

Learning About Healthy Living

TOBACCO AND YOU



Treatment Manual
Edited & Revised 2024
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Preface

The first edition of the Learning About Healthy Living: Tobacco and You (LAHL) treatment manual was completed in 2004. Since that time there have been numerous updates in the field of treating Tobacco Use Disorder including the FDA approval of Chantix (varenicline) and the publication of the 2020 Surgeon General's Report on Smoking Cessation. Despite a historic low in cigarette smoking rates in the US, disparities persist, with rates of smoking that are 2-3 times higher in individuals with mental health or substance use conditions. (<https://www.cdc.gov/tobacco/sgr/2020-smoking-cessation/index.html>)

Since this was conceptualized in 2004, there has been monumental shift in the increased awareness of the disproportionate use of tobacco among those with a mental health condition, and many influential and national groups have gotten involved. Much more, however, still needs to be done and even recent reports indicate a lack of access to tobacco treatment services in most mental health and addictions treatment settings. The continued high prevalence of smoking among the mentally ill is likely related to several factors including the lack tobacco treatment services in the mental health setting. Additional barriers include that tobacco addiction is undervalued as a problem, that mental health professionals and systems have been slow to change, that professionals are unaware of evidence-based treatment for Tobacco Use Disorder, that reimbursement remains poor, and that there is a lack of hope and knowledge among participants, family members, service providers and health advocates.

Learning About Healthy Living is being used in mental health programs across the country. An implementation study of Learning About Healthy Living in New Jersey outpatient and partial hospital sites indicated good attendance, and high levels of interest and participation. Clinicians felt the program was easy to implement with limited training (Williams et al., 2009). LAHL was also implemented and evaluated in 9 psychosocial rehabilitation clubhouses in North Carolina, where it was felt to be feasible and well-received by members and staff (Lee et al., 2011).

This 2024 Version of LAHL includes many updates including two new sessions on topics of harm reduction, e-cigarettes and vaping. We also have updated changes to treatment including new approaches for reduce-to-quit strategies and use of first-line medication algorithms. Mindfulness meditation is added as a coping strategy, and we have revised guidelines for healthy eating and activity. Another change is a major design revision to make the materials more appealing. We hope you find this updated version improved and useful in your work.

As always your feedback is welcomed (jill.williams@rutgers.edu).

Tobacco in this manual refers specifically to the use of manufactured commercial tobacco products, and not to the sacred, medicinal and traditional use of tobacco by Native Americans.

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SECTION 1

**Introduction to Learning
About Healthy Living**



Section 1: Introduction

The aim of this treatment manual is to provide a format to address tobacco for those with mental health conditions, defined as those with a mental health or substance use disorder.

It can be useful regardless of the individual's motivation to quit. This manual has been developed with input from persons with lived experience with mental health conditions, as well as health care professionals. Their feedback has been incorporated into the sessions to make the treatment practical and easy to use. The manual takes a real-world approach to addressing Tobacco Use Disorder in the mental health setting and can be implemented by a broad range of 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 tobacco users with different mental health problems.

It assumes that not everyone using this treatment will be immediately ready to quit using tobacco, but has the overall goal of moving people towards a tobacco-free lifestyle.

In general, the greatest harm associated with tobacco use is the ingestion of toxic smoke from these combustible products. While this manual uses the term “tobacco users” to include individuals who use any type of tobacco, some of the language may be geared more specifically towards those who use cigarettes, since this is still the most common form of tobacco used. Many of the ideas discussed here for cigarettes also apply to other forms of combustible tobacco, such as cigars, pipes or hookah.

Vaping nicotine or using electronic cigarettes (e-cigarettes) produces a mist by heating liquid that contains nicotine — which exposes the individual to fewer toxins but is not without risk.

Addiction to nicotine is a liability in using e-cigarettes, and many will struggle to quit them completely. Much is unknown about the long-term use of e-cigarettes, many of which are manufactured by the tobacco industry. E-cigarettes are not regulated, nor are they approved by the FDA; they are not considered smoking cessation aids, although there is some evidence that they may help older smokers, who are unmotivated or have been unable to quit with other means, to quit. On a risk continuum, e-cigarettes are considered less risky than traditional, combustible cigarettes, however, they still present health risks to the user, unlike nicotine replacement medications, which are always the safest option. Although e-cigarettes may help some long-term adult smokers, this benefit is in switching completely, as the continued use of both combustible and non-combustible products may provide no benefit. Using e-cigarettes or vaping can also be referred to as a transition between smoking the highest risk combustible tobacco products and moving towards a truly nicotine and drug-free lifestyle.

The use of e-cigarettes in teens, young adults and during pregnancy should always be avoided and discouraged due to the considerable risk for addiction and unknown long-term effects. In addition, there are other new nicotine products, such as oral nicotine pouches, that are being presented as harm reduction alternatives. Again, although their transitional use in adults, on their way to full recovery, as an alternative to smoked cigarettes might be beneficial, the development of novel products to attract young people to nicotine addiction is a societal risk. This makes creating education and messaging around the use of e-cigarettes and new nicotine products somewhat complex. This edition includes two new sessions (19 and 20) on these harm reduction topics. These sessions are designed for adults and may not be appropriate for other populations such as pregnant smokers or youth.

One of the general themes of the “Learning About Healthy Living” approach is around teaching individuals about the risks of nicotine addiction and the benefits of living a substance-free lifestyle. Many of the ideas discussed around nicotine addiction from cigarettes will also apply to nicotine addiction from vaping or using e-cigarettes. Examples of these are added into the handouts

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and Facilitator guide. Some of these ideas may also be applicable for addressing the vaping or smoking of other substances, such as cannabis. Although these are also important clinical issues, they are mostly beyond the scope of this manual, and may warrant different approaches.

This treatment is designed as two tracks of different group treatments.

It is designed so that individuals can progress from Track 1 to Track 2 when appropriate or desired. Each topic is organized as a single group treatment session. Each session includes handouts for participants that contain educational information, as well as questions for discussion. The Facilitator Guide has a corresponding section for every session that includes goals, objectives and suggested approaches for each topic. Section 8 (Forms & Resources) includes additional supplementary materials and forms that are optional resources for the Facilitator.

Many of the ideas discussed around nicotine addiction from cigarettes will also apply to nicotine addiction from vaping or using e-cigarettes.

The sessions are designed to be held 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 to the overall Learning About Healthy Living approach, description of the general structure of the treatment sessions, two treatment tracks with corresponding participant handouts and facilitator guides, a chapter on medications for Tobacco Use Disorder and supplementary information including additional resources and useful forms.

Track 1 “Learning About Healthy Living”

Track 1 “Learning About Healthy Living” is an educational and motivational intervention, which is useful for all tobacco users with mental health conditions including those who may not be ready to quit.

Track 1 is a tobacco education group curriculum which has an open-ended format with rolling admission and is not time-limited. The overall goal of Track 1 is for individuals to gain knowledge and insight to consider moving toward a tobacco-free lifestyle. Furthermore, by participating in Track 1, participants will learn about other issues related to healthy living such as nutrition, physical activity, and stress management. This group will provide tobacco users with detailed information regarding the risks associated with tobacco, what is in cigarette smoke, the benefits of tobacco recovery, approaches to treatment and general healthy lifestyle behaviors that can assist them in ultimately becoming tobacco-free.

Participants can continue coming to Track 1 as long as they desire and can advance to Track 2 (Tobacco Recovery) when they are ready for more action-oriented treatment to address their tobacco use.

Track 2 “Tobacco Recovery”

Track 2 “Tobacco Recovery” is a treatment geared towards tobacco users with a mental health condition that are trying to change or stop their tobacco or nicotine use.

The overall goal is tobacco abstinence although even small steps towards tobacco reduction and recovery should be encouraged. Track 2 emphasizes techniques for managing withdrawal and cravings, how to improve success and to reduce risk of relapse. Track 2 is a closed group format and lasts 8 to 10 weeks. Although most participants will have completed Track 1 as a pre-requisite, some may come to treatment with a goal to try to stop and begin with Track 2. In this way, the treatment is flexible and can be modified to meet the needs of each participant.

**This manual was designed for several reasons:**

1. To give the participant information about the relationship between tobacco use and mental illness or other substance use disorders
2. To give the participant information about the recovery process from Tobacco Use Disorder, including information about evidence-based treatment options.
3. To help the participant gain motivation about wanting to lead a tobacco-free lifestyle and ultimately work towards becoming tobacco-free.
4. To help the participant develop skills that will assist them in their journey of tobacco recovery and having an overall healthy lifestyle.
5. To educate the participant about how withdrawal and craving undermine attempts at quitting and discuss relapse prevention strategies that can enhance success
6. To use the group format, which can provide additional support and modeling experiences on tobacco recovery for those experiencing a mental health condition.

Preparing Participants for Group

It is preferable that all participants should be seen for an assessment prior to being included in the group. A tobacco use assessment form is included in the Section 8 (Forms & Resources). It is anticipated to take about 15 minutes to complete and may be best done outside of the group time with the group facilitator. It can also be done as a self-assessment. The tool identifies the level of severity of Tobacco Use Disorder and beliefs about quitting. A short medical review section allows participants to consider how tobacco may be affecting their health. Completion of this assessment may not always be possible prior to beginning “Track 1: Learning About Healthy Living”. This helps the tobacco user 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 Use Disorder listed as the problem with relevant goals and objectives is included in Section 8 (Forms & Resources). For those considering action-oriented treatment, a longer assessment that also includes questions about past attempts, past treatments tried, and withdrawal symptoms should be considered.

Allowing participants to reflect upon the personal consequences of their tobacco use is an extremely useful technique used in this manual. This includes feedback about their current exposure to carbon monoxide from smoking, which is easily measured with a hand-held meter. In addition to health consequences, tobacco users may respond with increased motivation to change when they receive feedback about how much they spend monthly or annually to purchase tobacco products. This information can be discussed in the assessment session and throughout the treatment.

In the first sessions, a clear idea of what to expect from this group treatment should be presented. Participants should be informed of the number and timing of meetings. It is important to tell them that they are encouraged to attend the group even if they don't feel ready or want to stop using tobacco. The target size for the group meetings is about 10-16 participants.



Track 1: “Learning About Healthy Living”

All tobacco users with mental health conditions are potential candidates for this group treatment.

The typical participant should be stable, not in a crisis, and ideally not actively misusing substances other than tobacco. Many individuals will have persistent symptoms of depression, mood instability or psychosis (hallucinations or delusions) although they are considered stable. Others may be working on abstaining from other substances, or they may be motivated to abstain from some, but not all. These symptoms or issues should not be a barrier to attending the Learning About Healthy Living treatment groups.

Unlike other groups which rely on participants of the same motivation level, “Track 1: Learning About Healthy Living” accepts tobacco users of all motivational levels. This means that the group may be mixed with members who are ambivalent or even opposed to consider quitting. This is done for two reasons: first, the treatment itself is motivating and expects to increase each individual’s desire to address tobacco use through successive sessions. Second, we have found that some individuals may not express a desire to quit. Some may, in fact, express ambivalence or even deny wanting to stop using tobacco and yet demonstrate some intent in their actions. It is not uncommon for these individuals to attend and participate in the group sessions. Some may even take further steps to actively reduce their tobacco use and/or begin using tobacco treatment medications. Current approaches to engage all individuals in treatment with less regard for strict motivational categories encourages everyone more openly to try smaller steps towards tobacco reduction or even brief abstinence.

Although the lessons follow a sequential series and move tobacco users towards action-oriented treatment in Track 2, some individuals may not attend every session, some may drop out, and others may join at a later date. These various scenarios can be addressed on a case-by-case basis, with flexibility. Handouts can be used as stand-alone, individual sessions, when appropriate.

Track 2: “Tobacco Recovery”

Anyone with a desire to try to change their tobacco use should be appropriate for Track 2.

Other positive indicators for Track 2 treatment include past quit attempts, a willingness to use tobacco treatment medications, or a willingness to commit to attending group treatment sessions. A combination treatment that incorporates tobacco treatment medications plus counseling will yield the highest success rates. The added treatment effect of the group setting partly comes from seeing others take steps to change their behavior and succeed.

The Important Role of Treatment Medications for Tobacco Use Disorder

Medications are a recognized first-line treatment for Tobacco Use Disorder. Some of these medications are available over-the-counter (OTC) and others require a prescription. Even the OTC medications are often covered by Medicaid or commercial insurance (with a prescription) and efforts should be made to provide prescriptions to lower out-of-pocket costs and increase their utilization. Most treatment guidelines indicate that all people using tobacco should use these medications whenever possible to lessen tobacco withdrawal symptoms and make them more successful in their quit attempt. The medications also block some of the enjoyment from smoking and can be useful as part of a harm reduction or smoking reduction strategy, making them relevant to discuss in either LAHL group.



Smokers with mental health problems tend to be heavy smokers and have higher severity of Tobacco Use Disorder than others. This means that it is even more likely that they will need a tobacco medication treatment to help them achieve tobacco recovery.

There are currently several Food and Drug Administration (FDA) approved pharmacotherapies for Tobacco Use Disorder treatment. Four are different types of nicotine replacement therapies (NRT): nicotine gum, nicotine transdermal patch, nicotine lozenge, and the nicotine nasal spray. The nicotine inhaler was discontinued by the manufacturer in 2023. The two non-nicotine treatments are bupropion SR (marketed both as Zyban and Wellbutrin) and varenicline (Chantix). Collectively these are considered first-line medication treatments with established safety and efficacy. These medications should be considered in the treatment plan of all smoking group members. Providing education about medications, as well as simple instructions on how to use them, are included in Sessions 17 and 18.

Every tobacco user is better off using tobacco treatment medications compared to the continued toxic effects of tobacco and tobacco smoke. It is important for tobacco users to be able to make choices as to what treatment medication will suit them best. The safety of varenicline has been well established in placebo-controlled research studies as it is not associated with a higher risk of neuropsychiatric side effects, even in tobacco users with known psychiatric illness. 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 facilitator is advised to oversee and encourage the proper use of nicotine replacement therapy (NRT) and other tobacco treatment medications. Review Medication Education Worksheets for each relevant tobacco treatment medication.

The facilitator can encourage using NRT 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. Others who may have been reluctant to try nicotine replacement medications can benefit from the modeling of seeing others 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.

When considering medication options, keep in mind that current recommendations are to use combination NRT or varenicline as first-line treatments since they are associated with better outcomes than other treatments. Combination NRT refers to the use of two nicotine medications simultaneously, which provides a higher dose of nicotine replacement and can further reduce withdrawal and craving associated with use of a single product. This is most commonly done with a long-acting nicotine patch which is supplemented with an immediate acting form of nicotine like the gum, lozenge, or nasal spray.

Since 2004, tobacco treatment has evolved to include a greater utilization of tobacco treatment medications. This is consistent with approaches for other forms of addiction that includes using Medication Assisted Treatments (MAT). Research data also supports that using medications helps many people to significantly reduce their tobacco use and move towards eventual quitting. A comprehensive chapter with additional information on tobacco treatment medications for facilitators and prescribers is included in Section 3. Additional opportunities for education including archived webinars are listed in Section 8: Forms and Resources.

FDA Approved Pharmacotherapies

Nicotine Replacement Therapies (NRT):

- Nicotine gum
- Nicotine transdermal patch
- Nicotine lozenge
- Nicotine nasal spray

Non-Nicotine Treatments:

- Bupropion SR (Zyban and Wellbutrin)
- Varenicline (Chantix)

SECTION 2

General Structure of a Treatment Group



Section 2: General Structure of a Treatment Group

Advantages of Treating Tobacco Use in Groups

Providing treatment in a group setting has shown to be the most cost and time effective method to help people trying to quit using tobacco and has advantages over individual sessions. 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 but can also be delivered by peers or support staff in other settings, like residential care. Group treatment is an accepted and familiar form of treatment delivery among people living with a mental health condition.

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 make changes in order to 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 the influence of peers and spontaneous modeling of effective coping practiced by other participants.

Although these sessions are described in a traditional, face to face format, it may be desirable at times, to provide them in an online format. Many people have been able to make the shift to online, virtual group sessions for either support or treatment. Virtual sessions can enhance recruitment and retention by removing barriers surrounding transportation or facilitate interaction with individuals who may have felt shy or inhibited in other group interactions. Although most aspects of an online, virtual group session will be the same, some modifications may be needed such as providing access to session handouts either through weekly email or sending printed workbooks prior to the start of group.

Facilitator-Educator Group Oriented Model

Learning About Healthy Living uses a “Facilitator-Educator.” In this model, the Facilitator takes an active approach in coordinating the group process and leading discussion. This provides participants 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 individuals join in the discussion, allows the facilitator to know if the participants have gained an understanding of the topic. Validating the individual'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 hinder the group process and to allow for questions and discussions.

Although “group-oriented” methods are proven to be successful in helping people quit using tobacco, it is important to understand the special needs of those with mental health conditions, such as the need for additional sessions and more repetition. Traditional techniques have been modified and included in Track 2 of this manual.



Facilitator-Educator

As the Facilitator of the “Learning About Healthy Living” groups, your role is crucial to the success of the group. It is important for you to establish an atmosphere where participants 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, Closure of Group and Encouragement/Reminder to Return Next Week).

Being Prepared Before Group Begins

- Read facilitator guide notes and corresponding handouts.
- Prepare all handouts, and/or other supplies you will need. This includes dry erase boards and markers, flip charts and pencils for the participants.
- 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

- 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 everyone and avoid embarrassing group members by challenging them too strongly or putting them on the spot.
- You are there to facilitate the group! This means 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 participants 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 Participants Arrive at Group

As individuals 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 everyone. 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 that you are glad that they are there.

Procedures at Each Group Meeting

Basic record keeping should be carried out for each tobacco user at the start of each group. This should include:

- attendance;
- self-reported cigarettes smoked per day (abbreviated as cpd) or other tobacco use in the past week;
- self-reported treatment medication use;
- measurement of carbon monoxide (if possible). See Section 8 (Forms & Resources) for Instructions for Carbon Monoxide Monitoring.

A sample record sheet (Learning About Healthy Living Group Record Sheet) is available in Section 8 (Forms & Resources), which demonstrates one option for recording this information. Participants 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 can introduce themselves and state the reason(s) that they have joined the group, if they are comfortable doing so. Once introductions are complete, the program is described in some detail to everyone. Be sure to explain about:

Level of Participation Everyone is welcome to speak and take turns, no one will force them to talk, members are expected to listen and be respectful of one another.

Mutual Support Group members should be encouraging to one another, and not critical of others.

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.
- Information discussed in group is confidential. 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

This manual has been set up to guide facilitators through each group session sequentially. Each session in the “Learning About Healthy Living” manual has a corresponding section in the Facilitator Guide. The Facilitator Guide lists goals and objectives for that particular group session. 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 PARTICIPANTS BEST, and may need to adapt some of the information and exercises to best serve them. Participant handouts enhance learning by giving written examples of educational material. Each handout has interactive sections for writing personal responses or questions for group discussion.



Closure of Group

It is important to watch the time and allow 5 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 as found in Section 8 (Forms & Resources).

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.

SECTION 3

Using Pharmacotherapy to Treat Tobacco Use Disorder

Section 3: Using Pharmacotherapy to Treat Tobacco Use Disorder

The U.S. Clinical Practice Guidelines indicate that all people trying to quit smoking should use pharmacotherapy, except in rare cases where there may be contraindications (Fiore, 2008).

In reality, few if any true contraindications exist. Pharmacotherapies for Tobacco Use Disorder are among the most cost-effective treatments in all of medicine and should be considered a first-line treatment. Medication assisted treatment is an evidence-based mainstay of treatment for substance use disorders, including Tobacco Use Disorder.

Adding behavioral treatments 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 people trying to achieve tobacco recovery can use one or more forms of these pharmacotherapies. Although previously they were used only in the context of making a quit attempt, newer research shows medications can also be effective in helping people reduce their tobacco use which may increase their motivation and success rates to quit over time (United States Public Health Service Office of the Surgeon General & National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health, 2020). Although most studies have been done with cigarette smokers, these medications may be helpful for those with any form of nicotine addiction, including those trying to stop vaping or using e-cigarettes.

Rationale to Use Pharmacotherapy

There are several reasons to consider using pharmacotherapy to treat Tobacco Use Disorder.

- People with mental illnesses or other addictions who use tobacco are a heavy smoking group, with higher severity levels of Tobacco Use Disorder.
- People with mental health conditions may also have more difficulty quitting tobacco for a variety of biopsychosocial reasons.
- Pharmacotherapies for Tobacco Use Disorder can help to reduce or eliminate tobacco withdrawal, and reduce negative mood states associated with abstinence. People trying to achieve tobacco recovery should not have to suffer with tobacco withdrawal symptoms, which can last for several weeks after quitting, when treatments are readily available.
- Using tobacco treatment medications 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.
- Use of medications lessens or delays the weight gain and sensation of feeling hungry that are associated with tobacco abstinence.
- They can also be used during periods of temporary abstinence, even when the person has no goal of quitting, to alleviate withdrawal. This might apply to a crisis center, residential or day treatment setting, or anywhere a person is restricted from using tobacco for four hours or more. A good experience with medications for temporary abstinence may encourage someone to use them again in treatment.



First-Line Treatments

There are currently several Food and Drug Administration (FDA) approved pharmacotherapies for treatment of Tobacco Use Disorder. Four are different types of nicotine replacement therapies (NRT): nicotine gum, nicotine transdermal patch, nicotine lozenge, and the nicotine nasal spray. The manufacturer discontinued nicotine inhaler in 2023. The two non-nicotine treatments are bupropion SR, (Wellbutrin) and varenicline (Chantix). Collectively these are considered first-line medication treatments with established safety and efficacy.

All of the FDA approved medications are discussed below but current evidence indicates that there are two medication approaches that are more effective and these should be presented as first-line or “best” treatment options to tobacco users. These include either varenicline or combination NRT.

Nicotine Replacement Medications (NRT)

The five types of nicotine replacement medications (NRTs) currently available in the U.S. include three over-the-counter preparations, (nicotine gum, patch and lozenge) and one available by prescription (nicotine nasal spray). The major indication for NRT is to prevent and treat tobacco withdrawal symptoms and good clinical practice suggests they can be useful for all types of nicotine addictions including those who vape or use e-cigarettes. The NRT products have the same effects on withdrawal, urges to smoke, satisfaction, or rates of abstinence and abuse liability from all are low (Lindson, Chepkin, et al., 2019). Since they are equally effective, personal preference, insurance coverage and cost may be important in deciding which 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 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 and brain, much higher than 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, with the toxins removed, safely to the body. NRT products deliver nicotine into the bloodstream through the skin (patch), through the lining of the mouth (gum, and lozenge) 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. Nicotine cannot be taken effectively in an oral form like a pill or drink. When nicotine is used incorrectly and too much is swallowed into the stomach, there are more side effects like indigestion or hiccups.

In addition to the lower amount of nicotine delivered by 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 people trying to achieve tobacco recovery have to be educated and counseled to use them properly for the maximum nicotine absorption to occur. Most people use NRT for 6-12 weeks although it is safe to use them longer and some people may prefer that, as a way to prevent relapse back to tobacco and satisfy occasional cravings. The health effects of NRT are low risk and clearly better than the risks of continued tobacco use, especially combustible forms which include exposure to carbon monoxide, toxic gases and carcinogens.

Health care professionals can enhance compliance and effectiveness of NRT products by providing brief education and instruction on their use. This may be of particular importance in individuals 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 like not to use the gum or lozenge in conjunction with these beverages can greatly increase the nicotine absorption and effectiveness.



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. Generally anyone who uses tobacco in the first 30 mins of awakening in the morning 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 it 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 someone who smokes a pack a day might use 16 pieces of nicotine gum per day plus extra doses for cravings. 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, allowing the user to control the nicotine dose and use it in situations to cope with cravings in real time.

Nicotine gum is usually recommended for 3-6 months. Tapering the amount of gum chewed often helps users stop using it. Although a small number of people continue long-term use of nicotine gum (for years), this is still 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 over a course of weeks or months, the tobacco user is gradually weaned off nicotine. The package insert describes how to use the product as well as special considerations and possible side effects. Nicotine patch is applied once a day, thus it is the easiest NRT to use and yields good compliance.

The nicotine patch is typically dosed on a once daily (24 hour) schedule, although it 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 although it is often better to try to wear it at night. This will ensure that the full medication dose is delivered and can help prevent waking up in the morning with intense craving and withdrawal that can trigger relapse. The patch adheres best 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 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 individuals with medical disorders including past heart attacks and heart disease.

Nicotine absorption from the patch is slow; it takes several hours for the full dose of nicotine to get into the blood from the time it is applied to the skin. For this reason, it generally makes sense to start it on the night before the quit attempt, as opposed to the morning of. Some studies



have shown a benefit of pre-loading the nicotine patch for two or more weeks before the quit date and this is also an option. Nicotine patch is less helpful for immediate craving and thus, in clinical practice is frequently co-administered with an immediate-acting NRT like the nicotine gum, lozenge or nasal spray. Most people trying to achieve tobacco recovery should start using a full-strength patch (21 mg of nicotine). This dose can be continued for weeks to months prior to reducing to lower dose (14 mg of nicotine, then 7mg) and can be determined by the individual and their level of craving and risk for relapse, rather than a strict fixed schedule.

Nicotine Lozenge

Nicotine lozenges are not chewed but are held in the mouth and release nicotine as they dissolve. 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. People trying to quit smoking determine which dose is appropriate based on how soon 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 (also called severity of Tobacco Use Disorder) and should start with the 4mg dose lozenge.

The package recommends a dose of 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, but this is merely a guideline and some may use more than this. Nicotine lozenge benefits 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 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 side effects, which can include nasal irritation, sneezing, runny nose, watery eyes, sneezing, throat irritation and coughing. These side effects may disappear after a few days of continued use. Providing education about side effects and giving a product demonstration during a clinic visit may enhance its use in some people. Nicotine nasal spray is available only by prescription and is the costliest form of NRT. Some people become long-term users of the nicotine nasal spray and it has the greatest dependence potential of all the NRT products. People who have severe forms of asthma or nose problems may not be able to use the nicotine nasal spray.



Combination NRT

Studies show that combinations of two or more nicotine replacement products (Combination NRT) are more effective in reducing tobacco withdrawal symptoms and helping smokers to successfully quit, compared to a single NRT (Lindson, Chepkin, et al., 2019). FDA guidelines were updated in April 2013 to support the safety of using combination NRT. (<https://www.federalregister.gov/documents/2013/04/02/2013-07528/modifications-to-labeling-of-nicotine-replacement-therapy-products-for-over-the-counter-human-use>).

A typical combination includes a continuous delivery NRT (nicotine patch) in combination with an immediate acting NRT to manage cravings. A full strength (21mg) patch may be insufficient in controlling nicotine withdrawal and urges for many tobacco users. Supplementing a long-acting patch with a short-acting NRT has advantages over a single product by being able to deliver a higher dose as well as provide immediate craving relief in an “as needed” way. It also allows the user to titrate to the exact dose that works for them, which may vary on different days and in different situations. The more rapid (generally 10 mins) nicotine supplementation from a short-acting NRT acts as a rescue medicine, with a behavioral component that helps people overcome a feeling of withdrawal or craving.

