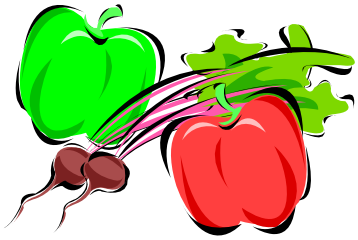

Learning About Healthy Living

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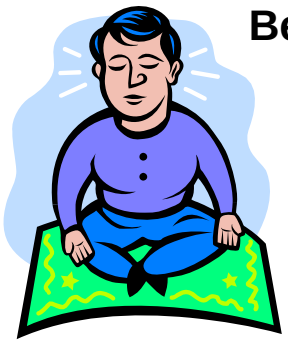
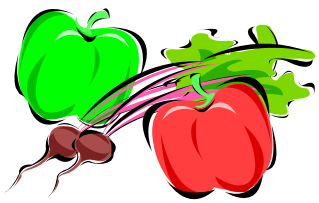
Revised June 2005

Learning About Healthy Living

TOBACCO AND YOU





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Introduction to Learning About Healthy Living: TOBACCO AND YOU

The aim of this treatment manual is to provide a format to address tobacco for smokers with a serious mental illness who are either prepared to quit smoking or who are simply contemplating quitting in the future. This manual has been developed with input from mental health consumers and treatment staff. Their feedback has been incorporated into the sessions to make the treatment practical and easy to use. The manual takes a real-world approach at addressing tobacco addiction in the mental health setting and can be implemented by a broad range of mental health professionals and paraprofessionals. Although the emphasis is on addressing tobacco, this manual includes sections on other aspects of healthy living including improving diet, increasing activity and managing stress.

This treatment is designed for all types of smokers with different mental health problems. It assumes that not every one using this treatment will be immediately ready to quit smoking, but has the overall goal of moving consumers towards a tobacco-free lifestyle. This treatment is designed as two groups. It is designed so that consumers can progress from Group I to Group II, when appropriate or desired. Each topic is organized as a Chapter that can be discussed in a single group treatment session. Each Chapter includes handouts for consumers that contain educational information as well as questions for discussion. The Facilitator's Guide has a corresponding section for every Chapter that includes goals, objectives and suggested approaches for each topic. The Appendix includes additional supplementary materials and forms that are optional resource for the Facilitator implementing the Learning About Healthy Living approach. The Chapters are designed to be used sequentially, as in a weekly group treatment, although each also stands alone as a unique topic related to tobacco use and healthy living, which can be integrated into other treatment approaches.

Organization of the Manual

This manual is divided into 8 sections. These include an introduction the overall Learning about Healthy Living approach, description of the general structure of the treatment group, two group treatments with corresponding consumer handouts and facilitator guides, a chapter on tobacco dependence treatment medications and an appendix with supplementary information including additional resources and useful forms.

Group I "Learning about Healthy Living"

Group I 'Learning About Healthy Living" is an educational and motivational based intervention, which is useful for all smokers with mental health problems. Group I has an open-ended format with rolling admission, and is not time limited. The overall goal of Group I is for consumers to gain knowledge and insight to consider moving toward a tobacco-free lifestyle. Furthermore, by participating in Group I, consumers will learn about other issues related to healthy living such as nutrition, physical activity, and stress management. This group will provide consumers with detailed information regarding the risks associated with smoking, what is in cigarettes, the benefits of quitting smoking, ways to quit smoking, and general healthy lifestyle behaviors that can assist them in quitting smoking.

Consumers can continue coming to Group I as long as they desire and will only advance to Group II when they have decided they are ready to take action to quit smoking.

Group II "Quitting Smoking"

Group II "Quitting Smoking" is an action-based treatment for smokers struggling with a mental illness who are ready to try to quit smoking. Group II emphasizes techniques for quitting to improve success and reduce risk of relapse. Group II is a closed group format and lasts 8 to 10 weeks. There should be at least 4 individuals committed to quitting in order for this group to be carried out. Further, although most consumers will have completed Group I as a pre-requisite, some consumers may come to treatment ready to quit and begin with Group II. In this way, the treatment is flexible and can be modified to meet the needs of the smoker.

Section 1: Introduction

This manual was designed for several reasons:

1. To give the consumer information about the relationship between tobacco use and mental illness
2. To give the consumer information about the recovery process from tobacco addiction, including educating them about the treatment.
3. To help the consumer to gain motivation about wanting to lead a tobacco-free lifestyle and quit smoking.
4. To help the consumer develop skills that will assist them to quit using tobacco and get healthy.
5. To teach the consumer struggling with a mental illness the specific relapse prevention issues that are most relevant to them.
6. To use the group format to structure the treatment sessions and also provide additional support and modeling experiences for the consumer struggling with a mental illness.

Preparing Participants for Group

It is preferable that all smoking consumers should be seen for an assessment prior to being included in the group. A comprehensive self-report tobacco use assessment form is included in Appendix A. It is anticipated that it might take a consumer 15-30 minutes to complete this assessment form that may be best done outside of the group time and with individual discussion with the group facilitator. Completion of this assessment may not always be possible prior to beginning "Group I: Learning About Healthy Living". In these instances, the facilitator may want to give the consumers a briefer assessment to complete during the Introduction Group. This assessment should include their current smoking level, past history of quit attempts and nicotine withdrawal symptoms, and current thoughts about quitting. An additional assessment tool (On the Path to Healthy Living Questionnaire) is included in Appendix B. This helps the consumer think about their overall health and lifestyle in order to prioritize goals or begin a discussion with their health care professional. A sample treatment plan with tobacco dependence listed as the problem with relevant goals and objectives is included in Appendix C.

Allowing consumers to receive information on the personal consequences of their tobacco use is also an extremely useful technique used in this manual. This includes feedback of their current exposure to carbon monoxide from smoking, which is easily measured with a hand-held meter. In addition to health

consequences, consumers may respond with increased motivation to quit when they receive feedback about how much they spend annually to purchase tobacco products. This information can be explained to the consumer in the assessment session (or Introduction Group) and throughout the treatment.

In the first sessions, consumers should be given a clear idea of what to expect from this group treatment. They should be informed of the number and timing of meetings. It is important to tell consumers that they are encouraged to attend the group even if they are not ready or wanting to quit. The target group size for the group meetings should be about 12-16 members.

Group I: "Learning about Healthy Living"

Ideally, all smoking consumers with serious mental illness are potential candidates for this group treatment. The typical participant should be psychiatrically stable, not in a crisis, and ideally not actively abusing substances other than tobacco. Many consumers will have persistent symptoms of depression, mood instability or psychosis (hallucinations or delusions) although they are considered stable. These stable symptoms should not be a barrier to attending the Learning about Healthy Living treatment groups. Typically consumers may be enrolled in Day Treatment Programs or general outpatient mental health services.

Unlike other groups, which rely on participants of the same motivation level, "Group I: Learning about Healthy Living" accepts smokers of all motivational levels. This means that the group may be mixed with members who are ambivalent about quitting and even some who may not even express a desire to quit. This is done for two reasons: first the treatment itself is motivating and expects to increase each consumer's desire to quit smoking through successive sessions. Additionally, we have found that smokers with serious mental illness may not express a desire to quit. Some may in fact express ambivalence or even deny wanting to quit smoking and yet demonstrate some intent in their actions. It is not uncommon for these consumers to attend and participate in the group sessions. Some may even take further steps to actively reduce their smoking and/or use nicotine replacement.

Although the lessons follow a sequential series and move consumers towards making a quit plan and setting a quit date in Group II, some consumers may not attend every session, some may drop out, and others may join at a later date.

Group II: "Quitting Smoking"

All smokers with a desire to try to quit smoking in the next month should be appropriate for Group II. Other positive indicators for treatment include a strong desire to stop smoking completely, past quit attempts, willing to use tobacco treatment medications and willingness to commit to attending all group treatment sessions. The type of participants recruited will largely determine the actual success rate achieved in any group, although combination treatment of tobacco treatment medications plus counseling are believed to yield the highest success rates. The added treatment effect of the group setting partly comes from seeing others make quit dates and succeed. The facilitator should be careful about including participants in Group II that are clearly stating that they are not ready to quit. Including these participants can contribute to a negative effect on the group, and/or the individual.

The Role of Antipsychotics

Tobacco dependence in schizophrenia and other psychotic disorders are impacted by the pharmacological regimen for psychosis. Treatment outcomes are enhanced with use of atypical antipsychotics. Past studies found that clozapine treatment is associated with reduced smoking (McEvoy et al., 1995; McEvoy et al., 1999; George et al., 1995). Another study found that subjects receiving other atypical antipsychotics (olanzapine, risperidone, clozapine, and seroquel) had 2-3 times greater success in quitting smoking those on older, traditional antipsychotics (George, Ziedonis, et al. 2000). Treatment with these older "typical" antipsychotics, like haloperidol, has been associated with increased smoking (McEvoy 1995). In order to give consumers the best chance at successful quitting, it is preferable that consumers entering a tobacco dependence treatment group are taking an atypical antipsychotic and be on a stable dose of medication for one month prior to starting the treatment.

The Important Role of Tobacco Dependence Treatment Medications

Tobacco dependence treatment medications are a recognized first-line treatment for quitting smoking and other tobacco products. Some of these medications are available over-the-counter (OTC) and others require a prescription. Most

treatment guidelines indicate that all smokers trying to quit smoking should use tobacco dependence medications, whenever possible, to lessen nicotine withdrawal symptoms and make them more successful in their quit attempt (Fiore 2000). Smokers with mental health problems tend to be heavy smokers and are more highly addicted to nicotine than other smokers. This means that it is even more likely that they will need a tobacco medication treatment to help them quit smoking. There are currently six Food and Drug Administration (FDA) approved treatments for tobacco dependence treatment. Five are different types of nicotine replacement therapies (NRT): nicotine gum, nicotine patch, nicotine inhaler, nicotine nasal spray and the nicotine lozenge. The only FDA approved non-nicotine treatment is bupropion SR, marketed both as Zyban SR and Wellbutrin SR, a well-known antidepressant. These six medications are considered first line treatments for tobacco dependence. These medications are safe and effective and should be considered in the quit plan of all smoking group members. Since they are about equally effective, issues like consumer preference and cost may be relevant factors in making choices. Providing education to your consumers about medications, as well as simple instructions on how to use them are included in Chapters 15 and 16 of this manual. It is important for consumers to be able to make choices as to what treatment medication will suit them best. In general, nicotine replacement therapies tend to be under-utilized or used incorrectly, even in the general population. Several of the nicotine medication products are best dosed at frequent intervals (about once an hour) throughout the day. Failure to use enough nicotine medication will result in unpleasant nicotine withdrawal symptoms, which could lead to smoking relapse. For this reason, the group therapist is advised to oversee and encourage the proper use of nicotine replacement therapy (NRT). NRT should be encouraged inside buildings and during group sessions. Not only does this support the use of nicotine replacement therapies as a part of the group treatment, but it also allows others to become familiar with the products. Other smokers who may have been reluctant to try nicotine replacement medications can benefit from the modeling of seeing other consumers use them successfully. The group can generate questions and discussion about the use of nicotine replacement medications that reinforce the overall treatment. Using nicotine replacement medications is a healthy alternative to smoking that should be rewarded and encouraged whenever possible. A comprehensive chapter with additional information on tobacco dependence treatment medications for facilitators and prescribers is included in Section 3.

General Structure of a Treatment Group

Advantages for Treating Smokers in Groups

Providing treatment in a group setting has shown to be the most cost and time effective method to help smokers quit and has advantages over individual sessions. In addition, group members are able to learn from each other, make new friends who are dealing with similar issues and provide support to each other. The group meets one time per week for 20 consecutive weeks. For consistency, it is important to meet on the same day and time each week. This type of treatment approach is most easily integrated into a community mental health or day program setting which uses other curriculum-based treatment approaches. Group treatment is an accepted and familiar form of treatment delivery among consumers struggling with a mental illness.

Group treatment provides an added beneficial treatment effect partly from the impact of seeing others succeed and also by being motivated to keep up with them. This support is especially helpful to members who are trying to quit smoking maintain the willpower necessary to get through the difficult first few weeks when craving and withdrawal will be at their worst. In addition to the additional support from a group treatment, group treatment facilitates "peer" pressure and spontaneous modeling of effective coping practiced by other participants. This style of group-oriented treatment is practiced as a 6-session tobacco cessation group at the UMDNJ-Tobacco Dependence Program, New Brunswick, NJ.

Facilitator-Educator Group Oriented Model

Learning about Healthy Living uses a "Facilitator-Educator" group oriented model. In this model, the Facilitator takes an active approach in coordinating the group process and leading discussion. This provides consumers with:

- more structure
- a specific topic to focus on
- and *encourages* participation by group members.

The title Facilitator-Educator implies the dual role of this therapist in enhancing and facilitating discussion as well as providing a strong educational component to each group session. Utilizing role-plays, giving concrete examples, completing exercises and asking questions that help consumers join in the discussion when capable, allows the facilitator to know if the consumers have gained an understanding of the topic. Validating the consumer's progress and verbalizing positive affirmations creates a positive, supportive environment. In each group session, facilitators strive for a balance. They must provide education/ information to the group members but in a helpful way so as not to limit the group process and to allow for questions and discussions.

Although "group-oriented" methods are proven to be successful in helping smokers quit, it is important to understand the special needs of the mental health consumer. Techniques from the 6-session tobacco cessation group mentioned above (Foulds et al., TDP Manual 2004) have been ***modified*** and included in Group II of this manual.

Facilitator-Educator

As the Facilitator of the "Learning about Healthy Living" groups, your role is very crucial to the success of the group. It is important for you to establish an atmosphere where consumers know what to expect and will feel safe in the group setting. Every session of the "Learning about Healthy Living" groups will follow a similar format. (i.e. Greeting and Introductions, Check in with Group Participants, Topic Presentation, Followed by Discussion, Exercises/Role Plays, Closure of Group and Encouragement/Reminder to Return Next Week)

Being Prepared Before Group Begins

1. Read manual chapter for consumers and corresponding facilitator guide notes.
2. Prepare all handouts, and/or other supplies you will need prior to the group. This includes dry erase boards and markers, flip charts and pencils for the consumers.
3. Be at the group location a few minutes prior to the start of group. Allow additional time to set up, settle yourself, and be ready to welcome group participants.

As a Facilitator

4. Remember that YOU are a ROLE MODEL for the behavior that is expected in your group. Be sure to start and end the group on time. Speak respectfully to consumers and avoid embarrassing group members by challenging them too strongly or putting them on the spot.
5. You are there to facilitate the group! This means…educating the group on various topics, gently guiding participants to stay on track and participate in the discussions. Be sure when introducing a topic, not to over talk! The approach that tends to work best is when consumers take an active role in their treatment by sharing with each other…not the facilitator doing all the talking! This may need to be modified to adapt to the level of functioning of your particular group members, however all group participants should be encouraged to increase their participation over time.

When Consumers Arrive at Group

6. As consumers arrive at the group, be sure to portray an optimistic, supportive and encouraging attitude. Being prepared and having organized all the necessary materials you will need in advance, allows you to be totally available to greet your consumers. Using simple greetings like “Hi Joseph, I’m glad you can join us today” or “Hello Barbara, How are you doing today?” sends a message to that particular consumer that you are glad that they are there.

Procedures at Each Group Meeting

7. Basic record keeping should be carried out for each consumer at the start of each group. This should include:
   - attendance;
   - self-reported cigarettes smoked per day (abbreviated as cpd) in the past week;
   - self-reported treatment medication use;
   - expired carbon monoxide (if possible). See Appendix D for Instructions for Carbon Monoxide Monitoring

A sample record sheet (Learning about Healthy Living Group Record Sheet) is available in Appendix E, which demonstrates one option for recording this information. Consumers should also be given the opportunity to discuss more personal issues briefly at the end of the group meeting or in separate sessions or by telephone.

Introduction of Group

The first session is the welcome meeting. To begin, people introduce themselves and state the reason(s) that they have joined the group. Once introductions are complete, the program is described in some detail to the consumers. Be sure to explain about:

- **Level of Participation** (no one will force them to talk, but members are expected to listen and be respectful of one another)

- **Mutual Support** (group members should be encouraging to one another, respectful of one another, one person talks at a time and no making fun of each other)

- **Group Ground Rules** Be sure to ask participants what they think would be reasonable in terms of ground rules. What would make it comfortable for them? If they miss any key points, fill in the blanks by asking, "what about…" Ensure that confidentiality is discussed. Adopt the rules as the guidelines for the group. Ask for a volunteer to write these rules down in large writing, on a flip chart, so that they feel ownership. Have the flip chart for reference at each group meeting.

Below are some standard group rules:

- Come on time to group each week.
- Be respectful of each other.
- One person talks at a time.
- Be aware of how much time you spend talking to allow others to share.
- Confidential Information – what people share in the group, stays in the group. Don't talk to anyone outside the group about what was shared during group.
- No fighting or physical touching.
- No gossiping about other group members.
- If you get angry, try to stay calm. If you need a break, take one.
- Let the group leader know when you are leaving.

Weekly Topic Sessions/Chapters

This manual has been set up to guide facilitators through each group session sequentially. Consumer handouts enhance learning by giving written examples of educational material. Each handout has interactive sections for written responses or questions for group discussion. Each Chapter in the "Learning About Healthy Living" manual has a corresponding section in the Facilitator's Guide. The Facilitator's Guide lists goals and objectives for that particular group session. In addition, additional techniques and recommendations are included in the sections called Suggested Approach. These are optional ways to expand of the content of your group session by bringing in additional information or using your creativity to enhance the learning experience. Although it is recommended that Facilitators follow the suggested format, YOU KNOW YOUR CONSUMERS BEST, and may need to adapt some of the information and exercises to best serve them.

