

# Puyu Wiya

## Tobacco Brief Intervention Program



# Session 1



**WHY IS TOBACCO A PROBLEM  
AND WHAT CAN WE DO ABOUT IT?**

# Aim of workshop



To equip Aboriginal Health workers to do brief tobacco intervention and to provide ongoing support.

# Indigenous tobacco control project

- Events sponsorship program
- Smoke-free workplace policy guide
- Group smoking cessation program
- Brief intervention smoking cessation program
- Aboriginal Health Worker training

# Why is tobacco a problem (I)?

Smoking is a major contributor to:

- heart disease
- respiratory problems
- diabetes complications
- low birth weight

(United States Surgeon General. 2004)

# Why is tobacco a problem (2)?

**Smoking is the largest risk factor contributing to death rates.**

**Smoking accounts for 20% of all adult deaths.**

# Why is tobacco a problem (3)?

Main causes of death by Indigenous status 1999-2003

Cause of death	Number of deaths		Proportion of total deaths %	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Diseases of the circulatory system	2016	85,339	27.3	38.2
External causes of mortality	1198	14,480	16.2	6.5
Cancers	1094	65,354	14.8	29.3
Respiratory diseases	637	19,011	8.6	8.5
Diabetes	603	5012	8.2	2.2
Chronic kidney disease	277	3729	3.7	1.7
Subtotal***	5707	192,044	77.3	86.0
Total	7387	223,384	100.0	100.0

(AIHW National Mortality Database reported in the 'Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2005')

# Why is tobacco a problem (4)?

Almost half of Indigenous people who die due to smoking tobacco die before the age of 55 years, compared to about 10% of non-Indigenous deaths.

(Unwin, Thomson & Gracey, 1994)

Percentage of current daily smoking among Aboriginal peoples and Torres Strait Islanders by sex and age group, 2004-2005

	Age group					Total
	18-24	25-34	35-44	45-54	55+	
Males	50	56	57	50	35	51
Females	51	54	54	51	26	49
People	50	55	55	50	30	50

(National Aboriginal and Torres Strait Islander Health Survey 2004-2005)

# Tobacco or alcohol?

- Tobacco causes 82% of drug-caused deaths nationally
- Alcohol causes 16% of drug-caused deaths nationally (including road crash fatalities)

(Ridolpho & Stevenson, 2001)

Prevalence of smoking among Aboriginal peoples and Torres Strait Islanders by state and territory, Australia 2004-2005

State/Territory	Current daily smokers (% rounded)
NSW	51
Victoria	50
Queensland	50
South Australia	53
Western Australia	44
Tasmania	50
Northern Territory	54
ACT	41

(National Aboriginal and Torres Strait Islander Health Survey 2004-2005)

# Who do brief intervention?



# What is harm minimisation?



Quit®



# Session 1



**WHO SMOKES AND WHY DO  
PEOPLE SMOKE?**

# History



Some people smoked or chewed native tobacco (pituri or mubbudge).

Some people smoked or chewed native tobacco (pituri or mubbudge)

# Who smokes tobacco?

The NATSIS estimated that 51% of Indigenous males and 49% of Indigenous females were smokers at the time of the 2004-05 survey.

Aboriginal and Torres Strait Islander people living in WA aged 12 -17 who have smoked cigarettes regularly by age and sex.

(WA Aboriginal Child Health Survey, 2002)

Age	12	13	14	15	16	17	Total
	( % rounded)						
Males	12	20	26	41	43	56	31
Females	12	26	39	50	55	60	40
Total	12	23	33	45	49	58	35

# Why smoke?



# Session 1



**WHAT DO HEALTH WORKERS DO NOW?**

# What Health Workers say?

“I know when I go out to give talks on smoking, I know damn well as soon as I walk out the door, I am going to light a cigarette... I wasn't practising what I was preaching.”

(Health Worker, Far North Queensland)

“Remember smokers aren't the problem. Tobacco is the problem. Smokers can be part of the solution even if they can't give up at this time.”

