

# Protocol & Treatment Manual Project WISE

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## Study and Methods Overview

### Study Purpose and Aims:

This study provides tailored smoking cessation counseling to women who are at high-risk for cervical cancer. The specific aims are to 1) determine if the tailored treatment will increase motivation to quit smoking and cessation rates relative to usual care (UC), and 2) explore factors through which the intervention may impact abstinence. The treatment model is based on that outlined by the Agency for Health Care Policy and Research (AHCPR). However, to overcome potential limitations of the AHCPR model, several changes have been made. First, the motivational treatment component has been enhanced by combining it with the strategies of motivational interviewing (MI), a proven therapeutic means of initiating behavior change (e.g., Project MATCH Research Group, 1997; Smith, Heckemeyer, Kratt, & Mason, 1997). Second, all contact is conducted via telephone, thereby eliminating many traditional treatment barriers (e.g., travel, childcare, parking, cost) that might prevent women from attending counseling sessions. Since women may receive motivational counseling, action-oriented treatment, or a combination of both depending on their willingness to quit smoking, the treatment is referred to as motivationally enhanced counseling (MEC).

It is hypothesized that:

- MEC will increase abstinence rates relative to UC (self-help brochure and brief quit advice).
- MEC participants will demonstrate greater motivation to quit smoking as indexed by:
  - positive shifts in their Stage of Change
  - presence of at least one serious quit attempt (abstinent for at least 24 hours)
  - a greater total number of quit attempts
  - a greater likelihood of seeking additional quitting assistance (e.g., use of pharmacological treatments or other formal treatment services such as Free and Clear).

### Study Design:

This study is a two-group randomized clinical trial. Women identified as potentially eligible (i.e., scheduled for upcoming colposcopy appointment) are mailed a letter of introduction asking them to notify the project staff if they do not wish to be contacted about the study. Anyone not responding within a one to two week time frame is called, consented, and screened for eligibility. Each woman's readiness to quit smoking is also assessed. All participants (N=300) are then randomly assigned to receive either usual care (UC) or motivationally enhanced counseling (MEC). Each woman is mailed a brief letter informing her of the risk of smoking on cervical cancer, advising her to quit, and offering information about several treatment resources in the community (e.g., GHC's Free and Clear, American Lung Association, etc.). Everyone also receives a copy of NCI's "Clearing the Air." In addition, MEC participants receive four brief phone counseling sessions and personalized reminder notes prior to and following each counseling contact. Phone counseling is matched to each participants' willingness to quit as laid out by the AHCPR's *Clinical Practice Guideline for Smoking Cessation* (Fiore et al., 1996). Women not ready to make a quit attempt are offered motivational counseling to encourage them to consider this option. Once participants indicate that they are ready to quit smoking, counseling changes to an action-oriented approach. Using this design, all smokers are potentially eligible for treatment, regardless of their willingness to quit at study initiation. Follow-up assessments are conducted by phone 6 and 12 months after study intake.

<b>Table 1. Schedule of Study Procedures &amp; Assessments</b>	Letter of Intro.	Recruitment	UC Mailing	4 MEC Calls (Variable time frame 1-6 mo)	6 month F/U	12 month F/U
Location	Mail	Phone	Mail	Phone	Phone	Phone
Inclusion/Exclusion		X				
<b>TREATMENT</b>						
Brief quit advice			X			
Clearing the Air guide			X			
MEC calls				X		
Mailings Pre- & Post-MEC				X		
<b>QUESTIONNAIRES</b>						
Demographic, Background Smoking Information, & Stages of Change		X				
Smoking Status/Stages of Change					X	X
Fagerstrom Test of Nicotine Dependence		X			X	X
CESD		X			X	X
Reasons for Quitting		X			X	X
Self-Efficacy Scale		X			X	X
Mood History		X				
Alcohol Use		X				
<b>BIOCHEMICAL ASSESSMENT</b>						
Breath Carbon Monoxide					X	X
<b>INCENTIVE</b>						
\$10 gift certificate		X (base assess)			X	X
\$20 gift certificate for CO						X*

\*If abstinent at follow-up and provides breath sample/other biochemical confirmation.

### Study Participants.

Approximately 300 Seattle-area women recruited from the GHC system. Women are eligible for screening if they smoke and are scheduled for colposcopy. Potentially eligible patients will be identified through review of automated patient data (ARPA).

Inclusion criteria are:

- ◆ GHC colposcopy patient (i.e., women recently diagnosed with a significantly abnormal pap smear and who are scheduled for colposcopic examination of the cervix)
- ◆ age 18 to 70 years
- ◆ current smoker with a smoking history of at least five cigarettes/day for the last year
- ◆ can speak, read, and write in English
- ◆ have a phone
- ◆ not enrolled in a smoking cessation program or use pharmacologic medications for smoking cessation (e.g., nicotine replacement products, Zyban) at the time of intake

### Assessment Overview:

#### Questionnaires

All women complete the assessments. There are 3 assessment time points: baseline, 6 month follow-up, and 12 month follow up. Participants complete questionnaires by phone at each

contact. Assessment interviews last approximately 20 minutes each. Women will be mailed a \$10 gift certificate after completion of each assessment (baseline, 6 mo, & 12 mo).

### CO Samples

Participants who report abstinence at 12-month follow-up are asked to come to CHS to provide a breath sample. Women are given a \$20 gift certificate for each sample. Staff will go to the homes/offices of women unable to attend this meeting at CHS. This appointment takes 5 minutes. If the woman is not able to schedule an in person meeting to collect a CO sample, a kit to measure saliva cotinine can be mailed to this participant. Please see G:/JennKO7/NicAlert Materials for protocol and mailing materials. ALSO, women will be informed that they may be asked for a breath or saliva sample at 6 mo, but this will not be collected.)

### **Treatment Overview:**

One-half of the participants will be assigned at random to receive MEC. MEC consists of motivational and action-oriented counseling, tailored to each woman's readiness to quit smoking. Those interested in quitting are offered treatment based on the AHCPR's *Treatment Guideline* (i.e., problem solving/coping skills training, supportive encouragement, and advice regarding pharmacological intervention) and encouraged to seek more formal assistance in the community, including GHC's Free and Clear program. Those not interested in quitting (Precontemplators and Contemplators) are offered motivational counseling to encourage them to make a commitment to quit smoking. Once a desire to stop smoking is elicited, these women receive action-oriented treatment as well.

All MEC participants receive person-to-person counseling on four occasions. The timing of these contacts is flexible within 1 to 8 week time frames. In this way, the counselor and participant negotiate the intensity of the contact based on each woman's needs. Additionally, scheduling is more flexible to women's schedules. Thus, each MEC participant receives her initial counseling call about 2 weeks after study intake. Subsequent sessions are scheduled from 1 to 8 weeks after each previous contact. The entire treatment period varies between 1 and 6 months total.

The motivational counseling in this study is based on the AHCPR's Four R's (rewards, risks, relevance, and repetition), but is presented non-confrontationally using an MI approach. In order to do this in a brief format, the motivational sessions are patterned after those used in Project MATCH, but the focus has been changed from alcohol abuse to smoking.

The content of the MEC counseling sessions is based on the MI strategies outlined in the MET manual (Miller, Zweben, DiClemente, & Rychtarik, 1995). This counseling can be divided into two major phases: building motivation to change and strengthening commitment to change (Miller & Rollnick, 1991; Miller, Zweben, DiClemente, & Rychtarik, 1995). Phase I entails using such strategies such as eliciting self-motivational statements, listening with empathy (reflective listening), questioning subjects about their concerns and plans, and providing feedback based on initial assessment (e.g., personal health risks of smoking in light of cigarette consumption and health history). During this initial phase, the counselor seeks to elicit concerns (e.g., "smoking is bad for my health") and plans for behavior change from the subject, but in a non-confrontational manner. To achieve this, actions that might result in resistance -- interrupting, arguing, sidetracking, and defensiveness -- are actively avoided. Once a woman appears open to the notion of quitting smoking, counseling shifts to strengthening this commitment. This

involves discussion of the consequences of action versus that of inaction. Specific information about smoking and its health consequences are also conveyed if the woman is interested. Finally, the therapist helps the subject negotiate a plan for how to change her behavior. This point represents the transition into the action-oriented behavioral counseling. Action-oriented counseling is based on the AHCPR model and includes specific advice on preparing to quit, managing nicotine withdrawal and urges, information about nicotine replacement products and instruction in their use (though no medications are provided), and relapse prevention. Because of the short time-frame of the counseling (4, 15-20 minute calls), women who are ready to quit will be encouraged to seek more formal assistance in the community. They are provided with appropriate treatment referral information and can even be enrolled in GHC's Free and Clear program if they are interested in this option.

## Protocol for Counseling Calls

*See Treatment Manual for more specifics on counseling calls.*

**When to call:** The first counseling call is made 2 weeks after enrollment in the study. Timing of subsequent calls can be negotiated with each woman at 1-8 week intervals, however, all 4 calls must be completed within the first 6 months of the study (prior to 6 month f/u assessment).

Calls should be more frequent when participants are ready to quit, making a quit attempt, or have recently made a quit attempt. Calls can be less frequent if the woman is not interested in quitting.

**What to do prior to calling:** Prior to calling each woman, review her materials, post-counseling notes, and call record from previous calls. Be sure to follow-up on issues from previous calls and incorporate personal information about each woman in each call.

**What to do during each call:** See Treatment protocol for specifics. During each call, the goals are to: 1) determine the woman's readiness to quit smoking and 2) provide matched counseling.

**What to do after calling:** Complete the Call Record, log the call in the database as necessary, enter next counseling call on Groupwise calendar, write and mail the post-counseling note, and file all materials.

**Length of Calls:** Each call should last no more than 15-20 minutes. If possible, each call should also last up to 15 minutes.

**NOTE:** Any folders that are taken from CHS and contain any identifying information are confidential and should be treated as such. Completed folders should be returned to the file cabinet during work hours so that all staff have access to this shared information.

## Treatment Manual

### Motivational Interviewing Basics

- I. Ala Miller & Rollnick
- II. AHCPR 4 R's

### MEC Counseling Basics: Motivational and Action-Oriented Counseling

- I. Overview of Counseling Strategies and Methods
- II. **Flowchart of Initial Counseling Call**
- III. MEC Basic Techniques
  - 1. Building and Maintaining Rapport
    - A. Scripts for Initiating Counseling Calls
    - B. Scripts for Ending Counseling Calls
  - 2. Assessing Readiness to Quit
  - 3. Counseling Phases and General Content
    - A. Building Motivation to Change
    - B. Strengthen Commitment to Quit
    - C. Action-Oriented Counseling for Quitting
      - 1. Discuss Treatment Options
      - 2. General Information on Treatment Options
        - a. Free and Clear
        - b. Self-Quitting
        - c. Community Programs
    - D. Dealing with Relapse
    - E. Supporting Abstinence

### Treatment Information Modules

- I. Cervical Cancer and Colposcopies
- II. Health Risks of Smoking
  - 1. Smoking & Cancer
  - 2. General Risks of Smoking
  - 3. Health Risks to Others
- III. Benefits of Quitting
- IV. Pharmacotherapy
- V. How the Patch Works
- VI. Proper Use of the Nicotine Patch
- VII. Why Do People Smoke?
- VIII. Coping with Withdrawal Symptoms and Urges: ACE Strategies
- IX. Preparing to Quit
- X. Strategies to Quit Smoking
- XI. Handling Withdrawal
- XII. High Risk Situations for Smoking
- XIII. What You Should Know About Relapse
- XIV. Beating Negative Moods Without Smoking
- XV.** Weight Management

## How To Use This Manual

MEC is drawn from motivational interviewing and action oriented smoking cessation advice, but may vary slightly from traditional forms of either of these approaches. Since the counseling is tailored to each woman, it is not possible to have a single treatment script. Each woman receives a unique intervention based on her readiness to quit smoking and individual interests and needs. Thus, rather than receiving the same factual information about quitting smoking, all women at the same stage of readiness to quit smoking will receive treatment based on the same counseling principals (e.g., building motivation to change, strengthening motivation to change, action oriented counseling for quitting, etc.). For example, all women who are ready to quit smoking will receive action-oriented advice, but the content of this advice may vary between women based on their individual needs.

