

Helping Smokers Quit: Skills For Future Facilitators

Pam Kinzie
Josie d'Avernas
Andrea Naylor

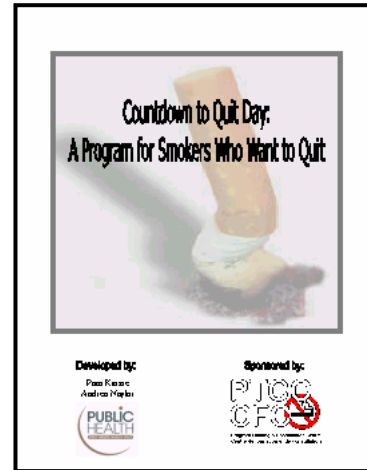
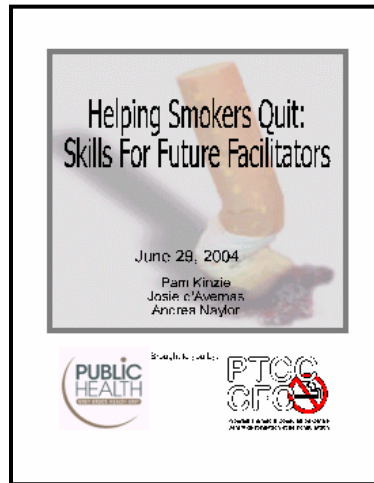


Brought to you by:



Program Training and Consultation Centre
Centre de Formation et du Councultation

Acknowledgements



“Helping Smokers Quit: *Skills for Future Facilitators*”

And

“Countdown to Quit Day: A Program for Smokers Who Want to Quit”

The authors wish to acknowledge the financial support of the Program Training and Consultation Centre in the preparation of this manual

Program Training and Consultation Centre (PTCC)
Centre de formation et de consultation (CFC)
C/o RBJ Health Management Associates
460 Frederick Street
Kitchener, Ontario
N2H 2P5
www.ptcc-cfc.on.ca

Developed by:

Pam Kinzie, R.N. M.Ed.
pkinzie@publichealthgreybruce.on.ca

Andrea Naylor, B.Sc. MPH (candidate)

Grey Bruce Health Unit
920 First Avenue West
Owen Sound, Ontario
519-376-9420

May 2004

This document may be reproduced in its entirety for education, non-commercial purposes only.



Grey Bruce Health Unit: 1-800-263-3456
www.publichealthgreybruce.on.ca

How To Use This Guide

The following guide was developed for use by participants in the *Helping Smokers Quit: Skills for Future Facilitators* workshop. The guide is comprised of two sections; the first section contains background information for facilitators, the second section is a comprehensive plan for running smoking cessation group programs.

Before scheduling a group smoking cessation course, it is suggested that facilitators review information in the first half of the guide. Topics in this section include; Stages of Change Theory, Counselling and Facilitation Skills, Stress, Relaxation and Positive Self Talk, Dealing with Withdrawal, Using Stop Smoking Medications, Second Hand Smoke, Health Effects of Smoking, Maintaining a Healthy Weight, and Useful Resources and Internet Links.

The group smoking cessation program *Countdown to Quit Day: A Program for Smokers Who Want to Quit* contained in the last half of the guide is a step-by-step guide designed to lead a facilitator through four 1½ hour group cessation sessions. Organizational activities prior to the sessions are described and master copies of the handouts for each session are included. The sessions are designed to be used in a 1 ½ hour period for a group of people from the general population. Facilitators are encouraged to adapt the length and format of the sessions so that they meet the needs of their specific community or organization.



Table of Contents

Useful Theories	5
Stages of Change Theory.....	5
<i>How to Help Using the Stages of Change Theory</i>	<i>6</i>
Self Efficacy.....	7
Counselling Skills	8
Aiding Someone in Quitting.....	9
Facilitation Skills.....	10
Characteristics of Adult Learning: A Baker's Dozen.....	10
7 Deadly Sins	13
Group Dynamics	19
Empowering Smokers.....	21
Special Audiences	23
Coping Skills.....	25
Smoking and Stress.....	25
Relaxation Techniques.....	26
Positive Self-Talk	28
Withdrawal.....	29
Nicotine Uptake	29
Dealing with Withdrawal.....	30
Myths and Facts About Stop-Smoking Medications	31
Healthy Living	33
Second Hand Smoke	33
Health Effects of Smoking.....	34
<i>Lung Cancer</i>	<i>35</i>
<i>Heart Disease</i>	<i>36</i>
<i>Stroke.....</i>	<i>37</i>
<i>Bronchitis and Emphysema</i>	<i>38</i>
Maintaining a Healthy Weight While Quitting Smoking.....	39
<i>Canada's Food Guide.....</i>	<i>40</i>
Exercise to Stop Smoking	41
Useful Resources.....	42
Bibliography.....	43
Smoking Comics.....	44
Facilitator's Guide for Group Program.....	49
Program Overview	49
Program Framework.....	49
Roles and Responsibilities.....	50
Advance Preparation for Group Sessions	51
Prepared Flip Charts.....	52
Index of Handouts and Overheads.....	53
Session 1 Understanding Why You Smoke	54
Session 2 Getting Ready To Quit.....	79
Session 3 Preparing Your Plan.....	85
Session 4 Go For It!	91

Useful Theories

Stages of Change Theory

Behaviour changes such as quitting smoking are rarely single events, but rather occur gradually in a cycle of events. There are numerous stages people go through when quitting smoking, often cycling through the stages multiple times before becoming a true non-smoker.



Precontemplation Stage – “Unaware and unimpressed”

- The person has not considering quitting smoking
- They may think reasons to quit, such as health risks, do not apply to them
- They may be defensive of their habit, and unfriendly to those advising that they quit



Contemplation Stage – “Yes but....”

- The person may be considering the benefits of quitting or the risk of continuing smoking
- They will also be considering the cons of quitting and weighing these against the pros
- They are more responsive to other’s input on quitting smoking



Preparation Stage – “Planning and decision making”

- The person has made the commitment and is motivated to quit smoking
- They will begin researching how to quit and begin taking small steps towards quitting



Action Stage – “Doing it”

- The person is now actively taking steps to quit smoking
- They rely on willpower and plans previously made but are receptive to help from others



Maintenance Stage – “Staying on track”

- The person is successfully avoiding the temptation to smoke
- They remind themselves of how much progress they have made and try to prevent relapse

Relapse – “Small oops”

Relapse occurs for most people trying to quit smoking and it is considered normal. The average person will attempt to quit 5 to 7 times. A person who is dealing with a relapse will feel discouraged and may question their decision to quit smoking. It is important that the person tries to move quickly back to the preparation or action stage and not dwell in precontemplation or contemplation. From a relapse, the person can learn how to deal with high-risk situations, avoid triggers, and learning how to deal with unexpected situations.

Termination – “Breaking the cycle”

Some people who have been in the maintenance stage for awhile will completely break out of the Stages of Change cycle. This occurs when they are better able to understand their behaviour and smoking is no longer an integral part of life where a return to it would seem very strange. It is important to remember that not everyone is able to reach this stage. Some people who quit smoking will continue to work through the maintenance stage indefinitely.

Stages of Change Theory Developed by James Prochaska and Carlo DiClemente

How to Help Using the Stages of Change Theory

Stage	Definition	Strategies
Precontemplation	Unaware of the problem, hasn't thought about quitting	Increase awareness of importance of quitting, personalize risks and benefits
Contemplation	Thinking of quitting in the future	Motivate, encourage and help to make specific plans
Preparation	Making a plan to quit, setting a quit date	Assist in developing concrete action plan
Action	In the process of actually quitting	Assist with problem solving, social support, and reinforcement
Maintenance	Sustained quitting	Help with coping strategies, alternative activities, and continue to motivate
Relapse	Brief slip from one stage to a previous stage	Help to re-motivate, and learn from difficulties

Adapted from: *Stages of Change Model by the Communications Initiative* (<http://www.comminit.com/ctheories/sld-2920.html>)

Self Efficacy

Definition – The set of beliefs that one can perform adequately in a particular situation

In other words....How strongly a smoker believes he or she can successfully become a non-smoker indicates their level of **Self Efficacy**

Self efficacy relates to a specific action in a specific situation such as quitting smoking and is not the same in all actions in all situations. For example, a hockey player may have a high **self efficacy** for scoring goals during a game, but a low **self efficacy** for playing the piano in front of friends.

People who have a high **self efficacy** related to quitting smoking are more likely to decide to quit smoking, put a greater effort into quitting for a longer time, and are able to resist the temptation to smoke in more situations and settings.

Counselling that increases **self efficacy** must:

- Demonstrate the person's progress toward their goals
- Credit previous accomplishments to the person's own abilities.
- Provide praise and encouragement that will increase **self efficacy**
- Include relaxation training to reduce anxiety during the quitting process

Tips to increase a person's **self efficacy** related to quitting smoking:

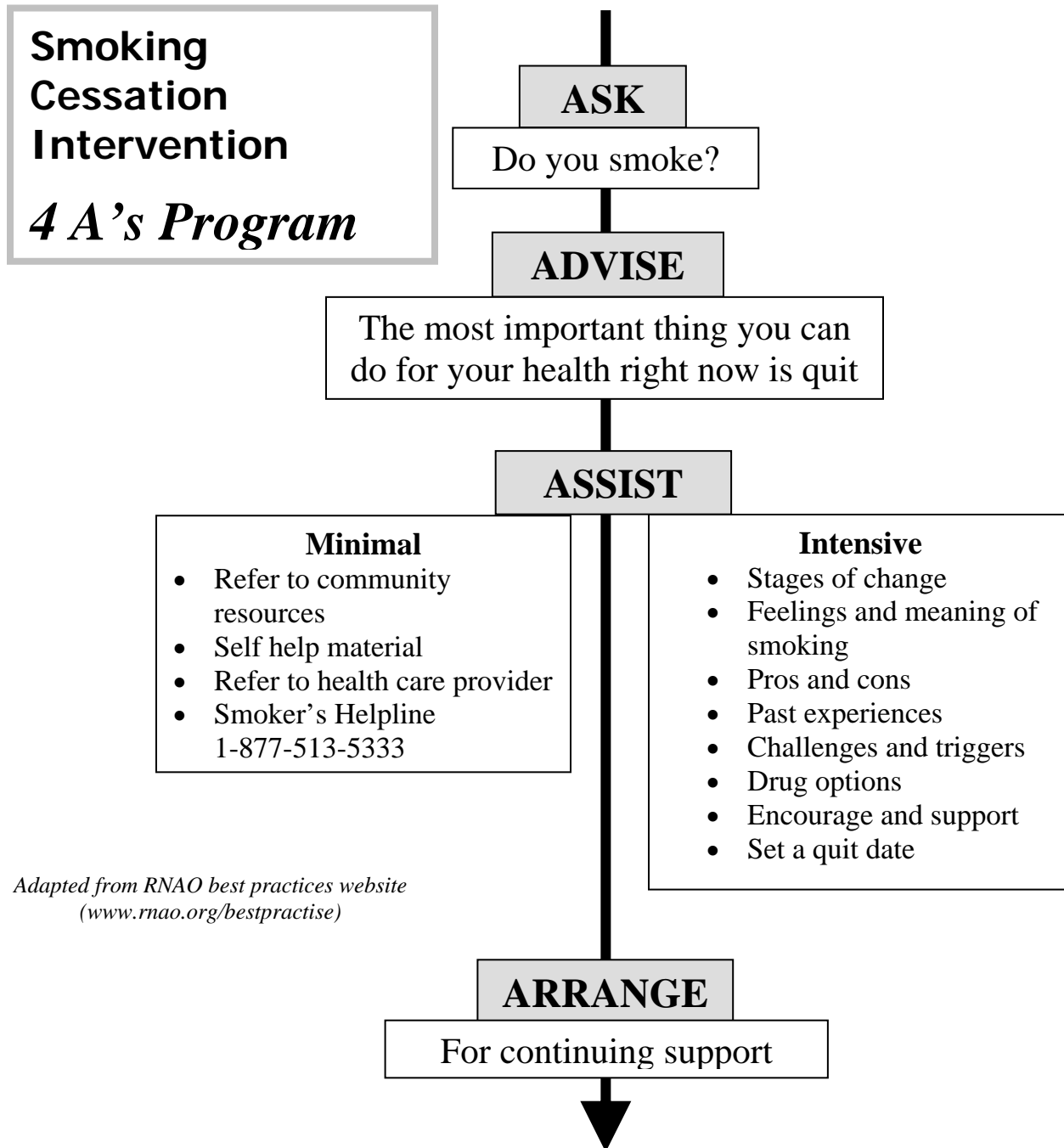
- Build self-efficacy by starting with simple, achievable tasks, such not smoking in the car, and providing positive reinforcement
- Focus on positive aspects of an incomplete quitting attempt, such as identification of triggers to relapse
- Show your confidence in the person's ability to quit and provide sincere encouragement
- Identify other people similar to them who have quit smoking such as other group members, family, or friends
- Teach specific skills to overcome problem areas such cravings, and withdrawal

Reference:

*American Psychological Association Psychology Matters. <http://www.psychologymatters.org/glossary.html#>
Glanz, K., Lewis, F.M., and Rimer, B.K. (editors). *Health Behavior and Health Education: Theory, Research, and Practice*, (3rd edition). San Francisco, CA, Jossey-Bass Publishers, 2002*



Counselling Skills



Aiding Someone in Quitting

Help to design a quit plan in which the smoker;

- Set a quit date
- Tell their friends, family and co-workers
- Anticipate quitting challenges (ie nicotine withdrawal symptoms)
- Remove tobacco products from their surroundings

Provide practical counselling

- Stress the importance of abstinence
- Review past quitting experience
- Discuss successfully deal with challenges
- Help them to recognize triggers and developing coping skills
- Have them encourage others smokers in the household to quit or not smoke in front of them

Provide social support during the quitting process

- Express that your assistance is available to them while they are quitting
- Help to increase their self-efficacy, encourage discussion of difficulties, and express care and concern for their well-being

Help them to obtain additional social support

- Help in developing a social support network of friends, family, and other community members

Recommend the use of approved pharmacological interventions if appropriate

- Explain how these products can increase chances of success and reduce withdrawal symptoms

Adapted from *Treating Tobacco Use and Dependence: Practical Strategies to Help Your Patient Quit* produced by the University of Wisconsin Medical School, Center for Tobacco Research and Intervention



Grey Bruce Health Unit: 1-800-263-3456
www.publichealthgreybruce.on.ca

Facilitation Skills

Characteristics of Adult Learning: A Baker's Dozen

1. Adult learning is often problem-centred. Therefore the learning experience should be problem-centred.

Adult learning needs are often created by real-life problems. Often, adults seek out "learning" to cope with changing life events. Adults tend to prefer single topic workshops and trainings that focus on applying the solution to the problems. They often want to learn a skill or acquire knowledge that they can apply to their immediate circumstances.

2. Adults learn when they believe they need to learn something new. They also can be motivated by appealing to personal growth or gain.

Immediate usefulness of a skill is usually the motivation behind adult learning. Adults engage in job-skills learning if they see it as immediately relevant and applicable to the rest of their lives. They can also be motivated if they see the learning as potentially increasing or maintaining their sense of self-esteem or pleasure.

3. Adult learner motivation can be increased.

Adult learners who are "with you in body but not in spirit" would be more likely to develop interest if you stimulate their curiosity about the subject, demonstrate the immediate usefulness of the learning, and help them understand that they are in a safe learning environment. In addition, exploring the positive and negative expectations of the participants can often "clear the air" and increase willingness to participate.

4. Adults require a comfortable learning environment.

Trainers need to attend to the physical and psychological environment. Light, sound, and temperature, must not interfere with thought, focus, and discussion. Comfortable chairs, food, coffee, and adequate time for breaks are also important. The most effective workshops are planned to accommodate as many adult habits and needs as possible. Good food is always appreciated and often serves as an icebreaker as well!

5. Adults require a safe learning environment.

Adults are concerned about maintaining a sense of professionalism and competence. Trainers must create an environment that feels safe enough for participants to take the risks needed to learn. Providing an opportunity early in the training to establish guidelines can help participants feel a sense of respect, control, and safety. Small group practice also provides a level of safety that many adults appreciate as they learn new skills.

6. Adult learners can get bored quickly. They need variety.

Trainers need to provide a mix of activities--some that are familiar and safe, some that are new and challenging; some that are active, some that are not; some in small groups or with partners, some in large groups; some that are reflective, some that are serious, and some that are fun! Adults aren't used to sitting all day and require opportunities to move around.

7. Adult learners learn more effectively through experiential techniques such as discussions or problem solving than passive listening.

Effective workshops tap into participants' experience as major building blocks for learning. They also provide new experiences for participants and help them turn their new experiences into what they already know.

8. Adults learn best when the learning experience is age appropriate and fits the stage of life they are in.

Adult learning is influenced by the stage of life the individual is in. Changing stages of life is an on-going process that takes place throughout life. Obviously, there are differences between the experiences and needs of a 23-year-old and those of a 50-year-old. When adults spanning a variety of life stages are in the same workshop, the trainer must find ways to address the needs of all the adults present.

