



 **American
Lung Association.**
Freedom From Smoking.®



Facilitator
Guide

Introduction	1
History	1
Components of Intensive Interventions	2
The Freedom From Smoking® Program	3
Underlying Philosophy	5
Major Concepts	7
Basic Organization of the Program	8
Program Format	12
The Sessions	14
<i>References</i>	16

Session 1: Thinking About Quitting	19
Introduction	23
Orientation	27
Three-Link Chain of Addiction	32
Deciding to Quit	35
Registration and Logistics	41
Measuring Carbon Monoxide Levels	45
Introduction to Nic-Checks	47
Identifying Triggers	49
Using Medication	51
Closure	53
<i>References</i>	54

Session 2: On the Road to Freedom	55
Welcome	59
Learning Not to Use Tobacco	62
Lifestyle Changes and Reinforcing Self-Confidence	66
Stress Management	70
Relaxation Exercise: Deep Breathing	72
Reasons to Quit	75

Health Effects of of Tobacco Use	76
Nicotine Addiction and Medications to Help Quit	79
Closure	86
<i>References</i>	87

Session 3: Wanting to Quit	89
Welcome and Reinforcing Motivation	92
Review and Discussion of Nicotine Addiction	96
Reviewing Nic-Checks	99
Making a Quit Plan	102
Relaxation Exercise: Muscle Relaxation	105
Building Social Support	108
Closure	112
<i>References</i>	114

Session 4: Quit Day	115
Welcome to Quit Day	118
Panel of Former Tobacco Users	119
Quitting Ceremony	120
Contract and Rewards	125
Using the Buddy System	129
Recovery Symptoms	131
Medication Review	134
Overcoming Slips and Avoiding Relapse	135
Closure	138
<i>References</i>	139

Session 5: Winning Strategies	141
Welcome and 48-Hour Report	144
Measuring Carbon Monoxide Levels	146
Medication Review	148
The Grief Cycle	150

Benefits of Quitting	155
Coping Strategies.....	161
Reviewing and Refining the Quit Plan ...	164
Dynamics of Stress and Relaxation Exercise: Deep Breathing and Muscle Relaxation	166
Closure	171
<i>References</i>	172

Session 6: The New You 175

Welcome and Progress Review.....	177
Medication Review	180
Lifestyle Changes to Stay Quit.....	181
Weight Management.....	183
Tips for Staying Tobacco-free	189
Handling Social Situations.....	191
Closure	193
<i>References</i>	197

Session 7: Staying Off199

Welcome	202
Medication Review	203
Physical Activity for a Fit Life.....	204
Image of a Non-Tobacco User.....	210
Assertive Communication	213
Plan Celebration	217
Closure	218
End of Clinic Questionnaire.....	220
<i>References</i>	221

Session 8: Celebration. 223

Welcome	225
Medication Review	226
Measuring Carbon Monoxide Levels	227
Change Is Worth Celebrating.....	230
Challenge Thinking to Manage Stress ..	234

Planning a Tobacco-Free Lifestyle	236
Clean Air for Everyone.....	238
Closure, Certificates and a Tobacco-Free Celebration	240
<i>References</i>	243

Resources..... 245

Recommended Video Links	245
Publications.....	246
Useful Websites.....	247
Abbreviations	248
Published Program Evaluations	249
Session Dates and Times	251
“Are You Ready to Quit?” Questionnaire 1	253
“Preparing to Quit” Questionnaire 2.....	255
Registration Form and Questionnaire 3.....	257
“End of Clinic” Questionnaire	259
Certificate of Quitting	261
Certificate of Completion.....	263



History

In 1975, the American Lung Association, American Thoracic Society and Congress of Lung Association Staff launched a project to develop a smoking cessation program. After a thorough review of existing programs and research literature, three different approaches (media, self-help and group clinic) were chosen for development and testing to reach different segments of the population. Each approach was thoroughly evaluated and the self-help guide, Freedom From Smoking®:

The Guide to Help You Quit Smoking, was released in 1980. The Freedom From Smoking® Group Clinic program followed in 1981 and was among the first smoking cessation programs available nationwide. The Lung Association began offering an online program in 2001, and in 2016, we launched our newest self-paced option, Freedom From Smoking® Plus, an interactive online program available anytime, anywhere on a desktop, laptop tablet or smartphone.

In 2020, as a result of the COVID-19 pandemic, American Lung Association included a fifth option, Freedom From Smoking® Group Clinic programs led by a trained and certified facilitators delivered virtually to best serve individual wanting to quit as part of a group during times of social distancing. All Freedom From Smoking® programs and publications are reviewed and updated regularly to make sure Freedom From Smoking® remains “America’s gold standard in tobacco cessation programs.”



Components of Intensive Interventions

Freedom From Smoking® includes the components of an intensive intervention as recommended in the United States Department of Health and Human Services' Clinical Practice Guideline *Treating Smoking and Dependence: 2008 Update*.

Component	Description
Assessment	Assess readiness to quit, motivation, self-confidence, supportive social network, nicotine dependence level, stress level and psychiatric comorbidities.
Program Clinicians	Use multiple types of clinicians.
Program Intensity	Deliver four or more sessions, each longer than 10 minutes. The more intense the treatment intervention, the greater the rate of tobacco cessation.
Program Format	Drawn on group counseling.
Type of Counseling and Behavioral Therapies	<ul style="list-style-type: none"> • Use practical counseling (problem solving/skills training), such as basic information about tobacco use and successful quitting, developing coping skills and recognizing dangerous situations. • Employ intra-treatment support, such as discussing the quitting process, communicating caring and concern and encouraging self-confidence.
Pharmacotherapy	Encourage every person who smokes to use medication to quit tobacco use, as endorsed in the Guideline.
Population	Support all individuals who smoke and are willing to participate in an intensive group intervention program. Program facilitators should recognize that for historically under served and marginalized communities with histories of high tobacco consumption disparities, specific groups led by members of that community and offered in community-trusted spaces, are essential to effectively reaching community members from vulnerable communities.”



The Freedom From Smoking® Program

Why is the Freedom From Smoking® program so effective?

Resource Rich

This program is designed to provide the clinic facilitator with the best possible information and supportive educational materials. The Freedom From Smoking® Facilitator Guide provides intervention messages as well as speaking points for every topic.

Highly Structured Program

This method offers a systematic approach to quitting. There is a logical progression from awareness of tobacco use dependence to actual behavior change.

Evaluated and Validated

The program receives positive evaluations from participants, facilitators and those working in the tobacco cessation field. It has been used successfully in research projects with various population groups.²⁻⁹

Focus on Behavior Change

The program has a positive focus. It emphasizes the benefits of better health and improved lifestyle habits as well as mastery of one's own life. The activities and assignments provide individuals who use tobacco with proven strategies for changing their behavior and lifestyle.

Maintenance

Anyone can stop using tobacco. Staying quit is the difficult part. Maintenance strategies in the "Tips for Staying Tobacco-Free" worksheet are an integral part of the Freedom From Smoking® program.¹⁰ Additional support is available through the American Lung Association's Lung HelpLine at 1-800-LUNGUSA (1-800-586-4872) and through our support community at FreedomFromSmoking.Inspire.com.

Follow Through

The Freedom From Smoking® program realistically deals with the chance of relapse. Some American Lung Association affiliates allow paid participants who start tobacco use again to go through the clinic a second time at no charge. Local American Lung Associations sometimes also offer this return option to people who are not yet completely tobacco-free. Repeating the program provides a vehicle for these people to keep on quitting. If free participation is not offered, a reduced registration fee may be available for a repeater.



Medically Sound

Evidence-based and adhering to best practice guidelines, Freedom From Smoking® continues to be the vanguard of tobacco cessation programs. It conforms to the cessation counseling or advice core measure of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) for the quality of care for all patients who use tobacco. It includes all components of an intensive intervention as outlined in the United States Department of Health and Human Services' *Treating Tobacco Use and Dependence: 2008 Update and those best practices guidelines reaffirmed in the 2020 U.S. Surgeon General's Report on Smoking Cessation*.¹¹



Underlying Philosophy

The Three-Link Chain of Addiction Model

This program is based on the idea that smoking, vaping or chewing is the expression of tobacco use and dependence. It is a chronic condition that requires repeated intervention. Quitting and maintaining abstinence is a learning process. Individuals taught themselves how to use tobacco. They practiced so well and so long that it became as automatic a behavior for them as breathing, eating or sleeping. Quitting, then, is also a process. Individuals must learn to thoughtfully manage nicotine addiction, unlearn their automatic behavior of using tobacco and substitute healthy new alternatives.

Because tobacco dependence is a chronic condition, Freedom From Smoking® identifies quitting tobacco use and maintaining abstinence as a process in which a person cycles through multiple periods of relapse and remission before experiencing long-term lifestyle and behavior change.¹¹ **Research literature suggests that the average person who smokes makes eight to eleven quit attempts before becoming completely abstinent.**¹²

Tobacco dependence is explained using a Three-Link Chain of Addiction model.^{13,14} This model includes biological (physical), psychological (mental) and sociocultural (social) factors.

Biologically, tobacco use:	Psychologically, tobacco use:	Socioculturally, tobacco use:
<ul style="list-style-type: none"> • Decreases anxiety • Normalizes mood • Relaxes smooth muscle (gastrointestinal tract) • Suppresses appetite • Increases heart rate • Stimulates nicotinic receptors • Encourages neurotransmitter release • Increases reward and arousal feelings • Produces withdrawal symptoms (in about 80%) when stopping use¹⁵ 	<ul style="list-style-type: none"> • Is influenced by environmental cues • Is an automatic behavior • Is used to cope with stress and other emotions • Is used in pleasure and for relief • Is used to “self-medicate” underlying conditions¹⁶ 	<ul style="list-style-type: none"> • Plays an important role in society • Is influenced by peers, parents and other family members who use tobacco • Makes it easier to identify with a group • Becomes part of social and cultural practices • Typically starts during the adolescent or teen years¹⁷



Stages of Change Model

The research literature states that in any given population of people who use tobacco, 40% are not ready to quit, 40% are thinking about quitting and 20% are ready to quit.¹⁸ These conditions are identified in the research literature as part of the Stages of Change Model.¹⁹

Formal Name	Simple Name	Practical Description
Precontemplation	Not Ready to Quit	Has no intention to quit using tobacco within the next six months
Contemplation	Thinking About Quitting	Intends to quit within the next six months
Preparation	Ready to Quit	Willing to set a quit date within the next 30 days
Action	Quit	Has quit using tobacco for less than six months
Maintenance	Staying Quit	Has remained tobacco-free for more than six months
Termination	Living Quit	No longer giving in to temptation and has total self-efficacy

The Freedom From Smoking® program offers individuals in the Ready to Quit stage a step-by-step plan for quitting. It does not focus on scare tactics or offer extensive statistical information on the health effects of tobacco use. The program assumes that people who come to the clinic know tobacco use is dangerous to their health and are planning to quit in the immediate future. While the program talks about health as a motivation to quit, it focuses on how to quit tobacco and how to maintain abstinence.

During the clinic sessions, different techniques to support quitting are used. They are all based on pharmacological and psychological principles and methods that help individuals gain control over their behavior.^{11,19-22} All the techniques, tips and tools are described in detail in this guide.



Major Concepts

The program format encourages people to work on the process of quitting, both as individuals and as a group. Group interaction is a critical part of the program.

The facilitator has the very important responsibility of conducting the clinic. They must introduce the techniques to the participants, coordinate the activities and facilitate group interaction. The facilitator must help maintain the participants' motivation and commitment to quitting. This should be done with enthusiasm, belief, empathy and knowledge. Facilitators are the foundation of the program. They hold the program together, keep it running smoothly and guide participants to help themselves quit and maintain abstinence.

Freedom From Smoking® is logical and directive. To promote success for the participant, the facilitator must enlist the greatest amount of participation and compliance from each person. It is essential that participants understand both how to complete an activity and why that activity will help them through the quitting process! Understanding and compliance are predictors of success.

Freedom From Smoking® focuses on the following key elements:

- | | |
|--|--|
| <ul style="list-style-type: none">• Assertive communication• Coping skills• Proper use of cessation medications• Building and maintaining motivation• Nicotine addiction• Physical activity | <ul style="list-style-type: none">• Recovery and grief• Relapse prevention• Self-monitoring• Social support• Stress management• Weight management |
|--|--|

Detailed explanations of these concepts can be found in the sessions of the Freedom From Smoking® program.



Basic Organization of the Program

The facilitator is responsible for planning, delivering and evaluating the complete program.

This guide presents the full quit program in eight sessions. Each session is designed to last about two hours (120 minutes). However, one-and-a-half hours (90 minutes) is an acceptable time frame when the program is conducted in a workplace setting or with only five to eight participants. Sessions shorter than 90 minutes are not recommended. The first three sessions are considered part of the “Preparation Phase.” Session 4 is “Quit Day.” The sessions that follow are the “Maintenance Phase,” designed to support participants through a difficult behavior change and to focus on techniques to maintain a permanent tobacco-free status.

Size of Clinic

A Freedom From Smoking® clinic with five to 16 participants is best. This allows for a variety of personalities as well as a strong supportive environment. Each participant can be aware that other individuals who use tobacco are part of a joint effort to quit. Even if some exit along the way, the numbers are still large enough to avoid serious negative effects on those who remain. If 17 or more participants sign up, form two clinics. If an activity in a session calls for a small group, divide the group evenly. This allows for more participation from everyone.

Location

If possible, choose an easily accessible location with a room large enough for 16 chairs to be arranged around tables facing each other. (**Option:** Location may have separate rooms available for small group discussions.) The American Lung Association may also provide guidance in delivering group clinics virtually over web-cam, online or via telephonic platforms. For the latest best practices in virtually delivering Freedom From Smoking email FreedomFromSmoking@Lung.org.

If providing this program for a historically under served and marginalized community, take care to identify a trusted community space to hold the program. For example, if offering this program specifically for LGBT community members, consider offering it at an LGBT community center, and avoid holding the program in spaces where LGBT community members may have had previous negative experiences, and in addition, be sure the space has an inclusive non-discrimination policy and all-gender inclusive restrooms to accommodate transgender community members. Or if offering this program specifically to people with disabilities, be sure the physical space is completely accessible, and that there won't be barriers to participation dictated by the space.



Seating Structure

During small group activities, it is best to have participants sit in chairs that form a circle or “U” shape so they can interact with each other. If small groups are not used, movable chairs are preferable. Participants can then form a circle when talking to each other and face the board to observe the facilitator or video.

Tobacco Use Status of the Facilitator

The American Lung Association takes great pride in working with exceptionally talented people all over the world. These individuals diligently serve to achieve the Lung Association’s mission **(To save lives by improving lung health and preventing lung disease)** by providing the highest level of service while exemplifying the highest standard of professional conduct.

The facilitator must be someone who has not used any tobacco product in the last year. They are acting as a role model for the participants and must present a healthy, tobacco-free image. The facilitator need not be an ex-tobacco user. However, if a facilitator has never used tobacco, they need to be well prepared for the challenge. Keep in mind that this program offers specific techniques designed to aid people in quitting. It is the facilitator’s role to help the participants master these techniques. A good comment for a facilitator who has never used tobacco is, “Although I’ve never used tobacco, I have been closely involved in programs to help people stop. My background is in behavioral health, and it has given me the opportunity to help hundreds of people overcome their addiction to nicotine. I do understand and I can relate to the challenge of withdrawal and lifestyle change.”

No-Tobacco Product Use Policy

Tobacco use or using other tobacco products must be prohibited during all sessions. We also recommend prohibiting tobacco use during any breaks. Some facilitators tell participants to consider those tobacco-free breaks a rehearsal for Quit Day.

American Lung Association Position on E-Cigarettes

As a Freedom From Smoking® Clinic Facilitator, you should know our position on electronic cigarettes. As of the printing of this guide, the FDA has not found any e-cigarettes to be safe or effective in helping tobacco users quit. The 2016 Surgeon General’s Report found that e-cigarette aerosol is not harmless and that e-cigarettes can expose users to several chemicals known to have adverse health effects.²³ Based on this, the American Lung Association does not support the use of e-cigarettes and Freedom From Smoking® facilitators should not promote or endorse e-cigarettes as a cessation aid. You can read the full American Lung Association Statement on e-cigarettes at Lung.org.



Fees and Pre-Registration

A nonrefundable registration fee of at least \$60 is recommended. The American Lung Association suggests that fees range from \$75 to \$150. Those who say they cannot pay may receive special consideration. However, explain that the money they are now spending for cigarettes would pay for the program in a very short time. Beyond that, they will be saving extra money by not using tobacco. The fee has value in reinforcing the seriousness and commitment of participants. Seriousness and commitment are significant factors affecting individual outcomes and persistence.

When enough promotional activity has occurred, up to 80% of people planning to attend the program will pre-register. Additional people should be welcomed at the door. However, the facilitator should have a solid estimate of anticipated attendance before the program begins. Pre-registrations also save time and confusion during Session 1. Present the overview of the program and discuss the “Are You Ready to Quit?” questionnaire before asking them to register.



Format of Sessions

Each session includes factual presentations, activities and sometimes other audiovisual aids. To stay true to the tested Freedom From Smoking® program, facilitators should follow the guide, both in content and order of presentation.

To help prepare facilitators, a breakdown of topics and suggested session timing, an activities and materials list, and Major Concepts and Facilitator Notes are at the beginning of each session in the guide. Specific activities within each session begin with Purpose and Background sections, which identify goals and core content for the facilitator. This information supports the Speaking Points. A step-by-step progression through the topics in each session, the Speaking Points highlight specific activities and provide page references to related material in the Freedom From Smoking® Participant Workbook.

Facilitators should discuss Speaking Points in a way that is comfortable for them. Sincerity and flexibility are important in the presentations. When presenting the information, a facilitator is most effective if lively and stimulating, instead of formal or lecture-like. Adding personal stories to the text in the guide livens up the presentations. Questions and discussion are also encouraged at every point. This will help maintain attention, participation and interest. Access to a chalkboard, whiteboard or flipchart is useful.

A part of each session focuses on group discussions. The larger the group, the more attention the facilitator needs to pay to group interaction. Make sure all participants are involved.

Evaluation

The American Lung Association is dedicated to its mission: **To save lives by improving lung health and preventing lung disease.** Toward this end, we are committed to measuring the success of our operations to keep improving the development and implementation of our programs, products and services.

Evaluation of the program is essential and has been built in from the start. All participants will complete the “Registration Form and Questionnaire” and “End of Clinic Questionnaire.” Facilitators are expected to report data about their clinics to their local American Lung Association office. If the hosting organization or privacy laws prevent you from sharing participant names and other individually identifiable information, you should at a minimum provide general information about clinic dates, enrollment numbers and overall demographics.

When possible, the Lung Association also tries to conduct a brief follow-up survey with participants seven months after the clinic. Your local Lung Association contact will explain the reporting process in your area and if follow-up surveys are taking place, they may give you a form for your participants to sign indicating we have permission to contact them.



Program Format

This guide provides the facilitator with the methods and techniques to assist individuals in quitting tobacco use. Freedom From Smoking® is a comprehensive, cognitive, behavior-oriented program that utilizes group interaction and support. The pages that follow offer a wealth of information arranged in a clear and logical manner.

The program format consists of eight sessions intended to be held over a seven-week period. Sessions should be 90–120 minutes in length. Sessions 1 through 4 are held at weekly intervals. Participants quit tobacco use completely at Session 4. To offer support early in the quit process, Session 5 is held just two days later and Session 6 is held five days after that. In effect, two sessions are held within one week. A week later, Session 7 is held. Session 8, the last session, occurs three weeks after quit day. A sample calendar is provided below. This schedule is designed to provide support during the period of highest risk of relapse.

Model Schedule of Clinic Sessions

January						
S	M	T	W	T	F	S
1	2	3 Session 1	4	5	6	7
8	9	10 Session 2	11	12	13	14
15	16	17 Session 3	18	19	20	21
22	23	24 Session 4 Quit Day	25	26 Session 5	27	28
29	30	31 Session 6				
February						
			1	2	3	4
5	6	7 Session 7	8	9	10	11
12	13	14 Session 8	15	16	17	18
19	20	21	22	23	24	25
26	27	28				



Each clinic participant must be provided with their own Freedom From Smoking® Participant Workbook. This workbook includes an access code and instructions to download the relaxation exercises as MP3 files. Each page of the workbook is perforated for easy removal if either the participant or the facilitator sees a reason to do so. Workbooks may be kept with the facilitator or sent home with participants each week. To order Freedom From Smoking® Participant Workbooks for your upcoming clinic, contact American Lung Association's Lung HelpLine at 1-800-LUNGUSA (1-800-586-4872) or through our website Lung.org.

Each clinic site is responsible for selecting videos for program sessions if they choose to use them. A list of suggested video links is located in the Resources section at the end of this guide. Some American Lung Association offices maintain a library of appropriate videos and may allow facilitators to borrow videos for use during the clinic.

Facilitators may choose to use outside speakers to present certain topics. However, this guide provides enough information for facilitators to conduct the sessions without needing outside assistance.

Online Facilitator Resource Center

Online Facilitator Resource Center: Facilitators like you are the foundation of the Freedom From Smoking® program. FFSClinicResources is your source for tools to help your clinics run smoothly and effectively. Register using your Lung.org username and password today to access a library of resources from marketing toolkits, to the most updated supplemental resources for FFS Clinics.



The Sessions

Session 1: Thinking About Quitting

Welcome attendees. Conduct group assessments and address questions about the program. Complete the “Are You Ready to Quit?” and “Preparing to Quit” questionnaires. Address registration and program fees. Begin the decision-making process by weighing the pros and cons of quitting; presenting the Three-Link Chain of Addiction model; assessing carbon monoxide levels (optional); introducing the Nic-Checks tool; discussing triggers and coping skills; and presenting the idea of using medication to help people quit tobacco use.

Session 2: On the Road to Freedom

The supportive group setting is key to this program. Encourage group participation in Session 2 and promote it throughout all sessions. Lead a discussion on self-management skills and the general health benefits of quitting tobacco use. Briefly discuss or view a video on the health effects of tobacco use. Other activities in Session 2 include introducing stress management, presenting a relaxation exercise, reviewing the Nic-Checks tool, assessing nicotine dependence and covering specific information on medications to quit tobacco use. Information is provided to address the American Lung Association position on e-cigarettes.

Session 3: Wanting to Quit

In Session 3, the focus is on motivation and conditioning and how people can quit tobacco use. Revisit nicotine addiction and view a video on this topic (optional). Introduce the “Quit Plan” worksheet. Encourage social support by asking participants to choose a buddy and initiate a supportive relationship with their buddy. Identify high-risk situations to prepare for relapse prevention. Review medications to quit and the characteristics of tobacco use.

Session 4: Quit Day

Session 4 includes a formal ceremony for quitting. Assist participants in making a personal and public commitment to quit tobacco use. A panel of ex-tobacco users relates their experiences to the group. They provide incentive to those who use tobacco and are still not confident of the quit process. The panel also provides inspiration to those who use tobacco and who are determined to sit on the panel themselves one day. Participants sign a contract to stay quit for two days. Answer last-minute questions on using medications to quit. Present “What to Do When a Craving Comes” in light of urges, cravings and possible slips. Briefly discuss the worksheet titled “Symptoms of Recovery.”

Session 5: Winning Strategies

Session 5, two days after Quit Day, explores the transitional stage of becoming a nontobacco user. Discuss any recovery symptoms participants are experiencing; assess carbon monoxide levels (optional). Cover the grief process as part of psychological recovery. Focus on the



benefits of quitting as an important strategy to keep the participants moving through this stage. An analysis of the “Quit Plan” worksheet helps participants update their plan. Reflect on coping strategies, relapse prevention and social support. The facilitator also presents the dynamics of stress. Discuss the worksheet titled “52 Proven Stress Reducers.” Discuss experiences with medications used to quit tobacco use.

Session 6: The New You

Session 6 emphasizes launching a new tobacco-free lifestyle. Introduce goal setting for weight management. This can be an important technique for maintaining tobacco-free status. Review medications used to quit tobacco use. Discuss the “Tips for Staying Tobacco-free” worksheet for long-term quitting strategies. Assist participants in planning ways to stay tobacco-free in social settings. Review the “Quit Plan” worksheets. Other worksheets in this Session include “Quit—Control Your Weight,” “Why Do I Eat?,” “Hunger Helps” and “Fat Facts.”

Session 7: Staying Off

Session 7 includes assertive communication. This session also focuses on physical activity as an important long-term maintenance technique for abstinence. Encourage participants to make a physical activity plan suited to their daily routine. A structured walking program is included as a possibility. Answer any questions about medications used to quit tobacco use.

Session 8: Celebration

Reflect on the experiences of the last seven weeks. Reinforce relapse prevention. This is vital in maintaining long-term success as a nontobacco user. Discuss strategies for managing thoughts. Answer any final questions about medications used to quit. This session usually includes a group celebration or fun event. It could be a pizza party, dinner at a restaurant, a potluck get-together or any event the group selects. The goal is to celebrate their new lifestyle. Provide an award or other recognition to everyone who completes the program.

Conclusion

Resource rich... Medically sound... Cutting edge... Evaluated and validated...

These are just a few of the terms that describe the American Lung Association’s Freedom From Smoking® program! All activities are included because they are effective and evidence-based best practices. However, the techniques can only be effective if facilitators and participants use them in conjunction with the entire program. As stated earlier, to achieve quit rates consistent with previous program evaluations, we strongly recommend closely following the guide in content and order of presentation. We have taken key steps to ensure a high-quality product that is useful, practical and easy to use. The method offered is well suited to the American Lung Association and to the needs of its clients.



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23. U.S. Department of Health and Human Services. *E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta, GA: 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, 2016.

Session 1: Thinking About Quitting



Topics	Time (minutes)
1. Introduction	15
2. Orientation	10
3. Three-Link Chain of Addiction	15
4. Deciding to Quit	15
5. Registration and Logistics	15
6. Measuring Carbon Monoxide Levels—Baseline	10
7. Introduction to Nic-Checks	10
8. Identifying Triggers	10
9. Using Medication	5
10. Closure	

Participant Materials	Facilitator Materials
“Are You Ready to Quit?” questionnaire	Name tags
“Preparing to Quit” questionnaire	Participant Workbook
“Finding Freedom From Tobacco use®”	Chalkboard, whiteboard or flipchart
”Schedule of Sessions”	Chalk or markers
“Three-Link Chain of Addiction”	Supply of pens and paper
“Benefits of Quitting”	Rubber bands (optional)
“Registration Form and Questionnaire”	Samples of tobacco cessation medications (optional)
Nic-Checks	Carbon monoxide (CO) monitor (optional)
“Are You Kidding Yourself?”	



Major Concepts

1. Assessments

The “Are You Ready to Quit?” questionnaire helps participants choose whether to be in or out of the program. “Preparing to Quit” helps individuals understand the issues involved in quitting and helps them determine their personal strengths and weaknesses as they begin the process. The facilitator may collect these responses to obtain a better understanding of how well group members are prepared to quit.

2. Medication

Medication Nicotine replacement therapy (NRT) is the use of nicotine in the form of gum, skin patch, nasal spray, inhaler or lozenge. It reduces the intensity of the withdrawal symptoms. Other products, such as bupropion (also known as Zyban® or Wellbutrin®) and varenicline(Chantix®), are non-nicotine tobacco cessation medications available with a prescription. People who use these NRT products and medications double, or possibly triple, their rate of success to quit.^{1,2} The United States Department of Health and Human Services’ Treating Tobacco Use and Dependence: 2008 Update strongly encourages all tobacco users to use medication in their attempts to quit smoking.¹ Your medication may also be covered by your health insurance. Contact your insurance provider to explore tobacco cessation benefits available through your plan.

3. Practical Counseling and Self-Monitoring

The Nic-Checks exercise helps participants become aware of their own tobacco use patterns. Writing down each time you use tobacco leads to learning more about one’s behaviors. This then aids in discovering ways to change that behavior. Nic-Checks provide information on personal triggers. Recording tobacco use behavior is new to many participants, so present the exercises clearly and positively. There should be no hint that this or any other program activity is optional.



Facilitator Notes

Have the items below available for participants to pick up as they come in.

Please note: The questionnaires and forms listed below can be photocopied and passed out to participants as they enter. Master pages are available in the Resources section of this guide, on pages 253 to 258, or as PDFs that can be downloaded at <https://bit.ly/FFSCLinicResources>.

1. Freedom From Smoking® Participant Workbook
2. “Are You Ready to Quit?” and “Preparing to Quit” questionnaires
3. “Session Dates and Times” form
4. “Registration Form and Questionnaire” form

While we suggest providing participants with the whole Freedom From Smoking® Participant Workbook, be sure to tell them **not to write in the book** until after they commit to attending the clinic. Allow five to ten minutes for completing forms. Collect them at the end of the session and tell the class members you will be using this information as you progress through the clinic together.

Each activity in the guide follows a simple five-part pattern.

The Five-Part Pattern Includes:	
Title of Topic	Specific to each section
Purpose	The facilitator’s main goal for the section
Background	Additional information to supplement the core content of the section
Speaking Points	Specific statements, descriptions and dialogue to guide the section
Facilitator Notes	Specific instructions and activities to teach the section

Session 1: Thinking About Quitting



Participants who come to worksite classes may not be highly motivated to quit. There are two possible reasons for this lack of motivation. The first is they may be in the precontemplation (“Not ready to quit”) stage. This means they have no intention to quit using tobacco within the next six months. Their employers may have mandated attendance at the clinic. In many such cases, these individuals have not put much thought into quitting. Instead, they are wondering, “Will I relate to this leader?” “Is the facilitator going to tell me how bad using tobacco is, and that I have to quit?” “Does this person really understand anything about my tobacco use?”

A second reason some people are not motivated to quit is that they already have tried to quit several times before. They may see themselves as unable to quit.

Your introduction is very important to participants. Your audience may be uncertain about the decision to stop using tobacco. Humor and honesty are important. Assist them in understanding that quitting is a process. Each quit attempt is a learning experience on the journey to lifelong Freedom From Smoking®. If you are a former tobacco user, tell them what kind of tobacco user you were. If you’ve never used tobacco, tell them about how many people you’ve helped quit, the work you’ve done in tobacco cessation, and some other health-risk behaviors you’ve had to overcome or some other lifestyle change you’ve made. Did you enjoy it? What motivated you to change? Was it hard? Have each person talk briefly about their tobacco use, their concerns about quitting or their reasons to quit.

You may want to bring an assistant to this session to help collect forms and fees. The assistant can also operate the CO monitor.



Introduction (15 minutes)

Purpose

- To introduce yourself and participants, so individuals will begin to identify as a group
- To complete the “Are You Ready to Quit?” and the “Preparing to Quit” questionnaires

Background

Topics covered in this session include:

- A brief history of the American Lung Association’s Freedom From Smoking® program; ground rules; program details
- Framework for quitting
- Perceived barriers and benefits to quitting (health and financial)
- The “Three-Link Chain of Addiction”
- CO measurement (optional)
- A self-monitoring tool called Nic-Checks
- Tobacco use triggers and coping skills
- Medications to quit
- Practice activities

Session 1: Thinking About Quitting



Speaking Points

Getting Started

As participants enter the room, hand them the Freedom From Smoking® Participant Workbook and the necessary forms. Ask participants to sit in a circle facing each other, if space permits.



Distribute the Participant Workbook.

NOTE: See page 21 for information on photocopying forms and questionnaires for this session.

As participants settle into their seats, explain that the Freedom From Smoking® program has some questionnaires to help them make the decision to quit tobacco use, including e-cigarettes.



Refer participants to Questionnaires 1 and 2.

NOTE: These questionnaires were given to participants as they entered the room. They are also located on pages 3 and 4 of the workbook.



ACTIVITY: Ask participants to complete the “Are You Ready to Quit?” and “Preparing to Quit” questionnaires they were given as they entered the room (allow time to complete).

Welcome participants. Briefly talk about these main points for this session:

- The entire session will last about two hours.
- In about the middle of Session 1 (after about 45 minutes), participants may register to attend the entire eight-session program.
- Encourage participants to ask questions and provide input throughout the session.



Participant Workbook



Questionnaire

Session 1: Thinking About Quitting



No-Tobacco Use Policy

Explain the no-tobacco use policy of the American Lung Association:

- **ALL** meetings are tobacco-free—including breaks.
- Participants can use tobacco in other places up to Quit Day, three weeks from now.
- Participants are encouraged to treat this time as a chance to practice not using.

Facilitator Introduction

For Facilitators Who Used Tobacco:

- Introduce yourself
- Graduate of program (if true)
- What you liked about it
- Difficulties with quitting
- How program helped with quitting
- Personal experience with teaching this program

For Facilitators Who Never Used Tobacco:

- Introduce yourself
- Explain professional background and experience
- Role of helping people overcome addiction
- Success stories of others
- Personal experience with teaching this program

NOTE: Each facilitator should write their own personal introduction.

Quit-Tobacco Benefits of the Affordable Care Act

Briefly mention to participants that information about the quit-tobacco benefits of the Affordable Care Act (ACA) is included at the beginning of the workbook. Explain the ACA is a federal law passed in 2010 that expands health insurance coverage to more people in the United States.



Refer participants to page 2 of the workbook

Tell participants:

- The Affordable Care Act requires most insurance plans to provide access to cessation services without cost-sharing.
- Specific benefits differ from plan to plan, and may include counseling services and cessation medications.
- Participants should contact their own insurance provider to find out what is covered.

NOTE: To learn more about the ACA and how the American Lung Association is advocating for even more comprehensive tobacco cessation benefits, go to Lung.org/acatoolkit.



Page 2 of Workbook

Session 1: Thinking About Quitting



Topics for Session 1

Briefly mention the topics that are covered during this session. Use the Background information located at the beginning of this section (page 21) for reference.

Participant Introductions



ACTIVITY: Write on board or flipchart one of the lists below (use either focus or a mix of the two):

Tobacco-use focus:

1. Your name and appropriate pronouns
2. Concerns you may have about quitting
3. A reason for quitting
4. On a scale of 1 (not ready) to 5 (ready), how ready do you feel to quit?

Or

Ice-breaker focus:

1. Your name and appropriate pronouns
2. One thing you like to do for fun
3. One favorite gift you received as a child
4. On a scale of 1 (very difficult) to 5 (very easy), how was it getting here?

Ask each participant to tell the group the things they have listed.

NOTE: Take this time to hear from all participants. If someone wants to pass on talking, go on to the next person. Don't make an issue of it. Thank them for attending.



Orientation (10 minutes)

Purpose

- To present a brief history, ground rules and structural details of the Freedom From Smoking® program
- To present a positive framework for quitting

Background

Group Basics:

- A sense of group cohesion and caring are an essential part of Freedom From Smoking®. Supportive, helpful, non-negative and non-judgmental comments will be valued in the group. This is not an “encounter group” or a place to be critical of fellow group members.
- This clinic is an inclusive and non-discriminatory space for people from all backgrounds. Participants should feel that they can bring their whole selves with them to each and every session.
- Everyone gets equal time to speak. Participants always have the option not to participate in an activity, but facilitators should mention that full participation provides the best outcomes.
- Discussions in the group are confidential.

Framework for Tobacco Cessation:

- Acknowledge mixed feelings about quitting: Some people may recognize they “need” or “want” to quit but may also still enjoy using tobacco. They may be afraid of the changes that quitting may bring.
- Quitting, again and again and again: Quitting is a process that sometimes takes many attempts before succeeding. Encourage these participants to keep trying. They should use what they learn from each quit attempt until they can quit for good.
- Quitting for the first time: For those who are attempting to quit for the first time, encourage them to fully join the group and learn from those around them.
- Benefits of participating in a group program: Group support is one of the statistically significant strategies in helping people quit tobacco use; the coping skills and the group’s collective wisdom and emotional support are critical to success.
- Motivational ups and downs: Reinforce that there is no substitute for their own motivation and commitment to quit tobacco use; quitting is hard work.



Speaking Points

Freedom From Smoking® History

Give the participants a brief history of the American Lung Association's Freedom From Smoking® program:

- The American Lung Association spent five years in the research and development of quit-smoking methods for the prevention of lung disease.
- It used a team of consultants, which included physicians, psychologists and health educators.
- The program was tested in 10 American cities with a full year of follow-up.
- Over the past 40 years, this program has been updated and improved several times and is often called the “gold standard in tobacco cessation programs.”
- This clinic program is the result of past research and testing.

How the Program Works

Explain to participants how this program is designed to help them quit.



Refer participants to page 5 of the workbook.

Mention these major concepts of the program:

- No single method works for everyone. It includes many well-known techniques, tools and tips that have been developed over the past several decades.
- This program is based on the Stages of Change Model,¹² a tested and respected system for bringing about changed behavior.
- Tobacco use is a complex process involving physical, mental and social interactions. This program helps participants learn to manage cravings, thoughts and social relationships to maximize success when quitting and remaining abstinent. This approach includes:
 1. Gaining an understanding of tobacco dependence and use patterns.
 2. Developing or increasing personal motivation to quit, and making an individualized plan for quitting.
 3. Taking the step of quitting.
 4. Learning maintenance skills to help stay tobacco-free.
- The use of past experiences as learning steps to success. Tell them they will learn



Page 5 of Workbook

Session 1: Thinking About Quitting



the advantages of specific coping skills to aid in quitting and staying quit, and to substitute healthy new lifestyle alternatives for their tobacco use behaviors.

- A supportive group setting will assist in quitting.

Rules for Program Participants

Explain to participants the three rules they need to follow when participating in this program:

1. **Attend all the sessions.** Research has shown chances of succeeding with the program are much greater if all of the sessions are attended. Participants will be presented with a lot of information, provided with consistent support and encouraged to participate in group activities.
2. **Complete all the activities.** There is no one way to quit for everyone. This program includes many techniques. Our research shows the people who complete all the activities have a higher permanent success rate than those who don't.
3. **Give and receive support.** Come to the sessions and share experiences, suggest techniques and offer support.



ACTIVITY: Ask participants if they have any rules they would like to add. (Some groups make their fourth rule “Have fun!”)

