Sowing the seeds of health

Promoting healthy lifestyles in clinical practice

0 tobacco

5 fruits and vegetables

30 minutes of physical activity

0·5·30 COMBINATION PREVENTION

Centres de santé et de services sociaux Région de la Capitale-Nationale

Agence de la santé et des services sociaux de la Capitale-Nationale

Québec

Health Canada Santé Canada

In 2011, in collaboration with the

Agence de la santé et des services sociaux de la Capitale-Nationale, the

"Sowing the Seeds of Health"

project was set up to meet regional and national policy goals, as well as to help the Health and Social Services Centres (CSSS) address their populational responsabilities.

This project aims to encourage and support the use of best practices in health promotion and chronic disease prevention in all professional clinical interventions of the region's CSSS and at Jeffery Hale – Saint Brigid's.

More specifically, the project aims to train and equip clinicians to integrate preventive clinical practices (PCP) related to a healthy lifestyle when intervening with clients.

This binder is a collection of tools to support clinical practice and training. The contents have been developed by the *Agence de la santé et des services sociaux de la Capitale-Nationale*. Topics include : brief counseling, non-exposure to tobacco smoke and smoking cessation, healthy eating and physical activity.

For questions or comments about the project, please contact the preventive clinical practices (PCP) coordinator of your establishement.

This binder is not the result of original research but compiles information and tools from several validated and recognized sources.

While some information is directed to the general population the rest of the content is specific to pregnant women. As needed, each page can be photocopied and given to your clients.

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Health Canada Santé Canada

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Table of Contents

The best answers to the best excuses *for not wanting to quit*

Excuses	Answers
I have strong cravings	These craving last only 2 to 3 minutes on average. They are common during the first 2 weeks, but will decrease gradually thereafter. We suggest that you distract yourself by drinking a glass of water, going outside, etc.
The last time I quit, I had strong withdrawal symptoms	When they quit, 80% of smokers suffer from withdrawal. Symptoms appear within 24 hours, peak within 48 hours and subside gradually over 2-5 weeks. Aids such as nicotine patches, gum or nicotine inhaler, or medicines such as bupropion (Zyban) and varenicline (Champix) are very effective in controlling withdrawal symptoms.
I'm afraid of gaining weight	A weight gain of 2 to 4.5 kg (4.4 to 9.9 lbs) is common when you stop smoking, but it is not automatic. People who smoke are often thinner than they would be if they had never smoked. However, you would need to gain over 18 kg (40 lbs) to cancel the health benefits of quitting. A smoker should focus on quitting first, and then worry about weight control.
I don't know how to manage my stress	Your cigarette was always there to help you control your emotions. Now you must find other allies. Identify your sources of stress, see how you can avoid them or modify them, learn a relaxation technique, exercise, call a friend, etc.
There are many smokers in my family and I drink too much coffee	Treat yourself to a smoke free environment, even if that means changing the way you do things. Why not team up with a friend or colleague and try quitting together. Remember that alcohol and coffee are strongly associated with smoking. Partying and holidays can also be occasions to relapse. When we have quit for some time, we tend to "tempt fate" to see if we got rid of our addiction. A single cigarette and here we go again!
My father smoked all his life and was never sick. Why should I quit?	It is possible, but he was very lucky. Smoking causes many diseases, including 85% of lung cancers and other respiratory diseases and 30% of cardiovascular disease and other cancers. One in two smokers will experience a premature death.
I am afraid to fail and look foolish in front of my parents or friends	Nicotine is a drug so powerful that few smokers successfully quit on the first try. Inform your family about your decision and ask them for their support.

Translated and adapted from

- L'approche 0-5-30 COMBINAISON PRÉVENTION (2012). Available at : http://www.0-5-30.com
- Ordre des dentistes du Québec (2005, p. 6). Intervenir auprès des patients fumeurs : un guide à l'intention des dentistes. Québec : ODQ. 32 p. Available at : http://www.inspq.qc.ca/publications/tabac/ODQ_brochure_tabac_F.pdf

Smoking and Pregnancy

Here are some tips on how to answer common misconceptions about smoking during pregnancy.

Questions	Answers
Don't some mothers smoke during pregnancy and have healthy babies?	If a woman smokes during pregnancy there is an increased risk of losing the baby during pregnancy. The baby could also be born too early, before the lungs are ready, so he or she may have trouble breathing. Also, the effects on the child's behaviour and attention span may not be detected till the child is much older.
Babies often weigh less when the mother smokes. Isn't it easier to deliver a small baby?	It is not always easier to deliver a low-birth weight baby. And a baby that weighs too little is often sick with lots of health problems. Smaller babies are more likely to need special care and stay longer in the hospital.
Does cigarette smoke get through to the unborn baby?	Yes, when the mother smokes, so does the baby. Smokers take in poisons such as nicotine and carbon monoxide (the same gas that comes out of a car's exhaust pipe). These poisons get into the placenta, which is the tissue that connects the mother and the baby before it is born. These poisons keep the unborn baby from getting the food and oxygen needed to grow.
Will a woman gain extra weight if she quits smoking during pregnancy?	A woman needs to gain weight during pregnancy. An unborn baby depends on the mother to eat the right foods. So, if she stays away from junk foods and sweets, the mother's weight gain will be fine. And she needs to exercise. Her doctor/midwife can help her plan how to keep active; brisk walking is good for most women. Even if a pregnant woman gains a few extra pounds, she can lose it after the baby's born.
How about cutting down on cigarettes rather than quitting for good?	The only way to really protect your unborn baby is to quit. Cutting down is better than doing nothing but it may not make things much better for the baby. If a pregnant woman cuts down or switches to low-tar cigarettes, she must be careful not to inhale more deeply or take more puffs to get the same amount of nicotine as before.

Questions	Answers
Does it matter when the pregnant woman quits smoking?	The best time to quit is when the woman thinks she will get pregnant in the near future. If she does quit, her baby will probably weigh the same as the baby of a woman who has never smoked. Or if she quits within the first three or four months of her pregnancy she can lower her baby's chance of being born too small and with lots of health problems. Many women are able to quit during pregnancy. If the woman feels sick in the first couple of months, cigarettes may taste bad, and so it may be easier to quit. Even if a woman quits at the end of her pregnancy, she can help her baby get more oxygen and have a better chance of making it. It's never too late to quit, but the earlier the better for both the mother and her baby!
What about other people smoking around the pregnant woman?	New studies show that if a woman's partner smokes near her during her pregnancy, there are added risks. She has a greater chance of having a baby that weighs too little and may have health problems. So, a pregnant woman should ask her partner and other people as well, not to smoke near her.
Does quitting smoking provide benefits for the woman as well as for her baby?	Pregnancy is a great time for a woman to quit. No matter how long she has been smoking, her body benefits from quitting. She will feel better and have more energy to go through the pregnancy and to care for her new baby. Also, risks from having abnormal placentas that can lead to fatal bleeding is reduced. Of course, she will also avoid many of the future health risks of smoking such as heart disease, cancer and other lung problems. AND she will save money that she can spend on herself and her new baby.
If a woman quits smoking during pregnancy, will she have a hard time handling the stress?	Possibly. That is why she should learn to relax in other ways that are much better for her and the unborn baby. For example, when she feels tense, she can take some deep breaths or chew sugarless gum. She can also do something with her hands like knitting or call a friend. If the stress is unbearable, it is important for her to talk to her doctor and or therapist. These are safer ways to handle stress. She can also remind herself that smoking will not make things any better except for the moment.
If a mother who smokes breast feeds her baby, does the nicotine get into her milk?	Breast feeding is a good way to feed a new baby but smoking may cause problems. Nicotine is a poison in cigarettes. So if the mother smokes, the baby gets nicotine in her breast milk. Although there are risks in smoking while breastfeeding, there are more risks in not breastfeeding. Long-term breastfeeding may give the infant protection against respiratory illnesses and exposure to second-hand smoke. Mothers should be encouraged not to smoke if they choose to breastfeed. If they continue to smoke, it is advised they do not smoke around the baby or just before a feed.
Are there any long-term harmful effects on the baby if the mother smokes during pregnancy?	Yes, there can be. Smoking during pregnancy may mean that after the child is born it will have more colds and other lung problems. These children may also have learning problems in school. And they may smaller than children of nonsmokers. And, of course, they are more likely to smoke when they get older because they see their parents smoking.
We know that a woman should not smoke during pregnancy, but is it alright to go back to smoking after the baby is born?	It is not safe at all for her to go back to smoking either for herself or the family! Even after the baby is born, her smoking can hurt the baby. Babies have very small lungs and airways which get even smaller when they breathe smoke-filled air. Smoking can make it hard for the baby to breathe. It can cause lung problems like bronchitis and pneumonia that could put the baby back in the hospital. Babies of smokers also get more colds and coughs and middle-ear infections. Mothers should also ask people like family, friends, baby sitters, and day care workers not to smoke in any areas near the baby.

