nicotine replacement therapy for young smokers

smoking cessation toolkit for young people

a toolkit for practitioners

a practical guide for smoking cessation & young people compliant with the national minimum data set
## Contents

2. **CONTENTS**

4. **ACKNOWLEDGEMENTS**

5. **BACKGROUND**
   5. Why is an NRT Based Cessation Toolkit Needed for Young People?
   6. Overview of Youth Cessation
   7. Lessons from the Pilot Programme in Scotland

8. **A MODEL FOR YOUTH CESSATION**
   8. Maudsley and Young People
   9. About this Toolkit
   10. The Referral Process
   12. Recruiting Young People into your Cessation Service

13. **CESSATION SUPPORT FOR YOUNG PEOPLE**
    13. Cessation Support
    13. Desirable Skills
    13. Running a Group

15. **PROGRAMME**
    15. Some Points to Consider
    16. Young People and their Tobacco Use
    16. Cannabis
    17. Young People and Cannabis
    17. Quitting Cannabis

18. **ALTERNATIVES TO GROUP SUPPORT**
    18. One to One Support
    18. Text Message Support
    19. Pharmacy Services

20. **NICOTINE REPLACEMENT THERAPY (NRT)**
    21. Good Practice
    22. NRT Products

23. **NATIONAL MONITORING**
    23. Minimum Data Set
    23. Paperwork
    23. Other Outcomes
    24. Carbon Monoxide Monitoring

25. **7 WEEK PROGRAMME**
    25. Guidance Notes
    25. Week 1 – Introduction & Preparation Week
    25. Week 2 – Information & Preparation
    30. Week 3 – Quit Week!!
    31. Week 4 to 6 – Group Support
    32. Week 7 – Preventing Relapse & Looking Ahead
    33. Beyond Week 7...

34. **APPENDICES**
    34. Appendix 1: Client Questionnaire
    35. Appendix 2: Client Consent Form
    36. Appendix 3: Client Record Card
    37. Appendix 4a: End Of Group Classification
    38. Appendix 4b: Classification Guidance Notes
    39. Appendix 5: Youth Referral Pathway
    40. Appendix 6: Text Message Support
    41. Appendix 7a: Brief Interventions
    42. Appendix 7b: Brief Intervention Flowchart
    43. Appendix 7c: Brief Interventions Guidance Notes
    44. Appendix 8: Marketing Materials
45. HANDOUTS
45. Handout 1: Nicotine Dependence Questionnaire 1
46. Handout 2: Nicotine Dependence Questionnaire 2
47. Handout 3: Referral Form
48. Handout 4: NRT Contract
49. Handout 5: Weekly Checklist
50. Handout 6: One to One
51. Handout 7: NRT Advice Sheet
54. Handout 8: Stages of Change
55. Handout 9: Stages of Change
56. Handout 10: Reflective Staircase
57. Handout 11: Carbon Monoxide Staircase
58. Handout 12: Quitting Diary
59. Handout 13: Group Agreement
60. Handout 14a: Importance/Confidence Ladder (Guidance Notes)
61. Handout 14b: Confidence Ladder
62. Handout 15: The Four Whys Exercise
63. Handout 16: Am I Ready to Stop Smoking?
64. Handout 17: Feelings About Quit Day
65. Handout 18: My Stop Smoking Diary
67. Handout 20: Coping
68. Handout 21: Coping
69. Handout 22: Discussion about Coping
70. Handout 23: Quitting
71. Handout 24: Quit Chart
72. Handout 25: Withdrawal
73. Handout 26: Discussion - Nicotine Dependence
74. Handout 27: Maintenance
75. Handout 28: Relapse
76. Handout 29: What about the Future?
77. Handout 30: People Bingo
78. Handout 31: Truth or Lie Game
79. Handout 32: Smoking Wordsearch
80. Handout 33: CSI – Glasgow
81. Handout 34: Fact or Myth?

82. USEFUL RESOURCES
83. TOOLKIT REFERENCES
Acknowledgements

This toolkit was developed by Glasgow Community Health Partnership (CHP) Northwest Sector, on behalf of NHS Greater Glasgow & Clyde (NHSGG&C) Youth Tobacco Action Group.

Funding for this project was secured from the Tobacco Prevention Fund administered locally by NHSGG&C Smokefree Services.

We would like to express our thanks to the many who contributed to this project, especially the following:

- East Renfrewshire Community Health Care Partnership (CHCP), Hazel Ann McWhirter and the young people involved in Clarkston Smoking Initiative
- NHSGG&C Youth Tobacco Action Group members
- Urban Fox Project and Northeast Glasgow Sector www.urban-fox.org
- NHSGG&C Smokefree Services
- Scottish Tobacco Control Alliance (STCA) Youth and Tobacco Forum members
- Pupils from Springburn Academy and John Paul Academy
- Youth Health Service in Maryhill www.yhs-ng.co.uk
- Nicola Mathieson, Sarah Duncan, Sarah Neilson and Geri Lucas for their substantial input

Contact
Robbie Preece
Health Improvement Senior - Tobacco
Carol Beckwith
Health Improvement Practitioner - Tobacco
Glasgow CHP Northwest Sector
Gartnavel Royal Hospital
Modular Building
1055 Great Western Road
Glasgow, G12 0XH
Tel: 0141 232 2110
Email: robbie.preece@ggc.scot.nhs.uk
Email: carol.beckwith@ggc.scot.nhs.uk

Copies of this Toolkit will be available on Smokefree Services website: www.nhsggcsmokefree.org.uk
Background

WHY IS AN NRT BASED CESSATION TOOLKIT NEEDED FOR YOUNG PEOPLE?

Despite a significant reduction in overall smoking rates in Scotland in recent years, smoking remains the single biggest cause of preventable premature death. This has a cost implication to the Scottish economy of £837 million each year and in excess of £409 million each year to the NHS in Scotland.

Most recent statistics include:

- Between 1996 and 2008 the number of 15 year olds smoking in Scotland fell from 30% to 15%
- The majority of Scottish 15 year olds have said that they have never smoked a cigarette
- More girls than boys smoke – 16% of 15 year old girls compared to 14% of 15 year old boys are regular smokers
- Scotland compares favourably to other European countries for smoking prevalence in boys but less favourably for prevalence in 15 year old girls

Although overall smoking rates in 13 to 15 year olds shows a general downward trend, this is not reflected in the 16 to 24 age group where the overall trend is less clear. It is still estimated that in Scotland, approximately 15,000 young people between the ages of 13 and 24, take up smoking each year.

YOUNG PEOPLE NEED TO QUIT

The vast majority of smokers take up the habit as teenagers and many young people who smoke will continue to smoke for the rest of their lives. Studies have suggested that children who smoke are more likely to report poor academic performance, be more pessimistic about the future, dislike school and have an unhealthy diet. Smoking has also been associated with the use of alcohol and illegal drugs.

The earlier people start, the more likely they are to smoke longer and to die early as a result of smoking. A child who starts smoking at 14 or younger is 4 times more likely to die of lung cancer than someone who starts to smoke at age 25 or over and 15 times more likely to die as a result of lung cancer than someone who never smokes. It is also known that 82% of adult smokers start smoking in their teens.

Young people are one of the 3 priority groups for smoking cessation services highlighted by the Scottish Executive, with specific targets set for reducing prevalence among young people. These are to:

- Reduce the level of smoking amongst 13 year old girls from 5% in 2006 to 3% in 2014
- Reduce the level of smoking amongst 13 year old boys from 3% in 2006 to 2% in 2014
- Reduce the level of smoking amongst 15 year old girls from 18% in 2006 to 14% in 2014
- Reduce the level of smoking amongst 15 year old boys from 12% in 2006 to 9% in 2014

The Scottish Government aims to reduce the level of smoking amongst 16 to 24 year olds from 26.5% in 2006 to 22.9% in 2014.
YOU NG PE OPL E W A NT TO QUIT

The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) survey of 23,000 Scottish 13 and 15 year olds found that 70% of the regular smokers had already tried but failed to give up. By their late teens, most regular smokers do not see themselves as addicted to nicotine, with many believing they are still in control and could stop if they wanted to.

Surveys suggest that the majority of 11 to 16 year olds who are regular smokers want to give up and are willing to seek help to do so.

Surveys also show that whilst recognising the health hazards, some young people smoke as a means of coping with anxiety, controlling weight or creating a positive self-image and identity. The main perceived positive effect of smoking for young people is that it ‘helps people relax if they feel nervous’.

YOU NG PE OPL E C AN QUIT

Smoking cessation services are aimed primarily at adults, and it is unlikely that these services will be suitable for young smokers. Although the evidence for effective smoking cessation interventions for young people is limited, there is little experience in the UK of setting up and running such interventions; evidence from surveys indicate that a majority of 11 to 16 year olds who are regular smokers want to give up and are willing to seek help to do so.

“...I do want to stop smoking, but it’s really hard...”

Secondary school pupil, 15, Glasgow

O V ERVI EW O F YO UTH C E SSATION

It is clear from current research that there is no single reason that explains why young people take up smoking. This is illustrated in the 2006 report Towards a Future Without Tobacco, where factors that influence youth smoking are described.

As young people are one of the 3 priority groups for smoking cessation services highlighted by the Scottish Executive and in line with the current recommendations to the Scottish Government from Action on Smoking and Health Scotland, it is necessary to “create a supportive environment for smokers who want to quit”.

Despite the fact that the current evidence for the effectiveness of cessation work with young people is weak, public health guidance from National Institute of Health and Clinical Excellence recommends that:

“...NRT should be used with young people aged 12 to 17 at their request and where there is evidence of nicotine dependence.”

National Institute of Health and Clinical Excellence
NICE have also recommended that the use of Nicotine Replacement Therapy (NRT) in this age group should be part of a supervised regime with available intensive support in order to encourage adherence.16

A trial in the U.S. showed that when 13 to 17 year olds used either the NRT patch or gum, it was effective in decreasing the number of cigarettes smoked.17

Whilst youth smoking has been identified as a priority, it is clear that there are still a number of gaps in provision in the NHSGG&C Health Board area. After an extensive mapping exercise it is clear that cessation provision for young people in the NHSGG&C Health Board area is still in its infancy.

LESSONS FROM THE PILOT PROGRAMME IN SCOTLAND

The Young People and Smoking Cessation Pilot Programme in Scotland highlighted key points for consideration for designing and delivering NRT based youth cessation services.18

In April 2002 NHS Health Scotland and ASH Scotland funded a major programme of eight pilot cessation projects, which aimed to engage with young people who wanted to quit smoking and to identify acceptable and potentially effective approaches to help them quit. Settings included a youth offender institution; formal and informal youth venues; a hospital maternity service; college, school and community venues and the World Wide Web.

The main aims of the pilot programme were:

- To identify acceptable and potentially effective approaches to help young smokers to quit
- To enhance the knowledge, skills and confidence of young people to support future attempts to quit smoking19

LEARNING POINTS:

The outcomes of the Scottish pilots suggest that for a youth cessation service to be as effective as possible it should be:

- Person-centred
- Flexible, but set within the parameters and resources of the service
- Engaging available expertise in youth work and tobacco
- Develop and establish strong and effective referral systems
- Raise the profile of tobacco harm
- Be mindful of the many competing commitments and interests of young people
- Be aware that some young people may use cannabis in conjunction with tobacco
- Seek to increase young peoples’ motivation for stopping smoking
- Address staff training needs
- Maintain quality and consistency of support as much as possible
- Ensure a confidential service that respects the rights of young people
- Make sure that the location and access to the service is as practical as possible
- Make sure that the minimum data set is recorded as well as recording any other indicators or outcomes that have been agreed
- Be aware of the problems of working within set timescales, especially in school settings, when working with young people
- Understand the complexity of addiction, dependence and motivation
- Be aware that for young people, motivation may not be consistent and may change from week to week
MAUDSLEY AND YOUNG PEOPLE

NHSGG&C use a 7 week withdrawal orientated group approach developed at the Maudsley Hospital in London, and referred to in this document as the Maudsley model.

As previously mentioned, it is a requirement that any cessation work must be delivered by cessation trained advisors, and this is the case for cessation work with both adults and young people.

The Scottish Pilot Programmes highlighted difficulties in using a rigid model when working with young people, however as Maudsley relies on a closed group structure it therefore fits well with many youth settings.

Group work with young people will present different issues to those encountered when working with adults. Examples of issues might include friendship groups, gender, numbers and time constraints.

