

Three Topics: Integrating Tobacco Conversations into Existing Groups

1. Theme: Personal Experiences with Smoking/Quitting

- a. **Goal:** Helping people feel safe talking about tobacco
- b. **Strategy:** Open with a general, non-threatening statement or question such as:
 - i. “Did you know that many of your health providers are afraid (or nervous) to ask you about your tobacco use?”
 - ii. “If you were to talk with someone about your tobacco use, what would you need from that person?”
 - iii. Imagine waking up one morning and no one is trying to convince you to quit smoking. Not your family. Not your doctor. Not your friends. You only have to worry about how you feel about your tobacco use. You don’t have to explain it or justify to anyone. Just you. What would that be like? How does it make you feel about your smoking?
 - iv. Imagine waking up one morning and the urge to use tobacco has completely disappeared. You wake up and you remember that you used to smoke but you have no urges, thinking about smoking doesn’t make you feel like you miss it, no cravings or desire. When you see others smoking, you do not even feel a little bit tempted to smoke. It’s like watching someone do something that has nothing to do with you. What happened for you? Were you able to imagine it? How did it feel?
- c. **Suggestions:** Welcome all comments, even from those who have no interest in quitting. It can be helpful to ask about any previous quit attempts which can help to gently guide the conversation to discussion of motivation, confidence, and the challenges of quitting. Do not push to include any specific talking points, but watch for opportunities to share the following:
 - i. You don’t need to 100% want to quit to be able to quit
 - ii. Each time you try to quit, your chances for success get better, not worse.
 - iii. The Maine Tobacco HelpLine is a free counseling service and can offer up to 8 weeks of free over-the-counter NRT (patch, lozenge or gum)
 - iv. It’s ok to try NRT even before you quit smoking (pre-quit use of NRT is safe)
 - v. It’s ok to try combination NRT (patch with the gum; patch with the lozenge).
 - vi. It is ok to try to quit smoking while you are also recovering from other addictions.

2. Theme: Why is it so Hard to Quit Using Tobacco?

- a. **Goal:** Increase awareness of the dynamics of addiction; to discuss the importance of getting help.
- b. **Strategy:** Ask people to share their experiences with any attempts to quit – or why they may not feel confident about even trying to quit. Talking points may be:
 - i. Withdrawal and how smoking eases the discomfort of withdrawal
 - ii. How connected smoking is with daily activities (like waking up or eating) and how urges and cravings can come up
 - iii. Anxiety and/or stress: The connection people make with smoking as a stress-reliever
 - iv. Identity: feeling like you wouldn't be you without a cigarette; like the death of a part of you.
 - v. The constant feeling of having to defend one's smoking (even if you basically do want to quit)
- c. **Suggestion:** Consider passing out "readiness rulers" or asking people, "on a scale of 0-10 how motivated are you to quit tobacco? And on a scale of 0-10, how confident are you that if you tried to quit, you would succeed?"
- d. **Suggestion:** As people share their feelings and thoughts about their tobacco use, ask them to consider how their thoughts (self-talk) about their smoking helps to keep them stuck in the addiction.
- e. **Suggestion:** Do not push to include any specific talking points, but watch for opportunities to share the following:
 - i. Addictions are baffling and they "lie to us in our own voice"
 - ii. Thoughts of life after any addiction are scary. The addiction wants us to believe that we cannot live without it.
- f. **Alternate Strategy:** use of PowerPoint "Thinking about Quitting Tobacco" part 1, "the Addiction"

3. Theme: Help with Quitting

- a. **Goal:** Increase awareness of resources to help with quitting, such as MTHL, medications, and this group
- b. **Strategy:** Ask people what they have tried. Explore each method, validating each even if not "evidence-based"
 - i. Medications: note that misconceptions medications often stem from three causes
 - 1. Not being used correctly. Review correct use of gum (not chewed like regular gum) and Lozenge (let it dissolve slowly)
 - 2. Not receiving a large enough dose (can use more than one product)
 - 3. Unrealistic expectations. Medications make quitting easier but not easy. They help but are not magic. Don't make you want to quit. Still have to deal with feelings, thoughts and triggers.

- ii. Did you know?
 1. It's ok to try these even before you quit
 2. It's ok to use some of these in combination (gum plus patch, lozenge plus patch, NRT plus bupropion)
 - iii. The Maine Tobacco HelpLine
 1. Gives out free medication to eligible callers
 2. Free, friendly, confidential and convenient
 3. 4-call program
 - iv. Talking about quitting with your counselor and/or this group
 1. Reinforce that discussion of their tobacco use is an appropriate use of this group as well as any 1:1 counselor time
 2. Ask permission to share that quitting tobacco can actually strengthen their recovery from other substances though there are risks as well as benefits.
 - a. Ask: what are your thoughts about how quitting tobacco could enhance or strengthen a person's overall recovery?
 - b. Ask: what are some of the risks?
 - v. If other, non-evidence based strategies and/or products are raised (such as ENDS, acupuncture, hypnosis, "cold turkey", etc.)
 1. Ask about their experience
 2. Validate their creativity and motivation
 3. If you have concerns, ask permission to share some information that might be helpful for those thinking of this to consider
- c. **Alternative strategy:** use of PowerPoint "Thinking about Quitting", part 2 "Breaking the Chains of Addiction"