SUMMER 2010

Nursing Faculty Education Guide

Tobacco Use and Associated Health Risks

A Companion Teaching Guide for the RNAO Best Practice Guideline
Integrating Smoking Cessation into Daily Nursing Practice

Tobacco Free RNAO

RNAO
Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario

SMOKE FREE ONTARIO

Nursing Faculty Education Guide: Tobacco Use and Associated Health Risks

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Acknowledgements

The Registered Nurses' Association of Ontario acknowledges the following individuals for their contribution in providing valuable feedback during the development of this educational resource.

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Directional Icons

The following table contains icons that are used throughout this Guide. The icons, located in the margins of this document, provide direction to specific information and resources.

Guideline References

References to specific content contained in the RNAO BPG *Integrating Smoking Cessation into Daily Nursing Practice* (RNAO, 2007), including recommendations and guiding principles.

Key Information

Critical information of which each faculty member should be aware.

Web Links

Web sites where educators can obtain additional resources and information.

Lesson Plans

Indicates that the information discussed is incorporated into the lesson plans contained in Section Three.

Notes

Background Information:

Setting the Stage

Background Information: Setting the Stage

The *Nursing Faculty Education Guide: Tobacco Use and Associated Health Risks* is part of the Registered Nurses' Association of Ontario (RNAO) 2007–2010 Smoking Cessation Best Practices Initiative, funded by the Ontario Ministry of Health Promotion. This Guide was developed as a user-friendly companion resource to assist nursing faculty to integrate the RNAO Best Practice Guideline (BPG) *Integrating Smoking Cessation into Daily Nursing Practice* (RNAO, 2007) into the curricula for RN, RPN and NP programs. Faculty should familiarize themselves with the smoking cessation best practice guideline in conjunction with this guide.

This document should also be reviewed and applied based on the specific needs of the learning environment.

In addition to familiarizing yourself with the best practice guideline on smoking cessation, this resource should be used in conjunction with other materials developed by the RNAO Best Practice Guideline Program, including:

- Educator's Resource: Integration of Best Practice Guidelines (RNAO, 2005)
- Toolkit: Implementation of Clinical Best Practice Guidelines (RNAO, 2002b)

Goals and Objectives of the Nursing Faculty Education Guide

Goals

This guide has been developed to:

1. Facilitate the seamless integration of the RNAO Best Practice Guideline *Integrating Smoking Cessation into Daily Nursing Practice* (RNAO, 2007) into nursing education programs, resulting in widespread integration of evidence-based tobacco cessation practices among nurses and nursing students.
2. Reinforce nurses' role in tobacco prevention, protection and cessation.
3. Contribute to the health of Canadians by ensuring that nursing students are equipped with the knowledge of smoking cessation evidence-based practices.

Objectives

This guide's objectives are to:

1. Provide nursing faculty with a teaching outline of basic components that facilitate educating nursing students to use evidence-based practice models of tobacco interventions[G] in nursing, and thus prepare them to fulfill their role in preventing tobacco-related illnesses.
2. Enhance nurse educators' awareness of available educational resources when instructing students about smoking cessation guidelines.
3. Provide information to nurse educators that will facilitate methods of approaching nurses and nursing students who smoke.

4. Assist nursing faculty in preparing nursing students who will incorporate the smoking cessation guideline standard of care into their clinical practice.
5. Provide nursing faculty with information that will assist with helping student nurses become familiar with The Ottawa Model.
6. Encourage faculty leaders to integrate the smoking cessation guideline into nursing curricula.
7. Facilitate linkage of nursing education with on-campus cessation services and tobacco-related peer education programs.
8. Support the integration of smoking cessation services into a variety of clinical practice experiences for student nurses.

Roadmap to Using this Guide

The RNAO *Nursing Faculty Education Guide: Tobacco Use and Associated Health Risks* is divided into six sections, as follows:

Section One: Overview of Tobacco Use and Highlights from the RNAO Smoking Cessation Best Practice Guideline

This section provides a general outline about tobacco use[G] and its effect on the health of individuals and the population as a whole. It includes information about:

- The role of the nursing profession in tobacco use prevention, protection and cessation.
- Best Practice Guidelines for tobacco cessation interventions.
- The status of nursing education around tobacco interventions.
- Nurses and nursing students who smoke.

The purpose of this section is to help educators understand why it is important to incorporate tobacco cessation education into the nursing curriculum.

Section Two: Academic Program Content

This section is an adjunct to the RNAO smoking cessation Best Practice Guideline and provides the essential content and knowledge areas for teaching about:

- tobacco use;
- health effects;
- social determinants of health;
- public policy;
- second-hand smoke[G]; and
- nicotine addiction[G] and treatment.

Included is a full description of the Ottawa Model, developed by the University of Ottawa Heart Institute.

Section Three: Learning Plans

This section provides nine learning plans[G] that can be implemented in a variety of courses, in RN, NP and RPN programs. Specific courses have been combined into 'modules,' which will help faculty determine which learning plans are most suitable for various courses.

The six modules include teaching outlines, as well as information for students to conduct independent, online short courses on tobacco issues and nursing interventions. The learning plans[G] also include suggested options for student clinical placements, whereby students can gain experience in tobacco use prevention and awareness campaigns as well as tobacco dependence and treatment issues.

Section Four: Teaching Tools

This section provides examples of established teaching tools used by nurse educators in a variety of settings, including:

- A knowledge assessment quiz;
- Case studies;
- Self assessment tools;
- Health promotion communication campaign outline; and
- Health assessment for tobacco use and cessation readiness.

Also included is information for faculty to obtain updated statistics, web site links and other tobacco use reduction[G] educational resources.

Section Five: Glossary

Refer to this section for clarification of terms used in this guide. Terms included in the glossary are indicated throughout the document by the superscript [G]

Section Six: Literature Search and References

This section contains a summary of the literature relevant to inform the development of this guide, and is a good resource for teaching and research.

Please note: This list incorporates the reference lists contained in Sections One and Two.

Guideline Recommendation 8.0: All programs should include content about tobacco use, associated health risks and smoking cessation interventions as core concepts in nursing curricula.

Target Audience: Who Can Benefit from the Nursing Faculty Education Guide?

This Guide has been developed for nurse educators[G] who practice in academic settings. It can also be utilized by any nurse who is interested in facilitating learning about the RNAO BPG *Integrating Smoking Cessation into Daily Nursing Practice*. This guide aims to contribute to the integration of tobacco cessation content into nursing curricula and facilitate its application to nursing programs.

How this Guide was Developed

This resource was developed by the RNAO International Affairs and Best Practice Guidelines Program project team, Consultant and Lead Developer, as well as an advisory panel of 12 nurse faculty and student representatives from both academic and practice settings. The development process included a review of relevant literature (see Section 6 for a complete reference list), focus groups, and pilot testing of the teaching resources.

Notes

Section One:

Overview of Tobacco Use and Highlights from the RNAO Smoking Cessation Best Practice Guideline

Section One: Overview of Tobacco Use and Highlights from the RNAO Smoking Cessation Best Practice Guideline

Background Regarding Tobacco Use

The World Health Organization (WHO) identifies tobacco use[G] as the single most preventable cause of morbidity and death in the world today. Tobacco use kills 5.4 million people per year – an average of one person every six seconds – and accounts for one in 10 adult deaths worldwide (World Health Organization [WHO], 2008). In Canada, 47,000 people die annually of smoking-related illnesses. According to a recent Canadian Tobacco Use Monitoring Survey, almost five million Canadians, representing 18 per cent of the population aged 15 years and older, smoke cigarettes (Health Canada, 2008). This is almost one in five people, one in two of whom will die of smoking-related diseases. In Ontario, 13,000 people die each year from tobacco-related illnesses, resulting in:

- $1.6 billion in health-care costs to the Ontario economy;
- At least 500,000 hospital days; and
- $4.4 billion in productivity losses. (Ontario Ministry of Health Promotion, 2008)

Tobacco is a dangerous product that not only causes many chronic diseases, but kills one in two people when used as intended (WHO, 2008). Cigarettes are a drug delivery system, supplying the user with regular doses of nicotine, a highly addictive substance. It is the addiction[G] to nicotine and the discomfort of withdrawal symptoms when abstinent from smoking that keeps people smoking. The smoke emitted from tobacco use is also dangerous, and contains many harmful ingredients of the tobacco such as tar, carbon monoxide and cancer-causing chemicals (U.S. Department of Health and Human Services, 2006). People who have long-term exposure to second-hand smoke[G] are at risk for lung cancer and coronary heart disease. Infants and children are especially vulnerable to second-hand smoke, which can cause asthma, chronic respiratory problems and middle ear infections, and is related to an increased incidence of sudden infant death syndrome (SIDS)[G].

According to the Canadian Cancer Society, smoking is the primary cause of lung cancer, which is the leading cause of death by cancer for both men and for women (Canadian Cancer Society/National Cancer Institute of Canada, 2009). In 2009, 26.3 per cent of cancer mortality for women was caused by lung cancer, with an estimated 9,400 deaths. For men, 28.3 per cent of all cancer mortality was caused by lung cancer, with an estimated 11,200 deaths. Most of these deaths are preventable. Smoking contributes to many other forms of cancer, including pancreatic, stomach, kidney, cervical, esophageal, laryngeal, oral and leukemia (U.S. Department of Health and Human Services, 2004).

Smoking is responsible for 4,000 cardiovascular disease-related deaths annually in Ontario (Ontario Ministry of Health Promotion, 2006). Chronic obstructive pulmonary disease (COPD)[G] is the third leading cause of adult, smoking-related deaths in Canada (Ontario Ministry of Health Promotion, 2006). These statistics raise the issue of tobacco use to a level of primary importance to our health-care system in general, and to health-care providers in particular. The Smoke-Free Ontario strategy

has been implemented to reduce the prevalence of tobacco use through new legislation (Ontario Ministry of Health Promotion) and multi-faceted province-wide campaigns. This has stimulated many Ontarians who smoke to attempt to quit smoking. It is reported that 62 per cent of Canadian adult smokers intend to quit smoking within six months and 32 per cent within 30 days (Health Canada, 2007). In Ontario, 43 per cent of smokers actually made a serious attempt to quit over the course of a year (Adlaf, Ialomiteanu, & Rehm, 2008). This is a significant momentum that needs to be addressed and appropriately responded to by health-care providers, if potential cessation outcomes are to be realized.

The Importance of Including Tobacco Cessation in the Nursing Curriculum

BPG Recommendation 8.0: All programs should include content about tobacco use, associated health risks and smoking cessation interventions as core concepts in nursing curricula.

Nurses are Equipped to Meet the Challenge

Registered Nurses are the largest health-care provider group in the Canadian health system, with more than 274,270 across the country (Canadian Institute for Health Information, 2008). In addition, Registered Practical Nurses (also referred to as Licensed Practical Nurses) represent the second largest regulated health profession in Canada, with approximately 75, 000 across the nation. (Practical Nurses Canada, 2009). According to a 2007 poll, RNs have the highest level of trust with the public (95 per cent) (Leger Marketing, 2004). Based on their respected role as trustworthy health-care professionals, nurses are well-situated to influence and motivate smokers to quit. As a component of general nursing practice, nurses exhibit client-centred, therapeutic relationship skills that can be extended to the care and treatment of clients/patients who smoke and who are addicted to nicotine. In addition, nurses can provide leadership by advocating for the improvement of, and adherence to, smoke-free workplace policies that support smoking cessation. Nurses who understand nicotine addiction[G] are able to support their colleagues in the struggle to become smoke-free by showing tolerance, empathy and understanding. With adequate knowledge and skills to implement tobacco interventions[G], nurses are key players in the strategy to reduce tobacco use[G] in Canada. Integrating smoking cessation best practices in nursing curricula will assist students by helping them understand the importance of their role with smokers and be comfortable with tobacco cessation interventions.

The Importance and Impact of Nursing Interventions

BPG Guiding Principle #6: Nurses are key members of the health-care team and have a unique, credible and powerful position within the team.

A wealth of scientific literature guides the practice for smoking cessation strategies and treatments. This literature includes a growing number of studies and reviews by nurse researchers verifying the efficacy of nursing interventions regarding tobacco cessation. A 2008 review reported that 31 studies comparing nursing intervention with a control or usual care group, found that the intervention significantly increased the likelihood of abstinence from smoking (Rice & Stead, 2008). This effect of nursing interventions was especially relevant for hospitalized clients/patients. An examination of systematic reviews published in the Cochrane Library[G] found that individual counselling by nurses

showed increased quit rates (Lancaster, Stead, Silagy, & Sowden, 2000). An extensive literature search not only confirms the importance of integrating tobacco dependence treatment into nursing education, but also clearly identifies areas for future research on the issue by researchers and graduate nursing students (Schultz, 2003). Schultz identified a number of major organizations – including the World Health Organization (WHO), the International Council of Nurses (ICN) and the Canadian Nurses' Association (CNA) – that recommend nurses engage in protection, prevention and reduction strategies regarding tobacco use[G]. Schultz (2003) concluded that "increasing the number of nurses who possess both the knowledge and skills to assist people in smoking cessation is one means of changing nurses' daily practice to integrate tobacco reduction activities."

Potential Barriers to Tobacco Cessation Nursing Interventions

BPG Guiding Principle #12: Nurses are ideally positioned to provide a leadership role related to smoking cessation at the individual, program and/or policy level.

Studies have been conducted to explore barriers to nursing interventions regarding tobacco use cessation. These identified barriers include (Sarna, Wewers, Brown, Lillington, & Brecht, 2001):

- Lack of client/patient motivation.
- Lack of time.
- Lack of skills in cessation counselling.
- Lack of knowledge regarding how to help clients/patients quit.
- Status of the nurse as a current smoker.

According to Sarna & Bialous (2005), an additional barrier to providing interventions is that, traditionally, tobacco cessation has not been included in many nursing curricula. A study of practice nurses in the U.K. demonstrated that nurses who smoke and those who have little training in cessation assistance were less likely to intervene with clients/patients, while non-smokers and those with more cessation training were more enthusiastic and more likely to perceive such interventions as effective (Hall, Vogt, & Marteau, 2005).

People Want to Quit

Tobacco cessation is important to include in nursing curricula, as there is frequently a readiness to quit among people who smoke. In Ontario, 43 per cent of smokers made a serious attempt to quit over the course of a year (Adlaf et al., 2008). Many of these attempts are made when people have health problems and have accessed the health-care system. Nurses and other health-care professionals are a credible source of information for Canadians and are very likely to encounter smokers when they are having health problems (e.g., respiratory or ear infections, post-stroke and heart attack, cancer diagnoses). These are times during which individuals are highly motivated to quit smoking (CNA, 2001). During this state of readiness, it is important that nurses, nursing students and other health-care professionals take the opportunity to improve their clients'/patients' health. Integration of tobacco use issues and smoking cessation knowledge and skills are essential aspects to nursing education, if nurses are to be prepared to fulfill this role.

The Time is Now

BPG Guiding Principle #7: Nurses are involved with clients at multiple entry points to care. This provides many opportunities to identify smokers and implement smoking cessation interventions.

In order to encourage smoking cessation and to protect the public from second-hand smoke[G], public health agencies have advocated for public policy changes and are mounting communication campaigns to raise awareness about tobacco use[G] issues. A major focus of the Smoke-Free Ontario Strategy is to increase public awareness. This awareness has reinforced the need for smoking cessation services and highlights the importance of equipping health-care professionals to provide assistance to people who are trying to quit smoking.

Of note, approximately 70 per cent more smokers than non-smokers will access the health-care system (Fiore et al., 2008; U.S. Department of Health and Human Services, 2004), and more than 19 per cent of hospitalized clients/patients are smokers (Reid et al., 2007). Smoking cessation involves more than community health promotion and prevention. All nursing professionals must acquire the knowledge and capabilities to care for smokers wherever they are encountered in their practice.

Best Practice Guidelines for Tobacco Cessation Interventions

Key Smoking Cessation Guidelines

In response to the tobacco epidemic, a number of practice guidelines have been developed. The Registered Nurses' Association of Ontario published the *Integrating Smoking Cessation into Daily Nursing Practice* guideline specifically for nurses and other health care professionals (RNAO, 2007). With an emphasis on medical practice, the U.S. Department of Health and Human Services produced the Clinical Practice Guideline *Treating Tobacco Use and Dependence* (Fiore et al., 2008). The integration of these guidelines into evidence-based practice has the potential to reduce the prevalence of tobacco use and thus the morbidity and mortality caused by tobacco. In 2008, the Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment (CAN-ADAPTT) Practice-Based Research Network (PBRN) was established through funding from Health Canada's Federal Tobacco Control Strategy, to develop national clinical practice guidelines and facilitate research and knowledge exchange among health care practitioners, service providers and researchers.

Web link: The Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment (CAN-ADAPTT) http://www.can-adaptt.net/

4As vs. 5As Protocols

Within this guide, two protocols will be referenced based on the above-mentioned guidelines. The RNAO smoking cessation best practice guideline recommends the 4As Protocol: Ask-Advise-Assist-Arrange. This 4As model is recommended for brief interventions that range from one to three minutes in duration.

The U.S. Department of Health and Human Services guideline (Fiore et al., 2008) recommends the 5As Protocol: Ask-Advise-Assess-Assist-Arrange. This 5As model is also used within the Ottawa

Model for hospital or primary care settings. The "Assess" component of the 5As Protocol is recommended for intensive interventions that are longer than 10 minutes in duration (Reid et al., 2007).

Enhancing Nursing Education to Include Tobacco Interventions

Traditional Strategies for Tobacco Use Reduction Education in Nursing Programs

Interventions to help people quit smoking must be evidence-based. With respect to the nursing education milieu, it is crucial that nursing faculty and clinical instructors be aware of the latest evidence and clinical data (Sarna, Bialous, Rice & Wewers, 2009). In fact, during time periods when workload is less demanding, faculty development workshops are recommended to address the curriculum integration of clinical practice guidelines. These workshops should include both classroom faculty (to teach theory) and clinical faculty (to teach guidelines and clinical evidence) (Higuchi, Cragg, Diem, Molnar, & O'Donahue, 2006).

In nursing education programs, tobacco issues are traditionally discussed in community health courses, health promotion courses, pathology courses, or other courses as a project topic option.

This guide provides the templates necessary for a systematic approach to integrating information about tobacco use[G] prevention, protection and cessation into a range of different courses within various nursing programs. Learning plans[G], contained in Section Three of this Guide, facilitate integration of tobacco cessation best practices, either as a specific subject area, or as a thread throughout the curriculum. With more general course integration, nursing students will be better prepared to interact with clients/patients about tobacco cessation, discuss a menu of options for methods of quitting and know where to refer clients/patients for further assistance. Nursing students participating in peer-to-peer education programs for tobacco use prevention may also feel more comfortable talking to other students on college and university campuses.

Innovative Strategies for Tobacco Use Reduction in Nursing Programs

a) Applying Therapeutic Relationship Skills to Assist Smokers

BPG Guiding Principle #10: Nursing students have the right to education about evidence-based practice interventions and strategies for smoking cessation.

