



Stop Smoking

A Cessation Resource for
Those Who Work with Women

2006 Edition

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Introduction

This resource is based on two smoking cessation publications that were produced in the 1990s, *Stop Smoking: A Program for Women (Facilitator's Guide)* and *Asking to Listen: Helping Pregnant and Postpartum Women and Their Families to Quit and Reduce Smoking*. A recent needs assessment found these resources to be useful. However, it also indicated that they needed some modification and updating and merged as they included complimentary information.

The *Stop Smoking* program was first developed in response to the growing awareness of the harmful effects of smoking and the lack of affordable programs to address issues specific to women and smoking. Many people and organizations have contributed to the evolution of this program through its four revisions over 15 years including the original authors Sherryl Smith – Somerset West Community Health Centre (Ottawa) and Marjorie Kort – Centretown Community Health Centre (Ottawa). This version (see Section 2) retains the major strengths of the original program: its guiding principles, the flexibility of its structure and content, its user-friendliness, and the strong element of group support. While group-based smoking cessation programs result in the highest quit rates of all formats, they are labour and time intensive. Individual approaches, such as minimal contact intervention techniques, are efficient and provide “just in time” supports with highly effective results. The *Asking to Listen* resource, researched and written by Paddy McCallum in collaboration with Dr. Steve Hotz, has been adapted and expanded into the new resource that is found in Section 3.

For this addition, the Canadian Public Health Association (CPHA) gratefully acknowledges those who supported the work of this project including: Halton Council on Smoking or Health, Nishnawbe-Gamik Friendship Centre Inc., South-East Ottawa Community Health Centre, The Alder Group, Timiskaming Health Unit, University of Ottawa Heart Institute, Anne Meloche, Brian Logan, Christine Tripp, Dee Campbell and Dr. C.R.S. Dawes

CPHA project staff included: Sarah Williamson, Project Officer and Sylvia Fanjoy, Director, National Programs.

CPHA also wishes to acknowledge the women that participated in both the group program and one-to-one pilot tests for their honesty and valuable input. We hope this unique resource facilitates community workers committed to assisting smokers in whatever way is effective for them.

Who Is This Resource For?

This resource is for health professionals and others who work with women to support them to quit smoking. The target audience for this resource includes:

- ✧ Family practice nurses
- ✧ Obstetrical nurses
- ✧ Midwives
- ✧ Obstetricians
- ✧ Addictions counsellors (various organizations)
- ✧ Staff at houses for pregnant teens
- ✧ Community health centre (CHC) staff including health promoters, social workers, dieticians, etc.
- ✧ Public health promoters with a cessation mandate
- ✧ Public health nurses without a tobacco-specific mandate
- ✧ Community Action Program for Children (CAPC) staff
- ✧ Social workers
- ✧ Pharmacists
- ✧ Nurse practitioners
- ✧ Paediatric nurses
- ✧ Paediatricians
- ✧ Workplace (occupational health) nurses
- ✧ Dentists and dental hygienists

What Is In This Resource?

For ease of use, this resource has been organized in three sections.

Section 1: About Women and Smoking

Chapter 1 sets the context about women and smoking, including why they start smoking, why they continue to smoke, why they want to quit and the challenges they face (particularly those living in disadvantaged circumstances). Also included is information on special sub-populations, including pregnant women and women with low literacy.

Chapter 2 outlines the addictive nature of smoking, the Stages of Change Model, and the quitting process. The barriers that many health professionals face around supporting smoking cessation are acknowledged and information is provided around adult learning principles and taking a woman-centred approach. Other topics in this chapter include the health effects of smoking, benefits of quitting, second-hand smoke, nicotine replacement therapy and other quit aids, supportive environments, a harm reduction approach, and the myths and facts around light and mild cigarettes.

This section ends with a list of available resources, contact information for national organizations, provincial quit-line numbers, and a list of the key references that were used to write and revise this resource, listed by topic area for those who are interested in obtaining further information.

Section 2: A Facilitator's Guide for a Group Program

Section 2 is a facilitator's guide for a group program. Through the support of a group, women can take control of their health and their lives by quitting smoking and increasing their self-esteem. There are 11 sessions each focusing on a topic, for example, healthy weights, self-esteem, planning to quit, triggers and support, etc. Each session includes background information, breathing/stretching and learning exercises, and opportunities for discussion and reflection. The program is flexible and the sessions have been designed to be used to whatever extent and in whatever order suits the group. This section also includes handouts for health professionals and others who work with women around cessation, and for women themselves. The handouts for women are in plain language and cover topics such as health benefits of quitting, physical activity, healthy eating, stress and anger management, self-esteem, triggers, recovery symptoms, the healing process, and support. They are easily photocopied.

Section 3: One-on-One Smoking Cessation Interventions

The last section is one-on-one smoking cessation interventions based in part on *Asking to Listen*. It outlines one-on-one counselling techniques for health professionals from brief to more extensive interventions. It is relevant to a broad range of health providers who work with women who smoke and who are either ready to quit or are not thinking about quitting. The intervention process described combines an effective approach to counselling based on motivational interviewing techniques, an assessment framework based on the Stages of Change Model, and an intervention protocol using the 4 A's— "ask, advise, assist, arrange". Although this section focuses on a one-on-one intervention, many of the concepts are applicable and adaptable to group situations, such as prenatal programs with women living in disadvantaged circumstances.

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Chapter 1

Context

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Introduction

This resource can be used to support women in their efforts to quit smoking, particularly women who live in disadvantaged circumstances. It is important to understand the broader context of these women’s lives and the role smoking plays within it. It is also important to understand that women are not a homogenous group; some will have different reasons for wanting to quit smoking and will respond better to different approaches.

Smoking Cessation in the Context of Women’s Lives

Women often smoke in response to other factors in their lives including their social, physical and personal situations. Women with low socio-economic status often face greater stresses than women with more advantages. They are often dealing with a variety of challenges including unemployment, living on a low income, unstable housing situation, living with no vehicle or means of transportation, no benefits offered by employers, being a lone parent, low level of education, isolation, lack of social support, dual responsibilities of family and work, family violence, and low-self esteem. In general, women face greater levels of poverty than men and they earn less than men. For many who work outside the home they are still the primary care givers for children and do most of the household work in the home. Smoking often becomes a mechanism to cope with the stresses of everyday life.

While smoking rates for women in Canada in general are about 18 percent, the rates are much higher for different sub-populations of women, including women of low socio-economic status (defined as those living on low income levels, with low education attainment and with low occupational status). According to Statistics Canada’s *National Population Health Survey, 1996-97*, about 35 percent of women at the lowest income level smoke.

Smoking rates are highest for certain sub-populations of women:

- ✧ unemployed women
- ✧ blue collar workers
- ✧ those with lower levels of education
- ✧ those with lower incomes
- ✧ Aboriginal women (they have the highest rate of smoking among women in Canada)
- ✧ Francophone women (rates are higher than among Anglophone women).]