Schedule of Sessions

Direct participants to the “Schedule of Sessions” page in the workbook.



Refer participants to page 6 of the workbook.



Page 6 of Workbook

Session 1: Thinking About Quitting



Briefly talk about each session listed and point out the major topics of each session:

Session 1: Thinking About Quitting

- **Three-Link Chain of Addiction.** The physical, mental and social aspects of addiction.
- **Benefits of Quitting.** The physiological rewards of quitting.
- **Registration.** Time to decide if they're ready to quit.
- **Triggers and Coping.** What prompts each time you use tobacco and effective ways to change behavior.
- **Medications to Help You Quit.** Present medications as an aid in quitting.

Session 2: On the Road to Freedom

- **Self-Management.** Includes the Three A's for Acting Against Triggers, a technique to help participants get past the triggers that bring on the urge to use.
- **Stress Management.** Discuss techniques to help counteract the harmful feeling of stress.
- **Assessing Nicotine Dependence.** Learn about personal nicotine addiction. Review the types of medications to help quit.

Session 3: Wanting to Quit

- **Increasing Motivation.** Reinforce the “whys” behind quitting.
- **Social Support.** Build a buddy system from within the group.
- **Making a Quit Plan.** Design a plan to succeed with quitting.
- **Relapse Prevention.** Identify high-risk situations to help avoid relapse.

Session 4: Quit Day

- **Panel of Former Tobacco Users.** Listen to people discuss their own personal experiences with quitting.
- **Quitting Ceremony.** A formal way to say goodbye to your tobacco products.
- **Contracts and Rewards.** Sign a two-day contract not to smoke, vape or chew and list rewards for staying tobacco-free.
- **Recovery Symptoms.** Explain the physical and psychological symptoms of quitting.
- **Overcoming Cravings.** Special techniques to use when a craving comes.

NOTE: Some participants may be disappointed to hear that they're not quitting right away or want to know why they can't quit whenever they want. Explain that research shows that people who make a plan and practice the skills they'll need before quitting smoking are much more likely to quit for good.

Session 1: Thinking About Quitting



Session 5: Winning Strategies

- **48-Hour Report.** Assess short-term coping skills.
- **The Grief Cycle.** Understand the physiological recovery from nicotine addiction.
- **Benefits of Quitting.** Discuss the medical and nonmedical benefits of quitting.
- **Coping Strategies.** Review strategies for dealing with the physical, mental and social aspects of quitting.
- **Refining Your Quit Plan.** Fine-tuning the original quit plan.
- **Stress Management.** More exercises to improve relaxation.

Session 6: The New You

- **Progress Review.** Assess participants' successes to date.
- **Lifestyle Changes.** Ways to encourage lifetime abstinence from tobacco use.
- **Weight Management.** Introduce ways to help control weight.
- **Staying Tobacco-Free.** Overview of this program and tips on long-term abstinence.
- **Social Situations.** Learn to handle risky social situations successfully.

Session 7: Staying Off

- **Physical Activity.** A realistic approach to physical activity.
- **Changing Your Self-Image.** Becoming tobacco-free.
- **Assertive Communication.** Learn to communicate in ways that help to handle stress.

Session 8: Celebration

- **Rewarding New Behaviors.** Appreciate current success as a former tobacco user.
- **Relapse Prevention.** Continue with techniques that support not smoking.
- **Challenging Your Thinking.** Learn to think differently.
- **Completion Ceremony.** Recognize and celebrate completion of the program.



Three-Link Chain of Addiction (15 minutes)

Purpose

- To present the Three-Link Chain of Addiction model

Background

Three-Link Chain of Addiction Model

- **Biologically**, people use tobacco have a physical reaction to nicotine, have a physical reaction to nicotine in tobacco products. Nicotine decreases anxiety and normalizes mood. It relaxes smooth muscle—the muscle cells that facilitate movement inside the body, such as the movement of food, which is made possible by the smooth muscles in the esophagus, stomach and intestines. Nicotine also suppresses appetite and increases blood pressure. It affects the pleasure center of the brain, causing feelings of reward and arousal. Nicotine passes the blood-brain barrier faster than any other psychoactive drug. It takes less than 10 seconds for nicotine to pass from the tobacco product to the brain.⁵ This creates a combination of effects resulting in a greater increase of the rewarding effects of nicotine. It acts on the brain to release various chemicals (including dopamine and norepinephrine). Dopamine is linked with the memory of pleasurable events and cravings. Norepinephrine is associated with alertness, concentration and vigilance. About 80% of people dependent on tobacco experience some form of withdrawal when they stop using it.
- **Psychologically**, tobacco products are often used as a result of environmental cues in which smoking becomes an automatic behavior. These include having a cup of coffee, driving a car, using the telephone and ending a meal. Additionally, tobacco is used to cope with stress and other emotions (pleasurable activities and feelings or relief of unpleasant feelings). It may be used to “self-medicate” underlying conditions, such as anxiety.
- **Socioculturally**, tobacco use plays an important role in our society. It may be a part of identifying with a group or a regular part of social activities and cultural practices. It’s sometimes used as a social “ice breaker,” such as “Got a light?” Almost 87% of tobacco users started using by age 18, and 98% started by age 26.⁶ Because the brain doesn’t fully develop until an individual is about 25 years old,⁷ vital brain structures are harmed when a person between the ages of 12 and 14 begins to use tobacco regularly.



Speaking Points

Model Introduction

Explain to participants that tobacco use connects to our lives in three ways: physically, mentally and socially. These ties are known as the Three-Link Chain of Addiction.^{8,9}



Refer participants to page 7 of the workbook.

Talk briefly about each bullet listed below. (See page 30 of this guide for more detailed information.) Encourage participants to think about and give examples of each of the components as it relates to them.

Physically, tobacco use:

- Decreases anxiety
- Normalizes mood
- Relaxes smooth muscle (GI tract)
- Suppresses appetite
- Increases heart rate
- Stimulates nicotinic receptors
- Encourages neurotransmitter release
- Increases reward and arousal feelings
- Produces withdrawal symptoms (in about 80% of tobacco users) when stopping use³

Mentally, tobacco use:

- Influenced by environmental cues
- An automatic behavior
- Used to cope with stress and other emotions
- Used to express pleasure and relief
- Used to “self-medicate” underlying conditions¹⁰



Page 7 of Workbook

Session 1: Thinking About Quitting



Socially, tobacco use:

- Plays an important role in society
- Is influenced by peers, parents and other family members who use tobacco
- Is prevalent among those with low income
- Is prevalent among those with poor academic performance
- Makes it easier to identify with a group
- Becomes part of social and cultural practices
- Typically starts during the adolescent or teen years⁴
- Is prevalent within the LGBT community.

Explain that quitting and staying tobacco-free is a learning process. Being completely successful may take several tries. Quitting is a process. They must:

- Manage their nicotine addiction.
- Unlearn their automatic behavior.
- Substitute healthy new alternatives.



Deciding to Quit (15 minutes)

Purpose

- To identify perceived barriers and benefits to quitting

Background

“Why Do You Use Tobacco?”³

The “Why Do You Use Tobacco?” quiz from the National Cancer Institute (NCI) suggests that most people use tobacco for one or more of the following six reasons:

1. **Stimulation: “Using tobacco gives me more energy.”**
Many people use tobacco like they use coffee: to help them wake up or keep going when they feel worn out. The nicotine in tobacco, like the caffeine in coffee, is a stimulant. When someone quits, they need to find substitutes that energize.
2. **Handling: “I like to touch and handle my tobacco products.”**
Some people get physical pleasure from handling their tobacco products and the rituals of using tobacco. It just “feels right” to have a tobacco product in their mouth. In fact, many people who use say they’ve returned to using tobacco because, “I had nothing to do with my hands.” They may like to hold a cigarette, lighter or matches, or watch the smoke. There may be other parts of the ritual of tobacco use that are also pattern-forming. Getting over this obstacle can make it easier to quit and stay tobacco-free.
3. **Pleasure: “Using tobacco brings me pleasure.”**
Almost two out of three people who use tobacco say they just plain enjoy using tobacco. When using tobacco they associate it with “the good times,” the addiction becomes stronger. Focusing on enjoying life without tobacco can make quitting easier.
4. **Stress Reducer: “Using tobacco helps me relax when I’m tense or upset.”**
Many people use tobacco products to help them through hard times. Some find it easy to stop when things are good, but tough when things go wrong. After having used tobacco products as a crutch, finding another way to cope with stress can help them stay quit.



Background (continued)

“Why Do You Use Tobacco??” (continued)

5. **Craving:** *“I crave tobacco products; it is an addiction.”*

Nicotine in tobacco is addictive. When people quit, most go through a withdrawal period. They may have both physical symptoms (feeling tired and irritable; headaches; nervousness) and a psychological or emotional need for tobacco. It isn't easy to get over an addiction to tobacco, and often takes multiple quit attempts. When people are physically addicted, the body craves nicotine and becomes uncomfortable when the level of nicotine in the blood drops. Cravings begin to build, the moment the individual finishes use of the tobacco product.

6. **Habit:** *“Tobacco use is a habit.”*

These types of people are no longer getting much satisfaction from using tobacco. They use automatically without even realizing they are doing so. The key is breaking the smoking pattern the pattern by changing the way they use tobacco or the conditions under which tobacco is used.

Personal Costs of Tobacco Use

- **Children:** negative role modeling; increased chance of health problems such as coughs, colds and bronchitis, asthma attacks and ear infections; missed days of school due to exposure to secondhand smoke
- **Health:** more doctor visits; lingering coughs, colds and flu; periodontal disease and tooth loss; slower wound healing; slower recovery from illness
- **Appearance:** bad breath; stained teeth; yellowed fingers; hair and clothes smell of smoke
- **Performance:** more days missed from work; impotence during intimacy
- **Self-esteem:** loss of dignity and respect
- **“Hidden”:** burns in clothing, upholstery, tabletops and carpeting; dirty windows, carpet and draperies
- **Monetary:** amount of money spent on nicotine products; dry cleaning business clothes; more visits to the doctor
- **Community:** The LGBT community has been through so much, quitting tobacco is about personal and community resiliency.



Background (continued)

Benefits of Quitting⁴

As soon as participants quit, their bodies begin a series of healing or recovery changes that continue for years.

20 Minutes After Quitting

Their heart rate drops to a normal level.

12 Hours After Quitting

Carbon monoxide level in their blood drops to normal.

Two Weeks to Three Months After Quitting

Their risk of having a heart attack begins to drop. Their lung function begins to improve.

One to Nine Months After Quitting

Their coughing and shortness of breath decreases.

One Year After Quitting

Their risk of coronary heart disease is half that of a tobacco user's.

Five to 15 Years After Quitting

Their risk of having a stroke is reduced to that of a nontobacco user's.

10 Years After Quitting

Their lung cancer death rate is about half that of a tobacco user's. Their risk of getting cancer of the mouth, throat, esophagus, bladder, kidney and pancreas decreases.

15 Years After Quitting

Their risk of coronary heart disease is the same as that of a nontobacco user's.



SGR: Consumer Guide, Pg 9

Source: U.S. Department of Health and Human Services. The health consequences of smoking: A report of the Surgeon General. Atlanta, GA: 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, 2004.



Speaking Points

The “Benefits of Quitting”⁴

Explain to participants the physical benefits of quitting.



Refer participants to page 9 of the workbook.

Tell participants that as soon as they quit, their bodies begin a series of healing changes that continue for years. Point out the major milestones for this recovery process.



Page 9 of Workbook

Barriers and Motivators Exercise

Tell participants that they’re going to do a simple activity. Draw the Barriers and Motivators grid on the board or flipchart. Leave enough room to write the pros and cons under each heading. It should look something like this:

Barriers/“Backdoors”

Motivators

1. PROs of Using Tobacco
3. CONs of Quitting

2. CONs of Using Tobacco
4. PROs of Quitting

Explain to participants that the decision to quit is a major one, and probably the most important health decision of their lives. Major decisions usually take time and careful consideration. They are not something to be made on a whim.



ACTIVITY: Have participants complete sections one and two of the Barriers and Motivators grid on the board. Explain that listing the pros and cons of using tobacco will help them resolve any uncertainty they feel toward quitting.

To help participants get started, give an example of a pro and con of using, “On the one hand, I want to quit because my health would improve, yet on the other hand, I really like it.” Continue this “On the one hand” conversation to help participants face the issues that concern them.

Session 1: Thinking About Quitting



NOTE: Refer to “Personal Costs of Using Tobacco” and “Benefits of Quitting” located in the Background section of this guide.

Explain to participants that over the last 35 years, this program has helped all types of individuals quit. Point out the major concepts each person needs to successfully quit:

- Participants must believe quitting is possible. They should view any past quit attempts as practice toward succeeding, rather than as failure.
- This program will prepare them to deal with the situations that caused them to return to using tobacco during previous quit attempts.
- Participants need confidence in the program. They need to believe it will work for them, no matter how much or for how long. Freedom From Smoking® has proven successful for people who have used tobacco for 50 years as well as for those who used tobacco for just one year.
- Participants need confidence in themselves. A positive attitude can help that confidence. (Have participants say as group, “I can quit.” Then have them say it again, like they really believe it!)

Explain to participants that all of the concepts mentioned here add up to a good decision-making process. Tell participants that there are only two possibilities to consider about using tobacco: Continue to use or go tobacco-free. Tell them that the rest of this exercise will address the alternatives to quitting. By addressing cons to quitting (fears or barriers), they can start to move toward successful completion of this program.



ACTIVITY: Have participants complete section three of the Barriers and Motivators grid on the board. Encourage group discussion about their barriers.

NOTE: If participants are having trouble getting started, mention some of the most common barriers to quitting (they failed before, fear of weight gain, nervousness, crabbiness or stress).

Explain that many people use these barriers as reasons to keep using tobacco products. They represent **“backdoors”** that some people leave open in case they return to using. Give an example of a “backdoor” comment. (“I’ll stop smoking as long as I don’t have to deal with any big crises.”)

Suggest that participants begin to close their “backdoors” before they quit. Tell participants that now is the time to decide what they are going to do about each barrier. Give an example of how they can address a barrier. (“I’m going to stop using tobacco while I practice effective stress management techniques.”)



ACTIVITY: Have participants complete section four of the Barriers and Motivators

Session 1: Thinking About Quitting



grid. They are to address the pros of quitting. At this point, review the grid along its two columns: Barriers/“Backdoors” and Motivators. Ask participants to notice differences in the two. Encourage group discussion.

NOTE: Refer to “Why Do You Use Tobacco.?” located in the Background section of this guide.

In closing, remind participants that the long-term benefits of quitting far outweigh the short-term discomforts. Tell participants that they must bring together what they know in their head and heart with what they feel in their gut. This will begin to increase a desire to quit. And their confidence will grow.

Further Thinking

Tell participants the “Reasons Why You Use Tobacco” and “How Would You Benefit by Quitting” pages in the workbook can help them think more about their own personal Barriers and Motivators.



Refer participants to pages 8 and 10 of the workbook.

Tell participants during this week, they should complete these pages at home, making the lists specific and personal.



Page 8 of Workbook



Page 10 of Workbook



Registration and Logistics (15 minutes)

Purpose

- To complete registration forms and collect registration fees

Speaking Points

Program Strategies

Mention to participants that this program incorporates some of the best counseling, behavioral and pharmacological strategies to prepare them to quit.

Discuss some of the strategies used in the program:

- Self-monitoring
- Self-management
- Relaxation techniques
- Contracting
- Weight control and physical activity
- Medication
- Social support
- Assertive communication
- Problem solving

Explain to participants that individuals who are very dependent on nicotine may have great difficulty quitting and may benefit more than others from an intensive program such as this one.

Discuss the factors involved in successfully quitting:

- Attitude
- Self-confidence
- Preparation
- Commitment to goals
- Willingness to complete the program
- Use of available resources

NOTE: Tell participants that this program does not use acupuncture or hypnosis as a core method of quitting because of the lack of evidence to support it.¹

Session 1: Thinking About Quitting



Remind participants not using tobacco products is not giving something up. It is a positive act that allows them to take control of their lives! For best results, participants should accept the principles the program offers, apply the skills suggested and adhere to the techniques taught.

Answering Questions

Tell participants that the next step in the decision to quit is one each person must make for themselves. This program has worked for many people and, so long as they are ready to quit, there is no type of person for whom the program won't work.

Field any questions participants have about the program. Then direct them to review their “Are You Ready to Quit?” questionnaire.



Refer participants to Questionnaire 1 (page 3 of the workbook).

Tell participants if they answered “yes” to four or more questions, they are ready for this program.

Ask participants who have **not** answered “yes” to four or more questions to stay during the break to discuss whether they are ready to continue with the program.

Making the Decision to Quit

Take a 10-minute break at this point so you may give people time to decide whether or not to join the program.

Talk with participants who didn't answer “yes” to at least four questions. Probe whether they feel they are ready to continue with the program. Answer any additional questions they may have about the program.



Page 3 of Workbook

Session 1: Thinking About Quitting



If any participants are talking negatively about their desire, their ability and their will to quit, suggest they think carefully about their decision to participate in Freedom From Smoking®. Remind them attending this session indicates some degree of readiness to quit. Tell them you will be happy to help them if they can see themselves working positively on the skills needed to quit smoking. Explain if they are willing to work, they will most likely be able to quit smoking.

If after this conversation, any individuals still don't want to commit to participating, suggest they wait for a later program when they feel more motivated to quit. Tell them gathering information is an important part of preparing to quit and encourage them to return when they are ready.

Registration

After the break, invite participants to sign up for the Freedom From Smoking® program. Collect workbooks from any participants who have chosen not to continue with the program.



Refer participants to the registration form and questionnaire.

NOTE: This form was given to participants as they entered the room. It is also located on pages 11 and 12 of the workbook.



ACTIVITY: Have participants sign up by filling out the registration form and questionnaire.

NOTE: Facilitators may choose how workbooks are used. Participants can take workbooks home and bring them back each session or the facilitator can retain the booklets between sessions. Each page is perforated so that a facilitator or participant can easily remove pages.

Registration Form & Questionnaire

Session 1: Thinking About Quitting



Have participants hand in the registration form and questionnaire, the program fee and the “Are You Ready to Quit?” and “Preparing to Quit” questionnaires.



Collect registration form, program fee and questionnaires.

Explain that each participant has their own workbook. Have them write their names in the books on the inside front cover.

Congratulate participants on starting their journey to being tobacco-free. Tell the participants that Quit Day is three weeks away. Have them write down the date (write it on the board or flipchart). Tell them to begin planning for that day now. It is a date to celebrate, a day for a reward. Tell them to start planning a big treat for that day or that week. Also, explain that the session after Quit Day is just two days later to provide group support when they may need it most.

NOTE: Refer to the “Schedule of Sessions” as necessary.



Measuring Carbon Monoxide Levels (15 minutes) [Optional]

Purpose

- To measure carbon monoxide (CO) level before and after quitting to demonstrate a health effect of using tobacco and increase motivation to quit

Background

Instructions for Using the CO Monitor

- Be sure to follow the instructions for using the CO monitor.
- In general, turn on the machine. Insert a mouthpiece into the T-tube connected to the machine. Take three deep breaths, holding the third one for 15 seconds. Press the countdown button on the machine. When the count reaches zero, exhale fully into the machine. Wait 15 seconds for a reading. This number is usually the last number the machine reaches before it starts returning to zero.



Speaking Points

Using a CO Monitor

Explain to participants about carbon monoxide:

- CO is a gas that is harmful to the human body at high concentrations.
- Using tobacco and air pollution are the main causes of high CO levels in the body.

Tell participants that a CO monitor can test the CO level of a person who uses tobacco. It will show:

- The amount of CO (parts per million) in a person's breath.
- How much CO is in the blood.

NOTE: Obtain a CO monitor and disposable cardboard tubes. Borrow a CO monitor from the local Lung Association office, university health centers, local hospitals, local tobacco control programs, county health department or the state health department. If purchased, prices vary depending on brand.

Explain to participants that having a high level of CO in their system makes it harder for blood to carry oxygen throughout the body. Tell participants that monitoring their CO level is the one immediate, tangible benefit of stopping use. Less than 24 hours after quitting, their CO level will drop to that of a nontobacco user.

Demonstrate using the CO monitor:

- The test involves blowing through a disposable cardboard tube.
- There are no needles, no blood and no pain.
- The level of CO may vary depending on how much tobacco they use before the test is given and how recently the person has used it.



ACTIVITY: Have participants test their CO levels using the supplied equipment. Explain that they can take the test at any time as they continue through the next topics for the day. Be sure to tell them that this is a voluntary activity.

NOTE: Set up a station in the back of the room where participants can test and record their CO level. Try to have an assistant help facilitate the test for the participants. Refer to “Instructions for Using the CO Monitor” located in the Background section of this guide.



Introduction to Nic-Checks (10 minutes)

Purpose

- To introduce self-monitoring
- To give out Nic-Checks for use between the first and second sessions

Background

Nic-Checks

- Every individual who smokes, vapes and/or chews has a unique pattern of using tobacco products developed over the years. of smoking developed over the years. The first step in changing that pattern is understanding it. Learning about one's smoking behavior leads to learning effective ways of changing that behavior.
- Nic-Checks help:
 - a. Establish a baseline tobacco use rate
 - b. Record date, time, situation/activity, need and mood
 - c. Discover patterns in tobacco use behavior
- Nic-Checks encourage participants to practice the “Three A’s for Acting Against Triggers” (Avoid, Alter, Alternative).
 1. **Avoid** the trigger situation by:
 - Forgoing a work break with people who smoke, vape or chew
 - Leaving the table after dinner
 - Avoiding social situations involving alcohol
 2. **Alter** or change the trigger situation by:
 - Drinking tea or juice in the morning instead of coffee
 - Watching TV in the bedroom (or a nonsmoking room) rather than in the living room
 - Putting tobacco products in the trunk of the car before driving
 3. **Alternatives** or substitutes can be used in place of tobacco products, such as:
 - Chewing sugarless gum or sucking on sugarless lollipops
 - Eating raw cut vegetables, such as carrots or celery sticks
 - Chewing on toothpicks
 - Using a relaxation technique in a stressful situation
 - Fixing things or gardening to keep hands busy¹¹



Speaking Points

Using Nic-Checks

Tell participants that during this week, they will be filling out Nic-Checks to help them self-monitor their tobacco use.



Refer participants to pages 13 to 18 of the workbook.

Explain that the object of the activity is to keep track of:

- How often they smoke, vape or chew.
- Where and when they smoke, vape or chew
- How strong their need for each tobacco product is.
- The moods they are in when they use the most.

Tell participants how to use the Nic-Checks:

- Each Nic-Check is about the size of a cigarette pack.
- For every tobacco product they use, write down the date, time, place/activity, how much they needed the tobacco product and their mood.
- If in a good mood, place a check in the smiling face column. If in a bad mood, check the sad face column. If in between, check the middle face.
- If they had a high need for the tobacco product, write “1”. If they needed it, but not a lot, write “2”. If they didn’t really need it, write “3” in the need column.

Page 13 of Workbook

As homework for the week, ask participants to fill in the Nic-Checks for at least three days—preferably two workdays and one weekend day, more if they can. Have them lay the cards on a table after a few days and see if they can find any patterns. Tell them that these patterns will be discussed next week.

NOTE: Suggest participants write, on a pad of paper or in a journal, more information about what they were doing or how they were feeling for their highest need tobacco products. This may help them better understand why they smoke, vape or chew.



Identifying Triggers (10 minutes)

Purpose

- To reflect on on tobacco use triggers triggers and coping skills.

Background

Basic Definitions:

- Trigger: a stimulus that sets off an action, process or series of events
- Urge: a strong need, wish or impulse to do something
- Craving: a strong physical desire for something

Sample Triggers

- Stress
- Alcohol use
- Mornings
- Boredom
- Urges
- Watching TV
- Traveling by car
- Enjoying meals
- Using the telephone
- Watching others use tobacco
- Drinking coffee or tea
- Remembering the good times
- Worrying about weight gain
- Celebrating
- Loneliness
- Helplessness
- Free time

Common Attitudes of Tobacco Users When Nicotine Levels in the Blood Vary

High Nicotine Level

Approachable, Sociable, Outgoing, Positive, Attentive

Medium Nicotine Level

Relaxed, Calm, Upbeat, Alert

Low Nicotine Level

Worried, Exhausted, Tired, Sad, Gloomy

Very Low or No Nicotine

Impatient, Stressed, Irritable, Demanding, Depressed



Speaking Points

Understanding Triggers

Explain to participants what a trigger is:

- A trigger is a situation, event or behavior that sets off the urge to use tobacco.
- Triggers can also be thoughts and feelings that remind tobacco users of the pleasurable effects of using tobacco. The trigger sets off a reaction in their mind creating the urge to use.
- Urges are time-limited. They have a beginning, a climax point and an end. **The whole thing usually lasts three to five minutes, whether they use tobacco or not!** Tell participants that the U.S. Surgeon General has publicly stated that nicotine is an addictive substance. Individuals who use tobacco may be in the nicotine addiction stress cycle.

Write the nicotine addiction stress cycle on a board or flipchart:

- **Drug-Induced Stress:** I feel nervous and tense because my body needs tobacco.
- **Drug-Induced Relief:** I feel relaxed now that I have used a tobacco product and I have temporarily satisfied my need for nicotine.
- **Drug-Induced Stress:** I feel nervous and tense because my body requires tobacco use again.

Explain that when someone is physically addicted:

- The body craves nicotine and becomes uncomfortable when the level of nicotine in the blood drops. Therefore, craving happens regardless of whether there has been a trigger or an urge to use.
- The person may feel tense and stressed every time the body craves tobacco. When the body's desire is satisfied, the person will experience a temporary sense of relief. When the body once again craves nicotine, the person will experience stress and tension. This goes on until the desire has once more been fulfilled.
- When a person withdraws from the addictive substance, the body and mind experience a traumatic jolt and react in a variety of ways. Know that the body is struggling for normalcy, which it cannot experience when using the drug, nicotine.
- While in the nicotine addiction stress cycle, people think of using their tobacco product to relieve stress. Yet, it is the tobacco product that helps cause the stress in the first place!



ACTIVITY: Spend a few minutes identifying triggers and ways to cope with them. Encourage individuals to identify personal triggers and to begin thinking of coping strategies for each.



Using Medication (10 minutes)

Purpose

- To present medication as an aid to quitting

Speaking Points

The Quit Plan

Remind participants that they are working toward quitting entirely by Session 4 (repeat the date). Tell them that they will be making a Quit Plan, which includes:

- A Quit Date
 - Identifying social support
 - Thinking through problem-solving skills
 - Reading self-help literature
 - Using medication if appropriate
 - Soliciting external support
-
- Talk to your doctor about getting a prescription for any cessation medication you plan to use.

Mention that they will be learning more about developing their Quit Plan over the next couple of weeks. Right now, they'll be learning about how medications might be part of their plan.

Medications

Tell participants that studies suggest that all people trying to quit smoking use effective medications, except under special circumstances (people who smoke less than 10 tobacco products a day, adolescents under 18 years of age, pregnant or breastfeeding women and people with certain medical conditions).¹ People who use medications to quit may double or possibly triple their quit rate.^{1,2} Medications currently available to quit include:

- Nicotine gum
- Nicotine patch
- Nicotine lozenge
- Nicotine nasal spray
- Nicotine inhaler
- Bupropion sustained release (Zyban® or Wellbutrin™)
- Varenicline (Chantix®)

Mention these major points about the types of medications:

- Most health insurance plans cover tobacco cessation medications with no cost to

Session 1: Thinking About Quitting



the patient. Enrollees should ask their primary care provider for a prescription if they are interested in quitting.

- Some county and state health departments have programs to help get the medication at a reduced cost.
- Nicotine gum, nicotine patch and nicotine lozenge are available over the counter, however most health insurance plans cover these medications with a prescription from your doctor.
- Nicotine replacement medications deliver nicotine to the body differently than tobacco products. This can result in a slower delivery of nicotine and in lower nicotine levels in the bloodstream.
- With these medications, nicotine is absorbed either through the skin (patches) or through membranes in the nose or mouth (nicotine gum, inhaler, spray and lozenge). It is absorbed slowly and transported to the brain in smaller, even doses. This means that there will not be the same immediate feeling of reward that was a part of smoking or chewing tobacco. But there is enough nicotine in the replacement products to calm sensations of withdrawal.
- The nicotine nasal spray, nicotine inhaler, Zyban®/Wellbutrin® and Chantix® require a doctor's prescription.
- Zyban®/Wellbutrin® and Chantix® do not contain nicotine. With these medications, a person starts taking the pills before they actually quit. Each medication works with brain chemistry in a different way to help with quitting. Before using these medications, participants should discuss their health and any other medications they take with their doctor.

Advise participants to consult with their healthcare provider regarding:

- The type of medications available
- Whether or not to use medications

Advise participants to follow instructions as indicated in the manufacturer's product information for over-the-counter medications (nicotine gum, nicotine patch and nicotine lozenge).

Inform participants that approximately 80% of the people who quit using tobacco experience some form of withdrawal symptom (or "recovery symptom").³ Using medications will decrease the intensity of withdrawal symptoms. This allows them to focus on quitting and staying quit.

Tell participants that next week, they will take a closer look at tobacco use and nicotine and nicotine addiction using a worksheet titled "Are You Addicted to Nicotine?" At that point, they will learn more about how these medications can help them quit.

NOTE: If participants want more information on medications before the next session, refer them to pages 31 to 35 of the workbook. Tell them If they think they may be interested in a non-nicotine medication (Zyban®/Wellbutrin®, Chantix®), they should talk to their doctor right away so they will have time to start taking the medication 8 to 14 days before Quit Day as directed.



Closure (5 minutes)

Purpose

- To preview the practice activities to be completed prior to Session 2

Speaking Points

The Quit Plan

Tell participants to read “Are You Kidding Yourself?” located in their workbook sometime during the week. This information should help improve their motivation for quitting.



Refer participants to pages 19 to 20 of the workbook.

Tell participants to remember their CO score (optional) so that they can compare levels when they take another reading in Session 5.

NOTE: Ask each participant to give you their score so a record of all scores can be written in a CO monitor log.

Explain that it is very important for them to complete the Nic-Checks during the week. Doing so will help them recognize their triggers better. Tell them that next week, they’ll learn ways to cope with those triggers.

Also, tell participants they may want to consider using a medication discussed in this session to help them quit. Advise those who are considering any of the prescription ones to talk with their healthcare provider about it right away. Mention they will be asked to complete the “Are You Addicted to Nicotine?” questionnaire during Session 2 to help them decide which medication to use if they’re considering it.

Thank participants for their efforts today and suggest they browse through the workbook materials during the week. Remind them to be sure to bring the materials with them each week. Also, ask them to bring paper and a pen or pencil as well.



Page 19 of Workbook



Session 1: References

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Session 2: On the Road to Freedom



Topics	Time (minutes)
1. Welcome	10
2. Learning Not to Use Tobacco	25
3. Lifestyle Changes and Reinforcing Self-Confidence	10
4. Stress Management	15
5. Relaxation Exercise: Deep Breathing	15
6. Reasons to Stop	10
7. Health Effects of Tobacco Use	10
8. Nicotine Addiction and Medications to Help Quit	20
9. Closure	5

Participant Materials	Facilitator Materials
“Are You Addicted to Nicotine?” questionnaire	Name tags
“Schedule of Sessions” (from Session 1)	Chalkboard, whiteboard or flipchart
Nic-Checks (from Session 1)	Chalk or markers
“Lifestyle Changes to Support Quitting”	Supply of pens and paper
“Three A’s for Acting Against Triggers”	Speakers to play MP3 files
“My Reasons to Stop Using Tobacco”	Video on health effects of tobacco use (optional)
“Facts About Tobacco Use”	Samples of cessation medications (optional)
“Benefits of Quitting” (from Session 1)	CO monitor (optional)
“Quit Tobacco: Medications: What You Need to Know”	



Major Concepts

1. Intra-Treatment Support

Once an individual stops using tobacco, one of the key issues to staying tobacco-free is learning to handle stress. Managing stress means one must manage one's emotions. This is an important discovery for many people. Managing one's emotions means, "Making them useful." The first step is for participants to recognize emotions they try to avoid by smoking. The next step is learning new ways to deal with those emotions. The worksheet titled "52 Proven Stress Reducers" in Session 5 offers new ways to manage stress.

Another effective tool suggested in the Freedom From Smoking® program is the use of relaxation techniques. This session introduces the simple technique of deep breathing. This is an important procedure for participants to learn because it can be called upon frequently. It is useful in getting them over an urge to smoke and it relieves tension at the same time. This and other simple techniques are made available to all participants through Relaxation Exercises for Better Breathing, which can be used at home. In presenting the relaxation exercises for the first time, it will be helpful to demonstrate deep breathing. This will ensure proper conduct of the exercise and will provide training to all in the correct use of the technique.

2. Practical Counseling: Self-Monitoring and Developing Coping Skills

People who use tobacco are usually quick to identify trigger situations in which they automatically light up. They are not so quick, however, to identify alternatives that satisfy their need. Different situations may require different options. Analyzing the Nic-Checks activity will help identify the need each tobacco product addresses. The individual who uses tobacco can then discover a "healthy" alternative. For example, if someone needs to reduce tension, it doesn't help to just stick a straw in their mouth. Stepping away from the situation, going for a walk or talking about what is causing the tension may be more useful. Using the "Three A's for Acting Against Triggers" and "Lifestyle Changes to Support Quitting" documents assists participants in identifying their triggers and matching them with healthy coping techniques.

Remind everyone the Freedom From Smoking® program attempts to make nontobacco using behavior an active process. Years of steady using tobacco are not whisked away with words, but with planned actions. Having these actions predetermined and well-rehearsed is helpful. Then the individuals will know how to respond to each trigger situation. Suggest that as they put their personal plan of action into practice, they are beginning their new lives tobacco-free. The more they practice it, the better they get at it.

It is helpful to fill out sample plans on the board. Remember, however, to emphasize the importance of each person finding the unique alternatives that will work for them.

Session 2: On the Road to Freedom



Also, be sure to avoid the concept of “correct” answers. Correctness should only apply to whether or not the planned coping techniques work. If techniques prevent participants from smoking, they are working. Techniques that don’t prevent tobacco use should be exchanged for new ones. Additional “Plan Ahead” forms are available in later sessions for rewriting plans.

3. Medication

The “Are You Addicted to Nicotine?” questionnaire helps individuals come to terms with the addictive nature of nicotine. Completing a simplified version of the Fagerström Test for Nicotine Dependence helps them decide whether to use additional quitting aids such as nicotine replacement therapy.

Facilitator Notes

Begin the program promptly and in a friendly, reassuring manner. Introduce yourself. Participant name tags are important throughout the program. Have participants introduce themselves (consider using a facilitation activity of your choice here). Congratulate all participants for having taken the first step toward becoming tobacco-free—coming to the program! Quitting tobacco use is a step toward a healthier lifestyle. Suggest participants view quitting as a gift to themselves and as an act of love for those they care about.

Emphasize that not using a tobacco product is the natural state. This program will help them return to their natural state. Their determination and desire to quit is the single most important component of success. The entire program is designed to keep their determination alive and well.

Encourage participants to ask questions and talk about any concerns as they come up. Respond to questions even though you have a strict time schedule. If questions are not of general interest, tell those who asked that you’ll talk with them after class.

Handle housekeeping duties (payment, registration, facilities, parking and similar items) before or after this session if at all possible.

Also...

- Count on participants not doing their practice activities. Don’t be threatened by their behavior and don’t be judgmental. You can encourage them to do it a couple of days during the next week. They may have done some work mentally recording their tobacco use, just because it was assigned.
- Continue to be yourself. Encourage interaction between participants. They need to get used to talking during the sessions.
- Sometimes you have a group that talks all the time and at the same time. Compliment them on their energy and ask for their cooperation in keeping to a time schedule. If necessary, review ground rules for talking one at a time.

Session 2: On the Road to Freedom



- Keep your content short and simple. Be sure to put the information into your own words. Be creative.
- Use a variety of facilitation activities to make the session real, active and participatory (RAP). Pairs and small groups can work well for exchanging ideas and information. Remember to give clear directions and keep track of time.
- Contact your local American Lung Association office or a Freedom From Smoking® Master Trainer for more information and resources. Visit <https://bit.ly/FFSClinicResources> for resources directly related to this program.
- If you present a video on the health effects of tobacco use selected from the Resources section, first have a brief discussion with the group. Let them tell you why the health consequences of using tobacco are or are not effective as a motivation to quit.
- There are many ways to give the relaxation message. You can lead and demonstrate the deep breathing techniques yourself or use the MP3 files. Some people love the relaxation exercises, and some people hate them. If it is used in the clinic, those who like it use it regularly and talk about its effectiveness. (The script of Exercise 1: Deep Breathing is included in this session. Facilitators may choose to make copies of the script for participants without access to an MP3 player.)
- Revisit medications to quit and have participants complete the “Are You Addicted to Nicotine?” questionnaire.
- As appropriate, advise participants that quitting can change the effective dose of many medications including birth control, psychoactive medications and HIV medications. Tell them if they are currently taking medication or have any concerns, they should talk to their healthcare provider.



Welcome (10 minutes)

Purpose

- To reinforce motivation to stop smoking

Speaking Points

Review of Previous Session

Welcome everyone back to the program. Remind participants that for the next seven weeks, they'll be working together toward reaching the goal of being tobacco-free.

Ask participants if they have any questions that didn't get answered at the previous session. Allow time for questions and answers. Tell participants that they can ask questions at any time during the program.

Remind participants about last week's discussion on closing their "backdoors" before Quit Day to successfully stop using tobacco. Give examples of a "backdoor" (stress, weight gain or withdrawal symptoms).



ACTIVITY: Ask each person to say their name and tell the group what "backdoor" they plan to close before Quit Day. Allow everyone a chance to speak.

Session 2 Overview

Tell participants that in this session, they will:

- Review the Three-Link Chain of Addiction and the Nic-Checks activity.
- Discuss stress management and relaxation exercises.
- Learn about the health effects of tobacco use.
- Discuss nicotine addiction and medication to help them quit.

