

Helping Women Quit

A Guide For Non-cessation Workers

For those who work with women, but who don't have a background in tobacco cessation.

To be used as part of existing work contacts and visits to help pregnant women, young mothers, and other women quit smoking.

This resource was adapted for Newfoundland and Labrador and re-printed with permission from the British Columbia Ministry of Healthy Living and Sport, 2009

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This Guide's For You...

If you work with women, on issues that relate to their well being, and if your primary work focus is **not** tobacco cessation, then this Guide's for you.

It was developed for service providers who are concerned about their clients' smoking, but who don't have time to learn about tobacco cessation, and aren't sure about the best ways of helping women quit.

It gives you a little background on tobacco cessation for women, and step by step instructions to helping women quit smoking. It tells you what questions to ask to identify a cessation approach for each woman, and it points you to resources to address her needs.

You don't have to be a cessation counsellor

This Guide doesn't expect you to acquire cessation counselling skills; instead, its goal is to enable you to determine what approach is more likely to be effective for each woman, and to help her get the support she needs. One woman may respond well to a booklet providing information relevant to her situation – you could help by getting her the booklet. Another woman may need a more intensive approach, perhaps involving a cessation counselling program, or medication; in this case, your role will be to identify the appropriate approach and help the woman access the program or medication.

It doesn't have to take a lot of time

We know you're busy, and that your work contacts with women are often brief. So we've used an approach that takes very little time and should enhance your contacts with your clients. We'll help you learn how to ask about a woman's tobacco use, make clear statements about the importance of cessation, determine her willingness to get help, and provide or direct her to the resources she needs. This can be done in just a few minutes, and will not interfere with the primary focus of your work.

Saying nothing says something

When we were developing this Guide, service providers told us they are sometimes reluctant to discuss smoking because of a concern that it would be a 'turn off' for their clients. But you'll find people expect smoking to be addressed by those whose work is focused on the well being of women and children. When you say nothing about tobacco cessation, you risk leaving the woman with the impression that you're not concerned about her smoking, and/or that it doesn't matter whether she quits or continues to smoke. This also may provide women with a reason for not trying to quit smoking.

Consistent messaging matters

It's important that women receive consistent information about tobacco use from various health related service providers. Currently, this is not the case. When we were developing this Guide, service providers told us about women who say they've been told it's OK to smoke while they're pregnant because the stress of quitting would be harmful for their baby or for them. This view will be at odds with tobacco cessation messages from other sources – and conflicting messages may give women another reason for not trying to quit.

For all women, including pregnant women

This Guide deals with tobacco cessation for all women, because smoking poses risks to a woman's health as well as the health of her unborn baby. Following the advice of service providers we consulted during development, the Guide emphasizes the need for positive, practical, non-blaming support. It can also be used – along with some resources we've developed – if you work with women who don't ordinarily respond well to written materials.

More information about the development of this Guide, and about research on tobacco cessation for women, can be found in the 'More Info' section of the appendix.

The Guide to Helping Women Quit

You should find this Guide helpful if your work includes...

- ◆ pregnancy outreach
- ◆ pregnancy prevention/information
- ◆ transition/shelter services
- ◆ home visits to new moms
- ◆ teen parenting issues
- ◆ immunization/well baby clinics
- ◆ prenatal information/services
- ◆ other aspects of women's and children's well being

You don't have to read the whole Guide... at least not right away.

We suggest you look through the next four pages for a quick review of Tobacco Cessation for Women. Then use the Overview in the What To Do section to guide you through the steps to helping women quit smoking.

Although overall smoking rates are decreasing, smoking is still a major problem for women, especially...

- ◆ if you're a teenaged girl, an Aboriginal woman, or if you're at low income, education or employment levels; and/or
- ◆ if you live in certain parts of the province where smoking rates are much higher than the provincial or national average

Stress, social relationships, self image, and self confidence play a role in why women smoke – and in why they quit.

20% to 30% of women continue to use tobacco during pregnancy, and of those who quit, about 70% return to smoking after their babies are born.

Scientific evidence indicates that there is no risk-free level of exposure to second hand smoke. Exposure cannot be eliminated by separating smokers, cleaning the air or enhancing ventilation.

Most of us know smoking rates have decreased, but that doesn't mean tobacco problems have gone away. And for women, smoking poses specific problems. Here are some quick facts on why we should be concerned about helping women quit smoking.

Higher Smoking Rates in Some Groups

The good news: overall smoking rates have been decreasing – currently down to about 18% of Canadians and 20% of Newfoundland and Labradorians. The bad news: this still means that 86, 323 of Newfoundland and Labradorians are current smokers – and 39, 920 of these are women.¹

And while overall smoking rates are decreasing, they aren't decreasing at the same rate for everyone. Some groups continue to have very high smoking rates – a fact that we sometimes forget when we hear about the overall decline in smoking.

- ◆ Current smoking rates among teen girls and young women is a concern. In Canada smoking rates for females aged 15-19 is 13%; 22% of females aged 20-24 years are smokers. Smoking rates among women aged 25-44 years is 17%, and 14% of women aged 45 years and over smoke. (Canadian Tobacco Use Monitoring Survey 2008, current smokers is defined as total of daily and non-daily smokers).²
- ◆ Smoking rates are considerably higher for Aboriginal populations; According to the Canadian Community Health Survey 2007-2008, in Canada 32% of aboriginal people are daily smokers.
- ◆ Smoking rates are higher for those with low incomes, and those who have low levels of education and employment; approximately 35% of women on low incomes are smokers.³

Why Women Smoke

Women differ from men in terms of why they smoke, and why they continue or quit smoking. Paying attention to those reasons will help you help women quit smoking.

- ◆ For women, smoking is often a means of coping with stress, helping them relax.
- ◆ Social factors play an important role; women see smoking as something they do with friends or in social situations, or they may consider smoking itself as a 'friend', something to do.³
- ◆ Women tend to link smoking with self image, and may feel it helps them control weight; tobacco marketing reinforces this perception, linking smoking with attractive looks and a desirable lifestyle.
- ◆ Women are less confident in their ability to quit smoking, and are more likely to come up with reasons why they should not quit.⁴

Smoking During Pregnancy

Most women who smoke will quit or reduce their smoking while they are pregnant; but not all do. And quitting while pregnant is often a temporary measure.

- ◆ About 20% to 30% of women use tobacco during pregnancy,⁵ and women under 25 are more likely to report that they smoke regularly while pregnant.⁶
- ◆ Relapse rates are very high – about 70%⁷ of women who quit smoking while pregnant start smoking again after the baby is born.
- ◆ Mothers with children, and pregnant women who smoke often experience guilt and shame in the face of increasing societal disapproval of smoking for these groups.

Health and Economic Impacts

Smoking poses significant risks to women's health, to the health of a fetus, and to the health of children and others who live with people who smoke. With work and public place restrictions on smoking, the home is becoming the predominant place for exposure to second hand smoke.⁸

Risks for women...

- ◆ Smoking leads to heart disease and stroke; and the link may be stronger for women than for men. Heart disease and stroke are now the leading cause of death for women, accounting for 40% of all Canadian women's deaths.⁹
- ◆ Smoking causes lung cancer; and women are more susceptible to cancer-causing effects of cigarettes than are men;¹⁰ Canadian women are more likely to die from lung cancer than from breast cancer.¹¹
- ◆ Smoking leads to respiratory disorders such as chronic bronchitis and emphysema; and women smokers are more likely to develop asthma than are men who smoke.¹²
- ◆ Smoking among women has also been linked to lower fertility, cancer of the cervix, osteoporosis, and menstrual and menopausal problems.¹³

Risks for a fetus...

- ◆ Birth complications are more likely if a woman smokes during pregnancy;¹⁴ risks of miscarriage and premature birth increase¹⁵ and a baby's chances of dying at or shortly after birth are also increased.¹⁶
- ◆ Babies of women who smoke or who are exposed to smoke during pregnancy have lower birth weights and babies born with lower birth weights are more likely to get infections and have health problems.¹⁷
- ◆ The 2006 US Surgeon General's report on second hand smoke has found a direct causal link between second hand smoke

and sudden infant death syndrome (SIDS). SIDS is linked to smoking during pregnancy; more than 18% of all SIDS deaths are due to maternal tobacco use.¹⁸

Risks for children...

- ◆ Children exposed to smoke in their environment are more likely to suffer from asthma and other respiratory infections, and are more likely to cough during the night.¹⁹ The increased risk for lower respiratory illnesses is greatest from smoking by the mother.²⁰
- ◆ Children of mothers who smoked during pregnancy tend to be shorter, and experience slower growth.²¹
- ◆ Prenatal and postnatal exposure to second hand smoke is known to cause problems with lung function throughout childhood and may increase a child's risk for childhood cancers including lymphomas, leukemias and brain tumors.²² Children exposed to second hand smoke have more than twice the levels of cotinine (a chemical produced by nicotine) than nonsmoking adults.²³

Economic costs...

In addition to its health impacts, smoking also results in significant costs in economic terms. The total cost of tobacco use in Canada was estimated at more than \$9.5 billion in 1992.²⁴

- ◆ In Newfoundland and Labrador, it has been estimated that smoking costs \$79 million in direct health care costs, \$139 million in productivity losses due to premature death and disability, and millions more in costs borne directly by NL employers.²⁵

GPI Atlantic. *The Cost of Tobacco in Newfoundland and Labrador*. 2003.

These costs – and the close to 1000 NL deaths caused by smoking each year are preventable. For health, quality of life, and economic reasons, it is important that tobacco cessation issues be addressed.

Did you know:

- ◆ Heart disease and stroke, which are linked to smoking, are now the leading cause of death for Canadian women
- ◆ More women now die from lung cancer than from breast cancer
- ◆ Babies born to women who smoke have lower birth weights, more infections and health problems
- ◆ SIDS has been linked to maternal tobacco use
- ◆ Children whose mothers smoke are more likely to have asthma and other respiratory infections, and to experience slower growth
- ◆ Second hand smoke causes premature death and disease in children and adults who do not smoke

What works for one woman may not help another

We've also learned some things that can help you help women quit

- ◆ Most women who smoke already know it's bad for them – adding to their sense of guilt won't help
- ◆ Focusing cessation efforts on the woman in her own right – rather than as a mother or carrier of a fetus – provides more incentive for longer term cessation
- ◆ When a woman can't or won't quit smoking altogether, there are steps that can be taken to minimize the impact on her and on those around her
- ◆ For many women smoking has an important social component; paying attention to social supports for cessation will improve her chance of quitting

There are many reasons why people smoke, and tobacco cessation research is not yet at a point where we can identify effective means of addressing tobacco issues in all situations. However, much has been learned about approaches that are more likely to be helpful.

What Works? That Depends...

We do know that many types of interventions are available for people who smoke, and that many of these are helpful – at some times, and for some people. Self-help materials, phone-in quit support lines, intensive or brief counselling, support groups, nicotine replacement treatments, and medical aids to address cravings – all of these can be effective in tobacco cessation.

But we also know that what works for one person won't necessarily be helpful for another person, or may not be helpful for the same person at a different time. The key is to try to find an approach that will be more likely to help.

Tips For Helping Women Quit

We have learned much about factors that will increase a woman's chances of successfully quitting smoking. Some of these have implications not just for the woman, but also for those who work with her.

Adopt a Positive, No Blame Approach

A positive approach is essential for helping a woman address tobacco issues. In a recent study, Pregnancy Outreach workers and Public Health Nurses recommended avoiding any approach using blame or guilt to address tobacco cessation.²⁶ They found that women who smoke already experience guilt and shame around smoking, particularly if they're pregnant. Focusing on guilt or blame is a turn-off for women who smoke – it's not helpful for tobacco cessation, nor for other aspects of interaction with the woman.

