MIDLAND HEALTH BOARD **AT THE CENTRE OF A TOBACCO FREE SOCIETY**

Midland Health Board
An Bord Sláinte Lár Tíre

Midland Health Board
At the centre of a
tobacco free society

Bord Sláinte Lár Tíre
I gCeartlár Pobal Saor ó Thabac

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Foreword

Smoking is a complex issue requiring a variety of approaches to achieve effectiveness in reducing use. On an individual level there are a variety of reasons why people initiate and continue smoking. The common element is high dependency on nicotine, which serves to control the individual and limit their ability to cease smoking. On a broader level smoking prevalence is influenced by price, advertising and societal attitudes and limitations to smoking. Reducing exposure to passive smoking can be achieved through legislation which prohibits smoking in the workplace. There is a strong role for the health services to develop quality services to assist smokers to cease smoking and to prevent uptake.

A regional strategic approach is required to ensure that action is taken on a variety of fronts to reduce tobacco consumption, prevent uptake and to provide a framework for resolving the wide range of health, environmental, legislative, social and support issues associated with smoking and exposure to passive smoke.

The purpose of this document is to provide an overview for health service workers and other professionals in the Midlands, concerned with reducing smoking, of the effectiveness and key issues for consideration relating to:

- *Prevention of up-take of smoking among youth.*
- *Assisting existing smokers to give up.*
- *To support tobacco legislation including the further development of a smoke-free workplace policy.*

This strategy will detail the actions, which the Board will undertake over the coming 5 years to maximise effectiveness in reducing tobacco consumption and preventing uptake.

In developing the Midland Health Board smoking strategy, a number of key documents and authoritative reviews have been drawn upon. It is recognised that sustainable action to reduce smoking needs to be accomplished at national and regional level to achieve effectiveness. Beating the tobacco epidemic requires a multi-faceted response and the commitment of society as a whole. No one sector can achieve it. We welcome the establishment of the Office of Tobacco control on a statutory basis. The establishment of this office is a corner stone of the Governments policy "Towards a tobacco free society". In the Midland Health Board strategy we outline the importance of working in partnership with as many agencies as possible in this important task of creating a tobacco free society.

Contents

Acknowledgements 5

OVERVIEW OF SMOKING IN IRELAND 6
Smoking in Ireland 6
National and Regional Trends 6
Smoking statistics from surveys carried out in the Midland Health Board Region 7

LEGISLATION TO REDUCE TOBACCO CONSUMPTION 8
Tobacco Legislation 8
Health and Safety Legislation 8

MIDLAND HEALTH BOARD RESPONSE TO SMOKING 9
The development of the Midland Health Board Tobacco Strategy 9
Current Midland Health Board initiatives to reduce tobacco consumption 9

OVERVIEW OF EMERGING ISSUES 12
Gender and Tobacco 12
Women and Tobacco 12
Smoking and pregnancy 12
Men and Tobacco 12
Youth and Tobacco 13
Older people and Tobacco 13
Disadvantaged Groups and Tobacco 13
Addressing the Emerging Issues 13

STRATEGIC DEVELOPMENT 14
Aim of the Midland Health Board Tobacco Control Strategy 14
Overview of the approaches to the Midland Health Board Tobacco Strategy 14
Principles underlying the Midland Health Board Tobacco Strategy 14

STRATEGIC GOALS 16
The Prevention of uptake Programme 16
The Smoking Cessation Programme 17
The Midland Health Board Workplace Smoke-Free Policy 19

APPLICATION OF APPROACHES AND ACTIONS 22

STRUCTURES FOR COMMUNICATION AND LINKAGES 24

PART III – APPENDICES 26
Appendix I: Stages of Change 26

References 27

Bibliography 28

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- *Regional Smoking Target Action Group of the Midland Health Board.*
- *Health Promotion Service.*
- *Regional Cardiovascular Strategy Project team.*
- *Environmental Health Department.*
- *Community Alcohol and Drug Service, Mental Health Services*
- *Department of Public Health & Planning*
- *Vintners Federation Ireland.*
- *Union Representatives.*
- *Health & Safety Representatives.*
- *Public Health Nursing Representatives.*
- *Health Promoting Hospital Network.*
- *Acute Hospitals Group.*
- *Midland Health Board Pharmacists.*
- *Occupational Health Department.*
- *Community Care Administration.*
- *Midland School Representatives.*
- *Health Care Risk Management*

Overview of smoking in Ireland and emerging issues

SMOKING IN IRELAND

It is an accepted fact that smoking is the greatest single preventable cause of death in Ireland. It has been estimated that there are 7,000 smoking-related deaths each year[1] – all of which are preventable. Over 1,500 people die from lung cancer annually, 90% of which are attributable to active smoking. Smoking is directly responsible for 25% of heart disease deaths and 75% of obstructive airways disease deaths. Fifty per cent of smokers will die from their habit.[2] Increased medical and social understanding of the effects of smoking has led to an awareness that health risks do not only apply to those who smoke but also effect the non-smoker if exposed to tobacco smoke. It is now recognised that passive smoking is detrimental to health as a causal factor for Coronary Heart Disease (CHD), lung cancer and child respiratory diseases [3].

NATIONAL AND REGIONAL TRENDS

The National Health and Lifestyle Survey (SLÁN)[4] 2003 indicates that there has been a fall in reported cigarette smoking rates in virtually every demographic category since the first survey in 1998[4].

In the SLÁN survey 27% of the adult population reported being regular or occasional cigarette smokers compared with 31% in 1998[4]. The national prevalence of smoking was slightly higher among males 28% (32% in 1998) than females 26% (31% in 1998).

When further categorised by age, 35% of males and 33% of females in the 18 - 34 year old category were regular smokers. This compares to 38% of men and 40% of women in the same category in 1998[4]. National prevalence as in 1998, appears to be lowest in those aged 55 years or over, averaging at 19% for males and 16% for females.

