



Learning About Healthy Living

TOBACCO AND YOU



Written in 2004, Contributors:

Jill Williams, MD

Douglas Ziedonis, MD, MPH

Nancy Speelman, CSW, CADC, CMS

Betty Vreeland, MSN, APRN, NPC, BC

Michelle R. Zechner, LSW

Raquel Rahim, APRN

Erin L. O'Hea, PhD



Edited & Revised February 2012

RWJMS Division of Addiction Psychiatry

This is a collaborative project between



UBHC
UNIVERSITY
BEHAVIORAL HEALTHCARE



ROBERT WOOD JOHNSON
MEDICAL SCHOOL
University of Medicine & Dentistry of New Jersey



which is funded by the

New Jersey Division of Mental Health Services

The authors wish to thank

Margaret Molnar, Special Assistant to Director of Consumer Affairs
Alan G. Kaufman, Division Director, New Jersey Division of Mental Health Services
Robert Eilers, MD, Medical Director, New Jersey Division of Mental Health Services
for their support of this project.

All rights reserved. No part of this document may be reproduced unless permission of the
New Jersey Division of Mental Health Services is first obtained.

First Printing September 2004

Revised December 2004

Revised June 2005

Revised March 2011

Revised February 2012

Learning About Healthy Living

TOBACCO AND YOU



Revised February 2012

Section 1 **Introduction to
Learning About Healthy
Living Manual**

Section 2 **General Structure of a
Treatment Group**

Section 3 **Tobacco Dependence
Treatment Medications**

Section 4 **Group I
Facilitator's Guide**

Section 5 **Group I
Consumer's Handouts**

Section 6 **Group II
Facilitator's Guide**

Section 7 **Consumer's Handouts**

Section 8 **Appendix/Forms
Resources and
References**

Preface

It has been seven years since the development of the Learning about Healthy Living: Tobacco and You (LAHL) Treatment Manual. In that time there have been numerous updates in the field of treating tobacco dependence including the FDA approval of Chantix (varenicline) and the publication of the 2008 Update: Treating Tobacco Use and Dependence Clinical Practice Guideline (available at http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf).

A pilot implementation study of Learning about Healthy Living in New Jersey outpatient and partial hospital sites indicated good consumer attendance, and high levels of consumer interest and participation. Clinicians felt the program was easy to implement with limited training (Williams et al., 2009). LAHL was also implemented and evaluated by a group outside of NJ who had a similarly positive experience (Lee et al., 2011). When implemented in 9 psychosocial rehabilitation clubhouses in North Carolina, the LAHL treatment was felt to be feasible and well-received by consumers and staff.

Many other organizations from across the country are using it in their behavioral health settings. Since 2007, LAHL groups are offered to inpatients in NJ state psychiatric hospitals and we are aware of least eight other states that are implementing LAHL in their behavioral health treatment settings. We are also starting to have consumer peer counselors conduct LAHL Group 1 in self-help centers in New Jersey with positive results. LAHL is listed as best practices in the NASMHPD 2007 Toolkit, Tobacco-Free Living in Psychiatric Settings: A Best Practices Toolkit Promoting Wellness and Recovery (<http://www.nasmhpd.org/index.cfm>).

In the last decade there has also been increased awareness of the problem of tobacco use in the mentally ill and many influential and national groups have gotten involved. Much more, however, still needs to be done and even recent reports indicate a lack of access to tobacco treatment services in most mental health and addictions treatment settings (Peterson et al., 2003; Montoya et al., 2005; Friedman et al., 2008). The continued high prevalence of smoking among the mentally ill is likely related to several factors including the lack cessation services in the behavioral health setting. Additional barriers include that tobacco addiction is undervalued as a problem, that behavioral health professionals and systems have been slow to change, that professionals are unaware of evidence-based treatment for tobacco dependence, that reimbursement remains poor, and that there is a lack of hope and knowledge among consumers, family members, service providers and mental health advocates (Williams 2011b).

In the last decade, we have developed a comprehensive model for Mental Health Tobacco Recovery in New Jersey (MHTR-NJ) that has the overarching goal of improving tobacco cessation for smokers with serious mental illness (Williams et al.,

2011a). Each of the components of the MHTR-NJ model contributes to the two core goals of this model: to increase demand for tobacco cessation services for mentally ill smokers and to help more smokers with mental illness to quit. Consistent with Center for Disease Control (CDC 2007) recommendations for Best Practices for Tobacco Control, several interdependent elements are necessary to meet the goal of improving tobacco cessation in a population. In the MHTR-NJ model we emphasize efforts in the community (at the level of the consumer, family member or advocate), in the clinical treatment setting (at the level of the provider or clinician) and in the environment (at the level of the agency or larger mental health system), although considerable overlap exists. A continuation between community and treatment setting is desirable as it creates a bridge to bring tobacco users into treatment and has implications for continued community support before and after treatment has been completed. The model also demonstrates the intersection between the environment, the treatment setting and the community in addressing tobacco. When these three elements come together we can expect the greatest success in increasing demand for tobacco services and helping more mentally ill smokers to quit. The LAHL manual is one technique for increasing demand for tobacco treatment services by working with low motivated smokers.

This 2012 Version of LAHL includes updated references and sections on new medications. We have also done edits throughout to make the materials more appealing. We hope you find this updated version improved since the original edition. As always your feedback is welcomed (jill.williams@umdnj.edu).

Introduction to Learning about Healthy Living: Tobacco and You

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

This treatment is designed for all types of smokers with different mental health problems. It assumes that not everyone using this treatment will be immediately ready to quit smoking, but has the overall goal of moving consumers towards a tobacco-free lifestyle. This treatment is designed as two groups. It is designed so that consumers can progress from Group I to Group II, when appropriate or desired. Each topic is organized as a Chapter that can be discussed in a single group treatment session. Each Chapter includes handouts for consumers that contain educational information as well as questions for discussion. The Facilitator's Guide has a corresponding section for every Chapter that includes goals, objectives and suggested approaches for each topic. Section 8 (Appendix/Forms) includes additional supplementary materials and forms that are an optional resource for the Facilitator implementing the Learning about Healthy Living approach. The Chapters are designed to be used sequentially, as in a weekly group treatment, although each also stands alone as a unique topic related to tobacco use and healthy living, which can be integrated into other treatment approaches.

Organization of the Manual

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

Group I “Learning about Healthy Living”

Group I ‘Learning about Healthy Living’ is an educational and motivational based intervention, which is useful for all smokers with mental health problems. Group I has an open-ended format with rolling admission, and is not time limited. The overall goal of Group I is for consumers to gain knowledge and insight to consider moving toward a tobacco-free lifestyle. Furthermore, by participating in Group I, consumers will learn about other issues related to healthy living such as nutrition, physical activity, and stress

management. This group will provide consumers with detailed information regarding the risks associated with smoking, what is in cigarettes, the benefits of quitting smoking, ways to quit smoking, and general healthy lifestyle behaviors that can assist them in quitting smoking.

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

Group II “Quitting Smoking”

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

This manual was designed for several reasons:

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

Preparing Participants for Group

It is preferable that all smoking consumers should be seen for an assessment prior to being included in the group. A comprehensive self-report tobacco use assessment form is included in Section 8 (Appendix/Forms). It is anticipated that it might take a consumer 15-30 minutes to complete this assessment form that may be best done outside of the group time and with individual discussion with the group facilitator. Completion of this assessment may not always be possible prior to beginning “Group I: Learning about Healthy Living”. In these instances, the facilitator may want to give the consumers a briefer assessment to complete during the Introduction Group. This assessment should include their current smoking level, past history of quit attempts and

nicotine withdrawal symptoms, and current thoughts about quitting. An additional assessment tool (On the Path to Healthy Living Questionnaire) is included in Section 8 (Appendix/Forms). This helps the consumer think about their overall health and lifestyle in order to prioritize goals or begin a discussion with their health care professional. A sample treatment plan with tobacco dependence listed as the problem with relevant goals and objectives is included in Section 8 (Appendix/Forms).

Allowing consumers to receive information on the personal consequences of their tobacco use is also an extremely useful technique used in this manual. This includes feedback of their current exposure to carbon monoxide from smoking, which is easily measured with a hand-held meter. In addition to health consequences, consumers may respond with increased motivation to quit when they receive feedback about how much they spend annually to purchase tobacco products. This information can be explained to the consumer in the assessment session (or Introduction Group) and throughout the treatment.

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

Group I: “Learning about Healthy Living”

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

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

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

Group II: “Quitting Smoking”

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

The Role of Antipsychotics

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

The Important Role of Tobacco Dependence Treatment Medications

Tobacco dependence treatment medications are a recognized first-line treatment for quitting smoking and other tobacco products. Some of these medications are available over-the-counter (OTC) and others require a prescription. Most treatment guidelines indicate that all smokers trying to quit smoking should use tobacco dependence medications, whenever possible, to lessen nicotine withdrawal symptoms and make them more successful in their quit attempt (Fiore 2008).

Smokers with mental health problems tend to be heavy smokers and are more highly addicted to nicotine than other smokers. This means that it is even more likely that they will need a tobacco medication treatment to help them quit smoking. There are currently seven Food and Drug Administration (FDA) approved pharmacotherapies for tobacco dependence treatment. Five are different types of nicotine replacement

therapies (NRT): nicotine gum, nicotine transdermal patch, nicotine lozenge, nicotine inhaler, and the nicotine nasal spray. The two non-nicotine treatments are bupropion SR, (marketed both as Zyban and Wellbutrin) and varenicline (Chantix). Collectively these seven are considered first line medication treatments with established safety and efficacy. These medications are safe and effective and should be considered in the quit plan of all smoking group members. Providing education to your consumers about medications, as well as simple instructions on how to use them are included in Chapters 15 and 16 of this manual. It is important for consumers to be able to make choices as to what treatment medication will suit them best. In general, nicotine replacement therapies tend to be under-utilized or used incorrectly, even in the general population. Several of the nicotine medication products are best dosed at frequent intervals (about once an hour) throughout the day. Failure to use enough nicotine medication will result in unpleasant nicotine withdrawal symptoms, which could lead to smoking relapse. For this reason, the group therapist is advised to oversee and encourage the proper use of nicotine replacement therapy (NRT). NRT should be encouraged inside buildings and during group sessions. Not only does this support the use of nicotine replacement therapies as a part of the group treatment, but it also allows others to become familiar with the products. Other smokers who may have been reluctant to try nicotine replacement medications can benefit from the modeling of seeing other consumers use them successfully. The group can generate questions and discussion about the use of nicotine replacement medications that reinforce the overall treatment. Using nicotine replacement medications is a healthy alternative to smoking that should be rewarded and encouraged whenever possible. A comprehensive chapter with additional information on tobacco dependence treatment medications for facilitators and prescribers is included in Section 3.

General Structure of a Treatment Group

Advantages for Treating Smokers in Groups

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

Group treatment provides an added beneficial treatment effect partly from the impact of seeing others succeed and also by being motivated to keep up with them. This support is especially helpful to members who are trying to quit smoking to maintain the willpower necessary to get through the difficult first few weeks when craving and withdrawal will be at their worst. In addition to the additional support from a group treatment, group treatment facilitates “peer” pressure and spontaneous modeling of effective coping practiced by other participants.

Facilitator-Educator Group Oriented Model

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

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

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

Although “group-oriented” methods are proven to be successful in helping smokers quit, it is important to understand the special needs of the mental health consumer.

Techniques from the 6-session tobacco cessation group mentioned above (Foulds et al., TDP Manual 2004) have been **modified** and included in Group II of this manual.

Facilitator-Educator

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

Being Prepared Before Group Begins

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

As a Facilitator

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

When Consumers Arrive at Group

6. As consumers arrive at the group, be sure to portray an optimistic, supportive and encouraging attitude. Being prepared and having organized all the necessary materials you will need in advance, allows you to be totally available to greet your consumers. Using simple greetings like “Hi Joseph, I’m glad you can join us

today” or “Hello Barbara, How are you doing today?” sends a message to that particular consumer that you are glad that they are there.

Procedures at Each Group Meeting

7. Basic record keeping should be carried out for each consumer at the start of each group. This should include:
 - attendance;
 - self-reported cigarettes smoked per day (abbreviated as cpd) in the past week;
 - self-reported treatment medication use;
 - expired carbon monoxide (if possible). See Section 8 (Appendix/Forms) for Instructions for Carbon Monoxide Monitoring

A sample record sheet (Learning about Healthy Living Group Record Sheet) is available in Section 8 (Appendix/Forms), which demonstrates one option for recording this information. Consumers should also be given the opportunity to discuss more personal issues briefly at the end of the group meeting or in separate sessions or by telephone.



Introduction of Group

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

- ✓ **Level of Participation** (no one will force them to talk, but members are expected to listen and be respectful of one another)
- ✓ **Mutual Support** (group members should be encouraging to one another, respectful of one another, one person talks at a time and no making fun of each other)
- ✓ **Group Ground Rules** Be sure to ask participants what they think would be reasonable in terms of ground rules. What would make it comfortable for them? If they miss any key points, fill in the blanks by asking, “what about...” Ensure that confidentiality is discussed. Adopt the rules as the guidelines for the group. Ask for a volunteer to write these rules down in large writing, on a flip chart, so that they feel ownership. Have the flip chart for reference at each group meeting.

Below are some standard group rules:

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

Weekly Topic Sessions/Chapters

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

Closure of Group

It is important to watch the time and allow 10 minutes at the end of group for wrap up. Reassure members that you will be there next week and give them the exact day of week, date and time of group. It may be helpful with some groups to give them a Group Reminder Card (see page below and Section 8) for other appointment card with the next week’s information.