9. Adult learners respond best when the trainer facilitates activities rather than lectures.

Lectures may be necessary and appropriate for some brief sections of a training event. Facilitated activities are more interesting to learners. Good facilitators:

- Clarify goals and expectations of the facilitator and the participants
- Don't need to be in "control" at all times
- Use questions to stimulate thinking, challenge beliefs, probe opinions, clarify implications, and promote conclusions
- Are sensitive to the level of comfort participants feel with different activities
- Balance all aspects of learning activities
- Draw on participants' experiences
- Maintain a safe environment during conflict by enforcing guidelines, protecting minority opinion and reminding the group that problems can be solved in more than one way
- Make connections among various opinions
- Provide on-going descriptive and supportive feedback to participants.

10. Adults need time to reflect on how learning fits in with their beliefs and values.

Learning sometime occurs when some powerful experience or piece of program material shifts a long-held perspective. When the learning experience is in conflict with the learner's beliefs or values, the learner will need many opportunities to address concerns in a safe environment. The facilitator will need to describe a new or different idea repeatedly and in a variety of ways. Emotional and mental shifts like this require time.

11. For adults to learn and retain what they learn--particularly a new skill--they must have opportunities to practice the skill.

Adult learning is most successfully reinforced when there is a combination of lecture and practice. Opportunities for modelling, guided practice, and individual practice and feedback must be part of any workshop aimed at teaching a new skill. It is best when participants can "try out" the new skill in a real-life context and then return to the training setting to report on progress and refine the skill.

12. Personal goal setting and goal assessment should be part of the adult learning process.

Facilitators should incorporate opportunities for goal setting and goal assessment related to the new skill being learned. Such activities enable adult learners to take control of their learning process and fit it with real-life needs. This is particularly important because adult learners tend to prefer self-directed learning opportunities.

13. Adults need learning activities before and after the training event if the training is to impact their on-the-job behaviour.

These learning strategies could include pre- and post-training activities, as well as discussions during the training event that focus on using the new knowledge on the job. Effective pre-training strategies include self-assessments, discussions with supervisors responsible for establishing on-the-job expectations, pre-training assignments such as reading or data-gathering. Useful post-training strategies include discussions with supervisors about application of the knowledge and skills addressed in the training, booster sessions, and on-site support group meetings for attendees of the training event.

Adapted from National Training Partnership supported by the Center for Disease Control, USA.



Grey Bruce Health Unit: 1-800-263-3456
www.publichealthgreybruce.on.ca

7 Deadly Sins

Facilitators can stray but there are paths to redemption

by Billy F. Birnie*

"Sin" might strike you as being an odd word to associate with facilitation--unless, that is, you've been in a group when the facilitator has committed one of these acts. In that case, you'll remember how you felt and agree that "transgression" is too mild a word.

A facilitator is a person who helps a group achieve a particular purpose, such as assessing needs, examining issues, making plans, or reaching decisions.

Facilitation is different from other acts of teaching. It's the facilitator's job to draw from group members the content or substance of the session, and make the work easier. To facilitate means to make less difficult.

The best teachers (and I include staff developers here) also play other roles: A presenter imparting information to a group, a trainer demonstrating skills, and a coach overseeing the acquisition of knowledge or new behaviour. The roles sometimes merge or overlap. For the purpose of this discussion, though, we are looking only at the art of facilitation, or helping a group achieve a desired end. I have observed these acts being committed during the 30-odd years of my career. I have also committed every one of them, and some of them, much to my chagrin and my audience's discomfort, more than once.

These "sins" are insidious and seductive. They will slither into our repertoire in the guise of "expertise" the moment we let our guard down. They plague all of us at one time or another. Looking them square in the face, recognizing them for what they are, might be useful. If you're an experienced facilitator, you will no doubt recognize these descriptions as truth. You've been in groups led by others who made these blunders. Perhaps you'll recognize yourself at some point. If you're a novice facilitator, this discussion may save you and your participants innumerable moments of grief--if you are able to benefit from someone else's mistakes.

The "sinful" examples are real. Names have been changed to avoid embarrassing the perpetrators. Names in the "redemptions" are real; no embarrassment likely there, as they give examples of ways to avoid the pitfalls.

#1 Articulate Arrogance

Our group was primed. We were well informed of both the content of our session and the task before us. Our facilitator, new to all of us, impressed us with her introduction to the session, and we silently congratulated ourselves on having been assigned such an able leader.

She began strong, laying out the topic and the task. She continued strong, asking group members to introduce ourselves. But then her strength betrayed her and disappointed us. She was so articulate that she simply couldn't stop talking. Even as she went through the motions of calling on various members of the group for their views, she always followed their comments with remarks of her own. She had a grand time in the session and no doubt left it feeling that she had fulfilled her responsibility admirably. Those of us who had been trapped with her for two



hours couldn't wait to get out. Articulate Arrogance is the mistaken notion that what you have to say is more valuable than what others have to say. It preys on your ego and convinces you that members of the group would rather hear your views than share their own. It is one of the worst of the sins because it robs your participants of their very reason for being there, the opportunity to participate.

Redemption

To avoid Articulate Arrogance, we must develop the capacity to listen to ourselves and, at the same time, attend to the relative amount of "floor time" we give to others.

Eveleen Lorton, a professor at the University of Miami's School of Education in Coral Gables, Fla., is a master of this "meta-consciousness." Not only does she avoid saying too much herself; she also helps participants avoid the temptation to dominate the conversation. One of her good-humoured techniques is to announce at the beginning of a session the number of words each person is allotted. "We have 30 minutes for this meeting and six people. Each of us gets 250 words. Once you've used your words, you can't say anything else." The announcement always evokes some chuckles--and it also makes the point that the time available will be fairly shared.

#2 Body Blindness

Jana was a highly regarded central office administrator. Everyone, even those who disagreed with her on particular issues, acknowledged her expertise. The scope of her knowledge was striking. And, without exception, everyone who sat through one of her sessions felt not just stricken, but completely battered. For Jana had the malady feared by good facilitators and abhorred by participants: Body Blindness. She was totally involved with the subject at hand, and since she was up, moving around the room, engaged, she failed to realize that her listeners needed a break. One hour would pass, then two; some brave souls would tiptoe out to the restroom; 2 1/2 hours, those with bad backs would move to the back of the room and stand; three hours... When Jana's schedule demanded that she be somewhere else, she adjourned the meeting, leaving in her wake a group of exhausted, brain-dead listeners.

Body Blindness is the facilitator's failure to take into consideration the fact that people need to move.

Redemption

Jenny Oren Krugman, who oversees advanced academic programs for the Miami-Dade County Public Schools, uses this rule of thumb: Every 45 minutes to an hour, let your people go. At the very least, do some stretching exercises with them. Better is to give them a break.

I've learned (since I tend to get involved and forget) to appoint a "break announcer" at the beginning of the session. That person's responsibility is to give me a cue at a predetermined time. If the session is to be especially long, I make the appointment in front of the whole group, so that everyone knows relief is coming.



#3 Restricted Flow

Sam is a good facilitator. The only thing that keeps him from being an excellent facilitator is that he's an unwitting developer of restricted flow. He's personable. He's knowledgeable. He asks probing questions, elicits participation from everyone in the group, clarifies when necessary, and keeps the conversation flowing. The flow, however, is only between Sam and the participants and back again. It is restricted. He never defers to another member of the group for a reaction to another person's point, nor does he suggest that people address each other as well as him. If they attempt to bypass him with their remarks, he intervenes, sometimes by interrupting verbally, sometimes by physically stepping between the speakers to bring attention back to his authority. By doing so, he reasserts control and stifles spontaneous interaction.

Restricted Flow is a two-way flow of conversation between the facilitator and participants that disallows conversation among group members.

Redemption

To overcome the need to control every comment, a facilitator must be willing to let go of some of the power, trust in the process, and have faith that participants can carry on successfully without being managed at every breath.

Gayle Moller, a professor at Western Carolina University and former executive director of the South Florida Center for Educational Leaders, is a master. She also is a member of the National Staff Development Council board of trustees. Moller combines clear expectations at the outset with subtle guidance during the session. I watched her conducting a training session not long ago. In her opening remarks, she encouraged people to react directly to each other, to ask questions when they needed more information, and to draw one another into the conversation. Participants rose to her expectations, and she was free to concentrate on the finer points of facilitation.

#4 Procrustean Practise

You remember the Procrustean Bed from Greek mythology: Victims were trimmed or stretched to fit it. I recently participated in a group discussion in which participants' remarks were treated like those victims of old. The facilitator lopped them off, stretched them, reshaped them, manipulated them, until every response fit her idea of what should be said. She used phrases such as these: "Let me try to restate that." "Could we say it this way?" "If I were making that point, I'd say..." In every case, her version differed remarkably from the original. The predictable responses ranged from good-natured acquiescence to barely shielded hostility, as participants either quit speaking altogether or became openly antagonistic toward the leader.

Procrustean Practice is the habit of reshaping participants' remarks to make them agree with the facilitator's thinking.



Redemption

If you choose to restate remarks--and sometimes that's a good thing to do--be sure to keep your version true to the original. If you have any doubt that you've done that, ask. Or ask another person to paraphrase; then ask the original speaker to confirm or revise the paraphrase. Above all, respect participants' right to their own views.

#5 Processing Preoccupation

George was determined to be the best facilitator he could be. He observed others at work, he attended training sessions in facilitation skills, he practised by volunteering his services whenever possible. In his zeal, though, he committed one of the dreaded sins: Process Preoccupation. He was so concerned about the process of facilitation that he actually impeded progress. Recognizing that something was wrong but not knowing what, he shared a video-tape with some friends and asked for help.

We saw him interrupt the speaker just as she was expressing a welcome solution to the problem at hand--and call on one of the rapt listeners in an attempt to involve everyone in the discussion. We watched in dismay as he insisted that participants paraphrase each other's ideas, even ideas that had clearly been rejected by the group. We saw him call for a break at the very moment that clarity was emerging from a befogged issue. Instead of facilitating, he was actually thwarting. What we saw was a potentially skilful facilitator whose only flaw was concentrating more on the process of facilitation than on the group's objective.

Process Preoccupation is giving so much attention to the process of facilitating that the substance gets short shrift.

Redemption

Focus on the purpose of the session. Is it to reach agreement on an issue? Solve a problem? Examine options? Make a plan? Whatever the purpose, it should be clear in everyone's mind from the beginning--and achieving it should be the central, driving force of the session. The successful facilitator will use whatever skills are necessary to help the group succeed. When that happens, facilitation skills become what they should be, the means to an end, not an end in themselves.

6 Recap Madness

Our group had brainstormed as directed. The leader had captured every idea on sheets of chart paper, which he taped to the wall. When we returned from break to continue our work, the leader began by "recapping" what we had covered. He did a good job, too, reviewing the salient points of each item on the charts as they had originally been expressed by participants. Continuing the process, we generated more ideas and added more charts. Then the old recap madness reared its ugly head. Starting from the beginning, the leader recapped again, reviewing each of the items in detail and adding those created in the second round. We were pleased that it was time for another break. When we returned--you guessed it!--the facilitator once more went



through the charts. By this time, we had the picture, so no one offered any more ideas for fear of yet another lengthy review. After a final recap, the session dwindled to a dispirited adjournment, leaving the good ideas--and any results that might have come from them--hanging listlessly on the charts around the room.

Recap Madness is the tendency to review too frequently, in too much detail

Redemption

As all good leaders know, reviewing a group's work is an important aspect of facilitation. It helps to focus on what has been discussed and what remains to be done. The best leaders plan ahead, though, to avoid overdoing it. They designate, at least in their own thinking, the point(s) at which review will most likely serve the needs of the group. In a short session, recapping should be done only at the end. In longer meetings, or in sessions that continue over several days, more review is helpful. There is no clear-cut rule on how much, but the group will know; if in doubt, ask them. If a majority indicate they would like to go over the ground already covered, do it. If not, leave out the review and forge ahead. Remember, too, that having ideas posted on chart tablets serves as a continual reminder. People can refresh their memories by glancing at the charts.

#7 Relinquishing the Reins

A facilitator is much like a stage-coach driver. He (or she) is responsible for driving the horses that pull the stage, managing the source of power, and controlling the direction of the coach. If the driver relinquishes the reins to the passengers, who most likely are not prepared to drive, the trip may well end in disaster. I witnessed that very outcome not long ago. In the final session of a two-day conference, five small groups came prepared to report on their deliberations. It was not clear whether anything other than the reports was on the agenda for the one-hour meeting. The facilitator simply asked for one of the groups to volunteer to go first. One did. Being conscious of the limited time, they spoke for about five minutes and then sat down. A second group volunteered. They spoke for about 20 minutes. The third group took 20 minutes. At that point, the facilitator announced that she would need 10 minutes at the end of the session, leaving the fourth and fifth groups with 2 1/2 minutes each!

Relinquishing the Reins means abdicating the responsibility for controlling the group's time and direction.

Redemption

Here again, the trick is to plan ahead and announce those plans to the group. The facilitator of our meeting should have told us, "We have one hour remaining. In that hour, we will hear five 10-minute reports, and then we'll use the last 10 minutes for closure." It would also have been a good idea to appoint a timekeeper, someone who would signal each group after nine minutes, to help them stop on time.

Of course, equal division of time among participants is not always what a group needs. Sometimes one speaker or another, one small group or another, has more to offer to move the



work forward. When that is the case, the skilful facilitator recognizes it and adjusts the time accordingly, allowing whatever is necessary for the purpose of the session to be achieved most effectively.

Conclusions

If we recognize these sins for what they are, will we become saints overnight? Not likely. What is probable is that we will become more conscious of what we're doing. When we hit the slippery slope and feel ourselves sinking, we might be able to pull out before we do too much damage. And if we add to our heightened consciousness a big dose of good humour, an extra helping of generosity of spirit, and a renewed sense of balance between control and trust, we will surely increase the probability of becoming, if not sin-free, at least sin-reduced practitioners of the complex art of facilitation.

*Billie F. Birnie of Birnie and Associates. Journal of Staff Development, 1999.



Group Dynamics

The Silent Group Member – “Silent Sam”

Some people try to blend into the scenery. They do not talk in group discussions and when asked a direct question, will answer in the least number of words possible. Getting this person out of their shell to join in a discussion may be difficult if the group is large or there are talkative people around. This person may react better in a smaller group situation such as pairs, or when they are given a specific task to be responsible for such as time keeping. Encouraging this person directly after they contribute to the discussion is also very important. Try to remember however, that just because this person is not directly contributing to the conversation, it does not mean that they are not listening and learning.

The Over-Talkative Group Member – “Chatty Cathy”

Some people like to stand out in a crowd. In a group situation they will want to do most of the talking, and always have something to say. Although it is nice to have someone so actively participating, this person’s constant chatter may take away from the group process by going off topic, or intimidating other group members. A good way to handle this person is to stop them at a point, and ask for the other’s opinions on what was just said. Breaking eye contact at this point also indicates that you are looking for a response from the rest of the group. Also, to avoid this in the future from the same person, begin discussing a topic by going around the room to get everyone’s ideas.

The Disagreeable Group Member – “Grumpy Gus”

Negativity can take away from the group process. Someone putting you and others down for comments made will make things awkward. A person who does this may be combative and disagreeable by nature, they may be upset about quitting smoking, or they may be unaware of how to make comments constructively. In order to comfort those effected by this person’s behaviour, it may be necessary to paraphrase their comments using constructive communication. Restating the goal of the group; discussion and support around quitting smoking, may be necessary to get this person to cushion their comments.

The Know-It-All Group Member – “Smarty-Pants Samatha”

Some people want to share or in some cases show off their knowledge and experience. Sometimes this is good information that the group can benefit from hearing, sometimes it is incorrect, and sometimes it is just too much, too often. When dealing with a person such as this, it is important that you know your stuff. Paraphrasing the correct comments and gentle questioning or adjusting the incorrect comments can help to focus the group.

The Sharing-Everything Group Member – “Too Much Information Ted”

In counselling-style groups, a person with a need to share too much personal information may be found. The level of comfort with the group and its focus sets the stage for what is too much personal information. When someone crosses the line, you or other group members may become uncomfortable and this detracts from the group process. It is important to closely consider what this person is sharing. It could be a serious cry for help, or just that this person’s comfort levels are different than yours and the groups. Redirect this person’s energy by coming back to the discussion topic and offer to speak with this person after the meeting if appropriate.

References:

- 1) *Problems Facilitators Might Encounter* <http://www.see.ed.ac.uk/~gerard/MENG/MECD/topics.html>
- 2) *Leading Bits: Tips on Leadership Development for Groups* Office of Student Activities LeTourneau University Texas

Empowering Smokers

Encourage smokers who want to quit to stay on track can be very difficult. Each person will have different reasons to become a non-smoker. What empowers one person to stay focused will be different for the next. The more motivating and empowering techniques you can provide the better the chances of smokers to become non-smokers.