**Because the dependent variable in this study is the counseling, it is critical that the counselor follow the MEC protocol as closely as possible.** This means applying the appropriate counseling principals at the appropriate stage of each woman's readiness to quit. To ensure this, the treatment manual lays out the principals to be employed at each stage of readiness, but does not lay out a step by step guide to the intervention. It is up to the counselor to be familiar with the counseling principles contained in this manual and apply them as appropriate during each call.

The treatment manual has three general sections. First is an overview of motivational interviewing (Motivational Interviewing Basics). Next is an overview of the basic MEC principals incorporated in each call (MEC Counseling Basics: Motivation and Action-Oriented Counseling). Finally, there is a section with specific treatment information that can be incorporated into the counseling as needed (Treatment Information Modules). Review these sections and be comfortable with the counseling principles before initiating treatment.



## Motivational Interviewing Basics

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The counseling techniques incorporated in this study are drawn from Miller & Rollnick's (1991) principles of motivational interviewing (MI), the MI techniques used in Project MATCH, and recommendations (motivational and action-oriented) from the AHCPR's treatment guidelines for smoking cessation.

### **Basic Principles of Motivational Interviewing (Miller & Rollnick, 1991):**

Motivational interviewing is a technique used for eliciting behavior change in a non-confrontational manner. There are 5 basic principles underlying this approach:

- ◆ **Express empathy** – the therapist's goal is to be a supportive companion & knowledgeable consultant. Respect the woman's freedom of choice. Use subtle persuasion and reflective listening.
- ◆ **Develop discrepancy**: A desire to change grows out of a perceived discrepancy between where one is (smoking) and where one wants to be (nonsmoking). The therapist's goal is to create or amplify this discrepancy in the woman's mind.
- ◆ **Avoid argumentation**: Avoid any direct argumentation. Argumentation leads to resistance. Let the woman argue why she should change.
- ◆ **Roll with resistance**: The therapist's goal is to avoid letting resistance end in conflict. Reluctance and ambivalence are acknowledged to be natural and understandable. Rather than imposing solutions on the woman, invite her to consider new information and different perspectives, from which she can take what she wants. Women are also encouraged to generate their own solutions, which avoids resistance that can occur when one is told what to do.
- ◆ **Support self-efficacy**: People have to first believe that they CAN change before they will be willing to try. Part of the counselor's role is to support each woman's self-efficacy and help her realize that quitting smoking is something that she can do.

### **Active Ingredients of Effective Brief Counseling (Miller & Sanchez):**

**F: Feedback** - provide feedback regarding the woman's current status (e.g., impact of smoking on health status and family; role of smoking in cervical abnormalities).

**R: Responsibility** – make it clear that the responsibility for change is up to the woman. E.g., “ **It's up to you to decide what to do with this information. Nobody can decide for you, and no one can make you quit smoking if you do not want to. It's your choice, but if you are going to quit, you're the one that has to do it.**”

**A: Advice** – provide clear advice that the woman needs to make a change.

**M: Menu** – provide a range of options and allow the woman the opportunity to select strategies that match her particular needs and situations (e.g., allow women to choose times for follow-up counseling calls and which type of intervention they would like to try, such as Free and Clear, OTC NRT, self-quitting, etc.).

**E: Empathy** – be empathic.

**S: Self-Efficacy** – persuade the woman that she can make a change (e.g., quit smoking).

## **AHCPR Principals for Motivational Interviewing - Four R's:**

Relevance: Make the information relevant to the woman's health and smoking history- it will have a greater impact.

Risks: Emphasize the risks of smoking and their personal risks. Ask the woman to elicit potential risks herself.

Rewards: Emphasize the rewards of quitting. But, have the woman elicit her own personal rewards.

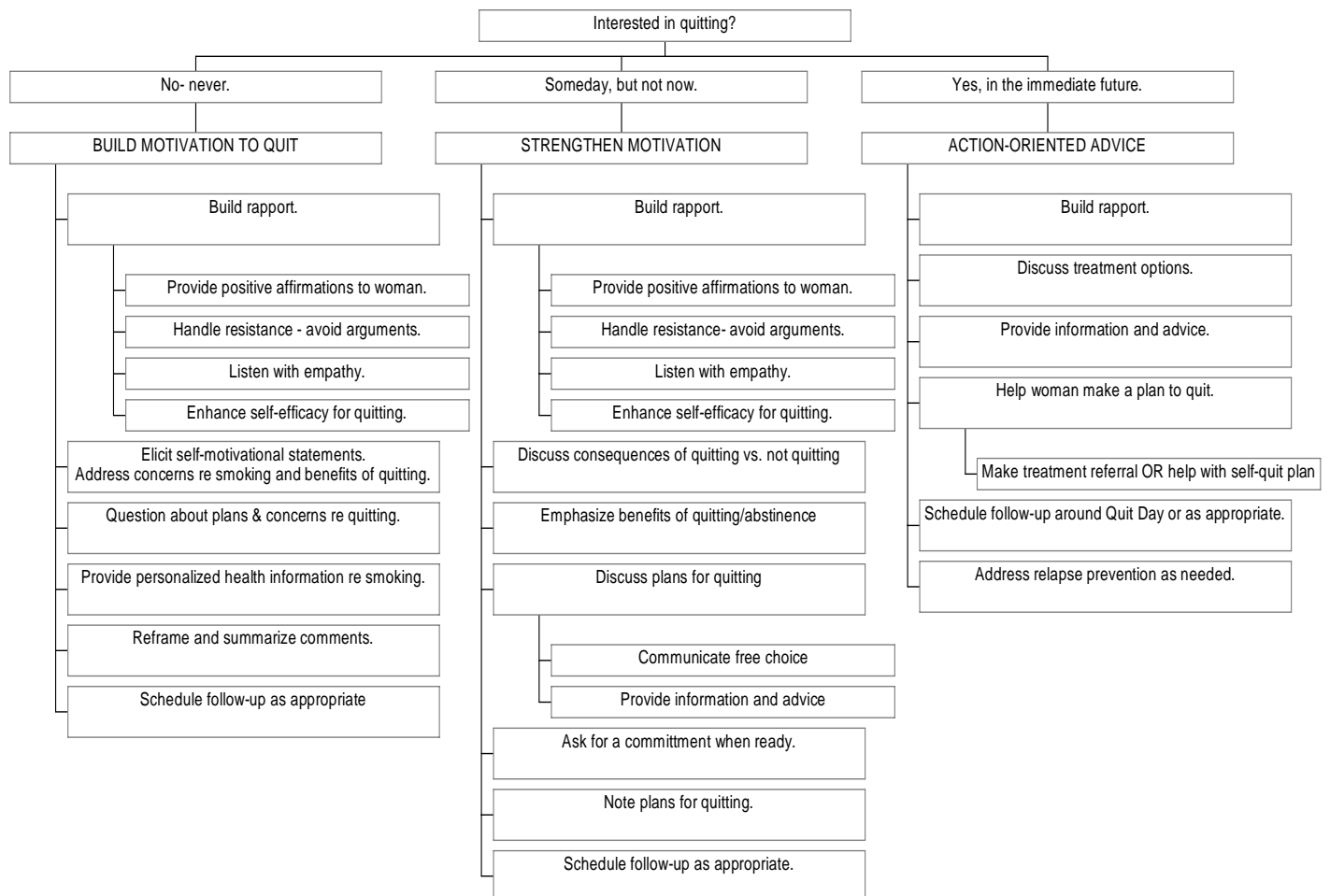
Repetition: Reiterate these points at each contact.

## MEC Counseling Basics: Motivational & Action-Oriented Advice

The MEC treatment in this program is designed to provide assistance appropriate to each woman’s readiness to quit smoking. Most women will not be ready to quit smoking when first contacted, so telling them how to quit would be inappropriate. Therefore, at the beginning of each call several questions will be asked to gauge the woman’s readiness to quit. Women not interested in quitting will receive motivational counseling aimed at building their motivation to change. Women interested in quitting, but not in the immediate future, will receive intervention aimed at strengthening their commitment to quit. Women ready to quit will receive a combination of motivational and action-oriented treatment to strengthen their commitment to quit and assist in these efforts. Women who quit and are maintaining abstinence will receive support and action-oriented advice as needed to promote continued abstinence (aka, relapse prevention).

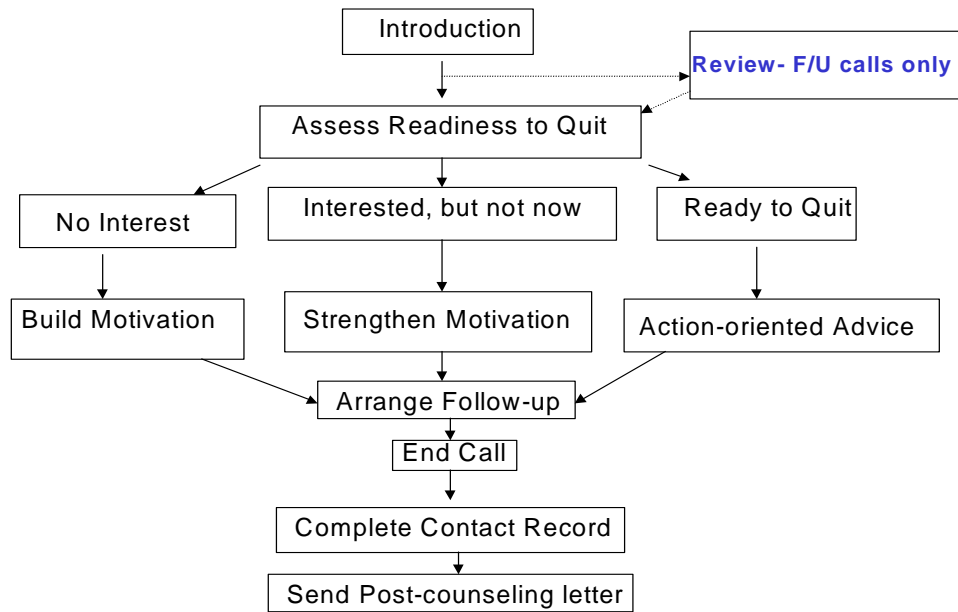
Because the counseling will vary from person to person, there is no defined script for each session. Rather, the focus of each session will be determined by the woman’s readiness to quit smoking at the time of each call (see “Assessing Readiness to Quit” and “Counseling Phases and Content” for specifics).

