

PERCEPTIONS & OUTCOME EXPECTATIONS OF HCPS

- HCPs believe TDT improves health status, especially those with chronic diseases, parents who smoke, women who smoke in pregnancy
- HCPs believe TDT is both HCPs' and patients' responsibility
- HCPs believe more than brief advice is needed
- Patient's disease characteristics prompt intervention
- Physicians expect nurses to do this as they have more time
- TDT is not feasible during consultation
- Some tobacco users may not change their behaviours
- Tobacco control is not a priority for government

BEHAVIOUR CHANGE BARRIERS - HEALTH SYSTEM CONSTRAINTS

- Patient overload
- No referral support networks or access to quit line
- No cessation medications
- Poor continuity of care

IMPROVING HCPS' BEHAVIOURS

- Screen all patients
- Offer comprehensive tobacco dependence treatments

HCPS' BEHAVIOURS

- Selective screening
- Only brief advice offered

BEHAVIOUR CHANGE ENABLERS – IDENTIFIED NEEDS FOR SYSTEMS-LEVEL CHANGE

1. Train HCPs on tobacco dependence treatment
2. Ensure academic detailing /make tobacco use as vital sign
3. Establish and integrate referral network / quit line into the health system
4. Do patients follow-up using the appointment system
5. Provide and incorporate affordable cessation drugs into the Essential Drug List
6. Build good HCP-Patient relationships
7. Make tobacco control a priority programme on the government agenda

PERCEPTION OF LOW SELF-EFFICACY AND SOCIO-CULTURAL LIMITATIONS

- Poor counselling skills, poor awareness of the 5As framework,
- Lack of training, "Can't do much".
- Limited cooperation from patients from certain ethnic/racial groups
- Cultural challenge of counseling older tobacco users