

Let's Begin to Quit

Tobacco Product Cessation Support Programming
Made Easy for Churches and Groups to Conduct

Designed to Coordinate with Participant's Engagement
While Using **Taking Control**.

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Let's Begin to Quit!

Tobacco Cessation Seminar Lecture Outline

Purpose Research has demonstrated that for an individual to successfully change behavior, he or she needs what is known as "social support." In other words, other empathetic and caring humans to listen, encourage, remind of goals and benefits, and be accountable to along the way. Thus, we offer support in 3 ways:

Taking Control, which provides an audio/visual framework from the LivingSmart website for 14 days of guidance,

"Let's Begin to Quit" Workshops upon which to build a series of flexible support sessions, not so much as skilled therapy series, but as a friendship-building opportunity for a mix of nurturing, sharing, and reality-checking.

Following those, **Phone Coaching** support is established to continue that support as well as to provide accountability.

Method From this little workshop or seminar group, support may be organized and helping partnerships formed. You will need a leadership team and other volunteers, including teenagers or youth. The following simple outline is meant to guide into a support structure you can adapt to your own creative design. We highly recommend that the team become familiar with the coaching messages, their sequencing, and the reinforcing and teaching materials that accompany the serious life change. Your group has been given access to **Taking Control** and its videos or audio files and printable materials just as the guests will have when they make their commitment to Get Over Tobacco with this program. Plan two Preparation Sessions to enhance the self-help motivational program, **Taking Control**, which is used by the guest daily at home for 14 days.

WORKSHOP DAY ONE

1. Introduction

Welcome; Get Acquainted; Leader's Bio; Introduction of other members of the team; Overview of this session, Expectations (attendance, commitment, success)

2. Reason for this seminar (Discussion topics)

- Tobacco use and its consequences are a world community concern ([Refer to data fact sheet on Sponsor's Resources webpage](#)); someone encouraged you to come

- Nicotine is the enemy--Addicted people need help. More on that Day 2.
- "I believe we have an effective solution"

Affirm their attendance & their interest in seeking instruction and help
Review the schedule.

3. Present personal and team's philosophy basis re health

Whole Person approach to health promotion: Physical, Social, Mental/Emotional, Spiritual. Our Goal: to help you reach success to recovery in 14 days +

4. Overview of seminar

This is an orientation session to help you to prepare for a Quit Date.

Today/Tonight, you may be invited/feel compelled to sign a Registration and Agreement form. When we meet the second time you will be invited to sign a Commitment statement and set the Quit Date (preferably as tomorrow). [[Both of these forms may be found in the *Taking Control Workbook*.](#)] But you may have questions or concerns; this is the opportunity to voice them while we consider together the cost of quitting and the cost of not quitting.

- Commitment of the Leader: To facilitate improved quality of life by presenting techniques and resources for changing behavior and practicing health
- Commitment of the Attending Participant: Carefully determine that you are going to quit tobacco use within this week as you follow the wholistic health advice of LivingSmart.

5. Business

1. After you sign the Registration and Agreement form, The Greeter, in turn, gave/will give you a card on which she placed an ID Code. Put your name on it and keep it handy and private, because on this journey you will complete some questionnaires (some on the website) that monitor various aspects of your journey to freedom from *nicotine* addiction. We will gather everyone's anonymous data from these questionnaires to document the quality and effectiveness of CMATCH. Decides helping Mentors and Coaches to guide you successfully, your information about your journey is important to others in succeeding programs.
2. Give orientation to the environment of this venue (bathrooms, exits, snacks/food, etc.). Wear your name tag each session.
3. Assure timeliness of this session and allow for questions.

SEMINAR PRESENTATION & DISCUSSION -- How Did You Begin?

Opening questions to stimulate sharing:

- How have you been treating your body?
- What is the most important part of your body to you?
- Has your tobacco use affected your body's integrity?
- Any idea how much money tobacco use has cost you in 1 year? (Add it up: purchase expense, illness and/or surgery, increased cleaning of environment and vehicle. . .)

What brought you here tonight? -- To Learn How to Quit? -- To Discover If You Can?

Break Out: Complete Condition of Health questionnaire (Collect them-ID code only)

Characterizing Addictive Behavior (Scenarios)

On waking up in the morning, you reach for the cigarette pack you conveniently laid on the bedside table the night before to light one up before your feet hit the floor. You smoke another one soon after this one is spent while you dress and grab coffee and a donut/bagel. You smoke another one as you drive to work . . . maybe more.

Did you notice the song of the birds at the feeder as the sun's rays began to fill the yard? Did you smell the fresh cool air of the morning? Did you consider taking a walk before a good breakfast?

When an unusually complex task at work has delayed your usual morning break, you abruptly announce that you *must* take your break now and head for the smoking spot outside a back entrance.

Do you have a guilt-ridden conscience over escaping responsibility and leaving tasks to others?

When it is 10:00 at night and you are just getting ready for bed, you notice you are out of cigarettes. Knowing you will need one first thing in the morning, you put on your coat, hop in the car, and drive to the nearest convenience store.

Do you think . . . "What am I doing this for? Going out in the cold/rain like this when I should be in bed?" Does this sound familiar?

Group Activity.....Serve Snacks

Questionnaire: *"Taking a Look at My Reasons to Smoke"* (Page 10 in Day 1 of Workbook.) So, why did you begin to smoke, anyway? Mark the form, score it, and we will share our stories. All complete it.

- Divide participants of like categories (Manipulation/Stress Relief/ Fit Socially/Stimulation/Pleasurable Relaxation) into small groups to interview each other and discuss questions related to their category from the Small Group Activity Guide.
- In Large Group again, report from each group the consensus of responses and discuss.

Some Realities about Tobacco Product Use

As scientists learn more about the inner workings of the brain, the effect of drugs becomes clearer. In a sense, the progress of addiction is a “learning” one for centers in the brain that govern desire, pleasure, and emotions. This system is called the Reward System. Hundreds of changes occur in brain anatomy (structure), chemistry, and cell-to-cell (synapse) signaling. Much of it has to do with the neurotransmitter called *dopamine* as it moves across the gap between neurons and its pathway regulators at that point which govern the speed and volume of its movement.

When operating normally, as the Creator intended, a Natural High is encouraged by *dopamine* in response to normal activities of living and socializing: eating, mountain climbing, sailing, hugs and kisses, etc. In contrast, the Chemical Rush from certain stimulating drugs, such as alcohol and nicotine, results from interruption in the normal flow of *dopamine* across the gap (synapse) of neurons in the control centers of the brain (behind the eyes and between the ears)—*dopamine* builds in volume and is blocked from leaving across the synapse. (One exception is that methamphetamine does the reverse: forcing it out of the neurons and out into the gap.)

Because brain cells and the Reward System is hijacked, sometimes unsuspectedly, by these unnecessary chemical substances, addiction is the almost immediate outcome, particularly when an individual lacks “control” or seeks relief from emotional or mental disturbance. It is, therefore, not a moral fault, but bad judgement, ill-informed decision leading to a disease of compulsive repetition with life-damaging consequences.

Refer to “*The First 2 Days After You Quit Smoking*” in Appendix C of your Workbook.

You see, it is not just a bad habit, it is a *disease*. Some would say it is a biochemical disturbance only; others would say it is all in your mind—you can get

over this if you really want to. The truth? Our biology is not that simple and clearly defined: we are complex beings; God has made us that way. Therefore, we may not be able to change our behavior by changing our mind. Your Reward Center needs re-education to return to normality. **Taking Control** will take you through steps to prepare and sustain more than your mind/will. Your environment, some of your activities or life patterns will change in positive ways. Our engagement in your journey to a healthy lifestyle is testament to the importance of a wholistic approach to helping you. We believe you can do it, with Power.

What about e-Cigarettes and Vaping?

[Use the Fact Sheet in Appendix D](#)

Nicotine is nicotine . . .

