# OPERATIONAL GUIDELINES

## 1 Introduction

This guide provides a basic framework on the counselling of underaged smoking offenders. This is not a teaching aid, but a guide for counsellors who have undergone formal basic training in smoking cessation counselling skills.

## 2 Objectives

The initiative to incorporate mandatory counselling into the current fine-only penalty system for underaged smoking offenders aims to provide underaged offenders the support to quit smoking successfully.

## 3 The Enforcement Cycle

The Smoking (Control of Advertisements and Sale of Tobacco) Act (Cap.309) was gazetted in 1989 to regulate the smoking control measures, which includes the :

- Prohibition of tobacco advertisements and promotion in any form
- Requirement of health warnings on tobacco packaging
- Regulation of the tar and nicotine limits in cigarettes
- Prohibition of the sale or supply of tobacco products to persons below 18 years of age
- Prohibition of smoking, chewing or possession of tobacco products in public by persons below 18 years of age

The Act empowers the following authorities to report underaged smokers to the Health Sciences Authority (HSA) for follow up action:

- Police officers
- National Environment Agency (NEA) officers
- Park Rangers
- School principals/teachers
- Other officers authorized by Health Sciences Authority (HSA)

In accordance with this Act, an enabling clause allows HSA to impose conditions that the offender must meet in order to have his his/her offence compounded for a smaller fine.

With effect from 1st Nov 03, under this clause, underaged smoking offenders will be conditionally required to attend smoking cessation counselling in order to have their offences compounded.

**1st time offenders (cessation clinics not involved)**

Under HSA's proposed penalty system, 1st time underaged smoking offenders will be compounded $30. They are not required to attend counseling.

**2nd & 3rd time offenders (cessation clinics TAKE NOTE)**

2nd and 3rd time offenders who would like to compound their $30 fine would have to undergo 2 sessions of mandatory smoking cessation counseling within 45 days from the date of the Notice (lower left-hand corner of Notice). After completing the 2 sessions within this 45 days deadline, the offender will be given **an additional 15 days** to pay the fine at HSA.

2nd and 3rd time underaged offenders who do not attend at least 2 sessions of counseling will be prosecuted in Court for their smoking offence.

Any client who does not have the document, should be taken as a general public client, **not** a mandatory youth counselling client.

**4th time & subsequent offenders (cessation clinics not involved)**

4th time and subsequent offenders will be prosecuted in Court straightaway, and are liable to be fined up to $300.

# 4 The Counseling Cycle

2nd and 3rd time underaged offenders must attend 2 mandatory counseling sessions (both sessions at the same clinic) before they are permitted to compound their fines. The youths are free to choose a clinic from the list provided and the onus is on the youth to call for appointments for his counseling sessions. **Clinics are advised to confirm the counseling session dates for the 1st and 2nd sessions upfront.**

On his/her first counseling session, the youth is required to bring along the Notice of Composition, his/her identification card and any other documents required by the clinic for registration. **Clinics are required to check the Notice of Composition to verify the identity of the youth.**

Upon completion of the 2nd counseling session, the authorized clinic administrator / counsellor must sign, date and stamp on the Notice of Composition.

The youth will be allowed to pay the $30 fine at HSA ONLY IF the Notice of Composition is signed and stamped by the authorized officer at the respective clinic.

# 5 Counselling framework of 2nd time offenders

The **1st session** must be no less than 30 minutes and must comprise the following elements:

i Viewing of youth video (Part 1);
ii Assessment of Smoker's (Horn) Profile;
iii Assessment of Stage of behaviour change based on the Transtheoretical Model;
iv Use of informal discussions and motivational counselling techniques focusing on the stage of behaviour change the youth is in;
v Provision of material for further reading (**see 8.2**)

The **2nd session** must be no less than 30 minutes and must comprise of the following :

i Assessment of Stage of behaviour change based on the Transtheoretical Model;
ii Viewing of youth video (Part 2) in the course of counselling;
iii Use of informal discussions and motivational counseling techniques focusing on the stage of behaviour change the youth is in;

# 6 Counselling framework of 3rd time offenders

In the initial period of implementation of the Mandatory Smoking Cessation Counseling initiative, some 3rd time offenders may not have gone through the counselling program for 2nd time offenders.

Nevertheless, 3rd time offenders must go through a similar framework set out for 2nd time offenders (as indicated above), with a focused approach on the **key problem areas** that continue to sustain the smoking behaviour.