Reference: Pregnets Website: http://www.pregnets.org/mothers/questions.aspx

Benefits of quitting
before or during pregnancy

Quitting smoking before pregnancy brings great benefits, and they also occur if the mother quits smoking early or during her pregnancy.

Thus, pregnant women who stop smoking
reduce their risk of :

- bleeding or having complications during pregnancy
- having an ectopic pregnancy
- having a miscarriage
- delivering their baby ahead of schedule
- having complications during childbirth
- giving birth to an underweight baby
- having a baby that could be a victim of sudden infant death
- having a baby who is more restless and crying more often
- having a child with respiratory problems (asthma) and ear infections

Reference : Expecting to quit. A best practise review of smoking cessation interventions for pregnant and postpartum girls and women. http://www.expectingtoquit.ca

Also translated and adapted from :

- Agence de la santé et des services sociaux de Montréal (2008, p. 12). *Deux : Magazine Santé.* Québec : ASSS de Montréal. 118 p. Available at : http://publications.santemontreal.qc.ca/uploads/tx_asssmpublications/978-2-89494-724-1.pdf
- Institut national de santé publique du Québec (2005b, p. 3 et 7). *Notre enfant, une découverte pour la vie! Arrêter de fumer? Je peux réussir...* Québec : INSPQ. 17 p.

Quitting improves overall *health and benefits*

The following are some of the benefits of quitting.

30 minutes after you quit:
- your blood pressure, heart rate, and the temperature of your hands and feet become normal.

12 hours after you quit:
- carbon monoxide and oxygen levels in the blood return to normal.

48 hours after you quit:
- your sense of taste and smell start to return to normal levels.

72 hours after you quit:
- your bronchial tubes relax and breathing becomes easier.

1 week after you quit:
- nicotine is flushed from your body.

2 weeks after you quit:
- your circulation, breathing, and lung function improve.

1 to 9 months after you quit:
- coughing, sinus congestion, and shortness of breath decrease.

1 year after you quit:
- your risk of a heart attack drops is cut in half.

5 years after you quit:
- your risk of stroke drops to normal

10 years after you quit:
- the risk of dying from lung cancer is cut in half.

15 years after you quit:
- the risk of dying from a heart attack is equal to a person who never smoked

Adapted from:

- British Columbia Centre of Excellence for Women's Health. Expecting to quit. A best practise review of smoking cessation interventions for pregnant and postpartum girls and women. Retrieved March 16, 2012 at: http://www.expectingtoquit.ca/resources/liz/your-body-will-forgive-you.htm
- Health Canada. On the road to quitting. Guide to becoming a non-smoker. Retrieved March 16, 2012 at: http://www.hc-sc.gc.ca/hc-ps/alt_formats/pdf/pubs/tobac-tabac/orq-svr/cbns-gdnf-eng.pdf

Symptoms *related to quitting*

Here are some symptoms you may experience because of nicotine withdrawal as well as their duration and actions you can take to reduce the symptoms.

Symptoms	Possible Duration	Why this happens	Suggestions
Dizziness	1-2 days	There is an increase of oxygen in the blood which produces a state similar to hyperventilation.	• Breathe in slowly and deeply and take time to stretch.
Headaches	Variable		• Relax! • Go for a walk outside.
Fatigue	2-4 weeks	The body is adapting to nicotine withdrawal.	• Get enough sleep, exercise, eat well and drink plenty of water.
Cough	Less than a week	The respiratory system is rejecting the excess mucus produced to contain the particles of tar and other chemicals accumulated in your system since you smoke.	• Drink plenty of water. • Exercise. • Do breathing exercises.
Insomnia	Up to 3 weeks		• Avoid caffeine (coffee, tea, cola, chocolate, etc.) in the late afternoon and evening. • Go to bed at a regular time. • Take a hot bath before bedtime. • Listen to soothing music. • Use relaxation techniques.
Constipation	3-4 weeks	The body is used to the intestinal stimulation caused by nicotine. It seeks to regain its natural functions.	• Drink plenty of water. • Eat lots of fruits and vegetables and whole grain products. • Exercise also helps.
Increased appetite, weight gain	Few weeks	Because food now tastes better your appetite can be stimulated and you find yourself eating more.	• Drink lots of water. • Eat fruit and vegetables or low-calorie foods. • Get plenty of exercise. • Don't try to stick to a strict diet, as it could interfere with efforts to quit.

Symptoms	Possible Duration	Why this happens	Suggestions
Difficulty concentrating	A few weeks		• Try to avoid stressful situations. • Take more frequent breaks. • Set less demanding work objectives for the first few weeks.
Anxiety, agitation, irritability, frustration, anger	Variable	The stress caused by the deprivation of nicotine can produce moments of anxiety, irritability and frustration.	• Exercise. • Avoid caffeine (coffee, tea, cola, chocolate, etc.) for a while. • Use relaxation techniques, do deep breathing.
Stress	Variable		• Identify and avoid the situations that are stressful. • Think positive. • Try different relaxation techniques.
Cravings, urges to smoke	About 2-3 weeks	The longer you let the urge to smoke grow, the more intense it becomes.	• Cravings only last 3 to 5 minutes. • Plan things to do ahead of time to overcome this period.
Dry mouth, bad taste in the mouth	Variable		• Drink water frequently. • Suck on ice cubes. • Chew sugar-free gum. • Pay particular attention to dental hygiene.

Translated and adapted from:

- Ordre des dentistes du Québec: http://www.odq.qc.ca/Portals/5/fichiers_publication/DossierSante/Tabagisme/AntiTabac_en.pdf
- Agence de la santé et des services sociaux de Montréal (2008, p. 21). *Deux : Magazine Santé*. Québec : ASSS de Montréal. 118 p. Accessed on March 14 2012 at : http://publications.santemontreal.qc.ca/uploads/tx_asssmpublications/978-2-89494-724-1.pdf
- Centre d'abandon du tabagisme du centre de santé et de services sociaux Québec-Nord (2011). *Les symptômes de sevrage à la nicotine*. Québec : CSSS Québec-Nord. 2 p.
- Institut national de santé publique du Québec (2005b, p. 9). *Notre enfant, une découverte pour la vie! Arrêter de fumer? Je peux réussir...*Québec : INSPQ. 17 p.

Effects of exposure *to second-hand smoke*

Questions	Answers
What is second-hand smoke?	Second-hand smoke is made up of the smoke that escapes directly into the air from the end of a lit cigarette, cigar, cigarillo or pipe, as well as the smoke that is exhaled by a smoker into the air. Two-thirds of the smoke of a cigarette escapes into the environment without being inhaled by the smoker. Hence the smoke is released into the immediate surroundings and contaminates the air of the people around. Smokers are therefore not the only ones smoking their cigarettes...
What does second-hand smoke contain?	Second-hand smoke contains the same 7,300 chemicals as the smoke inhaled by the smoker, of which at least 60 can cause cancer.

