

# GUIDE

## TO DEVELOPING COMMUNITY-BASED SMOKING CESSATION SUPPORT SERVICES



Kyiv 2025

## **Guide to Developing Community-Based Smoking Cessation Support Services**

This guide provides simple and effective tools for implementing a comprehensive approach to organizing and developing community-based smoking cessation support services. It is designed for public health professionals but may also be helpful for community leaders, social workers, educators, and anyone involved in creating a healthy community environment.

The practical recommendations in the guide will assist in reducing smoking prevalence and serve as a valuable resource for those aiming to make their community healthier and free from tobacco and nicotine.

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### **The materials were prepared by:**

Experts of the State Institution “Public Health Center of the Ministry of Health of Ukraine”:

- Olena Zaporozhska, Head of the Department of Noncommunicable Disease Prevention
- Natalia Hryb, Specialist in the Department of Noncommunicable Disease Prevention
- Yulia Chumak, Epidemiologist in the Department of Noncommunicable Disease Prevention

External experts:

- Ihor Zastavnyi, co-founder and family doctor at @svoyi.ridni, Associate Professor at the School of Public Administration of the Ukrainian Catholic University, Candidate of Medical Sciences
- Diana Savka, physician, public health expert, Head of the Center for Public Health Development at the Ukrainian Catholic University
- Olena Moroz, guide designer

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## **LIST OF ABBREVIATIONS**

**FCTC** — Framework Convention on Tobacco Control

**HTP** — heated tobacco product

**NCD** — non-communicable disease

**PHC** — Public Health Center

**rCDC** — regional Center for Disease Control and Prevention

**State Food and Consumer Service** — State Service of Ukraine on Food Safety and Consumer Protection

**WHO** — World Health Organization

## INTRODUCTION

Smoking remains one of the biggest challenges and threats to public health. Global efforts to control tobacco have already saved tens of millions of lives. However, issues still exist: the worldwide smoking rate has fallen from 22.8% in 2007 to 16.4% in 2023, but approximately one billion people still smoke.

According to the World Health Organization, over 7 million active smokers die each year from diseases related to smoking. An additional 1.3 million people die annually from the effects of secondhand smoke — the inhalation of smoke and harmful substances in tobacco by people who do not smoke. These figures include all types of smoking, such as hookahs, cigars, cigarillos, electrically heated tobacco products, roll-your-own tobacco, pipe tobacco, bidis, kretek (common in Asian countries), and smokeless tobacco products.

### **Key statistics from the WHO:**

- Tobacco kills more than 8 million people worldwide each year, including about 1.3 million non-smokers exposed to secondhand smoke.
- Half of all smokers die from tobacco-related diseases if they do not quit.
- Over 80% of the more than 1.3 billion smokers live in low- and middle-income countries.
- In the past 15 years, smoking rates have dropped globally: in 2007, 22.8% of people smoked, compared to approximately 16.4% in 2023. Still, the share of smokers among men (over 30%) remains much higher than among women (around 7%).
- Tobacco and nicotine products cause substantial economic losses to healthcare systems due to the treatment of chronic diseases linked to smoking, as well as reduced productivity.

Reducing tobacco and nicotine use is a complex and multifaceted challenge that requires a comprehensive and multisectoral approach. Success depends on the active involvement of various stakeholders at the national, regional, and local levels. Scientific research confirms the serious harmful effects of tobacco and nicotine products on human health, making it essential to implement effective measures to help the population quit these products.

For these measures to be successful, it is important to involve not only healthcare professionals but also local authorities, educational institutions, the media, employers, non-governmental organizations, and active community members. Only through collective efforts can the community create an environment that promotes healthy lifestyles and supports those who want to quit smoking.

## I. CONTEXT AND PROBLEM

### Use of Tobacco and Nicotine Products in Ukraine

A national study on the prevalence of major risk factors for NCDs (STEPS) conducted in Ukraine in 2019 revealed a high prevalence of NCDs and their biological and behavioral risk factors, particularly smoking.

According to the results of a national survey on tobacco use among adults over 18 years old [17], conducted in April 2023 by the World Health Organization in collaboration with the Ministry of Health of Ukraine and the Kyiv International Institute of Sociology, it was found that since the start of the full-scale war in Ukraine, the prevalence of smoking and use of new tobacco products among adults has not changed significantly. However, 40.2% of respondents said they had started using slightly more or significantly more tobacco or nicotine, while 42.3% said their tobacco or nicotine consumption had not changed.

The data show that 63.1% of smokers intend to quit, with 16.4% of respondents needing professional help. It was also found that 21.4% of current and former smokers who quit in the last year sought help from healthcare professionals.

Additionally, 87.3% of current and former smokers who tried to quit did not seek external help, but 8.1% looked for advice in books or online, 7.6% used nicotine replacement therapy or other medications, 1.7% sought guidance via phone or online, and 1.2% attended face-to-face counseling.



The Global Youth Tobacco Survey (GYTS) conducted in Ukraine in 2023 reveals that the rate of current cigarette smoking among adolescents significantly dropped from 26.0% in 2005 to 9.2% in 2017, then rose again to 17.6% in 2023. Specifically, 17.6% of students (18.9% of boys and 15.9% of girls among all respondents) are current users of any tobacco products, including heated tobacco products. E-cigarette use among adolescents stands at 19.6%, slightly higher than the 18.4% recorded in 2017 when this indicator was first noted. About 47% of adolescent smokers want to quit smoking. Increasing numbers of teens are using alternative tobacco and nicotine products, with usage rates surpassing those of adults: 6.9% use heated tobacco products (HTPs), 5.1% use smokeless tobacco, and 2.9% use nicotine pouches.

### Tobacco Control Policy and Smoking Cessation Support in Ukraine

To fight the tobacco epidemic, WHO member countries adopted the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2003. Today, 182 countries are parties to this treaty.

Ukraine ratified the WHO FCTC in 2006, and in 2014, its provisions were included in the Association Agreement between Ukraine and the European Union. Over the years, our country has taken significant steps and achieved success in implementing these programs, including banning tobacco advertising, promotion, and sponsorship; making public places smoke-free; adding graphic warnings about the dangers of smoking to cigarette packs; and substantially raising



tobacco taxes. Ukraine also has a website called *I'm quitting smoking* (<https://stopsmoking.org.ua/>), where individuals can access professional advice to help them overcome nicotine addiction and give up tobacco products.

**In Ukraine, the government's policy on offering support for smoking cessation is founded on the following regulatory and legal documents:**

- WHO Framework Convention on Tobacco Control (WHO FCTC)
- Order of the Cabinet of Ministers of Ukraine No. 530-p of 26 July 2018 "On the approval of the National Action Plan on Noncommunicable Diseases to Achieve Global Sustainable

Development Goals"

- Order of the Cabinet of Ministers of Ukraine No. 34-p of 17 January 2025 "On Approval of the Healthcare System Development Strategy until 2030 and Approval of the Operational Plan for Its Implementation in 2025–2027"
- Law of Ukraine "On Measures to Prevent and Reduce the Consumption of Tobacco Products and Their Harmful Influence on the Population's Health"
- Order of the Ministry of Health No. 601 of 3 August 2012 "On Approval of Standards for Primary Medical Care when Quitting Tobacco Products"
- Order of the Ministry of Health No. 504 of 19 March 2018 "On the Approval of the Procedure for the Provision of Primary Medical Care"

## Types of Tobacco and Nicotine Products

For effective planning of measures to reduce harm from smoking, it is essential to clearly understand what tobacco and nicotine products are available on the market and how they differ.

Nicotine, the main psychoactive substance in these products, causes addiction. Depending on the method of use, form, and whether or not they contain tobacco, modern products are divided into several key categories. Each category has its own characteristics regarding use, mechanism of action, level of risk to the user, and potential environmental impact.

Understanding these differences helps local governments, educational institutions, medical facilities, and other stakeholders develop more effective prevention and response strategies tailored to specific challenges related to tobacco and nicotine addiction.

### TOBACCO PRODUCTS



**A cigarette, cigar, or cigarillo** is a tube filled with tobacco that is smoked through combustion. When smoking cigarettes, the smoker inhales smoke containing over 7,000 chemicals, including **nicotine** (which causes addiction), **tar**, and **carbon monoxide** (which harm the lungs and heart), as well as **heavy metals** (which build up in the body).



**A heated tobacco product (NTP)** is a special stick containing tobacco used in tobacco heating systems. When heated, it releases an aerosol (vapor) that the user inhales. Despite the lack of combustion, aerosols contain toxic substances that can cause inflammation and harm lung and heart function. There is no scientific proof that these products are safer. On the contrary, they can lead to serious health issues, and addiction to them can develop faster than with traditional cigarettes.



**Hookah and hookah tobacco:** One hour of hookah smoking is roughly equivalent to smoking 100 cigarettes. Flavorings are added to hookah tobacco to mask the strong taste of tobacco. Prolonged hookah smoking increases the risk of developing chronic respiratory and heart diseases. It is also important to be aware of infectious diseases such as tuberculosis, herpes, and hepatitis. A replaceable mouthpiece does not protect against infection, as the pathogens are present in the hookah's flask and hose.

