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Section 1: Getting started

About this module:

Unsure where to start getting your head around tobacco control? Start right here! There is a great deal to know about tobacco control and smoking cessation, and this module gives you an insight into where to begin. This section contains information on:

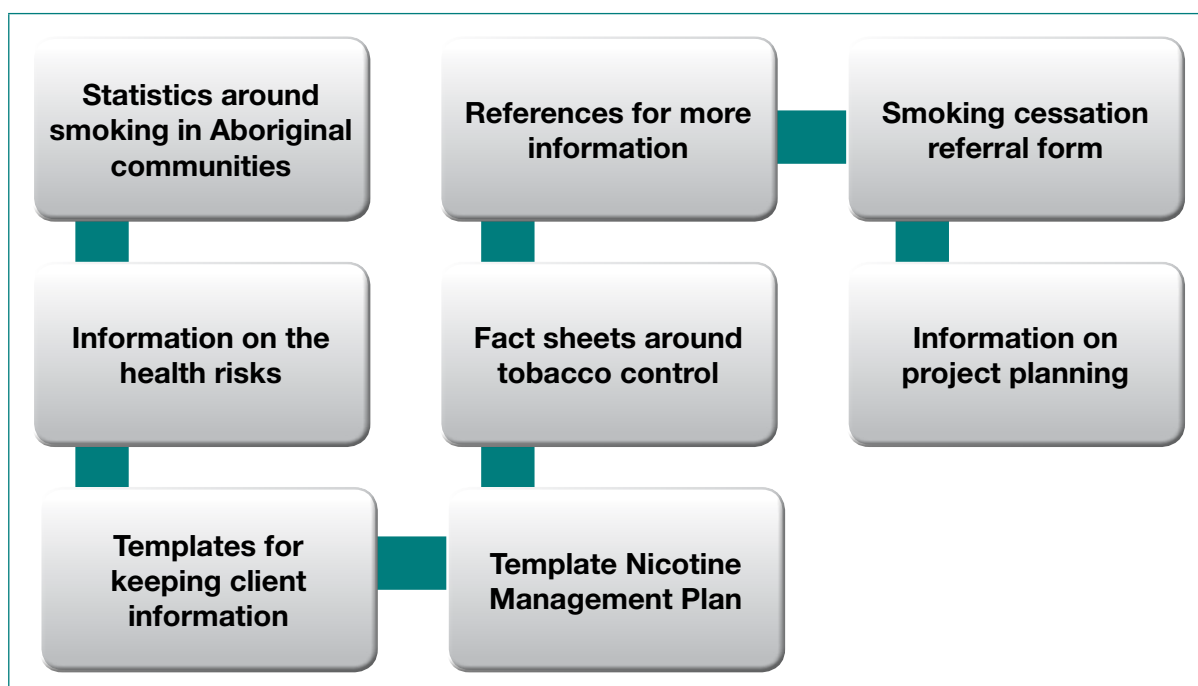


Figure 1 About this module

While this section contains a lot of information which will help you tackle tobacco, it **does not** contain everything that you may ever need. As your program develops you may need to find additional resources, but once you begin getting into the tobacco control world it is much easier to find what you need!

Smoking in the Aboriginal community

What does smoking look like in Australia?

In Australia 19% of people smoke (Department of Health and Ageing, 2009). The rate of smoking in Australia has been on the decline since the 1980s, however in some sub-groups of the Australian community there has been little decline in the rates. The sub-groups include: Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse (CALD) backgrounds, prisoners, people with mental illnesses and people with substance misuse issues (Baker *et. al.*, 2006).

What does smoking look like among Aboriginal people across Australia?

About 50% of Aboriginal people smoke (ABS, 2006). With such a high rate of smoking it is not surprising that it causes 20% of deaths and 12.1% of the burden of disease, making it the single biggest killer of Aboriginal people (van der Sterren *et. al.*, 2010). In Australia, the rates of smoking have remained high in the Aboriginal population while they have gone down among non-Aboriginal populations.

The history of tobacco use in Aboriginal communities is different from that of most Australians, therefore there are differences in the social determinants. There are a number of determinants which affect tobacco use in Aboriginal communities, including: invasion, socio-economic status, education and social norms (Brady, 2002). These social determinants should be considered when developing a smoking cessation program or social marketing campaign for Aboriginal people. Considering the slower decline of smoking rates in Aboriginal communities – despite the large number of mainstream initiatives – we cannot make the assumption that what has worked in the mainstream will work in Aboriginal communities (DiGiacomo *et. al.*, 2007).

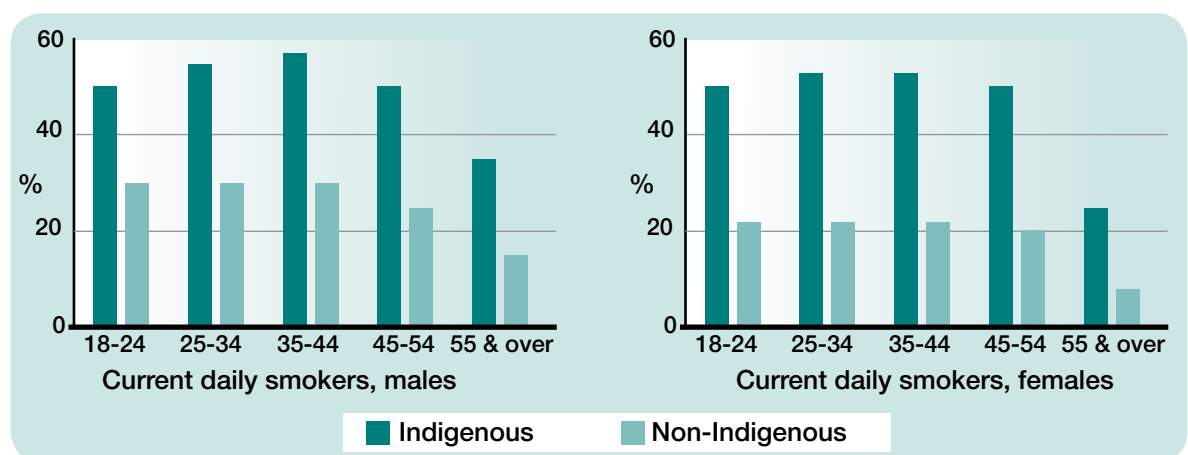


Figure 2 Smoking among Indigenous versus non-Indigenous Australians in 2004-05 – males and females various age groups

Reproduced from ABS 2007 Tobacco Smoking—Aboriginal and Torres Strait Islander people: A snapshot

What does smoking look like among Aboriginal people in NSW?

