



The Guide to STARSS Strategies

Start Thinking About Reducing Secondhand Smoke

**A harm reduction support strategy for
low-income moms who smoke**



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Version française également disponible.



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Welcome



Overview of Welcome to STARSS

Included in this section, you will find:

Welcome to STARSS including:

- The goals of **STARSS**
- Who can benefit from **STARSS**
- Why **STARSS** was developed for single moms
- Why **STARSS** focusses on CAPC projects
- Background to the **STARSS** message
- How **STARSS** was developed

Secondhand smoke and harm reduction

Role of smoking and supports for quitting smoking

How to talk like a STAR!

What moms say about STARSS

What STARSS counsellors say about STARSS

Each of these topics can be photocopied as handouts. You could use these to:

- provide information about **STARSS** to women in your program
- provide more information to community partners
- educate your community about **STARSS**
- educate your community about the issues specific to low-income mothers who smoke



Welcome to the STARSS Program

What are the goals of STARSS?

STARSS is a unique program, based on harm reduction and Best Practices principles. It is *not a quit smoking program*. (Look in the **Appendix** for the research background to **STARSS**.) Its focus is to:

- help moms reduce their children’s exposure to secondhand smoke
- help moms reduce their own smoking, but only if *they* choose to do so
- help moms quit smoking, but only if *they* choose to do so

Who can benefit from STARSS?

STARSS was designed to support a specific group of women who smoke. We discovered there were no other programs or supports directed towards this group of women. So we wanted **STARSS** to meet the needs of women who:

- live on a low-income (that is, they find it difficult to meet basic needs, as defined by the women themselves)
- are single (which could mean they have a part-time partner or a partner who works away from home, again as defined by the women themselves)
- have children under the age of 6 living with them
- receive support from a service provider on a regular basis

Why was STARSS developed for single moms?

The reasons why women smoke differ from the reasons men smoke. And the stresses single moms face are different from those of other women. This means quitting smoking can be a greater struggle for single moms. The same applies to secondhand smoke. Many single moms find the challenge of protecting their children from secondhand smoke to be overwhelming. For example, the message to “just take it outside” is not perceived as a realistic option by single moms with very young children who can’t be left alone. The result is many moms continue to smoke around their children – and feel guilty about it. So **STARSS** was developed to provide a range of options (or small steps) single moms can take to protect their children from secondhand smoke. **But remember:** *any mom who smokes can use the **STARSS** strategies.*

Why does STARSS focus on CAPC projects?

We developed **STARSS** with Community Action Programs for Children (CAPC) projects in mind and the **STARSS** program was piloted in several CAPC projects across Canada. CAPC projects are ideal because they are designed to support low-income moms, many of whom are single. (However, many other women you might see in your program could also benefit from the **STARSS** strategies.) Also, **STARSS** is very flexible and easy-to-use. So we hoped CAPC staff could easily integrate **STARSS** strategies into the work they already do, either in home visits or on-site. We also hoped the uniqueness of the gentle, supportive, harm reduction (or small steps) approach of **STARSS** would appeal to CAPC projects. But **STARSS** can be used in a range of similar settings, such as Canada Prenatal Nutrition Programs (CPNP), Early Years Centres, Healthy Babies, Healthy Children programs – anywhere there are low-income moms who smoke.

What is the STARSS message all about?

The **STARSS** message and strategies were developed with groups of low-income moms who smoke. The moms told us many of the existing messages about secondhand smoke are punitive and provoke feelings of guilt. This in turn leads moms to tune out the messages. The campaign we have developed is different because it has taken a supportive, non-punitive approach. It supports the role of moms as sole parents, it acknowledges the love they have for their children, and it affirms the measures moms already take to protect their children in a variety of ways. The unifying slogan is: *My mom's a star. She loves and protects me in many different ways. Whenever she can, she smokes outside and away from me.*

How was STARSS developed?

In addition to working with groups of low-income women who smoke, we based the **STARSS** program on a model designed by Melbourne F. Hovell and colleagues at the Center for Behavioural Epidemiology and Community Health at San Diego State University in California. Their program was extensively researched and well evaluated, using goal setting strategies for low-income families who smoke. We adapted the model to suit the circumstances of single moms.

STARSS is based on harm reduction principles (described later in this section) and motivational counselling approaches. This approach has been well defined elsewhere. For the purposes of **The Guide to STARSS Strategies**, we include an overview of motivational counselling in the **Appendix** section.

Finally, **STARSS** takes a cognitive approach that helps moms think through their behaviours in order to make change. For example, the **Worksheets** help moms start thinking about their smoking and making changes. Moms who have participated in **STARSS** told us this really helped give them a sense of control over their smoking. Moms with lower literacy skills can also benefit from the approach, but will require additional support from the **STARSS** counsellor to work through the program.



Secondhand Smoke and Harm Reduction

What is harm reduction?

Many traditional approaches to smoking cessation measure success only as quitting. In a harm reduction strategy, success is measured by small steps smokers take to make changes in the way and the amount they smoke. A basic harm reduction belief is that, if you can't quit completely, reducing your drug use (including smoking) is beneficial. And there is no one solution to drug use. Instead, many different interventions might work.

How does harm reduction fit with secondhand smoke?

Harm reduction is somewhat controversial when it is applied to smoking. Really, there is no safe level of tobacco use. Even one or two cigarettes every day can cause health problems. Smoking any number of cigarettes inside the house still leaves behind chemicals and poisons. Obviously, quitting smoking is the best goal for a smoker. Always smoking outside is the next best goal.

But the reality remains for many moms who smoke, especially single moms. That is, children might be too small to leave alone to go outside to smoke. Or a mom's living arrangements (for example, in an apartment with no balcony) make it difficult to go outside. Or the weather may be too dreadful. Moms who smoke have told us the all-or-nothing message makes them feel defeated before they even start. As we've said before, the result is moms continue to smoke around their children – and feel guilty about it.

STARSS accepts this reality. We have developed ideas with moms about small steps they can take to eventually move towards those bigger goals of quitting smoking or always smoking outside. And moms tell us they like this middle ground approach.

Why does STARSS have a harm reduction message?

Even under the best of circumstances, quitting smoking is a difficult process for those addicted to tobacco. It is a powerful physical dependence. Smoking plays a role (or has a function) in the life of the smoker. It's hard to give up or substitute that function. Also, smoking cessation aids (such as the Patch or Zyban) are good supports for quitting smoking. But many women on low or fixed incomes don't see these as financially viable. There are comments from moms about this issue and the function of smoking in their lives later in **The Guide to STARSS Strategies**.

On top of this, the lives of low-income moms can be especially stressful. So it's difficult for many moms to even consider quitting. Or they don't believe they can quit. So they feel defeated

before they even try. But whether or not they want to quit smoking, many moms **do** want to learn the skills to protect their children from the effects of secondhand smoke. It seems more manageable or more possible. And they have the best interests of their children at heart.

Harm reduction builds self-efficacy

Self-efficacy is your belief in your ability to make changes. One of the best indicators for successfully quitting smoking is increased self-efficacy. Harm reduction – what **STARSS** calls the small steps approach – helps build self-efficacy because the small steps:

- **provide opportunities** for women to experience success
- **build on skills** that women learn over a period of time
- **encourage** women to practice the new skills

Every time women practice the **STARSS** harm reduction skills, they are in effect practicing the skills they need to eventually quit smoking. All of the harm reduction skills are designed to be transferable. That is, women can also use these skills when they make a quit attempt.

Harm reduction engages and retains women

The harm reduction approach has been important both to the engagement and to the retention of women involved in **STARSS**. They get involved because of the message. There is no expectation or pressure for them to quit smoking. Then, the success they have with the small steps approach increases both their self-efficacy and their motivation to smoke outside and even to quit smoking. In other words, a harm reduction approach to secondhand smoke actually makes quitting smoking feel more manageable.

So remember ...

The importance of the small steps approach always needs to be tempered with not getting stuck in a small step, feeling as if this is “good enough”. Moms should always try to move toward the goal of smoking outside all the time. However, for the **STARSS** counsellor, it’s a balancing act, as you try to:

- **encourage small steps**, instead of pressuring her to quit smoking.
- **keep her engaged in change** by offering new solutions or a different small step, instead of giving in to “failure”.
- **keep the big picture in view**, without overwhelming her with the need for change.
- **be gentle but firm**, instead of thinking to yourself “this is hopeless”.



The Role of Smoking and Supports for Quitting Smoking

The role of smoking in women's lives

The function, or role, that smoking plays in the lives of women can make it very difficult to think about quitting smoking. This is especially true for low-income single moms, who may not have many outlets or supports. Nicotine causes powerful physical dependence. But, added to this, smoking also plays many different roles. This makes quitting or cutting down more difficult. Some of the many roles smoking plays in the lives of low-income moms are:

- **Smoking can act as an appetite suppressant.** Many low-income moms say they smoke in order to eat less and therefore have more food for their children.

The cuts to social assistance actually triggered me to smoke more because I found I could use the cigarettes to suppress my appetite (and therefore not spend as much money on food) and to cope with the stress of raising three children alone and in poverty. I buy the cheapest cigarettes I can find and a pack lasts about two days.

- **Smoking gives her a sense of control.** Many women who smoke feel it's the one thing in their lives they have control over.

I smoke to get away from whatever it is I'm feeling. It gives me five minutes to think about it and then deal with it.

- **Smoking can be a break,** especially from children. It gives moms a chance to sit down for five minutes and relax.

I know I use my smoking to buy me some free time away from my daughter, but even though she's only three, she's picked up that I do that. So now when we're visiting friends and I say it's time to go, she says 'Mummy, have a cigarette and then we'll go.'

- **Smoking can be a reward,** especially for women who can't afford to buy other treats for themselves.

Smoking is the one thing I do for myself. I can't afford to go anywhere with my kids. I can't afford the bus pass or any activities. But I can afford to buy a package of cigarettes every three days. And that's my only treat.

- **Smoking helps her cope with difficult emotions,** especially anger and depression. Smoking a cigarette can help her feel like she has these emotions under control.

If I could relieve some of my guilt about smoking, it might make it easier to quit. I don't have any physical outlets. My option is don't smoke and possibly be physical with my child. So it's a lose-lose situation. My choice is smoke a cigarette or slap my child. I can't quit smoking. I want my daughter to live to see 4. Boredom is another big reason I smoke. Night after night staying in with my daughter all day and all night, I need relief.

- **Smoking can feel like a friend.** Many women say that smoking a cigarette is like spending time with a good friend. Smoking can make her feel like she's not alone.

Before I got involved with STARSS at my CAPC project, I smoked four packs a day, 24 hours a day, just to stay calm. The cigarettes were my only friend. I couldn't get a break from my two and four year old, so I just smoked.

- **Smoking can be like membership in a club.** Many women like to socialize with their friends who smoke. They say it makes them feel like they're part of a cool underground group.

The best part of smoking is all the stuff that goes with it – you sit down, you grab your pack and your lighter, you light up, you suck it in, you have a coffee, and you talk to your friends.

Smoking cessation aids and other supports

Smoking cessation aids are rated very highly by low-income moms who smoke. However, these aids must be purchased as part of the household budget. Many provincial social assistance drug benefit plans do not cover their costs. It might seem logical to suggest to moms they use money saved by quitting smoking to purchase the smoking cessation aids. But this is not necessarily their reality. Many moms smoke only as much as their budget allows them to. And any money saved is often spent on children's needs, especially for food.

I know in the long run I would spend less on the patch than I do on cigarettes, but I never have that kind of money all at once to buy the patch. And then I think what happens if I do spend money on the patch and I start smoking again anyway, I've wasted all that money.

Women also refer to the need for other supports to help them quit smoking:

I don't like any of the stuff the kids say or bring home from school about how we're going to die if we smoke. It just adds to the guilt and turns kids into cops.

I want stress relievers, like exercise or yoga classes. I don't want ideas about doing exercises at home. I want to be able to get out to do things. We need to do things with our children in a smoke free environment. But it's all part of having access to free childcare.

Anything that helps with reducing the stress in my life is a benefit. If you help reduce my stress, you will help reduce my smoking.



How to talk like a STAR!

Tips for service providers

Avoid saying:

- Do you have any idea how much you put your children at risk by smoking around them?

Try saying:

- You do so many things to protect your children (such as holding their hands when you cross the street). Would you like to learn some ideas about how to protect your children from secondhand smoke without having to quit smoking?

Avoid saying:

- Smoking in your room with the door closed doesn't make a difference.

Try saying:

- It's great you're trying to protect your children from secondhand smoke. It is best to go outside when you can. But when you can't, a good step is to smoke in your room with the door closed, the window open, and a fan behind you to blow the smoke out the window.

Avoid saying:

- If you quit smoking, you would have more money for yourself and your children.

Try saying:

- It can be hard to make changes in your smoking. And changes take time. Do you want to talk about some small steps you can start to take now? In the long run, there are lots of benefits when you quit or cut down on your smoking.

Avoid saying:

- Don't you realize you're being a bad role model for your children when you smoke around them?

Try saying:

- You don't have to be perfect to be a good role model. Your children will appreciate your efforts when you try to take steps to smoke outside and away from them.

Avoid saying:

- Why don't you just quit? Why don't you try the Patch?

Try saying:

- When you're ready to think about quitting smoking, I can try to help you find supports. And there might be a way to establish a fund for single moms who need the Patch or other smoking cessation aids.



What moms say about STARSS

- “I was attracted to **STARSS** because they weren’t trying to pressure me to quit smoking or trying to make me feel guilty. There is no way I would have got involved in the first place if they were trying to pressure me or talk me into something I wasn’t ready to do. They didn’t talk down to me and they understood what it’s like to be a single mom who smokes because of all the pressures in my life. Some other service providers have really talked down to me because, to them, smoking is a sin, not an addiction.”
- “I’m not ready to try to quit smoking again. But being involved with **STARSS** has made a number of big changes in my life. Now, I only smoke outside or in my upstairs bathroom in front of an open window with the fan blowing the smoke out the window. I’ve reduced my smoking to one pack of cigarettes every 3 or 4 days, which works out to about 6 to 8 cigarettes a day. I am now always conscious and aware of every cigarette I smoke and I think about it every time I light up! I am really aware of trying not to smoke around my kids. My kids think I’m a **STAR** because I’m trying really hard not to smoke around them. I made use of all the **STARSS** strategies and **Worksheets** and I found them really helpful. They are a good reminder.”
- “It’s been a great program for me. It’s really easy to follow and the ideas are great for a single mom.”
- “I got involved with **STARSS** during a time when my self-esteem and my self-confidence were up, I was going to school, and I felt secure. After I started the program, I made another quit attempt but then my life circumstances changed to a downward spiral again, I became quite depressed, I was finished school, and there were no job prospects. So I felt like I needed my smoking to make me feel better. But I’m still using the strategies to keep my smoking down - I smoke no more than 6 or 7 cigarettes a day and I’m very conscious of my reasons for reaching for each particular cigarette. I went through **STARSS** over a year ago and I still refer to my **I’m a STAR! Journal** all the time to refresh myself on the strategies. I’m also very conscious of trying to smoke outside - I’m lucky in that my apartment has a balcony and I can sit out there - although I don’t like people to see me smoking outside because it’s the whole Welfare stereotype again. I really believe in **STARSS** and my confidence about my ability to make another quit attempt in the future is very high.”



What STARSS counsellors say about STARSS

- “I learned how to stay hopeful and involved, even if the women didn’t quit smoking. All of them were able to take steps to protect their children from secondhand smoke. And sooner or later, several of the women actually made a quit attempt.”
- “Before I learned how to deliver **STARSS**, I was reluctant to talk about smoking with moms. It felt like such a huge issue and I really didn’t know what to say or do. After my **STARSS** experience, I was reassured that you don’t have to try to get women to quit smoking: it’s just as important to develop a rapport about secondhand smoke and protecting children.”
- “I really came to appreciate the value of the small steps approach. It wasn’t overwhelming or time consuming for me or for the moms.”
- “You can really tell that low-income moms had input into the design of **STARSS**. It’s so suitable for the moms I see in our CAPC project. The ideas are really practical and relevant to their lives.”
- “The participatory approach of **STARSS** really makes the moms feel valued.”
- “The material is straightforward, easy to use, and laid out well. It’s friendly, it’s not scary. It’s concrete. It’s not like a poster of a broken cigarette hanging on the wall.”
- “Now, we integrate the **STARSS** information into everything we do instead of trying to run a smoking group once a year as we did in the past. The **STARSS** information is information we just didn’t have before and now we can give it to everyone. In the past, we had to just sit and wait for women to enrol in our non-smoking program. Now we use the **STARSS** information to generate discussion with everyone, whether that’s in home visits, groups, or play groups – it can be tailored to meet everyone’s needs. Big binders of information about smoking cessation or quit smoking groups just sit on the shelf, but the **STARSS** material is a great add in to our day-to-day work.”



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How to Use STARSS



Overview of How to Use STARSS

Included in this section, you will find:

Overview of the STARSS program including:

- What's included in **STARSS**
- Ways to implement **STARSS** strategies
- **STARSS** implementation ideas for First Nations moms
- How to “mix and match” the **STARSS** information
- Ideas from **STARSS** sites
- How to use **STARSS** in existing groups

So you want to be a STARSS counsellor including:

- Your role
- The role of moms who participate in **STARSS**
- Overview of the individual sessions in **STARSS**

Points to ponder including:

- How to use the forms
- How to use the **I'm a STAR! Journal** and the **Worksheets**
- How to engage and retain moms in **STARSS**
- The value of incentives, quit attempts and smoking cessation aids

It is important for **STARSS** counsellors to make time to review the information in this section. It will make the delivery of **STARSS** more understandable to you and more effective for moms.

Each topic can be photocopied as a handout. You could use the information to present **STARSS** to your co-workers or community partners:

- in a staff training workshop
- at a staff retreat
- as an in-service presentation
- as part of a strategic planning session



Overview of the STARSS Program

What is included in STARSS?

