

# WINNING PATH

**FACILITATOR'S WORKBOOK**



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## WINNING PATH: AFRICAN AMERICAN SMOKING CESSATION

\* Winning Path is an 8-session, assisted self-help quit smoking program that has been customized for African American adult smokers and uses the *Pathways to Freedom: Winning the Fight Against Tobacco* guide.

Winning Path was designed to address specific issues that have impeded the delivery of smoking cessation to African American smokers in the past. These include: higher than average drop-out rates from organized smoking cessation classes, greater use of menthol cigarettes, and more reliance on prayer and spirituality in quit attempts. With the Winning Path approach to cessation:

- Participants are given the tools to customize their personal quit smoking approaches to address the three major components of smoking: physical addiction, habit/triggers, and stress.
- Mentholated cigarettes, which are preferred by most African American smokers, are discussed in detail, and menthol brand smokers are encouraged to seek alternatives to menthol use as well as nicotine replacements.
- “Cigarette stand-ins” like sugarless candies, cinnamon sticks, pens and papers for doodling, Greek “worry beads” and Chinese hand balls are strongly recommended as alternatives for smokers who are trying to break oral and tactile habits associated with cigarette smoking.
- Smokers are allowed (but not required) to bring non-smoking friends and family members to the sessions to be their support persons and the design of the sessions accommodate the needs of everyone who attends—smokers and non-smoking support persons.
- The special life stresses that come from being Black and facing disadvantages in society are discussed – not as an excuse for smoking, but as characteristics that must be addressed in developing ways to quit smoking and avoid relapses.
- The use of nicotine replacement therapies is explained as a way to address concerns that have been expressed by African Americans about so-called “medical experimentation” and the use of NRT products as a “Crutch.”

# LOVE THY NEIGHBOR

## SESSION 1: WELCOME

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At the initial session, participants fill out a brief sheet that provides demographic information. The facilitator welcomes members of the group and provides a brief overview of the structure of the 8-week program and follows that with an icebreaker.

Next, the facilitator hands out copies of *Pathways to Freedom* and allows participants time to review the pages. The facilitator describes Winning Path and how this cessation approach uses *Pathways* as a basic text.

The smoking-focused activity is a “How Addicted Are You?” quiz. Participants fill it out anonymously and turn in the completed answers. The facilitator scores it prior to the second class to get a sense of the percentages of participants who fall into the categories of heavily addicted, slightly addicted and not addicted. Understanding the characteristics of the class lets the facilitator make slight adjustments to the curriculum if necessary.

After the quiz, the floor is opened for general discussion about African Americans and smoking.

At the end of the first session, the facilitator distributes an article entitled “Why People Smoke Cigarettes.” Although written more than 50 years ago, little has changed regarding the reasons for smoking. Participants are encouraged to read the 9-page article with a friend or relative and discuss the contents, in preparation for returning for the second session.

At the close of the session, participants are encouraged to bring a non-smoking friend or relative with them to the second session for support. However it is made clear that bringing someone is optional and that participants can come by themselves if they wish.

## SESSION 2 - FAMILY & COMMUNITY

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The session opens with an icebreaker and introductions. Next comes a facilitated discussion on why people smoke with information drawn from the article and people’s lives.

Following the discussion, the facilitator provides results of the anonymous quiz that was completed at the first session and explains in general terms what the answers mean.

Testimonies about quitting from former smokers who have come with family members and friends are next. After the testimonies, the facilitator provides basic information about the addictiveness of cigarettes and how each successive quit attempt makes the chances of eventually quitting for good more likely. Nicotine replacement therapies are also touched on as a means of helping addicted smokers to get through the initial period of nicotine withdrawal.

The next series of activities focus on the *Pathways* guide. First the facilitator goes over the pages with information for the non-smoker entitled “If You Want to Help,” placing emphasis on the ways that friends and family can be supportive.

Next the facilitator discusses the impact of secondhand smoke on family members, especially children and the elderly. As part of this discussion, the facilitator distributes the fact sheet on the documented risks of secondhand smoke, goes over the information in *Pathways* (pages 8-9) and provides copies of the “Let’s Help Our Children Breathe Free” booklet if it is available.

The last activity within this section is an explanation of the importance of deciding on a specific Quit Day when all cigarette smoking stops.

After the *Pathways* review, the facilitator inquires whether anyone in the class has ever kept a daily journal. That question transitions to a general discussion on the importance of smokers trying to quit gaining a precise understanding of why each cigarette is smoked. Handouts explain the journaling process and give examples of journal entries and how the entries can be categorized.

The session wraps up with a review of what has been discussed, a preview of the next session and feedback from the group.

### SESSION 3 - MORE ON WHY SMOKERS SMOKE

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The session begins with the facilitator asking people in the group to discuss what they learned from keeping a personal journal about their smoking.

That should lead to a discussion about the distinction between “need” cigarettes that are generally smoked in response to physical addiction to nicotine and “want” cigarettes that are smoked by habit or in response to specific triggers.

The facilitator then shows excerpts from the Quit Today! video (if available) and go over relevant pages of *Pathways* with emphasis on the reasons smokers give for using cigarettes, the ingredients in cigarettes (including nicotine and menthol) and the triggers that cause smokers to reach for their cigarettes.

Next, the facilitator addresses the issue of stress-related smoking among African Americans and the possible relationship of poverty and discrimination to smoking behavior.

Another quiz is next on the agenda. This one asks the smoker to categorize the type of smoker he or she is. The facilitator then gets feedback from the group on the topics of habit and addiction, using the information in *Pathways* to guide the discussion.

At the end of the session, the following handouts are distributed: “3 Major Components,” “Habit or Addiction” and “Personal Smoking Survey.”

### SESSION 4 - NICOTINE REPLACEMENT & OTHER HELPERS

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The facilitator begins by discussing journal entries and any unusual situations that the smokers have encountered in their preparations for Quit Day.

A pharmacist or physician comes as a guest speaker to explain what NRT’s are and how they work. Questions are encouraged after the formal presentation.

After the speaker has finished, materials explaining NRT’s are distributed and discussed. If time allows, there can be discussion on other ways that people use to quit smoking like massage therapy, hypnotism, herbs and acupuncture and whether using those approaches makes sense. The caveat is raised the “quick fixes” for nicotine addiction rarely work and it isn’t realistic to believe that a person can become smokefree overnight without a lot of effort.

Participants are encouraged to make sure that they have identified a specific Quit Day because the next session will be the last one before they stop smoking and they need to prepare.

The facilitator instructs smokers to keep reading *Pathways* and to keep writing in their journals.

## SESSION 5 - READY, SET, GO!

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This session prepares participants for their upcoming Quit Day. The facilitator guides a session that allows smokers to share feeling about preparing to quit. Individuals are encouraged to open up about feelings of anxiety and stress.

Participants then review their journals and identify one or two times that they usually smoke a “habit” cigarette during the day. They should proactively cut several of these cigarettes during the week prior to Quit Day as a way of cutting back nicotine intake and breaking some of the ingrained habits of smoking.

The next part of the session focuses on the *Pathways* guide. With the help of the facilitator, participants go through the guide, page by page to get their questions answered and their concerns addressed.

Because stress is such an important component of smoking, the facilitator then takes the group through some deep breathing exercises that can be used to relieve stress in place of smoking a cigarette. Next, the role of nicotine as a stress reducer should be debunked with information from “Nicotine: The Self-Inflicted Itch.”

The discussion on nicotine is then followed by a discussion of the importance of “cigarette stand-ins.” The facilitator distributes an information sheet and goes over various items that can substitute for cigarettes such as worry beads, beaded bracelets, mint and crunchy vegetables.

As the session nears an end, the facilitator has everyone prepare a checklist of things to do in preparation for Quit Day.

The session closes with good music, the sharing of uplifting proverbs and spiritual sayings and best wishes.