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

Group Reminder Card

		GROUP REMINDER "Guide to Healthy Living"		
The next group will be held on				
<div>_____</div> <div>Day of Week Month Date Year</div>				
The topic will be:				
<div>_____</div>				
If you cannot attend this group, please contact:				
Name: _____				
Phone: _____				

Group Record Sheet

It may be useful to use a single page to document important clinical information about consumers who attended the group session. The Group Record Sheet (see below) is one way to monitor attendance and also track each consumer's progress in a simple way. Names are entered in the left side column. The baseline assessment information about how much that consumer is smoking (cigarettes per day, cpd), and their expired carbon monoxide reading (CO) is entered. A dated entry is then made for each group attended by that consumer and includes ongoing assessments of how much that consumer is smoking (cpd), their expired carbon monoxide reading (CO) and which medications they are using to try to quit smoking (if applicable). A complete version of this form is included in Section 8 (Appendix/Forms).

Learning About Healthy Living Education Group / Record Sheet															
	Name	Assessment Information		Date			Date			Date			Date		
		Date	CO	CO	CPD	Medi/NRT	CO	CPD	Medi/NRT	CO	CPD	Medi/NRT	CO	CPD	Medi/NRT
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															

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

Tracking Progress

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

A handout entitled "I'm Not Ready to Quit Smoking" can be used as an optional assessment and monitoring tool throughout the group (See Section 8 Appendix/Forms). The purpose of this exercise is to allow lower motivated smokers to set goals that are readily achieved through participation in this group. The smoker would read the options and check those goals or activities, which they feel they can commit to. As few as one option may be initially checked by the smoker. For example, a smoker who is not interested in quitting may agree to attend these treatment sessions and read all the handouts as an initial treatment goal. As the list progresses, the activities become more active in engaging the smoker to better understand and consider changing behavior patterns, without actually quitting smoking all together. In this way, this exercise can be presented at repeated intervals (i.e. monthly) to see if smokers are becoming more interested in quitting.

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

Using Pharmacotherapy to Treat Tobacco Dependence in Mental Health Settings

The current US Clinical Practice Guidelines indicate that all smokers trying to quit should use pharmacotherapy, except in cases where there may be contraindications (Fiore 2008). Pharmacotherapies for tobacco dependence are among the most cost effective treatments in all of medicine and should be considered a first-line treatment. Adding behavioral treatments like group or cognitive-behavioral therapy to medications are effective strategies that double the likelihood of being successful in quitting smoking, however, pharmacotherapies are effective even in the absence of psychosocial treatment. Almost all smokers can use one or more forms of these pharmacotherapies and there are very few contraindications to their use.

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

Rationale to Use Pharmacotherapy

There are several reasons to consider using pharmacotherapy to treat tobacco dependence. Research suggests that smokers with mental illness are a heavy smoking group, with high levels of nicotine dependence (Williams & Ziedonis, 2004). Smokers with mental illness may also have more difficulty quitting smoking for a variety of psychological and social reasons. Pharmacotherapies for tobacco dependence can help to reduce or eliminate nicotine withdrawal, and reduce negative mood states associated with quitting. Smokers should not have to suffer with nicotine withdrawal symptoms, which can last for 4 weeks after quitting, when treatments are available. Using tobacco treatment medications also blocks the reward or pleasure experienced from smoking. An important rationale to the use of these medications is that they are a proven, effective component of treatment. Using medications in a quit attempt will double the smoker's chances of successfully quitting (Fiore 2008).

Nicotine Replacement Medications (NRT)

The five types of nicotine replacement medications (NRT) currently available in the US include three over-the-counter preparations, (nicotine gum, patch and lozenge) and two available by prescription (nicotine inhaler and nasal spray). Nicotine medications are usually started on the day the user stops smoking called the Quit Date. The major indication of NRT is to prevent and treat the nicotine withdrawal associated with quitting. The five NRT products do not differ in effects on withdrawal, urges to smoke,

satisfaction, or rates of abstinence and abuse liability from all are low (Hughes 1989; Hajek 1999; West 2000). They are also all about equally effective and consumer preference may be important in deciding which product or products to use. They do differ in their tendency for side effects with the nasal spray producing far more adverse effects than the other forms.

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

In addition to the lower delivery of nicotine from NRT products, nicotine medications tend to be under dosed and underutilized. More simply put, people tend to use too little NRT and for too short a time. The lower levels of nicotine delivered from NRT explains why these products have very little abuse or addiction potential compared to smoking. It also means that smokers have to be educated and counseled to use them properly and for maximum nicotine absorption to occur. Most trials for NRT recommend treatment for 6-12 weeks although some consumers may choose to use the products longer. The long-term health effects of NRT are not definitively known but, if any, are clearly outweighed by the risks from smoking including exposure to carbon monoxide and carcinogens.

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

Nicotine Gum

The nicotine gum delivers nicotine to the mouth which is absorbed into the body through the lining of the cheek. Nicotine gum comes in a 2mg and 4mg preparation and those who smoke more than 25 cigarettes per day should begin treatment with the 4mg dose. Absorption of the gum is best with a slow chewing technique called “bite and park”. This means that the gum should be chewed slowly and periodically and then held in the cheek to enhance nicotine absorption. The nicotine in the gum emits a peppery

taste, which indicates that nicotine is still left in the product. If the gum is chewed too rapidly, like non-medicinal chewing gum, then is likely that nicotine will be swallowed and the user will experience gastrointestinal upset. Some other possible side effects of the gum include bad taste, throat irritation, hiccups, nausea, jaw discomfort, or racing heartbeat. Symptoms related to the stomach and jaws are usually caused by improper use of the gum, such as swallowing nicotine or chewing too rapidly.

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

Nicotine gum is usually recommended for 1 to 3 months, with the maximum being 6 months. Tapering the amount of gum chewed often helps users stop using it. Long-term physical dependence is one possible disadvantage of nicotine gum. In fact, research has shown that 15% to 20% of gum users who successfully quit smoking continue using the gum for a year or longer. Although the maximum recommended length of use is 6 months, continuing to use the gum is likely to be safer than going back to smoking.

Nicotine Patch

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

The nicotine patch is typically dosed on a once daily (24 hour) schedule, although it too can be removed at night and dosed on a 16 hour schedule if sleep disturbances occur. The sleep disturbance that is most commonly described is an experience of vivid dreaming. If bothersome to the user, they can be instructed to remove the patch before bedtime. The patch is applied to a clean, dry area of the skin without much hair. It is most commonly used on the chest, arm or back.

Side effects include skin irritation, and mild redness and itching at the site where the patch was worn. This effect is usually minimal and not a reason to discontinue use of the patch. The skin can appear mildly irritated (pink) where the patch was worn and can feel itchy or have a slight burning sensation. The patch should not be placed on irritated skin and the user can use a different skin site each day to minimize irritation. Other possible, but uncommon side effects of the nicotine replacement patch include:

dizziness, racing heartbeat, headache, nausea, vomiting and muscle aches. Nicotine patches, as with other nicotine products, can be used safely in smokers with medical disorders including past heart attacks and heart disease but should it is recommended that consumers first discuss this with their doctor.

Nicotine absorption from the patch is slow; it takes about 30 minutes for nicotine to get into the blood from the time it is applied to the skin. It takes 2-4 days for steady blood levels to be achieved. It is less helpful for immediate craving and thus, in clinical practice is frequently administered with the nicotine gum, inhaler or nasal spray. Depending on body size, most smokers should start using a full-strength patch (21 mg of nicotine) daily for 4 weeks, and then use a weaker patch (14 mg of nicotine) for another 4 weeks. The FDA recommends using the patch for 3 months.

Supplementation of the patch with a second nicotine product may be helpful in allowing consumers to choose their nicotine dose based on the presence of withdrawal symptoms and may be more effective than patch alone.

Nicotine Lozenge

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

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

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

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

Nicotine Nasal Spray

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

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

The nasal spray immediately relieves withdrawal symptoms and provides users with a sense of control over nicotine cravings. Because it is easy to use, smokers who keep using it report great satisfaction with it and nicotine nasal spray may offer an advantage to smokers with schizophrenia (Williams et al., 2004). However, the Food and Drug Administration cautions that since this product contains nicotine it can be associated with long term use.

smokers with severe forms of asthma, or nose problems may not be able to use the nicotine nasal spray.

Nicotine Inhaler

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

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

Development of the inhaler intended to address not only nicotine pharmacology but also the sensory and ritual aspects of holding the device, which looks like a thick plastic cigarette. As with the other nicotine replacement treatments, little abuse or dependence of the inhaler has been reported. The nicotine inhaler is available only by prescription.

Bupropion

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

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

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

Bupropion can be used alone or together with nicotine replacement. Bupropion is not addicting or habit forming. For smokers with depression, it can be effectively used to treat both problems. It can also be safely combined with SSRI antidepressants. Bupropion SR works to help all kinds of people quit smoking. It helps people who have a history of depression and those who do not. Sometimes it even helps people who have not been able to quit on it in the past. This means that a re-trial of Bupropion SR might be helpful to some people who have tried it before.

Varenicline

Approved by the FDA in 2006, Varenicline is the first nicotinic acetylcholine receptor partial agonist to be developed for smoking cessation. Varenicline is highly selective for the $\alpha 4\beta 2$ nicotinic acetylcholine receptor, which is responsible for mediating the reinforcing properties of nicotine in the brain. Simply put, it's thought to help people quit smoking by mimicking the dopamine effects of nicotine to reduce withdrawal symptoms. In addition, in the presence of nicotine, varenicline blocks nicotine binding, and therefore, blocking nicotine's ability to cause reward or pleasure. This second

mechanism of action is especially important as it may prevent a slip from becoming a full relapse by decreasing the satisfaction derived from smoking. The drug is marketed and distributed by Pfizer under the trade name Chantix.

Varenicline is not significantly protein bound and the compound is excreted primarily unchanged in the urine. The approved dosing regimen in adults is 1 mg twice daily for 12 weeks (renewable for another 12 weeks), starting with a 1-week titration. Several trials have shown that varenicline is efficacious for smoking cessation. Varenicline increases the chances of quitting smoking nearly threefold as compared with placebo and by 50% as compared with sustained-release bupropion (Gonzales et al., 2006; Jorenby et al., 2006). Nausea is the most prevalent dose-dependent side effect, but generally mild and not leading to drug discontinuation. Other common side effects include abnormal dreams, insomnia, and constipation.

In 2009, the FDA issued labeling updates due to concerns that varenicline might cause serious neuropsychiatric adverse events, based on case reports. The FDA's preliminary assessment revealed that many of the cases reflect new-onset of depressed mood, suicidal ideation, and changes in emotion and behavior within days to weeks of initiating varenicline treatment. The role of varenicline in these cases is not clear because smoking cessation, with or without treatment, is associated with nicotine withdrawal symptoms and has also been associated with the exacerbation of underlying psychiatric illness.

On its website the FDA acknowledges the limitations of case reports including the lack of medical validation, possible influence by the media and other sources, potential for errors in reporting and possible complication of nicotine withdrawal symptoms. For these reasons systematically collected data from prospective or retrospective data sets can be invaluable in assessing true risk associated with use of varenicline. Research data from several studies has now been published; including post-hoc analyses from larger samples of smoking cessation studies as well as pilot safety studies to examine this prospectively. Most of these analyses have not shown an association between depression or other psychiatric worsening during varenicline treatment.

Varenicline has been shown to be an effective treatment in a broad range of tobacco users with medical, behavioral, and diverse demographic characteristics. The recent studies finding excellent safety and efficacy in groups of smokers with diseases including chronic obstructive pulmonary disease and cardiovascular disease are particularly encouraging and call for increased use of this medication for smoking cessation (Williams et al., 2011c)

Combinations of Medications

Clinicians also should consider the use of certain combinations of tobacco treatment medications identified as effective in the PHS Clinical Practice Guideline for Treating Tobacco (Fiore 2008). Studies have found that the combination of long-term nicotine patch use + ad libitum short-acting nicotine replacement therapy (NRT) is more

effective than a single NRT (example: patch alone). Any of the short-acting NRTs (gum, lozenge, inhaler or nasal spray) can be used in combinations with the nicotine patch. Also, there is evidence that combination NRT therapy may be particularly effective in suppressing tobacco withdrawal symptoms. Thus, it may be that NRT combinations are especially helpful for highly dependent smokers or those with a history of severe withdrawal. Bupropion can also be given safely in combination with NRT although it is generally NOT recommended to give combinations of nicotine and varenicline. Varenicline is not recommended for use in combination with NRT because its nicotine antagonist properties can increase side effects (nausea) and may provide no additional benefit with nicotine medications.

A large randomized placebo-controlled clinical trial of five smoking cessation pharmacotherapies (nicotine lozenge, nicotine patch, bupropion SR, nicotine patch + nicotine lozenge, bupropion + nicotine lozenge or placebo) showed that the combination of nicotine patch plus lozenge produced the highest abstinence rates at 6 months (Piper et al., 2009).

Conclusion

Tobacco dependence is a treatable disorder, which has been overlooked by psychiatrists and behavioral health specialists. The seven available pharmacotherapies are safe and effective in the general population and should be used more aggressively in persons with a mental health or addictive disorders. Studies of these populations are extremely limited and warrant further research to optimizing currently available treatments and explore new ones. Consumers and their families should be educated about the considerable risks of smoking and about the benefits of tobacco dependence treatment. All mental health consumers deserve access to smoking treatments, which have been proven effective in carefully designed studies. Educating psychiatrists and behavioral health specialists about incorporating tobacco treatment into their usual practice will be an important step in bringing more consumers into treatment and thereby prolonging their lives. Unfortunately, there are no well-accepted algorithms to guide optimal selection among the first-line medications so the decision will need to be made considering patient preference, side effects and cost.

Group I: “Learning about Healthy Living” Goals, Objectives and Suggested Approaches

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

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

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

Introduction: Welcome to the Healthy Living Group (Consumer’s Handouts Section 5: Introduction)

Objectives for Introduction:

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

After reading this section, individuals will be able to:

- Think about what health issues will be important to them to consider during the course of the group.