There are several components of the **STARSS** program. It was designed to be used in a flexible “mix and match” fashion, depending on the needs of your site. Overall, it includes:

- **a series of posters.** Children’s art depicts five different ways moms love and protect their children. They hold hands to cross the street, use seat belts or car seats, get a flu shot, dress warmly in winter, and smoke outside. The poster is intended to raise awareness among moms and to encourage them to either pick up more **STARSS** information or talk to a staff member about reducing secondhand smoke.
- **The Guide to STARSS Strategies.** The **Guide** includes everything you need to know about how to use **STARSS**, the **STARSS** individual sessions, **STARSS Worksheets**, **STARSS Handouts**, and an **Appendix** with further information. You can photocopy everything you need from **The Guide**.
- **The I’m a STAR! Journal** for moms. This contains all of the **Worksheets** that a mom needs for the individual sessions and the information she needs to keep track of her smoking patterns. The **I’m a STAR! Journal** is only intended to be used with moms who want to go through the **STARSS** sessions with a **STARSS** counsellor. It is *not meant to be given out to every mom in your program who might be interested in STARSS.*

Ways to implement STARSS strategies

There are many different ways to use the **STARSS** information. The way you choose to use it depends upon your comfort and experience with smoking strategies. And it depends upon the capacity within your work site. Here are some of the ways **STARSS** has been used, from very informal to more intensive applications:

- **Informal implementation #1 – Posters and Handouts only:** Some programs have never introduced smoking issues into their programming. So staff members may not feel they have the skills or information to start. Or they may not want to introduce smoking for fear of turning away participants. However, we found that if you put up **STARSS** posters and leave out a few **STARSS Handouts** (in particular, **What Works!**, **Effects of Secondhand Smoke on Children**, **What Smoking Costs**, and **How to Be a STAR! Secondhand Smoke Protection**), interest is generated among participants and staff begin to increase their confidence to discuss smoking issues.

- **Informal implementation #2 – Handouts and Worksheets in existing groups:** Once staff feel more confident or there is enough interest from participants, you can use the **STARSS Handouts** and **Worksheets** in existing groups within your program. We found that if you put out the **Handouts** before a group meeting, moms will start to ask questions. Then you can move on to discuss information contained in the **Worksheets**. For example, leave out the **What Works! Handout** and then have a discussion in your group from **Worksheet #4 Positives and Negatives of Smoking**. There are more ideas for informal implementation later in this section.
- **Formal implementation #1 – STARSS specific group:** Once the moms in your program are familiar with the **STARSS** materials, you can offer to hold a specific **STARSS** discussion group. (Look later in this section under “How to Mix and Match **STARSS**” for more ideas.) This could be a one session offer. Or you could run a group discussion of two or more sessions, in which you incorporate several of the **STARSS** worksheets as the basis for discussion.
- **Formal implementation #2 –individual sessions:** Each session can be delivered as part of regular contacts you already have with women. The first two sessions take longer to deliver but the remainder take no more than 15 or 20 minutes each. “Sessions” need not be every week. They could be two or three weeks apart or even monthly. It depends on your program and the woman’s readiness to move forward. The seven sessions have been designed to be delivered on a one-on-one basis. The **STARSS** sessions are presented as a way to have a guided dialogue between you and moms. They are not intended to be used as a formal, teaching curriculum. The individual sessions are outlined in the **STARSS Sessions** section of the **Guide to STARSS Strategies**.

Other STARSS implementation ideas

The **STARSS** materials were designed to be flexible and used by you in the way that suits your site the best. We also wanted the materials to be suitable for women of many backgrounds. We found that the message and the materials are well suited to many different moms from many different backgrounds. For example, for First Nations moms, we would include the sacred use of tobacco in our discussions. And we altered some of the **Handouts** and **Worksheets** by photocopying graphics and images on the backs. For example, for First Nations moms, we used the graphics found in the cessation manual called “Healing From Smoking” produced by the Health and Social Services Commission of the First Nations of Quebec and Labrador. The link to this excellent resource is

http://www.cssspnql.com:8080/cssspnql/ui/health/documents/manuel_cessation_eng.pdf

There are many ways you can modify the **STARSS** materials to suit the needs of your site and your participants.



How to “Mix and Match” STARSS

We know many service providers are already overloaded and their organizations have fixed budgets. You might feel there isn't enough time or money available to introduce another topic, such as secondhand smoking, into your busy schedule. So **STARSS** was developed in a way that lets you choose how much to implement within your work site.

There are many different ways to use the **STARSS** information, such as:

- **Start small, see what the interest is, and move on.** For example, post the posters and have some of the **Worksheets** or **Handouts** available to give to moms who express interest. If enough moms approach you, then you can make a decision about providing the more intensive individual sessions.
- **Have a STARSS discussion over lunch.** This is a casual, informal way to engage moms in the topic of secondhand smoking. We have had good success with a simple discussion based solely on **Worksheet #3 (How to Choose a Smoking Place)** and **Worksheet #4 (Positives and Negatives of Smoking)**. Encourage moms to approach you if they want more information, suggestions, or support.
- **Build the STARSS information into existing programs.** For example, introduce the topic of secondhand smoking into a mom's group session. Or talk about secondhand smoke during discussions of other safety issues, such as car seats or crib safety. Ideas about presenting **STARSS** in existing groups follow.
- **Hold a STARSS workshop.** Talk about the function of smoking in the life of a low-income mom. (Use the information in the **Welcome** section of the **Guide to STARSS Strategies** called “The Role of Smoking and Supports for Quitting Smoking”.) Acknowledge the many roles smoking plays in her life. Emphasize she can protect her children from the effects of secondhand smoke without having to quit smoking. Distribute **Worksheets #1, #2, #3, and #4** and discuss them.

Use what works for you and your work site. If you find (and we know this will happen!) that a number of moms approach you, then offer them the seven session individual intervention to capitalize on this interest. Try not to feel overwhelmed. Everything you need to be a great **STARSS** counsellor is right here in **The Guide to STARSS Strategies**. Here are some more ideas:

- **designate one person** in your work site as a **STARSS** counsellor. She can become the “expert” and transfer her knowledge to other staff as needed.
- **start with a small number of moms** and work through the **STARSS** strategies with them. Then tailor the information and delivery style to the needs of your work site.

Ideas from STARSS sites

STARSS has been implemented in many creative and fun ways. Let your imagination be your guide! Here are some of the activities developed in **STARSS** sites:

- **Put stars everywhere.** We have found that moms are really attracted to the star motif and they love the **STARSS** posters. Capitalize on this. Some of the **STARSS** sites hang stars from the ceiling and moms could write on them the things they do to protect their children from secondhand smoke. Others put up big yellow stars that said “Want to be a **STAR?** Ask us how.” They were surprised by the number of requests!
- **Have a STARSS myths and facts discussion.** Again, using the star motif, you can have a discussion about the myths moms have heard about secondhand smoke. Post each fact on a star on the wall. Leave it up as a display. Your local dollar store might have stars in many different forms (boxes, stickers, and so on) that you could use as giveaways for moms who participate.
- **Think of stars for snacks.** Some **STARSS** sites have made star shaped cupcakes and used star shaped jello molds, with star fruit garnish.
- **Do an environmental scan.** Make sure that there aren’t posters, pamphlets, or other materials in your work site that oppose the gentle, encouraging message of **STARSS**.
- **Rotate posters and handouts.** We have found that it’s important to change the **STARSS** posters and handouts every few weeks. Also, put out handouts on the table before a mom’s group meetings, in the kitchen or bathroom, near your public access computers, or wherever moms naturally congregate (as opposed to a pamphlet rack or resource centre). This way, they are easy for moms to access. They don’t have to go to a specific place within your site to get the **STARSS** information.

Here’s what one of the CAPC staff from a **STARSS** site had to say:

*“It was easy to piggyback **STARSS** onto our existing programs. We were able to fully integrate it into everything we do. So, instead of it being one in a long list of programs that we offer, **STARSS** became part of **everything** that we offered.”*



How to Use STARSS in existing groups

Mom's groups and other groups you already hold are a great place to introduce information about protecting children from secondhand smoke. The goal of a group discussion is not to deliver all the **STARSS** information in a short presentation. Instead, the intent is to get participants to **Start Thinking About Reducing Secondhand Smoke**.

The content and your presentation style will depend on the group participants. If all of them are mothers who smoke, you might want to talk specifically about **STARSS**. If the group is mixed (that is, made up of smokers and non-smokers and/or both men and women), you will need to tailor your presentation and discussion to this group composition.

All caregivers need to have information about secondhand smoke protection. Many non-smokers have contact with someone who smokes. But the information needs to be delivered differently in a mixed group of smokers and non-smokers. In this situation, steer away from conversations about quitting smoking. These discussions create two distinct camps and are likely to make smokers feel like failures. Also, many current non-smokers are former smokers. They understand many of the issues connected with smoking. But they want to talk about their successful quit attempt rather than about harm reduction strategies.

A great way to start is always with the overall **STARSS** message: "You already do so many things to protect and care for your children. Protecting them from secondhand smoke is another thing you can do. And you can do this even if you smoke and aren't ready to quit."

Sample script

- **Introduce the topic and provide positive feedback.**

You already do so many things to protect and care for your children, such as bringing your children to playgroup. Protecting them from secondhand smoke is another thing you can do. And you can do this even if you smoke and aren't ready to quit. There are lots of small steps you can take to protect your children. You may already be taking some of these steps. Does anyone smoke in another room away from their children? Or open a window when you smoke?

- **Generate discussion about steps participants already take.** Try to add ideas to make their efforts even more effective. For example, if someone indicates that they smoke in another room, suggest they open a window and blow smoke out the window with a fan.

- ❑ **Distribute and discuss STARSS strategies.** Turn to **Worksheet #1: Short Term Goal Examples** and **Worksheet #3: How to Choose a Smoking Place**. Bring up some of the other strategies moms might try that are ineffective in order to dispel the myths. Be gentle. Don't say, "That doesn't work!" Instead, suggest she could try another strategy instead. (See **What Works!** in the **Handout** section for ideas.)
- ❑ **Move on as time allows.** Introduce **Worksheet #2: Cigarette Fading and DEEDS** and go through the steps. Even if you are short on time, you can still distribute the **Worksheet**. Some participants might want to try these strategies on their own at home.

To consider for groups of smokers ...

- **Worksheet #4: Positives and Negatives of Smoking** can also be used in a group setting. This **Worksheet** is best used in a group where most participants are smokers or former smokers. Non-smokers can find it challenging to understand that smokers perceive positive effects from their smoking.

To consider for groups with men and women ...

- **Don't focus on the role of the mom** – talk more generically about caregivers or parents.
- **Don't focus on gender differences** or situations specific to moms. While this information is important, these discussions generally create resistance in mixed gender groups.
- **Focus on manageable small steps** any caregiver can take to protect children from the effects of secondhand smoke.

To consider for groups with non-smokers, former smokers, and smokers ...

- **Congratulate those who have quit smoking.** But don't *focus* on quitting. Instead, always say "that's great you've been able to quit smoking. But there are other steps parents can take even if they aren't ready to quit. These small steps will make a big difference. Let's talk about some of them."
- **Move the conversation away from quitting.** Focus on small steps to secondhand smoke protection.

This simple, 45 minute discussion with the group can be a great beginning for moms. Sometimes, that's all they need to get started on the small steps approach.

Since you came to our playgroup, I convinced the baby's father we should smoke outside.

I told my boyfriend he has to smoke on the balcony. We had to clear the swing off it but now there's room out there to smoke.



So you want to be a STARSS counsellor

Here's what you need to know before you start individual sessions ...

Your role

The responsibilities of the **STARSS** counsellor for the individual sessions are to:

- **identify** realistic, manageable goals that work for each mom to reduce her children's exposure to cigarette smoke
- **create** a contract with each mom
- **praise** every small step a mom takes
- **brainstorm** ways to problem solve when setbacks occur
- **help** each mom record her progress

Role of the moms

The responsibilities of each mom who participates in the individual sessions of **STARSS** are to:

- **decide** what her short and long term goals are
- **brainstorm** small steps to take towards her goals
- **attempt** to make these changes
- **record** progress, setbacks, and other information about her change attempt
- **discuss** her progress with you and strategize ways to improve or re-negotiate goals
- **make** a contract for her goals

STARSS individual sessions

Session 1

- **Explain** the **STARSS** program.
- **Record** information you need for evaluation and follow-up (if any).
- **Ask** the mom to keep a record of her **Current Smoking Patterns**, including how many cigarettes she smokes during a week, what time of day she smokes them, where she smokes them, and so on.
- **Ask** the mom to look at her **Current Smoking Patterns** before the next session and brainstorm possible changes she can make.

- **Present** the list of possible changes (or short term goals) she could make from **Worksheet #1**.
- **Ask** her to think about choosing her long term goal.

Session 2

- **Look over the Current Smoking Patterns** with each mom and identify patterns - look for positives and praise her for them.
- **Talk about her long term goal** and make a contract for the goal she would like to achieve.
- **Look over the list of possible short term goals** or changes and suggest some others (from **Worksheet #1**) - try to steer her away from making huge changes right away.
- **Ask her to identify** which goals she could start with and sign the **Short Term Goal Contract**.
- **Ask her to write down (or remember)** every time she was able to implement a change, what she found hard or easy, reasons she felt like giving up, motivators to change, and so on. She can write down this information in the **Goal Setting Record** in her **I'm a STAR! Journal**.

Session 3

- **Discuss short term goals** - did she achieve her goals? If yes, what helped? If not, what got in the way?
- **Go over the Goal Setting Record in her I'm a STAR! Journal**. Even if she didn't achieve her goal, emphasize positive change or partial achievement of her goals by saying things like "that didn't work for you, let's try something different."
- **Renegotiate** new goals and contracts.

Sessions 4 through 7

- The goal setting for the next four sessions continues the same way as the third.
- Each session introduces new **Worksheets** that help with different aspects of secondhand smoke protection.



Points to ponder

Information for STARSS counsellors about the forms for the individual sessions ...

How to use the forms

The individual sessions of **STARSS** includes several different forms. There are forms to help with program evaluation, participant consent forms, and session progress reports. The **I'm a STAR! Journal** for moms also contains **Worksheets** and monitoring forms for moms to complete.

Before you start **STARSS** at your work site, decide what type of evaluation information (if any) you want to collect. This will help you decide which evaluation forms are helpful to you and whether you need to get a separate consent form signed by moms. We have provided the evaluation forms we used, in case these are helpful to your work, in the **STARSS Sessions** section.

Even if you don't wish to go through a formal evaluation, the **Progress Reports** are essential. We found them helpful to identify barriers encountered by the **STARSS** moms, to find more solutions, and to act as a guide to provide support to moms taking their next step. The **Progress Reports** also helped moms identify tips, techniques, or types of support most helpful to them.

How to use the I'm a STAR! Journal

Based on our experience, the **STARSS** evaluation, and feedback from both moms and service providers who participated, we know that:

The **I'm a STAR! Journal** and **Worksheets** are key components of the individual sessions in **STARSS**. They should not be seen as optional. It is a very good use of the **STARSS** counsellor's time to work through them with moms. This is especially true if a mom has low literacy skills or has difficulty using her **I'm a STAR! Journal** and **Worksheets**.

The **I'm a STAR! Journal** for moms contains: the **Current Smoking Patterns** record, **Cigarette Monitoring Form for Moms**, **Goal Setting Record**, **Short and Long Term Goal Contracts**, and the **Worksheets**. It's important to review the **I'm a STAR! Journal** with moms and regularly refer to the **Worksheets**. Our evaluation showed us the information contained in the **I'm a STAR! Journal** and **Worksheets** is very important to the success of moms who participate in **STARSS**.

How to use the Worksheets

The **Worksheets** help moms learn strategies and discover ideas and tips to overcome challenges and barriers they encounter. Some **Worksheets** give moms the chance to explore the role smoking plays in their lives. Moms told us this helps them have a greater understanding of the reasons why they smoke **and** the reasons they may want to cut down or quit smoking. Each session of **STARSS** is linked to specific **Worksheets**. You will find this in the **STARSS Sessions** section of **The Guide to STARSS Strategies**.

Moms told us in our evaluation that the most important exercise is **Worksheet #4: Positives and Negatives of Smoking**. (This is also called a “decisional balance index” or DBI.) This **Worksheet** is used in **Session 4**. It acknowledges both the positives and negatives of smoking **and** the positives and negatives of cutting down or quitting smoking. It really helps both you and the mom understand her reasons for smoking. And it helps both of you identify potential barriers and come up with a list of solutions. It provides richer, more complex information than the simple pros and cons list that is often recommended.

The **I’m a STAR! Journal** also contains other forms for moms to review or complete after each individual session. Completing these forms is important to the mom’s success with **STARSS**. But this is one of the fine lines for the **STARSS** counsellor to walk.

So remember ...

The forms don’t necessarily need to be completed by moms before each session. **Don’t let this become a barrier**. Some moms will enjoy the process, while others will find the forms overwhelming and difficult to complete on their own. Spend more time with these moms going over the forms at the beginning of each session.



Points to ponder

Information for STARSS counsellors about getting moms involved ...

How to engage moms

It can be a challenge to engage moms in smoking related programs. Many smokers feel targeted and burdened by constant requests from friends, family members (especially their children), and service providers to quit smoking. It's important to frame **STARSS** differently. It is not a quit smoking program. Let moms know they can get involved in **STARSS** as another way to protect their children. Most importantly, let moms know their participation doesn't require them to quit smoking.

Try saying: You do so many things to protect your children (such as holding their hands when you cross the street). Would you like to learn ideas about how to protect your children from secondhand smoke without quitting smoking?

Make sure your work site creates an environment supportive of **STARSS**. Put up the **STARSS** posters. Take a critical look at other smoking cessation or secondhand smoke posters and pamphlets in your work site. These might not promote a message compatible with the **STARSS** philosophy. Moms say they feel guilty, but not necessarily inspired to make changes, when they see posters and pamphlets containing guilt messages. Try to get your co-workers onside with the **STARSS** philosophy and language. Don't refer to **STARSS** as a quit smoking program. Moms tell us this is a way to alienate potential participants.

Here are some other strategies to engage moms in **STARSS**:

- **Create interest** by visiting with moms at playgroups or other programs within your site – we've had great success with a 45 minute discussion of secondhand smoking issues in mixed groups of moms, some of whom smoke and some who don't. Look earlier in this section of **The Guide to STARSS Strategies** for ideas about how to use **STARSS** in existing groups.
- **Incorporate discussions** about protecting children from secondhand smoke into existing programs. Share some tips and strategies with moms and talk about their challenges and possible solutions.
- **Use the What Works! Handout** to gently dispel myths about common but ineffective strategies, such as lighting a candle when smoking inside.