## SESSION 6 - GETTING THROUGH TOUGH TIMES

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Everyone is welcomed back following Quit Day. The facilitator finds out how things went and whether participants had experiences with NRT, cigarette stand-ins and/or breathing exercises that were helpful. Problems are also discussed such as slips and serious withdrawal symptoms. Participants are encouraged to share their journal entries.

As with each session, pages from *Pathways* guide the discussion. For Session 6, the emphasis is on handling withdrawal.

The facilitator leads a discussion on how difficult quitting is when tobacco companies keep pushing their deadly products everywhere in the Black community. This may be helpful in making the point that there are factors involved that go beyond individual willpower and that community actions – such as preventing new tobacco products targeted at Blacks from ever reaching the stores and decreasing the amount of tobacco advertising – can help make a difference.

Because most African American smokers consume mentholated products, this is the next topic. The facilitator distributes the menthol fact sheet, show examples of menthol advertising and gets feedback from the group on why they believe so many African Americans are addicted to menthol brands like Newport and Kool. Former menthol smokers are asked if they did anything special like sucking on mentholated lozenges or eating peppermint candies when they were quitting.

As before, the session closes with music, proverbs and spiritual sayings.

**SESSION 7 - EATING HEALTHY, KEEPING FIT, AVOIDING SLIPS**

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This post-Quit Day session focuses on weight and fitness since one of the main reasons people say they start smoking again is weight gain. The facilitator goes over the “Keeping the Weight Off” pages in *Pathways*.

If possible, a guest speaker addresses the group—preferably a nutritionist.

Approximately half of the time is devoted to the guest speaker, with the remainder focusing on updates from participants on their Quit Status and how they have been doing.

Since this session focuses on eating healthy and staying fit, this provides an excellent opportunity to showcase local gyms, pools, YWCAs and YMCAs, and recreation centers. Another idea is to feature healthy foods—perhaps at a reception immediately preceding the session or immediately following the class.

**SESSION 8 - STAYING THE COURSE**

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This is the final session. Everyone is encouraged to return, even those who have slipped or relapsed. Friends and family members are also invited—even those who haven’t attended in the past. The point should be made and reinforced that every attempt at quitting brings the smoker closer to quitting for good.

*Pathways* is reviewed for a final time and participants are asked to give their impressions of the training.

If there are persons who have remained quit for a period of time, they should be congratulated—along with their friends and family members who gave them support. Everyone should be encouraged to develop a path that works and to stay on that path until they reach their destination.

Information on relapse and stress management is provided in take-away handouts.

To close the program, there should be a motivational speaker with an uplifting message.

*Revised March 2004*

## WELCOME

When people arrive, they should be greeted at the door. Each person should be asked to fill out a brief sheet that provides the following information:

- Favorite Brand of Cigarette
- Menthol or Regular
- How many cigarettes smoked per day
- Years as a smoker
- Age when he/she began smoking regularly
- Current age
- Name (optional)

The person at the sign-in desk should ask the person the name that he or she would like to be called by. That name should be written on a stick-on nametag and given to the person to wear.

### INTRODUCTION

The facilitator should begin by saying:

\* Welcome. This is the first of eight of stop smoking sessions brought to you by \_\_\_\_\_. My name is \_\_\_\_\_ and I will be your personal guide through these sessions.

We will come together five times before your Stop Smoking Day and three times after you stop smoking. Try to come to **every** session. However, if you have to miss a session or two, you can still benefit from coming when you can.

I'm not the most important person in helping you to quit smoking—**you** are. The next most important people are your family members and friends. So, feel free to bring a good friend or a relative with you to the next session. Or, if you want to come alone, that's OK too.

These sessions will be a combination of two things: people giving you information, and discussions among all of you. So, if you have something to say—please say it. But don't dominate the conversation. Give **everyone** the chance to say what's on their mind. Let's respect everyone in the room. Any questions?

The facilitator should check to see if people want to say anything, and then continue with a "Get To Know You" icebreaker.

If individuals are concerned about giving personal information, explain that the information is being collected so that we can improve cessation programs, thereby helping more African American smokers to quit.

Provide information from and about the sponsoring organization(s).

Make the point that *Pathways* was created as a self-help guide that they can work on at home.

Share the "Rules for Discussion."

## WINNING PATH

After the icebreaker, the facilitator should say:

- \* This smoking cessation program is called *Winning Path*. It is based on a successful quit smoking program called *Pathways to Freedom: Winning the Fight Against Tobacco* which was designed especially for Black smokers who want to quit.

*Pathways to Freedom* was first released in 1992 and it has helped thousands of people. We know more about quitting now and there are new medicines on the market to help people quit.

The new *Pathways* was released in September 2003 with updated information and new graphics and illustrations. We will be using *Pathways* in these sessions, but it is primarily a self-help guide for smokers trying to quit to use on a daily basis—at home, at work or anywhere.

Give the class about ten minutes to look through the guide. Encourage everyone to take time to read *Pathways* at home.

Explain that the guide has information for the smoker who wants to quit and for family and friends who want to be helpful and supportive. If there is interest, discuss the reasons why the authors of *Pathways* designed a quit smoking guide especially for African Americans and get feedback from the group.

- \* Since you are here to quit smoking or to find ways to help someone who wants to quit, the most important part of the *Pathways* guide is Section II—How to Quit.

Give a brief explanation of the ‘Stages of Change’ approach to smoking cessation as outlined in the list entitled “Where Are You in Your Plans to Quit?” Explain that every smoker in the group who wants to stop smoking is in the action stage – “I’m ready to quit right now.”

Hand out copies of the *Pathways to Freedom* guide.

Make sure you as the facilitator are familiar with the *Pathways to Freedom* guide before you try to describe it to others.

Don’t spend time going over every page of the guide with participants. Just hit the highlights, and take a few minutes to answer questions.

### ***Pathways*, pages 15-31**

Information for the facilitator on “Stages of Change” can be found in the Appendix.

## ACTIVITY

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Distribute the Quiz “How Addicted Are You?” Have everyone in the class fill it out anonymously. Collect the completed quizzes.

## DISCUSSION

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If time permits, open the floor to general discussion about African Americans and smoking, including the health risks of smoking and how the tobacco industry markets to African Americans.

- \* You may wonder why I’m not asking you a lot of questions about your smoking at this session, if you are a smoker. Well, not everyone feels comfortable talking about smoking, even with family members and friends. Some people you know may even be smoking secretly because they are embarrassed about not being able to quit. As we keep meeting, it may be easier for people to share their feelings.

## ASSIGNMENT

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At the end of the class, the facilitator should distribute the article “Why People Smoke Cigarettes” and close by saying:

- \* Thank you for coming. Your presence here says you want to change your life in a positive way by freeing yourself from the need for cigarettes. This article was more than 50 years ago, before we really knew how dangerous cigarettes were. Please read this article between now and the next session.

One other thing—if possible, bring a non-smoking friend or family member with you next week. Quitting is easier if you have support. Now, that’s not a requirement. So, if you’d rather come by yourself, that’s fine. Just be sure to be back here. And bring your copy of *Pathways to Freedom*.

The facilitator should “score” the quizzes at home prior to the next session to get a sense of the group.

*Pathways, pages 6-7*

*Pathways, pages 10-11*

Unless a handout is being reviewed by the group *during* the session, wait until the end so there isn’t a distraction.

## FAMILY & COMMUNITY

Open the session by having everyone introduce himself or herself—including non-smoking guests who may have come with smokers and any other newcomers. Have a short icebreaker to get everyone acclimated.

### DISCUSSION

Following the icebreaker, the facilitator should begin by making this statement: “Why Do People Smoke Cigarettes?”

The facilitator should ask for responses to the question—“Why Do People Smoke Cigarettes?”—either from information that was in the article or from the life experiences of participants. The facilitator (or assistant) should write the responses on a flip chart. When the flip chart is filled with comments, the actual discussion should begin.

