Society of Otorhinolaryngology and Head-Neck Nurses

Smokeless Tobacco
and
Smoking Cessation Program

Developed By

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January 1999

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Preface

Since the early 1950's medical research has proven that tobacco is a cause of many diseases, cancer being just one of them. Tobacco use is the single most important **preventable** cause of illness and premature death in America. Approximately 400,000 people die from smoking related deaths yearly. Approximately 53,000 die from the effects of environmental exposure to tobacco smoke. That is more than AIDS, alcohol, car accidents, murders, suicides, drugs and fires - combined! Currently, more than 40 million Americans smoke cigarettes. Over 60,000 studies about tobacco make this the most thoroughly studied subject in medical science. Yet people still smoke. The rate of young people taking up tobacco will astound you. Each day, 3,000 children become regular smokers (that's more than one million children per year). One-third of them will die from tobacco related diseases. Eighty-six percent of the children who use tobacco products prefer brands that are the most heavily advertised. A study published by the National Cancer Institute found that teens are more likely to be influenced to smoke by cigarette advertising than they are by peer pressure. Tobacco use among high school seniors has risen to the highest level in 19 years. The Center for Disease Control reports that teen smoking has risen from 27 percent in 1991, to 36 percent in 1997. The cigar fad has also reached the kids. In 1997, thirty-one percent of boys and ten percent of girls in grades 9 - 12 reported that they had smoked a cigar at least once in the past ten days.

The statistics are indeed alarming. The correlation of tobacco use and head and neck cancer has been widely proven. In addition to cancer, smoking causes approximately 150,000 to 300,000 cases of bronchitis and pneumonia each year - and it stimulates asthma attacks in as many as 1 million children annually. As health professionals, we must educate our patients about the risks and dangers of tobacco use as well as environmental tobacco smoke (ETS). We must advocate for clean air to protect the public from harmful tobacco effects. Second hand smoke also contributes to the incidence of otitis media in children.

Whether practicing in the hospital, office or community setting, Otorhinolaryngology (ORL) nurses have many opportunities to teach tobacco cessation to our patients, families and friends - and our coworkers. This program provides the ORL nurse with the information needed to teach tobacco cessation strategies.

My thanks go to all of the ENT nurses who helped make this booklet possible for our patients.

SMOKELESS TOBACCO AND SMOKING CESSATION PROGRAM

The focus of this course is on smoking cessation and providing smoking prevention information, issues, and strategies. The objective is to increase knowledge about smokeless tobacco and smoking in general. The aim is to develop skill in integrating applicable facts and information into smoking cessation classes. This program seeks to enhance awareness of prevailing information, theories, and practices and concerns in smoking cessation and prevention/early intervention. This course may be given in one sitting, over a period of time, or as deemed appropriate by the instructor. The program is listed in 4 Sessions. Session One presents facts and figures relating to tobacco use. Session Two provides valuable information about tobacco and how it abuses the body. Session Three furthers the information and helps the learner understand addiction. Session Four continues with the skills to quit, what to expect, how to cope and quit for good. Session Four tells the learner how to maintain a smoke-free life and what to do in the event of a relapse.

Included in the program are several forms that the learner completes that allow the learner to visually examine reasons for smoking, learn how to quit, and how to maintain a smoke-free life. Please feel free to photocopy any and all of these forms for your use in teaching this course.

Finally, there is a list in the back of the program for additional information. Most, if not all, of this information is **free** for the asking.

Session One: Tobacco Abuse: Facts and Figures

This session provides pertinent information on smokeless tobacco and smoking cessation. Strategy for delivery of this information is provided for the instructor.

Participants will:

1. Complete course registration information
2. Verbalize an understanding of the program.
3. Schedule "Quit Day" by the third class session.
4. Complete the tobacco use record.

Session Two: Smoking Cessation: Issues and Strategies

This session covers advances in smoking cessation. The student identifies the effects of tobacco on their body, mind and spirit. Reasons for quitting and alternatives to smoking are discussed.

Participants will:

1. List personal areas of concern.
2. Identify their stage of behavior.
3. Identify the effects of tobacco on the body.
4. Identify feelings prior to using tobacco and after the use.
5. Identify reasons for using and quitting tobacco use.

