

Vietnam Committee on Smoking and Health
VINACOSH

Establishment of **smoke-free** hospitals

A practical guide with CD and toolkit
2008



For a smoke-free hospital!

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Legend:



Tools

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For all users

Part 2: Why establish a smoke-free hospital?

For the Board of Directors

Part 3: Smoke-free hospital implementation

For implementers

Part 4: Suggestions for developing smoking cessation counseling services

For health staff who provide counseling sessions

Part 5: Handbook for smoking cessation

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Introduction



Introduction

PART 1: INTRODUCTION

Tobacco is the cause of many serious diseases including lung cancer, myocardial infarction, atherosclerosis, and respiratory diseases. Smoking is harmful not only to smokers, but also to others exposed to second-hand smoke. In a statement from the World Health Organization (WHO), “parties recognize that scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease, and disability.”¹ The WHO also warns that by 2020, the mortality caused by smoking will exceed the total mortality caused by HIV/AIDS, tuberculosis, traffic accidents, and suicide.²

Apart from being harmful for health, smoking also results in great economic loss for individual households and for society as a whole. In 2005 alone, total cost of medical treatment for three smoking-related diseases (lung cancer, chronic obstructive pulmonary disease, and ischemic heart disease) in Viet Nam reached VND 1,161 billion (or US\$77,5 million).³

Viet Nam is ranked as one of the countries with high prevalence of male smoking in the world, with 56% of men smoking in 2003.⁴ Aware of the severity and urgency of this problem, the Vietnamese Government has promulgated many legal documents stipulating strict bans on tobacco use. At the same time, given its role and responsibility in the care and protection of people’s health, the health sector has taken the lead in the movement to establish smoke-free hospitals. Specifically, the promulgation of Directive No. 08/2001/CT-BYT, on March 8, 2001 by the Ministry of Health formally enhanced tobacco control activities in the health sector (2001). However, after seven years of implementing this Directive, and in spite of initially encouraging results, shortcomings remain and expected results have not been achieved.

- 1 The World Health Organization. 2005. *WHO Framework Convention for Tobacco Control*. Geneva. Part III, Article 8.1
- 2 Ministry of Health. 2000. *Resolution No. 12/2000/NQ-CP on National Policy on Tobacco Control during 2000-2010 period*. Retrieved from <http://www.moh.gov.vn/homebyvt/en/vportal/InfoDetail.jsp?area=58&cat=1974&lD=1623>, on 15/11/2008
- 3 H.Ross, T.Dang, & P.Xuân, “The costs of smoking in Vietnam: the case of in patient care”, 2007. Retrieved from <http://tobaccocontrol.bmj.com/cgi/content/full/16/6/405>, on 1/10/2008.
- 4 Ministry of Health & General Statistics Office of Vietnam (2001-2002). *Report on National Health Survey*. Retrieved 04/02/2009 from <http://www.cimsi.org.vn/dieutrayte2001-2002/Solieu/Default.htm>

In order to help hospitals establish a completely smoke-free environment and more effectively implement Directive No. 08/2001/CT-BYT of the Ministry of Health, we would like to introduce **"A practical guide to the Establishment of smoke-free hospitals."** A part of this guide is developed based on a previous work titled "Triển khai cơ sở y tế không thuốc lá, thuốc láo" (Implementing smoke-free health clinics), a guide jointly published by the Health Sector Labor Union, VINACOSH, and Path Canada in 2005.

Shortcomings are unavoidable during the course of developing this resource, and we welcome all constructive comments to improve this guide in subsequent publications.

Goal of the Practical Guide

To provide specific and practical steps for the establishment of smoke-free hospitals in Viet Nam in order to improve people's health by reducing exposure to tobacco in all its forms.



The Practical Guide's main users

- Hospital Boards of Directors
- Members of the Executive Board establishing smoke-free hospitals
- Health staff responsible for smoking cessation counseling activities

How to use the Guide?

The Practical Guide is designed in such a way that it is compact, easy to understand, and convenient for the users, specifically:

- The Guide is divided into **5 separate sections**, aimed at 5 types of users: all users, the Board of Directors, implementers, health staff who provide counseling sessions, and smokers who wish to quit. The guide allows for flexible use, as each section can be used separately by specific users, depending on the goal or context.
- The Practical Guide is accompanied by **a toolkit** which supports users to apply material from corresponding section. The toolkit consists of:
 - Forms
 - Work-plan templates
 - Checklists
 - Presentation on the rules and work-plan
 - Behavior change communication materials including posters and leaflets
- The Practical Guide is also accompanied by **a CD** containing the contents of all sections and the toolkit in different file formats, for convenient reproduction or printing.



Reference

Ross, H., Dang, T. & Xuân, P. (2007). The costs of smoking in Vietnam: the case of inpatient care. *Tobacco Control*, 16. Retrieved 1/10/2008 from <http://tobaccocontrol.bmj.com/cgi/content/full/16/6/405>.

Ministry of Health. (2000). *Resolution No. 12/2000/NQ-CP on National Policy on Tobacco Control during 2000-2010 period*. Retrieved 15/11/2008 from <http://www.moh.gov.vn/homebyt/en/portal/InfoDetail.jsp?area=58&cat=1974&ID=1623>.

Ministry of Health & General Statistics Office of Vietnam (2001-2002). *Report on National Health Survey*. Retrieved 04/02/2009 from <http://www.cimsi.org.vn/dieutrayte2001-2002/Solieu/Default.htm>

The World Health Organization. (2005). *WHO Framework Convention for Tobacco Control. Geneva. Part III, Article 8.1* Retrieved 03/02/2009 from http://www.who.int/tobacco/framework/WHO_FCTC_english.pdf.

Why establish a smoke-free hospital?



Why?

PART 2: WHY ESTABLISH A SMOKE-FREE HOSPITAL?

Tobacco causes harm to health and economic loss

The harmfulness of tobacco to human health is undeniable. Tobacco harms active smokers as well as people exposed to second-hand smoke from other people or burning cigarettes. Besides its harm to human health, tobacco is also the cause of great economic loss to individuals, households, and society as a whole (*Table 1*).



Table 1: Tobacco by the numbers

- A cigarette contains over **4000** harmful chemical substances, more than **50** of them can cause cancer.¹
- While **100** million people died from tobacco use in the 20th century, **ten times** as many will die in the 21st century worldwide without effective intervention.²
- A non-smoker who lives in a smoking environment inhales the equivalent of smoke as smoking **5 cigarettes** a day.³
- A second-hand smoker is at **30 – 100%** higher risk of lung cancer than people who are not exposed to a smoking environment.⁴
- Tobacco spending in poor households equals more than **42%** of their food expenditure per person, **2.2** times spending on education, and **1.6** times of their health expenses.⁵

1 World Health Organization (2007). Facts about second-hand tobacco smoke (SHS). In *World No Tobacco Day 2007 Brochure: Smokefree Inside*. Retrieved 20/01/2009 from <http://www.who.int/tobacco/resources/publications/wntd/2007/en/index.html>.

2 Mackey, J. & Eriksen, M. (2005). *The Tobacco Atlas*. Geneva: World Health Organization; Mackey, J., Eriksen, M. & Shafey, O. (2006). *The Tobacco Atlas* (2nd ed.). Atlanta: American Cancer Society.

3 Vietnam Tobacco Control Program (VINACOSH). (2008). *Smoke harm prevention law: protective shield to health and national sustainable development*. Hanoi: VINACOSH.

4 Samet, J. & Yang, G. (2008). Passive exposure to smoke among women and children at home. In *Proceedings of Workshop on Smoke Harm Prevention – Evidence and Reality in Vietnam* (pp. 68-76). Hanoi.

5 Nguyễn, L., Chapman, S. & Taylor, R. (2006). Economic Impacts of tobacco consumption on poor households in Vietnam (Tập chí y học thực hành) no. 533.

Mission and responsibilities of the health sector

Establishment of a smoke-free environment is central to the mission of the health sector, which is to take care of people's health. Because of this, members of the health sector should be pioneers in establishing smoke-free hospitals. All hospitals need to serve as examples of health protections for patients and staff by strictly following rules for smoke-free hospitals.

Besides the fact that a smoke-free policy is appropriate to the mission of the health sector, establishment of smoke-free hospitals also brings practical benefits to hospitals and to the health sector in general.

Table 2: Benefits of establishing a smoke-free hospital

- **Health** of hospital staff is protected, which helps them work more effectively
- **Respectful image of health workers is ensured**
- **Strengthened contribution to community health education and promotion**
- **A clean environment** that **supports more effective treatment**
- **Reduced economic loss caused by staff absence from work** due to tobacco-related illness
- **Improved household economy** due to reduced tobacco costs.
- **Reduced costs** for environmental hygiene and fire prevention

Laws on tobacco-related harm prevention

The health sector's responsibility to establish smoke-free hospitals is stipulated by legal documents (*Table 3*). The rules banning smoking are not meant to discriminate against smokers; rather they help create a healthy environment supportive of smoking cessation.