### REPORT BACK

After the discussion, the facilitator should provide the results of the anonymous quiz that was completed at the first session and provide details on what the answers mean.

### TESTIMONIES

The facilitator should then call on any former smokers who may have come with friends or family members to tell their experiences.

✱ The bad news about trying to quit is that cigarettes are very addictive. If you were trying to quit on your own with no help, your chances of being successful would be about 5 percent—about the same as successfully going on a diet and keeping the weight off.

The good news is that after a few tries, your chances keep going up. More than half of the people who have ever smoked have quit and stayed quit. It took most of them a number of different tries—but ultimately they were successful. These days, we know a lot more now about what works and what doesn’t work. We also have medicines that can double your chances of success.”

Prior to the discussion, the facilitator should repeat the rules for discussion that were articulated at the first session.

Use the article as a jump off for the discussion. If it hasn’t been read by most of the people in the group, read a few key passages and ask if the comments of the author ring true.

This is a good time to ask questions about relapsers—people who have quit for a year or more and then returned to smoking.

Differentiate between a relapse and a “slip”—when someone is trying to quit and smokes one or two cigarettes, but immediately refocuses on quitting.

## PATHWAYS

Next, the facilitator should review the pages from the *Pathways* guide with information on “If You Want to Help,” placing emphasis on all the ways that friends and family can help and be supportive.

Often people feel supported if family members and friends who are religious offer prayers for their successful victory over smoking.

The facilitator also should discuss the impact of secondhand smoke on family members, especially children and the elderly, supplemented by the information in *Pathways* and the “Let’s Help Our Children Breathe Free” booklet (if it is available).

## STOP SMOKING DAY

Next, the facilitator should spend a few minutes explaining the importance of setting a Stop Smoking Day and preparing for that day in advance. This is a good time to review the Quit Day pages in *Pathways*.

## KEEPING A JOURNAL

The facilitator should ask whether anyone in the class has ever kept a daily journal. That will serve as a transition to an explanation of the importance of all the smokers in the room understanding exactly why they smoke each cigarette of the day.

The facilitator should say:

- \* There is no one size fits all when it comes to quitting smoking. Each person’s smoking is a bit different and so each person’s quit plan has to be different.

To design your own plan, it is necessary to determine exactly how many cigarettes you smoke, when you smoke, and why. You may think you know, but until you track every cigarette, you don’t really know.

In fact you may be in for some surprises when you start keeping your journal. You may be smoking more or less than you think. And some cigarettes may slip by you without much thought.

The facilitator should go over in detail what participants should be writing down in their journals.

### *Pathways*, pages 15-31

Ask smokers if they think advice and help from non-smoking family and friends is helpful or not. Use role-plays to show what non-smokers do and what they should do.

### *Pathways*, pages 20-21

This will be the first of three sessions in which setting a Quit Smoking Day will be mentioned.

Distribute 3-page sheet on keeping a Smoker’s Journal and go over the information on the sheet in detail. Ask each smoker to bring the journal he or she is keeping to the next session.

- \* No one will be graded on his or her journal entries and everything written in the journal is private and confidential. No one will be required to disclose what is in his or her journal, although if a person wishes to share information, that's OK. Keeping a journal has been shown to be an effective technique in helping people customize a smoking cessation program that works for the individual smoker—not something that supposedly works for everyone in the group.

### CONCLUSION

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Wrap up the session by summarizing what has gone on, reviewing the applicable pages of *Pathways* and providing a preview of the next session.

Encourage everyone who can to bring a support person along. Get feedback on what they think about the sessions so far.

If no journal is automatically provided to the group as part of the class materials, show examples of journals, ranging from dollar store notebooks and tablets to more elaborate versions that individuals can purchase.

Distribute fact sheet on Secondhand Smoke.

## WHY DO SMOKERS SMOKE?

Welcome everyone back.

Begin the session by asking for people in the group to talk about what they learned from keeping a personal journal about their smoking. Use the flip chart to jot down some of the high points of their comments.

### DISCUSSION

Tell the group that there are various ways to characterize smoking. The easiest distinction is between cigarettes that a smoker “wants” and cigarettes that a smoker “needs.” Explain that the “need” cigarettes are generally ones that are smoked in response to a physical addiction to the nicotine while the “want” cigarettes are smoked by habit or in response to specific triggers.

Ask participants how they think nicotine rates on an addiction scale? Get some responses. After you have gotten comments from the group, give them the correct answer:

- \* Nicotine is one of the most addictive substances known. Almost everyone who smokes a product with nicotine in it becomes addicted to the nicotine. Many former cocaine and heroin addicts who have kicked hard drugs or alcoholics who are now sober find smoking the *hardest* addiction to break and end up dying of smoking related illnesses.

### VIDEO (OPTIONAL)

Show the Quit Today! video. Focus on the segment that has the smoker getting up in the morning and searching frantically for a cigarette or even a cigarette butt, because he smoked all his cigarettes the night before. Ask how many of the smokers in the room have been in that same situation and how it felt.

### PATHWAYS

Go over the pages in *Pathways* that address the ingredients in cigarettes. Ask how many smokers prefer mentholated brands, and ask why.

Discuss other ingredients in cigarettes such as tar and substances that have been identified as being carcinogenic—cancer causing. Use this as an introduction to a detailed discussion of nicotine.

See if individuals in the group—smokers and non-smokers—can identify “need” and “want” cigarettes and distinguish between them.

Refer back to the “Are You Addicted?” quiz results from session 2.

Get feedback from the group. Recognize that not everyone may believe the addictiveness of smoking compared to alcohol and other drugs. If you get too much resistance, move on.

If you plan to show the video, make sure a VCR is available. It may be best to show parts of the video instead of having people watch the entire 12 minutes.

### *Pathways*, page 13

Point out the cartoon on page 12 and go over the list of toxic substances in cigarette smoke.

**ACTIVITY**

Explain to the group that nicotine usually exits the human body relatively quickly—in an average of a day or so. So, if a smoker is heavily addicted, the levels of nicotine in his or her body become quite depleted after a few hours of not smoking. To test this, go around the room and ask every smoker to identify their earliest cigarette smoked each day. Ask:

- \* When do you have that first cigarette of the day? Is it before getting out of bed? Is it before your teeth get brushed? Is it before or after that first cup of tea or coffee?

If there are enough people in the room, physically group the smokers in the room into four categories:

- Group A usually smokes within 5 minutes of waking up
- Group B usually smokes within 30 minutes of waking up
- Group C usually smokes a cigarette before noon
- Group D can wait until afternoon or may not smoke all day

Explain that the smokers in groups A & B are heavily addicted – group A more so than group B.

The smokers in group C are somewhat addicted.

The smokers in group D may not be addicted at all and may fall into the category of “social smokers.”

The facilitator should say:

- \* Usually it is harder for addicted smokers to quit, but that isn't always the case. Some heavy smokers manage to quit cold turkey while some “social smokers” have a lot of trouble giving up just a few cigarettes a week.

Explain that time to first cigarette isn't the only way to judge physical addiction. There are more complicated ways of judging addiction that are based on how many cigarettes a person smokes in a day and how deeply they inhale. However the amount of time to first smoke is a pretty good indicator of level of addiction.

- \* Physical addiction is important but it is only one of the reasons why people smoke. Some people never become addicted to the nicotine in cigarettes. They are called ‘chippers’ or ‘social smokers.’ They don't really need to have a cigarette but they smoke because that's what other people around them are doing.

*Pathways, page 12*

Use this as a reason to get people to move, especially if they have been sitting for a while.

Provide additional information about nicotine, depending on the interest level of the group.

- \* Chippers or social smokers have many of the same characteristics as social drinkers. A social smoker generally smokes no more than five cigarettes a day and no more than four days in an average week.