Focus on the 5 R's

Relevance - What concerns about smoking are relevant to you? What would motivate you to quit smoking? Take a moment to consider how you would be better off if you quit smoking. You may discover you have more good reasons to quit than to continue smoking.

Risks - What are you most concerned about if you continue to smoke? Make a list that might include:

- Health problems or concerns (shortness of breath, severe asthma symptoms, harm to a developing baby, impotence, and infertility)
- Long-term health risks (heart attack and stroke, lung disease, and cancer)
- Risks to others (second hand smoke exposure, modelling smoking to children, low birth weight or sudden infant death syndrome, children with respiratory infections and asthma)

Rewards - What do you consider the rewards or benefits of quitting smoking?

- Having a younger looking and healthier body
- Setting a good example for others (especially children).
- Saving money by eliminating the cost of smoking

Roadblocks – Who or what are some potential people, places, situations, or feelings that will increase the temptation to smoke, and how will you handle them? Some roadblocks could include nicotine withdrawal, previous quitting failures, weight gain, depression, lack of support from family or friends, stressful environment, living with a smoker, missing smoking habits or rituals, missing social smoking.

Repetition - Regularly remind yourself why you want to quit smoking. Make a list of your reasons to quit and the benefits you expect from quitting. Put your list of reasons somewhere where you will see it everyday. Review it whenever you are struggling with the quitting process. Add to your list whenever another reason or benefit occurs to you.

Adapted from WebMD Smoking Cessation website (http://my.webmd.com/hw/smoking_cessation/aa151521.asp)



Focus on the positives quitting

Instead of wanting to quit smoking...focus on wanting to feel and look better. Clean lungs, clean breath, strong stamina, brighter teeth, spotless fingers, better taste in your mouth, food tasting better, extra money in your pocket, etc. Imagine that you have stopped smoking, your lungs and heart are becoming cleaner and stronger, you are richer, more robust and energetic, etc. Spell out the positive goals that you most care about. Those have to be the goals for which you will truly give anything. Then hold that desire in your mind, all the time. It will be a strong deterrent against smoking.

Keep on desiring and imagining such outcomes, several times, on a daily basis, just as you would take medication every day, morning, afternoon, and evening. In the beginning, reward yourself every hour that you can keep your body free of nicotine.

If you have a relapse, take it merely as a "slip," get up, and get on with your "desire and imagination" program. If you use a nicotine patch, or any other program to quit smoking, you can still use these ideas for additional help. Good luck!

*Adapted from: Use Imagination, Desire Against Smoking. Mind Publications. Written by Vijai P. SharmaPh.D
<http://www.mindpub.com/art077.htm>*

Little bits of focus

Quotes from former smokers can be another way to help motivate people to quit smoking and stay quit. This collection of quotes contains some inspirational quotes that could be the key phrase a smokers uses to remind themselves why they quit. Also included are a few funny quotes that highlight what it is like to quit smoking and can help smokers see that what they are feeling is not unusual and can be overcome.

We don't throw old habits out the window - we walk them down the stairs very slowly. ~ Mark Twain

When I gave up smoking I adopted another companion to keep me company when I was alone. I became a friend to myself. ~ Ernest Caldwell

I am on the verge of turning into the person I've always had the potential to become. ~ Mary Elliot

This can be the last time I need to quit, if that's what I want. The choice is mine alone. ~ Author Unknown

Thank heaven, I have given up smoking again!... God! I feel fit. Homicidal, but fit. A different man. Irritable, moody, depressed, rude, nervy, perhaps; but the lungs are fine. ~A.P. Herbert

Giving up smoking is the easiest thing in the world. I know because I've done it thousands of times. - Mark Twain

"Even at the hardest times I never doubted the whole thing was going to be a totally positive experience." - successful ex-smoker

"Sometimes I just sit in front of a mirror and watch myself inhaling that poison gas. If I was in a concentration camp and someone tried to make me do that, I'd want to kill them." - anonymous smoker

"Even with the best preplanning quitting is an extremely unsettling experience. It may feel as if somebody dropped a bomb on your life." - anonymous smoker



Special Audiences

When facilitating smoking cessation groups or providing one-on-one counselling for smokers, it is important to keep in mind that since everybody is different, you will need to continually adjust how you provide information and what information you provide. To make things a little easier, information for certain populations of people is provide below.

Smokers with a mental illness or another addiction such as drugs or alcohol

People with mental illness should have complete access to the same programs for smoking cessation as the general public. Their mental illness may place them at a higher risk for relapse, however smoking cessation can be successful and is definitely worth the health benefits of quitting. People suffering from depression should be strongly urged to talk to their physician about using Zyban to quit smoking, as it has the added benefit of being an anti-depressant but could have harmful effects if take with other anti-depressants. Some people with a mental illness may experience heightening of symptoms of their disease as they quit smoking. As well, quitting smoking can effect they way some drugs people with mental illnesses are taking so it is suggested that these people stay in close contact with a physician during the quitting period. Quitting smoking can occur at the same time as treating other addictions and, although there is little evidence that quitting smoking will cause a relapse in other addictions, these people should be supported throughout.

Smokers who are elderly (65+)

Smokers over the age of 65 can benefit from quitting smoking as they reduce their risk of having a heart attack, or getting heart disease or lung cancer. Quitting smoking can help by speeding up the recovery time of an elderly person after an illness or surgery and will improve circulation in the brain. When counselling elderly people it can help to use age-appropriate examples, speak clearly, and be aware of mobility limitations.

Smokers from various racial and ethnic populations

Various racial and ethnic populations of people are more likely to smoke than the general population. Counselling on quitting smoking for these groups of people should be readily available. It is important to remember that their may be a language barrier between yourself and some of the people you are supporting in their quitting. Cultural sensitivity is also crucial. If you will be working predominately with a particular racial or ethnic population is important for you to receive additional information on counselling with that population.



Smokers who are women and smokers who are pregnant

Lung cancer is the current number one cancer killer among women. Women can benefit from the same quitting smoking programs as men, however, programs specifically for women can be more beneficial. Stress and barriers to quitting for women can be different than men. Women are more likely to suffer from depression, are more concerned over weight gained related to quitting, and have fluctuating hormonal cycles which complicates things. Women who are pregnant or thinking of becoming pregnant can be particularly open to quitting smoking. Pregnant women who are currently smoking should be made aware of the risks of smoking on herself and her fetus. Quitting smoking will greatly reduce the risks of low birth weight and sudden infant death syndrome (SIDS). Women who are pregnant should be supported through the pregnancy and following the pregnancy to avoid relapse at that time as approximately 30% of pregnant smokers who quit smoking will start again when the baby is born.

Smokers who are very concerned about weight gain related to quitting

Moderate weight gain usually occurs when someone quits smoking. It is important that when counselling someone who is particularly concerned about weight gain that you neither denied nor downplayed its significance to the person. It should be stressed that quitting smoking should be this person's first priority as it has major health consequences in comparison to weight gain. It is important to encourage a healthy lifestyle during quitting (ie getting active, more fruits and vegetables, and limiting alcohol) but to discourage strict dieting during quitting, as it can be detrimental to the quitting process.

Reference: The US Surgeon General's Treating Tobacco Use and Dependence. PHS Clinical Practise Guidelines.



Grey Bruce Health Unit: 1-800-263-3456
www.publichealthgreybruce.on.ca

Coping Skills

Smoking and Stress

Many people report they smoke when they are stressed or have tension in their lives. However, smoking and the nicotine inhaled are not helpful in relieving stress. Nicotine once in the body raises your heart rate and blood pressure adding to the overexcited feeling of stress. When nicotine is low, the body craves it, leading to feelings of tension if a cigarette is not smoked. The act of quitting smoking will add greater stress to the lives of people who want to quit. Smokers preparing to quit should be prepared to deal with their stress in a healthy way in order to avoid relapse.

Managing Stress

Some tips to deal with cravings that will cause stress for people trying to quit

- Do some deep breathing exercise
- Think of a peaceful, enjoyable scene and take a short "holiday" in your mind
- Drink a glass of cold water
- Take a warm shower
- Go for a walk

Some tips to handle stress in everyday life so that is cigarette is not needed to 'calm down'

- Share your worries and problems with someone you trust
- Make time for yourself to do something that you really enjoy
- Prioritise the things you have to do and plan your time accordingly
- Be realistic about what you can do
- Learn to say no
- Learn to express what you think and feel
- Think positively and keep your sense of humour
- Exercise regularly. It relieves stress and helps you to sleep better

Reassure people that it takes time to develop these coping skills. They shouldn't expect to get them right the first time, they just need to practise them. People that expect too much of themselves will just feel more stressed. Practise and patience is important.

Adapted from: Singapore Health Unit

<http://quitsmoking.about.com/gi/dynamic/offsite.htm?site=http%3A%2F%2Fwww.hpb.gov.sg%2Fhpb%2Fhaz%2Fhaz03052c.asp>



Grey Bruce Health Unit: 1-800-263-3456
www.publichealthgreybruce.on.ca

Relaxation Techniques

Here is what you need:

A quiet environment - This can be a quiet room at home or at the office, a place of worship, or a place outdoors where you can be completely alone with no distractions.

A comfortable position - Assume a comfortable position. Sitting with a straight spine is preferable, although you can also sit cross-legged or in the lotus position. Do not lie down as this may result in falling asleep.

A point of focus - This can be a special word or phrase, which you repeat throughout the session. You can practise with your eyes closed or focus them on an object.

A passive attitude - Do not worry about your thought processes during a relaxation session. Distracting thoughts are difficult to eliminate. Just let them happen but continue to concentrate on your chosen point of focus.

There are a variety of methods to relieve your stress and you may need to explore different techniques to discover which one best suits you. Once you have found a technique that works for you, it is important to take the time and effort to make such practice a regular routine, as benefits compound over time. Here are a few of the relaxation techniques you may wish to try, all of which are a variation on the relaxation response:

The Relaxation Response

Sit in a comfortable position (keeping a straight spine). Close your eyes. Progressively relax all the muscles in your body. Begin to breathe slowly, inhaling through your nose and exhaling through your mouth. As you exhale, repeat your chosen word or phrase. If thoughts keep intruding don't dwell on them, simply note them and continue to repeat your chosen word(s). Continue doing this for 10 to 20 minutes. Practice this technique early or late in the day for optimum results but wait at least two hours after eating a meal.

Progressive Muscle Relaxation

Stretching can promote relaxation and reduce stress. Stretch only until you feel a gentle stretch - then hold for eight to ten seconds. Don't bounce. Try to relax the muscles and in doing so, you will be able to (gently) stretch it a little bit further. Start by scrunching up your toes. Tighten them up and hold for five to ten seconds then let them relax and stretch them out. Move on to the next set of muscles; scrunch tightly then release and stretch. Go on to each set of muscles in turn till you reach the muscles you use to furrow your brows. By this time, your whole body will feel relaxed.

Deep Breathing Exercise

Deep breathing can be done anytime, anywhere. Deep breathing provides extra oxygen to the blood and causes the body to release endorphins, which are naturally occurring hormones that re-energize and promote relaxation. Slowly inhale through your nose, expanding your abdomen before allowing air to fill your lungs. Reverse the process as you exhale. Do this exercise for three to five minutes whenever you feel tense.



Visualization

Find a quiet place where you feel comfortable. Sit down. Close your eyes. Breathe slowly. Become aware of each breath. Concentrate on how your body feels. Now try focusing on one peaceful thought, or create a picture in your mind of a beautiful place. If your mind wanders back to the problem creating the stress, make yourself return to the peaceful thought and stay there for a few minutes.

Meditation

There are two forms of meditation: passive and active. In the passive form one is barely paying attention to one's thoughts. Passive meditation is done to reduce stress, fatigue and bring about a tranquil state. Passive meditation is the form of meditation most people are familiar with and perhaps the easiest to perform. Here's how:

1. Have a quiet place to meditate where you won't be disturbed.
2. Wear loose, comfortable clothing.
3. Sit in a comfortable position.
4. Lower the light level of your surroundings.
5. Slowly allow tension to flow out of your body.
6. Begin to breathe deeply and rhythmically. Your chest and abdomen should both move together as you inhale and exhale.
7. Begin to direct your attention to a particular image: a stream, a quiet landscape. You can also concentrate on your own rhythmic breathing or a favourite word or phrase which you can repeat aloud or silently to yourself. You may wish to close your eyes or fix your gaze on something nearby.
8. Maintain your focus on your chosen image, sound or word. Let your thoughts continue to flow but do not dwell on them, merely note them and return to your point of focus. Continue to meditate in this way for 10 to 20 minutes. Regular, daily practice is required in order to experience the benefits of meditation.

Nature

Sometimes all that is needed when you're stressed out is a little quiet time. Getting away from the hustle and bustle of the city for a walk along a quiet path in the woods or a stroll through the gardens in a park or along a beach can help to bring about a calm mood, washing away tension. Natural surroundings, sounds and smells, fresh air and the exercise of walking can provide a welcome break from the hectic pace and encroaching cares of the day.

Adapted from *Maintaining Your Mental Health*. Canadian Mental Health Association Richmond, BC Canada
<http://www.vcn.bc.ca/rmdcmha/stressa.html>



Grey Bruce Health Unit: 1-800-263-3456
www.publichealthgreybruce.on.ca

Positive Self-Talk

Sometimes we have negative thoughts about ourselves or our situation ("This is unbearable, I don't think I can do this" or "I feel awful, why am I doing this to myself?"). The more people use negative self-talk, the less likely they will stop smoking. Catching negative self-talk and replacing it with **Positive Self-Talk** help to keep smokers from relapsing.

Examples of **Positive Self-Talk** include:

- It will get better in time.
- I've handled things tougher than this.
- What I feel is evidence that my body is healing itself.
- I don't have to smoke. I can do something else right now.
- I only have to deal with one day at a time.

Positive Self-Talk can also be used directly before, during, and after a stressful situation that could lead to relapse. For example: walking past a group of people smoking on the way into work in the morning. Using **Positive Self-Talk**, make a list of positive things to think before encountering potentially stressful situations.

For example, as approaching the crowd think:

- "Other people smoking cigarettes, but I can handle it."
- "Everything is going to be alright."
- "I can manage my stress by breathing slowly and deeply."
- "I've handled this successfully before."

While passing the crowd think:

- "I can handle it."
- "I'll be through in a few seconds."
- "Relax and breathe deeply."
- "I can stay calm."
- "Everything will be alright."

After you have entered the building, you can think:

- "Congratulations!"
- "I did an excellent job."
- "I managed my stress."
- "I did my breathing well."

This method of using Positive Self-Talk is very helpful if prepared in advance since it interrupts the flow of negative images and thoughts before, during, and after a stressful situation.

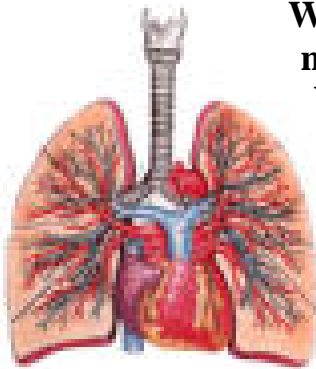
Reference:

- 1) <http://www.hc-sc.gc.ca/hecs-sesc/tobacco/quitting/road/stress.html>
- 2) http://www.soe.usfca.edu/institutes/ccfd/disastershock_coping6.html



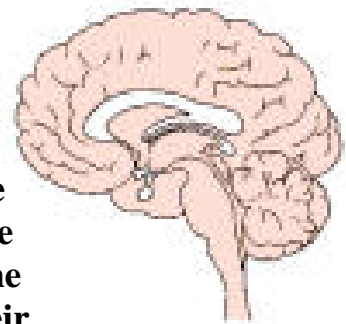
Withdrawal

Nicotine Uptake



When a smoker takes a puff of a cigarette they inhale nicotine and various other chemicals into their lungs. When the nicotine reaches the lungs it is quickly absorbed into the blood stream through blood vessels surrounding the lungs. Next the nicotine travels through these blood vessels to the heart which pumps the blood out to the rest of the body, including the brain. This happens very quickly, supplying the brain with nicotine about 8 seconds after the cigarette smoke is inhaled.

Once nicotine reaches the brain it acts like one of the natural chemicals in the brain, acetylcholine. Both acetylcholine and nicotine stimulate the brain causing the person to feel alert and excited. The brain quickly becomes used to this high level of chemical caused by the nicotine, and when there is no nicotine in the system, the person feels uncomfortable and craves the nicotine sources (cigarettes). The person then adjusts their smoking to keep the level of nicotine up, however they find that more and more nicotine is needed to get back to the pleasurable feelings.



Reference: *Tobacco in the Brain* (<http://www.intheknowzone.com/tobacco/inthebrain.htm>)

Dealing with Withdrawal

When a person stop smoking, their brain and body begin the process of healing itself. Sometimes at the beginning of the quitting process, people can experience symptoms of nicotine withdrawal.

