

Addressing Smoking with Women and Their Families

Strategies for In-home Support Services



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- Dawn Cole, RN, TEACH Certified, Public Health Nurse, KFL&A Public Health, Kingston
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- Katherine Wallace, RN, RM, MHS, Registered Nurses' Association of Ontario, Program Manager

Best Start Resource Centre Lead: Marie Brisson

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Best Start Resource Centre
c/o Health Nexus
180 Dundas Street West, Suite 301
Toronto, Ontario, M5G 1Z8
www.beststart.org www.healthnexus.ca
beststart@healthnexus.ca

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Introduction

Overview of Smoking among Women and their Families

Many people who smoke vastly underestimate the health risks of smoking and second-hand smoke because they are unaware of the magnitude of the health impacts.¹

Tobacco use kills an estimated 37,000 Canadians every year.² Many of these deaths are premature and could be prevented.¹ Tobacco smoke damages every organ in the body and causes disease and death.³

Smoking affects woman's health in significant and unique ways.^{3,5} For example, women who smoke are susceptible to menstrual problems, difficulty with fertility, early menopause and are at higher risk of developing cancer, depression, cardiovascular issues, rheumatoid arthritis, osteoporosis and other health complications.^{3,5,6} Smoking before and during pregnancy is of particular concern as it impacts fertility and maternal, fetal, and infant morbidity and mortality.⁶

According to the Canadian Tobacco Use Monitoring Survey (CTUMS)⁴, the latest National survey, published in 2012:

- 16.1% of Canadian men and women (15 years and older) reported smoking.
- 17.4% of young Canadian women (20-24 years of age) reported smoking.
- 22.8% of Canadian women of childbearing age (20-24 years of age) reported smoking during their most recent pregnancy.
- 4.8% of Canadian women of childbearing age (25-44 years of age) reported smoking regularly during their most recent pregnancy.
- 13.3% of Canadian women of childbearing age (20-24 years of age) reported that during their most recent pregnancy, they had a spouse/partner who smoked regularly at home.

Smoking rates for on-reserve First Nations and for Inuit were more than triple the Canadian average:²

- 57% of First Nations adults living on-reserve and in northern First Nations communities smoked daily.
- 58% of Inuit adults smoked daily.

In general, special consideration must be given to younger and vulnerable pregnant women. The 2009 Canadian Maternity Experiences Survey surveyed adolescent women 15-19 years of age and reported that 28.9% of young disadvantaged women continued to smoke during pregnancy.⁷ This highlights the need for targeted intervention with younger pregnant women who may also live in poverty and may be dealing with many other stressors.^{7,8}

Women with lower incomes, lower education, and mental health disorders are more likely to smoke. These factors contribute to the negative health impacts from smoking. These women are also less likely to quit smoking during pregnancy and are more likely to relapse after their baby is born.^{6,8}

Home visiting services designed to improve the health of mothers and their babies can integrate information and messages regarding smoking and offer support to pregnant women who smoke regarding the process of quitting smoking. In addition, relapse prevention information and supports are needed in the postpartum period.⁸

Quitting smoking before conception or early in pregnancy has the greatest benefits for the pregnant woman and her unborn baby. In fact, quitting tobacco use at any point during pregnancy provides health benefits.⁹

Needs of In-home Support Workers

Staff members who provide home visits to vulnerable families face many opportunities and challenges in addressing smoking. Families may be dealing with multiple serious concerns such as housing, poverty and abuse and smoking may not be their current priority. Raising the issue of smoking too early or in an inappropriate manner may interrupt the process of engaging the client in a trusting relationship, the foundation to working on a range of needed psycho-social issues.

In 2013, the Best Start Resource Centre conducted a needs assessment of service providers who provide in-home support services to vulnerable families, prior to drafting this resource. A total of 105 service providers participated. Some of the concerns expressed by respondents included:

“Parents have outright told me they are not interested in quitting, and it is their home so they can smoke there.”

“Our challenge is the high rate of pregnant and parenting teen smokers. They are usually able to cut down but see smoking as their only form of stress relief.”

“Many are not interested in quitting smoking and if they are, they resume as soon as baby is born.”

“Often parents who are not ready to quit/reduce take information as an insult. Providing information prenatally is often difficult as mother may feel guilt after seeing the negative effects on the fetus.”

“Many family members smoke, some not willing to quit or decrease their smoking.”

The survey identified specific needs, including assistance with identifying effective approaches in addressing preconception, prenatal, postnatal and parental smoking as well as practical tips for speaking with parents about the topic of smoking. Some of the needs expressed included:

“Ideas for instructing them on how to handle difficult situations with others who smoke.”

“Normalizing parent’s fears, and struggles with quitting/reducing and incorporating realistic concrete ideas for quitting/reducing as a parent.”

“Examples of opening statements to engage the parent in conversation.”

“A resource for service providers who don't have the expertise and in depth knowledge of smoking cessation, but who still interact with clients who smoke.”

“How to handle family members that smoke around the pregnant women or new mother – strategies for the mother to utilize.”

“How to offer risk information without damaging relationship.”

“Websites for resources on cessation and smoke-free homes that family visitors can refer clients to.”

This resource is designed for service providers who may have an opportunity to discuss smoking with women and/or their family members during home visits. While engaging directly with clients, this resource suggests ways that service providers can assist and motivate women and their families to think about their smoking and consider trying to quit smoking. It introduces the concepts of behaviour

change, outlines types of interventions, discusses available smoking cessation aids, provides evidence-based information about the process of quitting, and includes tips for service providers to guide smoking cessation interventions. Certain tools in this resource may be more appropriate for some service providers than for others, depending on roles, responsibilities and scope of practice. Several scenarios are included to serve as a guide when addressing unique challenges of in-home support services for families.

Objectives

The objectives of this resource are to help service providers to increase their:

1. Knowledge regarding evidence-based information on risk factors for, and the consequences of smoking before conception, during pregnancy, in the postnatal period, as well as the effects of smoking on young children.
2. Understanding of effective approaches and useful tips for addressing smoking and offering smoking cessation supports to families in their home.
3. Awareness of pertinent resources, programs and references to assist service providers in addressing these issues and obtaining further information.
4. Awareness of available resources for clients and their families.
5. Skills and comfort level in addressing smoking with clients during in-home support services.

It is best for both parents not to smoke, during the pregnancy and after the baby is born. In fact it is best to quit prior to conception. Quitting smoking is not easy, but help is available.^{8,10}



Section 1 Values and Focus

Service providers who work in in-home settings with families have the opportunity to use various strategies and approaches to support women and their families who smoke before conception, during pregnancy and in the postnatal period.

Values

Prior to a home visit with a client who smokes, service providers are encouraged to examine their feelings about:

- Clients who smoke
- Clients who may be addicted
- Clients who may not be willing to consider quitting

Service providers may unknowingly make assumptions about their client's smoking, especially about pregnant women and their partners who smoke.¹¹ An important step to work through these assumptions is to examine one's own values and beliefs.

Take ten minutes and do a values check, by simply reflecting on your own values (qualities, principles and ideals that you identify with) as they relate to smoking.¹¹ Think of how you might respond to these situations by completing these sentences with the first words that come to mind:¹¹

- Women who smoke...
- Women who are pregnant and smoke...
- Younger teenage girls who are pregnant and smoke...
- New mothers who are breastfeeding and smoke...
- Fathers of new babies who smoke in the house...
- Grandparents who smoke around infants...

You can complete the exercise on your own or as a team and discuss different opinions on this subject.

By understanding a woman's reasons for smoking and her readiness to change, service providers can learn how best to guide their client.¹²

Focus

According to *Expecting to Quit: A Best Practices Review of Smoking Cessation Interventions for Pregnant and Postpartum Girls and Women*¹³ and *Stop Smoking, A Cessation Resource for those Who Work with Women*¹¹ service providers should take a woman-centred approach when interacting with women. This approach is something you can integrate into your practice. Key points drawn from both resources include:

- Understand that every woman is unique, for example age, with respect to socioeconomic status, religious beliefs, cultural lines, abilities etc.
- Respect your client's beliefs and experiences of health and illness.

- Treat your client’s questions respectfully, even if her facts or sources are not ones you endorse.
- When asking about smoking, be non-judgmental in response to the information that the client shares with you.
- Identifying her strengths and praise her for them.
- Ask open-ended questions to gather information about stressors and supports. Take a holistic approach to smoking cessation and include all aspects of health.
- Take the opportunity, if appropriate, to assess the client for mental health and substance use and if relevant, follow up with information or referrals based on client readiness.
- Take the opportunity to assess your client’s concerns about abuse and violence, including sexual, emotional or financial.
- Respect and accept that your client may have other priorities and concerns in her life and she may not see her smoking as a pressing issue to address.
- Discuss referral options with sensitivity.
- Tailor the use of materials to the needs and wants of each client and ensure that your approach builds confidence and increases motivation.

When a woman is not ready to quit, discuss a range of options such as reducing the number of cigarettes smoked or quitting for periods of time during the pregnancy.¹⁴

For more information on woman-centred approaches refer to:

- Program Training and Consultation Centre, *A Woman-Centred Approach to Tobacco Use & Pregnancy*: www.ptcc-cfc.on.ca/common/pages/UserFile.aspx?fileId=118423
- Pregnets, *Smoking Cessation for Pregnant and Postpartum Women: A Toolkit for Health Care Providers*: www.pregnets.org/dl/Toolkit.pdf
- *Liberation! Helping Women Quit Smoking: A Brief Tobacco-Intervention Guide*: www.bccewh.bc.ca/publications-resources/documents/Liberation-HelpingWomenQuitSmoking.pdf
- *Expecting to Quit: A Best Practices Review of Smoking Cessation Interventions for Pregnant and Postpartum Girls and Women*: www.expectingtoquit.ca/documents/expecting-to-quit-singlepages.pdf

NOTE: It is important to recognize when to refer clients to outside resources. For example, this may happen when your client requires more support than you are able to give or when the required interventions are beyond your scope of practice.

Traditional Tobacco

Service providers should recognize and distinguish between the use of traditional (ceremonial/sacred) tobacco by First Nations families, and the misuse of commercial tobacco. Assessment and questions should be conducted with care and respect to address this distinction.²⁰ For further information, refer to the section titled Aboriginal Resources found in Appendix I.

Section 2 Smoking Prior to Conception

Smoking may affect hormone production, making it more difficult for women to become pregnant. In addition, smoking can cause or contribute to erectile dysfunction.^{3,6}

Smoking cessation interventions should be included in care from preconception through to one year after the baby is born.²¹

Staff members who offer home visitation for families have the opportunity to provide preconception guidance in relation to planning and preparation for a future pregnancy.

When planning a pregnancy, families may prepare by gathering information on a myriad of topics that will guide them to having a healthy pregnancy. With an unplanned pregnancy the client and the family do not have the time to prepare prior to pregnancy. Guidance related to preconception health should include the benefits of planning ahead and making changes prior to pregnancy, as well as the supports available for making these changes.

A survey conducted by the Best Start Resource Centre in 2009, titled *Preconception Health: Awareness and Behaviours in Ontario*, recognized that while educating women and their families in the preconception period is ideal, approximately 30% of women in Ontario reported having pregnancies that were unplanned. More than half of the women surveyed did not make any health changes before conception (55%), and a quarter (26%) made no health changes in relation to their last pregnancy, either in the preconception or prenatal period.



The survey also revealed that 58% of respondents did not recall receiving preconception information from their health care provider. Of those who did receive information, only 2% recalled receiving print handouts and only 0.4% recalled being advised to talk to a health care provider when planning a pregnancy. There is a clear need to strengthen preconception services offered by health care providers.

See: www.beststart.org/resources/preconception/precon_health_survey1.pdf for the results of this survey.

Quitting smoking prior to conception or during the first trimester of pregnancy may reduce the risks to the level of a woman who has never smoked.¹⁵

DISCUSSION TIPS

Assessing Preconception Smoking

Before pregnancy, it is helpful to take a comprehensive approach and integrate messages about smoking. A good way to start the conversation is by asking what, if anything, the client and/or the client's family have already done in preparation for pregnancy. Keep a positive approach and focus on the client's strengths. Discuss how things are going and inquire whether the client has thought about smoking while preparing for pregnancy. You may ask:

- How do you feel about your smoking at this point?
- Now that you're thinking about having a baby, do you feel differently about smoking?
- Have you ever tried to quit in the past? How did you do it? What did you learn? You may require support to make this big change in your life. What other behaviour changes have you successfully made in the past and how might the strategies you used to make these changes help you now?
- If time permits, use Personal Values Cards to help you and the client identify her values. The cards can be found at:

www.motivationalinterviewing.org/content/personal-values-card-sort

Explain that it can be difficult for some people to quit smoking since nicotine is highly addictive. Be honest and describe how some people are able to quit easily, but there is no shame in needing help. Everyone is different. Suggest that it will be helpful to gather information on quitting.

In addition, emphasize that there are reasons for the client and her partner to quit smoking at least one month before they start planning a pregnancy:^{16,17,21}

- Smoking reduces fertility for both men and women and it may take longer to get pregnant while smoking.
- Exposure to second-hand smoke also affects fertility.

These discussions tips about preconception and pregnancy can be used in home visits in a range of situations, such as discussion about a potential future pregnancy or alongside a discussion about smoking and parenting.