Decision-Forming

This may be the hardest thing you have ever done in your life: deciding whether to quit using tobacco or not. For some of you it has been an extension of your life since you were 9, 10, 14, or 16 years old. You don't know what it is like to be a non-smoker—forever! This is not a change in your life you can make lightly. There are smoking friends to consider, a smoking spouse/partner too. You may be afraid of the physical symptoms of withdrawal. You may fear that you will fail.

Most smokers and chewers want to quit – 70% of 44.5 million adult smokers do. They see their health declining, others persistently beg them to quit; they realize they are modeling a destructive behavior before their children; it is getting too expensive. And, they continue to use nicotine in any form to avoid the misery without it.

The difficulty is real. We now know as a result of research, that some have been predisposed to become addicted from the womb because of Mom's smoking during pregnancy. Maybe there is a history of depression and you have been using nicotine to avoid it.

For whatever reason, it cannot be as serious as the consequences of failing health you will experience if you continue to use tobacco. I advise you: Do not let tobacco rob you of the quality of life you were created to experience.

Take home (or refer to your Workbook) the ["Cost of Smoking" worksheet](#) to do tonight and complete it so that you have a realistic tool to prod your resolve.

You cannot afford to smoke!

Formal Registration

Once you have made your decision to continue on with this program, you will receive assistance in the following ways:

1. Your personal 14-day instruction in an accepted quitting method
2. Encouragement from your new **Taking Control** community of Mentors
3. Telephone support by prepared Coaches (once partnerships are formed with your group's mentors)

Sign the Registration Form by going to the website <https://livingsmart.live/contact-us>, to CMATCH Registration to begin the course in the Tobacco Addiction Recovery program—**Taking Control**. **Explore Day 1 today and Study Day 2 tomorrow, before Workshop, if possible.** Remember, it is FREE!

"Return to this workshop on Monday so that we may help you prepare for Quit Day (Day 3 of Taking Control)."

WORKSHOP DAY TWO

[Monday--The day before Quit Day (Tuesday)]

Introduction

Most smokers and chewers want to quit (70-75%) because:

- They recognize the demise of their health
- Others persistently advise them about it
- They realize they are modeling destructive behavior before their children
- It is economically costly—for the individual. Look what it is costing our society:

Annual smoking-attributable economic costs in the United States are estimated at \$39.6 billion, including:

- More than \$151 billion in lost productivity
- \$6.03 billion costs due to exposure to secondhand smoke
- Private insurance covers 50 percent of smoking-related medical costs for people aged 19-64.
- Taxpayers yearly fed/state tax burden from smoking-caused government spending: \$946/household

Research has revealed that nicotine or other substances released by maternal smoking can affect the motivational system of the fetal brain, so as to predispose the child's brain in a critical period of its development to succumb to addictive influences later in life. . . By extension, the possibility of inherited vulnerability and predisposition to nicotine addiction. Result: depression that sweeps down through descendants.

Quitting smoking not only improves a person's health, but also produces large monetary savings just from no longer buying cigarettes. Depending on where he or she lives, a pack-a-day smoker who quits will, on average, save \$1,660 to \$3,820 annually. (<https://www.tobaccofreekids.org/assets/factsheets/0337.pdf>) That is, in 2023, about \$8.39/pk.

Hamilton's Depression Scale (May be taken FREE at <http://www.real-depression-help.com/hamilton-depression-scale.html>)

Show *Nicotine* PPT, with/without sound (notes for slides are available) and/or Misconceptions Re Cancer and Smoking from Medscape 2-24-2023

Do and Discuss Session

Why Do You Do It?

There has been much research and discussion on why individuals smoke anyway; 9/10th of people begin before age 18, so what makes us vulnerable when we are young?

Typical answers to that question are: [Allow audience to contribute to discussion]

- Negative early experiences at home, at school, after school hours
- Before bans, advertising on TV, but now still in movies
- "Peer pressure"; wanting to "fit in"
- Introduction by fathers to sons as initiation to manhood
- Suggestions by doctors to cure throat ailments
- An individual's low self-esteem, low self-determination (think for self), low self-control
- Rebellion against authority
- Emotional/mental conditions: depression, escape-seeking
- Stress, tension

What Solutions Have You Tried?

- Other addictions
 - Overeating
 - Shopping
 - Gambling (lottery)
 - Alcohol

4 Key Facts about Smoking and Alcohol:



Nicotine and alcohol can **trigger the desire** to use the other.

A trigger is something that reminds your brain to do something. For example, if someone is used to smoking cigarettes while drinking alcohol, their brain may connect the two so that whenever they drink, their brain expects to smoke, also. These are called conditioned responses.

Among patients who smoke and drink alcohol, the site of an ashtray increases alcohol craving and the smell of alcohol increases craving to smoke (cross cue-reactivity). Experiencing triggers makes it harder to stay quit.



Nicotine can **increase tolerance** to alcohol.

When someone develops a tolerance to nicotine, it can impact their tolerance to alcohol and **vice versa**. This means someone needs more of that substance to get the same pleasurable effects from it, and the higher one's tolerance is, the harder it can be to stop using that substance.



Drinking alcohol **lowers inhibitions**.

Inhibition helps you control your decisions. When people drink alcohol, they tend to make **different choices** than they would have made while sober (such as not smoking). Alcohol has been shown to decrease the time to starting to smoke, which makes it difficult for patients who are trying to quit smoking stay quit.



Smoking can **make sobriety harder**.

Smokers with a history of problem drinking who continue smoking are at a **greater risk of relapsing** with alcohol compared to adults who do not smoke.

[09/05/2023 Jon Ebbert | Jon O. Ebbert, MD, Medical Director, Nicotine Dependence Center, Mayo Clinic]

- Other cessation methods
 - Hypnosis
 - Acupuncture
 - Zyban, Welbutrin
 - Cold turkey

What have scientists found are the most effective methods?

Of those who try to quit in any given year, only 5% are successful--usually because they are doing it alone and not trying proven interventions. The following is the most effective method to quit tobacco:

- Proactive telephone counseling over many months and coupled with at least one other aid, such as a program like **Taking Control**.

- Culturally tailored, gender-specific, and language-appropriate even better
- Support of a caring friend or family member, trained to be supportive and firm.

What is not working?

- Self-help programs without human support
- Limited advice from health providers; long-term monitoring and persistence is needed

Discuss “Triggers”

It’s a Control Issue

[Show “My Circle of Control” PPT slide](#)

Amazing new evidence from NIH supports an old cliché that was kicked around in the 50s, 60s, and 70s – “It takes will power”. For decades scientists have tinkered with theories of familial propensity (heredity), laying down new nerve pathways in the brain, getting the right drug combinations, and even creating a vaccine. This research tells us that . . .

“When smokers actively resist cravings, they engage brain areas that focus attention and regulate emotion; that heavy smokers can stave off craving only by keeping virtually all nicotinic receptors in the brain filled; and that nicotine is the only component of cigarette smoke that occupies these receptors.”

As they examined MRIs of study individuals who resisted the cues to smoke, they noticed activity in areas of the brain that control their emotional responses to anxiety-provoking stimuli and in the area where the consciousness of self takes place.

Translation . . .

When you take deliberate steps in the decision-making to quit the use of tobacco, you set the wheels turning biochemically in your brain for successful cessation . . . provided you move ever forward.

[Distribute Profile of Commitment Survey . . .](#)

- The steps outlined with instructions in **Taking Control** give you purpose and reason for quitting. They are briefly:
 - Set a quit date with time to prepare
 - Prepare yourself and your environment and those around you
 - Set realistic goals and plan incremental rewards
 - Build a support net around you

- Always be prepared for alternative, healthy behaviors
- Avoid sources of bad cues
- Develop a relationship with your True Friend, Jesus
- Reduce your sources of stress and anxiety or learn effective ways of coping
- Keep alert and attentive to the cessation process; avoid mind-altering substances (keep focused).
- Regulate your emotions and practice a happy, thankful attitude

This evening/Today we will give an overview of wholistic strategies taught, so we will focus on what it could be like to be a non-tobacco user.

[Emphasize the seriousness of this 24-hour period, 2 days from now, and 2-3 months from now—Peaks of craving symptoms.