The most common symptoms include:

- Irritability, frustration, anger or anxiety
- Difficulty in concentrating
- Restlessness
- Increased appetite
- Problems falling asleep or frequent waking
- Slight depression or feeling down

Not all smokers go through withdrawal. What's more, not all individuals who go through withdrawal experience the same number or intensity of symptoms.

How long does withdrawal last?

For many people, withdrawal is at its worst for the first few days after they stop smoking. It begins to lessen after 3 or 4 days. After a week to 10 days all withdrawal symptoms should be gone. Because the symptoms are most intense in the first few days after a smoker stop, this is when they are most likely to start smoking again. Therefore, an important task for them is to find positive ways to cope. A smokers main task in quitting is to find a way to get through the first few days. If they do, they have a much better chance of succeeding for good.

How to cope with withdrawal?

The first step is to plan for the possibility of withdrawal. Remind smokers to be understanding with themselves during this time. For example, suggest that they take time off, work at a slower pace, get busy with a new project or whatever works best for them. Encourage them to let people know what they are going through, and ask for support and understanding. Setting up someone to for the smoker who is quitting to talk to at this time may help.

If withdrawal symptoms for the smoker will be severe (see Fagerstrom Test for Nicotine Dependence), encourage the smoker to consider using a medication designed to help people quit smoking. Research indicates that medications for quitting can reduce the number and severity of withdrawal symptoms that people who quit smoking feel.

Some people may also experience increased coughing and headaches for a few days or weeks after quitting. This is not due to nicotine withdrawal. This is the smoker's lungs attempting to clear themselves.

Adapted from Health Canada (<http://www.hc-sc.gc.ca/hecs-sesc/tobacco/quitting/road/withdrawal.html>)



Myths and Facts About Stop-Smoking Medications

Myth 1 – Nicotine is the harmful substance in cigarettes.

Fact – It is not nicotine, but the thousands of chemicals in tobacco and its smoke, which are responsible for the most of tobacco-caused disease.

Myth 2 – Addiction to nicotine is the same if it comes from nicotine gum, the patch, or cigarettes.

Fact – Cigarettes are far more addictive than nicotine gum or the patch because nicotine reaches the brain much faster through inhaling it.

Myth 3 – Nicotine replacement therapy is dangerous for smokers.

Fact – Nicotine replacement therapy is safe for smokers.

Myth 4 – Smoking while on the patch increases the risk of a heart attack.

Fact – Use of the patch while smoking does not increase the smoker's risk for a heart attack.

Myth 5 – Patients with heart disease should not use the nicotine patch or gum.

Fact – It is more dangerous for patients with heart disease to continue to smoke than to use the nicotine patch or gum.

Myth 6 – Pregnant women should not use nicotine gum or the patch*.

Fact – The nicotine patch and gum are thought to be safer than smoking for the pregnant woman and her baby. Pregnant women who cannot quit should be considered for the nicotine patch or gum.

*** If you are pregnant or breastfeeding always check with you doctor before using nicotine gum of the patch.**

Myth 7 – Smokers under 18 should not use the nicotine patch or gum.

Fact – Most daily smokers begin smoking before age 18. The nicotine patch and gum are far safer than smoking. The nicotine patch or gum should be considered for all smokers who need the nicotine patch or gum to quit, including those under 18.

Myth 8 – Stop-smoking medications are not effective in helping people quit.

Fact – The nicotine patch or gum and Zyban are effective, government-approved medications available to help smokers and have been found to double the quit rate for smokers

Myth 9 – The nicotine patch and gum should not be used at the same time as Zyban.

Fact – The nicotine patch and gum may be used at the same time as Zyban

Myth 10 – The nicotine patch or gum should only be taken in recommended doses.

Fact – Smokers should be in control of how they use the nicotine patch or gum and should vary the dose according to their own needs. Like smoking, it takes time to learn how best to use the nicotine patch or gum to benefit from it.

Myth 11 – Banning smoking during a hospital stay often results in quitting.

Fact – Banning smoking during a hospital stay is unlikely to result in quitting. Smokers should be encouraged to start stop-smoking medications before or during their hospital stay.

Myth 12 – The nicotine patch or gum should not be used for longer than 3 months.

Fact – The nicotine patch and gum should be used as long as needed to stay smoke-free

Myth 13 – The nicotine patch or gum should only be used to quit smoking.

Fact – The nicotine patch or gum can be used by people who are not yet ready or able to quit as, for some people, being smoke-free is not possible right now. The nicotine patch or gum may help these smokers take a "cigarette holiday" or cut back on the number of cigarettes they smoke as a step towards quitting.

Adapted from *Rethinking Stop-Smoking Medications: myths and facts*. Ontario Medical Association, June 1999.
<http://www.oma.org/phealth/stopsmoke.htm>

Healthy Living

Second Hand Smoke

More than 1,000 non-smokers will die this year in Canada due to second hand smoke

- Second-hand smoke is a combination of poisonous gases, liquids, and breathable particles that are harmful to our health.
- Second-hand smoke consists of mainstream smoke (the smoke inhaled and exhaled by the smoker) and sidestream smoke (the smoke released directly from the end of a burning cigarette).
- Second-hand smoke contains over 4,000 chemical compounds, 50 of which are associated with, or known to cause cancer.
- Two thirds of the smoke from a burning cigarette is not inhaled by the smoker but enters into the surrounding environment. The contaminated air is inhaled by anyone in that area.
- Second-hand smoke has twice as much nicotine and tar as the smoke that smokers inhale. It also has five times the carbon monoxide, which decreases the amount of oxygen in our blood.

General Population	Children
<ul style="list-style-type: none"> • Second-hand smoke causes disease and death in healthy non-smokers. • If you are a non-smoker, exposure to second-hand smoke increases your chance of lung cancer by 25%, heart disease by 10%, and cancer of the sinuses, brain, breast, uterine cervix, thyroid, as well as leukemia and lymphoma. • Although only 3 in 10 people report being exposed to second-hand smoke, 9 in 10 people have detectable levels in their bodies. 	<ul style="list-style-type: none"> • The health effects on children exposed to second-hand smoke include Sudden Infant Death Syndrome (SIDS) and breathing problems in children as young as 18 months of age. • Children exposed to second-hand smoke in their homes are more likely to suffer breathing problems such as asthma and damage to their lungs. Children are twice as likely to smoke if their parents are smokers. • More than three times as many infants die from second-hand smoke-related Sudden Infant Death Syndrome as from child abuse or homicide.

Controlling Exposure

- There is no known safe level of exposure to cancer-causing agents. Restricting smokers to separate rooms will only help if these rooms have their own ventilation systems.
- Electronic air filters and air purifiers may remove some smoke particles from the air, but they cannot remove those that have settled on food, furnishings, skin and other surfaces.
- The only way to eliminate second-hand smoke from indoor air is to remove the source

Adapted from: Health Canada (http://www.hc-sc.gc.ca/hecs-sesc/tobacco/facts/health_facts/second_hand.html)



Health Effects of Smoking

What are the effects on individual smokers?

Unless they quit, up to half of all smokers will die from their smoking, most of them before their 70th birthday and only after years of suffering a reduced quality of life.

The average smoker who continues smoking will die about 8 years earlier than a similar non-smoker.

There is strong scientific evidence that smoking is related to more than two dozen diseases and conditions. Fortunately, most of these start to reverse after a smoker quits smoking. Sometimes the benefits of quitting begin in a matter of hours.

All smokers are at extra risk for

- Coronary heart disease (e.g., heart attacks)
- Peripheral vascular disease (circulatory problems)
- Aortic aneurysm
- High blood pressure
- High cholesterol (LDL)
- Lung cancer
- Cancer of the mouth, throat and voice box
- Cancer of the pancreas
- Cancer of the kidney, and urinary bladder
- Chronic obstructive pulmonary disease (COPD)
- Chronic bronchitis
- Emphysema
- Pneumonia
- Influenza (the "flu")
- The common cold
- Peptic ulcers
- Chronic bowel disease (Crohn's Disease)
- Tooth decay (cavities)
- Gum disease
- Osteoporosis
- Sleep problems (falling asleep inappropriately and/or frequent waking)
- Cataracts
- Thyroid disease (Grave's Disease)

Female smokers are at an extra risk for

- Cancer of the cervix (womb)
- Menstrual problems
- Fertility problems
- Spontaneous abortion (miscarriage)

Male smokers have an extra risk of

- Erectile dysfunction (impotence)
- Fertility problems (problems with sperm)

There is some scientific evidence that smoking may also be related to cancer of the large intestine and leukemia.

In addition to various diseases, smoking also causes the skin to wrinkle and create the appearance of premature aging.

Smoking also reduces the sense of smell and taste.

Adapted from Health Canada (<http://www.hc-sc.gc.ca/hecs-sesc/tobacco/facts/index.html#fs>)



Grey Bruce Health Unit: 1-800-263-3456
www.publichealthgreybruce.on.ca

Lung Cancer

Cigarette smoking is the single most important preventable cause of lung cancer, accounting for 85% of all new cases of lung cancer in Canada. Lung cancer is the leading cause of cancer deaths.

What is cancer?

Cancer is the development of abnormal cells that grow out of control and form lumps called tumors. There are two types of tumors - benign and malignant. Malignant tumors are the most harmful and are often fatal. Benign tumors are more easily managed and controlled through surgery and other therapies.

How does cancer attack the lungs?

Cigarette smoke damages the lungs in two ways:

- Cigarette smoke inhibits and damages the normal cleaning process by which the lungs get rid of foreign and harmful particles. Smoke destroys an important cleansing layer in the lungs, which in turn causes a build-up of mucus. The result is "smokers' cough," an alternative method that the lungs take in attempting to clean themselves.
- The harmful cancer-producing particles in cigarette smoke are able to remain lodged in the mucus and develop into cancer tumors.

Facts

- Lung cancer will continue as the leading cause of cancer death among Canadian women with an estimated 7,000 deaths in the year 2000. The number of new cases of women diagnosed with lung cancer will increase to 8,400.8
- The estimates for Canadian men who will die of lung cancer in the year 2000 have risen to 10,700. The incidence of new cases of lung cancer is estimated at 12,200.
- In 1998, an estimated 17,100 Canadians died due to smoking-related lung cancer. Of the deaths caused by smoking-related disease, lung cancer accounted for 31% of male deaths and 28% of female deaths.
- The risk of lung cancer increases sharply the more you smoke and the longer you smoke.
- Second-hand smoke is the primary risk factor for contracting lung cancer among non-smokers.

Adapted from Health Canada (<http://www.hc-sc.gc.ca/hecs-sesc/tobacco/facts/index.html#fs>)



Heart Disease

Smoking is a major risk factor that contributes to a form of heart disease called cardiovascular disease. Cardiovascular disease is a major cause of death in Canada.

What is cardiovascular disease?

- Cardiovascular disease is defined as diseases and injuries of the heart, the blood vessels of the heart, and the system of blood vessels (veins and arteries) throughout the body and within the brain.
- Although there are many aspects of this disease, the fundamental problem is that the supply of oxygen and the necessary nutrients carried by our blood are constricted or blocked. This causes injury to our heart muscles.
- Smoking, or even exposure to second-hand smoke, makes the heart work harder by:
 - Decreasing the oxygen carried in the blood - carbon monoxide and other gases replace oxygen with each inhalation of cigarette smoke;
 - Increasing the heart rate - the heart beats faster to get more oxygen by accessing a greater volume of oxygen-poor blood;
 - Decreasing the size of blood vessels - a build-up of fat deposits associated with nicotine and carbon monoxide makes blood vessels and arteries smaller which limits the blood supply to the heart.

Facts

- Cigarette smoking is a well-known risk factor that contributes to, and significantly, increases the chance of having cardiovascular disease.
- In 1996, cardiovascular disease accounted for 37% of all deaths in Canada. While more men than women died of heart disease (22% vs 19%), more women died of stroke (9% vs 6%).
- The build-up of fat deposits in the blood supply system is called Coronary Artery Disease (sometimes called Coronary Heart Disease or C.H.D.) and can eventually lead to blocked blood vessels and arteries, which, in turn, can cause permanent damage to the heart muscles.
- The damage to the heart muscles because of a lack of oxygen can result in a heart attack.
- The risk of developing Coronary Heart Disease increases with the length and intensity of exposure to cigarette smoke.
- Smokers have a 70% greater chance of dying from Coronary Heart Disease than non-smokers.
- Smoking more than 40 cigarettes per day increases the chance of dying by 200 to 300% in comparison with non-smokers.
- Among people younger than 65, 45% of Coronary Heart Disease in men and 40% in women is caused by cigarette smoking.
- Among people 65 or older, 15% of Coronary Heart Disease in men and 9% in women is caused by smoking.
- Stopping smoking reduces the risk of smoking-related cardiovascular disease by approximately 50% within one year, and to normal levels (i.e. people who never smoked) within five years.

Adapted from Health Canada (www.hc-sc.gc.ca/hecs-sesc/tobacco/facts/index.html#fs)



Stroke

Cardiovascular disease is the major cause of death in Canada and affects two organs in the body: the heart and the brain. When the brain is affected, it is called a stroke, which is a blockage in the blood vessels that limits or stops the blood flow to or in the brain.

What is a Stroke?

- A stroke is a brain injury caused by a lack of blood.
- Without blood, the brain does not receive the necessary nutrients and oxygen. This can lead to permanent damage.
- Having a stroke can lead to severe mental or physical problems, such as full paralysis, partial paralysis, and loss of speech or loss of sight.
- There are three types of stroke: transient ischemic attack (TIA), hemorrhagic, and ischemic:
 - A TIA is a mini-stroke. Generally, there is no permanent brain damage, but it is often a warning that a major stroke is about to happen. Seeing a doctor immediately lessens the risk of a major stroke;
 - Hemorrhagic strokes occur when a blood vessel bursts inside the brain, increasing pressure in the head and injuring brain cells;
 - An ischemic stroke is the most serious and permanently damages brain cells by starving them of necessary oxygen and nutrients.

Facts

- Cigarette smoking is a well-known risk factor that contributes to, and significantly increases, the chances of having a stroke.
- The risk of stroke is approximately 50% higher in smokers than in non-smokers. The risk increases with the number of cigarettes smoked per day.
- Smokers who consume more than 25 cigarettes/day have the highest risk of a stroke.
- In 1996, cardiovascular disease accounted for 37% of all deaths in Canada. While more men than women died of heart disease (22% versus 19%), more women died of stroke (9% versus 6%).
- In 1996, approximately 2,500 Canadians died due to smoking-related strokes.

Adapted from Health Canada (<http://www.hc-sc.gc.ca/hecs-sesc/tobacco/facts/index.html#fs>)



Bronchitis and Emphysema

Chronic bronchitis and emphysema are two common lung diseases specifically associated with smoking.

What is Chronic Bronchitis?

- Chronic bronchitis is the production of excess mucus in our lungs and causes problems in absorbing oxygen. The excess mucus impairs breathing and is usually associated with constant coughing, which is a natural mechanism that removes foreign particles and irritants from our lungs.
- Healthy lungs have a natural cleaning process that removes the dust and smoke and other foreign particles that are part of the air, allowing us to breathe normally.
- Tobacco smoke contains many harmful chemicals, and the smoke itself limits our lungs' natural filtering/cleaning system. Cigarette smoke also contains substances that directly damage the lung tissue. Smoking irritates the bronchial tubes in the lungs, which in turn results in the production of more mucus. Smokers' cough, as it is commonly known, is a sign that the lungs are trying to clean themselves.
- Long-term exposure to cigarette smoke destroys the structure of our lungs, reducing their capacity to absorb oxygen. At the same time, the tiny airways which transfer oxygen from the lungs to the blood vessels are destroyed, resulting in less oxygen getting into the bloodstream.
- The symptoms of chronic bronchitis are a constant cough and excess phlegm. There is also a higher incidence of throat and lung infections. People with chronic bronchitis are more susceptible to both lung and heart failure.
- Unless treated, the disease will become progressively worse. Quitting smoking will stop the build-up of excess mucus and phlegm. After quitting, smokers will find that they cough more than when they smoked, but this is due to the cleaning mechanism working to clear out the accumulated smoke-related mucus and phlegm. This is only temporary.

What is Emphysema?

- Emphysema, often called "lung rot", is a degenerative disease. It shows up as shortness of breath - a feeling of breathlessness accompanying any movement or exertion.
- The first signs of emphysema may only be a slight shortness of breath. Many people consider their heavy breathing as just being out of shape, but gradually they will notice that climbing stairs or lifting heavy objects makes them wheeze and leaves them breathless. As the disease progresses, breathing becomes a major effort. Nothing can be done to correct the damage caused by emphysema. Lung damage is permanent and cannot be reversed.
- Emphysema is a debilitating disease and as individuals age, they become progressively weaker.
- Nearly all cases of emphysema are caused by long-term smoking. Those who smoke approximately 20 cigarettes a day will, sooner or later, have some sign of the disease.
- Stopping smoking will help stop the progression of the disease.