Resources for clients:

- *Is there a Baby in Your Future – Plan for it. Health Before Pregnancy Workbook and Men's Information – How to Build a Healthy Baby:* www.beststart.org/resources/preconception
- *Fertility:* www.healthycanadians.gc.ca/health-sante/pregnancy-grossesse/fert-eng.php
- *A Healthy Pregnancy is in Your Hands:* www.phac-aspc.gc.ca/hp-gs/index-eng.php

Section 3 Smoking during Pregnancy

It is important that service providers introduce and emphasize how smoking affects the health of a woman, rather than primarily focusing on how smoking affects the fetus and newborn.^{13,14,15} This is shown to foster motivation to remain smoke free pre- and postpartum.¹² As well, the service provider may want to discuss the reasons a client continues to smoke and what she gets out of smoking as these reasons may outweigh her reasons for stopping smoking. Another useful strategy is to take some time to explore the role smoking plays in a client's life. In fact, a client may have other concerns that she feels are a higher priority.^{10,12} As much as possible, integrate the health messages and engage the client.

If a mother smokes during pregnancy she is more likely to experience:

- A miscarriage (within the first 20 weeks of gestation)^{3,15,16}
- Premature delivery^{6,19,21}
- Placental abnormalities^{3,20,21}
- Birth complications and risk of stillbirth^{3,20,21}
- Ectopic pregnancy (fertilized egg attaches in the fallopian tube/organs outside the womb)⁶
- Bleeding during pregnancy²¹

As a result of a mother's smoking, the fetus and newborn may:

- Develop growth restriction as less oxygen and fewer nutrients reach the baby which affects brain development and increases risk of perinatal mortality^{6,8}
- Develop birth defects (e.g., cleft lip, cleft palate)⁶
- Be born at a lower birth weight^{6,19,20}
- Be at greater risk for Sudden Infant Death Syndrome (SIDS)^{3,6,16}
- Be admitted to a neonatal intensive care unit for health complications²¹
- Experience damage to lungs and brain^{2,19,20}

The Surgeon General's report (2014) states that smoking during pregnancy can cause long term damage to the lungs and the brain of the fetus.⁶

As the child grows, he/she may be more likely to:

- Suffer more from respiratory illnesses (e.g., asthma, pneumonia, croup, bronchitis)^{3,6,20}
- Experience other childhood medical problems (e.g., ear infections)^{3,6,20}
- Smoke later on and become addicted to nicotine²¹

There is also some evidence of an association (though no causal relationship) between prenatal smoking and behavioural disorders and attention deficit hyperactivity disorder among children.^{6,20}

Conversations with pregnant clients about smoking are a priority given the serious health consequences. Women should control the pace and depth of these conversations as well as their decisions around smoking cessation.¹²

Clients who smoke are usually ready to consider quitting due to a wide range of societal and environmental influences (e.g., government legislation and municipal by-laws, public health messages, advertisements and pressure from family members).⁹

DISCUSSION TIPS

ASSESSING THE POSSIBILITY OF QUITTING

Work collaboratively with your clients. Engage them, help guide them, and assist them with planning for a quit attempt.^{8,11,12}

- Recognize the effort involved. Make a clear, non-judgemental statement about the risks of smoking and the benefits to the woman's current and future health. Help your client think of her health and personalize the health benefits.
- Invite discussion of the benefits and drawbacks of continuing smoking (the benefits of smoking may include how it helps her deal with stress, relaxes her, offers relief from work etc.). Invite discussion about the benefits and drawbacks of quitting.
- Ask if the client has tried to quit before and, if so, what it was like. Ask if she learned anything from that experience that may help her quit again.
- Discuss pressures and stressors of smoking and ask if any of these are present in her life.
- Ask the client what life would be like without smoking.
- Explore other changes the client has accomplished in her life and what worked to give her a personal sense of accomplishment.
- Suggest to the client who wants to quit that she may want to start by cutting down on the amount she smokes in a day and notice if she feels a difference, rather than quitting abruptly.
- Remind the client that quitting smoking is one of the best things a woman can do for her health and that, while it sometimes takes several quit attempts, there is no better time like the present to try.

Exercises:

- The client may already know the pros and cons of quitting; however, determine with her if she would like to discuss them. You can use the following *Pros and Cons Tools*: www.pregnets.org/dl/Pros%20and%20Cons%20Tool.pdf.

Or other useful decisional balance tools at www.pregnets.org/providers/Downloads.aspx

- You may want to show the Health Canada poster – *It Will Never Happen to Me* www.hc-sc.gc.ca/hc-ps/tobac-tabac/youth-jeunes/scoop-primeur/never-jamais-eng.php

This poster is a conversation starter designed to discuss the general health effects of smoking with young women. You can use this tool to demonstrate the health effects of smoking (i.e. those not specifically related to pregnancy) in a visual way and discuss the poster as it may relate to your clients.

Ask your client:

- What are the benefits to you, if you were to quit?
- Would any of these benefits motivate you to think about the positive reasons to quit?
 - To be free from the addiction to nicotine
 - To save money
 - To be healthier
 - To ... (name others)

For a full model and description of tools on how to engage, guide and plan your intervention, see the resource *Liberation! Helping Women Quit Smoking: A Brief Tobacco-Intervention Guide* at www.bccewh.bc.ca/publications-resources/documents/Liberation-HelpingWomenQuitSmoking.pdf

Resources for clients:

- *Benefits of Quitting*: www.women.smokefree.gov/benefits-of-quitting.aspx
- *Benefits of Quitting*: www.pregnets.org/dl/Desk%20Reference.pdf
- *On the Road to Quitting Guides to Becoming a Non-Smoker*: www.hc-sc.gc.ca/hc-ps/pubs/tobac-tabac/road-voie-eng.php
- *Journey 2 Quit: A Workbook to Help You Quit Smoking*: www.on.lung.ca/document.doc?id=1217
- *Quitnow*: www.quitnow.ca/database/files/library/131108_QN_Smart_Steps_web_version_FINAL.pdf
- *Smoking and Quitting: Clean Air for All*: http://knowledgex.camh.net/educators/elementary/Documents/smoking_cleanair.pdf
- *Smoker's Helpline*: www.smokershelpline.ca
- *Information Tools*: www.quitchallenge.ca/en/tools-and-resources/tools-download#Information
- *Why Women Smoke: Women and Smoking*: www.aware.on.ca/sites/default/files/women-and-smoking_0.pdf
- *Wallet Cards – I am a New Mother*: <https://shop.rnao.ca/catalog/Pre%20and%20Postnatal>
- *Stop smoking, take control!* www.quitchallenge.ca/en/tools-and-resources/tools-download

How Might Smoking Affect Your Client's Pregnancy?

With the client's permission, discuss how smoking during pregnancy can lead to complications with their own health, their unborn baby, during birth, and with the baby's health later on, as well. You can:

- Use a visual aid of the reproductive system to demonstrate how a woman and fetus are connected through the placenta, which passes along to the baby what the woman eats, drinks and breathes. Emphasize that nicotine, carbon monoxide and tar also get passed along through the placenta if the pregnant woman smokes cigarettes.²⁴

- Explain that because of the carbon monoxide produced by smoking, the amount of food and oxygen passed to the fetus is reduced. As a result, babies of women who smoke tend to weigh less. A baby who weighs less is more likely to have health complications and more likely to stay in the hospital longer.^{8,21,24}

In addition, here are some common myths from Pregnets www.pregnets.org and Smoke Free Women, 9 Myths About Smoking and Pregnancy: www.women.smokefree.gov/before-your-baby-is-born/9-myths-about-smoking-and-pregnancy.aspx about smoking and quitting during pregnancy that you can address with the client:⁸

Myth: Quitting smoking while pregnant causes stress on the baby.

- FALSE – Quitting at any time is good for the baby's health, but the sooner the better.

Myth: If you smoke during pregnancy the baby will be born smaller and will therefore be easier to deliver.

- FALSE – Lower birth weight babies are not necessarily any easier to deliver as there are many more factors involved in labour and delivery than the size of the newborn.

All of this information can seem overwhelming for the client, so be careful to ask permission to share this information. Assure the client that many women find this information overwhelming and give the client time to consider what it means for her. Notice her reaction and offer to make a follow-up appointment to discuss the information at more depth, if appropriate. Emphasize the positive, and highlight how the client is doing her best to care for her developing child.

Resources for clients:

- *Pregnets, an interactive website offering helpful tools and a discussion board:*
www.pregnets.org
- *Stop Smoking*
www.cpha.ca/en/programs/stopsmoking/downloads.aspx
- *Smoke Free Women, 9 Myths About Smoking and Pregnancy:*
www.women.smokefree.gov/before-your-baby-is-born/9-myths-about-smoking-and-pregnancy.aspx
- *Pre- and Postnatal Smoking Issues:*
www.hc-sc.gc.ca/hc-ps/tobac-tabac/body-corps/preg-gros-eng.php
- *Expecting to Quit offers personal stories of women and digital resources:*
www.expectingtoquit.ca/resources

▶ *A successful cessation approach emphasizes the benefits of quitting smoking for the woman herself and not just for the health of the fetus or child.*^{25,26}

Nicotine addiction is one of the primary reasons why women continue to smoke.^{6,9,20} Please refer to Appendix 2 Tobacco and the Process of Nicotine Addiction for further information on why nicotine is so addictive.

Section 4 Smoking and Breastfeeding

Breastmilk is the natural food for newborns. It contains everything a baby needs. No question, no debate, no doubt. The Public Health Agency of Canada, Dietitians of Canada, Canadian Paediatric Society and College of Family Physicians of Canada all agree that babies need only breastmilk for the first 6 months.²⁷

Service providers working in in-home situations should offer quit smoking supports to breastfeeding mothers. It is also important to advise women that even if they smoke, it is still important to breastfeed.^{5,15,23} The concentration of nicotine in breastmilk will vary depending on how many cigarettes have been smoked since the last breastfeeding and how much time has passed since the mother last smoked a cigarette.¹³

During in-home visits, discuss with your clients the following facts:^{17,27,23}

- Breastfeeding is the healthiest choice for mothers and their babies, even if the mother smokes.
- It is best for breastfeeding mothers to quit or cut down on smoking.
- The chemicals from cigarettes are passed on to the baby through breastmilk.
- Mothers who smoke should delay smoking until shortly after each session of breastfeeding.
- Smoking may interfere with milk production (volume) and lead to early weaning.

When approaching the topic of smoking with breastfeeding mothers, it is important to first discuss the benefits of breastfeeding.^{25,27}



DISCUSSION TIPS

Smoking and Breastfeeding²⁷

- Reassure a woman who is unable to stop smoking that breastfeeding is still good for the baby.
- Encourage the client to modify her smoking patterns and/or try to cut down or quit smoking.
- If the client mentions that her baby has been restless and has not settled, ask about the number of cigarettes the mother is smoking in one day and discuss the effects of smoking on the amount of breastmilk available to the baby (smoking is known to reduce milk production).
- Mention that the baby is affected by second-hand smoke (much more than adults), whether it is in the house, in a vehicle or even outside.
- Discuss with the client and her partner ways to lessen the amount of toxins that reach their baby. Explain that if the client smokes a cigarette soon after breastfeeding, it will maximize the time between the intake of nicotine and the next feed, and will reduce the amount of nicotine in the breastmilk. In addition, explain that smoke from the end of the cigarette and smoke from exhaling affects the child's health and the client's breastmilk. Encourage the client to smoke outdoors while the baby is left inside with family or friends.
- Inform the family that washing hands, as well as removing or washing clothes, blankets and other materials that may have been exposed to smoke, will help to reduce the amount of toxins to which the baby is exposed.

Resources for clients:

- *Breastfeeding Matters: An Important Guide to Breastfeeding for Women and their Families:* www.beststart.org/resources/breastfeeding/
- *Baby Friendly Initiative Ontario website and resources:* www.bfiontario.ca
- *Pregnets – Moms and Moms to Be:* www.pregnets.org
- *Smoker's Helpline:* www.smokershelpline.ca or 1-877-513-5333
- *Wallet Cards – I am a New Mother:* <https://shop.rnao.ca/catalog/Pre%20and%20Postnatal>

Also refer to list of resources for clients in section 5 on page 19.

Everyone benefits from breastfeeding: the baby, the family and the community. As part of your counselling, you may choose to discuss the following benefits of breastfeeding:²⁷

- Breastmilk is convenient, always the right temperature and available any time.
- Breastfeeding is free.
- Breastfeeding promotes bonding between the mother and the baby.
- Breastfeeding is environmentally friendly.
- Breastfeeding reduces health care costs for the family and society.
- Breastfeeding helps to control postpartum bleeding.
- Breastfeeding helps mothers lose the weight gained during pregnancy more quickly.
- Breastfeeding slows down the return of the menstrual cycle.

Section 5 Supporting Smoke-Free Environments

There is no safe level of second-hand smoke.²⁸

Smoke from the burning end of a cigarette contains more harmful chemicals than the smoke inhaled when smoking a filtered cigarette.^{15,21}

Second-hand smoke comes from the end of a burning cigarette as well as the smoke that is exhaled by a smoker. It is also known as environmental tobacco smoke or passive smoke.²⁹

Second-hand smoke in a car can be up to 27 times greater than in a smoker's home.³⁰

Third-hand smoke is the toxins in smoke that get trapped in hair, skin, walls, fabric, carpet, furniture, and toys. These can build up over time.¹⁰

Parental smoking is a common source of second-hand smoke and third-hand smoke.^{19,21} Exposure to second-hand smoke is associated with a range of negative health outcomes.²¹ Preventing exposure to second-hand smoke in infancy and childhood has significant potential to improve children's health.^{3,20,21}

During home visits, encourage a smoke-free home environment, especially for pregnant women, new parents, children, and breastfeeding women.^{8,19} Many families are becoming advocates for change to eliminate exposure to second-hand smoke in communities across Ontario.³¹ To inquire about the pertinent laws in your area, contact Tobacco Control services at the local public health unit.

