



## TOBACCO FREE FOR RECOVERY

Assisting Mental Health Consumers  
with Tobacco Cessation

Training Program



## WHAT is the PURPOSE of THIS CURRICULUM?

- This curriculum is intended to provide an overview for **mental health peer counselors** on smoking cessation.
- Peer counselors trained and experienced on smoking cessation will educate and help fellow peers to quit smoking.



## WHY THIS CURRICULUM?

- People with mental illnesses want to quit smoking, and **it can be done**
- Freedom from cigarettes means not only better health, but also better quality of life
- Smoking cessation is an important part of recovery
  - The strength and courage that allow the enjoyment of a lifestyle of freedom from addiction translates into abilities and resources that foster mental health recovery



## WHAT DO YOU NEED TO KNOW? Training Overview

- 1** Terms and definitions
- 2** Why is it important to quit smoking?
- 3** Why are tobacco products addictive?
- 4** What helps people quit smoking?
- 5** What can I do as a peer counselor to help others quit smoking?
- 6** How can I practice what I have just learned?



## PART 1: Terms and Definitions



## TERMS and DEFINITIONS

- **Addiction:** Using a drug, for no medical reason, when it causes harm; interferes with individuals' ability to make a healthy decision about using the drug
- **Cessation:** Quitting use of tobacco products
- **Dependence:** A constant need
- **Dopamine:** A chemical in the brain that is affected by nicotine from tobacco; responsible for feelings of pleasure
- **Nicotine:** The chemical that is the addictive part of a tobacco product, not the cause of negative health effects
- **Placebo:** "Fake" substance or treatment used in research studies given to someone so the effects can be compared to people who have received the actual treatment



## TERMS and DEFINITIONS (cont'd)

- **Relapse:** Starting to use tobacco again after a person has quit; tobacco, like many other drugs, is highly addictive and this addiction can interfere with people's ability to stop taking the drug even when they are trying to quit
- **Second-hand smoke:** Breathing in the smoke from someone else's cigarette (or other smoked tobacco products like cigars or pipes)
- **Tobacco:** A green leaf that is the main part of cigarettes, cigars, and snuff; causes health problems
- **Withdrawal:** The negative feelings and sensations that happen when a person stops using something that is addictive



## PART 2:

## Why is it important to quit smoking?



# "CIGARETTE SMOKING...

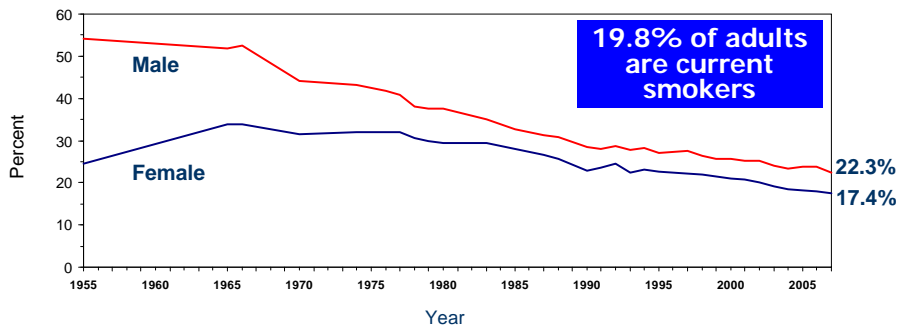
is the chief, single, avoidable cause of death in our society and the most important public health issue of our time."

*C. Everett Koop, M.D., former U.S. Surgeon General*



## TRENDS in ADULT SMOKING, by SEX—U.S., 1955–2007

Trends in cigarette current smoking among persons aged 18 or older



**70% want to quit**

Graph provided by the Centers for Disease Control and Prevention. 1955 Current Population Survey; 1965–2007 NHIS. Estimates since 1992 include some-day smoking.





## SMOKING AMONG PEOPLE with MENTAL ILLNESSES

- 44% of all cigarettes produced in the U.S. are smoked by people with mental illnesses
- Compared to the general population, smoking is more common among people with mental health diagnoses
  - Bipolar disorder: 70%
  - Major depression or PTSD: 60%
  - Schizophrenia: 90%
- Nearly 50% (200,000) of the 435,000 tobacco-related deaths in the U.S. each year are among people with mental illnesses



## WHY is SMOKING COMMON AMONG PEOPLE with MENTAL ILLNESSES?

- **Culture:** Smoking has been used in psychiatric facilities as a reward; 30-35% of staff themselves smoke, making quitting more challenging
- **Lack of provider attention:** People with mental illnesses are often not advised to quit smoking by their providers
  - One study showed that psychiatrists offered smoking cessation counseling to only 12% of clients who smoked
  - There appears to be little expectation for quitting
  - Clinicians often focus on health problems other than smoking

**Many people with mental illnesses who smoke say they have never been advised to quit smoking by a mental health-care professional.**



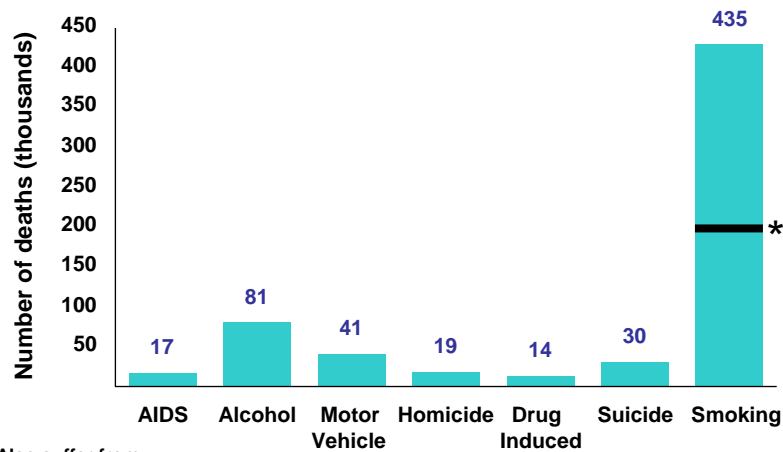
## IMPACT of SMOKING on PEOPLE WITH MENTAL ILLNESSES

- On average, people with mental illnesses die 25 years earlier than the general population
- Many of the years lost are due to smoking-related diseases and other preventable causes of illness and death

National Association of State Mental Health Program Directors (NASMHPD). (2006).  
Morbidity and mortality in people with serious mental illness.