Smoking statistics from surveys carried out in Midland Health Board region

'Breastfeeding A Midland Health Board Perspective' 1999-2000 [5]	In this study a smoking prevalence rate for post-natal mothers aged 18-34 years was recorded at 40.9%. Some 42.4% of all mothers who smoked prior to pregnancy gave up smoking because of pregnancy.
Audit Report of The Midland Health Board Shared Care Diabetes Project 1998-1999 [6]	Overall smoking prevalence of 26% for all patients in the shared care scheme was identified. Prevalence among Type 1 diabetes was slightly higher than for Type 2 diabetes, 27% vs. 25% respectively. There was no significant difference in the smoking rate for males and females in the study.
Health and Social Gain for leg ulcer patients 2000 [7]	This study noted smoking prevalence at 41.7% among males and 28.8% among females. The average patient age in the study was 72 years.
Athlone Institute of Technology Lifestyle Study, 1998-1999 [8]	Some 34.6% of students reported that they regularly smoke, 15.4% said they smoke occasionally; 10.9% said that they had smoked but had given up and 39.1% replied that they had never smoked.
'The Voice of Traveller Women Through Research' A Health Needs Assessment of Traveller Women by Traveller Women 1998-2000 [9]	The prevalence of smoking in the Traveller community in the Midland Health Board region was noted to be higher than that of the general population. Smoking is particularly high among the youngest and oldest age groups with 62% of the 19-24 year age group and 75% of the 56-65 year age group in the Traveller community smoking.

Legislation to reduce tobacco consumption

The Midland Health Board welcomes the introduction and enforcement of legislation to limit the sale, advertising and cost of tobacco coupled with restrictions on smoking and exposure to passive smoke. These legal restrictions while serving to reduce smoking directly also serve to influence society's attitude to smoking.

Health and Safety Authority and the Office of Tobacco Control

In 2002 the Health and Safety Authority and The Office of Tobacco Control, Ireland, commissioned an independent scientific working group to:

- *identify and report on the degree of consensus that exists among leading international scientific authorities on the question of the hazard and risk posed by environmental tobacco smoke to human health in the workplace.*

The report concluded that environmental tobacco smoke (ETS) in the workplace increases the risk of heart disease among non-smokers and increases their risk of lung cancer by approximately 20%. The report called for the introduction of legislation to protect workers from the adverse health effects of exposure to ETS[11].

TOBACCO LEGISLATION

Public Health (Tobacco) Acts 2002 and 2004

On 29th March 2004, a complete ban on smoking in all enclosed workplaces was introduced with the enactment of the Public Health (Tobacco) Acts 2002 and 2004. This was 'enacted for the purposes of reducing the risk to and protecting the health of persons.' It replaced previous legislation which prohibited smoking in certain areas including cinemas, educational institutions, public transport etc.

Certain exemptions apply to the smoke free at work initiative including:

- *dwellings,*
- *bedrooms in hotels, guesthouses and B&B's*
- *nursing homes (which includes 'an institution managed by...a health board', 'an institution for the care and maintenance of mentally handicapped persons..' and 'an institution...for the care and maintenance of physically handicapped persons..'* [35])
- *hospices or*
- *psychiatric hospitals*
- *prisons*
- *residential areas in third level education institutions*
- *religious order homes*

These exemptions do not constitute a right to smoke and employers are bound by a duty of care under Common Law to protect their employees.

- *The ban also does not apply to any part of a place or premises that is 'wholly uncovered by any roof' or an 'outdoor part of a place or premises covered by a...roof provided that not more than 50% of the perimeter...is surrounded by one or more walls..'*
- *The legislation requires that a sign is on display in each premises indicating that smoking is prohibited and indicating the name of the occupier or person in charge and the name of the person to whom a complaint may be made.*
- *A person found guilty of smoking in an area where smoking is prohibited may be fined €3000.*
- *The occupier, manager or person in charge who allows smoking to occur in an area where it is prohibited may be fined €3000* [10].

The European Communities (Manufacture, Presentation and Sale of Tobacco Products) Regulations 2003

These regulations place certain restrictions on the sale of tobacco products, including the use of words such as 'light' to describe tobacco products.

Health (Miscellaneous Provision) Act 2001

Prohibits the sale of tobacco products to persons under 18 years of age and provides comprehensive enforcement provisions and gives authorised officers powers of entry, inspection, the taking of records and samples and the carrying out of examinations.

HEALTH AND SAFETY LEGISLATION

The Safety, Health and Welfare at Work Act 1989

Places a duty on an employer to ensure that the working environment protects the health, safety and welfare of all employees. This means that occupational health hazards must be minimised 'as far as is reasonably practical'.

Midland Health Board response to smoking

THE DEVELOPMENT OF THE MIDLAND HEALTH BOARD TOBACCO STRATEGY

Throughout 1999 - 2003, key stakeholders worked to identify actions to be addressed in order to comply with legislation and best practice in the area of prevention, cessation and policy initiatives to support controls on tobacco. This included the further development of a smoke free workplace policy.

The Board acknowledges that much good work has already taken place to tackle smoking at a national and regional level. This strategy aims to build on the existing good practice. The Board has contributed to the development of a National Anti-Smoking Strategy[12] through membership of STAG (Smoking Target Action Group) and Office of Tobacco Control National Protocol Development Working Group.

CURRENT M.H.B. INITIATIVES TO REDUCE TOBACCO CONSUMPTION

THE MIDLAND HEALTH BOARD AS A WORKPLACE

The Midland Health Board is the largest employer in the Midlands with approximately 6,000 employees. As such, the Board must protect (as far as possible) staff and service users from risk of passive smoke. This will involve the following areas:

- *Prohibition on staff and visitors' smoking in Midland Health Board premises.*
- *Limitations on patient smoking and reduction of exposure to passive smoke*
- *Promotion and provision of supports to increase smoking cessation.*
- *Smoke-Free Policy information briefing sessions have taken place during 2001 and 2002 for staff in MHB (Premises-Workplace-Buildings).*
- *Signage is now displayed in 195 Midland Health Board premises throughout the region.*
- *The Board has developed a smoke free policy that is evidence based in line with best practice and legislation: There will be a continual review of the policy annually by a multi-disciplinary group.*

WORK ONGOING IN SCHOOLS

A multi-disciplinary team of M.H.B. staff consisting of Health Promotion Officers, Environmental Health Officers, Public Health Nurses and Smoking Cessation Facilitators worked collaboratively with schools and the community in delivering the following initiatives.

