

Handbook of the Smoking Cessation Treatment Intervention for Prisons

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Handbook of the Behavioural Intervention for Smoking Cessation to use among prisoners



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Introduction

The Feasibility Study

In 2003 the UNSW Prison Research Team conducted a feasibility study to evaluate whether brief cognitive behavioural therapy (CBT), an antidepressant and nicotine replacement therapy (NRT) in the form of a patch would promote smoking cessation among prison inmates. This was the first study in the world of smoking cessation among prisoners using combined therapies. Please see Attachment 1 for the abstract of the published paper. In that study we found at five and six months following the intervention, the validated point prevalence and continuous abstinence rates were 26% and 22% respectively. Reasons for relapse to smoking included: being transferred between prisons without notice (for prisoners this is considered to be a highly stressful event), boredom, lock-downs (prolonged periods of time where prisoners are locked in their cells), family, and legal stressors. An overwhelming majority (95%) of prison inmates who relapsed during the trial indicated a willingness to try quitting again with our multi-component intervention. The feasibility study indicated that smoking cessation studies in the correctional environment are feasible and attractive to inmates, prison staff and prison authorities.

The Smoking Problem

Cigarette smoking is a major public health problem in Australia, with an estimated 19,000 premature deaths caused by tobacco use each year (Ridolfo & Stevenson, 2001). The prevalence of daily tobacco use in prison (75%) (Indig, Topp et al, 2010) is much higher than that in the general population (17%) (AIHW, 2010). Prisoners are largely drawn from the most disadvantaged groups in society. They are often poorly educated, have a low income (or receive benefits) and come from a lower socio-economic or an indigenous background (Indig, Topp et al, 2010). The Australian Guidelines for Smoking Cessation identify prisoners as a high risk group requiring special attention to reduce tobacco use (Zwar et al 2011). Members of disadvantaged groups are less likely to use preventive health services, such as smoking cessation programs (Zwar et al 2011). Therefore, incarceration represents a unique opportunity to initiate a smoking cessation intervention and improve the health of the large number of highly disadvantaged people who pass through correctional facilities every year.

A range of effective cessation strategies is available in Australia for smokers to quit, including pharmacotherapies, nicotine replacement therapies (NRT), the Quitline, and interventions based on cognitive-behavioural interventions.

The Randomised Controlled Trial

The UNSW Prison Research Team attracted initial funding to conduct the randomised controlled trial (RCT) from the National Health and Medical Research Council (NHMRC). This was the first randomised controlled trial in the world to evaluate the effectiveness of a behavioural intervention for smoking cessation among prisoners. Male inmates who were current smokers were randomly assigned to placebo or active nortriptyline (a tricyclic antidepressant and analgesic adjuvant also used as a smoking cessation aid). All inmates received brief cognitive behavioural therapy (2 individual sessions, 1 prior to quit date and another 2-3 weeks after quit date), active patch, a prison specific stress package (developed by Professor Wilhelm in response to the request from prisoners in the feasibility study) and referral to the Quitline. Assessments were at baseline, and at 3, 6 and 12 months following treatment.

Inmates were recruited from NSW prisons and from one prison in QLD using prison delegates, prison Aboriginal elders, word of mouth, clinic staff, flyers and posters.

Protocol for the Randomised Controlled Trial: A multi-component intervention for smoking cessation among Australian male prison inmates

Funding Sources:

Funds were attracted from the National Health and Medical Research Council (NHMRC); Centre for Health Advancement, NSW Health; Offender Health Services, Queensland Health to conduct this study.

Objective:

The objective was to examine whether brief Cognitive Behavioural Therapy, active NOR, active transdermal nicotine patch, a stress package and the offer of the Quitline service is more effective in reducing smoking rates than treatment with brief CBT, placebo NOR, active transdermal nicotine patch, a stress package and the offer of the Quitline service

Inclusion criteria:

- Over 18 years
- English speaker
- Has been incarcerated for ≥ 1 month with ≥ 6 months of the current sentence remaining
- Scores ≥ 5 on the Fagerström Test for Nicotine Dependence (indicates moderate to high nicotine dependence)
- Readiness to quit smoking
- Potential participants must also be willing to provide the investigators with the contact details of family or friends to enable community follow-up should the inmate be released

Exclusion criteria:

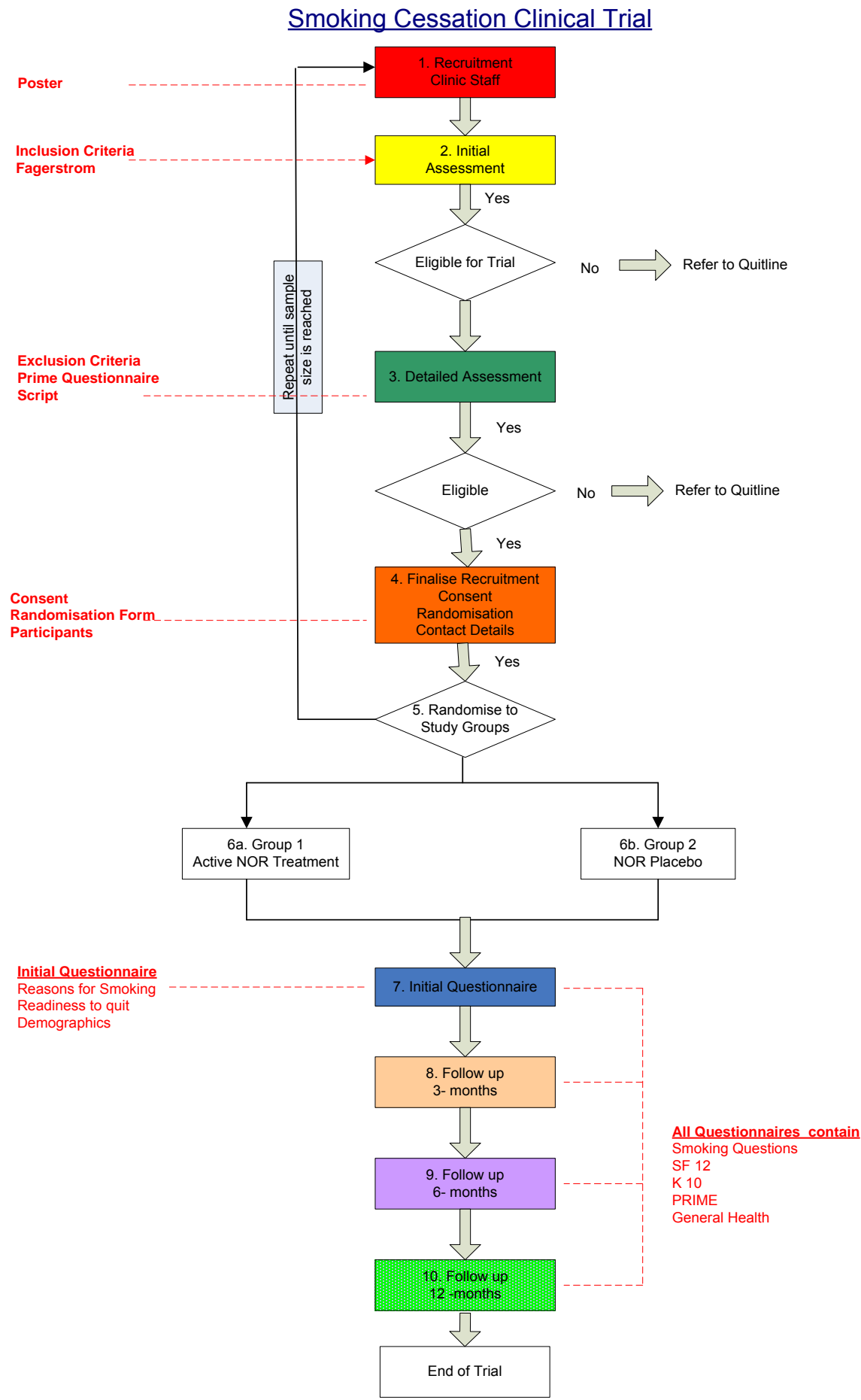
- Female, as they only constitute 7% of the Australian prisoner population and tend to have much shorter sentences than men, thereby limiting availability for follow up assessments at 6 and 12 months.
- Non English speaker
- Has been incarcerated for ≥ 1 month with ≥ 6 months of the current sentence
- Current significant cardiovascular disease (e.g. evidence of conduction defects on prior ECGs)
- Current mental illness (major depressive disorder; bipolar disorder)
- Current use of antidepressant or antipsychotic medication
- Threats of suicide or repeated deliberate self harm
- Current psychotic disorder
- Use of a monoamine oxidase inhibitors within two weeks
- Known allergies to the study drugs
- Life threatening illness