Guideline Reference: See BPG, pp. 66–69 for further information on Motivational Interviewing.

Recommendation 4 of the RNAO BPG *Establishing Therapeutic Relationships*, states: "All entry-level nursing programs must include in-depth learning about the therapeutic process, both theoretical process and supervised practice" (RNAO, 2002a). Although this education provides the skills and knowledge to build a relationship with clients/patients, addressing nicotine addiction[G] involves a particular understanding of smokers and effective communication with them. Since smoking may be an issue in any client population, nurses must expand their therapeutic relationship skills to include this issue in all areas of practice. In addition, nurses may require specialized knowledge of strategies for adapting tobacco-use interventions[G] to diverse populations. This background knowledge should include treatments for nicotine addiction[G] and how they may affect other health conditions. Despite strong skills in building client/patient relationships, some nurses may feel

unprepared to counsel individuals who smoke. The integration of health behaviour change theories and counselling techniques (e.g., Motivational Interviewing[G]) into curriculum will assist in easing apprehensions about approaching clients/patients who smoke.

b) Preparing Students for Clinical Placements in a Hospital Environment

As part of the clinical practice component of their academic program, nursing students may be working in the hospital setting. Many hospitals have adopted a Smoke-Free Campus policy that involves nurses providing cessation support to clients/patients who smoke. Support to smokers may mean implementing the hospital-based 5As intervention model, cessation counselling, monitoring side effects of pharmacotherapy or differentiating nicotine withdrawal symptoms from symptoms related to other treatments. Included in Section Two of this Guide are descriptions of the 5As Ottawa Model, as well as information regarding the experiences of students and clinical instructors who have implemented the 5As model.

Nurses and Nursing Students who Smoke

Nurses Who Smoke

Although there is a paucity of research regarding nurses who smoke, according to Rowe and Clarke's extensive review, smoking prevalence among nurses is similar to the general population and, in particular, to women (Rowe & Clark, 2000). In Canada the overall prevalence of smoking is 18 per cent (about 4.9 million Canadians) with smoking rates for women at 16 per cent (Health Canada, 2007). Introducing tobacco cessation into nursing curricula will not only provide nurses with the knowledge and skills they need to assist their clients/patients, but also may potentially reduce the prevalence of smoking among nurses.

In the educational setting, it is essential that nursing faculty be aware that some of their students use tobacco products. It is appropriate to discuss this topic with sensitivity and to provide age-appropriate cessation materials while doing so. The intent of this education is to have nursing students implement tobacco interventions[G] during interactions with clients/patients. Nursing students who smoke may feel uncertain or conflicted about conducting such interventions because of their intimate knowledge and experience with the consequences of smoking. They also have the added responsibilities of providing client/patient education and functioning as a role model for healthy lifestyles. It has been demonstrated that nurses who smoke are less likely to implement tobacco interventions that would assist their clients/patients who smoke (Sarna, Bialous, Rice, & Wewers, 2009; Sarna, Wewers, Brown, Lillington, Brecht, 2001).

According to McCann, Clark and Rowe (2005), nurses' smoking status was the main determinant influencing their attitudes toward tobacco-related health promotion. The results of their research suggest the need for greater consideration in undergraduate education with respect to improving students' appreciation of their responsibility as role models and partners in health promotion. This educational experience should increase the opportunity for students who smoke to access smoking cessation programs. For the nursing profession as a whole and the individual nurse, it is important that nurse educators[G] be prepared to assist nurses and nursing students with smoking cessation.

BPG Guiding Principle #9: Nurses who are currently active smokers have a professional responsibility and can effectively provide smoking cessation interventions.

Young Adult Smoking

As most nursing students are between the ages of 19 to 24 years old, if they use tobacco products, they have a fairly brief smoking history and may identify themselves as "social smokers." Despite feelings of control over their smoking behaviours, social smokers are at risk of becoming regular smokers (Gilpin, White & Pierce, 2005). Research conducted on university students in the U.S. revealed that more than 15 per cent of students who smoked cigarettes when they entered university became regular, daily smokers while completing their schooling (Halperin & Rigotti, 2003). Student smokers have unique patterns of smoking and quitting, which require tailored[G] interventions. Encouraging smoking cessation among nursing students at this time in their lives is crucial, both for their personal health and for their nursing practice.

On-campus Student Smoking Cessation Programs

In Ontario, the Leave The Pack Behind (LTPB)[G] program has been established on every college and university campus. LTPB is a comprehensive tobacco control[G] program for young adults[G] that includes student health services in campus clinics, peer-to-peer programs and activities to advocate for improved campus smoking policies. The campus clinics provide smoking cessation services and support for students who are trying to quit smoking. The LTPB program routinely provides a tailored SmokeǀQuit self-help[G] program to students, in either print or electronic versions. Many campuses also feature LTPB peer-to-peer support provided by a team of trained students operating out of the campus clinic or wellness centre.

LTPB campus-based services are designed to accommodate the needs of occasional or social smokers, as well as the needs of regular or daily smokers who may be addicted to nicotine. Typically, intermittent or occasional smokers have an understanding of their tobacco addiction[G] that is different from the daily smoker. However, they may experience just as much difficulty becoming smoke-free. When nursing faculty teach tobacco-related course content, it is important to present LTPB materials in the classroom and to have some materials available for anyone who asks about cessation programs. In fact, simply making such materials available in the classroom when this topic is being discussed can be a successful approach to providing students with self-help cessation tools.

Tobacco-free Policies in Clinical Practice Settings

In Ontario, smoking is prohibited in enclosed public places or enclosed workplaces, and within nine metres of any entrance to medical facilities. Many hospitals have implemented smoke-free property policies beyond provincial restrictions. Such policies have created new expectations that nurses will integrate smoking cessation best practices into their daily practice to support clients/patients who smoke. Nurses must be prepared to take on these responsibilities in their work environments.

Resources for Nurses and Nursing Students Who Smoke

When addressing the issue of smoking cessation, the following resources are available for nursing students who show an interest in quitting smoking:

- **Smoke|Quit:** Leave The Pack Behind[G] young adult cessation resources; available through campus clinics or online.
  Telephone: 905-688-5550 Ext. 5144
  Email: ltpboffice@brocku.ca
  Web site: www.LeaveThePackBehind.org
- **Tobacco Free Nurses:** A program created with the objectives of helping nurses quit smoking, providing resources to nurses who want to help their clients/patients quit and promoting tobacco control in the agenda of nursing organizations.
  Web site: www.tobaccofreenurses.org
- **Quit Smoking Guides:** One Step at a Time, self-help[G] resources provided through the Canadian Cancer Society.
  Web site: www.cancer.ca

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Section Two:

Academic Program Content

Section Two: Academic Program Content

Information for Teaching about Tobacco Use and Nursing Interventions

Integrating Tobacco Cessation Education Into Nursing Programs

This Nursing Faculty Education Guide is a companion to the RNAO Best Practice Guideline (BPG) *Integrating Smoking Cessation into Daily Nursing Practice* (RNAO, 2007). Information in the BPG will not be repeated in this guide; therefore, the smoking cessation BPG will frequently be referenced.

Education about tobacco use[G] is multi-faceted, and features important components that can fit into most nursing courses. Thus, it can be taught as an independent unit or as a thread that appears strategically as a segment within various courses and clinical practice experiences. In either case, it should be noted that the basic information about tobacco, nicotine addiction[G] and treatment, working with smokers, and the implications of exposure to second-hand smoke[G] must be taught to every nursing student so that they can implement smoking cessation best practices in their practice. It is suggested that the contents of Learning Plans[G] One through Five be taught in nursing curricula (see Section Three). Ensuring that smoking cessation interventions[G] are part of nursing clinical practice experience is also important, to facilitate knowledge translation into practice. The following is information for nurse educators[G] who will be teaching the basics of tobacco use, health risks associated with tobacco use and nicotine dependence treatment.

Overview: Tobacco and Tobacco Use

Tobacco as a Consumer Product

Cigarettes are the dominant form of tobacco used in North America. Also available, however, are cigarette alternatives[G] such as chew tobacco, shisha, cigars and cigarillos.

What is a cigarette?

A cigarette is a highly sophisticated drug delivery system that delivers nicotine to the lungs and the brain within seven seconds each time a smoker inhales. This frequent, small-dose stimulation renders the product highly addictive. Most cigarettes on the market today contain ≥10 mg of nicotine. When inhaling on the cigarette, the average smoker absorbs 1 to 2 mg of nicotine per cigarette. When a cigarette is burned, it releases carbon monoxide, which, when inhaled, adheres to red blood cells in the alveoli faster than oxygen. With a reduction of oxygen in the body, the heart rate increases to compensate.

What is in a cigarette?

- Tobacco
- Carbon monoxide
- Hydrogen cyanide
- Nitrogen oxide
- Ammonia (sub-micron sized particles)
- Nicotine, phenol, polyaromatic hydrocarbons, tobacco specific nitrosamines.
- Tar total particulate matter (nicotine and water)
- Paper
- Filter with titanium oxide accelerant
- Flavours
- Liquid vapour
- Benzene
- Formaldehyde
- Acrolein
- N-nitrosamines
- Non-particulate matter

NB: There are ~50 carcinogens in a cigarette, and there is no known safe exposure limit to many of them.

(Canadian Cancer Society, 2007b)

What is Second-hand Smoke?

Second-hand smoke[G], also called environmental tobacco smoke, is a combination of side stream smoke from the burning of a tobacco product and the smoke exhaled by the smoker. Approximately 67 per cent of the smoke from a burning cigarette is not inhaled by the smoker but, rather, enters into the surrounding environment (Health Canada, 2007). This contaminated air is inhaled by anyone in the area. Common places of exposure are in homes, cars, workplaces and recreational settings. Four thousand chemicals have been identified in second-hand smoke, 50 of which are known carcinogens (United States Environmental Protection Agency, 2000). Following is a list of some of these chemicals:

- Arsenic compounds
- Benzene
- Beryllium compounds
- Cadmium compounds
- Chromium compounds
- Ethylene oxide (chemical to sterilize medical devices)
- Nickel compounds
- Polonium-210 (a radioactive species)
- Vinyl chloride (chemical used in plastics manufacture)

The United States Environmental Protection Agency (1979) and the United States Department of Health and Human Services (2006) have officially labelled second-hand smoke a known human carcinogen. The U.S Environmental Protection Agency has labeled second-hand smoke as a Class A cancer-causing substance (Class A is considered the most dangerous of cancer-causing agents). In Canada, second-hand smoke is the cause of at least 1,000 deaths annually (Health Canada, 2007).

Other Forms of Tobacco

A variety of forms of alternative tobacco products are commonly available. They provide various doses of nicotine and are, therefore, addictive. It must further be stressed that none of them are safe alternatives to cigarettes.

- Chewing tobacco is most frequently used by people involved in sports. It comes in various flavours and is chewed in the mouth, where nicotine is absorbed through the buccal mucosa. Frequent users are subject to cancers of the mouth, gums and face.
- Snus, a new product to North America, is similar to chew or spit tobacco, but is purported by tobacco companies to be a milder alternative to cigarette smoking. Snus is a small pouch of tobacco that is placed between the upper lip and the gum; nicotine is absorbed through the mucosa.
- Shisha, also known as hookah, narg-eelay, hubble-bubble or gooza, is a water pipe with smoke from flavoured, burning tobacco coming through water before being smoked. There is a growing interest in this form of smoking among young adults[G]; in fact, there are dedicated cafés and bars where people congregate to use shisha, making this activity a social affair with the pipe being passed from person to person. There is a belief among users that because the smoke passes through water, it is less harmful (Canadian Tobacco Use Monitoring Survey, 2006); however, research has demonstrated, that shisha is both addictive and harmful (Knishkowy & Amitai, 2005).
- Better-known cigarette alternatives are cigars and cigarillos. They are stronger than cigarettes, are very addictive, and expose the smoker to a concentration of tobacco smoke and carcinogens. Cigarillos are not subject to the same commercial marketing regulations as cigarettes, so they are sold in small packages or singly, and are often candy-flavoured, making them an appealing and affordable option for children and youth. At the time of publication, legislative changes are underway to make it illegal for flavoured cigarettes, cigarillos and blunt wraps to be sold in the retail market. This national law, Bill C-32, is scheduled to be implemented in July 2010.

What Effect Does Nicotine Have on the Body?

Since nicotine was first identified in the early 1800s, it has been studied extensively and shown to have a number of complex, and sometimes unpredictable, effects on the brain and body. The average smoker takes in 1 to 2 mg of nicotine per cigarette. Each puff provides a 'hit' or 'kick' caused by the release of adrenaline from the adrenal glands. Someone who smokes one pack of cigarettes per day experiences about 200 'hits' a day. The adrenaline released stimulates the body and causes a sudden release of glucose, and increases blood pressure, respiration and heart rate. Nicotine suppresses insulin output from the pancreas; thus smokers are often in a hyperglycemic state (National Institute on Drug Abuse [NIDA], 2006).

Recent research has shown how nicotine affects the brain to influence behaviour. Of primary importance to its addictive nature are findings that nicotine activates the brain circuitry that regulates feelings of pleasure. These feelings are created by the neurotransmitter dopamine, and nicotine increases dopamine levels in the reward circuits of the brain (NIDA, 2006). This reward effect is short-lived and addictive.

Detecting the Presence of Nicotine

When present in the body, nicotine can be detected by the presence of a byproduct called cotinine[G] in urine, blood and saliva. To register compliance of abstinence, cotinine is measured either through urine or saliva testing. This chemical validation is commonly done with participants in research studies or in quit smoking contests.

How Does Tobacco Cause Cancer?

There are more than 4,000 chemicals found in tobacco and approximately 50 of them are known carcinogens (World Health Organization [WHO], 2008; United States Department of Health and Human Services, 2004). The tar residue in the tobacco enters the lungs and remains there as long as the person continues to smoke. This is one major cause of lung cancer. The morning cough that many smokers experience is related to the re-activation of the cilia in the lungs and a cleaning process beginning to work. However, this cleaning process shuts down again when the smoker resumes smoking each day. Thus, the tar and toxic substances remain in the lungs. Many of these toxins come from the high amounts of fertilizers that are added to the soil to grow tobacco; others are added by tobacco manufacturers to keep the cigarette from extinguishing, to enhance the nicotine molecule (ammonia), or for flavour to camouflage tobacco's bitter taste.

Regulating Tobacco: Global, National, Provincial and Local Tobacco Control Policies

Tobacco control[G] policies are commonly based on global policies initiated by the World Health Organization. This section discusses global tobacco control policies and how they relate to national, provincial and local policies.

Tobacco Control

Tobacco control involves the comprehensive management of tobacco-related issues so that an environment encourages a smoke-free lifestyle through prevention of smoking initiation, protection from second-hand smoke[G] and facilitation of smoking cessation. This applies to communities at large and micro-communities such as health-care facilities, post-secondary institutions and workplaces.

Global Tobacco Control

On a global scale, the World Health Organization (WHO) developed the International Framework Convention on Tobacco Control to encourage countries to set legislation that:

a) controls tobacco companies' operations within their borders;
b) educates smokers about health risks; and
c) protects people from second-hand smoke.

In addition to this convention, the WHO has also issued a detailed report, entitled WHO Report on the Global Tobacco Epidemic, 2008 (World Health Organization [WHO], 2008), which includes the MPOWER Policy Package. The six MPOWER policies provide guidelines for worldwide reduction of tobacco use. They are:

- Monitor tobacco use and prevention policies
- Protect people from tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco

National Tobacco Control

Although Canada's provincial and territorial governments receive tax revenue from the sale of tobacco, large sums of money are spent on health-care costs, and governments are motivated to reduce these costs. In 2001, at the national level, Health Canada approved the Federal Tobacco Control Strategy : A Framework for Action (Health Canada, 2009c). The legislation for this strategy was revised in 2007, and the current goal is to reduce overall smoking prevalence from 19 per cent (2006 rate) to 12 per cent (by 2011). The new objectives are to:

- reduce the prevalence of Canadian youth (ages 15 to 17) who smoke from 15 per cent to nine per cent;
- increase the number of adult Canadians who quit smoking by 1.5 million;
- reduce the prevalence of Canadians exposed daily to second-hand smoke[G] from 28 per cent to 20 per cent;
- examine the next generation of tobacco control policy in Canada;
- contribute to the global implementation of WHO's Framework Convention on Tobacco Control; and
- monitor and assess contraband tobacco activities, and enhance compliance.

The federal government regulates certain aspects of the sale of tobacco, including the requirement for health messages on tobacco products, importation of tobacco products, and the control of advertising and sponsorship by tobacco companies. The latest initiative to protect Canadians is to oblige tobacco companies to list more of cigarettes' toxic ingredients on the packages (see Table 1.)

Table 1. Information Required on Cigarette Packages

Ingredient	Emission levels for a cigarette sold in Canada	
	Previous	Current*
Tar	8 mg	8–29 mg
Nicotine	1 mg	1–2.6 mg
Carbon monoxide	9 mg	9–27 mg
Formaldehyde	n/a	0.035–0.13 mg
Hydrogen cyanide	n/a	0.073–0.25 mg
Benzene	n/a	0.034–0.08 mg

* Providing a low and high range for emission levels of these toxic chemicals is reflective of how people smoke differently and provides a better idea of the range of toxic chemicals to which people are exposed to when smoking. The best way to reduce the potential health risks associated with these toxic chemicals is to quit!

(Health Canada, 2009b)

Provincial Tobacco Control

Each province has jurisdiction over tobacco products and their regulation. Ontario's Smoke-Free Ontario (SFO) tobacco control strategy is administered through the Ministry of Health Promotion under the Chronic Disease Prevention division. The SFO's Tobacco Control Act legislation regulates smoking in public places and workplaces and the conditions of sale of tobacco products, prohibits the sale of tobacco to people under age 19, protects children from second-hand smoke[G] when in daycare programs, restricts smoking in and around health-care facilities and bans the use of point-of-sale advertising such as retail power walls (Ministry of Health Promotion, 2006).

In 2009, the province of Ontario passed legislation banning smoking in vehicles when children under age 16 are present. The SFO supports awareness and prevention programs through public health programs (i.e., high school programs) and monitoring access of minors to tobacco products, as well as through cessation programs such as:

- Smokers' Helpline[G];
- Leave The Pack Behind[G], a province-wide campus program directed toward post-secondary students;
- The Driven to Quit Challenge[G], a provincial cessation contest;
- The Stop Smoking Treatment for Ontario Patients [STOP] study, a research study examining the effectiveness of providing free Nicotine Replacement Therapy[G] to smokers;
- The Training Enhancement in Applied Cessation Counselling and Health [TEACH][G], a certified training course for health-care professionals.

At the local level, within the boundaries of the Municipal Act, municipalities may pass bylaws that regulate other aspects of tobacco use[G], such as smoking in outdoor recreational settings. Table 2 outlines the municipal smoking bylaw currently enforced in Woodstock, Ontario.