Adapted from Health Canada (<http://www.hc-sc.gc.ca/hecs-sesc/tobacco/facts/index.html#fs>)



Maintaining a Healthy Weight While Quitting Smoking

Be aware of appetite stimulants

Alcohol and coffee both increase the appetite, and both are often used with cigarettes and snack food. Alcohol is also a source of calories, as is coffee with sugar, milk or cream. Cut down on these until you're confidently smoke-free and satisfied with your weight.

Pay attention to fluids

It's a healthy practice to drink six to eight glasses of fluid a day (water, vegetable or fruit juice, low-fat milk, clear soup, etc). Water is the best choice, because it has no calories. One glass of water before a meal, at mid-morning, at mid-afternoon, and in the evening helps curb the appetite.

Follow a "stress relief" diet

This means eating less salt, sugar and fat, eating three regular meals or five smaller ones, following Canada's Food Guide to Healthy Eating.

Increase fibre

Fibre helps fill the stomach and satisfy the appetite. Foods containing fibre are grains, legumes (peas, beans, lentils), vegetables, fruits, nuts, and seeds. (Nuts and seeds are higher in fat than the other choices, however.)

Be aware of fat

Fat has twice the calories of protein or carbohydrates. Use low-fat cooking methods, such as baking, broiling or boiling, instead of frying; look for low-fat substitutes, including skim milk and low-fat cheese and yogurt; have vegetables or fruit on hand for snacking.

Plan meals

Plan what you will eat each day, either the night before or in the morning. It will help you make better quality food choices. Try to eat meals and snacks at the same time each day.

Make meals attractive

Put food on the plate in as attractive a way as possible. Use a smaller plate rather than a large one so that portions seem larger.

Adapted from Health Canada (<http://www.hc-sc.gc.ca/hecs-sesc/tobacco/quitting/weight.html>)



Canada's Food Guide



CANADA'S
Food Guide
**TO HEALTHY EATING
FOR PEOPLE FOUR YEARS
AND OVER**

Enjoy a variety of foods from each group every day.
Choose lower-fat foods more often.



Grain Products
Choose whole grain and enriched products more often.

Vegetables and Fruit
Choose dark green and orange vegetables and orange fruit more often.

Milk Products
Choose lower-fat milk products more often.

Meat and Alternatives
Choose leaner meats, poultry and fish, as well as dried peas, beans and lentils more often.



Grey Bruce Health Unit: 1-800-263-3456
www.publichealthgreybruce.on.ca

Exercise to Stop Smoking

Think of replacing a bad habit with a good habit. Exercise can be something that takes the smokers mind off the cravings for a cigarette while at the same time improves their health and well-being and can moderate the weight gain associated with smoking.

Starting any exercise program can be difficult at first so remind smokers that the first 2 weeks may be uncomfortable. Soon after that, however, their body will begin to feel stronger and healthier, and they will have more energy.

First thing to have smokers think about is stretching and flexibility. Make sure the stretches are slow and target every muscle group. Stretching will not only improve flexibility and help avoid injury, but can help relax a tense smoker who is trying to quit. Yoga classes can be a good way to increase flexibility and relieve stress.

Next thing smokers have to do is consider aerobic activity. Aerobic activities are those that work your heart and lungs as well as many muscles. These types of activities might be difficult at first for smokers who have been damaging their lungs with smoking, but in time this will improve. How long you do the activity depends on the type of activity you are doing. Health Canada suggests 60 minutes of light effort activity everyday or 30 minutes of moderate or vigorous activities 4 times a week.

Very light effort	Light effort	Moderate effort	Vigorous effort	Maximum effort
Strolling or dusting	Light walking, volleyball, easy gardening, stretching	Brisk walking, biking, raking leaves, swimming, dancing	Aerobics, jogging, hockey, basketball, fast swimming, health club machines	Sprinting, racing
How warm am I? What is my breathing like?				
No change from resting state	Starting to feel warm	Warmer	Quite warm	Very hot and sweating heavily
Normal breathing	Slight increase in breathing rate	Greater increase in breathing rate	More out of breath	Completely out of breath
Range needed to stay health				

Adapted from Health Canada's Physical Activity Guide

The final piece of exercising that is important for smokers is strength training. These types of exercises work through the various muscle groups, targeting them one at a time to improve their strength. This can be done in a health club with the weight machines or at home with a regular set of dumbbells. Various exercises should be done in sets of about 8 to 12 repetitions and can be done once a day or three times a week. These types of exercises do not work up a sweat like the aerobic activity but will help to build muscle which helps in fat metabolism.

Reference: Pagewise 2002 Using Exercise to Quit Smoking (http://akak.essortment.com/smokingcessatio_rkin.html)



Useful Resources

Here is a list of useful websites both for facilitators and for people wanting to quit.

www.gosmokefree.ca

Health Canada's website containing information on health effects of smoking, second-hand smoke, trends in smoking, the smoking industry, and advice for quitting. There are links to recent news articles on tobacco and Bob's quitting journal.

www.stopsmokingcenter.net

This website focuses on helping smokers quit. It contains links to support groups, web-buddies, success stories and public pledges. It also has an online quitting program, charting a smoker's road to success, and an online nicotine dependence test.

www.theotn.org

The Ontario Tobacco-Free Network's homepage. The OTN is a provincial interagency network consisting of the Canadian Cancer Society, Ontario Division (CCS), the Heart and Stroke Foundation of Ontario (HSFO) and the Ontario Lung Association (OLA). The site contains information for tobacco educators on new publications and news related to tobacco control in Ontario.

http://www.rnao.org/bestpractices/completed_guidelines/BPG_Guide_C3_smoking.asp

This website contains a downloadable version of the Registered Nurses Association of Ontario (RNAO)'s best practice guidelines for smoking cessation. This best practice guidelines is useful for nurses and lay person as it demonstrates how to ask about a persons smoke exposure, advise smokers to quit, assess their willingness to quit, and assist them in the quitting process.

www.ncth.ca

This website is run by the National Clearinghouse for Tobacco and Health Programs. It contains information for tobacco educators on smoking cessation, tobacco legislation, denormalization of tobacco, tobacco taxation, the tobacco industry, second-hand smoking, and tobacco use prevention.

Here are some of books recommended by participants in previous stop smoking workshops.

In and Out of the Garbage Pail by Frederick S Perls

An autobiography of Frederick Perls, who with his wife, founded Gesault Therapy. Gesault Therapy is a psychological therapy that focuses on the whole person.

Allen Carr's Easy Way to Stop Smoking by Allen Carr

This book helps smokers discover the psychological reasons behind their dependency, explains in detail how to handle the withdrawal symptoms, shows them how to avoid situations when temptation might become too strong, and enables them to stay smoke-free.



Bibliography

Glanz, K., Lewis, F.M., and Rimer, B.K. (editors). *Health Behavior and Health Education: Theory, Research, and Practice*, (3rd edition). San Francisco, CA, Jossey-Bass Publishers, 2002

Stages of Change Model by the Communications Initiative (<http://www.comminit.com/ctheories/sld-2920.html>). Accessed May 2004

American Psychological Association Psychology Matters. (<http://www.psychologymatters.org/glossary.html#s>). Accessed May 2004

Nursing Best Practice Guide. Integrating Smoking Cessation into Daily Nursing Practice. Developed by Registered Nurses Association of Ontario (RNAO), October 2003 (www.rnao.org/bestpractise)

Treating Tobacco Use and Dependence: Practical Strategies to Help Your Patient Quit produced by the University of Wisconsin Medical School, Center for Tobacco Research and Intervention

Facilitation Skills. National Training Partnership supported by the Center for Disease Control, USA. (<http://www2.edc.org/ntp/clearinghousebanner.asp>). Accessed May 2004

7 Deadly Sins. Billie F. Birnie of Birnie and Associates. *Journal of Staff Development*, 1999. (<http://www2.edc.org/NTP/7deadlysins/7deadlysins.html>). Accessed May 2004

Problems Facilitators Might Encounter (<http://www.see.ed.ac.uk/~gerard/MENG/MECD/topics.html>). Accessed May 2004

Leading Bits: Tips on Leadership Development for Groups Office of Student Activities LeTourneau University Texas

WebMD Smoking Cessation website (http://my.webmd.com/hw/smoking_cessation/aa151521.asp). Accessed May 2004.

Use Imagination, Desire Against Smoking. Mind Publications. Written by Vijai P. Sharma Ph.D (<http://www.mindpub.com/art077.htm>). Accessed May 2004

The US Surgeon General's Treating Tobacco Use and Dependence. PHS Clinical Practise Guidelines.

Singapore Health Unit (<http://quitsmoking.about.com/gi/dynamic/offsite.htm?site=http%3A%2F%2Fwww.hpb.gov.sg%2Fhpb%2Fhaz%2Fhaz03052c.asp>). Accessed May 2004

Maintaining Your Mental Health. Canadian Mental Health Association Richmond, BC Canada (<http://www.vcn.bc.ca/rmdcmha/stressa.html>). Accessed May 2004

Stress. Health Canada (<http://www.hc-sc.gc.ca/hecs-sesc/tobacco/quitting/road/stress.html>). Accessed May 2004

Tobacco in the Brain. In *The Know Zone* (<http://www.intheknowzone.com/tobacco/inthebrain.htm>). Accessed May 2004

Dealing with Withdrawal. Health Canada (<http://www.hc-sc.gc.ca/hecs-sesc/tobacco/quitting/road/withdrawal.html>). Accessed May 2004.

Rethinking Stop Smoking Medications: Myths and Facts. Ontario Medical Association, June 1999. (<http://www.oma.org/phealth/stopsmoking.htm>). Accessed May 2004

Go Smoke Free. Fact Sheets from Health Canada (<http://www.hc-sc.gc.ca/hecs-sesc/tobacco/>). Accessed May 2004

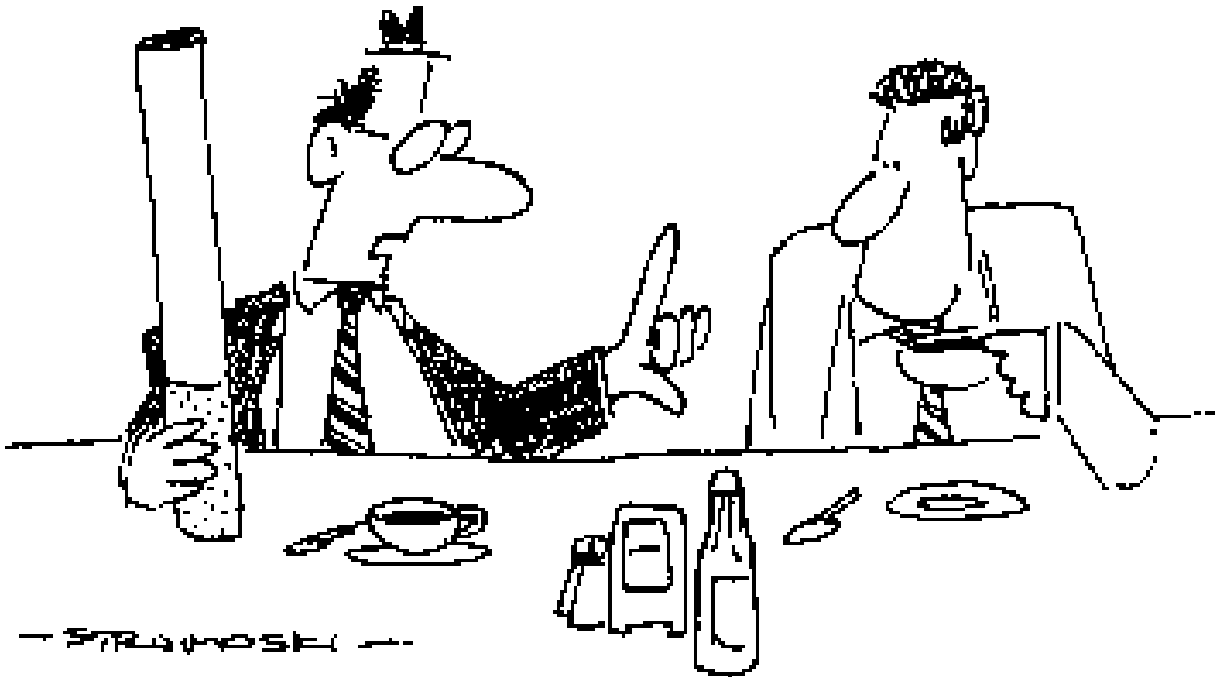
Health Canada's Physical Activity Guide (<http://www.hc-sc.gc.ca/hppb/paguide/index.html>). Accessed May 2004

Integrating Smoking Cessation into Daily Nursing Practice. RNAO, October 2003
Adapted from a Partners in Healthy Living Handout prepared by the Public Health Unit of Ottawa

The Quit 4 Life Facilitators Guide developed by Health Canada (<http://www.hc-sc.gc.ca/hecs-sesc/tobacco/youth/quit/quit.html>). Accessed May 2004

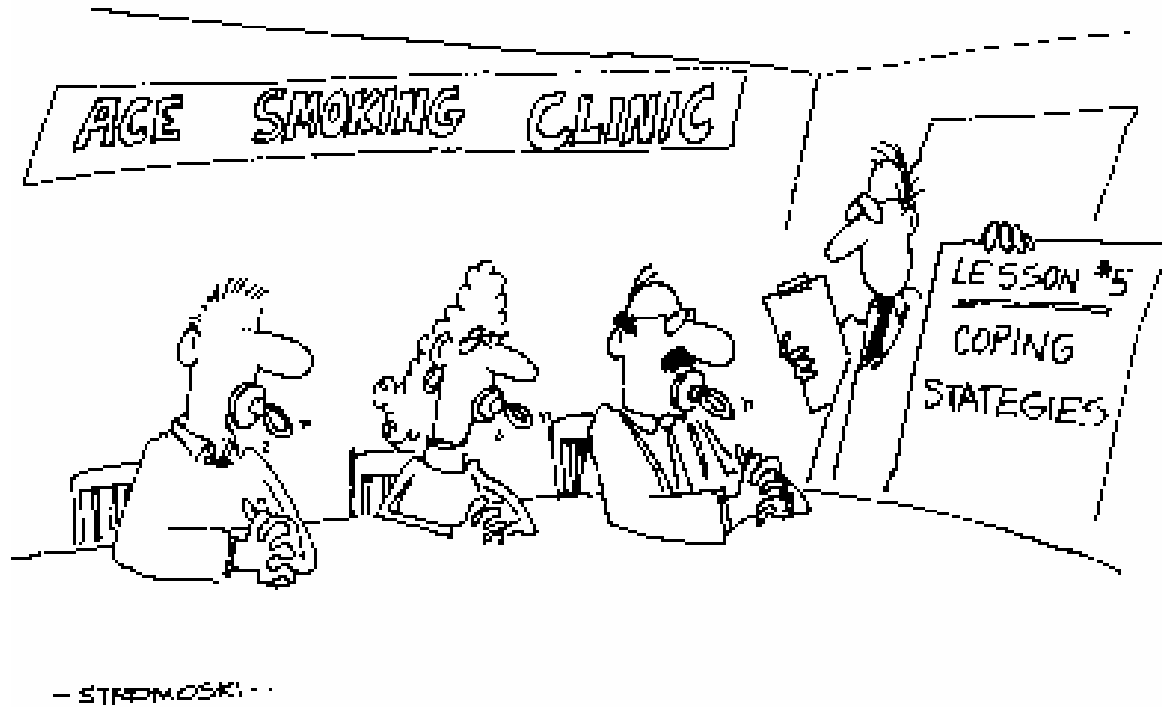


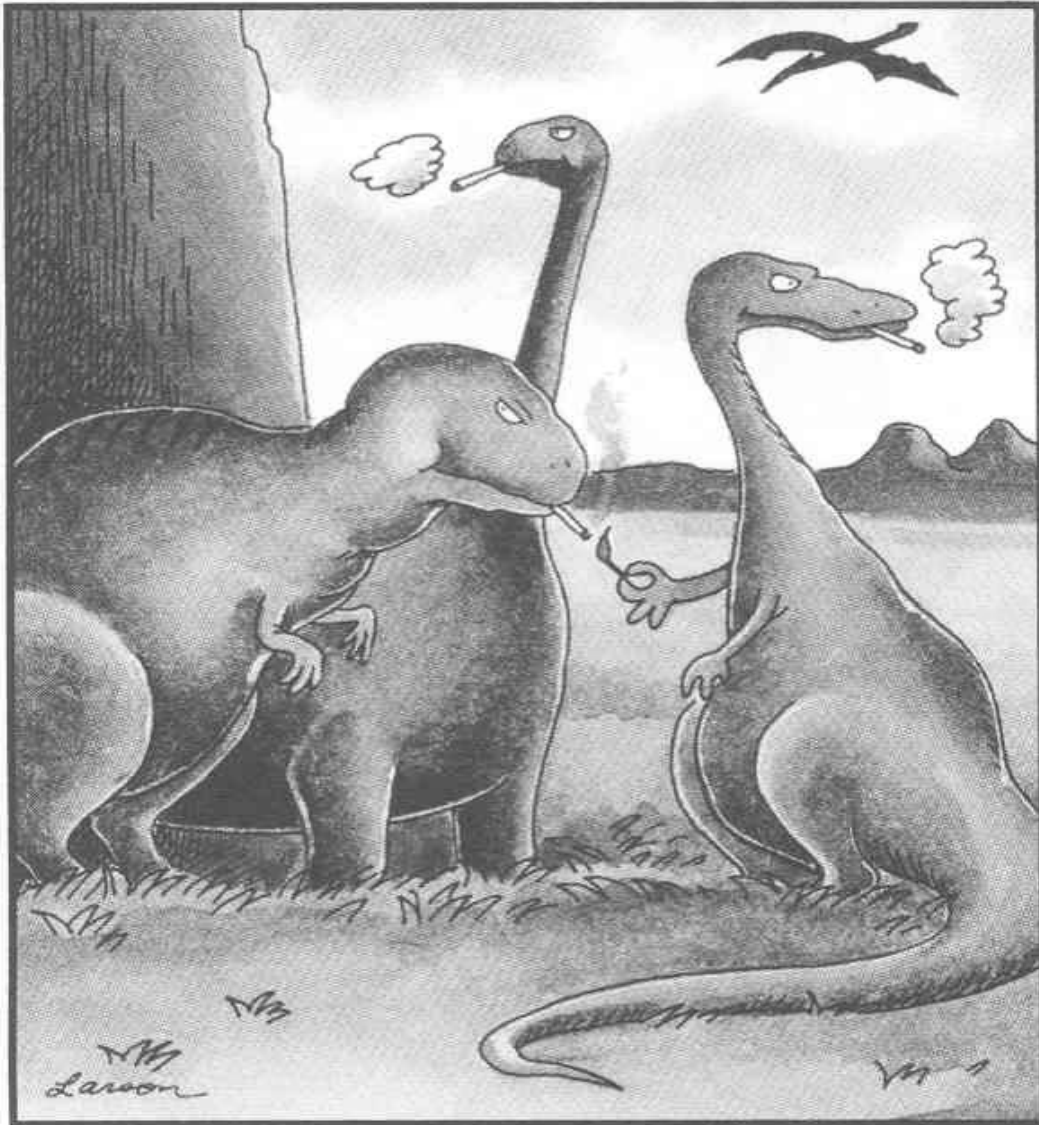
Smoking Comics



"I'm down to just one cigarette a day now!!!"