Why Women Smoke

Research studies in Canada and other countries have identified a number of reasons why disadvantaged women start to smoke and continue to smoke. Most women begin to smoke as adolescents. Some key factors in why they start are:

- ✧ Relationships and role models in the family, the community and the media
- ✧ The desire for peer acceptance
- ✧ Concerns about self-esteem, independence and body image
- ✧ The public/media image of tobacco products, which creates mixed messages about the dangers of smoking, particularly for adolescents.

Some reasons they continue to smoke include:

- ✧ Addiction
- ✧ Emotional dependence
- ✧ Use it as much deserved reward or break
- ✧ Use it as a coping mechanism.

Why Women Want to Quit

Canadian research demonstrates that many women want to quit smoking:

- ✧ According to the 2003 Canadian Tobacco Use Monitoring Survey, approximately 24 percent of women have made at least one quit attempt and 16 percent of women are in the contemplation stage.
- ✧ About 75 percent of Canadian women of child-bearing age who smoke have made a least one serious attempt to quit.
- ✧ According to the Canadian Tobacco Use Monitoring Survey 2004, 17 percent of female (daily) smokers over the age of 25, attempted to quit once in a 12-month period, 15 percent made two or three attempts, and 13 percent made four or more attempts.
- ✧ A 1995 study of disadvantaged women conducted by two Canadian research centres found, “All participants stated that they would like to be ex-smokers, and almost all had attempted to stop at least once.” However, this study also noted a difference between the desire to quit smoking and current motivation to actually change smoking behaviour. (Stewart et al, 1996 in *Canadian Journal of Nursing Research*)

Reasons why women want to quit:

- ✧ Health concerns
- ✧ Recommended by a physician
- ✧ To save money
- ✧ To have better self-control
- ✧ To protect others from the effects of second-hand smoke
- ✧ Personal illness
- ✧ Illness of friend or family member.

Special Sub-Populations

This resource takes into consideration a wide variety of lifestyles and circumstances.

Pregnant, postpartum and breast-feeding women

Pregnant women have different reasons for wanting to quit smoking, and many of them quit or reduce as soon as they find out they are pregnant. They are concerned about the health risks to the fetus, as well as their own health, the long-term effects that second-hand smoke may have on the child after birth, and about social expectations related to smoking during pregnancy. Unfortunately, cessation is least likely for those women most at-risk. Women who continue to smoke during pregnancy are more likely to be teenagers, unmarried and have less education. Relapse rates for women who do quit during pregnancy are high at over 70 percent.

Women in disadvantaged or marginal circumstances are less likely to be able to consider quitting when other pressures are affecting their lives and behaviours. These factors include poverty, class, age, education or experience with domestic violence. However, pregnancy is also considered to present a “teachable moment” when many women are more motivated to quit smoking and more likely to be receptive to quitting messages.

Psychiatric conditions

Rates and prevalence of smoking among persons with psychiatric conditions are higher than the general population and are estimated at between 35 and 80 percent (Addington, 1997). Studies have shown that smokers with psychiatric disorders, their reasons for quitting are no different than for the general population.

Research suggests that smoking (nicotine) is a form of self-treatment for depressive disorders. Smokers use cigarettes (nicotine) as both a stimulant and to calm themselves on different occasions. These mood-altering effects are unique to nicotine as few drugs can act as both a stimulant and a depressant.

Biological explanations for smoking relate largely to the evidence that nicotine directly affects dopamine receptors. Some patients (especially schizophrenics) may smoke more due to nicotine’s ability to alleviate aversive psychiatric symptoms.

Clinical practice guidelines support smoking cessation intervention (with particular emphasis on multi-model behaviour therapy) for this population because of their high incidence of psychosocial problems, and poor coping skills. Self-help materials are recommended as part of a behavioural therapy package. The clinical practice guidelines follow a similar protocol as the four A’s – Ask about smoking; Advice to quit for all the same health and economic reasons; Assist with more intensive individual counseling (three to five minutes) and nicotine replacement therapy and Arrange follow-up within three days of quitting. The more effective components of behaviour therapy appear to be skills training and relapse prevention.

Higher than normal dosages of transdermal nicotine replacement therapy are recommended to offset depressive symptoms and severe recovery symptoms (withdrawal). Nicotine withdrawal symptoms in some patients can mimic the depression, difficulty concentrating, insomnia seen in patients with schizophrenia.

Tips for communicating with women with low literacy levels

- ❖ Be respectful.
- ❖ Speak clearly and not too quickly.
- ❖ Give examples.
- ❖ Use non-medical terms as much as possible.
- ❖ Make sure you are being understood.
- ❖ Use videos, CDs, pictures etc.
- ❖ Make sure any written information is appropriate and will be understood by ensuring:
 - ★ plain language
 - ★ plain and large font size
 - ★ sufficient white space (not too much text)
 - ★ information is relevant
 - ★ information is in manageable pieces
 - ★ uses headings, sub-headings and bullets
 - ★ easy to photocopy
 - ★ can include graphics and pictures.

Psychiatric patients should be followed closely when they make an attempt to quit smoking to monitor more severe nicotine withdrawal, exacerbation of their psychiatric symptoms and possible side effects due to cessation induced increases in medication levels. Monitoring and support by a professionally trained health professional is important.

Women from different ethno-cultures

Studies carried out in the mid-90s reveal that first generation non-European immigrants were significantly less likely than the Canadian-born population to smoke, but that generally rates increased with length of time spent in Canada. Unlike the Canadian-born population, there was no clear association between smoking and income status. Even though tobacco use, especially among women of distinct ethno-cultural groups, appears to be low, it can vary among different groups. In one study, Ukrainian, French and Dutch, German and Polish women were found to have smoking rates that were higher than average, while Asian women were least likely to smoke.

Low Literacy

Literacy is an important determinant of health. Literacy also affects other factors that determine health such as income, access to jobs, education and social supports.

A recent national survey indicates that one in seven Canadians are at the lowest level of literacy. A person at this level of literacy would be unable to look at a bottle of medicine and give the correct amount to a child. One in three Canadians have some difficulty reading and understanding written information in their daily lives, such as newspaper articles, health information pamphlets and forms.

Low literacy, poverty and health problems are linked in many ways. People with literacy challenges have fewer opportunities and resources, have less control over their lives, are more likely to be under stress and are more likely to live in places that are unsafe. All these factors have a negative impact on health. People with literacy challenges have less access to information about health risks and about healthy lifestyle choices such as eating well, exercising and not smoking. They are also more likely to have chronic health problems.

Literacy affects a person's ability to find, understand and use health information and health services. This includes both written and verbal information needed to understand their health problems and to make healthy lifestyle choices. There are higher rates of smoking among population groups with low literacy skills. People with low literacy skills are less likely to have detailed knowledge of the health effects of smoking or the benefits of quitting.