The Procedure of the Study

Inmates were randomly assigned to one of two multi-component interventions. Both groups received brief cognitive behaviour therapy, active nicotine patch, a prison stress package and access to the Quitline. Group 1 received active Nortriptyline and group 2 received placebo Nortriptyline.

Figure 1 shows the procedure of the clinical trial.

Figure1: The Smoking Cessation Clinical Trial



Assessments:

Once eligible participants had been identified through the recruitment process, a basic assessment was conducted to ascertain suitability to proceed to the medical screening phase. An eligibility screening form (ESF) was completed at each study site and reasons for prisoner inclusion or exclusion were provided.

The project liaison person in the clinic or the project officer (VA) undertook the basic assessment of all potential participants prior to medical assessment e.g. dependent on smoking, readiness to quit, etc.

Inmates who expressed interest in participating in the trial were screened for suitability by the prison doctor using a modified version of the screening checklist used during the feasibility study.

If the medical staff were uncertain whether an inmate should participate in the trial on medical grounds they contacted one of the investigators (Wodak or Wilhelm) for advice.

The exclusion screening procedure was completed and if the prisoner was suitable:

- Informed consent was obtained and signed and dated by the prisoner prior to any study related procedures being performed.
- Medication chart completed.

The doctor, clinic nurses or the research assistants obtained consent from the prisoners to join the study. The consent was witnessed by an independent clinic Nurse or DCS officer who attested the consent was truly informed and un-coerced.

All patients were assessed at baseline and at 3, 6 and 12 months following treatment.

Measures:

All measures used are widely used in smoking cessation research and treatment. All follow-up assessments were conducted by trained research assistants who were also nurses who had worked in the prison system and were blind to the treatment allocation. The measures used at baseline and during follow-up visits were:

- Demographics (includes education & postcode prior to incarceration) - Baseline
- Smoking history - Baseline
- Nicotine dependence – Baseline
- Readiness to quit smoking – Baseline
- CO measurement- Baseline - 3, 6 and 12 months
- Anxiety and depression - Baseline, 3, 6 and 12 months
- Physical and mental morbidity - Baseline, 3, 6 and 12 months
- Self reported drug use- Baseline- 3, 6 and 12 months
- Adverse side effects – 3 months
- Information on smoking status of cell mate – Baseline, 3, 6 and 12 months

Questions about smoking history detailed the number of cigarettes smoked before imprisonment, years of regular smoking and prior quit attempts. Readiness and motivation to quit smoking were also assessed using the Crittenden criteria at baseline. Nicotine dependence was assessed using the Fagerström Test for Nicotine Dependence. (Heatherton et al, 1991). This 6 item instrument measures smoking behaviours indicative of physical dependence on a scale from 0 to 10, with scores of six and above indicating 'moderate' to 'high' dependence. The Minnesota Nicotine

Withdrawal Questionnaire (Hughes et al 1986, Hughes et al 1992) is an 8-item measure covering craving for cigarettes, irritability, frustration or anger, anxiety, difficulty concentrating, restlessness, increased appetite or weight gain, depressed or sad mood, and insomnia. Anxiety and depression were assessed using the Beck Depression Inventory (BDI) (Beck et al 1961) and Kessler Psychological Distress Scale (K-10) (Kessler et al 2002). Physical and mental well-being were measured with the SF-36 (Ware et al 1994). Regular heroin use prior to prison was defined by subject self-reported using heroin on a 'daily/almost daily' basis in the year prior to prison. Adverse events from the use of the patch and antidepressant were documented at 12 weeks using a checklist.

The primary outcome measures are point prevalence abstinence and continued abstinence at 3, 6 and 12 months. Point prevalence is defined as the proportion of subjects who have not smoked at all during a particular period (Hughes et al 2003). Continuous abstinence is defined as abstinence between quit day and a specified follow-up period (3, 6 or 12 months) (Hughes et al 2003). Smoking reduction status is based on an assessment of whether participants have reduced their daily consumption of cigarettes by 50% or greater (including abstinence) relative to baseline (Hughes et al 2005).

Outcome measures are determined on an intention to treat basis (Wright et al 2003). That is, participants who missed a follow-up assessment are regarded as continuing smokers at that time period. At 3, 6 and 12 months, subjects who report any smoking at all, or whose expired carbon monoxide (CO) levels exceeded 10ppm, are classified as continuing smokers. Current abstinence from smoking is confirmed using a Micro II Smokerlyser which assesses breath levels of carbon monoxide. A carbon monoxide level of <10ppm signifies that the participant was unlikely to have smoked in the last 8 hours. Serious adverse events were collected at each visit.