Among the **numerous chemical components**, the following are found:

Hydrogen cyanide	A poison used to carry out the death sentence in certain countries. It is considered to be one of the most toxic agents found in tobacco smoke.	**Ammonia**	Strong cleaner also used in the manufacturing of explosives, fertilizers and paint thinners. In weak concentrations, it is very irritating to the skin, eyes and respiratory system. In strong concentrations, it is lethal.
Arsenic	Poison formerly used as a pesticide and in rat poison, it can cause lung, bladder, skin and kidney cancer.	**Benzene**	Carcinogenic solvent and substance considered to be toxic by virtue of the Canadian Environmental Protection Act.
DDT	Powerful insecticide that is now banned in many countries because it is too toxic. It is also a carcinogenic agent.	**Formaldehyde**	Commonly called formol, it is used to preserve dead bodies and animals and as a pesticide. It can cause cancer and respiratory problems.
Tar	Black, sticky material used in reroofing, tar is made up of hundreds of chemical substances that accumulate in the lungs and interfere with breathing. It also contributes to the onset of pulmonary diseases and lung cancer.	**Nicotine**	The substance that causes physical dependence on tobacco, nicotine is a poison that, in strong concentrations, can cause vomiting, tremors, convulsions and even death.
Carbon monoxide	Poisonous gas that comes out of car exhausts, it also escapes from the end of a lit cigarette, replaces oxygen in the blood and reduces oxygenation of tissues (heart, brain, certain muscles, etc.). In weak doses, it promotes cardiovascular diseases and is lethal in strong doses.	**Turpentine**	Solvent used to make varnish and also as a cleaning product and paint thinner.

Questions	Answers
What effects can second-hand smoke have on health?	No need to be a smoker to suffer from the harmful effects of second-hand smoke. It is **toxic for everyone:** not just for the people who smoke, but also for those who breathe the smoke that enters the environment. **Second-hand smoke can:** • irritate the eyes, nose and throat • cause headaches, dizziness and nausea • aggravate the symptoms and accelerate the progress of respiratory diseases • increase the risks of respiratory infections: - cold - bronchitis (acute bronchitis) - flu - pneumonia Regular exposure to **second-hand smoke is the second cause of lung cancer** (smoking is the primary cause) and **can contribute to significantly increasing** the risks of cardiovascular disease, pulmonary disease and of respiratory disorders. **In Canada, approximately 1,107 non-smokers die each year due to the effects of second-hand smoke.** In Quebec, it is estimated that 136 non-smokers succumb to lung cancer due to inhaling second-hand smoke and that 223 others die of heart disease implicating it. *Exposure to second-hand smoke creates risks during pregnancy. Exposure at home or in the car also creates adverse effects.*
What effects can second-hand smoke have on children?	**Children are particularly vulnerable to experiencing health problems if they are exposed to second-hand smoke because:** • they **breathe faster** than adults, **inhale** more air compared to their body weight and therefore **absorb** more dangerous chemicals than adults; • their immune systems are **not yet fully developed** **Exposure during pregnancy:** **Tobacco use during pregnancy increases the risk that the child develops:** • Physical health problems • Behavioural problems: attention deficit, impulsivity, hyperactivity • An addiction to tobacco later in life **Exposure at home :** **When you smoke indoors, your child also smokes. A baby who lives in a smoky house is more likely :** • to have colds and ear infections. • to develop asthma, pneumonia and bronchitis. • to have allergies. • be irritable. • to die of sudden infant death syndrome : - maternal smoking accounts for 62% of deaths from sudden infant death syndrome. - there is an increased risk if parents continue to smoke after pregnancy. • to have learning disabilities. • to have weight problems. **Exposure in the car** • Second-hand smoke is even more dangerous inside your car because the chemicals from second-hand smoke are even stronger in the small space. The chemicals remain in the car, even when the cigarette is no longer burning. Some people think that rolling down the windows gets rid of the chemicals - but it doesn't. • Don't smoke in a car with a child inside. In most provinces and territories, there is a ban on smoking in vehicles with children under a certain age.

Adapted and translated from:

- Smoke-free families www.famillesansfumee.ca/en/Home
- Canadian Cancer Society. Protect yourself and your family from second-hand smoke. Available on line at: http://www.cancer.ca Agence de la santé et des services sociaux de Montréal (2008, p. 21). *Deux : Magazine Santé.* Québec : ASSS de Montréal. 118 p.
- Accessed on March 14 2012 at: http://publications.santemontreal.qc.ca/uploads/tx_asssmpublications/978-2-89494-724-1.pdf

Exposure to second-hand smoke: *Myths and realities*

Numerous myths are found in connection with second-hand smoke. Yet the truth is otherwise.

Myths	The Truth
Myth 1 **If I smoke in another room, I'm not harming anyone.**	Second-hand smoke spreads from one room to another even if the door of the smoking area is closed. If the door to this «smoking room» is closed, second-hand smoke will spread to the rest of the house through the gaps below doors, plumbing and electrical openings as well as conducts for heating and ventilation. The only way to protect children and people around from second-hand smoke is to light up outside, making sure that the smoke can not get in through an opening, especially in summer through open windows. If there is a possibility that smoke will infiltrate the inside, smokers should move away from the house to smoke. * Reference : Health Canada (2008). Myth or reality? (adaptation)
Myth 2 **If I open a window or turn on the kitchen hood or a fan in my home or car, I can get rid of most of the second-hand smoke.**	You may think that by opening a window or turning on a kitchen hood or a fan you are clearing the smoke from a room or your car, but that is not the case. Unfortunately, extensive studies have shown that there is no level of ventilation that will eliminate the harmful effects of second-hand smoke. Even with a commercial ventilation system, it would take more than an estimated 10,000 air changes per hour to reach an acceptable level of risk–the equivalent of a tornado! In addition, opening a car or room window can result in airflow back into the room or car which may cause the smoke to be blown directly back at non-smokers. * Reference : Health Canada (2008). Myth or reality? (adaptation)

Myths	The Truth
Myth 3 **If I use an air freshener or air filter, my second-hand smoke won't hurt my children.**	Air fresheners only mask the smell of the smoke and do not reduce the harm in any way. The sad truth is that even air filters (air purifiers) are not enough. Second-hand smoke is composed of both particles and gases. Most air filters are designed to reduce fine smoke particles in the air, but they do not remove the gases. This means that many of the cancer-causing agents in the gases remain and can reach children and harm their health. * Reference: Health Canada (2008). Myth or reality? (adaptation)
Myth 4 **Second-hand smoke is not harmful to unborn babies.**	Nicotine found in the blood of a pregnant woman who smokes or is exposed to second-hand smoke can cross the placental barrier and decrease the blood flow to her unborn baby. Nicotine can affect her baby's heart, lungs, digestive system and even central nervous system. Carbon monoxide contained in cigarette smoke can affect her baby's growth and may lead to low birth weight. * Reference: Health Canada (2008). Myth or reality? (adaptation)
Myth 5 **Kids don't suffer more than adults from the harmful effects of second-hand smoke**	Second-hand smoke is hazardous to the health of everyone, but it is particularly harmful to the health of young children. They breathe faster than adults, and therefore inhale more dangerous chemical substances and are particularly vulnerable to second-hand smoke. Babies who breathe in second-hand smoke have a higher risk of dying of sudden infant death syndrome (SIDS) or crib death. Babies and children exposed to second-hand smoke more often have lower respiratory tract problems, such as coughs, pneumonia, bronchitis and croup. They are also more likely to develop asthma, and they will suffer more from it than children of non-smokers who have it. Also, second-hand smoke increases the number of ear infections. * Reference: Health Canada (2008). Myth or reality? (adaptation)
Myth 6 **I smoke, so I won't be able to convince my kids to stay smoke-free.**	Parents who smoke can still influence their children's behaviour. By modeling healthy behaviours such as restricting smoking at home or choosing smoke-free environments; you can have a strong influence on your child's decision not to smoke. * Reference: Health Canada (2008). Myth or reality? (adaptation)
Myth 7 **If I smoke when my children aren't home or in the car, it can't hurt them.**	Many parents think that it's all right to smoke when their children aren't around. What they may not know is that second-hand smoke lingers a long time in the air after they finish a cigarette and can still affect their children's health. * Reference: Health Canada (2008). Myth or reality? (adaptation)
Myth 8 **An occasional cigar is not harmful.**	A single large cigar can contain as much tobacco as an entire pact of cigarettes. Because cigars contain greater amounts of tobacco than cigarettes, they produce greater amounts of second-hand smoke. Reference: Smoke-free families. Available at: www.famillesansfumee.ca/en

Convince those around you *to smoke outside*

If a family member or a visitor insists on smoking indoors, here are some arguments to convince them to smoke outside.