(Dr Reid, New Zealand)

# Session 2



**HOW DOES SMOKING AFFECT HEALTH?**

# What's in cigarettes?



4000 chemicals including:

Tar

Nicotine

Carbon monoxide

hydrogen cyanide

ammonia (household cleaners)

formaldehyde (preserves organs of dead people in morgues)

metals (76 metals including arsenic, cadmium, nickel)

radioactive compounds (polonium-210 and potassium-40)

acetone (nail polish remover)

naphthalene (mothballs)

phenol (disinfectant)

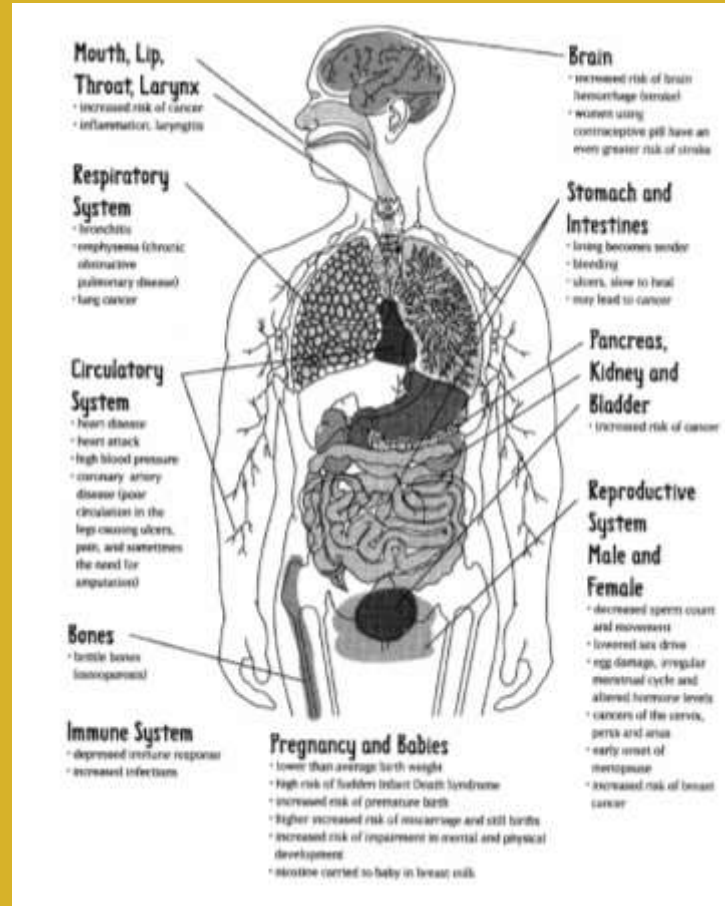
acetic acid (vinegar)

methanol (rocket fuel)

toluene (industrial solvent)

pesticides

# Long term effects



# Effects of passive smoking



# Session 2



**HOW DO PEOPLE FEEL  
ABOUT THEIR SMOKING?**

# Wilfred



“In my early 20s, I went on a health kick and stopped drinking and took up aerobics. At my first aerobics class, I nearly choked and fainted. I thought this has got to be because I am smoking.

I stopped smoking for about a year and a half but couldn't get over the craving for a cigarette. In the end I just decided to pick one up and then I smoked for a few months. Then I gave up again for all the same reasons as the first time. I haven't had a cigarette since then.”

# Isabelle



“I was down at Kmart and because my face is well-known around town, next thing I hear a voice ‘Hi miss’, and I had a cigarette in my hand. Before I said hello I put the cigarette out. The kid said ‘I caught you smoking, I see you’.

Well when I went on maternity leave in December, I decided to set my quit date for then. As well as community’s comments, my baby’s first stages of life and plus my husband doesn’t smoke – all these things were more important than smoking. But I think the main thing was that little kid saying ‘I caught you’. You almost have to hide down the creek or something to have a smoke – it wasn’t worth it!”

# Gloria

“The thing that would make me give up smoking apart from my children and my husband being on my back is I have just seen my cousin in hospital and he has just gone through major heart surgery. Just me going to visit him basically has given me an incentive to give up smoke because I know what can happen if I continue to keep smoking.

This will be my third shot at giving up smoking but each time I have only given up for six to eight weeks. The cravings I get just tend to make me go back to smoking. Six to eight weeks isn't a long time to give up smoking but I know I had more money in my pocket, I did feel better; suffered sinuses and I am an asthmatic.”



# Rita

I'm going to quit and I'm going to start on Monday.



# Hilda

“I smoke about 25 or 30 cigarettes a day – a packet a day. The thing I like about smoking is when you imagine a non-smoker who takes a deep breath like a sigh of relief. Smoking to me is very much similar, it is a release of stress, tension, or depending on what’s happening at the particular time. But to me, I enjoy it. It’s like taking a deep breath in and letting it all out. I relieves a lot of the pressures.”



# Vera



“I’ll quit smoking the day that I die, and they can throw a packet of Winfield Reds down on my casket.”