More Aboriginal and Torres Strait Islander adults in New South Wales said they had quit smoking in 2008 (22%) than in 2002 (14%). Of all Aboriginal and Torres Strait Islander adults in New South Wales in 2008:

- Almost half (48%) identified themselves as current smokers.
- 22% said they were ex-smokers, an increase from 14% in 2002.
- Three in ten (30%) had never smoked.

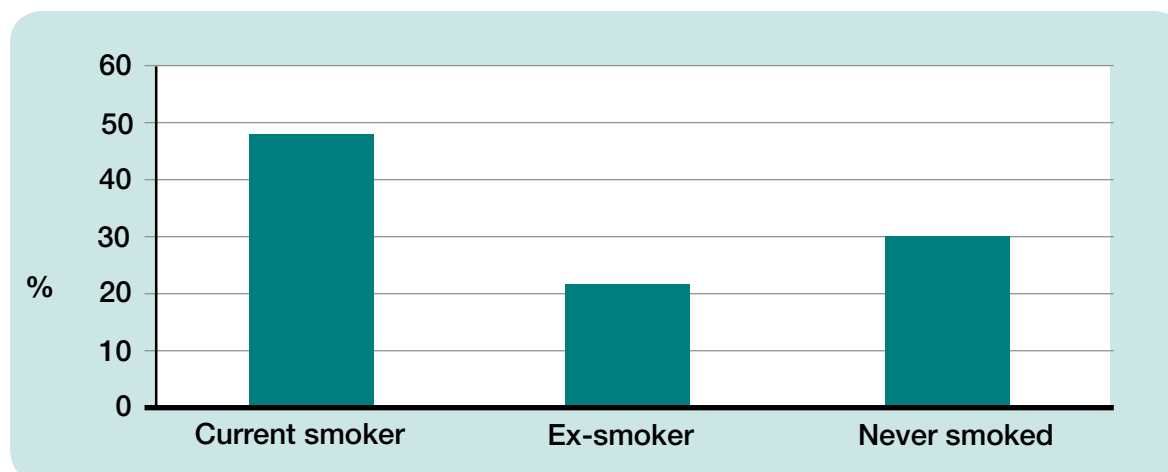


Figure 3 Smoking among Aboriginal people in NSW, 2008

Note: 'Adults' refers to people aged 15 years or older. (Source: 2008 Summary Booklet. National Aboriginal and Torres Strait Islander Social Survey. NSW. ABS)

What does smoking do to a person?

Smoking tobacco increases the risk of cardio-vascular disease, some cancers, lung diseases and a variety of other health conditions (Australian Institute of Health and Welfare, 2008). Smoking is also a risk factor for complications during pregnancy and is associated with premature babies, low birth weight and stillbirths (Ashdown-Lambert JR., 2005). Passive smoking is also of concern to health, especially for children. Smoking around children can contribute to middle ear infections, asthma, respiratory infections, reduced lung function and sudden infant death syndrome (Australian Institute of Health and Welfare, 2008).

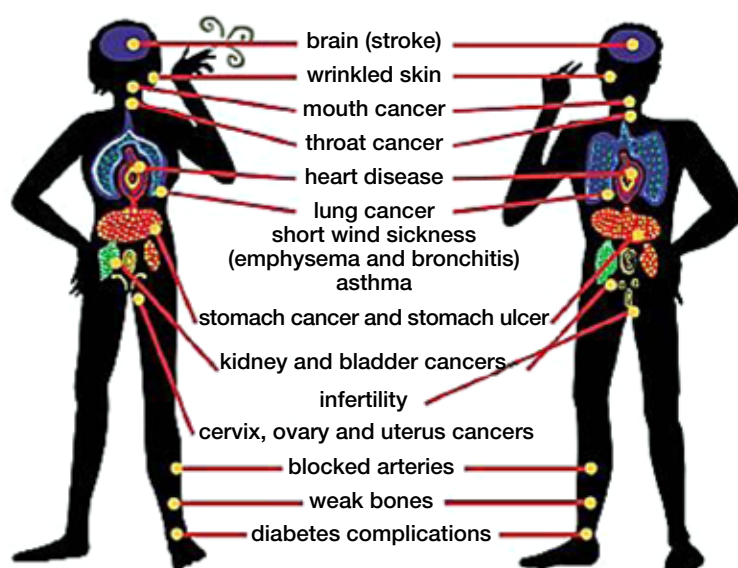


Figure 1. SmokeCheck NSW. Smoking Facts. Effects of Smoking. 2006. <http://www.smokecheck.com.au/tobacco-facts/smoking-effects/health.php>. Accessed 14/03/2012

Key points



- Smoking among Aboriginal people is around 50% for both NSW and Australia wide**
- Smoking kills 1 in 5 Aboriginal people**
- Smoking causes 12% of disease among Aboriginal people**
- Smoking causes health issues**
- Smoking harms children**
- Smoking harms an unborn baby**
- There are many factors that influence the rate of smoking among Aboriginal people**

For more information refer to:

Goreen Narrkwarren Ngrn-toura – *Healthy Family Air: a literature review to inform the VACCHO Smoking amongst Pregnant Aboriginal Women research project.*

This resource contains information not just about pregnant women and smoking but the wider Aboriginal population too. It is an up-to-date, reader-friendly Aboriginal specific literature review. It can be found at Australian Indigenous HealthInfoNet: http://www.healthinfo.net.ecu.edu.au/uploads/resources/18479_18479.pdf

You can find other sources of information through the following Web links:

- Tobacco in Australia: <http://www.tobaccoinaustralia.org.au/> (Chapter 8)
- Centre for Excellence in Indigenous Tobacco Control: <http://www.ceitc.org.au/>
- Australian Indigenous HealthInfoNet: <http://www.healthinfo.net.ecu.edu.au/search?cx=010272204408913734759%3Afm-fleeyfpu&cof=FORID%3A11&q=tobacco>

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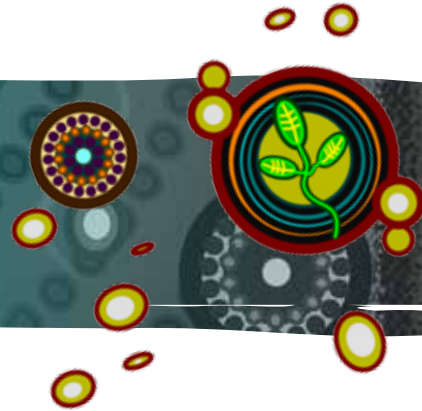
Section 2: Getting information to understand your community

Before you start planning tobacco programs, you might want to find out more about tobacco use in your community; for example, whether there are people interested in quitting and existing programs in your area that can help people to stop smoking.

To collect this type of data there are a lot of methods you can use. You can get information yourself or you can collect it from other sources. When you collect data yourself it is called *primary data*; when you get information from other sources it is called *secondary data*. If you want to get to know your community well, it is always a good idea to use both primary and secondary data.

Refer to *Getting to know your community: data collection module*.

Section 3: Planning your project



You should then look at the information you have gathered to help you decide what type of program you should deliver. This is a good time to feed back information and reports to your CEO, Board and community. They may have some ideas for what type of programs they would like to see.

You can also gather good ideas for program ideas from other ACCHS tobacco control workers or from experts in tobacco control (for example from the A-TRAC team). You might hear about good ideas for tobacco programs at conferences or meetings of tobacco control workers, or in journals or newsletters.

You could also search websites, for example, the CEITC website (<http://www.ceitc.org.au>).

It is always a good idea to plan out what you want to do. If there are a few people involved, sit down with them and talk about:

What you want to do?

Why you want to do it?

**Where you
want to do it?**

**How you want to go
about doing it?**

**When you want
to do it?**

**PROGRAM
DEVELOPMENT**

There are multiple ways that you can record your plan. The two which are suggested in this module are the project plan and the workplan.

The project plan allows you to plan the project in detail and includes budget and timeline. The workplan gives you an overview of what is happening. The workplan can be used in a number of different ways. It can be used by a group to show what is going to happen, how and by whom. It can also be used by an individual to plan what they need to do specifically.

You may want to use both plans or just the one, depending on your projects. Decide how you would like to proceed as a group.

Examples of a workplan and a project plan can be found in this section and there are templates in the last section.

It is a good idea to talk regularly about what is happening with your plan so you can be sure everyone is on the same page and things are running smoothly.

The best way to organise and keep a meeting on track is to have an agenda. An example of an agenda can be found in this section. If you are having meetings about what you are doing it is important to keep a record (through minutes) of what was said, what was agreed on and what needs to be done. An example of minutes can also be found in this section.

When planning an event or program you should also think about how you are going to promote it, because it can take some time to organise. For tips on how and where to promote your event, see Section 4.

Some ideas for tobacco control programs might include:

- Running a community barbecue on World No Tobacco Day to find out how much interest there is in setting up tobacco control activities in your community
- Starting a program at your ACCHS where smokers can be referred to a specialist tobacco control worker at your service for assistance in quitting
- Ensuring that all staff at the ACCHS are trained in tobacco control activities
- Setting up a quit program for ACCHS staff, clients or an outside workplace
- A program to support access to nicotine replacement therapy
- Developing a workplace smoking policy
- Running community anti-tobacco campaigns using the media

These are just a few ideas for tobacco control programs to help you get started. There are many other types of tobacco control programs that you can choose to run in your community.

Project plan: **EXAMPLE**

NAME OF PROJECT: Annual World No Tobacco Day Barbecue

Background and rationale:

World No Tobacco Day on May 31 is a great day to promote awareness of the harm tobacco causes in the community. This might be a good day to promote that your service now has a tobacco control worker.

If you are setting up a new tobacco program, it might be a good way to talk to the community about what kind of tobacco control program they would like to see in their community.

Aims:

- To promote the role of the new tobacco control worker at your ACCHS
- To gather ideas from community members about what type of tobacco programs they would like to see

Strategies:

- Organise a community barbecue on World No Tobacco Day and use this as a way of introducing your new tobacco worker
- Conduct a community survey about what type of tobacco program people would like to see in their community program at your service
- Develop a community report and circulate it to all relevant stakeholders

How are you going to make it happen?

Activity	Progress	Action Items	Due Date
Promote community BBQ		• Create flyers and posters • Put up posters and hand out flyers	30 th April
Order food for BBQ		• Order meat from butcher • Order drinks from IGA • Order salads from caterer	1 st May
Evaluation		• Draft report • Circulate report • Finalise report	31 st July

Timeline:

Objective	April	May	June	July
Barbecue Plan				
Community BBQ				
Evaluation				

Budget:

Line item	Details	Cost \$
Printing of posters and BBQ surveys	Printing costs	\$299
Community BBQ	Food, marquee hire, quit resources	\$2000
		Total \$2299

Meeting agenda: **EXAMPLE**

Project: World No Tobacco Day Barbeque

Date: 23/01/2012

Location: Meeting Room 1

Time: 1pm – 2pm

Chair: Jo Bloggs

Secretary: Ron Bloggerts

Attendees: Merry-Anne Bloggson,
Dave Bloggen, Sue
Blogging

Apologies: Kev Bloggy

Preparation for meeting

	Please Read: Meeting Agenda and Draft Project Plan	Please Bring: Any surveys you may have seen or that may be useful
--	---	--

Open meeting

	Objective: Set project plan and discuss doing surveys at the Community BBQ	Notes:
--	---	---------------