Chapter 2

How to Approach Smoking Cessation with Women

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Introduction

That nicotine is addictive is well known; smokers experience both physiological and psychological effects from smoking. Perhaps what is less understood is the process related to quitting smoking, including the stages involved in quitting and the number of quit attempts many people make before they quit for good. This chapter outlines this process and also includes information on the health effects of smoking and second-hand smoke, the benefits of quitting, quit aids and taking advantage of the current denormalization of tobacco within our society, including the increase in smoke-free public places. A harm reduction approach to tobacco is also briefly explained.

Health professionals face many challenges in delivering smoking cessation interventions, including organizational barriers. However, research shows that health professionals can play an important role in helping women quit smoking. Because the focus of this resource is on women living in disadvantaged circumstances, it is important to take an approach that is sensitive to their needs and perspectives, and to be aware of your own perceptions and judgements. Principles associated with adult learning should also be considered when working with women around smoking cessation.

Smoking Is an Addiction

The World Health Organization (WHO) has classified smoking as an addiction (tobacco-dependence syndrome). Tobacco use shows regular and compulsive patterns, with a recovery (withdrawal) syndrome usually accompanying tobacco cessation. The pharmacological and behavioral processes of tobacco addiction are similar to those of drugs such as heroin and cocaine. Smokers get pleasure from smoking because nicotine tricks the

nervous system into releasing dopamine thus making them feel good.

Nicotine in cigarettes causes increased heart rate, blood pressure, and blood flow from the heart, with narrowing of the blood vessels. Other smoking effects, which may be due mainly to other smoke components but with a contribution from nicotine in some cases, include decreased oxygen levels in blood due to increased levels of carbon monoxide; elevated amounts of fatty acids, glucose, cortisol and other hormones in the blood; higher risk of hardened arteries and blood clotting (leading to heart attack and stroke); and carcinogenesis.

The most serious chronic consequence of nicotine use is dependence. Once a person becomes a smoker, it is physically and psychologically difficult to break the habit. In addition to being physiologically addictive, cigarette smoking may also supply desired psychological rewards. These, together with frequently repeated rituals of lighting up and puffing, ensure that smoking becomes a powerfully habitual behaviour.

Quit Attempts

Smoking is a serious addiction and quitting is a difficult process. Most people make four or five quit attempts and may use a variety of methods before they quit for good. These attempts are an important part of the journey to becoming smoke-free. An attempt is not a failure. Smokers learn more about quitting each time they try, and the fact that they have tried to quit before increases the chances of them eventually quitting for good. If these women are supported each time they try to quit smoking they have a much better chance of quitting.

The Stages of Change Model

Prochaska and DiClemente's Stages of Change Model recognizes that individual smokers are at different stages of readiness to quit and that when people quit smoking they do so through a sequence of five stages – precontemplation, contemplation, preparation, action and maintenance. Progress is made when a smoker moves through one stage or into the next stage.

Several studies have shown that the Stages of Change Model is a better way of predicting quitting than relying upon how much a person smokes or how long they have smoked. They suggest that if we can influence people in the right way at the right time, we have the best chance of helping them quit.

The Stages of Change Model grew out of an examination of how people naturally go about quitting smoking without any help from another person or program. Four important factors became clear:

1. Quitting doesn't happen in one easy step – people progress through a series of stages on their way to successful change.
2. People use common processes of change to move through the stages.
3. In the early stages, progress depends on how a person balances the pros and cons of smoking versus quitting.
4. The right amount of self-confidence determines a person's ability to carry out the actions required to change.

People in different stages differ from each other in important ways. That's why the model also describes three factors that define people at each stage:

- ✧ the processes of change – what she does to change her thoughts, feelings and attitudes about smoking and her smoking behaviour
- ✧ the smoker's decisional balance – how she sees the balance between the pros and cons of smoking
- ✧ self-confidence (or self-efficacy) – her confidence about being able to implement a quit plan and being able to deal with temptations to smoke.

While everyone moves through the same stages of change, no two smokers are alike. Women in each stage will have special needs for support. To be really effective, a smoking cessation intervention should help women smokers:

- ✧ use the right change processes at the right time
- re-evaluate their views about the pros and cons of smoking
- ✧ gain confidence that they can successfully resist temptation to smoke and remain smoke-free.

Understanding the Five Stages of Change

1. Pre-contemplation

In this stage, a woman won't be thinking about quitting in the foreseeable future and she won't be interested in any kind of intervention. In fact, she'll likely be defensive about her smoking. There may be several reasons for this. She might be discouraged by unsuccessful quit attempts, or lack information about the hazards of smoking. She might associate smoking with pleasant memories and experiences. She might believe that she's simply too addicted to quit. Smoking will likely be part of her self-concept. Her environment will likely not support quitting. Whatever her reasons, she won't spend much time thinking about quitting. She may not even feel that her smoking is a problem.

2. Contemplation

In contemplation, a woman seriously thinks about quitting sometime within the near future (often defined as six months). A woman in this stage will be more aware of the personal consequences of her smoking and spend more time thinking about her smoking as a problem. On the plus side, this is also the stage where a woman can begin to identify personal strengths as well as personal and environmental barriers to quitting. Consequently, she will be more open to receiving information about smoking and to explore her own feelings and thoughts concerning smoking.

3. Preparation

A woman in preparation will have made at least one quit attempt (for at least 24 hours) in the past year. She will also be thinking about another quit attempt in the near future (defined as 30 days). She will see the cons of smoking as outweighing the pros. She will have learned something of importance in a recent quit attempt and will now be taking small steps towards cessation. She may be smoking less or delaying her smoking. This woman will reflect her desire to quit through such statements as: "I've got to do something about this – this is serious." "Something has got to change." "What can I do?"

4. Action

A woman in this stage will be actively involved in taking steps to try and quit. She will be open to receiving help and willing to talk about the issues around her efforts towards cessation, particularly in ways that will enhance her self-confidence. While a woman in this stage is making real efforts to quit, she is also at the greatest risk of relapse.

5. Maintenance

This is the final stage and involves being able to avoid any attempts to return to smoking. A woman in maintenance is able to anticipate the situations in which a relapse could occur and prepare coping strategies in advance. If she does slip and have a cigarette, she won't see herself as having failed. Instead, she will learn from the mistake and remind herself of how much progress she has made.

What makes a person progress through the stages of change? What we know is that people in each stage engage in different smoking cessation activities, and that these activities can be grouped into two processes of change.