6. Identify alternative coping strategies.

Session Three: Quitting Effectively

This is "Quit Day". This session covers what physiologically happens to the body when one quits smoking. A discussion of withdrawal symptoms, quitting tips, dealing with stress and weight maintenance.

Participants will:

1. Identify immediate effects of quitting tobacco
2. Identify withdrawal symptoms.
3. Identify tips to quit and how to handle the stress.
4. Discuss the benefits of positive thinking.
5. Understand the effects of certain foods on cravings.
6. Identify healthy food choices, options for snacking and how to maintain their weight.

Session Four: Maintaining a Tobacco Free Life Style

This session focuses on maintaining balance, taking cessation one day at a time, coping with a relapse and the long term benefits of not smoking.

Participants will:

1. Develop strategies to maintain a balance for a tobacco free life.
2. View a relapse as a learning process.
3. Plan for desired goals.
4. Identify methods to remain tobacco free.

Guidelines for Instructors

This program is written to **assist** the healthcare team in teaching an office centered smoking cessation/prevention program to your patients. It is not meant to be all inclusive. You will have to seek additional information to fit your particular needs. I have provided the resources and some information that will be helpful.

At the first meeting instruct the learner's in completing page 15, **Tobacco Cessation Patient Information.** You will want to keep a record of the participant's who attend your course. Include their address or home phone number for future follow-up.

To gain some understanding of how much your learner is dependent on tobacco have the learner complete the **Fagerstrom Test** (page 16). This test was written with the smoker in mind, if you have students who chew, ask them to substitute "chew" for the word "tobacco." Grade the test for level of dependence.

If the learner is an office patient, use **the office record** (page 17). It can be included and readily visible on the chart for easy reference. This also makes it known who the tobacco users are and presents the opportunity to teach.

The **Tobacco Use Record** (page 18) should be completed daily by the learner, similar to a food diary; every encounter with tobacco is written down - a real eye opener for some. You will need to make additional copies of this page. The learner rates each cigarette/chew/dip/cigar as to how they feel about using tobacco at that particular time.

To assist the instructor in providing up to date information the following information about prevalence and addiction is provided for your use.

Patient Assessment of Nicotine Status - Every office visit is an opportunity to promote smoking cessation. If you encounter a patient that smokes take time to talk to them about smoking. Use smoking questions such as:

- Number of years they have smoked/dipped/chewed
- Number of times they smoke/chew per day
- Past efforts at cessation
- Brands they use
- Solicit smoking-related symptoms such as cough, sputum production, shortness of breath, recurrent respiratory infections
- Review family history, such as coronary heart disease, cancer, and other tobacco-related diseases

Session One: Tobacco Abuse: Facts and Figures

Prevalence, Morbidity and Mortality Information

There is an alluring mysticism to lighting a cigarette and watching it transform into smoke (Glaxo-Wellcome, 1998). As one becomes use to using tobacco products, the behavior, a physical habit develops that is actually reinforced over the years. Nicotine gives an addicting kick. This may help the smoker cope with their problems, further conditioning one to the psychological dependence.

A study of 19-year-old's (N=6,500) by the Centers for Disease Control (CDC) in 1988 gave these statistics:

- Cigarette smokers have a lower level of lung function than those who never smoked.
- Smoking reduced the growth rate of lung tissue.
- In adults, smoking causes heart disease and stroke. Studies have shown that early signs of these diseases can be found in adolescents who smoke.
- Smoking hurts young people's physical fitness in terms of both performance and endurance - even among those in competitive sports.
- Teenage smokers suffer from shortness of breath almost three times as often as teens who do not smoke, and produce phlegm more than twice as often as teens who do not smoke (CDC, 1994)

The prevalence of smoking in the United States peaked about 1965 with 42.5% of adults using some form of tobacco. Recent estimates indicate that 46 million adults, about 25% of the U.S. American adult population smoke. Smoking is most prevalent in the 25 - 44 year-old age group. This seems to be inversely proportional to the person's educational level. About one million new smokers start every year! Many of these are young people. The mean average age of starting to smoke is 14.6 years old. One out of every five high school students is a smoker or uses a form of tobacco. Unfortunately, according to clinical experience young people seldom give up their nicotine. Their "immortality" perspective makes them think they can stop at ant time.