The **1st session** must be no less than 30 minutes and must comprise the following elements:

i Viewing of youth video (optional but advised if youth has not seen it before or has been more than 6 months since his last counseling session);
ii Assessment of Smoker's Profile (Horn);
iii Assessment of Stage of behaviour change based on the Transtheoretical Model;
iv Use of informal discussions and motivational counselling techniques focusing on the **key problem areas** that continue to sustain the smoking behaviour
v Provision of material for further reading (**see 8.2**)

The **2nd session** must be no less than 30 minutes and must comprise of the following :

i Assessment of Stage of behaviour change based on the Transtheoretical Model;

ii Viewing of youth video in the course of counseling (optional but advised if youth has not seen it before or has been more than 6 months since his last counseling session);

iii Use of informal discussions and motivational counseling techniques focusing on the key problem areas that continue to sustain the smoking behaviour.

# 7 Legal Clarification for Under 18 Year Old Youth

- **Remind** your **under 18 year old** patients that **it is against the law to smoke**
- Attending counselling will not absolve them if they are caught smoking in the midst of their counselling program. They will likely be served with another Notice of Composition
- At no time should you condone smoking by anyone under 18 years old. This includes advising the underaged youth to cut down on smoking without a view to setting a quit date within the counseling sessions.
- It should be emphasized that it would be in their best interest to quit now before they are caught again

# 8 Basic Documentation and Materials

Minimum basic information to capture but need not be limited to, include:

- Patient's particulars – Name, NRIC, Age, Address, Contact no., Occupation, etc
- Nicotine dependence score
- Medical history (ie physical and/or mental ailments)
- Family history (ie family smoking history, family history of relevant diseases such as heart disease, stroke, cancer etc)
- Smoking history / quit attempts
- Patient case /continuation notes

# CLINICAL GUIDELINES

## 1 Introduction

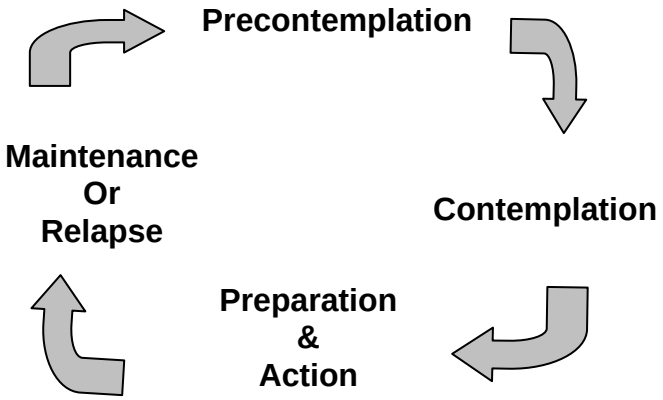
Recognizing that peer pressures and family problems are the main reasons why many youths pick up smoking, cessation counseling provides an opportunity for healthcare professionals to communicate to the youths not only the dangers of smoking, but also equip the youths with life skills to enable them to quit and stay smoke-free.

The counsellor should aim to move the underaged smoking offender from their current stage of change to the next stage of behaviour change within the 2 mandatory sessions. It is crucial that the specific strategies recommended in this guide be used appropriately and in accordance to the needs and stage of change of the youth.

## 2 Counselling Strategies and Techniques – For Precontemplators & Contemplators

### 2.1 Assess Smoker's Readiness to Stop Smoking

When counselling patients to modify behavior, it is important to recognize that different patients are at different stages of readiness to change. Counselling strategies should therefore be tailored accordingly.



## 2.2 Decide On Stage Specific Strategies

| Patient's Stage | General Strategy |
|---|---|
| Precontemplation | Raise doubts – increase patient's perception of risks and problems with his current behavior |
| Contemplation | Tip the balance – evoke reasons to change, identify risks of not changing, strengthen self-efficacy for change |
| Determination | Help patient to determine best course of action to seek change |
| Action | Help patient take steps towards change |
| Maintenance | Help patient identify and use strategies to prevent relapse |
| Relapse | Help patient renew process of change without becoming stuck and demoralized because of relapse |

## 2.3 Relate condition to smoking

- After you have assessed your patient's condition, try to choose a relevant health topic that relates most closely to his/her smoking habit, where possible

## 2.4 Deliver a firm personalized stop smoking message

- A firm, unequivocal stop smoking message communicates the importance you place on smoking cessation. It also effectively shows your concern for your patient's health

- Bear in mind your patient's age in tailoring your message to him/her

## 2.5 Determine reasons for not stopping

If the patient does not want to quit smoking:

- Tactfully find out why

- Try to identify and discuss the barriers and fears that your patient may have about giving up smoking

## 2.6 Emphasize Pros & Cons

**Financial Benefits**
This works well with youths in general. Go through with them the cost of their cigarettes and how much they will save when they quit and what they could buy with the money saved.