Because nicotine is so addictive, there are relatively few strictly social smokers. According to Dr. Saul Shiffman of the University of Pittsburgh who has studied this phenomenon, social smokers represent less than 10 percent of the 55 million smokers in the United States. Some recent studies, however, are showing a rise in the percentage of “sometime” smokers. Historically, African Americans have been more likely than other groups to be chippers.

Another reason why many people smoke is because smoking has become a habit for them. It is something to do with their hands, something to put in their mouth.

Habit smokers automatically reach for a cigarette when they do certain things—like get into the car, talk on the telephone, reach for a beer. The things that cause habitual smokers to pick up a cigarette are called ‘triggers.’

Most smokers combine physical dependence and habit. If you smoke for both reasons, then your quit smoking plan has to deal with both your physical addiction to the nicotine in your cigarettes and your habit of smoking. Virtually every smoker who is dependent on nicotine has developed specific smoking habits or triggers.

Even smokers who are not physically addicted usually develop habits that determine where and when they smoke.

Breaking the habit of smoking requires you as a smoker to understand the ‘triggers’ that cause you to reach for a cigarette and then doing something else instead of smoking.

In addition to dealing with addiction and habit, many people smoke as a way to handle stress. In fact, smoking is considered one of the most efficient ways of handling stress. Can someone tell me why they think smoking cigarettes helps relieve stress—from your own experiences or what you see in other smokers?”

Ask if any smokers in room think they are “chippers” or social smokers.

Use a flip chart to list examples of “habit” smoking. Ask for examples from their journals.

#### **Pathways, pages 16-17**

Bring up the idea of “cigarette stand-ins.” Show some examples, like worry beads.

Use the flip chart to jot down various stress-relieving aspects of smoking cigarettes.

## DISCUSSION

Ask each smoker in the room about whether they smoke as a form of stress release. If there are any current smokers who relapsed from an earlier quit attempt due to a stress-related incident, ask them to provide details without getting too personal or naming names.

Refer back to the ages when people began smoking regularly. Explain that the earlier a person begins to smoke, the more likely that will become their preferred mechanism for handling stress. Say:

- \* If a child starts smoking at 12 or 13, it is usually harder to stop than if the smoker started at 22 or 23 or later. The person who began smoking later in life has had to develop coping strategies for handling stress other than smoking, while the 12 or 13-year-old smoker, smoking was all the stress relief needed.

Explain that in general, African Americans begin regular smoking later in life than most other smokers do. That gives some African American smokers an advantage, because they may have learned other coping strategies that they can substitute for smoking in crisis situations. The disadvantage is that the lives of many African Americans often have excess life stresses like poverty and discrimination that tend to be related to race and ethnicity. Having more stress can lead to placing more importance on smoking as a stress reliever.

## QUIZ

- \* “What Type of Smoker Are You?” is a short quiz that will help you to get a better understanding of the reasons why you smoke. You may see part of yourself in several of these categories, but pick the one that fits you best.

Hand out blank answer sheets to the smokers in the room. After they have made their selections, discuss what the answers mean.

When the participants have gotten the results of the quiz, ask if there are any surprises.

Summarize by saying that the Winning Path approach focuses on three major reasons for smoking—habit, addiction and stress relief.

Make sure people follow the “rules for discussion” so that everyone gets a chance to speak.

Distribute the “What Type of Smoker Are You” quiz.

**DISCUSSION**

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Get feedback from the group on the topics of habit and addiction. Use the information in Section II of *Pathways* to guide the discussion.

Bring up the idea of nicotine replacement therapies and get some feedback. Explain that the next session will focus entirely on nicotine replacement therapies, and that there will be a guest speaker to answer their questions.

Reiterate the importance of setting a Quit Day.

**CONCLUSION**

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At the end of the session, remind them of the differences between Habit (cigarettes they want) and Addiction (cigarettes that their bodies are telling them that they need.) Explain that the information in the *Pathways* will help them get a better handle on the reasons why they smoke. Encourage them to fill out the Person Smoking Survey.

Make sure that everyone remembers to bring their *Pathways* guides and their personal journals to the next session.

Give out the “3 Major Components” handout and go over it.

***Pathways*, pages 16-19**

***Pathways*, pages 18-19**

***Pathways*, pages 20-21**

Distribute the handout on Habit or Addiction and the Personal Smoking Survey

# NICOTINE REPLACEMENT & OTHER “HELPERS”

## GUEST SPEAKER: PHARMACIST OR PHYSICIAN

Begin the session by discussing journal entries and any unusual situations that the smokers have encountered as they get ready to quit smoking. Try to make the atmosphere light-hearted.

Have a selection of nicotine replacement therapies (NRTs) to show participants. Use the products or images to demonstrate the differences between the various types: patch, gum, inhaler, spray and lozenges.

### SPEAKER

Introduce the guest speaker. This should be a physician or pharmacist who is knowledgeable about the risks of smoking and the use of nicotine replacement products and understand the community. Because there is often confusion and suspicion about medication like nicotine replacement therapies, it may be helpful to have someone who is from the community as a guest speaker. Representatives from the National Medical Association (Black physicians) or National Pharmaceutical Association (Black Druggists) may be willing to volunteer to speak to your group.

If time permits, have a short period of questions and answers after the formal remarks.

### DISCUSSION

After the speaker has addressed the group, begin the discussion. Key points to make:

- For physically addicted smokers, especially those who have been smoking for a long time, who smoke more than 15 cigarettes a day, who need to have a cigarette first thing in the morning, or who have had serious withdrawal symptoms following previous quit attempts, NRT's can help a person's body detox from nicotine dependence.
- Both cigarettes and nicotine replacement products have nicotine. But cigarettes have many more dangerous substances.
- The Food & Drug Administration has approved NRT's for use. NRT's are relatively safe when used as intended. Cigarettes have never been approved by the FDA and are deadly when used as intended.
- NRT's may seem costly at the beginning, but the cost evens out over time. Because they are only supposed to be used on a temporary basis, the cost ends up being a lot less than cigarettes.

If you cannot get actual samples, have empty boxes or pictures of NRT products from advertisements.

Check on the availability of a video that explains what nicotine replacement products do.

**Pathways, pages 18-19**

Use the “NRT vs. Cigarettes” handout as the basis for this discussion.

Be flexible. If people are opposed to NRTs, don't push too hard. Do try to capture the reasons for their opposition on a flip chart.

Stress that for some people, using NRT's is a step toward reaching the goal of ultimate freedom from smoking and from addiction to nicotine in any form.

If time allows, discuss some of other ways that people use to quit smoking like massage therapy, hypnotism, herbs and acupuncture.

Explain that holistic approaches may work for some people, but that participants should be skeptical of anyone who charges a lot of money to help them quit, promises a "quick fix" or says that a person can become smoke-free overnight without a lot of effort. Because smoking is so addictive, programs that promise people an easy way to quit smoking have become the new venues for snake oil salesmen.

Encourage participants to stay involved with Winning Path and *Pathways to Freedom* because this approach of behavioral support has a solid track record of success.

## CONCLUSION

Remind everyone that they should identify a *specific* Quit Smoking Day within two weeks and that each person should begin preparations.

Inform them that the next Winning Path session will be the last one before they give up their cigarettes – hopefully for good this time.

Encourage them to keep writing in their journals.

Get a sense of the group regarding how they feel about NRTs after attending this session and if there is anything else they want to know about Nicotine.

Encourage smokers and former smokers to share examples of quit smoking approaches that have worked for them or for others they know. Also get feedback and discussion on approaches that have failed.

This may be a good time to talk about the role of faith, spirituality and prayer as a way that helps some people to overcome various addictions, including smoking.

### ***Pathways*, pages 20-21**

Bring in a giant calendar and mark down each person's Quit Day.