A flexible approach is necessary when delivering cessation support to young people due to the changing nature of their smoking patterns. The Maudsley model, used by the adult cessation service, does not always allow for flexibility and this was highlighted in the Scottish Pilot Programmes.

It is important that a service model is developed for youth cessation which is informed by best practice from the adult cessation service, the Scottish Pilot Programmes and from research findings.
ABOUT THIS TOOLKIT

AIM OF THIS TOOLKIT

This toolkit is designed to support local smoking cessation services to create capacity to offer cessation support to young people.

The toolkit is specifically designed to support compliance with the National Minimum Data Set (MDS) which Scotland’s Health Boards use to monitor cessation services jointly with the Information Services Division.

WHO IS THIS TOOLKIT FOR?

This toolkit enables any NHSGG&C trained smoking cessation advisor to deliver an intervention that supports a young person’s quit attempt.

It is recommended best practice that cessation advisors complete NHSGG&C’s Young People and Tobacco training and have a degree of youth work skills in order to deliver appropriate cessation inputs to young people.

INTENSIVE SUPPORT GUIDANCE

This toolkit will provide guidance for trained cessation advisors who want to provide NRT based support to a young person whether that is as part of a stop smoking group or on a one to one basis. The toolkit can be used to provide structure and direction to develop flexible programmes for delivery in your area.

Recent findings indicate that a key factor in determining the success of a smoking cessation programme for young people is the degree to which the programme engages them with emphasis on how the programme is delivered as well as on the content.21

The guidance protocol outlined in this document has been informed by best practice from the adult cessation service and the lessons and findings from research and the Scottish Pilot Programme.22 It is based loosely on the Maudsley 7 week approach and uses this as a template for structuring youth cessation support.

For any other staff who are not cessation trained that would like to be able to offer brief advice, the toolkit provides information on how to raise the issue of smoking and carry out Brief Interventions (see Appendix 7a to 7c for further information). The current training that is available is Raising the Issue of Smoking and this is available for anyone who wants to learn more about Brief Interventions. Information about this is available from:

Smokefree Services on 0141 201 4876 or email: sfstraining@nhsggc.org.uk

Further cessation training for youth workers will be available in the near future and information will shortly be available on ASH Scotland’s website at: www.ashscotland.org.uk/training/
It is important that partner organisations have a clear understanding of how to make appropriate referrals to youth cessation services. The relevant information that will be useful for the referral process can be found in both the Youth Referral Pathway (Appendix 5) and the Brief Interventions guidance (Appendix 7a to 7c).

The Youth Cessation Referral Pathway (Appendix 5) has been designed to give guidance to those wishing to support young people who express a desire to stop smoking. Following the pathway should result in more continuity and consistency of service across NHSGG&C.

**Youth Referral Pathway**

**YOUNG PERSON ‘UNDER 18’**

1. Identifies themselves as a smoker
2. Advises wants to stop smoking
3. Assess if young person is motivated to stop smoking

Is young person motivated to Stop Smoking?

**YES**

Contact the named youth cessation referral contact within post code area (e.g. Fill in local youth cessation Referral Form or call direct) or Call Smokeline on 0800 84 84 84.

Alternatively advertise web address (W-WEST, Smokefree Services) and phone number (Young Scot).

**OPTIONS FOR CH(C)P**

- Advisor to contact YP to arrange meeting
- Advisor to confirm meeting on day or day before scheduled meeting
- Advisor assesses young person’s nicotine dependence and motivation to quit
- Arranges further sessions if appropriate

- Named contact refers young person to locally trained facilitator based within youth health service or voluntary service in Young Person (YP) area.
- Facilitator contacts YP and arranges meeting.
- Facilitator to confirm meeting on day or day before scheduled meeting.
- Facilitator assesses nicotine dependence and motivation to quit.
- Arranges further sessions if appropriate.

- Paperwork to be completed at each contact.
- Completed paperwork to be sent to Smokefree services

**NO**

Advise support available if/ when ready to stop.
REFERRALS – SOME POINT TO CONSIDER

If a young person attends a group because they are motivated to stop smoking, the likelihood of a positive outcome is much greater. It is important that young people choose to attend a smoking cessation group because they want to make a quit attempt.

Young people who are referred to a youth cessation service must demonstrate a dependence on nicotine and also a motivation to quit.

A YOUNG PERSON NEEDS TO BE WILLING TO COMMIT TO A GROUP:

As well as feeling motivated to quit, it is vital that young people are prepared to make an effort to attend cessation support sessions in order to make a quit attempt. If a young person is caught smoking in school and directed towards a cessation group, they may not actually be willing to make a quit attempt but simply attends the group to avoid receiving a punishment exercise. Finding a way for the young person to demonstrate their commitment to attending a group might be to use an informal contract or agreement provided that they have not been pressurised to participate.

Young people of course can self refer to local services. As with adult services self referrals frequently represent the most highly motivated quitters and therefore self referral should be encouraged wherever possible. Marketing strategies should reflect the need to promote self referral.

A named youth cessation contact should be negotiated in local areas who will be able to signpost young people to an appropriate service. The youth cessation marketing materials BUTT OUT should be available in your area and they are included in Appendix 8 for reference.

In Handout 3 there is an example of a Client Referral Form that you may want to give to those who are referring into your service.
RECRUItING YouNgc PEOPLE INTO YOuR CeSSATION SERVICE

A common problem reported during the Scottish Pilot Programmes was that there was difficulty in enlisting young people into cessation programmes.

In order to raise the profile of Youth Cessation support available in your area, here are some suggestions for marketing and promotion:

• Outreach – visit smokers corner in schools
• Leaflets – distribute via class registration in school, youth organisations, youth health services, sports clubs, after-school clubs
• School – Personal & Social Education Lessons, class registration, school info-point screens, school health staff
• Texting
• Notice boards in schools, community centres, leisure centres, youth projects
• Posters
• Newsletters
• Referral box or drop-box
• Train teaching staff in brief intervention
• Prevention and education inputs in schools and youth projects
• Social networking
• Make links with other Health Improvement programmes

BuTT OuT materials are available from your local Smokefree Services co-ordinator (See Appendix 8).

TRAINING

Those who are referring into your service may benefit from receiving training in tobacco and related issues. Improving their knowledge and confidence to undertake brief interventions should have a positive impact on building capacity.

There are a number of training opportunities currently available from NHSSGC Smokefree Services.

These include:

• Raising the Issue of Smoking
• Young People and Tobacco
• Cannabis Training

For further information about training opportunities contact Smoke Free Services on 0141 201 4876 or email: sfstraining@nhsggc.org.uk
Cessation Support for Young People

CESSATION SUPPORT

Cessation support can be delivered in a group setting or on a one to one basis, regardless of whether the service is for adults or young people. Group support has been evidenced to be 4 times more effective in helping people to stop smoking.

This section provides guidance for practitioners about the practicalities of organising and running a youth cessation group and One to One sessions.

DESIRABLE SKILLS

Desirable skills of a youth cessation advisor:

- Good communication skills
- Good group work skills
- Knowledge of the rights of young peoples especially in relation to their right to confidentiality
- Youth work skills
- Knowledge of the cycle of change and its application in youth/tobacco settings
- Awareness of the reasons why young people smoke
- Having an holistic approach to young people making a quit attempt (awareness of other linked behaviours e.g. alcohol, drugs, relationships etc)
- Having good knowledge of current Child Protection policy

RUNNING A GROUP

Things to think about when setting up a cessation group for young people:

VENUE

Common settings that young people attend are:

- School, youth clubs, residential placements, accommodated care, college, university and workplace.

Whatever the venue you will need:

- Access to a private space with adequate room for the planned activities and for the One to One sessions
- Get the environment right – for example, if the group is in a school, will it be better with or without a teacher present? The environment should be relaxed enough that the young people feel they can openly discuss concerns

STAFFING

- You should always try to ensure that any staff in the setting are both supportive towards the young people who are motivated to make a quit attempt and that they fully respect a young person’s right to confidentiality
- The success of a group is heavily influenced by whether the young person trusts those who are providing the service
- You should have adequate staffing for the group – a minimum of 2 staff is recommended as giving one to one support and taking Carbon Monoxide (CO) readings can be time consuming
GROUP SIZE/MAKEUP

- Consider what the ideal number is for the group and whether you should decide on a minimum number before starting a group. A group size of between 8 and 14 young people is recommended with 10 being the optimum. If the group is too big it will be unmanageable and this could make it difficult for the group to work effectively.

- There are advantages and disadvantages of having a mixed group (age or gender). Staff who are working with your group of young people may be able to advise on this.

- There are advantages and disadvantages of having groups of close friends as this can help create a supportive environment for some but can also have potential for causing others to feel left out.

- For a young person not in a peer group, he or she may be isolated, lack support and face opposition.

- Young people may drop in and out of a fixed group. This may present difficulties with the consistency of the group.

- Having groups of ‘strangers’ can be problematic when transferred to groups of young people and they may be more talkative if they know someone else in the group.

GROUP DYNAMICS

Good dynamics in a group can foster good teamwork, positive conflict resolution, peer support as well as avoiding fewer cliques or solitary individuals. Things that influence group dynamics are individual needs, personality differences, age and gender differences as well as group resilience (how the combined strengths of the group compensate for the limitations of individuals).

Practitioners who have good youth working skills will be familiar with the challenges of youth group dynamics. However if a practitioner lacks experience in working with young people, working with other more experienced partners may be helpful.
SOME POINTS TO CONSIDER

This toolkit provides an outline of a 7 week programme and includes handouts as well as paperwork for the MDS.

- You will need to find a structure that works for the group while at the same time keeping it flexible in accordance with the broader needs of the individuals involved.
- Running a rigid 7 week programme may be unworkable due to the nature of a young person’s progress through the stages of change.
- You may need to consider whether to include more than two preparation weeks depending on how ready the young person is to quit. It will be advantageous for you if those referring into your service have done some preparatory work in the form of awareness raising and brief intervention. You may still need to spend some time working through some of the initial stages of change with a young person due to the changing nature of a young person’s readiness to change.
- In the first session, establish ground rules about what is acceptable behaviour and ensure that the group are in agreement with these.
- Plan how you can ensure that the paperwork is completed and the minimum data set collected. This must be a priority.
- Make sure you allow time for One to One sessions.
- Be mindful of time constraints when working in some venues (e.g. schools).
- Remember that some people respond better to individual support and may find it difficult to participate in a group.
- Bear in mind that young people often demonstrate limited understanding of the effort required from them when making an NRT supported quit attempt.
- Young people may disclose personal information to you during a one to one - be prepared for this and refer to the NHS Child Protection Policy if necessary.
- Address the young person’s understanding of smoking and motivation to quit.
- Have a good understanding of the role of smoking in a young persons’ life.
- Make sure you can recommend coping strategies that are helpful and relevant for young people.
- You may need to take into account that some of the activities in this toolkit will need preparation time in the initial stages.
- Bear in mind that a young person may need ongoing support after week seven and it might be useful to build this into your programme. This support can be offered by the practitioner in an existing youth health service, by the pharmacy service that the young person has engaged with, text message or other media, or any other frameworks that are in place.
YOUNG PEOPLE AND THEIR TOBACCO USE

You will find that young people:

• Often smoke for different reasons than adults do
• Can be significantly influenced by peers
• Are extremely likely to be concerned about confidentiality when seeking stop smoking advice
• May engage differently with the traditional cycle of change model as smoking patterns are likely to be erratic (they may want to stop on Week 1 but by Week 2 they may have changed their mind).
• May find that their use of cannabis prevents them stopping smoking
• May not stop smoking but may demonstrate other changes in behaviour or attitudes
• May have little or no knowledge of stop smoking services working in some venues (e.g. schools)

CANNABIS

‘THE CANNABIS EFFECT’

“Cannabis is often described as the ‘elephant in the room’ which can no longer be ignored.”

Cannabis is a Class B drug (Misuse of Drugs Act, 2009). When working with young people you should expect to be asked about cannabis.

Cannabis is a mild hallucinogen i.e. it can alter the way colours and shapes are seen.

Cannabis is most usually found as:

• The dried leaves and/or flowering tops of the plant. (known as grass or weed)
• Blocks of resin (hash, pot or blow)

HOW IS IT USED?

