

QUIT

4YOUTH



Seven-week stop smoking
and/or stop vaping
group programme for young people.



Acknowledgements

The Tobacco Free Ireland Programme would like to acknowledge the contributions of all those who were involved in the development of Quit4Youth.

Thanks to the Health Promotion Departments of CHO7 and CHO6, who were involved in the original development of Quit4Youth, in conjunction with the Department of Education SPHE and a number of local schools and Youthreach groups.

In particular, we would like to thank Dr. Jose Ayala and Rosemarie Plant from CHO7, who developed, produced and piloted the original resource in 2008.

In 2022 this resource was reviewed, revised and updated to align with current best practice standards in stop smoking care and nicotine addiction. This work was coordinated by the HSE Tobacco Free Ireland (TFI) Programme in conjunction with a group of identified subject matter experts in stop smoking and nicotine addiction among youth.

Group members included: Rosemarie Plant (CHO7), Jose Ayala (CHO7), Gail McNeil (CHO8), Sarah Chadwick (CHO9), Martina Blake (TFI), Edward Murphy (TFI) and Caitríona Reynolds (TFI).

All rights are reserved. The information, materials and handouts contained in this publication and associated publications are for the express purpose of delivery of the Quit4Youth programme by HSE staff and HSE trained facilitators. Permission in writing must be sought in advance from the HSE's TFI programme for any other proposed use or reproduction.

First published in 2008, and subsequently revised in 2010 and 2022.

ISBN: 978-1-78602-199-1



Contents

Section 1	2
Introduction	2
How to use this book?	2
Participant Handouts	2
Background	3
Who delivers/facilitates the programme?	4
Why a programme for young people?	5
Getting started: How to set up the group	7
How to maintain the group	8
Preparation Checklist	10
Section 2	11
Weekly session plans	11
Information Session	12
Week 1 – Preparing to quit and the truth about tobacco and e-cigarettes	15
Week 2 – Planning	27
Week 3 – Quit date and media influences	36
Week 4 – Coping with withdrawal and stress	46
Week 5 – Continuing support, healthy eating and smoke free environments	56
Week 6 – Continuing support, physical activity and impact of tobacco and e-cigarettes on the environment	65
Week 7 – Reflect and celebrate achievements	74
Section 3	78
Additional Activities	78
What is in a cigarette? Solution for facilitators	79
Word search: Solution for facilitators	80
Myths and Facts about tobacco use: Moving Debate	81
Relaxation Exercises	84
Identifying and dealing with stress	87
Physical activity idea	88
Evaluating sessions – other options	89
Section 4	91
Additional Facilitator Information	91
E-cigarettes	92
Cannabis	95
Nicotine	97
Roll Your Own Cigarettes (RYO)	98
Useful Terms	100
Supports to quit	102
Useful resources and contacts	103
Section 5	105
Appendices	105
Parental Consent Form: Quit4Youth	
Participant Record Form	
Weekly Attendance Sheet: Quit4Youth	
Quit4Youth Certificate	

Section 1

Introduction

Quit4Youth is a seven-week, group stop smoking programme developed specifically for young people. The programme offers behavioural support in a fun, educational and non-judgmental manner. Participation in the course is voluntary. The aim for young people attending the programme is to quit smoking.

The programme uses evidence-based competencies for the delivery of a stop smoking intervention, which can be applied to those who wish to quit vaping. Please note that while we have confidence in the underpinning evidence in terms of what works to support smoking cessation we do not have access to robust evidence in the cessation of vaping. However, while behavioural support for quitting smoking and medicines for managing nicotine withdrawal have not been developed or tested for stop vaping use, first principles would suggest that they could be useful as a stop vaping aid. We know these medicines have a well-established safety profile, and behavioural supports and techniques for addiction and health behaviour change have been applied successfully to multiple health behaviours.

This book provides you with a systematic approach for facilitating Quit4Youth. The structure of the programme focuses ultimately on supporting a young person to become tobacco/nicotine free but is based on a holistic model whereby each week a different health topic is addressed.

Promoting healthy behaviours among young people is a key component of this programme. Whilst the basis for this course is about supporting nicotine addiction withdrawal, the programme also looks at other health behaviours such as managing stress, physical activity and healthy eating. It also allows young people to explore the wider societal issues of smoking and vaping, for example, impact on the environment, manipulation of the tobacco industry and looking at ways of promoting smoke free environments.

The methodology for health education and promotion used in this programme includes group work, games, icebreakers, role-play, buzz groups, moving debates and peer education.

How to use this book?

Section 1 describes the background to the course and how to use this resource.

Please read in full before proceeding or before planning to deliver a course.

Section 2 contains session plans for the Information Session and the seven-week programme.

Section 3 contains additional activities that you may wish to use instead of or in addition to the activities provided in the weekly sessions.

Section 4 contains additional information for the facilitators to support your own understanding and knowledge of specific topics.

Section 5 is the appendices, which contain some supporting resources to help you with the logistics of delivering the course.

You should review all sections before planning a course.

Participant Handouts

There are participant handouts for each session, which are available online:

<https://www.hse.ie/eng/about/who/tobaccocontrol/resources/> They should be downloaded and printed in advance of each session. See the weekly session plans to identify the appropriate handouts for that session.



Background

In the Irish Health Behaviour in School-aged Children (HBSC) Study 2018¹ children were asked about their smoking behaviour, including one question examining the use of e-cigarettes.² This study examines a range of health behaviours among 10 to 17 year olds in Ireland. Here are some of the results:

Ever smoked tobacco	Overall, 11% of children report that they have ever smoked (16% in 2014). Older children are more likely to report ever smoking. There are no significant differences across gender or social class groups.
Current smoking status (defined as smoking tobacco monthly or more frequently).	Overall, 5% of children report that they are current smokers (8% in 2014). Younger children and those from higher social class groups are less likely to report that they are current smokers. There are no significant gender differences.
Ever used e-cigarettes	Overall, 22% of children (12-17 years old) report that they have ever used e-cigarettes (new question, no 2014 data). Boys and older children are more likely to report that they have ever used e-cigarettes. There are no significant differences across social class groups.
Used e-cigarettes in the last 30 days	Overall, 9% of children (12-17 years old) report that they have used e-cigarettes in the last 30 days (new question, no 2014 data). Boys and older children are more likely to report that they have used e-cigarettes in the last 30 days. There are no significant differences across social class groups.

In 2019, the European School Survey Project on Alcohol and Other Drugs (EPSAD) carried out a national survey on e-cigarette use among 15-16 year olds. The table on the next page shows some of the figures collected in that survey.

¹ <https://www.nuigalway.ie/hbhc/hbhcireland/2018study/>

² The data from the 2022 report was not available at time of print.
You can find all the reports for Ireland at <https://www.nuigalway.ie/hbhc>

Ever used e-cigarettes	39% had tried e-cigarettes. This is an increase from the 2015 survey where 23% had reported ever using e-cigarettes.
Current users of e-cigarettes (defined as using an e-cigarette monthly or more frequently)	18% reported themselves as current users.
Used e-cigarettes in the last 30 days	16% reported using an e-cigarette in the last 30 days.
Reasons for using e-cigarettes	66% said that it was out curiosity. 29% said it was because their friends offered it. Only 3% said that it was to stop smoking.

The results of these studies show that e-cigarettes are popular among youth in Ireland. The ESPAD survey noted an increase in the number of students reporting use of e-cigarettes in 2019 compared to 2015. It also observed that the use of e-cigarettes among this age group (15-16 years) is now more common than cigarette smoking. The implications for future smoking is unknown but nicotine addiction seems set to continue. There is a need for a more large scale and comprehensive study on e-cigarette use among young people.

Addressing the issue of quitting smoking and vaping with young people is not easy. Quit4Youth is a resource that gives guidance and support for those working with young people to help them quit. It provides insight into a sensitive issue. It will hopefully encourage many young people to make informed choices about their health.

Quit4Youth is suitable for use in youth and youth education or training settings.

Quit4Youth is the culmination of a process, which included engaging and working with young people, teachers and youth workers. It also incorporates recommendations on e-cigarettes as detailed in the National Clinical Guidelines³, and Health Research Board⁴ reports on tobacco use and e-cigarette use among young people. It is hoped that this resource will be used as one aspect of a multi-strand approach in addressing the issue of smoking and vaping among young people.

Who delivers/facilitates the programme?

This programme is co-facilitated, led by a HSE Stop Smoking Advisor and supported by a youth worker or any other person appropriately placed in the youth setting.

The Youth worker is best placed to manage the recruitment of participants, organise the weekly set up of the room, whilst also supporting group engagement during the weekly sessions.

³ <https://www.hse.ie/eng/about/who/tobaccocontrol/national-clinical-guidelines/>

⁴ <https://www.hrb.ie/>

Why a programme for young people?

There are two aspects to dealing with tobacco and e-cigarette use that need to be addressed: smoking/vaping prevention and stop smoking/vaping support. However, it is not within the scope of this programme to address both prevention and cessation. For this reason, Quit4Youth has been designed as a stop smoking/vaping support programme.

A range of social personal and health education lesson plans, videos, tools and resources have been developed for children aged 12-16 years as part of the Social Personal and Health Education curriculum.⁵ The overall aim is to explore some of the reasons why young people smoke/vape and examine some of the ways to avoid smoking/vaping. These lessons while originally designed for the in school setting could also be used in youth groups and other out of school youth settings to support awareness and prevention of tobacco and e-cigarette use among youth.

A social influence approach, mass media campaigns, restrictions on smoking in schools and public places, strongly enforced limits on youth access, a complete ban on tobacco advertising, and real price increases in cigarettes, have resulted in decreased numbers of youth smoking, as per the pattern of findings from the HBSC surveys. However, the promotion and increased use of e-cigarettes among the general population is threatening the gains we have seen in recent years in youth initiation of tobacco.

A single programme cannot solve all of the issues associated with youth smoking and vaping. Tobacco and e-cigarette use in young people is a challenging area that requires a wide-ranging approach and this group format designed to provide stop smoking/vaping support is only one facet of it.

Since Quit4Youth was originally designed, e-cigarettes have become more popular, resulting in more young people being exposed to the potential risk of nicotine addiction. Although e-cigarettes may be less harmful; albeit, not harmless; than tobacco use, they promote addictive behaviours and there is growing research that they act as a gateway to tobacco smoking⁶. Research in this area is ongoing and theories around best practice are still in development.

Most of the current data points to the effectiveness of a multicomponent package of support that would include interventions such as intensive support (either group or one-to-one), self-help materials and resources, brief advice offered via telephone or electronic media, social support, and monitoring and tracking. Quit4Youth embraces all of these elements with a focus on providing behavioural support to quit in a non-judgmental, friendly and safe group environment. This version has been developed to include information on and support to quit e-cigarettes, in addition to cigarettes containing tobacco.

⁵ For more information and a link to the lesson plans please see:

<https://www.hse.ie/eng/about/who/healthwellbeing/hse-education-programme/junior-cycle-sphe-training-resources/healthy-choices/>

⁶ O'Brien D., Long J., Lee C., McCarthy A. & Quigley J. 2020 "Electronic cigarette use and tobacco cigarette smoking initiation in adolescents. An evidence review"



How does it work?

This programme is designed to influence motivated young tobacco and e-cigarette users to quit in a non-judgmental manner. It provides a structured format that incorporates relevant information, coping strategies and decision-making exercises to help young people to change. It advises on nicotine addiction and use of medication (under physician supervision for minors under 18) to support nicotine withdrawal where required as per best practice guidelines.

Why work in a group?

The nature of the group work adds to the learning experience for the young people involved. Group dynamics and a supportive environment can be a valuable learning tool, especially at this critical age where adolescents may feel isolated or unable to discuss these issues in other settings. Self-analysis and problem sharing inherent in the group setting will have long-term benefits as well.

Emphasis is placed on how their own current choices determine how successful their attempts to change will be. At the very least the young participants will start to become aware of how to make appropriate behaviour changes regarding lifestyle issues such as tobacco and e-cigarette use and the knowledge gained from the group should help them in future situations.

The bottom line

It is important to remember that you are not the expert! What that means is that the participants in your group are the experts about their own lives. This is known as the person-centred approach. It is vital for effective communication when trying to help people change a particular behaviour. It requires you to remain non-judgmental towards the participants and to accept that change will only occur when the person is ready. He, she or they might already have the answer to the problem, but may or may not be in a position to act upon it yet. In this respect, it puts the onus of change onto the person and not the facilitator.

Therefore, your role is to facilitate the process of change, not to actually change the person yourself. Use the group setting as an opportunity to introduce the process of change to the young people. Some will quit, but if not, do not feel too disheartened. The ability to change one's behaviour is a learned process, which takes effort and experience. Remember that the first step is to plant the seed of positive change and if the person is ready, it will happen.



Getting started: How to set up the group

To recruit for a group, you can use a combination of the following approaches. The person working in the youth setting is best placed to oversee and manage this part of the programme delivery.

- **Information session**

Running an information session prior to running a group is an excellent way to recruit participants. It gives potential participants an overview of the content of the stop smoking/vaping group and lets them know in advance what commitment is expected. It should also allay any fears or worries they may have. This is also an opportunity to gain parental consent.

- **Noticeboards**

Be sure that these are distributed as widely as possible.

- **Posters**

Remember the importance of creativity and make them as lively and interesting as possible so that they stand out from other posters. You could make it an activity to design a poster or leaflet.

- **Talking to young people**

You may know which young people would be interested in joining already, so a tactful word may be all that is needed. Peer assistance in recruiting new participants can be invaluable. Young people who previously attended the course can be advocates for recruitment.

- **Youth group website or intranet**

If a website or social media page already exists, then this is an obvious choice for getting the word out. Link in with local secondary schools, if appropriate to do so, and ask them to promote the course.

- **Social media communication platforms such as WhatsApp or Snapchat**

The choice of communication platforms is changing all the time. Find out what platform the young people in your community are using, and use it if you have the available resources and your policy allows.

- **Email**

Emails might be another option for communication.

How to maintain the group

The most important thing when encouraging young people to keep attending stop smoking/vaping sessions is to make them fun and enjoyable. A group that is fun is more likely to be well attended, more likely to be spoken about to peers and information that is imparted in a fun and humorous way is more likely to be remembered after the group has finished.

Group differences

There is a tried and tested formula for adult stop smoking groups and yet adolescent groups seem to vary much more in what works and what does not. What goes well with one group will not necessarily hit its mark with another. So being creative and constantly ready to conjure up another method of delivering your message is essential. This is where the co-facilitation of the Stop Smoking Advisor and the Youth Worker is most valuable.

Facilitating an effective group

The key elements for facilitating an effective group are:

1. The provision of a safe space for individuals to share, learn and receive support.
2. The creation of an enjoyable and positive atmosphere.
3. The facilitation of learning and skill development.

Provision of group support

- Establish the Group agreement.
- Devolve responsibility – group members should take on practical responsibility such as time keeping and decisions about group activities.
- Balance group and individual needs – generalise from particular comments, or invite wider discussion.
- Encourage contributions from everyone – ask people to work in pairs or smaller groups.
The less you talk the more the people interact.

Positive and enjoyable atmosphere

- Boost confidence – it will be hard to stop smoking and vaping, so boosting confidence is a central task. People often lose motivation at some point so it also helps if they look forward to the weekly sessions.
- Create a welcoming atmosphere – young people value an open, accepting and positive attitude.
- Emphasise immediate benefits of change– the effects of smoking or vaping are important but may seem too distant or too unpleasant to think about.
- Vary activities – mix pair/group activities and more serious/lighter topics.



Learning and skill development

- Be aware of individual needs e.g. low literacy skills, problems with hearing, vision or language. Take guidance from the person on how best to help.
- Take notice of body language – group members may be confused, bored or uncomfortable. Make changes as needed.
- Balance new information and discussion time.
- See problems as challenges – encourage a group response to the solving of specific problems.
- Link contributions and sum up key points.
- Be flexible with the format – if the group want to discuss stress before nutrition then go with it and find ways to link in the different topics.

Preparation Checklist:

Before you start your group, ensure you have the following available:

- **A suitable and accessible room/venue**
- **Computers with Internet access**


Week 3 activities are based around media influences and would benefit from access to the Internet during the session, but it is not mandatory.

- **Carbon monoxide monitor**

A carbon monoxide (CO) monitor is needed for each session and is an excellent motivational tool for young people. CO monitors are made by a UK company (www.bedfont.com) and can be purchased in Ireland from www.medivent.ie. Your first order will come with all the necessary accessories (reusable D piece, disposable mouthpieces and disinfectant wipes). These can then be purchased as individual items as required.

- **Supplementary information and leaflets**

Leaflets and posters can be ordered from www.healthpromotion.ie. Allow 3 to 4 of weeks for the delivery of all orders. See Section 4 for a list of additional resources.

Pre-course checklist	
Confirmed attendance of individual members	
Confirmed venue	
Confirmed time of session	
Provided clear directions to the venue	
Ensure venue has adequate heating, lighting and ventilation	
Have chairs arranged in a circle/semi-circle as appropriate	
Reviewed requirements for particular session and programme	
Delivery plan with co-facilitator	
Internet access if possible on week 3	

Section 2

Weekly session plans

This section contains all the information that you need to deliver the weekly sessions.