Distribute the Nicotine Fact Sheet at the end of the session. Make a note of any questions that remain.

## READY, SET, GO!

Open the session with introductions.

Allow everyone to share his or her feelings about getting ready to quit. Be encouraging, especially if individuals express feelings of anxiety and stress. Go around the room and have everyone give the date that they have chosen as their day to Stop Smoking Day and what is important about that date.

### PATHWAYS

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Go back through the “How to Quit” section of the *Pathways* guide, page by page. Be familiar with the contents and be ready to answer questions.

✧ As you know, many people smoke because of physical addiction. But the other two reasons why people smoke are habit and stress relief. Let’s talk a little more about habit – or what the *Pathways* guide calls “triggers.”

Have individuals look back over their journals and chose one or two times that they commonly smoke a cigarette during the day.

Encourage each smoker to identify 2-3 “habit” cigarettes that he or she will not smoke daily during the week prior to their Quit Day as a way of beginning to cut back on total nicotine intake and also breaking some of the ingrained habits of smoking.

### CIGARETTE STAND-INS

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✧ It’s hard to give up something that’s become a part of your life like cigarettes. And for many people, cigarettes are like an old and dear friend that helps you get through the day. Dr. Phil, the television psychologist, has popularized a saying from the recovery community that you don’t “break” a bad habit—you replace a bad habit with a good one. That’s where cigarette stand-ins come in. Just as you may decide to use a form of medicine to temporarily replace the nicotine that you usually get from your cigarettes, a cigarette stand-in can take the place of your cigarettes—but without the deadly results.

If possible, decorate the room for a party since this will be the last meeting before everyone’s Stop Smoking Day!

*Pathways*, pages 15-31

*Pathways*, pages 16-17

- \* We have already discussed the various roles that cigarettes play in our lives—as familiar habits, something to do with our hands, something non-fattening to put in our mouths and an all-purpose coping strategy for tension and stress. Well, from now on, we won't have our cigarettes—right? So, part of the quitting strategy should be having cigarette stand-ins.

Engage the group in a discussion about good and bad habits generally, and what new habits the smokers plan to develop to replace their smoking. Go over the examples on the handout. Discuss the various alternatives, such as worry beads or beaded bracelets. Suggest that individuals may want to string their own beads to have with them at all times. Show how fingering the beads can be a distraction from smoking and can link in with saying prayers, meditating or repeating affirmations. Get suggestions of other cigarette stand-in ideas from the group.

## STRESS RELIEF

- \* The third major reason why people smoke is to relieve stress. Most people experience stress for one of three reasons:
  - A major change occurs in our lives
  - Some external force threatens us or those we love
  - We experience a sudden loss of control

What kinds of stress do you face in your life?

Ask smokers and non-smokers to talk about the stress in their lives—the stress of being Black, of being male or female, of not having enough money, of relationships—all kinds of stress.

Next have everyone stand and go through some breathing exercises. Explain the rationale as follows:

- \* Deep breathing is one of the easiest ways to handle stress. It is the second of the 5 D's that are listed in the *Pathways* guide. Many people take shallow, frequent breaths from their chests instead of taking deep breaths from their diaphragms.

Give out the “Cigarette Stand-Ins” handout and go over it with the group.

Have examples to pass around the group. Let them touch the beads and needlework.

Write suggestions on the flip chart.

*Pathways*, page 25

- \* Deep breathing is different. It involves deliberately learning to slow your breathing rate and breathing from your diaphragm (a muscle in the lower abdomen) rather than your chest. Deep breathing permits a better exchange of carbon dioxide and oxygen in the blood than shallow breathing. It's relaxing and it serves as a natural anecdote to the 'fight or flight' response that often comes with stressful situations.

Let's try a deep breathing exercise now.

Ask everyone to take a deep breath.

Tell them to close their mouths and hold their breath for a few seconds. Next, have everyone exhale slowly through their mouth with their tongues placed at the top of their teeth.

Explain that this exercise should be done several times when stressed until the tension has passed.

Encourage all the smokers who are planning to quit to begin practicing stress release exercises immediately as a way to begin preparing to stop smoking.

After everyone is seated again, prepare to give a short lecture on nicotine and stress.

Distribute the "Deep Breathing" handout and suggest that smokers practice these and other breathing exercises as ways to deal with the new stress they may encounter in trying to stop smoking as well as the stress of everyday life.

### NICOTINE: THE 'SELF-INFLICTED ITCH'

- \* Both adults who have been smoking for years and teenagers who have just started smoking tend to say that they feel more relaxed when smoking than when they aren't smoking. But how is that possible when nicotine is a stimulant and really doesn't have the sedative properties that a relaxing drug would normally have? Any ideas?

Well the answer is pretty simple. The best analogy is that nicotine is like a self-inflicted itch.

When you have an itch, it feels good to scratch it. But the pleasure is short-lived. If you scratch too hard, you tear the skin and cause pain. Even worse, as soon as you stop scratching, the itch usually comes back- often with more fury than before. That's the way nicotine in cigarettes works. Inhaling nicotine makes you feel better temporarily, but being without nicotine makes you feel so much worse that you have to use the nicotine again.

\* Most smokers become dependent on nicotine. After a while, it doesn't make them feel better – it just makes them feel normal. Being without a cigarette brings on unpleasant feelings of irritability and tension as nicotine levels in the body fall. This is why for many people, smoking is most pleasurable after an extended period of abstinence – such as the first cigarette of the day or after you've gotten off a long smoke-free airplane flight.

It may be hard to believe, but the relaxing and stress-releasing properties of smoking are an illusion. Smoking does temporarily get rid of stress, but that's only because it takes away the stress caused by nicotine withdrawal. Studies have shown that when teenagers begin to smoke, they become more stressed – not less.

Smokers, who have tried to quit and failed, remain at high levels of stress. Some smokers find their stress levels increasing as a consequence of even thinking about quitting.

Is there anyone in the room who is feeling more stressed than usual as their Quit Day nears?

The good news is that once smokers quit, they find their stress levels dropping as the months pass. The average smoker has to have a cigarette for his or her stress levels to approximate those of a non-smoker. However, after the initial stresses of quitting, ex-smokers have much lower anxiety levels than they had when they smoked.

## ACTIVITIES

Have everyone prepare a check-off list of the things they will do to prepare for their Quit Smoking Day and for the days right after quitting happens. Review the pages of *Pathways* on how to quit and stay quit.

Get everyone to write his or her name and Quit Smoking Day on a flip chart page as a class declaration.

Encourage individuals to plan activities for their Quit Day that include being with non-smoking friends and being in places where smoking is not allowed.

Get feedback from the group.

*Pathways*, pages 22-23

- \* How many of you are confident that you will be able to stop smoking for good this time? It's good to be confident, but stopping smoking is really hard. So turn to the advice in *Pathways* if you encounter some setbacks between now and the next time we meet.

Go over the sayings in *Pathways* and ask each person to choose a favorite one to use as a good luck saying. Remind the group that even if a slip up occurs, everyone is welcome to the next session. Remind them of the Old Testament verse:

- \* “Though a righteous man falls seven times, he rises again.”

## CONCLUSION

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Close out the session by playing music, sharing uplifting proverbs, spiritual sayings and prayers.

Have everyone wish each other good luck on the day they stop smoking.

Remind individuals again that quitting will be hard and slip-ups are possible.

Ask the non-smokers to follow the advice in *Pathways*: “If You Want to Help.”

Remember to give out the numbers of local, statewide and national telephone and online smoking cessation services that individuals can call for help.

Urge everyone to come back to the next session whatever their status—even if they only were able to stay quit a little while. Let them know that the group can provide support to try again.

***Pathways*, pages 24-25**

Have examples of prayers and sayings to share, including the ones in *Pathways*.