## COMPARATIVE CAUSES of ANNUAL DEATHS in the UNITED STATES



\* Also suffer from  
mental illness and/or  
substance abuse

Mokdad et al. (2004). *JAMA* 291:1238–1245.  
Flegal et al., (2005). *JAMA* 293:1861–1867.



## The TOBACCO INDUSTRY

- For many years, companies that made and sold cigarettes told us that smoking wasn't addictive or bad for our health
- In 1994, the top executives of tobacco companies said, in court, that they didn't believe that nicotine was addictive
- But cigarettes are designed and marketed by tobacco companies to be addictive and to make a big profit
- In the U.S., the tobacco industry spends \$18 to market their products for every \$1 that is spent to stop the use of tobacco

**The tobacco industry has a history of targeting people with mental illnesses, as well as other groups, in their marketing.**



## WHAT'S in TOBACCO SMOKE?

An estimated 4,800 compounds are in tobacco smoke, including 11 proven to cause cancer in humans

- Carbon monoxide
- Hydrogen cyanide
- Ammonia
- Benzene
- Formaldehyde
- Nicotine
- Nitrosamines
- Lead
- Cadmium
- Polonium-210



**Nicotine does NOT cause the ill health effects of tobacco use.**



## 2004 REPORT of the SURGEON GENERAL: SMOKING and HEALTH

### FOUR MAJOR FINDINGS:

- Smoking hurts nearly every part of the body
- Quitting smoking has both short- and long-term benefits for health
- Smoking “light” cigarettes is as harmful as smoking regular cigarettes
- The list of diseases caused by smoking continues to grow

U.S. Department of Health and Human Services. (2004). *The Health Consequences of Smoking: A Report of the Surgeon General.*



## HEALTH CONSEQUENCES of SMOKING

- Cancers in many parts of the body
  - Acute leukemia
  - Bladder
  - Kidney
  - Cervix
  - Oral cavity, esophagus, throat
  - Stomach
  - Lung
  - Pancreas
- Pulmonary diseases
  - Acute (like pneumonia)
  - Chronic (like COPD)
- Cardiovascular diseases
  - Disease related to the heart, arteries, and blood vessels
  - Circulation problems in hands and feet
- Reproductive effects
  - Lower fertility in women
  - Low birth weight
  - Preterm birth
  - Infant mortality
- Other effects:
  - Cataracts (eyes)
  - Osteoporosis (bones)
  - Periodontitis (teeth and gums)
  - Poor surgical outcomes

U.S. Department of Health and Human Services. (2004).  
*The Health Consequences of Smoking: A Report of the Surgeon General.*



## TOBACCO USE IMPACTS MENTAL HEALTH CARE and TREATMENT

- Smokers who are in the hospital are twice as likely to leave the hospital against the advice of their doctors if their withdrawal is not treated
- Amount of medications
  - Smoking can make people need more of some medications
  - Any consumer who begins smoking, quits smoking, or changes the amount that they smoke should talk with their doctor
- In addition to the many health-related benefits, quitting can also help to improve mental health treatment by improving self-esteem and self-confidence and promoting recovery



## THE DANGERS of SECOND-HAND SMOKE

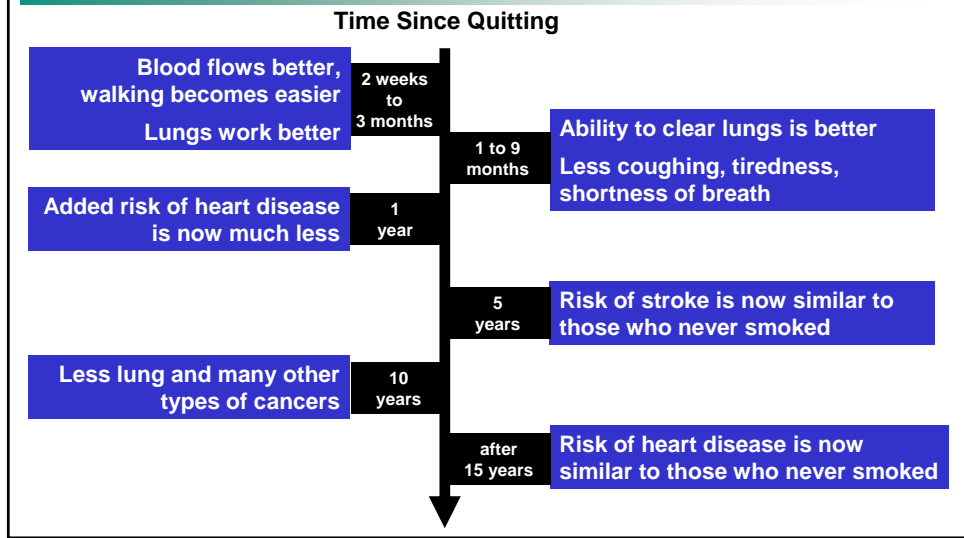
- **Second-hand smoke** is bad for health; being around tobacco smoke can cause disease and death in nonsmokers
- Serious health effects from second-hand smoke on children and adults include sudden infant death syndrome (SIDS), lung and ear problems, and asthma
- Millions of people in the U.S. smoke in their homes, at work, and places where they socialize (clubhouses, support group meetings)
- When people smoke indoors, others' health is in danger

**There is no safe level of second-hand smoke.**

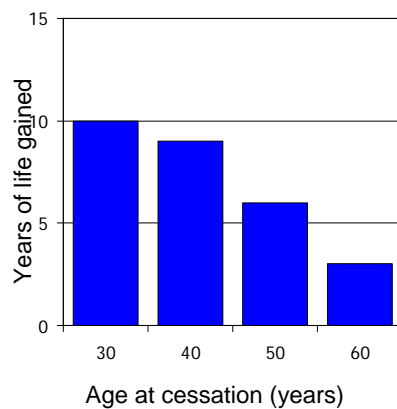
USDHHS. (2006). *The Health Consequences of Involuntary Exposure to Tobacco Smoke: Report of the Surgeon General.*