# Bernard

“It’s a big disgusting’. I’m not really happy about it. It’s one of those things where if you have a few drinks, it’s an automatic thing to smoke. As soon as I step into the bar, I pull out the packet. I haven’t really thought about giving up.

In many ways, I don’t see myself as a smoker.”



# Who'd like to give up?



AHCSA's survey in SA with 33 Aboriginal Health Workers found:

- 40% had thought of quitting, mainly for health reasons
- 30% had seriously tried.

(Kerdel & Brice, 2000)

# Session 3



## MOTIVATIONAL INTERVIEWING – GETTING CLIENTS TO TALK

# What is motivational interviewing?



It aims to explore the doubts (ambivalence) people have about their smoking and to encourage them to talk about their reasons for concern and arguments for change.

# Principles of motivational interviewing?

- The person's smoking is their choice
- The person decides how much of a problem they have
- Try not to argue or confront the person
- Encourage doubts which the person has about their smoking

	Good things	Not so good things
Stay the same		
Change		

# 5 Strategies

- Ask open-ended questions
- Reflective (active listening)
- Encourage doubts
- Give feedback for the person's situation
- Get the **person** to tell **you** why they should change

# 4 steps of brief intervention

- Ask “Do you smoke tobacco? How many?” Listen to their story.
- Ask “How do you feel about smoking?” Assess stage of change.
- Match stage of change to intervention.
- Carry out intervention. Record on client chart.

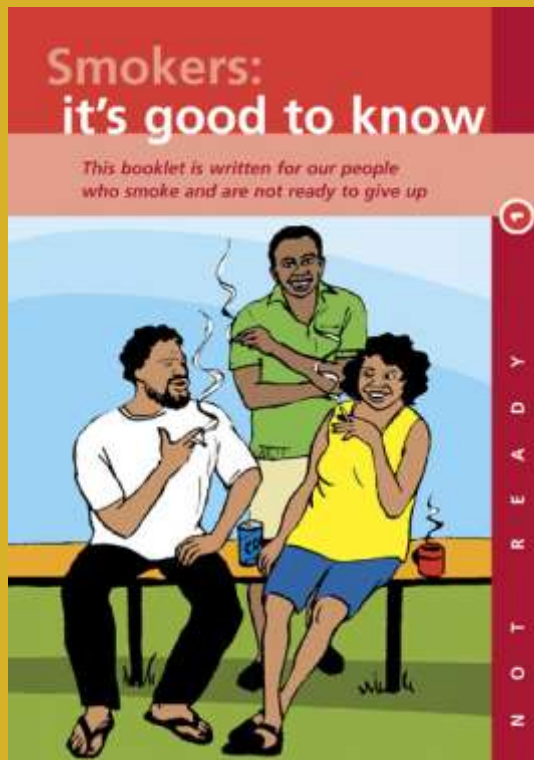


# Session 3



## BRIEF INTERVENTION WITH HAPPY SMOKERS

# Not ready



- Do you smoke tobacco? How many? Listen to their story ...
- How do you feel about your smoking?
- Share health information
- Discuss passive smoking
- Offer help when ready. Don't push it!
- Invite them to return
- Offer pamphlet
- Write stage of change and advice on client record

# Not ready – Progress Notes

## Progress Notes

4.8.00	S: Patient presents with shortness of breath. Worse on exertion. Smoker 25/day. Not ready to change.
9.50	O: Patient looks blue around lips. Laboured breathing.
	A: Temperature, pulse, respiration rate, blood pressure, chest examination, abdominal examination.
	P: discuss with doctor. Give medication. Review this afternoon. Review at next doctor's clinic.
	Advise reduction in cigarette smoking.
	E: review of obs and chest. Look for improvement in condition. Discuss smoking at next visit.

# Session 3



**BRIEF INTERVENTION WITH  
PEOPLE WHO ARE NOT SURE**

# Unsure

1. Do you smoke tobacco? How many? Listen to their story...
2. How do you feel about your smoking?
3. What do you see as the good things about smoking?
4. What do you see as the not so good things?
5. What do you see as the good things about giving up?
6. What do you see as the not so good things?
7. Explore concerns and encourage decision to change
8. Share health information
9. Invite them to return
10. Offer pamphlet
11. Record stage of change and advice on client record



# Session 4



**SUPPORTING PEOPLE WHO HAVE  
DECIDED TO GIVE UP OR CUT DOWN**

# Benefits of giving up

1. Feel better about themselves
2. Better physical health
3. Less sickness and chance of dying from smoking-related diseases
4. More confidence to make other changes
5. Better health for family and community