This includes:

- An overview of the session
- Aim and objectives
- Resources/materials required
- Session plan



Facilitator Activity – this explains how to deliver an activity. Each one is numbered and is named in the session plan



Facilitator Information – this provides you with information to support the delivery of the session. Each one is numbered and is named in the session plan

NOTE: Each week contains more than enough information and activities for the one-hour session. In some instances, you may not be able to cover all of the content or may decide to extend the session beyond one hour. Work with your group and make a decision together.

Remember: There are additional activities in section 3, additional information in section 4 and supporting materials in section 5.

You should review sections 3, 4 and 5 before planning your seven-week programme.

Information Session

Aim: to provide an overview of the programme so that young people can make an informed decision about joining.

Objectives

- Provide young people with an overview of the programme
- Give information about what the young people can expect
- Get parental consent to participate for all those under 16 years of age
- Complete registration – enter same on QuitManager Patient Management System or liaise with your local stop smoking advisor for same.

Overview of the introductory session

- Welcome
- Overview of the 7 week programme – dates, times, venue, etc.
- Complete participant record form
- Complete parental consent form

Resources required

- CO monitor (optional)
- Handout 1 – Overview of Quit4Youth programme
- Participant record form (see Appendices for sample)
- Parental consent form (see Appendices for sample)

Information session – Session plan

Activity	Process/Guidelines for Facilitator	Resources	Duration
Welcome	Refreshments on arrival. Facilitators introduce themselves and congratulate everyone for attending.	Refreshments	10 minutes
Overview of the programme	Distribute Handout 1 – Overview of the programme.	<ul style="list-style-type: none"> • Information Session Handout • Facilitator Information, Introduction 	10 minutes
Q & A	Open the floor for young people and their parent/guardian to ask questions.		10 minutes
Registration and consent forms	<ul style="list-style-type: none"> • Distribute the Participant Record forms; explain that the information on these forms will be used to register participants on the HSE's patient management system – QuitManager. Parental/Guardian consent is required for anyone under the age of 16. • Distribute the parental consent forms – to be completed by parent/guardian of any participant under the age of 16. 	<ul style="list-style-type: none"> • Participant record form (see appendices) • Parental consent form (see appendices) 	10 minutes
Close	Thank everyone for attending and answer any final questions that they may have.		5 minutes



Facilitator Information, Introduction session

Overview of Quit4Youth

Explain that this is a support group to help young people quit smoking and/or vaping.

The programme will run for 7 weeks.

Say to the group:

“This is a stop smoking/vaping support programme. The sessions have been planned with a focus on young people and your experience of smoking and vaping. You will be supported by us, the Facilitators. We will provide you with tips and advice on quitting and staying quit. The first couple of weeks will focus on preparing to quit. In addition to the support that we will provide, you will also support one another. You all have experiences and information, including your own personal tips, which you can share with the group. This will be invaluable to you as the week’s progress. In addition, we will also look at the wider societal impact of smoking and vaping – such as the impact on the environment, the tobacco industry and creating smoke free environments”.

Using the ‘Information Session Handout’, briefly run through the weekly sessions:

- **Week 1 – Preparing to quit:** Effects of smoking/vaping Versus the benefits of quitting
- **Week 2 – Planning to quit:** The “how to” skills you will need
- **Week 3 – Quit date:** Are you ready to quit? Who are your supports?
- **Week 4– Maintaining quit:** Stress! What is it? How to deal with it without cigarettes or vaping
- **Week 5 – Continuing support:** Healthy eating is important. It’s all about balancing your food choices
- **Week 6 – Health and wellbeing:** Physical activity and a healthy lifestyle help to put smoking and vaping behind you
- **Week 7 – Celebration**

Confirm the start date, time and venue.



Week 1 – Preparing to quit and the truth about tobacco and e-cigarettes

Aim: to assure participants that support is available for the duration of the programme and that it is achievable and beneficial to stop smoking/vaping.

Objectives

- Introduce the participants to each other and to the structure of the programme
- Provide a meaningful and supportive process to support young people who want to stop smoking and/or vaping
- Encourage personal reflection and discussion on smoking by using the Decisional Balance.

Overview of the session

- Welcome, congratulations and icebreaker
- Group agreement
- My personal smoking/vaping quiz
- Why do we smoke/vape? – peer influences/pressure
- Why do we want to quit?
- Effects of smoking/vaping
- Benefits of quitting – health/physical (focus on short term and then long term) and financial
- Truth about smoking and e-cigarettes
- E-cigarettes – what are the issues? Facts about e-cigarette use

Resources

- Participant books
- Registrations forms, if registration has not yet been completed
- Pens
- CO monitor and accessories
- Flipchart

Other: _____



Week 1 - Session plan

Activity	Process/Guidelines for Facilitator	Resources	Duration
Welcome	Facilitators introduce themselves and ask each person to say their name. Alternatively, you can give each young person a nametag.	Refreshments	5 minutes
Icebreaker	Change chairs – see Facilitator Activity 1.	<ul style="list-style-type: none"> Facilitator Activity 1: Icebreaker 	5 minutes
Group agreement	<p>Invite the group to put forward group contract rules or commitments.</p> <p>Write suggestions on a flip chart and discuss any that need clarification.</p> <p>These will be posted on the wall each week.</p> <p>Use Facilitator Information 1, as a guide.</p>	<ul style="list-style-type: none"> Facilitator Information 1: Group Agreement Flip chart 	5 minutes
My Smoking/ Vaping Quiz & Carbon monoxide breath test (COBT)	<p>Give the young people a copy of Handout 1A</p> <p>Explain to the group that you are going to do the Carbon Monoxide Breath Test (COBT) individually and while individuals are doing this, the rest of the group will be completing the handouts and having a group discussion.</p> <p>Ask the young people to think about their own smoking and/or vaping by completing Handout 1A and Handout 1B (optional).</p> <p>Lead a group discussion on the health risks, financial issues and social aspects of smoking to reinforce different reasons for quitting. Use Facilitator Activity 2 to support this discussion.</p>	<ul style="list-style-type: none"> Handout 1A: My smoking and/or vaping quiz Handout 1B: How much does smoking/vaping cost you? ⁷ Facilitator Activity 2: Discussion 	15 minutes

⁷ This handout can be used if there is no internet access or if participants would prefer a hard copy to work out the cost of smoking/vaping

	<p>COBT</p> <p>Explain that you will do the COBT every week for those who are tobacco users.</p> <ul style="list-style-type: none"> • Explain that because e-cigarettes do not contain carbon monoxide, e-cigarette users only, will not need to complete this test. • You could consider using the cotinine saliva test for those who are using e-cigarettes. • Explain what the COBT readings mean. • Scores are recorded weekly in Handout 1C – this handout should be kept by the facilitator and given to the participant when the course is finished. • NOTE: keep readings confidential. If the young person wishes to share with the group, that is their decision. • Give participants a copy of the Handout 1D and ask them to think about where they are on the stages of change. 	<ul style="list-style-type: none"> • Handout 1C: My personal carbon monoxide chart • Handout 1D: Stages of change • CO Monitor and accessories 	
Why quit and the benefits of quitting	<p>The young people can look back at the “My Smoking and/or Vaping Quiz”.</p> <p>Allow the young people to explore their own reasons for starting in the first instance, why they continue, and why they want to quit.</p> <p>Using Facilitator Activity 2 and Facilitator Information 2, have a discussion about their smoking and vaping, why they started, why they want to quit, the benefits of quitting and the addiction involved in both tobacco use and e-cigarettes use.</p> <p>Alternatively, you can draw the outline of a body on flipchart paper. List the health risks relative to each part of the body of smoking/vaping. This can be done in small groups or as one large group.</p> <p>Following the discussion, give the young people a copy of Handout 1E.</p>	<ul style="list-style-type: none"> • Facilitator Activity 2: Discussion • Facilitator Information 2: Benefits of quitting smoking and vaping • Handout 1E: Benefits of quitting • Flipchart paper and marker 	10 minutes

Activity	Process/Guidelines for Facilitator	Resources	Duration
Truth about tobacco and e-cigarettes	<p>Quiz</p> <p>Organise the young people into two or three teams, depending on the size of the group.</p> <p>Give each team a copy of Handout 1F, and allow 5 minutes for the groups to answer the questions.</p> <p>When finished, go through the answers. Allow time for discussion.</p> <p>The questions in this quiz will explore the nicotine addiction of tobacco use and e-cigarette use; and re-iterate some of the benefits of quitting both.</p> <p>Optional: Give the participants a copy of Handouts 1G and 1H.</p>	<ul style="list-style-type: none"> • Handout 1F: True or False Quiz • Facilitator Information 3: True or False Quiz Answers • Pen and paper for each team • Handout 1G: What is in cigarettes and e-cigarettes? • Handout 1H: More information about tobacco use and e-cigarettes 	15-30 minutes
Close	Using one of the evaluation tools in the additional information section, ask the group for feedback on the session.		5 minutes



Facilitator Activity: Icebreaker – Change chairs

Read out a selection of four or five statements below and ask group members to change chairs if the statement applies to them.

Sample statements:

- You tried your first cigarette before you were 12 years old
- You have used an e-cigarette
- You have smoked a cigarette today
- You smoke cigarettes and use a vape
- You smoke more than five cigarettes a day
- You really want to give up smoking/vaping
- You really think you can give up smoking/vaping
- You have given up smoking/vaping before
- You think it will be difficult to give up smoking/vaping
- You are a bit nervous about coming to this group

Feel free to add statements yourself and invite the group to add some of their own.

Allow for discussion if the young people wish to share or add to the statements.



Facilitator Information 1: Group Agreement

The purpose of the Group Agreement is to set the tone for the programme. It helps the group to work in a safe, enjoyable, effective and creative way.

- Introduce the exercise as a Group Agreement that will help everyone to participate
- Invite the group to identify things that would help the group to work well - do not single out any one person at this stage as you are still getting to know the group and the individuals in it
- Write up the contributions on a flip chart and display them in the room that day. Tell the group that it will be displayed every week
- The Group Agreement can be added to and amended as the weeks progress
- Clarify any ambiguous items on the Group Agreement, in particular around confidentiality and privacy

Group agreement - examples

Items that should be included:

- **Confidentiality** – this means that what people say within the group is not repeated outside the group. However, it is ok to speak about what was covered, the activities themselves or the person's own contribution but not name individuals and relay their feedback or contribution outside of the group.
- **Privacy** – some people may not want to speak to other group members outside the group setting, for example, they may not have told their friends that they are attending
- **"I statements"** – each person is encouraged to speak in the first person e.g., "I think that...", as opposed to "everyone says that..."
- **Participation** – each member of the group is encouraged to take part at their own pace and level
- **Listening to each other** – or "one person speaks at a time" to ensure that everyone is heard, not judged, and that what they say is valued
- **Personal responsibility** – each participant is responsible for their own learning and progress
- **Time keeping** – encourage good time keeping by finishing and starting on time and sticking to break times. If people are late, welcome them to the group and carry on

Note: You can ask the group to sign the group agreement



Facilitator Activity 2: Discussion

Lead a group discussion on the health risks, financial issues and social aspects of smoking to reinforce different reasons for quitting.

Use the following questions to facilitate this discussion:

- Why did you start smoking or vaping?
- What are the risks to your health associated with smoking cigarettes or using e-cigarettes?
- How much money do you spend on cigarettes or e-liquids?
- Who do you usually smoke or vape with?
- What are benefits of quitting smoking or vaping?
- Do you know any of the short term or long-term effects of smoking or vaping?
- Does this bother you right now? Is this something that you have thought about before?
- When do you think you will start to see these benefits?
- Why do you want to quit?

Give the young people space and time to think about and answer the questions.

Optional/Alternative activity:

You can make this activity more interactive by drawing the outline of a body on flipchart paper. The young people can then list or write the health risks of smoking or vaping to the relative part of the body. This can be done in small groups or as one large group.

Examples:

Smoking	Vaping
<ul style="list-style-type: none">• Yellow fingers• Bad breath• Yellow teeth• Dull skin and wrinkles on skin• Taste and smell are less sensitive• Coughing• Shortness of breath• Cancer ⁸• Heart disease• Increased heart rate• Poor circulation• Increased risk of stroke• Weaker muscles• Slower recovery from illness• Increased risk of diabetes• Asthma attacks	<ul style="list-style-type: none">• Heart and lung disease (cardiovascular)• Coughing• Difficulty breathing• Cancer• Poisoning• Burns• Blast injuries• Asthma attacks• Lung damage

⁸ Smoking can increase the risk for a large number of cancers including lung, oesophageal, throat, mouth, larynx, cervical, etc.



Facilitator Information 2: Benefits of quitting smoking & vaping

The most important thing that you can do for your health is to quit smoking and vaping. You will see changes now and it will make a difference to you later in life.

Cigarettes and e-cigarettes contain nicotine, which is addictive.

No matter how old you are, you reduce your risk of getting serious disease when quit. The sooner you stop, the greater the benefit.

Everyone knows you feel better when you give up smoking/vaping and overcome an addiction.

Benefits of quitting smoking

- Whiteness of teeth returns
- Reduce the risk of tooth loss
- Smell and taste returns
- Reduces bad breath
- No more hairy tongue
- Reduced risk of gum disease
- Heart rate decreases
- Improved fitness – able to breath better
- Improved concentration levels and better able to study and or work
- Less waste and better for the environment

Benefits of quitting vaping ⁹

- Nicotine will no longer have control of your life
- You are less likely to start/return to smoking tobacco
- Your vaping will no longer be a bad influence on younger brothers, sisters and friends
- Nicotine can harm the developing adolescent brain. The brain keeps developing until about age 25. Stopping vaping can prevent harm to the developing brain
- Using nicotine in adolescence can harm the parts of the brain that control attention, learning, mood, and impulse control. You will be able to concentrate, learn and manage your emotions much better when you are nicotine free
- Each time a new memory is created or a new skill is learned, stronger connections – or synapses – are built between brain cells. Young people's brains build synapses faster than adult brains. Nicotine changes the way these synapses are formed. Becoming nicotine free helps develop normal brain connections

⁹ Centers for Disease Control and Prevention: <https://www.cdc.gov/>



- Using nicotine in adolescence may also increase risk for future addiction to other drugs so quitting will help prevent your risk of other addictions
- We still don't know the long term effect that e-cigarettes will have on your health, but we do know that their use is associated with:
 - Poisonings
 - Burns
 - Blast injuries
 - Lung injury and
 - Asthmatic attacks ¹⁰
- Some of the chemicals in e-cigarettes are thought to cause tissue and cell damage and some are agents that may cause cancer in the long-term.

Other benefits to stopping smoking/vaping

- Your smoking will no longer be a bad influence on younger brothers, sisters and friends
- You will have more money
- You will feel good about yourself
- Cigarettes and e-cigarettes will no longer control your life
- You will have more energy to play sports or keep fit and it will increase your performance
- Improved overall health in the short term and the long term – reducing the risks of cancer, lung and heart diseases.

¹⁰ HRB Press Release October 2020: <https://www.hrb.ie/news/press-releases/single-press-release/article/new-health-research-board-evidence-shows-e-cigarettes-are-associated-with-adolescents-starting-to-sm/>





Facilitator Information 3: True or False Quiz Answers

What do we know about cigarettes and e-cigarettes?

True or false

- 1. In Ireland, the tobacco industry needs to recruit 50 new smokers every day in order to maintain their profit margins.**

True

This is due to the loss of lifelong smokers who die (6,000 people in Ireland each year) and those who quit.

- 2. In Ireland there are more quitters than smokers**

True

Ireland now has more quitters than smokers. See the latest publication of Healthy Ireland for an updated prevalence rate.

- 3. Smoking fewer than ten cigarettes a day is not harmful to health**

False

All cigarettes are bad for your health. Even light smokers have a significant increased risk of premature death and ill health compared to non-smokers.

- 4. E-cigarettes contain harmful chemicals**

True

- Nicotine: a highly addictive substance that negatively affects adolescent brain development
- Carcinogens- chemicals known to cause cancer, including acetaldehyde and formaldehyde
- Acrolein – a herbicide primarily used to kill weeds, can cause irreversible lung damage
- Diacetyl – a chemical linked to a lung disease known as popcorn lung
- Diethylene glycol – a toxic chemical used in antifreeze that is linked to lung disease
- Heavy metals such as nickel, tin, lead
- Cadmium – a toxic metal found in traditional cigarettes that causes breathing problems and disease
- Benzene – found in car exhaust
- Ultrafine particles that can be inhaled deep into the lungs

- 5. Smokers who stop smoking can never repair the damage done to their bodies.**

False

As soon as you quit smoking, your body starts to heal and your health improves. Here are some of the examples of what happens to your body after you quit smoking:

- After 20 minutes, your circulation will improve, and your blood pressure and heart rate will get lower. This immediately reduces your risk of a heart attack.
- After 8 hours, the nicotine and carbon monoxide levels in your blood go down, and the oxygen level rises.
- After 48 hours, the nicotine and carbon monoxide have left your body. Your sense of smell and taste will start to improve.
- After 72 hours, your breathing will improve and your energy levels will increase.



- After 2-3 months, your lung capacity could increase by up to 30%.
- After 1 year, your chance of having a heart attack drops by half.
- After 5 years, the risk of smoking-related cancers is greatly reduced.
- After 10 years, the risk of lung cancer is reduced by half.
- After 15 years, the risk of having a heart attack is the same as a non-smoker.