Session 2: On the Road to Freedom



NOTE: Review the Freedom From Smoking® program only if needed (see page 26 of this guide for complete speaking points). Also mention their commitment to the program is the best way to be successful with smoking (attending all sessions, completing the activities and changing behaviors).

Tell participants what will be discussed in the remaining sessions:



Refer participants to page 6 of the workbook.

Remind them that Quit Day is 2 weeks from today. Mention the topics that will be discussed today:

- Motivation for quitting
- Health effects
- Self-management techniques
- Stress

Briefly mention major points for the remaining sessions:

- Next week, make a Quit Plan.
- On Quit Day, listen to experiences of a panel of former tobacco users.
- Session 5 will follow two days after Quit Day. Recovery and reviewing the benefits of quitting will be discussed.
- In Session 6, the focus will be on weight management, more stress management techniques and ways to cope with social situations.
- In Session 7, the focus of the program shifts to staying quit. Topics will include physical activity, assertive communication and changing their lifestyle.
- In Session 8, other lifestyle changes to help them stay quit, including managing their thoughts will be explored. Finally, they will have a celebration for quitting.

Session	Topic	Topic
Session 1 Thinking About Quitting	• What are you looking for? • Benefits of quitting • Motivation	• Physical and mental benefits of quitting • Quitting and staying quit
Session 2 On the Road to Freedom	• Self-management • Stress management	• Managing mental distress
Session 3 Working to Quit	• Identifying triggers • Stress management	• Identifying social situations • Stress management
Session 4 Quit Day	• What to expect • Quitting on Quit Day • Quitting activities	• Emotional and mental benefits of quitting • Quitting strategies
Session 5 Staying Off Strategies	• What to expect • Recovery and reviewing the benefits of quitting	• Quitting strategies • Identifying and managing triggers • Stress management
Session 6 The New You	• Physical activity • Stress management • Weight management	• Staying tobacco-free • Social situations
Session 7 Staying Off	• Physical activity • Changing your lifestyle	• Staying tobacco-free • Social situations
Session 8 Celebration	• Identifying and managing triggers • Stress management	• Staying tobacco-free • Social situations

Page 6 of Workbook



“Are You Addicted to Nicotine?” Questionnaire



Refer participants to page 21 of workbook.



ACTIVITY: Instruct participants to fill out the “Are You Addicted to Nicotine?” questionnaire. Explain they will review their answers later in today’s session. Allow time to complete the questionnaire.

The screenshot shows a questionnaire titled "Measuring Your Dependency". It includes a table with several items and a scale from 0 to 100. The items are:

Item	0	100
1. I smoke or use tobacco every day.	0	100
2. I smoke or use tobacco most days.	0	100
3. I smoke or use tobacco some days.	0	100
4. I smoke or use tobacco only on weekends.	0	100
5. I smoke or use tobacco only on special occasions.	0	100
6. I do not smoke or use tobacco.	0	100

Below the table, there is a section for "Total Score" and "Interpretation".

Page 21 of Workbook



Learning Not To Use Tobacco (25 minutes)

Purpose

- To increase awareness and understanding of personal tobacco use routines
- To encourage positive group interaction and support
- To reflect on the Three-Link Chain of Addiction
- To reflect on the Nic-Checks activity

Background

The Three-Link Chain of Addiction

- **Physical:** Tobacco use causes true drug dependence. Nicotine is the addictive ingredient in tobacco. It makes smoking patterns stronger and very resistant to change. Nicotine is rated by most experts as a more difficult drug to quit than heroin, cocaine, alcohol, caffeine and marijuana.¹
- **Mental:** Tobacco products are often used as a result of environmental cues or triggers. Lighting up or dipping becomes an automatic behavior. People may not even realize when they are using the product. Additionally, tobacco is used as a coping mechanism. People may use tobacco to handle stress or when they feel lonely, bored or angry. Nicotine may be used to self-medicate underlying problems such as depression, anxiety and stress.
- **Social:** Some feel that using tobacco makes it easier to identify with a group. Tobacco use typically starts during the adolescent or teen years and is more prevalent among those with low income and poor academic performance.

Triggers Serve as Signals to Use Tobacco and are Commonly Associated with:

- Stressful situations
- Everyday routines or behaviors
- Thoughts
- Moods



Speaking Points

Reasons for Using Tobacco

Tell participants by learning their individual tobacco use patterns, they can develop a personal Quit Plan that will ensure success at quitting. Say that each person has different reason to use, and the reasons can change from day to day, even from hour to hour.

NOTE: Refer to “Why Do You Use Tobacco?” located in the Background section of this guide (pages 34 to 36) for the six main reasons why people use.



ACTIVITY: Ask if any participants would like to share stories of previous quit attempts. Take time to listen to a few stories.

Tell participants that they will be addressing the three main behaviors associated with tobacco use:

- Learned behaviors
- Triggered behaviors
- Social behaviors

Learned Behaviors

State that tobacco use is a learned behavior and is **not** a natural act. Everyone had to learn how to use. Explain to participants when they began using, it, it was probably awkward. Ask for a show of hands from those who felt sick or nauseated when they first used tobacco.

Explain even though it may have taken a while, they worked at it and overcame the sick feeling. They had a strong desire to practice and to learn. Then, they persevered and conditioned their bodies to expect the nicotine and the assault of harmful chemicals in tobacco products.

Tell them to think about how many times they have lifted a tobacco product to their mouth and practiced it. Give an example of smoking one pack a day for 20 years. Write these figures on a board or flipchart.

- Each tobacco product is about 10 inhalations.
- Ten inhalations times 20 tobacco products is 200 practices a day.
- Multiply that by 365 days, and you have practiced 73,000 times a year.
- Multiply that by 20 years, and they have nearly 1.5 million times that they have practiced and strengthened their smoking pattern.



ACTIVITY: Encourage everyone to take some time now to figure out their own pattern and how often they've strengthened it. Allow some time to do this exercise.



Triggered Behaviors

State that using tobacco is a triggered behavior. Explain to participants that as their tobacco use became perfected, they began carrying those tobacco products into other situations. Give examples of this behavior, such as tobacco products became something to do with their hands when at a party or helped them slow down when they needed to take a break.

Tell participants each time they used tobacco in these situations, they reinforced their behavior. Explain they also began to connect the act of using tobacco with these activities and emotions. Give examples of these “triggers” or cues to use. For example, instead of thinking about something to do with their hands, they just used tobacco when they were on the telephone, sitting in traffic or engaged in other activities.

Explain this “triggered” behavior is automatic behavior as well. Using tobacco products has become an automatic way to deal with difficult life situations. Tell them using becomes like being on automatic pilot. To stop this behavior, participants have to take using out of automatic gear.

Social Behaviors

State that tobacco use is a social behavior. Tobacco use becomes a part of daily activities and rituals. Explain to participants the vast majority of people who use tobacco started before they were age 18. It is the common element among many groups of people who would otherwise be quite different.

Reviewing Nic-Checks

Tell participants triggers can be many things:

- Triggers can be associated with good or bad situations.
- Triggers are different for different people. For some, waking is a trigger (this may be due to low levels of nicotine in the individual’s blood because of abstinence while sleeping²). For others, it is not.
- Some activities are so strongly connected their use of tobacco products that people cannot imagine doing them without it (drinking coffee or an alcoholic beverage).

Session 2: On the Road to Freedom



Ask participants how many of them did their Nic-Checks activity for the week. Tell participants to reflect on their triggers to help determine their smoking patterns.



ACTIVITY: Tell everyone to look at their Nic-Checks. Ask questions to stimulate discussion. If needed, ask each participant to talk about their experience doing the Nic-Checks activity. Encourage everyone to share with the group.

Questions to ask participants:

- What did they learn about their tobacco use patterns?
- Did they use more or less than they thought?
- What mood showed up most often on their cards?
- How many times was their need to use really high?
- In what situation (or with what thoughts) did they find themselves most of the time?

Continue talking to participants about Nic-Checks. Focus on the “mood” part of the Nic-Checks. Tell them if they circled mostly 😊 **“happy” faces**, it’s likely they used tobacco to relax, feel good and enjoy good times. Ask them to think about where and when they use. Do they use with friends when they’re at bars and restaurants? Where else do they use when they’re happy? Have participants take a few minutes and think about their “happy” experiences. Explain this will help them figure out what activities to substitute for using tobacco.

Tell them if they checked a lot of the 😐 **“blah” faces**, it is likely they used tobacco out of boredom or without necessarily wanting a tobacco product. Suggest they may like having something in their hands and may not even realize they used their tobacco product due to boredom. Have participants take a few minutes and think about where and when they use their “boredom” tobacco products.

Tell them if they circled mostly 😞 **“unhappy” faces**, it’s likely they use tobacco when they’re tense, angry or upset. “Unhappy” tobacco products can be hard to give up, but assure them they can do it. Mention that many people who quit say they learned using tobacco really did not help them deal with unhappy feelings. Have participants take a few minutes and think about where and when they use their tobacco product due to anger.



Lifestyle Changes and Reinforcing Self-Confidence (10 minutes)

Purpose

- To introduce the concept of making lifestyle changes that support quitting
- To present self-management skills through self-control and positive thinking

Background

Lifestyle Changes to Support Quitting^{3,4}

1. What will they do to make tobacco products harder to pick up?
 - Avoid exposure to tobacco products.
 - Alter their daily routine.
 - Get rid of all tobacco products in the house, cars, desks, etc.
2. What kind tobacco-free activities will they do to stay tobacco-free?
 - Reduce exposure to triggers.
 - tobacco-free places such as homes of nontobacco using friends, libraries, movie theaters, health clubs, gyms and tobacco-free restaurants.
 - Spend time participating in tobacco-free activities, such as walking, listening to music, reaching out to a spiritual support group or visiting tobacco-free friends.
3. How can they get support from others when quitting?
 - Engage friends, family and co-workers to quit or support the decision to quit.
 - Partner with someone to begin a physical activity program.
4. What will they do to manage stress?
 - Use the relaxation response, progressive muscle relaxation or guided imagery.
 - Practice being in silence or think of words such as calm, quiet, stillness or silence.
 - Use the Serenity Prayer (see Background in “Lifestyle Changes” in Session 6).
 - Increase physical activity.
 - Manage time to include “fun time.”
 - Remember, “this too shall pass.”
5. What will they do to keep from gaining weight?
 - Focus on maintaining their weight.
 - Eat foods low in fat and calories.
 - Balance the amount they eat with their level of physical activity.
 - Understand some weight gain may occur when quitting.



Background (continued)

6. What will they do to become more physically active?
 - Start with two-minute walks.
 - Increase activity to five-minute and then ten-minute walks.
 - Engage in ten minutes of moderate-intensity activities three times a day on most days of the week. Increased physical activity increases basal metabolic rate (rate at which they burn calories) just as nicotine does when smoking.
 - Get their doctor's approval before beginning any type of vigorous physical activity.

Self-Management Approaches

“Self-management” is making an organized plan to handle trigger situations by Avoiding, Altering and finding Alternatives to using tobacco products³ (the “Three A’s for Acting Against Triggers”):

1. **Avoid** the trigger situation:
 - Skip the morning routine of drinking coffee.
 - Avoid social situations involving alcohol.
 - Stay away from former tobacco user “hangouts.”
 - Leave the dinner table immediately after a meal.
2. **Alter** or change the trigger situation:
 - Drink tea or juice in the morning instead of coffee.
 - Hold their cup or mug in the opposite hand.
 - Go for a walk, bicycle ride or swim instead of watching TV.
 - Sit in the tobacco-free section of a restaurant.
 - Place tobacco products in the trunk of the car before driving.
 - Tell themselves, “using my tobacco product won’t change this difficult situation.”
3. **Find Alternatives** or substitutes in place of using:
 - Use a relaxation technique in a stressful situation.
 - Chew sugarless gum.
 - Eat sugarless candy, fruit or vegetables (carrots or celery sticks).
 - Call a friend.
 - Fix things or garden to keep hands busy.
 - Tell themselves, “I’m doing great” or “I can do without this tobacco product” or “It’s easier to have none than one.”

Positive thinking has power. Medical and scientific research suggests that the things we can touch, taste and measure frequently take a backseat to what we perceive or believe to be real. In other words, our personal abilities and potential for well-being are shaped by the negative or positive ways we think.⁵



Speaking Points

Dealing with Triggers

Begin this section by asking participants, “How do you deal with trigger situations without using?” Tell participants to look over the “Lifestyle Changes to Support Quitting” in their workbook.



Refer participants to pages 23 to 24 of the workbook.

Explain that there is a series of lifestyle changes to support quitting. These changes include:

- Self-management activities
- Securing support from others
- Handling stress
- Managing their weight
- Being more active



Page 23 of Workbook

Self-Management Approaches

Talk to participants about two self-management approaches that can help to support quitting. These are **self-control** and **positive thinking**.

Explain that self-control allows them to make an organized plan to handle trigger situations by Avoiding, Altering and finding Alternatives to using tobacco. Direct participants to the “Three A’s for Acting Against Triggers” in their workbook.



Refer participants to page 25 of the workbook.



Page 25 of Workbook

Session 2: On the Road to Freedom



ACTIVITY: Encourage participants to come up with other ideas for Avoiding, Altering and finding Alternatives to using tobacco not listed in the worksheet. Allow time for group discussion.



Refer participants to page 26 of the workbook.

Tell participants they can use the worksheet on page 26 to write down some of their thoughts and triggers.

Explain to participants one of the most important aspects of breaking addictions is building the confidence in themselves. They can begin building confidence by using a technique called positive thinking. A simple example can be just saying, “I can quit.” Explain when people who have been using tobacco for a long time make this statement, they often hear a voice inside themselves that says, “Who are you trying to fool?” This inner voice is called **negative thinking**.



Page 26 of Workbook

Tell participants the positive thinking technique is used to monitor their inner voice. Self-talk has a way of becoming a self-fulfilling prophecy. Explain to participants by monitoring their inner voice, they can turn their self-talk into positive statements.

In fact, medical and scientific research suggests the things that can be touched, tasted and measured frequently take a backseat to what is perceived or believed to be real. In other words, the personal abilities and potential for well-being for individuals are shaped by the negative or positive ways we think.



ACTIVITY: Have a few people say, “I can quit” out loud. Ask what their inner voice is saying. Then ask them to respond with positive thinking.



Stress Management (15 minutes)

Purpose

- To begin to explore stress management techniques

Speaking Points

What Is Stress?

Ask participants how many of them use tobacco when they experience stress, and then what they think the act of quitting is like. Tell participants for most people, trying to quit is very stressful. This means they can be caught in a “Catch 22” situation because using tobacco is frequently a reaction to stress and tension. Tell participants understanding how stress affects them is the first step in learning new ways to cope.

Tell participants they are going to do an exercise that will help them see what stress really is.



ACTIVITY: Tell participants to write down three situations they find stressful. Explain they won't share these situations, so it can be personal to them. Next, tell them to write down the emotions they feel when they are in each of those situations. Suggest to participants they choose words that describe how they feel. Give them plenty of time to write.

NOTE: As they are writing down their situations, draw four columns on the board or flipchart. Don't label the columns yet.

Have participants call out the words they chose to describe their feelings. Group the feeling words into “anger” words, “fear” words, “sad” words and “happy” words (see example on next page). When everyone is done contributing words, label the columns as shown.

Explain to participants that **anger** words are those that suggest striking out, **fear** words are those that suggest running away (they are more of a reaction to something being done to you), **sad** words are those that suggest withdrawal (or a desire to hide) and **happy** words are actually the feeling they get when the stress is over (they feel happy when they have successfully made the stress useful).

Session 2: On the Road to Freedom



ANGER	FEAR	SAD	HAPPY
angry	scared	disappointed	glad
mad	inadequate	hopeless	excited
aggressive	helpless	empty	determined
rage	nervous	nothing	grateful
hate	anxious	tired	carefree
guilty	pressured	exhausted	satisfied

Explain in more detail about the grouped words:

- There are many stressful situations, but only three basic feelings common to all stress.
- Anger, sadness and fear are the emotions they feel when they are experiencing stress. The emotions are the source of the stress, not the situations. The situation is the stressor. The stress is the painful emotion they feel in response to the situation.
- Stress equals the emotion they feel in response to a situation.
- To manage stress, they must manage the emotions.
- When they successfully manage stress, they experience the happy, excited and determined feelings listed in the fourth column.



Relaxation Exercise: Deep Breathing (15 minutes)

Purpose

- To learn and practice a relaxation exercise

Background

The Relaxation Response refers to the inborn capacity of the body to enter a special state characterized by lowered heart rate, decreased rate of breathing, lowered blood pressure, slower brain waves and an overall reduction of the speed of metabolism, which in turn counteract the harmful effects and uncomfortable feelings of stress.⁶

Deep-Breathing Relaxation Exercise

Participants should:

1. Sit, preferably; lying down may put people to sleep (within seven minutes on average).
2. Close their eyes.
3. Relax all their muscles as fully and deeply as possible.
4. Breathe easily and naturally through the nose. Become aware of their breathing. As they breathe out, say “one” or “calm” or their special word or phrase silently to themselves between breaths; for example, breathe in... then out, “one,” in... out, “one”...
5. Practice daily for seven to ten days.
6. In a stressful situation, focus on breathing slowly and deeply. They can use this technique to relax themselves in a matter of minutes.
7. Begin thinking of other healthy ways to manage stress, such as combining relaxation techniques with coping imagery.



Speaking Points

Physical Responses to Stress

Tell participants whenever they have an emotional response, they also have a physical response. Have them think about what happens to their body when they are stressed.



ACTIVITY: Ask participants what they feel physically when stressed. Have participants give examples (sweaty palms, tight muscles, upset stomach, shakiness, shortness of breath).

Deep Breathing Exercise

Tell participants to address these physical responses, they will practice a simple breathing technique called the relaxation response. Explain that it is a deep breathing exercise often used to overcome the stressful urge to smoke.



Provide Relaxation Exercise Download Link for MP3.

English Versions: <http://bit.ly/BreatheFFS>

Spanish Versions: http://bit.ly/BreatheFFS_Spanish

Mention the relaxation exercises were developed by the American Lung Association for program participants to use in practicing and learning relaxation at home. State today they will learn the deep breathing portion of the relaxation exercises.

Explain the key components of the deep breathing exercise:

- Deep breathing is a key relaxation skill.
- This exercise will show them how to breathe in a way that slows down the pace of their whole body and therefore promotes general relaxation.
- Correct deep breathing should be done with their stomach muscles instead of their chest muscles.
- The stomach should go out as far as possible when they inhale. In this way, they will fill their lungs more completely.

Tell them to try inhaling with their stomach muscles. Have them put one hand on their stomach when they inhale deeply (they should feel their stomach expand like a balloon). Then, have them exhale and feel their stomach return to normal.

Session 2: On the Road to Freedom



Mention they can achieve greater relaxation if they close their eyes during the exercise and let their mind focus on a restful scene, a word like “calm,” or anything that gives them a feeling of mental quiet. Tell participants that they are going to start the relaxation exercise now (Exercise 1 of the Relaxation Exercises). Give them a moment to prepare (get comfortable in chair, close eyes, etc.).

NOTE: Facilitators may choose one of two ways to present this relaxation exercise—read aloud from the script or play the Relaxation Exercise. If you use the script, read the exercise in a slow, relaxing tone.



SCRIPT: *Keeping your eyes closed, breathe in deeply. Let your belly expand until your lungs are filled. **[Pause for a moment]** Now exhale until you have emptied your lungs. **[Pause]** Now, take another deep breath, filling your lungs from the bottom. Hold a moment... and now let the air flow out, focusing your mind on restful thoughts. Keeping the pace regular, breathe in deeply again... Hold a moment... Now gently breathe out and let the tension escape from your body. Once more, breathe in... **[Pause]** Now exhale gently, feeling deep relaxation. Breathe in deeply. Pause for a moment and then exhale until you have emptied your lungs. **[Pause]** Another deep breath in, filling your lungs. Hold a moment... And let the air flow out, focusing your mind on restful thoughts. Keeping the pace, breathe in deeply... **[Pause]** And gently breathe out. Once more, deeply breathe in... **[Pause]** And exhale gently. This ends the exercise.*

Reviewing Relaxation Techniques

Remind participants they can use this deep breathing technique any time and any place. It is especially helpful in situations where they feel tense or worried.

Suggest that participants practice the deep breathing exercise they just completed on their own during this coming week (remind them it’s Exercise 1 on the Relaxation Exercises). Tell them in a stressful situation, they should focus on breathing slowly and deeply. It can usually help them relax in a matter of one or two minutes.



Reasons to Quit (10 minutes)

Purpose

- To discuss reasons for stopping smoking, vaping or chewing.

Speaking Points

List of Reasons

Tell participants another technique for reinforcing their motivation to quit smoking involves collecting a long list of reasons. Have participants look at their “My Reasons to Quit” list in their workbook.



Refer participants to page 27 of the workbook.

Tell participants during this week, they should come up with a list of reasons why they want to quit using tobacco (make the list specific and personal).



ACTIVITY: As a group, ask participants to volunteer some of their reasons for quitting. Give examples of how to get started. (“If I didn’t smoke, I could breathe easier.”)

Suggest to participants they may also want to ask everyone they know for some reasons to quit.



Page 27 of Workbook



Health Effects of Tobacco Use (10 minutes)

Purpose

- To view a video or briefly discuss the general health benefits of quitting

Background

Health Effects of Tobacco Use

Many individuals who use tobacco use denial because of the fear of having to quit. They want to “hang on” to what is comfortable. They also deny because of the fear of having intentionally harmed themselves. They don’t want to admit using tobacco is hazardous after all. If they admit using tobacco harms them, they come one step closer to admitting they need to quit. Have this discussion with them. Encourage participants to face their fear. Help them discover the health effects become motivating when they believe the effects are real. Ask them to view the video with open minds and open hearts.

Speaking Points

Motivation to Quit

Ask participants if the health effects of using tobacco are motivation enough to quit. Explain that people often say health effects are an important reason to stop using tobacco; however, there are a lot of people who know the health effects and continue to use anyway.



ACTIVITY: Ask participants questions to stimulate discussion. (“Is this knowledge of health consequences effective in motivating people to quit?” and “Why haven’t the health effects of using tobacco motivated them to quit before?”) Encourage group discussion.

Explain to participants fear and denial are the main reasons why people don’t quit even when they know the health consequences. State some examples of denial. (“I don’t feel sick.” or “It’ll never happen to me.”)

Session 2: On the Road to Freedom



Tell participants many people don't think about the health effects when they are using tobacco, but people become fearful when the health effects begin to impact them. Tell them to face their fear by taking the necessary actions to quit.

Have participants say out loud, "My tobacco use is dangerous to my health." Remind them of the benefits of quitting (If needed, refer them to page 9 of their workbook).

Tell participants to look at the "Facts About Tobacco Use" content in their workbook during the week for more motivation to quit.



Refer participants to pages 29 to 30 of the workbook.

Tell participants they are going to view a video that explores the health effects of smoking.



ACTIVITY A: Show video on health effects of smoking. (A list of suggested video links is in the Resources section of this guide.)



ACTIVITY B: If a video is not available, use the information below to supplement this section.



Page 29 of Workbook

Health Benefits of Quitting



U.S. Department of Health and Human Services. Smoking Cessation. A Report of the Surgeon General. Atlanta, GA: 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, 2020.



What About E-Cigarettes?

State to participants the American Lung Association is also very concerned about the potential safety and health consequences of electronic cigarettes, as well as claims they can be used to help tobacco users quit.

Tell participants:

- E-cigarettes are tobacco products.
- Almost all e-cigarettes contain nicotine, which is addictive.
- The FDA has not found any e-cigarette to be safe and effective in helping tobacco users quit.
- There is increasing evidence about the harms of e-cigarettes.
- The tobacco industry markets their products to kids.
- Secondhand e-cigarette emissions are not safe.
- Enacting proven policies is the key to ending the tobacco epidemic.

NOTE: Some e-cigarette users are very passionate about these products and may challenge you. They may say e-cigarettes are less harmful than regular cigarettes or e-cigarettes helped them “quit” smoking. Try not to get into a debate if this happens. Calmly state that everything recommended in the Freedom From Smoking® program has been researched and proven to help tobacco users quit and e-cigarettes haven’t met that standard. Then move on to the next topic.

NOTE: You can read the full American Lung Association Statement on e-cigarettes at Lung.org.



Nicotine Addiction and Medications to Help Quit Tobacco Use (20 minutes)

Purpose

- To learn more about medications to quit and complete the “Are You Addicted to Nicotine?” questionnaire

Background

Recovery Symptoms

Also called withdrawal symptoms, these usually happen when someone stops using tobacco or reduces the amount they use. These symptoms can appear within two hours after the last use of tobacco. They usually peak between 24 and 48 hours after stopping. These usually last from a few days to four weeks, although craving can persist for months.³ Identified signs include:²⁵

- Depressed mood
- Insomnia
- Irritability, frustration or anger
- Anxiety
- Difficulty concentrating
- Restlessness
- Decreased heart rate
- Increased appetite or weight gain



Background (continued)

Medication Review^{26,27}

Medication	Identified Side Effects	Stop Use and Consult a Physician
<i>Nicotine gum</i>	<ul style="list-style-type: none"> • Mouth soreness • Hiccups • Indigestion • Jaw ache 	<ul style="list-style-type: none"> • Severe mouth soreness • Severe jaw ache • Nausea • Vomiting • Dizziness • Weakness • Rapid heartbeat
<i>Nicotine patch</i>	<ul style="list-style-type: none"> • Local skin irritation (skin redness, swelling or rash) • Insomnia 	<ul style="list-style-type: none"> • Skin redness, swelling or rash that doesn't go away after four days • Nausea • Vomiting • Dizziness • Weakness • Rapid heartbeat
<i>Nicotine inhaler</i>	<ul style="list-style-type: none"> • Mouth irritation • Throat irritation • Coughing • Runny nose 	<ul style="list-style-type: none"> • Severe mouth irritation • Severe throat irritation • Nausea • Vomiting • Dizziness • Weakness • Rapid heartbeat
<i>Nicotine nasal spray</i>	<ul style="list-style-type: none"> • Moderate to severe nasal irritation (persistent sneezing, coughing or runny nose and watery eyes), especially in the first two days of use • Nasal congestion • Temporary changes in the sense of taste and smell • Hot peppery sensation in the nose or throat 	<ul style="list-style-type: none"> • History of nasal irritation • History of sinus allergies • Severe persistent sneezing, coughing or runny nose and watery eyes while using nicotine nasal spray after the first two days • Nausea • Vomiting • Dizziness • Weakness • Rapid heartbeat



Background (continued)

Medication	Identified Side Effects	Stop Use and Consult a Physician
Nicotine lozenge	<ul style="list-style-type: none"> • Heartburn • Hiccups • Nausea • Headache • Coughing • Dry mouth • Mouth sores 	<ul style="list-style-type: none"> • Severe nausea • Vomiting • Dizziness • Weakness • Rapid heartbeat
Bupropion SR (Zyban®)	<ul style="list-style-type: none"> • Skin rash • Insomnia • Dry mouth • Shakiness • Nervousness • Seizure 	<ul style="list-style-type: none"> • History of seizure disorder • Have or have had an eating disorder • Already taking Wellbutrin®, Wellbutrin SR®, or any other medicines that contain bupropion hydrochloride • Are currently taking or have recently (in the past 14 days) taken a monoamine oxidase (MAO) inhibitor • Have suffered serious head injury • Are allergic to bupropion • Are pregnant or breastfeeding (may use bupropion [Zyban®] only under doctor's supervision) • Rash • Hives • Difficulty breathing • If the person drinks alcohol, it must be discussed with their doctor before taking bupropion (Zyban®).
Varenicline (Chantix®)	<ul style="list-style-type: none"> • Nausea • Changes in dreaming • Constipation • Gas • Vomiting 	<ul style="list-style-type: none"> • If persistently troubled by the identified side effects, the person should talk with their doctor about reducing the dose.



Speaking Points

Medication Review

Remind participants about discussing medications to quit smoking in the last session. There are currently seven Food and Drug Administration (FDA)-approved medications to help individuals quit. They are:

- Nicotine gum
- Nicotine patch
- Nicotine lozenge
- Nicotine nasal spray
- Nicotine inhaler
- Bupropion SR (sold under the brand name Zyban®) This is also sold as a generic.
- Varenicline (sold under the brand name Chantix®)

NOTE: It is important that participants know that the American Lung Association is neither the manufacturer nor the seller of these products and takes no responsibility with respect to them. The American Lung Association does not endorse any specific product.

NOTE: Participants should also know the Affordable Care Act (ACA) now require most insurance plans to cover smoking cessation medications without cost-sharing. This may include quit smoking medications in addition to counseling. Advise they check with their insurance provider to find out what's covered under their plan.

Are E-Cigarettes a Tobacco Cessation Device?

State to participants that e-cigarettes get a lot of attention, including as a possible way to quit smoking, but in 2016, the U.S. Surgeon General found that e-cigarette aerosol is not harmless and that e-cigarette use can expose people to several chemicals known to have adverse health effects.²⁴

Tell participants:

- E-cigarettes are tobacco products.
- The FDA has not found any e-cigarette to be safe and effective in helping tobacco users quit.
- There is increasing evidence about the harms of e-cigarettes.
- Secondhand e-cigarette emissions are not safe.

NOTE: Some e-cigarette users are very passionate about these products and may challenge you. They may say e-cigarettes are less harmful than regular cigarettes or e-cigarettes helped them “quit” smoking. Try not to get into a debate if this happens. Calmly state that everything recommended in the Freedom From Smoking® program has been researched and proven to help tobacco users quit and e-cigarettes haven’t met that standard. Then move on to the next topic.

Session 2: On the Road to Freedom



NOTE: Read the full American Lung Association Statement on e-cigarettes at Lung.org.

Understanding Nicotine

Discuss the major points about nicotine addiction:

- Nicotine is a drug that produces physical symptoms in most people when they stop using it.
- These symptoms may last a few days to a few weeks.
- An individual who is more dependent on nicotine may have greater difficulty quitting than someone who is less dependent.

Allow participants time to review the “Measuring Your Dependency?” questionnaire they filled out earlier.



Refer participants to page 21 of the workbook.

Tell them this questionnaire will help them begin to look at their own personal tobacco use. Ask if there are any questions they didn't understand or had trouble answering. Take time to answer all questions.

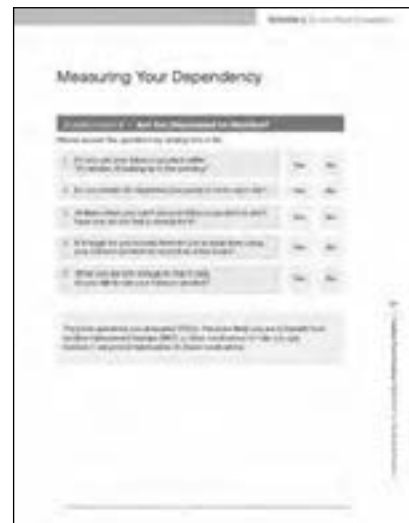
Review the scoring system of the questionnaire:

- The greater the score, the greater the likelihood of nicotine dependence.
- A higher score indicates the possibility of more intense withdrawal symptoms when quitting.

Explain to participants they can use this information to prepare their quit plan:

- Most tobacco users will benefit from using nicotine replacement therapy if they answered YES to 2 or more of the questions.
- Research strongly recommends using nicotine replacement.^{28, 29}
- Using the medication will ease the withdrawal symptoms they feel when they quit tobacco use and increase their chances of staying quit.

Tell participants to look at the “Tobacco Cessation Medications: What You Need to Know” located in their workbook.



Page 21 of Workbook

Session 2: On the Road to Freedom

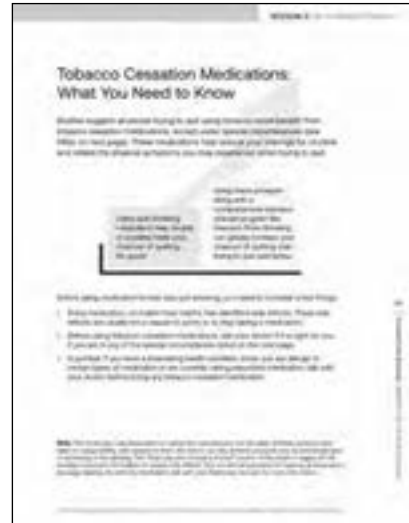


Refer participants to pages 31 to 35 of workbook.

Tell participants if they choose to use medication to quit tobacco use, either purchase it now or get the prescription now and be ready to use it on Quit Day.

Go over the major points of the listed medications:

- Nicotine gum, most nicotine patches and the nicotine lozenge are available over the counter (OTC).
- Certain nicotine patches, the nicotine inhaler and nicotine nasal spray are available only by prescription.
- The non-nicotine products, bupropion (Zyban® or Wellbutrin™) and varenicline (Chantix®) are only available with a prescription. If planning to use either of these medications, tell participants to see their doctor as soon as possible to discuss if the medications are right for them. People taking varenicline (Chantix®) should start on the medication one week before Quit Day and people taking bupropion (Zyban® or Wellbutrin®) should start 8–14 days before Quit Day.
- Nicotine gum or nasal spray may be combined with long-term use of the nicotine patch (>14 weeks), while the nicotine inhaler and bupropion SR (Zyban®) may be combined with the nicotine patch. Combining varenicline (Chantix®) with nicotine replacement therapy agents may lead to higher rates of side effects.



Page 31 of Workbook

Discuss with participants about identified side effects and the special circumstances under which some people may not be able to use them. If participants are in any of the special circumstances categories, have them contact their doctor to find out if these medications are appropriate for them.

Discuss special circumstances:²⁶

- Patients who use tobacco less than ten cigarettes per day
- Adolescents (under 18 years of age)
- Pregnant or breastfeeding women
- Patients with serious medical conditions, such as a history of cardiovascular disease, serious arrhythmias, severe or unstable angina, recent myocardial infarction (less than two weeks), uncontrolled hypertension or concurrent use of prescription medication for depression or asthma.

Briefly review the identified side effects and instructions for using each medication on pages 33–35 of the workbook. However, caution them this information is not comprehensive. Tell participants to read the medication package insert for additional information.

Session 2: On the Road to Freedom



Talk about the monetary aspects of using medication to help them quit:

- Some people say these medications can be very expensive. It can seem like a lot of money when they first look at the price tag but they shouldn't automatically say no to using a medication. Most insurance plans cover all medications without cost-sharing, including over-the-counter medications
- Some types of nicotine replacement therapy cost less than others.
- Generics brands can be equally as effective as brand names
- Finally, think about how much is spent on tobacco products over a month or a year. Is it cheaper to keep smoking or to buy the medication that helps them quit for good?



Closure (5 minutes)

Purpose

- To preview the practice activities to be completed prior to Session 3

Speaking Points

Session 2 Review

Briefly review some of the major topics in Session 2:

- Reinforced motivation to quit tobacco use.
- Discussed why they smoke (The Three-Link Chain of Addiction and triggers).
- Built self-confidence by Avoiding, Altering and finding Alternatives to tobacco use.
- Discussed stress and learning how to use relaxation exercises.
- Started personalizing reasons for quitting and finding their nicotine dependence level to make a plan for quitting.

Before closing, remind them of this week's practice activities:

- Fill out Nic-Checks for one more week, especially if they didn't do them last week.
- Practice positive thinking by telling themselves, "I CAN QUIT."
- Begin practicing deep breathing.
- Collect their reasons for quitting.
- Talk to their healthcare provider to discuss cessation medications.

End session with positive thoughts:

- There is evidence people can stop using tobacco.
- More than 54 million Americans have stopped tobacco use.
- Every person who used tobacco can stop using tobacco.
- Make this effort at quitting different from the previous attempt.
- The fact they are here means that they want to quit.
- Let this positive force motivate them to quit and to stay quit.

NOTE: Take time after the session for anyone who wants to measure their CO level.



Session 2: References

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Session 2: On the Road to Freedom



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Session 3: Wanting to Quit



Topics	Time (minutes)
1. Welcome and Reinforcing Motivation	20
2. Review and Discussion of Nicotine Addiction	20
3. Reviewing Nic-Checks	20
4. Making a Quit Plan	25
5. Relaxation Exercise: Muscle Relaxation	5
6. Building Social Support	20
7. Closure	10

Participant Materials	Facilitator Materials
“My Most Important Reasons to Quit” wallet card	Name tags
“My Reasons to Quit Tobacco” (from Session 2)	Chalkboard, whiteboard or flipchart
“Facts About Tobacco Use” (from Session 2)	Chalk or markers
“Cessation Medications: What You Need to Know” (from Session 2)	Supply of pens and paper
Nic-Checks (from Session 2)	Video on nicotine addiction
“Quit Plan, Part 1”	Samples of cessation medications (optional)
“How to Help a Friend Quit”	Index cards
	Relaxation exercises on MP3
	Speakers to play MP3 files
	Sample Quit Kit (optional)



Major Concepts

1. Extra-Treatment Support: Social Support

Having support from the people around you is important when quitting. One sure way for participants to gain this social support is to design a support system.

The buddy system is set up during this session. Participants should know that hearing positive, supportive comments can improve their success. Because other people don't always know what will be helpful, strongly suggest to participants that they prepare their support people with advance instructions. In small groups, you might have members identify and role-play a typical situation. Participants can give their support people the "How to Help a Friend Quit" worksheet. It is designed to help spouses, partners and others provide support and encouragement. The American Lung Association also offers a brochure titled "How to Help a Friend Quit," for support people. To order it, visit Lung.org or email us at CS@Lung.org

You should also remind participants that they may call the Lung HelpLine at 1-800-LUNGUSA (1-800-586-4872) for support from one of our Tobacco Treatment Specialists. They are also encouraged to visit the Freedom From Smoking® community at FreedomFromSmoking.Inspire.com to join a support and discussion group for those in the process of quitting or helping a loved one quit. This online community is not structured to serve as a quit program, rather a support system for those enrolled in a quit program.