Non-Nicotine Medications

Varenicline

Approved by the FDA in 2006, Varenicline is the first nicotinic acetylcholine receptor partial agonist to be developed to treat Tobacco Use Disorder. Varenicline is highly selective for the $\alpha 4\beta 2$ nicotinic acetylcholine receptor, which is responsible for mediating the reinforcing properties of nicotine in the brain. Simply put, it's thought to help people quit smoking by mimicking the effects of nicotine to reduce withdrawal symptoms. In addition, in the presence of nicotine, varenicline blocks nicotine binding, and therefore, blocks nicotine's ability to cause reward or pleasure. This second mechanism of action is especially important as it may prevent a slip from becoming a full relapse by decreasing the satisfaction derived from smoking. As a partial agonist it causes the release of some dopamine in the brain reward pathways, but it is not addicting.

Varenicline is excreted primarily unchanged in the urine, by the kidney. This means it has no known clinically significant drug-drug interactions in the liver and is safe in combination with psychiatric medications. The approved dosing regimen in adults is 1 mg twice daily for 12 weeks (renewable for another 12 weeks), starting with a 1-week titration. Several trials have shown that varenicline is efficacious for smoking cessation. Varenicline increases the chances of quitting smoking nearly threefold as compared with placebo and is more effective than bupropion or nicotine patch. Nausea is the most prevalent dose-dependent side effect, but generally mild and not leading to drug discontinuation. Other common side effects include abnormal dreams, insomnia, and constipation.

Varenicline is the most effective medication treatment for smoking cessation when used alone, as a monotherapy. This was shown in several studies including the EAGLES (Evaluating Adverse Events in a Global Smoking Cessation Study) Study (Anthenelli et al., 2016). The EAGLES study included smokers both with and without psychiatric illnesses. Many studies have validated varenicline's efficacy and safety and varenicline is not associated with more moderate to severe neuropsychiatric side effects than either bupropion or nicotine patch or placebo treatment. Varenicline requires a doctor's prescription and is usually started one week before the quit date. It also has been demonstrated to be effective in helping smokers reduce to quit. Varenicline can be safely combined with bupropion but is generally not recommended to be given with NRT. The drug is marketed and distributed under the trade name Chantix in the US.



Bupropion

Bupropion SR (Wellbutrin) is an approved prescription treatment for both major depression and Tobacco Use Disorder. The XL formulation which allows for once daily dosing can also be used. Bupropion helps people quit smoking by reducing their craving for cigarettes and symptoms of withdrawal.

Using bupropion to quit smoking doubles the success rate when compared to placebo.

Bupropion 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 subsequent weeks. It is recommended that users continue taking bupropion SR for 3 to 6 months. People who use bupropion when they quit smoking gain less weight than those who quit without medication.

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 people with a history of head trauma who may be at increased risk for seizure. It should not be taken with large amounts of 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 people with depression who use tobacco, 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.

Tobacco Treatment Pharmacotherapy in those Not Immediately Ready to Quit Smoking

Pre-Treatment

All of the medications have the ability to reduce the enjoyment of smoking, as well as reduce nicotine withdrawal symptoms, making them helpful even in those not currently ready to stop. Benefits of using tobacco treatment pharmacotherapy prior to the quit date include getting familiar with medication dosing and use, and evaluating for tolerability and potential for side effects. Pre-treatment is typically recommended for 10-14 days if using varenicline or bupropion. It has also been studied with NRT and some studies show a benefit from 7-day patch pretreatment, while the person is still smoking (Lindson, Chepkin, et al., 2019). Most of these studies have evaluated the patch. Although considered "off-label" this makes clinical sense since starting the patch on the quit date would not even allow the patient to have received the full nicotine dose until 6 hours after application. This may not be enough time to prevent relapse and undermine the quit attempt, due to nicotine withdrawal symptoms.

Using tobacco treatment medications while still smoking is a safe practice even with NRT. The primary side effect from smoking while using NRT is mild toxicity which is usually self-limited and might include feeling nauseated or dizzy. FDA guidelines were updated in 2013 to support the safety of continued use of NRT when smoking small amounts or for longer periods of time (i.e. months).



Smoking Reduction

Pharmacotherapy can be effective for helping smokers who are interested in reducing their tobacco use, or are ambivalent about stopping completely. Overall, the evidence for smokers interested in quitting smoking completely, is that “abrupt quitting” on a target quit date is more successful (Lindson, Klemperer, et al., 2019), and this is encouraged on the labeling for all of the medications. However, for smokers unwilling or not ready to quit abruptly, reduction is a reasonable option.

Smokers who are able to successfully reduce their smoking amount, often lower their level of dependence over time, which is associated with higher rates of subsequent quitting. Generally, people are willing to try to cut down on their smoking even if they’re not willing to try to quit completely, which allows for more people to be engaged in tobacco treatment. In this way reduction strategies are consistent with other motivational approaches that allow the patient to determine the goals. A Cochrane Review of 51 trials involving more than 22,000 participants, found evidence that reducing to quit with pharmacotherapy can be an effective strategy (Lindson, Klemperer, et al., 2019). Quantifying smoking reduction with biomarkers like carbon monoxide or nicotine metabolite levels is more reliable than measures of cigarettes per day.

Smoking reduction strategies are generally more successfully when done in conjunction with medications, which presumably reduce withdrawal symptoms to a tolerable level and minimize smoking compensation. Success in reducing the amount of smoking may lead to greater sense of control and subsequent greater motivation about eventually quitting, and can be viewed as a harm reduction strategy. Tobacco treatment medications reduce the pleasure of smoking which may also contribute to less smoking over time and higher subsequent odds of quitting long-term.

Several trials have tested NRT as an intervention to assist with smoking reduction. Use of NRT is associated with significant reductions in smoking as well as increased likelihood of quitting smoking in populations unable or unwilling to quit, although this is considered an off-label use of NRT (Lindson-Hawley, 2016).

Varenicline is also effective for smoking reduction. A large trial of varenicline versus placebo for 24 weeks in smokers not willing or able to immediately quit, demonstrated that use of varenicline was associated with much higher rates of abstinence from smoking at 6 and 12 months (Ebbert, 2015). Varenicline reduction strategies have been so successful that they are part of the on-label FDA approved usage recommendations. Recommendations are to start varenicline and encourage the patient to reduce smoking by 50% within the first four weeks, and then again by 50% in the next four weeks, with the goal of reaching complete abstinence by 12 weeks.

NRT for Temporary Abstinence

Nicotine withdrawal emerges within hours of someone’s last use of tobacco and can cause discomfort including urges to smoke, restlessness, or feeling angry or irritable in addition to cognitive effects like inattention. Nicotine medication can be used safely, and should be encouraged, during periods of temporary abstinence (Foulds, 2010). Not only will this lessen the withdrawal symptoms, it may provide the person with a positive experience using NRT that can facilitate future attempts at tobacco reduction or cessation.

Individuals with mental health comorbidity, who have higher levels of tobacco use, experience significant tobacco withdrawal symptoms, that may complicate their mental health care, during periods of abstinence. Symptoms of tobacco withdrawal often are similar to and overlap with symptoms for depressive, anxiety disorders and other SUDs. Failing to recognize some tobacco



withdrawal symptoms may lead to overuse of other psychiatric medications to reduce symptoms of agitation, anxiety or restlessness. Smokers that did not receive NRT during an inpatient psychiatric stay were more likely to sign out against medical advice, underscoring the clinical importance of addressing tobacco withdrawal symptoms (Prochaska et al., 2004). Agitation was reduced to a clinically significant degree in a study of smokers with schizophrenia who received a nicotine patch in an emergency room setting (Allen et al., 2011). This lowcost strategy reduces suffering and optimizes other mental health care and should be done routinely in settings which detain patients or restrict their tobacco use for periods of four hours or more, including screening centers or day treatment programs.

Special Populations

Mental Health Comorbidity

There are some unique issues to consider when helping people with mental health comorbidity address their tobacco use. This population experiences many challenges, yet they are largely motivated to quit. Given patterns of heavy smoking, higher severity of Tobacco Use Disorder, normalization of using tobacco to cope, and lower quit rates, there are special considerations and approaches to treatment that may enhance abstinence outcomes. Keep in mind that these modifications are modest and overall, these groups, like any other tobacco users, will benefit from receiving the usual evidence-based treatments.

Illness severity and functional impairment may ultimately be more important prognostic factors than discrete diagnostic subgroups since there is considerable clinical overlap in diagnoses. Many studies have demonstrated that trying to quit smoking does not worsen, and may even improve, symptoms of mental illness. This implies that there is no wrong time to try to quit tobacco if the person is interested in pursuing this, as long as there are no safety concerns that would interfere, like dangerous or severely disorganized thoughts or behavior. People often perceive that the clinical symptoms of tobacco withdrawal which can include restlessness, anxiety and trouble sleeping, are evidence of their recurring mental illness. However if there is adequate treatment for tobacco withdrawal with pharmacotherapy, these symptoms should be lessened. Tobacco withdrawal symptoms that can mimic symptoms of another anxiety or mood disorder often improve within 6 weeks of abstinence. Tobacco withdrawal symptoms can emerge within hours of the last cigarette, are worse in the morning and occur intermittently throughout the day, even on smoking days. This implies that even some of the day-to-day fluctuating in symptoms that people experience might be due to the short-lived effects of nicotine peaks and troughs associated with smoking and withdrawal. Even brief periods of tobacco withdrawal (a few hours) could be clinically significant and cause the person distress since this can include feelings of anger, irritability, or anxiety.

In terms of medications, there are a few adaptations that might be helpful for those with comorbidity although, in general, other best practices (i.e. varenicline or combination NRT as first-line treatment) still apply. Abstinence rates with varenicline were superior to the other medication groups in the subgroups with psychotic, mood and anxiety disorders (Evins et al., 2019), supporting its role as a first-line treatment. Combination NRT similarly is a good medication choice given its superiority to NRT monotherapy in clinical trials. Combination NRT also makes good clinical sense given the heavier tobacco use and higher levels of dependence in these groups. Nicotine medication, which has none of the toxins associated with tobacco and smoking, can be thought of as a low-risk intervention that could be useful for almost every tobacco user, even in situations where aftercare may be compromised and follow-up uncertain. This is supported by its over-the-counter classification.



Pregnancy

Smoking reduces a woman's chances of getting pregnant in addition to increasing the risk for pregnancy complications. There is conflicting evidence from clinical trials as to whether or not NRT or bupropion increases abstinence rates in pregnant smokers, although it clinically makes sense in those unable to quit smoking on their own. Use of these medications can be considered during pregnancy since the greatest risk to the unborn fetus is from the lack of oxygen and the toxin exposure from cigarette smoke. In a clinical setting, it is reasonable to discuss risks and benefits and initiate a trial of pharmacotherapy during pregnancy in any smoker who has been unable to quit on her own or with counseling alone. The American College of Obstetricians and Gynecologists recommend that use of NRT should be undertaken with close supervision and after careful consideration and discussion with the client of the known risks of continued smoking and the possible risks (ACOG, Committee of Obstetric Practice Number 807, May 2020. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/05/tobacco-and-nicotine-cessation-during-pregnancy>)

Accidental exposure to NRT, bupropion and varenicline during pregnancy does not seem to be associated with birth defects or other negative consequences although varenicline should be avoided since the data is limited and safety has not been established.

Youth

There are limited studies of pharmacotherapy for smoking cessation for young people, under the age of 20. In clinical trials, there has not been clear evidence for the effectiveness of NRT, bupropion or varenicline in young people however, it may clinically makes sense to use them in those unable to quit smoking on their own, with oversight from a medical professional.

Review Medication Education Worksheets (Section 8 - Forms & Resources) for each tobacco treatment medication.

Conclusion

Tobacco Use Disorder warrants treatment with pharmacotherapy in the mental health treatment setting. The available pharmacotherapies are safe and effective even in those with a mental health or addictive disorders. Two medication approaches are more effective and should be presented as first-line or "best" treatment options to tobacco users. These include treatment with varenicline or combination NRT. Patient preference, side effects and cost are additional considerations in choosing medications.

Individuals and their families should be educated about the considerable risks of smoking and about the safety and benefits of treatment for Tobacco Use Disorder. Educating mental health specialists about incorporating tobacco treatment into their usual practice will be an important step in bringing more individuals into treatment and thereby enhancing quality of life and longevity.



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SECTION 4

**Learning About
Healthy Living**

FACILITATOR GUIDE



Section 4: Facilitator Guide

Track 1 *Learning About Healthy Living* is an educational and motivational intervention, which is useful for all tobacco users with mental health conditions.

Track 1 is a tobacco education group curriculum which has an open-ended format with rolling admission and is not time limited. The overall goal of Track 1 is for individuals to gain knowledge and insight to consider moving toward a tobacco-free lifestyle. Furthermore, by participating in Track 1, participants will learn about other issues related to healthy living such as nutrition, physical activity, and stress management. This group will provide tobacco users with detailed information regarding the risks associated with tobacco, what is in cigarette smoke, the benefits of tobacco recovery, approaches to treatment and general healthy lifestyle behaviors that can assist them in ultimately becoming tobacco-free.

Participants can continue coming to Track 1 as long as they desire and can advance to Track 2 (Tobacco Recovery) when they are ready for more action-oriented treatment to address their tobacco use.

Ideally, all tobacco users with mental health conditions are potential candidates for this group treatment. The typical participant should be stable, not in a crisis, and ideally not actively misusing substances other than tobacco. Many individuals will have persistent symptoms of depression, mood instability or psychosis (hallucinations or delusions) although they are considered stable. Others may be working on abstaining from other substances, or they may be motivated to abstain from some, but not all. These symptoms or issues should not be a barrier to attending the Learning About Healthy Living treatment groups.

Unlike other groups which rely on participants of the same motivation level, “Track 1: Learning About Healthy Living” accepts tobacco users of all motivational levels. This means that the group may be mixed with members who are ambivalent or even opposed to consider quitting. This is done for two reasons: first, the treatment itself is motivating and expects to increase each individual’s desire to address tobacco use through successive sessions. Second, we have found that some individuals may not express a desire to quit. Some may, in fact, express ambivalence or even deny wanting to stop using tobacco and yet demonstrate some intent in their actions. It is not uncommon for these individuals to attend and participate in the group sessions. Some may even take further steps to actively reduce their tobacco use and/or begin using tobacco treatment medications. Current approaches to engage all individuals in treatment with less regard for strict motivational categories encourages everyone more openly to try smaller steps towards tobacco reduction or even brief abstinence.

Although the lessons follow a sequential series and move tobacco users towards action-oriented treatment in Track 2, some individuals may not attend every session, some may drop out, and others may join at a later date. These various scenarios can be addressed on a case-by-case basis, with flexibility. Handouts can be used as stand-alone, individual sessions, when appropriate.



Session 1

Starting on the Road to Healthy Living

This section can be spread over 2 sessions if the content cannot be completed in one.

Objectives for this session:

- Welcome participants to the Learning About Healthy Living Group. Allow group members to begin to get to know the Facilitator and each other.
- Educate participants about the overall content of the Learning About Healthy Living Group.
- Help individuals understand that healthy living is an attainable goal that can help them to feel better in many ways.
- Educate participants about the importance of looking at their overall wellness and tobacco use as part of their recovery from mental illness or other substance use.
- Identify ways to begin to take steps towards healthier living.

After reading this section, individuals will be able to:

- Think about what health issues will be important to consider during the course of the group.
- Describe guidelines that will create a safe place to learn about healthy living and tobacco.
- 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.

Optional:

Review the Eight Wellness Dimensions guide by Dr. Peggy Swarbrick and allow participants to discuss which dimensions resonate with them the most.

https://www.state.nj.us/humanservices/dmhas/resources/mental/CSP_Wellness_8_Dimensions.pdf



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.
- The manual primarily addresses tobacco use, which might be intimidating for users initially. However, it also covers healthy eating, physical activity, and stress management. During group sessions, discussing unhealthy coping mechanisms such as yelling, threatening violence, alcohol, and other unhealthy habits, provides a comprehensive approach highlighting risks while offering hopeful alternatives.
- Allow participants to discuss which steps towards healthier living they can consider. Ask group members about the significance of calling the session “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.



Session 2

Why is smoking dangerous?

Objectives for this session:

- 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. The list of diseases, including cancers, linked to tobacco, is only increasing, as more conditions are identified over time.
- Learn that 50% of smokers die from an illness caused by smoking.

SUGGESTED APPROACH:

- After reading these pages, encourage individuals to talk about their understanding of smoking as a danger to their health. If they are not comfortable to talk about themselves, it might be helpful to have the discussion center around other smokers (in their family, in the community etc).
- Discuss any physical symptoms or medical problems the participants have related to smoking (i.e., shortness of breath, difficulty walking, coughing up phlegm).
- Ask if anyone has a friend or family member that has been affected by a smoking caused disease or illness.
- OPTIONAL: Make a tar jar out of 1 cup of molasses added to a clear jar with a lid. Explain that the tar represents what is deposited in a smoker's lung if they smoked 1 pack per day for a year. Explain that the tar causes cancer and affects breathing. Also available for purchase through various health educational resource companies.





Session 3

What's in cigarette smoke?

Objectives for this session:

- 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 tobacco or e-cigarettes.

After reading this section, individuals will be able to:

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

Other discussion information:

- While these sessions may refer to cigarettes and cigarette smoke specifically, much of this information is applicable to those who use other types of combustible tobacco products, like cigars and hookahs or other types of waterpipes. Tobacco smoked through waterpipes may be flavored and contain other substances in the mixture.
- Vaping contains some, but not all, of the chemicals in smoke. Products that burn, called "combustible" tobacco products are thought to contain the greatest harm but electronic cigarettes still contain nicotine and other chemicals. This topic is discussed in detail in Session 20.

References:

Centers for Disease Control, Health Effects of Cigarette Smoking. 2023 (cdc.gov) SG Cessation https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm

SUGGESTED APPROACH:

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



Session 4

Why do so many people with a mental illness or other addiction smoke cigarettes?

Objectives for this session:

- To understand that mental illness, other substance use disorders and tobacco use are linked.
- To recognize that Tobacco Use Disorder is a complex problem made of biological, psychological and social factors.

After reading this section, individuals will be able to:

- Understand that various factors contribute to why people begin and then continue smoking.
- Recognize that in addition to physical factors, psychological factors (like having less confidence for quitting) and social factors (being surrounded by other tobacco users) also contribute to continued smoking behavior.

SUGGESTED APPROACH:

- Ask group members how they feel about different factors and which they feel contribute most to their smoking.
- Discuss how smoking in the environment can be a barrier from being able to quit smoking.
- Discuss how living with other tobacco users can be a barrier from being able to quit.
- Encourage the group to consider how the people who help them with their mental health condition could also help them with their tobacco or nicotine use.
- Several national organizations have developed education materials for professionals working with populations with mental health conditions who use tobacco. This includes many resource documents and archived webinars. A listing of relevant groups and websites is found in Section 8 - Forms & Resources.



Session 5

What is carbon monoxide?

Objectives for this session:

- Educate the group on the health risks of carbon monoxide (CO).
- Give feedback to group members on their own carbon monoxide level and associated risks.
- Understand that it is never too late to quit smoking since the health effects of carbon monoxide are reversible and improve only a few days after stopping smoking or with significant reduction in smoking.

After reading this section, individuals will be able to:

- Know what carbon monoxide is and why it is so dangerous to their health. CO comes from any smoked product including cigarettes, cigars, pipes, hookah and smoked marijuana cigarettes.
- 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. This effect is reversible meaning that it is never too late to quit smoking. There is always a health benefit.

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.
- Smoking cannabis also produces carbon monoxide.
- Carbon Monoxide Meter* (See Section 8 - Forms & Resources)
- A carbon monoxide meter measures the amount of carbon monoxide in the body from approximately the last 3 days of smoking. How recently you smoked your last cigarette affects the level.
- 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 level of carbon monoxide in the blood for a non-smoker is usually less than 5 ppm (parts per million).
- *It is strongly recommended that facilities purchase a carbon monoxide monitor to measure participants' CO readings. This includes the purchase of additional tubes and disinfecting products to minimize the spread of illness among participants. This cost of a handheld carbon monoxide monitor ranges in price from \$600 to \$1200.
- The CO reading can be a motivator for tobacco users for several reasons: it provides feedback about the harms from recent smoking and documents recent smoking behavior; it can be used to track progress in treatment to document smoking reduction or abstinence.
- As a reversible effect from smoking it can provide hope to individuals that it is never too late to try to quit. Health benefits can be obtained even after years of smoking exposure.



References:

Ripoll, J., Girauta, H., Ramos, M. et al. Clinical trial on the efficacy of exhaled carbon monoxide measurement in smoking cessation in primary health care. BMC Public Health 12, 322 (2012). <https://doi.org/10.1186/1471-2458-12-322>.

SUGGESTED APPROACH:

- After reading these pages, encourage individuals to talk about their knowledge about carbon monoxide before this class.
- Take a CO reading 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 a non-smoker level (which can be measured as 0-4 ppm on a carbon monoxide meter). The body makes new red blood cells every few days and those carrying CO are gone within 3 days of stopping smoking, allowing oxygen levels in the body to go back to normal.
- Discuss how CO also affects others in the environment when individuals smoke in indoor spaces
- Vaping nicotine or using electronic (e-cigarettes) cigarettes produces a mist by heating liquid that contains nicotine. This means that CO is not produced from vaping, but does not mean that these products are not without risk. This is discussed in Session 20.



Session 6

How much does it cost to smoke?

Objectives for this session:

- To learn that buying small items on a regular basis adds up.
- To learn that smoking is expensive.
- To learn the average daily, weekly, monthly and annual amount that they spend on cigarettes or other tobacco/ nicotine products like e-cigarettes.

After reading this section, individuals will be able to:

- Understand that a pack a day smoker spends almost \$3000 / year on cigarettes.
- The U.S. average price is \$8.00/day for a pack of cigarettes.
- Learn how much money they will save if they quit or reduce smoking or vaping. Consider 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 or vaping.
- Share with the group that researchers have found that smokers with limited incomes spend 20 to 30% of their monthly income on cigarettes. This suggests that people sometimes purchase cigarettes instead of food or other necessities. Discuss with group members if they have ever experienced this.
- Brainstorm how members would like to spend their money on other things in the future.
- Ask members if they go to great lengths to save money in getting their tobacco. If someone is using more time and effort to acquire their substance, this is generally evidence of a more serious addiction.



Session 7

Am I being targeted by the tobacco industry?

Objectives for this session:

- To learn that tobacco advertising is effective in getting people to use tobacco.
- 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 combustible tobacco (cigars, pipes or hookah) do not have fewer health risks.
- Understand that e-cigarettes are being marketed in the same way as cigarettes were in the past.
- Identify that tobacco companies use advertising to try to trick participants into believing that smoking makes them have friends, be happy, look sexy, and attract friends.

Other discussion Information:

More information about tobacco industry marketing can be found here:

- https://www.cdc.gov/tobacco/data_statistics/fact_sheets/tobacco_industry/marketing/index.htm
- <https://truthinitiative.org/research-resources/tobacco-industry-marketing/after-school-smoke-problem-tobacco-retailers-near>

References:

Truth Initiative is a nonprofit health organization committed to ending tobacco use and nicotine addiction through policy, research, community engagement, and innovation.

<https://truthinitiative.org/>

SUGGESTED APPROACH:

- Ask group why cigarette ads do not show real smokers with diseases, in the hospital, with oxygen tanks, etc.
- Consider having members take photos on their cell phone of tobacco advertisements in their neighborhood. Ask them if stores selling tobacco seem close to schools or if ads seem to be targeting children (for example, if ads are low to the floor or near candy).
- OPTIONAL: Distribute magazines or print internet ads to group members and have them look for tobacco ads (fashion, sports and celebrity magazines have tobacco advertising). Compare ecigarette with traditional cigarette ads.



Session 8

What is secondhand smoke?

Objectives for this session:

- Educate the group about secondhand smoke.
- Inform the group about how smoke is dangerous even to non-smokers and pets in the environment.

After reading this section, individuals will be able to:

- Understand why exposure to secondhand smoke is dangerous even for non-smokers and pets.

Other discussion information:

- Some members may live with people who smoke indoors. Others may live in smoke-free public housing. Encourage people to discuss their experiences.
- Even if someone lives in smoke-free public housing, they don't have to quit smoking; they just have to go outside every time they smoke. Consider if using nicotine replacement medication could be helpful in aiding residents to comply with smoke-free public housing rules.

References:

<https://www.cdc.gov/tobacco/secondhand-smoke/index.html>

SUGGESTED APPROACH:

- Ask participants to talk about people they were around when they were younger (i.e. parents, grandparents, siblings) who smoked. How does that affect you?
- Encourage participants to talk about people or pets currently in their lives who may be affected by their smoking.



Session 9

How are my medications affected by smoking?

Objectives for this session:

- To learn about how the blood levels of some medications are lowered in smokers.
- To identify which medications are affected 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.
- Learn that caffeine is also affected by smoking. Smokers usually drink more caffeine (coffee and soda) than non-smokers because of this interaction.

Other Discussion Information:

The liver plays a crucial role in detoxifying the body by using enzymes to eliminate toxins. These enzymes, including the cytochrome (p450) 1A2 isoenzyme, are essential for removing harmful substances and medications from the body. Smoking activates this enzyme, causing it to work more efficiently, which accelerates the removal of medications from the body, affecting the normal balance.

References:

For more detailed information about what medications interact with tobacco, see:

https://smokingcessationleadership.ucsf.edu/sites/smokingcessationleadership.ucsf.edu/files/Documents/FactSheets/376701_CABHWI_Drug%20Interactions_2022_PRINT.pdf



SUGGESTED APPROACH:

- Help group members identify if their medications are impacted by their cigarette smoking.
- Encourage group to talk about medications and doses with their doctor if they have other questions.
- Discuss how it might be possible for individuals to have their medication dose reduced if they quit smoking successfully.
- Alert the group to inform their doctor if they are thinking about quitting smoking. The same effect, which lowers medication levels in people who smoke, can also lead to higher-than-normal medication levels if smoking is abruptly stopped. Since any sudden changes in smoking could impact medications, the group should be alerted for changes in side effects that could occur.
- Reinforce to participants that having their medications at the correct dose keeps them stable.
- Individuals may want to reduce their caffeine intake if they are able to stop smoking.
- Remind group that stopping or changing your medication suddenly could be dangerous and strongly advise against this.
- Remind members that this effect of lowered medication and caffeine levels comes from the tars contained in cigarette smoke, and not the nicotine. Nicotine replacement medications will not interact with other medications.
- TRUE or FALSE Question: answer is False.



Session 10

How are cigarettes addictive?

Objectives for this session:

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

After reading this section, individuals will be able to:

- Understand that nicotine is the chemical found in these products that is addicting.
- Understand that having withdrawal symptoms is physical evidence of a nicotine/tobacco addiction.
- Recognize that most people continue to smoke or vape despite the consequences.

Other discussion information:

- The body metabolizes nicotine in a few hours, making it very short-acting. This explains why people with Tobacco Use Disorder 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. It is the other components of tobacco smoke that are far more dangerous. This explains why we can safely use nicotine as a medication to help people.
- Vaping delivers a high dose of nicotine to the body, similar to cigarettes.
- Encourage participants to complete the self-quiz to assess their nicotine/ tobacco addiction. The question about the “time to first cigarette” (TTFC) in the morning is highly correlated with level of addiction to nicotine. Smoking in the first 30 minutes indicates moderate nicotine addiction and in the first 5 minutes indicates severe nicotine addiction. The other items on the quiz support the diagnosis of nicotine addiction.
- Anyone smoking or using tobacco or nicotine products within the first 30 minutes of awakening in the morning may have a more difficult time quitting without the use of pharmacotherapy.