• Around 75% of cannabis is rolled and smoked with tobacco
• Water pipe/Bong
• Pipe
• Neat cannabis
• Eaten
• Hot knives

Most people who smoke cannabis say that the most common effects are:

• Relaxation and tiredness
• The ‘munchies’ - feeling hungry
• Being talkative
• Things sounding, looking and tasting differently
• Some feel that it makes them tense and anxious
YOUNG PEOPLE AND CANNABIS

• Cannabis is the most widely used illegal drug in the UK. Although people of all ages use it, it is most used by those aged 16 to 29
• Many young people use cannabis because their friends are using it so that they feel part of the group or because they feel under pressure
• Those who use cannabis, most often smoke it with tobacco
• Some young people would like to stop smoking tobacco but do not want to stop using cannabis
• Some who use cannabis with tobacco would not necessarily see themselves as being a smoker
• Smoking cannabis with tobacco increases the damage to the mouth, throat and lungs
• Cannabis use may have an adverse impact on mental health

People may experience some, all or none of the following effects after using cannabis:

• Mood swings
• Being unable to focus properly
• Feeling dizzy
• Feeling down or depressed
• Struggling at work or school
• Lung problems
• Feeling anxious or worried
• Heart racing
• Seeing or hearing things
• Feeling suspicious
• It may aggravate existing conditions like asthma, bronchitis and emphysema
• Cutting yourself off from people
• Fertility problems, i.e. lower sperm count and trouble getting pregnant

Doctors now believe that the risk of developing a psychotic illness, such as schizophrenia, is increased the more frequently that cannabis is used. This risk is much greater if a young person starts smoking cannabis before the age of 15.

QUITTING CANNABIS

Young people are most likely to be smoking cannabis with tobacco and therefore will go through the same withdrawals as someone quitting tobacco alone. They may benefit from using NRT and must be committed to quitting smoking tobacco and cannabis.

• Adequate preparation to quit is vital
• Withdrawal from cannabis and tobacco is no worse than from tobacco alone
• Look at areas where they might struggle e.g. if they are using it to relax and de-stress, help them find alternative coping strategies
• Establish why they want to quit

For more information on cannabis and its effects visit:

www.talktofrank.com
www.lifeline.org.uk
ONE TO ONE SUPPORT

Some young people may wish to receive one to one cessation support rather than attend a cessation group.

One to one support should follow the outline given in Handout 6 “What to do in a One to One”, and it can be tailored to suit the individual concerned. Additionally, some of the activities in the toolkit can be modified for use in a one to one situation.

One to one support can:

- Help where a young person does not function well in a large group
- Make it easier to discuss barriers to stopping smoking
- Provide a better platform for giving information
- Allow you to give support with no distractions
- Make it more possible to follow a structured (7 week) programme
- Allow the practitioner to gain a deeper understanding of the issues that young people face
- Provide opportunity to offer more intense support
- Can be less time intensive
- May mean that less planning is required?
- BUT also means there is less opportunity for peer support

One to one support for a young person can be very similar to the framework used when running an adult one to one service.

As with the adult service, the support can be more tailored to fit the needs of the young person as there are many fewer things to distract. This also means that a young person may disclose issues to you that are unrelated to smoking because they feel that they are in a safe environment. This being the case, all practitioners should be familiar with current Child Protection Policy and should apply this to their practice.

TEXT MESSAGE SUPPORT

Texting has been used successfully in some areas for sending reminders about groups and also for sending motivational texts. This is something you might want to consider using when you are supporting young people in a quit attempt.

You must first obtain consent for sending text messages and there may be some issues around confidentiality when using texting. You can offer to send text messages that are ‘safe’ i.e. are unidentifiable if read by a third party and examples of texts that could be sent are:

“...you have set your goals and you can really do it ... see you next week at group...”

“...you are doing really well ...keep up the good work ... see you Friday at youth group/in school...”

Information on one way of setting up a texting service is in Appendix 6 and a consent section is included on the Client Consent Form in Appendix 2.
**PHARMACY SERVICES**

You can direct a young person to a local pharmacy where they will be given the full range of support currently offered within the adult service.

**GOOD PRACTICE**

To make the journey smoother for a young person you might want to:

- Phone or visit the pharmacies that the young people will be collecting their NRT from and tell them that you are running a group, as some pharmacists may not be used to giving NRT to young people.

- Find out if there are ‘rules’ for collecting NRT as some may prefer that the NRT Request Form is left and then collected at a later date.

- On the first visit to the pharmacy, go with the young person to establish good relationships and to help the young person to become familiar with the pharmacy procedures.
Nicotine Replacement Therapy (NRT)

There is little good evidence to show that NRT works with young people although the use of NRT with behavioural support has not been extensively tested to date. Nevertheless NRT can be prescribed, when requested, where there is evidence of nicotine addiction.

Nicotine replacement therapy is an extremely safe product. NRT delivers a low level of nicotine through a steady dosing system without the other 4000 chemicals which enter the body when smoking tobacco. Smokers using NRT are not taking anything new into their bodies so should not have any reaction to nicotine.

In Scotland, NRT can be prescribed to young people aged 12 and above.

CLINICAL CRITERIA FOR CAUTION:

- Pregnant or breastfeeding women should be referred to the pregnancy services for specialist help by a trained midwife. (For more information call Smokefree Services on 0141 201 4654)
- 12-16 year olds – Although NRT is suitable for teenagers, it is recommended that this group should not use NRT unless they have access to a support network to ensure that nicotine dependency and motivation to stop has been assessed
- Clients with mental health problems and on medication should be advised to inform their GP if using NRT

There are difficulties in measuring the effectiveness of NRT with young people, largely due to their poor adherence to therapy which therefore means that levels of NRT are often not at a therapeutic level. You should still advise to use NRT where requested in line with smoking cessation NICE guidelines.

Although there have been few studies, a trial in the U.S. showed that when 13 to 17 year olds used either the NRT patch or gum, it was effective in decreasing the number of cigarettes smoked.24

Both Bupropion (Zyban) nor Varenicline (Champix) are licensed for use by those under the age of 18. If a young person aged 18 expresses a preference for either of these treatments they should be advised on this in line with the adult guidelines.

“...NRT should be used with young people aged 12 to 17 at their request and where there is evidence of nicotine dependence…”

(NICE 2008)

When you are explaining how NRT works you might need to put a lot of emphasis on the fact that there is no ‘magic formula’ that makes them stop smoking and that they will need to make a sustained physical effort to change their behaviour.

Young people may present barriers to make excuses for incorrect use of NRT.

...I don’t want to use patches ...they made me feel really sick…”

Giving out an NRT advice sheet in (handout 7) along with the Pharmacy Request Form will remind them of things that they can do that will help them use NRT more effectively.

There are factors that may need to be taken into account when prescribing NRT to young people.

Neither Bupropion (Zyban) nor Varenicline (Champix) are licensed for use by those under the age of 18. If a young person aged 18 expresses a preference for either of these treatments they should be advised on this in line with the adult guidelines.

“...NRT should be used with young people aged 12 to 17 at their request and where there is evidence of nicotine dependence…”

(NICE 2008)
Adherence in young people can be poorer than in adults and as such there are some products that encourage better compliance more than others. You may want to take this into account when discussing products with a young person. The Table of NRT Products outlines some of the relative pros and cons of the various products (see Handout 7).

When discussing NRT, it may become apparent that young people may have been influenced by the opinions of other people. For example a young person may be already prejudiced against using the patch because either they have tried it during a previous quit attempt, they know someone who has used it and failed to quit or because they feel it is too visible to other people.

Failure to collect prescriptions and young people sharing prescriptions are additional factors that can interfere with adherence. You will be almost guaranteed to find that at least one young person in the group will have ‘borrowed’ a patch or two from someone else because they have failed to collect their NRT from the pharmacy.

If a young person expresses a preference for any NRT product you will need to make sure that they fully understand how it is to be used. Stress the importance of them collecting their first supply of NRT prior to quit day but furthermore, ensure that they understand that they need to collect their NRT from the pharmacy EACH WEEK!
As dual NRT therapy is not approved for under 18’s, scoring through the additional products on the Pharmacy Request Form prevents any client adding a second product to the form.

When recommending NRT products to young people guidelines state that YP (for young person) should be put at the top right hand side of the pharmacy recommendation form.

Other issues that may arise when young people request NRT:

- Young people may ask to change their NRT product regularly
- Young people may say that they have lost their Pharmacy Recommendation Form

There will be some issues around issuing duplicate forms that you may have to address if these situations present themselves.

NRT PRODUCTS

The use of NRT with young people has not been extensively tested to date, in part due to their poor adherence to therapy. Nevertheless NRT should be prescribed, when requested, where there is evidence of nicotine addiction and in line with smoking cessation NICE guidelines.

NRT PRODUCT CHOICE

NHSGG&C prescribing guidelines recommend the Nicorette 16 hour patch as the first line choice for NRT. In exceptional circumstances, clients may use another product e.g. allergy to the patch or a previous unsuccessful attempt to quit using the patch. If an alternative product is recommended then the reason must be stated on the form.

It is important that the first priority is the client and helping them to have a successful quit attempt.

A detailed list of NRT products is available in handout 7.
National Monitoring

MINIMUM DATA SET

The Minimum Dataset (MDS) is for recording the core data required for anonymous national monitoring of clients who access Scottish NHS Health Board specialist smoking cessation services, take part in a stop smoking intervention, and who set a quit date with the service during the course of the intervention. The MDS is part of the data collection and monitoring work of Partnership Action on Tobacco and Health (PATH), which has the following objectives:

• to promote good practice in data collection for smoking cessation services
• to develop a strategy for the national monitoring of smoking cessation services
• to support smoking cessation services with data collection, evaluation and monitoring
• to offer guidance to smoking services on using client data in accordance with data protection and related legislation
• to support the development of smoking cessation information and research strategies

PAPERWORK

It is a requirement of the service that appropriate records are kept of referrals and interventions for both internal (NHSGG&C’s Tobacco Planning & Implementation Group) and external (Information Services Division ISD) audit.

Within two weeks of completion of an intervention, i.e. group or one to one support, the required paperwork should be returned to Information Services (Data Team) for processing and evaluation purposes. For every client there should be:

• Completed Client Questionnaire (Appendix 1)
N.B. should clients have difficulty with completion because of literacy problems, then the facilitator should assist. Alternately, clients may refuse to answer some questions on the form and this should be noted for the data entry staff

• Client Consent Form (Appendix 2) which must be signed and dated by the facilitator and client. If not, all data becomes invalid
• Client Record Card (Appendix 3) (details of the intervention)
• Pharmacy Recommendation Form (if applicable)

In addition to this, if you have been running a group then an End of Group Classification Form (Appendix 4a/b) should be added to the data being returned.

It is essential that data is returned accurately and timeously in accordance with your locally agreed procedures so that it is entered on the central database for monitoring purposes.

This information is also used for following up clients.

OTHER OUTCOMES

A common theme that emerges in available literature relating to smoking and young people is the lack of information on any changes in behaviour or reduction in smoking following interventions.

These ‘softer’ outcomes are helpful in building understanding of youth smoking pattern and trajectories\(^25\).

One of the recommendations that has come out of the analysis relating to action 10 of the Smoking Prevention Action Plan is that \textit{“youth tobacco projects should be encouraged to give careful consideration to the potential value of collecting and publishing data about reductions or changes in smoking (in addition to measurements of abstinence) in order to build our understanding of youth smoking patterns and trajectories”}\(^26\)
Traditionally the quit rates for young people are low. You might consider other outcomes that you could collect as any data that is collected can then be used to better inform youth tobacco work as well as filling the gap that exists in understanding how youth smoking changes over time.

Some possible outcomes that you might measure are listed below:

- Reduction in smoking – as pathway to quitting altogether but this may promote the notion that smoking occasionally is acceptable
- Change in attitude towards smoking
- Increased desire to stop smoking
- Change in how a cigarette is smoked ie. not smoking the whole cigarette/taking smaller draws
- Validated quits but for less than 4 weeks (therefore not recorded as successful quit)
- Increased knowledge about smoking and risk
- Increased knowledge of myths about smoking
- Attitudes to smoking moving from positive to negative
- Increased confidence in coping mechanisms to deal with stresses and influences on smoking
- More determined not to smoke
- Increased motivation to stop smoking
- Less use of cannabis
- Increased knowledge of services to support quit attempts
- Decreased cravings
- decreased numbers of cigarettes smoked while using NRT

You can use the Reflective Staircase (Handout 10) to record some of these softer indicators by noting what you are recording at the top and the date on each “step”.

In addition, the Confidence Ladder (Handout 14a/b), Quit Chart (Handout 24) and “Am I ready to Stop Smoking?” (Handout 16) can all be used for this.

This data would ideally be collected locally and be made available for any research in the future.