Table 2: Municipal Smoking Bylaws in Woodstock, Ontario

The 2008 Woodstock Ontario Municipal Smoking Bylaw prohibits the following:

- Smoking or holding a lit tobacco within 30 metres of playground equipment in city parks;
- Smoking or holding lit tobacco within 15 metres of a recreational field when the field is in use;
- Smoking within nine metres of the door(s) to a municipal building;
- Smoking within any downtown sidewalk cafe;
- Smoking within four metres of a city bus stop or shelter; and
- Smoking within the boundaries of a designated community event, such as Cowapalooza.

(City of Woodstock, 2008)

The common rule with respect to federal vs. provincial legislation is that the most restrictive measure prevails. For example, federal legislation allows cigarettes to be purchased by people aged 18 years and older, but Ontario's provincial legislation requires that people must be 19 years of age and must show proper identification when purchasing cigarettes. Thus, the Ontario provincial legislation prevails over the federal legislation.

Institutional Smoking Policies

In addition to governmental regulation, institutions may have internal policies related to smoking, such as restricting where people may smoke on the property. These institutional polices may be more restrictive than government regulations, as evidenced by hospitals that are completely smoke-free, or universities that have smoke-free residences. Sometimes it can be difficult to convince governing authorities to make smoking policies more restrictive because they may feel such policies are "anti-smoker". In fact, many smokers will mention that 'no smoking' policies help them to quit smoking or limit smoking during their work hours, thus decreasing the amount they smoke. Smoke-free environments help to stimulate smokers' motivation to quit and, indeed, can facilitate quitting by avoiding triggers to resume smoking. It is helpful for health-care professionals to frame the issue of smoke-free environments this way when advocating for more stringent smoking policies.

Advocacy

Nurses often have the opportunity to participate in the development of smoking policies by participating on a policy committee, volunteering to write articles for internal newsletters, and reminding clients/patients and visitors in health-care settings about smoking regulations. For more information about advocating for healthy public policy regarding tobacco issues, the RNAO has developed the Action on Tobacco Control: Action Kit for RNs (RNAO, 2006). This free resource is available by visiting www.TobaccoFreeRNAO.ca.

Smoking Policies and Smokers

The intended effect of smoking restriction policies is reduced use of cigarettes and eventual quitting. However, most smokers are not ready to quit immediately and may feel marginalized when asked to smoke away from doorways or off a property. As well, people from countries that have less-restrictive smoking policies may not understand or agree with smoking restriction policies. In such cases, it is important to be sensitive to their needs and to politely advise them where they can smoke. Polite guidance will assist these people in a non-threatening manner.

Monitoring Tobacco Use in Canada

Canadian Tobacco Use Monitoring Survey

Health Canada conducts a biannual, nationwide Canadian Tobacco Use Monitoring Survey (CTUMS). Following are data from the 2008 full-year survey (Health Canada, 2008):

- 18 per cent of Canadians (slightly less than five million people) 15 years of age and older are current smokers.
- 20 per cent of males and 17 per cent of females 15 years of age and older smoke.
- 15 per cent of 15- to 19-year-olds (320,000 teenagers) reported smoking (9 per cent on a daily basis)
- 20- to 24-year-olds have the highest smoking rate; 27 per cent of people within this age group smoke (612,000 young adults).
- Average cigarettes smoked per day: 15.5.
- 60 per cent of all smokers reported smoking a product with a 'light' or 'mild' descriptor.
- 9 per cent of children under age 12 (354,888 children) were reported to be regularly exposed to second-hand smoke in the home.

Smoking-related Diseases and Mortality

Health Effects of Tobacco Use

The United States Department of Health and Human Services Surgeon General report (2004) declared that there is sufficient evidence to infer causal effect of smoking on the incidence of cancer, including bladder, cervical, esophageal, kidney, leukemia, lung, oral, pancreatic and stomach. The report also confirms evidence of causal effect for such cardiovascular diseases as abdominal aortic aneurism, subclinical atherosclerosis, stroke and coronary artery disease. The report further confirmed evidence of causal effect for respiratory diseases such as Chronic Obstructive Pulmonary Disease (COPD)[G], pneumonia accompanying COPD, impaired lung growth and asthma symptoms in childhood and adolescence, reduction of lung function in the fetus, and low birth weight and incidence of SIDS in maternal smoking during and after birth. There was also evidence to infer causal relationships with cataracts, adverse surgical outcomes related to wound healing and respiratory complications, hip fractures, low bone density and peptic ulcer disease.

The report concluded (United States Department of Health and Human Services, 2004):

1. Smoking harms nearly every organ of the body, causing many diseases and reducing the general health of smokers.
2. Quitting smoking has both immediate and long-term benefits, including a reduction in risk for diseases caused by smoking and improvement in general health.
3. Smoking cigarettes with lower machine-measured yields of tar and nicotine provides no clear benefit to health.

More Facts on Smoking and Morbidity:

- Tobacco use is the leading, preventable cause of death (WHO, 2008).
- In Ontario, 13,000 deaths annually are attributable to tobacco-related illnesses (Ontario Ministry of Health Promotion, 2006).
- There are more than 1.7 million smokers in Ontario (Ontario Ministry of Health Promotion, 2006).
- Each year, 45,000 Canadians die from smoking (100 infants/year) (Ontario Ministry of Health Promotion, 2006).
- One in five deaths are due to smoking, five times those due to motor vehicle accidents, suicides, other drug abuse, murder and HIV combined (Health Canada, 2008; Ontario Ministry of Health Promotion, 2006).
- Lung cancer is the leading cause of death by cancer for men and women; 20 per cent of smokers develop lung cancer (Canadian Cancer Society/National Cancer Institute of Canada, 2009).
- One in two smokers die from smoking related diseases (WHO, 2008).
- Nineteen per cent of all hospitalized clients/patients are smokers (Reid, Pipe, Quinlan et al, 2007).

Social Determinants of Health and Tobacco Use

Inequalities in health can be affected by various social determinants of health, such as economic status, education, housing, employment or single parenthood. People who live in these circumstances are more prone to using addictive drugs such as tobacco as a way of coping (Health Canada, 2003). Tobacco use[G] leads to both acute and chronic illness, which further contributes to the inequality of health within a disadvantaged social group. The prevalence of tobacco use is a public health issue and can be reduced through evidence-based programming and public policies.

Tobacco use and resulting illnesses such as lung cancer are closely linked with the social determinants of health (Mao, Hu, Ugnat, Semenciw, & Canadian Cancer Registries Epidemiology Research Group, 2001). Social deprivation, whether measured by poor housing, low income, lone parenthood, unemployment or homelessness, is associated with high rates of smoking and low rates of cessation (WHO, 2003). Many studies and surveys have demonstrated clearly that there are higher prevalence rates of tobacco use among lower socioeconomic groups (Sorenen, Barbeau, Hunt, & Emmons, 2004).

Many illnesses are caused by the use of tobacco products, which results in people accessing the health-care system and thus interacting with nurses. When health assessments are performed during such contact, it is important that nurses recognize the myriad factors that contribute to the health status of the person, and whether there are indicators of any of the social determinants of health, i.e., low income, poor nutrition, minimal education, single parenting etc. In such instances, tobacco use may be a compounding factor.

When tobacco is used by a pregnant woman, the health of the fetus is challenged. Infants born of mothers who smoke during pregnancy are at risk for low birth weight, among other complications (Ananth & Platt, 2004). In this case, tobacco use becomes not just a contributing factor but a determinant of health for the infant.

BPG Guiding Principle #7: Nurses are involved with clients at multiple entry points to care. This provides many opportunities to identify persons who smoke and implement smoking cessation interventions.

BPG Guiding Principle #4: Individuals who smoke deserve to be treated with respect, dignity and sensitivity, while receiving smoking cessation interventions.

Nicotine Addiction[G]

Definition of Addiction

The Canadian Society of Addiction Medicine (1999) adopted the following definitions of addiction:

> "Addiction is a primary, chronic disease characterized by impaired control over the use of a psychoactive substance and/or behaviour. Clinically, the manifestations occur along biological, psychological, social and spiritual dimensions. Common features of addiction are: change in mood, relief from negative emotions, provision of pleasure, preoccupation with use of substance(s) or ritualistic behaviour(s); and continued use of substance(s) and/or engagement in behaviour(s) despite adverse physical, psychological and/or social consequences."

Nicotine Dependence

Addiction to Tobacco

Most people who use tobacco on a daily basis meet the criteria of addiction[G]. As blood levels of nicotine decrease, the smoker requires more nicotine, without which, withdrawal symptoms occur. Withdrawal symptoms include irritability, anxiety, restlessness, headache, nausea, coughing, dizziness, insomnia, depression and difficulty concentrating. Dependency on cigarettes also extends to the psychological need to smoke cigarettes regularly; strong cravings can occur during periods of abstinence.

As smokers become established daily smokers, their social contacts at work and in their personal lives are often built around smoking. It is also common for smokers to rationalize continued smoking, despite its negative side effects. They become dependent on having cigarettes readily available and develop regular patterns of smoking, which are often linked to regular daily activities such as driving, talking on the telephone, after meals, and while drinking coffee or alcohol.

General Characteristics of Nicotine Addiction[G]

- People who smoke more than 20 cigarettes per day and have their first cigarette within 30 minutes of waking, have a high nicotine dependence
- Nicotine dependence develops fairly rapidly – often within six months of regular use.
- Nicotine withdrawal syndrome occurs when blood levels fall sharply.
- Severity of dependence depends more on the difficulty the person has in quitting smoking and leading a nicotine-free life, than on the amount and pattern of smoking.
- Like other chronic diseases, it can be progressive, relapsing and fatal.

(Fiore, Jaen, Baker, et al, 2008)

How do Smokers Start Smoking?

Most smokers began smoking before age 18. By age 15, 71 per cent of female smokers aged 20 to 24 had tried smoking cigarettes, vs. 61 per cent of their male counterparts (Wetter, Kenford, Welsch, Smith, Fouladi, Fiore, et al., 2004). This initiation to tobacco products occurred at an age when they were easily influenced by their peers and by images portrayed by tobacco companies through advertising. Although public health prevention programs aimed at high school adolescents have proven beneficial, recent research indicates that a significant number of college students became occasional or daily smokers (Cairney & Lawrance, 2002).

Why do People Continue to Smoke?

If information regarding the dangers of smoking is readily available, why do people continue to smoke? The simplest answer is that they are addicted to nicotine.

Many smokers perceive that some aspects of nicotine are helpful, either to relieve stress or to provide relaxation. Social contexts are also important as many smokers live and socialize only with other smokers. As such, family life, social activities and environmental factors may all be conducive to continuing to smoke. Many smokers mention stress as a reason for continuing to smoke. Women under 30 years of age have been shown to smoke cigarettes when trying to lose weight and other women report weight gain as a major barrier to smoking cessation or as a cause for relapse back to smoking. (Wee, Rigotti, Davis & Phillips, 2001).

Mental health issues, such as stress and depression, are frequently cited by smokers as their reason to continue smoking and to delay trying to quit. Some people self-medicate with nicotine (cigarettes) because it is a psychoactive drug and therefore relieves some of their symptoms. (Zawertailo & Selby, 2007).

Assessing Nicotine Dependence

There are varying levels of dependence on nicotine. Such variations can clearly be seen among different age groups; e.g., among college and university students who smoke, many can be classified as less-than-daily smokers or light smokers (i.e., those who smoke fewer than 10 cigarettes per day). The smoking behaviours of these students are indeed quite different from the behaviours of daily or regular smokers, who smoke an average of 12.9 cigarettes per day (Health Canada, 2008).

Moreover, the quitting intentions and behaviours of less-than-daily and light smokers may be quite different from those of daily and regular smokers. Generally, individuals with a shorter history of smoking and those who smoke fewer cigarettes per day find it easier to quit than regular, daily smokers (Health Canada, 2008).

The Fagerstrom Test for Nicotine Dependence (Heatherton, Kozlowski, Frecker, & Fagerstrom, 1991) is an assessment tool used during intensive interventions to identify nicotine addiction[G] and prescribe appropriate pharmacotherapy. It is used most appropriately when assessing regular – i.e., daily – smokers.

The Fagerstom Test for Nicotine Dependence Questions:

- How soon after you wake up do you smoke your first cigarette?
- Do you find it hard not to smoke in places that you shouldn't smoke?
- Which cigarette would you most hate to give up?
- How many cigarettes do you smoke each day?
- Do you smoke more in the first few hours after waking than you do in the rest of the day?
- Do you still smoke, even if you are so sick that you are in bed most of the day, or you have the flu or a severe cough?

(Heatherton, et al., 1991).

Once the level of addiction[G] is determined, cessation planning can begin. The Fagerstrom assessment tool assists in determining the beginning dosage level of nicotine replacement therapy[G].

Guideline Reference: Fagerstrom Test for Nicotine Dependence, p. 74

Ambivalence of Smokers

Reasons Why Smokers Don't Want to Quit Smoking

There are many reasons why smokers do not want to quit smoking. Some of the more common ones include:

- Family and friends smoke: If smokers are surrounded by family and friends who smoke, they are likely to continue to smoke because it is the norm. In fact, living with a smoker is the primary cause of relapse during a quit attempt.
- Withdrawal symptoms: If the smoker has made a previous quit attempt, then they are aware of withdrawal symptoms and may want to avoid them. It is simply easier to continue to smoke.
- Previous unsuccessful attempts to quit: They may have a history of failed quit attempts, and do not want to experience failure again.
- Connection with smoking: Many count on having their cigarettes so much, that to quit would be like 'losing a friend.'
- Inability to cope with stress: If they use smoking as a way to cope with stress, they will not want to quit smoking until they have found another effective way to cope with stress.

Reasons Why Smokers Quit Smoking

There is clear evidence that more people now are former smokers than previously. According to Health Canada, 2009a, the number of former smokers has increased from 6.1 million in 1999 (25% of individuals who have ever smoked), to 7.8 million people in 2008 (28% of individuals who have ever smoked).

Common reasons why smokers quit include:

- Encouragement from family and friends.
- Health improvement (sometimes triggered by illness or death of a friend or family member).
- To save money (i.e., cigarettes are expensive).
- Pregnancy.
- Medical treatments that require abstinence.
- Smoke-free environment policies (i.e., smoke-free regulation in workplaces and social venues make it less convenient for people to smoke).
- Desire to be a role model to children or grandchildren.

Talking to Smokers

Every nurse does not have to be a smoking cessation counsellor. The key intervention that is important for nurses to be aware of is to let clients/patients know that smoking is an important part of their health status and to move them along the continuum toward quitting. It is important to remember that smokers know more about their smoking than anyone else. They control their smoking and, thus, should control their attempts to quit. The role of those who may assist in these efforts is to broach the topic in a comfortable and non-judgemental manner, show concern and listen. When talking to smokers about quitting, nurses should introduce the topic with a question, use reflective practice with answers, and offer assistance when the smoker is ready to quit. People who smoke will want to make their own decisions about how to accomplish quitting. However, they may seek advice and guidance in choosing a cessation method, and support regarding maintaining the motivation to do so. In the presence of comorbidities such as alcohol use, medical conditions or mental health issues, working with a health-care professional is crucial to the success of quitting smoking.

Talking to Smokers – The Role of Nursing Students

Nursing students can learn to implement effective smoking cessation intervention, encouraging smokers to quit and referring those who want to do so, to cessation counselling. Student nurses can also act as peer-to-peer counsellors for fellow students. It is critical that nursing students learn that individuals be treated with respect, dignity and sensitivity while receiving smoking cessation interventions (RNAO, 2007). Nursing students can learn to approach smokers who don't want to quit with open questions such as "What does smoking do for you?" After learning what the person finds positive about smoking, they could then ask: "Is there one thing you don't like about smoking?" Directly following, they can offer self-help[G] booklets to smokers who do not want to quit. For the encounter with a smoker who wants to quit smoking but is ambivalent, the nursing student can ask: "What is it that is holding you back from quitting right now?" After further discussion and encouragement, the student nurse can provide assistance when the person is ready to quit, and provide a self-help booklet for smokers who want to quit.

Preparing Student Nurses to Talk to Smokers

The following is a suggested list of activities to assist nursing students in acquiring the necessary knowledge base to facilitate integration of the RNAO smoking cessation guideline into their practice:

- Gather background knowledge about nicotine addiction[G].
- Read the BPG *Integrating Smoking Cessation into Daily Nursing Practice* (RNAO, 2007).
- Learn about the minimal smoking cessation intervention.
- Practice talking to smokers about smoking, both in clinical settings and on campus.
- Understand the smoking policy of their university/college and/or clinical placement setting.
- Learn how to frame tobacco interventions[G] and smoking policies as supportive to people who smoke when they want to quit.

Guideline Reference: Minimal smoking cessation intervention: p. 22

Nursing Interventions for Tobacco Use

Guideline Reference: Nursing Interventions for Tobacco Use: pp. 22–27, 70–71.

The RNAO Best Practice Guideline *Integrating Smoking Cessation into Daily Nursing Practice* (RNAO, 2007) recommends that the following tobacco intervention protocol be implemented in daily nursing practice, assuming only minimal time is available:

Minimal Tobacco Intervention – 4As Protocol (one to three minutes in duration)

ASK every client if they use tobacco: "Have you used any form of tobacco in the past six months?" Document the client's tobacco use status (i.e., non-smoker, smoker, ex-smoker).

ADVISE every tobacco user of the importance of quitting:"I am concerned about how smoking is affecting your health. Have you thought about quitting?"

ASSIST the smoker to quit by providing appropriate self-help materials and referrals.

ARRANGE a follow-up or referral appointment to discuss quitting.

(RNAO, 2007)

The following intensive smoking cessation intervention may be implemented when a longer period of time is available:

Intensive Tobacco Intervention – 5As Protocol (over 10 minutes in duration)

ASK every client if they use tobacco and document the client's tobacco use status (i.e., non-smoker, smoker, ex-smoker).

ADVISE every tobacco user of the importance of quitting.

ASSESS nicotine dependence level and readiness to quit. Review the client's quitting history.

ASSIST the smoker with the choice of quit date, cessation method and general quitting plan. This can involve providing self-help materials, Smokers' Helpline information and possibly prescriptions for pharmaceutical cessation products.

ARRANGE for a follow-up visit on quit day and afterwards

(Reid et al., 2007).

Nursing Implications of Second-hand Smoke

Although hospitals are smoke-free, upon discharge many clients/patients return to a home environment where they are exposed to second-hand smoke. This is a risk to everyone, especially children, pregnant women, and people with respiratory or cardiovascular disease. Therefore, during health assessments, clients/patients should be asked if they are exposed to second-hand smoke at home or in the workplace.

Education about the health implications of second-hand smoke exposure is a crucial component of tobacco interventions[G]. People who smoke should be advised to refrain from smoking in their car or home to avoid exposing family and friends to second-hand smoke. Indeed in the province of Ontario it is now illegal to smoke in a car when a child of less than 16 years of age is present.