Smoking Cessation Reduction Action Programme (S.C.R.A.P) - Birr, Co Offaly (2001-2006)

This community based five-year pilot initiative, modelled on peer led education and adapted from the Smoking Cessation Reduction Action Programme (S.C.R.A.P.) developed for schools by the Department of Health & Children, the Department of Education & Science, the Irish Cancer Society and the National Youth Federation, aims to reduce the prevalence of smoking by:

- *Encouraging young people (8-18 years) to take responsibility for their health.*
- *Providing information on the effects of smoking.*
- *Encouraging the development of skills that will help the young person to resist the pressure to become a regular tobacco user.*

To date the SCRAP evaluation has indicated a positive trend in terms of knowledge retention regarding the health and social implications of smoking. A comparison of findings for the first 2 years of the project indicated that boys in 6th class were significantly more likely to engage in experimentation. Friends have emerged as an increasing force both as a source of cigarettes and a partner for smoking. Despite the increase in experimentation the percentage of students continuing to smoke decreased across time. When contrasted with the HBSC[13] findings for the 12-14 year age category it was found that current smoking levels were lower than the national average showing positive trends across time. As part of the community dimension of this project the Vintners Association of Ireland (Offaly) joined the Midland Health Board in a public-private partnership to tackle issues related to smoking and passive smoking for patrons.

This campaign took place throughout the 35 licensed premises, and used an innovative range of specifically designed beer mats and posters to raise awareness and increase knowledge on the effects of smoking and the benefits of quitting. A similar initiative was ongoing during the month of May. The 2001 campaign has been evaluated by MORI MRC and shown to be an effective method to raise awareness. Key findings of this research are as follows:

- *Three in ten patrons recall having seen the Midland Health Board's campaign drip mats. Slightly more smokers than non-smokers have seen the drip mats.*
- *All key groups found shock tactics as the most effective method of conveying a health promotion message followed by long term health warnings and a factual approach.*
- *Outlining the dangers of smoking was seen as the strongest aspect of the campaign.*
- *Smokers are more likely than non-smokers to refer "to the effect that smoking has on your body".*

GIRL SCHOOLS

The Board initiated an awareness-raising programme in five girl schools' in the region. The aim of this programme is to increase the knowledge base around the consequences of smoking, and an introduction to the services provided by the Board.

SOCIAL PERSONAL HEALTH EDUCATION PROGRAMME – (SPHE)

The Midland Health Board is supporting the Dept of Education and Science in the implementation of the Social Personal Health Education (SPHE) Programme,[14] through the SPHE Support Service. SPHE aims to enable students to develop personal and social skills, to promote self-esteem and self-confidence, and to enable students to develop a framework for responsible decision making.

Modules included in the SPHE Programme[14] include substance misuse, including tobacco, the effects of smoking, and teaching children the skills to say no.

NATIONAL SMOKE FREE HOSPITAL POLICY

The Irish National Health Promoting Hospitals Network issued Smoke-Free Hospital Policy Minimum Standards on 30 May 2000[15]. Development of this involved the HPH network, Smoking Target Action Group, Department of Public Health Medicine and Epidemiology, UCD, and representatives from hospitals throughout Ireland (Smoke-Free Hospital Policy Minimum Standards, 2000). The aim of this document is to establish uniformity in tobacco control policies in Irish hospitals. The long-term goal of all Health Boards is to achieve a totally smoke free environment in the hospital setting. The minimum standards policy seeks to support the adoption of a committed, realistic and incremental approach. This document is being used as a framework to complement existing strategies in the management of tobacco issues within the Midland Health Board.

These measures allow us to comply with the European Minimum Standard Smoke-Free Hospital Policy Document and work towards achieving an entirely smoke-free environment by 2007.

BRIEF INTERVENTIONS

The term ***Brief Intervention*** describes a range of interventions, based on Motivational Interviewing techniques, that facilitate behaviour change, that are economical with staff time, and can be used in a variety of settings by a variety of professional groups. Brief Intervention Training is ongoing since October 1998 and to date 147 health professionals and staff have been trained from various disciplines within the board area.

In addition a programme was developed in partnership with the Irish College of General Practitioners (ICGP) and Smoking Target Action Group (STAG) to train GP's in the skills of brief intervention.

In 2001, 35 out of 105 Midland Health Board GP's have been trained through the Continuous Medical Education Programme (CME).

CESSATION SUPPORT SERVICES

- *Over the past six years patients admitted to respiratory care were provided with a cessation programme in the Midland Regional Hospital at Tullamore.*
- *Smoking Cessation clinics have been established in Athlone, Longford, Mullingar, Birr, Portlaoise and Tullamore during 2001.*
- *The Irish Cancer Society has trained sixty Staff in the skills of smoking cessation.*
- *18 Smoking Cessation Facilitators were also trained to maintain the community clinics on a weekly basis.*
- *Information stands have been located in shopping centres and workplaces at regular intervals and during national campaign days in 2001 and 2002.*
- *15 staff have participated in the Training for Trainers module for brief intervention and motivational interviewing.*

CINEMA

An anti-smoking cinema campaign targeting young people, adapted from the Northern Ireland Health Promotion Agency, ran during 2001-2002. An evaluation conducted by MORI MRC in February 2002[16], and funded by the Department of Health & Children, identified the following key findings:

- *A major positive finding from this research is the high proportion of respondents who spontaneously recall the advertisement for the smoking quitline (the highest recall for any ad measured in this study.)*
- *Women are more likely than men to spontaneously recall the smoking quitline.*
- *Smokers had the highest recall at 37%.*
- *In spite of these encouraging findings, there is a clear message coming from this evaluation; there is no retention of the quitline telephone number once people have left the cinema.*

PARTNERSHIP WITH LEINSTER COUNCIL GAA

A poster campaign was launched in December 2000 with the key message ***'You show them how to play don't show them how to Smoke'*** to raise awareness among coach's of their influence as positive role models for the youth they train.

CUMANN NA MBUNSCOIL

During the Laois Cumann na mBunscoil finals of 2003 a tobacco awareness campaign was held with participating school children over two days.

SPORTS GROUNDS

In 2003 hoardings in sports grounds were sponsored by the Midland Health Board bearing the slogan "Passive Smoking Harms Everyone".

TRANSPORT

Air fresheners bearing the Midland Health Board logo and the international no smoking symbol were distributed among taxis in the Midland Health Board area during 2003.

Overview of Emerging Issues

GENDER AND TOBACCO

Historically, smoking was seen as primarily a male addiction. However, the data indicates that smoking prevalence among women in recent years has greatly increased. The different distribution between men and women in the age and social class cohorts who smoke would seem to indicate gender specific motivations for smoking.