Women who smoke are more likely to respond positively to a constructive, realistic means of helping them gain confidence in their

ability to make healthy choices. For this reason it will be important to acknowledge the stigma women face when they smoke while pregnant and/or parenting, and to provide them with information or tools to help address this stigma.

Focus on the Woman

Focusing on the woman and her health is essential. A tobacco cessation approach that emphasizes the negative impacts of smoking on a fetus or children, and stresses the importance of quitting smoking for their sake may result in short term change, but is unlikely to be effective in the long term.

Such approaches focus on a woman's role as a carrier of a fetus, or a caregiver of children, rather than valuing the woman for herself. From this perspective, there is little incentive for a pregnant woman to maintain cessation after her baby is born, and there is little reason for a mother to quit smoking if she can manage to smoke away from children. For long term success, a cessation approach should emphasize the risk smoking poses for the woman's own health, and should point out the benefits quitting will have for the woman herself.

Harm Reduction

Some women won't quit smoking, or feel they can't quit. For example, quitting smoking may be a low priority for women who are heavy smokers, those with substance abuse or mental health issues, or those in abusive relationships or other stressful circumstances. It is important to respect a woman's right to decide what she can and can't take on.

When it is clear that a woman will not consider quitting smoking, the emphasis for cessation purposes should be on helping her identify the steps she can take to reduce the negative impacts of smoking on herself and others. This could include, for example, providing tips on how she can reduce the impact of second hand smoke on others.

It may also include helping her determine whether nicotine replacement therapy would be the best option to help her reduce the harmful impacts of smoking.

Having Support Counts

For many women who smoke, the social component of smoking is important. If her partner, friends, and family members smoke, it will be more difficult for her to quit and to maintain cessation. On the other hand, quitting will be easier if she has people in her life to whom she can turn for support when she experiences withdrawal. To be effective, a cessation approach should take into account each woman's specific situation with respect to other smokers and non-smokers in her life. This includes helping her identify specific individuals and other sources she can turn to for support. Where appropriate, it may also include involving supportive individuals in the cessation process – for example by providing them with information on what to expect as she quits or reduces smoking, and how best to support her efforts.

Pregnancy Changes Things

Many women quit smoking when they become pregnant, either because smoking makes them ill, and/or because of concerns (their own and others') that smoking will harm the fetus. The relatively high rate of quitting during pregnancy is encouraging, since smoking has been linked with low birth weights and with other short and long term problems.

But quitting during pregnancy is different from quitting at other times. In many ways it's a great opportunity for a woman to quit – she probably won't feel like smoking, and she'll get lots of support for thinking of her baby's health. However, incentive often slips once the baby is born, and 60% - 70% of women start smoking again.

This very high relapse rate means there are additional factors we must take into consideration when addressing tobacco cessation issues with pregnant women.

- ◆ Women must be given clear information that smoking during pregnancy increases risks for both them and their unborn babies, and that the best option is to quit smoking.

- ◆ Nicotine replacement therapy is also an option for some pregnant women – particularly those who are heavy smokers, and/or who have not succeeded with other quit methods. Using nicotine gum or patch addresses nicotine cravings and is considered safer than smoking for pregnant women. (Bupropion or 'Zyban' are not considered safe during pregnancy.)

- ◆ Cessation approaches should recognize – but not add to – the shame, pressure, and guilt often experienced by pregnant women who smoke; practical help will be more effective than condemnation.

- ◆ The possibility of relapse needs to be addressed early so that the woman is aware of the increased risk for relapse during the post partum period, and can plan ways to avoid returning to her regular smoking pattern after her baby is born. This also means helping her develop strategies to deal with 'slips' so that these temporary lapses don't become relapses.

- ◆ Those who work with pregnant women who smoke should be aware that readiness to quit often has a different meaning during pregnancy. Women who are ready and willing to quit during pregnancy may link tobacco cessation with the pregnancy timeline. When they are no longer pregnant, they may view a return to smoking as a reward for quitting during pregnancy. The task for those who work with pregnant women who smoke is to help the woman plan for long term cessation, rather than pregnancy-linked cessation.

Pregnancy – a window of opportunity for quitting

Post Partum Relapse rates are very high – up to 70% of women resume smoking after giving birth

- ◆ Readiness to quit has a different meaning during pregnancy
- ◆ Work toward long term cessation – not just pregnancy-linked cessation

The Five A's:

Ask
Advise
Assess
Assist
Arrange

Using the Five A's

This Guide uses the 'Five A's' approach to tobacco cessation. The Five A's refer to five key steps, which can be completed quickly during each of your contacts with women:

Ask about smoking

Advise her about the benefits of quitting

Assess her willingness to quit

Assist her with ways to quit

Arrange support

This section of the Guide provides both an overview of the Five A's, and more detailed information on each of the five steps.

- ◆ The overview is presented in flow chart form – it traces the steps you take depending on each woman's specific situation and preferences. It also includes sample talking points you can use at each of the five steps. A copy of the overview appears on pages 7 and 8; pull-out versions of this overview are also available.
- ◆ The more detailed information provided in this section includes a little background explaining the purpose of each step, some pointers to keep in mind, and specific actions, including sample talking points, for each step.

This may look like a lot of information, but remember – you only use parts of it at any one time, since you only use those sections that apply to a woman's specific situation. Also, there is some duplication of information, since separate instructions are provided for pregnant and for non-pregnant women.

Before You First Use the Five A's

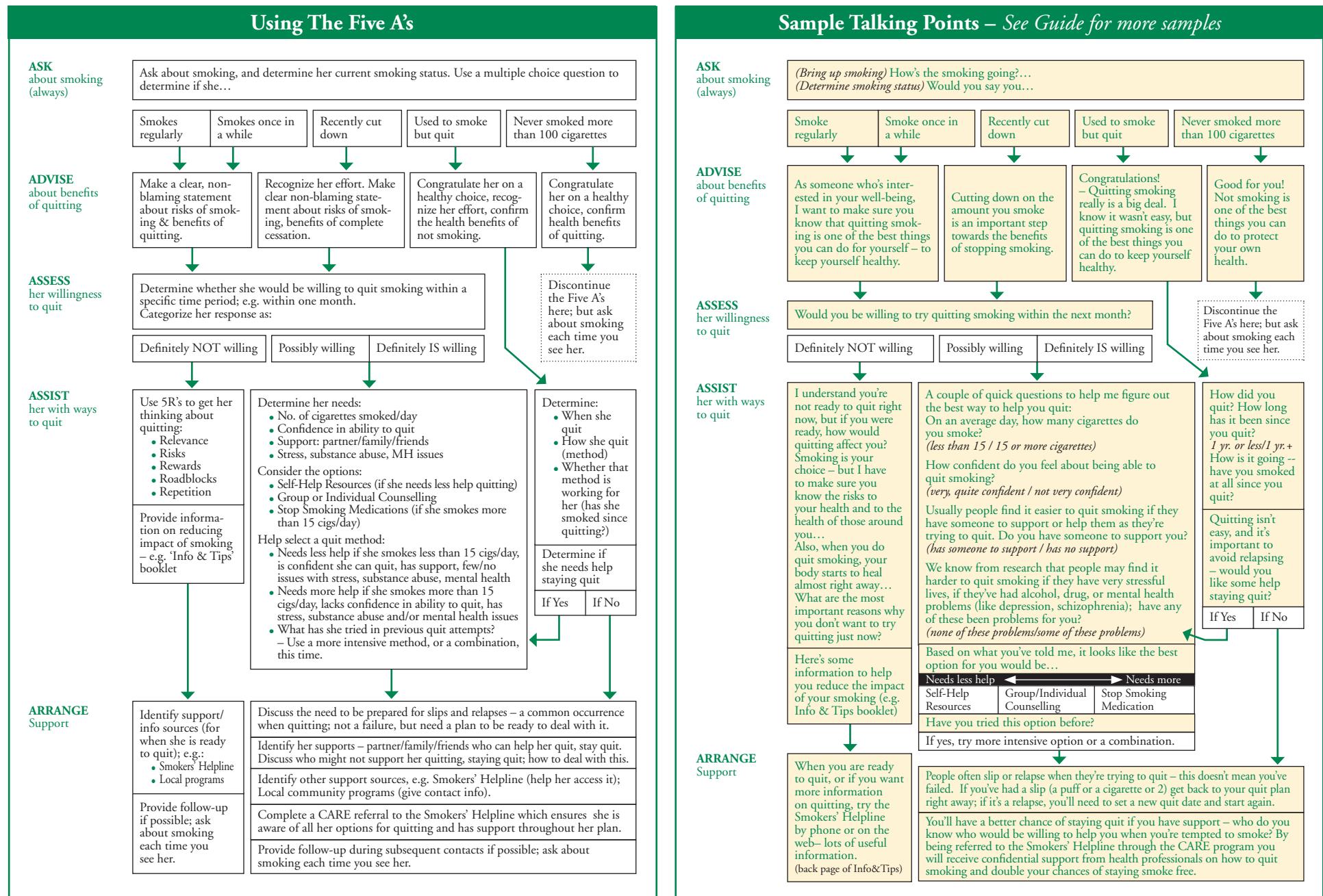
We suggest the following to help you learn how to use the Five A's, and how to use the information included in this Guide:

- ◆ Read through the overview to get a good idea of what's included at each step (See copy, opposite page). Notice that one side of the overview provides directions, while the other side provides sample talking points. There are two versions of the overview – one for use with non-pregnant women, and one for use with pregnant women.
- ◆ Review the more detailed information for each of the Five A's. This will help you know what's included in each step, so you will be better prepared to use the Five A's and you'll be able to find the information and sample talking points you need when you need them.
- ◆ Give it a trial run, thinking about an actual, or a fictitious client. Go through each of the steps, asking the appropriate questions, and following the path indicated by the responses of your 'client'. This will give you a chance to feel more comfortable using this approach, and to develop phrasing that suits your particular style.