**Smokeless tobacco products** that are consumed by chewing (like snus), sucking, or sniffing (such as snuff): nicotine enters the body through the mucous membranes of the nose or mouth and then reaches the brain. Using this method, tobacco stays in contact with the mucous membrane longer, which means nicotine stays in the body longer, increasing the risk of developing a persistent addiction.



## NICOTINE PRODUCTS



**An electronic cigarette (vape)** is a device with a battery that heats a liquid to create an aerosol, which the user inhales through the mouth. E-cigarette aerosols contain nicotine, formaldehyde, acetaldehyde, heavy metals, and other toxic substances that are harmful to both users and those who breathe them in passively.

**E-cigarette liquids** are chemical mixtures with varying compositions, making it hard to control nicotine levels and dosage. As a result, users often don't know how much nicotine they are consuming while vaping, which raises the

risk of developing a long-lasting addiction.



**Nicotine pouches (sometimes called patches)** are nicotine products in the form of sachets that contain a cellulose mixture, nicotine, and flavorings, and are used orally — usually placed on the gums under the lip. Nicotine pouches were designed to replace tobacco snuff (mentioned above). The long-term effects of using them have not been well studied, but their danger lies in their high nicotine concentration. The nicotine amount in one pouch can be more than 20 times the level found in a regular cigarette. Meanwhile, Ukrainian law sets limits on nicotine content in cigarettes (1 mg) and e-cigarette liquids (20 mg/ml), but there are no such standards for nicotine pouches yet.







Despite the rise of new ways to use tobacco and nicotine, **there is no completely safe method**. All forms — such as traditional smoking, vaping, tobacco heating systems, hookahs, or smokeless products — are harmful to health, cause addiction, and contribute to chronic disease development. Claims that they are “less harmful” or “safe” are not well-supported by scientific evidence, especially regarding long-term health effects.

There is still a common misconception that the latest tobacco and nicotine products can be a step towards quitting smoking altogether. In reality, most of these products only sustain or deepen addiction, and sometimes even make it harder to quit.

Recent studies show an increase in **combined use**, where individuals use multiple types of tobacco or nicotine products simultaneously — for example, mixing traditional cigarettes with e-cigarettes, hookahs, tobacco heating systems, or smokeless products. This combination raises the total intake of toxic substances, complicates the regulation of nicotine consumption, boosts dependence, and lowers the chances of successfully quitting smoking.

## II. THE ROLE OF COMMUNITY IN LOWERING SMOKING RATES

### Creating a Smoke-Free Environment

Following the local government reform (decentralization reform), the newly formed amalgamated territorial communities gained significant powers not only in terms of finance and infrastructure, but also in maintaining the health of community residents and improving their quality of life. The community should prioritize residents being healthier, happier, working longer and more efficiently, and contributing to attracting capital and investment.

The community's role is to create an environment where it is easy and natural for people to choose a life without tobacco and nicotine. This involves establishing smoke-free spaces, offering access to smoking cessation support, and fostering a culture where smoking is no longer socially acceptable.

It is essential to remember that behavior change is a gradual and complex process that does not occur overnight. The aim of public health professionals is to promote healthy behaviors that are socially accepted and beneficial to both personal and public health. Social norms can either speed up or slow down these changes, so support from the community and immediate environment is crucial in the process of quitting smoking.

It is also important to note that Article 15 of Law of Ukraine No. 1978-IX sets out the responsibilities of healthcare professionals in all types of healthcare facilities:

- to promote awareness of how to prevent diseases caused by smoking tobacco products or other methods of using tobacco;
- to explain the harmful effects of smoking tobacco products or other methods of using tobacco on human health;
- to provide appropriate medical and preventive care to those who want to overcome tobacco (nicotine) addiction.

Additionally, offering counseling to eliminate or reduce habits and behaviors that pose health risks, especially tobacco smoking, is part of the primary healthcare services outlined in the Procedure for the Provision of Primary Medical Care.

## Benefits to the Community from Lowering Smoking Rates

**Improved public health** — decreased rates of cardiovascular, respiratory, and cancer-related diseases. This will, in turn, increase residents' life expectancy and quality of life while reducing community healthcare costs for chronic illness treatment.

**Economic benefits** — heightened productivity due to less sick leave and better overall health. A systematic review and meta-analysis of studies shows that smokers have a 33% higher risk of missing work because of illness compared to non-smokers.

**Positive environmental impact** — enhancement of the community's ecosystem, including cleaner parks, yards, and streets resulting from fewer cigarette butts and tobacco waste. Annually, the tobacco industry produces approximately 4.5 trillion cigarette filters worldwide. These filters are made of cellulose acetate (plastic), which takes over 10 years to decompose and releases toxic substances into the environment when discarded. Some HTP butts contain metal elements that can take between 100 and 1,000 years to break down. Besides cigarette butts, the tobacco industry also mass-produces electronic smoking devices that incorporate plastic, rechargeable batteries, or chemical batteries. When these components enter the environment, they pollute water and soil with heavy metals and chemicals.

**Strengthening the community's image** — a community that actively fights smoking shows responsibility to its residents and sets an example for others. Communities that adopt tobacco-free policies may also qualify for additional funding to promote a healthy environment. For example, organizations like Global Action to End Smoking (GAES) offer grants to support smoking cessation efforts and public health initiatives, including research and program development in various countries and communities.

## How Communities Should Address the Rise in Tobacco and Nicotine Use

Current legislation gives local government authorities real tools to fight smoking and reduce its harmful effects on public health. According to their powers, defined by Article 9 of Law of Ukraine No. 1978-IX, local authorities play a vital role in implementing programs to prevent and decrease tobacco use and, within their scope:

- monitor the implementation of relevant programs to prevent and reduce tobacco use and its harmful effects on public health;
- contribute to solving issues related to the financial, material, and technical support of measures and activities aimed at restricting tobacco use and diminishing its harmful effects on public health, including during annual budget formation;
- oversee the enforcement of preventive and therapeutic measures within their administrative-territorial unit to limit tobacco use and its harmful effects on public health, and designate smoke-free zones;

- ensure public healthcare facilities provide access to preventive measures and effective medical care, including medication, for individuals who want to quit smoking or using tobacco in other ways;
- exercise other powers granted by law.

These powers empower local authorities not only to create a healthy and safe environment for all community members but also to take responsibility for it.

Such efforts require a comprehensive approach involving a broad network of stakeholders. The community must act systematically, combining legal regulations, awareness campaigns, and partnership initiatives to achieve sustainable results. This is the only way to build a tobacco-free community.

A strong foundation for establishing such cooperation could be the development and approval of local tobacco control programs, as well as the expansion of smoke-free zones in community areas. There are already examples of such initiatives in Ukraine. Specifically, as of early 2025, eight local communities in Lviv region have designated and officially approved additional smoke-free areas.

Among the successful examples aimed at reducing smoking prevalence and creating smoke-free spaces, the following can be highlighted:

#### ***Example 1. Melbourne, Australia***

*In 2021, the city introduced the Smoke-Free Melbourne Policy. The vision of this initiative is “A smoke-free city where our community is protected from the harms of smoking.” All stakeholders agreed to focus on four main areas: protection, education, communication, and regulation.*

*For protection, it was decided to increase the number of smoke-free areas with appropriate signage. Local businesses, restaurants, tourist attractions, and other entities were involved in this effort.*

*For education, clear educational materials were created to highlight the harms of smoking, explain the process of implementing the policy, and provide targeted education for groups at higher risk of starting to smoke, such as students.*

*For communication, information campaigns and materials were developed with input from city opinion leaders, and communication strategies were tailored for different target audiences.*

*For regulation, new rules were established to reduce the number of places where tobacco products are sold, limit advertising, set standards for smoke-free areas, and encourage the expansion of such areas.*

*This project is internationally recognized because, according to the Melbourne City Council, smoking rates have decreased, especially among young people, and the number of smoke-free areas continues to grow, a change supported by local residents.*

#### ***Example 2. Vilnius, Lithuania***

*Vilnius demonstrates a proactive strategy for establishing a smoke-free city. The city council continually expands the number of locations where smoking is banned, including balconies of apartment buildings. Ongoing educational programs about the health risks of smoking are also conducted in the city's schools.*