References:

The Fagerstrom Test for Nicotine Dependence (FTND) is a standard tool for assessing an individual's intensity of physical addiction to nicotine.

<https://cde.nida.nih.gov/instrument/d7c0b0f5-b865-e4de-e040-bb89ad43202b>

The Penn State Nicotine Dependence Index can be used to measure addiction to nicotine from both cigarettes and e-cigarettes. <https://research.med.psu.edu/smoking/dependence-index/>



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 people with Tobacco Use Disorder continue to smoke although they have health consequences. Addiction is a chronic health problem that needs treatment and understanding.



Session 11

How can I better manage stress?

Objectives for this session:

- Discuss better ways to handle stress that can be incorporated into any lifestyle.
- Learn and practice a new skill for stress management: deep natural breathing or mindfulness.
- To encourage people who use tobacco to develop new, substance-free coping skills.

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 breathing and mindfulness can help them to reduce stress and feel better.
- Increase coping skills for dealing with stress so that they may be able to try to quit smoking.
- Understand that they should choose what coping strategies will work best for them, then try a few.

References:

Meditation and mindfulness are generally considered to be safe. They may have a variety of health benefits. For more information, see:

<https://smokefree.gov/challenges-when-quitting/stress/practice-mindfulness>

<https://www.nccih.nih.gov/health/meditation-and-mindfulness-what-you-need-to-know>

<https://newsinhealth.nih.gov/2021/06/mindfulness-your-health>

NIH: Mindfulness Matters - <https://newsinhealth.nih.gov/2012/01/mindfulness-matters>

SUGGESTED APPROACH:

- Ask group if they are satisfied using substances (tobacco) as their primary coping mechanism.
- Practice deep breathing or mindfulness exercises while in the group session. Encourage anyone who isn't comfortable doing the exercise to remain in group and reflect quietly.
- Ask participants to talk about how they feel when they are stressed – including bodily sensations. Although many may use smoking to currently cope with stress, discuss ways that this may not be helpful. Ask members to give specific examples.
- Ask group to share other suggestions to deal with stress, or other stress management techniques and practice them with participants while in the group setting if possible.
- Consider finding additional resources on meditation and other ways of coping with stress.



Session 12

How much physical activity do I need?

Objectives for this session:

- Discuss physical activity options that can be incorporated into all of our lifestyles.
- Learn the benefit of increasing physical activity.
- Understand that activity can be increased in many ways that do not require a strict or costly exercise regimen.

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.
- Track their current activity rate and set a goal to increase the number of minutes per week.

References:

There are many ways to be physically active. These sites have helpful resources and fact sheets:

<https://health.gov/moveyourway/activity-planner>

<https://health.gov/moveyourway>

<https://www.cdc.gov/physicalactivity/activepeoplehealthynation/index.html>

SUGGESTED APPROACH:

- Encourage members to describe specific examples of activities they currently do or are willing to try.
- When possible, ask the group to 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 share about how their plan made them feel better and became part of their everyday routine.
- Ask group members if they used exercise or physical activity strategies to cope with other problems like depression, loneliness, unhealthy eating, or other addictions.
- Current guidelines now include recommendations for muscle strengthening exercises in addition to other activity. Stress to members that this does not only mean weightlifting but includes activities that use the body weight for resistance like yoga, calisthenics, Pilates, or other heavy activities like gardening.



Session 13

How can I make healthier food choices?

Objectives for this session:

- Teach participants about healthy food options.
- List some do's and don'ts regarding a healthy diet.
- Teach participants that quitting smoking is healthier than gaining a small amount of weight, and that quitting with the aid of pharmacotherapy reduces physical withdrawal symptoms including feeling hungry.

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.
- Understand what it means to consider that every bite counts.

References:

There are many ways to make healthier food choices. Review different options below:

<https://health.gov/our-work/nutrition-physical-activity/dietary-guidelines>

SUGGESTED APPROACH:

- Have participants list their favorite foods and then try to come up with healthy, satisfying alternatives for those foods:
 - popcorn or carrots for potato chips
 - pretzels for potato chips
 - sparkling water, seltzer, diet soda for regular soda
 - frozen fruit chunks for ice cream or cake
 - low-fat yogurt for ice cream
- Have participants discuss concerns about weight gain that may be stopping them from trying to quit smoking.
- Discuss why severe “crash dieting” is not a good idea soon after a stop smoking attempt.
- Teach participants that feeling hungry is one of the nicotine withdrawal symptom that is alleviated with tobacco treatment medications.



Session 14

Should I try to quit smoking?

Objectives for this session:

- To review the short- and long-term benefits of quitting smoking.
- To build motivation towards eventually trying to quit.

After reading this section, individuals will be able to:

- To review the negative consequences of smoking that were learned in earlier sessions.
- To understand the many benefits that are associated with quitting including longer life.
- 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.

References:

https://www.cdc.gov/tobacco/quit_smoking/how_to_quit/benefits/index.htm#health-benefits-of-quitting-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. It works well for anyone who is feeling ambivalent about quitting (with reasons for and against).
- It is ok to acknowledge that ambivalence or feeling unsure is common. Those who don't feel ready to make changes should be encouraged to continue group and not drop out. Remind everyone that they are still welcome, regardless of their decisions.



Session 15

Is it really possible for me to quit smoking?

Objectives for this session:

- To recognize that everyone is not ready to stop using using tobacco at the same time.
- To encourage those who are not ready to quit using tobacco to continue to learn about the risks and treatment options by remaining in this educational group.

After reading this section, individuals will be able to:

- To understand that even if someone is not ready to quit using tobacco at this time, they can benefit from learning more about the effects of their smoking on their health.
- 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 try to change in the future.
- It is ok to acknowledge that ambivalence or feeling unsure is common. Those who don't feel ready to make changes should be encouraged to continue group and not drop out. Remind everyone that they are still welcome, regardless of their decisions.
- 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.



Session 16

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

Objectives for this session:

- To teach group that quitting smoking without medications (cold turkey) causes many unpleasant withdrawal symptoms.
- To understand that people resume smoking and other tobacco use to try and avoid feeling withdrawal symptoms.

After reading this section, individuals will be able to:

- Understand that most people who use tobacco have a physical addiction to smoking.
- Recognize that a regular tobacco user will develop nicotine/tobacco withdrawal symptoms within hours of the last use.
- Recognize that experiencing withdrawal causes someone to be motivated to use tobacco for relief, and how that cycle continues the pattern of addiction.

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.
- Help people understand that the more withdrawal symptoms they experience, the more severe their addiction and need for medication and other treatment.
- Discuss how nicotine/ tobacco withdrawal symptoms mimic other symptoms of mental illness.
- If members are concerned that mental illness will worsen when they try to quit smoking, have them try to recognize they could be feeling withdrawal symptoms that could be managed with nicotine replacement or other tobacco treatment medications.



Session 17

How do medications help me quit smoking?

Objectives for this session:

- ▶ To teach group about the evidence-based medications that are available to help them stop smoking.
- ▶ To understand that medications are safe and effective and make someone two to three times as likely to be successful in quitting smoking.
- ▶ To reduce shame and stigma around prior unsuccessful attempts at quitting and give hope for the future.

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 non-nicotine medications that help you to quit.
- ▶ Recognize that tobacco treatment medications may be available at no cost if obtained with a prescription or through their health care provider.

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, what the dose was and if it was in conjunction with psychosocial treatment. Ask if anyone taught them how to use the medications.
- People trying to achieve tobacco recovery are encouraged to try something new if they think it will work for them, but even trying the same medication again can be effective. Better compliance or using a medication as part of a comprehensive treatment approach, can make it more effective.

- continued



How Medication Works

- * Tobacco treatment medications treat nicotine withdrawal symptoms and nicotine cravings. These are difficult symptoms that most people trying to quit smoking say undermine an attempt and cause them to relapse back to smoking.
- * By using any of the approved medications, withdrawal symptoms are greatly reduced, and the enjoyment of smoking is blocked. Lack of success is often related to the experience of withdrawal symptoms like craving. By reducing these symptoms with the use of medications, people have a better chance of being successful.
- * The amount of nicotine that someone gets in their body from smoking can vary based on the individual smoking patterns, such as the time between cigarettes, how frequently and deeply the person inhales, and the number of cigarettes smoked per day. Smoking delivers nicotine to the bloodstream very quickly - within a few seconds. Nicotine replacement medications generally work more slowly, and the amount of nicotine in the bloodstream is often less than that from smoking. This makes nicotine medication much safer for the body, with fewer health risks and also much less addicting than cigarettes, although it suggests that they have to be used in a high enough dose to be effective.

People who are pregnant should consult with their health care professional before using tobacco treatment medications, but the effects of smoking are generally riskier to the unborn baby than any potential risk from medication.

It is usually a personal choice to use non-nicotine medications (bupropion or varenicline). Some people are unable to take nicotine or prefer to take a pill medication to help them quit smoking. There is also evidence that when used as a monotherapy (single medication treatment) that varenicline is more effective than bupropion or nicotine medication.



Session 18

Which medications should I use?

Objectives for this session:

- To provide group with information that will help them to decide which medications are best for them to use.
- To learn that first-line treatment recommendations are to use varenicline or combination NRT for the best chances at quitting.
- To learn about how to use the medications more effectively. Often a re-trial can work (using the same medication again) and it might be worth considering to try the same medication treatment again or to try something else.

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. Having a prescription for NRT can also make products free or low cost if covered by Medicaid or commercial insurance. For more information about which tobacco cessation products are free with Medicaid, visit <https://www.lung.org/policy-advocacy/tobacco/cessation/state-tobacco-cessation-coverage-database/states>

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. First-line treatment recommendations are to use varenicline or combination NRT since these are associated with the highest quit rates (greatest success) in research studies.
- Have group do a role play in which they request a prescription for nicotine replacement therapy, bupropion or varenicline from their doctor.
- See also Section 3 for more information on treatment medications.
- Supplementary handout information is available for each tobacco treatment medication in Section 8 Forms & Resources (Medication Education Worksheets).

Descriptions of Various Medications

Notes for Instructors

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 individual 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.

Wearing the patch for 24-hours provides a steady dose of nicotine, avoiding peaks and troughs. It helps with early morning withdrawal. However, there may be mild side effects such as disrupted sleep patterns and skin irritation.

Depending on body size, most tobacco users should start using a full-strength patch (21 mg of nicotine). This can be continued for several weeks without a strict timeline to reduce the dose. Once the person is feeling comfortable and able to manage cravings, the dose can be reduced to lower strengths like 14mg.

The patch should be applied once daily 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 3-6 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 but uncommon side effects of the nicotine replacement patch include: dizziness, racing heartbeat, nausea, or very rarely, vomiting.

Nicotine Gum:

The gum can be chewed as needed or on a fixed schedule during the day. A schedule of 1 to 2 pieces per hour is common and more can be used when there are cravings.

If you smoke 10 cigarettes or more per day, smoke within 30 minutes of rising, 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 6 months to prevent relapse.

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. Teach about the bite and park method to chew the gum slowly.

Long-term use is one possible disadvantage of nicotine gum. About 15% to 20% of gum users who successfully quit smoking continue using the gum for a year or longer. Continuing to use the gum is safer than going back to smoking.

Nicotine Lozenge:

As with nicotine gum, the nicotine lozenge is available in two strengths: 2 mg and 4 mg. If you smoke 10 cigarettes or more per day, smoke within 30 minutes of rising, you may need to start with the higher dose (4 mg).

As with other NRTs, it is recommended that individuals use the product for 6 months to reduce risk for relapse.

The package recommends the following schedule for lozenge use but often this is more flexible and patient directed. These are mainly a guideline and don't need to be followed strictly. 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.

Possible side effects of the nicotine lozenge include: 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 associated with long-term use.

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. Side effects can be severe in the beginning although they often get better with ongoing use. Many people will stop taking it because of the unpleasant side effects.

Nicotine Inhaler:

The nicotine inhaler was a prescription form of NRT. Since June 2023, however, the nicotine inhaler has been discontinued in the United States and is no longer available.



Varenicline (Chantix):

Varenicline is a smoking treatment that does not contain nicotine and some studies have shown it is the most effective treatment currently available to help people stop smoking. Varenicline tricks your brain into thinking it is still getting nicotine which helps take away nicotine withdrawal. It also blocks the pleasure associated with smoking. Varenicline is not used in combination with nicotine medications. Varenicline can only be taken with a doctor's prescription.

It is usually started one week before the quit date. It is recommended that you continue taking varenicline for 3-6 months after you quit smoking. Varenicline increases the chances of quitting smoking nearly threefold as compared with placebo and is more effective than bupropion or nicotine patch. It also has been demonstrated to be effective in also helping smokers reduce to quit. Varenicline can be safely combined with bupropion but is generally not recommended to be given with NRT. The drug is marketed and distributed under the name Chantix.

Many studies have validated varenicline's efficacy and safety, and varenicline is not associated with more moderate to severe neuropsychiatric side effects than either bupropion or nicotine patch or placebo treatment. This medication should be taken in a reduced dose or avoided if you have a serious kidney disease. Some people get nausea when they take varenicline but this will be less if you take every dose of the medication with food. Other common side effects include abnormal dreams and insomnia.

Bupropion:

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

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. A newer form of bupropion (XL) is not the FDA approved form but is acceptable to use and offers the advantage of once daily dosing.

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 but you should first discuss it with your doctor.

Bupropion 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 150 to 300mg per day of bupropion.

As with all medications, there is always the possibility of having some side effects.

The most common side effects of bupropion are dry mouth, insomnia (trouble sleeping) and headache.



It is recommended that you continue taking bupropion for 6 months after you quit smoking. People who take bupropion for this length of time experience less weight gain than people who take no medication (or a placebo or sugar pill) to quit smoking.

Bupropion 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 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 might be helpful to some people who have tried it before.

Refer also to Section 3: Using Pharmacotherapy to Treat Tobacco Use Disorder for more information.



Session 19

How can I reduce my harm from smoke? (Part 1)

Objectives for this session:

- To provide the group with information about harm reduction or reduced risk approaches to Tobacco Use Disorder.
- To learn about how reducing the number of cigarettes per day may assist in harm reduction and be a step towards quitting (although quitting completely is always the best option).
- To learn about the safety of using NRT, bupropion or varenicline, while still smoking, as a way of reducing tobacco use (such as number of cigarettes per day).

After reading this section, individuals will be able to:

- Recognize and change their patterns of tobacco.
- Identify harm reduction approaches that are safe to consider, if they are not ready to commit to abstinence.
- Consider which tobacco treatment medications they want to use, to assist with reduction of cigarettes per day.
- Understand that by using tobacco treatment medications they will feel less uncomfortable symptoms of withdrawal (which can lead to being more successful in cutting down).

SUGGESTED APPROACH:

- The harm reduction topic is split into two sessions to allow for ample discussion and education around this approach.
- These ideas may be new and somewhat intimidating for some participants, based on what they may have heard about smoking while using NRT.
- Have participants identify smoking patterns, and patterns of automatic smoking that they may not be aware of. These include cues and triggers and related behaviors, such as talking on the phone or driving in the car, or having a cup of coffee. Sometimes these can be targets for possible cigarettes to skip, as the person is considering smoking less.
- Identify alternatives to smoking.
- Have participants set a goal for a month from now to reduce their cigarettes per day.
- Since smoke at any level is toxic and there is no accepted level of smoking that can be considered safe, remind participants that reduction is best seen as a transition moving towards a truly nicotine and tobacco-free lifestyle. Just cutting down may not protect against tobacco caused diseases.



Session 20

How can I reduce my harm from smoke? (Part 2)

Objectives for this session:

- To continue the discussion with group about harm reduction or reduced risk approaches to Tobacco Use Disorder.
- To learn about how the use of electronic cigarettes or vapes may assist in reducing harms from tobacco and be a step or transition towards a truly nicotine and drug-free lifestyle.

After reading this section, individuals will be able to:

- Learn about the differences between e-cigarettes, and traditional cigarettes, and how they seem to be less harmful since by definition they are not burning or combustible.
- Acknowledge and discuss participant's concerns around e-cigarettes.
- Provide education around the fact that e-cigarettes may be less harmful than combustible cigarettes.
- Understand that although e-cigarettes may not be proven to help people quit, they have been helpful for some.
- Understand that e-cigarettes produce a mist by heating liquid that usually contains nicotine. There is no smoke or carbon monoxide produced by e-cigarettes because they don't burn like traditional cigarettes.
- Discuss policies around smoking and vaping, pointing out that both are usually prohibited indoors and in other restricted areas.

Resources:

Additional information about e-cigarettes, including those that have been granted marketing approval, can be found on the FDA website.

<https://www.fda.gov/tobacco-products/premarket-tobacco-product-applications/premarket-tobacco-product-marketing-granted-orders>

SUGGESTED APPROACH:

- The harm reduction topic is split into two sessions to allow for ample discussion and education around this approach. Educating and messaging around the use of e-cigarettes and new nicotine products is somewhat complex

- continued



- These ideas may be new and somewhat intimidating for some participants, based on what they may have heard about e-cigarettes or vaping. People are skeptical since these are products made by the tobacco industry who have historically misled the public. This may be a new idea for you, the facilitator. It's ok to acknowledge that with participants.
- Non-combustible or lower risk products may include a range of electronic cigarettes and other products. Some are small and look like cigarettes. Some are disposable and some can be refilled with liquid or cartridges. Larger tank e-cigarette devices can give as much nicotine to the body as traditional, smoked cigarettes. This is also true of pod type e-cigarettes. They may even provide more nicotine than smoked cigarettes.
- Discussion of the reduced risk continuum. (Warner et al., 2022) Nicotine replacement medication is always the safest option. All burning tobacco products carry the same risk for toxic smoke exposure (pipes, cigars, cigarettes and even hookah).
- In general, the greatest harm is associated with the ingestion of toxic smoke from these combustible products. Vaping nicotine or using electronic cigarettes (e-cigarettes) produces a mist by heating liquid that contains nicotine. This may expose the individual to fewer toxins, because of the absence of smoke (and products of combustion), however, it does not mean that these products are not without risk. Addiction to nicotine is a liability in using e-cigarettes, and many will struggle to quit them completely. Much is unknown about the long-term use of e-cigarettes, most of which are manufactured by the tobacco industry.
- E-cigarettes are not regulated, nor are they approved by the FDA; they are not considered smoking cessation aids, although there is some evidence that they may help older smokers, who are unmotivated or have been unable to quit with other means. (Hartmann-Boyce et al., 2022)
- On a risk continuum, e-cigarettes are considered less risky than traditional, combustible cigarettes, however, they still present health risks to the user, unlike nicotine replacement medications, which are always the safest option. Although e-cigarettes may help some long-term adult smokers, this benefit is in switching completely, as the continued use of both combustible and non-combustible products may provide no benefit. (Hartmann-Boyce et al., 2023)
- Using e-cigarettes or vaping can also be referred to as a transition between smoking the highest risk combustible tobacco products and moving towards a truly nicotine and drug-free lifestyle.
- Discuss that e-cigarettes contain nicotine, and can be addictive like traditional cigarettes. People who use them will continue to be addicted to nicotine, and may struggle to stop using them or even potentially use more over time.

- continued



- Other harm reduction products include new types of oral products. Snus is a low carcinogen product containing chewing tobacco. There are also oral pouches of nicotine that do not contain any tobacco. Using these may be safer than cigarettes but people should avoid the use of traditional chewing tobacco which contains carcinogens and causes many kinds of oral and neck cancers.
- Acknowledge that sometimes people vape cannabis, THC or other drugs through these devices.
- The use of e-cigarettes in teens, young adults and during pregnancy should always be avoided and discouraged due to the considerable risk for addiction and unknown long-term effects.
- For individuals wanting to stop using e-cigarettes, there is evidence that behavioral interventions can be effective as well as varenicline and nicotine replacement therapy (Caponnetto et al., 2023)

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Closure/ Group Completion

There is a final handout to acknowledge completion of the curriculum and do a wrap up. It is optional to do this as an additional session. It might be helpful to check in with participants to see how people are feeling about changing their tobacco use or talk about next steps. If some participants would like to move ahead and work on quitting, you can refer them to Track 2 Tobacco Recovery Group or choose to meet with them individually for counseling support. The handouts in Tobacco Recovery Group can be helpful during individual counseling sessions as well.

SECTION 5

Handouts



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 or nicotine 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 or vaping.

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, and decreases risk for chronic illnesses, such as diabetes and high blood pressure. Feeling good improves quality of life, which can increase feelings of satisfaction with our life or relationships.

Like many Americans, people diagnosed with mental health conditions may practice unhealthy lifestyle habits such as lack of regular physical activity, poor nutrition, using excess alcohol or other substances, 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 (early) 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 a 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. Everyone has their own path. You are now taking your first step.

Congratulations!



6 Steps to Healthier Living

- 1 Continue with your mental health and recovery plan.**
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 and mental well-being.
- 2 Make healthy food choices every day.**
Try a piece of fruit for dessert instead of a cookie or ice cream, eat vegetables every day, or try drinking water or seltzer 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 Get regular physical health check-ups and exams.** Make sure you have a primary care practitioner. 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 or cannabis), is important.



Today, I smoke _____ cigarettes per day.

Other tobacco products I use:

<i>Product</i>	<i>Amount</i>
Electronic cigarettes or vapes	
Pipes or cigars	
Hookah	
Chewing tobacco	

How interested are you in learning more about tobacco? Circle one:

1	2	3	4	5	6	7	8	9	10
----------	----------	----------	----------	----------	----------	----------	----------	----------	-----------

Not at all interested

Average interest

Extremely interested

Using tobacco is one of the most harmful things you can do to your body. In group sessions, we will also review information about what you can do to improve healthy eating, physical activity patterns, and reduce stress. Get ready to take your next step on the road to healthy living!



Why is smoking dangerous?

- Cigarette smoking is the most common form of tobacco use.
- Cigarette smoking causes more than 480,000 deaths per year in the U.S. This is about one in five deaths.
- Smoking causes 9 out of 10 (90%) cases of lung cancer.
- Smoking causes more than 80% of cases of chronic obstructive pulmonary disease (COPD), which includes chronic asthma/bronchitis or emphysema. Smoking also can make other infections more severe.
- People who smoke are twice as likely to die from stroke or heart attack, compared to non-smokers.
- People who smoke miss more days of work due to illness 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 kills up to half (50%) of all of the people who use it.



Do you have any symptoms now that you believe are caused by your smoking?

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

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

- Chronic bronchitis, asthma, COPD, emphysema
- Heart attack or heart disease
- Stroke
- Circulation problems (leg cramps)
- Frequent flu, pneumonia, or other infections
- Gum disease or tooth loss
- Peptic ulcer
- Other _____
- Other _____

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

- No
- Yes

Do you have a friend or family member that had a smoking-caused disease or illness?

- No
- Yes



What's in cigarette smoke?

Tobacco smoke contains many chemicals that are harmful to both smokers and nonsmokers. The majority of the harmful chemicals in cigarettes are released when cigarettes are burned.



- Over 7,000 chemicals are produced by cigarette smoke!
- Nicotine is only one of the chemicals found in the smoke of tobacco products (cigarettes, cigars, pipes). Nicotine does not cause cancer or the many diseases caused by smoking. Those diseases come from the other toxins in smoke.
- There are 69 KNOWN cancer-causing chemicals and at least 250 other known harmful chemicals contained in tobacco smoke.
- Although most toxicity is in smoke, there are also toxins and carcinogens which are naturally occurring in the tobacco plant.
- Other tobacco products including cigars, smokeless tobacco and water pipes often contain many of the same chemicals.
- In addition to the toxic effects of the cancer-causing chemicals themselves, smoking can also weaken the body's immune system, allowing cancer to grow. Cigarette smoking causes about one out of every three cancer deaths in the US. Cancers caused by smoking include the bladder, blood, cervix, colon, esophagus, kidney, larynx, liver, lung, mouth/throat, pancreas, and stomach.

What's in vape?

Using e-cigarettes (also called vaping) does not produce smoke since these products don't burn. The mist or vape can contain some of the same toxins as smoked cigarettes but often at much lower amounts.

- ✓ Nicotine
- ✓ Glycerin or propylene glycol (which may be hazardous to the lung)
- ✓ Flavors
- ✓ Metals, aerosols and carcinogens (at levels lower than cigarette smoke)



When you smoke you inhale up to 7,000 chemicals, including poisons that are found in the following products:

Acetone: Paint Stripper and Nail Polish Remover

Ammonia: 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

Naphthalene: Mothballs

Toluene: Industrial solvent



Name 3 chemicals that you were surprised to find are in cigarette smoke:

1. _____

2. _____

3. _____

Assignment:

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



Why do so many people with a mental illness or other addictions smoke cigarettes?

There is no easy answer as to why so many people living with a mental illness or another addictions smoke cigarettes. Smoking is a complex problem caused by biological, psychological and social/environmental factors.



BIOLOGICAL FACTORS

Physical / Brain Functions

- They may be at increased risk for addiction to smoking and have more severe withdrawal symptoms when they try to quit.
- Nicotine may temporarily help improve mood, or mental functions like attention, memory or learning, in some people diagnosed with mental illness, but these are temporary improvements, and can trick people into believing that cigarettes are helping them feel better overall.



PSYCHOLOGICAL FACTORS

Thinking / Feeling

- They may not feel confident that they can quit.
- They may rely on smoking to cope with stress or bad moods.



SOCIAL/ENVIRONMENTAL FACTORS

People/Places/Things Around You

- They may feel like it is easier to talk and be around others when they are smoking. Most of their friends and family may smoke.
- Smoking is common in and around mental health treatment centers and group homes. Being around smoking leads to more smoking.



What reason or factor(s) made you want to smoke or kept you smoking when you wanted to quit?

How could the people who help you with your mental health condition, or other addiction (like your psychiatrist, nurse or counselor), help you with your tobacco or nicotine use?



What is Carbon Monoxide?

One of the most deadly chemicals found in cigarette smoke is carbon monoxide (CO).

Carbon monoxide is a poisonous gas that has no color or smell. All forms of tobacco that burn (cigarettes, cigars, pipes and even hookah) produce carbon monoxide gas.

Carbon monoxide is found in air pollution but the levels absorbed by the body 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 and other circulation problems.



Carbon Monoxide: The Good News

Although it is very deadly, carbon monoxide (CO) lasts only a short time in your body. Carbon monoxide can be eliminated within 2-3 days AFTER you quit smoking, and CO levels will go back down to the same level of somebody who never smoked.

This means it is never too late to quit smoking. Anyone who quits gets these health benefits, at any age!



Carbon Monoxide Meter

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



0 - 8	Normal or very low smoking
8 - 12	Concern
12 - 25	Warning
25 - 40	Danger
Over 40	Severe Danger

My carbon monoxide level is:

If I quit smoking, my carbon monoxide level will go down to:



How much does smoking cost?

It is important to realize how much money you may spend on tobacco, including cigarettes, vapes, or other products.

- Smoking cigarettes is very expensive.
- In 2024, cigarettes cost an average of \$8.00 a pack. In some parts of the U.S., the cost is much higher than that.
- The tobacco companies spend less than \$1 to make a pack of cigarettes.
- The tobacco industry makes money from people's addiction to tobacco. Profits are estimated to be more than \$105.1 BILLION DOLLARS in the U.S. alone each year (statista.com). A lot of that money is used by the tobacco industry to create advertisements that trick people about smoking and nicotine addiction. The money is also used to pay for lawsuits against the government or other people when they try to limit the impact of the tobacco industry.
- Vape pens can cost around \$50 and the average replacement cost for one month of nicotine cartridges or ecigarette juice is \$30 to 60.





