

Healthy Starts



Reducing the health effects of smoking around Indigenous babies and children



Acknowledgements:

This resource was developed as part of a research project to reduce respiratory illness in Indigenous infants through a family-based program about second hand tobacco smoke exposure. It is designed to assist healthcare providers to discuss second hand tobacco smoke and encourage families to have smoke-free homes.

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Section 1:

Second-hand smoke

What is SHS?

First ask the mother/caregiver what they think SHS is and then explain:

- SHS is the smoke from the burning end of a cigarette, mixed with the smoke that is breathed out by the smoker. SHS is also sometimes called passive smoking.
- Babies & kids can breathe in SHS. They can also be exposed to the SHS that stays in dust and on surfaces in the house (e.g. when they are crawling on carpets, on clothing and bedding).
- Kids usually breathe in SHS in their houses and in cars but can also be exposed in other people's houses and social gatherings where people smoke.

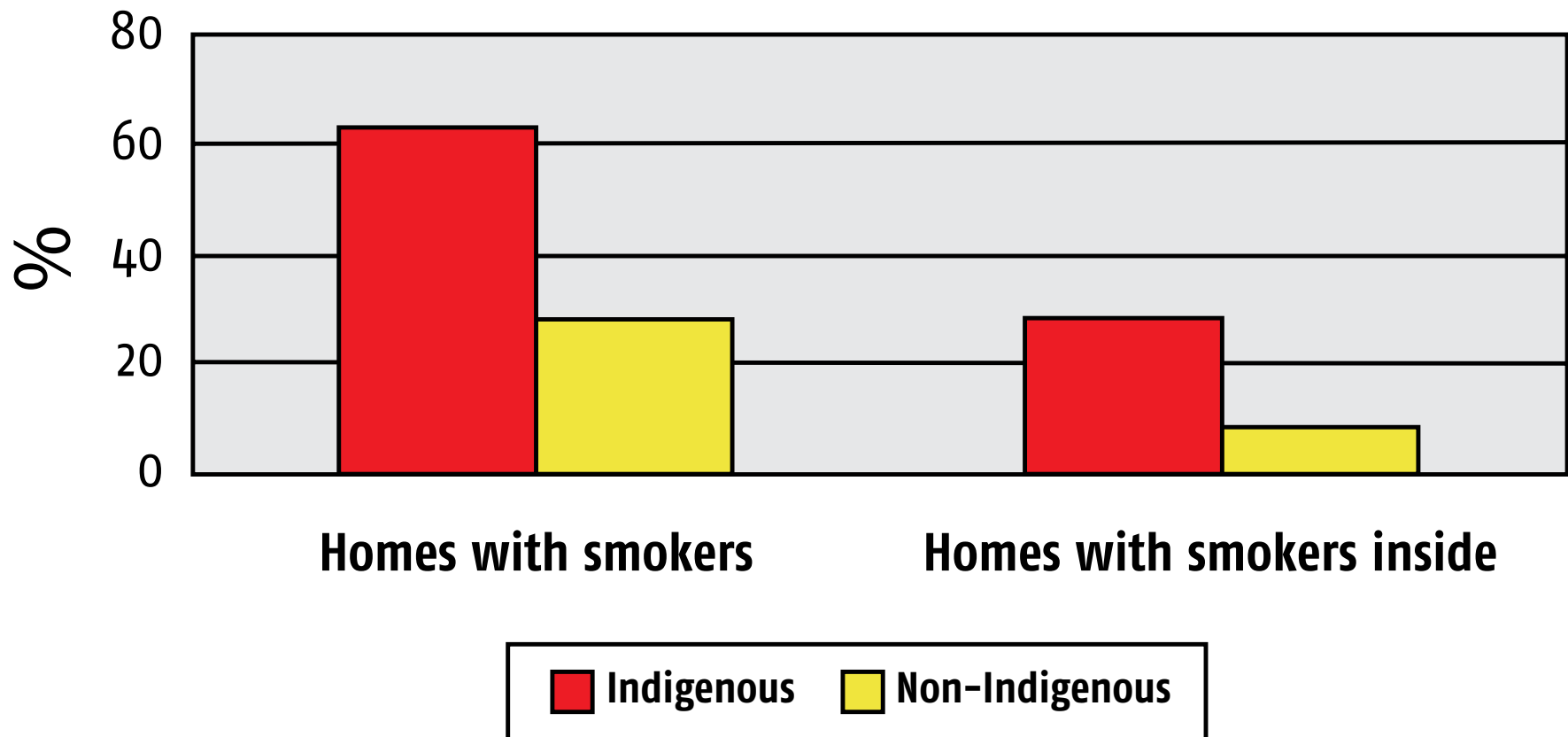


Illustration by Norma Bengert

Secondhand smoke exposure of Indigenous kids

- Currently, 62% of Indigenous children live in houses with one or more regular smokers, compared with 32% of non-Indigenous children.
- About 20% of Indigenous children compared with 7% of non-Indigenous children live in households with someone who smokes indoors.