- Describe guidelines that will make the group setting a safe place to learn about the “Learning About Healthy Living” program.

Suggested Approach:

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

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

Objectives for this Chapter:

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

After reading this section, individuals will be able to:

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

Suggested Approach:

- Allow participants to discuss which steps towards healthier living they can consider. Ask group members about the significance of calling the session title “Starting on the Road to Healthy Living”. This name is symbolic in describing that having a healthy life is a process that will not happen overnight yet can be achieved in many small steps.
- Recognize that it is hard to make any lifestyle changes and that it is helpful to think about it as acquiring a new skill that requires some effort and practice to get it right.
- Additional activities include an assessment of weight and body mass index for participants (See Section 8 Appendix/Forms). Elevated body mass index is associated with poor health and conditions such as diabetes and hypertension. This may best be done on an individual basis. A nurse may be very helpful in performing these assessments and giving feedback to consumers.
- The On the Path to Healthy Living Questionnaire is also included as a resource for consumers to fill out (See Section 8 Appendix/Forms). It is a more comprehensive evaluation of physical health, weight/nutrition, smoking and physical activity, sleep and stress reduction that may take more time than the group allows. It helps the consumer identify areas to work on and allows the facilitator to have a better understanding of the complete health and wellness of the individual.

Chapter 2:

Why is smoking dangerous?

(Consumer’s Handouts Section 5: Chapter 2)

Objectives for this Chapter:

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

After reading this section, individuals will be able to:

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

Suggested Approach:

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

Chapter 3:

What's in cigarette smoke?

(Consumer's Handouts Section 5: Chapter 3)

Objectives for this Chapter:

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

After reading this section, individuals will be able to:

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

Suggested Approach:

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

Chapter 4:

Why do so many consumers with mental illness smoke?

(Consumer's Handouts Section 5 : Chapter 4)

Objectives for this Chapter:

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

After reading this section, individuals will be able to:

- Understand that smoking is a problem which has various factors which contribute to why smokers begin and then continue smoking.
- Recognize that in addition to physical factors that having confidence that you can quit and being surrounded by other smokers also contribute to smoking behavior.

Suggested Approach:

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

Chapter 5:

What is carbon monoxide?

(Consumer's Handouts Section 5: Chapter 5)

Objectives for this Chapter:

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

After reading this section, individuals will:

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

Suggested Approach:

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

Supplementary/ Other discussion information:

- Most people now have carbon monoxide detectors in their homes like smoke detectors to alert them if this poison is in the air in dangerous levels.
- Carbon Monoxide Meter* (See Section 8 Appendix/Forms)

- ✓ A carbon monoxide meter measures the amount of carbon monoxide in the body.
- ✓ Carbon monoxide in cigarettes is harmful to your body at any level.
- ✓ Long-term exposure of carbon monoxide even at lower levels can lead to heart disease and heart attacks.
- ✓ The normal level of carbon monoxide in the blood for a non-smoker is usually between 0 and 8 ppm (parts per million).
- ✓ Smoking one pack of cigarettes a day will result in a carbon monoxide level of about 20 ppm.

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

Chapter 6:

How much does smoking cost?

(Consumer's Handouts Section 5: Chapter 6)

Objectives for this Chapter:

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

After reading this section, individuals will be able to:

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

Suggested Approach:

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

Chapter 7:
How does tobacco advertising affect us?
(Consumer's Handouts Section 5: Chapter 7)

Objectives for this Chapter:

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

After reading this section, individuals will be able to:

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

Suggested Approach:

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

Chapter 8:
Second-Hand Smoke?
(Consumer's Handouts Section 5: Chapter 8)

Objectives for this Chapter:

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

After reading this section, individuals will be able to:

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

Suggested Approach:

- Ask participants to talk about people they were around when they were younger (i.e. parents, grandparents, siblings) that smoked. Did they have ear infections or colds on a regular basis as a child?

- Encourage participants to talk about people who are around them now that can be affected by their smoking.

Other discussion information:

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

Chapter 9:
How are my medications affected by smoking?
(Consumer's Handouts Section 5: Chapter 9)

Objectives for this Chapter:

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

After reading this section, individuals will be able to:

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

Suggested Approach:

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

Other discussion information:

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

Chapter 10:

Why are cigarettes addictive?

(Consumer’s Handouts Section 5: Chapter 10)

Objectives for this Chapter:

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

After reading this section, individuals will be able to:

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

Suggested Approach:

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

Other discussion information:

- The body metabolizes nicotine in a few hours, making its effect very short acting. This explains why smokers need to smoke several times a day to keep the effect of

nicotine from wearing off or immediately wanting a cigarette when they wake up in the morning.

- Although nicotine is addicting it is not a carcinogen or cancer-causing chemical. Many of the other components of tobacco smoke are far more dangerous than nicotine. This explains why we can safely use nicotine as a medication to help people.

Chapter 11:

What are my smoking patterns?

(Consumer's Handouts Section 5: Chapter 11)

Objectives for this Chapter:

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

After reading this section, individuals will be able to:

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

Suggested Approach:

- Have each group member name a time and/or behavior that they always do when they light up their cigarette. Encourage others to identify similar behaviors.
- Discuss which smoking patterns would be easy or hard to change.
- Suggest that group members try to change one smoking pattern that they are currently doing.
- All group members to help make suggestions on what else the person can do to break that smoking pattern.

Chapter 12:

How can I better manage stress?

(Consumer's Handouts Section: Chapter 12)

Objectives for this Chapter:

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

After reading this section, individuals will be able to:

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

Suggested Approach:

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

Chapter 13: **How much physical activity do I need?** **(Consumer's Handouts Section 5: Chapter 13)**

Objectives for this Chapter:

- Discuss physical activity options that can be incorporated into all of our lifestyles.
- Learn the benefit of increasing physical activity.

After reading this section, individuals will be able to:

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

Suggested Approach:

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

Chapter 14: **How can I make healthier food choices?** **(Consumer's Handouts Section 5: Chapter 14)**

Objectives for this Chapter:

- Teach consumers about healthy food options.

- List some do's and don'ts regarding a healthy diet.
- Teach consumers that quitting smoking is healthier than gaining a small amount of weight.

After reading this section, individuals will be able to:

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

Suggested Approach:

- Have consumers list their favorite foods and then try to come up with healthy alternatives for those foods:
 - ✓ popcorn for potato chips
 - ✓ pretzels for potato chips
 - ✓ diet soda for regular soda
 - ✓ slice of pizza for fast food
 - ✓ low-fat yogurt for ice cream
- Discuss why severe or “crash dieting” is not a good idea soon after a stop smoking quit attempt.
- Have consumers discuss concerns about weight gain that may be stopping them from trying to quit smoking.

Chapter 15:

Why should I quit smoking?

(Consumer's Handouts Section 5: Chapter 15)

Objectives for this Chapter:

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

After reading this section, individuals will be able to:

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

Suggested Approach:

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

Chapter 16:

What if I'm not ready to quit?

(Consumer's Handouts Section 5: Chapter 16)

Objectives for this Chapter:

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

After reading this section, individuals will be able to:

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

Suggested Approach:

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

Chapter 17:

Is it really possible for me to quit smoking?

(Consumer's Handouts Section 5: Chapter 17)

Objectives for this Chapter:

- To encourage smokers to develop new, alternate coping skills.

After reading this section, individuals will be able to:

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

Suggested Approach:

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

Chapter 18:

What happens when I quit smoking without help? (cold turkey) (Consumer's Handouts Section 5: Chapter 18)

Objectives for this Chapter:

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

After reading this section, individuals will be able to:

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

Suggested Approach:

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

Chapter 19:

How do medications help me quit smoking? (Consumer's Handouts Section 5: Chapter 19)

Objectives for this Chapter:

- To teach group about the 7 medications that are available to help them stop smoking.

- To understand that medications are safe and effective and make someone twice as likely to be successful in quitting smoking.

After reading this section, individuals will be able to:

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

Suggested Approach:

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

- Some people use Bupropion, a non-nicotine medication to help them quit smoking. Bupropion can be used alone or in combination with nicotine replacement medications to improve your chances of quitting. It is usually a personal choice to use non-nicotine medications, some people use varenicline, others use non-nicotine medication to help them quit. Varenicline is effective at eliminating nicotine withdrawal and reduces the pleasure associated with smoking cigarettes. Some people are unable to take nicotine or prefer to take a pill medication to help them quit smoking.

Chapter 20:
Which medications should I use?
(Consumer's Handouts Section 5: Chapter 20)

Objectives for this Chapter:

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

After reading this section, individuals will be able to:

- Understand some key aspects of each of the tobacco treatment medications.
- Recognize which medications are available over the counter and which need a doctor's prescription
- New evidence suggests varenicline is more effective than the other medications.

Suggested Approach:

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

NOTES FOR INSTRUCTORS
Descriptions of Various Medications

Nicotine Patch:

Patches provide a measured dose of nicotine through the skin. Over the course of weeks, by switching the patch to a lower strength, you can lower the doses of nicotine the

person receives. Slowly the tobacco user is weaned off nicotine. Patches can be purchased without a prescription. Several types and different strengths are available. Package inserts describe how to use the product as well as special considerations and possible side effects.

- The 24-hour patch provides a steady dose of nicotine, avoiding peaks and troughs. It helps with early morning withdrawal. However, there may be mild side effects such as disrupted sleep patterns and skin irritation.
- Depending on body size, most tobacco users should start using a full-strength patch (21 mg of nicotine) daily for 4 weeks, and then use a weaker patch (14 mg of nicotine) for another 4 weeks.
- The patch should be applied in the morning to a clean, dry area of the skin without much hair. It should be placed below the neck and above the waist - for example, on the arm, chest or back.
- The FDA recommends using the patch for 3 months.
- Side effects of the patch are usually limited to the skin where the patch is applied and are minor. The skin can appear mildly irritated and can feel itchy or have a slight burning sensation.
- Other possible but unusual side effects of the nicotine replacement patch include: dizziness, racing heartbeat, sleep problems, headache, nausea, vomiting and muscle aches.

Nicotine Gum:

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

- If you smoke a pack or more per day, smoke within 30 minutes of rising, or have trouble not smoking in restricted areas, you may need to start with the higher dose (4 mg).
- No more than 20 pieces should be used in one day. Nicotine gum is usually recommended for 1 to 3 months, with the maximum being 6 months.
- Tapering the amount of gum chewed may help you stop using it.
- Some possible side effects of the gum: bad taste, throat irritation, hiccups, nausea, jaw discomfort, or racing heartbeat. Symptoms related to the stomach and jaws are usually caused by improper use of the gum, such as swallowing nicotine or chewing too rapidly.
- Long-term dependence is one possible disadvantage of nicotine gum. In fact, research has shown that 15% to 20% of gum users who successfully quit smoking continue using the gum for a year or longer. Although the maximum

recommended length of use is 6 months, continuing to use the gum is likely to be safer than going back to smoking. But since there is little research on the health effects of long-term nicotine gum use, most health care providers still recommend limiting its use to 6 months.

Nicotine Lozenge:

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

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

Nicotine Nasal Spray:

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

- The nasal spray immediately relieves withdrawal symptoms and offers you a sense of control over nicotine cravings. Because it is easy to use, smokers report great satisfaction.
- However, the Food and Drug Administration cautions that since this product contains nicotine, it can be associated with long term use.
- It recommends the spray be prescribed for 3-month periods and should not be used for longer than 6 months.
- The most common side effects last about 1 to 2 weeks and can include the following: nasal irritation, runny nose, watery eyes, sneezing, throat irritation and coughing.

Nicotine Inhaler:

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

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

Bupropion:

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

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

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

Varenicline (Chantix)

Varenicline is a smoking treatment that does not contain nicotine and some studies have shown it is the most effective treatment currently available to help people stop smoking. Varenicline tricks your brain into thinking it is still getting nicotine which helps take away nicotine withdrawal. It also blocks the pleasure associated with smoking. Varenicline is not used in combination with nicotine medications. Varenicline can only be taken with a doctor's prescription. It is usually started one week before the Quit date. It is recommended that you continue taking varenicline for 3-6 months after you quit smoking.

This medication should not be taken if you have a serious kidney disease. Some people get nausea when they take varenicline but this will be less if you take the medication with food.

Table of Contents: Group 1

Learning about Healthy Living Education Group

CHAPTER	CHAPTER TITLE	PAGE
Introduction	Welcome to the Healthy Living Group	45
1	Starting on the Road to Healthy Living	46
2	Why Is Smoking Dangerous?	50
3	What's In Cigarette Smoke?	52
4	Why Do So Many Consumers with Mental Illness Smoke?	54
5	What Is Carbon Monoxide?	56
6	How Much Does Smoking Cost?	58
7	How Does Tobacco Advertising Affect Me?	62
8	What Is Second Hand Smoke?	66
9	How Are My Medications Affected by Smoking?	68
10	Why Are Cigarettes Addictive?	70
11	What Are My Smoking Patterns?	72
12	How Can I Better Manage Stress?	73
13	How Much Physical Activity Do I Need?	77
14	How Can I Make Healthier Food Choices?	81
15	Why Should I Quit Smoking?	87
16	What If I'm Not Ready to Quit?	91
17	Is it Really Possible For Me to Quit Smoking?	93
18	What Happens When I Quit Smoking Without Help?	97
19	How Do Medications Help Me Quit Smoking?	101
20	Which Medications Should I Use?	102

Welcome to the Healthy Living Group

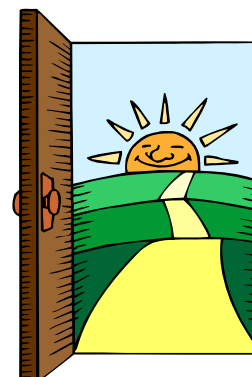
This group has been especially designed for you to look at ways you could improve your life by learning more about healthy living. We will talk about general topics such as proper nutrition, exercise and ways to deal with stress, as well as look at how your current use of tobacco affects you and the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

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

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

We encourage you to attend each group!