You May Experience:

Dry Mouth; sore throat, gums, or tongue

Headaches

Trouble sleeping

Irregularity of bowel

Fatigue

Tenseness, irritability, cough

Tips for Handling Nicotine Withdrawal:

Sip ice cold water, fruit juice; chew gum

Warm bath or shower, massage, relaxation or meditation

Avoid caffeine and sweetened drinks

Add fiber to diet, increase water intake

Nap, slower pace of activity for 2 weeks

Exercise regularly

["Overview of Nicotine Withdrawal" article](#)

[Distribute more extensive list of same title from resources](#)

[\[Invite a guest Fitness Instructor for this session to teach flexibility and strengthening exercises.\]](#)

Meal Plan

<u>First Day</u>	Nutritious liquids (fruit or vegetable juices, water, soups) Exclude cranberry, cherry, prune, or plum juices in order to regulate the pH balance of excretion of urine—better facilitates the elimination of nicotine. Caffeine drinks are <i>off</i> the list 😊. Alcohol drinks are also <i>off</i> the list.
<u>Second Day</u>	Add whole grain bread and cereal, full-bodied soups, salads with low-fat dressing. Limit fat intake in beverages and solid food.
<u>Third Day</u>	Begin a substantially-nutritious meal plan that excludes red or processed meats, high-calorie desserts, high-fat and high-sodium snacks.

*[Discuss with attendees who have committed themselves to quitting at this time with **Taking Control** subsequent supportive sessions/get-togethers on a schedule from now on--several times during these 2 weeks and regularly more infrequently thereafter. Be sure each participant has a non-tobacco-user supportive partner—their selection or a Mentor in your group. Maintain contact.]*

Do you have a non-smoking interested friend/partner? [The Partner Guide](#) in **Taking Control** provides guidelines for that individual in helping you in this challenging effort.



PARTNER GUIDE

Helping Tobacco Users Successfully Quit

DEAR PARTNER,

You have accepted a challenging and potentially rewarding experience when you agreed to support this friend who needs you. H/She has committed every minute of the next two weeks to Taking Control of a lifestyle that, before it, has diminished health.

Your role in this partnership as mentor will positively facilitate a complete break from the use of tobacco in any form. Those who have worked with quit smoking/tobacco cessation programs have recognized that each one who is addicted needs the nurturing and benevolent admonition of another who is stronger in order to follow through on the steps necessary to break from the practice.

WORKSHOP DAY THREE

[Earlier this week participants made a commitment to quit on Day 3 (!) So, ideally, they will have already spent time with **Taking Control** and guidelines for making it successful.]

Were you ready for Day 3—Quit Day?

Discuss their readiness to quit and the preparation of their environment.

[The First 2 Days After You Quit Smoking – Appendix C](#)

Continue to “Promote Good Health Behavior” . . .

Exercise/Activity:

Start an exercise program by walking briskly daily. Get a tracking tool like a Fit-Bit bracelet. Join the YMCA or healthcare fitness center and attend at least 3xs/week. Bicycle – it is difficult smoking then. Breathe deeply outdoors often.

Relaxing:

You will practice a relaxation session in **Taking Control** on Day 8, but you don’t have to wait until then to start practicing . . .

[Introduce Meditative Music, i.e., harp playing](#)

Break-Out Session to Small Groups and with Mentors

Snack Time . . .

Review their profiles from the inventories in **Taking Control** Workbook, their Goals, their identification of Benefits of being tobacco free. Focus on the positive and progress.

Suggested Scenarios for Group Problem-Solving Discussions What Will You Do?

1. When Under Stress . . .

You have been working diligently on a project (i.e. in the mechanical shop, repairing engine valves; or at the computer calculating a business tax report; or replacing the plumbing in the bathroom for 4 hours and things are not working out well. . . need a break.)

2. A Need to Relax . . .

Friends stopped by. You “tune up” the video player to show them the events of your recent trip. Then you sit back to watch and a friend pulls out his cigarette pack and lighter to light up . . . You feel your hand reach for your own pack—where it used to be.

What will you say to your friend?

What will you require of your friends?

What can you offer/accept as a substitute?

3. How will you react to anger? Yours or another. In the home – on the highway/trip—at work.

Close session from individual groups. Serve Snacks.

The Problem with Control – Who’s Got the Ball?

Daily we face stressful situations of some magnitude. Some days the ball is in our court; some days it is not. Nicotine and tobacco use have led you to believe that it is helping you cope with life. That it is putting you in control. But look, the problem of controlling life is not really solved, is it? So, who is really in control?

You can gain access to the extreme Power of the Universe to make this decision. You can place your whole person in the hands of God and talk all the time with Him about your struggles. He has promised to restore you to health and make a new creation of you. God through His Son has already defeated everything that would defeat you. You can trust Him! The very first, hesitating, humble, uncertain, plea you make for help from God is acceptable to heaven.

“So, give yourselves humbly to God. Resist the devil and he will flee from you. And when you draw close to God, God will draw close to you. Wash your hands, you sinners, and let your hearts be filled with God alone to make them pure and true to Him.” (James 4:7, 8)

Other, even more important, information is that scientists at Columbia University have found that spirituality and religion reduce the risk of substance abuse. The reverse is that adults who do not consider religious beliefs important are more than 1 ½ x’s likelier to smoke cigarettes, more than 3 x’s likelier to binge drink, almost 4 x’s likelier to use an illicit drug other than marijuana, and more than 6 x’s likelier to use marijuana.

There are many promises in God's Word to elevate our mood and makes us truly happy and to empower us to behave and practice what we know will honor our Creator. It is about the care and keeping of His investment in us . . . His death to award us--Eternal Life. We are His when we give our control over to Him and allow Him to work out a wonderful miracle in our lifestyle change.

- Collection of Bible Texts by Topic can be found in another document entitled **Taking Control-Biblical Texts for Encouragement**. . . on website CMATCH Sponsor Resources page and the Spiritual Dimensions page.
- Show a 2-Minute video of the wonders of God's creation -- <https://adventistreview.tv/programs/collection-bymlbogfwns?cid=3012045&permalink=two-minute-wonders-compilation-8b69ae>
- Here you may distribute the little colorful edition of *Steps to Christ* and work through it one-on-one with the participants in Taking Control. This is a similar approach to the 12 Steps program.
- Point to the fact that each day in Taking Control suggests helpful Scripture.

WORKSHOP DAY FOUR

This session should be scheduled for actual Day 6 (Friday)

Greetings & Discussion . . .

It has been a few days since we last met. How are things going? This would be a good time to share your thoughts and concerns about progress. For instance:

- Were you ready for Day 3?
- Do you have opinions on the degree of helpfulness this program has been so far?
- If needed, what do you think would add to the benefits of this program?
- What particular event/action raised a barrier to your goals?

God is Faithful (Use PPT of same name also)

One of the hardest struggles of the human heart is to realize the need of a power outside of oneself. As independent beings, it is natural to try to solve all of life's perplexities without help. But God who created us knows we need His help, power, and guidance in order to successfully manage our lives. We need to let God have control in our lives.

Slide #1 -- Often the single biggest issue for someone struggling to break free from a bad habit is trust. It is hard to relinquish the excessive need to control people or circumstances in an attempt to factor out potential pain. But if the need to control is not replaced with trust, a person will eventually replace one addiction with another.

Slide #2 --The Bible teaches us that when we turn our lives over to God's control, He will equip us to face life's challenges. He will give us a new way of looking at life and reasons to hope and trust. God promises to guide us in the right way and grant us eternal life. The counsel is inviting: "Trust in the Lord with all your heart, and do not rely on your own insight. In all your ways acknowledge Him, and He will make straight your paths."

Have you ever been hopelessly lost on a trip, with no map and no one around who seemed to know your destination? Did you drive around and around and get nothing but frustration and an empty tank of gas? In a similar way, people try to fix their problems, find happiness, and forge a future without seeking God or reading His Word. It doesn't take long to wind up empty and frustrated.