Comparison of smokers in Australian homes: Indigenous and non-Indigenous



Why are babies & kids more at risk from SHS?

Babies & kids:

- Cannot move away so easily from people who smoke. Children have little choice, so it's up to adults to decide not to smoke around them.
- Have weaker lungs and immune system (which provides protection from infection) compared with fully grown adults.
- Have higher breathing rates than adults up to about 5 years old.

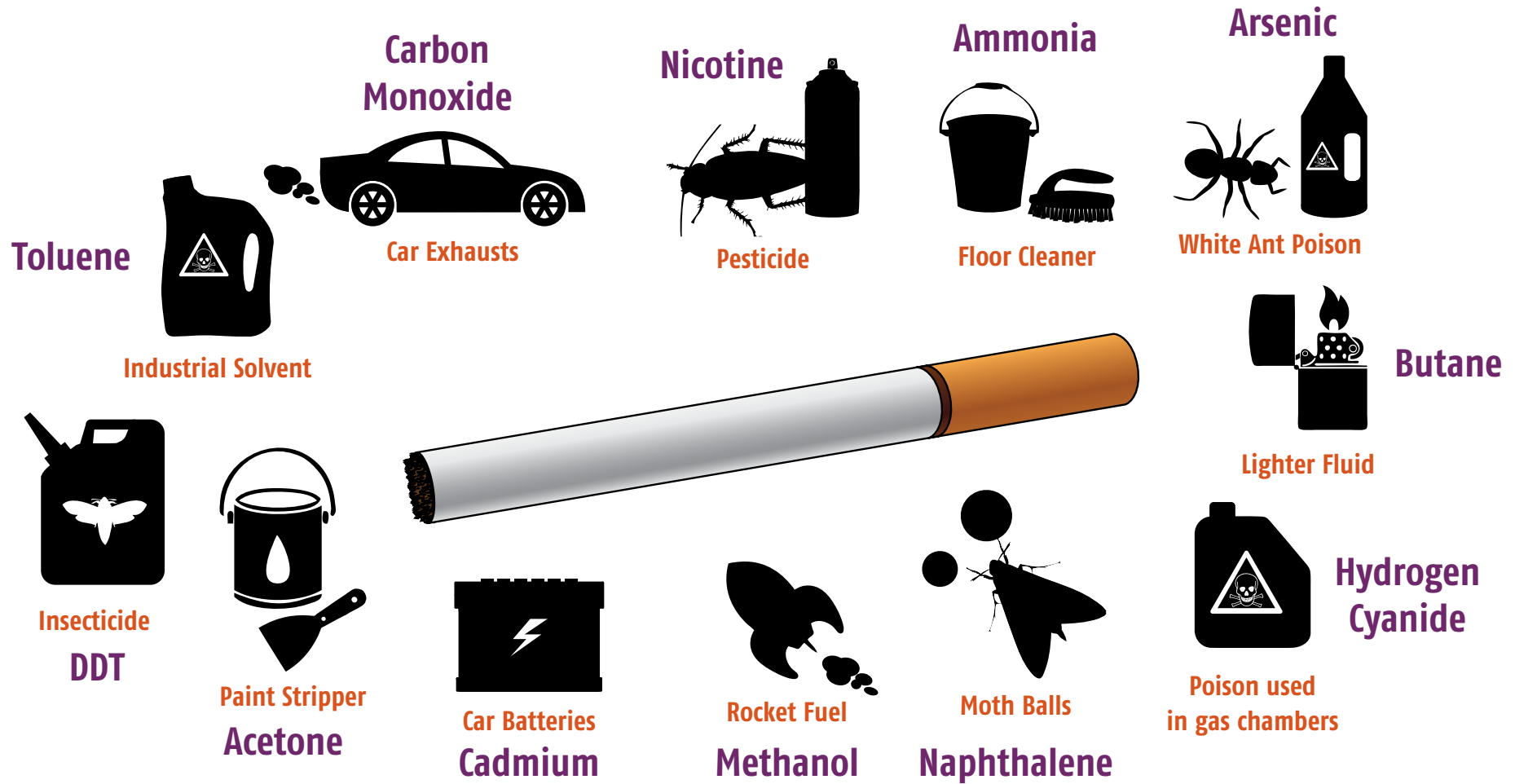


Health effects of SHS

First ask the mother/caregiver how she thinks SHS can effect her baby and then explain:

- There are at least 250 toxic chemicals in SHS, including 50 which cause cancer.