6. Young people who smoke before exercising will generally perform equally as well as non-smokers

False

Young people who smoke have decreased physical fitness levels. Smoking affects your sports performance because it reduces the amount of oxygen you can get to your muscles – you won't be able to exercise as well or for as long.

7. Second-hand smoke is tobacco smoke inhaled by a non-smoker

True

Second-hand smoke is the smoke you breathe out, and the smoke from the lit end of the cigarette. A smoker only inhales about 15% of the smoke from a cigarette - the other 85% is absorbed into the atmosphere or inhaled by others.

8. Coughs and colds are more common in children whose parents smoke

True

Children are especially vulnerable to second-hand smoke because they breathe more rapidly and their lungs, airways and immune system are still developing.

9. There are over 7000 harmful chemicals in cigarette smoke

True

Examples of some of the chemicals found in cigarettes are:

- Nicotine: found in pesticide
- Methane: found in sewer gas
- Ammonia: found in toilet cleaner
- Hexamine: found in barbecue lighters
- Acetone: found in nail varnish remover
- Carbon monoxide: found in car exhausts
- Arsenic found in rat poison
- Cadmium found in batteries
- Polonium-219 which is a radioactive substance and
- Tar

10. Rollies (Roll your own tobacco) are less harmful than conventional pre-rolled cigarettes

False

Researchers have found that rollies can be often worse for you than smoking regular cigarettes. Many smokers do not use a filter, and researchers have found that the tobacco in rollies have higher levels of nicotine, tar, and cancer causing chemicals than in regular cigarettes.



11. Children of non-smokers are less likely to become smokers themselves **True**

Children who grow up in households where smoking is not the norm are less likely to smoke themselves. Children who grow up seeing their parents smoke are 3 times more likely to smoke when they grow up.

12. Every cigarette reduces a person's life expectancy by 11 minutes **True**

Every cigarette you smoke shortens your lifespan by about 11 minutes. That is according to British researchers who calculated the effect of a lifetime of smoking with the number of cigarettes generally smoked in a lifetime. The average came out to 11 minutes.

13. Stopping smoking is the greatest single step a person can take to improve their health **True**

Tobacco use is the leading cause of preventable death in Ireland with almost 6,000 smokers dying each year from tobacco related diseases. Smoking related deaths are mainly due to cancers, chronic obstructive pulmonary diseases (COPD) and heart disease. Quitting smoking is the single best thing that a person can do to improve their health. The earlier you quit, the better the long- term health impact.

14. Vaping or using e-cigarettes will ensure that I never smoke tobacco **False**

Research has shown that young people who use an e-cigarette are 3 to 5 times more likely to start smoking.

15. E-cigarettes have been shown to be more effective than Nicotine replacement therapies in helping people to quit smoking. **False**

There is no evidence that e-cigarettes are better than licenced medications, such as nicotine replacement therapies to help people quit tobacco use

16. There are no risks to my health if I only use e-cigarettes. **False**

E-cigarettes are linked to a number of health risks such as poisonings, burns, fractures, lung injury and exacerbations of asthma. They also contain known carcinogens, which can cause cancer in later life. There is growing evidence that they may also affect cardiovascular health.

17. The tobacco industry has been shown to deliberately market their products to young people. **True**

The tobacco industry needs young people to start smoking or vaping in order to maintain their sales and profits. Publicly, the tobacco industry has always claimed that it does not use advertising to get young people smoking. However, documents from the tobacco industry that once were confidential and are now public reveal that they see recruitment of under 18s to smoking as essential. The tobacco industry also owns most of the e-cigarettes brands, which many people believe to be deliberately marketing towards young people. They have developed flavours and devices that appeal to young people.

Week 2 – Planning

Aim: To plan for the quit date and determine participants' readiness to quit.

Objectives

- Increase individual motivation to quit smoking by recording individual CO levels
- Assess readiness to quit
- Explore relationship with smoking and vaping
- Provide information on stop smoking medications, how to use and guidelines for safe use – Young people under the age of 18 will need to speak to their GP if they wish to use any of the NRT products. Champix and Zyban are only available to those over 18. Any decision to use nicotine replacement for quitting smoking or vaping would need to be made in consultation with the young person, their parent or guardian and the medical practitioner.
- Identify ways of dealing with cravings and withdrawal symptoms
- Know the 4 D's and how to incorporate them to deal with withdrawal/side effects

Overview

- Measuring nicotine dependency
- Pharmacological aids to quit
- What will it feel like when I quit smoking/vaping
- Managing stress and stressful situations – the 4 D's

Resources

- Attendance sheet & space to record quit date (if not next week)
- CO monitor and accessories
- Handout 1C – “My personal carbon monoxide chart” for each participant
- Flipchart
- Group agreement from week 1
- Sample medications (if available)

Other: _____

Week 2 – Session Plan

Activity	Process/Guidelines for Facilitator	Resources	Duration
Welcome back	<p>Welcome the group and congratulate them on returning this week.</p> <p>Give them an overview of the session.</p>	Refreshments (optional)	5 minutes
Carbon Monoxide (CO) Monitoring & Test for Nicotine Dependence	<p>While individuals are having their CO reading completed, the group can complete a test to measure their nicotine dependence.</p> <p>Conduct CO readings one-to-one and participants record them on their CO personal chart.</p> <p>For tobacco users:</p> <p>Complete Fagerstrom Test and explain what it means.</p> <p>For e-cigarette users:</p> <p>Complete the Nicotine Dependence questionnaire for e-cigarettes users.</p> <p>NOTE: These tools measure nicotine dependence and will help to determine the best type and dose of medication. While there is no robust evidence base that these medications will support vaping cessation, first indications suggest that they may be useful as an aid to stop vaping. We know that these medicines have a good safety profile. Any young person taking medication should consult their GP and discuss with their parents/guardians beforehand.</p>	<ul style="list-style-type: none"> • Carbon monoxide monitor and accessories • Handout 1C: Individual “My personal carbon monoxide chart” • Handout 2A: Questionnaires for Nicotine Dependence 	10 minutes

Activity	Process/Guidelines for Facilitator	Resources	Duration
Oral health and the benefits of quitting (optional activity)	<p>This is a follow on from last week and the benefits of quitting.</p> <p>Give an input on the effects of smoking on their oral health.</p> <p>See Facilitator Information 1 for more information.</p>	<ul style="list-style-type: none"> Facilitator Information 1: Oral health and smoking Handout 2B: Oral health 	5 minutes
Overview of evidence based stop smoking methods	<p>Deliver information on this topic as appropriate to the age group, e.g. if the group are all under the age of 18, do not deliver information on Champix.</p> <p>Give a briefing on stop smoking medications. See Facilitator Information 1 for details of each medication.</p> <ul style="list-style-type: none"> Stop smoking medications: what are the choices? Costs, benefits and effectiveness of use How to use the medication and The recommended length of time to use the medication <p>NOTE: Champix is not recommended for those under the age of 18 years, those who are pregnant or those who are breast-feeding.</p> <p>NOTE: Anyone under the age of 18 should consult their GP before taking any of the medications.</p> <p>NOTE: While the stop smoking medications have not been developed or tested for stop vaping use, first principles would suggest that they could be useful as a stop vaping aid. Participants should speak to their GP. Parents/guardians should also be consulted so that they can discuss the pros and cons of using any medication.</p> <p>Using Handout 2C, participants can complete the medications that they plan to use.</p>	<ul style="list-style-type: none"> Sample medications (if available) Facilitator Information 2: Stop smoking medications Handout 2C: Stop smoking medications 	5 – 15 minutes

Me and smoking/vaping	<p>These activities are time dependent. Allow additional time to complete.</p> <p>Using handouts 2D and 2E, young people explore their relationship with smoking/vaping and what skills they have to cope with quitting.</p> <p>See Facilitator Activity 1 and Facilitator Activity 2 on how to complete this activity.</p>	<ul style="list-style-type: none"> • Facilitator Activity 1: Understanding your smoking/vaping • Handout 2D: Understanding your smoking or vaping • Facilitator Activity 2: What makes you great! • Handout 2E: What makes you great! 	20 - 40 minutes
What will it feel like when I quit smoking	<p>Give the participants a copy of Handout 2F. Explain that most of the side effects are temporary and that not everyone experiences the same side effects in the same way. Ask if there is anything that they are particularly concerned about?</p> <p>Ask if they have any of their own suggestions for dealing with the side effects.</p> <p>Give the participants a copy of Handout 2G.</p>	<ul style="list-style-type: none"> • Handout 2F: What will it feel like when I quit • Handout 2G: the 4 D's 	10 minutes
Close and session feedback	<p>Remind the group that next week is the quit date.</p> <p>Use one of the evaluation tools for session feedback in the Appendices.</p>	Appendices - Session feedback	5 minutes



Facilitator Information 1: Smoking and oral health

When you smoke, along with the health problems we discussed last week, there are a range of oral health and dental problems that smoking causes too.

- **Stained teeth**
- **Bad breath**
- **Gum disease**
- **Tooth loss**
- **Oral cancer**
- **Hairy tongue**

Pass around the Oral Health images from Handout 2B, which depict images of the mouth and teeth of people who smoke.

A non-smoker's tongue is pink with many very small projections called papilla, which are surrounded by taste buds. Hairy Tongue is only seen in the mouths of smokers. It is a brown furry coating a bit like damp animal fur. It is caused by a build-up on the surface of the tongue.

Tobacco smoke prevents the normal replacement of the papilla. Bacteria and food debris are trapped and cause bad breath. You cannot remove the hairy tongue by brushing, or by any other means, the only way to get rid of the hairy tongue is by stopping smoking. These are just some of them, but the good news is that stopping smoking can reverse many of these problems.

Home Activity

- Check your tongue at home tonight for any signs of a hairy tongue starting.
- Check your teeth for tobacco staining (inside of lower teeth etc.)

Tip for participants

Book an appointment with your dental hygienist to have your teeth cleaned.



Facilitator Information 2: Stop smoking medications

What medications are available to support quitting smoking?

NOTE: Young people over the age of 16 can self-consent for medical care and to attend a GP for treatment. For anyone receiving a service and treatment under the age of 16, parental consent is required. Champix and Zyban are not licensed for anyone under the age of 18. There may be circumstances where a GP will prescribe NRT to those under 18.

There are a number of medications available to help relieve the withdrawal symptoms and cravings of quitting smoking and to wean your brain and body off nicotine. Some are only available on prescription (Champix and Zyban) and others are available to purchase over the counter (Nicotine Replacement Therapy).

Taking any of the medications available can increase the chances of quitting and quitting permanently.

It is important for participants to check with their GP or pharmacist to see which product would suit them best and its correct use.

Champix/ Varenicline ¹¹

Varenicline is the clinical name for Champix. It is a prescription only tablet that helps relieve cravings and withdrawal symptoms associated with stopping smoking. It also reduces the enjoyment and pleasure you get from smoking by blocking the reward pathways.

NOTE: Those choosing to use Champix need to start taking it 7 to 14 days before their quit date.

There are a few precautions and contraindications to taking Champix.

Precautions for anyone with:

- Moderate or severe Renal (kidney) impairment – reduce dose to 1mg per day
- Epilepsy

It is not recommended for:

- People under 18 years of age
- Those who are pregnant or breast feeding
- Anyone with an allergy to varenicline or any of its ingredients

Possible side effects:

Less than one in ten people experience:

- Nausea – this usually resolves over time or the dose can be reduced for severe nausea
- Headaches
- Insomnia or abnormal dreams.

¹¹ When this book was developed, Champix was not available.

Please check with your local HSE Stop Smoking Advisor or local Pharmacist for an update on this.

Zyban/ Bupropion

This is the first non-nicotine medication shown to be successful for smoking cessation. It is an anti-depressant and is available on prescription only from a doctor.

Those choosing to use Zyban need to start taking the tablets 1 to 2 weeks before their quit date and treatment is recommended for 7 to 12 weeks.

Precautions for elderly people and anyone with:

- Mild/moderate hepatic impairment
- Renal impairment
- Predisposing risk factors for seizures

It is not recommended for those:

- With a history of seizure disorder
- In abrupt alcohol/sedative withdrawal
- With a CNS tumour
- Using irreversible monoamine oxidase inhibitors (allow 14 days)
- With a history of bulimia, anorexia nervosa
- People under 18
- Who are pregnant/breastfeeding
- With severe hepatic cirrhosis
- A history of bipolar disorder
- With a concomitant use of another bupropion containing product
- With an allergy to bupropion or excipients

Possible side effects

- Less than one in ten patients experience insomnia
- Less common symptoms (less than one in a hundred)
 - Rash/ urticarial
 - Headache/dizziness
 - Fever
 - Gastrointestinal problems e.g., dry mouth, nausea
- Low risk of seizure – less than one in a thousand.

Nicotine Replacement Therapy

Nicotine Replacement Therapy (NRT) is a medication that will replace a small amount of nicotine, enough to take the edge off cravings and make them easier to deal with but not continue to stimulate the nicotine reward pathways in the brain. Using this medication can significantly increase your chances of success. NRT is available in a number of different products to suit different needs.



You will need a doctor's recommendation for NRT if you are:

- Under 18 years of age
- Pregnant
- Breastfeeding

NRT is available free of charge for medical cardholders with a doctor's prescription.

Nicotine patches suit those who are regular smokers through the day. They are available in a 16-hour or 24-hour patch. The 24-hour patch keeps the nicotine levels constant and is best for those who smoke as soon as they wake up or who smoke during the night.

Put the patch on a different, hairless part of the body each day so it will not irritate the skin. Some people may have skin sensitivity to the patch, if this happens try a different brand or switch to a different form of NRT. All medications should be stored safely.

Nicotine gum relieves withdrawal symptoms and gives you something to do with your mouth in place of smoking. This can help change your habit of smoking. It is important to remember that nicotine gum is not chewed like regular gum. There is a special technique for releasing nicotine, which involves chewing, and parking the gum against the inside of the mouth.

Nicotine inhaler consists of a mouthpiece and cartridges, which contain nicotine. When you inhale, the nicotine and vapour is absorbed into the blood through the lining of your mouth and throat. The mouthpiece is like a pen and replaces the hand and mouth action, which you use when smoking. It may suit you if you miss the routine of smoking and the puffing sensation.

Nicotine lozenge comes in various strengths depending on how addicted you are to nicotine. Some people prefer the taste of lozenges to other oral forms of NRT. Nicotine is absorbed into the blood through the lining of your mouth as you suck. Lozenges may irritate your mouth and stomach and cause hiccups.

Nicotine mouth spray is a fresh-tasting minty spray, which provides small doses of nicotine to help manage cravings when quitting. Users should use 1-2 sprays when they would normally smoke a cigarette or have cravings to smoke. The spray will begin to work in 60 seconds and this product is one of the fastest acting products to relieve cravings, but again there is a special technique in using this successfully. Talk to your stop smoking advisor and/or pharmacist for advice. The maximum dose is two sprays at a time. Up to four sprays per hour may be used and up to 64 sprays per day.

What is combination NRT?

Combination therapy provides for the use of both a fixed or slow release product (patch) and a flexible (fast acting) NRT format. This combination allows the person to have a continuous base level of nicotine from the patch and also allows them to use either the gum, inhaler, lozenge or mouth spray to deal with break-through cravings e.g. during times of stress, socialising etc. Research shows that combination therapy can increase the smoking cessation rate compared to a single formulation of NRT in smokers motivated to quit.





Facilitator Activity 1: Understanding your smoking and vaping

Give each participant a copy of Handout 2D: “Understanding your smoking or vaping”.

- Divide the group into pairs
- Read out a question and have each pair discuss their answer for 2 minutes, (you may have a group of three for an odd numbered group).
- Next, have them move to a new partner. Read out the next question and ask them to discuss it with their new partner.
- Repeat the moving into new pairs with a new question each time until you have been through all the questions.

To complete the activity, ask the whole group:

- What have you learned about what smoking means to you?
- What have you learned about what you might have to do to give up smoking?



Facilitator Activity 2: What makes you great?

Purpose of this activity is to reflect on positive achievements.

Give each participant a copy of Handout 2E: “What makes you great!”

- Divide group into pairs
- Ask individuals to fill in the worksheet, in pairs, and they can share any information with which they are comfortable
- Explain that everyone in the group has skills and qualities that can help them to give up smoking.
- Emphasise that the point of the activity is to reflect on the positive achievements that each of them has built up in their lives
- Highlight the importance of these achievements and relate them to the potential for future success.

Week 3 – Quit date and media influences

Aim: To support participants on their quit date.

Objectives

- Provide support and encouragement on their quit date
- Reinforce readiness to quit and boost motivation and self-efficacy
- Identify additional supports to quitting
- Discuss personal coping strategies
- Develop personal quit plans
- Provide accurate information about the tobacco industry and the dangers of tobacco and e-cigarette use.
- Raise awareness of the power of the tobacco industry and how it has manipulated and influenced young people's behaviour in relation to tobacco and e-cigarette use.

Overview

- Quit date
- Commitment to quit and the “not a puff” rule
- My personal quit plan
- Additional supports to quit smoking
- Medications if applicable – using correctly, ok getting them, etc.
- Misinformation about tobacco and e-cigarettes – manipulation of the tobacco industry (Walking debate)
- Media influences – how the media influences our decisions
- Internet access and suitable audio and visual equipment, e.g. laptop, speaker and projector.

