



## Key Facts About Behavioural Support for Smoking cessation

TIS teams are funded to carry out population health promotion activities. They are not funded to provide smoking cessation support. TIS workers still need up-to-date knowledge of the support available to individuals wanting to quit, as this can inform TIS population health promotion campaigns and educational activities. This factsheet provides an overview of best practice behavioural support for smoking cessation.

### Behavioural counselling

Behavioural counselling (see Box 1) is an effective support for individuals wishing to quit smoking. Evidence supports counselling that is delivered:

- in a one-to-one situation;
- in a group setting;
- face-to-face;
- over the telephone (e.g., Quitline).

There is very little evidence about the effectiveness of innovative counselling approaches such as real-time video counselling and mobile health (mhealth) apps. The evidence we do have suggests :

- video counselling is probably as effective as telephone counselling
- mhealth apps may be a useful counselling 'add-on' because they extend the contact between the counsellor and the person on their quit journey (increases counselling intensity).

For more information about Aboriginal Quitline's telephone counselling service, see the Factsheet: Key Facts About Quitline.

### Brief intervention

Brief intervention (see Box 2) is an effective low intensity behavioural approach which increases quit rates in motivated individuals. Simple advice delivered in the right way can have a significant effect on decisions to quit. Brief interventions are usually delivered by healthcare workers in a clinical setting. Very brief intervention can also be delivered by non-specialists in community settings. Barriers to providing brief interventions to Aboriginal and Torres Strait Islander clients include:

- the high rate of smoking among Aboriginal and Torres Strait Islander Health Workers;
- the assumption by Health Workers that individuals will not be able to quit;
- cultural ways of being which value autonomy and seek to avoid confrontation.

Cultural beliefs are particularly important. If not delivered in the right way, brief intervention may seem to be inappropriately telling people how to behave. Culturally sensitive brief intervention training is therefore important for anyone working with Aboriginal and Torres Strait Islander clients.



### Box 1: What is behavioural counselling for smoking cessation?

Individual smoking cessation counselling involves weekly meetings between a person who wants to quit smoking and a counsellor trained in smoking cessation. These weekly counselling sessions usually continue for at least four weeks. Individual behavioural counselling is often combined with pharmacotherapy.

Group smoking cessation counselling involves around 4-8 scheduled meetings where people wanting to quit are given information and advice, and taught behavioural techniques for smoking cessation. As well as teaching practical skills, group counselling enables participants to offer each other social support and encouragement whilst making a quit attempt.

Smoking cessation counselling (including that provided by Quitline) typically uses the principles of cognitive behaviour therapy (CBT) to break the contextual and emotional ties to smoking and/or the goal-oriented style of motivational interviewing to strengthen a person's commitment to quitting. CBT based counselling for smoking cessation has been found to be highly effective. The evidence to support motivational interviewing is more limited.

A relationship has been found between the intensity (length of session contact) and duration (number of sessions) of behavioural counselling and its effectiveness for smoking cessation, but even low intensity counselling (e.g., a one-off session of 3-10 minutes) improves quit rates.





## Box 2: What is a brief intervention?

Brief intervention makes the most of any opportunity to raise awareness, share knowledge and get someone to think about making changes to improve their health and behaviours. It takes as little as 3 minutes and is usually carried out in a one-to-one situation.

Brief intervention uses counselling skills such as motivational interviewing and goal setting. An understanding of the stages of behaviour change is also important. The 5As for smoking cessation (Ask, Assess, Advise/Agree, Assist, Arrange) is an effective evidence-based framework for brief intervention recommended for use by healthcare professionals.

B.strong is an evidence-based brief intervention training program based on the 5As. Developed by Menzies School of Health Research for the Queensland Government, B.Strong was co-designed with community for Aboriginal and Torres Strait Islander Health Workers and other health professionals who work with Aboriginal and Torres Strait Islander clients. The training addresses multiple health risks (smoking, physical activity and nutrition). As well as culturally sensitive training, the program includes a set of co-designed resources. Online B.Strong training is available free of charge from Queensland Health's 'Insight' website <https://insight.qld.edu.au/toolkits/brief-interventions-for-a-healthy-lifestyle/detail>



## What does the evidence say about behavioural support for smoking cessation?

Evidence to support the effectiveness of behavioural support has come primarily from research with non-Indigenous populations. Specific evidence about the effectiveness of behavioural support for Aboriginal and Torres Strait Islander smoking cessation includes:

- The Be Our Ally Beat Smoking (BOABS) Study (Marley et al., 2014). Compared to usual care (quit advice, pharmacotherapy, and patient-initiated follow up), intensive counselling doubled quit rates from 6% to around 12%. This effect was found despite the counselling being implemented with less intensity than originally planned;
- Findings from the Which Way? study (Kennedy et al., 2022) suggest that Aboriginal and Torres Strait Islander women prefer smoking cessation support to be delivered face-to-face by Aboriginal Health Workers, although online and telephone support were also popular;
- The Empowering Strong Families program (Lyall et al., 2020) found individualised, strengths-based counselling, that used motivational interviewing techniques was effective for pregnant Aboriginal and Torres Strait Islander women and their family members. Four of the 11 pregnant women who participated in the program (36%) quit during pregnancy, with two remaining smoke-free one month after giving birth. High levels of satisfaction with the program's flexible non-judgemental approach were reported;
- An evaluation of B.strong (Cunningham et al., 2021) found that Aboriginal and Torres Strait Islander Queensland Quitline referrals increased significantly during the program's initial implementation in 2017-2019.

## Further reading

Cunningham, F.C., Murphy, M.G., Ward, G., Fagan, R., Arley, B., d'Abbs, P.H. (2021). Evaluation of the B.strong Queensland Indigenous Health Worker Brief Intervention Training Program for Multiple Health Risk Behaviours. *International Journal of Environmental Research and Public Health*, 18(8), 4220. <https://doi.org/10.3390/ijerph18084220>

Kennedy, M., Heris, C., Barrett, E., Bennett, J., Maidment, S., Chamberlain, C., . . . & Maddox, R. (2022). Smoking cessation support strategies for Aboriginal and Torres Strait Islander women of reproductive age: findings from the Which Way? study. *Med J Aust*, 217 Suppl 2, S19-S26. <https://doi.org/10.5694/mja2.51631>

Lyall, V., Guy, J., Egert, S., Pokino, L. A., Rogers, L., & Askew, D. (2020). "They Were Willing to Work with Me and Not Pressure Me": A Qualitative Investigation into the Features of Value of a Smoking Cessation in Pregnancy Program for Aboriginal and Torres Strait Islander Women. *International journal of environmental research and public health*, 18(1), 49. <https://doi.org/10.3390/ijerph18010049>

Marley, J.V., Atkinson, D., Kitaura, T., Nelson, C., Gray, D., Metcalf, S., Maguire, G.P. (2014). The Be our ally beat smoking (BOABS) study, a randomised controlled trial of an intensive smoking cessation intervention in a remote Aboriginal Australian health care setting. *BMC Public Health*, 14. <https://doi.org/10.1186/1471-2458-14-32>