Assisting clients/patients regarding how to negotiate clean air policies in their home and workplace should also be part of discharge planning. Nurses can be strong advocates in supporting clients/patients to achieve a smoke-free living environment and can now use web-based resources to obtain information and strategies.

Web Link: Information on smoke-free living: http://www.smokefreehousingon.ca/sfho/tenants-exposure.html

Nicotine Dependence Treatment Options

Recommendations for Nicotine-dependence Treatment

In assisting clients/patients to quit smoking, a combination of counselling and pharmacotherapy is more effective than either option alone (Fiore, et al., 2008). Counselling and pharmacotherapy should be offered to clients/patients who are trying to quit smoking. The general principle is that the more intense the intervention, the better the outcome of abstinence (Cairney & Lawrance, 2002). Clients/patients attempting to quit smoking should always be encouraged to use effective medications unless they are contraindicated in specific populations (e.g., pregnant women, smokeless tobacco[G] users, light smokers, or adolescents) (Fiore, et al).

Pharmacologic Options

The two categories of pharmaceutical options available for smoking cessation are nicotine replacement therapy[G] (NRT) and non-nicotine therapy.

It should be noted that any person who is taking prescription and/or over-the-counter medications should consult their physician when they are planning to quit smoking. Nicotine enhances the metabolism of some drugs; thus, medication doses may need to be adjusted during the cessation process. Since several nicotine dependence treatment options are available as over-the-counter medications, nurses should be alert to the fact that clients/patients may be self-medicating with NRT while taking prescription medication. Thus, prior to presenting NRT options to a client/patient, the nurse who is guiding them through smoking cessation planning should determine whether they are taking any other medications.

Nicotine Replacement Therapy[G]

As a non-prescription drug, NRT is available in various forms and under generic pharmacy labels. The best known NRTs are the nicotine patch and nicotine gum. Other options include nicotine inhalers and nicotine lozenges. All NRTs work on the principle of providing sufficient nicotine to reduce withdrawal symptoms. Unlike cigarette delivery of nicotine to the brain, which occurs within seven seconds, all NRT products take between one and four hours to reach maximum blood levels. The nicotine gum and nicotine inhaler are absorbed in the blood faster than the patch. NRTs do not cause sudden boost to nicotine blood levels, which prevent the products from becoming addictive. Dosing is based on the smoking habits of the smoker, but is slowly reduced over a 12-week period.

Non-nicotine Therapies

Non-nicotine options for smoking cessation include Bupropion SR (Zyban) and Varenicline Tartrate (Champix). Clonidine and nortriptyline are also used occasionally. These medications are available by prescription only, and a medical history is essential before they are prescribed.

Guideline Reference: Non-nicotine Therapies, pp. 24–27, 76–78.

Effectiveness of Therapy

The smoking cessation strategy with the greatest chance of success is a combination of pharmacotherapy and counselling. Fiore and colleagues noted that providing minimal tobacco intervention doubles the quit rates among clients/patients, and using a pharmaceutical aide along with the brief intervention quadruples the quit rate (Fiore, et al., 2008).

The counselling component is an intensive intervention that lasts a minimum of 10 minutes. This counselling is commonly conducted by nurses in various health-care settings. The recommended strategy is Motivational Interviewing[G], a process based on directive and client-centred standard counselling techniques and Stages of Change theory.

Counselling is also available in each province and territory through a Smokers' Helpline[G]. Some hospitals in Ontario and other provinces have developed automated telephone follow-up programs for smokers who wish to participate in such initiatives after discharge. In this case, nurses contact those who indicate they have relapsed.

Guideline Reference: Motivational Interviewing, pp. 66–69.

Myths about Nicotine Addiction[G] *Treatment*

The Ontario Medical Association (2008) has issued a document addressing many of the myths related to the use of pharmaceutical options for smoking cessation, including the use of NRT with clients/patients under age 18, with cardiac clients/patients, and during pregnancy. See Teaching Tool I for an outline of the recommendations in the document.

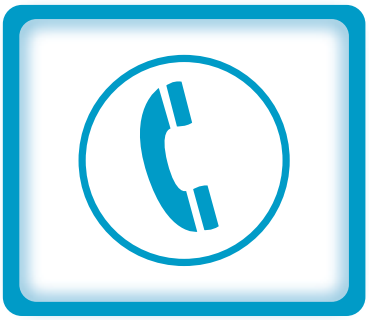
Alternative Therapies

In addition to NRT and non-nicotine therapies, several alternative therapies are available to assist clients/patients who wish to quit smoking, including hypnosis, acupuncture, herbal remedies, and laser treatments. Although there is no clinical evidence to verify that these therapies improve cessation rates, some clients/patients report that they have been of benefit (Fiore, et al., 2008). When guiding clients/patients, alterative therapies can be mentioned in addition to the evidenced-based options described above.

Self-help

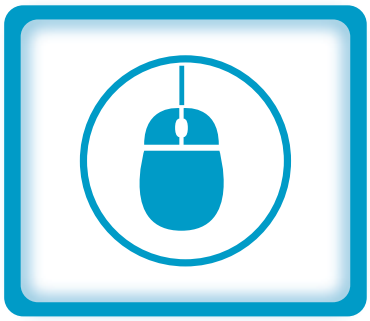
Most smokers want to quit smoking on their own, so providing them with the appropriate self-help[G] materials to initiate a quit attempt is crucial. Materials should be based on the health behaviour change model and, ideally, will be tailored[G] to the specific population (i.e., pregnant women, young adults[G], cardiac or mental health clients/patients). The most commonly used resources are the One Step at a Time smoking cessation guides published by the Canadian Cancer Society and the Smokers' Helpline[G] web site and toll-free telephone support. If nurses lack the requisite time to speak with clients/patients about smoking cessation, or clients/patients do not wish to discuss quitting, they can still offer clients/patients a Smokers' Helpline business card so that they will have the appropriate contact information available when they are ready to quit. These standard-sized business cards can be carried in a wallet or pocket.

Smokers' Helpline offers a variety of services including:



a) Smokers' Helpline by phone (1 877 513-5333)

The Canadian Cancer Society's Smokers' Helpline is a free, confidential telephone service that anyone can call for easy access to a trained Quit Specialist. Counsellors can help smokers develop a structured quit plan, answer questions about quitting and refer smokers to services in their community.



b) Smokers' Helpline Online ***(www.smokershelpline.ca)***

Smokers' Helpline Online is an interactive web site that offers tips, tools and support to help people quit smoking. The tools include:

- Check Your Smoking – a quick self-test to determine your level of nicotine dependence
- Quit Meter – a downloaded tool which tracks how much money a person has saved from not smoking, and also calculates the amount of "life" the person has gained from quitting smoking
- Cravings Diary
- Downloadable self-help guides
- "Quit Buddies" instant messaging to talk with others who are quitting
- Inspirational e-mails with tips to remain smoke-free

c) Smokers' Helpline Text Messaging

Smokers' Helpline Text Messaging is a mobile phone-based interactive service that offers support to smokers for up to 13 weeks, depending on the quit date. Smokers receive supportive messages and can text key words to ask for help with:

- Preparing to quit
- Coping with cravings, withdrawal symptoms and stress
- Identifying quit tips and aids
- Staying motivated

Can Quitting Really Help a Lifelong Smoker?

Benefits of Quitting Smoking

It's never too late to quit smoking and experience all the benefits that accompany smoking cessation. Of course, the sooner in life someone quits, the less his/her chances of getting cancer and other diseases. There is, however, no time limit on when to quit: regardless of the age of the smoker, there are genuine benefits to be achieved from quitting. Some of the immediate and long-term benefits of quitting are indicated in Table 3.

Table 3: Immediate and Long-term Health Benefits of Smoking Cessation* (RNAO, 2007)

Timing	Health Benefits
Within 20 minutes of last cigarette	• Blood pressure, pulse rate, and body temperature reduce to within normal range
Within 8 hours	• Carbon monoxide levels in blood decrease and oxygen levels increase
Within 24 hours	• Risk of heart attack decreases
Within 48 hours	• Food tastes and smells better
Within 2 weeks	• Coughing, congestion, fatigue and shortness of breath are reduced
Within 1 year	• Risk of heart disease decreases by 50 per cent
Within 10 to 15 years	• Risk of dying prematurely approaches that of a person who has never smoked

* Adapted from: The National Institute on Drug Abuse Research Report Series. Fiore et al. (2000). Toronto, ON: University of Toronto.

Values and Attitudes

Evidence-Based Care for Smokers

When accessing health care, smokers should be offered the best evidence-based care. This includes being asked about their smoking status, shown concern, advised to quit and offered assistance to do so. When these protocols are not in place, clients/patients who smoke are not being provided with adequate care. Some reasons why minimal tobacco use[G] interaction does not occur within the context of nursing care include: attitudes to smoking as a 'habit' instead of understanding it as an addiction[G]; fear of client/patient resistance; lack of training in the 4As protocols; attitudes based on inaccurate information; or the health-care professional also smokes and is reluctant to intervene. Furthermore, it has been demonstrated that nurses who work in an environment that does not support the implementation of tobacco use interventions are less likely to implement the 4As protocols (Schultz, Bottorff, & Johnson, 2006).

BPG Guiding Principle #2: The offer of assistance to quit smoking will benefit every person who smokes.

BPG Guiding Principle #3: The client has the right to accept or refuse smoking cessation intervention.

BPG Guiding Principle #7: Nurses are involved with clients at multiple entry points to care. This provides many opportunities to identify persons who smoke and implement smoking cessation interventions.

Nicotine Addiction[G] is a Chronic Disease

People who use tobacco products daily are addicted to nicotine. For most regular smokers, quitting is difficult and it may take many attempts to finally achieve success. Nurses must understand that nicotine addiction[G] is a chronic disease and they play an important role in offering assistance regarding smoking cessation. Health-care providers who view smoking as simply a bad habit, or believe that it is self-inflicted, do not understand the need to treat the condition. Moreover, this attitude can lead to frustration for both the smoker and the health-care professional. Many options are available for the treatment of nicotine addiction[G], and there are many effective approaches that support successful quit attempts. Continued education of nurses, both in the workplace and in nursing programs, will assist in changing unconstructive attitudes toward nicotine addiction.

BPG Guiding Principle #1: Regular tobacco use is an addiction that requires support and repeated intervention.

Local Community Smoking Cessation Resources

It is crucial that nurses be aware of the smoking cessation resources available in their community. Most communities offer cessation support through the local public health department. This support ranges from provision of cessation literature, a local tobacco helpline, or a one-on-one smoking cessation clinic with a physician and/or nurse providing counselling. Regardless of the direct service that the public health department/unit provides, nurses can look to the public health department/unit to learn about the resources available in the community and to receive resources to use with clients/patients. Table 4 outlines several print and online resources for smokers.

Table 4: Print and Online Resources Available for Smokers

Type	Target Population	Resource/Program	Order/Access Information
Print Resources	Adults	Canadian Cancer Society: • One Step at a Time booklets, including: For smokers who don't want to quit; For smokers who want to quit; How to help a smoker quit	http://www.smokershelpline.ca/custom/selfhelp.aspx
	Adults (Ontario-based)	Ontario Lung Association: • Making Quit Happen	http://www.on.lung.ca/Our-Programs/Smoking-and-Tobacco/Quitting-Smoking.php
	Post-secondary students (Ontario-based)	Leave The Pack Behind[G]: • Smoke|Quit	http://www.leavethepackbehind.org
	Pregnant women (Ontario-based)	Pregnets	http://www.pregnets.org

Type	Target Population	Resource/Program	Order/Access Information
Print Resources	Pregnant women	Society for Public Health Education: *A Pregnant Woman's Guide to Quit Smoking (R.Windsor & D.Smith)*	http://sophe.org/sophe/pdf/sophepregbro.pdf
	Mothers: Age 14-24 (Ontario-based)	Program Training and Consultation Centre: • Kick Butt for Two	http://www.ptcc-cfc.on.ca
	Women	Canadian Public Health Association: • Stop Smoking, A Smoking Cessation Resource for those who Work with Women	http://acsp.cpha.ca/stopsmoking/english/ index_e.html
Online Resources	Adults	Canadian Cancer Society: • *Smokers' Helpline Online*	http://www.smokershelpline.ca
	Adults	Health Canada: • On the Road to Quitting	http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/quit-cesser/index_e.htm
	Young adults (Ontario-based)	Leave The Pack Behind: • e-Smoke|Quit	http://www.leavethepackbehind.org
	Youth	Quit4Life	http://www.quit4life.com

Nicotine Dependence Clinics

Nicotine dependence clinics have been established in a number of communities across Ontario. The Centre for Addition and Mental Health operates a nicotine dependence clinic in downtown Toronto, which provides exceptional cessation support to clients/patients who have also had a mental health diagnosis. In all nicotine dependence clinics, smokers receive intensive interventions and facilitation with pharmacological aides to quitting. Clinics are staffed by health-care professionals who are trained and certified in smoking cessation counselling.

Smoking Cessation Counselling Education for Nurses

A number of educational opportunities are available to nurses who wish to gain skills in nicotine dependence therapy. In addition to the programs listed in Table 5, local public health departments/units often host workshops on smoking cessation; contact your local public health department to inquire about the availability of such workshops in your area.

Table 5: Programs Available for Nurses to Gain Skills in Nicotine Dependence Therapy

Program Type	Organization	Cost	Web Site
eLearning Course	Registered Nurses' Association of Ontario (RNAO)	Free	http://www.TobaccoFreeRNAO.ca
eLearning Course	Ontario Tobacco Research Unit (OTRU)[6]	Free	http://tobaccocourse.otru.org/
In-person workshops	Centre for Addition and Mental Health: Training Enhancement in Applied Cessation Counselling and Health (TEACH)	$100 for people who work in Ontario, $900 for people who work outside of Ontario	http://teachproject.ca/
In-person workshops	Program Training and Consultation Centre (PTCC)	Free	http://www.ptcc-cfc.on.ca

The Ottawa Model: A Systematic Approach to Tobacco Dependence Treatment for Hospitalized Smokers

The Ottawa Model is a system-wide tobacco intervention for hospitalized clients/patients. The model was designed and implemented at the University of Ottawa Heart Institute, and has been adopted by a number of hospitals in Ontario and other provinces/territories. Smokers are more likely to be hospitalized than non-smokers. Until recently, this occurrence has not been recognized as an opportunity to help smokers quit smoking. Several factors account for the increased recognition of this opportunity:

- Major changes in public policies that require smoke-free public places, including hospitals.
- Availability of evidence-based treatment options to help smokers succeed in their cessation attempts, i.e., health-care providers can now assist their clients/patients more effectively.
- Knowledge transfer regarding the health consequences of smoking has been generalized, and smokers' desire to quit has grown.

Description of the Ottawa Model Intervention

The Ottawa Model is predicated upon the implementation of the 5As:
Ask, Advise, Assess, Assist and Arrange.

On admission

1. Ask: On admission to hospital, patients are asked about their tobacco use during the past six months. "Have you used any form of tobacco in the past six months?"
   The patient's smoking status is documented along with quitting history.
2. Advise: Smokers are advised to quit in a clear, unambiguous and non-judgemental manner. "Quitting smoking is the single most important thing you can do to improve your health. I strongly advise you to stop smoking. We can assist you while you are in hospital"

3. Assess: The smoker's interest in quitting smoking is assessed. "Are you interested in quitting during this hospital stay? Within the next 30 days? Within the next six months?"

4. Assist: The patient receives brief counselling and is assisted with pharmacotherapy options depending on their interest in quitting while in hospital.

During hospitalization

- Cessation support for those who want to quit during their hospital stay, is comprised of counselling that focuses on managing withdrawal symptoms and planning for how to remain smoke-free following discharge from the hospital. Pharmacotherapy is offered during the hospital stay and prescribed for 10-12 weeks after discharge. Self-help[G] materials for smokers wanting to quit are provided.

- For those who do not want to quit smoking, counselling focuses on the pros and cons of smoking – "What do you see as some of the advantages and disadvantages of smoking?" Pharmacotherapy is offered during the hospital stay to help patients remain comfortable in the smoke-free environment. Self-help materials tailored[G] to smokers who do not want to quit, are provided along with information about community cessation services.

On discharge from hospital

5. Arrange: All smokers are offered follow-up when they are discharged from the hospital. The follow-up for hospitals using the Ottawa Model includes an interactive, voice response (IVR)-mediated telephony[G] system and database. The IVR system places automated calls to the client/patient on a regular basis inquiring about their smoking. The results of the clients'/patients' responses can be scanned by a nurse, and clients/patients receive a telephone call from a nurse if they appear to need more support.

(Reid, et al., 2007)

Hospitals that wish to adopt the Ottawa Model should implement the 10 best practices for tobacco treatment for hospitalized smokers (Reid, et al., 2007):

1. Document smoking status of all clients/patients admitted to hospital.
2. Designate staff responsible for providing tobacco dependence treatment.
3. Include tobacco dependence treatment in clinical pathways, care maps, or Kardex systems used for quality management.
4. Ensure that pharmacotherapy for smoking cessation is readily available on the hospital formulary.
5. Have processes in place to track tobacco users for more than 30 days after discharge from hospital and to provide counselling when necessary.
6. Ensure that tobacco dependence treatment training is provided to health-care professionals.
7. Have client/patient self-help materials readily available.
8. Establish referral links to community cessation programs and to Smokers' Helpline[G].
9. Put processes in place to evaluate the provisions of tobacco dependence treatment by health-care professionals.
10. Put processes in place to provide feedback to health-care professionals about their performance regarding the provision of tobacco dependence treatment.

Evaluation Results

In a survey of 973 clients/patients treated using the Ottawa Model at 11 hospitals in the Champlain region of Ontario, 46 per cent of tobacco users said they were interested in quitting smoking within the following 30 days, including during their hospital stay. Only 3/10 responded that they had no interest in quitting.

A 2009 evaluation report by Reid et al. reinforced the success of the Ottawa Model and described the smoking cessation rates of clients/patients in nine hospitals over a one-year period, The authors found that implementation of the Ottawa Model led to significantly higher long-term cessation rates, from 18.3% to 29.4% (Reid, et al., 2007). The results of this report suggest that clients/patients who remain smoke-free following discharge from hospital will benefit from better overall health and potentially fewer hospital re-admissions.

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Section Three:

Learning Plans

Section Three: Learning Plans

Teaching about Tobacco Issues in Nursing Courses

The learning plans[G] included in this section can be implemented in a variety of courses in RN, NP and RPN programs. Adapting these learning plans into curricula is the first step toward full integration of the Best Practice Guideline *Integrating Smoking Cessation into Daily Nursing Practice* (RNAO, 2007).

Table 6 outlines learning plans[G] based on broader nursing topics that may be taught within nursing programs. The curricula of various nursing programs were reviewed and categorized under various modules. Based on these modules, learning plans were developed to incorporate into the courses.

N.B. Learning plans One, Two, Three, Four and Five should be taught before nursing students undertake remaining learning plans and/or interventions with clients/patients who smoke.