## QUITTING SMOKING has MANY HEALTH BENEFITS



## QUITTING SMOKING LOWERS RISK of DEATH



**Quitting smoking at any age can make a person healthier and allow for longer life.**

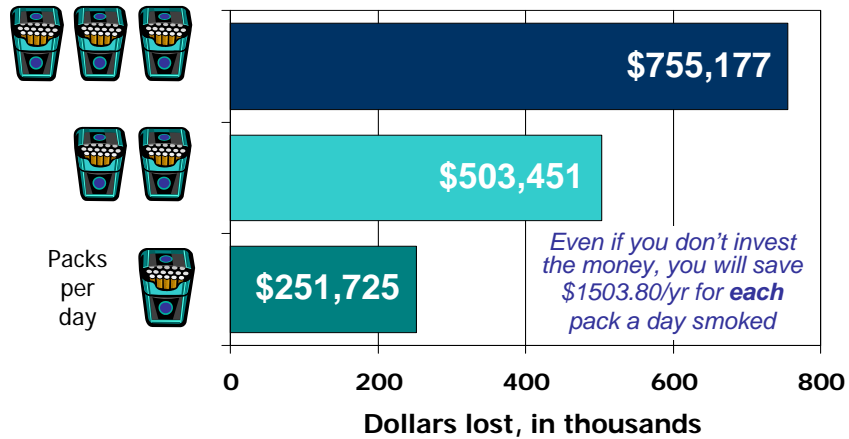
**Among those who keep smoking, at least half will die from a tobacco-related disease.**

Doll et al. (2004). *BMJ* 328(7455):1519-1527.



## FINANCIAL IMPACT of SMOKING: COSTS to the INDIVIDUAL

Buying cigarettes every day for 50 years @ \$4.32 per pack  
Money banked monthly, earning 4% interest



## WHY HELP MENTAL HEALTH CONSUMERS QUIT?

- 1 Improve health and overall quality of life
- 2 Increase healthy years of life
- 3 Improve the effect of medications for mental health problems
- 4 Decrease social isolation
- 5 Help to save money by not buying cigarettes
- 6 Quitting smoking is a right and is important for recovery



## SHARE EXPERIENCES



### PART 3: Why are tobacco products addictive?



## TOBACCO PRODUCTS that are SMOKED

- Cigarettes
- Cigars
- Clove cigarettes
- Bidis
- Waterpipes (e.g., hookah)
- Pipes



*Image courtesy of the Centers for Disease Control and Prevention / Rick Ward*



## TOBACCO PRODUCTS that are SMOKED (cont'd)



### **Cigarettes:**

- Most common form of tobacco in the U.S.
- Usually sold in packs of 20



### **Cigars:**

- Have more nicotine than cigarettes.
- One cigar can have enough nicotine to make a person dependent



### **Clove cigarettes:**

- Mixture of tobacco and cloves
- Have twice the nicotine compared to cigarettes

*Marlboro and Marlboro Light are registered trademarks of Philip Morris, Inc.*



## TOBACCO PRODUCTS that are SMOKED (cont'd)



### Bidis:

- Look like marijuana joints; come in candy flavors
- Higher levels of tar, carbon monoxide, and nicotine than cigarettes



### Waterpipe smoking (hookah):

- Tobacco flavored with fruit pulp, honey, and molasses
- Often used for longer amounts of time than cigarettes, so more smoke is inhaled



### Pipes:

- Puffed into the mouth, typically not inhaled
- One of the least commonly used forms of tobacco

*Bidi image courtesy of the Centers for Disease Control and Prevention / Dr. Clifford H. Watson  
Hookah image courtesy of Mr. Sami Romman / www.hookah-shisha.com*



## TOBACCO PRODUCTS that are NOT SMOKED

- Smokeless or "spit" tobacco include chewing tobacco and snuff (snus)
- In 2007, about 8.1 million used smokeless tobacco in the U.S.
  - 6.3% of men
  - 0.4% of women
- Most commonly used by:
  - Young adults (18-25 years old)
  - American Indians & Alaskan Natives
  - Residents of the southern U.S. and rural areas

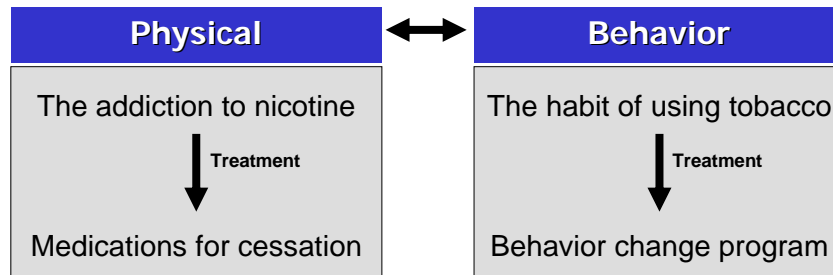


*The Copenhagen and Skoal logos are registered trademarks of U.S. Smokeless Tobacco Company, and Red Man is a registered trademark of Swedish Match.*



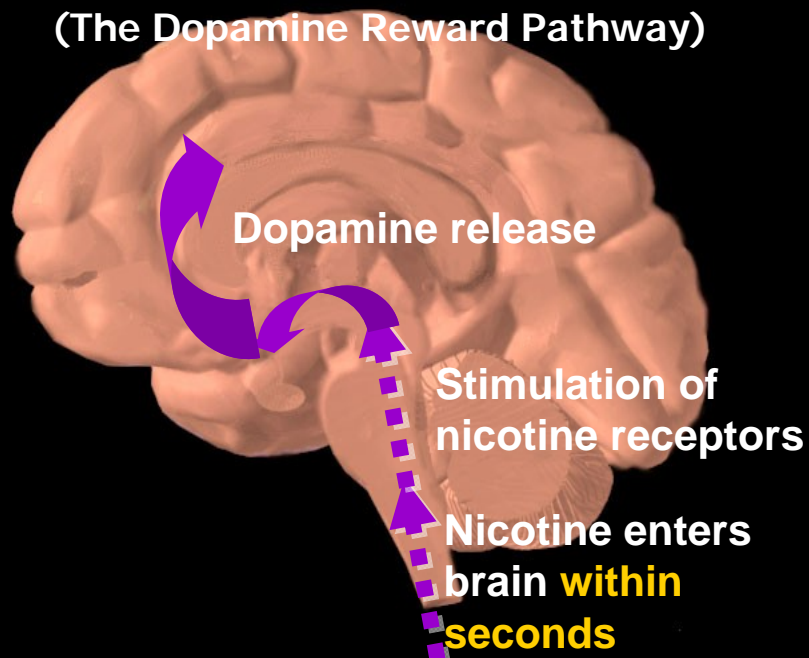
## TOBACCO DEPENDENCE has TWO PARTS

Tobacco dependence is a 2-part problem.