Table 3: Legal documents related to smoking in Vietnam

- **Law on people's health protection** dated 30/06/1989 "A smoking ban is applied in meeting rooms, cinemas, theaters and other designated areas" (Article 15)
- **The Framework Convention for Tobacco Control (FCTC) of the World Health Organization (WHO)** stipulates that member states should exercise necessary measures to protect citizens from being exposed to tobacco smoke (Article 8): Parties participating in the convention participating parties should implement measures *"providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places"*.
- **Resolution No. 12/2000/NQ-CP** dated 14/08/2000 of the Government on the National policy on tobacco control for the period of 2000 – 2010, includes the objective to *"ensure the rights of non-smokers to live in a smoke free atmosphere"* (Objective 4). The resolution also highlights regulation of smoke free public venues and supports smoking cessation: *"Encourage, conduct and support measures for smoking cessation and study cessation techniques appropriate to Viet Nam conditions."* It mandates *"Improving training of health staff on smoking cessation techniques which are appropriate to all target group members."*

- **Directive No. 12/2007 CT-TTg** dated 10/05/2007 of the Prime Minister on enhancing tobacco-related harm prevention: *“prohibit smoking in schools, kinder gardens, health clinics, production areas, and work places...”*
- **Decree No. 45/2005/NĐ-CP** dated 06/04/2005 of the Government stipulating administrative handling of violence in health area: *“Warning or cash fine from 50,000 VND to 100,000 VND for such behaviors as smoking cigarettes or pipe tobacco in the following public venues: theaters, cinemas, meeting rooms, offices, hospitals, libraries, waiting areas in railway stations, coach stations, airports, seaports, public transport means or other smoke-free designated public venues”* (Article 16). This Decree is expected to be revised in 2010 in order to increase its effect.
- **Directive No. 08/2001/CT_BYT** dated 03/08/2001 of the Ministry of Health on enhancing tobacco control activities in the health sector (See page 41).
- **Ministry of Health regulations:** Hospital annual inspection checklist: *“Implement smoke-free hospital: health staff, patients and their families do not smoke within the hospital premises; there are no-smoking signs in visible areas and no cigarette sales in the hospital's cafeteria.”*
- **Decision No. 1315/QĐ-TTg** dated 01/08/2009 of the Prime Minister on the ratification of the implementation plan of the Framework Convention on Tobacco Control..

Reference

Samet, J. & Yang, G.. (2008). Passive exposure to smoke among women and children at home. In *Proceedings of Workshop on Smoke Harm Prevention – Evidence and Reality in Vietnam* (pp. 68-76). Hanoi.

Mackey, J. & Eriksen, M. (2005). *The Tobacco Atlas*. Geneva: World Health Organization.

Mackey, J., Eriksen, M. & Shafey, O. (2006). *The Tobacco Atlas* (2nd ed.). Atlanta: American Cancer Society.

Nguyễn, L., Chapman, S. & Taylor, R. (2006). Economic Impacts of tobacco consumption on poor households in Vietnam (*Tạp chí y học thực hành*) no. 533.

Vietnam Tobacco Control Program (VINACOSH). (2008). *Smoke harm prevention law: protective shield to health and national sustainable development*. Hanoi: VINACOSH.

World Health Organization (2007). Facts about second-hand tobacco smoke (SHS). In *World No Tobacco Day 2007 Brochure: Smokefree Inside*. Retrieved 20/01/2009 from <http://www.who.int/tobacco/resources/publications/wntd/2007/en/index.html>.

**Smoke-free
hospital
implementation**



Implementation

PART 3: SMOKE-FREE HOSPITAL IMPLEMENTATION

What is a smoke-free hospital?

A smoke-free hospital is one where smoking and sale of cigarettes is prohibited within the hospital premises (including health staff working areas, health check-up and treatment areas, corridors, and another common areas).

For a more comprehensive smoke-free hospital model, we encourage hospitals, depending on their specific situation, to provide smoking cessation counseling services to health staff, patients, and others who want to quit.

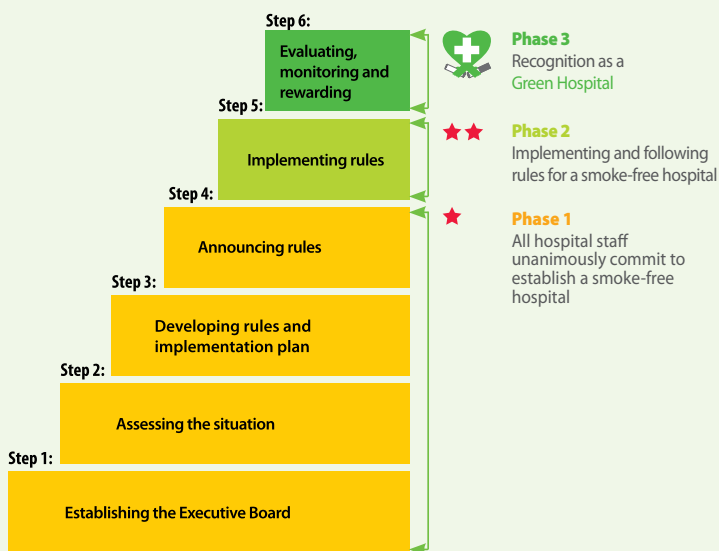
Smoke-free hospital implementation procedures

Establishing a smoke-free hospital environment is not an easy task. It requires a high level of commitment and continuing efforts from hospital leaders and all staff, as well as from patients and their family members.

Establishing a smoke-free hospital cannot be a success in a day or two, rather it takes time and requires clear and concrete steps.

Acknowledging future challenges that hospitals will face while establishing smoke-free hospital rules, this Guide proposes a **Green Hospital Model** – a totally smoke-free hospital. In order to attain the highest level of achievement, hospitals will have to pass **three phases and six steps** as are illustrated in the following diagram:

The 6 steps - 3 phases of implementation





Hospital staff unanimously commit to establish a smoke-free hospital

Step 1: Establishing the Executive Board

■ Objective:

The Executive Board takes the leading role in directing, mobilizing and guiding hospital staff to make a commitment to establish a smoke-free hospital.

■ Hints for implementation:

- **Composition:** The Executive Board consists of leaders of the hospital, leaders of departments/units, and especially representatives of the Labor Union and Youth Union. The Executive Board is headed by a member of the hospital Board of Directors.

"It is important that leaders of the hospital take the lead and be serious. All departments/units will participate then" – St. Paul Hospital



- **The Executive Board is responsible for:**
 - Making plans and drafting necessary regulations to establish a smoke-free hospital.
 - Financing activity implementation and submitting budgets to the Management Board for approval.
 - Assigning focal points for key planned activities.
 - Organizing and sustaining activities.
 - Conducting monitoring and evaluation. The Executive Board needs to conduct evaluation monthly and assign the Green Working Group or department/unit to monitor weekly. Monitoring should focus on patient's family members in public places such as canteen, flower gardens, under the staircase, bounds between departments/units.
 - Establishing the Green Working Group (with the hospital guard group as its core) - the unit providing supervision, reminders, warnings, and handling any violations of rules.
 - Depending on the specific situation of each hospital, organizing smoking cessation counseling activities (see Part 4).



Hospital staff unanimously commit to establish a smoke-free hospital

Step 2: Assessing the situation

■ Objective

Understanding the real situation of smoking in hospitals so that:

- Appropriate rules and implementation plans can be made
- Appropriate indicators for smoke-free hospital establishment performance evaluation can be identified

■ Hints for implementation:

The assessment should be conducted by leaders of each department/unit and put together by a member of the Executive Board.

Some issues need to be considered while conducting the assessment:

- Find out the number of hospital staff who are smokers, and the units with the highest number of smoking staff (Form 3.1).
- Find out the number of stalls that sell tobacco products in the hospital and at the hospital entrance.
- Find out whether the hospital has issued any rules on smoking prohibition yet. If they have, are the rules concrete enough to implement?
- Find out if "No smoking" signs/boards are in place, and if the location and message of the signs are appropriate.
- Find out if people are still smoking in those places where there are "No smoking" signs. What are the reasons?
- Collect opinions of health staff and partners (e.g. cleaning and boarding service providers) about establishing a smoke-free hospital (Form 3.1).



Tools

Form 3.1: Situational assessment form



Hospital staff unanimously commit to establish a smoke-free hospital

Step 3: Developing rules and implementation work-plan

■ Objective:

In this step, the rules will be formulated and a detailed work-plan for implementation will be designed.

■ Hints for implementation:

Development or revision of the rules should be based on Directive No. 08/2001/CT-BYT of the Ministry of Health and results from the situational assessment conducted in Step 2.



The two “NOs”

- No business or other relationships with partners that are related to or benefited from the tobacco industry.
- No sponsorship or investment from the tobacco industry in any forms.

a. Formulating rules:

The specific contents of the rules may consist of:

(Please tick the box below)

Total prohibition of smoking as well as trading of tobacco related products on the hospital premises.	<input type="checkbox"/>
Point in time when the rules come into effect.	<input type="checkbox"/>
Announcing the Green Working Group and their responsibilities for supervising the implementation of the rules.	<input type="checkbox"/>
Announcing the smoking cessation counseling service available in the hospital.	<input type="checkbox"/>
Process for handling rule violations, from reminding to inserting in the staff annual appraisal system.	<input type="checkbox"/>

b. Detailed work-plan:

A work-plan for implementing the rules (Form 3.2) should cover:

- **Activity:** What should be done?
- **Timeline:** When is the deadline for completion?
- **Resources:** What are the financial resources needed to conduct the activity?
- **Responsible person or focal point:** Who will take primary responsibility for that activity?

Tools

Form 3.2: Work-plan template





Hospital staff unanimously commit to establish a smoke-free hospital

Step 4: Announcing rules

■ Objective:

This step aims to make a hospital-wide announcement so that all stakeholders know, understand, and follow the rules. This is also a preparation step that allows stakeholders time for adaptation before the effective date.

■ Hints for implementation

a. Distribute the rules to everyone and highlight the effective date and plan for implementation. Make clear that the rules aim at establishing a clean and smoke-free environment within the hospital to protect people's health.

