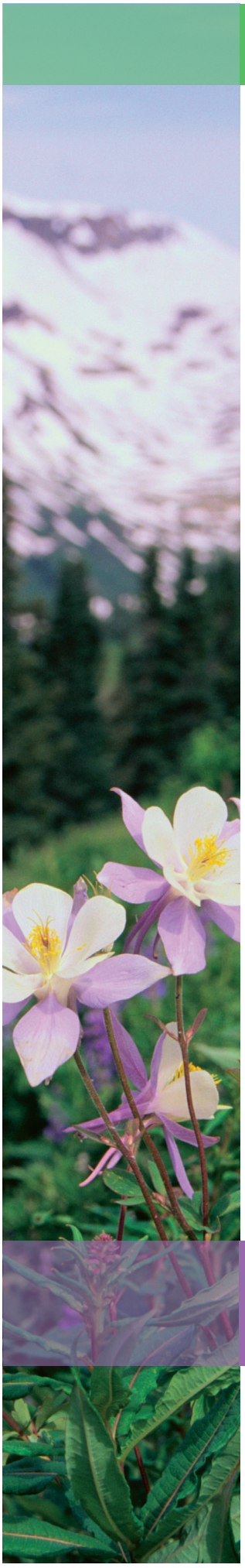

Behavioral Health & Wellness Program

University of Colorado Anschutz Medical Campus
School of Medicine

DIMENSIONS:
Tobacco Free Program

Advanced Techniques

Version 4.1

School of Medicine
UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

The DIMENSIONS: Tobacco Free Program Advanced Techniques Manual was developed by Cynthia W. Morris, PsyD, Chad D. Morris, PhD, and Patrece G. Hairston, PsyD at the University of Colorado Anschutz Medical Campus, School of Medicine, Department of Psychiatry, Behavioral Health and Wellness Program.

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Behavioral Health & Wellness Program
University of Colorado Anschutz Medical Campus • School of Medicine

DIMENSIONS: Tobacco Free Program

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"My Tobacco-Free Journey" (45 minutes)
- Write down your personal tobacco-free journey
- Tell your personal story – Large/small group exercises

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- Review of the Tobacco Free Group Facilitator Manual
- Group Overview

DIMENSIONS: Tobacco Free Program

Agenda

Day 2

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- Session A Overview
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Session B: Healthy Behaviors (45 minutes)
- Session B Overview
- Role Play
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Break (15 minutes)

Session C: The Truth about Tobacco (15 minutes)
- Session C Overview

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DIMENSIONS: Tobacco Free Program

Overview

Health and well-being are shaped by many different factors. Among these factors is tobacco use. Tobacco use remains the leading cause of preventable morbidity and mortality in the United States (King et al, 2011). It causes many health problems, including cancer, heart disease, and Chronic Obstructive Pulmonary Disease (COPD). There are 443,000 deaths each year in the United States attributed to tobacco use (King et al, 2011). Also, its financial impact is staggering. Tobacco use has been estimated to cost the United States $96 billion in direct medical expenses and $97 billion in lost productivity each year (CDC, 2008; Fiore et al, 2008). Although much progress has been made in decreasing the number of individuals who use tobacco, 25% of U.S. adults still use some form of tobacco (King et al, 2012). The DIMENSIONS: Tobacco Free Program was created to engage and motivate individuals to make healthy lifestyle choices, including tobacco cessation.

Creating and maintaining the physical health and wellness you want is a lifelong journey. The Tobacco Free Program teaches information and skills that can be used to build a healthy lifestyle and to stop tobacco use. This program is designed to assist individuals to envision and achieve their personal Tobacco Free goals. This innovative program provides training in effective community education, as well as tobacco cessation services for individuals and groups. The DIMENSIONS: Tobacco Free Program is meant to complement other peer or provider services, such as the DIMENSIONS: Well Body Program for weight management and nutrition.

Promoting tobacco cessation for priority populations

Tobacco cessation is a key component of health promotion for everyone. However, some groups are particularly at-risk for tobacco use and related health concerns. This may be because they have lived, worked, and received healthcare services in environments that encouraged tobacco use, or they may have other health conditions associated with increased tobacco use. Many of these at-risk populations are underserved and do not receive needed tobacco cessation counseling and medications. Services tailored to these priority populations are vital to address their unique needs. The DIMENSIONS: Tobacco Free Program provides tailored information designed to meet the needs of priority populations, including persons with behavioral health conditions, persons with cognitive impairments, people in criminal justice or re-entry settings, and ethnic minority populations.

Tobacco Free Program Introduction:

Program Overview

Tobacco Free Program Introduction:

Program Overview

Training Notes:

1) Welcome

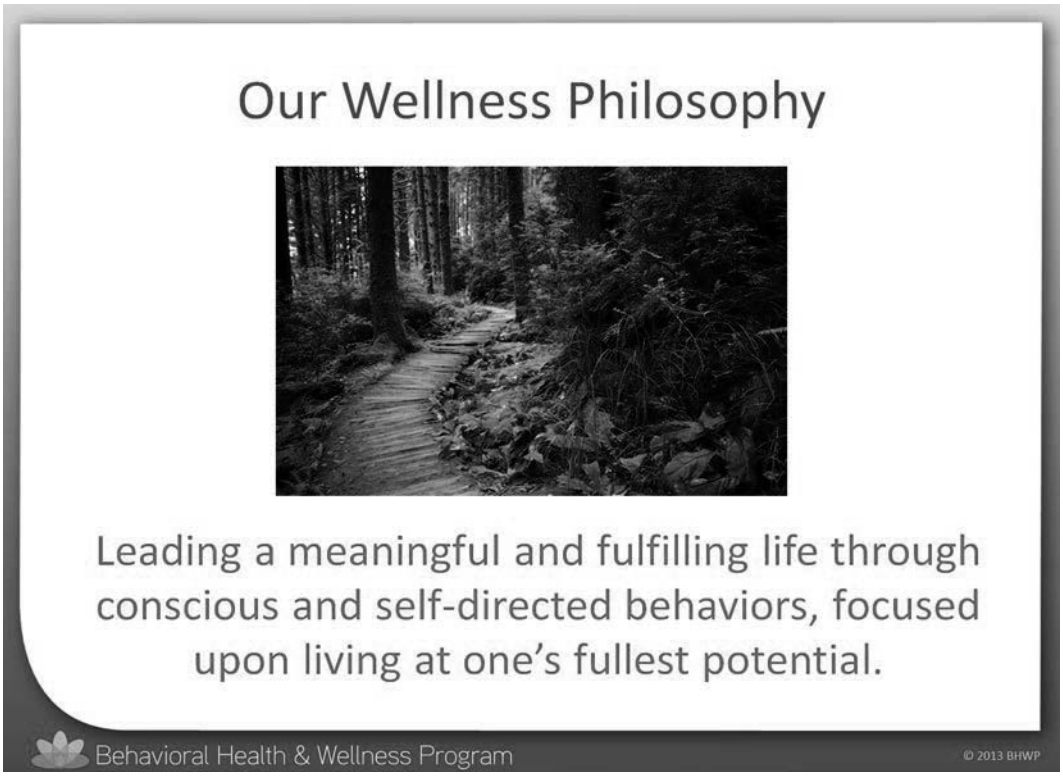
2) Introduce training team

3) Review housekeeping information
    a) Breaks
    b) Food
    c) Restroom location
    d) Parking (if applicable)
    e) Sign-in

4) Review agenda

Tobacco Free Program Introduction:

Program Overview



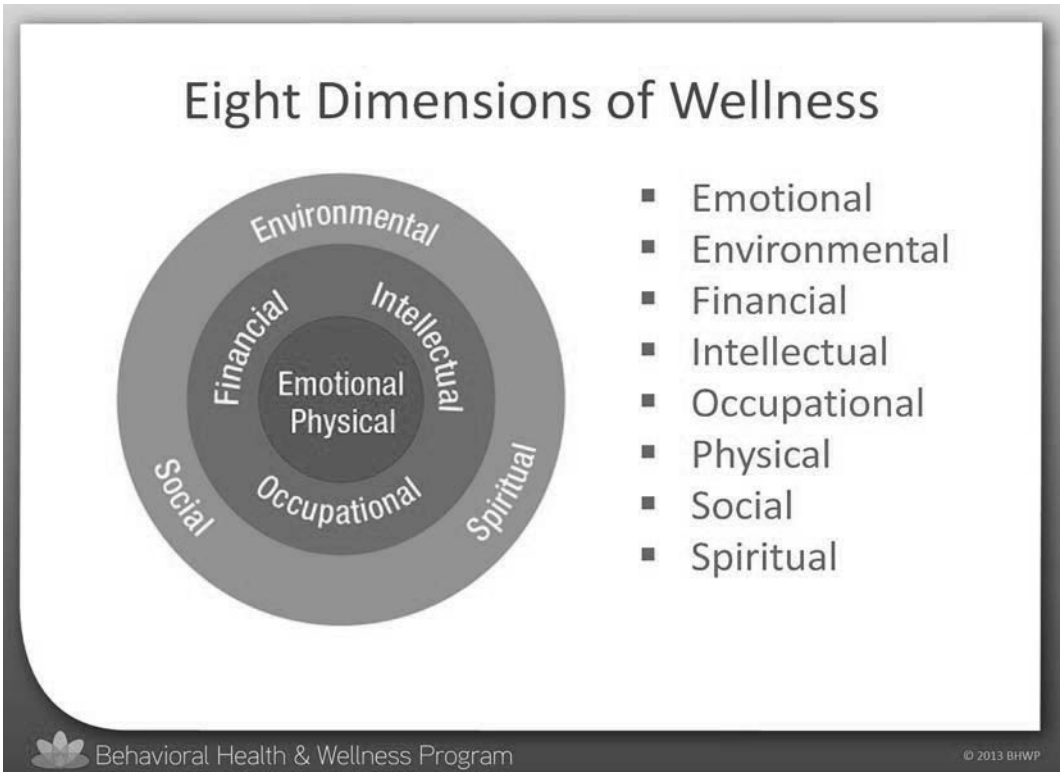
Training Notes:

1) Introduce our wellness philosophy
    a) Leading a meaningful and fulfilling life through conscious and self-directed behaviors, focused upon living at one's fullest potential.

2) Define wellness from the BHWP perspective
    a) The concept of wellness focuses on more than the absence of illness.
    b) A multifaceted approach to living, which includes being well in all areas of their life.
    c) A "whole person" perspective, acknowledging a lack of health or well-being in one area of a person's life affects other aspects of an individual's sense of well-being.
    d) Achieving a state of wellness is possible regardless of an individual's baseline or starting point.
    e) People who promote wellness need to advocate for healthy behaviors, not just alleviate symptoms.

Tobacco Free Program Introduction:

Program Overview



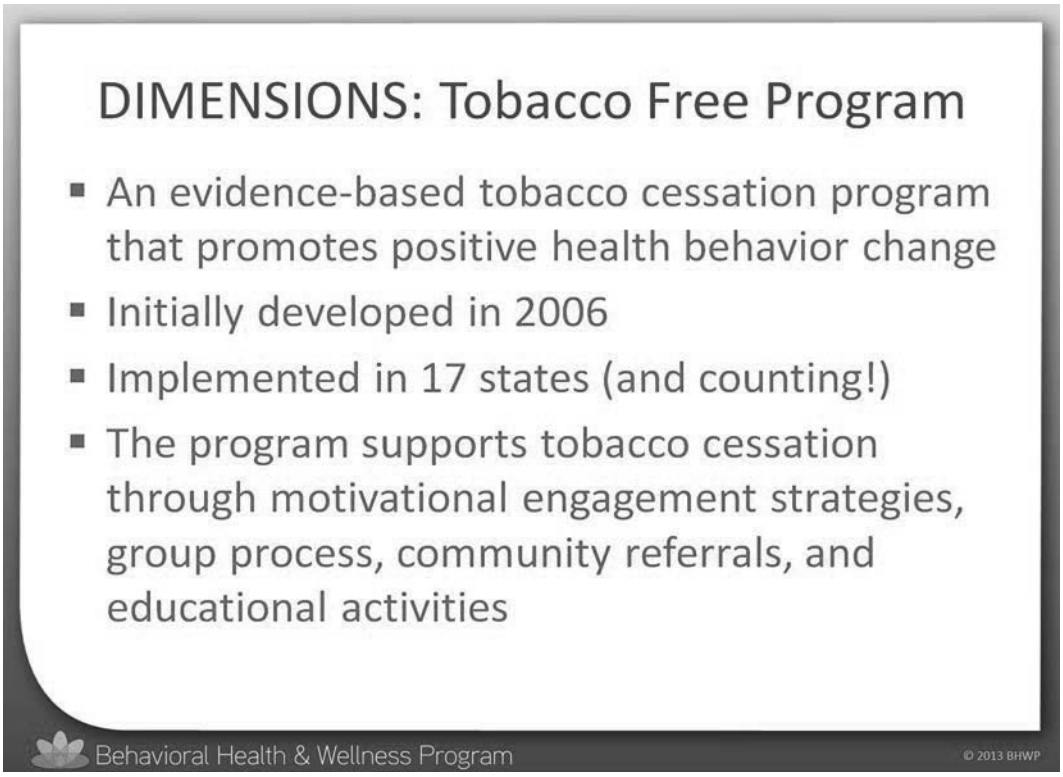
Training Notes:

1) Briefly describe each dimension.

2) Encourage trainees to share their ideas of examples of wellness activities that fall under each dimension.

Tobacco Free Program Introduction:

Program Overview



Training Notes:

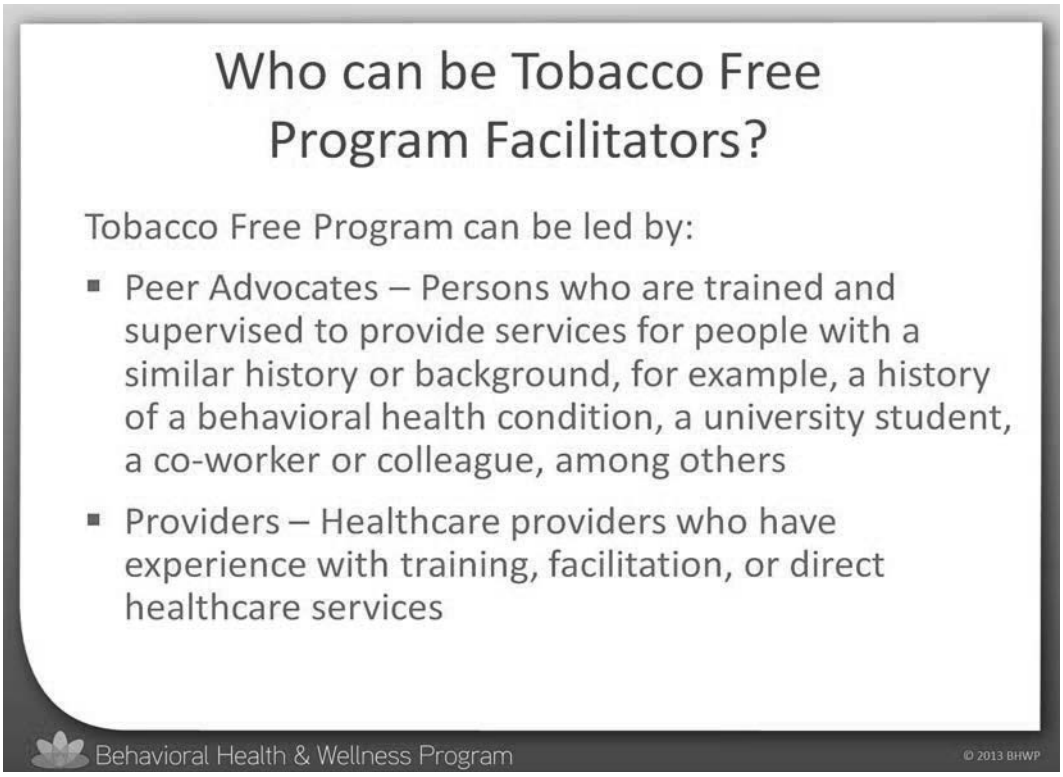
1) The idea for the DIMENSIONS: Tobacco Free Program originated in 2006 from feedback given during focus groups the Behavioral Health and Wellness Program conducted with individuals with behavioral health conditions regarding tobacco cessation needs.

2) When asked "what do persons with mental health and/or addictions need to quit smoking?" many focus group participants expressed the desire to talk with a peer advocate – a person who has a shared history and has successfully quit using tobacco. The desire for that shared experience came up time and time again in these focus groups (Morris et al., 2009).

3) Since 2006, the DIMENSIONS: Tobacco Free Program has been implemented at multiple sites in 17 states. The program continues to grow each year with new trainings, material/content updates and implementation at new sites.

Tobacco Free Program Introduction:

Program Overview

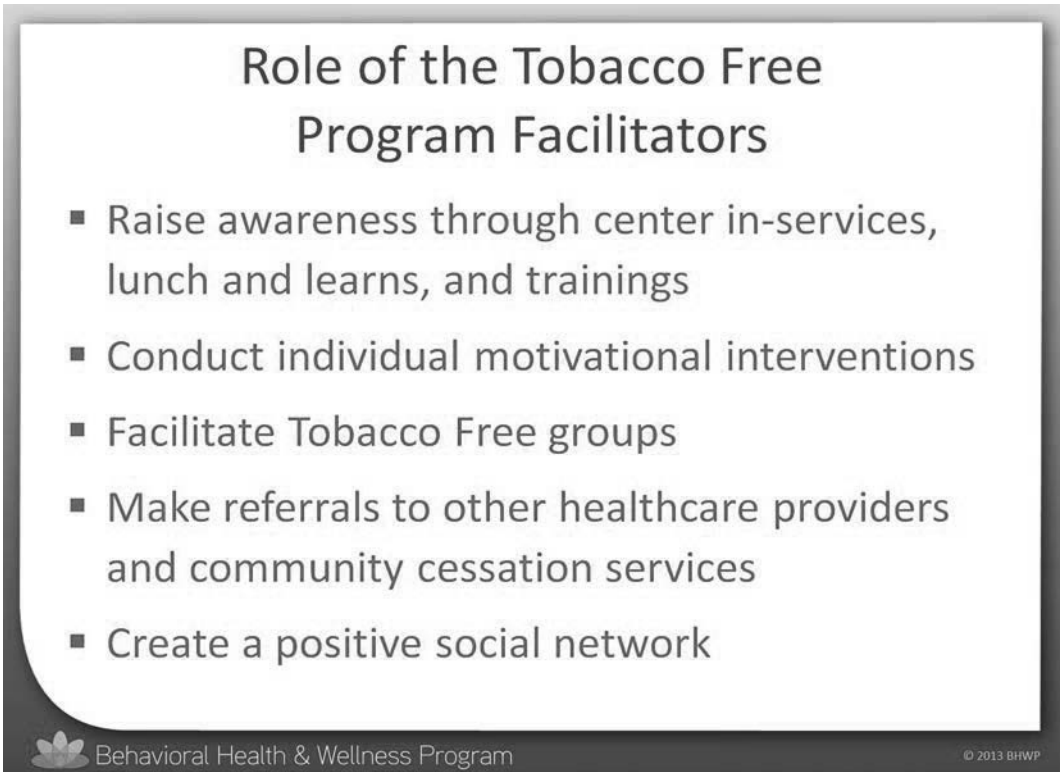


Training Notes:

1) The DIMENSIONS: Tobacco Free Program is designed to be flexible and run by both peer advocates and providers, adjusting to the unique needs of each organization.

Tobacco Free Program Introduction:

Program Overview



Training Notes:

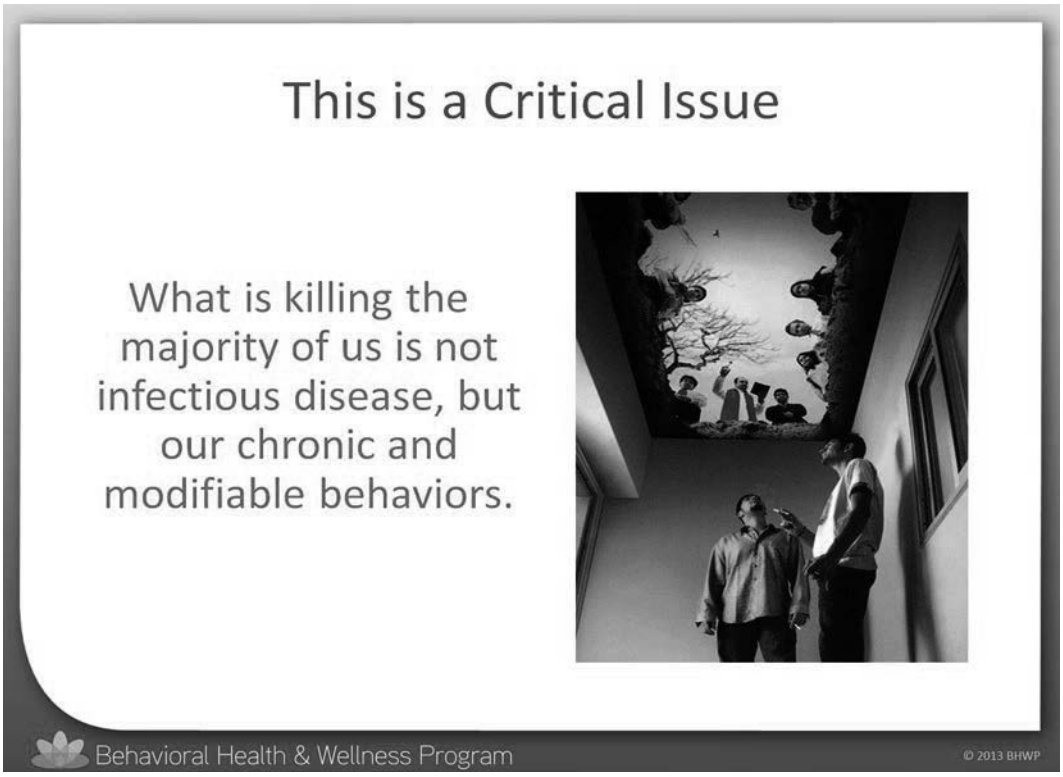
1) Our Tobacco Free Program is an essential component to wellness services.

2) This program is meant to complement other provider and peer services.

3) The role of the program facilitator is to engage in the activities listed on this slide. Although this training focuses on how to facilitate onsite Tobacco Free groups and the motivational intervention, the other activities listed are an integral part of our model and the role of program facilitators.

Tobacco Free Program Introduction:

Program Overview



Training Notes:

1) More than one-third of all U.S. deaths each year are related to smoking, poor eating habits and physical inactivity (Mokdad et al., 2004). Tobacco products harm nearly every organ in the body, causing many diseases and reducing the length of time people live and the quality of their life (CDC, 2011a). Because tobacco causes a large number of deaths, and because the deaths are avoidable, advocates for health are working hard to prevent people from starting to use tobacco and to help people quit using tobacco.

Tobacco Free Program Introduction:

Program Overview

Training Notes:

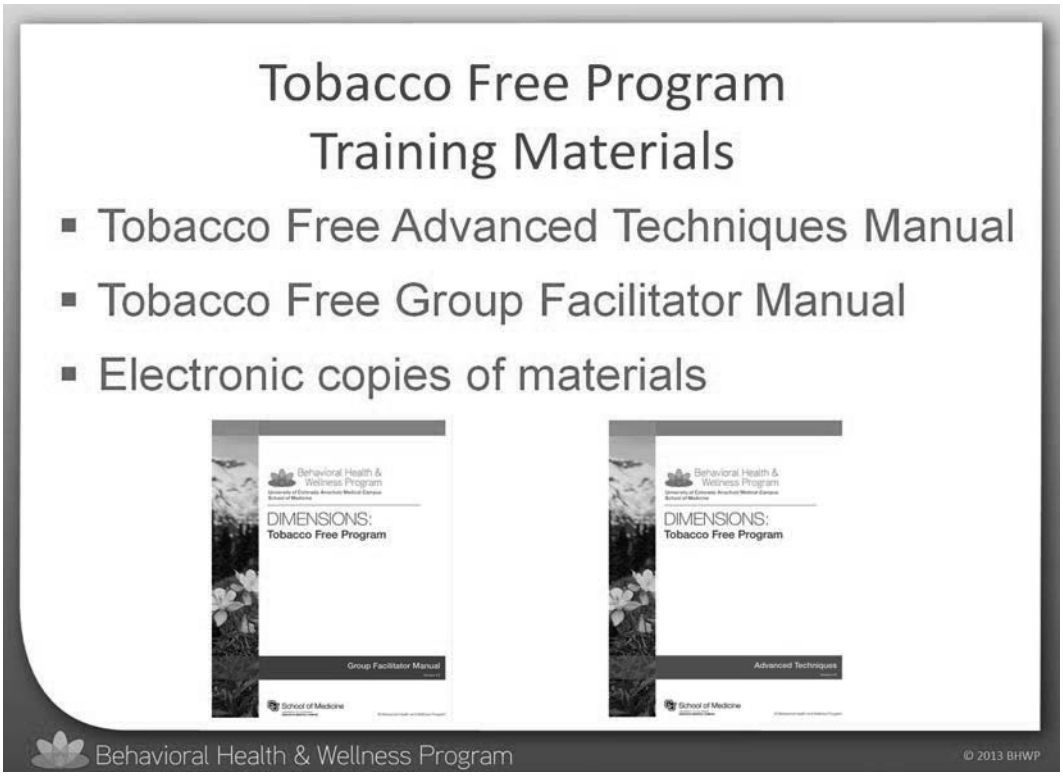
1) This specialized training is designed for individuals who have already been trained in the counseling and facilitation skills necessary to act as program facilitators at their organizations. In addition to their previous training, it is important that program facilitators have access to supervision at their agency.

2) This training is designed to provide trainees with information to create a sustainable Tobacco Free Program within their organization.

3) The information and interventions provided in this Tobacco Free Program – Advanced Techniques manual are evidence-based. Some individuals may have personal experiences that differ from the information provided in the training, but it is very important that trainees know which strategies are supported by research.

Tobacco Free Program Introduction:

Program Overview



Training Notes:

1) Upon completion of this training, trainees have the knowledge and materials to train other individuals to become program facilitators at their organization.

2) Since this information is intellectual property of BHWP, these training materials may **NOT** be used for commercial or personal profit or be distributed outside of the trainee's organization.

3) The Advanced Techniques model is designed to allow trained program facilitators to train other individuals within their individual organization.

Tobacco Free Program Introduction:

Program Overview

Training Notes:

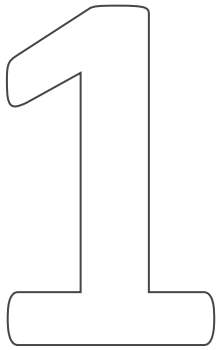
1) Discuss the objectives of this training
    a) Day 1 – Background information on tobacco and tobacco cessation, unique challenges facing the people trainees will work with, and the Tobacco Free Motivational Intervention.
    b) Day 2 – Interactional training to develop skills needed to run Tobacco Free groups.

Tobacco Free Program Introduction:

Program Overview

Training Notes:

1) Allow 5-10 minutes to answer questions.



Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use

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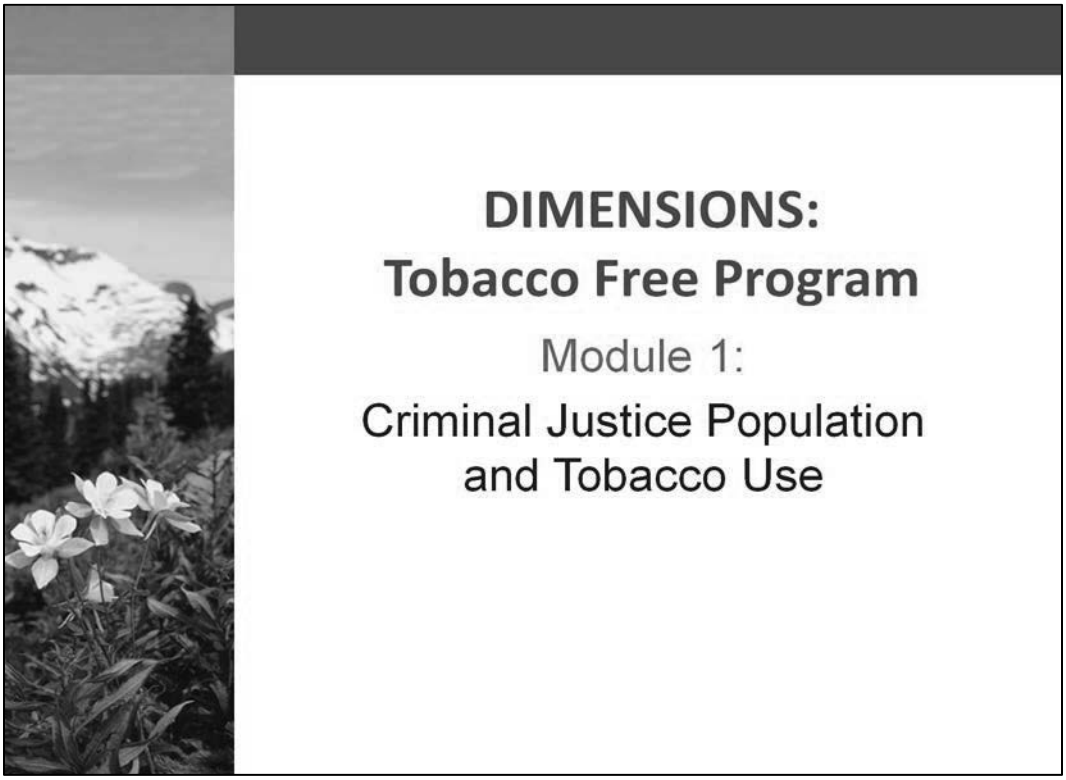
Criminal Justice Population and Tobacco Use

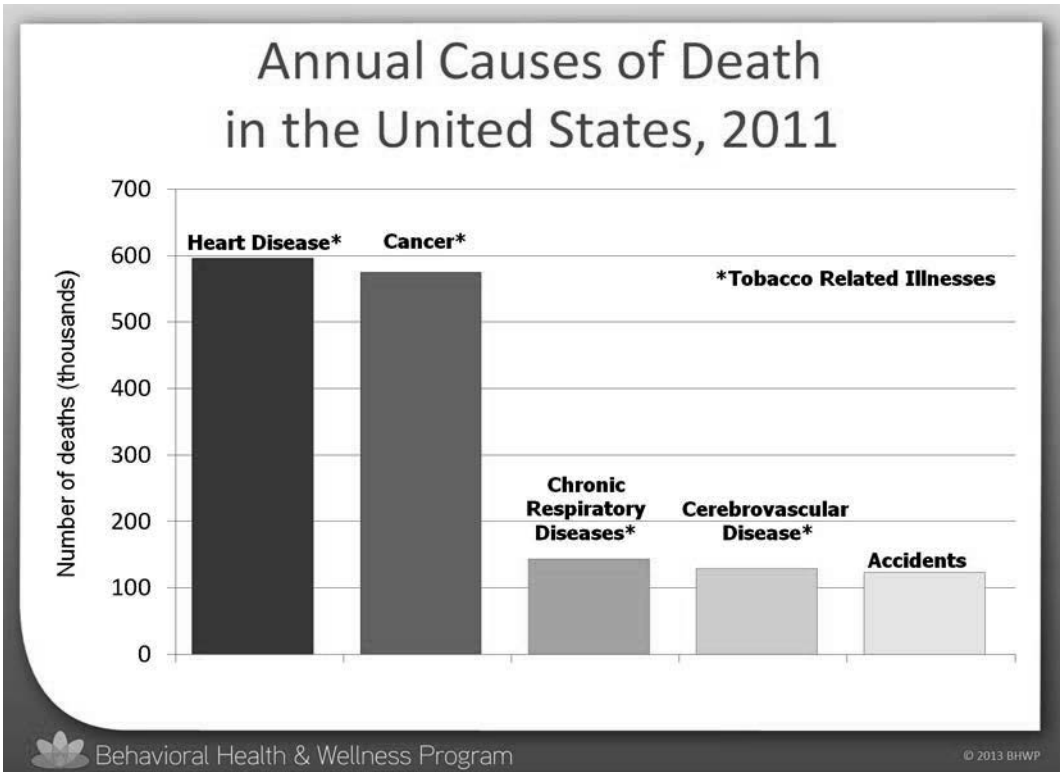


Training Notes:

1) This module provides information about criminal justice population and tobacco use.

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use



Training Notes:

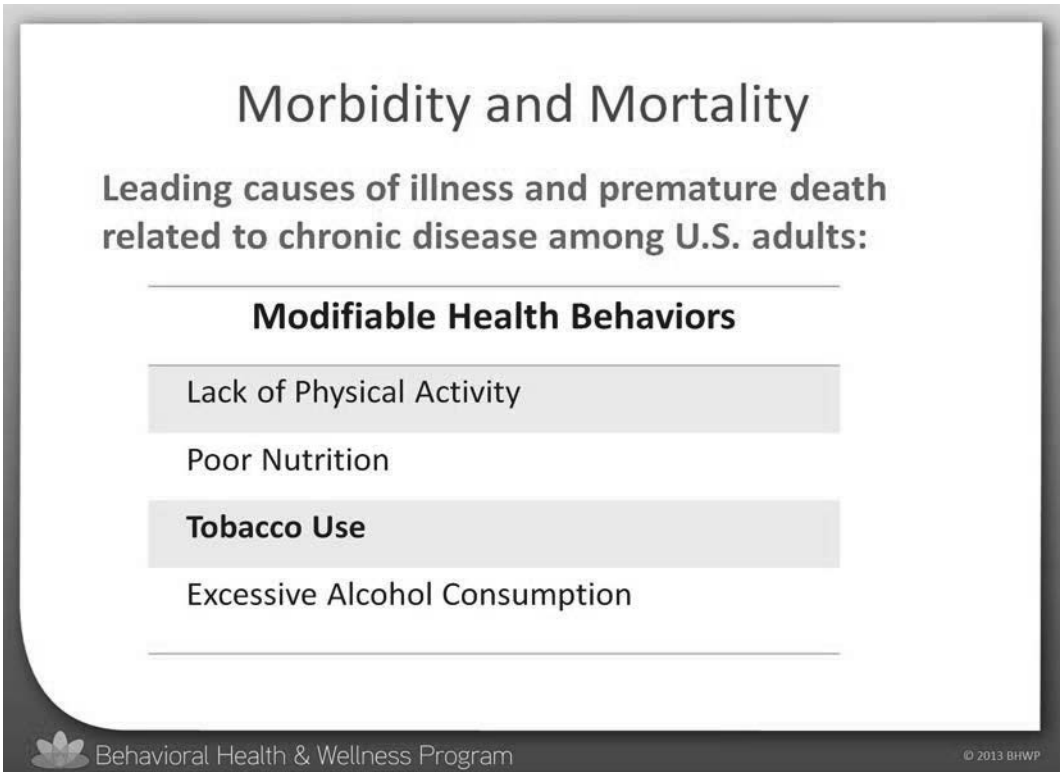
1) In 2011, four of the top five causes of death for U.S. adults were tobacco-related diseases (CDC, 2012a).

2) The Centers for Disease Control and the Surgeon General also released a fact sheet (last updated: January 2012) and full report on the relationship between tobacco and the development of several chronic illnesses (CDC, 2012b; USDHHS, 2010).

3) Smoking is a risk factor for accidental death from fire, explosion and poisoning. Smoking also impairs an individual's fitness and reflexes which can increase chances of injury through accidents. It negatively affects healing from injuries as well (Leistikow, Martin, Jacobs, Rocke, & Noderer, 2000).

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use



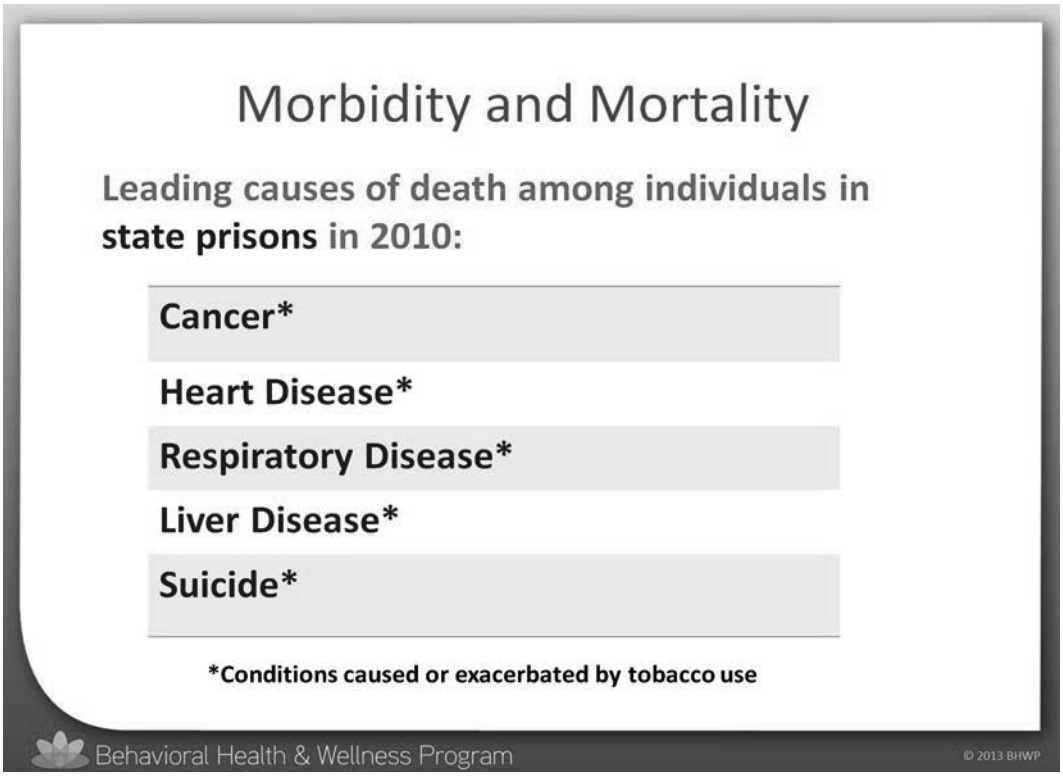
Training Notes:

1) According to the Centers for Disease Control and Prevention, chronic diseases (such as heart disease, cancers, diabetes, and arthritis) are the leading causes of death and disability among adults in the U.S. Tobacco use is among them and is related to thousands of deaths each year (CDC, 2012c).

2) It is important to note that the development and course of medical illnesses are the result of several factors, such as a combination of genes, lifestyle, and living conditions. However, many chronic diseases are related to poor health behaviors and such high rates among U.S. adults could be alleviated by changes in diet, exercise, and decreasing the use of harmful substances.

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use



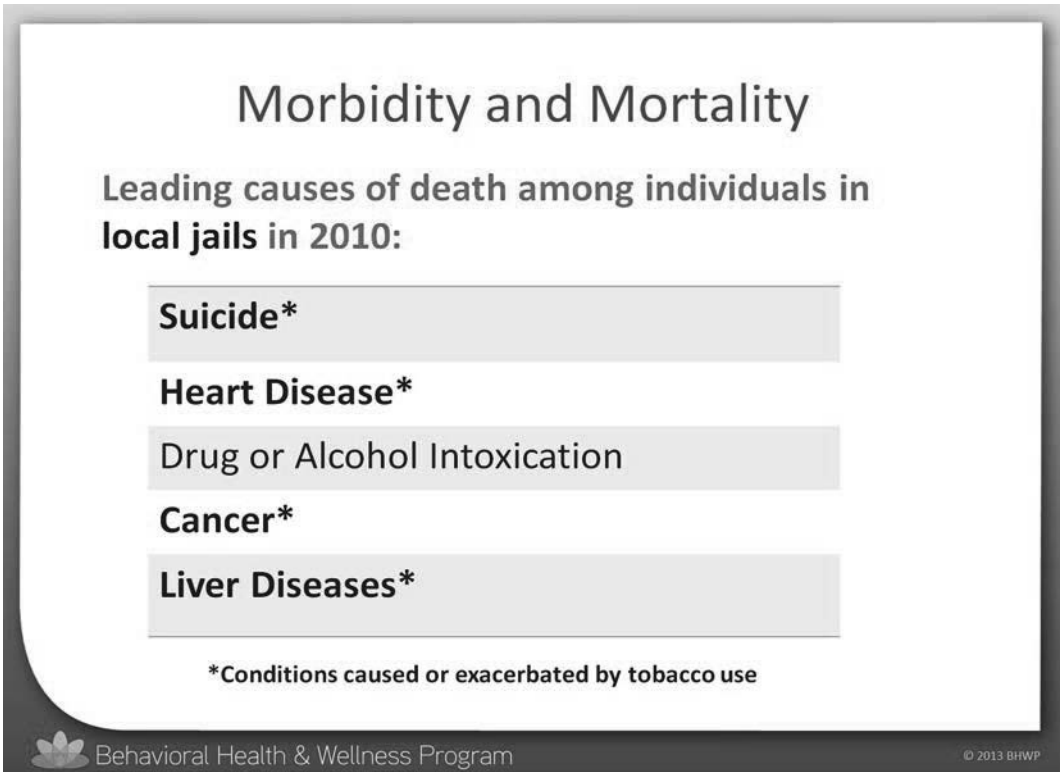
Training Notes:

1) In 2000, the U.S. Department of Justice – Office of Bureau Statistics began collecting information on the deaths of individuals in state prisons across the country. They collected data for 10 years and examined the trends. Point out to participants that individuals are dying of chronic diseases that are negatively affected by or caused by tobacco use (Noonan & Carson, 2011; Noonan, 2012).

2) For the full report, follow the link to the Bureau of Justice Statistics website: http://bjs.gov/content/pub/pdf/pjdc0009st.pdf and http://bjs.ojp.usdoj.gov/content/pub/pdf/mljsp0010st.pdf

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use



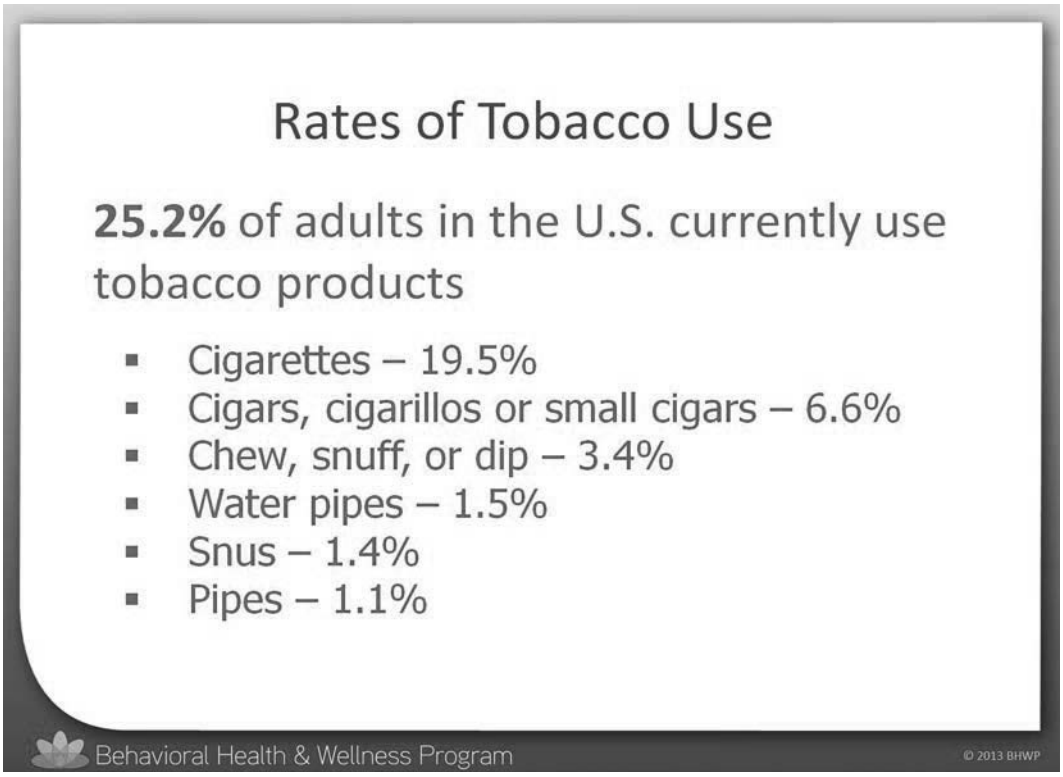
Training Notes:

1) For more information, see the U.S. Department of Justice – Bureau of Justice Statistics report on mortality in local jails and state prisons (the document corresponds with the information provided on the previous slide) (Noonan & Carson, 2011; Noonan, 2012).

2) Cigarette smoking is one of three predictors for suicidal behavior (Oquendo et al., 2004).

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use



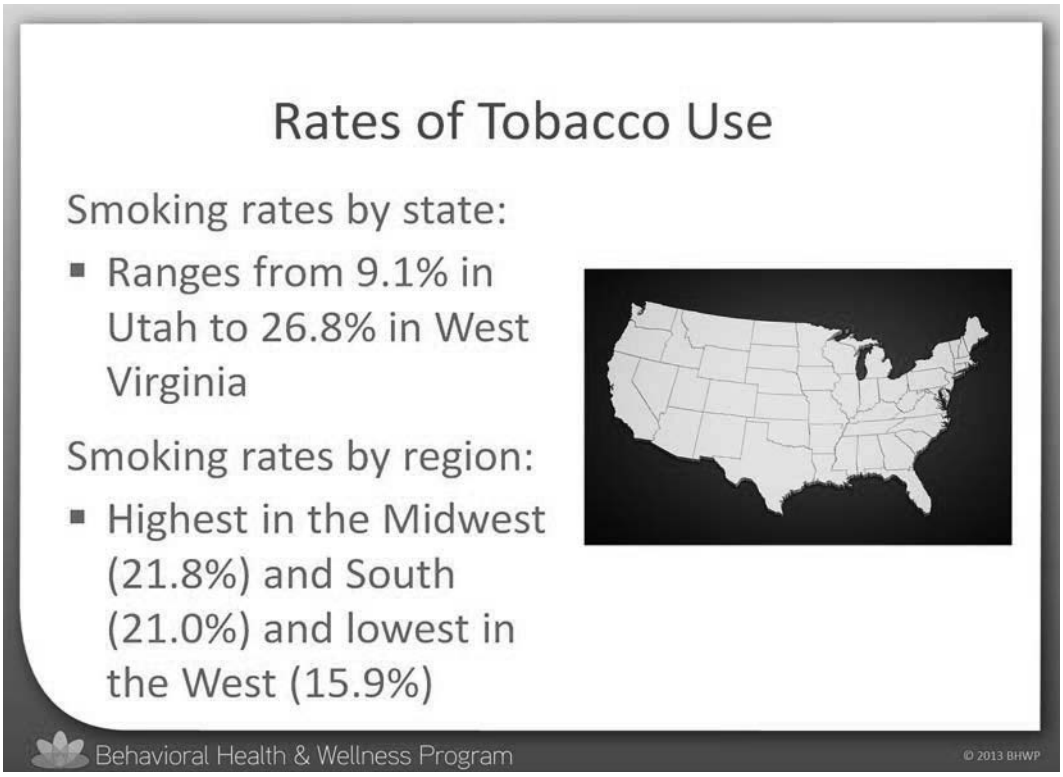
Training Notes:

1) A recent study utilizing data from the 2010 National Adult Tobacco survey found that **25.2%** of adults in the U.S. use some form of tobacco (King, Dube, & Tynan, 2013). The majority reported smoking cigarettes.

2) These findings are consistent with other reported prevalence rates, including those provided by the 2010 National Health Interview Survey (CDC, 2011) and the 2010 National Survey on Drug Use and Health (USDHHS, 2011).

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use

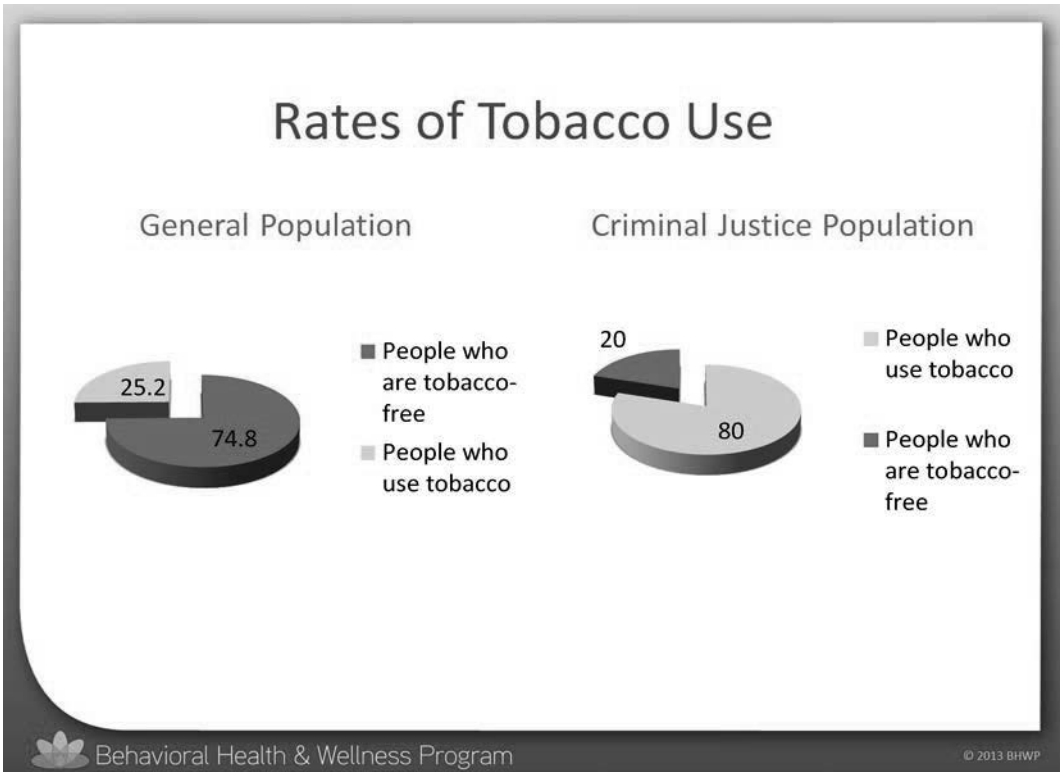


Training Notes:

1) Review the rates of smoking by state and region (CDC, 2011).

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use

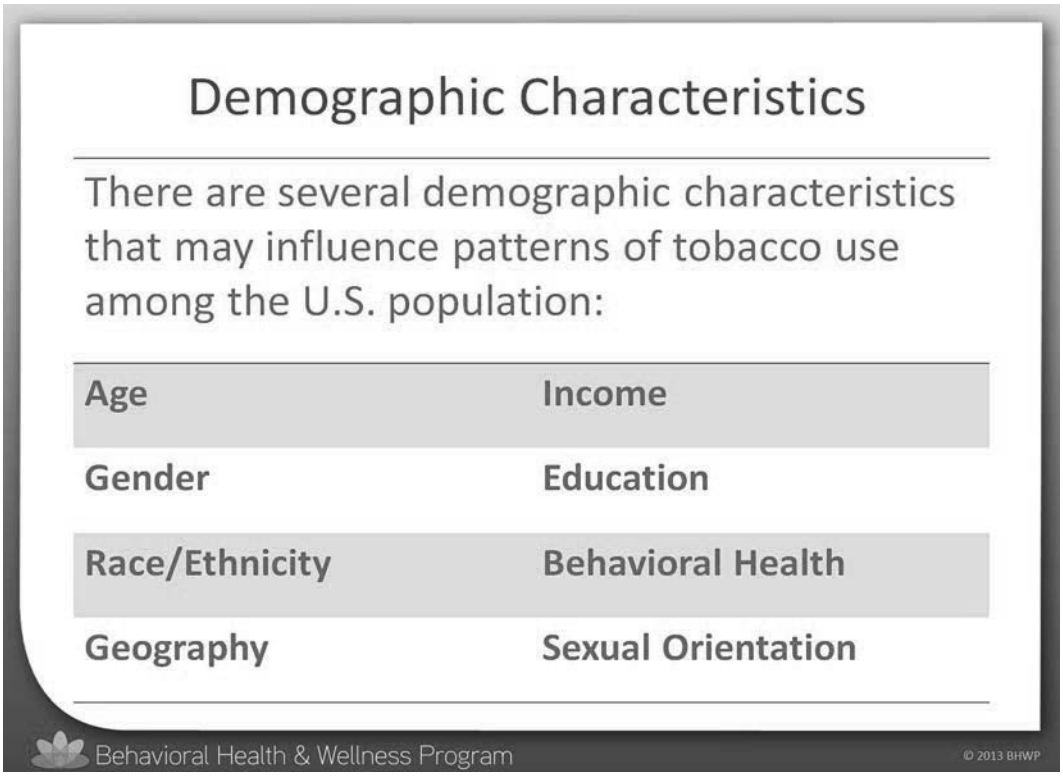


Training Notes:

1) In the U.S., approximately 25.2% of adults, and an estimated 26% of youth between the ages of 12-17, report using some sort of tobacco products (CDC, 2011c). [Trainers should look up the rates of tobacco use in their state and/or city. Approximately _____ of adults in (specific state/city), and _____ of youth, report using tobacco products.]
2) In the U.S., the smoking rate among men in criminal justice populations is approximately **3 times** higher than the general population – between 70% - 80% (Ritter et al., 2011; Kaufmann et al., 2010; USDHHS, 2006; Chavez et al., 2005).
3) Similar prevalence rates have been reported for women who are incarcerated (Nijhawan et al., 2010; Cropsey, 2010).
4) Researchers are just beginning to examine smoking among individuals in community corrections. However, studies suggest that smoking rates among individuals in community corrections are comparable to those who are incarcerated and remain higher than the general population – more than 70% (Cropsey et al., 2010).

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use



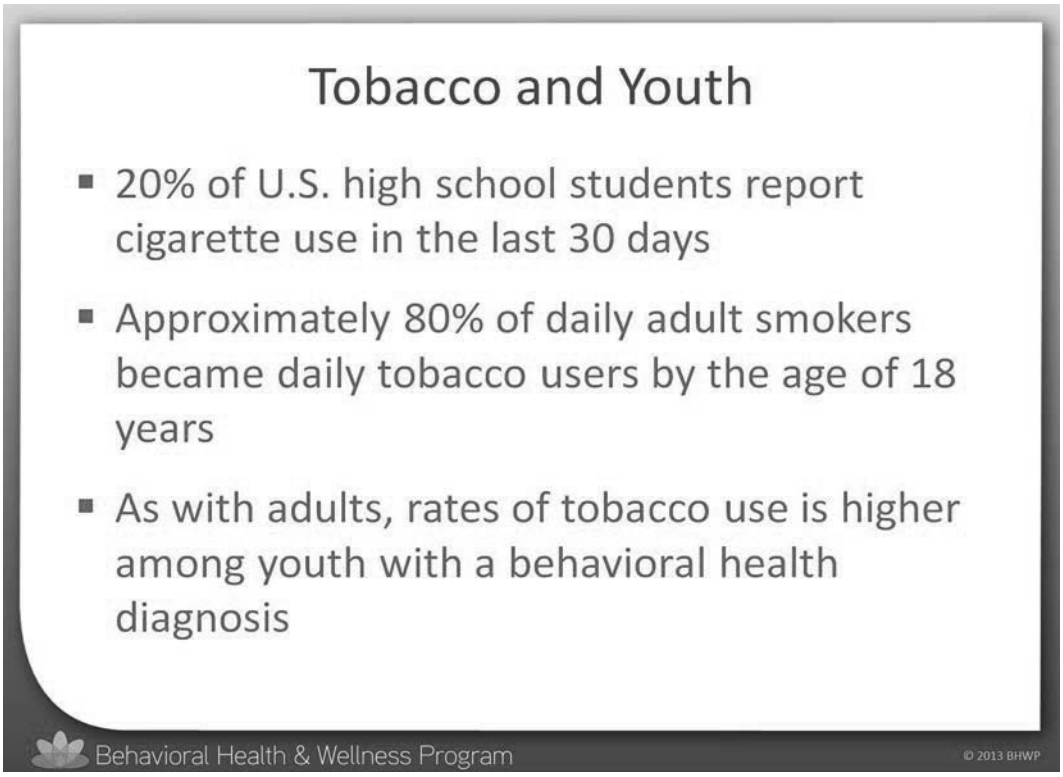
Training Notes:

1) The U.S. adult population (considered any individual 18 or older) is a heterogeneous group composed of various cultures and corresponding sub-cultures. For the sake of this manual, "culture" is defined as "the characteristics of a particular group." This may include – but is not limited to – language, country of origin, geographical location, shared beliefs/values/attitudes, conceptions of the universe, understanding of roles, and social patterns.

2) It is important to discuss and think critically about these differences due to their potential impact on health behaviors, particularly tobacco use. Research has indicated that knowledge about the variation among groups (with regards to tobacco use patterns, successful cessation strategies, etc.) is important to inform cessation treatment and planning (Gellert, et al., 2012; USDHHS, 2012; Sachs-Ericsson et al., 2009).

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use

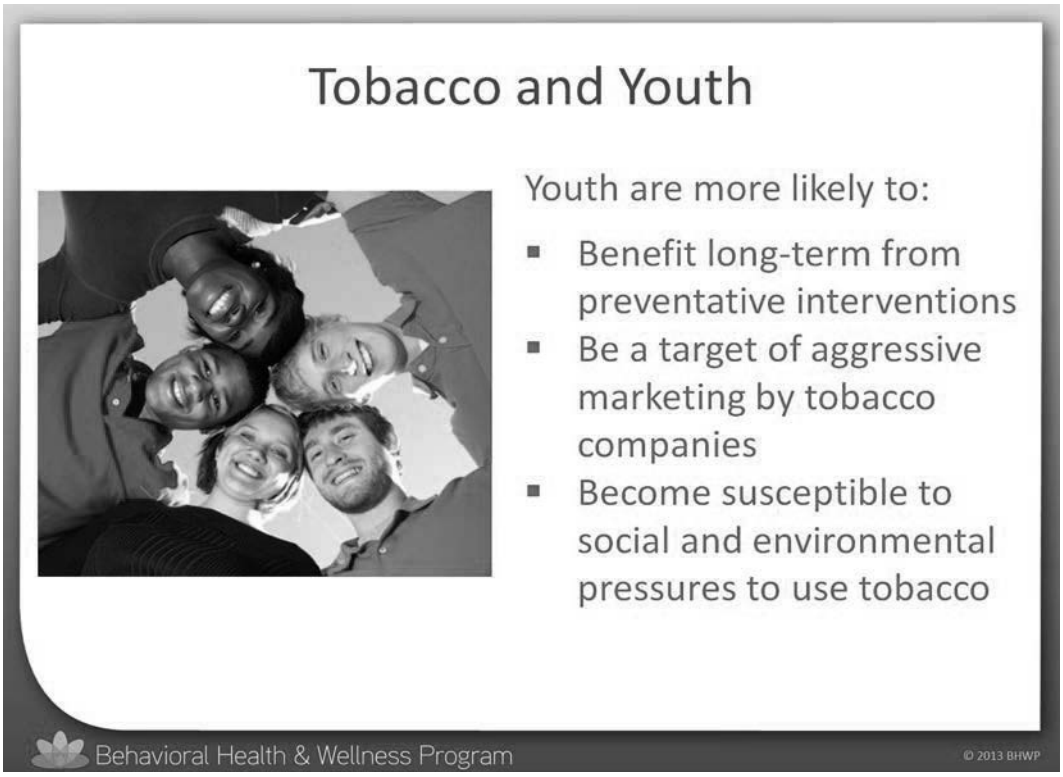


Training Notes:

1) According to the Centers for Disease Control, 46.3% of U.S. high school students have tried tobacco, 26% of U.S. high school students report using some sort of tobacco product (26% report cigarette use, 9% report smokeless tobacco use, and 14% report cigar use), and 20% smoked cigarettes in the last 30 days (CDC, 2009).
2) Addressing nicotine addiction with youth is important given that many of the youth who are still using tobacco at age 18 are likely to become lifelong users of tobacco products (CDC, 1994).
3) Smoking appears highly prevalent among adolescents with diagnoses of mental illnesses and addictions, especially Attention Deficit/ Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder, Conduct Disorder, Major Depressive Disorder, Social Phobia, and substance abuse disorders (Upadhyaya et al., 2002).
4) Early exposure to nicotine increases the risk of nicotine dependence later in life (Kendler, Myers, Damaj, & Chen, 2013).