- ✧ **Experiential processes** involve changing the way she thinks and feels about smoking. The processes of change used in the early stages—pre-contemplation, contemplation, preparation—are most often experiential. Before a woman makes a quit attempt she is busy making changes to how she thinks and feels about smoking. She will be planning the steps she will need to take to quit. In these early stages, you'll want to ask and listen, and encourage her to explore her thoughts and feelings about smoking and its place in her life, and encourage her motivation to quit.
- ✧ **Behavioural processes** involve changing the way one smokes, for example how often, where and when. The processes used in the final two stages—action and maintenance—are most often behavioural. In these stages, you'll want to suggest strategies that relate more to changing her smoking behaviour such as setting a quit date, keeping a smoking journal, etc.

All smokers, regardless of their stage, can benefit from understanding that quitting is part of a cycle. This helps the smoker to view such inevitable challenges as slips and relapses as part of that cycle, not as the end of her chance of ever quitting.

Health Effects

Smoking and chronic disease

Chronic diseases are the leading causes of death and disability worldwide. Each year about 163,000 Canadians die due to cardiovascular disease, cancer, lung disease, and diabetes, accounting for over two-thirds of the total annual death toll. The biggest killer is cardiovascular disease which was responsible for 34 percent of lives lost in 2001, roughly 74,824 Canadian deaths, followed by cancer which claimed the lives of 63,774 Canadians the same year.

For the most part these diseases can be prevented or delayed. They are linked by a common set of preventable biological risk factors, notably high blood pressure, high blood cholesterol and overweight and by related

behavioural risk factors including smoking, unhealthy eating, and not enough physical activity. There are also social factors related to chronic disease that underlie the common set of risk factors such as income, employment, education, geographic isolation, social exclusion and other factors. The risk of chronic disease is not shared evenly among the population. Vulnerable groups such as those living on low incomes, people with disabilities, Aboriginal peoples as well as other marginalized groups are at higher risk for chronic disease.

Unless they quit, up to half of all smokers will die from a tobacco-related illness and only after years of suffering a reduced quality of life. Smokers are three times more likely than non-smokers to develop cancer. Lung cancer due to tobacco use kills more women in North America than breast cancer. Women who smoke 20 cigarettes a day or more enter menopause approximately two years earlier than non-smokers. Smoking in pregnancy has been linked to spontaneous abortion, placental abruption, and low birth weight.

On average, a smoker will die about eight years earlier than a similar non-smoker but life expectancy improves after a smoker quits. Quitting smoking greatly reduces the risks of all tobacco-related diseases such as lung cancer, many other cancers, heart diseases and other respiratory illnesses.

The Facts About Second-Hand Smoke

Second-hand smoke is the smoke that comes from the tip of a burning cigarette, pipe or cigar and when a smoker exhales. It contains over 4,000 chemical compounds, 60 of which are associated with, or known to cause cancer. Two-thirds of the smoke from a burning cigarette is not inhaled by the smoker but enters into the surrounding environment. The contaminated air is inhaled by anyone in that area.

Second-hand smoke causes heart disease, lung cancer and nasal sinus cancer. It is also linked to respiratory problems, stroke, breast cancer, cervical cancer, miscarriage, sudden infant death syndrome and low birthweight babies. People exposed to second-hand smoke may experience headaches, worsened asthma, and eye, nose and throat irritations. Second-hand smoke from a parent's cigarette increases a child's chance of middle-ear problems, causing coughing and wheezing, and makes asthmatic conditions worse. Teenagers in a family where both parents smoke are more than twice as likely to smoke as those whose parents are both non-smokers. More than 1,000 non-smokers die in Canada each year due to heart disease and cancers caused by second-hand smoke.

Risks associated with tobacco use:

- ✧ coronary heart disease
- ✧ peripheral vascular disease
- ✧ aortic aneurysm
- ✧ high blood pressure
- ✧ high cholesterol
- ✧ lung cancer
- ✧ cancer of the mouth, throat and voice box
- ✧ cancer of the pancreas
- ✧ cancer of the kidney and urinary bladder
- ✧ chronic obstructive pulmonary disease (COPD)
- ✧ chronic bronchitis
- ✧ emphysema
- ✧ pneumonia
- ✧ influenza
- ✧ common cold
- ✧ peptic ulcers
- ✧ chronic bowel disease
- ✧ tooth decay
- ✧ gum disease
- ✧ osteoporosis
- ✧ sleep problems
- ✧ cataracts
- ✧ thyroid disease.

Female smokers are at an extra risk for:

- ✧ cancer of the cervix
- ✧ menstrual problems
- ✧ fertility problems
- ✧ breast cancer.

The compounds and chemicals in tobacco put people who smoke at high risk for developing heart disease, stroke, cancer, emphysema and bronchitis.

The Benefits of Quitting

There are many benefits to quitting smoking. Smokers who quit by their early 30s avoid almost all of the risk of premature death from smoking-related diseases. Those who quit before age 50 have only half the chance of dying from a smoking-related disease in the next 15 years compared with those who continue to smoke. There are even clear benefits for those who quit at age 60 and over. No matter how heavily a person smokes, how impaired their health, or their age, quitting smoking will decrease the health risks associated with smoking.

By quitting smoking women will immediately begin to reduce the risks of developing heart disease, cancer and breathing problems.

- ✧ **20 minutes after quitting**, blood pressure drops to pre-cigarette level.
- ✧ **8 hours after quitting**, the carbon monoxide in blood drops to normal and the oxygen level in blood increases to normal.
- ✧ **24 hours after quitting**, chances of having a heart attack are lowered
- ✧ **48 hours after quitting**, sense of smell and taste improve and begin to return to normal.
- ✧ **2 weeks to 3 months after quitting**, circulation improves and lungs work better.
- ✧ **9 months after quitting**, less coughing, sinus congestion, fatigue and shortness of breath is experienced.
- ✧ **1 year after quitting**, risk of heart disease is about half of what it would have been if smoking had continued.
- ✧ **5 years after quitting**, risk of stroke is greatly reduced.
- ✧ Within **5 to 15 years** after quitting, risk of stroke becomes about the same as a non-smoker's risk.
- ✧ **10 years after quitting**, risk of dying from lung cancer is half of what it would have been if smoking had continued. Risk of cancer of the mouth, throat, esophagus, bladder, kidney and pancreas also decreases.
- ✧ **15 years after quitting**, risk of heart disease is the same as a person who never smoked.

Light and Mild Deception

Cigarettes that are labelled as "light" or "mild" give smokers the mistaken impression that they are less harmful than regular cigarettes that have a higher amount of tar. However, the evidence shows that not only does switching to

Cigarettes contain over 4,000 chemical compounds including:

- ✧ carbon monoxide
- ✧ formaldehyde
- ✧ arsenic
- ✧ cyanide
- ✧ acetone (paint stripper)
- ✧ mercury
- ✧ lead
- ✧ benzene
- ✧ phenol
- ✧ DDT
- ✧ cadmium
- ✧ benzopyrene
- ✧ vinyl chloride.]