- ♦ For hospital staff:

(Please tick the box below)

Inform leaders of all departments about the new rules at weekly staff meeting (Form 3.3).	<input type="checkbox"/>
Department leaders organize internal meetings and inform their staff about the rules and work-plan (Form 3.3).	<input type="checkbox"/>
Inform health staff about the smoking cessation counseling service in the hospital (if the hospital provide this service).	<input type="checkbox"/>
Inform the responsibilities of the Green Working Group to staff.	<input type="checkbox"/>

- For patients, their families, and visitors:

(Please tick the box below)

Place a big sign reading “Smoke-free hospital” or “No smoking” at visible locations.	<input type="checkbox"/>
Place an announcement of the rules on the guard room's outside wall.	<input type="checkbox"/>
Place “No smoking” signs in large size (A1) in public areas, especially areas patients frequently gather in the evening such as at health examination rooms or in patient rooms.	<input type="checkbox"/>
Place announcements on notice boards.	<input type="checkbox"/>
Disseminate the rules to patients during patients' consultations.	<input type="checkbox"/>
Include the rules in the hospital registration. Ask patients/patient's family members to sign commitment not to smoke within hospital premises.	<input type="checkbox"/>



- For cigarette selling stalls inside the hospital or at the entrance area:

(Please tick the box below)

Inform each service provider in the hospital of the rules.	<input type="checkbox"/>
Contracts with service providers should include terms outlining no-smoking and cigarette sale prohibition within the hospital premises.	<input type="checkbox"/>
Guards give regular warnings to cigarette selling stalls at the hospital entrance.	<input type="checkbox"/>

“This term should be included in the hospital’s rules. In our hospital, the Labor Union takes responsibility for monitoring adherence to the rules by service providers in hospital” – Viet Duc Hospital.

b. Raise awareness about tobacco harm and change attitudes toward smoking behavior, thus encouraging adherence to the rules and supporting the establishment of smoke-free hospitals

(Please tick the box below)

Hold regular seminars about tobacco-related harm for all staff	<input type="checkbox"/>
Distribute leaflets and other communication materials about tobacco-related harm produced in staff meetings, seminars, reception, waiting areas, treatment rooms, etc.	<input type="checkbox"/>
Departments/units hold thematic talks with patients and patient’s family members about the relationship between smoking and concrete diseases that departments/units are responsible for treatment.	<input type="checkbox"/>
Sign commitment forms – staff to department, department to hospital.	<input type="checkbox"/>
Play available smoke-free promotion video clips/radio programs at the reception, waiting area, and in the health examination rooms.	<input type="checkbox"/>



Locate posters in visible areas targeting specific group:

- Form 3.4: for all audiences
- Form 3.5: for health staff
- Form 3.6: for patients' families & visitors
- Form 3.7: for people exposed to secondhand smoke
- Form 3.8: for cigarette providers



c. Prepare to run smoking cessation counseling activities (if the hospital decides to run these activities)

(Please tick the box below)

Set up the smoking cessation counseling team .	<input type="checkbox"/>
Provide training on in-depth cessation counseling skills to counselors.	<input type="checkbox"/>
Designate a room/location for smoking cessation counseling (can be located in existing room for health education).	<input type="checkbox"/>
Train doctors/nurses at departments/units to conduct '1 minute approach and cessation encouragement' that all doctors/nurses must do during each patient's visit.	<input type="checkbox"/>
Suggestion: Establish a club for people quitting smoking (suggested names: "CLB Dong Tam (One Mind Club)"; "CLB Niem Tin (Trust Club)", to show belief in success). The Clubs will provide peer group support to reduce and then quit smoking. The Club should meet regularly to share smoking cessation experiences among members and between those who have quit successfully with members.	<input type="checkbox"/>

Tools:

Form 3.3 - Introduction of rules and work-plan PowerPoint presentation

Form 3.4 - Poster *For a smoke-free hospital!* (for all audiences)

Form 3.5 - Poster *See your patients as your loved ones, care for them and don't smoke* (for health staff)

Form 3.6 - Poster *Think about your loved one before lighting a cigarette* (for patients' families and visitors)

Form 3.7 - Poster *Why don't you raise your voice?* (for secondhand smokers)

Form 3.8 - Poster *It is illegal to sell cigarettes in the hospital. Let us know if you see a violation.* (for cigarette providers)



Form 3.3



Form 3.4



Form 3.5



Form 3.6



Form 3.7



Form 3.8



Implementing and following the rules for a smoke-free hospital

Step 5: Implementing rules

■ Objective:

Implement the rules and run supporting activities, such as smoking cessation counseling.

■ Hints for implementation:

On the date no-smoking rules become effective:

(Please tick the box below)

Hold a launching ceremony (can be on the occasion of 'Vietnam Doctors' Day February 27' or 'National No smoking Week between May 25-31' in order to gain attention from the community about preventing tobacco related harm).	<input type="checkbox"/>
Place 'No smoking' signs in public areas (hospital entrance, departments/units, corridors, and other visible locations).	<input type="checkbox"/>
Remove all items related to smoking (such as ash-trays) in public areas.	<input type="checkbox"/>
Hold competitions, announcing awards and penalties.	<input type="checkbox"/>

Maintaining activities after the launching:

(Please tick in the box below)

Communicate messages on tobacco-related harm at meetings and internal conferences under different forms, such as performances or quizzes.	<input type="checkbox"/>
Provide smoking cessation counseling services to people who want to quit smoking (See Part 4).	<input type="checkbox"/>
Begin supervision by the Green Working Group.	<input type="checkbox"/>
Hold regular activities for cessation club members to help them continue their motivation and avoid smoking.	<input type="checkbox"/>
Use discipline or penalties for people who violate the rules multiple times. Give warnings first.	<input type="checkbox"/>





Step 6: Evaluating, monitoring, and rewarding

■ Objective:

This step assesses the implementation of the rules and evaluates the progress of establishing a smoke-free hospital.

■ Hints for implementation:

In this task, the Green Working Group or department/unit conducts regular monitoring and supervision activities on implementation of the rules (Section a). Results of monitoring together with outcomes of the counseling activities (evaluated by counselors) (Section b) will be used by the Executive Board as indicators to evaluate smoke-free hospital performance (Section c)

a. Monitor implementation of the rules in the hospital (Form 3.9.a)

Suggested criteria:

- Visibility of the No-smoking signs by department /unit
- Number of rule violation cases:
 - Number of staff who smoke in the hospital
 - Number of patients and their families who smoke in the hospital
 - Number of visitors who smoke in the hospital
 - Number of cases of cigarette selling
- Existence of smoking-related items
- Existence of cigarette butts
- Adequate records system (monitoring results, rule violation penalties, examination meeting, etc.)

It should be noted that during the implementation of smoke-free hospitals, monitoring is conducted not only by hospital staff but also by supervisors from outside (e.g: Health Trade Union or other functional agencies). These supervisors will use Form 3.9.b as a tool.



b. Evaluate smoking cessation counseling service (Form 3.10)

(If the hospital decides to provide this service)

Suggested criteria:

- Management and human resources:
 - ♦ Level of support from the Executive Board (locating a place for consultation services, setting up a counseling team)
 - ♦ Time allocated for smoking cessation counseling service
 - ♦ Amount of training received by counselors
- Counseling service quality:
 - ♦ The facility and services are well managed
 - ♦ Counseling services are provided according to standards (See Part 4)
 - ♦ Behavior change communication materials are available, properly stored, and provided to all who receive services

- Monitoring system: The recording and reporting system is working and includes:
 - Number of smokers who received counseling
 - Number of visits for counseling
 - Number of times an individual smokers visited (once, twice, three times, etc)
 - Number of successful cessation cases

c. Evaluate the process of establishing the smoke-free hospital (Form 3.11)

Suggested indicators:

- Implementation from step one to six as suggested in this Practical Guide
- Number of rule violation:
 - Smoking on the hospital premises
 - Cases of cigarette sales on the hospital premises
- Regular provision of counseling service (if the hospital decides to provide this service):
 - Time allocated for cessation counseling service
 - Number of successful cessation cases
 - Number of referral cases

Tools:

Form 3.9.a: Rule adherence supervision form (for hospital staff)

Form 3.9.b: Rule adherence supervision form (for outside supervisors)

Form 3.10: Cessation counseling service evaluation form

Form 3.11: Smoke-free hospital performance evaluation form

Reference

Health Sector Labor Union, VINACOSH, & Path Canada. (2005). *Trien khai co so so y te khong thuoc la, thuoc lao (Implementing smoke-free health clinics)*. Hanoi

Appendix

Directive of the Health Minister on Enhancing tobacco control activities in the health sector

Emulation commitment: Establishment of smoke free health care facilities

Directive of the Health Minister
on Enhancing tobacco control activities in the health sector

MINISTRY OF HEALTH
No. 08/2001/CT-BYT

SOCIALIST REPUBLIC OF VIETNAM
Independence – Freedom – Happiness

Hanoi, August 3rd, 2001

DIRECTIVE OF THE HEALTH MINISTER
On Enhancing tobacco control activities in the health sector

Smoking is the cause for many serious diseases for human such as lung cancer, chronic obstructive pulmonary disease, myocardial infarction, atherosclerosis, and other diseases.

According to a WHO report, each year as many as 4 million people die of smoking-related diseases, that is one person every 8 seconds. Unless the current smoking practice is addressed, it is estimated that approximately 1 million people will die annually due to tobacco-related disease between 2020 and 2030, of which 7 million are from developing countries.

In implementing the Law on the People's Health Protection, the Health Minister promulgated Directive No. 04/BYT-CT dated May 19, 1995 on a Smoking Ban in Health Care Establishments. Many doctors and health workers have set positive examples by not smoking and by advising patients and their family members to quit smoking. However, implementation in some health care establishments is still limited. According to a survey conducted by the Ministry of Health in 1997, the prevalence of smoking among men in Vietnam was 50%, a relatively high compared to other countries in the world. Aware of the importance of tobacco-control activities, the Government promulgated Resolution No. 12 on August 14, 2000 on the National Policy for Tobacco Control in the Period of 2000 – 2010.