In America, tobacco causes more deaths per year than all other addictive substances combined. Smoking causes about 450,000 deaths per year. That is one out of every five deaths. Tobacco related deaths can be linked to complications from cardiovascular disease, lung and other forms of cancer, respiratory diseases, diseases in infants, and smoking related burns.

Cigarette smoking is the leading cause of heart attacks and vascular diseases. Other factors only compound the problem - cholesterol, estrogen, and increased blood glucose levels.

The average smoker has double the risk of death from cancer than a nonsmoker, while heavy smokers have four times the risk. There are more than 4,000 substances found in cigarette smoke, 43 of them are known carcinogens. Smoking causes lung cancer, but it is also responsible for mouth, gum, larynx, pharynx, esophagus, stomach, pancreas, and cervix and urinary tract cancers.

Smoking is also responsible for 85,000 deaths per year from respiratory diseases such as obstructive pulmonary disease and pneumonia. Chronic obstructive pulmonary disease (COPD) is the fifth leading cause of death in America. Approximately 140,000 women die each year from smoking related diseases. Lung cancer now outranks breast cancer mortality for women.

Smoking while pregnant has many risks. The danger of smoking has been proven yet 25% of pregnant women choose to smoke. Infants on average weigh 200 grams less if the mother smokes. Their growth is affected and the educational achievement rate is decreased. Passive smoking (second hand smoke) has also been recognized as a health risk. Children are especially susceptible to this form of smoke. It causes asthma, ear infections, bronchitis, and other respiratory infections. (CDC, 1990).

Cigar and Pipe Smokers Beware!

As a group, cigar and pipe smokers in the United States experience overall mortality rates that are higher than those for nonsmokers, but lower than that of cigarette smokers. The typical cigar smoker smokes fewer than five cigars a day and the typical pipe smoker consumes less than 20 pipefuls a day.

As a result, the harmful effects of cigar and pipe smoking appear to be largely limited to those sites which are exposed to the smoke of these products. Mortality rates from cancer of the oral cavity, larynx, pharynx and esophagus are approximately equal in users of cigars, pipes, and cigarettes. (CDC, Office of Smoking and Health, 1998).

According to the American Cancer Society cigar and/or pipe smoking mainly occurs among men, in whom prevalence is 8.7 percent. The highest proportion of users is between the ages of 45 and 64 years. Usage is slightly higher in the most and least educated groups than in the intermediate education categories (1989 Surgeon Generals' Report-Reducing the Health Consequences of Smoking, 25 Years of Progress).

Since 1993, the use of cigars in the United States has increased by 34 percent. Previous Surgeon General's Reports on the health consequences of smoking presented clear evidence that cigar smoking represents a significant health risk and is not a safe alternative to cigarette smoking. An estimated six million U. S. Teenagers (26.7 percent) 14-19 years of age - 4.3 million males (37 percent) and 1.7 million females (16 percent) - smoked at least one cigar within the past year. Rates of cigar use did not vary by region within the United States.

Nearly 4.6 billion cigars were used in 1996; a second consecutive year in which the cigar industry exceeded a billion dollars in sales. Production of cigars is at the highest level since the mid-1980. An estimated 1.5 billion cigars were manufactured in 1996, an increase of 4 percent from 1995 (American Cancer Society, 1997).

Additional information may be obtained from the American Cancer Society, the National Cancer Institute, or the Centers for Disease Control and Prevention (CDC) Office of Smoking and Health. The address is in the reference section.

Smokeless Tobacco - A Dangerous Alternative

Smokeless tobacco is often viewed as an alternative to cigarette smoking. Between 1970 and 1986, the use of snuff increased 15 times and the use of chewing tobacco increased four times among male adolescents ages 17-19 (CDC, 1990). Smokeless tobacco can cause gum disease and cancer of the mouth, larynx, esophagus, and pancreas. It can even cause lung cancer even though it is not inhaled. Smokeless tobacco can lead to irreversible gum recession (disease). Smokeless tobacco increases blood pressure and can cause an irregular heartbeat - and death. One study has shown that smokeless tobacco use doubles the risk of dying from cardiovascular disease. Currently about 40% of high school users believe that there is only a slight risk in smokeless tobacco use. This is not true!