	Action items from previous meeting	Responsible	Due date
1	Draft Project Plan	Jo Bloggs	23/01/2012
2	Collect surveys for tobacco use	Committee	23/01/2012
3	Contact hire company re: marquee hire	Sue Blogging	23/01/2012
4			
5			

	Agenda topic	Presenter
1	Introduction – attendance and apologies	Jo Bloggs
2	Previous meeting's action items	Jo Bloggs
3	Draft Project Plan	Jo Bloggs
4	Tobacco use surveys	Dave Bloggen
5	Community BBQ stall	Sue Blogging

Close meeting

Next meeting: 30/02/2012

Meeting minutes: **EXAMPLE**

Project: World No Tobacco Day Barbeque

Date: 23/01/2012

Location: Meeting room 1

Time: 1pm – 2pm

Chair: Jo Bloggs

Secretary: Ron Bloggerts

Attendees: Merry-Anne Bloggson, Dave Bloggen, Sue Blogging

Apologies: Kev Bloggy

Preparation for meeting

	Please Read: Meeting agenda and draft project plan	Please Bring: Any surveys you may have seen or that may be useful
--	---	--

Open meeting

	Objective: Set project plan and discuss doing surveys at the Community BBQ	Notes:
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	Action items from meeting	Responsible	Due date
1	Finalise project plan	JB	30/01/2012
2	Check with the Clinic team and include them if they want	SB	30/01/2012
3	Draft tobacco survey for community BBQ, pilot	DB	30/03/2012
4	Organise incentives, e.g. pens, quit stickers and information for people doing the survey	MB and DB	30/03/2012
5	Gather resources and smokerlyzer for community BBQ	RB	30/03/2012

	Agenda topic	Presenter	Notes
1	Introduction – attendance and apologies	Jo Bloggs	Everyone is present with the exception of Kev, who is off sick today.
2	Previous meeting's action items	Jo Bloggs	- Project plan has been drafted, will look to finalise plan by next meeting with approval from management. - Support from management to conduct surveys at the community BBQ next month as we will have a stall for doing health checks.

3	Draft Project Plan	Jo Bloggs	• Draft project plan looks good, need to include budget and add a date for having results of the survey ready for community to look at.
4	Tobacco use surveys	Dave Bloggen	• There are a few surveys being used to collect information about tobacco use. Need to take the parts that we want from other surveys and create our own, as some of the questions are not relevant for our survey. Need to draft survey. • Print surveys on paper.
5	Community BBQ stall	Sue Blogging	• Plan community BBQ on World No Tobacco Day. Management is happy for us to also have a stall with the Clinic team as they will be doing their Health Checks again. Need to hire marquees. • Need to order food/ drinks. • We will need to have some other resources there as well; we will need to send off for quit pamphlets, no smoking stickers and posters. • We could use the Smokerlyzer to get people interested and will need to have an incentive for people to do the survey (pens with ACCHS logo). • Need to have some info about the survey for people to take away. • Need to be clear about how we are going to use the information and contact details as well.

Close meeting

Next meeting: 30/2/2012

Work plan: **EXAMPLE**

What	When	How	Why	Who
Organise community day	August – December 2012	Organise • Flyers to promote event • Email to invite stakeholders and staff • Venue • Catering	• We need to promote the quit smoking options that the health service offers • Opportunity to consult community on ACCHS Workplace Smoking Policy	• Tackling Tobacco team • Chronic Disease team • Dental team
Community day	December 2012	• Work with dental to promote oral health and quit smoking	• We need to promote the quit smoking options that the health service offers • Opportunity to consult community on ACCHS Workplace Smoking Policy	• Tackling Tobacco team • Chronic Disease team • Clinic staff involved in smoking cessation one-on-ones • Dental team
Workplace smoking policy development	August 2012 – March 2013	• Consult with staff through staff meetings and online survey • Purchase butt bins for ACCHS • Consult with community at community event in December • Draft survey and circulate for comment to staff • Seek senior managers approval, including CEO • Seek board approval	• We need to be leading by example as a health service • We have a responsibility to all our clients, especially those with respiratory issues and children, to have smoke-free environments • OATSIH requires that we have a supportive smoke free environment	• Tackling Tobacco team • ACCHS Senior Management • ACCHS CEO • ACCHS Board
Individual clinic established and running	August – December 2012	• Work with Clinical team to develop referral pathways and attendance record • Train all staff in brief intervention	• Clients need a variety of options to quit and a clinic every day of the week can help clients with these options	• Tackling Tobacco team • Practice Manager • Chronic Disease nurse

Establish social marketing working group with ACCHS staff	August 2012	• Send out an email to all ACCHS staff asking who would like to participate • Establish Terms of Reference • Set up a meeting schedule	• It is one of our key deliverables as the Tackling Tobacco team	• Tackling Tobacco team
Brief intervention training	September 2012	• CEITC to deliver their 2-day training over 2 weeks	• So all staff can confidently establish where a client is at with smoking and refer them to the clinic if necessary	• All staff
Social marketing campaign development	August 2012 – June 2013	• Develop the campaign by contracting a creative company, involvement of stakeholders, and focus groups with community	• It is one of our key deliverables as the tackling tobacco team	• Tackling Tobacco team • Social Marketing working group • Stakeholders • Creative Company
Social marketing campaign launch	June 2013	• Engage with the local council to promote the campaign at the council run arts centre	• It is one of our key deliverables as the tackling tobacco team	• Tackling Tobacco team • Social Marketing working group • Local Council
Launch Workplace Smoking Policy	May 2013	• Have a BBQ at the Health Service on World No Tobacco Day for clients and staff	• Promoting a smoke free health service is in the contract with OATISH • To inform the staff and client's of the policy • Encourage staff and clients to quit smoking	• Tackling Tobacco team • Health Service staff working in tobacco resistance and control

Section 4: Promoting your event or program

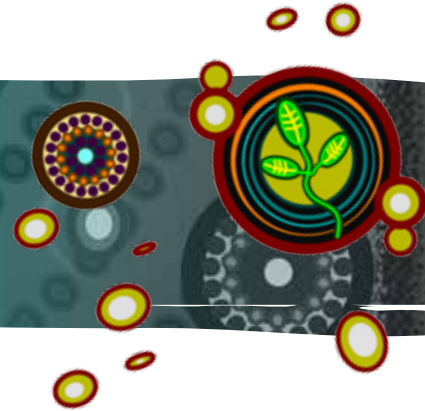
Promoting your event or program is important. You should let as many people know about it as possible, including all staff members because they can let their clients know. There are lots of ways to promote your event or program. What you need to think about is how much money you can afford to spend and what is the best way to reach the people who might be interested. You should also think of a few different ways to promote your event because this will increase the chance that your message will be seen.