### Overview of Counseling Strategies and Methods



**Initial Counseling Call:** Participants in the MEC group will be called 1 week after their treatment materials have been mailed. This call should last approximately 15 minutes. Below is an outline of the content of this call. More specific information regarding each box is provided in the following sections of this manual.

### Flowchart of Initial Counseling Call



**Follow-Up Counseling Calls:** For follow-up calls (after the initial call), include a brief recap of what was discussed in the last call and review what, if anything, the woman has done since that call (e.g., been thinking about quitting, talked to friends about quitting, made a quit attempt, etc.). Then assess current readiness to quit and follow flow chart above.

## MEC Basic Techniques

### MEC Basic Techniques consist of:

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1. Building and Maintaining Rapport
2. Assessing Readiness to Quit
3. Counseling:
  - A. Building motivation to quit
  - B. Strengthening the commitment to quit
  - C. Providing action-oriented counseling for quitting
  - D. Dealing with relapse
  - E. Supporting abstinence

Each of these components are described in the following sections.

### 1a. Building and Maintaining Rapport

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Rapport is an important part of this study. It is critical to establish trust and open communication with each woman since all contact is done via phone. Use the following strategies to establish rapport:

◆ **Identify yourself at the beginning of each call.**

Tell the woman who you are and remind her why you are calling.

◆ **Be sensitive to confidentiality.**

If a woman seems hesitant to talk, remind her that your discussions are confidential and will not be shared with her physician or included in her medical record.

◆ **Make sure it is a good time to talk.**

Be mindful that it might not be a good time to talk and you might need to schedule another call. If the woman seems hesitant to talk say, *“It seems like I have caught you at a bad time. Would it be better if I call you later?”* and agree on a time.

◆ **Unconditional acceptance.**

Once the woman has agreed to speak with you, be accepting of her decisions – even if she does not want try to quit. Do not be judgmental or pressure the woman into wanting or trying to quit smoking.

◆ **Share common experiences.**

*As appropriate*, share common experiences. For example, you might recall how difficult it was when you quit smoking, or how proud you were when you did quit, etc.

◆ **Remind women of the purpose of the calls.**

For counseling calls, you might need to remind the women that this is part of Project WISE. When they were previously contacted they agreed to participate in this project and be contacted from time to time by a counselor. Remind them that your purpose is to serve as a resource for them and answer any questions they may have about smoking and quitting smoking. If they are interested, you can also provide assistance with this, but that that decision will be left up to

them to make. All you ask is that we have a few minutes of their time to touch base and see if there is any assistance that you can provide.

Although not specifically labeled as components of rapport by Miller and Rollnick, the following counseling strategies are helpful for maintaining rapport. Each is described later in the sections on building and strengthening motivation to change.

- ◆ **Provide positive affirmations**
- ◆ **Handle resistance/avoid arguments**
- ◆ **Listen with empathy**
- ◆ **Support self-efficacy**

## **Scripts for Initiating Counseling Calls**

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### **Initiating the first counseling call:**

“Hello, Ms. \_\_\_\_\_. This is \_\_\_\_\_. I am a counselor with Project WISE. Do you have a few minutes to talk?” *If not, schedule time to call back later.*

“You might recall that you spoke with someone from our study about a week ago and we sent you some materials on quitting smoking. Did you receive these materials?”

*If woman received the materials, ask her if she looked at them and whether she has any thoughts about what she read. Try to establish a dialog from which you can assess her motivation to quit smoking and then gear the conversation.*

*If she has received but not read OR not received the materials say, “Well, let me tell you a little bit about what is in the materials. Basically, it included a manual with strategies for quitting smoking and a list of resources for treatment, including free treatment through Group Health. Are these materials of any use to you at this time?” .....and try to open a dialog about her smoking and then assess her motivation to quit smoking.*

*E.g., if she says the materials are of use to her, “....That’s great. So you have been thinking about quitting smoking. Have you decided when you would like to quit.....”*

*OR, if she says that the materials are not of use to her, “....We have found that women, such as yourself, who smoke and have had an abnormal pap smear often decide to quit smoking, since smoking is a risk factor for cervical cancer. If you choose to quit, let me encourage you to use these resources. Have you ever thought about quitting before?.....”*

***If the materials were not received, mail a new set.***

### **Initiating follow-up counseling calls:**

Hello, Ms. \_\_\_\_\_. This is \_\_\_\_\_ from Project WISE. I am just calling to touch base and see how things are going. Do you have a few minutes to talk?

*If so, briefly recap what was discussed before, assess current motivation for quitting, and apply appropriate counseling strategies (e.g., build motivation, strengthen motivation, action-oriented advice, etc.)*

*If not, call back when convenient.*

**Script for Ending Counseling Calls:**

*Summarize what was discussed in an empathic manner. Let them know when you will be touching base again. If a woman is ready to quit, suggest touching base again in 1-2 weeks to follow-up on her progress. If she has no interest in quitting, you may suggest that you will touch base with her in about 4-6 weeks (definite dates and times are not necessary unless they request this) to see if she has any new questions that might come up. Thank the woman for her time and end the call.*

*E.g.—“The purpose of my calling is to serve as a resource for you and answer any questions you have about quitting, and if you choose to quit, to help you do this. From what you have told me, it doesn’t sound like you are interested in quitting right now. Frequently, after I speak with women and they have a chance to look at the materials we have sent, they do have some questions come up. So, I’d like to contact you again in about 4-6 weeks. If you have any questions at that time, I would be happy to address them. Would that be okay?”*

*OR – “Ms. Smith, I think it is great that you are considering quitting smoking. I encourage you to follow-up with the Free and Clear program and take advantage of their services since they are free to you. I will touch base with you next week and see how everything is going and if there is anything else I can do to help you. Would that be okay?” Schedule time to call as necessary.*

## **2. Assessing Readiness to Quit:**

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At each contact you will need to assess a woman's readiness to quit smoking. This will guide the content of the counseling advice. This can be accessed directly by asking a woman if she wants to quit smoking and when, or indirectly from the woman's questions or desire for active assistance in quitting.

If a woman expresses no interest in quitting, the goal of the counseling is to build motivation to quit.

If she expresses some interest in quitting, but does not want to act on this right away, the goal of the counseling is to strengthen her commitment to quitting.

If she expresses a desire to quit right away or in the immediate future (next few weeks), then the goal of the counseling is to strengthen this commitment and provide action-oriented advice for achieving this goal.

### **Sample Questions for Assessing Readiness to Quit:**

- “Have you thought about quitting smoking?”
- If “NO” → focus on building motivation for quitting
- If “yes” → “Do you have any plans to quit at this time?”,
  - If yes, “When?” → determine counseling focus based on response
  
- “Are you interested in quitting smoking?”
  - If yes, “Have you thought about *when* you would quit?” OR “Would you like to quit in the near future?”
    - If “NO” → build motivation for quitting
    - If “yes” to quitting, but not in immediate future → strengthen motivation for quitting
    - If “yes” to quitting in next few weeks → action-oriented counseling



### 3. Counseling Phases and General Content:

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**A. Building motivation to change:** In this phase the counselor's role is to seek to elicit concerns (e.g., "smoking is bad for my health") and plans for behavior change, but in a non-confrontational manner. *Thus, actions that might result in resistance -- interrupting, arguing, sidetracking, and defensiveness – are actively avoided.* The idea is to develop a discrepancy in the client's mind between her current behavior and what she would like to achieve. This, in turn, will make her want to change her behavior.

**Start the first counseling session and all subsequent sessions in which the woman expresses no interest in quitting smoking with the goal of building motivation for change. Use the following strategies:**

- ◆ **Elicit self-motivational statements:** a person's own words are more persuasive than another's. There is a belief that "if I said it, and no one forced me to say it, then I must believe it." *The goal here is to get women to voice concerns about smoking.*

One way to elicit self-motivational statements is to ask open-ended questions such as:

- "I assume since you agreed to participate in this project and talk to a counselor that you have some questions or concerns about your smoking. Tell me about those."
- "Tell me about your smoking. What are the things that you like about it and what things concern you about it?"
- "Have other people expressed a concern about your smoking? What have they said?"
- "What has smoking cost you? Not only monetarily, but physically or otherwise. Are there any downsides to your smoking?"
- "What worries you about your smoking?"
- "What do you think will happen if you do not quit smoking?"

Don't ask IF the woman has concerns, but rather WHAT concerns she has.

Another way to get a woman to discuss the negative aspects of smoking is to set up a decisional balance. That is, first ask her to list what she likes about smoking and then ask her to list the things she doesn't like about it.

- "I understand that you don't want to quit smoking. What are some of the things that you really like about smoking?"....."What are the things that you don't like about it?"
  - "What are some of the good things about smoking, or the things you like?.....What are some of the less good things about smoking, or things you may not like?"
- ◆ **Listen with empathy:** Listening with empathy means using "reflective listening." That is, listen carefully to what the person is saying and then reflect it back to them (although you might reframe it slightly). This encourages the woman to keep talking, is unlikely to invoke resistance, communicates respect & caring, and helps clarify what she means.

- ◆ **Question subjects about their concerns and plans for quitting:** Rather than telling a woman why she should quit smoking, ask her about her concerns and understanding of why she should quit. Rather than telling her how to quit, ask her what her plans are for quitting (when the time is right, you can begin to introduce feedback on effective strategies she could consider trying, but the ultimate decision will be hers).
  - “What are your concerns about smoking?”
  - “Have you ever thought about quitting? What made you think it might be a good idea to quit?”
  - “What are your plans for smoking or quitting long term? Do you ever intend to quit? Why wait so long?”
  - “If you were to quit, how would you do it?”
  
- ◆ **Provide personalized feedback:** In the first counseling session, you will want to provide some personalized feedback for quitting, such as personal health risks of smoking in light of cigarette consumption and health history (e.g., smoking is a risk factor for cervical cancer; quitting smoking decreases the size of pre-cancerous cervical lesions), cost information of smoking at the woman’s current rate, information on the health effects of second-hand smoke (if she lives with children or non-smokers), etc. See the General Information Modules in this manual for specific information to use (see sections on “**Cervical Cancer and Colposcopies**,” “**Health Risks of Smoking**,” & “**Benefits of Quitting**”). You should base the type of feedback you provide on information from the woman’s baseline interview and her concerns about smoking/plans for quitting expressed during the phone call. You can continue to provide personalized feedback in subsequent calls in which you are trying to build the woman’s motivation to quit smoking.

### **Sample Scripts**

Counselor: I understand that you are not interested in quitting smoking. What do you like most about smoking?

Woman: It helps me relax and cope with things.

Counselor: That’s one of the most common reasons people report they smoke. Are there any things about smoking that you *don’t* like or that concern you?

Woman: I don’t like my children to see me smoke.

Counselor: That’s understandable. Your smoking can have significant effects on your children. Children of smokers have more health problems like asthma, middle-ear infections, and respiratory problems. They are also more likely to be smokers themselves. Do you worry about exposing your family to second-hand smoke?

Woman: No, I don’t smoke in the same room as my children.

Counselor: That’s a smart decision. Just breathing second hand smoke can cause lung cancer and many of the same problems that smoking does. By not smoking in the same room as your family, you lessen their exposure, although they can still be affected.