Make sure you have local resource information to share with members of the group, such as smoking cessation quitline telephone numbers and online bulleting boards

***Pathways*, pages 23, 41**

## GETTING THROUGH TOUGH TIMES

Welcome everyone back. Find out how they did on their Quit Smoking Day, and the days immediately afterwards. Ask about any experiences with nicotine replacement/reduction therapies, cigarette stand-ins and stress reducing exercises.

Talk with the group about slips and relapses and how it felt to quit, even for a day. If anyone has gone back to regular smoking, encourage them to try quitting again before too much time elapses. The next time may be the charm, especially since they are still part of the Winning Path group. Encourage everyone to stay supportive of each other. Get feedback from people's journal entries.

### PATHWAYS

Review the pages of *Pathways* that address the best ways to handle withdrawal from cigarettes. Use the chart in the physical withdrawal handout to focus on the ways that the body reacts to nicotine.

### DISCUSSION

Some of the individuals in the group may be having real problems and may be feeling that they have failed. To deflect those feelings, have the group talk about how difficult it is to quit when the tobacco companies keep advertising their deadly products everywhere in the Black community.

*Pathways*, pages 28-31

*Pathways*, pages 24-25

Distribute handout on "Coping with Physical Withdrawal."

Show slides, transparencies or pages cut from Black magazines with menthol cigarette advertisements designed specially for African Americans.

**MENTHOL**

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Open up an interactive discussion on mentholated cigarettes and speculate on the reasons why so many African American smokers prefer menthol brands like Newport, Salem, and Kool.

Ask if the former menthol smokers have any suggestions of special ways to get over their addiction to menthol cigarettes—like sucking on mentholated lozenges or eating peppermint candies.

Provide basic information on menthol cigarettes to the group.

- Among African American smokers, most smoke menthol and the preference for menthol is highest among Black youth.
- Menthol in cigarettes does *not* make the cigarettes safer.
- While the majority of African American smokers prefer mentholated brands, the majority of menthol smokers are not Black. Other key customers for menthol cigarettes are women, beginning smokers of all races, Filipinos and Puerto Ricans.

**CONCLUSION**

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Close out the session by playing music, sharing uplifting proverbs and spiritual sayings and having everyone wish each other continued luck in the fight against tobacco and the power of the tobacco companies.

**Pathways, page 13**

For additional background, read the article: *The African Americanization of Menthol Cigarettes* by Dr. Philip Gardiner.

Distribute handout on “Menthol Cigarettes.”

Distribute the “Targeting the African American Community” handout.

# EATING HEALTHY & KEEPING FIT

## GUEST SPEAKER: NUTRITIONIST OR FITNESS EXPERT

*This is a special session of Winning Path that focuses on avoiding weight gain. This is important because one of the main reasons why many people go back to smoking is due to concerns about weight.*

### PATHWAYS

Give a presentation on nutrition based on Pathways. Explain that there are various reasons why many people gain weight when they stop smoking.

- Smoking changes the taste of foods. When a person stops smoking, their food tastes and smells better. People tend to eat more when things taste and smell good.
- Nicotine changes how the body processes food. When a person stops smoking, their metabolism changes and that usually adds about 5 to 10 pounds if the activity level stays the same.
- For many people, cigarettes act as a food substitute. When a person isn't putting a cigarette into his or her mouth 10, 15 or 20 times a day, food often goes in instead – and frequently the foods that take the place of cigarettes are sweet and full of calories.

Get brief updates from participants on their quit status and how they have been doing. Ask about their fitness efforts – Have they been exercising more or less? Why?

### SPEAKER

Introduce the guest speaker. Allow questions and answers after the formal remarks.

**Pathways, pages 26-27**

Distribute and discuss  
handout on exercise and  
fitness.

At least half the session time  
should be devoted to the  
guest speaker.

## DISCUSSION

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Talk with the group about some of the ways that the new energy that comes from quitting can be used to offset weight gain.

Put forth the idea that a small amount of additional weight is a small price to pay for extra years of life. A *Time* magazine article a few years ago estimated that a former smoker would have to add about 100 pounds before the risks of obesity equaled the risks of smoking.

Ask participants if they are encountering weight problems and what they are doing about it. If possible, have participants exchange ideas and recipes for low-calorie meals.

## CONCLUSION

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Close out the session by playing music, sharing uplifting proverbs and spiritual sayings and having everyone wish each other luck.

Since this session focuses on eating, healthy and staying fit, this would be an excellent opportunity to showcase local gyms, pools, YWCAs and YMCAs, and recreation centers.

Distribute the handout “Ways to Cut Back (eating)”

This would be a good time to feature some healthy foods—perhaps at a reception immediately preceding the session or immediately following the class.

## STAYING THE COURSE

This is the final session. *Everyone* should be encouraged to return, even those who have slipped or relapsed. Friends and family members should be invited. The point should be reinforced that every attempt at quitting brings a smoker closer to quitting for good. The session should include a discussion of what worked and what didn't work in their quit attempts and what could have been done better.

### CONGRATULATIONS

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If there are persons in the group who have remained quit, they should be congratulated—along with their friends and family members who gave them support.

Everyone should be encouraged to develop a path that works and to stay on that path until they reach their destination. Information of relapse and stress management should be the take-away handouts.

### PATHWAYS

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If time allows, the facilitator should conduct a final review of all the information in *Pathways*, including Section III—Community Organization. Participants should be encouraged to share what they liked and didn't like about the guide as well as what they liked and didn't like about the Winning Path approach.

### SPEAKER

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The closing Winning Path event should be a motivational speaker with an uplifting message, individual and community empowerment.

Distribute “Stop, Look & Listen” handout.

*Pathways*, pages 33-39

<b>THE STAGES OF CHANGE MODEL</b> .....	32-33
<b>GOOD &amp; BAD: REASONS PEOPLE GIVE FOR &amp; AGAINST SMOKING</b> .....	34
<b>HOW TO SUCCEED IN STOPPING SMOKING (BY REALLY TRYING)</b> .....	35
<b>HOW NICOTINE REPLACEMENT WORKS</b> .....	36
<b>SIGNS OF TOO MUCH STRESS</b> .....	37
<b>STRESS &amp; SMOKING</b> .....	38
<b>STRESS: WHAT IS IT?</b> .....	39
<b>TIPS FOR REDUCING OR CONTROLLING STRESS</b> .....	40-41

## THE STAGES OF CHANGE MODEL

At the initial session, participants fill out a brief sheet that provides demographic information. The facilitator welcomes members of the group and provides a brief overview of the structure of the 8-week program and follows that with an icebreaker.

### PRECONTEMPLATION

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This is the stage when a person either enjoys smoking and isn't thinking about quitting or believes that quitting is impossible and so is unwilling to try. Even so, explaining why it's important to quit smoking can move someone from this stage to the next one. The tacit acceptance of smoking in many African American communities allows people to remain at this stage rather than moving on to the more active phases of the change model.

### CONTEMPLATION

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This is the stage when a smoker begins thinking seriously about the health dangers associated with smoking and starts to gather information about cessation. While the smoker may be moving toward quitting, an actual quit date can be six months or so in the future. This is the point where support for quitting from family and friends can be particularly helpful. Other incentives that may be particularly effective for African Americans are information about asthma and other health risks to children who are exposed to secondhand smoke, awareness of the increasing number of public places and workplaces that are smoke-free, availability of reimbursement for nicotine replacement therapies, and concern about how African American communities are targeted by tobacco companies through advertising, promotions and philanthropy.

### PREPARATION

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This is the stage when a smoker is truly ready to quit. It involves setting a quit day that is a few weeks in the future, deciding on a specific approach and making small changes in behavior that can facilitate the quitting process. At this point, African Americans often can benefit by having access to culturally appropriate quit smoking materials and having their quitting efforts reinforced by a supportive community, family and friends. Community support for quitting can be expressed through media campaigns, church-based and community-based cessation programs, as well as mandated and voluntary clean indoor air policies.