Planning Check List: Foundational and Additional Topics to be Taught about Tobacco Use Interventions

The Planning Check List identifies topics that should be covered to ensure that nursing students have the requisite knowledge to implement tobacco interventions[G] into their practice. The foundational topics cover essential information, while the additional topics provide opportunities to address tobacco issues within the context of various courses in the nursing curricula. The background information for teaching is provided in Section Two of this guide and in the RNAO Best Practice Guideline *Integrating Smoking Cessation into Daily Nursing Practice* (RNAO, 2007).

Table 6: Incorporating Tobacco Use Prevention, Protection and Cessation into Learning Plans

Modules	Sample of Courses**	Learning Plans
Evidence-based practice*	• Health assessment • Nursing role • Professional Practice • Research courses	Learning Plan One: • Introduction to tobacco use prevention, protection and cessation Learning Plan Two: • Nurses' role with clients/patients who use tobacco
Health assessment and pathophysiology*	• Pathophysiology • Health assessment • Health challenges • Epidemiology – major health problems	Learning Plan Three: • Health consequences of tobacco use
Hospitalization*	• Experience of illness and hospitalization • Family experience with a chronic health challenge	Learning Plan Four: • Hospitalization: Nursing role with in-patients who smoke
Health promotion and community health*	• Health promotion • Community health nursing • Family nursing • Transcultural nursing	Learning Plan Five: • Population-based health promotion strategies for reduction of tobacco use
Tobacco control policies	• Nursing ethics • Leadership and management • Social, political and economic perspectives	Learning Plan Six: • Public and workplace smoking policies
Clinical placements	• Any clinical placement can include a smoking cessation component	Learning Plan Seven: • Clinical Practice and Health Promotion: Using Campus-Based Peer Programming to Reach Students Who Use Tobacco Learning Plan Eight: • Clinical Practice and Health Promotion: Community-based Tobacco Use Prevention Education Campaigns Learning Plan Nine: • Clinical Practice in Primary Care Institutions: Hospital-based Tobacco Use Interventions

* Core modules

** The identified sample courses are suggestions. Based on the School of Nursing, the learning plans can be incorporated throughout various other courses, taught as a unit, or taught as a thread throughout the nursing program.

Planning Check List: Foundational Topics

Why is Tobacco Use an Important Health Issue?

- ❑ International, national and provincial statistics
- ❑ What is tobacco?
- ❑ Diseases caused by tobacco use
- ❑ Effects of smoking on healing and recovery from illness and/or surgery
- ❑ Second-hand smoke exposure and health implications

Why it is Important That Nurses be Involved in Lowering the Prevalence of Tobacco Use?

- ❑ Nursing role: RNAO Best Practice Guideline *Integrating Smoking Cessation into Daily Nursing Practice*
- ❑ Individual client/nurse interventions: Brief and Intensive Interventions
- ❑ Individual client/nurse interventions: Ask-Advise-Assist-Arrange protocols

Evidence-Based Tobacco Cessation Interventions, Approaches and Strategies:

- ❑ Assessment of readiness and commitment to quit
- ❑ Nurses who smoke
- ❑ Nicotine addiction and treatment
- ❑ Communication with smokers
- ❑ Values and attitudes
- ❑ Ambivalence of smokers
- ❑ Reasons to quit
- ❑ Nicotine withdrawal symptoms and management
- ❑ Assessment
- ❑ Treatment options
- ❑ Pharmacotherapy
- ❑ Smoking cessation effects on medications
- ❑ Motivational Interviewing
- ❑ Provincial and local smoking cessation programs
- ❑ Relapse prevention strategies
- ❑ Additional smoking cessation educational opportunities for nurses
- ❑ The Ottawa Model: Primary care systems for tobacco use interventions
- ❑ Population health strategies
- ❑ Health promotion
- ❑ Tobacco use and community health
- ❑ Smoking policies (national, provincial and local)
- ❑ Nursing leadership related to tobacco issues

Planning Check List: Additional Topics

- ❑ **Ethical considerations regarding tobacco use:** Regulation of tobacco products, inequalities in treatment for smokers
- ❑ **Tobacco industry:** History of the industry; product enhancement; third-world marketing of tobacco
- ❑ **Policy development process** for environments conducive to a smoke-free lifestyle
- ❑ **Peer programming:** Effectiveness of peer-to-peer education in youth programming
- ❑ **Tobacco use prevention communication campaign strategies:** Positive messaging vs. fear appeal; effective use of channels of communication
- ❑ **Populations at higher risk for tobacco use:** Includes uniqueness of tobacco use and prevalence within various groups of people. This would include:
  - Reasons for smoking
  - Medication adjustments
  - Treatment adjustments
  - Specialized smoking cessation programs and resources

Addressing tobacco issues within the context of certain nursing courses may automatically raise issues related to special populations. The following are examples of special populations:

- Aboriginal people
- Children
- Adolescents
- Young adults
- Clients/patients with concomitant substance addiction
- Chronically ill clients/patients
- Gay, bisexual, lesbian, or transsexual people
- Low-income populations
- Mental health clients/patients
- Older adults in long-term care
- Women and pregnant women

Module: Evidence-based Practice

Learning Plan One: Introduction to Tobacco Use Prevention, Protection and Cessation

Sample of Courses:

- Health Assessment
- Nursing Role
- Professional Practice
- Research Courses

Topics to be covered:

- Tobacco use prevention, protection and cessation

Learning objective:

- Students will gain knowledge of the health implications of tobacco use[G] and nicotine addiction[G].

Students will learn about:

1. Tobacco use and health implications
2. Prevention and protection of tobacco use
3. Nurses' important role in tobacco cessation
4. Educating clients/patients and their families to avoid exposure to second-hand smoke[G]
5. Stages of Change Theory (See BPG, pp. 63-64)
6. Nicotine dependency and treatment options

Teaching resources:

- RNAO BPG *Integrating Smoking Cessation into Daily Nursing Practice* (print or online version)
- Sections One and Two of this guide
- Smoke Screen Challenge Quiz (Teaching Tool A)
- Smoke | Quit booklets available in the classroom during education sessions (available through the Leave The Pack Behind[G] program and/or Student Health Services on your campus)
- Lecture room with computer/projector for slide presentation and space for small-group work
- PowerPoint slides (available at www.TobaccoFreeRNAO.ca)

Activities to be completed by the learner prior to the learning event:

- Complete the Smoke Screen Challenge Quiz (Teaching Tool A)

Content to be reviewed and presented during the learning event(s):

- The rationale for nurses to be knowledgeable about tobacco use and health implications
- Statistics on tobacco use, morbidity and mortality
- Tobacco products: What's in a cigarette?
- Tobacco use prevention: Youth and adolescent smoking
- Tobacco use protection: Second-hand smoke
- Tobacco cessation: Smokers and quitting smoking
- Nicotine addiction
- Treatment options for nicotine addiction
- Assessing readiness to quit
- Benefits of quitting

Evaluation methods:

- Small group contribution
- Exam questions

Module: Evidence-based Practice

Learning Plan Two: Nurses' Role with Clients/Patients Who Use Tobacco

Sample of Courses:

- Health Assessment
- Nursing Role
- Professional Practice
- Research Courses

Topics to be covered:

- RNAO BPG *Integrating Smoking Cessation into Daily Nursing Practice* : *Practice Recommendations*
- Interventions with clients/patients who smoke

Learning objective:

- Students will gain skills and understanding of nursing roles and interventions regarding tobacco use[G]

Students will learn about:

1. The RNAO Best Practice Guideline *Integrating Smoking Cessation into Daily Nursing Practice: Practice Recommendations*
2. Nursing role with clients/patients who smoke
3. The Ask-Advise-Assist-Arrange protocol
4. Talking to smokers
5. Assessing clients'/patients' readiness to reduce tobacco consumption and/or quit smoking
6. Community-based smoking cessation programs

Teaching resources:

- RNAO BPG *Integrating Smoking Cessation into Daily Nursing Practice* (print or online version)
- Sections One and Two of this guide
- Fagerstrom Test for Nicotine Dependence (see BPG, p. 74)
- Case Studies for Nurse/Client Interactions (Teaching Tool B)
- Individual Client/Patient Care Plan (Teaching Tool C)
- Online Tobacco Resources (Teaching Tool H)
- Smoke | Quit booklets (available through the Leave The Pack Behind[G] program and/or Student Health Services on your campus)
- Canadian Cancer Society One Step at a Time booklets: *For Smokers Who Want to Quit; For Smokers Who Don't Want to Quit*
- Lecture room with computer/projector for slide presentation and space for small-group work
- Flip charts and markers for small-group activity on client/patient care plans
- PowerPoint slides (available at www.TobaccoFreeRNAO.ca)

Activities to be completed by the learner prior to the learning event:

- Read the RNAO BPG *Integrating Smoking Cessation into Daily Nursing Practice* (pp.22-30). Available at www.TobaccoFreeRNAO.ca. Download the recommendations and bring to class
- Complete the RNAO smoking cessation eLearning course (www.TobaccoFreeRNAO.ca)

Content to be reviewed and presented during learning event(s):

- RNAO BPG *Integrating Smoking Cessation into Daily Nursing Practice*: Practice Recommendations
- Role of nurses and student nurses with clients/patients who use tobacco
- Ask-Advise-Assist-Arrange protocols: (See Section Two of this guide)
- Minimal Tobacco Intervention (one to three minutes duration)
- Intensive Intervention (more than 10 minutes in length)
- Stages of Change theory
- Motivational Interviewing[G] for health behaviour change
- Referrals to community for cessation support

Post Learning event assignment(s):

- Using the Individual Client/Patient Care Plan (Teaching Tool C), interview a smoker and report back to the class or small group

Evaluation methods:

- Report on nursing care plan with tobacco interventions
- Exam questions

Module: Health Assessment and Pathophysiology

Learning Plan Three: Health Consequences of Tobacco Use

Sample of Courses:

- Pathophysiology
- Health assessment
- Health challenges
- Epidemiology – major health problems

Prerequisites:

- Learning Plans One and Two
- An understanding of best practice guidelines and evidence-based practice

Topics to be covered:

- Prevalent tobacco-related diseases
- Health assessment
- RNAO BPG *Integrating Smoking Cessation into Daily Nursing Practice* (pp. 19, 56–60)

Learning objective:

- Students will gain an in-depth understanding of the health consequences of tobacco use[G] and how to utilize this information in various aspects of nursing.

Students will learn about:

1. Health assessments that include tobacco use and exposure to second-hand smoke[G]
2. Tobacco-related cancers (e.g., lung cancer, stomach cancer, laryngeal cancers)
3. Cardiovascular diseases caused by tobacco use (e.g., coronary heart disease, stroke, peripheral vascular disease)
4. Pulmonary diseases caused by tobacco use (e.g., chronic obstructive pulmonary disease (COPD), chronic bronchitis, asthma)
5. Effects of smoking on pregnant women, fetal development, newborn babies and lactation
6. Effects of smoking on healing and recovery from illness or surgery
7. Health events caused by exposure to second-hand smoke

Teaching resources:

- RNAO BPG *Integrating Smoking Cessation into Daily Nursing Practice* (print or online version)
- Section Two of this guide
- Standard pathophysiology text books
- Online Tobacco Resources (Teaching Tool H)
- Individual Client/Patient Care Plan (Teaching Tool C)
- Smoke | Quit booklets (available through the Leave The Pack Behind[G] program and/or Student Health Services on your campus)

- Canadian Cancer Society One Step at a Time booklets: *For Smokers Who Want to Quit; For Smokers Who Don't Want to Quit*
- Lecture room with computer/projector for slide presentation and space for small-group work
- PowerPoint slides (available at www.TobaccoFreeRNAO.ca)

Activities to be completed by the learner prior to the learning event:

1. Read the RNAO BPG *Integrating Smoking Cessation into Daily Nursing Practice* (pp. 19, 56–60)

Content to be reviewed and presented during the learning event(s):

- Etiology and progression of tobacco-related cancers
- Effects of smoking on the cardiovascular system
- Etiology and progression of pulmonary diseases related to tobacco use
- Effects of smoking on pregnant women, lactation, fetal development, and newborn babies
- Implications of smoking on client/patient recovery from illnesses or surgery
- Health effects of exposure to second-hand smoke[G] (e.g., lung cancer, heart attack)
- Strategies to include tobacco use in health assessment (e.g., what to ask, how to document, nursing care plans that incorporate appropriate cessation strategies)

Post learning event assignment(s):

- Research and write a paper on:
  - a disease/health effect caused by smoking
  - the implications of smoking on maternal/child care
- Write a nursing care plan for a client/patient who is a smoker and has cancer, cardiovascular disease, or pulmonary disease

Evaluation methods:

- Research papers
- Nursing care plans
- Exam questions

Module: Hospitalization

Learning Plan Four: Hospitalization: Nursing Role with in-Patients Who Smoke

Sample of Courses:

- Experience of illness and hospitalization
- Family experience with a chronic health challenge

Prerequisites:

- Learning Plans One, Two, and Three
- An understanding of best practice guidelines and evidence-based practice

Topics to be covered:

- Hospitalization and Chronic Care/Nursing Best Practice Guidelines
- RNAO BPG *Integrating Smoking Cessation into Daily Nursing Practice*
- The Ottawa Model for care of hospitalized smokers

Learning objective:

- Students will gain the knowledge and skills required to work in hospital environments that use the Ottawa Model or similar systems for tobacco use prevention and treatment of nicotine addiction.

Students will learn about:

1. The role of nurses in their care of clients/patients who smoke
2. Patients who smoke and who experience chronic illnesses and hospitalization
3. The Ottawa Model for identification and treatment of all tobacco users admitted to hospital
4. Smoking prevalence in mental health client/patient population and management of medications
5. Using teachable moments to motivate clients/patients who smoke, to quit
6. Motivational Interviewing[G]
7. Cessation and second-hand smoke issues
8. Linking with community smoking cessation services
9. Implications for nurses who smoke

Teaching resources:

- RNAO BPG *Integrating Smoking Cessation into Daily Nursing Practice* (print or online version)
- Section Two of this guide
- Smoke Screen Challenge Quiz (Teaching Tool A)
- Online Tobacco Resources (Teaching Tool H)
- Lecture room with computer/projector for slide presentation and space for small-group work
- PowerPoint slides (available at www.TobaccoFreeRNAO.ca)

Activities to be completed by the learner prior to the learning event:

1. Review the RNAO BPG *Integrating Smoking Cessation into Daily Nursing Practice* (pp. 22-30, 32-33, 66-81)

2. Review pathophysiology course notes on smoking-related diseases
3. Read the following publication: Reid, R. D., Pipe, A. L., Quinlan, B., Slovinec, M., Kocourek, J., Riley, D. L., et al. (2007) Tobacco dependence treatment for hospitalized smokers: "The Ottawa Model". *Smoking Cessation Rounds, 1(3)*. Retrieved October 30, 2008, from http://www.smokingcessationrounds.ca/crus/screng0507.pdf

Content to be reviewed and presented during the learning event(s):

- The experience of people who smoke when they become ill or hospitalized (i.e., client/patient motivation and teachable moments)
- Palliative care and clients/patients who smoke
- Mental health clients/patients and smoking
- Medications and smoking
- Presentation of the Ottawa Model for identification and treatment of all tobacco users admitted to hospital
- Hospital and long-term care facilities smoking policies and how they do or do not support a smoke-free environment and smoking cessation
- Tobacco interventions[G] related to discharge planning
- The challenges for nurses who smoke in counselling clients/patients who smoke
- Motivational Interviewing techniques used to help smokers
- Effects of exposure to second-hand smoke[G] on ability to quit smoking (e.g., families who smoke around a client/patient who is trying to quit)

Post learning event assignment(s):

This section is based on a four-year nursing program. It should be adjusted based on the setting.

- Years 1 and 2:
  - Read the paper: Reid, R. D., Pipe, A. L., Quinlan, B., & Oda, J. (2007). Interactive voice response telephony to promote cessation in clients/patients with heart disease: A pilot study. Patient Education and Councelling, 66(3), 319-326. Write a discussion paper.

- Years 3 and 4:
  - Interview a client/patient who smokes using the Individual Client/Patient Care Plan (Teaching Tool C). Develop a case study based on the readiness stage for health behavior change related to smoking cessation and client/patient motivation, and define the appropriate nursing intervention.
  - Write a report on the research evaluation of the Ottawa Heart Institute's Ottawa Model for hospitalized patients or other research related to another hospital system's approach to tobacco reduction.

Evaluation methods:

- Discussion papers
- Case studies
- Written reports
- Exam questions

Module: Health Promotion and Community Health

Learning Plan Five: Population-based Health Promotion Strategies for Reduction of Tobacco Use

Sample of Courses:

- Health promotion
- Community health nursing
- Family nursing
- Transcultural nursing

Prerequisites:

- Learning Plans One, Two and Three
- An understanding of best practice guidelines and evidence-based practice

Topics to be covered:

- Population-based strategies for reduction of tobacco use[G]
- Communication campaigns for public education on health effects of tobacco use
- RNAO BPG *Integrating Smoking Cessation into Daily Nursing Practice*

Learning objective:

- Students will gain an understanding of population-based health promotion programming using tobacco use prevention as a case study.

Students will learn about:

1. Tailoring[G] tobacco interventions to specific populations
2. How to design, plan, implement and evaluate a health promotion campaign
3. Using Program Logic Models for tobacco use prevention health promotion campaigns

Teaching resources:

- RNAO BPG *Integrating Smoking Cessation into Daily Nursing Practice* (print or online version)
- Section Two of this guide
- Program Logic Model Worksheet (Teaching Tool J)
- Online Tobacco Resources (Teaching Tool H)
- Leave The Pack Behind[G] (www.leavethepackbehind.org)
- Program Training and Consultation Centre (www.ptcc-cfc.on.ca)
- Youth Programming: Public Health Initiatives (example: Exposé – Ottawa Public Health Youth Initiative www.smokefreeottawa.com/expose/)
- Driven to Quit Challenge[G] – smoking cessation contest (www.DrivenToQuit.ca)
- Guest speaker from a local community health agency
- Lecture room with computer/projector for slide presentation and space for small-group work
- Flip charts and markers for small-group activity on planning campaigns for special populations
- PowerPoint slides (available at www.TobaccoFreeRNAO.ca)

Activities to be completed by the learner prior to the learning event:

1. Complete components of the online course at the Ontario Tobacco Research Unit web site (http://tobaccocourse.otru.org) and bring Certificates of Completion to class

Content to be reviewed and presented during the learning event(s):

- Determinants of health related to tobacco use
- National and provincial legislation and public health measures
- Smoke-Free Ontario Strategy (Prevention: child/youth programs, restricted access to tobacco; Protection: legislation, smoke-free workplaces; Cessation: cessation programs, education for health-care professionals)
- Implementation and evaluation of a tobacco awareness communication campaign, including:
  a) Needs assessment of community for tobacco use awareness campaign/project
  b) Choosing the community, topic, channels of communication
  c) Assessing resources to achieve the campaign
  d) Tailoring[G] campaigns to target populations
  e) Community development to mobilize resources for the campaign
  f) Implementation of campaign
  g) Evaluating the campaign
  h) Creating a program logic model for the campaign (Teaching Tool J)

Post learning event assignment(s):

- Create a program logic model for a community campaign tailored to a specific population
- Write a proposal for tailoring a communication campaign to a specific target population
- Write a report analyzing a communication campaign (e.g., lessons learned, recommendations)
- Develop a community case study paper with plan, implementation and evaluation for tobacco awareness for a special population
- Develop a paper on:
  - evaluation of health promotion campaigns
  - leadership issues while working with community groups

Evaluation methods:

- Program logic models
- Proposals
- Written reports
- Papers
- Exam questions

Module: Tobacco Control Policies

Learning Plan Six: Public and Workplace Smoking Policies

Sample of Courses:

- Nursing ethics
- Leadership and management
- Social, political and economic perspectives

Prerequisites:

- Learning Plans One, Two and Three
- An understanding of best practice guidelines and evidence-based practice
- Familiarity with determinants of health and population-based health promotion strategies

Topics to be covered:

- Creating and promoting smoke-free policies
- RNAO BPG *Integrating Smoking Cessation into Daily Nursing Practice* (pp.32-33)

Learning objective:

- Students will become knowledgeable about environmental supports to health behaviour change and how nurses can advocate for healthy tobacco policies.