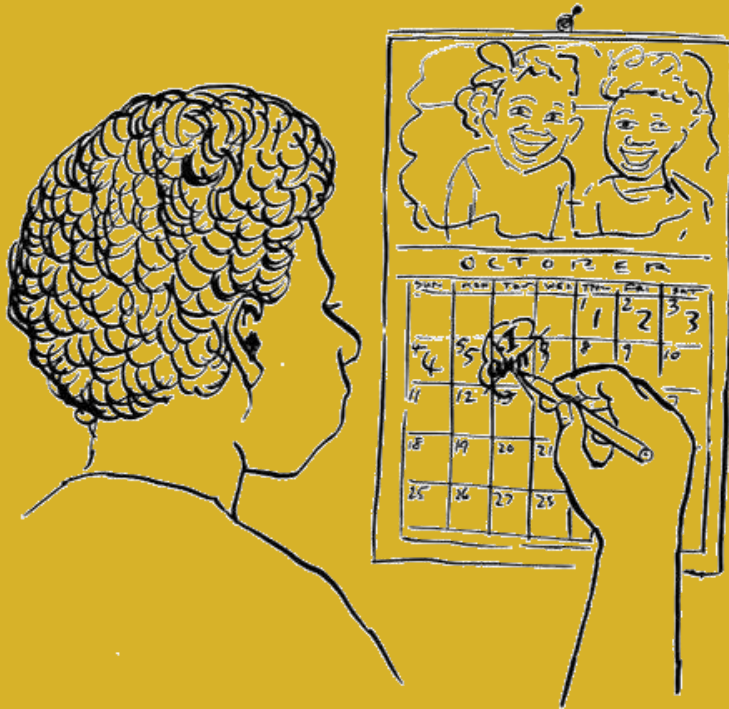


# When you quit

## What happens when you quit?

<b>A few hours after quitting</b>	You might feel like a smoke.	Your heart rate goes back to normal. The poisons (nicotine and carbon monoxide) are leaving your body.
<b>2 days after quitting</b>	You might feel in a bad mood.	Nicotine (the drug) is leaving your body. You can smell and taste better.
<b>A week after quitting</b>	You might cough more or cough up green stuff.	Your lungs are cleaning themselves.
<b>1 month after quitting</b>	You might feel like a smoke. Stay strong – don't smoke!	Your blood pressure may go back to normal.
<b>2 months after quitting</b>	You don't feel like smoking that much now.	Your lungs are getting better – you can breathe more easily.
<b>1 year after quitting</b>	You hardly ever feel like smoking now.	Your chance of getting cancer and heart disease goes down.
<b>10-15 years after quitting</b>	You are a non-smoker.	The risk of dying almost returns to that of people who never smoked.

# How do people give up?



- Cold turkey
- Cutting down
- Help from Health Worker, Nurse or Doctor
- Nicotine patches, lozenge or gum.
- Quit course.

# How to quit or cut down

- Decide to quit or cut down
- Understand your smoking
- Plan ways to deal with quitting or cutting down (triggers)
- Set a quit date
- Decide how to quit/cut down
- Deal with recovery symptoms