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use



Training Notes:

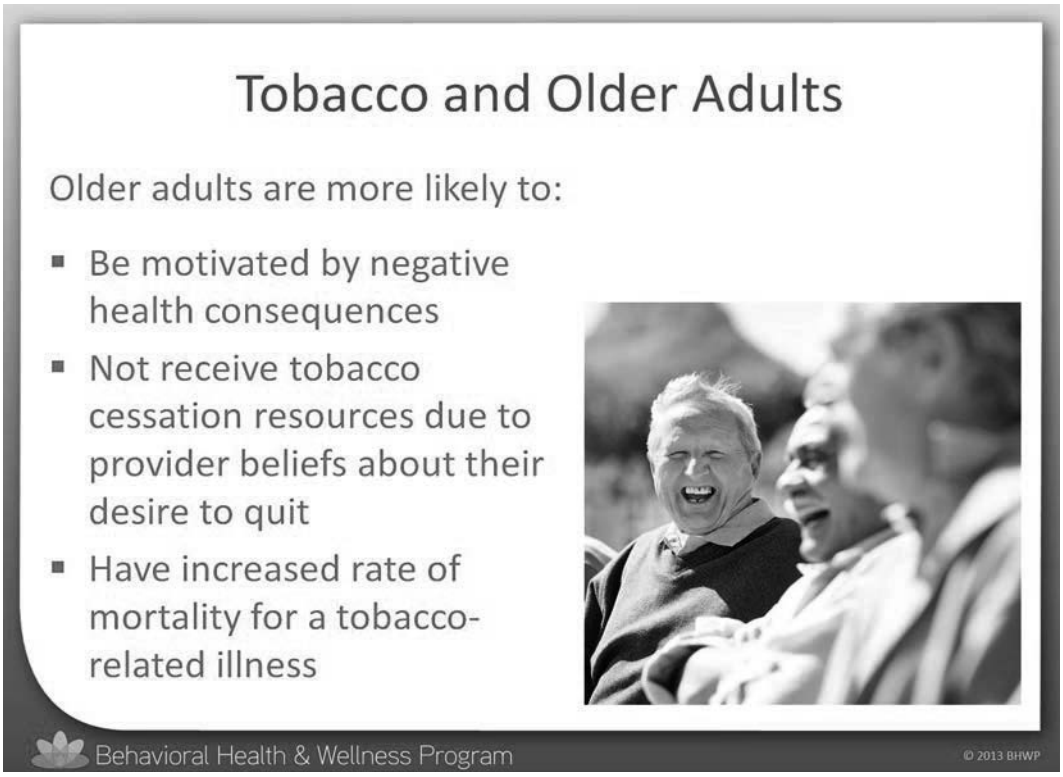
1) The vast majority of Americans who are daily smokers during adolescence are addicted to nicotine by young adulthood (USDHHS, 2012). Further, nearly 100% of adult smokers began smoking before turning 26 – making this age group a prime target for preventative measures. Smoking rates among youth dropped considerably from 1997 to 2004 due to increased utilization of evidence-based practices nationwide. That progress has since stalled and advocates are calling for local, state, and national organizations to increase funding and resources toward preventative practices with this population (USDHHS, 2012).

2) The research is clear – advertising and promotion influence the factors that led directly to tobacco use by adolescents. This includes the initiation of cigarette smoking as well as the ongoing habit (National Cancer Institute, 2008; Lovato, Linn, Stead, & Best, 2003; USDHHS, 1989, 1994, 1998, 2000; Lynch and Bonnie, 1994). Tobacco companies actively recruit new smokers, and their advertising campaigns are geared to appeal to the aspirations of adolescents (NCI, 2008; Lovato, Linn, Stead, & Best, 2003; Perry, 1999).

3) Developmentally, youth and young adults are more impacted by social pressures by friends, school environment, etc. to engage in tobacco use. A young person who has friends who smoke is more likely to begin smoking; a young person who DOES NOT have friends who smoke is less likely to start (USDHHS, 2012).

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use



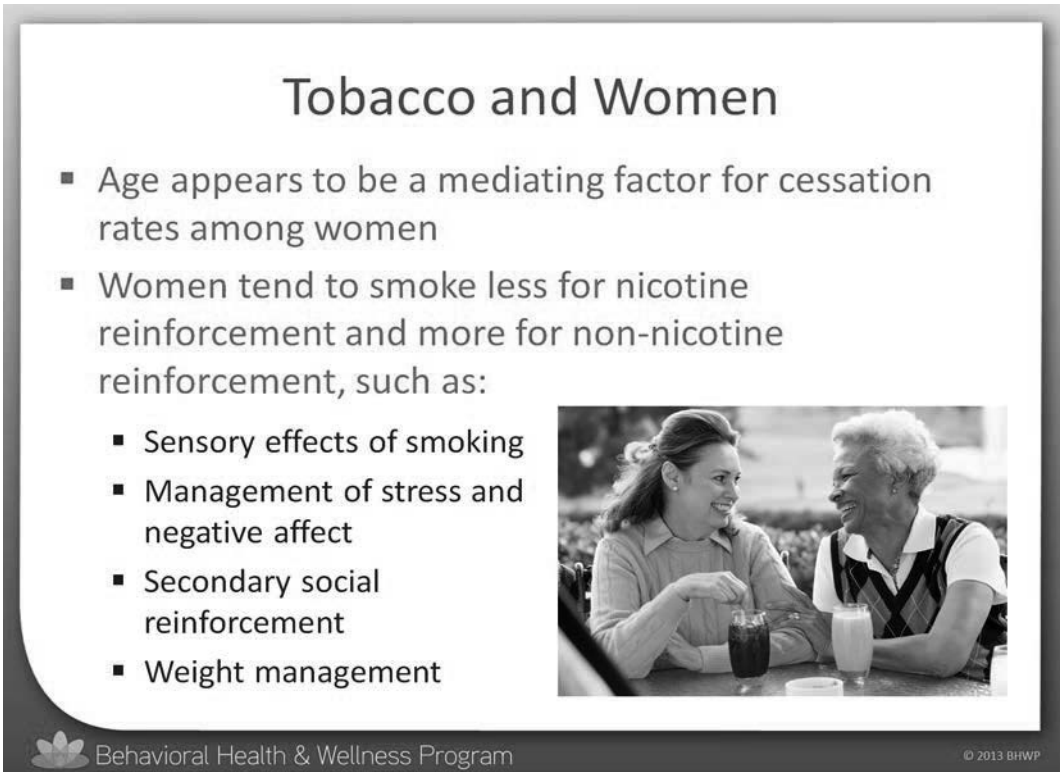
Training Notes:

1) Research indicates that when individuals are directly confronted with the harmful effects of smoking (e.g., after a diagnosis of a major smoking-related illness), the likelihood of successful smoking cessation increases (Twardella et al., 2006). This finding is particularly relevant and applicable to older adults who appear to be motivated by negative health-related consequences (Sachs-Ericsson et al., 2009).

2) With regard to older adults and tobacco cessation, there appear to be biases in the scientific literature and in clinical practice. Researchers conducting one study suggested that it may be "too late" to change smoking behaviors among older adults (Riegel & Bennett, 2000) and most tobacco cessation programs are geared at young or middle-aged people. However, it has been demonstrated that when offered the appropriate tools, older smokers quit smoking at rates comparable to those of younger smokers (Donze et al., 2007).

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use

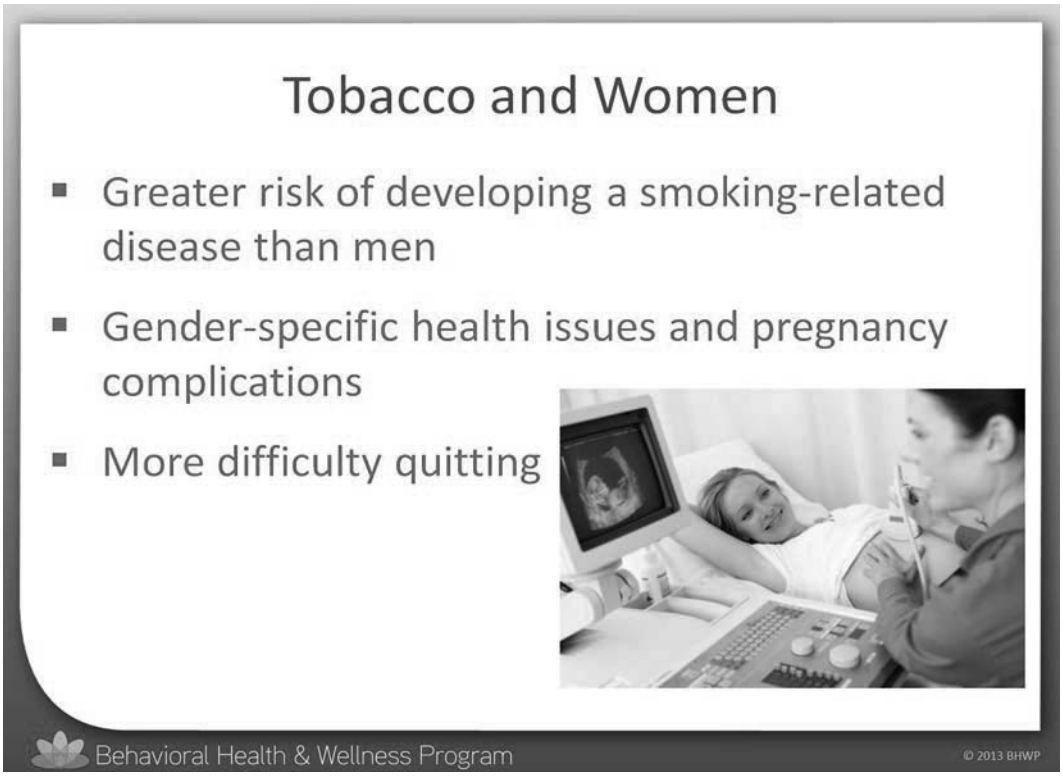


Training Notes:

1) A recent 2012 study finds that women who are "ever smokers" (defined as an individual who has reported smoking at least 100 cigarettes in his or her lifetime) in their 20s, 30s, and 40s are more likely to have given up smoking than their male counterparts (Jarvis, et al., 2012). However, it is important to note that among older groups of adults (50+), men appear more likely to have quit than women. The reasons behind these findings are not conclusive; however, it may be indicative of generational differences in cessation behaviors.

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use



Training Notes:

1) Women are 35% more likely to develop a smoking-related illness such as cancers and stroke compared to men (Mendelsohn, 2010; CDC, 2001). They are 60% more likely to develop heart disease compared to men (Mendelsohn, 2010).

2) Women who smoke may take longer to get pregnant, may enter menopause earlier than nonsmoking women, and may be diagnosed with certain thyroid-related diseases. Also, women who smoke during pregnancy pass on significant health problems to their infant (CDC, 2001; Mendelsohn, 2010).

3) Research shows women have a harder time quitting smoking compared to men (CDC, 2001; Mendelsohn, 2010). Additionally, the nicotine patch is not shown to work as well in women compared to men (CDC, 2001; Mendelsohn, 2010).

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use

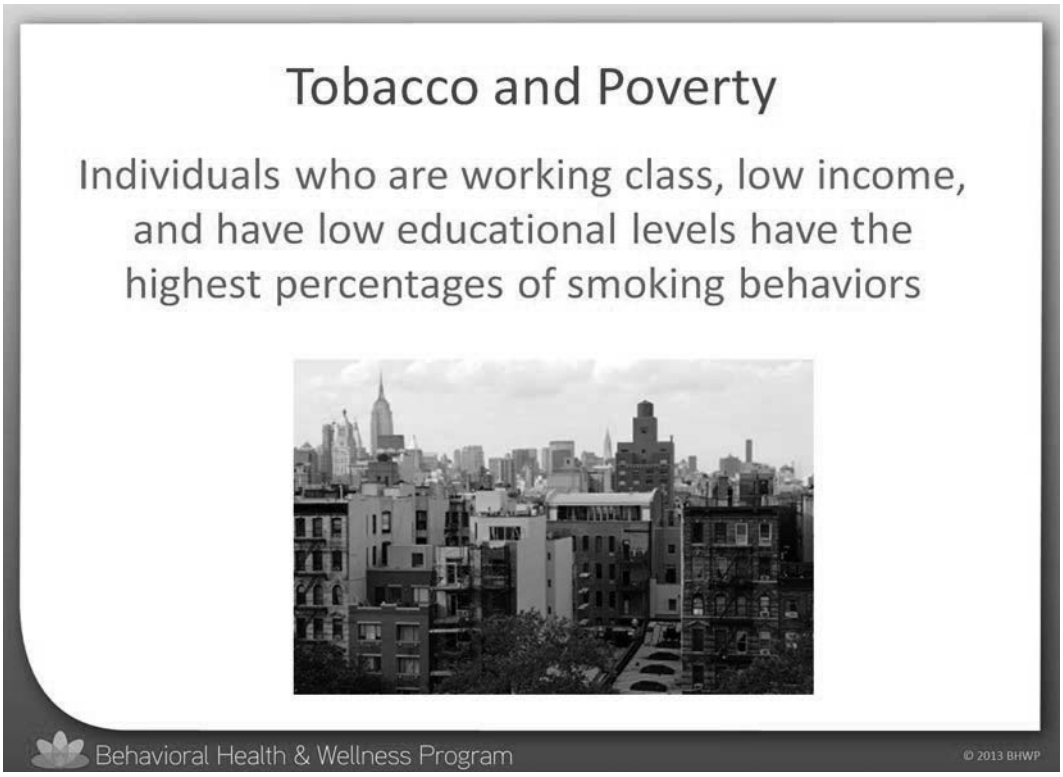
Training Notes:

1) Review the diversity of smoking rates across race/ ethnicity (CDC, 2011). It is important to address cultural differences that influence tobacco use.

2) Tobacco industry targets specific racial/ ethnic groups through:
    a) Magazine and billboard advertising;
    b) Funding scholarship programs;
    c) Developing products that appeal to certain racial/ ethnic groups, such as menthol cigarettes and American Spirit cigarettes;
    d) Sponsoring art and other cultural events (USDHHS, 1998).

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use



Training Notes:

1) Poverty has been well-established in the scientific literature as a significant risk factor for tobacco use (Barbeau, Krieger, & Soobader, 2004). There is also evidence that quit attempts are less likely to be successful due to various proposed factors. These include reduced support for quitting, stronger addiction to tobacco, lack of confidence that quitting is possible, failure to recognize the potential harms of tobacco, higher risk of not completing pharmacotherapy and behavioral support, and targeted marketing by tobacco companies (Hiscock et al., 2012).The prevalence of cigarette smoking is also highest among lower socioeconomic status youth (USDHHS, 2012).

2) Individuals who are homeless are disproportionately affected by tobacco use. In addition to having significantly higher prevalence rates than the general population, they have been neglected from the empirical research on effective tobacco cessation methods (Okuyemi et al., 2013). In order to assist this group, interventions will have to be tailored to the unique characteristics and hardships of this group.

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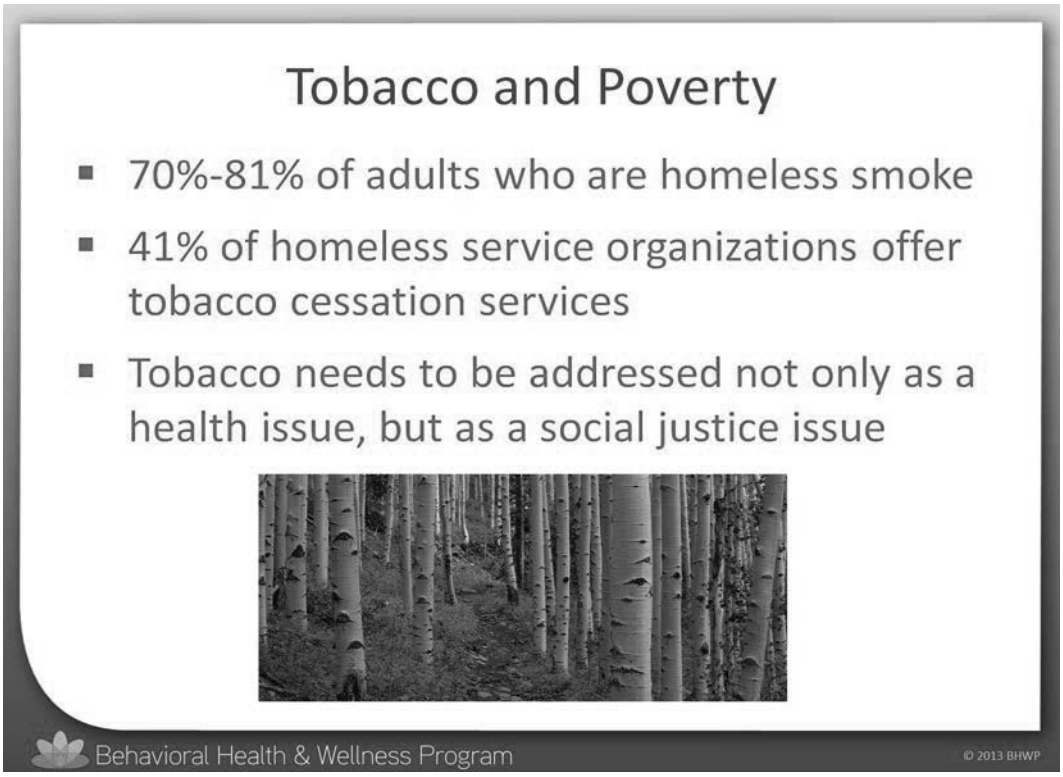

Training Notes:

1) Smoking rates among the homeless population in the United States are 3 times higher than the general population (National Coalition for the Homeless, 2009). Recent studies find as many as 80% of adults who are homeless smoke (Torchalla et al., 2011).

2) Though many individuals who are homeless express a desire to end this addiction, programs available to address this problem within this population are limited (National Coalition for the Homeless, 2009). Only 27.2% of these programs provide nicotine replacement therapies (NRTs) for those who are attempting to quit (National Coalition for the Homeless, 2009).

3) Many clinicians working with this population defend the use of tobacco as a personal freedom and, therefore, do not address tobacco cessation with their clients (National Coalition for the Homeless, 2009). Many shelter employees wrongly believe that quitting tobacco would simply increase their clients' suffering and will buy cigarettes for clients or solicit cigarette donations from tobacco companies (Apollonio & Malone, 2005). Additionally, homeless people are more likely to smoke discarded cigarette butts, or used filters, or to share cigarettes in order to save money. These behaviors put them at greater risk for infectious diseases, cancer, respiratory illness, and cardiovascular disease (National Coalition for the Homeless, 2009).

4) Several documents released due to the Master Settlement agreement of 1998 (reviewed in detail later in the presentation) reveal tobacco companies specifically targeted individuals living below the poverty line. They targeted these individuals because they were more likely to use tobacco and less likely to quit due to the limited resources available to them (Healton & Nelson, 2004). Addressing tobacco is not just a health issue – it is a social justice issue. People who are homeless have the right to be informed and provided programs that will help them be successful in quitting.

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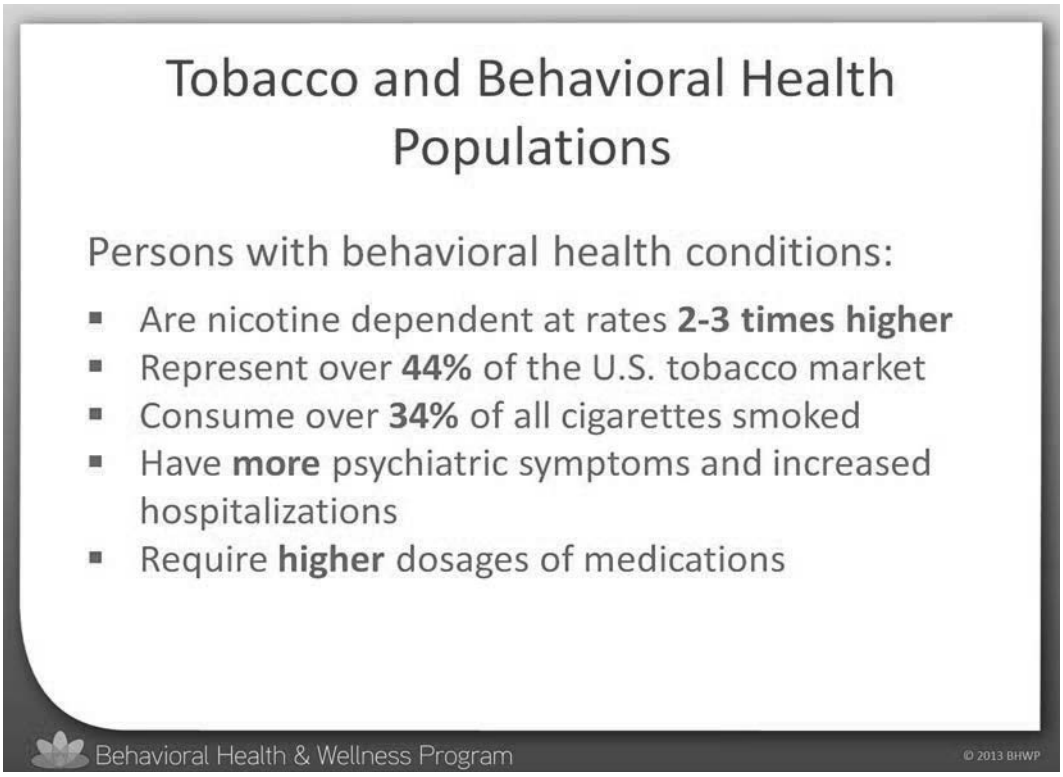

Training Notes:

1) Individuals with behavioral health conditions are:
    a) Nicotine dependent at rates 2 – 3 times higher than the general population (Grant, Hasin, Chou, Stinson, & Dawson, 2004; Lasser et al., 2000)
    b) Represent over 44% of the U.S. tobacco market (Grant et al., 2004; Lasser et al., 2000)
    c) While this is not a large subgroup (approximately 7% of the population has a serious or persistent mental illness) they consume over 1/3 of all cigarettes smoked (34%) (Grant et al., 2004; Lasser et al., 2000).

2) Tobacco use affects mental health treatment (Williams & Ziedonis, 2004; Colton & Manderscheid, 2006; Desai, Seabolt, & Jann, 2001; Brown, et al., 2000).

3) Individuals with psychiatric illnesses who use tobacco products experience more psychiatric symptoms. Not only do they experience more symptoms, quitting often leads to improved mental health treatment by improving self-esteem and self-confidence and promoting recovery (Morris et al., 2011).

4) People with a mental illness who smoke have more hospitalizations compared to those who do not smoke (Prochaska, 2011).

5) Smoking can also affect the amount of medications a person needs to manage symptoms (Desai et al., 2001).

6) Cigarette smoking is one of three predictors for suicidal behavior (Oquendo et al., 2004).

Training Notes:

1) The Master Settlement agreement of 1998 led to the release of numerous documents from the large tobacco companies. It was discovered that tobacco companies targeted individuals who were in state mental hospitals, in homeless shelters, and/or were living below the poverty line. They targeted these individuals because they were more likely to use tobacco due to lack of education about the dangers and because they are least likely to quit using due to the limited resources available to them (Healton & Nelson, 2004; Apollonio & Malone, 2005; Prochaska, Hall, & Bero, 2007).
    a) One example of this is Project SubCultural Urban Marketing (SCUM): Tobacco companies targeted the homeless and gay/lesbian communities in San Francisco.

2) Tobacco companies promoted smoking in treatment centers, homeless shelters, and soup kitchens by donating cigarettes and blocking hospital smoking bans (Apollonio & Malone, 2005).
    a) In 1988, Lorillard Tobacco Company spent $570,000 in cigarette donations to homeless shelters and psychiatric facilities. These donations continued through 1993 (Apollonio & Malone, 2005). As recent as 2002, tobacco companies spent an average of $138,000 each day Congress was in session on donations to representatives. At least 50% of elected state representatives took tobacco industry donations (Healton & Nelson, 2004).

3) Tobacco industry research suggested that individuals with mental illnesses were less susceptible to the harms of tobacco as well as needed tobacco products to help them manage their symptoms (Prochaska et al., 2007). Articles were distributed at scientific conferences asking professionals to treat nicotine like any other drug and not as an addictive substance (Prochaska et al., 2007). But here are the real facts:
    a) People with mental illnesses who smoke have more hospitalizations compared to those who do not smoke (Prochaska et al., 2011).
    b) Research shows people with behavioral health conditions are dying 25 years earlier. So, not only are they NOT less susceptible to the dangers of tobacco, they experience higher rates of poor health and premature death as compared to the general population (NASHMPD, 2006).
    c) The attention and concentration benefits individuals with mental illnesses experience from nicotine are short-lived, lasting only a few minutes (Prochaska et al., 2007). As the previous point describes, any benefit from tobacco use for symptoms of mental illnesses is far outweighed by the harmful effects of tobacco use.
    d) Smoking also decreases the effectiveness of certain psychiatric medications, which increases the amount of medication a person needs to manage their symptoms (Desai et al., 2001).

Tobacco Free Program Module 1:

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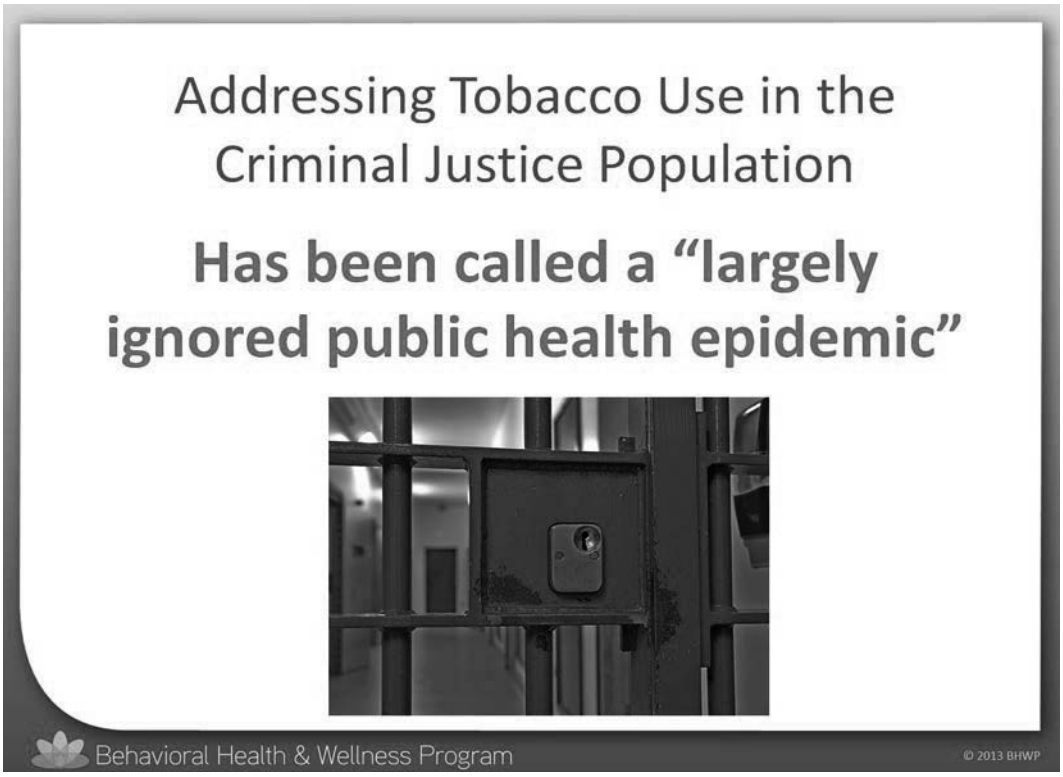


Training Notes:

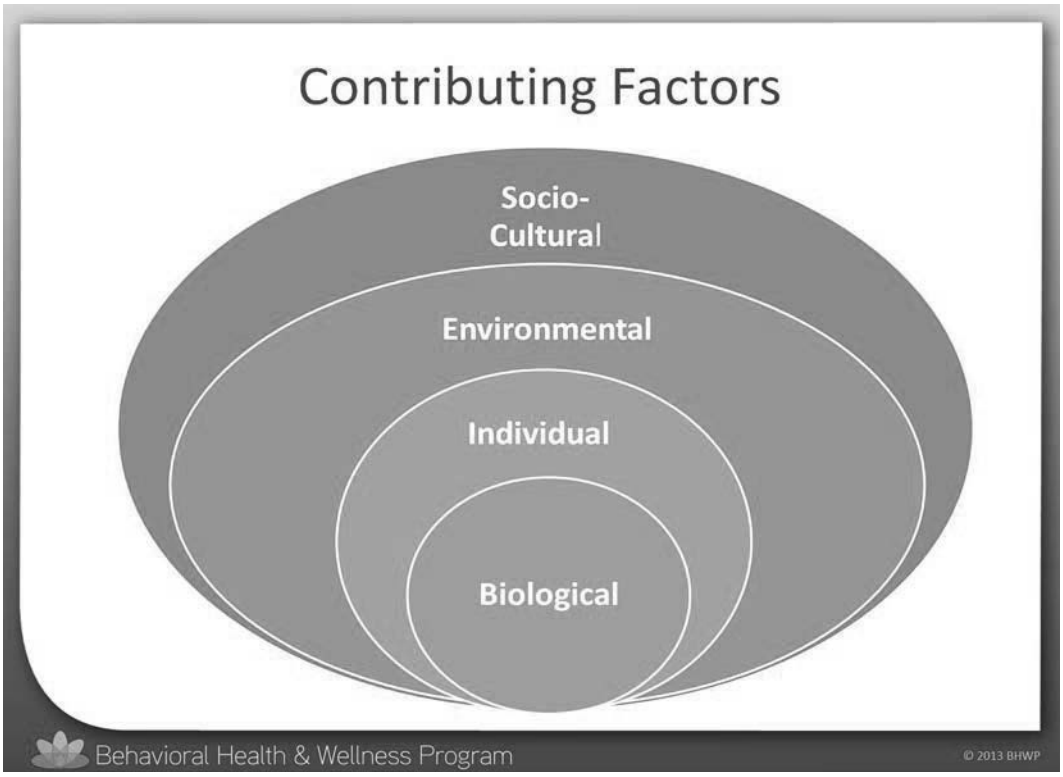
1) Despite the extensive research and study of tobacco cessation within the general population for the last 30 years, individuals who are involved in the criminal justice system remain notably absent from the scientific literature. Tobacco cessation interventions with this population continue to be understudied and empirically-validated treatments remain sparse, despite the recent increase in tobacco/smoking bans within correctional systems (Cropsey et al., 2010; Kauffman et al., 2010).

2) Failing to address tobacco use in this population has significant financial, social, and medical consequences that are harmful to individuals within the system and impact the greater community (Tobacco Control Legal Consortium, 2012; Binswanger et al., 2011; Wilper et al., 2009).

3) Research indicates that individuals who come in contact with the criminal justice system are at higher risk for poor health outcomes (USDOJ, 2009). This may be due to various contextual and demographic factors, such as low SES, limited or no access to early preventative care, or being exposed to home or community environments in which tobacco use is relatively common (Tobacco Control Legal Consortium, 2012). Although the direct relationship between incarceration and health outcomes is complex, access to quality healthcare while incarcerated becomes increasingly important for this at-risk population (Binswanger et al., 2011).

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use



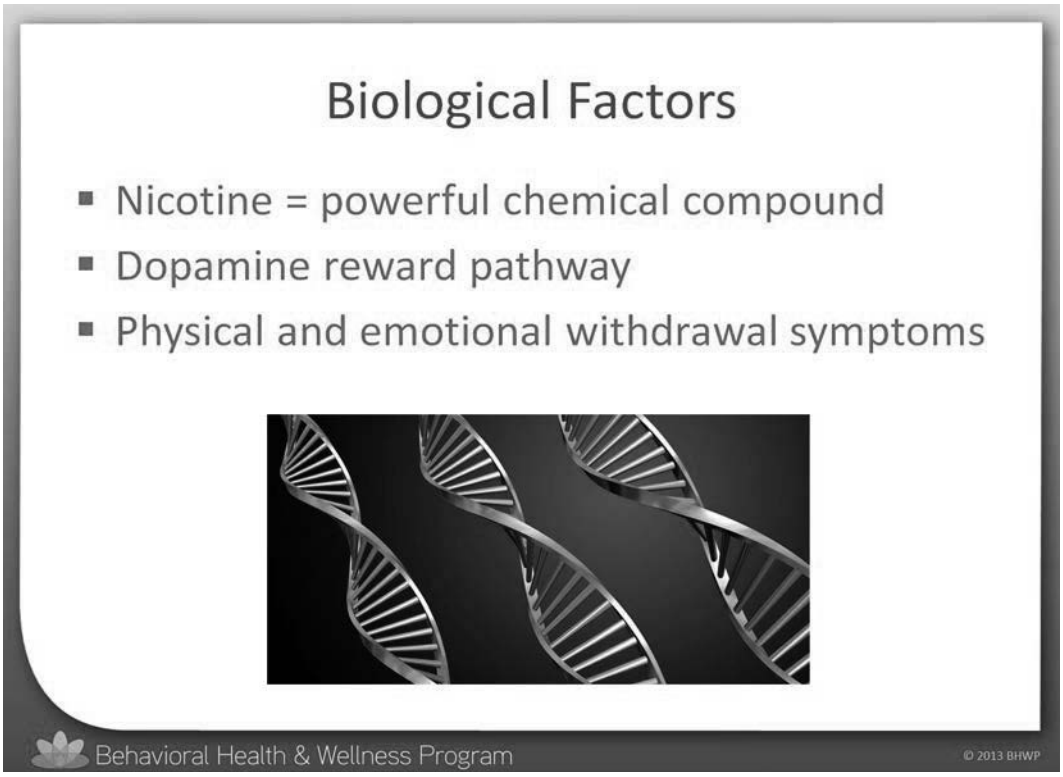
Training Notes:

1) There are many contributing factors that can lead to difficulties with tobacco cessation. We will discuss each one in detail in the next several slides.

2) Nicotine dependence is challenging to overcome because of the combination of biological addiction, individual factors, the social aspects of nicotine dependence, the home and occupational environments in either promoting cessation or maintaining tobacco use behaviors, and the larger cultural practices, policies, and attitudes regarding tobacco use.

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use

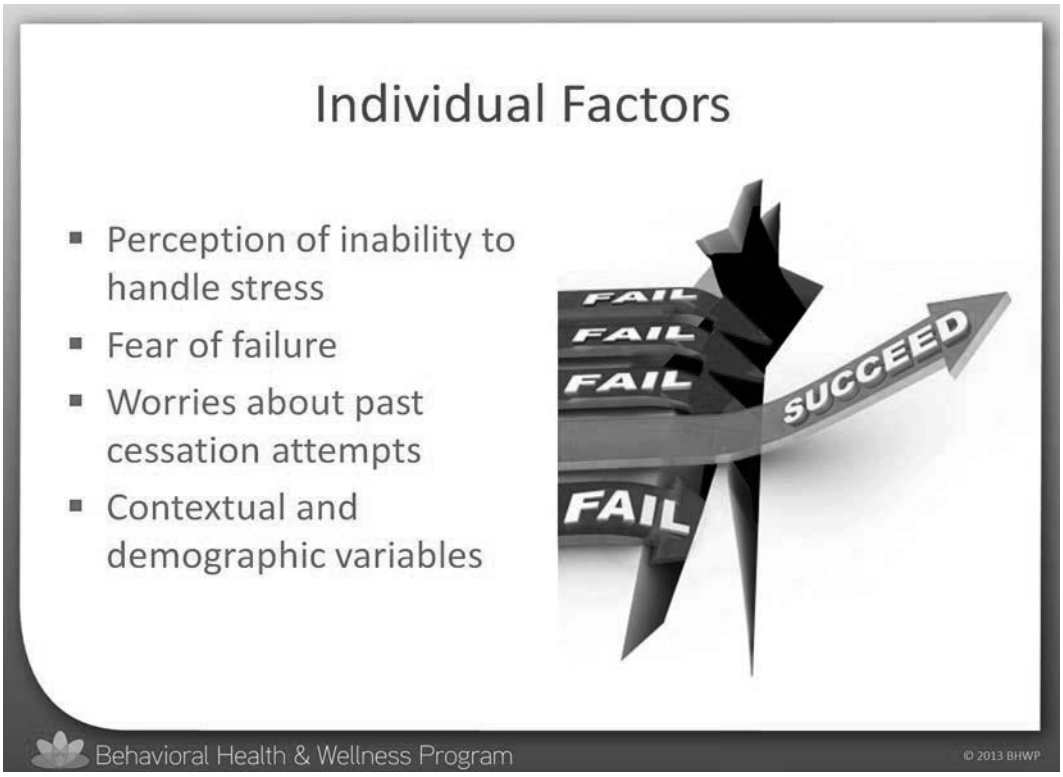


Training Notes:

1) Research on the biological processes associated with tobacco use behaviors have identified nicotine as the key compound that causes and maintains the powerful addiction to commercial tobacco products (USDHHS, 1988, 2010).
2) The addicting effects of tobacco products are mediated by diverse actions of nicotine at multiple types of nicotinic receptors in the brain (USDHHS, 2010).
3) In the brain, the neurotransmitter dopamine induces feelings of pleasure and euphoria and is stimulated by certain behaviors, including substance use (Leshner, 1997). This "rush" of positive feelings reinforces the behavior so that it will be repeated, and the pattern becomes difficult to break.
4) People experience physical and emotional withdrawal symptoms when they stop their tobacco use. This encourages the continuation of tobacco use in order to delay or stop withdrawal symptoms. Additionally, fear of weight gain can be a deterrent, particularly for women.

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use



Training Notes:

1) Stress is one of the top cited reasons individuals use tobacco as well as one of the major barriers to stopping tobacco use (Center for Tobacco Research, 2005; Minnesota Partnership for Action Against Tobacco, 2001). Learning new ways to cope with stressful and traumatic events should be a focus for cessation treatment.

2) Individuals may have an internal expectation of failure. This is also cited as one of most frequently reported barriers to quitting (Center for Tobacco Research, 2005; Minnesota, 2001).

3) Many individuals have tried to quit in the past and were unsuccessful. This may interfere with readiness and confidence to engage in a new cessation attempt. Stress to group participants that many individuals engage in multiple quit attempts before having sustained and prolonged success.

4) Adults in the U.S. are diverse on many cultural dimensions (age, race/ethnicity, geographic location, SES) that may have a direct impact on tobacco initiation and maintenance behaviors, access to tobacco cessation services, and quit patterns. It's vital to keep these factors in mind to tailor interventions to the population being served for maximum effectiveness.

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use

Training Notes:

1) Many individuals involved in the criminal justice system come from disadvantaged financial and social backgrounds and have limited access to early healthcare interventions where they may receive tobacco cessation assistance (Tobacco Control Legal Consortium, 2012; Cropsey et al., 2010; Cropsey, Eldridge, & Ladner, 2004). After release from jail or prison, only **15%** of inmates are estimated to have health insurance (Tobacco Control Legal Consortium, 2012). Further, many individuals involved in the criminal justice system come from backgrounds in which tobacco use is relatively common and socially acceptable (Tobacco Control Legal Consortium, 2012).

2) The precise reason for such high rates of tobacco use among this population is unknown, but it is likely due to many social, environmental, and economic factors. Many of the factors listed on this slide are related to high levels of tobacco use in the general population and would be applicable to this group. It is important to note that the study of tobacco use among the criminal justice population is relatively new and the research will continue to be refined as more information is gathered.

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use

Training Notes:

1) Self-imposed household tobacco bans have been identified as a predictor of both quit attempts and the initiation of cessation. One study identified that smokers who reported having a household tobacco ban had a 30% greater chance of reporting a quit attempt and 63% greater odds of abstaining for more than three months (Biener, Hamilton, Siegel, & Sullivan, 2010).

2) The perception of community anti-smoking norms has also been identified as a factor related to quit attempts and engaging in cessation (Biener et al., 2010). This is evidence of the powerful effects that social norms can have in promoting quitting.

3) Tobacco-free work environments can have a favorable effect on both quit attempts and cessation (Biener et al., 2010).

4) Media campaigns are effective in increasing tobacco cessation rates (CDC, 2012).

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use

Training Notes:

1) As information about the dangers of smoking and health effects of secondhand smoke become widely available, attitudes about smoking continue to evolve. A majority of U.S. adults think workplaces and restaurants should be smoke-free, while half think bars, casinos, and clubs should be smoke-free (King, Dube, & Tynan, 2013). Public attitudes toward smoke-free environments are a key factor in the successful implementation of tobacco cessation policies.

2) A positive attitude towards smoking bans is a significant predictor of an increase in tobacco cessation. It is important to note that some researchers argue that positive attitudes vary significantly by demographic population – an issue that should be taken into consideration when planning interventions (Maguire, Brinkley, & Mansfield, 2010).

3) The Affordable Care Act provides a new opportunity to transform how our nation addresses tobacco use through the Prevention and Public Health Fund. The law expands access to recommended treatment programs, such as tobacco cessation, often at no additional cost. For the first time, Medicare and Medicaid will cover tobacco cessation for all beneficiaries. The health care law also provides support for state 1-800 quitlines and implementation of innovative social media initiatives including text messaging and smart phone applications (USDHHS, 2012).

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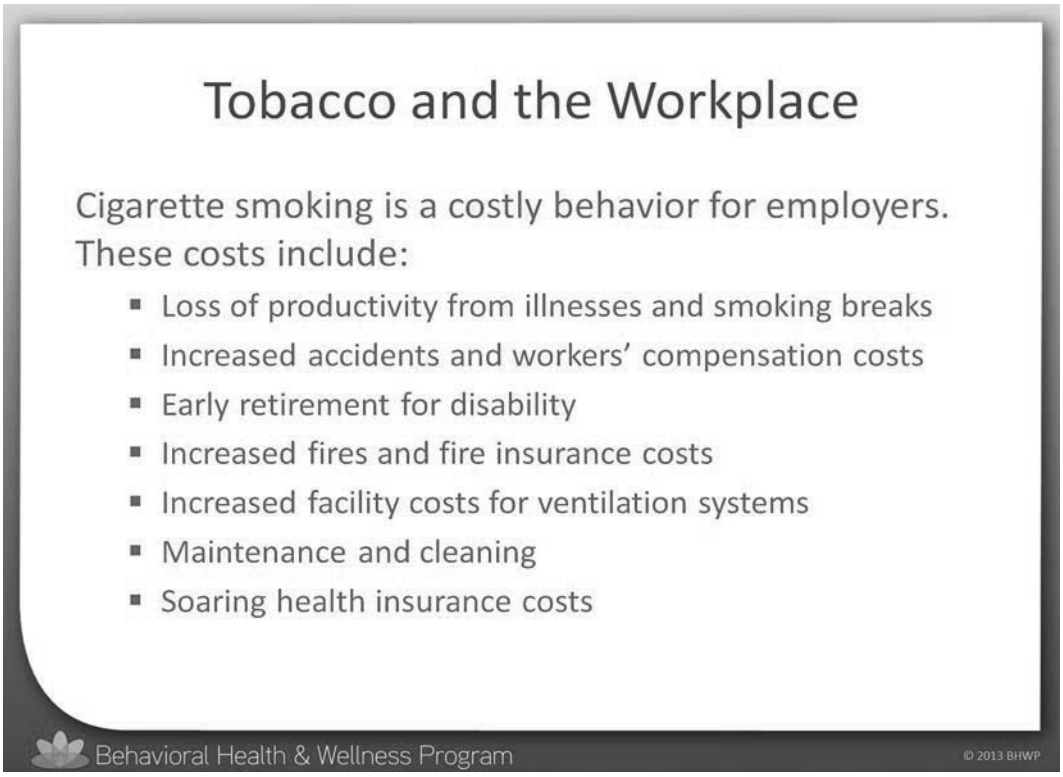


Training Notes:

1) Compared to nonsmokers and former smokers, current smokers are a heavy financial and social burden to employers (Bunn et al., 2006). There is increased recognition of the impact of tobacco use on workplace behaviors and some have proposed policy changes that would negatively affect smokers (e.g., higher insurance costs, "smoke free" employee policies). However, it is important to note that punitive measures may not produce long-term behavioral change – current smokers need access to comprehensive cessation services and the opportunity to quit.

Tobacco Free Program Module 1:

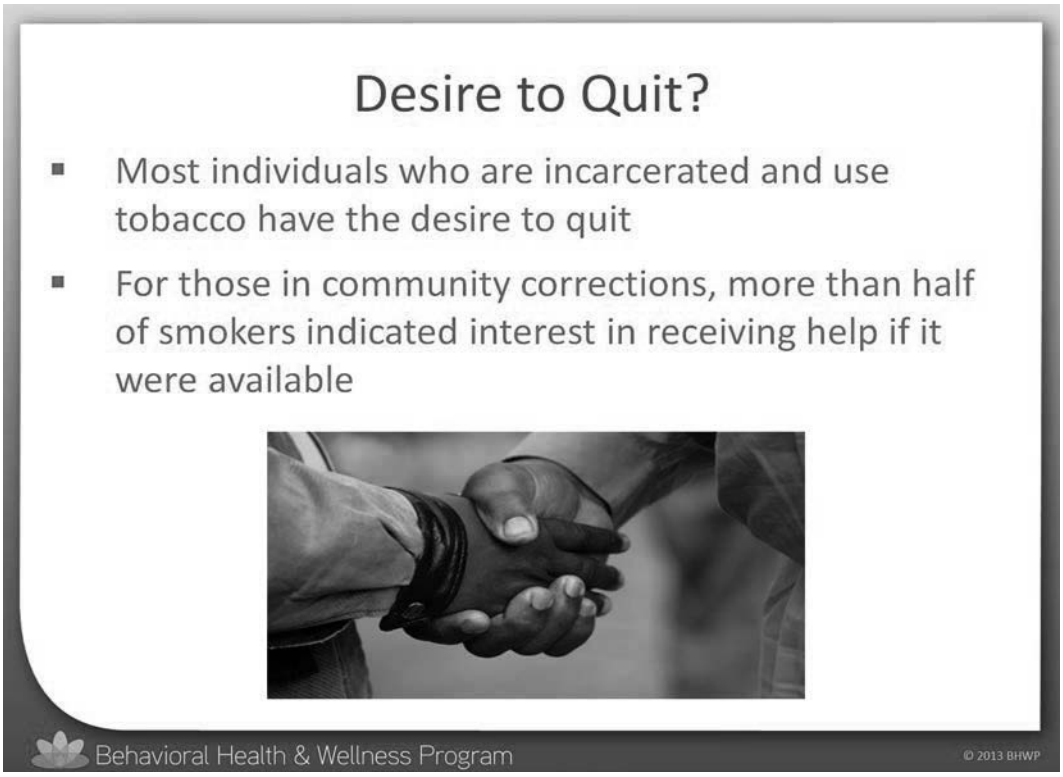
Criminal Justice Population and Tobacco Use

Training Notes:

1) There are medical, financial, social, and psychological benefits to quitting tobacco, including:
    a) Improving health and overall quality of life (USDHHS, 2012; Piper, Kenford, Fiore, & Baker, 2012);
    b) Increasing healthy years of life (Thun et al., 2013; Jha et al., 2013);
    c) Improving mortality from tobacco-related illnesses (USDHHS, 2006);
    d) Saving money by not purchasing tobacco products (World Health Organization, 2004).
    e) Quitting smoking is a **right** and lack of accessible or affordable services is a social justice issue. Everyone deserves the right to live a tobacco-free life as a key to health and achieving a meaningful existence.

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use



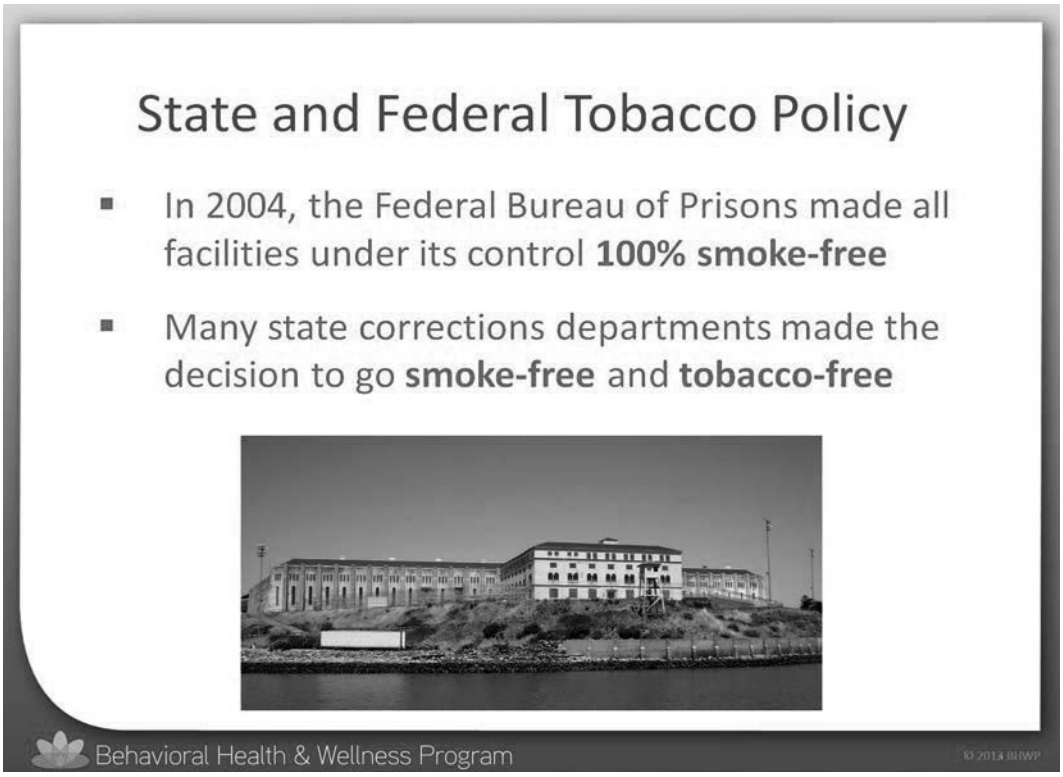
Training Notes:

1) It is a myth that individuals within prisons and jails have little or no desire to decrease tobacco use. Research indicates that most tobacco users have a desire to quit (Cropsey et al., 2004), but cessation programs and interventions vary considerably across correctional systems (Tobacco Control Legal Consortium, 2012).

2) When surveyed, more than 50% of individuals in community corrections programs reported that they would be interested in tobacco cessation programming if it was available (Cropsey et al., 2010). This only underscores the need to provide accessible and effective tobacco cessation interventions to this population.

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use



Training Notes:

1) According to the American Nonsmokers' Rights Foundation, the Federal Bureau of Prisons issued a smoke free mandate to all prisons under its control in July 2004. Further, the American Jail Association, the American Correctional Association, and the National Commission on Correctional Health Care have adopted smoke-free resolutions that promote tobacco-free policies in jails and prisons (American Nonsmokers' Rights Foundation, 2012).

2) For example, the Colorado Department of Corrections Administrative Regulation 100-04 signed on April 15, 2011 by Executive Director Tom Clements prohibits the "use, selling, trading, or bartering of tobacco, tobacco-related products, or tobacco substitutes in DOC buildings, DOC vehicles, DOC property, or off-grounds work sites where DOC offender crews are working." This administrative regulation applies to employees, visitors, and individuals who are incarcerated universally [Trainers should look up similar statues or regulations in their state and/or city].

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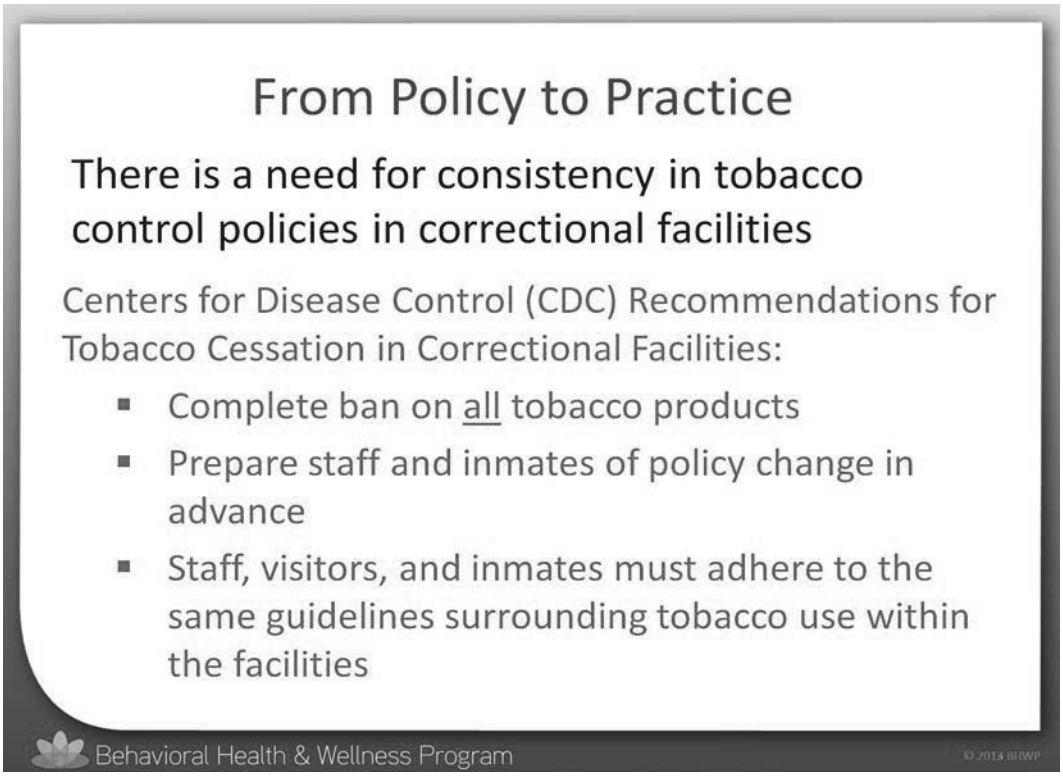

Training Notes:

1) According to the Health Education Council, funded by the Centers for Disease Control and Prevention (CDC), Office on Smoking and Health, there are several recommendations for a successful tobacco cessation policy in correctional facilities. Lack of consistency in implementing tobacco control policies can sabotage systemic efforts.

2) Facilities should also provide cessation aids, such as quitline materials, counseling or other wellness coaching, and nicotine replacement therapy (Tobacco Control Legal Consortium, 2012). See the policy paper published by the Health Education Council for a full list of recommendations by the Centers for Disease Control on the implementation of tobacco cessation policies within correctional facilities: http://healthedcouncil.org/breakfreealliance/pdf/Break%20Free%20Alliance%20-%20Correctional%20Policy%20Recommendations%20FINAL%206-8-09.pdf

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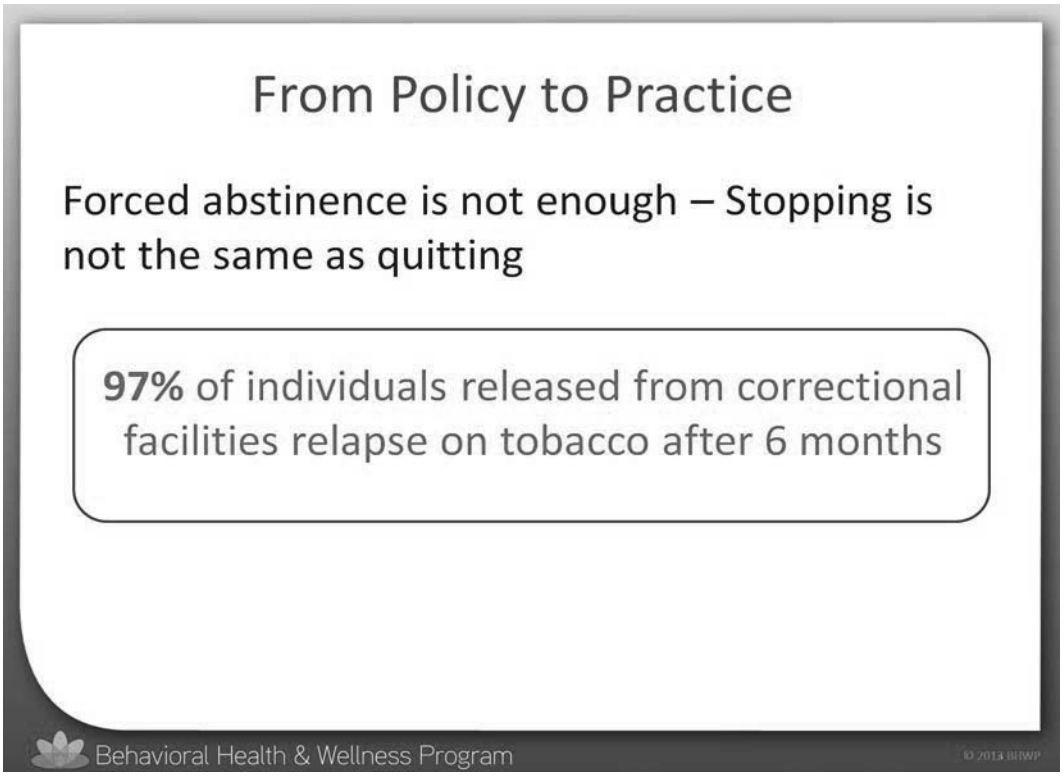


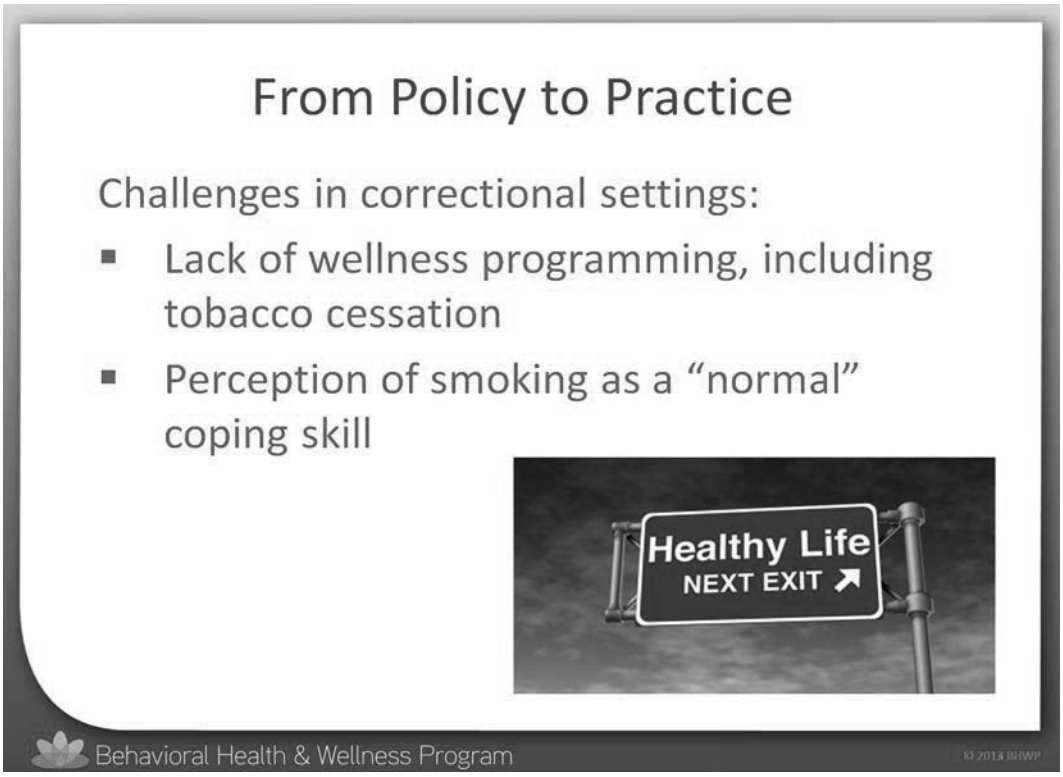
Training Notes:

1) A study performed in 2009 surveyed individuals in community corrections about their smoking behavior post-release. 97% of respondents indicated they relapsed within six months of their release date (Lincoln et al., 2009).