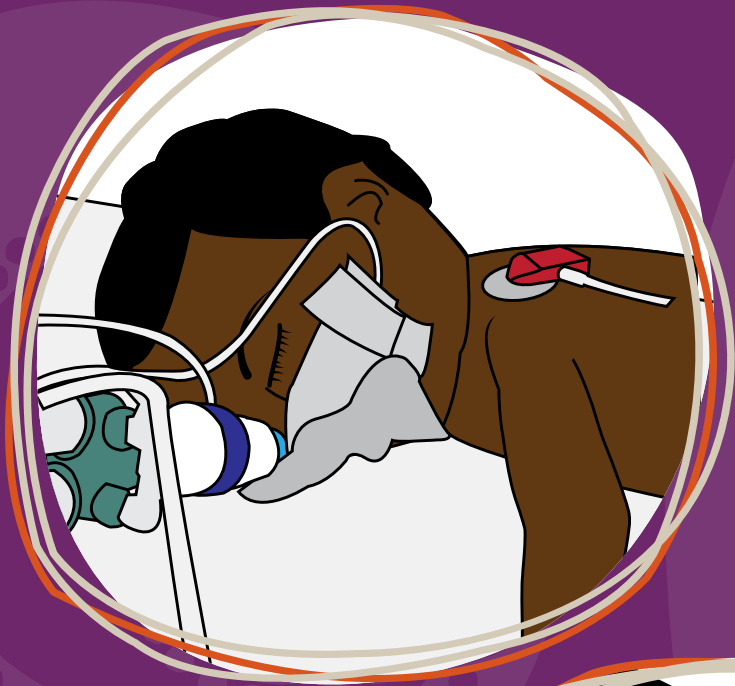
Toxins in secondhand smoke



Health effects of SHS

SHS can make babies and young children sick. In babies and kids SHS causes:

- Sudden Infant Death Syndrome (SIDS or "cot death")
- Chest infections: bronchitis, pneumonia, croup
- Wheeze illnesses and higher rates of asthma
- Ear disease (middle ear infections and "glue ear" which can lead to hearing loss)
- Eye and throat irritation, headaches

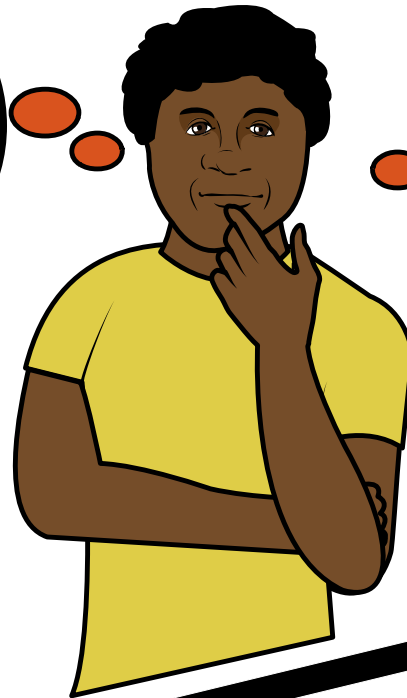


Assessing & increasing motivation

- **First ask the mother/caregiver what would be the “good things” and the “not so good things” about going smoke free.**
- **Use the following to focus attention on the “good things”:**
 - Health of baby & other kids will improve (immediate benefits – less eye/throat irritation, medium term – less respiratory illness etc.)
 - Mum can feel good about herself that she is making her baby & other kids strong.
 - Mum can be a role model for other people in her family or other families that want to make their houses/cars smoke free.
 - House, clothes, bedding and car will not be so smelly.
 - There is less chance of a fire or accident from burning ash.
 - Kids learn smoking from their parents. Smoking bans make kids less likely to take up the habit.
 - Smoking bans may help people trying to quit smoking to do so.

What would be the 'good things' about making your home and car smokefree?

What would be the 'not so good things' about making your home and car smokefree?



Good



Bad

Identifying sources of SHS

Identify current sources of SHS that baby might be exposed to. Ask mother/caregiver:

- Does anyone in your house smoke inside?
- Does anyone smoke in a car when your baby is in it?
- Does anyone who looks after your baby smoke?
- Do any visitors smoke inside your car or house?

Who smokes around the baby in your car and home?

Who?



Select strategies to protect baby

The following strategies are listed in decreasing order of difficulty and may or may not be applicable depending on the family. Discuss with the mother/caregiver & other family members what changes they think they can make and flip to the section of the chart that matches...