How will you draw attention to your EVENT?

- Posters in your service and around the community
- Local radio
- Local newspapers
- Local television
- Billboard/banners
- Online (Facebook, Twitter or other websites)
- Word of mouth



Section 5: Individual and group programs for clients



Once you have gathered information about tobacco use in your community and about what kind of program the community would like to see, you may wish to plan more smoking cessation programs for smokers in your community.

Individual and Group Program for Clients

You may want to plan a service in your clinic where smokers can be referred to a tobacco control worker who can give them assistance in quitting, either individually or by arranging for them to attend a quit group.

This might mean that clients can refer themselves by asking to join a program. It might also mean that other staff at the ACCHS can refer them to the tobacco control worker for assistance.

Like other programs, you need to promote your program in your community (refer to *Section 4: Promoting your event or program*).

Client information sheets

Smoking cessation referral form

The cessation referral form is a tool to allow other health professionals to formally refer people to the smoking support program. It will help to keep a paper trail, which increases accountability and could potentially form part of your evaluation.

Client assessment sheet

The client assessment sheet will help you identify where the client is at, which will help you make a plan with the client on how to proceed.

Client progress sheet

The client progress sheet will help you track how your client is going. This will help you to amend their management plan as the need arises. It will also mean that other health professionals treating that client have access to all the relevant information.

Nicotine replacement therapy management sheet

The nicotine replacement therapy (NRT) management plan sits along side the client progress sheet. It helps you and other professionals track a client's progress using NRT. NRT affects everyone differently, so it is really important to keep detailed information on how it is being used and how it is working.



This information should remain confidential.

Smoking cessation referral form: **EXAMPLE**

Name of client: **Jo Bloggs** Client # **559978** Date of birth: **15/05/1981**

Name of referring health professional: **Katie Bloggston RN**

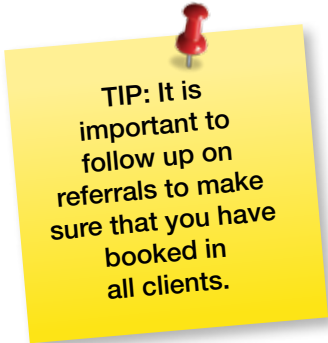
Date: **23/01/2012**

Client contact number: **0404 555 666**

Has a time been scheduled? ☒ Yes / No

Scheduled date and time: **Wednesday 25th January**

Reason for referral



TIP: It is important to follow up on referrals to make sure that you have booked in all clients.

Jo has been coming into the clinic and has wanted to make a quit attempt as smoking is starting to impact heavily on his asthma. Jo has not tried to quit before and wants to improve his health for his new baby boy (due in 2 months). Jo smokes about 20-25 smokes a day and smokes within the first 30 min of waking.

Return referral form

Date: Health professional:

Client name:

Action taken with client:

.....

.....

.....

.....

Client assessment sheet: **EXAMPLE**

Name of client: **Jo Bloggs** Client # **559978** Date of birth: **15/05/1981**

Address: **55A Bloggerton Ave, Bloggsville 8008**

Date: **25/01/2012**

Contact number: **0404 555 666**

1. **Are you:** ☒ Aboriginal ☐ Torres Strait Islander
 ☐ Aboriginal and Torres Strait Islander ☐ Non-Aboriginal
2. **Are you:** ☒ Male ☐ Female
3. **Do you have any known health conditions or currently taking medication?**
 Currently has asthma, ventolin as required
4. **How often do you currently smoke (either cigarettes, pipes, cigars or any other tobacco products)?**
 ☒ Daily
 ☐ Weekly but not every day
 ☐ Less often than monthly
 ☐ Not at all, but I have smoked in the last 12 months
5. **How long have you been a smoker?** **15 years**
6. **At what age did you start smoking?** **15**
7. **Fagerstrom test for nicotine dependence and carbon monoxide reading:**

Please tick (✓) one box for each question							
How soon after waking do you smoke your first cigarette?		Within 5 minutes		☐ 3		SCORE 1- 2 = very low dependence 3 = low to mod dependence 4 = moderate dependence 5 + = high dependence Dependency Level = 4	
		5 – 30 minutes		☒ 2			
		31 – 60 minutes		☐ 1			
		After 60 Minutes		☐ 0			
How many cigarettes a day do you smoke?		10 or Less		☐ 0		Dependency Level = 4	
		11 – 20		☐ 1			
		21 – 30		☒ 2			
		31 or More		☐ 3			
		TOTAL		4			
CO score range	0 - 4	5 – 6	7-10	11 – 16	17 – 25	26 - 35	36 - 60
	Non smoker	Danger zone	Smoker	Frequent smoker	Addicted smoker	Heavily addicted smoker	Dangerously addicted smoker
Score and status:							22

8. Which one fits you best at the moment?

- ☐ I am not ready to stop – I really like my smokes
☐ I am not sure if I am ready to give up
☒ I am ready to try and give up smoking
☐ I had quit in the last 12 months but I started back up
☐ I have stopped smoking

9. How many people in your household smoke? (Including yourself) 1

10. Is your home a smoke-free place? ☒ Yes ☐ No

11. Is your car a smoke-free zone? ☐ Yes ☒ No

12. What sort of cigarettes or tobacco do you smoke?

Rollies and Peter Jackson mild

13. Have you tried to quit smoking before?

- ☐ Never ☒ Once ☐ Twice ☐ More:

14. What methods have you used to stop smoking? (You can tick more than one)

- ☒ Patches ☐ Inhaler ☐ Nothing, stopped cold turkey
☒ Gum ☐ Lozenges ☐ Champix
☐ Zyban ☐ Quitline ☐ Group therapy ☐ One-on-one counselling

15. What is the longest single period of time you have not smoked?

2 days, had no money to buy any.