### ACTION

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This is the stage when a person's plan to quit moves from just thinking about it and getting ready to do it—to actually giving up cigarettes entirely! This action phase can take a few days, a few weeks or a few months. Action is when the smoker changes his or her behavior—from smoking to NOT smoking. The type of quit

strategy that is chosen depends on several factors, including: (1) Depth of the addiction to nicotine; (2) Resources available to help in quitting and (3) Reason(s) for deciding to stop smoking. For some African Americans, smoking is more of a habit than an actual physical addiction and those individuals may be able to quit relatively easily. But for smokers who regularly go through a pack of cigarettes or more a day, who smoke high tar, high nicotine brands, or who every day or who always smoke their first cigarette of the day within 30 minutes of waking, taking action toward cessation can be difficult because of nicotine cravings.

## MAINTENANCE

This is the stage that represents success. It means that a former smoker has remained smoke-free for a significant period of time—usually six months or a year. However, there is still a need to continually reinforce the new, non-smoking behavior and battle against relapses. When relapses occur, the vast majority re-enter the model at the contemplation or preparation stages. Only 15% of smokers regress all the way back to precontemplation. For African Americans, it often helps to become involved in community-based campaigns such as those that oppose the target marketing of tobacco products, limit youth access to tobacco products, prevent the introduction of new cigarette brands and marketing campaigns designed for minorities and youth, support clean indoor air. These are ways that African American adults can provide positive, tobacco-free role models for younger family members and youth in the community. These activities also help change norms, allowing African American neighborhoods to become environments that validate a smoke-free way of life with a corresponding decrease in the number of environmental “triggers” for smoking.

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## GOOD & BAD: REASONS PEOPLE GIVE FOR & AGAINST SMOKING

### \* How Are Cigarettes Good for You?

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- Smoking is a way to manage stress.
- I take a smoke when I need a break from what I'm doing.
- Smoking gives me something to do with my mouth or hands.
- I smoke to keep from eating too much.
- When I'm feeling depressed, a cigarette helps me feel better.
- Smoking really helps my concentration.
- Cigarettes are a good excuse to leave the room.
- Smoking helps me connect with other smokers in social situations.
- It's something that I like to do that doesn't cost a fortune.
- I have some really good memories that are associated with smoking.

### \* How Are Cigarettes Bad for You?

---

- Cigarettes smell up my clothes (and my car and my house)
- Smoking gives me stained teeth and fingers
- I can see more wrinkles in my face.
- There are cigarette burns in some of my favorite clothes.
- It's a pain to go outside to smoke in the cold or the rain.
- The price keeps going up.
- Smoking makes asthma worse – especially for kids.
- Cigarette butts are one of the worse forms of litter
- Smoking causes cancer, heart disease and stroke.
- I cough a lot, even if I don't have a cold.
- There's always the possibility of starting a fire.
- My circle of smoking buddies is shrinking as more folks quit.

## HOW TO SUCCEED IN STOPPING SMOKING (BY REALLY TRYING!)

1. Pick a time. Don't wait for the perfect moment, but avoid the week of your wedding!
2. Take advantage of an illness when you haven't wanted to smoke and stay a non-smoker; you may already be over the worst part.
3. If you think you will have significant withdrawal symptoms, decide whether you want to taper smoking on a schedule, go "cold turkey" or use nicotine replacement (patch, gum, inhaler or lozenge) or Zyban.
4. If you have tried unsuccessfully to quit before, plan to use nicotine replacement or Zyban to increase your chances.
5. Make a list of the goodies you get from the cigarettes you smoke. Plan ahead for a different way to reward yourself.
6. Think about which particular cigarettes are most important to you and plan how you will deal with them. For example, if you smoke after a meal, get up immediately after you finish eating and take a walk. Don't sit around and chat.
7. If you need something to fidget with: try knitting, worry beads or write a postcard.
8. If you need something in your mouth: Try TicTacs, pretzels, baby carrots, gum.
9. Think about other ways to reward yourself for 10 minutes at a time: a brief walk, a massage from a friend, some yoga stretching, dancing to a favorite song.
10. Each time you would buy a pack of cigarettes, put that money in a separate jar and treat yourself to something as it accumulates.
11. If not gaining weight is particularly important: Plan to increase your exercise. It is relaxing (therefore, counteracting the nicotine withdrawal), and it uses up calories.
12. If you live with a smoker, ask her/him to stop with you. If not, negotiate at least one smoke-free room (usually the bedroom is best) in your apartment.
13. Tell your friends that you are stopping. Ask your smoking friends to help you by not letting you bum a cigarette.
14. Remember, one cigarette does not make you a smoker again; many cigarettes do.
15. Using drugs like alcohol will decrease your willpower and make it more likely that you will smoke (especially if others are smoking around you).
16. If you resume smoking, learn from it! Ask yourself "Why did I slip?" and "What can I do to prevent it next time?" Set a new quit date.
17. Remember that premature deaths due to smoking each year exceed deaths due to AIDS, alcohol and illegal drug use, homicides, suicides, and car crashes combined!

## HOW NICOTINE REPLACEMENT WORKS

Nicotine substitutes treat the very difficult withdrawal symptoms and cravings that 70% to 90% of smokers say is their only reason for not giving up cigarettes. By using a nicotine substitute, a smoker's withdrawal symptoms are reduced, allowing the smoker to deal with the psychological aspects of quitting smoking.

While a large number of smokers are able to quit smoking without nicotine replacement, about 2/3 of those who attempt quitting are not successful on the first try. Lack of success is often related to the onset of withdrawal symptoms. By reducing these symptoms with the use of nicotine replacement therapy, smokers who want to quit have a better chance of being successful.

For smokers, nicotine blood levels will vary, depending on individual smoking patterns—time between cigarettes, how deeply the person inhales, the number of cigarettes smoked per day, and the brand smoked. Smoking delivers nicotine to the bloodstream very quickly, within a few seconds. Nicotine replacements generally work more slowly, and the amount of nicotine in the bloodstream is less than that from smoking. But it offers several advantages for people trying to quit.

- Nicotine replacement is a cleaner form of nicotine. It avoids the thousands of poisons and tar that are found in burning tobacco.
- Nicotine replacement delivers a lower dose of nicotine.
- Nicotine replacement reduces withdrawal symptoms, allowing the smoker to focus on the psychological aspects of quitting.

### GETTING THE MOST FROM NICOTINE REPLACEMENT

Nicotine replacement therapy only deals with the physical aspects of addiction. It is not intended to be the only method used for helping you quit smoking. Rather it should be combined with other smoking cessation methods that address the psychological component of smoking, such as a stop-smoking program. Studies have shown that an approach pairing nicotine replacement with a program that helps to change behavior can double the number of smokers who successfully quit smoking.

Nicotine replacement therapy is recommended in the US Agency on Health Policy and Research Clinical Practice Guideline on Smoking Cessation for all smokers except pregnant women and people with heart or circulatory diseases. If a health care provider suggests nicotine replacement for people in these groups, the benefits of smoking cessation must outweigh the potential health risk.

The most effective time to start nicotine replacement is at the beginning of an attempt to quit. Often smokers first try to quit on their own, then decide to try a nicotine replacement. Nicotine replacement should not be used if you plan to continue to smoke or use another tobacco product. Smokers who are pregnant or have heart disease should consult with their doctor before using over the counter nicotine replacement.