Explain how important it is to you that the whole family be protected from the harmful effects of second-hand smoke. But be careful not to moralize!

- Tell smokers it's the smoke that is banned, not them!
- If your family includes children, address their sensitive side: a smoker will be even more understanding when they learn that **children are more at risk** than adults of having health problems if they are exposed to second-hand smoke.
- Ask them to do their best, saying that the whole family is ready to help.
- Suggest going at the person's own pace. For example, you could start by prohibiting smoking in a single room or for one day a week. Then gradually include all the rooms and the whole week in the ban.
- If you are also a smoker, show the person that it's possible. There's nothing like setting a good example.
- A period of stress could cause smokers to light up more often. You could suggest that they take a walk. That way everyone wins: you don't have to have smoke inside and they can relieve their anxiety by getting some air.
- A chilly day can make people want to smoke right next to the door, or even to opt for the garage. But all they need to do is dress warmly. Once outside, they can take the opportunity to move around a bit by walking several blocks: that will warm them up.
- In the car, when it's hot, the windows are rolled down. This does not make it okay to light up! Plan stops in safe areas to accommodate people who smoke.

Reference: Smoke-free families. Available at: www.famillesansfumee.ca/en/Home

Couples *and smoking*

Women living with a spouse or family members who smoke find it difficult to quit smoking. Ask them to quit with you or not to smoke around you. Here are some tips to involve your spouse.

How to get your partner involved?

Women who live with a partner who smokes find it harder to quit. Ask your partner to quit with you or not to smoke in your presence.

- You can ask your partner to help distract you from activities or habits that act as triggers for you to smoke. For example, if you usually smoke after supper while watching TV, you could both go for a walk or a drive instead.
- If you smoke because of stress, tell your partner you need time to relax. If your partner asks how they can help, ask them to help with tasks such as household chores, taking care of the new baby or children. This way they can help to reduce your stress.
- If at all possible, try and quit together. Couples who stop smoking together may be able to help each other remain smoke-free.

What to do if your partner is pressuring you to reduce or stop smoking?

- You can tell your partner that you do not want to discuss your smoking and that you are working on this issue on your own.
- Remind your partner that your smoking is influenced by a lot of things - stress, how you feel about yourself, being in certain situations, etc. Ask your partner to support you in these areas rather than focusing on your smoking.
- Ask your partner to help you celebrate your successes (no matter how small!) rather than remind you of the harms of smoking.

Adapted from :

- Bottorff, J. L., Carey, J., Poole, N., Greaves, L., & Urquhart, C. (2008). Couples and smoking: What you need to know when you are pregnant. Vancouver, C.-B. Available at: http://www.hcip-bc.org/resources-for-practice/documents/CouplesandSmoking.pdf

Alternative things to do *instead of smoking*

Thinking about it makes you want to smoke, find out what you could do instead of smoking.

I want to smoke when:	Instead of smoking, I can:
☐ **I'm stressed**	☐ Go for a walk ☐ Breathe deeply ☐ Listen to music ☐ Relax ☐ _____ ☐ _____
☐ **I'm angry, sad, or feeling guilty**	☐ Try to understand why I am feeling this way ☐ Talk to a friend ☐ _____ ☐ _____
☐ **I'm feeling low**	☐ Take a break and rest ☐ Eat a healthy snack ☐ _____
☐ **I'm lonely**	☐ Do something I enjoy ☐ _____
☐ **I'm with a smoker**	☐ Ask my friends and family not to smoke in the house and in the car ☐ Ask my spouse to quit smoking ☐ Ask my friends and relatives not to give me cigarettes ☐ Avoid places where there are smokers ☐ _____

I want to smoke when:	Instead of smoking, I can:
☐ **I'm at a party**	☐ Avoid this situation for a little while ☐ _____
☐ **I'm having coffee**	☐ Drink a different hot beverage ☐ _____
☐ **I'm talking on the phone or watching television**	☐ Keep my hands busy ☐ _____
☐ **I'm in the car**	☐ Chew sugarless gum, hard candy or a cinnamon stick ☐ Sing along my favorite CD ☐ _____
☐ **I finish my meal**	☐ Leave the table as soon as I finish eating ☐ Brush my teeth ☐ Keep busy ☐ _____
☐ **Other**	☐ _____ ☐ _____ ☐ _____

Adapted and translated from: Agence de la santé et des services sociaux de Montréal (2008, p. 19). *Deux : Magazine Santé*. Québec : ASSS de Montréal. 118 p.
Available at: http://publications.santemontreal.qc.ca/uploads/tx_asssmpublications/978-2-89494-724-1.pdf

50 Things to Do Instead of Smoking

Distract Yourself and the Urge Will Pass...

The following tips are things to do instead of smoking. What's yours!

1.	Read a book.
2.	Wash the car.
3.	Wash the dog.
4.	Go for a walk.
5.	Knit a scarf.
6.	Do a crossword puzzle.
7.	Take a nap.
8.	Call a friend.
9.	Post a message on a forum.
10.	Play with the cat.
11.	Turn your bathroom into a spa.
12.	Listen to a relaxation tape or some favorite music.
13.	Go to a store and get a free make-up session.
14.	Give yourself a manicure and pedicure.
15.	Try out a new hair-do.
16.	Chew some cloves!
17.	Go to the movies.
18.	Hang out at a mall.
19.	Do a jigsaw puzzle online.
20.	Breathe deeply!
21.	Swig down some ice water.
22.	Jump on a treadmill or go to a gym.
23.	Give someone you love a huge hug.
24.	Plant some flowers.
25.	Exercise - swimming, aerobics, yoga, etc.
26.	Work out how to post a picture in a cessation forum!
27.	Take up a new hobby/interest.
28.	Work in the garden.
29.	Go shopping with the cash you saved from not smoking.
30.	Suck on a piece of tart candy.
31.	Slather on a rich, creamy hand lotion and rub, rub, rub! It keeps fingers busy, and reminds you how nice it is not to have tobacco stink on them.
32.	Eat a popsicle.
33.	Floss and brush your teeth.
34.	Make-out with your special someone!
35.	Chew gum.
36.	Chew a toothpick (shiny teeth).
37.	Spend time with a kid.
38.	Give yourself a treat every day of your quit - no matter how small.
39.	Spend an hour filling the paddling pool in the garden on a gorgeous sunny day.
40.	Play several games of Internet Scrabble, and hopefully win one!
41.	Walk in an old graveyard with the man you love.
42.	Get your pyjamas on early, and park yourself in front of your computer for the night.
43.	Walk to post office.
44.	Start an art project.
45.	Call a friend.
46.	Visit a museum.
47.	Organize your photo albums.
48.	Solve a Sudoku.
49.	Go to the theater.
50.	Sing loudly.

Reference: About.com. Available at: http://quitsmoking.about.com/od/cravingsandurges/a/101thingstodo.htm

Relaxation tips

Deep breathing techniques, visualization and relaxation can help you when you feel stressed or anxious.