The real reason dinosaurs became extinct



Countdown to Quit Day: A Program for Smokers Who Want to Quit

Developed by:

Pam Kinzie
Andrea Naylor



Sponsored by:



Program Training & Consultation Centre
Centre de formation et de consultation

Facilitator's Guide for Group Program

Program Overview

This program was developed in order to provide smokers with the skills and information that will enable them to quit smoking. It is specifically designed for smokers who want to quit and therefore assumes that the participants have already made the decision to seek help. This guide has been created to assist community workers, health professionals and employee workplace wellness representatives help their co-workers and clients in their efforts to quit smoking. As a facilitator, you will not be expected to be an expert in tobacco issues. Ongoing help is available from the Health Unit to support your efforts in helping others to quit smoking by providing current information and resources about tobacco, health and facilitation skills.

Program Framework

The program outlines four weekly sessions that build on the skills and information needed to develop a comprehensive, individualized quit plan. Although smokers are encouraged to gradually reduce the amount they smoke during the four weeks, they will not have all of the tools that they might need to quit successfully until after the program is completed. Each session is designed to take about 90 minutes, however, you may want to change the number and length of these sessions to better fit your own environment.

The program uses a 4-step outline:

- | | | |
|----|-----------------------------|--------------------------------------|
| 1. | Understanding Why You Smoke | Understanding your smoking patterns |
| 2. | Getting Ready to Quit | Handling the addiction and the habit |
| 3. | Preparing Your Plan | Smoking triggers |
| 4. | Go for It! | Strategies for quit day |

Each session outline follows the same format:

Welcome & Recap: An opportunity for participants to share quitting experiences and recall significant points raised previously and interact with each other

Learning and Sharing: Information and skills for participants to learn about tobacco use and nicotine addiction in order to gain insight into their own smoking and to develop quit strategies

Wrap-up: Closing activity that allows participants to synthesize knowledge and skills learned and assists them in making plans or setting goals until the next session



Note: It is important that participants are relaxed and not desperate to have a cigarette immediately after each session. You might:

- Suggest that they refrain from smoking for a period of time after the session
- Give them a water bottle to take with them
- Have them visualize not smoking all the way home
- Distribute gum as they leave
- Do a relaxation exercise such as deep breathing at the end of the session
- Walk out with them and talk for a while.

Roles and Responsibilities

Facilitators

As a facilitator, your challenge is to develop a trusting relationship with the participants to help them strengthen their resolve to quit smoking and guide them through the program. You provide practical support and current information about tobacco and help them to develop the strategies and skills necessary to quit.

You need not feel that you have to have all of the answers to all of the questions. There is help available from the Health unit if you need information or resources. Your role is to involve each of the participants in the learning activities by using some techniques that are based on adult education principles. These include:

- Ask questions to involve participants – promote dialogue and interaction
- Set up the learning environment to promote participation from everyone
- Use active listening to understand what is conveyed - listen more than you talk
- Reflect and summarize what you are “hearing” from the group
- Pay attention to body language and non-verbal communication
- Be flexible - give control to the group
- Keep participants on track and keep to the agreed timeframes
- Focus on *learning* not teaching

Participants

Participants also have responsibilities. In addition to attending the sessions and arriving on time, they are encouraged to enter into group discussions enthusiastically, confine their comments to the topic, share their experiences, provide suggestions to their peers and follow the group guidelines. (See session One)



Advance Preparation for Group Sessions

- Advertise – Flyer, Internal E-mail, Newsletters
- Book appropriate room for sessions
- Confirm attendance with participants
- Make flip charts and overheads where appropriate
- Copy handouts and put into folders
- Order/purchase healthy refreshments for breaks
- Invite guest speakers for Session 2 – Local contact who has quit & local pharmacist

Materials


- Flip chart with paper
- Markers
- Name tags/labels
- Masking tape
- Overheads where appropriate
- Participant folders
- Resources such as *One Step at a Time* booklets and telephone helpline brochures

Room Set Up

- One table (oval or round) large enough for everyone to sit around
- Flip chart at side of room, near table and facilitator
- Optional overhead projector for groups of at least 8 participants

Prepared Flip Charts

Use coloured markers if available when preparing your flip charts (FC). Bolded print indicates information to go onto each flip chart.

FC#1	Cover Sheet Countdown to Quit Day: A Program for Smokers Who Want to Quit - Welcome!
FC#2	Your Objectives :
FC#3	“In order to quit, we need to develop a program of not smoking that’s stronger than the program to smoke” (quote from previous smoker)
FC#4 FC#5 FC#6 FC#7	Agendas – 1 for each of the 4 Sessions (See Session Outlines)
FC#8	Useful Web Sites & Helpline www.gosmokefree.ca www.stopsmokingcenter.net www.on.lung.ca www.cyberisle.org - (Teens) www.pregnets.org (Pregnant women) www.canadian-health-network.ca Ontario Smokers’ Helpline – 1-877-513-5333
FC#9	<u>Parking Lot</u>  (For outstanding issues that you want to remember to come back to)
FC#10	When I’ve tried to Quit Before... Things that were most helpful: Things that got in the way:
Blank	Have a few blank flipchart papers available drawing diagrams or making notes

Index of Handouts and Overheads

Handouts

1	Learning Objectives
2	Program Outline
3	Pre-program Survey
4	Health Benefits of Quitting
5	The WHY Test
6	Wanting to Quit Scales
7	Understanding Your Habit – Charting Cigarettes
8	Stop Smoking Medications Compared
9	Fagerstrom Test for Nicotine Dependence
10	Smoking Reduction Tips
11	Plan to Handle Your Triggers
12	Support Networks
13	Spot Stretches
14	Check Your Thoughts – Positive Self-Talk
15	My Personal Reasons for Quitting
16	Withdrawal – Handling the Cravings
17	This it it!!! – Quit Day Plans
18	Staying Smoke-Free
19	Post-Program Evaluation

Overheads

1a-h	Smoking – Myths and Facts
2	H.A.B.I.T.
3	Why do you smoke?

Session 1 Understanding Why You Smoke

<p>Welcome & Introductions</p> <p>Purpose: To set a relaxed tone for the sessions so that the participants feel comfortable sharing their experiences and to clarify the expectations of the roles of the both the facilitator and the participants.</p> <ul style="list-style-type: none"> • Introduce yourself. Be brief, but let the participants know your experience with smoking and quitting. • Ask each participant to introduce themselves and tell everyone how much and how long they've smoked • Discuss group guidelines. These could include: <ol style="list-style-type: none"> 1. Begin and end on time 2. Keep what happens here in confidence 3. Listen to each others' contributions 4. Advise the facilitator if unable to attend a session 5. Everyone is encouraged to participate 6. Feel free to get up and move about 7. No question is a stupid question 	<p>15min.</p> <p>Materials: FC#1 Name tags</p>
<p>Learning and Sharing</p> <p>Purpose: To identify the learning expectations of the participants.</p> <ul style="list-style-type: none"> • Ask participants what they would like to achieve by participating in the group • Note their responses on the flip chart using the wording that they use • Review the Learning Objectives handout 	<p>10 min.</p> <p>Materials: FC #2 HO #1 (Learning Objectives)</p>
<p>Program Overview</p> <ul style="list-style-type: none"> • Briefly introduce program with quote on flip chart • Distribute Program folders to each participant (these should include the handouts for the first session) • Refer to Program Outline in handouts • Review agenda for Session 1 on flip chart 	<p>5 min.</p> <p>Material: FC #3 HO #2 (Program Outline) FC #4</p>

<p>Pre-Program Survey</p> <ul style="list-style-type: none"> You may want to distribute this survey prior to the first session to gather information about participant learning needs so that you can emphasize the topics of special interest 	<p>15 min.</p> <p>Materials: HO#3 (Pre-Program Survey)</p>
<p>Smoking: Why is it So Difficult to Quit?</p> <p>Purpose: To start members thinking about the process of changing smoking behavior.</p> <ul style="list-style-type: none"> Use Smoking: Myths and Realities overheads to guide a discussion about what facts they believe about quitting smoking (Use overheads in groups of 8 or more participants) Discuss reactions that participants have to the information If you are not using overheads, read each one to the group and ask if they are true or false and why Ask participants to recall previous experiences with quitting. What helped? What got in the way? Use flip chart to capture their responses. 	<p>10 min.</p> <p>Materials:</p> <p>OH#1a-h (Myths and Realities)</p> <p>Blank FC</p>
<p>Break</p>	<p>10 min.</p>
<p>Reasons for smoking/reasons for quitting</p> <p>Purpose: To help participants explore their personal reasons for smoking.</p> <ul style="list-style-type: none"> Introduce topic by using H.A.B.I.T. overhead Review the Benefits of Quitting handout to reinforce their decision to quit and demonstrate the short and long-term health benefits of quitting. Ask participants to complete the Handout – “Why Do You Smoke?” and add up their scores using the answer sheet on the back Ask participants about what they learned from completing this handout? Refer participants to HO#5 for coping strategies based on why you smoke (Some people will have more than one reason, awareness about what triggers smoking can lead to strategies to include in personalized plans that will be developed over the course of the 4-week program) “Homework” – Ask participants to track their smoking for at least one day using HO#7 This will provide additional individualized information about why they smoke. Also have participants fill out the decisional balance worksheet (HO#8) 	<p>20 min.</p> <p>Materials: OH#2 (H.A.B.I.T) HO #4 (Benefits of Quitting) HO#5 (The Why Test) HO#6 (Wanting to Quit Scales) HO#7 (Charting Cigarettes) HO#8 (Decisional Balance)</p>

<p>Breathing and Stretching</p> <p>Purpose: To introduce relaxation exercises & to provide information about the lungs.</p> <ul style="list-style-type: none"> • Complete breathing relaxes, energizes, speeds up healing process of the lungs • Ask participants to take a deep breath in through their nose for 4 sec. out through their mouth for 4 sec. – repeat 3 times, pause, ask them to notice how they feel (Some participants may feel dizzy when they first do this due to extra oxygen – not harmful) • Helpful Facts: <ul style="list-style-type: none"> - Adults breathe an average of 16,000 litres of air each day - By breathing through your nose, the hairs & mucous membrane can filter and moisten the air - Gravity places more blood in the lower part of the lungs, than the upper part – therefore – deep breathing increases your energy by supplying more oxygen to the rest of your body - Our lungs contain 300 million tiny air sacs. If we laid them out side by side, they would cover an area larger than a football field - Lungs are more like bunches of grapes than balloons. The blood vessels around each “grape” or air sac take the oxygen from the air we inhale and replace it with carbon dioxide we exhale. - Smoking for a long time can decrease the ability of these air sacs to expand and contract with each breath. This is what leads to emphysema or chronic obstructive pulmonary disease (COPD) 	10 minutes
<p>Wrap-Up</p> <ul style="list-style-type: none"> • Ask participants if there are any questions and ask what key things they learned from the session today. • Remind them to track their smoking for at least one day. • Thank them for their participation and remind them about the date of the next session. 	

**If you've already tried
to quit, you've got less
chance of making it.**

True or False?

Smoking: Myths and Realities

False

Quitting smoking takes time. It's a process and every time you try to quit, you get closer to making it.

Smoking: Myths and Realities

**Most people start
smoking again
because they don't
have the willpower to
quit.**

True or False?

Smoking: Myths and Realities

False

Smokers say the physical craving for cigarettes is the number one reason they start smoking again.

Smoking: Myths and Realities

**There is no way to
reduce the cravings
for a cigarette.**

True or False?

Smoking: Myths and Realities

False

There are a number of ways to help reduce the nicotine cravings. They include:

- ◆ Nicotine replacement (gum or patch)
- ◆ Nicotine-free pill (Zyban)
- ◆ The Four D's (Deep Breathing, Delay, Drink Water, Do Something Else)

Smoking: Myths and Realities

**I have been smoking
so long it will take
years for it to make
any difference to my
health.**

True or False?

Smoking: Myths and Realities

False

After only one smoke-free day, your chance of a heart attack decreases.

Smoking: Myths and Realities

Learning Objectives

Upon completion of this 4-week program you will be able to:

- ✓ Identify your current smoking patterns;
- ✓ Pinpoint your own reasons why you want to stop smoking;
- ✓ Demonstrate relaxation techniques;
- ✓ Discuss the correct ways of using nicotine replacement therapy and know who to contact to obtain the best method for you;
- ✓ Identify the triggers that encourage you to smoke and develop strategies to counteract them;
- ✓ Choose healthy foods that will prevent excessive weight gain as your smoking decreases;
- ✓ Identify friends, family members or organizations that can support your quitting efforts;
- ✓ Use all of the tools and strategies in the course to develop and activate your personal quit plan.

Program Outline

Session One - Making the Decision

- Getting to Know Each Other
- Overview of the Program
- Why Do You Smoke?
- Some Myths...
- Summary and Closure

Session Two - Getting Ready to Quit

- Recap Last Session
- A Personal Experience
- Combating the Nicotine Addiction
- Summary and Closure

Session Three - Preparing Your Plan

- Recap Last Session
- Triggers And Stress
- Dealing with Withdrawal Symptoms
- Your Support Network & Action Plan
- Summary and Closure

Session Four - Go for It!

- Quit Day Strategies
- Your Support Network
- Lapse or Relapse
- Planning for Follow-up?
- Summary and Closure

Countdown to Quit Day Pre-Program Survey

This survey is intended to collect information from you the participant that will help us evaluate the program and find ways to make improvements. The completion of this survey is voluntary and greatly appreciated. No personal identification will be released.

About You (optional):

Name _____ Date _____

Smoking History

1) At what age did you smoke your first cigarette? _____ years old

2) How much do you smoke now?

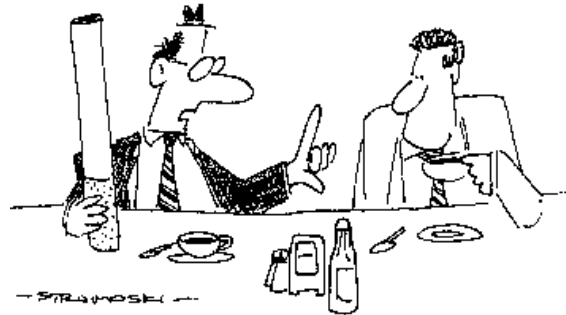
- Less than half a pack a day
- Half a pack per day
- Pack per day
- Pack and a half per day
- More than a pack and a half

3) How long have you been smoking? _____ years

About Quitting

4) When was the last time you tried quitting?

- Never
- In the last 2 months
- In the last 6 months
- In the last year



"I'm down to just one cigarette a day now!!!"

5) What was the longest time you went without a cigarette the last time you tried to quit?

