

Let's Begin to Quit

Smoking Cessation Support Programming Made Easy
for Churches and Groups to Conduct

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

By Linda Royer, PhD, RN

FrameWork Health, Inc.
Staunton, Virginia

2020

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. This community-based intervention to the coaching program, **Taking Control**, provides a framework upon which to build a series of flexible support sessions you can tailor to the corporate needs of your guests. It is not meant to be a skilled therapy series, but a friendship-building opportunity for a mix of nurturing, sharing, and reality-checking.

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.

2. Reason for this seminar (Discussion topics)

- Smoking and its consequences are a world community concern (Refer to data fact sheet on Sponsor's Resources webpage); someone encouraged you to come
- Addicted people need help
- "I believe we have an effective solution"

Affirm their attendance & their interest in seeking instruction and help

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

Whole Person approach to health promotion: Physical, Social, Mental/Emotional, Spiritual

4. Overview of seminar

This is an orientation session to help you to plan a Quit Date. Tonight, you may feel compelled to sign a Preference statement. When we meet the second time you may be ready to sign a Commitment statement and set the Quit Date. [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 Attendee: Carefully consider quitting tobacco use within the (week, __ weeks, month, __ months) and by the end of the seminar declare your preference to quit.

5. Business

Registration form, orientation to the environment (bathrooms, exits, snacks/food, etc.)

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?

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?

Discussion

Suggested Visuals: *Cigarette smoking – Smoker in a vice* (There are many images in Google)

Smoking Personality – Risk Taker

What Makes Nicotine Unique?

The Psychoactive Chemical

Tolerance

Dependence

Nicotine-reinforced behavior

The Process

A set of actions, reactions

The behavior becomes a “high”

Rituals form

Refer to “*What to Know About Nicotine Use*” (Article in Appendix A)

Obtain facts and describe the scenario of “*Nicotine Withdrawal*” (Article in Appendix B)

Refer to “*The Power to Change Directions*” (PPT) and to “*Brain Sense*” (PPT)

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, alcohol, 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

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 from Team Up to Quit \(PDF\)](#) in Appendix D

Nicotine is nicotine . . .

Group Activity

So, why did you begin to smoke, anyway? With your “Why Do You Smoke?” Questionnaire and a writing instrument in your hand, mark the form and we will share our stories. All complete it.

[Found also in *Taking Control Workbook*.]

Score it and divide those 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.

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. 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 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!

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)

[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.]

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 (once partnerships are formed with your group's mentors)

Sign the Registration form and submit it to me (workshop leader).

Go to the website www.LivingSmart.Live and begin the course in the Tobacco Addiction Recovery program (from the menu). Remember, it is FREE!

Return to this workshop on _____ so that we may help you prepare for your new lifestyle.

Day Two

[Day Two of this Seminar can be planned around the **Taking Control** program, which can be used as self-help or group support. Or another comprehensive format may be used. Schedule an enticing vegetarian snack or lite supper table. Plan on some exercise during the session.]

WORKSHOP DAY TWO

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>)

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

Do and Discuss

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
- Other cessation methods
 - Hypnosis
 - Acupuncture
 - Zyban, Welbutrin, Chantix
 - 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
- Use of nicotine receptor blockers such as Chantix
- 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; persistence is needed

It's a Control Issue

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 currently. 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.

- 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
- If necessary, use a pharmaceutical aid such as nicotine patch until you and God are entirely in control

Spirituality

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](#).

Prayer (allow volunteers)

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 helping you in this challenging effort.

WORKSHOP DAY THREE

[Yesterday, participants made a commitment to quit TODAY (!) Ideally, they will have already spent time with Taking Control and guidelines for making this a successful day.]

This evening 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:

Sip ice cold water, fruit juice; chew gum
Warm bath or shower, massage, relaxation or meditation
Avoid caffeine drinks, relaxation, massage, meditation
Add fiber to diet, increase water
Nap, slow pace for 2 weeks
Exercise, soak in hot bath
Sip warm herbal tea, sugarless candy

Meal Plan:

First Day	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.
Second Day	Add whole grain bread and cereal, full-bodied soups, salads with low-fat dressing. Limit fat intake in beverages and solid food.
Third Day	Begin a substantially-nutritious meal plan that excludes red or processed meats, high-calorie desserts, high-fat and high-sodium snacks.

Exercise/Activity:

Start an exercise program by starting out walking briskly daily. Get a tracking tool like a Fit-Bit bracelet. Join the YMCA 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 . . .

Article: [How to Clear Out Your Lungs](#) (Leader's Resources webpage)

Break-Out Session Next Page. . .

What's Next After This?

Schedule next workshop session—preferably day/evening before weekend (a difficult time for some changing health behavior).

Then 1 or 2 support sessions in the next week, and from there Mentors will continue support.

Formal telephone coaching should be arranged for the remaining months of the supporting year. See guidelines for that with session scripts in Sponsors section of website.

Break-Out Session to Small Groups and with Mentors

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.

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

Have them imagine what the next 24 hours will be like and what they will do to conquer any barriers they might expect.

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.

APPENDICES

Appendix A:	
What to Know about Nicotine Use	15
Appendix B:	
Overview of Nicotine Withdrawal	22
Appendix C:	
The First 2 Days After You Quit Smoking	27
Appendix D:	
Talking Points on Electronic Cigarettes	30
Appendix E:	
Why Do You Smoke? (TCAT)	32

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

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 today than ever before, 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.