How to keep moms involved in STARSS

There are several reasons why a mom might have difficulty completing **STARSS**, such as:

- **Lack of support from family and friends.** This can include partners who smoke. Many moms find it difficult to ask their smoking friends and family members to smoke outside or away from the children.
- **Difficult life situations.** It's difficult for some moms to focus on secondhand smoke issues when she might not have enough food for her children, for example. Or she might have an abusive partner and it is not safe for her to discuss secondhand smoke issues.
- **Shame.** Some moms will postpone or avoid on-going participation because they have not met their goals or completed the forms. Or they have low literacy skills.
- **Strategies feel overwhelming.** Perhaps the small steps proposed in a previous session suddenly feel unmanageable or unobtainable.

On the next page, there are some **Scenarios for Difficult Life Situations** that might be helpful to use either individually or with groups of women.

Your role as a **STARSS** counsellor in these situations is to be mindful of the possible barriers a mom is facing. Some barriers might, in fact, prevent her from continuing in **STARSS** at this time. Other barriers can be negotiated and solutions found for continued participation. In either case, the **STARSS** counsellor should try to stay hopeful, optimistic, and always let the mom know she is welcome to get involved again when she's ready. Some specific strategies for the **STARSS** counsellor include:

- **Start** all over again or think of smaller steps.
- **Use** the time to discuss other pressing issues and return to **STARSS** later.
- **Focus** on her strengths and successes with **STARSS** so far.
- **Remind** her (and yourself) change is a gradual process and setbacks happen.

An aspect of both engagement and on-going involvement is to avoid guilt about the effects of secondhand smoke on children. This is another of the fine lines for the **STARSS** counsellor.

So remember ...

Increased guilt can lead to increased smoking, which is obviously what we want to avoid. But moms do need to know what the effects of smoking can be on their children. When we developed **STARSS**, moms told us they didn't want to have the health effects of secondhand smoke front and centre in the program. They believe they already know this information. We include references to health effects of secondhand smoke in the **Handouts** section of **The Guide to STARSS Strategies**. We suggest using this information as a handout for **STARSS** participants, with follow-up discussion or further information if the mom expresses questions or concerns. Be gentle. Follow her lead.



Scenarios for difficult life situations

Lack of support from family and friends: *Scenario 1*

Sue and Ann have been smoking buddies for fifteen years. Their children were even born about the same time. After the birth of Sue's second child, she decided that it was time to start thinking about reducing secondhand smoke around her children. Sue told Ann that she was smoking either outside or (when she couldn't leave her children alone) in her smoking place with the window open and a fan blowing the smoke outside. Ann laughed at her and said "Good luck! I'll see you at my house where I can smoke where ever I want." Sue did not want to lose the friendship and support of her only friend but she didn't want to lose sight of her goal with the **STARSS** program either.

- **What could Sue do to help her remain involved with STARSS and yet not lose her long standing friendship with Ann?**
- **Can Sue identify any patterns in her smoking that may help her delay smoking until she can go outside to smoke?**
- **What ways can Sue gain support other than with her friend Ann?**

Lack of support from family and friends: *Scenario 2*

Alice is a single mom with two young children. She has recently cut back on smoking by going in another room away from her children, where she smokes in front of an open window with a fan blowing the smoke outside. Sometimes she is so tempted just to say "forget it" but she delays the timing as long as she can. Alice's mother visits a lot, helps out with child care, and gives Alice money when she can to cover bills and food. Her mother also smokes and loves to sit at the kitchen table, coffee in one hand and cigarette in the other, with no concern about the children or her affect on Alice's goal. Alice is scared to say anything to her mother for fear of losing her support. Alice hasn't told anyone about her goals regarding protecting her children from secondhand smoke because of her own fear of failure.

- **What strategy can Alice practice in protecting her children from second hand smoke when her mother is visiting?**
- **How can she communicate her goal of reducing cigarettes with her mother?**
- **How can Alice solicit more support from her mother in decreasing her cigarette smoking even though her mother is maintaining her regular intake of nicotine?**

Abusive home situation

Hannah has smoked since she was 13 and has 3 children under age 5. Her partner Jake works, but the hours are poor and the money is even worse. Jake is unhappy with his job and he sometimes comes home angry, aggressive, and smelling of alcohol. Most of the time Hannah just rolls with his mood, but now that she has begun to reduce the amount that she smokes around the children, she is also feeling irritable. When he goes to light up, she asks him to take it to the spare room and turn on the fan in front of the open window. Jake gets angry, stating that he makes the money to pay for the rent, food and heat in this house and that he can do whatever he likes. However, when Hannah tries to make her point again, Jake lashes out and hits her.

- **What are the risks Hannah is dealing with on a day to day basis?**
- **What safety measures can she employ for herself and her children?**
- **Are there ways Hannah can reach her goal to protect her children from secondhand smoke while still living with Jake?**

Coping with shame: *Scenario 1*

Megan has done the first three individual **STARSS** sessions but finds it hard to complete her journal or stay on target. When she is with her **STARSS** counsellor, she feels so confident that she agrees to certain goals that are not just realistic for her once she is at home with her family. She feels too ashamed to say, “I just can’t do that,” especially when other women she knows who are also involved in **STARSS** are doing really well.

- **What are the barriers preventing Megan from obtaining her goals?**
- **What are some smaller steps Megan can take to give her greater confidence?**

Coping with shame: *Scenario 2*

Frances’ daughter, Jane, has just finished her first day in grade 2. Frances was cleaning up around the house when Jane got off of the bus. While Frances was emptying the ashtrays, Jane said to her “Mommy, you shouldn’t smoke. It’s bad for me and you’re going to die.” Frances feels terrible but isn’t ready to quit smoking.

- **What can Francis say to her daughter to reassure her that she cares?**
- **What small steps can Frances take to protect her daughter from secondhand smoke?**

Strategies feel overwhelming

Barb was confident about her **STARSS** goals, especially when all three children are home. But between fixing meals, homework and bedtime routines, she struggles not to smoke until the kids are in bed at 7:30. Now, her bills are piling up and phone calls start at 5:00 from people wanting money. Barb feels her anxiety go up with each threatening phone call about hydro or phone being cut off. By 6:00, Barb feels like screaming at everyone and definitely wants to smoke.

- **How can Barb use the DEEDS strategy to her advantage?**
- **What forms of substitution for smoking could Barb consider to help her cope with her anxiety and stress?**



Points to ponder

More information for STARSS counsellors ...

The value of incentives

We like to use incentives to welcome moms and to thank them for participation in our programs. For **STARSS** participants, we provided them with a **Welcome Bag**. Each **Welcome Bag** contained things moms could use to help them delay their smoking, including:

- a bag of microwave popcorn
- a stress ball
- straws and licorice cut the length of a cigarette (to suck on during a craving)
- a toothbrush and small tube of toothpaste
- a pack of gum
- a package of hard candies
- a deck of cards to shuffle when she needs to do something with her hands

We put these in a colourful bag with a letter of welcome. We bought everything at the dollar store. The cost per bag was less than \$5.

We were also able to provide a three pack of Smoke Free Cig-rettes. These are plastic tubes shaped like cigarettes and flavoured with herbs, menthol, or lemon. Breathing deeply through them helps relieve stress and delays the craving for a real cigarette. Moms who took part in **STARSS** told us they found the Cig-rettes to be really helpful. These can be ordered from <http://home.golden.net/~capone1/sf/>

The value of quit attempts

STARSS is not a quit smoking program. But we know many moms who go through **STARSS** will decide to make quitting smoking their long term goal. In fact, many moms will decide to make a quit attempt during their participation in **STARSS**. (Look in the **Appendix** section of **The Guide to STARSS Strategies** for some highlights of the **STARSS** evaluation.)

Quit attempts are extremely important, even if the attempt is short-lived. Every time a smoker tries to quit, she learns skills to help her with her next quit attempt. On average, it takes women seven serious quit attempts before they successfully quit smoking.

Your role as a **STARSS** counsellor during and after a quit attempt is to:

- **encourage** her self-efficacy (or her belief in her ability to make change)
- **help** her get prepared to make her quit attempt, by following the guidelines in **Worksheet #10** – self-efficacy is increased when she is well prepared
- **avoid** guilt or blame if the quit attempt is short-lived
- **discuss** strategies that did and didn't work during her quit attempt
- **determine** which triggers lead to her relapse
- **decide** new strategies to try the next time she makes a quit attempt
- **record** these observations in her **I'm a STAR! Journal**
- **remind** her to review these observations before her next quit attempt
- **maintain** your own sense of optimism

The value of smoking cessation aids

Smoking cessation aids include nicotine replacement therapies (NRTs) such as the Patch, nicotine gum, and the nicotine inhaler. Antidepressants such as Zyban are also used to help people quit smoking. (Look in the **Handouts** section of **The Guide to STARSS Strategies** for more information.)

Research shows the proper use of a smoking cessation aid can double the smoker's success in quitting smoking. But the problem is that, in many provinces, these aids are not covered by drug benefit plans for people on social assistance. So many low-income women perceive the aids as too expensive. (Look in the **Welcome** section for comments from women about this dilemma.)

The **STARSS** counsellor needs to be empathic to this point of view, even if it seems reasonable that money to purchase cessation aids could be saved by quitting smoking. We know the reality for many low-income moms is they will purchase food and other necessities with any savings. Or they will deny things for themselves to purchase things for their children. Instead, the **STARSS** counsellor could find ways to support women who need smoking cessation aids, such as to:

- **persuade a local service group** to donate money specifically to a fund to purchase smoking cessation aids for **STARSS** participants;
- **hold a fundraiser** for a special fund for **STARSS** moms to access when they need to purchase smoking cessation aids – get **STARSS** moms to organize it;
- **lobby politicians** to change the provincial drug benefit plans (like they did in Quebec, for example) to include smoking cessation aids; and
- **be an advocate** in your community to raise public awareness about these and other issues that affect low-income moms who smoke – they deserve community support, not censure.



The Guide to STARSS Strategies

Start Thinking About Reducing Secondhand Smoke

A harm reduction support strategy for
low-income moms who smoke

STARSS Sessions



Overview of STARSS Sessions

Included in this section, you will find:

STARSS session by session including:

- The goals of each session
- Step by step instruction for each session
- Which forms you will need
- **Worksheets** and other forms moms need for each session
- What moms need to do before the next session

Remember: a “session” doesn’t need to be every week. Each session could be two or three weeks apart, or even monthly. It depends on the requirements of your program and the woman’s readiness to move forward.

Evaluation forms, including the:

- **Demographics & Consent Form**
- **Fagerstrom Test for Nicotine Dependence**
- **Cigarette Monitoring Form for Moms**

Your work site can decide if you need to conduct an evaluation of **STARSS** and a six-month follow-up with **STARSS** participants. If you choose not to engage in the evaluation and follow-up, you will not need to use the **Demographics & Consent Form**.

However, we strongly recommend using both the **Fagerstrom Test** and the **Cigarette Monitoring Form for Moms**. They have great clinical value. The **Fagerstrom Test** can show the **STARSS** counsellor how dependent on nicotine a mom is. If she is highly dependent, a quit smoking goal will be more difficult for her. The **Cigarette Monitoring Form** shows moms in a very concrete and visual way the progress and changes she has made in her attempts to protect her children from the effects of secondhand smoke over the course of the seven sessions of **STARSS**.



Session 1: Record keeping

Goals of Session 1

- to help the mom see her smoking patterns
- to start brainstorming possible long and short term goals

What you need

- **Fagerstrom Test for Nicotine Dependence** and the **Demographics & Consent Form** (if you decide to use them)
- **Short and Long Term Goal Contracts**

What moms need from their I'm a STAR! Journal

- **Current Smoking Patterns**
- **Worksheet #1**
- **Cigarette Monitoring Form for Moms**

Step 1 **Complete the consent form**, if your work site has decided to use it. Go over the **Demographics & Consent Form** and the **Fagerstrom Test for Nicotine Dependence**. Ask the mom to complete any forms you choose to use.

Step 2 **Give her the I'm a STAR! Journal.** Remember to:

- **explain** that it's important to look at her smoking patterns right now so she can measure any changes she makes while participating in **STARSS**.
- **describe** how this will make her more aware of where, when, and how much she smokes, as well as give her an idea of what her triggers are.
- **show** her how to fill out the **Current Smoking Patterns** in her **I'm a STAR! Journal**. Go through a typical day. For example, say "let's try and fill it out for yesterday". Complete the sample page of the **Current Smoking Patterns**.
- **ask** her to record her smoking patterns for a week (both in her **I'm a STAR! Journal** and on the **Cigarette Monitoring Form for Moms**). Next time, the two of you will look over the **Current Smoking Patterns** to see if she can find any patterns.

Step 3 Propose the idea of setting a long term goal. Show her the **Long Term Goal Contract**. Remember to:

- **give examples** of long term goals (such as having a non-smoking home, not smoking around her children, or quitting smoking).
- **explain** that you don't expect her to achieve her long term goal overnight - in fact, if she did change this quickly, the changes probably wouldn't last.
- **let her know** that she is in charge of picking her own long term goal.
- **ask** her to start brainstorming the changes she realistically believes she can make over the next six months.
- **ask** her to write down (or remember) any possible long-term goals before the next session.

Step 4 Introduce short term goals. Show her the **Short Term Goal Contract**. Remember to:

- **explain** short term goals and give examples (provided on **Worksheet #1**).
- **ask** her to think about which goals she could manage and check them off on **Worksheet #1** before the next session.
- **explain** that you want to disrupt her life as little as possible, which is why you aim for small, manageable changes gradually over time.

Step 5 Open a file for each mom who participates in **STARSS**. It can be kept by you or by the mom. Just make sure it is available for every session. At the end of **STARSS**, you will need the file for evaluation. In the file, keep the:

- **Demographics & Consent Form** if your work site chooses to use it.
- **Fagerstrom Test for Nicotine Dependence**.
- **Progress Reports** that you record at the beginning of **Sessions 3** through **7**.
- **Cigarette Monitoring Form for Moms** which is a duplicate of the copy the mom has in her **I'm a STAR! Journal**.
- **Short and Long Term Goal Contracts** (also duplicate copies).

Step 6 Before next session ask the mom to ...

- Complete her **Current Smoking Patterns**.
- Complete the **Cigarette Monitoring Form for Moms**.
- Think about a long term goal.
- Go over **Worksheet #1** and put a tick mark beside the short term goals she wants to try.



Session 2: Goal setting

Goals of Session

- to set realistic long and short term goals
- to discuss any barriers to success she might encounter

What you need

- Short and Long Term Goal Contracts
- Cigarette Monitoring Form for Moms (your file copy)

What moms need from their I'm a STAR! Journal

- Current Smoking Patterns
- Worksheet #1
- Cigarette Monitoring Form for Moms
- Goal Setting Record

Step 1 **Go over her Current Smoking Patterns** in the **I'm a STAR! Journal**. Ask her if she noticed any patterns in her smoking. Did she notice times when she seems to smoke more and when she smokes less? Make sure she completed the **Cigarette Monitoring Form for Moms** and put your copy of it in the file.

Step 2 **Acknowledge positive patterns.** Look for steps she has already taken to protect her children from secondhand smoke. For example, say “you’re already on the right track - you already smoke less when your children are home with you”.

Step 3 **Identify a realistic long term goal.** Talk about your discussion from **Session 1** to think of her long term goal. Ask her what long term goal she came up with. Remember:

- **If her goal seems unrealistic**, try to help her choose a more realistic goal without being discouraging. For example, don’t say “I don’t think you will be able to do that”. Instead, say “that’s a good idea – let’s work up to it. How about we start with ...”
- **The final decision is hers.** Be supportive of whatever positive changes she decides to make.

- **Long term goals don't need to be specific.** For example, “I want to protect my children from secondhand smoke” is specific enough. If the long term goal is too specific, it doesn't leave room for flexibility. And it doesn't give the mom an opportunity to figure out what works for her. For example, an unrealistic long term goal is “I will protect my children by never smoking when they are home”. This might set her up for failure. A long term goal that is less specific also gives the mom freedom to try a range of strategies and discover which ones will work for her.
- **Once a long term goal has been set,** ask her to fill out the **Long Term Goal Contract**, date it, and sign it. There might be more than one goal. Make sure that at least one goal is centred around protecting children from secondhand smoke. You should sign the contract as a witness.

Step 4 Identify realistic short term goals. Review your discussion from **Session 1** to think of her short term goals. Then:

- **Go over her list from Worksheet #1.** Put the short term goals she ticked off in order from easiest to hardest. Each short term goal is very specific and is something she can easily measure. For example, a simple, measurable goal is “I will smoke at least one cigarette a day outside”
- **Select the first short term goal.** After she puts the short term goals in order from easiest to hardest, she can start on her first short term goal right away.
- **Discuss possible problems with achieving her first goal** and things she could do to make it easier. Remind her that she might not know what the problems are until she actually tries to make the changes. Ask her to write down (or remember) any barriers or problems as they arise. Then you can discuss them together and brainstorm ways to overcome them.
- **Sign a contract for the short term goal** and arrange a time frame for the change. It could be the date of your next meeting with her. Or, if you think she can easily manage her goal, put a time frame on the next change she wants to make, too.

Step 5 Before the next session ...

- **Ask her to keep a record of (or remember)** how many times she was able to achieve her short term goal.
- **Ask her to note anything** that helped her reach her goal, anything that made it hard to reach her goal, and anything else of interest. There are some **Goal Setting Record** pages in her **I'm a STAR! Journal** to make these notes, if this helps her remember.