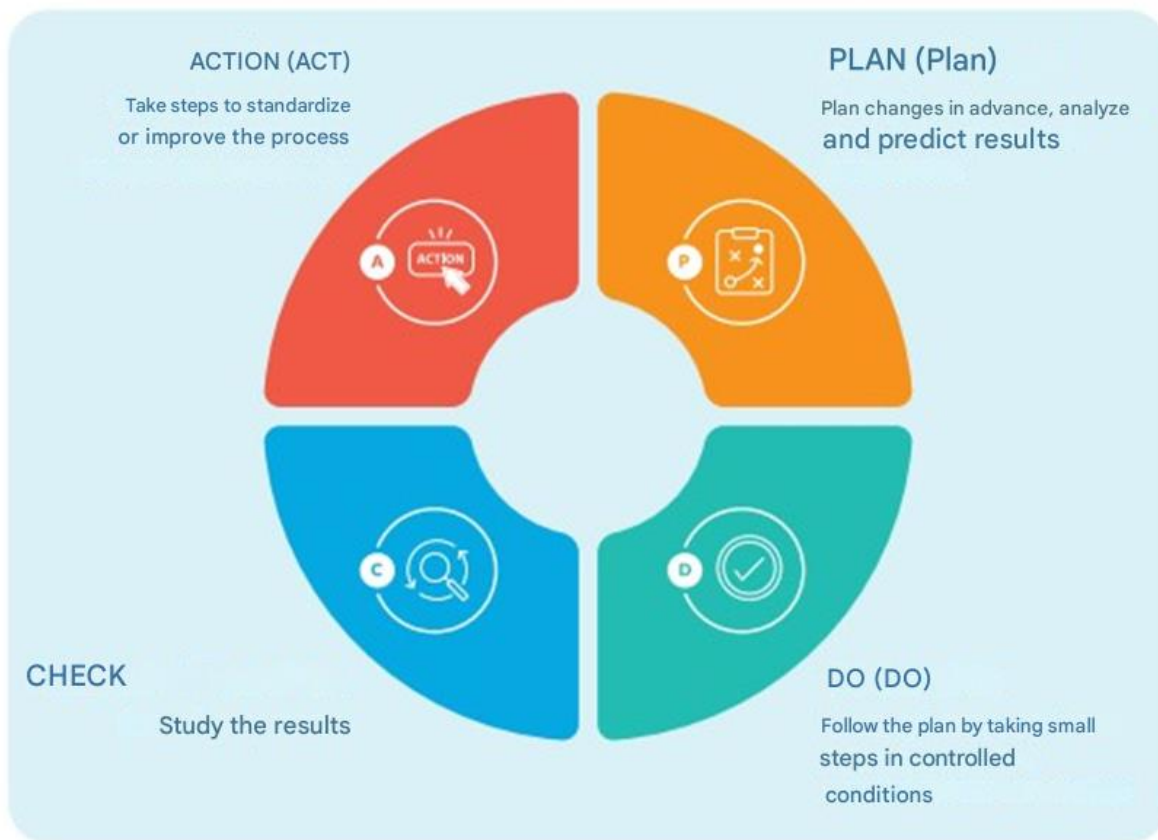
### **Example 3. New York, USA**

*Since 2002, New York has been actively fighting the harmful effects of smoking, starting with the release of the Smoke-Free Air Act (SFAA). Since then, the city has tightly regulated tobacco sales, requiring both a state license and an additional license issued by the city. The list of smoke-free areas, including parks, is also continually expanding. Not only are bans and restrictions being put in place, but support is also available to help people quit smoking, such as hotlines and other services.*

This is just a brief list of communities in other countries that are effectively fighting against smoking and the passive effects of tobacco smoke. In fact, there are many such examples — some more successful than others — but they all share a common approach: a clear goal, careful planning, active involvement of all stakeholders, information and education, an increase in smoke-free areas, and a deep understanding by local authorities of the need for proactive measures in this area.

To plan such projects effectively, we recommend adopting several approaches from project management and WHO recommendations.

The first method is the Deming Cycle (Fig. 1), which utilizes a structured process to implement change and execute projects. The cycle has four stages: **Plan, Do, Check, and Act.**



**Fig. 1. Deming Cycle**



**Plan.** At this stage, the first step is to assemble an implementation team. These are the people involved in planning, evaluation, stakeholder communication, and other project activities. This list should be clear, with responsibilities assigned to each team member.

For better planning of future changes and the project, consider the WHO **MPOWER** approach:

**WHO MPOWER approach:**

**M = Monitoring** tobacco use and prevention policies

**P = Protecting** the population from exposure to tobacco smoke

**O = Offering** assistance in quitting smoking

**W = Warning** about the dangers of tobacco

**E = Enforcing** compliance with laws that ban advertising, sponsorship, and promotion of tobacco products

**R = Raising** taxes on tobacco products

An important step in planning is **assessing and researching the problem** you aim to solve. You can rely on existing research or develop and conduct new studies. To carry out such research, it is recommended to utilize the resources of the expert community, including universities, sociological firms, rCDC resources, and methodological support from the PHC. This will help you understand the scope of the problem, identify future target groups, and recognize potential stakeholders.

After researching and identifying target groups, you can move on to developing an algorithm to solve the problem. In the solution algorithm, try to take small steps initially and avoid tackling too many problems at once.

For example, it was found that there is a significant issue with vaping among 9<sup>th</sup>–11<sup>th</sup>-grade students in the region's communities. Formulate your goals in this area using the **SMART** model. That is, these goals should be **S** — **specific**, meaning clear; **M** — **measurable**; **A** — **achievable**; **R** — **relevant** to the problem; and **T** — **time-bound**.

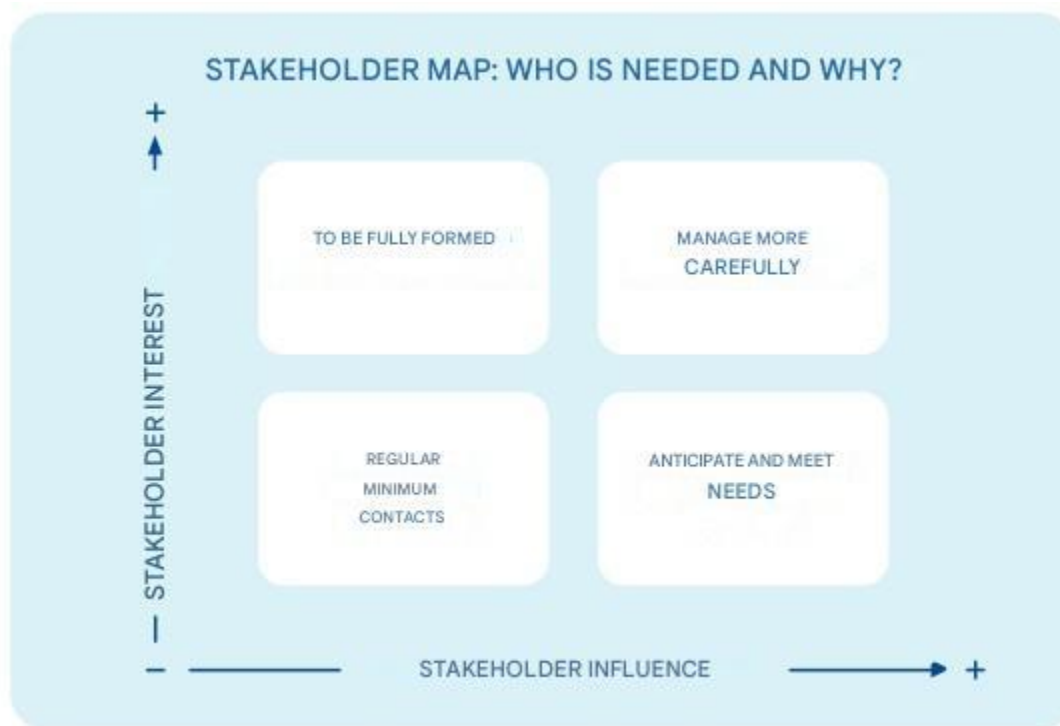
***An example of a SMART goal:***

- 1. By November 2025, conduct 10 interactive classes on vaping prevention in five communities within the region for students in grades 9–11 to increase awareness of the harm of electronic cigarettes by at least 30% (pre/post testing will help determine the level of awareness).*
- 2. By March 2026, implement a “nicotine and tobacco-free school” policy in five educational institutions with clear regulations: ensuring compliance with the ban on all tobacco and nicotine products on school premises, and conducting regular educational activities to raise awareness among students, educators, and parents about the harmful effects of smoking and nicotine use on health.*

It should be remembered that each community may face different challenges in fighting tobacco and nicotine use. At the same time, there are common challenges that are most often encountered, including:

1. **Lack or insufficient availability of informational materials on the smoking ban in public places.** SMART goal: By December 2025, place at least 100 informational stickers warning about the smoking ban in 50 public locations (bus stops, administrative buildings, hospitals, educational institutions) in line with current laws.
2. **Inadequate training of healthcare workers in conducting brief interventions for smoking cessation.** SMART goal: By January 2026, organize a series of training sessions for at least 30 primary care nurses on brief consultation techniques for quitting smoking, with evaluations of knowledge and skills before and after the training.
3. **Non-compliance with current laws in food service establishments.** SMART goal: By June 2026, hold at least three informational meetings with owners and managers of food service establishments about current anti-smoking laws and ensure that warning materials about the smoking ban are posted at their locations.

Once you have defined your goals based on the problem and the strategy for achieving them, you can proceed to map out the stakeholders involved in this project. To do this, follow the suggested approach and recommendations for working with relevant stakeholder groups (Fig. 2).



**Fig. 2. Stakeholder map**

When identifying stakeholders, be very specific and clear, avoiding too much generalization. For example, you might think communities are stakeholders. They have high influence and low interest. However, you need to be precise, so don't assume generalities. You might not mean communities but rather community health management or the deputy head of the medical services monitoring department.