Starting on the Road to Healthy Living



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

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

Congratulations!

6 Steps Towards Healthier Living



1. Remember, your health is a very important part of your recovery plan. The recovery process should reflect all aspects of your life including your physical well-being. **Continue with your mental health and recovery plan.**
2. **Make healthy food choices every day.** Try a piece of fruit for dessert instead of a cookie or ice cream, or try drinking water instead of soda.
3. **Daily physical activity of 30 minutes or more** can improve your overall health and reduce the risk of disease (you can even break that up into 10 minutes 3 times a day).
4. **Find a balance between relaxation and stress.** Unfortunately, during times of stress some of us turn to less helpful coping strategies like smoking or eating too much.
5. Make sure you have a primary care practitioner. **Get regular physical health check-ups and exams.** Schedule yearly vision and dental exams and other screening tests as needed.
6. **Take control of addictive behaviors.** Part of the recovery process is attending to all issues that impact our health and wellness and make a difference in the quality of our lives. Addressing addictive behaviors including alcohol and other drugs including tobacco and caffeine are important.



How many cigarettes per day do I smoke: _____

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

1	2	3	4	5	6	7	8	9	10
Not at all interested			Average Interests				Extremely Interested		

To learn more about your overall health, you may wish to fill out the **On the Path to Healthy Living Questionnaire** (Section 8 Appendix/Forms) located in the back of this book. It can help you see how you are doing with all **six steps** towards healthier living. It may also help you start a conversation with your doctor, or other people who support you, on your journey towards “Complete Wellness.” For information about determining if you are at a healthy weight look at **Body Mass Index (BMI) for Adults** information found in Section 8. It can help you learn more about weight compared to height, and if you are at an increased risk of developing weight related health concerns such as diabetes or hypertension. Later in this book, we will give you information about what you can do to improve healthy eating, physical activity patterns, and stress, to reduce your risk of getting these problems.

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



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



Why is Smoking Dangerous?

Here are some facts to consider about tobacco and smoking.

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

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

Do you have any symptoms now that you believe are caused by your smoking? _____ **No**
_____ **Yes (check all that apply)**

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

Do you have a disease or illness now that you believe is caused by your smoking? _____ **No**
_____ **Yes (check all that apply)**

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

Do you worry about getting a smoking-caused disease or illness? _____ **No** _____ **Yes**

What's in cigarette smoke?

Many things are found in a cigarette.

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



- ✓ Over 7,000 chemicals are produced by cigarette smoke!
- ✓ Nicotine, is only one of the 7,000 chemicals found in the smoke of a tobacco product. (cigarettes, cigars, pipes), Nicotine is a drug found naturally in tobacco. Nicotine is highly addictive. When you smoke, nicotine goes deep into the lungs where it is quickly picked up in the blood and taken throughout the body. Nicotine affects many parts of the body including your heart, blood vessels, your metabolism and your brain. The nicotine used in medications is safe because it is monitored by your doctor.
- ✓ Cigarette Tar is a sticky brown substance that is the main cause of lung and throat cancer in smokers.
- ✓ There are 66 KNOWN cancer-causing chemicals and 400 other known harmful chemicals that make smoke **DEADLY!** Some examples are:
 - Lead is a harmful metal, capable of causing serious damage to the brain, kidneys, nervous system and red blood cells.
 - Nickel causes increased susceptibility to lung infections.
 - Formaldehyde causes respiratory and gastro-intestinal problems.

7,000 different chemicals are found in cigarette smoke.

When you smoke you inhale up to 7000 chemicals including these poisons that are found in the following products:



Acetone: Paint Stripper and Nail Polish Remover

Ammonia: Floor Cleaner

Arsenic: Ant Poison

Benzene*: Industrial Solvent / Fuel, Dyes, Synthetic Rubbers

Butane: Lighter Fluid, Key Component of Gasoline

Cadmium*: Used in Car Batteries

Carbon Monoxide: Poisonous gas in car exhaust

DDT: Insecticides

Formaldehyde*: Embalmers use it to preserve dead bodies

Hydrogen Cyanide: Poison used in gas chambers

Methanol: Rocket Fuel

Phenol: Disinfectants

Naphthalene: Mothballs

Toluene: Industrial solvent



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

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

1. _____ 2. _____ 3. _____

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



Why do so many consumers with mental illness smoke?

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

BIOLOGICAL FACTORS (Physical/ Brain Functions)

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

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

PSYCHOLOGICAL FACTORS (Thinking/ Feeling)

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

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

SOCIAL FACTORS (People/ Places/ Things Around You)

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

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

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

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

IMPORTANT POINTS TO REMEMBER

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

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

What is Carbon Monoxide?



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

Carbon monoxide is an odorless and colorless gas. Burning cigars, cigarettes and pipes all produce carbon monoxide.

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

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

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

The Good News about Carbon Monoxide

Although it is very deadly, carbon monoxide lasts only a short time in your body. Your body can eliminate carbon monoxide within two to three days **AFTER** you quit smoking. Your carbon monoxide level will go back down to the same level of somebody who never smoked – “0”.

The effect of carbon monoxide is reversible and can get better almost immediately if you stop smoking.

Carbon Monoxide Meter

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



My Carbon Monoxide Level is = _____

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

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

How Much Does Smoking Cost?

It is important for you to realize how much money you spend on tobacco.



- ✓ Smoking cigarettes is very expensive.
- ✓ It costs \$7.00 or more to buy a pack of cigarettes today.
- ✓ The tobacco companies only spend only pennies (about 6 cents) to make a pack of cigarettes.
- ✓ That means that the tobacco companies make several dollars profit on each pack of cigarettes that you buy and the government gets a few dollars!
- ✓ The more you smoke...the more money the tobacco industry makes. Did you know that the Tobacco Companies make more than \$32 billion dollars each year

Important point to remember:

1 Pack of Cigarettes Costs Approx	\$7.00
Minus 6 Cents it Costs to Make	<u>-.06</u>
BALANCE	\$6.94



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

How much does smoking cost?

Look at the chart below and estimate how much smoking cigarettes costs you every day, week, month and year.

Sometimes we don't realize how much we are spending on things until we stop to total the cost. The following chart is based on a pack of cigarettes costing about \$7.00:



Column 1	2	3	4	5	6
Approximate Number of Cigarettes that I Smoke Each Day	Average Cost Per Day	Average Cost Per Week	Average Cost Per Month	Average Cost Per Year	Average Cost in 10 Years
½ pack (10 cigs)	\$3.50	\$24.50	\$98.00	\$1,176.00	\$11,760.00
1 pack (20 cigs)	\$7.00	\$49.00	\$196.00	\$2,352.00	\$23,520.00
1 ½ packs (30 cigs)	\$10.50	\$73.50	\$294.00	\$3,528.00	\$35,280.00
2 packs (40 cigs)	\$14.00	\$98.00	\$392.00	\$4,704.00	\$47,040.00
2 ½ packs (50 cigs)	\$17.50	\$122.50	\$490.00	\$5,880.00	\$58,800.00
3 packs (60 cigs)	\$21.00	\$150.50	\$602.00	\$7,224.00	\$72,240.00

(This chart is based on a pack of cigarettes costing about \$7.00 and does not include inflation.)

In Column 1, select:

How much do you smoke per day? _____ pack

Follow the row across to figure out:

Column 2 Average Cost per Day \$ _____

Column 3 Average Cost per Week \$ _____

Column 4 Average Cost per Month \$ _____

Column 5 Average Cost per Year \$ _____

Column 6 Average Cost in 10 Years \$ _____

**If YOU Quit Smoking...YOU WILL SAVE
A LOT OF MONEY!**

If you are on a Fixed Income, it can be hard to manage a monthly budget

Write Your Monthly Income Here	\$ / month
SUBTRACT BILLS	-
Rent or Mortgage	-
Utilities (heat, electric bills)	-
Telephone or cable TV	-
Food	-
Clothes or Entertainment	-
Other:	-
AMOUNT LEFT	\$



Can you really afford to keep smoking?

It is important for you to think about what you can buy or do for yourself with this money.

It is a special way to congratulate you for being able to quit smoking.

Thinking of something special that you may want can help to stick to your goal to quit.

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



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

- | | |
|---|---|
| <input type="checkbox"/> Shirt | <input type="checkbox"/> Music CDs or MP3 player |
| <input type="checkbox"/> Pants | <input type="checkbox"/> Go on a trip |
| <input type="checkbox"/> Socks | <input type="checkbox"/> Take guitar lessons |
| <input type="checkbox"/> Shoes | <input type="checkbox"/> Join a gym |
| <input type="checkbox"/> Coat or Jacket | <input type="checkbox"/> Go out to dinner |
| <input type="checkbox"/> Jewelry | <input type="checkbox"/> Have a party for my friends |
| <input type="checkbox"/> Television | <input type="checkbox"/> Celebrate my birthday |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Take significant other on a date |
| <input type="checkbox"/> Microwave Oven | <input type="checkbox"/> Go to the movies |
| <input type="checkbox"/> Coffee Maker | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Other _____ |

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

- | | Approximate Cost |
|----------|------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |



How does tobacco advertising affect me?

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

Did you know that $\frac{1}{2}$ of all cigarettes bought in the USA are purchased by people with mental health problems?

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

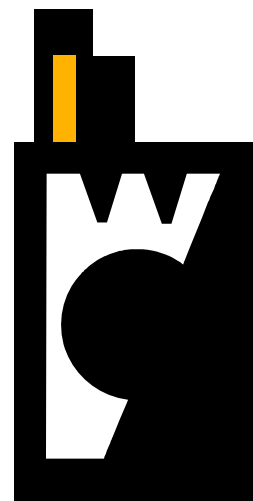
IMPORTANT POINTS TO REMEMBER **THE TOBACCO COMPANIES ARE TRYING TO TRICK YOU!**

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

What about smoking ‘light’ cigarettes?

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

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



Advertising Exercise

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

2. How do the people look in the ad?

- ☐ Happy
- ☐ Having Fun
- ☐ Healthy
- ☐ Sad
- ☐ Angry
- ☐ Bored

3. Where are they?

4. What are they doing?

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

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

_____ YES _____ NO

Design an Ad Activity

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

What is Second-Hand Smoke?

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

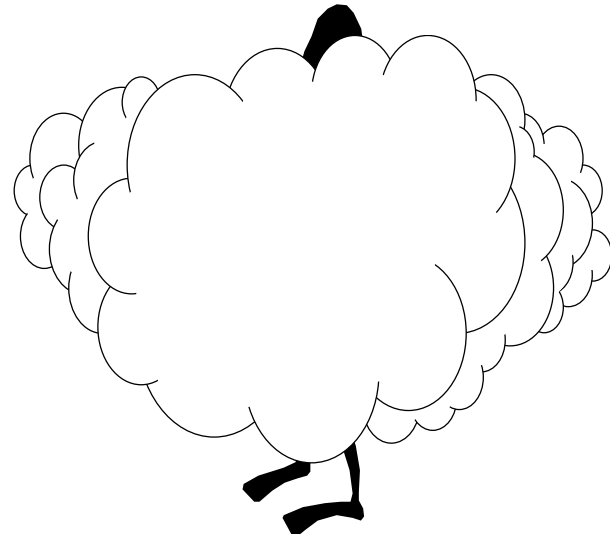


The lungs of young children are also affected by secondhand smoke. Babies and children living in a home where there is smoking tend to have more ear infections, colds, bronchitis, and other respiratory problems than children from nonsmoking families. Smoking while pregnant is associated with low birth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

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

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

**Who used to
smoke around you?**



What was that like for you?

**Who else around you is affected by your
smoking?**

How are my medications affected by smoking?



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

The liver is an important organ for purifying the body.

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

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

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

IMPORTANT POINT TO REMEMBER

The effect of tars on the liver could result in:

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

These are the medications that are affected by smoking.

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

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

What other medications are you taking?

Talk to your doctor

- About your current medications and the effect of smoking.

Tell your doctor

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

Why are cigarettes addictive?



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

What is tobacco addiction?

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

What is tobacco withdrawal?

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

IMPORTANT POINT TO REMEMBER

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

SELF QUIZ: Are you addicted to tobacco?

How many years have you smoked? _____ years

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

_____ Yes _____ No

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

_____ Yes _____ No

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

___within 5 minutes ___6-30 minutes ___31-60 minutes ___ after 60 minutes

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

_____ Yes _____ No

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

_____ Yes _____ No

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

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

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



What are my smoking patterns?

How can I change my smoking patterns?

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

Example: Instead of smoking with your morning coffee

You can make a change by:

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

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

How could you try to change this smoking pattern?

How can I better manage stress?

Are you feeling stressed out?

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

**A good way to cope is to
learn skills to help you relax.**

DEEP BREATHING



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

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

EXERCISE: DEEP BREATHING

Practice Deep Breathing for the next 3 to 5 minutes.

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

How do you feel after practicing the Deep Breathing exercise?

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

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

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

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

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

Cigarettes will not take away your problems.

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

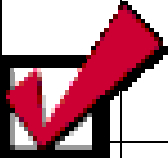
When you quit, you have to learn new ways of handling stress.

- ✓ Physical activity and healthy eating can help to reduce stress.
- ✓ Making sure that you have time to do the things you like to do is very important.
- ✓ Sometimes writing down your feelings and frustrations will help to relieve stress.
- ✓ Making a “to do” list each day can also be very helpful. As you complete them, check them off and you will see everything that you accomplished. This technique helps you to remember and will also take away the stress of worrying to remember to do them.