Deep breathing

- Put yourself at ease, you may want to sit or lie in a quiet spot
- Slowly inhale through your nose counting to 3 in your head
- Slowly exhale through your mouth counting to 6 in your head
- Repeat the exercise 10 times

Visualization

- You may want to sit or lie in a quiet spot and loosen any tight clothing.
- Close your eyes and breathe deeply and slowly
- Imagine yourself relaxing at the ocean, and think about the smell of salt water, the sound of crashing waves and the warmth of the sun on your body.
- You are as light as a feather and are floating through the skies
- The air is pure and fresh. You breathe in and relax even more.

Coping Skills for Nicotine Withdrawal

The Five D's

- **Delay** until the urge passes - usually within 3 to 5 minutes.
- **Distract** yourself. Call a friend or go for a walk.
- **Drink water** to fight off cravings.
- **Deep Breaths** - Relax! Close your eyes and take 10 slow, deep breaths.
- **Discuss your feelings** with someone close to you

Reference: About.com. Available at : http://quitsmoking.about.com/cs/cravingsandurges/a/withdrawal.htm

Adapted and translated from :

- Institut national de santé publique du Québec (2005b, p. 9). *Notre enfant, une découverte pour la vie! Arrêter de fumer? Je peux réussir...* Québec : INSPQ. 17 p.
- Ordre des infirmières et des infirmiers du Québec (2006, p.43). *Counseling en abandon du tabac : orientations pour la pratique infirmières pour le bien-être et la santé des populations.* Québec : OIIQ. 65 p. Available at: http://www.inspq.qc.ca/publications/tabac/OIIQ_orientClini-06.pdf

Quit Smoking
Pharmalogical Aids

Pharmacological aids can help you stop smoking. However, it is important to know how to use them and the side effects they may produce.

Pharmacological Aid Reimbursement Program

Upon presentation of an individual or group medical prescription, RAMQ covers nicotine patches for a maximum of 12 consecutive weeks and nicotine gum or Thrive® nicotine lozenges for a maximum of 12 consecutive weeks. These products must be picked up within the same 12 week period. RAMQ also covers bupropion and varenicline for 12 consecutive weeks within the same year. A 12 week extension of varenicline will be allowed for anyone having quit smoking by the 12th week. Nicorette® nicotine inhalers and lozenges are not covered.

General advice

Certain combinations of pharmacological aids are effective and should be considered by smokers who are highly dependent on nicotine:

- Patch + gum or lozenges or inhaler as needed during strong cravings.
- Bupropion + patch while quitting smoking. Blood pressure must be monitored regularly.
- For varenicline, combination with bupropion or other nicotine substitute is not recommended.

Note: For complete information on pharmacological aids, see product monographs.

General contraindications and precautions for products containing nicotine (patches, gum, inhaler, lozenge)

Do not use or use with precaution when there is:

- Allergy to adhesive bandages (for patches)
- Generalized skin disease (patches)
- Severe oral disease (for gum)
- Hypersensitivity to menthol (for inhaler)
- Patient is less than 18 years old
- Myocardial infarction or stroke during the previous 2 weeks
- Unstable or severe angina
- Severe arrhythmia
- Pregnancy or breastfeeding

Specific advice for pregnant women

- Remember that there is no safe threshold for nicotine and that any use of these products has risks. Manufacturers of these products do not recommend that pregnant women use them, although no studies have been performed with this clientele. However, a doctor may recommend the use of these products, if needed and should offer follow-up.

Specific advice for women who are breastfeeding

- Cigarette smoking and use of nicotine gum or nicotine patches is harmful to the breastfed baby, because nicotine is transferred to breast milk.
- Nicotine transferred by the patches in breast milk is less than that transferred by the cigarette, when patches are used correctly and the mother abstains from smoking.
- Nicotine replacement therapy and bupropion will be found in breast milk, therefore it would be preferable to use short-acting nicotine replacement products (gum or lozenges). Even if they smoke or use NRT to quit smoking, women should be encouraged to continue to breastfeed, however they should not smoke or use NRT just before nursing.

Pharmacological Aids

Pharmacological Aids	Brand name	Use	Possible side effects
NICOTINE SKIN PATCHES	NICODERM® HABITROL® (24 hour) NICORETTE® (16 hour)	• Patch should be placed on hair-free skin between the neck and the waist. Change the application area daily. If you experience insomnia remove the patch 2 hours before going to bed and put a new one upon rising. Dosage : • If you smoke fewer than 10 cigarettes per day: start with a 14 mg/day patch for 8 weeks. • If you smoke 10 or more cigarettes per day: start with a 21 mg/day patch for 4 to 8 weeks.	• The most common side effect is a rash at the application site. This rash usually disappears after 48 hours when people change the application site. • Insomnia (if that is the case, remove the patch at bedtime).
NICOTINE GUM	THRIVE® NICORETTE®	Dosage : • If you smoke fewer than 20 cigarettes per day : Use 2 mg gum. • If you smoke 20 cigarettes or more per day (or you smoke your first cigarette less than 30 minutes after waking up): Use 4 mg gum. Technique : • It is important to explain the chewing technique. The gum should be chewed two or three times, and then kept between the cheek and gum for a minute in order to promote the absorption of nicotine (chew-chew-park). 1 piece of gum every hour or every two hours. Avoid drinking or eating 15 minutes before and during gum chewing.	• Muscle pain in the jaw. • Irritation of the mouth or throat. • If the gum is chewed too quickly, it can create digestive disorders such as hyper salivation, heartburn, nausea or hiccups. However, these effects disappear when the proper chewing technique is used.
NICOTINE LOZENGES	THRIVE® NICORETTE®	THRIVE® • If you smoke fewer than 20 cigarettes per day : Use 1 mg lozenges. • If you smoke 20 cigarettes or more per day: Use 2 mg lozenges. NICORETTE® • If you smoke your first cigarette more than 30 minutes after waking up : Use 2 mg lozenges. • If you smoke your first cigarette less than 30 minutes after waking up : Use 4 mg lozenges. Technique : • Suck on lozenge until flavor is intense, then place between your lip and gum. Start to suck again when flavor intensity has diminished and continue for approximately 30 minutes, until it fully dissolves.	• Dizziness. • Irritability. • Sleep disorders. • Nausea. • Hiccups. • Sore throat. • Headaches.
NICOTINE INHALER	NICORETTE®	Dosage : • Using a mouthpiece inhaler and a 10 mg cartridge that releases 4 mg of nicotine, inhale 6 to 12 cartridges per day, on a variable schedule.	• Cough. • Sore throat. • Irritation of the oral mucosa. • Headache. • Heartburn and nausea.

Pharmacological Aids	Brand name	Use	Possible side effects
BUPROPION HYDROCHLORIDE	ZYBAN®	Dosage : • 150 mg per day for 3 days, then 150 mg twice daily for 7 to 12 weeks. • Stop smoking the second week. Contraindications : • Seizures, use of bupropion as an antidepressant (Wellbutrin SR®), use of monoamine oxidase (MAO) inhibitors or the antipsychotic thioridazine, abrupt withdrawal from alcohol, sudden withdrawal of benzodiazepines or other sedatives, history of bulimia or anorexia, allergy to bupropion. Note : In some cases, a doctor may prescribe this drug for pregnant and postnatal women if they are unable to quit without pharmacological aid.	• Dry mouth. • Dizziness. • Insomnia. • Muscle pain. • Loss of appetite. • Weight Loss. • Blurred vision. • Sore throat. • Agitation. • Confusion.
VARENICLINE	CHAMPIX®	Dosage : • Days 1 to 3: 0.5 mg once daily. • Days 4 to 7: 0.5 mg twice daily. • Day 8 until end of treatment: 0.5 mg twice daily or 1 mg twice daily. Contraindications : • Pregnancy and nursing. • Severe kidney disease. • Under 18 years of age. • Extra attention must be given to patients who are suffering or have suffered from depression or any other mental health problem. *Important : See warnings in product monograph	• Sleep disturbances (difficulty sleeping or abnormal dreams). • Abdominal pain. • Changes in appetite. • Changes in taste. • Constipation. • Dizziness. • Drowsiness. • Dry mouth. • Flatulence. • Gingivitis. • Headaches. • Heartburn. • Nausea. • Rash. • Behaviour changes. • Changes in mood. • Depression. • Thoughts of suicide.