God's Word, the Bible, provides instruction for living. It gives insight and understanding for the big picture in life as well as the details. "The entrance of

Your words gives light; It gives understanding to the simple." The Bible inspires hope, faith, and courage in the heart of the reader. It revives the sorrowful and depressed.

Slide #3 --Transformation, growth, and maturity in our thinking and lifestyle is a process, not an event. Just because you have surrendered your life to God doesn't mean your life will magically change. You should not expect to wake up one morning and have everything figured out and be able to perform every task perfectly. You need daily time in God's Word. And daily, little by little, it will transform your life and character.

Slide #4 --Through prayer God can cleanse us from destructive habits. "And I will make you free from all your unclean ways." He also promises us the power to stop doing the things we know are destroying us: "And I will put my spirit in you, causing you to be guided by my rules, and you will keep my orders and do them."

Slide #5 --God's grace will cover your mistakes and give you the perseverance you need to continue your journey. Your thinking, attitude, and lifestyle will daily come more into harmony with His will. Over time, positive choices that were once difficult and took a great deal of prayer and struggle will become a part of the new character God is creating in you. "Therefore, if anyone is in Christ, he is a new creation; old things have passed away; behold, all things have become new." Take time and let God speak to you personally in His Word. He is always there for you.

You have set goals, some very new, and you are desiring *control* so that you may achieve them. It may be difficult. Here are some suggestions for reaching them successfully (some of which we have been working on): (*Taken from the LifeStartRetreats.com website*)

According to neuroscientist Dr. Karl Bailey, if your brain is powerful enough to get you addicted in the first place, then it is powerful enough to get you "unaddicted" too. People make dramatic midlife changes, master new skills, and adopt healthful lifestyles after years of wrong habits. They make positive changes in the way they relate to people after years of dysfunction, and learn to enjoy new friends, activities, hobbies, and foods.

All this human dynamism involves change—genetic, neuronal, and hormonal. These changes are involved in the ongoing formation of new brain circuits—and

a new you! If you're doubting you can do it, here are seven keys for achieving and maintaining new, positive goals—keys that can change your life, for good!

Distribute little cards with a text below on each to be read by attendees to all.

1. Proverbs 3:5,6
2. Psalms 119:130
3. Ezekiel 36:29
4. Ibid. Vs. 27
5. 2 Corinthians 5:17

A Reminder of Setting Goals Successfully . . .

1. STAY FOCUSED

It's easy to get bogged down in the demands and details of the day and lose sight of your larger goals. Appreciating and focusing on your larger goals turns ordinary activities into achievements. Normally mundane efforts become adventures in learning and experience. By embracing the fundamental principles of successful living, you will learn to eliminate hindrances to achieving your most important goals.

2. SET REALISTIC EXPECTATIONS

The key to staying motivated is setting realistic expectations and goals. Evaluate your previous experience and current situation. What is a realistic, reachable goal for you in the area you are considering? Achieving a small goal is more valuable and rewarding than brooding over impossible expectations. Dreams can become realities or nightmares depending on the size of the steps! Remember—it's a cinch by the inch and sweeter by the millimeter, but it's hard by the yard and a trial by the mile! Little steps lead to big victories.

3. EXPECT CHALLENGES

We can turn our mistakes into victories if we learn from them, become more vigilant, adopt new strategies for success, and thereby grow in wisdom.

Successful people are not mistake-free; they just don't give up when things go wrong. Mistakes can be the greatest stepping-stones to achieving your goals if you refuse to be defeated by them.

4. MAINTAIN A POSITIVE ATTITUDE

Check those negative thoughts! To a large extent, we have the ability to choose how we will think and feel about a situation. Make the choice to focus on solutions rather than on problems. Look at difficulties as opportunities for gaining strength to meet challenges. Find a valuable lesson in every challenge. Most important, cultivate thankfulness, optimism, and trust in God in the situations you can't change. If you are naturally negative, you'll have to practice being positive. So give yourself time to grow in this area, but keep a record of your progress!

5. SEEK SUPPORT AND ACCEPT RESPONSIBILITY

Spending time and forming friendships with people who have positive life skills are the best ways to learn new habits and ways of thinking. We become what we surround ourselves with. Social ties create mutual accountability and give us the opportunity to demonstrate and build responsibility and consistency into our lives. The principles of support, accountability, and responsibility enable us to develop deep and meaningful relationships with others.

6. PRACTICE NEW CHOICES

Extreme makeovers may work on TV home remodeling programs, but remodeling a life is a process that takes place over time. Fast is often fragile, but slow is steady, stable, and comes to maturity over time. It is the very slow, steady process of repeatedly making positive choices that builds—or re-builds!—mind, body, and spirit. Never underestimate the power of little, daily, positive choices in overcoming big, bad habits. Repetition and patience are the keys to crafting a healthful lifestyle.

7. CONNECT

Circumstances alone cannot change the heart. The best of intentions can plunge to failure without the preserving power of prayer. God has given us invaluable principles for building body, mind, and spirit in His Word, the Bible. But recovery of broken habits, restoration of health, and renewal of hope and happiness come through prayer. God is personally interested in your healing, growth, and progress; and He will guide, sustain, and empower all who come to Him in prayer.

Adapted from the book Living Free, Finding Freedom from Habits that Hurt.

More Discussion in Small Groups . . .

- What will I do differently from now on to reach my goal of Freedom from Nicotine?
- Would I lean on my Mentor for support?

Snack Time

Close session from individual groups.

WORKSHOP FIVE

Monday After the Weekend (Day 9 of Taking Control) . . .

As the final workshop before "Graduation", focus should be on fellowship-building, continued commitment to the goal, and expression of the experience.

Discussion:

- Review/Repeat the earlier Tips for success.
- Explain the Phone Coaching experience and meet the Coach(es).
- Introduce Tobacco-Free Kids and other prevention and elimination organizations
- Stories of experiences relative to addiction and the cessation efforts

Show the Taking Control video for the day . . . Start at 1:21 mins.

GRADUATION (Day 13 or 14)

Prepare a Graduation ceremony with Certificate located in Leader's resources for each successful Participant.

Test for *cotinine*

Serve a special snack.

Continue with a spiritual tone. Ideas for content: a musical concert, a special video program, sharing stories of successful decisions, etc.

Welcome . . .

It has been an engaging and beneficial 2 weeks we have shared. . .

During this time we all have reflected on these Principles built into CMATCH – Case Managed Approach to Tobacco Cessation Help:

1. The Reason for this Intervention of Nicotine Addiction:
 - a. Consequences to Craig's and Jeremy's health leading to disorganization of the brain cells that control executive judgement, and other physiologic consequences
 - b. Recognizing the *nicotine* = Satan's poison > leading one to sin against our Creator
 - c. Interruptions to purposeful activity (taking a break from work to use it)
 - d. Unreasonable financial cost
 - e. Dissatisfaction with self and one's self-determination

2. As a created being, health and human relations suffer – unnatural emotional responses
3. Necessary examination of the addiction process with these steps as the most effective and safe solution – with God’s power:
 - a. Examine one’s own condition of health
 - b. Imagine freedom and good health
 - c. Set specific goals that reflect the necessary change in lifestyle
 - d. Make a commitment and clean environment of all reminders of the use of *nicotine*
 - e. Inform others of it and get their support
 - f. Avoid triggers/cues that remind of use
 - g. Learn healthy ways to deal with anxiety and stress
 - h. Regulate emotions with a thankful, positive attitude
4. Be aware of what to expect with withdrawal and plan ahead
 - a. Adopt healthy meal plans and regular exercise and get adequate sleep and relaxation
 - b. Celebrate success from day to day
 - c. Keep a journal
 - d. Grow your relationship with Jesus and study His Word . . . Learn how you can get God’s power at the moment temptation strikes = ask with a simple prayer: “Lord, I am powerless right now over this temptation. Please come into my life and give me the power to say No.” He will . . .
There is so much more power in that than a Rx drug or a *nicotine* lozenge.

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APPENDIX A

What to Know About Nicotine Use

By [Terry Martin](#)

On www.verywellmind.com

Medically reviewed by [Steven Gans, MD](#) on September 01, 2019, and current reports in Truth Initiative website.