To implement the Government's resolution, the Health Minister directs all units in the health sector, including offices, health care establishments, medical universities, colleges, secondary schools, MOH's affiliated units, and health care divisions in other ministries to undertake the followings:

1. Conduct IEC activities on the harm of smoking to all target groups in the unit.
2. Establish that staff are not allowed to smoke within the unit's premises and are responsible to advise their family members and friends not to smoke, in order to protect their health and the health of others.
3. Within health care facilities/establishments (including public, semi-public, private and foreign-invested health care facilities):
 - 3.1 Place No smoking signs in offices, health check areas, and patient rooms.
 - 3.2 Ensure health staff such as, doctors, nurses, and orderlies, as well as other staff are responsible to communicate smoking harms to the public, to refer patients and families to smoking cessation counseling where appropriate, and to help patient commit not to smoke in the hospital.
 - 3.3 To ban tobacco sales at the cafeteria, refreshment stalls, and all other locations within the hospital premises
4. Ensure tobacco procurement costs are not covered by the unit in any forms
5. Allocate funding for tobacco control activities from the annual budget of the unit

Upon receiving this Directive, it is requested by MOH that the heads of the units conduct the development of a plan for implementation of the contents of this directive. Leaders of the units should set good examples in tobacco control activities for the unit staff to follow. Compliments and rewards should be given by the unit to individuals and sub-units with good performance while violations should be handled, and implementation results should be reported to the Ministry of Health (Department of Therapy).

- *The Prime Minister (for reporting)*
- *The Central Commission for Science & Education* MINISTER OF HEALTH
- *Ministries, ministerial agencies*
- *Provincial/Centrally-run People's Committees*
- *The Mass media*
- *Provincial Department of Health*
- *MOH's affiliations* DO NGUYEN PHUONG
- *Archived: DoT*
- *Archived at MOH Adm.*

SOCIALIST REPUBLIC OF VIETNAM
Independence – Freedom – Happiness

DateMonthYear

EMULATION COMMITMENT
Establishment of smoke free health care facilities

Unit

Tobacco is the cause of many dangerous diseases for people. Moreover, smoking causes economic and social losses, and negatively affects the human living environment.

Being aware of the nature and severity of harms related to smoking, and at the same time, being clearly aware of the responsibility and role of each health staff member in people's health care and protection, the Labor Union ofcommits to collaborate with the Authority to advocate the staff in the Unit to pioneer in the movement "For a smoke free environment", establishing the smoke free health care facilities in (year).... with the following objectives:

- For unit staff: in (year) ...will decrease more than% of the number of smokers so that by (year).... the male smoking prevalence will be reduced to below% (there are no female smokers)
- For patients, their families and visitors: 100% will practice no smoking within the Unit's premises.

In order to achieve the above objectives, the Labor Union in collaboration with the relevant authorities commits to implement the following activities:

1. Communicate smoking harms to 100% of staff in the unit and to the community. Mobilize health staff to take responsibility for communicating tobacco-related harms and advising patients and their families, friends and community not to smoke to protect their health and the health of others.
2. Establish the Executive Board for implementation of smoke-free health care facilities.
3. Develop regulations on smoke free health facilities.
4. Conduct an assessment of the smoking situation in the unit.
5. Obtain commitments between individual staff with department (division); and department (division) with the Unit on implementing regulations on smoke free health care facilities. Request hospitalized patients make a commitment not to smoke inside the hospital premises.
6. Integrate issues of establishing smoke-free health facilities into the agendas of meetings, staff briefings, consultations with patients and periodical evaluations of staff performance for rewarding of the unit.
7. Post 'no smoking' signs in the office and health checks areas, and posters for communicating tobacco-related harms in all busy areas of the unit premises.
8. Provide smoking cessation counseling service in the health facility
9. Prohibit tobacco sales in the cafeteria, refreshment stalls and all other locations within the unit's premises
10. Ensure no tobacco is purchased with government funds, and that a portion of the Government budget, which is in line with the existing financial regulations be made available for implementing tobacco-control activities.

The Labor Union of in collaboration with the Unit Authority makes a commitment to the establishment of smoke-free health care facility by 200

On behalf of Labor Union
 (signature and seal)
 Viet Nam Health Labor Union
 (signature and seal)

LEADERS OF THE UNIT
 (signature and seal)

Sample tools



Situational Assessment of Smoking Behavior in the Hospital

Personal information *(Please tick the box below)*

1. Occupation

- Doctor
- Nurse
- Orderly
- Administrative officer
- Other (specify).....

2. Work schedule

- Daytime
- In the evening
- At night
- In different times

3. Sex

- Male
- Female

4. Age

- ≤ 21 years old
- ≤ 31 years old
- ≤ 41 years old
- > 41 years old

5. Work Area

- Private office
- Group office (room with door shared by others)
- Open space with partitions
- No permanent work station

6. Work contract:

- Full time
- Part time
- Other (specify).....

7. Does your job involve direct patient care or contact?

- Yes
- No

Information of Smoking Status and Behavior

8. Have you smoked at least 100 cigarettes in your life?

- Yes
- No

9. Which statement best describes you?

- I presently smoke cigarettes
- I have never smoked cigarettes
- I quit smoking cigarettes less than 1 year ago
- I quit smoking cigarettes more than 1 year ago

10. How many years have you smoked cigarettes? (specify number of years).....
11. How many cigarettes do you smoke each day? (specify number of cigarettes).....
12. How many cigarettes do you smoke at work each day? (specify number of cigarettes).....
13. If you smoke at work, please indicate these locations
- In your office or work area
 - In stairwells or corridors
 - Lounges in patient care area
 - Outside the building
 - Hospital restaurants or lounges
 - Restrooms
14. How easy would it be for you not to smoke at work?
- Very easy
 - Somewhat easy
 - Somewhat difficult
 - Difficult
15. How likely is it that you would not smoke at work if smoking were banned?
- Very likely
 - Somewhat likely
 - Somewhat unlikely
 - Very unlikely

Information of exposure to Secondhand Smoke

16. How would you rate air quality (tobacco smoke level) in your work area?
- Excellent
 - Good
 - Fair
 - Poor
17. What is the total amount of time each day at that you are exposed to cigarette smoke?
- Less than 1 hour
 - Between 1-3 hours
 - Between 3-5 hours
 - More than 5 hours
18. How do you think a smoking ban at (hospital) would affect your job performance?
- Greatly improve
 - Slightly improve
 - No effect
 - Slightly worsen
 - Greatly worsen
19. How do you think a smoking ban at (hospital) would affect your morale at work?
- Greatly improve
 - Slightly improve
 - No effect
 - Slightly worsen
 - Greatly worsen

20. How do you think a smoking ban at the hospital would affect the public image of the hospital?

- Greatly improve
- Slightly improve
- No effect
- Slightly worsen
- Greatly worsen

21. How do you think a smoking ban at the hospital would affect your health?

- Greatly improve
- Slightly improve
- No effect
- Slightly worsen
- Greatly worsen

Information of attitude

	Strongly disagree	Some-what disagree	Some-what agree	Strongly agree
22. A hospital should be a smoke free environment	1	2	3	4
23. Smoke from someone else's cigarette is unhealthy for non- smokers.	1	2	3	4
24. A smoking ban would be unfair to smokers	1	2	3	4
25. With a smoking ban in effect, employees should encourage visitors to put out their cigarettes	1	2	3	4
26. Smokers are not able to control their smoking at work	1	2	3	4
27. Smoking is dangerous to smokers' health	1	2	3	4
28. A smoke-free hospital would improve the quality of care the patient receives	1	2	3	4
29. The smoking habits of health professionals influence others	1	2	3	4
30. A smoke-free policy would be too hard to enforce	1	2	3	4
31. Quit smoking programs should be offered free to employees	1	2	3	4

Department/ Unit Information

32. How many staff currently smoke?

<i>Department/Unit</i>	<i>Number</i>
	<i>Total number of staff who smoke:</i>

33. Are there any no smoking signs?

<i>Department/ Unit</i>	<i>Number of "No smoking" signs</i>	<i>Are they located in suitable areas? (Please tick)</i>		<i>Are there people smoking in the area of "No smoking" sign. Why?</i>	
		<i>Yes</i>	<i>No</i>	<i>Location</i>	<i>Reason</i>

34. How many cigarette providers are there inside the hospital and at the hospital entrance?

<i>Inside the hospital</i>	<i>Hospital entrance</i>

Name of Hospital:

Rule implementation work-plan

Objectives	Activities	Time	Resources	Focal point
★	Step 1: Establishment of the Executive Board			
	<ul style="list-style-type: none"> • Decision to establish the Executive Board • Members of the Executive Board – Note: The Head should be the member of the Board of Directors • Work-plan • Tasks assigned to individuals or working groups in the Executive Board including: <ul style="list-style-type: none"> ◦ The Green Working Group ◦ The Smoking Cessation Counseling Group (recommended) ◦ The Monitoring, Supervising and Rule Violation Handling Group 			
	Step 2: Situational assessment			
	Step 3: Development of the rules and implementation work-plan			
	<ul style="list-style-type: none"> • Content of the rules • Development of the rules • Decision to issue the rules 			
	Step 4: Dissemination of the rules and preparation for rule implementation			
	<ul style="list-style-type: none"> • Location of the rule boards (quantity, locations) • Dissemination of the rules in the whole hospital • Dissemination of the rules in department/ unit including service providers within the hospital premises • Dissemination of the rules to patient's family members 			

Objectives	Activities	Time	Resources	Focal point
★ ★	Step 5: Rule implementation			
	<ul style="list-style-type: none"> • Plan of each department/unit • Regular plan update • Dissemination of plan to the Patient's Council, announcement and reminders to patients in weekly patient's consultations • Communication • Supervision <ul style="list-style-type: none"> ° Supervision within department/unit ° Supervision at hospital level: Trade Union, Youth Union, Guard Group, Women's Union) • Penalties • Establishment of smoking cessation clubs (recommended) 			
GREEN HOSPITAL	Step 6: Evaluation, emulation, and reward			
	<ul style="list-style-type: none"> • Launching the emulation movement by hospital trade union • Commitment to implement the rules by department/unit trade unions • Preliminary sum up of the emulation at department/unit; aggregate sum up of the emulation in the whole hospital • Summarizing • Certification of Green Hospital 			



* Content of the presentation is available in the CD attached

POSTER SET

As a set, using jigsaw design, the posters highlight that a hospital can only go smoke-free with efforts made by all stakeholders (doctors, patients' family members, people exposed to secondhand smoke, and cigarette providers). This is seen in the first poster (Form 3.4). As individual, each of the four posters encourages desired behaviors based on the interests and concerns of each specific stakeholder:

1. **For the doctor:** Because he wants to be seen as a respectful and caring one, he does not smoke (Form 3.5)
2. **For the patient's loved one:** Because he is truly concerned about the health of the patient, he does not smoke (Form 3.6)
3. **For the people exposed to secondhand smoke:** Because they have the right not to be second-hand smokers, they raise their voice against smoking (Form 3.7)
4. **For the cigarette providers/vendors:** Because they do not want to be against the community, they do not sell cigarettes (Form 3.8)



For a smoke-free hospital!