For each prisoner recruited to the study, a Case Report File (CRF) was maintained. If a prisoner withdrew from the study, the reason was noted on the CRF. If a prisoner was withdrawn because of a treatment-limiting adverse event, thorough efforts were made to clearly document the outcome.

The participants' anonymity was maintained. On CRFs and other documents subjects were not identified by their names, but by an identification code. The investigator kept a subject enrolment log showing codes, names and addresses. The investigator maintained documents e.g., subjects' written consent forms, in strict confidence.

Role of pharmacy in prison

The pharmacy worked closely with the project officer to ensure that the correct supplies of the pharmacotherapies were administered to the clinics involved in the trial.

Behavioural Intervention for Smoking Cessation

Brief Cognitive Behavioural therapy

The brief cognitive behavioural therapy (bCBT) aims to change thoughts, beliefs and attitudes to quitting and to alter negative moods to help overcome the addiction to nicotine (Sutherland 2003). Smokers are encouraged to consider the benefits of quitting and the consequences of beginning to smoke again. Behavioural strategies are used to help the person with triggers and high-risk situations. These strategies include delaying acting on the urge to smoke, deep breathing, drinking water or occupying yourself with another activity (Zwar et al 2004) Self-help materials such as booklets and posters are useful to reinforce the messages covered in bCBT sessions.

The smoking cessation intervention is delivered to prisoners by Quitline counsellors over two visits. Each prisoner receives two face-to-face individual sessions of brief cognitive behavioural therapy. The first is in week 3 (the Quit week), and the second 2-3 weeks later. Sessions are around 30 minutes each. The smoking cessation therapy includes the following components:

Session 1

- Discussing the prisoner's smoking history and motivation and reasons for quitting
- Weighing up the good and bad things about smoking
- Exploring the health effects experienced from smoking
- Identifying high risk smoking situations and triggers to smoking
- Generating problem solving strategies to deal with high risk smoking situations
- Discussing what anti-smoking methods tried in the past and what worked
- Nicotine withdrawal symptoms experienced in the past
- Discussing smoking cessation medications – NRT and NOR (Active or placebo) and others used in the past
- Provide the prisoner with the Breakfree booklet which includes the smoking cessation treatment intervention (see booklet in Attachment 2) to reinforce abstinence.
- Give the prisoner the Calendar which provides steps for quitting. This was developed by prisoners in the feasibility study (See Attachment 3).

Session 2

- Setting a quit date
- Discussing the positive health effects of not smoking like improved breathing and reduced risk of heart disease
- Describing the effects of passive smoking
- Looking at triggers to smoke and specific situations in which it is difficult to refrain from smoking
- Any withdrawal symptoms experienced and how were these managed?
- How did the anti-smoking medications work for you?
- Discuss slips or lapses to smoking which are regarded as learning experiences
- Put in place a reward system to reward abstinence
- Tips for recovering from a lapse and a relapse
- Referral to the Quitline which was established in the prison as part of this study
- Referral to reading Breakfree booklet and doing the activities featured in the booklet
- Discussing dealing with stress and boredom – common problems in prison

- Give the patient the Stressor package to assist them in coping with stress experienced whilst in prison such as transfers to other prisons and court appearances. The Stressor package was developed by Wilhelm and is in Attachment 4.
- Discussing the use of the Quitline telephone access which provides advice and support for quitting.

Smoking Cessation Pharmacotherapies

The smoking cessation date was the third week following the commencement of Nortriptyline (NOR) (or placebo) treatment to coincide with the commencement of nicotine replacement therapy (NRT). All participants receive the active nicotine patch, and the treatment group receives the active NOR, while the comparison group receives placebo NOR.

Patches were distributed on a daily basis by clinic nurses to prevent them from being traded as currency. Both NOR and NRT are provided to subjects on a daily basis and a medication chart completed daily to document medication adherence. Upon quitting, participants are instructed on the correct use of the medications, emphasising the need not to smoke when using the nicotine patches.

- **Nicotine replacement therapy**

Nicotine transdermal patch. Beginning in week 3, a 24 hour or 16 hour transdermal nicotine patch will be distributed daily to each subject. Over the 10-week course of nicotine patch therapy, a structured tapering system will be employed: 21mg of nicotine per day for the first 6 weeks, followed by 14mg/d over the next 2 weeks and 7mg/d in the final 2 weeks of therapy.

- **Nortriptyline**

Nortriptyline has been chosen over bupropion as it has similar properties, but can be administered once daily, is less expensive and also available in Australia as an antidepressant. As the intervention uses a sub-therapeutic dose of NOR we do not anticipate any adverse effects. The medication is a supervised medication and an S4. NOR given at a sub therapeutic dose is given in the morning. When ceasing the medication we do not anticipate any adverse effects. However, clinic staff need to notify the project officer of any participant withdrawing from the project due to an adverse reaction. Subjects commence medication (active or placebo) 2 weeks prior to the quit date to ensure therapeutic levels of NOR are reached. Subsequent therapy lasts a further 10 weeks. Inmates receive NOR 25mg/d for 3 days, then 50mg/d for 4 days and 75mg/d for the remaining 11 weeks. After this, subjects are tapered to 50mg/d for 4 days, then 25mg/d for 3 days before ceasing to take NOR or placebo. After this period subjects drop to 50mg/d for 4 days, then 25mg/d for 3 days before ceasing to take NOR. NOR is a supervised medication and prisoners take it under the watch of clinic nurses to prevent hoarding and also ensure compliance.

The active NOR and placebo is provided in identical tablet form. Treatment schedule is based upon a study by Prochaska. (Prochaska et al 2001) In our feasibility study, we provided inmates with NRT and bupropion, but as bupropion requires twice daily administration, it means double the time to provide inmates with their anti-smoking medication.

Ethics

The research proposal received ethics approvals from the Human Resources Ethics Committees of the University of New South Wales, Justice Health NSW, the NSW Department of Corrective Services, the Aboriginal Health and Medical Research Council and Queensland Corrective Services Research Committee. As some inmates have low levels of literacy, consent forms are tailored to ensure they are clear and understandable and able to be read by the prisoners. Prisoners are informed that participation was voluntary and that they could withdraw from the study at any time. Inmates who experience side-effects during the course of the trial are referred to the prison medical services.

Adverse Events

Serious Adverse Events (SAEs) and those events leading to discontinuation into the trial are recorded on the Case Report File Case Report File(CRF). Clinical adverse events are recorded in the medical records at the study site, but are only collected if needed to SAEs or discontinuations. Any of the above events occurring within 28 days following drug discontinuation or study completion are recorded on the CRF. A TGA Form is completed.