Students will learn about:

1. Guideline recommendation 11.0 regarding nurses advocating for smoke-free spaces that protect people from second-hand smoke.
2. What can be achieved by public policy
3. International and national tobacco legislation
4. Smoking policies that govern health-care facilities in Ontario
5. The role of the nurse as an advocate for policy improvement and compliance

Teaching resources:

- RNAO BPG *Integrating Smoking Cessation into Daily Nursing Practice* (print or online version)
- Section Two of this guide
- System-wide and Individual In-patient Care (Teaching Tool D)
- MPOWER Document (www.who.int/tobacco/mpower/en/)
- Research article on smoking policies and quitting
- Guest speaker from a local community health agency
- Lecture room with computer/projector for slide presentation and space for small-group work
- PowerPoint slides (available at www.TobaccoFreeRNAO.ca)

Activities to be completed by the learner prior to the learning event(s):

1. Complete components of the online course at the Ontario Tobacco Research Unit[G] web site (http://tobaccocourse.otru.org) and bring Certificates of Completion to class

Content to be reviewed and presented during the learning event(s):

- World Health International Framework on Tobacco and MPOWER Report
- National and provincial legislation and public health measures
- Smoke-Free Ontario Strategy (Prevention: child/youth programs, restricted access to tobacco; Protection: legislation, smoke-free workplaces; Cessation: cessation programs, education for health-care professionals)
- Tobacco industry tactics – economics, marketing strategies used to sell tobacco
- The Ottawa Model, and the importance of hospital smoking policies
- Rights of people who smoke to have the best standard of care
- How smoking policies support smokers when they are quitting
- What nurses can do to contribute to an environment that is conducive to a smoke-free lifestyle and successful quitting

Post learning event assignment(s):

- Research and write a report related to a smoking policy issue (e.g., barriers, compliance)
- Write a commentary on the strengths and weaknesses of your university/college smoking policy

Evaluation methods:

- Written reports
- Written commentary
- Exam questions

Module: Clinical Placements

Learning Plan Seven: Clinical Practice and Health Promotion: Using Campus-Based Peer Programming to Reach Students Who Use Tobacco

Prerequisites:

- An understanding of best practice guidelines and evidence-based practice
- Knowledge of program evaluation, research protocols and results analysis
- Completion of the Ontario Tobacco Research Unit's online course (http://tobaccocourse.otru.org/)
- Learning Plans One, Two, Three, and Five

Topics to be covered:

- Campus-based smoking cessation services and peer-to-peer outreach
- RNAO BPG *Integrating Smoking Cessation into Daily Nursing Practice* (pp. 22-30)

Time frame:

One or two semesters

Learning objectives:

- Students will become knowledgeable about using Program Logic Models for health promotion campaigns
- Students will gain experience with tailoring[G] a health promotion campaign to a specific population

Students will learn about:

1. Implementing tobacco awareness campaigns within the micro-community of a campus
2. Providing leadership while working within a sustained community health promotion program
3. Tobacco interventions[G] and smoking cessation counselling within the context of student health services
4. Planning, implementing and evaluating a peer-to-peer awareness campaign on a campus to increase student awareness of available cessation services in the campus clinic

Teaching resources:

- RNAO BPG *Integrating Smoking Cessation into Daily Nursing Practice* (print or online version)
- Faculty assistance to create liaisons and agreements with health professionals at nearby college campuses and/or within your campus clinic to arrange clinical placements
- Leave The Pack Behind[G] Campus Program Coordinator Guide and Campus-based Brief-Tobacco Intervention Clinic Guide (available in the campus clinic or through the Leave The Pack Behind program office at Brock University [Email: ltpboffice@brocku.ca])
- Intercept interviews from Leave The Pack Behind
- Program Training and Consultation Centre Communication Campaign Guide books (http://www.ptcc-cfc.on.ca/english/Resources/Resource-Search/Resource/?rid=12219)

Activities to be completed by the learner prior to the learning event(s):

1. Complete components of the online course at the Ontario Tobacco Research Unit[G] web site (http://tobaccocourse.otru.org) and bring Certificates of Completion to clinical instructor
2. Review of Leave The Pack Behind program (www.leavethepackbehind.org)
3. Contact with students and health educator/campus nurse overseeing the peer-to-peer program
4. Discuss appropriate community placement options with Clinical Instructor/Professor (e.g., either at the campus where student attends school or a nearby college campus)

Clinical experience options:

1. Contact Leave The Pack Behind program to discuss potential placement within the program on your campus or a nearby campus
2. Locate a placement within a campus clinic
3. Learn how clinic staff use the 4As within their clinic, and review cessation services with staff
4. With the assistance of a campus health promotion professional, recruit and engage a team of students, or become a member of an existing team
5. Working with a small team of students, and using the Campus Program Coordinator Guide from Leave The Pack Behind, design an outreach campaign to inform students of available smoking cessation services on campus, and stimulate interest in using these services
6. Use Leave The Pack Behind materials and create additional campaign materials (e.g., flyers, banners, posters, advertisements)
7. Test new materials with students (smokers and non-smokers) to determine the usefulness of the materials
8. Liaise with campus organizations to obtain increased support for advertising
9. Plan the evaluation of specific events and the entire campaign
10. Learn how referral systems operate (e.g., when health services staff refer students to the Leave The Pack Behind team for carbon monoxide testing, social supports available during the process of quitting)
11. At the end of the semester/school year, evaluate the entire campaign and cessation service using current Leave The Pack Behind program evaluation tools (e.g., intercept interviews)

Post learning event assignment(s):

- Analyze the results from the formal evaluation of the outreach campaign
- Provide feedback to the health-care professional overseeing the peer programming
- Write an evaluation of the clinical experience
- Write a paper with analysis of the intercept interview pre- and post- test results
- Develop a community case study paper with plan, implementation and evaluation for tobacco awareness for a special population
- Develop a paper on:
  - evaluation of health promotion campaigns
  - leadership issues while working with community groups
  - peer-to-peer delivery of health promotion campaigns

Evaluation methods:

- Written evaluation of clinical experience
- Papers
- Exam questions

Module: Clinical Placements

Learning Plan Eight: Clinical Practice and Health Promotion: Community-based Tobacco Use Prevention Education Campaigns

Prerequisites:

- An understanding of Best Practice Guidelines and evidence-based practice
- Completion of the Ontario Tobacco Research Unit[G] online course (http://tobaccocourse.otru.org)
- Learning Plans One, Two, Three and Five
- Knowledge of program evaluation, research protocols and analysis of results

Topics to be covered:

- RNAO BPG *Integrating Smoking Cessation into Daily Nursing Practice* (pp. 22-30)
- Communication campaign to encourage adults to quit smoking
- Working with community health agencies and public health agencies

Time frame:

One or two semesters

Learning objectives:

- Students will become knowledgeable about social marketing campaigns to stimulate health behaviour change in the community.

Students will learn about:

1. Implementing tobacco awareness campaigns in the community using effective communication channels
2. Planning, implementing and evaluating an awareness campaign that effectively reaches a target population and stimulates positive health behaviour change related to tobacco use[G]
3. How to locate and promote smoking cessation services in the community
4. Working with a team to implement a health promotion campaign

Teaching resources:

- RNAO BPG *Integrating Smoking Cessation into Daily Practice* (print or online verion)
- Program Training and Consultation Centre Communication Campaign Guide books (http://www.ptcc-cfc.on.ca/english/Resources/Resource-Search/Resource/?rid=12219)

Activities to be completed by the learner prior to the learning event:

1. Complete components of the online course at the Ontario Tobacco Research Unit[G] web site (http://tobaccocourse.otru.org) and bring Certificates of Completion to clinical instructor
2. To discuss appropriate community placement options with Clinical Instructor/Professor (e.g., with Public Health or a community agency)

Clinical experience options:

1. Meet with agency people and participate in planning a campaign
2. Meet with community stakeholders
3. Become familiar with all smoking cessation services in the community
4. When the team has decided how to promote the campaign, assist with the social marketing aspect of developing messages and images
5. Test new materials with smokers and non-smokers to determine the usefulness of the materials
6. Plan the evaluation of the events and the whole campaign
7. Assist with running the campaign
8. Participate in the evaluation of the whole campaign
9. Assist with analysis of data collected and provide recommendations for future campaigns

Post learning event assignments:

- Analyze the results from the formal evaluation of the outreach campaign
- Provide feedback to the health-care professional overseeing the peer programming
- Write an evaluation of the clinical experience
- Write a paper with analysis of the campaign based on evaluation results
- Develop a community case study paper with a program logic model for a community based tobacco awareness campaign for a target population
- Develop a paper on:
  - evaluation of health promotion campaigns
  - leadership issues while working with community groups

Evaluation methods:

- Written evaluation of clinical experience
- Papers
- Exam questions

Module: Clinical Placements

Learning Plan Nine: Clinical Practice in Primary Care Institutions: Hospital-based Tobacco Use Interventions

This learning plan can be implemented with hospitalized patients who are smokers. The interventions can be appropriately implemented with patients whose health has been jeopardized by tobacco use (e.g., cardiac and stroke patients, oncology patients etc.)

Prerequisites:

- An understanding of best practice guidelines and evidence-based practice
- Complete the RNAO smoking cessation eLearning course (www.TobaccoFreeRNAO.ca)
- Learning Plans One, Two, Three, and Five

Topics to be covered:

- Working with patients with various medical diagnoses who are thinking about quitting smoking, are trying to quit or who need assistance to cope with nicotine withdrawal while in hospital
- RNAO BPG *Integrating Smoking Cessation into Daily Nursing Practice* (pp. 22-30)

Time frame:

One or two semesters

Learning objectives:

- Students will become familiar with smoking policies in health-care facilities
- Students will become knowledgeable about smoking cessation interventions with hospitalized patients
- Students will gain knowledge of referral options for smoking cessation services within the community for patients who are discharged from hospital

Students will learn about:

1. Provincial regulation for tobacco use[G] related to health-care facilities
2. Individual health-care facility smoking policy for staff, patients and visitors
3. How to apply brief smoking cessation interventions with hospitalized patients
4. How to use an assessment form to assess a patient's readiness to quit smoking and to counsel patients who are trying to quit
5. How to locate smoking cessation services in the community
6. How to connect patients to community-based smoking cessation services

Resources:

- RNAO BPG *Integrating Smoking Cessation into Daily Nursing Practice* (print or online version)
- Canadian Cancer Society One Step at a Time booklet for Smokers Who Want to Quit
- Nicotine Dependence Treatment (Teaching Tool E)

Activities to be completed by the learner prior to the learning event:

1. Discuss appropriate placement opportunities with Clinical Instructor/Professor (e.g., local primary care institutions)

Clinical experience options:

1. Visit the Smokers' Helpline web site (www.smokershelpline.ca)
2. Read the Individual Client/Patient Care Plan: Assessment of Tobacco Use and Readiness to Quit (Teaching Tool C) and make photocopies to use when developing patient care plans
3. Discuss with Clinical Instructor how to identify patients who would benefit from this assistance
4. Using the Individual Client/Patient Care Plan (Teaching Tool C), develop a nursing care plan for smoking cessation for each patient during his/her hospital stay (e.g., resources to be provided, counselling strategies, engagement of medical staff, cessation preferences of patient)
5. Become familiar with smoking cessation services in the community by contacting the local public health department and any smoking cessation services within the hospital

Post learning event assignment(s):

- Provide feedback to the Clinical Instructor and/or health-care professional overseeing the student placement
- Using the 4As protocol, and appropriate tools, work with a client/patient who currently smokes and write a reflection
- Create a brochure, flyer, or poster for the unit, addressing the 4As protocol in relation to the illness-focus of the unit and create and collect an evaluation/feedback form for staff and peers
- Do a presentation for peers during the post conference about smoking cessation best practices and the 4As protocol and create and collect an evaluation/feedback form for peers and the Clinical Instructor

Evaluation methods:

- Reflection assignments (graded by Clinical Instructor)
- Evaluation/feedback forms

Notes

Section Four:

Teaching Tools

Section Four: Teaching Tools

Teaching Tool A: The Smoke Screen Challenge Quiz

The Smoke Screen Challenge!

Test your skills with these 20 smoking-related questions! Choose the best answer for each question.

1) On average, how long does it take for nicotine to travel from the lungs to the brain after inhaling cigarette smoke?
   a) 2 seconds
   b) 10 seconds
   c) 1 minute
   d) 2 minutes
   e) Depends on the brand of cigarette

2) What percentage of Canadians smoke cigarettes on a regular basis? *(according to the 2008 Canadian Tobacco Monitoring Survey, Health Canada)*
   a) 5.3 per cent
   b) 18 per cent
   c) 53 per cent
   d) 72.8 per cent
   e) None of the above

3) A symptom of addiction to nicotine is:
   a) Smoking every day
   b) Smoking 30 minutes after waking up in the morning
   c) Smoking 15 or more cigarettes per day
   d) Always smoking when consuming alcoholic drinks
   e) All of the above

4) Light and mild cigarettes:
   a) Are not as bad for your health compared with regular cigarettes
   b) Contain less tar than regular cigarettes
   c) Contain less nicotine than regular cigarettes
   d) Do not affect one's ability to exercise
   e) None of the above

5) Nicotine:
   a) Helps people relax
   b) Is a stimulant
   c) Is an appetite suppressor
   d) Helps people concentrate
   e) All of the above

6) Of the 4,000 chemicals in cigarettes, how many have been proven to cause cancer?

a) 0
b) 1,000
c) 10
d) 700
e) 50

---

7) Ammonia is added to tobacco in order to:

a) Enhance the flavor
b) Make sure it is free of bacteria
c) Help people get addicted faster
d) Meet government regulations
e) None of the above are true

---

8) Nicotine has the following effects:

a) Causes lung cancer
b) Increases blood pressure
c) Keeps the smoker addicted
d) Activates nicotine receptors in the brain
e) (b), (c) and (d) are true

---

9) Sidestream smoke (smoke from the end of a cigarette) is:

a) More poisonous than inhaled smoke
b) Less poisonous than inhaled smoke
c) Carcinogenic
d) Annoying but not dangerous
e) (a) and (c) are true

---

10) Environmental tobacco smoke (also known as "second-hand smoke") negatively affects:

a) Only people who have asthma
b) Everyone who is exposed to it
c) Only people who live with a smoker
d) Only babies
e) Non-smokers

---

11) Fill in the blank: "In Ontario, smoking is prohibited in medical buildings and within ___ metres of entrances to medical buildings"

a) 5
b) 20
c) 9
d) 50
e) There is no law

12) Carbon monoxide:
- a) Is found in the exhaust coming from a car
- b) Is a byproduct of smoking
- c) Reduces the blood oxygen levels in a smoker
- d) Causes a smoker's heart to gradually enlarge
- e) All of the above

---

13) Fill in the blank "One tree is lost for every ___ cigarettes manufactured"
- a) 100
- b) 200
- c) 300
- d) 1,000
- e) 5,000

---

14) Tobacco control on campuses advocates for stricter smoking policies in order to:
- a) Make smokers angry
- b) Stop people from smoking anywhere
- c) Help smokers to quit
- d) Make security staff work harder
- e) None of the above

---

15) How often does someone in the world die of a smoking-related illness?
- a) Every 10 seconds
- b) Every 30 seconds
- c) Every 60 seconds
- d) Every 2 minutes
- e) Every three minutes

---

16) In terms of health effects from smoking tobacco and smoking marijuana:
- a) Only tobacco has cancer causing agents
- b) Tobacco is more poisonous
- c) Marijuana is more poisonous
- d) There are no health hazards to marijuana smoke
- e) Both are tobacco and marijuana smoke have the same health effects

---

17) Hookah (water pipe) smoking is:
- a) Equally as harmful as smoking cigarettes
- b) Not as harmful as smoking cigarettes
- c) More harmful than smoking cigarettes
- d) Not harmful in any way
- e) (b) and (d) are correct

18) Evidence-based smoking cessation treatments include the following:
- a) Nicotine replacement therapies
- b) Hypnosis
- c) Acupuncture
- d) Zyban
- e) Cessation counselling
- f) (a), (d) and (e) are correct

19) Nurses should encourage pregnant women who smoke:
- a) To cut back cigarette smoking to fewer than 10 cigarettes per day
- b) Not to quit during the pregnancy
- c) To quit smoking altogether
- d) Not to mention their smoking to anyone

20) Nursing students can be effective when talking to clients/patients about quitting smoking.
- a) True
- b) False
- c) Don't know

Adapted from: *'Leave The Pack Behind' Smoke Screen Challenge*

Answers to the Smoke Screen Challenge Quiz:

1. b)	2. b)	3. e)	4. e)	5. e)
6. e)	7. c)	8. e)	9. e)	10. b)
11. c)	12. e)	13. c)	14. c)	15. a)
16. e)	17. c)	18. f)	19. c)	20. a)

Scoring for the Smoke Screen Challenge Quiz:

Number of correct answers:	**What your score means:**
20	You have left the pack behind!
16 - 19	You are pulling ahead of the pack
10 - 15	It's okay to be a novice!
Less than 10	Go to LeaveThePackBehind.org and fill in the gaps!

Teaching Tool B: Case Studies for Nurse/Client Interactions

Tobacco issues can be easily integrated into various educational topics. The following are examples of case studies that can be used in various courses. They are aligned with a number of recommendations from the RNAO BPG *Integrating Smoking Cessation into Daily Nursing Practice.* (RNAO, 2007).