**Health Benefits**

Smokers benefit from stopping smoking from as early as 8 hours from cessation. The benefits are tabulated below. As short-term health benefits may also appeal more to the younger smokers, you may also want to focus on the short-term benefits such as :

- having fresher breath
- avoiding pre-mature wrinkling
- prevent deterioration of stamina
- not having to suffer from smoker's hack (nasty coughs)

| | |
|---|---|
| **Within 8 hours** | -carbon monoxide level drops in your body<br>-oxygen level in your blood increases to normal |
| **Within 48 hours** | -your chances of having a heart attack start to go down<br>-sense of smell and taste begin to improve |
| **Within 72 hours** | -bronchial tubes relax making breathing easier<br>-lung capacity increases |
| **Within 2 weeks to 3 months** | -circulation improves<br>-lung functioning increases up to 30 percent |
| **Within 6 months** | -coughing, sinus congestion, tiredness and shortness of breath improve |
| **Within 1 year** | -risk of smoking-related heart attack is cut by half |
| **Within 10 years** | -risk of dying from lung cancer is cut by half |
| **Within 15 years** | -risk of dying from a heart attack is equal to a person who never smoked. |

**Social Benefits**

Quitting smoking will:

- Improve your personal appearance and reduce stains on teeth and nails
- Mean having clothes not smelling of stale smoke
- Mean not having to sneak out for smoking during school or work hours
- Reduce bad breath,
- Help to widen your social circle of friends as most youths do not smoke
- Allow you to set a good example for younger siblings/peers

**Environmental Benefits**

Quitting smoking will allow you to:

- Breathe fresh air indoors
- Reduce risks of accidental fires
- Get rid of filthy and smelly ashtrays
- Help protect the environment as smoking also causes air pollution

## 2.7 Motivate and keep communication channel open

- Speak simple and non judgmentally; refrain from moralizing
- Encourage your patient to verbalize his/her problems & barriers to quit smoking and discuss the options / solutions available
- Emphasize the health, aesthetic and economic benefits of not smoking
- Express confidence in your patient's ability to give up smoking and show real interest and approval of all efforts, no matter how small
- If the answer is "no" to the suggestion to stop smoking, remember that nobody can force a smoker to stop. Your best response could be: "It's your decision. However, if you change your mind later, let's talk about it." That way, the lines of communication will remain open for future discussions when they are ready to consider quitting.
- Try to encourage your patient to come back for additional follow-up sessions (beyond the 2 mandatory sessions).

# 3 Counselling Strategies and Techniques – For smokers in the Action Stage

## 3.1 Put plan to action

- Let your patient set a quit date
- Use the 'Quit for Life' booklet. (With special reference to the section on 'Taking the Big Step')
- Document quit date in medical records
- Use the Quit Card to work through the quit process with the patient
- As much as possible, get your patient to come up with his/her personalised reasons / strategies for quitting

## 3.2 Helping the Smoker Prepare to Quit

- Identify the factors influencing smoking addiction :
  - Physiological (nicotine dependence)
  - Habit (part of daily routine)
  - Psychological response (maladaptive coping skill to stress / problems)
- Identify one's personal reasons to quit
- Identify one's barriers to smoking cessation
- Identify one's triggers to smoke and make specific plans ahead of time to deal with triggers. E.g. try to change some daily habits that will remind them of smoking.
- Get co-operation and support from family and friends
- Be prepared to handle slips. Even if they slip and smoke, don't give up.

- Set a new date to get back on track and remind them of their reasons for quitting

## 3.4 Physiological dependence (leading to withdrawal symptoms)

Recognize and make the patient aware of **common symptoms** associated with nicotine withdrawal

- Craving
- Flu-like symptoms
- Fatigue
- Increased eating
- Restlessness.
- Irritability
- Frustrations
- Mood swings
- Anxiety
- Depression
- Difficulty in concentration or focusing.

Inform the client that :

- Nicotine is usually cleared from the body within a few days after quitting
- Withdrawal symptoms will normally last within two to four weeks.
- Some former smokers report occasional cravings for as long as several years after quitting.
- The withdrawal symptoms disappear when smoking, thus smoker thinks that smoking is “relaxing”.

General coping strategies for withdrawal symptoms include :

- Distract oneself. Call a friend, take a shower or dance the night away!
- Do some relaxation (deep breathing) exercises or physical activities / exercises
- Munch on healthy snacks such as fresh fruits
- Suck on sugar-free candy
- Listen to soothing music
- Get enough sleep at night
- Drink a glass of water or milk slowly
- Try not to push oneself too hard during this time

In cases, where the youth is motivated to quit, but still experiences extreme difficulties in coping with the withdrawal symptoms despite duly employing the above strategies, you can also refer the youth to a General Practitioner for follow up medical advice.

## 3.5 Behavioural dependence (habit / part of daily routine / ritual)

For some smokers, the very act of smoking (gestures, preoccupation of the hands and mouth) may have formed part of their daily routine (smoking at particular places, times, activities, etc). Where feasible, advise the patient to change his/her daily schedule to avoid such triggers. For instance, you can advise:

- After meals (or other significant activities associated with smoking), take a brisk walk or keep yourself busy by doing something else to avoid picking up cigarettes

- Throw away all cigarettes. "Out of sight" means "out of mind."