A Serious Adverse Event (SAE) is defined as an adverse event that meets one of the following criteria:

- An event that results in death
- An event that is life threatening: when the prisoner is, in the opinion of the investigator, at immediate risk of death from the event as it occurred. This definition does not include an event that, had it occurred in a more serious form, might have caused death
- An event that is disabling or incapacitating
- An event that requires inpatient hospitalisation or prolongs a current hospitalization. "Inpatient" hospitalization means that the prisoner has been formally admitted to a hospital for medical reasons. It does not include presentation at an emergency room. (An event only evaluated in the emergency room should be captured as an Adverse Event)
- Events that are not included in the above listed criteria for being Serious Adverse Events, but may jeopardize the patient or require medical or surgical intervention to prevent one of the outcomes listed above, or are otherwise considered medically significant by the investigator.

Data Management

All questionnaires are administered by research nurses. These forms are retained in hard-copy at the local clinic by the research nurses and supporting clinical staff and maintained in an Excel spreadsheet by the research coordinator to manage and oversee data completeness.

An Excel master spreadsheet has been developed to oversee the implementation of this study which is maintained by the project manager (VA). This includes ensuring data completeness by checking baseline questionnaires and providing feedback to research nurses for data quality improvement.

The baseline and follow-up questionnaire and other data are entered onto a SPSS database held at the Centre for Health Research in Criminal Justice on a secure server.

The following measures are taken to ensure that confidentiality is maintained and personal information not released.

- Each prisoner is assigned a subject identification code comprising a two-digit code for the prison where they were recruited followed by an incrementing number from 1. This code appears on all questionnaires and results. A master list linking the prisoner's name and number is retained in the master spreadsheet by the Project Manager. This is necessary to be able to follow-up prisoners.
- When the interviews are completed, hard-copy questionnaires are forwarded to the Centre for Health Research in Criminal Justice for data entry and coding. No identifying information, such as names, appear on the questionnaires. This data is transported under the medical records conditions using the locked bag system. Justice Health stores completed questionnaires in locked filing cabinets in a secure location.
- Data collected during the study is stored in locked filing cabinets with restricted access at CHRCJ.
- Data stored in electronic format has a numerical identifier only. These data are stored on a restricted access, password-protected computer.
- A master list links the participant's name with their results.

Compliance and Withdrawal

Prisoner's compliance is monitored including refusing to participate in follow-up interviews. Compliance is measured using the pharmacy treatment sheets for compliance with NOR and NRT. Attempts are made to encourage prisoners to continue their participation in the trial. If a prisoner wishes to withdraw from the study at any point, the reason they want to withdraw is collected. As the sample size allows for loss to follow-up, there are no planned procedures for replacing those who withdraw.

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Promoting smoking cessation among prisoners: feasibility of a multi-component intervention

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Abstract

Objective: To conduct a pilot study to determine the feasibility and effectiveness of a multi-component smoking cessation intervention among prison inmates.

Methods: A prospective study conducted within a maximum-security prison located near Sydney, New South Wales, and housing around 330 men. Participants received a smoking cessation intervention with six-month follow-up to determine abstinence. The smoking cessation intervention consisted of two brief cognitive behavioural therapy sessions, nicotine replacement therapy, bupropion and self-help resources. Point prevalence and continuous abstinence at follow-up were verified with expired carbon monoxide measures.

Results: Thirty male inmates participated in the intervention. At six months, the biochemically validated point prevalence and continuous abstinence rates were 26% and 22% respectively. Reasons for relapse to smoking included: transfers to other prisons without notice, boredom, prolonged periods locked in cells, and stress associated with family or legal concerns. Those inmates who relapsed, or continued to smoke following the intervention, smoked less tobacco than at baseline and 95% stated they were willing to try to quit again using our intervention.

Conclusions: Prison inmates are able to quit or reduce tobacco consumption while in prison but any smoking cessation intervention in this setting needs to address prison-specific issues such as boredom, stress, transfers to other prisons, court appearances, and isolation from family and friends.

Implications: The prevalence of smoking within Australian prisons is alarmingly high. Further work into how to encourage prisoners to quit smoking is required.

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BREAK FREE



AND BE PROUD OF YOURSELF

**INMATE QUIT SMOKING
PROGRAM**

**DEVELOPED FOR INMATES
BY INMATES**

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Smoking in Prison

Breakfree Quit Smoking Book is based on evidence and recommendations from the Smoking Cessation Guidelines for Australian General Practice¹, NSW Health “Let’s take a moment”²; University of New South Wales Smokescreen Program^{3,4}; and Becoming a Non-Smoker: Giving Up For Good⁵. Prison inmates smoke much more than the general population: around 80% of prison inmates are smokers compared to 20% in the rest of Australia. But the good news is that 3/4 of inmates want to give up smoking. Being in prison is a good opportunity to improve your health. Some reasons to stop smoking whilst you are in prison are that: you will have more money to spend; you will feel better and you will give yourself a good start to life when you are released. This book has been written to help inmates stop smoking and maintain non-smoking for the rest of your life.

This book will help you stop smoking and give you ways to cope with your recovery symptoms. We will also help you change daily

habits, which have previously being related to smoking. In a study of inmates' opinions about smoking we have collected a lot of information about their attitudes. What they told us we have written in green italics in this book. *“Inmates find it easier to work out a weekly program using a step by step approach to quitting smoking.”*

SESSION 1



Let's motivate you to quit smoking

In session 1 we talk about:

1. Weighing up the good and bad things about smoking
2. Health and financial costs of smoking
3. Recovery symptoms and cravings for a smoke
4. Triggers to smoke and some difficult smoking situations
5. Different medications to help you quit.

WEIGH UP THE GOOD AND BAD THINGS ABOUT SMOKING

Let's think about the good things and bad things about your smoking.

Please complete Activity 1, which comes from *Becoming a Non-Smoker: Giving up for Good*⁵.

This is how you score Activity 1. Look at the two columns in Activity 1 which asks you to list the good and bad things about quitting smoking. Then when you have completed your lists in both columns, put a number between 1 and 5 next to each point using the following scale to rate how important each point is for you.

NOT AT ALL IMPORTANT>>>>EXTREMELY IMPORTANT				
1	2	3	4	5

One means not at all important and 5 means it is an extremely important reason for you, but don't forget to use the whole scale above. When you have put a number against each of your points, add the numbers for each list. Which list has the higher total? This means that this list of points is more important to you.

Activity 1

Good reasons to change	Reasons you don't want to change
Getting home and seeing my little girl and being healthy. <input type="text" value="5"/>	Nothing to do when I am locked in. <input type="text" value="3"/>
Better breath <input type="text" value="2"/>	I like the taste <input type="text" value="2"/>
I can exercise more <input type="text" value="4"/>	All my mates do it <input type="text" value="1"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
YOUR TOTAL SCORE <input type="text"/>	YOUR TOTAL SCORE <input type="text"/>

Now you need to ask yourself: “Why do I want to quit smoking?” or “How would my life be better if I was a non-smoker”? Ask yourself: “What will I miss about smoking?” and “What is stopping me from quitting?” or “Are there people around me who would make it more difficult for me to quit?” Here are some things to think about after your 1st meeting with the smoking counsellor.