In This Article

- [What Does Nicotine Do?](#)
- [Common Side Effects](#)
- [Signs of Use](#)
- [Myths & Common Questions](#)
- [Addiction & Withdrawal](#)
- [How to Get Help](#)

Nicotine, a stimulant found in tobacco plants, is one of the most heavily used drugs in the United States—and it's just as addictive as [cocaine](#) or [heroin](#), according to the surgeon general. Nicotine products are regulated by the Federal Drug Administration (FDA). While nicotine is legal, it is illegal to sell or distribute nicotine-containing products to people under 18.

Cigarette smoking is the primary source of nicotine, with one pack of cigarettes providing some 250 "hits" of the extremely addictive substance.

Fewer people over the age of 18 are smoking (cigarettes) today than ever before, (vaping has entered the picture) but it still remains the most preventable cause of death in the United States accounting for 480,000 deaths annually. Estimates from the Centers for Disease Control and Prevention for 2017 indicate that 14% of the U.S. adult population smoke cigarettes.¹

Also Known As: Nicotine products include cigarettes (also known as "smokes"), pipes, cigars (sometimes referred to as "stogies"), chewing tobacco (also known as "dip" or "chew"), snuff, hookahs, and e-cigarettes (also known as "e-cigs" and "vapes").

Drug Class: Nicotine is classified as a stimulant.

Common Side Effects: Nicotine is known to cause decreased appetite, heightened mood, increased heart rate and blood pressure, nausea, diarrhea, better memory, and increased alertness.

How to Recognize Nicotine

Nicotine is rarely sold as a singular product, rather it's most often found as an ingredient in tobacco products like cigarettes and some smoking cessation products like nicotine gum and patches. Nicotine is sold as a liquid for use in e-cigarettes and vapor tools.

The FDA requires warning statement labels on tobacco products: "WARNING: This product contains nicotine. Nicotine is an addictive chemical."

What Does Nicotine Do?

When a person inhales cigarette smoke, the nicotine in the smoke is rapidly absorbed into the blood and starts affecting the brain within 10 seconds. Once there, nicotine triggers a number of chemical reactions that create temporary feelings of pleasure and concentration by disassembling normal nerve connection pathways. But these sensations are short-lived, subsiding within minutes until nicotine dosing continues.

These chemical reactions include the release of catecholamines such as adrenaline, the "fight or flight" hormone. Physically, adrenaline increases heart rate and blood pressure. When this occurs, smokers may experience rapid, shallow breathing and the feeling of a racing heartbeat. Adrenaline also tells the

body to dump excess glucose into the bloodstream. Nicotine also curbs appetite and may contribute to weight loss in complex ways.

What the Experts Say

Many researchers are beginning to question whether nicotine is any more harmful than a daily dose of caffeine. And many misinterpret the effects of tobacco products as a stress reliever. However, quitting smoking is linked with lower levels of anxiety, depression, and stress, as well as improved positive mood and quality of life compared with continuing to smoke, according to a 2014 meta-analysis of 26 studies about smoking and mental health published in the British Medical Journal.

Similarly, there is emerging evidence of a link between quitting vaping and improvements in mental health symptoms. Truth Initiative survey data show support for this link between quitting nicotine-containing e-cigarettes and improved mental health outcomes:

- 90% of those who quit said they felt less stressed, anxious, or depressed
- 47% of respondents who quit vaping reported that when they quit vaping they felt more in control
- 78% of respondents who reported ever vaping but had not quit said they would feel better about themselves if they quit vaping

The common misconception that nicotine relieves stress, anxiety, and depression, may be rooted in the cycle of nicotine withdrawal. Irritability, anxiety, and depression are some of the symptoms of nicotine withdrawal, and using nicotine relieves these symptoms temporarily. Health professionals continue to warn about the dangers of nicotine, especially when used by adolescents whose brains are still developing (until age 25).

Nicotine impacts the parts of the brain that play a role in attention, memory, learning, and brain plasticity.

While cigarette smoking is on the decline, vaping and e-cigarettes are on the rise. The American Academy of Pediatrics warns that “e-cigarettes are threatening to addict a new generation to nicotine” and recommended increasing the minimum age to purchase e-cigarettes to 21 nationwide.² Scientists are recognizing incidence of earlier strokes among the vaping population.

Off-Label and “Approved” Uses

Nicotine replacement therapy (NRT) was the first pharmacological treatment approved by the FDA for smoking cessation. In fact, studies show that using the nicotine patch can double the rate of a person's smoking cessation success, especially when combined with support. But what is the later relapse rate?

There are a variety of available NRT products, including:

- Nicotine patch
- Nicotine gum
- Nicotine nasal spray
- Nicotine inhaler
- Nicotine lozenges

Common Side Effects

Nicotine causes a range of effects on both the body and mind, including:

- Decreased appetite
- Heightened mood
- Increased activity in the intestines
- Increased production of saliva and phlegm
- Increased heart rate
- Increased blood pressure
- Sweating
- Nausea
- Diarrhea

- Better memory
- Increased alertness

Surgery Possibility? Smoking Introduces Risk

In recent years, research has shown that compared to nonsmokers, smokers have a higher chance of surgery-related complications like heart attack, stroke, shock and death. Smoking decreases blood flow making surgical wounds less likely to close, less likely to heal well, and more likely to become infected. Smoking also weakens the immune system, which increases the chance of infection after surgery.

Smokers are more likely than nonsmokers to experience specific complications from all types of surgeries. For example:

- Orthopedic (bone or joint) surgery: bones can take longer to heal.
- Plastic surgery: higher chance of scarring.
- Breast reconstruction surgery: more likely to lose implants.
- Spinal fusion surgery: higher chance of infection and bone fracture.

Even secondhand smoke is a problem when it comes to surgery. For example, children have more complications after surgery if their parents smoke around them.

Signs of Use

If your loved one is smoking cigarettes, you'll likely be able to smell it on them.

Detecting vaping can be a bit more difficult—but there are still some signs of use:

- **Devices:** E-cigarettes or "vape pens" can look like a thumb drive, pen, or stylus, with holes on each end.
- **Irritability:** This is a classic sign of withdrawal.
- **Sweet smells:** Vapor juice is often flavored, so if you suddenly catch a whiff of fruit punch or bubble gum (and there's no candy around) it could be a red flag.
- **Nosebleeds:** Vaping can dry out the nasal passages and cause nose bleeds.

- **Drinking more liquids:** The vaporized liquid in e-cigs contains propylene glycol, which attracts and holds water molecules from the mouth, causing constant dry mouth.

Myths & Common Questions

Many people think that nicotine causes cancer—but the jury is still out. Nicotine is certainly a harmful, addictive substance but it is mainly the tar and the other toxic chemicals in cigarette smoke that cause cancer.

Research does suggest that nicotine can increase the risk of cancer due to its damaging effects on DNA, although the risk is much lower than those from smoking cigarettes. [A study by the National Cancer Institute found that those who were most addicted to nicotine—smoking a cigarette within five minutes of waking up—had the greatest risk of developing lung cancer.](#)

Many teens think that using e-cigarettes is safer, however, they still contain high levels of nicotine. The brand JUUL packs perhaps the most potent dose: one pod contains roughly 20 cigarettes worth of nicotine and the product claims to deliver the addictive substance 2.7 times faster than other e-cigarettes.³

Does a cigarette filter reduce the harm in tobacco use? Cigarette filters mislead consumers, with 1 in 3 smokers falsely believing filters reduce harm. Cigarette filters reduce the harshness of cigarette smoke, creating an easier to inhale experience that facilitates smoking in young people who are new to it.

Tolerance, Dependence, and Withdrawal

Nicotine is extremely addictive and, when used regularly, your body and mind learn to expect a certain amount of nicotine each day—and if it doesn't get it, withdrawal can be intense. You can quickly build a tolerance to nicotine, needing more to reach the desired effect. This is one reason why it's so hard (but not impossible) to quit smoking.