- Think about each cigarette before you light up. Ask yourself whether you really need to smoke. Avoiding the cigarettes you smoke "automatically" as a reflex or habit will help you cut down a lot during the day

## 3.6 Psychological dependence (maladaptive coping mechanism towards stress / problems)

Some turn to smoking to deal with their daily problems and stress. Smoking has helped to provide them with a short term reprieve, a source of distraction, and the physiological nicotine stimulation they are accustomed to. A smoker having this form of dependence would need to identify practical alternative coping skills and strategies, when they attempt to abstain from smoking. These include:

- Stress management skills (ie relaxation, breathing exercises)
- Time management skills (ie proper planning, prioritizing)
- Fundamental social skills (ie seeking support, communication, conflict resolution)
- Recognizing and dispelling smoking myths/half truths (ie smoking is cool, smoking keeps one slim, most people smoke, smoking makes one attractive, etc)
- Setting new goals - save the money that is normally used to buy cigarettes, and use the money saved as a reward after successfully maintained abstinent for 1 week or 1 month

## 3.7 Relapse Management

- Remind your patients that their first cigarette did not make them a smoker to start with, and a small setback does not make them a smoker again. The most important part is to try again.

- Ask your patients:
  - Where were they when they have the urge?
  - What were they doing at the time?
  - Who was with them?
  - What were they thinking?

- Monitor themselves
- Clean up their environment
- Reward themselves for not smoking

- Practice stress management
- Think about why they quit
- Anticipate triggers and prepare to avoid them
- Get social support

## 3.8 The Issue of Weight Gain

Some smokers believe smoking helps them manage their weight and find that they gain weight when they stop smoking. Not everybody who quits smoking will gain weight. However, some smokers do experience a smaller appetite and find that their food no longer taste as good as it used to. This may lead to the smoker eating less.

Nicotine also increases the smoker's **basal metabolic rate**, allowing the smoker to burn more calories than he/she normally would when their body is at rest. However, smokers need to be aware that losing weight by smoking not only denies them of the health benefits gained from losing weight through exercising and sensible dieting, it harms their health as well. Nicotine can cause an increase in the level of "bad" cholesterol, **LDL** in the blood vessel wall, making it more likely to form cholesterol plaques in the blood vessels, and hence more likely for the smoker to suffer from a heart attack or a stroke.

As smokers are generally underweight in relation to their personal norm, stopping smoking will likely result in a return to a normal weight (about + 2.5 to 3 kg in women and 3 to 4 kg in men). Within 3 to 4 weeks, the very rapid recovery of the senses of smell and taste will usually lead to an increased appetite. This may aggravate any weight problem if not properly managed. Some recommended strategies to reduce weight includes :

**Modifying the client's eating pattern**

- Eat more high fibre food (ie fruits, vegetables, wholemeal bread, etc)Avoid high sugar food (ie chocolates, rich cakes, soft drinks, etc)
- Eat more grilled/broiled/steamed/baked/boiled meat
- Avoiding snacking / eating out of boredom or stress
- Eat regular meals starting with breakfast. Avoid skipping your meals
- Take smaller servings
- Abstaining or cutting down significantly on coffee intake

**Changing the client's activity pattern**

- Get off a bus stop earlier and walk the remaining distance
- Use the stairs instead of the lift or escalator
- Walk when the distance is short
- Start an aerobic exercise programme (Choose exercises you enjoy according to your level of fitness)
- Exercise 30 minutes a day, 5 times a week

For more information on a healthy diet – one can call HealthLine at 1800 2231313

# 4 General Principles of Counselling & Other References

During your counselling sessions, its good to remind yourself that :

- the patient has intrinsic worth
- the patient is unique
- the patient is concerned about change
- the patient is capable of change
- the patient is responsible for change

## 4.1 Motivational Interviewing

- What strategies can a counsellor use to enhance motivation for change?
  - Giving ADVICE
  - Removing BARRIERS
  - Providing CHOICE
  - Decreasing DESIRABILITY
  - Practicing EMPATHY
  - Providing FEEDBACK
  - Clarifying GOALS
  - Active HELPING