Look at the chart below and estimate how much smoking cigarettes costs you every day, week, month and year. Sometimes we don't realize how much we are spending on things until we stop to total the cost.

The following chart is based on a pack of cigarettes costing about \$8.00:

Approximate Number of Cigarettes I Smoke Each Day	Cost Per Day	Cost Per Week	Cost Per Month	Cost Per Year	Cost in 10 Years
½ pack (10 cigs)	\$4	\$28	\$112	\$1,344	\$13,440
1 pack (20 cigs)	\$8	\$56	\$2224	\$2,688	\$26,880
1 ½ packs (30 cigs)	\$12	\$84	\$336	\$4,032	\$40,320
2 packs (40 cigs)	\$16	\$112	\$448	\$5,376	\$53,760
2 ½ packs (50 cigs)	\$20	\$140	\$560	\$6,720	\$67,200
3 packs (60 cigs)	\$24	\$168	\$672	\$8,064	\$80,640

This chart is based on a pack of cigarettes costing about \$8.00 and does not include inflation.

Calculate Your Costs

How much do you smoke per day? _____

Your cost per:

Day = _____

Week = _____

Month = _____

Year = _____

10 Years = _____



Your Monthly Budget

If you are on a fixed income, it can be hard to manage monthly expenses AND pay for nicotine or tobacco products.

Your Monthly Income	\$	/ month
Rent or Mortgage	- \$	
Utilities (heat, electric bills)	- \$	
Telephone or cable/streaming TV	- \$	
Food	- \$	
Clothes	- \$	
Entertainment	- \$	
Medicine	- \$	
Other	- \$	
Amount Left	\$	

Can you really afford to keep smoking?

Would you quit:

If smoking took up 20% (1/5) of your monthly income?

If smoking took up 30% (1/3) of your monthly income?

It is important for you to think about what you can buy or do for yourself with the money saved from not smoking or vaping. It could be a special way to reward yourself for being able to quit. It can be a goal to work towards. Thinking of buying something special may help you want to keep trying to quit.



What can you do with the money that you will save?

What things do you need (or want) that you could buy (or do) for yourself with the extra money you will have from quitting smoking or vaping?

- Clothing
- Go to a concert
- Coat or jacket
- Go on a trip
- Socks
- Take music lessons
- Computer
- Join a gym
- Gaming console
- Go out to dinner
- Jewelry
- Have a party for my friends
- Television
- Celebrate my birthday
- Cell phone
- Take significant other on a date
- Microwave oven
- Go to the movies
- Coffee maker
- Plants
- _____
- _____
- _____
- _____



What are the three most important things that you would want to have or something you would like to do?

1. _____ Cost: \$ _____

2. _____ Cost: \$ _____

3. _____ Cost: \$ _____



Am I being targeted by the tobacco industry?

- The tobacco companies spend a lot of the money to pay for expensive advertising in stores. Almost all of their marketing budget is used on in-store ads and displays!
- Tobacco companies distribute coupons to reduce the price of cigarettes and other tobacco products. They advertise discounts like 2 for 1 sales on posters and signs in stores. This tricks people into buying more.
- These ads focus on making smoking look fun and cool. They never show someone sick from their cigarettes.
- Tobacco advertising impacts children, too. Kids are attracted to flavored tobacco products. Kids who start smoking when they are younger are more likely to be lifelong smokers.
- Tobacco companies target people based on their gender and ethnicity, too. Cigarette ads targeting women shows them being independent and glamorous. Marketing to Hispanic and American Indian/Alaska Native people may promote brands with certain names that make them sound culturally-relevant.
- More than 90% of African Americans who smoke, smoke menthol cigarette brands. Menthol is a flavoring that may make cigarettes more addictive, more toxic and more difficult to quit.
- Tobacco companies target people with mental health problems by suggesting that cigarettes may enhance or improve mood or help with relaxation from stress.
- Although many types of cigarette advertisements are now restricted or banned in the US, ecigarette ads are still all around. These target young people and other groups.





What about smoking 'light' cigarettes?

Cigarette companies use words like 'light', 'mild' and 'special mild' on cigarette packs so that people would assume that these cigarettes are less harmful. There is no evidence that light cigarettes are safer. They are just as addictive and harmful as other brands.

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 toxins and cancer causing chemicals into the bodies of smokers.
- Menthol cigarette brands may be more worse than other cigarettes, causing more diseases, and being harder to quit.



Activity

1. Have you ever gotten a coupon in the mail or by email for cigarettes? Is it really better to get two packs for the price of one?



2. What are the tobacco companies trying to make you believe about smoking cigarettes or other tobacco or nicotine products?

3. It is true that almost $\frac{1}{2}$ of all cigarettes sold in the U.S. are purchased by people with mental health problems or other addictions. How do you feel about that? Do you think that the tobacco industry targets people with a mental health condition?



What is secondhand smoke?

Secondhand smoke is smoke from burning tobacco products, like cigarettes, cigars, hookahs or pipes. Secondhand smoke can cause heart attacks, stroke and lung cancer in non-smokers. Secondhand smoke can also cause eye irritation, headaches, nausea, and dizziness. There is no safe level of exposure to secondhand smoke.



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.

Pets can be affected by secondhand smoke, too.

Dogs can develop lung and nose cancers, and cats can develop mouth cancers when they groom the smoke particles that fall on their fur.



Smoking indoors exposes others to secondhand smoke.

Buildings where many people live (like apartment buildings) put people at risk for secondhand smoke exposure since the smoke drifts between spaces like hallways, stairwells, and ventilation systems (air ducts).



Do you live with people who smoke?



Do you or others smoke indoors?

Who else might be affected by this smoking?



How are my medications affected by smoking?

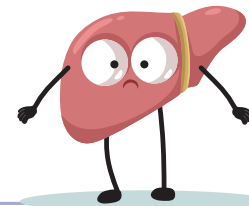
Many commonly used medications interact with chemicals in tobacco smoke. This results in a lowering of blood levels of these medications. Stopping smoking also interacts with medications but in the opposite way – it raises medication levels. That is why it is important for your doctor to know if you 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.
- This is not usually a good thing and can lead to more medication side effects and higher doses.



The effect of tars on the liver can result in:

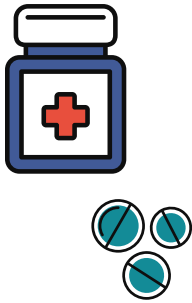
1. Higher medication doses for a smoker
2. Medications not working as well in a smoker
3. More side effects from medications in a smoker

Nicotine, on its own, does not interfere with medications. The potential for interactions arises from cigarette smoke, not nicotine itself. Likewise, nicotine replacement medications pose minimal risk of interacting with other medication you might be taking.



This is a partial list of some of the medications that are affected by smoking.

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



Trade Name	Generic Name	X
Aventyl/ Pamelor	Nortriptyline	
Xanax	Alprazolam	
Luvox	Fluvoxamine	
Thorazine	Chlorpromazine	
Prolixin	Fluphenazine	
Haldol	Haloperidol	
Clozaril	Clozapine	
Zyprexa	Olanzapine	
Cymbalta	Duloxetine	
Remeron	Mirtazapine	
Slo-Bid Slo-Phyllin, Theo-24, Theo-Dur, Theobid, Theovent	Theophylline	
Tylenol	Acetaminophen	
Inderal	Propranolol	
Coffee/Tea	Caffeine	

Would you consider quitting smoking if it allowed you to be on a lower dose of your medications? No Yes

Are you planning to talk to your doctor or nurse about how smoking impacts your current medications? No Yes

Nicotine lowers the blood level and effectiveness of commonly used medications. True False



Why are cigarettes addictive?

Most people who smoke are addicted to the nicotine that is contained in cigarettes and other tobacco products. This causes people to keep smoking even when they want to quit—they have trouble stopping or controlling their use. They may continue to smoke cigarettes even when it is hurting their health. Other tobacco products (like pipes and cigars) and e-cigarettes also contain nicotine.



What is nicotine/tobacco addiction?

Smoking puts a very high level of nicotine in the body. This effect might feel good temporarily in your brain, but it wears off in a few hours. This can lead to a feeling of a crash or having cravings or urges to smoke again. Being addicted means that you keep wanting to smoke more and have difficulty stopping. It can feel like smoking is controlling your life. Nicotine activates the brain like other substances that are addicting.

No one thinks they will get addicted to nicotine from cigarettes or vaping. Think about when you first began to smoke or vape. Did you first try it when you were very young or as a teenager? Over time did you feel hooked and want to start using more or feel like it was hard to stop?



What is nicotine/tobacco withdrawal?

When you don't have a cigarette or are unable to vape, 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 or vape and they wake up in nicotine/ tobacco withdrawal.

Some withdrawal symptoms include being irritable, feeling anxious or frustrated, being restless, feeling down or depressed and feeling hungry.



Important Point to Remember!

- Being addicted to nicotine or tobacco means that even if you know that it is bad for you or hurting you in some way, it is still very difficult to stop.
- Many people become addicted to nicotine when they smoke or vape. This does not mean you are a bad person or don't have will power.
- Anyone can recover from addiction with support and treatment.
- Having withdrawal symptoms puts you in a bad mood and makes it hard to quit.



SELF QUIZ: Am I addicted to nicotine?

How many years have you smoked or vaped? _____ Years

Do you smoke or vape more now than you did when you first started?

No Yes

Do you want to have a cigarette or ecigarette as soon as you wake up in the morning? No Yes

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

Within 5 minutes 6-30 minutes 31-60 minutes After 60 minutes

When you are not having a cigarette or ecigarette, do you think about smoking or vaping? No Yes

Withdrawal symptoms you felt when you did not have a cigarette or ecigarette:

- | | |
|------------------------------------------------|-----------------------------------------------|
| <input type="radio"/> Anger | <input type="radio"/> Impatient |
| <input type="radio"/> Anxiety | <input type="radio"/> Insomnia (cannot sleep) |
| <input type="radio"/> Crying | <input type="radio"/> Irritable |
| <input type="radio"/> Depressed Mood | <input type="radio"/> Nervous |
| <input type="radio"/> Difficulty Concentrating | <input type="radio"/> Restless |
| <input type="radio"/> Frustrated | <input type="radio"/> Hungry |

Do you think you are addicted to cigarettes or e-cigarettes? Yes No



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! We can't avoid it but we can control how we react to it. Some people may overeat, smoke cigarettes, drink alcohol or use other drugs when they are under stress. These ways of coping often do not help and can lead to worse problems over time. Practicing healthy strategies for handling stress can lead to a happier and healthier life.



Did you know that cigarettes could actually cause you to be more 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. The truth is that smokers experience more anxiety and stress than non-smokers. Smoking will usually only add to the problems you already have.

There are other healthy things you can do to make yourself feel better! 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.

One good way to cope with stress is to learn and practice skills to help you relax and feel better.

You might practice DEEP BREATHING or MINDFULNESS EXERCISES.

Practicing deep breathing exercises makes you feel relaxed by slowing you down and giving your body more oxygen. It is free, it only takes a few minutes to do, and can be done anywhere!

Meditation has been practiced by cultures for thousands of years. It involves focusing your awareness on the present moment, while calmly acknowledging your feelings, thoughts and body sensations. It teaches you to be forgiving of yourself and appreciate every day.



EXERCISE: DEEP BREATHING

Practice Deep Breathing for the next 3 to 5 minutes. While doing this exercise, try to focus on the sound of your breathing and the feel of your body.

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.

EXERCISE: MINDFULNESS

Practice Mindfulness for the next 3 to 5 minutes. Try to focus on the present moment, while calmly acknowledging your feelings, thoughts and sensations in your body.

1. Take a breath and notice what's going on. Pay attention. Its hard to slow down and notice things in a busy world.
2. How does your body feel? What thoughts are you having? Try to observe yourself calmly.
3. Accept yourself. Treat yourself the way you would treat a good friend.



How do you feel after practicing the Deep Breathing or Mindfulness exercise?

Was it hard for you to do the exercise? Why?

Think about how your body feels when you get stressed. Think about how your body feels when you are happy or relaxed.

Would you consider doing a deep breathing or mindfulness exercise the next time you feel stressed? No Yes

If you can learn new ways of handling stress now, that will help you in the future when you are ready to try to stop smoking.

- Physical activity and healthy eating can help to reduce stress.
- Sometimes writing down your feelings and frustrations will help to relieve stress.
- Setting an intention for the day can help. This can be an idea about how you want the day to go, or a thought you send to yourself.
- 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.
- 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.
- Practicing relaxation exercises like deep breathing or mindfulness are also helpful.

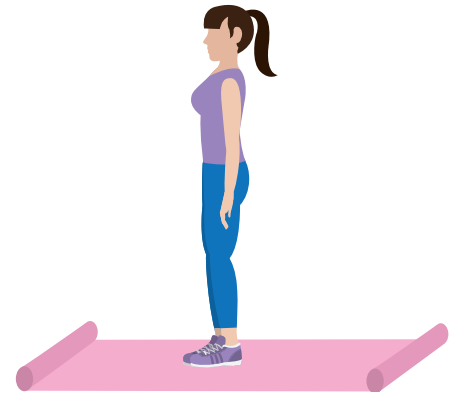


How much physical activity do I need?

Physical activity is anything that gets your body moving — even some activity is better than none!

Adults need 150 minutes of moderate physical activity per week. It sounds like a lot but this is only 30 minutes per day, for 5 days per week.

Walking, gardening, climbing the stairs, doing yoga, biking, hiking, or dancing are all good examples of physical activity.



Being active can help you mentally and physically!

- It can boost your mood.
- It can sharpen your focus.
- It can reduce your stress.
- It can improve your sleep.

Your muscles, your heart, and other parts of your body get stronger and more efficient 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!

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

Muscle strengthening activities are also recommended two days a week. Some examples are:

- Lifting weights
- Doing exercises that use your body weight for resistance (e.g., push-ups, sit-ups)
- Heavy gardening (e.g., digging, shoveling)
- Some forms of yoga



Suggestions for ways to get moving:

- Get active every day for 10 minutes, 3 times a day.
- Get off the bus one or two stops early and walk the rest of the way.
- Get off the couch and walk around during TV commercials.
- Park your car in the back of the parking lot.
- Use the stairs instead of the elevator.
- Rake leaves, garden in the yard, or community garden.
- Take a walk after dinner instead of watching TV.
- Walk the dog.
- Take 2-3 minute walking breaks throughout the day.
- Keep your phone on the other side of the room so you walk to answer it.
- Walk while you talk on the phone.
- Plan your errands around town so they are walking distance from each other, i.e. post office, library, appointments, pharmacy.
- Walk with a friend at lunchtime for 10 minutes.
- Walk to the store and home instead of driving.
- Dance to some of your favorite songs.
- Clean your home by vacuuming, sweeping up, mopping the floor or just straightening up.
- Play with kids.
- Do stretches.



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

Think about your own 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 things you do now for physical activity:

1. _____
2. _____
3. _____

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

1. _____
2. _____
3. _____

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.



How can I make healthier food choices?

The 2020 Dietary Guidelines for Americans is called “Make Every Bite Count.” It is never too late to start and maintain a healthy diet.

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. 85% of your daily calories should come from vegetables, fruits, grains, dairy, and protein, and 15% can come from added sugars and saturated fats.



A healthy eating plan is one that:

- Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products.
- Includes proteins from beans, eggs, and nuts, and lean, unprocessed meats, poultry, and fish.
- Is low in saturated fats, trans fats, cholesterol, salt (sodium), and added sugars (15% of your diet).
- Mixes up your choices within each food group.

Rate how healthy your diet is:

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Very Poor

Okay

Very Good

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



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.



Focus on fruits

Fruit choices should include fresh, frozen, canned, or dried options, rather than fruit juice. For a 2,000-calorie diet, you will need 2 cups of fruit each day (1 small banana or 1 large orange).

How many servings of fruit do you 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 you willing to eat more of? _____



Get your calcium-rich foods

Consume 3 cups of low-fat or fat-free milk daily. Alternatively, opt for low-fat yogurt, cheese (1½ ounces equals 1 cup of milk), lactose-free products, or fortified foods and beverages with calcium, vitamins A, and D.

What type of milk do you drink: __ whole __ 2% __ 1% __ skim

Do you get enough calcium-rich foods? Yes No



Make your grains whole

Choose products that are “whole-grains” whenever possible. These include whole-grain cereals, breads, rice, or pasta. One ounce of grains 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 you check to see if the grains you are eating are “whole-grains”?

Yes No



Go lean with protein

Choose lean meats, fish, eggs and poultry. Bake it, broil it, or grill it. And vary your protein choices—try fish, beans, peas, and nuts, instead of only eating meat.

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

Yes No

Do you remove the skin from chicken before you eat it? Yes No

Do you eat other (non-meat) sources of protein (fish, beans, eggs or nuts)?

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 foods and beverages with little salt (sodium) and/or added sugars (caloric sweeteners).

Do you read the Nutrition Facts label on foods? Yes No

How many regular sodas do you drink per day? _____

Did you know that water has 0 calories? Yes No

Did You Know?

Feeling hungry can be a symptom of nicotine/ tobacco withdrawal. People feel more hungry when they are trying to quit smoking or vaping. Using nicotine replacement or other medications makes you feel less hungry when you try to quit. Using these medications helps people gain less weight when they quit smoking.



Simple things you can do to maintain a healthy body weight

People sometimes worry about gaining weight when they quit smoking or vaping.

Check off all the things that you might be willing to try or currently do that might prevent weight gain:

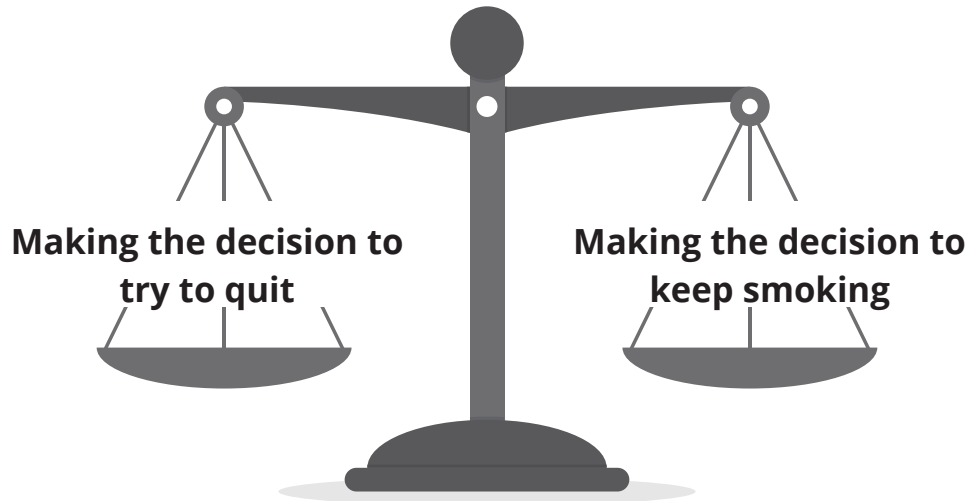


- Choose water instead of soda.**
- Choose fresh fruit when you are craving something sweet.** Try not to eat high-calorie “junk food” (such as potato chips, cookies, candy, cake). Snack on crunchy vegetables, popcorn or low-calorie rice cakes.
- Check serving size and calories.** Look at the serving size on the nutrition fact label and know how many servings you are actually consuming. If you double the servings, you double the calories!
- 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.
- 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, fructose, dextrose, agave, and other words ending in -ose.
- Stay away from fast food,** and if you are unable to, choose healthier options, such as salads, fish, chicken, and other items higher in protein and lower in sugar and unhealthy fats.
- Use sugar-free gum and mints.**

Remember to find your balance between food and physical activity and make every bite count!



Should I try to 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?

There are many benefits to QUITTING SMOKING.

- You will live longer. People who stop smoking before the age of 40 reduce their risk of dying from a smoking related disease by 90%. Quitting at any age, even later in life, can add years to your life.
- 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 to spend on other things.
- You will have fewer infections including the flu, cold, or pneumonia. You may recover faster when you do get sick and have less severe symptoms.
- Your skin will have a fresher look and may look younger.
- You will feel proud about this accomplishment.



Health Benefits of Quitting Smoking

Within 20 minutes

Your blood pressure and pulse go back to normal.

Few days after quitting

The carbon monoxide level drops to the level of someone who does not smoke. More oxygen is available in your body for better health.

From 1 to 12 months after quitting

You stop coughing and breathe 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

Your risk of coronary heart disease is cut in half.

5 years after quitting

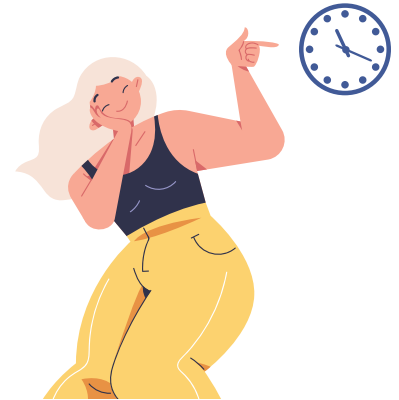
Your chance of cancer of the mouth and throat is cut in half, and your risk of stroke decreases.

10 years after quitting

Your risk of lung cancer drops in half. Your risk of cancer of the esophagus, bladder, and kidney decrease.

15 years after quitting

Your risk of coronary heart disease is close to the same as a non-smoker.



Quitting tobacco can add years to your life!



My Decision-Making Worksheet

<p>+ Pros of Smoking</p>	<p>- Cons of Smoking</p>
<p>+ Pros of Quitting</p>	<p>- Cons of Quitting</p>



Is it really possible for me to quit smoking?

What if I'm not ready to quit?

Some people who smoke, vape or use other tobacco products may still be feeling unsure about wanting to stop.

- It is very common to have mixed feelings about quitting.
- You may want to continue smoking or you may feel unready to change.
- 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 people who smoke. 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 while you are attending this program.

Even if you are not ready to try to quit at this time, learning more about your use of nicotine and tobacco products is an important step toward a healthier lifestyle. You may choose to quit someday in the future.





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

- Come to group to talk about tobacco and nicotine products.
- Read handouts.
- Talk to other people who used to smoke and learn how they were able to quit.
- Count and keep track of how many cigarettes I smoke each day.
- Recognize my smoking patterns and try to reduce the amount I smoke.
- Make it more difficult for me to smoke. I can move my cigarettes from their usual place. I can do things that are not my usual smoking "habit" or "routine."
- Try to reduce my carbon monoxide level.
- 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.
- Calculate how much I spend on tobacco each week, each month and each year.
- Think about the benefits of quitting smoking for me personally.
- Try medications like nicotine replacement medications or others that may help me reduce the amount I smoke.
- I'm beginning to think seriously about quitting smoking.



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

Trying to quit abruptly without treatment causes uncomfortable symptoms of 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 or tobacco addiction.



Nicotine Withdrawal

When you don't give your body nicotine, it will react by sending you unpleasant signals. These are called withdrawal symptoms. All addicting substances, including nicotine, cause withdrawal symptoms when you try to stop.

Symptoms of nicotine/tobacco withdrawal:

- ✓ 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
- ✓ Craving or urges to smoke



When I tried to quit smoking without treatment support (cold turkey), I experienced 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
 - Craving or urges to smoke

Having nicotine withdrawal symptoms in the past has made me go back to smoking or vaping.

- No Yes

The next time I try to quit smoking or vaping, 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 next time. Medications to help you stop smoking are safe and effective. Medications are often used to help people overcome addictions.

People who use medications to achieve tobacco recovery have several advantages over people who don't:

- They are TWICE as likely to be successful in quitting smoking.
- They experience less uncomfortable nicotine withdrawal symptoms.
- They have less cravings or urges to smoke.
- They feel less depressed while quitting.
- They gain less weight while quitting smoking.

Different medications are available to help you achieve tobacco recovery.

- They are all effective.
- Some require a doctor's prescription and others do not.
- People choose them for different reasons.
- Two are pill form and the others are all forms of nicotine, called nicotine replacement therapy (NRT).
- Most medications to help you stop smoking cost less than the cost of a carton of cigarettes.
- These medications are very often covered by Medicaid or other health insurance. You may be able to get them for free.

Several medications are available to help you stop smoking.

(Check all the ones you have tried)

- | | | |
|--------------------------------------|--------------------------------------------|------------------------------------------|
| <input type="radio"/> Nicotine gum | <input type="radio"/> Nicotine lozenge | <input type="radio"/> Bupropion (pill) |
| <input type="radio"/> Nicotine patch | <input type="radio"/> Nicotine nasal spray | <input type="radio"/> Varenicline (pill) |



Which medications should I use?

You and your doctor, nurse or counselor will need to discuss which medication or medications will be best for you when you try to stop smoking, vaping or using other tobacco products.



In this session we will review the types of medications available so you can decide which is best for you. Often it can be helpful to start these medications a few weeks before you plan to quit smoking, as a way to help your body get ready. They can make smoking less enjoyable which might help you to cut down or feel more ready to quit.

Nicotine Patch, Nicotine Gum and Nicotine Lozenge

Nicotine patch, nicotine gum and nicotine lozenge are all over-the-counter medications and do not require a doctor's prescription, although it is recommended that you ask your doctor for a prescription so that they are covered by your health insurance. Smokers who are pregnant should consult with their doctor before using these medications.

It is recommended that you continue nicotine replacement medications for 3-6 months after you quit smoking, although some people may opt to use them longer.

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. It is recommended to wear them for 24 hours, even when you sleep. Most people should use the 21mg patch. The patch can feel itchy or tingling on your skin but most people are not that bothered by this. Sometimes people report vivid dreams, and this can be managed by not wearing the patch overnight.



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 one or two hours 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 minutes. If you smoke 10 or more cigarettes per day, you should try to use 4mg gum. Don't drink coffee, soda or other beverages for at least 10 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. If you smoke 10 or more cigarettes per day, you should try to use 4mg lozenge. Like the gum you should not drink coffee, soda or other beverages with the lozenge.

Nicotine Nasal Spray

Nicotine nasal spray delivers nicotine quickly through the lining of the nose. This can relieve withdrawal symptoms and reduce nicotine cravings. Because it is easy to use and can deliver a bigger immediate dose of nicotine, smokers report 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.

Combination NRT

Using two nicotine medications at the same time helps to make the treatment more effective. This is usually done by wearing a nicotine patch and also taking extra doses of nicotine gum or lozenges throughout the day to lessen urges or cravings. By using a piece of gum or lozenge in these moments, you get immediate relief which can help you stick to your recovery plan.



Bupropion (also called Wellbutrin)

Bupropion is a prescription smoking treatment that does not contain nicotine and can be used alone or in combination with nicotine medications. It is usually started two weeks before the day you want to try to quit smoking and it is recommended that you continue for 3-6 months afterward.

Bupropion is also a good treatment for depression.

This medication should not be taken if you have a history of seizures, bulimia (binge and purge eating disorder), or serious head trauma. Bupropion also helps reduce the weight gain associated with quitting smoking.