“light” or “mild” cigarettes do nothing to limit intake, but that these deceptive labels pose a major public health problem. These misleading descriptors may actually encourage people to smoke more or discourage them from quitting because they think they are less harmful. As well, the toxic constituent levels are exactly the same in the different types of Canadian cigarettes, because the tobacco used in the “regular-strength” cigarettes is exactly the same as the tobacco used in the “light” cigarettes. One of the main differences is that there are more holes in the filters of “light” cigarettes.

Smokers will compensate for the lower yields of nicotine by inhaling deeper and taking more puffs. They will also block the holes in the filters as they inhale or use tobacco treated with Freon to make cigarettes taste like “light” or “mild” cigarettes.

Supportive Environments

A comprehensive approach to tobacco control includes several strategies, one of which is offering a supportive environment. Non-smoking policies, bylaws, and legislation in workplaces, municipalities and provinces across the country have been steadily increasing, with more on the horizon. Smoke-free policies not only protect non-smokers from second-hand smoke they also act as a harm reduction approach with smokers, by supporting them to cut down or quit. Studies have shown that as smoking restrictions increase, consumption decreases.

Taking advantage of the increasingly supportive smoke-free public environments, the denormalization of smoking behaviours, and the increase in knowledge about the health risks associated with tobacco use, health professionals have an important role to play in this comprehensive approach. There is role for everyone to play in tobacco control – it must be a collaborative and truly collective effort. Health professionals have a unique opportunity to influence patients’ smoking behaviour as they are a trusted source of health information and they have opportunities to speak with them one-on-one about various health issues. Health professionals can support women’s efforts to quit by making sure their own offices have smoke-free policies, advocating smoke-free policies elsewhere, offering brief interventions, referring women to other cessation counselling options such as group programs, and providing cessation information such as fact sheets and brochures etc.

Quit Smoking Medications and Other Aids

Pharmacotherapies can support people to quit smoking by helping them deal with nicotine recovery (withdrawal). Pharmacotherapy that is known to be effective offers a variety of options for individuals and it is important to match them according to the individual preferences of the woman. These include several forms of nicotine replacement therapy (gum and the patch) and Bupropion.

Over half of female smokers continue to smoke during pregnancy and the Ontario Medical Association recommends that pregnant women who cannot quit should be considered for NRT

Nicotine gum

Gum provides a safe, small quantity of nicotine through the blood vessels near the surface of the gums and cheek. It should be chewed a few times and then “parked” for about 30 minutes before throwing it away. Most people use up to 20 pieces per day for about 8 to 12 weeks after they quit smoking but it can be used for longer. Make sure you explain that the instructions on the package are to be followed. It is available from a pharmacist or drugstore.

Patch

The nicotine patch provides a small amount of nicotine through the skin. It is completely safe for most people as it does not contain any of the harmful chemicals in cigarettes. Patches are sold without a prescription and come in different strengths. A patch is applied each day for about 8 to 12 weeks from the quit day.

Zyban (also known as Bupropion)

The most common type of Bupropion is called Zyban. It must be taken 7 to 14 days before the quit date. Most people will take one pill in the morning and one in the afternoon for 7 to 12 weeks, sometimes longer. Bupropion may be used with the patch and gum. Bupropion is not generally recommended for women who are pregnant or breastfeeding, but can be prescribed if the patient has tried to quit smoking unsuccessfully using other methods. Bupropion should not be used by individuals who have ever had a seizure disorder or an eating disorder. It should also not be used by people who are taking a monoamine oxidase (MAO) inhibitor (e.g., Marplan, Nardil, Parnate, Eldepryl). People with high blood pressure should be monitored.

Nicotine Inhaler

A nicotine inhaler looks very much like a cigarette. It holds a cartridge containing nicotine, and it delivers a puff of nicotine vapour (in a measured dose) into the users mouth and throat area, where the nicotine is absorbed. The nicotine is not absorbed into the lungs as it would by smoking a cigarette. Consequently, the inhaler does not give the same "hit" of nicotine as a cigarette does.

Nicotine inhalers may be most helpful for people who have difficulty breaking away from the ritual activities involved in smoking, such as pulling a cigarette out of the pack, lighting it, putting it in their mouths, and inhaling.

Using the inhaler involves actions much like those used in smoking. However, the inhaler does not deliver nicotine as rapidly as a cigarette, and it is not as addictive as smoking cigarettes. The risk of addiction, or of transferring the nicotine addiction from cigarettes to the inhaler, is low.

Self-Help Materials

Self-help materials are a low cost way of supporting smokers to quit smoking. Health professionals and others who work with women around cessation can recommend a variety of self-help materials. Be careful to ensure that these resources are gender and culturally appropriate and that they correspond to the woman's literacy level.

Self-help materials include:

- ✧ printed guidebooks
- ✧ fact sheets and tip sheets
- ✧ videos
- ✧ audiocassettes
- ✧ computer programs
- ✧ toll-free quit-lines
- ✧ websites with cessation programs and information.

Quit Smoking Aid	How to use	How long to take it	Possible side effects	Cautions	When not to take it	Advantages
Nicotine gum (Available from pharmacists or drugstore)	<ul style="list-style-type: none"> • Bite and park 1 piece every 1–2 hours • 2 mg if a light smoker (< 20 cigarettes per day) • 4 mg if a heavy smoker (> 20 cigarettes per day) • Stop smoking before starting 	Several weeks to several months or longer if necessary	<ul style="list-style-type: none"> • Burning in throat • Hiccups • Dental problems 	Absorption of acidic beverages (eg. Coffee, juices, soft drinks) interfere with the absorption of nicotine. Avoid eating and drinking anything except water for 15 minutes before and during chewing.	Have irregular heartbeat or palpitations*	<ul style="list-style-type: none"> • Can control when to take nicotine • Satisfies oral cravings • Delays weight gain
Nicotine patch (Available from pharmacists or drugstore)	<ul style="list-style-type: none"> • Light smoker starts at 14 or 7 mg • Heavy smoker starts at 21 mg for 4–8 weeks 	8–12 weeks or longer if necessary	Local skin reaction Disturbed sleep		Have irregular heartbeat or palpitations*	<ul style="list-style-type: none"> • Only apply once a day • Can control cravings for 24 hours • Delays weight gain
Bupropion (Requires prescription)	<ul style="list-style-type: none"> • 150 mg once a day (a.m.) for 3 days • Then twice a day (a.m. and p.m. with at least 8 hours in between) • Start 7–14 days before quit date 	7–12 weeks or longer if necessary	Dry mouth Insomnia	For clients who: <ul style="list-style-type: none"> • Drink > 4 alcoholic beverages / day • Take St. John's wort • Take drugs that reduce seizure threshold* 	<ul style="list-style-type: none"> • Pregnant or breastfeeding* • Have a seizure disorder • Have an eating disorder • Take MO inhibitor* 	<ul style="list-style-type: none"> • Inexpensive • Improves depression • Minimal weight gain
Nicotine Inhaler (Available from pharmacist or drugstore)	6-16 cartridges a day	Up to 6 months	Local irritation of mouth and throat			May help with the oral and handling aspects of smoking

* If you are taking any medication, or if you are pregnant or breastfeeding tell your doctor.