- ✓ For some people, being outside in nature is helpful. Sitting at a park or on a beach can be very relaxing. Sometimes just closing your eyes and imagining that you are at your favorite place can be relaxing.
- ✓ Spiritual practices such as prayer and meditation can help you to have a more peaceful life.
- ✓ Twelve step recovery programs teach a very valuable tool: **“Take One Day at a Time”**.
- ✓ Learning relaxation exercises is also very important.
 - Deep Breathing
 - Progressive Muscle Relaxation

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

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

 TO DO LIST	
Date	

How much physical activity do I need?



What is PHYSICAL ACTIVITY?

The 2005 USDA Dietary Guidelines tell us that physical activity means movement of the body that uses energy.

Walking, gardening, climbing the stairs, playing soccer, or dancing are all good examples of being physically active.

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

How Much Physical Activity Do I Need?

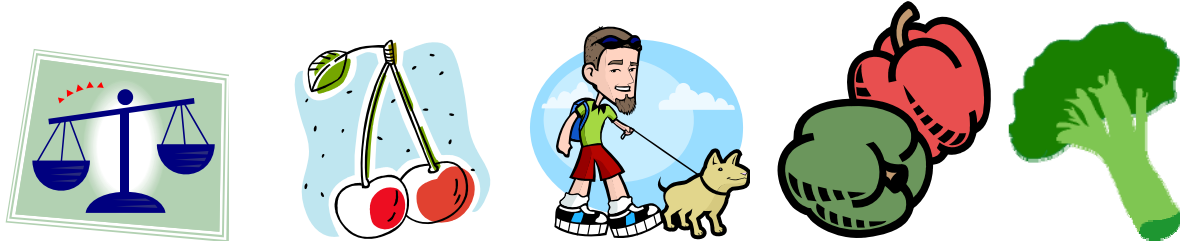
The USDA Dietary Guidelines for Americans say:

30 minutes most days of the week for health benefits

60 minutes to prevent weight gain

60–90 minutes to maintain weight loss

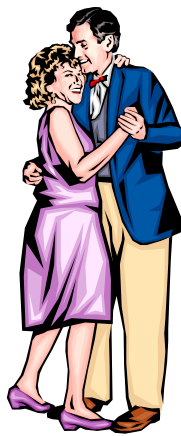
To maintain a healthy weight, balance your calories with physical activity.



Here are some suggestions for activities to get you moving:

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

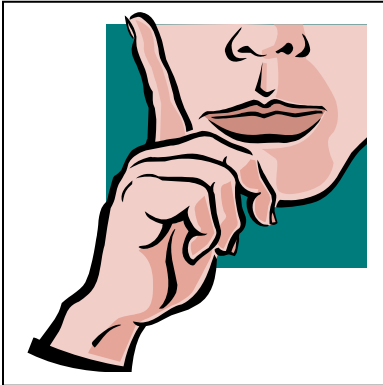
Regular physical activity means doing something active most if not all days of the week!



If you are over 40 or have health problems check with your doctor before starting an exercise program.

Experts advise that people with chronic diseases, such as a heart condition, arthritis, diabetes, or high blood pressure, should talk to their doctor about what types and amounts of physical activity are appropriate.

(Source: <http://www.cdc.gov>)



Think about your physical activity level.

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

Minutes per day = _____

Why is being physically active beneficial to you?

1. _____
2. _____
3. _____

List several things you do now for physical activity:

1. _____
2. _____
3. _____

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

1. _____
2. _____
3. _____

How Can I Make Healthier Food Choices



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

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

A healthy eating plan is one that:

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

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



Focus on fruits

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

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



Vary your veggies

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

What vegetable am I willing to eat more of? _____



Get your calcium-rich foods

Get 3 cups of low-fat or fat-free milk—or an equivalent amount of low-fat yogurt and/or low-fat cheese (1½ ounces of cheese equals 1 cup of milk)—every day. For kids aged 2 to 8, its 2 cups of milk. If you

don't or can't consume milk, choose lactose-free milk products and/or calcium-fortified foods and beverages.

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

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



Make half your grains whole

Eat at least 3 ounces of whole-grain cereals, breads, crackers, rice, or pasta every day, with the rest of the recommended grains coming from enriched or whole-grain products. One ounce is about 1 slice of bread, 1 cup of breakfast cereal, or $\frac{1}{2}$ cup of cooked rice or pasta. Look to see that grains such as wheat, rice, oats, or corn are referred to as "whole" in the list of ingredients.

Do I check to see if the grains I am eating are "whole-grains"? ☐ Yes ☐ No



Go lean with protein

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

Do I trim the fat from chicken or meat before I cook or eat it? ☐ Yes ☐ No

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



Know the limits on fats, salt, and sugars

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

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

How many regular sodas do I drink per day? _____

Did you know that water has 0 calories? _____ Yes _____ No

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

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

Source:

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



Simple Things You Can Do to Maintain a Healthy Body Weight

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

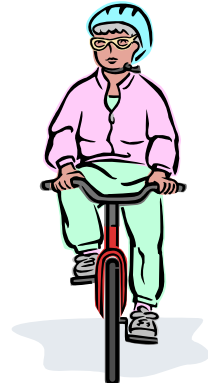
Check off all the things on the list below that you currently do:

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

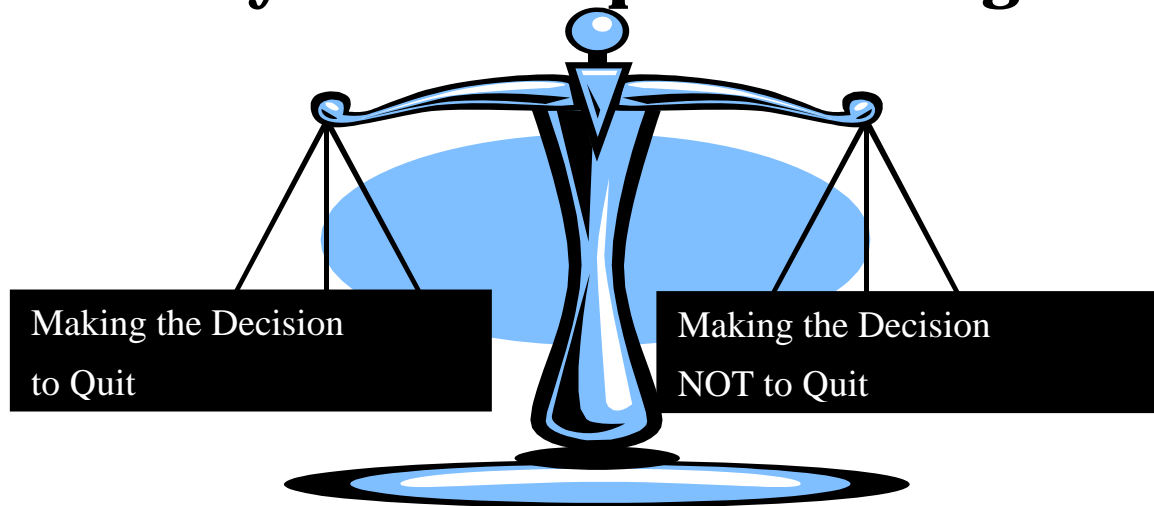
- ☐ Snack on crunchy vegetables and fruit (such as carrots, celery, broccoli, cucumbers, red and green pepper slices, apples, oranges, strawberries, blueberries, and watermelon)
- ☐ Stay away from fast food
- ☐ Use sugar free gum and mints

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

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



Why should I quit smoking?



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

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

- ✓ Health problems and diseases
- ✓ Unpleasant problems including premature wrinkling of the skin, bad breath, bad smelling clothes, and yellow fingernails.
- ✓ Spending too much money on tobacco
- ✓ Keeps me addicted

There are many benefits to QUITTING SMOKING.

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

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

Health Benefits of Quitting Smoking

Within 20 minutes

Blood pressure and pulse goes back to normal.

After 8 hours

The carbon monoxide level in your blood drops to normal and the oxygen level increases.

24 hours after quitting

Your chance of a heart attack decreases.

2 weeks to 3 months after quitting

Your circulation improves and your lung function increases up to 30%.

From 1 to 9 months after quitting

You stop coughing and breathe easier and your overall energy increases. Your cilia (tiny hair like structures that move mucus out of the lungs) regain normal function in the lungs, increasing the ability to handle mucus, clean the lungs, and reduce infection.

1 year after quitting

The risk of coronary heart disease is cut in half.

5 years after quitting

Your chances of lung cancer death and stroke are cut in half.

10 years after quitting

The chances of lung cancer are equal to that of a non-smoker. The risk of cancer of the mouth, throat, esophagus, bladder, kidney, and pancreas decrease.

15 years after quitting

The risk of coronary heart disease is the same as a non-smoker.

My Smoking Worksheet

Pros of smoking:

Cons of smoking:

Pros of quitting smoking:

Cons of quitting smoking:



Making the Decision to Quit Smoking

What if I'm not ready to quit?

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

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

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

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

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

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

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

Is it really possible for me to quit smoking?

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

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

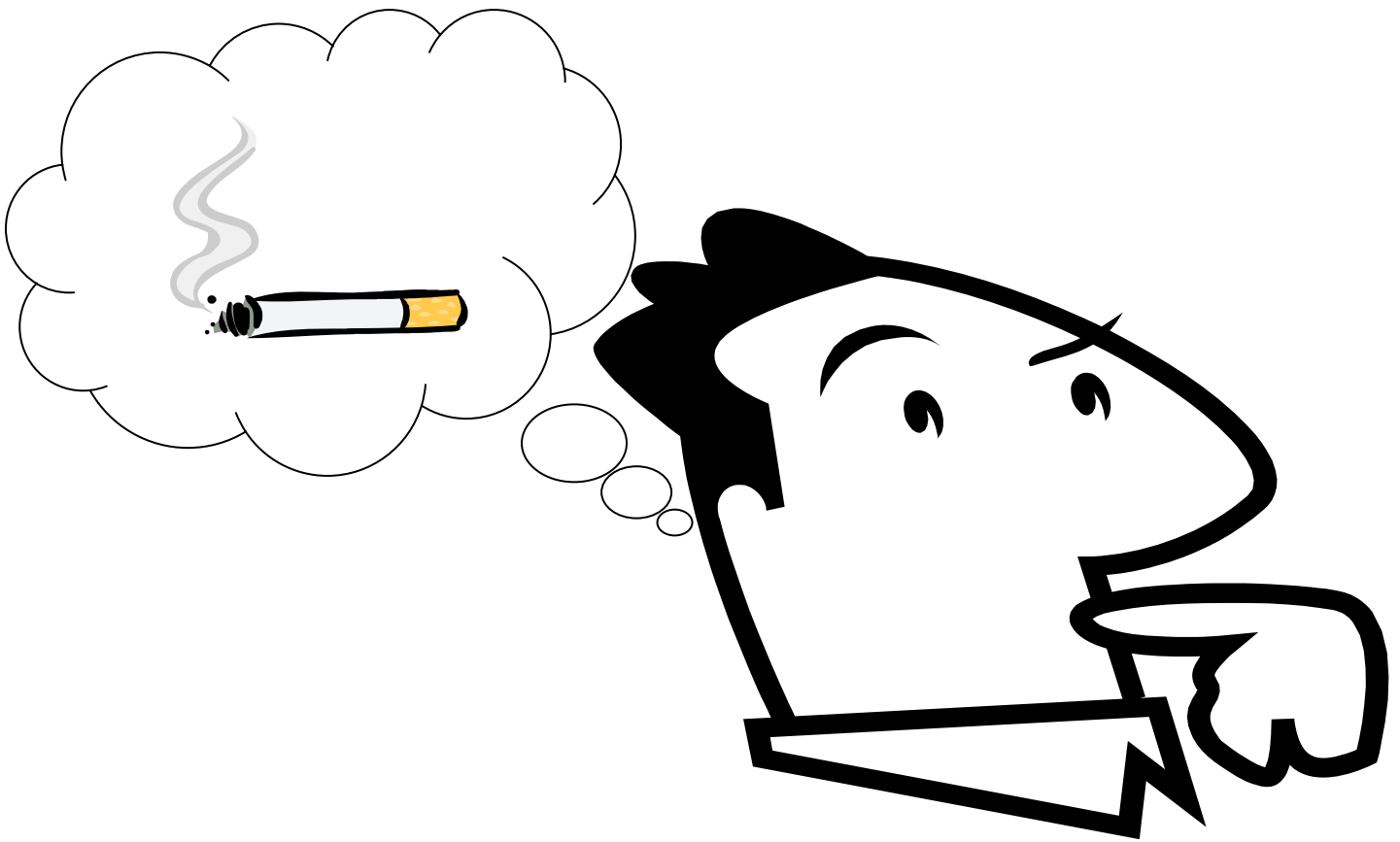
IMPORTANT POINT TO REMEMBER

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

Better Coping Strategies

THINGS YOU CAN DO INSTEAD OF SMOKING!

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



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

Are you satisfied with using smoking as a coping strategy?

Why or why not?

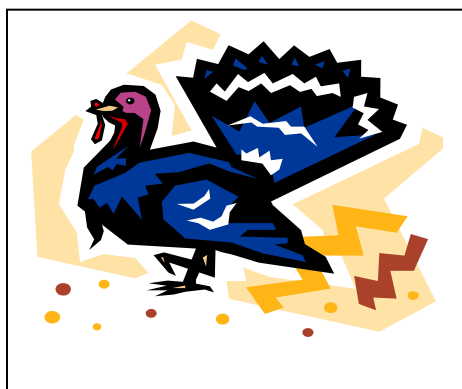
**Is smoking the best coping strategy for you?
Why or why not?**

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

1.

2.

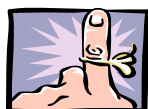
3.



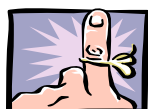
What happens when I quit smoking without help? (cold turkey)

Smokers that quit without treatment experience nicotine withdrawal.