How Long Does Nicotine Stay in Your System?

Nicotine (in the form of a cigarette, pipe, or e-cigarette smoke) is mostly absorbed into the body through the lungs as well as the membranes in the mouth and throat. It can also be absorbed in your gastrointestinal tract (via chewing tobacco, nicotine gum, and lozenges) or your skin if you use a nicotine patch.

Nicotine is mainly metabolized in the liver and is excreted via urine through the kidneys as well as in feces. How long it stays in your system depends on many factors, including age, weight, type, frequency of use, and hydration and physical activity levels.

That said, the estimated timeframe is as follows:

- Urine test: Two to four days
- Blood test: Two to four days
- Saliva test: One to four days
- Hair follicle test: Up to 90 days

Many routine drug tests screen for nicotine.

Addiction

Nicotine is a highly addictive substance that's found in all tobacco products, including cigarettes, pipes, cigars, chewing tobacco, snuff, hookahs, e-cigarettes, and other vaping devices.

Nicotine activates the same reward pathways in the brain that other drugs such as cocaine or amphetamines do, although to a lesser degree. Research has shown that nicotine increases the level of dopamine in the brain, a neurotransmitter that is responsible for feelings of pleasure and well-being.⁴

Withdrawal

As the nicotine level drops in the blood, people may feel edgy and agitated—the start of nicotine withdrawal. The acute effects of nicotine wear off within minutes,

so people who smoke must continue dosing themselves frequently throughout the day to maintain the pleasurable effects of nicotine and to prevent nicotine withdrawal, which causes a host of physical and psychological symptoms:

- Cravings to smoke
- Irritability, crankiness
- Insomnia
- Fatigue
- Inability to concentrate
- Headache
- Cough
- Sore throat
- Constipation, gas, stomach pain
- Dry mouth
- Sore tongue and/or gums
- Postnasal drip
- Tightness in the chest

Refer to [Appendix B](#) and learn more about Withdrawal and how to deal with it.

APPENDIX B

An Overview of Nicotine Withdrawal

By [Terry Martin](#)

Medically reviewed by [Sanja Jelic, MD](#)

Updated on February 05, 2018

From www.verywellmind.com

Nicotine withdrawal can cause a host of physical and psychological symptoms that leave new ex-smokers feeling both physically ill and mentally stressed and anxious.

Knowledge about what to expect when you quit smoking and a plan to manage the ups and downs will help you manage this phase of smoking cessation successfully.

Top 5 Things to Know About Nicotine Withdrawal

You are withdrawing from an extremely addictive drug. When inhaled or ingested, nicotine bonds with receptors in our brains that trigger the release of dopamine, a feel-good hormone that is thought to be closely tied to the addictive process. Your body will react to the absence of nicotine and so will your mind, so don't worry if you feel bad and can't stop thinking about smoking. The discomforts are normal and temporary.

The key word is temporary.

It won't feel temporary while you're in the midst of it, but nicotine withdrawal *will* pass as long as you don't smoke.

Junkie thinking is part of nicotine withdrawal.

Or, to put it more accurately, junkie thinking is part of nicotine addiction. Once you stop smoking, you can expect that your mind will twist itself into knots trying to convince you to smoke. Put yourself on ignore and don't light up. Junkie thinking will subside with time.

Remember that smoking is responsible for how you're feeling.

It is common for new ex-smokers in the throes of nicotine withdrawal to think that quitting smoking is to blame for the pain they're in. The truth is that smoking (and the nicotine addiction that followed it) is why you're feeling so bad right now. If you smoke, you'll be back to going through nicotine withdrawal every time you need a cigarette. If you stick with your quit, this will be the last time you have to experience nicotine withdrawal.

You gotta *go* through it to *get* through it.

There is no avoiding this part of smoking cessation. The nicotine has to leave your body. That said, there are quit aids that can ease or even eliminate the discomforts. More on that below. Think of nicotine withdrawal as a task to be completed during recovery from nicotine addiction. It doesn't take long in the grand scheme of things.

What Are the Symptoms of Nicotine Withdrawal?

Simply put, just about any new discomfort you have after stubbing out your last cigarette could be related to nicotine withdrawal.

The following list contains the most commonly reported symptoms of nicotine withdrawal.

- cravings to smoke
- irritability, crankiness
- insomnia
- fatigue
- inability to concentrate
- headache
- cough
- sore throat
- constipation, gas, stomach pain
- dry mouth
- sore tongue and/or gums

- postnasal drip
- tightness in the chest

Check with your doctor if you're concerned about a physical reaction you're having to smoking cessation, or if nicotine withdrawal symptoms persist or worsen.

Withdrawal From Other Chemicals

Cigarettes contain upwards of 7000 chemicals, and many of them affect the way we feel on a day-to-day basis. Smokers tend to discount some of the physical reactions they have to smoking because they come on gradually over the years.

For instance, that headache you have three or four days a week might be stress, or it could be the carbon monoxide you're inhaling numerous times a day. Or, the burning, itchy eyes you seem to experience most nights might be a reaction to the [formaldehyde in the cigarette smoke](#) you're exposed to, not eye fatigue. Some of the chemicals in cigarettes even deplete our bodies of essential vitamins.

If you don't already take a multi-vitamin, this would be a good time to add one to your daily regimen. Be sure to eat a balanced, healthy diet now, too. Give your body the best fuel you can while it is recuperating from cigarette use.

How Long Does Nicotine Withdrawal Last?

If you quit smoking cold turkey, the majority of the nicotine in your body will be released during the first day, though the exact timing varies from person to person. Cotinine, a major metabolite of nicotine is detectable in the blood, saliva, and urine for a number of days longer.

If you use a quit aid containing nicotine, you will taper off of nicotine during the course of the prescribed therapy. This eases the symptoms of nicotine withdrawal considerably. Just be careful to follow the directions for the NRT of your choice carefully, ending as recommended by the manufacturer or your doctor.

If you use a non-nicotine quit aid like [Zyban](#), you might be able to avoid the symptoms of nicotine withdrawal completely. These prescription quit aids are not for everyone, however, so have a conversation with your doctor if you're interested in trying one of them.

What Can I Do to Minimize the Discomforts?

There are a number of steps you can take to make nicotine withdrawal more tolerable.

Eat a well-balanced diet. As mentioned above, good fuel in equals good energy out. New ex-smokers often crave all of the wrong foods. We want sweets and salty snacks, hoping to dampen the desire to smoke. In truth, we probably gravitate to food as a replacement for smoking because, like cigarettes, it triggers the release of dopamine in our brains. If you fill up on too much junk, though, it will negatively affect how you feel physically and psychologically. You may start to gain weight as well, so do your best to eat right.

Exercise, exercise, exercise. As with food and nicotine, exercise also causes our brains to release dopamine. Get out for a walk, or head to the gym to sweat out some of the angst of nicotine withdrawal. It will improve your mindset and your physical well-being.

Drink water. Good hydration is always important, but even more so while you're going through nicotine withdrawal. Your body is releasing toxins, and water will help flush them out. Drink a tall glass of water when you're craving a smoke to break the thought, too. It works.

Get More Rest. Fatigue is common during nicotine withdrawal. If you're tired and can manage it during the day, take a nap. At the end of the day, go to bed a little earlier than usual if you need to. It will do you good.

On the other hand, if you're at the opposite end of the spectrum and find yourself suddenly suffering from quit-related insomnia (also common), try taking a long walk several hours before bed to get your body ready for sleep.

Breathe. In those first days of smoking cessation, it can feel as though your day is one long craving to smoke. The truth is that most urges to smoke last three to five minutes. Rather than tensing up when a smoking urge hits, try some deep breathing. It will help you ride the craving through in a more relaxed way.

Distract yourself. Create a short list of ways to pull yourself out of a smoking urge or negative thought pattern that you can employ at a moment's notice (water and breathing are good entries). Change what you're doing abruptly and your mind will also shift and move away from the downward spiral it's on.

What Comes Next?

Successfully navigating nicotine withdrawal is a necessary step in healing from nicotine addiction, but don't make the mistake of thinking that that is all there is to it.