**OR**

Counselor: How has smoking affected you?

Woman: It hasn't. I have smoked for 5 years and I don't have any problems. My mother smoked all her life and she never had any problems, either.

Counselor: So you have never had any health problems related to your smoking?

Woman: No.

Counselor: What was the outcome of your colposcopy last month?

Woman: The doctor said that I had some "pre-cancerous" tissue.

Counselor: Did you know that smoking can cause pre-cancerous lesions like the ones your doctor found. In fact, smoking is a significant reason that many women get cervical cancer and it is responsible for 30% of the deaths caused by cervical cancer?

Woman: Yes, but if I am going to get cancer then there is nothing I can do. The damage has already been done.

Counselor: Not really. Quitting smoking has been shown to decrease the size of pre-cancerous cervical lesions. There is no guarantee, but if you stopped smoking you could reduce the size of your lesions and you would definitely decrease your risk of cancer – both of the cervix and of the other areas in your body that can be affected, like- cancer of the mouth & throat, lungs, bladder, colon, etc. When you smoke the cancer causing chemicals are carried throughout your body and can do damage at many different sites.

**OR**

Counselor: What are your concerns about your smoking?

Woman: I don't have any. I say, live for today and don't worry about tomorrow.

Counselor: So, you're not worried that you may develop cancer or heart disease?

Woman: No.

Counselor: And you are not bothered by the fact that smoking increases facial aging and can add years to your looks, even if you are only in your twenties.

Woman: I still look good.

Counselor: It's good that you have such a positive self-image. Many women your age are bothered that smoking can ruin their looks and damage their voice while they are still young. They don't care that it increases their chance of having osteoporosis (the disease that makes you have a humped back when you are older), causes early menopause, or can cause cataracts. They just don't want to look or smell bad now.

- ◆ **Provide Affirmation:** Look for opportunities to affirm or compliment the woman. This strengthens your relationship with her, supports her self-esteem, and is reinforcing. Use examples such as:
  - "I think it is great that you are willing to talk about your smoking and be open to learning more about your options for quitting."
  - "You have a really good understanding of the risks of your smoking."
  - "I think it is great that you are taking advantage of this resource and learning about your options should you decide to quit smoking."
  - "Thanks for being so honest about your opinions."
  
- ◆ **Handle Resistance:** Resistance can take many forms: interrupting, arguing, sidetracking, defensiveness. One of the key tenets of MI is to avoid resistance. To

do this, the counselor should avoid arguing, disagreeing, challenging, judging, criticizing, confronting, using sarcasm, or warning women.

Strategies for deflecting resistance include:

- Reflecting: reflect what the woman is saying.
  - “What I hear you saying is.....”
- Reflect with amplification: reflect what the woman is saying, but subtly exaggerate it to the point where the woman may disagree with it:

Woman: “I don’t want to quit. I enjoy smoking.”

Counselor: “So you don’t have any concerns about smoking or its health effects?”

Woman: “I wouldn’t say that.”

Counselor: “So you enjoy smoking, but you are concerned that it might be bad for your health.”

- ◆ **Reframe**: reframing is used to get people to look at things from a new perspective.
- ◆ **Summarize**: It is useful to periodically summarize what has been discussed during the session. In particular, it is helpful to summarize the woman’s self-motivational statements.

*Counselor*: “So far you have told me that you enjoy smoking and do not wish to quit at this time, but you do have some questions about how it is affecting your health and your family’s health. What other concerns do you have about smoking or about the effects of passive tobacco smoke?”

## **Additional Tips for Building Motivation**

Miller & Rollnick warn to avoid the following situations:

- ◆ The expert-trap: don’t convey the impression that you have all of the answers
- ◆ The Labeling –trap: don’t try to force labels on people.
- ◆ The Premature-Focus trap: don’t get into a power struggle about the focus of the conversation early on. Let the woman somewhat set the focus and start by addressing her concerns. The conversation should be focused to smoking, however.

**Use the strategies above in each counseling session until the woman appears open to the notion of quitting. At that point, the counseling should shift to the next phase - strengthening this commitment.**

**B. Strengthen the commitment to quit:** When the woman is considering quitting but has not made a firm commitment to go ahead and do it, then the focus should shift from building a commitment to change to strengthening this commitment.

**Signs that a woman is ready to quit smoking include:**

- ◆ Decreased resistance – she will stop arguing, interrupting, denying, or objecting.
- ◆ Decreased questions about the problem – there is a sense of being finished, like she has enough information about *why* she should quit.
- ◆ Resolve – She will reach a point of resolution.
- ◆ Self-motivational statements – she may make self-motivational statements acknowledging that she needs to change, e.g., “This worries me, “ “I need to change, “ “I am going to quit.”
- ◆ Increased questions about change – she will ask more questions about *how* people change or what she can do if she decides to quit smoking.
- ◆ Envisioning – she may begin to talk about what her life would be like after she quits smoking or discuss the advantages to her quitting.
- ◆ Experimenting – she might begin experimenting, such as trying to quit on her own, obtaining NRT, asking her physician for advice, calling Free and Clear, etc.

**Once these signs are evident, shift the counseling to strengthening the woman’s desire to quit smoking. Use the following techniques:**

- ◆ **Discuss the Consequences of Action and Inaction:** Have the woman list the consequences of her quitting and those of her not quitting.
- ◆ **Provide Information and Advice:** Provide information and answer questions that the woman might have about quitting and treatment options. Try to avoid giving “opinions” of what the woman should do. If a woman asks about something that you do not know the answer to, it is okay to say that you will find out and let her know. You can then include that information in the follow-up note that you send after the counseling call.
- ◆ **Emphasize benefits of quitting/abstinence:** At some point the therapist should try to include a discussion of the benefits to quitting/abstinence. This should not be done in a judgmental or “preachy” manner (see section on “**Benefits of Quitting**”).
- ◆ **Communicate Free Choice:** Communicate that quitting and the method of quitting is up to the woman to choose. If interested, the therapist can give guidance as to what treatments are effective overall (discussing pro’s & con’s of each), but the ultimate decision is up to the woman.
- ◆ **Discuss a plan:** Shift the discussion from reasons for quitting to negotiating how to quit. The goal is to elicit some ideas from the woman about how she might quit. The therapist can use this opportunity to discuss different treatment options (e.g., quitting cold turkey, NRT/zyban, community resources, Free and Clear), but without prescribing any one treatment choice.
- ◆ **Ask for a Commitment:** When it is clear that the woman is committed to make a quit attempt, get a verbal commitment for this (e.g., “**Are you ready to make a commitment to trying to quit?**”). The therapist should also discuss the following:
  - Clarify exactly what the woman plans to do to quit (e.g., call Free and Clear, buy NRT from the drugstore and make a quit attempt, etc.).
  - Reinforce what the woman perceives to be the benefits of action and consequences of inaction.

- Ask about any concerns she may have that would interfere with her plan.
  - Remind the woman that you will be touching base with her X number of times. Negotiate the timing of the next call as is appropriate with her quit plans (e.g., day after quit day, week after she is to call Free and Clear, etc.).
  - Encourage the woman to tell her family and friends and enlist their help in quitting.
- ◆ **Record a Plan for Change**: After a woman has decided to quit and has decided how to quit, the therapist should make notes about her reasons for quitting, steps she plans to take to quit, ways she will know if her plans are working. This feedback will be used in the follow-up counseling note.

**Once the woman has made the decision to quit , the counseling transitions to action-oriented assistance. As with the initial counseling, you do not want to prescribe for women what to do, but the therapist should be able to provide concrete quitting advice as needed.**

## C. Action-oriented Counseling for Quitting.

Action-oriented counseling is appropriate once a woman has decided she wants to quit and makes a commitment to do this in the immediate future (e.g., at least the next few weeks). The goals are to 1) inform the woman of her treatment options, 2) provide information and advice, 3) help her choose a treatment type and make a plan for quitting, 4) arrange follow-up contact around her Quit Day, and 5) address relapse prevention issues.

**Discuss Treatment Options:** Women who are ready to quit smoking have three *general* treatment options:

- 1) Enroll in Free and Clear Program (to receive behavioral and pharmacological treatment)
- 2) Seek assistance through another community program or counselor
- 3) Quit on their own.
  - Individuals wanting to quit on their own should still be provided information re Free and Clear so they can pursue this option in the future.
  - Help these women set a quit date and develop a plan for quitting (e.g., using pharmacotherapy, how to obtain it, general tips for preparing to quit and managing urges after quitting.
  - Follow-up calls can be used to provide support and counseling, or to discuss other strategies for quitting if this method does not work.

All women should be encouraged to take advantage of Free and Clear, but the decision of which treatment to use is up to them. The counselor should provide objective and educated feedback regarding treatment options to aid in the decision making process, but not force any one method. Women wishing to use methods with no-empirical validity should be discouraged from doing so, however.

### Sample Script

Counselor: Have you thought about how you will quit smoking?

Woman: I am going to try hypnosis and get it over with right away.

Counselor: Have you ever tried hypnosis before?

Woman: No, but a friend of mine did and she quit smoking.

Counselor: Is she still quit?

Woman: No. She started smoking again.

Counselor: That's often the case. Unfortunately, there is no research to support that hypnosis is an effective way to quit smoking. It may help for a few days, but that's about it. The problem is that it does not address the underlying causes of smoking. In order to stop smoking long term, it is important that you break your physiological nicotine addiction, as well as make important lifestyle changes to help you break the habit of smoking. Treatments which incorporate these strategies are more effective.

Woman: I don't want to spend a lot of money and I am just ready to get it over with.

Counselor: I can tell you about some options that won't cost you any money, but to be honest, there are no "quick fixes." You have been smoking for 10 years, so it will take a little time and effort to quit. The most important factor in how quickly you are able to quit, however, will be your commitment. I can tell you how to quit, but it will be up to you to actually do it. Would you like to hear about some options you have for how to quit?

Women should be encouraged to use nicotine replacement products or Zyban as a component of their treatment. Women who are only interested in NRT/Zyban should be advised that they are more likely to be successful if they combine this with a behavior modification plan.

**Sample Script**

“Since you are ready to quit smoking, let me tell you about some options you have for how to do this. In general, people are more successful at quitting when they use a combination of medication (such as a nicotine replacement product [e.g., patch, gum, nasal spray, inhaler] or Zyban) and behavioral counseling. This approach is more successful because it addresses both the addiction and habit components of smoking. Unfortunately, this can also be expensive, but Group Health offers a comprehensive, free smoking cessation program that is free of charge to all GHC members. It is called the Free and Clear program. Free and Clear provides medication and counselor support (via telephone or group meetings). Would you like to know more about this program?”

[If so, describe program and answer all questions. At end of call, offer to transfer to Free and Clear so she can enroll. Schedule next call in about 2 weeks to allow time for her to enroll and get started in the program.]

[If not interested in enrolling in Free and Clear, discuss alternative strategies for quitting and set Quit Date. Arrange follow-up in next few weeks, as dictated by her plan for quitting (e.g., try to negotiate a quit date and follow-up on the day after). Provide Free and Clear contact information in the follow-up counseling call in case the woman changes her mind.