A key purpose of evaluation is to help improve our service by learning how and why some things work and some do not. The type of outcomes listed above will make this possible.

**CARBON MONOXIDE MONITORING**

As well as verifying smoking status, carbon monoxide (CO) monitoring can be a good motivational tool for young people who are trying to stop smoking.

CO monitoring:

- Can verify a self-reported quit
- Can help young people engage well with the stop smoking process
- Is a tool for promoting discussion of CO levels
- Works as a good motivational tool when young people see their reading go down so quickly

When working with young people use CO monitoring with caution. Measuring CO levels in young people can sometimes be problematic and you should bear in mind the following:

- If the CO monitor has a youth function, ensure that it is set correctly prior to use
- If a reading below 4 is obtained, this is not always an indicator of ‘non-smoking’ status. Issues with the erratic nature of youth smoking means that it may not always reflect an accurate smoking status
- If the reading is low and a young person is still smoking, it can encourage complacency
7 Week Programme

GUIDANCE NOTES

This is an example of a seven week programme based loosely around the 7 week Maudsley model that trained cessation advisors can use with groups of young people who want to make a quit attempt. Additional preparation time may need to be built into your group programme so that any quit attempt is made after readiness to quit and motivation have been fully explored. This may mean that the group runs for more than 7 weeks, and the programme should be adapted accordingly.

Note: It is essential that the minimum data set is recorded for Smoke Free Services and it is desirable that agreed ‘softer’ outcomes be recorded in order to inform future work.

NB. This 7 week programme is a guide for using with groups of young people and it should be tailored to suit your local situation. You can use the guidance in the “One to One” section when advising individual young people - some of the resources may be more suitable for one to one advice than others for the young person.

You will need to allow adequate time for preparation making sure that you have all the materials and resources that you need for each week’s programme. There is a materials checklist in Handout 5.

The exercises that follow are there to provide guidance and to support you to engage with young people. There may be other exercises and activities that you are familiar with that you find are more appropriate to use.

Other Resources may be available from other organisations e.g. Royston Stress Centre (www.roystonstress.org.uk) and GASP (www.gasp.org.uk).

Supporting resources may be available from local Health Improvement Teams. Visit Smokefree Services www.nhsggcsmokefree.org.uk for more information.

Graphic photographic images are readily available online eg. Google Images and these can be useful for activities like CSI-Glasgow.

For example, using photographs of celebrities who smoke/don’t smoke can be used when having discussions about smoking and the influence of celebrity, image and tobacco packaging which illustrate some of the ways in which tobacco is being marketed.

See www.w-west.org.uk for information on “The Plain Truth” about tobacco packaging and marketing.

Week 1 - Introduction & Preparation week
(can be 1 or more weeks in duration depending on readiness of young people)

Week 2 - Preparation week
Focus on preparing for quit week (week 3) and discussing and agreeing NRT

Week 3 - Quit week

Weeks 4 to 6 - Group support

Week 7 - Looking ahead, maintaining quit and future support

WEEK 1 - INTRODUCTION AND PREPARATION WEEK

- Introductions
- Agreeing an agenda/group agreement
- Expectations about the group
- Setting a quit date & preparation
- Previous quit attempts – discussion
- Cycle of change
- Information about cigarettes
- Complete paperwork (unless awareness week only)
- Summary and looking ahead to week 2
WEEK 1

INTRODUCTIONS
Introduce yourself, find out everyone’s name – you might want to get the group to write their names on a sticky label (including you!). An icebreaker is sometimes useful as it may help young people become a little more relaxed and comfortable e.g. People Bingo, (handout 30) or Truth and Lies (handout 31).

GROUP AGREEMENT
Giving an outline of what the group is about and what will happen at each session can be reassuring for the group members.

It is helpful if the group is able to regulate its own behaviour so begin by setting some ground rules together. One way of doing this is to help the group create a Group Agreement (see handout 13 for guidance and suggestions).

EXPECTATIONS ABOUT THE GROUP
Try and find out what the group members hope to get out of the group.

• Why are they there?
• What do they understand by ‘group support’?
• Emphasise that what they contribute is important and also that everyone is different and may therefore have different experiences, thoughts and opinions.

SETTING A QUIT DATE
Explain the reason for making the quit date on week three and not on week one. Tell them why it is important to have a period of preparation and at this point you could link in a discussion about the cycle of change (see below).

This might be a good time to ask people if they have tried to quit in the past and what it was like for them.

WHAT’S YOUR STAGE?
See Stages of Change model(s) – handouts 8&9

If they have previously tried to quit you could ask:

• What was it like the last time you stopped/ tried to stop?
• How long did you stop for?
• How did you feel?
• What was hard about it?
• What was good about it?
• What made you start again?
• What would you do differently next time?

Try and steer the conversation away from the concept of ‘failure’ and encourage them to focus on what was good about the experience and the things they did that worked for them.

The Confidence Scale/Ladder can be a good tool to use in the early stages of a group. (Handout 14a/b)

If there are any people in the group that have never tried to quit, it can be helpful to get an insight into what they think it might be like by asking:

• What do you imagine will be hard?
• What have you heard other people saying?
• How do you think you will cope?
• How confident are you?
You could use Flash Cards (handout 26) with smoking related words to get some discussion going. Words such as *addiction, habit and dependence/stress* illustrate that smoking is not just about a habit but is a much more complex mix of several things. This activity works well if you can encourage the young people to make the discussion relevant for them personally.

**SMOKING DIARY**

Using a *Smoking Diary (handouts 12 & 18)* before quitting is a good way for a young person to record a normal smoking day. The diary will help identify the times when the young person finds it most difficult to go without a cigarette as well as identifying other behaviour that they associate with smoking. This will help them plan how they will cope with quitting.

**INFORMATION ABOUT CIGARETTES**

What’s in a cigarette? You can use resources including the chemical board and the tar jar to illustrate the 4000+ chemicals.

Ask questions like ‘Where does tar come from and what harm does it do?’

A good activity for generating discussion on this is the ‘CSI – Glasgow activity’ (handout 33)

**One to One – Seeing Clients Individually (see Handout 6)**

**Complete paperwork**

Use the templates in Appendices 1 to 4 to collect all the required data for the minimum data set. This information MUST be collected and MUST be reported to Smoke Free Services.

- The templates cover:
  - Client questionnaire
  - Client consent form
  - Weekly record card

In addition to the above, the *pharmacy NRT request form* forms part of the minimum data set and a copy should be retained for forwarding to Smokefree Services if NRT is requested.

Ensure the central electronic database is updated on a weekly basis. After the final week, the minimum data set should be sent to Smoke Free Services who will in turn forward the data to the ISD.

Handout 16, ‘Am I ready to stop smoking?’ is a useful exercise. This allows the young people to identify their own priorities and reasons for wanting to stop or to continue smoking. Allow them time to think and reflect on how they feel and don’t be overly concerned about periods of silence.

**A different exercise is ‘The Four Whys’** that you can use to help young people explore any ambivalence they might feel towards stopping smoking. *(See handout 15)*
CHECK!

• Consent Form signed
• CO checked
• Record Card updated
• Pharmacy Recommendation form completed
• Requires text support?

(Remember, if session 1 is for promoting awareness and giving information only it will not be necessary to complete paperwork at this stage).

Summary and look ahead to week 2

WEEK 2

Welcome everyone back (especially if any new members). It will probably be useful to have everyone write a name sticker again.

Go over the Group Agreement (Handout 13). Ask if anyone has anything to add and check everyone is happy with it.

Week two will primarily be about preparing for quit week: How is everyone feeling? The Smoking Diary (handouts 12 & 18) is useful for finding out what everyone has learned from keeping a note of their typical smoking day. You could use specific questions here:

• Were there any particular times when you felt you really needed a cigarette?
• Which cigarettes did you enjoy the most?
• What activities made you want a cigarette?
• Did being with particular people make you feel more like having a cigarette?
• Were there any cigarettes that you smoked but feel you didn't really need to smoke?
• Were there any cigarettes that you felt you really couldn't do without?

FEELINGS ABOUT QUIT DAY

How does the young person feel about setting a quit date?

An activity to promote discussion here could be to write on flip chart or draw ready made cards from a bag that identifies particular feelings that are associated with making plans to stop smoking: (See handout 17)
READY TO QUIT – ACTION PLANNING

If the young person is ready to set a quit date then using an action plan is one way to ensure that they have a good understanding of what they need to do to make a confident quit attempt.

You can use the Action Plan (Handout 19) or you could use flip chart to make it less of an individual exercise and more of a group exercise.

The Stop Smoking Diary (Handout 12 & 18) can help them identify smoking patterns in the days running up to quit day and can enable the young person to make realistic plans for how they will cope with cravings and withdrawal.

WITHDRAWAL

A young smoker is likely to be concerned about withdrawal, especially if they have had a previous quit attempt.

Discussion about discomfort and difficulties with withdrawal can help dispel common myths about withdrawal as well as providing an opportunity for young people to share solutions and coping strategies.

Discussion starters:

- What worries you most about stopping?
- What have you heard other people say about their own experiences of stopping smoking?
- What have you heard other people say about how they cope with withdrawal?
- Can you think what might work for you?

WITHDRAWAL – Handout 25

You could make some cards with common withdrawal symptoms and use them as discussion points. Encourage the participants to think about what they know about and what they could do if they experienced, for example, headaches for example - help them look for their own solutions.

ONE TO ONE

Complete paperwork

NRT – Pharmacy Request Form

CO Reading

It is up to you as a practitioner when you do this. A benefit to doing it at the start of the session is that there will be less pressure on time later on. However there are also benefits to doing it at the end of the session as this then allows you to check the participants understanding of what has been said, and also to reinforce the expectations around collection of prescriptions and correct use of NRT.

Bear in mind that a young person may disclose other unrelated information to you at this time and you may find it useful to have available details of other services/agencies so that you can signpost young people to them.
CARBON MONOXIDE READINGS

Using CO monitoring with young people is a really good way to let them see the effect that smoking is having on their health. In a mixed smoking/non-smoking group, this is especially evident. It is a good motivational tool for the young people as well as giving the required data for quit verification.

It is not unusual for young people to be alarmed about the orange and red lights on the monitor - reassure them about this and that the lights will change to green when they quit smoking.

There can be issues in using CO levels as a measure of young peoples’ smoking as it does not always reflect the often erratic nature of how young people use tobacco. If a young person continues to smoke yet registers a low reading, you should be aware of the possibility that the process has the potential to become counter productive.

The Carbon Monoxide Staircase (Handout 11) can be a useful visual tool that lets the young person see the changes in their CO levels.

MAINTAINING MOTIVATION AND AVAILABLE TEXT SUPPORT

Remind the group about their agreement and about supporting one another. Emphasise that only those who have indicated will receive a text message on (specify day) and that unless they have requested a ‘safe’ message then the text will be explicitly about stopping smoking and attending the group.

Finally remind the group:

• to collect their NRT
• to start their NRT on Quit Day
• not to smoke once they start NRT
• that you will send them a reminder by text (those who have elected)
• THAT THEY CAN DO IT!

CHECK!

• Consent Form signed
• CO checked
• Record Card updated
• Pharmacy Request form completed
• Requires text support?

WEEK 3 - QUIT WEEK!!

• Agreement again!
• Review preparations
• Confirm that NRT has been started
• Feelings about quitting
• Share coping strategies?
• Encourage group to support one another
• Looking ahead
• One to one sessions/CO monitoring/record keeping
• Summary and looking ahead to week 4

WEEK 3

Welcome everyone back (there should be no new members if you are running a closed group). Hopefully everyone will have managed to collect their NRT and should have started using it. You should not be surprised to find that some have failed to collect it, have lost their prescription or have ‘borrowed’ patches from someone else. Emphasise that it is important for them to collect their own prescription as borrowing NRT from others will leave someone else short!

You may want to re-visit the group agreement and remind them of the value of peer support.

Take some time to let them review their preparations from the previous week(s) – looking at Action Plans and Smoking Diaries can help them focus again on how they thought they would cope with withdrawal and cravings as well as reminding them to be extra aware of their ‘trigger’ points.
FEELINGS AND COPING

If they have not already completed an Action Plan, (Handout 19) encourage them to do so. This can be done in the context of a discussion. In Handout 21 there are some questions to help get this conversation started.

You could ask them to complete the ‘Reflective Staircase’ (Handout 10) to measure confidence and link this with their Action Plans (Handout 19) to help them increase their confidence levels.