Effects of Nicotine on the Body

Nicotine acts mostly on the central nervous system. By regulating the number, duration, and intensity of the puffs of a cigarette, the smoker regulates the amount of nicotine being delivered to the brain. Smokes increases the risk of cardiovascular disease including, stroke, myocardial infarction, aneurysm and peripheral vascular disease. Nicotine activates the sympathetic nervous system. It causes an increase in the pulse rate and blood pressure. Nicotine increases vasopressin which may account for the feeling of release of tension and anxiety. Smoking increases the basal metabolic rate leading to a decreased appetite and calorie intake.

Session Two: Smoking Cessation: Issues and Strategies

Addiction

The addiction process is gradual. Smokers generally increase nicotine consumption by smoking more over time. Many switch brands to deliver more nicotine. Nicotine addiction is like any other addiction - it is a learned behavior that can be broken. Forty percent of teens that smoke have tried to quit - and failed. Nicotine's ability to addict users is much higher than some drugs. The chance or risk of becoming addicted to cocaine or crack used intravenously is one in four. The risk of becoming addicted to alcohol is one in nine. The risk of becoming addicted to nicotine is one in three. Nicotine is as addictive as cocaine, heroin, and alcohol. Moreover, the typical nicotine user got daily and repeated doses. Inhaled nicotine gets to the brain in about 13 seconds and is cleared from the brain in a single circulatory passage. The smoker regulates nicotine delivery by the number, duration, and intensity of puffs.

Nicotine binds to acetylcholine receptors in the brain. Nicotine acts on the area that regulates vigilance, arousal, concentration, and stress reactions, causing the smoker to be more alert. It also acts on the brain's "pleasure center" of limbic system, creating a dependence cycle.

Nicotine also affects other organs. It activates the sympathetic nervous system, resulting in increased heart rate and blood pressure. Nicotine decreases high density lipoprotein and increases low density lipoprotein, which may affect cardiovascular disease risk.

Nicotine causes a rise in vasopressin, which improves memory. Women who smoke have lower estrogen levels, possibly resulting in earlier menopause and increased risk of osteoporosis.

Nicotine increases the metabolic rate. This phenomenon lasts for 6-12 months after one quits smoking and can lead to weight gain.

Many smokers report withdrawal symptoms. These can include irritability, frustration, anger, anxiety, difficulty concentrating, restlessness, cravings, decreased heart rate, increased appetite or weight gain. These can interfere with daily activities at home and at work. Nicotine replacement is a link that can be very helpful. It often increases the success rate of cessation.

Nicotine Replacement Options

Nicorette® Gum - in available over the counter in 2 mg and 4 mg strengths. Nicotine gum does not provide a bolus of nicotine to the system like a cigarette, but a smoker can regulate the amount of nicotine by how often they chew the gum. It works best if the user uses a set schedule to chew their gum rather than haphazardly. Treatment is usually for 2-3 months followed by weaning for 2-3 months. Adverse effects are rare but have been reported to include mouth irritation, sore jaws,

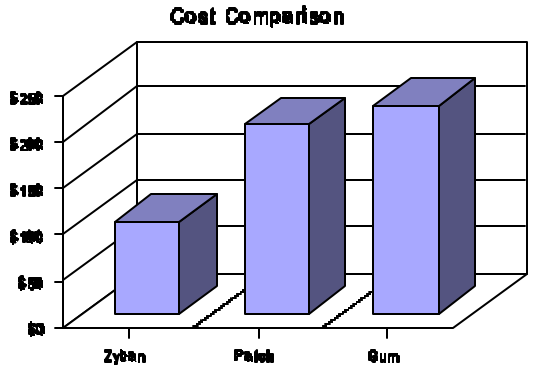
heartburn, and nausea. The user should be instructed to follow the label as to the how and when to chew the gum.

Nicotine transdermal patches - In early clinical trials, nicotine patches provided twice the success rate of cessation by the end of treatment as did those treated with a placebo (Glaxo-Wellcome, 1997). The typical treatment regime is four weeks using the patch at full dosage then two weeks at decreasing doses. The advantage of using the patch is that it is once a day treatment. The only reported side effect is skin irritation. The FDA guidelines for use state that this item should be used as part of a comprehensive behavioral smoking cessation program.

Nicotine Nasal Spray - Nicotrol®NS™ delivers about 0.5 mg of nicotine per spray. The spray is rapidly absorbed through the nasal mucosa membranes. This product should be used not more than five times per day for three months. Reported side effects include irritation to the nasal mucosa and a runny nose.