2. Practical Counseling: Relapse Prevention

Studies suggest there is up to a 70% relapse rate among quitters in the first three months after quitting.¹ You may not want to share such a discouraging figure. Instead, be aware that focusing on relapse prevention is crucial. The key is careful planning to identify and prepare coping strategies for high-risk situations. Freedom From Smoking® takes a comprehensive approach to avoiding relapse. From this point forward, preventing or recovering from relapse is addressed in every session of the clinic.

3. Practical Counseling: Coping with Social Situations

Preparing participants for social situations—especially those where alcohol will be consumed—is extremely important. Social situations and stressful situations account for most slips and relapses. Alcoholic beverages often play a major role in triggering those "surprise ambush" urges to smoke, vape or chew.

It is helpful to review the "Tips for Staying Tobacco-free" worksheet with participants. Try a role-play situation. Set the scene for a typical social gathering and assign character parts to participants. Such an exercise will get them thinking in advance about the possible difficulties they might face in a real test. Here, as so often in Freedom From Smoking®, emphasize planning for a situation in advance is the best way to avoid problems.



Facilitator Notes

1. Expect participants will not complete their Nic-Checks. Don't be threatened by this and don't be judgmental. It's not too late for this exercise to be useful. Encourage them to fill out Nic-Checks for a couple of days during the next week.
2. Set up the buddy system.
3. Remember to invite three or four former tobacco users (preferably Freedom From Smoking® graduates) for the panel discussion next week. Provide each panelist in advance with the list of suggested questions from Session 4's Panel of Former Tobacco users activity.



Welcome and Reinforcing Motivation (20 minutes)

Purpose

- To reinforce motivation to stop using tobacco
- To increase awareness and understanding of personal tobacco use habits
- To reflect on Reasons for Quitting

Speaking Points

Session 3 Overview

Mention to participants that Quit Day is approaching fast. Assure them most people are usually a little nervous at this point. Acknowledge they may be having serious doubts about whether they can quit. This may be especially true after completing the Nic-Checks activity, which tends to show people how much tobacco use means to them.

State that today they will work on making sure they can quit. They will:

- Study their daily tobacco use pattern.
- Continue to plan strategies for coping with the urges.
- Learn additional techniques to prepare them for next week.

Reasons to Stop Using Tobacco

Tell participants they will now work on one of the most important tools in helping them quit. Have participants go to their assignment from last session, the “My Reasons to Quit” page in their workbook.



Refer participants to page 27 of workbook.

Call on each participant to practice their confidence statement. Give examples to get them started. (“I can stop using tobacco and maintain my weight.” “I can stop using tobacco and learn new ways to manage stress.”)



Page 27 of Workbook

Session 3: Wanting to Quit



ACTIVITY: Ask participants to call out their reasons for quitting. Use a board or flipchart to list the reasons given by the group. Encourage group discussion.

At the end of the activity, ask if participants considered any other reasons to stop smoking, vaping or chewing. Mention any reasons not touched on in the activity (expense, the smell, the taste, consideration for others).



ACTIVITY (Optional): If expense is mentioned in the previous activity, use the “Count Your Savings” activity. Write the information listed below on a board or flipchart. Ask for a volunteer to tell the group how they smoke, vape or chew a day and how many years they have used tobacco. Fill in the blanks.

Count Your Savings

One of the rewards of not using tobacco products is that you’ll save money. No matter which tobacco product(s) you used, the savings will add up. And just think of all the ways you can spend this money now! Calculate your savings for each tobacco product you use*:

Cigarettes

_____ packs **per week** x \$ _____ per pack = \$ _____ saved **each week**,
x 4 = \$ _____ saved **each month**, x 12 = \$ _____ saved **per year**

E-Cigarettes/Vaping Devices

_____ cartridges **per week** x \$ _____ per cartridge = \$ _____ saved **each week**, x 4 = \$ _____ saved **each month**, x 12 = \$ _____ saved **per year** + cost of devices \$ _____ = **total savings per year**

Smokeless Tobacco

_____ cans **per week** x \$ _____ per can = \$ _____ saved **each week** x 4 = \$ _____ saved **each month** x 12 = \$ _____ saved **per year**

**The average cost of a pack of cigarettes in the U.S. is \$6.28. Tobacco prices vary per state (and city).*

Alternatively, have participants estimate how much they spend each day on tobacco products. Use the table on the next page to tell them how much that adds up to over the course of a year, five years or even longer.

Session 3: Wanting to Quit



Tobacco Use Cost Chart Multiply “Length of Time” by “Amount Spent” (U.S. Dollars)

1 Day	1 Year	5 Years	10 Years	15 Years	20 Years
1.50	548.00	2,738.00	5,475.00	8,213.00	10,950.00
1.75	639.00	3,194.00	6,388.00	9,581.00	12,775.00
2.00	730.00	3,650.00	7,300.00	10,950.00	14,600.00
2.25	821.00	4,106.00	8,213.00	12,319.00	16,425.00
2.50	913.00	4,563.00	9,125.00	13,688.00	18,250.00
3.00	1,095.00	5,475.00	10,950.00	16,425.00	21,900.00
3.50	1,278.00	6,388.00	12,775.00	19,163.00	25,550.00
4.00	1,460.00	7,300.00	14,600.00	21,900.00	29,200.00
4.50	1,643.00	8,213.00	16,425.00	24,638.00	32,850.00
5.00	1,825.00	9,125.00	18,250.00	27,375.00	36,500.00
5.25	1,916.00	9,581.00	19,163.00	28,744.00	38,325.00
5.50	2,008.00	10,038.00	20,075.00	30,113.00	40,150.00
6.00	2,190.00	10,950.00	21,900.00	32,850.00	43,800.00
6.50	2,373.00	11,863.00	23,725.00	35,588.00	47,450.00
6.75	2,464.00	12,319.00	24,638.00	36,956.00	49,275.00
7.00	2,555.00	12,775.00	25,550.00	38,325.00	51,100.00
7.50	2,738.00	13,688.00	27,375.00	41,063.00	54,750.00
8.00	2,920.00	14,600.00	29,200.00	43,800.00	58,400.00
8.50	3,103.00	15,513.00	31,025.00	46,538.00	62,050.00
9.00	3,285.00	16,425.00	32,850.00	49,275.00	65,700.00
9.50	3,468.00	17,338.00	34,675.00	52,013.00	69,350.00
10.00	3,650.00	18,250.00	36,500.00	54,750.00	73,000.00
11.00	4,015.00	20,075.00	40,150.00	60,225.00	80,300.00
12.00	4,380.00	21,900.00	43,800.00	65,700.00	87,600.00
13.00	4,745.00	23,725.00	47,450.00	71,175.00	94,900.00
14.00	5,110.00	25,550.00	51,100.00	76,650.00	102,200.00
15.00	5,475.00	27,375.00	54,750.00	82,125.00	109,500.00

Session 3: Wanting to Quit



Have participants locate and remove the wallet-sized card in their workbook titled “My Most Important Reasons to Quit.”



Refer participants to wallet card located in workbook.



ACTIVITY: Tell participants to pick their top reasons to quit and write them on the small “My Most Important Reasons to Stop” card from their workbook. Explain that reading this card when they feel the urge and it will help them overcome their urge to use.

My Most Important Reasons to Stop

American Lung Association.

1. _____

2. _____

3. _____

4. _____

5. _____

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Tell them how to use their card for maximum success in overcoming any urges to use.

- **Keep the card close.** Make copies of the list and post it in places they frequent, such as on the refrigerator, on the bathroom mirror or at their workstation.
- **Keep the card current.** Continue to add reasons to quit. When they feel an urge coming on, ask someone for a reason to quit. Every time they hear a new one, add it to their list.
- **Keep the card handy.** Carry it where they would normally carry their tobacco products. When they have an urge, they should take a deep breath and read their “Important Reasons” card. Then turn the card over and read the quote on the back: “The urge will pass in three to five minutes, whether you use tobacco or not!”

Amount Spent (U.S. Dollars)



Review and Discussion of Nicotine Addiction (20 minutes)

Purpose

- To review the Three-Link Chain of Addiction
- To review medication to quit

Background

Using tobacco delivers nicotine to the reward center of the brain. Individuals maintain the desired level of nicotine in the body by the way they inhale.

- **At very low doses**, nicotine affects the central nervous system, causing an increase in blood pressure and heart rate.³
- **At higher doses**, nicotine may affect the peripheral nervous system, causing a release of dopamine and norepinephrine.³
- **At extremely high doses**, nicotine produces hypotension and slowing of the heart rate.³

Tolerance develops with frequent tobacco use. Each use diminishes the effect of the nicotine. Over time, the individual is triggered to use constantly to maintain the desired level of nicotine in the body. Because tolerance decreases with overnight abstinence, the first use upon waking is the most potent and desired.



Speaking Points

Understanding Nicotine Addiction

Talk to participants about these major concepts concerning nicotine addiction:

- Scientific research has shown nicotine to be as addictive as heroin or cocaine.
- Nicotine is a stimulant that reaches the brain in less than 10 seconds. This is faster than a heroin injection. Nicotine also activates nerve cells and raises blood pressure and heart rate.
- When nicotine is taken away from the body and brain, individuals who use tobacco experience the withdrawal signs and symptoms identified last week (also called “symptoms of recovery”). People smoke again to relieve those bad feelings. The use of medications to quit can help relieve these withdrawal symptoms.

Explain that quitting is difficult, but the Freedom From Smoking® program is designed to make it as easy as possible. This program takes a step-by-step approach to changing behavior. Tell participants learning more about their addiction can help them change behaviors. Tell participants they are going to view a video that reviews how someone becomes addicted to cigarettes and how we can treat the addiction.



ACTIVITY A: Show video on addiction. (A list of suggested video links is in the Resources section of this guide.)



ACTIVITY B: If you don't use a video, have a guest physician or psychologist speak to the group. Topics should include:

- Tolerance to nicotine (see Background in this section)
- The physiology of nicotine, including a brief discussion of withdrawal symptoms
- Quitting strategies, such as nicotine replacement therapy



ACTIVITY C: If a video or healthcare professional is not available, review the “Facts About Tobacco Use” in the workbook (page 29).

Session 3: Wanting to Quit



Medication Review

Tell participants now that they better understand how people become addicted to tobacco products, the group will again review the medications available to help quit. Remind them these medications mostly deal with the physical part of the addiction.



Refer participants to pages 31 to 35 of the workbook.

NOTE: It is important participants know the American Lung Association is neither the manufacturer nor the seller of these products and takes no responsibility with respect to them. The American Lung Association does not endorse any specific product.

Point out while many participants are interested in trying cessation products, it is important these participants be sensitive to those who are not using these products. Explain some individuals may not be able to use them because of medical conditions. Others may just prefer not to.



Page 31 of Workbook

Medication is one of the many tools Freedom From Smoking® suggests to help tobacco users quit. Using medication to quit tobacco use doubles the chances of quitting,⁴ but it's not the only way to quit. Point out that 40 million people were able to quit tobacco use before these products came on the market.⁵ Other things that help people quit include:

- High motivation to quit
- Readiness to quit
- Self-confidence in quitting
- Supportive social network (a tobacco-free home and workplace, friends who do not use tobacco)

NOTE: Answer any questions they may have about medications.



Reviewing Nic-Checks (20 minutes)

Purpose

- To reflect on Nic-Checks, triggers and self-management skills

Speaking Points




Session 2 Review

Go over the Nic-Checks. Find out how many participants completed their Nic-Checks during the week. Encourage group discussion by asking participants some of these questions:

- What did they learn about their tobacco use pattern?
- Do they use tobacco more than they thought or less?
- Which mood did they indicate most often on their cards?
- How many times was their need really high?
- In what situation (or with what thoughts) did they find themselves most of the time?

Explain what the faces mean to them:

- If they circled mostly happy faces, it's likely that they used tobacco to relax, feel good and enjoy good times.
- If they checked a lot of the blah faces, it is likely that they use tobacco out of boredom or routine.
- If they circled mostly unhappy faces, it's likely that they use tobacco when they're tense, angry or upset.

American Lung Association				
Date/Time/ Place/Activity	NEED	MOOD		
	1 - High 2 - Med 3 - Low			
1				
2				
3				

Close up of Nic-Check



Tips for Quit Day

Using the Nic-Checks as a guide, suggest specific tips to help participants prepare for Quit Day.

Happy Faces

Remind them to use the “**Three A’s for Acting Against Triggers—Avoid, Alter, Alternative.**”

Go over some tips that have worked for other individuals who quit tobacco use:

- Spend more time with people who don’t use tobacco.
- Cut down on alcohol. Have a nonalcoholic cocktail or a favorite nonalcoholic drink.
- Chew on a swizzle stick.
- Do something you enjoy (see a movie, call a friend or work on a hobby).
- Take a walk or listen to the relaxation exercises.

Stress if participants are going to be with tobacco users, they need to plan for it ahead of time. Tell them coping skills can help in high-risk situations if they take a moment to identify the situation and make a plan to overcome it. Provide examples of coping skills. (Visualize being at a party without using a tobacco product. Imagine how good they’ll look now that they don’t need their tobacco product anymore.)

Blah Faces

To combat boredom or routine urges, tell participants to get up and get moving:

- Take a walk or get a drink of water.
- Do a puzzle, doodle or hold a straw or pretzel stick.
- Engage in physical activity.
- Chew sugarless gum or eat low-calorie snacks.
- Call a friend and get together.
- Work on a hobby or see a movie.
- Switch and use their opposite hand to drink coffee.
- Beating boredom is a matter of action. **DO ANYTHING** and they can avoid it



Unhappy Faces

Explain to participants that “unhappy” tobacco usages are hard to give up, but they can do it. Many people who quit say they realized realize using really didn’t help them deal with unhappy feelings. Instead of using tobacco, they began to address the reasons that they felt bad in the first place.

Ask participants to think about where and when use that “unhappy” tobacco. Tell them to practice some of these activities when they’re unhappy:

- Squeeze a ball, throw darts or hit a pillow.
- Take a “two-minute walk” in their house or workplace.
- Weed the garden or do the dishes.
- Listen to their relaxation exercises.
- Play with a child or a pet.
- Yell, scream or throw something unbreakable.
- Talk to someone or write down their feelings.
- Don’t let themselves get Hungry, Angry, Lonely or Tired (HALT).

In closing, suggest whether or not participants circled all the faces, they should try all the activities. The big message here is: **Just don’t**. Participants can also use the four ways to resist urges (listed below) to help overcome urges.

Four Ways to Fight Urges

- **Delay:** Allow some time. Don’t reach for your product right away. Count to 200. Urges pass in about three to five minutes.
- **Deep breathe:** Take ten slow, deep breaths—in through their nose and out ever-so-slowly through their mouth.
- **Do something else:** Focus on being busy. Do something they like besides using tobacco. Keep from thinking about their tobacco product.
- **Drink water:** Slowly sip water—up to eight glasses a day. The water helps flush nicotine out of their body.

Tell participants they are now going to make a specific plan for quitting. They will be using their Nic-Checks as a tool to help them make this plan.



Making a Quit Plan (25 minutes)

Purpose

- To introduce the development and practice of an action plan
- To introduce relapse prevention
- To reflect on the relaxation exercise

Background

Relapse Prevention: Identifying and Coping with High-Risk Situations

- To identify high-risk situations, ask participants, “If you were to slip and use tobacco after Quit Day, in what situation would it be?”
- Research literature has identified negative mood, positive mood in social situations with alcohol, and social interactions with other tobacco users as the most common high-risk situations.
- Develop coping strategies. Use the “Three A’s for Acting Against Triggers” from Session 2.



Speaking Points

Quit Plan, Part 1

Tell participants to find the “Quit Plan, Part 1” exercise in their workbook.



Refer participants to pages 37 to 38 of the workbook.



ACTIVITY: Tell participants to review their Nic-Checks activity and write down the three times they needed to use their tobacco product the most. Write the time, place/activity and mood for each one. Allow time for them to complete the exercise.

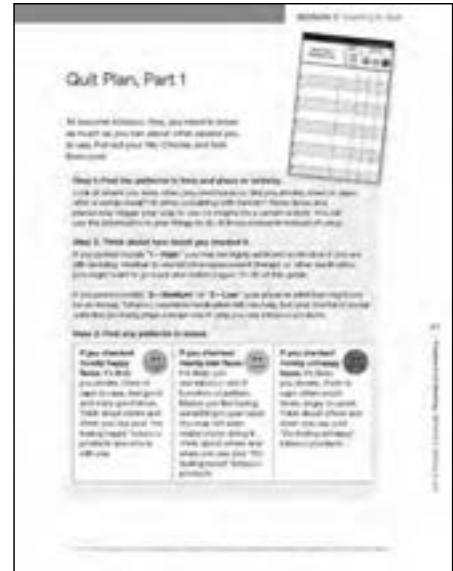


ACTIVITY: Talk to participants about coping strategies for each of their trigger situations (refer to pages 64–65 of this guide). Encourage group discussion.



ACTIVITY: Try a role-play situation with participants. Set the scene for a common high-risk situation. Tell them that a “negative mood” scenario will be used as an example (read script below).

SCRIPT: *It’s Valentine’s Day and you’re happy to get off work an hour early to take the kids for their six-month dental appointment. Soon, you’ll be dropping them with the sitter and meeting your significant other for a big dinner date. But as it turns out, the dental visit takes a lot longer than expected. And on top of that, you get tied up paying and scheduling the next appointment—for 30 minutes! While getting the kids into the car, you call to let your significant other know you’re on your way. Your significant other tells you to forget the dinner date, you’ve already*



Page 37 of Workbook

Session 3: Wanting to Quit



missed the seating at the restaurant. The phone line goes dead and you're left standing by your car, listening to your kids argue over who sits in front.

Assign character parts to volunteer participants (main character, dental receptionist, significant other, screaming kids). Facilitator may want to play main character. Act out the scenario with volunteer participants.

After the role-play, ask participants to identify possible things they and their significant other could have avoided, possible outcomes of this situation and suggestions to change those outcomes. Encourage group discussion.

Explain to participants the purpose of the role-play was to help them start thinking about the possible difficulties they might face in real life. Ask participants questions to stimulate discussion:

- How did the role-play feel?
- Are they more aware of potentially dangerous situations?
- Do they feel they have a basic approach to dealing with these situations now?

Tell participants the best way to overcome the urge to use tobacco during a high-risk situation is to practice thinking in advance. Now is the time to identify what they can do instead of using tobacco. Explain three most important tobacco uses. Explain completing the Quit Plan exercise in their workbook will help them get ready for Quit Day next week.

Also, tell them to choose a few situations this week during which to practice not using their tobacco product. They should try to replace any times they would normally use their tobacco product with one of the activities in their plan.



Relaxation Exercise: Muscle Relaxation (5 minutes)

Purpose

- To learn and practice a relaxation exercise

Speaking Points

Muscle Relaxation Exercise

Ask participants if anyone practiced their deep breathing exercise from last week. Ask them how they liked the experience.

Tell participants they are going to start another relaxation exercise now (Exercise 2 of the Relaxation Exercises). Tell them to stop doing any of the exercises or suggested motions on the Relaxation Exercises that are too uncomfortable or painful for them to complete. Give them a moment to prepare (get comfortable in chair, close eyes, etc.)

NOTE: Facilitators may choose one of two ways to present this relaxation exercise—read aloud from the script or play the Relaxation Exercise. If you use the script, read the exercise in a slow, relaxing tone.



SCRIPT: *This exercise will help you relax all of your muscles. It will also teach you to notice which parts of your body are especially tense, so you can address that tension. The object is to tighten and then release the pressure in different muscles. By doing so, you will achieve deeper and deeper relaxation. Get as comfortable as possible and we'll begin. If you find any part of the exercise to be difficult or painful, stop immediately and relax until you feel better.*

Start by raising your eyebrows as high as possible, feeling the tension build in the muscles around your eyebrows. Hold that tension for a moment. **[Pause]** Now relax and feel the tension flow away.

Next, squeeze your eyes shut as tightly as you can. Hold that tension. Let it build. Hold it a little more. **[Pause]** Now relax your eyelids and feel the relief from the

Session 3: Wanting to Quit



tension.

Now, clench your teeth together tightly. Let the tension build. Hold it. **[Pause]**
Release your jaw, letting it go loose.

Now, squeeze your whole face into a knot and hold it there. Let the tension build as you squeeze your eyes, mouth and nose together hard. **[Pause]** Now let go, relax. Notice how loose and relaxed your whole face feels.

Slowly bring your chin down toward your chest, feeling the tension build in your neck and jaw. Hold it, letting the tension build. **[Pause]** Now release. Feel relaxation flow in.

Next, hunch up your shoulders, pulling them up as high as you can. Feel the tension build in your shoulders and up into your neck. Hold it for a few seconds. **[Pause]**
Now relax and feel the relief.

Now, make your right hand into a tight fist and hold your right arm out at shoulder height. That's it; reach way out. Feel the tension building as you clench your fist and keep your arm stretched tight. Hold it. Hold it... **[Pause]** Now slowly allow your arm to come back down to your side and relax.

Now, make your left hand into a tight fist and raise your left arm out at shoulder height, reaching out as far as you can. Feel the tension in your clenched fist and arm. Hold it. **[Pause]** And relax your arm, allowing it to slowly return to your side.

Now make tight fists with both hands and raise both arms to shoulder height, stretching them in front of you as far as you can. Hold, and let the tension build. **[Pause]** Now let your arms return to your side and relax. Feel the relief in these muscles.

Next is your stomach. Pull your stomach muscles in tight, as tight as you can. Keep tensing those muscles. **[Pause]** And relax.

Now, raise your right leg, tensing your thigh and calf muscles and pulling your toes back toward you. Feel the muscles stretching in the back of your leg. Hold it. Feel the tension build. **[Pause]** And let your leg slowly back down and relax.

Session 3: Wanting to Quit



Raise your left leg and tighten your calf and thigh muscles as you pull your toes back. Feel the same stretching in the back of your leg. Keep holding as tight as you can. **[Pause]** Now lower your leg and relax. Feel the sense of relief.

Now, raise both legs together and tighten your calf and thigh muscles as you extend your toes this time, pointing them straight forward as far as you can. Keep that tension, letting it build. Hold it... **[Pause]** Now let your legs back down and relax. Feel the sense of relief.

Take a moment to notice the muscles throughout your body. How do they feel? Be aware of your head, your neck, shoulders, arms, chest, stomach, legs and feet. If you still feel tension somewhere, repeat the tensing and relaxing exercise with those muscles until they, too, are relaxed.

Now spend a few moments experiencing the deeply relaxed, peaceful feeling throughout your body. Feel the quiet, the restfulness that comes from releasing the tension in your muscles. **[Pause]** Take a full deep breath, hold it a moment, and as you let the air out, allow any remaining anxieties and tensions to just flow away. You are now deeply relaxed and at ease. When you're ready, open your eyes and stretch your arms and legs. Don't get up until you feel ready.



Building Social Support (20 minutes)

Purpose

- To focus on social support by asking participants to choose a “buddy” and begin a supportive relationship

Background

Ways to Choose a Buddy

- Allow participants to choose their own buddies.
- Allow participants to select a buddy they feel connected with.
- Draw names from a hat.
- Ask participants who live or work close by each other to break up into small groups of four to eight. Have each small group discuss what type of buddy they’d like to have. After a few minutes of discussion, have participants choose a buddy from within their group.

Alternative Buddy Procedure

- You may judge the group is small enough that they don’t need a buddy system. In this case, they may choose to create a telephone or email list, make copies and distribute that to everyone in the group (if appropriate).
- You may feel the group is so diverse that good buddy match-ups would be hard to make. In this case, ask participants to identify a family member, friend or co-worker to be a buddy.

In Any Case:

- A buddy should be a nontobacco user or former tobacco user. A buddy who uses tobacco may have good intentions, but this person will make quitting difficult just by example.
- Participants should make a specific plan for using their buddies.



Speaking Points

Choosing a Buddy

Tell participants even though some of them may feel they are not “buddy people,” they will choose a partner anyway. They may not have to use their buddy, and that’s okay. Explain having a buddy is a backup in case they need to call on someone for support.



ACTIVITY: Have participants hold their pen or pencil in the hand they normally don’t write with. Tell them to put the other hand behind their back. Then ask them to write their name and phone number on a piece of paper. When they finish, ask them what this experience was like (difficult to do, felt awkward, felt incompetent). Ask why it would have felt better if they had used their dominant hand. Encourage discussion.

Explain the reasons for the exercise:

- This exercise is similar to the way it will feel when they stop using tobacco. They will feel different, awkward and inadequate. In fact, any time people do things they are not used to, they will probably feel the same way. Assure them quitting, like writing their names, will get easier if they have good support and can practice.
- They are going to choose a buddy, and that too may feel awkward and uncomfortable at first. But, research has shown having mutual support with a buddy system helps tobacco users quit. As they use the buddy system and experience the benefits it can bring, they will feel more at ease.

Tell participants throughout this program, they will identify situations that may tempt them to smoke, vape or chew. Give some examples (friends tobacco use, kids fighting).

Advise participants the key to quitting is to prepare in advance for these tough situations. They will create a plan to help them deal with their trigger situations. Explain support is an important part of the plan, and those who receive strong emotional support are better able to stay quit when the urge to use tobacco is strong. This program will help them build support for themselves through the buddy system. Tell them how they will choose their buddies.

Explain to participants why the buddy system can be helpful:

- Each buddy knows what the other is going through.
- Both buddies know what each is trying to do and how they’re doing it.
- A buddy can give moral support when other sources are unavailable (spouse is in a bad mood or kids lack the understanding of what it’s like to quit).
- They can call or text their buddy when their friends are out of town.
- It is sometimes easier to talk to someone who doesn’t know them quite as well.



ACTIVITY: Ask participants to offer specific ways a buddy can be helpful. To stimulate group discussion, write some examples on a board or flipchart. See examples below for reference.

- Hear you out when you're tempted to use tobacco.
- Suggest methods for getting past an urge.
- Call or text you several times on hard days.
- Help explain your needs to your spouse.
- Be available (within reason).

Have them choose buddies now. Then ask participants to pair off with their buddy. Give these suggestions for this process:

- Exchange names and phone numbers.
- Make an appointment to call or text their buddy at least once before Quit Day. This will help them get over the discomfort of making the first call—a good thing to overcome before they actually quit.
- Begin talking about how to support each other while quitting. For instance:
 - They may want to call or text each other often.
 - They might want to get together after work.
 - They may want to give specific times each buddy will or won't be available.
- Tell their buddy anything about themselves they think is important to know.

If there's time available, have participants role-play a call with their buddy.

Their Support Group

Tell participants to give a copy of the “How to Help a Friend Quit” handout in their workbook to the other support people in their lives (spouse, co-worker, friends).

Session 3: Wanting to Quit



Refer participants to pages 39 to 40 of the workbook.

Explain this document lets people know what type of support is helpful and what isn't. Participants should give this handout to someone they want to help support them in quitting. Suggest to participants they read it first.

Tell participants it is very common to interpret a friend's support as "nagging and bothersome." Give participants some tips on how to deal with their outside support group. Participants should:

- Discuss support issues openly with their spouse, friends and co-workers.
- Ask their friends to be willing to listen when approached. Indicate they can bring it up first.
- Be willing to compromise. For example, participants may not want to ask friends or co-workers not to use around them. Instead, they could ask friends to restrict some of their tobacco use, or agree to limit their tobacco use to a particular area. Then the participant can choose to be in the situation or not.
- Describe how other people's actions affect them with "I" statements. An "I" statement describes how another person's behavior has affected them and what they would like to see changed. For example, When you offer to let me use your tobacco products, I feel very tempted to use it. In the future, I'd appreciate it if you wouldn't do that anymore."

Tell participants that in addition to their buddy, they can always call the American Lung Association's Lung HelpLine at 1-800-LUNGUSA (1-800-586-4872) for support. They can also visit the Freedom From Smoking® community at FreedomFromSmoking.Inspire.com to connect to other people who are quitting.



Page 39 of Workbook



Closure (10 minutes)

Purpose

- To preview the practice activities to be completed prior to Session 4

Speaking Points

Preparing for Quit Day

Explain to participants the “Quit Plan” they worked on earlier in this session is the beginning of their individual plan for quitting. Tell them they will need more substitute activities to use when the urge to smoke strikes. Review a checklist of tasks to prepare for Quit Day:

1. Add to their “Quit Plan, Part 1” exercise.
2. Listen to their relaxation exercises once a day.
3. Spend some quiet time alone this week to prepare for their decision. Write a letter saying good-bye to their tobacco products. The letter should briefly identify things they liked about tobacco use and then focus on their reasons for quitting. They may use the “Barriers and Motivators” exercise from Session 1 and the worksheets on pages 8 and 10 of the workbook. Keep the letter to one page if possible, since they will have the chance to read it next week during the Quitting Ceremony.
4. Call or text their buddy.
5. Keep reinforcing their confidence by saying “I CAN QUIT” and by completing their “backdoor” plan.
6. Stock up on alternatives (substitutes) for cigarettes. If possible, get one item, such as sugarless gum, to share with everyone in the group (part of a “Quit Kit”).
7. Clean up all the dirty ashtrays in their house and car.
8. Clean out all their junk drawers, bathroom cabinet, seasonal equipment (tackle box, golf bag, etc.) and car. Consider deep-cleaning their carpet and drapes. They may want to wash all their sheets and towels!
9. Find all all tobacco materials and bring them next week. Don’t leave any products out where they are accessible. It would be too easy to give in to the urge if a product is close by.
10. If they are planning to use medication to quit, be sure to purchase their over-the-counter medication or to have their prescription filled. Review the instructions on the package insert for using the medication. Also review the Medication Chart in the workbook.

Session 3: Wanting to Quit



ACTIVITY: Decide as a group whether to make Quit Kits. Tell participants that Quit Kits are little gifts, treats, activities or thoughts that can be combined together in a “goody” bag for them to use instead of tobacco use. Explain that each of them would bring in one item per person (12 straws for 12 participants). Give some examples of items for the Quit Kit (see below). Encourage group discussion for more ideas. Be aware some participants may not be able to afford to purchase something so remind them items need not cost anything.

NOTE: Suggestions for Quit Kit items include breath mints, crayons, poems, colored pencils, affirmations, cinnamon sticks, flavored toothpicks, gourmet tea bags, sunflower seeds, mini puzzles, stress squeeze balls, kids’ bubble-blowing kits, toothbrushes, lavender flowers, straws, homemade cards, etc.

Remind participants **AT THE NEXT SESSION, THEY WILL QUIT.** Explain they may come into the session feeling scared and unsure. Assure them the session will help them leave feeling strong and committed. Instruct them to practice not using tobacco this week and to use substitutes instead of using tobacco products. Tell them the date and time of the next session.



Session 3: References

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2. W. Orzechowski & R.C. Walker, *The tax burden on tobacco: Historical compilation, Volume 46*. Arlington, VA: Orzechowski and Walker, 2012.
3. N.L. Benowitz, "Pharmacological aspects of cigarette smoking and nicotine addiction," *New England Journal of Medicine* 319 (1988): 1318-1330.
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Session 4: Quit Day



Topics	Time (minutes)
1. Welcome to Quit Day	10
2. Panel of Former Tobacco Users	30
3. Quitting Ceremony	15
4. Contract and Rewards	15
5. Using the Buddy System	10
6. Recovery Symptoms	10
7. Medication Review	10
8. Overcoming Slips and Avoiding Relapse	15
9. Closure	5

Participant Materials	Facilitator Materials
“Reward Yourself” “Freedom From Smoking® Contract” “Calendar Scorecard” and stickers “Using Your Buddy Effectively” “Lifestyle Changes to Support Quitting” (from Session 2) “Symptoms of Recovery” “Benefits of Quitting” (from Session 1) “Cessation Medications: What You Need to Know” (from Session 2) Nic-Checks (from Session 2) “What to Do When a Craving Comes” “Three A’s for Acting Against Triggers” (from Session 2) “My Most Important Reasons to Quit” wallet card (from Session 3)	Name tags Chalkboard, whiteboard or flipchart Chalk or markers Supply of pens and paper Relaxation exercises on MP3 Speakers to play MP3 files Garbage can, cardboard box or coffin



Major Concepts

1. Extra-Treatment Support: Panel of Former Tobacco Users

Three or more former tobacco users tell their stories to provide inspiration to program participants. A good mix of backgrounds, ages and gender provide a wealth of diversity and experiences. It is also a good idea to have former tobacco users who have been tobacco-free for different lengths of time. Participants can then see more clearly that quitting is a process that takes time. It's okay if panel members quit tobacco use with methods other than Freedom From Smoking®. Prepare them with sample questions and remind them that you are under a strict time schedule. Monitor the time closely to respect their time and your schedule.

2. Intra-Treatment Support: “Contracts and Rewards” and Increasing Motivation

The idea of agreeing to do something in writing (a contract) and then receiving a reward for completion is sometimes difficult for many participants to accept. Introduce rewards as a method of connecting pleasure with the accomplishment of something difficult.

3. Practical Counseling: Basics—Nicotine Addiction

Nicotine addiction is central to tobacco use and dependence. Since the brain doesn't fully develop until an individual is about 25 years old,¹ essential brain structures are affected when the person who uses tobacco begins regular use of tobacco between the ages of 12–14 years old. Additionally, nicotine passes the blood-brain barrier faster than any other psychoactive drug. It takes less than 10 seconds for nicotine to pass from the tobacco product to the brain.² This creates a combination of effects resulting in a greater increase of the rewarding effects of nicotine. It acts on the brain to release various chemicals (including dopamine and norepinephrine). Dopamine is linked with the memory of pleasurable events and cravings. Norepinephrine is associated with alertness, concentration and vigilance.

4. Practical Counseling: Basics—Slip and Relapse Effect

The Slip and Relapse Effect is used to understand cognitive and emotional reactions to a slip and how to prevent a slip from becoming a relapse.³ The Slip and Relapse Effect is as follows: a slip (an instance or several instances of tobacco use) is different from a relapse (a return to baseline level of tobacco use). If one does slip, they are likely to feel bad, guilty or even somewhat depressed. This negative emotional reaction is likely to involve negative attributions of oneself as “weak” or as a “failure” due to being “unable to quit.” The person is likely to think that “one slip makes me a user again,” which serves as a rationalization for a return to using tobacco at one's baseline rate.

In the Overcoming Slips and Avoiding Relapse activity, participants are urged to think of the



slip as a mistake rather than as evidence that one is weak or a failure. Encourage participants to respond to it as they would to other mistakes (i.e., use it as a learning experience; reflect on the situation and how to approach it or to avoid it next time—similar to learning to ride a bicycle, they keep getting back on until they become skilled at staying on and riding). Reinforce with participants one use of a tobacco product does not mean they are a tobacco user unless they allow it to. Stress to participants to concentrate on coping efforts and to remind themselves of all the successful, hard work they have put in so far. Advise participants to not use the tobacco product and to remember that the depressed, guilty, angry feelings will decrease with each passing minute, hour and day.

Facilitator Notes

1. Invite three or four former tobacco users to sit on the panel. The panel is one of the most influential parts of the whole Quit Day. Participants usually pay more attention to what the panelists say than to what you say. Let the panel members answer all the questions they can. The purpose is to provide hope. A panel can illustrate a variety of techniques to stop tobacco use. Program participants have left Quit Day saying, “I want to be sitting in that chair [on the panel] when I finish the class.”
2. Choose guest panelists who have had different experiences in quitting. Have people with different numbers of tobacco-free months or years. Ask them to be positive and encouraging about the ability to stop using tobacco. Have them talk about staying quit. Ask them to be honest about their own ease or difficulty.
3. A panel format, with the facilitator as the panel leader, will keep the discussion moving. Ask the questions provided in the script for this session. Provide time for the panelists to answer questions from the group.
4. Former tobacco users are usually eager to be panel members. Please don’t think you are imposing on them. Call them. Ask how they are doing. They appreciate the request. Even if they have gone back to tobacco use, many of them get back on track to quit after your call.
5. Invite potential panel members at least one week before Quit Day, preferably sooner. Send them sample questions. Call and remind them the day before. Be sure to send them a thank-you note afterward.
6. Allow time for participants to read their good-bye letter to their tobacco products if they if they choose to do so. If this takes a lot of time, shorten the other activities. You can have them share their Quit Day plans and contracts with their buddy instead of the whole group if you need to save some time. If you are using small groups, have them read their letter in the small group.
7. Behavior change specialists tell us to make public statements about commitment to change. They recommend rituals as a way to cement commitment. Our experience has found this to be true. We have had many Freedom From Smoking® graduates come back and say, “The turning point for me was when I read my letter out loud.” Be sure to have each participant make a public statement that they’re quitting.



Welcome to Quit Day (10 minutes)

Purpose

- To affirm their decision to quit and to stay with the program

Speaking Points

Quit Day Introduction

Welcome everyone to Quit Day. Remind participants today is the day they begin to gain Freedom From Smoking®. Assure them it's okay to feel nervous about the change they are about to make. Explain that today they will complete activities to help them to feel confident and committed to not using tobacco. Stress when they leave the session today they will be prepared to handle their urges and cravings to use tobacco.

Explain people come to Quit Day with a full range of emotions. Give some examples of how people may feel. Some people are:

- Angry about quitting. They are angry they have to go through this process.
- Already feeling a sense of loss. They are feeling sad.
- Petrified. Most people are a little scared.
- A little relieved about the change.
- Excited by this time. They are anxious to get the process going and to be an ex-tobacco user.
- There may be a few who do not experience these emotions at all.

Assure them all of these feelings are normal, even if they're having them all at once. Remind them their emotions don't have to direct their actions. They can quit in spite of their emotions.

Tell the story of your own Quit Day if you want. Give other examples.



Panel of Former Tobacco Users (30 minutes)

Purpose

- To listen to a panel of former tobacco users relate their experiences with quitting

Speaking Points

Former Tobacco Use Discussions

Tell participants they will be hearing from a panel of former tobacco users. These are people who have been through the quitting process and can now look back on it objectively.

Have each panelist introduce themselves. Then have each panelist tell the group about their own tobacco use and quitting process. Instruct participants they can ask the panelists any “burning” questions after they hear the stories.

Make sure the following questions are covered by the panelists.