(Adapted from information from Wilson DM. Steps of smoking cessation: steps of change. Patient Care Canada 1999: 10:44-57)

A Harm Reduction Approach

Harm reduction is aimed at reducing or minimizing the impact of tobacco use and includes a variety of methods including implementing tobacco control policies, cessation, protection from second-hand smoke, and nicotine replacement therapies. Although it has received some criticisms around not supporting long-term quitting, harm reduction as an approach is relatively new and its full impact is not known.

But there is evidence that a harm reduction approach with pregnant women (especially heavy smokers) has the potential to benefit both the mother and the fetus. While stopping smoking would have the greatest positive health impact, reducing exposure is a better alternative than no change in exposure. According to the Ontario Medical Association although NRT is potentially harmful to the fetus, it is far safer than cigarette smoking which exposes both the woman and the fetus to many dangerous toxins and far greater levels of nicotine. Most importantly, NRT may help pregnant women quit smoking altogether. The Ontario Medical Association recommends that NRT should be considered for pregnant women who are unable to quit using non-pharmacologic methods. Physicians must inform pregnant women of the risks and benefits of NRT in relation to cigarette smoking. As with all drugs used by pregnant women, NRT use during pregnancy should be closely monitored by a health professional.

What Can Health Professionals Do?

Barriers and opportunities

Many health professionals see barriers to helping women quit smoking. Often organizational factors stop them from delivering smoking cessation messages and from supporting and counselling women around cessation. Other barriers health professionals face include:

- ✧ Smoking cessation is not a priority for the patient.
- ✧ Cultural differences between themselves and the patient.
- ✧ Communication difficulties.
- ✧ Lack of knowledge and perceived competence about prevention/intervention guidelines.
- ✧ Lack of training.
- ✧ Lack of resources.
- ✧ Lack of time.
- ✧ Lack of compensation.
- ✧ Not a priority for the provider.
- ✧ Belief that cessation counselling is not part of their role.

Harm reduction strategies for pregnant women who smoke

- ✧ Reduce the number of cigarettes smoked.
- ✧ Stop smoking for brief periods at any point in pregnancy (but especially during the third trimester when the fetus responds most negatively to nicotine) and around delivery.
- ✧ Reduce exposure to second-hand smoke.
- ✧ Encourage support of partners and family members around reducing and quitting smoking.

Despite these barriers, there are good opportunities for health professionals to support smoking cessation with disadvantaged women and others. Evidence shows that brief interventions from health professionals, including those in primary care settings, can increase rates of smoking cessation. Reducing smoking requires a comprehensive approach to tobacco control that includes prevention through to treatment, and other strategies such as smoke-free policies and taxation. Interventions by health professionals are one of the strategies within this comprehensive approach, and they are both important and effective. Health professionals are in a unique position to talk to all women who smoke about the benefits of quitting, including both those who would like to quit, as well as those who do not intend to quit.

Values Check

As a health professional, it is important to examine your own assumptions around smoking and the different clients that you work with. We all make certain assumptions about people, based on their characteristics and behaviours, and we are not always aware that we are doing this. Following are some principles to consider as you support women living on low incomes in their efforts to stop smoking.

- ✧ Understand that women are not a homogeneous group, but differ along age, class, status, religious and cultural lines.
- ✧ Respect the validity of women's own beliefs and experiences of health and illness.
- ✧ Be patient-centred. Avoid making assumptions about gender or sexual identity or about sexual/health behaviours. Let the patient tell you about herself and her issues.
- ✧ Take thorough histories, using inclusive language. Be non-judgmental in response to the information that the patient gives you.
- ✧ Ask open-ended questions to solicit information about psycho-social stressors and supports. This demonstrates sensitivity and a holistic approach to health.
- ✧ Screen for, address and treat patient concerns linked to mental health and substance use.
- ✧ Recognize the impact that societal oppression has on these health issues.
- ✧ Screen for, address and treat concerns related to abuse and violence, whether domestic, sexual or bias-related.
- ✧ Make referrals with sensitivity. If your patient has trusted you, keep this in mind when referring to other practitioners. Try to refer to providers who are sensitive to issues of diversity.
- ✧ Let your patients know you care about diversity. Some health care providers have found that having magazines on lesbian issues in their waiting rooms or displaying a policy statement has helped lesbian patients to feel welcome.

"If we do not like how our clients or our communities are acting, we need to change our behaviour."

– J. Prochaska

- ✧ Personalize the discussions based on the woman's health, social history, and family history.
- ✧ Consider the patient's preferences, values, and key concerns (e.g., family members' experiences, concern about breast cancer, etc.).
- ✧ Tailor the use of materials to the needs and wants of the woman. For example, some patients may want to read key scientific studies while others may prefer concise booklets that briefly summarize relevant information. Consider using high-quality decision-making tools and educational materials and programs to enhance the office visit counselling session.
- ✧ Make an effort to address all of the patient's questions, including those about therapies you would not recommend. Treat the woman's questions respectfully, even if her facts or sources are not ones you endorse.

Adult Learning Principles

Adult education involves a two-way sharing of information between the health professional and the woman, or the facilitator and the participants in the group. Adults are independent and self-directed, and goal oriented. They need to connect learning to their existing knowledge and experience and learn things that can be applied to their work or other areas of their life. Health professionals and facilitators should consider questions around the following for individuals:

- ✧ What the woman would like to talk about regarding her smoking behaviour.
- ✧ What the woman already knows about smoking including the health effects of smoking and the benefits of quitting.
- ✧ What the woman's goals are, e.g., to cut down or quit smoking.

As with all learners, adult learners should be treated with respect. Facilitators, health professionals and others working with women around smoking cessation should:

- ✧ Treat them as equals.
- ✧ Allow them to voice their opinions freely.
- ✧ Avoid using jargon and explain terms they do not understand without talking down to them.
- ✧ Validate their contributions and knowledge.
- ✧ Provide opportunities for them to provide input.

In general, be flexible around your approach and be open and listen so you can respond to the woman's needs and priorities.

Woman-Centred Approach

Health professionals who work with women around smoking reduction or cessation should use an approach that is sensitive to the needs and perspectives of women. A woman-centred approach is one that:

- ✧ Respects women's dignity and provides a safe environment for change.
- ✧ Addresses smoking in the context of women's lives.
- ✧ Facilitates women gaining a sense of empowerment, positive self-esteem and control over their lives.
- ✧ Provides ways for women and girls to tell their stories, express their needs and support each other.
- ✧ Actively involves women in the decision-making.
- ✧ Is accessible – is low or no cost, has transportation and childcare available, is conveniently located and offered at a convenient time, and offers all information and resources in clear language.
- ✧ Acknowledges the importance of partners, family members (including children) and friends in the decision to smoke or not, and encourages partner involvement and buddy systems.
- ✧ Recognizes and celebrates women's diversity in race, ethnicity, sexual orientation, abilities, income level and age, and takes cultural differences into consideration.
- ✧ Addresses smoking reduction and cessation, as well as a broader harm reduction approach (e.g., protecting others from the effects of second-hand smoke, improving nutrition, protection from family violence, increasing physical activity).