Resources

- CO monitor and accessories
- Handout 1C – “My personal carbon monoxide chart” for each participant
- Flipchart
- Ground rules from week 1

Other: _____



Week 3 Session plan

Activity	Process/Guidelines for Facilitator	Materials	Duration
Welcome back and check in	<p>Welcome the group and congratulate them on attending week 3.</p> <p>Complete CO readings and update My CO chart as participants enter the room.</p>	<ul style="list-style-type: none"> • CO monitors and accessories • Handout 1C: Individual “My personal carbon monoxide chart” 	5 minutes
Quit date reminder	<p>Group activity</p> <p>This is the quit date week. Ask about each person’s week and what they have done in preparation for today. Ensure that each person is encouraged to voice any concerns or worries they have, and to outline any areas where they feel they have done particularly well.</p> <p>Stages of change – Where are you now? Participants who are ready to quit today are in the action stage.</p> <p>Reminder: “Not a puff rule”.</p>	<ul style="list-style-type: none"> • Handout 1D: Stages of Change 	10 minutes
Supports to quit	<p>Group Activity</p> <p>Explain that the purpose of this activity is to identify ways that you can help one another quit and stay quit.</p> <p>Divide group in two.</p> <p>See Facilitator Activity 1 for more information.</p>	<ul style="list-style-type: none"> • Flipchart and markers • Facilitator Activity 1: Helping one another to quit 	10 – 20 minutes
How to quit smoking or vaping	<p>Group and Pair activity</p> <p>Explain that the purpose of this activity is to find ways to quit that suits each of us as an individual. What works for one person may not work for another.</p> <p>See Facilitator Activity 2 for more information.</p>	<ul style="list-style-type: none"> • Facilitator Activity 2: How to quit smoking or vaping • Handout 3A: Quit the best way for you • Handout 3B: Top Tips for quitting and staying quit 	15 – 20 minutes

Activity	Process/Guidelines for Facilitator	Materials	Duration
My action plan to quit	<p>Circulate Handout 3C.</p> <p>Give participants 5 minutes to complete their personal action plan.</p> <p>When they are finished, ask them to share their plan with the group or in pairs, including what supports they may need.</p> <p>Tell the group that we will review this Action Plan each week to review their progress.</p>	<ul style="list-style-type: none"> Handout 3C: My personal quit plan 	10 minutes
The truth about the tobacco industry	<p>Moving debate, see Facilitator Activity 3 on how to deliver this session.</p> <p>If you have time constraints for this session, you can chose to complete this activity or the one below.</p>	<ul style="list-style-type: none"> Facilitator Activity 3: Moving debate Facilitator Information 1: The truth about the tobacco industry 	15 minutes
Media influences	<p>Group discussion</p> <p>The purpose of this activity is to highlight how the media, and in particular, the film industry influences our behaviours and attitudes to tobacco and e-cigarettes.</p> <p>Use Facilitator Activity 4 for instructions on how to deliver this session. There is some additional information to support the discussion in Facilitator Information 2.</p>	<ul style="list-style-type: none"> Facilitator Activity 4: Media influences and the tobacco industry Facilitator Information 2: Smoking and vaping in the movies Laptop, projector and speakers 	15 minutes
Evaluation and close	Use one of the session evaluation tools in the Appendices.	<ul style="list-style-type: none"> Appendices – Evaluation tools 	5 minutes



Facilitator Activity 1: Helping one another to quit

Explain that the purpose of this activity is to identify ways that you can help one another quit.

Tell them that people are more likely to be successful in giving up smoking or vaping if they prepare well and support each other.

- Divide the group in two. Give out flip chart paper and pens.
- Ask one group, what can others do to help you give up?
- Ask the other group, what do others do that obstruct you from giving up?
- Display the two lists and ask the following question: Is there anything different in the two lists?
- Develop the discussion to come up with practical strategies to support one another to quit: what we should and should not do if we are going to support each other to give up.



Facilitator Activity 2: How to quit smoking or vaping

Explain that the purpose of this activity is to find ways to quit that suits each of us as an individual. There are many different ways to quit smoking or vaping. When people are going to give up smoking or vaping, they have to work out what is best for them. What works for one person may not work for another.

- Give everyone a copy of “Quit the best way for you”, Handout 3A
- Go through it discussing each item in turn. Discuss whether anything is missing and whether the group can suggest any additions. Ask them to put any additions on the bottom of the sheet.
- Divide into pairs. Ask the pairs to go through each item on the sheet and to discuss whether it would be good for them. If it might work for them, they should tick the item.
- Bring everyone back together and ask each person in turn to say what might work for them. Discuss how they might go about doing the things they have identified.
- Discuss which items group members have in common. How might the group go about doing these things together?
- Finally, give each person a copy of Handout 3B: Top Tips for Quitting and Staying Quit, and allow time for discussion. What would work for you?



Facilitator Activity 3: Moving debate

If there are time constraints, you can choose to complete this Activity or Activity 2

The purpose of this activity is to encourage young people to start thinking about how the tobacco industry manipulates people, and in particular young people, to consume their products.

- Place 3 different flipchart pages in a different corner of the room
- Each flipchart has a different name: Agree, Disagree or Not sure
- Explain that you are going to call out a statement about the tobacco industry. Once the statement has been read each participant should go to the relevant corner of the room according to what they think about that statement, i.e. do they agree, disagree or are they not sure.
- Following each statement and when participants have selected their responses, facilitate a discussion about the participants' thought on each statement.
- Give participants an opportunity to voice their opinion and to challenge one another on their attitudes and opinions.
- Always back up the discussion with the correct facts in response to the statement provided. You can also use Facilitator Information 1 for more detail.

Statements:

1. The tobacco industry does not deliberately market their products to young people.

Notes for facilitator: "The tobacco industry needs to recruit 50 new smokers in Ireland every day to maintain smoking rates. Since 80% of smokers start when they are children/young people, most of these new smokers are mostly children or young people."

Read some of the quotes from the tobacco industry in Facilitator Information 2.

2. Young people are less likely to become addicted to nicotine than adults or older people.

Notes for facilitator: "Children and young people are especially vulnerable to harm from both active and passive smoking. They become addicted very quickly, and the earlier they begin to smoke, the harder it becomes for them to quit at a later stage. This is because of the impact that nicotine has on their developing brains."

3. The tobacco industry is concerned about the increase in e-cigarette users as it is taking away from their customer base.

Notes for facilitator: "The tobacco industry is not concerned at all because they own almost all of the e-cigarettes companies."

4. The tobacco industry does not market e-cigarettes to young people.

Notes for facilitator: "E-cigarettes companies have been accused of designing flavours that appeal to young people. Flavours that are associated with treats, snacks and sweets. Research conducted by the Irish Heart Foundation and the Irish Cancer Society in 2019, also found that young people in Ireland have rejected the idea that the e-cigarette manufacturers do not design their advertising and packaging to attract children."



Facilitator Information 1: The truth about the tobacco industry

It is estimated that the tobacco industry needs to recruit at least 50 new smokers each day just to maintain the smoking rates at their current level, and since 80% of smokers start when they are children/young people, most of these new smokers are mostly children or young people.

Children and young people are especially vulnerable to harm from both active and passive smoking. They become addicted very quickly, and the earlier they begin to smoke, the harder it becomes for them to quit at a later stage. This is because of the impact that nicotine has on their developing brains.

Young people are vulnerable to the societal impact of smoking and to the marketing practices of the tobacco industry. Despite strict laws in Ireland in relation to advertising and sale of cigarettes, young people are still being heavily influenced by the tobacco industry through subliminal messaging in the movies and the celebrity world.

E-cigarette companies (which are almost entirely owned by the tobacco industry) have also been accused of designing flavours that appeal to young people. Flavours that are associated with treats, snacks and sweets. Young people in Ireland have also rejected the idea that the e-cigarette companies do not design their advertising and packaging to attract children.

Who is the tobacco industry?

The tobacco industry are a very powerful and manipulative industry that is more concerned about making profit and getting customers hooked than being concerned about the damage their product is doing.

The four largest companies are:

- Philip Morris – worth \$13.5 billion
- British American Tobacco – \$5.2 billion
- Imperial Tobacco – worth \$2.6 billion
- Japan Tobacco International – worth \$7.7 billion

The tobacco industry has a problem in that 1 in 2 smokers will die from a smoking related illness. The industry tries to recruit children and young people as it needs to find replacement consumers to buy and consume their products. Who are the most likely to take the risk of starting smoking and ignore the consequences? The answer is young people.

Publicly the tobacco industry has always claimed that it does not use advertising to attract young people into smoking. However, documents from the tobacco industry, once confidential but now in the public domain reveal that they see the recruitment of under 18's to smoking as essential.



Here are some quotes from the tobacco industry:

“Younger adults are the only sources of replacement smokers”

AJ Reynolds 1984

“Today’s teenager is tomorrow’s potential regular customer and the overwhelming majority of smokers first beginning to smoke while still in their teens... The smoking patterns of teenagers are particularly important to Philip Morris”.

Philip Morris 1981

“The ability to attract new smokers and develop them into a young adult franchise is key to brand development”.

Philip Morris report, 1999

“They got lips, we want them”.

Reply of an RJ Reynolds representative when asked the age of the kids they were targeting

“The problem is how do you sell death? How do you sell a poison that kills 350,000 people per year, a 1,000 people a day? You do it with the great open spaces... the mountains, the open places, the lakes coming up to the shore. They do it with healthy young people. They do it with athletes. How could a whiff of a cigarette be of any harm in a situation like that? It couldn’t be – there’s too much fresh air, too much health – too much absolute exuding of youth and vitality – that’s the way they do it”.

Fritz Gahagan, who spoke about how the tobacco industry marketed its products in 1980.





Facilitator Activity 4: Media influences and the tobacco industry

If there are time constraints, you can choose to complete this Activity or Activity 1.

The purpose of this activity is to raise awareness among young people about how films and TV shows have been used to normalise and promote smoking down through the decades. It will also highlight how vaping has now become normalised in films and TV.

You can use the information in Facilitator Information 3: Smoking and Vaping in the Movies, to support the conversation.

What to do:

1. Play the video “Straight to vape: While you were streaming 2020” <https://truthinitiative.org/research-resources/tobacco-pop-culture/research-finds-tobacco-imagery-tv-and-streaming-shows-drives>

You can also find this link on YouTube by typing in “Straight to vape: While you were streaming 2020”

2. Ask the following question:

Do you think that movies and/or TV have an influence on the lives of young people? If so, how?

3. Now ask the participants:

Are you surprised that even though most tobacco companies are barred from paid brand placement that a significant number of top grossing films continue to feature smoking in movies targeted at teens?

Do you think that exposure to smoking or vaping in movies or on TV gives young people a positive perception of smoking or vaping?

Do you think that exposure to smoking or vaping in the movies increases young people’s intentions to try smoking or vaping?

4. Now read the following information:

The following information is taken from the Health Behaviours of School Aged Children, 2018. Children aged 12 to 17 were asked about their use of cigarettes and e-cigarettes.

11% of children reported that they have ever smoked

5% reported to be current smokers

22% of children reported that they had tried an e-cigarette

9% reported to be current e-cigarette users

5. Now ask the group:

Are you surprised about these figures?

6. Finally finish off this session with the following questions:

Do you think that young people are influenced by what they see in movies or on the TV?

Can you think of any movies or TV shows aimed at young people where smoking or vaping is featured?

If there was one key message to give to your peers, what would it be?



Facilitator Information 2: Smoking and vaping in the movies

While it is more difficult for the tobacco industry to expose young people to images of people smoking, films are one place where it is normal to see people smoking.¹²

Films give the tobacco industry a great opportunity to market a product that kills 6 million people a year to young people. The tobacco industry has been shown to make as much as €635 million a year because of new smokers influenced by the movies.

A study in the USA found that teenagers who were exposed to high levels of smoking in movies were almost 3 times more likely to smoke than those who had little exposure.

Teenagers whose favourite stars smoke are up to 16 times more likely to think favourably of smoking. Smoking in movies makes it appear normal and admirable to smoke.

E-cigarette use is also becoming more commonplace in films and TV, fuelling the idea that it is normal and acceptable. As we now know, e-cigarette companies are almost entirely owned by the tobacco industry.

¹² The information on this page has been taken from www.cancer.ie

Week 4 – Coping with withdrawal and stress

Aim: To support the participants to stay quit and look at ways of managing stress and coping with withdrawal.

Objectives

- Discuss additional strategies to cope with withdrawal
- Learn how to manage stress
- Learn techniques for reducing stress, short and long-term
- Get a renewed commitment to the “Not a Puff” rule.

Overview

- Coping with withdrawal
- Managing Stress
- Relaxation techniques
- One-to-one CO reading and recording
- Check in with medications, as appropriate to the group
- Encourage participants to share how they got on with their quitting this week
- Coping mechanisms – peer-learning exercise: What I have tried is....
- Peer influences and stress management
- Withdrawal symptoms and addressing issues raised
- Relaxation exercise

Resources

- CO monitor and accessories
- Handout 1C – “My personal carbon monoxide chart” for each participant
- Audio for relaxation/mindfulness or alternative option
- Flipchart
- Group agreement from week 1
- Pens and/or pencils

Other: _____

Week 4 – Session Plan

Activity	Process/Guidelines for Facilitator	Resources	Duration
Welcome and CO reading	<p>Welcome participants. Complete and record the CO as they arrive.</p> <p>Congratulate those who have been quit for one week. Encourage those who have not quit or who have relapsed.</p>	<ul style="list-style-type: none"> • CO monitor and accessories • Hand 1C: My personal carbon monoxide chart • Pens 	5 – 10 minutes
Group Check in	<p>For many, they will be quit one week. Invite participants to share their experience over the last week.</p> <p>Remind the group how they can support one another.</p>		5 - 10 minutes
Recognising and dealing with stress	<p>Discussion Group Activity.</p> <p>This is a whole group discussion activity. Use the five questions outlined in Facilitator Activity 1.</p> <p>The purpose of this activity is to learn to recognise when we are stressed, what causes this and what we can do to alleviate it.</p> <p>Handout 4A, ask participants to mark on the image of the body where stress manifests itself in their own body.</p> <p>Use the additional information in Facilitator Activity 1 to support the discussion. For additional information on stress, see Facilitator Information 1.</p>	<ul style="list-style-type: none"> • Facilitator Information 1: Understanding stress • Facilitator Activity 1: Recognising and dealing with stress • Handout 4A: How can I recognise stress? 	10 minutes

Activity	Process/Guidelines for Facilitator	Resources	Duration
Mindfulness Practice	<p>Mindfulness practice.</p> <p>Explain that you are going to practice mindfulness, which is a great way to manage stress. See Facilitator Activity 2 for guidance notes on delivering.</p> <p>Alternatively, you can use one of the online meditations in Facilitator Activity 2.</p> <p>Finally, give each participant a copy of Handout 4A. Go through this and ask whether anyone uses any of these techniques already or if they would try them?</p>	<ul style="list-style-type: none"> • Facilitator Activity 2: Mindfulness meditation practice • Handout 4B: Relaxation exercise 	10 - 15 minutes
How to cope with a stressful situation	<p>Role play</p> <p>Using the Facilitator Activity 3 and the Handouts 4B and 4C facilitate small group role-plays.</p> <p>The purpose of this activity is to practise coping with a stressful situation and to practise ways to manage this stress.</p>	<ul style="list-style-type: none"> • Facilitator Activity 3: How to say no, coping with stress • Handout 4C: Role-plays - learning to say no! • Handout 4D: Understanding stress and nicotine • Handout 4E: Stress and nicotine - the truth 	10 - 15 minutes

Activity	Process/Guidelines for Facilitator	Resources	Duration
Setting Goals	<p>Small group or whole group discussion</p> <p>Ask the participants to set individual goals for the week ahead and discuss this in their groups. They can write these down if they chose.</p> <p>Ask if there is anything coming up in the following week that may be stressful, e.g. an exam, meeting a friend who smokes/vapes, etc.</p> <p>Ask the question: What can they do to prepare for this?</p> <p>Give them a copy of Handout 4E.</p>	<ul style="list-style-type: none"> • Pen and paper (optional) • Handout 4F: Coping with stress 	10 minutes
Evaluation and close	<p>Ask each participant to use one word to describe how they are feeling after today's session.</p>		5 minutes



Facilitator Information 1: Understanding stress

The information on these pages will help support you in the discussion about stress; what stress is and the facts about stress and nicotine dependency.

Many smokers believe that smoking or vaping relieves stress but in fact, the opposite is true.

Rather than act as an aid to control mood, nicotine dependency seems to increase stress. This is confirmed in the daily mood patterns described by smokers, with normal moods during smoking and worsening moods between cigarettes. Dependent smokers need nicotine to remain feeling normal.¹³

Every time you smoke or vape your body produces adrenaline, the “fight or flight” hormone. This actually makes you more stressed; it raises your blood pressure and increases your heart rate.

What is stress?

Definition: “Mismatch between the demands placed on us and our ability to cope with these demands” (Irish Heart Foundation).

- The way we cope with life’s demands depends on how we think, our personality and our life experiences.
- Stress is hard to measure. It can be positive in that it motivates and challenges us to get things done. However, it can be negative when we feel under constant pressure and overwhelmed by too many demands.

What normally causes us stress?

School, college, exams, relationships, deadlines, illness, quitting smoking or vaping....