2) Further, in a survey of correctional facility medical directors, respondents estimated that 76% to 100% of individuals who are re-incarcerated had returned to their tobacco addiction after being released (Chavez et al., 2004). Neither of these groups were provided tobacco cessation services after being released from correctional facilities. These statistics provide strong evidence that putting tobacco control policies in place is only one part of the long-term solution in addressing tobacco use among the criminal justice population.

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use



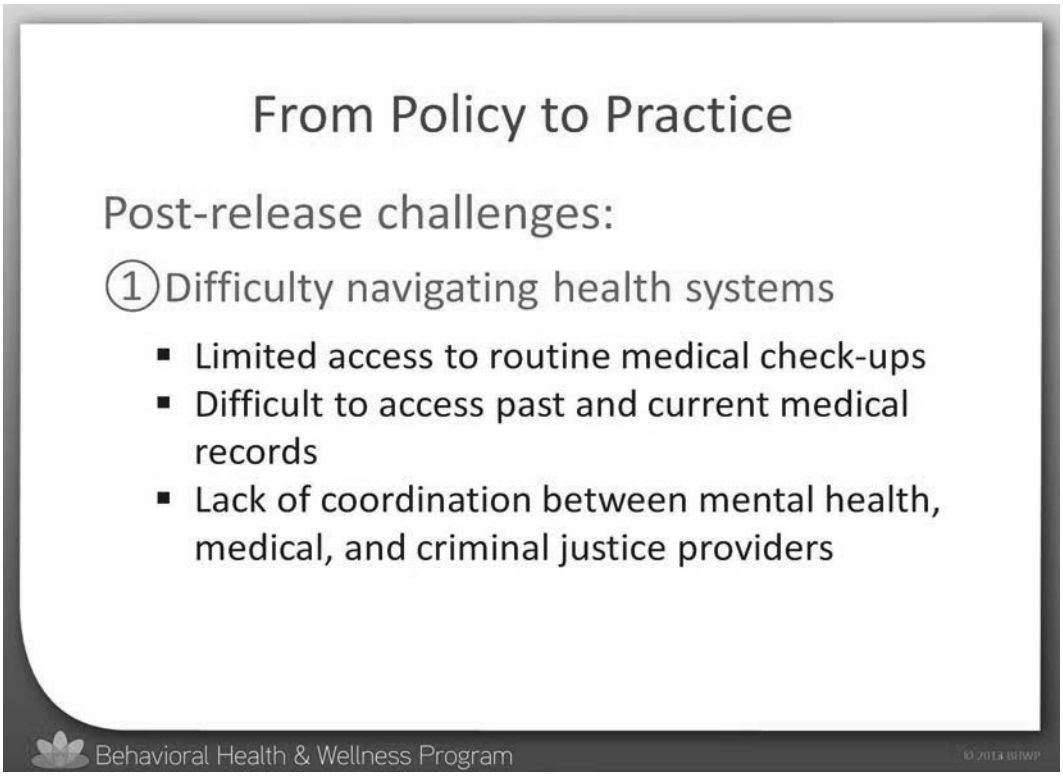
Training Notes:

1) Evidence of comprehensive wellness programming is scarce in the research or practice literature on the criminal justice population. This disparity exists despite higher rates of substance abuse, infectious diseases, psychiatric illnesses, chronic diseases, and reproductive and sexual health issues relative to the general population (Freudenberg, 2001).

2) Though federal and state mandates prohibit smoking in correctional facilities nationwide, tobacco cessation interventions within jails and prisons vary considerably.

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use



Training Notes:

1) Many individuals who have been recently released from jail or prison have difficulty navigating the complicated medical systems or don't have access to regular medical care. Lack of a "medical home" can make this even more difficult (Binswanger et al., 2011). These are significant stressors that may contribute to tobacco relapse or make it difficult to access tobacco cessation programming that may be available in the community.

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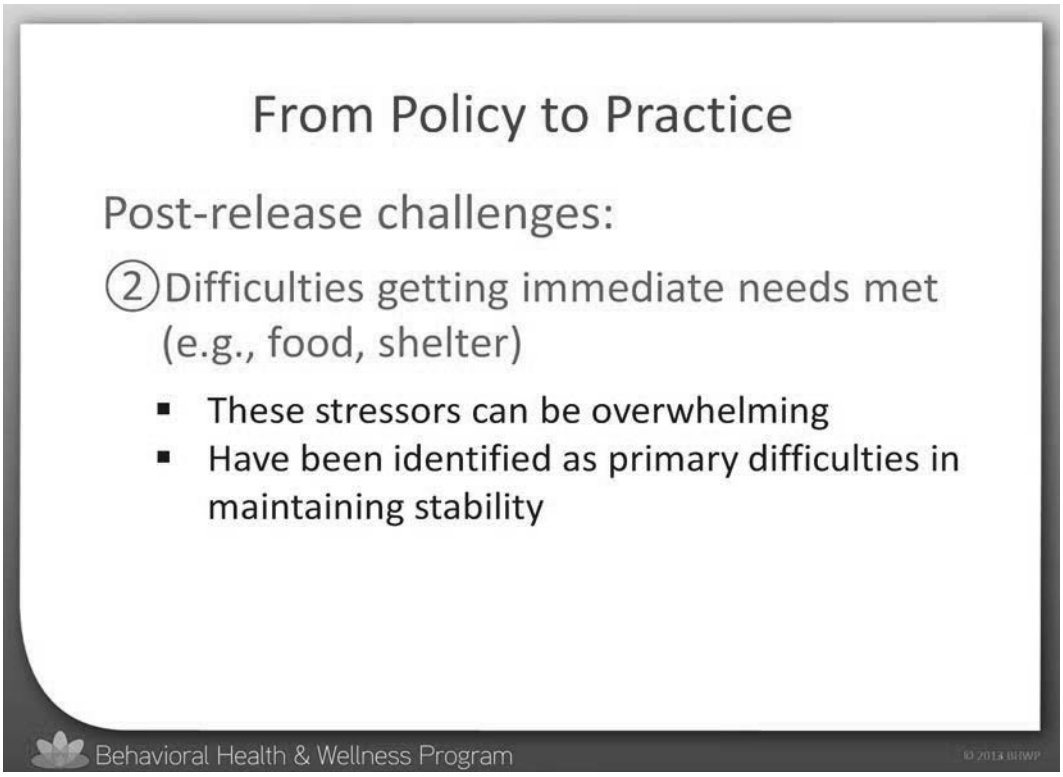
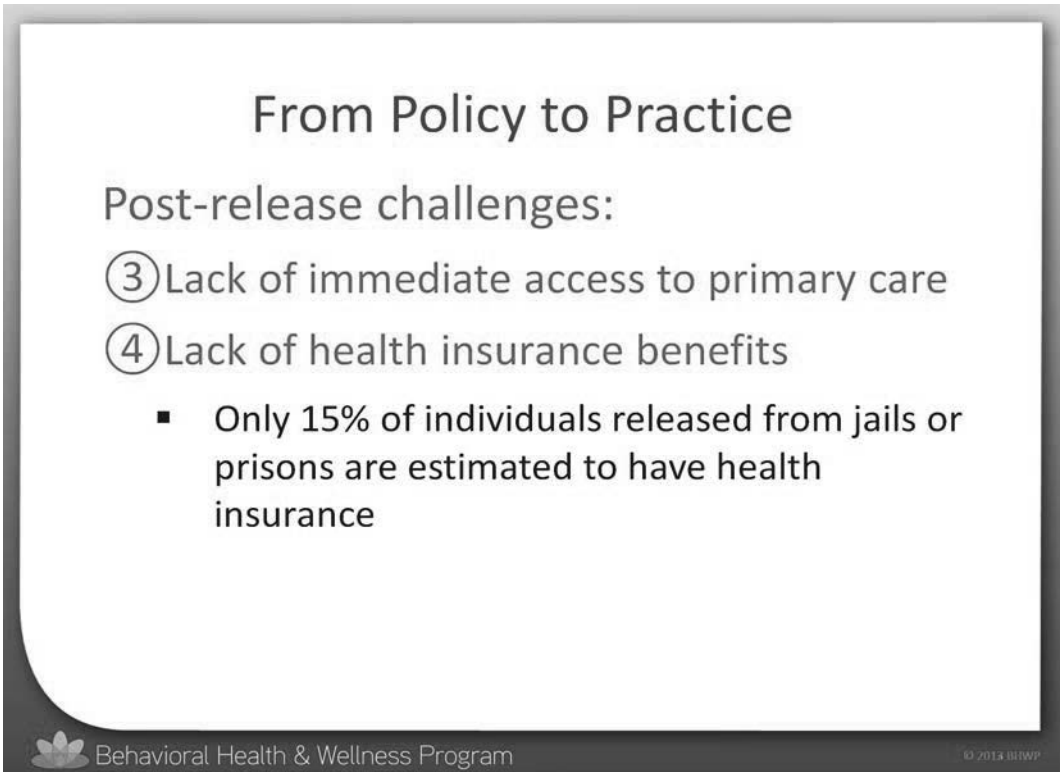


Training Notes:

1) Individuals who have been recently released from correctional facilities identify these as primary difficulties in maintaining stability after being released (Seal, 2007; Burgess-Allen, Langlois, & Whittaker, 2006). Although a significant contributor to premature death, maintaining tobacco abstinence may take a back seat.

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use

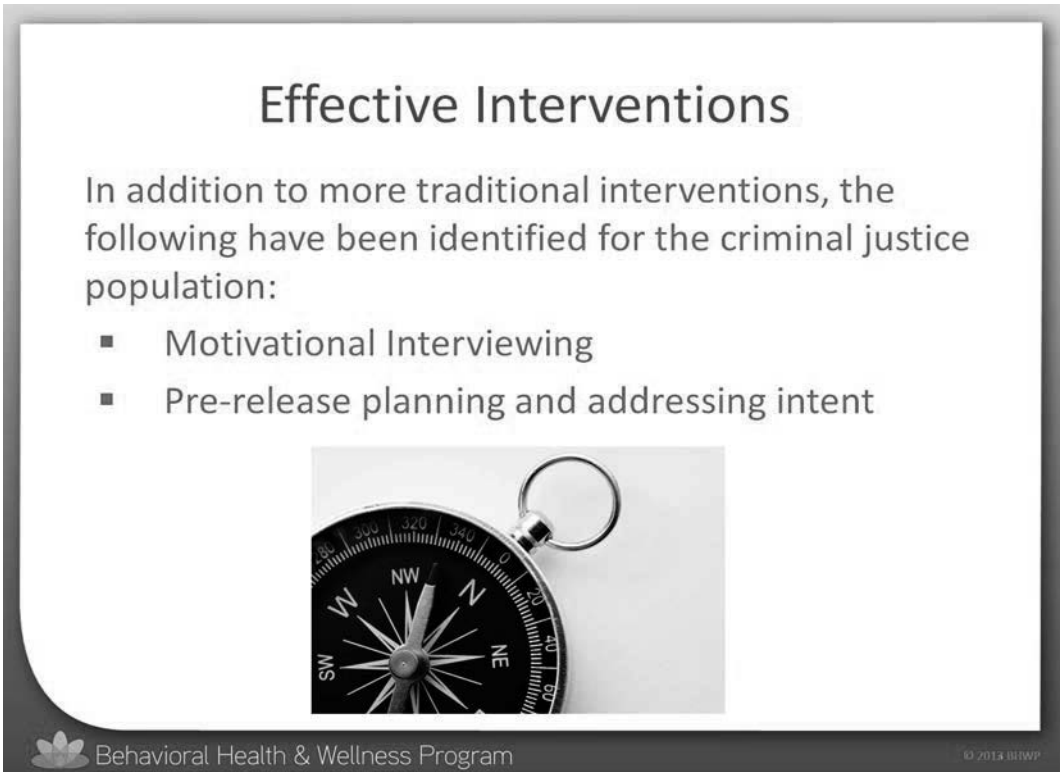


Training Notes:

1) It has been recommended that correctional, medical, and mental health providers should construct plans for individuals prior to release from jail or prison (Binswanger, 2011). This would increase the likelihood of individuals to follow-up with primary care providers. Visiting a primary care physician could provide the opportunity to continue progress on tobacco cessation efforts and would allow for access to additional resources in the community.

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use



Training Notes:

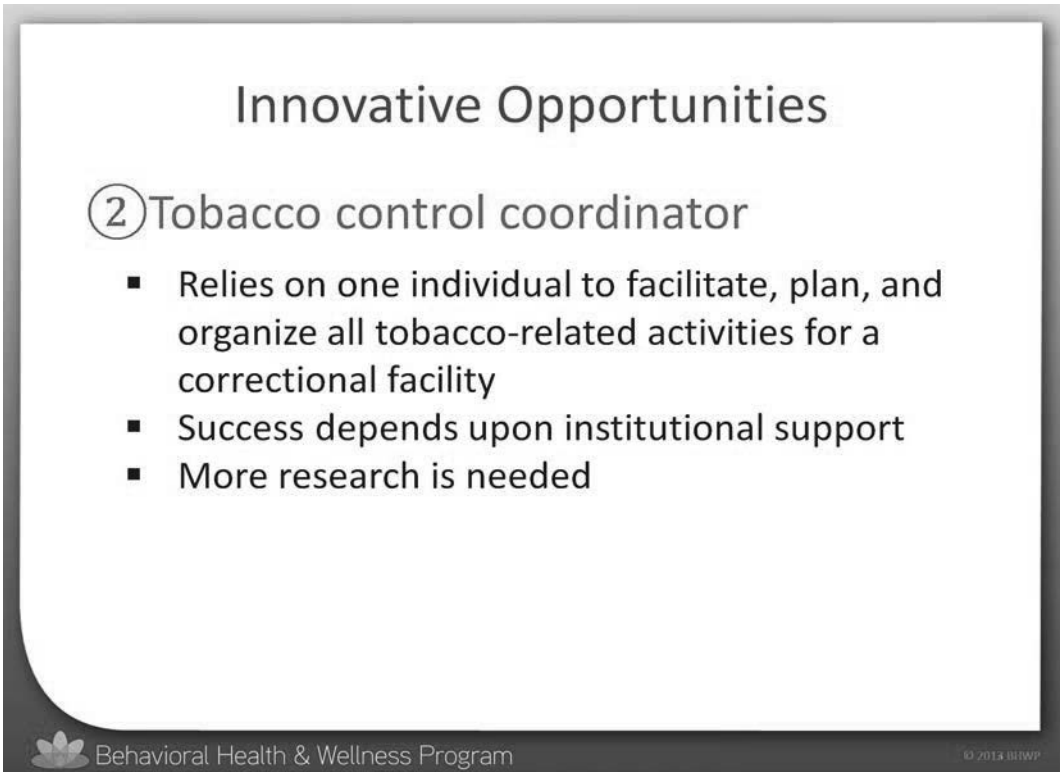
1) In addition to more traditional interventions (like behavioral health counseling, quitlines, and nicotine replacement therapy), motivational interviewing (MI) is known to be effective in working with the criminal justice population (Noonan, 2012; Bradford & Nandi, 2012). MI can be utilized at nearly every point in the correctional case management process and can be applied in various ways to tobacco cessation. MI can be used to gather detailed information about tobacco use, reduce resistance to tobacco interventions, and provide a structure for advancing behavior change.
2) Without pre-release planning for tobacco cessation, many individuals will relapse. However, one important factor that may be important to assess pre-release is an individual's *intent* to maintain change once released. Post-release intentions to smoke were an extremely strong indicator for remaining tobacco free in a recent study of men being released from prison (Thibodeau et al., 2010). An individual's intent or motivation to remain tobacco-free could be impacted by interventions received while incarcerated, such as tobacco cessation interventions or pre-release planning.

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use

Training Notes:

1) Utilizing peer programming has begun to show significant success in criminal justice populations and many corrections systems are beginning to adopt peer models (Ashcroft & Anthony, 2011). This cost effective and innovative method of delivering tobacco cessation services is already being utilized in corrections systems in California and in community-based settings across the nation (Behavioral Health and Wellness Program, 2012).



Training Notes:

1) To address high rates of tobacco use among individuals incarcerated in the United Kingdom, researchers have proposed utilizing a tobacco control coordinator within a correctional facility to oversee tobacco control policy efforts and interventions (Eadie et al., 2012). Though a novel idea with potential for significant success, this intervention relies on many variables – such as broad institutional support, financial backing, and acceptance by corrections staff. However, this model could be an adjunct to current interventions or model for future interventions.

Tobacco Free Program Module 1:

Criminal Justice Population and Tobacco Use

Training Notes:

1) Allow 5-10 minutes to answer questions.

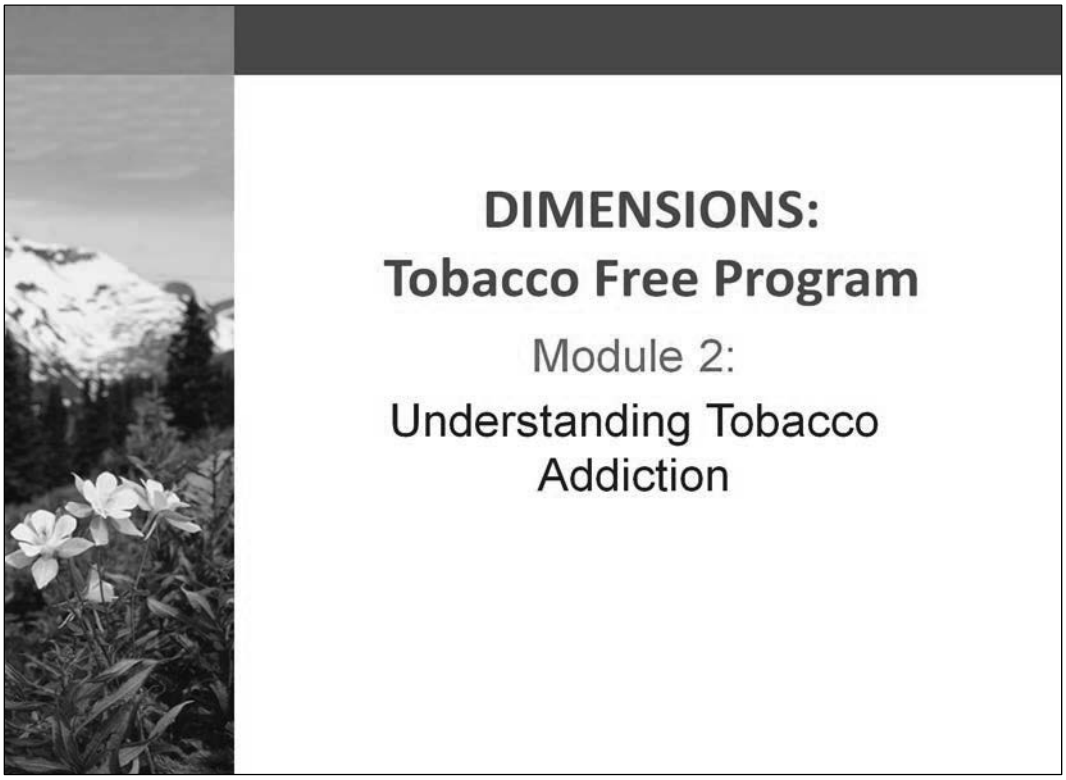
2

Tobacco Free Program Module 2:

Understanding Tobacco Addiction

Tobacco Free Program Module 2:

Understanding Tobacco Addiction

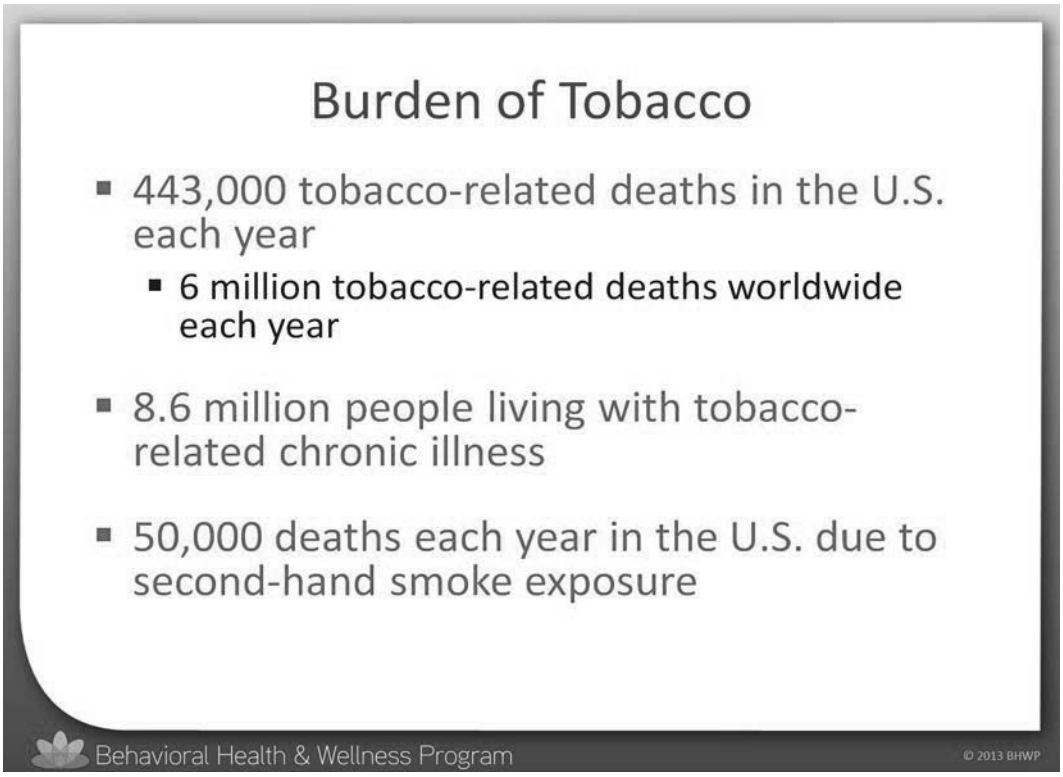


Training Notes:

1) This module provides useful information about understanding tobacco addiction.

Tobacco Free Program Module 2:

Understanding Tobacco Addiction



Training Notes:

1) In the United States, tobacco causes premature death in approximately 443,000 people every year and 4.8 million premature deaths worldwide (CDC, 2011b; World Health Organization [WHO], 2011). By 2030, the number of annual deaths caused by tobacco could reach 8 million (WHO, 2011).

2) In addition to the numerous premature deaths, there are 8.6 million people who are living with serious chronic illnesses, such as Chronic Obstructive Pulmonary Disease (COPD), emphysema, and various cancers (CDC, 2011b).

3) Every year, as many as 50,000 individuals who do not smoke themselves, but live with or come into contact with individuals who smoke, also experience premature death and chronic illness (CDC, 2011e).

Tobacco Free Program Module 2:

Understanding Tobacco Addiction

Training Notes:

1) Tobacco can be smoked in many different forms, as shown here and on the following slide.

2) Cigarettes are, by far, the most common form of smoked tobacco in the United States. There are 20 cigarettes in a pack and 10 packs in a carton. A cigarette contains an average of about 8 milligrams (mg) of nicotine, but only delivers about 1 to 2 mg to the smoker (American Cancer Society, 2010b). So if a person says they are a pack-a-day smoker, they are getting 20mg or more of nicotine per day (American Cancer Society, 2010b; NIDA, 2011).

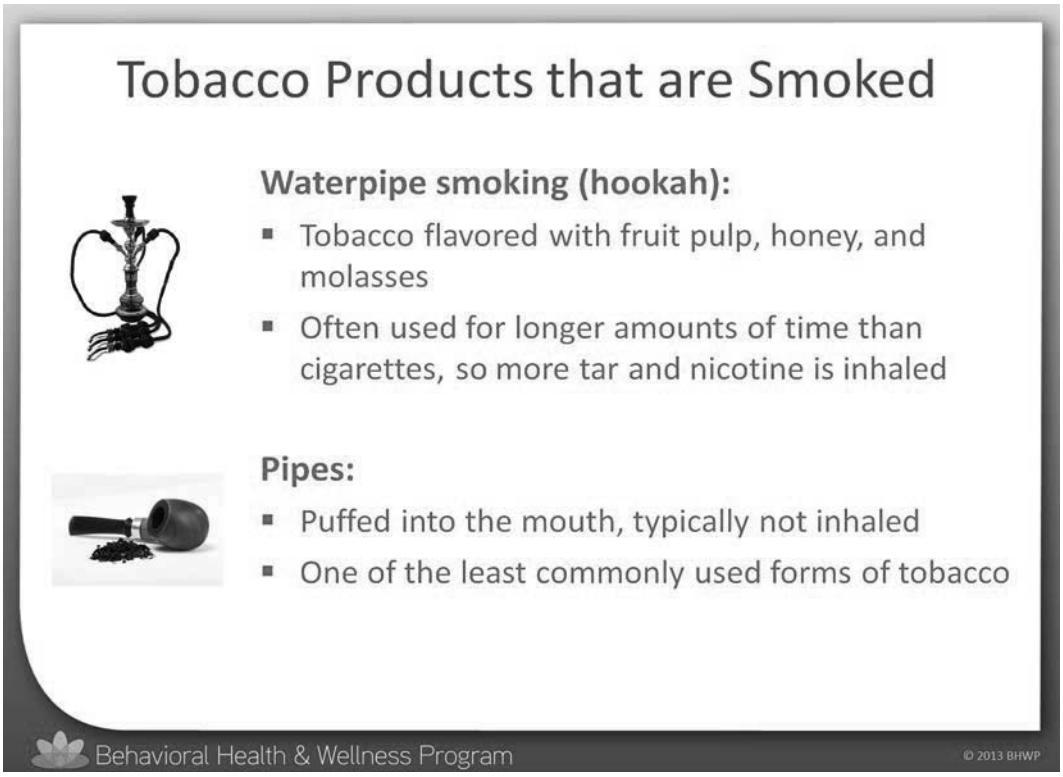
4) Cigars have become more popular in recent years. Typically, one cigar contains the amount of tobacco found in an entire pack of cigarettes (CDC, 2011c). Some brands of cigars contain anywhere from 100 to 200 milligrams (mg) of nicotine; however because of the duration and way cigars are smoked, it is difficult to determine the amount of nicotine consumed. For people who inhale cigar smoke, they absorb nicotine through their lungs just like cigarette smokers. For people who do not inhale cigar smoke, nicotine is absorbed through the lining of their mouth. Cigar smoke is absorbed more easily through saliva than cigarette smoke (American Cancer Society, 2010b).

5) Clove cigars, which were previously called clove cigarettes, are mainly shipped to the U.S. from Indonesia or other Southeast Asian countries. They are a mixture of tobacco and cloves. They are popular among younger smokers and come in a variety of flavors. Clove cigars deliver more tar, nicotine, and carbon monoxide than regular cigarettes (American Cancer Society, 2010a). The name change from clove cigarette to clove cigar was a way for tobacco companies to circumvent the Family Smoking Prevention and Tobacco Control Act which disallows flavored cigarettes, but not flavored cigars.

6) Bidis are small, brown, hand-rolled cigarettes often brought into the U.S. from India and other Southeast Asian countries (NIDA, 2011). Experts have called bidis “training cigarettes” because young people who smoke become addicted to the nicotine in these candy-flavored cigarettes. Once they are addicted, they start to use other tobacco products (American Cancer Society, 2010a). These products tend to have higher levels of tar, carbon monoxide, and nicotine than cigarettes (NIDA, 2011; American Cancer Society, 2010a).

Tobacco Free Program Module 2:

Understanding Tobacco Addiction



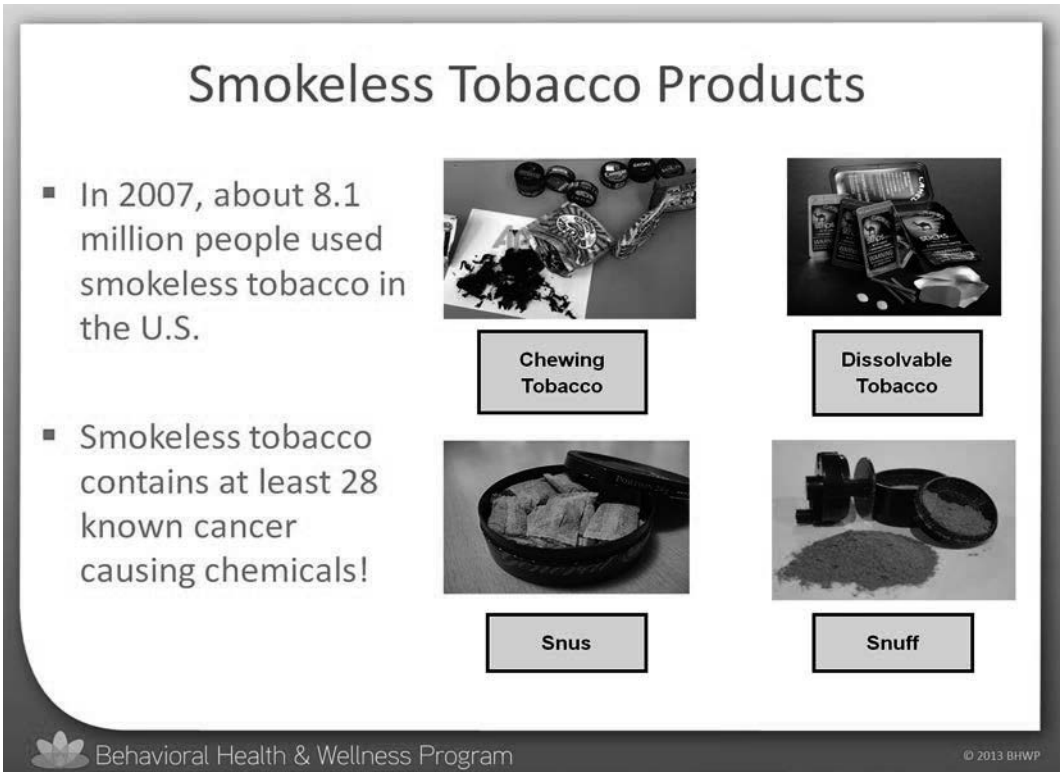
Training Notes:

1) Waterpipe smoking, or hookah, is another means of smoking tobacco (Maziak et al., 2004). In the U.S., waterpipes are becoming more popular, especially among young adults who use them in hookah bars, lounges, cafes, and restaurants. People who use hookahs inhale tobacco smoke in unknown quantities. Waterpipe smoking sessions typically last between 20 to 80 minutes. During this time, the smoker can inhale an amount of carcinogens and nicotine that equals 100 cigarettes (Miller, 2008). People who use waterpipes are at risk for becoming dependent and develop the same diseases as those caused by cigarette smoking (Miller, 2008).

2) Pipe use has gone down over the past fifty years (USDA, 2004), and currently less than 1% of adults smoke a pipe (USDHHS, 2004b). Compared to never-smokers, pipe smokers have an increased risk of death from cancers of the lung, mouth, esophagus, and larynx and from Chronic Obstructive Pulmonary Disease (Henley et al., 2004).

Tobacco Free Program Module 2:

Understanding Tobacco Addiction



Training Notes:

1) The use of smokeless tobacco has increased recently, especially among young men (Ebbert et al., 2007). As of 2009, approximately 7% of adult men and 0.3% of adult women used smokeless tobacco products. An estimated 9% of adolescents between the ages 12-17 are regular users of smokeless tobacco (CDC, 2011d).

2) Smokeless tobacco comes in many different forms, including chewing tobacco, dissolvable tobacco (such as Orbs), dry snuff, and snus, a spitless tobacco. There are at least 28 known cancer causing chemicals found in smokeless tobacco (National Cancer Institute, 2010).

3) Loose leaf, or chewing tobacco, contains high levels of nicotine. Depending on the brand and duration of use, a person can take in anywhere from 4mg to 40mg of nicotine (National Cancer Institute, 2010).

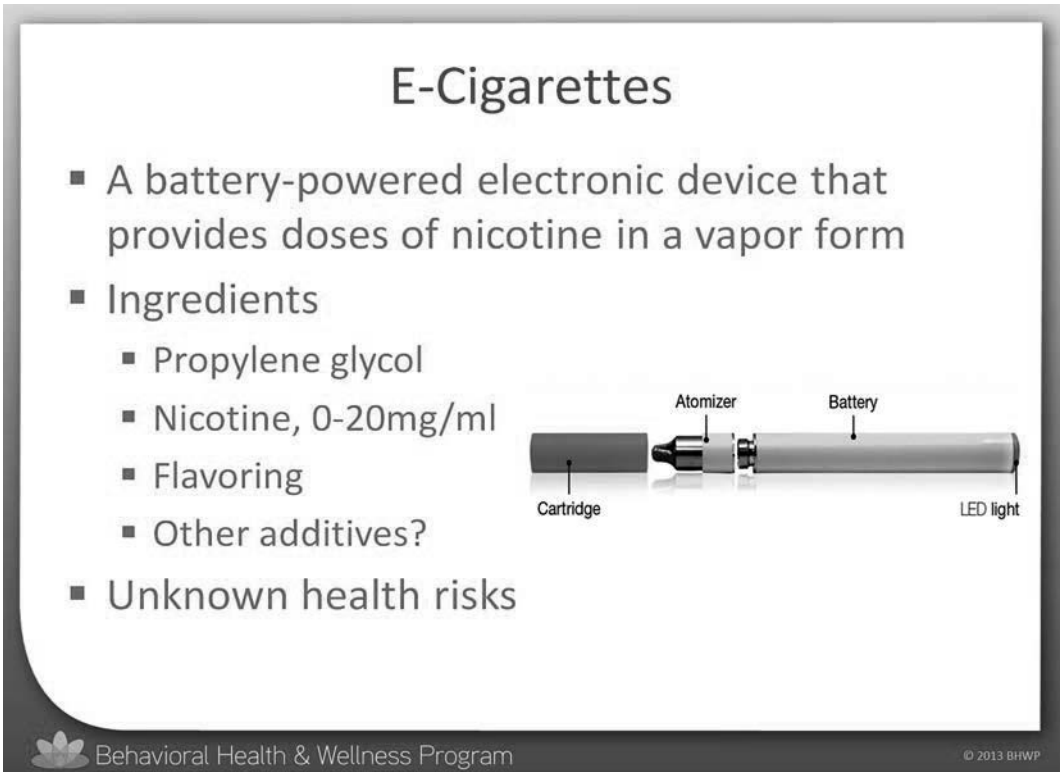
4) Dissolvable tobacco is taken orally and dissolved in the mouth. It commonly comes in forms of lozenges and strips, each containing 1mg of nicotine (CDC, 2011d). There are 15 Orbs or strips per container.

5) Snus is used in a manner similar to chewing tobacco but typically does not result in the need for spitting. Each packet contains approximately 1 gram of tobacco. Users take in anywhere from 4mg to 25mg of nicotine per every gram of tobacco consumed (National Cancer Institute, 2010).

6) Snuff users take in between 10mg to 25mg of nicotine for every gram consumed (National Cancer Institute, 2010). There are approximately 28 grams of tobacco in each container of snuff.

Tobacco Free Program Module 2:

Understanding Tobacco Addiction



Training Notes:

1) Electronic-cigarettes (e-cigarettes) are a battery-powered nicotine product that has been sold in the U.S. since 2007. Most e-cigarettes contain water, propylene glycol, nicotine (0-20 mg/mL), and flavoring. At this point, it is unknown what other additives are contained in this product, especially given the wide range of e-cigarette manufacturers. Propylene glycol is linked to respiratory illnesses, convulsions, as well as damage to kidneys and the heart (O'Donnell et al., 2000).

2) Though some individuals are promoting the use of e-cigarettes as a cessation device, makers of electronic cigarettes have been quoted as saying "'we don't want people weaned off the e-cigarette, we want them smoking it as long as they smoked regular cigarettes" (Cobb et al., 2010). One study by Polosa et al. (2010) found that 32.5% of smokers not interested in quitting smoking reduced their cigarette consumption by 50% at week-24, and an 80% reduction was seen in 12.5% participants. However, most subjects in this study continued to use e-cigarettes after tobacco reduction or abstinence. It is important to note that this study was sponsored by an e-cigarette manufacturer.

3) E-cigarettes are not a smoking cessation product and have not been evaluated by the Food and Drug Administration, nor are they intended to treat, prevent or cure any disease or condition.

4) The World Health Organization, American Cancer Society, and Center for Disease Control, among others have all expressed concerns about the safety of the product.

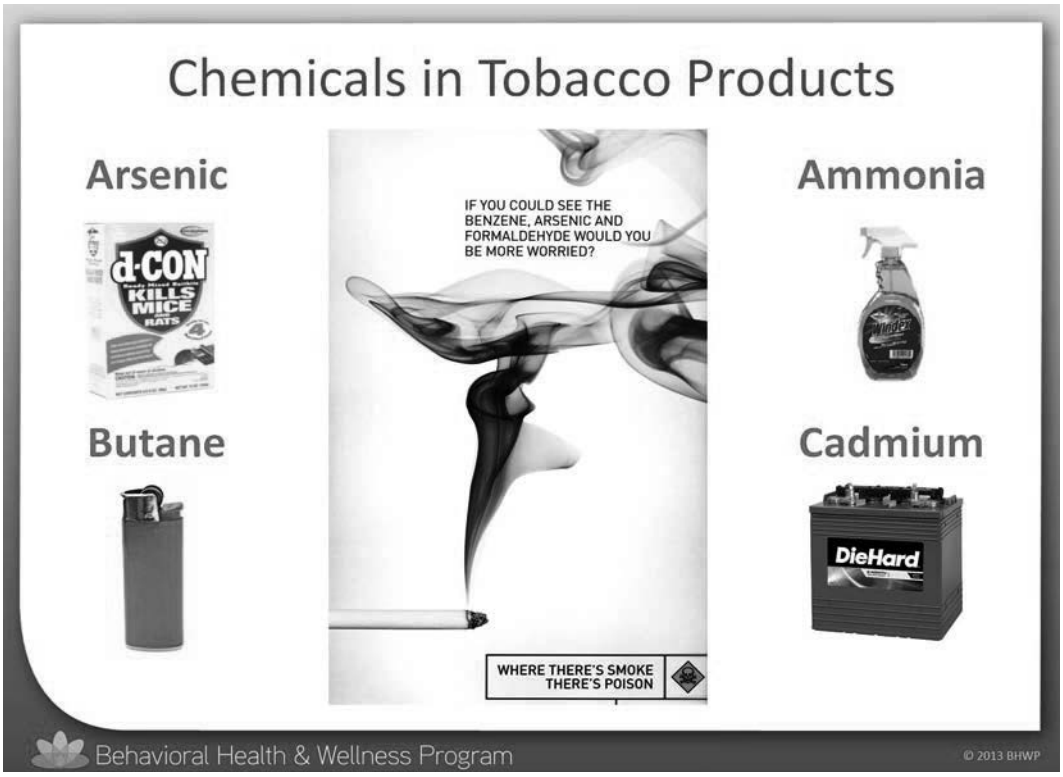
5) More than twice as many adult smokers used electronic cigarettes in 2011 as in 2010. 32.2% of current smokers have tried e-cigarettes and 6.3% are current users (Zhu, S-H et al., 2013).

6) The health risks from e-cigarette use or "vaping" are largely unknown. This is in part due to the variability between products, lack of long-term studies, and difficulty in studying exposure patterns. There is a risk of nicotine overdose if the cartridge leaks. This exposure to nicotine can be fatal to children (Arena, 1974) and pets.

7) Potential risks to others through exposure to emitted aerosols and VOCs (volatile organic compounds), such as propylene glycol, flavoring substances, and nicotine, into indoor air (Schripp et al., 2012) is unknown. It is important to know that what e-cigarette users exhale is not simply water vapor.

Tobacco Free Program Module 2:

Understanding Tobacco Addiction

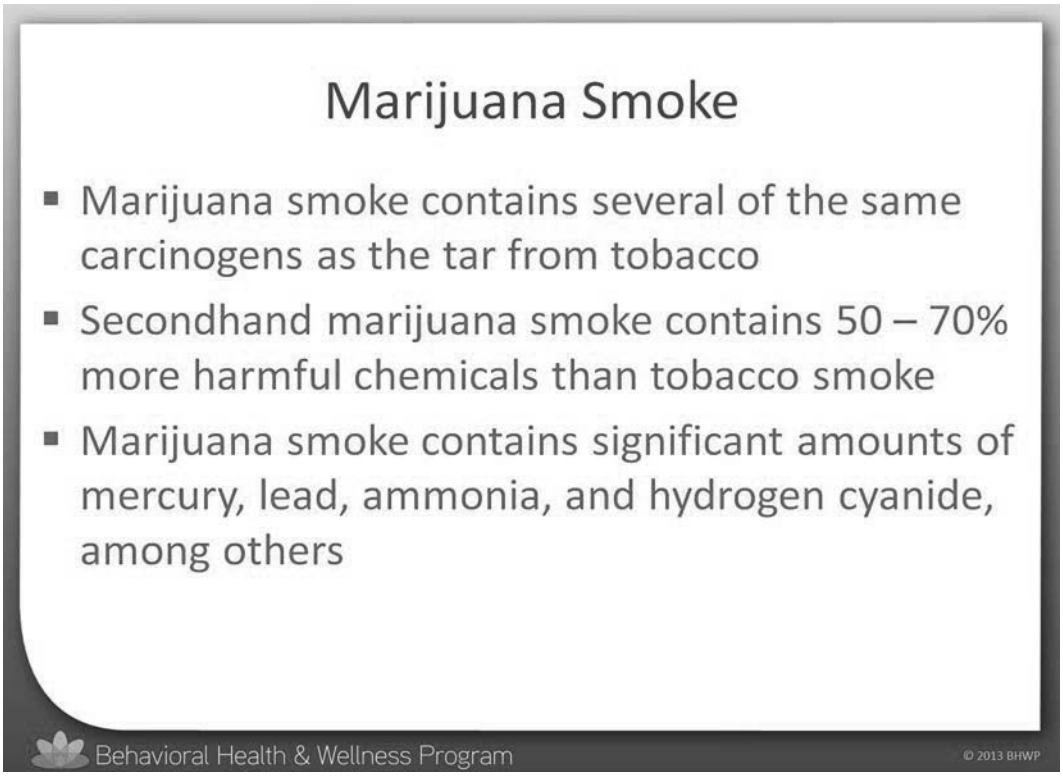


Training Notes:

1) Nicotine is the chemical in tobacco that makes people become addicted (American Cancer Society, 2011). Nicotine can cause some undesirable health effects, such as nausea and dizziness, and when taken in very high doses, people can experience nicotine toxicity (U.S. DHHHS, 2010).
   Tobacco and tobacco smoke contains over 7,000 chemicals, all of which can damage cells and lead to cancer (USDHHS, 2010).
   a) Some known chemicals found in tobacco products and smoke include arsenic, benzene, butane, cyanide, formaldehyde, methanol, ammonia, and cadmium. Cigarette smoke contains poisonous gases such as carbon monoxide, which we will talk about in depth later in the training (American Cancer Society, 2011).
   b) To date, companies who make cigarettes are not required to inform the Food and Drug Administration (FDA) of the harmful ingredients they put into their products. The passage of the Family Smoking Prevention and Tobacco Control Act 2009 requires companies to publicly release a list of harmful ingredients on or before June 2013 (American Cancer Society, 2011).

Tobacco Free Program Module 2:

Understanding Tobacco Addiction



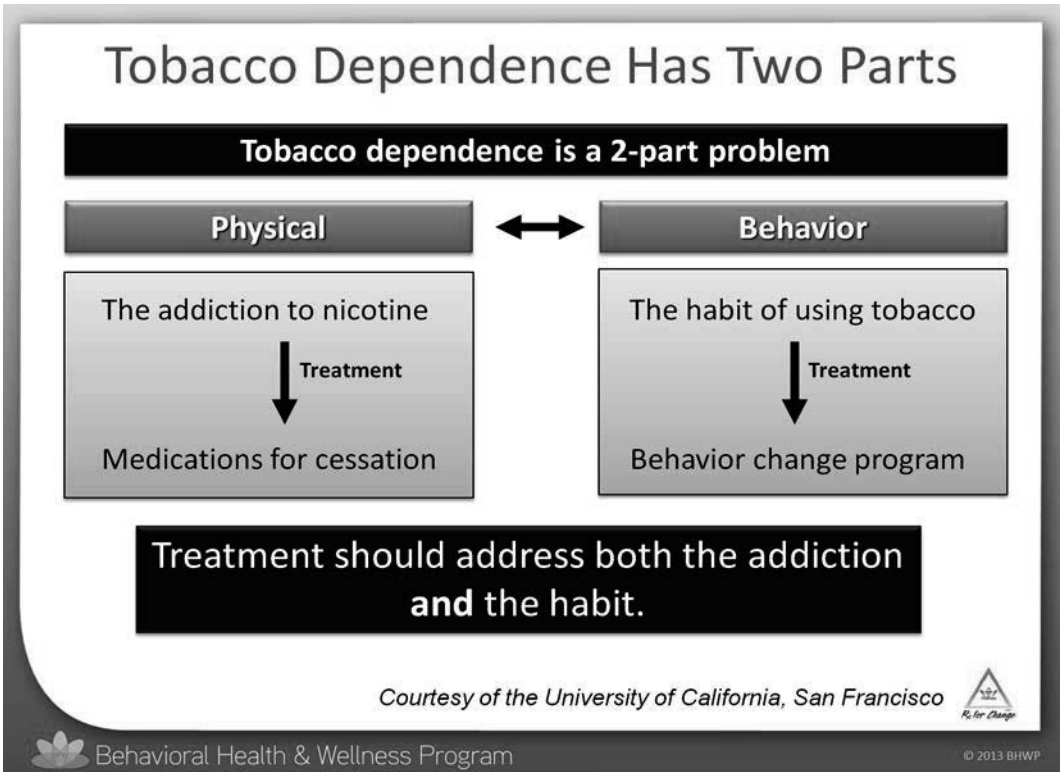
Training Notes:

1) Marijuana smoke contains several of the same carcinogens and co-carcinogens as the tar from tobacco (Hashibe et al., 2005).

2) Secondhand marijuana smoke contains 50 – 70% more harmful chemicals than tobacco smoke, such as carbon monoxide, acetaldehyde, phenol, creosol and naphthalene. Significant amounts of mercury, cadmium, nickel, lead, and chromium have been found in marijuana smoke. This same study found a 20-fold greater amount of ammonia and 3 – 5 times more hydrogen cyanide in marijuana smoke than tobacco smoke (Moir et al., 2007).

Tobacco Free Program Module 2:

Understanding Tobacco Addiction



Training Notes:

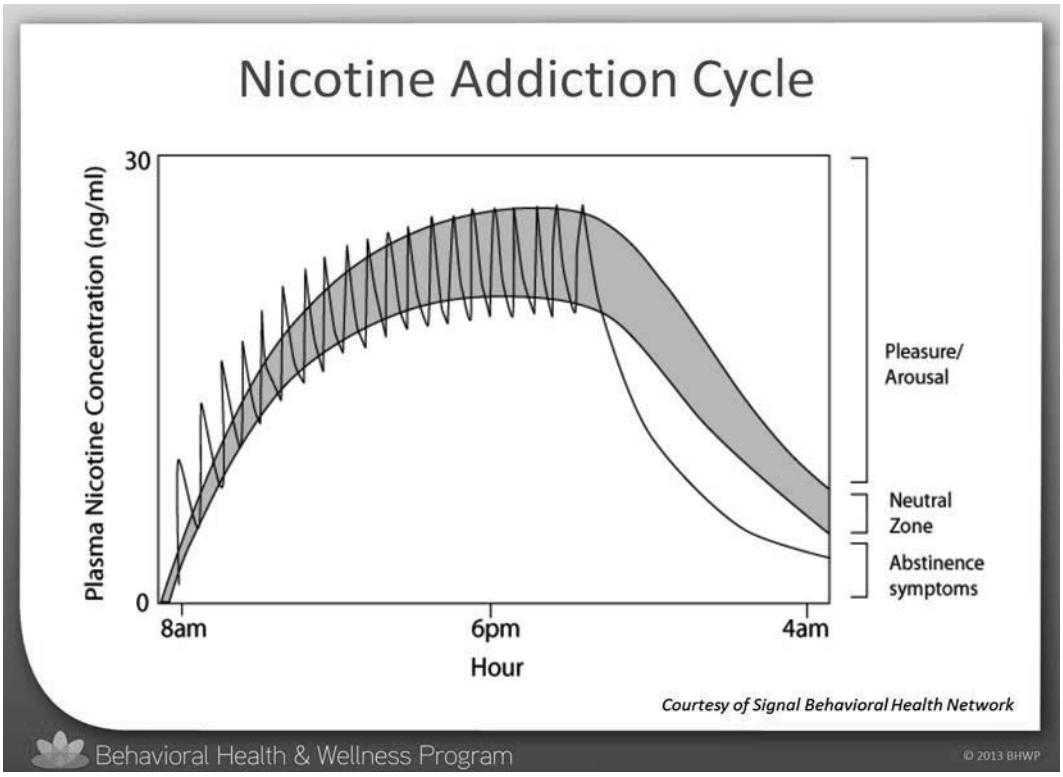
1) Tobacco addiction is a chronic brain disease, and it is best treated from two different approaches used at the same time. We need to treat the physical addiction as well as the behavior (the habit).

2) Addiction can be treated by using medications approved by the Food and Drug Administration (FDA) for tobacco cessation. The behavior (habit) can be treated through programs focusing on changing behavior, such as individual counseling, groups, and online cessation programs. We will mostly focus on changing behavior in this training and what program facilitators can do to help individuals stop their addiction.

3) The "Clinical Practice Guideline" for treating tobacco use and dependence tells us that the best strategy for helping someone quit is a combination of counseling and FDA-approved cessation medications (Fiore et al., 2008). We will talk more about specific methods for treating tobacco use and dependence in an upcoming section.

Tobacco Free Program Module 2:

Understanding Tobacco Addiction



Training Notes:

1) To alleviate the symptoms of withdrawal, smokers re-dose themselves throughout the day. This figure depicts the typical nicotine addiction cycle a cigarette smoker experiences on a daily basis.

2) Orient trainees to the following elements on this figure:
    a) The **jagged line** represents venous plasma concentrations of nicotine as a cigarette is smoked every 40 minutes from 8 am to 9 pm.
    b) The **upper solid line** indicates the threshold concentration for nicotine to produce pleasure or arousal.
    c) The **lower solid line** indicates the concentrations at which symptoms of abstinence (i.e., withdrawal symptoms) from nicotine occur.
    d) The **shaded area** represents the zone of nicotine concentrations (neutral zone) in which the smoker is comfortable without experiencing either pleasure/arousal or abstinence symptoms.

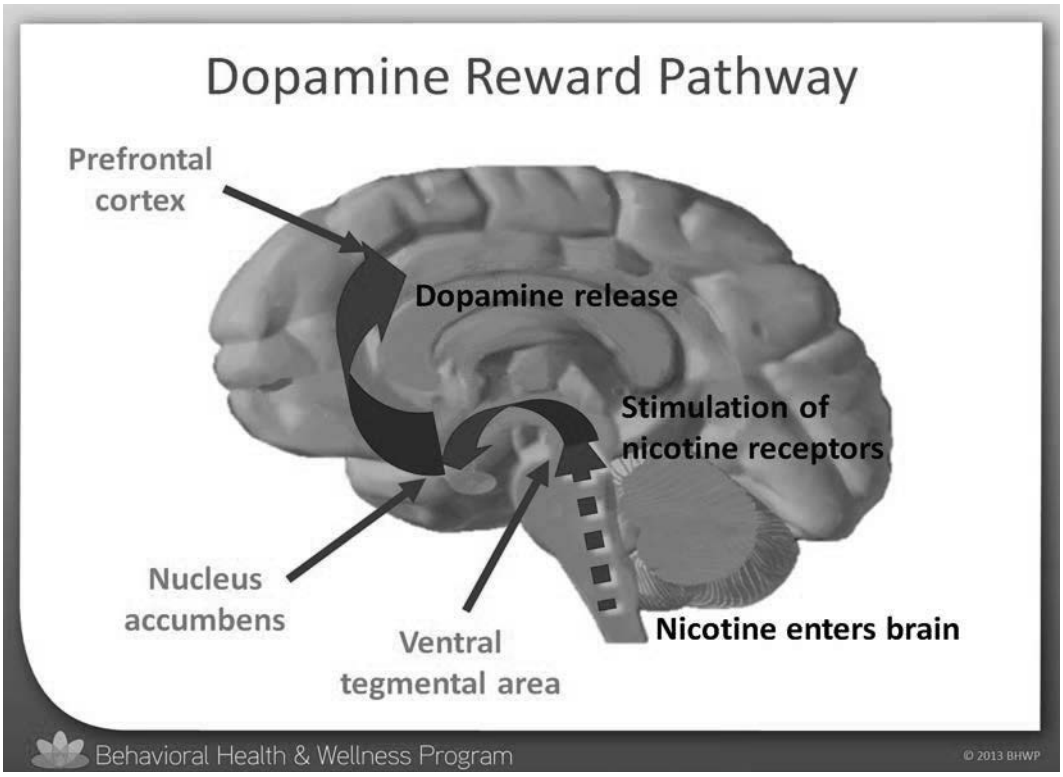
3) After smoking the first cigarette of the day, the smoker experiences marked pharmacologic effects, particularly arousal. No other cigarette throughout the day produces the same degree of pleasure/arousal. For this reason, many smokers describe the first cigarette as the most important one of the day. Shortly after the initial cigarette, **tolerance** begins to develop. Accordingly, the **threshold levels** for both pleasure/arousal and abstinence rise progressively throughout the day as the smoker becomes tolerant to the effects of nicotine (USDHHS, 2010).

4) With continued smoking, nicotine accumulates, leading to an even greater degree of tolerance. As a result, the smoker experiences greater withdrawal symptoms between successive cigarettes. Late in the day, each individual cigarette produces only limited pleasure/arousal; instead, smoking primarily alleviates nicotine withdrawal symptoms (USDHHS, 2010).

5) Cessation of smoking overnight allows **resensitization** of drug responses (i.e., loss of tolerance). Most dependent smokers tend to smoke a certain number of cigarettes per day (usually more than 10) and tend to consume 10–40 mg of nicotine per day to achieve the desired effects of cigarette smoking and minimize the symptoms of nicotine withdrawal (USDHHS, 2010).

Tobacco Free Program Module 2:

Understanding Tobacco Addiction



Training Notes:

1) Drugs such as cocaine, heroin, amphetamine, and nicotine exert profound effects on the brain. These agents have in common the ability to **stimulate the release of the neurotransmitter dopamine** in the midbrain. **Dopamine induces feelings of euphoria and pleasure and is responsible for activating the dopamine reward pathway** (Leshner, 1997).

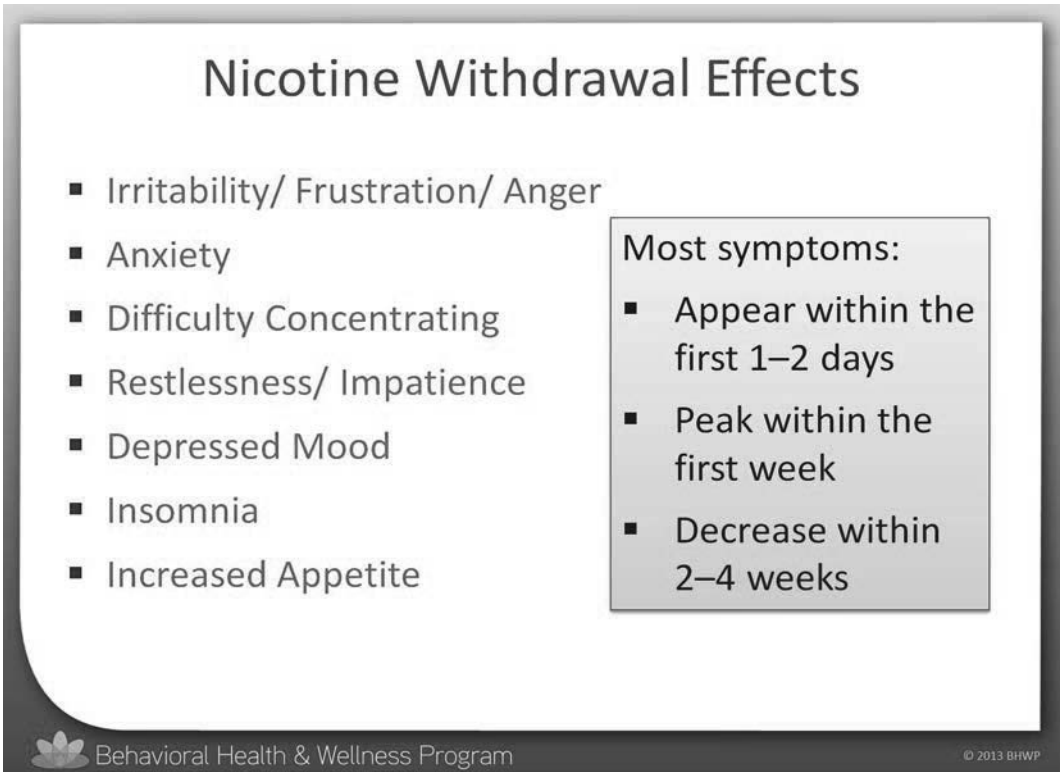
2) The dopamine reward pathway, as depicted in this simplified diagram, is a network of nervous tissue in the middle of the brain that elicits feelings of pleasure in response to certain stimuli. The important interconnected structures of the reward pathway include the **ventral tegmental area** (VTA), the **nucleus accumbens,** and the **prefrontal cortex** (area of the brain responsible for thinking and judgment). The neurons of the VTA contain the neurotransmitter dopamine, which is released in the nucleus accumbens and in the prefrontal cortex.

