

PROVIDING WOMEN-CENTRED SMOKING INTERVENTIONS:

AN EXAMPLE FROM
MAXXINE WRIGHT COMMUNITY
HEALTH CENTRE





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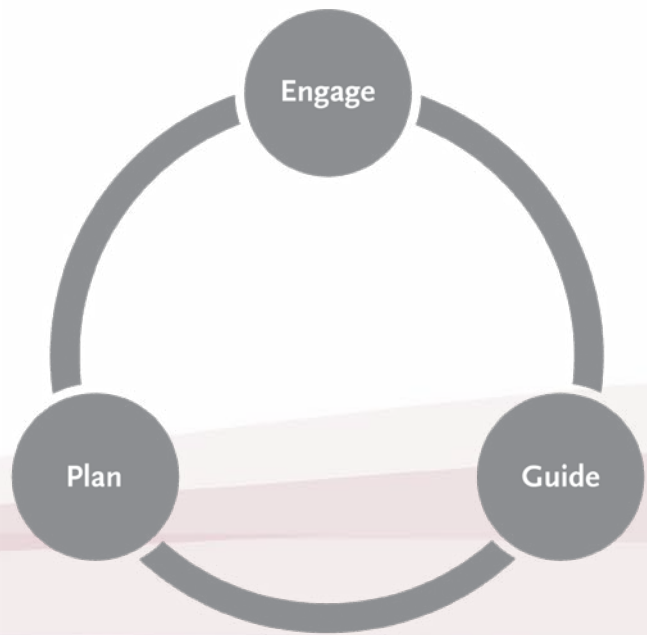
Maxxine Wright Community Health Centre (MW) provides health and social support services to women who are pregnant or parenting children under 5 years old, and who are also impacted by violence and/or substance use. In 2011 MW was selected as a site for implementing the Primary prevention of Heart Disease demo project funded by Provincial Health Services Authority. One of the Primary Prevention interventions was the provision of Nicotine Replacement Therapy (NRT) as part of a smoking reduction/cessation strategy. NRT was provided within the women-centred care model which is the essence of MW. We identified practical ways to adapt standard smoking intervention supports to meet the needs of marginalized women accessing our services. We would like to share our learning from this experience to help you support your clients.

There are few absolute rules of what will work best when supporting women impacted by violence and substance use to reduce or quit smoking. We found that we needed to be flexible, build relationships with our clients, and work collaboratively rather than punitively to reduce smoking.

Women who are impacted by violence and substance use are amongst the most at risk for smoking and for continuing to smoke during pregnancy¹. While there is a wealth of resources on smoking and tobacco cessation interventions, there is a lack of information on providing women-centred support to this particular population of marginalized women. Healthcare practitioners reported a need for resources that would help them support women to reduce or quit smoking without being judgemental, suggesting that the lessons from MW would be valuable to them. They wanted concrete examples of how to start conversations about smoking, how to motivate women to reduce or quit smoking, and how

to support them in their process of quitting. Many of the women at MW have reasons for smoking, including physical addiction, high stress and anxiety. Many of them have already made strides by quitting other substances and have other life stressors that take priority over quitting smoking. When asked how they would like to receive tobacco intervention support, they indicated that **they want to work with a provider who takes the time to know them and who doesn't judge them**. Hopefully this resource will support this kind of women-centred care in smoking interventions.

There are few absolute rules of what will work best when supporting a woman impacted by violence and substance use to quit smoking or to reduce smoking as she works toward cessation. Collaborate with her to understand how smoking impacts her, and to help her move ahead in the process at her own pace, in a way that works for her.



¹Greaves, L., Poole, N., Okoli, C., Hemsing, N., Qu, A., Bialystok, L. & O'Leary, R. (2011). *Expecting to quit: A best-practices review of smoking cessation interventions for pregnant and post-partum women* (2nd ed.). Vancouver: British Columbia Centre of Excellence for Women's Health.

Engage:

Begin building a safe and trusting relationship and exploring the impacts of tobacco in her life.

Build a Relationship

Develop a collaborative understanding

Understand and address her beliefs

BUILD A RELATIONSHIP

- Listen to her needs, concerns, and strengths without judging her or assuming her priorities.

DEVELOP A COLLABORATIVE UNDERSTANDING

- How is smoking impacting how she feels about her body? Her health? Her children's health?
- Poverty often causes stress, which is a reason some women smoke. The financial costs of smoking can then lead to increased stress and poverty. Helping women realize the financial and emotional costs of smoking can support their ability to free themselves from this cycle .



UNDERSTAND AND ADDRESS HER BELIEFS

- Some women report that their doctors told them not to quit during pregnancy due to resulting stress on the baby; address this misconception by providing accurate information. The CAN-ADAPTT guidelines state that “smoking cessation should be encouraged for all pregnant, breastfeeding and postpartum women.”²
- While acknowledging the potential stress to the mother due to quitting, emphasize that NRT provides the nicotine without the harmful chemicals found in cigarettes.