Short term effects of stress – examples:	Long term effects of stress – examples:
<ul style="list-style-type: none"> • Mind becomes alert, ready to act or react • Dilated pupils – our pupils get bigger • Dry mouth • Tension in our neck and shoulders • Breathing faster • Heart rate increases • Blood pressure rises • Sweaty palms • Feel sick – butterflies in our stomach • Increased need to pass urine • Constipation or diarrhoea 	<ul style="list-style-type: none"> • Headaches • Dizziness • Blurred vision • Ulcers • Hyperventilation, palpitations • High blood pressure • Heart problems • High blood sugar • Nervous indigestion • Disturbed sleep patterns • Difficulty swallowing • Neck and back problems • Bowel disorders • Rashes and allergies • Sexual difficulties

¹³ <https://pubmed.ncbi.nlm.nih.gov/10540594/>

Coping

People who cope best with stress seem to have these things in common:

- A sense of being in control of their lives
- A network of family or friends to provide social support
- Personality traits such as being flexible and hopeful.

For more information:

Mental Health Ireland: <https://www.mentalhealthireland.ie/>

Spunout: Information and supports for mental health: <https://spunout.ie/category/mental-health>

Jigsaw: the National Centre for Youth Mental Health: www.jigsaw.ie/

Five ways to well-being: <https://www.mentalhealthireland.ie/five-ways-to-wellbeing/>



Facilitator Activity 1: Recognising and dealing with stress

Discussion

The purpose of this activity is to discover what causes us stress, how can we recognise it and then what we can do to relieve it.

Start the discussion by asking the young people the following questions:

1. How do you know when you are stressed?
2. What signs do we have that we are stressed?
3. In what situations do we become stressed?
4. How can we manage stress and become more relaxed?
5. How do you/can you cope with stress without smoking or vaping?

Additional information to support discussion:

Many people reach for a cigarette or an e-cigarette as a way of dealing with stress. Giving up nicotine can also be very stressful in itself. However, if you use nicotine replacement to wean your body from nicotine for a 12 week period and become nicotine free you will help reduce the stress from nicotine withdrawal. For those who use smoking or vaping as a coping mechanism for day to day stress, it is important to prepare and plan for alternative ways of coping and managing stressful situations to prevent relapse.

Some other points to make about stress:

- There are some positive types of stress e.g. the fight or flight response. If you are in a forest and suddenly a grizzly bear starts chasing you, you will probably decide to run. This type of stress response is important if you want to survive. The increased adrenaline released in your body will shift blood flow and oxygen to your muscles and brain where it is needed, and away from other organ systems such as your bowel. The idea is to run for your life, and stress in this situation is vital.
- Now contrast the normal fight or flight response to the abnormal release of adrenaline caused by nicotine. The regular release of adrenaline triggered by nicotine in tobacco or e-cigarettes, increases heart rate and blood pressure. The human body was not designed to use adrenaline on a regular basis. This not only takes its toll on the body in the longer term, but may also increase the amount of physical stress experienced, due to the stimulant effects of nicotine. Established daily patterns of smoking or vaping can be seen as an attempt to avoid withdrawal symptoms by having another cigarette/ e-cigarette, thus continuing the cycle of addiction.

- The reality is that smoking or vaping can actually increase stress levels. The false sense of stress relief is experienced due to the effect of nicotine on dopamine receptors in the brain: the reward and pleasure pathways of the brain. Dopamine is released after having a cigarette or e-cigarette containing nicotine, which can give a sense of calm. When tobacco or e-cigarettes containing nicotine are used to alleviate stress regularly, then they can become a crutch, which smokers and e-cigarette users often say helps them cope with stressful situations. However, the reality is that smoking or vaping does not solve the problem.
- The root cause of the stress needs to be dealt with appropriately, whether you smoke or vape.



Facilitator Activity 2: Mindfulness meditation practice

Introduce the practice with this information:

“Mindfulness can take various forms depending upon the person. Sometimes, it can be as simple as allowing yourself permission to chill out. Possibly allowing a few minutes sometime in your day to do nothing other than sit quietly, listen to music or whatever. The idea is to try to schedule it into your life as you would any other important activity.”

Using the script below, guide the participants through a Mindfulness practise.

Read the instructions very slowly. It will help if the room is quiet, possibly slightly darkened and everyone has a comfortable chair. Discuss with the group how they felt and how they might be able to use this activity or one like it for themselves.

Alternatively visit:

- YouTube: Mindfulness Jon Kabat Zinn
- <https://www.padraigomorain.com/free-mindfulness-audios/>

Guided Meditation Script

Begin by making yourself comfortable. Sit in a chair and allow your back to be straight, but not stiff, with your feet on the ground. Your hands could be resting gently in your lap or at your side.

Allow your eyes to close, if you feel comfortable. Take several long, slow, deep breaths. Breathing in fully and exhaling slowly. Breathe in through your nose and out through your nose or mouth. Feel your stomach expand on an inhale, relax, and let go as you exhale.

Now slowly bring your attention down to your feet. Begin observing sensations in your feet. You might want to wiggle your toes a little, feeling your toes against your socks or shoes. You might imagine sending your breath down to your feet, as if the breath is traveling through the nose to the lungs and through the abdomen all the way down to your feet. Then back up again out through your nose and lungs. Take a moment to notice how this feels.

Now, let your attention expand out to include the entire body as a whole. Bring into your awareness the top of your head down to the bottom of your toes. Feel the gentle rhythm of the breath as it moves through the body. As you come to the end of this practice, take a full, deep breath, taking in all the energy of this practice. Exhale fully. When you are ready, open your eyes and return your attention to the present moment. As you become fully alert and awake.



Facilitator Activity 3: How to say no, coping with stress

This activity is a role-play. The purpose of this activity is to practise saying “no” to cigarettes or e-cigarettes

Divide the group into 2's or small groups of 3 to 4.

Give each group a copy of Handout 4A.

- **Role A: the role of someone who has recently quit smoking or vaping**
- **Role B: the person who is offering a cigarette or an e-cigarette**

Ensure that everyone reverses roles so that everyone gets a chance to say no.

Processing Questions

- Who managed not to take one?
- How did you feel dealing with the persistent offer of a cigarette or e-cigarette?
- Was it easy/difficult to say no?
- What made it easy/difficult?
- How did you feel pressuring someone to take a cigarette or e-cigarette who had just quit?
- What do you feel about the statement “you are refusing a request not rejecting the person?”

You can give the participants a copy of Handout 4C, Coping with Stress.

Week 5 – Continuing support, healthy eating and smoke free environments

Aim: Explore the importance of a healthy lifestyle.

Objectives

- Reflect on personal eating habits
- Understand ways to plan for change – healthy eating
- Understand how we can create/support smoke free environments

Overview

- CO reading and recording
- Reinforce the “not a puff” rule
- Commitment to “not a puff” rule
- Preparing for the future
- Healthy eating and the relationship with smoking
- Smoke free environments

Resources

- CO monitor and accessories
- Handout 1C: My personal carbon monoxide chart
- Flipchart
- Group agreement from week 1
- Optional: <https://www.safefood.net/101-square-meals-cookbook>

Other: _____

Week 5 - Session Plan

Activity	Process/Guidelines for Facilitator	Resources	Duration
Welcome and CO reading	Welcome participants. Complete and record the CO levels as they arrive.	<ul style="list-style-type: none"> • CO monitor and accessories • Handout 1C: My personal carbon monoxide chart • Pens/pencils 	5 - 10 minutes
Group Check in	Invite participants to share their experience over the last week. Each person is encouraged to voice any concerns or worries they have, and to outline any areas where they feel they have done particularly well.		10 minutes
Healthy eating	<p>Discussion</p> <p>Facilitate a discussion about putting on weight while quitting. See Facilitator Activity 1 for more information.</p> <p>Use Handout 5A to help facilitate this conversation.</p> <p>Use Handout 5B to show alternative healthy food options, and Handout 5C, the Food Pyramid.</p>	<ul style="list-style-type: none"> • Facilitator activity 1: Discussion - Quitting and healthy eating • Handout 5A: Smoking, vaping and healthy eating • Handout 5B: Healthy Snacks • Facilitator Information 1: Food Pyramid • Handout 5C: Food pyramid 	15 minutes

Activity	Process/Guidelines for Facilitator	Resources	Duration
Goals for the week ahead	<p>Discussion: Invite each participant to share their goals for the week ahead – this might be to try a new recipe or new food, eating more fruit, drink more water, etc.</p> <p>Give them a copy of Handout 5D if they are looking for suggestions for healthy eating options.</p> <p>Optional: use the link below to download a recipe book. Either share with the group or print off a few nice and easy recipes as handouts.</p> <p>https://www.safefood.net/101-square-meals-cookbook</p>	<ul style="list-style-type: none"> Handout 5D: Healthy eating recipes 	10 minutes
Smoke free communities	<p>This activity explores what a smoke free community means and what we as individuals can do to support this.</p> <p>See Facilitator Activity 2 and Facilitator Information 2.</p>	<ul style="list-style-type: none"> Facilitator Activity 2: Discussion – Smoke free environments and protecting young people Facilitator Information 2: Smoke Free Initiatives in Ireland 	10 – 20 minutes
Evaluation and close	<p>Invite participants to say anything about the session today or how they are feeling.</p>		5 minutes



Facilitator Activity 1: Discussion - Quitting and healthy eating

Weight gain can be a sensitive issue so some people may be more comfortable having this discussion in smaller groups or pairs. If the group are comfortable, this activity can be done as a large group.

What to say: Many people worry that they will put on a lot of weight when they quit either smoking or vaping.

Now ask the question: Why do you think some people put on weight when they quit?

Allow the groups to discuss their thoughts and opinions.

You can support the conversation with the following points:

- Nicotine is an appetite suppressant, and therefore if you quit smoking or vaping you might feel more hungry
- Smoking and vaping can reduce your sense of taste and smell. Therefore, when you quit, food often tastes better, so you might eat more
- Some people replace smoking or vaping after a meal with a second helping of food or biscuits
- Some people replace smoking or vaping with eating especially if they are anxious
- Nicotine increases your metabolic rate: the rate at which your body creates and uses energy. Nicotine causes your heart to beat faster and therefore use more energy – increasing your metabolism slightly. When you quit smoking or vaping the body changes and needs less energy from food. This can lead to putting on weight if you continue to consume the same amount of food
- Some people do put on weight when they quit, 1.81 - 3.8kg (4 - 7lbs) on the average, but not everybody gains weight, some may actually lose it or stay the same
- You would have to gain 56.7 kg (about 9 stone) to get the same risk to your health as smoking cigarettes every day!

Use Guide to healthy food choices booklet (if available) and the food pyramid to demonstrate how to plan healthy food choices, the recommended number of servings from each shelf and portion sizes.

Use handouts 5A to 5D to support this activity.

Healthy Food for Life

The Food Pyramid

For adults, teenagers and children aged five and over

Foods and drinks high in fat, sugar and salt

Not needed for good health.

Maximum once or twice a week



NOT every day

Fats, spreads and oils

Needed for good health. Enjoy a variety every day.

**Meat, poultry, fish, eggs,
beans and nuts**

Milk, yogurt and cheese

Wholemeal cereals
and breads, potatoes,
pasta and rice

Vegetables, salad and fruit

3 servings a day

3-5* servings a day

Up to 7* for teenage boys and men age 19-50

5-7
Servings
a day

*Daily Servings Guide – wholemeal cereals and breads, potatoes, pasta and rice

Daily Servings Guide – Wholemeal cereals and breads, potatoes, pulses and rice											
Active	Child (5-12)			Teenager (13-18)			Adult (19-50)			Adult (51+)	
	Child (5-12)	Teenager (13-18)	Adult (19-50)	Adult (19-50)	Adult (19-50)	Adult (19-50)	Inactive	Teenager (13-18)	Adult (19-50)	Adult (19-50)	Adult (51+)
♂	3-4	4	4-5	3-4			♂	3	3-4	3	
♀	3-5	5-7	5-7	4-5			♀	4-5	4-6	4	

There is no guideline for inactive children as it is essential that all children are active.

Source: Department of Health, December 2016.

Drink at least 8 cups of fluid a day – water is best



Get Active!

To maintain a healthy weight adults need at least 30 minutes a day of moderate activity on 5 days a week (or 150 minutes a week); children need to be active at a moderate to vigorous level for at least 60 minutes every day.





Facilitator Activity 2: Discussion – Smoke Free Environments and protecting young people

This activity can be completed as a brainstorm activity or as a discussion.

Encourage the participants to think about:

- **What they can do to create smoke free spaces**
- **What legislation is already in place**
- **What more could be done and**
- **How we can protect young people from the dangers of tobacco and the tobacco industry.**

You can also explore the dangers of e-cigarette use and how it is becoming normalised for many young people – perceived as a healthier option to smoking tobacco.

Use Facilitator Information 2: Smoke Free Initiatives in Ireland, overleaf for more information.

Lead the discussion by asking the following questions:

- Ask the group if they know of any additional pieces of legislation regarding tobacco or e-cigarette use that have come into play since the smoking ban in 2004 (see CF Information 1)
- What impact have these pieces of legislation had on society, you or your family?
- What are the benefits of smoke free places and how can they help you and others to stay quit?
- As the course will be ending soon, is there a smoke free initiative in your community/school/youth club with which you could get involved?
- Smoke free places – what can you do in your community?
- Have you heard about “Not Around Us”? If so, ask someone to explain this initiative. Check out this link for more information: <https://www.limerick.ie/council/services/community-and-leisure/community-development/not-around-us>.

You can also refer back to the Facilitator Information 2: The truth about the tobacco industry from week 3.



Facilitator Information 2: Smoke free initiatives in Ireland

The Irish Government set an ambitious target to have a smoke free Ireland by 2025.

This means a smoking prevalence of 5%. For annual updates on this progress, you should check <https://www.gov.ie/en/collection/231c02-healthy-ireland-survey-wave/>. In 2021, the smoking prevalence stood at 18%.

In order to reach this target, significant action to create smoke-free communities needs to happen at a local level. Young people can take action in their own communities by exploring the impact of smoking locally. Strategies to de-normalise smoking and make it less attractive and acceptable to young people are required. In order to prevent young people from starting to smoke and to contribute to a Tobacco Free Ireland, young people need to be facilitated and supported to consider the environmental impacts and to visualise and take local action towards a smoke free community.

This is not an anti-smoker approach but a measure to change our view of smoking in our own communities. By reducing the acceptability of smoking and vaping in our communities, we can help protect children and young people from starting smoking and vaping.

The Tobacco ban in Ireland

Smoking in workplaces in Ireland was banned on 29 March 2004. Ireland was the first country in the world to have an outright ban on smoking in workplaces, with fines of up to €3,000 on the spot. Premises must display a sign to inform patrons of the ban.

Ireland also banned in-store tobacco advertising and displays of tobacco products at retail outlets and a ban on the sale of packets of 10 cigarettes in the second half of 2009. The same bill also started new controls on tobacco vending machines.

Since the ban, a number of additional pieces of legislation have been introduced and enacted:

- **2009:** A ban on in-store tobacco advertising and displays of tobacco products at retail outlets and a ban on the sale of packets of 10 cigarettes.
- **2013:** Graphic warnings on tobacco packaging displaying health warnings, such as “Smoking Kills.” They must cover at least 30% on the front and 40% on the back of the packaging.
- **2016:** Ban on smoking in a car with a child.
- **2017:** Plain cigarette packaging was introduced.
- **2019:** Public Health (Tobacco and Nicotine Inhaling Products) Bill 2019, see overleaf:

In July 2022, The Joint Committee on Health published its report on pre-legislative scrutiny of the Public Health (Tobacco and Nicotine Inhaling Products) Bill ¹⁴.

¹⁴ https://data.oireachtas.ie/ie/oireachtas/committee/dail/33/joint_committee_on_health/reports/2022/2022-07-15_report-on-pre-legislative-scrutiny-of-the-public-health-tobacco-and-nicotine-inhaling-products-bill-2019_en.pdf



Among the recommendations of this report were:

- The sale of e-cigarettes to those under-18 should be restricted.
- The prohibition on the sale of tobacco products from temporary or movable premises should be extended to e-cigarettes.

The Tobacco Products Directive (TPD)¹⁵ was signed into Irish law in 2016. The TPD came from the European Union and it lays out laws, regulations and administrative provisions of the member states concerning the manufacture, presentation and sale of tobacco and related products. Here are some of the regulations laid out in the TPD:

- A ban on cigarettes and roll-your-own tobacco with characterising flavours such as fruit flavours, menthol or vanilla
- Minimum unit pack size of 30g for Roll-Your-Own tobacco (rollies)
- A ban on tobacco products containing certain additives
- A ban on any misleading labelling (such as “natural” or “organic”)

The TPD also includes regulations on e-cigarettes, which include:

- Ensure that e-cigarettes containers and refills are child-proof
- They must deliver nicotine doses at consistent levels
- The containers must meet safety and health standards, e.g. they do not break or leak during use and refill
- They must include appropriate health warnings and should not include any misleading elements or features.

Smoke Free Homes

A smoke free home is one where nobody smokes inside the home. This is an initiative to protect the health of the family from exposure to second hand smoke. It also helps to de-normalise smoking within the home and the family. For someone quitting smoking, creating a smoke free home will offer great support.