See your patients as your loved ones,
care for them and don't smoke



Think about your loved one before lighting a cigarette



Why don't you raise your voice?



It is illegal to sell cigarettes in the hospital
Let us know if you see a violation

Rule adherence supervision form

This or department/unit form is designed for the Green Working Group or department/unit to monitor rule implementation in each department/unit and in the whole hospital

Department/Unit:

Time of evaluation:

Implementor:

* These monitoring results, together with findings from smoking cessation counseling service evaluation (Form 3.10), will be submitted to the Executive Board for use in evaluating smoke-free hospital performance (Form 3.11).

	Observation	Yes	No	Can not observe
	Billboards/signs/posters			
1	Are no smoking signs visible from outside? How many?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Are no smoking signs visible on the door? How many?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Are no smoking signs visible inside department/unit? How many?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Are rule announcements visible inside department/unit? How many?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Is the poster set inside department/unit visible? How many?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rule -Violation Case			
6	Is smoke smelled in the department/unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Are smokers seen in the department/unit? How many?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Are there any cigarette butts found at the floor or in the dustbin of the department/unit? How many?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Are there any ash trays in the department/unit? How many?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Quantity count	Quantity		
10	How many cases of rule violation among department/unit staff?	...		
11	How many cases of rule violation among patients/ family members?	...		
12	How many cases of rule violation among guests?	...		
		...		
13	How many cigarette vendors are there inside the hospital?	...		

Rule adherence supervision form

*This form is designed for the **outside supervisors** to monitor rule implementation in each department/unit and in the whole hospital*

Department/unit:

Time of evaluation:

Implementor:

* These monitoring results, together with findings from cessation counseling service evaluation (Form 3.10), will be submitted to the Executive Board for use in evaluating smoke-free hospital performance (Form 3.11).

L INSPECTION CHECKLIST OF SMOKE-FREE HOSPITAL IMPLEMENTATION

Activity	Done (Please tick in the box below)
Step 1: Establishment the Executive Board	
<ul style="list-style-type: none"> • Decision to establish the Executive Board • Members of the Executive Board –The Head should be the member of the Board of Directors • Work-plan • Tasks assigned to individuals or working groups in the Executive Board including: <ul style="list-style-type: none"> ◦ The Smoking Cessation Counseling Group (recommended) ◦ The Monitoring, Supervising and Rule Violation Handling Group (The Green Working Group) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Subc 2: Situational Assessment	
<ul style="list-style-type: none"> • The situational assessment is available, follow form 3.1 	<input type="checkbox"/>
Step 3: Development of the rules and implementation work-plan	
<ul style="list-style-type: none"> • Decision to issue the rules • Content of the rules includes: <ul style="list-style-type: none"> ◦ Rule: Entire prohibition of smoking within hospital premises ◦ Validity of the rules ◦ Coverage of the rules ◦ Penalties for rule violation ◦ Responsibilities of every stakeholder in hospitals from patients, patient's family members, health staff to hospital leaders, and unions 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Step 4: Dissemination of the rules and preparation for rule implementation	
<ul style="list-style-type: none"> • Dissemination of the rules in the whole hospital • Dissemination of the rules in department/unit including service providers within the hospital premises • Location of rule boards (at the entrance, in-patient rooms, staff room, etc.) • Preparation to build working groups (The Green Working Group, the smoking cessation counseling group, etc.) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Activity	Done (Please tick in the box below)
Step 5: Implementation of the rules	
<ul style="list-style-type: none"> • Implementation plan of each department/unit • Regular plan update • Announcement of plan in work plan meetings, monthly meeting of each department/unit – in form of written document • Record of rule violation cases and penalties • Dissemination of the rules to the Patient’s Council, announcement and reminders to patients in weekly patient consultations • Location of no-smoking signs • Regular communication • Supervision <ul style="list-style-type: none"> o Internal supervision (by Trade Union, Youth Union, Guard Group, Women’s Union) o Supervision from higher levels • Penalties • Establishment of smoking cessation clubs (recommended) • Activities of particular working groups such as the Green Working Group, Smoking Cessation Counseling Group 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Step 6: Evaluation, Emulation and Reward	
<ul style="list-style-type: none"> • Evaluation of the execution • Evaluation of activities according to steps to establish smoke-free hospitals • Evaluation of results including information on: <ul style="list-style-type: none"> o Number of smokers o Number of persons receiving counseling o Number of person coming more than 2 times to receive counseling o Number of persons quitting smoking after receiving counseling o Number of cigarette butts in some areas in hospitals o Number of patient’s family members smoking within hospital premises o The availability of cigarettes within and around hospitals 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

II. OBSERVATION AND ASSESSMENT

	Observation	Yes	No	Can not observe
Billboards/signs/posters				
1	Are no smoking signs visible outside? How many?	<input type="checkbox"/> ...	<input type="checkbox"/>	<input type="checkbox"/>
2	Are no smoking signs visible from the door? How many?	<input type="checkbox"/> ...	<input type="checkbox"/>	<input type="checkbox"/>
3	Are no smoking signs visible inside department/unit? How many?	<input type="checkbox"/> ...	<input type="checkbox"/>	<input type="checkbox"/>
4	Are rule announcement visible inside department/unit? How many?	<input type="checkbox"/> ...	<input type="checkbox"/>	<input type="checkbox"/>
5	Is the poster set inside department/unit visible? How many?	<input type="checkbox"/> ...	<input type="checkbox"/>	<input type="checkbox"/>
Rule Violation Case				
6	Is smoking smelled in the department/unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Are smokers seen in the department/unit? How many?	<input type="checkbox"/> ...	<input type="checkbox"/>	<input type="checkbox"/>
8	Are there any cigarette butts found at the floor or in the dustbin of the department/unit? How many?	<input type="checkbox"/> ...	<input type="checkbox"/>	<input type="checkbox"/>
9	Are there any ash trays in the department/unit? How many?	<input type="checkbox"/> ...	<input type="checkbox"/>	<input type="checkbox"/>
Quantity Count		Quantity		
10	How many cases of rule violation among department/unit staff?	...		
11	Are there any cigarette butts found at the floor or in the dustbin of the department/unit? How many?	...		
12	Are there any ash trays in the department/unit? How many?	...		
13	How many cigarette vendors are there inside the hospital?	...		

Evaluation form for smoking cessation counseling service

This form is designed for counseling staff

Marking Method:

- (1) Very bad
- (2) Bad
- (3) Normal
- (4) Good
- (5) Very good

* The findings of this evaluation, together with rule adherence monitoring results (Form 3.9.a), will be submitted to the Executive Board for use in evaluating smoke-free hospital performance (Form 3.11).

Identifying Method:

O – Observation
R – Record Check

SI – Staff Interview
CI – Customer Interview

I. MANAGEMENT AND HUMAN RESOURCES

Management	Method	Mark					Note
1. Level of support from the Executive Board							
a. Arranged location appropriately and timely for counselling activities	SI	1	2	3	4	5	
b. Established counseling team composed of eligible persons	CI	1	2	3	4	5	
c. Monitors counseling activities monthly	R	1	2	3	4	5	
d.		1	2	3	4	5	
e.		1	2	3	4	5	

Management	Method	Mark					Note
2. Training							
a. Staff are provided with quality training, before performing counseling	SI	1	2	3	4	5	
3. Time allocation for counseling							
a. Number of counseling staff	R						...R...
b. Average counseling hours by day for each counseling staff	R						...R...
4. Staff benefits							
a. Counseling staff receive benefits	SI	1	2	3	4	5	
.....		1	2	3	4	5	
.....		1	2	3	4	5	

II. QUALITY OF COUNSELING

Facilities	Method	Mark					Note
		1	2	3	4	5	
a. The counseling center is easily seen, punctual and clean	O, CI	1	2	3	4	5	
b. Working hours notice board is available, easily seen	O	1	2	3	4	5	
c. Forms, notes and communication materials for counseling are available	O	1	2	3	4	5	

Counseling process	Method	Mark					Note
		1	2	3	4	5	
a. Counseling staff follow counseling process as instructed (Part 4)	O	1	2	3	4	5	
b. Person receiving counseling are provided with handbook for smoking cessation session after the first counseling	O, R, CI	1	2	3	4	5	
c.		1	2	3	4	5	
d.		1	2	3	4	5	
e.		1	2	3	4	5	

III. MONITORING

Record and report system are well kept and maintained	Method	Mark					Note
		1	2	3	4	5	
a. Data collected on person receiving counseling is accurate and comprehensive; forms are available and used for data collection	R, SI	1	2	3	4	5	
b. Quarterly reports are made and submitted to Executive Board on time	R	1	2	3	4	5	

Indicators	Method	Mark					Note
		1	2	3	4	5	
a. Number of smokers who sought counseling	R						.....
b. Number of visits for counseling	R						.....
c. Number of persons who came one time	R						.....
d. Number of persons who came two times	R						.....
e. Number of persons came more than two times	R						.....
f. Number of successful cessation smokers	R						.....