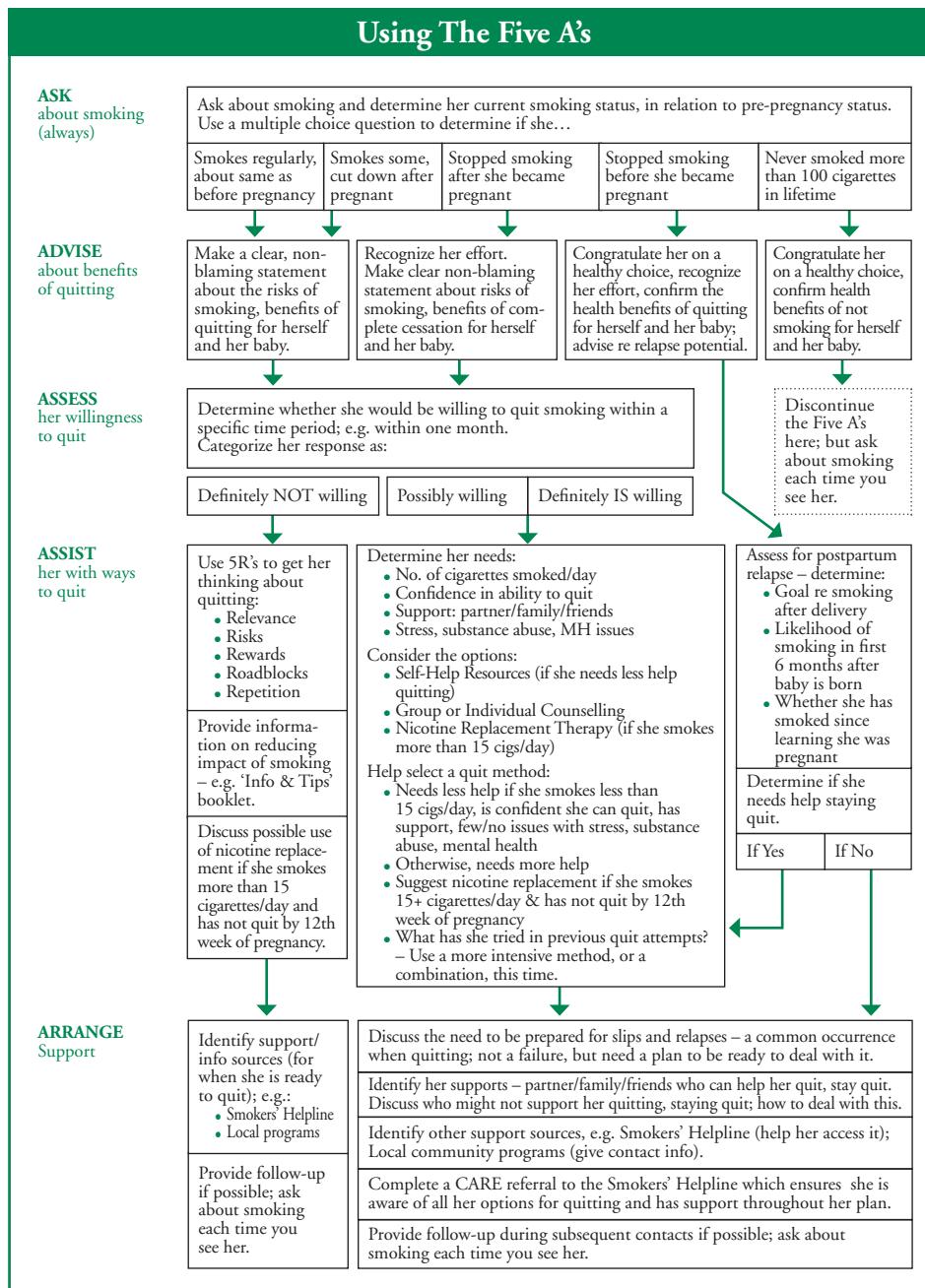
WHAT TO DO – FIVE A'S IN (ALMOST) FIVE MINUTES

7

OVERVIEW: Using the Five A's To Help Non-Pregnant Women Quit



OVERVIEW: Using the Five A's To Help Pregnant Women Quit



As someone whose work includes aspects of women's and children's well being, you can use the "Five A's" to help women address smoking. These five steps are outlined below, and are described in detail in subsequent sections.

Ask About Smoking: Asking about smoking is essential; moreover, women expect it of service providers whose work deals with the well being of women and children. How you ask, and what you ask can make a big difference in your clients' reaction, and in the accuracy of the responses they provide.

Advise About The Benefits of Quitting: It is equally important that you make a clear statement about the benefits of quitting smoking. For women who don't smoke, this is an encouraging, congratulatory message, confirming the importance of their choice. For women who do smoke, this is an opportunity to ensure they understand the risks involved, and the benefits of quitting. These risks and benefits apply to all women, and there are additional, specific risks and benefits for pregnant women and for women with children. This discussion should be neither lengthy nor 'preachy'.

Assess Her Willingness to Quit: Knowing about a woman's willingness to quit smoking is a key component in determining how you can best help her move toward cessation – either now or in the future. Different responses are recommended, depending on whether the woman is, or is not, willing to quit smoking within a specific time frame.

Assist Her With Ways to Quit: Not all cessation approaches work equally well for all women. By asking a few questions, you can identify an approach which is more likely to meet a woman's needs and circumstances, and more likely to result in success. Depending on the selected approach, you may be able to help her directly by providing specific resources or information, or you may be able to arrange access to other, or more intensive sources of assistance.

Arrange Support: Having support is a key factor in quitting smoking and maintaining cessation. This may take the form of follow-up contacts with you, depending on the nature of your work with women, and it will usually also involve helping her identify other support persons or resources. Arranging support also includes helping the woman anticipate and plan for the possibility of 'slipping', and in the case of pregnant women, for the possibility of post-partum relapse. If you are unable to provide follow-up contacts or relapse prevention yourself, discuss and arrange a CARE referral to the Smokers' Helpline which provides free and confidential support to all women on how to live healthy well and smoke free.

Note: This Guide's detailed instructions on using the Five A's recognize that your work contacts with women are likely to be brief and limited in number. They were developed with the expectation that you have neither the time nor the background to provide intensive forms of intervention – instead, the focus is on identifying an appropriate cessation approach, and arranging access to needed resources.

A quick, step by step guide to helping women quit smoking

This Guide is intended for use with all women and girls of child bearing age.

However, since smoking has additional implications during pregnancy, the Guide includes special instructions for work with women who are pregnant.



How to Show You CARE

Using the CARE program to refer women to the Smokers' Helpline is quick and effective intervention. A CARE referral ensures she is informed of all her options for quitting and receives support to stay smoke free. The process takes less than two minutes and can more than double a woman's chances of quitting smoking. The simple steps to refer are:

- ◆ Ask if she has used tobacco in the last six months
- ◆ Advise that she quit and receives support staying quit and ask if she would like to be referred to the Smokers' Helpline for free support. If she agrees
- ◆ Refer her to the Smokers' Helpline by completing the CARE Fax referral form.
- ◆ Fax the referral form to the Smokers' Helpline for follow-up at 709-726-2550.
- ◆ If she declines the referral, provide the Smokers' Helpline toll-free number and encourage her to call when she ready.

Ask – Always!
It tells the woman that her health matters to you.

Ask without blaming or adding to her guilt.

To open the conversation ...
“How’s the smoking going?”

You will usually get more accurate information on smoking if you use a multiple choice question, rather than a question that expects a ‘yes’ or ‘no’ answer.

A Little Background...

Since your work with women doesn’t focus primarily on tobacco cessation, you may be reluctant to ask women about their smoking – don’t be. We know clients expect practitioners who are concerned with women’s well-being to ask about tobacco use. And not asking also gives a message – that the woman’s smoking doesn’t matter, and/or that you don’t view smoking as relevant to her well being. To avoid this perception, and to ensure that women have the information they need to make decisions about cessation, it is essential to include questions about smoking as part of your work contacts with women.

Some Pointers...

Always ask about smoking. Making it a practice to ask each of your clients about smoking shows that smoking matters and that your client’s health matters to you. It also ensures that you don’t miss someone because you assumed she doesn’t smoke. If your work involves contact with the woman on more than one occasion, ask her about her smoking each time, and record the information. This enables you to determine if there’s been a change in her smoking status or in her motivation to stop smoking – information you need to decide how best to support her toward long term cessation.

Word your questions carefully and positively. Because most people who smoke already know smoking is bad for them, women often underestimate the amount they smoke, and may feel guilty or defensive when asked about their smoking. It’s important to ask about smoking in a way that minimizes underestimation, and in a tone that is positive and constructive. Avoid wording that condemns or attaches blame (for example, **don’t** ask: “Are you still smoking?” “Haven’t you quit yet?” “You don’t smoke, do you?” “Surely you’re not smoking while you’re pregnant, are you?”)

Some find it helpful to open the conversation with a general comment or inquiry that assumes the woman smokes (particularly if she’s been seen smoking, or if her clothes smell of smoke) and that recognizes the difficulty many experience when trying to quit. For example – “How’s the smoking going?”

Multiple choice is a good choice. You will get more accurate information with a multiple choice question. We know women are more likely to underestimate their smoking when asked a ‘yes’ or ‘no’ type of question than if they are asked a question where they have more options to describe their smoking.²⁷ This Guide uses a multiple choice question that has been shown to result in more accurate reporting of smoking behaviour.

Change the questions for pregnant women. Women who are pregnant are subject to specific and significant pressure not to smoke, and many quit or reduce smoking while they are pregnant. Studies have shown that women who stop or reduce smoking during pregnancy may be focused on short term rather than long term cessation.²⁸ For this reason, it’s important to change your questions so that you can determine whether any changes in her smoking pattern might be related to her pregnancy.

Note: For each of the ‘Five A’s’ there are separate ‘What To Do’ instructions for pregnant women (e.g. see opposite page for what to do when Asking About Smoking). If your client is pregnant, use the ‘What to do if she’s pregnant’ instructions.

What to do...

Determine whether she currently smokes, and whether her smoking pattern has changed. Record her response, and go on to the ADVISE step.

Would you say you...

- ◆ Smoke regularly; e.g. every day
- ◆ Smoke once in a while
- ◆ Recently cut down
- ◆ Used to smoke but quit
- ◆ Never smoked more than 100 cigarettes in your lifetime

Note response and go to the ADVISE section

What to do if she's pregnant...

Follow the same steps; but because she's pregnant, you need additional information about the timing of her quit attempts. These are included in the question below.

Determine whether she currently smokes, and whether any changes in her smoking are related to her pregnancy. Make note of her response, and go on to the ADVISE step.

Would you say you...

- ◆ Smoke regularly now, about the same as before you found out you were pregnant
- ◆ Smoke some now, but you cut down on the number of cigarettes you smoke since you found out you were pregnant
- ◆ Stopped smoking after you found out you were pregnant, and are not smoking now
- ◆ Stopped before you found out you were pregnant, and are not smoking now
- ◆ Never smoked more than 100 cigarettes in your lifetime

Note response and go to the ADVISE section

What to Do?

Find out whether she smokes, or whether there's been a change in her smoking pattern.

The questions for pregnant women will help you determine whether any changes in her smoking pattern are linked to her becoming pregnant.

The simple message: not smoking is one of the best things you can do – for yourself, as well as for those around you.

Keep it brief, and make it positive.

Women who quit smoking during pregnancy may see quitting as a short term measure.

A Little Background...

The purpose of this step is to ensure that each woman receives clear, consistent information about the benefits of quitting smoking. Not making a clear statement on smoking and cessation leaves open the possibility that the woman may conclude that you do not consider smoking relevant to her health and well being.

Statements about the benefits of quitting should be made to both women who smoke and those who do not. The content will differ. Women who smoke need to have consistent, clear, and accurate information about the risks of smoking and the benefits of quitting, in order to be in the best position to make decisions about their smoking. Women who don't smoke need to be congratulated, to have their efforts recognized and confirmed as important to their health and the health of others, and they need to be offered support for continued cessation.

For pregnant women, cessation may take on a different meaning. Many pregnant women quit or reduce smoking because of a concern about the impact on the fetus, and/or because of societal pressures to not smoke during pregnancy. This means changes in their smoking are likely to be triggered by external factors (risk to her fetus, social pressure) rather than internal concerns (risk to her own health/well being).

Studies show that women who stop or reduce smoking while pregnant are not at the same stage of readiness to actually quit smoking as are non-pregnant women who stop smoking.²⁹ Sometimes, too, women who stop smoking during pregnancy look forward to smoking again after the baby is born, as a reward for temporary abstinence.³⁰

Some Pointers...

Don't be 'preachy', or lengthy. It's really important that you adopt a positive, non-blaming, constructive attitude when discussing smoking. It's not easy to quit smoking, and you won't make it any easier by blaming the woman. Recognize and praise any efforts she has made to quit or cut back. Provide information on health risks of smoking in a straightforward, matter of fact manner, without being lengthy. Make sure you let the woman know there are many different types of cessation supports, so if she has tried and failed to quit in the past, she may succeed with a different approach.

Address post partum relapse with pregnant women. You should try to prepare pregnant women to deal with the fact that up to 70% of former smokers return to smoking after their babies are born, and some women start smoking again during late pregnancy. Focus on pregnancy as an ideal opportunity to achieve long term, rather than short term, cessation. This will include providing information and strategies to help women deal with urges to smoke.