- How long ago did you quit?
- How much did you use?
- What made you decide to quit?
- What part of the Freedom From Smoking® program was most useful?
- How have you handled any weight gain?
- Did you have recovery symptoms?
- Did you use any medication (i.e., nicotine patch, gum, lozenge, nasal spray, inhaler, bupropion or varenicline)?
- How did you prepare to handle situations that tempted you to use tobacco?
- If you slipped, how did you handle that?
- How did you cope with cravings after you quit?
- Did you reward yourself for not using tobacco?
- What benefits have you experienced from quitting?

Instruct panelists to please keep responses as unbiased as possible.



Quitting Ceremony (15 minutes)

Purpose

- To participate in a relaxation exercise
- To participate in a formal quitting ceremony to cement their resolve to quit

Speaking Points

Taking Action to Quit

Tell participants it is finally time to quit. Explain how the quit ceremony is going to work from beginning to end:

- Exercise 4: “Relaxation and Positive Thinking” from the relaxation exercises will be played to create a positive and meditative mood. Explain if they listened to all of the relaxation exercises this week, they may have realized that it is progressive relaxation. By the time they get to Exercise 4, participants are deeply relaxed. Point out that the narrator is making suggestions about their confidence and ability to stop tobacco use.
- When Exercise 4 is completed (narrator stops speaking), ask the participants to keep their eyes closed as you talk to them about their accomplishments up to this day.
- Then invite them to take some quiet time to confirm their decision. Have them choose a statement that says they are parting company with their tobacco products. (“I quit.” “Good riddance.” “Nothing controls me anymore.”)
- When the lights come on, participants will dump their tobacco materials into the quit box or “coffin.” As they do this, they will say their parting statement, loudly and clearly (or read their letter).

NOTE: Occasionally, participants have a sentimental attachment to an object (lighter, ashtray, cigarette holder) they brought to Quit Day. Ask them to place their tobacco materials in the quit box anyway. Tell them you will return their item(s) at the end of today’s session or, if they agree, help them avoid temptation by storing their item(s) until the end of the program. Do not offer to return or safeguard tobacco products.



Relaxation and Positive Thinking Exercise

Tell participants they are going to start another relaxation exercise now (Exercise 4 of Relaxation Exercises for Better Breathing). Suggest they get comfortable and to go ahead and close their eyes. Tell them the lights will be turned down or off during the relaxation exercise and meditation time.

NOTE: Facilitators may choose one of two ways to present this relaxation exercise—read aloud from the script or play the relaxation exercise. If you use the script, read the exercise in a slow, relaxing tone.



SCRIPT: *This exercise is designed to create comfortable feelings of heaviness and warmth in your body and help you establish the word “calm” as an effective relaxation cue you can use in your daily life. The last part will show you how to combine relaxation with positive thinking to overcome any urges you may have to use tobacco.*

Start by sitting back comfortably in your chair and closing your eyes. Take a deep, relaxing breath in and feel a sense of warmth and heaviness spreading throughout your body. Continue deep, regular breathing. Feel warmth and heaviness in your fingertips... Hands... Arms... Feel the comfortable warmth and heaviness spreading into your neck and head... down into your chest and stomach... as you become more and more relaxed. Feel the warmth and heaviness moving into your hips, thighs and calves as they become more and more relaxed. Now feel the warmth and heaviness move into your feet. Feel how your whole body feels warm, comfortably heavy and relaxed as any remaining tension flows away. Your entire body is resting comfortably, deeply, fully relaxed.

Now, keeping your eyes closed and continuing deep, regular breaths, let your mind drift. Let yourself see a warm spring morning... you are walking through a beautiful green meadow... take a deep breath and smell the fresh grass and wildflowers. See the colors of the flowers scattered amongst the grass... feel the tall grass brushing gently against your legs as you move slowly along, breathing deeply, filling your lungs with pure air... and letting all tension flow out as you exhale. Feel the gentle fresh breeze...

It is quiet and peaceful... a bird sings in the distance... enjoy the peacefulness and beauty of the scene... as you lie down in the meadow and gaze up at the clear blue sky... you are completely content, serene and relaxed. You feel calm. As you breathe deeply and regularly, say to yourself the word “calm” each time you breathe out. Wherever your thoughts go, bring them back gently to the word “calm.” Say to



yourself “I am calm... Calm...”

Now, feeling this calm, sense how alive you are and know you are a part of the universe of living things. Your body belongs to you. You direct your movements, actions, thoughts and feelings. You can protect your body from things that may harm or damage it. You can control the tobacco use that threatens your health and well-being... You have the power to overcome this behavior... Because you are relaxed, calm and in control, you have no need to smoke. You can overcome tobacco. You can resist any urge to use tobacco and be free from it. Because you are the master of your own body and have the power to relax without tobacco, you are confident that you no longer have the need to use tobacco.

You’re free from the urge to use. You’re free from the smell of tobacco and the persistent cough. Feel your breath coming naturally, deeply, giving you satisfaction, relaxation and life. Know that you can achieve your goal and remain tobacco-free.

We’re coming to the end of the exercise. Slowly open your eyes and become aware of your surroundings. Stretch your arms and legs; look around you and sit up straight. You are now ready to resume your activities, rested, refreshed and confident that you can deal with tension using your own resources.

Motivational Talk

Next, briefly remind participants of the major milestones of their work in the program to date. You can use the script below to review the program, pausing between points:



SCRIPT: *Now, it’s time to look back at all you’ve accomplished in order to be ready to quit tobacco use. The first activities you did were the “Are You Ready to Quit?” and “Preparing to Quit” questionnaires. This was perhaps the first time you realized how complex your tobacco use dependence really is.*

You then began the decision-making process. You looked carefully at your barriers to quitting and compared your choices. Think back and remember the conclusions of that exercise; how the long-term benefits far outweighed the short-term discomforts.



The next week, you came back and looked at how you learned to use tobacco. You acknowledged tobacco use is a complex behavior that is triggered and automatic. You learned that in order to change your behavior, you needed to study your tobacco use pattern so you would be ready to make a plan. You used Nic-Checks to take your behavior out of automatic gear.

You also began to look at the role stress plays in using tobacco. You practiced some deep breathing techniques as a step in learning new ways to decrease tension in your life. You learned more facts about tobacco use and how it affects your health, before then focusing on the positive reasons for quitting. You collected your reasons and prioritized them.

With all of your new insight on your tobacco use patterns, you made a specific plan to quit. You learned how to get past the urge to use tobacco in any mood. You set up a buddy system so you know whom to call when you are tempted. You and your buddy know how to help each other get through the quitting process.

As you can see, you have done a lot of work preparing for today. Even if you have only done some of what was assigned, you have done a lot of work. Even if all of your work has been in your head, you have done a lot of work preparing for today. You are ready to quit. You know what to do when the urge comes. You just need to do it.

Take a moment now to go to a quiet space deep within yourself and commit. Call upon that higher power you use to get you through hard times, whether God, nature, a spirit or something else. Whoever or whatever gives you strength can and will help you now. Turn your thoughts over to that power and decide firmly to quit. Stay connected to your higher power and ask for the help you need to separate yourself from tobacco.

In a few moments, I will turn the lights back on. When the lights come on, you should be prepared to make a statement about quitting.

NOTE: Pause for 30–45 seconds and turn the lights back on.



The Quit Ceremony

Invite participants to come forward one at a time, whenever they are ready. Ask each person to make their statement. Have them end their statement with the comment, **“I am tobacco-free.”** Be sure to congratulate and applaud each person after they finish.

After the ceremony, say the following, “Now you can let go of the old and embrace the new. Let’s give each other a big round of applause for deciding to quit.” Be sure that everyone congratulates, applauds and supports each other in their decision.



Contract and Rewards (15 minutes)

Purpose

- To sign a contract to quit for two days

Speaking Points

Rewarding Yourself

Remind participants that throughout the clinic, they have been provided with advice, practice activities, and support to help them quit and stay quit. Tell them today they will be given a few other tools that will help them to stay free of tobacco.

Research has shown those who reward themselves have a greater chance of success in quitting tobacco use. Tell participants to go to the “Reward Yourself” page in their workbook.



Refer participants to pages 41 to 42 of the workbook.

Explain when they do something that has a pleasant result, they’re likely to do it again. By doing it repeatedly, they will eventually associate it with pleasurable experiences in their life. This is not much different from the way they learned to use tobacco.

Tell them to look at the samples of how they can reward themselves. Go over the list. Tell them they will be making their own list of rewards.



Page 41 of Workbook



ACTIVITY: Have participants turn to the next page. Ask them to think about what rewards they would like to experience when they quit. Encourage group discussion.

Session 4: Quit Day



ACTIVITY: Ask participants to list as many rewards as they can for this exercise. Tell them the reward should connect something pleasurable to the act of quitting. To be effective, the pleasant result needs to be personal, specific and immediate. Allow time for them to do this.

Explain that listing their rewards helps them in two ways:

- Rewarding themselves can counteract any naturally unpleasant results from quitting (nicotine withdrawal).
- The reward replaces any pleasurable experiences they may have had when using tobacco.



ACTIVITY: Give participants an example of a pleasurable experience with tobacco (using a tobacco product while drinking an alcoholic beverage). Explain this brought them a pleasant result and brought it immediately. Now, tell them to be still for a few minutes in a tobacco-free environment. Ask them to get the full sense of being able to enjoy clean air! Feel the immediate rush of cool air coming down the back of their throat and filling and expanding their lungs. Tell them to experience that calming sensation as they slowly release the air.

Tell participants using the principle of immediate results will help develop their tobacco-free lifestyle. Think about the upcoming benefits of tobacco-free. These are the pleasures of tobacco-free.

The Contract

Tell participants research shows that filling out contracts and rewarding themselves is the most common activity among successful quitters.



Refer participants to page 43 of the workbook.

Point out a more formal way to use a reward system is to draw up a contract. Explain why they are making a contract and rewarding themselves for quitting for the next two days:

- They are setting up a positive result for staying tobacco-free.
- They are connecting the act of beating the urges with positive results.
- They will have something to look forward to when things get rough.



Page 43 of Workbook

Session 4: Quit Day



ACTIVITY: Have participants fill out their contract. Make sure they choose one of their rewards from the previous exercise. Remind them they are only making this contract for two days since the next meeting is in 48 hours. Have them sign their contract and have their buddy witness it.

NOTE: Have participants share what they have chosen for their reward. Listen to all the contracts and help those who are having trouble. Answer any questions they may have about their contract.

Calendar Scorecard

Tell participants that the “Calendar Scorecard” is their first reward.



Refer participants to pages 45 to 47 of the workbook.

Explain how the Calendar Scorecard works:

- The scorecard will help them focus on their success.
- Every time they put a sticker on the calendar, they are reminded of how much they have accomplished.
- Staying away from tobacco products can be really tough at first, but it gradually gets easier over time. The Calendar Scorecard is set up to reflect that. At first, they’ll reward themselves for every few hours they remain tobacco-free, then for every half-day they don’t use and eventually every day without a tobacco product.



Page 45 of Workbook

Have participants locate the stickers in the workbook and place one on Quit Day now as a reward for deciding to quit. Instruct participants on how to use the Calendar Scorecard:

- Put a sticker on their Calendar Scorecard for every three hours they don’t use tobacco over the next two days.
- On days three and four, add a sticker every time they make it another six hours without tobacco use.
- For days five and six, mark every 12 hours they remain tobacco-free.
- Continue putting on a sticker once a day starting with day seven and all other days after that.
- Put the Calendar Scorecard in a prominent place. Invite family or a friend to become involved in the process. Each time participants place another sticker on the Calendar Scorecard, they should take a minute or two to reflect on and take pride in having reached another milestone toward becoming tobacco-free.

Session 4: Quit Day



Mention that if they should use tobacco during this process, they should get right back on track. Stress they shouldn't use any other tobacco products. Tell them relapse will be discussed later in this session.

NOTE: If they slip and use a tobacco product, tell them to tear their sticker in half for that time period. Then focus on the success of avoiding another slip by continuing to add whole stickers the next hours or days.



Using the Buddy System (10 minutes)

Purpose

- To reflect on a positive lifestyle: social support in action

Speaking Points

Review

Remind participants of setting up the buddy system last week. Ask the group if they had at least one call or set of texts between them and their buddy during the week.



ACTIVITY: Ask for volunteers from the group to briefly describe what it was like calling or texting their buddy and if it was helpful. Encourage group discussion.

Tell participants to think of the buddy system as a mutual support system. Explain that the purpose of the buddy system is to prevent them from smoking, vaping or chewing. However, it can also be used when there's no problem. Tell them a little praise and congratulations from a buddy are always welcome.

NOTE: If participants seem reluctant to call or text their buddy, have each pair choose a specific day and time to make that call or text each other in the next few days.



Refer participants to pages 49 to 50 of the workbook.



ACTIVITY: On their “Using Your Buddy Effectively” worksheet, have participants fill in ways they plan to support their buddy and behaviors they plan to avoid. (Refer them to page 48 for help with completing the exercise.)

Session 4: Quit Day



NOTE: Facilitators can put their phone number or email address on the board as an alternate buddy if they feel comfortable doing so. Set clear limits about times for calling, when not to call and whether or not to share email addresses.

Stress to participants the importance of calling for support when they need help. Give them more sources of support: American Lung Association Lung HelpLine at 1-800-LUNGUSA (1-800-586-4872) and the Freedom From Smoking® community at FreedomFromSmoking.Inspire.com.



Recovery Symptoms (10 minutes)

Purpose

- To discuss the “Symptoms of Recovery”

Background

Recovery Symptoms

Sometimes called “withdrawal symptoms,” these usually happen when someone stops using tobacco or reduces the amount used. These symptoms can appear within two hours after the last use of tobacco. They usually peak between 24 and 48 hours after stopping tobacco use. These usually last from a few days to four weeks, although cravings can persist for months.⁴ Identified signs of nicotine withdrawal include:⁵

- Depressed mood
- Insomnia
- Irritability, frustration or anger
- Anxiety
- Difficulty concentrating
- Restlessness
- Decreased heart rate
- Increased appetite or weight gain



Background (continued)

Benefits of Quitting Tobacco use⁶

As soon as participants quit tobacco use, their bodies begin a series of healing or recovery changes that continue for years.

20 Minutes After Quitting

Their heart rate drops to a normal level.

12 Hours After Quitting

CO level in their blood drops to normal.

Two Weeks to Three Months After Quitting

Their risk of having a heart attack begins to drop. Their lung function begins to improve.

One to Nine Months After Quitting

Their coughing and shortness of breath decreases.

One Year After Quitting

Their risk of coronary heart disease is half that of a tobacco user's.

Five to 15 Years After Quitting

Their risk of having a stroke is reduced to that of a nontobacco user's.

10 Years After Quitting

Their lung cancer death rate is about half that of a tobacco user's. Their risk of getting cancer of the mouth, throat, esophagus, bladder, kidney and pancreas decreases.

15 Years After Quitting

Their risk of coronary heart disease is the same as that of a nontobacco user's.



U.S. Department of Health and Human Services. *Smoking Cessation. A Report of the Surgeon General.* Atlanta, GA: 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, 2020.

Source: U.S. Department of Health and Human Services. *The Health Consequences of Smoking: A Report of the Surgeon General.* Atlanta, GA: 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, 2004.



Speaking Points

Symptoms of Quitting

Go over some of the symptoms participants may experience over the next few days.



Refer participants to page 51 of the workbook.

Tell them this page lists the most commonly reported signs and symptoms connected with quitting use of all tobacco products, including e-cigarettes. There are three important facts to consider as they read this:

1. All these symptoms are positive signs. Each symptom suggests the body is recovering and going back to its natural state.
2. Participants may experience some, all or none of these symptoms.
3. All symptoms are temporary. They will learn to live well and be healthy without tobacco use.



Page 51 of Workbook

Explain what they can expect over the next few days:

- They will have some up and some down days, but soon every day will be better than the day before.
- After just 20 minutes of quitting tobacco use, their body begins a series of healing changes that continues for years. (Refer to the “Benefits of Quitting” on page 9 of the workbook.)
- Stick with it and the body will overcome these symptoms.

In general, three strategies will help relieve their symptoms:

1. Get extra sleep.
2. Drink lots of fluids, especially water.
3. Stay active.

Give examples of staying active (taking the stairs instead of the elevator, walking in their house or around the block, parking at a farther distance from store entrances).



Medication Review (10 minutes)

Purpose

- To review the use of medication to quit

Speaking Points

Reviewing Medications

Tell participants to review the “Cessation Medications: What You Need to Know” located in the workbook.



Refer participants to pages 31 to 35 of the workbook.

Review the major concepts about medications:

- Medication greatly increases the chances for success.
- Medication can help deal with the symptoms of recovery.
- Individuals can still quit if they choose not to use medication.
- If someone has a lot of trouble with recovery symptoms, it's not too late to start using medications.

Discuss the three over-the-counter medications (nicotine gum, nicotine patch and nicotine lozenge).

Briefly review the medication information for nicotine gum, nicotine patch and nicotine lozenge. Remind participants they can get these medications without prescription if they decide to use them at the last minute. Allow time to answer any questions they may have about any of the cessation medications.



Page 31 of Workbook



Overcoming Slips and Avoiding Relapse (15 minutes)

Purpose

- To reflect on the Action Plan, triggers for tobacco use, self-management skills and relapse prevention
- To present the slip and relapse effect

Background

The Slip and Relapse Effect

- A slip (an instance or several instances of smoking, vaping or chewing) is different from a relapse (a return to the beginning level of tobacco use).
- If someone does slip, they are likely to feel bad, guilty and even somewhat depressed.
- These negative feelings are likely to involve negative thoughts of oneself as “weak” or as a “failure” due to being “unable to quit.”
- The person is likely to think, “One slip makes me a tobacco user again,” which serves as a good reason for a return to using tobacco at the original rate.

Overcoming the Slip and Relapse Effect

- Think of the slip as a mistake, rather than as proof that one is weak or a failure.
- Be T.R.U.E.
 - **T**hink of how to approach it or to avoid it next time.
 - **R**eflect on the situation.
 - **U**se it as a learning experience.
 - **E**ncourage participants to respond to it as one would to other mistakes.
- Emphasize that using tobacco one time does not mean that they are a tobacco user unless they allow it to.
- Concentrate on coping efforts and all the success thus far.
- Advise participants not to use another tobacco product and to remember the depressed, guilty or angry feelings will decrease as they continue with their quit attempt.



Speaking Points

Review

Tell participants to avoid relapse, they will identify as many trouble situations as possible.



ACTIVITY: Have participants write down the situations in which they think they're at the biggest risk of having a slip and using tobacco. Ask for volunteers to tell the group one of their difficult times. Brainstorm with the group for some on-the-spot substitutes for using. Encourage discussion. Remind participants to write down the substitutions for future reference.

Recommend participants keep a list of at least five substitutes for any situation where they might use. Tell them to use their list before they give in to an urge to smoke, vape or chew. Remind them to **Avoid, Alter** and find **Alternatives** to tobacco use over the next two days. (Refer participants to page 25 of the workbook.)

Tell participants to use the “What to Do When a Craving Comes” located in their workbook.



Refer participants to pages 53 to 54 of the workbook.



Page 53 of Workbook

When there is an urge to use tobacco:

- Take a slow, deep breath and practice the deep breathing exercise.
- Remember the urge will pass in three to five minutes.
- Read the reasons to quit tobacco use from the “My Most Important Reasons Quit” wallet card and the worksheet, “What to Do When a Craving Comes.” Do something from that worksheet.
- Have a “quit kit” or “survival bag” ready with various alternatives to smoking, vaping or chewing—such as stress ball, sugarless gum or straws.
- Call their buddy and have him or her talk them out of it.
- Call the American Lung Association’s Lung HelpLine at 1-800-LUNGUSA (1-800-586-4872) for support or visit the Freedom From Smoking® community at FreedomFromSmoking.Inspire.com.

Session 4: Quit Day



Participants should take some time now to make their lists and share them with their buddy. They should make a commitment to use the list before giving in to an urge.

Talk to participants about not giving up, even if they slip. Tell them to get right back on track. Do not smoke, vape or chew a tobacco product. Stress to them they need to refocus their thoughts, recover and successfully quit. A slip should not be interpreted as “permission” to slip again or to have “just one” every now and then. It means they should recommit and get back to quitting for good.



Closure (5 minutes)

Purpose

- To motivate participants for the next two days
- To preview the practice activities to be completed prior to Session 5

Speaking Points

Reviewing Activities

Go over their activities for the next two days:

1. Don't use tobacco!
2. Call or text their buddy.
3. Fill in their Calendar Scorecard.
4. Play the relaxation exercises. Focus on Exercise 4: Relaxation and Positive Thinking.
5. Don't use tobacco!
6. Use their "Quit Plan" list of alternatives.
7. Keep their "quit kit" or "survival bag" with them at all times.
8. Get lots of rest. Drink lots of fluids. Stay active.
9. Practice saying, "I AM TOBACCO-FREE!"
10. Ask friends and family members to not bring tobacco products in the house and not to use them when visiting.
11. Don't use tobacco!

In closing, mention this program is here to help them become tobacco-free. Most important of all, remind them the urges will pass within three to five minutes whether they use tobacco or not. Remind them to come back in 48 hours to renew their commitment.

Tell participants no matter what happens and even if they're using tobacco, they should come back. This program is here to help them, not judge them.



Session 4 References

1. N. Gogtay, J.N. Giedd, L. Lusk, K.M. Hayashi, D. Greenstein, A.C. Vaituzis, T.F. Nugent III, D.H. Herman, L.S. Clasen, A.W. Toga, J.L. Rapoport, P.M. Thompson, “Dynamic mapping of human cortical development during childhood through early adulthood,” *Proceedings of the National Academy of Sciences of the United States of America* 101 (2004): 8174-8179.
2. N.L. Benowitz, “Pharmacological aspects of cigarette smoking and nicotine addiction,” *New England Journal of Medicine* 319 (1988): 1318-1330.
3. G.A. Marlatt & J.R. Gordon, *Relapse prevention: Maintenance strategies in the treatment of addictive behaviors*. New York, NY: Guilford Press, 1985.
4. D.B. Abrams, R. Niaura, R.A. Brown, K.M. Emmons, M.G. Goldstein, P.M. Monti, *The tobacco dependence treatment handbook: A guide to best practices*. New York, New York: The Guilford Press, 2003.
5. American Psychiatric Association, *Diagnostic and statistical manual of mental disorders*, 4th ed. Washington, DC: Author, 1994.
6. Centers for Disease Control and Prevention, *Within 20 Minutes of Quitting*, http://cdc.gov/tobacco/data_statistics/sgr/2004/posters/20mins/index.htm (January 2005).

Session 5: Winning Strategies



Topics	Time (minutes)
1. Welcome and 48-Hour Report	20
2. Measuring Carbon Monoxide Levels (Optional)	10
3. Medication Review	10
4. The Grief Cycle	25
5. Benefits of Quitting	10
6. Coping Strategies	15
7. Reviewing and Refining the Quit Plan	10
8. Dynamics of Stress and Relaxation Exercise: Breathing and Muscle Relaxation	15
9. Closure	5

Participant Materials	Facilitator Materials
“What to Do If You Get Off Track”	Name tags
“Quit Medications: What You Need to Know” (from Session 2)	Chalkboard, whiteboard or flipchart
“Symptoms of Recovery” (from Session 4)	Chalk or markers
“Benefits of Quitting” (from Session 1)	Supply of pens and paper
“Calendar Scorecard” (from Session 4)	CO monitor (optional)
“Quit Plan, Part 1” (from Session 3)	Relaxation exercises on MP3
“Quit Plan, Part 2”	Speakers to play MP3 files
“52 Proven Stress Reducers”	



Major Concepts

1. Practical Counseling: Coping with Urges

The frequency and intensity of urges diminish as time passes. Participants often ask, “How long will it take until I no longer feel urges?” There is no easy answer. Everyone reacts differently. Generally speaking, however, the facilitator can assure concerned individuals that many urges will feel more manageable within the first few weeks. After that, “urges” are really more likely to be “thoughts” about using tobacco. However, for reasons still being investigated (i.e., long-term effects of nicotine on brain structures), strong urges sometimes remain long after the nontobacco use pattern has been set. Thus, the possibility of feeling an urge is best presented as lifelong so the individual is prepared to combat relapse for the remainder of his or her life.

Refer participants to “What to Do When a Craving Comes,” from Session 4, which provides suggestions on how to cope with urges.

2. Intra-Treatment Support: Recovery and Grieving Process

In Session 4, we renamed withdrawal symptoms as “recovery symptoms.” This is a more positive term and reflects what is happening as the tobacco users body and mind go through the often painful process of recovering from the assault of tobacco use. The physical symptoms are discussed using the “Symptoms of Recovery” worksheet. The psychological recovery is discussed as the grieving process.



Facilitator Notes

1. Participants are typically distracted on this day. Letting them tell their stories is one of the most important parts of this session. Don't move on to other activities until everyone has spoken.
2. Participants may not remember details from this session, but the information will confirm what they are feeling.
3. Engage participants in positive activities. Have participants check off the benefits they are looking forward to or make use of small group discussions. Using humor, especially as participants express anxiety about quitting, may help them to speak to the strength of their emotions.
4. Participants really need to know the worst is over for most of them and they will begin feeling better. Remind them of what the panel of former smokers had to say.
5. Discuss the five stages of the Grief Cycle. After describing the stages, you may want to ask participants to break into small groups (three to five people) and talk about how they have been experiencing these stages. Remind them not everyone feels these stages in the same order and they may feel some stages more than once.

The Grief Cycle

- Denial and isolation
- Anger
- Bargaining
- Depression
- Acceptance



Welcome and 48-Hour Report (20 minutes)

Purpose

- To assess participants' use of short-term coping strategies

Speaking Points

Reviewing Activities

Congratulate participants for coming to this session. Ask those who have not used tobacco since Quit Day to raise their hands. Encourage group applause for those who have been able to stay tobacco-free.

Reassure any participants who were not as successful. Remind them that a slip does not mean that they have failed and doesn't mean they should return to using tobacco. Give them credit for showing up and giving the program a chance. Suggest they revisit their Quit Plans.



ACTIVITY: Have participants talk about their experiences over the last two days. Ask questions to stimulate group discussion. (What were the hardest times? How did they overcome trigger situations?) As participants tell their stories, write on a board or flipchart any physical symptoms mentioned. Address each of these symptoms as they come up.

NOTE: As participants tell their stories, it's important to validate their experiences. Assure them they are normal. Confirm their experience of physical recovery as well.

Explain to participants if they had problems staying tobacco-free, they may need a little more practice in handling their trigger situations. Reassure them they can learn from temptation and gain enough confidence to handle it better the next time.

Session 5: Winning Strategies



Have participants look at the “What to Do If You Get Off Track” exercise in their workbook.



Refer participants to pages 55 to 56 of the workbook.

Briefly explain this exercise will help them stay on the path of quitting. Tell them they will have a chance to complete this exercise later in the session. Remind them if they practice not using their tobacco products, it will become second nature.



Page 55 of Workbook



Measuring Carbon Monoxide Levels (10 minutes) [OPTIONAL]

Purpose

- To measure CO level as a positive intervention strategy

Background

Carbon Monoxide

- CO is a colorless, odorless gas.¹ It forms during any incomplete combustion. Common sources of CO include automobile exhaust, propane-powered forklifts, furnaces, space heaters, ice-surfacing machines, fires, incinerators and burning cigarettes and other tobacco products.
- Smoking increases the CO level in the blood.
- The normal level of CO in a person who does not smoke depends on background levels in the air, but is usually between 0 and 8 parts per million (ppm).²
- The level of CO for an individual who uses tobacco varies according to factors that include time of day, the number of products used and what tobacco product was used.
- A person who smokes one pack of cigarettes a day may have a blood CO level of 20 ppm; someone who smokes two packs a day may have a blood CO level of 40 ppm.
- The CO level for someone who smokes at a heavy level (i.e., two to three packs a day) may be as high as 60 ppm to 70 ppm. However, CO levels of 45 ppm or lower are more common in people who smoke.²

Instructions for Using the CO Monitor

- Be sure to follow the instructions for using the CO monitor.
- In general, turn on the machine. Insert a mouthpiece into the T-tube connected to the machine. Take three deep breaths, holding the third one for 15 seconds. Press the countdown button on the machine. When the count reaches zero, exhale fully into the machine. Wait 15 seconds for a reading. This number is usually the last number the machine reaches before it starts returning to zero.



Speaking Points

Using a CO Monitor

NOTE: Obtain a CO monitor and disposable cardboard tubes. Borrow a CO monitor from the local American Lung Association office, university health centers, local hospitals, local tobacco control programs, county health department or state health department. If purchased, prices vary depending on brand.

Tell participants that if they tested their level before they stopped using tobacco, they can now measure the change that is happening in their body. Explain that if they have not used tobacco in the last 48 hours, the CO level in their blood should be lower than the first reading.

Tell participants their CO levels should be lower because:

- Their lungs already have started to clean themselves.
- The CO level in their blood has dropped to normal.
- They are not constantly drowning their bodies in tobacco.
- Their bodies are going back to a natural state.
- They are avoiding places where people use tobacco products (Secondhand smoke contributes to higher CO levels.)

Describe how the test works. Demonstrate using the CO monitor:

- The test involves blowing through a disposable cardboard tube.
- There are no needles, no blood and no pain.
- The level of CO may vary depending on how much tobacco had been used before the test and how recently the person had used.



ACTIVITY: Have participants test their CO levels using the supplied equipment. Tell them that this is a voluntary activity.

NOTE: Set up a station in the back of the room where participants can test and record their CO level. Try to have an assistant help facilitate the test for the participants. Refer to “Instructions for Using the CO Monitor” located in the Background section of this guide (page 146).



Medication Review (10 minutes)

Purpose

- To review ease of use and acceptance of medication by those participants using it

Speaking Points

Reviewing Medications

Ask participants to raise their hands if they have been using a medication to help them quit.



ACTIVITY: Ask participants who have been using medication to speak about their experiences. Stimulate discussion by asking questions (“How is it going?” and “Are you following the directions in the package insert?”). Encourage group discussion.

Review the “Quit Medications: What You Need to Know” pages in the workbook.



Refer participants to pages 31 to 35 of the workbook.

Remind participants to consult with their physician before using medication to quit. This is especially true for those people who have any of the “special circumstances” listed on page 32 of the workbook.

Briefly discuss the “Stop Use and Consult a Physician” details for each medication. Tell participants to contact their doctor if they experience any of these side effects.



Page 31 of Workbook

Session 5: Winning Strategies



Talk specifically to participants who aren't using any medication and are having trouble with recovery symptoms. Tell them they might want to consider using medication. Go over the options:

- The three over-the-counter medications are nicotine gum, the nicotine patch and the nicotine lozenge. They could purchase them today, or get a prescription for them to be covered without cost-sharing.
- The prescription medications are the nicotine inhaler, nicotine nasal spray, bupropion SR (Zyban[®] or Wellbutrin[®]) and varenicline (Chantix[®]).



The Grief Cycle (25 minutes)

Purpose

- To present the physical and mental aspects of the recovery process

Speaking Points

Physical and Mental Recovery

Tell participants quitting is a process, not a single act. The process takes time and may be difficult, especially during the first few weeks.



Refer participants to page 51 of the workbook.

Briefly review the “Symptoms of Recovery” in the workbook if necessary. Discuss these general concepts:

- The physical recovery may be most difficult during the first two to four weeks due to the “symptoms of recovery.”
- The mental recovery can take several months or longer. Participants have to reorganize their lives without without tobacco.
- The mental recovery may be even more difficult to handle than the physical recovery.
- Freedom From Smoking® is designed to help overcome both aspects of recovery.



Page 51 of Workbook



Stages of Grieving

Talk about how the psychological recovery process is very similar to the grief cycle (how a person feels when a loved one dies). Tell participants that when Dr. Elizabeth Kübler-Ross researched death and dying,³ she found:

- Any time individuals experience a major life change, they grieve for the old to make room for the new.
- There are usually five phases to the grieving process (denial and isolation, anger, bargaining, depression and acceptance).

NOTE: Write “Denial and Isolation,” “Anger,” “Bargaining,” “Depression” and “Acceptance” on the board or flipchart. Have each word be the start of five separate columns (to be filled in later).

Denial and Isolation

Tell participants denial and isolation are the mind’s first way of protecting them from a sudden change or loss. Talk about this stage of grief:

- It is a psychological defense mechanism.
- For people who smoke, this means although they know the importance of quitting, they don’t want to believe it.
- They probably experienced the denial phase before they even signed up for this program.

Here are some denial statements:

- I know I should quit, but I’m not sure I want to.
- Tobacco products don’t affect my health like they do others. I’m not huffing and puffing.
- Quitting is easy; I can do it anytime.
- I’m not addicted.
- I’ll switch to a different e-cigarette.
- Tobacco products haven’t been proven harmful.
- My parents both used tobacco and they’re fine.



ACTIVITY: Ask participants to come up with other denial statements. Encourage group discussion. Write the statements on the board or flipchart.

Session 5: Winning Strategies



Anger

Explain to participants individuals often feel anger when they begin to accept a loss. People who found comfort in using tobacco are angry about change. They're angry about the loss of their friend. They're angry about many things.

Some typical feelings:

- Being angry about everything.
- Why me? I'm mad I started, and I'm mad I quit. I'm mad that tobacco products are harmful. I'm mad it's so hard. I'm mad that things aren't going my way.
- Anger at facilitator and other participants.
- Anger at family members.
- Anger at friends.
- Anger at nonsmokers.
- Anger at co-workers.



ACTIVITY: Ask participants to come up with more anger statements. Encourage group discussion. Write the statements on the board or flipchart.

Remind participants anger is part of the process:

- Don't try to resist it.
- Accept it, safely vent it and take some time to feel it.
- They'll feel angry and testy. They don't have to have a reason to feel that way; they just do. It will subside.
- Sometimes naming the feeling lowers the intensity of the anger.

Bargaining

Tell participants this is the stage where individuals want to postpone the inevitable. People may:

- Change brands, only use tobacco products at home or only at work.
- Try to make deals and empty promises.
- Slip or relapse during a bargaining phase; so they should be careful!

Some typical comments:

- I've beat it once. If I do it just this time I'll get back on track afterward and I won't do it again.
- I'll just smoke, vape or chew on vacation.
- I'll just light your cigarette.
- I'll quit as long as my weight stays down.
- I'll try, but I'm not making any promises.



ACTIVITY: Ask participants to come up with more bargaining statements. Encourage group discussion. Write the statements on the board or flipchart.

Tell participants if they realize bargaining is a natural part of the quitting process, it will help them to move past it. Offer suggestions for getting past the bargaining stage:

- Laugh off the desire to make a deal, then have a heart-to-heart talk with their inner self.
- Make a strong commitment to be in control of the product.
- Use the statement, “Nothing and no one controls me.” If they give in to bargaining, the tobacco product is once again in control.

Depression

Explain to participants that when individuals acknowledge and accept the loss of their “friend,” the tobacco product, it’s natural to experience some sadness. This is especially true when no one else seems to understand their loss. People often experience this in one of two ways. They feel either a deep sense of sadness or a deep sense of deprivation.

Some typical comments during the depression stage:

- I feel so emotional.
- I feel so deprived.
- Why can’t I have this one little pleasure?
- Life without smoking, vaping or chewing is awful.
- I feel lonely.



ACTIVITY: Ask participants to come up with more depression statements. Encourage group discussion. Write the statements on the board or flipchart.

Talk to participants about what they may experience during the depression stage. Talk about this stage of grief:

- It’s okay to feel like they’ve lost their best friend.
- They shouldn’t resist this stage or think it’s crazy to mourn the loss of their tobacco products.
- They should be as direct with this stage as with the anger stage. They should accept it, talk about it and take some time to just feel sad. Then they move on and focus on the benefits of what they’re doing.

Session 5: Winning Strategies



Acceptance

Explain to participants that a healthy person who has suffered a loss eventually accepts the situation and goes on living life. In this stage:

- Individuals begin to realize their tobacco use lifestyle is over.
- They are finally resolving their sense of loss or grief.
- They can get on with living their new, healthier lifestyle.

Some typical comments of acceptance are:

- I think I'm going to do this. I still don't like it much, but I think it will stick.
- I'd still like to use, but I choose not to.
- I am going to teach myself to like my new tobacco-free lifestyle. I'll do it gradually and positively.
- I am living a tobacco-free life.
- I am tobacco-free!



ACTIVITY: Ask participants to come up with more acceptance statements. Encourage group discussion. Write the statements on the board or flipchart.

Mention to participants their attitude toward quitting is the key to moving through psychological recovery. Encourage them to:

- Continue to look at these symptoms as part of the process.
- Move through the stages of grief with a sense of challenge, expectation and excitement about what lies ahead for them.
- Make discoveries about themselves.
- Reject any thoughts of having given up something. It's quite the opposite. They've gained something—their freedom and self-mastery.
- See this is not an exercise in self-denial, but in self-determination.
- Give this gift to themselves and to those around them.



Benefits of Quitting (10 minutes)

Purpose

- To reinforce motivation to quit by discussing the benefits of stopping smoking

Background

Benefits of Quitting⁴

As soon as participants quit, their bodies begin a series of healing or recovery changes that continue for years.

20 Minutes After Quitting

Their heart rate drops to a normal level.

12 hours After Quitting

CO level in their blood drops to normal.

Two Weeks to Three Months After Quitting

Their risk of having a heart attack begins to drop. Their lung function begins to improve.

One to Nine Months After Quitting

Their coughing and shortness of breath decreases.

One Year After Quitting

Their risk of coronary heart disease is half that of a smoker's.

Five to 15 Years After Quitting

Their risk of having a stroke is reduced to that of a nonsmoker's.

10 Years After Quitting

Their lung cancer death rate is about half that of a smoker's. Their risk of getting cancer of the mouth, throat, esophagus, bladder, kidney and pancreas decreases.

15 Years After Quitting

Their risk of coronary heart disease is the same as that of a nonsmoker's.

Source: U.S. Department of Health and Human Services. The Health Consequences of Smoking: A Report of the Surgeon General. Atlanta, GA: 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, 2004.