Smoke-free hospital performance evaluation form

This form is designed for the Executive Board or other bodies who conduct the evaluation (Eg: The Health Labor Union or other functional bodies)

* The Executive Board processes this evaluation partly based on the results of rule implementation monitoring by the Green Working Group or department/unit (Form 3.9.a) and assessment of smoking cessation counseling activities (Form 3.10) provided by the counselors.

Date of evaluation:

		Before implementing the rules	After implementing the rules	Note	
1 Does the hospital follow all steps to establish smoke-free hospital?					
	Establishment of the Executive Board		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Situational assessment		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Development of the rules and implementation plan		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Announcement of the rules		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Implementation of the rules		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Evaluation, monitoring, and rewarding		<input type="checkbox"/> Yes <input type="checkbox"/> No		
2 Are "No smoking" signs or "For a smoke-free hospital!" poster set available at visible locations?					
Department/unit	Number of no smoking signs/poster	Are they located at visible locations? (please tick)		Are there people smoking in department/unit and why?	
		Yes	No	Location	Reason
	...				
	...				
Percentage of departments/units with signs/posters posted:.....%					
3 Cigarette sale in the hospital premises: How many cigarette providers are there inside the hospitals and at the hospital entrance?					
<i>Inside the hospital</i>			<i>Hospital entrance</i>		

4	How many smoking health staff are there in the hospital?		
	Doctor .....	.....	Departments/ units with the highest number of smoking staff.
	Nurse .....	.....
	Administrative Officer .....	.....
	Other staff .....	.....
5	How many hospital staff who have quit smoking for more than a year?		
	Doctor .....	.....
	Nurse .....	.....
	Administrative Officer .....	.....
	Other staff .....	.....
6	How many cases of rule violation to smoke/sell cigarettes within the hospital premises?		
	Number of staff received penalty for smoking .....	.....
	Number of patients/ patient's family members received penalty for smoking .....	.....
	Number of cigarette butt found .....	.....
	Number of cases of rule violation to sell cigarette .....	.....
7	In average, how many cigarettes does each smoking staff consume daily?		
	During working hours .....	.....
	Non-working hours .....	.....
8	In average, how long is each hospital staff exposed to cigarette smoke?		
	In the hospital .....	.....
9	Does the hospital hold smoking cessation counseling activities?		
	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No		
	If yes:		
	Number of counseling staff .....	.....
	Average counseling hours by day for each counseling staff .....	.....
	Number of patients referred to counseling rooms from departments/units .....	.....
	Number of persons receiving counseling .....	.....
	Number of visits to counseling rooms .....	.....
	Number of successful cessation cases .....	.....

General performance evaluation on the implementation of smoking prevention in hospitals/units

- *Rules and rule implementation*

.....
.....
.....

- *Supports to smoking cessation(counseling and medication)*

.....
.....
.....

- *Resources for smoking cessation(human resource, budget)*

.....
.....
.....

- *Engagement of leaders in smoking prevention*

.....
.....
.....

Recommendation:

.....
.....
.....

**Suggestions
for developing
smoking cessation
counseling services**



PART 4: SUGGESTIONS FOR DEVELOPING SMOKING CESSATION COUNSELING SERVICES

Because smoking is addictive, it is not easy for smokers to quit immediately when the rules are adopted. Thus, for a more comprehensive smoke-free hospital model, depending on the particular situation, we suggest hospitals organize and run a smoking cessation counseling service for all health staff, patients and others who want to quit. It is important to note that the service cannot be a stand-a-lone activity; rather it has to go in line with other supporting activities from hospital and department/unit leaders. The diagram below illustrates the structure of implementation.



Smoking cessation counseling service should follow the below model:

Executive Board

- Distribute smoking cessation communication materials at visible and public places in the hospital.
- Set up the smoking cessation counseling group.
- Provide training on in-depth counseling to counselors.
- Designate a room/location in the hospital for smoking cessation counseling or distribution of smoking cessation communication materials.
- Provide instructions to doctors at departments/units on conducting the "1 minute approach and cessation encouragement" (page 73).

Department/unit/doctors/nurses

- Conduct '1 minute approach and cessation encouragement' for patients who smoke.
- Refer patients who are ready to quit to smoking cessation counseling service.
- Make a list of health staff who currently smoke in their unit and send it to the counseling service.

Green working group

- Record names of health staff who receive penalties for violating smoke-free rules.
- Send names to smoking cessation counselors.

Counselors

- Set-up a counseling room (page 75).
- Send invitation on counseling to doctor/health staff smokers.
- Conduct counseling and monitoring of smoking cessation progress (page 77).
- Evaluate counseling program quality and report to the Executive Board (page 81).

* Note: To ensure attendance of health staff smokers in counseling service upon getting invitation note from counselors, this should be included in the rules.

1 minute approach and cessation encouragement

Doctors at departments/units or the nurse-in-chief at patients' consultations should conduct this step upon receiving patients. Doctors/nurses should:

- 1. Ask all patients about their tobacco use**
 - Take notes in patient's medical record book
- 2. If the patient is a smoker, advice them to quit smoking**
 - With gentle but determined attitude
 - Advice should be in clear, strong, and personalized language
 - Inform him/her that the hospital smoking cessation counselors are available to help them.

Clear:

'It is important to quit smoking. If you wish to improve your health, just cutting down is not enough.'

Strong:

'You should be aware that quitting smoking will help to protect your health now and afterwards'



Personalized:

- Clarify the relationship between smoking and current disease/previous history of disease
- Note potential harm on family members, especially children

3. After giving advice, assess readiness to quit

- Ask smoking patients if they want to attend smoking cessation counseling
 - If **YES**:
 - Give them the referral card to the smoking cessation counseling service (Form 4.1).
 - Give them a HANDBOOK FOR SMOKING CESSATION (if the hospital does not run smoking cessation counseling activities).
 - If **NO**:
 - Ask patients about barriers preventing them from quitting smoking at this time.
 - Introduce and distribute leaflets on smoking cessation promotion.
 - Tell the patients that he/she is welcome to the cessation counseling service at any time.

Tools:

Form 4.1: Referral card



Setting - up counseling location

The counseling staff is responsible for this task. Depending on the specific situation, smoking cessation counseling service can be integrated with existing activities in the health education or provided through internet/telephone channel. However, ideally hospitals should designate a separate room/location for this activity. When setting up the counseling room/location consider the following:

- **Light and color**

Warm and light, creating a comfortable and pleasant feeling

- **Furniture**

A set of table and chair should be in place to create a comfortable environment

- **Equipment**

- CO meter apparatus for breath
- Scale
- Sphygmomanometer



- **Materials**

- HANDBOOK FOR SMOKING CESSATION
- Leaflets on tobacco-related harm
- Smoking cessation counseling room promotional/ appointment cards
- Smoking cessation promotional posters

- **Materials display**

- Next to the waiting area for easy access
- Do not stack with other types of materials
- Poster is located in a visible location and close to a light source



- **Standard forms to have available**

- List of tobacco-related harms and cessation benefits (Form 4.2)
- Patient's regimen booklet (Form 4.3)
- Appointment card (Form 4.4)
- Invitation for health staff who smoke to participate

 **Tools:**

Form 4.2: List of tobacco-related harms and cessation benefits

Form 4.3: Patient's regimen booklet

Form 4.4: Appointment card

■ Conducting counseling and monitoring cessation progress

The counseling staff, who was chosen and trained will undertake this task (See Part 3, Step 4, pages from 30-34). Counseling is a long-term process, normally with 6 steps as suggested below. For patients who live out of the city or outpatients who do not stay long in the hospital, counseling staff can practice the first four steps and give the **HANDBOOK FOR SMOKING CESSATION** to the patients to use for self quitting.

■ Step 1: Introduction and getting acquainted

- Greeting, ice-breaking
- Self introduction and objectives of the session
- Getting smoker's personal information for appropriate counseling method (occupation and level of education)
- Understanding reasons for visiting smoking cessation counseling service



■ Step 2: Understanding and assessing smoking status

- Utilizing the assessment form in the Patient's regimen booklet (Form 4.3)

■ Step 3: Consolidating patient's smoking cessation objective

- Let the patient list harms of tobacco use and benefits of smoking cessation based on the suggested list (Form 4.2)
- Advising the client to always keep this list with him/her
- Highlighting specific benefits for each individual client
Example: Person with a small child -> benefit for the child
Health patient -> health benefit for the patient him/herself
- Confirming clearly that permanent smoking cessation is reasonable and necessary

■ Step 4: Re-assessing the smoking cessation readiness

*Notes: For smoking cessation counseling, it is especially important to assess the smoker's expectation to quit smoking in order to build strategy helping them to quit.

- Asking the smoker if he/she is fully motivated and ready to quit at this time:
 - If the smoker is ready to quit, confirm your support
 - If the smoker is still reluctant, provide behavior change communication materials and make another appointment
- Encouraging smoking cessation through support and motivation will:
 - Confirm the likelihood of cessation success: telling them that half of smokers who try to quit have quit smoking successfully¹
 - Express confidence in his or her ability to quit
 - Inform him/her about the Clubs for cessation smokers
 - When applicable, inform the patient about Pharmacological Aids

■ Step 5: Assisting smoking cessation

- Explaining 4 phases of the smoking cessation process (see Part 5)
- Making use of the HANDBOOK FOR SMOKING CESSATION during the course of cessation counseling
- Give the smoker his/her own copy of this handbook.

■ Step 6: Arranging followup visits

- Time:
 - First visit: first week of cessation process
 - First month: once a week
 - Month 2 – 3: once every 2 weeks
 - Month 4 – 6: once a month

- Method of follow-up:

Month 1				Month 2				Month 3				Month 4				Month 5				Month 6											
Week		Week		Week		Week		Week		Week		Week		Week		Week		Week		Week		Week									
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4				
✓	✓	✓	✓		✓		✓	✓			✓				✓					✓											✓

1 U.S. Department of Health and Human Services. (2008). *Clinical practice guideline: Treating tobacco use and dependence*. Retrieved 11/2/2008 from http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf.