3) Behaviors that naturally stimulate the reward pathway include eating to relieve hunger, drinking to alleviate thirst, or engaging in sexual activity. On a primitive, neurochemical level, **stimulation of the reward pathway reinforces the behavior so that it will be repeated**. Obviously these behaviors are necessary for continued survival of the organism. The reward pathway can also be stimulated by drugs of abuse such as cocaine, opiates, amphetamine, and nicotine. When these unnatural stimuli trigger the reward pathway, the same pleasurable feelings are elicited. Researchers believe that, with chronic drug use, the brain becomes chemically altered—transforming a drug user into a drug addict (Leshner, 1997).

4) Consider cigarette smoking as an example. Immediately following inhalation, a bolus of nicotine enters the brain, stimulating the release of dopamine, which induces nearly immediate feelings of pleasure and relief of symptoms of nicotine withdrawal. This rapid dose-response reinforces and perpetuates the smoking behavior (Leshner, 1997).

Tobacco Free Program Module 2:

Understanding Tobacco Addiction



Training Notes:

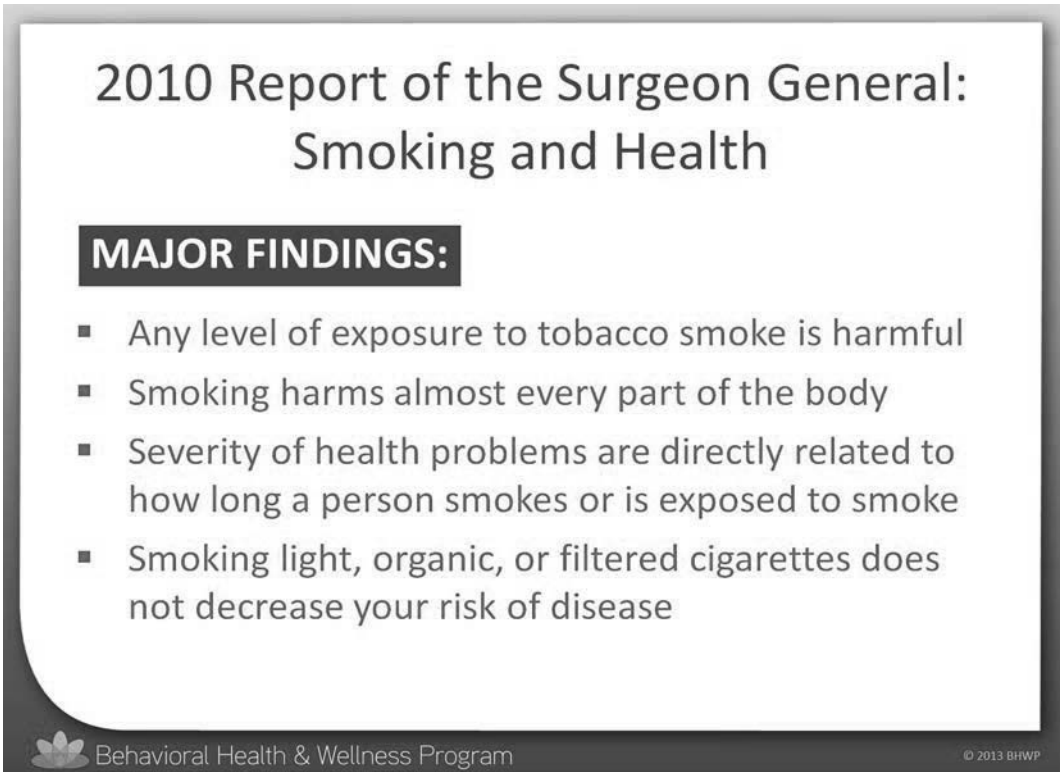
1) When people stop using tobacco products, depending on their level of use, it is likely they will experience withdrawal symptoms, like the ones noted on this slide (Hughes, 2007; USDHHS, 2010). Most of these symptoms are relieved within a few weeks after quitting (USDHHS, 2010). Cravings, urges, or thoughts about cigarettes are very common and sometimes take longer (even months or years) to go away after quitting (Hughes, 2007).

2) Tobacco users usually experience a strong desire or craving for tobacco. In general, **withdrawal symptoms manifest within the first 1–2 days, peak within the first week, and gradually dissipate over the next 2–4 weeks** (Hughes, 2007).

3) In the next section, we will talk about how to help people quit smoking and overcome withdrawal effects.

Tobacco Free Program Module 2:

Understanding Tobacco Addiction



Training Notes:

1) In 2010, the Surgeon General published a report on how tobacco smoke harms the body. There were several major findings:

    a) Any level of exposure to tobacco smoke is harmful. The report noted even small levels of exposure to tobacco smoke, just one cigarette, can lead to a heart attack. Smoking is the leading cause of death, and these deaths can be prevented. Smoking harms people of all ages, including unborn babies, infants, children, adolescents, adults, and seniors.

    b) Smoking hurts almost every part of your body. There is a direct link to several diseases, such as various cancers, diabetes (affects glucose levels and can lead to insulin resistance), cardiovascular disease, respiratory illnesses, among others. The next slide provides more details of the many physical consequences of tobacco use.

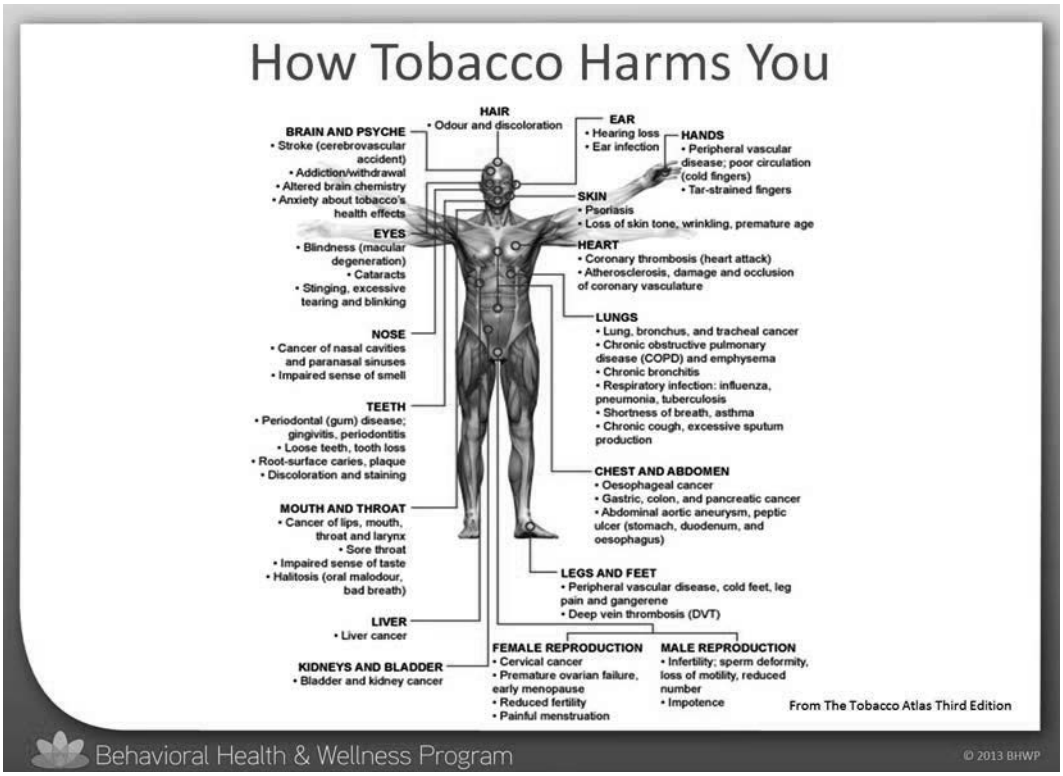
c) The number of years and number of cigarettes a person smokes is directly linked to the number and severity of illnesses they will get from smoking. Every person will experience at least some negative health effects due to their tobacco use. The good news is that quitting at any age will lead to a longer and healthier life.

d) Smoking light, organic, filtered, or low-tar cigarettes is as harmful as smoking regular cigarettes. Tobacco companies developed and marketed these cigarettes to lead people to believe they are using a healthier product than the standard cigarette, but this is not true. People often smoke more cigarettes, inhale more deeply, and/or cover the ventilation holes in the cigarettes. The Family Smoking Prevention and Tobacco Control Act now disallows tobacco companies from labeling their cigarettes as "light" since it is misleading.

Reference for this slide: USDHHS, 2010.

Tobacco Free Program Module 2:

Understanding Tobacco Addiction



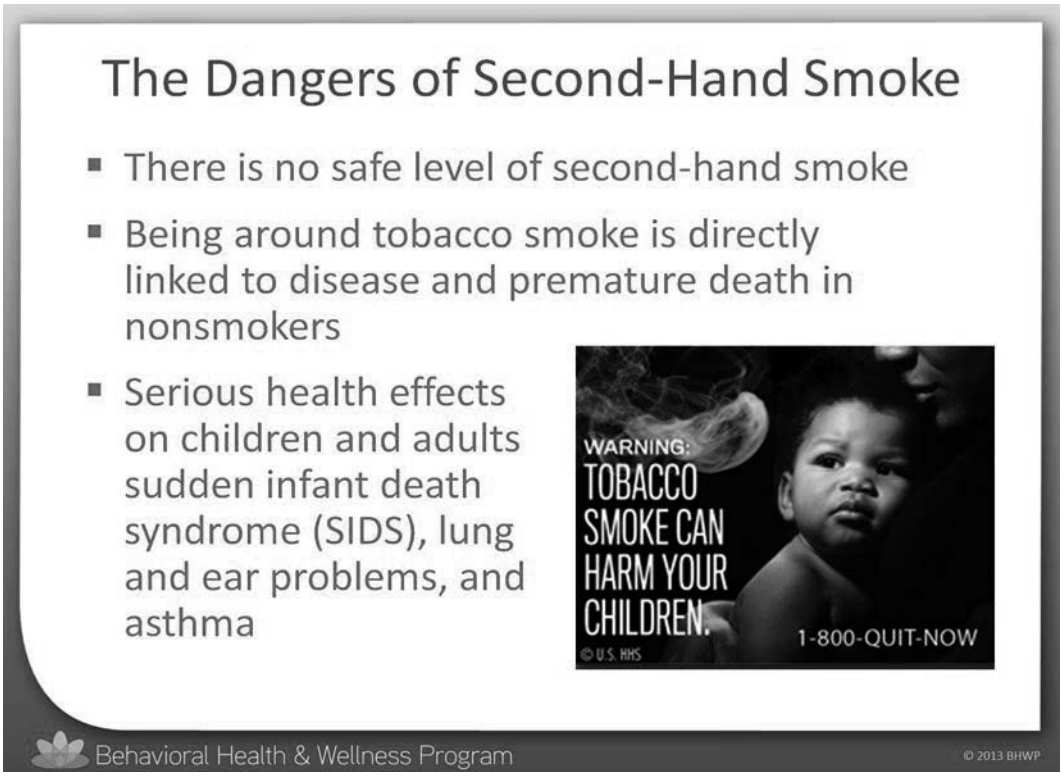
Training Notes:

1) This slide shows you all the areas in your body that is harmed by tobacco. As you can see, smoking causes harm to every body part, even your hair!

Reference for this slide: USDHHS, 2004a.

Tobacco Free Program Module 2:

Understanding Tobacco Addiction



Training Notes:

1) Smoking harms not only the smoker, but also their family and friends. About 50,000 people die each year in the United States from second-hand smoke (USDHHS, 2006; King, Travers, Cummings, Mahoney, & Hyland, 2010). The tobacco industry has tried to make people believe second-hand smoke does not harm people's health (USDHHS, 2006). Yet researchers report with confidence that second-hand smoke is harmful and can lead to early death in children and adults who do not smoke (USDHHS, 2006).

2) Children who inhale second-hand smoke have a higher risk for sudden infant death syndrome (SIDS), respiratory infections, ear problems, and bad asthma (King et al., 2010). As of 2000, an estimated 126 million Americans, ages 3 years and older, were exposed to second-hand smoke. Children's homes are the primary location of second-hand smoke exposure (USDHHS, 2006).

3) In adults, second-hand smoke can harm the cardiovascular system immediately and increases the risk for developing various cancers and other smoking-related illnesses (USDHHS, 2006).

4) Millions of Americans, both children and adults, inhale second-hand smoke in their homes, offices, and places where they socialize, even though there have been efforts to create policies to protect people in these types of places (USDHHS, 2006; King et al., 2010).

5) Indoor smoking bans protect people who do not smoke from second-hand smoke. It is important to note that separate smoking areas and nonsmoking areas, cleaning the air, and ventilation are not effective in removing the harmful agents and do not protect people from second-hand smoke (USDHHS, 2006).

6) There is also third-hand smoke which is the residual contamination of cigarette smoke after the cigarette has been put out. This contamination collects on things like walls, clothing fibers, hair, household surfaces, and car seats and is highly toxic (Winnickoff et al., 2009).

Tobacco Free Program Module 2:

Understanding Tobacco Addiction

Training Notes:

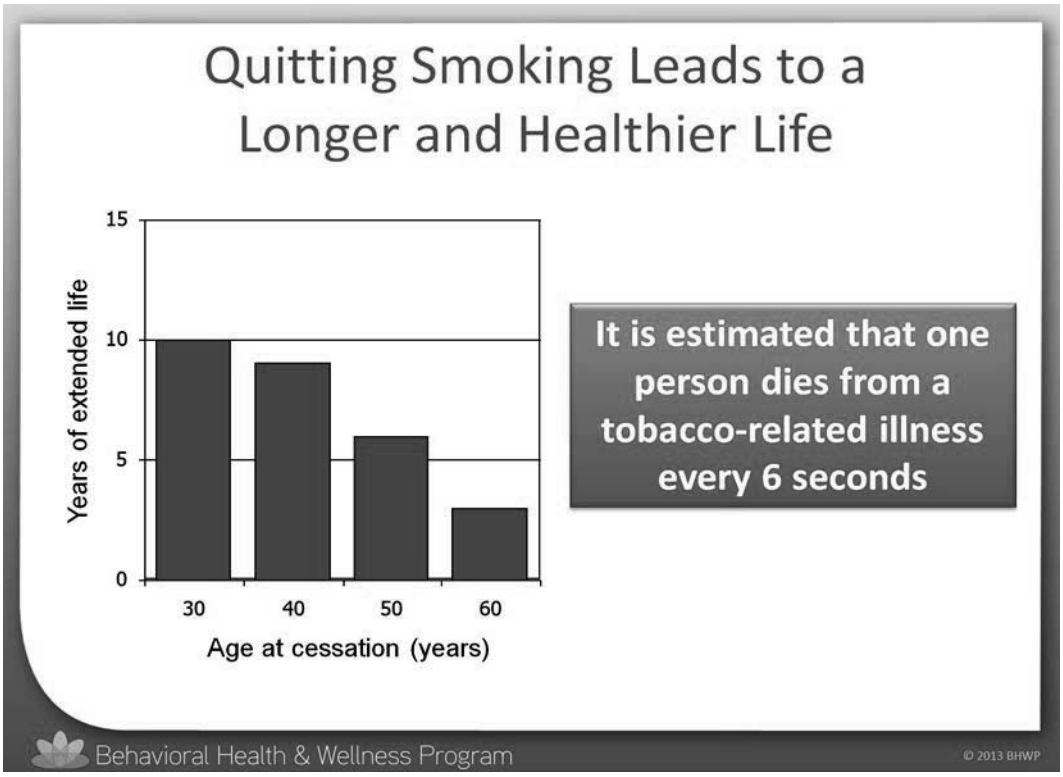
1) The health benefits of quitting smoking reach many parts of the body and health can improve very soon after quitting. While there are benefits to quitting earlier in life rather than later, it is never too late to benefit from quitting, no matter how old you are.

2) Additional benefits include:
    a) After 8-10 days the frequency of cravings decrease;
    b) At 2-4 weeks withdrawal effects, such as anxiety and agitation, subside.

Reference for this slide: USDHHS, 2004a.

Tobacco Free Program Module 2:

Understanding Tobacco Addiction



Training Notes:

1) Researchers have found quitting smoking at any age leads to a longer and healthier life (Doll et al., 2004; Taylor et al., 2002; USDHHS, 2004). People who quit smoking will not only live longer, but will live healthier lives. People will be able to breathe easier and will have more oxygen in their bloodstream needed to sustain organ function (USDHHS, 2004a).
2) Researchers have compared the lifespans of individuals who quit at various times to those who continue to smoke. The studies found quitting at age 30 resulted in 10 years of life gained, quitting at age 40 resulted in 9 years of life gained, quitting at 50 resulted in 6 years of life gained, and quitting at age 60 resulted in 3 years of life gained (Doll et al., 2004; Taylor et al., 2002; USDHHS, 2004a). People who quit before age 35 add 10 years of life and are expected to live as long as those who have never smoked (Taylor et al., 2002).
3) It is estimated that one person dies from a tobacco-related illness every 6 seconds (WHO, 2011). Among those who continue smoking, nearly half will die from a tobacco-related disease (WHO, 2011).

Tobacco Free Program Module 2:

Understanding Tobacco Addiction

Training Notes:

1) Allow 5-10 minutes to answer questions.

Tobacco Free Program Module 2:

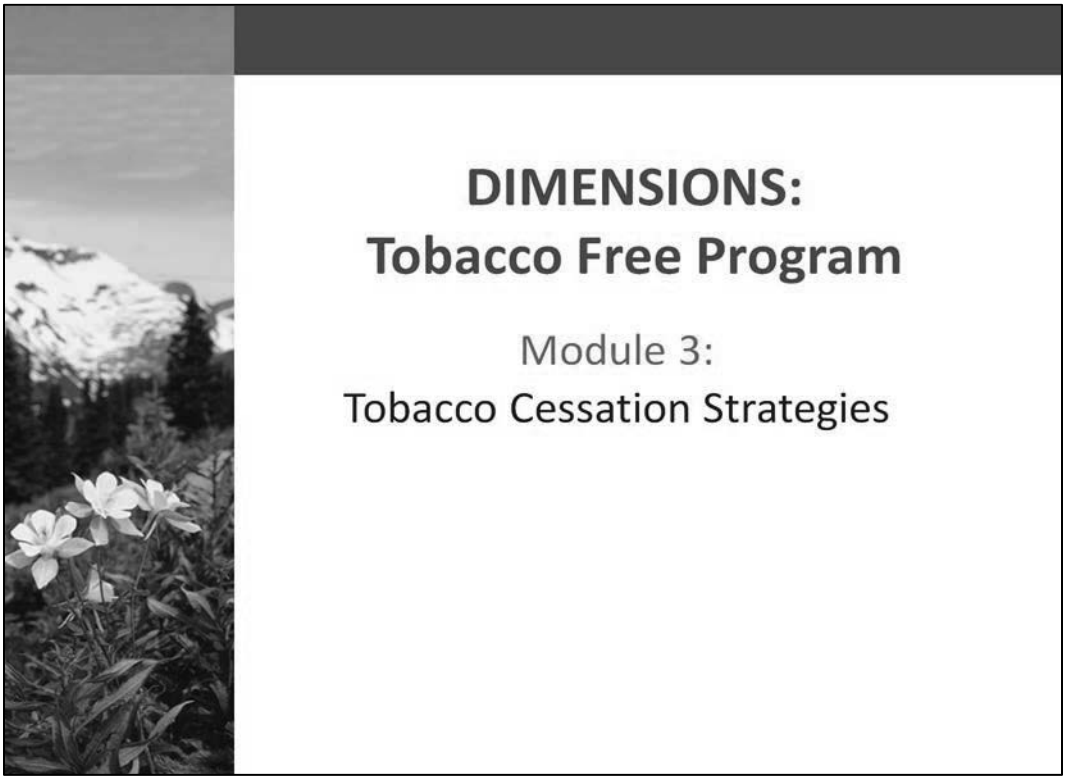
Notes

3 Tobacco Free Program Module 3:

Tobacco Cessation Strategies

Tobacco Free Program Module 3:

Tobacco Cessation Strategies

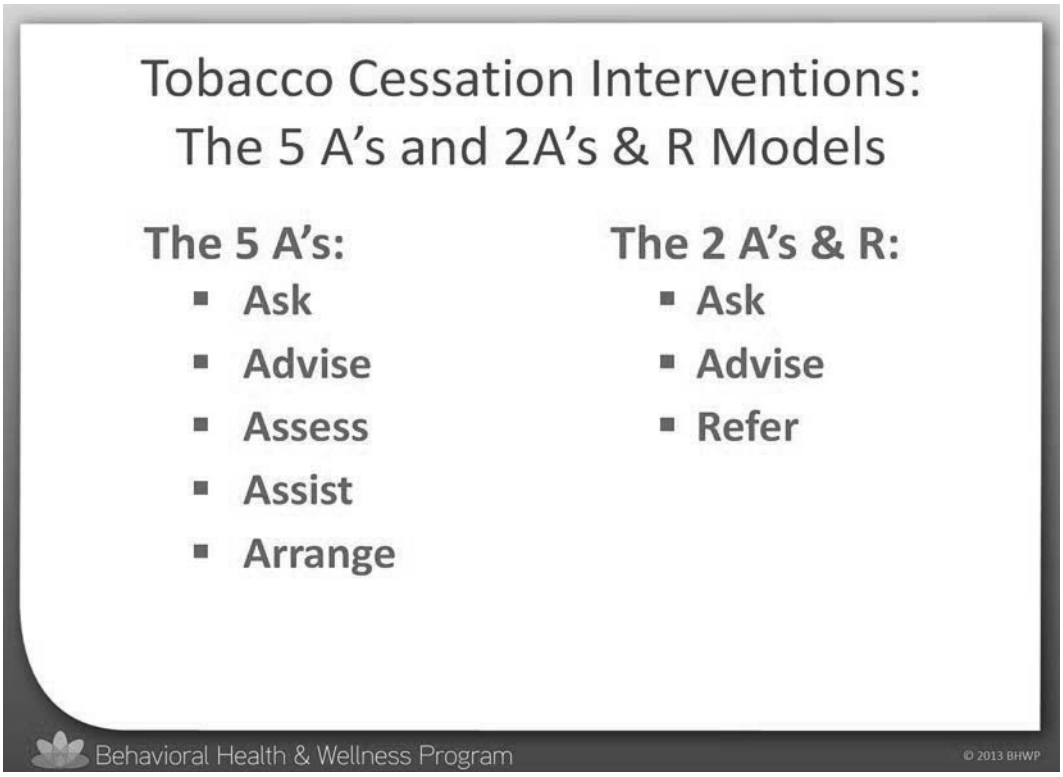


Training Notes:

1) This module provides useful information about tobacco cessation strategies.

Tobacco Free Program Module 3:

Tobacco Cessation Strategies



Training Notes:

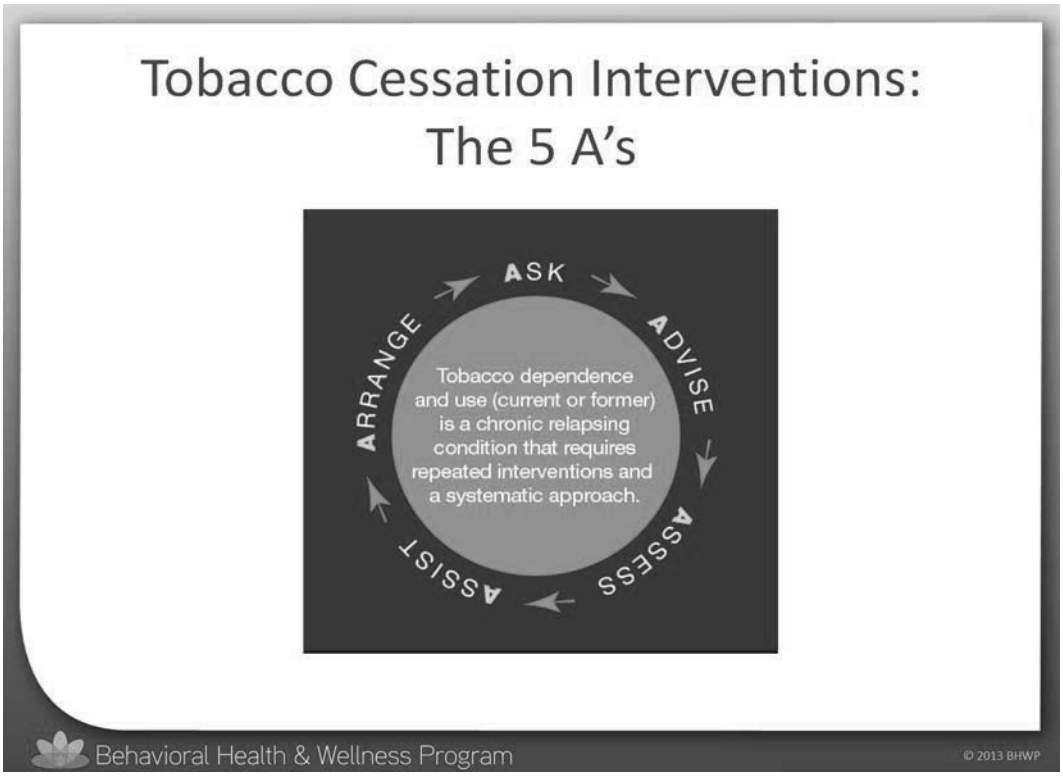
1) Ask trainees if they are familiar with the 5 A's and/or the 2 A's and R models.

2) Explain to trainees that these models were designed as smoking cessation interventions to be used in healthcare settings. The 5 A's is a more intensive intervention, whereas the 2A's & R model was designed to be a more brief intervention.

3) We will review both in detail in the following slides. Remember when asking about tobacco use, it is important to take a genuine and sensitive approach. Show concern for the person's well-being and avoid judgment. This will encourage people to talk with you openly about their tobacco use.

Tobacco Free Program Module 3:

Tobacco Cessation Strategies



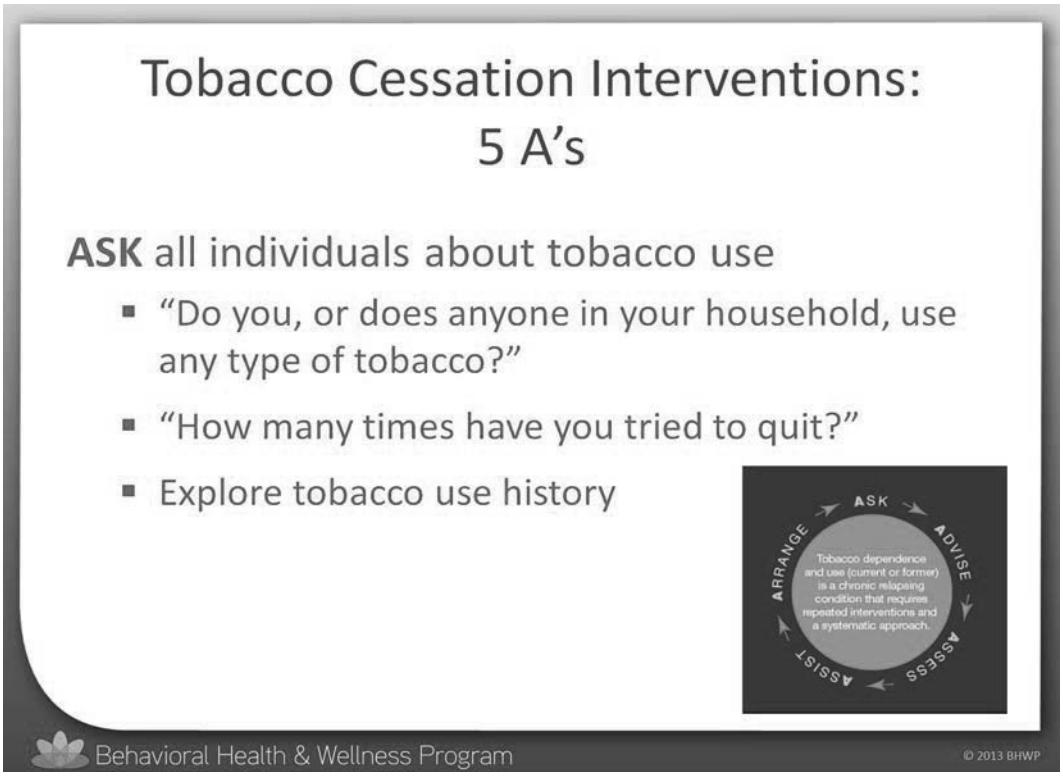
Training Notes:

1) This diagram of the 5A's approach nicely depicts the cyclical nature of tobacco addiction and treatment.

2) Tobacco dependence and use is a chronic relapsing condition that requires repeated interventions and a systematic approach.

Tobacco Free Program Module 3:

Tobacco Cessation Strategies



Training Notes:

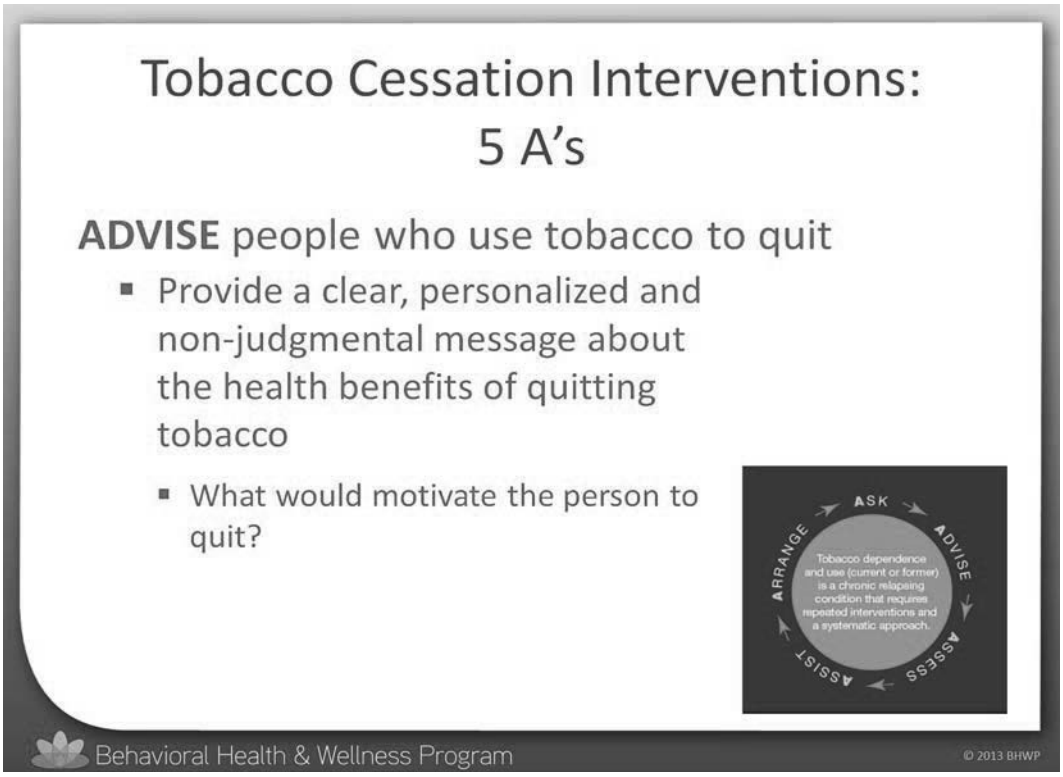
1) The first step is to **ASK** about tobacco use. You might ask the question: "Do you, or does anyone in your household, ever smoke or use any type of tobacco?" The wording of this question allows you to find out not just about their use, but if they are living with others who use tobacco. Having information, like a persons living situation, may help guide the counseling session.

2) Asking about past quit attempts can be helpful in figuring out what worked and what did not work during previous quit attempts.

3) Explore the individual's tobacco use history. Ask them how much they smoke or use other tobacco products, as well as how long they have used tobacco.

Tobacco Free Program Module 3:

Tobacco Cessation Strategies



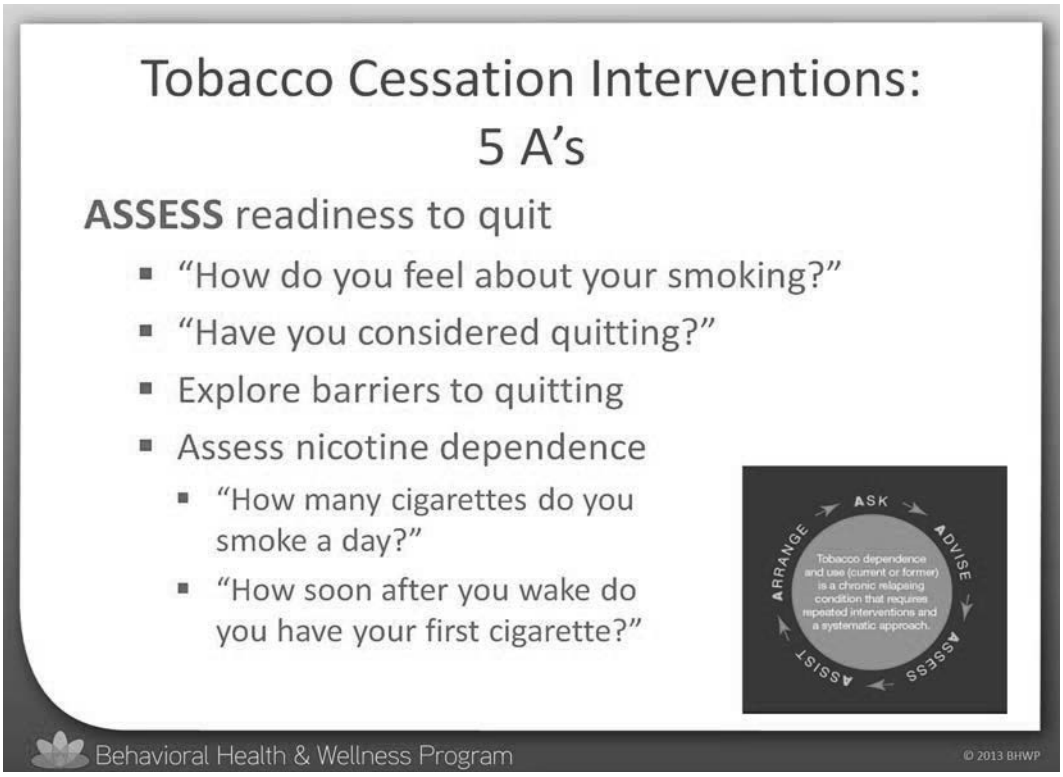
Training Notes:

1) People who use tobacco should be strongly advised to quit. At the very least, people should be advised to *consider* quitting. The message should be clear and strong, yet personalized and sensitive. Express your concern for the person's well-being and that you are committed to helping them quit when they are ready.

2) Consider using the following statements:
    a) "Quitting smoking is very important for improving your overall health. When you are ready, I can refer you to people who can help you."
    b) "People who receive help and use medications for quitting are more likely to be able to quit. If you are interested, we can talk about different options and then you can discuss them with your doctor."
    c) "If you are interested, we can work together to help you quit smoking and manage your mood and stress at the same time."

Tobacco Free Program Module 3:

Tobacco Cessation Strategies



Training Notes:

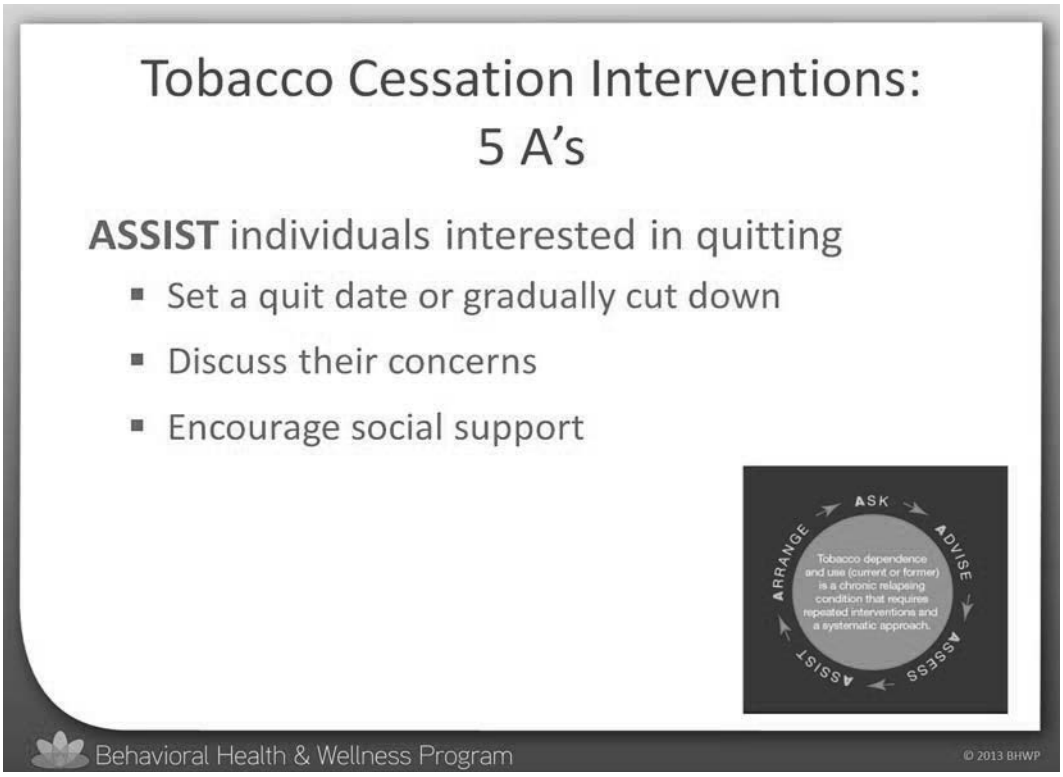
1) When "assessing" an individuals' readiness to quit, it will be helpful to find out where they are in regards to being ready to make a quit attempt (Fiore et al., 2008).
    a) Not ready to quit in the next month
    b) Ready to quit in the next month
    c) Recently quit, within past 6 months
    d) Quit more than 6 months ago

2) Explore barriers to quitting. Work with the individual to assess what they believe is a barrier to their making a successful quit attempt. This will help you better assist this person with their attempt when they are ready.

3) Assessing the level of nicotine dependence will help you refer them to appropriate resources, as some individuals may require higher levels of nicotine replacement therapy or some other form of cessation medication. We will review all FDA approved medications in upcoming slides.

Tobacco Free Program Module 3:

Tobacco Cessation Strategies



Training Notes:

1) To assist people with a quit attempt, make the message personal and specific to each person's situation. Listen to the person's story and provide information about options.

2) Talk about either setting a quit date or gradually cutting down. Explore the benefits of both options with trainees.

3) Explore potential barriers to quitting, including weight gain concerns, withdrawal symptoms, among others.

4) Encourage individuals to talk with friends and family about quitting in order to request understanding and support.

Tobacco Free Program Module 3:

Tobacco Cessation Strategies

Training Notes:

1) The final step of the 5 A's model is to arrange follow-up visits. Tobacco users who have follow-up appointments are much more likely to be able to quit or sustain their quit attempt.

2) Talk with individuals about the Tobacco Free group you will be facilitating at your organization. Attending this group will not only help individuals get ready to make a quit attempt but can also help people stay tobacco-free.

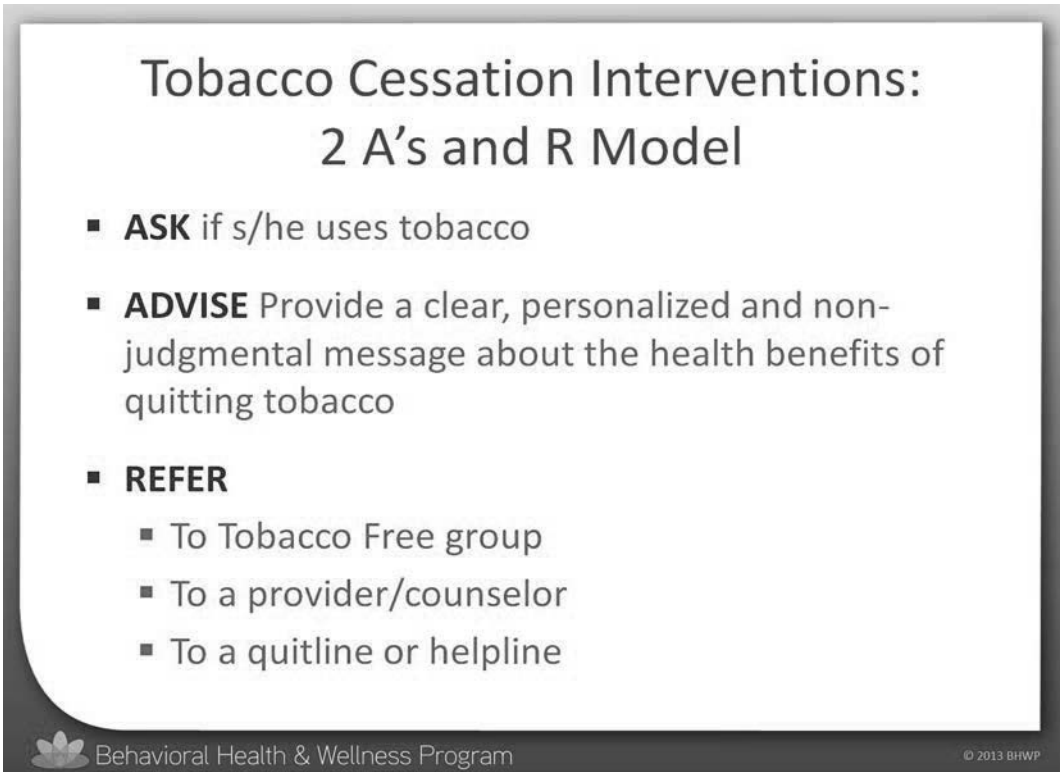
3) Continue to talk with people about potential barriers to quitting or staying tobacco-free.

4) Congratulate all successes, even small ones. For example, celebrate a reduction in daily use, even if it is by 2 to 3 cigarettes. Also, celebrate a person's ability to avoid smoking in difficult situations.

5) Encourage people to talk with their providers about tobacco cessation medications.

Tobacco Free Program Module 3:

Tobacco Cessation Strategies



Training Notes:

1) The 2A's and R Model is a brief streamlined version of the 5A's.

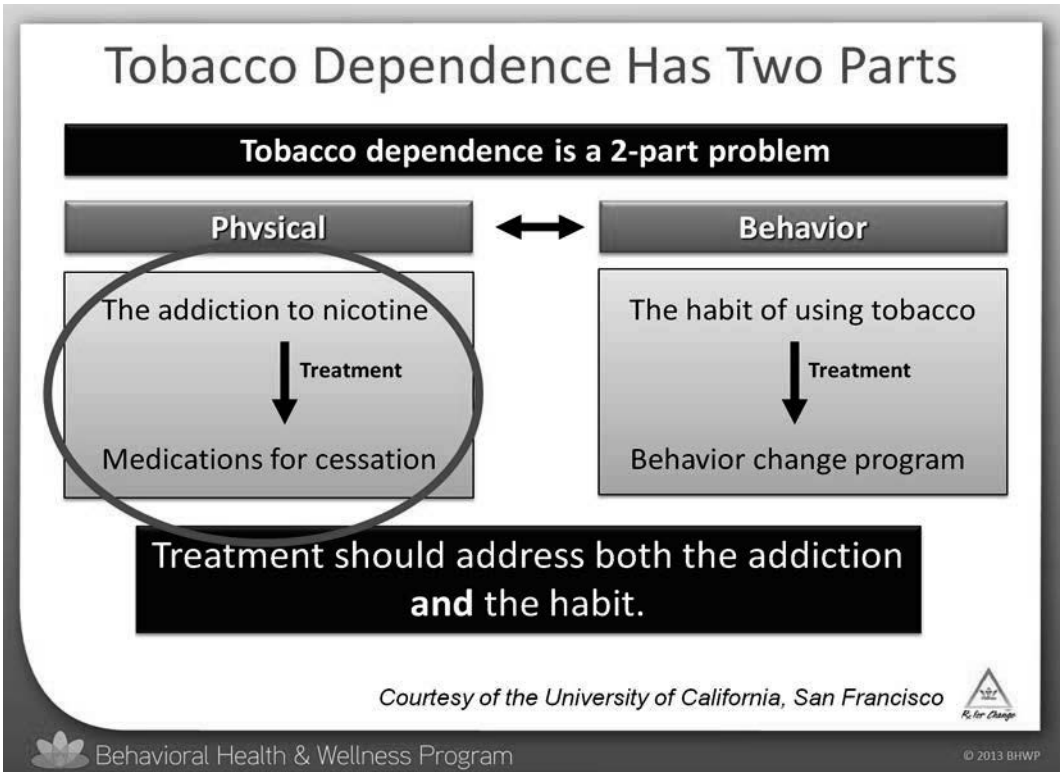
2) Just like the 5 A's, the first step is to **ASK** about tobacco use.

3) Next, **ADVISE** the individual to consider quitting. Remember to use a clear, strong, yet personalized and sensitive message. Express your concern for the person's well-being and communicate your commitment to helping him or her quit when they are ready.

4) Finally, **REFER** to the Tobacco Free group, their healthcare provider/counselor, or to a quitline (helpline).

Tobacco Free Program Module 3:

Tobacco Cessation Strategies



Training Notes:

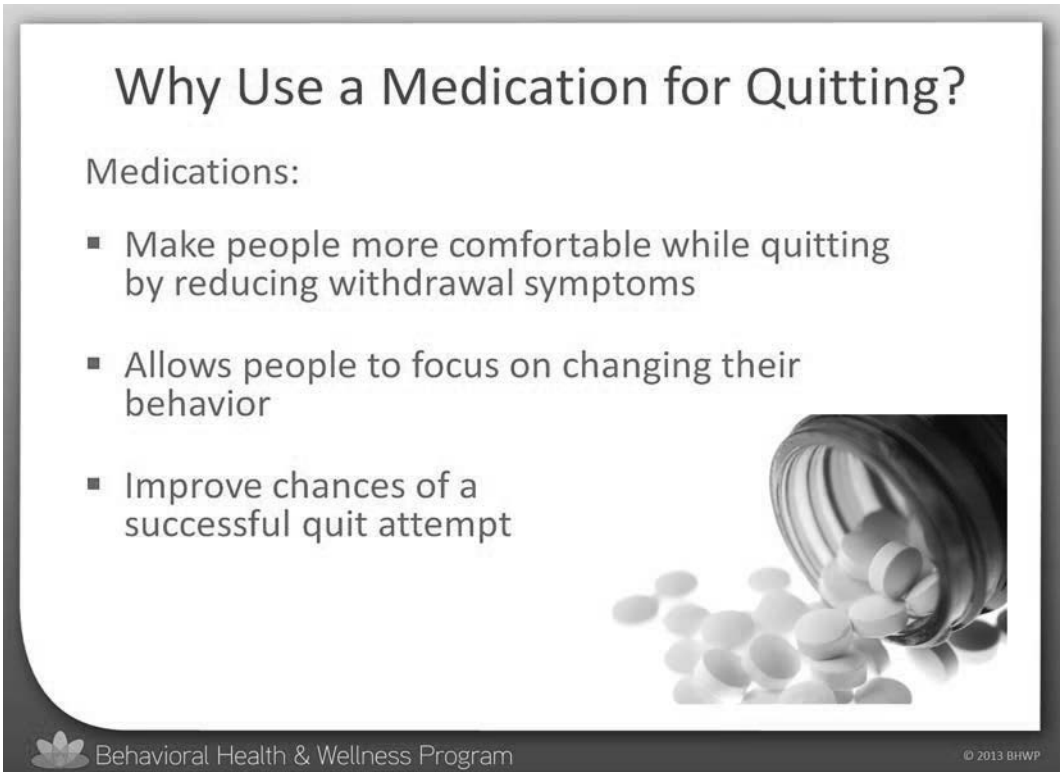
1) Tobacco addiction is a chronic brain disease, and it is best treated from two different approaches used at the same time. We need to treat the physical addiction as well as the behavior (the habit).

2) Addiction can be treated by using medications approved by the Food and Drug Administration (FDA) for tobacco cessation. The behavior (habit) can be treated through programs focusing on changing behavior, such as individual counseling, peer-led groups, and other cessation programs. We will mostly focus on changing behavior in this training, and what program facilitators can do to help individuals stop their addiction.

3) The "Clinical Practice Guideline" for treating tobacco use and dependence tell us that the best strategy for helping someone quit is a combination of counseling and FDA-approved cessation medications (Fiore et al., 2008). We will talk more about specific methods for treating tobacco use and dependence in an upcoming section.

Tobacco Free Program Module 3:

Tobacco Cessation Strategies



Training Notes:

1) Talk with trainees about why a person may want to consider using nicotine replacement therapy and/or other cessation medications when they are ready to make a quit attempt.

2) When people stop using tobacco products, the amount of nicotine in their body decreases, and they experience withdrawal symptoms. Withdrawal symptoms can make people so uncomfortable that they often relapse and begin to use again. Cessation medications help make people more comfortable while they are working to change their smoking behavior or habit.

3) The biggest benefit of the medications is they improve chances of quitting (Fiore et al., 2008). There is also some evidence that use of bupropion mediates weight gain during a quit attempt (Hays et al., 2001).

Tobacco Free Program Module 3:

Tobacco Cessation Strategies

Training Notes:

1) The seven medications approved by the Food and Drug Administration (FDA) for smoking cessation are listed on this slide. The next slides go into each medication in detail.

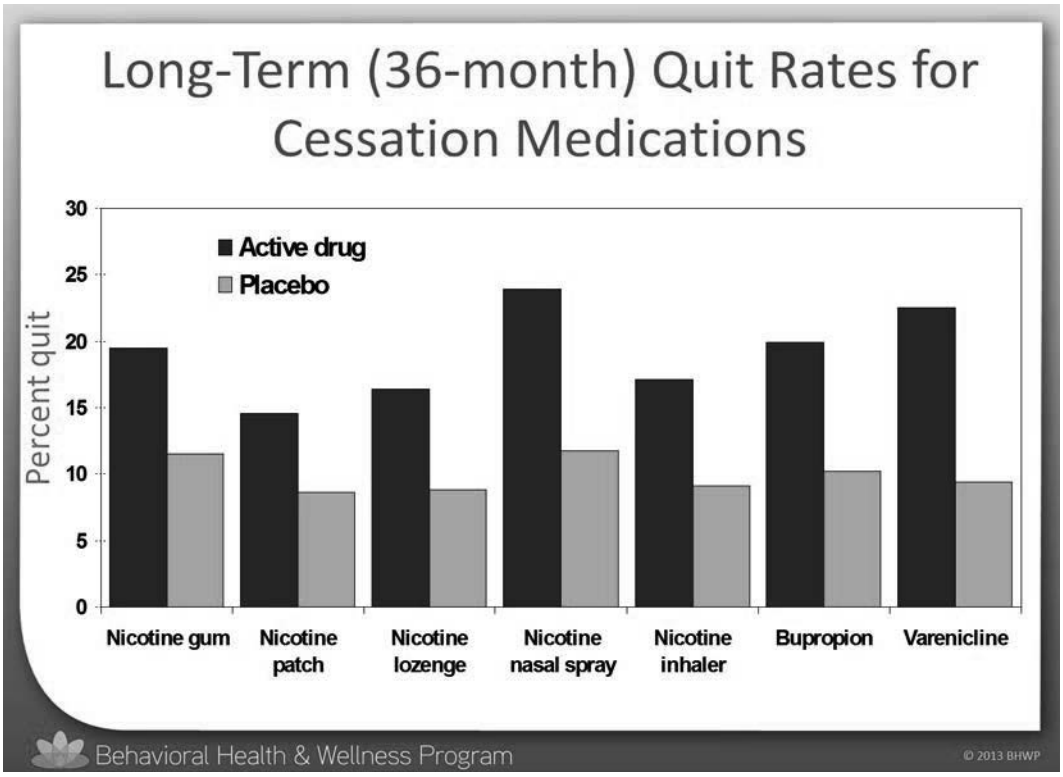
2) Currently there are five types of medications which contain nicotine, called nicotine replacement therapy or NRT, and two medications that do not contain nicotine.
    a) The nicotine replacement medications do not have cancer-causing chemicals in them, and, as we stated earlier, many provide relief of withdrawal symptoms so people can focus on changing their behavior.

3) The best medication to use is based on the choice of the person who is attempting to quit. Consider a person's health history, their experiences with past quit attempts, reasons for relapse, the amount of tobacco used, and level of dependence. Sometimes more than one product is used at the same time. Thus, the "best" product (or combination of products) depends on the person who will be using it. When you are working with someone who is attempting to quit, strongly encourage them to talk with their provider to determine what products and what amounts are best for them.

4) Medications available without a prescription include the nicotine gum, lozenge, and patch. Medications available only with a prescription are the nasal spray, inhaler, bupropion, and varenicline. Some forms of the patch are also only available with a prescription.

Tobacco Free Program Module 3:

Tobacco Cessation Strategies

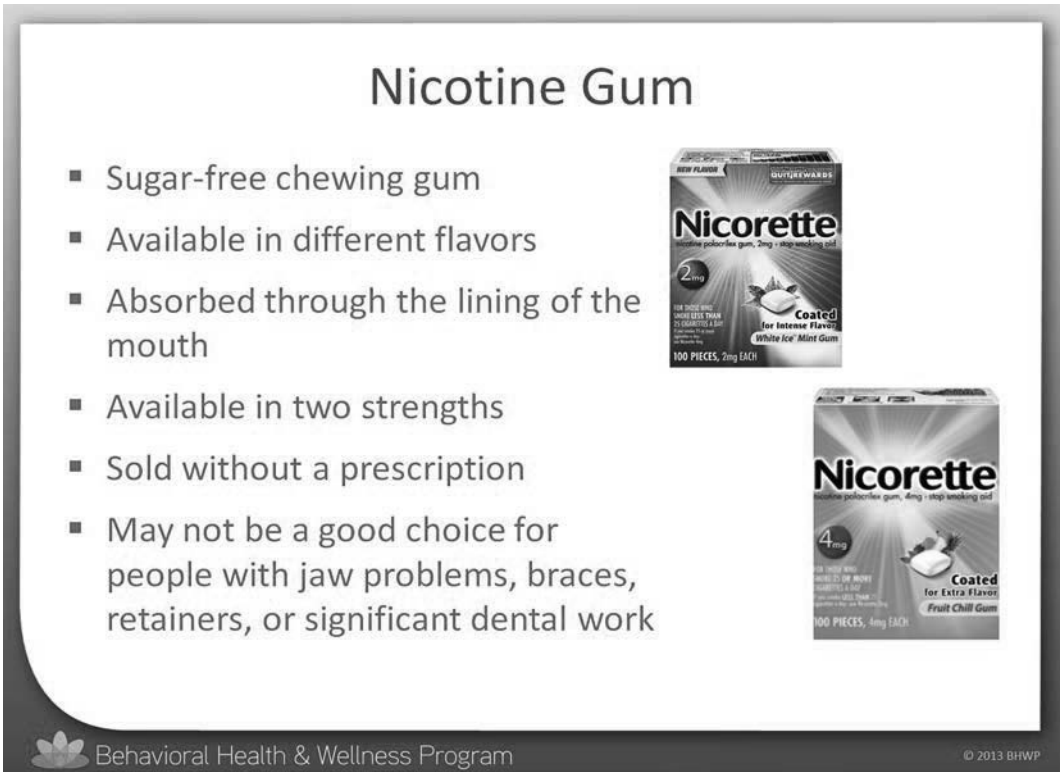


Training Notes:

1) This slide provides a snapshot of quit rates maintained over a 36-month, or 3-year, period with different medications. Note the quit rates for individuals who use some form of cessation medication are higher than for those individuals who used a placebo (Silagy & Stead, 2004; Hughes, Stead, & Lancaster, 2004; Gonzales et al., 2006).

Tobacco Free Program Module 3:

Tobacco Cessation Strategies



Training Notes:

1) The available strengths are 2mg and 4mg. The starting strength is based on the amount of tobacco the person used on a daily basis. Individuals who smoke at least 10 cigarettes a day should begin with the 4mg strength (Kozlowski et al., 2007).

2) Nicotine gum is available in several different flavors; cherry, mint, fruit, cinnamon and original.

3) The individual should chew and then park the gum along their gum line for 2 to 3 minutes. The nicotine from the gum is absorbed across the lining of the mouth.

4) Some people may find the gum difficult to chew and is not an ideal choice for people with jaw problems, braces, retainers, or significant dental work. Newer, softer to chew flavors of Nicorette are now available. The gum is available in brand name and generic.

Tobacco Free Program Module 3:

Tobacco Cessation Strategies

Training Notes:

1) The available strengths are 2mg and 4mg. The starting strength is based on the amount of tobacco the person used on a daily basis.

2) The lozenge comes in sugar-free mint, cappuccino and cherry flavors.

3) The lozenge is meant to be taken like other lozenges or cough drops (i.e., sucked and moved from side to side in the mouth until it dissolves).

4) The nicotine from the lozenge is absorbed across the lining of the mouth. Because the nicotine lozenge dissolves completely, it provides about 25% more nicotine than an equal dose of nicotine gum (Choi et al., 2003).

5) The nicotine lozenge improves quit rates significantly compared to placebo (Choi et al., 2003).

Tobacco Free Program Module 3:

Tobacco Cessation Strategies

Training Notes:

1) The available strengths are 21mg, 14mg, and 7mg. The starting strength is based on the amount of tobacco the person used on a daily basis. An individual who smokes a pack of cigarettes per day should begin with the 21mg patch.
2) The nicotine is delivered to the body through the skin. The nicotine patch should be placed directly on the skin somewhere on the upper body where there is very little hair, like the upper arm or upper back.
3) The nicotine begins to be absorbed within 1 to 4 hours after the patch is put on. The highest level of nicotine in the body occurs 3 to 12 hours after the patch is put on (depending on the brand). The patch should be changed every 24 hours and should be worn throughout the night unless experiencing sleeping problems.
4) The patch should not be cut in half. Once the patch has been cut, the nicotine seeps through the cut immediately instead of sustained release over the 24 hours. This can lead to an overdose of nicotine.

Tobacco Free Program Module 3:

Tobacco Cessation Strategies

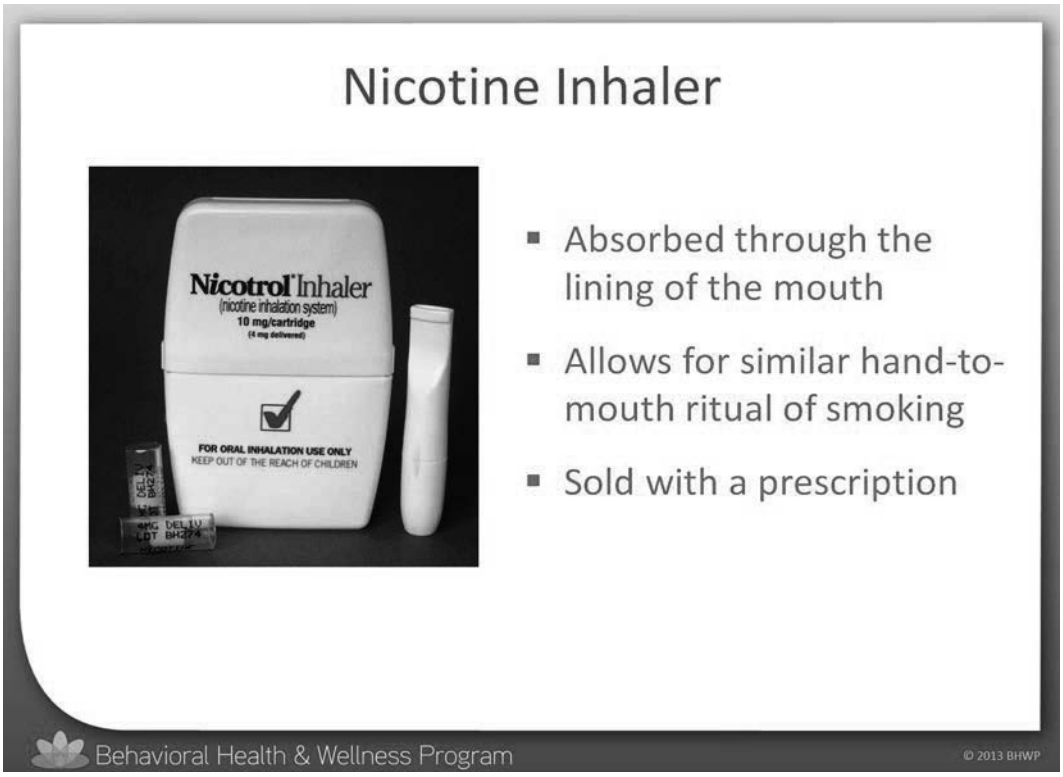
Training Notes:

1) Nicotine nasal spray delivers nicotine through the nose. One dose is one spray in each nostril. Each bottle contains about 100 doses (200 sprays), which is a 1-week supply for most people. Nicotine is absorbed more quickly through the spray (11–13 minutes) than through the use of the gum, patch, or inhaler (Fiore et al., 2008).