Session 3: DEEDS and Choosing a smoking place

Goals of Session

- to review short term goals
- to discuss any barriers and strategies for success
- to practice DEEDS strategies and choose a smoking place (Worksheets #2 and #3)
- to renegotiate goals if needed and help her move forward

What you need

- Progress Report

What moms need from their I'm a STAR! Journal

- Worksheets #2 and #3
- Cigarette Monitoring Form for Moms
- Goal Setting Record

- Step 1** **Complete your Progress Report with her.** Ask her about her progress towards last session's short term goal. Ask if she's ready to add another short term goal while maintaining the previous one.
- Step 2** **Provide lots of positive reinforcement.** Encourage any positive gains – no matter how small! Remind her that every small step she takes helps protect her children from secondhand smoke. And each brings her one step closer to reaching her long term goal. If she is struggling, remind her that any change is hard and no one expects her to change overnight. Remind her that even finding out what does and doesn't work for her is a success. This knowledge will help her make changes even after the **STARSS** program is over.
- Step 3** **Discuss barriers and helpful strategies.** Talk about the barriers and strategies she discovered while trying to achieve her short term goals. Ask these questions:

- **If she achieved her goal**, what things helped make that possible? What were the challenges she faced? Identify her strengths. Discuss situations that made it easier to achieve her goals and any gains she has made.
- **If her short term goal didn't work for her**, what made it hard to achieve it? What things could she change to make it easier next time? Discuss barriers, challenges, and ways to address them.

Step 4 **Goal setting.** The next step depends on whether she was able to achieve her previous goal.

- **If she was able to achieve her short term goal**, look forward to the next one. Remember her new goal includes maintaining her first goal, too. Help her plan ways to meet the next goal using strategies she has already learned.
- **If her short term goal didn't work for her**, renegotiate her goals. Try the goal again or pick a new one. Assure her this is not a failure. It's very difficult to know what will work until you actually try it. Each time a short term goal doesn't work, it brings her one step closer to a goal that will work.
- **If she was able to maintain her goal part of the time**, perhaps her next step can be to maintain the first goal and try to apply new strategies.
- **Add the next goal** to the **Short Term Goal Contract** and date it.

Step 5 **Introduce Worksheets #2 and #3.** Walk the mom through the ideas in the **Cigarette Fading** and **DEEDS** strategies. Ask her to commit to practicing at least one of the **DEEDS** strategies before your next session. Use **Worksheet #3** to help her choose a smoking place before the end of this session.

Step 6 **Remind her to complete the Cigarette Monitoring Form for Moms** in her **I'm a STAR! Journal**. Ask her to complete the **Monitoring Form** for a one week period.

Step 7 **Before next session ...**

- **Ask her to keep a record of (or remember)** how many times she was able to achieve her short term goal.
- **Ask her to note anything** that helped her reach her goal, anything that made it hard to reach her goal, and anything else of interest. There are some **Goal Setting Record** pages in her **I'm a STAR! Journal** to make these notes, if this helps her remember.
- **Remind her to practice** at least one of the **DEEDS** strategies.
- **Ask her to complete** the **Cigarette Monitoring Form for Moms** over the next week.



Session 4: Identifying triggers

Goals of Session

- to review short term goals
- to discuss any barriers and strategies for success
- to reflect on the positives and negatives of smoking and how to identify triggers (Worksheets #4 and #5)
- to renegotiate goals if needed and help her move forward

What you need

- Progress Report
- Cigarette Monitoring Form for Moms (your file copy)

What moms need from their I'm a STAR! Journal

- Worksheets #4 and #5
- Cigarette Monitoring Form for Moms
- Goal Setting Record

- Step 1** **Complete your Progress Report with her.** Ask her about her progress for last session's short term goal. Ask if she's ready to add another short term goal while maintaining the previous ones. Make sure she completed the **Cigarette Monitoring Form for Moms** and put your copy of it in the file. Ask if she tried any **DEEDS** strategies. Encourage her to continue to try them.
- Step 2** **Provide lots of positive reinforcement.** See **Session 3** for a description.
- Step 3** **Discuss barriers and helpful strategies.** See **Session 3** for a description.
- Step 4** **Goal setting.** The next step depends on whether she was able to achieve her previous goal. See **Session 3** for a description.
- Step 5** **Introduce Worksheets #4 and #5.** Work through the **Positives and Negatives of Smoking (Worksheet #4)**. It really helps both you and the mom to understand the reasons why she smokes. And it helps both of you identify her potential barriers and come up with a list of solutions. Then work through the **Triggers** worksheet

(Worksheet #5). It identifies activities, situations, and feelings that can be triggers or cause cravings to smoke.

Step 6 **Before next session...**

- **Ask her to keep a record of (or remember)** how many times she was able to achieve her short term goal.
- **Ask her to note anything** that helped her reach her goal, anything that made it hard to reach her goal, and anything else of interest. There are some **Goal Setting Record** pages in her **I'm a STAR! Journal** to make these notes, if this helps her remember.
- **Remind her to practice** at least one of the **DEEDS** strategies.
- **Ask her to review the Positives and Negatives of Smoking** and add any other ideas she can think of.



Session 5: Coping with cravings

Goals of Session

- to review short term goals
- to discuss any barriers and strategies for success
- to discuss cravings and strategies to cope with cravings (Worksheets #6 and #7)
- to renegotiate goals if needed and help her move forward

What you need

- Progress Report

What moms need from their I'm a STAR! Journal

- Worksheets #6 and #7
- Goal Setting Record

- Step 1** **Complete your Progress Report with her.** Ask her about her progress for last session's short term goal. Ask if she's ready to add another short term goal while maintaining the previous ones. Ask if she tried any **DEEDS** strategies. Encourage her to continue to try them.
- Step 2** **Provide lots of positive reinforcement.** See **Session 3** for a description.
- Step 3** **Discuss barriers and helpful strategies.** See **Session 3** for a description.
- Step 4** **Goal setting.** The next step depends on whether she was able to achieve her previous goal. See **Session 3** for a description.
- Step 5** **Introduce Worksheets #6 and #7.** Work through **Ideas to Keep Your Hands Busy (Worksheet #6)** and **Coping With Cravings (Worksheet #7)**. These are straightforward and will give the mom good ideas about alternative things to think and do when a craving hits.

Step 6 **Before next session...**

- **Ask her to keep a record of (or remember)** how many times she was able to achieve her short term goal.
- **Ask her to note anything** that helped her reach her goal, anything that made it hard to reach her goal, and anything else of interest. There are some **Goal Setting Record** pages in her **I'm a STAR! Journal** to make these notes, if this helps her remember.
- **Remind her to continue to practice** at least one of the **DEEDS** strategies.
- **Ask her to try** the ideas in **Coping With Cravings**.



Session 6: Managing stress

Goals of Session

- to review short term goals
- to discuss any barriers and strategies for success
- to discuss stress management strategies (Worksheets #8 and #9)
- to renegotiate goals if needed and help her move forward

What you need

- Progress Report

What moms need from their I'm a STAR! Journal

- Worksheets #8 and #9
- Cigarette Monitoring Form for Moms
- Goal Setting Record

- Step 1** **Complete your Progress Report with her.** Ask her about her progress for last session's short term goal. Ask if she's ready to add another short term goal while maintaining the previous ones. Ask if she tried any **DEEDS** strategies. Encourage her to continue to try them.
- Step 2** **Provide lots of positive reinforcement.** See **Session 3** for a description.
- Step 3** **Discuss barriers and helpful strategies.** See **Session 3** for a description.
- Step 4** **Goal setting.** The next step depends on whether she was able to achieve her previous goal. See **Session 3** for a description.
- Step 5** **Introduce Worksheets #8 and #9.** Practice the **Deep Breathing** and the **Deep Muscle Relaxation** exercises in **Worksheet #8** with her. This is important because it helps the mom learn how to use the techniques. Remind her that she will become progressively better at both with practice. Review **Worksheet #9 Coping with Stress**. Help her to develop her own list of ways she can handle stress without smoking.

Step 6 **Remind her to complete the Cigarette Monitoring Form for Moms** before the next session.

Step 7 **Before next session ...**

- **Ask her to keep a record of (or remember)** how many times she was able to achieve her short term goal.
- **Ask her to note anything** that helped her reach her goal, anything that made it hard to reach her goal, and anything else of interest. There are some **Goal Setting Record** pages in her **I'm a STAR! Journal** to make these notes, if this helps her remember.
- **Remind her to continue to practice** at least one of the **DEEDS** strategies.
- **Ask her to try** the ideas in **Coping With Stress**. And encourage her to practice the **Deep Breathing** and **Deep Muscle Relaxation** exercises.
- **Ask her to complete** the **Cigarette Monitoring Form for Moms** before the next session.



Session 7: Wrap-up

Goals of Session

- to evaluate and celebrate improvements the woman was able to make
- to outline future directions
- to receive feedback from the mom

What you need

- Progress Report
- Cigarette Monitoring Form for Moms (your file copy)
- STARSS Completion Certificate

What moms need from their I'm a STAR! Journal

- Cigarette Monitoring Form for Moms

Step 1 Complete your Progress Report with her. Ask her about her progress for last session's short term goal. Make sure she completed the **Cigarette Monitoring Form for Moms** and put your copy of it in the file. Ask if she tried any **DEEDS** or any **Coping With Stress** strategies. Encourage her to continue to practice them and the **Deep Breathing** and **Deep Muscle Relaxation** exercises. Ask about her readiness to continue using the **STARSS** strategies on her own. **Remember:** if your work site can manage it, the **STARSS** counsellor can continue to work on strategies for more than the seven sessions. Or you could shift to telephone or email contact.

Step 2 Congratulate the woman for her successes.

- **Review** with her all the gains she has made.
- **Congratulate** her on a job well done and tell her you know it was hard work.
- **Let her know** that any changes she made will help protect her children from secondhand smoke.

Step 3 **Encourage her to continue.** Let her know she can continue to make changes even though her formal participation in the **STARSS** program is over. She probably still has some short and long term goals to reach. If she has, it could be time to make new goals.

- **If she didn't reach her goals**, emphasize this is not a failure. She has begun the process of change even by thinking about it. Let her know she can always make changes later on.
- **Encourage** her to maintain the changes she has made so far.

Step 4 **Provide her with the STARSS Completion Certificate.** If your work site wants to do an evaluation and six month follow-up, discuss the follow-up process with her:

- **Ask her to participate in the six month follow-up.** The purpose of the follow-up is to see if she was able to maintain her changes or continue towards reaching her long term goals. It is also to find out if she needs more support.
- **Thank her** again for her participation throughout the **STARSS** program.



Tips for short-term goal setting

Effective goal setting is not as simple as it seems. Keep these tips in mind as you help each woman set her short term goals.

1. **Be specific.** Help her set goals that are as specific as possible. Small, specific goals are easier to achieve and evaluate. Include answers to **what, when, where, how, and who** whenever possible. For example, a woman could try to delay her morning cigarette until her children have left for school.
2. **Be realistic.** Make sure her goals are neither too ambitious nor not ambitious enough. If she takes on too much at once and then fails, it might be hard for her to try again. If her goals aren't challenging enough, she might not be motivated to keep going.
3. **Be clear.** Make sure the goals are easy to understand. Often it helps a woman if she writes down her goals herself. Then, they will be written in a way that is understandable to her. Also, when she writes out her goals for herself, she will have a better sense of ownership and commitment to them.
4. **Address supports and barriers.** When setting goals, discuss supports that might help her achieve her goals as well as the barriers to achievement. For example, you could say "It might be really hard to delay your first cigarette of the day. It can be a stressful time when you really crave a cigarette. You're busy making breakfast and getting the children ready for school. Is there a way to change your routine or make the morning rush less stressful?"
5. **Be supportive.** Show support for the goals she chooses, even if you don't agree with them. You can provide her with a list of effective strategies but make sure that, in the end, the decision is hers. She will be more successful if she believes in the changes she is making.
6. **Maintain previous gains.** Be sure the mom maintains her previous goals as she moves on to new goals. However, each woman will be different in the rate of progress she makes. For example, for some moms, a new short term goal could be to maintain her previous goals for an extended period of time.



Progress Report

Mom's name:

Session #:

Date:

STARSS Counsellor:

Progress towards achieving last session's short term goal: List goal _____

- Achieved
- Partially achieved
- Did not achieve

Number of days since last session: _____

Approximate percentage of times that she achieved short term goal(s): _____

Things that helped achieve short term goal:

Barriers to achieving short term goal:

Possible solutions discussed:



Things that helped (tick all that apply):

- the weather was nice
- my children were well behaved
- support from my **STARSS** counsellor
- the **DEEDS** strategy
- any other **Worksheets** (please list)

- support from family (describe)

- support from friends (describe)

- I was able to keep busy (describe)

- things weren't as stressful as usual (describe)

- I was able to handle stress without smoking (describe)

Things that were barriers (tick all that apply):

- my children were sick or home from school
- my children were more difficult to handle than usual
- the weather was bad and I couldn't go outside to smoke
- I had a lot of cravings for cigarettes
- I felt angry (describe the situation)

- I felt depressed (describe the situation)

- I was bored (describe the situation)

- I was worried (describe the situation)

- things were more stressful than usual (describe)





Contract for Short Term Goal(s)

Short Term Goal for: _____
(Mom's Name)

Today _____ I have chosen to limit smoking around my child(ren)
(Date)

(child's/children's names)

with the following goals:

Goal #1: _____ Date: _____

Goal #2: _____ Date: _____

Goal #3: _____ Date: _____

Goal #4: _____ Date: _____

Goal #5: _____ Date: _____

(Signature of **STARSS** Mom)

(Signature of **STARSS** Counsellor)





Contract for Long Term Goal(s)

I agree to make the following changes:

(Signature of **STARSS** Mom) _____

by the date _____ (6 months from now)

in order to reduce

(child's/children's name[s])

exposure to secondhand smoke.

(Signature of **STARSS** Counsellor)

(Date)



Demographics & Consent Form

Name or I.D. #:

Age:

Number of Children:

Age of Children:

How long have you been a smoker? (number of years or age you started smoking)

Have you tried to quit before?

How many times?

How long were you able to quit?

I _____ agree to participate in the **STARSS** program. I understand that my name will never be published, but that my data along with the data of others may be published anonymously in the form of an evaluation report.

Signature _____ **Date** _____

I _____ (participant's name) agree to allow _____ (name of your organization) to contact me after I have completed the **STARSS** program for follow-up and evaluation of the program.

Signature _____ **Date** _____

Your phone number:

Your email address:

Name of contact person*:

Their phone number:

* *someone who would know how to get in touch with you if you have moved or changed phone numbers*



Fagerstrom Test for Nicotine Dependence

Please tick the box with your answer to each of the following questions.

1. How soon after you wake up do you smoke your first cigarette?

- within 5 minutes
- within 5 to 30 minutes
- 31 to 60 minutes
- after 60 minutes

2. Do you find it difficult not to smoke in places where smoking is not allowed?

- Yes
- No

3. Which cigarette would you most hate to give up?

- the first one in the morning
- any other one

4. How many cigarettes do you smoke each day?

- 10 or fewer
- 11 to 20 per day
- 21 to 30 per day
- 31 or more per day

5. Do you smoke more frequently during the first hours after waking up than during the rest of the day?

- Yes
- No

6. Do you still smoke if you are so sick that you are in bed most of the day?

- Yes
- No

| Question | Answer | Score |
|----------|---------------------------------|-------|
| 1. | a. Within 5 minutes | 3 |
| | b. 6-30 minutes | 2 |
| | c. 31-60 minutes | 1 |
| | d. After 60 minutes | 0 |
| 2. | a. Yes | 1 |
| | b. No | 0 |
| 3. | a. The first one in the morning | 1 |
| | b. Any other | 0 |
| 4. | a. 10 or less | 0 |
| | b. 11-20 | 1 |
| | c. 21-30 | 2 |
| | d. 31 or more | 3 |
| 5. | a. Yes | 1 |
| | b. No | 0 |
| 6. | a. Yes | 1 |
| | b. No | 0 |

Score Results:

0-5 = low to moderate nicotine dependence

6-10 = high nicotine dependence



Cigarette Monitoring Form for Moms

| Session One | SUN. | MON. | TUES. | WED. | THURS | FRI. | SAT. |
|--|-------------|-------------|--------------|-------------|--------------|-------------|-------------|
| Total # cigs I smoked | | | | | | | |
| # cigs I smoked in room with child(ren) | | | | | | | |
| # cigs I smoked in car with child(ren) | | | | | | | |
| # cigs I smoked not around my child(ren) | | | | | | | |
| # cigs others smoked in room with child(ren) | | | | | | | |
| # cigs others smoked in car with child(ren) | | | | | | | |

| Session Three | SUN. | MON. | TUES. | WED. | THURS | FRI. | SAT. |
|--|-------------|-------------|--------------|-------------|--------------|-------------|-------------|
| Total # cigs I smoked | | | | | | | |
| # cigs I smoked in room with child(ren) | | | | | | | |
| # cigs I smoked in car with child(ren) | | | | | | | |
| # cigs I smoked not around my child(ren) | | | | | | | |
| # cigs others smoked in room with child(ren) | | | | | | | |
| # cigs others smoked in car with child(ren) | | | | | | | |

| Session Six | SUN. | MON. | TUES. | WED. | THURS | FRI. | SAT. |
|--|-------------|-------------|--------------|-------------|--------------|-------------|-------------|
| Total # cigs I smoked | | | | | | | |
| # cigs I smoked in room with child(ren) | | | | | | | |
| # cigs I smoked in car with child(ren) | | | | | | | |
| # cigs I smoked not around my child(ren) | | | | | | | |
| # cigs others smoked in room with child(ren) | | | | | | | |
| # cigs others smoked in car with child(ren) | | | | | | | |



Congratulations!

Thank you for taking part in STARSS
Start Thinking About Reducing Secondhand Smoke

You are a Star!



The Guide to STARSS Strategies

Start Thinking About Reducing Secondhand Smoke

A harm reduction support strategy for
low-income moms who smoke

Worksheets



Overview of the STARSS Worksheets

Included in this section, you will find:

Worksheet Index listing all the worksheets you and the moms will need

10 Worksheets which can be used:

- for moms whose goal is to protect their children from secondhand smoke
- for moms who want to quit smoking (**Worksheet #10**)
- in both situations
- to engage moms in discussion groups (see **Section 2: How to Use STARSS**)

Each **Worksheet** can be photocopied as a handout. They are identical to the **Worksheets** each mom has in her **I'm a STAR! Journal**.