Discuss how group support can help when making changes and when coping with withdrawal symptoms (see Handout 20)

Handout 22 gives an activity for generating discussion as small groups and coming back into a larger group to share ideas about coping and supporting each other.

LOOKING AHEAD

What problems might they come up against in the following weeks?

How will they deal with them? Help them identify potentially tricky situations where they are likely to find difficulty in resisting the urge to smoke a cigarette.

Use the questions in Handout 21 to encourage the young people to think about how they will cope and to think of solutions for themselves.

ONE TO ONE

Use this time to check that they have a good understanding of how to use NRT.

CO Reading
Complete Paperwork

CHECK!

• CO checked
• Record Card updated
• Requires text support?

Finally remind the group:

• to collect their NRT
• to use their NRT
• not to smoke while using NRT
• that you will send them a reminder by text (those who have elected)
• THAT THEY CAN DO IT!
• That they are now non-smokers!

WEEK 4 TO 6 - GROUP SUPPORT

• Review the week
• What has been good/bad?
• Looking ahead
• Increasing motivation
• Practical advice
• Dealing with withdrawal
• One to one session/CO monitoring/record keeping
• Summary and looking ahead

WEEKS 4 TO 6

Welcome back to week 4/5/6.

Review the week, find out how they have coped with stopping, and whether they have managed a whole week without smoking or whether there has been a relapse.

Positive reinforcement is essential with young people. If they have stopped smoking and then had a subsequent relapse you should still put the emphasis on the fact that they have managed to stop smoking for this time and make it a positive event rather than a ‘failure’ – help them see it as an achievement. It is important for them to remember that this is a journey and that they can learn from setbacks and turn them into positive experiences.
GROUP SUPPORT

STILL STOPPED? – DISCUSSION

Handout 27
This activity should generate discussion about what has gone well and what has not gone so well, and should encourage them to help and support each other.

RELAPSED? – DISCUSSION

Handout 28
Positive reinforcement if they have gone without cigarettes when they would normally have smoked can be very powerful. If you can use a relapse experience to re-engage with a young person, and you can encourage them to try again and to learn from the past. There is an activity in Handout 28 that relates to this.

You could check out at this point importance and confidence using the Importance/Confidence Ladder in Handout 14a/b to determine whether their relapse has had an impact on their confidence levels. Go over their Action Plan (Handout 19) to see whether it needs to be more effective or more realistic.

Ask the young people to remind themselves why they are stopping and what they want to achieve.

One to One
CO Readings
Paperwork

CHECK!

- CO checked
- Record Card updated
- Requires text support?

FINALLY REMIND THE GROUP:

- to continue to collect their NRT
- to keep using their NRT even if they think they might not need it
- not to smoke while using NRT – not even a puff!
- that you will send them a reminder by text (those who have elected)
- THAT THEY CAN DO IT!
- That they are now non-smokers!

WEEK 7 – PREVENTING RELAPSE & LOOKING AHEAD

- The last week!
- Being a non-smoker!
- Reflecting on how things have gone
- Staying confident
- Looking ahead
- Staying motivated
- Supporting one another
- One to one/CO monitoring/record keeping
- Future support/Pharmacy support / Youth Health Service
- Summary and well done! (hopefully!)
WEEK 7

Welcome to the last week. Congratulate them on making it to week 7 and discuss how the week has been. Establish current smoking status and this might be a good time to do the One to Ones.

Check CO readings
Complete paperwork
Record end of group status/classification

CHECK!
• CO checked
• Record Card updated
• Requires text support?
• End of group classification completed

SUCCESSFUL QUIT
Praise them for their success and reassure them that changing any behaviour takes a while to establish. Encourage them to keep focused and use their Action Plans (Handout 19) to remind themselves of the techniques that they know work to help them cope with difficult situations and cravings.

Remind them to continue with their NRT and it might be helpful to look at the Confidence Ladder (Handout 14a/b) and see how much more confidence they now have about stopping and staying stopped. If you are using the Carbon Monoxide Staircase (Handout 11) then this might be a good time to let the young person see the CO levels and use this to show them how much they have achieved.

DISCUSSION ABOUT THE FUTURE
Encourage discussion about the next few weeks and about how it feels now that the group is finishing. See Handout 29 for starter points to help with discussion.

RELAPSE
Review the relapse using the discussion points from last week (Handout 28). Is the young person ready to make another quit attempt? If they are not ready then tell them about the support that will be available to them in the future and make sure that they know how to access it. Reassure them that this relapse does not affect any future support. If they are ready to make another quit attempt, discuss this with them and agree how it will go forward.

SUMMARY AND PLANNING FOR THE FUTURE
You may want to give the young people certificates of achievement however you may find that this is not universally popular as they might feel it detracts from their ‘street cred’!

Give plenty of encouragement and remind them of how far they have come and that they are now non-smokers. Check that they know how to access support should they need it and make time, if possible, for any questions they might have.

You might want to offer text support to them either weekly or at another agreed time interval.

When the group is finished, collect all paperwork including the end of group classification sheet and return these to your administrator which will then be forwarded to smoke free services.

BEYOND WEEK 7...
Make sure the young person knows where to get support after the group has finished. They can be directed to another service e.g. Youth Health Services or Pharmacy or you could continue to support them on an arranged basis either in person, by phone or by text.
**APPENDIX 1: CLIENT QUESTIONNAIRE**

### ABOUT YOU – REMEMBER, THIS IS CONFIDENTIAL

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name:</td>
<td>3. Postcode:</td>
</tr>
<tr>
<td>2. Address:</td>
<td>4. Mobile Number:</td>
</tr>
<tr>
<td>5. Landline:</td>
<td></td>
</tr>
<tr>
<td>6. Date of birth: __ / __ / __</td>
<td>7. Gender: Male q Female q</td>
</tr>
</tbody>
</table>

### 7. HOW WOULD YOU DESCRIBE YOUR ETHNIC GROUP? (Choose ONLY ONE which best describes your ethnic background):

#### A. White
- Scottish
- English
- Welsh
- Northern Irish
- British
- Irish
- Gypsy/Traveller
- Polish
- Any other white ethnic group, please specify

#### B. Mixed or multiple ethnic groups
- Any mixed or multiple ethnic groups, please state below
  __________________________

#### C. Asian, Asian Scottish or Asian British
- Pakistani, Pakistani Scottish or Pakistani British
- Indian, Indian Scottish or Indian British
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- Chinese, Chinese Scottish or Chinese British
- Other, please specify

#### D. African, Caribbean or Black
- African, African Scottish or African British
- Caribbean, Caribbean Scottish or Caribbean British
- Black, Black Scottish or Black British
- Other, please specify

#### E. Other ethnic group
- Arab
- Other, please state below:
  __________________________

#### F. Not Disclosed

### 8. What do you do?

Are you: (please tick one box)
- In paid employment
- At school/college or university
- Full-time parent or carer
- Unemployed

### 9. Do you receive free prescriptions?

- Yes q No q Unknown

### Tobacco Use and Quit Attempts

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10. On average, how many cigarettes or roll-ups do you smoke in a day?</td>
<td>11. How soon after you can do you smoke in the morning?</td>
<td>12. How many times have you tried to quit in the past year?</td>
</tr>
<tr>
<td>q 10 or less</td>
<td>q Within 5 minutes</td>
<td>q No quit attempts</td>
</tr>
<tr>
<td>q 11-20</td>
<td>q 6-30 minutes</td>
<td>q Once</td>
</tr>
<tr>
<td>q 21-30</td>
<td>q 31-60 minutes</td>
<td>q 2 or 3 times</td>
</tr>
<tr>
<td>q More than 30</td>
<td>q After 60 minutes</td>
<td>q 4 or more times</td>
</tr>
<tr>
<td>q Unknown</td>
<td>q Unknown</td>
<td>q Unknown</td>
</tr>
</tbody>
</table>

### Quit Details

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Date referred to service: __ / __ / __</td>
<td>15. Quit date: __ / __ / __</td>
<td>16. Date of initial appointment: __ / __ / __</td>
</tr>
</tbody>
</table>

Nicotine Replacement: A Seven Week Programme
YOUTH SMOKING CESSATION CONSENT FORM  
(Please Initial)

<table>
<thead>
<tr>
<th>I understand the information I have received about the stop smoking service and have had the opportunity to ask questions. I understand that my participation is voluntary and I am free to withdraw at anytime.</th>
<th>(Initial)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am willing for my details to be kept on a confidential database, for my information to be used in relation to the service and not identifying me in any way.</td>
<td>(Initial)</td>
</tr>
<tr>
<td>I agree to be contacted in future in connection with my smoking (4 weeks, 3 months and 12 months.)</td>
<td>(Initial)</td>
</tr>
<tr>
<td>I agree to my doctor being contacted regarding my treatment and progress with giving up smoking.</td>
<td>(Initial)</td>
</tr>
<tr>
<td>I wish to receive text messages</td>
<td>(Initial)</td>
</tr>
<tr>
<td>MOBILE NUMBER:</td>
<td></td>
</tr>
</tbody>
</table>

GP: ...............................................................................................................................................................................................

Practice: ............................................................................................................................................................................................

Own Tel No: ..................................................................................................................................................................................

Signed (Young person): ............................................................................................................................................................

Signed (Advisor): ................................................................. Date....................................................

Data confidentiality and security
The information provided by you will be held in a secure environment in accordance with The Data Protection Act (1998). The information will only be used to assess the outcome of this project and no details will be passed on to any organisations who are not involved in the outcomes assessment.
## CLIENT RECORD CHART

<table>
<thead>
<tr>
<th>Week / Date</th>
<th>Smoke Status e.g. S = Smoker N = Non-Smoker</th>
<th>Carbon monoxide Reading (Co)</th>
<th>Treatment P = Patch G = Gum N = Nasal Spray L = Lozenge I = Inhalator M = Microtab</th>
<th>Product ET = Nicorette EL = Nicotell CQ = Niquitin CQ Z = Zyban/Bupropion C = Champix</th>
<th>Patch 16/24hr</th>
<th>Dose</th>
<th>Comments on treatment</th>
<th>Adviser's Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 - Quit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### End of course Classification (To be completed by facilitator @ week 7)

**PHARMACEUTICAL USAGE:-**

- NRT only (single product) ☐
- NRT only (more than one product) ☐
- Varenicline only ☐
- Bupropion only ☐
- NRT and Varenicline (change in product) ☐
- NRT and Bupropion (change in product) ☐
- None ☐
- Unknown ☐

- Total number of weeks used: __________  
- Client died ☐
APPENDIX 4A: END OF GROUP CLASSIFICATION

END OF GROUP CLASSIFICATION

GROUP LOCATION:

GROUP DATES:

GROUP FACILITATORS:

Total number of clients attended **Week 1 or 2**:

Total number of clients **making a quit attempt** i.e. attended **Week 3 or beyond**:

**Week 7 Classification:**
- Non-smoker: [Number]
- Smoker: [Number]
- Client Withdrew: [Number]

Overall Total Cessation Rate (%):

Comments:
APPENDIX 4B: CLASSIFICATION GUIDANCE NOTES

**NON-SMOKER** - verbal verification that no cigarettes have been smoked during weeks 3 AND 4 post quit week. It is not sufficient to know the smoking status only at week 4 post quit week.

**SMOKER** - verbal verification that any smoking has taken place in either week 3 OR week 4 post quit week. Even ‘just a puff’ is enough to classify someone as a smoker.

**CLIENT WITHDREW** - as before: clients who verbally withdraw from the service, clients who do not complete the sessions, clients who cannot be contacted by telephone etc.

**CLIENT DIED** - client dies during their quit attempt.

**NO CONSENT** - client does not complete consent form either through choice or because they have e.g. not attended a group.

**OLD/NEW CLASSIFICATIONS**

TC = **Non-smoker**

OC, RS, US (if smoking week 6) = **Smoker**

CW, US (if not smoking week 6) = **Client Withdrew**

**HOW TO CALCULATE END OF GROUP CLASSIFICATION**

- Total number of clients Non-smoker at week 7
- Divided by number of clients who made a quit attempt i.e. attended week 3 or beyond
- %
APPENDIX 5: YOUTH REFERRAL PATHWAY

Youth Referral Pathway

YOUNG PERSON ‘UNDER 18’

1. Identifies themselves as a smoker
2. Advises wants to stop smoking
3. Assess if young person is motivated to stop smoking

Is young person motivated to Stop Smoking?