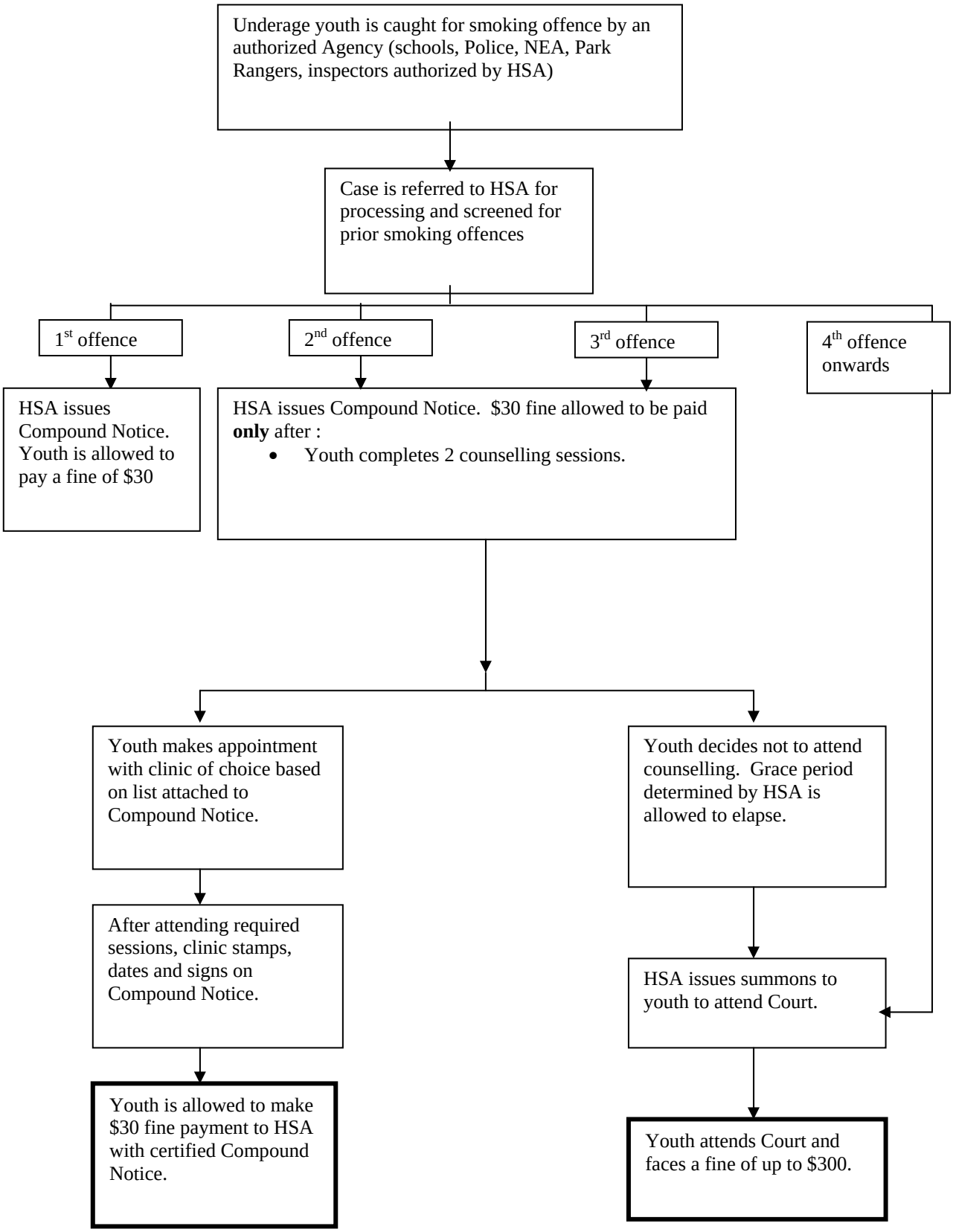
- What are the elements that trigger motivation for change?
  - F: Feedback
  - R: Responsibility
  - A: Advice
  - M: Menu
  - E: Empathy
  - S: Self-Efficacy

- 5 principles underlying motivational interviewing:
  - Express empathy
  - Develop discrepancy
  - Avoid argumentation
  - Roll with resistance
  - Support self-efficacy

- Five early strategies:
  - Ask open-ended questions
  - Listen reflectively
  - Affirm
  - Summarize
  - Elicit self-motivational statements

- Dimension for assessment:
  - Alcohol/drug use
  - Life Problems
  - Dependence syndrome
  - Functional analysis
  - Biomedical effects
  - Neuropsychological effects
  - Family History
  - Other psychological problems