Appendix A

Resources

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Health Canada

Health Canada offers a range of bilingual smoking cessation and other health promotion resources which are available online at www.gosmokefree.ca. Hard copies can also be ordered through the website or by calling 1-800 O-Canada.

www.gosmokefree.ca – This Health Canada website contains comprehensive tobacco information including health effects of smoking and second-hand smoke, quit resources, Canadian smoking trend data, and information on the tobacco industry. Resources for professionals and the general public are available, including specific resources for youth.

On the Road to Quitting – This guide for smokers who want to quit is available in booklet form and online. It includes information about nicotine addiction, the health benefits of quitting smoking, and dealing with stress, and it outlines practical steps for quitting. Strategies for dealing with relapses, slips, cravings and recovery are also outlined. It is available online at www.gosmokefree.ca.

Make Your Home and Car Smoke-Free: A Guide to Protecting Your Family from Second-Hand Smoke. Includes information about second-hand smoke and practical steps for making your car and home smoke-free. It is available online at www.gosmokefree.ca or call 1-800 O-Canada.

Canada's Guide to Healthy Eating – To order call (613) 954-5995 or order it online at http://www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/order_form_e.html.

Canada's Guide to Healthy Eating and Physical Activity – To order call (613) 954-5995 or email info@hc-sc.gc.ca or order a copy online or download a copy online at www.eatwellbeactive.gc.ca.

Inventory of Canadian Tobacco Cessation Programs and Resources – This guide is designed for people interested in starting a tobacco use cessation program in their community, increasing the effectiveness of an existing program, or looking for reassurance that the program they are using is on the right track. The goal of the guide is to provide those interested in planning and implementing a program with a solid foundation on which to build. It should also be a useful reference for those wishing to refer or give guidance to a patient or client. It is available online at www.gosmokefree.ca.

Getting Smoke-Free: An Information Kit for Community Organizations Working With Women – This is a resource on smoking reduction and cessation designed with women in mind. It provides facts, figures and program suggestions on a range of topics related to women’s smoking behaviour, from why women smoke and the health risks they face, to what makes a successful reduction/cessation program and where to get more information. It includes resource material both for providers and the women who are their clients. It is available online at www.gosmokefree.ca.

Tobacco: The role of Health Professionals in Smoking Cessation Joint Statement – Nine health care professional associations have joined together to highlight the key role that they can play in assisting smokers to quit smoking and stay smoke-free. This joint statement provides health care professionals and associations with a series of guiding principles and valuable tips on how they can best assist their patients/clients stop smoking. It is available online at www.gosmokefree.ca.

Smoke-free Public Places: You Can Get There – A guide to planning, implementing and evaluating municipal non-smoking by-laws. It is available online at www.gosmokefree.ca.

Towards a Healthier Workplace: A Guidebook on Tobacco Control Policies – This guidebook outlines the importance of workplace tobacco control policies and the practical steps for implementing them with case stories from workplaces across the country illustrating concrete examples. It also includes practical tools for employers and handouts for employees. It is available online at www.gosmokefree.ca.

Canadian Tobacco Use Monitoring Survey (CTUMS). A national survey of over 20,000 Canadians, it is designed to provide timely, reliable and continual federal and provincial access to important information related to tobacco use in Canada, especially for populations most at risk for taking up smoking, such as 15 to 24 year olds. Since February 1999, CTUMS has provided six-monthly and yearly data on changes in smoking status and amount smoked, both nationally and provincially. CTUMS is conducted by Statistics Canada on behalf of Health Canada. CTUMS is available at www.gosmokefree.ca/ctums.

Quit4Life – This resource is designed to help Canadians between the ages of 12 and 18 quit smoking, including those who smoke occasionally. Using a four-step plan the program helps build motivation and confidence and outlines tips for dealing with roadblocks and stress. It is available online at www.quit4life.ca or as a booklet.

Public Health Agency of Canada (PHAC)

Canada’s Physical Activity Guide to Healthy Active Living – To order call 1-888-334-9769 or download it at www.paguide.com.

Canadian Health Network – Available online at <http://www.canadian-health-network.ca>, The Canadian Health Network includes information from PHAC and major health organizations across the country on a variety of topics including tobacco, active living, and nutrition.

First Nations and Inuit Health Branch

Contact the First Nations and Inuit Health Branch of Health Canada or visit the website at http://www.hc-sc.gc.ca/fnihb/bpm/prc/prc_orderform.htm for the following resources for Aboriginal women.

Holding Your Own – This video includes strategies during pregnancy and motherhood to stop smoking. 1998, 24:00

Protecting Our Families – Resource manual on the non-traditional use of Tobacco in First Nations and Inuit communities developed by the National Indian & Inuit Community Health Representatives Organization, which provides a variety of workshop ideas.

Helping You Quit: A Smoking Cessation Guide for Aboriginal Women in Canada –

Produced by the Native Women's Association of Canada, this is a smoking cessation prototype which was developed to meet the specific needs of the aboriginal female population.

Canadian Public Health Association

The Canadian Public Health Association (CPHA) distributes resources on a variety of public health issues including tobacco control. To view the available resources go to www.cpha.ca/hrc or email hrc@cpha.ca or call (613) 725-3769 for more information. Following is a list of some of the resources offered by CPHA. Many resources are also available in French. A fee usually applies. Some available resources include:

How Not to Smoke – is a self-help program for women including a booklet and video. The approach is personal and empathetic and speaks directly to women, using real women who have quit smoking to relay their stories. It guides those who are ready through the quitting smoking process, helping women “learn how not to smoke.” Divided into eight sections, women are encouraged to: identify why they smoke and reasons for quitting, choose a quit day, be aware of triggers and prepare for quit day. Developed by the Council for a Tobacco-free Metro Toronto.