YES

Contact the named youth cessation referral contact within post code area. (E.g. Fill in local youth cessation Referral Form or call direct) or Call Smokeline on 0800 84 84 84.
Alternatively advertise web address (W.WEST, SmokeFree Services) and phone number (Young Scot).

NO

Advise support available if/when ready to stop.

Options for CH(C)P

• Advisor to contact YP to arrange meeting
• Advisor to confirm meeting on day or day before scheduled meeting
• Advisor assesses young person’s nicotine dependence and motivation to quit
• Arranges further sessions if appropriate

• Named contact refers young person to locally trained facilitator based within youth health service or voluntary service in YP area.
• Facilitator contacts YP and arranges meeting.
• Facilitator to confirm meeting on day or day before scheduled meeting.
• Facilitator assesses nicotine dependence and motivation to quit.
• Arranges further sessions if appropriate.

• Paperwork to be completed at each contact.
• Completed paperwork to be sent to Smokefree services
APPENDIX 6: TEXT MESSAGE SUPPORT

TO SEND TEXT MESSAGE SUPPORT YOU WILL NEED TO HAVE ACCESS TO AN NHS.NET EMAIL ADDRESS.

- Sign in to the nhs.net website
- Click on ‘Tools’
- Click on SMS and Fax
- In the ‘To’ field enter the mobile number you want to send the message to as follows 07.......@sms.nhs.net
- Click ‘add to recipients’
- Type your message and click ‘Send’
- ‘Queued for submission’ will appear – click OK
- Your text message has now been sent

THINGS TO REMEMBER WHEN USING THE TEXT SERVICE:

- You need to obtain signed consent to use text messaging
- You should ensure that it is clear to the client that the text will be explicit in its meaning
- Should they prefer that any text sent is done so in a way that third parties do not know that they are attending a stop smoking group, you should ensure that they make this clear to you
APPENDIX 7A: BRIEF INTERVENTIONS

The Brief Intervention guidance can be used by practitioners who are not trained in cessation. This will enable them to ‘raise the issue of smoking’ with a young person. Information about how to signpost a young person to available cessation support is included in the Youth Cessation Referral Pathway (Appendix 1) and it is recommended that practitioners highlight available support options to a young person who is keen and motivated to make a quit attempt.

Brief interventions involve opportunistic advice, discussion, negotiation or encouragement. They are commonly used in many areas of health improvement and are delivered by a range of primary and community care professionals.

For smoking cessation, brief interventions typically take between 5 and 10 minutes and may include one or more of the following:

• simple opportunistic advice to stop
• an assessment of the patient’s commitment to quit
• an offer of pharmacotherapy and/or behavioural support
• provision of self-help material and referral to more intensive support such as the NHS Stop Smoking Services.\(^\text{27}\)
This flowchart shows the pathway you can follow in raising the subject of smoking with your clients/patients. Using it, you can find out first if they are interested in stopping and then point them to the best help available.

To help you, we have suggested specific questions but you may want to ask these in your own words, depending on who you are talking to. Note: Smoking cessation services tend to be better understood by members of the public as ‘stop smoking services’.

**ASK: Do you (still) smoke?**

**DOCUMENT HAVING ASKED QUESTION PLUS RESPONSE**

- **NO**
  - Congratulate.
  - Give reminder that stop smoking services are always there to help if they are finding it difficult to stay stopped.

**ASK: Have you ever thought about smoking and its effects (e.g. on your health; its cost)?**

**DOCUMENT HAVING ASKED QUESTION PLUS ADVICE GIVEN**

- **NO**
  - Briefly outline the individualised health risks of smoking and benefits of stopping. Give Aspire magazine.

**ASK: Are you interested in trying to stop and, if so, do you feel motivated to stop now or in the near future?**

**YES**

**NO**

- Accept answer without judging. Leave offer of help open. Give Aspire magazine and any other information.

- Give reminder that stop smoking services are always there to help if the smoker decides to quit sometime in the future.

**ASK: Would you like help from the local stop smoking services?**

**YES**

**NO**

- Refer to local services and/or give the telephone number for Smokeline: 0800 84 84 84 or details of the website www.canstopsmoking.com (both of which have information on local services).

- Encourage the smoker to consider services to increase chances of stopping and staying stopped, and emphasise the range of services available.

  **ASK: Would you like to use NRT or other medication?**

  **YES**

  **NO**

  - Give brief information on how to stop, linking in with medical condition where applicable. Help them to choose medication (see Helping smokers to stop for advice). Prescribe or arrange a prescription. Reinforce encouraging patients to attend services. Arrange a follow-up in two weeks to coincide with end of prescription supply.

  - Give:
    - information on how to stop
    - Aspire magazine and any other available materials
    - Smokeline number: 0800 84 84 84
    - www.canstopsmoking.com
    - information about local services

Congratulate.

- Briefly outline the individualised health risks of smoking and benefits of stopping. Give Aspire magazine.

- Accept answer without judging. Leave offer of help open. Give Aspire magazine and any other information.

- Encourage the smoker to consider services to increase chances of stopping and staying stopped, and emphasise the range of services available.

- Give reminder that stop smoking services are always there to help if the smoker decides to quit sometime in the future.
APPENDIX 7C: BRIEF INTERVENTIONS
GUIDANCE NOTES

GUIDANCE NOTES

Brief interventions contribute to saving lives. The main effect is to trigger quit attempts and to prompt smokers to seek support from smoking cessation services. A combination of behavioural support with pharmacotherapy i.e. nicotine replacement therapy (NRT), bupropion, varenicline, can achieve quit rates of around 15% at six-months follow-up. Compared with other life-saving medical interventions, smoking cessation services offer excellent value for money for each year of life gained.

It is important to try establish rapport and empathy with the smoker. You can do this by listening, not trying to persuade, and by avoiding judgmental responses to their answers. Encouraging smokers to think about stopping smoking and using services in doing so, and thereby their chances of success, while increasing understanding of the benefits of quitting and leaving the door open for a future quit attempt, are key elements of a brief intervention.

1. DO THEY SMOKE? OR DO YOU STILL SMOKE?

NO: If they don’t smoke, or have stopped, congratulate them and document their smoking status in your notes.

YES: If they do, document having asked them plus their response in the notes and then try to establish if they understand the specific effects of smoking and the extent of the dangers for them personally. Try not to ask a leading question. We would suggest:

2. HAVE YOU EVER THOUGHT ABOUT SMOKING AND ITS EFFECTS (E.G. ON YOUR HEALTH; ITS COST?)

NO: If they answer ‘no’ or seem unsure, outline the health risks to them and the benefits of stopping, and explain that it is worth stopping. Information on the risks is available in Helping smokers to stop, or in Aspire magazine and other leaflets (available from the local NHS Board). Document asking the question and your advice in the notes.

YES: Many smokers say ‘yes’ because they know it is the expected answer. Try to confirm what they really feel or know. If they seem genuinely aware of the risks to their health, either before or after your explanation, then you can move on to the next question.

3. ARE YOU INTERESTED IN TRYING TO STOP AND, IF SO, DO YOU FEEL MOTIVATED TO STOP RIGHT NOW OR IN THE NEAR FUTURE?

NO: If they are clearly not interested in trying to stop in the near future, accept this without judgement and leave the door open for a future consultation. Tell them if they ever want to discuss smoking in the future, you would be happy to do so, and to offer help if they wish.

YES: They may say ‘yes’ because they are motivated or because they feel this is the desired answer. If they seem unsure, emphasise the support that is freely available and explain that this will greatly increase their chances of stopping. If they do seem genuinely interested in stopping and ready to stop in the near future, ask:

4. WOULD YOU LIKE HELP FROM THE LOCAL STOP SMOKING SERVICES?

(Stop smoking services are specialist smoking cessation services, supported by the NHS, with staff trained to national standards and having dedicated time set aside to provide group and 1:1 support for a series of planned sessions, and where the client is followed up.)

NO: If they do not want help, ask if this is because they feel they can stop without help, or because of some other reason. Offer what advice you can and emphasise that using the right support can make it much more likely they will quit and stay stopped.

(CLINICIANS: You can still offer NRT or other medication and these patients will require follow-up if they do not attend services.)

YES: Give them the details for local services, the number for Smokeline (0800 84 84 84) or signpost them to www.canstopsmoking.com which can provide them with information on local services as well as offering more general advice. Reinforce and encourage attendance at services and refer to services if you are able to do so.

5. WOULD YOU LIKE TO USE NRT OR OTHER MEDICATION?

(This should only be asked if the patient has declined the offer of a referral.)

NO: If not, try to find out whether this is because of concerns about safety, or if they are confident about their chances of stopping unaided. Emphasise strongly that the pharmaceutical treatments (pharmacotherapy) are generally safe if used appropriately, and increase their chances of stopping. Reinforce that services and pharmaceutical treatments are available should decide to try them later or if their own route doesn’t work out in the long-term.

YES: Discuss the options with them to help them choose, and prescribe appropriately. If you cannot prescribe, arrange for them to get a prescription. In terms of other medication, bupropion (Zyban) and varenicline (Champix) may not always be appropriate for patients with other health issues. Refer to local guidance/protocols for dispensing before prescribing.
For more information on how to obtain BUTT OUT promotional material contact Smokefree Services on 0141 201 4620/4627
# HANDOUT 1: NICOTINE DEPENDENCE QUESTIONNAIRE 1

## The Hooked on Nicotine Checklist (HONC)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Have you ever tried to quit but couldn’t?</td>
</tr>
<tr>
<td>2.</td>
<td>Do you smoke <strong>now</strong> because it is really hard to quit?</td>
</tr>
<tr>
<td>3.</td>
<td>Have you ever felt like you were addicted to tobacco?</td>
</tr>
<tr>
<td>4.</td>
<td>Do you ever have strong cravings to smoke?</td>
</tr>
<tr>
<td>5.</td>
<td>Have you ever felt like you really needed a cigarette?</td>
</tr>
<tr>
<td>6.</td>
<td>Is it hard to keep from smoking in places where you are not supposed to? When you haven’t used tobacco for a while... OR when you tried to stop smoking?</td>
</tr>
<tr>
<td>7.</td>
<td>Did you find it hard to concentrate because you couldn’t smoke?</td>
</tr>
<tr>
<td>8.</td>
<td>Did you feel more irritable because you couldn’t smoke</td>
</tr>
<tr>
<td>9.</td>
<td>Did you feel a strong need or urge to smoke?</td>
</tr>
<tr>
<td>10.</td>
<td>Did you feel nervous, restless or anxious because you couldn’t smoke?</td>
</tr>
</tbody>
</table>

**TOTAL SCORE**

---


HONC (Hooked on Nicotine Checklist) Tobacco Control, September 2002, Dr J.R DiFranza.
## Handout 2: Nicotine Dependence Questionnaire 2

1. **How many cigarettes a day do you smoke?**
   - a. Less than 1 a day
   - b. 1 - 10 cigarettes a day
   - c. 11 - 20 cigarettes a day
   - d. 21- 30 cigarettes a day
   - d. More than 30

2. **Do you inhale?**
   - a. Always
   - b. Quite often
   - c. Seldom
   - d. Never

3. **How soon after you wake up do you smoke your first cigarette?**
   - a. Within the first 30 minutes
   - b. More than 30 minutes after waking but before noon
   - c. In the afternoon
   - d. In the evening

4. **Which cigarette would you hate to give up?**
   - a. First cigarette in the morning
   - b. Any other cigarette before noon
   - c. Any other cigarette afternoon
   - d. Any other cigarette in the evening

5. **Do you find it difficult to refrain from smoking in places where it is forbidden (church, library, movies, etc.)?**
   - a. Yes, very difficult
   - b. Yes, somewhat difficult
   - c. No, not usually difficult
   - d. No, not at all difficult

6. **Do you smoke if you are ill and you are in bed most of the day?**
   - a. Yes, always
   - b. Yes, quite often
   - c. No, not usually
   - d. No, never

7. **Do you smoke more during the first 2 hours than during the rest of the day?**
   - a. Yes
   - b. No
COMMUNITY SMOKEFREE SERVICES
REFERRAL FORM

This form should be completed with the Young Person

Name: ........................................................... D.O.B: ......................................... M/F: ........................

Address ...........................................................................................................................................

...................................................................................................................................................

Postcode ..........................................................................................................................................

Email Address ..................................................................................................................................

School: ........................................................... Group/Service ..........................................................

Referred by: ........................................................... Contact No ......................................................

Date of Referral ...........................................