For effective project management, it is crucial to recognize that different stakeholder groups require different approaches:

- Stakeholders with low influence but high interest — they need to be regularly and thoroughly informed about the project’s progress and changes to keep their interest and involvement.
- Stakeholders with high influence and high interest — these key participants should be actively involved in decision-making, kept updated on all important events, and consulted at every stage.
- Stakeholders with high influence but low interest — it’s important to meet their needs and build constructive relationships to retain their support, even if they are less involved in the project.
- Stakeholders with low influence and low interest — this group requires minimal regular contact, such as periodic updates or information summaries.

Once you have completed all the necessary steps in the planning stage, gather all stakeholders from the first three groups and inform the fourth group about the plan and the future direction of the project. You should seek their support or work to reduce their resistance.

At this stage, it is also crucial to plan the resources for this project, including both financial and human resources.



**Do.** At this stage, implement the project gradually in small, clear steps, celebrate early victories, and involve and inform each group of stakeholders accordingly.

**Check.** At this stage, it is advisable to conduct a follow-up study of the problem. A simplified version of the study can be used, depending on the available resources.



**Act.** Based on the project, provide recommendations for further improvement and scaling. After that, a new project can be planned using an improved methodology.

### ***Example 1. Developing and implementing a step-by-step plan to lower smoking rates among schoolchildren in communities***

**Plan.** The Regional Center for Disease Control and Prevention (rCDC) has decided to reduce the negative impact of smoking on the region’s residents.

A team consisting of the deputy director of the rCDC and four rCDC specialists was assembled for this project, and a general study was conducted on the prevalence of smoking among different groups in the region. It was found that smoking was most common among 9<sup>th</sup>–11<sup>th</sup> grade students in communities A, B, and C. A decision was made to implement a project aimed at reducing smoking among schoolchildren in these communities.

To this end, a step-by-step plan for the project was created, goals were set, and a stakeholder map was developed. Stakeholders include deputy community leaders for social issues, deputies for education, educational security officers, school principals, parent committee heads, and school self-governance leaders.

**Do.** The main steps of the project included: launching an information campaign about the harms of smoking and resources for quitting, conducting classroom lessons on how to quit smoking, creating additional smoke-free zones around schools, and involving police officers to monitor the sale and advertising of tobacco products.



**Check.** After 8 months, a follow-up study showed a 1% decrease in smoking rates. Analysis revealed that the information campaign was not engaging or relevant to schoolchildren, and that current resources for quitting smoking did not meet the needs of the target audience.

**Act.** After completing the first phase of the project, a comprehensive analysis of the results was conducted, enabling us to identify strengths and weaknesses and develop targeted recommendations to enhance and increase the effectiveness of future measures.

## Building a Community Free of Tobacco and Nicotine

### Information Campaigns and Communication Strategies

It is important to regularly organize information campaigns for the community aimed at raising awareness of the health risks linked to smoking and the use of new tobacco and nicotine products. Reliable information should be delivered by medical experts and specialists in NCD prevention to build trust and credibility.



It is also essential to enlist the support of journalists and the media. To start, organizing training sessions for local journalists and media professionals is recommended to ensure accurate and professional communication. The guide for journalists and media professionals, “10 Reasons to Write About Tobacco Control,” can assist with this.

It is crucial to note that the success of information campaigns relies on tailoring messages to the needs, language, and interests of different population groups — such as schoolchildren, adolescents, parents, educators, healthcare professionals, and seniors. Developing separate messages, examples, and communication channels for each group is advisable, along with involving relevant ambassadors, such as well-known local athletes, teachers, and leaders of youth organizations.

For example, when targeting adolescents and young adults, creating content that aligns with their values and media habits — such as social media, online videos, or interactive platforms — is vital. The primary objective of such campaigns is to dispel common myths (for instance, regarding the “safety” of electronic cigarettes or other so-called “less harmful” alternatives) and promote a culture of healthy living.

Local libraries can play a crucial role in educational efforts. They can host lectures, thematic exhibits, meetings with medical experts, and screenings of films about the dangers of tobacco. Additionally, libraries can distribute informational brochures and support communities in connecting with national and international tobacco control initiatives.

### School and Youth Initiatives

Preventive work in schools, colleges, and universities should be both systematic and interactive, staying current with trends. Engaging students in creating their own information campaigns, participating in flash mobs, or forming initiative groups to promote “nicotine- and tobacco-free schools” encourages a responsible attitude among young people toward their own health and that of their peers. Personal involvement motivates youth to make informed choices and reduces the risks associated with using tobacco and nicotine products.



The World Health Organization has published a guide called “Freedom from Nicotine and Tobacco: Guide for Schools” along with the Nicotine- and Tobacco-Free Schools: Policy Development and Implementation Toolkit. These resources help establish a healthy, tobacco- and nicotine-free environment in educational institutions and serve as effective tools for practical implementation.

Using these materials along with local initiatives makes prevention effective and schools true centers of health in the community.

### **Collaborating with Employers and Businesses**

The community can establish partnership programs with businesses and organizations to promote smoke-free workplace policies. These policies should ban all types of tobacco and nicotine products not only on the company’s premises but also in nearby areas. Often, smoking is prohibited inside the establishment, but designated smoking areas outside its boundaries undermine efforts to protect against secondhand smoke. A good approach is to formalize such initiatives in internal regulations or corporate codes of conduct, ensuring consistency and boosting their effectiveness.

Additionally, offering training sessions for employees on smoking prevention and quitting methods, with input from experts, can be beneficial.

Providing access to counseling and support for quitting smoking — such as peer support groups for those in the process of quitting or who have already quit — also helps to reinforce these efforts.

### **Municipal Policy**

The community has all the resources it needs to actively encourage adherence to current anti-smoking laws and promote a healthy environment for its residents. Specifically, key areas of focus include:

- **Regularly monitor** the enforcement of the smoking ban in public places and publicly report on the results, such as through annual or quarterly community reports.
- **Place informational stickers and warning signs** in areas where smoking is prohibited. Since many citizens are still unaware of specific no-smoking zones, clear and visible informational materials help raise awareness and encourage voluntary compliance with current laws. The community is generally responsible and willing to follow rules when they are clearly communicated. Placing such stickers effectively reduces violations and promotes a healthy environment.
- **Work closely with regulatory authorities**, such as the National Police and the State Food and Consumer Service, to identify and stop violations, especially the illegal trade of tobacco products among minors.
- **Implement additional local measures** to boost control efforts, like prohibiting the sale of tobacco and nicotine products within 200 meters of schools, restricting advertising, or enacting stricter labeling rules for tobacco kiosks.
- **Promote incentive programs for businesses** and organize “Safest Environment for Life” ratings to motivate the creation of tobacco- and nicotine-free workplaces and public spaces.
- **Carry out preventive educational efforts.** Educational safety officers can organize lectures and training sessions, and introduce separate educational modules on the harmful effects of tobacco and nicotine products, legislative requirements for regulating smoking in public, and the importance of following these rules for community health.

### **Tobacco Industry Manipulations Masked as “Social Responsibility”**

It is crucial for public health professionals to recognize that tobacco companies, despite their direct role in the global tobacco epidemic, are actively trying to clear their reputation by creating or supporting seemingly “socially responsible” initiatives.

Tobacco companies often sponsor groups that present themselves as:

- environmentalists (e.g., cleaning urban areas or recycling tobacco filters),
- volunteer or charity initiatives (buying equipment for hospitals, helping war victims with supplies for shelters. Most of these actions are supported by local governments),
- youth projects or contests aimed at secretly building loyalty among young people,
- scientific or research organizations that spread false impressions about harm reduction through new products.

These actions do not demonstrate corporate responsibility — they are a strategy of influence aimed at weakening regulation, legitimizing the industry’s activities, and fostering a positive attitude toward smoking among the public and opinion leaders.

According to Article 5.3 of the WHO Framework Convention on Tobacco Control, government agencies, public organizations, and health professionals should avoid collaborating with the tobacco industry and its intermediaries.

## **III. PRACTICAL TOOLS FOR COMMUNITY-LEVEL ASSISTANCE**

### **The Role of Healthcare Workers in Smoking Cessation**

**Corporate culture at the facility.** According to the Health Index study, in 2020, the average patient satisfaction with family doctors’ services in Ukraine was 74%. In other words, we can say that healthcare professionals in general, especially primary care providers, enjoy a high level of trust within their communities and can therefore offer meaningful support to individuals who want to quit smoking. Let’s explore how healthcare professionals can help patients quit smoking and minimize harm.

In this and other cases, setting an example as opinion leaders in communities and as trusted medical facilities plays a crucial role. The corporate culture within a medical facility is extremely important because it demonstrates that the facility is smoke-free and that employees do not set a negative example for patients.