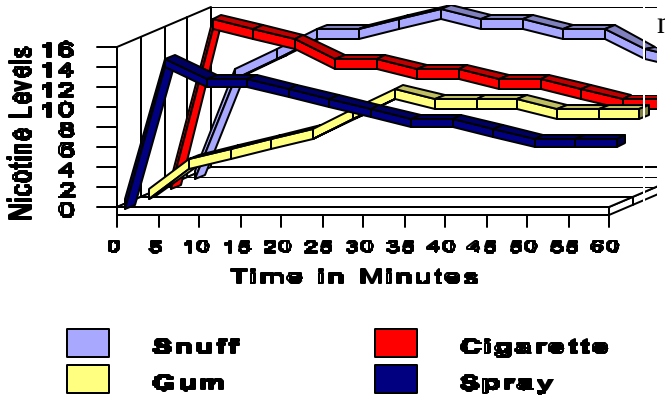
Zyban® (bupropion HCL) - A sustained-release nicotine-free tablet designed to be used in conjunction with a comprehensive smoking cessation program. Zyban® is not recommended for those with seizure disorders, those on Wellbutin®, MAO inhibitors, or other medications containing bupropion HCL. It is not recommended for those who are breast-feeding or pregnant.
For smoking cessation use, 300 mg/daily should be divided into two doses - 150 mg twice daily. The most common side effect is dry mouth and insomnia. Zyban is about $100.00 per month.

Cost Comparison



Information provided by Glaxo-Wellcome based on Seven week therapy programs. A pack of cigarettes are about $2.25 - that's $821.25 per year for cigarettes! A replacement program is a far better investment in your future.

Serum nicotine levels vary with use of different types of nicotine.



Smoking Cessation is a process. If the learner knows what to expect from the smoking cessation process, they are more likely to stick to the program and cope with their symptoms. This is a major step in their life and it involves certain stages of behavior change. According to experts there are five stages. These are Pre-contemplation, Contemplation, Preparation or Action, and Maintenance. (See page 14).

During the **Pre-contemplation phase** there is personal and environmental stress, public information is obtained, the student learns about risks, addiction, acceptability, being a good example, is concerned about dependence, negative images, and about the physician's warning to quit smoking/chewing/dipping. This is the *information seeking phase*. There is little concern about making a change yet. This is where smokers demand their smoker's right. Their consciousness is rising and the smoker is seeking the right thing to do.

During the **Contemplation Phase,** the cost of smoking/dipping/chewing is researched, they pay attention to media information, social pressure is evident, and they search out nicotine replacement modalities, self-help programs and how to quit information. There is intent to change. There may be short term success.

During the **Preparation phase,** the smoker is ready to learn new skills and make a plan to quit tobacco use. Action may be taken but not always on a regular basis. They are making small changes.

During the **Action Phase**, the tobacco user is monitoring their progress, substituting good habits for bad ones, being assertive, rewarding their efforts. This is when relapse is the greatest risk!

During the **Maintenance Phase** the tobacco user is then able to maintain for six months or more. They are confident, using support groups, and focused on the advantages of not using tobacco.

A list of **coping strategies** and common situations which may trigger tobacco use is provided on page 22. Review this list and ask for additions that your learner's may use. Discuss among the group what triggers are prevalent and what coping strategies might work Page 23 is useful for writing triggers and what coping mechanism may be useful.

A **Tobacco Use Diary** is provided. This may help identify cues that trigger tobacco use. By writing down each time tobacco is used, the activity, level of desire and why, the smoker may identify triggers. This is useful for the doctor or nurse to discuss behaviors and suggest tips to change.