Closure of Group

It is important to watch the time and allow 10 minutes at the end of group for wrap up. Reassure members that you will be there next week and give them the exact day of week, date and time of group. It may be helpful with some groups to give them a Group Reminder Card (see page below and Appendix F) or other appointment card with the next week's information.

Be available at the end of group in the event that one of the members needs a little bit more time to speak with you or arrange for an individual time to meet.

Group Reminder Card

GROUP REMINDER
"Guide to Healthy Living"

The next group will be held on

_____, _____ _____, _____
Day of Week Month Date Year

The topic will be:

_____

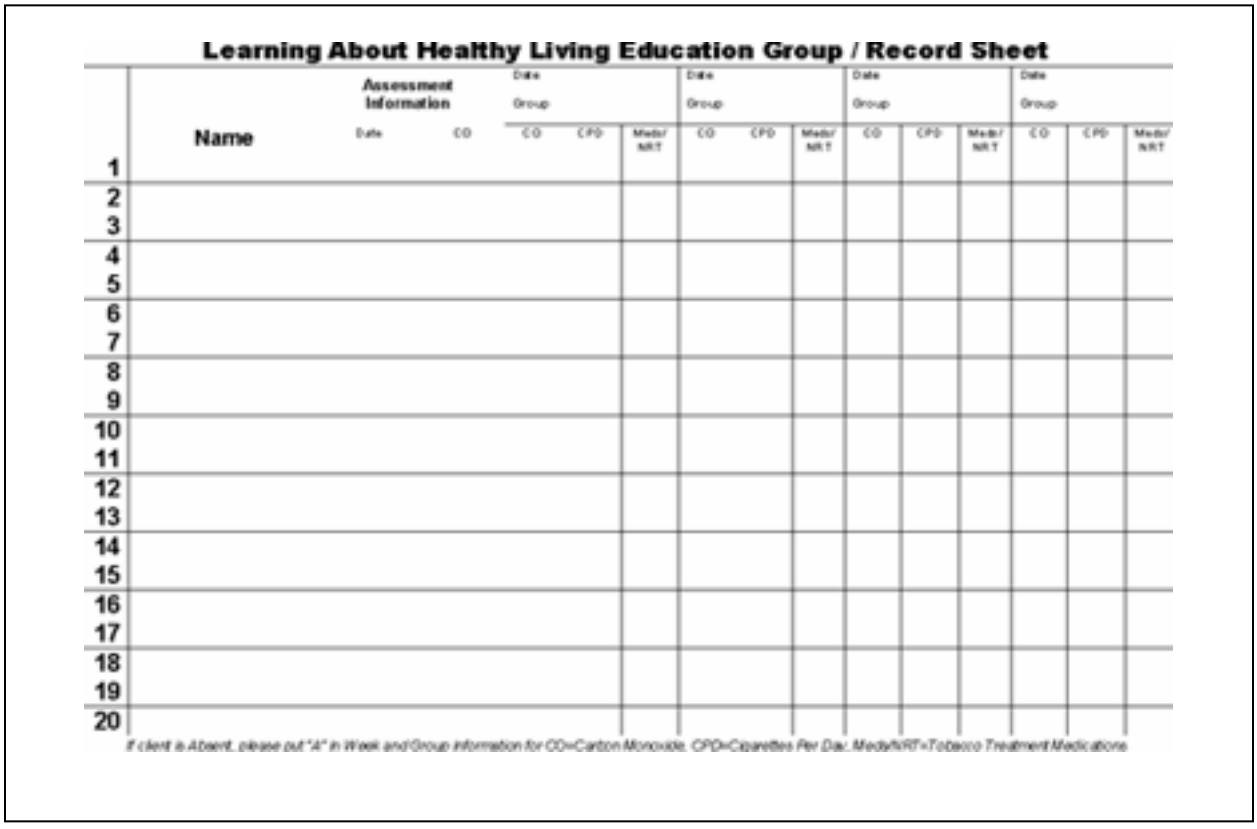
If you cannot attend this group, please contact:

Name: _____

Phone: _____

Group Record Sheet

It may be useful to use a single page to document important clinical information about consumers who attended the group session. The Group Record Sheet (see below) is one way to monitor attendance and also track each consumer's progress in a simple way. Names are entered in the left side column. The baseline assessment information about how much that consumer is smoking (cigarettes per day, cpd), and their expired carbon monoxide reading (CO) is entered. A dated entry is then made for each group attended by that consumer and includes ongoing assessments of how much that consumer is smoking (cpd), their expired carbon monoxide reading (CO) and which medications they are using to try to quit smoking (if applicable). A complete version of this form is included in Appendix E.



Learning About Healthy Living Education Group / Record Sheet

	Name	Assessment Information Date	CO	Date Group CO	CPD	Med's/ NRT	Date Group CO	CPD	Med's/ NRT	Date Group CO	CPD	Med's/ NRT	Date Group CO	CPD	Med's/ NRT
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															

If client is Absent, please put "A" in Week and Group information for CO=Carbon Monoxide, CPD=Cigarettes Per Day, Meds/NRT=Tobacco Treatment Medications

Tracking Progress

The Group Record Sheet is one way to track each consumer's progress in the Learning about Healthy Living Group through attendance and biological (CO) and self-report (cpd) measures of cigarette consumption. An additional way to track progress is to measure other more subtle changes in behavior, which may occur through participation in this group.

A handout entitled "I'm Not Ready to Quit Smoking" can be used as an optional assessment and monitoring tool throughout the group (See Appendix G). The purpose of this exercise is to allow lower motivated smokers to set goals that are readily achieved through participation in this group. The smoker would read the options and check those goals or activities, which they feel they can commit to. As few as one option may be initially checked by the smoker. For example, a smoker who is not interested in quitting may agree to attend these treatment sessions and read all the handouts as an initial treatment goal. As the list progresses, the activities become more active in engaging the smoker to better understand and consider changing behavior patterns, without actually quitting smoking all together. In this way, this exercise can be presented at repeated intervals (i.e. monthly) to see if smokers are becoming more interested in quitting.

This material is also discussed in depth and as a recommended exercise in Chapter 16.

Using Pharmacotherapy to Treat Tobacco Dependence in Mental Health Settings

Introduction

The current US Clinical Practice Guidelines indicate that all smokers trying to quit should use pharmacotherapy, except in cases where there may be contraindications (Fiore 2000). Pharmacotherapies for tobacco dependence are among the most cost effective treatments in all of medicine and should be considered a first-line treatment. Adding behavioral treatments like group or cognitive-behavioral therapy to medications are effective strategies that double the likelihood of being successful in quitting smoking, however, pharmacotherapies are effective even in the absence of psychosocial treatment. Almost all smokers can use one or more forms of these pharmacotherapies and there are very few contraindications to their use.

There are currently six Food and Drug Administration (FDA) approved pharmacotherapies for tobacco dependence treatment. Five are different types of nicotine replacement therapies (NRT): nicotine gum, nicotine transdermal patch, nicotine lozenge, nicotine inhaler, and the nicotine nasal spray. The only FDA approved non-nicotine treatment is bupropion SR, marketed both as Zyban and Wellbutrin. Collectively these six are considered first line medication treatments with established safety and efficacy.

Rationale to Use Pharmacotherapy

There are several reasons to consider using pharmacotherapy to treat tobacco dependence. Research suggests that smokers with mental illness are a heavy smoking group, with high levels of nicotine dependence (Williams & Ziedonis, 2004). Smokers with mental illness may also have more difficulty quitting smoking for a variety of psychological and social reasons. Pharmacotherapies for tobacco dependence can help to reduce or eliminate nicotine withdrawal, and reduce negative mood states associated with quitting. Smokers should not have to suffer with nicotine withdrawal symptoms, which can last for 4 weeks after quitting, when treatments are available. Using nicotine medications also blocks the reward or pleasure experienced from smoking. An important rationale to the use

of these medications is that they are a proven, effective component of treatment. Using medications in a quit attempt will double the smoker's chances of successfully quitting.

Nicotine Replacement Medications (NRT)

The five types of nicotine replacement medications (NRT) currently available in the US include three over–the-counter preparations, (nicotine gum, patch and lozenge) and two available by prescription (nicotine inhaler and nasal spray). Nicotine medications are usually started on the day the user stops smoking called the Quit date. The major indication of NRT is to prevent and treat the nicotine withdrawal associated with quitting. The five NRT products do not differ in effects on withdrawal, urges to smoke, satisfaction, or rates of abstinence and abuse liability from all are low (Hughes 1989; Hajek 1999; West 2000). They are also all about equally effective and consumer preference may be important in deciding which product or products to use. They do differ in their tendency for side effects with the nasal spray producing far more adverse effects than the other forms.

The pharmacology and potential for addiction to nicotine is dependent on its route of entry into the body. Smoking delivers the fastest and highest-spiking dose of nicotine to the blood, which is not equaled by any of the nicotine replacement therapy (NRT) medications. Unfortunately smoke in any form is extremely toxic to the body and delivers unwanted chemicals, gases and carcinogens in addition to nicotine. NRT relies on alternate strategies to deliver nicotine alone safely to the body. Nicotine cannot be taken effectively in an oral form like a pill or drink. NRT products get nicotine into the body through the skin (patch), through the lining of the mouth (gum, lozenge and inhaler) and through the lining of the nose (nasal spray). These methods generally put less nicotine into the body, compared to the amount delivered from smoking.

In addition to the lower delivery of nicotine from NRT products, nicotine medications tend to be under dosed and underutilized. More simply put people tend to use too little NRT and for too short a time. The lower levels of nicotine delivered from NRT explains why these products have very little abuse or addiction potential compared to smoking. It also means that smokers have to be educated and counseled to use them properly and for maximum nicotine absorption to occur. Most trials for NRT recommend treatment for 6-12 weeks although some consumers may choose to use the products longer. The long-term health effects of

NRT are not definitively known but, if any, are clearly outweighed by the risks from smoking including exposure to carbon monoxide and carcinogens.

Psychiatrists and behavioral health specialists can enhance compliance and effectiveness of NRT products by providing brief education and instruction on their use (Williams & Hughes, 2003). This may be of particular importance in consumers with cognitive limitations who are less likely to use instructional booklets or self-help materials effectively. For example, nicotine absorption in the mouth and cheek is markedly reduced when NRT is used with acidic beverages like sodas, coffee, and juices. Simple instructions not to use the gum, lozenge or inhaler in conjunction with these beverages can greatly increase the nicotine absorption.

Nicotine Gum

The nicotine gum delivers nicotine to the mouth which is absorbed into the body through the lining of the cheek. Nicotine gum comes in a 2mg and 4mg preparation and those who smoke more than 25 cigarettes per day should begin treatment with the 4mg dose. Absorption of the gum is best with a slow chewing technique called “bite and park”. This means that the gum should be chewed slowly and periodically and then held in the cheek to enhance nicotine absorption. The nicotine in the gum emits a peppery taste, which indicates that nicotine is still left in the product. If the gum is chewed too rapidly, like non-medicinal chewing gum, then is likely that nicotine will be swallowed and the user will experience gastrointestinal upset. Some other possible side effects of the gum include bad taste, throat irritation, hiccups , nausea , jaw discomfort , or racing heartbeat. Symptoms related to the stomach and jaws are usually caused by improper use of the gum, such as swallowing nicotine or chewing too rapidly.

The package insert for the gum recommends chewing 1 to 2 pieces per hour during waking hours. This means that a pack a day smoker might use 16 pieces of nicotine gum per day plus extra doses for cravings. The most recent data has shown that using nicotine gum in a regular (hourly) way is more effective than using it only when experiencing cravings. An advantage of the nicotine gum is that it is immediate acting, allows the user to control the nicotine dose. Additional doses can be also be used in situations to cope with cravings.

Nicotine gum is usually recommended for 1 to 3 months, with the maximum being 6 months. Tapering the amount of gum chewed often helps users stop using it. Long-term physical dependence is one possible disadvantage of nicotine gum. In

fact, research has shown that 15% to 20% of gum users who successfully quit smoking continue using the gum for a year or longer. Although the maximum recommended length of use is 6 months, continuing to use the gum is likely to be safer than going back to smoking.

Nicotine Patch

Nicotine patches provide a measured dose of nicotine through the skin. As the nicotine doses are lowered by switching patches over a course of weeks, the tobacco user is gradually weaned off nicotine. Patches can be purchased without a prescription. Several types and different strengths are available. Package inserts describe how to use the product as well as special considerations and possible side effects. Nicotine patch is applied only once a day, thus it is the easiest NRT to use and compliance is usually best with the patch.

The nicotine patch comes in two preparations, which differ in their hourly delivery of nicotine and dosing schedules. Nicotrol is a 16 hour preparation, taken off at night while Nicoderm is typically dosed on a once daily (24 hour) schedule, although it too can be removed at night and dosed on a 16 hour schedule if sleep disturbances occur. The sleep disturbance that is most commonly described is an experience of vivid dreaming. If bothersome to the user, they can be instructed to remove the patch before bedtime. The patch is applied to a clean, dry area of the skin without much hair. It is most commonly used on the chest, arm or back.

Side effects include skin irritation, and mild redness and itching at the site where the patch was worn. This effect is usually minimal and not a reason to discontinue use of the patch. The skin can appear mildly irritated (pink) where the patch was worn and can feel itchy or have a slight burning sensation. The patch should not be placed on irritated skin and the user can use a different skin site each day to minimize irritation. Other possible, but uncommon side effects of the nicotine replacement patch include: dizziness, racing heartbeat, headache, nausea, vomiting and muscle aches. Nicotine patches, as with other nicotine products, can be used safely in smokers with medical disorders including past heart attacks and heart disease but should it is recommended that consumers first discuss this with their doctor.

Nicotine absorption from the patch is slow; it takes about 30 minutes for nicotine to get into the blood from the time it is applied to the skin. It takes 2-4 days for steady blood levels to be achieved. It is less helpful for immediate craving and thus, in clinical practice is frequently administered with the nicotine gum, inhaler

or nasal spray. Depending on body size, most smokers should start using a full-strength patch (15-22 mg of nicotine) daily for 4 weeks, and then use a weaker patch (5-14 mg of nicotine) for another 4 weeks. The FDA recommends using the patch for 3 months. Supplementation of the patch with a second nicotine product may be helpful in allowing consumers to choose their nicotine dose based on the presence of withdrawal symptoms and may be more effective than patch alone. Combining forms of NRT is not FDA approved at present but is safe when done with medical oversight.

Nicotine Lozenge

Nicotine lozenges are the newest form of over-the-counter nicotine replacement on the market. Nicotine lozenges are not chewed but are held in the mouth and release nicotine as they dissolves. Nicotine lozenges are pharmacologically similar to the nicotine gum meaning that they are also absorbed through the lining of the cheek and should not be used with acidic beverages. Possible side effects of the nicotine lozenge include: insomnia (trouble sleeping), nausea, hiccups, coughing, heartburn and headache.

As with nicotine gum, the nicotine lozenge is available in two strengths: 2 mg and 4 mg. Smokers determine which dose is appropriate based on how long after waking up they normally have their first cigarette. This is called the Time to First Cigarette or TTFC. Those who smoke within the first 30-minutes of awakening have at least a moderate level of nicotine dependence and should start with the 4mg dose lozenge.

The recommended dose is one lozenge every 1-2 hours for 6 weeks, then one lozenge every 2-4 hours for 3 weeks, and finally, one lozenge every 4-8 hours for 3 weeks. The lozenge manufacturer recommends using it as part of a 12-week quit smoking program.

Nicotine lozenge may offer a benefit to those who are unable to use gum due to dental or jaw problems. It can be used more discretely than gum, which may offer an advantage to its use in the workplace.

Nicotine Nasal Spray

The nasal spray delivers nicotine quickly to the bloodstream as it is absorbed through the thin lining of the nose. Of all the NRT products, nicotine delivery is

most rapid with the nasal spray, which delivers 1.0 mg of nicotine per dose (0.5 mg per nostril) dosed up to a maximum of 40 doses per day. This formulation, although producing the greatest peak level of nicotine of all the products, also tends to have the most adverse effects. Many people stop using the nicotine nasal spray in the first few days because of these side effects, which can include nasal irritation, sneezing, runny nose, watery eyes, sneezing, throat irritation and coughing. Also these side effects are common they usually disappear in the first few days of continued use. Providing education about side effects and allowing consumers to try to the nicotine nasal spray during a clinic visit may enhance its use in some smokers. Nicotine nasal spray is available only by prescription.

The nasal spray immediately relieves withdrawal symptoms and provides users with a sense of control over nicotine cravings. Because it is easy to use, smokers who keep using it report great satisfaction with it and nicotine nasal spray may offer an advantage to smokers with schizophrenia (Williams et al., 2004). However, the Food and Drug Administration cautions that since this product contains nicotine, it can be addictive. It recommends the spray be prescribed for 3-month periods and should not be used for longer than 6 months. Smokers with severe forms of asthma, or nose problems may not be able to use the nicotine nasal spray.

Nicotine Inhaler

The nicotine inhaler is a plastic tube with a replaceable nicotine cartridge inside. When the user puffs on the inhaler mouthpiece, the cartridge provides a nicotine vapor. Unlike other (bronchial) inhalers, which deliver medication to the lungs, the nicotine inhaler delivers most of the nicotine vapor to the mouth and is actually an oral puffer. Nicotine is absorbed through the lining of the mouth, similar to the gum and lozenge.