Worksheet Index

| | |
|----------------------|---|
| Worksheet #1 | Short Term Goal Examples |
| Worksheet #2 | Cigarette Fading and DEEDS |
| Worksheet #3 | How to Choose a Smoking Place |
| Worksheet #4 | Positives and Negatives of Smoking |
| Worksheet #5 | How to Identify Your Triggers |
| Worksheet #6 | Ideas to Keep Your Hands Busy |
| Worksheet #7 | Coping With Cravings |
| Worksheet #8 | Deep Breathing and Deep Muscle Relaxation |
| Worksheet #9 | Coping With Stress |
| Worksheet #10 | Some Ideas to Help You Quit Smoking |



Worksheet #1: Short Term Goal Examples

Goals for your home – put a tick mark beside the ones you want to try

- Delay** a cigarette until your child has left the house.
- Delay** a cigarette until it is convenient to go outside and smoke it.
- Increase** the airflow in your house - open windows and use fans to blow smoke out the windows.
- Make** _____ (a room in your house) a non-smoking room.
- Choose** non-smoking rooms in your house where smoking is never allowed.
- Post** no smoking signs in each room that you have chosen to be non-smoking.
- Put** a distraction such as a stress ball, candy, gum, or crossword puzzles where you usually keep ashtrays or cigarettes.
- Make sure** no one ever smokes in your children's bedroom.
- Use** a fan to blow smoke out an open window. Always smoke in front of the window with the fan blowing the smoke outside.
- Delay** ____ (1,2,3,.....) of your daily cigarettes for ____ (10, 15, 30,...) minutes and slowly increase as you feel able to.
- Chew** a piece of nicotine or regular gum, a straw, candy, or fennel seeds instead of smoking.
- Delay** your first cigarette of the day.
- Set** non-smoking times. For example, promise yourself not to smoke between 9 PM and 9 AM.
- Try** to stop smoking for 24 hours.
- Move** smoking to a less comfortable place where you don't usually smoke.
- Choose** a smoking place. Keep ashtrays and lighters there. Keep the door closed, keep the window open, and use a fan to blow smoke out the open window. Only smoke in this room. ***This is the best choice if you can't go outside to smoke.***

- Don't smoke inside** within three hours of your children returning home from school. For example, if your child gets home at 3 PM, don't smoke inside after 12 noon.
- Move** your smoking place outside.
- Ask** friends and family to watch your children while you go outside to smoke.
- Move** ___ (1,2,3,.....) of your daily cigarettes outside and increase this number as you feel able.
- Ask** guests to leave the room to smoke outside if your children are around. Or remove your children from the room if someone is smoking there.
- Ask** others to smoke outside your house. Or ask them to smoke in your smoking place. Stick to your rules. It's your house.
- Make** your home non-smoking and stick to it, especially with friends and family who smoke.

Goals for your car – put a tick mark beside the ones you want to try

- Take** a few extra minutes to smoke outside the car before you get in.
- Chew** regular or nicotine gum, hard candy, or fennel seeds instead of smoking in the car.
- Leave** cigarettes at home or put them in the trunk of the car.
- Tape** a picture of your children in the ashtray of the car.
- Fill** your ashtray with potpourri – then, you can't use it to smoke and your car smells nice.
- Let** your children remind you not to smoke in the car.
- Put** a no smoking sign in plain view in the car.
- Put** a picture of your children in plain view in the car.
- Ask** others not to smoke in the car and stick to it.
- Make** the car completely non-smoking and stick to it. No exceptions.
- Avoid** places where others are smoking when your children are with you.

Add your own ideas here:

- _____
- _____
- _____



Worksheet #2: Cigarette Fading and DEEDS

Two ideas or strategies to cope with cravings are **Cigarette Fading** and **DEEDS**. These ideas help moms who want to protect their children from secondhand smoke. Or they also help if you're trying to quit smoking. The ideas help you delay smoking until you can go outside, get away from your children, or go to your smoking space. Both strategies are also great for single moms who can't always go outside to smoke.

Cigarette Fading

Cigarette fading means gradually cutting down on the number of cigarettes you smoke each day. Start by figuring out the number of cigarettes you will allow yourself each day. Then only carry that number with you or give them to a non-smoking friend to keep for you. Put the rest of the package in the freezer or another place that's difficult to reach. Try this schedule:

- Figure out the average number of minutes between each cigarette you smoke.
- Gradually increase the time between each cigarette by 10 to 15 minutes.
- Keep increasing the time between each cigarette.
- Stick to your schedule or the strategy won't work. It's OK to wait longer if you can. But don't smoke more than your schedule allows.
- If you find it too difficult to stick to your schedule, it's OK to go back to smoking more frequently until you're ready to increase the minutes again. ***Just don't go back to smoking whenever you feel like it.***

The DEEDS Strategy

Delay: A cigarette craving fades in 10 to 15 minutes even if you don't smoke. Talk to yourself. Say "this urge will pass" or "I'd like a cigarette but I don't need this one." When you have a craving, delay smoking for 15 minutes. This gives you a sense of control over smoking. And it shows that cravings don't last forever. Delaying gets easier with practice. Gradually, you can delay for longer and longer periods of time. This means you smoke fewer cigarettes each day. Try these ideas:

- Delay your first cigarette of the day - eat breakfast before you smoke or wait until you get the children off to school.
- Set certain hours that are smoke free. For example, try not smoking between 9PM and 9AM.
- Put ashtrays and lighters in different places so smoking is less convenient.

Escape: Leave the situation that causes the craving, if you can. But this isn't always easy, especially if you're a single mom because you can't leave your children alone. Also sometimes it's your children's behaviour that causes cravings! Try these ideas to escape, instead of smoking:

- Occupy your children with a DVD. Or listen to an MP3 player or radio.
- Keep a treasure box of things from the dollar store handy - if you need a little break, a new toy can distract your children for a while.
- Make a list of cool crafts they can work on when you need a break - try to keep the materials on hand.
- Act "as if" - pretend that you're a non-smoker for 15 minutes.
- Be realistic - take a 5 minute break instead of wishing for the afternoon off.
- Take a mental vacation - imagine the place you would most like to be. Include your children. Ask them where they would most like to be and why.
- Put on headphones and listen to your favourite music or the radio - you can still see your children without hearing them.

Evade: If you can, avoid situations where you know there will be smoking. When you're more able to resist cravings, you can slowly get back to a normal routine. Set non-smoking rules for your home and stick to them. Try these ideas:

- Set up a comfortable smoking place outside for your guests to use. Also, ask them to watch your children while you go outside to smoke.
- Go places where smoking isn't allowed, like playgroups or the library.
- Hang out with friends who are non-smokers or who are trying to protect their children from secondhand smoke. Visit friends who also have a non-smoking home.

Distract: Think of things to do that will keep your mind off smoking. Think of a list of things that you can't smoke and do at the same time. For example:

- Wash dishes, your hair, or give the dog a bath.
- Play cards, knit, sew, or hammer nails.
- Chew gum or hard candy.

Substitute: When you have a craving, substitute something you like that keeps your hands and mouth busy. ***The substitute must be something you can do quickly and have on hand.***

- Chew a hard candy, a straw, or fennel seeds.
- Chew regular or nicotine gum.
- Brush your teeth or have a drink of cold water.



Worksheet #3: How to Choose a Smoking Place

A great way to reduce secondhand smoke is to choose a specific smoking place. It will really help you avoid smoking around your children in the home. This strategy can also be used if you want to quit smoking. It reduces the number of places where you can smoke. So it helps cut down on your smoking triggers.

How to choose your smoking place:

- **Pick** a place where you don't usually smoke, if possible.
- **Choose** a place where you usually don't do other things like watch TV, use the computer or send emails, read the paper or mail, talk on the phone or send text messages, or visit with other people. These are all triggers for smoking.
- **Make sure** there is a window to the outside. Set up a fan to blow smoke out the open window. Always smoke in front of the window with the fan blowing the smoke outside.
- **Try** not to do anything else in the place you have chosen except smoke.
- **Keep** all lighters, ashtrays, and cigarettes in your smoking place. This will remind you not to smoke anywhere else in your house.
- **Pick** a comfortable place. But it shouldn't be your favourite place to be.
- **If you forget** and start to smoke somewhere else, go immediately to your smoking place. Or put the cigarette out until you can get to your smoking place.
- **Move** your smoking place outside if you can.

List your ideas here for a smoking place and then tick the best one:

- _____
- _____
- _____
- _____



**Worksheet #4:
Positives and Negatives of Smoking**

What I *Like* About Smoking

What I *Don't Like* About Smoking

What I *Like* About Quitting

What I *Don't Like* About Quitting

This worksheet (the **Positives and Negatives of Smoking**) is also called a Decisional Balance Index. It is especially important if your goal is to cut down or quit smoking. It acknowledges both the positives and negatives of smoking *and* the positives and negatives of cutting down or quitting smoking. It really helps both you and your **STARSS** counsellor understand the reasons why you smoke. And it helps both of you identify potential barriers and come up with a list of solutions.

It can be easy to see or think about the **negative** aspects of smoking and the **positive** aspects of quitting smoking. But people often don't talk about, or don't think about, the **positive** aspects of smoking and the **negative** aspects of quitting smoking. We've listed some examples of each below. Try to think of your own ideas for each section. And think hard about the positives of smoking and the negatives of quitting. These are the things that really make it difficult to change.

What I Like About Smoking

It gives me a break from my children
It helps me cope when I feel stressed or angry
It's a social thing with my friends

What I Don't Like About Smoking

It's bad for my health
It costs a lot of money
Secondhand smoke is unhealthy for my children

What I Like About Quitting

I'll save money
I'll be able to breathe better
My children will stop nagging me to quit

What I Don't Like About Quitting

I'll have to deal with my friends who smoke
I won't know what to do with my hands
I'm afraid my anger will get out of control

Once you've completed this **Worksheet**, you and your **STARSS** counsellor can come up with ideas to deal with some of the difficulties you've identified.

List your ideas here:

- _____
- _____
- _____
- _____





Worksheet #5: How to Identify Your Triggers

A trigger is something that makes you want to smoke a cigarette. Smoking can be triggered by how you feel. You might smoke when you're angry, stressed, or tired. Or you might smoke when you feel happy and relaxed. Your children's behaviour can also be a trigger. Triggers can also be many things you do every day, such as when you:

- drink coffee or alcohol
- are with your smoking friends
- sit down and put your feet up
- talk on the telephone

Here are activities, situations, or feelings that can be triggers for smoking. Check the ones that apply to you. Then turn the page over and think of other ideas to cope with your own triggers.

Positive Feelings/Thoughts

- happy
- relaxed
- excited
- relieved

Activities

- watching TV
- drinking coffee or alcohol
- talking on the phone
- after meals
- taking a bath
- walking

Negative Feelings/Thoughts

- worried about problems
- tense
- bored
- depressed
- angry

Situations

- to take a break
- being around smokers
- socializing
- parenting challenges
- waiting for something (such as the bus or ride)
- not having enough money, time, or help

Other things that are triggers for you:

- _____
- _____

- 1) What **activities** are triggers for your smoking? (such as smoking and talking on the phone; smoking and drinking coffee)

What could you do instead? (such as doodle while talking on the phone; take your coffee to another room; or quit drinking coffee for a while)

- 2) What **situations** are triggers for your smoking? (such as smoking with a friend)

How can you avoid or change those situations? (such as arrange to meet a friend at a non-smoking place; avoid your smoking friends for a while)

- 3) What **negative feelings** or emotions are triggers for your smoking? (such as stress)

How can you cope with your **feelings**? (such as write in your **I'm a STAR! Journal**)

- 4) What **positive feelings** are triggers for your smoking? (such as relaxation)

How can you **reward yourself** a different way? (such as ask a friend for a manicure)





Worksheet #6: Ideas to Keep Your Hands Busy

The best way to deal with cravings is to plan ahead. Think of a list of things you can do to help deal with cravings before they hit. Think of things that keep your hands and mouth busy. The best ideas are things that you can't smoke and do at the same time. Here are some ideas other single moms who smoke have tried. Add your own ideas to this list. Then put it where you can see it and look at it when a craving hits!

- Do a craft with your children.
- Brush your teeth or floss.
- Get your hands wet (so it's too difficult to hold a cigarette).
- Sew something or knit (or crochet or needlepoint).
- Hammer nails
- Put together a jigsaw puzzle.
- Chew gum or hard candy.
- Play with a stress ball.
- Doodle.
- Do the dishes.
- Paint your nails.
- Pluck your eyebrows.
- Dust.
- Clean your house.

Add your own ideas here:

- _____
- _____
- _____
- _____



Worksheet #7: Coping With Cravings

It's very common to have cravings for cigarettes when you try to make a change in your smoking. Try to wait out the craving. Tell yourself it will pass after a few minutes. Get busy, drink water, or chomp on some ice. There are many things you can do to cope with cravings. A good first step is to plan ahead. Figure out situations or feelings that are likely to cause a craving. These situations or feelings are called triggers. After you've figured out your triggers, plan ways to deal with them when they happen. Here are some ideas:

Things I can DO

- Do something that you can't do and smoke at the same time (see **Worksheet #6**).
- Talk to a supportive friend.
- Take your children to the park or for a quick walk outside.
- Hide ashtrays and put your cigarettes out of sight.
- Take deep breaths.
- Have a drink of water.
- Chew gum, breath mints, or hard candy.
- Chew fennel seeds or anise seeds.
- Try using a cinnamon stick or a Smoke Free Cig-rette (a plastic tube flavoured with herbs, menthol, or lemon).
- Try relaxation exercises.
- Take a shower.
- Clean your house.
- Do a craft or colour with your children.
- Do something with a non-smoker.
- If you don't like spicy food, dip your filters in hot sauce or Tabasco sauce so you will only smoke the cigarettes you really crave.
- Reward yourself for delaying your smoking or changing your thinking about smoking.

Make up your own list of things that you can do to help you cope with cravings.

Things I can DO

- _____
- _____
- _____
- _____

It isn't always easy for moms to find time to **do** some of the things on the list above. Instead, it might be easier to talk to yourself and change the way you **think** about smoking. Here are some things you can try:

Things I can THINK

- Tell yourself to delay having this cigarette.
- Try to figure out why you're craving a cigarette.
- Remind yourself the craving will be over soon.
- Figure out what else you can do besides having this cigarette.
- Remember the changes you've made already.
- Remind yourself what a good job you're doing protecting your children from secondhand smoke.
- Remember that not smoking around your children means their health will improve.
- Think positive - remember the benefits to you and your children, pets, and home.
- Think of something you want to buy and put a quarter in a smoking jar every time you delay having a cigarette.
- Don't think of a cigarette as a reward - learn to reward yourself in other ways.

Make up your own list of things that you can think to help you cope with cravings.

Things I can THINK

- _____
- _____
- _____
- _____





Worksheet #8: Deep Breathing and Muscle Relaxation

Deep breathing is a good skill to practice if you're tense, upset, having trouble sleeping, or have an urge to smoke. It only takes a few minutes and can be done anywhere. So it's perfect for busy moms. If you're trying to quit or delay smoking, remember to breathe deeply. Inhaling deeply is one of the reasons why smoking feels relaxing. When you smoke, if you inhale deeply, the deep breathing actually helps you relax. Practice deep breathing without smoking. This will help reduce cravings. And you will be less likely to crave a cigarette when you need to relax. Have your **STARSS** counsellor walk you through it the first time. Here's how to practice:

- 1) **Get comfortable** in a quiet place where you will not be interrupted for a few minutes. You can sit, stand, or lie down. Find the position most comfortable for you.
- 2) **Relax** your shoulders and close your eyes.
- 3) **Think** about something that makes you feel good.
- 4) **Inhale** through your nose with your mouth closed slowly and deeply to the count of eight. Let your stomach rise slowly as you inhale.
- 5) **Hold** that breath to the count of four.
- 6) **Breathe out** slowly through your mouth to the count of eight. Let your stomach fall slowly as you exhale.
- 7) **Continue** this deep breathing cycle five times.
- 8) **Stretch** your arms over your head and slowly let them fall to your sides and open your eyes. Notice how relaxed you feel.

List the times when you could use deep breathing exercise:

- _____
- _____

Deep muscle relaxation is another way to release tension. And it can help you cope with a craving. Or it can help you relax when something stressful happens. It doesn't take a long time and can be done anywhere. Have your **STARSS** counsellor walk you through this once or twice. Before you start, **remember: don't hold your breath while tightening muscle groups.** Here's how to do progressive deep muscle relaxation:

- 1) **Sit** in a chair and close your eyes.
- 2) **Take** a few slow breaths.
- 3) **Tense and tighten** the following body areas for a count of eight. Then relax for about 30 seconds. Do this for each of the following:
 - Bend arms at the elbows and wrists, and make a fist with each hand. Hold. Relax.
 - Press arms to your sides. Hold. Relax.
 - Press your back against the chair. Hold. Relax.
 - Tighten your stomach muscles. Hold. Relax.
 - Lift and extend your lower legs and flex your feet up to the ceiling. Hold. Relax.
 - Press your knees together. Hold. Relax.
 - Curl your toes. Hold. Relax.
 - Lift and tighten your shoulders. Hold. Relax.
 - Tighten your jaw. Hold. Relax.
 - Close your eyes as tight as you can. Hold. Relax.
 - Tuck your chin against your chest. Hold. Relax.
- 4) **Continue** to breathe slowly.
- 5) **Allow** your body to go limp like a rag doll.
- 6) **Drop** your head and shoulders forward.
- 7) **Imagine** warm energy flowing through your body.
- 8) **Slowly** open your eyes.

List the times when you could use deep muscle relaxation:

- _____
- _____
- _____
- _____



Worksheet #9: Coping With Stress

The life of many moms can be very stressful. It seems like you're always running short on time, money, and energy. With children to look after, it's hard to do something to help relieve stress. Sometimes, it seems like smoking helps because it gives you a little break. And cigarettes can seem like a quick answer to relieve stress. But the relief is short-lived.

When you try to protect your children from secondhand smoke, you need to make changes in your smoking habits. It can be stressful at first when you smoke less or delay your cigarettes. Try deep breathing without smoking and think of other ways to deal with stress. Then you won't have to depend on smoking for stress relief.

Here are some ideas to relieve stress without smoking:

- Visit friends who also want to protect children from secondhand smoke.
- Sew, knit, crochet, or needlepoint.
- Hammer nails.
- Play cards.
- Buy an old typewriter and type away your stress while you pound on the keyboard.
- Take a hot shower.
- Write a letter to an old friend.
- If you're upset with someone, write them a letter (even if you never send it).
- Listen to music you like, sing along, and dance.
- Write in your I'm a STAR! Journal.