Background (continued)

Tobacco and Diabetes

- A person with diabetes who smokes is three times more likely to suffer a heart attack than a person with diabetes who doesn't smoke.
- More than 60 % of lower-limb amputations occur among people with diabetes. The number goes up to 95 % in people with diabetes who also smoke.⁵
- Smoking causes high blood pressure. High blood pressure in people with diabetes increases their chances for developing kidney damage.
- Smoking contributes to poor blood glucose control by interfering with the timing and effects of insulin.
- Blurred vision may be caused by high blood glucose levels and high blood pressure in people with diabetes. Blurred vision in people with diabetes may also be a symptom of more serious eye problems such as cataracts, glaucoma and retinopathy. Eye disease and vision problems such as cataracts have been linked to smoking.⁶⁻¹⁰
- Men who have diabetes and smoke have more difficulty achieving and maintaining an erection than nonsmoking diabetic men.
- People with diabetes who smoke are more prone to bone loss, especially in the feet.
- While a person smokes a single cigarette, blood supply to their toes can be reduced by as much as 40 percent.^{11,12}

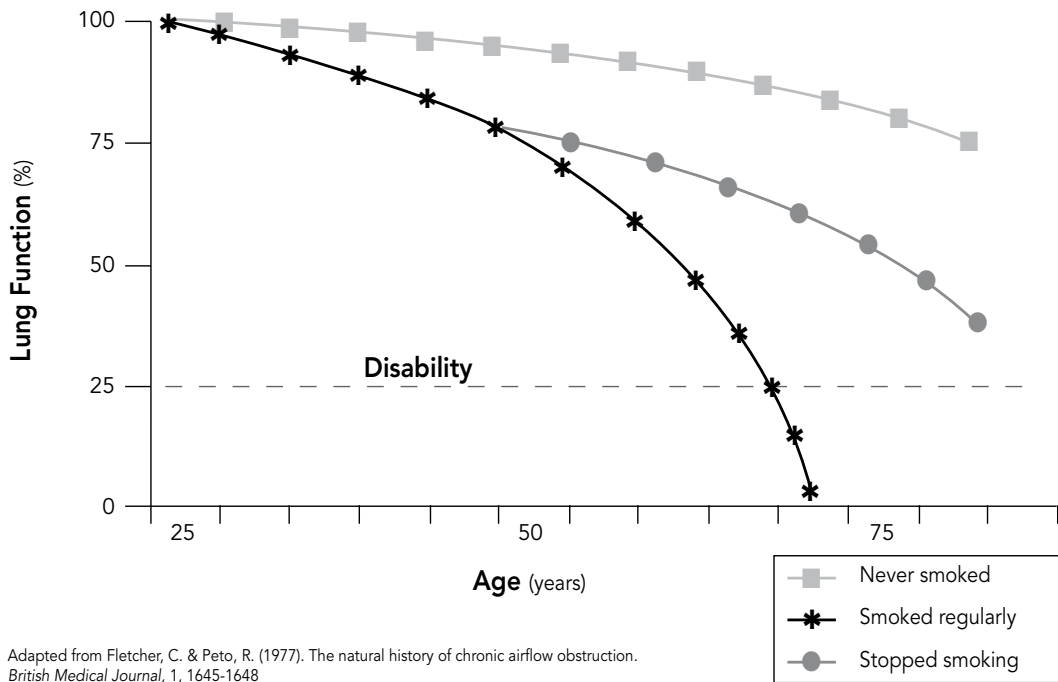
Tobacco and Chronic Obstructive Pulmonary Disease (COPD)

- COPD is a lung disease characterized by difficulty breathing, wheezing and having a chronic cough. It mainly involves chronic bronchitis and emphysema and becomes worse over time.
- Smoking is the single most significant risk factor contributing to the development of COPD.
- Since the year 2000, more women than men have died of COPD.
- People with COPD have an abnormal inflammatory lung response to the noxious particles and gases in cigarette smoke. This leads to a more rapid decline of lung function than occurs with normal aging.
- Smoking cessation is the single most effective intervention to reduce the risk of developing COPD and to slow the progress of the disease.
- After quitting, the progression of COPD in people who have it reverts to that of a nonsmoker.
- Quitting smoking can reduce other symptoms of the disease, such as chronic cough and cough that produces mucus.¹³



Background (continued)

Lung Function and Smoking Cessation



Lung function naturally decreases as people age. In people who smoke, that decrease is much more rapid. However, if they quit, the decrease will return to the normal rate. This **increases** both the number of years they're likely to live and their quality of life during those years.



Speaking Points

Reviewing Benefits

Tell participants they are going to review the “Benefits of Quitting” located in the workbook. Acknowledge the group has talked about the list before, and explain it is important to review this information during this part of the quit process.



Refer participants to page 9 of the workbook.

Go over the list on page 9 of the workbook.



ACTIVITY: Ask the group to contribute more benefits. Write them on the board or flipchart. Add comments (from list below) people don't mention.



Page 9 of Workbook

Within hours after quitting

- There is a rapid decrease in the CO level of the blood.
- Circulation to arms, hands, legs and feet improves.
- The ability of the blood to carry more oxygen helps improve night and peripheral vision.

Within weeks after quitting

- They will feel more energetic and have a better sense of taste and smell.
- They may rid themselves of the smoker's cough, sinus congestion and fatigue.
- They will also begin to have less shortness of breath.
- Ulcers may improve.
- Cilia in their respiratory tract will begin working again, clearing out the lungs and becoming a primary defense system in protecting their lungs. Soon, their lungs will function more efficiently. They will have fewer colds and infections.
- In the next few days or weeks, they'll probably notice a more productive cough (an increase of phlegm and saliva). It doesn't mean they're getting sick; it means they're getting better.



Within the first few years after quitting

- Their risk of developing cancer of the lung, larynx and mouth is significantly decreased.
- Their risk of death from heart disease and stroke is reduced by 50% after one year away from cigarettes and the risk continues to gradually decline.

Ten to 15 years after quitting

- Their risk of dying from a smoking-related illness is almost the same as that of a person who has never smoked.
- If they quit before age 50, they have one-half the risk of dying of smoking-related disease in the next 15 years compared to those who continue to smoke.
- Even if they have severe COPD and quit at age 65, they can anticipate four more years of life than those who continue to smoke.¹⁴⁻¹⁷
- The age or health of a smoker doesn't matter because quitting represents the single most important step that they can take to enhance the length and quality of their life.
- If they already have a lung disease, such as COPD, quitting will greatly slow further damage to their lungs. Mucus formation will decrease. Lung function naturally decreases as people age. In people with COPD, that decrease is much more rapid. However, if they quit, they can return to the normal rate of decline. This increases both the number of years they're likely to live and their quality of life during those years.

NOTE: Draw on the board or flipchart the “Lung Function and Smoking Cessation” chart located in the Background section in this guide (page 157). This will illustrate the lung function over time between nonsmokers, smokers and people who quit.

- Stopping smoking reduces their risk of respiratory infections such as pneumonia, which can be fatal in people with a chronic disease. People with asthma may lessen the frequency and severity of asthma episodes.
- If they are a parent or a parent-to-be, quitting may decrease the number and severity of respiratory and ear infections in their children.

Session 5: Winning Strategies



Have participants underline any of the benefits listed on the “How Would You Benefit by Quitting” page that they have already noticed. Then, have them put a mark next to the benefits they are looking forward to.



Refer participants to page 10 of the workbook.



ACTIVITY: Have participants add to the list of benefits of quitting in their workbook. Encourage participants to list benefits specific to them.

Tell participants it can be very difficult to focus on the benefits of quitting. Yet this is an important tool for success at this point in the process. For many people, recognizing personal benefits is an important source of motivation—one that helps them beat the urges. Other benefits include:

- A tremendous sense of self-control. They’re in charge of their life again.
- More money to spend on things important to them.
- Cleaner teeth and fingers.
- Fresher-smelling breath, clothes, home and car.
- Providing a better example to children. Children are more likely to use tobacco if one of both of their parents use it.
- Decreased risk of fire.
- Keeping the air cleaner for those around them.

Remind participants they are overcoming one of the strongest addictions—tobacco use and dependence! They are reaping important benefits in return. Tell them they deserve a lot of praise for their effort. Encourage applause from the group.

Page 10 of Workbook



Coping Strategies (15 minutes)

Purpose

- To reflect on coping strategies, the Slip and Relapse Effect, relapse prevention and social support
- To reflect on personal strategies to rework them (if necessary) as part of an ongoing Quit Plan

Background

Strategies for Coping with Urges

Urges are time limited (they begin, increase, reach a peak and then subside) and last several minutes. Staying abstinent “one day at a time” or even “one hour at a time” or “one urge at a time” helps participants obtain small victories in overcoming the addiction.

Identify Different Coping Strategies:

- Practice relaxation skills with imagery (using imagination to recreate and enjoy a situation that is very relaxing)
- Use the four ways to fight urges, plus:
 - **D**elay
 - **D**eep Breathe
 - **D**o Something Else
 - **D**rink Water
 - **Plus Deliberate** Thinking (safeguarding their thoughts to avoid smoking)
- Remember **HALT**: Avoid getting **H**ungry, **A**ngry, **L**onely or **T**ired
- To combat triggers, use the Three A’s for Acting Against Triggers: **A**void, **A**lter and **A**lternatives

Practice Assertiveness: Participants ask their spouse, friends or significant others not to use tobacco in the house or car, not to bring tobacco products into the house and not to use them in front of them.



Speaking Points

Using the Calendar Scorecard

Ask participants how they are doing with their “Calendar Scorecard” from the last session. Were they able to put stickers on all of the spaces during the last 48 hours?



Refer participants to pages 45 to 46 of the workbook.



ACTIVITY: Give participants time to explain their success or lack of it. Ask questions to stimulate group discussion.

NOTE: In instances where people were successful, ask what coping strategies were used and whether or not they were helpful. For those who used tobacco, ask what the situation was like when they smoked. Refer them to the “What to Do If You Get Off Track” page located in their workbook. Ask what they will do the next time that specific situation comes up.



Page 45 of Workbook



ACTIVITY (Optional): You may use this activity instead of the one above. Have participants pair up with their buddy and join another buddy pair. Ask them to discuss the coping strategies they used; what they have been saying to themselves these past two days; and what emotions they have experienced. Have the foursomes report to the large group what they discovered.

Remind participants using the stickers with the Calendar Scorecard will be reinforcement for them. Constant reinforcement helps build a better tobacco-free lifestyle.

Session 5: Winning Strategies



Tell participants **if they slip**:

1. Treat the slip as an emergency. Take immediate action to recover from the lapse. For example, throw away the tobacco product or leave the party.
2. Remember a slip is a mistake, not a total relapse back to using tobacco.
3. Repeat their commitment and review their reasons for quitting.
4. Think about the actions that led to their slip.
5. Plan a specific coping strategy for the next time.
- 6. Do not use any tobacco products**, and remember that the depressed, guilty, angry feelings will decrease as they continue their quit attempt.
7. Ask their buddy for help or call the American Lung Association's Lung HelpLine at 1-800-LUNGUSA (1-800-586-4872) for support. They can also visit the Freedom From Smoking® community at [FreedomFromSmoking.Inspire.com](https://www.freedomfromsmoking.com).



Reviewing and Refining the Quit Plan (10 minutes)

Purpose

- Refine Quit Plan as needed to develop successful coping strategies

Speaking Points

Quit Plan, Part 1

Remind participants the urge to use tobacco will pass in three to five minutes, whether or not they use. This is a true statement. Tell them it is helpful to use delay tactics as their strategy for getting past an urge.



Refer participants to pages 37 to 38 of the workbook.



ACTIVITY: Have participants discuss their “Quit Plan, Part 1” exercise from Session 3. Talk about the coping strategies that did and did not work. Encourage the group to suggest changes to strategies that weren’t successful.



ACTIVITY (Optional): Have each participant talk about their reward. Ask them if they want to write a new contract to last until Session 6. Allow time for them to complete a new contract.

Page 38 of Workbook



Quit Plan, Part 2

Coping strategies are vital to the quitting process. Reinforce their importance. Suggest participants:

- **Plan ahead for the situations that will trigger an urge.** In the morning, think about situations during that day that may tempt them to use tobacco. Then, plan specific ways they will cope with any urges.
- **Call or text their buddy.** Even if they don't talk about quitting, it will help pass the time.
- **Use other support people (family and friends).** Ask them not to use tobacco in the house and car, and not to bring any tobacco products into the house.



Refer participants to pages 57 to 58 of the workbook.



ACTIVITY: Direct participants to the “Quit Plan, Part 2” exercise in the workbook. Have them write down three things that have worked to help them stay away from tobacco. Then, have them write down situations in the coming week that could trigger an urge and their coping plan for each situation.



Page 57 of Workbook



Dynamics of Stress and Relaxation Exercise: Deep Breathing and Muscle Relaxation (15 minutes)

Purpose

- To teach the dynamics of the stress response
- To reflect on physical and imagery relaxation techniques
- To discuss the worksheet “52 Proven Stress Reducers”

Background

Stress

- Stress is mental, emotional or physical tension.
- An individual who has the time, experience and resources to manage a situation feels little stress.
- People feel stress when they think they cannot handle the demands put upon them.
- Therefore, stress depends on people’s perceptions (what they think) of situations and their real ability to cope with demands.

Physical Relaxation Techniques

Walk, swim, dance or ride a bike: These and other physical activities are some of the best stress busters. Consistent exercise can lower heart rate, lower stress hormones, improve mood and reduce symptoms of anxiety and depression.

Deep Breathing: To use this technique, take ten slow, deep breaths. Breathe in through the nose and out through the mouth ever so slowly. The body will relax further with each breath.



Background (continued)

Progressive Muscular Relaxation (PMR): The idea behind PMR is to contract a group of muscles as tightly as possible. Hold the muscle tension for a few seconds. Then, relax the muscles to the previous state. Finally, consciously relax the muscles even further so that they are as relaxed as possible.

Imagery Relaxation Techniques

The Relaxation Response²⁰ This is something participants can easily do by themselves if they're feeling stress.

1. Sit quietly and comfortably.
2. Close their eyes.
3. Focus attention on their breathing.
4. Breathe in deeply and then let their breath out. Say or think the word "one" or "calm" as they let their breath out. (This gives them something to do with their mind, helping them to avoid distraction.)
5. Do this for 10 or 20 minutes if they can.

Visualization

Use their imagination to recreate and enjoy a situation that they find very relaxing. The more intensely they imagine the situation, the more relaxing the experience will be. Their body reacts to these imagined scenes almost as if they were real.

To relax with imagery, visualize a comfortable and pleasant place, and enjoy it. For example, they can imagine a place or event that they remember as safe, peaceful, restful, beautiful and happy. They can bring all their senses into the image. For instance, they might hear sounds of running water and birds, smell cut grass or wood, taste a cool refreshing drink, feel the warmth of the sun and so on. Participants can use their imagined places as a retreat from stress and pressure.

Laugh

Anything that makes people laugh helps reduce stress. A good laugh relaxes muscle tension and stimulates the production of stress-relieving chemicals in the brain. They can watch a favorite movie or television show that is usually good for a laugh or get together with friends they find entertaining. Laughter really is good medicine!



Speaking Points

Stressful Situations

Remind participants that stress is an emotional response to situations, events or changes. Mention some of the major concepts about stress and tobacco use:

- The act of quitting is very stressful.
- When people quit, even small irritations can seem like full-blown, major problems that are out of control.
- Sensitivity levels are heightened. Noises seem louder, smells seem stronger and irritation turns into anger (rage).
- Without using tobacco, people may feel they have no way of dealing with stressful situations.
- The first thing people usually do when they feel stressed is to try to stop their feelings. They use coping strategies to do this. The old strategy was using tobacco. Tobacco use was a way to numb the feelings they were having so they could complete whatever task was at hand.
- Other negative coping strategies are drinking and eating.
- Negative techniques (coping strategies) can be dangerous and can make stress worse. When people bury their real feelings, those feelings fester inside, making them unhappy or even sick.
- Uncertainty, irritation and anger are normal for anyone experiencing stress. Without tobacco use to mask those feelings, participants need new skills for managing stress.

Coping with Stress

Mention some of the short-term coping techniques that are important for getting through the most intense times of stress:

- Keeping busy. Distracting themselves.
- Calling or texting a buddy to vent.
- Counting to ten, or a number that works for them.
- Meditating on spiritual themes while doing deep-breathing exercises.
- Walking away.
- Finding a way to release the energy (staying active, moaning, crying or laughing).
- If their emotions are causing stress, they also need to deal directly with the cause of those emotions. Take time out from work if necessary. Practice relaxation exercises. Write or talk about their feelings and what's causing them.
- Avoid alcohol and other drugs. Eat a balanced diet and get plenty of rest. Reflect on how they deal with happy and sad times.
- Choose to live life without tobacco products.



Deep Breathing and Muscle Relaxation Exercise

Explain to participants practicing relaxation exercises every day helps them build a new routine. Taking this time creates an atmosphere for managing emotions. Tell participants they are going to start another relaxation exercise now (Exercise 3 of the Relaxation Exercises for Better Breathing). Give them a moment to prepare (get comfortable in their chair, close their eyes, etc.).

NOTE: Facilitators may choose one of two ways to present this relaxation exercise—read aloud from the script or play the relaxation exercise. If you use the script, read the exercise in a slow, relaxing tone.



SCRIPT: *This exercise combines deep breathing and muscle relaxation. Close your eyes, settle comfortably in your chair, and take a deep breath. Let your body become as rested and peaceful as possible. I am going to name different parts of the body. As I do, focus your attention on that area and try to let the muscles there relax as you take a deep, quieting breath. As you let the air out, allow all tension to flow away.*

*First, focus attention on your forehead. Breathe in deeply and, as you release the air, let the muscles there relax completely. **[Pause]** Now think about your eyes. Take a deep breath and relax your eyes as you exhale. **[Pause]** Now, your jaw muscles... Take a deep breath in and, as you breathe out, let your jaw muscles relax completely. **[Pause]***

*Now, your neck: Take a deep breath and, as you exhale, let any tension in your neck just flow away. **[Pause]** Next, your shoulders: Breathe in deeply and, as you breathe out, let your shoulders drop and relax completely. **[Pause]***

*Now your right arm: Breathe in deeply and, as you exhale, let all tension flow from your right arm. **[Pause]** Your right hand: Breathe in deeply and, as you breathe out, let your right hand relax completely. **[Pause]***

*Your left arm: Breathe in deeply and, now breathing out, let your left arm relax. **[Pause]** Your left hand: Breathe in deeply, and now exhale, letting your left hand relax. **[Pause]***

*Your stomach: Breathe in deeply and then, as you let the air out, feel all tension leaving your stomach. **[Pause]** Your buttocks: Breathe in deeply and, as your breath flows out, let your buttocks relax. **[Pause]***

Your right leg: Breathe in deeply and, as you breathe out, let your right leg relax.

Session 5: Winning Strategies



[Pause] Your right foot: Breathe in deeply and now breathe out, letting your right foot relax. **[Pause]**

Your left leg: Breathe in deeply and, breathing out, let your left leg relax. **[Pause]**

Your left foot: Breathe in deeply and now let the air out as your left foot relaxes.

[Pause]

Now, take another deep breath and, in your mind, picture the number “three” as you exhale, feeling calm throughout your body. Take another deep breath and see the number “two,” relaxing further as you exhale. Another deep breath and see the number “one.” Relax even further as you exhale. Breathe deeply a few more times and each time you exhale, allow any remaining tension to flow out from your body. **[10-second pause]**

This ends the exercise. When you’re ready, open your eyes. Be sure to stretch your arms and legs a bit before you try to get up.

52 Proven Stress Reducers

Tell participants they will now learn about “52 Proven Stress Reducers.”



Refer participants to pages 59 to 60 of the workbook.

Tell them this list includes some very good on-the-spot techniques they can use, as well as good long-term suggestions.



ACTIVITY: Have participants read the list and circle five tips they might use this week. Ask if they can come up with some ideas of their own. Encourage group discussion.



Page 59 of Workbook



Closure (5 minutes)

Purpose

- To preview the practice activities to be completed before Session 6

Speaking Points

Review

Tell participants this completes today's session. Ask them to keep their guard up over the next several days and plan for those high-risk situations that could get them in trouble. Tell them the group will meet next week on the regular meeting day (repeat the date and time).

Discuss their activities for this week:

1. Don't use tobacco! If they slip, don't give up. Tell them to remember today's discussions and keep trying.
2. Call or text their buddy.
3. Call the Lung HelpLine at 1-800-LUNGUSA (1-800-586-4872) for support, or visit the Freedom From Smoking® community at FreedomFromSmoking.Inspire.com.
4. Keep expecting and noticing new benefits. Write them down as they occur.
5. Don't use tobacco!
6. Start practicing their on-the-spot stress-reducing techniques.
7. Work their Quit Plan and work hard—get plenty of sleep, drink water and stay active!
8. Keep their “quit kit” or “survival bag” with them at all times.
9. Write another contract if they found the first one helpful.
10. Ask friends and family members not to smoke in the house and car and not to bring cigarettes into the house.
11. Come to Session 6 no matter what. This is when the program gets interesting. Tell them not to be embarrassed to show up even if they're smoking!
- 12. Don't use tobacco!**



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Session 6: The New You



Topics	Time (minutes)
1. Welcome and Progress Review	25
2. Medication Review	10
3. Lifestyle Changes to Stay Quit	10
4. Weight Management	25
5. Tips for Staying Tobacco-free	15
6. Handling Social Situations	15
7. Closure	20

Participant Materials	Facilitator Materials
“Calendar Scorecard” (from Session 4)	Name tags
“Quit Plan, Part 2” (from Session 5)	Chalkboard, whiteboard or flipchart
“What to Say to Myself /What to Do for Myself” wallet card	Chalk or markers
“Quit Medications: What You Need to Know” (from Session 2)	Supply of pens and paper
“Lifestyle Changes to Support Quitting” (from Session 2)	Relaxation exercises on MP3
“Quit—Control Your Weight”	Speakers to play MP3 files
“Why Do I Eat?”	
“Hunger Helps”	
“Tips for Staying Tobacco-free”	
“What to Do If You Get Off Track” (from Session 5)	



Major Concepts

Intra-Treatment Support: Weight Management

Weight control is a major issue among people who are deciding whether or not to quit. Participants must approach the issue with determination and a plan. Session 6 presents a step-by-step approach to quitting tobacco and maintain weight. The weight control aspect of cessation was tested in a research study through the University of Minnesota. After one full year, the average weight gain among 500 women who participated in the study was 8 pounds. Overall, current research suggests that nicotine's effects include both increased metabolic rate and decreased appetite. Therefore, stopping is associated with an increase in appetite and caloric intake, particularly sweet foods, resulting in an increased body weight of 9 pounds, on average. This is insignificant in comparison to the damaging health effects of quitting tobacco.

The content contained in this session is for informational purposes only and **should not be construed as medical advice**. Participants should consult a healthcare professional before undertaking any diet or exercise program.

Facilitator Notes

1. Be sure to encourage group discussion in Sessions 6 through 8. It is more important for the participants to talk about their feelings and experiences than to cover all the material.
2. There is enough material to fill the whole session if the participants are not very talkative. Use any information left over from Session 5 if necessary. Give priority to participant discussion rather than session content.
3. By now, many participants will have been in a social situation that tempted them to smoke. Use their stories to brainstorm coping strategies.



Welcome and Progress Review (25 minutes)

Purpose

- To reflect on relapse prevention

Speaking Points

Review

Welcome everyone back. State that one week has passed since the group has quit using tobacco.



Refer participants to pages 45 to 46 of the workbook.

Review the “Calendar Scorecard” from Session 4. Praise the people who have quit completely. Remind them all their hard work and planning is paying off. They are well on their way to living tobacco-free.

For those who have used tobacco on occasion, acknowledge their efforts to quit and congratulate them on continuing to work through the program. Encourage them to continue to strategize ways to resist urges and cravings. They should reflect on their actions in difficult trigger situations. What can they do to resist against temptation the next time?

NOTE: Invite those individuals who need special help to stay after the session to talk.



Page 45 of Workbook

Session 6: The New You



Tell participants that one of the keys to resisting tobacco use urges is to keep working with their “Quit Plan” exercises.



Refer participants to pages 37 to 38 and pages 57 to 58 of the workbook.

Explain their difficult situations will change the longer they go without using tobacco. The situations decrease in number and, for the most part, the urges that arise grow weaker. But, they should be aware this is not the time to drop their guard. Out of nowhere, the intensity of an urge may feel so strong it becomes a craving.



ACTIVITY: Ask participants to share some of the situations that continue to trigger strong urges. Encourage group discussion. Be careful this conversation doesn’t begin to trigger urges!

Tell participants the group will begin to look at some long-term alternatives designed to relieve those difficult urges.



ACTIVITY: Ask the participants to talk about the coping skills that have helped them stay off cigarettes. Encourage group discussion. Focus the group toward thinking of new alternatives for avoiding smoking. Stimulate conversation by asking them how their buddy helped or how they helped their buddy. How were they able to get support from family or friends? Did they have to avoid any people, locations or situations?

NOTE: Encourage participants to review and revise their “Quit Plan, Part 2” exercise from Session 5 if necessary. Discuss the one-week “Contract” if they created one. Ask if they gave themselves their reward.



Page 37 of Workbook



Page 57 of Workbook

Session 6: The New You



Tell participants they will now practice handling some situations that might trigger them to use tobacco.



ACTIVITY: Read the series of scenarios listed below. For each one, call out to a participant to tell the group how they would handle the situation. Encourage discussion.

Example A: *You are at a party and have had a few beers. A friend offers you your old brand of tobacco product. What do you say or do?*

Example B: *You get in the car and realize the gas tank is “below empty.” You glance at your watch and decide to pull over at a gas station. While waiting for the tank to fill, you find yourself reading a tobacco product advertisement on top of the gas pump. Next thing you know, you’re visualizing using a tobacco product—they’ve reduced the pricing on a new brand. How are you going to handle this situation?*

Example C: *It’s Sunday night and you’re alone with not much to do. It’s a great evening for a walk to the local store. You really want to use. Do you have any ideas for getting through this one?*

Example D: *You are under a lot of pressure at work. Your supervisor wants a report done before you leave tonight. You can’t concentrate because of the stress. You see your co-workers taking a “smoke break” outside. You could use any of their products. What are you going to do?*

Explain to participants that these scenarios reflect situations that are very likely to happen. As this activity shows, it is difficult to think on-the-spot in trigger situations. That’s why it’s important to plan for them and to practice. Have participants look at the “What to Say to Myself/What to Do for Myself” wallet card.



Refer participants to the wallet card in the workbook.

Tell them the best way to prevent relapse is to be prepared. Suggest reading this card often, and carrying it with them wherever they go.

What to say to myself when I want to go back to using tobacco:



1. The urge will pass whether I use or not.
2. I'm not going through the pain of quitting again!
3. I like myself when I'm not using.
4. I'll distract myself until the urge passes.
5. I deserve credit for quitting.

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Medication Review (10 minutes)

Purpose

- To review medication compliance by those participants using it

Speaking Points

Reviewing Medications

Ask to hear from participants who are using a medication to quit. Ask them questions to stimulate discussion (“Are they following the directions in the package insert?” and “How has the medication supported their quit process?”).

Tell participants to look at the “Quit Medications: What You Need to Know” chart located in the workbook.



Refer participants to pages 31 to 35 of the workbook.

NOTE: Briefly remind participants to consult with a doctor before using medication to quit. Explain that this is especially true for those people who have any of the “special circumstances” listed on page 32 of the workbook. People with any of these circumstances should contact their doctor to find out if any quit medications would work for them.

Tell participants the three main reasons people don’t get the full benefit of using the medications:

- They don’t use it correctly.
- They don’t use it long enough.
- They don’t use enough of it.

Tell them to make sure they use the medication for the amount of time recommended in the package insert, or as directed by their doctor if they’re using a prescription.

NOTE: Most people stop using nicotine replacement therapy at the end of the prescribed course without discomfort. It’s fairly rare to become addicted to nicotine replacement products.^{9,10}



Page 31 of Workbook



Lifestyle Changes to Stay Quit (10 minutes)

Purpose

- To encourage lifetime abstinence from tobacco

Background

Serenity Prayer:

God, grant me the serenity to accept the things I cannot change, The courage to change the things I can, And the wisdom to know the difference.

Serenity Prayer for Secular Use ghj“Let us be willing to find the serenity to accept the things we cannot change; the courage to change the things we can, and the wisdom to know the difference

Speaking Points

Short-Term Changes

Tell participants they are making an important lifestyle change by quitting. Indicate they are proving they have the skill and determination to do something very positive for themselves. Being proud of this accomplishment may motivate them to continue making positive changes. Some of the other positive changes they might make include:

- Increasing their activity level and becoming more fit
- Learning new stress-management methods

Explain to participants making other healthy lifestyle changes is an important long-term strategy for abstaining from smoking. Making additional changes makes it easier to forget smoking. Those who make other lifestyle changes are most often the people who become permanently successful at staying tobacco-free.

Tell participants the coping skills they have used so far have mostly been short-term skills. These activities helped them get over the first days of quitting. After that, the body begins to adjust itself to its natural tobacco-free state. Remind them:

- Nicotine clears out of the body rather quickly.
- Nicotine should be in the undetectable range within 24 hours after quitting.¹
- They needed short-term skills to defend against the very strong physical urges that happen during the first few days.

Session 6: The New You



Give participants some examples of coping techniques that are effective in the short-term but unrealistic over a lifetime:

- Avoiding coffee, or some other difficult trigger situation, is a very useful short-term technique. However, they may not intend to go without coffee for the rest of their life.
- Chewing sugarless gum or eating a piece of candy may have helped them avoid tobacco for a time. However, eating lots of candy can have its own undesirable effects.
- Taking a deep breath relieves built-up tension which might otherwise lead to tobacco use. Deep breathing will continue to help, but they may need broader ways of dealing with daily tension.



Refer participants to pages 23 to 24 of the workbook.

Have participants review the “Lifestyle Changes to Support Quitting” located in the workbook if they need more tips.

Preparing for Long-Term Changes

Tell participants now is the time to begin creating a long-term plan to help them abstain from tobacco use. They should also close any remaining “backdoors” that could encourage them to smoke, vape or chew.

Explain to participants for the rest of the sessions, they will be focusing on lifestyle changes that are long-term strategies for staying off tobacco.

Tell them for today, the group will look at long-term maintenance, exploring weight control issues and social situations. Tell participants weight gain and difficult social situations are two major reasons people give for returning to using tobacco. Preparing for each of these is the next step in preventing relapse.



Page 23 of Workbook



Weight Management (25 minutes)

Purpose

- To discuss why people gain weight when quitting
- To review methods to minimize or avoid weight gain while quitting

Background

Basic Ways to Manage Weight

1. Have a healthy eating plan.
2. Cut down on calories.
3. Select the right portion size.
4. Limit sugars and fats.
5. Drink water.
6. Increase physical activity.

A Healthy Eating Plan^{2,3}

- Emphasizes whole grains (including whole wheat, cracked wheat, oatmeal, whole cornmeal and brown rice), vegetables, fruits, 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.

Cutting Down on Calories⁴

- For packaged foods, first look at the serving size AND the number of servings per container. Then determine the calories you plan to actually consume.
- Notice that ingredients are listed in descending order, so those ingredients listed first weigh the most, while those weighing the least come last.
- Broil or bake foods when possible.
- Cut excess fat from meat before cooking.
- Ask for sauces, gravy and salad dressing on the side.
- Eat fewer biscuits, rolls and breads.



Background (continued)

Cutting Down on Calories⁴ (continued)

- Boil or steam vegetables, and eat lots of them.
- Switch to sherbet or frozen yogurt instead of ice cream.
- Use mustard in place of mayonnaise or sandwich spread.
- Buy tuna packed in water, not oil.

Portion Size^{2, 5}

When Eating Out:

- Choose the regular-sized hamburger, chicken or fish sandwich instead of the large.
- Have the small fries instead of the super-sized.
- Order water, or unsweetened iced tea.
- Share a meal with a friend.
- Ask for half the meal to be packed to take home, and eat it for lunch the next day.

At Home:

- Don't "eat from the bag." When snacking, place a few chips, crackers or cookies in a bowl to help prevent overeating.
- Buy single portions of snack foods to avoid being tempted to eat the whole bag or box.
- Use low-fat varieties of sour cream, mayonnaise, cream cheese and cheese.

Limiting Sugars:⁵

- Limit naturally occurring sugar by comparing products and choosing the one with the lowest amount.
- When no sugars are listed even though the product says it contains sugars, it probably contains only naturally occurring sugars.
- Other names for added sugars include corn syrup, high-fructose corn syrup, fruit juice concentrate, maltose, dextrose and sucrose.

Drink Water:

- Drink at least eight glasses of water per day.



Background (continued)

Physical Activity^{2,6}

- To lose weight at a healthy rate, aim to lose one pound of body fat per week.
- Participants should obtain clearance from their doctor before engaging in any type of vigorous-intensity physical activity.
- People who have preexisting conditions, such as heart disease and diabetes, should obtain clearance from their doctor before starting to do any level of activity.

Health Experts Recommend

- **To reduce risk of chronic disease:** Participate in at least 30 minutes of moderate-intensity physical activity at home or work on most days of the week.
- **To help manage body weight and prevent gradual, unhealthy weight gain:** Participate in approximately 60 minutes of moderate- to vigorous-intensity physical activity on most days of the week, while not exceeding caloric intake requirements. Consult with a healthcare provider before participating in this level of activity if they have a preexisting health condition.
- **To sustain weight loss:** Do at least 60 to 90 minutes of daily moderate-intensity physical activity, while not exceeding caloric intake requirements. Consult with a healthcare provider before participating in this level of activity if they have a preexisting health condition.

Speaking Points

Six Reasons for Gaining Weight

Tell participants weight increase is a common reason people give for returning to using tobacco. Ask how many of them are concerned about weight gain at this point in the quit process.

Remind participants keeping a list of reasons to quit helped motivate them as they quit. Tell them keeping a list of reasons to maintain their weight will motivate them as well and may help them to make healthy choices.

Session 6: The New You



ACTIVITY: Ask participants why they want to maintain weight as they quit. Write the reasons on the board or flipchart. Encourage group discussion.



ACTIVITY: Divide participants into groups of three. Have them talk about why they think people gain weight when quitting. Have them write down these reasons. Give them three minutes to do this. Then ask for one reason from each group and write it on the board or flipchart.

Suggest that participants read “Stop Smoking—Control Your Weight” located in the workbook if they need help getting started.



Refer participants to pages 61 to 62 of the workbook.

Tell participants research has shown that the top six reasons for gaining weight when quitting are as follows:

- 1. Substitution.** They eat when they have an urge to use tobacco. They also may eat instead of using tobacco when they experience stress. If they substitute food for cigarettes, they probably are eating more, causing weight gain.
- 2. Taste.** Their taste buds are not dulled by tobacco use anymore, so food smells and tastes better. If food tastes better, they may eat more and gain weight.
- 3. Metabolism.** There is some evidence showing that people who use tobacco keep their bodies at a metabolic rate that is higher than normal. When they quit, they begin burning fewer calories. Their smooth muscle is relaxed, so their gastrointestinal tract slows. They store excess calories as fat, and they gain weight.
- 4. Low Energy.** Many individuals feel very tired when they quit. If they are tired, they are less active and burn fewer calories. As a result, they gain weight.
- 5. Increased Appetite.** Some people used tobacco to decrease hunger. (Nicotine suppresses appetite for up to an hour.) Once they quit, they may feel more hungry, or notice an increased appetite. A symptom of recovery, hunger is not bad. The key is dealing strategically with hunger. If they just eat more, they will gain weight.



Page 61 of Workbook



6. **Craving for Sweets.** Nicotine can satisfy a craving for sweets. People who no longer smoke, vape or chew may crave sweets more. Nicotine withdrawal is sometimes eased by eating sugar. This is dangerous for both weight control and the body's chemical balance. Health specialists have termed roller-coaster highs and lows of blood sugar level the “sugar blues.” People get a rush or a high when they eat sugar and a low or depression when they need more. It's similar to the feelings tobacco users experience when addicted to nicotine.

Tell participants:

- Statistics suggest that most people (80%) experience one or more recovery symptoms when quitting.⁷
- Of the 80%, some experience a weight gain averaging nine pounds.⁸
- The weight gain typically happens in the first two to four weeks, and then eases off.
- Weight gain after the first month is often due to one of the six factors listed previously and can be controlled by changing behavior.
- The specific cause of weight gain can be determined. Once they understand it, they can change the behavior.

Why Do I Eat?

Have participants go to the “Why Do I Eat?” worksheet located in the workbook. Tell them this exercise will help them determine their own potential problem areas in managing weight.



Refer participants to pages 63 to 64 of the Workbook.



ACTIVITY: Have participants rank each statement. Tell them to score it using the chart on the back of the worksheet. Allow time for them to complete the exercise.

Page 63 of Workbook

Session 6: The New You



Explain in more detail how this exercise will help them change eating behaviors:

- The category column lists reasons why people gain weight.
- They can make a plan to change behavior in any category that has a score of four or higher. Give examples of alternative actions for those who eat as a substitute for companionship (spend more time with people, start reading novels when they are alone, fill their alone time with satisfying activities, get a pet).
- While this quiz can help them change behaviors, it is only a guide and may not always reflect a totally accurate picture.

Have participants go to the “Hunger Helps” worksheet located in their workbook.



Refer participants to pages 65 to 66 of the workbook.

Have participants discuss some of the tips for changing their behavior around food.



ACTIVITY: Ask participants to share any other tips they find helpful that aren't listed in the workbook. Encourage group discussion. Write their suggestions on the board or flipchart.



Page 65 of Workbook

Go over the “Fat Facts” on the back of the “Hunger Helps” worksheet. Discuss these major points:

- The chart includes two columns labeled “High-Fat Food Choices,” and two columns labeled “Lower-Fat Alternatives.”
- Exchanging foods from the high-fat column for those in the lower-fat column will help cut some fat from their diet. It is a good idea for most people to eliminate some fat.
- Studies show that people living in the U.S. tend to eat a lot more fat than they need. This is bad for heart health and contributes to weight gain.