Case Study A: Nurses who Smoke

Guideline Recommendation #1.0: "Nurses implement minimal tobacco use intervention using the 'Ask, Advise, Assist, Arrange' protocol with all clients". (RNAO, 2007)

Scenario: John is a Public Health Nurse who works in the chronic disease prevention program at the health unit. He is currently in-charge of implementing the RNAO smoking cessation best practice guideline among all nursing staff. During the initial planning stages of the project, John has encountered some resistance from some staff members who currently smoke. The staff have expressed to him that they think they will be viewed as hypocrites when counseling clients to quit smoking. John is developing a communication plan to address staff's concerns.

Questions:

1) What key points should John include in his communication to staff?

2) What format(s) should John use to communicate with staff?

3) Describe, or role play, a possible conversation between John and a staff member who smokes, regarding the importance of counseling clients to quit smoking.

4) How can John encourage staff to quit smoking?

5) What materials can John provide to staff members to assist them in quitting smoking?

Case Study B: Chronic Conditions and Ethics

Guideline Recommendation #2.0: "Nurses introduce intensive smoking cessation intervention (more than 10 minutes duration) when their knowledge and time enables then to engage in more intensive counselling." (RNAO, 2007)

Scenario: Sarah is 45 years old but looks much older. She has limited income and minimal social support. Sarah smokes 2.5 packs of cigarettes every day. She has come into the community walk-in clinic because of increased dyspnea and bronchitis symptoms and has a diagnosis of chronic obstructive pulmonary disease (COPD).

Mary, the clinic nurse, is Sarah's primary nurse and has worked with her consistently throughout her care. As a nurse, Mary is very committed to health promotion and prevention strategies in health care. She speaks to Sarah at every visit about the importance of quitting smoking to improve her health condition. Sarah has not responded to this at all and continues to smoke. When approached about this issue, Sarah says: "You don't understand. I live alone. I have no family, friends or money and I will never be able to work again. I know I'm wrecking my health, but it is the only thing I enjoy in my life."

1) Sarah is in what stage of change?

2) What are the ethical principles involved?

3) What are Mary's conflicting values?

4) Should the clinic practitioners refuse to see Sarah and devote their time to those who are willing to accept responsibility for their health?

5) How should the clinic serve Sarah, when she refuses to follow the plan of care?

6) Is this an ethical or a legal problem?

7) How could a nurse use the Therapeutic Nurse Client Relationship Standard (http://www.cno.org/docs/prac/41033_Therapeutic.pdf) and the Best Practice Guideline *Integrating Smoking Cessation into Daily Nursing Practice* as guides in this situation?

Case Study C: Cardiology

Guideline Recommendation #3.0: "Nurses recognize that tobacco users may relapse several times before achieving abstinence and need to re-engage clients in the smoking cessation process." (RNAO, 2007)

Scenario: Mr. Kim has just been admitted from the emergency room to the cardiology ward. He has been having severe cardiac arrhythmias and is admitted for cardiac assessment. As a nurse on the cardiology ward, you remember him from last year when he had a heart attack. He was so frightened by the experience that he quit smoking and said he would never smoke again.

During admitting procedures, you ask him if he has used tobacco since his heart attack and he admits that he has resumed smoking.

1) What stage of change is Mr. Kim in?

2) How do you respond to this information?

3) What is your role with this patient regarding smoking cessation?

4) How does the hospital support smoking cessation?

5) What resources can you offer him at this time?

6) What follow-up will you arrange for him when he is discharged?

Study D: Mental Health

Guideline Recommendation #4.0: "Nurses should be knowledgeable about community smoking cessation resources, for referral and follow-up." (RNAO, 2007)

Scenario: Francine is a 37 year old female with a long history of mental illness. She has recently received a diagnosis of schizoaffective disorder. After being discharged from a lengthy stay at an inpatient psychiatric facility, Francine is visiting her local Community Health Centre to meet with a nurse about nutrition advice and weight management. She has started to attend a Yoga class and is visiting regularly with a social worker at her local mental health outreach centre. Francine currently smokes two packs a day and has not considered quitting smoking. She has been smoking since her early teens, and tried to quit several times but always experienced very strong withdrawal symptoms and cravings. Francine believes that if she can become healthier in other areas of her life, she can continue smoking without adverse health effects, or complications relating to her mental illness.

Questions:

1) How would you assess Francine's stage of change?

2) How would you encourage Francine regarding her desire to become healthier?

3) Describe a possible conversation you would have with Francine regarding the dangers of smoking.

4) How would you discuss Francine's smoking as it relates to her mental illness?

5) What community resources would you offer to Francine?

6) What stop-smoking aids would you suggest to Francine?

Case Study E: Long-term Care

Guideline Recommendation #5.0: "Nurses implement smoking cessation interventions, paying particular attention to gender, ethnicity and age-related issues, and tailor strategies to the diverse needs of populations." (RNAO, 2007)

Scenario: Malcolm is a 62 year old resident of a long-term care facility. Malcolm was recently informed that he has severe kidney damage, resulting from high blood pressure. With encouragement from the interprofessional team, Malcolm quit smoking two days ago and is concerned about how he will cope with withdrawal symptoms. As his nurse, Malcolm has expressed to you that he loved smoking and he already misses the feel of the cigarette in his hand and the walks he would take around the property while smoking. Without smoking, Malcolm feels bored and without control in his life.

Questions:

1) What stage of change is Malcolm in?

2) How can you encourage Malcolm that he can succeed in this quit attempt?

3) What stop-smoking aids may be of interest to Malcolm?

4) What suggestions can you offer Malcolm regarding his daily activities?

5) What resources can you provide to him?

Case Study F: Obstetrics

Guideline Recommendation #6.0: "Nurses implement, wherever possible, intensive intervention with women who are pregnant and postpartum." (RNAO, 2007)

Scenario: A young, single mother is admitted to hospital in the third trimester of her pregnancy because of placenta previa. She is placed on bed rest and monitoring. As her nurse on the evening shift, she asks you if she can go out and smoke when her mother comes to visit. You must say 'no,' as the doctor has given orders for her to stay in bed except to go to the bathroom.

1) How do you raise the issue of smoking in pregnancy?

2) Describe a possible conversation about smoking in pregnancy, with careful attention to fostering cooperation and open discussion without making the mother feel guilty.

3) If she will consider therapy while in hospital, how can you arrange for this?

4) What resources can you provide her?

5) How can you engage her parents in the process?

Resource: Pregnets program for smoking cessation. Available at http://pregnets.ca

Case Study G: Pediatrics

Guideline Recommendation #7.0: "Nurses encourage persons who smoke, as well as those who do not, to make their homes smoke free, to protect children, families and themselves from exposure to second-hand smoke." (RNAO, 2007)

Scenario: A 5-year-old boy is admitted with recurrent asthmatic bronchitis. As the nurse assigned to this child, you talk to his mother. She is very anxious about her son's condition and you explain the treatment he is receiving. As you speak with her, you become acutely aware of the smell of tobacco smoke.

Questions:

1) How do you raise the topic of smoking in the home?

2) Describe, or role play, a possible conversation with parents who smoke regarding the importance of protecting children from exposure to tobacco smoke in the home.

3) How would you assess the readiness of this parent to quit smoking?

4) How would you help this parent if she is considering quitting?

5) What materials would you provide to parents who smoke?

Resource: Health Canada. (2006). *Make your Home and Car Smoke-free. A Guide to Protecting Your Family From Second-hand Smoke.* Ottawa: ON: Health Canada. Available at http://www.hc-sc.gc.ca/hc-ps/pubs/tobac-tabac/second-guide/index-eng.php

Teaching Tool C: Clinical Practice – Individual Client/Patient Care Plan

Assessment of Tobacco Use and Readiness to Quit

Topic	Key Questions	Responses
Smoking History	1. How old were you when you smoked your first cigarette?	
	2. When did you become a regular/daily smoker?	
	3. Do you have family members who smoke?	❑ Yes ❑ No
	4. Do you smoke at work?	❑ Yes ❑ No
	5. How many cigarettes do you smoke per day?	
Quitting History	1. Have you tried to quit smoking before? a. If "yes," how many times? When was the last attempt that lasted a minimum of 24 hours? What were your reasons for quitting?	❑ Yes ❑ No Comments:
	b. How long was your longest cessation attempt?	
	c. Was your doctor involved in any of your cessation attempts?	❑ Yes ❑ No Comments:
	d. What withdrawal symptoms did you experience?	
	e. Why did you start smoking again?	❑ Headache ❑ Coughing ❑ Lack of concentration ❑ Nausea ❑ Cravings ❑ Anxiety ❑ Depressed ❑ Other:
	2. Have you used any cessation methods? (nicotine replacement therapies, medications, other)	❑ Yes ❑ No Comments:
	3. Do you have someone to support you during quitting? (e.g., friends, family, workmates)	❑ Yes ❑ No Comments:
Stage of Change Assessment	1. Identify which stage the person is in regarding quitting now (e.g., "*Have you thought about quitting?*").	❑ Pre-contemplation ❑ Contemplation ❑ Preparation ❑ Action ❑ Maintenance
	2. Assess willingness to quit on a scale of 1 to 10. (e.g., "*On a scale of 1 to 10, where would you be now in your willingness to quit?*").	1 2 3 4 5 6 7 8 9 10
	3. Assess confidence that they could quit on a scale of 1 to 10 (e.g., "*On a scale of 1 to 10, how confident are you that you can quit?*").	1 2 3 4 5 6 7 8 9 10
Comorbidity Assessment	1. Current health issues	

Topic	Key Questions	Responses
Comorbidity Assessment	2. Overall health issues	❑ Cardiovascular ❑ Lung ❑ Cancers ❑ Diabetes ❑ Pregnancy ❑ Other:
	3. Mental health or substance abuse issues	
Special Considerations	1. Does this person fall under any of the special population categories?	❑ Aboriginal populations ❑ Children ❑ Adolescents ❑ Young adults (age 19-24) ❑ Chronically ill clients/patients ❑ Clients/patients with concomitant substance addictions ❑ Gay/lesbian/bisexual/ transsexual populations ❑ Lower socio-economic populations ❑ Mental health ❑ Older adults in long-term care ❑ Women and Pregnant women
Cessation Plan	1. Are there stressors right now that would imply that cessation should be delayed?	
	2. Reasons for quitting now?	
	3. Setting a quit date	
	4. Choosing a method	• NRT (patch, gum, inhaler, lozenge) • Zyban • Varenicline • Other:
	5. Choosing supports	Social supports
	6. Referrals	Medical/nursing involvement • physician • Smokers' Helpline • smoking cessation clinic • community cessation programs
General Notations	Patient decision: Referral for support: Quit plan:	

Teaching Tool D: Clinical Practice – System-wide and Individual In-patient Care

Implementing a Systematic Approach to Tobacco Dependence Treatment for Hospitalized Smokers: The Ottawa Model

The Ottawa Model is a system-wide tobacco intervention for hospitalized patients. It was designed and implemented at the University of Ottawa Heart Institute and has been adopted by a number of Canadian hospitals. It has been established that smokers are more likely to be hospitalized than non-smokers; until recently, this was not recognized as a teaching opportunity to help them quit smoking. Several factors account for this recognition occurring at this time:

- Major changes in public policies now require that public places (including hospitals) be smoke-free.
- More evidence-based treatment options are available to help smokers succeed in their smoking cessation attempts.
- Most Canadians are aware of the health consequences of smoking and many smokers want to quit.

Components of the Ottawa Model

On admission: Implementation of the 5As – Ask, Advise, Assess, Assist, and Arrange

1. On admission to hospital, patients are asked about their tobacco use over the last six months ("Have you used any form of tobacco in the past six months?"). Smoking status is documented, along with smoking and quitting history.

2. smokers are advised to quit in a clear, unambiguous and non-judgemental manner ("Quitting smoking is the single most important thing you can do to prevent [presenting health concern] and I strongly advise you to stop smoking. We can assist you while you are in hospital.").

3. The Smoker's interest in quitting smoking is assessed. ("Are you interested in quitting within the next six months? Within the next six months, but not within the next 30 days? Within the next 30 days? Or during this hospital stay?").

4. The patient is assisted with brief counselling and pharmacotherapy, depending on their interest in quitting while in hospital.

During hospitalization

Cessation support for those wanting to quit is comprised of counselling that focuses on managing withdrawal symptoms and planning for how to remain smoke-free on discharge from hospital. Pharmacotherapy is offered during the hospital stay and prescribed for 10-12 weeks after discharge. Self-help[G] materials for smokers wanting to quit is provided.

For those not wanting to quit, counselling focuses on the pros and cons of smoking ("What do you see as some of the advantages and disadvantages of smoking?"). Pharmacotherapy is offered during the hospital stay to help them manage to remain comfortable in the smoke-free environment. Self-help materials tailored[G] to smokers who are not interested in quitting, are provided along with information about community cessation services.

On discharge from hospital

All smokers are offered follow-up support when they leave the hospital. The follow-up for hospitals using this Model is that, if the patient agrees, staff arrange their registration into an interactive voice response (IVR)-mediated telephony[G] system and database. The IVR system places automated calls to the client/patient on a regular basis inquiring about their smoking. The results of the clients'/patients' responses can be reviewed by a nurse and the person is contacted if they appear to need more support.

Hospitals that have adopted this model will have accepted the following 10 best practices for tobacco treatment for hospitalized smokers:

1. Document smoking status of all patients admitted to hospital.
2. Designate staff responsible for providing tobacco dependence treatment.
3. Include tobacco dependence treatment in clinical pathways, care maps, or Kardex systems used for quality management.
4. Ensure that pharmacotherapy for smoking cessation is readily available on the hospital formulary.
5. Have processes in place to track tobacco users for more than 30 days after discharge from hospital and to provide counselling when necessary.
6. Ensure that tobacco dependence treatment training provided to health-care professionals.
7. Have patient self-help materials readily available.
8. Establish referral links to community cessation programs and to Smokers' Helpline[G].
9. Put processes in place to evaluate the provisions of tobacco dependence treatment by health-care professionals.
10. Put processes in place to provide feedback to health-care professionals about their performance regarding the provision of tobacco dependence treatment.

Evaluation Results

Almost half (46 per cent) of all tobacco users said they were interested in quitting smoking within the next 30 days, including during their hospital stay. Only 3/10 said they had no interest in quitting.

Follow-up quit results are being studied now, but the experience with the Ottawa Model so far has been very positive. Many patients have managed to stay smoke-free after discharge, which will result in fewer re-admissions and better health for these patients.

Resource: Reid, R. D., Pipe, A. L., Quinlan, B., Slovinec, M., Kocourek, J., Riley, D. L., et al. (2007) Tobacco dependence treatment for hospitalized smokers: "The Ottawa Model". *Smoking Cessation Rounds*, 1(3). Retrieved October 30, 2008, from http://www.smokingcessationrounds.ca/crus/screng0507.pdf

Teaching Tool E: Nicotine Dependence Treatment

Coping with Withdrawal Symptoms

Most smokers find the first few days and weeks after quitting are the most difficult, as withdrawal symptoms are at their strongest. They should be reminded that this discomfort is temporary; indeed, withdrawal symptoms are a sign that the body is recovering from the effects of smoking. The following are recommendations for coping with withdrawal symptoms

Withdrawal symptom	Coping strategy
Anxiety, irritability	• Go for a walk. • Take deep breaths. • Soak in a warm bath. • Meditate.
Depression	• Use positive self-talk. • Speak to a friend. • See your doctor if depression is intense.
Headache	• Use mild analgesics (ASA, acetaminophen, ibuprofen). • Drink plenty of water. • Relax and rest.
Appetite change	• Eat a well-balanced diet. • Choose healthy, low-fat snacks (e.g., fruits and vegetables).
Constipation, gas	• Drink plenty of fluids. • Eat plenty of fruits and vegetables • Eat high-fibre cereal.
Insomnia	• Avoid beverages containing caffeine particularly before bed (e.g., coffee, tea, cola). • Try relaxation exercises at bedtime.
Difficulty concentrating	• Divide large projects into smaller tasks. • Take regular breaks.
Cough, dry throat or mouth, nasal drip	• Drink plenty of fluid.
Dizziness	• Sit or lie down and rest until the feeling passes.

Adapted from: Department of Family & Community Medicine, University of Toronto. (2000). *Smoking cessation guidelines: How to treat your patient's tobacco addiction*. Toronto, ON: Pegasus Healthcare International.

Coping with Cravings

After they have quit smoking, and even after withdrawal symptoms have passed, smokers may crave nicotine, and feel tempted to smoke a cigarette. It is important to develop coping strategies to deal with smoking triggers and high-risk smoking situations.

Trigger	Coping strategy
Other people smoking	• In the short term, avoid social situations where others will be smoking. • Sit in the non-smoking section at restaurants or other public venues. • Ask smoking friends not to offer you cigarettes.
Alcohol	• Try to avoid alcohol altogether, at least in the short term. Drinking alcohol can make it extremely difficult to resist the urge to smoke.
Coffee	• Avoid beverages containing caffeine (e.g., coffee, tea, cola). Choose water or fruit juices instead.
First thing in the morning	• Change your routine: Take a shower, go for a walk, do something new right after you awaken.
After meals	• Leave the table immediately. • Wash the dishes. • Brush your teeth. • Phone a friend.
Urges to smoke	• The urge to smoke often passes after a few minutes, so distract yourself by eating a healthy snack, sipping water or watching television.
Stress	• Identify sources of stress, then eliminate or change your reaction to them. • Use relaxation techniques such as deep breathing, meditation or yoga. • Exercise more.

Adapted from: Department of Family & Community Medicine, University of Toronto. (2000). *Smoking cessation guidelines: How to treat your patient's tobacco addiction. Toronto, ON: Pegasus Healthcare International.*

Teaching Tool F: Clinical Practice – Health Promotion

Tobacco Use Prevention Community-based Campaign: Pre/Post Knowledge and Skills Self-assessment Questionnaire

One course objectives is to involve students and volunteers in a manner that contributes to their knowledge and skill development. To assess whether we have met this objective, students are asked to complete this questionnaire before they start and after they have finished a tobacco use prevention community-based project, regardless of their role in the project. The pre/post scores of the group will be assessed.

Pre/Post Knowledge and Skills Self-Assessment Questionnaire

This is an anonymous questionnaire. Do not write your name on it.
Only the MEAN scores calculated from ALL students will be included in reports.
NO INDIVIDUAL SCORES will be reported.

Questions:

Circle the number that best describes you.