2) The nicotine nasal spray improves quit rates compared to placebo (Fiore et al., 2008).

Tobacco Free Program Module 3:

Tobacco Cessation Strategies



Training Notes:

1) The Nicotrol Inhaler (nicotine inhalation system) has two parts: a mouthpiece and a plastic cartridge. Each kit comes with about 42 cartridges. A person can use up to 4 cartridges per day. Each cartridge provides approximately 400 puffs and contains an estimated 4mg of nicotine (Schneider et al., 2001).

2) A person who smokes a pack a day repeats the motion of bringing a cigarette to their mouth up to 200 times a day or 73,000 times a year. Therefore, it is not surprising many people who smoke find they miss holding a cigarette and the act of putting a cigarette to their mouth. The nicotine inhaler was made to be used in a way that is similar to smoking and allows nicotine to be absorbed through the lining of the mouth.

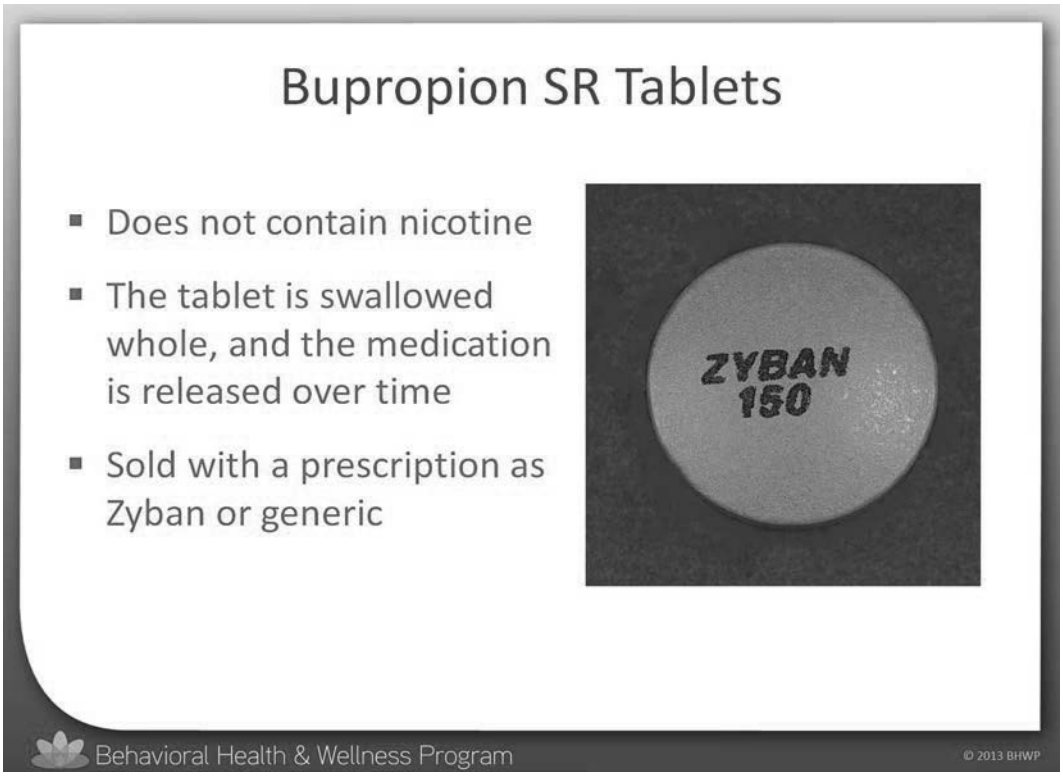
3) The highest nicotine levels occur after 30 minutes, compared to 5 minutes after cigarette smoking.

4) The nicotine oral inhaler significantly improves quit rates compared to placebo.

5) The downside to using the inhaler is that it reinforces the hand-to-mouth behavior of smoking (Schneider et al., 2001).

Tobacco Free Program Module 3:

Tobacco Cessation Strategies



Training Notes:

1) Bupropion sustained-release (SR) is a medication, commonly used to treat depression (also known as Wellbutrin). The SR stands for sustained release, which means the medication is released over time. This medication does not contain nicotine. It is sold with a prescription as Zyban or as a generic.

2) The use of bupropion SR can double the chances of quitting compared to a placebo (Fiore et al., 2008). Bupropion has been found to be effective for treating smoking for people who do and do not have a history of depression (Cox et al., 2004; Piper et al., 2009).

Tobacco Free Program Module 3:

Tobacco Cessation Strategies

Training Notes:

1) Varenicline, marketed as “Chantix”, is available by prescription only. This medication does not contain nicotine.

2) Varenicline works in two ways:
    a) It acts like nicotine in the brain but does not have as strong of an effect.
    b) It blocks the places in the brain where nicotine would normally work.

3) It is important to note some people using varenicline have reported changes in behavior, agitation, depressed mood, suicidal thoughts or actions when attempting to quit smoking. A person should talk to his or her doctor before taking this medication to determine if varenicline might be a right fit for them.

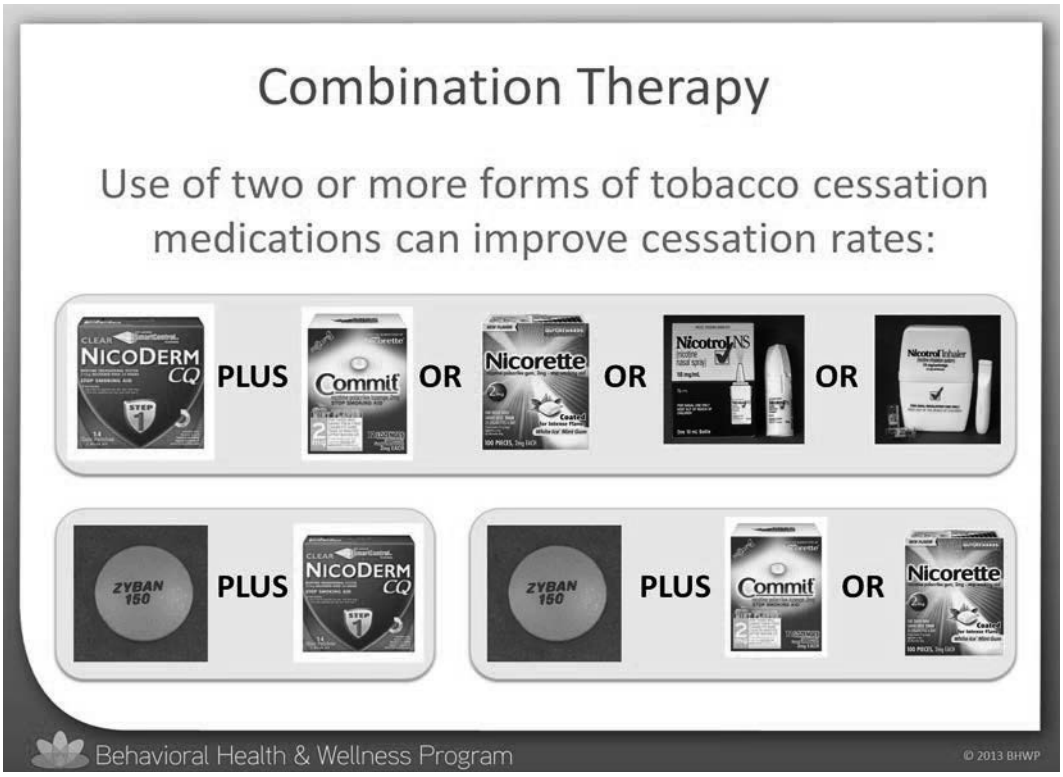
4) Anyone taking varenicline who reports agitation, depressed mood, or changes in behavior that are not typical for that person, or if they develop suicidal thoughts or actions, should stop taking varenicline and see a doctor right away (Pfizer, 2008).

5) Independent studies have been done on the safety of varenicline in persons with serious mental illnesses. Researchers did not find any significant safety concerns within this population and found varenicline to be more effective in cessation compared to patch or placebo (Grassi et al., 2011; Stapleton et al., 2007).

6) Varenicline increases chances of quitting compared to placebo and compared to bupropion SR (Fiore et al., 2008).

Tobacco Free Program Module 3:

Tobacco Cessation Strategies



Training Notes:

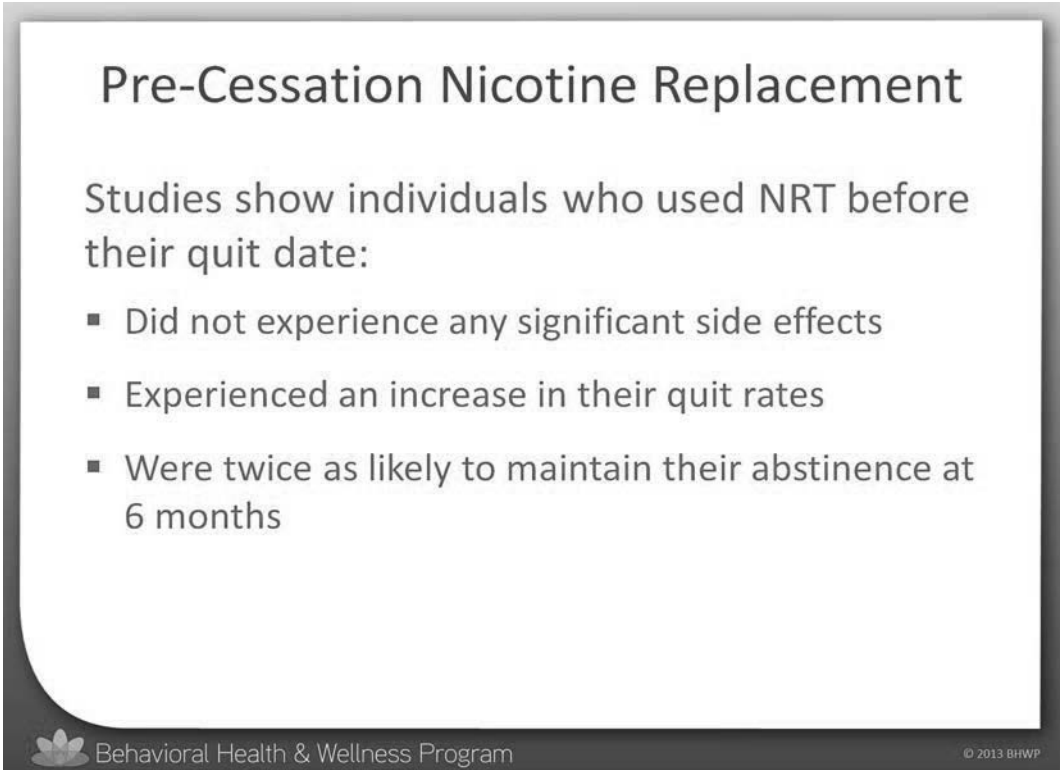
1) A common complaint from people who have made quit attempts using tobacco cessation medication is that the medications did not work. Given this complaint, many researchers began looking at how effective combination therapy was compared to using only one form of medication (Kozlowski et al., 2007; Bohadana et al., 2000; Piper et al., 2009).

2) Researchers found cessation rates were higher when they used combination therapy, compared to using only one of the therapies at a time (Kozlowski et al., 2007; Bohadana et al., 2000; Piper et al., 2009).
    a) A study examining the effectiveness of combination nicotine replacement therapy, with the patch and inhaler, found cessation rates at all stages were higher in people who used a combination therapy (Bohadana et al., 2000). Quit rates at three months were 84% with combination therapy versus 62% with a single form of NRT. Quit rates at 12 months were 40% with combination therapy versus 28% with a single form of NRT (Bohadana et al., 2000).

b) Researchers found using bupropion in combination with the gum or lozenge was more effective in cessation rates as compared to either used alone (Kozlowski et al., 2007; Piper et al., 2009).
c) In 2008, the U.S. Department of Health & Human Services Agency for Healthcare Research and Quality updated their medication recommendations guidelines to include combination therapy (USDHHS, 2008). Their recommendations are: nicotine patch along with the nicotine gum, nicotine lozenge, nicotine nasal spray or nicotine inhaler, or the nicotine patch and bupropion SR.

Tobacco Free Program Module 3:

Tobacco Cessation Strategies

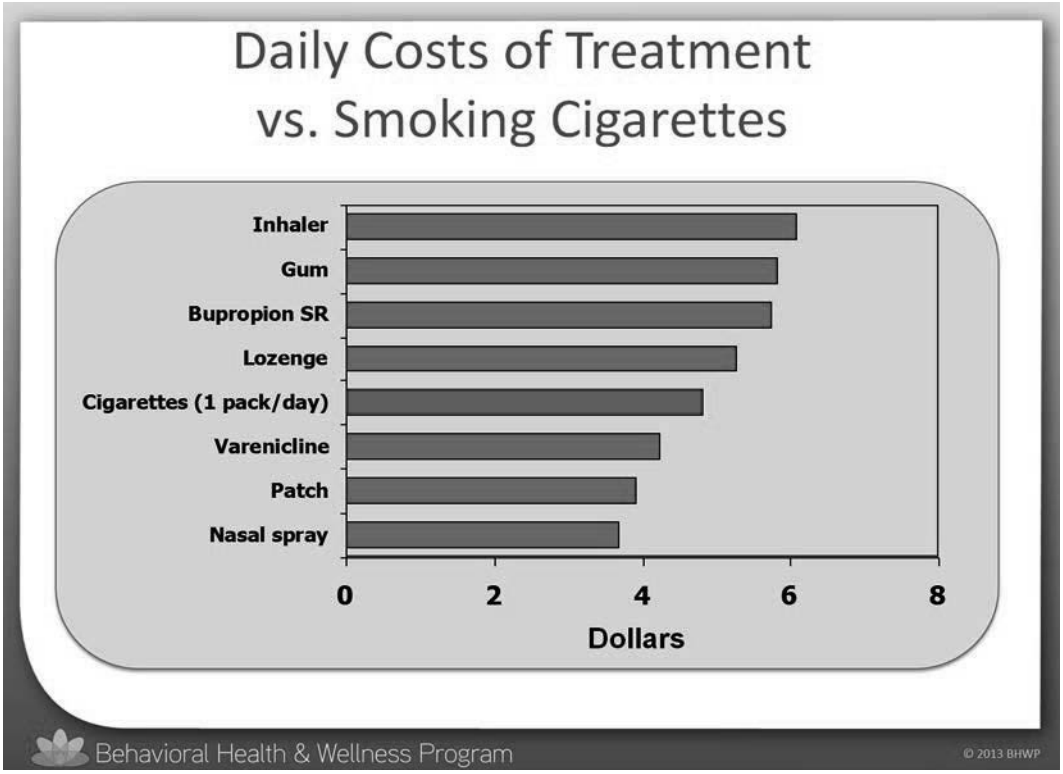


Training Notes:

1) Providers have also started using nicotine replacement therapies before the individual makes a quit attempt, and results in studies have shown:
    a) Individuals who used the patch prior to quitting did not experience any significant side effects, and side effects were not different or more significant compared to individuals who did not smoke while using the patch (Schiffman & Ferguson, 2008; Rose et al., 2009).
    b) At six months, those who used the patch before their quit date were twice as likely to have maintained their abstinence as those who used the patch on their quit date (Schiffman & Ferguson, 2008; Rose et al., 2009).

Tobacco Free Program Module 3:

Tobacco Cessation Strategies



Training Notes:

1) This slide represents the approximate daily cost of treatment for different medications compared to smoking one pack of cigarettes a day. These are estimates* based on recommended doses for each treatment. The costs vary depending on the amount the person smokes, the degree of nicotine dependence, and whether the product is name brand or generic.

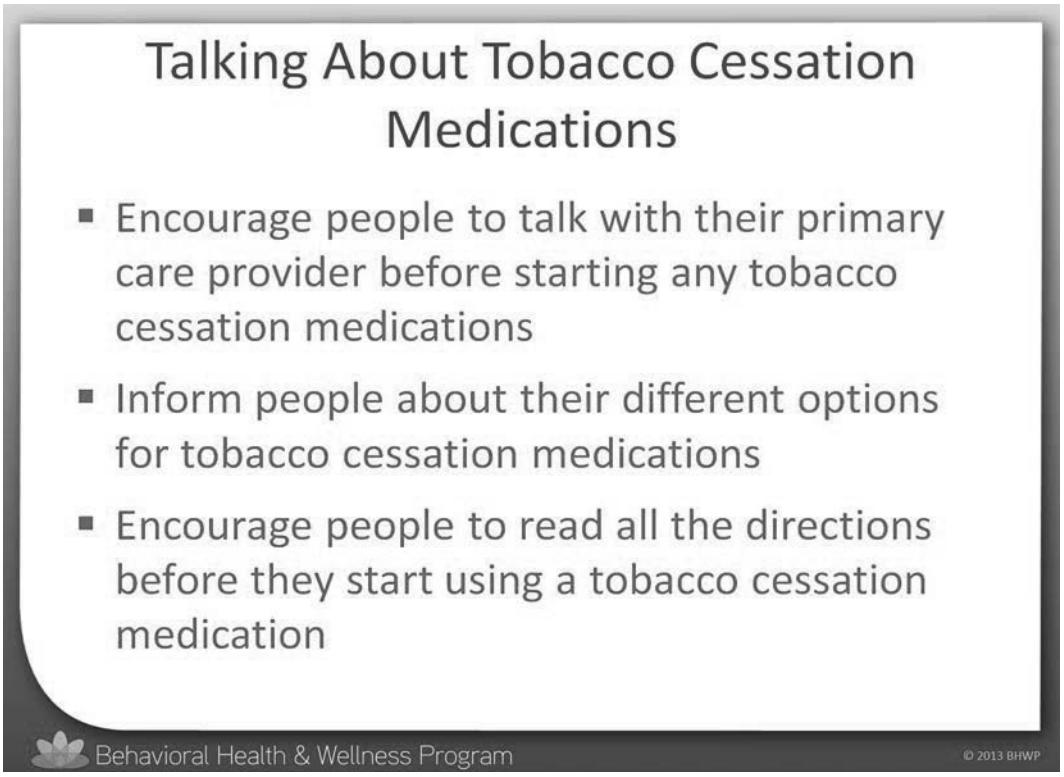
2) As a comparison, the cost for one pack of cigarettes (national average, approximately $4.80) is shown. In general, the daily cost of medications is similar to the cost of one pack of cigarettes.

3) If the costs of these medications per day seem high, remember that all of these treatments are much cheaper in the long-term than continuing to smoke.
*Cost calculated using the most expensive average wholesale price.

Reference for this slide: PDR Network, 2006.

Tobacco Free Program Module 3:

Tobacco Cessation Strategies



Training Notes:

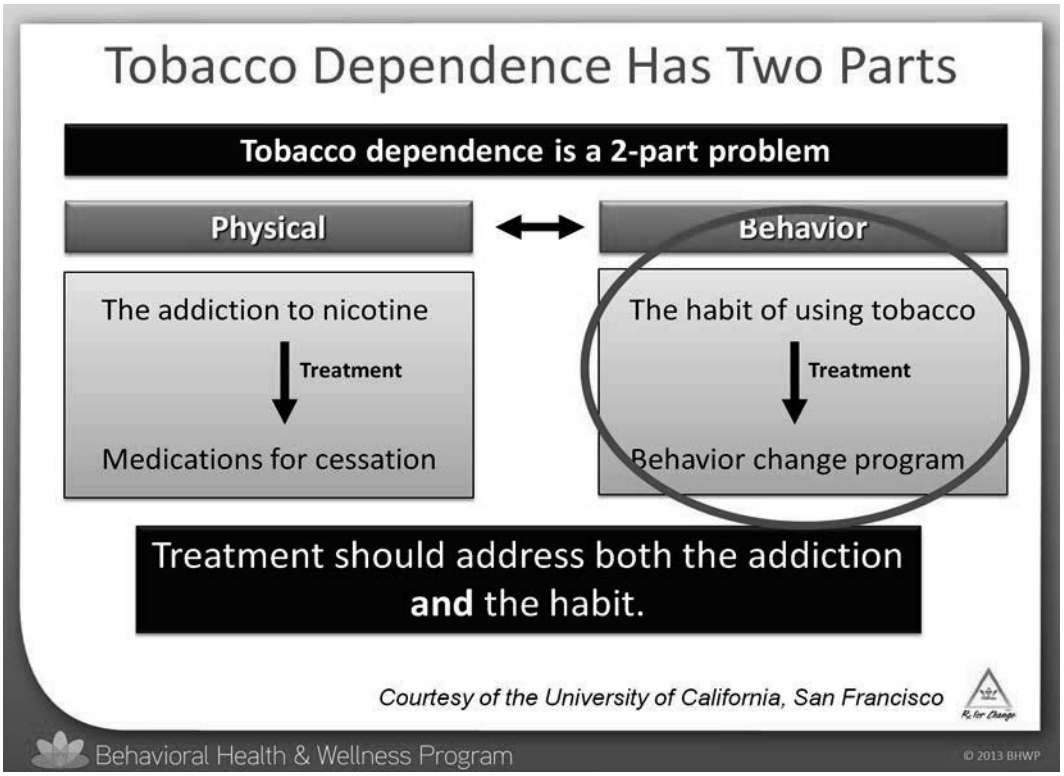
1) Depending on your organization's policies, you may not be able to offer specific advice about cessation medications. Be sure you encourage people to talk with a healthcare provider before starting any tobacco cessation medication.

2) You can provide information about the different tobacco cessation medications options generally available.

3) Tobacco cessation medications work best when used **with** counseling and support. We will talk next about the other important aspects of quitting.

Tobacco Free Program Module 3:

Tobacco Cessation Strategies



Training Notes:

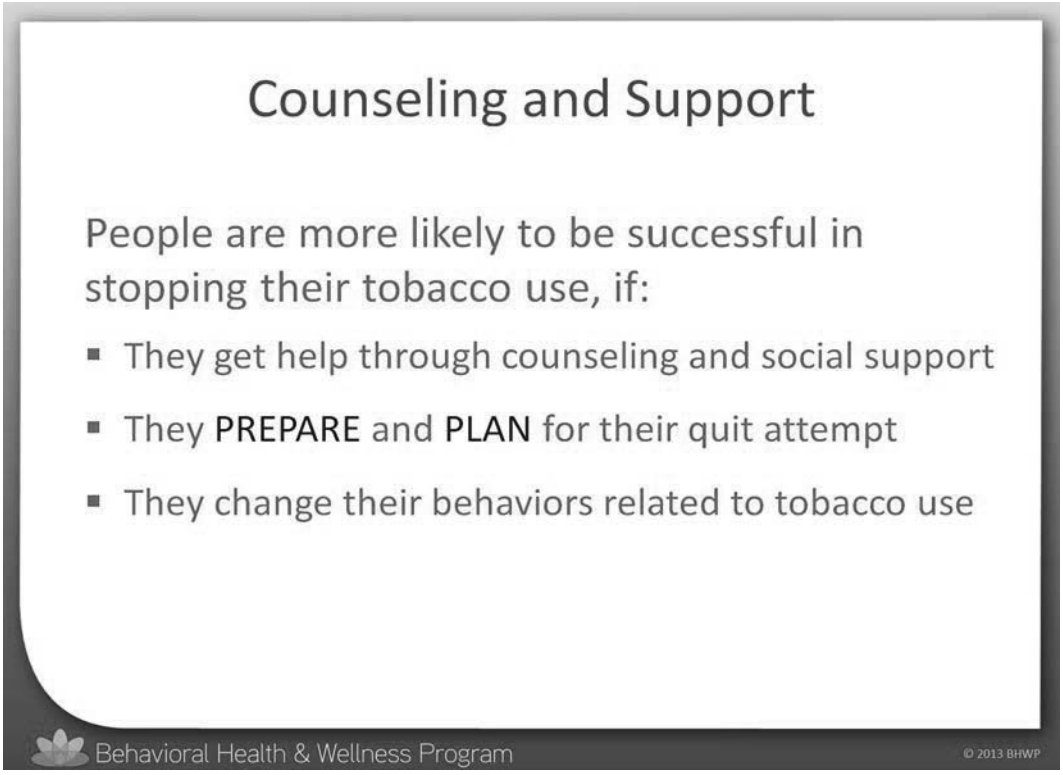
1) Tobacco addiction is a chronic brain disease, and it is best treated from two different approaches used at the same time. We need to treat the physical addiction as well as the behavior (the habit).

2) Addiction can be treated by using medications approved by the Food and Drug Administration (FDA) for tobacco cessation. The behavior (habit) can be treated through programs focusing on changing behavior, such as individual counseling, peer-led groups, and other cessation programs. We will mostly focus on changing behavior in this training, and what program facilitators can do to help individuals stop their addiction.

3) The "Clinical Practice Guideline" for treating tobacco use and dependence tell us that the best strategy for helping someone quit is a combination of counseling and FDA-approved cessation medications (Fiore et al., 2008). We will talk more about specific methods for treating tobacco use and dependence in an upcoming section.

Tobacco Free Program Module 3:

Tobacco Cessation Strategies



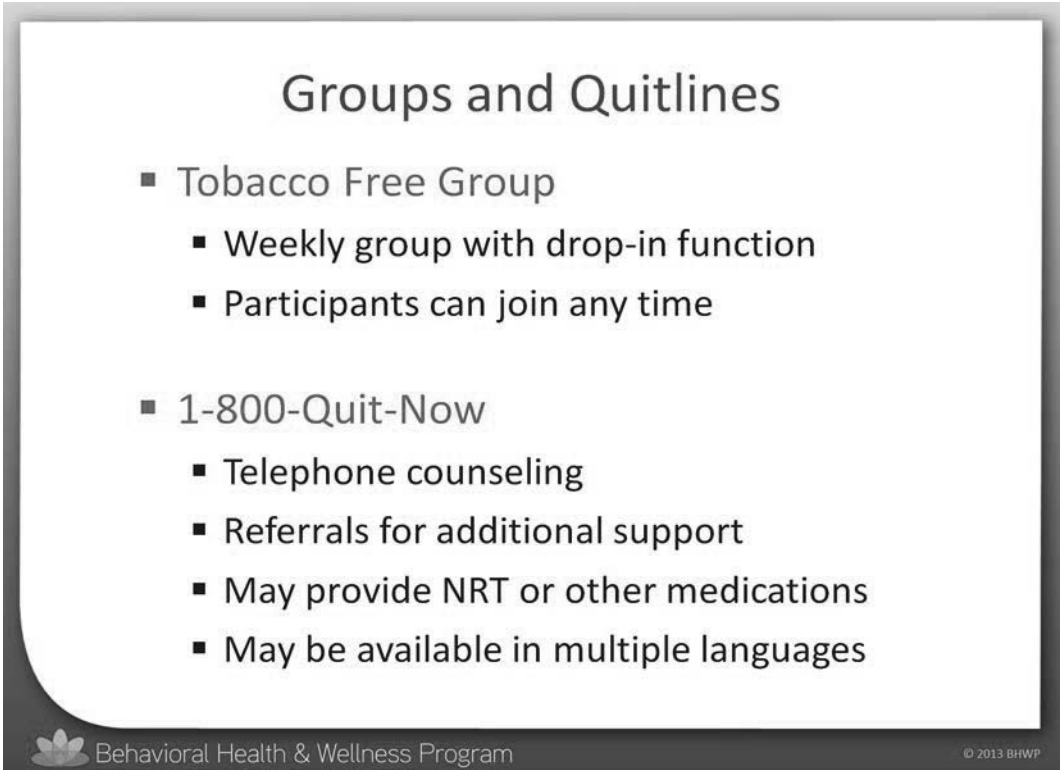
Training Notes:

1) People can be more successful in quitting if they see quitting as a learning process. Every person who smokes had to learn how to smoke. Quitting is learning how NOT to smoke. People tend to be more successful if they prepare and plan. Many people who are trying to quit decide to "try" to quit one day and see what happens, because they think they can simply "make" themselves quit smoking.

2) When people try to quit on their own, fewer than 5% of quit attempts are successful (Fiore et al., 2008). Many people who smoke do not realize how strong the habit of smoking can be or that changing smoking behavior means making major changes to daily patterns and routines. Many people who smoke see smoking as only an addiction and believe all they need to do is wear a patch or use gum. People do not realize that they need to address not only the physical addiction but their behaviors as well. People who are making a quit attempt need to make changes to their behaviors related to smoking.

Tobacco Free Program Module 3:

Tobacco Cessation Strategies



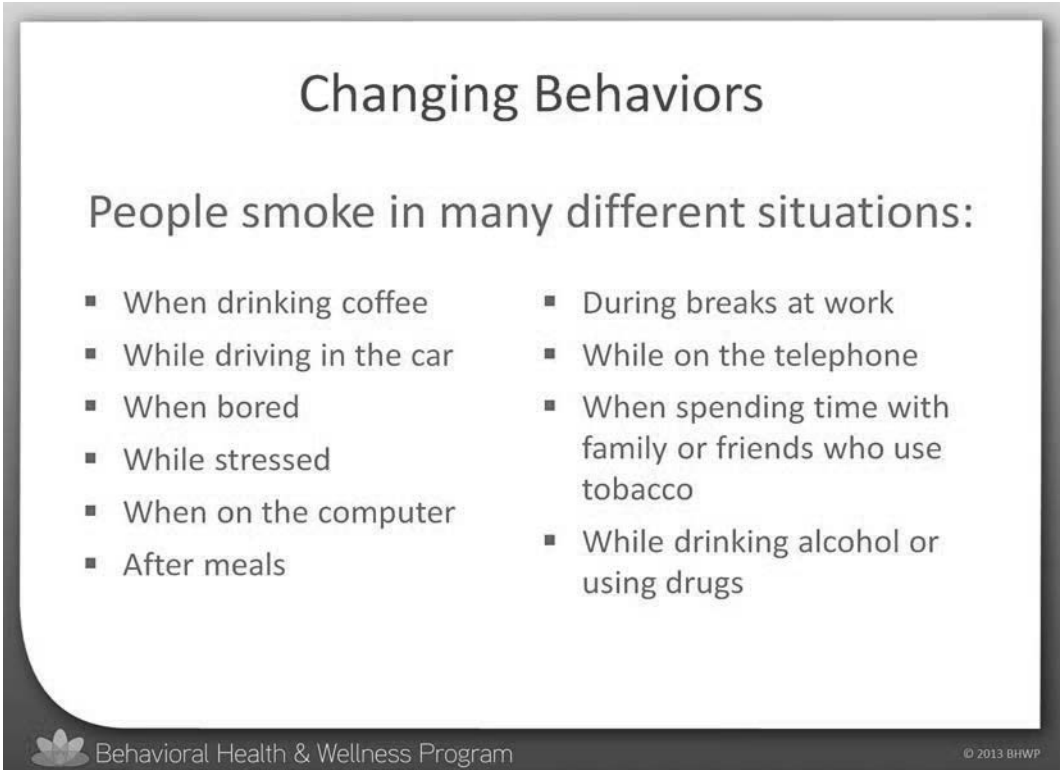
Training Notes:

1) You will be running our Tobacco Free group, and we will cover the group in great detail during tomorrow's training session.

2) Quitlines are a key component to state tobacco control programs in the U.S.
    a) They have been proven effective at helping people quit smoking.
    b) Quitline services may be provided free-of-charge. They provide telephonic counseling, self-help materials, and referrals for additional support.
    c) Some quitlines may provide nicotine replacement therapy or other cessation medications. This differs by state.
    d) Some quitlines may be available in other languages as well.
    e) Trainers should research information about quitlines in their area.

Tobacco Free Program Module 3:

Tobacco Cessation Strategies



Training Notes:

1) When helping a person stop their tobacco use, it is important to talk about what behaviors will need to change. The average smoker takes about ten puffs on a cigarette and smokes about 20 to 30 cigarettes a day. Therefore, they puff on a cigarette, on average, 200 to 300 times a day. People who smoke spend about 2 hours a day smoking.

2) Certain behaviors, situations, feelings, and places can become linked to tobacco use. For many people, certain situations like waiting for a bus, driving a car, or drinking coffee make people want to use tobacco. Many people who use tobacco may do so immediately after a specific behavior, without thinking about it. Thus, people may find they relapse or go back to using when they are in one of these situations in which they tend to smoke. Relapse is common, but quitting is still definitely possible. Unfortunately, smoking cessation medications like NRT will not help with these "behavioral" aspects of smoking. This is why counseling and other support combined with cessation medications is more effective than just using NRT or medications alone (Fiore et al., 2008; NASMHPD, 2006).

Tobacco Free Program Module 3:

Tobacco Cessation Strategies

Training Notes:

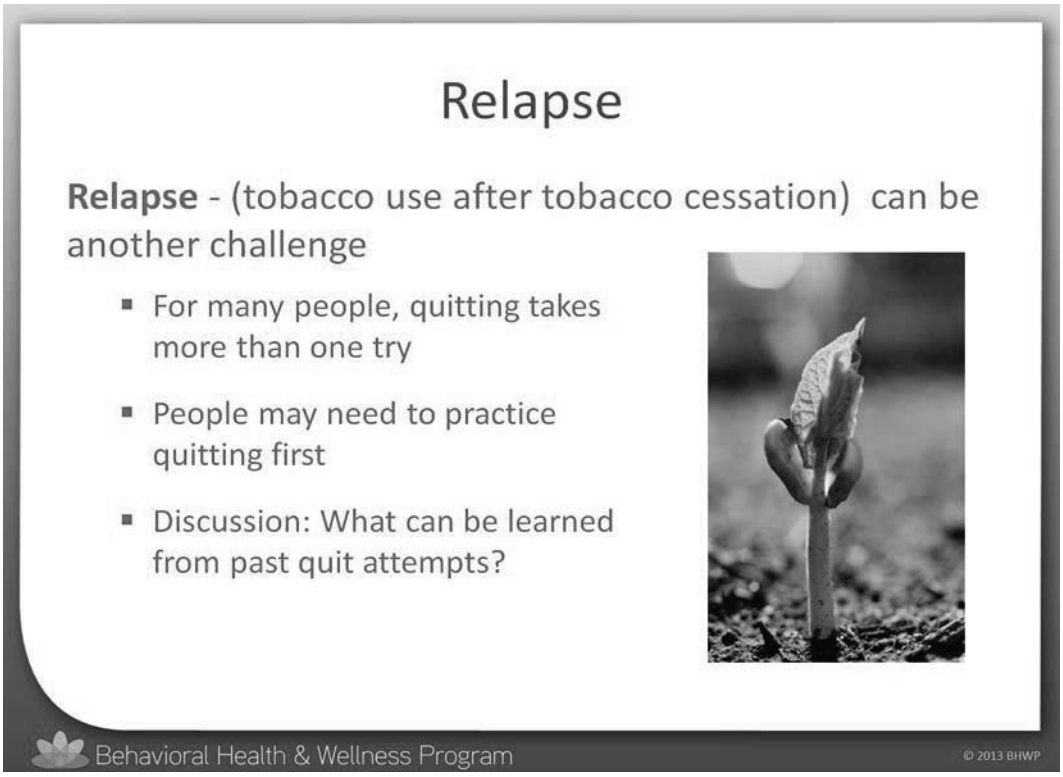
1) Quitting requires motivation. When you are working with individuals who say they are not ready to quit, talk with them about stopping their tobacco use. Ask them to write down a list of reasons why they want to quit and also reasons why they want to smoke. Assist them in strengthening their desire to quit by focusing on their personal benefits to quitting. Research finds most individuals who use tobacco want to quit (Fiore et al., 2008; NASMHPD, 2006). Furthermore, individuals who are unsure if they are ready to quit, and receive motivational counseling, are more likely to make a quit attempt within the few months following the counseling sessions (Steinberg et al., 2004).

2) Quitting requires learning new ways to cope with different situations as well as with tobacco cravings. When trying to quit, people will experience cravings as a response to tobacco use triggers in their daily life. Sometimes, the cravings can become so intense, people will end up relapsing and using. It is important to learn ways to cope with these situations or events that lead to cravings. Counseling can help people develop these new coping skills.

3) Quitting requires people to change behaviors. Individuals need to engage in new behaviors that are not connected to their tobacco use. Remember to encourage people to engage in activities they enjoy doing. For some people taking a long walk can be put in the place of smoking. For others, they may not enjoy being outdoors; therefore, an activity such as painting or doing a puzzle could be more appropriate.

Tobacco Free Program Module 3:

Tobacco Cessation Strategies



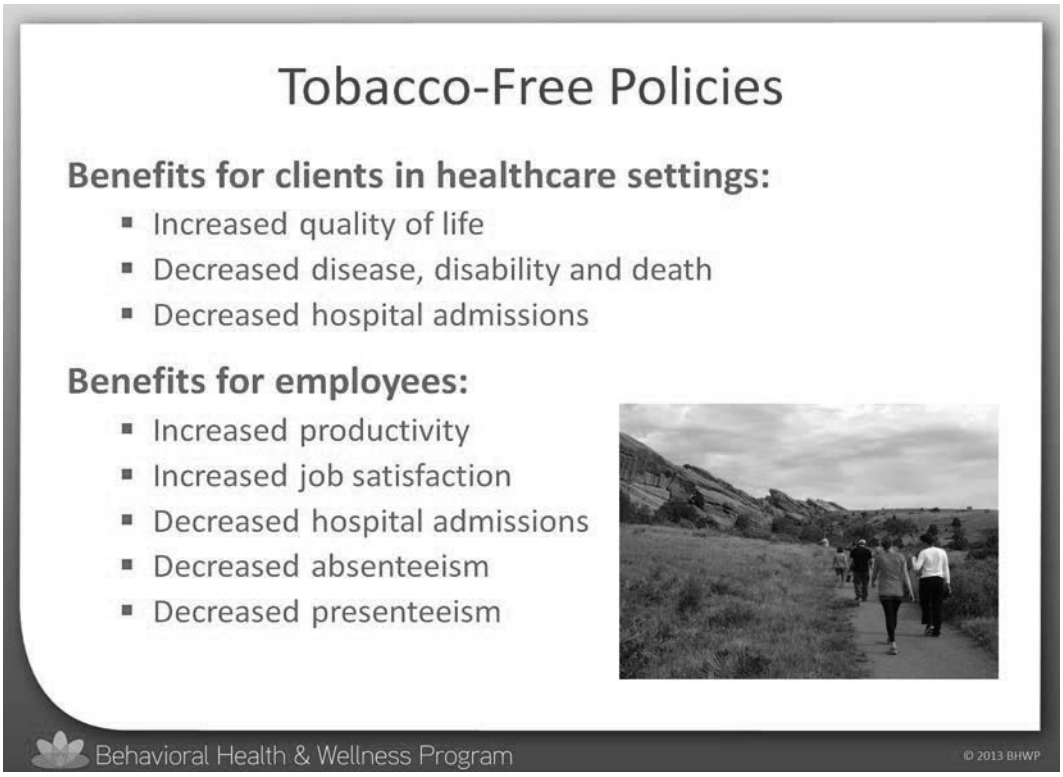
Training Notes:

1) Relapse (tobacco use after cessation) is common. For many people, quitting takes more than one try.

2) Talking about previous quit attempts can provide useful information for someone ready to try again. Take some time with the group participants to talk about what worked and what did not work during previous attempts. Encourage them to use methods that worked in the past and brainstorm new ideas that can support future quit attempts (Prochaska et al., 2011).

Tobacco Free Program Module 3:

Tobacco Cessation Strategies



Training Notes:

1) There is an overall return on investment when organizations implement tobacco-free policies (CDC, 2011e; USDHHS, n.d.).

2) Tobacco use drives cost in healthcare, both directly through medical illness and indirectly though lost productivity (CDC, 2011c).

3) Remind trainees the Behavioral Health and Wellness Program has developed a Tobacco-Free Toolkit available at www.bhwellness.org.

Tobacco Free Program Module 3:

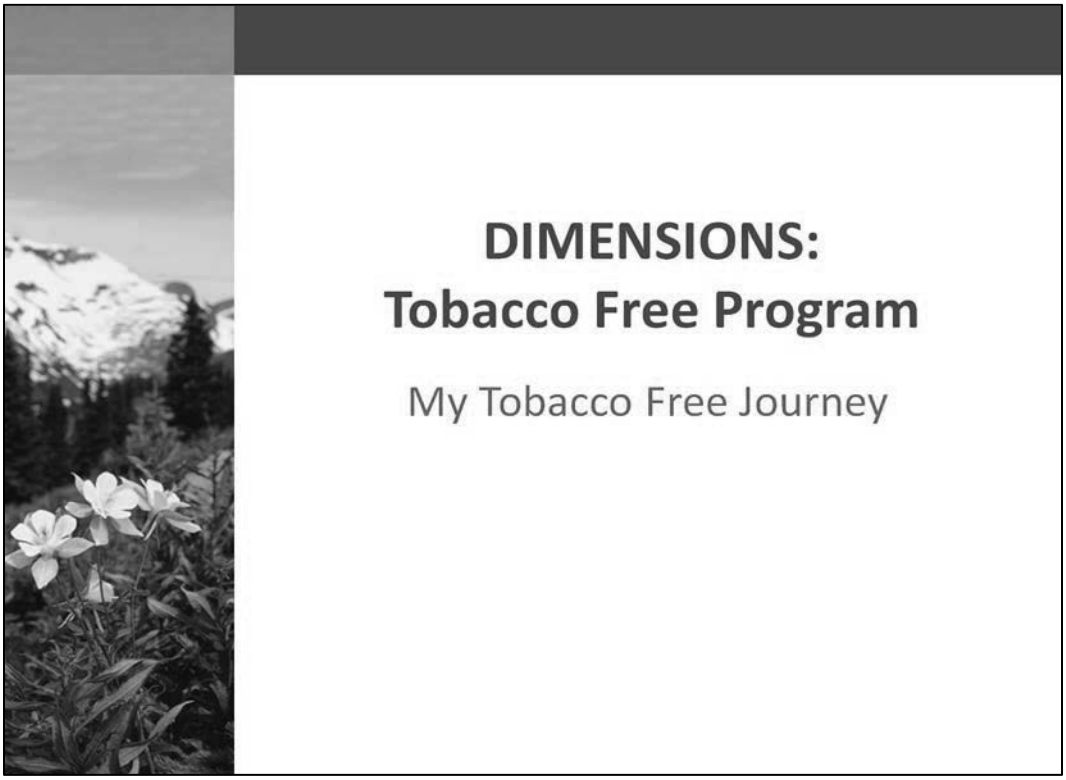
Tobacco Cessation Strategies

Training Notes:

1) Allow 5-10 minutes to answer questions.

Tobacco Free Program Module 3:

Tobacco Cessation Strategies



Training Notes:

1) Explain the "My Tobacco Free Journey" activity to trainees.
    a) As we know, there is power in sharing our personal stories with others who are experiencing a similar journey. In your role as a peer advocate/provider, it is important for you to know your tobacco-free journey and share it with the people you work with.
    b) The "My Tobacco Free Journey" activity is designed to encourage trainees to consider their story and practice sharing it with others.
    c) Ask trainees to think about their personal process to living a tobacco-free life. Encourage them to consider their tobacco use throughout their life, including messages from family, friends, society and self about their tobacco use. Have them think about past and current behaviors that both support and challenge the tobacco-free life they want to live. Ask them to examine how they have overcome barriers and discovered healthy lifestyle strategies that work for them.
    d) Ask trainees to take a few minutes to record some notes about their tobacco-free journey.

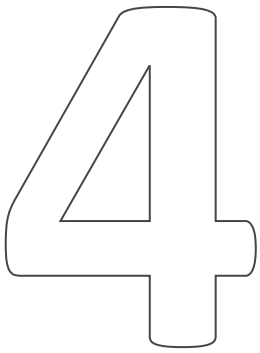
2) There are different ways to run this exercise depending upon the training group size and trainee background and experience:
    a) Select a couple of trainees to share their tobacco-free journey with the large group. When the trainee has completed their story, ask the trainees for their reaction to telling their story. Also, ask for feedback from the larger group to hearing their story.
    b) Another way is to ask trainees to separate into pairs or small groups. Ask them to share their tobacco-free journey with their partners or small group and discuss their reactions. When this process is complete, encourage trainees to share their experience and reactions with the larger group.

Tobacco Free Program Module 3:

Tobacco Cessation Strategies

Tobacco Free Program Module 5:

Tobacco Cessation Strategies

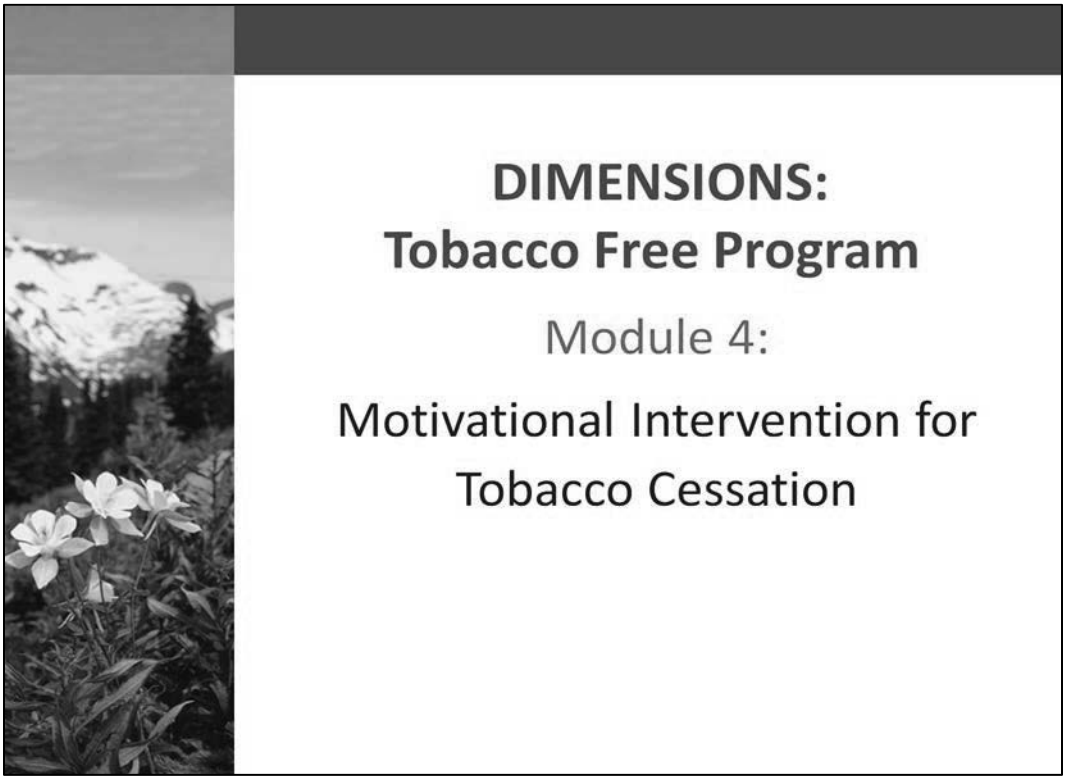


Tobacco Free Program Module 4:

Motivational Intervention for Tobacco Cessation

Tobacco Free Program Module 4:

Motivational Intervention for Tobacco Cessation

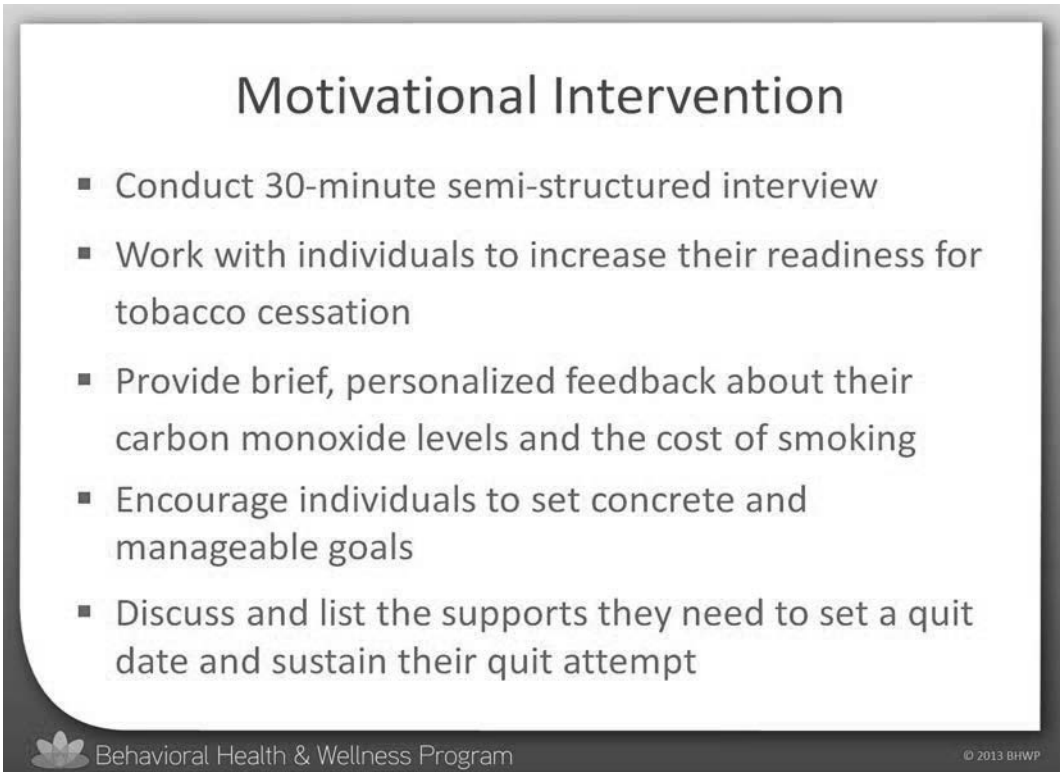


Training Notes:

1) In this module, we will review the stages of change, present a motivational intervention for tobacco cessation and discuss how to help individuals increase their motivation for tobacco cessation.

Tobacco Free Program Module 4:

Motivational Intervention for Tobacco Cessation



Training Notes:

1) The goal of this 30-minute semi-structured interview is to motivate people to engage in tobacco cessation or to begin to think about reducing their current level of tobacco use.

2) This intervention is based on some techniques used in Motivational Interviewing. Ask trainees if they are familiar with Motivational Interviewing. For those who are not, provide some basic information about the approach. Motivational interviewing is:
    a) An intervention used to motivate people towards behavior change;
    b) Originally a tool for recovery from addictions;
    c) Now used in many different settings to help people change unwanted behaviors.

3) The focus of this Motivational Intervention is to build the individual's motivation to change rather than to focus on the actual behavior change. During the motivational intervention, your focus is to assist people in their movement through the stages of change in order to increase their readiness to move towards their tobacco cessation goals.

Tobacco Free Program Module 4:

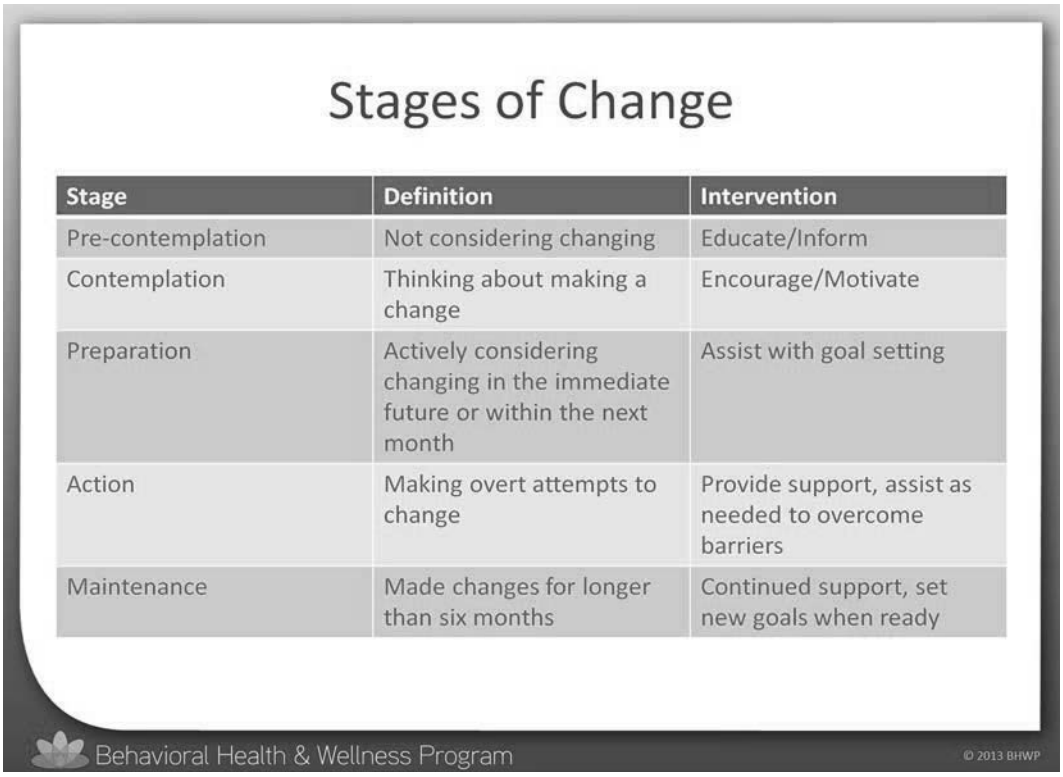
Motivational Intervention for Tobacco Cessation

4) This intervention provides individualized feedback about their carbon monoxide levels and money spent on cigarettes or other tobacco products.

5) This intervention is intended to supplement the Tobacco Free group by providing individual support towards living tobacco-free.

Tobacco Free Program Module 4:

Motivational Intervention for Tobacco Cessation



Training Notes:

1) Ask trainees if they are familiar with the stages of change. For those who are not familiar with this model, review the stages of change (Prochaska et al., 1992, as cited in NASMHPD, 2006). Remind trainees the intervention and approach is different depending upon each individual's stage of change.

2) Pre-contemplation: Individuals in the pre-contemplation stage are not considering reducing or quitting using tobacco. At this stage, people are not aware of how their behavior is affecting their health or that change is even needed.

3) Contemplation: The individual is not prepared to make changes but is aware that a change is needed. They may be aware of the negative health effects of their current behaviors due to their physical condition, advice from their healthcare providers, or feedback from friends and family. At this stage, assist individuals by exploring their vision of their tobacco-free life and identifying manageable goals.

4) Preparation: The individual is making a plan to stop using tobacco. At this stage, assist them with setting their cessation goals and explore how they will achieve their goals. Remember, it is important to keep the goals manageable.

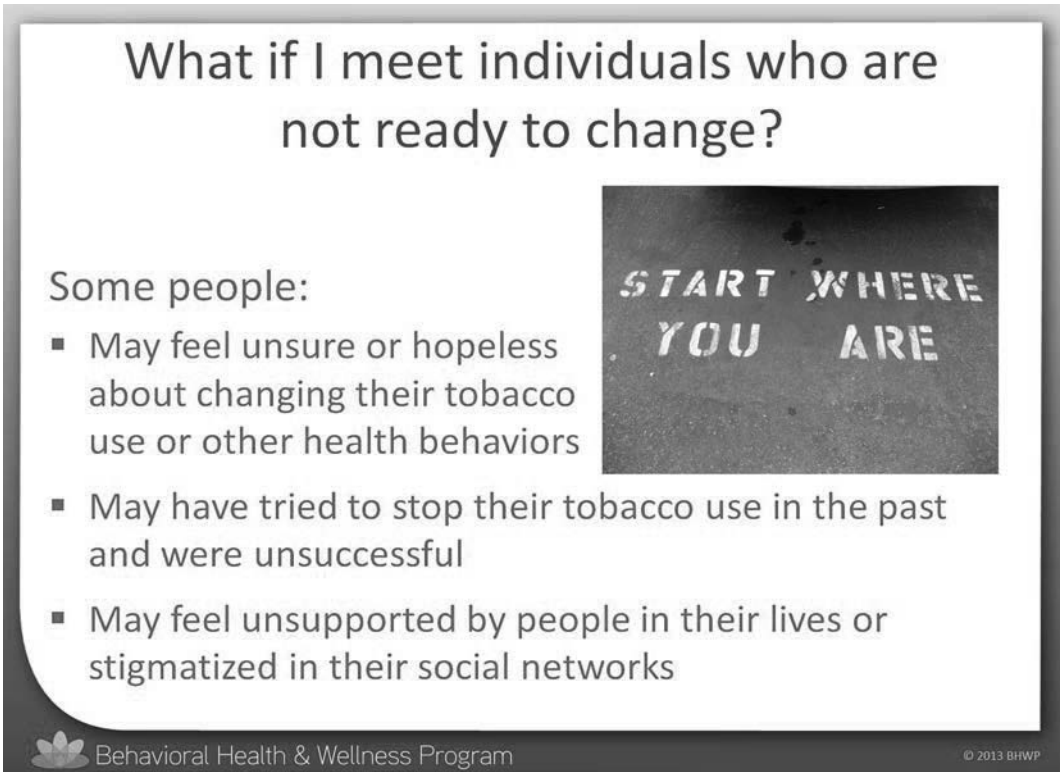
5) Action: The individual is actively engaged in tobacco cessation. At this stage, provide the support and assistance individuals need to achieve their goals and overcome any challenges that may arise.

6) Maintenance: The individual has made changes and achieved set goals. At this stage, continue to assist individuals in removing challenges that may arise, practicing healthy behaviors, and when ready, setting new tobacco-free goals.

7) It is important to note that not everyone moves through these stages one after the other. For instance, people may go back to old behaviors during stressful times. Change is rarely a straightforward path. During these times, help individuals to review their experience, identify what worked and what did not work, and prepare to try new behaviors again.