NOTE: If they want more information on a healthy diet that's right for their age, and lifestyle, refer them to choosemyplate.gov.



Tips for Staying Tobacco-Free (15 minutes)

Purpose

- To reflect on the Slip and Relapse Effect, coping strategies and social support
- To introduce the “Tips for Staying Tobacco-Free” worksheet for long-term abstinence

Speaking Points

Dealing With Slips

Point out that participants have already gone one week without using tobacco. Stress that the importance of this accomplishment to their future health and well-being cannot be too strongly emphasized.

For any individuals who have not yet been completely successful at remaining tobacco-free:

- Remind them of what a slip means: They were probably not prepared to cope with a trigger situation. It doesn't mean that their quit process is a failure or that they can't quit.
- Suggest they learn from their mistake. Ask them to acknowledge the guilt and remember the feeling of despair that went with the slip. (They might use this memory to help keep them from slipping again.) Then, have them focus on what caused the slip(s) and what they will do differently next time.
- Ask them to commit to being tobacco-free and feel even more confident that they will be able to resist other temptations.

Remind them they have invested considerable time and effort thus far. Tell them that no tobacco product is worth risking all of their hard-earned progress.



Additional Resources

Tell participants becoming tobacco-free involves determination, commitment and a plan. The real problem in quitting for most people is staying quit.



Refer participants to pages 67 to 72 of the workbook.

The “Tips for Staying Tobacco-Free” information located in the workbook is a resource designed to help them achieve their goal of staying tobacco-free. The “Tips for Staying Tobacco-Free” guide:

- Addresses key maintenance issues in a concise, “take action” format.
- Incorporates state-of-the-art maintenance strategies and helps reinforce the information from every clinic session and the relaxation exercises.
- Provides tools to help participants “go it alone” once the program has ended.
- Provides basic techniques for staying tobacco-free.
- Has techniques that will work if they use the tips, but will not work without effort on their part.



Page 67 of Workbook

Explain to participants this is a resource for them to use after the clinic is over. In the long run, these tips might be the most valuable piece of information they get from this program. Tell them the tips can be used to:

- Help cope with immediate urges and cravings.
- Develop additional alternatives to tobacco use that lead to a healthier and happier lifestyle.
- Help them return to a tobacco-free lifestyle if they happen to slip again.

Remind them tobacco use at any time is a signal to examine the cause of the slip. Once they know the trigger, they can develop a specific action to cope with that situation, or a similar one, when it comes up again.

Tell participants to become familiar with this material during the week. Mention not everything will be equally important for everybody. However, everybody will find some material they consider useful for dealing with problems that arise.



Handling Social Situations (15 minutes)

Purpose

- To discuss techniques for handling risky social situations
- To incorporate assertiveness in securing social support

Speaking Points

Coping Techniques

Tell participants there is a strong connection between parties or other social situations and the desire to use tobacco. Explain even after nicotine is out of their bodies, the mental part of their addiction is strong. They associated tobacco use with places, events and emotions; therefore, social situations are triggers that will tempt them to use tobacco.

Mention some people avoid social situations because they are afraid they will use. Tell participants this is only a temporary strategy; social situations can't be avoided forever. Point out some of the major concerns with social situations:

- Social situations and events involving alcohol may be difficult over the long haul. Alcoholic beverages can reduce inhibitions and can temporarily weaken a person's determination.
- Social situations, such as parties, have been the downfall of many people. But if they practice the techniques they've learned in this program and if they prepare in advance, they will have the skills they need to succeed.

Go over some of the techniques they've learned in this program:

- Telling someone of their decision not to use tobacco at the event, regardless of circumstances.
- Preparing in advance for what they will do when they have a craving for a tobacco product. Rehearse it in their mind. Suggest they practice not using tobacco to safeguard their thinking and avoid feeling the despair that comes with slipping.
- Using the Three A's for Acting Against Triggers for social situations. In some cases, the gathering may have to be **avoided** for a period of time. In other cases, it may have to be **altered**, or an **alternative** event/situation will need to be planned instead.

Session 6: The New You



Tell participants they are going to try an exercise that will help them visualize a positive outcome to a social situation.



ACTIVITY: Ask participants to close their eyes for a moment. Have them imagine a situation they think will test their ability to stay tobacco-free. Wait for a minute; ask if they are visualizing the situation. What's happening? Who is there? Where are they? Now ask them to imagine they want to use tobacco. Wait for a minute, then ask them to think of three things they could do instead of using tobacco. Tell them to visualize carrying out one of the three choices.

NOTE: If time permits, ask some participants to share their choices with the group.

Tell participants that if they do this preparation exercise before going to a party or social event, their chances of success improve. Give participants more detailed instructions for dealing with social situations:

- Once they actually arrive, assess the situation and make a specific plan to succeed.
 - Find a place to get fresh air. BE CAREFUL going outside. These days, all the individuals who use tobacco may be gathered outside!
 - Find a nontobacco user to help support their plan not to use. There are a lot of former tobacco users who know exactly what they're going through and will be glad to help them succeed in quitting!
 - Keep their hands occupied.
 - Tell people they have quit.
- Be prepared for pauses in the conversation. Have a list of several topics that they can talk about.
- Have a ready response if someone offers a cigarette.
 - "No, thank you. I've stopped using tobacco."
 - "Thank you, but I promised I'd stop using it."



Closure (20 minutes)

Purpose

- To reflect on physical and imagery relaxation techniques
- To preview the activities to be completed for Session 7

Speaking Points

Review Practice Activities

Tell participants they are going through physical recovery and already have largely freed their body of nicotine. Now, any craving for cigarettes is mostly psychological. Situations that were strongly linked with tobacco use will still prompt the urge to use tobacco.

Encourage participants to continue making healthy changes in their lifestyle. The benefits of these changes will more than make up for any perceived loss resulting from the absence of tobacco.

Review their practice activities for the coming week:

- Review the “Why Do I Eat?” worksheet, and determine some strategies to prevent weight gain.
- Become familiar with “Tips for Staying Tobacco-Free.”
- Prepare and practice for upcoming social situations.

These activities are in addition to keeping alert and vigilant against the temptation to use tobacco.

- Review their reasons for quitting.
- Add to their list of benefits.
- Call or text their buddy.
- Call the Lung HelpLine at 1-800-LUNGUSA (1-800-586-4872) for support or visit the Freedom From Smoking® community at FreedomFromSmoking.Inspire.com.
- Learn to dislike the negative health effects and control issues resulting from tobacco use.

Session 6: The New You



- Begin collecting reasons to continue the change. Think about making an **“Open in Case of Strong Temptation to Use Tobacco”** envelope. It could contain family pictures, the “Benefits of Quitting” worksheet from Session 1, the Quit Ceremony letter from Session 4, pictures of pets, the American Lung Association’s Lung HelpLine number (1-800-LUNGUSA or 1-800-586-4872) or anything they think will help fight the urge.

Tell participants that they are going to repeat the relaxation exercise from Session 3 (Exercise 2 of Relaxation Exercises for Better Breathing). Give them a moment to prepare (get comfortable in chair, close eyes, etc.)

NOTE: Facilitators may choose one of two ways to present this relaxation exercise—read aloud from the script or play the relaxation exercise. If you use the script, read the exercise in a slow, relaxing tone.



SCRIPT: *This exercise will help you relax all of your muscles. It will also teach you to notice which parts of your body are especially tense, so that you can address that tension. The object is to tighten and then release the pressure in different muscles. By doing so, you will achieve deeper and deeper relaxation. Get as comfortable as possible and we’ll begin. If you find any part of the exercise to be difficult or painful, stop immediately and relax until you feel better.*

Start by raising your eyebrows as high as possible, feeling the tension build in the muscles around your eyebrows. Hold that tension for a moment. **[Pause]** Now relax and feel the tension flow away.

Next, squeeze your eyes shut as tightly as you can. Hold that tension. Let it build. Hold it a little more. **[Pause]** Now relax your eyelids and feel the relief from the tension.

Now, clench your teeth together tightly. Let the tension build. Hold it. **[Pause]** Release your jaw, letting it go loose.

Now, squeeze your whole face into a knot and hold it there. Let the tension build as you squeeze your eyes, mouth and nose together hard. **[Pause]** Now let go, relax. Notice how loose and relaxed your whole face feels.

Slowly bring your chin down toward your chest, feeling the tension build in your neck and jaw. Hold it, letting the tension build. **[Pause]** Now release. Feel relaxation flow in.

Next, hunch up your shoulders, pulling them up as high as you can. Feel the tension



build in your shoulders and up into your neck. Hold it for a few seconds. [Pause] Now relax and feel the relief.

Now, make your right hand into a tight fist and hold your right arm out at shoulder height. That's it; reach way out. Feel the tension building as you clench your fist and keep your arm stretched tight. Hold it. Hold it... **[Pause]** Now slowly allow your arm to come back down to your side and relax.

Now, make your left hand into a tight fist and raise your left arm out at shoulder height, reaching out as far as you can. Feel the tension in your clenched fist and arm. Hold it. **[Pause]** And relax your arm, allowing it to slowly return to your side.

Now make tight fists with both hands and raise both arms to shoulder height, stretching them in front of you as far as you can. Hold, and let the tension build. **[Pause]** Now let your arms return to your side and relax. Feel the relief in these muscles.

Next is your stomach. Pull your stomach muscles in tight, as tight as you can. Keep tensing those muscles. **[Pause]** And relax.

Now, raise your right leg, tensing your thigh and calf muscles and pulling your toes back toward you. Feel the muscles stretching in the back of your leg. Hold it. Feel the tension build. **[Pause]** And let your leg slowly back down and relax.

Raise your left leg and tighten your calf and thigh muscles as you pull your toes back. Feel the same stretching in the back of your leg. Keep holding as tight as you can. **[Pause]** Now lower your leg and relax. Feel the sense of relief.

Now, raise both legs together and tighten your calf and thigh muscles as you extend your toes this time, pointing them straight forward as far as you can. Keep that tension, letting it build. Hold it... **[Pause]** Now let your legs back down and relax. Feel the sense of relief.

Session 6: The New You



***Take** a moment to notice the muscles throughout your body. How do they feel? Be aware of your head, your neck, shoulders, arms, chest, stomach, legs and feet. If you still feel tension somewhere, repeat the tensing and relaxing exercise with those muscles until they, too, are relaxed.*

***Now** spend a few moments experiencing the deeply relaxed, peaceful feeling throughout your body. Feel the quiet, the restfulness that comes from releasing the tension in your muscles. **[Pause]** Take a full deep breath, hold it a moment, and as you let the air out, allow any remaining anxieties and tensions to just flow away. You are now deeply relaxed and at ease. When you're ready, open your eyes and stretch your arms and legs. Don't get up until you feel ready.*

NOTE: Tell participants if they are still having trouble quitting, they may stay after class to ask any questions or offer comments. If time permits, mention the tips below to help participants stay tobacco-free:

- Refer participants who have used tobacco to “What to Do If You Get Off Track” located on page 55 of the workbook.
- Distinguish between actions to take if they have had a slip, and actions to take if they have had a relapse to regular tobacco use.
- Suggest calling the Lung HelpLine at 1-800-LUNGUSA (1-800-586-4872) or visiting the Freedom From Smoking® community at FreedomFromSmoking.Inspire.com for support during the week.
- Remind participants that their healthcare provider can offer additional sources of support, recommend quit medications that might be right for them and suggest a level of physical activity that meets their specific needs.



Session 6 References

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Session 7: Staying Off



Topics	Time (minutes)
1. Welcome	10
2. Medication Review	5
3. Physical Activity for a Fit Life	30
4. Image of a Nonsmoker	20
5. Assertive Communication	20
6. Plan Celebration	10
7. Closure	10
8. “End of Clinic” Questionnaire	15

Participant Materials	Facilitator Materials
<p>“Tips for Staying Tobacco-Free” (from Session 6)</p> <p>“Quit Medications: What You Need to Know” (from Session 2)</p> <p>“Create Your Own Plan for Physical Activity”</p> <p>“Physical Activity Intensity Levels”</p> <p>“Basic Stretching”</p> <p>“Assertive Communication”</p> <p>“End of Clinic” Questionnaire</p>	<p>Name tags</p> <p>Chalkboard, whiteboard or flipchart</p> <p>Chalk or markers</p> <p>Supply of pens and paper</p>



Major Concepts

1. Intra-Treatment Support: Physical Activity

Along with relaxation exercises, another way to reduce stress is through physical activity. Unlike the relaxation techniques, physical activity can require a commitment and be more demanding of participants' time and energy. On the other hand, emphasize that creative physical activity need not be so demanding that it becomes immediately out of reach. Point out that most people can easily add more activity into their existing daily schedule. Ask participants to think of all the times they could include extra movement. For example, walk somewhere instead of driving, climb stairs instead of taking an elevator or spend free time as an active player rather than a spectator. They could even get up from watching television and walk in the house during commercials.

Physical activity can be fun, so why not call it “active fun” instead of exercise? The Session 7 worksheets are designed to motivate participants to have more active fun. Participants should also be reminded that the content of this session is for informational purposes only and should not be construed as medical advice. Participants should check with their healthcare professional before beginning any diet or exercise program and especially before doing moderate- or vigorous-intensity physical activities.

2. Intra-Treatment Support: Assertive Communication

Good communication skills can reduce the amount of stress people experience in everyday life. “I” statements are an effective technique used in the “Assertive Communication” activity. When people speak assertively, they don't hide their feelings. They say what they mean. This provides a clearer message that is easier for the listener to understand and respond to.



Facilitator Notes

1. Often, participants are more talkative during this session. They are feeling better physically, and they have a sense of relief and control. As a result, their concerns tend to be more specific. Continue to encourage discussion of individual concerns. This remains important. Each participant needs a personal plan that will continue to work for them.
2. The American Lung Association encourages facilitators to try creating a physical activity plan themselves. Being a participant of the program is the best way to understand both the difficulty and the benefits of the commitment it requires.
3. When preparing for this session, look over past sessions to see if you missed any material. Think about each participant individually when determining what material is important to review. Everything in the Freedom From Smoking® program is designed to help participants. If time is limited, the American Lung Association strongly recommends that facilitators emphasize the following topics:
 - Session 1: Identifying triggers
 - Session 2: Reinforcing self-confidence
 - Session 3: Securing social support
 - Session 4: Planning relapse prevention
 - Session 5: Managing stress
 - Session 6: Managing weight
 - Session 7: Increasing physical activity and using assertive communication
4. Some participants may continue to have difficulty adjusting to a tobacco-free lifestyle. They may still see more negatives than positives related to quitting. Be honest with them. If they continue to resist changing their outlook, they could be on the road to relapse. Encourage them to practice making positive statements about the benefits of quitting. Emphasize the word “practice.” Ask them to tell the group three benefits of quitting that mean something to them. They may also benefit from personal telephone calls from the facilitator, using the Lung HelpLine at 1-800-LUNGUSA (1-800-586-4872) for support or visiting the Freedom From Smoking® community at FreedomFromSmoking.Inspire.com.
5. If this clinic was organized for a specific worksite or employer, be sure to call your contact to ask if they would like to participate in the graduation at Session 8. This will help you plan the celebration with participants.



Welcome (10 minutes)

Purpose

- To reflect on social support and using a buddy

Speaking Points

Tips for Staying Tobacco-free

Welcome everyone back. Ask participants how they are doing and how they're feeling about being tobacco-free. Encourage group discussion.

Ask questions about the “Tips for Staying Tobacco-Free” information located in the workbook. (Did they read the information over the last week? What did they think? Have they decided to make other changes in their life?) Remind them making changes in their lifestyle will help reduce urges to use tobacco.

Tell participants today they will work on three more areas to help keep them tobacco-free. These are:

- Physical activity
- Self-image
- Assertive communication

Ask participants the questions listed below to encourage discussion:

- How has their buddy helped them since they started working together? Point out that it is important to sustain that relationship. Tell them to continue to use their buddy's support to make long-term lifestyle changes. Even if they are working on different tasks, they can share goals, contracts and successes.
- Has anyone called the American Lung Association's Lung HelpLine (1-800-LUNGUSA) for support? If so, how was that experience?
- Has anyone logged on to the Freedom From Smoking® community (FreedomFromSmoking.Inspire.com)? If so, how was it?



Medication Review (5 minutes)

Purpose

- To follow up on medication compliance by those participants using it

Speaking Points

Proper Usage

Ask participants who are using medication how they are doing. Remind them of the major points of using medication:

- Be sure to follow the directions in the package insert.
- Keep the “Quit Medications: What You Need to Know” information available for reference.
- Remind participants of the “Stop Use and Consult a Physician” column. Refer participants to their primary doctor if they report those side effects.
- Recommend using the proper dosage for the suggested time. For best results, participants should not stop taking a medication too early.



Physical Activity for a Fit Life (30 minutes)

Purpose

- To present a realistic approach to physical activity
- To contrast between exercise and physical activity
- To create personal plans for physical activity

Background

Physical Activity Versus Exercise

- Exercise tends to bring images of well-toned athletes in gyms, sweat, sore muscles and hard labor.
- Physical activity, on the other hand, tends to bring a nonthreatening image of varied activities that anyone can do.
- The key is staying active!
- For the purposes of this session, focus on using the term “physical activity.”

Research Findings

- Engage in some type of regular physical activity during the Stages of Change Model’s Action Stage.^{1,2}
- Physical activity may tone down mood changes, such as depression and anxiety, and ease the symptoms of recovery.¹
- Studies suggest that vigorous physical activity helps people quit and stay quit, especially women.³
- Some participants who have preexisting conditions, such as heart disease and diabetes, need to consult a healthcare provider before engaging in physical activity of moderate or vigorous intensity.
- People need to consult with a healthcare provider before engaging in any type of vigorous-intensity physical activity.



Background (continued)

Health Experts Recommend^{4,5}

- **To reduce risk of chronic disease:** Participate in at least 30 minutes of moderate-intensity physical activity at home or work on most days of the week.
- **To help manage body weight and prevent gradual, unhealthy weight gain:** Participate in approximately 60 minutes of moderate- to vigorous-intensity physical activity on most days of the week, while not exceeding caloric intake requirements. Consult with a healthcare provider before participating in this level of activity if they have a preexisting health condition.
- **To sustain weight loss:** Do at least 60 to 90 minutes of daily moderate-intensity physical activity, while not exceeding caloric intake requirements. Consult with a healthcare provider before participating in this level of activity if they have a preexisting health condition.

Moderate-Intensity Physical Activities^{1,4}

Moderate-intensity physical activities are equal in effort to walking a mile in 15 to 20 minutes. Examples of other moderate-intensity activities include:

- Bicycling (10–12 mph)
 - Dancing
 - Gardening and yard work
 - Golfing (without a cart)
 - Hiking
 - Playing actively with children
 - Playing volleyball
 - Raking leaves
 - Vacuuming a carpet
 - Washing and waxing a car
- For more information on ways to get active, visit [cdc.gov/physicalactivity](https://www.cdc.gov/physicalactivity).



Background (continued)

The Two-Minute Walk

A two-minute walk doesn't sound too intimidating! Adding short stretches of activity during the day can make a difference. The two-minute walk is an easy way to build activity into a day without taking a lot of time. Soon, two minutes can become five minutes, and eventually five minutes can become 10 minutes. Doing 10 minutes of moderate-intensity activities three times a day can add up to big health benefits.¹

Pedometers

Pedometers are small devices you can wear that count steps. There are also smart phone apps that can measure distance walked. Consider using one of these to “jump start” a walking routine! A 45-minute walk at a brisk pace (three to four miles an hour) can burn up to 300 calories. Making small changes in a daily routine like parking farther away, taking the stairs and playing active games with children encourages a more active, healthy life.⁴

Checking Progress

One of the simplest ways to gauge changes in fitness is to track resting heart rate (beats per minute). As fitness improves, resting heart rate slows. With physical activity, the heart gets stronger so it can pump more with each beat than when the person is inactive. Take a resting heart rate as follows:

1. Find a pulse on the inside of the wrist, just below the thumb.
2. Place the index and middle fingers lightly against the artery at that location.
3. Feel for a little ka-plomp, ka-plomp, ka-plomp.
4. Using a watch with a second hand, count the number of heartbeats in one minute.
5. Write the number down and date it.
6. Every three or four weeks, measure and record resting heart rate.
7. Don't drink caffeinated beverages, eat a heavy meal or do vigorous exercise three hours before taking heart rate to ensure an accurate measure.



Speaking Points

Starting Physical Activity

Ask questions about physical activity to stimulate group discussion:

- What happens when they think about exercise?
- Do they begin to moan and groan?
- Do they think of pain, drudgery and hard work?
- Have them describe “physical activity.” (Is it being active, energetic, alert, having fun?)



ACTIVITY: Make three columns on the board or flipchart. Ask participants what kinds of sports or physical activities they engage in now. Write their answers in one column. Then ask what kinds of sports or physical activity they enjoyed as children or young adults. Write these answers in the second column. Conduct a short discussion on the differences between the two lists. (What happened?)

NOTE: If the lists are similar, ask what is different about the way they run/swim/skate/ski now, and the way they did those activities before.

Mention to participants the two ways to ruin their fitness program:

- Doing too much too fast.
- Doing something that they don't enjoy.

Explain some of the common reasons people have a hard time becoming physically active:

- They may feel they don't have time.
- They may feel their age keeps them from being more active.
- They began to lose confidence in their physical self once they started feeling the effects of tobacco use.
- They can't do as much as they used to and it hurts to try.

Point out that since they have quit, they can be more active. Stress that it is important to see physical activity as being fun to do. Explain the benefits of more activity are only limited by their perceptions.



ACTIVITY CONTINUED: Tell participants to imagine they have the time, the energy, the desire and the ability to be more active. Ask them what activities they would choose to increase their fitness level. Encourage group discussion. Write their responses in the third column on the board or flipchart.

Session 7: Staying Off



Explain to participants that they can do more now than when they were using tobacco. . Since they have stopped, their energy (or endurance) level will increase. Tell them that increased physical activity is often the most important long-term maintenance strategy of all.

Aerobic Activity

Tell participants any activity that involves processing oxygen is an **aerobic** activity. Aerobic physical activity strengthens the heart, the lungs and the blood vessels. These are the same organs that have taken the most abuse from tobacco use.

Tell them any activity that raises the heart rate for a sustained period will build their endurance. Mention some moderate-intensity physical activities (walking, bicycling, dancing, vacuuming, raking leaves).

Tell participants to go to the “Create Your Own Plan for Physical Activity” exercise located in the workbook.



Refer participants to page 73 of the workbook.



ACTIVITY: Instruct participants to complete this worksheet. Allow time for them to answer the questions. Explain that this exercise will help them find physical activities that would be fun for them to do.

The worksheet is titled "Create Your Own Plan for Physical Activity" and features a photo of a man. It contains several sections with checkboxes for activities:

- What activities do you already enjoy?** (with a blank line for writing)
- Which activities would you like to try?** (with a list of activities and checkboxes):
 - Walking
 - Swimming
 - Gardening
 - Bicycling
 - Dancing
 - Other: _____
- Which activities would you like to try with a friend?** (with a list of activities and checkboxes):
 - Walking
 - Swimming
 - Gardening
 - Bicycling
 - Dancing
 - Other: _____
- Which activities would you like to try with a group?** (with a list of activities and checkboxes):
 - Walking
 - Swimming
 - Gardening
 - Bicycling
 - Dancing
 - Other: _____

Page 73 of Workbook

Session 7: Staying Off



Tell participants they can use the “Physical Activity Intensity Levels” information in the workbook for reference or suggestions. Go over the intensity levels and the sample week of activities.



Refer participants to pages 75 to 76 of the workbook.

A WORD OF CAUTION: Tell participants if they are new to moderate-intensity physical activity, their heart rate may increase very rapidly. A simple way to check their intensity:

- If they can sing while walking, they can probably walk faster.
- If they carry on a conversation while walking, they’re doing fine.
- If they can’t talk easily while walking, they’re overdoing it and should slow down a bit.



Page 75 of Workbook

Explain to participants that light- and moderate-intensity activities are safe for most people, and a medical exam or stress test probably is not necessary before increasing activity. However, people who have preexisting conditions, such as heart disease and diabetes, should get clearance from their doctor before beginning any type of moderate- to vigorous-intensity physical activity.

Mention to participants that to avoid muscle injuries, they should warm up before and stretch after physical activity.



Refer participants to page 77 of the workbook.

Briefly talk about the different types of stretches they should be doing when being physically active. If there’s time and interest, practice one or two stretches.



Page 77 of Workbook



Image of a Non-Tobacco User (20 minutes)

Purpose

- To build their self-image as tobacco-free

Speaking Points

Self-Image

Inform participants that fewer people are using tobacco in the United States. Tell them by quitting, they have joined the majority of the population. Approximately eight out of 10 people in this country do not use tobacco.⁶ Welcome participants back to their natural state—tobacco-free!



ACTIVITY: Remind them it has been two weeks since Quit Day. Stimulate discussion by asking questions. (Can they distinguish people who use tobacco by the smell of smoke? What have they noticed in their own lives?) Allow a few minutes for sharing.

Talk to participants about their self-image. (How do they feel as a non-tobacco user? What kind of new self-image do they see?) Tell them some of the ways to change their image:

- Wear an “I am tobacco-free” button if they find it’s tough working or meeting in places where everyone else used tobacco.
- Hang “No Smoking” or “Tobacco Use Not Allowed” posters in their home.
- Announce to a group that they are tobacco-free.
- Send their clothes to the cleaners to get rid of the stale smell of tobacco smoke.
- Shop for fire or life insurance companies offering reduced premiums to nontobacco users.
- Find out if their employer gives a lower rate on health insurance for being tobacco-free.

NOTE: Appropriate buttons and posters may be available from the American Lung Association. Have them contact their local American Lung Association office for more information.



ACTIVITY: Ask participants to come up with more things they can do to build their image as tobacco-free. Encourage group discussion. Write suggestions on a board or flipchart.

Point out to participants their self-image comes not only from how they picture themselves, but also from how others respond to them. Give an example (children expect certain behavior from a parent, an employer expects another image, friends yet another). Tell participants they supply a certain image for each of these individuals. Explain to participants that because they are now tobacco-free, they will have to project a tobacco-free image. (By making it clear they are not a tobacco user, a friend won't offer their tobacco product or ask for one.)

Explain to participants, in addition to how others respond to them, their self-image as tobacco-free comes from within. Two ways to control this are to:

1. Visualize the goals they have as if they were already true.
2. Control their thoughts about tobacco use.

Visualization

Explain to participants the major concepts around using visualization to help change self-image:

- Visualization is one of the best ways to achieve a goal. It reinforces a positive attitude.
- They should visualize themselves as having achieved an identified goal. (They help tobacco users quit by joining a panel of former tobacco users for the Freedom From Smoking® clinics.) Then, they should “act as if” it were true. They could do this for difficult situations they know are coming up over the next year.
- Choose a positive phrase to repeat to themselves each day. (“I am and will remain a former smoker.”) Then visualize themselves in a new situation and repeat that phrase until they begin to believe it.



ACTIVITY: Have participants practice saying the phrases below aloud. Speak the phrase, then ask them to repeat as a group.

- “I certainly feel better since I’ve stopped using tobacco products.”
- “I feel more in control of myself.”
- “I am so glad my world no longer revolves around tobacco.”
- “There’s nothing that could ever get me to go back to using tobacco.”



Thought Management

State that thought management requires intentional effort. Explain to participants their mind may want to play games with them by inviting them to resume tobacco use. Tell them to think of these as “rational lies” promoted by tobacco.⁷ Mention the five types of thoughts that can tempt them to use tobacco again:

1. **Nostalgic:** Remembering the good times with their long-lost friend, the tobacco. Example: “It sure was fun to use tobacco while sitting around drinking a beer.”
2. **Testing Control:** Acting overconfident or curious. Example: “I bet I could use just once and then put it down.”
3. **Crisis:** Crises and special occasions can easily become regular events. Example: “Ordinarily I wouldn’t use, but I’m under so much pressure right now, I need tobacco.”
4. **Unwanted Changes:** Experiencing or worrying about severe recovery symptoms. Example: “I’m not willing to regain the weight I lost this summer, even if that means I have to start using tobacco again.”
5. **Self-doubt:** Undermining self-statements addressing their nicotine addiction, lack of self-control, unsuccessful previous quit attempts. Example: “This is so hard for me; maybe I’m just meant to be a smoker.”

Explain to participants that these negative thoughts act against their new self-image as tobacco-free. Counter those thoughts with these strategies:⁷

- Think of the benefits of not using tobacco (physical improvements, economic benefits, interpersonal improvements, reduced health risks, feeling of accomplishment).
- Remember unpleasant parts of using tobacco (smoker’s cough, upset stomach, headaches, shortness of breath).
- Use distractions to help them think of something else.
- Remember that urges pass within three to five minutes—whether they use tobacco or not.
- Think about their next reward for being tobacco-free.
- Review their Calendar Scorecard.
- Challenge themselves to get through the day (or week, or hour) without using tobacco.
- If available, consider joining an aftercare group for people who’ve recently quit.
- Do whatever it takes—just **don’t!**



Assertive Communication (20 minutes)

Purpose

- To teach assertive communication as a stress management technique

Background

Assertiveness is the ability to honestly show beliefs, feelings, attitudes and rights in a way that doesn't cause undue anxiety and doesn't infringe on the rights of others.^{8,9}

If they don't know how to be assertive, they might experience:⁸

- **Depression.** Anger turned inward can create a sense of being helpless, hopeless, with no control over their life.
- **Resentment.** They may feel anger at others for manipulating or taking advantage of them.
- **Frustration.** They may wonder how they could be such wimps. Why did they allow themselves to be victimized?
- **Temper and/or violence.** If people can't express anger appropriately, it builds up and can explode.
- **Anxiety and avoidance.** If people avoid situations or individuals that they know make them uncomfortable, they may miss out on fun activities, job opportunities, relationships and lots of other good stuff.
- **Poor relationships.** Nonassertive people are often unable to express emotions of any kind, negative or positive. It harms a relationship when the partners can't tell each other what they want and need and how the other person affects them. No one is a mind reader. The same is true for friendships and work relationships.
- **Physical complaints.** Headaches, ulcers, high blood pressure. Stress affects the body. When assertiveness becomes a normal response, it is a great stress reliever.
- **Parenting problems.** Kids are born knowing how to test the limits their parents set for them. If parents aren't assertive and firm, their kids will walk all over them!



Background (continued)

How to Be Assertive:⁸

<i>Strategy</i>	<i>Example</i>
Use “I” statements to keep focus on the problem they’re having. That way they are not accusing or blaming the other person.	<p>USE: “I’d like to be able to tell my stories without interruption.”</p> <p>INSTEAD OF: “You’re always interrupting my stories!”</p>
Use facts, not judgments.	<p>USE: “Your punctuation needs work and your formatting is inconsistent.” “Did you know that shirt has spots?”</p> <p>INSTEAD OF: “This is sloppy work.” “You’re not going out looking like THAT, are you?”</p>
Express ownership of their thoughts, feeling and opinions.	<p>USE: “I get upset when you break your promises.” “I believe the best policy is to...”</p> <p>INSTEAD OF: “You make me angry.” “The only sensible thing is to...”</p>
Make clear, direct requests. Don’t invite the person to say no.	<p>USE: “Please stop at the store...”</p> <p>INSTEAD OF: “Would you mind... ?” “Why don’t you... ?”</p>



Speaking Points

Different Styles of Communication

Mention to participants that some of them may have used tobacco to hide their real feelings when they were in a stressful situation. Give an example of this type of situation. (A supervisor mistakenly blames an error on an employee, who does not set the record straight. Upset, the employee takes a “smoke break” to calm down. The employee’s anger festers and the relationship between supervisor and employee is strained.)

Discuss the different styles of communication. Tell participants there are three basic ways to respond in any stressful situation:

- Aggressively
- Passively
- Assertively

Explain that assertive communication is one step toward positive stress management. Tell participants once they have identified their feelings, they should communicate their thoughts to resolve the problem situation.



ACTIVITY: Write the words “aggressive,” “passive” and “assertive” in column format on the board or flipchart. Ask participants to think of synonyms that come to mind when they think of the three styles of communication. Work with the group to come up with words that mean the same thing to get an idea of each style’s definition.

Aggressive: pushy, overbearing, mean. Describe aggressive phrases (not attractive, “I count, you don’t,” aggression draws aggression). Use supervisor example mentioned above with an aggressive response (worker yells back and risks losing job).

Passive: wimp, quiet, doormat. Describe passive words (just being mellow, “I don’t count, you do,” “Don’t upset the apple cart” response). When people “give in” too many times, they are likely to explode. Using tobacco while letting anger fester is a passive response.

Assertive: fair, negotiating, give and take, straightforward, kind. Describe assertive words (attractive, “I count and so do you,” both peoples’ needs are important). Use supervisor example mentioned above with an assertive response (worker goes to supervisor to talk about mistake, recognize emotions, point out true source of mistake).

Session 7: Staying Off



Ask participants how they would go about communicating assertively.



Refer participants to page 77 of the workbook.



ACTIVITY: Have participants look at the “Assertive Communication” exercise in the workbook. Read over the examples out loud. Have them write some responses of their own for practice. Instruct them to use “I” statements (“When you [describe the behavior or action], I feel _____.”). Allow a few minutes for practicing.

Remind participants that making assertive responses in situations of stress becomes easier and more natural with time and practice.



Page 77 of Workbook



Plan Celebration (10 minutes)

Purpose

- To plan Session 8's celebration

Speaking Points

Planning Their Reward

Tell participants next week will be their last session and since they're graduating, they need to plan a celebration. Offer some examples of how previous Freedom From Smoking® groups celebrated:

- Go to a restaurant.
- Have everyone bring something to eat, potluck style.
- Have everyone bring a healthy "finger food."
- Plan an activity of the group's choosing, keeping the local setting and culture in mind. Make sure whatever you plan is affordable for everyone in the group and that each person will feel comfortable doing that activity.

NOTE: As much as possible, let the participants plan and coordinate the party. Also:

- If participants decide to hold the celebration in a different location, such as at a local restaurant, make sure everyone agrees to meet there and has transportation. Since the celebration is also Session 8, the American Lung Association requires the new location be tobacco-free.
- If this Freedom From Smoking® clinic was sponsored by an employer, religious organization or community group, ask participants if they want to invite someone from that group to attend the celebration.



ACTIVITY: Have participants break into groups of three. Tell them each group has three minutes to come up with three celebration ideas. After three minutes, hear each group's favorite idea. Write these suggestions on the board or flipchart. Have participants vote on how they would like to celebrate.



Closure (10 minutes)

Purpose

- To preview the activities and strategies to complete for Session 8

Speaking Points

Practice Staying Tobacco-Free

Remind them next session they'll be celebrating but they still need to work at staying tobacco-free. Go over some tips for staying tobacco-free. Participants can:

- Think about what they need between now and the last session to help them stay tobacco-free.
- Call or text their buddy. They could go for a walk or have lunch or dinner together.
- Contact other members of the group as well. This will begin to pave the way for a continuing support group after the clinic ends.

They should keep the following strategies in mind when coping with urges to use tobacco:

- Urges are time limited (they begin, increase, reach a peak and then subside) lasting only a few minutes.
- Staying abstinent “one day at a time” or even “one hour at a time” or “one urge at a time” will help them obtain small victories in overcoming the addiction.
- They have learned many techniques to control urges. Any or all of the following will help:
 - Relaxation skills with imagery (using their imagination to recreate and enjoy a situation that is very relaxing)
 - **The Four D's to fight urges, plus: Delay, Deep Breathe, Do Something Else, Drink Water, Plus Deliberate Thinking** (safeguarding their thoughts to avoid using tobacco.)
 - **HALT:** Avoid getting **Hungry, Angry, Lonely or Tired**
 - **The Three A's for Acting Against Triggers: Avoid, Alter, Alternatives**⁷

Session 7: Staying Off



When faced with the urge to use tobacco, participants should tell themselves, “I’m doing great,” or “I can do without using tobacco,” or “It’s easier to have none than one,” or “This feeling is a signal that I need to use a coping technique now.”

If they use tobacco:¹⁰

1. Put it away, throw it out, and get rid of any other tobacco products in their possession immediately.
2. Think of it as a “slip” rather than a “relapse.”
3. Do not feel bad or give up on their quit plan.
4. Use behavioral and mental coping skills (leave the situation, call a friend and/or list their reasons for quitting).
5. Commit to staying tobacco-free again. Do so right away.
6. Learn from their slip. Be prepared to resist temptation next time.

At any point, they can:

1. Stay alert by reading their “Tips for Staying Tobacco-Free” worksheet from Session 6.
2. Call or text their buddy.
3. Call the Lung HelpLine at 1-800-LUNGUSA (1-800-586-4872) for support or visit the Freedom From Smoking® community at FreedomFromSmoking.Inspire.com.
4. Begin their physical activity plan.
5. Develop and use some assertive communication responses.
6. Keep any thoughts about returning to smoking in check.
7. Do relaxation exercises.
8. Create some “stop-signs” for their home. Put them in places that continue to be triggers. Use the signs as reminders that home is a place where they need to Stop, Think (about the benefits of being tobacco-free) and Act (Avoid, Alter, Alternative).
9. Remember, they are tobacco-free!



ACTIVITY: Ask participants if they have any questions from tonight or from any of the sessions. Allow time for questions and discussion. If anyone needs more detailed help, suggest calling the American Lung Association Lung HelpLine.



End of Clinic Questionnaire (15 minutes)

Purpose

- To evaluate and help improve the Freedom From Smoking® program

Speaking Points

Examining the Program

Tell participants they will fill out a questionnaire.



Refer participants to pages 81 to 82 of the workbook.



ACTIVITY: Have participants fill out the End of Clinic questionnaire. Allow time for them to do this. Tell them the contact information at the end of the form is optional.

Page 81 of Workbook

Explain that their comments will help the American Lung Association determine which elements of the program are most helpful and which ones could be improved.

Remind them the clinic's not over yet. They still have one more session! Tell them they're filling out this form tonight because people sometimes forget to bring their books to the last session, or they get carried away celebrating and forget to turn in the questionnaire.