Weighing up the good and bad things about smoking



Source: The Smokescreen Program developed by Richmond and colleagues, 1991³.

Consider the reasons why you like to smoke. These will make it hard for you to quit! How important are they? Are you really ready to stop smoking? You might consider some health reasons to stop smoking.

HEALTH AFFECTS OF YOUR SMOKING

Smoking affects most of your body. Smoking makes your body work much harder to get your blood supply and oxygen around your body. This puts a great deal of pressure on your heart, and can lead to heart problems and stroke.

Effects of smoking on your heart

Normal open artery

Thickened scarred

Almost complete and narrowed blockage



Source: The Smokescreen Program developed by Richmond and colleagues, 1991³.

It only takes 15 to 20 years of smoking to develop lung cancer and few live with this disease longer than 5 years. Quitting gives immediate health benefits. These benefits will keep improving. After twelve months the risk of dying from heart disease reduces by half. Smoking is like Russian roulette. Eventually most smokers are killed by tobacco use.

Other tobacco related problems include

- heart attack
- bad breath
- yellow fingers
- gangrene
- lose fingers and toes
- throat cancer
- breathing difficulties, coughing
- infertility
- loss of taste and smell sense
- lung cancer
- feel bad generally
- lip and mouth cancer
- stroke



FINANCIAL EFFECTS OF YOUR SMOKING

How much money do you spend on tobacco each week, and each year? Can you really afford it?

Cigarettes Per day	<i>Years of smoking (tailored)</i>				
	1	5	10	20	40
5	\$602	\$3011	\$6022	\$12,045	\$24,090
10	\$1204	\$6022	\$12,045	\$24,090	\$48,180
20	\$2409	\$12,045	\$24,090	\$48,180	\$96,360
30	\$3613	\$18,067	\$36,135	\$72,270	\$144,540
40	\$4818	\$24,090	\$48,180	\$96,360	\$192,720

50 g Pouches of White OX Per Week	<i>Years of smoking (rollies)</i>				
	1	5	10	20	40
1	\$1040	\$52,00	\$10,400	\$20,800	\$41,600
2	\$2080	\$10,400	\$20,800	\$41,600	\$83,200
5	\$5200	\$26,000	\$52,000	\$104,000	\$208,000
8	\$8320	\$41,600	\$83,200	\$166,400	\$332,800

TRIGGERS AND DIFFICULT SITUATIONS

Triggers are things that make you think about smoking.

Typical smoking triggers include

Coming into Prison – Prison is a very stressful environment. *“Most people start smoking more when they become an inmate.”*

Transferred into another gaol – *“In our world we get frustrated over things we don’t have control over”...* Stress of a transfer to another gaol is extremely high. Talk about your stress, don’t smoke. Once again you CAN stay in control of not smoking. Remember we gave you a package to help you with stressful events

Lockdowns – *“Very boring time.”* Have a plan for what you can do whilst there is a lockdown. Exercise, read or write letters. *“Try not taking your cigarettes into your cell during lockdown.”*

Family Problems – *“I am always in a gaol a long way from my family... It is hard to contact them. I don’t always have enough money in my account to make phone calls.”*

Make sure you have a referral to talk to a welfare officer who might be able to help you. Make a list of what you can do to help resolve this situation.

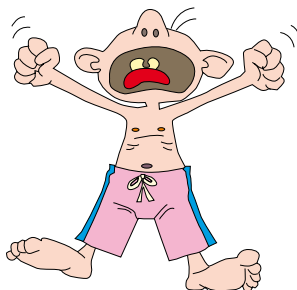
Legal Problems – *“I am always missing my solicitor. He always wants forms I don’t have.”* Talk to the legal aid person. Make sure someone explains what needs to be done to help you.

Other Smokers – Standing up for your decision to quit. Practise saying, *“No thanks, I’m a non-smoker.”* Remind yourself that it only takes one cigarette to become addicted again.

Tension – *“Waiting for my court date or seeking medical help creates a lot of tension for me.”* Failing to cope with stress and emotional issues are common reasons for smoking (and relapse). The stressful situation will still be there long after you have finished your cigarette. A helpful thought is, *“I am in control of my smoking.”*

Boredom and Depression – *“Lockdown is boring and can be depressing.”* Think about activities you could undertake to relieve boredom such as:

- Exercise
- Reading
- Talking with other inmates
- Make a list of specific activities you can carry out.



Coffee – Be aware that coffee is one of the greatest triggers. Drinking water or cups of tea can also make smoking less attractive, as they are not generally associated with the taste.

Cravings – Cravings to smoke can be triggered by:

- Certain people
- Particular places
- Feeling low
- Situations where you have previously smoked.

What does this remind you of?



Like tornadoes and huge ocean waves, cravings come roaring up but in just a few minutes they've blown through.

Try saying:

- I won't smoke today.
- I want to be smoke-free.
- My health depends on me not smoking today.
- Smoking is not an option for me.

The good news is that your cravings will become less and less during the second and third weeks, and continue to decline over time. When a strong craving strikes, keep a jar full of old cigarette butts in about an inch or two of water. Fill that jar half way with the cigarette butts. Keep the jar where you can see it and when the craving comes around, take off the lid and take a whiff of "Old Tobacco Leaf". You'll find that the craving to smoke will leave *much* sooner than you thought possible. Look at the colour of the water in the jar and then imagine the colour of your lungs and you may think twice about bringing that smoke to your lips.

Here are some ways to deal with cravings and overcome the urge to smoke:

Delay: Delaying tactics reduce panic and anxiety when a craving is experienced. Put off smoking by 10 minutes and slowly increase the time of not smoking. After five minutes, the craving to smoke weakens. You can beat that urge!

Deep Breathing: Take a long slow breath in, and slowly out again. Repeat this three times.

Drink Water: Sip it slowly, holding it in your mouth a little longer than you would normally do.

Distract: Try to fix your attention to something else, this can also be helpful during the quitting process. Distracters can include mental activities, such as relaxation or meditation and behavioural distractions such as drinking water, work activity or jogging on the spot. See the stress package for how to meditate.

Avoid the Situation: For example, going somewhere else to sit or talking with people who do not smoke.

Social Support: Having the support and encouragement of others can also help you in your efforts to achieve a non-smoking lifestyle. This kind of support is very important when you think you are weakening and when your recovery symptoms are bad.