Varenicline (Chantix)

Varenicline is a smoking treatment that does not contain nicotine and some studies have shown it is the most effective treatment currently available to help people stop smoking. Varenicline tricks your brain into thinking it is still getting nicotine which helps take away withdrawals and cravings. It also blocks the pleasure associated with smoking. Varenicline is not used in combination with nicotine medications and can only be taken with a doctor's prescription. It is recommended that you continue taking varenicline for 3-6 months after you quit smoking. Some people feel nausea when they take varenicline but this will be less if you take each dose of the medication with food.

Important Point to Remember!

People who use medication to quit smoking are TWICE as likely to be successful as those who do not.



There are several 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 nasal spray
- Bupropion (pill)
- Varenicline (pill)

Do you plan to discuss these medications with your doctor, nurse or counselor?

- Yes
- No

Which medicine do you think would be best for you? _____

If you were to try these medications, what are ways to make them work better for you?

- Take them everyday and not skip days or doses.
- Take them for a longer time period like 3-6 months.
- Use combination NRT (patch plus gum or lozenge).
- Try a non-nicotine option like varenicline or bupropion.
- Carry the nicotine gum or lozenge around during the day so it is easy to use when you feel cravings.
- Don't use the nicotine gum or lozenge at the same time as coffee or soda.
- If there are side effects from the medications, talk about them with your doctor, nurse or counselor.



How can I reduce the harm from smoke?

(Part 1)

Quitting smoking is always the best option, but if you feel unable or not ready to quit, you may be asking, “should I try to smoke less?”

Now that you are more aware of your smoking patterns and the risks caused by nicotine or other tobacco use, you can begin to make choices about when, why and how much you smoke. Although you may not be ready to quit right now, you may want to think about reducing your current tobacco usage. This can make quitting in the future easier for you. Successfully reducing the number of cigarettes per day that you smoke may help you lower your addiction to tobacco and help you to feel more confident about trying to quit.



While the safest option is always to quit completely, reducing your tobacco usage (smoking fewer cigarettes per day) can be a step towards quitting, for some people.

You may have tried this in the past and been unable to reduce how much you smoke. You may have experienced uncomfortable nicotine withdrawal symptoms when you tried to smoke less. This might have made you feel frustrated or disappointed.

Reducing the amount that you smoke *while using* nicotine replacement or other tobacco treatment medications can help you to be more successful and feel better.



How can I change my smoking patterns?

Think about your usual smoking patterns and when you smoke cigarettes at different times throughout the day.

Do you smoke automatically, without even really thinking about it or wanting a cigarette?

Are there some cigarettes that might be easier to give up than others?

Example:

Instead of smoking when you are talking on the phone, you can make a change by:

- Delaying this cigarette by 30-60 minutes after your call
- Plan to make your phone calls in indoor areas or other place where no smoking is allowed.



List a cigarette or smoking pattern that would be hard for you to give up.

How could you try to change this smoking pattern?

List a cigarette or smoking pattern that you could try to change.

What could you do instead of smoking at certain times?

Today I smoke _____ cigarettes per day.

In one month from now, I could try to reduce this to _____ cigarettes per day.

There are several medications that are available to help you try to reduce smoking. Check all the ones you would like to try:

- Nicotine gum
- Nicotine patch
- Nicotine lozenge
- Nicotine nasal spray
- Bupropion (pill)
- Varenicline (pill)





How can I reduce the harm from smoke?

(Part 2)

Electronic, or e-cigarettes, are known by different names and are also called “vapes.” There are many different kinds and they are not all the same.

Electronic (e-cigarettes) have the potential to benefit adult smokers if used as a complete substitute for regular cigarettes and other smoked tobacco products.

Not all e-cigarettes have been proven to be effective for quitting smoking but they may still help some people.

E-cigarettes produce a mist by heating a liquid that usually contains nicotine. There is no smoke or carbon monoxide produced by e-cigarettes because they don't burn like traditional cigarettes. The mist or aerosol that someone breathes from an e-cigarette can contain some of the same harmful chemicals found in cigarette smoke but usually at much lower levels.



Keep in mind just because something is safer than a cigarette, doesn't mean it is completely safe and there may be risks from e-cigarettes that are not yet known.



E-cigarettes have positive and negative aspects that are associated with their use:

Positive Effects of E-Cigarettes	Negative Effects of E-Cigarettes
<p>Can be a step towards quitting for some people</p> <p>Don't burn so contain less toxins than cigarettes, cigars, pipes and hookahs (any tobacco that burns)</p> <p>Don't contain carbon monoxide</p>	<p>Contain nicotine</p> <p>Maintain nicotine addiction</p> <p>Can be used to vape cannabis/ THC or other substances and may be a trigger for those trying to avoid other substance use</p> <p>Can be costly</p> <p>Not as safe as nicotine replacement medications or other tobacco treatment medications</p> <p>Long-term effects are unknown</p> <p>Should not be used by young people or anyone who is pregnant</p>



Using nicotine replacement medications like nicotine patch, gum or lozenge is still the safest way to deliver nicotine to the body.



Some things to consider about electronic cigarettes:

- E-cigarettes can be used to vape cannabis and other drugs.
- Most policies that restrict smoking in certain public areas also include restrictions on e-cigarettes.
- The nicotine in e-cigarettes is addicting, just like the nicotine in traditional smoked cigarettes or other tobacco products.
- The possible health benefit from using e-cigarettes comes from switching completely. Continuing to use both combustible (regular cigarettes) and non-combustible (e-cigarette) products may provide no benefit, since you are still putting smoke into your body.

Which tobacco product carries the greatest risk for harm to a person's health?

Is switching to cigars a good option for someone wants to quit smoking cigarettes? Why or why not?

List one thing you learned about electronic cigarettes?



Congratulations for completing *Learning About Healthy Living!*

We hope this information has been helpful for you to look at ways you can improve your health and your life.

- Maybe you learned about some of the effects nicotine and tobacco are having on you.
- Maybe you are thinking about nicotine or tobacco use in a different way.
- Maybe you are thinking about trying to make a change.



Perhaps you will consider trying a tobacco treatment medication or joining another support group. This can help you to be more successful in stopping or reducing tobacco use.

We hope that you keep trying and don't lose hope. Tobacco recovery is a journey that takes many steps. Congratulations on making it this far!

SECTION 6

Tobacco Recovery

FACILITATOR GUIDE



Section 6: Introduction

Track 2 “Tobacco Recovery” is a group for people with mental health or substance use challenges who also use tobacco.

The overall goal is tobacco abstinence although even small steps towards tobacco reduction and recovery should be encouraged. Individuals not ready to commit to abstinence can be encouraged to set “practice quit dates” and take other small steps. Some ambivalence about quitting is expected.

Positive indicators toward readiness for this group treatment include:

- desire to try to stop or reduce tobacco use
- past quit attempts
- willingness to use tobacco treatment medications
- commitment to attend all group treatment sessions

The type of participants recruited will largely determine the actual success rate achieved in any group, although combination of tobacco treatment medications plus counseling should be encouraged since these yield the highest success rates. The added benefit of the group setting partly comes from seeing others succeed as well as giving mutual support. The clinician should be careful about including participants in this group who are clearly stating that they are not wanting to quit. Including these participants can contribute to a negative effect on others in the group.

Tobacco Recovery Group emphasizes techniques for managing withdrawal and cravings, and how to seek support and reduce risk of relapse should lapses occur. This is ideally a closed group format and lasts 8 to 10 weeks, although you may need to make modifications for your setting.

Although most participants will have completed Track 1 as a pre-requisite, some may come to treatment with a goal to try to stop and begin with Track 2. In this way, the treatment is flexible and can be modified to meet the needs of each participant. Although this is a group treatment, the first session is designed to be an individual appointment in order to give enough time to complete an assessment form and understand the unique needs of the participant.

This manual describes a nine-session treatment approach that includes pharmacotherapy and counseling for treating Tobacco Use Disorder in settings providing mental health and/or substance use treatment. This treatment is more intensive than the brief interventions done in primary care settings yet is designed with a real-world applicability for busy clinicians. After the initial (assessment) are 8 sessions of group that are about 60-90 minutes in length.

The three phases of this group treatment include:

- getting ready to quit
- achieving abstinence
- preventing a return to smoking

Tobacco Recovery Group is tailored to the needs of patients with mental health conditions including serious mental illness or other addictions. Medication compliance and education are emphasized throughout and there are sections on monitoring mental health psychiatric symptoms. The action of quitting smoking can have great benefits to their overall health, recovery, and wellness. Most will ultimately experience improved mood, improved health and the satisfaction of achieving their goals. For some, however, attempting to quit smoking will be stressful, with some experiencing withdrawal symptoms, despite using medications. A small subset of patients may experience an exacerbation of psychiatric symptoms, and these symptoms may undermine attempts to change. Studies have shown that individuals with mental illness do not experience worsening of their illness when quitting smoking although they still may experience milder symptoms of depression, agitation or anxiety. Thus, all patients should be monitored regularly for changes in psychiatric symptoms. Some of these changes may also be interpreted as nicotine withdrawal symptoms which may be reassuring to those who fear that when they try to stop, that their mental illness will recur. The changing serum levels of some psychiatric medications should also be considered and monitored during early abstinence. The effect of tobacco smoke increasing the metabolic rate of liver enzymes can lead to a person being on higher doses, and during early tobacco abstinence there is possibility of developing drug toxicity from certain antidepressants and antipsychotics unless dosages are adjusted. See also Track 1, Section 4, Session 9 for additional information.

This manual provides concise, practical information, with useful tools, including patient education materials and handouts. The treatment sessions are written in a clear and simple style to minimize cognitive difficulties. Repetition is a strategy throughout the sessions. Materials from Track 1 may be helpful as a supplementary resource.

Patients who relapse are encouraged to make a re-commitment to abstinence at all visits. For patients who are unready to re-commit to abstinence, they are encouraged to stay in treatment and gain knowledge and skills that can help them in future quit attempts. Thus, this treatment strives to maintain patients in treatment, even if they are ambivalent about abstinence or lose some of their motivation to quit. In the event that someone loses motivation and no longer agrees to attend Track 2 groups, it might be helpful to work with them, individually or in group, using the materials from Track 1.

Key components of the overall approach include to:

- Be empathic, supportive, and express hope.
- Provide education about recovery from Tobacco Use Disorder including the benefits of counseling and medication treatment.
- Provide education and monitoring of tobacco treatment medications.
- Monitor mental health symptoms in relation to tobacco use.
- Help participants learn about and manage important cues and triggers.
- Address slips and relapses and help participants re-commit to treatment when difficulties occur.

Although this Facilitator Guide is a detailed resource for the health care provider, it may be beneficial to also seek out additional training in Tobacco Use Disorder Treatment.

Individual Pre-Session: Assessment and Medication Planning

Objectives for pre-session:

This assessment session is an individual appointment (not a group session). It includes completing an assessment form, as well as sharing information about medication options for the participant to consider. This is a tool for the participant to review and so that the clinician can provide education and feedback that is individualized.

Goals for the session:

- Obtain assessment information relevant to treatment of Tobacco Use Disorder and reflect on successes and struggles associated with past quit attempts.
- Enhance the participant's motivation to quit using tobacco.
- Set up the treatment frame (explain how the group operates) for the Tobacco Recovery Group and to establish a therapeutic treatment alliance.
- Become familiar with options for different tobacco treatment medications.

Objectives for the session:

- Assess and understand the participant's tobacco addiction, including information about tobacco-caused illness, previous quit attempts, previous withdrawal symptoms, substance use history and current motivation for attempting abstinence.
- Give feedback to participants about their tobacco use, and the personalized consequences they have experienced.
- Educate the participant about the risks of carbon monoxide and how this is a reversible effect that improves with abstinence.
- Help participants articulate their own reasons for wanting to achieve tobacco recovery.
- Recognize that learning from past attempts at quitting tobacco can be helpful in planning for future success.
- Underscore the benefits of using medications when trying to quit. Often a re-trial can work (using the same medication again), and it might be worth considering to try the same medication treatment again or to try something else.
- Learn that first-line treatment recommendations are to use varenicline or combination NRT, with counseling, for the best chances at recovery.

**ACTIONS OF THIS SESSION:**

- Complete Tobacco Initial Assessment Form.
- Perform CO monitoring.
- Give an overview of the tobacco treatment group. Provide a written schedule of group sessions.
- Review options for tobacco treatment medications and ways to access.
- Provide education to the participant
 - Relevant Information from Assessment Form
 - Medication Handouts (Section 8 - Forms & Resources)
 - OPTIONAL: What is Carbon Monoxide

Suggested Approach:***Explain the Treatment Frame and Establish a Therapeutic Treatment Alliance***

Provide a brief overview of the treatment approach, focusing on the total number of sessions, and overall goal of attempting abstinence. This is the only session that will be conducted individually, all other sessions are designed as group sessions. In addition to an opportunity to gather information, this session can help build rapport between the participant and group leader.

Complete the Tobacco Assessment

- Before formal treatment interventions are undertaken it is important to perform a comprehensive evaluation to determine the biological, psychological, and social factors that are most significant in the initiation and maintenance of tobacco use. These include sections on tobacco use history, tobacco-caused illness, previous quit attempts, withdrawal symptoms, substance use history, current medications and brief mental health (mental illness or other addiction) history.
- An important part of the tobacco assessment is understanding the participant's current motivation to quit. Explain that people decide to quit smoking for very different reasons; that some are strongly motivated by medical/health concerns, and others have different reasons for quitting. Emphasize that you are interested in learning what is personally important to the participant. Encourage them to articulate their own reasons for wanting to quit, and ask them to also briefly discuss this past experience with quitting and any lingering concerns they may have.

Choosing Tobacco Treatment Medications

Review Medication Education Worksheets (Section 8 - Forms & Resources) for each relevant tobacco treatment medication.

- The clinician may wish to review the detailed information in Section 3: Using Pharmacotherapy to Treat Tobacco Use Disorder. This includes information on First-Line Recommendations, Combination NRT, Using Medications in Individuals Not Ready to Quit, and Issues for Special Populations.



- Review key aspects of each of the tobacco treatment medications and provide handouts where applicable. Help individuals understand that medications are safe and effective and make someone two to three times more likely to be successful in quitting smoking. It is usually a personal choice to use non-nicotine medications (bupropion or varenicline). Some people are unable to take nicotine or have a personal preference to take a pill medication to help them quit smoking. Current treatment recommendations are to use varenicline or combination NRT as first-line options for the best chances at quitting.
- Encourage them to discuss the past experiences they have had with tobacco treatment medications. If the experiences have not been positive, ask how long they used medications, what the dose was and if it was in conjunction with psychosocial treatment. Ask who, if anyone, taught them how to use the medications. Review which medications are available over the counter, and which need a doctor's prescription. Having a prescription for NRT can also make products free or low-cost if covered by Medicaid or commercial insurance. There is a handout for each of the tobacco treatment medications (Nicotine patch, gum, lozenge, nasal spray, bupropion, varenicline). Provide them with the applicable handouts based on their interest or plan.

OPTIONAL: Review How Medication Works (See Track 1: Session 17 and 18)

- Tobacco treatment medications treat nicotine withdrawal symptoms and nicotine cravings. These are difficult symptoms that most people trying to quit smoking say undermine an attempt and cause them to relapse back to smoking.
- By using any of the approved medications, withdrawal symptoms are greatly reduced and the enjoyment of smoking is blocked. Lack of success is often related to the experience of withdrawal symptoms like craving. By reducing these symptoms with the use of medications, people have a better chance of being successful.
- The amount of nicotine that someone gets in their body from smoking can vary based on the individual's smoking patterns, such as the time between cigarettes, how frequently and deeply the person inhales, and the number of cigarettes smoked per day. Smoking delivers nicotine to the bloodstream very quickly - within a few seconds. Nicotine replacement medications generally work more slowly, and the amount of nicotine in the bloodstream is often less than that from smoking. This makes nicotine medication much safer for the body, with fewer health risks and not addicting like cigarettes. They have to be used in a high enough dose to be effective.
- People who are pregnant should consult with their health care professional before using tobacco treatment medications, but the effects of smoking are generally riskier to the unborn baby than any potential risk from medication.

OPTIONAL: Perform CO Monitoring and Educate about CO

- If you have a carbon monoxide meter, use it and incorporate results into participant feedback.
- Individuals should know what carbon monoxide is and why it is so dangerous to their health. CO comes from any smoked product including cigarettes, cigars, pipes, hookah and smoked cannabis cigarettes. They should understand that their CO level will quickly go down to safe levels by quitting smoking. This effect is reversible meaning that it is never too late to quit smoking. There is always a health benefit. See Track 1: Session 5 for more information.
- Review Handout on "What is Carbon Monoxide."



Session 1

Planning and Making Preparations

Goals of this session:

- Think about attempting abstinence on a specific day.
- Consider how to prepare for attempting abstinence by making changes ahead of time.

Objectives of the session:

- Reinforce the commitment to attempting abstinence and identify a specific date.
- Support use of tobacco treatment medications, if not already initiated. This includes choosing and acquiring the medication. In most cases, medications are started 1-2 weeks prior to the Attempting Abstinence date.
- Give education about how medication treatment works.
- Make a tobacco recovery plan and consider steps to take to prepare for a successful attempt.
- Provide reassurance that the Attempting Abstinence date can be thought of as a practice or single day attempt if desired.
- Reinforce the importance of group attendance for ongoing support and information.

ACTIONS OF THIS SESSION:

- Discuss how participants feel about making the commitment to attempting abstinence on a specific date and encourage them to talk about their concerns. Some may decide to do this jointly at the next group session, but other dates are also acceptable. Considering this a single day or practice attempt can help reduce fears about making a long-term commitment. Discuss how setting a date is not a requirement to continue in group and everyone should be encouraged to continue to attend even if they don't want to select a date.
- Allow group members to discuss aspects of their plan that may be different from others. Stress to the group that there is no "right" or "wrong" way to make preparations and that everyone may have a different approach that works for them.
- To talk about and stress the importance of specific, tangible steps like getting rid of tobacco products and related items like lighters and ashtrays.
- Provide Handouts: Welcome to the Tobacco Recovery Group and Session 1.



Suggested Approach:

Set Up the Treatment Frame and Establish a Therapeutic Treatment Alliance

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). Recognize that it is challenging to make any lifestyle changes and that it is helpful to think about it as acquiring a new skill. New skills require some effort and practice to get it right.

Discuss setting a date for Attempting Abstinence

- Explain that an important part of this approach is establishing a date for “Attempting Abstinence” at session 3. Even if someone remains ambivalent about quitting, they can attempt a “Practice Quit Date” for a single day which may be easier to achieve.
- It is intentional that we have de-emphasized the language of “Quit Date” based on years of clinical experience and feedback from tobacco users and practitioners in the mental health community. The term “Quit Date” and much of the language around “tobacco cessation” and “quitting” has seemed unattainable to some and thus engendered fear, resistance, and unwillingness to participate in interventions. Using language around “Attempting” abstinence is more tentative and may provide greater hope and reduce resistance. Softening language or framing it as a practice can be a way to engage into treatment. Indeed the language around 12-step mutual self-help organizations to try “one day at a time” keeps goals more focused, more realistic and more attainable, during early recovery, when confidence is not high.
- This approach should be balanced with some type of commitment to change, which is associated with better outcomes. Even plans to reduce amounts of smoking should keep a longer-term goal of eventual quitting since there is no established safe amount of tobacco exposure.
- Inform participants that having a designated date allows time to prepare and also helps to keep them focused on a goal of recovery. Explain that the participant’s quit date can be in the third session, although this is not a requirement. In thinking ahead to the quit date, it will be important to consider other factors which can impact upon success. For example, participants may want to choose a day of the week for a quit date that also coincides with other treatment sessions or provides other social support. A quit date on a weekday is generally preferred for this reason. Remind participants that they should always keep coming to group sessions even if they are not able to achieve abstinence or don’t want to set an exact date.

Talk about Making Preparations

- Ask participants what things they can do to get ready. Review suggestions on handout but ask them for ideas that may help them individually. Making a support plan is part of making preparations. This may include telling other people who are important in their life.
- Getting rid of tobacco products is essential to having a successful attempt at achieving abstinence. If participants have gone through recovery from other addicting substances, have them discuss the importance of how physically staying away from drugs or alcohol was necessary for them to succeed. Similarly, group members may have had prior unsuccessful attempts due to carrying or buying tobacco and can brainstorm ideas for how to avoid that temptation. Living with others who use tobacco can make this particularly challenging.



(OPTIONAL) Perform CO Monitoring and Educate about CO

Taking carbon monoxide readings can be done weekly during or after every group session. This gives an opportunity to review health information about CO and smoke exposure as well as track progress in smoking reduction and verify abstinence. Some participants may become motivated seeing the success and progress of group members with reduced CO at non-smoking levels (less than 4 ppm).



Session 2

Attempting Abstinence

Objectives for this session:

- Check in and provide support during early recovery or early abstinence.
- Understand the benefits of abstinence. Some benefits are achieved in just hours, showing that even brief attempts are good for increasing the oxygen level in the body. Other benefits achieved over months or years allow someone to reduce or remove some of the health consequences of smoking.
- Use the CO reading as immediate feedback information that validates the health benefits associated with even brief abstinence.
- Help participants articulate their own reasons for attempting abstinence.

Goals for this session:

- Support the participant's commitment to tobacco recovery and make an attempt at abstinence.
- Acknowledge and provide encouragement for tobacco recovery and all attempts at abstinence and celebrate this as an accomplishment.
- Reinforce that more than one attempt is often necessary. Every attempt provides opportunities to learn and improve and serves as practice for the next time.

ACTIONS OF THIS SESSION:

- Check in with participants about their commitment to attempt abstinence. Inquire about each participant's smoking status. Emphasize that beginning to smoke (even a puff) can increase urges and temptation and lead to relapse. Provide positive feedback and statements of appreciation for any efforts made towards abstinence. It is important to provide concentrated support and education around the quit date, to help the patient to identify and cope with withdrawal symptoms, to initiate or continue use of tobacco treatment medications, to monitor adherence and proper use of the medications, and to address any concerns. Provide ample praise and reinforcement for any progress and positive steps. For those who have not achieved any abstinence, staying with the program and working towards an eventual goal of abstinence should be considered.
- Normalize how difficult it can be to make a change, to reduce shame among those who are still struggling, haven't quit or remain ambivalent. Encourage everyone that everyday can be an opportunity to try again. Others may want to try to attempt abstinence at the next group session but other dates are also acceptable. Considering this a single day or practice attempt can help reduce fears about making a long-term commitment. Discuss how setting a date is not a requirement to continue in group, and everyone should be encouraged to continue to attend even if they don't want to select a date.

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- Allow group members to discuss aspects of their recovery plan that may be different from others. Stress to the group that there is no “right” or “wrong” way to tobacco recovery and that everyone may have a different approach that works for them.
- Highlight the importance of specific steps like getting rid of tobacco products and related items like lighters and ashtrays. Ask the group if they were successful in getting rid of all cigarettes and paraphernalia. Ask anyone who is still carrying tobacco with them if they want to discard of it during or after group.
- Review if participants are using tobacco treatment medications, discuss how they are using them to assess if they are being used properly, and in the correct dose. Ask about possible side effects from medications and if noted, encourage follow-up with prescriber. For those using combination NRT, review if gum and lozenges are helpful for reducing urges and if they are currently carrying a supply with them. They can be encouraged to use them during group if needed to manage withdrawal symptoms or urges. As members begin to quit, encourage them to bring and use nicotine medications in the group, so that others may see and ask questions. Reinforcing the use of medications to other group members is a positive approach that may encourage others to try using them. Ask if medications have enhanced the ability to cut down on tobacco use in those who have not quit completely, and encourage them to keep using medications in this way. Discuss barriers to using tobacco treatment medications and consider a dose adjustment or switch if not working.
- Provide Handouts: Session 2.

Suggested Approach

Discuss Attempting Abstinence

Even if someone remains ambivalent about quitting, they can attempt a “Practice Quit Date” of a single day which may be easier to achieve. 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. Participants may want to choose the next group session for a practice quit date since this gives additional social support. Remind participants that they should always keep coming to group sessions even if they are not able to achieve abstinence or don’t want to set an exact date.

Celebrate the Tobacco Recovery/Abstinence Date and Reinforce Success with CO Feedback

- Group is an opportunity to celebrate the abstinence attempt as an important accomplishment and important step toward full recovery.
- Take a CO Reading and incorporate the results into participant feedback. This can be done weekly during or after every group session. This gives an opportunity to review health information about CO and smoke exposure as well as track progress in smoking reduction and verify abstinence. Some participants may become motivated seeing the success and progress of group members with reduced CO at non-smoking levels (less than 4 ppm).



- The carbon monoxide level should be declining within even the first eight hours of quitting and many group members will be excited to see this value go down from previous measures. This lower CO value is proof to the group members that their hard work is resulting in being healthier and will be strong motivation for some to continue abstinence. Remind heavy smokers that it takes about 3 days to eliminate all the CO from the body. A non-smoking value (< 4 ppm) is not expected on the first date and could take several days to achieve so group members should not feel discouraged about that. In general, a value of less than 4 ppm is verification that the participant has not smoked although low amounts of a smoking can fail to be detected by the CO monitor.

Review Strategies for Success

Getting rid of tobacco products is essential to having a successful attempt at achieving abstinence. Living with others who use tobacco can make this particularly challenging.

Remind group participants that the discomfort associated with the early days of quitting are tolerable, are being managed with the medications, and will subside with time. Provide suggestions for coping with restlessness, boredom, and withdrawal symptoms.

Planning ahead can help anticipate challenges. Discuss weekends as challenging times due to boredom or more environmental triggers and discuss how to avoid or overcome them. Have them review who they can contact for additional support. Ask group members if they want to be available to help each other.

Some specific suggestions for coping include:

- Spend time with a non-smoking friend or family member.
- Keep yourself busy, but not too stressed - read, do a hobby, clean the house.
- Enjoy having a clean tasting mouth - brush your teeth often.
- Take a stretch or short walk when you're tempted to reach for a cigarette.
- Carry mints or hard candy with you to help with cravings.
- Praise yourself for taking this important step towards quitting.
- Enjoy the smell and taste of foods as sense of smell returns.

For Group Members who have NOT attempted abstinence:

For group members who have not attempted or been successful with attempting abstinence, discuss the details of what has happened either individually or in the group session if they are comfortable doing so. Participants may feel like they have failed or disappointed you and may be concerned that you will even be angry with them. Reassure them that the therapist role is to be encouraging and supportive and is not contingent on them quitting. Remind them that you are pleased that they attended the session to discuss their difficulties and concerns. These strategies can be used at any session in the subsequent weeks of group.

Additional suggestions include the following:

Give positive feedback

Inquire specifically about any steps the participant has taken towards abstinence, and provide positive reinforcement for such steps or for expressions of motivation, resolve etc. Empathize with any frustration expressed about a self-perception of having failed.



Assess and problem solve barriers

Inquire about any barriers to quitting. Internal barriers are aspects of the individual that are preventing successful quitting and include low motivation, low self-efficacy (self-confidence about quitting), anxiety or concern about worsening psychiatric symptoms, a failure to use tobacco treatment medications, a disorganized lifestyle and / or a failure to get rid of tobacco products. Barriers to quitting successfully that are external to the person include living with smokers, and/or being around other smokers through treatment, recreation or other activities.

Try to elicit which specific obstacles are most relevant. Determine whether barriers are internal or external. in order to give a specific response. Inquire specifically whether the participant informed a support person of their intention to attempt abstinence and called upon them for help.