STAGES OF BEHAVIOR CHANGES

Stage	Characteristics	Process Needed
Pre-contemplation	Not thinking of making a change at this time Possibly very resistant to change; defensive May not be aware of the benefits of change	Consciousness rising Helping relationship Social liberation
Contemplation	Intending to change Has some knowledge of the negative consequences or advantages to change Costs outweigh benefits May not know how to get started Low self confidence Few behavioral skills Probably in contemplation a long time	Monitor yourself Identify triggers that help cause behaviors Self reevaluations, i.e., will losing weight increase your self esteem? Stop and reflect before you do the behavior Increase the pros
Preparation	Ready to learn new skills and make a plan Are taking action but not on a regular basis Making small changes Pros and Cons are pretty balanced	Create a plan of action Commitment Go public Seek support Decrease your perception of cons
Action	Meeting the criteria for behavior change Are monitoring your progress At greatest risk for relapse!	Substitute healthy behaviors for problem ones Be assertive Environmental control Reward yourself Don't become overconfident
Maintenance	Sustaining change Have been able to maintain criteria for action for at least 6 months Feel confident about your new behavior Focusing on advantages	Continue your commitment Don't forget where you came from Be honest with yourself Support groups

Tobacco Cessation Patient Information

Date and Time:
Age: Height: Weight: Male/Female
Smoking/Chewing History: ___packs per day X ___years or _____chew per day X _____years
Medical History: Any history of: _____ MI (heart attack) _____ Arrhythmia (irregular heartbeat) _____ Angina(chest pain) _____ Hypertension (High Blood Pressure) _____ Other
Any Respiratory Problems: _____ Shortness of breath _____ Cough or bronchitis _____ Emphysema or COPD (lung disease)
Any other illnesses? _____ Cancer, if so where? _____ _____ Migraines (severe headaches) _____ Ulcers in the stomach _____ Seizures _____ Depression
Other Family History:
Current Medications: 1._____ 2. _____ 3. _____ 4. _____ 5._____ 6. _____ 7._____
Drug/Food allergies:
Females: Any chance that you may be pregnant?
OBJECTIVE DATA:
Blood Pressure: ____/_____ Pulse: _____
Attitude toward Cessation of tobacco: _____Ready to quit _____ Not ready to quit
Readiness/Motivation to learn: _____Low _____Moderate _____High
Assessment Notes:

TOBACCO CESSATION PROGRAM
FAGERSTROM TEST FOR NICOTINE DEPENDENCE

Date:

Questions:	Answer	Points
1. How soon after you wake do you smoke your first cigarette?	a. Within 5 min	3
	b. 6-30 min	2
	c. 31-60 min	1
	d. After 60 min	0
2. Do you find it difficult to refrain from smoking in places where it is forbidden e.g. in church, library, movies, etc.?	a. Yes	1
	b. No	0
3. Which cigarette would you hate to give up the most?	a. First one of the morning	1
	b. All others	0
4. How many cigarettes a day do you smoke?	a. 10 or less	0
	b. 11-20	1
	c. 21-30	2
	d. 31 or more	3
5. Do you smoke more frequently during the first hours after waking than during the rest of the day?	a. Yes	1
	b. No	0
6. Do you smoke if you are so ill that you are in bed most of the day?	a. Yes	1
	b. No	0

Score:	Level of Dependence:
0-2	Very low

3-4	Low
5	Medium
6-7	High (heavy)
8-10	Very high

OFFICE RECORD

Circle one: Quitter Stop on their own Will quit later Will decrease Unsure

No - will not quit Did Not Ask Stopped with help of a course

Name: _____ Phone: (H)_____ (W)_____

Address_____Sex: M/F Age: _____

Smoking History: Type: Filter:_____ Non-filter: _____ Brand: _____ Years: _____
Chewing history: Type: _____ Number of times per day: _____ for how long: _____
Every quit before? ____ for how long _____
Current Diseases:

Other in home that smoke: # of_____Smokers # of _____nonsmokers # of _____children
Comments:

_____

_____

Date	Amt smoking	Who educated patient	Attitude toward quitting	Plans

TOBACCO USE RECORD

Directions: Rate each cigarette/chew on a scale of 1 to 5.
1= you can take it or leave it without a problem
5= a cigarette/chew that would be extremely difficult not to use

Time	Activity	How I feel	How badly I want this cig/chew
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5

			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5

Date: _____ Day of the Week: _____ Number packs/tins: _____

LIKES and DISLIKES

Why I like Tobacco	Why I dislike Tobacco

Session Three: Quitting Effectively

Quitting the use of tobacco may be one of the hardest things your learner has had to do. Nicotine dependence is basically the chemical phenomenon that keeps smokers smoking. Inhaled nicotine gets to the brain in about 13 seconds and is completely cleared from the brain in one passage.