Here are some more ideas to relieve stress without smoking:

- Take a nap or just put your feet up for a few minutes.
- Dust or clean your house.
- Re-pot your plants.
- Use DEEDS strategies.
- Relax with deep breathing or deep muscle relaxation (Worksheet #8).
- Exercise to feel good, play with your children, walk to the corner store or mailbox.
- Go somewhere you can't smoke (such as a library) and relax for a while.
- Paint your nails.
- Brush your teeth and enjoy running your tongue over your clean teeth.
- Praise yourself. Tell yourself you can do this.

List your own ideas for ways you can handle stress without smoking:

- _____
- _____
- _____
- _____





Worksheet #10: Some Ideas to Help You Quit Smoking

Step 1: Get ready!

- Tell your **STARSS** counsellor you're interested in quitting smoking. Ask her for information about smoking cessation aids or other supports available in your area.
- Start changing your surroundings so you only smoke in one place. This way, your whole house won't be full of triggers. Try to make your new smoking place somewhere you don't usually spend a lot of time. For example, if you don't share your bedroom with your children, your bedroom would be a good smoking place.
- Cut out as many cigarettes as you can.
- Practice the **DEEDS** strategies as often as possible. Then, you'll be able to use them effectively when you quit.
- Set a quit date.
- Start getting rid of all your cigarettes, ashtrays, and lighters. Empty your ashtrays into a glass jar and pour water in it. This will remind you of how many cigarettes you smoke each day. And the sight and smell of stale butts is not pleasant!

Step 2: Get support and encouragement!

- If it helps, tell your family and friends you're quitting and you need their support.
- Brainstorm ways other people can help. Tell them how they make it easier for you.
- Ask friends and family who smoke not to smoke around you or in your home.
- Call the Smokers Help Line in your province to see if you can get individual, group, or telephone counselling for quitting smoking. Or try the Health Canada web site at www.gosmokefree.ca. Their phone number is 1-866-318-1116.
- Ask your **STARSS** counsellor to refer you for more counselling, if you need it.

Step 3: The week before...

- Stop carrying your cigarettes with you and make them difficult to get to.
- Fill out **Worksheet #5**. Practice using **DEEDS** in each of these trigger situations.
- Get a new toothbrush and whitening toothpaste to use the day you quit.
- Start a money jar to hold all the money you save by not smoking. Also make a list of rewards, both short and long term, that you can use this money for.
- Plan your quit day. Make sure it is full and busy. One idea is to make your home clean and fresh. Wash your clothes, bedding, walls, ceilings, and windows.
- Learn how to use smoking cessation aids properly.

Step 4: Quit day!

- Wake up and keep busy.
- If you're using a smoking cessation aid, make sure you follow the directions.
- Practice the **DEEDS** strategies whenever a craving comes up.
- Eat breakfast and brush your teeth with your new toothbrush and toothpaste. Run your tongue over your teeth and feel the clean. Don't forget to brush your tongue so your taste buds can start to work properly again.
- Open your windows to let the smoke smell out.
- Wash your walls, dust, or clean your house - anything that keeps your hands busy and helps you feel like your house is clean and fresh.
- Place things around the house that smell nice - you will notice how much you enjoy their scent as your sense of smell recovers. It can be anything - flowers, vanilla in a little bowl, cut oranges, baked cookies, or candles.
- Do something special with a non-smoker to celebrate. Or plan a celebration dinner with your children.
- Make this your day. Put yourself first, if you can. Do things that make you feel good.
- Get your children onside. Ask them to cooperate with your plans for today. Build in rewards for their cooperation and support.
- Plan ahead to avoid other smokers or triggers for your smoking.
- Avoid alcohol and caffeine - drinking can make it harder to resist a craving for a cigarette.
- Refuse to allow anything to change your mind.
- Put the money you would have spent on cigarettes in your smoking jar.

Step 5: Keep going!

- Be prepared for relapses and difficult situations. Find new ways to distract yourself from giving in to the cravings.
- Regularly remind yourself of why you're glad you quit - write down the reasons and display them.
- Remind yourself of how well you're doing and reward yourself for a job well done.
- Think of yourself as a non-smoker.
- Avoid your triggers for as long as you need to.
- Try to eat a healthy diet and get some exercise when you can.
- Notice and appreciate the changes your body makes as it gets back to normal.
- Don't keep an emergency supply of cigarettes around after you quit.
- Keep looking over your **Triggers** worksheet (**Worksheet #5**).
- Remember: every time you quit smoking, you learn more about what works for you. And each time, you will quit for longer periods of time.



The Guide to STARSS Strategies

Start Thinking About Reducing Secondhand Smoke

**A harm reduction support strategy for
low-income moms who smoke**

Handouts



Overview of STARSS Handouts

Included in this section, you will find:

How to be a STAR! Secondhand smoke protection

What works!

Effects of secondhand smoke on children

Ideas to help moms protect their children from secondhand smoke

Information for STARSS moms to hand out to moms to engage them to participate in **STARSS**. The information on the handout includes:

- The purpose of **STARSS**
- Her role
- A session by session description

How to help your mom be a STAR! Tips for children

Help my mom be a STAR! Ideas for family and friends

How to be a STAR! Quitting smoking

Ideas to help moms quit smoking when they're ready to try. There are also four other handouts for moms who want information about quitting smoking. These include:

- **Why it's so hard to quit smoking**
- **What smoking cost in March 2007**
- **What happens when you quit smoking**
- **Smoking cessation aids fact sheet**

Each of these **Handouts** can be photocopied. Their purpose is different from the **Worksheets**. The **Handouts** can be used:

- To engage children, family, and friends to support a **STARSS** mom's efforts to protect her children from secondhand smoke
- As posters in their homes
- For moms who might benefit from tips but aren't ready to participate in **STARSS**





What Works!

Many moms have tried many different ways to protect their children from secondhand smoke. You're a **STAR!** You've started thinking about reducing secondhand smoke. Make the most of your efforts.

Here's what works:

- ❑ **Go outside to smoke.** This is always the best choice. But sometimes moms can't leave children alone. Or your living arrangements make it difficult to go outside. For example, you might live in an apartment with no balcony. Also, remember to be careful when you smoke outside. If your children are close by, make sure the smoke isn't blowing towards them.
- ❑ **Choose** a smoking place. Keep ashtrays and lighters there. Keep the door closed, keep the window open, and use a fan to blow smoke out the open window. Only smoke in this room. ***This is the best choice if you can't go outside to smoke.***
- ❑ **Delay** smoking a cigarette until your child has left the house. Or delay until it is convenient to go outside and smoke.
- ❑ **Don't smoke inside** within three hours of your children returning home from school. For example, if your child gets home at 3PM, don't smoke inside after 12 noon.
- ❑ **Ask** family and friends to smoke outside your house. Or ask them to smoke in your smoking place. Stick to your rules. It's your house.

Here's what *doesn't* work:

- lighting a candle
- air fresheners, smoke eaters, and air purifiers
- lots of plants
- washing your walls and windows

You might not be able to smell the smoke but the poisons are still in the air and your walls. The poisons in the cigarette smoke can stay in your walls for up to two years.



Effects of Secondhand Smoke on Children

Children experience more of the effects of secondhand smoke. That's because they breathe faster than adults do, so they inhale more air. If the air is polluted by secondhand smoke, then children breathe in more of the poisons and chemicals, too. This is also true during pregnancy. This means smoking and secondhand smoke can affect babies before they're born, too.

Health effects

There are several health effects that can happen to children who breathe secondhand smoke. Some of them are:

- they have twice as many ear infections
- they are twice as likely to have asthma
- they have more breathing (or “respiratory”) problems, such as coughs or phlegm, and they are twice as likely to wheeze
- they are three times as likely to get either bronchitis or pneumonia
- they are twice as likely to have allergies
- they might spit up more often
- they are more likely to be hospitalized for an illness before they are a year old

Other effects

Children who breathe secondhand smoke can have other problems, too. Some of them are:

- they are more likely to be cranky, restless, and hyperactive
- they can be 3 to 5 months behind other children in school, especially in math or reading

adapted from www.pregnets.org



Information for STARSS Moms

Purpose of STARSS

Do you want to be a **STAR**? Do you want to **Start Thinking About Reducing Secondhand Smoke**? Then get involved in the **STARSS** program. Many moms have helped us develop the **STARSS** program. We hope you're interested, too.

You've probably heard lots of ideas about how to protect children from secondhand smoke. But some of these ideas don't work very well. And some of them aren't helpful or realistic, especially for single moms. The goal of **STARSS** is not to quit smoking (although we can help you with that, if you choose). You can protect your children from secondhand smoke without having to quit smoking.

What will you have to do?

There are seven sessions in **STARSS**. Your **STARSS** counsellor will explain it to you in detail. Then you can take time to think about it. Take as much time as you need to make up your mind. If you decide to participate, your **STARSS** counsellor will work through every **Session** with you.

Session 1: Record Keeping

- **Keep a record of your smoking patterns.** Think of any activities, feelings, or stress in your life that make you want to smoke. Also, think of things that make it difficult for you to smoke away from your children.
- **Look over the I'm a STAR! Journal.** See if you can identify any patterns in your smoking. When you understand your smoking patterns, then it's easier to set goals. And you can discuss these with your **STARSS** counsellor.
- **Think of your long term goals about smoking.** Think of any small changes you could take to reach these goals.

Session 2: Goal setting

- **Go over your Current Smoking Patterns** with your **STARSS** counsellor. Discuss any patterns you have discovered in your smoking.
- **Identify long term goals** that are realistic for you. Sign a contract outlining your goals. Your **STARSS** counsellor will also sign your contract.
- **Identify a small change** that you can make right now to protect your children from secondhand smoke. This is called a short term goal.

- **Think of problems you might have reaching your short term goal.** Think of as many solutions as you can. Be prepared. But remember: problems you don't expect can arise. Make a note of them. Then talk them over with your **STARSS** counsellor.
- **Sign a contract** for your short term goal.

Session 3: Update and renegotiate goals

- **Go over your goals** with your **STARSS** counsellor.
- **If you reached your goal**, what things helped make it possible? What challenges did you face? Also decide what your next goal will be. Remember that your new goal includes keeping up with your first goal, too.
- **If your short term goal didn't work for you**, why not? What made it hard to reach? Think of things that could make it easier next time. Renegotiate your goals and start with a new one.
- **If you were able to maintain your goal part of the time**, discuss things that helped as well as things that didn't. Discuss ways to get around the problems. Perhaps you can go back to your first goal and think of new ways to reach it.

Session 4-7: Keep going....

- The goal setting for the next four sessions continue the same way as the third.
- Each session introduces new **Worksheets** that help with different aspects of protecting your children from secondhand smoke.
- Remember: if you have questions or concerns, talk to your **STARSS** counsellor.

Before each session...

- **Keep a record of (or remember)** how many times you were able to reach your new short term goal. Make a note of anything that helps you reach your goal. Also note anything that makes it hard to reach. Write this down in your **I'm a STAR! Journal**.
- **Keep up with your previous goals** and include them in your **I'm a STAR! Journal**.
- **Remember: don't give up.** If you can't reach your goal one day, it doesn't mean you should give up on that goal. Try again the next day. Do the best you can to keep going.

If you decide you're ready to quit smoking...

Some moms say that quitting smoking is the best strategy for them to protect their children from secondhand smoke. You might reach the same conclusion. If you decide to make a quit attempt, there is information in your **I'm a STAR! Journal** about quitting. Also, there are other **STARSS Handouts** that might help. And talk to your **STARSS** counsellor about any other supports available to you in your area.





How to Help Your Mom Be a STAR!

Tips for children

It can be difficult for moms when they are trying to protect children from secondhand smoke. Here are some ideas to help children help their moms be a **STAR**:

- **Set up a Shoe Box Surprise.** Prepare a shoe box full of special things. Children can use these *only* when mom takes a smoke break outside or in front of an open window. Then mom has her time and children have their time, too. Fill the shoe box with special toys, crafts, or games that are age appropriate. Or get a special book, an etchasketch, glue sticks, or a sticker book. Think of any special activity that will keep children busy for 10 minutes or so.
- **Negotiate a reward.** What do you do with children that argue with each other when mom leaves the room or goes outside to smoke? Make a deal. If the children don't argue while mom is outside, they will get a pre-selected reward. It could be one-on-one time with mom. Or it could be something else children like, such as 10 minutes with a favourite video game.
- **Pick a special dessert.** This can be another reward for children when mom takes a smoke break outside or leaves the room to smoke in front of an open window.

Pick rewards that are specific to helping mom be a **STAR**. These rewards are different from other rewards children might get for good behaviour. Ask children to sit down with mom. Think of a list of special 10 minute activities children can do only when mom takes a smoke break (either outside or sitting in another room in front of an open window).

Write down your list here:

- _____
- _____
- _____



Help My Mom Be a STAR!

Don't smoke around me

My mom is trying to protect me from secondhand smoke. She loves and protects me in many different ways. Whenever she can, she smokes outside and away from me.

Here are some ways you can help my mom be a **STAR**:

- It's **good** to take a smoke break in front of an open window with a fan behind you, blowing the smoke out the window.
- It's **better** to take a smoke break on the balcony, if you have one.
- It's **best** to take a smoke break outside.

Here are the names of all the people who want to help my mom be a **STAR**:

- _____
- _____
- _____
- _____

Children: Post this list somewhere in your house to remind your mom of all the people who want to help her be a **STAR**!



How To Be a STAR! Secondhand Smoke Protection

Ideas to help protect your children from secondhand smoke

Here are some ideas other moms have tried and found helpful.

Smoke outside if your children are old enough to be left alone. But sometimes you can't get outside to smoke. So try this:

- **Pick** one room (that your children don't go in) to be a smoking room. **Make sure it has a window to the outside.** Smoke only in that room, when you can't get outside.
- **Blow** cigarette smoke out the window of your smoking room. Put a fan behind you to make sure the smoke goes out the window.
- **Make** your smoking room not quite so comfy. Then you won't want to spend a lot of time there.

Delay when, where, and how you smoke. Try these ideas:

- **Delay** your first cigarette of the day.
- **Increase**, by 10 minutes at a time, the normal amount of time in between the cigarettes you smoke.
- **Wait** for 10 minutes and see if you still want a cigarette every time you have a craving.

Talk to yourself. Tell yourself: "This urge will pass." Or "Yes, I want a cigarette but I don't need this one." Delay for 10 minutes and see if you still want to smoke.

Plan ahead. Here are some ideas:

- **Keep** your favourite hard candy in the house (and make sure it's your special treat, not for the children!) – then chew or suck on it when you crave a smoke.
- **Wet** your hands when you have a craving – it's hard to hang on to a cigarette with wet hands!
- **Do** something you like to keep your hands busy (knit, crochet, hammer nails).
- **Keep** your cigarettes and ashtrays out of sight. Then you won't crave a cigarette just because you have a visual reminder.
- **Chew** nicotine gum if the craving still persists.

Allow your children to remind you to take your smoke breaks outside or to smoke in your smoking room. Let them remind you never to smoke in the car.

Ask your family and friends who smoke to smoke outside. Set up an ashtray and chair so there are no excuses. It can be hard to talk to your friends and family about not smoking in your house. Get ideas and support from a **STARSS** counsellor or another service provider you trust.

Reward yourself for reaching your goals about protecting your children from secondhand smoke. It's hard work - you deserve it!

Remember: Every small step counts to protect your children from secondhand smoke. Start with small changes and build on them. Soon, you'll be smoking outside all the time.





How To Be a STAR! Quitting Smoking

Ideas to help you quit smoking when you're ready

If you're ready to quit smoking, here are some ways to get started:

- **Make a list.** Write down what you like and what you don't like about smoking. Then write down reasons why you want to quit and reasons why you don't want to quit. This is called a “decisional balance.” It can really help you see benefits and drawbacks of both smoking and quitting smoking. And it helps you think of ways to make changes. Show your decisional balance to a **STARSS** counsellor or another service provider you trust. Maybe they can come up with more ideas to help you make changes.
- **Change your smoking triggers.** A trigger is something that makes you want to smoke. Smoking can be triggered by how you feel or by situations. It's probably easier to change some situations (such as not smoking when you're talking on the phone) than it is to change your feelings (such as smoking when you're upset or depressed). But try to think of things in your life that might be triggers for your smoking. Then think of ways to change or respond to your triggers. Start with the small things that are easiest to change. Even this will make a big difference. And it will give you practice for when you try to change the bigger, more difficult triggers.
- **Change some of your smoking habits.** Try anything that will make it harder for you to smoke. For example, keep your cigarettes and matches in different places.
- **Delay.** Try to cut down on the number of cigarettes you smoke each day by making the time between each cigarette longer.
- **Quitting takes practice.** Remember: many women make many attempts to quit before they quit for good - on average, 7 serious attempts! So if you start smoking again, it doesn't mean you will never be able to quit.



Why It's So Hard to Quit Smoking

Many people think that smoking is a choice. They blame smokers for not being able to quit smoking. These people don't understand how hard it is to quit. And they don't understand that the tobacco industry - the people who make and sell cigarettes - spends billions of dollars every year to make sure women smoke.

Here are some facts about women, cigarettes, and smoking:

- Nicotine is a drug that is more addictive than cocaine or heroin.
- There are 4,000 substances in tobacco smoke and several of them are addictive.
- More women die from lung cancer than from breast cancer.
- Every three hours, a woman in Canada dies of lung cancer.

Nicotine is an addictive drug. It's more addictive than heroin or cocaine. If you smoke every day, you quickly become addicted to nicotine.

Cigarette companies add many substances to cigarettes. They want to make cigarettes as addictive as possible. Then smokers will have to smoke more.

Your body gets used to the effects of nicotine. Think back to your first cigarette. It probably made you feel dizzy or a little sick to your stomach. It probably didn't taste good, either. But your body soon got used to these effects. The more you smoke, the more your body gets used to the effects of nicotine.

You become dependent on nicotine. Your body adjusts to having nicotine in your system all the time. When you stop smoking, your body tries to get back to normal. It takes time to adjust to living without nicotine. So you might experience withdrawal symptoms.