Treatment should address both the addiction  
**and** the habit.

### WHAT HAPPENS IN THE BRAIN? (The Dopamine Reward Pathway)





## NICOTINE PHARMACODYNAMICS: WITHDRAWAL EFFECTS

- Irritability/frustration/anger
- Anxiety
- Difficulty concentrating
- Restlessness/impatience
- Depressed mood/depression
- Insomnia
- Impaired performance
- Increased appetite/weight gain
- Cravings

Most symptoms manifest within the first 1–2 days, peak within the first week, and subside within 2–4 weeks.

HANDOUT

Hughes. (2007). *Nicotine Tob Res* 9:315–327.

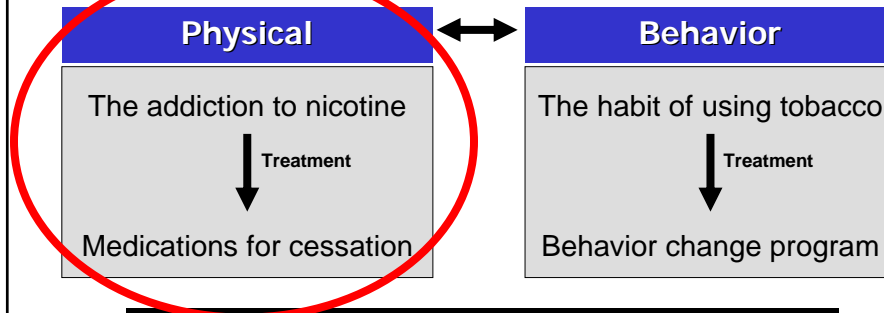


## PART 4: What helps people quit smoking?



## TOBACCO DEPENDENCE has TWO PARTS

**Tobacco dependence is a 2-part problem.**



**Treatment should address both the addiction  
and the habit.**



## WHY USE a MEDICATION FOR QUITTING?

- Medications help by making people more comfortable while quitting
  - Reduces withdrawal symptoms
- Allows consumers to focus on changing their behavior
- The medications do not have the harmful ingredients found in cigarettes
  - Nicotine replacement therapy (NRT) products provide a clean form of nicotine
  - Other medications that do not include nicotine are available with a doctor's prescription

**Medications improve chances of quitting**



## MEDICATIONS for SMOKING CESSATION

### Nicotine gum

- Nicorette (OTC)
- Generic nicotine gum (OTC)

### Nicotine lozenge

- Commit (OTC)
- Generic nicotine lozenge (OTC)

### Nicotine patch

- Nicoderm CQ (OTC)
- Generic nicotine patches (OTC, Rx)

### Nicotine nasal spray

- Nicotrol NS (Rx)

### Nicotine inhaler

- Nicotrol (Rx)

### Bupropion SR tablets

- Zyban (Rx)
- Generic (Rx)

### Varenicline tablets

- Chantix (Rx)

*OTC = over-the-counter / no prescription needed*

These are the only medications approved by the Food and Drug Administration (FDA) for smoking cessation.



## NICOTINE GUM

- Sugar-free chewing gum
- Absorbed through the lining of the mouth
- Available in two strengths (2mg and 4mg)
- Available flavors are:
  - Original, cinnamon, fruit, mint (various), and orange
- Sold without a prescription as Nicorette or as a generic
- Some find the gum difficult to chew
- May not be a good choice for people with jaw problems, braces, retainers, or significant dental work



*Nicorette gum (shown here) is manufactured by GlaxoSmithKline.*



## NICOTINE LOZENGE

- Absorbed through the lining of the mouth
- Available OTC in two strengths
  - 2mg and 4mg
- Available sugar-free flavors include:
  - Mint
  - Cappuccino
  - Cherry



*Commit lozenges (shown here) are manufactured by GlaxoSmithKline.*



## NICOTINE PATCH

- Nicotine is absorbed through the skin
- Sold without a prescription as Nicoderm CQ or as a generic
- Wear on upper part of the body, in a place with little hair such as the upper back or outside of the arm
- Do not cut in half
- Apply a new patch every 24 hours



*Nicoderm CQ patches (shown here) are manufactured by GlaxoSmithKline.*



## NICOTINE NASAL SPRAY

- About 100 doses per bottle
- Quickly absorbed through the lining of the nose
- Sold with a prescription as Nicotrol NS



*Nicotrol NS (shown here) is manufactured by Pfizer.*



## NICOTINE INHALER

- Nicotine inhalation system:
  - Mouthpiece
  - Cartridge
- Absorbed through the lining of the mouth
- Allows for similar hand-to-mouth ritual of smoking
- Sold with a prescription as Nicotrol Inhaler



*Nicotrol Inhaler (shown here) is manufactured by Pfizer.*



## BUPROPION SR TABLETS

- Does not contain nicotine
- Tablet that is swallowed whole, and the medication is released over time
- Same medication as Wellbutrin, which is used to treat depression
- Sold with a prescription as Zyban or generic



*Zyban (shown here) is manufactured by GlaxoSmithKline.*



## VARENICLINE

- Does not contain nicotine
- Tablet that is swallowed whole
- Sold with a prescription only as Chantix
- People who take Chantix should be in regular contact with their doctor