Translated and adapted from :

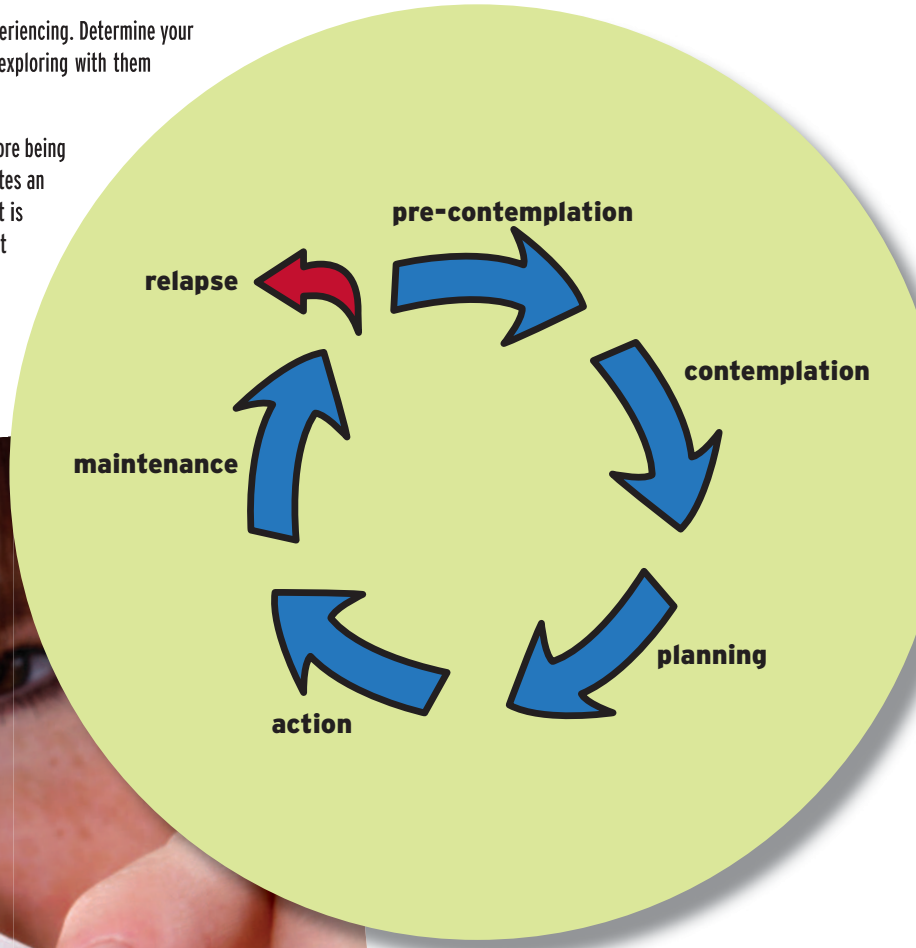
- Fédération des médecins omnipraticiens du Québec, J'Arrête et Ministère de la Santé et des Services sociaux (2011). *Soutien médical à l'abandon du tabagisme chez tout fumeur ou ex-fumeur de moins de 6 mois.* 2 p. Available at : http://www.fmoq.org/Lists/FMOQDocumentLibrary/fr/Formation%20Professionnelle/Boîte%20à%20outils/2012-02-28-TabMedSup-AN.pdf
- Institut national de santé publique du Québec (2005a, p. 149-150). *La famille grandit : des habitudes pour mieux vivre. Le guide d'interventions.* Québec : INSPQ. 187 p.

Stages of change

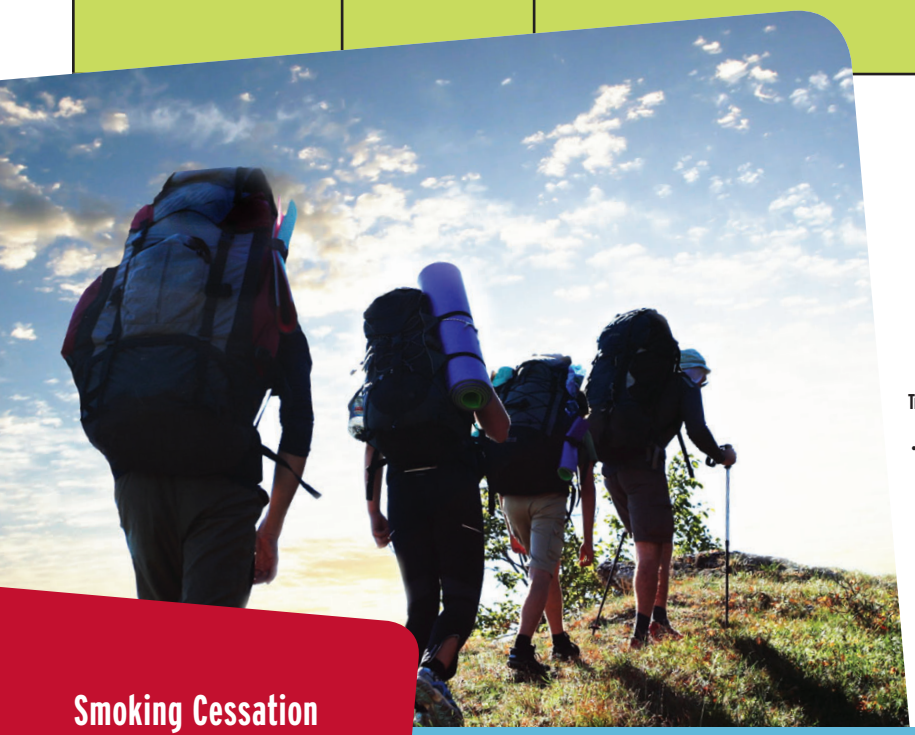
(adapted from Prochaska and DiClemente)

A key to help people quit smoking is to understand the changes they are experiencing. Determine your action by the stage of change your client is in and help them change by exploring with them their ambivalence.

Smokers go through **five stages** of change and may return several times before being completely free of smoking. Ambivalence is at the heart of change and creates an emotional conflict in the person who sees opposing values and behaviors. It is important to act depending on the stage your clients are in and help them get to the next stage by exploring their ambivalence.



Stage	Definition	Description	Intervention
Pre-contemplation 50-60% of smokers	Person is not thinking about quitting	• People who are at this stage are not really thinking about quitting, and if challenged, will probably defend their smoking behaviour. They may be discouraged about previous attempts to quit or believe they're too addicted to ever stop smoking. These smokers are not likely to be receptive to messages about the health benefits of quitting. But at some point, the great majority of «pre-contemplators» begin thinking about quitting.	• Use motivational interviewing to encourage change; • Help smoker explore and resolve his ambivalence; • Encourage smoker to identify his motivations to quit.
Contemplation 30-40% of smokers	Person is thinking about quitting but not quite ready to quit	• During this stage, smokers are considering quitting sometime in the near future (probably six months or less). They are more aware of the personal consequences and consider smoking a problem that needs resolution. Consequently, they're more open to receiving information about smoking and identifying the barriers that prevent them from quitting.	
Preparation 10-15% of smokers	Person is getting ready to quit within next month	• In the preparation stage, smokers have made the decision to quit and are getting ready to stop smoking. They see the «cons» of smoking as outweighing the «pros» and are taking small steps towards quitting. For example, in their initial planning phases, they may be smoking fewer cigarettes. They make statements such as «This is serious... something has to change» and may actually set a date to quit smoking.	• The smoker is encouraged to set a quit date, to understand why he smokes, to identify situations that trigger the urges to smoke and find strategies to cope with them. • Refer smoker to community resources: I Quit Now Helpline or website. • In addition, pharmacological aids can be used to reduce withdrawal symptoms. • Monitor and encourage him/her and highlight the benefits arising from quitting
Action	Person has quit for less than 6 months	• In this stage, people are actively trying to stop smoking, perhaps using short-term rewards to keep themselves motivated and often turning to family, friends and others for support. This stage, generally lasting up to six months, is the period during which smokers need the most help and support.	
Relapse	Person has returned to smoking	• Relapse is classified as a secondary stage of change. It describes reversion back to an earlier stage after having tried but failed to maintain a behavior. It may happen at any time after action is taken.	• Motivate the person to try again. Do a brief or more intensive intervention as needed.