I feel very knowledgeable about:	Strongly disagree		Neither agree nor disagree		Strongly Agree	
Stages of change theory	1	2	3	4	5	6
Smokers' attitudes toward quitting	1	2	3	4	5	6
Smokers' needs	1	2	3	4	5	6
Nicotine addiction	1	2	3	4	5	6
How hard it is for someone to quit smoking	1	2	3	4	5	6
How to plan health programs	1	2	3	4	5	6
How to implement health programs	1	2	3	4	5	6
How to design communication campaigns	1	2	3	4	5	6
Effective recruitment strategies for health programs	1	2	3	4	5	6

I have very good skills in the areas of:	Strongly disagree		Neither agree nor disagree		Strongly Agree	
Being a team player	1	2	3	4	5	6
Time management	1	2	3	4	5	6
Peer-to-peer education	1	2	3	4	5	6
Public speaking	1	2	3	4	5	6
Designing communication campaigns	1	2	3	4	5	6
Dealing with media personnel	1	2	3	4	5	6
Planning health programs	1	2	3	4	5	6
Dealing with administrators	1	2	3	4	5	6
Designing and implementing evaluation protocols	1	2	3	4	5	6
Conducting carbon monoxide tests	1	2	3	4	5	6
Interactive outreach	1	2	3	4	5	6
Recruiting participants for health programs	1	2	3	4	5	6

Circle the best answer:

1. When you are staffing a display booth, the best way to respond to smokers' questions is to:
   a. provide information about where to get help with their particular concerns
   b. offer concrete advice and tips on how to quit smoking

2. Carbon monoxide testing should be done at display booths in order to:
   a. convince smokers that smoking is bad and they should quit
   b. engage smokers in conversations about smoking

3. The best way to inform people about a smoking cessation program is through:
   a. interpersonal contact such as in-class announcements and displays
   b. mass media advertising such as radio, newspaper ads, and posters

4. A smoker has a greater chance of quitting if:
   a. they have a lot of willpower and want to quit
   b. they use such pharmacological aids as Zyban, the nicotine patch, or nicotine gum

5. What percent of smokers want to quit smoking?
   a. 10 per cent to 20 per cent
   b. 70 per cent to 80 per cent

6. The main goal of a quit smoking initiative is to:
   a. encourage smokers to quit smoking
   b. provide information to smokers, whether or not they want to quit

7. The main purpose of a display booth is to:
   a. provide a venue for face-to-face contact with the target population
   b. encourage smokers to consider quitting

8. At a display booth, carbon monoxide testing with smokers is used to demonstrate that:
   a. carbon monoxide is present in a smoker's body as a result of their smoking
   b. smokers are slowly poisoning themselves by depleting the carbon monoxide in their body

9. Indicate whether the following statements are True or False.

a) There are 7 stages in the Stages of Change theory.	True	False
b) Nicotine causes cancer.	True	False
c) "Light" and/or "Mild" cigarettes are safer than regular cigarettes.	True	False
d) Second-hand smoke contains cancer-causing agents and toxins.	True	False
e) A smoker who is thinking of quitting in the next six months but still feels unsure about quitting is in the pre-contemplation stage of change.	True	False
f) Most university students who smoke want to quit.	True	False
g) Most smokers are in the "preparation" stage, i.e., getting ready to quit smoking within the next six months.	True	False
h) The percentage of teenagers who smoke is higher than the percentage of young adults who smoke.	True	False
i) About 25 per cent of people who try to quit smoking "cold turkey" succeed in doing so.	True	False
j) Smokers who use nicotine replacement therapy are more likely to quit than smokers who go "cold turkey."	True	False

Answers:

1. When you are staffing a display booth, the best way to respond to smokers' questions is to:
   a. provide information about where to get help with their particular concerns

2. Carbon monoxide testing should be done at display booths in order to:
   b. engage smokers in conversations about smoking

3. The best way to inform people about a smoking cessation program is through:
   a. interpersonal contact such as announcements, group presentations and displays

4. A smoker has a greater chance of quitting if:
   b. they use such pharmacological aids such as Zyban, the nicotine patch, or nicotine gum

5. What percent of smokers want to quit smoking?
   b. 70 per cent to 80 per cent

6. The main goal of a quit smoking initiative is to:
   b. provide information to smokers, whether or not they want to quit

7. The main purpose of a display booth is to:
   a. provide a venue for face-to-face contact with the target population

8. At a display booth, carbon monoxide testing with smokers is used to demonstrate that:
   a. carbon monoxide is present in a smoker's body as a result of their smoking

9. a) There are 7 stages in the Stages of Change theory.	False
b) Nicotine causes cancer.	False
c) "Light" and/or "Mild" cigarettes are safer than regular cigarettes.	False
d) Second-hand smoke contains cancer-causing agents and toxins.	True
e) A smoker who is thinking of quitting in the next six months but still feels unsure about quitting is in the pre-contemplation stage of change.	False
f) Most university students who smoke want to quit.	True
g) Most smokers are in the "preparation" stage, i.e., getting ready to quit smoking within the next six months.	False
h) The percentage of teenagers who smoke is higher than the percentage of young adults who smoke.	False
i) About 25 per cent of people who try to quit smoking "cold turkey" succeed in doing so.	False
j) Smokers who use nicotine replacement therapy are more likely to quit than smokers who go "cold turkey."	True

Adapted from: Leave The Pack Behind Self-Assessment Questionnaire, 2009

Teaching Tool G: Examples of Health Promotion Clinical Practice Course Outlines

Clinical Nursing Experience in Health Promotion/Community Health

Example 1: Population-based Health Promotion – Campus Community

BPG Recommendation #5.0: "Nurses implement smoking cessation interventions, paying particular attention to gender, ethnicity and age-related issues, and tailor strategies to the diverse needs of populations." (RNAO, 2007)

Third-year community placements can be arranged for students to be placed with the Leave The Pack Behind[G] (LTPB) campus-based smoking cessation initiative for two days per week on a six-week rotation. A preceptor and faculty supervisor are required.

Educational experience:

- Train and work with a team of students to engage peers with educational campaigns that address tobacco use issues and other healthy lifestyle topics as they relate to smoking.
- Weekly experience at display booths, interacting with students as a resource on smoking cessation and the harm of tobacco use[G].
- Administer carbon monoxide (CO) testing: Use the CO monitor and learn how to interpret results and communicate them appropriately to the student participant.
- Understand the importance of program evaluation and participate consistently in integrated data collection.
- Participate in campus surveys regarding smoking culture, or undertake program evaluation to assess program reach.

Independent learning:

- Review the LTPB Blueprint for Campus Programming and review key literature that supports LTPB as evidence-based health-promotion programming.
- Review the LTPB web site (http://leavethepackbehind.ca/) including the health-care profes–sionals and the key tobacco information sections, and individual campus sites.
- Review of the Stages of Change theory as it pertains to nicotine addiction.
- Complete the RNAO smoking cessation eLearning course (www.TobaccoFreeRNAO.ca)
- Review the RNAO BPG *Integrating Smoking Cessation into Daily Nursing Practice*.

Faculty support:

- Design a learning plan[G] with the students.
- Liaise with the campus health-care professional who oversees LTPB.
- Meet regularly with the student.
- Review Stages of Change and Motivational Interviewing[G] strategies with students, to assist them in initiating interactions with peers who use tobacco.
- Where possible, arrange an observation day at a local smoking cessation clinic service.
- Evaluation, including exploring with students how they will integrate minimal and intensive interventions into their nursing practice.
- The pre-/post test in Teaching Tool F can be adapted for use to determine knowledge acquisition based upon their experiences.

Example 2: Population-based Health Promotion – General Community

BPG Recommendation #11.0: "Nurses seek opportunities to be actively involved in advocating for smoke-free spaces and protection against second-hand smoke." (RNAO, 2007)

Third-year community placements can be arranged for students to be placed with a local public health agency's tobacco control[G] team or healthy lifestyle team for two days per week on a six-week rotation. A preceptor and faculty supervisor are required. Fourth-year consolidation experiences may also be available with the local public health agency.

Educational experience:

- Training to present prevention or smoking cessation programs in schools.
- Promotion of local bylaws restricting smoking.
- Doing community presentations or displays at local events.
- Become familiar with all smoking cessation resources within the community.

Independent learning:

- Review the Stages of Change theory as it pertains to nicotine addiction.
- Complete the Online Tobacco Research Unit[G] online health promotion course.
- Review the RNAO BPG *Integrating Smoking Cessation into Daily Nursing Practice*.
- Review the Ontario Tobacco Strategy and legislation (Ontario Tobacco Act) governing tobacco and second-hand smoke[G].

Faculty support:

- Design a learning plan[G] with students.
- Liaise with local Public Health agency.
- Meet regularly with students to discuss progress.
- Review concepts of population-based health promotion.
- The pre-/post test in Teaching Tool F can be used to determine knowledge acquisition from the experience.
- Evaluation, which may include journaling the experience and/or writing a paper on a population-based health promotion strategy.

Teaching Tool H: Online Tobacco Resources

Centre for Addiction and Mental Health, Information about Drugs and Addiction, Tobacco: http://www.camh.net/ About_Addiction_Mental_Health/ Drug_and_Addiction_Information/ tobacco_dyk.html	Registered Nurses' Association of Ontario smoking cessation programs and eLearning course: http://www.TobaccoFreeRNAO.ca
Cochrane Library, Tobacco Addiction: http://www.cochrane.org/ reviews/en/topics/94_reviews.html	Smoke-free Housing Ontario, Tenants Exposure to Second-hand Smoke: http://www.smokefreehousingon.ca/sfho/ tenants-exposure.html
Health Canada, Health Concerns, Tobacco: http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/ index-eng.php	Society for Research on Nicotine and Tobacco: http://www.srnt.org
Minto Prevention and Rehabilitation Centre, University of Ottawa Heart Institute and The Centre for Addiction and Mental Health, University of Toronto, Smoking Cessation Rounds: http://smokingcessationrounds.ca	US Centres for Disease Control and Prevention, Smoking and Tobacco Use: http://www.cdc.gov/tobacco
Ontario Ministry of Health Promotion, Smoke-Free Ontario: http://www.mhp.gov.on.ca/en/smoke-free/ default.asp	World Health Organization Framework Convention on Tobacco Control: http://www.who.int/fctc/en/index.html
Ontario Tobacco Research Unit Online Course, Tobacco and Public Health: From Theory to Practice: http://tobaccocourse.otru.org	World Health Organization Tobacco-Free Initiative: http://www.who.int/tobacco/en

Teaching Tool I: Ontario Medical Association Stop-Smoking Medication Recommendations (2008)

1. Stop-Smoking Medications should be made available to patients with cardiovascular disease who have not been able to quit using non-pharmacologic methods.	7. Smokers should be encouraged to individualize their NRT dosage to meet their nicotine needs.
2. As with other drugs, nicotine replacement therapy (NRT) dosage should be modified to suit the smoker's needs. Use of the appropriate combination of products is also necessary.	8. Hospitals should include cessation medications in their drug formularies, and should offer a cessation program based on the Ottawa model to all smokers admitted to their facility. Standard orders should be available to relieve withdrawal and enhance the likelihood of cessation.
3. NRT should be made available to pregnant women who are unable to quit using non-pharmacologic methods. As with other drugs, NRT dosage should be matched to suit the smoker's needs.	9. The attending physician should routinely offer cessation medications to hospitalized patients who smoke, including patients in psychiatric wards.
4. Partners who smoke should not smoke around pregnant women; they should be encouraged to quit, and should also consider using stop-smoking medications.	10. When smokers know of their hospitalization in advance, these patients should be offered assistance in gaining skills to abstain from tobacco, including the offer of cessation medications. Ideally this should be done six weeks prior to their admission.
5. Cessation medications should be made available for smokers under 18 who want to quit.	11. Smokers should be encouraged to use NRT for as long as needed to maintain or prolong tobacco abstinence. Periodic assessments to evaluate the continued use of nicotine should be offered to the patient.
6. Smokers should be encouraged to consider use of the various NRT products concurrently, and/or in combination with bupropion as needed, to control their withdrawal symptoms.	12. Physicians should consider prolonging varenicline therapy for patients for at least 24 weeks if they are not smoking 12 weeks after they have started the medication.

13. Smokers who cannot imagine being without their cigarettes should try using NRT to take a "cigarette holiday." Over time, these smokers should attempt to gradually extend the duration of these cigarette free periods.	17. The federal government should remove the GST on NRT products.
14. Highly dependent smokers who are unable or unwilling to quit completely should use NRT to help them substantially reduce their cigarette consumption. Over time, these smokers should, ideally, replace more and more of the tobacco they use with NRT.	18. The pharmaceutical industry should work to closely match the package quantity of NRT to tobacco products and ensure that the cost of nicotine replacement therapies not exceed the cost of tobacco products.
15. The recent approval by Health Canada of nicotine gum for the purpose of reducing consumption in those who continue to smoke should be extended to all forms of NRT.	19. Cessation medications should be covered under both public and private health insurance plans without penalizing the most dependent smokers who might need long-term treatment to quit successfully.
16. The manufacturers of NRT products should make these products available at every retail outlet where tobacco products are sold and retailers should display them prominently.	20. Free NRT programs should be offered annually to help large number of smokers making a quit attempt to be successful.

Acknowledgements: Ontario Medical Association, 525 University Ave, Suite 200, Toronto, ON M5G 2K7. Tel: (416) 599-2580, Toll-free: 1-800-268-7215, Website: www.oma.org

Teaching Tool J: Program Logic Model Worksheet

STEP 1 - CLARIFY YOUR PROGRAM

Once you have a logic model of your program, designing an evaluation becomes much simpler. The following is an example of a program logic model framework.

Goal			
Population(s) of Interest			
Long-term Outcome Objectives			
Short-term Outcome Objectives			
Outputs			
Activities			

A. Complete the following information:

Name of organization: _____

Name of project/program: _____

Brief description of project _____

_____

_____

_____

Goal	
Population of Interest	
Long-term Outcome Objectives	**Indicators**
Short-term Outcome Objectives	**Indicators**
Outputs	**Indicators**
Activities	**Indicators**

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Visit http://www.thcu.ca/infoandresources/resource_display.cfm?resourceID=1265 for additional worksheets, including:

- Step 2: Identify the Stakeholders;
- Step 3: Assess Resources;
- Step 4: Design the Evaluation;
- Step 5: Determine Appropriate Methods of Measurement and Procedure;
- Step 6: Develop the Work Plan, Budget, and Timeline for Evaluation;

Section Five:

Glossary of Terms

Section Five: Glossary of Terms

Addiction:* Compulsive drug use, with loss of control, the development of dependence, continued use despite negative consequences, and specific withdrawal symptoms when the drug is removed.

Cigarette Alternatives: Harmful tobacco products that are sometimes used as alternatives to cigarettes (e.g., chew, snus, hookahs, cigars, cigarillos, bidis).

Client/Patient: In recognition of the preferences of various health professional groups for specific terminology, the terms "client" and "patient" are used interchangeably.

Cochrane Library:* A service of the Cochrane collaboration, an international, non-profit and independent organization that regularly publishes evidence-based reviews about health-care interventions. Available at www.cochrane.org

Co-morbidity:* Coexistence of tobacco use with other medical diseases/illnesses, including mental illnesses.

Cotinine: A metabolite of nicotine with a significantly longer half-life. It can be measured through saliva or urine samples as an indicator to confirm abstinence from tobacco use.

Chronic Obstructive Pulmonary Disease (COPD): A progressive and irreversible condition characterized by diminished inspiratory and expiratory capacity of the lungs. The person complains of dyspnea with physical exertion, difficulty in inhaling or exhaling deeply, and sometimes of a chronic cough. The condition may result from chronic bronchitis, pulmonary emphysema, asthma, or chronic bronchiolitis and is aggravated by cigarette smoking and air pollution.

Driven to Quit Challenge: An annual quit smoking contest that is presented by the Canadian Cancer Society. More information is available at http://www.driventoquit.ca

Learning Plan: An outline of content to be taught over a series of lectures.

Leave The Pack Behind: A comprehensive tobacco control program for young adults attending Ontario colleges and universities funded through the Smoke-Free Ontario Strategy. More information is available at http://leavethepackbehind.ca/

Motivational Interviewing:* A directive and client/patient-centered counseling method used to increase motivation and facilitate change.

Nicotine Addiction: An addiction to the drug nicotine, found in various tobacco products such as cigarettes, cigars, cigarillos and chewing tobacco. Nicotine addiction is a chronic disease.

Nicotine Replacement Therapy: Medications that contain nicotine and are used to assist smokers to quit by gradually reducing nicotine doses, thus controlling withdrawal symptoms. The following four nicotine replacement therapy products are approved by Health Canada: nicotine patch, nicotine gum, nicotine inhaler and nicotine lozenge.

Nurse: In this document, the term nurse refers to Registered Nurses, Nurse Practitioners, and Registered Practical Nurses.

Nurse Educator: In this document, the term "nurse educator" refers to all nursing faculty and clinical instructors.

Ontario Tobacco Research Unit: An Ontario-based research network and research component of the Smoke-Free Ontario Strategy. More information is available at http://www.otru.org

Second-hand Smoke: The smoke emitted from the end of a cigarette, pipe, or cigar and smoke exhaled by a smoker. Also known as side-stream smoke or environmental tobacco smoke. (Canadian Cancer Society, 2007a).

Self-efficacy: One's belief or confidence about ability to achieve a specific goal.

Self-help: An intervention strategy that allows for a person to use non-pharmacological approaches to quitting smoking. These could include: self-help booklets, internet quit programs, telephone quit-lines, books, videos, or computer programs.

Smokeless Tobacco:* Any form of unburned tobacco including chew tobacco, snus, and snuff. These products are as addictive as cigarettes and are proven to cause various cancers in the gum, cheek, lip, mouth, tongue, throat and pancreas.

Smokers' Helpline: A call service for smokers to receive help with smoking cessation. People from anywhere in Ontario call in and can receive counselling and pro-active support calls. This service is funded through the Smoke-Free Ontario strategy. More information is available at http://smokershelpline.ca/

Sudden Infant Death Syndrome (SIDS): The sudden death of an infant under one year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history. (Willinger, James & Catz, 1991).

Tailoring: A term used in reference to tobacco interventions that are particularly adapted to the needs or culture of a special population (e.g., pregnant women, youth, aboriginals)

Telephony: An interactive, voice-response phone call system that is connected to a database. Responses can be scanned by a nurse, and patient follow-up is done as a result.

Tobacco Control: The comprehensive management of tobacco-related issues so that an environment encourages a smoke-free lifestyle through prevention, protection and facilitation of smoking cessation.

Tobacco Interventions: Counselling methods ranging from brief screening of individual patients for tobacco use by the implementation of standard protocols (less than 10 minutes), to longer ongoing assistance to patients with smoking cessation (over 10 minutes).

Tobacco Use: The smoking or chewing of tobacco products.

Tobacco Use Reduction: The overall reduction in the number of people using tobacco products; or the reduction of the amount of tobacco used by an individual.

Training Enhancement in Applied Cessation Counselling and Health (TEACH): A certified tobacco cessation training course for health professionals, offered through the Centre for Addiction and Mental Health. More information is available at http://teachproject.ca/

Young Adults: In this document, the term young adults refers to persons aged 19 -24.

* Indicates definitions from Treating Tobacco Use and Dependence: 2008 Update, available at http://www.surgeongeneral.gov/tobacco/default.htm

Notes

Section Six:

Literature Search and References

Section Six: Literature Search and References

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Nursing Faculty Education Guide

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Made possible by funding from the Ontario Ministry of Health Promotion.

ISBN-13: 978-0-920166-98-7
ISBN-10: 0-920166-98-9

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