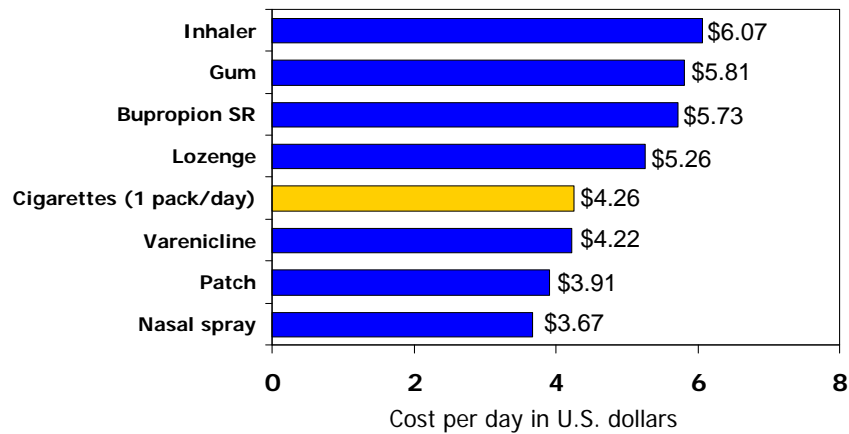


**NOTE:** Some people who used varenicline have reported experiencing changes in behavior, agitation, depressed mood, suicidal thoughts or actions. Peers should talk to their doctor before taking this medication.

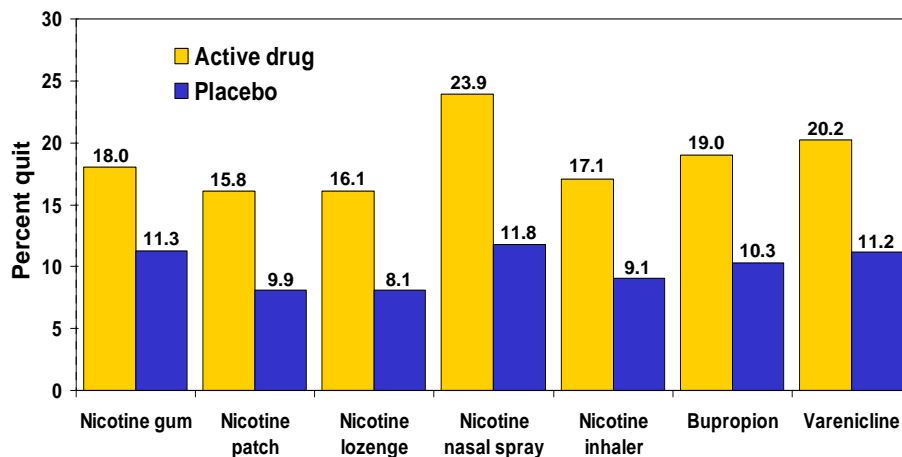
*Chantix (shown here) is manufactured by Pfizer.*



## DAILY COSTS of TREATMENT versus SMOKING CIGARETTES



## LONG-TERM ( $\geq 6$ month) QUIT RATES for AVAILABLE CESSATION MEDICATIONS



Data adapted from Cahill et al. (2008). *Cochrane Database Syst Rev*; Stead et al. (2008). *Cochrane Database Syst Rev*; Hughes et al. (2007). *Cochrane Database Syst Rev*



## TALKING ABOUT MEDICATIONS for QUITTING

- Inform your peers about different types of medications that are available to help them in quitting
- Encourage your peers to talk with their doctor, nurse, or pharmacist before starting any of these products
- Tell your peers to read all the directions before they start using these products
  - The products should be used according to schedule, not “as needed.”

Medications work best when used **with** counseling and support.



## COUNSELING and SUPPORT

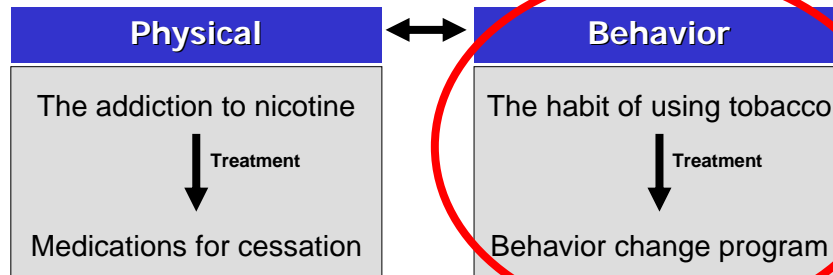
- People who get help and social support are more likely to be successful in quitting smoking
- Most people do better if they get help to PREPARE and PLAN for their quit attempt
- Most people do better if they understand the need to change behavior too
  - Ultimately, it is the person's choice to quit

**Talking with someone who knows about quitting smoking, such as a peer counselor, is a helpful component in quitting.**



## TOBACCO DEPENDENCE has TWO PARTS

**Tobacco dependence is a 2-part problem.**



**Treatment should address both the addiction  
and the habit.**



## The CHALLENGES of QUITTING

- People smoke in many different situations:
  - When drinking coffee
  - While driving in the car
  - When bored
  - While stressed
  - While at a bar
  - After meals
  - During breaks at work
  - While on the telephone
  - When spending time with family or friends who use tobacco
  - While drinking alcohol or using drugs
- Quitting requires coping – changing how you think and what you do – in these situations
- Quitting requires motivation – thinking about a more positive life outlook and other meaningful reasons to quit
- Talking with someone who knows about quitting can help people learn to **cope** and get **motivated** to quit without having a cigarette or using tobacco



## BARRIERS to TOBACCO INTERVENTIONS: Patient/Consumer Factors

- Expectation of failure
- Self-stigma
- Lack of recovery
- Fear of weight gain
- Fear of withdrawal symptoms
- Boredom
- Knowledge
- Coping with tension and anxiety
- Daily routines
- Smoking as a social activity



## RELAPSE

- **Relapse** (starting smoking again when you're trying to quit) can be another barrier.
  - For many people, quitting takes more than one try, sometimes 5 or more times
  - Many need to practice quitting first, and people who are successful have usually experienced relapse
  - Discussion: What can be learned from past quit attempts?

Depression and Bipolar Support Alliance, Online Survey. (2008).  
Funded by the Smoking Cessation Leadership Center. Draft report.