- Quit smoking. This the best way to protect children.
- Ban smoking inside home/car.
- Only smoke in some places inside home/car.
- We are not ready to make any changes just yet.

Taking positive steps to protect baby...

- Try to quit smoking
- Ban smoking inside home/car
- Only smoke in some places inside home/car
- We are not ready to make any changes just yet



Quitting smoking

If prepared to make a quit attempt:

- Talk to a health worker or tobacco worker. They can help you work out the best way to quit.
- Think about the times you usually smoke and work out other things you can do instead of lighting up.
- Tell your family and friends why you want to quit and ask them to help by not offering you smokes. Even better, get them to quit with you!
- Remove cigarettes, ashtrays and lighters from inside the house.

Reinforce:

- Quitting smoking is the best way to make sure your baby is not around smoke.
- Making changes can be difficult. If you slip up, it does not mean that it is impossible. Have another go and keep trying!
- Provide quitting resources.

Quitting smoking

- Talk to a health worker or tobacco worker. They can help with quitting.
- Think about when you usually smoke and what you can do instead.
- Ask your family and friends to help or quit together with you.
- Remove cigarettes, ashtrays and lighters from inside house.



Banning smoking inside home/car

If prepared to make smoking ban inside house / car:

- Use “No Smoking” signs inside the house and on the car and tell people that the car and inside house are smoke free.
- Ask people to smoke outdoors.
- Place ashtrays outside in a separate “smoking area”.
- Remove ashtrays and lighters from inside house.

Reinforce:

- More and more families are making their houses and cars smoke free in order to protect their children from the health effects of SHS. In some States it is now illegal to smoke in cars with children.
- Making changes can be difficult. If you slip up, it does not mean that it is impossible. Have another go and keep trying!
- Provide resources about keeping home and care smoke free.

Banning smoking inside home/car

- Use “No Smoking” signs inside the house and on the car and tell people that the car and inside house are smoke free
- Ask people to smoke outdoors
- Place ashtrays outside in a separate “smoking area” outside
- Remove ashtrays and lighters from inside house



Only smoke in some places inside home/car

If prepared to make restrictions inside house, but not total ban:

- Have one room as smoking room and close doors
- Do not smoke in rooms where the baby sleeps
- Hang "No Smoking" sign on door to room where baby sleeps
- Do not smoke in any room/car when the baby is there
- Move baby away from source of smoke
- Think about quitting smoking

Reinforce:

- Smoking in another room or with open windows is not enough to avoid exposure of your baby to SHS. Smoke hangs around in the air, furnishings and clothes and can affect your baby's health.
- Maybe next time we can talk about other things you can do to greatly reduce your baby's exposure to SHS.
- Provide resources about smoke-free zones.

Only smoke in some places inside home / car

- Have one room as smoking room and close doors
- Do not smoke in rooms where the baby sleeps
- Hang "No Smoking" sign on door to room where baby sleeps
- Do not smoke in any room / car when the baby is there
- Move baby away from source of smoke
- Think about quitting smoking



We are not ready to make any changes just yet

If not prepared to make restrictions inside house/car:

- Mother/caregiver not to smoke when around baby
- Open windows in house and/or car when people smoke
- Move baby away from source of smoke
- Think about quitting smoking

Reinforce:

- Smoke hangs around in the air, furnishings and clothes and can affect your baby's health.
- Maybe next time we can talk about other things you can do to greatly reduce your baby's exposure to SHS.
- Provide resources about protecting baby from smoke.

We are not ready to make any changes just yet

- **Mother/caregiver not to smoke when around baby**
- **Open windows in house and / or car when people smoke**
- **Move baby away from source of smoke**
- **Think about quitting smoking**



Getting support for smoke free changes

Discuss with the mother/caregiver about how she could get support for smoking restrictions:

- Get support from other household members if present.
- Discuss concerns with other household members if present.
- Provide brochures/resources for mother/caregiver to show other household members.

Getting support for smoke free changes



Discuss ways to tackle obstacles to making smoking restrictions:

- **Difficult to ask visitors to smoke outside:** suggest explaining to visitors that the restrictions are for the benefit of children's health. If possible, make a comfortable place outside under cover where people can smoke.
- **Limited or no outdoor area to smoke:** If another adult present, ask them to mind the baby while you step outside/onto street to smoke.
- **Some members of the house not keen to make house/car smoke free:** suggest a trial of 2 weeks and then review.
- **Temptation to smoke inside after baby and children in bed:** remember that smoke can reach all places, including under doors and can remain in the air, furnishings and clothes. So, it is not safe for you to smoke even after the kids have gone to bed.
- **Don't want to put up with rain and mosquitoes outside:** Try to set up a smoking area under cover and always have mosquito coils or spray around.