## **General Information on Treatment Options**

- ❖ **Free and Clear:** Free and Clear is a *free* quit smoking program available to GHC members. Both group counseling and one-on-one telephone-based counseling are available. All treatment includes counseling, written materials on how to quit, and if appropriate, prescriptions for nicotine replacement/Zyban. The phone number to find out more information or join is: **206-287-2846** (1-800-292-2336 for people outside Seattle). *(See next page for more details about Free and Clear).*

### History:

FREE & CLEAR was developed by psychologists and medical personnel at Group Health Cooperative and the University of North Carolina School of Public Health. The program was initially tested over three years, and by 2000 people who had smoked for an average of 26 years. The FREE & CLEAR program was shown to double participants' quitting success, when compared to quitting on their own.

### Types:

1. Group program = participants meet for a total of 8 sessions (two 90-minute and six 60-minute classes) over a two month period. Classes are held at a variety of times and locations throughout the Seattle, Bellevue, Renton, Des Moines, Everett, Olympia, and Silverdale areas. This program offers a high level of education and support.
2. Individual program = participants receive 5 telephone calls over the course of a year. These calls occur approximately every other month. This program is convenient and individually paced.

### All program participants receive:

- An intake call from a tobacco cessation specialist to gather information about smoking history, help decide if an adjunct quitting therapy (i.e., nicotine patches, nicotine gum, or Zyban) is warranted, and assistance with setting up a personal quit plan.
- Access to a toll-free Quitline for additional support.

### Program costs:

- GHC enrollee: The FREE & CLEAR program is a fully covered benefit for Group Health enrollees. Adjunct therapies may involve a pharmacy co-pay.
- Non-GHC enrollee: Call for a price. FREE & CLEAR accepts Visa, Mastercard, and personal checks.

**Even if women choose this option, we will still follow-up for the remaining counseling calls to see how things are going and offer assistance as needed.**

If a woman is ready to quit and chooses to use Free and Clear, offer to transfer her to a counselor while she is still on the phone. If she declines, ask when she anticipates calling and arrange follow-up contact shortly thereafter to follow-up. Include the Free and Clear contact information in the follow-up counseling note.

- ❖ **Self-quitting:** A woman may choose to quit smoking on her own, i.e. without formally seeking assistance. If a woman chooses to quit on her own, the therapist should:



## D. Dealing with Relapse

Women will be contacted a total of 4 times during the 6 month treatment period, so it is possible that a woman may make a successful quit attempt (e.g., quit for 24 hours), but relapse between contacts. Relapses should be handled the same as initial quit attempts:

◆ **Determine the woman's readiness to make another quit attempt.**

**If ready to quit again:**

- 1) discuss why she relapsed
- 2) help her problem solve how to avoid relapsing in a similar situation in the future
- 3) help her anticipate and plan for other "high-risk" situations
- 4) help her make a plan for quitting again

See section on "[Action-Oriented Counseling for Quitting](#)"

**If not ready to quit again:**

- 1) use strategies in "[Strengthening Motivation to Quit](#)" section

**In general, relapse episodes should be viewed as a learning experience for the woman. Help her identify why she relapsed and plan for ways to handle similar situations in the future without relapsing. Remind women that quitting is a process and most people make several quit attempts before they are finally successful, but with each attempt it gets easier. Reinforce any periods of abstinence and use these as evidence that the woman CAN quit smoking (she will just have to practice STAYING quit).**

## E. Supporting Abstinence

### If a woman reports that she is abstinent and not smoking:

- ◆ Praise her! Reinforce any abstinence, even if only for 24 hours.
- ◆ Enhance her motivation for remaining abstinent.
- ◆ Discuss positive changes/outcomes from her not smoking (e.g., improved energy, improved taste/smell, monetary savings, pride in self, better example for children, house/clothes smell better, etc.)
  - ◆ Address benefits that are most salient to each woman based on your prior discussions with her.
- ◆ Acknowledge negative aspects of quitting, but help women problem solve to down play these consequences.

Woman: I miss not taking a smoke break with my friends in the afternoon.

Counselor: I understand. You feel like you had to give up your friends with the cigarettes?

Woman: Yes.

Counselor: How else could you spend time with your friends other than taking a smoke break?

Woman: I guess I could eat lunch with them instead. I will just have to excuse myself after lunch when they smoke.

Counselor: That sounds like a good compromise. So, you get to spend time with them, But don't have to be around while they are smoking.

## **General Treatment Information**

**Use to supplement Action-oriented Counseling**

## **Cervical Cancer & Colposcopies**

### **What is cervical cancer?**

“Cervical cancer is diagnosed when cancerous (malignant) cells are found in the cervix. The cervix is the opening that connects the uterus and vagina.”

“Cervical cancer grows slowly over time and usually is not associated with any symptoms. To test for cervical cancer, your doctor will do a series of tests. The first of these is a Pap smear, which you should have already had. When abnormal cells are found during the pap smear, your doctor will then do a biopsy, or colposcopy. This involves taking a small sample of your cervical tissue to look at under the microscope and see if any cancerous or pre-cancerous cells are present.”

“I believe you are either scheduled for a colposcopy or have recently had this procedure. When your doctor gets the results of this test he/she will be able to tell you more about your condition.”

“If you have specific questions about your colposcopy, I suggest you contact your physician. If you want to learn more about cervical cancer in general, you may call 1-800-4-CANCER. This is a free cancer information service with trained professionals who can answer any questions that you have.”

### **How is cervical cancer treated?**

“In general, there are three types of treatment: 1) surgery, 2) radiation, or 3) chemotherapy. If your doctor determines that you need treatment, he/she will discuss these options with you. If you have more specific questions about any of these treatments, I suggest you contact your physician.”

### **What is a colposcopy?**

“A colposcopy is a diagnostic test used to examine cervical tissue for cancerous cells. They are routinely done when a woman has an “abnormal” pap smear. This doesn’t mean that there is anything wrong, but it is important to look at the tissue more closely. During the colposcopy, your doctor will take a small sample of tissue from your cervix and then examine it under the microscope. If there is anything to be concerned about, they will be able to tell you then.”

“If you would like more information about your colposcopy, I suggest you contact your physician. He/she will be able to give you more detail about the procedure and what kind of things they are looking for.”

## Health Risks of Smoking

**Health risks associated with smoking should be presented in a personally relevant manner. That is, relate pieces of this information to each woman based on her personal medical history or health-related smoking fears.**

### 1. Smoking and Cancer

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#### **Does smoking really cause cancer?**

“Yes, smoking is responsible for causing most cases of cancer in the lungs, larynx, mouth, and esophagus (throat). It is also highly associated with the development of cancer in the bladder, kidney, pancreas, and cervix.”

#### **Why does smoking cause cancer?**

“Tobacco smoke contains thousands of chemicals. Sixty of these are known to cause cancer. When you smoke, you inhale these chemicals and they can travel throughout your body and do damage. That is why smoking can cause cancer in areas other than your mouth and lungs.”

#### **Will I reduce my risk of cancer if I quit smoking?**

“Yes, quitting smoking greatly reduces your risk of developing cancer, and the longer that you stay quit, the greater the benefit of your quitting.”

“For example, after you quit smoking, your risk of developing cancer of the bladder or cervix is reduced after just a few years of being quit. Within 10 years of quitting, your risk of developing lung and pancreatic cancers decline to 30 to 50% below that of someone who keeps smoking. Your risk of developing cancer of the mouth, throat, or esophagus declines greatly 5 years after quitting.”

#### **Is smoking related to cervical cancer?**

“Yes, tobacco contains a number of cancer-causing chemicals that are circulated throughout your body when you smoke. These chemicals can cause cancer in a number of areas of the body, including the cervix. In fact, nearly one-third of the deaths of women who die from cervical cancer are due to smoking.”

“But, the good news is that when you quit smoking, you will decrease your risk of developing cervical cancer. Quitting smoking has also been linked to a shrinkage of pre-cancerous cervical cells. So, if you already have pre-cancerous cells, quitting smoking may reduce them.”

## 2. General Risks of Smoking

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### Smokers....

- are hospitalized 50% more often than nonsmokers
- take more days off work due to medical problems
- take longer to recover from surgery or radiation treatment
- are 2-5 times more likely to have heart disease, strokes, & peripheral vascular disease
- are 20 times more likely to develop chronic bronchitis & emphysema
- are 10 times more likely to develop cancer (e.g., head & neck, lung, bladder, etc.),

### Smoking also increases

- facial “aging,” thickening of skin and wrinkles
- risk of developing cataracts
- sexual problems in men
- risk of health problems in children and family members

### Smoking is the cause of:

- 6 potentially fatal diseases: respiratory heart disease, COPD, stroke, pneumonia, aortic aneurysm and ischemic heart disease.
- 8 types of cancer: upper respiratory (lung, mouth, throat), bladder, pancreas, esophagus, stomach, kidney, cervical, & leukemia.
- many non-fatal diseases: such as peripheral vascular disease, cataracts, hip fracture, periodontal disease.
- multiple complications with birth
- death:
  - 30% of all cancer deaths,
  - 80% of COPD disease deaths
  - 30% of all heart disease deaths
  - 85% of lung cancer deaths are due to smoking
  - smoking kills more than 430,000 people per year in the US- that’s more than 1,000 people per day!
  - worldwide, smoking kills 1 person every 10 seconds!

### Smoking and Pregnancy Risks

- smoking during pregnancy retards fetal growth and increases risk of bleeding during pregnancy, complications with delivery, and pre-term delivery
- There is a 25-50% higher rate of fetal and infant deaths among women who smoke during pregnancy (USDHHS, 1990)
- Quitting within the first 3-4 months of pregnancy and remaining abstinent through pregnancy protects the fetus from the effect of smoking on birthweight (USDHHS, 1990)

### Smoking and Women’s Health

- smoking lowers the natural age of menopause by several years
- smoking increases chances of developing osteoporosis in females, and therefore, increases risk of fractures in old age
- smokers have lower bone mass, also contributing to increased chance of fractures
- smoking increases facial wrinkling and speeds up the aging process (not just in women)



### **3. Health Risks to Others (Risks Associated with Environmental Smoke)**

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- children of smokers have increased risks of SIDS, asthma, middle ear disease, and respiratory infections
- environmental tobacco smoke causes eye irritation (69%), headache (32%), cough (25%), and nasal symptoms (29%) in a significant percentage of nonsmokers (Byrd, 1992)
- infants of parents who smoke have more respiratory illnesses and hospitalizations (Byrd, 1992)
- the rate of illness increases as the number of cigarettes smoked by parents increases
- children of smokers have more illness and reduction in lung growth rate
- children of smokers also have more cough and persistent middle ear effusions
- children of smokers are more likely to smoke
- the Surgeon General has concluded that environmental smoke is a cause of lung cancer (Byrd, 1992)
- spouses of smokers appear to have a 30% higher risk of lung cancer than spouses of nonsmokers (Byrd, 1992)
- children and spouses of smokers have an increased risk for lung CA

## Benefits of Quitting

**1. It's never too late to quit. As soon as you quit smoking, your body begins to heal itself and you will see the benefits. After you have stopped smoking for :**