- ♦ For smokers who live near-by: in the counseling room
- ♦ For long-distance smokers: contact via telephone/mail
- ♦ Provide telephone number for smokers to make contact



- **Contents of follow-up:**

- ♦ Ask about progress made by smokers
 - ♦ Give congratulations and encouragement
 - ♦ If smokers relapse:
 - Assess circumstances surrounding the relapse
 - Emphasize the need for a total cessation
 - Tell the smokers that the recent failure is an experience for improvement
 - ♦ Consider encountered difficulties and anticipate future challenges
 - ♦ Evaluate Pharmacological Aids (if applicable)
 - ♦ Make the next appointment
- Keeping the patient's regimen booklet (Form 4.3) at the counseling room and update it after every visit

A Number of Effective Cessation Methods Practiced Around the World ²

- **Brief clinical interventions by health care providers and counseling and behavioral cessation therapies**

The treatments are found more effective with more person-to-person contact and intensity (e.g., more time with counselors). Besides, individual, group, or telephone counseling are all effective.

- **Pharmacological therapies**

Those found to be effective for treating tobacco dependence include nicotine replacement products (e.g. gum, inhaler, patch) and non-nicotine medications, such as bupropion SR (Zyban[®]) and varenicline tartrate (Chantix[™]).

*Notes: To have more concrete guidance on smoking cessation by pharmacological therapies, refer to National Guide on Smoking Cessation Counseling by Pharmacological Therapies, which will be issued by Vietnam Ministry of Health in the coming time.

2 U.S. Department of Health and Human Services – Centers for Disease Control and Prevention. (2008). *Fact Sheet: Cessation*. Retrieved 05/02/2009 from http://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/cessation2.htm

Evaluating counseling service quality and reporting to the Executive Board

- One member of the Executive Board will act as the focal point, instructing and supervising counseling staff to conduct this evaluation.
- The evaluation should be done quarterly
- Suggested criteria and tools: See Part 3, Step 6 (Form 3.10).
- Results of this evaluation will serve two purposes:
 - ♦ Help counseling staff review and improve their services.
 - ♦ Contribute to indicators used by Executive Board to evaluate performance in establishing smoke-free hospital.



Reference

Center for Tobacco Research and Intervention, University of Wisconsin Medical School. (2000). *Treating tobacco use and dependence in hospitalized smokers*. Retrieved 01/12/2008 from <http://www.ctri.wisc.edu/HC.Providers/Guideline%20Hospital%20Info.pdf> .

Health Sector Labor Union, VINACOSH, & Path Canada. (2005). *Triển khai cơ sở y tế không thuốc lá, thuốc láo (Implementing smoke-free health clinics)*. Hanoi.

Ministry of Health & WHO. (2003). *Tài liệu hướng dẫn tư vấn cai nghiện thuốc lá (Guide for smoking cessation counseling)*, Hanoi: Ministry of Health.

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Sample Tools

Sample Tools



Front

REFERRAL CARD

Name of patient: _____

Name of doctor: _____

Date: _____

Back

*Address of smoking cessation
counseling room* _____



Tel: _____

Working hours _____

Map to show the location



List of tobacco-related harms and cessation benefits

	HARM OF SMOKING	CESSATION BENEFITS
<i>Health</i> 		
<i>Appetite</i> 		
<i>Money</i> 		
<i>Smell</i> 		
<i>For love ones</i> 		
.....		



PATIENT'S REGIMEN BOOKLET

ID code: _____

Starting date: _____

Client

- Found the counseling room himself
- Was referred by a doctor; Name of the doctor _____ ; Department _____

Name of the counselor: _____

I. Personal information of client:

- ▶ Name: _____
- ▶ Age: _____
- ▶ Sex: _____
- ▶ Address: _____
- Postal address: _____
 - Tel: _____
 - Cell phone: _____

II. Health issues:

- ▶ Current: _____
- ▶ Medical history: _____

III. Results of examination:

- ▶ Pulse: _____ /minute _____
- ▶ Blood pressure: _____ / _____ mmHg
- ▶ Weight: _____ Kg
- ▶ Height: _____ m
- ▶ Body index (BMI): _____

BMI= weight (Kg) / height² (m²)

- **below 18:** under weight
- **18.5 – 25.9:** normal
- **26 – 30:** over weight
- **Over 30:** obesity

IV. Assessment of smoking situation :

		Note
1.	Age started smoking:	
2.	Reasons for smoking:	
3.	The client's perspective about his/her smoking habit:	
4.	The client family's perspectives about his/her smoking habit:	
5.	Has the client ever tried to stop smoking? If yes, when? Reasons for failure?	

6.

Assessment of Nicotine addiction (Fagerstrom test)

1. *When do you smoke the first cigarette after waking-up?*
- Within 5 minutes.....3
 - 6-30 minutes2
 - 31-60 minutes1
 - After 60 minutes0
2. *Do you find it difficult not to smoke in 'no-smoking' areas (such as theatres, offices, ...)?*
- Yes1
 - No0
3. *Which is your most enjoyable moment to smoke?*
- First cigarette in the morning.....1
 - Other cigarettes.....0
4. *How many cigarettes do you smoke a day?*
- Fewer than 100
 - 11- 201
 - 21 - 302
 - More than 30.....3
5. *Do you smoke more cigarettes right after waking-up compared to other times in the day*
- Yes1
 - No0
6. *Do you smoke when you are sick and have to stay in bed?*
- Yes1
 - No0

EVALUATE:

0-2: Very low

3-4: Low

5: Addicted

6-7: Strong

8: Very strong

V. Cessation progress monitoring

	Date	Note (symptoms, difficulties, solutions, etc.)
Date of first counseling		
Date chosen to start quitting		
1st MONTH		
Week 1		
Week 2		
Week 3		
Week 4		
2nd MONTH		
First time		
Second time		
3rd MONTH		
First time		
Second time		
4th MONTH		
5th MONTH		
6th MONTH		

Cessation outcome:

FORM 4.4

APPOINTMENT CARD



ID code: _____

Name: _____

First month				2		3		4			5			6	
x	x	x	x	x	x	x	x			x			x		x

x : Expected time of appointment

. . . : Actual time of appointment

Handbook for smoking cessation



*Handbook for
smoking cessation*

Vietnam Committee on Smoking and Health
VINACOSH

Handbook for smoking cessation



For a smoke-free hospital!



PART 5: HANDBOOK FOR SMOKING CESSATION

Greetings!

Holding and reading this handbook means you are thinking about smoking cessation. Congratulations!

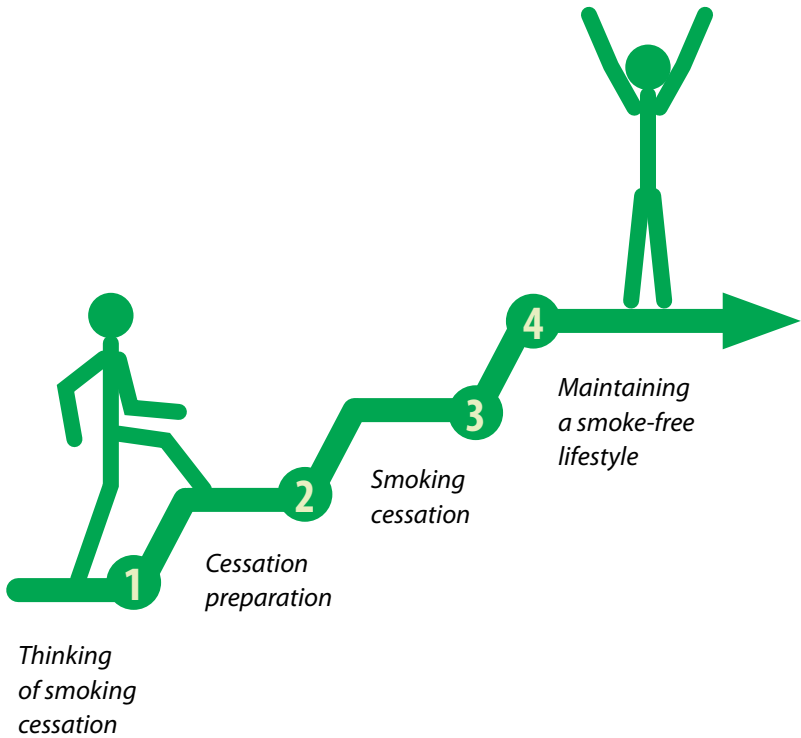
Smoking cessation is not easy, but it is possible if you really want to quit. Half of smokers who try to quit actually succeed. You can too!

To make your smoking cessation easier and smoother, we have designed this handbook as your companion to guide you step by step in the course of cessation. Currently, this smoking cessation counseling model is available in some hospitals across the country for those who want to quit. You can contact your nearby hospital for full support.

Best wishes for your success!



Your smoking cessation will go through 4 phases:



1 Thinking of smoking cessation

■ Step 1: Why should I quit smoking?

- List all reasons why you need to quit smoking in the table below
- Mark the reasons that are most important for you
- Keep this list with you so that you can read and remind yourself whenever you are tempted to smoke

I need to quit smoking because:

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

'I do not want my child to follow his/her father's bad habit.'

'I want to spend the smoking costs to create a better condition for my child's study.'

'My doctor said that my disease will become more serious unless I quit smoking immediately.'

'At my work-place, there is no room for me to smoke. I have to go outside the premise. It takes a lot of time.'

'My wife is pregnant and my smoking will harm the health of my wife and my baby.'

