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66. Tobaccofree campus initiative combined with carbon monoxide monitoring and counseling: Quitting strategy for Kuwait nursing college student smokers.
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ABSTRACT

Smoking cessation involves changing unhealthy smoking habit which accounts for 63% of global deaths. This study was in response to the United Nations General Assembly Global Forum for non-communicable diseases invitation to nurse researchers to evaluate smoking cessation interventions for their students.

Objective

To evaluate “Tobaccofree campus initiative” combined with carbon monoxide monitoring and tobacco cessation interventions as quitting model for student nurses.

Methods:

This was the second part of a multi-phase study which involved a series of ‘no-smoking’ campaigns, enforced tobaccofree campus initiative, mandatory weekly monitoring of biological health indicators and biochemical feedback using expiratory carbon monoxide (CO) levels for 36 real cigarette and shisha smokers. The quasi-experiment lasted 10 weeks. Participants data on tobacco use, quit attempts and self-efficacy (SE) were collected using a 25- item bi-lingual questionnaire. Counseling and smoking cessation aids of their choice were offered.

Results

All the participants lived with their families and 70% of the families smoked cigarette and/or shisha. Previous quit attempts were statistically higher in males than females, 47.2% versus 13.9 % and (U=76.00, P= 0.007). High SE to quit was 36% and the quit rate for the last 4 weeks was 13.9%. Biological health indicators of participants such as pulse rate and systolic blood pressure improved as a result of cessation interventions.

Conclusion

Tobacco product ban on college campus, CO monitoring followed by counseling were effective smoking cessation interventions.

DATA ANALYSIS

Statistical package for Social Sciences (SPSS) version 22.0 for windows was used to analyze the data. Both descriptive and inferential statistics were utilized. Frequencies, percentages and cross tabulation were used to measure the study variables. Inferential statistics included parametric and non-parametric tests : Pearson correlation, Pearson chi-square, Kruskal-Wallis and Mann-Whitney U tests.