# FRAMEWORK FOR MANDATORY COUNSELLING FOR UNDERAGED SMOKING OFFENDERS




## THE SMOKER'S PROFILE (HORN) SELF-TEST

(For each statement, circle the most appropriate number that best describes your experience, from 5 –Always to 1 - Never)

| | Always | Frequently | Occasionally | Seldom | Never |
|---|---|---|---|---|---|
| A. I smoke to be more awake/to think better. | 5 | 4 | 3 | 2 | 1 |
| B. Smoking is pleasant and relaxing. | 5 | 4 | 3 | 2 | 1 |
| C. When I'm out of cigarettes, I find it almost unbearable. | 5 | 4 | 3 | 2 | 1 |
| D. Part of enjoying smoking comes from the steps I take to light up. | 5 | 4 | 3 | 2 | 1 |
| E. I smoke automatically, without even being aware of it. | 5 | 4 | 3 | 2 | 1 |
| F. I light up a cigarette when I'm upset/angry/worried about something. | 5 | 4 | 3 | 2 | 1 |
| G. I smoke to be more cool/attractive/popular. | 5 | 4 | 3 | 2 | 1 |
| H. I smoke to perk myself up. | 5 | 4 | 3 | 2 | 1 |
| I. I find smoking pleasurable. | 5 | 4 | 3 | 2 | 1 |
| J. I need a cigarette as soon as I wake up. | 5 | 4 | 3 | 2 | 1 |
| K. Part of the enjoyment of smoking is in watching the smoke I exhale. | 5 | 4 | 3 | 2 | 1 |
| L. I sometimes find myself smoking but I can't remember lighting up. | 5 | 4 | 3 | 2 | 1 |
| M. When I feel "blue" or want to take my mind off my problems, I smoke a cigarette. | 5 | 4 | 3 | 2 | 1 |
| N. I smoke when people/my friends/family members around me are smoking. | 5 | 4 | 3 | 2 | 1 |
| O. I smoke to get a "high". | 5 | 4 | 3 | 2 | 1 |
| P. I want a cigarette most when I'm comfortable and relaxed. | 5 | 4 | 3 | 2 | 1 |

| | | | | | |
|---|---|---|---|---|---|
| Q. I get a "hunger" for a cigarette when I have not smoked for a while. | 5 | 4 | 3 | 2 | 1 |
| R. I feel uncomfortable without a cigarette in my hand. | 5 | 4 | 3 | 2 | 1 |
| S. I smoke at certain places or when I'm doing certain activities. | 5 | 4 | 3 | 2 | 1 |
| T. When I feel uncomfortable, I light up a cigarette. | 5 | 4 | 3 | 2 | 1 |
| U. I smoke to belong to the "in" crowd | 5 | 4 | 3 | 2 | 1 |

**Scoring**

Use the following table to compute the score :

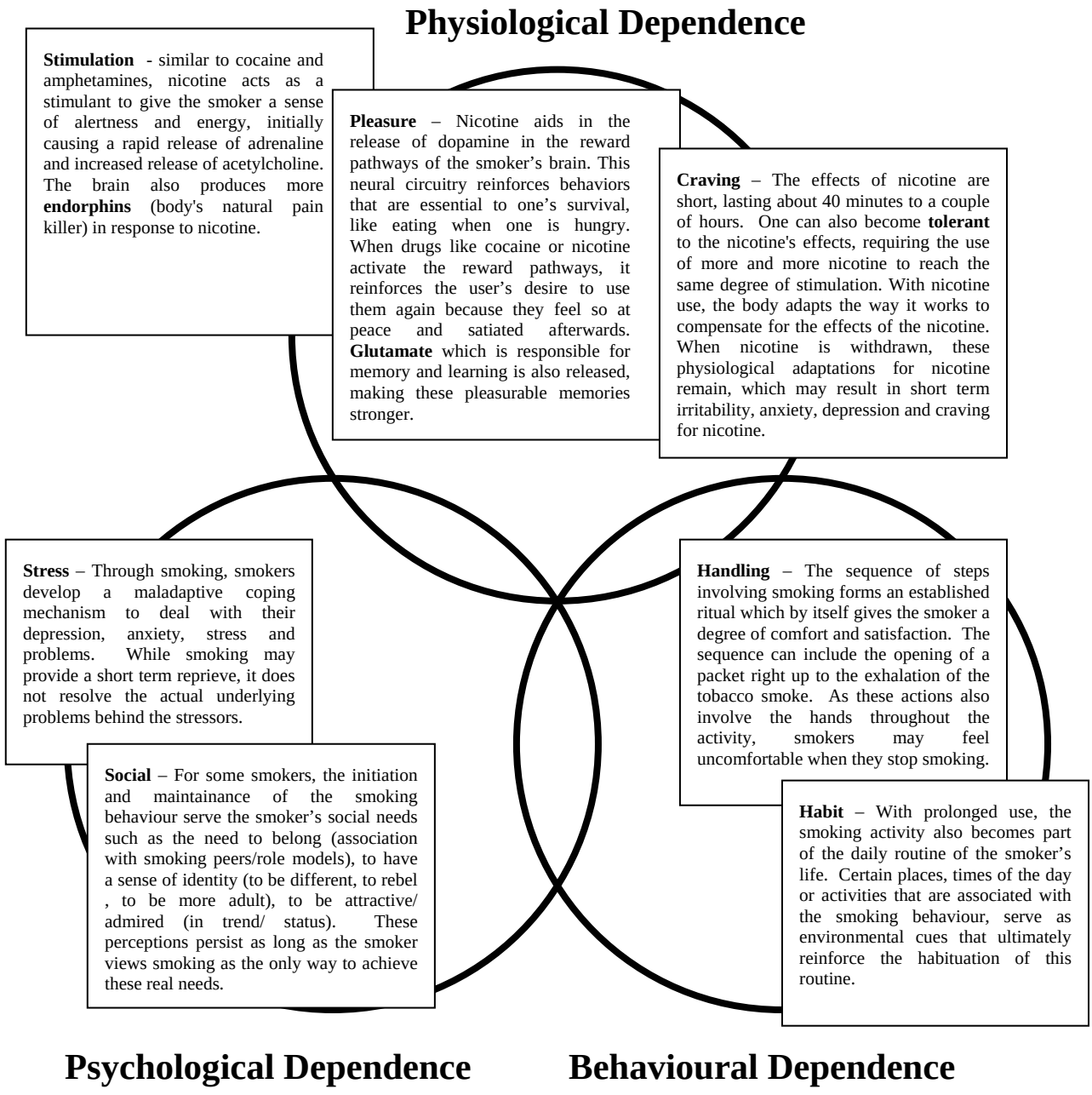
i Enter the circled number for each statement in the space provided, putting the circled number for statement A on line A, for statement B on line B and so on.