Activity 2

Why not try keeping a day diary? (See over the next page)

Write down every smoke you have during the day, you will find that your smoking has a pattern. For each smoke, write down:

- The time each cigarette is smoked
- Your mood at the time
- The situation
- A possible substitute for each smoke.
Ask yourself: What could I do instead of smoking to overcome how I am feeling at this moment?

We give you 2 diaries. One is a day diary for when you are released from your cell. The other is for night time and when you are locked in your cell.



Day Diary

Date: _____

TIME	MOOD	SITUATION	SUBSTITUTE
Example <i>12.45 pm</i>	Example <i>Feeling stressed</i>	Example <i>Trying to phone my girl friend</i>	Example <i>Breathe deeply, tell myself: relax, I am doing well.</i>
<i>2pm</i>	<i>Anxious</i>	<i>Trying to get to visit the doctor.</i>	<i>Exercise: develop a routine using pushups, stretches, running on spot – things I can do in small space. Tell myself I am in control</i>

Source: *Becoming a Non-Smoker: Giving up for Good*⁵

Lockdown Diary

Date: _____

TIME	MOOD	SITUATION	SUBSTITUTE
Example <i>4pm</i>	Example <i>Feeling Bored</i>	Example <i>Locked in</i>	Example <i>Exercise push ups, tell myself: relax, I am doing well.</i>
<i>6pm</i>	<i>Stressed</i>	<i>Court appearance next day. Waiting for my night medications.</i>	<i>Read the stress package. One minute stress exercise: sit in front of a clock or watch. Focus all my attention on breathing, and NOTHING ELSE for ONE MINUTE. I will let thoughts come and go.</i>

Source: *Becoming a Non-Smoker: Giving up for Good*⁵

Once you have completed your day diary, think about your pattern of smoking. When do you need to smoke? In the morning? With a stressful event?

Activity 3

Now look at your pattern of smoking. For example; is smoking helping you manage your moods?; does smoking help you to relax in certain situations?; or to handle pressure? In the space below, write down the reasons you smoke:

Reasons why I smoke

Score them from 1 (the least important) to 5 (most important). Any score of 4 or 5 indicates that this situation is a difficult one for you to handle. You need to plan some strategies ahead to help you deal with the cravings to smoke when these situations arise.

1. *I'm scared to death of stopping. What am I going to do?* ☐ 4

2. _____ ☐

3. _____ ☐

4. _____ ☐

5. _____ ☐

6. _____ ☐

Source: Becoming a Non-Smoker: Giving up for Good⁵

Activity 4

Get support from other inmates. Ask a few of your friends to be on call to help you during times when you have strong cravings to smoke. Find someone who understands and will help you. Write down their name and tick the box if you have asked them.

Support Buddy 1 _____

Support Buddy 2 _____

Support Buddy 3 _____



NICOTINE RECOVERY SYMPTOMS

We talk about nicotine withdrawal symptoms as recovery symptoms. Your body is getting healthier all the time. Although the overall feeling is like having a cold, this is a sign that the body is getting better!

Some recovery symptoms will come and go over a period of a few days, and most are gone within two to three weeks. Emotional symptoms such as anxiety and irritability are closely tied to your body as the nicotine leaves your system.

Most people experience some of the recovery symptoms listed here.



Symptom	Cause	Duration	Try the following for relief
Irritability	Your body's craving for nicotine	2-4 weeks	Walks, relaxation exercises; keep busy
	Nicotine is a stimulant	2-4 weeks	Don't push yourself
 Insomnia	Nicotine affects your brain wave function	2-4 weeks	Avoid coffee after 6 pm. Try relaxation or meditation
Coughing, dry throat, nasal drip	Your body is getting rid of mucous which has blocked airways	A few days	Drink plenty of fluids, see the clinic nurse if you are worried
Dizziness	Your body is getting extra oxygen	1 or 2 days	Take extra caution; take positions slowly
Lack of concentration	Your body needs time to adjust to lack of stimulation from nicotine	A few weeks	Plan extra exercise
 Tightness in the chest	Tension from body's need for nicotine; or from sore muscles from coughing	A few days	Relaxation techniques; deep breathing meditation
Constipation, gas, stomach pain	Intestinal movement decreases for a brief period	1-2 weeks	Drink plenty of fluids
Hunger	Your craving for a smoke may be confused with hunger pangs	Up to several weeks	Drink water or low calorie drinks have low calorie snacks on hand, exercise helps
Craving for a smoke	Your body is recovering from nicotine, an addictive drug	Most frequent first 2-4 days; can happen for months or even years	Tough out your urge to smoke. Urges last only a few minutes; distract yourself; keep busy
Headaches	You will have more oxygen in your body and less carbon monoxide	1-2 weeks	Drink water; relaxation techniques; meditation helps get rid of headaches

YOUR STOP SMOKING MEDICATIONS

The stop smoking medications have been explained to you. Now is a good time to talk about the nicotine patch. It is an adhesive or sticky skin patch containing nicotine, which is released slowly into the skin over 24 hours.

The nicotine patch is used for 10 weeks, starting with the stronger 21mg patch for 6 weeks, then the 14mg patch for 2 weeks and finally the 7mg patch for 2 weeks. The aim is to gradually reduce the amount of nicotine in patches over the 10 weeks.

These instructions have already been explained. It won't hurt to talk about them again:

- Smoking must stop before using the patch or you will overdose on nicotine.
- Apply the patch to a dry, non-hairy area on the front or back above the waist, or on the upper arm area. Press firmly for about 10 seconds.

-
- A new patch should be applied on a different part of your body at the same time each day. Remove the old patch.
 - It is normal to feel mild itching, tingling or burning sensation when the patch is first applied. This usually settles within the hour.
 - Contact the doctor or clinic if the skin becomes red or a rash develops.
 - The patch may be worn while showering. If it comes off, put on a new one.
 - If you can't sleep, then remove the patch, but put it back on when you wake up.

Although the patch contains nicotine, it is safer than smoking because of the lower nicotine levels, and there is no tar or other dangerous substances in the patch like there are in cigarettes.

The most common side effects with the 24-hour patch are disturbed sleep and dreams that seem real. If they cause problems for you the patch can be removed at bedtime.

Activity 5

The change I want to make is:

What are the advantages of quitting for good	What are the disadvantages of quitting
<i>Improving my health</i>	<i>Losing my TV buddy as I smoke when I sit and watch TV</i>
<i>Save money</i>	<i>Not fitting in and feeling bored</i>

Source: *Becoming a Non-Smoker: Giving up for Good*⁵

SESSION TWO

Quitting

In Session 2 we talk about:

- Triggers to smoke and difficult situations
- Recovery symptoms
- Your stop smoking medications
- Slips and lapses
- Reward system
- Relapse prevention
- Recovery from relapses.