Each inhaler cartridge can be used for a 20-60 minute period and considerable puffing is needed for maximal absorption (400 puffs per inhaler). The most common side effects, especially when first using the inhaler, include coughing, throat irritation and upset stomach. The recommended maximum daily dose is 16 cartridges per day. Deep puffing is not recommended and can lead to increased cough and throat irritation.

Development of the inhaler intended to address not only nicotine pharmacology but also the sensory and ritual aspects of holding the device, which looks like a thick plastic cigarette. As with the other nicotine replacement treatments, little

abuse or dependence of the inhaler has been reported. The nicotine inhaler is available only by prescription.

Bupropion

Bupropion SR (Zyban or Wellbutrin) is an approved prescription treatment for both major depression and tobacco dependence. Psychiatrists and other physicians have prescribed it for years to treat depression and it is a safe and effective medication. Bupropion SR was later discovered to help people quit smoking by reducing their craving for cigarettes and nicotine withdrawal. Bupropion SR (generic name) is EXACTLY the SAME medication as Wellbutrin SR or Zyban.

Using bupropion to quit smoking doubles the success rate of quitters compared to placebo. Bupropion can only be taken with a doctor's prescription. It is usually started about two weeks before the Quit date. Most people start at a dose of 150mg per day for the first week and then increase to a dose of 300mg per day in the second and subsequent weeks. It is recommended that users continue taking bupropion SR for at least 12 weeks (3 months) after quitting smoking. People who use bupropion when they quit smoking gain less weight than those who quit without medication (Hurt et al.,1997).

The most common side effects of bupropion include anxiety, restlessness, lowered appetite, dizziness, dry mouth, headache, or insomnia. Many people do not experience any side effects from taking bupropion. An infrequent but clinically important adverse reaction to bupropion includes an increased risk of seizures. For that reason, bupropion should not be prescribed in anyone with known seizures or bulimia (binge and purge eating disorder). It should also be used with caution in smokers with a history of head trauma who may be at increased risk for seizure. It should not be taken with alcohol or other street drugs, since it can cause seizures in combination with these substances. All antidepressants, including bupropion, should be used with caution in smokers with bipolar disorder or a history of manic episodes since it can worsen these conditions.

Bupropion can be used alone or together with nicotine replacement. Bupropion is not addicting or habit forming. For smokers with depression, it can be effectively used to treat both problems. It can also be safely combined with SSRI antidepressants. Bupropion SR works to help all kinds of people quit smoking. It helps people who have a history of depression and those who do not. Sometimes it

even helps people who have not been able to quit on it in the past. This means that a re-trial of Bupropion SR might be helpful to some people who have tried it before.

Conclusion

Tobacco dependence is a treatable disorder, which has been overlooked by psychiatrists and behavioral health specialists. The six available pharmacotherapies are safe and effective in the general population and should be used more aggressively in persons with a mental health or addictive disorders. Studies of these populations are extremely limited and warrant further research to optimizing currently available treatments and explore new ones. Consumers and their families should be educated about the considerable risks of smoking and about the benefits of tobacco dependence treatment. All mental health consumers deserve access to smoking treatments, which have been proven effective in carefully designed studies. Educating psychiatrists and behavioral health specialists about incorporating tobacco treatment into their usual practice will be an important step in bringing more consumers into treatment and thereby prolonging their lives.

Group I: "Learning about Healthy Living"

Goals, Objectives and Suggested Approaches

Ideally, all smoking consumers with serious mental illness are potential candidates for this group treatment. The typical participant should be psychiatrically stable, not in a crisis, and not actively abusing substances other than tobacco. Many consumers will have persistent symptoms of depression, mood instability or psychosis (hallucinations or delusions) although they are considered stable. These stable symptoms should not be a barrier to attending the Learning about Healthy Living treatment groups. Typically consumers may be enrolled in Day Treatment Programs or general outpatient mental health services.

Unlike other groups, which rely on participants of the same motivation level, **"Group I: Learning about Healthy Living" accepts smokers of all motivational levels**. This means that the group may be mixed with members who are ambivalent about quitting and even some who may not even express a desire to quit. This is done for two reasons: first the treatment itself is motivating and expects to increase each client's desire to quit smoking through successive sessions. Additionally, we have found that smokers with serious mental illness may not express a desire to quit. Some may in fact express ambivalence or even deny wanting to quit smoking and yet demonstrate some intent in their actions. It is not uncommon for these consumers to attend and participate in the group sessions. Some may even take further steps to actively reduce their smoking and/or use nicotine replacement.

Although the lessons follow a sequential series and move consumers towards making a quit plan and setting a quit date in Group II, some consumers may not attend every session, some may drop out, and others may join at a later date.

Introduction: Welcome to the Healthy Living Group

(Consumer's Handouts Section 5: Introduction)

Objectives for Introduction:

- Welcome consumers to the Learning About Healthy Living Group
- Educate the consumers about the overall content of the Learning About Healthy Living Group
- Allow group members to begin to get to know the Facilitator and each other

After reading this section, individuals will be able to:

- Think about what health issues will be important to them to consider during the course of the group.
- Describe guidelines that will make the group setting a safe place to learn about the "Learning About Healthy Living" program.

Suggested Approach:

- It will be important for the Facilitator to be warm and welcoming to group members upon arrival to create a non-threatening environment.
- Allow participants to introduce themselves to the group
- Discuss rules for expected behavior during group sessions (See also Section 2)
- Although a good portion of this manual's focus is on helping consumers look at their tobacco usage, this could be very threatening initially to the consumer who smokes. It will be important during the Healthy Living approach to emphasize tobacco but the manual also includes topics on healthy eating, increasing physical activity and dealing with stress. Throughout the group sessions, it may be helpful to discuss "unhealthy" ways that people may deal with other problems including stress and mental illness symptoms. (i.e. yelling, violence, alcohol, tobacco, food, etc.). In this way, this approach accurately discusses the relevant risks from smoking and also presents a hopeful and healthy alternative.

Chapter 1: Starting on the Road to Healthy Living
(Consumer's Handouts Section 5: Chapter 1)

Objectives for this Chapter:

- Help consumers understand that healthy living is an attainable goal that can help them to feel better in many ways
- Educate the consumers about the importance of looking at their overall wellness and tobacco use as part of their recovery from mental illness.
- Identify ways to begin to take steps towards healthier living.

After reading this section, individuals will be able to:

- Identify the importance of attending the group and evaluating various parts of their general emotional and physical health.
- Describe what health issues will be important to them to address during the course of the Learning about Healthy Living group.
- Learn more about their overall health status

Suggested Approach:

- Allow participants to discuss which steps towards healthier living they can consider. Ask group members about the significance of calling the session title "Starting on the Road to Healthy Living". This name is symbolic in describing that having a healthy life is a process that will not happen overnight yet can be achieved in many small steps.
- Recognize that it is hard to make any lifestyle changes and that it is helpful to think about it as acquiring a new skill that requires some effort and practice to get it right.
- Additional activities include an assessment of weight and body mass index for participants (See Appendix H). Elevated body mass index is associated with poor health and conditions such as diabetes and hypertension. This may best be done on an individual basis. A nurse may be very helpful in performing these assessments and giving feedback to consumers.
- The On the Path to Healthy Living Questionnaire is also included as a resource for consumers to fill out (See Appendix B). It is a more comprehensive evaluation of physical health, weight/nutrition, smoking and physical activity, sleep and stress reduction that may take more time than the

group allows. It helps the consumer identify areas to work on and allows the facilitator to have a better understanding of the complete health and wellness of the individual.

Chapter 2: Why is smoking dangerous?

(Consumer's Handouts Section 5: Chapter 2)

Objectives for this Chapter:

- Educate the group about the risks of lung and heart disease and that nearly all cases of lung cancer are related to smoking
- Educate the group that smoking is linked to other consequences, including missing work due to increased illnesses.

After reading this section, individuals will be able to:

- Understand the negative health consequences caused by smoking.
- Identify any illnesses or symptoms that they have which may be caused by their smoking.

Suggested Approach:

- After reading these pages, encourage individuals to talk about their understanding of smoking as a danger to their health.
- Discuss any physical symptoms or medical problems the consumers have related to smoking (i.e., shortness of breath, difficulty walking, coughing up phlegm)
- Make a phlegm and tar jar out of molasses and clear hair gel which shows how much a pack a day smoker collects in their bodies.

Section 4: Group I

Chapter 3: What's in cigarette smoke?

(Consumer's Handouts Section 5: Chapter 3)

Objectives for this Chapter:

- Educate the group about the chemicals in cigarette smoke
- Educate the group that nicotine is **not** a carcinogen, or cancer-causing chemical, although it is the addicting part of a cigarette

After reading this section, individuals will be able to:

- Understand that the chemicals in burning cigarette smoke are dangerous to their health.
- Identify that some of these chemicals are used in other products that they are familiar with and are very toxic.

Suggested Approach:

- After reading these pages, encourage individuals to talk about their understanding of smoking as a danger to themselves and others.
- Encourage participants to discuss how chemicals in burning cigarettes are harmful.

Chapter 4: Why do so many consumers with mental illness smoke?

(Consumer's Handouts Section 5 : Chapter 4)

Objectives for this Chapter:

- To understand that mental illness and smoking are linked
- To recognize that smoking is a complex problem made of biological, psychological and social factors

After reading this section, individuals will be able to:

- Understand that smoking is a problem which has various factors which contribute to why smokers begin and then continue smoking

- Recognize that in addition to physical factors that having confidence that you can quit and being surrounded by other smokers also contribute to smoking behavior

Suggested Approach:

- Discuss how smoking in the environment keeps others from being able to quit smoking
- Ask group members how they feel about different factors and which they feel contribute most in their smoking

Chapter 5: What is carbon monoxide?

(Consumer's Handouts Section 5: Chapter 5)

Objectives for this Chapter:

- Educate the group on the health risks of carbon monoxide
- Give feedback to group members on their own carbon monoxide level and associated risks

After reading this section, individuals will:

- Know what carbon monoxide is and why it is so dangerous to their health
- Know their own CO level and what level of health risk they are at in relation to their CO level.
- Understand that their CO level will quickly go down to safe levels by quitting smoking.

Suggested Approach:

- After reading these pages, encourage individuals to talk about their knowledge about carbon monoxide before this class.
- Take a CO level of everyone in the group and give them an idea of what their CO level indicates regarding health risk factors.
- Discuss how quitting smoking will quickly make their CO level return to 0.

Supplementary/ Other discussion information:

- Most people now have carbon monoxide detectors in their homes like smoke detectors to alert them if this poison is in the air in dangerous levels.
- Carbon Monoxide Meter* (See Appendix D)
  - A carbon monoxide meter measures the amount of carbon monoxide in the body.
  - Carbon monoxide in cigarettes is harmful to your body at any level.
  - Long-term exposure of carbon monoxide even at lower levels can lead to heart disease and heart attacks
  - The normal level of carbon monoxide in the blood for a non-smoker is usually between 0 and 8 ppm (parts per million)
  - Smoking one pack of cigarettes a day will result in a carbon monoxide level of about 20 ppm

**It is strongly recommended that facilities purchase a carbon monoxide monitor to measure their consumer's co reading. This reading can be a motivator for your consumer in tracking their progress and encouraging them to quit. This cost of a carbon monoxide monitor ranges in price from $600 to $1500.*

Chapter 6: How much does smoking cost?

(Consumer's Handouts Section 5: Chapter 6)

Objectives for this Chapter:

- To learn that buying small items on a regular basis can add up.
- To learn that smoking is expensive
- To learn the average daily, weekly, monthly and annual amount that they spend on cigarettes

After reading this section, individuals will be able to:

- Understand that a pack a day smoker spends almost $2000 per year on cigarettes
- Learn how much money they will save if they quit smoking and other things they will be able to buy for themselves with that extra money.

Suggested Approach:

- Discuss how much group members spend on other necessities including rent and food and compare the amount of income spent on cigarettes
- Share with the group that researchers have found that smokers with schizophrenia spend more than 27% of their monthly income on cigarettes – ask if they think they have purchased cigarettes at times instead of food
- Brainstorm how members would like to spend their money on other things in the future

Chapter 7: How does tobacco advertising affect us?

(Consumer's Handouts Section 5: Chapter 7)

Objectives for this Chapter:

- To learn that tobacco advertising is effective in getting people to smoke
- To learn that everyone can be a target for advertising

After reading this section, individuals will be able to:

- Understand that light cigarettes and other alternative forms of tobacco do not have fewer health risks
- Identify that the tobacco companies use advertising to try to trick consumers into believing that smoking makes them have friends, look sexy, and attract dates.

Suggested Approach:

- Ask group why cigarette ads do not show real smokers with diseases, in the hospital, with oxygen tanks, etc
- Distribute magazines to group members and have them look for tobacco ads (fashion, sports and celebrity magazines have tobacco advertising)

Chapter 8: Second-Hand Smoke?

(Consumer's Handouts Section 5: Chapter 8)

Objectives for this Chapter:

- Educate the group about second-hand smoke
- Inform the group how smoke is dangerous even to non-smokers

After reading this section, individuals will be able to:

- Understand why exposure to second-hand smoke is dangerous for even non-smokers

Suggested Approach:

- Ask participants to talk about people they were around when they were younger (i.e. parents, grandparents, siblings) that smoked. Did they have ear infections or colds on a regular basis as a child?
- Encourage participants to talk about people who are around them now that can be affected by their smoking.

Other discussion information:

- Recent research studies have shown that even a half-hour of second-hand smoke exposure causes heart damage and can cause heart attacks in people with known heart disease.

Chapter 9: How are my medications affected by smoking?

(Consumer's Handouts Section 5: Chapter 9)

Objectives for this Chapter:

- To learn about how the blood levels of some medications are lowered in smokers
- To identify medications which are effected by smoking

After reading this section, individuals will be able to:

- Understand that many medications used to treat mental illness are taken out of the body (metabolized) faster in smokers
- Understand that smokers end up on higher medication doses because of this interaction.

Suggested Approach:

- Help group members identify if their medications are impacted by this system
- Encourage group to talk about medications and doses with their doctor if they have other questions
- Alert group to inform their doctor if they are thinking about quitting smoking. The same effect, which lowers medication levels in smokers, can also lead to higher than normal medication levels if smoking is abruptly stopped. Since any sudden changes in smoking could impact on medications, the group should be alerted for changes in side effects that could occur.
- Reinforce to the consumers that having their medications at the correct dose keeps them stable.
- Discuss how it might be possible for individuals to have their medication dose reduced if they quit smoking successfully.
- Remind group that stopping or changing your medication suddenly could be dangerous and strongly advise against this. .

Other discussion information:

Explain that the liver is an important organ for purifying the body. By working hard to remove harmful chemicals and toxins from the body, the liver can keep the body in a normal balance. The liver contains thousands of enzymes that destroy specific toxins in the body. Without these important enzymes, the body would not be able to rid itself of toxins. Even medications that we use to treat disease are removed from the body in this way. Tars in cigarette smoke "turn on" a part of the liver system. This means that in a smoker, this enzyme works faster and better than usual. The effect of having a faster and better working enzyme is that it takes medications out of the body faster than normal. The name of the enzyme is cytochrome (p450) 1A2 isoenzyme.

Chapter 10: Why are cigarettes addictive?

(Consumer's Handouts Section 5: Chapter 10)

Objectives for this Chapter:

- Educate the group that nicotine is the addicting component of cigarettes
- Educate that although nicotine is present in some medications, that these are safe to use and not addicting like cigarettes

After reading this section, individuals will be able to:

- Understand that nicotine is the chemical found in tobacco that is addicting.
- Understand that having withdrawal symptoms is physical evidence that they have an addiction to nicotine
- Recognize that most people continue to smoke even though they know it is bad for them.

Suggested Approach:

- Talk about what it means to be addicted
- Encourage group members to discuss how they overcame addictions to other substances and relate the recovery from nicotine addiction in similar terms
- Discuss how having an addiction does not mean you are a bad or weak person. Many smokers continue to smoke although they have health

consequences due to the addicting properties of cigarettes. Addiction is a health problem that needs treatment.

Other discussion information:

- The body metabolizes nicotine in a few hours, making its effect very short acting. This explains why smokers need to smoke several times a day to keep the effect of nicotine from wearing off or immediately wanting a cigarette when they wake up in the morning
- Although nicotine is addicting it is not a carcinogen or cancer-causing chemical. Many of the other components of tobacco smoke are far more dangerous than nicotine. This explains why we can safely use nicotine as a medication to help people.

Chapter 11: What are my smoking patterns?

(Consumer's Handouts Section 5: Chapter 11)

Objectives for this Chapter:

- To understand that smokers have usual patterns of smoking, which are the times, situations, actions and things that make them want to smoke

After reading this section, individuals will be able to:

- Understand that smokers have patterns of usual behaviors that are linked to smoking. These common situations, almost automatically encourage someone to have a cigarette.
- Recognize and identify their most common smoking patterns

Suggested Approach:

- Have each group member name a time and/or behavior that they always do when they light up their cigarette. Encourage others to identify similar behaviors.
- Discuss which smoking patterns would be easy or hard to change

- Suggest that group members try to change one smoking pattern that they are currently doing.
- All group members to help make suggestions on what else the person can do to break that smoking pattern.

Chapter 12: How can I better manage stress?