ii Add the 3 horizontal scores on each line (ie add scores on lines A, H and O will give a total score for the Stimulation category)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| _____ | + | _____ | + | _____ | = | _____ | |
| A | + | H | + | O | = | Stimulation | |
| _____ | + | _____ | + | _____ | = | _____ | |
| B | + | I | + | P | = | Pleasure | |
| _____ | + | _____ | + | _____ | = | _____ | |
| C | + | J | + | Q | = | Craving | |
| _____ | + | _____ | + | _____ | = | _____ | |
| D | + | K | + | R | = | Handling | |
| _____ | + | _____ | + | _____ | = | _____ | |
| E | + | L | + | S | = | Habit | |
| _____ | + | _____ | + | _____ | = | _____ | |
| F | + | M | + | T | = | Stress | |
| _____ | + | _____ | + | _____ | = | _____ | |
| G | + | N | + | U | = | Social | |

A score of 10 or more indicates an important factor influencing smoking behaviour. These scores aids in identifying the factors contributing to smoking dependence, so that the client and counsellor can work out adaptive alternatives or compensatory reinforcement to counterbalance the eventual absence of the various Physiological, Behavioural and Psychological reinforcements derived from smoking

# TRIPARTITE MODEL OF SMOKING ADDICTION



## The Fagerstrom Tolerance Questionnaire (For reference)

| | |
|---|---|
| **1. How many cigarettes a day do you smoke?**<br>1-10 …….(0)<br>11-20……..……...(1)<br>21-30……..……...(2)<br>31 or more……..……...(3) | |
| **2. How soon after you wake up do you smoke your first cigarette?**<br>Within 5 mins……...(3)<br>6 to 30 mins……..(2)<br>31 to 60 mins……..……...(1)<br>After 60 mins……..……...(0) | |
| **3. Which cigarette would you hate most to give up?**<br>The first one in the morning…….(1)<br>All others……..(0) | |
| **4. What type do you smoke?**<br>Low nicotine (0.9mg or less)……...(1)<br>Medium nicotine (1 to 1.2mg)……..(2)<br>High nicotine (1.3mg or more)…….(3) | |
| **5. How often do you inhale the smoke from your cigarette?**<br>Never……(0)<br>Sometimes……(1)<br>Always…….(2) | |
| **6. Do you smoke more during the first two hours of the day than during the rest of the day?**<br>No…….(0)<br>Yes……(1) | |
| **7. Do you find it difficult to refrain from smoking in places where it is forbidden, such as public buildings, on airplanes, or at work?**<br>No…….(0)<br>Yes……(1) | |
| **8. Do you still smoke even when you are so ill that you are in bed most of the day?**<br>No…….(0)<br>Yes……(1) | |
| **TOTAL POINTS** | |

The Fagerstorm Scoring:
0-5 Low dependence
6-10 Medium dependence
11-15 High dependence

# Assessment of Stages of Behavioural Change

1. *Do you plan to quit smoking in the next 6 months?"*
   - ☐ No (Precontemplation) **stop here**
   - ☐ Yes (Contemplation) **go to Q.2**

2. If yes, *"Do you plan to quit in the next month?"*
   - ☐ No (Contemplation) **stop here**
   - ☐ Yes Action(Preparation) **go to Q.3**