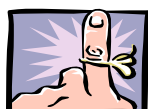
Remember:



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



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



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



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

Nicotine Withdrawal

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

The symptoms of nicotine withdrawal are listed below:

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

IMPORTANT POINTS TO REMEMBER

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

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

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

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

_____ **No**
_____ **Yes (check all that apply)**

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

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

_____ **No**
_____ **Yes**

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

_____ **No**
_____ **Yes**

How do medications help me quit smoking?

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

Medications to help you stop smoking are safe and effective.

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

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

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

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

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

Nicotine gum

Nicotine patch

Nicotine lozenge

Nicotine inhaler

Nicotine nasal spray

Bupropion (pill)

Varenicline (pill)

IMPORTANT POINT TO REMEMBER

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

Which medications should I use?

You and your doctor will need to discuss which medication or medications will be best for you when you try to stop smoking. In this chapter we will review the 7 types of medications available so you can decide which is best for you.

Nicotine Patch, Nicotine Gum and Nicotine Lozenge

Nicotine patch, nicotine gum and nicotine lozenge are all over-the-counter medications. Over-the-counter medications do not require a doctor's prescription, although it is recommended that you still discuss the decision to use these medications with your doctor. Smokers who are pregnant or have heart disease should consult with their doctor before using nicotine medications. Nicotine patch, nicotine gum and nicotine lozenge cost about \$35-55 for a 2-week supply of medication. Nicotine medication is started on the day that you try to stop smoking, also called the "Quit Date". Never use nicotine medications if you plan to continue to smoke or use another tobacco product. The combined dose of nicotine could be dangerous to your health.

Nicotine Patch

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

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

Nicotine Gum

Nicotine gum provides nicotine to the body through the lining of the mouth. It works best if a piece of gum is chewed about every hour but more can be used when you have urges or cravings to smoke. Nicotine gum is a medication and is not used like regular chewing gum. It has a peppery taste and must be chewed slowly off and on for about 20 to 30 minutes. **Don't drink coffee, soda or other beverages for at least 15 minutes before and during gum use.**

Nicotine Lozenge

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

Week 1 through 6: one lozenge every 1-2 hours

Weeks 7 through 9: one lozenge every 2-4 hours

Weeks 10 through 12: one lozenge every 4-8 hours

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

Nicotine Inhaler

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

Nicotine inhaler is a plastic tube with a nicotine cartridge inside. When you puff on the inhaler, a nicotine vapor goes into the mouth. It does not need to be inhaled since the nicotine goes only into the mouth and not into the lungs. Breathing or puffing on it too deeply will make you cough more. Holding the nicotine inhaler in your hand and puffing on it can seem like the closest thing to smoking a cigarette, which some smokers find helpful.

Nicotine Nasal Spray

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

Bupropion

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

Bupropion is EXACTLY the SAME medication as Wellbutrin SR or Zyban. Bupropion is also a good treatment for major depression. This medication should not be taken if you have a history of seizures, bulimia (binge and purge eating disorder), or head trauma.

Varenicline (Chantix)

Varenicline is a smoking treatment that does not contain nicotine and some studies have shown it is the most effective treatment currently available to help people stop smoking. Varenicline tricks your brain into thinking it is still getting nicotine which helps take away nicotine withdrawal. It also blocks the pleasure associated with smoking. Varenicline is not used in combination with nicotine medications. Varenicline can only be taken with a doctor's prescription. It is usually started one week before the Quit date. It is recommended that you continue taking varenicline for 3-6 months after you quit smoking.

This medication should not be taken if you have a serious kidney disease. Some people get nausea when they take varenicline but this will be less if you take the medication with food.

There are 7 medications that are available to help you stop smoking. (Check all the ones you would like to try)

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



Did you discuss these medications with your doctor or nurse?

_____ Yes _____ No

Which one do you think would be best for you?

Which medications require a doctor's prescription?

Nicotine gum

Nicotine patch

Nicotine lozenge

Nicotine inhaler

Nicotine nasal spray

Bupropion (pill)

Varenicline (pill)



Which medications contain nicotine?

Nicotine gum

Nicotine patch

Nicotine lozenge

Nicotine inhaler

Nicotine nasal spray

Bupropion (pill)

Varenicline (pill)

Group II: “Quitting Smoking” Goals, Objectives and Suggested Approaches

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

Objectives for Group II: Quitting Smoking

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

Chapter 1: Making a Quit Plan

Objectives for this Chapter:

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

After reading this section, individuals will be able to:

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

Suggested Approach:

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

**Chapter 2:
Preparing to Quit**

Objectives for this Chapter:

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

After reading this section, individuals will be able to:

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

Suggested Approach:

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

Chapter 3: Seeking support while you quit

Objectives for this Chapter:

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

After reading this section, individuals will be able to:

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

Suggested Approach:

- The New Jersey Quitnet is a free internet resource (<http://nj.quitnet.com>) that allows smokers to log in as a member and participate in online chat rooms, email groups and discussion forums focused on getting support for quitting smoking. Allow members computer access to the internet after a group or have a demonstration of Quitnet resources.

Additional Internet References & Resources to Stay Smoke Free

American Cancer Society 1-800-ACS-2345 (1-800-227-2345)
Internet address: www.cancer.org

American Heart Association 1 800-242-8721
Internet address: www.heart.org

American Lung Association 1 800-785-3355
Internet address: www.lung.org

CHOICES (Consumers Helping Others Improve
their Condition by Ending Smoking) 732-235-4341
Internet address: www.njchoices.org

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

Office on Smoking & Health, Centers for Disease Control and Prevention
1-800-CDC-INFO or 1-800-232-4636
Internet address: www.cdc.gov/tobacco

Nicotine Anonymous 1-877-TRY-NICA (1-877-879-6422)

Internet Address: www.nicotine-anonymous.org

Smokefree.gov (Online materials, including info on state QuitLines)

Internet Address: www.smokefree.gov

Chapter 4: Refusing cigarettes

Objectives for this Chapter:

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

After reading this section, individuals will be able to:

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

Suggested Approach:

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

Chapter 5: Dealing with setbacks

Objectives for this Chapter:

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

After reading this section, individuals will be able to:

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

Suggested Approach:

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

Chapter 6: Celebrating Quitting and a Tobacco-Free Lifestyle

Objectives for this Chapter:

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

After reading this section, individuals will be able to:

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

Suggested Approach:

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



**Table of Contents: Group II
Quitting Smoking Group**

CHAPTER	CHAPTER TITLE	PAGE
1	Making a Plan to Quit	116
2	Preparing to Quit	120
3	Seeking Support While You Quit	123
4	Saying No to Cigarettes	125
5	Dealing with Setbacks	129
6	Celebrating Quitting and a Tobacco-Free Lifestyle	132

Making a Plan to Quit

The two most important factors -

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



There is no one right way to quit.

Learn what methods are successful to others who have quit.

You have to decide what will work best for YOU and then... Get the help you need to support your decision to quit!

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

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

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

Making the Decision to Quit

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

Setting a Quit Date

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

Making a Quit Plan

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

Suggestions:

- ✓ Get rid of ALL of your matches, lighters and ashtrays.
- ✓ Make a promise to yourself to NEVER SMOKE in your house or car.
- ✓ Talk to your doctor and counselor about quitting smoking.
- ✓ Pick a person who you can talk to and be helpful to you.
- ✓ Learn about tobacco treatment medications and decide which ones you may want to use.
- ✓ Learn about and visit a self-help or 12-step meeting
- ✓ Get support from non-smoking friends and family.
- ✓ Make a list of situations that you would usually smoke and come up with a plan of how you will handle those situations differently.

MY QUIT PLAN

Name _____

I have made a decision to quit smoking on_____.

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

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

Other Ideas for My Quit Plan

Preparing to Quit

**I am getting ready to quit using tobacco.
I will try to make preparations to quit.**



I believe doing the following things will help to make my quit attempt more successful:

1. I will not buy large amounts of cigarettes or other tobacco products, like cartons of cigarettes, for example. It is better to buy cigarettes one pack at a time since I am getting ready to quit. My goal is to run out of cigarettes on my quit date.
2. Get rid of all my tobacco or cigarette related items. This includes ashtrays, lighters and even t-shirts or other items with tobacco company names or logos. These things remind me of smoking. I will be more successful in quitting if these things are not in my home.
3. Remove ashes from my car ashtray and places in my home because I know that smelling cigarettes after I quit could make me want to smoke.
4. Talk to someone about my plans to quit tobacco. This can be a roommate, friend or significant other. I will let them know when my quit date will be.
5. Keep trying to make it difficult or unpleasant to smoke. I will try to break all habits that make smoking easy.

I will set a quit day.

One to two weeks before my quit date, I will:

- ✓ Pick the date and mark it on my calendar.
- ✓ Tell friends and family members that I will quit smoking
- ✓ Decide on a plan for medications and arrange to see my doctor
- ✓ Set up a support system. This could be my group class, or non-smoking family or friends who are willing to help me
- ✓ Start using the medicine Bupropion or Varenicline if that is part of my quit plan.

On the night before my quit date, I will:

- ✓ Get rid of all cigarettes, lighters, ashtrays, and any other items related to smoking.
- ✓ Smoke my last cigarettes and say “goodbye” to cigarettes.

On my quit date, I will:

- ✓ Not smoke.
- ✓ Keep active - try walking, exercising, or doing other activities or hobbies I enjoy doing.
- ✓ Drink water and use mints or hard candy to help me with the cravings for cigarettes.
- ✓ Begin using nicotine medications if that is part of my quit plan.
- ✓ Contact my counselor or therapist who will help me stop smoking.
- ✓ Avoid other smokers.
- ✓ Avoid places and situations where the urge to smoke is strong.

List ways you can get ready for your quit date.

1 week before:

The night before:

MY QUIT DATE WILL BE:

Seeking Support While You Quit



You will have a better chance of quitting successfully if you have help and support from your health professional, family, friends, and coworkers.

A doctor or mental health professional can help you tailor an approach to quitting smoking that best suits your physical and emotional needs. These people are also good sources of motivation and support during the quitting process.

Talk to ex-smokers about their experiences during and after quitting. People who have quit smoking may be particularly helpful, because they know what you are going through.

If you live with someone who smokes, let that person know specifically how he or she can support your efforts to quit smoking. Talk with him or her about not smoking in front of you. Better yet, ask that person to quit smoking with you. That way you can support each other through the quitting process.

Family and friends can help support and encourage you while you are quitting.

Remember **this group will help you quit smoking**. The more counseling you get, the better your chances of quitting. Counseling should help you learn to recognize and cope with situations that tempt you to smoke and provide information about successful quitting strategies.

Use the Internet. The Internet allows free access to information about quitting smoking and to chat rooms that can provide support for a person wanting to quit. One good internet site is:

NJ Quitnet (www.nj.quitnet.com/)

Getting support from your friends and family is very important when you're quitting smoking.

Can you list some people who you can get support from while you quit smoking?

Do you belong to any support groups that could help you quit smoking?

_____ Yes, Describe: _____

_____ No

Saying No to Cigarettes



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

Therefore, it's a good idea to plan 'how' to say no when this happens (and it will happen eventually!).

Practice in this group or in front of a mirror what you would say if someone offered you a cigarette.

Examples:

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

Besides practicing by yourself, you can practice role-play situations in this group. You can practice how to say no to cigarettes and practice other high-risk situations that make you want to smoke. To assist in learning how to refuse cigarettes, use these five steps in refusal skills:

- ✓ Ask questions
- ✓ Recognize when you're in trouble
- ✓ Think about the consequences
- ✓ Suggest other activities
- ✓ Get out of there

Ask yourself these questions

- ✓ Is it really possible for me to have just one cigarette?
- ✓ Do I really want this cigarette enough to give up on everything I have been working on?
- ✓ Can I wait for 7 minutes and see if the urge passes?

Recognize when you're in trouble

One cigarette will probably lead to many more!

I always end up smoking when I am:

List a place: _____

List a person: _____

Think about the consequences

I will start coughing again if I smoke.

I will start spending \$_____ per week on cigarettes if I start smoking again.

I have been enjoying using that money I have saved on:

Other activities I can suggest to do instead of smoking:

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

1. _____

2. _____

3. _____

Get out of there!

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

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

SAY NO THANKS!

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

1. _____
2. _____
3. _____

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

1. _____
2. _____
3. _____

Dealing with Setbacks



You may have been unsuccessful in your last quit attempt. Maybe even in your last few quit attempts. When this happens, it is common to feel disappointed or feel like you have failed. This feeling may have discouraged you from trying again.

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

- ✓ Try thinking of your previous attempts as practice for the day you will quit forever.
- ✓ Instead of blaming yourself, think about all that you have learned from each attempt that will be helpful to you now.
- ✓ If you use tobacco again, don't be too hard on yourself. Forgive yourself and remember it takes courage to quit smoking.
- ✓ One slip does not mean that you are a failure or that you cannot be a nonsmoker.
- ✓ If you slip, it is important to get yourself on the nonsmoking track immediately. Review your triggers and coping skills, and try again.

IMPORTANT POINT TO REMEMBER:

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

Slip or Relapse

What if you do smoke? The difference between a slip and a relapse is within your control. When you have a slip, it means that you had a cigarette without thinking things through. **You have a choice at this point!** You can use the slip as an excuse to go back to smoking, or you can look at what went wrong and renew your commitment to staying off smoking for good.

What reasons stopped you from achieving your goals?

Physical Addiction/ Withdrawal symptoms

- ✓ Remember that withdrawal symptoms are most severe within the first 1 to 3 days of abstinence, and can often continue for several weeks. The physical symptoms of withdrawal, while annoying, are not life threatening. Nicotine replacement or medications can help reduce many of these physical symptoms.
- ✓ In addition, if these symptoms were severe and caused you to smoke, you could be successful in future quitting if you used more or different medications.