<b>20 Minutes</b>	<ul style="list-style-type: none"> <li>• your pulse, blood pressure and body temperature return to normal</li> </ul>
<b>24 Hours</b>	<ul style="list-style-type: none"> <li>• CO (carbon monoxide) level in your blood returns to normal</li> <li>• your circulation improves</li> </ul>
<b>6 Weeks</b>	<ul style="list-style-type: none"> <li>• coughs disappear or lessen</li> <li>• excess mucous production begins to subside</li> <li>• breathing is easier</li> <li>• you feel a real sense of accomplishment by quitting</li> </ul>
<b>3 Months</b>	<ul style="list-style-type: none"> <li>• your sense of smell and taste improve</li> <li>• your stamina and endurance increase</li> <li>• your immune system improves</li> </ul>
<b>1 Year</b>	<ul style="list-style-type: none"> <li>• your risk of coronary heart disease is half what it was when you were a smoker</li> </ul>
<b>5 Years</b>	<ul style="list-style-type: none"> <li>• your risk of cancers of the mouth, throat, esophagus and bladder decreases by half</li> </ul>
<b>5 - 10 Years</b>	<ul style="list-style-type: none"> <li>• your risk of stroke becomes the same as that of people who have never smoked</li> </ul>

- 2. Quitting smoking saves money.** If you smoke a pack a day at \$4 a pack:
- In a **week** you will have saved nearly **\$30** (7 X 4 = \$28) – on cigarettes alone (not including lighters, matches, breath spray, dry cleaning, or any additional costs that are smoking related).
  - In a **month** you will have saved **\$112**
  - In a **year**, you will save **\$1,456**.
- 3. Your family and friends will be proud of you.**
- 4. You can take control of your life again, rather than letting the cigarettes control you.**

## Pharmacotherapy

**Pharmacotherapy comes in 2 forms, nicotine replacement (patch, gum, nasal spray, or inhaler) and Zyban. Each of these is more effective when used in conjunction with a behavior modification program. Women should be encouraged to use a treatment combining pharmacotherapy and behavioral intervention, even if the only behavioral intervention comes from the counseling received in this study.**

### 1. Nicotine Replacement Products

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Nicotine replacement products work by replacing the nicotine in the bloodstream, so you will not have cravings caused by nicotine withdrawal. This does not mean that one will not have any cravings while on the patch (they can still be caused by situational factors, like seeing or smelling cigarettes, drinking coffee or alcohol, etc.), but they are less frequent and intense than if one quits “cold-turkey.” This makes the quitting process easier. There are several forms of NRT: the patch, gum, nasal spray, and inhaler. The patch is the most commonly used.

#### Nicotine Patch:

**Purpose of the Patch:** The main function of the nicotine patch is to assist in smoking cessation by relieving nicotine withdrawal symptoms. Like all of the nicotine replacement products and Zyban, the patch should be used as part of a comprehensive behavioral smoking cessation program. The patch works by delivering a steady dose of nicotine, so you don't experience nicotine withdrawal or withdrawal cravings.

**Where to Get:** The patch can be bought at a local drugstore or obtained through GHC's Free and Clear program. Some GHC physicians may prescribe the patch outside the Free and Clear program, but this is not likely since it can be obtained OTC or received through Free and Clear.

**Cost:** If bought in the drugstore, a 1 week supply of the patch costs about the same as smoking 1 pack a day (at \$4 a pack). So, the cost isn't any greater than buying cigarettes, and saves money in the long run. If obtained through Free and Clear, women will only have to pay their prescription co-pay fee.

**Brand & Dosing:** There are several brands of patches available and there is little difference between them. One commonly advertised brand that is available in the drugstore is the Nicoderm CQ patch, which comes in 21 mg, 14 mg, and 7 mg doses. It is recommended that people smoking  $\geq 10$  cigarettes a day use the patch for 6-8 weeks using the following schedule:

21 mg --- 4 weeks  
14 mg -- 1-2 weeks  
7 mg -- 1-2 weeks

People smoking less than 10 cigarettes a day should start with the 14 mg dose for 4 weeks.

**How to apply:** A new patch should be applied each morning. Place it on an area of skin that is clean, dry, and non-hairy. It should also be above the waist, below the neck, and above the elbows (i.e., anywhere that is covered by a short-sleeve t-shirt).

The patch should be worn 24 hours a day, but may be removed at night if it disturbs one's sleep. If tolerable, it is best to wear it 24 hours a day, however.

**Adverse Side Effects:** Although many people experience no side-effects from using the patch, it is not uncommon to experience some minor effects. The most common of these is localized skin irritation. This is temporary. To minimize skin irritation, be sure to rotate the patch site daily. Hydrocortisone cream is also helpful for treating the rash. Other side-effects that people might experience include upset stomach or headaches. These typically go away after the first few days of use, as the body adjusts to having a constant level of nicotine. Women should be warned not to discontinue the patch if they experience this when they first begin use, as it should get better within a few days. If it doesn't, it is better to lessen the initial patch dose from 21 mg to 14 mg instead of discontinuing the patch altogether.

**Contraindications.** Consult the package. The patch is generally safe, but should not be used while smoking, if you have recently had a heart attack (within 4-6 weeks), or have uncontrolled heart disease (unstable angina, uncontrolled high blood pressure). Persons with a history of heart disease or who are pregnant are advised to consult their physicians before using any nicotine replacement product.

## **Nicotine Gum:**

**Purpose:** The main function of the nicotine gum is to assist in smoking cessation by relieving nicotine withdrawal symptoms. When the gum is "chewed", nicotine is absorbed through the mouth, which lessens nicotine withdrawal and cravings.

**Where to Get:** OTC from the drugstore or through Free and Clear program.

**Cost:** If obtained through the GHC pharmacy, co-pay fee only.

**Brand & Dosing:** The gum comes in two doses, 2 mg and 4 mg. Heavy smokers should begin with the 4 mg gum, light smokers should use the 2 mg. "Chew" 1 to 2 pieces of gum every hour to alleviate withdrawal (instead of just using when you have a craving). The gum can be used up to 3 months, but use should be tapered and discontinued at this point.

The Nicotrol gum now comes in a mint flavor.

**How to Use:** Follow the directions on the package. Chew each piece 1-2 times and then park it between the cheek and gum to allow the nicotine to be slowly absorbed. Do not eat or drink acidic beverages within 15 minutes of using.

**Adverse Side-effects:** Most common side-effects include sore mouth and jaw, unpleasant taste, ...

## **Nicotine Inhaler**

**Purpose:** Unlike the patch and gum, the nasal spray and inhaler were designed to provide immediate relief from withdrawal symptoms and cravings.

**How to Use:** The nicotine inhaler consists of a small plastic rod containing a nicotine plug. When puffed, nicotine vapor is inhaled and absorbed buccally. It can be used 6 to 16 times a day for 3 to 6 months.

**Adverse Side-effects:** The side-effect profile includes nasal and throat irritation, rhinitis, sneezing, coughing, and watery eyes, but tolerance commonly occurs after the first week of use.

**Where to Get:** The inhaler is available by prescription only, but may not be available through GHC's formulary. It is not offered through Free and Clear.

**Contraindications/precautions:** See package materials.

## **Nicotine Nasal Spray**

**Purpose:** The main function of the nasal spray is to assist in smoking cessation by relieving nicotine withdrawal symptoms.

**Where to Get:** The nasal spray is available by prescription only, but may not be available through GHC's formulary. It is not offered through Free and Clear.

**Cost:** ??

**Brand & Dosing:** Nicotrol NS.

### **How to Use:**

- tilt head back and spray 2 sprays per nostril (1 mg nicotine)
- start with 1-2 doses per hour, not to exceed 80 sprays per day (1/2 bottle)
- to decrease dosage- cut back to ½ dose (1 spray each nostril) and gradually taper usage or set "Quit date"
- do not use more than 6 months

**Adverse Side-effects:** nasal irritation, runny nose, throat irritation, watering eyes, sneezing, coughing

**Contraindications/precautions:** Contraindicated in pregnancy, pts with chronic nasal disorders (e.g., allergies, rhinitis, nasal polyps, sinusitis), asthma, serious heart disease, severe renal impairment, hyperthyroidism, IDDM, peptic ulcer disease, accelerated HTN

## 2. Zyban

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Zyban (Bupropion HCL 150 mg) is an antidepressant that has received FDA approval as a smoking cessation aid. It works by decreasing cigarette cravings.

**How to Obtain:** By prescription only. This is available through the Free and Clear program or your physician may prescribe it.

**Dosing:**

- begin with 150 mg/day for 3 days and gradually increase up to 300 mg (150 mg 2 x day);
- use for 7-12 weeks
- begin taking 1 week before quit smoking

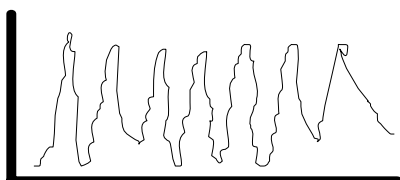
**Side-effects:** include: insomnia, rhinitis, dry mouth, dizziness, disturbed concentration, nausea, anxiety, constipation

**Contraindications:** contraindicated in patients with seizure disorder, pts treated with Wellbutrin or other drugs containing bupropion, current/prior diagnosis of bulimia or anorexia, or concomitant administration with a MAO-I

**Effectiveness:** Overall, bupropion appears to be at least as effective as the nicotine patch.

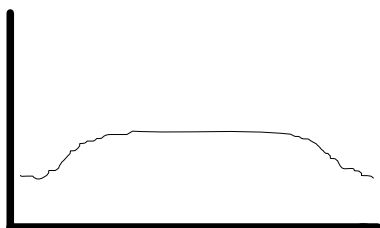
## HOW THE PATCH WORKS

Many smokers feel bad when they stop smoking. They may crave cigarettes, become tense, irritable, sad, have problems sleeping, or difficulty concentrating. These symptoms are partly due to nicotine withdrawal, the reaction of our bodies to the removal of nicotine. Sometimes, people also desire a cigarette in specific situations where they are used to smoking, such as after a meal or driving. Problems with withdrawal and a desire to smoke in particular settings may lead to relapse, but the good news is -- the patch can help by giving a former smoker a small amount of nicotine, all through the day. This results in less desire to smoke, and provides an opportunity for a “new non-smoker” to practice their new “non-smoking” skills without being burdened by cravings.



This graph shows nicotine levels in the bloodstream over the course of a day when a person is allowed to smoke as they normally would. Notice the peaks and valleys in the nicotine blood levels. Notice how quickly the blood level of nicotine is boosted after each cigarette.

The low levels (valleys) of nicotine in the bloodstream are associated with withdrawal symptoms. An individual who quits smoking and uses the patch no longer experiences the peaks (high levels of nicotine) or the valleys (low levels of nicotine) because nicotine obtained from smoking is replaced by nicotine from the patch. Therefore, withdrawal symptoms are lessened by maintaining an adequate blood level of nicotine.



This graph shows nicotine levels in the bloodstream when an individual uses the patch. Notice the steady gradual rise in nicotine blood level which levels off and remains constant during the day, then gradually decreases while the individual is asleep.

Even though withdrawal symptoms are lessened, the patch is not a “magic bullet.” People still experience some withdrawal symptoms while wearing it. The good feelings associated with smoking can be achieved without nicotine (*nonsmokers do it!*); however, smokers have to discover other ways to achieve these effects without smoking. This is the hard part. The patch only buys time by reducing withdrawal symptoms and giving the person a chance to figure out what they will replace smoking with in many different situations. This is why it is important that the patch be used *in combination* with other behavioral changes to increase your chances that you will remain abstinent.