Doctor Karl-Olav Fagerstrom developed a test for nicotine dependence. Helping a patient quit smoking requires accurate identification of the problem, development of an individualized management plan and careful follow-up of the patient's response to treatment. Tools such as the Fagerstrom Test for Nicotine Dependence help the doctor learn about the patient's smoking habit and then to develop an effective treatment plan. The test is simple and is designed to estimate the patient's degree of nicotine dependence. The test has a scoring range of 0 (minimal addiction) to 11 (maximum addiction). Smoking the first cigarette within 30 minutes of waking and smoking brands with a nicotine level of 1.3 mg or higher are indicative of higher degrees of nicotine addiction. Other signs of hard-core addiction are using smokeless tobacco early in the morning, when it is hard to go more than a few hours without tobacco. When there are cravings for tobacco. When you no longer get sick or dizzy after a dip of smokeless tobacco - you are addicted! Smokeless tobacco is just as addicting as cigarettes. They both contain nicotine, a highly addictive drug.

The best way to quit is to set a **"Quit Date"**. Quitting on the spur of the moment is harder for many people. Even quitting "cold turkey" is easier with a plan. Quitting has to be something you want to do. The learner needs to research their feelings about tobacco. Pages 18 and 22 have forms to complete regarding feelings about tobacco. Instruct the learner to complete page 18, listing the reasons why they like and dislike tobacco. This can be difficult to write for someone who isn't sure they want to quit. It can also be the catalyst to move someone forward.

Pick a "Quit Date". This gives the learner time to get ready. It gives them time to cut back by tapering the number of chews or cigarettes taken each day. It allows time to switch to a lower nicotine tobacco if desired. There is no "ideal" time to quit, but some times are better than others. Low stress times are better. **Page 22** contains a list of coping strategies for quitting. Space is allowed for the learner to write in their own cue to use tobacco. Some ex-tobacco users recommend picking three triggers or causes (situations) that entice one to use tobacco. These should be the first three times to choose **not** to smoke or chew. This may be very hard at first. Instruct the learner to watch what other non-smokers do during their times of stress. This may give them some ideas of substitutes. There is no safe way to use tobacco! The goal is cutting back and quitting.

Before "Quit Day" instruct the learner to let their friends, family and coworkers know that they are quitting. Warn them that they may be edgy; ask for their help in maintaining tobacco free.

Instruct the learner to get rid of all tobacco products the night before "Quit Day". This way there is no temptation to use tobacco. Instruct the learner to stock up on alternatives - carrots, gum, candy, toothpicks. Also keep the substitutes in the same place they kept their tobacco.

COPING STRATEGIES

Common Situations which cue tobacco use

Finishing a meal
Getting ready for an appointment
Drinking coffee
Waiting
Driving a car
Talking on the phone

At the end of the workday
A stressful situation
On a break at work
A boring situation
At a party
Watching TV
Watching someone else smoke
Sight of a cigarette ad
When feeling restless
When feeling cooped up
In a relaxed situation
While listening to music
While reading
After sexual activity
When having a drink
Add your own examples:
_____
_____
_____
_____
_____

Helpful Coping Strategies

Throw away all tobacco products
Remove ashtrays
Avoid smoking places
List places to go where smoking is
Not allowed
Refer to yourself as an ex-smoker

Set aside money formerly spent on
Tobacco for a reward
Play with your car keys
Chew sugarless gum
Doodle
Take a walk
Practice relaxation techniques
Exercise
Rearrange your schedule
Change office/room assignments
Drink different beverages
Ask for nonsmoking sections
Add your own examples:
_____
_____
_____
_____
_____
_____
_____

TRIGGERS TO SMOKING/CHEWING AND COPING TECHNIQUES

Directions: List triggers that make you smoke or chew tobacco in the left column and the appropriate coping skill in the right column.

Trigger	Coping Mechanism

Session Four: Maintaining a Tobacco Free Life Style

Make “Quit Day” a very special day. Instruct the learner to change the daily routine. Changing the order of the day makes, quitting seem like just another change in the day. Keep busy and active. Instruct the learner that withdrawal symptoms are strongest the first week after they quit. There may be an urge to dip or chew cravings for foods, irritability, tenseness, restlessness, trouble concentrating, constipation or irregularity**.** Instruct the student to try to wait out the cravings. Deep breathing exercises may help ease the tension. Walking is an excellent exercise to decrease the stress. Gum or snacks may be helpful. Going easy on themselves is a must. This is a very noble thing to do and it is not easy. Adding fiber to the diet will help with the constipation. Drinking juices or eating low calorie snacks like apples, oranges, gums or candies may help.