Reinforce:

- Monitor how you go with your new smoking restrictions. If it is not working, think about the strategies above and try to put them into practice next time. Discuss any problems with us next time we meet.
- Think about how you can reward yourself for your success!

Problem solving...

Can I smoke when the kids are in bed?

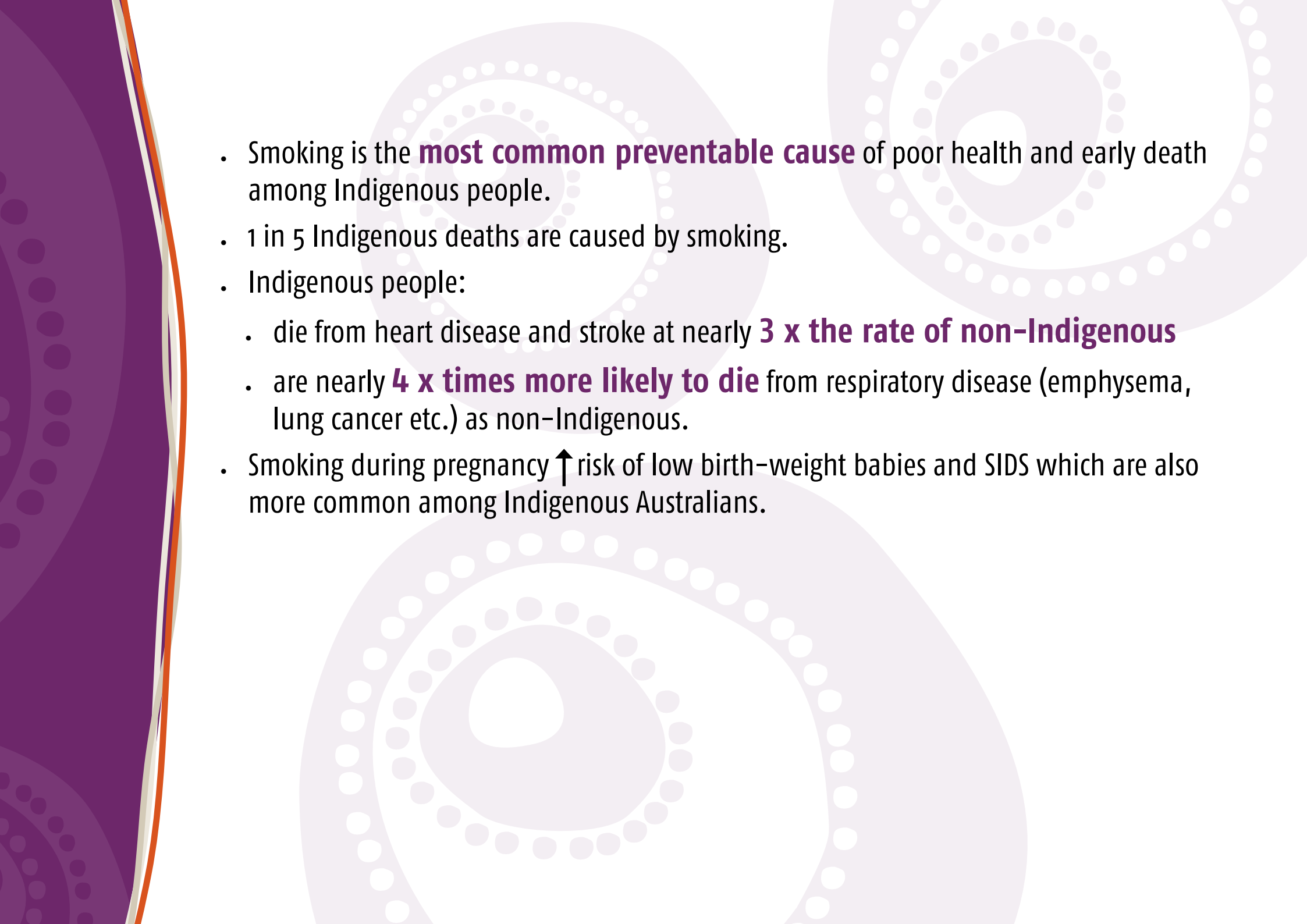
How do I ask visitors to smoke outside?

What about when it rains?