Second-hand Smoke

Second-hand smoke is a mixture of exhaled smoke and smoke that comes from the tip of a burning cigarette, pipe, or cigar. In fact:^{3,8,28}

- Scientists have found more than 7,000 chemicals in second-hand smoke. They include nicotine, carbon monoxide, ammonia, formaldehyde, dioxins, and furan. Many of them come from the burning of commercial tobacco (combustion).
- When compared with the smoke inhaled by the person who is smoking, second-hand smoke contains higher levels of certain harmful chemicals. This is because second-hand smoke occurs at a lower burning temperature.
- Nicotine and solid particles make up about 10% of second-hand smoke.
- More than 70 cancer-causing agents are found in second-hand smoke. They include arsenic, asbestos, benzene, and vinyl chloride.



Risks of Exposure to Second-hand Smoke for Children and Adults:

- Babies have a higher risk of pneumonia, bronchitis, Sudden Infant Death Syndrome (SIDS) and low birth weight if exposed to second-hand smoke.^{8,15,21,32,33}
- Children need to be protected from second-hand smoke as they are less able to complain about smoky air, to remove themselves from exposure to smoke, and their immune systems are weaker.¹⁰
- Children have a higher risk of asthma, ear infections, and acute respiratory problems, such as colds and coughs.^{8,29,18}
- Exposure to second-hand smoke increases the risk of negative pregnancy outcomes.^{2,3,8,21}
- Adults have a higher risk of heart disease, cancers, and respiratory diseases.^{2,3,32} Continued exposure to second-hand smoke can lead to premature death and disease in children and adults who do not smoke.²⁸
- Babies and children breathe faster than adults, and tend to inhale more second-hand smoke.¹⁰

✔ *In Ontario, it is against the law to smoke when a person under 16 years old is in the vehicle.³⁴*

Third-Hand Smoke^{8,10}

- Third-hand smoke is made up of the toxins in smoke that linger even after the smoker puts out the cigarette, cigar, or pipe.
- Third-hand smoke gets trapped in hair, skin, walls, fabric, carpets, furniture, and toys. It builds up over time. We don't know how long these chemicals can last indoors. It depends on how much they are absorbed by soft items, like those made of fabric and foam. It also depends on how well they stick to surfaces.
- Babies can swallow dust containing third-hand smoke when they crawl on the floor and put their hands into their mouths.
- Toys that contain third-hand smoke, such as stuffed animals, also put babies at risk.
- The strength of third-hand smoke is reduced after smoking has stopped, but some of the chemicals can still be measured for months or even years, especially if there was heavy smoking in the room or house. The chemicals can be measured long after the smell has gone away.
- Babies take in more third-hand smoke chemicals because they breathe more quickly and because they spend more time on the floor. They can take in 20 times more third-hand smoke than adults.

A smoke-free home protects families from second and third hand smoke. Pregnant women, parents, breastfeeding women, children, partners, friends, and family members all benefit from a smoke-free home.¹⁷



DISCUSSION TIPS

Strategies To Help Reduce Exposure To Second-Hand Smoke:^{8,10}

- Smoke outside.
- Ask visitors to smoke outside.
- Politely ask people not to smoke around children and pregnant women.
- If necessary, leave.
- If you need to smoke outside, ask someone to cover childcare.
- Schedule visits when it is easier to smoke outdoors.
- Mothers who smoke should breastfeed before they smoke.
- Clearly identify the home as smoke-free.
- Meet in outdoor or non-smoking locations.
- Provide comfortable settings to smoke outdoors.
- Help people understand the impact of smoking and second-hand smoke on health.
- Smoke far away from the home.
- Recognize the efforts made by people who smoke.
- Be a role model and do not smoke.
- If necessary, build slowly towards a smoke-free home.
- Discuss smoking openly.

Further Strategies To Promote A Smoke-Free Environment:

- Always wash hands after smoking, and consider changing into clothing that hasn't been exposed to smoke.³⁷
- Remove all ashtrays from inside the home and keep one for smoking outside.^{35,37}
- Don't take children outside when smoking. A person must be at least 7 metres (about 23 feet) away from the person who smokes not be harmed by second-hand smoke.³⁶

Strategies For A Smoke-Free Vehicle:

- Let all passengers know that the vehicle is smoke-free and that there is no smoking in the vehicle when children under the age of 16 are present.^{37,10}
- Give the car a good cleaning if people have been smoking inside. This will assist in getting rid of some of the harmful third-hand smoke components.^{38,10}
- Leave work or home a few minutes earlier so time is available to smoke outside before getting into the car.³⁸
- Pull over at rest areas for smoke breaks, or schedule stops for smokers on long trips.
- Encourage people who smoke to wash their hands after smoking and before entering the car.³⁹

- Lock cigarettes in the trunk so they are not accessible when urges arise.³⁷
- Post a smoke-free decal in the car window.³⁵

Resources to share with your clients:

- Best Start Resource Centre Smoking Resources: www.beststart.org/resources/tobacco
 - *Creating a Smoke-Free Environment for Your Children – Video, Sticker*
 - *A Smoke-Free Environment for Your Children: Learn more about second-hand and third-hand smoke*
 - *Information on Second and Third-Hand Smoke – Handout*
 - *Sacred Tobacco, Sacred Children video and sticker:*
- *Second Hand Smoke:* www.pregnets.org/mothers/SecondHand.aspx
- *Exposure to second-hand smoke during pregnancy:*
www.hc-sc.gc.ca/hc-ps/tobac-tabac/legislation/label-etiquette/preg-gross-eng.php
- *Second-hand smoke is also dangerous*
www.lung.ca/lung-health/smoking-and-tobacco/second-hand-smoke-also-dangerous
- *Smoker’s Helpline – One Step at a Time material:*
<http://quit.smokershelpline.ca/custom/selfhelp.aspx>
- *Stop Smoking – A Cessation Resource for Those Who Work With Women, handouts: Myths and Truths about Second-Hand Smoke; Tips for Making your Home and Car Smoke-Free; Health Effects of Second-Hand Smoke*
www.cpha.ca/en/programs/stopsmoking/downloads.aspx
- *Smoke Free Family*
www.capsana.ca/en/public_campaigns/smoke-free_family.php

DISCUSSION TIPS

Helping Your Client To Advocate For Smoke-Free Homes, Buildings And Environments

If the client lives in a multi-unit apartment building where the ventilation system is shared, or even in a townhouse where the units share ductwork, you may want to suggest that the client (check with the landlord first, if planning changes to the unit):

- Identify where the smoke is entering the home.³⁵
- Install special seals for electrical outlets.¹⁰
- Install door sweeps to the bottom of the doors to help reduce smoke filtering in from other units.^{35,37}

- Install window fans to help increase ventilation.³⁵
- Seal cracks around vents, pipes and windows with foam insulation.^{35,37}
- Talk to the neighbours and the landlord about how they could help reduce the smoke drifting into the unit by suggesting the strategies listed above³⁶ (offer to pay for supplies if you can afford to and/or to do the work).³⁷

Resources to share with your clients:

- *Second-hand Smoke in Multi-Unit Dwellings*: www.nsra-adnf.ca/cms/page1433.cfm
- *Smoke-Free Housing Ontario – Ontario Community/Non-Profit Housing Providers with No-Smoking Policies*: www.nsra-adnf.ca/cms/file/files/Community_Housing_March_2014.pdf
- *Smoke-Free Laws Database* – Contains bylaws and laws that exceed one or more provisions of the *Smoke-Free Ontario Act* – Useful to service providers concerned with health issues, municipal and provincial politicians and their staff, municipal lawyers, researchers, the media, and the general public: www.nsra-adnf.ca/cms/smoke-free-laws-database.html

CASE SCENARIO

Client Trying To Create A Smoke-Free Home – What Can You Do To Help?

Your 20-year-old client, Claire, is due within the next month and she is anxious about the possibility of people smoking around her baby. Claire and her boyfriend Antonio are both non-smokers. They plan to live with his retired parents until they can get their own place. Antonio’s father has always smoked in his home and considers his home to be his castle. Antonio’s mother is going to take care of the baby while Claire and Antonio attend college. Claire doesn’t know how to approach her boyfriend’s parents about smoking around the baby. During a home visit, she asks you for help in figuring out what to say.

Here are some discussion tips you can share with Claire and Antonio:

- Congratulate them for making their baby’s health and their education priorities.
- Ask about the relationship Claire has with Antonio’s parents and how comfortable she and Antonio are with discussing issues with them in general.
- Try to determine how both Antonio’s parents feel about creating a smoke-free home. Brainstorm various solutions with Claire and Antonio even if they may not seem realistic. Perhaps his mother can speak to her husband about how important it is for him not to smoke inside the house or near the infant. Maybe the birth of the baby is just the motivation Antonio’s father needs to finally quit. Antonio could take the lead in broaching the subject, since it is his father, and Claire could actively participate in the conversation and show how important their baby’s health is to them both.
- Provide Claire and Antonio with written materials that they can review before speaking to his parents. See the list of suggested resources on page 51.

- Claire and Antonio will need to have some convincing facts about:
 - The effects of second-hand smoke on infants and toddlers (pneumonia, bronchitis, colds, asthma, ear infections, SIDS, etc.)
 - What third-hand smoke is and how infants and toddlers easily ingest it from blankets, clothing, toys, carpets, etc.
 - How smoke is harder on babies’ lungs because they breathe faster than adults and their lungs aren’t yet fully developed.
- In their discussion with Antonio’s father they may wish to make the following points or suggestions:
 - “We really want to be responsible parents.”
 - “We want to give our baby the happiest, healthiest life we can. We can’t possibly tell you how much we appreciate your letting us live here and helping us raise our baby until we’ve finished school.”
 - “We know that you’ll love him or her as much as we already do. However, we are concerned about the baby being around smoke.” Raise some of the facts listed above.
 - “We’re not asking you to quit, just please smoke outside, away from the baby.”
 - “Because smoke sticks to everything and gets into fabrics, we’re asking you not to smoke in the car, even when the baby isn’t in it.”
 - “We know that this is asking a lot of you, and we know it will be hard, but we hope that you’ll try to quit, for the sake of the baby. We also know that it may not all happen overnight, but the less smoke the baby is exposed to, the better.”
- Remind Claire and Antonio that it is important to be respectful and factual. This is a negotiation, not an ultimatum. A heated argument is likely to strain relationships or perhaps even leave them without a place to live if things are already tense because of the pregnancy.
- Run through a mock conversation with Claire and Antonio and point out to them where they could improve what they are saying in order to remain respectful and factual.
- Find out if it would be helpful if, at one of the home visits, you spoke to Antonio’s father, too. Once he is used to smoking outside, he may want to consider quitting entirely. If so, refer him to the appropriate resources.

CASE SCENARIO

Client Exposure To Smoke In An Apartment Building – What Can You Do To Help?

Your client, Suzanne, is a new mother, living with her husband, Bill, in an apartment. They both recently quit smoking for the health of their baby, but are afraid of the effects of the second-hand smoke that seeps into their apartment. During a home visit Suzanne tells you she feels frustrated since after all of their hard work to finally quit smoking, their baby's health could still be harmed by their neighbours' smoke.

Here are some discussion tips for a conversation with Suzanne and Bill:

- Congratulate them and talk about how pleased they must be that they have both quit smoking.
- Remind them that, although there is no safe level of exposure to second-hand smoke, the smoke that the baby is exposed to from neighbouring apartments or through a shared ventilation system is likely far less than if they were continuing to smoke in their apartment.
- Ask if they have been in touch with their landlord or building superintendent (if they are renting) to see what can be done right away to help minimize the smoke entering their apartment.
- If possible, Suzanne and Bill should first identify where the smoke is entering the apartment so that they can tell the landlord.
- If they are renting, they should first ask the landlord:
 - To install special seals for electrical outlets
 - To install door sweeps at the bottom of the doors
 - To seal cracks around vents, pipes and windows with foam insulation
 - If they are allowed to install window fans to help increase ventilation
- Suggest to Suzanne and Bill that they talk to their smoking neighbours about how they could help reduce the effects of smoke drifting into the apartment by taking simple steps, such as requesting the landlord do all of the above in their units, as well. Politely ask if they would consider going to smoke outside in an area where the smoke does not drift back in from their balcony or an open window.
- Encourage Suzanne and Bill to talk to the landlord about making all units smoke-free. They can find more information on the benefits of smoke-free buildings and how to go about making them smoke-free at www.smokefreehousingon.ca/sfho/tenants.html (for tenants) or www.smokefreehousingon.ca/sfho/landlords.html (for landlords).
- Suggest who they can contact for more suggestions or for help in finding smoke-free housing, if this is one of their goals.

Section 6 Stages of Change & Motivational Interviewing

About 30-40% of pregnant smokers quit on their own. This is often temporary and many women relapse before delivery or after their baby is born. In fact, about half of smokers relapse within four months postpartum and most return to regular smoking within a year.^{13,24}

This section will help you to better understand clients who smoke and who may or may not want to quit smoking, as well as clients who attempt to quit smoking but may not be able to maintain cessation. It will also help you apply these skills in an in-home setting with clients.