Watch for misinformation about quitting & pregnancy. In a recent survey, pregnancy outreach workers and public health nurses reported that some women believe, or have been told, that they needn't quit smoking while pregnant because it would be too stressful for them and for their baby.³¹ Some women also believe that smoking during pregnancy will result in an easier childbirth because they will have a smaller baby. Each woman will ultimately make her own decision whether to smoke or not; but you should try to ensure that she has accurate information as the basis for her decision.

What to do if she...	
Situation	Response
Currently smokes - regularly or once in a while	Make a clear, non-blaming statement about the risks of smoking and benefits of quitting.
Recently cut down on number of cigarettes smoked	Recognize the effort involved; make a clear, non-blaming statement about the risks of smoking and the benefits of complete cessation – for herself and for others.
Used to smoke, but quit	Congratulate her for making a healthy choice and determine when she quit, recognize the effort involved in quitting; confirm the health benefits of quitting – for herself and others.
Has never smoked (or has never smoked more than 100 cigarettes in her life time)	Congratulate her for making a healthy choice; confirm the health benefits of quitting – for herself and for others.
What to do if she's pregnant and she...	
Situation	Response
Smokes now about the same as before pregnancy	Make a clear, non-blaming statement about the risks of smoking and benefits of quitting – for herself and her baby.
Smokes now but cut down when became pregnant	Recognize the effort involved; make a clear, non-blaming statement about the risks of smoking and the benefits of complete cessation during pregnancy – for herself and her baby.
Not smoking; stopped before/after finding out she was pregnant	Congratulate her for making a healthy choice; recognize the effort involved in quitting; confirm health benefits of quitting – for herself & her baby; advise re relapse potential.
Has never smoked (or never smoked more than 100 cigarettes in her lifetime)	Congratulate her for making a healthy choice; confirm the health benefits of not smoking – for herself and for her baby.

What to Do?

Depending on her current smoking status, make a clear statement about the benefits of not smoking.

Sample talking points for use with non- pregnant women – page 14

If she's pregnant – see page 15 for sample talking points

If she...	Sample talking points...		
Currently smokes, whether regularly or once in a while	<p><i>Make a clear, non-blaming statement about the risks of smoking and benefits of quitting.</i></p>		
Recently cut down on the number of cigarettes she smokes	<p><i>Recognize the effort involved; make a clear, non-blaming statement about the risks of smoking and the benefits of complete cessation – for herself and for others.</i></p>		
Used to smoke, but quit, either recently or some time ago	<p><i>Congratulate her for making a healthy choice and determine when she quit, recognize the effort involved in quitting; confirm the health benefits of quitting – for herself and others.</i></p>		
Has never smoked (or never smoked more than 100 cigarettes in lifetime) <i>Note: there is no need to continue the 5A's beyond this point for women who have never smoked.</i>	<p><i>Congratulate her for making a healthy choice; confirm the health benefits of quitting – for herself and for others.</i></p>		

If she's pregnant and she...	Sample talking points...		
Currently smokes now about the same as before finding out she was pregnant	<p><i>Make a clear, non-blaming statement about the risks of smoking and benefits of quitting – for herself and her baby</i></p>		
Smokes some now, but cut down after finding out she was pregnant	<p><i>Praise her decision and recognize the effort involved; make a clear, non-blaming statement about the risks of smoking and the benefits of complete cessation during pregnancy – for herself and her baby</i></p>		
Stopped smoking before or after finding out she was pregnant, and is not smoking now	<p><i>Congratulate her for making a healthy choice; recognize the effort involved in quitting; confirm health benefits of quitting – for herself & her baby; advise re relapse potential</i></p>		
Has never smoked (or never smoked more than 100 cigarettes in lifetime) <i>Note: there is no need to continue the 5A's beyond this point for women who have never smoked.</i>	<p><i>Congratulate her for making a healthy choice; confirm the health benefits of not smoking – for herself and for her baby</i></p>		

A willingness to quit is essential for successful cessation.

If she is unwilling to quit...

- ◆ Give her information to help her move toward thinking about her situation differently
- ◆ Get her thinking about the 'pros' of quitting and the 'cons' of smoking

Women who are pregnant may be willing to try quitting only until the baby is born – this is different from being willing to quit.

A Little Background...

Willingness to quit smoking is a key factor determining the likelihood that a woman will be successful in achieving cessation. Even in situations where a woman may be subject to a great deal of pressure to quit (e.g. if she's pregnant, or has young children), there is little likelihood of her successfully maintaining cessation if she actually does not want to quit and is unwilling to try.

Women who are unwilling to make a quit attempt are considered as 'precontemplators' or as 'contemplators' (in the 'Stages of Change' approach).³²

- ◆ Precontemplators don't want to quit and don't see smoking as a problem; they don't have and aren't looking for information on smoking consequences; they may be defensive about smoking and may feel incapable of change.
- ◆ Contemplators are more willing to consider quitting – but sometime in the future – not soon; they usually have some information about smoking risks, but have trouble deciding whether they should, or can, quit.

When working with women in either of these situations, you should focus on providing information to get them thinking about smoking risks and cessation benefits. This is an important step to help them move toward being willing to make an actual quit attempt within a specific time frame.

The use of a specific time period is also important when working with women who indicate that they are willing to make a quit attempt. In this case, you should determine whether the woman is willing to try quitting within the next 30 days. If so, your focus will be on identifying the cessation approach that best meets her needs, and then arranging for appropriate assistance.

For women who are pregnant, the quitting timeframe has additional implications. If she is unwilling to quit, you will need to ensure that

she is aware of the risks of smoking and benefits of quitting for her baby as well as for herself. If she is willing to quit, you will need to determine whether that willingness is limited to the period of her pregnancy, or if it is longer term.

Some Pointers...

Keep your approach positive and non-judgmental. Women won't hear what you have to say if you say it in a way that makes them feel guilty. Regardless of how **you** feel about smoking, a woman will make her own decision to either smoke or quit. Your message is more likely to have an impact if it's made in a positive manner: don't blame or judge her for smoking; instead, make sure she knows about the benefits of quitting and risks of smoking, and has all the information she needs to make her decision.

Include a timeframe. Many women get stuck at the 'contemplation' stage – they're thinking about quitting sometime, but are having trouble making that sometime more specific. In order to provide the type of assistance she needs, you should have a clear assessment of her willingness to quit. Including a timeframe will help; ask about her willingness to make a quit attempt **within the next month**.

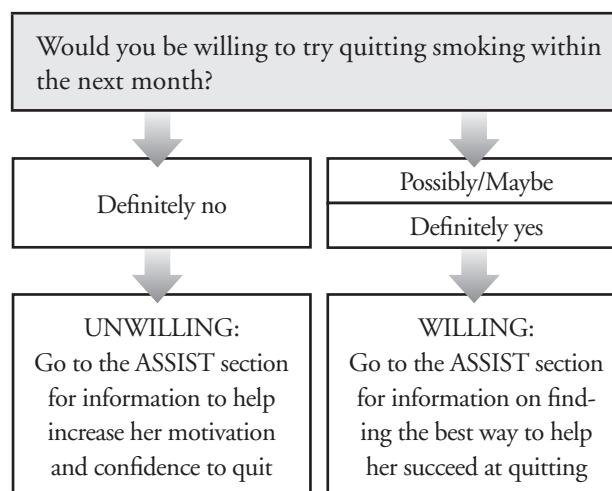
Look for links between pregnancy and willingness. While pregnant, many women are willing to quit – due to a concern for the fetus, as a result of social pressure, or simply because they don't feel well and don't enjoy smoking. Pregnancy-linked cessation tends to be short term, with very high relapse rates after the baby is born. Knowing this puts you in a better position to ensure that the woman gets information to help her be aware of and plan for the possibility of post partum relapse.

What to do ...

Determine whether she has considered quitting smoking; remember to be non-judgmental in your manner. Assess her willingness to make a quit attempt within the next month. Use one of three categories for her response:

Definitely No
Possibly/Maybe
Definitely Yes.

This will enable you to classify her as 'unwilling' or 'willing' to make a quit attempt – information which will help you decide on your next step.



What to do if she's pregnant ...

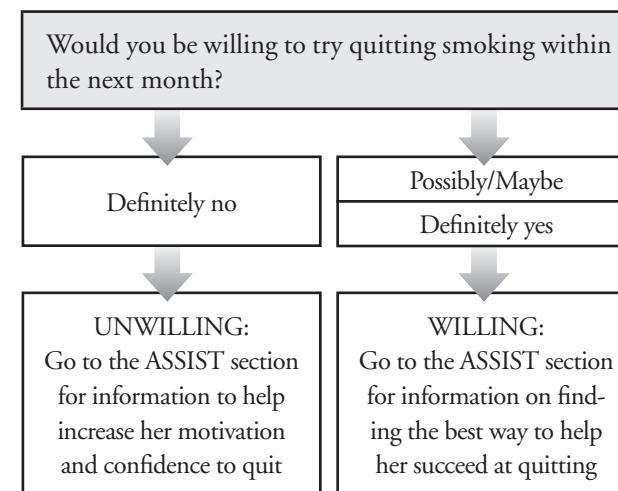
Follow the same steps; but because she's pregnant, there will be differences in some of the information you provide to women who are unwilling to make a quit attempt.

Determine whether she has considered quitting smoking; remember to be non-judgmental in your manner.

Assess her willingness to make a quit attempt within the next month. Use one of three categories for her response:

Definitely No
Possibly/Maybe
Definitely Yes.

This will enable you to classify her as 'unwilling' or 'willing' to make a quit attempt – information which will help you decide on your next step.



To open the conversation ...

"How do you feel about your smoking?"

"Have you thought about trying to quit smoking?"

Knowing the woman's smoking pattern, and her current circumstances, will help you identify a cessation method to meet her needs.

The ASSIST section also applies to women who are unwilling to make a quit attempt at this time.

A Little Background...

Many different factors can influence the likelihood that a woman will be successful in quitting smoking. For example, it will usually be more difficult for a woman to quit smoking if...

- ◆ she is more addicted to nicotine; i.e. is a moderate to heavy smoker
- ◆ her friends and family also smoke
- ◆ she has mental health issues, e.g. schizophrenia or depression
- ◆ she has a history of alcohol or drug abuse
- ◆ she is living in an abusive or violent situation, or if her life is very stressful for other reasons
- ◆ she isn't confident in her ability to quit smoking, and doesn't have support to help her quit

This means that cessation approaches that work for some women may not work as well for other women. A self-help guide may be sufficient to enable some women to quit smoking, while other women may need intensive counselling, nicotine replacement therapy, other forms of medication, or a combination of approaches in order to be successful.

You will be in a better position to help her choose an appropriate cessation approach if you know about factors in her life which could make quitting more difficult. You may already know about some of these factors (if, for example you are her mental health worker, transition house worker, or substance abuse counselor); otherwise, you should ask for the information you need. Her responses will help you identify an approach that is more likely to address her needs and circumstances.

Depending on her responses, you may be able to help her directly by providing information or resources, or you may be able to arrange access to other, or more intensive forms of assistance.

When working with pregnant women who have quit or significantly reduced their smoking, you should also provide assistance for dealing

with the prospect of post partum relapse. If a woman's quit efforts are limited to her pregnancy time frame, she may need specific assistance to encourage her to move toward longer term cessation.

Some Pointers...

Explain why you're asking. It's important that the woman understand that you are being supportive, and not judgmental or 'nosy' when you ask about factors that may make it easier or more difficult for her to quit smoking. Before you ask, explain that the information will help you to jointly identify the cessation approach that is most likely to help her succeed at quitting smoking.