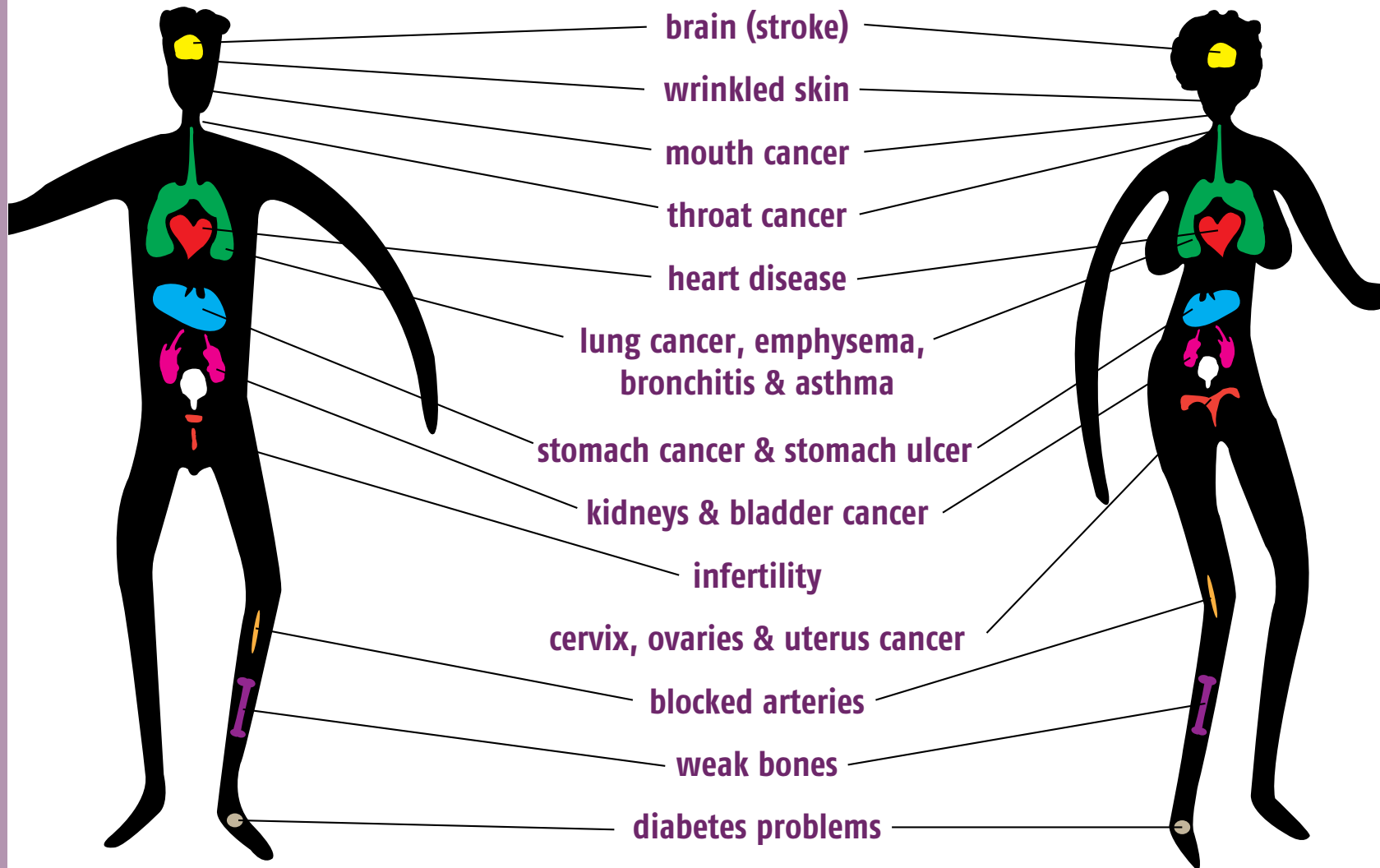


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Section 2: Smoking cessation

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- Smoking is the **most common preventable cause** of poor health and early death among Indigenous people.
 - 1 in 5 Indigenous deaths are caused by smoking.
 - Indigenous people:
 - die from heart disease and stroke at nearly **3 x the rate of non-Indigenous**
 - are nearly **4 x times more likely to die** from respiratory disease (emphysema, lung cancer etc.) as non-Indigenous.
 - Smoking during pregnancy ↑ risk of low birth-weight babies and SIDS which are also more common among Indigenous Australians.