WOMEN AND TOBACCO

"The decision of young girls to take up the habit is embedded in a social process which has been thought to include such elements as smoking is 'cool' and smoking helps with weight control. These are critical issues for young women as they try to construct an acceptable identity for themselves. Health promotion campaigns have in the past emphasised the dangers to try and convince young people not to smoke. But this approach does not realistically connect up with the concerns of young women. Instead recent public health campaigns in Ireland emphasise how smoking makes one smell unpleasant and one's teeth look unpleasant. This is a message that young women may be able to take on board because it is about their appearance."[17]

There is strong evidence to indicate that smoking is increasing among young women and that female smoking rates, particularly among low-income groups, are not decreasing. In addition to the dependency associated with smoking, there appear to be gender differences in the reasons women initiate and maintain smoking[13] these include smoking:

- *As a coping mechanism – research has shown that low-income women often cite smoking as 'the only break they allow themselves'.*
- *As a weight controller – smoking can affect appetite.*
- *As an identity creator – There is a rising number of young girls starting to smoke. Research among young people indicates that tobacco is often viewed as a powerful symbol of maturity and independence. Young women in particular may smoke to avoid gaining weight or to change their body image.*[19]

SMOKING AND PREGNANCY

- *Maternal smoking during pregnancy is the most powerful determinant of poor foetal growth, causing an average reduction in birth weight of 200g, and doubling the risk of a low birth weight baby. It increases the risk of foetal, prenatal, neonatal and possibly long-term child mortality.*
- *Maternal smoking in the third trimester has also been correlated with the onset of childhood asthma by the age of one year.*
- *Maternal smoking during pregnancy has been suggested as a preventable cause of delayed intellectual development, and congenital malformations. It has been linked to impaired memory, learning and cognitive abilities and perception, behavioural problems and in longitudinal studies, children of cigarette smokers have shown deficits in growth, intellectual and emotional development and behaviour.*
- *The risk of sudden infant death syndrome (SIDS) is almost four times greater for children of mothers who smoked during pregnancy than it is for children of non-smoking mothers according to a study conducted by the Irish Sudden Infant Death Association.*[20]
- *The increased risk of SIDS applies not only to maternal and paternal smoking but also to any other household members smoking, suggesting both an in-utero and postnatal environmental effect.*[20]

MEN AND TOBACCO [4]

According to SLÁN (2002) smoking prevalence is 28% (32% in 1998) among the male population in Ireland. There has been a consistent fall in reported rates in every demographic category. Research suggests that men take few preventive health measures and are less willing than women to seek help and advice. In order to encourage men to avail of existing methods of smoking cessation such as group counselling and one to one interventions, there is a specific need to identify methods to reach men. Targeting men in pubs, clubs, sports centres and workplaces is necessary because of their reluctance to attend traditional health settings. Smoking Cessation Service times will also need to take account of the commitments of people who work full-time.

YOUTH AND TOBACCO

The earlier children start to smoke, the more likely they are to remain smokers and expose themselves to potentially fatal diseases. A U.S. study showed that the speed of nicotine addiction in children was much quicker than previously thought. A cohort study of 681 seventh grade students (age 12-13 years) revealed that the first symptoms of nicotine dependence can appear within days to weeks of starting smoking. 22% became nicotine dependent within four weeks of starting.[22] Research shows that ease of access to tobacco is a strong and consistent predictor of adolescent smoking uptake.[23] The reduction in access to cigarettes is therefore an essential part of any tobacco prevention strategy. Reviews of school-based education show that its influence on attitudes and behaviour is uncertain, some elements (particularly peer-led sessions and skill-based learning) have been demonstrated to have an impact on tobacco and alcohol consumption.[24] However, their effectiveness is enhanced when they are embedded in broader community based interventions.[25]
In developing effective responses to the issue of youth smoking the following challenges emerge:

- *An overall resistance of teenage smoking rates to change.*
- *Teenage smokers become addicted to tobacco at an early stage.*
- *Teenagers need support and dedicated programmes to assist them in stopping.*
- *Adult smoking rates influence initiation rates, in simple terms it is more difficult to advise young people not to smoke when adults are not setting the same example.*
- *Counteracting the marketing strategies of the tobacco industry that target young people.*

OLDER PEOPLE AND TOBACCO

Older adults began smoking before its harmful effects were well understood. This generation is now experiencing the health consequences of an average 40 years of smoking. All the major causes of death among the elderly are associated with smoking and second-hand smoke.

It is never too late to quit smoking. Quitting smoking has proven health benefits, even at a late age[26]. Therefore, smoking cessation interventions will be targeted at this age group.

DISADVANTAGED GROUPS AND TOBACCO

According to the SLÁN[13] (1999) report there is a strong correlation between smoking and social class. Smoking is a problem for all social classes and all age groups but with a distinct bias towards people with low incomes. For example the Traveller Community has a higher incidence of smoking, 65%, compared to the general population. Smoking, more than any other identifiable factor, contributes to the gap in healthy life expectancy between those most in need and those most advantaged.[27] Research would indicate that the rates of quitting smoking are significantly lower among adults from lower socio-economic groups, however this does not reflect motivation to quit as the evidence suggests that the motivation to quit is no different between classes.[28]

ADDRESSING THE EMERGING ISSUES:

- *There is a need to advocate for and contribute to, the development of national tobacco legislation, which affects youth smoking such as advertising, price, and enforcement of legislation on availability of tobacco.*
- *There is an need to facilitate youth access to effective cessation interventions through partnerships with youth leaders, healthcare providers, schools and other gatekeepers.*
- *There is an urgent need to co-ordinate, strengthen, develop and evaluate new and current approaches.*
- *There is a need for an holistic approach.*
- *There is a need to develop gender specific approaches, for example, interventions through sporting organisations, licensed premises, entertainment venues and workplaces targeting males.*
- *To work in partnership with other groups to develop and adapt smoking cessation services to meet individual needs.*
- *Smoking cessation in pregnancy requires additional unique mechanisms, given that it is of key importance to both pre-natal, infant and child health. This demands urgent attention and routine incorporation into health care strategies and practices.*
- *Health professionals who care for pregnant women e.g. GP's, midwives, practice nurses, obstetricians should be trained in smoking cessation techniques that are aimed at meeting the specific needs of pregnant smokers.*
- *There is a need to develop smoking cessation services and interventions that will take account of the broader social, cultural, economic, and physical environments that shape people's experiences of health and well-being.*

Strategic Development

THE AIM of the Midland Health Board Tobacco Control Strategy, ***At The Centre Of A Tobacco Free Society,*** is to decrease the prevalence of smoking in the region.

The 3 strategic goals to achieve the aim are:

1. Prevention of up-take of smoking.
2. To assist existing smokers to give up.
3. To develop a policy framework to aid compliance with tobacco control and health and safety legislation.

While the Board recognises its limitations in influencing national or societal determinants of smoking, it will work to fully develop and maximise all opportunities within its remit. While pilot projects will assist in the development of effective approaches, the key goal is to develop a range of quality services that can be sustained and incorporated into the Boards range of services.