Discuss the options and agree on next steps. Let her know what cessation approaches are more likely to help her quit smoking, and outline how you can assist her with these approaches. In a collaborative manner, explore and help her identify the cessation approach and specific steps she is willing to take. (For example, her commitment might include attending counselling sessions, keeping a journal, setting a quit date, etc.) Coming to an agreement regarding the steps she will take serves to clarify what is required, and may improve her motivation to stick to her cessation plan.

Remember – it's her decision. It's important to recognize that each woman has the power as well as the responsibility to choose what she is – and is not – willing to do to address her tobacco issues. If a woman is unwilling to commit to a cessation approach which you consider appropriate to her needs, try to determine what steps she is willing to take, and support those efforts.

What to do if she's...	
Situation	Response
Unwilling to make a quit attempt Page 20	<ul style="list-style-type: none"> Use the '5R's' to get her thinking about quitting Provide information on reducing the impact of smoking – e.g. 'Info & Tips'
Willing to make a quit attempt Page 22	<ul style="list-style-type: none"> Get information on level of nicotine addiction – ask how much she smokes Know about other factors that could have an impact on quitting success Ask about previous quit attempts – if any, what method she used, why it didn't work Use above to suggest a method; determine if she is willing to try that method and/or what steps she is willing to take Help her access the resources, information, or programs she needs
Recently cut down or quit Page 24	<ul style="list-style-type: none"> Congratulate and encourage her efforts Emphasize the benefits of quitting; promote cessation over reduction Determine whether she needs help; if she does, use the above steps to suggest a method

Choose the appropriate step, depending on whether the woman:

- is/is not pregnant; and
- is willing/unwilling to make a quit attempt or
- has recently cut down or quit smoking

For more information and sample talking points on each of these steps...

Unwilling to quit – pages 20/21

Willing to quit – pages 22/23

Recently cut down/quit – pages 24/25

What to do if she's pregnant and she's...	
Situation	Response
Unwilling to make a quit attempt Page 21	<ul style="list-style-type: none"> Use the '5R's' to get her thinking about quitting Provide information on reducing the impact of smoking – e.g. 'Info & Tips' Discuss possible use of nicotine replacement
Willing to make a quit attempt Page 23	<ul style="list-style-type: none"> Get information on level of nicotine addiction – ask how much she smokes now, and before she learned she was pregnant Know about other factors that could have an impact on quitting success Ask about previous quit attempts – if any, what method she used, why it didn't work Use above to suggest a method; determine if she is willing to try that method and/or what steps she is willing to take Help her access the resources, information, or programs she needs
Recently cut down or quit Page 24	<ul style="list-style-type: none"> Congratulate and encourage her efforts Emphasize the benefits of quitting; promote cessation over reduction Determine whether she needs help; if she does, use the above steps to suggest a method Assess for postpartum relapse

After the ASSIST step, go to the final, ARRANGE step to arrange support for women in all of these groups.

The Five R's:

Relevance
Risks
Rewards
Roadblocks
Repetition

Use a positive, non-blaming manner, acknowledge her concerns and views

- ◆ Listen to, and let her know you understand her reasons for smoking and not wanting to quit
- ◆ Acknowledge her fears and concerns about stopping smoking
- ◆ Give persuasive, personalized advice to address her reasons for smoking and concerns about quitting

If she's unwilling to make a quit attempt...

There are lots of reasons why a woman may be unwilling to try quitting – perhaps she's tried before and failed; perhaps she's a heavy smoker and concerned she won't be able to handle withdrawal; or perhaps

other stresses in her life have higher priority than does quitting. Whatever her specific reasons, there are two important steps you can take to ASSIST her: use the 'Five R's' as a brief intervention to help her start thinking about quitting, and then look at ways to reduce the impact of her smoking.

The Five R's	Sample comments/questions
Relevance: Determine how quitting smoking would be relevant to the woman's personal situation.	I understand that you don't want to quit smoking just now – but if you were ready, how would quitting affect you?
Risks: Review the risks, identifying negative health impacts of smoking. If she has children, ensure she also understands the risks her smoking poses for others.	Smoking is your choice, but I have to make sure you know the risks – smoking increases your chances of heart disease, stroke, breathing problems, lung and cervical cancer, and osteoporosis; it damages your skin, adds wrinkles, and discolours your teeth. When you smoke, other people around are forced to smoke as well, and they are also affected by your smoking.
Rewards: Identify rewards of a smoke-free lifestyle from the woman's perspective; emphasize benefits relevant to her specific situation.	When you quit smoking, your body starts to heal almost immediately; smell and taste improve within a couple of days, and your breathing improves within a few weeks; after a year your risk of heart disease is reduced by half – and you save money! Quitting smoking is one of the best things you can do to improve your health – and the health of those around you.
Roadblocks: Identify roadblocks, specific to the woman's situation, that may be deterring her from attempting to quit smoking at this time.	What are the most important reasons why you don't want to try quitting smoking just now?
Repetition: Repeat this discussion during any subsequent contacts if she remains unwilling to make a quit attempt.	

Reducing Harm

Research indicates that there is no safe level of smoking, and that as few as one to four cigarettes a day can have an impact on health.³³ Similarly, smoking 'light' or 'mild' cigarettes does not significantly reduce the negative health impacts of nicotine, tar and other chemicals found in cigarettes.³⁴ The only way to truly reduce the health risks from smoking is to stop smoking completely.

Nicotine gum or patch: Discuss with her the possibility of using nicotine gum or patch. This would help her deal with withdrawal symptoms related to nicotine addiction. It also avoids the thousands of chemicals in cigarettes, and may encourage her to try quitting in the future.

Not smoking around others: To reduce the harmful impact of second hand smoke, discuss with her what specific steps she could take to not smoke around others. The brochure "Making Your Home and Car Smoke-free" has useful information to help her keep her and her family smoke-free.

If she's pregnant, and unwilling to quit...

Pregnant women who smoke are likely to feel both pressure and guilt. Adding to this will not help, and may well alienate her. It's essential to use a positive, non-blaming manner, and to understand

her reasons for not wanting to quit. You can ASSIST her in two ways: use the 'Five R's' as a brief intervention to start her thinking about quitting; then help her find concrete ways to reduce the impact of smoking on her and on her unborn baby.

the Five R's	Sample comments/questions
Relevance: Determine how quitting smoking would be relevant to the woman's personal situation.	I understand that you don't want to quit smoking just now – but if you were ready, how would quitting affect you?
Risks: Review the risks, identifying negative health impacts of smoking. Ensure she also understands the risks her smoking poses for her unborn baby and others.	Smoking is your choice, but I have to make sure you know the risks – smoking increases your chances of heart disease, stroke, breathing problems, lung and cervical cancer, miscarriage and premature birth. Your baby is likely to be smaller at birth, and that means your baby will be more likely to have infections and other health problems throughout life. Smoking is also linked to SIDS (sudden infant death syndrome).
Rewards: Identify rewards of a smoke-free lifestyle from the woman's perspective; emphasize benefits relevant to her specific situation.	When you quit smoking, your body starts to heal almost immediately; smell and taste improve rapidly, breathing improves in a few weeks, and after a year your risk of heart disease is reduced by half – and you save money! Quitting while you're pregnant has a big impact on your unborn baby, because it makes it easier for your baby to get enough oxygen and food for healthy development.
Roadblocks: Identify roadblocks, specific to the woman's situation, that may be deterring her from attempting to quit smoking at this time.	What are the most important reasons why you don't want to try quitting smoking just now?
Repetition: Repeat this discussion during any subsequent contacts if she remains unwilling to quit.	

Nicotine gum or patch: Encourage her to consider using nicotine gum or patch – particularly if she smokes more than 15 cigarettes a day and has not quit by the 12th week of pregnancy. In these circumstances, using nicotine gum or patch is considered likely to be less harmful for the fetus than continuing to smoke. **Note:** *Bupropion (Zyban) is not recommended for pregnant women*

Not smoking around others: To reduce the harmful impact of second hand smoke on her newborn baby, discuss with her specific steps she could take to eliminate exposing her baby to second hand smoke. The brochure "Making Your Home and Car Smoke-free" has useful information to help her keep her new baby smoke-free.

"I know someone who smoked and she had no problems..."

Some women will tell you about someone they know who did not quit smoking while pregnant, and whose baby appears healthy. Two points may be helpful in responding:

- ◆ The research is very clear that smoking increases the risk of low birth weight and health problems for the baby – there may be some exceptions, but the risk is significantly increased
- ◆ Not all problems show up right away, and some problems continue to affect the child throughout his/her life

Dealing with myths

- ◆ It is NOT true that the stress of quitting smoking will harm her unborn baby; in fact smoking makes it harder for the baby to get needed oxygen and food
- ◆ It is NOT true that childbirth will be easier if she smokes – her baby may well be smaller, but women who smoke have a higher risk of miscarriage and premature birth



- ◆ Number of cigarettes smoked/day
- ◆ Confidence in ability to quit
- ◆ Support – partner/family/friends
- ◆ Stress, substance abuse, mental health
(see sample questions)

Self-Help Resources:

You Can Quit, includes information about the benefits of quitting, quit tips and the services available through the Smokers' Helpline. For other resources, see page 29.



Group/Individual Counselling:

Use the Newfoundland and Labrador Lung Association's Smokers' Helpline by phone or web site to learn about programs and services or to locate programs in your community. (page 30)

Stop Smoking Medication:

See page 32 for more detail on stop smoking medication

If she's willing to make a quit attempt...

Use a collaborative approach to help her determine the best way for her to quit smoking.

1. Determine her needs:

Use the questions below to determine her level of nicotine addiction, self-confidence in ability to quit, her supports for quitting, and the presence of factors that may make it difficult to quit.

Some women are reluctant to discuss mental health or substance abuse issues. It will be easier to combine these issues with stress, and explain that the presence of any of these factors may make it more difficult to quit.

On an average day, how many cigarettes do you smoke?

(less than 15 / 15 or more cigarettes)

How confident do you feel about being able to quit smoking?

(very, quite confident / not very confident)

Usually people find it easier to quit smoking if they have someone (friend, partner, family member) – to support or help them as they're trying to quit. Do you have someone to support you?

(has someone to support / has no support)

We know from research that people may find it harder to quit smoking if they have very stressful lives, if they've had alcohol or drug, or mental health problems (like depression, schizophrenia); have any of these been problems for you?

(none of these problems/some of these problems)

2. Consider the options

There are many types of help available for women who want to quit smoking. What you're doing – using the Five A's to talk about smoking and about quitting – is a form of brief intervention. In most cases, women will need more than this to succeed at quitting – particularly if the brief intervention is provided on only one occasion.

Three additional types of help should be considered: self-help resources, group or individual counselling, and stop smoking medications.

Self-Help Resources: Written and online resources will help some women develop a quit plan and prepare for withdrawal. Self-help resources are usually appropriate for women who need less help quitting.

Group or Individual Counselling: In many communities there are cessation counselling services to provide individual or group support for women with lower confidence or motivation, or who for other reasons need more help to quit smoking.

Stop Smoking Medications: Medication is usually helpful if she smokes more than 15 cigarettes a day. Nicotine gum, patches, and inhalers enable a woman to replace nicotine from cigarettes – this will help her deal with withdrawal, avoid toxins in cigarette smoke, and gradually reduce her nicotine intake. Bupropion (Zyban), a drug initially used as an anti-depressant, helps some quit smoking; it requires a prescription.

3. Help select a quit method

Some women can quit smoking on their own, with little or no help. Others need a great deal of help, and even then, may try several times before succeeding. In most cases, women need...

◆ *Less help* to quit if they smoke less than 15 cigarettes a day, feel fairly confident they'll be able to quit, have someone to provide support while they're quitting, and don't have overly stressful lives or problems with substance abuse or mental health.