16. What made you resume smoking?

Got paid and could afford to buy smokes.

17. Would you ever call the NSW Quitline? ☐ Yes ☒ No

a) If Yes, was the Quitline useful? ☐ Yes ☐ No ☐ Unsure

18. Would you call a local Quitline if it was available? ☐ Yes ☒ No

19. What do you feel are the main barriers to you quitting smoking?

- ☐ Not Ready ☐ Feeling irritable ☐ Boredom
☐ Difficulty concentrating ☒ Stress ☐ Being moody
☐ Cost of NRT ☒ Coping with withdrawal
☐ Concerned about weight gain
☒ Socialising with smokers ☐ Other:

20. Do you drink a lot of Tea/Coffee/Cola? ☒ Yes ☐ No

a) If Yes, how much: **3 cups of coffee a day**

21. How did you hear about this smoking cessation service?

- ☐ Referral from GP ☒ Asked to come by a Health Worker or Health Professional
☐ Local advertising ☐ Someone you know in the program
☐ Word of mouth ☐ Wanting to quit
☐ Other:.....

22. Can you rate your desire to quit? 1 2 3 4 5

(Note: 1 = I don't want to quit at all. 5 = I really want to quit.).

Client progress sheet: **EXAMPLE**

KEEP THIS SHEET WITH CLIENTS ASSESSMENT SHEET

Name of client: **Jo Bloggs**

Client #: **559978**

Date: **1/02/2012**

1. CO score: **10** Nicotine dependency level: **4**
2. Current stage of change: Which one fits you best at the moment?
 - ☐ I am not ready to stop – I really like my smokes
 - ☐ I am not sure if I am ready to give up
 - ☒ I am ready to try and give up smoking
 - ☐ I had quit in the last 12 months but I started back up
 - ☐ I have stopped smoking
3. How many cigarettes are you now smoking a day? **15 - 20.**
4. Did you have any smoke-free days? **No**
5. Are you using any nicotine replacement therapy (NRT) to help you quit?
YES **NO**

NRT history:

Was on 1 x 21mg patch and had the inhaler for the past week.

6. Short term goals:

Have one smoke-free day next week

7. Long term goals:

Be smoke-free for the birth of my son

8. NOTES:

Has been doing really well, likes using the inhaler but has a slight irritation to the patch. Recommend using a different brand.

Next appointment: **8/02/2012**

Staff member: **Rob Bloggerts**

Any further referral needed? **Has already made an appointment to see the Katie Bloggston RN for his asthma.**

Nicotine replacement therapy management sheet: **EXAMPLE**

KEEP THIS SHEET WITH CLIENT'S ASSESSMENT & PROGRESS SHEETS

Name of client: **Jo Blogs** Client #: **11111** Date: **01.01.2012**

Previous nicotine replacement therapy (NRT) history:

Had tried patches previously but wasn't sure how to use them

Any known medical implications for NRT Use:

Is currently pregnant

DATE	NRT TYPE (Patches, gum, etc)	PLAN (How many, what type)	REVIEW (No, medium, good effect)	COMMENTS (Side effects, etc)	STAFF MEMBER
01.01.2012	Gum	When required	Liked but still has cravings	None	Jane Green

Section 6: Fact sheets

There are a number of fact sheets available, some examples include:

Just the facts: a fact sheet about tobacco use among Indigenous Australians (2010)

Link: http://www.ceitc.org.au/system/files/Just_the_facts_2010.pdf

What do we know about brief intervention?

Link: http://www.ceitc.org.au/files/fact_sheet_brief_intervention_web.pdf

What do we know about the success of nicotine replacement therapy and other medicines for quitting?

Link: http://www.ceitc.org.au/files/fact_sheet_NRT_web.pdf

Aboriginal and Torres Strait Islander women and smoking during pregnancy.

Link: http://www.ceitc.org.au/files/fact_sheet_pregnancy_web.pdf

Centre for Excellence in Indigenous Tobacco Control Top Tip Fact Sheets:

Encouraging Quitting

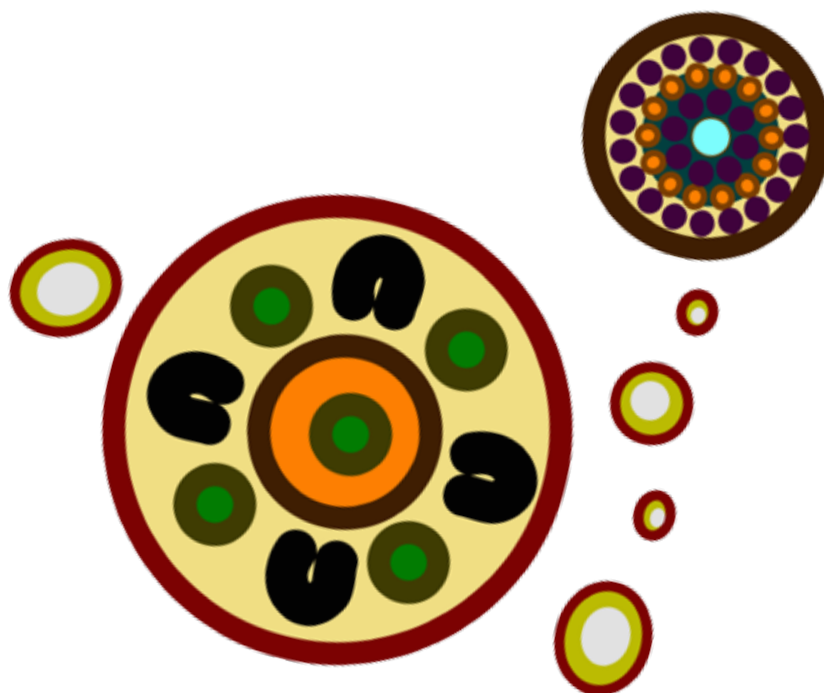
Link: http://www.ceitc.org.au/files/top_tips_encouraging_quitting_web.pdf