Remind group participants that the discomfort associated with the early days of recovery and withdrawal are tolerable, are being managed with the medications, and will subside with time. Provide suggestions for coping with restlessness, boredom, and withdrawal symptoms.



Session 3

Tobacco Withdrawal Symptoms and Weight Gain

Goals for this session:

- Review progress in tobacco recovery and provide support for ongoing efforts.
- Support participant commitment to tobacco recovery and an attempt at abstinence.
- Review tobacco treatment medication education and compliance.
- Increase understanding of nicotine withdrawal symptoms.
- Learn about strategies to avoid excess weight gain during quit attempts.

Objectives for this session:

- Check in and provide support during early quitting.
- Review nicotine/ tobacco withdrawal symptoms, including craving for nicotine and educate group that some amount is expected and normal.
- Use the reduced CO value as feedback of progress.
- Reinforce compliance with tobacco treatment medications and monitor for medication side effects.
- Improve coping with nicotine withdrawal symptoms.
- Discuss and understand weight gain while quitting and how having an increased appetite can be a tobacco withdrawal symptom.

ACTIONS OF THIS SESSION:

- Check in with participants about their smoking status. Emphasize that beginning to smoke (even a puff) can increase urges and temptation and lead to relapse. Provide positive feedback and statements of appreciation for any efforts made towards abstinence.
- Review with participants using tobacco treatment medications: are they being used properly and in the correct dose? Ask about possible side effects from medications and if noted, encourage follow-up with prescriber. For those using combination NRT, review if gum and lozenges are helpful for reducing urges and if they are currently carrying a supply with them. They can be encouraged to use them during group if needed to manage withdrawal symptoms or urges. As members begin to quit, encourage them to bring and use nicotine medications in the group, so that others may see and ask questions. Reinforcing the use of medications to other group members is a positive approach that may encourage others to try using them. Ask if medications have enhanced the ability to cut down on tobacco use in those who have not quit completely, and encourage them to keep using medications in this way. Discuss barriers to using tobacco treatment medications and consider a dose adjustment or switch if not working.

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- Provide positive feedback and statements of appreciation for any efforts made towards tobacco recovery. Take a CO reading and review the reading with the participant. Provide positive reinforcement for abstinence. Issues relating to early abstinence including presence of withdrawal symptoms, and low self-efficacy / self-confidence for being able to cope with urges or withdrawal symptoms. Even successful quitters will still require a lot of support and encouragement during these early stages of treatment.
- Assess for new issues, concerns, and changes in mental health status. Every session can begin with a quick “check-in” to allow the group members to voice any new concerns and allow the therapist to assess for changes in mood or mental status. In particular, changes in psychotic symptoms or emergence of depressed mood will require the greatest attention. Some mild mood changes can be assessed and managed with observation only. Always refer complex clinical questions to the prescriber who may need to consider medication adjustments.
- Issues may have emerged in the week since the abstinence date that will need to be addressed in this session. These could include avoiding smoking cues and triggers, how to relate to smoking family, friends and peers, and how to handle some amount of nicotine withdrawal symptoms without relapsing back to smoking.
- Provide Handouts: Session 3.

Suggested Approach:

Review the Managing Tobacco Withdrawal Symptoms Handout that gives a detailed description of nicotine/ tobacco withdrawal symptoms.

It should be explained to the group that some mild nicotine withdrawal symptoms can occur during the first few weeks of quitting, even when using the tobacco treatment medications correctly. Ask group members which symptoms of nicotine withdrawal they have experienced this week, and determine which (if any) are most distressing. Explain that withdrawal symptoms can expect to get better and will dissipate over time. Although uncomfortable, these symptoms are not life threatening, and can be managed with support, medication and education. It is not coincidental that most relapses occur within the first two weeks of quitting; the clinician should plan an active role in supporting and helping the group to cope with symptoms of nicotine withdrawal and craving.

Discuss coping with nicotine withdrawal

Have the group members identify specific strategies to be used during the upcoming weeks to cope with withdrawal symptoms and give them information that they will likely improve in the upcoming days and weeks. Review ideas for new coping skills and encourage group members to try and practice these new skills when experiencing nicotine withdrawal or craving. The worksheet includes suggestions for new coping skills and participants should be encouraged to try and practice these new skills when experiencing nicotine withdrawal or craving.

For group members using NRT to help them toward recovery, review the amount used on a daily basis. Often people will underutilize NRT; maximizing the dose or increasing to a minimum effective dose will improve outcomes. This is particularly true if nicotine withdrawal symptoms like hunger, irritability or insomnia continue to be a problem for the participant. Patients who are using NRT and still having breakthrough nicotine withdrawal symptoms may be advised to use more.

Emphasize that learning to tolerate urges without smoking can build confidence in the ability to achieve recovery and that they can learn a few brief techniques to use when they experience craving. One of the advantages of immediate-acting forms of NRT (lozenge, gum, or nasal spray) is that they can be used in situations where there is craving in response to smoking cues. Carrying and using NRT as a “rescue medication” should be encouraged.

Understand that increased appetite is part of the nicotine/ tobacco withdrawal syndrome

Many express concern over the potential for weight gain but this can be minimized by the use of tobacco treatment medications. Use of medications reduces tobacco withdrawal symptoms including feeling hungry. It is recommended that participants avoid going on strict or severe diets which can add stress and undermine the ability to quit smoking. Common sense practices like avoiding snacking and eating sensibly can help. Provide encouragement that it is healthier for the body to not smoke, even with a modest amount of weight gain.

Advise About Alcohol, Cannabis and Caffeine Use

Alcohol and cannabis use increase the risk for smoking relapse; thus abstaining from them, even temporarily, is recommended. Components of tobacco smoke increase the metabolism of caffeine, thus during early abstinence, caffeine levels in the body can increase significantly if the amount consumed stays the same. Since many of the symptoms of caffeine intoxication and nicotine withdrawal overlap (e.g., anxiety, insomnia, restlessness), gradually reducing caffeine intake after quitting might be helpful.

Suggested Approach (as Discussed in Detail in Session 2)

For Group Members who have NOT attempted abstinence:

Discuss Attempting Abstinence

Review Strategies for Success

Normalize how difficult it can be to make a change, to reduce shame among those who are still struggling, haven't quit or remain ambivalent. Encourage everyone that everyday can be an opportunity to try again. Others may want to try to attempt abstinence at the next group session but other dates are also acceptable. Considering this one day practice attempt can help reduce fears about making a long-term commitment. Discuss how setting a date is not a requirement to continue in group and everyone should be encouraged to continue to attend even if they don't want to select a date.



Session 4

Managing Cravings and Triggers

Goals for this session:

- Review progress in tobacco recovery and provide support for ongoing efforts.
- Support participant commitment to tobacco recovery and prevent relapse.
- Review tobacco treatment medication education and compliance.
- Increase understanding of craving and triggers associated with a return to tobacco use.
- Improve coping with nicotine withdrawal and craving.

Objectives for this session:

- Check in and provide support during early quitting.
- Review nicotine/ tobacco withdrawal symptoms, including craving for nicotine and educate group that some amount is expected and normal.
- Use the reduced CO reading as feedback of progress.
- Reinforce compliance with tobacco treatment medications and monitor for medication side effects.
- Improve managing nicotine withdrawal and craving by practicing avoidance or trying new coping techniques.
- Recognize common cues and triggers including the people, places, things and feelings associated with nicotine or tobacco use.

ACTIONS OF THIS SESSION:

- Check in with participants about their tobacco use status. Emphasize that beginning to smoke (even a puff) can increase urges and temptation and lead to relapse. Provide positive feedback and statements of appreciation for any efforts made towards abstinence.
- Now that some or all of the group has entered the “Relapse Prevention” phase, the facilitator will want to focus on the recognition of patterns of tobacco use and development of coping strategies. Although some of these techniques have been incorporated already into prior sessions, this phase focuses more specifically on learning to identify and avoid cues and triggers related to relapse. High-risk situations or emotional states can be powerful cues, which precipitate a relapse. Typical triggers for tobacco use include seeing other people smoke, prior ritual of smoking after meals, or in response to interpersonal anxiety, anger, or depression. In situations where it is not appropriate to avoid the trigger, or in dealing with intense feelings, it is helpful to practice relaxation or distraction.

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- Review if participants are using tobacco treatment medications, if they are being used properly, and in the correct dose. Ask about possible side effects from medications and if noted, encourage follow-up with prescriber. For those using combination NRT, review if gum and lozenges are helpful for reducing urges and if they are currently carrying a supply with them. They can be encouraged to use them during group to manage withdrawal symptoms or urges. As members begin to quit, encourage them to bring and use nicotine medications in the group, so that others may see and ask questions. Reinforcing the use of medications to other group members is a positive approach that may encourage others to try using them. Ask if medications have enhanced the ability to cut down on tobacco use in those who have not quit completely, and encourage them to keep using medications in this way. Discuss barriers to using tobacco treatment medications and consider a dose adjustment or switch if not working.
- Assess for new issues, concerns, and changes in mental health status. Every session can begin with a quick “check-in” to allow the group members to voice any new concerns and allow the therapist to assess for changes in mood or mental status. In particular, changes in psychotic symptoms or emergence of depressed mood will require the greatest attention. Some mild mood changes can be assessed and managed with observation only. Always refer complex clinical questions to the prescriber who may need to consider medication adjustments.
- Issues may have emerged in the week since the abstinence date that will need to be addressed in this session. These could include avoiding smoking cues and triggers, how to relate to smoking family, friends and peers, and how to handle some amount of nicotine withdrawal symptoms without relapsing back to smoking.
- Ways to cope with cravings are to avoid them or use distraction. Another strategy can be to use relaxation or mindfulness until the feeling passes. Explain how it can help to learn to accept things you cannot change and talk to yourself in a more positive way. Practice the deep breathing or mindfulness exercise that was discussed in Section 5, Track 1, Session 11. Consider giving that handout as an additional resource.
- Discuss coping with nicotine withdrawal
 - Have the group members identify specific strategies to use during the upcoming weeks to cope with withdrawal symptoms and give them information that they will likely improve in the upcoming days and weeks. Review ideas for new coping skills and encourage group members to try and practice these new skills when experiencing nicotine withdrawal or craving. The worksheet includes suggestions for new coping skills and participants should be encouraged to try and practice these new skills when experiencing nicotine withdrawal or craving.
 - For group members using NRT to help them quit, review the amount used on a daily basis. Often people will underutilize NRT and maximizing the dose or increasing to a minimum effective dose will improve outcomes. This is particularly true if nicotine withdrawal symptoms like hunger, irritability or insomnia continue to be a problem for the participant.

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- Help the group to recognize and identify triggers for use: people, places, things, mood states, and other addictions.
 - These can be external events (people, places or things) or internal states that are likely to trigger a relapse to smoking. External events include being around other smokers, being in situations where the group member habitually smoked and encountering smoking-related paraphernalia. Internal states that can lead to relapse include boredom, negative mood, anger, urges to use and intoxication. For smokers with serious mental illness there may also be additional or unique situations or symptoms that contribute to smoking relapse including boredom or experiencing psychotic symptoms of paranoia or hallucinations. Weekends, which have more unstructured time, also seem to contribute to relapse in this population.
- Help the group to develop coping skills that specifically target these triggers by helping them to avoid or manage these triggers, including learning alternative skills.
 - Provide some anticipatory guidance about common triggers and high-risk situations. There is limited time within the sessions to do more detailed behavioral therapy approaches, so the facilitator is best able to do this through a focused discussion of only a few of their strongest and most bothersome triggers.
- Provide Handouts: Session 4.

Suggested Approach

Review the Managing Cravings and Triggers Handout

Explain to the group that having cravings is common in nearly everyone trying to quit, even when using the tobacco treatment medications correctly. Ask group members what brings on a craving and determine which (if any) are most distressing. Explain that cravings can expect to get better and will dissipate over time. Although uncomfortable, these symptoms are not life threatening, and can be managed with support, medication and education. It is not coincidental that most relapses occur within the first two weeks of quitting; the clinician should plan an active role in supporting and helping the group to cope with symptoms of nicotine withdrawal and craving.

Assess and review concept of cravings for nicotine or tobacco products – they may not think they are craving even though they have “thoughts” about use or even “smoking dreams.” It is important to remember that craving is synonymous with urges or desires to smoke and group members may use different words to discuss the same thing. Advise the group that cravings are normal, that cravings can be both physical and psychological, and that they may be very intense at times. Having cravings does not mean that the group member is not serious about quitting.

Educate the group to openly talk about craving and ask about any cravings group members have experienced since their abstinence date. Provide information that taking actions to cope with cravings will likely make them more successful in quitting. Ask how long their cravings last and remind the



group cravings usually last only a few minutes in most people. Cravings typically peak after a few minutes and then die down.

It is important in these sessions to also review the concept of nicotine craving. In Session 4, we discussed craving for nicotine related to early abstinence and nicotine withdrawal. Cravings, however, can continue to occur in some people, and are not a sign that they are not serious about quitting. Former smokers can experience cravings even long after the quit date because certain things or feelings cause them to return. People, places, things, and mood states that are associated with smoking and induce cravings for cigarettes are called triggers for smoking.

This means that when a person tries to quit, they can be triggered to smoke again even when they feel that they are determined to quit. For this reason, it is important to anticipate triggers in early recovery, and to develop and practice new coping skills.

Review the five major sources of triggers for cravings: people, places, things, mood states and other addictions. These will become important themes in preventing relapse for the remaining sessions.

People – particularly people who are smoking, who offer cigarettes, or who smell of cigarettes. Explain that it is not necessary to become socially isolated when quitting smoking, but that it will be important to stay away from others smoking, cigarettes, and the smell of smoking as much as possible. When avoidance is impossible or impractical, be sure to encourage group members to make others aware that they are attempting abstinence and to ask them not to offer more cigarettes in the future.

Places – where there is a lot of smoking, or that especially remind group members of smoking. For people with serious mental illness who live in a group home or participate in a day program, there are particular places dedicated to smoking. It will be important to avoid such places, and to begin to plan other places where they can socialize with non-smokers. An effective strategy may be to ask other non-smokers what they do between groups if they are in a day treatment program where smoking between groups is common.

Things – any objects or paraphernalia associated with smoking. These include lighters, matches, ashtrays, cigarette packs, coffee, alcohol, and street drugs. Check to make sure that group members have discarded all paraphernalia and removed cigarette butts and old packs from their environment.

Mood states – especially negative mood states. Explain that quitting smoking can create feelings of sadness, discouragement, and anxiety; that they can expect to get less pleasure out of activities for a week or more and that smokers who succeed in quitting smoking learn a way to tolerate these withdrawal-related negative feelings until they disappear. Explain also that many smokers use smoking to manage unpleasant feelings and boredom, and that learning other ways of managing these negative mood states is one of the most important skills for a person in recovery. Offer to help the participants cope with triggers over the course of treatment.

Other Addictions – other compulsive behaviors / addictions can trigger cravings for smoking, including alcohol, opioids, cannabis, cocaine, and other substance use. Compulsive behaviors such as overeating and spending, sexual activity, and gambling can also be triggers.



Session 5

Seeking Support While Quitting

Goals for this session:

- Review progress in tobacco recovery and provide support for ongoing efforts.
- Support participant commitment to tobacco recovery and an attempt at abstinence.
- Review tobacco treatment medication education and compliance.
- Encourage the participant to seek additional support for not smoking.

Objectives for this session:

- Prevent lapse and relapse through better coping.
- Use the reduced CO value as feedback of progress.
- Reinforce compliance with tobacco treatment medications and monitor for medication side effects.
- Discuss that group members have a better chance of quitting if they have additional supports.
- Have group members identify and reach out to individuals, groups, or other resources that can provide support.

ACTIONS OF THIS SESSION:

- Check in with participants about their tobacco use status. Emphasize that beginning to smoke (even a puff) can increase urges and temptation and lead to relapse. Provide positive feedback and statements of appreciation for any efforts made towards abstinence.
- Review if participants are using tobacco treatment medications, if they are being used properly, and in the correct dose. Ask about possible side effects from medications and if noted, encourage follow-up with prescriber. For those using combination NRT, review if gum and lozenges are helpful for reducing urges and if they are currently carrying a supply with them. They can be encouraged to use them during group if needed to manage withdrawal symptoms or urges. As members begin to quit, encourage them to bring and use nicotine medications in the group, so that others may see and ask questions. Reinforcing the use of medications to other group members is a positive approach that may encourage others to try using them. Ask if medications have enhanced the ability to cut down on tobacco use in those who have not quit completely, and encourage them to keep using medications in this way. Discuss barriers to using tobacco treatment medications and consider a dose adjustment or switch if not working.
- Provide positive feedback and statements of appreciation for any efforts made towards quitting. Take a CO reading and review the reading with the participant. Provide positive reinforcement for abstinence. Issues relating to early abstinence including presence of withdrawal symptoms, and low self-efficacy / self-confidence for being able to cope with urges or withdrawal symptoms. Even successful quitters will still require a lot of support and encouragement during these early stages of treatment.

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- Assess for new issues, concerns, and changes in mental health status. Every session can begin with a quick “check-in” to allow the group members to voice any new concerns and allow the therapist to assess for changes in mood or mental status. In particular, changes in psychotic symptoms or emergence of depressed mood will require the greatest attention. Some mild mood changes can be assessed and managed with observation only. Always refer complex clinical questions to the prescriber who may need to consider medication adjustments.
- Review with the group that having additional support during a quit attempt can be beneficial. You, the facilitator, will provide primary support through encouraging the group, communicating your care and concern and encouraging the group to talk about the quitting process.
- 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.
- Provide Handouts: Session 5.

Suggested Approach

- Support comes from the facilitator and other group members. It comes from the health care providers on the mental health team. It comes from friends and family who want the person to succeed. Household and other supports enhance outcomes while continued tobacco use in the home can be a sizeable barrier to success. The social support network includes attempts to build a larger nonsmoking network, often through suggestions to participate in activities that might include a larger population of nonsmokers.
- Additional ways to seek support might include participating in a peer led group for tobacco recovery. Individuals who have been successful in stopping tobacco for a year or more can assist others by giving support and encouragement and discussing their lived experience. These sessions can supplement Track 2. Telephone outreach can also give extra support to anyone who is struggling.
- Internet sites can provide information and additional support. Some sites that are geared to tobacco recovery will allow participants to register and then receive free email or text messages of support. Every state Office of Tobacco Control has a website of resources. The facilitator can demonstrate how to navigate these websites for the applicable state and allow participants without a computer to use one at the program.
- The CHOICES Program is a peer led program in New Jersey that has a website of resources designed for people with mental health conditions. This includes newsletters that has articles written by people who share their lived experience with tobacco addiction and mental health issues. The website can be given to group members as a resource or the facilitator can opt to print newsletters to give to the group. www.njchoices.org



Session 6

Dealing with Setbacks and Slips

Goals for this session:

- Review progress in tobacco recovery and provide support for ongoing efforts.
- Review tobacco treatment medication education and compliance.
- Encourage group discussion of any setbacks they have experienced as a way to learn and rebound from setbacks.
- Reduce disappointment that some group members may be experiencing due to a “failed” abstinence attempt.
- Review ways to stay motivated and not give in to these setbacks.

Objectives for this session:

- Prevent lapse and relapse through better coping.
- Use the reduced CO readings as feedback of progress.
- Reinforce compliance with tobacco treatment medications and monitor for medication side effects.
- Educate group members about setbacks/slips/relapses to help them avoid 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.
- Acknowledge to participants that what they are doing is not easy.
- Have group members identify and reach out to individuals, groups, or other resources that can provide support.

ACTIONS OF THIS SESSION:

- Check in with participants about their tobacco use status. Emphasize that beginning to smoke (even a puff) can increase urges and temptation and lead to relapse. Provide positive feedback and statements of appreciation for any efforts made towards abstinence. Encourage participants to learn from a failed quit attempt and make adjustments in their plan, if needed.
- Review if participants are using tobacco treatment medications, if they are being used properly, and in the correct dose. Ask about possible side effects from medications and if noted, encourage follow-up with prescriber. For those using combination NRT, review if gum and lozenges are helpful for reducing urges and if they are currently carrying a supply with them. They can be encouraged to use them during group if needed to manage withdrawal symptoms or urges. As members begin to quit, encourage them to bring and use nicotine medications in the group, so that others may see and ask questions.

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- Reinforcing the use of medications to other group members is a positive approach that may encourage others to try using them. Ask if medications have enhanced the ability to cut down on tobacco use in those who have not quit completely, and encourage them to keep using medications in this way. Discuss barriers to using tobacco treatment medications and consider a dose adjustment or switch if not working.
- Assess for new issues, concerns, and changes in mental health status. Every session can begin with a quick “check-in” to allow the group members to voice any new concerns and allow the therapist to assess for changes in mood or mental status. In particular, changes in psychotic symptoms or emergence of depressed mood will require the greatest attention. Some mild mood changes can be assessed and managed with observation only. Always refer complex clinical questions to the prescriber who may need to consider medication adjustments.
- Participants may have achieved some meaningful period of abstinence (days or weeks), followed by a brief lapse. Even a short period of abstinence of 1 or 2 days indicates that a serious quit attempt was undertaken, and that the participant was sufficiently committed to quitting. Reduced self-efficacy and demoralization are likely to become major issues that, if not addressed, will result in reduced motivation to continue. We recommend providing praise and emotional support for having attempted abstinence, empathizing with disappointment, reframing a lapse as a small detour on the path to success. It is helpful to review what was helpful during the period of abstinence and analyzing the lapse by identifying important cues and triggers. Participants should be strongly encouraged to continue tobacco treatment medications if they have stopped them. Patients, who stop NRT in anticipation of smoking or soon after a brief lapse, should be educated that by continuing the nicotine medications they may be able to smoke less, enjoy cigarettes less, and go on to abstinence again more quickly.
- Provide Handouts: Session 6.

Suggested Approach

- Some group members may be accomplishing days or weeks of abstinence. Others may still be struggling. The worksheet for this session will be helpful in guiding the discussion around this topic. Encourage participants to learn from these slips and setbacks and make adjustments to their abstinence plan if needed. This session can also be a way to focus on reviewing skills that can help group members identify and cope with high-risk situations, and to also be forgiving of themselves when setbacks occur. All too often, when people attempt to make a behavior change, and experience a perceived failure, such as a slip back to having a cigarette, they are more likely to beat themselves up, which will most likely lead them to give up and continue smoking. It is the Facilitator role to assuage this guilt and shame, through the steps outlined in the handouts.



- It is often helpful to distinguish between a lapse and a relapse. A lapse or slip is a single unplanned use of substances like alcohol, tobacco or other drugs. Relapse happens when a recovery plan is completely abandoned, and the person has returned to patterns of baseline or repeated use. Trying to acknowledge a lapse and have it not result in relapse is a goal.
- If the patient has relapsed back to smoking, discuss the details of what has happened. Patients may feel like they have failed or disappointed you and may be concerned that you will even be angry with them. Reassure them that your role is to be encouraging and supportive and is not contingent on them quitting. Remind them that you are pleased that they attended the session to discuss their difficulties and concerns. Some patients may only phone to tell you that they are dropping out and fail to come in. A no-show for an appointment can mean that the patient has been using tobacco and is feeling disappointed and ashamed. Quick response to these scenarios is needed and will help to encourage patients to come in for an appointment to discuss things.
- In the context of a lapse/slip or relapse, it can be important to give positive feedback and support and validate any steps the patient has taken towards quitting. Individuals can be rewarded for taking steps like using NRT, or having a reduced CO reading or even for expressions of motivation, resolve, etc. Empathize with any frustration expressed. Determine if there are any barriers to quitting which can be easily resolved. Try to elicit specific obstacles during the discussion. Determine whether barriers are largely due to low motivation to quit, low self-confidence or lack of knowledge. Inquire specifically whether the patient purchased tobacco and if they are currently carrying it with them since having the drug available will make it harder to abstain.
- For those with mental health conditions, there may also be additional or unique situations or symptoms that contribute to smoking relapse including experiencing symptoms of paranoia, anxiety or depression. The Facilitator role is to teach skills such as self-monitoring of tobacco cravings or cues, problem solving strategies, education about coping skills and self-control strategies.
- ***Give positive feedback and support***
Inquire specifically about any steps the participant has taken towards abstinence, and provide positive reinforcement for such steps or for expressions of motivation, resolve etc. Empathize with any frustration expressed about this set back.
- ***Assess and problem-solve barriers***
Inquire about any barriers to recovery. Internal barriers are aspects of the individual that are preventing successful quitting and include low motivation, low self-efficacy (self-confidence about quitting), anxiety or concern about worsening symptoms, a failure to use tobacco treatment medications, a disorganized lifestyle or a failure to get rid of tobacco products. Barriers to quitting successfully that are external to the person include living with people who smoke, being around other smokers through treatment, recreation or other activities. Try to elicit which specific obstacles are most relevant. Determine whether barriers are largely due to motivation, self-efficacy, or lack of knowledge in order to give a specific response. Inquire specifically whether the participant discarded all cigarettes and smoking-related materials and informed a support person of their intention to attempt abstinence.



- **Address beliefs about tobacco that may be interfering with progress**

During years of tobacco use, beliefs have developed that often support continued smoking. The person may be initially unaware of these automatic thoughts that lead to lapse and relapse. The group can discuss these and develop alternative thoughts to counter the old thoughts.

Automatic Thought	Alternative Thought
"I had a stressful day, so I deserve a cigarette."	<i>"I will learn healthier ways of coping with stress so I don't have to smoke."</i>
"I've been smoking so long what's the use of quitting now."	<i>"It's never too late to try and quit. There are some health benefits that are immediate and it will feel good to save money."</i>
"I'll just have one."	<i>"One cigarette is one too many and a thousand is never enough. I have never been able to stop after just one, due to my addiction."</i>
"I already quit all other substances, and cigarettes are the least of my problems."	<i>"I know that I have the skills to stop using other substances, and maybe tobacco is just going to take a little longer for me to get used to the idea of quitting."</i>
"I know lots of people who smoked for almost their whole lives and lived to a ripe old age."	<i>"Maybe not everyone I know died from smoking, but a lot of them did suffer with medical issues that might have been smoking related."</i>
"I enjoy smoking too much to quit, it's my only pleasure."	<i>"While smoking may be connected with pleasurable moments in my life, I can think about other pleasurable activities that are healthier. I could also save some money."</i>
"I will gain too much weight if I quit."	<i>"Although I may be hungrier at first, I can learn healthier ways to manage my weight."</i>

- **Encourage staying in Tobacco Recovery Group and undertaking a new abstinence attempt or learning about the benefits of quitting and consequences of smoking**

Group members can feel hopeful that they are sticking with group and not dropping out, as well as learning things that can help them with future attempts. Detailed discussion about the personal consequences of tobacco use can include not only health consequences but financial and quality of life issues as well. Through these activities, the goal is that the participant will remain in treatment and consider abstinence in the future. The facilitator should be encouraging and reaffirm a commitment to helping each individual quit.



Session 7

Saying No to Tobacco; Keeping Your Guard Up

Goals for this session:

- Review progress in tobacco recovery and provide support for ongoing efforts.
- Review tobacco treatment medication education and compliance.
- Help group members recognize, discuss and practice refusal skills.

Objectives for this session:

- Prevent lapse and relapse through better coping.
- Use the reduced CO value as feedback of progress.
- Reinforce compliance with tobacco treatment medications and monitor for medication side effects.
- Increase the group's awareness of assertion and how to use it when refusing cigarettes.
- Practice refusal skills with other group members by role playing scenarios that have occurred in the past, or that they anticipate could happen in the future.