Tobacco Free Program Module 4:

Motivational Intervention for Tobacco Cessation



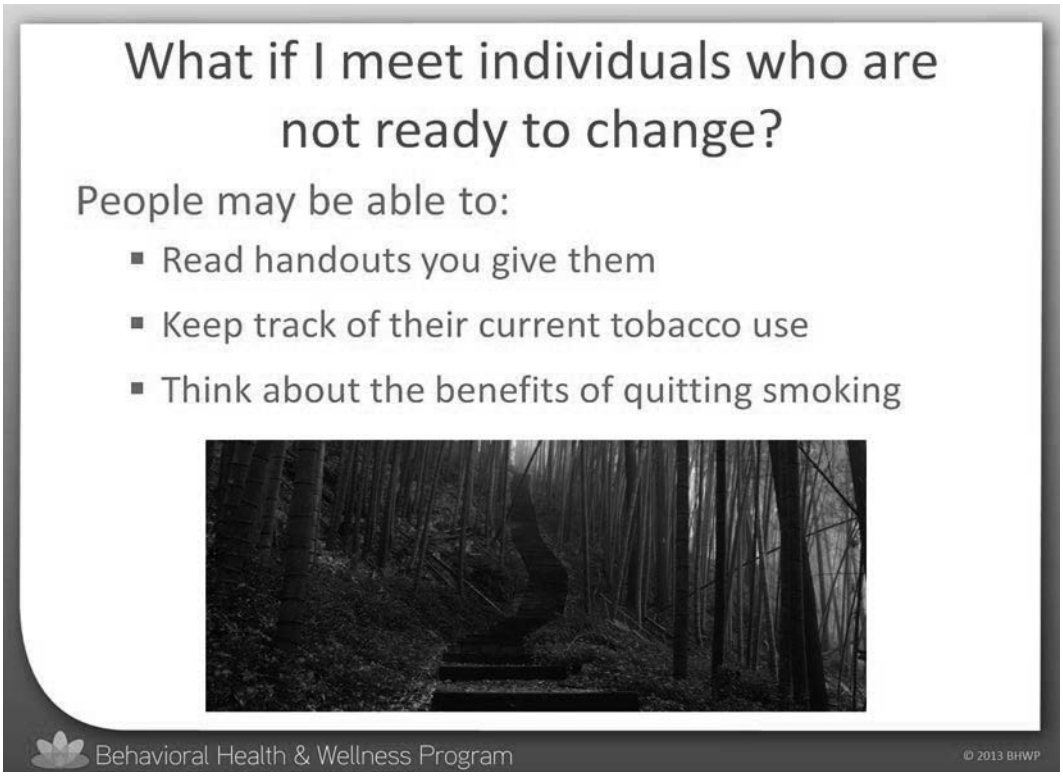
Training Notes:

1) Review this list of reasons individuals may not be ready to stop their tobacco use or other health behavior changes. Individuals may feel unsure or hopeless about trying to stop their tobacco use. Perhaps they have tried to stop their tobacco use in the past and were unsuccessful. Or they may feel pressure from family and friends, or even from society, to stop using tobacco, which may be frustrating or discouraging.

2) Discuss with trainees how they may want to approach and talk with individuals who are not ready to change.

Tobacco Free Program Module 4:

Motivational Intervention for Tobacco Cessation



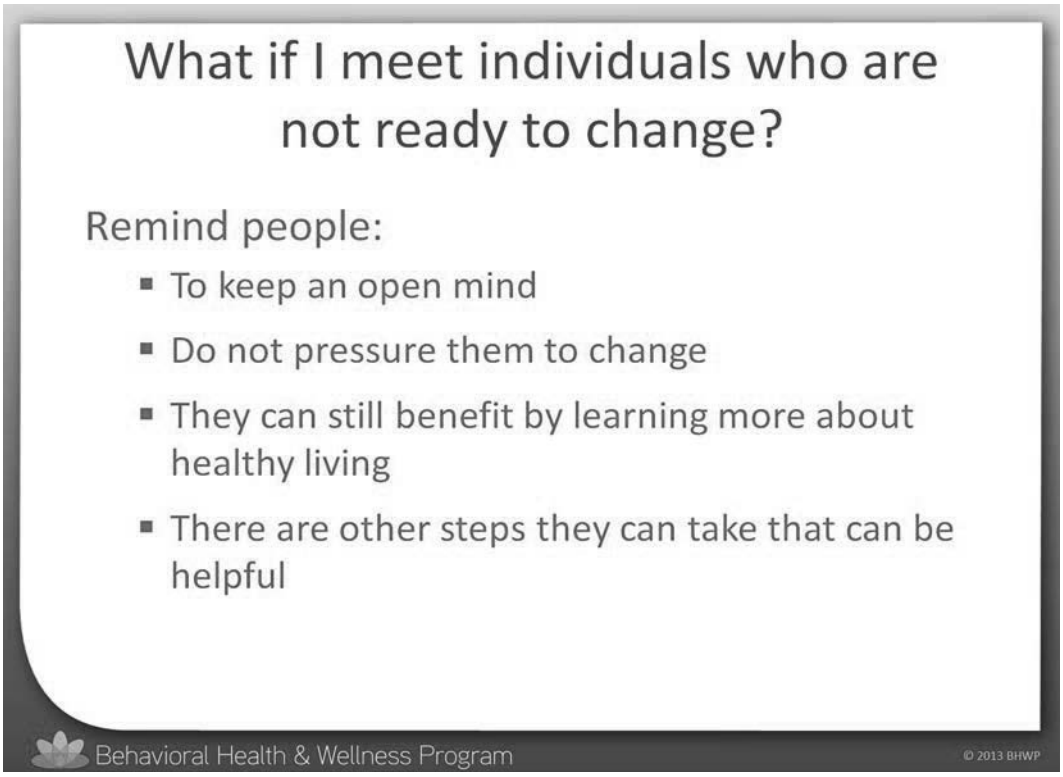
Training Notes:

1) Review this list with trainees.

2) Remind trainees that providing tobacco cessation information at the pre-contemplation stage is important. Even if people are not ready to make a change, they may be able to take action that can help them to get ready to change. One example is keeping track of their daily tobacco use.

Tobacco Free Program Module 4:

Motivational Intervention for Tobacco Cessation



Training Notes:

1) Review these points with trainees.

2) Remind trainees to listen to an individual's concerns about making health behavior changes. Validate their experience and encourage people to talk about reasons they may want to change their health behaviors.

Tobacco Free Program Module 4:

Motivational Intervention for Tobacco Cessation

Training Notes:

1) This handout will be provided to you electronically after this training.

Tobacco Free Program Module 4:

Motivational Intervention for Tobacco Cessation

Training Notes:

1) In the next several slides, walk trainees through the Tobacco Free Motivational Intervention.

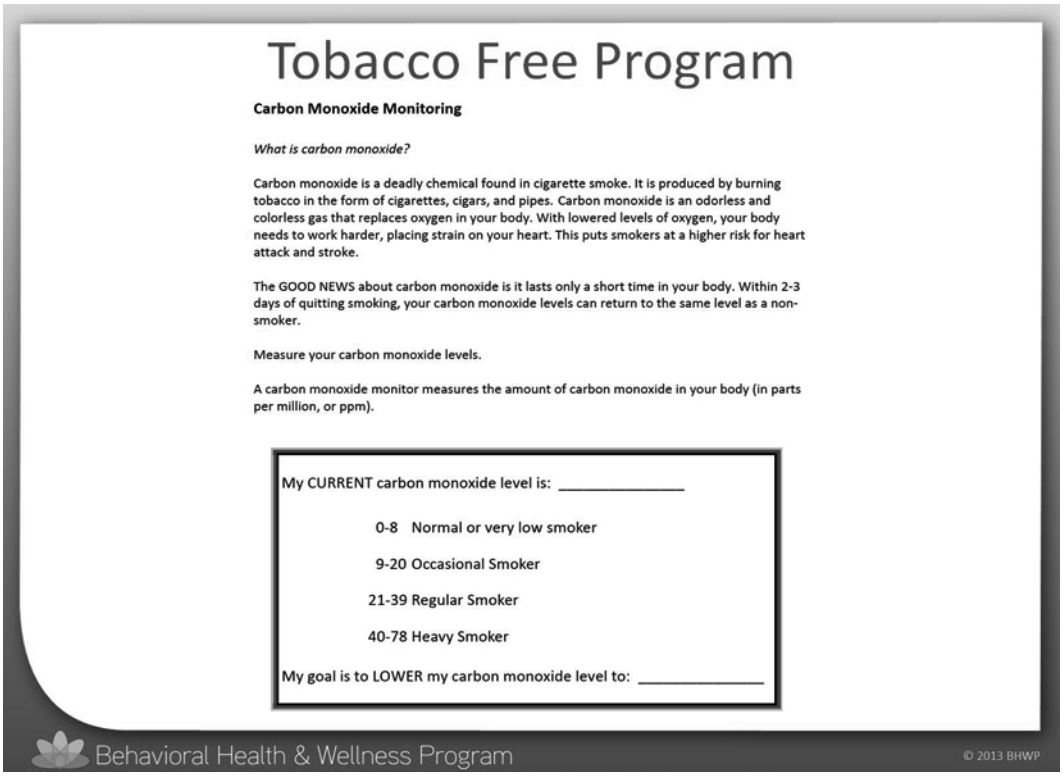
2) Review this form with trainees.

3) Instructions for page 1 of the Tobacco Free Motivational Intervention:
   a) This structured interview begins with gathering some basic information about the individual. Fill out the top portion of the form with the individual's name, the date, center name, and location.
   b) Move on to question 1. Write down their readiness to quit rating in the space provided.
   c) Ask them about what makes them rate their readiness to quit as _____. Take brief notes to record their response.

d) Finally, ask them what would need to change in order for their readiness to increase from _____ (current readiness rating) to a _____ (current readiness rating plus 2). If the individual is unsure how to respond, ask them what they would like to change for them to consider taking steps towards living a tobacco-free life. Take brief notes to record their response.
e) When you have completed the entire intervention, you will keep pages 1 and 2 for your records. Give the rest of the pages to the individual for their reference. Please check with your supervisor/organization about their specific record keeping policies.

Tobacco Free Program Module 4:

Motivational Intervention for Tobacco Cessation



Tobacco Free Program

Carbon Monoxide Monitoring

What is carbon monoxide?

Carbon monoxide is a deadly chemical found in cigarette smoke. It is produced by burning tobacco in the form of cigarettes, cigars, and pipes. Carbon monoxide is an odorless and colorless gas that replaces oxygen in your body. With lowered levels of oxygen, your body needs to work harder, placing strain on your heart. This puts smokers at a higher risk for heart attack and stroke.

The GOOD NEWS about carbon monoxide is it lasts only a short time in your body. Within 2-3 days of quitting smoking, your carbon monoxide levels can return to the same level as a non-smoker.

Measure your carbon monoxide levels.

A carbon monoxide monitor measures the amount of carbon monoxide in your body (in parts per million, or ppm).

My CURRENT carbon monoxide level is: _____

0-8 Normal or very low smoker

9-20 Occasional Smoker

21-39 Regular Smoker

40-78 Heavy Smoker

My goal is to LOWER my carbon monoxide level to: _____

Behavioral Health & Wellness Program

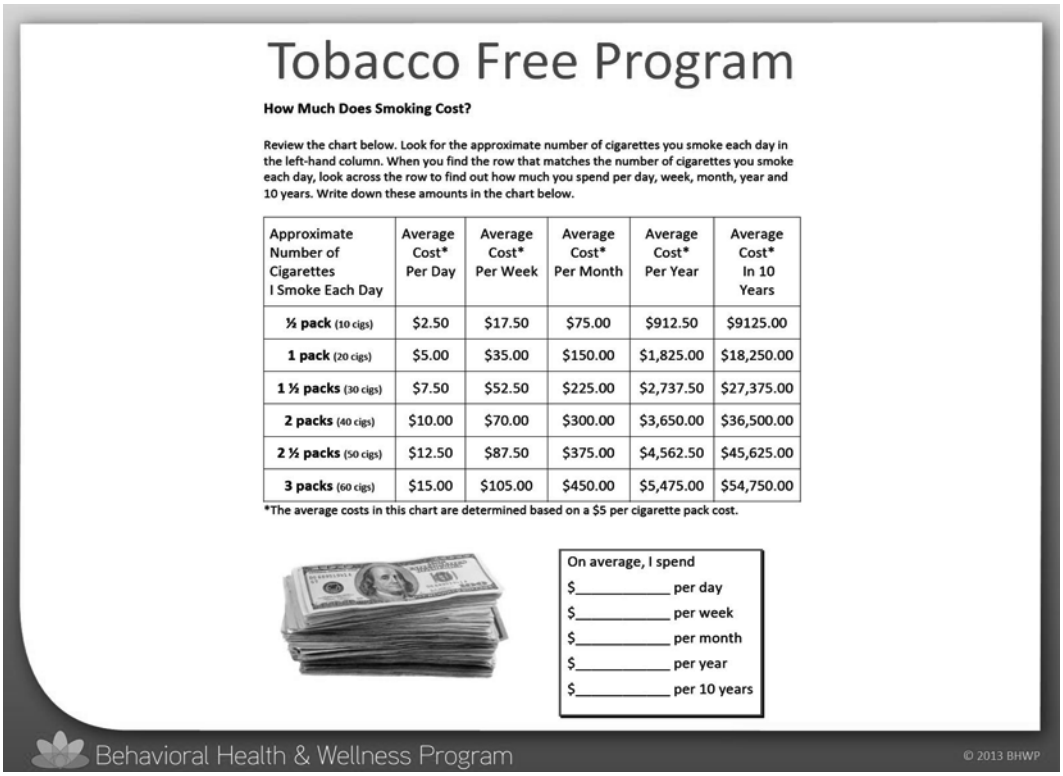
Training Notes:

1) Review this form with trainees.

2) Instructions for page 2 of the Tobacco Free Motivational Intervention:
    a) Talk with the individual about carbon monoxide. If you have access to a carbon monoxide monitor, use it to check their current carbon monoxide levels.
    b) The purpose of taking their level is not just to show them how high their levels are. Rather, it is to be used as a comparison as they quit smoking.
    c) It can be a powerful motivator in the short-term for individuals to see how their carbon monoxide level changes after they quit smoking.

Tobacco Free Program Module 4:

Motivational Intervention for Tobacco Cessation



Tobacco Free Program

How Much Does Smoking Cost?

Review the chart below. Look for the approximate number of cigarettes you smoke each day in the left-hand column. When you find the row that matches the number of cigarettes you smoke each day, look across the row to find out how much you spend per day, week, month, year and 10 years. Write down these amounts in the chart below.

Approximate Number of Cigarettes I Smoke Each Day	Average Cost* Per Day	Average Cost* Per Week	Average Cost* Per Month	Average Cost* Per Year	Average Cost* In 10 Years
½ pack (10 cigs)	$2.50	$17.50	$75.00	$912.50	$9125.00
1 pack (20 cigs)	$5.00	$35.00	$150.00	$1,825.00	$18,250.00
1 ½ packs (30 cigs)	$7.50	$52.50	$225.00	$2,737.50	$27,375.00
2 packs (40 cigs)	$10.00	$70.00	$300.00	$3,650.00	$36,500.00
2 ½ packs (50 cigs)	$12.50	$87.50	$375.00	$4,562.50	$45,625.00
3 packs (60 cigs)	$15.00	$105.00	$450.00	$5,475.00	$54,750.00

*The average costs in this chart are determined based on a $5 per cigarette pack cost.

On average, I spend
$_____ per day
$_____ per week
$_____ per month
$_____ per year
$_____ per 10 years

Behavioral Health & Wellness Program

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Training Notes:

1) Review this form with trainees.

2) Instructions for page 3 of the Tobacco Free Motivational Intervention:
   a) Review the contents of this form with individuals.
   b) Ask them how many packs of cigarettes they smoke in a day.
   c) Look up their information on the chart, sharing with them the amount of money they spend on cigarettes each day, week, month, year and over 10 years.
   d) Record their cost in the chart at the bottom of the page.

Tobacco Free Program Module 4:

Motivational Intervention for Tobacco Cessation

Training Notes:

1) Review this form with trainees.

2) Instructions for page 4 of the Tobacco Free Motivational Intervention:
   a) Ask individuals to list the top 3 reasons they want to stop their tobacco use. Record their responses on the handout.
   b) Ask them to talk about how each reason motivates them to stop their tobacco use. Record their responses on the handout.
   c) Encourage the person to write down their top 3 reasons to stop their tobacco use on a note card that they can carry in their pack or wallet, so they can see it regularly.

Tobacco Free Program Module 4:

Motivational Intervention for Tobacco Cessation

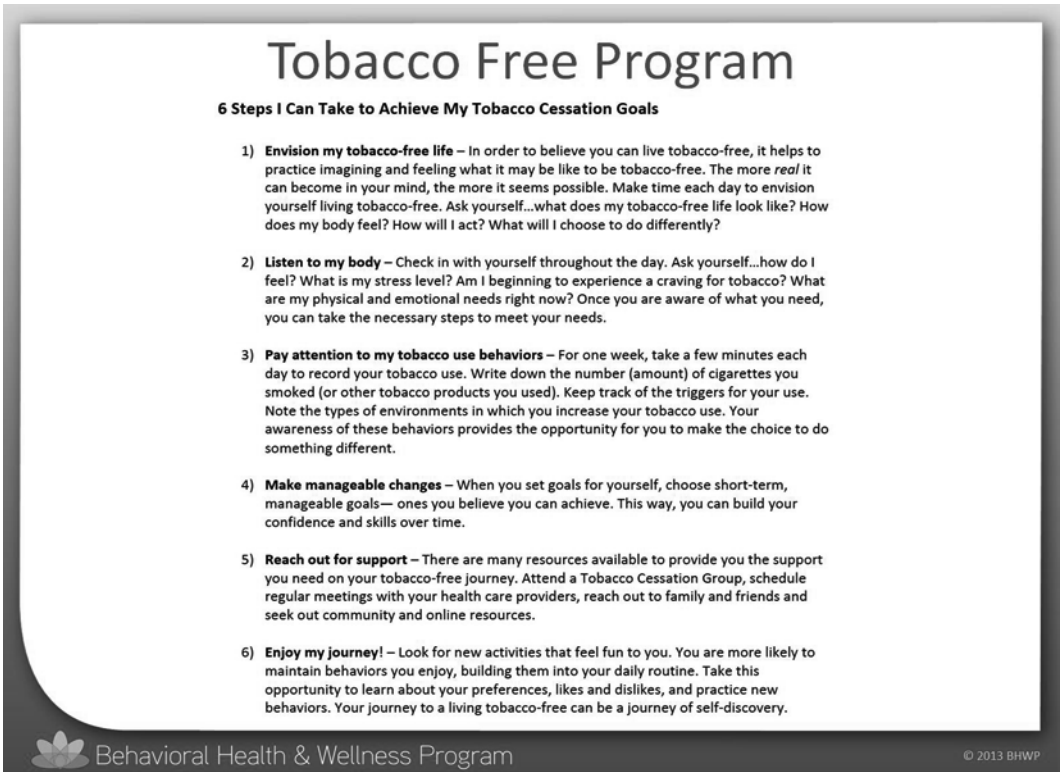
Training Notes:

1) Review this form with trainees.

2) Instructions for page 5 of the Tobacco Free Motivational Intervention:
   a) If the person is ready to set some tobacco cessation goals, encourage them to come up with two goals, one related to their tobacco use behaviors and another for a healthy behavior.
   b) Remind the individual that these goals are small steps towards their overall goal of stopping their tobacco use or increasing their overall health.
   c) Have the individual think about what they need to successfully achieve their tobacco cessation goals.
   d) Record their responses in the space provided.

Tobacco Free Program Module 4:

Motivational Intervention for Tobacco Cessation



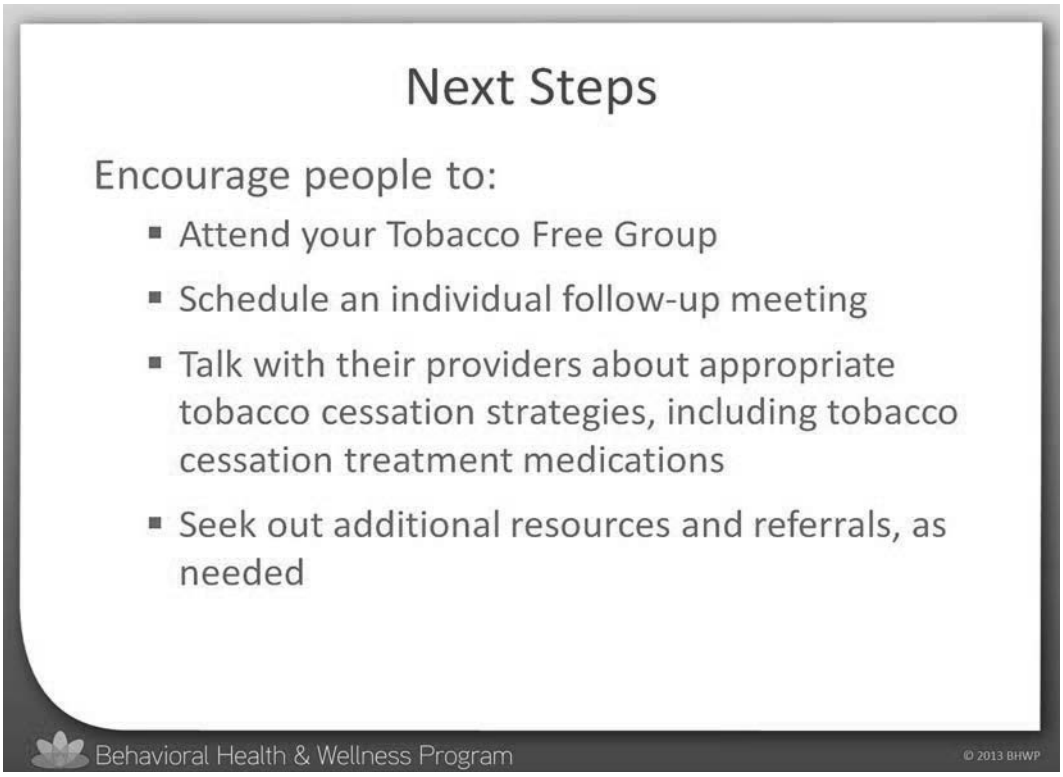
Training Notes:

1) Review this form with trainees.

2) Instructions for page 6 of the Tobacco Free Motivational Intervention:
    a) Review the 6 steps on this handout with individuals.
    b) Encourage them to think about things they already do in these areas.
    c) Have them consider ways they can incorporate these suggestions into their daily life.

Tobacco Free Program Module 4:

Motivational Intervention for Tobacco Cessation



Training Notes:

1) Once you have completed the motivational intervention, encourage individuals to talk with their provider about their current health status and appropriate tobacco cessation strategies. It is always a good idea to have people consult with their primary healthcare provider before engaging in tobacco cessation.

2) Refer the individual to your weekly Tobacco Free Group.

3) Schedule a follow-up meeting with the individual.

4) Provide information to the individual about community and online resources and referrals, as needed (e.g. quitline). Encourage them to seek out these resources.

Tobacco Free Program Module 4:

Motivational Intervention for Tobacco Cessation

Training Notes:

1) There are different ways to facilitate this exercise.

2) As the trainer, you can model the motivational intervention in front of the trainees with a volunteer acting as the client. After the role play is complete, ask the "client" and trainees to provide feedback/ reactions, both positive and constructive.

3) Or you can divide the group of trainees into small groups of three or four. Ask them to practice the Tobacco Free Motivational Intervention with two individuals acting out the motivational intervention while the observers provide feedback, both positive and constructive.

Tobacco Free Program Module 4:

Motivational Intervention for Tobacco Cessation

Training Notes:

1) Lead the trainees in a large group discussion about ways to integrate the Tobacco Free Motivational Intervention into their current practices.

2) Some suggestions:
    a) Use the motivational intervention as an intake to the group;
    b) Set up a booth or table at lunches, dinners, social events or health fairs;
    c) Seek out interested individuals to schedule a meeting time.

5 Tobacco Free Program Module 5:

Tobacco Free Group

Tobacco Free Program Module 5:

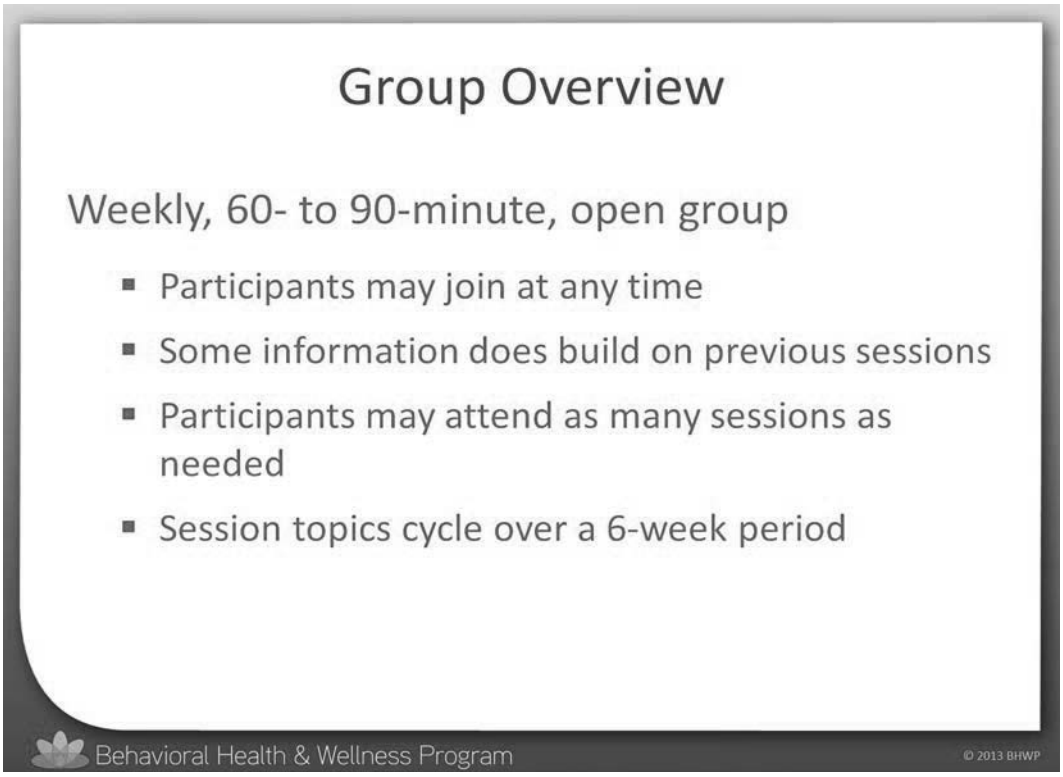
Training Notes:

1) Remind trainees this program is designed to be led by program facilitators who are trained to work in healthcare, wellness and prevention. The education and training of this program is intended to build upon training, skills and supervision obtained separate from this training.

2) In this module, we will review the DIMENSIONS: Tobacco Free Group Facilitator Manual and provide step-by-step instructions about how to run the Tobacco Free groups.

Tobacco Free Program Module 5:

Tobacco Free Group



Training Notes:

1) The Tobacco Free group is designed to be a weekly 60 to 90 minute group. Please note the length of your groups will be based on the needs of your organization. Check with your supervisor about setting the length of your group sessions.

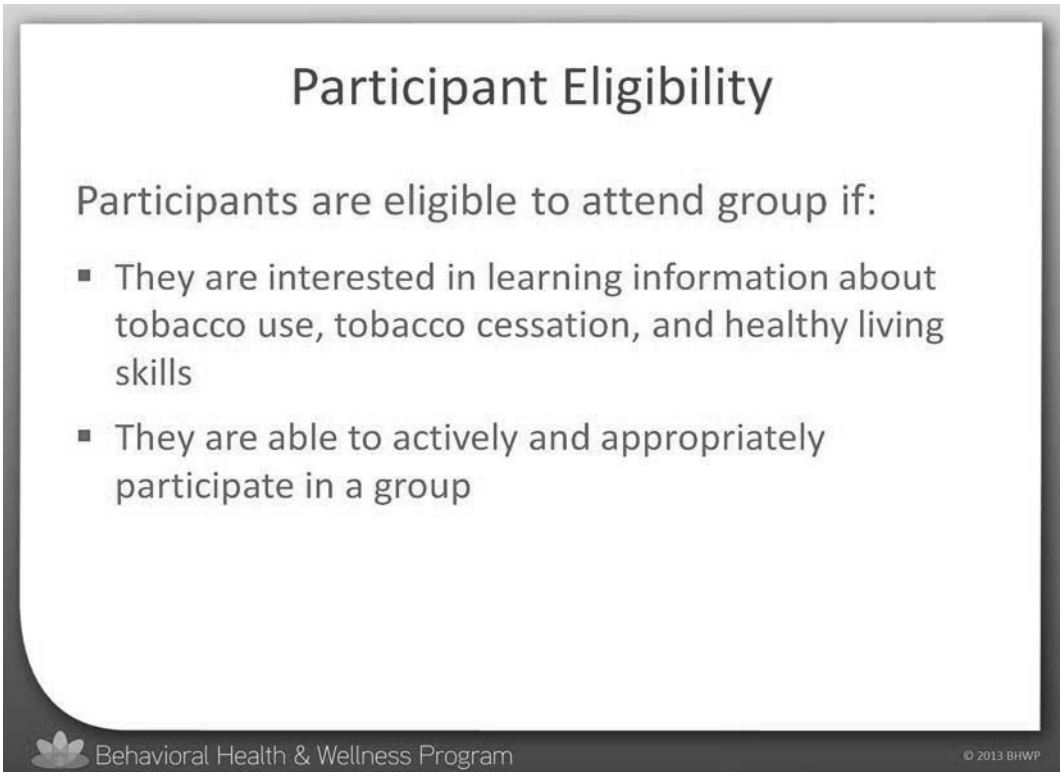
2) This group was designed to function as an open group, which means participants can join at any time and can attend as many sessions as needed. Ask trainees if they are familiar with the term “open group” and “closed group”. Take a little time to explain the difference between the two group formats. Engage the trainees in a brief discussion exploring the benefits and limitations of both formats.
    a) Open group format means participants can join and leave at any time. Participants can attend as many sessions as they feel will be helpful.
        i. Benefits of an open group format are more flexibility with group participants’ scheduling.

ii. Limitations of an open group format are less cohesion compared to a closed group (Note: having a consistent group leader can help to lessen difficulties with group cohesion).

b) Close group format means the group has a start date and a stop date. Once the group begins, it is closed to new members.
   i. Benefits of a closed group format are stronger group cohesion.
   ii. Limitations of a closed group format are a person has to wait to participate and during that time may change their mind about engaging in health behavior change. Membership can decrease and may become too small to be effective.

3) Group participants may attend only one or all of the group sessions. However, some of the information presented in group builds upon information presented in other group sessions. Participants should be encouraged to attend all six group sessions. If group participants want to continue to attend your Tobacco Free group after completing the six sessions, welcome them to join in any future group sessions

Tobacco Free Program Module 5:



Training Notes:

1) People are eligible to participate in this support group if:
    a) They are interested in learning information about tobacco, tobacco cessation and healthy living skills;
    b) They are able to actively and appropriately participate in group.

Tobacco Free Program Module 5:

Training Notes:

1) The next two slides provide general tips on how to facilitate groups.

2) First, ask trainees for a show of hands of who has experience facilitating groups. Having an understanding of the number of trainees experienced in group facilitation will help guide your discussion.

3) Review this information with trainees.
    a) As a program facilitator, your role is to lead group exercises, provide handouts and information as well as lead the group discussions. Encourage group participants to engage in the discussions. Be supportive to participants who may not want to share. You will find eventually people will share when they become more comfortable.
    b) Sharing your personal journey will not only allow group participants to learn from your personal experience but may also encourage others to share their experiences.

c) Creating an environment that is supportive and positive is essential as a group facilitator. Making changes in one's life can be challenging. Having a supportive group is an essential part of making and sustaining change. Group facilitators should encourage group participants to celebrate their successes.
d) Share the information and knowledge you have and encourage others to share their knowledge related to their personal experience. A group can be a powerful tool in helping individuals realize how their behavior may be helping or limiting them from making changes.

Tobacco Free Program Module 5:

Training Notes:

1) Review the following information with trainees.

2) Set ground rules with the group to create an open and supportive environment. Remember to review the ground rules at the start of each session. If possible, post the ground rules in the room. Some examples of ground rules include:
    a) *Avoid judgment* – There is no single right way to do anything. Try to maintain openness to differences.
    b) *Be on time* - Arriving late is disruptive.
    c) *Be respectful* – Respect each person's different beliefs and experiences.
    d) *Sharing is encouraged* – Although sharing is not mandatory, sharing personal experiences makes the group discussion more meaningful to everyone.
    e) *What is said in group stays in group* – Information shared in group remains private and confidential outside of group.

3) Be clear about your open door policy. An individual's journey towards a tobacco-free life is an ongoing process. If participants need additional sessions or drop out of group, allow them back in.

4) Having a support system is important when taking steps to change behavior (Yalom, 2005).

Tobacco Free Program Module 5:

Training Notes:

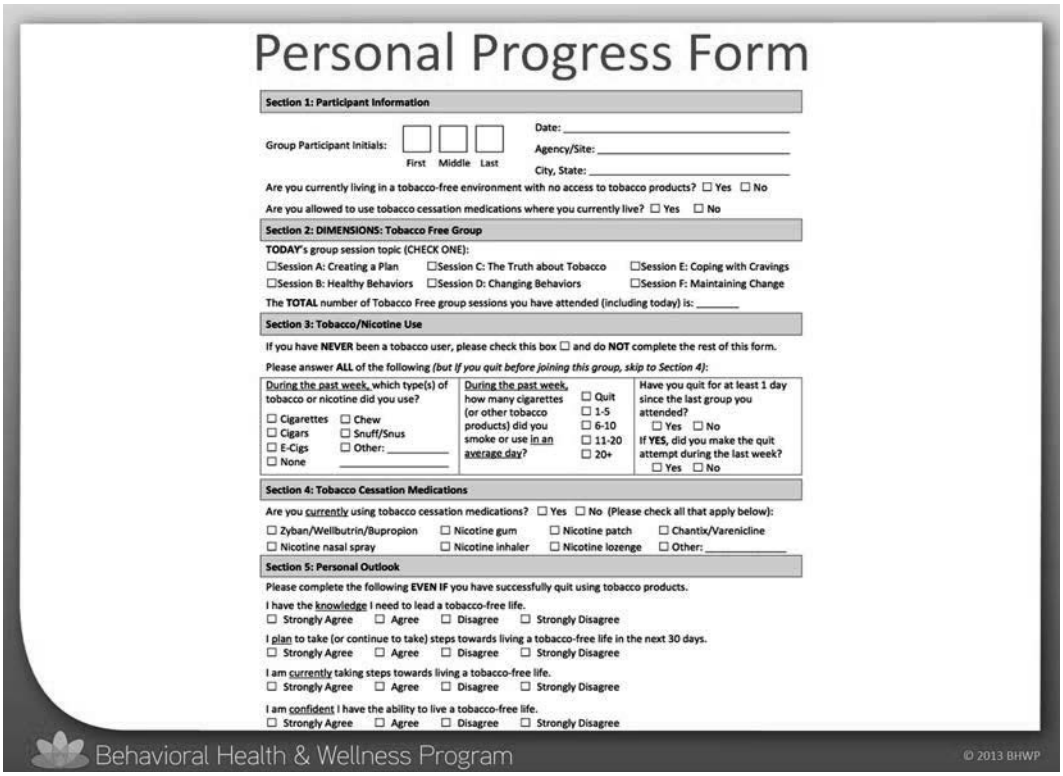
1) Start group sessions by having group participants fill out the Tobacco Free Program "Personal Progress" form. An image of this form is shown on the following slide and can be found in your group facilitator manual. Ask group participants to completely fill out this form. Collect the completed forms.

2) Next, introduce yourself to the group. Then, ask group participants to briefly introduce themselves and to give one reason why they were interested in attending the group.

3) Take a moment to review the ground rules for group. Review the ground rules at the start of each session. Post the ground rules in the room when possible.

Tobacco Free Program Module 5:

Tobacco Free Group



Personal Progress Form

Section 1: Participant Information

Group Participant Initials: ☐ ☐ ☐ (First Middle Last)

Date: _____

Agency/Site: _____

City, State: _____

Are you currently living in a tobacco-free environment with no access to tobacco products? ☐ Yes ☐ No

Are you allowed to use tobacco cessation medications where you currently live? ☐ Yes ☐ No

Section 2: DIMENSIONS: Tobacco Free Group

TODAY's group session topic (CHECK ONE):

☐Session A: Creating a Plan ☐Session C: The Truth about Tobacco ☐Session E: Coping with Cravings

☐Session B: Healthy Behaviors ☐Session D: Changing Behaviors ☐Session F: Maintaining Change

The **TOTAL** number of Tobacco Free group sessions you have attended (including today) is: _____

Section 3: Tobacco/Nicotine Use

If you have **NEVER** been a tobacco user, please check this box ☐ and do **NOT** complete the rest of this form.

Please answer **ALL** of the following *(but if you quit before joining this group, skip to Section 4)*:

During the past week, which type(s) of tobacco or nicotine did you use?	During the past week, how many cigarettes (or other tobacco products) did you smoke or use in an average day?	Have you quit for at least 1 day since the last group you attended?
☐ Cigarettes ☐ Chew ☐ Cigars ☐ Snuff/Snus ☐ E-Cigs ☐ Other: _____ ☐ None	☐ Quit ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 20+	☐ Yes ☐ No If **YES**, did you make the quit attempt during the last week? ☐ Yes ☐ No

Section 4: Tobacco Cessation Medications

Are you currently using tobacco cessation medications? ☐ Yes ☐ No (Please check all that apply below):

☐ Zyban/Wellbutrin/Bupropion ☐ Nicotine gum ☐ Nicotine patch ☐ Chantix/Varenicline

☐ Nicotine nasal spray ☐ Nicotine inhaler ☐ Nicotine lozenge ☐ Other: _____

Section 5: Personal Outlook

Please complete the following **EVEN IF** you have successfully quit using tobacco products.

I have the knowledge I need to lead a tobacco-free life.
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

I plan to take (or continue to take) steps towards living a tobacco-free life in the next 30 days.
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

I am currently taking steps towards living a tobacco-free life.
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

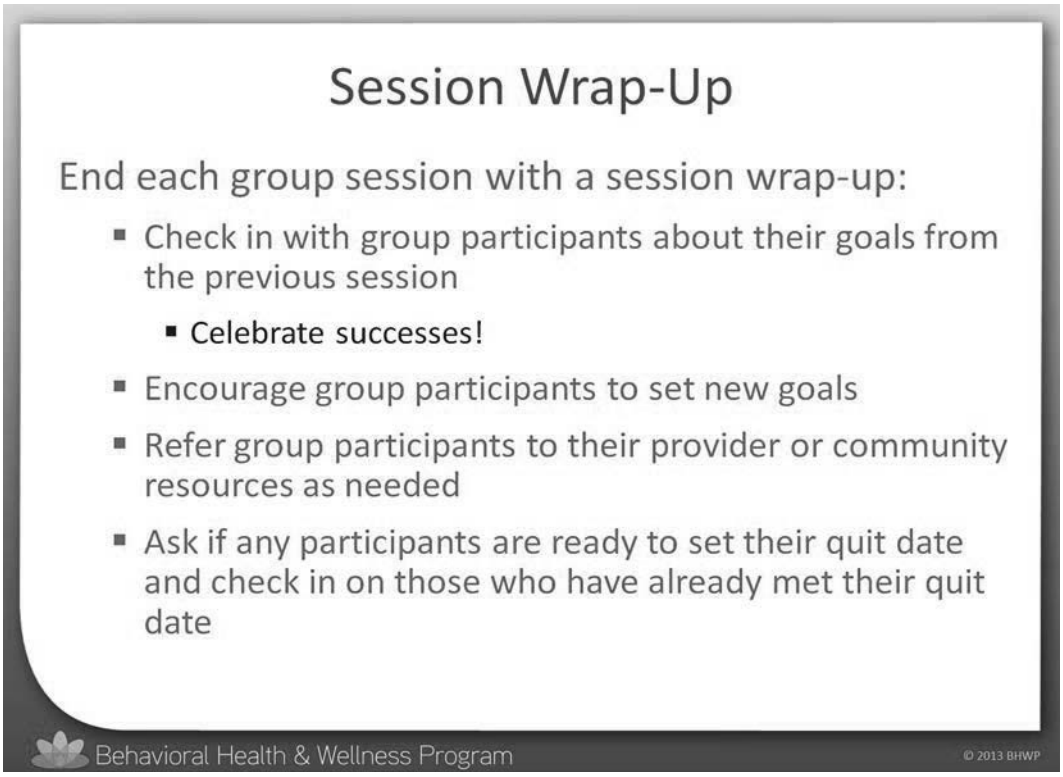
I am confident I have the ability to live a tobacco-free life.
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Behavioral Health & Wellness Program

Training Notes:

1) Please ask all group participants to complete the Tobacco Free Program "Personal Progress" form at the beginning of each group. Personal Progress Forms provide useful information about the progress of group participants as they move through the group sessions.
2) Forms need to be filled out completely and legibly. Once you have collected the forms, make sure you can read and understand the responses. You may want to fill out parts of the form like agency/site, city/state and session topics before handing out the form.
3) Each group facilitator should mail in a copy of all forms to BHWP on, at least, a monthly basis.
    a) Mail, fax or email your forms to the addresses noted on the back side of the front cover of this manual.
4) Check with your supervisor about how these forms will be maintained at your organization. Each site may handle storage and use of these forms differently.
5) A clean copy of this form can be found on page 18 of the DIMENSIONS: Tobacco Free Group Facilitator Manual.

Tobacco Free Program Module 5:



Training Notes:

1) Wrap up each group session by checking in with group participants about their tobacco cessation activities and goals from today's session or previous sessions.
2) Remember to celebrate every success! The journey to achieving their Tobacco Free goals can be long for some individuals. It is very important to celebrate all the successes along the way.
3) As group participants achieve their Tobacco Free goals, encourage them to set new goals.
4) Remember to refer group participants to their providers and/or community resources as needed. It can be helpful to have quitline phone numbers available at each session, so you can hand them out as needed.
5) Check in with participants to determine if anyone wants to set a quit date. For those who have already set a quit date, check in with those individuals specifically and offer support.

Tobacco Free Program Module 5:

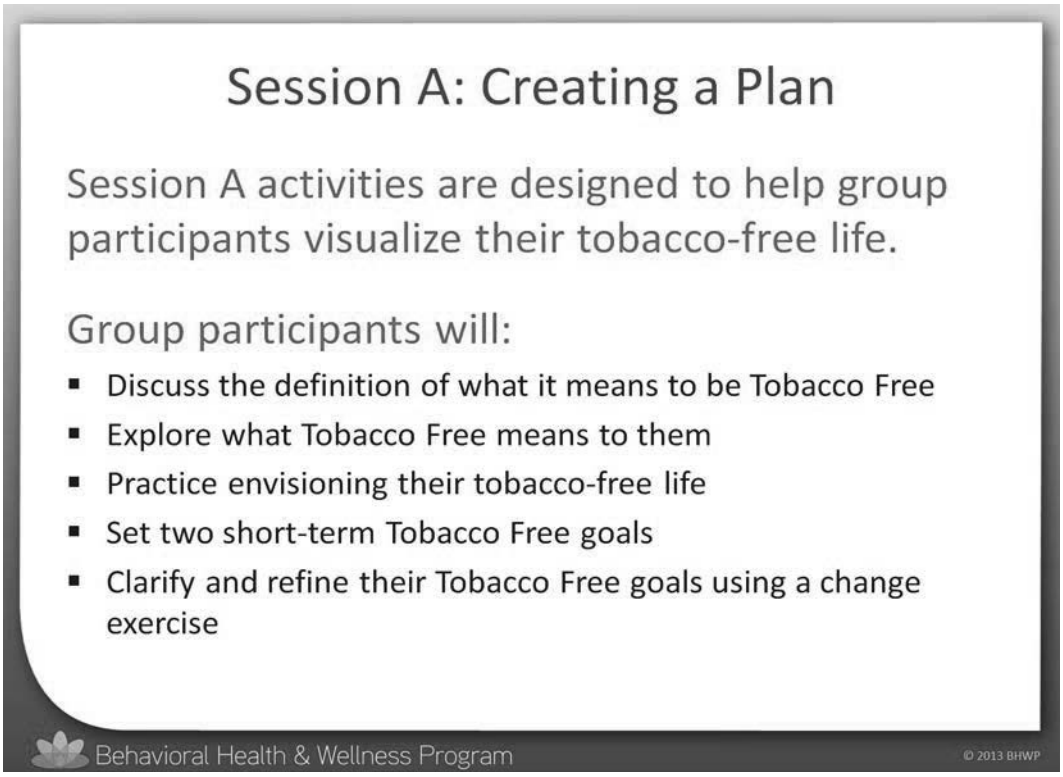
Training Notes:

1) There are six group sessions.

2) Each group session has five sections (listed here in the order they are presented in the manual), including:
   a) *Introduction* – A description of the session topic;
   b) *Session Objectives* – Goals for each group session;
   c) *Group Materials Checklist* – A list of materials needed to run the specific group session;
   d) *Group Facilitator Notes* – Directions about how to run session activities;
   e) *Group Handouts* – Handouts for the session activities that you will copy and pass out to group participants.

Tobacco Free Program Module 5:

Session A



Training Notes:

1) Remember to begin your group session by handing out and collecting completed Tobacco Free "Personal Progress" forms. Ask group participants to introduce themselves. They can give their name, why they are attending and their tobacco use status.
2) Since this will be your first group session, you may want to spend a few minutes developing ground rules for the group. If possible, write the group rules on a large piece of paper so you can post the rules on a wall at every group session.
3) Once the group rules are set and introductions have been made, review the objectives for Session A, focusing on *Creating a Plan.* Upon completing Session A, group participants will have a better understanding of what being Tobacco Free will look like for them.
4) The activities in the *Creating a Plan* group session are designed to help group participants visualize their tobacco-free life. They will set some personal Tobacco Free goals as well as explore what they need to make their vision a reality.

Tobacco Free Program Module 5:

Session A

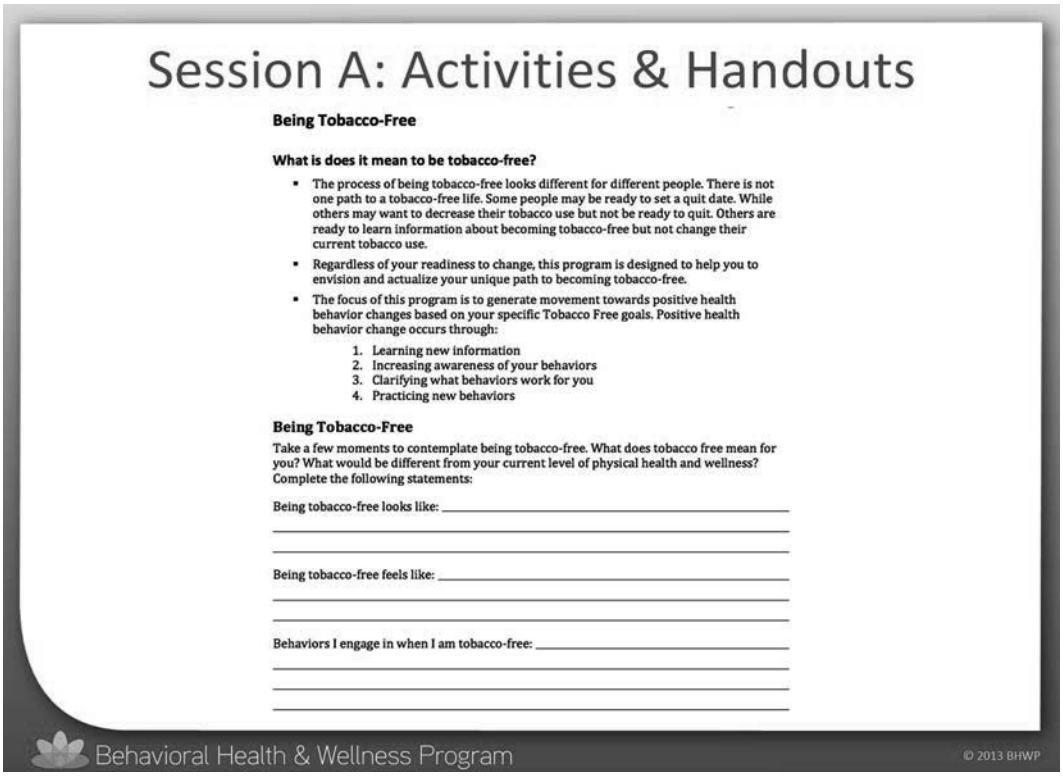
Training Notes:

1) The goal of this activity is two-fold. First, this activity is designed to introduce the Tobacco Free concept and orient individuals to the group. Second, this activity is created to help group participants begin to think about what being tobacco-free means to them.

2) This exploration lays the groundwork for the next exercise, Tobacco Free Visualization.

Tobacco Free Program Module 5:

Session A



Training Notes:

1) A clean copy of this handout can be found on page 21 of your group facilitator manual.
2) Review the following instructions with trainees:
    a) Pass out the "Being Tobacco-Free" handout.
    b) Talk with group participants about the definition of tobacco free. Introduce them to the group process and goals of the Tobacco Free group.
    c) Ask group participants to consider where they are in the process of being tobacco-free.
    d) Have them consider the following questions:
        i. What does tobacco-free mean for you?
        ii. What would be different in your life?
    e) Ask them to complete the sentences listed on the handout.
    f) When they have completed the activity, start a group discussion about their responses. Encourage a discussion that generates specific examples of what being tobacco-free looks like, feels like and the behaviors they will engage in when they are tobacco-free.

Tobacco Free Program Module 5:

Session A

Training Notes:

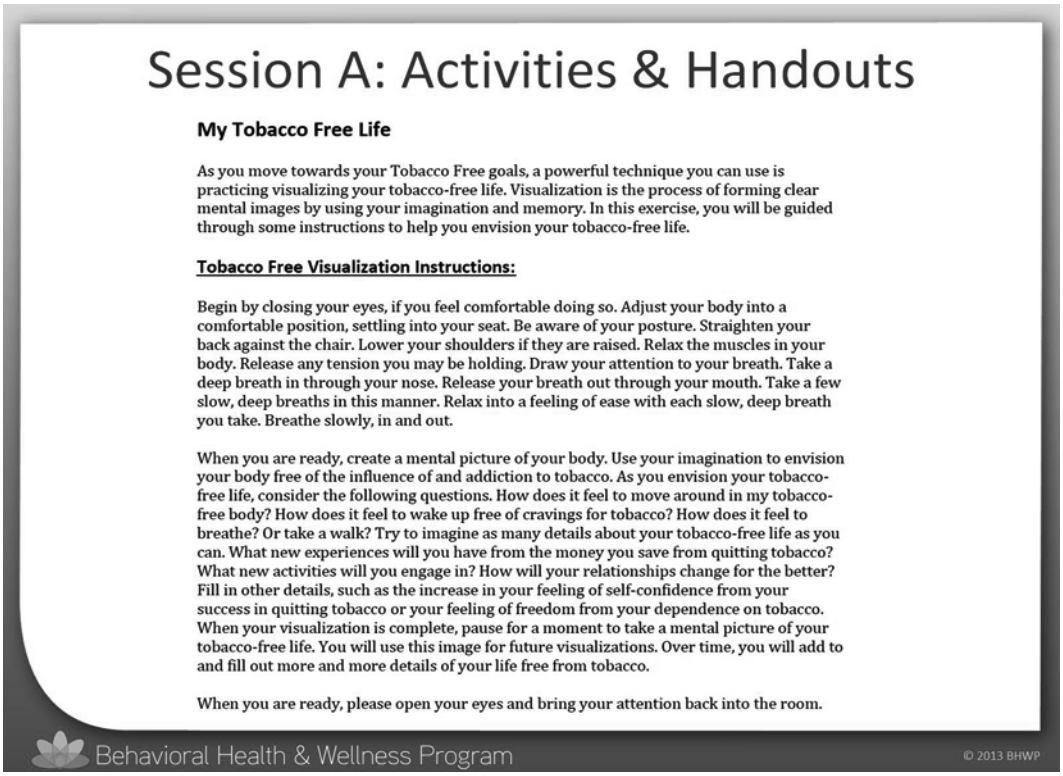
1) The goal of this activity is to help group participants envision their tobacco-free life.

2) In order for a person to begin believing they can have a tobacco-free life, it helps to practice imagining and feeling what it may be like to have already reached this goal. The more "real" it can become in their mind, the more it seems possible.

3) There may be some group participants who have difficulty visualizing. Encourage them to do what they can in group as well as practice this skill outside of group. As they practice envisioning their tobacco-free life, they will create increasingly clearer images and begin to feel what it would be like to live tobacco-free.

Tobacco Free Program Module 5:

Session A



Session A: Activities & Handouts

My Tobacco Free Life

As you move towards your Tobacco Free goals, a powerful technique you can use is practicing visualizing your tobacco-free life. Visualization is the process of forming clear mental images by using your imagination and memory. In this exercise, you will be guided through some instructions to help you envision your tobacco-free life.

Tobacco Free Visualization Instructions:

Begin by closing your eyes, if you feel comfortable doing so. Adjust your body into a comfortable position, settling into your seat. Be aware of your posture. Straighten your back against the chair. Lower your shoulders if they are raised. Relax the muscles in your body. Release any tension you may be holding. Draw your attention to your breath. Take a deep breath in through your nose. Release your breath out through your mouth. Take a few slow, deep breaths in this manner. Relax into a feeling of ease with each slow, deep breath you take. Breathe slowly, in and out.

When you are ready, create a mental picture of your body. Use your imagination to envision your body free of the influence of and addiction to tobacco. As you envision your tobacco-free life, consider the following questions. How does it feel to move around in my tobacco-free body? How does it feel to wake up free of cravings for tobacco? How does it feel to breathe? Or take a walk? Try to imagine as many details about your tobacco-free life as you can. What new experiences will you have from the money you save from quitting tobacco? What new activities will you engage in? How will your relationships change for the better? Fill in other details, such as the increase in your feeling of self-confidence from your success in quitting tobacco or your feeling of freedom from your dependence on tobacco. When your visualization is complete, pause for a moment to take a mental picture of your tobacco-free life. You will use this image for future visualizations. Over time, you will add to and fill out more and more details of your life free from tobacco.

When you are ready, please open your eyes and bring your attention back into the room.

Behavioral Health & Wellness Program

Training Notes:

1) A clean copy of this handout can be found on page 23 of your group facilitator manual.

2) Review the following instructions with trainees:
   a) Tell the group you will be guiding them through a visualization. Explain to them that visualization is the process of forming clear mental images by using your imagination and memory. Let them know you will be asking them to envision themselves tobacco-free. If any group participants do not want to join in the guided visualization, let them know they can draw or write during this activity instead.
   b) When guiding the group through this activity, read the instructions slowly, pausing to give the participants time to create the images in their mind. Use a gentle and calming tone of voice. When you have completed the visualization, facilitate a group discussion about their experience of this activity with the following questions:

i. Describe the tobacco-free life you envisioned with as much detail as possible.
ii. How did it feel to move around in your body?
iii. What were some activities you visualized yourself doing?

c) Pass out the "My Tobacco Free Life" visualization instructions to the group. Encourage them to practice on their own.

Tobacco Free Program Module 5:

Session A

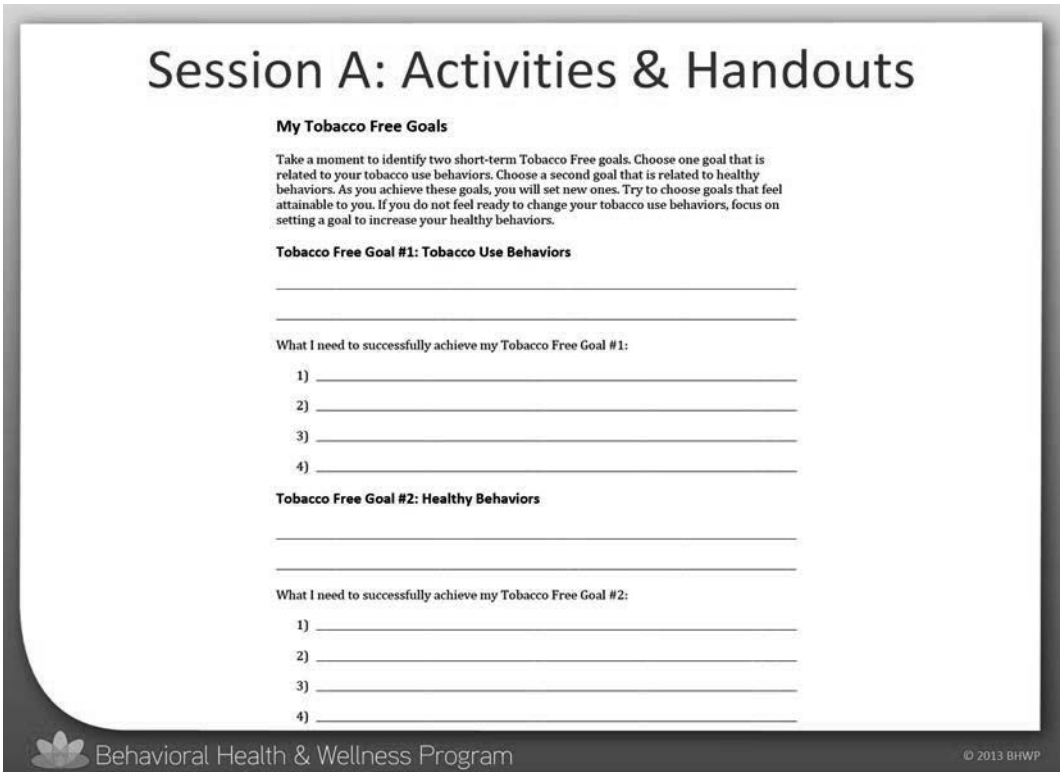
Training Notes:

1) The goal of this activity is for group participants to develop their individual Tobacco Free goals.

2) Be sure to encourage them to choose short-term goals, starting out with goals that they can easily achieve. This way they can build their confidence and skills over time. Setting unachievable goals from the start can be a setup for failure.

Tobacco Free Program Module 5:

Session A



Training Notes:

1) A clean copy of this handout can be found on page 25 of your group facilitator manual.

2) Review the following instructions with trainees:
    a) Pass out the "My Tobacco Free Goals" handout.
    b) Ask group participants to think about Tobacco Free goals they would like to achieve. One goal is related to their tobacco use behaviors. Even if an individual may not feel ready to set a quit date, there are behaviors they can change to help them move towards a tobacco-free life, such as learning about how to become tobacco-free. The other goal is related to healthy behaviors. As individuals practice increasing their overall wellness, at some point, tobacco use will no longer fit into this lifestyle. Remind them that these goals are meant to be one small step towards achieving their long-term goals.

c) Start a group discussion about what people have set as their goals. Ask them to share and brainstorm ideas with the group. Have them write down their goals on the handout.
d) Encourage group participants to also think about what they need to achieve each goal. These may be things others may do to provide support. They may also be ways they can remove barriers to taking action. Have them write down what they need in the space provided on the handout.