Translated and adapted from :

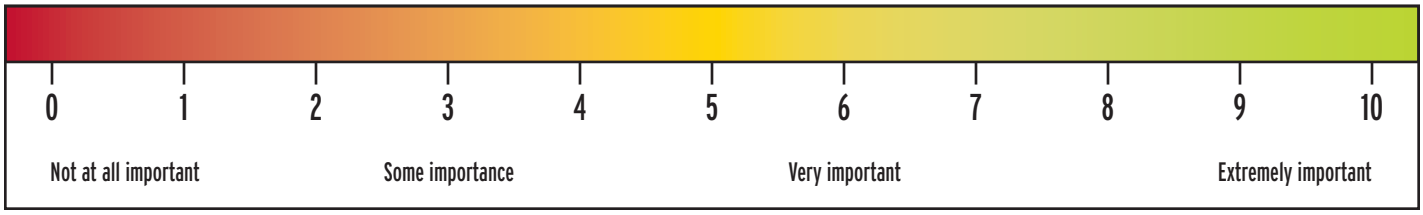
- Agence de la santé et des services sociaux de Montréal (2010, p. 42). *Guide pour l'intégration de la promotion de la santé dans la pratique clinique des professionnels et un exemple d'application : le soutien à la cessation tabagique.* Québec : ASSS de Montréal. 85 p. Available at: http://www.cmis.mtl.rtss.qc.ca/pdf/publications/isbn978-2-89510-463-6.pdf
- Ordre des infirmières et des infirmiers du Québec (2006, p. 25, selon Lacroix et Ladouceur (1999); Prochaska et al. (1992)). Counseling en abandon du tabac : orientations pour la pratique infirmières pour le bien-être et la santé des populations. Québec : OIIQ. 65 p. Available at : http://www.inspq.qc.ca/publications/tabac/OIIQ_orientClini-06.pdf

Conviction-Confidence-Commitment Scale

Counsellors can use these scales with their clients in order to assess their level of conviction, confidence and determination. The intervention can be adapted according to the answers.

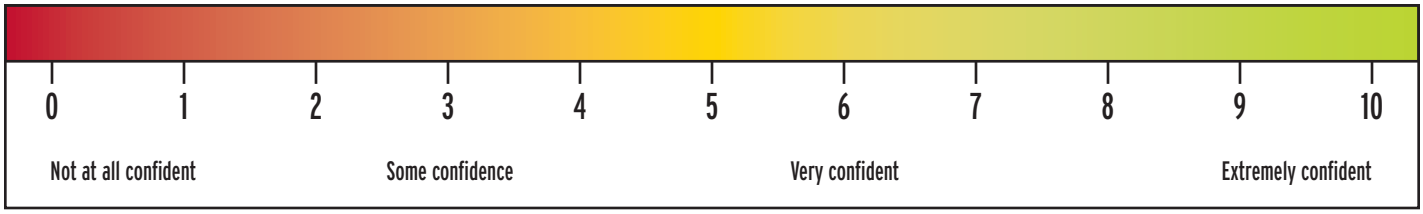
CONVICTION

On a scale of 1 to 10, how convinced are you of the importance of quitting?



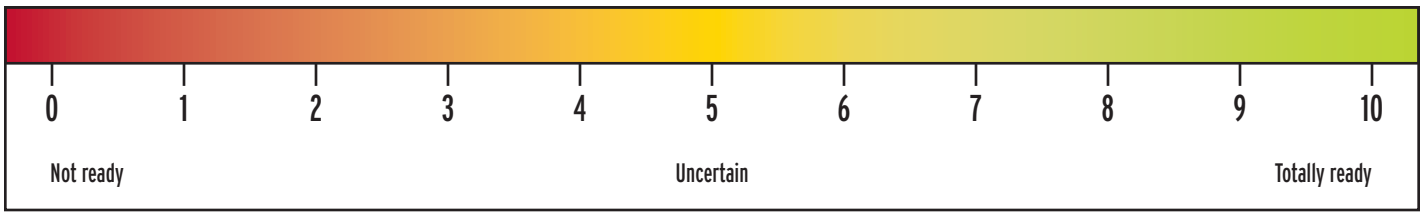
CONFIDENCE

On a scale of 1 to 10, how confident are you in your ability to quit?



COMMITMENT

On a scale of 1 to 10, how ready are you to quit?



Adapted from: Herie M. and Selby P. Smoking cessation rounds (avril 2007). Getting beyond *«Now is not a good time to quit smoking».* Increasing motivation to stop smoking. Accessed on March 14 2012 at: http://www.smokingcessationrounds.ca/crus/screng0407.pdf.

Motivational Interviewing

In order to increase patient motivation to quit, motivational interviewing can be used as a method of communication. The following is a brief summary of the techniques of motivational interviewing.

Principle 1: Express Empathy

Expressing empathy towards a participant shows acceptance and increases the chance of the counselor and participant developing a rapport. Acceptance enhances self-esteem and facilitates change. Skillful reflective listening is fundamental. Participant ambivalence is normal.

Principle 2: Develop Discrepancy

Developing discrepancy enables the participant to see that her present situation does not necessarily fit into her values and what she would like in the future. A participant rather than the counselor should present the arguments for change. Change is motivated by a perceived discrepancy between present behavior and important personal goals and values.

Principle 3: Roll with Resistance

Rolling with resistance prevents a breakdown in communication between participant and counselor and allows the participant to explore her views. Avoid arguing for change. Do not directly oppose resistance. New perspectives are offered but not imposed. The participant is a primary resource in finding answers and solutions. Resistance is a signal for the counselor to respond differently.

Principle 4: Support Self-efficacy

Self-efficacy is a crucial component to facilitating change. If a participant believes that she has the ability to change, the likelihood of change occurring is greatly increased. A person's belief in the possibility of change is an important motivator. The participant, not the counselor, is responsible for choosing and carrying out change. The counselor's own belief in the participant's ability to change becomes a self-fulfilling prophecy.

Adapted from: Motivational Interviewing. Accessed on March 14 2012 at: http://www.motivationalinterview.org/

The pros and cons *of smoking and quitting*

Most people who smoke wish to quit. Each person has his reasons to quit smoking. Think of what you take to heart and what would help you get there.

What I LIKE about smoking

- ☐ It helps me calm down when I get frustrated or mad (sometimes this helps me to be a better parent).
- ☐ It's something I have control over.
- ☐ It gives me a break, five minutes to relax.
- ☐ Other _____

What I LIKE about quitting

- ☐ My kids aren't exposed to second-hand smoke.
- ☐ Money!
- ☐ My health will be better.
- ☐ My day doesn't revolve around when I need another cigarette.
- ☐ Other _____

What I DON'T LIKE about smoking

- ☐ It's harder to breathe.
- ☐ The smoke is bad for my kids.
- ☐ Money!
- ☐ Other _____

What I DON'T LIKE about quitting

- ☐ All my friends smoke
- ☐ Smoking is an easy way to connect.
- ☐ I love smoking a cigarette while drinking coffee.
- ☐ Other _____

Adapted from:

- Expecting to Quit (2012). Available at : http://www.expectingtoquit.ca
- Institut national de santé publique du Québec (2005 b, p. 5). *Notre enfant, une découverte pour la vie! Arrêter de fumer? Je peux réussir...* Québec : INSPQ. 17 p

What I like about smoking	What I like about quitting
What I don't like about smoking	**What I don't like about quitting**

Smoker's Diary

For a few days, place this paper in your cigarette pack. For each cigarette smoked, note the time you smoked, the reason you smoked and your mood. This will let you know more about your smoking pattern.