WHAT GOOD THINGS CAN HAPPEN TO ME WHEN I STOP SMOKING? ¹

Short-term Benefits:

- **Within 30 minutes after you finish your last cigarette:**
 - Blood pressure and pulse rate drop to normal
 - Temperature of hands and feet increases to normal.
- **Within 1 day:**
 - Carbon monoxide level in blood begins dropping to normal
 - Oxygen level in blood begins increasing to normal
 - "Tobacco breath" disappears
- **Within 2 days:**
 - Senses of taste and smell improve
- **Within 3 days:**
 - Breathing becomes easier
- **Within 2 weeks:**
 - Cough decreases
 - Carbon monoxide level in blood falls to normal
 - Oxygen level in blood rises to normal
 - All nicotine has cleared from your body.

Long-term Benefits:

- Lower risk of heart attack, cancer, lung diseases
- Healthier teeth and gums
- More energy for the smoker and his/her family members
- Happier family
- Sense of accomplishment and more confidence
- Save money and time spent on tobacco

1 Stillman, F., Warshow, M., Stern, E., Jones, C., (1990). *Quit Smoking for Good While You are in the Hospital*. Baltimore: The Johns Hopkins University.

■ **Step 2: Can any of my family members, friends/colleagues help me with smoking cessation?**

- ♦ Smoking cessation is not an easy task; let people around you support and assist you during the cessation process
- ♦ List names of people who you think can help you:



Name	Contact

■ Step 3: What are the reasons that make smoking so hard to stop?

- You should understand what factors that stimulate you to smoke so that you can overcome or avoid them during the cessation process

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

You have signs of being addicted to nicotine if:

You smoke your first cigarette within 30 minutes of waking up

You smoke more than 10 cigarettes per day

You have cravings and withdrawal symptoms when trying to quit

You may smoke because of...?

Addiction (nicotine)

Emotions (stressed, upset, happy...)

Pleasure

Social pressure

Habit / Hobby

When do you smoke?

After getting up

Drinking coffee

After meals

Drinking alcohol

Watching TV

Gathering with friends

Reading newspapers

...

■ Step 4: If you have tried to quit smoking in the past:

- Acknowledge the fact that you have previously failed. HOWEVER, that does not mean you are not able to quit smoking!
- Learn from the previous failure and use that experience as a better preparation for this cessation.

Things that helped me forget smoking in the last smoking cessation:

1	<i>Taking a walk after meals instead of seating alone and readings</i>
2	<i>Talking on the phone with a friend</i>
3	
4	
5	
6	
7	
8	
9	
10	

What has made me relapse?

1	<i>I got drunk at a party</i>
2	<i>I decided to take only one more cigarette</i>
3	
4	
5	
6	
7	
8	
9	
10	

2 Cessation preparation

■ Make a decision about when you will stop smoking

- Select the period of time when you are relaxed and don't have too much pressure. Don't pick a period when you have a lot of free time in your hands.

Month...

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Note: You should reduce your smoking consumption slowly before the day of actual cessation.

■ Seek help

- Tell people about your decision to quit smoking
- Ask family members, friends, colleagues (listed above) for help
- Request others not to smoke in front of you or offer you cigarettes
- Learn from the experience of those who have quit successfully
- Visit the smoking cessation counseling service at hospitals if you are in need of support and counseling during cessation



■ Remove everything that is related to smoking

- Remove all ashtrays and tobacco in your home and at your office
- Do not carry cigarettes and a lighter with you

■ Prepare cessation support medicine if you are using additional pharmacological therapies

- Contact smoking cessation counselors for more information on smoking cessation medications

■ Prepare to cope with difficulties

- Analyze challenges that may interfere your smoking cessation determination

Objective challenges

- Friends offer cigarettes
- Everyone else smokes
- Work pressure
- Unhappy circumstances
-
-
-

Subjective challenges

Symptoms of withdrawal:

- Dizziness, headache
- Stressed, bad-tempered, angry, anxious
- Urge for smoking
- Disturbance of digestion
- Inability to concentrate

- Plan to face challenges

Objective challenges

- Select a suitable time for cessation (comfortable mind, less pressure from work and family)
- Plan to undertake some non-smoking related hobbies:

-
-
-
-
-

- Plan to temporarily avoid events where your smoking friends gather (e.g. parties, birthday celebration)
-
-
-
-
-

Subjective challenges

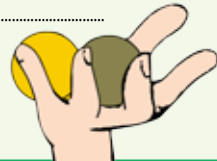
- Understanding that craving is temporary, lasting during the first 1 to 3 weeks of the cessation process. They will not last forever.
- Preparing some things at home and at workplace for new habits:

Snack: watermelon seeds, chewing gums, etc. (edible things that are neither too sweet nor too oily)

Playing articles: two handballs, a pen, a toothpick, etc. (to keep your hands busy)

Cessation pharmacological aids (applicable if medical therapy is used)

-
-
-



*** Note:** Weight gain can be seen in some cases when cessation smokers reduce their level of activities and use food as a substitute for smoking. In general, one can gain about two kilograms after quitting. To avoid gaining weight, you should eat three to six small meals per day instead of a big one, avoid fatty food, eat more fresh vegetable and fruit, keep working, and do exercise.

■ **Plan to reward for yourself upon successful cessation**

- An inexpensive but meaningful gift
- The cost for the gift is equal to the amount of money saved from buying cigarettes

The gift will be:.....



3 Smoking cessation

The day you planned to begin smoking cessation has come!

You should remember the following points to facilitate your smoking cessation process:

■ **Be strict with yourself. Absolutely no smoking!**

Even one puff is not ok!

Tell yourself: "I will not smoke today!"

■ **Congratulate yourself after each successful day**

Your goal is not to smoke for each passing day.

■ **Stay away from temptation**

- Stay away from alcohol

Alcohol can easily lead you to relapse. You should avoid alcohol for at least the first two weeks of your cessation.

- Avoid temptation

Refusing to smoke is difficult when everyone else is smoking. Therefore, temporarily during the course of cessation, you should avoid attending parties or events where your friends smoke. If your family members smoke, encourage them to be on cessation like you, otherwise ask them not to offer you cigarettes or smoke while you are around.

- Replace your old habits with new non-smoking related ones

Avoid habits that remind or lead you to smoking (sitting alone and drinking coffee, chatting with smoking friends, etc.) Instead, try to exercise, play sports or some other non-smoking activities.



■ Facing physiological changes

Smoking cessation may lead to some unpleasant physiological changes. This is because your body was used to a certain amount of nicotine when you were smoking. However, those symptoms will disappear after a short period of time (one to three weeks). Some smoking cessation medications and psychological therapies can help you to overcome this period more easily.

- Use smoking cessation pharmacological aids (Nicotine replacement therapy, bupropion, or varenicline) in accordance with the instruction of smoking cessation counselors in hospitals (if applicable).
- Use these psychological techniques:

Symptoms	Treatment methods
Craving	<p>The craving for smoking reaches its peak within 1-5 minutes. IT WILL GO AWAY BY ITSELF WITHIN 5 MINUTES. Do something to distract yourself during this period.</p> <ul style="list-style-type: none">▪ Drink a glass of water▪ Practice deep breathing▪ Do physical exercises▪ Gardening▪ Talk on the phone with someone (non-smokers)▪ Keep your hands busy (e.g. play with two handballs, rotate a pen, play cards, etc.)
Headache, distraction	<ul style="list-style-type: none">▪ Reduce working pace for several days▪ Do more physical exercises▪ Work in a shorter period of time, with breaks in between▪ Pay attention to what you eat
Coughing	<p>Coughing will dissipate in 1 to 2 weeks</p> <ul style="list-style-type: none">▪ Take sips of warm water
Tension and bad-temper	<ul style="list-style-type: none">▪ Take a walk▪ Bath with warm water▪ Share your feelings with someone

Sorrowful, stagnancy	<p>This state will phase out so do not worry too much</p> <ul style="list-style-type: none"> ▪ Do some simple physical exercise (E.g. Jogging for 5-10 minutes.)
Feeling hungry	<ul style="list-style-type: none"> ▪ Have healthy snacks that prevent you from gaining weight (E.g. Carrot, plum, etc.) ▪ Eat 6 small meals per day ▪ Drink a lot of water
Trouble sleeping	<ul style="list-style-type: none"> ▪ Bath with warm water before going to bed ▪ Drink a glass of milk before bed time ▪ Read or listen to relaxing music before bed, but not for too long ▪ Exercise during the day

■ Reward yourself

If you have gone through the cessation period, congratulations! You are at the first stage of success! Reward yourself with the gift that you have planned for.

However, it is very important for you to remember that successful smoking cessation is described as one year of abstinence from smoking. Thus, keep reminding yourself that even though you have been successful, **you can always be at risk of relapsing if you take only a single puff of a cigarette.**

4 Maintaining a smoke-free lifestyle

■ Be aware of the dangers of relapse

When you have passed the period with physiological changes, you will no longer be physically uncomfortable. However, you will need to continue to fight the urge to smoke because smoking has long been your habit. Only by doing so, can you maintain a smoke-free lifestyle. The hints below can help you overcome these urges:

- Always keep your list of reasons for smoking cessation ready to read when facing an urge to smoke.

- Remind yourself whenever you want to light a cigarette:

'Quitting smoking is not easy but I have done it for days. There are no reasons to smoke now. Stop!'

- Imagination:

Imagine that your lung is darkened with smoke.

Visualize the disappointment of your loved ones and those who are helping you quit smoking.

- Delay your decision to smoke:

Be aware that the craving will come and go in a few minutes. When it comes, do not respond to it. The craving will pass without you having to smoke.

- Do something else for distraction:

After meals, do not sit for long at the table, instead, go for a walk or brush your teeth, etc.

- Maintain positive habits which are not related to smoking.

- Calculate the amount of money that you have saved from quitting smoking and reward yourself or your loved ones with a favorite gift of equivalent value.



LET'S ENJOY THE TASTE OF A SMOKE-FREE LIFE!

Reference

Family Health International. (2008). *Con đường mới ta đi (A guide for coming off heroin)*. Hanoi: FHI.

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