¹⁵ For more information and the full list of regulations on the TPD see:
<https://www.hse.ie/eng/about/who/tobaccocontrol/tobaccoproductdirective/>

HSE Tobacco Free Campus ¹⁶

In order to implement national policy objectives contained in Healthy Ireland and Tobacco Free Ireland, the HSE has adopted an official corporate Tobacco Free Campus Policy. The policy has two clear aims:

- To treat tobacco as a healthcare issue.
- To de-normalise tobacco use in all healthcare services and settings.

Tobacco Free Playground ¹⁷

The first smoke free playground was introduced in Donegal in 2010. Since then, ASH Ireland, the leading anti-tobacco advocacy organisation in Ireland, has contacted county and city councils throughout Ireland encouraging them to voluntarily introduce smoke free playgrounds. HSE Health Promotion and Improvement departments and the HSE Tobacco Free Ireland programme have worked closely with many local authorities and other organisations to promote tobacco free spaces for children and families. There has been a very positive response with most now having smoke free signage in place.

There are two main aims of the tobacco free playgrounds:

- To help protect children from exposure to second-hand smoke and
- To de-normalise tobacco use to future generations.

Not Around Us

“Not Around Us” is a campaign to discourage smokers from smoking or vaping around others. The campaign is about promoting an environment where it is easier for those who smoke or vape to quit and stay quit, with a focus on de-normalising smoking and vaping for the next generation.

The purpose of “Not Around Us” is:

- Help protect children and young people from second-hand smoke exposure
- Contribute to the de-normalisation of smoking for children and young people
- Reduce environmental nuisance, cost of cleaning and damage that discarded tobacco products create
- Signpost the HSE Quit services

This campaign was originally launched by Limerick City and County Council supported by the HSE, Limerick Comhairle na nÓg, Limerick Children and Young People’s Services Committee, Limerick Childcare Committee, Healthy Ireland and ASH Ireland, Council of the Irish Heart Foundation. The campaign won a prestigious World Health Organisation award on World No Tobacco Day May 31st in 2020. The campaign is now active in County Clare, Galway, Wexford, Louth and Meath and still growing.

¹⁶ <https://www.hse.ie/eng/about/who/tobaccocontrol/campus/>

¹⁷ For more information see: <https://ash.ie/ash-campaigns/smoke-free-playgrounds/>



Week 6 – Continuing support, physical activity and impact of tobacco and e-cigarettes on the environment

Aim: Affirm participants' motivation to sustain their quit attempt.

Objectives

- To provide support and encouragement
- To recognise the importance of physical activity.
- To review progress
- To explore how to resolve problems/setbacks – managing relapse when tragedy strikes
- To explore how tobacco use damages the environment

Overview

- One-to-one CO reading and recording
- Explore relapse: how to prevent relapse and how to manage if relapse happens
- Physical activity – improving overall health and wellbeing
- Tobacco and e-cigarette use and the impact on the environment

Resources

- CO monitor and accessories
- Handout 1C: My Carbon Monoxide Chart
- Flipchart and markers
- Group agreement from week 1

Other: _____

Week 6 – Session Plan

Activity	Process/Guidelines for Facilitator	Resources	Duration
Welcome and CO reading	Welcome participants. Complete and record the CO levels as they arrive.	<ul style="list-style-type: none"> • CO monitor and accessories • Handout 1C: My personal carbon monoxide chart • Pens/pencils 	5 – 10 minutes
Group Check in	<p>Invite participants to share their experience over the last week.</p> <p>Invite participants to share one positive experience over the past 7 weeks.</p>		10 minutes
Quitting and physical activity	<p>Facilitate a discussion about physical activity. Ask the participants:</p> <ul style="list-style-type: none"> • What are the benefits of physical activity? • What activities do you enjoy? • For those who don't like traditional sports or exercise, ask what other options are available? <p>NOTE: Physical activity can be used as an effective coping strategy – helping to deal with stress, boredom, weight gain and withdrawal symptoms of quitting.</p> <p>Use Handouts 6A and 6B to support this conversation.</p> <p>Direct group to the website: www.getirelandactive.ie where they can find out about sports, fitness and exercise groups in their locality.</p> <p>Tell them about any sports or fitness groups taking place in your centre or in the local community.</p> <p>Encourage those who do exercise to share their experiences with the group and perhaps they can invite members of this group to join in.</p>	<ul style="list-style-type: none"> • Handout 6A: Physical Activity – Why? • Handout 6B: What exercise is best? 	10 minutes

Activity	Process/Guidelines for Facilitator	Resources	Duration
Managing relapse	<p>Facilitate a discussion on managing relapse and coping with crises and stressful situations.</p> <p>Use Facilitator Information 1 to help support you during this discussion.</p> <p>See Facilitator Activity 1 for more information. There are 2 parts to this discussion. Complete Part A and if there is sufficient time and it is appropriate for the group, complete Part B.</p> <p>Use Handout 1D from week 1 to remind participants of the Stages of Change.</p> <p>Complete Handout 6C to help participants put a plan in place to prevent relapse.</p>	<p>Use Handouts 6D and 6E for tips and ideas.</p> <ul style="list-style-type: none"> Facilitator Information 1: Success and relapse prevention Facilitator Activity 1: Discussion - Preventing relapse Handout 1D: Stages of change Handout 6C: My plan to prevent relapse Handout 6D: Staying Quit Handout 6E: Talking positively to yourself 	15 – 30 minutes
Tobacco, e-cigarettes and the environment	<p>Group discussion about the environmental impact of tobacco and e-cigarette use.</p> <p>See Facilitator Activity 2 and Facilitator Information 2.</p> <p>For older groups or individuals with a specific interest in learning more, you can refer them to a report by the WHO: “WHO, 2017, Tobacco and its environmental impact: an overview”.</p>	<ul style="list-style-type: none"> Facilitator Activity 2: Discussion – Tobacco, e-cigarettes and the environment Facilitator Information 2: Tobacco, e-cigarettes and the environment 	10 minutes
Evaluation and close	<p>Ask each member to say one thing positive that they will do for themselves this week.</p> <p>Remind the group that next week is the final week, where we will celebrate our achievements together over the past 7 weeks.</p>		5 minutes

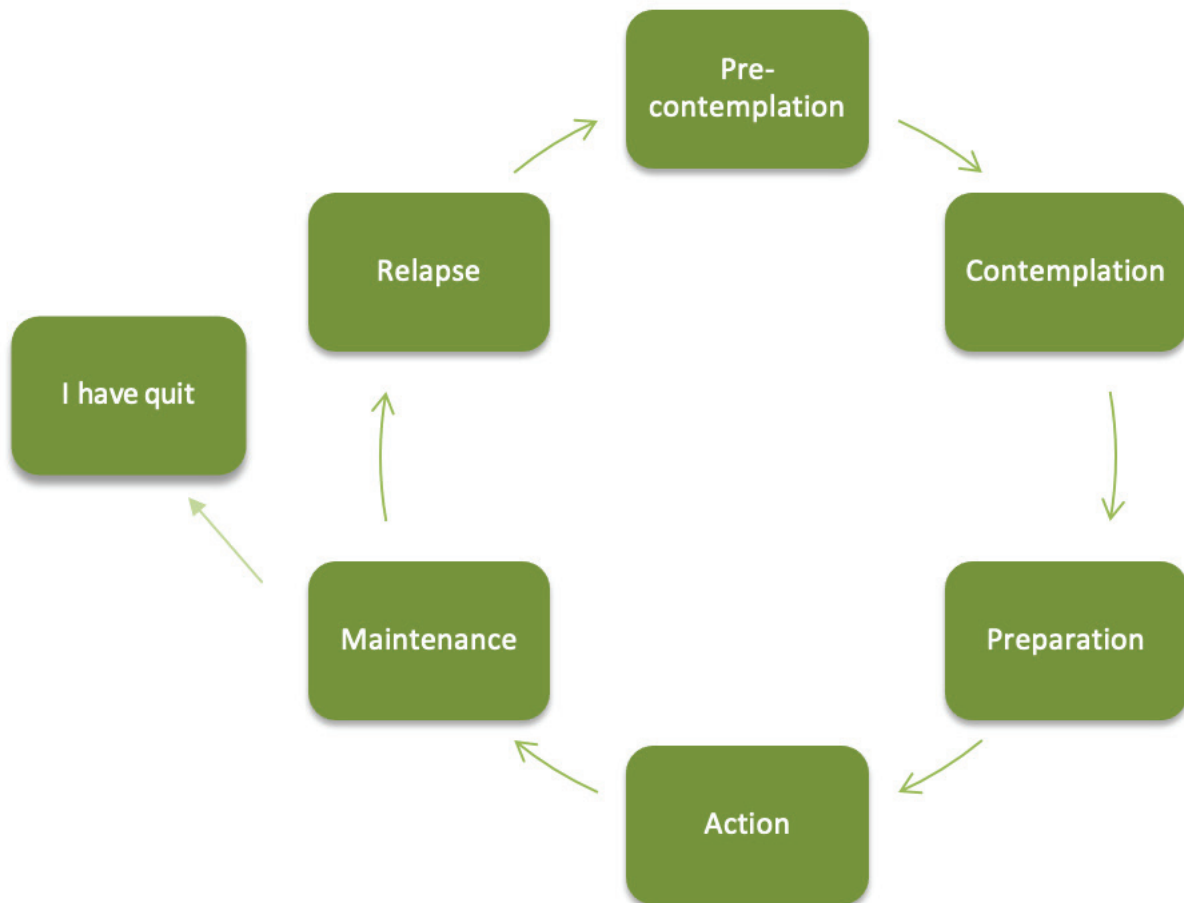


Facilitator Information 1: Success and relapse prevention

You can use the information here to help support the discussion Activities.

Stages of Change Model

The process of change involves a number of stages:



Stages of Change Model: Adapted from Prochaska and DiClemente

Understanding relapse

Some people may experience a “slip” when they have one or a few cigarettes or a puff of an e-cigarette. For some, this might be temporary and for others this may mean that they start to smoke or vape again.

It is important to remember that this happens to some people but not everyone. If you do have a slip or start to smoke/vape again, there are measures you can take to help you become nicotine free again. It is important to remember that you have already quit and can do it again. Give yourself credit for what you have managed to do so far. Remember the effort that you put in and draw from the learning that you have had from doing this. Get back on track as soon as possible. If you want to quit, you can do it.

Think about what caused you to slip in the first place. What could you do differently to help you manage this situation if it happened again? You might want to think about the following:

- Your reasons to quit in the first place. Do these still apply to you or are there new ones to add?
- Challenges that you have had and how you managed not smoke or vape. What did you do instead and how did you cope without needing or wanting to smoke or vape?
- What supports have you used and found helpful? What could you look at now to support you again?
- Resources that you have from this programme. What did you find useful?
- The health or financial benefits of quitting and staying smoke and nicotine free.
- Situations that are a challenging for you, such as socialising, alcohol or stress. What techniques have you learned that could help you to manage these more effectively and stay smoke and nicotine free?
- How you handled situations when you first quit. Maybe you planned situations in advance so that you helped yourself not to smoke or vape.
- Does going back to old habits and behaviours such as drinking tea or coffee make you feel tempted to smoke or vape? If so, you might want to change this again for a while so that you can avoid this trigger.
- Check out www.Quit.ie for further tips and ideas to support you, as you stay quit.
- Remember when you quit smoking, you are doing something that will benefit you immediately and in the long term.



Facilitator Activity 1: Discussion - Preventing relapse

Part A – Reasons for relapse and how to cope with relapse

Facilitate a discussion on keeping up motivation and preventing relapse during times of crises or stressful situations.

Remind the participants about the Stages of Change, Handout 1D that was covered on week 1.

Use Facilitator Information 1, and Handouts 6C and 6D to support this discussion.

Use a flip chart to record the feedback from the questions below:

- What are some reasons you might relapse?

For example, stress, family or relationship problems, celebrations, falsely believing that ‘just one cigarette will not hurt’, putting on weight, out with friends and started up again.

- How will you deal with relapse?

Now ask the participants to identify triggers and plan coping strategies to deal with them. They can complete Handout 6C to write these down.

Stress the importance of the “Not a Puff” Rule, as it is a common cause of relapse.

If there is time and/or it is appropriate for the profile of the group continue onto Part B, below.

This discussion explores ways of coping during times of extreme stress or crises.

Part B – Managing and preventing relapse during crises moments

Read the following:

“When tragedy strikes...

Life can throw things at us that can change our life very dramatically. It might be (use examples below as appropriate to the group):

- An exam not going the way you had hoped
- Breakdown of a relationship or longstanding friendship
- The diagnosis of a serious illness of someone we love, a parent, a partner, a brother or sister, a child or a friend or maybe yourself
- Something we have witnessed where a disturbing memory stays in our head

Tragedy in our lives can come at any time and hit us very hard. We cannot be completely prepared for these events in our lives. Yet there are some things we can do. For example, if you travel in a car, you would put your safety belt on to reduce the risk in the case that something went wrong – and because it’s the law. If you were on your bike, you would put your helmet on to protect you in case you fell or you were knocked off.

Sometimes, when people have been smoking/vaping and quit, the risk of relapsing may be greater when they are faced with a crisis or some form of trauma. Someone might just “offer” a cigarette without thinking to help “calm you down” or you might reach for a vape and take a puff.

This could mean your hard work to quit going down the drain in a second. We do not want anything sad or tragic to happen in our lives, but unfortunately, sometimes they do.”

Now use the questions below to facilitate a wider discussion on managing crises and stressful situations.

- What can we do to help us to cope when unexpected or expected challenges come into our lives?
- What sort of situations do you think could happen in your life that could trigger a relapse?
- What techniques have you looked at to help you so far in your quit journey?
- What coping strategies could you suggest as a group to have “up your sleeve” in case anything traumatic, unexpected or expected, were to happen? These should be strategies that would help you to deal effectively with preventing relapse and staying nicotine free.
- What would be your top 10 tips to deal with trauma or a crisis situation and avoid relapse and to stay nicotine free?

Give the participants a copy of Handouts 6C and 6D, which provide information and tips on how to stay quit and prevent relapse.



Facilitator Activity 2: Discussion – Tobacco, e-cigarettes and the environment

Use the notes in Facilitator Information 2: Tobacco, e-cigarettes and the environment to support this discussion

Ask the group the question: What are the environmental risks of smoking to local communities?

If they are struggling to come up with any answers, you can use these additional questions to prompt responses:

- How does litter make people feel in their community?
- How can animals be harmed by litter?
- How might smoking or e-cigarette use affect habitats and biodiversity?
- Where does litter go if it is washed away in drains and rivers? What is the impact on animals then?
- How does tobacco or e-cigarette litter add to climate change?

Follow this discussion with the following question: What do you think are some of the global impacts of tobacco use on the environment?



Facilitator Information 2: Tobacco, e-cigarettes and the environment ^{18, 19}

Cigarette butts are one of the most common forms of litter in our communities in Ireland today. A report in 2017 showed that cigarette litter makes up 56% of litter in Ireland.

Cigarette butts and filters contain cellulose acetone and can take up to 12 years to decompose. They are believed to kill birds, fish and other small animals. One cigarette butt has the ability to pollute 500 litres of water.

- Tobacco threatens many of the earth's resources. Its impact is felt in ways that extend far beyond the effects of the smoke released into the air by tobacco products when consumed. The harmful impact of the tobacco industry in terms of deforestation, climate change, and the waste it produces is vast and growing
- Tobacco is often grown without proper crop rotation, which means that it is vulnerable to pests and disease. Therefore, large amounts of chemicals are required to control them. Many of these chemicals are banned in some countries as they cause harm to the environment and the farmers working on the land
- Forests are cleared for tobacco plantation leading to mass deforestation
- Tobacco manufacturing uses a significantly large amount of water and energy when compared to other companies and manufacturers
- Use of plastic materials for packaging
- Tobacco smoke contains thousands of toxic chemicals, most of which are released into the air in the form of side-stream smoke
- With up to two-thirds of every smoked cigarette discarded onto the ground, between 340 and 680 million kilogrammes of waste tobacco product litters the world each year. The waste from these tobacco products contain 7000 chemicals, many known to be carcinogenic, which then leak into the environment.
- E-cigarette waste is potentially a more serious environmental threat than cigarette butts since e-cigarettes introduce plastic, nicotine salts, heavy metals, lead, mercury, and flammable lithium-ion batteries into waterways, soil, and to wildlife.
- Unlike cigarette butts, e-cigarette waste won't biodegrade even under severe conditions. E-cigarettes left on the street eventually break down into microplastics and chemicals that flow into the storm drains to pollute our waterways and wildlife.

In addition to all of the above, tobacco farmers in low and middle-income countries face an economic struggle, earning low wages for very labour intensive work. In some regions, many of those working on the farms are children. They are exposed to nicotine and pesticide poisoning. Green Tobacco Sickness is a type of nicotine poisoning caused by the dermal absorption of nicotine from the wet tobacco plants.

For more information on the impact of tobacco to the environment, read: WHO, 2017 "Tobacco and its environmental impact: an overview."

¹⁸ WHO, 2017, Tobacco and its environmental impact: an overview

¹⁹ <https://truthinitiative.org/research-resources/harmful-effects-tobacco/toxic-plastic-problem-e-cigarette-waste-and-environment#:~:text=E%2Dcigarette%20waste%20is%20potentially,%2C%20soil%2C%20and%20to%20wildlife.>



Week 7 – Reflect and celebrate achievements

Aim: To celebrate and recognise individual achievements over the past 7 weeks.