OVERVIEW OF APPROACHES TO THE MIDLAND HEALTH BOARD TOBACCO STRATEGY

The complex range of individual and environmental factors influencing decisions to smoke means that multi-faceted approaches involving all sectors are necessary. The Board aims to focus action on smoking across the whole population and not only on smokers. Within each of these areas a variety of approaches are required to enhance effectiveness. These approaches can be summarised as follows:[29]

- *Building healthier policies*
- *Creating supportive environments*
- *Strengthening community actions*
- *Developing personal skills*
- *Reorienting health services*

PRINCIPLES UNDERLYING THE MIDLAND HEALTH BOARD TOBACCO STRATEGY

1. The Midland Health Board in devising this Strategy, has adopted the following eight values as the hallmarks of the quality service it aspires to deliver in order to achieve health gain and social gain.

Equity:
Persons with similar needs should receive the same standard of treatment and care. Protocols will be developed for smoking clinics, similar to protocols that exist for other services, with the view to a seamless service between hospital and community clinics.

Accessibility:
Everyone should have ready access to services when they need it. In particular services should be equally accessible to both public and private patients. There is considerable evidence to indicate that nicotine replacement therapies and some prescribed medication can assist with smoking cessation (now available on GMS). The Board will attempt to make available through cessation clinics, all recommended therapies and supports, so that smokers attempting to quit experience the minimum of barriers to cessation. There is a need to identify models of intervention that will be appropriate to all health care settings.

Effectiveness:
Each person should get the best possible outcome from his or her contact with services. There is good evidence on the effectiveness of brief intervention advice from a trained person that can be delivered one-to-one or with smoking cessation groups.
The Midland Health Board Regional Tobacco Control Strategy will guide the development of initiatives to reduce the use of tobacco over the coming five years. The success of the strategy relies on all staff working together to achieve success.

Efficiency:
Health services must achieve the desired outcome within available funding and resources.

Appropriateness:
Services need to be person-centred and designed around the needs of target groups and Communities.

Responsiveness:
The best health care is available through team work and the provision of, the right service, in the right setting at the right time.

Dignity:
Services should reflect the standards of courtesy, confidentiality, and respect for the privacy and dignity of the individuals that society expects of the health care services.

Farsightedness:
Services should be capable of identifying and pursuing through promotion, prevention and treatment programmes, opportunities to contribute to improvements in the health of the population of the midlands.

2. This strategy will focus on the whole population affected by smoking.

3. The strategy will identify a variety of approaches to maximise the potential to reduce smoking prevalence.

- *A commitment to tackle the wider determinants of smoking, such as inequalities, inequity in service provision, attitudes towards smoking and supportive environments instead of focusing only on the behaviour of smokers. This will be achieved through partnership with other agencies and communities. Communities, whether voluntary or statutory play a role in combating tobacco use.*
- *Empowerment. For the individual an empowering approach is necessary to achieving a change in attitudes and behaviour. Smoking is an addiction and requires the development of personal skills to overcome addiction. Victim blaming, didactic and information-alone approaches are inappropriate. Skills are required to enable non-smokers to assert their right to smoke-free environments.*
- *All health care staff have a role in developing and implementing a tobacco control strategy.*
- *A commitment to quality principles when developing services.*
- *The commitment to the development of accountable structures open to evaluation and modification.*
- *A commitment to a long-term and holistic person centred strategy.*

Strategic Goal 1
The Prevention of Uptake Programme

AIM OF THE MIDLAND HEALTH BOARD PREVENTION PROGRAMME:

To increase the percentage of children and young people who remain non-smokers (especially young girls).

The MHB identifies the following approaches as ways to prevent the uptake of smoking:

	OBJECTIVE	CURRENT MHB INITIATIVES/ACTIONS
1.	To maintain on going training for teachers in National and Secondary Schools and workers in the non-formal education sector to deliver tobacco reduction programmes and develop substance misuse policies that include tobacco. These programmes will be based on knowledge of good practice, will be participatory, centred on social re-enforcement / social norms skill development rather than knowledge/ scare tactics alone.	Multi-disciplinary, team-based SCRAP initiative undertaken to increase awareness and critical consciousness raising. Development of substance-misuse policies Training delivered to teachers during summer school workshops
2.	To assist schools and colleges in the development of a health promoting school/college through the schools health promotion team.	Working in partnership to promote a Healthy and Smoke-free Campus with Athlone Institute of Technology
3.	To provide ongoing awareness and skill development to health, education and social service providers and parents on their role in reducing youth smoking.	Support for parents and youth in reducing youth smoking. 'Tips for parents' leaflet.
4.	To develop innovative approaches to curb smoking rates in young girls through the development of a pilot whole school interventions project in five girl schools within the M.H.B.	Awareness raising events in five girls' schools within the M.H.B region
5.	To develop and evaluate a pilot whole community tobacco reduction project in the Birr region. This project involved health and education service providers, young people, parents and other community structures.	Initiative to support thirty-five (Vintners) Public Houses reducing smoking prevalence in customers.
6.	To promote existing programmes to address peer pressure, self-esteem, and confidence building among pupils through the schools health promotion programme.	Promoted and delivered training for the SPHE programme in schools.
7.	To utilise regional mass media (radio, cinema, local papers) during National and International campaign days to inform non-smokers and those who smoke of the effects of smoking and passive smoking on health.	Established newspaper, cinema and radio advertising programmes across all four regions. Also regular shopping centres stands to promote smoke-free centres, cessation clinics and prevention of uptake.
8.	To audit, monitor and evaluate approaches to reduce smoking among young people.	Established two MORI MRC evaluations on work to date. Process evaluation of SCRAP.
9.	To develop partnerships with existing community groups .	Launched posters advertisement programme targeting 'show how to play – don't show them how to smoke', on the theme of 'Smoking and Sports'.
10.	To ensure compliance with existing tobacco control legislation.	Proactive inspections and awareness raising with particular emphasis on the sale of tobacco products to those under 18 years.

Strategic Goal 2
The Smoking Cessation Programme

AIMS OF THE MIDLAND HEALTH BOARD CESSATION PROGRAMME:

1. To develop a quality co-ordinated seamless smoking cessation service between existing health board services based on evidence of effectiveness throughout the Midland Health Board.

2. To integrate this smoking cessation service into existing services so as to utilise the skills of health care staff and provide maximum access to smokers.