*American Cancer Society, 10/2002*

## SIGNS OF TOO MUCH STRESS

### \* Physical Symptoms

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- Headaches
- Fatigue
- Stomach pains
- Inability to focus
- Lack of concentration
- Sexual problems
- Sleep disturbances
- High blood pressure
- Sweating palms
- Shaking hands
- Anxiety
- Heart palpitations

### \* Behavioral Symptoms

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- Irritability
- Overeating
- Missing meals
- Harsh treatment of others
- Increased smoking
- Increased alcohol consumption
- Isolation
- Compulsive shopping
- Difficulties communicating

## STRESS & SMOKING

The American Heritage Dictionary of the English Language defines the “stress” we undergo as human beings as: “a mentally or emotionally disruptive or upsetting condition occurring in response to adverse external influences and capable of affecting physical health.” Stress is commonly viewed as part of “fight or flight” – the basic human survival mechanism. Most of us “stress out” at times for one of three reasons:

- We undergo a major change in our lives that we are unprepared for;
- An outside force threatens us or someone/something we hold dear;
- We experience a sudden and unexpected loss of personal control.

While often viewed as disruptive and upsetting, stress is not always bad. In fact, some stress is necessary for people to live full, productive lives. According to the University of Florida Counseling Center, healthy stress “allows us to engage with the challenges in life that are meaningful and offset boredom. It can entail utilizing that adrenalin surge to lend the necessary energy for maximum productivity.” Unhealthy stress, on the other hand, gives leaves people feeling overwhelmed with little opportunity for relief.

Developing coping skills for dealing with unhealthy stress is an important part of growing into adulthood. Unfortunately, one of the methods that many people adopt for dealing with various stresses in their lives is even healthier – smoking cigarettes. That’s why people who are able to quit smoking for a while, may go back to smoking (relapse) when they are hit suddenly with a life crisis. Faced with an onslaught of stress, it’s easy to revert to an old behavior – smoking. That’s why to be truly long lasting, a quit smoking program should help smokers develop alternative stress-reduction techniques.

Most smokers believe that smoking a cigarette relieves their stress. However research actually shows that the stress levels of regular smokers tend to be higher than stress levels of non-smokers. According to psychologist Andy C. Parrant, “when smokers manage to quit smoking, they gradually become less stressed over time.” The 1990 Surgeon General’s Report on *The Health Benefits of Smoking Cessation* noted that not a single study found former smokers to be more stressed than continuing smokers.

So, although smoking may seem to relieve stress for a while, the effect is an illusion. Smoking a cigarette when stressed actually sets up a scenario where the relief is only temporary and another cigarette is needed to restore the unstressed feeling. Other forms of stress relief like mediation and exercise are more effective for the long-term.

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*Prepared by The Onyx Group*

## STRESS—WHAT IS IT?

Stress is a term we all know and use often, but what does it really mean? It is hard to define because it means different things to different people. Stress is a normal reaction to life for people of all ages. It is caused by our body's instinct to protect itself from emotional or physical pressure or, in extreme situations, from danger.

Stressors differ for each of us. What is stressful for one person may or may not be stressful for another; each of us responds to stress in an entirely different way. How a person copes with stress—by reaching for a beer or cigarette or by heading to the gym—also plays an important role in the impact that stress will have on our bodies.

By using their own support systems, some people are able to cope effectively with the emotional and physical demands brought on by stressful and traumatic experiences. However, individuals who experience prolonged reactions to stress that disrupt their daily functioning may benefit from consulting with a trained and experienced mental health professional.

### THE BODY'S RESPONSE TO STRESS

- The stress response is mediated by a highly complex, integrated network that involves the central nervous system, the adrenal system, the immune system, and the cardiovascular system.
- Stress activates adaptive responses. It releases the neurotransmitter norepinephrine, which is involved with memory. This may be why people remember stressful events more clearly than they do non-stressful situations.
- Stress also increases the production of a hormone in the body known as corticotropin releasing factor (CRF). CRF is found throughout the brain and initiates our biological response to stressors. During all negative experiences, certain regions of the brain show increased levels of CRF. Interestingly, almost all drugs of abuse have also been found to increase CRF levels, which suggests a neurobiological connection between stress and drug abuse.
- Mild stress may cause changes that are useful. For example, stress can actually improve our attention and increase our capacity to store and integrate important and life-protecting information. But if stress is prolonged or chronic, those changes can become harmful.

### STRESS AND DRUG ABUSE

- Stressful events may influence profoundly the use of alcohol, tobacco or other drugs. Stress is a major contributor to the initiation and continuation of addiction to substances, as well as to relapse or a return to drug use after periods of abstinence.
- Stress is one of the major factors known to cause relapse to smoking, even after prolonged periods of abstinence.
- Stressful experiences increase the vulnerability of an individual to relapse to drugs even after prolonged abstinence.
- Individuals who have achieved abstinence from drugs must continue to sustain their abstinence—recognizing and avoiding triggers, and developing healthy behaviors to handle life's stresses.

## TIPS FOR REDUCING OR CONTROLLING STRESS

As you read the following suggestions, remember that success will not come from a halfhearted effort, nor will it come overnight. It will take determination, persistence and time to reduce or control your stress. Some suggestions may help immediately, but if your stress is chronic, it may require more attention and/or lifestyle changes. Determine YOUR tolerance level for stress and try to live with these limits. Learn to accept or change stressful and tense situations whenever possible.

**BE REALISTIC** If you feel overwhelmed by some activities (yours and/or your family's), learn to say NO! Eliminate an activity that is not absolutely necessary. You may be taking on more responsibility than you can or should handle. If you meet resistance, explain to others the reasons why you feel you have to make changes. Be willing to listen to suggestions and be ready to compromise.

**SHED THE “SUPERMAN/SUPERWOMAN” URGE** No one is perfect; so don't expect perfection from yourself or others. Ask yourself: What really needs to be done? How much can I do? Is the deadline realistic? What adjustments can I make? Don't hesitate to ask for help if you need it.

**MEDITATE** Just ten to twenty minutes of quiet reflection may bring relief from chronic stress as well as increase your tolerance to it. Use the time to listen to music, relax and try to think of pleasant things or nothing.

**VISUALIZE** Use your imagination and picture how you can manage a stressful situation more successfully. Whether it's a business presentation or moving to a new place, many people feel visual rehearsals boost self-confidence and enable them to take a more positive approach to a difficult task.

**TAKE ONE THING AT A TIME** For people under tension or stress, an ordinary workload can sometimes seem unbearable. The best way to cope with this feeling of being overwhelmed is to take one task at a time. Pick one urgent task and work on it. Once you accomplish that task, choose the next one. The positive feeling of “checking off” tasks is very satisfying. It will motivate you to keep going.

**EXERCISE** Regular exercise is a popular way to relieve stress. Twenty to thirty minutes of physical activity benefits both the body and the mind.

**HOBBIES** Take a break from your worries by doing something you enjoy. Whether it's gardening or painting, schedule time to indulge your interest.

**HEALTHY LIFE STYLE** Good nutrition makes a difference. Limit your intake of caffeine and alcohol (alcohol actually disturbs regular sleep patterns), get adequate rest and exercise. Balance work and play.

**SHARE YOUR FEELINGS** A conversation with a friend lets you know that you are not the only one having a bad day, caring for a sick child or working in a busy office. Stay in touch with friends and family. Let them provide love, support and guidance. Don't try to cope alone.

**GIVE IN OCCASIONALLY** Be flexible! If you find you're meeting constant opposition in either your personal or professional life, rethink your position or strategy. Arguing only intensifies stressful feelings. If you know you are right, stand your ground, but do so calmly and rationally. Make allowances for others' opinions and be prepared to compromise. If you are willing to give in, others may meet you halfway. Not only will you reduce your stress, you may find better solutions to your problems.

**GO EASY WITH CRITICISM** You may expect too much of your self and others. Try not to feel frustrated, let down, disappointed or even trapped when another person does not measure up. The other person may be a wife, a husband, or child whom you are trying to change to suit yourself. Remember, everyone is unique and has his or her own virtues, shortcomings, and right to develop as an individual.

*Source: National Mental Health Association Fact Sheets*