Psychological Addiction

- ✓ If you have been using tobacco for any length of time, it has become linked with many of your activities - watching TV; attending sport events; while fishing, camping, or driving your car. It will take time

to "un-link" smoking from these activities. That is why, even if you are using medications, you may still have strong urges to smoke.

- ✓ If these psychological reasons caused you to smoke, you could be successful in future quitting if you used more or different support and counseling treatment.

IMPORTANT TIP TO REMEMBER

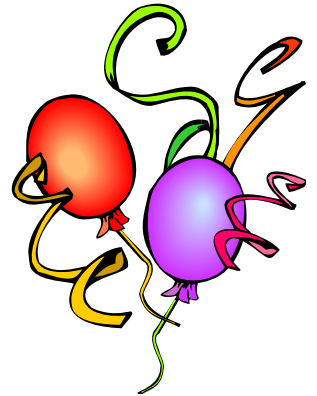
If you have recently tried to quit and slipped up or started smoking again, just get right back on track – you haven't lost any time and will probably be more successful this time if you learn from your mistakes in the past!

Remember the reasons you wanted to quit smoking.

Where are the places that you should avoid to stay smoke-free?

What are some habits you can change that could make a difference while trying to quit?

Celebrating Quitting and a Tobacco-Free Lifestyle



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

Stay Positive

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

Focus on your goals

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

Give yourself personal rewards

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

Remember the social rewards

- ✓ Imagine yourself telling people you are a nonsmoker
- ✓ Ask for a nonsmoking table in a restaurant
- ✓ Attend non-smoking bingo
- ✓ Give tips to a friend about how to quit smoking,
- ✓ Imagine other people coming to you saying WOW! how did you do it?!

A TOBACCO-FREE LIFESTYLE

Maybe you have quit smoking many times before and eventually started smoking again. At this point, you understand that it's not just quitting that's important but **STAYING QUIT**, which can be difficult. Staying quit is the final, and most important, stage of the quitting smoking process. You can use the same methods to stay quit as you did to help you through withdrawal. Think ahead to those times when you may be tempted to smoke, and plan on how you will use alternatives and activities to cope with these situations.

More dangerous, perhaps, are the unexpected strong desires to smoke that occur sometimes months (or even years) after you've quit. To get through these without relapse, try the following:

- ✓ Review your reasons for quitting and think of all the benefits to your health, your finances, and your family.
- ✓ Remind yourself that there is no such thing as just one cigarette - or even one puff.
- ✓ Ride out the desire. It will go away, but do not fool yourself into thinking you can have just one.

REWARD YOURSELF!

List some things you can do to reward yourself weekly as you quit smoking? **(Remember, you can use some of the money you would normally spend on cigarettes to do something nice for yourself!)**

What are 3 things you can do to maintain a tobacco-free lifestyle?

1.

2.

3.



Table of Contents: Appendix/Forms

FORM NAME	PAGE
Consumer Self-Report Tobacco Assessment	136
On the Path to Healthy Living Questionnaire	138
Tobacco Dependence Plan	141
Instructions for Carbon Monoxide (CO) Monitoring	142
Learning About Healthy Living / Group Record Sheet	143
Group Reminder Card	144
I'm Not Ready to Quit Smoking	145
Body Mass Index (BMI)	146
My Pyramid Worksheet	148
Resources	149
References	151

Consumer Self-Report Tobacco Assessment

Today's Date: _____

Name: _____ Gender: M F

Date of Birth: _____ Age: _____

Tobacco Use –

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

1a CIGARETTES	Never Used	
	Used in the Past	
	Currently Use	
1b PIPE	Never Used	
	Used in the Past	
	Currently Use	
1c CIGARS	Never Used	
	Used in the Past	
	Currently Use	
1d CHEWING TOBACCO	Never Used	
	Used in the Past	
	Never Used	
	Currently Use	
2. What age were you when you first used or tried tobacco ?		
3. What age were you when you started using tobacco on a regular basis?		
4. How many cigarettes do you smoke each day?		
5. How many minutes after you wake up do you smoke your 1 st cigarette?		
6. Do you sometimes awaken at night to have a cigarette or use tobacco?		Yes _____ No _____
7. Who smokes in your household? Please check all that apply:		
No One		
Parents		
Brothers/Sisters		
Significant Other		
Roommates		
8. Do you smoke indoors at home?		Yes ____ No ____

9. How **important** is it to you to stop tobacco use now? Please check one box.

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

Tobacco-Related Illness

10. Have you in the past or do you now have any of the following? (Check all that apply)

<input type="checkbox"/>	Arrhythmia/ Irregular Heart Beat	<input type="checkbox"/>	Emphysema	<input type="checkbox"/>	Obesity/ Overweight
<input type="checkbox"/>	Asthma or Chronic Bronchitis	<input type="checkbox"/>	Halitosis/ Bad Breath	<input type="checkbox"/>	Peptic Ulcer
<input type="checkbox"/>	Cancer (List Type Below)	<input type="checkbox"/>	Heart Attack/ Disease	<input type="checkbox"/>	Pneumonia
<input type="checkbox"/>	Circulatory Problems	<input type="checkbox"/>	Impotence	<input type="checkbox"/>	Seizures
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Infertility	<input type="checkbox"/>	Stroke
<input type="checkbox"/>	Early Menopause	<input type="checkbox"/>	Influenza/ Frequent Flu	<input type="checkbox"/>	Wrinkles
<input type="checkbox"/>	Other illness (describe):				

Desire to Quit

11. Please check the number next to **the one statement that best describes** your current situation:

11a	I currently smoke/use tobacco and I do not want to quit in the next 6 months.	<input type="checkbox"/>
11b	I am seriously considering quitting in the next 6 months, but not in the next 30 days	<input type="checkbox"/>
11c	I am interested in drastically reducing the number of cigarettes I currently smoke (reduce by half or more), but am not interested in quitting totally.	<input type="checkbox"/>
11d	I am interested in quitting smoking/tobacco use in the next month, and I would be interested in any assistance I could get.	<input type="checkbox"/>

12. How **confident** are you that you will succeed in stopping your tobacco use now? Please check one box.

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

On the Path to Healthy Living

Questionnaire

Here are some questions to help you think about your overall health. These questions can also help you begin a discussion with your health care professional. Remember, you don't have to tackle all of these questions today. Just reading this list is already a step on your path to Healthier Living.

Physical Health

Has it been over a year since the date of my last physical exam? yes no

*If yes, is there anyone I can call to make an appointment
for a checkup?* yes no unsure

Do I have a regular primary care provider (PCP)? yes no

If yes, who can I call? _____

*If no, do I know how to find a PCP in
my community?* yes no unsure

Do I have any physical health problems that I know of? yes no unsure

(For example: high blood pressure, diabetes, or a problem with my weight.)

If yes, can I list all of my physical problems? yes no unsure

Do I take any medication for these problems? yes no

If yes, can I list the medications? yes no unsure

Do I have any problems with my hearing? yes no unsure

If yes, who can I call? _____

Has it been more than six months since the date of my
last dental exam? yes no

If yes, who can I call to make an appointment for a check-up?

Weight/Nutrition

What is my height? _____ What is my weight? _____

What is my body mass index (BMI)*? _____

Am I at a healthy weight? yes no unsure

How many beverages with sugar do I drink per day? (soda, juice, coffee, etc.) _____

Should I cut down on beverages with sugar? yes no unsure

Do I snack on “junk” food (cookies, chips, candy, etc.)? yes no

What healthier snacks might I like to eat?

Do I eat seconds or large portions frequently? yes no unsure

Should I cut down on the amount of food that I eat? yes no unsure

Do I eat dessert (cake, cookies, ice cream, etc.) frequently? yes no

Am I eating healthy foods? yes no unsure

If not, what are some things I can change about my diet to live healthier?

* A Body Mass Index (BMI) chart is included. Please ask your health care professional how to figure out your BMI if you do not know how to do this.

Smoking

Do I smoke? yes no

If yes, how many cigarettes do I smoke per day? _____

Am I interested in cutting down or quitting? yes no unsure

If yes, is now the time for me to quit smoking? yes no unsure

Do I know where can I find help quitting smoking? yes no unsure

If yes, where: _____

Physical Activity/Sleep/Stress Reduction

What type of physical activity do I do regularly? _____

Do I get enough physical activity? yes no unsure

How much sleep do I get? _____

Do I wake up feeling rested? yes no

If no, do I know what I can do about it? yes no

If no, who can ask? _____

Do I generally feel a lot of stress? yes no unsure

Do I participate in any activities that help me relax? yes no unsure

How many beverages with caffeine do I drink per day? _____

Should I cut down? yes no unsure

Name one helpful thing that can help reduce my overall stress level
(such as deep breathing): _____

My Team

Below is a list of people on my treatment team who may be able to help in my journey for physical health and wellness. Check the people I think may be of help:

My psychiatrist	yes	no	unsure
My nurse	yes	no	unsure
My therapist	yes	no	unsure
My case manager	yes	no	unsure
My family doctor	yes	no	unsure
A family member	yes	no	unsure
A friend	yes	no	unsure
My clergy	yes	no	unsure
Another mental health consumer	yes	no	unsure

Community resource (such as the YMCA) write in: _____

What are the names of one or two other people who can help me with questions/issues that I have about my physical health/wellness.

Tobacco Dependence Treatment Plan

Patient Name: _____

Problem:

Tobacco Dependence as evidenced by spending a great deal of time smoking, use despite known dangers of tobacco use, tolerance (increasing use over time to obtain desired effect). Patient is unable to abstain from smoking during illness and noted medical problems:

CO Reading _____

Level of Motivation: _____Pre-contemplation _____Contemplation
 _____Preparation _____Action

Goal:

To reduce or eliminate use of tobacco

Objectives:

1. Client will acknowledge that tobacco use is a problem for them.
2. Client will attend gain knowledge about the effects of their tobacco use by attending the Learning about Healthy Living Group on a weekly basis.
3. Client will learn about the medical complications caused by tobacco use and be able to identify personal medical concerns.
4. Client will learn about treatment medications to prevent and reduce withdrawal symptoms and be able to identify their preference to use.
5. Client will develop a quit plan with the assistance of staff.
6. Client will set a quit date and begin to abstain from smoking.
7. Client will progress from the educational/motivational group to the quit group.

Interventions:

1. Attend Learning about Healthy Living
 _____ **Education/Motivational Group** _____ **Quit Group**
2. Client will meet weekly with Physician _____ to
discuss appropriate use of tobacco dependence treatment medications.
3. Treatment staff will help identify alternatives to trigger situations.

Signature of Clinician

Date

Instructions for Carbon Monoxide (CO) Monitoring

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

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

How to use the piCO+ Smokerlyzer: *(note: other monitors work similar - please consult your owner's manual)*

1. Turn on the monitor by holding down the button for three seconds.
2. Attach a breath sampling D-piece and new mouthpiece.
3. Inhale and double click button to start a breath test.
4. Hold breath for the 15-second countdown.
5. A beep will sound during the last three seconds of the countdown.
6. Blow slowly into the mouthpiece, aiming to empty lungs completely.
7. The ppm and equivalent % carboxyhaemoglobin (COHb) levels will rise and hold. The colored LED's will light accordingly.
8. Remove the D-piece between tests to purge the sensor with fresh air.
9. To repeat the breath test, double click the button to return to main display and continue from step 2 above.
10. To switch off, hold button for 3 seconds. Until will auto power off after 5 minutes of inactivity.

Patient Directions for taking a CO reading:

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

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

Patients are often curious and concerned about their assessment results. Respond positively to any curiosity expressed, since this is a sign of treatment engagement. Be sure to explain in clear and simple language the meaning of the CO reading and the fact that with abstinence from tobacco CO levels return to normal within 24 hours.

Learning About Healthy Living / Group Record Sheet

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

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



GROUP REMINDER
“Guide to Healthy Living”
The next group will be held on



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

The topic will be:

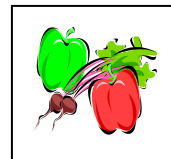
If you cannot attend this group, please contact:

Name: _____

Phone: _____



GROUP REMINDER
“Guide to Healthy Living”
The next group will be held on



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

The topic will be:

If you cannot attend this group, please contact:

Name: _____

Phone: _____

I'm Not Ready to Quit Smoking

. . . but, I am Ready to:

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

Body Mass Index (BMI)

Body Mass Index or BMI is a measure of body fat based on height and weight that applies to both adult men and women. If the BMI goes above the normal range (25), the risk for some diseases such as heart disease, high blood pressure, diabetes, arthritis, some cancers and even premature death increases. The higher the BMI goes above normal, the higher the risk. For adults, BMI falls into one of these categories:

BMI	Weight Status
Below 18.5	Underweight
18.5 – 24.9	Normal
25.0 – 29.9	Overweight
30.0 and Above	Obese

Source: <http://www.nhlbisupport.com/bmi/>

What is My BMI?

If you know your height and weight, a BMI table can be used to figure out your BMI. To use the table, find your height in inches in the left-hand column labeled “Height.” Move across to your weight in pounds. The number at the top column is the BMI at that height and weight.

For example, if someone is 5 feet and 4 inches (64 inches) and weighs 174 pounds, their BMI = 30. This example is highlighted in yellow on the table.