You've gotten the physical monkey of nicotine off of your back, and now you need to reprogram all of the mental associations you have with smoking. This part of recovery takes a bit more time, but it's also not as intense as nicotine withdrawal, so take heart. It's really just a matter of living your life, one day at a time without a cigarette in hand. You will learn to react to situations that trigger smoking urges without lighting up, and when you do, your mind registers the change and it's easier the next time around.

Give yourself the benefit of a full year smoke-free and you'll be well on your way to a life where not smoking is natural and comfortable.

APPENDIX C

The First 2 Days After You Quit Smoking

By Terry Martin

Medically reviewed by Sanja Jelic, MD on January 19, 2020

From www.verywellmind.com

When you quit smoking or *nicotine*, the health benefits begin within minutes of your last dose. According to the Surgeon General, physical improvements in your body begin within the first hour of cessation.

Your Body Within the First 2 Days of Quitting Smoking/Vaping:

At 20 Minutes After Quitting

- Blood pressure decreases.
- Pulse rate drops.
- Body temperature of hands and feet increases.

At 8 Hours Smoke-Free

- Carbon monoxide level in blood drops to normal.
- Oxygen level in blood increases to normal.

At 24 Hours Smoke-Free

- Chance of a heart attack decreases.

At 48 Hours Smoke-Free

- Nerve endings start to regrow.
- Ability to smell and taste improves.

That's a lot of improvement for just 48 hours of smoking cessation.

The Immediate Benefits of Quitting

The chemicals in cigarettes (<https://www.verywellmind.com/the-inside-of-cigarettes-4157292>) affect you in more ways than you realize. When you quit and start to see changes in the discomforts you've been living with, like headaches, chronic sinus irritation, and fatigue, for instance, you start to put two and two together.

That's not to say that every physical ailment can be traced to tobacco use, but you will probably be pleasantly surprised at some of the changes that take place once you stop smoking. Best of all, this is just the beginning. You can look forward to many additional improvements in the days and months to come.

Make the Decision to Quit and Stick to It

It takes courage to put down that last cigarette and start smoking cessation. Most people feel an intense combination of fear and excitement leading up to their quit date. Feeling afraid to quit smoking is completely normal and is a by-product of nicotine addiction.

Don't let that fear paralyze you, however. Pick your quit date and stick to it. The benefits you'll experience in the short and long term are well worth the work it takes to achieve.

Breaking the Dependence

Years of associating everything you did in your life with smoking created powerful links in the chain of psychological dependence you had on nicotine.

- You *thought* you enjoyed smoking.
- You convinced yourself that smoking calmed your nerves and helped you think more clearly.
- You thought of cigarettes as a friend, a companion, a buddy.

- You thought smoking helped you have more fun and enjoy life more fully.

Logically, you knew better, but addiction can make people rationalize and justify all kinds of crazy notions. You (understandably) like the feeling of relief you get when the nicotine level in your bloodstream is replenished.

From the time a cigarette is stubbed out or the vape tool is closed until the next use, smokers are in a state of physical withdrawal from nicotine.

The more time between cigarettes, the more severe the withdrawal, resulting in edginess, inability to concentrate, and even feelings of depression. It's a vicious, never-ending cycle.

That is an addiction, not smoking enjoyment. You don't think of smoking as enslaving and self-destructive when you first start, but over time addiction quietly teaches you that you are weak and powerless. Most people want to stop long before they do. So here are some comforting tips about behaviors to adopt:

Tips for Handling Nicotine Withdrawal

1. **Exercise** Regular, whole body, at least 20 minutes, daily
2. **Distraction** Engage full body and attention to an activity: the physical exercise, practice a musical instrument, join non-tobacco-using friends in an activity, organize household items, a cleaning project to keep hands busy.
3. **Support system** Negotiate with friends/family members to speak encouragingly at the moment of urgency to use the nicotine product.
4. **Stress Solutions** Work out ahead of time strategies to distract from the sense of stress and avoid stressful situations at this time: use meditation, Bible study, listening to quieting music, breathing exercises, journaling about your experiences and setting new goals.
5. **Celebrate successes:** Keep a record of days/hours of nicotine-free time, achieving milestones/goals you set; create a reward system for yourself.
6. **Healthy Chewable Snack** Make a deliberate effort to have healthy snacks prepared ahead of time and accessible when you need it.

7. **Avoid Loud Music/Noise** As you allow your brain neurons to reorganize their broken synapses from nicotine addiction, keep the sensual stimulation—auditory and visual—down.

Disregard the “advice” that says the “cold turkey” method of quitting is ineffective. Success depends on the discipline of the mind through spiritual, Bible-based encouragement and preservation of healthy functions of your body. Your Creator knows what is best for you.

Support for Your Quit Program

Support is a key ingredient to a solid quit smoking program. A [smoking cessation support forum](#) is a place to meet people who are going through what you are or have been there and can offer constructive advice. Your resolve will be bolstered more than you can imagine just by being around others who have the same goals you do.

Remember that quitting tobacco is a process. It takes time. Your courage to take that first step is a choice you'll never regret making. Your life will improve a thousand-fold when you have kicked tobacco and its poisonous products out, once and for all. You'll have even more benefits from two weeks to three months of quitting.

APPENDIX D

tobaccofreeflorida.com

Talking Points on Electronic Cigarettes

Not a Proven Cessation Aid

---E-cigarettes are not quit aids approved by the Food and Drug Administration. There are seven FDA-approved cessation aids and medications that are proven safe and effective when used as directed:[1]

»»Three types of nicotine replacement therapy (NRT) are available without a prescription: patch, gum and lozenge.

»»Two types of nicotine replacement therapy are available with a prescription: nicotine inhaler and nasal spray.

»»There are two non-nicotine prescription medications: Bupropion (commonly known by the brand name Wellbutrin) and Varenicline (commonly known by the brand name Chantix).

---Evidence-based cessation counseling and FDA-approved NRT together can double to triple a smoker's chances of successfully quitting.[2]

---As a health care provider, Tobacco Free Florida encourages you to talk to your patients about quitting tobacco, and refer them to an evidence-based resource like Tobacco Free Florida.

---Tobacco Free Florida offers cessation resources that can increase your patients' chances of quitting by five times.[3]

»»These services provide free FDA-approved NRT patches, if medically appropriate and while supplies last.

»»Floridians who want to quit smoking are encouraged to find the cessation services that work best for them at tobaccofreeflorida.com.

Don't Use with Conventional Cigarettes

---The Centers for Disease Control and Prevention estimates that the majority of e-cigarette users—about three out of four—are still smoking conventional cigarettes, which is called "dual use." [4]

---Dual use is not an effective way to safeguard health.[5] Even people who smoke fewer than five cigarettes per day may show signs of early heart disease.[6]

Dangers of Nicotine

---Nicotine—inhaled, ingested or in direct contact with the skin—can be particularly hazardous to the health and safety of certain segments of the population, such as children, young people, pregnant women, nursing mothers, people with heart conditions and the elderly.[7]

---Many e-cigarette users refill their own cartridges, which may be unsafe because it involves dealing with potentially dangerous concentrations of nicotine.[8]

---One teaspoon of liquid nicotine could be lethal to a child, and smaller amounts can cause severe illness, often requiring trips to the emergency room.[9] Less than a tablespoon, at high concentrations, can kill an adult.[10]

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APPENDIX E

Tobacco Cessation Assessment Tool

Tobacco Use History

Age Group: 18-24 years 25-34 years 35-45 years 46-65 years 66+ years

Gender: M F

Marital status: M S D W

Education: Less than HS HS Voc. Tech Some college College Postgrad

Race: Caucasian [A person having origins in any of the original peoples of Europe, the Middle East, or N. Africa]

Black or African American: [Origin in any of the black racial groups of Africa]

Asian: [Having origins in any of the original peoples of the Far East, SE Asia, or the Indian subcontinent]

Native Hawaiian or other Pacific Islander: [Incl. Hawaii, Guam, Samoa, Fiji, Tahiti, etc.]