1. Stages of Change

Prochaska and DiClemente's Stages of Change Behaviour Change Model recognizes that people who want to make a behaviour change may go through various stages of readiness to change.²⁶

On the following page are definitions of the various stages, the goal relevant to each stage and some strategies to guide your assessment and interventions according to your client's readiness to quit smoking.



| DEFINITION | GOAL | STRATEGIES |
|--|---|--|
| PRECONTEMPLATION STAGE^{26, 41} | | |
| <ul style="list-style-type: none"> • The client is unwilling to change and may deny they have a problem. • The client is not thinking of quitting in the next six months. | <ul style="list-style-type: none"> • Help the client begin to think seriously about quitting. Help the client see how they would benefit if they quit smoking. | <ul style="list-style-type: none"> • Stay low-key and be very brief. • Identify community supports and programs promoting the benefits of quitting. • Let the client know that you would be happy to help them if they are interested in quitting. |
| CONTEMPLATION STAGE^{26,41} | | |
| <ul style="list-style-type: none"> • The client has identified that she has a problem. • The client is ambivalent and has no commitment to take action. • The client is thinking about quitting within the next six months. | <ul style="list-style-type: none"> • Help the client move towards a decision to stop smoking and feel more confident in her attempt to do so. | <ul style="list-style-type: none"> • Offer cessation support. • Help the client identify the personal benefits if she stops smoking. • Politely give as much information as possible and elicit as much information as possible from the client. • Integrate the information your client provides about her smoking habits into your conversations. |
| PREPARATION STAGE^{26,41} | | |
| <ul style="list-style-type: none"> • The client is getting ready to quit within the next 30 days. • The client has set a quit date. • The client has made at least one 24-hour quit attempt in the last 12 months. | <ul style="list-style-type: none"> • Help the client prepare for and positively anticipate a quit date. | <ul style="list-style-type: none"> • Congratulate and reassure the client about the value of the decision to quit. • Ask the client if she has any questions about cessation and what she needs to learn in order to successfully quit. • Offer support and suggest pharmacotherapy if appropriate. • Refer to a local or online cessation program or the Smokers' Helpline. |
| ACTION STAGE^{26,41} | | |
| <ul style="list-style-type: none"> • The client has started the process of quitting smoking within the past six months and is actively applying cessation skills. | <ul style="list-style-type: none"> • Help the client avoid relapse and recover from relapse. | <ul style="list-style-type: none"> • Reinforce strategies used to cope with this quit attempt and with past quit attempts. • Provide follow-up, provide support, and answer questions. |
| MAINTENANCE STAGE^{26,41} | | |
| <ul style="list-style-type: none"> • The client is integrating smoke-free living into her routine. • The client has quit for more than six months. | <ul style="list-style-type: none"> • Help the client commit to remaining smoke-free for the rest of her life. | <ul style="list-style-type: none"> • Help the client identify skills that can be used to decrease the risk of relapse. • Congratulate the client, ask how quitting has benefited her life, and what she did to be successful. • Identify fitness/wellness programs that will help her maintain a smoke-free lifestyle. |

There are some caveats to consider when applying this model to pregnant women:

- Pregnant women may move very quickly through the precontemplation and contemplation stages into the preparation and action stages. While early cessation has benefits to the fetus, moving quickly through the stages of change may be detrimental to the quit attempt and may contribute to postpartum relapse.^{13,26}
- Readiness to quit often has a different meaning during pregnancy. Women who are willing to quit may link their attempt to quit smoking to their pregnancy, and view returning to smoking after delivery as a reward.^{13,25}
- Although pregnant women may appear to be in the action stage, they may not be adequately prepared for it.¹³

Address these cautions with your clients when addressing smoking cessation.

2. Motivational Interviewing

In order to be effective, motivational interviewing should consist of 70% listening and 30% speaking.²²

In motivational interviewing, the quality of the intervention is more important than the length of the intervention.²²

***What is Motivational Interviewing?*^{22,26}**

- Motivational Interviewing is a research-based, collaborative conversation style for strengthening a client's own motivation and commitment to change.
- It is based on the exploration of a client's feelings, beliefs, ideas, and values regarding smoking, in an effort to uncover any ambivalence about smoking.
- The service provider supports the client's reasons for smoking, helps to strengthen the rationale for quitting, and assists the client to make a commitment to take action to change smoking behaviour e.g., by not smoking in the home.

***Principles of Motivational Interviewing: RULE*^{15,22}**

- **Resist** the Righting Reflex: The urge to fix the client.
- **Understand** your client: The reasons your client expresses are key to behaviour change. This is very important!
- **Listen** to your client: Listen as much as you give information.
- **Empower** your client: Convey hope around the possibility of change and support your client's choices.

Foundational Skills: OARS^{15,22}

- **Open-ended questions:** Use questions that encourage elaboration, e.g., “Tell me about your smoking.”
- **Affirmations:** Promote optimism and acknowledge the expertise, efforts and experiences of the client. Affirmations are not about the practitioner’s approval of the client.
- **Reflections:** Paraphrasing what your client has said e.g., “So what you are saying is...” “And what you are experiencing is...”
- **Summaries:** Sum up what the client has said at the end of a conversation.

For further information or training on Motivational Interviewing contact the Centre for Addiction and Mental Health www.nicotinedependenceclinic.com/English/teach/Pages/Home.aspx and the Ontario Lung Association info@on.lung.ca. You can also access information at the following website: www.motivationalinterviewing.org/



CASE SCENARIO

Client Discussing Reasons for Smoking – Using Motivational Interviewing, What Can You Do to Help?

Your 23 year old client Sarah is 3 months pregnant with her first child. She started smoking when she was 14 years old and she is a daily smoker. She states that she enjoys smoking and that she smokes when she is bored, worried, hanging out with her friends, and when she's having a few drinks. She also added that she smokes to control her weight and that she loves to have a cigarette after each meal.

During the home visit, Sarah mentions she is thinking about quitting. She reports that she hates the smell, wants better health, and doesn't want to be controlled by cigarettes. Here are some tips on what you can do as a service provider to help her:

- Consider if the information Sarah gave you is sufficient or if you require further explanation. You can ask her: “So you think smoking helps you to maintain your weight?” “What are some of the things you will miss about smoking?” “What might happen if you quit?”
- Take time to evaluate Sarah's strengths and challenges identified in your assessment.
- Are there any discrepancies in the information you have been given? If so, what are they and how does this impact your intervention?
- What strengths can you and Sarah identify that will assist her in reaching her goal of better health and more control over her future?
- Explore with Sarah her daily smoking routine, her triggers and where and when she smokes. Help her to be able to identify her triggers so that she can start to break the association between smoking and routines. Discuss with her that recognizing her triggers will help her break the association between smoking and routines.
- Discuss with Sarah what she considers to be the pros and cons of smoking. You can use a tool similar to this one below:

What I Like About Smoking

- It helps me concentrate.
- It gives me a break—five minutes to relax.
- It helps me calm down when I get frustrated or mad (sometimes this helps me to be a better parent).

What I Don't Like About Smoking

- It's harder to breathe.
- The smoke is bad for my kids.
- Money!

What I Like about Quitting

- My kids aren't exposed to second-hand smoke.
- Money!
- My health will be better.
- My day doesn't revolve around when I need another cigarette.

What I Don't Like About Quitting

- All my friends smoke—smoking is an easy way to connect and have fun.
- I love smoking a cigarette while drinking coffee.

For a modified Pros and Cons tool, refer to: www.pregnets.org/dl/Pros%20and%20Cons%20Tool.pdf

Also, see the list of resources on page 51. For a resource specifically designed for young adults, you may refer your client to: Health Canada's *On the Road to Quitting for Young Adults*: www.hc-sc.gc.ca/hc-ps/pubs/tobac-tabac/orqya-svrja/index-eng.php

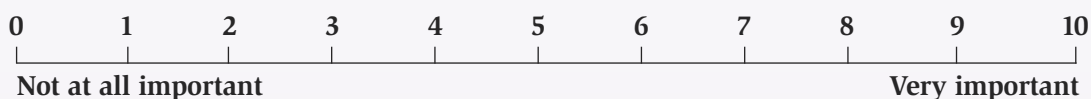
DISCUSSION TIPS

How To Start The Conversation About Smoking

Here is a sample conversation between a service provider and a client to help you start the conversation about quitting smoking:^{12,20}

- Service Provider: Thanks for having a conversation about smoking and pregnancy. I am thinking this may not be easy for you? (wait for response and listen to response)
 - Client: I have heard this all before...
- Service Provider: This is not new for you and you are wondering how this conversation will be different.
 - Client: People make it sound so easy and it is not... I have tried to quit lots of times and nothing works...
- Service Provider: You feel like you have tried everything and nothing has worked for you? Sounds like you are feeling pretty discouraged.
- Service Provider: I wonder if it would be helpful to share some stories of how other women have tried to quit smoking (wait for response and only move forward with conversation if the client wants to).

In a one-on-one conversation with your clients, you can use the Readiness Scale found on pages 13 and 14 of the intervention guide, *Liberation!: Helping Women Quit Smoking*: www.bcewh.bc.ca/publications-resources/documents/Liberation-HelpingWomenQuitSmoking.pdf.



Two questions suggested are:

Importance

Question 1: Considering the change you are thinking about, on a scale of 0-10, how important is it for you to make the change? What number would you give yourself?

Confidence

Question 2: If you did decide to make this change, how confident are you that you would succeed? What number would you give yourself?

Two key follow-up question are:

Question 1: Why did you give yourself a (number provided) and not a zero (or a lower number)?

Question 2: What would have to happen to move up 1 number (or to a higher number)?

As mentioned in *Liberation!: Helping Women Quit Smoking*, you can adapt the ruler so you can talk it out or use images. This tool will help you to prepare your clients and to guide them through the quitting process. This tool will help your clients identify the importance, confidence, and readiness to stop or reduce their smoking. Working with women to identify barriers and opportunities for change helps build confidence and motivation, and ultimately improves women's chances of meeting their smoking cessation goals.

(Included with permission from British Columbia Centre for Excellence on Women's Health)

For more great ideas on conversation starters, see *Liberation! Helping Women Quit Smoking: A Brief Tobacco Intervention Guide*: www.bcewh.bc.ca/publications-resources/documents/Liberation-HelpingWomenQuitSmoking.pdf. In addition, to learn more about ways to motivate your client through motivational interviewing by visiting *Motivational Interviewing*: www.motivationalinterviewing.org/.

Section 7 Brief Intervention & the 5 As

Providing a 1 to 3 minute brief intervention to all smokers at every opportunity can impact cessation rates.^{9,23,26}

Brief intervention can be used to assist smokers with stopping smoking by assessing their readiness and interest in quitting and discussing resources and supports that can help them.⁷ Brief interventions are well suited to use in in-home situations.

Arrange for a referral if you are unable to provide counselling due to limited time, resources or staff.²⁰

For some women, this short intervention may be enough to support change by increasing their confidence and their level of readiness to quit.^{12,21} Even when clients are not ready to make a quit attempt, brief interventions can enhance motivation and increase the likelihood of future quit attempts. For some women, more intervention time would be beneficial. If you have the time, use the intensive intervention described in Section 8.



The 5 As consist of:^{9,26,14}

| | |
|--|---|
| <p>ASK about tobacco use</p> | <ul style="list-style-type: none"> • “Tell me about your tobacco use in the past six months.” • Determine whether the client currently smokes and ask about her current smoking patterns. • Ask about past tobacco use: “Have you ever used tobacco in the past?” • Ask if she has made any changes in her smoking patterns since becoming pregnant. |
| <p>ADVISE to quit smoking</p> | <ul style="list-style-type: none"> • “The most important advice I can give you is to quit smoking.” • Make a clear statement about the benefits of quitting. • In a non-judgmental manner, advise about the importance of quitting. |
| <p>ASSESS willingness to make a quit attempt</p> | <ul style="list-style-type: none"> • Determine if the client has recently considered quitting. • Assess her willingness to make a quit attempt and her readiness to quit (use the Readiness Scale described on page 28). • If time is available, provide a more intensive intervention. See the Intensive Intervention, Section 8 for more information. |
| <p>ASSIST with methods/ tools to quit smoking</p> | <ul style="list-style-type: none"> • Assist the client with ways to quit depending on her level of readiness and stage of change: <ul style="list-style-type: none"> – Provide information about reducing the impact of smoking. – Discuss use of Nicotine Replacement Therapy (NRT) and/or stop-smoking medications that are safe to be used in pregnancy or while breastfeeding. – Offer support resources (e.g., self-help resources, group/individual counselling, community services, Smokers’ Helpline). – Refer to a health care provider. – For more information see the Resources for Service Providers & Resources to Share with Clients on page 51. |
| <p>ARRANGE for support and follow up</p> | <ul style="list-style-type: none"> • For example, refer to local or online smoking cessation programs, offer written material, discuss seeking family/friends support, refer to health care provider, and assess needs for follow-up. |

The collaborative approach and foundational skills of Motivational Interviewing (such as open ended versus yes/no closed questions) can be used with the 5A schema.