CAN WE CONTACT YOU VIA:

TELEPHONE  YES / NO  LETTER  YES / NO  TEXT  YES / NO  EMAIL  YES / NO

Reason for referral/other Information:

PLEASE RETURN TO:
SMOKEFREE COMMUNITY SERVICES
Gartnaval Royal Hospital
Modular Building, 1055 Great Western Road, G12 0XH
For further information or to discuss this referral contact us on

0141 232 2110
thank you for your referral
I understand that the product is a medicine and will be used by me and only me.

I will speak to (name of advisor) if I have any questions about my product.

I understand how the product should be used.

I agree to collect the product on a weekly basis.

I understand that if I do not follow this, my prescription will be reviewed.

Signed (Young person): ..............................................................

Signed (Advisor): ................................................................. Date ........................................
# HANDOUT 5: WEEKLY CHECKLIST

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
<th>Week 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paperwork</td>
<td>Pens</td>
<td>Activity Sheets</td>
<td>Stickers</td>
<td>CO Monitor</td>
<td>Other Resources</td>
<td>Flip Chart</td>
</tr>
</tbody>
</table>
WHAT DO I DO IN A 1 TO 1?

Participants are seen individually during session 1. For this you should make sure you have the following:

- Nicotine Replacement Therapy Pharmacy Request Form
- Completed client questionnaire and client consent form
- Client record card

Firstly, you should check through the client questionnaire and ensure it has been completed. If the client has missed out a question, bring this to their attention. If they do not want to answer the question there is no compulsion to do so, although an explanation as to why it is being asked might help. Please check that you have a correct address and phone number for the client. The details are kept on a private database at Smokefree Services and are not passed on to any other organisations.

Secondly, ensure that the client has signed and dated the consent form (this is vital for follow up). You must also sign and date this form.

Thirdly, discuss the products that have been spoken about in the group. As explained earlier, the Nicorette 16 hour patch is the first line product but the client should be allowed to use another product if they have an allergy to the patch, have previously been unsuccessful on the patch or have more confidence in another product. If another product is chosen, an explanation should be put in the ‘Reason for Request...’ box on the Pharmacy Request Form.

Suitability for products if appropriate should be checked against the NRT chart (e.g. if they smoke more than 20 a day, an inhalator would not be appropriate etc). At the beginning of the 1 to 1, you should check the how addicted the young person is using the nicotine dependence questionnaires and therefore, compatibility of different products.

Fourthly, enter all the information onto the client record card: the date, product chosen, manufacturer, dose (if appropriate) and any comments.

Finally, give the white copy of the recommendation form to the client to take to the nearest participating Smokefree pharmacy. Keep the yellow copy for the client records.

1 to 1’s are also done in the following weeks but they are much briefer than week one. The purpose is to monitor NRT use, allows the client to raise issues / ask questions they may not want to in the group and take the CO readings. The client record card should be completed each week. The 1 to 1 should not be used as an opportunity to discuss the quitter’s progress this should be done in the group.
<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>HOW TO USE IT</th>
<th>ADVANTAGES</th>
<th>DRAWBACKS</th>
<th>THINGS TO WATCH OUT FOR!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patches</td>
<td>• 10mg patch&lt;br&gt;• 15mg patch&lt;br&gt;• 16 hour patch&lt;br&gt;Put on in morning and takeoff before going to bed&lt;br&gt;Remove the old patch and replace with a fresh patch each day.&lt;br&gt;Dispose of patch carefully so children/pets can't get a hold of them&lt;br&gt;The patch should be placed on a hairless part of the upper body.&lt;br&gt;Put on the opposite side of the body each day to avoid irritation&lt;br&gt;Unless you smoke less than 10 cigarettes a day, you should start on the full strength patch.</td>
<td>Patch gives a constant level of nicotine throughout the day&lt;br&gt;Easy to use, discrete if under clothing.&lt;br&gt;No need to 'do' anything once patch is on.</td>
<td>Some people complain of occasionally feeling sick while using the patch&lt;br&gt;Some people think that the patch can be taken off to smoke but nicotine continues to be in your body for several hours after taking a patch off.&lt;br&gt;Remembering to put it on in the morning&lt;br&gt;It takes a few hours before the effects of the patch are felt&lt;br&gt;Can be difficult to remove from packaging</td>
<td>Remind young person to eat breakfast before putting on patch as this can make less susceptible to feeling nauseous.&lt;br&gt;Change the place that the patch is put on to minimise irritation.&lt;br&gt;Put patch on a hairless place on the upper body e.g. upper arm, to reduce irritation when removing&lt;br&gt;May need scissors to open packaging</td>
</tr>
<tr>
<td>Microtabs</td>
<td>Small tablets that are placed under the tongue where they slowly dissolve (takes about 30 minutes). The area under the tongue has lots of blood vessels where the nicotine is absorbed.&lt;br&gt;Less than 20 cigarettes a day: 1 tablet per hour&lt;br&gt;More than 20 cigarettes a day: 2 tablets per hour&lt;br&gt;Usual dose 8-12 / 16-24</td>
<td>Quite discreet&lt;br&gt;Can be used when having a craving to smoke</td>
<td>Need to use regularly to get full benefit&lt;br&gt;Need to anticipate cravings&lt;br&gt;Need to avoid drinking while microtab is in the mouth&lt;br&gt;Need to be left to dissolve and mustn’t be chewed, sucked</td>
<td>Avoid drinking when using the microtabs&lt;br&gt;May cause hiccups and heartburn</td>
</tr>
</tbody>
</table>
**PRODUCT** | **HOW TO USE IT** | **ADVANTAGES** | **DRAWBACKS** | **THINGS TO**
---|---|---|---|---
**Inhalator** | Plastic mouthpiece and nicotine cartridges which you insert into the mouthpiece. Draw on it like a cigarette. The nicotine is absorbed in the lining of the mouth and the throat unlike cigarettes which are absorbed in the lungs so you don’t get the same effect as a cigarette. 6-12 cartridges per day. Each cartridge contains 20 minutes puffing time although this doesn’t need to be puffed all at the one time – it can be broken down to four 5 minute sessions if preferred – the nicotine doesn’t escape after the cartridge is pierced. | It can be quite strong at first and can catch the back of the throat but some people like that as it reminds them of smoking. Inhalator good if binge smokes at weekends for example. Mimics smoking behaviour. Is a bit of a ‘gadget’. Can be used when having a craving. | Need to anticipate cravings to use effectively. Quite visible to use. May cause cough/irritation in mouth and throat. Young person may not anticipate times of cravings and therefore product doesn’t work effectively. | Good if young person mainly smokes at weekend in ‘binges’. |
**Gum** | Available in 2 strengths: 2mg and 4mg. It is not chewed like normal chewing gum - chew slowly until the taste becomes strong and then park it between the cheek and the gum to allow the nicotine to be absorbed through the lining of the mouth. When the taste fades, chew again and then park etc. 8-12 pieces per day. But should not exceed 15 pieces per day. | Can taste unpleasant at first but most people get used to it very quickly. Discrete. | Can taste unpleasant. Can’t be used if orthodontic braces are worn. Young person may not anticipate times of cravings and therefore product doesn’t work effectively. Can cause indigestion and nausea if not chewed correctly as it irritates the gut. | Avoid drinking when using the gum. Don’t chew it like regular gum – remember to ‘park it!’ Avoid gum if young person has braces. | 

(continued over)
<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>HOW TO USE IT</th>
<th>ADVANTAGES</th>
<th>DRAWBACKS</th>
<th>THINGS TO WATCH OUT FOR!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nasal Spray</td>
<td>The fastest acting NRT product and only suitable for heavier smokers (i.e. more than 20 cigarettes per day) It is a small bottle of nicotine solution. Press the top down and a measured dose of nicotine is delivered Usage: (one spray per nostril = 1 dose) Recommended dosage is 1-2 doses per hour with a maximum of 64 sprays per day (i.e. 32 sprays per nostril)</td>
<td>Most people find it a good product if they persevere Very fast acting Can be used when having cravings</td>
<td>Unpleasant to use it takes getting used to: causes irritation to the nose causing, sneezing, coughing and running eyes and nose. But most people get used to it and the symptoms calm down within 48 hours Young people often find it difficult to persevere through the unpleasant effects</td>
<td>Young person may not anticipate times of cravings and therefore product doesn’t work effectively Not popular option for young person</td>
</tr>
<tr>
<td>Lozenge</td>
<td>A tablet which is ‘parked’ in between the cheek and the gum in a similar way to the chewing gum Not to be sucked or crunched - must allow to</td>
<td>Can taste unpleasant at first but most people get used to it very quickly Discrete</td>
<td>Not suitable for people who suffer from Phenylketonuria (PKU) (a rare blood disorder that is generally tested for in newborn babies) Unpleasant taste to start with May cause irritation of mouth and throat, increase salivation, hiccups, heartburn</td>
<td>Should not drink anything when lozenges are in the mouth as it affects the absorption Young person may not anticipate times of cravings and therefore product doesn’t work effectively</td>
</tr>
</tbody>
</table>
HANDBOOK 9: STAGES OF CHANGE

Not interested in change

Relapsing

Thinking about change

Preparing to change

Making changes

Maintaining change
Name: .................................................................

Use this to record other indicators of change. Mark the outcome at the top, e.g. “less cigarettes smoked” and record the data on the ladder as appropriate.
### HANDOUT 11: CARBON MONOXIDE STAIRCASE

Name: ...............................................................

<table>
<thead>
<tr>
<th>CO Readings</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
</tr>
<tr>
<td>27</td>
</tr>
<tr>
<td>24</td>
</tr>
<tr>
<td>21</td>
</tr>
<tr>
<td>18</td>
</tr>
<tr>
<td>15</td>
</tr>
<tr>
<td>12</td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

Date: 

---

Nicotine Replacement: A Seven Week Programme
If you know what kind of smoker you are it can make it a bit easier to work out an action plan for yourself when you are trying to quit. If you answer the questions at the top of the diary and make a note of the cigarettes you smoke in a day it can help you see if there is a pattern to your smoking behaviour.

1. When do you most want a cigarette?
2. When do you smoke most?
3. What particular activities make you light up?
4. Any special times?
5. Places?
6. People?
7. Which cigarettes do you enjoy most of all?
8. Which cigarettes could you have easily done without?
9. If you’ve found a pattern to your smoking, how are you going to change this?
10. How confident are you about quitting?
A group agreement or contract which everyone can sign is a way of helping the group regulate its’ own behaviour by agreeing to a set of ‘rules’ that they have created themselves (flip chart works well for this). This way the group are signing their agreement to a code of behaviour that they themselves have set and it also lets them know what they can expect from you as a practitioner.

It will most likely cover things such as standards of behaviour and language, respecting one another, allowing others to speak without interruption, keeping confidentiality and also what will happen if any person does not abide by the agreement. This may mean that you have to explore some issues, for example their understanding of ‘respect’ or ‘confidentiality’.

SAMPLE GROUP AGREEMENT FROM A SCHOOL STOP SMOKING GROUP
‘All discussions in the group stays in the group’
‘Let people speak’
‘No violence’
‘No abusing each other’
‘No slagging each other’
‘Tell the story not the person’
‘Be supportive of each other’
‘Everything stays in the room’
‘Any products through pharmacy will not be shared information’
(with parents/teachers)
‘No-one can say nothing’
‘Secret, can’t tell mum’
Ask the young people to indicate how important it is for them to stop smoking at this early stage and how confident they are about being able to quit. Mark it on the scale (ask them to write in the date).

This can be retained by the facilitator with the rest of the weekly records and the exercise can be repeated at a later point in the programme. This will demonstrate to the young person how their motivation and confidence can change over time.

If someone has made a previous quit attempt and is not very confident about trying again, the confidence scale can let them see how stopping smoking is like a journey and that it may take several attempts before they succeed.

Instead of using the ladder template for this exercise you could make it more interactive and get the young people to visualise a scale across the room and ask them to stand on the scale according to how confident they feel about being able to stop smoking.
**HANDOUT 14B: CONFIDENCE LADDER**

Name: ...............................................................  

<table>
<thead>
<tr>
<th>Really Important</th>
<th>Really Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Not Very Important  Not Very Confident
This exercise lets the young people get involved in talking about both the perceived benefits of smoking and the negative effects of smoking. You can use a flipchart or whiteboard to write the answers. Either you can do the writing or you could let the young people do it themselves (be mindful of literacy issues). This exercise can also be done verbally.

**Handout 15: The Four Whys Exercise**

**SMOKING**

- The good things about smoking
- The NOT so good things about smoking

**GIVING UP**

- The good things about giving up
- The NOT so good things about giving up
What do I enjoy about smoking?

