



CALIFORNIA
SMOKERS' HELPLINE

1-800-NO-BUTTS

California Smokers' Helpline

Carrie Kirby, M.S.

Smoking Still Matters Before, During and After Pregnancy!

August 25, 2015

Webinar

In This Webinar

- Brief background on the California Smokers' Helpline (CSH)
- Services as they relate to pregnant women
- Questions

California Smokers' Helpline

- Established 1992 by UCSD researchers
- First statewide quitline in US
- Validated in randomized controlled trials
- English, Spanish, Chinese, Korean and Vietnamese
- Open 7 days, 86 hours/week
- >55,000 registered users in CY 2014



Current Helpline Services

- Self-help materials
- Referral to local cessation programs
- Nicotine patches (for some)
- After-hours recorded messages
- Text messaging program
- Individual telephone counseling
 - 1 pre-quit call
 - Up to 4 relapse prevention calls

Special Protocols

- Pregnant smokers
- Teen smokers
- Asian-language smokers
- Tobacco chewers

Smoking & Pregnancy

- 1/3 of women spontaneously quit after learning of their pregnancy
- An additional 20% quit with assistance
- However, >50% of those who quit will resume within 6 months postpartum
 - During this time, even though OB support tapers off the parent has a minimum of 5 contacts with the child health care provider

CSH Approach to Cessation

CSH Approach

- Encourage quit attempts
 - Initial call to boost motivation and create a plan
 - Multiple attempts are the norm – keep trying!
- Prevent relapse
 - Relapse sensitive schedule
 - Proactive follow-up calls to support cessation

Counseling Protocol

- 1 planning call (~30 minutes)
- Up to 4 follow-up calls (10 minutes)
- Help clients to:
 - Identify a strong reason (**Motivation**)
 - Bolster belief in ability (**Confidence**)
 - Develop a solid plan (**Skills**)
 - Adopt a new view of self (**Self-image**)
 - Keep trying (**Perseverance**)

Cessation Counseling Topics

- Motivation
 - Identifying & discussing ambivalence
- Smoking & quitting history
 - What worked & what didn't work in the past
- Quitting methods
 - Assess knowledge & discuss options
- Planning
 - Cognitive & behavioral strategies
- Setting a quit date

Pregnant Smokers

- Rapport
 - Convey knowledge of pregnancy-specific considerations & make no assumptions
- Teachable moment
 - Pregnancy is a time of potential receptivity to change
- Loss of control
 - Pregnancy imposes a timeline on quitting.
- Deprivation mentality
 - Attending too much to others can create stress and feelings of resentment

Pregnant Smokers (cont.)

- Guilt
 - External and internal sources
- Cognitive shift
 - Some women never make the “shift in their thinking” to stay quit after giving birth.
- Mood management
 - Fluctuations in hormones can cause instability during pregnancy and postpartum.
- Pharmacotherapy
 - Pregnancy is a contraindication for pharmacotherapy - discussion with MD is needed.

Helpline Takeaways

- Telephone-based programs can yield higher utilization rates among typically underserved groups
- Counselors can deliver the intervention one-on-one, capitalizing on the individual
- We are here to help!

CEASE California

- Trains pediatric providers
- Directly refer smoking parents to Helpline
- NRT by Rx or through Helpline
- >75 clinic sites trained to date
- For more info:
 - Jyothi Marbin, MD;
jyothi.marbin@gmail.com



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You have a firsthand opportunity to prevent secondhand smoke.

Parents are the main source of smoke exposure in children and a major factor in whether adolescents start smoking.

ASK all your patients' parents if they smoke.
ADVISE them to quit.
REFER them to **1-800-NO-BUTTS** for FREE telephone counseling.

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Questions?

Carrie Kirby
Project Manager
(858) 300-1054
ckirby@ucsd.edu

www.NoButts.org