## COPING with CHALLENGES

### Changing HOW YOU THINK...

- Review your commitment to quit – why is it important to you?
  - Live a healthier life? For family? For children?
- Think about something else – anything OTHER than a cigarette
- Positive self-talk: “I can do this...”
- Visualize how you would handle difficult situations -- see yourself in your mind, turning down a cigarette
- Begin to see yourself as a nonsmoker
- Address self medication -- people sometimes seek relief from grief through addictive substances like tobacco



## COPING with CHALLENGES (cont'd)

### Changing HOW YOU THINK...

- Thinking about cigarettes doesn't mean you have to smoke one:
  - “Just because you think about something doesn't mean you have to do it!”
  - Tell yourself, “It's just a thought,” or “I am in control.”
  - Say the word “STOP!” out loud, or visualize a stop sign.
- When you have a craving, remind yourself:
  - “The urge for tobacco will only go away if I don't use it.”
- As soon as you get up in the morning, look in the mirror and say to yourself:
  - “I will make it through another day without tobacco.”



## COPING with CHALLENGES (cont'd)

### Changing WHAT YOU DO...

- Change your environment
  - Tobacco-free home and workplace
  - Remove items that remind you of smoking, stay away from people or places where you would normally smoke
  - Change the behaviors that usually involve tobacco: when, what, where, how, with whom
- Substitutes for smoking
  - Water, sugar-free chewing gum or hard candies (oral substitutes)
- Take a walk, breathe deeply
- Try to reduce stress, talk with friends or peers who want to help you quit



## QUITTING: IT CAN BE DONE

- People with mental illnesses can quit smoking.
  - They are just as likely to want to quit smoking as people without mental illness.
- The Depression and Bipolar Support Alliance (DBSA) found:
  - 74.6% of current smokers expressed a desire to quit smoking
  - 64.7% had tried to quit smoking in the last year

Depression and Bipolar Support Alliance, Online Survey. (2008).  
Funded by the Smoking Cessation Leadership Center. Draft report.



## PART 5:

What can you do as a peer counselor to help others quit smoking?



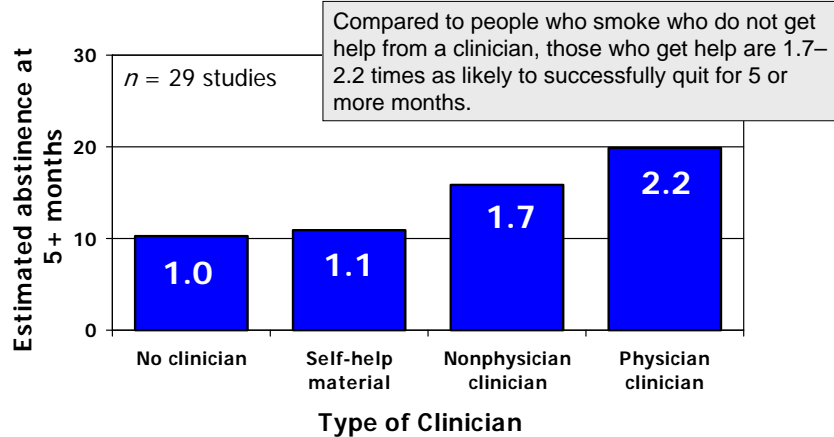
## HOW YOU CAN HELP

- Peer counselors can play an important role by:
  - Helping peers become motivated to quit
  - Encouraging peers to be their own experts
  - Providing recommendations about ways to quit
  - Providing support throughout the quit attempt

YOU might be the ONE person to whom a consumer will listen.  
**HELP SAVE A LIFE.**



## ADVICE CAN IMPROVE CHANCES of QUITTING



Fiore et al. (2008). *Treating Tobacco Use and Dependence: 2008 Update*. Rockville, MD: USDHHS, PHS.



## OUR ROLE in HELPING PEERS QUIT SMOKING

**PEOPLE TRYING TO QUIT OFTEN FAIL TO PLAN.**

Peer counselors and other health professionals are important in helping peers with their quit attempts.

**SMOKING CESSATION is an important component of RECOVERY.**



## TWO COUNSELING STRATEGIES

- **AAR approach (Ask-Advise-Refer)**
  - Provides a brief intervention to do with your peer
  - Ideal if peers are seen only a few times
- **5 A's approach (Ask-Advise-Assess-Assist-Arrange)**
  - A deeper, more intense intervention
  - Good for peers seen more frequently



## Step 1: ASK

- **ASK** all peers about tobacco use
  - “Do you, or does anyone in your household, ever smoke or use any type of tobacco?”
    - “We ask our peers about tobacco use, because it can interact with many medications.”
    - “We ask our peers about tobacco use, because it can cause many medical conditions.”
    - “We ask our peers about tobacco use because it can harm their mental and physical health.”



## Step 2: ADVISE

- **ADVISE** people who use tobacco to quit (use a clear, strong, and personalized message)
  - “Quitting smoking is very important for improving your overall health. I can refer you to people who can help you.”
  - “People who receive help and use medications are more likely to be able to quit. If you are interested, we can talk about different options and then you can discuss them with your doctor.”
  - “If you are interested, we can work together to help you quit smoking and manage your mood and stress at the same time.”



## Step 3: REFER

- **REFER** people who use tobacco to other resources
  - Referral options:
    - A doctor, nurse, pharmacist, or other clinician, for more counseling
    - A local group program
    - The support program provided free with each smoking cessation medication
    - The toll-free telephone quitline: [1-800-QUIT-NOW](tel:1-800-QUIT-NOW)



## REFER to a TOLL-FREE TELEPHONE QUITLINE

- Referring peers to a tobacco quitline is simple
  - People who call the quitline receive one-on-one advice from trained counselors
  - Follow-up counseling is provided by the quitline
  - **Quitlines are free, and they work!**



Sample cards, for distribution to peers.