LOOK AT TRIGGERS TO SMOKE AND DIFFICULT SITUATIONS

Let's talk about any problems you have with quitting and work through these one by one until you are happy that there are plans in place to cope in the coming weeks.

We will talk about the triggers from session 1 and plan a way for you to be able to cope with these.

YOUR RECOVERY SYMPTOMS

Let's look at your recovery symptoms over the past week.

Recovery symptoms should have already peaked, and cravings are becoming less and less.

YOUR STOP SMOKING MEDICATIONS

We will talk about your use of nicotine patches over the past week, and see if there have been any side effects. Talk about any problems you may have had, and make sure that you understand that the patches must not be worn while you are still smoking. Please make a list of any side effects you have had over the past week.

SLIPS AND LAPSES

Slips are learning experiences. Look at why you slipped this time and how could this be stopped next time round.

If a slip occurs think about the following:

- One smoke didn't make you a smoker in the first place, and one slip now doesn't mean you are back to smoking full-time.
- Remember all of your reasons for quitting and how far you've come.
- You don't have to smoke another cigarette just because you had one.
- Look at what caused you to smoke and work out ways to deal with it next time.
- Say to yourself, “It isn't easy to quit, and I'm not going to give up now. Sure, I'm disappointed, but I'm also determined not to smoke. I am in control. I'll learn”.

REWARD SYSTEM

Every time you get through the strong cravings that happen with quitting smoking, you deserve a big pat on the back! You should reward yourself every day you go without smoking. It IS a big deal and it IS doing something that's not natural to you, so congratulations are in order... every day. If you tend to reward yourself with tobacco for completing a task, then find a new way. Think about the rewards that are right for to you in the prison setting. They include things available in buy-ups etc.

RELAPSE PREVENTION

People do relapse, especially in the first 12 months of quitting. Common reasons include:

- Feelings such as frustration, boredom, anger, anxiety and depression
- Conflicts with other people
- Peer pressure to smoke
- Having coffee and after eating.

You need to recognise your triggers to smoke and use your plans to cope with difficult situations that might lead to a lapse.

Remember the strategies from Session 1:

- Delay
- Drink Water
- Deep Breathe
- Distract
- Avoid
- Social support.

Go back and review these and decide on the best plan for you so that you can keep on the road to a non- smoking life.

Also remind yourself to ***challenge negative thoughts*** – you must become aware of negative thoughts such as, “This is too hard” or “Just one little cigarette won’t hurt.” People who avoid taking a single puff increase their chances of successfully quitting. Don’t let negative thoughts ruin all your hard work – you can stay strong, you can stay in control and you can stay positive.

People with a previous history of mood swings may find themselves thinking negative thoughts or self-critical thoughts after quitting. Check with the clinic staff and/or call the Quitline if you are concerned about negative thinking.

Activity 6

Replacing negative thoughts:

Negative thoughts	Replacing with positive thoughts
<p><i>Self-defeating thoughts</i></p> <p>Example: “I’ll have only one now, just to get me through this, and I’ll start afresh tomorrow....”</p>	<p><i>Counter arguments</i></p> <p>Example: “I know that I don’t want one. How many times have I said that before? Just think how good I’ll feel tomorrow if I don’t smoke”.</p>
<p>“It’s all I’ve got. It’s the only pleasure I have. It’s like gold”.</p>	<p>“It’s a bad habit. I can buy more materials for my art and craft work and sell it through the local craft centre”.</p>
<p>“This smoke will stop me from stressing out”!</p>	<p>“After I finish the smoke the stress will be still there”. Try calling the Quitline or speak to the clinic staff.</p>
<p>Now you add some in:</p>	

Source: *Becoming a Non-Smoker: Giving up for Good*⁵

RECOVERING FROM A RELAPSE

1. Be positive and think about why you relapsed.
2. Don't put yourself down. It does not help.
3. Look at the choices you can make in the future.
4. Plan your strategy.
5. Renew your commitment.
6. Strengthen your control of quitting.

RING THE QUITLINE: MIN PIN* #9

It is recommended that you ring the Quitline several times after you quit in order to discuss any problems or difficulties. *The Quitline is answered by specialised counsellors who are there to only help you with your smoking cessation.*



On the next page is a sample of two weeks of the calendar which was developed by inmates at Lithgow Correctional Centre. You will be given the full size calendar to put on the wall of your cell in session 1 to help you keep track of your progress.

DAYS Tick each day where you are up to. Or write in the date	WEEK 1		WEEK 2
Day 1 	Begin your medication	Day 8	
Day 2	Find a quit buddy to help support your quitting	Day 9	FIND SOMETHING TO DO WITH YOUR HANDS
Day 3	Use your relaxation exercises	Day 10	
Day 4		Day 11	Practise deep breathing
Day 5		Day 12	
Day 6		Day 13	Start exercising
Day 7		Day 14	STAY POSITIVE

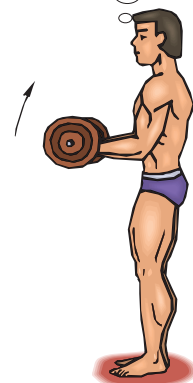
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INMATE QUIT SMOKING CALENDAR

WRITTEN AND DESIGNED BY INMATES AT LITHGOW CORRECTIONAL CENTRE



Why do you smoke	Slips and Lapses	Risky times	How to handle Tough Times- You can do it!	WHEN YOUR STRESSED WHAT DO YOU REACH FOR?
ADDICTION <input type="checkbox"/>	Consider it a learning experience	FIRST SMOKE IN THE MORNING? <input type="checkbox"/>	Grab something-keep your hands busy	CIGARETTE <input type="checkbox"/>
HABIT <input type="checkbox"/>	Work out how to prevent it next time around	AFTER FIRST CUPPA? <input type="checkbox"/>	Drink or eat something	CUPPA <input type="checkbox"/>
EMOTIONS <input type="checkbox"/>	One smoke does not make you a smoker again	STRESS OF GAOL? <input type="checkbox"/>	Relax, talking, exercise, music, art, reading, whatever you enjoy	MEDICATION <input type="checkbox"/>
PLEASURE <input type="checkbox"/>		BAD PHONE CALL <input type="checkbox"/>	Your own <input type="text"/>	SOMEONE TO TALK TO <input type="checkbox"/>
Other <input type="text"/>		OTHER <input type="text"/>	Your own <input type="text"/>	OTHER <input type="text"/>