Tobacco Free Program Module 5:

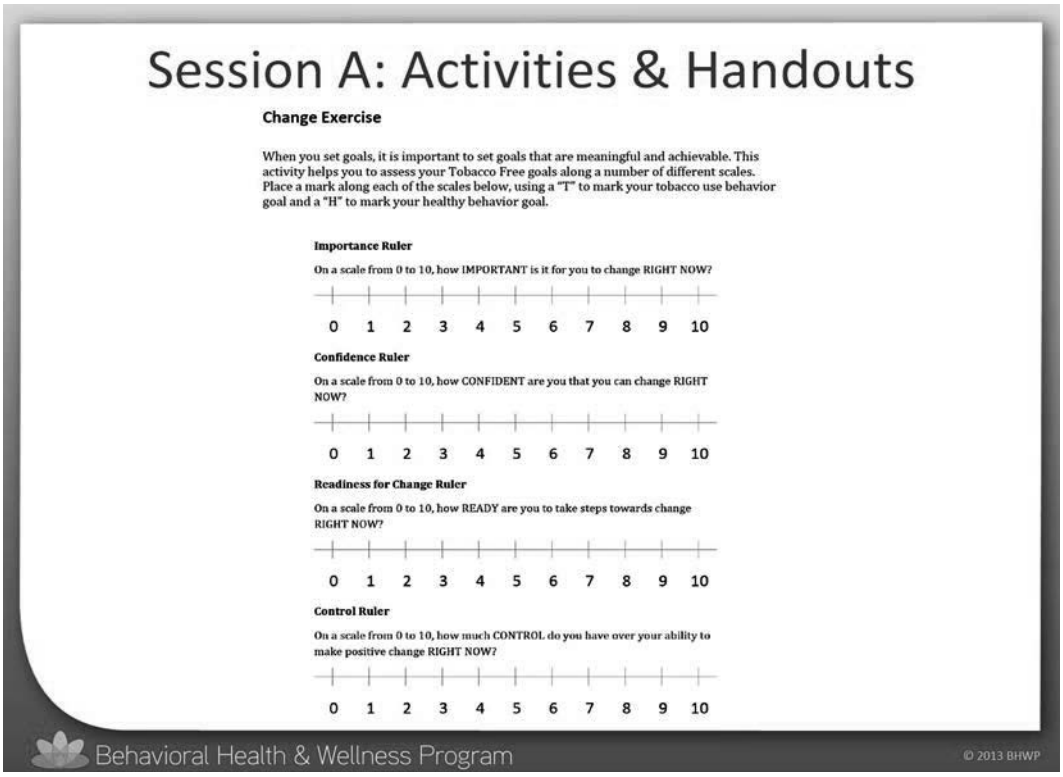
Session A

Training Notes:

1) The goal of this activity is to assist group participants in exploring their readiness to change as well as clarify their Tobacco Free goals.

Tobacco Free Program Module 5:

Session A



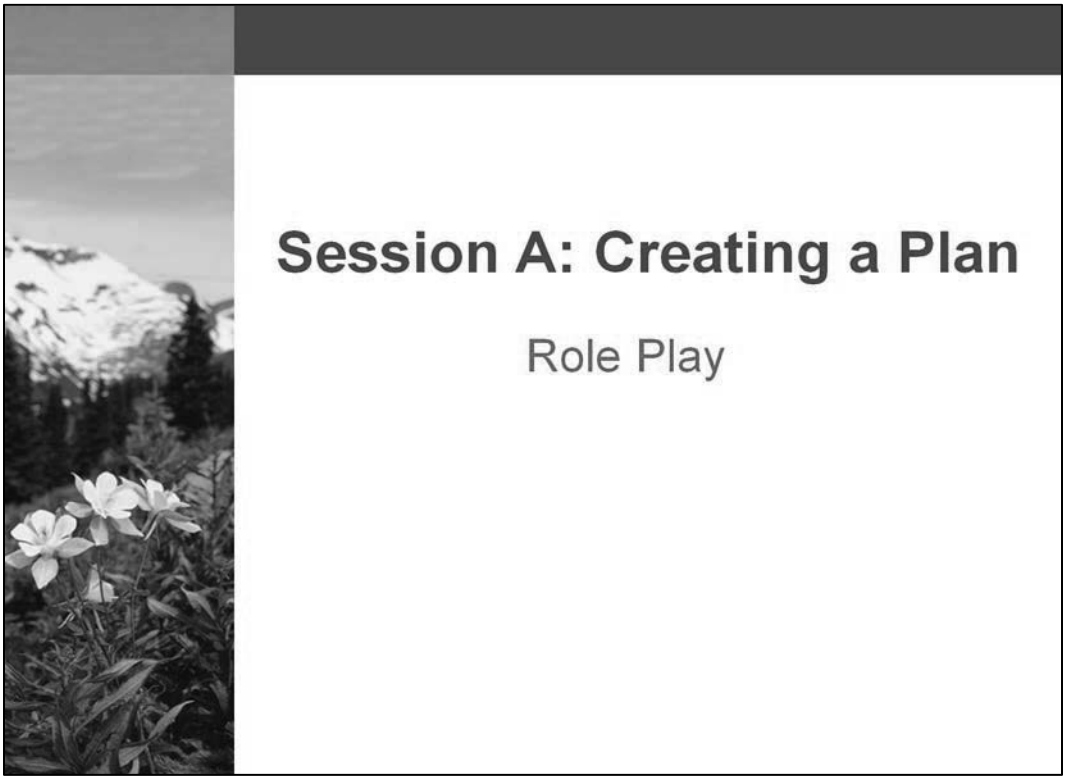
Training Notes:

1) A clean copy of this handout can be found on page 27 of your group facilitator manual.

2) Review the following instructions with trainees:
   a) Pass out the "Change Exercise" handout.
   b) Ask group participants to consider each of their Tobacco Free goals, rating them along the listed scales.
   c) Start a group discussion about why they rated themselves as they did along each of the scales. Facilitate a discussion about what their response tells them about each of these areas.
   d) If any of the areas is rated particularly low, it provides you information that something needs to change in that area before the individual can be successful in their goal. It lets you know that they may need to shift their goal and/or choose another goal.
   e) A low rating can also give a person insight into the how they feel about their goal as well as any obstacles or barriers.

Tobacco Free Program Module 5:

Session A



Training Notes:

1) Ask trainees to role play one of the exercises from Session A. They may choose any one of the four activities/ handouts to role play.

2) Please encourage the trainees participating in the role play to do their best to stay on the topic of whichever activity/ handout they have selected to demonstrate.

3) Allow demonstration to run for about 15 minutes.

Tobacco Free Program Module 5:

Session A

Training Notes:

1) Lead a group discussion with the large group.

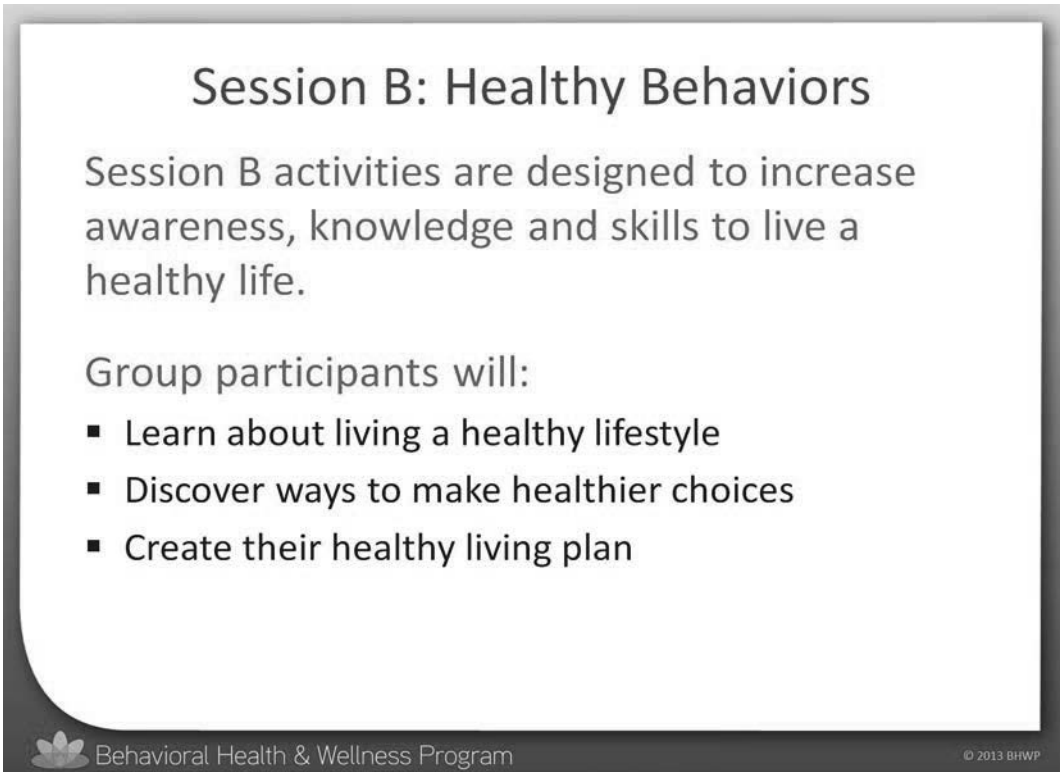
2) Ask trainees:
    a) What is your positive feedback?
    b) Would you have done anything differently?
    c) What are your other reactions/questions?

3) Answer any questions regarding the session.

4) Move on to the next group session.

Tobacco Free Program Module 5:

Session B

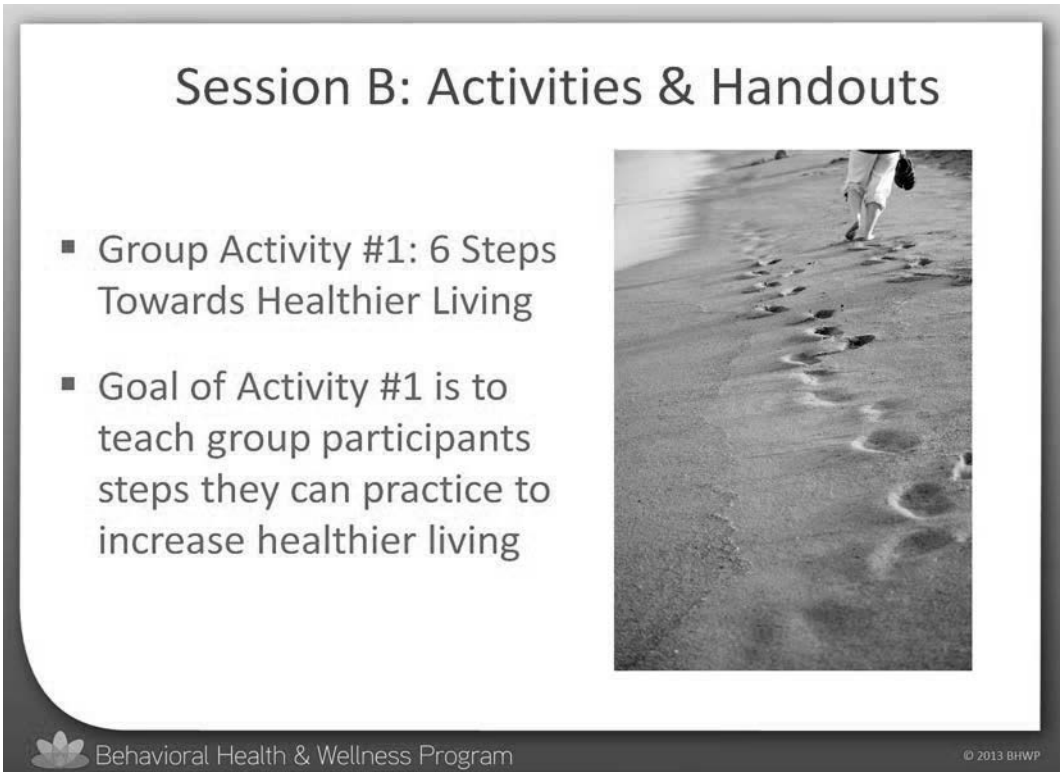


Training Notes:

1) Remember to collect Tobacco Free "Personal Progress" forms, lead brief introductions, and review group ground rules at the start of each session.
2) The activities in the *Healthy Behaviors* group session are designed to increase awareness, knowledge and skills to live a healthy life.
3) There are many ways in which a person can choose to live a healthy life. It may be making the choice to become tobacco-free. Or someone may decide they want to focus on nutrition and eating or physical activity. Depending upon a person's values, beliefs and experiences, different areas will be more or less important to each individual.
4) Given the personal nature of healthy living, it is useful to take time to explore and identify healthy behaviors and strategies to increase these healthy choices in daily life.
5) Group participants will learn the information they need to help them make good choices in many different areas of their life, including eating, physical activity, sleep and tobacco use.

Tobacco Free Program Module 5:

Session B

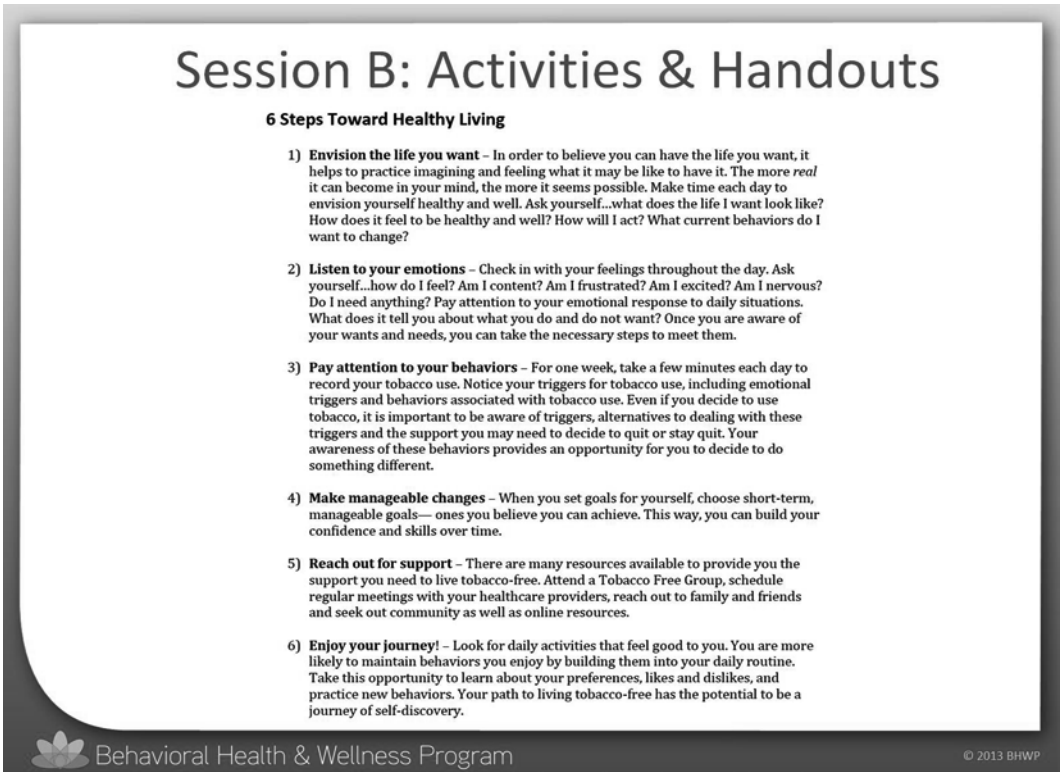


Training Notes:

1) Explain the goal of this activity is to teach group participants steps they can practice in their daily lives to increase healthier living.

Tobacco Free Program Module 5:

Session B



Training Notes:

1) A clean copy of this handout can be found on page 37 of your group facilitator manual.

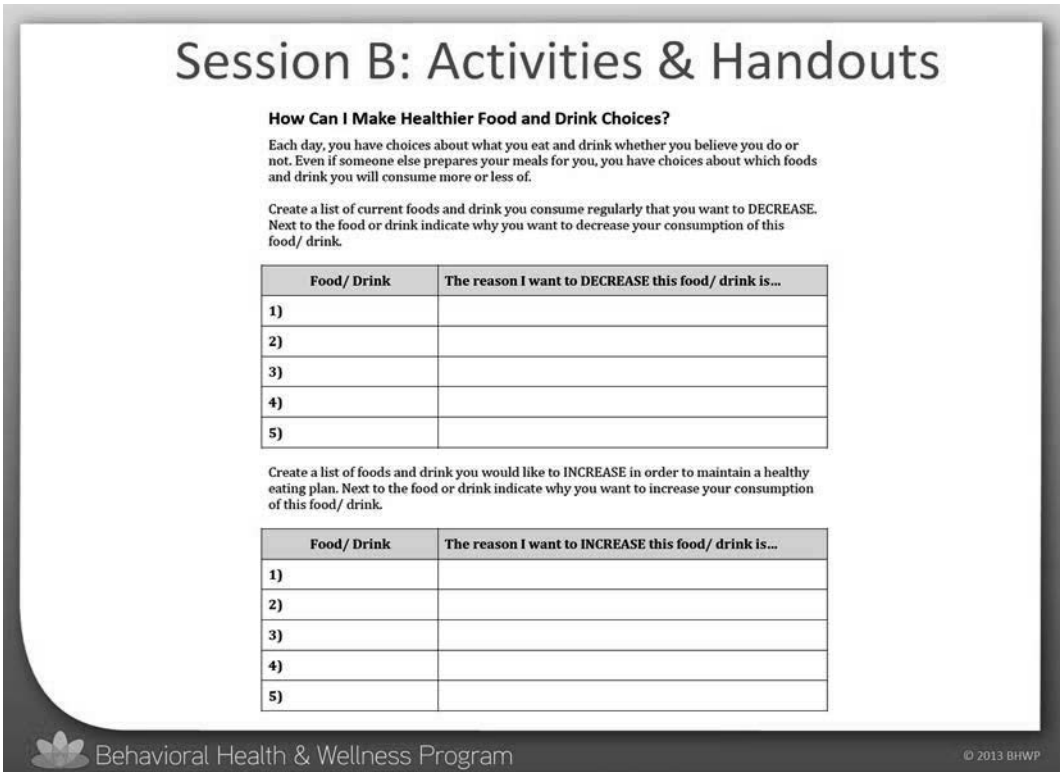
2) Review the following instructions with trainees:
    a) Pass out copies of the "6 Steps Towards Healthier Living" handout.
    b) Begin this activity by reviewing the concept of wellness with group participants. Let them know wellness is not just the absence of sickness or disease, but it is an overall sense of well-being. Wellness is also a choice – a choice to make decisions each day to live healthy.
    c) Review the information in this handout with group participants.
    d) Start a group discussion about how to incorporate these steps into their daily routine. Encourage the group to share their personal healthy living strategies.

Tobacco Free Program Module 5:

Session B

Training Notes:

1) The goal of this activity is to help group participants realize they have a choice whether they consume healthy food and drink each day. This activity will assist them in identifying foods and drink they want to INCREASE or DECREASE as well as the reason(s) behind their desire to change their food and drink choices.



Session B: Activities & Handouts

How Can I Make Healthier Food and Drink Choices?

Each day, you have choices about what you eat and drink whether you believe you do or not. Even if someone else prepares your meals for you, you have choices about which foods and drink you will consume more or less of.

Create a list of current foods and drink you consume regularly that you want to DECREASE. Next to the food or drink indicate why you want to decrease your consumption of this food/ drink.

Food/ Drink	The reason I want to DECREASE this food/ drink is...
1)	
2)	
3)	
4)	
5)	

Create a list of foods and drink you would like to INCREASE in order to maintain a healthy eating plan. Next to the food or drink indicate why you want to increase your consumption of this food/ drink.

Food/ Drink	The reason I want to INCREASE this food/ drink is...
1)	
2)	
3)	
4)	
5)	

Behavioral Health & Wellness Program

Training Notes:

1) A clean copy of this handout can be found on page 39 of your group facilitator manual.

2) Review the following instructions with trainees:
   a) Pass out copies of the "How Can I Make Healthier Food and Drink Choices?" handout.
   b) Ask group participants to create a list of foods and drink they consume regularly and want to decrease. Once they have created this list, ask them to write down their reasons for wanting to decrease their consumption of these foods or drink.
   c) Encourage group participants to share the foods and drink they want to decrease as well as their reasons for wanting to decrease their consumption of these foods and drink. Encourage group discussion about foods and drink that are healthiest when consumed in moderation.

d) Ask group participants to create a list of foods and drink they want to increase in order to maintain a healthy eating plan. Once they have created this list, ask them to write down their reasons for wanting to increase their consumption of these foods or drink.
e) Encourage group participants to share the foods and drink they want to increase as well as their reasons for wanting to increase their consumption of these foods and drink. Encourage group discussion about foods and drink that are part of a healthy diet.
f) Start a discussion about ways group participants can actively practice making these choices. Try to explore strategies to remove barriers to these practices.

Tobacco Free Program Module 5:

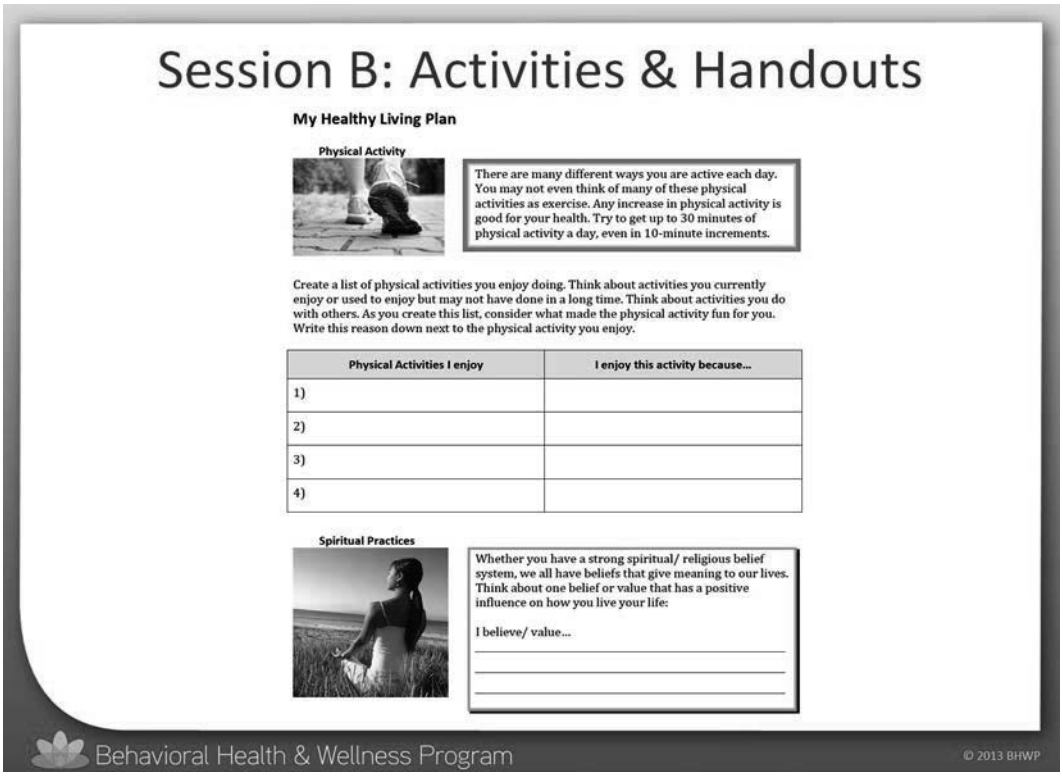
Session B

Training Notes:

1) The goal of this activity is to assist group participants to increase their awareness of what they want, identify their motivations and make the choice to live healthy.

Tobacco Free Program Module 5:

Session B



Training Notes:

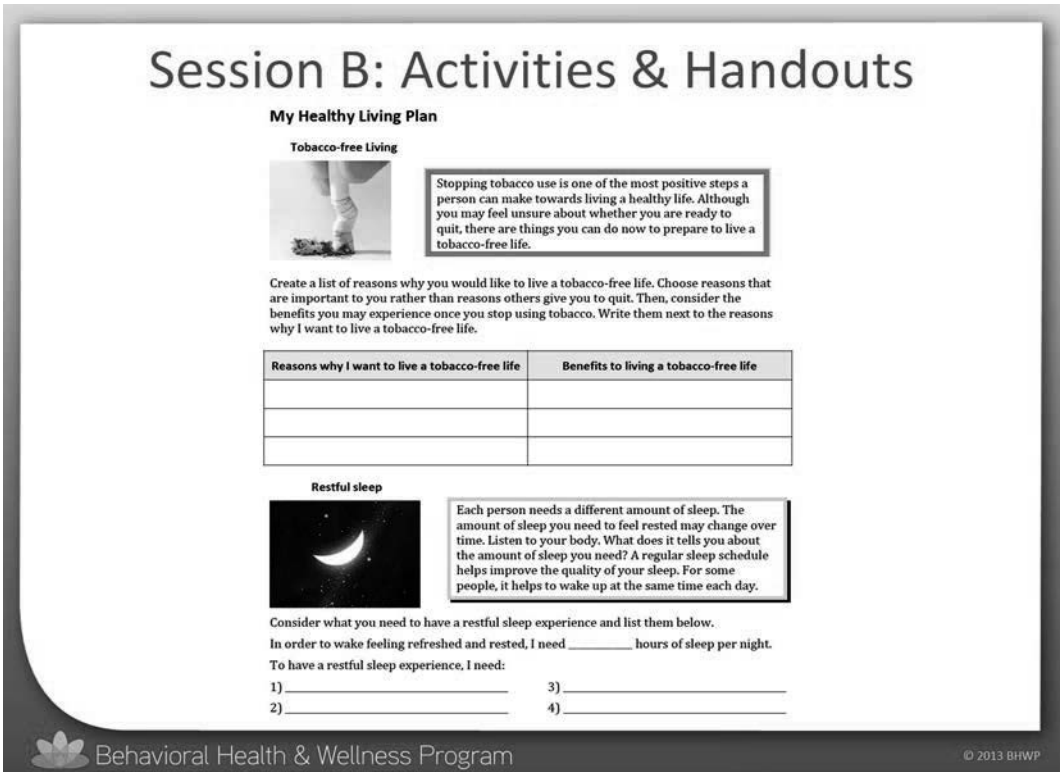
1) A clean copy of this handout can be found on page 41 of your group facilitator manual.

2) Review the following instructions with trainees:
    a) Pass out the "My Healthy Living Plan" handout.
    b) Inform group participants that you will guide them through the handout, completing each section separately.
    c) Begin with physical activity. Review the importance of being physically active each day, even if only for a few minutes at a time.
    d) Ask group participants to create a list of physical activities they enjoy doing. Encourage them to think about activities they currently enjoy or used to enjoy but may not have done in a long time. Ask them to consider what made the physical activity fun for them and write this reason down next to the physical activity they enjoy.
    e) Facilitate a discussion about ways to increase their physical activity each day.

f) Move to spiritual practices. Ask group participants to think about one belief or value they hold that has a positive influence on how they live their life. Have them complete the sentence, "I believe/ value…."
g) Once they have completed this statement, encourage them to share their responses with the group.

Tobacco Free Program Module 5:

Session B



Training Notes:

1) A clean copy of this handout can be found on page 43 of your group facilitator manual.

2) Review the following instructions with trainees:
   a) Move to tobacco-free living. Ask group participants to create a list of reasons for wanting to live a tobacco-free life. Encourage them to choose reasons that are important to them rather than for other people. Then, ask them to consider the benefits they may experience (or have experienced if they have already quit) once they have stopped using tobacco, listing them on the handout.
   b) Facilitate a discussion about their reasons for wanting to live tobacco-free. Encourage them to share the benefits they may experience from living tobacco-free.

c) Move to restful sleep. Have them fill in the blank in the statement, “In order to wake feeling refreshed and rested, I need ____ hours of sleep per night.” Also, ask group participants to consider what they need to have a restful sleep experience and list them on the handout.
d) Facilitate a discussion about their responses, exploring ways in which group participants can increase their experience of restful sleep.

Tobacco Free Program Module 5:

Session B

Training Notes:

1) Ask trainees to role play one of the exercises from Session B. They may choose any one of the four activities/ handouts to role play.

2) Please encourage the trainees participating in the role play to do their best to stay on the topic of whichever activity/ handout they have selected to demonstrate.

3) Allow demonstration to run for about 15 minutes.

Tobacco Free Program Module 5:

Session B

Training Notes:

1) Lead a group discussion with the large group.

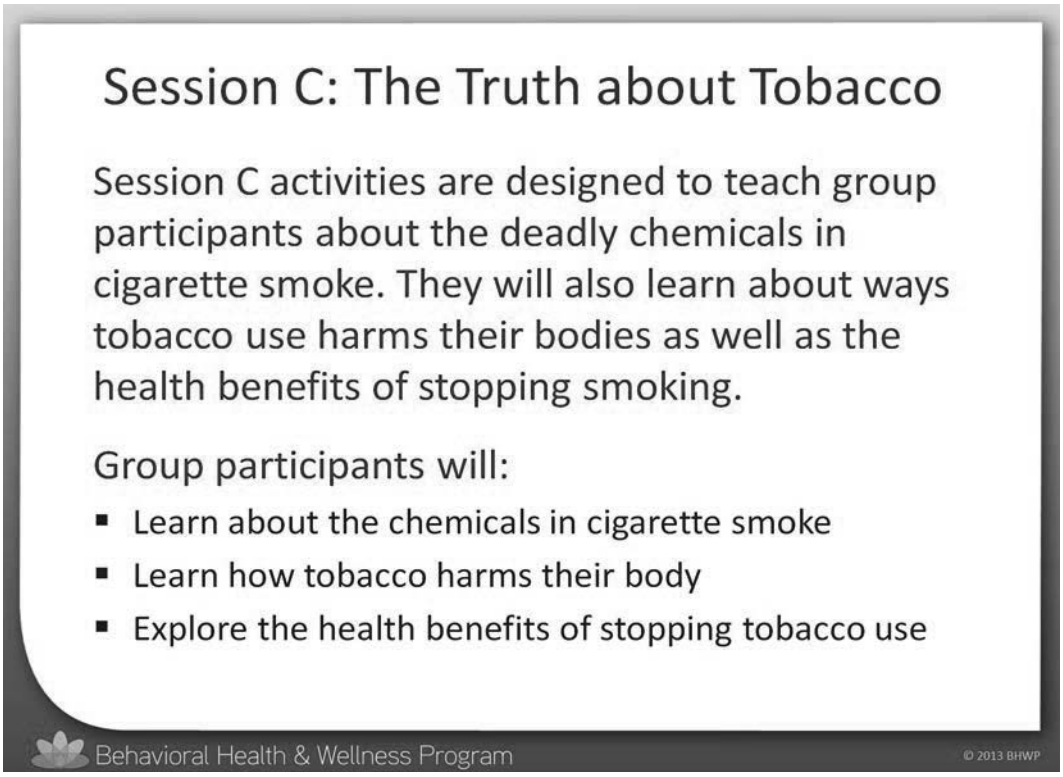
2) Ask trainees:
    a) What is your positive feedback?
    b) Would you have done anything differently?
    c) What are your other reactions/questions?

3) Answer any questions regarding the session.

4) Move on to the next group session.

Tobacco Free Program Module 5:

Session C



Training Notes:

1) Remember to collect Tobacco Free "Personal Progress" forms, lead brief introductions, and review group ground rules at the start of each session.
2) Most people know that nicotine is the addictive substance in cigarettes and other tobacco products. However, what most people do not know is that tobacco and tobacco smoke contains over 7,000 chemicals, which can damage cells and lead to cancer.
3) The 2010 U.S. Surgeon General's report on smoking and health indicates that any level of exposure to tobacco smoke is harmful. Tobacco use hurts almost every part of your body, and there is a direct link to several diseases, such as various cancers, diabetes, cardiovascular disease, and respiratory illnesses, among many others. When someone makes the choice to stop using tobacco, they will experience many positive health effects.
4) The activities in *The Truth about Tobacco* group session are designed to teach group participants about the deadly chemicals in cigarette smoke. They will also learn about ways tobacco use harms their bodies as well as the health benefits of stopping smoking.

Tobacco Free Program Module 5:

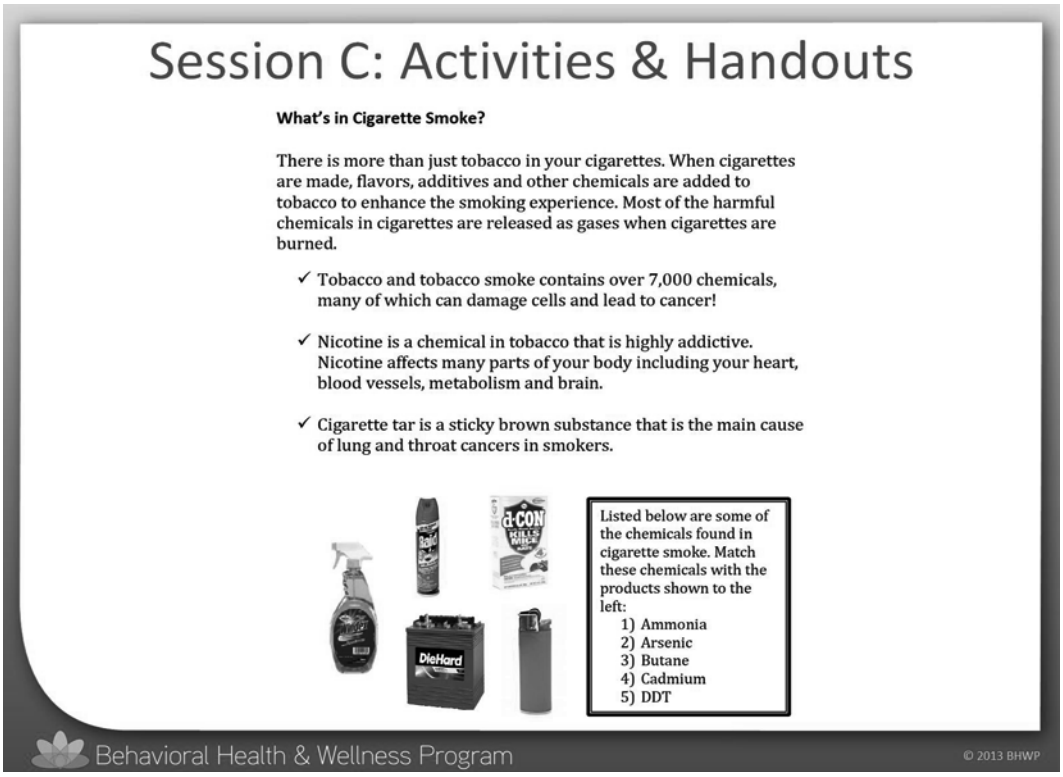
Session C

Training Notes:

1) The goal of this activity is to teach group participants about some of the deadly chemicals found in cigarette smoke.

Tobacco Free Program Module 5:

Session C



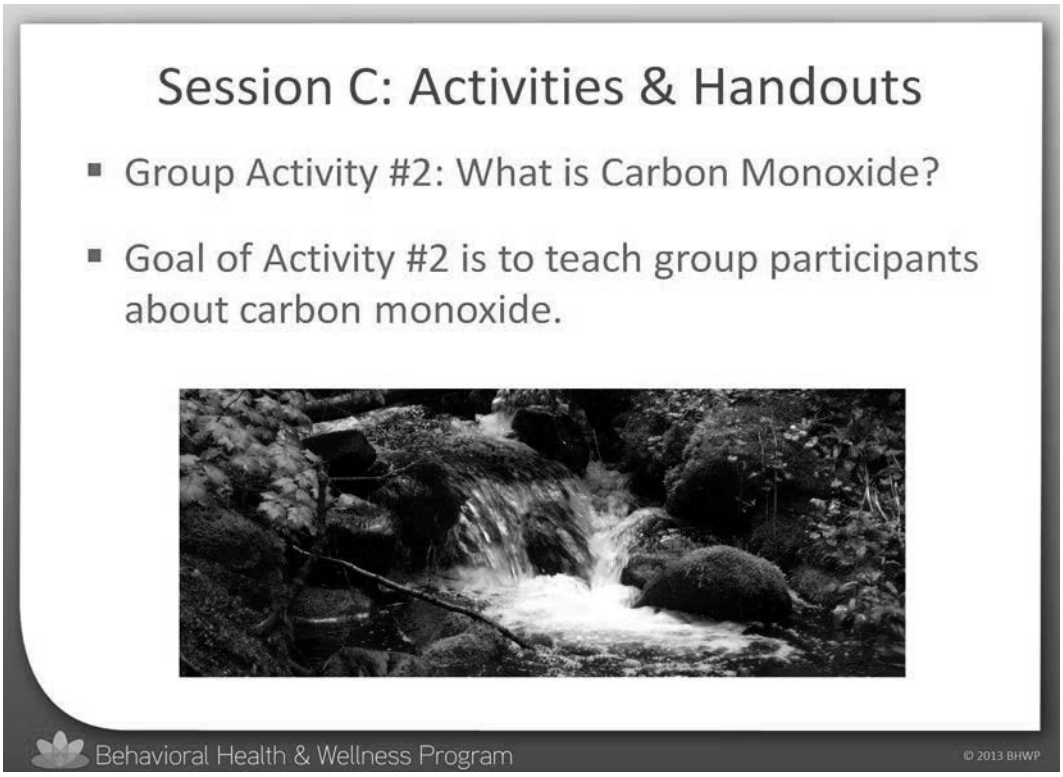
Training Notes:

1) A clean copy of this handout can be found on page 53 of your group facilitator manual.

2) Review the following instructions with trainees:
   a) Pass out copies of the "What's in Cigarette Smoke?" handout.
   b) Review the information in this handout with group participants.
   c) Ask group participants to review the list of chemicals in the box located in the lower right-hand corner of the handout. As a group, match the chemicals in the list with the product pictures in the lower left-hand corner of the handout. (Matchup answer key: lighters use butane, D-CON mice killer contains arsenic, insecticides like Raid contain DDT, car batteries contain cadmium and Windex glass cleaner contains ammonia.)
   d) Facilitate a discussion about their reactions to learning about the chemicals in tobacco.

Tobacco Free Program Module 5:

Session C

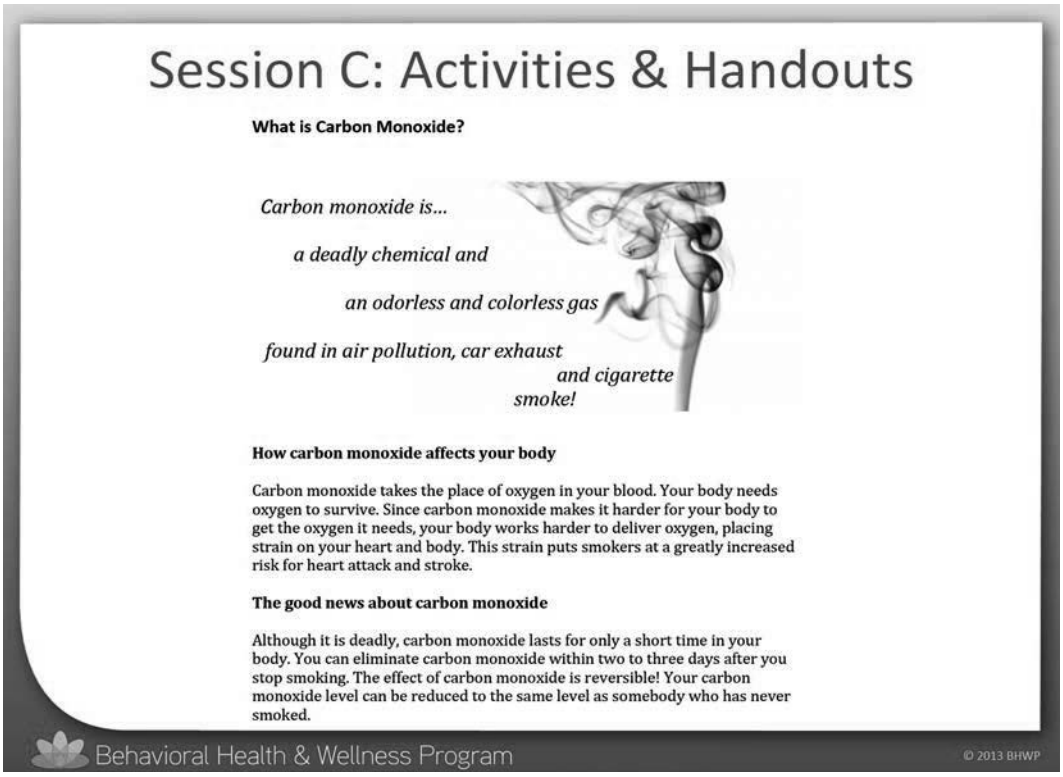


Training Notes:

1) The goal of this activity is to teach group participants about carbon monoxide.

Tobacco Free Program Module 5:

Session C



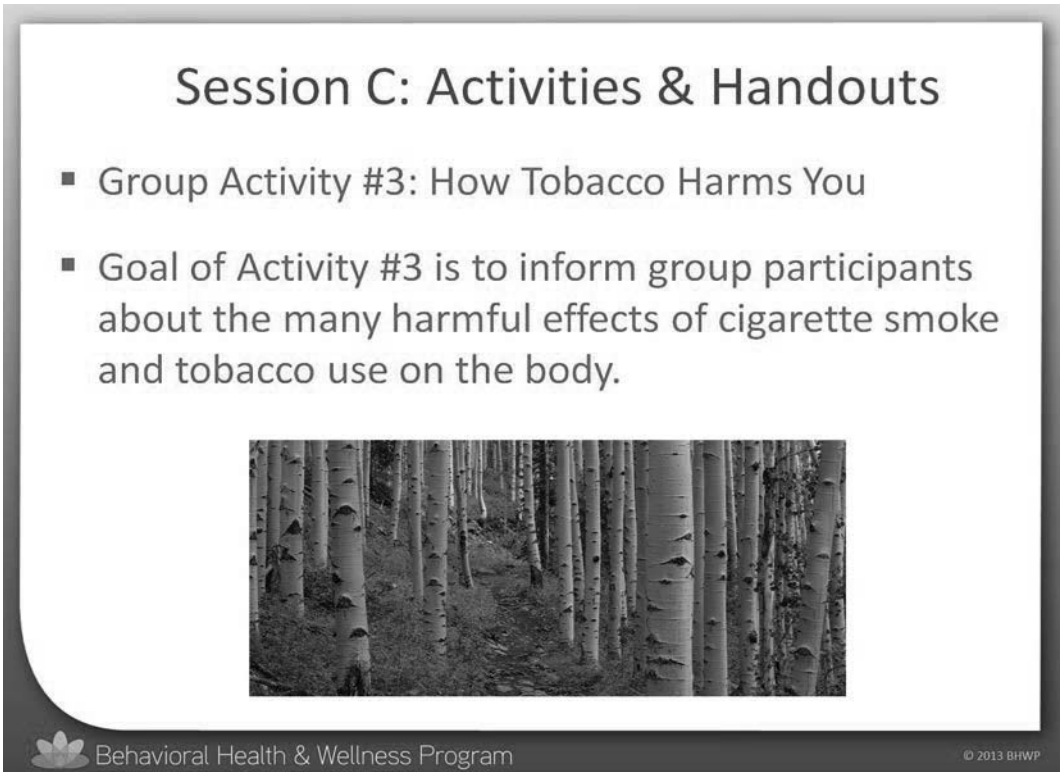
Training Notes:

1) A clean copy of this handout can be found on page 55 of your group facilitator manual.

2) Review the following instructions with trainees:
    a) Pass out copies of the "What is Carbon Monoxide?" handout.
    b) Review the information in this handout with group participants.
    c) If you have access to a carbon monoxide (CO) monitor, you may want to use the CO monitor to check the levels of carbon monoxide in group participants.
    d) Facilitate a discussion about their reaction to their CO levels.

Tobacco Free Program Module 5:

Session C

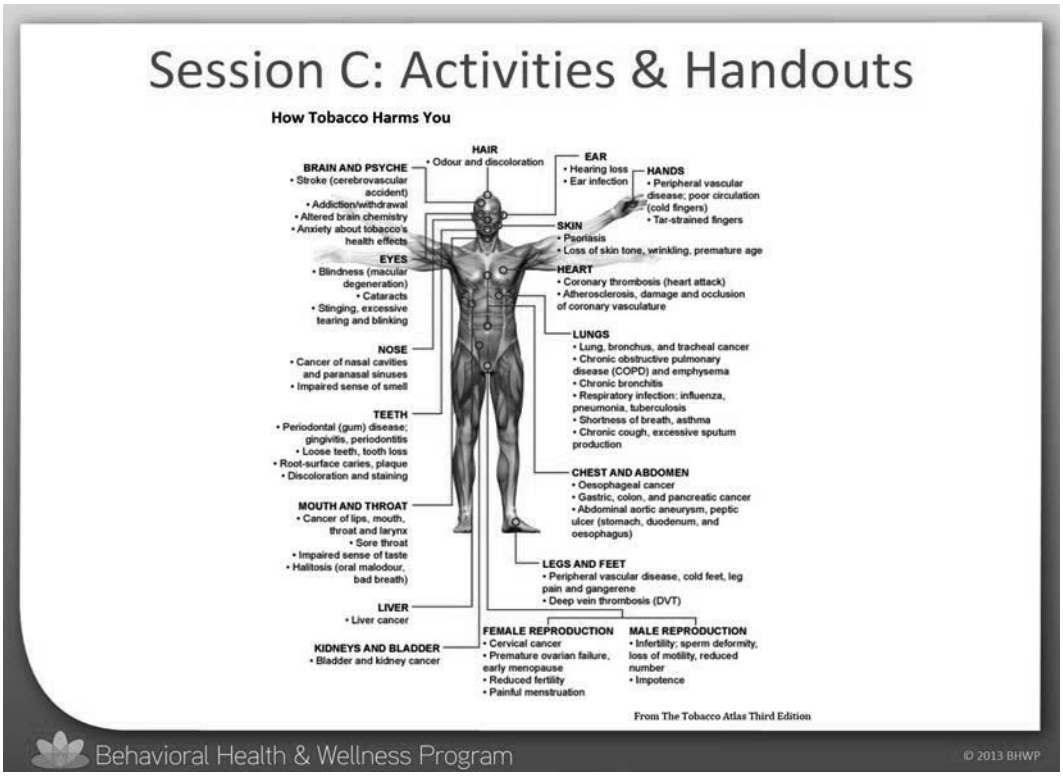


Training Notes:

1) The goal of this activity is to inform group participants about the many harmful effects of tobacco use on the body.

Tobacco Free Program Module 5:

Session C



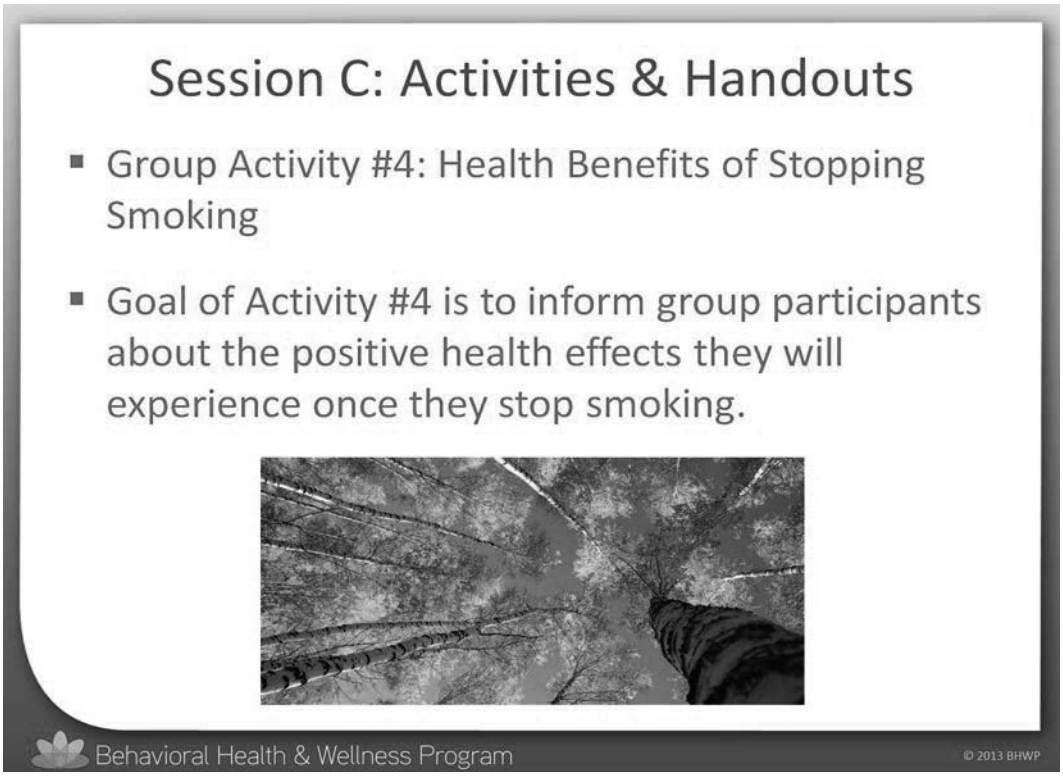
Training Notes:

1) A clean copy of this handout can be found on page 57 of your group facilitator manual.

2) Review the following instructions with trainees:
    a) Pass out copies of the "How Tobacco Harms You" handout.
    b) Review the illustration on this handout with group participants. This illustration shows the different areas of the body that are harmed by tobacco. Review the many different kinds of illnesses that can be caused by smoking and tobacco use.
    c) Facilitate a discussion about participants' reactions to seeing all the different ways smoking and tobacco use can harm their bodies. Ask if they (or other people they know) have experienced these physical effects from smoking or other tobacco use.

Tobacco Free Program Module 5:

Session C

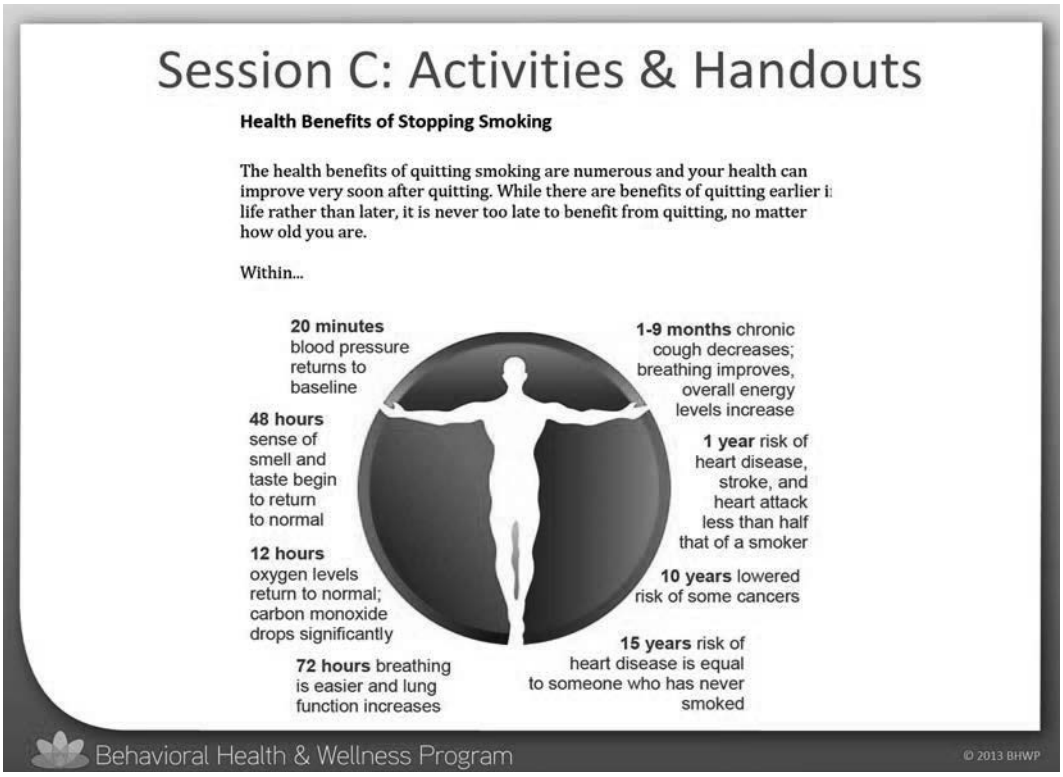


Training Notes:

1) The goal of this group activity is to inform group participants about the positive health effects they will experience once they stop smoking.

Tobacco Free Program Module 5:

Session C



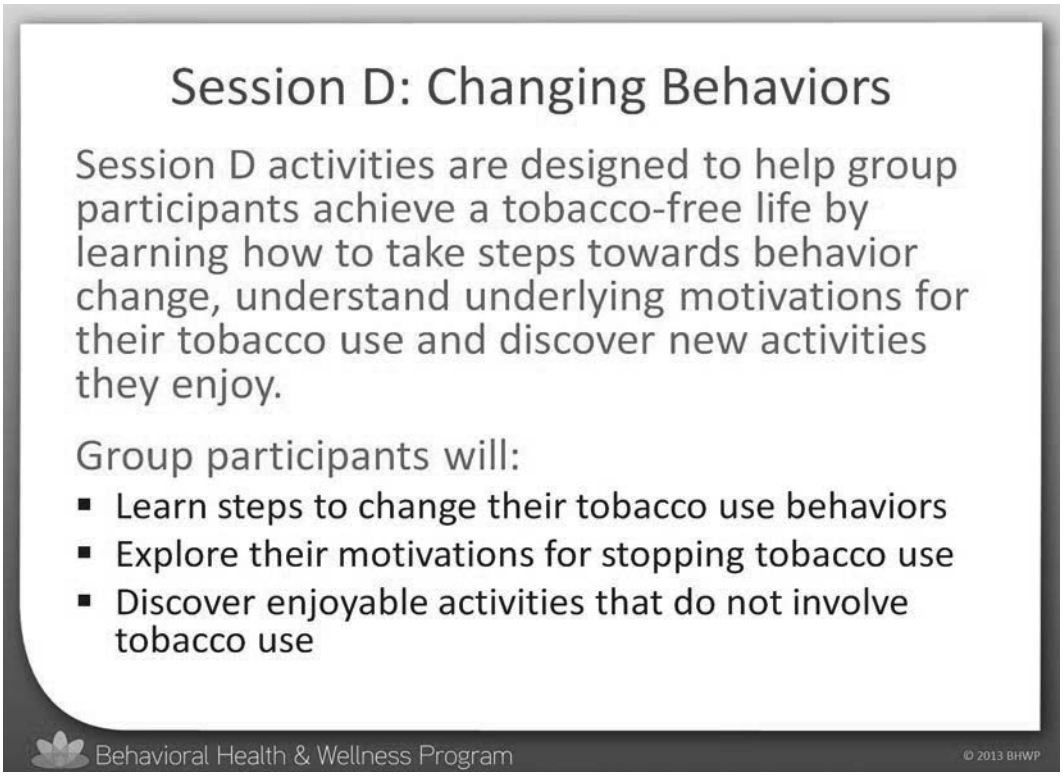
Training Notes:

1) A clean copy of this handout can be found on page 59 of your group facilitator manual.

2) Review the following instructions with trainees:
    a) Pass out copies of the "Health Benefits of Stopping Smoking" handout.
    b) Review the information provided in this handout.
    c) Encourage group participation by asking different participants to name the health benefit that is most important to them.
    d) Facilitate a discussion about negative health effects they currently experience, or have experienced, due to their tobacco use. Explore the positive health effects they look forward to experiencing once they stop smoking.

Tobacco Free Program Module 5:

Session D



Training Notes:

1) Many people want to stop using tobacco, but they do not know how to successfully reach their goal. The first step to changing any behavior is being aware of what you are doing right now. Once you are aware of what you are doing, you can make the choice to do something differently.

2) In order to do things differently, it helps to identify the new behaviors to practice. At first, it may seem unfamiliar or even uncomfortable to try these new behaviors. Over time, these new behaviors can take the place of unhealthy old behaviors.

3) As people practice new behaviors, they may run into roadblocks that stop their progress. A key to getting back on track is to understand what happened and continue to practice the new behaviors until they become habits. Along the way, it is helpful to identify the supports that make the journey easier and even fun!

4) The activities in the *Changing Behaviors* group session are designed to help group participants achieve a tobacco-free life by learning how to take steps towards behavior change, understanding underlying motivations for their tobacco use and discovering new activities they enjoy.

Tobacco Free Program Module 5:

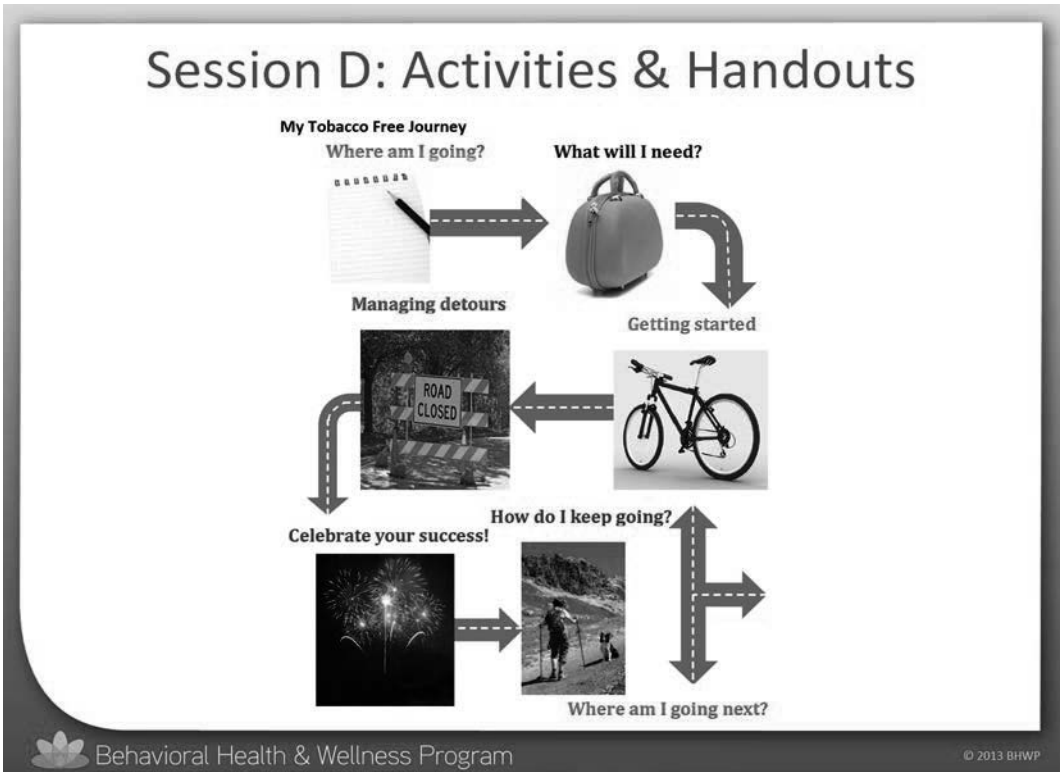
Session D

Training Notes:

1) The goal of this activity is to teach group participants how to take steps towards living tobacco-free. Changing behaviors is not just as simple as deciding to do things differently. It involves planning, practicing skills, problem solving, and decision-making.

Tobacco Free Program Module 5:

Session D



Training Notes:

1) A clean copy of this handout can be found on page 69 of your group facilitator manual.

2) Review the following instructions with trainees:
    a) Pass out copies of the "My Tobacco Free Journey" handout.
    b) Introduce the concept of behavior change as a *journey*. Explain how changing behavior, particularly habits, does not happen automatically. It is a process that has several steps.
    c) Review each of the steps listed on the "My Tobacco Free Journey" handout.
    d) As you review each step, ask group participants what each step may look like for them as they move towards living tobacco-free. Brainstorm answers as a group.

e) Examples of questions for each step include:
   i. When you think about living tobacco-free, where do you want to go? What are your goals?
   ii. What do you need (supports, skills, resources) to begin your journey?
   iii. How will you get started? What would you like to change first?
   iv. When you run into an obstacle, how will you keep going?
   v. How would you like to celebrate your successes along the way?
   vi. Since making a choice to live tobacco-free is a lifelong process, how do you keep going?
   vii. How will you know when to create new goals and directions?