3. To motivate and support smokers to quit through a variety of approaches aimed at reaching and motivating smokers.

4. To use a 'twin track' approach to smoking cessation; brief intervention therapies provided by 'front-line' staff supported by more intensive smoking counselling services by specialist staff.

OBJECTIVES OF THE MIDLAND HEALTH BOARD CESSATION PROGRAMME:

1. To raise awareness and motivation to quit smoking among staff and the general public through:
- *Ongoing local media campaign (radio, newspaper, posters and cinema)*
- *Briefing sessions to staff on smoking and the updated workplace Smoke-Free Policy*
- *Community projects*
- *National campaign weeks*
- *Promotion events (e.g. ploughing championships)*

2. To use a variety of approaches to promote smoking cessation among 'hard to reach' groups and groups resistant to change (lower socio-economic groups, adult men, women and adolescents).
- *Pub campaigns*
- *Community development approaches and Heart Health Action Zones.*
- *School programmes*
- *Public presentations (where appropriate)*
- *Information stands in shopping centres*

3. To sustain smoking cessation clinics in major sites across the Board as highlighted above.

4. To provide training for 'front-line' staff in brief intervention techniques for smoking cessation and to provide more intensive training to designated staff in the acute and community sector in the facilitation of a specialist smoking cessation service for individuals/groups.

5. To develop protocols for smoking cessation services using evidence based practice[24].

6. To target severely addicted smokers through the health service.

7. To promote and evaluate an ongoing brief intervention training programme.

8. To capture the smoking status of patients/clients availing of the services of the Board and to evaluate the effectiveness of any initiatives carried out by Board.

9. To develop partnership with GP and Pharmacy services to maximise the role of these health professionals in tobacco reduction.

TWIN TRACK APPROACH

It is clear that a variety of approaches are needed to achieve effectiveness. The Board will continue to develop what can be termed a 'twin track' approach, which provides **brief advice** from all health care staff to smokers coupled with **more intensive support** available as required.
The evidence base and key recommendations which the Board have adopted in developing the smoking cessation services were updated and published in 2000 (Raw, McNeill and West, 2000).[30]

The term 'Brief Interventions' has come to be used to refer to a range of interventions to raise the 'issue of smoking and cessation' with smokers, which are economical with staff time and have the advantage of being used in a variety of settings by a variety of professional groups.

Brief Intervention or Motivational Interviewing uses the Stages of Change model (Appendix 1) to assess what stage a client is at with regard to their smoking and uses an intervention to motivate the person along the cycle of change into taking action.

Most smokers want to quit but perceive the lack of willpower as the main problem. Repeated surveys suggest that at least 70% of current smokers want to stop smoking and many have tried to do so.[13] Unfortunately, most fail because tobacco is such a powerful addiction.[25] It is estimated that only 2% of smokers who try to quit unaided remain smoke-free one year later. However, it is possible to improve this cessation through behavioural interventions such as brief advice and counselling or with more intensive support and advice at specialist clinics.[31]

The two main functions of the Cessation Programme are to train health board staff, pharmacists, G.P.'s and practice nurses in the skills of brief intervention and train facilitators to deliver specialist smoking cessation support.

Strategic Goal 3
The Midland Health Board Workplace Smoke-Free Policy

POLICY STATEMENT

The Midland Health Board aims to protect the health of employees, clients and visitors through the promotion of a smoke free environment at all Midland Health Board facilities. The Midland Health Board aims to provide support for employees, clients and visitors who wish to quit smoking.

Purpose

This policy is an agreement on smoking at work between the employer, employees and the union(s) and is part of the Healthcare Risk Management Policy incorporating Corporate Safety Statements and is intended to contribute to the provision of a safe and healthy work environment. Every person has the right to work or engage with the Board's services, in a smoke-free environment. The policy has been developed because of the damage to the health and welfare of individuals from exposure to other people's tobacco smoke. Passive smoking is breathing other people's smoke, which can cause lung cancer and increases the risk of heart disease, respiratory problems and many other illnesses in non-smokers.

RELEVANT LEGISLATION

There is a legislative framework that employers and employees need to comply with to safeguard against the risk of passive smoking in the workplace.

The *Safety Health and Welfare at Work Act 1989 and Regulations 1993* places responsibility on employers to provide for the safety, health and welfare of employees in the workplace. A working environment, which is effectively free from air-borne contamination 'so far as is reasonably practicable', will be achieved.

The Public Health (Tobacco) Acts 2002 and 2004 places a complete ban on smoking in enclosed workplaces, including health premises and vehicles. This was 'enacted for the purposes of reducing the risk to and protecting the health of persons.' The prohibition on smoking does not apply in certain areas including the following:

- *Dwelling*
- *Nursing home (which includes 'an institution managed by.... a health board', 'an institution for the care and maintenance of mentally handicapped persons..' and 'an institution... for the care and maintenance of physically handicapped persons..')*
- *Hospice or*
- *Psychiatric hospital*

These exemptions do not constitute a right to smoke and employers are bound by a duty of care under Common Law to protect their employees.

- *The ban also does not apply to any part of a place or premises that is 'wholly uncovered by any roof' or an 'outdoor part of a place or premises covered by a... roof provided that not more than 50% of the perimeter... is surrounded by one or more walls..'*
- *The legislation requires that a sign is on display in each premises indicating that smoking is prohibited and indicating the name of the occupier or person in charge and the name of the person to whom a complaint may be made.*
- *Responsibility for compliance with this legislation rests with all employees of the health board and its management rests with the officers of the health board established under the Health Act, 1970.*
- *A person found guilty of smoking in an area where smoking is prohibited may be fined €3000.*
- *The occupier, manager or person in charge who allows smoking to occur in an area where it is prohibited may be fined €3000.*

RESPONSIBILITY

It is the responsibility of all Midland Health Board staff to co-operate with the requirements of this Policy.

It is the responsibility of the Midland Health Board to ensure that the requirements of this Workplace Smoke-free Policy are made clear to staff, visitors and patients/clients who are present on MHB premises and to those using MHB transport.

SCOPE

This Policy applies to all MHB controlled premises and healthcare settings occupied by employees, visitors, contractors and service users.

The success of this policy depends upon the co-operation of all staff.