DAYS	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5
			Attend your first brief intervention session. Receive Break Free Book.	Attend your second brief intervention session. Receive your Stress Pack & Quit Book.	Attend your second brief intervention session if you have not already. Receive your Stress Pack.
Day 1	Begin your medication 25 Mgs once a day for the next three days <i>Day 1</i>	Day 8	Begin your medication 75 Mgs once a day for the next 11 weeks	Day 15	QUIT TODAY BEGIN NICOTINE PATCHES 21 Mgs for 6 weeks
Day 2	Find a quit partner <i>Day 2</i>	Day 9	FIND SOMETHING TO DO WITH YOUR HANDS	Day 16	HAVE YOU BEEN TALKING TO YOUR QUIT PARTNER?
Day 3	Use your relaxation exercises <i>Day 3</i>	Day 10	STAY POSITIVE !!	Day 17	READ A BOOK
Day 4	Start taking your medication 50 Mgs once a day for 4 days <i>Day 1</i>	Day 11		Day 18	FOOD TASTING BETTER
Day 5	<i>Day 2</i>	Day 12		Day 19	KEEP READING "BREAK FREE BOOK"
Day 6	<i>Day 3</i>	Day 13		Day 20	IF YOU BREAK DON'T DESPAIR GET BACK ON TRACK
Day 7	<i>Day 4</i>	Day 14		Day 21	STAY FOCUSED

WHEN YOU GET STRESSED OUT CALL THE MENTAL HEALTH HELP LINE.

MIN PIN * # 2
or 1800 222 472












WHEN YOU NEED HELP ABOUT QUITTING CALL QUITLINE

MIN PIN * # 0





INMATE QUIT SMOKING CALENDAR

Triggers			Overcoming the urge to smoke			Coping with stressful situations?																						
Other smokers			Avoid the situation if possible, remove yourself, talk to someone else			Change your morning routine else			 <p><i>Reward yourself.</i> Look at the buy up list and find something else to buy with the money you have saved. Take a long shower. Develop an exercise program, enjoy your increased fitness. <i>I am stronger than the cigarettes I am stronger than this feeling I can do this.</i></p>				<p>YOU'RE A WINNER! YOU BEAT THE BUG AND NOW YOU'RE A MEMBER OF THE TEAM WHO NO LONGER USE NICOTINE</p>  <p>Be Proud - BreakFree</p>															
Stresses			Have a support partner, deep breathing, listen to relaxation tapes.			Find new ways to relax																						
Boredom/Depression			Delay, Deep breathe, Drink water, Distract, get busy, Phone the support phone numbers.			Remind yourself of other ways to cope when unexpected difficulties arise																						
Coffee			Change routine especially in the morning.																									
Other			Other			Other																						
Other			Other			Other																						
WEEK 6			WEEK 7			WEEK 8			WEEK 9				WEEK 10				WEEK 11				WEEK 12				WEEK 13			
Attend your second brief CBT session if you have not already. Receive your Stress Pack.																					Attend your 3 month follow up session.							
Day 36	ARE YOU NOW EATING HEALTHIER FOODS?		Day 43	 TRY CUTTING DOWN ON THAT COFFEE		Day 50			Day 57	Start 14mg Nicotine Patches for 2 weeks		Day 64	 DON'T FORGET THE EXERCISE		Day 71	Start 7 mg patches for 2 weeks		Day 78	3 month follow up session		Day 85	Meds decrease- 50 mg for 4 days Day 1						
Day 37			Day 44			Day 51	HAVE YOU BEEN TALKING TO YOUR QUIT PARTNER?		Day 58	NO TURNING BACK		Day 65			Day 72			Day 79			Day 86	Day 2						
Day 38	USE YOUR RELAXATION EXERCISES TO HELP YOU RELAX		Day 45	ARE YOU GOING WELL WITH YOUR TRIGGERS?		Day 52	 PRACTISE DEEP BREATHING		Day 59	YOU'RE NEARLY THERE		Day 66			Day 73	 HOW MUCH HAVE YOU SAVED?		Day 80			Day 87	Day 3						
Day 39	ARE YOU READING THE "QUIT BOOK"?		Day 46	KEEP READING THE "BREAK FREE BOOK"		Day 53	 READ A BOOK		Day 60			Day 67			Day 74			Day 81			Day 88	Day 4						
Day 40	ARE YOU STAYING POSITIVE?		Day 47	 THINK OF ALL THE THINGS I CAN BUY NOW THAT I DON'T HAVE TO BUY SMOKES		Day 54	FOOD TASTING BETTER		Day 61	KEEP READING THE "QUIT BOOK"		Day 68	STAY POSITIVE !!		Day 75			Day 82			Day 89	Meds decrease- 25 mg for 3 days Day 1						
Day 41			Day 48			Day 55	IF YOU BREAK DON'T DESPAIR GET BACK ON TRACK		Day 62			Day 69			Day 76			Day 83			Day 90	Day 2						
Day 42			Day 49			Day 56	TAKE IT EASY		Day 63	YOU'RE NEARLY THERE		Day 70			Day 77			Day 84	 ARE YOUR SAVINGS GROWING?		Day 91	Day 3 You're a non smoker now!						



DEALING WITH STRESS IN PRISON

There are a number of situations that can lead to stress, including being moved to another jail, problems at home you can't do anything about, problems with others in jail and boredom.

These things are **LIKELY** to happen and it is best to be prepared.

Can you please consider:

In the past, what have you done that is helpful to get your mind off your problems?

1. _____
2. _____
3. _____

What have you done that is **NOT** helpful?

1. _____
2. _____
3. _____

What will you do next time?

Please come up with **THREE** ideas of what maybe helpful to you in the future and write them down here

1. _____
2. _____
3. _____

SCORE: /10

SCORE: /10

SCORE: /10

Now please try them all out and rate each out of ten based on how helpful they were.

Mental Health 24 Hour Telephone support Service Dial 1800222472

QUICK RELAXATION TECHNIQUES

IDEAS IF STUCK

(CHOOSE THE ONE (S) THAT SUIT YOU BEST)



Exercise: develop a routine using pushups, weights, stretches, running on spot – things you can do in small space

SCORE: /10



One minute stress exercise: sit in front of a clock or watch that you can use to time the passing of one minute. Your task is to focus all your attention on your breathing, and **NOTHING ELSE** for **ONE MINUTE**

SCORE: /10



Please sit in a comfortable position and meditate with arms and legs uncrossed, close your eyes and deep breath. Sit quietly for 20 minutes. If thoughts come, that is ok, just sit quietly. The idea is to get deep rest and eventually clear your mind of all thoughts. Before you get to this stage, you need to sit quietly and relax.

SCORE: /10



Centering: Place thumb and first finger together – move them to make a circle by your side. Do this until you calm down.

SCORE: /10



Picture a mountain: imagine this at different times of the day (at sunrise, at noon, at sunset and at night). Think about its strength and stillness and take on those qualities yourself. This can work just as well for a river or large tree.

SCORE: /10



Make a list: Make a list of things that you can do something about. You can also make a separate list of things you would like to change but can't.

SCORE: /10