## **PROPER USE OF THE NICOTINE PATCH**

**APPLY A NEW PATCH EACH DAY** *when you wake up. Avoid putting on a new patch before you go to bed.*

**APPLY PATCH TO A CLEAN, DRY, NON-SENSITIVE, NON-HAIRY AREA OF SKIN.**

**PATCH SHOULD BE APPLIED :**

- **below the neck**
- **above the elbow**
- **above the waist**

**DO NOT APPLY** patch to exactly the **same skin site** for several days.

**DO NOT SMOKE** or use other tobacco products while using the patch.



## Why Do People Smoke?

Smoking is a behavior that is very hard for some people to change. In order to learn how to change this behavior, it is first necessary to understand what maintains it. **Essentially, there are three factors that maintain one's smoking: the environment, one's mood, and nicotine dependence.**

**Nicotine is a powerful drug for two reasons- it is fast acting and it makes people feel good.** It takes only 8 seconds for nicotine to reach the brain. Once in the brain, nicotine is responsible for the release of a chemical (e.g., dopamine) that promotes feelings of pleasure. These quick, pleasurable effects make smoking very rewarding.

**When your body goes without nicotine for a while, it will experience withdrawal symptoms** (e.g., fatigue, irritability, decreased concentration, tension, coughing, etc.) This is why smoking often makes people feel more relaxed, calm, and focused, because their body is no longer craving the nicotine (*provide more detail on this when the patch is discussed*). This too can be very reinforcing.

**When behaviors are reinforced, they are maintained.** Think about it. You are more likely to engage in a behavior that was pleasurable than one that was not. This is why people “crave” things like chocolate and avoid the dentist.

**When you smoke, that behavior often becomes paired with other activities in your life,** like drinking coffee, driving in the car, relaxing, drinking alcohol, after eating a meal, etc. Over time, it becomes difficult to engage in these activities without having a cigarette. They become “triggers” for smoking. **This is how the environment helps maintain smoking.**

The same can be said for our emotions. Most people report that they smoke when they are stressed, depressed, worried, or anxious. Likewise, it is common to smoke when you are relaxing or celebrating and you feel happy. **Just like smoking has become paired with your daily activities, it can become paired with your emotions so that certain moods can make you want to smoke.**

**It is important to understand each of these components, because quitting smoking involves breaking your body's dependence on nicotine, learning new ways to manage your emotions (good and bad) without a cigarette, and learning how to go through your daily activities without smoking.**

## **Coping With Withdrawal Symptoms and Urges: ACE Strategies**

**Three specific techniques you can use to cope with urges or withdrawal symptoms are the ACE strategies:**

“**A**” is for **avoid**. This means that you avoid situations where you may be tempted to smoke or that you may not be ready to handle yet (e.g, going out to a smoke-filled bar). This also includes taking control of your environment to remove items that will be tempting to you (e.g., cigarettes, ashtrays, lighters, etc.).

“**C**” is for **cope**. This refers to using strategies that help you successfully deal with tempting situations. One good example of a coping technique is distraction. Distraction can include going for a walk, calling a friend, or reading a book - anything that gets your mind off smoking. Another good coping strategy is use of incompatible behaviors. These include chewing gum, eating a peppermint, snacking on low-calories foods, drinking orange juice, or playing with something in your hand (e.g., paperclip, Koosh ball, keys) - any behavior that is not compatible with smoking.

Finally, “**E**” stands for **escape**. This means that you escape from circumstances that you are not ready to handle. For example, you may decide to go out to dinner with friends, but if someone at your table starts to smoke, you can choose to step outside until they have finished their cigarette. If you are at a party where people are smoking, you can hang out with your non-smoking friends. This way you do not limit yourself from activities that you enjoy, but you escape from specific situations that may be too tempting.

## PREPARING TO QUIT

**Below are some strategies for preparing to quit. Encourage women to use as many of these as possible to get ready for their Quit Date.**

### **Get rid of reminders**

- Get rid of cigarettes, ashtrays, lighters and matches in your home, office and car.
- Find and destroy “stray” cigarettes. Clean out coat pockets, kitchen drawers and your glove compartment. Don’t give yourself any unnecessary distractions from your goal.
- Limit yourself to smoking in only one room/area at home. Preferably this should be a place where you don’t do many other activities (e.g., porch, carport). Allow your house to start “airing out” and allow yourself to start breaking the associations between smoking and your other activities.

### **Make smoking boring**

- Between now and your Quit Date, don’t do anything else while you smoke- just sit quietly and smoke. This will help break the associations between smoking and other activities. Making it boring may also decrease your desire to smoke.

### **Tell your friends and family**

- Remind your family and friends of your quit date.
- Ask friends and family to help you over the rough spots of the first couple of days and weeks. Talk to people, seek out former smokers.

### **Plan ahead**

- Make a list of things you’ll do instead of smoking (e.g., take a walk, eat low calorie snacks, clean house) and post it around your house. After you quit, try these activities when you get an urge instead of smoking.

### **Change your daily routine**

- If you are used to smoking with your morning coffee, on the drive to work, or at other set occasions during the day, change your routine to avoid as many of these “cues” as possible or do things differently such as taking a different route to work.

### **Reward yourself**

- Make a list of things you would like to buy for yourself on your first day and your first week off cigarettes.

### **Save yourself from temptation**

- Start sitting in the non-smoking sections of restaurants and other public places.
- Don’t keep cigarettes handy.

*Before you quit:*

- Put them in your car trunk when traveling.
- Give them to a friend.
- Don’t carry them with you at home or work- Take them out of the shirt pocket or purse!!

*After you quit:*

- Get rid of any cigarettes around your house, in your car, or at your office. If your spouse/roommate smokes, ask them not to leave their cigarettes lying around the house.

### **Learn to Relax**

- Take a warm bath, exercise, and get plenty of rest
- Use deep breathing when an urge hits
  - ❖ Clear your mind and close your eyes.
  - ❖ Take a deep breath with your mouth closed.
  - ❖ Hold it for a count of four.
  - ❖ Let it out slowly through your mouth as you count to eight.
  - ❖ Repeat this five times.

## Strategies to Quit Smoking

**Two key components of quitting smoking are : 1) learning to avoid situations which will trigger or make urges stronger and 2) learning how to deal with urges WITHOUT smoking. Below is a list of things that women may find helpful as they are quitting.**

### **Develop alternate behaviors** (activities at which smoking is impossible or difficult)

Keep your hands busy; play with something in your hand like a pencil or a paper clip.

If you miss having something in your mouth, try toothpicks.

Eat low calorie snacks such as sugar-free candies and carrot sticks.

Drink plenty of water and fruit juice (avoid too much caffeinated soda, coffee or alcohol).

Enjoy having a clean-mouth and maintain it by brushing your teeth frequently and using mouthwash.

Distract yourself by taking a walk (take “walking breaks” instead of “smoking breaks”), playing with pets, engaging in hobbies, puzzles or other games, calling a friend, exercising, reading, taking a shower, etc.

***Make a list of unique things you can do instead of smoking and keep the list handy.***

### **Relaxation**

Use your Deep Breathing exercise.

Take a hot shower or bath.

Make time for activities with family, friends and especially non-smokers that are meaningful, satisfying, and important to you.

### **Avoid Temptation**

Sit in non-smoking sections of restaurants.

Avoid places where you used to smoke.

Leave situations when you are tempted to smoke.

Take care of yourself in situations of stress, anger or frustration -- these are high-risk situations for smoking.

### **Change your thinking about smoking; tell yourself:**

“Don’t worry about tomorrow, next week, or the rest of your life. Just take it one day at a time.”

“Smoking is not an option, I can do almost anything in the world to cope with situations and urges except smoke.”

“ I’m getting healthier” ~ think about the benefits of not smoking (money, health improvement, feelings of success, food tastes better).

“I am making progress” ~ remind yourself how well you’ve done.

“I can do this, I can pass up a cigarette” ~ appreciate the benefits of resisting the urge- each time you resist, you break the association between triggers and smoking.

### **Seek Support**

Tell friends and family that you are quitting.

Get support from someone who has quit.

Ask your smoking friends to NOT smoke around you.

**Reward yourself**

Put the amount of money you would have used for buying cigarettes in a jar for each day you quit.

Buy yourself a treat or a gift every few days, every week, or every month as a reward for not smoking.

Pat yourself on the back for abstinence. Don't be shy about showing your success, especially to former smokers -- they will support you!

**Take good care of yourself**

Get plenty of rest.

Eat regular balanced meals.

Try to avoid any extra stress.

Exercise, e.g., take a walk, stretch, etc.

Increase activities that you enjoy doing.

## HANDLING WITHDRAWAL

Below is a list of the most common withdrawal symptoms and some things can be done to manage them. In general, these symptoms will be much less severe in a week or two, particularly if one is using a nicotine replacement product. Most symptoms will be completely gone a month after one quits, except urges/cravings to smoke. Urges/cravings take a little longer to go away, but the longer one is abstinent, the less frequent and less intense they become.

SYMPTOM	SOLUTION
<b>Cigarette craving</b>	<ul style="list-style-type: none"> <li>◆ Distract yourself</li> <li>◆ Do a deep breathing exercise</li> <li>◆ Tell yourself this “the urge will pass”</li> <li>◆ Leave the situation</li> <li>◆ Call a friend</li> </ul>
<b>Irritability</b>	<ul style="list-style-type: none"> <li>◆ Take a few slow, deep breaths</li> <li>◆ Imagine an enjoyable outdoor scene and take a mini mental vacation</li> <li>◆ Soak in a hot bath</li> <li>◆ Engage in a pleasurable activity</li> </ul>
<b>Increased Hunger/Appetite</b>	<ul style="list-style-type: none"> <li>◆ Make a personal survival kit: Include straws, cinnamon sticks, coffee stirrers, toothpicks, gum, or fresh vegetables</li> <li>◆ Drink water &amp; low calorie drinks</li> </ul>
<b>Difficulty Concentrating</b>	<ul style="list-style-type: none"> <li>◆ Allow time to prepare for a task, and work up to it</li> <li>◆ Take a brisk walk</li> <li>◆ Simplify your schedule for a few days</li> <li>◆ Take frequent breaks</li> </ul>
<b>Depression</b>	<ul style="list-style-type: none"> <li>◆ Schedule pleasurable events such as going to movie, shopping, visiting a friend</li> <li>◆ Call a friend, talk to someone</li> <li>◆ Be kind to yourself</li> <li>◆ Give yourself some treats or gifts</li> <li>◆ Assess your thoughts -- e.g., Why do you feel this way? Is it logical? What can you do about it (other than smoking)?</li> <li>◆ Tell yourself that you will get through this</li> <li>◆ Reward yourself for working hard at quitting</li> <li>◆ Get plenty of rest</li> </ul>
<b>Fatigue</b>	<ul style="list-style-type: none"> <li>◆ Get an adequate amount of sleep each night.</li> <li>◆ Plan your day to pace your work.</li> <li>◆ Try not to push yourself, ask for help.</li> </ul>

## HIGH-RISK SITUATIONS FOR SMOKING

One reason that smoking is so hard to quit is because it is so highly associated with other parts of a smoker's life. It has become part of the routine. Often smokers smoke regularly in the morning (especially with coffee), while driving, after meals, when drinking alcohol, when upset, or when out with friends. Since these situations are so strongly associated with smoking, once a person quits they may become "high-risk situations." This means that one is at greatest risk of smoking when encountering these situations, particularly at first. The best way to avoid the urge to smoke in these situations is to anticipate and plan for them. Apply the ACE coping strategies. ACE stands for AVOID (avoid tempting situations), COPE (use self-talk or incompatible behaviors to cope with the urges), and ESCAPE (escape particular situations if they become too much to handle). It is crucial to identify one's own high-risk situations and develop a plan of action for dealing with them so she is not caught off guard by her temptations.