**1-800-QUIT-NOW**



## MORE OPTIONS FOR REFERRAL

- Contact local resources
  - American Lung Association [www.lungusa.org](http://www.lungusa.org)
  - Nicotine Anonymous [www.nicotine-anonymous.org](http://www.nicotine-anonymous.org)
- Talk with a provider about local wellness meetings on tobacco cessation at a nearby hospital (i.e. Kaiser)
- Utilize telephone support provided by the makers of the medications for quitting
  - See the box of your medication for phone numbers
- Go to [www.becomeanex.org](http://www.becomeanex.org) or [www.smokefree.gov](http://www.smokefree.gov)
- Visit <http://www.stayingstopped.info/index.html>



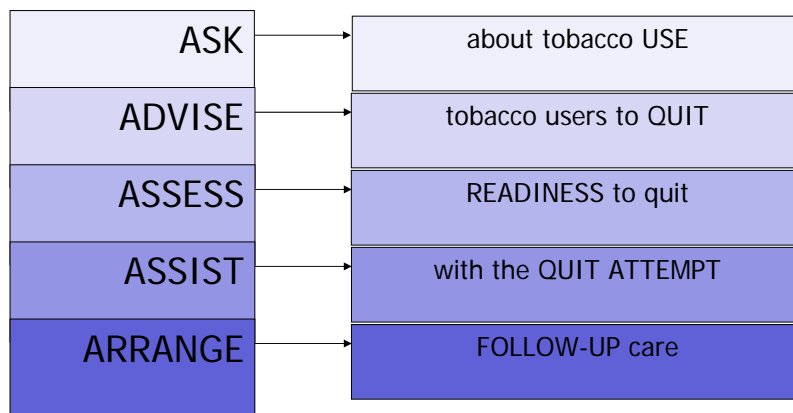
## MORE OPTIONS FOR INFORMATION

- CHOICES (Consumers Helping Others Improve their Condition by Ending Smoking) Program
  - Consumer-driven peer outreach program which employs mental health peer counselors, called "consumer tobacco advocates" (CTAs) to serve as tobacco-focused consultants to consumers and mental health agencies
  - <http://njchoices.org/>
- *Learning About Healthy Living* curriculum
  - Free downloadable curriculum for a 20 session group treatment intervention to be implemented by mental health professionals and paraprofessionals, designed for all types of smokers with various mental health problems
  - <http://rwjms2.umdnj.edu/pdapweb/LAHL.htm>
- Tobacco Cessation Leadership Network
  - *Bringing Everyone Along Resource Guide* <http://www.tcln.org/bea/>



## APPROACH #2: The 5 A'S

### Using intensive intervention...





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  - “If you are interested, we can work together to help you quit smoking and manage your mood and stress at the same time.”



## Step 3: ASSESS

- **ASSESS** readiness to quit
  - Ask every time you see your peer
  - Ask about your peer's smoking history and previous quit attempts
    - What worked, what didn't?
    - What situations might have caused your peer to return back (relapse) to smoking?



## Step 3: ASSESS (cont'd)

**People vary in terms of their readiness to quit.**

STAGE 1: Not ready to quit in the next month

STAGE 2: Ready to quit in the next month

STAGE 3: Recently quit, within past 6 months

STAGE 4: Quit more than 6 months ago

Assessing a peer's readiness to quit allows you to give that person messages that are appropriate and unique.



## Step 4: ASSIST

- **ASSIST** with quit attempt
- Make your message about quitting smoking specific to each peer's situation
  - Listen to the person's story
  - Provide information on options
- Set a quit date--ideally within two weeks
- Have peers talk with their friends and family about quitting and request their understanding and support



## Step 4: ASSIST (cont'd)

- Questions to ask **a peer who is ready to quit**:
  - Why do you want to quit now?
  - How confident are you that you'll be able to quit?
  - Have you quit in the past? What worked for you then?
  - Where and when do you usually smoke or want to smoke?
  - What are your worries about quitting?



## Step 4: ASSIST (cont'd)

### Encourage HEALTHY ALTERNATIVES (instead of smoking)

- Go for a walk with your dog or a friend
- Call a supportive, non-smoking friend
- Draw or paint
- Journal
- See a movie
- Read a book or magazine



## Step 4: ASSIST (cont'd)

### Tobacco Use Log

- Ask your peers to fill out the tobacco use log between your visits
- This log can help raise awareness of tobacco use, and help peers to understand how, when, and why they smoke
- Prior to each time tobacco is used, the peer will record the:
  - Time of day
  - Activity or situation during use
  - "Importance" of that cigarette
- Review the log with your peer to see if you can find a relationship between smoking, activities, and mood

HANDOUT



## FOR PEERS who have RECENTLY DECIDED to QUIT

- 1 Praise progress
- 2 Ask about social support
- 3 Identify triggers for relapse
- 4 Offer tips for preventing relapse
- 5 Encourage peers to consider use of a medication to improve chances for quitting, and to ask their provider for advice
- 6 Encourage healthy alternatives to tobacco use
- 7 Encourage regular provider visits



## Step 5: ARRANGE

- **ARRANGE** follow-up visits with your peer
- Congratulate successes
- Let peers know that if they do slip and have a cigarette, that they should learn from it
  - Why did they smoke?
  - How can they avoid this in the future?
- Encourage peers to talk with their clinicians about quitting



## ENCOURAGE PEERS to TALK with CLINICIANS ABOUT QUITTING

**It is important to encourage peers to see their doctor, nurse, and/or pharmacist before quitting.**

### **STEPS for your peer:**

- Make an appointment to talk about quitting with provider
- Talk about special problems you may have with your mental health while quitting
- Ask provider about the medication options for quitting
- Find out if some medications are covered under your insurance or if you can get them at a discounted cost
- Write down information about your tobacco use (how long, how much, last time they tried to quit)
- Select a quit date
- Talk about a plan for follow-up visits
- Look for additional social support from friends or wellness groups



## TALK to PROGRAM STAFF ABOUT the IMPORTANCE of SMOKING CESSATION

- Get buy-in from providers and administrators
  - "We need support from those who lead us."
  - Discuss health and cost benefits
- Promote tobacco-free facility and campus
  - Policies are important for supporting an environment for quitting
    - See NASMHPD's "Tobacco-Free Living in Psychiatric Settings: A Best Practices Toolkit Promoting Wellness and Recovery"
- Encourage the development of support groups around smoking cessation for consumers



## SUMMARY of KEY IDEAS

- Smoking is the main cause of early death in the U.S.
- There is no safe level of smoking, and there is no safe level of second-hand smoke
- All consumers should be encouraged to talk to their doctors and other health care providers before quitting
- It is everyone's role to talk about tobacco use with peers, because quitting smoking is a consumer right and an essential part of recovery and wellness
- Changing behavior takes time, attention, and support
- Support from program staff is equally important