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Why do I want to stop smoking?

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
When a card is taken out of the bag, ask them if they think the feeling applies to them and if so ask them to explain why. After they have drawn the cards ask them to put them into one pile if it they can relate to the feeling and into another pile if they cannot relate to it. At the end of the exercise look to see if they have identified with mainly positive or negative feelings and this should generate more discussion. Reassure them that all or any of these feelings are normal.

An alternative exercise is to use a flip chart / post-its or a white board instead of the cards. Write the feelings up so the group can see them, and discuss if the young people can relate to them or not.
# STOP SMOKING DIARY

Use the diary to identify your smoking habits

Name: ................................................................. Day: ..................................................

<table>
<thead>
<tr>
<th>Cigarette number</th>
<th>Time</th>
<th>Who you were with</th>
<th>What were you doing?</th>
<th>Enjoyed Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Use for 3-7 days
# Handout 19: ‘My Action Plan’

## My Action Plan

My quit date is: .................................................................

### Preparing to Quit

It really helps if you can prepare yourself for Quit Day. What things can you do that will help you get ready for when you stop smoking?

Here are some ideas: buy sugar free gum, always have a bottle of water, sign up for an exercise class, tell your friends and family.

What will work for you?

**Before I stop smoking I will prepare myself for quit day by:**

1. .................................................................
2. .................................................................
3. .................................................................
4. .................................................................

### Staying Stopped

Stopping smoking isn’t always easy – you might need to try several times before managing to stop. It is important that you get enough support when you are trying to stop so talk to your support advisor about it – it really will help!

If I am finding things difficult I will:

1. .................................................................
2. .................................................................
3. .................................................................
4. .................................................................

### How to Cope with Cravings

When you stop smoking you might experience cravings. What do you think you could do to help you cope with cravings?

If I get a craving for a cigarette I will:

1. .................................................................
2. .................................................................
3. .................................................................
4. .................................................................

### My Reward for Stopping

Stopping smoking is a great achievement and you might decide that you deserve a reward as a treat.

I will give myself a reward when (fill in your own occasions):

1. I stop for?  ......days
2. I have stopped for?  ......weeks
3. I manage a difficult situation?
4. After?  ......months

### Who Can Help Me with This?

Make a note here of the people who will help and support you when you are trying to stop smoking.

These people will help me:

1. .................................................................
2. .................................................................
3. .................................................................

---

66 Nicotine Replacement: A Seven Week Programme
COPING ACTIVITY

Ask the group if anyone has experience of someone helping them with a situation that they have found difficult. Ask them to describe what the person did for them that made the situation easier and why this was important.

Relate this to the group and use it to demonstrate that sometimes doing something that is really difficult can be made a little bit easier when someone stands alongside and supports them. Explain that this is what the group is for – that the others in the group can keep them motivated when the going gets tough and they feel as if it is too hard.
DISCUSSION ABOUT COPING

• What would you like to be able to do in this situation?

• How would you feel if you managed to get through this situation without smoking a cigarette?

• How do you think other people have coped with this situation?

• What could you do differently next time you face this situation?

• What do you think your friends would say to you if they knew you were concerned about getting through this situation?
Divide the group up into smaller groups (3 or 4 groups if possible)
or if it is a small group then working together is fine.

Head up 3 sheets (flip chart) with the headings;

- How to deal with a craving
- How to say no
- Alternatives to smoking

Give the groups 5 minutes to list as many things as possible under the heading
they have been given.

Bring the group back together and each should read out their list.

In the large group ask them to make a new list or a ‘Top Ten Tips’ for stopping
smoking.

**TOP TEN TIPS FOR STOPPING SMOKING**

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
HANDOUT 23: QUITTING

ACTIVITY

- How is the first day of being a non-smoker?
- How do you feel?
- How did you cope without your first cigarette?
- How will you cope with your ‘difficult’ cigarette?
- What will you do instead of smoking that cigarette?
- What will you do when you are with your smoking friends?
- What will you do if someone offers you a cigarette?
- What will make quitting difficult?
- What could help make quitting easier?
- Who can help you and support you?
- Who might try and prevent you quitting or make it difficult?
- What will you do if you feel you really need a cigarette?
- Remind me again why you want to stop
- What are you most looking forward to about being a non-smoker?
MY QUIT CHART

Mark your quit day with a 'Q' – every day that you go without a cigarette put a tick ✓ in the box. If you smoke on any day then write in the number of cigarettes that you have on that day.

Name: .................................................................

<table>
<thead>
<tr>
<th>JAN</th>
<th>FEB</th>
<th>MARCH</th>
<th>APRIL</th>
<th>MAY</th>
<th>JUNE</th>
<th>JULY</th>
<th>AUG</th>
<th>SEPT</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Use these cards to promote discussion about common feelings and symptoms of withdrawal (add others as required)
ADDICTION

HABIT

DEPENDENCE
STILL STOPPED? – DISCUSSION

• How are you feeling?
• How are you coping?
• Has it been as you expected?
• What are the good things about having stopped for (x) weeks
• Has it been difficult? Tell me about that. How have you coped?
• Do you feel any benefits from stopping?
• What have other people said to you?
• Do you still feel motivated?
• How confident do you feel?
• What have you noticed since you stopped smoking?
RELAPSE – DISCUSSION

• What was it that made you have that cigarette?
• Where were you? Who were you with? What were you doing?
  • Did you enjoy it?
• What did you feel during and after?
• How do you feel about it now?
• What could you have done differently?
• What could you have done instead of having a cigarette?
• Do you still want to quit?
• Do you feel ready to try again?
DISCUSSION ABOUT THE FUTURE

• How do you feel about going it alone?
• How have you coped with stressful situations? How did that go?
• When is your most difficult time?
• What has this experience been like?
• Tell me again why you wanted to stop.
• Do you feel different now? Tell me about that.
• How much money have you saved?
• How do you think you will cope now that the group has come to an end?
• How do you think you will cope when your NRT comes to an end?
• How do you see the future?
Give each person a sheet which you should fill out with things like: ‘only drinks Irn Bru’, ‘has a pet hamster’ or ‘is wearing black shoes’ – they should find someone who ‘matches the description’ and write their name in the box. First person to complete the sheet is the winner. If possible, each person’s name should only appear once.
TRUTH OR LIE?

Everyone sits in a circle. The facilitator kicks off by making one true and one false statement about themselves. Everyone has to guess which statements are true and which are ‘lies’.
HANDOUT 32: SMOKING WORDSEARCH

EMPHYSEMA
NEUROTRANSMITTER
CIGAR
DOPAMINE
ADDICTION
REWARD
SMOKING
WITHDRAWAL
CIGARETTE
CANCER
DRUG
ACETYLCHOLINE
BRAIN
BLOODSTREAM
RECEPTOR
NICOTINE
TOBACCO
A GAME BASED AROUND THE TV SHOW CSI

Draw a body on flip chart paper (life size is good), and set the scene explaining that this is the body of a 40 year old, 20 a day smoker. Ask the group what they would expect to find on or inside the body, given that they were a smoker. Ask them to draw the answer on the body.

You will be looking for answers like ‘blackened lungs’ or yellow teeth and fingers etc. Use the tar jar and chemical board to illustrate this.

Using graphic images (see Google images) usually provokes a strong reaction from young people and helps to illustrate some of the conditions that they will have talked about e.g. lung cancer and heart disease.

A variation of this is to have two colours of post-it notes (one for positive and one for negative) and make a list of the effects of smoking and benefits of quitting.

Ask the young people to select some of the harmful effects and also the benefits of quitting and write them on the post-its (one per post-it). In turn ask them to stick the notes on the ‘body’ where the effect would be. Use this to generate discussion about the effects of smoking.

For example:

• How serious are the effects?
Prepare some statements that can be read out or produced on laminated card that are popular opinion or myths, and use them to guide discussion about some of the accepted thinking about tobacco. **For example:**

**Once you start smoking you can't stop!** - MYTH; nicotine addiction free within 2 weeks

**If I stop smoking I will put on a lot of weight** - Discuss

**More boys smoke than girls** - MYTH; at age 15 more girls than boys smoke

**Most young people smoke cigarettes** - MYTH; most young people do not

**Most adults smoke cigarettes** - MYTH; used to be the case in the 60’s and 70’s but now

**Smoking makes you look tough** - DOES IT? DISCUSS

**Smoking makes you look cool** - DISCUSS

**Smoking makes you look grown up** - DOES IT? DISCUSS

**I just smoke now and then and I'll never get hooked** - MYTH; most people who smoke started before they were 19

**Smoking never did my gran any harm and it's not going to harm me** - DISCUSS

**Lung cancer? That won't happen to me!** - 90% of lung cancers are caused by smoking

**There are a lot more dangerous things out there than smoking** - smoking kills more people than illegal drugs, suicide, road accidents etc

**You have to die sometime so who cares about smoking?** - smoking is the single biggest most preventable cause of premature death

**By the time I get older there will be a cure for cancer** - DISCUSS

**I couldn't relax without a cigarette** - smoking increases blood pressure, heart rate etc

**Smokers have more fun** - DISCUSS

**Smoking around children doesn't harm them** - DISCUSS second hand smoke and social norms

**I'll worry about the damage it does in the future** - damage to lungs etc is reversible but permanent damage can never be repaired

**I'll give up when I'm a bit older** - most adults started smoking when they were teenagers and most have to make several attempts before they manage to stop smoking

**Smoking doesn't cost that much money** - calculate cost of smoking and relate to the cost of some things that young people might want to buy e.g. computers, car, holidays, clothes
If you require any further information on any of the content the following links are given as a helpful guide;

**ACTION ON SMOKING FOR HEALTH (ASH)**
A campaigning public health charity working to eliminate the harm caused by tobacco.
www.ash.org.uk

**ASH (ACTION ON SMOKING FOR HEALTH) SCOTLAND**
Raises awareness about tobacco use and its harmful effects, and contributes to the implementation of public health policies to help smokers to quit and to protect children from tobacco.
www.ashscotland.org.uk

**CAN STOP SMOKING**
Developed by NHS Health Scotland, this website provides information on the reasons behind why people smoke and the support that is available if they are looking to quit. Local smoking cessation services can be found on this website.
www.canstopsmoking.com

**CLEARING THE AIR**
Information about Scotland’s ban of smoking in public places.
www.clearingtheairscotland.com

**GASP**
Tobacco resources available to buy – leaflets, activity packs, displays, posters etc.
www.gasp.org.uk

**NHS STOP SMOKING SERVICES**
NHSGG&C Smokefree Services are responsible for a wide range of tobacco projects aimed at reducing the damage from tobacco. Offers various support services for quitting smoking.
Smokeline telephone number: 0800 84 84 84
www.nhsggcsmokefree.org.uk

**THE LOW-DOWN**
Provides information about teenage health for teenagers and also for those who work with them.
www.getthelowdown.co.uk

**TOBACCO INFORMATION SCOTLAND**
Tobacco Information Scotland provides smoking and tobacco-related information in Scotland.
www.tobaccoinscotland.com

**W-WEST (WHY WASTE EVERYTHING SMOKING TOBACCO)**
Scotland’s first pro-choice smoking information movement, led by young people for young people. W-WEST aims to give young people the facts about smoking to enable them to make informed choices.
W-WEST offers free training for existing Peer Education Projects in the Greater Glasgow & Clyde area. This training will give young peer educators the knowledge they need to discuss smoking and tobacco use with the young people they work with.
www.w-west.org.uk

All telephone numbers and website addresses were correct at time of publication. The author cannot be held responsible for the contents of any pages referenced by an external link.


10. NHS HEALTH DEVELOPMENT AGENCY. Smoking Interventions with Children and Young People June 2004.


16. HEALTH SCOTLAND. A synthesis and analysis of current information and evidence relating to Action 10 of the Smoking Prevention Action Plan (May 2010)


20. HEALTH SCOTLAND. A synthesis and analysis of current information and evidence relating to Action 10 of the Smoking Prevention Action Plan (May 2010)

21. HEALTH SCOTLAND. A synthesis and analysis of current information and evidence relating to Action 10 of the Smoking Prevention Action Plan (May 2010)


25. HEALTH SCOTLAND. A synthesis and analysis of current information and evidence relating to Action 10 of the Smoking Prevention Action Plan (May 2010)

26. HEALTH SCOTLAND. A synthesis and analysis of current information and evidence relating to Action 10 of the Smoking Prevention Action Plan (May 2010)