- 1 day
- 2 days
- 3 to 7 days
- 8 to 14 days
- 15 to 30 days
- 1 to 2 months
- more than 2 months

Smoking Environment

6) How often do you smoke in your house?

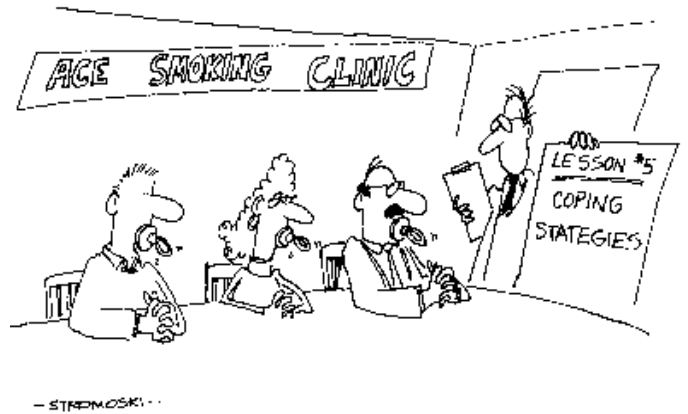
- Most of the time
- Sometimes
- Never

7) Who else smokes in your household?

- Just myself
- Spouse/Partner
- Father/Mother
- Brother/Sister
- Other _____

8) How many of your friends smoke?

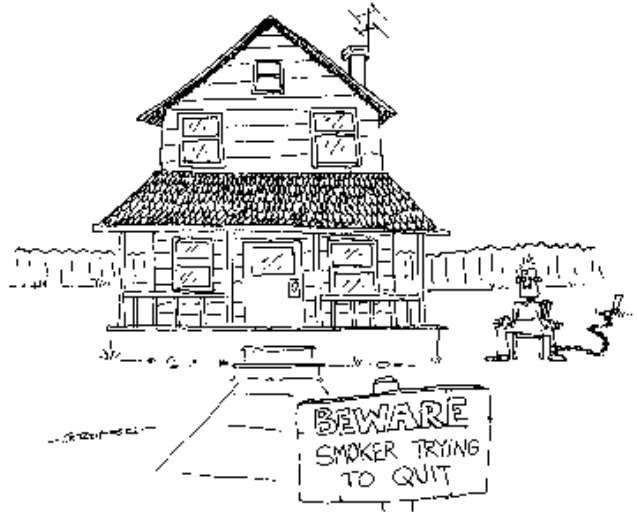
- None
- A few
- About half
- Most
- All



Smoking Habits

9) What is the main reason you started smoking?

- To fit in
- Boredom
- Weight Control
- My friends smoke
- My family smokes
- Curiosity
- Other _____



10) What do you think will be the hardest part about quitting smoking?

- Nicotine withdrawal
- Being around smokers
- Smoking at certain times (ie with coffee)
- Other _____

What do you want out of the program?

11) Please rate the following reasons for wanting to participate in this program

My reasons for participating	Very important	Somewhat important	Not at all important
I would like to quit smoking			
I would like to cut down on the number of cigarettes I smoke			
I would like to know what to do so I can quit in the future			
I am joining because someone (ie partner, family or friend) wants me to			
I want to smoke less when I am with my friends			
I don't want to be out of breath when I am physically active			
I don't want to smell of smoke			
I don't want to spend all that money on smokes			
I want to prove that I can quit			
I know someone with lung cancer and don't want to get it			
I would like to be better informed about smoking in general			

12) What other reason do you have for participating in this program?-

13) How much do you know about smoking and quitting?

I know about...	A lot	Something	Very little
Health effects of smoking			
Reason why I smoke			
Physical addiction to tobacco			
Smoking as a habit			
Benefits of quitting			
Methods to quit smoking			
How to prepare to quit or cutback on smoking			
What makes it hard to quit			
Dealing with withdrawal			
Getting support when quitting			
Steps involved in quitting			

14) Any other comments or suggestions?

Thank you for participating



Why is it so difficult to quit?

H	<i>smoking is a HIGHLY</i>
A	<i>ADDICTIVE</i>
B	<i>BEHAVIOUR</i>
I	<i>INTENSIVELY practised</i>
T	<i>over TIME</i>

Why do you smoke?

Physical addiction

Physical habit

Emotional support

Personal identity

Social habit



Health Benefits of Quitting Smoking



Health Benefits	Time From Last Cigarette
• Blood pressure drops to normal	20 minutes
• Pulse rate drops to normal	20 minutes
• Hand and foot temperature rise to normal	20 minutes
• Blood carbon monoxide level drops to normal	8 to 12 hours
• Nicotine by-products removed from body	9 hours
• Sense of taste and smell is sharpened	2 days
• Bronchial tubes start to relax, easier breathing	2 days
• Lung capacity begins to improve	3 days
• Walking, aerobic exercise becomes easier	3 days
• Circulation improves, experiences more energy	2 weeks to 3 months
• Bronchial cilia begin to re-grow and clean lungs	1 month
• Coughing, sinus congestion, shortness of breath decrease	1 to 3 months
• Risk reduced by 50% of developing Coronary Heart Disease	1 year
• Reduced risk of cervical cancer	2 years
• Reduced risk of mouth, esophageal, throat, and bladder cancer	5 years
• Reduction in the risk of developing pancreatic cancer	10 years

The WHY Test

Next to the following statements, mark the number that best describes your own experience

1 = Never, 2 = Rarely, 3 = Once in a while, 4 = Most of the time, 5 = Always

___	A. I smoke to keep myself from slowing down
___	B. Handling a cigarette is part of the enjoyment of smoking it
___	C. Smoking is pleasant and relaxing
___	D. I light up a cigarette when I feel angry about something
___	E. When I'm out of cigarettes, it's near-torture until I can get them
___	F. I smoke automatically, without even being
___	G. I smoke when other people around me are smoking
___	H. I smoke to perk myself up
___	I. Part of enjoying smoking is preparing to light up.
___	J. I get pleasure from smoking
___	K. When I feel uncomfortable or upset, I light up a cigarette
___	L. I'm very much aware of it when I'm not smoking a cigarette
___	M. I often light up a cigarette while one is still burning in the ashtray
___	N. I often light up a cigarette with friends when I'm having a good time
___	O. When I smoke, part of my enjoyment is watching the smoke as I exhale it
___	P. I want a cigarette most often when I'm comfortable and relaxed
___	Q. I smoke when I'm 'blue' and want to take my mind off what is bothering me
___	R. I get a real craving for a cigarette when I haven't had one in a while
___	S. I've found a cigarette in my mouth and haven't remembered that it was there
___	T. I always smoke when I'm out with friends at a party, bar, etc.
___	U. I smoke to get a lift

The WHY Test Scorecard

Write the number you put beside each letter in the WHY Test beside the same letter on the scorecard.

A ___ H ___ U ___	It Stimulates Me
Stimulation total ___	With a high score here, you feel that smoking gives you energy, keeps you going. So, think about alternatives that give you energy, such as washing your face, brisk walking and jogging.
B ___ I ___ O ___	I Want Something In My Hand
Handling total ___	There are a lot of things you can do with you hands without lighting up. Try doodling with a pencil, knitting or getting a dummy cigarette you can play with.
C ___ J ___ P ___	It Feels Good
Pleasure total ___	A high score means that you get a lot of physical pleasure out of smoking. Various forms of exercise can be effective alternatives. People in this category may be helped by the use of nicotine gum or a nicotine patch.
D ___ K ___ Q ___	It's A Crutch
Crutch total ___	Finding cigarettes to be comforting in moments of stress can make stopping tough, but there are many better ways to deal with stress. Learn to use relaxation breathing or another technique for deep relaxation instead. People in this category may be helped by the use of nicotine gum or a nicotine patch.
E ___ L ___ R ___	I'm Hooked
Craving total ___	In addition to having a psychological dependency to smoking, you may also be physically addicted to nicotine. It's a hard addiction to break, but it can be done. People in this category may be helped by the use of nicotine gum or a nicotine patch.
F ___ M ___ S ___	It's Part of My Routine
Habit total ___	If cigarettes are merely part of your routine, one key to success is being aware of every cigarette you smoke. Keeping a diary or writing down every cigarette on the inside of the pack is a good way to do it.
G ___ N ___ T ___	I'm A Social Smoker
Social total ___	You smoke in social situations, when people around you are smoking and when you are offered cigarette. It is important for you to remind others that you are a non-smoker. You may want to change your social habits to avoid the triggers, which may lead to smoking again.

Understanding Your Habit					
Use this chart to record your smoking habit. The more you know about your behaviour, the better your chances of quitting					
Cigarette number	Time of Day	Craving intensity (rank 1-low, 5-high)	What was I doing?	Who was I with?	Reasons for smoking
Ex 1	7:15	5	Drinking coffee	Kids	Pick me up

Decisional Balance

Fill out this chart with your own Pros and Cons of Smoking and Quitting. When the right side out ways the left side, it is time to start planning to quit.

	
Left Side	Right Side
Pros of Smoking	Cons of Smoking
Cons of Quitting	Pros of Quitting

Session 2 Getting Ready To Quit

<p>Recap – Last session</p> <ul style="list-style-type: none"> • Ask participants to recall what they learned last week • Ask them to describe what they learned from listing the cigarettes they smoked during the week • Refer to the outline to introduce the topics for the session. (You may wish to put these items on a flip chart labeled “Agenda”) 	<p>5 min.</p> <p>Materials:</p> <p>FC #5</p>
<p>Learning and Sharing</p> <p>Allow plenty of time for questions throughout both presentations below. These presentations are intended to be very interactive.</p> <p>A Personal Experience</p> <p>Purpose: To provide an opportunity for participants to hear about a real life quitting success story from a former smoker.</p> <ul style="list-style-type: none"> • Guest “Successful Quitter” - Make sure that you have clarified your expectations about their participation to the guest speaker. • They should be encouraged to share their quitting experiences honestly and informally – prepared speeches are discouraged. • Ideally, this individual should be someone the group can identify with because he/she is a co-worker or another client of the organization hosting the group. • Introduce “guest quitter”. • Ask him/her to informally describe his/her quitting experience to the group: how did they quit? What aids did he/she use such as Zyban or NRT? What helped and hindered his/her quitting efforts? • Encourage the participants to ask questions. (Participants usually have no difficulty interacting with such a guest. Typically, this is a valuable opportunity for them to talk with a peer who has successfully quit.) • Thank the guest speaker. 	<p>40 min.</p>
<p><i>Break</i></p>	<p>10 min</p>

<p>Nicotine Replacement Therapy And Zyban/Wellbutrin</p> <p>Purpose: To provide information about how nicotine replacement therapy (NRT) and anti-depressants can help while quit smoking.</p> <ul style="list-style-type: none"> • Speak to your pharmacist in advance to request that he/she keep the information to a basic level that can be easily understood by the public. Suggest that he/she cover the topics below and encourage him/her to illustrate points by using the flip charts. • Introduce your local pharmacist to speak to the group about nicotine replacement therapies such as nicotine gum and the nicotine patch and anti-depressant medications such as Zyban/Wellbutrin. • Topics to be covered include how they work to help smokers quit, correct use, possible side effects, precautions, how to obtain the over-the-counter and prescription medications. • Provide the handouts. • Specific dosages can be discussed with the pharmacist individually when the participants purchase their gum and/or the patch. • Thank the pharmacist speaker. • (If you are unable to schedule a pharmacist to speak to your group, you can use the fact sheets for the information to guide your discussion.) • Stress that this is important information to incorporate into the quit plans, since NRT significantly increases the success rates of those trying to quit. 	<p>35 min.</p> <p>Materials:</p> <p>HO#9 (Stop Smoking Medication Compared)</p> <p>HO #10 (Fagerstrom Test)</p> <p>HO#11 (Smoking Reduction Tips)</p>
<p>Wrap-Up</p> <ul style="list-style-type: none"> • Ask participants what key points they learned today that they didn't know before. • Reinforce the notion that they are learning tools to build into their own quit plans. • Remind them about the date of the next session. • Thank them for their participation. 	<p>5 min.</p>

Stop Smoking Medications Compared

Quit smoking aid	How to use	How long to take it	Possible side effects	Cautions	When not to take it	Advantages
NRT – Nicotine Replacement Therapy						
Nicotine Gum (like Nicorette) available over the counter	bite and park gum 1 piece every 1 to 2 hours 2 mg for light smokers (less than 20 a day) 4 mg for heavy smokers (more than 20 a day) stop smoking before starting	several weeks to several months or longer if necessary	burning throat hiccups if chewed too quickly dental problems	Pregnant breastfeeding*	Check with you doctor if you are pregnant, breastfeeding*, or have an unstable medical condition	you can control when to take the nicotine and how much satisfies oral craving delays some weight gain while you use it
Nicotine Patch (like Nicoderm or Habitrol) available over the counter	light smokers (less than 20 a day) start at 14 or 7 mg heavy smokers (more than 20 cigarettes a day) start at 21 mg and taper down	8 to 12 weeks or longer if necessary	skin reaction at site of patch disturbed sleep, nightmares	Pregnant breastfeeding*	Check with you doctor if you are pregnant, breastfeeding*, or have an unstable medical condition	you need only apply it once a day no chewing can control cravings for 24 hours delays some weight gain while you use it

Anti-depressant Medication

Zyban Available only by prescription	150 mg once a day for 3 days, then twice a day start 7 to 14 days before quit date	7 to 12 weeks or longer if necessary	dry mouth insomnia	If you: drink more than 4 drinks a day take St. John's Wart take seizure medication** are pregnant are breastfeeding*	If you are pregnant or breastfeeding*, have a seizure disorder, have an eating disorder, take monoamine oxidase inhibitors**	Inexpensive Improves depression minimal weight gain while you use it
---	--	--------------------------------------	-----------------------	--	--	--

* Many doctors believe that using the nicotine patch or gum is better than smoking during pregnancy because by stopping smoking, you are not inhaling thousands of toxic chemicals from cigarette smoke. However, there is not enough evidence to show that using nicotine gum or the patch is safer than smoking during pregnancy

** Remember to tell you doctor about any other medications you are taking

It is always a good idea to check with you doctor before beginning any medications for smoking cessation

Adapted from: *Integrating Smoking Cessation into Daily Nursing Practice*. RNAO, October 2003

**Fagerstrom Test for Nicotine Dependence
(Revised Version)**

The following test is designed to help you determine the strength of your nicotine addiction. Circle the appropriate score for each question. Total the number of points to arrive at your score. The highest possible score is 11.

How soon after you wake up do you smoke your first cigarette?	Within 5 minutes.....3 points 5-30 minutes.....2 points 31-60 minutes.....1 point after 60 minutes.....0 points
---	--

Do you find it hard not to smoke in places that you shouldn't smoke such as church, in school, in a movie, on the bus, in court, or in a hospital?	Yes.....1 point No.....0 points
--	------------------------------------

Which cigarette would you hate most to have to give up?	The first one in the morning1 point Any other one.....0 points
---	--

How many cigarettes do you smoke each day?	10 or fewer.....0 points 11-20.....1 point 21-30.....2 points 31 or more.....3 points
--	--

Do you smoke more in the first few hours after waking than you do during the rest of the day?	Yes.....1 point No.....0 points
---	------------------------------------

Do you still smoke, even if you are so sick that you are in bed most of the day, or if you have the flu or a severe cough?	Yes.....1 point No.....0 points
--	------------------------------------


Total..... _____ points





Interpreting Your Score


7 to 10 points	You are highly dependent on nicotine and may benefit from a smoking cessation program based on treatment for nicotine addiction. Start with 21 mg patch or 4 mg gum
4 to 6 points	You have a low to moderate dependence on nicotine, however this does not rule out a smoking cessation program based on treatment for nicotine addiction. Start with 14 mg patch or 2 mg gum
Less than 4 points	You have a low to moderate addiction, but are not likely to need Nicotine Replacement Therapy


Smoking Reduction Tips


-
-  Keep a smoking record of when you smoke and why. Then, gradually eliminate the cigarettes you smoke, from least important to most important.


 -  Set a daily quota of cigarettes. Put only this number in your pack in the morning.


 -  Delay your first cigarette of the day by half an hour.


 -  Delay smoking for 15 minutes whenever you have a craving. Take a deep breath or two or chew on a toothpick.


 -  Smoke only half of each cigarette and throw the other half away.


 -  Keep your pack in an inconvenient place, like the cupboard above the fridge, or the back of the closet.


 -  Wrap your cigarette pack and fasten it with a rubber band or string. Unwrapping it every time you smoke will remind you that you're trying to quit.


 -  Stop whatever you're doing – even driving – when you have a cigarette, and think only about your smoking.


 -  Have a practice quit day. Stop smoking for 24 hours.


 -  Avoid situations in which you usually smoke and plan activities that don't involve smoking. For example, spend time with your kids without a cigarette.


 -  Brush your teeth often, especially during cravings.


 -  Keep on hand celery or carrot sticks, sugarless gum, or toothpicks.


 -  Drink lots of water (6 to 8 glasses a day).