²CAN-ADAPTT (2011). *Canadian Smoking Cessation Guideline: Specific Populations: Pregnant & Breastfeeding Women*. Retrieved from: <http://www.can-adaptt.net/>

Guide:

Encourage dialogue about the possibility of change without demanding she change her smoking habits.

Understand her reasons for smoking. Ask about other ways these needs could be met.

Help her find the motivation to reduce or quit.

UNDERSTAND HER REASONS FOR SMOKING.

ASK ABOUT OTHER WAYS THESE NEEDS COULD BE MET.

- Does she have other competing priorities? For example, is she in unstable housing? Do your best to support her in these priorities.
- Does she smoke to deal with stress? Are there other ways she addresses stress?
- Is she afraid her quitting attempts might fail? Is she afraid that failure might lead her to relapse on other substances?

HELP HER FIND THE MOTIVATION TO REDUCE OR QUIT.

- For example, ask: what would you do with the extra money? Or, how might your health change?

Plan:

Help her move ahead in her reduction or cessation process at her own pace and in her own way. Stay connected with her.

Help her identify reduction or cessation strategies that work for her.

Adjust the strategies to work for her. For example, when supporting our patients using NRT, we used some of the following adaptations

Aim higher; go slower.

HELP HER IDENTIFY REDUCTION OR CESSATION STRATEGIES THAT WORK FOR HER.


- Provide her with options for strategies and ask which ones fit for her.
- Hand to mouth habits can be hard to break. Suggest having unsweetened, dental-safe things to chew on, for example: gum, straws or vegetable sticks.

ADJUST THE STRATEGIES TO WORK FOR HER. FOR EXAMPLE, WHEN SUPPORTING OUR PATIENTS USING NRT, WE USED SOME OF THE FOLLOWING ADAPTATIONS:

- If she is getting up through the night to smoke, suggest leaving the patch on overnight. Take note of whether this decreases her need to smoke without causing sleep disturbances and adjust the dose accordingly.
- Use nicotine gum in conjunction with the patch. This helps with managing cravings as well as stabilizing nicotine levels until a newly applied patch starts working.
- Keep the barriers to NRT low. The multiple day smoking inventory, which requires women to track their smoking habits over several days, does not work for everyone. Being creative and adaptive moves the professional towards solutions.

AIM HIGHER; GO SLOWER.

- Smoking tends to be under-reported. Ensure the dose is adequate. Aim higher in the dosing to support success.
- Go slower. Don't reduce the dose too quickly; instead wait until she is stable and confident.
- Understand and educate patients about the signs of too much or too little nicotine for women who are reducing or quitting smoking; see the attached information sheet.



Help her prevent relapse but stay supportive if she does relapse.

Know where to refer her for the support and supplies she needs.

HELP HER PREVENT RELAPSE BUT STAY SUPPORTIVE IF SHE DOES RELAPSE.

- As she quits or reduces, continue to provide support by asking her about her progress. Help her change or adjust her strategies if they aren't working.
- Celebrate her efforts and successes. Successes can be as small as delaying smoking for ten minutes or reducing by one cigarette per day. Celebrating these small changes lets her know you support her efforts.
- If a woman relapses, get curious and be supportive of her: don't judge her.

KNOW WHERE TO REFER HER FOR THE SUPPORT AND SUPPLIES SHE NEEDS.

- HealthLinkBC, reached by dialling 811, provides services to all British Columbians wishing to access the Nicotine Replacement gum or patch. After a brief intake, 811 provides a prescription number which can be taken to the pharmacy in order to receive free nicotine replacement for up to 12 weeks. This service can be accessed once per year.
- QuitNow provides ongoing cessation support over the phone or by text or email.

If your patients choose to use NRT, know the signs of *too much* or *too little* and adjust the dose accordingly.

Signs of nicotine withdrawal and the need to consider **increasing the dose**:

- Physical discomfort.
- Increased depression.
- Difficulty sleeping.
- Unexplained increase in irritability, frustration or anger.
- Unexplained increase in anxiety or nervousness.
- Difficulty concentrating.
- Feeling more restless than usual.
- Increased appetite.
- Cravings to smoke.
- Constipation.
- Feeling more tired than usual.
- Having a cough, dry throat, nasal drip, or needing to clear the throat frequently.

Signs that the nicotine dose is **too high** and needs to be decreased:

- Being pale or sweaty.
- Being shaky or dizzy.
- Headaches.
- Confusion.
- Fast heart rate or fluttery heart beat.
- Nausea, vomiting, diarrhea or stomach pain.
- Increased saliva.

The above information is based on the Fraser Health Clinical Practice Guideline, *Nicotine Withdrawal: RN initiated management*, September 2010.

This project was supported by BC Women's Hospital & Health Centre's Primary Prevention of Heart Health in Women project which received funding from the Office of Population and Public Health of the Provincial Health Services Authority. The staff at MW are grateful to have had the opportunity to explore and learn the nuances of NRT for smoking reduction/cessation strategies for women impacted by violence and substance use.