Refer to the following resources to learn more about brief intervention and the 5 As:

- *Helping Women Quit, A Guide For Non-cessation Workers:*
www.adess.bc.ca/assets/pdf/s/Helping_Women_Quit_Guide.pdf
- *Gender, Women, and the Tobacco Epidemic* (WHO), chapter 8 and 9
http://whqlibdoc.who.int/publications/2010/9789241599511_eng.pdf?ua=1
- *Integrating Smoking Cessation into Daily Nursing Practice:*
<http://rnao.ca/bpg/guidelines/integrating-smoking-cessation-daily-nursing-practice>
- *Side by Side – safe, inclusive, doable, and empathic supports for women who smoke and experience depression – a toolkit for service providers:*
www.aware.on.ca/sites/default/files/sites/default/files/Side_By_Side.pdf

Section 8 Intensive Intervention

Intensive intervention involves an extended interaction between the service provider and the client, typically lasting longer than 10 minutes.^{9,26} Interventions may address topics including smoking history, motivation to quit, high risk situations and problem solving strategies to deal with high risk situations.^{9,26} The more components added to the intervention, the more intensive the intervention.²⁶ Intensive intervention is appropriate for all smokers who are willing to participate and it is especially recommended that this be offered to pregnant women.²⁶ If the service provider has the time and skills, intensive interventions may be suitable for home visits.

Some addiction treatment programs offer treatment for nicotine addiction and some home visiting clients may wish to access these programs for intensive treatment and support. Referrals to these services can be helpful. Certain concepts from addiction treatment programs may also be employed when counselling a client about quitting smoking during home visits. See the sections of this resource regarding the use of nicotine replacement therapies (page 35), withdrawal management (page 43) and relapse prevention (page 47), for important concepts to weave into intensive interventions.

Whenever possible, pregnant smokers should be offered individualized interventions. It is not enough to tell them to quit.^{9,20}

Some clients may wish to try a variety of cessation approaches, including quitting suddenly or cutting back gradually. To quit suddenly (cold turkey), clients' should:^{41,42}

- Understand where and why they smoke
- Be confident in their ability to break the patterns associated with their smoking
- Be mentally prepared to cope with withdrawal
- When ready, set a quit date and stop all at once

Quitting by cutting back gradually will give the client a sense of what it would be like to quit permanently. The client needs to gradually reduce the number of cigarettes they smoke as they move closer to their quit date by:^{41,42}

- Smoking less than a whole cigarette
- Rationing cigarettes by carrying only enough to get through the day and refusing to buy more
- Cutting out the cigarettes they may not need
- Waiting 5 to 10 minutes before acting on an urge to smoke



DISCUSSION TIPS

Tools To Use When Supporting A Client With The Quit Process

Discuss strategies for quitting and treatment options:^{20,26,42}

- Discuss the importance of picking a quit date and sticking to it.
- Review quitting history.
- Review potential challenges or triggers.
- Encourage the support of family and friends.
- If appropriate, offer information about pharmacotherapy, including Nicotine Replacement Therapy and suggest they talk to their health care provider (see Section 9 of this resource).
- Talk about coping with stressful situations.
- Discuss slips (having a puff or two after quitting) and encourage the client not to try just one cigarette.
- Discuss the importance of keeping busy (e.g., increasing physical activity).
- Discuss the importance of rewarding and congratulating one-self.
- Schedule appointment(s) to follow-up with your client.
- Support the use of telephone counselling, or community/public health programs.
- Offer cessation interventions to the client's partner, as well as her family and friends.

Tools to help assess the client:

- *The WHY Test*, page 72 and the *Fagerstrom Test for Nicotine Dependence*, page 74: <http://rnao.ca/bpg/guidelines/integrating-smoking-cessation-daily-nursing-practice>
- *Readiness Scale* in a one-on-one conversation, pages 13-14: www.bccewh.bc.ca/publications-resources/documents/Liberation-HelpingWomenQuitSmoking.pdf.
- *Cost calculator: how much do you spend on cigarettes?:* www.healthycanadians.gc.ca/healthy-living-vie-saine/tobacco-tabac/calculator-calculatrice-eng.php

Resources for clients:

- *On the Road to Quitting:*
www.hc-sc.gc.ca/hc-ps/pubs/tobac-tabac/orqya-svrja/index-eng.php
- *The Healthy Pregnancy Guide:* www.phac-aspc.gc.ca/hp-gs/guide/index-eng.php
- *Quit 4 Life:* www.hc-sc.gc.ca/hc-ps/tobac-tabac/youth-jeunes/life-vie/index-eng.php
- *A Healthy Pregnancy is in Your Hands:* www.phac-aspc.gc.ca/hp-gs/index-eng.php
- *Moms and Moms-to-be resources:* www.pregnets.org/mothers/DuringPregnancy.aspx
- *Smoking and Pregnancy; Tips to Help You Quit; A Journey to Quit:
A Workbook to Help You Quit Smoking:*
<http://lung.healthdiary.ca/Guest/SearchResults.aspx?C=40&M=0&K=&N=&S=1&P=>
- *Smoker's Helpline – One Step at a Time material:*
www.quit.smokershelpline.ca/custom/selfhelp.aspx
- *Pregnets Blog:* <http://pregnetsblog.com>

NOTE: Ensure that you are trained and familiar with the tools. Some tools may be more appropriate than others for home visiting service providers depending on your scope of practice, roles and responsibilities.



Trauma and Violence

Smoking can be related to past experiences or current symptoms of trauma. Service providers can discuss how common smoking is for women who have experienced trauma. They can suggest services that may provide help.²²

In-home support services are often offered to vulnerable families, and trauma or abuse may be part of their past or current situation. Whether or not your client has experienced trauma and violence, ensure that you work in a manner that is not re-traumatizing. Create safety in the interaction, provide choices, and support safe coping skills. Refer to the following resources to learn more about trauma and violence:

- *What do these signs have in common? Recognizing the effects of abuse-related trauma:*
www.camh.ca/en/education/about/camh_publications/Pages/women_signs_common.aspx
- *Trauma-Informed Practice Guide:*
www.bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf
- *Trauma Matters: Guidelines for Trauma-Informed Practices in Women's Substance Use Services:*
www.jeantweed.com
- *How to Integrate Trauma-Informed Care for Pregnant & Postpartum Smokers – Brochure:*
<https://shop.rnao.ca/catalog/Pre%20and%20Postnatal>
- *Identifying and Eliminating Stigmatization of Pregnant Smokers – Brochure:*
<https://shop.rnao.ca/catalog/Pre%20and%20Postnatal>

NOTE: If your client is interested in support regarding issues related to trauma and violence, refer her to a health care provider for specialized counselling.

Section 9 Use of Pharmacotherapy for Smoking Cessation

Pharmacotherapy doubles the long-term quit rates in the general population. Some research suggests that pharmacotherapy may not be as effective with pregnant women.^{20,26}

It is recommended that women who are pregnant try behavioural change strategies before they use a quit smoking aid.^{9,26} If your client asks about Nicotine Replacement Therapy (NRT) and they are pregnant or breastfeeding, refer the woman to her health care provider.

NOTE:

- It is important that you offer counselling according to your scope of practice and roles and responsibilities.
- If you are counselling on the use of pharmacotherapy for smoking cessation with pregnant or breastfeeding women, ensure that you are trained and familiar with the use of these medications during pregnancy or breastfeeding.
- Offer information and support on pharmacotherapy according to your organization's policies and medical directives as appropriate.

*Types of Pharmacotherapy:*⁴³

Nicotine Replacement Therapy (NRT):

- Nicotine Gum
- Nicotine Lozenges
- Nicotine Inhaler
- Nicotine Patch
- Nicotine Mouth Spray

Stop-Smoking Medications:

- Bupropion (Zyban®/Wellbutrin®)
- Varenicline (Champix®)

Key facts about NRT Therapy, in the general population:

- NRT provides the body with nicotine to minimize withdrawal symptoms, making it easier to avoid smoking.^{43,44}
- NRT supplies nicotine without the toxins found in cigarettes and commercial tobacco smoke.^{2,26}
- NRT can help clients who are not ready to quit to reduce their smoking.⁴³
- NRT is most effective when used in combination with counselling.²⁶
- NRT comes in many different forms, and some can be used in combination (e.g. the gum can be used at the same time as the patch).²⁶
- NRT does not require a prescription.^{26,41,44}
- NRT can be expensive, but is not as expensive as smoking (if full-price cigarettes are purchased) depending on the number of cigarettes smoked per day.³³
- NRT may not be effective in clients who smoke less than 10 cigarettes each day.³³
- NRT has very little addictive potential compared to cigarettes.^{20,44}
- NRT does not increase risk for heart attack, stroke or cardiovascular disease, even if used while still smoking.^{20,41,44}
- Dosages are guidelines and can be individualized by a health care provider.⁴⁴

NRT in Pregnant and Breastfeeding Women:

- NRT should be considered by health care providers as a second-line option for pregnant and breastfeeding women who are unable to quit using counselling, or who are heavy smokers.^{18,20}
- NRT should not be given if at all possible in the first trimester of pregnancy.^{20,44}
- NRT can be used during pregnancy or while breastfeeding following a risk-benefit analysis by a health care provider – i.e. consideration of the risks of continued smoking vs. the use of Nicotine Replacement Therapy:^{8,20}
 - Nicotine Replacement Therapy is safer than smoking, as smoking exposes the woman and her baby to many dangerous toxins and higher levels of nicotine.^{20,26,42}
 - It is recommended that women breastfeed prior to using Nicotine Replacement Therapy to minimize the infant’s exposure to nicotine.^{8,13}
- Oral Nicotine Replacement (gum, inhaler, lozenge) is preferred to nicotine patches during pregnancy.^{18,20,41}
- When using the patch, some researchers suggest that a pregnant woman remove the patch before bed to reduce the fetus’ exposure to nicotine.¹³
- Pregnant women should try to use the lowest effective dose of NRT possible for the shortest, possible time without returning to smoking.^{8,41}
- A pregnant or breastfeeding woman should always check with her health care provider before initiating NRT.^{20,26}

Nicotine Gum:

- Nicotine gum may be appropriate for patients who desire oral stimulation during cessation, identify boredom as a trigger for smoking, or are concerned about weight gain after quitting.⁴¹
- It is meant to be chewed slowly a few times and then placed between the gums and cheek for a minute then repeated.^{26,33,25}
- It can be used to respond to immediate cravings as it eases withdrawal.^{8,41}
- It comes in different doses for light/heavy smokers.²⁰
- When using nicotine gum, gradually reduce dosage over time.³³



Nicotine Lozenges:

- A nicotine lozenge works in a similar manner to nicotine gum.²⁰
- It is not meant to be chewed; rather, users should slowly suck the lozenge, rest it between the cheek and gum, wait 1 minute, and then repeat.^{26,33}
- It takes around 30 minutes to consume one lozenge.²⁰
- Lozenges come in different doses for light/heavy smokers.²⁰
- When using nicotine lozenges, gradually reduce the dosage over time.³³

Nicotine Inhaler:

- A nicotine inhaler delivers nicotine through a cartridge.²⁵
- The client puffs on the cartridge and nicotine is absorbed in the mouth and throat.²⁶
- One cartridge is equal to 1-2 cigarettes, or 20 minutes of puffing.^{20,26}
- Using the inhaler mimics the hand-to-mouth ritual of smoking and helps address cravings.²⁶
- When using nicotine inhalers, gradually decrease the number of cartridges used per day.³³



Nicotine Patch:

- The nicotine patch delivers a continuous dose of nicotine through the skin.^{26,33,42}
- It is applied once per day to control cravings and ease withdrawal.^{9,26}
- It takes longer to feel the effects when using a patch compared to other forms of NRT.⁴⁴
- It comes in different doses for light/heavy smokers.^{24,26}
- When using the nicotine patch, gradually reduce dosage over time.³³



Nicotine Mouth Spray:

- The nicotine mouth spray contains alcohol. Evidence shows that no amount of alcohol is safe in pregnancy. Abstinence from any amount of alcohol is the safest choice in pregnancy.⁴⁵
- The client sprays the product into the mouth (not the throat), avoiding the lips.⁴⁶
- The client may use up to 2 sprays at a time, up to 4 sprays per hour, and not more than 64 sprays every 24 hours.⁴⁶
- The client should gradually reduce the number of sprays per day over time as the body adjusts to not smoking.⁴⁶

NOTE: Electronic cigarettes (e-cigarettes) are not the same as nicotine inhalers. In Canada it is not legal to sell e-cigarettes that contain nicotine.

For more information about NRT and its usefulness with pregnant and breastfeeding women, refer to the *Canadian Smoking Cessation Clinical Practice Guideline (CAN-ADAPTT) Clinical Considerations and Research Gaps*: www.nicotinedependenceclinic.com/English/CANADAPTT/Guideline/Introduction.aspx

Key Facts about Stop-Smoking Medications:

Medications to aid with smoking cessation are available by prescription. There are two primary drugs used currently as stop smoking aids: bupropion hydrochloride (Zyban®) and varenicline (Champix®). These medications are non-nicotine based and require a prescription from a physician, nurse practitioner, or dentist.²⁶ Alternatives may be prescribed by your client's health care provider.