After the first week the withdrawal symptoms will ease. Food will taste better, the confidence will be high. However, temptation may be around the corner. Avoiding places when you use to smoke or dip will be helpful. Encourage your learners not to slip - but if they do it is not the end of the world. Encourage them to get back with the program. Don’t let guilt override their success. A slip does not mean failure. The learner needs to identify why there was a slip and how to better manage the situation again Lapses happen. It is important to plan for high-risk situations. If there is a lapse:

1. Quit tobacco use immediately.
2. Think about what happened and how to avoid it happening again..
3. Recognize that there was a problem.
4. Learn from the mistake and start again

References

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CDC TIPS - Non-Government Organizations that provide information and materials about smoking and health. Http://www.cdc.gov/nccdphp/osh/ngovorgs.htm

CDC - Stop the Sale; Prevent the Addiction - Trends in Tobacco Use among Youth Fact sheet
CDC - Stop the Sale; Prevent the Addiction - Tobacco Sales to Youth Fact sheet
CDC - Stop the Sale; Prevent the Addiction - Smokeless Tobacco: A Dangerous Alternative Fact sheet
CDC - Stop the Sale; Prevent the Addiction - Nicotine Addiction in Adolescence Fact sheet
CDC - Stop the Sale; Prevent the Addiction - Health Effects of Smoking among Young People Fact sheet

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Additional Resources

American Cancer Society - http://www.cancer.org or call 1-800-227-2345

American Lung Association - http://www.lungusa.org/ or call 1-800-247-6303

American Academy of Pediatrics - http://www.aap.org/

American Academy of Otolaryngology - http://www.entnet.org

American Medical Association - http://www.ama-assn.org or call 1-800-621-8335

Association for Research in Otolaryngology - http://www.aro.org

Baylor College of Medicine - http://www.bcm.tmc.edu/

Centers for Disease Control - http://www.cdc.com

Coalition on Smoking OR Health, 1150 Connecticut Avenue, NW- Suite 826, Washington, DC (202)452-1184

Department of Health and Human Services - FDA - http://www.fda.gov/

GlaxoSmithKline - http://gsk.com

Government Printing Office - http://www.access.gpo.gov/su_doc/aces/aaces002.html

Habitrol® Novartis Consumer Health: http://novartis.com or call 1-800-452-0051

Library of Congress- Legislative Branch - http://lcweb.loc.gov/global/legislative/congress.html

National Cancer Institute - Cancer Information Service – 1-800-422-6237

National Health Information Center - http://nhic-nt.health.org/

National Institutes of Health - http://www.nih.gov/

National Library of Medicine - http://www.nlm.nih.gov/

NicNet - http://tobacco.arizona.edu

Nicoderm®, Nicorette®: http://www.sb.com/ or call Smith Kline Beecham Consumer Health Care 1-800-834-5895 or 1-800-419-4766
Nicotrol®NS®: http://centerwatch.com/drugs/DRU141.htm or call McNeil Consumer Products 1-800-962-5357 or http://nicotrol.com

Nicotine anonymous - http://rampages.onramp.net/~nica

Marion Merrell Dow Committed Quitter Program call 1-800-NICO DERM (for patients) or 1-800-TELL ME HOW (to get information)

Office on Smoking and Health
Centers for Disease Control
1600 Clifton Road, NE
Mailstop K50
Atlanta, GA 30333
1-800-232-1311

Oncology Nursing Society - http://www.ons.org/

Prostep™ call Wyeth-Ayerst Lederle Laboratories
1-800-934-5556

The QuitNet! - http://www.quitnet.org

The Nursing Center on Tobacco Intervention - http://www.con.ohio-stat.edu/tobacco

The Society of Otolaryngology-Head and Neck Nurses, Inc. - http://www.entnet.org/SOHN/

TIPS (Tobacco Information and Prevention) - http://www.cdc.gov.nccdphp/osh/tobacco.html

World health Organization - http://www.who.ch/