A Way Out: Women with disabilities and smoking – A resource designed with a personal approach to changing smoking patterns. A workbook that includes tips and can be used alone or in a group. Health Canada, 1997

Nicotine and Public Health – A panel of tobacco research experts from Canada and the U.S. explored in depth various methods of reducing the medical risks associated with the hazardous delivery systems of nicotine over four years. This volume resulted from their project, and provides an appraisal of the potential for harm reduction using alternative nicotine delivery systems and the overall impact of these alternatives on public health. All substance abuse researchers, policymakers, public health educators, community health practitioners and public health researchers will find this text useful for decision-making in their occupations. American Public Health Association, 2000

Smoke and Mirrors: The Canadian Tobacco War – Smoke and Mirrors provides an insider's view of the Canadian tobacco war, a century-old conflict that began to escalate in the 1980s. It explains how Canada

emerged as a global leader in the public health crusade to regulate the powerful tobacco industry and describes in fascinating detail the bitter campaigns to maintain high tobacco taxes, ban tobacco advertising, eliminate tobacco sponsorships, require plain packaging, mandate clear health warnings, and prohibit smoking in public places and workplaces. *International Development Research Centre, 1996.* www.smokeandmirrors.ca

Tobacco Atlas (The) – Tobacco kills 560 people every hour or 13,400 people per day or 4.9 million people per annum. This death and disease toll spares no nations and no people. WHO's new Tobacco Atlas presents a visual view of this galloping worldwide epidemic. The Atlas provides detailed data from countries on the differences and similarities of the global tobacco control struggle. The comparative data shows that action - or inaction - of one country can affect the work of another. "The Tobacco Atlas highlights, in an educational and creative fashion, diverse features of this important global epidemic," said Dr. Gro Harlem Brundtland, Director-General, World Health Organization " Its simple presentation of complex epidemiological and statistical information allows everybody to understand the facts and use them effectively." World Health Organization, 2002

You Are The Target Big Tobacco: Lies, Scams – Now the Truth – This book is directed to youth and aims to counter the tobacco industry's mandate to recruit young people. It provides resource material for classroom curriculums aimed at students 12 years and older. Students complete 5 hours of classroom lesson plans and become Tobacco Awareness Peer Mentors, who visit elementary school pupils to talk about tobacco "trickery". The book covers many aspects of the tobacco industry's fraud and deception that has perpetuated the public worldwide over the last 50 years. Georgina Lovell, Chryan Communications, 2002.
<http://you-are-the-target.com>

Easy Does It! – A health communication training package, including a Training manual, Face to Face video, CD-ROM version and Working with low-literacy seniors. CPHA

Provincial Quit-Lines

Quit-lines offer support for smokers who want to quit, may be thinking of quitting, have quit and need support, or enjoy smoking and do not want to stop. Trained cessation specialists can help them develop a structured plan to quit, answer their questions and refer them to other smoking cessation services in their community. They can also provide support for family and friends who want to help a smoker. Self-help materials can be ordered through quit-lines and there is no charge to use quit-line counselling services.

- ✧ Newfoundland and Labrador residents – 1-800-363-5864
- ✧ New Brunswick and Nova Scotia residents – 1-877-513-5333
- ✧ Prince Edward Island residents – 1-888-818-6300
- ✧ Quebec residents – 1-866-j'arrête (527-7383)
- ✧ Ontario residents – 1-877-513-5333
- ✧ Manitoba and Saskatchewan residents – 1-877-513-5333
- ✧ Alberta residents – 1-866-332-2322
- ✧ British Columbia residents – 1-877-455-2233
- ✧ Yukon residents – 1-800-661-0408 local 8393
- ✧ Nunavut residents – 1-866-877-3845
- ✧ Residents of the Northwest Territories should contact their local public health unit.

National and Other Organizations

For further information and resources on smoking cessation please contact any of the following:

Canadian Cancer Society

Tel: 1-877-513-5333

Email: ccs@cancer.ca

Website: www.cancer.ca

Non-Smokers' Rights Association

Tel: 613-230-4211

Email: ottawa@nsra-adnf.ca

Website: www.nsra-adnf.ca

Canadian Lung Association

Tel: 613-569-6411

Email: info@lung.ca

Website: www.lung.ca

Ontario Tobacco Research Unit

Tel: 416-595-6888

Email: otru@camh.net

Website: www.camh.net/otru/

Heart and Stroke Foundation of Canada

Tel: 613-569-4361

Website: www.heartandstroke.ca

Physicians for a Smoke-Free Canada

Tel: 613-233-4878

Email: ccallard@smoke-free.ca

Website: www.smoke-free.ca

National Clearinghouse on Tobacco and Health

Tel: 613-567-3050 or toll-free: 1-800-267-5234

Email: info-services@cctc.ca

Website: www.cctc.ca

Conseil québécois sur le tabac et la santé

Tel: 514-948-5317

Email: info@cqts.qc.ca

Website: www.cqts.qc.ca

Resources are also available by through local public health departments, public health authorities or public health units. Provincial governments and other provincial organizations also offer tobacco cessation resources and support.

Other Resources

Healthy Measures website provides information for women and health professionals around healthy eating and physical activity at www.healthymeasures.ca.

Y2Quit is a programme launched by Canadian health agencies to provide information to Canadian physicians on current issues regarding smoking and their patients' help. Y2Quit is a collaboration of the College of Family Physicians of Canada, Health Canada, the Canadian Council for Tobacco Control, and Physicians for a Smoke-Free Canada. Available at <http://www.smoke-free.ca/Y2Quit/>

Updates of provincial legislation and bylaws. A compendium of 100 percent smoke-free municipal by-laws and a summary of provincial and territorial smoke-free legislation, regulation or policy. Available at the Non-Smokers' Rights Associations website at <http://www.nsra-adnf.ca>.

Integrating Smoking Cessation into Daily Nursing Practice, Nursing Best Practice Guidelines from the Registered Nurses Association of Ontario. Available at www.rnao.org/bestpractices

How to Treat your Patient's Tobacco Addiction. Smoking Cessation Guidelines. Department of Family and Community Medicine, University of Toronto, 2000. Toronto, Ontario: A Pegasus Healthcare International Publication.

BC Doctors' Stop-Smoking Program from the Society for Clinical Preventive Health Care. Available at www.bcdssp.com.

Clinical Practice Guideline: Treating Tobacco Use and Dependence. U.S. Department of Health and Human Services Public Health Service (2000). Office of the Surgeon General. www.surgeongeneral.gov/tobacco/treating_tobacco_use.pdf

The **Approaching Smoking in Pregnancy** program was designed for obstetricians, family physicians, nurses, midwives and other health professionals to assist women who smoke during pregnancy to quit or reduce smoking. Toronto: College of Family Physicians of Canada (1997).

Appendix B

Sources and References

Following is a list of the key resources that were used to create this resource. They are presented according to topic area for ease of reference.

Women Living in Disadvantaged Circumstances and Smoking	1-27
Information for Health Professionals and Others Who Work With Women around Cessation (including specific sub-populations)	1-28
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Nicotine Replacement Therapy	1-33
Legislation and Bylaws	1-33
Smoking, Nutrition and Healthy Weights	1-34
Smoking and Physical Activity	1-36

Women Living in Disadvantaged Circumstances and Smoking

Best Start: Ontario's Maternal, Newborn and Early Child Development Resource Centre (date unknown)
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