Health Canada recommends that the use of NRT products be considered before trying Zyban® or Champix®.²⁶ For further information please consult the Revision to the *Consumer Information of Non-Nicotine Smoking Cessation Aids – For Health Professionals*:

www.healthy Canadians.gc.ca/recall-alert-rappel-avis/hc-sc/2013/33621a-eng.php

For more information on the use of prescription drugs during pregnancy, please consult:

- *CHAMPIX (varenicline tartrate) and ZYBAN (bupropion hydrochloride) – Revision to the Consumer Information of Non-Nicotine Smoking Cessation Aids – For Health Professionals*: www.healthy Canadians.gc.ca/recall-alert-rappel-avis/hc-sc/2013/33621a-eng.php
- *Canadian Smoking Cessation Guideline, Specific Populations: Pregnant & Breastfeeding Women*: www.nicotinedependenceclinic.com/English/CANADAPTT/Documents/Guideline/Pregnant%20and%20Breastfeeding%20Women.pdf
- Motherisk: www.motherisk.org

DISCUSSION TIPS

Provide Information On Smoking Cessation Treatment

STOP on the Road (STOP) is an initiative that brings smoking cessation treatment directly to Ontario smokers in their communities:

www.nicotinedependenceclinic.com/English/stop/Pages/Participate%20in%20STOP/STOP%20on%20the%20Road.aspx. Clients can enroll in the STOP program at their local Community Health Centre or Family Health Team at no cost. Workshop participants must be screened for eligibility by Public Health Unit staff and registered by the Public Health Unit prior to the workshop.

To find a local Public Health Unit, go to:

www.health.gov.on.ca/en/common/system/services/phu/locations.aspx or call the Service Ontario Infoline at 1-866-532-3161.

Your clients may ask you questions regarding the use of other tobacco products. Please refer to Appendix 3 – Cigarettes and other Tobacco Products.

Section 10 Involving Partners in Smoking Cessation

Whether or not a pregnant woman's partner smokes, the partner can often affect her decision to quit smoking, her quit attempts, and her ability to stay smoke-free. Additionally, the views of a woman's partner towards smoking before, during and after pregnancy can greatly influence the woman's own views.

It can be difficult to stop smoking when someone else in the household smokes.^{13,47} The client's ability to stop smoking is influenced by the routines they have with their partner.^{13,47} During in-home support visits, offer the client's partner, friends and family members smoking cessation interventions, as appropriate.¹³

Couples who stop smoking together may be able to help each other stay smoke-free.⁴⁷ If a client mentions that talking about smoking starts an argument, help the client develop strategies to deal with the situation (e.g., getting some space until everyone calms down).⁴⁷

DISCUSSION TIPS

When Involving Partners In Smoking Use Cessation

Your client may have questions about how to suggest a quit attempt to their partner. The client can discuss with her partner the following tips using DADS:⁴⁸

- **D**elay next smoke: identify family and friends to offer support
- **A**ct now, make a commitment – a promise to quit and take action
- **D**rink a glass of water when craving a smoke and stay away from the things that cause the urge to smoke
- **S**omething else to do, involve yourself in being a parent and start an exercise routine to reduce stress, etc.

While either your client or her partner attempts to quit smoking, the client can discuss with her partner:

- Smoking and quitting openly with loved ones¹⁰
- Helping others to understand the impact of smoking on health¹⁰
- Distracting her from triggers and asking others to do the same⁴⁷
- Asking others for help to ease the stress of quitting⁴⁷
- Asking others not to smoke around her/him or them⁴⁷
- Asking others not to leave cigarettes or ashtrays around the house⁴⁷

Advise your client to openly discuss her right to have a smoke-free home. Inform the client that discussing smoking with their partner may produce conflict and that the topic may not be safe for her to discuss. If the client is at risk of abuse, she should refrain from discussing smoking with her partner. Refer your client to appropriate counselling and community agencies. Be careful not to imply that your client is responsible for her partner's smoking (i.e., changes or lack thereof). As well, ensure your client understands that her partner is not responsible for her change (or lack thereof) regarding her smoking.

To Share with Your Client if Her Partner is Pressuring Her to Reduce or to Stop Smoking

Your client may disclose that she feels she is being pressured to quit and is still ambivalent towards quitting. This may lead to frustration and guilt in your client. Here are some strategies:

- Suggest that your client tell her partner that she does not want to discuss her smoking and that she is working on this issue on her own.
- Advise your client to remind her partner that her smoking is influenced by a lot of things – stress, how she feels about herself, being in certain situations, etc. Suggest that your client ask her partner to support her in these areas rather than focusing on her smoking.
- Your client may also wish to ask her partner to help her celebrate her successes, no matter how small, rather than to remind her of the harms of smoking.

Adapted with permission from Bottorff, J. L., Carey, J., Poole, N., Greaves, L., & Urquhart, C. (2008). *Couples and smoking: What you need to know when you are pregnant*. Vancouver, BC: Jointly published by the British Columbia Centre of Excellence for Women's Health, the Institute for Health Living and Chronic Disease Prevention, University of British Columbia Okanagan, and NEXUS, University of British Columbia Vancouver. ISBN 978-1-894356-61-9
www.expectingtoquit.ca/resources/cristabel/couples-smoking.htm

When A Service Provider Is Addressing Fathers On The Topic Of Quit Attempts

- Hear them out. Find out their interests.
- Do more facilitation of discussions than teaching of content.
- Be prepared for some men to challenge your role from time to time.
- Ask, “What do you think?” instead of “How do you feel?”
- Keep discussions solution-focused, rather than idea- or sharing-focused.
- Start with the assumption that dad is important to his family, and allow men to be the experts about their lives and families.

Excerpted from: Step by Step, Engaging Fathers in Programs for Families:
www.beststart.org/resources/howto/pdf/BSRC_Engaging_Fathers.pdf

Resources for clients:

FACET (Families Controlling and Eliminating Tobacco)

- *Couples and Smoking – What You Need to Know When You are Pregnant:*
<https://circle.ubc.ca/bitstream/id/127608/CouplesandSmoking.pdf>
- *The right time. The right reasons: Dads talk about reducing and quitting smoking.* In this booklet, women will learn how routines, habits, and ways of interacting with their partners can influence smoking. Understanding how smoking is influenced by others and by everyday routines is an important first step in changing smoking behaviour.

Both of these resources can also be downloaded for free at: www.facet.ubc.ca/resources/

- *Dads in Gear* – A website for new and expectant dads who want to be smoke free
www.dadsingear.ok.ubc.ca/
- *Partner Support:* www.pregnets.org/mothers/PartnerSupport.aspx

Section 11 Withdrawal & Coping Strategies

✔ You can think of withdrawal symptoms as a sign that your body is healing.⁴²

Withdrawal is a normal part of quitting smoking.⁴¹ After quitting, the brain will continue to crave nicotine for a while, causing some symptoms of withdrawal.^{20,41}

✔ Pregnant women have the same withdrawal symptoms as the general population.⁴⁷

In your in-home service interactions with your client, consider the following facts about withdrawal:

- The time for withdrawal symptoms varies from person to person, but usually the first couple of days are the most difficult.^{47,49}
- The craving to smoke rarely lasts more than a few minutes.⁴¹
- Other symptoms usually lessen after 3-4 days, but may last several weeks for some people.^{41,47}
- In particular, for some people, psychological withdrawal symptoms (such as desire, longing and sadness) may last more than a few weeks.⁴⁷
- Using Nicotine Replacement Therapy (NRT) can help to lessen withdrawal symptoms.^{41,43}

Reach 'n Teach: Supporting pre- and postnatal women and their families who use tobacco (2013) provides examples of the most common withdrawal symptoms:

Physical Withdrawal Symptoms:

- Dizziness/headaches
- Coughing, sore throat, or dry mouth
- Hunger
- Constipation
- Weight gain
- Fatigue

Psychological Withdrawal Symptoms:

- Difficulty concentrating
- Feeling grumpy/irritable
- Feeling restless
- Difficulty sleeping
- Cravings/urges to smoke
- Anxiety
- Depression

NOTE: If your client experiences symptoms of anxiety or depression (for two weeks or more) refer them to a health care provider for follow-up.^{14,42}

DISCUSSION TIPS

Practical Tips To Help Deal with Withdrawal Symptoms

(From Reach 'N Teach: Supporting Pre- and Postnatal Women and Their Families Who Use Tobacco)

- Make a detailed plan on how to deal with stress and urges to smoke.
- Go for a walk and get some fresh air.
- Exercise – in short bursts if long periods are too exhausting.
- Get plenty of sleep.
- Eat a healthy diet.
- Keep busy, e.g., enjoy a hobby, read a book, listen to music, sing, dance, etc.
- If your hands feel restless, keep them busy by e.g., squeezing a ball, holding a pen, knitting etc.
- Manage the urge to bring a cigarette to the mouth by chewing gum, sipping water, singing, talking, whistling, munching on celery and carrot sticks, etc.
- Do yoga or use other relaxation techniques.
- Remind yourself of the benefits of quitting and of the rewards of being smoke-free.
- Reach out for support from friends, family, community.
- Avoid trigger situations like having a cup of coffee, going out for a drink, etc.
- Keep a log book of your experiences and feelings.
- Spend time with family and friends.
- Talk to people who understand what you are going through and can give you support.
- If appropriate, talk to your health care provider about NRT and psychological support.

When discussing exercising with a pregnant client, refer them to their health care provider so they can complete the PARmed-X health screening guideline:

www.csep.ca/cmfiles/publications/parq/parmed-xpreg.pdf

Discuss the 4As for preventing stress¹¹

- **Avoid** the situation
 - E.g., avoid stressful situations and people, if possible; say “No” when you want to
- **Alter** the situation
 - E.g., ask others to change their behaviour and be willing to change yours
- **Accept** the situation
 - If possible, accept what you can’t change and move on
 - Practice positive self-talk, i.e., “I made a mistake but I’ll survive”
- **Aadapt** to the situation
 - If you believe that you can’t cope without a cigarette, your stress will increase!
 - Try to stop negative thoughts in their tracks. Adopt a mantra like, “I can cope without a cigarette and I will!”

Discuss with your client the 4 D's to practice in the first few weeks of quitting smoking.¹¹

- **D**rink Water
- **D**elay Smoking
- **D**eep Breathe
- **D**o Something Else

Resources for clients to help them deal with withdrawal symptoms:

- *Quitting smoking – Withdrawal symptoms and how to cope:* www.lung.ca/protect-protegez/tobacco-tabagisme/quitting-cesser/withdrawal-sevrage_e.php
- *Withdrawal symptoms:* www.cancer.ca/en/cancer-information/cancer-101/what-is-a-risk-factor/tobacco/withdrawal-symptoms/?region=on
- *On the Road to Quitting Guides to Becoming a Non-Smoker:* www.hc-sc.gc.ca/hc-ps/pubs/tobac-tabac/road-voie-eng.php
- *Dealing with Cravings:* www.pregnets.org/mothers/Cravings.aspx
- *Pregnets Blog:* <http://pregnetsblog.com>
- *Managing Your Stress:* www.quitchallenge.ca/en/tools-and-resources/tools-download#Information
- *Will I Start Smoking Again After My Baby's Birth? – Brochure:* <https://shop.rnao.ca/catalog/Pre%20and%20Postnatal>
- *Stop Smoking – A Cessation Resource for Those Who Work With Women, handouts: The 4 'D's ; Tips for Dealing with Cravings; Handling Craving; Possible High-Risk Situations* www.cpha.ca/en/programs/stopsmoking/downloads.aspx

Resources for clients on stress, anxiety or depression:

- *The Mental Health Helpline:* www.mentalhealthhelpline.ca or 1-866-531-2600
- *Coping with Stress:* www.heartandstroke.com/site/c.iKlQLcMWJtE/b.5590155/k.3B4A/Heart_disease_Coping_with_Stress.htm
- *Stressors:* www.pregnets.org/
- *Best Start Resource Centre Resources:* www.beststart.org/resources/ppmd/index.html
 - *Pregnancy Is Not Always What You Expect: Taking care of your mental health while pregnant or planning a pregnancy*
 - *Managing Depression – A Self-help Skills Resource for Women Living With Depression During Pregnancy, After Delivery and Beyond – Workbook*
 - *Life with a new baby is not always what you expect*

Resources for service providers:

You may find these resources helpful to support your interventions with women who experience signs and symptoms of depression while trying to quit smoking:

- *Side by Side – safe, inclusive, doable, and empathic supports for women who smoke and experience depression – a toolkit for service providers:*
www.aware.on.ca/sites/default/files/sites/default/files/Side_By_Side.pdf
- Best Start Resource Centre Resources: www.beststart.org/resources/ppmd/index.html
 - *Creating Circles of Support for Pregnant Women and New Parents: A Manual Supporting Women’s Health in Pregnancy and Postpartum*
 - *Perinatal Mood Disorders – An interdisciplinary Training Video with a Facilitator’s Guide*
 - *Supporting Parents When Parents Experience Mental Health Challenges – Ready-to-Use Workshop for Service Providers*
 - *Edinburgh Postnatal Depression Scale (EPDS)*
 - *Life with a new baby: Dealing with Postpartum Mood Disorders*



Section 12 Relapse Prevention

About 70% of women who quit smoking during pregnancy, return to smoking after their baby is born.^{13,25}

Most people need several quit attempts before they successfully quit smoking.^{13,20,25}

Your client may relapse or slip after quitting smoking for a period of time. A relapse means returning to smoking about as much or as often as before quitting.²⁵ A slip means having a puff or two after quitting smoking. Service providers who offer home visits can help to prevent slips and relapse and help clients move forward after a slip or relapse.