**In discussing these situations with women, suggest some of the following strategies for dealing with cravings:**

1. **Morning/waking:** (e.g., brush your teeth, drink some orange juice, exercise, think "I can do it!" "Smoking is not an option!")
2. **After meals:** (e.g., keep hands busy by washing dishes, brush your teeth, take a walk)
3. **Tension/stress:** (e.g., exercise, practice deep breathing, take a hot bath, remind yourself that you are a nonsmoker, remember that smoking won't fix what's bothering you)
4. **While driving:** (e.g., clean out ash tray, use "no smoking" reminders, chew gum, wear mittens, remove lighter)
5. **At bedtime:** (e.g., change your nighttime routine; brush your teeth; drink warm milk to relax; remember that it will get easier)
6. **Friend/work associations:** (e.g., socialize with nonsmoking friends, suck on peppermints, avoid hanging out in places where you used to smoke)
7. **Drinking alcohol:** (try to avoid alcoholic beverages, sit in nonsmoking areas)
8. **Idle Time/boredom:** (play with something, chew on toothpick, work puzzles, go for a walk, doodle, read, call a friend, brush your teeth)
9. **With coffee:** (e.g., switch to decaf, switch to tea, change environments- drink coffee outside; go without coffee if you can)
10. **Phone calls:** (doodle, play with something in your hands)
11. **Writing/studying/reading:** (drink orange juice, eat peppermints)
12. **While watching T.V.:** (chew on a straw, play with something in hands, drink some juice, eat peppermints)



## WHAT YOU SHOULD KNOW ABOUT RELAPSE

There are several situations which commonly lead to relapse. It is important to be aware of these situations and to plan ways to cope with them. Some of these “hi-risk” situations are:

1. **NEGATIVE FEELINGS** - People frequently cope to relieve stress or cope with problems. Negative emotions such as pressure, frustration, anxiety, depression, or worry can easily lead to relapse if you aren't prepared to cope with these feelings in some other way.
  - ◆ **OVER ½ OF RELAPSES OCCUR WHEN THE PERSON FEELS STRESSED OR IN A BAD MOOD**
2. **SOCIAL SITUATIONS/CELEBRATING** - Celebrating with your friends or being in social situations, particularly around others who are smoking, may result in your letting your guard down and trigger a relapse.
3. **ALCOHOL**- Alcohol is usually strongly associated with smoking. Furthermore, when you drink, you become less inhibited and are more likely to give in to you cravings to smoke- so beware!
  - ◆ **1/3 OF RELAPSES OCCUR WITH ALCOHOL**
4. **RELAXING/AFTER MEALS** - People often have strong associations between relaxing after a meal and smoking, so be aware that you may be tempted when you are relaxing or after eating a meal.

### Coping with Social Situations Without Smoking

Social situations can be challenging for a number of reasons. Not only are you likely to be around other people who are smoking, but it's more likely that you will be engaging in some behavior that you have learned to associate with smoking, such as drinking alcohol, eating, relaxing with friends, etc.

Again, high-risk social occasions can be managed by using the ACE strategies. Applying ACE to Social Situations:

**Avoid-** Avoid going out or social situations where people are smoking (at least initially).

**Cope-** Deep breathing; positive self-talk; sip non-alcoholic drinks; ask others not to smoke (assertiveness skills).

**Escape-** Step outside, sit in nonsmoking areas.

## BEATING NEGATIVE MOODS WITHOUT SMOKING

For many smokers, situations that are accompanied by negative feelings (e.g., depression, anger, boredom, tension) and even those associated with positive feelings, such as parties and celebrations, seem like a good time to light up. This is no accident since smoking (nicotine) affects certain chemicals in our brain in a way that may help to relieve some of these negative feelings, or increase the positive ones. After quitting it is necessary to learn new ways to manage negative moods. This will not only lead to a healthier and happier life, but also reduce one's chances of relapse. Below are some strategies women could try for managing their moods and stress.

### 1. RELAXATION – DEEP BREATHING

One of the easiest relaxation techniques is deep breathing. This technique can be used no matter where you are and takes only a few moments to help you relax.

“The goal of Deep Breathing is to completely fill your lungs to maximize the oxygen taken into your body. By breathing in a deep, slow, controlled manner, you also can relax your body. Take a deep breath, breathing in slowly to a count of 4...hold it for 2 seconds...and breathe out slowly (to a count of 4). Repeat this several times. Remember to breathe slowly, so as not to hyperventilate.”

“You can do this exercise at anytime during the day when you have a cigarette craving or feel that you need to relax. If you feel lightheaded, take fewer breaths, or adjust the rate of your breathing. Remember, the goal is to relax, not hyperventilate!”

### 2. SLOW DOWN

- Allow yourself brief breaks.
- Take off your shoes, put your feet up, close your eyes and relax.
- Take a one day vacation.

### 3. IDENTIFY AND PLAN FOR STRESSFUL SITUATIONS

- Organize your schedule. Plan ahead so deadlines don't back you into a corner. Procrastination creates more stress!
- Always plan, take notes, and keep good records. This will allow you to save your memory and energy for more pleasurable things and avoid many daily hassles.
- Anticipate any stressful situation and plan your response in advance. You probably would not take a trip without a road map, so plan NOT to smoke. Rehearse your response either mentally or with a friend to get prepared.

### 4. POSITIVE SELF-TALK

A tremendous amount of stress can be created by our own thoughts. You can make yourself feel more distressed, frightened or depressed based on what you think. On the other hand, you can also talk yourself out of stress effectively by thinking positively. To beat stress:

◆ Avoid negative thinking. For example:

1. Do you expect perfection from yourself? Remember: “*You're only human.*”
2. Worrying about situations that are not under your control.
3. Being self-critical, only focusing on your faults but neglecting your strengths.
4. Expecting something bad is going to happen to you over and over again even though it has happened to you only once.

- ◆ Think positive and concentrate on positive changes made so far. For example:

***If you say to yourself...***

This is just too hard. I just can't quit.

I didn't really want to quit anyway.

If I can just have a cigarette, this situation will improve.

***TELL yourself this...***

I had to learn how to smoke, and now I am learning how NOT to smoke and I'm making progress.

I made a commitment to quit based on some very good reasons, and I have come a long way and I will make it through.

Cigarettes do not alter or improve situations; they provide a brief escape. But I can develop other skills that will help me in a more healthy way. Only I can change my situation.

## **5. AVOID DRUGS AND ALCOHOL**

These are poor options for managing stress. They will generate more stress by impairing your judgment, memory, health, and overall ability to handle stressful situations.

## **6. TAKE CARE OF YOURSELF**

A healthy body will make you less susceptible to the physical side-effects of stress. You will also have more energy and self-confidence to handle stress when it comes.

- Keep a consistent sleeping schedule.
- Eat nutritious foods.
- Maintain a healthy lifestyle and don't forget to enjoy yourself.
- If your physician approves:
- Be active at least 30 minutes a day most days (*e.g., walking, gardening...*)
- Make lifestyle changes to increase your physical activity (*e.g., take the stairs instead of the elevator; park away from the store and walk*).

## Weight Management

Gaining weight is a concern for many people after quitting smoking. Often weight gain is cited as a reason for starting smoking again. The best way to prevent or minimize weight gain is to be informed about it and make some simple changes in your diet and exercise. The average weight gain after quitting smoking is 7 pounds (8 ½ pounds for women and 6 pounds for men). It is important to remember, however, that this is the *average*. Some people gain more and some less. In fact, some individuals show no weight gain.

### Weight gain occurs for two reasons:

- People eat more as a way of coping/distracting themselves from smoking, and because they enjoy food more due to improved taste and smell.
- Metabolism changes as result of quitting nicotine since nicotine is a stimulant.

### Ways to combat weight gain:

You should talk to your doctor before changing your diet or increasing your activity level (especially if you have a history of heart disease, chest pain, cardiac arrhythmias, history of stroke, orthopedic disorders, renal disease, or kidney disease), but two basic changes you can make are to **eat a healthy diet** and **get regular exercise**.

#### ➤ **Modify your diet**

Become a label reader - avoid high-fat, high-calorie foods. It is recommended that no more than 30% of your caloric intake come from fat.

Eat more fruits and vegetables (5 servings a day are recommended).

Snack on low-calorie, low-fat foods (vegetable sticks, air popped popcorn, sugar-free candy, fat-free cookies)

Keep track of your daily calories - determine maximum daily intake for your desired weight loss (see below).

**Calculate your proper caloric intake** by multiplying your desired weight by 15. For example, if you weigh 160 lbs., then your daily caloric intake should be approximately 2400.

**It takes 3500 calories to make a pound of fat**, so if you wish to lose 5 lbs., you must cut caloric intake a little each day. A healthy weight loss goal is to lose 1-2 pounds or less per week. This ensures that you are losing fat and not muscle. So to lose 5 pounds, allow yourself 2-3 weeks and cut your caloric intake accordingly. Decreasing your caloric intake by 1000 calories a day will accomplish this goal.

### ➤ **Modify your eating habits**

- Remove “hi-risk” or tempting foods from you home and workplace
- Only store food in the kitchen. Do not keep food in the car, office, etc.
- Make tempting foods difficult to reach.
- Make healthy foods easily accessible.
- Do not eat out of serving dishes or containers.
- Eat smaller portions and don’t clean your plate.
- Pause during your meal to allow that feeling of being full to catch up with the amount you have eaten.
- Make a grocery list before going to the store and buy only items on the list- *no impulse shopping!*

### ➤ **Get regular exercise**

#### **Benefits of regular exercise:**

- **Burns calories**
- **Helps control hunger**- exercise actually decreases one’s appetite
- **Increases metabolic rate**- so you burn more calories
- **Reduces stress**- helps relieve muscle tension and stress
- **Speeds up strengthening of cardiovascular and respiratory systems**
- **Improves appearance**- as you lose weight and tone up you’ll look better
- **Improves self-confidence**- you will gain more self-confidence due to your increased abilities and improved appearance
- **Improves sleep**
- **Reduces risk of heart disease**

Getting regular exercise doesn’t mean that you must join a gym or become a triathlete. Even a modest increase in exercise such as walking 2 hours a week can help prevent weight gain. Some simple strategies that you can incorporate into your routine include:

- Take the stairs at work, in the mall, or anywhere that you would normally use the elevator.
- Park at the far end of parking lots.
- Make several trips to bring the groceries in rather than trying to carry them all at once.
- Get in the habit of taking a stroll after lunch and dinner.
- Take “stroll breaks” during the day instead of “smoke breaks.”
- Become a “mall walker.”