You have withdrawal symptoms when you quit smoking. Withdrawal symptoms can include physical effects. Some of these are headache, sleep problems, increased appetite, constipation, and wooziness. Other withdrawal symptoms affect your mood. Some of these effects are mood swings, difficulty concentrating, forgetfulness, depression, irritability, and anxiety. Cravings for cigarettes are also a withdrawal symptom. Most withdrawal symptoms go away after a week or two of not smoking. Your body is getting used to living without nicotine. Sometimes, the withdrawal symptoms that affect your mood can last much longer. That's why it's so important to have an action plan to cope with cravings and triggers.



Nicotine Replacement Therapies (such as the Patch, nicotine gum, or the nicotine inhaler) can help reduce withdrawal symptoms. They work best the first two weeks after you quit smoking. That's when withdrawal symptoms are the strongest.

Smoking is also a habit. You might have strong cravings when you drink a cup of coffee, get in the car, talk on the phone, or do anything else that you associate with smoking. These are often called smoking "triggers". After you quit smoking, you can learn new ways to cope with your triggers. After a while, you will be able to be in these situations without smoking. And your cravings won't be as strong.

You probably smoke for a number of different reasons. There are many reasons why women smoke. You might smoke if you're bored, anxious, depressed or angry. Or you might smoke to relax. Women often smoke a cigarette to feel better or to calm down. It takes time to practice new ways to deal with stress, sadness, anger, and boredom without smoking.

Quitting smoking is hard for all these reasons - but it can be done! Try Nicotine Replacement Therapies to help with the physical withdrawal. Look over the **Worksheets** in your **I'm a STAR! Journal** package for many ideas about how to quit. Call the Smokers Help Line at 1-877-513-5333. Or try the Health Canada web site at www.gosmokefree.ca. Their phone number is 1-866-318-1116.

Add other numbers you can call here:

- _____
- _____
- _____
- _____





What Smoking Cost in March 2007

| Province/Territory | \$/pack | \$/carton | \$/week | \$/month | \$/year | \$/5yr |
|-----------------------|---------|-----------|---------|----------|----------|-----------|
| Yukon | 9.08 | 72.67 | 63.56 | 254.25 | 3,305.12 | 16,525.60 |
| Northwest Territory | 11.15 | 89.21 | 78.05 | 312.20 | 4,058.60 | 20,293.00 |
| Nunavut | 9.72 | 77.76 | 68.04 | 272.16 | 3,538.08 | 17,690.40 |
| British Columbia | 10.33 | 82.64 | 72.31 | 289.24 | 3,760.12 | 18,800.60 |
| Alberta | 9.83 | 78.61 | 68.81 | 275.24 | 3,578.12 | 17,890.60 |
| Saskatchewan | 10.90 | 87.19 | 76.30 | 305.20 | 3,967.60 | 19,838.00 |
| Manitoba | 10.90 | 87.19 | 76.30 | 305.20 | 3,967.60 | 19,838.00 |
| Ontario | 8.86 | 70.87 | 62.02 | 248.08 | 3,225.06 | 16,125.30 |
| Quebec | 8.32 | 66.53 | 58.24 | 232.96 | 3,028.48 | 15,142.40 |
| New Brunswick | 9.36 | 74.85 | 65.52 | 262.08 | 3,407.04 | 17,035.20 |
| Nova Scotia | 10.43 | 83.45 | 73.01 | 292.04 | 3,796.52 | 18,982.60 |
| Prince Edward Island | 10.21 | 81.68 | 71.47 | 285.88 | 3,716.44 | 18,582.20 |
| Newfoundland/Labrador | 11.14 | 89.10 | 77.98 | 311.92 | 4,054.96 | 20,274.80 |





What Happens When You Quit Smoking

The first few days (or even weeks) are the hardest. Withdrawal symptoms are strongest when you first quit. You might experience some or several symptoms. Or you might have none at all. Try to remember that withdrawal symptoms are temporary. They're a signal your body is returning to normal. Talk to yourself. Remember why you're trying to quit smoking. Write down your reasons on a card. Keep the card with you. Then look at it when you have one of the symptoms.

Symptom: ANGER

Anger is a normal withdrawal symptom. Sometimes, you're angry without an obvious reason. Vent your anger safely when you're away from your children. Try to recognize your feelings rather than suppressing them. This can cause tension, which is a trigger for smoking. Discuss your anger with someone who understands how hard it is to quit. If your children are old enough to understand, explain to them it's not their fault you're upset, it's just really hard to quit. Distract yourself. Do something you enjoy, if possible. Or try deep breathing exercises.

Symptom: BOREDOM, FEELING COOPED UP, or RESTLESSNESS

Try new things to keep your hands and mind busy. Look over **Worksheet #9** about coping with stress. Try to get outside more often, if you can. But it's hard to leave the house if you can't leave your children alone. So always keep close by an activities book (such as Find a Word or crossword puzzles) or a deck of cards.

Symptoms: COUGH, DRY THROAT/MOUTH, NASAL DRIP

Your body is trying to get rid of mucus that has blocked airways and restricted breathing. These symptoms can last a few days. Sip ice water, drink lots of liquids (such as water, juice, or herbal tea). Try cough drops, chewing gum, or hard sugarless candy.

Symptom: DEPRESSION

Think of other ways to cope with your feelings besides smoking. Call a support person. Use positive self talk (such as, I am a great person and a great mom, I can do this, I will do this). Don't put yourself down. Think of success and not failure. It's normal to feel sad, angry, or confused when you quit smoking. These feelings will pass after a few weeks.

Symptom: DIZZINESS

After you quit smoking, your body gets extra oxygen, which could cause dizziness. It can last a couple of days. Get some fresh air, change positions slowly, and don't stand up too quickly.



Symptom: FATIGUE

Fatigue can last 2 to 4 weeks. Get extra sleep if possible and try to exercise more. Take naps if you can and don't push yourself. If you feel tired when you first wake up, try to do one type of exercise for one minute intervals for 10 minutes (such as jumping jacks or running in place). Or take a cool shower. Drink lots of water every day. It speeds up the healing process.

Symptom: FRUSTRATION

Do some stretching exercises. Try to be aware of your body. Take deep breaths. Talk to a support person. Think of the positive reasons for quitting smoking. Take some time to yourself.

Symptom: HEADACHES

Take a warm shower. Try relaxation or meditation techniques. Cut down on coffee and cola drinks. Try herbal teas instead. Place a cool washcloth on your forehead.

Symptoms: HUNGER, CRAVINGS

Sometimes when you quit smoking, you can confuse craving for a cigarette with hunger pangs or oral stimulation. This can last up to several weeks. Drink water and low calorie liquids. Keep low calorie and low fat foods nearby (such as celery, carrots, pretzels, and unbuttered popcorn). Chew a toothpick, gum, ice, or fennel seeds. Try low calorie hard candy.

Symptom: INSOMNIA

Restless sleep and dreams about smoking are common and can last about one week. Take a hot shower, avoid caffeine after 6:00 PM, drink warm milk, or try deep breathing before bed. Or drink a cup of chamomile tea before bed.

Symptoms: IRRITABLE, GROUCHY, TENSE

When your body is craving nicotine, you are in a chronic state of nervous stimulation, which means you might be irritable, grouchy, and tense. This can last 1 to 2 weeks. Breathe deeply, stretch, exercise, chew nicotine gum, or cut out caffeine.

Symptom: LACK OF CONCENTRATION

Nicotine is a stimulant. So, when you quit, give your body a few weeks to adjust. Change activities, get some fresh air, listen to music or watch TV, do more physical activity, and avoid caffeine. Also, avoid tasks that need your concentration for long periods of time.

Symptom: LONELINESS

Cigarettes can often take the place of a close friend. When you quit smoking, it can seem like you've lost that friend. When you feel lonely, call your support person. Distract yourself. Knit, sew, or sing along to loud music.

Symptom: TIGHTNESS IN THE CHEST

Tightness in the chest could be from tension or from sore muscles due to coughing. Your lungs are removing mucus and tar which causes coughing. Your lungs aren't used to getting extra oxygen. So the tightness in your chest can last a few days. It can feel like a sharp, burning sensation similar to when you're running really hard. Don't panic. The discomfort will pass.





Smoking Cessation Aids Fact Sheet

Nicotine Replacement Therapies (NRTs) are medications that provide your body with nicotine without the harmful effects of smoking. This means NRTs can help with **physical** withdrawal symptoms. If you use an NRT, you double your chances of quitting smoking successfully. If you use them properly, all NRTs are effective. But the side effects of each are different. Use the following information to help you decide which NRT is best for you.

Nicotine Gum: It releases nicotine into your bloodstream through the lining of your mouth. There is a special way to chew and “park” the gum. Ask your doctor or pharmacist about the right way to chew the gum. You can safely use from 9 to 12 pieces of gum each day. You can also get **nicotine lozenges** that you suck on.

Benefits: The nicotine in the gum stops many physical withdrawal symptoms and cravings. It’s easy to use. Whenever you get a craving, you chew a piece of the gum. Also, it keeps your mouth busy.

Drawbacks: Nicotine gum is not recommended if you have dentures or recent dental work. You need to learn how to chew the gum properly in order for it to work. You can become dependent on the gum if you use it too often or for too long.

Side Effects: Some side effects from nicotine gum are sore mouth or throat, dental problems, belching, and mouth watering.

Nicotine Patch: This is the most commonly used NRT. The Patch releases nicotine into your bloodstream through your skin. You should not use it if you are still smoking. If you do, you can overdose on nicotine.

Benefits: It’s easy to use. After you put the Patch on in the morning, you don’t have to remember to do anything else. It keeps a steady supply of nicotine in your bloodstream. This means you don’t have as many cravings for a cigarette.

Drawbacks: The Patch is not recommended if you have skin problems or allergies to adhesive tape. Also, it doesn’t help keep your mouth busy. You can become dependent on the Patch if you use it for too long.

Side Effects: Some side effects from the nicotine patch are itching, redness, burning, or skin rash at the site of the Patch.

The Nicotine Inhaler: This is a new NRT, only recently made available in Canada. It has a mouthpiece and a cartridge that contains a little plug full of nicotine. You inhale nicotine through the mouthpiece by taking puffs, just like a cigarette. (But you don't light it up!)

Benefits: The inhaler keeps your hands busy. It gives you the same feeling as a cigarette does when you move your hand to your mouth. The inhaler releases less nicotine per puff than a cigarette does. So the withdrawal effects are less severe. It looks like a cigarette so you can pretend you're still smoking (if that's important to you!) You don't need a prescription to get a nicotine inhaler.

Drawbacks: The inhaler is not recommended if you have a breathing problem, such as asthma, allergies, or a sinus condition. You can become dependent on the inhaler if you use it for too long.

Side Effects: Some side effects from the nicotine inhaler are cough, throat irritation, or an upset stomach.

Non-Nicotine Cessation Aids are prescription drugs that can help you quit smoking. The only prescription drug that is effective is Zyban (or Wellbutrin, which is a different name for the same drug). Zyban is an anti-depressant. Other forms of anti-depressants don't seem to work for people who are trying to quit smoking.

Zyban: This is a prescription drug that you can take every day on its own. Or you can use it with an NRT (such as the nicotine patch or gum).

Benefits: Zyban reduces withdrawal symptoms and cravings. You don't get dependent on it. It works well for people who have been smoking for a long time.

Drawbacks: Zyban is not as effective for young smokers. You have to remember to take it every day. It takes a while (up to 4 weeks) before you feel its effects in your system.

Side Effects: Some side effects from Zyban are excitement, anxiety, insomnia, restlessness, constipation, loss of appetite, dry mouth, dizziness, nausea, and unusual weight loss. Some more serious side effects are confusion, irregular heart beat, and severe headache. If you have any of these, you should quit using the Zyban and call your doctor right away.





The Guide to STARSS Strategies

Start Thinking About Reducing Secondhand Smoke

**A harm reduction support strategy for
low-income moms who smoke**

Appendix



Overview of the Appendix

Included in this section, you will find:

Research background to STARSS

Overview of motivational counselling

Evaluation highlights

- Highlights of the evaluation of the individual intervention
- Highlights of the evaluation of the national rollout

Useful websites

Women's STARSS stories

Each of these topics can be photocopied as handouts. They also provide some background to information found elsewhere in **The Guide to STARSS Strategies**.



Research Background to STARSS

Why is a program like STARSS needed?

The research literature tells us so. Overall, Canadian smoking rates for the general population have declined dramatically over the past 25 years. While smoking rates have declined over time, women of low socio-economic status have experienced a less steep decline relative to women in higher socio-economic groups (Greaves, 2003). About 16% of Canadian women smoke; however, estimates from CPNP programs indicate that, on average, 45% of participants smoke during pregnancy (Canada Prenatal Nutrition Program, 2001). However, depending on the location, CAPC and CPNP estimates of participants who smoke range from a low of 5% to a high of 90%.

The highest rates of tobacco consumption are found at the lowest income levels; rates of tobacco consumption among low-income single mothers may be among the highest of any population group and consumption is inextricably linked with the social conditions of their lives. For example, the authors of “Filtered Policy: Women & Tobacco in Canada” note that “for women, the factors associated with high smoking prevalence include unemployment, low-income ... lone parent status, low levels of education, isolation and lack of social support ... family violence, stress, and low self-esteem [all of these factors] highlight the complexity of the relationship between smoking, gender, and economic circumstances” (Greaves and Barr, 2000).

Other authors have noted that smoking is “highly prevalent in populations of white, low socio-economic status women who *are more addicted to nicotine than most other groups* within their social class” (Dolan-Mullen et al, 2000); these same authors make a similar observation to Greaves and Barr when they note that smoking is highly connected to various problems associated with poverty, including stress, depression, and negative family support. Therefore, this and other research suggests that low-income single mothers *need an approach focused on motivation and decision making, not advice about quitting smoking*. As Goldenberg et al note, many low-income, single mothers who smoke live chaotic lives and “it is not surprising that many ... do not focus on the anti-smoking messages” (Goldenberg, 2000).

AWARE’s research tells us so. Since 1995, AWARE has been actively involved in issues that impact on the lives of low-income single moms. One component of this involvement has been the investigation of smoking support strategies for low-income single mothers. In the past, we focussed on smoking cessation strategies for mothers in the action stage of quitting smoking; we were able to provide them with the nicotine replacement therapy of their choice, two face-to-face counselling sessions, and telephone support for a six month period. In the course of this work, it became increasingly clear that, similar to research cited above, most low-income single mothers who smoke are not in the action stage of smoking cessation. Indeed, most are in the

contemplation stage and have great difficulty quitting. Thus, our focus shifted to include preliminary investigation of harm reduction strategies to help single moms protect their children from the harmful effects of secondhand smoke.

Low-income single mothers who smoke tell us so. Our on-going interactions with women in the target population have helped us to gauge their knowledge about secondhand smoke and their perceptions of effectiveness of current secondhand smoke campaigns. In summary, the women reveal that:

- they are conscious of the harms to their children posed by secondhand smoke;
- they express guilt and remorse for exposing their children;
- they acknowledge that standard strategies to reduce the harms (for example, simple advice to smoke outside the house) are not realistic to their lives, given their single parent status;
- they fear reprisal from child protection services if they are smokers; and
- they would like alternative strategies that are realistic and attainable to reduce the harms of secondhand smoke on their children.

Therefore, AWARE developed a multi-faceted harm reduction secondhand smoke protection strategy that includes broader, community-based initiatives coupled with a strategy to target specific high risk individual mothers that can easily be delivered within existing community services, in particular CAPC projects. This has become known as **STARSS: Start Thinking About Reducing Secondhand Smoke**.



Overview of Motivational Counselling

Motivational strategies have been developed primarily by Dr. William Miller. He says motivation is not a behaviour trait or personality characteristic of the individual. Instead, it is something determined by the interaction between client and service provider. Motivational approaches:

- **are interactive**, based on the belief that the counselling relationship between the service provider and the woman affects her ability to make successful change;
- **place equal responsibility for change on the service provider** - the service provider's characteristics are, in fact, one of the most important predictors of success in interactions with women who smoke;
- **are centred on the woman and are empathic**;
- **reduce resistance**, by meeting resistance with reflection rather than confrontation;
- **foster a commitment to change** and bring the woman to greater awareness of, and sense of control over, her tobacco use;
- **emphasize personal choice** regarding tobacco use, and personal control over decisions, by providing a range of possible alternatives for change;
- **negotiate** (rather than impose) goals between the woman and the service provider;
- **remove barriers to change** by providing childcare, transportation, and any other accessibility issues a woman might face; and
- **accept relapse** as part of the process of change.

Here are the five basic principles of motivational approaches:

1. **Express empathy** through reflective listening. Use gentle persuasion but understand that the final responsibility for change is up to the woman. Communicate respect for and acceptance of the woman's feelings.
2. **Avoid argument.** Direct confrontation can turn into a power struggle. Instead, work together to negotiate a change plan. Be non-judgmental and supportive. Listen rather than tell.

3. **Roll with resistance.** Don't oppose it. This leads to argument or defensiveness. Adjust to resistance by changing your strategies.
4. **Develop discrepancy** between the woman's goals or values and her current behaviour. A powerful motivator to change is her ability to recognize contradictions between her current behaviour and her hopes for the future.
5. **Support self-efficacy.** Focus on the woman's strengths. Support the hope and optimism needed to make change.

Here are the five basic strategies to use in motivational approaches:

1. **Ask open-ended questions.** Open-ended questions cannot be answered with a single word or phrase. For example, don't ask, "Do you like to smoke?" Instead, ask, "What are some of the things you like about smoking?"
2. **Listen reflectively.** Show you have heard and understood the woman - repeat in your own words what she has said.
3. **Summarize** periodically what she has said up to that point.
4. **Affirm.** Support and comment on the woman's strengths, motivation, intentions, and progress.
5. **Elicit self-motivational statements.** The woman herself must make the statements about personal concerns and intentions to change. Don't say it for her. Try to encourage her to make these statements.