A slip is very common and does not mean failure. A slip provides an opportunity to look at what went wrong and review reasons for quitting.²⁵ Using this information can help the client regain the motivation to quit.⁴² Repeated slips can lead to relapse.³³

Relapse is a common occurrence in the process of making a behavioural change.^{26,42} Given the high likelihood of relapse after a baby is born, it is very important to continue to discuss smoking during in-home support visits throughout pregnancy and in the postpartum period. Things to consider:^{26,14}

- Cessation during pregnancy may really be a temporary abstinence from smoking, rather than a permanent behaviour change.
- Some women may be experiencing a suspended identity as a non-smoker.
- No actual shift in identity from smoker to non-smoker may have occurred, particularly if cessation is externally motivated (i.e., for the fetus/baby).
- Relapse is often viewed as a reward after pregnancy and may be planned.

Relapsing calls for refining the quit plan, developing a new plan, or finding a different approach.²¹

The following factors are associated with relapse:^{13,26,41}

- Lack of support
- Other smokers in the household, especially if they smoke inside the home
- Alcohol or recreational drug use
- Exposure to high-stress situations and individual triggers (i.e. financial worries, change, return to work, etc.)
- Negative mood or depression
- Motivation centered only around the baby
- Negative self-talk
- Weight gain
- Dietary restrictions
- Strong or prolonged withdrawal symptoms
- Problems with pharmacotherapy (e.g., under-dosing, side effects, compliance, or premature discontinuation)

To help your client prevent a relapse or a slip:^{5,15,26}

- Advise clients that relapse often occurs in the first two weeks to three months after quitting.
- Advise clients not to try just one puff after quitting.
- Help the client identify tempting situations and develop a plan to handle them.
- Review client's reasons for quitting and develop strategies to cope with cravings.
- Encourage the client to ask for help from others such as family, friends or from a cessation support service such as a local pharmacist or other health care provider.
- Encourage clients to discuss difficulties promptly (e.g., slips, depression, withdrawal symptoms).
- Always congratulate the client on any changes made.
- Advise women to quit right after their period starts, as they are more likely to relapse during the premenstrual phase.

To help in preventing postpartum relapse, help clients to think about quitting for their own health, as well as the health of their baby.¹³

Focus on improved health and wellbeing versus weight gain.⁴²



DISCUSSION TIPS FOR SERVICE PROVIDERS

Discuss Relapse With Clients

Inform the client of the high risk of relapse and help her make plans to avoid it.^{22,21}

- Relapse is a significant problem for pregnant smokers who quit.^{11,13}
- 20% of women relapse prior to delivery, and 70% relapse after giving birth.^{11,15}
- Cessation during pregnancy may really be a temporary abstinence from smoking, rather than a permanent behaviour change.¹³

Questions for those at greatest risk of postpartum relapse:^{11,14}

- Which of the following best describes your personal goal with regard to smoking after delivery?
 - To stay off of cigarettes
 - To control when and where you smoke
 - To go back to smoking
 - Unsure
- How likely are you to smoke in the first six months after your baby is born?
- Since your first prenatal visit, have you smoked a cigarette? Even one puff?

Help your client move forward after relapse:^{25,26}

- Never condemn a client for slipping.
- Encourage the client not to give up after a slip. Encourage her to get back to her quit plan right away.
- Reframe a slip as a learning experience, not a failure. Encourage the client to never quit trying to quit.
- Help the client learn to manage stress and balance her lifestyle so that triggers are not overwhelming.
- Remind your client that most cravings only last a few minutes and the more the client resists, the fewer cravings she will have.
- Following a relapse, work with the client to determine a new quit plan and a new quit date.
- Look at what went wrong, what worked, and help the client plan how she can do better next time.
- Remind the client that all experiences learned in previous attempts are useful, and can be built upon for a future successful quit attempt.
- Think of the prior quit attempt as practice, and remind clients that practice makes perfect!

Resources for clients to help deal with relapse:

- *Quitting Smoking: Preventing Slips or Relapses:*
www.healthlinkbc.ca/healthtopics/content.asp?hwid = uz2194
- *Smoker's Helpline:* www.smokershelpline.ca or 1-877-513-5333
- *Stop Smoking – A Cessation Resource for Those Who Work With Women, Handouts: Possible High-Risk Situations; Relapse Self-Talk; Slips and Relapse; Preventing a Relapse; Handling Recovery Symptoms*
www.cpha.ca/en/programs/stopsmoking/downloads.aspx
- *Will I Start Smoking Again After My Baby's Birth? – Brochure:*
<https://shop.rnao.ca/catalog/Pre%20and%20Postnatal>

Resources for service providers:

- *The STOP Program:* www.nicotinedependenceclinic.com/English/stop/Pages/Home.aspx
- *Helping Women Quit, A Guide For Non-cessation Workers:*
www.adcs.bc.ca/assets/pdf's/Helping_Women_Quit_Guide.pdf



Appendix 1 Resources for Service Providers and Clients

Get to know your local resources and any additional resources for you and your clients. Some resources were previously mentioned in the text. The recommended resources for clients are client-friendly resources. This list is not exhaustive.

AWARE

Information about the safe use of alcohol, prescription medications, tobacco, and other drugs within the mental health and social context of women's lives.

- *STARSS (Start Thinking About Reducing Second-hand Smoke). Resources for service providers* www.aware.on.ca/resources/resources-service-providers
- *STARSS: Resources for Women* www.aware.on.ca/resources/resources-women
- *Side by Side: Safe, inclusive, doable, and empathic supports for women who smoke and experience depression – a toolkit for service providers* www.aware.on.ca/sites/default/files/sites/default/files/Side_By_Side.pdf

British Columbia Centre of Excellence for Women's Health

- *Liberation! Helping Women Quit Smoking: A Brief Tobacco-Intervention Guide* www.bccewh.bc.ca/publications-resources/documents/Liberation-HelpingWomenQuitSmoking.pdf
- *Trauma-Informed Practice Guide:* www.bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf
- *Expecting to Quit: A Best Practices Review of Smoking Cessation Interventions for Pregnant and Postpartum Girls and Women*, 2nd edition. (2011) www.expectingtoquit.ca/documents/expecting-to-quit-singlepages.pdf
- *Expecting to Quit – Finding What Works for You*, offers personal stories of women and digital resources www.expectingtoquit.ca/resources/

British Columbia Health Authorities

- *Helping Women Quit, A Guide For Non-cessation Workers:* A resource for those who work with women, but who don't have a background in tobacco cessation. It should be used to complement existing work contacts and during visits to help pregnant women, young mothers, and other women quit smoking. www.adess.bc.ca/assets/pdf/s/Helping_Women_Quit_Guide.pdf

Canadian Cancer Society

- *Smoker's Helpline* – offers specialized services for pregnant women www.smokershelpline.ca 1-877-513-5333
- *Help a Smoker Quit: One step at a time* www.cancer.ca/~ /media/cancer.ca/CW/publications/OSAAT%20help%20a%20smoker%20quit/OSAAT-Help-a-smoker-quit-2013-EN.pdf

- *One Step at a Time: For Smokers Who Don't Want to Quit*
<http://smokershelpline.ca/docs/pdf/osaat-smokers-who-dont-want-to-quit-2013-en.pdf?sfvrsn=0>
- *One Step at a Time: For Smokers Who Want to Quit*
www.smokershelpline.ca/docs/pdf/osaat-smokers-who-want-to-quit-2013-en.pdf?sfvrsn=0
- *Clear the Air: Protect yourself and your family from second-hand smoke*
www.cancer.ca/~ /media/CCS/Canada%20wide/Files%20List/English%20files%20heading/Library%20PDFs%20-%20English/Clear-the-air_Eng%202012.ashx
- *Withdrawal symptoms*
www.cancer.ca/en/cancer-information/cancer-101/what-is-a-risk-factor/tobacco/withdrawal-symptoms/?region=on

Canadian Mental Health Association and Heart & Stroke Foundation

- *Coping with Stress* www.heartandstroke.com/atf/cf/%7B99452D8B-E7F1-4BD6-A57D-B136CE6C95BF%7D/coping-with-stress-en.pdf

Canadian Public Health Association (CPHA)

Stop Smoking – A Cessation Resource for Those Who Work With Women, A resource to equip health professionals with the knowledge and tools to support women in their efforts to quit smoking.
www.cpha.ca/en/programs/stopsmoking.aspx

Canadian Smoking Cessation Clinical Practice Guideline (CAN-ADAPTT)

Guideline intended to inform provision of evidence-based smoking cessation care and population-level strategies in Canada.
www.nicotinedependenceclinic.com/English/CANADAPTT/Guideline/Introduction.aspx

Capsana

Tools for patients and professionals

- Stop smoking, take control! **If you're thinking about quitting in the next few months, this publication should prove highly useful.**
www.quitchallenge.ca/en/getting-ready/are-you-ready
- Smoke Free Family
www.capsana.ca/en/public_campaigns/smoke-free_family.php
- Information Tools
www.quitchallenge.ca/en/tools-and-resources/tools-download#Information

Centre for Addiction and Mental Health (CAMH)

- *Training Enhancement in Applied Cessation Counselling and Health (TEACH)*: To ensure that practitioners who serve people who use tobacco have the specialized knowledge and skills to deliver effective, evidence-based cessation intervention
www.nicotinedependenceclinic.com/English/teach/Pages/Home.aspx
- *Tobacco Addiction Treatment Clinic*: The Tobacco Addiction Treatment Clinic through the TEACH Project funded by Smoke Free Ontario offers a University-accredited certificate program in intensive tobacco interventions for health care providers
www.nicotinedependenceclinic.com/English/teach/SiteAssets/Pages/Smoking-Fact-Sheets/Pre-Post-Natal%20Care%20and%20Smoking%20Fact%20Sheet%20for%20Patients.pdf
- *Women – What do these signs have in common? Recognizing the effects of abuse-related trauma*
www.camh.ca/en/education/about/camh_publications/Pages/women_signs_common.aspx
- *Smoking and Quitting: Clean Air for All*:
http://knowledgex.camh.net/educators/elementary/Documents/smoking_cleanair.pdf
- *The STOP Program*: Funded by Smoke Free Ontario and evaluates different methods of distributing free Nicotine Replacement Therapy to Ontario smokers
www.nicotinedependenceclinic.com/English/stop/Pages/Home.aspx

FACET (Families Controlling and Eliminating Tobacco)

- *Dads in Gear* – a website for new and expectant dads who want to be smoke free
www.dadsingear.ok.ubc.ca/
- *Couples and Smoking – What You Need to Know When You are Pregnant*
www.thiswaytoahealthybaby.com/wp-content/uploads/2013/01/CouplesAndSmoking1-2010-UBC.pdf
- *The right time. The right reasons: Dads talk about reducing and quitting smoking*
<http://facet.ubc.ca/wp-content/files/Right-Times-Right-Reasons.pdf>

Health Canada

- *The Healthy Pregnancy Guide – Smoking and Pregnancy*
www.phac-aspc.gc.ca/hp-gs/guide/05_sp-tg-eng.php
- *Make your home and car smoke-free: A guide to protecting your family from second-hand smoke*
www.hc-sc.gc.ca/hc-ps/pubs/tobac-tabac/second-guide/index-eng.php
- *On the Road to Quitting: Guide to becoming a non-smoker for Adults and Young Adults*
www.hc-sc.gc.ca/hc-ps/pubs/tobac-tabac/road-voie-eng.php
- *Quit 4 Life*
www.hc-sc.gc.ca/hc-ps/tobac-tabac/youth-jeunes/life-vie/index-eng.php
- *Health Concerns*: Information available on tobacco control, legislation, effects of tobacco on the body, and other resources
www.hc-sc.gc.ca/hc-ps/tobac-tabac/index-eng.php
- *It Will Never Happen to Me* (Poster) www.hc-sc.gc.ca/hc-ps/alt_formats/pdf/tobac-tabac/youth-jeunes/scoop-primeur/never-jamais-eng.pdf

- *Exposure to second-hand smoke during pregnancy*
www.hc-sc.gc.ca/hc-ps/tobac-tabac/legislation/label-etiquette/preg-gross-eng.php
- *Tobacco: Behind the Smoke*
www.hc-sc.gc.ca/hc-ps/tobac-tabac/fact-fait/smoke-fumee1-eng.php.
- *Cost calculator: how much do you spend on cigarettes?*
[www.healthy Canadaians.gc.ca/health-sante/tobacco-tabac/calculator-calculatrice-eng.php](http://www.healthy Canadians.gc.ca/health-sante/tobacco-tabac/calculator-calculatrice-eng.php)
- *CHAMPIX (varenicline tartrate) and ZYBAN (bupropion hydrochloride) – Revision to the Consumer Information of Non-Nicotine Smoking Cessation Aids – For Health Professionals.*
For further information please consult the *Revision to the Consumer Information of Non-Nicotine Smoking Cessation Aids – For Health Professionals*:
www.healthy Canadaians.gc.ca/recall-alert-rappel-avis/hc-sc/2013/33621a-eng.php

Motivational Interviewing Network of Trainers (MINT)

- Materials designed to facilitate the dissemination, adoption and implementation of Motivational Interviewing among clinicians, supervisors, program managers and trainers, and improve treatment outcomes for clients with substance-use disorders
<http://motivationalinterviewing.org/>

Non-Smokers' Rights Association (NSRA)

- The Non-Smokers' Rights Association/Smoking and Health Action Foundation has developed a searchable database of smoke-free laws across Canada
www.nsra-adnf.ca/cms/smoke-free-laws-database.html
- *Third-Hand Smoke: An Emerging Issue*
[www.nsra-adnf.ca/cms/file/files/THS fact sheet Mar 2014-FINAL.pdf](http://www.nsra-adnf.ca/cms/file/files/THS_fact_sheet_Mar_2014-FINAL.pdf)
- *Second-hand Smoke in Cars*
www.nsra-adnf.ca/cms/page1497.cfm
- *Second-hand Smoke in Multi-Unit Dwellings*
www.nsra-adnf.ca/cms/page1433.cfm
- *Smoke-Free Housing Ontario – Ontario Community/Non-Profit Housing Providers with No-Smoking Policies*
[www.nsra-adnf.ca/cms/file/files/Community Housing March 2014.pdf](http://www.nsra-adnf.ca/cms/file/files/Community_Housing_March_2014.pdf)
- *E-cigarettes*
www.nsra-adnf.ca/cms/page2292.cfm

Ontario Tobacco Research Unit (OTRU)

- *Quitting Smoking in Ontario Infographic*
<http://otru.org/quitting-smoking-in-ontario/>

PREGNETS

Prevention of Gestational and Neonatal Exposure to Tobacco Smoke (PREGNETS) – offering information, resources and support to pregnant and postpartum women and their health care providers.