Rules banning smoking on the premises or inside the facility should be implemented. Check if staff or patients are allowed to smoke on the property. If allowed, display clear visual signs about the smoking ban and communicate proactively that smoking is not allowed. When hiring new staff and during general meetings and conferences, discuss smoking issues with employees and emphasize the importance of helping them quit. Highlight support for employees in the process of quitting smoking. To assist with this, utilize all the techniques we will discuss below and provide staff with resources to support their quitting efforts.

**Working with patients.** To help patients, the most important and first thing a doctor or nurse can do is ask the patient about their smoking habits. Even the question itself can prompt a person to consider the importance of quitting in the future. The effectiveness of doctors regularly asking patients about their smoking status and recommending that they quit has been confirmed by international studies. The WHO notes that if primary healthcare workers asked all patients about smoking and advised them to quit, up to 80% of smokers could be reached within a year, and about 40% of them might be motivated to try to quit.



In 2024, the WHO introduced its first clinical treatment guideline for tobacco cessation, which includes behavioral support and medications, aiming to integrate tobacco cessation into primary healthcare settings. The focus is on brief interventions by healthcare providers, the effectiveness of nicotine replacement therapy, and the use of digital tools and psychological assistance. This document is particularly helpful for family doctors, therapists, and nurses, as it provides simple and practical resources for daily patient care related to smoking.

In 2025, the European Network for Smoking Prevention (ENSP) published the Guidelines for Treating Tobacco and Nicotine Dependence, which incorporate modern approaches to working with smokers, including assessing motivation, selecting effective pharmacotherapy, counseling, and providing patient support. They are tailored for use in various healthcare systems and can be beneficial for both medical facilities and local communities

seeking to provide effective support to individuals quitting smoking. The updated recommendations highlight the importance of a systematic approach to counseling, especially through the use of structured tools. One such tool is the 5A Strategy, shown in Fig. 3.



## ALGORITHM FOR TALKING TO A PATIENT ABOUT SMOKING

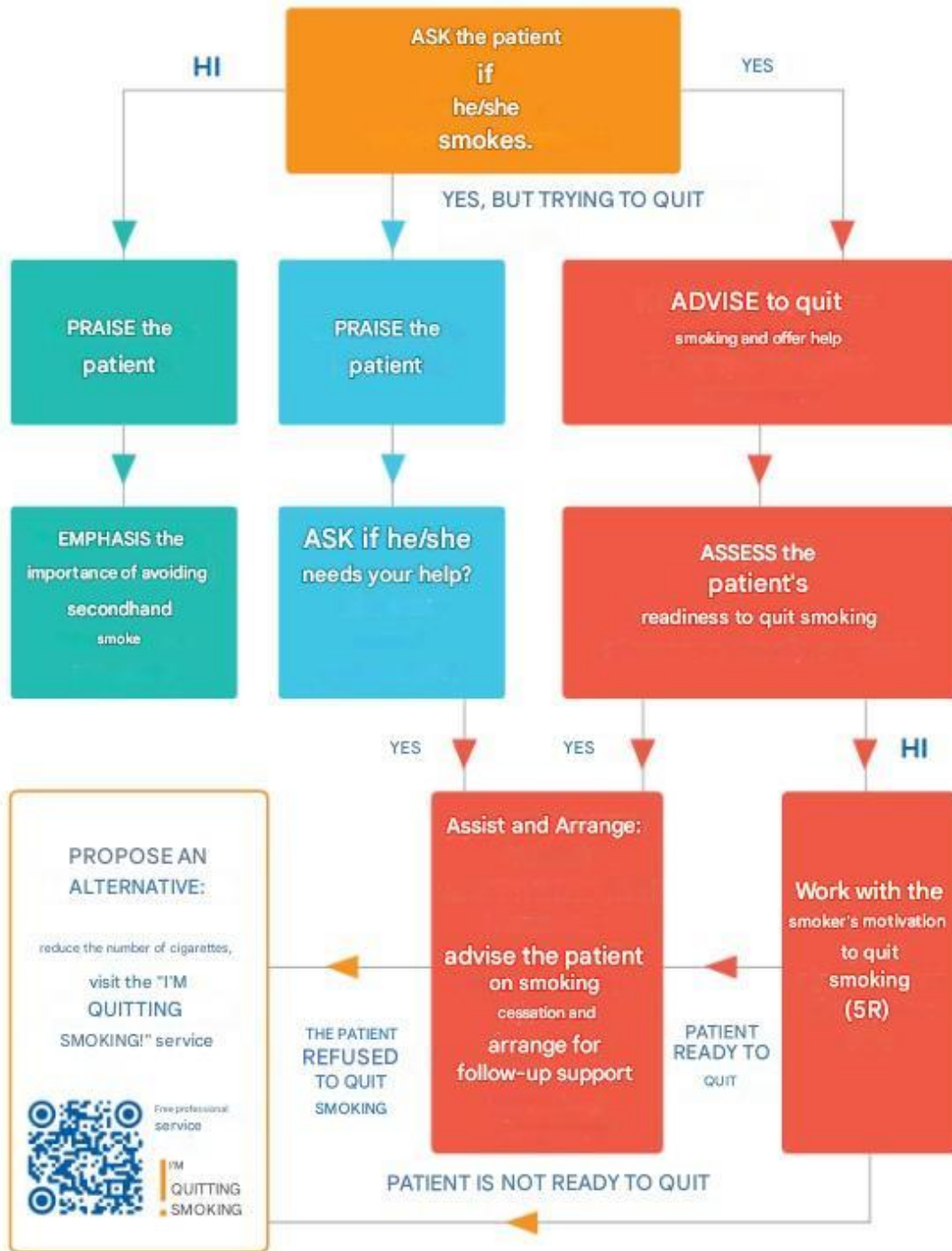


Fig. 3. 5A Strategy





You can find more information about the 5A Strategy in the short guide for healthcare professionals, “Professional Assistance in Smoking Cessation,” which is available through the QR code.

A useful resource for healthcare professionals about the latest tobacco and nicotine products is the guide “Electronic Cigarettes, Tobacco Heating System, and Hookahs: What You Need to Know.” It provides a concise overview of these products, including their features, health impacts, and associated risks. The guide also includes practical advice for healthcare professionals on how to discuss these products with patients.



If you need to motivate someone who smokes, consider using the motivational interviewing method. This approach has been scientifically proven to be effective and is easy to apply with proper preparation and training.

Before conducting a motivational interview, it is essential to establish a trusting relationship with the patient. To do this, use effective communication techniques — such as active listening, empathy, and providing appropriate responses in relevant situations — and make it clear that you are there to assist. Remember that the most important aspect of a motivational interview is not to force someone to change but to help them find sufficient motivation for change.

A motivational interview has three stages (Fig. 4) and several sub-stages. It is essential to note that following the steps precisely and sequentially is not as crucial as fostering a general sense of empathy and openness during the interview.



Fig. 4. Stages of a motivational interview

### **Stage 1. Recognizing the need for change**

At this stage, you should help the person explore their desire to change and understand whether they want to change or need to change.

First, it is important to provide feedback on the potential negative effects of smoking on their life, especially explaining the harm caused by psychoactive substances to both them and those around them. You can do this by sharing the leaflet “What You Should Know about Nicotine,” which clearly describes how nicotine affects the brain and other organs, as well as what happens in the body when a person quits smoking.



Try to encourage the person to take responsibility by asking if their smoking bothers them and if they would like to discuss steps to quit.

The next step is to examine the positive and negative effects of smoking on the person — specifically, what benefits they get from smoking, when and how they began, and which areas of

their life smoking affects negatively. It is also important to recognize that smoking can have certain positive effects for the person, as nicotine stimulates dopamine production, a neurotransmitter linked to pleasure. Smoking can offer a sense of calm, assist with communication, or provide a quick energy boost. Your task is to help dispel this myth and suggest healthier alternatives to achieve these feelings without harming your health.

## **Stage 2. Planning and implementing change**

After discussing the positive and negative effects of smoking, help the person identify their future goals in life, career, or hobbies — things they enjoy doing (other than smoking) and want to keep doing. Help them understand if smoking interferes with these goals. Discuss with the person how these goals relate to their smoking habits. Try to use their words and rephrase them. Once they see that smoking can harm their life or goals, discuss a possible plan to quit smoking — an effective tool that will help them prepare for quitting, consider the main steps, and foresee potential challenges. This plan should be realistic and clear. Avoid setting unrealistic goals, as they are difficult to achieve and can lead to frustration. Work together to create a timeline and schedule the next visit. Highlight that setbacks may occur, but it's not worth getting discouraged immediately. Instead, analyze what went wrong and discuss it at the next visit. Support the person.

### **Creating a plan to quit smoking: practical tips**

#### **1. Set a quit date**

Pick a day within the next two weeks. This gives you time to prepare, but the decision won't be "pending" for too long.

#### **2. Seek support from family and friends**

Quitting smoking is easier with support and no temptations, such as when no one in the family also smokes.

#### **3. Write down your reasons for quitting smoking**

For example: concern for your own or your family's health, financial reasons, desire to look better, planning a pregnancy, or desire to change your lifestyle.

#### **4. Identify the triggers (situations) that lead to the urge to smoke**

Reflect on when you most want to smoke: while having a cup of coffee, during breaks, when you're stressed, or when you're with friends. Also, consider how you can avoid these tempting situations.