Implementing a family-based quitting approach

Link: http://www.ceitc.org.au/files/top_tips_family_based_web.pdf

Talking to people about smoking – Questions to ask

Link: http://www.ceitc.org.au/files/top_tips_quitting_questions.pdf

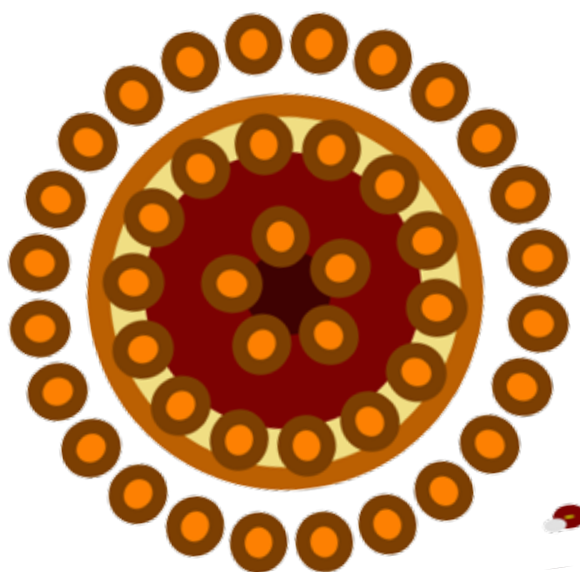


Section 7: Resources list

Resources discussed in this module

Below is a list of websites that you might find useful:

- Cancer Council NSW <http://www.cancercouncil.com.au/>
- Cancer Institute NSW <http://www.cancerinstitute.org.au/>
- Commonwealth Scientific and Industrial Research Organisation
http://www.publish.csiro.au/?act=view_file&file_id=NB07123.pdf
- Google Scholar <http://scholar.google.com.au/schhp?hl=en&tab=ws>
- HealthInfoNet
http://www.healthinfonet.ecu.edu.au/uploads/resources/18479_18479.pdf
<http://www.healthinfonet.ecu.edu.au/>
- Health Statistics NSW <http://www.health.nsw.gov.au/publichealth/hsnsw/index.asp>
- The Australian Bureau of Statistics <http://www.abs.gov.au>
- Tobacco In Australia <http://www.tobaccoinaustralia.org.au/> (Chapter 8)
- Tobacco In Australia <http://www.tobaccoinaustralia.org.au/>
- SurveyMonkey www.surveymonkey.com



Additional resources:

Centre for Excellence in Indigenous Tobacco Control

Talking Up Good Air

This is a national Indigenous tobacco control health promotion resource kit that has been developed for use by Aboriginal and Torres Strait Islander communities to become leaders and to build ownership by supporting community initiated and controlled action. It is a resource of helpful information, ideas, activities, success stories and reference materials.

Contact Details

Level 4/207 Bouverie St

University of Melbourne

VIC 3010

Ph: 61 3 8344 0880

Fax: 61 3 8344 0824

Email: vbriggs@unimelb.edu.au

Website: www.ceitc.org.au

An electronic version of the kit can be downloaded at:

<http://www.ceitc.org.au/talkinupgoodair>

SmokeCheck NSW

Brief intervention for smoking cessation package

An Aboriginal-specific brief intervention and training package for health professionals working with Aboriginal clients

Contact Details

SmokeCheck Program

Sydney School of Public Health

University of Sydney NSW 2006

T: +61 (02) 9351 5129

F: +61 (02) 9351 5205

smokecheck@sydney.edu.au

www.smokecheck.com.au



Quitline

Quit Guide

The *Quit Guide* is a great resource that provides you with all the information you need to start your quit smoking journey and stay stopped for good. It's packed full of information to help you make the right choices about how to best approach quitting smoking.

It is divided into three parts:

1. Methods to quit – Explains the different strategies you can use.
2. Getting started -- Focuses on getting you started by thinking about your reasons to quit and how you may be able to learn from your previous attempts. Plus, there are ideas on how to manage typical tempting situations.
3. Staying quit – Provides tips and tricks to staying on track and how to deal with slip-ups or a return to smoking.

Website: <http://www.icanquit.com.au/quit-guide>

Email: prevention@cancerinstitute.org.au

Australia Council on Smoking and Health

Say No to Smokes – Yarning manual

Say No To Smokes is a joint project of the Australian Council on Smoking and Health, Derbarl Yerrigan Health Service, the Cancer Council WA and the Department of Health. *Say No To Smokes* will work with people who talk to the community about health, such as Aboriginal Health Workers, Aboriginal and Islander Education Officers and Aboriginal Liason Officers. The following links are resources for training sessions that teach the skills of Motivational Yarning so that health workers can talk with clients about how they feel about their smoking.

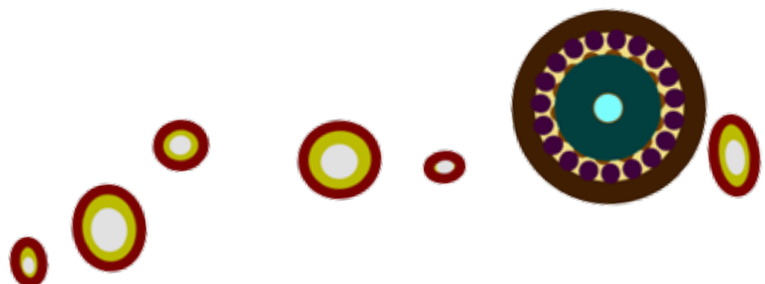
Contact Details

334 Rokeby Road

Subiaco Western Australia 6008

Phone: 08 6365 5436

Website: <http://www.acosh.org/resources-for-health-workers/>



Section 8: Templates

This section contains blank templates of all the examples in this module. The templates are designed to be photocopied, but if you want to adapt them, Microsoft Word versions can be found on the USB drive that comes with this kit.



Project plan

Project Name:

Background and rationale:

[illegible]

Aims:

[illegible]

Strategies:

How are you going to make it happen?