(Consumer's Handouts Section: Chapter 12)

Objectives for this Chapter:

- Discuss better ways to handle stress that can be incorporated into all of our lifestyles
- Learn a new skill for stress management: deep natural breathing

After reading this section, individuals will be able to:

- Identify that smoking has not always been a helpful way to deal with stress
- Understand how deep natural breathing can help them to reduce stress and feel better

Suggested Approach:

- Practice deep breathing exercise while in the group session.
- Ask group to share other suggestions to deal with stress, or other stress management techniques and practice them with consumers while in the group setting if possible.

Chapter 13: How much physical activity do I need?

(Consumer's Handouts Section 5: Chapter 13)

Objectives for this Chapter:

- Discuss physical activity options that can be incorporated into all of our lifestyles

- Learn the benefit of increasing physical activity

After reading this section, individuals will be able to:

- Think of a few ways that they can increase physical activity
- Understand how increased physical activity could help them emotionally and physically

Suggested Approach:

- Have class go outside and walk briskly for 5 minutes together and afterwards talk about how that felt and how they feel emotionally and physically after they've cooled down.
- Have group members who currently exercise regularly share about how initially it was difficult to begin, but that sticking to their plan made them feel better and it became part of their everyday routine.

Chapter 14: How can I make healthier food choices?

(Consumer's Handouts Section 5: Chapter 14)

Objectives for this Chapter:

- Teach consumers about healthy food options
- List some do's and don't regarding a healthy diet
- Teach consumers that quitting smoking is healthier than gaining a small amount of weight

After reading this section, individuals will be able to:

- List some foods that are healthy to eat
- Know some guidelines to follow for a healthy diet
- List some options to limit weight gain

Suggested Approach:

- Have consumers list their favorite foods and then try to come up with healthy alternatives for those foods
    - popcorn for potato chips
    - pretzels for potato chips
    - diet soda for regular soda
    - slice of pizza for fast food
    - low-fat yogurt for ice cream

- Discuss why severe or "crash dieting" is not a good idea soon after a stop smoking quit attempt
- Have consumers discuss concerns about weight gain that may be stopping them from trying to quit smoking.

Chapter 15: Why should I quit smoking?

(Consumer's Handouts Section 5: Chapter 15)

Objectives for this Chapter:

- To review the short and long term benefits of quitting smoking
- To build motivation towards thinking about joining the next quit smoking group

After reading this section, individuals will be able to:

- To review the negative consequences of smoking that were learned in earlier chapters
- To begin to look at their decision to smoke and recognize:
    - What they like about smoking
    - What they don't like about smoking
    - What their fears are about quitting
    - What would be good if they quit smoking

Suggested Approach:

- Encourage group members to discuss both pros and cons of continuing to smoke
- Discuss how making a decisional balance can help someone to make a decision by looking objectively at two sides of an issue.
- Using the decisional balance exercise is a component of a motivational intervention.

Chapter 16: What if I'm not ready to quit?

(Consumer's Handouts Section 5: Chapter 16)

Objectives for this Chapter:

- To recognize that everyone is not ready to quit smoking at the same time
- To encourage those smokers who are not ready to quit smoking to continue to learn about their smoking by remaining in this educational group.

After reading this section, individuals will be able to:

- To understand that even if smokers are not ready to quit smoking at this time, that they can benefit from learning more about the effects of their smoking on their health and may want to consider quitting in the future
- Talk about their own concerns/ambivalence about quitting

Suggested Approach:

- Encourage group members to discuss any ambivalence they may have about quitting smoking and what might help them make the decision to quit in the future.
- Encourage smokers who do not want to quit to stay in the group. Group members who are more motivated towards quitting may be able to share their ideas with lower motivated members.
- Help the group identify positive steps they can take in their treatment even if they are not ready to quit smoking.

Chapter 17: Is it really possible for me to quit smoking?

(Consumer's Handouts Section 5: Chapter 17)

Objectives for this Chapter:

- To encourage smokers to develop new, alternate coping skills

After reading this section, individuals will be able to:

- To review a list of new coping strategies for dealing with stressful situations
- Understand that they should choose what coping strategies they feel will work best for them, then try it instead of smoking

Suggested Approach:

- Ask group if they are satisfied using smoking as their main/ only/ primary coping mechanism
- Discuss how it will feel to try new coping strategies.
- Encourage group to review list of new coping skills or think of others that they would like try.

Chapter 18: What happens when I quit smoking without help? (cold turkey)

(Consumer's Handouts Section 5: Chapter 18)

Objectives for this Chapter:

- To teach group that quitting cold turkey causes many unpleasant withdrawal symptoms

After reading this section, individuals will be able to:

- Understand that most smokers have a physical addiction to smoking
- Recognize that when they stop smoking, that they will develop nicotine withdrawal symptoms

Suggested Approach:

- Ask group how it felt to experience nicotine withdrawal
- Help group to understand that nicotine withdrawal can be prevented or minimized if they use medications for future quit attempts.

Chapter 19: How do medications help me quit smoking?

(Consumer's Handouts Section 5: Chapter 19)

Objectives for this Chapter:

- To teach group about the 6 medications that are available to help them stop smoking
- To understand that medications are safe and effective and make someone twice as likely to be successful in quitting smoking

After reading this section, individuals will be able to:

- Identify the medications which are effective and available for quitting smoking
- Learn different characteristics of the nicotine replacement treatment and other medications that help you to quit

Suggested Approach:

- Discuss the past experiences that the group has had with medications. If the experiences have not been positive, ask members how long they used medications and if it was in conjunction with psychosocial treatment. Smokers are encouraged to try something new if they think it will work for them, but even a retrial of a medication can be effective. Better compliance or using a medication as part of a comprehensive treatment approach, can make it more effective.

- How Nicotine Replacement Works
  - Nicotine medications treat nicotine withdrawal symptoms and nicotine cravings. These are difficult symptoms that 70% to 90% of smokers say is their only reason for not giving up cigarettes.
  - By using a nicotine medication, a smoker's withdrawal symptoms are reduced. Lack of success is often related to the onset of withdrawal symptoms. By reducing these symptoms with the use of nicotine replacement therapy, smokers who want to quit have a better chance of being successful.
  - For smokers, nicotine blood levels will vary, depending on individual smoking patterns such as the time between cigarettes, how deeply the person inhales, the number of cigarettes smoked per day, and the brand smoked. Smoking delivers nicotine to the bloodstream very quickly - within a few seconds. Nicotine replacements generally work more slowly, and the amount of nicotine in the bloodstream is less than that from smoking. That makes nicotine medications much safer for the body, with fewer health risks and also much less addicting than cigarettes.
  - The most effective time to start nicotine replacement is at the beginning of an attempt to quit. Often smokers first try to quit on their own, and then decide to try nicotine replacement. Never use nicotine replacement therapy if you plan to continue to smoke or use another tobacco product. The combined dose of nicotine could be dangerous to your health.
  - Smokers who are pregnant or have heart disease should consult with their doctor before using over the counter nicotine replacement.

- Some people use Bupropion, a non-nicotine medications to help them quit smoking. Bupropion can be used alone or in combination with nicotine replacement medications to improve your chances of quitting. It is usually a personal choice to use non-nicotine medications, since they are equally effective in helping people quit smoking. Some people are unable to take nicotine or prefer to take a pill medication to help them quit smoking.

Chapter 20: Which medications should I use?

(Consumer's Handouts Section 5: Chapter 20)

Objectives for this Chapter:

- To provide group with information that will help them to decide which medications are best for them to use

After reading this section, individuals will be able to:

- Understand some key aspects of each of the tobacco treatment medications
- Recognize which medications are available over the counter and which need a doctor's prescription

Suggested Approach:

- This group may require 2 sessions to cover all the medications information.
- Help group to understand that all medications are effective and that personal choice is a factor.
- Have group do a role play in which they request a prescription for nicotine inhaler or bupropion from their doctor
- See also Section 3 for more information on tobacco dependence treatment medications.

NOTES FOR INSTRUCTORS

Descriptions of Various Medications

Nicotine Patch:

Patches provide a measured dose of nicotine through the skin. Over the course of weeks, by switching the patch to a lower strength, you can lower the doses of nicotine the person receives. Slowly the tobacco user is weaned off nicotine. Patches can be purchased without a prescription. Several types and different

strengths are available. Package inserts describe how to use the product as well as special considerations and possible side effects.

- The 16-hour patch works well for light-to-average tobacco users. It does not deliver nicotine during the night, so it is not helpful for early morning withdrawal symptoms.
- The 24-hour patch provides a steady dose of nicotine, avoiding peaks and troughs. It helps with early morning withdrawal. However, there may be more side effects such as disrupted sleep patterns and skin irritation.
- Depending on body size, most tobacco users should start using a full-strength patch (15-22 mg of nicotine) daily for 4 weeks, and then use a weaker patch (5-14 mg of nicotine) for another 4 weeks.
- The patch should be applied in the morning to a clean, dry area of the skin without much hair. It should be placed below the neck and above the waist - for example, on the arm, chest or back.
- The FDA recommends using the patch for 3 months.
- Side effects of the patch are usually limited to the skin where the patch is applied and are minor. The skin can appear mildly irritated and can feel itchy or have a slight burning sensation.
- Other possible side effects of the nicotine replacement patch include: dizziness, racing heartbeat, sleep problems, headache, nausea, vomiting and muscle aches.

Nicotine Gum:

If you have sensitive skin, you may prefer the gum to the patch. Another advantage of nicotine gum is that it allows you to control the nicotine doses. The gum can be chewed as needed or on a fixed schedule during the day. The most recent data has shown that scheduled dosing is more effective. A schedule of 1 to 2 pieces per hour is common. On the other hand, with an as-needed schedule, you can chew more nicotine during a craving.

- If you smoke a pack or more per day, smoke within 30 minutes of rising, or have trouble not smoking in restricted areas, you may need to start with the higher dose (4 mg).

- No more than 20 pieces should be used in one day. Nicotine gum is usually recommended for 1 to 3 months, with the maximum being 6 months.
- Tapering the amount of gum chewed may help you stop using it.
- Some possible side effects of the gum: bad taste, throat irritation, hiccups, nausea, jaw discomfort, or racing heartbeat. Symptoms related to the stomach and jaws are usually caused by improper use of the gum, such as swallowing nicotine or chewing too rapidly.
- Long-term dependence is one possible disadvantage of nicotine gum. In fact, research has shown that 15% to 20% of gum users who successfully quit smoking continue using the gum for a year or longer. Although the maximum recommended length of use is 6 months, continuing to use the gum is likely to be safer than going back to smoking. But since there is little research on the health effects of long-term nicotine gum use, most health care providers still recommend limiting its use to 6 months.

Nicotine Lozenge:

These are the newest form of nicotine replacement on the market. As with nicotine gum, the Commit TM lozenge is available in two strengths: 2 mg and 4 mg. Smokers determine which dose is appropriate for them based on how long after waking up they normally have their first cigarette. If they smoke within the first 30-minutes of awakening, start with the 4mg lozenge.

- The lozenge manufacturer recommends using it as part of a 12-week program. The recommended dose is one lozenge every 1-2 hours for 6 weeks, then one lozenge every 2-4 hours for 3 weeks, and finally, one lozenge every 4-8 hours for 3 weeks. In addition, the manufacturer recommends the following:
- Possible side effects of the nicotine lozenge include: insomnia (trouble sleeping), nausea, hiccups, coughing, heartburn and headache

Nicotine Nasal Spray:

The nasal spray delivers nicotine quickly to the bloodstream as it is absorbed through the nose. It is available only by prescription.

- The nasal spray immediately relieves withdrawal symptoms and offers you a sense of control over nicotine cravings. Because it is easy to use, smokers report great satisfaction.
- However, the Food and Drug Administration cautions that since this product contains nicotine, it can be addictive.

- It recommends the spray be prescribed for 3-month periods and should not be used for longer than 6 months.

- The most common side effects last about 1 to 2 weeks and can include the following: nasal irritation, runny nose, watery eyes, sneezing, throat irritation and coughing.
- There is also the danger of using more than is needed. If you have asthma, allergies, nasal polyps, or sinus problems, your doctor may suggest another form of nicotine replacement.

Nicotine Inhaler:

Introduced in 1998, inhalers are available only by prescription. The nicotine inhaler is a plastic tube with a nicotine cartridge inside. When you puff on the inhaler, the cartridge provides a nicotine vapor. Unlike other inhalers, which deliver most of the medication to the lungs, the nicotine inhaler delivers most of the nicotine vapor to the mouth. Behaviorally, nicotine inhalers are the closest thing to smoking a cigarette, which some smokers find helpful.

- The most common side effects, especially when first using the inhaler, include: coughing, throat irritation and upset stomach.

Bupropion:

Bupropion SR (generic name) is EXACTLY the SAME medication as Wellbutrin SR or Zyban.

Bupropion SR (Zyban or Wellbutrin) is also an approved prescription treatment for major depression. Psychiatrists and other physicians have prescribed it for years to treat depression and it is a safe and effective medication. Bupropion SR was later discovered to help people quit smoking by reducing their craving for cigarettes and nicotine withdrawal.

- Bupropion can be used alone or together with nicotine replacement.
- This medication should not be taken if you have a history of seizures, bulimia (binge and purge eating disorder), or head trauma. It should not be taken with alcohol or other street drugs, since it can cause seizures in combination with these substances. If you have bipolar disorder or a history of manic episodes you may still be able to take Bupropion SR but you should first discuss it with your doctor.

- Bupropion SR can only be taken with a doctor's prescription and supervision. It is usually started about two weeks before the Quit date.
- Most people take a dose of 300mg per day of Bupropion SR.
- As with all medications, there is always the possibility of having some side effects. If you have any side effects, you should inform your doctor or clinician immediately.
- The most common side effects of Bupropion SR are dry mouth, insomnia (trouble sleeping) and headache. Many people do not experience side effects from taking Bupropion SR.
- It is recommended that you continue taking bupropion SR for at least 12 weeks (3 months) after you quit smoking. People who take bupropion SR for this length of time or longer experience less weight gain than people who take no medication (or a placebo or sugar pill) to quit smoking.
- Bupropion SR is not addicting or habit forming. Many people can stop taking it easily without a problem, however you should first discuss this with your doctor.
- Bupropion SR works to help all kinds of people quit smoking. It helps people who have a history of depression and those who do not. Sometimes it even helps people who have not been able to quit on it in the past. This means that a re-trial of Bupropion SR might be helpful to some people who have tried it before.

GROUP I:
Learning About Healthy Living
TOBACCO AND YOU

Section 5

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Learning About Healthy Living Education Group

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Welcome to the Healthy Living Group

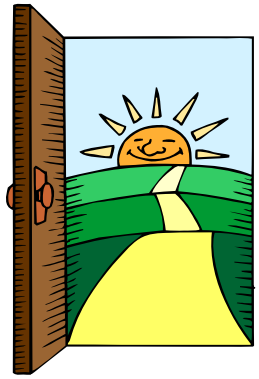
This group has been especially designed for you to look at ways you could improve your life by learning more about healthy living. We will talk about general topics such as proper nutrition, exercise and ways to deal with stress, as well as look at how your current use of tobacco affects you and the people around you.

This group will give you an opportunity to discuss your feelings about why you smoke and whether or not you may want to try to quit. It is very common for people to have mixed feelings about their smoking. Our goal is to provide you with the facts about what is in the cigarettes that you smoke and how it may impact your health. We know that the tobacco industry tries to mislead you by the billions of dollars they spend in advertising.

You have a right to make educated decisions about how you choose to live your life and learn new things you may want to do to improve it. Participating in this group will give you an opportunity to share your thoughts or questions with other group members and learn from each other.

We encourage you to attend each group!

Starting on the Road to Healthy Living



Healthy living makes a positive impact on many areas of our lives. Healthy living is not only about feeling good physically. Physical well-being improves mood, decreases risk for chronic illnesses, such as diabetes and hypertension, and improves your quality of life, which in turn can increase satisfaction with our life and relationships. Like many Americans, people diagnosed with psychiatric illnesses may practice unhealthy lifestyle habits such as lack of regular physical activity, poor nutrition and over eating, smoking and other drug abuse, not visiting health care professionals regularly, and not getting enough sleep. These unhealthy behaviors may increase the risk for disability and illnesses such as obesity, heart disease, diabetes, and sometimes even cause premature death.

The good news is people can choose to live a healthier life! Developing a healthy lifestyle does not have to be overwhelming. It can be a step-by-step process making small changes towards the bigger goal of "Complete Wellness." It is important to recognize where you are on the "Road to Healthy Living," and to set goals that are important to you as you make this journey. You are now taking your first step.

Congratulations!

6 Steps Towards Healthier Living

1. Remember, your health is a very important part of your recovery plan. The recovery process should reflect all aspects of your life including your physical well-being. **Continue with your mental health and recovery plan.**

2. **Make healthy food choices every day.** Try a piece of fruit for dessert instead of a cookie or ice cream, or try drinking water instead of soda.

3. **Daily physical activity of 30 minutes or more** can improve your overall health and reduce the risk of disease (you can even break that up into 10 minutes 3 times a day).

4. **Find a balance between relaxation and stress**. Unfortunately, during times of stress some of us turn to less helpful coping strategies like smoking or eating too much.

5. Make sure you have a primary care practitioner. **Get regular physical health check-ups and exams.** Schedule yearly vision and dental exams and other screening tests as needed.

6. **Take control of addictive behaviors.** Part of the recovery process is attending to all issues that impact our health and wellness and make a difference in the quality of our lives. Addressing addictive behaviors including alcohol and other drugs including tobacco and caffeine are important.