#### **5. Develop strategies to resist the urge to smoke**

The urge usually lasts only 3–5 minutes, but it can be quite strong. It is essential to have options ready: chew gum, take a few deep breaths, or go outside for some fresh air, etc.

#### **6. Remove all reminders of smoking**

Remove cigarettes, lighters, and ashtrays from your home, car, and workplace. Wash your clothes to eliminate the tobacco smell.

#### **7. Consider incentives or rewards for yourself**

Reward yourself each day, week, or month you go without cigarettes. This could be a trip to the movies, a new piece of clothing, or a fun outing.

## **Stage 3. Sustaining change**



During this visit and all future ones, support the person — praise them even for small achievements and talk about setbacks, plan next steps.

A motivational interview is a cyclical process, and a relapse can happen at any point. You shouldn't be disappointed or give up.

You can also use a slightly simplified 5R Strategy for communication (Fig. 5).

<b>RELEVANCE</b>	<p><b>Discuss the patient's personal reasons for quitting smoking.</b></p> <p>Use a tailored approach, considering age, gender, past experience, existing health conditions, and other relevant factors</p>
<b>RISKS</b>	<p><b>Ask the patient to identify the risks and threats to his or her health if they continue smoking.</b></p> <p>Risks may include:</p> <ul style="list-style-type: none"> <li>- Immediate and noticeable health risks: breathing problems, increased likelihood of respiratory diseases, pregnancy complications, and more.</li> <li>- Long-term risks: stroke, various types of cancer, impotence, infertility, osteoporosis, and others.</li> <li>- Risks to people around them: family members and close contacts (for example, children of smokers have higher risks of respiratory illnesses, sudden infant death syndrome, ear infections, and more)</li> </ul>
<b>REWARDS</b>	<p><b>Ask the patient to identify the benefits of quitting smoking that matter most to him or her.</b></p> <p>Possible examples include: improved well-being and health, relief from shortness of breath, better taste of food, heightened sense of smell, removal of unpleasant tobacco smell from clothing, home, and car, saving money, setting a good example for children, improved appearance, and more</p>
<b>ROADBLOCKS</b>	<p><b>Ask the patient to identify challenges or obstacles that might prevent successful smoking cessation and explore possible solutions.</b></p> <p>Common obstacles may include: fear of withdrawal symptoms or failure to quit, concerns about weight gain or depression, lack of support from family or friends, fear of losing social contacts (if smoking with colleagues or friends), and limited information about cessation methods or professional services that can assist</p>
<b>REPETITION</b>	<p><b>Follow the previous steps in every conversation with the patient if you notice that he or she is not fully ready or only partially prepared to quit smoking.</b></p> <p>If you are speaking with a patient who has had previous unsuccessful attempts to quit, emphasize that most smokers make several attempts before succeeding — this is normal and provides valuable experience that can assist in the next try</p>

Fig. 5. 5R Strategy

## The Role of Social Services in Smoking Cessation

Quitting smoking is a complex process that requires both medical and social support. Social workers have unique access to vulnerable groups who often struggle with tobacco addiction. These include people with low socioeconomic status, those with chronic illnesses, young individuals, pregnant women, and others. By working closely with clients, social workers can build trusting relationships, which are essential for successful smoking cessation. They not only provide information about the harms of tobacco but also help address the social and psychological issues that often underlie addiction.

Additionally, social workers possess the skills to implement a comprehensive approach that includes individual counseling, working with families, support groups, and community

organizations. This allows them to be effective agents of change within the community. To improve this work's impact, it is important to invest in social worker training, develop standardized support methods, and actively involve the community in joint tobacco control efforts.

**Institutional corporate culture.** Similar to healthcare professionals, one key area in social services is developing a strong corporate culture within organizations. Implementing tobacco- and nicotine-free spaces not only boosts employee health but also sets a positive example for clients. Training for social workers on motivational counseling techniques, especially the 5A algorithm (detailed in Fig. 3), helps standardize work with smokers and enhances the effectiveness of support during the quitting process.

At the community level, social services can organize educational events, support groups, and seminars that involve healthcare professionals, psychologists, and volunteers. These events help raise awareness about the risks of smoking, encourage healthy habits, and motivate change. Using digital technologies is also an important tool — for example, SMS support or mobile apps, which have proven effective in various countries.

**Cooperation with businesses.** Social services can act as intermediaries in fostering partnerships across various communities sectors. Collaborating with businesses enables the adoption of smoke-free workplace policies, which lower passive smoking risks and motivate employees to quit tobacco. In turn, businesses have the chance to enhance their social reputation by actively supporting employee health.

In Ukraine, psychosocial support programs for employees in companies are being implemented, which include a ban on smoking inside the premises and on the company grounds, as well as measures to motivate employees to quit smoking. Social services can collaborate with employers by helping to develop and enforce these policies, as well as organizing training for employees and managers.



For example, companies can hold information sessions using the government resource “*I’m quitting smoking*,” which offers free professional support for quitting smoking, including personalized plans, addiction level assessments, and recommendations. Social services can coordinate these efforts, helping to involve employees in support programs.

**Educational institutions as platforms for prevention.** Social services can build partnerships with schools and other educational institutions to run prevention activities for students and their parents. These might include interactive presentations, training in smoking cessation techniques, and informational campaigns about the dangers of tobacco and nicotine. Given the rapid rise in the use of new tobacco and nicotine products among youth, it is especially important to engage teachers and school administrators in establishing tobacco- and nicotine-free environments where smoking is banned and not seen as socially acceptable. Consistent and ongoing efforts in this area are vital to reducing the likelihood of adolescents beginning to smoke, which is key to improving the long-term health of the community.

**Partnering with businesses and local authorities.** Social services can act as intermediaries by collaborating with local businesses to support social initiatives aimed at reducing smoking. For instance, businesses can help establish smoke-free zones, fund awareness campaigns, or encourage employees to join smoking cessation programs.

Additionally, social services can work with local authorities to enforce laws that ban smoking in public areas and workplaces. Such efforts foster healthy lifestyles and decrease tobacco accessibility.

## Personalized Support Strategies for Smoking Cessation: A Person-Centered Approach

Smoking is an addiction. If this addiction is strong, it can be quite difficult to overcome. When someone decides to quit smoking, it doesn't mean that all thoughts of cigarettes will immediately disappear, and the process will be quick and painless. In most cases, more than one attempt is needed to succeed.

To effectively support people in quitting smoking, it is crucial to use an individualized approach that considers the characteristics of different target groups. Each group, depending on age, social status, and risk level, has its own unique needs, motivations, and challenges. Therefore, comprehensive efforts require the involvement of multidisciplinary teams — healthcare professionals, social services, educators, and community organizations. This sensitive and personalized approach helps more effectively assist people of all ages, including adolescents, adults, and vulnerable groups, in quitting smoking and maintaining health.

All methods used to support and assist in quitting should be based on scientifically proven techniques, including cognitive behavioral therapy, nicotine replacement therapy, motivational counseling, and structured planning. It's important to recognize that quitting smoking is a process that requires ongoing support, regular monitoring, and adaptation of strategies based on each individual's and group's specific needs.

Therefore, working with target groups to quit smoking at the community level must be flexible and sensitive to the needs and characteristics of each group. This not only reduces smoking rates but also enhances the overall health and quality of life of the population.

**Supporting adolescents in quitting smoking** is a complex process that requires the involvement of various parts of the community. Adolescence is a time of self-discovery, personality development, and environmental influence, so the approach to working with this group must be especially thoughtful and comprehensive.

The results of in-depth interviews conducted by the Kyiv International Institute of Sociology in 2024 among adolescents aged 15–17 on patterns of tobacco and nicotine product use show that students are not sufficiently aware of the dangerous effects of their use. Some respondents mistakenly believe that the latest tobacco and nicotine products are less harmful than traditional cigarettes. The study also found that some teens already have friends who have tried to quit smoking or switched from traditional cigarettes to other ways of using tobacco or nicotine. This may indicate the formation of a habit or even the development of addiction during adolescence. At the same time, most of them are unaware of existing organizations or online resources where they can receive professional help.



**Healthcare professionals** — including family doctors, nurses, and pediatricians — should regularly ask teens about their habits, such as smoking, and offer support through motivational conversations. It's important not only to inform them about the dangers of tobacco but also to help them recognize their personal values, which can serve as a foundation for quitting smoking. Healthcare professionals can assist in developing personalized quitting plans, explaining how to

identify and overcome nicotine addiction symptoms. Although nicotine replacement therapy is generally not recommended for minors, doctors can suggest safe alternatives to ease discomfort.

**Government agencies, charitable foundations, and public organizations** have the potential to drive change by actively involving young people in their initiatives. They can organize awareness campaigns in schools and communities, promote healthy lifestyles, and create interest groups (such as sports, arts, and volunteer work) that help teenagers divert from harmful behaviors and discover healthier options. Using motivational tools, such as entering into an “agreement” with a teen where a reward is offered for quitting smoking, can also be effective.