American Indian or Alaska native

Hispanic

Age began using tobacco: _____ No. of years using _____

Tobacco method you now use: cigar pipe smokeless cigarettes

Number of quit attempts: _____ Method(s) _____

Intensity of cigarette use over last 6 months:

<5 cigs/day; (10) 1ppd; (11-20;) 1-2 ppd

Describe use of other methods (What? How much?) _____

Nicotine Dependency - FTQ

1. How soon after you wake up do/did you use your first nicotine product?

___ (a) within 5 mins. (3 Pts.)

___ (b) 6-30 mins. (2 Pts.)

2. Is it difficult to refrain from using in places where it is forbidden?
 ___ (a) Yes (2 Pts.)
 ___ (b) No (1 Pt.)
3. Which nicotine-laden object would you hate most to give up?
 ___ (a) first one in am (2 Pts.)
 ___ (b) any others (1 Pt.)
4. How many times/day do you use nicotine? (a) 31 + (4 Pts.) ___
 (b) 21-30 (3 Pts.) ___
 (c) 11-20 (2 Pts.) ___
 (d) 10 or less (1 Pt.) ___
5. Do you smoke/vape/chew more frequently after waking than during the rest of the day?
 a) Yes (2 Pts.) ___
 b) No (1 Pt.) ___
6. Do you smoke/vape/chew even if you are so ill that you are in bed most of the day?
 a) Yes (2 Pts.) ___
 b) No (1 Pt.) ___
- Subtotal** _____

1-5 Points = Self-Management; 6-9 Points = Self-Management + Support;
 10-15 Points = Intensive Care

Nicotine Dependency - (Kawakami, et al) *For General Tobacco Product Users*

(1) ___ (0)

1. Have you often had periods of days when you used it a lot more than you intended to? Yes No
2. Have you ever tried to quit or cut down on tobacco and found you could not?
 Yes No
3. Did you crave tobacco after you quit or cut down on it?
 Yes No
4. Did you have any of the following problems when you quit or cut down on tobacco: irritation, nervousness, restlessness, trouble concentrating, headache, drowsiness, upset stomach, heart slow down, increased appetite or body weight,

hands shaking, mood depression?

Yes No

5. Did you ever start using tobacco again to keep from having such problems?

Yes No

6. Have you ever continued to use it when you had a serious illness that you knew made it unwise to use tobacco?

Yes No

7. Did you continue to use tobacco after you knew that it caused you health problems?

Yes No

8. Did you continue to use tobacco after you knew that it caused you mental problems?

Yes No

9. Have you ever felt like you were dependent on tobacco?

Yes No

10. Have you ever given up work or social activities so you could use tobacco?

Yes No

Subtotal _____

6-10 Points = Significance for group or one-to-one intervention

Reasons for Smoking Scale (12 Points possible for each cluster)

1=Strongly Disagree 2= Disagree 3= Agree 4=Strongly Agree

How much are each of the following characteristic of you?

(Negative Affect Reduction Tobacco Use) Cluster 1

When I feel uncomfortable or upset about something, I use nicotine product. 1 2 3 4

I do it when I feel "blue" or want to take my mind off cares and worries. 1 2 3 4

I use it when I feel angry about something. 1 2 3 4

(Automatic Tobacco Use) Cluster 2

I use tobacco in some form automatically without even being aware of it. 1 2 3 4

I light up a cigarette without realizing I still have one burning in the ashtray. 1 2 3 4

I find myself smoking without remembering lighting up. 1 2 3 4

(Addictive Tobacco Use) Cluster 3

I get a real gnawing hunger to use it when I haven't for a while. 1 2 3 4

When I have run out of tobacco, it is almost unbearable until I can get it. 1 2 3 4

Without a cigarette/vaper, I don't know what to do with my hands. 1 2 3 4

(Sensorimotor Cigarette/Vapor Use) Cluster 4

I smoke because I like the smell so much. 1 2 3 4

Part of the enjoyment of smoking is watching the smoke as I blow it out. 1 2 3 4

Part of the enjoyment of smoking comes from the steps I take to light up. 1 2 3 4

1=Strongly Disagree 2= Disagree 3= Agree 4=Strongly Agree

(Stimulation Smoking) Cluster 5

Using tobacco helps me think and concentrate. 1 2 3 4

I use it more when I am rushed and have lots to do. 1 2 3 4

Smoking/Vaping/Chewing helps to keep me going when I'm tired. 1 2 3 4

(Indulgent Smoking) Cluster 6

After meals is one of the times I most enjoy using tobacco. 1 2 3 4

I like a nicotine-laden product best when I am having a quiet rest. 1 2 3 4

I want to use tobacco most when I am comfortable and relaxed. 1 2 3 4

(Psychosocial Smoking) Cluster 7

It is easier to talk and associate with other people when using tobacco. 1 2 3 4

I use tobacco much more when I am with other people. 1 2 3 4

While using tobacco I feel more confident with other people. 1 2 3 4

Subtotal _____

Clusters 1 & 3 with high scores are of high concern. Anticipatory Guidance with intervention needed here.

Readiness to Quit

Place an X by the comment that most characterizes your feelings.

I've heard a lot about the damage smoking (chewing) does to your health. I'm, going to have to get serious about quitting one of these days.

_____ **Precontemplator**

Stop Here if above is checked.

A family member/Good friend just died of lung cancer this year who was only 41 years old. It devastated the family. I'm looking at my options. I would like to learn how I can quit smoking.

_____ **Contemplator**

I've quit several times. After smoking 5 years this last time, I've started to taper off my cigarettes. I'm down to a pack/day now.

_____ **Contemplator**

I'm very determined to quit because my doctor told me I must, and I feel so bad.

_____ **Ready for Action**

Confidence Level

1=Strongly Disagree 2= Disagree 3= Not Sure 4= Agree 5= Strongly Agree

- | | | | | | |
|--|---|---|---|---|---|
| 1. I feel sure that I am able to quit using tobacco. | 1 | 2 | 3 | 4 | 5 |
| 2. Looking back on other attempts I've made to change my life, I feel certain I can carefully follow a program that is designed for me to quit | 1 | 2 | 3 | 4 | 5 |
| 3. If I know I'm not in this alone, I feel certain I can quit. | 1 | 2 | 3 | 4 | 5 |

Subtotal _____

Low Risk = 10-15 points; Moderate Risk = 6-9 points; High Risk = 1-5 points.

Concept of Power

- | | | | | | |
|--|---|---|---|---|---|
| 1. My desire to use tobacco comes from seeing others smoke, the ads in the media, memories associated with a pleasant tobacco-related event or when I am under stress. | 1 | 2 | 3 | 4 | 5 |
| 2. My desire to use tobacco comes from a need deep inside, when I begin to feel out of control. | 1 | 2 | 3 | 4 | 5 |

Subtotal _____

Score lower than 3 = High Risk

Perceived Stress Scale (modified)

1= Always 2= Freq. 3= Seldom 4= Never

In the last month, how often have you . . .

- 1. Felt that you were unable to control important things in your life? 1 2 3 4
- 2. Questioned your ability to handle personal problems? 1 2 3 4
- 3. Felt that things were not going your way? 1 2 3 4
- 4. Been unable to control irritations in your life? 1 2 3 4
- 5. Felt difficulties piling up so high you couldn't overcome them? 1 2 3 4

Subtotal _____

Low risk = 1-10 points; Moderate Risk = 11-15 points; High Risk = 16-20 points

Social Support

To lend me emotional support I have:

- a. more than one other significant person interested in my efforts
- b. at least one significant other to help me

This person is a non-tobacco user:

- Yes No
- c. no one

SUMMARY DATA

Within the individual's Profile (Name, Demographics)

Risk Scores for Nicotine Dependency:	FTQ:	Kawakami:
Reasons for Tobacco Use:	_____	_____
Readiness to Quit:	_____	_____
Confidence Level:	_____	_____
Concept of Power:	_____	_____
Stress Level:	_____	_____
Social Support:	_____	_____

[These must be considered by the Phone Coach at the first session call]