How many cigarettes per day do I smoke: _____

How **interested** are you in learning more about tobacco?
Please check one box.

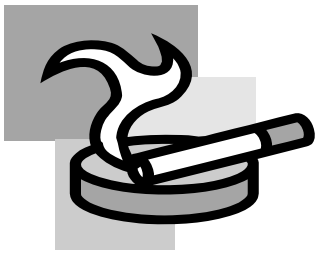
1	2	3	4	5	6	7	8	9	10

Not at all interested — Average Interests — Extremely Interested

To learn more about your overall health, you may wish to fill out the **On the Path to Healthy Living Questionnaire** (Appendix B) located in the back of this book. It can help you see how you are doing with all **six steps** towards healthier living. It may also help you start a conversation with your doctor, or other people who support you, on your journey towards "Complete Wellness." For information about determining if you are at a healthy weight look at Appendix H **Body Mass Index (BMI) for Adults**. It can help you learn more about weight compared to height, and if you are at an increased risk of developing weight related health concerns such as diabetes or hypertension. Later in this book, we will give you information about what you can do to improve healthy eating, physical activity patterns, and stress, to reduce your risk of getting these problems.

The major focus of this book is about one of the most harmful health choices that some people make: tobacco use. You will learn how smoking affects your health so that you can make the best possible choices about your life and your health!

Get ready to take your next step on the road to Healthy Living. Turn the page…..



Why is Smoking Dangerous?

Here are some facts to consider about tobacco and smoking.

- For every 5 deaths per year in this country, at least 1 is due to smoking.
- Smoking causes 9 out of 10 (90%) cases of lung cancer
- Smoking causes nearly all cases of chronic obstructive pulmonary disease (COPD, chronic asthma/bronchitis or emphysema).
- Smokers are twice as likely to die from stroke or heart attack, compared to non-smokers
- Smokers miss more days of work than non-smokers
- Smoking is also a risk factor for cancer of the mouth, throat, stomach, pancreas, kidney, bladder, cervix, liver, esophagus, uterus, colon, and leukemia

Tobacco addiction is the most common addiction in the United States.

Do you have any <u>symptoms</u> now that you believe are caused by your smoking?

____ No

____ Yes (check all that apply)

Cough
Trouble breathing
Bad breath
Nicotine stains on my skin
Gum disease and dental problems
Wrinkles
Other _____
Other _____

Do you have a <u>disease or illness</u> now that you believe is caused by your smoking?

____ No

____ Yes (check all that apply)

Chronic bronchitis/ Asthma/ COPD/ Emphysema
Heart attack or other heart disease
Stroke
Other circulation problems (cramping in legs)
Lung cancer
Other cancer
Early menopause
Peptic Ulcer
Other _____
Other _____

Do you worry about getting a smoking-caused disease or illness?

____ No **____ Yes**

What's in cigarette smoke?

Many things are found in a cigarette.
When cigarettes are made flavors, additives and other chemicals are added to tobacco to enhance the smoking experience. Most of the harmful chemicals in cigarettes are released as gases when cigarettes are burned.

- Over 4,000 chemicals are produced by cigarette smoke!
- Nicotine, is only one of the 4000 chemicals found in the smoke of a tobacco product. (cigarettes, cigars, pipes) Nicotine is a drug found naturally in tobacco. Nicotine is highly addictive. When you smoke, nicotine goes deep into the lungs where it is quickly picked up in the blood and taken throughout the body. Nicotine affects many parts of the body including your heart, blood vessels, your metabolism and your brain. The nicotine used in medications is safe because it is monitored by your doctor.
- Cigarette Tar is a sticky brown substance that is the main cause of lung and throat cancer in smokers.
- There are **60 KNOWN cancer-causing chemicals** and 400 other known harmful chemicals that make smoke **DEADLY**! Some examples are:
  - Lead is a harmful metal, capable of causing serious damage to the brain, kidneys, nervous system and red blood cells.
  - Nickel causes increased susceptibility to lung infections.
  - Formaldehyde causes respiratory and gastro-intestinal problems.

Nicotine is the cause for

When you smoke you inhale up to 4000 chemicals including these poisons that are found in the following products:

Acetone: Paint Stripper and Nail Polish Remover
Amonia: Floor Cleaner
Arsenic: Ant Poison
Benzene*: Industrial Solvent / Fuel, Dyes, Synthetic Rubbers
Butane: Lighter Fluid, Key Component of Gasoline
Cadmium*: Used in Car Batteries
Carbon Monoxide: Poisonous gas in car exhaust
DDT: Insecticides
Formaldehyde*: Embalmers use it to preserve dead bodies
Hydrogen Cyanide: Poison used in gas chambers
Methanol: Rocket Fuel
Phenol: Disinfectants
Napthalene: Mothballs
Toluene: Industrial solvent

**Other known cancer causing substances:*
Naphthylamine, Pyrene, Benzopyrene, Vinyl Chloride, Toluidine, Urethane, Dibenzacridine, Polonium-210

Name 3 chemicals that you were surprised to find are in cigarette smoke?
1. _____
2. _____
3. _____

Practice Assignment:
Try to find two common household products that contain some of the chemicals listed in cigarettes.

Why do so many consumers with mental illness smoke?

There is no easy answer as to why so many people living with mental illness smoke. Smoking is a complex problem made up of biological, psychological and social/environmental factors.

Biological Factors (Physical/ Brain Functions)

People living with a mental illness may be at increased risk for physical addiction to smoking.

Nicotine may help improve mood, or mental functions like attention, memory or learning, in some people diagnosed with mental illness.

Psychological Factors (Thinking/ Feeling)

People diagnosed with a mental illness may not feel confident that they can quit.

People diagnosed with a mental illness may rely on smoking to help them cope with stress.

Social Factors (People/ Places/ Things Around You)

Smoking is common in and around mental health hospitals, treatment centers and group homes.

People with a mental illness may feel like it is easier to talk with others and be around others when they are smoking.

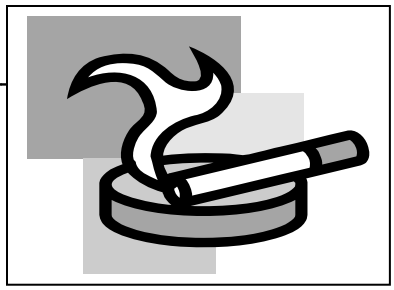
Why do you believe so many people with mental illness smoke?

What reason or factor do you feel made you want to smoke?

IMPORTANT POINTS TO REMEMBER

Tobacco addiction is the most common substance abuse disorder for people with mental health problems.

People diagnosed with a mental illness are three times more likely to be a smoker than people without a mental illness.



What is Carbon Monoxide?

One of the most deadly chemicals found in cigarette smoke is carbon monoxide (CO). Carbon monoxide is an odorless and colorless gas. Burning cigars, cigarettes and pipes all produce carbon monoxide.

Carbon monoxide is found in air pollution but the levels absorbed by the body from pollution are very low compared to the amount in tobacco smoke.

Carbon monoxide takes the place of oxygen in your blood. The body needs oxygen to survive and anything that decreases the amount of oxygen causes strain on the heart and body.

Over time, the heart has to work harder to deliver oxygen. This puts smokers at greatly increased risk for having heart attacks.

The Good News about Carbon Monoxide

Although it is very deadly, carbon monoxide lasts only a short time in your body. Your body can eliminate carbon monoxide within two to three days **AFTER** you quit smoking. Your carbon monoxide level will go back down to the same level of somebody who never smoked – "0". **The effect of carbon monoxide is reversible and can get better almost immediately if you stop smoking.**

Carbon Monoxide Meter

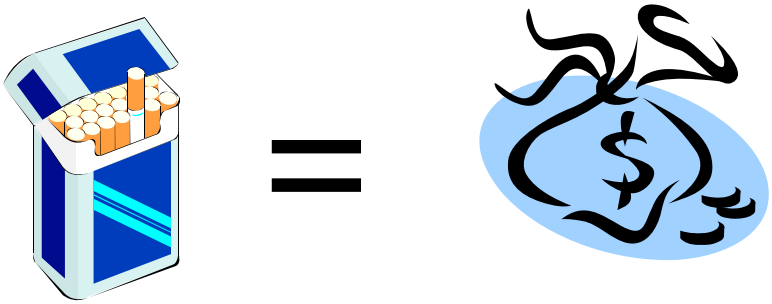
A carbon monoxide meter measures the amount of carbon monoxide in your body.

My Carbon Monoxide Level is = _____

0-8	Normal or Very low smoking
8-12	Concern
12-25	Warning
25-40	Danger
over 40	Severe Danger

If I quit smoking,
my Carbon Monoxide Level will go down to: ☐

How Much Does Smoking Cost?



How do you spend your money?

If you are a smoker, you should keep track of how much money you spend on tobacco. Sometimes we do not realize how much we are spending on certain items because we pay for them a little at a time. Whether it be stopping at a fast food restaurant on a regular basis, buying cigarettes or alcohol, using the telephone too much…these items can add up to take a large chunk of money out of our budgets.

What is the cost of smoking?

- Smoking cigarettes is very expensive.
- It cost $5 or more to buy a pack of cigarettes today.
- The tobacco companies only spend $0.06 (6 cents) to make a pack of cigarettes.
- That means that the tobacco companies make about $4.94 profit on each pack of cigarettes that you buy!
- The more you smoke…the more money the tobacco industry makes. Did you know that the Tobacco Companies make more than $32 billion dollars each year?

IMPORTANT POINT TO REMEMBER

1 Pack of Cigarettes Cost Approximately	**$5.00**
Minus 6 Cents it Costs to Make	**- $0.06**
BALANCE	**$4.94**

This balance includes the profits made by the tobacco companies and taxes paid to the government.

Look at the chart below and see how much smoking cigarettes costs you. Sometimes we don't realize how much we are spending on things until we stop to total the cost.

Column 1	**2**	**3**	**4**	**5**	**6**
Approximate Number of Cigarettes that I Smoke Each Day	Average Cost Per Day	Average Cost Per Week	Average Cost Per Month	Average Cost Per Year	Average Cost In 10 Years
½ pack (10 cigs)	$2.50	$17.50	$76.00	$912.50	$9,125.00
1 pack (20 cigs)	$5.00	$35.00	$152.10	$1,825.00	$18,250.00
1 ½ packs (30 cigs)	$7.50	$52.20	$228.15	$2,737.50	$27,375.00
2 packs (40 cigs)	$10.00	$70.00	$304.20	$3,650.00	$36,500.00
2 ½ packs (50 cigs)	$12.50	$87.50	$380.25	$4,562.50	$45,625.00
3 packs (60 cigs)	$15.00	$105.00	$456.30	$5,475.00	$54,750.00

(This chart is based on a pack of cigarettes costing about $5 and does not include inflation.)

In column 1, select:

How much do you smoke per day? _____ pack

Follow the row across to figure out:

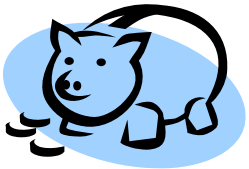
Column 2 Average Cost Per Day $_____

Column 3 Average Cost Per Week $_____

Column 4 Average Cost Per Month $_____

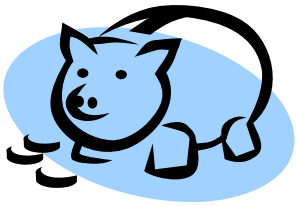
Column 5 Average Cost Per Year $_____

Column 6 Average Cost in 10 Years $_____



If YOU Quit Smoking…
YOU WILL SAVE A LOT OF MONEY!

What Can You Do With the Money That You Will Save?



If **YOU** Quit Smoking…**YOU WILL SAVE A LOT OF MONEY!**
It is important for you to think about what you can buy or do for yourself with this money. It is a special way to congratulate you for being able to quit smoking. Thinking of something special that you may want, can help motivate you to set a goal to quit.

BUY FOR YOURSELF

What things do you need that you could **buy for yourself** with the extra money you will have from quitting smoking?

- Ç Shirt
- Ç Pants
- Ç Socks
- Ç Shoes
- Ç Coat or Jacket
- Ç Jewelry
- Ç Television
- Ç Toaster
- Ç Microwave Oven
- Ç Coffee Maker
- Ç Stereo
- Ç CD's
- Ç Other _____
- Ç

	What are the three most important things that you would want to buy?	**Approximate Cost**
1		$
2		$
3		$

DO FOR YOURSELF

Think about things you could do for yourself with the extra money you will have from quitting smoking?

- Ç Go on a trip
- Ç Take guitar lessons
- Ç Join a gym
- Ç Go out to dinner
- Ç Have a party for my friends
- Ç Celebrate my birthday
- Ç Take my boyfriend or girlfriend on a date
- Ç Go to the movies
- Ç Other _____

	What are the three most important things that you would want to do for yourself?	**Approximate Cost**
1		$
2		$
3		$

How does tobacco advertising affect me?

- The tobacco companies use a lot of the money they make to pay for expensive advertising in magazines.
- Tobacco companies distribute coupons through direct mail, newspapers or other advertising, and take-home items in retail stores.
- These ads focus on getting more people hooked on smoking every day.

Did you know that ½ of all cigarettes bought in the USA are purchased by people with mental health problems?

Did you know that the tobacco adverting agencies try to trick people into thinking that smoking is a lot of fun or that it will make them a happier person. Sometimes ads even show people falling in love or making a lot of friends. SMOKING CIGARETTES WILL NOT DO THAT!

Comment: Use photo as example of "tricky advertising"

IMPORTANT POINTS TO REMEMBER

THE TOBACCO COMPANIES ARE TRYING TO TRICK YOU!

- Smoking WILL NOT make you a happier person.
- Smoking WILL NOT help you to make friends or fall in love.
- Light, extra light, ultra light, special mild cigarettes give you the same dangerous chemicals as regular brands. Every cigarette puts dangerous tar into the lungs of smokers.

What about smoking 'light' cigarettes?

The word light does not refer to how much a cigarette weighs. All cigarettes weigh about the same.

Cigarette companies use words like 'light', 'extra light', 'ultra light', 'mild' and 'special mild' on cigarette packs. They made these cigarettes so that consumers would assume that 'light' cigarettes are not as harmful. These cigarettes were tested on machines and are suppose to contain less tar and nicotine than regular brands. However, people who smoke light cigarettes usually breathe more deeply, smoke more often and will cover up the tiny ventilation holes in the filter with their fingers. What really happens…the smoker ends up with the same amounts of dangerous chemicals from 'light' cigarettes as they would from a 'regular' brand.

Advertising Exercise

1. Look through a magazine and find an ad about cigarettes.

2. How do the people look in the ad?
   - Ç Happy
   - Ç Having Fun
   - Ç Healthy
   - Ç Sad
   - Ç Angry
   - Ç Bored

3. Where are they?

_____

4. What are they doing?

_____

5. What is the tobacco advertising company trying to make you believe about smoking cigarettes?

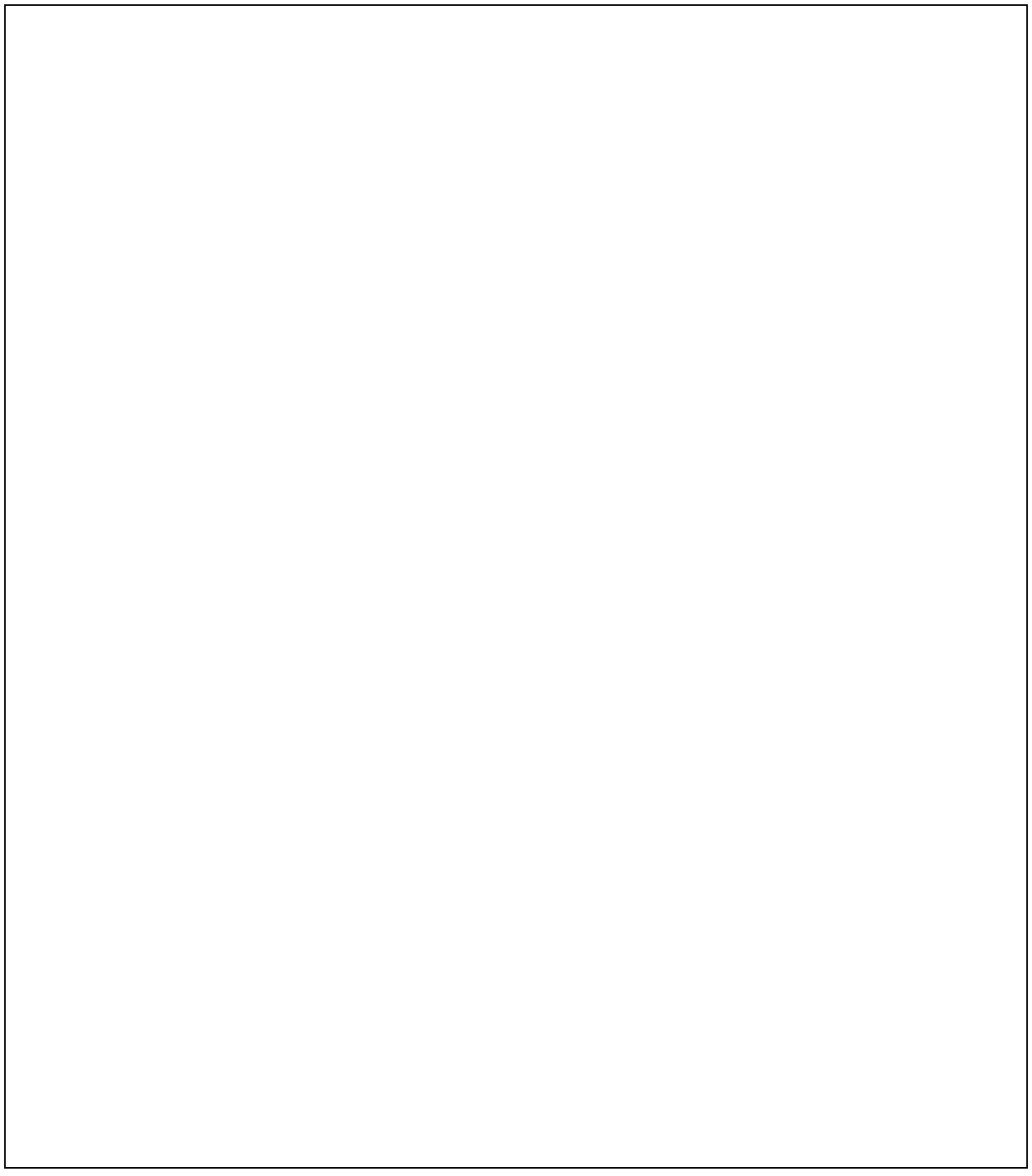
_____

6. Do you think that this ad is trying to trick you into making smoking seem better that it really is?

   _____ YES _____ NO

Design an Ad Activity

In the space below, design an ad that represents the truth about smoking.