Health effects of smoking



Stopping smoking improves health almost immediately -

- **after 12 hours** – almost all nicotine is out of the system
- **after 24 hours** – level of carbon monoxide drops
- **within a month** – blood pressure returns to normal
- **within 3 months** – lung function starts improving
- **within 1 year** – risk of heart disease halved compared with continuing smokers
- **within 10 years** – risk of lung cancer less than half that of continuing smoker
- **within 15 years** – risk of heart disease the same as a non-smoker

Health benefits of quitting

5 days – sense of smell & taste improved

24 hours – blood levels of CO drop dramatically

1 month – blood pressure returns to normal

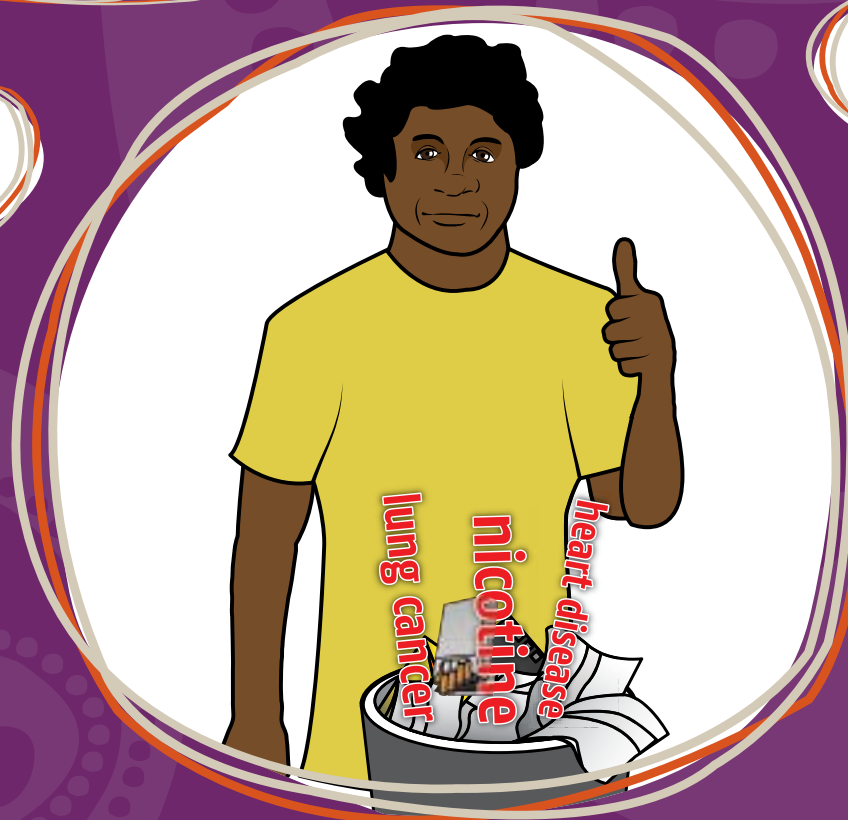
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1 year – risk of heart disease halved compared with continuing smokers

10 years – risk of lung cancer less than half that of continuing smoker



Follow the 5As for smoking cessation advice (focus on mother/caregiver but can also provide counselling to group of household members)

Ask about smoking status.

Advise – “There is no safe level of exposure of kids to SHS. So, the best way to protect kid’s health is to stop smoking all together. Stopping smoking is the most important thing you can do to protect your health and the health of your kids. If you want to stop smoking, we can help you.”

Assess willingness to quit – Quitting is a process that involves a number of stages. These include thinking about whether to stop, deciding to quit, having a go at quitting and then staying quit. Which stage are you at?

- Not interested (give brief advice to consider quitting)
- Thinking about it (discuss pros and cons of quitting)
- Ready to quit (arrange support – see below)
- Have already quit (Congratulate! Check if ongoing support needed)

WHERE ARE YOU AT?



NOT THINKING ABOUT QUITTING



THINKING ABOUT QUITTING

PLANNING TO QUIT



QUIT

STAYING QUIT



RELAPSING

FOREVER QUIT

Arrange support for quit attempt.