Objectives

- Celebrate individual achievements
- Plan for the future
- Record quit status at 4 weeks
- Presentation of certificates

Overview

- One-to-one CO reading and recording
- Explore relapse
- Planning for rest of the programme.

Resources

- CO monitor and accessories
- Handout 1C: My Carbon Monoxide Chart
- Flipchart and markers
- Group agreement from week 1
- Refreshments
- Certificates for each participant – Quit and Participation as appropriate – See appendices
- End of course questionnaire

Other: _____

Week 7 – Session Plan

Activity	Process/Guidelines for Facilitator	Materials	Duration
Welcome and CO reading	Welcome participants. Complete and record the CO levels as they arrive.	<ul style="list-style-type: none"> • CO monitor and accessories • Handout 1C: My personal carbon monoxide chart • Pens/pencils 	5 – 10 minutes
Group Check in	<p>Invite participants to share their experience over the last week</p> <p>And/or</p> <p>Invite participants to share one positive experience over the past 7 weeks. See Facilitator Activity 1.</p>	<ul style="list-style-type: none"> • Flipchart • Markers • Facilitator Activity 1: One positive experience (Part A) • Handout 7A: I have come a long way 	10 – 20 minutes
Course evaluation	<p>Give each participant a copy of the course evaluation to complete.</p> <p>Allow them 5 minutes to complete before moving on the presentation of certificates.</p> <ul style="list-style-type: none"> • Post course satisfaction questionnaire. 	<ul style="list-style-type: none"> • End of course feedback 	5 minutes
Celebration and presentation of certificates	<p>If there are any participants who would like to say a few words, allow them the opportunity.</p> <p>Facilitators can say a few words of congratulations.</p> <p>Presentation of certificates to all participants regardless of quit status – Two options:</p> <ol style="list-style-type: none"> 1. Participation certs to all participants or 2. Participation certs to those who did not quit and quit certificates to those that did quit <p>Optional: Light refreshments.</p>	<ul style="list-style-type: none"> • Certificates • Refreshments (optional) 	10 – 20 minutes

Activity	Process/Guidelines for Facilitator	Materials	Duration
Closing	<p>Using the same format from Facilitator Activity 1: ask the participants to share one hope for the future.</p> <p>Close the session by congratulating everyone in the group – not just those that quit.</p> <p>Direct them to other support services that are available, if they need them in the future.</p> <p>Remind them to tell their friends about the course, as there will be another one coming soon.</p>	<ul style="list-style-type: none"> • Facilitator Activity 1: One positive experience (Part B) 	10 minutes



Facilitator Activity 1: One positive experience

Part A – complete this at the start of the session

Ask each participant to write one positive experience on the flipchart that he/she has had over the past 6 weeks. Alternatively, ask them to call out and the facilitator can write on the flipchart.

Some may say that they have quit smoking or vaping, and others may say something that is related to quitting or being part of the group: something that was unexpected or an added bonus.

You could give a couple of examples to avoid everyone saying the same thing.

Examples of responses:

- I have not smoked or vaped for 3 weeks
- My friend has quit with me
- I have more energy now and I am thinking about taking up jogging
- I don't get out of breath as much when I am playing football
- I have saved €_____
- I have made new friends in the group
- I have learned that I am in control
- I feel stronger now, more empowered, as I did not think before that I could do this.

Example of responses for those who may not have quit or have relapsed:

- I had quit for 2 weeks, and I know I can do it again
- I have learned that I have control
- The support from the group has given me strength/belief that I can do it
- I know that I am not alone and that is comforting
- I understand myself better now and why I smoke or vape. Now I can do something about it

Part B – complete this at the end of the session

Tell the group to think about their responses from the start of the session, and now ask them for their hopes for the future.

Section 3

Additional Activities

This section contains additional activities that you can use throughout the course, depending on time, the age group and/or the interests of the group. You should familiarise yourself with this section before planning your course.

Note that there are also some additional handouts/activities in the back of the participants' handout booklet:

- **What is in a cigarette? Match the chemicals**
- **What is in a cigarette? Word Search**
- **Discussion: Smoking and vaping on TV**
- **Tips for motivation**

What is in a cigarette? Solution for facilitators

These are the answers to the activity in the participant handout

What is in a cigarette?

Activities

Have you ever stopped to think what is really in a cigarette?

Cigarettes contain all these! Match the words and pictures.



a. Formaldehyde — 7. Embalming fluid



b. Arsenic — 4. In rat poison



c. Cadmium — 10. In battery acid



d. Carbon monoxide — 2. Released in car exhaust fumes



e. Lead — 3. In batteries



f. Ammonia — 6. Common household cleaner



g. Acetic Acid — 8. Ingredient in hair dye



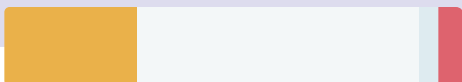
h. Butane — 1. Lighter fluid



i. Tar — 9. Material for paving roads



j. Acetone — 5. In nail polish remover



Word Search: Solution for facilitators

Word Search:

Activities

What is in a cigarette?

11 of the 12 chemicals below are hidden in the word search.

Find all 11 and discover which one is left.

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Acetone | <input checked="" type="checkbox"/> Ammonia | <input checked="" type="checkbox"/> Arsenic |
| <input checked="" type="checkbox"/> Benzene | <input checked="" type="checkbox"/> Butane | <input type="checkbox"/> Carbon monoxide |
| <input checked="" type="checkbox"/> Chromium | <input checked="" type="checkbox"/> Formaldehyde | <input checked="" type="checkbox"/> Lead |
| <input checked="" type="checkbox"/> Nicotine | <input checked="" type="checkbox"/> Pesticides | <input checked="" type="checkbox"/> Tar |



The missing chemical is:

~~Carbon monoxide~~

Myths and Facts about tobacco use: Moving Debate

You can use the questions in this section to explore more of the myths and facts about tobacco use and vaping. You can choose some or all of the questions, depending on time, age of the group and topics that may come up throughout the course of the programme. This activity can also be used as a way of engaging young people before a course starts.

Please note, there are more questions/statements overleaf

Question 1: Most people in Ireland smoke

Answer: Myth.

The 2021 Healthy Ireland Survey shows that 18% of the population smokes. More than 9 out of 10 young Irish people DO NOT smoke and it is actually not the norm to be a smoker. However, in some communities where people might not have as much money as others more people might smoke. This could be due to stress or it being a bit more acceptable to smoke. If you grow up in a family where others smoke you are more likely to smoke yourself.

Question 2: Smoking won't affect my health until I am much older

Answer: Myth

Even smoking a little can cause damage. Research has shown that even “occasional” smoking, smoking only a few cigarettes per day, or smoking “without inhaling” can increase your risk of ill health and shorten your life. Smoking causes bad breath, wrinkles and ageing of the skin in young people. Another problem with smoking “just a little” is that most people cannot do it for long. Cigarettes are addictive and most people cannot continue to be occasional smokers for long. Soon, they find themselves smoking every day, several times a day. Any the more they smoke, the more they are damaging their health.

Question 3: Smoking and vaping is a personal choice

Answer: Open to interpretation.

Some people say smoking or vaping is a personal choice and you choose to smoke or vape every time. We know that nicotine is a powerful addictive drug. Completing the questionnaires for nicotine dependence will help determine a person's physical addiction to nicotine. Once you are addicted to nicotine, it is not a personal choice and that's why we need to regulate things like marketing, displays and using nicotine products indoors so young people don't start in the first instance and don't see it as the normal thing to do. In addition, adults and children who breathe in other people's smoke do not do so by choice and their health is affected without realising it.

Question 4: Smoking and vaping helps people to relax

Answer: Myth

While people feel relaxed when inhale nicotine from tobacco or e-cigarettes, these are actually stimulants. This means that they accelerate the heart rate, raise the blood pressure and suppress appetite. It is thought that the deep breathing when inhaling relaxes the person and getting their nicotine hit prevents them from going into withdrawals. However, there are other ways to relax, which are much healthier than smoking and vaping. Young people who use smoke or vape are more likely to report irritability, bad temper, feeling low and less happiness with life.

Question 5: Smoking or vaping won't affect my health until I am much older

Answer: Myth

Smoking impacts many parts of your body not just your lungs and heart. As a smoker, you are at risk for many types of cancer such as mouth, throat, lung, stomach, kidney and bladder cancer. Tobacco smoke can cause gum disease, tooth decay and bad breath. Smoking can affect your appearance. It can age your skin by 10 to 20 years and it stains you fingers and teeth. It can also affect your sense of taste and smell. These are only just some of the effects smoking can have on your body.

While scientists are still learning about the short and long-term health effects of using e-cigarettes, a recent outbreak of lung disease and deaths related to e-cigarette use in the United States demonstrates that e-cigarette aerosol can be harmful to the lungs causing a condition called popcorn lung. E-cigarettes can also be modified to deliver marijuana and other harmful substances that have been linked to lung disease.

Defective e-cigarette batteries have caused some fires and explosions, which exposes the user to the risk of serious injury and burns.

Questions 6: Everyone who smokes enjoys it.

Answer: Myth

60% of people who smoke actually want to quit. Most people smoke not because they enjoy it but because they feel miserable if they don't have a cigarette. Those who want to quit find it really hard to give up because of the nicotine addiction.



Questions 7: A nicotine addiction has similar chemical characteristics as a heroin addiction

Answer: Fact

Research has shown that the way in which a person addicted to nicotine behaves, is similar to that of a person with a heroin addiction. A person grows a nicotine receptor in their brain, which they have to feed regularly with a cigarette or e-cigarette because the body will crave the nicotine. When a person inhales, it takes 7 seconds for the nicotine to reach the brain. A person has withdrawal symptoms when they quit smoking or vaping because the body is craving a hit.

Question 8: Smoking affects sports performance

Answer: Fact

It is a well-known fact that smoking reduces fitness levels. Carbon monoxide found in cigarettes replaces oxygen in the body, which makes it harder for the body to function especially during exercise. Smoking replaces vital oxygen, which needs to be absorbed into the blood and muscles. Inhaling smoke also restricts the airways and makes it harder for the person to breathe and take in oxygen. We need oxygen to fuel us and give us energy to keep running and exercising.

Smoking also increases the heart rate, which during exercise can affect fitness.

Question 9: Smoking rollies is less harmful than smoking cigarettes

Answer: Myth

Some people mistakenly believe that Roll-You-Own (RYO or rollies) tobacco is less harmful than factory made cigarettes. This could be because they think that loose tobacco is more “natural”. However, many of the 7000 chemicals in cigarette smoke come from burning the tobacco itself. These include tar and all the chemicals that cause cancer and other chronic diseases. Researchers believe that RYO are as harmful as or even more harmful than smoking factory made cigarettes.

Question 10: If your parents smoke when you are a child you are more likely to be a smoker yourself

Answer: Fact

Children who grow up in a house with smokers are more likely to start smoking themselves. This could be because children or young people think that it is normal to smoke and their parents are role models. Parents can help their children not to start smoking by making the house and car smoke free²⁰, sharing their quitting struggles and by attempting to quit.

²⁰ A ban on smoking in vehicles when children are present came into effect in the Republic of Ireland on 1st January 2016

Relaxation Exercises

Quick body scan

Practice: become aware of your body, moving your awareness from the top of your head to your toes.

Commentary: In this practice, you use your body to help you to be mindful. The body scan is a valuable practice, both in helping you to notice where you are tense and in helping you to relax that tension. Imagine the flow of awareness moving from your head to your toes, almost as though you are under a shower of awareness.

If you want to go deeper: if you notice any tension, imagine that you are breathing into it and then move on.

After you have completed the quick body scan, remain at rest for a few moments before you go on with whatever you are doing.

Mindful walking

Practice: being aware of the sounds of your feet on the ground, and the noises and colours around you.

Activity: tell the group that they can choose to walk outside or indoors. If walking indoors they can take off their shoes.

The purpose is to walk slowly, taking deep breaths. Advise the group that they should walk at their own pace, in any direction (if space allows), and to breathe deeply and slowly, as they take in the colours, sounds and notice the sensations below their feet. Allow 8 to 10 minutes for this activity.

Notice your shoulders

Practice: bring your attention to your shoulders, and relax. Then allow them to relax a little more than they are already.

Commentary: when we lose awareness of what is going on, we tend to lose awareness of our bodies as well. This is especially so when we are tense. That is when we raise our shoulders, scrunching them up as though we are getting ready to launch ourselves into battle. As soon as we become aware of our shoulders we realise what we are doing to them and we relax them. Do yourself a favour and bring your attention to your shoulders more often, you will be more mindful and you will waste less energy tensing them up unnecessarily.

If you want to go deeper: when you allow your shoulders to relax, also allow your spine to straighten a little. Experience this posture for a while and bring your breathing into your awareness as well.

Mindful feet

Practice: pay attention for a few moments to the sensation of your feet against the floor or the ground.

Commentary: to do this you have to come out of your mental chatter and into reality. If you're sitting, how lightly are your feet resting on the floor? If you are standing, are you relaxed or tense? Do you notice a tingling sensation in the soles of your feet? Do your feet feel light against the floor or do they feel as though they are rooted? Either is good – this is just an awareness exercise. If you find it hard to focus on your breathing, bringing your attention to your feet is a good technique.

If you want to go deeper: bring your attention to that tingling sensation in your feet for a while. Notice if the sensations are becoming stronger or fainter, if your feet are getting warmer or cooler.

Mindfulness of posture

Practice: Now and then, become aware of your posture for a few moments.

Commentary: becoming aware of your posture provides a very quick way to become mindful. It is especially helpful if you sit in front of a computer, huddling into a screen with your muscles tensed up. It is also good for drivers who can easily tense up their neck and shoulder muscles without noticing. However, mindfulness of posture was practised long before the invention of computers and cars. That is because the body is not in the past or the future – it is here, in this present moment, and mindfulness of posture can bring an immediate sense of presence and calm.

If you want to go deeper: when checking your posture, do a quick scan of your body, noting areas of tension and of calm. Allow your body to settle into a sense of balance.

Wash your hands

Practice: wash your hands mindfully, feeling the sensation of the water and soap. If you do not have access to a washbasin, imagine you are doing this exercise and do it for real when you get a chance. Alternatively, use hand cream and take the time to do it slowly and with care and mindfulness.

Commentary: this is a good example of an everyday activity that you can use to bring you into mindfulness. Most of us wash our hands many times a day and we often do it in a distracted sort of way. Try bringing awareness to the task, guiding your attention back if it wanders. Feel the water, soap, the temperature of the water, the sensation of one hand washing the other. It is precisely because this is such a simple, practical, frequent, everyday act that washing your hands in awareness is such a useful mindfulness practice.

If you want to go deeper: as well as washing your hands mindfully, dry them mindfully. When you have finished, try to bring some of that sense of awareness to whatever you do next.

Drink your tea

This might be useful during a break to reflect on drinking tea and/or coffee and not smoking and see what the experience is like.

Practice: next time you are drinking a cup of tea (or coffee) be aware of at least the first minute of the experience.

Commentary: of the vast amount of tea and coffee drunk in the world every day, many are drunk with little or no awareness. That is a pity – a missed opportunity to enjoy one of the day's small pleasures. Bringing even a minute of awareness to the experience helps build a mindfulness practice into your day while doing something you were going to do anyway and it means you get more value from your tea or coffee.

If you want to go deeper: pay attention to the taste and aroma (smell). Think of the millions of other people who are having a tea or coffee right now and decide that you will be among those who do so in awareness.

Identifying and dealing with stress

Having discussed what stress is, you want the group to identify what causes them stress and how it manifests itself.

Task 1 – identifying stress

Divide the group into smaller groups (3 or 4 people).

Ask the groups to identify how they experience stress in their body, e.g. headache, vomiting, sleeplessness, etc.

One person in each group writes the responses on separate Post-it notes.

Make a collage of responses – you could draw a body on some flipchart paper and place the Post-it notes on the part of the body that is affected.

Allow the group time to read all the responses and make comments.

Task 2 – what causes me stress?

Ask the group to identify what causes them stress. This can be done in one large group or go back to the smaller groups.

Allow the participants to call out answers and write on flipchart paper or on Post-it notes in smaller groups – share with the larger group when done.

Now ask each person to choose one of the things that causes them stress. They can keep this to themselves for now, and we will look again at it in a few minutes.

Task 3 – dealing with stress

Brainstorm ways of dealing with stress. This can be done in the smaller groups or the larger group. Write on the flipchart or Post-it notes as appropriate. Allow whole group discussion.

Now, from the earlier activity, ask everyone to remember that one thing that causes them stress.

Ask each person to:

1. Choose one way of coping with this stressful situation – allow the group to discuss in larger or smaller groups.
2. Identify and plan for the coming week – what are you going to do if this stressful situation presents itself to you this week?

Physical activity idea

Exercise Bingo

Equipment:

- Bingo sheets with exercises (pictures or written)
- Pen or pencil per participant

Be mindful of different levels of ability and fitness.

What to do:

1. Create bingo sheets with a combination of different exercises, e.g.:

Jumping Jacks X 10	Jogging on the spot	Stretching overhead
Touch toes	Roll shoulders forward X 5	Roll shoulders backwards X 5
High knees X 10	Kick with left foot X 5	Kick with right foot X 5

2. See below some examples of exercises. Use a different combination of nine exercises for each bingo sheet.
3. Each player gets one bingo sheet and pen or pencil to mark off exercises on the sheet.
4. Call out the bingo exercises in a random order.
5. Each time an exercise is called all participants must perform that exercise. Select the number of times you want them to perform each exercise.
6. The first participant to mark their card calls "Bingo."