3. If yes, *"Have you tried quitting in the past year or made some changes, like smoking less or delaying your first smoke?"*
   - ☐ No (Contemplation) **stop here**
   - ☐ Yes Action(Preparation) **go to Q.4**

4. *"Have you successfully quit smoking in the last 1-day to 6-month period?"*
   - ☐ No Action(Preparation) **stop here**
   - ☐ Yes (Action) **go to Q.5**

5. *"Have you remained free from smoking for six months or more (up to 5 years)?"*
   - ☐ No (Relapse) **stop here**
   - ☐ Yes (Maintenance) **go to Q.6**

6. *"Do you experience total absence of temptations, and are you 100% confident in situations that were previously high-risk?"*
   - ☐ No (Maintenance) **stop here**
   - ☐ Yes (Termination) **end of assessment**

| **STAGE DEFINITION** | **GENERAL STRATEGIES** |
|---|---|
| ➢ **PRECONTEMPLATION**<br>No intention of quitting smoking within next 6 months | ***Encourage Client to Stop Smoking***<br>• Deliver a firm personalised stop smoking message about **youth specific** health risks from smoking and benefits of cessation. (*ie*. stamina, siblings, self-control, family / friend's support, savings and appearance)<br>• Determine reasons for not wanting to stop.<br>• Check if there are demands to quit smoking at home/work.<br>• Relate personal health condition (if any) to smoking.<br>• Provide written materials / documentation.<br>• Offer assistance and a follow-up appointment.<br>• Try again at the next visit. |
| ➢ **CONTEMPLATION**<br>Seriously considering quitting smoking in next 6 months | ***Emphasise Pros & Cons***<br>• Acknowledge any ambivalence about quitting and ask about motivators for quitting.<br>• Help client in problem-solving to decrease the barriers to quitting (such as weight gain, withdrawal |

| | |
|---|---|
| ➢ **ACTION (PREPARATION)**<br>Intending to quit in next month; has tried to quit in past year or has made small behavioural changes<br><br>➢ **ACTION**<br>Successfully quit from 1 day to 6 months<br><br>➢ **MAINTENANCE**<br>Free of tobacco use for more than 6 months<br><br>➢ **TERMINATION**<br>Client no longer experiences temptations, and is confident in all previous situations that were initially high-risk for smoking relapse | symptoms, social/behavioural habits, history of failure quitting).<br>• Help identify resources/support to quit.<br><br>***Counsel to Stop & Provide Support***<br>• Encourage and facilitate client to set a quit date if one has not been set already.<br>• Suggest a written agreement to be co-signed by yourself and the client.<br>• Introduce a diary / journal to help the client increase one's awareness of the daily smoking habit.<br>• Explore ways to stop smoking.<br>• Assess the level of addiction / dependence.<br>• Explain about potential withdrawal symptoms.<br>• If appropriate, explain about NRT's functions, proper usage, dosage, typical regimen, side effects and dispel any misconceptions if NRTs are seen as an instant 'miracle' cure. Prescriptive NRTs should be referred to a general practitioner for further advice.<br>• Discuss past quit attempts and help the client learn from past experiences.<br>• Use Tripartite Model of Smoking Dependence to determine why client smokes in order to develop coping strategies and identify support together.<br>• Help the client identify rewards for each smoke-free day achieved.<br><br>***Reinforce and Motivate***<br>• Congratulate on quit success and offer support.<br>• Revisit triggers and strategies / alternatives to prevent slips or relapse.<br>• Reinforce motivators and reasons of quitting.<br>• Remind client to rewarding him/herself regularly.<br><br>***Follow-Up***<br>• Identify further potential or unexpected triggers and strategies to deal with them.<br>• Support progress and monitor health.<br>• Work towards relapse prevention |

# DECISIONAL BALANCE SCALE

The decisional balance scale is a method to get the client to think about and vocalize the factors which facilitate (pros) and impede (cons) the movement from one stage to another. For example, this method can be used for a pre-contemplator to elicit the personal reasons that influence the resistance to change, identify possible avenues which may encourage a change, and gets him/her to think about the factors effecting his/her significant others as well. The counsellor is encouraged to routinely apply this simple tool while counselling the client, to actualize the issues pertinent to that client and also as a means of encouragement as he/she progresses through each stage of behaviour change.

| | **Pros of Stage Change** | **Cons of Stage Change** |
|---|---|---|
| **Consequences to self** | 1.<br>2.<br>3. | 1.<br>2.<br>3. |
| **Consequences to others** | 1.<br>2.<br>3. | 1.<br>2.<br>3. |
| **Reactions / feelings of self** | 1.<br>2.<br>3. | 1.<br>2.<br>3. |
| **Reactions / feelings of others** | 1.<br>2.<br>3. | 1.<br>2.<br>3. |