◆ *More intensive help* if they are heavier smokers, lack confidence in their ability to quit, don't have someone to support their quitting, and have stressful lives or problems with substance abuse or mental health.

Using what you know about the woman's needs, suggest a quit method. If she has previously tried that method without success, suggest a more intensive form of assistance, or a combination of methods.

This must be a collaborative process; if she is not willing to follow the method which appears to meet her needs, find out what steps she is willing to take, and support her in doing so.

If she's pregnant, and willing to quit...

Use a collaborative approach to help her determine the best way for her to quit smoking.

1. Determine her needs:

Use the questions below to determine her level of nicotine addiction, self confidence in ability to quit, her supports for quitting, and other factors that may make it difficult to quit. Ask about any changes since she became pregnant; if she is smoking less than 15 cigarettes only since becoming pregnant, use her pre-pregnancy number as an indication of level of addiction.

Some women are reluctant to discuss mental health or substance abuse issues. It will be easier to combine these issues with stress, and explain that the presence of any of these factors may make it more difficult to quit.

*Currently, how many cigarettes do you smoke a day?
(less than 15 / 15 or more cigarettes)*

*Is this about the same, or less or more than before you found out you were pregnant?
(less / about the same or more)*

*How confident do you feel about being able to quit smoking?
(very, quite confident / not very confident)*

*Usually people find it easier to quit smoking if they have someone (friend, partner, family member)– to support or help them as they're trying to quit. Do you have someone to support you?
(has someone to support / has no support)*

*We know from research that people may find it harder to quit smoking if they have very stressful lives, if they've had alcohol or drug, or mental health problems (like depression, schizophrenia); have any of these been problems for you?
(none of these problems/some of these problems)*

2. Consider the options

Using the Five A's to talk about smoking and quitting is a form of brief intervention. In most cases, women will need more than this to succeed at quitting – particularly if the brief intervention is provided on only one occasion. Three additional types of help should be considered:

Self-Help Resources: Written and online resources will help some women develop a quit plan and prepare for withdrawal. Self-help resources are usually appropriate for women who need less help quitting.

Group or Individual Counselling: In many communities there are cessation counselling services to provide individual or group support for women with lower confidence or motivation, or who for other reasons need more help to quit smoking.

Nicotine Replacement Therapy: Nicotine replacement (gum, patches, inhalers) should be considered for women who smoke 15 or more cigarettes a day. They reduce withdrawal symptoms, and are generally considered safer for a fetus than exposure to other toxins in cigarette smoke. They also help to gradually reduce nicotine intake. *Note: Bupropion (Zyban) is NOT recommended for pregnant women.*

3. Help select a quit method

Some women quit smoking on their own, with little or no help. Others need a great deal of help, and even then, may have to try several times before succeeding. In most cases, women need...

- *Less help* to quit if they smoke less than 15 cigarettes a day, feel fairly confident they'll be able to quit, have someone to support their quitting, and don't have overly stressful lives or problems with substance abuse or mental health.
- *More intensive help* if they smoke more, are not confident they'll be able to quit, don't have someone to support their quitting, and have stressful lives or problems with substance abuse or mental health.

Suggest a quit method based on the woman's needs. If she has previously tried that method without success, suggest a more intensive form of assistance, or a combination of methods.

Be collaborative; if she is not willing to use the method which appears to meet her needs, find out what steps she is willing to take, and support her in doing so.

To determine her needs, ask about:

- ◆ Number of cigarettes smoked/ day both now and before pregnancy
- ◆ Confidence in ability to quit
- ◆ Support
 - partner/family/friends
- ◆ Stress, substance abuse, mental health

(see sample questions)

Be careful not to add to the guilt or pressure often experienced by pregnant women who smoke – frame your questions in a positive, non-judgmental manner.

Self-Help Resources:

The You Can Quit! Pregnancy Pamphlet produced by the Smokers' Helpline,



includes information about the benefits of quitting for both the mother and the baby as well as a list of resources to find support. For other resources, see page 29.

Group/Individual Counselling:

Use the Newfoundland and Labrador Lung Association's Smokers' Helpline by phone or web site (www.smokershelp.net) to learn about programs and services or to locate programs in your community. (page 30)

Nicotine Replacement Therapy:

See page 33 for more detail on nicotine replacement for pregnant women

Recent... means different things to different people; for some, the temptation to smoke may linger long after the urgent cravings have been conquered.

Listen to what she is saying -- the actual length of time is less important than whether she is having trouble quitting or cutting back on her smoking.

Sample messages:

Quitting smoking is a big step – it's not easy, but it's one of the best things you can do for your health and for the health of those around you.

Cutting back on the amount you smoke can be a first step in quitting – and quitting is the only way to truly reduce the health risks from smoking.

If she has recently cut down or quit...

If you are working with a woman who has already reduced the amount she smokes, or who has recently quit smoking, she will need your support, and may need some additional help.

1. Congratulate and encourage

It's important to let her know you support and respect the effort she has already made. Quitting or reducing smoking is not easy – she should be congratulated for making an attempt to exercise control over her smoking.

2. Focus on the benefits of quitting

Emphasize the benefits of quitting smoking; this provides support for her choice to address her smoking, and encourages further progress toward cessation.

If she has reduced the amount she smokes, let her know that research indicates that there is no safe level of smoking, and that as few as one to four cigarettes a day can have an impact on health.³⁵ Similarly, smoking 'light' or 'mild' cigarettes does not significantly reduce the negative health impacts of nicotine, tar and other chemicals found in cigarettes.³⁶ The only way to truly reduce the health risks from smoking is to stop smoking completely.

Some women also prefer to quit by cutting down gradually rather than going 'cold turkey'. If at all possible, encourage her to continue and extend her efforts to cut back, until she is able to quit completely.

If she has recently quit smoking, emphasize the benefits of quitting as a means of confirming that she has made an important choice for her health and for the health of those around her.

3. Determine if she needs help

The nicotine in tobacco can be very addictive, and many women experience difficulty dealing with cravings and withdrawal symptoms, particularly during the first few weeks after they quit their smoking. During this period a woman may be particularly vulnerable to the urge to go back to her previous smoking pattern. Some women remain tempted to smoke even after physical symptoms are gone.

To determine whether, or to what extent a woman is experiencing these problems...

- ◆ ask what approach she is using to quit/cut down and how she deals with cravings
- ◆ ask if that approach is working for her – if she has avoided smoking altogether, or if she has been able to reduce her smoking by the amount she wanted

How did you quit? (*Did you go cold turkey? Use the patch or gum? Join a group? Did you have a plan?*)

How did you cut back? (*Skip one or two a day? Set a number and work down to it?*)

What do you do when you get the urge to have a cigarette?

How is it working?

Have you smoked at all since you quit? (how often?)

If she indicates that she has been having some problems, use the information on page 22 to determine her needs, consider the options, and help her select a quit method that may improve her chances of success.

Whether she has or has not had problems, she should be prepared for the possibility that 'slips' will occur as she tries to quit or cut back on her smoking. The ARRANGE section provides information on dealing with slips and relapse.

If she's pregnant and has recently cut down or quit...

Most women quit or cut down their smoking when they become pregnant. But most also return to smoking – either later in the pregnancy, or after the baby is born.

1. Congratulate and encourage

Congratulate her; acknowledge that quitting is not easy; let her know you support and respect the effort she has already made.

2. Focus on the benefits of quitting

Emphasize the benefits of quitting smoking and support further progress toward cessation.

If she has reduced the amount she smokes, you should also encourage her to quit smoking completely, since this is the only way to truly reduce the health impacts on her and her baby.

If she has recently quit smoking, let her know that by quitting she is taking steps to improve her own health, and is giving her baby a better chance to get enough oxygen and food for healthy development.

3. Determine if she needs help

Some women find it easier to quit smoking when they are pregnant – either because smoking aggravates morning sickness, or because of societal support for quitting during pregnancy. However, nicotine can be very addictive, and many women have difficulty dealing with cravings and withdrawal, particularly in the first few weeks after quitting.

To determine whether this has been a problem, use the following questions to find out how she quit or cut down, how she deals with cravings, and if she has been able to avoid smoking altogether or to reduce her smoking.

How did you quit? (*Did you go cold turkey? Use the patch or gum? Join a group? Did you have a plan?*)

How did you cut back? (*Skip one or two a day? Set a number and work down to it?*)

What do you do when you get the urge to smoke?

How is it working?

How often have you smoked since you quit?

If she indicates that she has been having some problems, use the information on page 23 to determine her needs, consider the options, and help her select a quit method that may improve her chances of success.

4. Assess for postpartum relapse

Many women quit or significantly reduce their smoking during pregnancy with the intention of returning to their previous smoking pattern after the baby is born. Relapse rates during the postpartum period are very high – and this has negative implications for the woman's health, and for the health of her baby and others around her.

A set of questions has been developed to identify women who are at greater risk for postpartum relapse.³⁷ (*Note: this three-question tool was developed for use during the 28th week of pregnancy, but may also be helpful at other times.*)

Which of the following best describes your personal goal with regard to smoking after delivery? *To stay off cigarettes • To control where & when you smoke • To go back to smoking • Not sure what your goal is right now*

How likely are you to smoke in the first 6 months after the baby is born? *Extremely likely to smoke • Very likely • Somewhat likely • Not very likely • Not at all likely to smoke*

Since your first prenatal visit, have you smoked a cigarette, even a puff? *Yes • No* (*Note: You will already know this*)

Recognize her effort...

Quitting smoking is a big step – it's not easy, but it's one of the best things you can do for your own health – and it's a really important way to help your baby get enough oxygen and food for healthy development.

When you're pregnant, it's best to quit smoking altogether. Nicotine replacement may also be a good option for some pregnant women.

Recognizing the risk of postpartum relapse is the first step in making smoking cessation long term rather than pregnancy related.

These questions will help you identify women who are at greater risk for post partum relapse.

Responses to these questions will enable you to address postpartum relapse in the final, ARRANGE step, which also deals with 'slips' and relapse.

A woman is more likely to succeed at quitting if there are people around her who support her quitting and are willing to help her.

The Newfoundland and Labrador Lung Association's Smokers' Helpline provides counselling support and information and resources by phone 1- 800- 363-LUNG (5864) or by web www.smokershelp.net. It's free, friendly, convenient & confidential!



Most people make several quit attempts before they succeed – but most do succeed.

Knowing about the likelihood of slips and relapse – particularly postpartum relapse – is the first step in planning to deal with the urge to return to smoking.



A Little Background...

Even with the best of intentions, it's hard to quit smoking without support, particularly if your partner, family and friends smoke. For women it's especially difficult, since women place considerable value on the social aspects of smoking. Women need to be prepared for possible slips or relapses, and they need support and encouragement to help them maintain cessation.

This will be particularly important for pregnant women, since postpartum relapse rates are very high. You will know from the woman's comments during previous steps whether she has quit or cut back on her smoking since learning she was pregnant, and whether she is at greater risk for postpartum relapse. It will be helpful to ensure that she is aware of the prospect of postpartum relapse, and is prepared for a return of the urge to smoke after her baby is born.

In arranging support for a pregnant woman, it is important to be aware that she will need support not only during pregnancy, but also during the postpartum period, and that the nature and sources of support needed may differ for those two periods. Arranging support during pregnancy is an important means of helping women maintain cessation for the long term, rather than for the term of the pregnancy.

To increase any woman's chances of successfully quitting smoking, it is important to identify and/or arrange supports that will be available when she needs help to avoid a return to smoking. The preferred option involves helping the woman identify a support network from within her own circle of family and friends. However, if support from this source is unlikely, it is essential that she be encouraged to identify – and be comfortable accessing – other support resources such as telephone or internet based cessation services. For example, the Smokers' Helpline provides both support and information, either by telephone or internet.