What is Second-Hand Smoke?

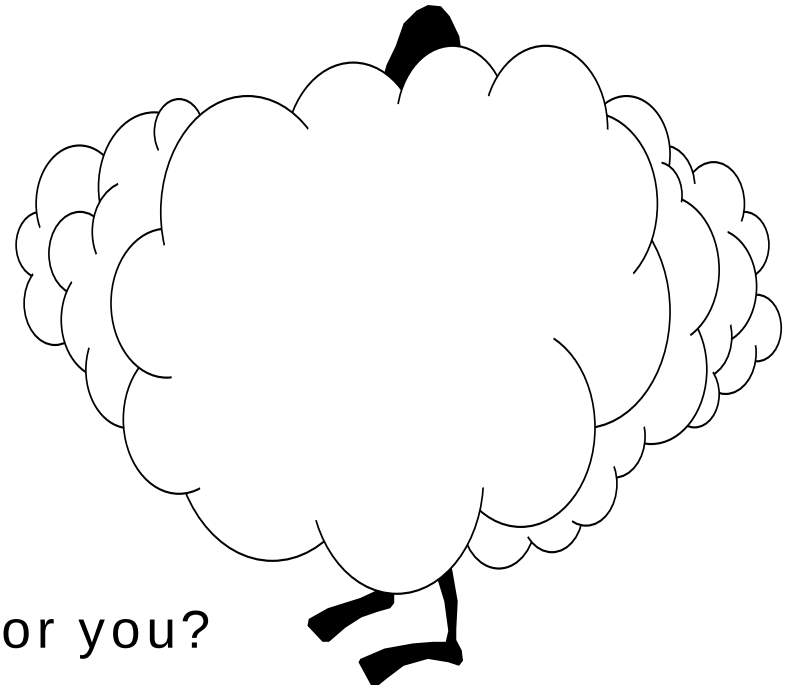
Cigarette smoke is not only dangerous to you but also to the health of those around you. This is called "second-hand" smoke. Research has shown that second-hand smoke causes thousands of deaths each year in non-smokers. Secondhand smoke can also cause eye irritation, headaches, nausea, and dizziness.

The lungs of young children are also affected by secondhand smoke. Babies and children living in a home where there is smoking tend to have more ear infections, colds, bronchitis, and other respiratory problems than children from nonsmoking families. Smoking while pregnant is associated with low birth weight infants and Sudden Infant Death Syndrome. (SIDS).

There was a new warning from the U.S. Centers for Disease Control (CDC) in April 2004, which stated that people at risk for heart disease should stay away from tobacco smoke. Secondhand smoke can significantly increase the risk of a heart attack in persons with Coronary Artery Disease. Thirty minutes' exposure can have a serious and lethal effect.

IMPORTANT POINT TO REMEMBER
When you smoke, it is dangerous to YOU and to THOSE AROUND YOU!

Who used to smoke around you?



What was that like for you?

Who else around you is affected by your smoking?

How are my medications affected by smoking?

Many commonly used medications interact with chemicals in tobacco smoke. This results in a lowering of blood levels of these medications. Stopping smoking also interacts with medications but in the opposite way- it raises medication levels. That is why it is important for your doctor to know if you smoke and when you decide to quit smoking.

The liver is an important organ for purifying the body.

- By working hard to remove harmful chemicals and toxins from the body, the liver can keep the body in a normal balance.
- Even medications that we use to treat disease are removed from the body in this way.

Tars in cigarette smoke "turn on" a part of the liver system.

- This means that in a smoker, this enzyme works faster and better than usual.
- In smokers, some medications are taken out of the body faster than normal.
- Smokers may need to be on higher medication doses, in order to correct this problem and for those medications to work.
- This is not usually a good thing and can lead to more medication side effects.

IMPORTANT POINT TO REMEMBER

The effect of tars on the liver could result in:

1. Higher medication doses for a smoker
2. Medications not working as well in a smoker
3. More side effects from medication in a smoker

These are the medications that are affected by smoking.

Check (√) the box below if you are currently taking any of these medications. ↓

Trade Name	Generic Name	Check Here (√)
Elavil	Amitriptyline	
Anafranil	Clomipramine	
Aventyl/ Pamelor	Nortriptyline	
Tofranil	Imipramine	
Luvox	Fluvoxamine	
Thorazine	Chlorpromazine	
Prolixin	Fluphenazine	
Haldol	Haloperidol	
Clozaril	Clozapine	
Zyprexa	Olanzapine	
Tylenol	Acetominophen	
Inderal	Propranolol	
Slo-Bid Slo-Phyllin, Theo-24, Theo-Dur, Theobid, Theovent	Theophylline	
Coffee/Tea	Caffeine	

What other medications are you taking?

_____

Talk to your doctor

- About your current medications and the effect of smoking.

Tell your doctor

- If you are thinking about quitting smoking since it can have an impact on your medications.

Why are cigarettes addictive?

Most people who smoke are addicted to the *nicotine chemical* that is contained in cigarettes and other tobacco products. The tobacco companies want people to be dependent on cigarettes, because they want them to continue to smoke. Tobacco addiction is one of the most common addictions and substance abuse disorders in the United States. People can be addicted to other things such as, food, sex, caffeine, alcohol, illegal drugs, gambling, and even exercise. Whenever you do something TOO MUCH, it can be bad for you! But some addictions, such as smoking or taking illegal drugs are dangerous any time you do it.

What is tobacco addiction?

Think about when you first began to smoke. Did you first try it when you were very young or as a teenager? Were you with friends? Then after you smoked for a while, you started wanting to smoke more. Well, being addicted means that whenever you smoke, you want to smoke more. And if you don't smoke, your body begins to crave (really want to have) another cigarette.

What is tobacco withdrawal?

When you don't have a cigarette, you may begin to feel withdrawal symptoms. Many times, people will feel this way in the morning. That is because when they were sleeping they could not have a cigarette. Some withdrawal symptoms are:

- Being Irritable
- Feeling Anxious
- Feeling Frustrated
- Being Restless
- Feeling Depressed
- Feeling Angry

IMPORTANT POINT TO REMEMBER

Being addicted means that even if you know something is really bad for you, you continue to do it. We all know how bad smoking is for our health, yet people continue to smoke.

SELF QUIZ: Are you addicted to tobacco?

How many years have you smoked? _____ years

Do you smoke more now than you did when you first tried smoking cigarettes?

_____ Yes _____ No

Do you want to have a cigarette as soon as you wake up in the morning?

_____ Yes _____ No

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

□ within 5 minutes □6-30 minutes □ 31-60 minutes □ after 60 minutes

When you are not having a cigarette, do you think about smoking,?

_____ Yes _____ No

If you don't have a cigarette, do you start to have withdrawal?

_____ Yes _____ No

Check any withdrawal symptoms you began to feel when you did not have a cigarette?

Ç Anger
Ç Anxiety
Ç Crying
Ç Depressed Mood
Ç Difficulty Concentrating
Ç Frustrated
Ç Impatient
Ç Insomnia (cannot sleep)
Ç Irritable
Ç Nervous
Ç Restless

Do you think you are addicted to smoking? _____ Yes _____ No

What are my smoking patterns?

Smoking patterns are the usual times, situations, actions and things that make you feel like you want to have a cigarette. For example, if whenever you sit to have a cup of coffee you light up a cigarette, this is a smoking pattern.

Identifying your smoking patterns is being able to recognize "when" and "why" you smoke on a typical day. Understanding "when" and "why" you smoke is an important first step in helping you later when you decide that you are ready to quit.

COMMON SMOKING PATTERNS

Check (√) all of the patterns that apply to you.

Getting out of bed.
Driving, or sitting in the car.
Talking on the phone
Drinking coffee.
Sitting at the table
Going to your program or work
Waiting at a bus stop, train station, subway or airport
Taking a break at your program or work
Watching TV
After an argument
After a treatment group or session
After lunch.
After dinner
Dealing with a stressful situation at home
Other _____

How can I change my smoking patterns?

You are now more aware of your usual smoking patterns. By thinking about these, you can begin to make choices about when and why you smoke. Although you may not be ready to quit right now, you may want to think about making some changes in your current smoking patterns. These may make the choice to quit smoking in the future an easier one.

Example: Instead of smoking with your morning coffee

You can make a change by:

- Delay having a cigarette until 30 minutes after your coffee
- Plan to drink morning coffee in a different room or non-smoking area

List 1 smoking pattern that would be hard for you to give up.

How could you try to change this smoking pattern?

How can I better manage stress?

Are you feeling stressed out?

First of all, it is important to know that STRESS is a part of life! How YOU CHOOSE to deal with your stress is what we want to think about. Some people yell and scream when they are stressed out. Others may hide in their rooms and cry. Some people will eat, smoke or drink when they are under stress. However you choose to deal with your stress… BE SURE THAT WHAT YOU DO IS REALLY HEALTHY AND HELPFUL!

A good way to cope is to

learn skills to help you relax.

DEEP BREATHING

We will teach you the skill of deep breathing to help you relax. Many times, people take short breaths when they are under stress. This does not give your body the proper amount of oxygen it needs. Remember that smoking also takes away the good oxygen that it needs.

Learning deep breathing exercises makes you feel relaxed by breathing slowly and giving your body more oxygen. This skill takes 3 to 5 minutes to do. It involves both your chest and stomach muscles. While doing this exercise, try to focus on the sound and feel of your breathing.

EXERCISE: DEEP BREATHING

Practice Deep Breathing for the next 3 to 5 minutes.

1. Sit in a chair - arms at sides, feet uncrossed.
2. Note any tension or tightness in your muscles.
3. Put one hand on your chest and your other hand on your stomach.
4. Take a slow, deep breath through your nose. As your lungs fill your stomach should raise first and the chest next.
5. Hold the air in for three seconds.
6. Blow the air out through your mouth, making a whooshing sound.
7. Keep taking long, slow deep breaths in through your nose and letting long slow breaths out through your mouth.
8. Focus on the sound of your breath. Do this for 3 to 5 minutes.

How do you feel after practicing the Deep Breathing exercise?

Was it hard for you to do the exercise? Sometimes people who smoke have a hard time doing this exercise and will begin to cough. You will find that if you quit smoking, it will be easier to do as well as practicing this exercise everyday.

Did you know that cigarettes could actually cause you to be tense and ADD to the STRESS in your life?

Smokers believe that when they have a cigarette, it eases the feelings of anxiety or restlessness that they are feeling. As we learned earlier, these same feelings of anxiety and restlessness are caused from withdrawal (or not having a cigarette because the body needs one).

Smokers often mention stress as a reason keeping them from quitting.

Smokers have learned to use tobacco to help cope with stress. Remember… Smoking and stress do not have to go hand in hand. There are other healthy things you can do to make yourself feel better!

Cigarettes will not take away your problems.

- Smoking will usually only add to the problems you already have.

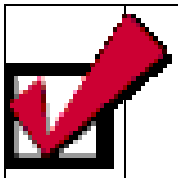
When you quit, you have to learn new ways of handling stress.

- Physical activity and healthy eating can help to reduce stress.
- Making sure that you have time to do the things you like to do is very important.
- Sometimes writing down your feelings and frustrations will help to relieve stress.
- Making a "to do" list each day can also be very helpful. As you complete them, check them off and you will see everything that you accomplished. This technique helps you to remember and will also take away the stress of worrying to remember to do them.
- For some people, being outside in nature is helpful. Sitting at a park or on a beach can be very relaxing. Sometimes just closing your eyes and imagining that you are at your favorite place can be relaxing.

- Spiritual practices such as prayer and meditation can help you to have a more peaceful life.
- Twelve step recovery programs teach a very valuable tool: **"Take One Day at a Time"**.
- Learning relaxation exercises is also very important.
  - Deep Breathing
  - Progressive Muscle Relaxation

Making a "TO DO" list each day can be a helpful tool.

As you complete each item, you will be able to see all that you accomplished. Writing things down the night before helps you to get them off of your mind so that you do not have to worry about it during the night.

	TO DO LIST Date _____

How much physical activity do I need?

What is PHYSICAL ACTIVITY?

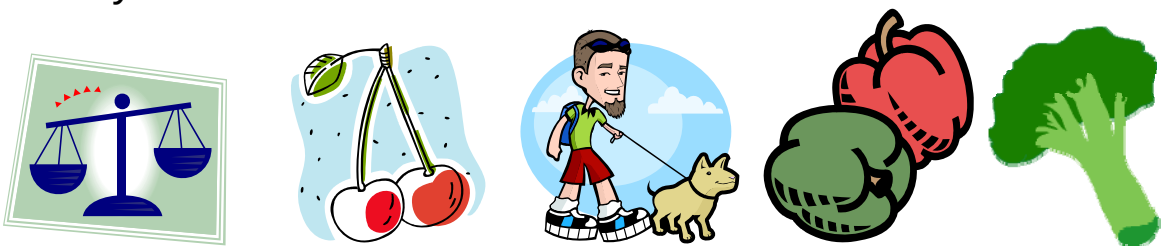
The 2005 USDA Dietary Guidelines tell us that physical activity means movement of the body that uses energy. Walking, gardening, climbing the stairs, playing soccer, or dancing are all good examples of being physically active.

Physical activity can help you mentally as well as physically! Do you know why? Your muscles, your heart, and other parts of your body grow stronger and more efficient when they are called on regularly when you are physically active. Regular exercise can help prevent heart disease, normalize blood pressure, regulate blood sugar, prevent bone loss, and promote weight loss. It can also help people manage their stress, feel better about themselves, and provide pleasure and enjoyment!

How Much Physical Activity Do I Need?
The USDA Dietary Guidelines for Americans say:

30 minutes most days of the week for health benefits
60 minutes to prevent weight gain
60—90 minutes to maintain weight loss

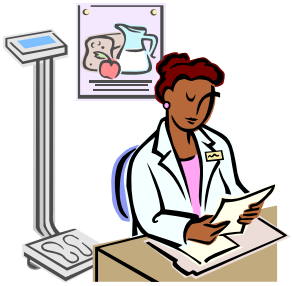
To maintain a healthy weight, balance your calories with physical activity.



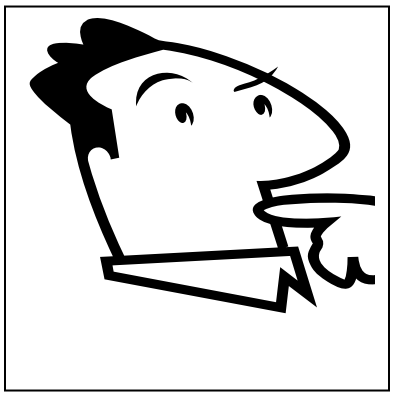
Here are some suggestions for activities to get you moving:

- V Get active for 10 minutes 3 times a day everyday
- V Get off the bus one or two stops early and walk the rest of the way
- V March in place during TV commercials
- V Park your car a block or two away and walk
- V Use the stairs instead of the elevator
- V Rake the leaves
- V Take a walk after dinner instead of watching TV
- V Moving any part of your body—even for a short time—can make you healthier
- V Walk the dog
- V Take 2-3 minute walking breaks throughout the day
- V Put away the TV remote control—get up to change the channel
- V Walk while you talk on a cordless phone
- V Plan your errands around town so they are walking distance from each other, i.e. post office, library, cleaners, pharmacy
- V Walk with a friend at lunchtime for 10 minutes
- V Walk to the store and home instead of driving
- V Dance to some of your favorite songs or radio station
- V Garden in the yard or clean a room

Regular physical activity means doing something active most if not all days of the week!



If you are over 40 or have health problems check with your doctor before starting an exercise program. Experts advise that people with chronic diseases, such as a heart condition, arthritis, diabetes, or high blood pressure, should talk to their doctor about what types and amounts of physical activity are appropriate.
(Source: http://www.cdc.gov)



Think about your physical activity level.

Generally, how much physical activity do you get every day?

Minutes per day = _____

Why is being physically active beneficial to you?

1. _____

2. _____

3. _____

List several things you do now for physical activity:

1. _____

2. _____

3. _____

List one or two new things you are willing to try in the next week that will add movement into your life:

1. _____

2. _____

3. _____

How Can I Make Healthier Food Choices?