Tell participants there is a place on the questionnaire where they can volunteer to be a Freedom From Smoking® panel member. Suggest that once they've been tobacco-free for at least a year, they consider being trained as a Freedom From Smoking® Facilitator. Invite them to get involved by donating time (and money) to their local American Lung Association. They can be a part of helping millions of other tobacco users quit and regain control of their lives.



Collect End of Clinic Questionnaire.



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Session 8: Celebration



Topics	Time (minutes)
1. Welcome	10
2. Medication Review	5
3. Measuring Carbon Monoxide Levels	15
4. Change Is Worth Celebrating	20
5. Challenge Thinking to Manage Stress	10
6. Planning a Tobacco-Free Lifestyle	10
7. Clean Air for Everyone	5
8. Closure, Certificates and a Tobacco-Free Celebration	45

Participant Materials	Facilitator Materials
<p>“Quit Medications: What You Need to Know” (from Session 2)</p> <p>“What to Do If You Get Off Track” (from Session 5)</p> <p>“Change is Worth Celebrating”</p> <p>“Preventing Relapse”</p> <p>“Challenge Your Thinking to Manage Your Stress”</p> <p>“Facts About Secondhand Smoke”</p>	<p>Name tags</p> <p>Chalkboard, whiteboard or flipchart</p> <p>Chalk or markers</p> <p>Supply of pens and paper</p> <p>CO monitor (optional)</p> <p>“Certificate of Completion”</p>



Major Concepts

Extra-Treatment Support: Maintenance Activities

In developing Freedom From Smoking®, a lot of attention was devoted to maintenance. Once tobacco use has stopped, what activities would help participants maintain their new tobacco-free lifestyle? Here are several of the concepts incorporated into the clinic to help participants stay tobacco-free:

- An extended period of group support. Having everyone quit at Session 4 allows three weeks of group contact when support is needed most.
- Distribution of materials that can be used (and useful) at any future date.
- Careful documentation and understanding of personal smoking, vaping and/or chewing behavior before quitting. This lays a good foundation for quitting and for dealing with difficult areas in the future.
- Opportunity to participate in other Lung Association programs or even to become more actively involved as a volunteer.
- Lifestyle information that supports tobacco-free in areas such as food and weight management, exercise, relaxation, stress reduction and thought management.

Facilitator Notes

1. Try to make sure the formal content part of this session lasts no more than an hour.
2. If you are working with an employer, involve them in this celebration. Ask them to provide the refreshments or pick up the tab if you go out. Invite the management to join the celebration.
3. If you plan to take pictures during this session, get permission from participants first.
4. If an Aftercare group for new former tobacco users is available in your area, ask them to provide information or send a representative to this session.
5. Bring a CO monitor. If possible, bring an assistant to conduct the tests. (Optional)
6. Some Lung Associations allow participants who start using tobacco again to attend the clinic a second time at no charge. This shows our commitment to helping people quit, and it shows we are willing to deal with the reality of relapse. Consider offering this option to participants who are not yet completely tobacco-free. It provides a vehicle for them to keep on quitting. If you can't afford to allow participants to repeat Freedom From Smoking® for free, try to offer a reduced registration fee to anyone who's taken the clinic before. As an alternative, ask your local Lung Association if they offer any help covering the registration fee for the online version of this program, Freedom From Smoking® Plus (available at Lung.org/FFS).



Welcome (10 minutes)

Purpose

- To provide encouragement for lifetime success as tobacco-free
- To reflect on physical activity plans and progress

Speaking Points

Encouraging Physical Activity

Welcome everyone back. State that three weeks have passed since Quit Day. Ask questions to stimulate discussion. (How does it feel being tobacco-free? Has anyone noticed benefits yet?) Listen to a few responses.

Explain to participants some people need a little time before they start feeling better. Tell those who haven't noticed physical benefits not to be discouraged. The body needs time to repair the damage from tobacco use.



ACTIVITY: Ask participants how many of them have made specific plans to incorporate regular physical activity into their day (get a show of hands). If possible, share a personal experience about physical activity with the group. Ask if anyone would like to share their plans. Encourage group discussion.

NOTE: Participants can be broken into small groups for the activity above.

Explain to participants physical activity can add years to their life. And, it will also make them feel much more alive. Ask participants to name a few barriers that may keep them from being physically active (busy schedule, too tired at the end of the day). Follow up by asking for ways to overcome these barriers. Suggest some tips for planning physical activity in their lives:

- Taking a walk just before lunch.
- Walking or bicycling to work.
- Parking the car farther away from their destination.
- Climbing stairs instead of taking the elevator.
- Taking a dancing class.

Remind participants being physically active is one of the most important of all relapse prevention activities. Remind them small changes can add up to big health benefits. Suggest these simple ways to be more active:

- The “two-minute walk” (an easy way to add activity into their day without taking a lot of time).
- Doing ten minutes of moderate-intensity physical activity three times a day.



Medication Review (5 minutes)

Purpose

- To answer any final questions about quit medications

Speaking Points

Sticking With Quit Medications

Ask participants who are using medication how they are doing. Discuss the major points of using medication:

- Be sure to follow the directions in the package insert.
- Keep the “Quit Medications: What You Need to Know” information available for reference.
- Remember the “Stop Use and Consult a Physician” column. If participants notice side effects in that column, refer them to their primary doctor.
- Use the recommended dosage for the suggested time. Don’t stop using a medication too soon.

Remind participants to keep following the directions and to use the medication for the amount of time recommended. Mention that most people manage to stop using NRT at the end of the prescribed course without discomfort. Most people do not become addicted to nicotine replacement therapy.²

Tell participants just because this program is ending, it doesn’t mean their medication treatment time is also supposed to end. Some people stop everything as soon as the Freedom From Smoking® program ends, and then they wind up using tobacco again.

If participants have questions or need help, they can always talk to their healthcare provider or call the American Lung Association’s Lung HelpLine at 1-800-LUNGUSA (1-800-586-4872).



Measuring Carbon Monoxide Levels (15 minutes) [Optional]

Purpose

- To reflect on the three phases of quitting
- To measure carbon monoxide level as a positive reinforcement strategy (Optional)

Background

Instructions for Using the CO Monitor

- Be sure to follow the instructions for using the CO monitor.
- In general, turn on the machine. Insert a mouthpiece into the T-tube connected to the machine. Take three deep breaths, holding the third one for 15 seconds. Press the countdown button on the machine. When the count reaches zero, exhale fully into the machine. Wait 15 seconds for a reading. This number is usually the last number the machine reaches before it starts returning to zero.

Speaking Points

The Three Phases of Quitting

Reassure participants that living their new lifestyle without tobacco gets easier over time. Briefly review the three main phases in quitting that they've experienced with this program:

- 1. The Getting Ready (preparation) phase** allowed them to examine their tobacco use pattern using the Nic-Checks activity. They identified triggers to tobacco use and learned coping strategies to prepare them for their Quit Day.
- 2. The Taking Action (quitting) phase** set a quit date and helped them make it through the first 24 hours without using tobacco. Some of them used medication to help them get through it. They all learned and practiced relaxation techniques.
- 3. The Staying Tobacco-Free (maintenance) phase**, which they are currently in, involves being alert to potential problems, and guarding against slips and relapse. They're using relapse prevention and coping strategies and including various lifestyle changes, such as securing social support, managing stress and weight, and increasing physical activity.

Using Carbon Monoxide Monitor (Optional)

Session 8: Celebration



NOTE: Obtain a CO monitor and disposable cardboard tubes. Borrow a CO monitor from the local American Lung Association office, university health centers, local hospitals, local tobacco control programs, county health department or the state health department. If purchased, prices vary depending on brand.

Tell participants the following concepts of lower CO levels in the body:

- If they have not used tobacco, their CO level should be lower today than when they measured it right after Quit Day.
- For most former smokers, their CO level will have dropped to normal (0–8 ppm). That means their body is breathing. Their blood can now carry the proper amount of oxygen to the cells in their body in a balanced way.
- By quitting, they’ve already started to reverse the negative effects tobacco has on the body. When a person uses tobacco, nicotine causes a short-term increase in blood pressure, heart rate and blood flow from the heart. It can also cause arteries to narrow. The CO produced by the burning of tobacco products reduces the amount of oxygen the blood can carry. Combined with nicotine’s effects, this creates an imbalance between cells’ increased demand for oxygen and the reduced amount of oxygen that the blood can supply.¹

Tell participants that the CO monitor is available one last time for them to check their level as they finish the program. Using the CO monitor, demonstrate how the test works:

- The test involves blowing through a disposable cardboard tube.
- There are no needles, no blood and no pain.
- The level of CO may vary depending on how much tobacco has been used before the

Session 8: Celebration



test is given and how recently it has been used.



ACTIVITY: Have participants test their CO levels using the supplied equipment. Be sure to tell them that this is a voluntary activity.

NOTE: Set up a station in the back of the room where participants can test and record their CO level. Try to have an assistant help facilitate the test for the participants. Refer to “Instructions for Using the CO Monitor” located in the Background section of this guide (page 228). Have participants’ previous CO levels (from Session 1 and Session 5) available so they can compare the numbers to see their progress.

NOTE: If participants are having a hard time quitting or are slipping, refer them to “What to Do If You Get Off Track” from page 53 of their workbook.



Change Is Worth Celebrating (20 minutes)

Purpose

- To reinforce relapse prevention strategies, reflect on the Slip and Relapse Effect, and discuss coping strategies and social support
- To increase awareness of deceptive or deceptive tobacco advertising
- To enjoy their new tobacco-free status

Speaking Points

One-Two-Three Process

Ask participants questions to stimulate discussion. (What situations are still difficult and what works to get through them? What's the most rewarding aspect of being tobacco-free? What's their lifelong plan?) Ask if they have any remaining questions about the quit process.

Tell participants that if they are continuing to slip in certain situations, they should review, revise and use their materials.



Refer participants to pages 55 to 56 of the workbook.

Suggest that they use the “What to Do If You Get Off Track” exercise located in the workbook. Remind them that a slip does not mean failure. It means they weren't prepared for a particular situation. Tell them that practice makes perfect. It's a one-two-three process:

1. They learn about the problem situation.
2. They choose to **avoid** it, **alter** it or identify an **alternative**.
3. They practice the alternative before the situation occurs.



Preventing Relapse

Remind participants about rewarding themselves for staying tobacco-free. A reward that holds meaning can be an important motivator for staying tobacco-free.



Refer participants to pages 83 to 84 of the workbook.

Tell participants to fill out ideas for celebrating continued progress in the future. Have participants turn to page 82 in the workbook to discuss relapse prevention. Instruct them to fill in the “Situation” and “Plan” sections of this page to help them prevent slipping. Stress that they need to be prepared. One slip is not a relapse, but a relapse can begin with one slip.

Talk about the important tools for preventing relapse. Tell participants to read their reasons for stopping tobacco use and the benefits of quitting every day. Then, suggest they follow this plan.

1. **Continue to monitor their inner voice.** Participants will go back to using tobacco if they if they keep telling themselves they’re deprived. They must change their beliefs about deprivation. They should talk to themselves (about the benefits of not using tobacco, about being healthier tobacco-free, about how quitting has been a great accomplishment). They will begin to picture themselves as tobacco-free. It is in their power to let either deprivation or determination take over.
2. **Be prepared to avoid a slip.** Have a plan for the situations that have caused them to use tobacco in the past. If boredom has caused them to slip before, add some new activities in their life. If it’s social situations, make a plan and a commitment to not use tobacco before they attend a social activity. Acknowledge guilt or blame and remember that feeling of despair they had when they slipped just long enough to prevent them from doing it again.
3. **Define their times of stress and use coping skills.** Learn to express their emotions. Keep practicing stress-management exercises. Use assertive statements.
4. **Pay attention to how they eat.** Set an upper weight limit. Carry out a weight control plan to maintain their weight. If they approach their upper limit, pull out their weight management materials for guidance. Tell them to read the “Quit—Control Your Weight” document in the workbook. Explain that this is a concise summary of the issues involved in stopping smoking and managing weight. If they think it may work for them, they could participate in a nationally recognized weight management program or visit choosemyplate.gov. Remind them not to let worries about weight gain lead to relapse.
5. **Be aware of actions that might result in a slip.** For example, keeping old tobacco products around make it very convenient to slip in a weak moment. Allowing



Page 55 of Workbook

Session 8: Celebration



tobacco use in the house or car may prove too difficult to handle. Sitting in the “smoking” section of a restaurant when they still crave tobacco reinforces their negative inner voice.

6. **Start a physical activity program if they have not already.** Add three 10-minute periods of moderate physical activity to their schedule most days of the week.
7. **Set future dates to look forward to—celebrate small victories.** Plan celebrations. Set goals. Use the money they would have spent on tobacco to reward themselves. For example, when they’ve been tobacco-free for two months, take a day to enjoy themselves with their family. At three months, take a weekend trip. At one year, have a catered party. Don’t let significant milestones go by unnoticed. Such dates serve to remind participants of their success in overcoming dependence on nicotine, the most addictive of all drugs!
8. **Keep the Session 6 “Tips for Staying Tobacco-Free” workbook material handy.** Review it whenever they feel tempted, or when they miss tobacco. Recommend that they refer to it regularly for at least four to eight weeks after this clinic is over. Even when they believe they have truly become tobacco-free, they should keep it handy for one more month.



Page 83 of Workbook

What About Tobacco Advertising?

Tell participants to be careful about tobacco advertising. Mention these major points:

- Tobacco companies pretend they only compete with one another for sales. They claim they’re not out to appeal to young people or to retain people who have tried to quit. However, this is not the case. Tobacco companies work hard to return former tobacco users to users again.
- The best defense is to see through the slick and seductive messages presented by the tobacco companies. Recognize how they try to manipulate people. These messages play on people’s insecurities and desires, seducing them into using tobacco. Some ads show liberated women or tough, macho men who are intended as role models. But how tough are people in these advertisements really? Are they liberated and independent, or are they intimidated and controlled by an addiction?
- Beware of films and television shows that glamorize tobacco use.
- Used as directed, tobacco products kill. Remember that tobacco products are the only product that, when used exactly as directed, kill the person using them.



Suggestions for Staying Tobacco-Free

Talk about how participants can stay tobacco-free:

- Be sure their Freedom From Smoking® is lifelong.
- Remember and learn from situations that triggered an urge to use tobacco.
- Think about and value having control of their life without using tobacco.
- They like who they are as tobacco-free.
- Review the issues in the “Preventing Relapse” section of the workbook. Every time participants work on one, they work on prevention and they increase their commitment to remaining tobacco-free for the rest of their life!

NOTE: Be sure to record each person’s tobacco use status on this day.



Challenge Thinking to Manage Stress (10 minutes)

Purpose

- To discuss strategies for managing stressful situations

Speaking Points

Self-Coaching Questions

Explain to participants because stress is one of the top reasons for slips and relapse, this session will cover one more strategy to help them manage stress. This last strategy is managing their “internal” communication (how they think about any given situation).



Refer participants to page 85 of the workbook.

Discuss the “Challenge Your Thinking to Manage Your Stress” page located in the workbook. Talk about the list of “self-coaching” questions. Tell participants that by asking themselves these questions, they become their own coach. These questions can help them to stand back and gain perspective on situations. They can neutralize the stress of a difficult situation.



ACTIVITY: Ask participants to go down the list and choose the three questions that would be the most useful to them in challenging their thinking. After a few minutes, ask for volunteers to share the questions they selected as being most useful.



Positive Self-Statements

Tell participants another way to confront and alter patterns of “stressful thinking” is to substitute a “positive self-statement” for any negative statement.



ACTIVITY: Ask participants to go down the list and choose the three statements they would find most useful. After a few minutes, ask participants if they want to share any of the self-statements they chose.

NOTE: Suggest to participants it might be helpful to write their favorite positive self-statements and their favorite self-coaching questions on a 3" x 5" card. They can carry the card with them and quickly review it whenever they find themselves in a stressful situation.



Page 85 of Workbook



Planning a Tobacco-Free Lifestyle (10 minutes)

Purpose

- To reflect on positive lifestyle changes

Background

Freedom From Smoking® Facilitator Requirements

- The facilitator is essential to the success of a Freedom From Smoking® clinic. The enthusiasm, empathy and competence demonstrated by the facilitator help to reinforce the confidence of clinic participants.
- Facilitators must be a nontobacco user or former tobacco user and must not have used any form of tobacco product in at least one year.
- Facilitators must complete the nationally standardized American Lung Association Freedom From Smoking® Facilitator Training Workshop before conducting a clinic.
- All facilitators must agree to conduct the clinic in accordance with the American Lung Association's professional standards and national protocols.

Speaking Points

Staying Active and Tobacco-Free

Remind participants they have made perhaps the most important and most positive lifestyle change they will ever make. **They have quit!**

Point out major benefits of quitting:

- Their family and friends are no longer subjected to the harmful effects of their secondhand smoke.
- Their children are less likely to smoke.
- They are no longer controlled by nicotine, one of the most addictive drugs known.
- They have shown mastery over an extremely difficult condition.

Session 8: Celebration



If there are participants present who have not yet quit, they should use this quit attempt as a learning experience. They should focus their attention on the time that they did remain tobacco-free. The things they did and thought of will help them the next time. Remind them it is very common to try quitting a few times before being completely successful. Quitting takes practice!

Mention that participants have learned about making other changes in their lives (relaxation, weight control, assertive communication). Tell them if these areas don't interest them, it is still important to fill their time with new activities. Suggest some changes they can make:

- Get out more and see their friends. Tobacco products cannot substitute for a friend.
- Join a community activity. Parks and recreation departments offer a wealth of opportunities.
- Volunteer. Neighborhood associations can use support, and community churches and religious organizations always need help serving those in greater need.



ACTIVITY: Break participants into groups of six. Have them identify some positive changes they can make to remain tobacco-free. Allow time for the groups to come up with ideas. Ask each group for one idea at a time. Write their suggestions on the board or flipchart.

Suggest any of the ideas below that have not been mentioned during the above activity:

- **Learn something new.** Take a class, such as auto repair, music appreciation, sewing or cooking. Take an interactive course or learn a new language.
- **Become more active.** There are many clubs for social and sports activities. Complete a walk-a-thon, go fishing, take up golf or walk with a friend.
- **Take up a hobby.** Hobbies help to relieve the feeling of loss people experience after quitting. Sports or an activity that takes participants outdoors can be especially helpful. Crafts and activities that keep their hands busy are also helpful. See what is available at the local arts and crafts store.
- **Experience cultural activities.** Rediscover the public library. Take an interest in local cultural activities, such as concerts, plays, art exhibits, fairs and holiday celebrations.
- **Use community resources.** Join a club or recreational group, or start one of their own. Volunteer at their local American Lung Association. Become a Freedom From Smoking® Facilitator! (Refer to Freedom From Smoking® Facilitator Requirements on page 237.)



Clean Air for Everyone (5 minutes)

Purpose

- To briefly discuss the effects of secondhand smoke

Background

Secondhand Smoke³⁻⁵

- Secondhand smoke is a complex mixture of chemicals generated during the burning of tobacco products. The principal contributors of secondhand smoke are “sidestream smoke,” exhaled “mainstream smoke,” and compounds diffused through the wrapper.
- More than 7,000 chemical compounds have been identified in tobacco smoke. Of these, at least 69 compounds are known to cause cancer in humans or animals.
- Secondhand smoke has been classified as a Group A carcinogen under the Environmental Protection Agency’s carcinogen assessment guidelines, a rating used only for substances proven to cause cancer in humans.
- Research on environmental tobacco smoke has produced important findings, which include:
 - Secondhand smoke is responsible for approximately 7,330 lung cancer deaths in U.S. nonsmokers annually.
 - Secondhand smoke is estimated to account for close to 34,000 heart disease deaths annually.
- Secondhand smoke exposure increases the risk of:
 - Low-birth-weight babies or sudden infant death syndrome (SIDS)
 - Chronic middle ear disease
 - Various types of cancer (lung, nasal sinus and cervical)
 - Lower respiratory tract infections, such as bronchitis and pneumonia
 - Frequency of episodes and severity of symptoms in asthmatic children
 - New cases of asthma in children who have not previously displayed symptoms
 - Heart disease morbidity and mortality

Secondhand Smoke and COPD⁶

- Smoking and passive smoke exposure in childhood compromises lung growth, leading to diminished lung function in young adulthood.
- Passive smoke exposure is a risk factor for symptoms of cough and sputum production, and may account for some of the COPD that develops in nonsmokers.



Speaking Points

Know the Risks of Secondhand Smoke

Remind participants about 80 % of adults in the U.S. are nonsmokers. And with people like themselves quitting, that number is growing. Tell participants that they may start to become more aware of clean air. They may even be disturbed when tobacco smoke pollutes the air they breathe.

State that the American Lung Association has been active in championing clean air for everyone. Everyone deserves to breathe clean air in restaurants and other public spaces. Encourage participants to become informed about the dangers of secondhand smoke and to work to prevent it. No-smoking policies benefit everyone.



Refer participants to pages 86 to 87 of the workbook.

Talk to participants about “Facts About Secondhand Smoke” located in the workbook. Mention what effect other people’s tobacco smoke has on those who are tobacco-free. Offer some of the facts about secondhand smoke:

- When around secondhand smoke, they are exposed to smoke that the tobacco user exhales and the smoke from the tobacco product.
- Secondhand tobacco smoke is harmful to everyone, but it’s especially dangerous for heart disease patients, people with asthma or breathing difficulties, and people with allergies.
- Secondhand smoke is also very harmful to children. Children of people who smoke have twice as many respiratory problems as children of nonsmokers. Infants of people who smoke are admitted to the hospital for bronchitis and pneumonia more often than infants of nonsmokers.
- Studies suggest that spouses of individuals who smoke are diagnosed with lung cancer and lung disease more frequently than spouses of nonsmokers.
- Secondhand smoke is also bad for your pets.

Tell participants if they’d like to become more environmentally active, they could consider making a donation to or volunteering with a proven champion in clean air policies—their local American Lung Association!

NOTE: If appropriate, mention what local groups are doing and how to contact them.



Closure, Certificates and a Tobacco-Free Celebration (45 minutes)

Purpose

- To distribute completion certificates
- To recognize and celebrate what participants have accomplished

Speaking Points

A Quick Recap

Provide an opportunity for participants to ask any questions that may have occurred to them during the clinic but that haven't yet been answered.

Remind participants for continued support, they can always call the American Lung Association's Lung HelpLine at 1-800-LUNGUSA (1-800-586-4872) or visit the Freedom From Smoking® community at FreedomFromSmoking.Inspire.com.

Explain that those who have completed the program will be presented with certificates. Remind participants many people attempt to quit numerous times before they become permanently tobacco-free. Those who have not yet quit completely need not feel they have been unsuccessful.

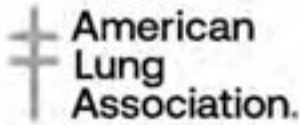
Remind them that they can quit for good if they continue to practice the skills they have learned here:

- Set up their support system.
- Keep setting small goals they can achieve and feel good about.
- Practice the skills learned in the first three sessions over and over again until they are prepared to quit for good.

NOTE: There are two types of certificates. One is for participants who completed the program tobacco-free and another is for participants who completed the program but are still using.



Page 86 of Workbook



The Impact of E-Cigarettes on the Lungs

E-cigarettes are a relatively new tobacco product that have been sold in the U.S. for about a decade. The e-cigarettes currently in the U.S. marketplace have not been systematically reviewed by the Food and Drug Administration to determine their impact on lung health. While much remains to be determined about the lasting health consequences of these products, the American Lung Association is very troubled by the evolving evidence about the impact of e-cigarettes on the lungs.

The inhalation of harmful chemicals can cause irreversible lung damage and lung disease.

In January 2018, the National Academies of Science, Engineering and Medicine¹ released a consensus study report that reviewed over 800 different studies.

That report made clear: using e-cigarettes causes health risks. It concluded that e-cigarettes both contain and emit a number of potentially toxic substances. The Academies' report also states there is moderate evidence that youth who use e-cigarettes are at increased risk for cough and wheezing and an increase in asthma exacerbations.



A study from the University of North Carolina found that the two primary ingredients found in e-cigarettes – propylene glycol and vegetable glycerin – are toxic to cells, and that the more ingredients in an e-liquid, the greater the toxicity.²



E-cigarettes produce a number of dangerous chemicals including acetaldehyde, acrolein, and formaldehyde. These aldehydes can cause lung disease, as well as cardiovascular (heart) disease.³



E-cigarettes also contain acrolein, a herbicide primarily used to kill weeds. It can cause acute lung injury and Chronic Obstructive Pulmonary Disease and may cause asthma and lung cancer.⁴



Both the U.S. Surgeon General and the National Academies of Science, Engineering and Medicine have warned about the risks of inhaling secondhand e-cigarette emissions, which are created when an e-cigarette user exhales the chemical cocktail created by e-cigarettes.



In 2016, the Surgeon General concluded that secondhand emissions contain, "nicotine; ultrafine particles; flavorings such as diacetyl, a chemical linked to serious lung disease; volatile organic compounds such as benzene, which is found in car exhaust; and heavy metals, such as nickel, tin, and lead."



The Food and Drug Administration (FDA) has not found any e-cigarette to be safe and effective in helping smokers quit. If smokers are ready to quit smoking for good, they should call 1-800-QUIT NOW or talk with their doctor about finding the best way to quit using proven methods and FDA-approved treatments and counseling.

1. NAM Report
2. Sassano MF, Davis ES, Keating JE, Zorn BT, Kochar TK, Wolfgang MC, et al. (2018) Evaluation of e-liquid toxicity using an open-source high-throughput screening assay. *PLoS Biol* 16(3): e2003904.
3. Ogunwala, Mumiye A et al. (2017) Aldehyde Detection in Electronic Cigarette Aerosols. *ACS omega* 2(3): 1207-1214. doi: 10.1021/acsomega.6b00489
4. Bein K, Lelkauf GD. (2011) Acrolein - a pulmonary hazard. *Mol Nutr Food Res* 55(9): 1342-60. doi: 10.1002/mnfr.201100279



Certificate Ceremony

Award certificates to the participants. Read what the certificate says out loud to group.



Distribute Certificate of Completion or Certificate of Quitting.



ACTIVITY: Depending on the group, include time for each person to make a statement, similar to the quitting ceremony. Allow time for any participant who wishes to speak.

Thank participants for completing the program. Offer positive reinforcement on parting. (The rest of their life lies ahead. Now that they've quit, they can look forward to feeling and looking better!)

NOTE: Adjourn to hold the party or to go out to a restaurant for dinner. Explain that this celebration is an excellent way to put everyone in a typical social situation so they can practice not using tobacco.



Session 8 References

1. American Heart Association (AHA), *Air pollution, heart disease and stroke: Exposure to air pollution contributes to the development of cardiovascular diseases (heart disease and stroke)*, <http://americanheart.org/presenter.jhtml?identifier=4419> (February 2006).
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5. U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta, GA: 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, 2006.
6. American Thoracic Society, <http://ats.org>.



Certificate of Quitting



Recommended Video Links

Why are cigarettes so addictive?

<https://www.youtube.com/watch?v=z0rKXw3WQFw>This video from the American Lung Association and Pfizer's Quitter's Circle campaign explains why nicotine is so addictive.

Shannon's story

<https://www.youtube.com/watch?v=XjpXPoNuqcE>An inspirational story from someone who quit for good.

Paula's story

https://www.youtube.com/watch?v=_SVz4GsnYHQ&t=1sAn inspirational story from someone who quit for good.

Alex's story

<https://www.youtube.com/watch?v=Mms0Y8XqCDA>An inspirational story from someone who quit for good.

Quit Smoking Help Playlist

This playlist on the American Lung Association's YouTube channel includes 7 videos covering these topics:

- How to Create a Quit Smoking Plan
- Three-Link Chain of Nicotine Addiction
- Why It's Hard to Quit Smoking
- 5 Ways to Resist the Urge to Smoke
- Quit Smoking Medications
- Quit Smoking: Learn to Say "No"
- Health Benefits of Quitting Smoking

Visit <https://bit.ly/FFSClinicResources> to link directly to these videos. Additional recommended videos will be added as they become available.



Publications

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Anthenelli RM, Benowitz NL, West R, St Aubin L, McRae T, Lawrence D, Ascher J, Russ C, Kirshen A, Evins AE. (2016). ***Neuropsychiatric safety and efficacy of varenicline, bupropion, and nicotine patch in smokers with and without psychiatric disorders (EAGLES): A double-blind, randomised, placebo-controlled clinical trial***. *The Lancet* 387(10037): 2507-2520.

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U.S. Department of Health and Human Services. ***The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General***. Atlanta, GA: 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, 2014.



Useful Websites

- American Lung Association. Lung.org
- Freedom From Smoking Plus Lung.org/FFS
- Freedom From Smoking Facilitator Resource Center bit.ly/ffsclinicresources
- Action on Smoking and Health ash.org
- Campaign for Tobacco-Free Kids. tobaccofreekids.org
- Centers for Disease Control and Prevention. cdc.gov
- CDC Office on Smoking and Health cdc.gov/tobacco
- Consortium of National Networks to Impact Populations Experiencing Tobacco-Related and Cancer Health Disparities
 - Geographic Health Equity Alliance nohealthdisparities.org
 - LGBT HealthLink. lgbthealthlink.org
 - The Center for Black Health & Equity. centerforblackhealth.org
 - National Behavioral Health Network for Tobacco and Cancer Control bhthechange.org
 - National Native Network keepitsacred.itcni.org
 - Nuestras Voces Network nuestrasvoces.org
 - RAISE Network (Reaching Asian Americans Pacific Islanders through Innovative Strategies to Achieve Equity in Tobacco Control and Cancer Prevention). appealforcommunities.org/raise
 - SelfMade Health Network. selfmadehealth.org
- Environmental Protection Agency. epa.gov
- National Cancer Institute smokefree.gov
- Truth Initiative truthinitiative.org
- U.S. Surgeon General surgeongeneral.gov/tobacco



Abbreviations

ACA	Affordable Care Act
ATS	American Thoracic Society
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicaid & Medicare Services
CO	carbon monoxide
COPD	chronic obstructive pulmonary disease
FDA	Food and Drug Administration
HALT	Hungry, Angry, Lonely or Tired
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
NRT	nicotine replacement therapy
OTC	over-the-counter
ppm	parts per million
SIDS	sudden infant death syndrome
Three A's	Avoid, Alter, Alternatives
TRUE	Think, Reflect, Use, Encourage



Published Program Evaluations

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Davis AL, Faust R, Ordentlich M. (1984). Self-help smoking cessation and maintenance programs: A comparative study with 12-month follow-up by the American Lung Association. *American Journal of Public Health* 74(11): 1212-7.

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Windsor RA, Cutter G, Morris J, Reese Y, Manzella B, Bartlett EE, Samuelson C, Spanos D. (1985). The effectiveness of smoking cessation methods for smokers in public health maternity clinics: A randomized trial. *American Journal of Public Health* 75(12): 1389-92.

Lando HA, McGovern PG, Barrios FX, Etringer BD. (1990). Comparative evaluation of American Cancer Society and American Lung Association smoking cessation clinics. *American Journal of Public Health* 80(5): 554-9.

Price JH, Krol RA, Desmond SM, Losh DP, Roberts SM, Snyder FF. (1991). Comparison of three antismoking interventions among pregnant women in an urban setting: A randomized trial. *Psychological Reports* 68(2): 595-604.

Warnecke RB, Flay BR, Kviz FJ, Gruder CL, Langenberg P, Crittenden KS, Mermelstein RJ, Aitken M, Wong SC, Cook TD, et al. (1991). Characteristics of participants in a smoking cessation intervention. *Preventive Medicine* 20(3): 389-403.

McGovern PG, Lando HA. (1992). An assessment of nicotine gum as an adjunct to Freedom from Smoking cessation clinics. *Addictive Behaviors* 17(2): 137-47.

Rosenbaum P, O'Shea R. (1992). Large-scale study of Freedom From Smoking clinics—Factors in quitting. *Public Health Reports* 107(2): 150-5.

Utz SW, Shuster GF 3rd, Merwin E, Williams B. (1994). A community-based smoking-cessation program: Self-care behaviors and success. *Public Health Nursing* 11(5): 291-9.

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Shuster GF 3rd, Utz SW, Merwin E. (1996). Implementation and outcomes of a community-based self-help smoking cessation program. *Journal of Community Health Nursing* 13(3): 187-98.

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Session Dates and Times

Session Name	Date	Time
Session 1: Thinking About Quitting		
Session 2: On the Road to Freedom		
Session 3: Wanting to Quit		
Session 4: Quit Day		
Session 5: Winning Strategies		
Session 6: The New You		
Session 7: Staying Off		
Session 8: Celebration		

Location: _____

Facilitator: _____

Contact Information: _____



Ready or Not—It Does Matter

Questionnaire 1 › Are You Ready to Quit?

Answer the questions by circling Yes or No.

1. Do you want to quit for yourself?	Yes	No
2. Is quitting a #1 priority for you?	Yes	No
3. Have you tried to quit before?	Yes	No
4. Do you believe tobacco is dangerous to your health?	Yes	No
5. Are you committed to trying to quit even though it may be tough at first?	Yes	No
6. Are your family, friends and co-workers willing to help you quit?	Yes	No
7. Besides health reasons, do you have other personal reasons for quitting?	Yes	No
8. Will you be patient with yourself and keep trying if you slip or backslide?	Yes	No

If you answered YES to 4 or more of these questions, you are ready to quit smoking. GOOD LUCK!

If you answered YES to less than 4 questions, please talk to your Freedom From Smoking Clinic Facilitator.



More About You

Questionnaire 2 › Preparing to Quit

Listed below are questions about skills, techniques and attitudes that are often used to quit smoking. Please answer these questions by circling Yes or No.

1. Have you identified your reasons for wanting to stop	Yes	No
2. Do you feel you are addicted to nicotine?	Yes	No
3. Do you know how to cope with withdrawal symptoms?	Yes	No
4. Do you want information on nicotine gum, the nicotine patch or other quit medications?	Yes	No
5. Do you know how to use deep breathing as a technique to stay free of tobacco use??	Yes	No
6. Do you know how to develop social support to help you stay tobacco-free?	Yes	No
7. Have you planned strategies for dealing with temptations to start using tobacco again?	Yes	No
8. Have you planned a reward for yourself once you have quit?	Yes	No
9. Do you know how to manage weight gain, which sometimes occurs when people quit?	Yes	No
10. Do you have ways to handle stress without using tobacco?	Yes	No
11. Is quitting your top health priority?	Yes	No

Your Name: _____



Registration Form and Questionnaire

Registration All information on this questionnaire will be kept confidential. Please print clearly.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Email: _____

Studies show some communities and demographic groups have higher rates of tobacco use than others. The American Lung Association is interested in knowing who we are serving with Freedom From Smoking. All questions in this section are optional.

Which of these best describes your race or ethnic group? (Check all that apply.)

- African American Asian/Pacific Islander Hispanic
 Native American/Alaskan Native White Other: _____

What is your age? _____

What is your gender identity? Female Male Prefer to self-describe:

Do you think of yourself as (check all that apply): Straight Gay or lesbian Bisexual
 Transgender Prefer to self-describe: _____

Questionnaire 3 › Your History of Tobacco Use

1. At what age did you begin to use tobacco? _____

2. How many cigarettes do you smoke each day on average? Not applicable. I use a different form of tobacco. _____

3. How many times have you tried to quit before? _____



Questionnaire 3 (continued) > Your History of Tobacco Use

4. What is the longest period of time you have gone without using tobacco since you first started? _____

5. Do you use tobacco in any form other than cigarettes? If YES, please check the box below:

- Pipe Cigar Snuff Chewing tobacco
 E-cigarette Other: _____

6. In which settings do you often spend time with others who use tobacco?
(Check all that apply.)

- At home At work In social situations I'm often the only one smoking

7. How supportive do you think each of these people will be of your quit attempt?

	They're supporting me	They don't want me to quit	They don't care	They don't know
Husband/wife/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How did you learn about the American Lung Association's Freedom From Smoking Clinic?

- From a family member, friend or coworker
 Referred by the Lung HelpLine
 From my local American Lung Association office
 Found it on the American Lung Association web site
 Online search
 Saw an ad
 I've used Freedom From Smoking before
 Other: _____



Tell Us What You Think

End of Clinic Questionnaire

All information on this form will be kept confidential.

Clinic facilitator's name: _____ Today's date: _____

1. How many sessions of the clinic did you attend? _____

2. Check the statement below that best describes you today.

- I'm not using any form of tobacco.
- I'm using tobacco and I plan to quit within the next 30 days.
- I'm using tobacco, and I plan to quit within the next six months.
- I'm using tobacco, and I **don't** plan to quit within the next six months.

3. Did you stop using all forms of tobacco for one day (24 hours) or longer during the clinic? Yes No

4. What was the most helpful activity in the clinic?

5. What was the least helpful activity in the clinic?

6. How did the clinic facilitator help you?

7. How could the clinic facilitator have helped you more?



8. How would you improve the clinic?

9. Would you recommend the clinic to friends who want to quit?

10. Do you have any other comments or suggestions?

11. Would you like to volunteer to help other tobacco users? If so, please check activities you would be interested in, then fill in your name and address at the bottom of the page.

- | | |
|--|--|
| <input type="checkbox"/> Clinic facilitator | <input type="checkbox"/> Clerical assistance |
| <input type="checkbox"/> Telephone follow-up | <input type="checkbox"/> Other |
| <input type="checkbox"/> Panel of former tobacco users | <input type="checkbox"/> Not interested at this time |

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Email: _____

Thank you!

Certificate of Quitting

Congratulations to

For Quitting Tobacco

You have taken one of the most significant steps toward protecting your health and extending your years of physical wellbeing.

Welcome to the ranks of Tobacco-Free!

Freedom from Smoking® Facilitator

Date

Certificate of Completion

Congratulations to

for Completing the Freedom From Smoking® Program

You have hereby taken one of the most significant steps toward protecting your health and increasing your years of physical well-being.

Freedom from Smoking® Facilitator

Date