PROCEDURE

Elements of the Midland Health Board Smoke-Free Policy

- Non-smoking will be the norm in all health board premises except for exempt areas identified by the Public Health (Tobacco) Acts 2002 and 2004. Specific areas should be designated in this respect for Patients use only.
- There will be no smoking in all Midland Health Board buildings except for certain designated areas, which patients will use at their own risk.
- All meetings held in the Board's premises, or on behalf of the Board in premises outside of the Board, will be smoke free
- The policy prohibits smoking on Midland Health Board transport i.e. ambulances / taxi transporting patients.
- This policy applies to all employees in all workplace settings.
- Patient /clients will be actively encouraged not to smoke while a health care service is being provided in the home setting

Promotion of the Midland Health Board Smoke-Free Policy

- All Midland Health Board owned and rented premises will use appropriate signage to indicate smoking restrictions. All designated smoking areas will be clearly sign-posted.
- This policy will be communicated to all employees
- The advertisement and sale of all tobacco products in the Midland Health Board premises is prohibited, except in relation to the sale of tobacco products where special arrangements are negotiated for the specific needs of long-stay or special category patients (Mental Health and Long-stay Patients as defined by legislation). This may be subject to change as the remaining section of the the Public Health (Tobacco) Acts 2002 and 2004 are enacted.

Enforcement of the Midland Health Board Smoke-Free Policy

To a large extent this policy will be self-enforced by staff. Continued or repeated breaches of the policy will be brought to the attention of and dealt with by the local Manager.

- All staff will assume individual responsibility for keeping the workplace smoke-free. This means advising others of the Midland Health Board smoke-free policy.
- Employees have a duty to comply with the Board's smoke-free policy.
- All managers must ensure compliance with the Board's policy. Whilst this policy aims to promote compliance and commitment rather than prohibition, persistent failure to enforce or comply will result in the board invoking disciplinary procedures.

To assist with the smooth implementation of the policy the following support mechanisms will be made available:

- All existing employees will be informed of their role in the implementation and monitoring of the policy.
- All employees recruited to the Board will be made aware of their obligations under this policy through recruitment/ induction programme and be given a copy of the policy
- The policy will be promoted as part of other work-based health promotion programmes and health and safety initiatives.
- All recruitment communication will inform prospective employees that all Health Board premises operate a smoke-free policy that supports a smoke-free environment.
- Progress on implementation of policy will be monitored by the local Health & Safety Committees.

Support for employees who wish to cease smoking

The Board has developed support services for smoking under the Cardiovascular Strategy.

- These services include one to one support or group support organised on a need basis and are available to employees. They may be accessed through the Board's Occupational Health Service or the Health Promotion Service.
- The service is free and strictly confidential.
- Health promotion and other educational materials will be made available to staff.

POLICY INFRINGEMENTS

While every effort will be made to support staff to cease smoking, infringements of the policy by staff will be dealt with under local disciplinary procedures.

All members of staff have a responsibility to take action in the event of policy infringements by service users, relatives and visitors.

MONITORING AND REVIEW

Monitoring

- In order to achieve success, it is important to recognise implementation difficulties and to address them in a realistic and achievable manner. To address implementation difficulties, it is recommended that the local manager discuss the matter raised with the staff involved so the appropriate action can be taken
- Once the action/decision in relation to the problem has been decided and consideration has been given to resources and timescales, the management controls can be implemented.
- In the event that a matter cannot be sufficiently managed at local level, the issue must be forwarded as an agenda item to the next scheduled meeting of the local Health and Safety Committee.
- If a smoking hazard exists which cannot be removed immediately, the hazard must be registered on the Hazard Control Sheet and managed as outlined in the Healthcare Risk Management Policy incorporating Corporate Safety Statement.
- The Health and Safety Committee under the chair of the responsible manager will discuss the matter formally and record any agreed management response on the Hazard Control Sheet.

Review

- The policy will be monitored and reviewed annually be the Policy Monitoring Committee in the Health Board.

REFERENCES

- The *Public Health (Tobacco) Acts 2002 and 2004.*
- *Safety, Health and Welfare at Work Act 1989*
- *Health (Nursing Homes) Act 1990.*
- *Employers 'Duty of Care' Common Law.*
- *Health and Safety Authority and the Office of Tobacco Control (2002) 'The Report on the Health Effects of Environmental Tobacco Smoke (ETS) in the Workplace'.*

Application of Approaches and Actions

REORIENTING HEALTH SERVICES: ROLE OF HEALTH CARE STAFF

The role of health care staff is recognised as a key element in attaining success in reducing smoking. For example, staff working in 'front line' occupations have a greater opportunity to interact with smokers and influence their behaviour. The Board intends to develop through training and development the health promotion potential of all staff in influencing the reduction in the prevalence of smoking while at the same time providing specialist support in particular areas. In addition the Board aims to incorporate smoking initiatives into existing services so as to strengthen the role of these services in smoking cessation.

STRENGTHENING COMMUNITY ACTION

Multidisciplinary Approach

A comprehensive and co-ordinated approach involving all key stakeholders is needed in order to address legislative, prevention, and cessation concerns with the Midland Health Board. Joint working on commonly agreed goals is the key approach being developed by the Midland Health Board. All staff areas with an interest in tobacco control have participated, and will continue to participate, in the development and implementation of this strategy. In addition the Board will work in partnership with outside agencies, which play a role in the lives of young people and communities to develop smoking initiatives.

Many initiatives are being developed by national and regional groups to support anti-tobacco initiatives. Through the Boards representatives on many of these groups and ongoing liaison, the Board will work to benefit from and contribute to these initiatives.

Interagency Approach

Smoking is a complex issue, influenced by many factors. The health service plays a crucial role of leading developments to curb smoking. However, it is clear that the causes or determinants of smoking are, in most cases, beyond the control of the health services. For this reason the Board will work to place smoking on the agenda of other agencies (youth organisations, work places, publicans) and communities who can have a role in influencing the causes or determinants of smoking. Through joint 'ownership' of health (and smoking) more effective approaches can be developed to reduce these determinants.

CREATION OF SUPPORTIVE ENVIRONMENTS

The health care setting aims to act as a source of inspiration and support for employees and users of the service. As such the Board has developed within this strategy a comprehensive workplace smoke-free policy to create supportive environments conducive to non-smoking. Midland Health Board staff are therefore seen as role models and their support of the policy is essential. In the wider community context a proactive awareness raising approach will be adopted by the Board's Environmental Health Departments with the enforcement of legislation as appropriate.

DEVELOPING PERSONAL SKILLS

Service providers will consult with individuals using a person-centred approach to identify their needs, involve them in the process of planning and evaluation of health promotion/smoking cessation programmes to make them relevant and accessible. In tandem with this staff need to be equipped with the necessary skills to be able to address identified needs and deliver effective programmes.