The 2005 Dietary Guidelines for Americans are the newest science-based advice from the United States Department of Agriculture. The Dietary Guidelines will help Americans make smart choices about food and physical activity, so they can have healthier lives. What do the experts say?

We should make smart choices from every food group. The best way to give your body the balanced nutrition it needs is by eating a variety of nutrient-packed foods every day. But, be sure to stay within your daily calorie needs.

A healthy eating plan is one that:

- Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products.
- Includes lean meats, poultry, fish, beans, eggs, and nuts.
- Is low in saturated fats, trans fats, cholesterol, salt (sodium), and added sugars.
- Mixes up your choices within each food group.

The information below is based upon a 2,000 calorie diet. Different people have different calorie needs. Servings will vary based upon your calorie need. Turn the page to see how your diet compares to what the experts recommend.

Focus on fruits.

Eat a variety of fruits—whether fresh, frozen, canned, or dried—rather than fruit juice for most of your fruit choices. For a 2,000-calorie diet, you will need 2 cups of fruit each day (for example, 1 small banana, 1 large orange, and 1/4 cup of dried apricots or peaches).

How many servings of fruit do I usually eat each day? _____

Vary your veggies.

Eat more dark green veggies, such as broccoli, kale, and other dark leafy greens; orange veggies, such as carrots, sweet potatoes, pumpkin, and winter squash; and beans and peas, such as pinto beans, kidney beans, black beans, garbanzo beans, split peas, and lentils.

What vegetable am I willing to eat more of?_____

Get your calcium-rich foods

Get 3 cups of low-fat or fat-free milk—or an equivalent amount of low-fat yogurt and/or low-fat cheese (1½ ounces of cheese equals 1 cup of milk)—every day. For kids aged 2 to 8, its 2 cups of milk. If you don't or can't

consume milk, choose lactose-free milk products and/or calcium-fortified foods and beverages.

What type of milk do I drink: ___ whole milk ____ 2% ___ 1% ____ skim

Do I get enough calcium-rich foods? _____ Yes _____ No

Make half your grains whole

Eat at least 3 ounces of whole-grain cereals, breads, crackers, rice, or pasta every day, with the rest of the recommended grains coming from enriched or whole-grain products. One ounce is about 1 slice of bread, 1 cup of breakfast cereal, or ½ cup of cooked rice or pasta. Look to see that grains such as wheat, rice, oats, or corn are referred to as "whole" in the list of ingredients.

Do I check to see if the grains I am eating are “whole-grains”?

____ Yes ___ No

Go lean with protein

Choose lean meats and poultry. Bake it, broil it, or grill it. And vary your protein choices—with more fish, beans, peas, nuts, and seeds.

Do I trim the fat from chicken or meat before I cook or eat it?

___Yes ___ No

Do I remove the skin from chicken before I eat it? ____ Yes ___ No

Know the limits on fats, salt, and sugars

Read the Nutrition Facts label on foods. Look for foods low in saturated fats and trans fats. Choose and prepare foods and beverages with little salt (sodium) and/or added sugars (caloric sweeteners).

Do I read the Nutrition Facts Label on Foods? ____ Yes ___ No

How many regular sodas do I drink per day? _____

Did you know that water has 0 calories? ____ Yes ___ No

On a scale of 1 (= very poor) to 10 = (excellent), rate how healthy your diet is? _____

List one thing that you are willing to do to improve your eating habits during the next week:

_____

Source:
http://www.health.gov/dietaryguidelines/dga2005/document/html/brochure.htm#b1

People sometimes worry about gaining weight when they quit smoking. Below is a list of things you can do to prevent weight gain.

Simple Things You Can Do to Maintain a Healthy Body Weight

Check off all the things on the list below that you currently do:

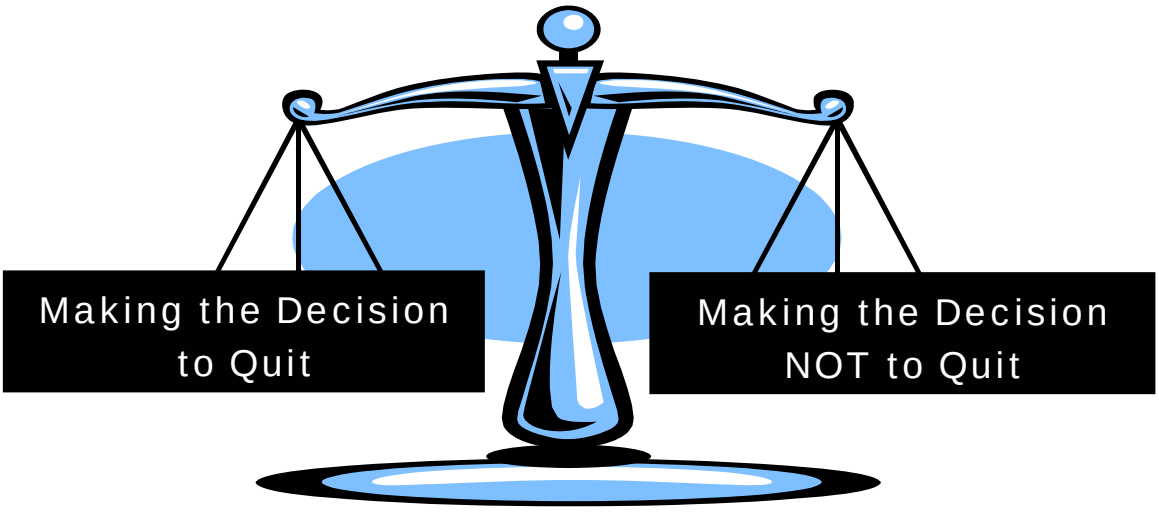
- Ç **Choose water instead of soda**
- Ç **Choose fresh fruit instead of fruit juice (which is frequently loaded with sugar)**
- Ç **Choose skim or low-fat milk instead of whole milk**
- Ç **Check serving size and calories. Look at the serving size on the nutrition fact label and know how many servings you are actually consuming. If you double the servings, you double the calories!**
- Ç **Make your calories count. Look at the calories on the label and compare them with what nutrients you are also getting to decide whether the food is worth eating. When one serving of a single food item is over 400 calories per serving, it is high in calories**
- Ç **Don't sugarcoat it. Since sugars are loaded with calories and few, if any nutrients, look for foods and beverages low in added sugars. Read the ingredient list and make sure added sugars are not one of the first few ingredients. Some names for added sugars include sucrose, glucose, high fructose corn syrup, corn syrup, and fructose**
- Ç **Try not to eat high-calorie "junk food" (such as potato chips, cookies, candy, cake)**
- Ç **Snack on crunchy vegetables and fruit (such as carrots, celery, broccoli, cucumbers, red and green pepper slices, apples, oranges, strawberries, blueberries, and watermelon)**
- Ç **Stay away from fast food**
- Ç **Use sugar free gum and mints**

1. **Write down one item from the list above that you are willing to try this week:**

   _____

Remember to find your balance between food and physical activity. Increasing your physical activity can also help you find your way to a healthier you!

Why should I quit smoking?



It is important to stop and ask yourself if YOU should consider quitting smoking. What would be the benefits of quitting or not quitting?

We have already reviewed many of the harmful consequences and drawbacks of smoking in earlier chapters. Some are listed below:

- V Health problems and diseases
- V Unpleasant problems including premature wrinkling of the skin, bad breath, bad smelling clothes, and yellow fingernails.

- V Spending too much money on tobacco
- V Keeps me addicted

There are many benefits to

QUITTING SMOKING.

Quitting smoking will also provide you with benefits that you will notice right away and some that take a few weeks to notice. Here are some good things about quitting smoking that can improve your life and daily lifestyle!

- You will live longer. People who stop smoking before age 35 avoid 90% of the health risks attributable to tobacco. Even those who quit later in life can significantly reduce their risk of dying at a younger age
- Food will smell and taste better.
- Ordinary activities will no longer leave you out of breath (climbing stairs, light housework.)
- You will have more money
- You will have fewer infections including the flu, cold, pneumonia and others.
- Your skin will have a fresher look and may look younger.

Health Benefits of Quitting Smoking

Within 20 minutes	Blood pressure and pulse goes back to normal.
After 8 hours	The carbon monoxide level in your blood drops to normal and the oxygen level increases.
24 hours after quitting	Your chance of a heart attack decreases.
2 weeks to 3 months after quitting	Your circulation improves and your lung function increases up to 30%.
From 1 to 9 months	You stop coughing and breath easier and your overall energy increases. Your cilia (tiny hair like structures that move mucus out of the lungs) regain normal function in the lungs, increasing the ability to handle mucus, clean the lungs, and reduce infection.
1 year after quitting	The risk of coronary heart disease is cut in half
5 years after quitting	Your chances of lung cancer death and stroke are cut in half
10 years after quitting	The chances of lung cancer are equal to that of a non-smoker. The risk of cancer of the mouth, throat, esophagus, bladder, kidney, and pancreas decrease.
15 years after quitting	The risk of coronary heart disease is the same as a non-smoker.

Making the Decision to Quit Smoking

Complete the boxes below.

List what you like about smoking:	**List what you don't like about smoking:**
List the things that make you afraid to quit smoking:	**List the things that would be good about quitting smoking:**

What if I'm not ready to quit?

Some smokers may still be feeling unsure about wanting to quit smoking.

- It is very common to have mixed feelings about quitting.
- You may want to continue smoking or you may feel unready to give it up.
- You might be thinking that quitting smoking is the right thing to do, but feel scared about what it will be like.
- Some of you may want to drop out of this program or group because of uneasy feelings or the pressure to quit smoking.

The feelings and situations described above are extremely common for smokers. It is likely that you have experienced one or more of them in the past. It is important to keep an open mind and explore this program.

Even if you are unable to quit smoking at this time, learning more about your smoking is an important step toward a healthier lifestyle. You may choose to quit someday in the future.

In addition, there are other steps you can take, while you are still smoking, that may be helpful to you.

I'm not ready to quit smoking but I am ready to:

- c Come to group to talk about tobacco.
- c Read handouts
- c Talk to other people who used to smoke and learn about how they were able to quit
- c Count and keep track of how many cigarettes I smoke each day.
- c Recognize my smoking patterns.
- c Delay smoking at certain times.
- c Make it more difficult for myself to smoke. I can move my cigarettes from their usual place. I can smoke with my other hand or do things that are not my usual smoking "habit".
- c Try to reduce my carbon monoxide level.
- c Ask my family and friends how they feel about my smoking. Ask them if they would be able to help me when I try to quit.
- c Calculate how much I spend on tobacco each week, each month and each year.
- c Think about the benefits of quitting smoking for me personally.
- c Change my smoking.
- c I'm beginning to think seriously about quitting smoking.

Is it really possible for me to quit smoking?

Many smokers use smoking to cope with the stresses and problems of everyday life.

- It's hard for smokers to think of a life without smoking until they learn new ways to manage stress and problems.
- Remember that different methods work for different people. What may seem silly to others may be just what you need to quit - so don't be embarrassed to try something new.
- Pick a coping strategy that make sense to you and then follow through by practicing it. It will get easier the more you practice.
- When you are feeling stressed, use your new coping skills.
- When you are ready to quit smoking, new coping skills will give you a much better chance of success.

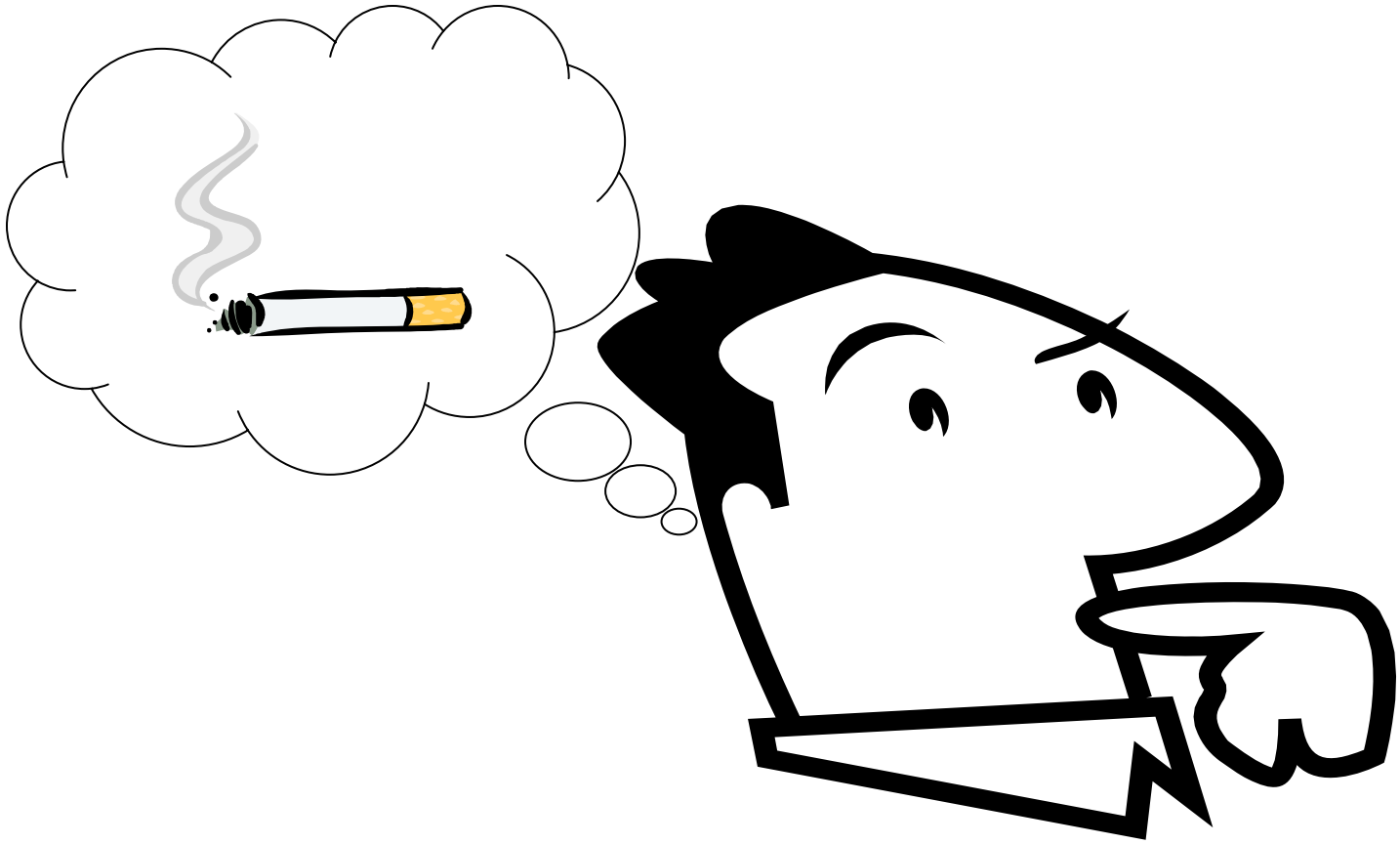
IMPORTANT POINT TO REMEMBER

Many smokers believe that stressful situations and problems in life is the reason that they smoke. It is important to recognize that when your body withdraws from nicotine, you may feel anxious and stressed and want to smoke. After a short time, these feelings will go away. Don't confuse withdrawal symptoms, with stress.

Better Coping Strategies

THINGS YOU CAN DO INSTEAD OF SMOKING!

1. Take a long walk
2. Put together a list of household jobs to keep your hands busy.
3. Take a hot bath or shower
4. Smile a lot
5. Keep your hands busy by squeezing a stress ball or playing with "silly putty".
6. Keep a sense of humor
7. Sing with a group or by yourself
8. Read a book
9. Jog or speed walk
10. Do needlework
11. Walk or window-shop at the mall
12. Get outside for some fresh air
13. Learn to accept things you cannot change
14. Help someone else
15. Write a letter to a friend
16. Go to a movie
17. Practice deep breathing.
18. Pray or go to church
19. Talk to a friend.
20. Listen to music that you like and helps you to relax or energizes you.
21. Take a short nap.
22. Think positive thoughts about yourself. Recognize and take pride in learning a new coping skill today.



Think about a time when you used smoking to cope with the stresses and problems of everyday life.

Are you satisfied with using smoking as a coping strategy?
Why or why not?

_____

_____

_____

Is smoking the best coping strategy for you?
Why or why not?

_____

_____

_____

Name 3 things you can do to manage your stress instead of smoke.

1. _____
2. _____
3. _____

What happens when I quit smoking without help? (cold turkey)

Smokers that quit without treatment experience nicotine withdrawal.

Remember:

Nicotine is the substance found in cigarettes and other tobacco products that is addicting.

This means that even though you want to stop smoking, your body is used to having nicotine put into it every day.

Your body has become used to having nicotine and wants you to keep taking it even though you know that it is time to quit.

This is called **nicotine addiction** or **dependence**.

Nicotine Withdrawal

When you don't give your body nicotine, your body will react by sending you unpleasant signals. These are called <u>withdrawal symptoms</u>.

The symptoms of nicotine withdrawal are listed below:

- V Irritable or angry mood
- V Depressed or sad mood
- V Trouble sleeping
- V Feeling frustrated
- V Difficulty concentrating
- V Restlessness or "can't get comfortable" feeling
- V Slower heart rate
- V Feeling hungry

IMPORTANT POINTS TO REMEMBER

Smoking nicotine in cigarettes will immediately take away withdrawal symptoms and make you *temporarily* feel better.

