involves four elements

- **Information/education/knowledge:** education of the new behavior—not using tobacco/quitting the use of tobacco
  - Pitfalls: of the old behavior
  - Benefits: of the new behavior
- **Motivation:** to adopt the new behavior
- **Skill:** required to change the old behavior and adopt the new one
- **Enabling environments:** to strengthen resolve for the new behavior

EDUCATION—HOW  
DO WE DETERMINE  
WHAT TO IMPART

Must depend on the information needs of target audience

- Determine what they know
- Assess what they do not know
- Scope the entry points
- What will help?

Profile of target population

- How they live
- Beliefs
- Misconceptions/Myths
- Cultural factors

Barriers and roadblocks

## COMMUNICATION WITH THE USER

Formative research will help us to evolve educational material by involving the user

How do we do that?

- By listening to him/her
- By not confronting
- By acknowledging the ambivalence by staying neutral and supportive
- By treading the path very carefully

My experience has shown me that all these have special relevance to women—with them special patience is required because their problem is much more complex

## EDUCATION

What do you think? If users got this comprehensive education

- Would they change their behavior?
- Would they quit the use of tobacco if they understood that it was harmful for them?

They will need **motivation**, an inner push

# MOTIVATION

Motivation comes from gains that individuals can expect

For educational strategy to be motivational, must include

- Compelling statistics
- Convincing examples
- Stories that they can relate to

There are gender differences for example women care less about their own health than the health of the family; men are more centered on their own health – scared to get sick

SO, OUR  
NEXT STEP IS

Is change in behavior likely to come if they have adequate knowledge about the new behavior, with its advantages, and if they are also motivated to adopt the new behavior?

The story is not yet complete:

Many women and men come to me and tell me that they are ready to quit **but...**

WHAT IS THAT *BUT*

They do not know how to quit

So,

- They need skills to quit
- Skills would need to be imparted

This is next element of Behavior Change

# SKILLS

Life skills are vital

Some methods used to develop skills are:

- Group discussion
- Role playing
- Storytelling and writing

# SKILLS

Five main areas of skill development that you need for quitting

- Decision making
- Critical thinking
- Communication
- Self-awareness
- Ability to cope with stress and negative emotions

## SKILLS

- Decision making will lead to Will Power, which calls for determination
- Developing skills to meet different road bocks
- Communicating to others what you have decided
- Self awareness—remember your goal
- Coping with stress and negative emotions: needs a lot of guidance

## SKILLS

- Face-to-face support provides opportunities for the counselor to assist the client in building problem-solving skills
- Counseling concepts and methods used in this intervention fit well into behavior change communication. It is best evolved and developed by involving user.

## WHAT ELSE

You also need support

- Encouragement
- Understanding
- Applause
- Assessment of monetary benefits
- Behavior of others

## SKILLS

It needs to be understood that even with knowledge, motivation, and skills, people often face difficulties in adopting new behaviors

Particularly if they lack the power to change circumstances that block desired path

Therefore, the element of **enabling environments** are required to strengthen resolve

## ENABLING ENVIRONMENTS

Enabling environments are required to strengthen resolve

- Home – Family
- Friends and colleagues
- Community
- State
- Country

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# THANK YOU