Evaluation Highlights of STARSS

Highlights of the Evaluation of the STARSS Individual Intervention

Eighty five women participated in the pilot phase of **STARSS**. Of these, 25 women lived in a rural, remote community, 23 lived in a large urban centre, and 37 lived in small urban centre. All were low-income single mothers parenting at least one child 0 to 6. Here are some highlights of the six month evaluation:

- 30% had a long term goal of quitting smoking and half of them achieved this at six month follow-up.
- 70% had a long term goal of protecting their children from ETS and 80% of them achieved this at six month follow-up.
- Confidence ratings for long term goal attainment are high. Of the women who did not maintain their long term goal of either cessation or protection at six month follow-up, 64% are very confident that they will achieve their goal in the next six months.
- Virtually all of the participants found the **STARSS** program and content to be very helpful, supportive, and applicable to their lives as low-income single mothers.
- Changes in both attitude and behaviours regarding both protection and cessation were observed.
- Before **STARSS**, 65% of participants wanted to quit smoking and 35% were somewhat interested in quitting. After participation in **STARSS**, 86% wanted to quit and 7% were somewhat interested in quitting in the next six months.
- Before **STARSS**, 16% of participants were very confident they could quit, 28% were somewhat confident, and 56% were not confident. After participation in **STARSS**, 62% were very confident, 30% were somewhat confident, and only 8% were not confident that they could quit smoking in the next six months.
- 79% made at least one quit attempt during their participation in **STARSS** and the quit attempts lasted for 1 week to 6 months.

- All participants reduced their smoking consumption by about 50% from 12 to 25 cigarettes per day to 3 to 15 cigarettes per day.
- Availability of smoking cessation aids was rated very highly as the single most important support to help low-income single mothers quit smoking.



Evaluation Highlights of STARSS

Highlights of the Evaluation of the National Rollout of STARSS

The **STARSS** strategies were integrated into five national CAPC/CPNP pilot sites, all of which had varying capacities (ranging from one site with a staff of 25 to a site with only one staff) and varying experiences with conducting smoking programs for their participants (ranging from one site that offered regular smoking cessation programs to one site that had never addressed smoking issues in any way, including no distribution of printed material regarding smoking). Although some of the staff of the various sites had some experience delivering smoking reduction/cessation strategies, all of the staff began the national rollout reporting very low self efficacy scores for initiating and conducting smoking interventions with their participants.

The **STARSS** strategies were also integrated into the sites in very different ways. **STARSS** was designed to be used informally (with posters and handouts), in a group setting (primarily through pre-existing groups offered in CAPC sites, using **STARSS** handouts and worksheets as the topic of conversation, although there have been some examples of conducting a **STARSS** specific group), or as an individual intervention. Some sites offered all of the different methods of delivery while two sites initially chose to deliver only the most informal strategies. We found that all of the sites were able to offer far more interventions than they had originally envisioned (a finding of particular interest, given the short time frame of 8 months for this rollout), although the informal strategies were clearly the most easy to integrate.

Some general feedback includes the following:

- **The material is easy to use and integrate.** Pilot site staff reported that it was very easy to introduce **STARSS** materials in both an informal and a more formal way in pre-existing groups (such as playgroups or moms' groups) that are typically offered in CAPC sites. The lives of many participants are quite chaotic and there is often not a good time to talk about second hand smoke protection, but the staff introduced the topic whenever they could and left handouts and worksheets with the moms for them to look over when they have a chance to do so. Several staff commented that the most exciting development was that they can now integrate the **STARSS** information into everything they do instead of trying to run a smoking group once a year as they did in the past. In the past, they might have "just sit and wait" for women to enrol in their non-smoking program; now they use the **STARSS** information to generate discussion with everyone, whether in home visits, groups, or play groups – it can be tailored to meet everyone's needs. As one staff said, "big binders of information about smoking cessation or quit smoking groups just sit on the shelf, but the **STARSS** material is a great add-in to our day-to-day work."

- **Implementing STARSS does not add a burden to their work loads.** The pilot site participants talked about the importance of shifting staff thinking from seeing **STARSS** as one more program to be added to an already heavy workload to seeing it as an opportunity to gain more knowledge and increased confidence and motivation to bring it into whatever they do. As one pilot site participant said, “**STARSS** is a process, not a program. It’s very easy to piggyback onto existing programs. Instead of introducing **STARSS** as ‘new programming’ and one of the long list of ‘programs’ that we offer, it’s almost like we’re reprogramming staff to incorporate the strategies into their day-to-day work.”
- **There is good buy in from both staff and participants.** The **STARSS** program is very flexible and can be incorporated into the work CAPC staff already do. Also, staff are able to use it to start with women where they are, in terms of their beliefs about smoking and ability to make quit attempts. The women who are CAPC participants have so many issues in their lives – addiction, abuse, poverty – and geographical issues that impact on access to services. One pilot site staff said she was initially very sceptical about introducing **STARSS** into their setting but she said that on the first day she presented the **STARSS** program, “all of the women got talking and, with the topic, it just basically opened up the floor”. Another staff commented that “with smoking cessation programs, the women are told they have to quit. The **STARSS** program is designed so that people can adjust it to their own lifestyle.”
- **The self efficacy of CAPC staff has been greatly improved.** All of the staff were very enthusiastic about and supportive of the **STARSS** approach and this comes across to the women. The staff are also very empathic with smokers and this also goes a very long way to engage and retain women. Some staff reported that, by contrast, in the past they had either offered a smoking cessation program (and not one of the participants quit smoking) or, as noted above, no one attended. Staff became sensitized to the importance of gentle, encouraging messages regarding smoking and all undertook environmental scans of their physical premises and removed all the guilt inducing messages about smoking that they had unintentionally put up in various places (such as other posters, fridge magnets, and pamphlets). Now, there is a very consistent, engaging message everywhere in each site.
- **Participants and other service providers respond well to the information.** Moms pick up new information, even when they don’t seem particularly receptive in the first place. Many moms have said “You know, we really didn’t want to talk about this, but I learned a lot.” The **STARSS Handouts** and **Worksheets** have enough information but not so much as to overload women. The women found the materials very easy to read, with a great layout. From the staff perspective, they also really liked that the material is straightforward, easy to use, and laid out well. One staff said “It’s friendly, it’s not scary. It’s concrete. It’s not like a poster of a broken cigarette hanging on the wall.” Also, many others service providers have been introduced to **STARSS**, especially when staff work in shared office spaces with public health and other service providers. In terms of their own “corporate climate”, all of the staff observed that there has been a lot more discussion within the organization about the smoking issue generally and **STARSS** in particular. As one staff said, “**STARSS** normalizes the smoking discussion and is non-threatening, both for staff and for participants”.



Useful Websites

Here are some websites that we found helpful:

www.pregnets.org – smoking and pregnant women (sponsored by the Centre for Addiction and Mental Health, Ontario)

www.gosmokefree.ca – Health Canada’s tobacco web site – it links to the Canadian Tobacco Use Monitoring Survey (CTUMS) that provides information about smoking rates in each region of Canada

www.ssdha.nshealth.ca/pregnancy%20and%20tobacco.htm – this has a link to the document Expecting to Quit, the best practices guide for smoking and pregnancy strategies by Lorraine Greaves et al – this document is also available from the website immediately below

www.bccewh.bc.ca – this the website of the British Columbia Centre for Excellence in Women’s Health, which has several excellent documents regarding women and smoking, as well as women and other substance use issues

www.ptcc-cfc.on.ca/pubs/RDS_0079.pdf -- this document has the program checklist for smoking cessation interventions for pregnant and postpartum girls and women, adapted from Expecting to Quit – this is on the website of the PTCC, which is the Program Training and Consultation Centre, an organization in Ontario that provides training and support regarding smoking interventions

www.ccsa.ca – Canadian Centre on Substance Abuse (useful links, not too much about smoking)

www.mothercraft.org – lots of resources to download – look for Nurturing Change, which has adapted the SMART Guide to a two day training session, including working with FASD affected children

www.asafepassage.info – for pregnant and parenting women who live in abusive situations

www.shelternet.ca – for any woman who lives in an abusive situation

www.cssspnql.com:8080/cssspnql/ui/health/documents/manuel_cessation_eng.pdf -- this is the website from which Healing From Smoking is available for download – Healing From Smoking is an excellent First Nations resource and the one we use as the companion to **STARSS**



Kim's STARSS Story

I started **STARSS** during a really difficult time. Children's services had removed my children a few months earlier for reasons to do with my husband. Even though he moved out, they wouldn't return the kids to me. I was doing everything they asked me to do to get them back. I learned about **STARSS** and I thought it would be a great way to show children's services I had my kids' best interests in mind.

I had every intention of following through. I started the program in December and we had to cancel our second meeting because of the weather. The following week the kids were returned to me just in time for Christmas. It was a blessing to have them back but it was really difficult to manage as it was Christmas time and I didn't have any money. When they removed my kids, they also really reduced my social assistance cheque and then my husband had to get his own place. This made it really difficult to pay the rent and I got really behind on the hydro. I was afraid to ask anyone for help because I was sure children's services would take the kids again. I began to smoke even more to deal with all the stress.

I tried to smoke away from the kids but it was difficult because they didn't want to leave my side. I was constantly afraid and stressed because of money. Even when my **STARSS** counsellor called me to talk about **STARSS**, we always ended up dealing with one crisis or another. It just wasn't the right time for me. There are so many other things I need to get in place so that I can make myself a priority and take the time to really dedicate myself to thinking about my smoking. I can't even think about smoking things when I don't know where the money will come to pay the hydro bill. I still want to do **STARSS**. I think the program would work for someone like me who needs structure and help to set goals. I hope things will quiet down a little in the spring so I can try it again.



Keesha's STARSS Story

I am a 46 year old, single mom with three children aged 10, 6, and 3. I've been raising the kids virtually by myself - their father was never an active parent. He also doesn't keep up-to-date with support payments. I live on social assistance. After struggling to find a job, I worked part-time as a cashier; however, I was laid off without notice after the busy Christmas season. After I recovered from this blow, I decided to go back to school to upgrade in computer training but to date I haven't found any related employment. I've been a very active volunteer in my community. But because I'm on OW, I'm expected to spend my time in job search, not volunteering.

I live in the upper half of a duplex and I'm grateful because it's subsidized housing and close to the schools my kids attend. But the drawback is my downstairs neighbours. They are heavy smokers and we share the ventilation system. So even when I'm able to smoke outside, my kids are still exposed to secondhand smoke. My relationship with the neighbours is tentative at best, so I'm not comfortable to talk about smoking with them.

I know my smoking pattern is a little bit unusual. I didn't start smoking until I was 21 and married my first husband, who smoked. You could say I smoked in self-defence - becoming a smoker seemed to enable me to tolerate his non-stop smoking. I quickly became addicted to cigarettes and, after our divorce ten years later, I was still addicted and not really aware of the health problems caused by cigarettes. After my kids were born, I continued to smoke but became a "closet" smoker. When I had to go on social assistance, the embarrassment turned to shame because I thought I was portraying all the stereotypes of a welfare mom. The cuts to social assistance actually triggered me to smoke more because I found I could use cigarettes to suppress my appetite (and therefore not spend as much money on food) and to cope with the stress of raising three children alone and in poverty. I buy the cheapest cigarettes I can find and a pack lasts about two days.

I got involved with **STARSS** during a time when my self-esteem was up, I was going to school, and I felt secure. After I started **STARSS**, I made another quit attempt. But my life circumstances changed to a downward spiral again, I got quite depressed, I was finished school with no job prospects. So I felt like I needed to smoke to feel better. But I'm still using the **STARSS** strategies to smoke less. I smoke only 6 cigarettes a day and I'm conscious of my reasons for reaching for each one. I refer to my **I'm a STAR! Journal** all the time to refresh myself on the strategies. I also try to smoke outside. I'm lucky because my apartment has a balcony, although I don't like people to see me smoking because it's the whole Welfare stereotype again. I really believe in **STARSS** and my confidence about my ability to make another quit attempt in the future is very high.



Vanny's STARSS Story

I started **STARSS** because I wanted to take care of my kids. I knew smoking around them wasn't good but it was really hard for me not to. When I started **STARSS**, I was smoking one to two packs everyday. Most of the time I was smoking in the house or in the car. A lot of the time, my kids were in the same room with me. I tried one time to smoke in my room but it seemed to make my room "the place the kids wanted to be".

I know I smoke a lot because of stress. When I started **STARSS**, I already had health problems and was trying to get on disability. I was also under house arrest and so I was only able to leave my home during certain times. I don't have a car and I live too far in the country to walk to the nearest village. I was glad my **STARSS** counsellor could come to my house to see me and help me work on the strategies. I found right away that, by writing down every time I smoked, I was able to really cut back on my smoking. I also started to smoke outside when I could. I started to think more about it and read everything the **STARSS** counsellor gave to me. That way, when I did smoke, I felt like I really needed it - I wasn't smoking out of boredom, as much.

With my health problems and the fact that I didn't have a lot of money, it was a tough time and I was very depressed and having a hard time getting out of bed. I cancelled a couple of appointments with the **STARSS** counsellor because I needed to see my doctor or because I had other appointments. But the more stress I was under, the harder it was to get back on track with **STARSS**. I asked the **STARSS** counsellor to start the program again with me as I really liked the beginning and wanted to start fresh, but it always seemed that things got in the way.

The last time, there was a problem with my ex-husband and I was charged and had to spend a few days in jail and a few days in the hospital. It wasn't a good time for me. I was having a hard time with everything. I told the **STARSS** counsellor it wasn't the right time but I kept reading the **I'm a STAR! Journal** she gave me and I found I was smoking a lot less. I remembered what we had talked about and I tried some of the things in the **I'm a STAR! Journal**. I actually cut way back on my smoking using the **Journal** and the things the **STARSS** counsellor and I talked about on the phone when I wasn't able to keep my appointments. I want to quit smoking. I have a few things I need to work out first but I am going to try. I need to for my health and for my kids.



Maria's STARSS Story

I'm 25, a single mom with an 8 year old son. He is very hyper and has been diagnosed with both ADHD and social behavioural problems. But he's also really smart. He's caring, sweet, and sensitive - he'd give anything to anybody. But if you piss him off, he'd punch you in the face!

I was very young when my son was born. I have no contact with his father but the grandparents help out a little bit. They take him for an afternoon every two weeks and if he needs new clothes, they'll buy them. That's the extent of the support I get. My own mom is a bit crazy and she can't look after my son for even an hour. I work full-time as a nurse's aide but it doesn't pay very well. I either have to choose between taking more hours at work and making a better lifestyle for me and my son or taking fewer hours at work and not having enough money to survive. My apartment is OK but my landlord has asked us to move out because my son is too hyper to live upstairs from her. My new place is in an apartment building with lots of kids, so that will be better. But this means it's the third time I've moved in a year and my son has been in a different school each year since junior kindergarten. You can see how my life is pretty hectic and stressful.

I started smoking when I was 9. A year later, I was smoking a pack a day. Smoking was just part of my life. You wouldn't believe my life when I was a teenager. I was a ward of children's services, I used all kinds of drugs like speed and coke, and I was involved in the sex trade. So smoking was the least of the bad things I did to myself. Quitting smoking wasn't even on the radar until I got pregnant. By that time, I was smoking 2 packs a day. While I was pregnant, I managed to cut down to half a pack a day. But then, after my son was born, I was smoking as much as ever. Also, at that time, I was living with my husband and he beat me up regularly. When my son was one or so, my husband ended up in jail and that was my first chance to really try to quit smoking. I've tried off and on ever since to quit but it's really hard. But I keep trying.

When I started **STARSS**, I was smoking just under a pack of cigarettes a day. I've always felt really guilty about smoking around my son and I've always tried not to do it. But when I moved into the apartment I'm in now, it didn't have a balcony so my options were limited. I tried to smoke in one room only but you can never truly get away from your kids, even in the bathroom!

After I started **STARSS**, I quit smoking for just over three months, using the patch. But when all the stuff with my landlord and moving came up, I took off the patch and went right back to smoking. But I've managed to keep my smoking to about 6 cigarettes a day. However, I use the strategies from the **STARSS Worksheets** and I'm really conscious of when and how much I smoke. I have a smoking place and I try to smoke outside whenever I can. It's been a great program for me. It's really easy to follow and the ideas are great for a single mom.



Loni's STARSS Story

I'm 31 years old, a single mom with three children 9, 5, and 18 months old. My oldest, who is my only son, has a behaviour problem and is very difficult to manage. Because of his problems, I can't leave him alone with my daughters because it's just not safe - he has been known to try to hurt them. In fact, because of this, children's services has been involved with my family. But each time they have visited, they pat me on the back and say I'm doing a good job under the circumstances.

I have no contact with their father and receive no support payments. I live on social assistance. That means, after I pay my rent, I have about \$90 left for my monthly expenses. I spend a lot of time trying to make sure there is food for my kids to eat. I recently moved. When I first started **STARSS**, I was living in an apartment that was later condemned by the Health Unit. I moved in with my parents for a while, but it wasn't ideal. My new place needs a lot of work and is expensive. But the location is good, it has two levels, and a big backyard. I'm a very active volunteer although sometimes it's limited by the fact that I have serious chronic back pain.

I have been smoking since I was 11 years old. When I was 18, I quit smoking for about three months but I gained so much weight that I started to smoke again. That was the last time I tried to quit. I was attracted to **STARSS** because they weren't trying to pressure me to quit smoking or trying to make me feel guilty. There is no way I would have got involved in the first place if they were trying to pressure me or talk me into something I wasn't ready to do. They didn't talk down to me and they understood what it's like to be a single mom who smokes because of all the pressures in my life. Some other service providers have really talked down to me because I smoke as if it was a sin, not an addiction.

When I started **STARSS**, I was smoking about a pack and a half of cigarettes per day. In the back of my mind, I always felt sort of guilty that I smoked around my kids, but it wasn't serious guilt. Also, in the crappy apartment I was living in, it was next to impossible to find a smoking place. Plus, I couldn't go outside and leave the kids alone because of my son's situation.

I'm not ready to try to quit smoking again. But being involved with **STARSS** has made a number of big changes in my life. Now, I only smoke in my upstairs bathroom in front of an open window with the fan blowing the smoke out the window. I've reduced my smoking to one pack of cigarettes every 3 or 4 days, which works out to about 6 to 8 cigarettes a day. I'm now always conscious of every cigarette I smoke and really aware of it every time I light up! And I'm really aware of trying not to smoke around my kids. My kids think I'm a **STAR** because I'm trying really hard not to smoke around them. I made use of all the **STARSS** strategies and **Worksheets** and I found them really helpful. They are a good reminder.