**Social services** offer psychological support and assist teens in managing stress and emotions, which often trigger smoking. Providing judgment-free support and helping them find personal strengths to overcome addiction are crucial. Support groups organized by social workers can facilitate peer sharing and support. It’s equally vital to involve parents — they should model a healthy lifestyle and actively support their child’s efforts to quit smoking.

**Community organizations and peer groups** play vital roles in promoting youth health by engaging teens in socially beneficial activities and providing informal support. They can hold meetings at libraries, youth centers, or open spaces where teens can communicate safely, share experiences, receive accurate information about the harms of smoking, and gain encouragement on their journey to quitting.

Supporting and expanding social projects and prevention programs initiated by teenagers themselves is highly recommended, as these help shape youth policies within communities, neighborhoods, or schools.

Additionally, public organizations can collaborate with adolescents to implement initiatives aimed at enforcing anti-smoking laws, such as identifying illegal tobacco advertising. They can also advocate for expanding smoke-free zones. Participation in these projects fosters responsibility, self-esteem, community involvement, and awareness of one’s role in creating a safe, healthy environment.

Public organizations can also teach teens self-defense skills against peer pressure, conduct interactive classes, training sessions, film clubs, or workshops on health, emotional well-being, and the development of life values. Peer-to-peer programs are particularly effective, as they involve young leaders with personal experience in quitting smoking who share their stories with peers.

Therefore, supporting adolescents in quitting smoking is a collaborative effort involving healthcare professionals, educators, and social workers, focused on creating a supportive environment, developing self-control skills, and promoting healthy life values. This comprehensive approach greatly increases the likelihood of teenagers successfully quitting smoking and remaining healthy for many years.

**To provide effective support for teenagers, it is advised to follow these steps:**

**Hold motivational talks** to help teenagers recognize their personal values and understand the risks of smoking.

**Organize group classes** or health-focused clubs that offer alternative activities such as sports, creativity, and volunteering.

**Involve parents and school psychologists** to foster a supportive environment.

**Teach teens** stress management techniques like meditation or breathing exercises.

**Assist them in developing a personalized plan to quit smoking**, considering their interests and personalities. Maintain a positive dialog, avoiding judgment and moral pressure.

**Explain** the symptoms of nicotine addiction and ways to manage them.

**Encourage** teens to seek help from free services, healthcare professionals, or psychologists.

**Supporting pregnant women** in quitting smoking requires sensitivity, comprehensive support, and consistency. Smoking during pregnancy not only harms the woman's health but also significantly risks fetal development, increasing the chances of premature birth, low birth weight, pregnancy complications, and other adverse effects. Therefore, quitting smoking is the most crucial step in safeguarding maternal and child health.

Working with pregnant women should involve a combination of providing information, motivation, behavioral support, and, if needed, medical supervision. It's important to remember that motivation alone is often not enough: women may want to quit but require help, support, and access to quality services, especially if they face risk factors like low education, high nicotine dependence, depression, or stress.

There is also a common myth among pregnant women that using e-cigarettes, tobacco heating systems, or other novel tobacco products is a "safer" alternative. Consequently, some women switch to these products without realizing they also contain nicotine and toxic substances that can harm the fetus. When addressing this, it's essential to openly discuss the dangers of novel tobacco products, dispel misconceptions about their "safety," clarify that there's no safe way to use nicotine, and communicate clearly and kindly to support quitting all tobacco and nicotine products. Offer alternatives such as psychological support, stress reduction techniques, and, if necessary, referrals to specialists.



To support these conversations, you can use the brochure "Mom, don't smoke, I'm suffocating!" This is an informational resource designed to raise awareness among pregnant women about the harmful effects of smoking on the health of both the unborn child and the mother. Presented as a child's plea to their mother, the brochure highlights the dangers of tobacco smoke and outlines the risks linked to smoking during pregnancy.

**The main principles for working with pregnant women include the following:**

**Informing them about the harms of smoking.** Pregnant women should receive clear, accessible, and personalized information about the negative effects of smoking on their health and their child's development. It is also crucial to discuss the dangers of passive smoking for the mother and fetus whenever her partner or close contacts smoke.

**Motivational conversations and support should be provided regardless of motivation level.** Even if a woman is not ready to quit, it is essential to discuss this issue regularly in a friendly and supportive manner to increase her interest in seeking help. Conversations with a medical or social worker greatly increase the chances of receiving support and beginning the quitting process.

**Behavioral support across various areas is beneficial.** Structured behavioral support, offered either individually or through self-help formats, including print and digital resources, proves effective. This support helps manage the behavioral aspects of smoking and quitting, significantly improving success rates. When information about the harms of smoking is available from multiple sources and the community discourages tobacco use, it becomes easier for women to decide to quit.

**Nicotine Replacement Therapy (NRT).** For pregnant women with moderate to severe nicotine dependence, combining behavioral support with NRT is advised. Although evidence for the effectiveness of NRT in pregnant women is less definitive because of safety concerns,



providing proper information and support helps women use the therapy effectively and minimize risks.

**Accessibility of services.** Every woman should know she is not alone in her journey to quit smoking. It is essential that she is informed about all available support options, which might include consultations at medical clinics, meetings with a psychologist or psychotherapist, as well as individual online advice from experts at the “*I’m quitting smoking*” service.

**Stress management and emotional support.** As pregnancy often brings stress, it is essential to teach women relaxation techniques — such as gentle physical exercise, breathing exercises, and meditation — and to encourage them to seek professional help if they struggle to manage on their own.

**Monitoring and support during pregnancy and after birth.** Regularly checking smoking status, supporting women through the quitting process, and continuing this support after childbirth are critically important to prevent relapse.

**To provide effective support for pregnant women, it is advised to follow these steps:**

- **Share clear information** about how smoking impacts the health of the expectant mother and the child’s development. It is essential to approach this respectfully and without judgment, regardless of the woman’s willingness to change her behavior.
- **Provide access to self-help resources** — these can be leaflets, brochures, videos, mobile apps, or online tools that assist people in quitting smoking and support them throughout the process.
- **Ensure a personalized approach**, especially for women with risk factors such as low education, having a partner who smokes, stress, or depression.
- **Encourage mental health care:** help reduce stress, inform them about available psychological support services, and create an emotionally supportive environment for expectant mothers.
- **Work on making help easily accessible:** offer consultations at convenient times, online or by phone, and organize meetings in community centers or through home visits if necessary.
- **Promote ongoing support:** even if a woman is already on her way to quitting smoking, it is important to continue paying attention to her during pregnancy and

**Supporting people with chronic diseases in quitting smoking** is extremely important because smoking significantly worsens the progression of many chronic illnesses and raises the risk of complications. For these patients, quitting tobacco is not just advised but essential to improve their quality and length of life. At the same time, due to nicotine addiction and psychological and social factors, this process is often challenging and requires systematic, comprehensive support.

First and foremost, primary healthcare professionals — family doctors, therapists, nurses — should play a key role in identifying smokers among patients with chronic diseases. They should

regularly inquire about smoking status, assess the level of dependence, motivate patients, and offer tailored strategies for quitting. If there isn't enough time for an in-depth discussion during the appointment, the healthcare professional can suggest that the patient use the "*I'm quitting smoking*" service. The patient should be asked to complete a test to determine their addiction level on the website before or after the visit, and these results should be discussed during the consultation. It is important to remember that tobacco addiction is a chronic disease that needs long-term treatment and support.

Depending on the patient's readiness to quit smoking, healthcare professionals should adopt different approaches. If the patient is not yet ready to quit, it's important to discuss smoking regularly, explore their reasons for reluctance, inform them about the dangers of smoking considering their chronic condition, explain the benefits of quitting, and foster internal motivation without pressuring them. Medication therapy can greatly increase the success of smoking cessation, particularly in patients with moderate to severe addiction. These might include nicotine replacement therapies or other medications that help reduce withdrawal symptoms. The prescription of medication should consider the individual patient's condition and level of addiction.

Psychological support and behavioral therapy are key parts of treatment. Cognitive behavioral therapy helps patients recognize smoking triggers, shift negative thoughts, and develop new strategies to resist the urge to smoke. Group support programs also boost success by providing motivation and an opportunity to share experiences.

An essential element of motivation is setting a personal example. When healthcare professionals or specialists who make recommendations live a healthy lifestyle themselves and have experience in successfully quitting smoking, it greatly increases patient trust and motivation to change. On the other hand, situations where recommendations aren't supported by personal example are seen as double standards, leading to disappointment and feelings of betrayal.

Therefore, it is crucial that specialists are not only sources of knowledge but also living examples of a healthy lifestyle. Consequently, working with individuals who have chronic diseases should be systematic, personalized, and comprehensive, combining medical, psychological, and social approaches. The honesty and personal example of specialists play a critical role, significantly enhancing motivation and patient trust. This approach leads to notable improvements in patient health, reduces the risk of complications, and enhances their quality of life.

**Support for military personnel and veterans** is a vital area that must consider their unique psychological states, social environments, and specific stressors. Military personnel are often subjected to high stress levels, traumatic events, and social isolation, which can worsen nicotine addiction and make quitting smoking more difficult.