 -  Buy only one pack at a time.

 -  If you roll your own cigarettes, roll only a few at a time.

 -  Change the brand you smoke each time you buy a pack.

 -  Reward yourself.

 -  Remember why you chose to quit smoking.
-

Session 3 Preparing Your Plan

<p>Welcome and Recap</p> <ul style="list-style-type: none"> • Welcome the participants • Ask if there are any questions about anything they have learned so far. • Refer to the outline to introduce the topics for the session. (You may wish to put these items on a flip chart labeled “Agenda”) 	<p>5 min.</p> <p>Materials:</p> <p>FC#6</p>
<p>Learning and Sharing</p> <p>Purpose: To identify problems and triggers that cause you to smoke and to develop ways to disarm them after you have quit.</p> <ul style="list-style-type: none"> • Ask participants who have quit before to share what triggered them to start again. • Ask participants to write down all of the things that trigger their smoking on the handout and then jot down things they could do to combat each. • Emphasize that the key is to anticipate each trigger and to plan in advance how they are going to deal with them. (Remind them that most people start again when they are caught off guard by one of these triggers such as a stressful situation or a social situation in which someone offers a cigarette.) • Ask participants to share some of their triggers and ask the group to make suggestions on ways to combat them. 	<p>45 min.</p> <p>Materials:</p> <p>HO#12 (Plan to Handle Triggers)</p>
<p><i>Break</i></p>	<p>10 min.</p>
<p>Support Networks</p> <p>Purpose: To identify ways to for participants to create a supportive environment as they quit.</p> <ul style="list-style-type: none"> • Tell participants that quitting can be difficult, especially if they try to do it alone. • Refer to comments from last session’s guest “successful quitter” if applicable. • Discuss the qualities of a good support network. • Refer to the handout - Support Networks 	<p>25 min.</p> <p>Materials:</p> <p>HO#13 (Support Networks)</p>

<p>Support Networks (continued)</p> <ul style="list-style-type: none"> • Invite participants to list people who they think they might ask to help them quit. This can be done in pairs or triads and then discussed with the whole group after they have had several minutes to write down their supports. • Remind participants that supports can be people such as family or others who have quit, places where smoking is not permitted such as libraries, restaurants and movies and organizations such as the Health Unit or the Heart & Stroke Foundation. • Review their responses. Ask participants to offer suggestions to those having difficulty identifying supports. • Stress the importance of seeking support from others living in the same home that smoke. Ask those participants to develop a plan to address the special challenge of other smokers in their home. This is a strong trigger to smoke and is known to pose a significant risk to the success any quit attempts. • Emphasize the importance of not only quitting, but also eliminating exposure to second-hand smoke in order to see the most health benefits. • Other smokers should be asked to smoke outside the house and the car at all times. • Offer resources and support on quitting to family members who smoke if possible. 	<p>Materials:</p> <p>HO#14 (Spot Stretches)</p> <p>HO#15 (Check Your Thoughts)</p>
<p>Wrap-up</p> <ul style="list-style-type: none"> • Suggest that participants begin to think about their quit date plan by: <ul style="list-style-type: none"> - Setting a quit date and preparing for the transition - Trying to gradually cut down - Practising saying “No thanks, I don’t smoke” - Developing new interests or hobbies - Trying something new • End session by asking participants to relax in their chairs, close their eyes and take three deep breaths as they did in the first session. • Remind them of the date of the next sessions. • Thank them for their participation. 	<p>5 min.</p>

Plan to Handle Triggers

Trigger	Plan
Craving a cigarette when I have a cup of coffee	Skip the caffeine and have a juice
Lighting up after dinner	Go for a run or a walk

Support Networks

Support is:	Support is <i>not</i> :
<ul style="list-style-type: none"> • Caring • Helping • Showing respect • Being understanding • Staying positive • Showing patience • Believing in you 	<ul style="list-style-type: none"> • giving advice i.e.. “You should...” • showing impatience • pitying • criticizing • offering a cigarette

What or Who are your supports?

People	Places	Organizations

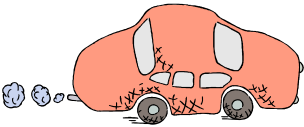


How will you use them?

1.	
2.	
3.	
4.	



Spot Stretches – Stress Releasing Exercises

Try these ‘Stress Releasers’ suggested by Vietta Wilson, Sports Psychologist at York University, to help control your stress feelings ‘On The Spot’.

<p>In The Car</p> 	<p>On The Job</p> 	<p>Before You Sleep</p> 
<p>Do one exercise at each stop sign or traffic light. Tense muscles for five seconds each time and maintain normal breathing.</p> <p>1) Abdominal Muscles: Pull stomach muscles in towards back seat of car.</p> <p>2) Neck and Shoulders: Pull the back of neck muscles into headrest and shoulders into car seat.</p> <p>3) Calf Muscles: Tense leg muscles and try to pull toes and ankles upwards.</p> <p>4) Arms: Grip steering wheel with palms facing down. Squeeze wheel and press arms down.</p> <p>5) Eyes and Forehead: Close your eyes slowly then squeeze them together, at the same time frown. Hold for five seconds.</p> <p>6) Mouth: Clench teeth together, place tongue on roof of mouth and push. Hold for five seconds.</p>	<p>1) Breathing: Take time out to practice slow breathing. As you exhale, very slowly say the words ‘relax’ or ‘calm’. As air expires, let whole body relax.</p> <p>2) Shoulder Shrug: Round your shoulders forward for five seconds. Then pull your shoulders up, then back for five seconds.</p> <p>3) Head Rotations: Rotate your head slowly and look over your right shoulder. Rotate head slowly back and look over left shoulder. Drop head down on chest then back. Repeat five times.</p> <p>4) Facial Muscles: Do exercises 5 and 6 from ‘In The Car’ group.</p> <p>5) Arm Circling: Extend right arm out at side and rotate backwards in large circles. Keep body straight. Then rotate left arm backwards.</p>	<p>Lying in bed on your back with a pillow under your knees, and breathing normally, tighten and relax muscles for five seconds for each exercise.</p> <p>1) Breathing: Exhale saying some word that you find calming.</p> <p>2) Arms: With arms at side, clench fists and bend at elbows, tense muscles in whole arm.</p> <p>3) Abdominal: Tighten stomach muscles, push hard into bed. Slow relax muscles.</p> <p>4) Buttocks: Push back into bed and squeeze buttocks tight. Relax and repeat.</p> <p>5) Legs: Tighten leg muscles. Try to pull toes up while pushing them in the opposite direction.</p> <p>Finish exercises by breathing slowly. Mentally tell all your muscles in arms, face, shoulders, stomach and legs to relax. Results should be a warm sensation in body.</p>

Adapted from a Partners in Healthy Living Handout prepared by the Public Health Unit of Ottawa

Check Your Thoughts

Here is a list of negative statements and the corresponding positive statements that could help you to become a non-smoker.

Negative Self Talk	Positive Self-Talk
<ul style="list-style-type: none"> I'm worried I'll gain weight. 	<ul style="list-style-type: none"> A slight weight gain is not harmful to my health.
<ul style="list-style-type: none"> I just don't have the willpower to stop. 	<ul style="list-style-type: none"> Everyone has got the will power to stop – it's just realizing it.
<ul style="list-style-type: none"> I've been smoking for too long – is it really worth it. 	<ul style="list-style-type: none"> It's never too late to stop. Health risks from smoking drop dramatically after quitting.
<ul style="list-style-type: none"> I've tried and failed before and I can't face going through that again. 	<ul style="list-style-type: none"> It takes most people several goes and this time I WILL do it.
<ul style="list-style-type: none"> Cigarettes help me cope when I get stressed. 	<ul style="list-style-type: none"> What a load of rubbish - I KNOW that cigarettes actually make me feel more stressed.
<ul style="list-style-type: none"> I enjoy smoking after a meal. 	<ul style="list-style-type: none"> There are plenty of things to enjoy after a meal - soon I'll have forgotten this link.
<ul style="list-style-type: none"> I'm dying for a cigarette. 	<ul style="list-style-type: none"> I'll be fine. Not one person has ever died from nicotine withdrawal.

Session 4 Go For It!

<p>Welcome</p> <ul style="list-style-type: none"> • Ask participants to report any progress they are making with their quit plans • Refer specifically to their progress in identifying how they will deal with triggers, setting up their support networks and their choosing NRT and/or anti-depressants. • Refer to the outline or create an “Agenda” on a flip chart. 	<p>5 min.</p> <p>Materials:</p> <p>FC#6</p>
<p>Sharing and Learning</p> <p>Handling Withdrawal and Relapse</p> <p>Purpose: To review withdrawal symptoms and identify ways to cope with them before they occur.</p> <ul style="list-style-type: none"> • Tell participants that today they will finalize their quit plans, including how they will handle withdrawal, triggers and their actual steps on Quit Day. • Ask participants about what they know about withdrawal? • Refer to the handout, discussing how to handle the symptoms with the group. • Symptoms vary from person to person. They include: craving nicotine, irritability, headache, increased coughing, increased appetite, and sleep disturbances. • Remind participants that ways to cope with the urges include: trying the 4D's <ul style="list-style-type: none"> - Distract yourself – Do something different - Deep Breathing - Drink water or juice - Delay and delay again, especially that first cigarette – the urge will pass. • Reinforce the health benefits of quitting by referring to the health benefits handout from session one. • Tell participants that many people have relapses when they try to quit. The important thing is that they explore why they slipped and quickly rethink their strategies so that they won't slip again. • Ask each participant to write down his/her top three reasons for quitting. These should be personal, ie. “To be a healthier role model to my children”; “To improve my breathing so that I can go hiking again”. • Stress that these reasons should be kept in an accessible place such as a purse or wallet so that they can be read whenever they are tempted to smoke or whenever a relapse occurs. 	<p>20 min.</p> <p>Materials:</p> <p>HO#16 (Withdrawal)</p> <p>HO#17 (My Reasons for Quitting)</p>



<p>Break</p>	<p>10 min.</p>
<p>Quit Day Plans</p> <p>Purpose: To make a concrete plan for quitting or reduction that will help remove participants' fears about coping with the quitting process.</p> <ul style="list-style-type: none"> • Distribute handout – Quit Day Plans • Remember that success depends on good planning <i>Not</i> on willpower. • Ask participants to complete their own plan and then ask them to discuss in small groups of two or three. • While in the small groups, ask participants to make or ask for suggestions so that their plans are as complete as possible. • Review the plans with the whole group. • Some helpful points: <ul style="list-style-type: none"> - Smoke your last cigarette the night before and pound the butt into the ashtray - Brush your teeth - Dispose of all tobacco products, ashtrays, lighters, etc. - Prepare a survival kit - Avoid your smoking triggers - Deal with urges - Call a friend – Use positive self-talk - Exercise and eat right - Take it one day at a time - Reward yourself • Emphasize actions that participants can do on their actual quit day to make it as easy as possible. • Distribute the handout – Staying Smoke-free” and ask participants to complete it. 	<p>40 min.</p> <p>Materials: HO#18 (Quit Day Plans)</p> <p>HO#19 (Staying Smoke-Free)</p>

<p>Wrap-up and Evaluation</p> <ul style="list-style-type: none"> • Ask participants to complete a post program evaluation. • Tell them you much you have enjoyed working with them and how proud you are of them for their commitment to improve their health • Offer to schedule an informal follow-up session in approximately 6 weeks if the group is able and wants to get together to monitor their progress and seek additional support from the group (This can lead to a self-help group that participants can convene without a facilitator if they would like to have ongoing meetings.) • Tell them how to contact you if you are able to offer assistance. • Thank them for their participation! <p><i>“There are more former smokers in Canada than current smokers.”</i></p> <p><i>“The desire to quit is the key to success.”</i></p>	<p>15 min.</p> <p>Materials:</p> <p>HO#20 (Post-Program Evaluation)</p>
--	--

Withdrawal.... Handling Cravings

Craving is the feeling you get when the urge to have a cigarette is not satisfied in the usual way. This is the most frequent and troublesome side effect reported by smokers who are trying to quit. The most important thing to remember about cravings is that even if you do nothing, it will pass. In the beginning, craving lasts about as long as it would take to have a cigarette. As you get further and further from your last cigarette, the craving gets shorter and shorter.

What to Do When You Get the Craziest



Remember the 4 D's

Deep Breathing

- ◆ **Take a deep breath.** Take a few deep breaths! Visualize clean air entering your lungs as you slowly inhale. Let tension flow out of your body as you slowly exhale.

Delay

- ◆ **Pay attention to your self-talk.** Are you creating extra tension for yourself by saying things like, "I can't stand this any more" or "I have to have a cigarette"? Say to yourself, "If I do nothing about it, the craving will pass".
- ◆ **Put yourself in a smoke-free environment.** Go to the movies, go to the museum, or visit a friend who doesn't smoke.

Drink Water

- ◆ **Put something in your mouth.** Snack on something that is low in calories and crunchy or chewy, such as vegetable sticks, or sugar-free gum. Chew on a toothpick or inhale through a straw the same way you would inhale a cigarette. Drink lots of water.

Do Something Else

- ◆ **Keep your hands occupied.** Doodle when you are talking on the phone; get up right away after supper and do the dishes; take up knitting, carpentry, painting, carrying a worry-stone, etc.
- ◆ **Get support.** Call a friend you know is sympathetic to your situation. Express your feelings, and then avoid talking about smoking.
- ◆ **Do something physical.** Go for a walk, stretch, take a shower.

My Personal Reasons for Quitting

1) _____

2) _____

3) _____

4) _____

5) _____



This is it!!! – Quit Day Plans

My Quit Day is

Morning Plan

Afternoon Plan

Evening Plan

In Case of Strong Urges I Will



Staying Smoke-Free**Put an X beside the suggestions that will help you stay smoke free!****Social Situations**

- Stay away or walk away from situations where most people are smoking
- Phone someone who will support you when you feel like you might smoke
- Clean your clothes, your car, and your house to get rid of the smell of smoke
- Make friends with non-smokers

Positive Self-Talk

- Tell yourself that you have chosen not to smoke
- Tell yourself to wait five minutes before you take a cigarette out of the package and rethink it
- Tell yourself that you are a non smoker

Stress

- Do a relaxation exercise like deep breathing or stretching
- Go for a walk or run

Social Situations

- Do not drink coffee or tea until you are over withdrawal
- Drink at least 6 to 8 glasses of water a day
- Keep low-fat foods available, like fruit, vegetables, gum or sugar-free hard candy

Personal

- Get your teeth cleaned by a dentist
- Brush your teeth often
- Sleep 8 hours each night
- Take pride in your unstained hands and nails

Social Situations

- Find something to do with your hands, like playing sports, surfing the internet, or doing crafts
- Find a form of exercise you like and do it regularly

Adapted from: The Quit 4 Life Facilitators Guide developed by Health Canada

Post-Program Evaluation

Smoking Habits

1) How much do you smoke **now**?

- Less than half a pack a day
- Half a pack per day
- Pack per day
- Pack and a half per day
- More than a pack and a half

2) How much do you smoke now **compared** to when you started the program?

- Quit during the program
- Quit before the program
- Cutting down significantly
- Cutting down slightly
- Smoking the same as before the program
- Smoking more than before the program

3) When do you plan to quit?

- Already quit
- Within the next month
- Within the next 3 months
- Unsure

Usefulness of the Program

4) How many sessions of the program did you attend?

- All 4 sessions
- 3 sessions
- 2 sessions
- 1 session

5) Would you recommend this program to friends or family?

- Yes
- No



6) How much did the program help you do any of the following?

	A lot	A little	Not at all
Be motivated to quit or reduce smoking			
Quit smoking			
Cut down on the number of cigarettes that I smoke			
Know more about what to do so I can quit in the future			
Breathe more easily when I am physically active			
Reduce the smell of smoke I encounter			
Reduce the money I spend on smokes			
Prove that I can quit			
Reduce my concern about getting lung cancer			
Live a healthier life			

7) After completing the program, how much more do you know about smoking and quitting?

	A lot	Something	Nothing
Health effects of smoking			
Reasons why I smoke			
Physical addiction to tobacco			
Smoking as a habit			
Benefits of quitting			
Methods to quit smoking			
How to prepare to quit or reduce			
What makes it hard to quit			
Dealing with withdrawal			
Getting support when quitting			
Steps involved in quitting			

About the Program Format

8) What do you think of the number of sessions (4)?

- Too few
- Just right
- Too many



9) What do you think of the length of each session (about an hour and a half)?

- Too short
- Just right
- Too long

10) What parts of the program do you remember best today?

11) How much did you like the following aspects of the program?

	A lot	A little	Not at all
Overall program			
Program content			
Program materials (handouts and overheads)			
Guest speakers (if applicable)			
Group discussions			

12) How well would you say your facilitator did in the following areas?

	Very Well	Well	Not Well
Organization (on time, materials ready)			
Leading group discussions			
General quitting smoking knowledge			
Supportive and approachable			

13) Do you have any suggestions for improvements to the program?

Thank you for participating!