ACTIONS OF THIS SESSION:

- Check in with participants about their tobacco use status. Emphasize that beginning to smoke (even a puff) can increase urges and temptation and lead to relapse. Provide positive feedback and statements of appreciation for any efforts made towards abstinence.
- If participant has remained abstinent, ask if nicotine/ tobacco withdrawal symptoms are lessening. Review if participants are using tobacco treatment medications, if they are being used properly, and in the correct dose. Ask about possible side effects from medications and if noted, encourage follow-up with prescriber. For those using combination NRT, review if gum and lozenges are helpful for reducing urges and if they are currently carrying a supply with them. They can be encouraged to use them during group if needed to manage withdrawal symptoms or urges. As members begin to quit, encourage them to bring and use nicotine medications in the group, so that others may see and ask questions. Reinforcing the use of medications to other group members is a positive approach that may encourage others to try using them. Ask if medications have enhanced the ability to cut down on tobacco use in those who have not quit completely, and encourage them to keep using medications in this way. Discuss barriers to using tobacco treatment medications and consider a dose adjustment or switch if not working.

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- Assess for new issues, concerns, and changes in mental health status. Every session can begin with a quick “check-in” to allow the group members to voice any new concerns and allow the therapist to assess for changes in mood or mental status. In particular, changes in psychotic symptoms or emergence of depressed mood will require the greatest attention. Some mild mood changes can be assessed and managed with observation only. Always refer complex clinical questions to the prescriber who may need to consider medication adjustments.
- Participants may have achieved some meaningful period of abstinence (days or weeks), followed by a brief lapse. Even a short period of abstinence of 1 or 2 days indicates that a serious quit attempt was undertaken, and that the participant was sufficiently committed to quitting. Reduced self-efficacy and demoralization are likely to become major issues that, if not addressed, will result in reduced motivation to continue. We recommend providing praise and emotional support for having attempted to quit, empathizing with disappointment, reframing a lapse as a small detour on the path to success. It is helpful to review what was helpful during the period of abstinence and analyzing the lapse by identifying important cues and triggers. Participants should be strongly encouraged to continue tobacco treatment medications if they have stopped them. Patients, who stop NRT in anticipation of smoking or soon after a brief lapse, should be educated that by continuing the nicotine medications they may be able to smoke less, enjoy cigarettes less, and go on to abstinence again more quickly.
- Provide Handouts: Session 7.

Suggested Approach

- This can be a fun session where group members practice role playing as a way of demonstrating the interpersonal challenges they face as a recovering smoker. Have members pair up to allow them to try both roles, one as the “persuader” and the other the “refuser.” The facilitator should observe each of these role plays and give feedback and suggestions on how participants can strengthen their approach to refusal. After the exercise, lead group members in a discussion of the refusal skills learned, and what has worked for them in the past.
- In addition to demonstrating refusal skills, the handout for this session elaborates on topics of considering how to manage the various situations that may arise. There is also a discussion of the consequences if they give in to the person trying to persuade them to have a cigarette. There is also suggestion for how to recognize these situations so that group members can prepare in advance.



Session 8

Celebrating a Tobacco-Free Lifestyle

Goals for this session:

- Review the importance of celebrating tobacco recovery.
- Teach the group how to reward themselves for taking steps towards tobacco recovery.
- Have group members feel good about trying to quit smoking and finishing treatment.
- Anticipate challenges to be encountered after this group treatment ends.

Objectives for this session:

- Encourage participants to describe a tobacco-free lifestyle.
- Use the reduced CO value as feedback of progress.
- Reinforce compliance with tobacco treatment medications and monitor for medication side effects.
- Encourage participants to incorporate regular rewards for themselves now and in the future.
- Complete this group treatment and review next steps.

ACTIONS OF THIS SESSION:

- Check in with participants about their tobacco use status. Emphasize that beginning to smoke (even a puff) can increase urges and temptation and lead to relapse. Provide positive feedback and statements of appreciation for any efforts made towards abstinence.
- Assess for new issues, concerns, and changes in mental health status. Every session can begin with a quick “check-in” to allow the group members to voice any new concerns and allow the therapist to assess for changes in mood or mental status. In particular, changes in psychotic symptoms or emergence of depressed mood will require the greatest attention. Some mild mood changes can be assessed and managed with observation only. Always refer complex clinical questions to the prescriber who may need to consider medication adjustments.
- Encourage participants to discuss the experience of going through this group process. Use positive reinforcement to reward them for any behavior change and feel good about considering or making changes. Discuss reward as a part of the process. Quitting nicotine or tobacco is a great success and should be a reason for celebration. It should be reframed to not feel like a loss, whenever possible. Replacing it with other rewards is essential to keep feeling positive. Remind members that rewards need not be expensive; interests or simple hobbies can be very rewarding and affordable and are sometimes free.
- Provide Handouts: Session 8.



Discuss Celebrating Quitting and Creating a Tobacco-Free Lifestyle

The goal of this final treatment session is to have the group members feel good about trying to quit smoking and finishing treatment. They should also begin to realize the reality of making permanent changes and having a tobacco-free lifestyle.

Celebrating tobacco recovery is an important idea to discuss with group members as they are completing treatment. Hopefully, group members have begun to think about and recognize the rewards for themselves. In addition to rewards of better health and saving money that come with quitting smoking, they should be encouraged to give themselves additional rewards to make them feel good about the quitting process. Remind group members that rewards need not be expensive; taking time out for personal grooming, interests, or simple hobbies can be very rewarding and affordable even on a fixed income.

Celebrating tobacco recovery and having a strong social support network are helpful to prevent relapse and underscore the need to continually commit to abstinence.

Think About Rewards and Reasons to Celebrate

- 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.
- 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.



Discuss Ending Medication Use

Most patients who have achieved abstinence at this point will ask about when they should stop using tobacco treatment medications. Nicotine withdrawal symptoms are expected to be gone and cravings to smoke should be less. Coping with occasional urges should also have improved although it is important for the patient to remain vigilant and try to reduce temptation by avoiding cues and triggers whenever possible. In general there is a benefit to using tobacco treatment medicines for 6 months. Stopping medications sooner than this could lead to relapse. Even longer durations of treatment may be needed and this should be individualized and discussed with the participant's prescriber.

Immediate acting nicotine replacement (lozenge or gum) can be reduced gradually by increasing the interval or time between doses. For example if patient was initially using nicotine lozenge every 1-2 hours, they can be encouraged over time to try to increase the interval to 2-4 hours and then 4-6. This should only be done after a period of several weeks of initial use or when craving is under good control and patient does not feel close to relapse. Some patients may opt to use immediate acting NRT for a longer period of time, even for several more months.

Next Steps

For those who have struggled to achieve abstinence, it is important to not leave treatment with feelings of failure. Emphasize that it is normal to experience difficulty quitting, and that many people make 8 or more quit attempts before quitting for good. Review what has been learned during treatment that may help them be successful during future quit attempts. Congratulate them for coming this far and recommend how they might access treatment in the future from other providers.

SECTION 7

Handouts



Welcome to the Tobacco Recovery Group

Congratulations on making it this far!

This group has been designed to help you change your tobacco use patterns. Hopefully that means quitting for good, but you should continue to come to group sessions even if you are feeling unsure about changing.

Many people try several times before they succeed, so don't give up if it doesn't work out the first time.

We will talk about ways to help you succeed in your recovery from nicotine or tobacco addiction. This includes having a plan for success that may include medications, support, and ways to manage stress and other triggers.

Although this is a challenge, you can be successful.



Planning and Making Preparations

Breaking free from the addiction to tobacco or nicotine is called **Tobacco Recovery**. This is the best decision you can make.



There is no one right way to quit.

Learn which methods work and have helped others to be successful. Decide what will work best for YOU and then... Get the help you need to support your decision!

Change is not easy but deciding to try to quit is a step in the right direction.

This is a promise or a gift you give to yourself. **YOU CAN DO IT!**

Many people who want to quit smoking wish that there was an easy way to do it – a method that would make the process painless and easy. Like all problems in life, there is no quick fix. You have probably used tobacco or nicotine for a long time, and it may take a few attempts to get it right.

The most effective way to quit is to use tobacco treatment medications and participate in group or individual counseling. Using these methods helps to address both the physical and behavioral components of quitting.

- Using tobacco treatment medications can help reduce craving and withdrawal symptoms.
- Coming to this group every week can help you succeed in your tobacco recovery plan by giving you information and support.



Making the Decision to Quit

The first step is making the decision to quit tobacco or nicotine 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.



Making a Tobacco Recovery Plan

Once you have made the decision to quit, it helps to put together a plan. This will include steps you can take to feel ready, like telling other people in your life about your plans. It might include writing a list of strategies that will help you be successful, like not buying tobacco products.

Preparing yourself and your surroundings will make it easier for you to achieve your recovery goal.

- Tell friends and family members that you are thinking about making a change.
- Decide on what tobacco treatment medicines are right for you.
- Make a plan for getting tobacco treatment medications.
- Set up a support system. This includes this Learning About Healthy Living Tobacco Recovery Group. Also think about talking to non-tobacco-using family members or friends who are willing to help you.

Setting a Recovery (“Quit”) Date

Some people think it helps to set a quit date for a specific day. Some people would rather wake up every day and keep trying to quit each time until they get it right. Either way can help you be successful.

To pick a quit date, select a specific day within the next few weeks. You might want to choose a date that has a special meaning like a birthday or anniversary. You might want to pick a weekday when you meet with this group or your counselor for extra support. Or you can simply pick a random date. Circle the date on your calendar and then make a personal commitment or promise to yourself to try to not use tobacco on that day.



Making Preparations

There are things you can do to get ready. These things may help you to feel prepared and be more successful in your tobacco recovery attempt. Some people will want to start using tobacco treatment medications for a few days or weeks before they are going to quit. This helps them get used to the medication and lessens tobacco withdrawal symptoms. Listed below are other suggestions for how to prepare, but you may have ideas of your own as well.

1. **Stop buying large amounts of cigarettes or other tobacco or nicotine products, like cartons of cigarettes, for example.** It is better to buy cigarettes one pack at a time if you are getting ready to quit. The goal is to run out of cigarettes on the day you are trying to quit and to have NO TOBACCO products in your home on your quit date.
2. **Get rid of all your tobacco or cigarette related items.** This includes ashtrays, matches, lighters and even t-shirts or other items with tobacco company names or logos. These things are reminders of smoking and can increase urges to smoke.
3. **Remove ashes from your car ashtray and places in your home.** Smelling smoke or cigarettes after you quit could make you want to smoke and best to avoid them, if possible, when you are just starting out.
4. **Talk to someone about your plans to quit tobacco.** This can be a roommate, friend or significant other. Let them know when you will be trying to quit.

My support person will be _____

5. **Keep trying to make it difficult or unpleasant to smoke.** Try to break all habits that make smoking easy or pleasurable. Don't allow yourself to smoke indoors, or in your car, where your smoke is harmful to others.



6. **Think about the most common situations when you would usually smoke** and come up with a plan of how you will handle those differently in the future.
7. **Set a goal to buy something special or save the money** that you used on tobacco or nicotine products. This can be a special reward you give to yourself for making this change.
8. **Talk to other people who used to use tobacco or nicotine and learn about how they were able to quit.**
9. **Make a list of the reasons you want to quit.** Carry this with you in your pocket as a reminder.
10. **Consider setting an exact day to try to quit.** Pick the date and mark it on your calendar.

My quit date will be _____

11. **Contact your doctor, nurse or counselor about getting tobacco treatment medications.** Start using these medications, if this is part of your Tobacco Recovery Plan.

Other Ideas for My Tobacco Recovery Plan:



Attempting Abstinence

Hopefully you have made a commitment to try to stop using tobacco products like cigarettes. It takes courage to even try to change. This is something to feel good about.



If this is your quit day, CONGRATULATIONS!

- ✓ Try to remember all the reasons you wanted to make this important change.
- ✓ Stick to your Tobacco Recovery Plan for using medications and getting support.
- ✓ Get rid of all tobacco and tobacco-related items, if you haven't already.
- ✓ Reach out to someone and get help if you are struggling.
- ✓ Talk about how you are feeling.

What is going right so far? _____

What do you need help with? _____

If today is not your quit day, or you are still not sure, remember, you can try at any time.

Some people like to have a Practice Quit Day. It's only ONE DAY! This can help you feel what it would be like to someday quit for good.

If you only think about ONE day, it might not seem too scary.

If you only think about ONE day, it might not seem so difficult.

If you only think about ONE day, it might feel like you could get through some of the mild discomfort you could experience.

Remember there are always benefits to quitting smoking, even for one day!

Change is not easy, but deciding to try to quit is a step in the right direction.

This is a promise or a gift you give to yourself. **YOU CAN DO IT!**



What happens when you quit?

Within 20 minutes	of smoking your last cigarette, your body begins to heal; your blood pressure and pulse rate drop to normal
After 12 hours	the carbon monoxide level in your blood drops to normal and the oxygen level in your blood increases
After 48 hours	your nerve endings start growing back and your ability to smell and taste is enhanced
After 2 to 12 weeks	your heart attack risk begins to decrease; your circulation improves; walking becomes easier and lung function increases up to 30 percent
From 1 to 9 months	you stop coughing and breathe easier and your overall energy increases
After one year	your risk of heart attack is cut in half
In 5 to 15 years	your chance of stroke is the same as a non-smoker
After quitting 10 years	your chances of lung cancer are half that of a non-smoker; precancerous cells are replaced; your risk of cancer of the mouth, throat, esophagus, bladder, kidney and pancreas decrease substantially
After 15 years	your risk of heart attack is that of a non-smoker



Planning ahead and thinking about the weekends

The weekends can be a difficult time for people and cause a relapse back to tobacco or nicotine use.



This may be due to a few reasons:

- Feeling lonely
- Not having a routine to follow like going to work or to a day program or other appointments
- Feeling bored
- Being at social events where others are smoking

It is important to have a plan ready for how you will get through the weekends without smoking.

Your plan may include:

- Being able to recognize the people, places and things that make you want to smoke
- Avoiding these things
- Making a schedule or plan for other non-smoking activities
- Trying new non-smoking activities
- Getting extra support from non-smokers



Getting extra support from people who don't smoke or use tobacco may make the weekends easier.

This support can come from:

- Family members who don't smoke
- Friends who don't smoke
- A smoke-free 12-step meeting
- Text program support, internet chat rooms or discussion groups

Do you think the weekends will be difficult for you?

- Yes No

What are the important parts of your weekend plan?

1. _____
2. _____
3. _____



Managing Withdrawal Symptoms

When you try to stop using tobacco, your body will react by sending you unpleasant signals, called tobacco or nicotine withdrawal symptoms. Using tobacco treatment medications should lessen or remove these symptoms. Withdrawal symptoms are usually gone in the first few weeks after quitting smoking. This is a temporary situation that gets better with time.



These are symptoms of tobacco/nicotine withdrawal:

Check those which you are currently experiencing:

- | | |
|--------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Irritable or angry mood | <input type="checkbox"/> Feeling frustrated |
| <input type="checkbox"/> Depressed or sad mood | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Trouble sleeping | <input type="checkbox"/> Urges or cravings to use tobacco |
| <input type="checkbox"/> Restlessness or “can’t get comfortable” feeling | <input type="checkbox"/> Feeling hungry |

If you are still having a lot of tobacco withdrawal symptoms, ask yourself:

- ✓ Am I using my tobacco treatment medications?
- ✓ Am I using enough of these medications?
- ✓ Am I using them correctly? Did I stop using the medications too soon?

Talk to your doctor, nurse or counselor if you think you need a change or adjustment in your tobacco treatment medications. **DON'T FORGET:**

- ✓ Nicotine is the substance in tobacco products like cigarettes and vapes that is addicting.
- ✓ Using tobacco treatment medications every day will reduce your symptoms of nicotine withdrawal. If you still have some nicotine withdrawal symptoms, you can learn to cope with them without going back to smoking. Remind yourself, this is a temporary part of the Tobacco Recovery process.



Coping strategies for overcoming tobacco withdrawal symptoms

If you learn new coping skills, you'll have a much better chance of success.

Pick the coping skills that make sense to you. What may seem silly to others may be just what you need - so don't be embarrassed to try something new.

As you practice your new coping skills, they will get easier.

When you are feeling stressed, use your new coping skills.

Check the one(s) you will try this week:

- | | |
|------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Take a long walk | <input type="checkbox"/> Practice deep breathing to try to relax |
| <input type="checkbox"/> Take a hot bath or shower | <input type="checkbox"/> Pray or go to church, mosque, synagogue |
| <input type="checkbox"/> Go to a movie | <input type="checkbox"/> Call or visit a non-tobacco-using friend |
| <input type="checkbox"/> Sing with a group or by myself | <input type="checkbox"/> Listen to relaxing or energizing music |
| <input type="checkbox"/> Read a book or magazine at the public library | <input type="checkbox"/> Take a short nap |
| <input type="checkbox"/> Work on a craft or hobby | <input type="checkbox"/> Play video games |
| <input type="checkbox"/> Walk or window-shop at the mall | <input type="checkbox"/> Practice talking to myself in a more positive way |
| <input type="checkbox"/> Work outdoors or in the yard | |
| <input type="checkbox"/> Practice meditation | |
| <input type="checkbox"/> Use my time to help someone else | |
| <input type="checkbox"/> Write a letter to a friend | |

Don't forget to tell yourself you did a great job trying a new coping skill.



What about weight gain?

It is true that some people will gain weight when they quit smoking, but that should not keep people from trying to quit smoking. The dangers caused by smoking to your health are much greater than the risk of gaining a small amount of weight.



Is the fear of gaining weight stopping you from trying to quit smoking? Yes No

- ✓ Most people actually gain less than 10 pounds.
- ✓ Most people feel hungry when they quit smoking and eat more.
- ✓ People who use tobacco treatment medications gain less weight.
- ✓ Most people lose the weight they gained during early recovery.
- ✓ The health benefits of stopping smoking are much greater than the risk of gaining a small amount of weight.

Remember, even if you continue to smoke, you can follow these recommendations to eat better and feel healthier.

- ✓ Do not go on severe or “crash” diets.
- ✓ Try to eat sensibly.
- ✓ Limit snacking (and eat more fruit and vegetables).
- ✓ Keep hard candy or chewing gum with you.
- ✓ Increase physical activity or exercise even by a small amount each day.
- ✓ Don't be obsessed with weight- it is better for your body to not smoke.
- ✓ Use medications to quit smoking. These help you to feel less hungry.
- ✓ Don't panic if you gain some weight- you can try to lose it later when you are confident that you will not go back to smoking.



What do you know about quitting smoking and gaining weight?

1. _____
2. _____
3. _____

Name two strategies that YOU can use to lessen weight gain after quitting.

1. _____
2. _____



Managing Cravings and Triggers

What is a craving?

Craving is the feeling you get when you want to have a cigarette or vape. Often this will be a very intense feeling or thought. Cigarettes will seem appealing during this time and the desire to smoke may be very strong. For different people, craving can be very different.

Having cravings for cigarettes is common in almost everyone who tries to quit smoking. Craving does not mean you are not serious about quitting, but understanding craving can help you protect yourself from relapsing back to smoking.



How long does a craving last?

Usually cravings last only a few minutes- some people say only a few seconds. For others, cravings last longer, but this is less common.

What brings on or “triggers” a craving?

The most common things that trigger a craving are:

- Feelings
- People around you who smoke or remind you of smoking
- Places around you where there is smoking or places that remind you of smoking
- Things or objects associated with smoking



What feelings bring on your cravings for cigarettes?

- | | | |
|----------------------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Sad | <input type="checkbox"/> Frustrated | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Paranoid or Scared | <input type="checkbox"/> Lonely | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Anxious or Stressed | <input type="checkbox"/> Tired | |

What people around you smoke or remind you of smoking?

- | | | |
|--------------------------------------------|--------------------------------------------|--------------------------------|
| <input type="checkbox"/> Significant Other | <input type="checkbox"/> Parent or Sibling | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Landlord | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Roommate(s) | <input type="checkbox"/> _____ | |

What places do you go where there is smoking that remind you of smoking?

- | | | |
|-------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Home | <input type="checkbox"/> Friend's home or apartment | <input type="checkbox"/> Smoking area at a mental health or addiction treatment program |
| <input type="checkbox"/> Bar | <input type="checkbox"/> Stores where you buy cigarettes | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Restaurant | | |
| <input type="checkbox"/> Car | | |

Which things or objects remind you of smoking?

- | | | |
|---------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Lighter or Matches | <input type="checkbox"/> T-shirts or clothes with tobacco company names or logos | <input type="checkbox"/> Using other street drugs |
| <input type="checkbox"/> Cartons or packs of cigarettes | <input type="checkbox"/> Money or payday | <input type="checkbox"/> Advertisements for cigarettes |
| <input type="checkbox"/> Smell of cigarettes | <input type="checkbox"/> Drinking coffee | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Ashtrays or cigarette butts | <input type="checkbox"/> Drinking alcohol | <input type="checkbox"/> _____ |



Ways of coping with urges or cravings for tobacco:

✓ AVOIDING THEM

Old habits are hard to break and sometimes it just makes sense to avoid temptation. This can mean staying away from your favorite corner store, so you don't buy tobacco. It might mean temporarily staying away from friends that still smoke. You should get rid of lighters and matches because even these will bring on urges to smoke.

✓ USING DISTRACTION

Keeping your mind and body busy can help you get through a difficult day. You want to keep your mind away from thinking about cigarettes, so try something new. You can try the coping strategies reviewed in Session 3 (Managing Tobacco Withdrawal).

✓ RIDING IT OUT

Some people like to think about an urge like an ocean wave. It starts slowly, gets higher or more intense, and then gradually fades away. It can be helpful to relax when urges appear and let this feeling pass through you. This can be called "urge surfing." You can try to ride over these uncomfortable feelings just like a surfer would ride a wave on a surfboard.

✓ DEEP BREATHING OR MINDFULNESS MEDITATION

Doing deep breathing or mindfulness meditation exercises can help you to relax and get through intense urges to smoke. It helps you to learn to accept things you cannot change and talk to yourself in a more positive way.

Using relaxation is a way of also accepting that having urges is a normal and common part of the recovery process.

What helps you relax? _____



EXERCISE: DEEP BREATHING

Practice Deep Breathing for the next 3 to 5 minutes. While doing this exercise, try to focus on the sound of your breathing and the feel of your body.

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.

EXERCISE: MINDFULNESS

Practice Mindfulness for the next 3 to 5 minutes. Try to focus on the present moment, while calmly acknowledging your feelings, thoughts and sensations in your body.

1. Take a breath and notice what's going on. Pay attention. Its hard to slow down and notice things in a busy world.
2. How does your body feel? What thoughts are you having? Try to observe yourself calmly.
3. Accept yourself. Treat yourself the way you would treat a good friend.



How do you feel after practicing the Deep Breathing or Mindfulness exercise?

Was it hard for you to do the exercise? Why?

Think about how your body feels when you get stressed. Think about how your body feels when you are happy or relaxed.

Would you consider doing a deep breathing or mindfulness exercise the next time you feel cravings or urges to use tobacco? Yes No



Seeking Support While You Practice Tobacco Recovery

You will have a better chance of being successful if you have help and support from your health care team, family, friends, and coworkers.

There are many ways to get support as you try to change.

- A doctor, nurse, counselor** can help you develop an approach to quitting that best suits your physical and emotional needs. These people are also good sources of motivation and support during early recovery.
- Talking to former smokers about their experiences** during and after quitting can also help. People who have lived experience with tobacco recovery may be particularly helpful because they know what you are going through.
- If you live with someone who smokes, let that person know specifically how they can support your efforts to quit smoking.** Talk with them about not smoking in front of you and going outside to smoke. Better yet, ask that person to try to quit smoking with you. This way you can support each other through the recovery process.
- Family and friends** can help support and encourage you while you are quitting. They want what is best for you. Reach out to them when you need extra help.



- This group** will help you quit smoking. You could also talk to your counselor or a peer counselor outside of this group to get extra help. The more counseling you get, the better your chances of tobacco recovery.

Counseling can help you:

- learn to recognize and cope with situations that tempt you to smoke
- learn information about alternative strategies
- practice new strategies (like deep breathing)

Attending this group can also help you meet new people who are also struggling with tobacco addiction. Together, you can help each other and make a new peer support network.

- Support groups.** Do you belong to any support groups that could help you quit smoking?

Yes _____

No

- The Internet.** The Internet allows free access to information about tobacco recovery. Sometimes these sites send you email or text messages of support or offer chat rooms that allow people to help each other.

What websites in your state help people with tobacco recovery?

Another good website is njchoices.org. CHOICES is a peer driven tobacco recovery program in NJ.

These are some other ways I can get support during my Tobacco Recovery:



Dealing with Setbacks and Slips

Maybe you've tried to quit before. Maybe you've tried many times!

When it doesn't work, it is common to feel disappointed or feel like you have failed. This feeling may have discouraged you from trying again.

Research has shown that most smokers try to quit a number of times before they are able to quit for good.

- Try thinking of your previous attempts as practice for the day when you will quit forever.
- Instead of blaming yourself, think about all that you have learned from each attempt that will be helpful to you now.
- If you use tobacco again, don't be too hard on yourself. Forgive yourself and remember it takes courage and hard work to quit smoking.



Prevent a Slip from Becoming a Full Relapse

What if you do smoke? The difference between a slip and a relapse is within your control.

When you have a slip, it means that you had a vulnerable moment.

Don't be discouraged. It's not a lost cause and you can still be successful. Having just a few cigarettes is still better than the entire pack.

It is important that you try to stop and get back on track as soon as possible. One cigarette may seem harmless, but it can quickly lead back to your usual amount.



When people slip up, it's usually within the first three months after quitting. Here's what you can do if this happens:

- ✓ Throw the pack away.
- ✓ Commit to trying again.
- ✓ Understand that you've had a slip. You've had a small setback. This doesn't make you a smoker again.
- ✓ Don't be too hard on yourself. One slip up doesn't make you a failure. It doesn't mean you can't quit for good.
- ✓ Don't be too easy on yourself either. If you slip up, don't say, "Well, I've blown it. I might as well smoke the rest of this pack." It's important to get back on the non-smoking track right away. Remember, your goal is no cigarettes - not even "one puff."
- ✓ Feel good about all the time you went without smoking.
- ✓ Try to learn how to make your coping skills better.
- ✓ Find the trigger. Exactly what was it that made you smoke? Be aware of that trigger. Decide now how you will cope with it when it comes up again.
- ✓ Learn from your experience. What has helped you the most to keep from smoking? Make sure to do that on your next try.
- ✓ Don't stop using tobacco treatment medications when you slip. Keep using them. This will help you get back on track.
- ✓ Work with your counselor. They can help motivate you to stay with your Tobacco Recovery Plan.



What reasons contributed to this setback?

Physical Addiction/ Withdrawal Symptoms

- ✓ Remember that withdrawal symptoms are most severe within the first 1 to 3 days of abstinence and can often continue for several weeks. The physical symptoms of withdrawal, while annoying, are not life threatening. Tobacco treatment medications can help reduce many of these physical symptoms.
- ✓ If you are using medications, and still have severe symptoms, talk to your doctor, nurse or counselor to see if you need more, or different medications.