One of the main approaches is cognitive-behavioral therapy, which helps military personnel and veterans understand the roots of their addiction, recognize triggers that lead to smoking, and develop strategies to resist those urges. It is crucial that therapy be tailored to the particular experiences of military life and include work on stress, anxiety, and post-traumatic symptoms.

Medication support — such as nicotine replacement therapy or pharmacotherapy — effectively complements psychological treatment. It helps alleviate withdrawal symptoms and eases the process of quitting smoking. These medications should be prescribed by a healthcare professional, considering the individual's health condition.

A key component is establishing specialized support groups where military personnel and veterans can share their experiences, receive emotional support, and realize they are not alone in



their fight. Such groups foster social connections and boost motivation to maintain a healthy lifestyle.

The involvement of opinion leaders among veterans — those who have already successfully quit smoking — is especially important. Their examples and encouragement provide powerful motivation and help fight feelings of isolation. It is also crucial to organize resocialization programs that combine support for quitting smoking with strengthening social connections, physical activity, learning stress management techniques, and developing healthy lifestyle skills.

In Ukraine, there is a community called Nicotine Anonymous (NicA). In this case, help comes directly from people who have successfully overcome their tobacco addiction. The founder of this community is a military serviceman who has successfully quit smoking.

A comprehensive approach that combines psychological support, medication, social interaction, and personal example greatly increases the chances of military personnel and veterans successfully quitting smoking and enhancing their quality of life.

**To provide effective support for military personnel and veterans in quitting smoking, it is advised to follow these steps:**

- **Provide informational support:** distribute materials (printed, online, mobile apps) that help people quit smoking and stay motivated.
- **Use cognitive behavioral therapy** tailored to the specifics of military experience, with an emphasis on managing stress and post-traumatic symptoms.
- **Create specialized support groups** where participants can share experiences, gain motivation, and receive psychological support.
- **Engage veterans** who have successfully quit smoking as speakers or mentors for others. Conduct individual or group discussions that raise awareness of the importance of health and the dangers of smoking.
- **Resocialization programs:** incorporate smoking cessation support into broader initiatives — education, volunteering, sports, or creative activities.
- **Take an individual approach:** coordinate efforts based on each person's psychological state, combat experience, and social circumstances.



**It is crucial to remember that quitting smoking is not just a personal choice but also a shared responsibility of the community to create environments that support this decision.** Therefore, protecting people from secondhand smoke should be a priority, as passive smoking significantly threatens the health of all population groups.

Secondhand smoke is also a strong trigger for those trying to quit smoking. The environment should help individuals in this process, because regular exposure to smoking increases the risk of relapse and sustains tobacco addiction.

Consequently, establishing smoke-free zones and ensuring adherence to anti-smoking laws are vital for both public health and the success of personal efforts to stop smoking.

## Group Support Strategies for Smoking Cessation: Organizing Peer Support Groups

The idea of “peer support in a group” is defined as the ability of individuals who are part of a group based on a shared principle (such as similar social status, needs, interests, or life circumstances) to help each other solve various problems through sharing their experiences or providing emotional support within the group and as a whole.

Peer support groups are voluntary gatherings of individuals who share a common goal: to quit smoking. Their effectiveness relies on mutual trust, exchanging experiences, and creating a safe space where each participant can share their struggles and receive support, motivation, and practical advice. Unlike individual counseling, group work helps people feel that they are not alone with their problem, that they are understood and supported.

Support groups can take different forms — regular weekly or monthly meetings, held offline or online, in medical facilities, public spaces, libraries, cultural centers, or social service centers. The main aim of these groups is to provide participants with motivation, knowledge, and tools necessary to quit smoking, as well as to help them navigate relapses and stressful situations without falling back into addiction.

The organizer or facilitator of the meetings can be a primary care professional, psychologist, social worker, representative of a public organization, or even a former smoker who has received appropriate training. It is crucial that the facilitator possesses active listening and empathy skills, and can foster positive group dynamics without judging participants, instead creating an atmosphere of trust. Involving healthcare professionals who can offer reliable information about nicotine addiction, pharmacotherapy, and behavioral strategies is also beneficial.

### Where should you begin when organizing peer support groups in the community?

1. **Assess community needs.** Consider who might need help quitting smoking in your community, such as young people, internally displaced persons (IDPs), pregnant women, or workers in specific industries. Consult with local healthcare professionals, psychologists, social workers, or community activists. Gather information about interest levels, barriers, and motivation. This will help you analyze interest and plan the group effectively.
2. **Find partners and a venue.** Partner with medical facilities, schools, libraries, social centers, or public spaces. Agree on a meeting location that is neutral, convenient, and accessible.
3. **Choose and train a facilitator.** Select someone to lead the meetings. This could be a specialist or a trained volunteer. The facilitator doesn’t need to be a healthcare professional — as long as they have a desire to help, empathy, good listening skills, and are non-judgmental. Provide basic training on group management, support techniques, and handling confidential information. This training can be given via online resources or mentorship.
4. **Recruit participants.** Post announcements on social media, at hospitals, pharmacies, libraries, and other places. Ask doctors and social workers to inform potential participants. Consider having people complete a short questionnaire to understand their expectations and motivation.
5. **Plan the schedule.** Prepare a thematic plan, such as 6–8 sessions lasting 60–90 minutes each. Topics could include reasons people smoke and barriers to quitting, stages of quitting, strategies to overcome cravings, and support during difficult times.

6. **Conduct meetings.** Ensure they happen regularly and at the same time and day. Begin with a trust-building activity, such as asking, “What did you accomplish this week?” Then, proceed with the session topic, sharing practical exercises and experiences.
7. **Maintain contact between meetings.** If possible, create a chat group through a messaging app for sharing resources, motivational messages, reminders, tips, videos, and encouraging memes. Send useful materials or brief supportive messages. This helps foster a sense of community.
8. **Evaluate results and adapt.** After completing the meeting cycle, gather feedback and analyze the results (such as the number of participants, their achievements, and satisfaction levels). This feedback will help make future groups even more effective.

#### **Community experience: examples of successful initiatives**

In Khmelnytskyi region, the local primary healthcare center, in collaboration with a youth hub, began holding weekly meetings for young people wanting to quit smoking. The group was led by a family doctor and a social worker, with a psychologist periodically invited to discuss stress management topics.

In Kramatorsk, a public organization created an online group for internally displaced persons who had increased their tobacco use due to stress. Thanks to regular meetings and mutual support, some participants were able to quit smoking.

#### **Practical Cases and Consultation Scenarios**

**Meeting topic:** For example, “How to cope with the urge to smoke after lunch.”

**Group discussion:** Participants share their own challenges and solutions.

**Mini-lecture or technique demonstration:** For example, breathing exercises or visualization, practical strategies for replacing smoking with alternative activities.

**Role-playing exercises:** Simulating situations where the urge to smoke occurs (meeting with friends, stressful situations) and practicing refusal skills.

**Homework:** For example, creating a personal action plan for specific difficult situations.

#### **Additional practical ideas for topics and activities:**

**Rethinking the benefits of smoking:** Focusing on perceptions, such as replacing thoughts like “smoking calms me down” with “I know other ways to relax.”

**Stress management techniques:** Yoga, progressive muscle relaxation, mindfulness.

**Information sessions:** Facts about the dangers of smoking, the effects of secondhand smoke, and the benefits of quitting.

**Motivational interviews:** One-on-one or group sessions to explore internal motivations and address doubts.

**Use of resources:** Familiarizing participants with support services, mobile apps, or helpful videos and books that assist in quitting smoking.

## Use of Public Resources to Assist Individuals in Quitting Smoking



An important tool for engaging with the community is Ukraine's first professional government resource, "*I'm quitting smoking*" ([stopsmoking.org.ua](http://stopsmoking.org.ua)), designed to offer free and expert help to anyone looking to overcome nicotine addiction. The website provides current, trustworthy information that enables users to: learn about the main strategies for quitting smoking, find practical tips, take assessments to gauge their level of physical dependence on nicotine and understand their addiction, develop a personalized, step-by-step quitting plan, and learn how to handle potential relapses.

A dedicated section of the site focuses on how to properly support someone trying to quit smoking, emphasizing the crucial role family and friends play in the quitting process.

It's essential that all key community stakeholders — healthcare workers, social service providers, educators, and community leaders — are aware of this resource and promote it through presentations, training, and awareness campaigns. They can organize joint events where the service is introduced as part of a comprehensive support system for smokers, encouraging active engagement with the resource.

### Recommendations for practitioners and community leaders:

- **Inform** the public about available services through all communication channels: social media, press, radio, and local events.
- **Organize joint training sessions and presentations** for social workers, healthcare professionals, teachers, and volunteers on how to work with the "*I'm quitting smoking*" service.
- **Encourage smokers to take online assessments** and create personal plans to quit.
- **Promote smoke-free spaces** along with information about support services, ensuring that smokers feel supported both in their environment and by the community.
- **Collaborate with public organizations that can run information campaigns utilizing public resources**, which will enhance trust and improve access to information for various audiences.

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