Try to build a follow-up step into your contacts with the woman, if the nature of your work involves meeting with her on more than one occasion. To do this, you need to ask about and make note of the woman's smoking status and her cessation attempts at each visit.

Some Pointers...

Explain the importance of support. Let the woman know that her chances of quitting and staying quit will be improved if she has support. Ask her to think of people she knows who would want to help her quit – people she could talk to if she's having trouble with cravings, or people she knows who are non-smokers.

Ensure that relapse prevention is a key part of your discussion. The possibility of slips, or of full relapse is very real. Helping the woman understand this, and helping her develop a plan to deal with both slips and relapse will increase the likelihood that she will be able to maintain or regain long term abstinence.

Address post partum relapse with pregnant women. You should know, from the ASSIST step, whether she views her cessation status as long term or pregnancy related. Make sure she is aware of the possibility of post partum relapse, and help her identify supports to increase the likelihood of long term cessation.

Be alert to negative influences. There may be some people within the woman's circle of family and friends who don't particularly want her to quit smoking, or who aren't likely to be supportive of her quit attempts. It will be important to ensure that she is able to identify whether this is the case and who among her acquaintances might prefer that she return to smoking; then help her plan how she will address these influences.

Explore different types of support. While it's essential to determine whether a support network can be identified from within the woman's own circle of friends and family, it's also important to explore other types of support, and the woman's level of comfort using those supports. This means that in addition to providing phone numbers and web site information, it would be helpful if you could try them out with her. The goal is to make sure she knows how to access these supplementary supports, and feels comfortable doing so.

What to do...

Discuss Slips and Relapse

Explain that many people slip when they are trying to quit; if she slips, she shouldn't get discouraged, but she should get back to her quit plan right away.

Some people relapse to their previous smoking pattern; a relapse calls for a new quit plan, with a new quit date.

In either case, knowing what to expect, knowing how to deal with it, and having support will help.

Identify/Arrange Support

Explore with the woman where she can find support to help her succeed at quitting. This includes helping her:

- ◆ identify friends/family/partners she can count on for support when cravings hit or when she needs help; encourage her to be specific, and to keep a list of names and phone numbers near when she needs it;
- ◆ discuss how she will deal with any friends/family members who might not support her quit attempt;
- ◆ identify other support resources – for example local community groups or programs, or QuitNow (by phone or web); if possible, try these resources with her so she will feel comfortable accessing them.

You'll have a better chance at staying quit if you have support – who do you know who would be willing to help you when you're tempted to smoke?

You can always get help through the Smokers' Helpline – you can use it by phone or on the web.

Provide Follow-Up If Possible

If the nature of your work with the woman involves subsequent or ongoing contacts (phone, person, etc.), arrange for follow-up so that you can provide support for her cessation efforts, or help to get her back on track if she slips or relapses.

What to do if she's pregnant...

Discuss Slips and Relapse during Pregnancy

Explain that 'slips' often happen when people quit smoking – it doesn't mean failure, but it will be important to get back to her quit plan right away so her slip doesn't become a relapse.

Some women quit smoking when they become pregnant, but return to smoking later during their pregnancy. Make sure she is aware of this possibility, and of the need to develop a new quit plan should relapse occur.

Discuss Postpartum Relapse

Make sure she's aware of the very high rate of postpartum relapse; discuss the reasons for this, and explore links between her current cessation efforts and her pregnancy. Focus on pregnancy as a unique opportunity to achieve long term cessation. Explore with her how she will deal with urges to return to smoking after her baby is born.

Identify/Arrange Support

Explore with the woman where she can find support to help her succeed at quitting. This includes helping her:

- ◆ identify friends/family/partners she can count on for support when cravings hit or when she needs help; encourage her to be specific, and to keep a list of names and phone numbers near when she needs it;
- ◆ discuss how she will deal with any friends/family members who might not support her quit attempt;
- ◆ You can always get help through the Smokers' Helpline - you can use it by phone 1- 800- 363-LUNG (5864) or by web www.smokershelp.net.

Provide Follow-Up If Possible

If the nature of your work with the woman involves subsequent or ongoing contacts (phone, person, etc.), arrange for follow-up so that you can provide support for her cessation efforts, or help to get her back on track if she slips or relapses.

SLIPS and RELAPSE...

A slip or lapse:

- ◆ means having a puff or two, or a cigarette after you've quit smoking
- ◆ is very common; most people have one or more slips when trying to quit
- ◆ doesn't mean failure; it's a chance to look at what went wrong and to review your reasons for quitting

If you slip – get back to your quit plan right away – don't let a lapse become a relapse.

Relapse:

- ◆ means a return to smoking about as much or as often as before quitting
- ◆ calls for a new plan – and maybe a different approach
- ◆ can be thought of as a 'practice quit attempt' – and practice makes perfect

If you relapse – you need a new quit plan and a new quit date – look at what went wrong, plan how you can do better next time, think about getting a little more help.

If you want more information on women and smoking...

There are many articles, studies, and other sources of information about women and smoking, and about smoking during pregnancy. Some are narrow in scope, others are more general; and some are easier to read than others.

Listed on this page are some fairly accessible sources that provide a good overview of issues pertaining to women's smoking, and to smoking during pregnancy. These sources also identify additional, more specific material for those who are interested in more detailed research.

Helping Women Quit materials were developed to address needs identified by pregnancy outreach workers, public health nurses, and BC Health Authorities.

Articles and Reports

Greaves, L, Cormier, R, Devries, K. et al. *Expecting to Quit: Best Practices Review of Smoking Cessation Interventions for Pregnant and Postpartum Girls and Women*. BC Centre of Excellence for Women's Health. 2003

Greaves, L, and Barr, V.J. *Filtered Policy: Women and Tobacco in Canada*. BC Centre of Excellence for Women's Health. 2000

Program Training and Consultation Centre. Program Checklist; Smoking Cessation Interventions for Pregnant and Postpartum Girls and Women, Ottawa. 2004

Program Training and Consultation Centre. *Smoking Cessation in Pregnancy*. Ottawa. 2000

Melvin, C.L., Dolan-Mullen, P., Windsor, R.A. et al. *Recommended cessation counselling for pregnant women who smoke: a review of the evidence*. Tobacco Control 2000; 9: 80-84

Health Canada. *Canadian Tobacco Use Monitoring Survey*, 2005 (available at: http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/recherche-recherche/stat/ctums-esutc/2005/index_e.html

BC Ministry of Health and Ministry Responsible for Seniors. *Honouring Our Health: An Aboriginal Tobacco Strategy for British Columbia*. 2001

US Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke. A Report of the Surgeon General—Executive Summary*. 2006 (available at <http://www.cdc.gov/tobacco>)

Websites

Prevention Source BC <http://www.preventionsource.org/>

Health Canada http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/index_e.html

Physicians for A Smoke-Free Canada <http://www.smoke-free.ca/default.htm>
Canadian Council for Tobacco Control <http://www.cctc.ca/>

Smoke Free Families <http://www.smokefreefamilies.org/>

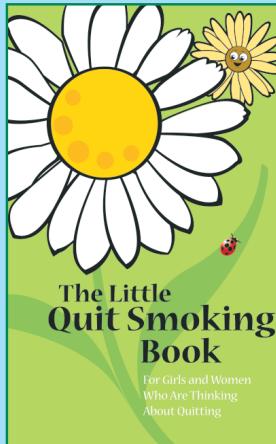
Center For Tobacco Cessation <http://ctcinfo.org/research/default.asp>

National Partnership to Help Pregnant Smokers Quit <http://www.helppregnantsmokersquit.org/>

Alliance For the Control of Tobacco <http://www.actnl.com/>

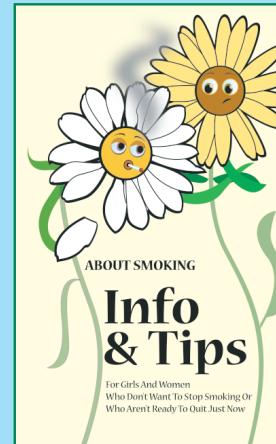
Several self-help resources were developed in conjunction with this Guide on the basis of recommendations obtained through a survey of pregnancy outreach workers and public health nurses. These resources are intended for girls and women who tend not to read – due either to low literacy levels, or to low interest in written

materials. The messages are simple, practical, and positive. They include specific information for women who are pregnant or new mothers, but the general focus is on all women and girls who smoke. The resources include:



The Little Quit Smoking Book

for girls and women who are thinking about quitting



Info & Tips

for girls and women who don't want to stop smoking or who aren't ready to quit just now



When A Woman Quits Smoking

card for partners and others who live with women who quit smoking

Other Self-Help Resources You Might Find Helpful:

www.smokershelp.net. (*NL Lung Association Smokers' Helpline*) provides self-help information, chat forums, list of regional cessation supports, and links to community partners. Individuals can chat, share your thoughts on our message boards, or email a counselor.

Health Canada (On the Road to Quitting 2007) Booklet that helps individuals create their own plan to overcome tobacco addition. Contains many tips and techniques for quitting smoking. <http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/index-eng.php>

Canadian Cancer Society:

One step at a time: For smokers who want to quit www.cancer.ca
This booklet is for those who want to quit smoking.

One step at a time: For smokers who don't want to quit www.cancer.ca This booklet offers you some things to think about, and provides some practical tips that may relieve some of your stress connected to smoking.

One step at a time: If you want to help a smoker quit www.cancer.ca
This pamphlet is for those who want to help a smoker quit



Cessation counselling . . .

- ◆ is for those who may not be able to quit on their own
- ◆ helps people explore why they smoke
- ◆ provides structure and other forms of support
- ◆ in a group setting, offers the support of others who are also trying to quit smoking

**Cessation Counselling
In Your Area:**

While many people are able to quit smoking on their own, many others need a little more help, and some respond well to the structure and support provided by group or individual cessation counselling. Both offer information to help clients understand why they smoke, and how they will benefit by not smoking. They provide assistance in developing a plan to quit smoking and to deal with the cravings that follow. They also offer support and guidance for slips and relapse.

Group counselling provides a structured opportunity for several people to try quitting at the same time. It will be helpful for those who benefit from having the additional support of others who are going through the same experience. It will be less helpful for those who are not comfortable in group settings.

Individual counselling offers smoking cessation assistance in a one-to-one setting. An experienced cessation counsellor is able to provide information and support to address individual needs of each client. This approach does not offer the same level or type of support one might find in a group setting; however, it is likely to be beneficial for those who are not comfortable in groups, or who would prefer not to discuss their tobacco and/or other related concerns in a group setting.

There are often costs associated with both types of cessation counselling, with individual counselling often more expensive than groups. However, in some cases these costs may be reimbursed, or reduced, for certain clients.

Counselling usually requires the client to make a commitment to attend a specified number of sessions at a certain time and location. Some clients may have difficulty making this commitment, due to transportation, child care, work, or other considerations. It will be important that the client understand the nature of the commitment, and be willing to attend the specified sessions.

Different parts of the province vary in the type and number of cessation counselling programs available.

To determine the availability of group or individual cessation counselling in your area...

- ◆ Contact Smokershelp.net for information on local cessation programs, or
- ◆ Contact your local Regional Health Authority

Women are more likely to succeed at quitting smoking if their partners/friends/family are non-smokers, or at least are supportive of quitting smoking. For this reason, helping a woman identify personal supports among her close acquaintances is the first step in lining up support for quitting.

She will also have to let them know she's trying to quit smoking, and how they can help her be successful.

Support Card: The Helping Women Quit materials include a card intended for the partners, friends, and families of women who are trying to quit; it lets them know what to expect as she quits – both in terms of withdrawal symptoms, and the health benefits for her and others.