Tobacco Free Program Module 5:

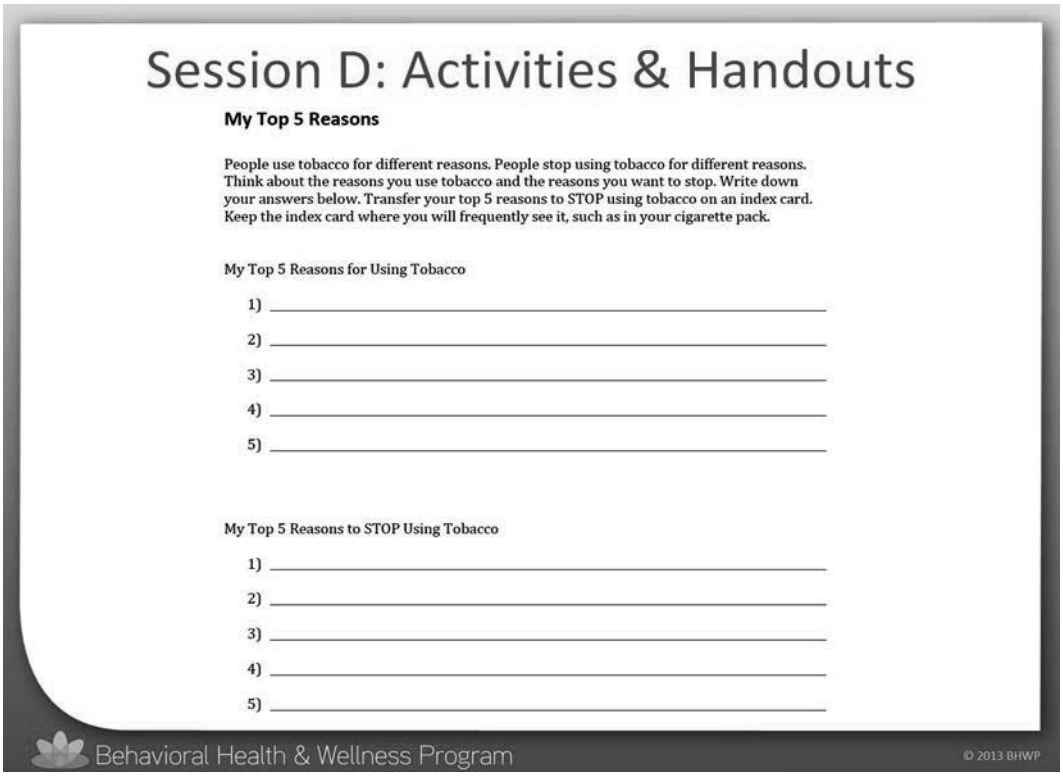
Session D

Training Notes:

1) The goal of this activity is to create a list of the top 5 reasons group participants use tobacco and top 5 reasons they want to stop using tobacco. Understanding motivation is useful in helping to encourage group participants to make the decision to stop.

Tobacco Free Program Module 5:

Session D



Training Notes:

1) A clean copy of this handout can be found on page 71 of your group facilitator manual.

2) Review the following instructions with trainees:
    a) Pass out copies of the "My Top 5 Reasons" handout.
    b) Ask group participants to think about their reasons for using tobacco and reasons to stop.
    c) Give them a few minutes to write down their responses.
    d) Encourage group participants to discuss their motivations. Have group participants write down their top 5 reasons to stop using tobacco on an index card they can keep in their wallets or cigarette pack, if they are still smoking. This card can serve as a reminder of their reasons to quit.

e) Facilitate a discussion about the pros and cons of continuing to use tobacco and stopping their tobacco use with the following questions:
   i. Which list feels more important to you? Why?
   ii. What are the ways you can *tip* the importance towards tobacco cessation?
   iii. How ready do you feel to set a quit date? Discuss.

Tobacco Free Program Module 5:

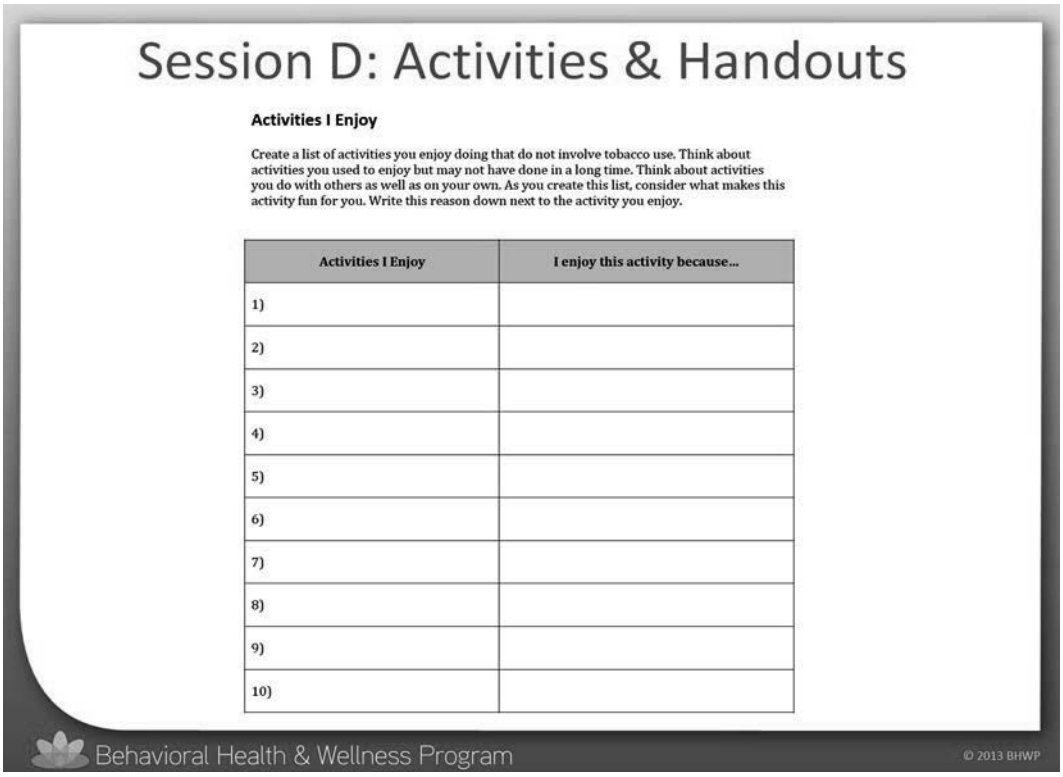
Session D

Training Notes:

1) The goal of this activity is to identify activities group participants enjoy that do not involve tobacco use. These new ideas of activities will help group participants to develop new interests and learn to engage in life without the use of tobacco.

Tobacco Free Program Module 5:

Session D



Training Notes:

1) A clean copy of this handout can be found on page 73 of your group facilitator manual.

2) Review the following instructions with trainees:
    a) Pass out copies of the "Activities I Enjoy" handout.
    b) Ask group participants to fill out the handout. Encourage them to think of activities they enjoy and may not have done in a while. Have them think of activities they may do with others or alone. You may even encourage them to think of activities that they have not done before but sound fun to them.
    c) After everyone has completed their list, ask them to share their list with the group.
    d) Continue the group discussion with the following questions:
        i. What are some positive memories you have related to these activities?
        ii. What are some ways to bring these activities into your life?
    e) Encourage group participants to write down the ideas from the group that they may enjoy and want to practice.

Tobacco Free Program Module 5:

Session D

Training Notes:

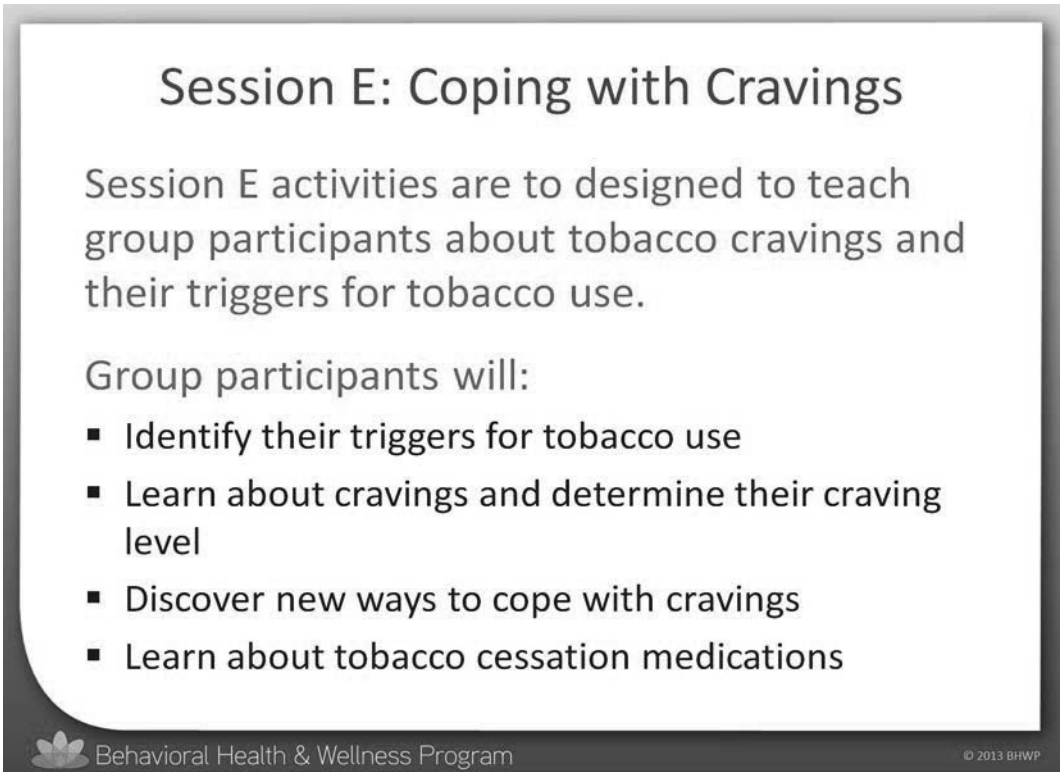
1) Now lead the trainees in the “My Top 5 Reasons” activity.

2) After the completion of the activity, ask trainees:
    a) What was your experience of the activity?
    b) What did you observe?
    c) What are your other reactions/comments/questions?

3) Move on to the next group session.

Tobacco Free Program Module 5:

Session E



Training Notes:

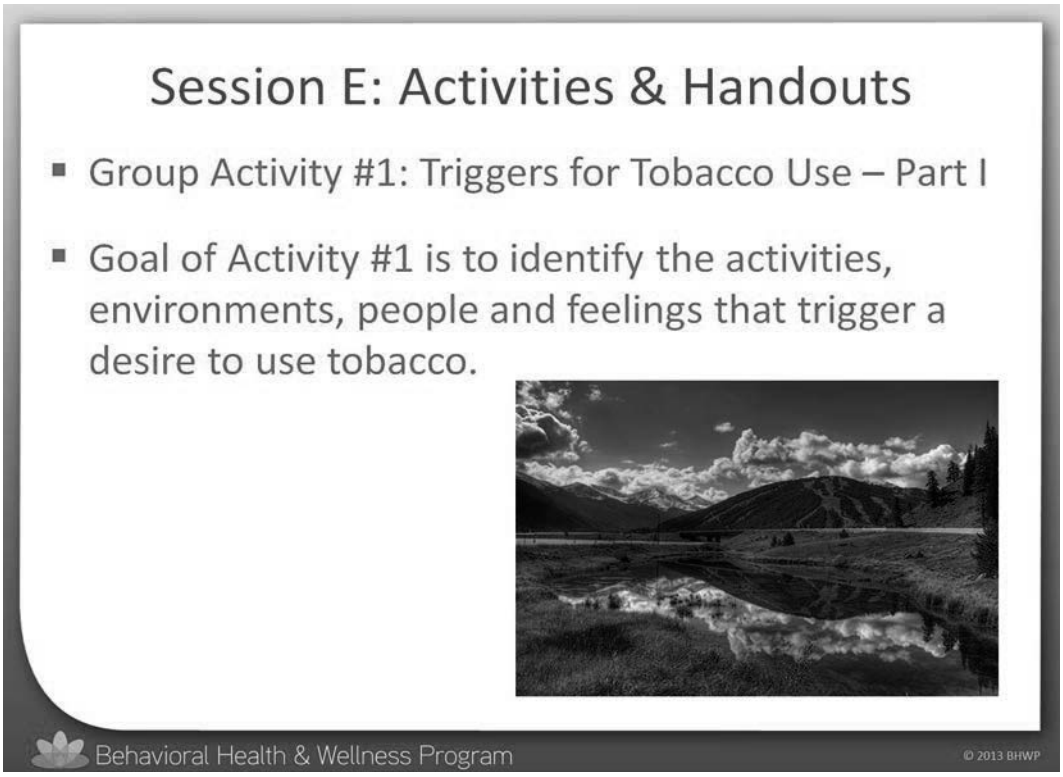
1) Given the addictive nature of nicotine, it is typical for people to experience tobacco cravings, withdrawal symptoms, and triggers for tobacco use. Therefore, it helps to have strategies in place to handle tobacco cravings. In particular, when someone is feeling bored, lonely, depressed or anxious, they may use tobacco to manage their mood or distract themselves from their feelings.

2) A key to dealing positively with tobacco cravings is to be aware of triggers for tobacco use when they occur. With increased awareness, people are able to make conscious decisions to handle triggers or cravings without using tobacco.

3) The activities in the *Coping with Cravings* group session are designed to teach group participants about tobacco cravings and their triggers for tobacco use. They will learn how to increase their awareness of their triggers and ways to manage their cravings.

Tobacco Free Program Module 5:

Session E

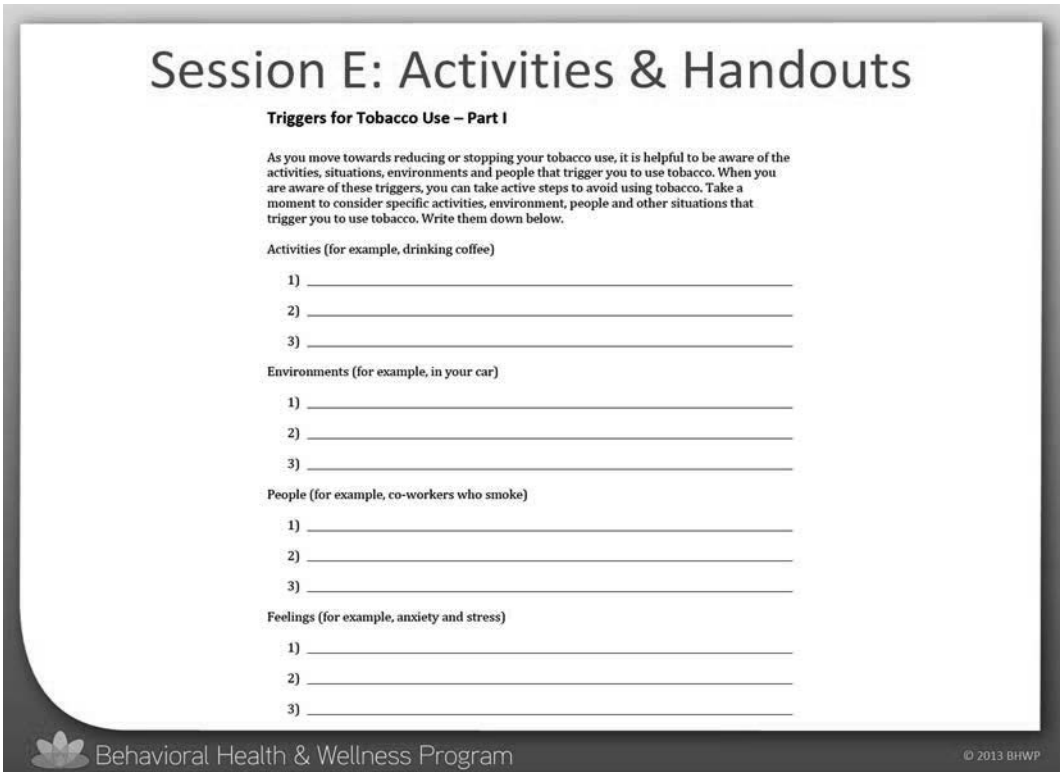


Training Notes:

1) The goal of this activity is to identify the activities, environments, people and feelings that trigger a desire to use tobacco.

Tobacco Free Program Module 5:

Session E



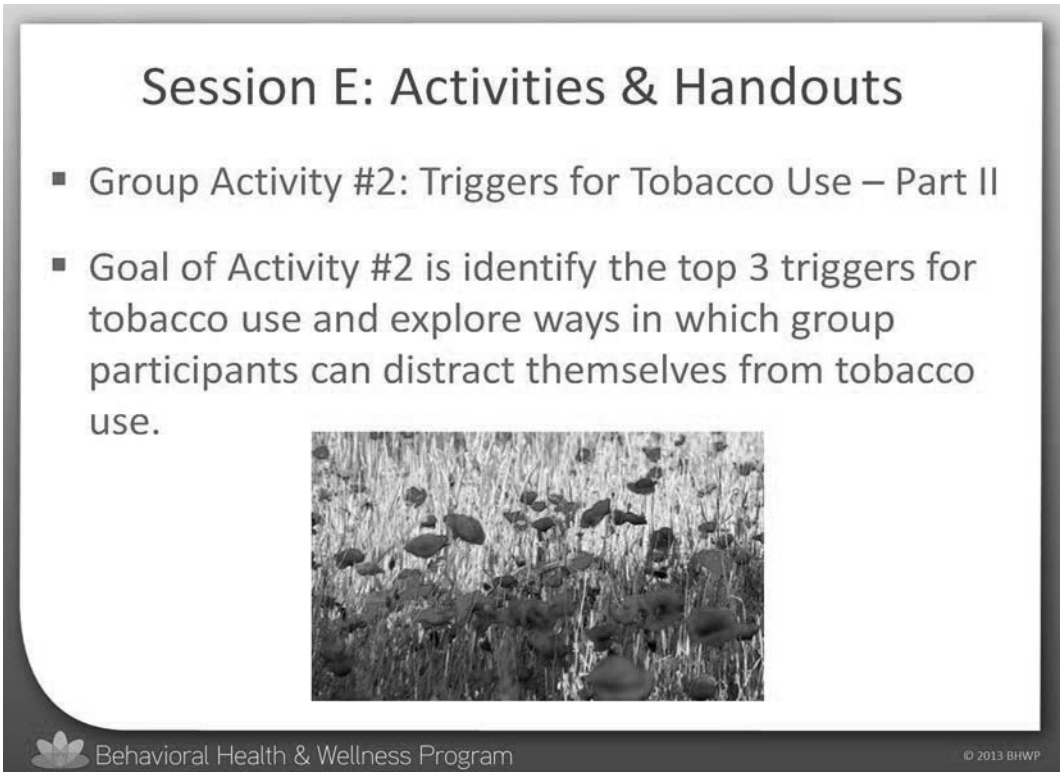
Training Notes:

1) A clean copy of this handout can be found on page 83 of your group facilitator manual.

2) Review the following instructions with trainees:
    a) Pass out copies of the "Triggers for Tobacco Use – Part I" handout.
    b) Ask group participants to think about different activities, environments, people and feelings that trigger their tobacco use.
    c) Give them a few minutes to write down their responses.
    d) Facilitate a discussion with the group about their triggers with the following questions:
        i. Are you aware when you are being triggered?
        ii. How do you know?
        iii. What strategies may help you to increase your awareness?

Tobacco Free Program Module 5:

Session E

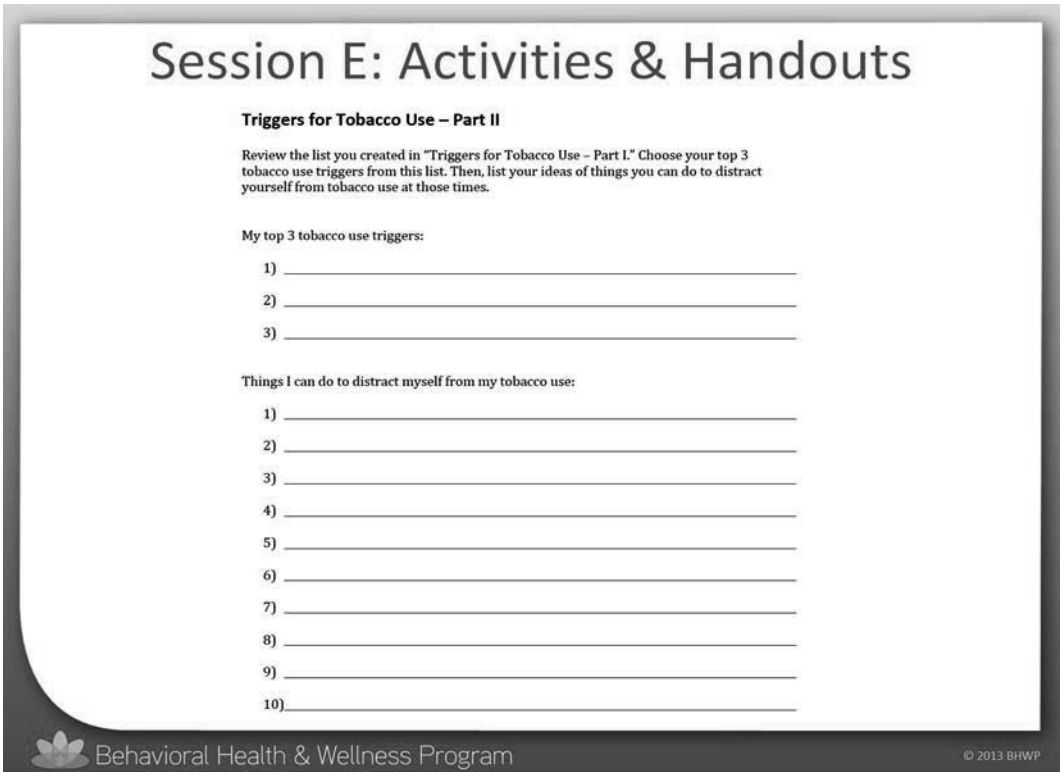


Training Notes:

1) The goal of this activity is to identify the top 3 triggers for tobacco use and explore ways in which group participants can distract themselves from tobacco use.

Tobacco Free Program Module 5:

Session E



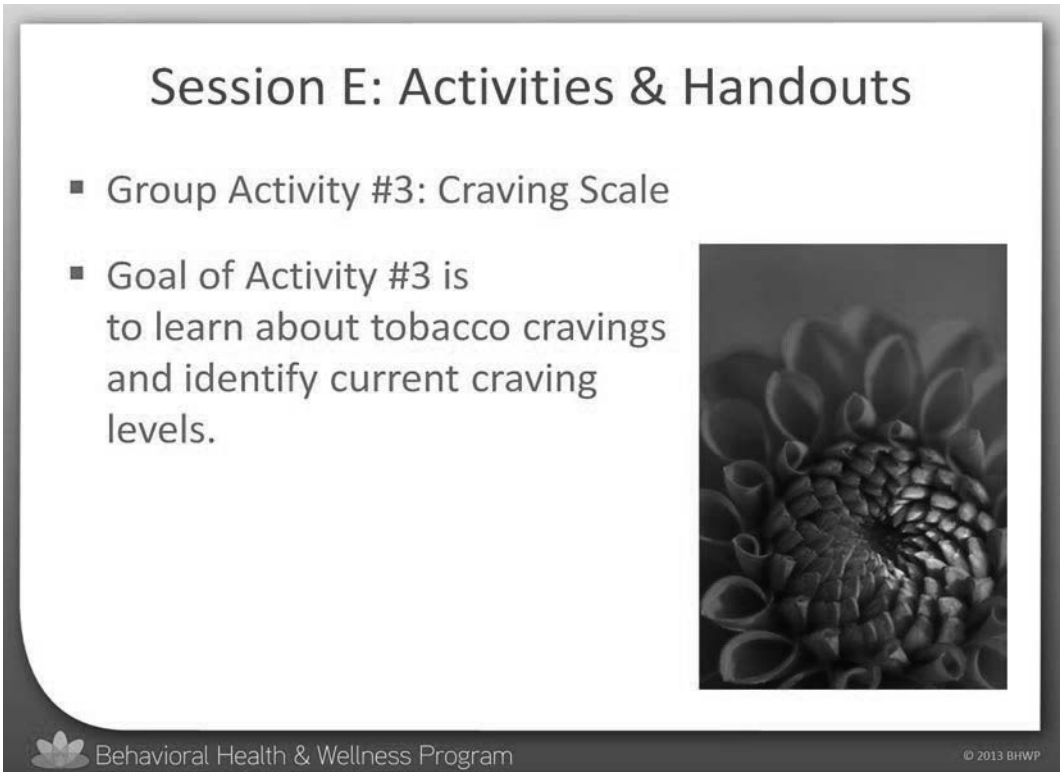
Training Notes:

1) A clean copy of this handout can be found on page 85 of your group facilitator manual.

2) Review the following instructions with trainees:
    a) Pass out copies of the "Triggers for Tobacco Use – Part II" handout.
    b) Ask group participants to choose their top 3 triggers from the list they created on the "Triggers for Tobacco Use – Part I" handout.
    c) Lead the group in a discussion about ways they can distract themselves from using tobacco when they have been triggered. Help them to think about what has worked for them in the past as well as to explore new strategies.
    d) Encourage them to write down the ideas they want to practice.

Tobacco Free Program Module 5:

Session E



Training Notes:

1) The goal of this activity is to learn about tobacco cravings and identify current craving levels.

Tobacco Free Program Module 5:

Session E

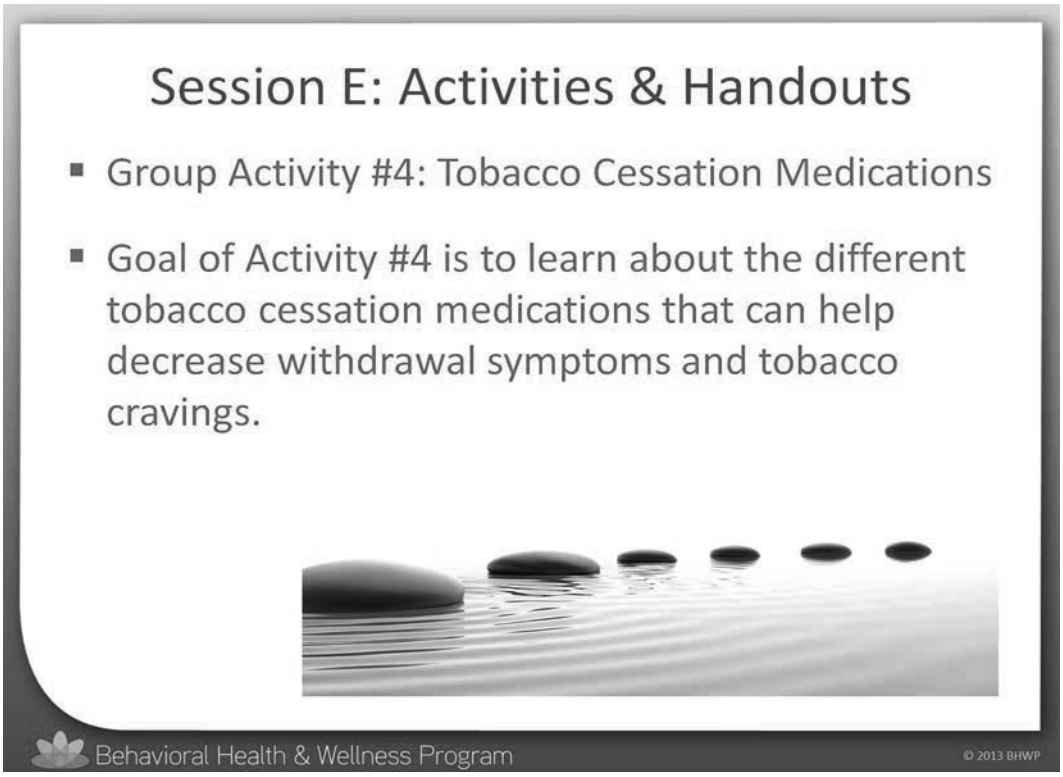
Training Notes:

1) A clean copy of this handout can be found on page 87 of your group facilitator manual.

2) Review the following instructions with trainees:
    a) Pass out copies of the "Craving Scale" handout.
    b) Talk with group participants about tobacco cravings. Encourage them to describe their past experience of tobacco cravings and its effect on their tobacco cessation efforts.
    c) Review the five different levels of tobacco craving. Ask group participants to choose the craving level that best matches their current craving level.
    d) Facilitate a discussion about the best strategies to cope with cravings based on the intensity of their cravings.

Tobacco Free Program Module 5:

Session E

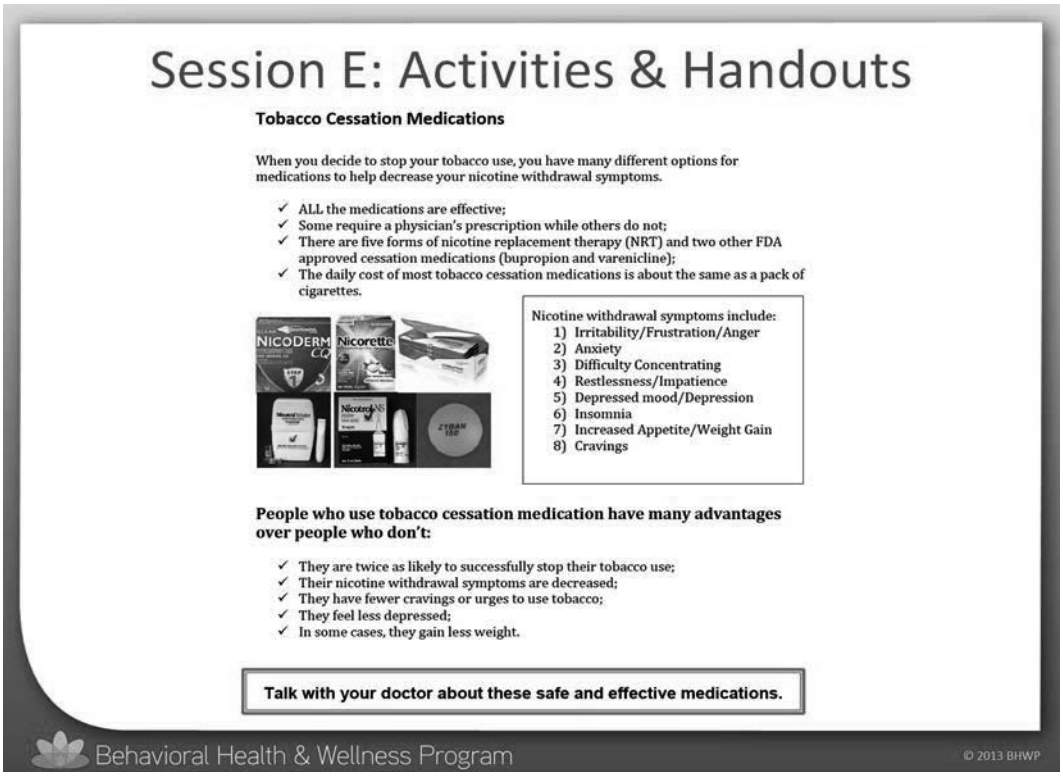


Training Notes:

1) The goal of this activity is to learn about the different tobacco cessation medications that can help decrease withdrawal symptoms and tobacco cravings.

Tobacco Free Program Module 5:

Session E



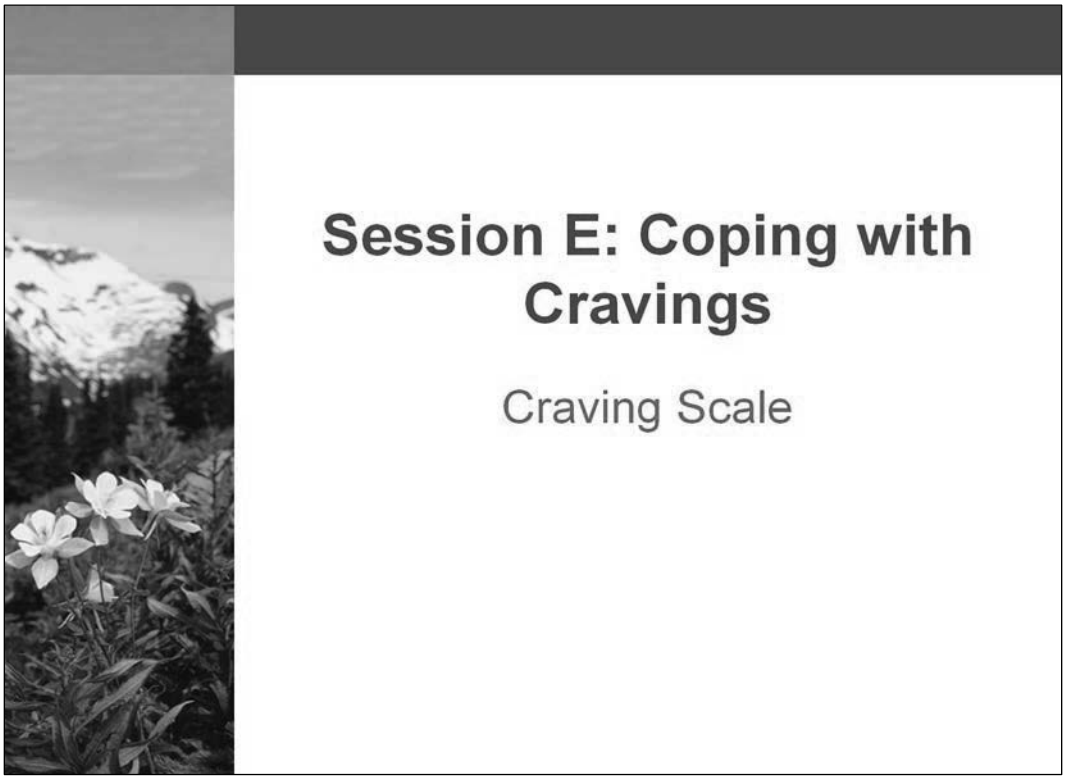
Training Notes:

1) A clean copy of this handout can be found on page 89 of your group facilitator manual.

2) Review the following instructions with trainees:
    a) Pass out copies of the "Tobacco Cessation Medications" handout.
    b) Review the handout with group participants. Describe the different medications and nicotine replacement therapies available to help with nicotine withdrawal. If group participants are currently using any of the medications, encourage them to share their experience about how the medication is working for them.
    c) If group participants share negative experiences around using different tobacco cessation medications, remind the group that everyone has different needs and physical reactions to medication, so what does not work for one person can work for another person.
    d) Be sure to encourage group participants to talk with their healthcare provider about their interest in using tobacco cessation medications.

Tobacco Free Program Module 5:

Session E



Training Notes:

1) Now lead the trainees in the “Craving Scale” activity.

2) After the completion of the activity, ask trainees:
    a) What was your experience of the activity?
    b) What did you observe?
    c) What are your other reactions/comments/questions?

3) Move on to the next group session.

Tobacco Free Program Module 5:

Session F

Training Notes:

1) As individuals move through the different stages of the change process, they need specific skills and resources to sustain the changes they have made.
2) Positive health behavior change can be derailed by daily stressors. Often, people fall back to unhealthy habits when their needs are not met or they feel "tapped out." They may use tobacco as a quick and easy way to manage their stress. Therefore, it is important for individuals to have self-care strategies in place to prevent or decrease their experience of stress.
3) Another key to maintaining change is to have a plan. In order to maintain focus on building and sustaining new wellness practices, it is useful for individuals to assess where they are at in the change process and where they want to go.
4) The activities in the *Maintaining Change* group session are designed to help group participants explore ways to practice self-care and set their Tobacco Free plan. Group participants will learn some information to manage their stress, say "No" to tobacco, and plan for a tobacco-free life.

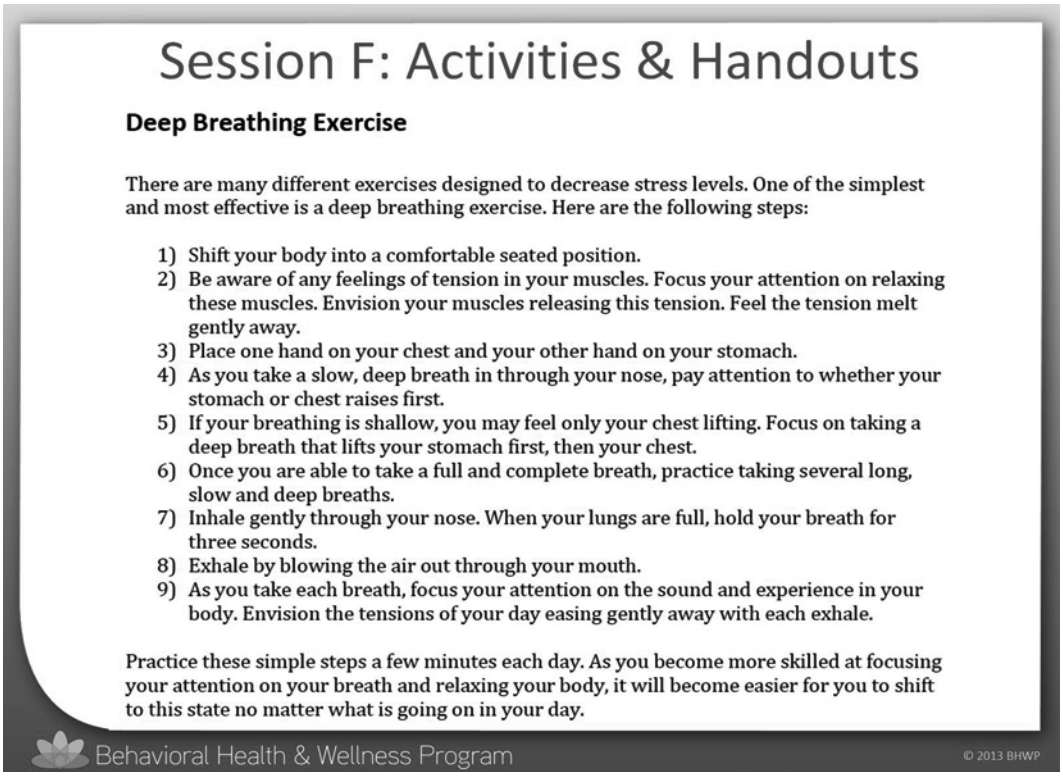
Tobacco Free Program Module 5:

Training Notes:

1) The goal of this activity is to practice deep breathing as a way to decrease stress.

Tobacco Free Program Module 5:

Session F



Training Notes:

1) A clean copy of this handout can be found on page 99 of your group facilitator manual.

2) Review the following instructions with trainees:
    a) Pass out the “Deep Breathing Exercise” handout.
    b) When guiding the group through this activity, read the instructions slowly, pausing to give the participants time to follow your directions. Use a gentle and calming tone of voice. When you have completed the exercise, facilitate a group discussion about their experience of this activity with the following questions:
        i. How do you feel?
        ii. What is your experience of this exercise?
        iii. Do you notice any positive effects?
    c) Encourage group participants to practice deep breathing on their own. Discuss ways in which they can incorporate this practice into their daily lives.

Tobacco Free Program Module 5:

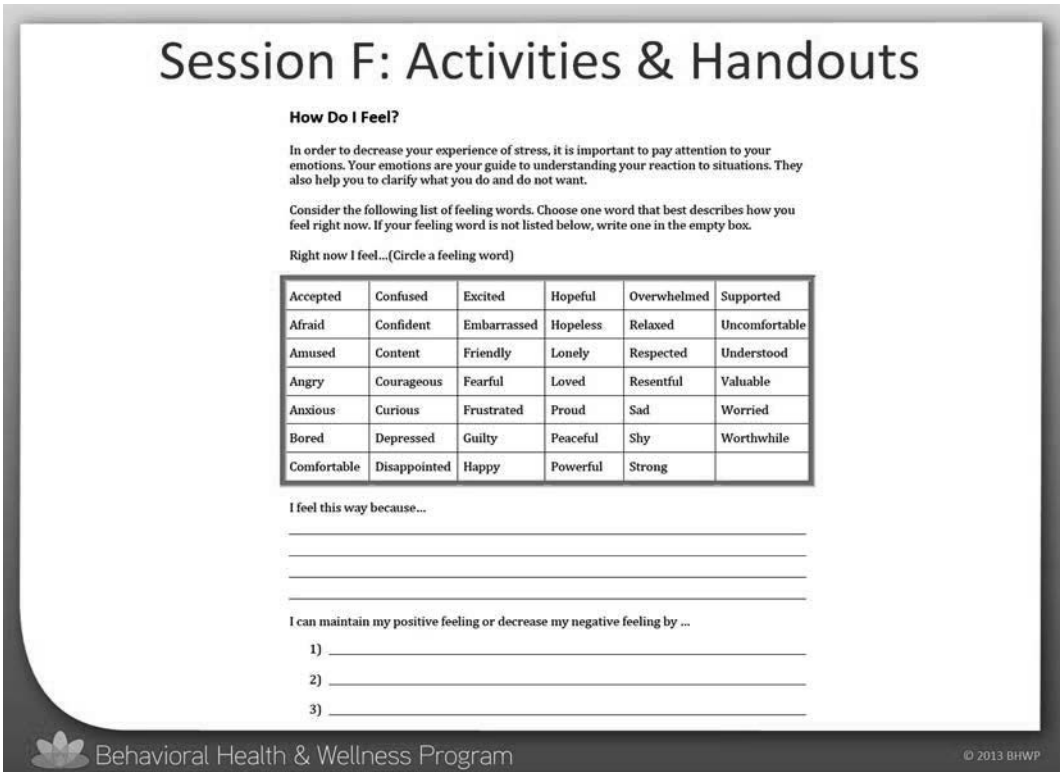
Session F

Training Notes:

1) The goal of this activity is to help group participants to practice identifying and labeling their feelings. As group participants become aware of their feelings, they can then make choices to assist them in maintaining or improving how they feel.

Tobacco Free Program Module 5:

Session F



Training Notes:

1) A clean copy of this handout can be found on page 101 of your group facilitator manual.
2) Review the following instructions with trainees:
    a) Pass out the "How Do I Feel?" handout.
    b) Ask group participants to review the list of feeling words and choose the one that best fits how they feel right now. If there is not a feeling word in the list that describes their current feeling, encourage them to choose a different word and write it in the blank box in the lower right-hand corner of the table.
    c) Encourage group participants to consider why they feel the way they do right now. Also, ask them to think about what they need to maintain their positive feelings or decrease their negative feelings. Give them some time to think about their reasons for how they feel, writing down their response. Ask them to share their responses with the group.
    d) Discuss creative ways to decrease negative feelings, particularly ones that trigger tobacco use.
    e) Ask group participants to practice paying attention to their feelings at least one time each day.

Tobacco Free Program Module 5:

Session F

Training Notes:

1) The goal of this activity is to identify high-risk situations that trigger tobacco use and identify alternative behaviors or strategies to deal with these situations. In order to avoid using tobacco when these situations arise, individuals need to have a plan of action.

Tobacco Free Program Module 5:

Session F

Training Notes:

1) A clean copy of this handout can be found on page 103 of your group facilitator manual.

2) Review the following instructions with trainees:
    a) Pass out the "Saying No—Situations and Strategies" handout.
    b) As a large group, discuss the different situations and why they are triggers to tobacco use.
    c) For each situation, explore a plan of action to manage the situation and use alternative behaviors.
    d) Examine ways to get around barriers to successful implementation of their plan.
    e) Encourage group participants to write down the plans of actions that work for them. Remind them to practice these behaviors in their daily life even if they are not yet living tobacco-free.

Tobacco Free Program Module 5:

Session F

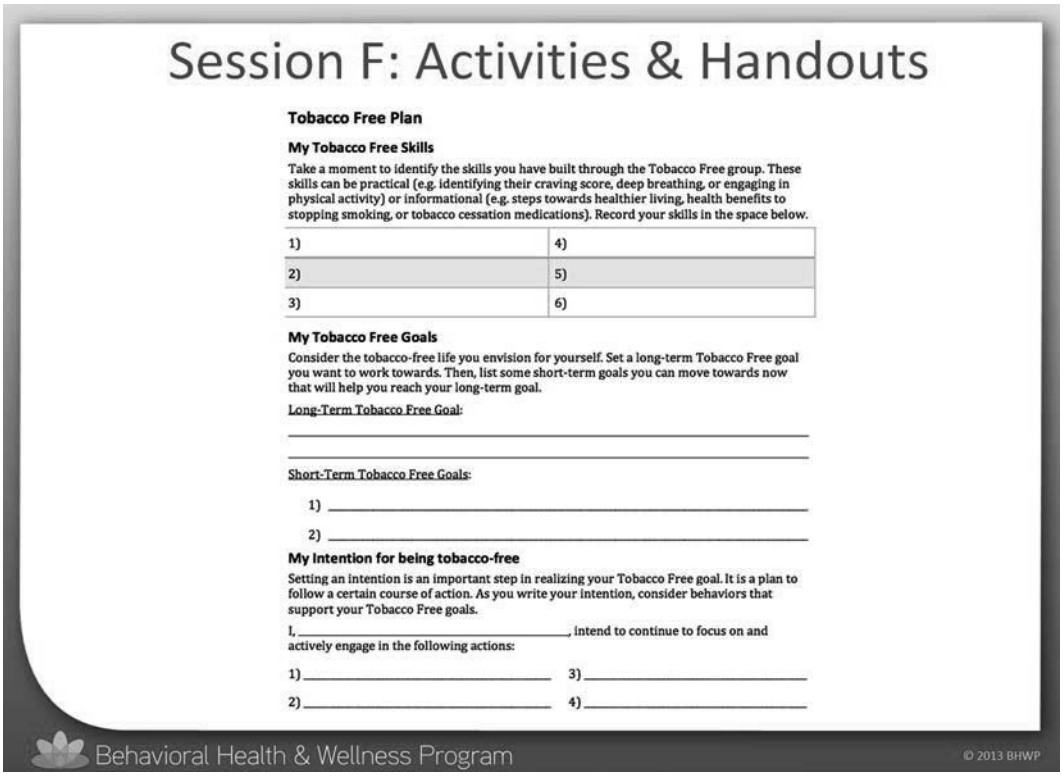
Training Notes:

1) The goal of this activity is to set a plan to maintain change after the completion of the Tobacco Free group.

2) In order to maintain this change, group participants need to identify the new skills and knowledge they have acquired, set new long-term and short-term goals, and set their intention for change.

Tobacco Free Program Module 5:

Session F



Session F: Activities & Handouts

Tobacco Free Plan

My Tobacco Free Skills

Take a moment to identify the skills you have built through the Tobacco Free group. These skills can be practical (e.g. identifying their craving score, deep breathing, or engaging in physical activity) or informational (e.g. steps towards healthier living, health benefits to stopping smoking, or tobacco cessation medications). Record your skills in the space below.

1)	4)
2)	5)
3)	6)

My Tobacco Free Goals

Consider the tobacco-free life you envision for yourself. Set a long-term Tobacco Free goal you want to work towards. Then, list some short-term goals you can move towards now that will help you reach your long-term goal.

Long-Term Tobacco Free Goal:

_____

_____

Short-Term Tobacco Free Goals:

1) _____

2) _____

My Intention for being tobacco-free

Setting an intention is an important step in realizing your Tobacco Free goal. It is a plan to follow a certain course of action. As you write your intention, consider behaviors that support your Tobacco Free goals.

I, _____, intend to continue to focus on and actively engage in the following actions:

1) _____ 3) _____

2) _____ 4) _____

Behavioral Health & Wellness Program

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Training Notes:

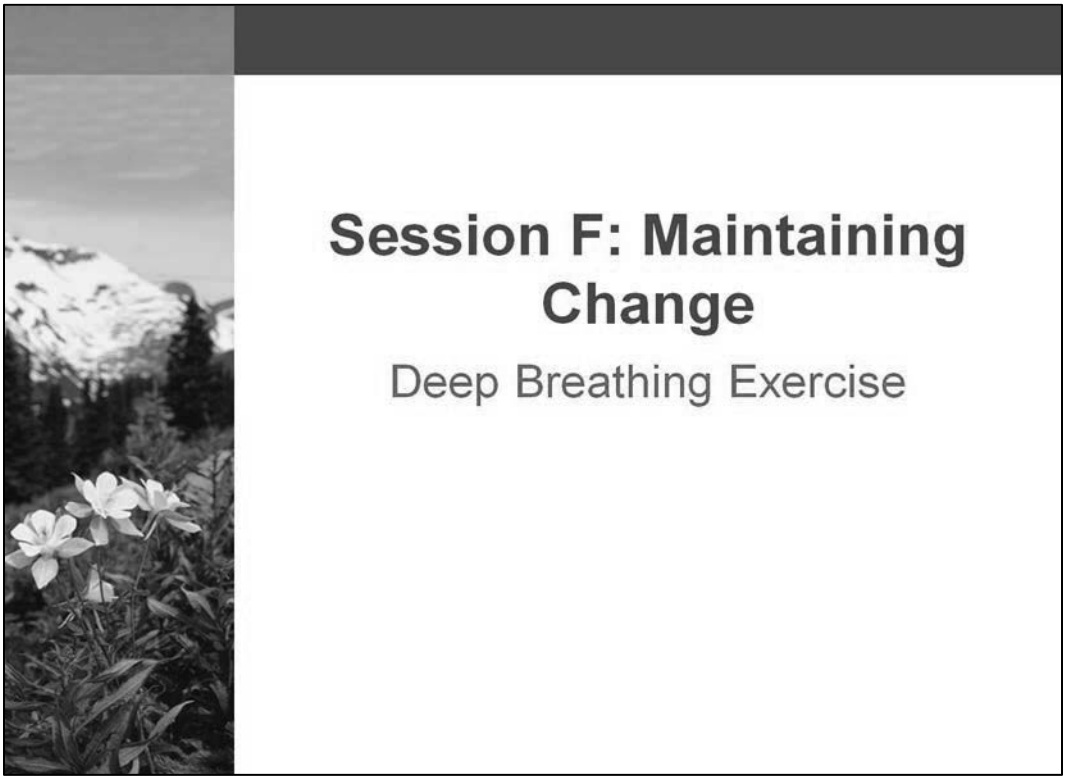
1) A clean copy of this handout can be found on page 105 of your group facilitator manual.

2) Review the following instructions with trainees:
   a) Pass out the "Tobacco Free Plan" handout.
   b) Ask group participants to consider the skills they have built through the Tobacco Free group. These skills can be practical (e.g. identifying their craving score, deep breathing, or engaging in physical activity) or informational (e.g. steps towards healthier living, health benefits to stopping smoking, or tobacco cessation medications). Have them record their responses in the table provided.
   c) Facilitate a discussion so people can share individual responses. Encourage group participants to identify ways they can practice, strengthen and expand these skills.
   d) Next, ask group participants to identify long-term and short-term Tobacco Free goals. Have them record their responses on the handout.

e) Facilitate a discussion so people can share their goals with the group. If needed, help group participants to clarify and refine their goals.
f) Finally, ask group participants to set their intention by listing the actions they plan to focus on and engage in. Have them record their responses on the handout.
g) Wrap up this activity by asking people to say their intention out loud in group.

Tobacco Free Program Module 5:

Session F



Training Notes:

1) Now lead the trainees in the “Deep Breathing Exercise”.

2) After the completion of the exercise, ask trainees:
    a) What was your experience of the exercise?
    b) What did you observe?
    c) What are your other reactions/comments/questions?

Tobacco Free Program Module 5:

Training Notes:

1) Some possible questions to facilitate discussion include:
    a) How do you plan to implement the DIMENSIONS: Tobacco Free Program at your organization?
    b) What are some possible challenges to program implementation?
    c) What is your structure for supervision?
    d) How will you know when you need to seek out additional supervision or support at your organization?

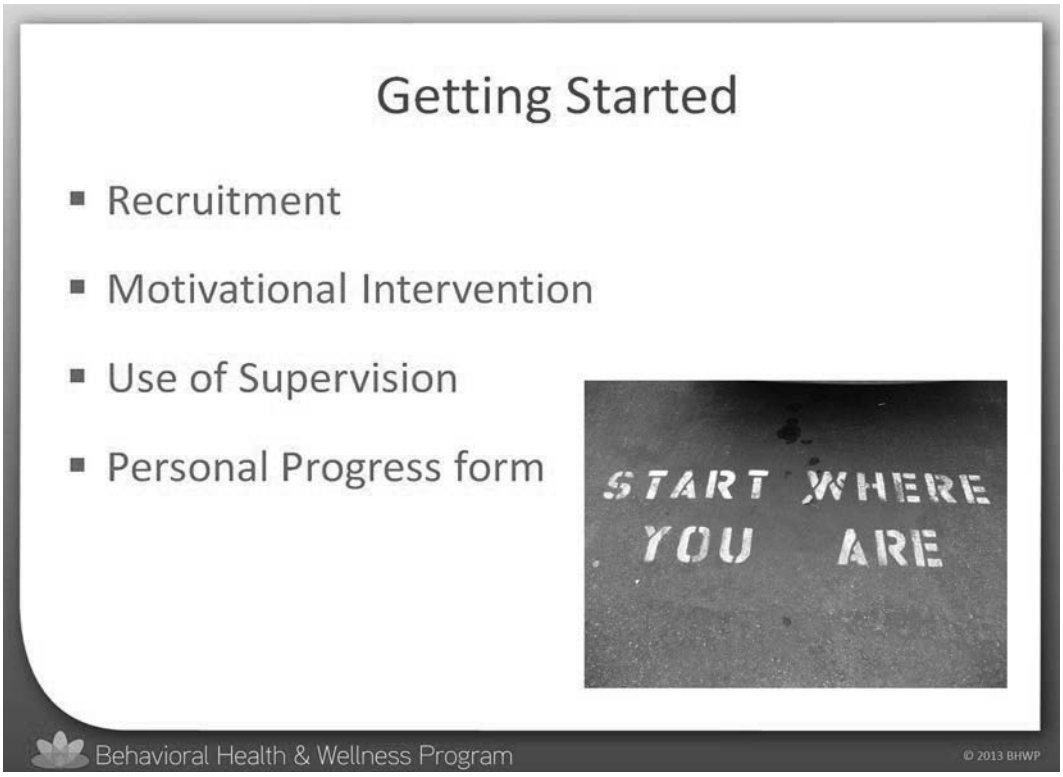
Tobacco Free Program Module 5:

Training Notes:

1) Before we leave today, we would like to:
    a) Discuss some ideas on how to get the DIMENSIONS: Tobacco Free Program started at your organization;
    b) Provide contact information.

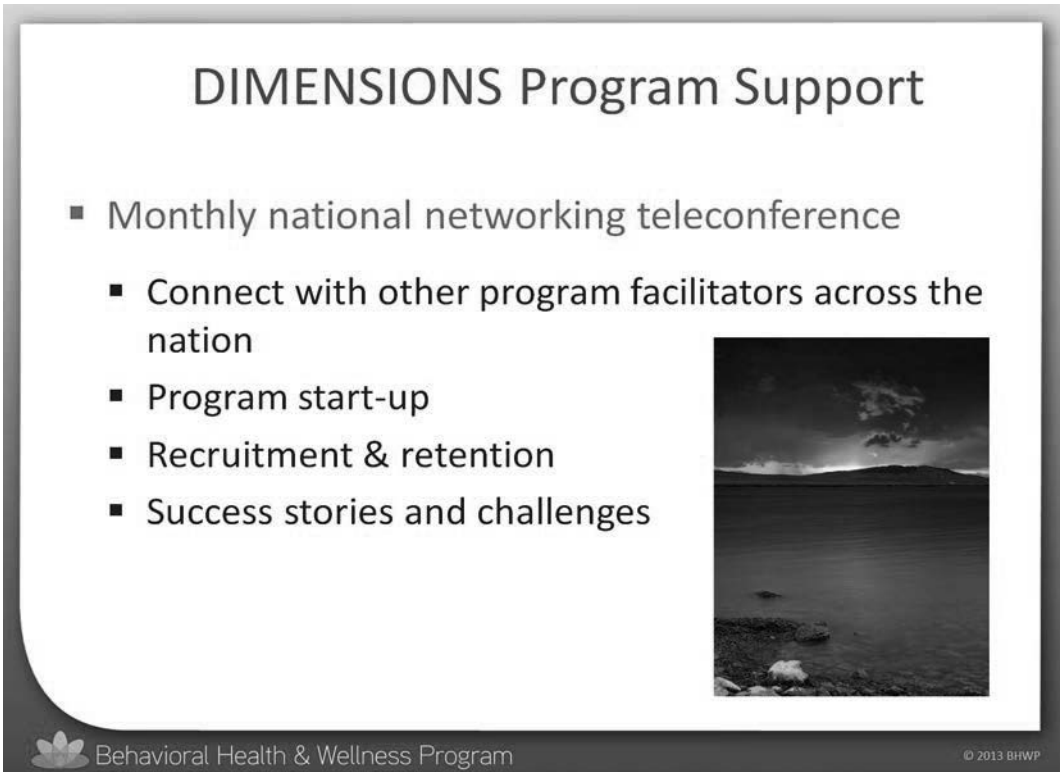
Tobacco Free Program Module 5:

Next Steps



Training Notes:

1) Recruiting for the group can be fun! Post flyers or send emails to build awareness of your group start-up. Another great way to build awareness and recruit for the group is to give a brief 3-5 minute presentation at the start or end of regularly scheduled meetings.
2) The program is more than just the group. There is a one-on-one component as well, which is a great way to inform people about the group and build interest.
3) Be sure you are meeting with your supervisor to ensure you are following your organization's policies about group facilitation and handling any conflict situations, should they arise.
4) Remember, this program is meant to complement other provider services, as well as peer services/programs currently running within your organization.
5) The Tobacco Free "Personal Progress" form should be a part of every group and sent to BHWP regularly.



Training Notes:

1) BHWP hosts a monthly national teleconference for program facilitators.

2) Please visit our website at www.bhwellness.org and friend us on Facebook (Behavioral Health and Wellness Program) and Twitter (BHWP_UCD).

Training Notes:

1) Remind trainees that this is a train-the-trainer model and they have permission to train others at their organization. However, they do not have permission to train individuals outside their organization. Since this information is intellectual property of BHWP, these training materials may **not** be used for commercial or personal profit or be distributed outside of the trainee's organization.

Tobacco Free Program Module 5:

Next Steps

Training Notes:

1) Remind trainees to contact BHWP with any questions or comments.

2) Encourage trainees to participate in the networking teleconference and submit "Personal Progress" forms.

DIMENSIONS: Tobacco Free Program

Training Evaluation

Training Title: DIMENSIONS: Tobacco Free Program Training

Location of Training: _____

Date(s) of Training: _____

Presenter(s): _____

Please provide feedback regarding your experience of this training and training presenter(s). Your confidential and anonymous feedback will be used to improve future trainings.

	Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree
1) The presenter(s) was/were knowledgeable about the topics discussed.	**1**	**2**	**3**	**4**	**5**
2) The concepts of the program were clearly presented.	**1**	**2**	**3**	**4**	**5**
3) The presenter(s) was/were engaging.	**1**	**2**	**3**	**4**	**5**
4) This training provided me with practical tools I can use.	**1**	**2**	**3**	**4**	**5**
5) In general, I am satisfied with this training.	**1**	**2**	**3**	**4**	**5**

6) Please use the space below to describe at least one thing you learned from this training:

7) Please describe the parts of this training you liked best:

8) Please describe the parts you would change or add to improve this training:

Notes

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Notes