

Butt Out for Baby (2003), by Child and Youth Health, South Australia ^[1]

By: Gaetano, Phil

Butt Out for Baby was a smoking cessation intervention guide, aimed at community health workers, that the Child and Youth Health group published in 2003. The literature was released as the chief publication of the Butt Out for Baby Project, a multiple-resource smoking cessation program directed toward young parents and pregnant smokers, following the revelation of a relatively high rate of smoking among that group. The authors published the pamphlet in Adelaide, South Australia, and did not credit themselves individually. Gill Faulkner, the manager for Butt Out for Baby Project, developed *Butt Out for Baby* in partnership with young South Australian parents and pregnant women, who contributed significantly to its communicative style and recommended approaches. Targeting behavioral counsellors, *Butt Out for Baby* represented a model publication in the majorly successful South Australian smoking cessation campaign, which reached thousands of young parents and pregnant women to contribute to a significant decrease in youth smokers over the subsequent decade.

The South Australian public health group SA Health, headquartered in Adelaide, Australia, initiated the Butt Out for Baby Project in 2003, in response to studies in the early 2000s that revealed the state's pregnant smoking rates to be significantly higher than the average of Australia and much of the developed world. Due to the long-established health risks associated with smoking, posed to both smokers and gestating fetuses, SA Health considered these data actionable to warrant a tobacco cessation campaign for young and pregnant smokers. The Butt Out for Baby Project began in 2003, with funding from the Department of Human Services Tobacco Control Budget in Adelaide. The project published *Butt Out for Baby* as a part of its anti-smoking resource packages, which were distributed to health counselling centers throughout South Australia.

A standalone, English-language intervention resource guide, *Butt Out for Baby* provides community health workers with information on the effects of smoking during pregnancy ^[2] and effective smoking cessation interventions. The publication also includes comments from young parents and pregnant women, conveying their thoughts and attitudes towards smoking interventions. The authors identify tobacco smoking as an addictive behavior that is unequivocally correlated to adverse health effects in smoking adults, fetuses, infants, and children exposed to smoke. Despite the successful dissemination of that knowledge to the developed world, a 2001 cohort study conducted at the Department of Human Services found that between 42 and 55 percent of South Australian women under twenty years of age were regular smokers. To address the high rate of smoking during pregnancy ^[2] in South Australia, the *Butt Out for Baby* publication provides an informational guide for community healthcare workers to assist pregnant youth and young adults seeking help to quit smoking.

The *Butt Out for Baby* guide is 32 pages long and divided into four sections: Young Parents, Smoking and Pregnancy, Effective Individual Interventions, and Young Parents and Health Worker Resources. In the first section, Young Parents, the authors describe the young parents, and state that pregnant young women are often faced with additional stress and conflict. They also state that pregnant women are likely to have increased contact with health providers, giving health care workers an opportunity to discuss issues outside of pregnancy ^[2], such as smoking and drug use. The authors provide background on the difficulties young parents face in accessing smoking cessation resources and counselling. According to the pamphlet, while young people are generally aware that smoking during pregnancy ^[2] increases the risk of negative outcomes, they reported that many barriers existed between that awareness and the support needed to help young people quit smoking. Youth participants suggested that stress, perceived social judgement from peers and counsellors, and trust issues cause many pregnant young smokers to avoid seeking support. Additionally, the section notes that young people are more likely to lack the means to access counselling services, most notably transportation. The authors conclude the first section by explaining that experimentation with drugs is a risky but normal behavior during the transition from adolescence to young adulthood. However, they state that continued use of tobacco is often used as a mechanism to reduce stress and depression, gain feelings of control, and in socializing. Therefore, the authors argue the most successful smoking cessation interventions will provide young parents with alternative acceptable strategies to cope with stress and other reasons for smoking.

The authors continue to discuss addiction and dependence in the second section, Smoking and Pregnancy. The authors state that the process of nicotine addiction is similar to other drug addictions such as heroin and cocaine. The authors state that withdrawal from nicotine can result in cravings, anxiety, irritability, and sleeplessness among other side effects, which makes quitting difficult. As the section proceeds, the authors cite many of the known health risks caused by fetal exposure to tobacco smoke, including premature birth, miscarriage ^[3], low birth weight infants, and sudden infant death syndrome. The authors also argue that cannabis, or marijuana, smoking produces more tar and carcinogens than equivalent amounts of tobacco smoking, and can increase the risk of low birth weight infants. Finally, the authors discuss the impacts of environmental, or second-hand, tobacco smoke on infants, including increased susceptibility to asthma, ear infections, and respiratory infections.

In the next section, Effective Individual Interventions, the authors explore the effective interventions for smoking cessation. The authors state that individual interventions are more successful when population level interventions, such as policies that regulate the purchase of cigarettes and laws that prohibit smoking indoors, are in place. They list several therapies that the Child and Youth Health group has deemed effective. The authors discuss pharmacological interventions using low doses of nicotine or anti-depressant medication, but state that the treatments on pregnant women and their fetus ^[4] is unknown. The authors also discuss counselling and behavioral interventions, including the stages of change model. The authors explain that the stages of change model assumes that changing behavior is a process and that individuals have varying levels of readiness to change. Therefore, programs are tailored to meet the needs of individuals. Furthermore, the section recommends counsellors to use motivational interviewing, to help individuals identify their readiness to change, while emphasizing positivity and acceptance. The authors further provide instruction to both youths and counsellors on how to maintain cessation and avoid relapse, with focus on the individual patient's strengths and the significance of smoking to their life. Finding therapy solutions that are compatible to the individual's unique needs is thus treated in the section as a crucial imperative in quitting smoking and maintain cessation successfully.

In the final section of the pamphlet, Young Parents and Health Worker Resources, the authors lay out a discussion on the effectiveness of smoking cessation resources in South Australia in relation to young parents. The authors state that group intervention from community organizations is less likely to be successful for young parents and pregnant women than their older counterparts, in comparison to personalized therapies. The participating youth group also identified a common thought process that can lead to postpartum relapse in women who quit smoking for the duration of the pregnancy ^[2], that one should reward herself for successfully quitting during pregnancy ^[2] by resuming smoking. The section suggests that the tendency can be combatted by the behavioral therapy routes that were most successful during the pregnancy ^[2]. The authors conclude by cataloguing regional support groups and providing graphics intended to encourage pregnant women to quit.

Sources

1. Child and Youth Health. *Butt Out for Baby*. Butt Out for Baby Project (2003). <http://www.cyh.com/library/BOFB-booklet.pdf> ^[5] (Accessed October 2, 2017).
2. Centre for Behavioural Research in Cancer Center Council Victoria. "Australian Secondary School Students' Use of Tobacco in 2014." October 2015. [http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/BCBF6B2C638E1202CA257ACD0020E35C/\\$File/Tobacco%20Report%202014_PDF](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/BCBF6B2C638E1202CA257ACD0020E35C/$File/Tobacco%20Report%202014_PDF) ^[6] (Accessed October 2, 2017).
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