Figure 1: Comparison of Carbon Monoxide levels for weeks 1,5 & 10

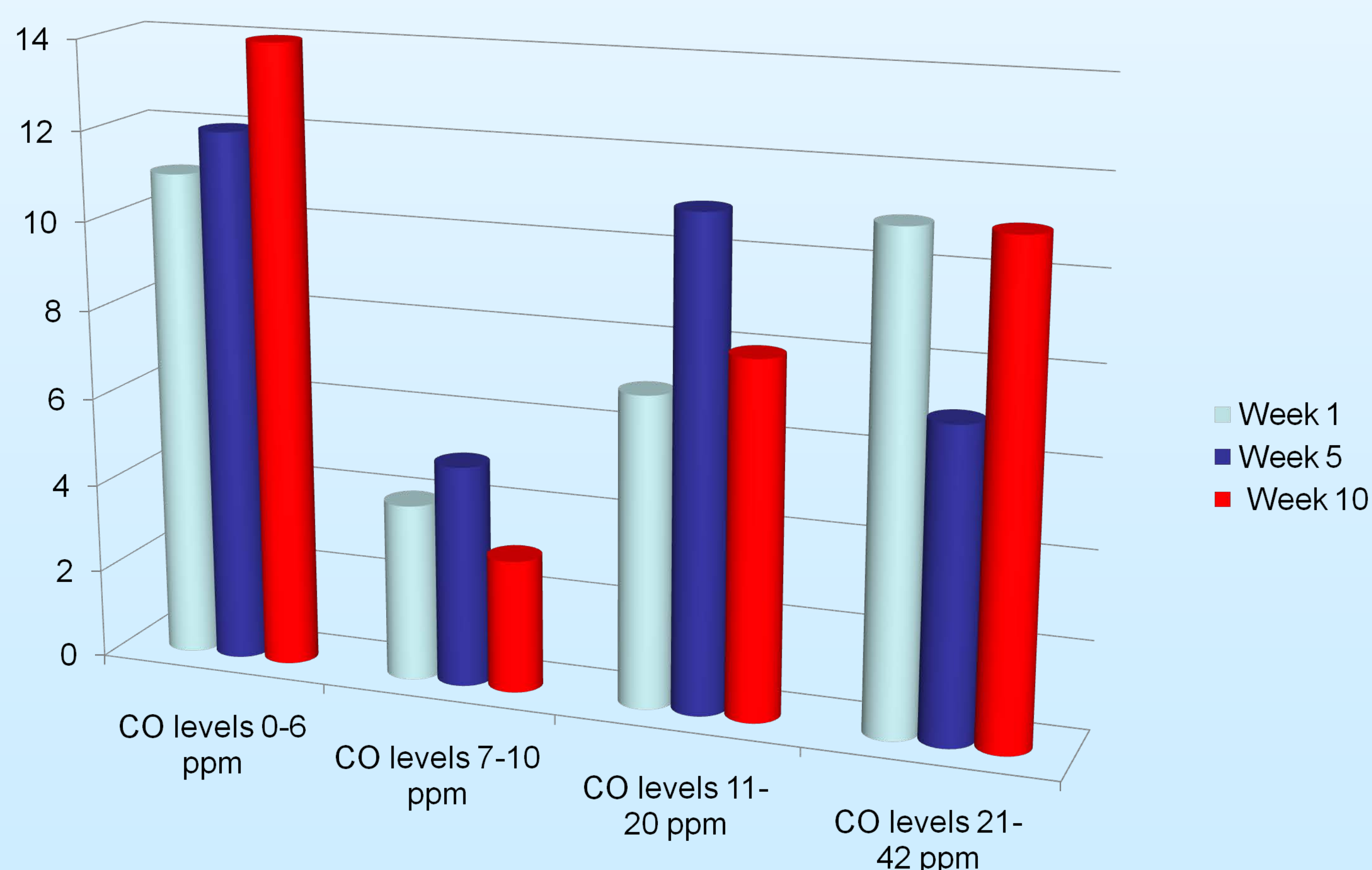


Table 1: Comparison of Characteristics of Participants

Variables	Participants with high self-efficacy		Participants with Low self-efficacy		Total
	N (13)	%	N (23)	%	
Gender:					36
Male	9	69.2	14	60.9	23
Female	4	30.8	9	39.1	13
Type of tobacco products:					
Cigarette only	6	46.2	7	30.4	13
Shisha only	4	30.8	11	47.8	15
Cigarette & Shisha	3	23	5	21.8	8
Family smoking status:					
Nonsmoking family	6	46.2	7	30.4	13
Smoking family	7	53.8	16	69.6	23
Previous quit attempts					
None	3	23.	10	43.5	13
Once	2	15.4	2	8.7	4
More than once	8	61.6	11	47.8	19
Current quit attempts:					
Abruptly	1	7.7	1	4.4	2
At week 6	2	15.4	0	0	2
At week 8	1	7.7	0	0	1
Using cessation aids	2	15.4	0	0	2
Cutting down on tobacco	2	15.4	3	13	5
No quit attempt(s)	5	38.4	19	82.6	24

Figure 2: Tobaccofree campus initiative



CONCLUSION

This study demonstrated that counseling with or without smoking cessation aids have potential to reduce cigarette and shisha smoking rate among student nurses. However, the issue of relapse was not addressed in this study. Relapse is the greatest challenge of addiction. The researchers will continue this study for another 6-12 months, following up those who have stopped smoking while encouraging other smokers who want to stop smoking to enroll on the smoking cessation study. The longitudinal study will utilize strategies on how to prevent or minimize relapse.

REFERENCE

Human Resources for Health Observers. (2012). Enhancing Nursing and Midwifery capacity to contribute to the prevention, treatment and management of noncommunicable, diseases. *World Health Organization* 2012. Issue No. 12.