Psychological Addiction

Review the things that contributed to your tobacco use in the past. Was it because of:

- Feelings
- People around you who smoke or remind you of smoking
- Places around you where there is smoking or places that remind you of smoking
- Things or objects associated with smoking
- Use of other substances like alcohol or other drugs

If these psychological reasons caused you to smoke, you could be successful in future quitting if you tried:

- Avoiding them
- Using distraction
- Using relaxation or riding it out



Remember the reasons you wanted to quit smoking:



These are the places or things that I should avoid to stay tobacco-free:

These are some habits I can change that could help me in my tobacco recovery:



Saying No to Cigarettes

The most common reason that people go back to smoking (after quitting) is because they saw another smoker or were offered a cigarette by someone.

Therefore, it's a good idea to plan how to say no when this happens. Practice what you would say if someone offered you a cigarette. You can practice in this group or in front of a mirror.

Examples:

- "No thanks Dan, I don't smoke anymore."
- "Thanks for offering Dan, but I quit smoking and don't want to smoke ever again."
- "No thank you Dan, I'm a non-smoker now."
- "No thanks Dan. Do you want to _____ instead?"

Besides practicing by yourself, you can practice role-play situations in this group. You can practice how to say no to cigarettes and prepare for other high-risk situations that make you want to smoke.





To help you learn how to refuse cigarettes, use these 5 steps in refusal skills:

1 Ask questions.

- Is it really possible for me to have just one cigarette?
- Do I really want this cigarette enough to give up on everything I have been working on?
- Can I wait for a few minutes and see if the urge passes?

2 Recognize when you're in trouble.

One cigarette will probably lead to more! I always end up smoking when I am:

At this place: _____

With this person: _____

3 Think about the consequences.

- I will start coughing again if I smoke.
- I will spend \$_____ per week on cigarettes if I start smoking again.
- I have been enjoying using that money I have saved on: _____

4 Try other activities.

Other activities I can suggest doing instead of smoking:

- Let's go for coffee.
 - Let's go indoors and talk.
 - Let's go for a bike ride or walk.
 - Other suggestions:
- _____

5 Get out of there!

If you feel tempted to smoke, GET OUT OF THERE!

I will leave now and go to a non-smoking place: _____



SAY “NO THANKS!”

Who are some people in your life who you could imagine offering you a cigarette in the future?

What are some things you can say if people offer you cigarettes?

Keeping Your Guard Up

Your body has changed since you began to smoke. Your brain has learned to crave nicotine. So certain places, people, or events can trigger a strong urge to smoke, even years after quitting. That’s why you should try to never take a puff again, no matter how long it has been since you quit.



At first, you may not be able to do things as well as when you were smoking. Don’t worry. This won’t last long. Your mind and body just need to get used to being without nicotine.

After you’ve quit, the urge to smoke often hits at the same times. For many people, the hardest place to resist the urge is at home. And many urges hit when someone else is smoking nearby. Work with your counselor to learn when you might be tempted. Then use the skills you’ve learned to get through your urges without smoking.



Smoking Triggers

Certain things trigger, or turn on, your need for a cigarette. They can be moods, feelings, places, or things you do.

Meet these triggers head-on.

Knowing your triggers is very important. It can help you stay away from things that tempt you to smoke. It can prepare you to fight the urge when you are tempted.

- ✓ Stay away from places where smoking is allowed.
- ✓ Keep your hands busy. Hold a pencil or paper clip. Doodle or write a letter. Carry a water bottle.
- ✓ Stay away from people who smoke. Spend time with non-smoking friends.
- ✓ Put something else in your mouth. Chew sugar-free gum. Snack on a carrot or celery stick. Keep your mouth and hands busy with a toothpick, sugar-free lollipop, cinnamon sticks or a straw.
- ✓ Drink less or stay away from alcohol. Drinking alcohol often makes people want to smoke. Drink juice, soda, or ice water instead.

Important Point to Remember!

**The urge to smoke only lasts a few minutes.
Try to hold off until the urge passes.**



Celebrating a Tobacco-Free Lifestyle

Tobacco recovery is something to celebrate! Although there will be some challenging times, you have made an important decision to live a healthier lifestyle!



Stay Positive

- ✓ Quitting smoking is one of the best things you can ever do for your body.
- ✓ It is an amazing accomplishment to quit smoking.
- ✓ You should be very proud of trying to quit.

Focus on your goals

- ✓ Write down your personal reasons for wanting tobacco recovery.
- ✓ Hang them on your refrigerator and keep in your wallet and look at them as often as possible.

Give yourself personal rewards

- ✓ Celebrate quitting smoking as often as you can.
- ✓ Give yourself small rewards or treats.
- ✓ Low-cost rewards that you may find pleasant: a bubble bath, an enjoyable book, a bike ride, listening to your favorite music.

Remember the social rewards

- ✓ Imagine yourself telling people you are a non-smoker.
- ✓ Give tips to a friend about how to quit smoking.
- ✓ Imagine other people coming to you saying "WOW! How did you do it?!"



A Tobacco-Free Lifestyle

At this point, you understand that it's not just quitting that's important, but MAINTAINING your RECOVERY, which can be difficult. Staying abstinent is the final, and most important, stage of the Tobacco Recovery process.



You can use the same methods to maintain your recovery as you did to get started. Think ahead to the times when you may be tempted to smoke, and plan on how you will use alternatives and activities to cope with these situations. You may want to look back at these handouts in the future to remind yourself of your goals.

Sometime there can still be unexpected desires to smoke that occur months (or even years) into your recovery.

To get through these without relapse, remind yourself the following:

- I had good reasons for quitting. There are benefits to my health, my finances and my family.
- There is no such thing as just one cigarette - or even "one puff."
- I can ride out the desire. It will go away. I won't fool myself into thinking I can have just one.
- I can use the tools I learned, like relaxation and mindfulness meditation.

Reward Yourself!

These are some things I can do to reward myself weekly as I quit smoking:

Remember, you can use some of the money you would normally spend on cigarettes!

These are 3 things I can do to maintain a tobacco-free lifestyle:

1. _____
2. _____
3. _____

SECTION 8

Forms and Resources

Self-Report Tobacco Assessment

Name: _____

Age: _____ Today's date: _____

Tobacco Use

1. Please check the appropriate box for each type of tobacco:

Tobacco Type	Never Used	Used in the Past	Currently Use
Cigarettes			
E-Cigarettes/Vape			
Pipe/Hookah			
Cigars			
Chew or Nicotine Pouch			

2. What age were you when you first tried tobacco? _____

3. What age were you when you started using tobacco on a regular basis? _____

4. How many cigarettes/vapes do you use each day? _____

5. How often do you use e-cigs/vape each day? _____

6. How many minutes after you wake up do you smoke your first cigarette, vape, or use other nicotine or tobacco products? _____

7. Do you sometimes awaken at night to smoke, vape, or use other nicotine or tobacco products? No Yes

8. Who uses tobacco in your household? *Check all that apply:*

No One Parents Brothers/Sisters Significant Other Roommates

9. Do you smoke or vape indoors at home? No Yes

10. How important is it to you to stop tobacco use now?

1	2	3	4	5	6	7	8	9	10
Not at All			Medium Importance				Extremely Important		

Tobacco-Related Illness

11. Have you in the past or do you now have any of the following? *Check all that apply:*

- | | |
|-------------------------------------------------------|------------------------------------------------------|
| <input type="radio"/> Arrythmia/ Irregular Heart Beat | <input type="radio"/> Impotence/Erectile Dysfunction |
| <input type="radio"/> Asthma or Chronic Bronchitis | <input type="radio"/> Infertility |
| <input type="radio"/> Cancer | <input type="radio"/> Influenza/Frequent Flu |
| <i>List type: _____</i> | <input type="radio"/> Obesity/Overweight |
| <input type="radio"/> Circulatory Problems | <input type="radio"/> Peptic Ulcer |
| <input type="radio"/> Diabetes | <input type="radio"/> Pneumonia |
| <input type="radio"/> Early Menopause | <input type="radio"/> Seizures |
| <input type="radio"/> Emphysema/COPD | <input type="radio"/> Stroke |
| <input type="radio"/> Halitosis/Bad Breath | <input type="radio"/> Wrinkles |
| <input type="radio"/> Heart Attack/Disease | <input type="radio"/> Other: _____ |

Desire to Quit

12. Please check the statement that best describes your current situation:

- I currently smoke, vape, or use tobacco and do not want to quit in the next 6 months.
- I am seriously considering quitting in the next 6 months, but not in the next 30 days.
- I am interested in reducing how much I smoke or vape by half, but am not interested in quitting totally.
- I am interested in quitting in the next month, and I would be interested in any assistance I could get.

13. How confident are you that you will succeed in stopping smoking or vaping now?

1	2	3	4	5	6	7	8	9	10
Not at All Confident			Medium Confidence				Extremely Confident		

Tobacco Use Disorder Treatment Plan

Below is sample language that can be used to develop a treatment plan or integrate into an existing one. Any of this can be adapted to meet the needs of the individual or setting. Choices are offered for those working on abstinence, reduction, or other goals. Health outcomes and other recovery outcomes are included.

Problem Statement:

Tobacco/ Nicotine Use Disorder as evidenced by spending a great deal of time or money, using despite dangers or consequences, experiencing tolerance or withdrawal, and having a negative impact on relationships or functioning.

Sample Goals for Tobacco Recovery:

Abstinence Goals

- Achieve and maintain abstinence from tobacco and nicotine products

Relapse Prevention Goals

- Develop strategies to manage cravings and triggers
- Learn and practice healthy coping skills
- Improve stress management

Reduction- Based Goals

- Smoke less and become less addicted to cigarettes over time

Physical and Mental Health Goals

- Feel better
- Reduce risk of cancer and other serious illness

Personal Growth or Social Support Goals

- Build a tobacco-free support network of peers, family, or mentors
- Become educated about addiction, relapse prevention and recovery

Sample Objectives:

Abstinence Goals

- Increase motivation from contemplation to preparation in the next 90 days and consider making a practice quit attempt
- Talk to doctor, nurse or counselor about NRT or other tobacco treatment medication options
- Set a date to use NRT or other tobacco treatment medications

Relapse Prevention Goals

- Learn and practice two new healthy coping skills in the next 90 days that can be used as an alternative to smoking.
- Increase self-awareness of 3 high-risk persons, places, things or feelings that are linked to tobacco use behavior.
- Use NRT or other tobacco treatment medications to reduce cravings. This might include carrying around nicotine gum or lozenge to use in high risk situations.
- Think about 2 past setbacks that contributed to you going back to smoking/ tobacco and consider options to handle these differently next time.

Reduction-Based Goals

- Set a goal of reducing the amount used/ smoked by half in the next 30 or 90 days.
- Set a goal of reducing the expired carbon monoxide level (CO) by half in the next 30 or 90 days.
- Change at least one tobacco/ smoking use pattern by changing situations or rituals (like not smoking while driving or talking on the phone).
- Use NRT or other tobacco treatment medications to help to smoke less or use less tobacco.

Physical and Mental Health Goals

- Identify and practice one healthy change in eating in the next 30 or 90 days.
- Identify and practice one healthy change in increasing activity level in the next 30 or 90 days.
- Recognize a personalized, negative consequence that tobacco has on health or mental health.
- Practice a new healthy coping skill for stress.

Personal Growth or Social Support Goals

- Talk to a peer about tobacco recovery in the next 30 or 90 days to hear about their experience.
- Acknowledge that tobacco is a problem and identify 3 negative consequences.
- Talk to friends, family and treatment providers about your intentions to work on changing tobacco use. Ask them to help encourage and support you.

Sample Interventions:

- Attend at least 50% of LAHL Track 1 group sessions
- Track weekly the number of cigarettes smoked
- Participate in LAHL groups, and complete activities or worksheets during sessions
- Get support for tobacco recovery outside of LAHL sessions
- Participate in LAHL Track 2 after completing Track 1
- Other than physical health, identify one reason to consider changing tobacco use
- Set a quit-date and/or try to attempt abstinence
- Meet with counselor to have individual sessions around tobacco recovery

Instructions for Carbon Monoxide (CO) Monitoring

It is important to show your client how the CO Monitor works and what the purpose of it is.

- Carbon monoxide or CO is a poisonous gas.
- CO has no color and no smell.
- It is found in car exhaust fumes, and anything that burns including tobacco smoke.
- CO deprives the body of oxygen it needs to live.
- Smokers can have 2-20% of their normal blood oxygen taken up by CO.
- This lack of oxygen increases the risk of damage to the heart muscles, can affect your ability to concentrate and can make you tired.

Participant directions for taking a CO reading:

Tell the participant the directions and then reassure them that once you begin you will remind them as they go along.

1. Sit up straight in the chair with both feet flat on the floor.
2. When I say go, you will take a deep breath and hold it for 15 seconds.
3. The machine will help you count down for 15 seconds
4. When it gets to zero, close your lips tightly around the cardboard tube and blow out (exhale) into the tube for as long as you can.
5. Do not blow too hard or it can affect the reading by disengaging the valve pin in the monitor.
6. View output number and explain the reading to your client.
7. (OPTIONAL) Change ppm setting to % to view estimated percentage of red blood cells which are carrying CO instead of oxygen

Participants are often curious and concerned about their assessment results. Respond positively to any curiosity expressed, since this is a sign of treatment engagement. Be sure to explain in clear and simple language the meaning of the CO reading and the fact that with abstinence from tobacco, CO levels return to normal within 3 days.

Learning About Healthy Living / Group Record Sheet

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

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



Group Reminder



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 Reminder



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: _____

Nicotine Gum Instructions



Nicotine gum safely provides nicotine to your body. It works as a temporary aid to help you quit smoking by reducing nicotine withdrawal symptoms, including nicotine craving. The nicotine gum can help in situations where you have a sudden urge to smoke.

Read all the instructions below before using the nicotine gum. Refer to them often to make sure you're using the nicotine gum correctly.

General Instructions

1. Try not to smoke while using the gum. This may cause you to feel slightly dizzy and nauseated so best to avoid it.
2. Most people who smoke every day will start with the 4mg nicotine gum. Use at least 8 pieces per day
3. Avoid eating and drinking while chewing the gum.
4. Don't drink soda, coffee or fruit juices when you are using the nicotine gum.
5. **Chew the nicotine gum slowly.** Stop chewing the gum when you can taste the nicotine or feel a little tingling in your mouth and hold it in your cheek.
6. When the tingling is almost gone (takes about 1 minute), start chewing the gum again.
7. Repeat these steps for 10-20 minutes. The longer and slower you chew each piece of gum the better it will work.
8. If you "slip up" and smoke while trying to quit, you can safely continue to use the gum in most cases.
9. The nicotine gum can be used regularly by the following schedule, but this is a general guideline. You may want to use it longer than this.
 - Weeks 1-6: chew one piece of gum every 1 to 2 hours (at least 8 pieces every day to improve your chances of quitting smoking)
 - Weeks 7-9: chew one piece every 2 to 4 hours
 - Weeks 9-12: chew one piece every 4 to 8 hours

Do not...

- Swallow the gum.
- Chew the gum too fast. Chewing the gum too fast can lead to hiccups, heartburn, nausea, or other side effects.
- Chew more than 20 pieces of gum in one day.

Adapted from the Medication Management Manual. Williams JM, Steinberg ML, Zimmermann MH, Gandhi KK, Stipelman B, Budsock PD, Ziedonis DM. Comparison of two intensities of tobacco dependence counseling in schizophrenia and schizoaffective disorder. *J Subst Abuse Treat*, Jun;38(4):384-93, 2010

Nicotine Patch Instructions

Nicotine patches safely provide nicotine to your body. They work as a temporary aid to help you quit smoking by reducing nicotine withdrawal symptoms, including nicotine craving. The nicotine patch allows you to gradually do away with your body's need for nicotine. Because the nicotine patch does not contain the carcinogens or carbon monoxide of cigarette smoke, it does not have the same health dangers as tobacco. Read all the instructions below before using the nicotine patch. Refer to them often to make sure you're using the nicotine patch correctly.

General Instructions

1. Try to avoid or limit smoking when using nicotine patches. This might make you feel slightly dizzy and nauseated so best to avoid it.
2. Remove the used patch and put on a new patch at the same time every day.
3. If you have vivid dreams or other sleep disturbances from wearing this patch, then you may remove it at bedtime. If you choose to sleep with it on, be sure to remove it every day when you put on your new patch.
4. Dispose of used patches by folding the sticky ends together and placing them in the garbage. Used patches have enough nicotine to poison children and pets so use care in throwing them away.
5. It is ok to wear the patch in the shower.
6. Do not leave on the same Nicotine Patch for more than 24 hours because it may irritate your skin.

How to Apply the Nicotine Patch to Your Skin

Do not remove the Nicotine Patch from its sealed protective pouch until you are ready to use it. Nicotine Patches will lose nicotine to the air if you store them out of the pouch.

1. Choose a **non-hairy, clean and dry area of skin**.
2. Do not put the Nicotine Patch on skin that is burned, broken out, cut or irritated in any way.
3. Make sure your **skin is free of lotion and soap** before applying a patch.
4. A clear liner covers the sticky back side of the Nicotine Patch. The sticky side will go against your skin. The liner has a slit down the middle to help you remove it from the patch.
5. **Pull half the liner away** from the Nicotine Patch. Try not to touch the sticky side of the patch. Hold the Nicotine Patch at the outside edges.
6. Pull off the other half of the clear liner and **immediately apply the sticky side** of the Nicotine Patch to your skin.
7. Press the patch firmly on your skin with the heel of your hand **for at least 10 seconds**. Make sure the Nicotine Patch sticks to your skin, especially around the edges.
8. **Wash your hands** when you have finished applying the Nicotine Patch. Nicotine on your hands could get into your eyes and nose and cause stinging or redness.
9. **Tomorrow, choose a different place** on your skin to apply the next Nicotine Patch.
10. To dispose of the Nicotine Patch, fold the patch in half with the sticky sides together. Throw the patch away in a safe location.

Adapted from the Medication Management Manual. Williams JM, Steinberg ML, Zimmermann MH, Gandhi KK, Stipelman B, Budsock PD, Ziedonis DM. Comparison of two intensities of tobacco dependence counseling in schizophrenia and schizoaffective disorder. J Subst Abuse Treat, Jun;38(4):384-93, 2010

Nicotine Lozenge Instructions



Nicotine lozenges safely provide nicotine to your body. They work as a temporary aid to help you quit smoking by reducing nicotine withdrawal symptoms, including nicotine craving. The nicotine lozenge can help in situations where you have a sudden urge to smoke. Read all the instructions below before using the nicotine lozenge. Refer to them often to make sure you're using the nicotine lozenge correctly

General Instructions

1. Try not to smoke while using the lozenge. This may cause you to feel slightly dizzy and nauseated so best to avoid it.
2. Most people who smoke every day will start with the 4mg nicotine lozenge. Use at least 8 lozenges per day
3. Avoid eating and drinking while using the lozenge.
4. Don't drink soda, coffee or fruit juices when you are using the lozenge.
5. Put the lozenge in your mouth and allow the lozenge to slowly dissolve. Try to swallow as little as necessary.
6. From time to time, use your tongue to move the lozenge from one side of your mouth to the other side of your mouth until it is totally dissolved. This will take about 10 to 20 minutes.
7. **Do not chew or swallow the lozenge.**
8. If you "slip up" and smoke while trying to quit, you can safely continue to use the lozenge in most cases.
9. The nicotine lozenge can be used regularly by the following schedule but this is a general guideline and you may want to use it longer than this.
 - Weeks 1-6: use one lozenge every 1 to 2 hours (at least 8 every day to improve your chances of quitting smoking)
 - Weeks 7-9: use one lozenge every 2 to 4 hours
 - Weeks 9-12: use one lozenge every 4 to 8 hours

Do not...

- Use more than 1 lozenge at a time.
- Use more than 20 lozenges in one day.
- Eat or drink while the lozenge is in your mouth.

Adapted from the Medication Management Manual. Williams JM, Steinberg ML, Zimmermann MH, Gandhi KK, Stipelman B, Budsock PD, Ziedonis DM. Comparison of two intensities of tobacco dependence counseling in schizophrenia and schizoaffective disorder. *J Subst Abuse Treat*, Jun;38(4):384-93, 2010

Nicotine Nasal Spray Instructions

1. Try not to smoke while using the nicotine nasal spray. This may cause you to feel slightly dizzy and nauseated so best to avoid it.
2. Do not use more than five times an hour or **40** times in **24** hours.
3. Use **1** spray per nostril.

Step 1: Priming the Pump

This must be done before first use of each new bottle.

- **Remove Cap:** by pressing circles on sides of bottle.
- Get a tissue or paper towel.
- Hold bottle and press up on bottom with thumb. **Pump into tissue until you see a fine spray (three to four times).**
- Throw tissue away.
- Each bottle of Nasal spray contains about 100 doses (200 sprays), but excessive priming will reduce the amount of medicine available for use.
- **Avoid excessive priming.**



Step 2: Using Nicotine Nasal Spray

- Blow nose if it is not clear.
- **Tilt head back slightly. Insert tip of bottle into nostril.**
- Breathe through mouth. **Spray once in each nostril. Do not sniff, swallow or inhale through nose while spraying.**
- Wait two or three minutes before blowing nose.
- **Place cap on bottle after use.** Store at room temperature (below 86 degrees F), out of reach of children.

Step 3: Rules about Use

- **Use every day.**
- **You can use every hour while you are awake, more if you need to.**
- **Maximum of 40 doses per day/Maximum of 5 doses in 1 hour.**

Adapted from the Medication Management Manual. Williams JM, Steinberg ML, Zimmermann MH, Gandhi KK, Stipelman B, Budsock PD, Ziedonis DM. Comparison of two intensities of tobacco dependence counseling in schizophrenia and schizoaffective disorder. *J Subst Abuse Treat*, Jun;38(4):384-93, 2010

Varenicline Instructions

Varenicline, (also known as Chantix), is a medication treatment that does not contain nicotine. Studies show it is the most effective medication treatment currently available to help people stop smoking.

Varenicline blocks the pleasure associated with smoking and it treats nicotine withdrawal. Varenicline should not be used with nicotine medications (like patch or gum) and can only be taken with a doctor's prescription.

It is usually started one to two weeks before the day you plan to quit. It is recommended that Varenicline be taken for 3 to 6 months. Some people get nausea when they take varenicline, so it is recommended that you take it twice a day with some food like a meal or snack. Other side effects that are possible include abnormal dreams, insomnia (trouble sleeping), and constipation.



Varenicline should be used exactly as prescribed by your doctor. This medication may not be used if you have a serious kidney disease (or you are receiving kidney/renal dialysis treatments).

Some people taking varenicline have reported that changes in mood or agitation happened to them, but in a large double-blind placebo controlled study¹, the risk for these side effects was no greater than individuals who received nicotine patch, bupropion or even placebo while trying to quit smoking. **Discuss this with your prescriber and counselor.**

1. Anthenelli RM, Benowitz NL, West R, St Aubin L, McRae T, Lawrence D, Ascher J, Russ C, Krishen A, Evins AE. Neuropsychiatric safety and efficacy of varenicline, bupropion, and nicotine patch in smokers with and without psychiatric disorders (EAGLES): a double-blind, randomised, placebo-controlled clinical trial. *Lancet*. 2016 Jun 18;387(10037):2507-20.

Adapted from the Medication Management Manual. Williams JM, Steinberg ML, Zimmermann MH, Gandhi KK, Stipelman B, Budsock PD, Ziedonis DM. Comparison of two intensities of tobacco dependence counseling in schizophrenia and schizoaffective disorder. *J Subst Abuse Treat*, Jun;38(4):384-93, 2010

Bupropion Instructions

Bupropion, also known as Wellbutrin, is a medication treatment that does not contain nicotine. It is the same medicine that works to help treat depression.

Bupropion treats nicotine withdrawal and reduces cravings for cigarettes. Also, people who use bupropion when they quit smoking gain less weight than those who quit without medication.

Bupropion can be used alone or with nicotine medications (like patch or gum) and can only be taken with a doctor's prescription.

Bupropion is usually started one to two weeks before the day you plan to quit (called the Quit Date). It is recommended that Bupropion be taken for 3 to 6 months. The most common side effects of Bupropion are dry mouth, insomnia (trouble sleeping) and headache.



Bupropion should be used exactly as prescribed by your doctor. This medication is not recommended for anyone with a seizure disorder or a current eating disorder (like bulimia or anorexia).

Adapted from the Medication Management Manual. Williams JM, Steinberg ML, Zimmermann MH, Gandhi KK, Stipelman B, Budsock PD, Ziedonis DM. Comparison of two intensities of tobacco dependence counseling in schizophrenia and schizoaffective disorder. J Subst Abuse Treat, Jun;38(4):384-93, 2010

Resources

Several organizations are working to reduce tobacco use tobacco in those with mental health conditions, defined as those with a mental health or substance use disorder. Their work is highlighted below. Many of these websites contain valuable resources and supplementary materials.

NYC Tobacco Cessation Training and Technical Assistance Center (NYC TCTTAC)

The New York City Tobacco Cessation Training and Technical Assistance Center (NYC TCTTAC) is a NYC Department of Health and Mental Hygiene Initiative that establishes a free training and technical assistance center to address unacceptably high rates of tobacco use among the City's mental health population. They have developed many tools for implementing treatment for Tobacco Use Disorder including an overall systems approach. This includes an innovative self-assessment tool (TiSET; Tobacco Integration Self-Evaluation Tool) for mental health programs to evaluate and track their current tobacco treatment practices. The website also has archived educational webinars for staff, and vast clinical resources for clinicians.

<https://nyctcttac.org/>

Lung Mind Alliance

The Lung Mind Alliance in Minnesota works to eliminate the high disparity impact of commercial tobacco on people with mental illness and/or substance use disorders. The Lung Mind Alliance works collaboratively to identify and disseminate promising practices, increase tobacco treatment in systems where people receive mental health and/or substance use services, build momentum towards tobacco-free grounds policies and change social norms around tobacco use by individuals with mental illness and/or substance use disorders. The website includes tools for facilities and clinicians including the Tips From the Field Guide, written by Minnesota mental health and substance use disorder professionals. The Lung Mind Alliance is facilitated by the American Lung Association in MN.

<https://www.lungmindalliance.org/>

CHOICES

CHOICES is the first participant driven program for smokers with mental illness, that was developed in New Jersey. Since 2005, their goal is to increase awareness of the importance of addressing tobacco use and to create a strong peer support network that encourages mental health participants to make a positive healthy lifestyle change by addressing smoking and tobacco use. The educational message is spread by individuals with lived experience who are in tobacco recovery. Tools, including the CHOICES newsletters, which contain up to date information and personal recovery narratives, are free on the website.

<https://www.njchoices.org/>

Smoking Cessation Leadership Center

The mission of the Smoking Cessation Leadership Center (SCLC) is to decrease smoking rates and increase the number of health professionals who help smokers quit. They are funded by the Robert Wood Johnson Foundation and Truth Initiative to work with mental health populations. They offer extensive free training resources for clinicians and partner with other organizations to increase capacity for tobacco treatment.

<https://smokingcessationleadership.ucsf.edu/>

National Behavioral Health Network for Tobacco & Cancer Control

The National Council for Mental Wellbeing established this program on Tobacco and Cancer Control to address health disparities. It serves as a resource hub for organizations, health care providers and public health professionals and hosts webinars and other educational events.

<https://www.bhthechange.org/>

Learning About **Healthy Living**

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