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. But these sensations are short-lived, subsiding within minutes.

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. To date, there have been studies showing positive effects of nicotine, including decreased tension and increased thinking, as well as the stimulant's

potential in warding off cognitive decline into Alzheimer's, delaying the progression of Parkinson's disease, and as a therapeutic approach for [ADHD](#) and [schizophrenia](#).

Still, 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

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.

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

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.

Can You Overdose on Nicotine?

Nicotine is poisonous and overdose is possible, though not common. Most often, nicotine poisoning occurs when children mistake nicotine gum or lozenges for candy.

If you or someone you care about experiences the following signs of nicotine overdose, call 911 or poison control (800-222-1222) immediately:

- Difficulty breathing
- Vomiting
- Fainting

- Headache
- Weakness
- Increased or decreased heart rate

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

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

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 [Chantix](#) or [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, the health benefits begin within minutes of your last cigarette. According to the Surgeon General, physical improvements in your body begin within the first hour of smoking cessation.

Your Body Within the First 2 Days of Quitting Smoking:

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 until the next one is lit, 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.

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 and throw the butts away is a choice you'll never regret making. Your life will improve a thousand-fold when you have kicked tobacco 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]

1. “Five Keys for Quitting Smoking.” Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, n.d. Web.

2. Fiore MC, Jaen CR, Baker TB, et al. Treating tobacco use and dependence: 2008 update. Clinical practice guideline. Rockville, MD: US Department of Health and Human Services, Public Health Service; 2008. Available at http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf.
3. Professional Data Analysts. "BTFF Tobacco Cessation Evaluation FY15 Synthesis Report." 15 February 2015.
4. King, Patel, Nguyen, and Dube. Trends in Awareness and Use of Electronic Cigarettes among U.S. Adults, 2010 - 2013 Nicotine Tob Res ntu191 first published online September 19, 2014 doi:10.1093/ntr/ntu191.
5. Centers for Disease Control and Prevention . "Transcript for CDC press briefing: CDC launches powerful new ads in "Tips From Former Smokers" campaign." 26 March 2015. Web. Last Assessed 24 July 2015. <http://www.cdc.gov/media/releases/2015/t0326-tips.html>.
6. U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
7. World Health Organization (WHO). Questions and answers on electronic cigarettes or electronic nicotine delivery systems (ENDS). (10 Jul 2013). http://www.who.int/tobacco/communications/statements/electronic_cigarettes/en/index.html.
8. Yamin, CK.. Bitton, A. Bates, DW. E-Cigarettes: A Rapidly Growing Internet Phenomenon. Ann Intern Med. 2010;153:607-609.
9. American Association of Poison Control Centers (AAPCC). "American Association of Poison Control Centers Urges Government Liquid Nicotine Regulation in Wake of Child Death." 12 Dec. 2014. Press Release. Last Accessed 24 July 2015. <http://www.aapcc.org/press/37/>.
10. The New York Times Editorial Board. "Lethal Liquid Nicotine," The New York Times. 24 March 2014. Web. Last Accessed 24 July 2015. <http://www.nytimes.com/2014/03/25/opinion/lethal-liquid-nicotine.html>.

APPENDIX E

Why Do You Smoke?

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 Post-graduate

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
21-30/day 31-40/day

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

Nicotine Dependency - FTQ *For smokers*

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

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

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

2. Is it difficult to refrain from smoking in places where it is forbidden?

____ (a) Yes (2 Pts.)

____ (b) No (1 Pt.)

3. Which cigarette would you hate most to give up?
 ____ (a) first one in am (2 Pts.)
 ____ (b) any others (1 Pt.)
4. How many cigarettes/day do you smoke? (a) 31 + (4 Pts.) ____
 (b) 21-30 (3 Pts.) ____
 (c) 11-20 (2 Pts.) ____
 (d) 10 or less (1 Pt.) ____
5. Do you smoke more frequently after waking than during the rest of the day?
 a) Yes (2 Pts.) ____
 b) No (1 Pt.) ____
6. Do you smoke 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 Users

(1) ____ (0) ____

1. Have you often had periods of days when you smoked 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 smoke 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 Smoking) Cluster 1

When I feel uncomfortable or upset about something, I light up a cigarette. 1 2 3 4

When I feel "blue" or want to take my mind off cares and worries, I smoke. 1 2 3 4

I light up a cigarette when I feel angry about something. 1 2 3 4

(Automatic Smoking) Cluster 2

I smoke 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 Smoking) Cluster 3

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

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

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

(Sensorimotor Smoking) 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			
Smoking helps me think and concentrate.			
			1 2 3 4
I smoke more when I am rushed and have lots to do.			
			1 2 3 4
Smoking 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 smoking.			
			1 2 3 4
I like a cigarette best when I am having a quiet rest.			
			1 2 3 4
I want to smoke 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 smoking.			
			1 2 3 4
I smoke much more when I am with other people.			
			1 2 3 4
While smoking 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 smoking | 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 were 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 Smoking:

Readiness to Quit:

Confidence Level:

Concept of Power:

Stress Level:

Social Support:

Tech: These must be calculated during the call and fed back to Coach to continue the first session)