# Recommending nicotine replacement therapy or Champix

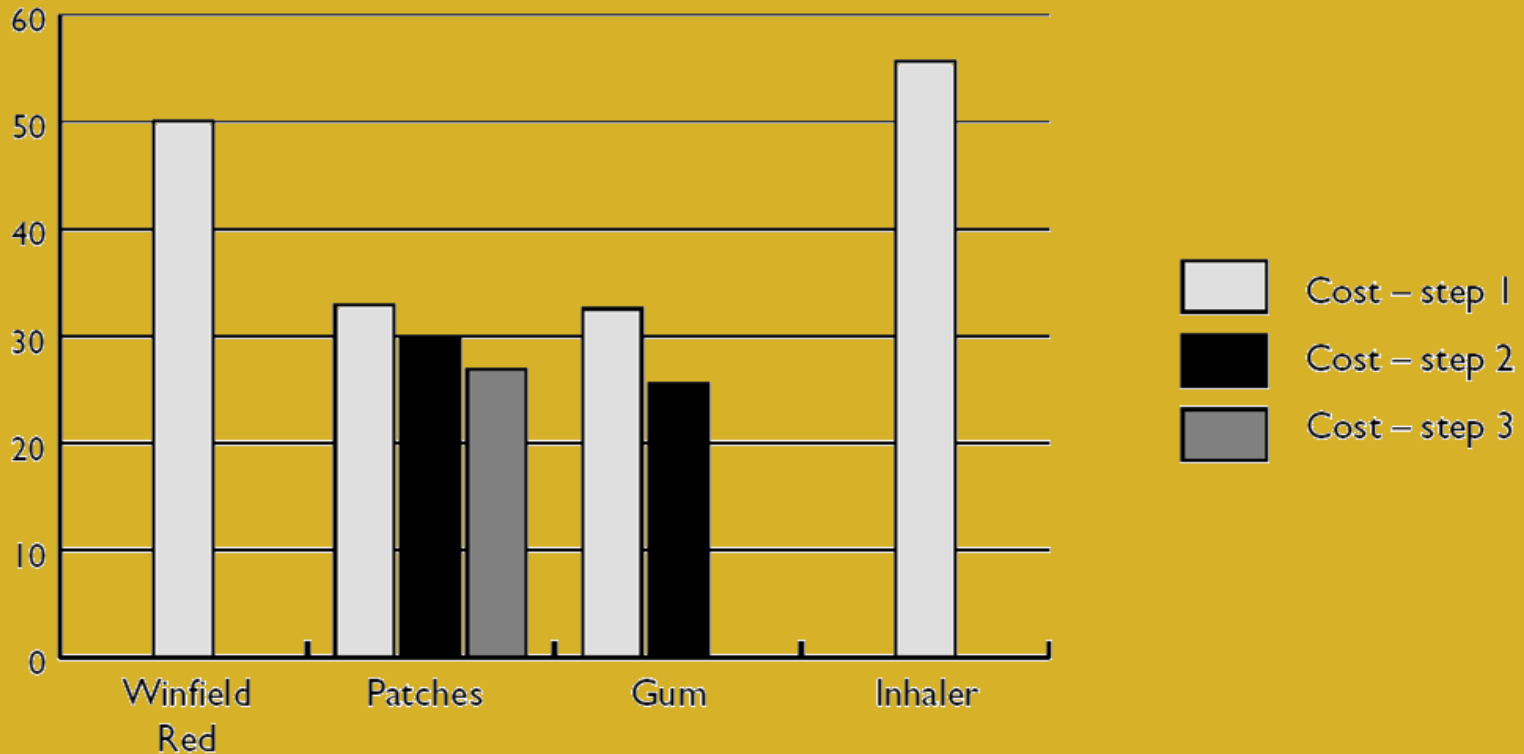


- How many cigarettes does the person smoke?
- How much do they want to quit?
- Do they have health issues which might affect use?
- Advise on use, dose, side effects
- Advise no smoking
- Follow up in 3-5 days

# Precautions with NRT

- Pregnant or trying to get pregnant or breast feeding
- Had a recent heart attack
- Had irregular heartbeat
- Had severe or worsening heart pain
- Has allergies to drugs
- Gets rashes from adhesive tape (patches)
- Has kidney or liver disease
- Has skin diseases
- Has very high blood pressure
- Has stomach ulcers
- Has an overactive thyroid
- Has diabetes requiring insulin

# Cost of smoking and NRT for a week



# What to do about weight gain

- physical activity
- low fat meals
- eat smaller meals more often
- delay dealing with it until confident to remain a non-smoker
- nicotine patches



# Ready



1. Do you smoke tobacco? How many? Listen to their story ...
2. How do you feel about your smoking?
3. What do you see as the good things about giving up?
4. What do you see as the not so good things?
5. Reinforce decision to change
6. Help plan how to quit and set a quit date
7. Review past quit attempts – what helped, what didn't
8. Explore concerns – plan how to deal with them
9. Suggest need for support from family
10. Plan what to do about alcohol
11. Suggest nicotine patches (if appropriate)
12. Invite to return
13. Offer pamphlet
14. Write stage of change and advice on client record

# Session 4



**SUPPORTING PEOPLE WHO  
WANT TO STAY A NON-SMOKER**

# Non-smokers



1. How do you feel about not smoking?
2. What is going well about giving up?
3. What is not going so well?
4. What do you do instead of smoking?
5. How do you avoid triggers?
6. Reinforce changes made – congratulate!
7. Talk about exercise and healthy diet
8. Ask how support is going
9. Offer support – invite to return
10. Refer to quit program or other staff (if appropriate)
11. Offer pamphlet
12. Write stage of change and advice on client record.