By giving you unpleasant symptoms, your body is tricking you into smoking and using nicotine over and over again forever.

You can use a nicotine replacement medication to help break the addiction and not have to feel the unpleasant withdrawal symptoms.

One time when I tried to quit smoking without treatment ("cold turkey"), I experienced these symptoms of nicotine withdrawal

____ **No**

____ **Yes (check all that apply)**

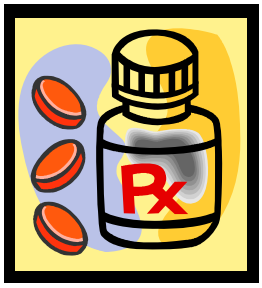
Irritable or angry mood
Depressed or sad mood
Trouble sleeping
Feeling frustrated
Difficulty concentrating
Restlessness or "can't get comfortable" feeling
Slower heart rate
Feeling hungry

Having nicotine withdrawal symptoms in the past has caused me to smoke:

____ **No**
____ **Yes**

The next time I try to quit smoking, I want to avoid having nicotine withdrawal symptoms

____ **No**
____ **Yes**



How do medications help *me quit* smoking?

If you're hooked on smoking or if you've tried quitting before and experienced nicotine withdrawal, think about using medications to quit.

Medications to help you stop smoking are safe and effective.

People that use medications to quit smoking have several advantages over people who don't:

- V They are twice as likely to be successful in quitting smoking
- V They don't experience uncomfortable nicotine withdrawal symptoms
- V They have less cravings or urges to smoke
- V They feel less depressed after quitting
- V They gain less weight while quitting smoking.

Different kinds of medications are available to help you stop smoking.

- They are all effective.
- Some require a doctor's prescription and others do not.
- People choose them for different reasons
- One is a pill and the other are all forms of nicotine, called nicotine replacement.
- Most medications to help you stop smoking cost less than the cost of a carton of cigarettes.

Six medications are available to help you stop smoking. (Check all the ones you have tried)

Nicotine gum
Nicotine patch
Nicotine lozenge
Nicotine inhaler
Nicotine nasal spray
Bupropion (pill)

IMPORTANT POINT TO REMEMBER
People who use medication to quit smoking are twice as likely to be successful as those who do not.

Which medications should I use?

You and your doctor will need to discuss which medication or medications will be best for you when you try to stop smoking. In this chapter we will review the 6 types of medications available so you can decide which is best for you.

Nicotine Patch, Nicotine Gum and Nicotine Lozenge

Nicotine patch, nicotine gum and nicotine lozenge are all over-the-counter medications. Over-the-counter medications do not require a doctor's prescription, although it is recommended that you still discuss the decision to use these medications with your doctor. Smokers who are pregnant or have heart disease should consult with their doctor before using nicotine medications. Nicotine patch, nicotine gum and nicotine lozenge cost about $35-55 for a 2-week supply of medication. Nicotine medication is started on the day that you try to stop smoking, also called the "Quit Date".

Never use nicotine medications if you plan to continue to smoke or use another tobacco product. The combined dose of nicotine could be dangerous to your health.

Nicotine Patch

Nicotine patches provide nicotine to your body through the skin. Nicotine patches give nicotine continuously through the day and are easy to use. They can be worn for 24 hours or removed at night when you sleep. Usually the patch is worn for about 12 weeks and the nicotine dose is lowered during this time. Several types and different

strengths are available. Instructions are included in the package that describes how to use the product and include possible side effects.

Nicotine Gum

Nicotine gum provides nicotine to the body through the lining of the mouth. It works best if a piece of gum is chewed about every hour but more can be used when you have urges or cravings to smoke.

Nicotine gum is a medication and is not used like regular chewing gum. It has a peppery taste and must be chewed slowly off and on for about 20 to 30 minutes. **Don't drink coffee, soda or other beverages for at least 15 minutes before and during gum use.**

Nicotine Lozenge

Nicotine lozenge is a hard tablet that also provides nicotine to the body through the lining of the mouth. You suck on the lozenge until it dissolves and **do not bite or chew it** like a hard candy. The recommended dose for the lozenge:

Week 1 through 6: one lozenge every 1-2 hours
Weeks 7 through 9: one lozenge every 2-4 hours for 3
Weeks 10 through 12: one lozenge every 4-8 hours

Like the gum you should not drink coffee, soda or other beverages with the lozenge.

Nicotine Inhaler

Nicotine inhaler and nicotine nasal spray both require a doctor's prescription. As with the other nicotine medications, these are also started on the Quit Date.

Nicotine inhaler is a plastic tube with a nicotine cartridge inside. When you puff on the inhaler, a nicotine vapor goes into the mouth. It does not need to be inhaled since the nicotine goes only into the mouth and not

into the lungs. Breathing or puffing on it too deeply will make you cough more. Holding the nicotine inhaler in your hand and puffing on it can seem like the closest thing to smoking a cigarette, which some smokers find helpful.

Nicotine Nasal Spray

Nicotine nasal spray delivers nicotine quickly and is absorbed through the nose. The nasal spray immediately relieves withdrawal symptoms and offers you a sense of control over nicotine cravings. Because it is easy to use and can deliver a bigger immediate dose of nicotine, smokers report great satisfaction with it. In the beginning, it has the most side effects and can cause sneezing, watery eyes and coughing although these usually stop if you keep using it.

Bupropion

Bupropion is the only smoking treatment that does not contain nicotine. Bupropion can be used alone or in combination with nicotine medications to improve your chances of quitting. It is usually a personal choice to use bupropion. Some people are unable to take nicotine or prefer to take a pill medication to help them quit smoking. Bupropion can only be taken with a doctor's prescription. It is usually started two weeks before the Quit date. It is recommended that you continue taking bupropion for 3-6 months after you quit smoking.

Comment: Please add a consumer exercise (drawings/pictures helpful)

Bupropion is EXACTLY the SAME medication as Wellbutrin SR or Zyban. Bupropion is also a good treatment for major depression.

This medication should not be taken if you have a history of seizures, bulimia (binge and purge eating disorder), or head trauma.

There are 6 medications that are available to help you stop smoking. (Check all the ones you would like to try)

Nicotine gum
Nicotine patch
Nicotine lozenge
Nicotine inhaler
Nicotine nasal spray
Bupropion (pill)

Did you discuss these medications with your doctor or nurse?

_____ Yes _____ No

Which one do you think would be best for you?

Which medications require a doctor's prescription?

Nicotine gum
Nicotine patch
Nicotine lozenge
Nicotine inhaler
Nicotine nasal spray
Bupropion (pill)

Which medications contain nicotine?

Nicotine gum
Nicotine patch
Nicotine lozenge
Nicotine inhaler
Nicotine nasal spray
Bupropion (pill)

Group II: "Quitting Smoking"

Goals, Objectives and Suggested Approaches

The focus of Group II is to help smokers quit the use of tobacco. All smokers with a desire to try to quit smoking in the next month should be appropriate for Group II. Other positive indicators for treatment include a strong desire to stop smoking completely, past quit attempts, willing to use tobacco treatment medications and willingness to commit to attending all group treatment sessions. The type of participants recruited will largely determine the actual success rate achieved in any group, although combination treatment of tobacco treatment medications plus counseling are believed to yield the highest success rates. The added treatment effect of the group setting partly comes from seeing others make quit dates and succeed. The clinician should be careful about including participants in Group II that are clearly stating that they are not ready to quit. Including these participants can contribute to a negative effect on the group, and/or the individual.

Objectives for Group II: Quitting Smoking

1. **Learn how to create a quit plan**
2. **Learn what a quit date is**
3. **Learn about how to achieve early abstinence from tobacco**
4. **Learn about how to increase support for quitting**

Section 6: Group II

Chapter 1: Making a Quit Plan

Objectives for this Chapter:

- Review the components of a quit plan
- Learn to make a quit plan

After reading this section, individuals will be able to:

- Take steps towards quitting and setting a quit date
- Begin to think about the steps involved in their own quit plan.

Suggested Approach:

- After reading these pages, encourage individuals to talk about their own quit plans.
- Discuss how setting an exact date, called the quit date, allows the smoker to make preparations that can make the quit attempt more successful. Consider the pros and cons of having a quit date on a weekday versus a weekend when less support may be available.
- Compare a quit plan with a treament plan. Ask group members if they have input into their mental health treatment plan. How is the quit plan similar? How is it different?

Chapter 2: Preparing to Quit

Objectives for this Chapter:

- Set a quit date
- Change smoking patterns
- Remove all tobacco and tobacco related products from home and car
- Prepare medication plan with input from the physician or other prescriber

Section 6: Group II

After reading this section, individuals will be able to:

- Take steps towards quitting and setting a quit date
- Begin to think about the steps involved in their own quit plan, including preparing to use tobacco treatment medications.

Suggested Approach:

- Allow members to discuss aspects of their quit plan that may be different from others. Stress to the group that there is no "right" or "wrong" way to quit and that everyone may have a different approach that works best for them.
- As members begin to quit, encourage them to use their nicotine medications (gum, inhaler, nasal spray, lozenge) in group so that others may see this and ask questions. Reinforcing the use of medications to other group members is a positive approach that may encourage others to quit.

Chapter 3: Seeking support while you quit

Objectives for this Chapter:

- Review the benefits of having additional support during a quit attempt
- Encourage group members to seek additional support for quitting

After reading this section, individuals will be able to:

- Begin to identify supports
- Reach out to individuals, treatment providers, family, friends, support groups or internet sites for support for quitting.

Suggested Approach:

- The New Jersey Quitnet is a free internet resource (http://nj.quitnet.com) that allows smokers to log in as a member and participate in online chat

rooms, email groups and discussion forums focused on getting support for quitting smoking. Allow members computer access to the internet after a group or have a demonstration of Quitnet resources.

Additional Internet References & Resources to Stay Smoke Free

American Cancer Society 1-800-ACS-2345
Internet address: www.cancer.org

American Heart Association 1 800-242-1793 (call center) or 800-242-1793
Internet address: www.amhrt.org

American Lung Association 1 800-586-4872 or 212-315-8700
Internet address: www.lungusa.org

National Cancer Institute 1-800-4-CANCER or 800-422-6237
Internet address: www.cancer.gov

Office on Smoking & Health, Centers for Disease Control and Prevention
770-448-5705
Internet address: www.cdc.gov/tobacco

Nicotine Anonymous 1-877-TRY-NICA (1-877-879-6422)
Internet Address: www.nicotine-anonymous.org

Smokefree.gov (Online materials, including info on state Quitlines)
Internet Address: www.smokefree.gov

Chapter 4: Refusing cigarettes

Objectives for this Chapter:

- Increase the group's awareness of assertion and how to use it when refusing cigarettes
- Allow members to practice refusing cigarettes

Section 6: Group II

After reading this section, individuals will be able to:

- Consider the options they have when confronted with choosing cigarettes
- Practice techniques and tips that will help them to refuse cigarettes in high-risk situations

Suggested Approach:

- Do role-playing to help consumers go through the refusal skills steps. Put your consumers into teams of 2 or 3 and assign one or two of them the goal of persuading the other(s) to smoke cigarettes. The consumer in the role play who is being "persuaded" to smoke has to practice refusing the offer. After the exercise, lead your consumers in a discussion of the refusal skills used. Now repeat the exercise assigning different roles to each consumer in the groups. Allow consumers to coach each other with suggestions about how to handle these situations.

Chapter 5: Dealing with setbacks

Objectives for this Chapter:

- Educate participants about relapses to avoid them feeling shame or disappointment
- Remind the group that setbacks are common and most smokers try to quit a number of times before they are able to quit for good.

After reading this section, individuals will be able to:

- Reduce disappointment related to a failed quit attempt
- Motivate participants towards quitting or making another quit date
- Understand aspects of physical or psychological addiction may have contributed to their setback

Suggested Approach:

- Ways to Stay Motivated.
  - Remind members that what they're doing is not easy, so they deserve a reward.
  - Put the money you would have spent on tobacco in a jar every day and then buy yourself a weekly treat.
  - Buy a magazine, go out to eat, call a friend long-distance.
  - Or save the money for a major purchase.
  - You can also reward yourself in ways that don't cost money: take time out to read, work on a hobby, or take a relaxing bath.
- Encourage participants to learn from a failed quit attempt and make adjustments in their quit plan, if needed**.**
- Relapse prevention focuses on teaching skills that help people identify and cope with high-risk situations and moods, which might make them more likely to start smoking again. There is the opportunity to learn from past mistakes and use that information to make sure you stay quit for the rest of your life. For example, we know that high-risk situations or emotional states can be triggers for people to start smoking again. Some other typical cues for tobacco include seeing other people smoker, smoking after meals, or in response to interpersonal anxiety, anger, or depression. The idea of relapse prevention is that by evaluating these high-risk situations and being 'on guard' for them after you quit smoking; you will be less likely to start smoking again in the future!
- For smokers with mental illness there may also be additional or unique situations or symptoms, which contribute to smoking relapse including boredom, or experiencing symptoms of paranoia, anxiety or depression. Weekends which have more unstructured time seems also to contribute to relapse in this group and our plan includes a weekend readiness topic. The facilitator's role is to teach skills such as self-monitoring of tobacco craving and cues, problem solving strategies, education about coping skills and self-control strategies.

Chapter 6: Celebrating quitting and a Tobacco-Free Lifestyle

Objectives for this Chapter:

- Review the importance of celebrating quitting smoking
- Teach consumers how to reward themselves for taking steps towards quitting smoking

After reading this section, individuals will be able to:

- Conceptualize having a tobacco-free lifestyle
- Begin to think about how they can have weekly rewards for themselves while they try to quit smoking

Suggested Approach:

- Through modeling and instruction, teach members how to use positive reinforcement to pair a positive thought or behavior with the desired behavior. Positive reinforcement will help participants' reward them for any behavior change and feel good about quitting.
- Remind members that rewards need not be expensive- talking time out for personal grooming, interests or simple hobbies can be very rewarding and affordable even on a fixed income.
- Encourage group members to give positive feedback to other members- this group support and environment of positive reinforcement will provide a strong social reinforcer for the group.

GROUP II:
Quitting Smoking

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Quitting Smoking Group

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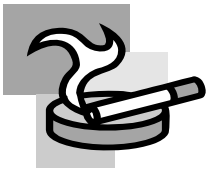

Making a Plan to Quit

The two most important factors -

1) ***Make the decision to QUIT!***
2) ***Set a Quit Date!***

There is no one right way to quit.
Learn what methods are successful to others who have quit.
You have to decide what will work best for YOU and then…
Get the help you need to support your decision to quit!

Quitting smoking is not easy. There are many professionals that can recommend to you what will be helpful in quitting. But this is only possible if **YOU make a promise to yourself to DO IT!** Many people who try to quit smoking wish that there were an easy way to do it – a method that would make quitting painless and easy. There is no painless or easy way to quit! You have probably used tobacco for a long time and it will take a commitment from you and reaching out for help from others…to succeed in your Quit Plan!

Some people try cutting down on the amount of tobacco they use each day. This method is difficult and may not work.

Using tobacco treatment medications can help you. They will reduce your withdrawal symptoms. But the most effective way to quit is when you **use the proper treatment medications and become involved in a group or individual counseling**. Using this method helps to address both the physical and psychological components of quitting.

Making the Decision to Quit

The first step is making the decision to quit tobacco use. This is one that **only you can make.** Other people may want you to quit, but the real decision and commitment must come from you.

Setting a Quit Date

Once you've made the decision to quit, you're ready to pick a quit date. This is a very important step. Pick a specific day within the next few weeks as your 'Quit Date'. Picking a date too far in the future allows you time to rationalize and change your mind. But be sure to give yourself enough time to prepare what you need to do to quit and come up with a plan. You might want to choose a date that has a special meaning like a birthday anniversary or holiday. Or you can simply pick a random date. Circle the date on your calendar and then make a strong, personal commitment or promise to yourself to quit on that day.

Making a Quit Plan

Once you have made a decision to quit and have set a quit date, developing a list of other strategies that will help you quit is all part of your quit plan. Preparing yourself and your surroundings before you quit will make it easier for you to achieve your quit goal.

SUGGESTIONS:

Get rid of ALL of your matches, lighters and ashtrays.

Make a promise to yourself to NEVER SMOKE in your house or car.

Talk to your doctor and counselor about quitting smoking.

Pick a person who you can talk to and be helpful to you.

Learn about tobacco treatment medications and decide which ones you may want to use.

Learn about and visit a self-help or 12-step meeting

Get support from non-smoking friends and family.

Make a list of situations that you would usually smoke and come up with a plan of how you will handle those situations differently.

MY QUIT PLAN

Name _____

I have made a decision to quit smoking on _____.

As part of my plan to quit smoking, I will: (check all that apply)

- c Come to treatment sessions to talk about tobacco.
- c Read handouts
- c Talk to other people who used to smoke and learn about how they were able to quit
- c Make a list of all the reasons I want to quit. I will carry this with me in my pocket as a reminder.
- c Begin to make smoking more difficult and more unpleasant for myself. This means not smoking my favorite brand, not smoking in my favorite places and going outdoors to smoke.
- c Save the money I used to buy cigarettes to do something or buy something special for myself.
  Each week, I will save $ _____.
  I will use the money to: _____.
- c My "Support Person" will be: _____.
  He/She will help me to quit and remain without tobacco. Instead of smoking, I will try to talk to this person when I feel like I want a cigarette.
- c Make an appointment with my doctor to talk about tobacco treatment medications.

Other Ideas for My Quit Plan

c _____

c _____

c _____