SMOKER'S DIARY						
# OF cigarette	Time	Need (1-5)	Why did I smoke	My mood		
				☺	😐	☹
1						
2						
3						
4						
5						
6						
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Translated and adapted from: Agence de la santé et des services sociaux de Montréal (2008, p. 13). *Deux : Magazine Santé*. Québec : ASSS de Montréal. 118 p. Available at : http://publications.santemontreal.qc.ca/uploads/tx_asssmpublications/978-2-89494-724-1.pdf

Ressources

For Pregnant women:

www.expectingtoquit.ca

For General Population:

- **Helpline**
  - Information on resources available to help smokers quit
  - Free bilingual service
  - call 1 866 527-7383 or visit www.iQuitNow.qc.ca

- **Quit-Smoking Centres in our region**
  (Services are in French only, for services in English refer your clients to the Helpline)
  - Centre de santé et de services sociaux de Charlevoix : 418 665-6413
  - Centre de santé et de services sociaux de Portneuf : 418 285-2626
  - Centre de santé et de services sociaux de Québec-Nord : 418 663-2572
  - Centre de santé et de services sociaux de la Vieille-Capitale : 418 651-2572, #8422
  - Jeffery Hale-Saint-Brigid's : 418 684-2252

- **WEBSITE : www.iQuitNow.qc.ca**
  - Interactive portal with a section for teens and one for adults
  - Customized approach
  - Self-help forum, chat
  - Information on resources available
  - Bilingual

Other Websites

- **Smoke-free families:** www.famillesansfumee.ca/en/Home
- **Expecting to Quit:** www.expectingtoquit.ca
- **Quebec lung association :** www.pq.lung.ca
- **Quebec Ministry of Health and Social Services:** www.msss.gouv.qc.ca
- **Health Canada :** www.hc-sc.gc.ca
- **Canadian Cancer Society:** www.cancer.ca
- **Acti-menu :** www.actimenu.ca (French only)
- **Coalition québécoise sur le tabac et la santé:** www.cqts.qc.ca (French only)
- _____
- _____
- _____

INSCRIPTION AU CENTRE D'ABANDON DU TABAGISME

1. Identification du client :

Nom : _____ Prénom : _____

Tél. (rés.) : _____ Tél. (trav.) : _____

J'accepte que le professionnel de la santé transmette mes coordonnées au Centre d'abandon du tabagisme que j'ai choisi. J'autorise le centre à transmettre toute information pertinente à ce professionnel.

☐ Autorisation de laisser un message à la maison

X _____ Date : _____
Signature du client

2. Choix du Centre d'abandon du tabagisme :

☐ **CSSS de Québec-Nord**
Téléc. : 418 663-2624
Tél. : 418 663-2572

➡ **Arrondissements :**
- Haute-Saint-Charles
- Charlesbourg
- Beauport
- Côte-de-Beaupré – L'Île-d'Orléans
- Loretteville
- Sainte-Catherine

☐ **CSSS de Charlevoix**
Téléc. : 418 665-7297
Tél. : 418 665-6413

☐ **CSSS de la Vieille-Capitale**
Téléc. : 418 651-3133
Tél. : 418 651-2572, poste 8422

➡ **Arrondissements :**
- Sainte-Foy – Sillery – Cap-Rouge
- La Cité – Limoilou, Les Rivières
- Ville de Saint-Augustin
- Ville de L'Ancienne-Lorette

☐ **CSSS de Portneuf**
Téléc. : 418 285-3708
Tél. : 418 285-2626

3. Professionnel référant :

Nom de l'établissement : _____ Télécopieur : _____

Nom du professionnel : _____

☐ Infirmière ☐ Médecin ☐ Pharmacien ☐ Autre professionnel : _____

Note : _____

SVP veuillez acheminer la demande par télécopieur au centre choisi par le client (voir section 2)

Le genre masculin est utilisé pour désigner aussi bien les femmes que les hommes.

Bibliography

- About.com Smoking Cessation (2012). Available at : http://quitsmoking.about.com/cs/cravingsandurges/a/withdrawal.htm
- Agence de la santé et des services sociaux de Montréal (2010). *Guide pour l'intégration de la promotion de la santé dans la pratique clinique des professionnels et un exemple d'application : le soutien à la cessation tabagique.* Québec : ASSS de Montréal. 85 p. Available at: http://www.cmis.mtl.rtss.qc.ca/pdf/publications/isbn978-2-89510-463-6.pdf
- Agence de la santé et des services sociaux de Montréal (2008). *Deux : Magazine Santé.* Québec : ASSS de Montréal. 118 p. Available at: http://publications.santemontreal.qc.ca/uploads/tx_asssmpublications/978-2-89494-724-1.pdf
- Bottorff, J. L., Carey, J., Poole, N., Greaves, L., & Urquhart, C. (2008). *Couples and smoking: What you need to know when you are pregnant.* Vancouver, C.-B. Available at: http://www.hcip-bc.org/resources-for-practice/documents/CouplesandSmoking.pdf
- British Columbia Centre of Excellence for Women's Health. *Expecting to quit.* Available at: http://www.expectingtoquit.ca
- Canadian Cancer Society. *Protect yourself and your family from second hand smoke.* Available at: http://www.cancer.ca/
- Centre d'abandon du tabagisme du centre de santé et de services sociaux Québec-Nord (2011). *Les symptômes de sevrage à la nicotine.* Québec : CSSS Québec-Nord. 2 p.
- Fédération des médecins omnipraticiens du Québec, J'Arrête et Ministère de la Santé et des Services sociaux (2011). *Soutien médical à l'abandon du tabagisme chez tout fumeur ou ex-fumeur de moins de 6 mois.* 2 p. Available at: http://www.amooq.ca/files/tabagisme.pdf.
- Health Canada. *On the Road to Quitting – Guide to Becoming a Non-Smoker.* Available at: http://www.hc-sc.gc.ca/hc-ps/pubs/tobac-tabac/orq-svr/index-eng.php
- Herie M., & Selby P. Smoking cessation rounds (avril 2007). *Getting beyond «Now is not a good time to quit smoking».* Increasing motivation to stop smoking. Available at: http://www.smokingcessationrounds.ca/crus/screng0407.pdf.
- Institut national de santé publique du Québec (2005a). *La famille grandit : des habitudes pour mieux vivre.* Le guide d'interventions. Québec : INSPQ. 187 p.
- Institut national de santé publique du Québec (2005b). *Notre enfant, une découverte pour la vie! Arrêter de fumer? Je peux réussir...* Québec : INSPQ. 17 p.
- L'approche 0-5-30 COMBINAISON PRÉVENTION (2012). Available at: http://www.0-5-30.com.
- Ordre des infirmières et des infirmiers du Québec (2006). *Counseling en abandon du tabac : orientations pour la pratique infirmières pour le bien-être et la santé des populations.* Québec : OIIQ. 65 p. Available at: http://www.inspq.qc.ca/publications/tabac/OIIQ_orientClini-06.pdf
- Ordre des dentistes du Québec (2005). Intervenir auprès des patients fumeurs : un guide à l'intention des dentistes. Québec : ODQ. 32 p. Available at: http://www.inspq.qc.ca/publications/tabac/ODQ_brochure_tabac_F.pdf
- Pregnets Website. Available at: http://www.pregnets.org
- Smoke-Free Families (2012). Available at: http://www.famillesansfumee.ca/en