**It's never too late to quit smoking,  
but the sooner the better!**



## WHAT if a PEER ASKS YOU ABOUT YOUR TOBACCO USE?

- **If you have never smoked**, you may not be able to understand how hard it is to quit
- **If you currently smoke or have quit**, you probably have greater insight into what it is like to be addicted to tobacco
- It is important to remember that **each person's experience is different** but you may be able to provide some useful insights from your experiences that may help you in providing support



## PART 6: How can you practice what you just learned?

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## STARTING the CONVERSATION

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- Starting to talk to a peer about their smoking is not always easy
- Remember that people have different feelings about their smoking; some people may want to quit while others may not
- How do you start the conversation? A suggestion:
  - "I want to support you in improving your mental health and your physical health, and tobacco use can hurt both our physical and our mental health. People who get help are more likely to be successful in quitting smoking. Do you smoke? If yes, do you want to quit? If you want to quit, I want to support you in the process of becoming smokefree. If you are not ready to quit, is it okay if I ask you again sometime in the future about your smoking? "



## SUGGESTIONS: DOs and DON'Ts

### DO:

- Reinforce that the session is about the peer
- Be honest
- Discuss and develop coping strategies
- Talk about all the options to help quitting, including medications
- Advise your peers to talk with their provider about specific medications, and how to use them
- Help your peer to set a quit date
- Arrange more visits to continue supporting your peer

### DON'T:

- Hesitate to talk about tobacco cessation
- Give up trying! Remember, smoking cessation is an important part of recovery



## ASK-ADVISE-REFER (sample script)

### **ASK: All peers about tobacco use**

- Why:
  - Interactions exist between tobacco smoke and many medications.
  - Smoking is the leading preventable cause of death and disability in the world!
- What you can say:
  - "I take the time to talk to all my peers about tobacco use because it's an important part of recovery. Do you smoke or use any type of tobacco?"



## ASK-ADVISE-REFER (sample script, cont'd)

### **ADVISE: All peers to quit**

- Why:
  - You just might be **the** person this peer will listen to!
- What you can say:
  - "Quitting is probably the single most important action you can take to improve your health now and in the future."
  - "Quitting smoking is an important part of your physical health and mental health recovery."



## ASK-ADVISE-REFER (sample script, cont'd)

### **REFER: All peers to cessation resources**

- Why:
  - Most people do not know about the available resources
  - Most people do not understand the need to make behavior changes
- What you can say:
  - "Call the national quit line number **1- 800-QUIT NOW**. They can provide free cessation counseling and support designed just for you."



## ROLE PLAYING: USING ASK-ADVISE-REFER

- **Role-playing exercise in pairs...**
  - One of you will play the role of the peer counselor (see following scripts)
  - One of you will play the role of the peer who will answer the questions



## CASE EXAMPLE: Mr. Yee

- Mr. Yee is 34 years old
- He lives alone and has never married
- He has been smoking since the age of 10, and was diagnosed as having schizophrenia at the age of 21
- He smokes 2 packs of cigarettes a day
- He has some desire to quit smoking, but he tried several years ago and was not successful
- Today may be your only visit with Mr. Yee



## ROLE PLAYING: USING the 5 A's

- **Role-playing exercise in pairs...**
  - Switch roles with your partner
  - One of you will play the role of the peer counselor (see following scripts)
  - One of you will play the role of the peer who will answer the questions



## CASE EXAMPLE: Mr. Roberts

- Mr. Roberts is 29 years old
- He is married and has a baby boy
- He was diagnosed with depression at the age of 18, around the same time he started smoking
- He quit 3 months ago when his child was born and is using the patch
- He is struggling with withdrawal symptoms, particularly cravings, restlessness and sleeplessness
- He worries that he will start smoking again (relapse)



## CASE EXAMPLE: Ms. Smith

- Ms. Smith is a 46-year-old woman
- She is employed
- She has never been married
- She has depression
- She smokes 10 cigarettes per day
- She wants to quit and tried but started smoking again recently
- You plan to have an ongoing relationship with Ms. Smith for at least 3 months



## CONTINUED MAINTENANCE of TOBACCO-FREE LIVING

- Peers can have an important role in helping their peers to live tobacco-free
- Working with a peer on tobacco cessation should not end when the person quits
- It is important to continue to support the person in the steps they are making to improve their health



## CONGRATULATIONS, YOUR WORK WILL MAKE A DIFFERENCE!

According to the World Health Organization...

“Health is a state of complete  
physical, mental, and social well-being  
and not merely  
the absence of disease or infirmity.”

**Tobacco use is the #1 cause of disease and death.  
Quitting is essential to recovery.**



## ACKNOWLEDGEMENTS

- Rx for Change <http://rxforchange.ucsf.edu>
- Smoking Cessation Leadership Center  
<http://smokingcessationleadership.ucsf.edu>
- Behavioral Health Policy Collaborative, LLC
- Reviewers of this curriculum:
  - Arauz Inspirational Enterprises
  - Bay Area Community Resources
  - California Smokers' Helpline, University of California, San Diego
  - Center for Quality Management in Public Health, Department of Veterans Affairs
  - County of Los Angeles Department of Public Health, Tobacco Control & Prevention Program
  - International Nurses Society on Addictions
  - Medical College of Georgia, School of Nursing
  - Mental Health America
  - National Alliance on Mental Illness
  - National Association of Social Workers



## ACKNOWLEDGEMENTS- REVIEWERS CONTINUED

- National Network on Tobacco Prevention and Poverty
- Office of Public Health Policy and Prevention, Public Health Strategic Health Care Group, Department of Veterans Affairs
- Ohio State University College of Nursing
- Partners in Active Living Through Socialization, Inc
- Substance Abuse and Mental Health Services Administration
- University of California, San Francisco, Institute for Health Policy Studies
- University of California, San Francisco, School of Pharmacy
- University of Colorado Denver, Department of Psychiatry
- University of Massachusetts Memorial Medical Center, UMass Memorial Medical School
- University of Nebraska Medical Center, College of Nursing
- University of Pittsburgh, School of Pharmacy
- University of Rochester School of Nursing
- Waynesburg University