It's also important to help her identify other types of support – either to supplement personal supports, or to take on a primary role if most of her acquaintances smoke, or don't support her quitting. Telephone and web-based supports fill this role for many people.

Telephone Support: The Newfoundland and Labrador Smokers' Helpline is a free service offering telephone counseling to assist individuals with quitting smoking and staying smoke-free. The service is easily accessible, and it is a link to a broad range of supports to help people who smoke.

How It Works: Dialing 1-800-363-5864 connects the individual to a trained smoking cessation counselor. The counselor provides an overview of the range of smoking cessation supports that are available (including telephone counseling, group counseling, web-based supports and self-help materials), and the individual is invited to choose which type of service they feel will be most helpful for them. Telephone counselling helps an individual overcome tobacco addiction by assisting them with setting up a personal plan to quit and to stay smoke free, providing information on various cessation medications available, and providing tips and techniques to manage cravings. Pregnant women are eligible to receive 12 proactive counseling calls, scheduled in consultation with the client. Clients may also call back between counseling calls to receive extra help. Smokers' Helpline counselors are available to speak with callers Monday to Thursday 9am-9pm and 9am-5pm on Friday. Outside of office hours callers are encouraged to leave a message to have a counselor call them back. In addition, there are automated quit tips that can be accessed through calling the Helpline at any time.

Pros and Cons: This service is free, confidential, very accessible and will be helpful for those who prefer to deal with a real, live person rather than with more automated approaches. It is a comprehensive service, offering a range of supports including referrals to local programs in the caller's own community. The counseling provided is personalized to address each caller's individual needs and circumstances. As well, it is proactive, counselors call the clients on a regular basis once service is set up. It may be less helpful for those who may not be comfortable discussing cessation and related issues with an unknown person.

Web-Based Support: Smokers' Help On-line (www.smokershelp.net) offers free web-based support and is available at any time to anyone with access to a computer and the internet. Individuals may access information tailored to their own stage of quitting. In addition they may receive support from others (through the chat forums) who are also going through the process of quitting, and find out about local programs in their own community.

How it Works: Going on the internet website www.smokershelp.net allows access to a variety of web-based support. Individuals may access self-help information on setting up a plan to quit smoking, managing cravings, living healthy, staying smokefree, as well as information on cessation products and medications. The website provides links to register for personalized email counseling (from a Smokers' Helpline counselor) or to receive automated quit tips (through email). Individuals may also access an events calendar which provides information about upcoming smoking cessation events (such as group programs, presentations, and health fairs) or link to find out more about local smoking cessation programs and supports in their own community.

Pros and Cons: This web-based service is free, confidential and available any time of the day. It will be helpful for those who prefer the anonymity of the internet and for those whose schedules might make it difficult to access services at pre-arranged times. The site provides a wide range of tools, resources and information which can be personalized to address needs at differing levels of addiction and different stages of quitting. However, its availability is limited to those who have access to a computer and the internet. It will be less helpful to those who are not comfortable using computers.

Other Local Supports: For more information on support/resources that may be available in your area, contact your Regional Health Authority

Eastern Health:

St. John's Region	752-4910
Rural Avalon/Peninsulas	466- 6302

Central Health:

489-8184

Western Health:

637-5000 ext 5355

Labrador-Grenfell Health:

Northern	454-3333 ext 346
Goose Bay	897-3110
Labrador West	944-9206

Support helps . . .

It will be easier to quit smoking if there's someone to help when cravings hit, when you're tempted to have a cigarette, or when you feel discouraged.

If you can't turn to your partner, or friends or family for support, there are other options – and some are available whenever you need them.



Stop Smoking Medications make quitting easier by addressing nicotine cravings

- ◆ NRT supplies nicotine but without the toxins found in cigarettes; nicotine doses are reduced over time
- ◆ Bupropion acts on the brain to reduce nicotine cravings

Types of Stop Smoking Medications³⁸

There are two general categories of stop smoking medications:

- ◆ nicotine replacement therapy, which replaces nicotine that would otherwise come from cigarettes, and
- ◆ bupropion, a drug which acts on the brain to reduce cravings associated with nicotine addiction.

Nicotine Replacement Therapy (NRT)

NRT delivers nicotine in a format which is safer than smoking, because it does not include the many thousands of toxins which are found in cigarettes. Principal forms include gum or patch; it is also available in lozenge or inhaler form. NRT is intended to be used to replace nicotine in cigarettes, so should not be used while the person is still smoking.

NRT products are available through pharmacies and other retail outlets, and do not require a prescription.

The gum is meant to be chewed and then 'parked' between your teeth and gums. It comes in different dosages for lighter and heavier smokers. You use a piece every 1 to 2 hours for several weeks or months, to help deal with cravings. For some people it causes burning in the throat, and can cause dental problems if used for long periods. Lozenges work in a similar manner, but are not meant to be chewed. Both deliver nicotine to the brain more quickly than does the patch.

The patch is a band-aid type skin patch that delivers nicotine through the skin. It comes in different dosages for lighter and heavier smokers, and is applied to the skin once a day to control cravings. Some people have skin reactions or disturbed sleep. It is intended to be used for 2 to 3 months, or longer if needed; the dosage of nicotine is gradually reduced during that period. It generally takes longer to feel the effects of using nicotine through a patch than through gum.

The inhaler delivers nicotine through a cartridge which is similar in shape to a cigarette. When the user 'puffs' on the cartridge, nicotine is delivered to the system through the lining in the mouth and throat. Use of the inhaler mimics the hand to mouth motion of smoking, and helps address cravings. It is intended to be used for several weeks, up to six months, gradually decreasing the number of cartridges used per day. In some people it irritates the lining of the mouth and throat.

Bupropion (Zyban[®])

Bupropion was developed as an anti-depressant, but subsequently found, for reasons which are still not clear, to be effective in addressing the effects of nicotine withdrawal. It comes in pill form. Unlike NRT, use of bupropion is started while the person is still smoking, about a week before an identified quit date. It is intended to be used (twice a day) for a further 7 to 12 weeks, or longer if needed. At the end of that period, the medication is stopped, not reduced over time.

In some people, it can cause dry mouth or insomnia. Also, people with certain medical conditions (e.g. seizures, eating disorders) should not take bupropion – nor should women who are pregnant or breastfeeding.

Bupropion is available through pharmacies, and does require a prescription. Since there are several medical conditions which could be affected by bupropion, use of this drug should be discussed with a doctor.

For Pregnant Women

Clearly, it's best for pregnant women to not smoke at all, and if they do smoke, to quit as early as possible in the pregnancy. But quitting is not easy, and can be especially difficult if the woman is heavily nicotine addicted, and/or if she has mental health or substance abuse issues, or is experiencing stress in other aspects of her life. When a woman cannot or will not quit smoking, consideration should be given to ways of reducing the impact of smoking on her and her baby.

Nicotine Replacement Therapy (NRT) is a harm reduction option that should be considered for some pregnant women. Because NRT delivers nicotine to the mother, it will likely have some negative impact on her fetus. The impacts of NRT on an unborn baby have not yet been thoroughly studied, however, NRT may be less harmful than smoking, since it does not deliver carbon monoxide and the thousands of other toxins found in cigarettes, and since it may result in a reduction in the amount of nicotine delivered to the fetus. There are some indications that babies born to women who used nicotine patches during pregnancy rather than smoking had higher birth weights.³⁹

As a general guideline, NRT should be considered as a means of harm reduction when a woman . . .

- ◆ smokes more than 15 cigarettes per day
- ◆ is still smoking by the third month of pregnancy
- ◆ is unlikely or unable to quit using other approaches

Both nicotine gum and patch have been used under these circumstances (see page 32 for general information on these forms of NRT). Pregnant women are encouraged to use the **lowest dose possible, for the shortest time possible**. The dose selected should be just enough to counteract withdrawal symptoms and enable the woman to avoid cigarettes. Keeping the dose low helps reduce the amount of nicotine delivered to the fetus and to the woman.

If the patch is used, it is generally recommended that pregnant women remove it at night, using it for 16 rather than 24 hours a day. This

reduces the possibility that the fetus might actually receive more nicotine than if the woman were smoking.

Both nicotine gum and the nicotine patch are available without prescription. However, pregnant women should discuss the possible use of NRT with their health professionals to make sure that NRT is right for them.

It should also be noted that although a prescription is not required for NRT, the cost may be a deterrent for some women. During focus groups used to pretest Helping Women Quit materials, young, low income women frequently commented on the cost of NRT, noting that the overall cost was more expensive than smoking. It will be helpful to determine if cost is a deterrent for your clients, and whether there are means by which NRT cost can be reduced or eliminated for some clients.

Bupropion (Zyban©) is not recommended for pregnant women. There is insufficient information regarding its safety during pregnancy or while breastfeeding. For this reason, recommendations for stop smoking medications for pregnant women are limited to Nicotine Replacement Therapy.

Nicotine Replacement Therapy

- ◆ may be less harmful than smoking during pregnancy
- ◆ should be considered for women who are smoking more than 15 cigarettes per day in their third month of pregnancy
- ◆ use the lowest dose possible for the shortest period possible

Bupropion: NOT recommended for pregnant women.

¹ Canadian Tobacco Use Monitoring Survey (CTUMS) 2005; Supplementary Table 2: Smoking status and average number of cigarettes smoked per day, by province, age group and sex, age 15+ years, Canada 2008

² Canadian Tobacco Use Monitoring Survey (CTUMS) 2005; Supplementary Table 1: Smoking status and average number of cigarettes smoked per day by age group and sex, age 15+ years, Canada 2005.

³ Greaves, L. and Bar, V.J. (2000) Filtered Policy: Women and Tobacco in Canada Vancouver: British Columbia Centre of Excellence for Women's Health, p. 17

⁴ Greaves, L. and Bar, V.J. (2000) p. 19

⁵ Greaves, L., Cormier, R., Devries, K., Bottorff, J., Johnson, J., Kirkland, S. & Aboussafy, D. (2003) Expecting To Quit; A Best Practices Review of Smoking Cessation Intervention for Pregnant and Postpartum Girls and Women. Vancouver: British Columbia Centre of Excellence for Women's Health; p. 3

⁶ Canadian Tobacco Use Monitoring Survey (CTUMS) 2005; Supplementary Table 7: Smoking and pregnancy, women age 20-44 years, Canada, 2005

⁷ Greaves, L. et al. (2003), p. 15

⁸ US Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke. A Report of the Surgeon General—Executive Summary*. (2006), p. 14

⁹ Health Canada (1999) Women and Heart Health; retrieved August 2006 from http://www.hc-sc.gc.ca/hl-vs/pubs/women-femmes/heart-cardiovasculaire_e.html

¹⁰ Greaves, L. (2001) Teenage Girls and Smoking: A Research Agenda; Workshop Report Vancouver: British Columbia Centre of Excellence for Women's Health, p. 4

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Developing the Helping Women Quit Guide and Resources

This Guide and the associated resources (Little Quit Smoking Book, Info & Tips, Partner Card) were developed in 2007 as a result of a consultation with pregnancy outreach workers and public health nurses in British Columbia, and with BC Health Authorities' staff working on tobacco and perinatal issues.

The pregnancy outreach workers and public health nurses reported great variability in whether, and how, they addressed tobacco issues with their female clients; and they told us they weren't sure how to deal with tobacco cessation, and didn't have time to research the matter. They also said they weren't certain which quit smoking approaches would be best for their clients, and reported a lack of resources appropriate for young women who were often uninterested in available written materials.

Health Authority staff working on tobacco and perinatal issues provided information indicating that different parts of the province were taking different approaches to addressing tobacco cessation; they also noted the importance of being able to continue to pursue local/regional solutions to tobacco cessation.