- *Pregnets*
www.pregnets.org
- *Smoking Cessation for Pregnant and Postpartum Women: A Toolkit for Health Care Providers*
www.pregnets.org/dl/Toolkit.pdf
- *Moms and Moms-to-be resources: Smoking During Pregnancy; Smoking After Giving Birth; Second Hand Smoke; Statistics and Facts; Stressors; Cues; Partner Support; Nutrition; Exercise Common Questions; Dealing with Cravings; How to Talk to your Health Care Provider*
www.pregnets.org/mothers/DuringPregnancy.aspx
- *Pregnets Blog*: <http://pregnetsblog.com>

Program Training and Consultation Centre (PTCC)

- A resource centre for health care professionals as part of the Smoke-Free Ontario strategy
www.ptcc-cfc.on.ca/
- *A Woman-Centred Approach to Tobacco Use & Pregnancy*
www.ptcc-cfc.on.ca/common/pages/UserFile.aspx?fileId=118423

Registered Nurses Association of Ontario (RNAO)

- *Tobacco Free RNAO: Toolkit-Implementation of Clinical Practice Guideline; Smoking Cessation eLearn Courses; Nursing Faculty Education Guide; Special Populations Resources*
www.tobaccofreernaoc.ca
- Pre and postnatal women and their families and smoking cessation
<https://shop.rnao.ca/catalog/Pre%20and%20Postnatal>
- Integrating Smoking Cessation into Daily Nursing Practice
www.rnao.ca/sites/rnao-ca/files/Integrating_Smoking_Cessation_into_Daily_Nursing_Practice.pdf
 - *The WHY Test*, page 72
 - *Fagerstrom Test for Nicotine Dependence*, page 74

Smoke-Free Housing Ontario

- Resources for Ontario about smoke-free housing, including market rate rentals, community/social housing apartments, condominiums and housing co-operatives
www.smokefreehousingon.ca/sfho/overview.html

Smoke Free Women

- *9 Myths About Smoking and Pregnancy*
www.women.smokefree.gov/before-your-baby-is-born/9-myths-about-smoking-and-pregnancy.aspx
- *Benefits of Quitting*
www.women.smokefree.gov/benefits-of-quitting.aspx

The Best Start Resource Centre

- Tobacco Resources:
 - *Creating a Smoke-Free Environment for Your Children – Video and Facilitator Guide*
 - *A Smoke-Free Environment for Your Children: Learn more about second-hand and third-hand smoke and Information on Second and Third-Hand Smoke – Handout*
 - *Smoke-Free Home Sticker*

www.beststart.org/resources/tobacco
- Mental Health Resources:
 - *Edinburgh Postnatal Depression Scale (EPDS)*
 - *Creating Circles of Support for Pregnant Women and New Parents: A Manual Supporting Women’s Health in Pregnancy and Postpartum*
 - *Pregnancy is Not Always What You Expect- booklet*
 - *Life with a new baby is not always what you expect* (available in French, Arabic, Filipino, Hindi, Punjabi, Spanish, Simplified Chinese, Tamil, Urdu)
 - *Perinatal Mood Disorders – An interdisciplinary Training Video with a Facilitator’s Guide*
 - *Supporting Parents When Parents Experience Mental Health Challenges – Ready-to-Use Workshop for Service Providers*

www.beststart.org/resources/ppmd/index.html
- Preconception Health:
 - *Is there a Baby in Your Future – Plan for it. Health Before Pregnancy Workbook*
 - *Men’s Information – How to Build a Healthy Baby*

www.healthbeforepregnancy.ca/future.htm
- Breastfeeding
 - *Breastfeeding Matters: An Important Guide to Breastfeeding for Women and their Families,*
www.beststart.org/resources/breastfeeding/

The Jean Tweed Centre

- *Trauma Matters: Guidelines for Trauma-Informed Services in Women’s Substance Use Services:*
www.jeantweed.com

The Lung Association

- Provides resources, as well as a Lung Health Information Line to assist, educate and empower individuals living with or caring for others with lung disease.
www.on.lung.ca/ or 1-888-344-LUNG (5864)
- Provides resources to download: *Smoking and Pregnancy; Tips to Help You Quit; Tobacco Industry's Poster Child; There is no Safe Tobacco; Smoke Free Homes; Smoking and Pregnancy; Third Hand Smoke; A Journey to Quit: A Workbook to Help You Quit Smoking.*
<http://lung.healthdiary.ca/Guest/SearchResults.aspx?C=40&M=0&K=&N=&S=1&P=>
- *Thirdhand smoke – The New Frontier of Tobacco Control*
www.on.lung.ca/document.doc?id=273
- *Second-hand smoke is also dangerous*
www.lung.ca/lung-health/smoking-and-tobacco/second-hand-smoke-also-dangerous
- *Quitting smoking – Withdrawal symptoms and how to cope*
www.lung.ca/protect-protegez/tobacco-tabagisme/quitting-cesser/withdrawal-sevrage_e.php
- *Quitnow*
www.quitnow.ca/database/files/library/131108_QN_Smart_Steps_web_version_FINAL.pdf
- *E-cigarettes*
www.quitnow.ca/tools-and-resources/index/sb_expander_articles/77.php

Aboriginal Resources

Centre for Addiction and Mental Health (CAMH)

The goal for the tool-kit is to provide community workers, community members and others with culturally-relevant commercial tobacco cessation tools.

- *IT'S TIME – Indigenous Tools and Strategies on Tobacco: Interventions, Medicines and Education.*
www.nicotinedependenceclinic.com/English/teach/Pages/KnowledgeTransfer-Exchange/IT'S-TIME.aspx

Canadian Smoking Cessation Clinical Practice Guideline (CAN-ADAPTT)

- *Specific Populations: Aboriginal Peoples*
www.nicotinedependenceclinic.com/English/CANADAPTT/Lists/Discussion%20Board/Flat.aspx?RootFolder=%2FEnglish%2FCANADAPTT%2FLists%2FDiscussion%20Board%2FSpecific%20Populations%20Aboriginal%20Peoples&FolderCTID=0x01200200B57C961253A44A48B61DAF3137925D8A

Centre for Addiction and Mental Health (CAMH); Training Enhancement in Applied Cessation Counselling and Health (TEACH) and The STOP Study (Smoking Treatment for Ontario Parents)

- *Aboriginal-focused Resources for Commercial Tobacco Cessation – An Environmental Scan of Resources, Programs and Tools*
www.nicotinedependenceclinic.com/English/teach/resources/Recommended%20Readings/Aboriginal-focused%20Resources%20for%20Commercial%20Tobacco%20Cessation.pdf

Government of Nunavut

- *Tobacco Has No Place Here*
www.nuquits.gov.nu.ca/

Health Canada

- *First Nations & Inuit Health*
www.hc-sc.gc.ca/fniah-spnia/substan/tobac-tabac/index-eng.php

National Association of Friendship Centres

- *My Journey with Tobacco: Youth Tobacco Cessation Toolkit, Facilitator's Guide*
www.nafc.ca/uploads/miscpdf/Tobacco_Cessation_Facilitators_Guide.pdf

Pauktuutit – Inuit women in Canada

- *Atii! Reduce Second-Hand Smoke Resources*
www.pauktuutit.ca/health/tobacco-cessation/atii-reduce-second-hand-smoke/

The Best Start Resource Centre

- *Sacred Tobacco, Sacred Children – DVD*
 - *Sacred Tobacco, Sacred Children – Facilitator Guide*
 - *Sacred Tobacco, Sacred Children – Parent Handout*
 - *Aboriginal Smoke-free Home Sticker*
- www.beststart.org/resources/aboriginal_health.html

World Health Organization (WHO)

- *Gender, Women, and the Tobacco Epidemic*
http://whqlibdoc.who.int/publications/2010/9789241599511_eng.pdf?ua=1

Appendix 2 Tobacco and the Process of Nicotine Addiction

Tobacco is a tall leafy plant that is grown throughout the world.⁵⁰ The tobacco plant naturally contains the toxic chemical, nicotine. Nicotine is the main addictive component in tobacco; however, it is all of the other chemicals found in tobacco and tobacco smoke that are responsible for the majority of tobacco-related disease.⁵³

Of the over 7,000 chemicals found in tobacco smoke, over 70 are known to cause cancer.

Just a few of the harmful chemicals found in tobacco smoke are:⁵³

- Carbon monoxide
- Ammonia
- Sulphur compounds
- Formaldehyde
- Cyanide
- Arsenic
- Acetone
- Lead
- Butane
- Tar

For information on how the chemicals in tobacco smoke are formed and how they impact human health refer to: *Tobacco: Behind the Smoke* www.hc-sc.gc.ca/hc-ps/tobac-tabac/fact-fait/smoke-fume1-eng.php.

Nicotine is highly addictive and can make smokers feel energized, alert or calm. Over time, the brain gets used to nicotine. When the level of nicotine declines after smoking, the brain craves more nicotine.^{23,41}

Why is Nicotine Addictive?

- When nicotine is taken in by inhaling tobacco smoke, it reaches the brain within seconds.^{6,9}
- In the brain, nicotine triggers the release of dopamine, a chemical associated with pleasure that makes the smoker feel good.^{23,26}
- Nicotine is addictive because it gradually increases the number of receptor sites in the brain and decreases the sensitivity of these receptors to the drug.^{9,26}
- As the number of receptor sites is increased, smokers require greater and greater amounts of nicotine to receive the same amount of pleasure with each cigarette.²⁶
- After smoking, when nicotine leaves the system, the brain begins to crave the drug, and the smoker experiences withdrawal symptoms.^{26,41}

*Dopamine is released in the brain through smoking, creating a sense of alertness and contentment. Over time, the brain cells of smokers expect the extra dopamine. These brain changes cause strong cravings for more nicotine, especially when a smoker tries to quit.*³

Appendix 3 Cigarettes and Other Tobacco Products

The cigarette is a highly sophisticated delivery device that has been engineered to allow nicotine to peak in the body within seconds of inhalation.^{6,9,51} Chemical analysis and the comparison of the smoke of different brands of cigarettes, mini-cigarettes, contraband cigarettes, cigars, and mini-cigars have shown very similar results. Health Canada considers smoking any of these forms of tobacco to have the same detrimental health effects.^{52,53}

Smokeless Tobacco Products are made of tobacco, water, and added chemicals, and can be chewed, sucked, or inhaled through the nose.⁵⁴ They can appear in a variety of different forms, including plugs, shredded, or fine powder. These products can be advertised as spit or spitless.⁵⁴ Smokeless tobacco products all contain nicotine and carcinogens, and are all potentially hazardous to health.⁵⁴

Waterpipe Smoking, also known as hookah, shisha, and by a variety of other names, has been used for centuries as a way to smoke tobacco or other weeds and substances.⁵⁵ For more information on the rise of this smoking trend, please refer to the report *Waterpipe Smoking: A Growing Health Concern* at www.otru.org/waterpipe-smoking-a-growing-health-concern-2/ or a variety of materials on *Waterpipes* at www.nsra-adnf.ca/cms/page2289.cfm.

Electronic Cigarettes or E-cigarettes are a growing trend in Canada.⁵⁶ Health Canada permits e-cigarettes to be sold in Canada as long as they do not contain nicotine or make a health claim. Unfortunately, e-cigarettes containing nicotine can easily be purchased in kiosks in malls across the country, in convenience stores and online, due to lack of enforcement.⁵⁶

Health Canada also states that the use of e-cigarettes may pose health risks to the user and informs the consumer that they have not been evaluated for safety, quality, and efficacy.⁵⁶ A growing body of evidence points to e-cigarettes being far less harmful than regular cigarettes. However, despite anecdotal evidence, there are still very few studies indicating the efficacy of e-cigarettes as a smoking cessation aid. This may change over time as the issue evolves.⁵⁷ For more information, visit E-cigarettes: www.quitnow.ca/tools-and-resources/e-cigarettes.php and www.nsra-adnf.ca/cms/page2292.cfm

NOTE: Traditional tobacco is used by many First Nations for ceremonial and sacred purposes. Assessment and questions about commercial tobacco use should be conducted with care and respect to address this distinction.²⁰ For further information, refer to the section on Aboriginal Resources on page 57.

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