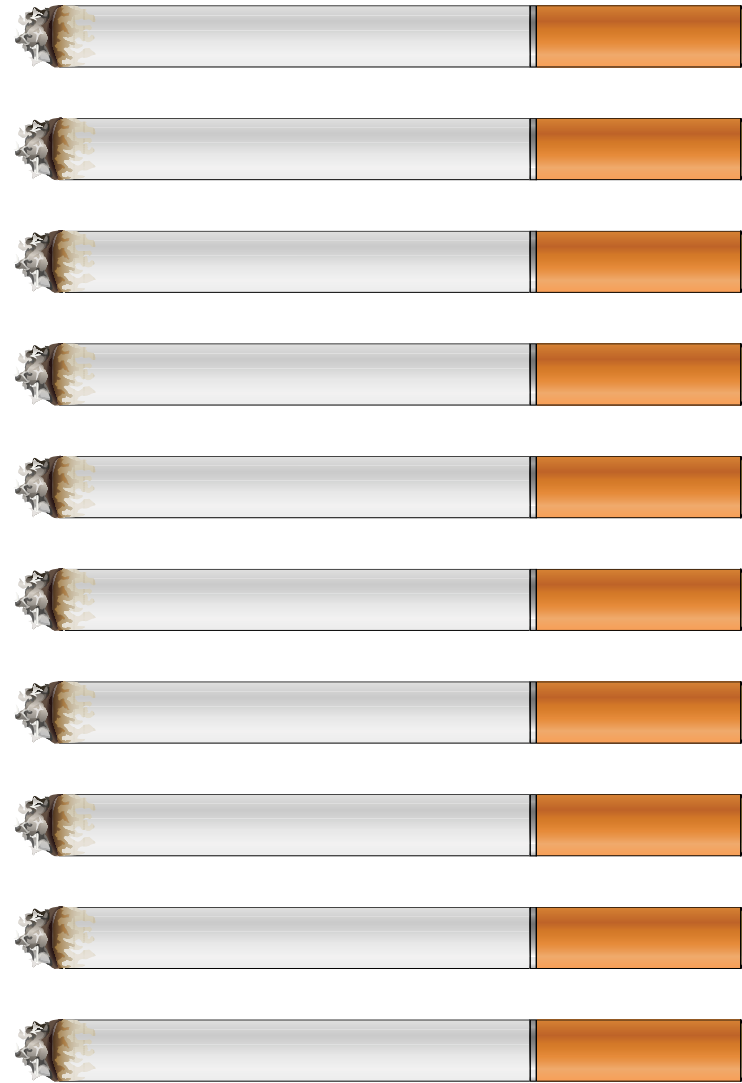
- Advise complete abstinence is best (not just cutting down).
- Provide: resources (e.g. 4D's card for managing nicotine cravings – Delay, Deep breathe, Do something else, Drink water).
- Set a quit date.
- Make referral to Quitline (if interested).
- If available, dispense NRT if smokes > 10 cigs per day.

REFER to doctor/health clinic if client has severe kidney or liver disease or if they have had a heart attack, serious angina attack or stroke in the last 4 weeks (if in doubt talk to a doctor, health or tobacco worker). NRT is safe in children aged 12-18 years.

	Client smoking	Dose	Possible side effects
Patch	>10 cigs per day	15mg/16 hours	Skin redness at site, itch, sleep disturbance, wild dreams
Gum	>10 but <20 cigs per day	2mg gum, 8-12 per day	Indigestion, nausea, headache, hiccup
	>20 cigs per day	4mg gum, 6-10 per day	

Nicotine Patches or gum

If you smoke
more than 10
cigarettes a day
and want to quit



Nicotine patches (15 mg, 16 hour release)

- Put nicotine patch on in the morning on dry, non-hairy skin above the waist. Take off at bedtime & dispose of safely (e.g. wrap in plastic bag & put in bin away from children and pets).
- Rotate the site of the patch each day so decrease risk skin irritation. Do not place the patch over your heart.
- Smoking while using nicotine patches is not dangerous but it may make you feel nauseous.
- Patches are waterproof – you can swim, bathe or shower with a patch on.
- If a patch comes off you can stick it back on with tape.
- Preferable to use gum if breastfeeding or client has had a recent stroke or heart attack (if in doubt talk to a doctor, health or tobacco worker).

Nicotine Patches

- Put patch on in morning on dry, non-hairy skin above waist
- Rotate site of patch each day
- Avoid smoking
- Patches are waterproof
- Throw out patch in a plastic bag at the end of the day
- Keep patches away from kids and pets



Nicotine gum (2 mg and 4 mg; people who are highly dependent should use 4 mg gum)

- Cannot use gum if client wears dentures.
- It is preferable to use gum if breastfeeding or if the client has had a recent stroke or heart attack (if in doubt talk to a doctor, health or tobacco worker). Use gum after breastfeed and not before.
- Use one piece of gum, usually every hour (up to a maximum of 25 pieces/day for 2 mg gum or up to 15 pieces/day for 4mg gum). You should get relief from nicotine cravings within minutes.
- Each piece should be chewed slowly until a hot peppery taste or tingling sensation is noticed (the taste improves after a couple of days). The gum should then be “parked” between the cheek and gums so that the nicotine can be absorbed. After a few minutes, the gum can be chewed again, then parked and the process repeated, for 20–30 minutes.
- Do NOT swallow gum.
- Do NOT eat or drink while you have the gum in your mouth.

Nicotine Gum

- Use gum if breastfeeding or had recent heart troubles
- Aim to chew one piece of gum every 1-2 hours or when you feel cravings
- Chew slowly until you feel a hot peppery taste – this means it's working!
- Do not swallow gum
- Do not drink or eat while chewing gum
- Keep away from kids



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