Activity	Progress	Action Items	Due Date

Timeline:

Objective						

Budget:

Line item	Details	Cost \$
		Total

Client assessment sheet

Name of client: Client #: Date of birth:

Address:

Date: Contact number:

1. Are You: ☐ Aboriginal ☐ Torres Strait Islander
☐ Aboriginal and Torres Strait Islander ☐ Non-Aboriginal

2. Are you: ☐ Male ☐ Female

3. Do you have any known health conditions or currently taking medication?

4. How often do you currently smoke (either cigarettes, pipes, cigars or any other tobacco products)?

- ☐ Daily
☐ Weekly, but not every day
☐ Less often than monthly
☐ Not at all, but I have smoked in the last 12 months

5. How long have you been a smoker?

6. At what age did you start smoking?

7. Fagerstrom test for nicotine dependence and carbon monoxide reading:

Please tick (✓) one box for each question							
How soon after waking do you smoke your first cigarette?	Within 5 minutes	☐	3	SCORE 1 – 2 = very low dependence 3 = low to mod dependence 4 = moderate dependence 5 + = high dependence Dependency Level =			
	5 – 30 minutes	☐	2				
	31 – 60 minutes	☐	1				
	After 60 Minutes	☐	0				
How many cigarettes a day do you smoke?	10 or Less	☐	0				
	11 – 20	☐	1				
	21 – 30	☐	2				
	31 or More	☐	3				
		TOTAL					
CO Score Range	0 – 4	5 – 6	7 – 10	11 – 16	17 – 25	26 – 35	36 – 60
	Non smoker	Danger zone	Smoker	Frequent smoker	Addicted smoker	Heavily addicted smoker	Dangerously addicted smoker
Score and status:							

8. Which one fits you best at the moment?

- ☐ I am not ready to stop – I really like my smokes
- ☐ I am not sure if I am ready to give up
- ☐ I am ready to try and give up smoking
- ☐ I had quit in the last 12 months but I started back up
- ☐ I have stopped smoking

9. How many people in your household smoke? (including yourself)

10. Is your home a smoke-free place? ☐ Yes ☐ No

11. Is your car a smoke-free zone? ☐ Yes ☐ No

12. What sort of cigarettes or tobacco do you smoke?

.....

13. Have you tried to quit smoking before?

- ☐ Never ☐ Once ☐ Twice ☐ More:.....

14. What methods have you used to stop smoking? (You can tick more than one)

- ☐ Patches ☐ Inhaler ☐ Cold turkey ☐ Group therapy
- ☐ Gum ☐ Lozenges ☐ Champix ☐ One-on-one counselling
- ☐ Zyban ☐ Quitline ☐ Other (please state).....

15. What is the longest single period of time you have not smoked?

.....

16. What made you resume smoking?

.....

17. Would you ever call the NSW Quitline? ☐ Yes ☐ No

a) If Yes, was the Quitline useful? ☐ Yes ☐ No ☐ Unsure

18. Would you call a local Quitline if it was available? ☐ Yes ☐ No

19. What do you feel are the main barriers to you quitting smoking?

- ☐ Not Ready ☐ Feeling irritable ☐ Boredom
- ☐ Difficulty concentrating ☐ Stress ☐ Being moody
- ☐ Cost of NRT ☐ Coping with withdrawal
- ☐ Concerned about weight gain
- ☐ Socialising with smokers ☐ Other:

20. Do you drink a lot of tea/coffee/ soft drink? ☐ Yes ☐ No

a) If yes, how much:.....

21. How did you hear about this smoking cessation service?

☐ Referral from GP ☐ Asked to come by a Health Worker or Health Professional

☐ Local advertising ☐ Someone you know in the program

☐ Word of mouth ☐ Wanting to quit

☐ Other:

22. Can you rate your desire to quit? 1 2 3 4 5

(Note: 2 = I don't want to quit at all. 5 = I really want to quit.).

Client progress sheet

KEEP THIS SHEET WITH CLIENT ASSESSMENT SHEET

Name of client: **Client #:** **Date:**

1. CO score: **Nicotine dependency level:**

2. Current stage of change: which one fits you best at the moment?

- ☐ I am not ready to stop – I really like my smokes
- ☐ I am not sure if I am ready to give up
- ☐ I am ready to try and give up smoking
- ☐ I had quit in the last 12 months but I started back up
- ☐ I have stopped smoking

3. How many cigarettes are you now smoking a day?

4. Did you have any smoke-free days?

5. Are you using any nicotine replacement therapy (NRT) to help you quit?
YES NO

NRT history:

.....
.....

6. Short term goals:

.....
.....

7. Long term goals:

.....
.....

8. NOTES:

.....
.....

Next appointment: **Staff member:**

Any further referral needed?

.....

Nicotine replacement therapy management sheet

KEEP THIS SHEET WITH CLIENT'S ASSESSMENT & PROGRESS SHEETS

Name of client: **Client #:** **Date:**

Previous nicotine replacement therapy (NRT) history:

Any known medical implications for NRT Use:

[illegible]

[illegible]

Meeting agenda

Project:

Date: **Location:**

Time:

Chair: **Secretary:**

Attendees: **Apologies:**

.....

.....

.....

Preparation for meeting

Please read:

Please bring:

Open meeting

Objective:

Notes:

Action items from previous meeting

Responsible

Due date

1

2

3

4

Agenda topic

Presenter

1

2

3

4

5

6

Close meeting

Next meeting:

Meeting minutes

Project:

Date: **Location:**

Time:

Chair: **Secretary:**

Attendees: **Apologies:**

.....

.....

.....

Preparation for meeting

Please read:

Please bring:

Open meeting

Objective:

Notes:

Action items from meeting

Responsible

Due date

1

2

3

4

5

Agenda topic

Presenter

Notes

1

2

3

4

5

Close meeting

Next meeting:

Smoking cessation referral form

Name of client:

Client #

Date of birth:

Name of referring health professional:

Date:

Client contact number:

Has a time been scheduled? Yes / No

Scheduled date and time:

Reason for referral

Return referral form

Date: **Health professional:**

Client name:

Action taken with client:

.....

.....

.....

.....