People will have the necessary personal and professional skills to prevent uptake of smoking or cease smoking (either themselves or to assist others).

IDENTIFICATION OF SMOKERS FOR TARGETED INTERVENTIONS

The first step in treating tobacco use and dependence is to identify smokers.
Over 70% of smokers visit a health care setting each year, therefore health care staff are appropriately positioned to intervene with patients who use tobacco.

The Board is developing within the acute hospital setting a standardised referral pathway to aid smokers and health care staff in achieving a reduction in smoking prevalence. The development of heart health action zones will co-ordinate a range of integrated community-based smoking and lifestyle interventions to support smokers in quitting.

MAXIMISING THE POTENTIAL OF THE HEALTH CARE STAFF

The Board recognises that smokers and non-smokers have rights, however the rights of non-smokers will take precedence to those of smokers. The board recognises its' responsibility to promote awareness of the dangers of smoking and this can be reinforced by staff being seen as positive role models.
In line with the recommendations cited in ***'Thorax'***[24] the Midland Health Board advises all health care staff to:

- *Ask the smoking status of patients at every opportunity.*
- *Advise smokers to stop.*
- *Assess readiness to stop.*
- *Assist those interested in doing so.*
- *Arrange follow-up.*
- *Refer to a specialist cessation service if necessary.*
- *Recommend smokers who want to stop to use Nicotine Replacement Therapy (NRT) and provide accurate information and advice about NRT.*

GENERAL PRACTITIONERS' ROLE

GP's are uniquely placed to intervene with smokers because they see their patients frequently regarding health issues. Most patients expect health advice and are receptive to it, and to not mention the issue of smoking may be seen as silent permission or collusion. On average a GP sees 68% of patients in his/her practice every year and 95% in 5 years. However, in a recent Irish survey, only 36% of smokers reported getting advice from their GP to stop smoking.
Evidence suggests that brief interventions by the G.P can increase one-year smoking cessation rates from 1% - 5%. These rates are also increased when the doctor is able to use motivational interviewing techniques and also with the appropriate use of specific pharmaceutical aids. These studies showed increased one-year cessation rates of between 13 and 35%. [32]

Structures for Communications and Linkages

CREATING SUPPORTIVE STRUCTURES

Under the Cardiovascular Health Strategy[33] significant funding has been assigned to facilitate the development of anti-tobacco programmes and the provision of additional personnel.
In 2000, the Cardiovascular Health Strategy funded a senior health promotion officer to co-ordinate the implementation of the Tobacco strategy including establishing signage regionwide. Other appointments included two public health nurses (health promotion), three diabetic nurse specialists and two environmental officers to support the implementation of the strategy. The Health Promotion Officer has been appointed to co-ordinate actions and to ensure communication and linkages. The main responsibilities in relation to the strategy are outlined below.

IMPLEMENTATION

The Midland Health Board's Health Promotion Service and the Environmental Health Department will take responsibility for developing targets to be included in their service plans to meet the relevant aims outlined in this strategy. Responsibilities for the implementation of the Board's workplace smoke-free policy will rest with managers of each area and compliance rests with all staff.

MONITORING AND EVALUATION

Research, monitoring and evaluation are imperative to ensure that we are achieving our strategic goals and objectives.

The Working group of the Cardiovascular Health Strategy, Health Promotion Working Group chaired by the Regional Manager of Health Promotion will monitor the overall implementation and progress of the strategy. This group meets regularly, and is comprised of Health Promotion personnel, Principal Environmental Health Officer, GP, HPH Co-ordinator, Senior Dietician, Cardiovascular Strategy Project Manager and a Researcher. The Deputy Regional Health Promotion Manager will work in close liaison with the Office for Tobacco Control, Department of Health and Children and the national Smoking Target Action Group (STAG).

EVALUATION

The Department of Public Health and Planning will be responsible for the evaluation of this strategy. The research staff of this department will develop an evaluation framework that will clearly demonstrate the effectiveness and efficiency of its activities, which will inform and promote the development of 'good practice'.

TASK	ROLE AND RESPONSIBILITY
Ensuring Management Support.	CEO and Senior Management Team.
Service Planning - Implementation of Actions and Communication on progress.	Cardiovascular Health Strategy Health Promotion Working Group.
Prevention of uptake of smoking.	Health Promotion Service & Environmental Health Dept.
Delivery of Brief Intervention Training.	Health Promotion Service.
Delivery of Brief Interventions.	All staff trained in Brief Intervention Skills.
Delivery of Specialist Smoking Cessation Services	Public Health Nurses (Health Promotion) Staff trained within the health board settings Smoking Cessation Facilitators (community)
Implementation and communication of MHB Smoke-Free Policy	Human Resource Department, Heads of Departments (Health Promotion Service & Environmental Health Dept)
Referral to Smoking Cessation Services	Occupational Health Department (staff) and Health Care Staff, G.P.'s, Practice Nurses, Other relevant services
Enforcement of Tobacco Legislation	Environmental Health Depart. and Heads of all areas
Audit and Evaluation of Strategy	Dept. of Public Health and Planning
Promotion of Strategy	Health Promotion Service and Communications Officer
Development of smoke-free policies at individual work-sites	Health Promotion Service

Appendix I

STAGES OF CHANGE

People decide to quit smoking when the disadvantages to smoking outweigh the attractions of smoking. The 'wheel of change' shown below[34] illustrates the changes which occur in the smokers as they become a non-smoker.

In the first stage, pre-contemplation, most smokers are happy with their smoking and may react negatively to any direct advice to stop. Raising the issue of their smoking in a gentle and non-threatening way can assist in moving the smoker to the 'Contemplation' stage. In the Contemplative stage smokers are weighing up the 'pros' and con's to smoking and may be very receptive to positive advice about quitting. In the next phase smokers are preparing to quit and if guided will seek assistance in quitting. Once the smoker has stopped they will enter a period of maintenance and after a certain length of time (usually a year for regular smokers) will become sustained non-smokers. Maintenance is the active period of change. New coping strategies are learned in order to avoid relapse and to establish a new healthier lifestyle. As with all addictions, many smokers may however relapse and return to smoking. Only 20% of people permanently change long-standing problems at the first attempt , most people revert, for at least a while, to the problem behaviour, before trying again. This relapse is seen as a normal part of attempts to quit smoking, with most smokers making many attempts to quit smoking before finally succeeding.

The important message is that all smokers can succeed in quitting.

WHEEL OF CHANGE

Used with the kind permission of the East Coast Area Health Board and the Irish Cancer Society

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