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
Height (inches)	Body Weight (pounds)																
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287

Source: <http://www.nhlbisupport.com/bmi/>

What is your BMI number? _____

MyPyramid Worksheet

On the following MyPyramid Worksheet, check how out how healthy your food choices are.* Worksheet is based upon a 2,000 calorie pattern

Find out how many calories you need in a day by going to the web

http://www.choosemyplate.gov/food-groups/downloads/MyPyramid_Getting_Started.pdf



MyPyramid Worksheet

Check how you did today and set a goal to aim for tomorrow

Write in Your Choices for Today	Food Group	Tip	Goal Based on a 3200 calorie pattern.	List each food choice in its food group*	Estimate Your Total
	GRAINS	Make at least half your grains whole grains	10 ounce equivalents (1 ounce equivalent is about 1 slice bread, 1 cup dry cereal, or ½ cup cooked rice, pasta, or cereal)		_____ ounce equivalents
	VEGETABLES	Try to have vegetables from several subgroups each day	4 cups Subgroups: Dark Green, Orange, Starchy, Dry Beans and Peas, Other Veggies		_____ cups
	FRUITS	Make most choices fruit, not juice	2 ½ cups		_____ cups
	MILK	Choose fat-free or low fat most often	3 cups (1 ½ ounces cheese = 1 cup milk)		_____ cups
	MEAT & BEANS	Choose lean meat and poultry. Vary your choices—more fish, beans, peas, nuts, and seeds	7 ounce equivalents (1 ounce equivalent is 1 ounce meat, poultry, or fish, 1 egg, 1 T. peanut butter, ½ ounce nuts, or ¼ cup dry beans)		_____ ounce equivalents
	PHYSICAL ACTIVITY	Build more physical activity into your daily routine at home and work.	At least 30 minutes of moderate to vigorous activity a day, 10 minutes or more at a time.	*Some foods don't fit into any group. These "extras" may be mainly fat or sugar—limit your intake of these.	_____ minutes

How did you do today? ☐ Great ☐ So-So ☐ Not so Great

My food goal for tomorrow is: _____

My activity goal for tomorrow is: _____

Source: http://www.choosemyplate.gov/downloads/ArchivedMyPyramid/Worksheet_3200_18.pdf Accessed February 2012

Resources

There are many things you can do to seek additional help about your smoking, even if you are not ready to quit.

Some possibilities include:

- Talking with your counselor or therapist
- Discussing tobacco treatment medications with your doctor or nurse
- Attending a group for people who want to quit smoking
- Finding out more information on the internet:

American Cancer Society Internet address: www.cancer.org	1-800-ACS-2345 (1-800-227-2345)
American Heart Association Internet address: www.heart.org	1-800-242-18721
American Lung Association Internet address: www.lung.org	202-785-3355
CHOICES (Consumers Helping Others Improve their Condition by Ending Smoking) Internet address: www.njchoices.org	732-235-4341
National Cancer Institute Internet address: www.cancer.gov	1-800-4-CANCER (1-800-422-6237)
Office on Smoking & Health, Centers for Disease Control and Prevention Internet address: www.cdc.gov/tobacco	1-800-CDC-INFO (1-800-232-4636)
QuitNet Internet address: http://www.quitnet.com/qnhomepage.aspx	
Nicotine Anonymous Internet Address: www.nicotine-anonymous.org	1-877-TRY-NICA (1-877-879-6422)
Smokefree.gov (Online materials, including info on state QuitLines) Internet Address: www.smokefree.gov	
University of Medicine and Dentistry of NJ CINJ-RWJMS-SPH Tobacco Dependence Program Internet Address: www.tobaccoprogram.org	(732)-235-8222

- Call a free telephone counseling service:

Call from anywhere: 1-877-44U-QUIT (1-877-448-7848)

Smoking cessation counselors from the National Cancer Institute are available to answer smoking-related questions in English or Spanish, Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time.

Help within your state: 1-800-QUITNOW (1-800-784-8669/TTY 1-800-332-8615)

This toll-free telephone number connects you to counseling and information about quitting smoking in your state.

Always remember:

- ✓ People who use medications to quit are twice as successful as those who quit cold turkey.
- ✓ You and your doctor will need to discuss which medication or medications will be best for you.

References

- American Cancer Society. Cancer Facts and Figures 2012. Atlanta, GA. 2012. Retrieved 3/1/12 from: <http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-031941.pdf>
- Agency for Health Care Policy and Research, Clinical Practice Guideline on Smoking Cessation, No. 18, AHCPR, Rockville, MD, April 1997.
- Centers for Disease Control and Prevention (CDC). Annual smoking-attributable mortality, years of potential life lost, and economic costs - United States, 1995-1999. MMWR Morb Mort Wkly Rep. 2002;51 300-303. Available online at www.cdc.gov/mmwr//preview/mmwrhtml/mm5114a2.htm. Accessed October 2003.
- Centers for Disease Control. Best practices for comprehensive tobacco control programs -- August 1999. Atlanta, GA: US Department of Health and Human Services, Public Health Service, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1999.
- Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—2007. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; October 2007. Reprinted with corrections. Retrieved 3/3/12 from: http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm
- Centers for Disease Control. BMI -Body Mass Index: BMI for Adults. 2004. Retrieved 3/1/12 from: http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html.
- Centers for Disease Control. Body Mass Index Table. Retrieved 3/1/12 from: http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm, 2004.
- Centers for Disease Control (CDC). Smoking-attributable mortality, years of potential life lost, and economic costs- United States, 2000-2004. MMWR Morb Mort Wkly Rep, 2008; 57(45);1226-1228. Retrieved 3/1/12 from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5745a3.htm>
- de Leon J, & Diaz FJ. A meta-analysis of worldwide studies demonstrating an association between schizophrenia and tobacco smoking behaviors. Schizophrenia Research, 2005, 76(2–3), 135–157.
- Desai HD, Seabolt J, & Jann MW. Smoking in patients receiving psychotropic medications: A pharmacokinetic perspective. CNS Drugs, 2001, 15(6), 469–494.
- Evins AE, Cather C, Deckersbach T, Freudenreich O, Culhane MA, Olm-Shipman C, et al. A double-blind placebo-controlled trial of bupropion sustained-release for smoking cessation in schizophrenia. Journal of Clinical Psychopharmacology, 2005, 25(3), 218–225.

- Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. Accessed 3/8/12 from http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf
- Foulds J. Tobacco Dependence Program. Tobacco Dependence Treatment Specialist Training Manual. UMDNJ-School of Public Health and New Jersey Department of Health and Senior Services, Comprehensive Tobacco Control Program. New Brunswick, NJ. Revised 2004.
- Friedmann PD, Jiang L, Richter KP. Cigarette smoking cessation services in outpatient substance abuse treatment programs in the United States. *J Subst Abuse Treat* 2008 Mar;34(2):165-72.
- George TP, Ziedonis DM, Feingold A, Pepper WT, Satterburg CA, Winkel J, Rounsaville BJ, Kosten TR. Nicotine transdermal patch and atypical antipsychotic medications for smoking cessation in schizophrenia. *Am J Psychiatry* 2000;157:1835-1842
- George TP, Sernyak MJ, Ziedonis DM et al. Effects of clozapine on smoking in chronic schizophrenic outpatients. *J Clin Psychiatry* 1995; 56(8):344-346.
- Hajek P, West R, Foulds J, Nilsson F, Burrows S, Meadow A. Randomized comparative trial of nicotine polacrilex, a transdermal patch, nasal spray and an inhaler. *Arch Intern Med* 1999;159:2033-2038
- Hughes JR. Dependence potential and abuse liability of nicotine replacement therapies. *Biomed Pharmacother* 1989; 43:11-17.
- Hurt RD, Sachs DPL, Glover ED et al. A comparison of sustained-release bupropion and placebo for smoking cessation, *New Engl J Med*, 1997; 337: 17.
- Lasser K, Wesley BJ, Woolhandler S, Himmestein DU, McCormick D, Bor DH. Smoking and mental illness: A population-based prevalence study. *JAMA* 2000; 284:2606-2610.
- Lee JG, Ranney LM, Goldstein AO, McCullough A, Fulton-Smith SM, Collins NO. Successful implementation of a wellness and tobacco cessation curriculum in psychosocial rehabilitation clubhouses. *BMC Public Health*. 2011 Sep 14;11:702.
- McEvoy J, Freudenreich O, McGee M, VanderZwaag C, Levin E, Rose J. Clozapine decreases smoking in patients with chronic schizophrenia. *Biol Psychiatry* 1995 Apr 15;37(8):550-2.
- McEvoy JP, Freudenreich O, Wilson W. Smoking and therapeutic response to clozapine in patients with schizophrenia. *Biol Psychiatry* 1999; 46:125-129.
- Montoya ID, Herbeck DM, Svikis DS, Pincus HA. Identification and treatment of patients with nicotine problems in routine clinical psychiatry practice. *Am J Addict* 2005;14(5):441-54.

National Association of State Mental Health Program Directors (NASMHPD) Tobacco-Free Living in Psychiatric Settings: A Best-Practices Toolkit Promoting Wellness and Recovery. July 2007 (updated October 2010). Accessed on 3/8/12 from <http://www.nasmhpd.org/index.cfm>

Peterson AL, Hryshko-Mullen AS, Cortez Y. Assessment and diagnosis of nicotine dependence in mental health settings. *Am J Addict* 2003 May-Jun;12(3):192-7. *Arch Gen Psychiatry* 2009 Nov;66(11):1253-62.

Piper ME, Smith SS, Schlam TR, Fiore MC, Jorenby DE, Fraser D, Baker TB. A randomized placebo-controlled clinical trial of 5 smoking cessation pharmacotherapies. *Arch Gen Psychiatry* 2009; 66(11):1253-62.

Stapleton JA, Russell MA, Feyerabend C, et al. Dose effects and predictors of outcome in a randomized trial of transdermal nicotine patches in general practice. *Addiction*, Jan. 1995; 90 (1): 31-42.

Tonnesen P et al. Two and four mg nicotine chewing gum and group counseling in smoking cessation: an open, randomized, controlled trial with a 22 month follow-up. *Addictive Behaviors*. 1988; 13 (1): 17-27.

Transdermal Nicotine Study Group. Transdermal nicotine for smoking cessation. Six-month results from two multicenter controlled clinical trials. *JAMA*. 1991; 266 (22): 3133-3138.

United States Department of Agriculture. Finding a Way to a Healthier You: Based on the Dietary Guidelines for Americans. 2005. Retrieved 3/1/12 from:<http://www.health.gov/dietaryguidelines/dga2005/document/html/brochure.htm>.

United States Department of Agriculture. My Pyramid Worksheet - 2000 Calories a Day. 2005. Retrieved 3/1/12 from: http://www.choosemyplate.gov/downloads/ArchivedMyPyramid/Worksheet_3200_18.pdf.

US Department of Health & Human Services. The Health Benefits of Smoking Cessation: A Report of the Surgeon General. Centers for Disease Control and Prevention (CDC), Office on Smoking and Health. 1990. Available online at <http://profiles.nlm.nih.gov/NN/B/B/C/T/>. Accessed October 2003.

US Department of Health & Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Centers for Disease Control and Prevention (CDC), Office on Smoking and Health, 2006. Available online at: <http://www.surgeongeneral.gov/library/secondhandsmoke/index.html>

US Department of Health & Human Services. The Health Consequences of Smoking: Nicotine Addiction: A Report of the Surgeon General. Centers for Disease Control and Prevention (CDC), Office on Smoking and Health. 1988. Available online at www.cdc.gov/tobacco/sgr/sgr_1988/index.htm. Accessed October 2003.

US Department of Health & Human Services. The Health Consequences of Smoking: Nicotine Addiction: A Report of the Surgeon General. Centers for Disease Control and Prevention (CDC), Office on Smoking and Health. 2004. Available online at

- US Department of Health & Human Services. Reducing the Health Consequences of Smoking: 25 years of Progress. A Report of the Surgeon General. Centers for Disease Control and Prevention (CDC), Office on Smoking and Health. 1989. Available online at <http://profiles.nlm.nih.gov/NN/B/B/X/S/>. Accessed November 2003.
- US Department of Health and Human Services. Reducing Tobacco Use: A Report of the Surgeon General. Centers for Disease Control and Prevention (CDC), Office on Smoking and Health. 2000. Available online at www.cdc.gov/tobacco/sgr/sgr_2000/index.htm. Accessed November 2003.
- West R, Hajek P, Foulds J, Nilsson F, May S, Meadows A. A comparison of the abuse liability and dependence potential of nicotine patch, gum, spray and inhaler. *Psychopharmacology* 2000;149:198-202.
- Williams JM, Ziedonis DM, Foulds J. A case series of nicotine nasal spray in the treatment of tobacco dependence among patients with schizophrenia. *Psychiatr Serv.* 2004 Sep;55(9):1064-6.
- Williams JM and Hughes JR. Pharmacotherapy treatments for tobacco dependence among smokers with mental illness or addiction. *Psychiatric Annals* 2003; 22(7):457-466.
- Williams JM and Ziedonis DM. Addressing tobacco among individuals with a mental illness or an addiction. *Addictive Behaviors* 2004; 29(6):1059-1270
- Williams JM, Ziedonis DM, Vreeland B, Speelman Edwards N, Zechner M, Williams MT, Rahim R, Karimi L, Molnar M, Eilers R. A wellness approach to addressing tobacco in mental health settings: Learning about healthy living. *American Journal of Psychiatric Rehabilitation* 2009; 12: 352–369.
- Williams JM, Zimmermann MH, Steinberg ML, Gandhi KK, Delnevo C, Steinberg MB, Foulds J. A comprehensive model for mental health tobacco recovery in New Jersey. *Adm Policy Ment Health* 2011a Sep;38(5):368-83.
- Williams JM, Delnevo C, & Ziedonis DM. The Unmet Needs of Smokers with Mental Illness or Addiction. In *After Tobacco: What Would Happen If Americans Stopped Smoking?* Bearman, Neckerman and Wright (Eds). Columbia University Press, 2011b.
- Williams JM, Steinberg MB, Steinberg ML, Gandhi KK, Ulpe R, Foulds J. Review of Varenicline for tobacco dependence: panacea or plight? *Expert Opin Pharmacother*, 2011c Aug;12(11):1799-812, 2011.