Examples of exercises:

Basic exercises	More advanced exercises
<ul style="list-style-type: none">• Jumping jacks• Jogging on the spot• Stretching overhead• Touch your toes• Roll your shoulders backwards• Roll your shoulders forwards• Kick with left foot• Kick with right foot• Marching on the spot• High knees• Toe tap• Heel tap	<ul style="list-style-type: none">• Plank for 15 seconds• Running (fast) on the spot• Lunges• Tuck jumps• Squats• Shadow boxing• Burpees



Evaluating sessions – other options

These pages contain other ideas for evaluating the sessions or to allow participants to reflect on their progress.

Choose the one that suits your group the best or use a variety from week to week.

These are useful tools that can be used at the end of a session or a particular exercise. They can also provide you with some feedback to help plan future sessions.

Questions or statements

You can use the phrases below to get some feedback from participants on a session. Use one or more of the questions and give the participants time to think of an answer.

These can be done as a written exercise with a choice of keeping the responses anonymous, or the questions can be asked and answered as a group.

- **Today I learned:**
- **The best aspect of the session was:**
- **What I enjoyed least was:**
- **What I gained from the session was:**
- **The highlight for me was:**
- **The low point for me was:**
- **I would have liked more:**
- **What I will remember from this session is:**

Rating scale

Rate the session 1 to 5 for each of the elements below:

1 = not at all 5 = a lot

	1	2	3	4	5
Enjoyed					
Relevant					
Useful					
What I expected					
Varied					

Body sculptures of feelings – Group evaluation

Invite the participants to adopt a body pose that expresses their feelings about the session, programme or group, as appropriate.

The questions deal with group feelings and processes. This exercise may be used in many situations over the lifetime of the group.

Ask the following questions and the participants adopt a pose to reflect their answer:

- **How do you feel now?**
- **What is your sense of the group?**
- **How did the group work together?**
- **How do you feel about this session?**

Section 4

Additional Facilitator Information

This section contains additional information about specific topics that the facilitator can use to support discussion or as a point of information. You should familiarise yourself with this section before planning your course.

E-cigarettes

What are e-cigarettes?

E-cigarettes, also known as electronic nicotine delivery systems (ENDS), are electronic devices that heat a liquid (that can contain nicotine) to produce an aerosol which is then inhaled by the user. In Ireland, e-cigarettes are generally sold over the counter in retail premises, and are not approved for sale as a medicinal product. The latest Healthy Ireland Survey (2021) reported that 4% of the population use e-cigarettes. Those aged under 25 are most likely to have used e-cigarettes.

Can they help people to quit smoking?

Some people may choose to use an e-cigarette to support them in their quit attempt. It is important to note that the current evidence-base on the effectiveness of e-cigarettes as a stop smoking aid is “mixed” and is still evolving. A Health Research Board (HRB) review into e-cigarettes reported that they were no more effective than approved and regulated nicotine replacement therapy to help people stop smoking. In addition, they can cause harms including burns, poisonings and lung injuries. They also reported that e-cigarettes are associated with adolescents starting to smoke tobacco cigarettes, which could potentially lead to serious harm.²¹

Therefore, the current recommendation is that people wishing to quit smoking use one of the evidence-based techniques such as behavioural support, NRT, Champix or Zyban, and not e-cigarettes. E-cigarettes are not recommended as a quit smoking aid. There is insufficient evidence to say that they are effective in helping people to quit smoking.

²¹ Summary report can be found here: <https://www.hrb.ie/news/press-releases/single-press-release/article/new-health-research-board-evidence-shows-e-cigarettes-are-associated-with-adolescents-starting-to-sm/>



When speaking to participants or those enquiring about the use of e-cigarettes, you can use the following discussion points:

- E-cigarettes are consumer products. There is some regulation in place to protect consumers but not the same quality and safety system as would be in place for a licensed drug or medical device;
- People who do not smoke or use e-cigarettes should not start;
- For people who smoke and want to quit, advise them that there are a range of recommended and accessible support options with well-established effectiveness and safety profiles;
- Smoking tobacco is extremely dangerous and, compared to this, e-cigarettes are likely to be less harmful. They are not harm-free though, and there is some uncertainty at the moment regarding their health impact;
- Evidence regarding the effectiveness and safety profile of e-cigarettes as a stop smoking support is evolving;
- Adolescents who use e-cigarettes are three to five times more likely to start smoking tobacco cigarettes compared to those who never used e-cigarettes;
- E-cigarettes' acute effects include poisonings, burns, blast injuries, lung injury and asthmatic attacks. Some of the chemicals in e-cigarettes are thought to cause tissue and cell damage and some are agents that may cause cancer in the long-term. The long-term health effects beyond 24 months are not researched yet;
- Dual use of both e-cigarettes and conventional tobacco cigarettes are more harmful than smoking tobacco cigarettes alone;
- Dual use of tobacco and e-cigarettes should be avoided.

Other Safety & Risk Issues to consider

- E-cigarettes on their own are associated with increased risk of cardiovascular diseases and lung disorders and adverse effects on the development of the foetus during pregnancy;
- E-cigarettes are undoubtedly harmful, should be strictly regulated and, most importantly, must be kept away from children;
- Nicotine is highly addictive and found in most e-cigarettes. Both tobacco products and e-cigarettes pose risks to health and the safest approach is not to consume either; ²²
- Some e-cigarettes look like ordinary cigarettes. The World Health Organisation has expressed concern that e-cigarettes may promote smoking as a gateway product introducing people to smoking. This might have a negative effect on the prevention of tobacco use because of their appearance, sweet flavourings and marketing, as safe alternatives to tobacco products for non-tobacco users, including children.

²² <https://www.who.int/news/item/05-02-2020-e-cigarettes-are-harmful-to-health>

Effects of e-cigarettes on non-users

- E-cigarettes do not produce second-hand smoke, but they do put substances into the air when they are used. The health impacts on people who breathe in this air are not yet known.²³

E-cigarettes and the law

- E-cigarettes are not sold as tobacco products because they do not contain tobacco, so they are not regulated by Tobacco Control Regulations;
- E-cigarettes contain nicotine, but they do not come under laws for nicotine replacement therapies because they are not licensed as a medicine to support someone to quit smoking;
- They do not come under any law for the use and sale of medicines because they are not medicines and they are marketed as smoking alternatives rather than aids to quit;
- At the moment, there are no methods to safely dispose of e-cigarettes and accessories. E-cigarette cartridges can leak and expose children, adults, pets and the environment to nicotine;
- In October 2019, the government published the General Scheme of the Tobacco and Nicotine Inhaling Products Bill. The bill when finalised will restrict the sale of tobacco products, thus banning the sale of tobacco products at places or events that are intended for children, and will also ban the sale of e-cigarettes to children. This bill has yet to be finalised.

<https://assets.gov.ie/39086/884ae414fa434c2c9ff12447d50e2c21.pdf>

Who makes sure they are safe to use in Ireland?

- They don't come under tobacco law as they don't contain tobacco;
- E-cigarettes are not covered by the Irish Medicines Board (IMB);
- In 2016 the Tobacco Products Directive (TPD) ²⁴ introduced new rules for manufacturers of nicotine containing products. The TPD rules include maximum nicotine concentration levels and maximum levels of concentration for cartridges, tanks and containers of nicotine. It also requires manufacturers to ensure that e-cigarette ingredients are of high purity and that e-cigarettes deliver the same amount of nicotine for puffs of the same strength and duration. For more information on the full list of rules see:
<https://www.hse.ie/eng/about/who/tobaccocontrol/tobaccoproductdirective/>
- Under Regulation 26 of TPD, a manufacturer or importer of an e-cigarette or refill container must submit a notification to the HSE of any such products he or she intends to place on the Irish market and a notification of a new or a substantially modified product must be submitted not less than 6 months before placing it on the Irish market;
- The Environmental Health Service of the HSE is responsible for the enforcement of many provisions of the legislation.

²³ <https://www.who.int/news/item/05-02-2020-e-cigarettes-are-harmful-to-health>

²⁴ <https://www.hse.ie/eng/about/who/tobaccocontrol/tobaccoproductdirective/>

Cannabis

Cannabis is a hallucinogen sedative.

Also known as hash, hashish, blow, pot, ganja, marijuana, grass, joint, THC, bhang, black, blast, blunts, Bob Hope, bush, dope, draw, hemp, herb, puff, northern lights, resin, sensi, smoke, soap, spliff, wacky backy, weed, zero, afghan, Moroccan.

Skunk is called: sinsemilla, homegrown, buds, tops, nederwiet or netherweed.

How is it used?

You can smoke it with tobacco in a joint, inhale through a pipe or bong, or make into a tea or food. Herbal cannabis (grass or weed) is common and is generally made from the dried leaves and flowering parts of the female plant and looks like tightly packed dried herbs.

Skunk is a general term given to stronger forms of cannabis that contain more THC, (cannabis' active ingredient), than resin or more traditional herbal cannabis. Resin/hash is a black/brown lump made from the resin of the plant.

Short term effects

- You may feel sedated, chilled out and happy.
- Some people feel sick.
- You may get “the munchies” or feel hungry.
- Your pulse rate speeds up and blood pressure goes down.
- Bloodshot eyes, dry mouth.
- Tiredness.

Long term effects

- May damage your lungs and lead to breathing problems.
- Has been linked with mental health problems, such as depression and schizophrenia.
- May lower sperm count and suppress ovulation so may affect fertility.
- Regular use may affect your memory, mood, motivation and ability to learn.
- May cause anxiety and paranoia.
- May affect your coordination and reactions so you are more at risk of accidents, especially if you also drink alcohol.

Other dangers

As with tobacco, smoking hash may cause cancer.

Cannabis psychosis – when you disconnect from reality and start showing symptoms such as delusions and hallucinations even when you are not using drugs.

Cannabis and pregnancy

Smoking cannabis with tobacco while pregnant carries the same risks to the baby as smoking regular tobacco – smaller birth weight, higher risk of premature (early) birth, and higher risk of miscarriage. The baby may get less oxygen through the placenta. After birth, the baby is at more risk of cot death and early health problems, such as asthma.

Is it addictive?

You can get psychologically addicted to cannabis, meaning you might find it hard to cope without it. If you smoke it with tobacco, you may get physically addicted to tobacco.

Withdrawal

- Anxiety
- Irritability
- Urge or cravings to smoke
- Sleep problems, restlessness
- Loss of appetite.

How long does it stay in your system?

Cannabis will stay in your system for:

- 7 to 30 days in urine,
- Up to 90 days in hair,
- 2 weeks in your blood.

Cannabis will show up in a urine test for 2-28 days. The length of time depends on the test used, the amount you take, if you have other medical conditions and your own metabolism. Please use this figure as a guide only.

What help is available?

- Self-help support such as Narcotics Anonymous
- Counselling or psychotherapy
- Residential treatment programmes – clinics
- One-to-one or group family support
- Contact the Drugs Helpline – 1800 459459 to find out about options in your area.

Nicotine

Nicotine is a stimulant.

It is found in tobacco leaves. It is also used as a natural weed killer.

How is it used?

Nicotine is a stimulant drug (upper). It is normally taken either through smoking cigarettes or through vaping an e-cigarette. These products contains many harmful chemicals.

Short term effects

- Increases pulse rate and blood pressure.
- Although smokers feel that it relieves stress and anxiety, it is actually the stress of needing to smoke that is satisfied by the nicotine hit.
- As it is a stimulant it can suppress appetite.

How addictive is nicotine?

- The World Health Organisation (WHO) ranks nicotine as being more addictive than heroin, cocaine, alcohol, cannabis or caffeine.
- Tolerance – you need to take more to get the same effect.

Other dangers

Because nicotine is contained in cigarettes, which contains thousands of other chemicals, there are many dangers associated with it:

- Higher risk of getting coughs and chest infections.
- Higher risk of cancer. 90% of all lung cancers are caused by smoking. Smoking is also associated with 30% of other cancers.
- Chronic breathing problems such as emphysema, chronic bronchitis, asthma.
- Heart attack/stroke.
- Bad circulation.
- Ulcers.
- Increased risk of heart and circulatory problems for women who smoke while on the pill.
- Increased risk of miscarriage, premature delivery, stillbirth, low birth weight and cot death for women who smoke.
- Increased risk of morbidity for men with prostate cancer.

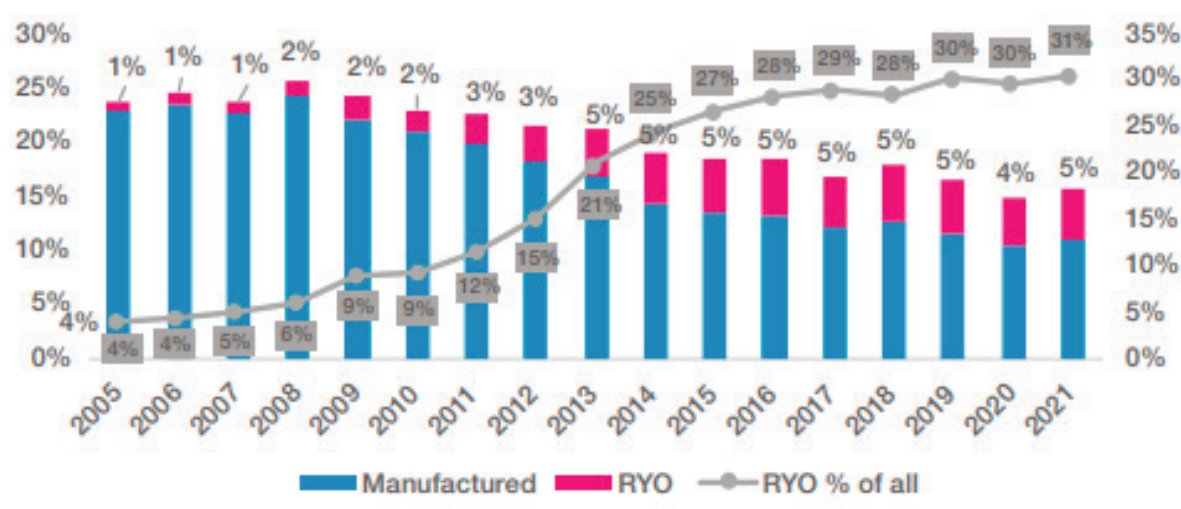
Roll Your Own Cigarettes (RYO)

Roll-your-own cigarettes (also called fine cut tobacco, rollies, roll ups, burns, and hand rolled cigarettes or simply rolls) refers to cigarettes made from loose tobacco and rolling paper. Rather than give up smoking, some smokers may choose to smoke RYO as a cheaper alternative to manufactured cigarettes.

Consumption of RYO tobacco products is becoming more common in Ireland, especially among younger people who smoke.

The growing trend of 'roll-your-own' (RYO) tobacco use was highlighted in a recent special report by the HSE Tobacco Free Ireland Programme in conjunction with the HSE Environmental Health Service. Figure 1 details the population prevalence of RYO cigarette smoking and manufactured cigarette smoking since 2005, as well as the proportion of current smokers using RYO products. Population prevalence of RYO use has remained at 5% since 2013, however, as overall smoking prevalence decreased, the proportion of current smokers using RYO products has increased steadily and is reported as 31% in 2021.

Figure 1: Population prevalence of RYO & manufactured cigarette smoking and proportion of current smokers using RYO products, 2005 to 2021



Source: HSE Smoking Prevalence Tracker Survey, National Tobacco Control Office, HSE Environmental Health Service

Nearly half (46%) of all tobacco users under the age of 25 are using RYO tobacco instead of manufactured cigarettes (see Table 1);

Those who are unemployed are much more likely to use RYO compared to those in employment;

Males were 2.5 times more likely to use RYO compared to females;

Those most likely to use RYO cigarettes are under 25 years of age, male and living in more disadvantaged areas.

Table 1: Profile of those using RYO and manufactured cigarette smoking, 2013 & 2021

Characteristic	2013		2021	
	Manufactured cigs smokers	RYO cigs smokers	Manufactured cigs smokers	RYO cigs smokers
All	78.8%	21.2%	69.3%	30.7%
Gender				
Male	71%	28%	66%	34%
Female	87%	13%	74%	26%
Age group				
18-24 years	66%	34%	54%	46%
25-34 years	83%	17%	63%	36%
35-44 years	82%	18%	72%	28%
45-54 years	80%	20%	70%	30%
55-64 years	85%	15%	65%	35%
65+ years	84%	16%	93%	9%
Social class				
Social Class AB	86%	14%	80%	20%
Social Class C1	80%	20%	69%	31%
Social Class C2	82%	18%	67%	33%
Social Class DE	74%	26%	68%	32%
Social Class F	85%	15%	82%	18%

Source: HSE Smoking Prevalence Tracker Survey, National Tobacco Control Office, HSE Environmental Health Service

To read more about RYO tobacco in Ireland, see Evans D, O'Farrell A, Hickey P. Roll Your Own Cigarettes in Ireland – Key Trends and Patterns. Health Service Executive.

Useful Terms

Cancer

A group of diseases in which cells in your body grow out of control. These abnormal cells can begin in one part of your body and spread to other body parts. There are many types of cancer.

Carbon monoxide

Carbon monoxide is a poisonous gas that is given off when tobacco is smoked. You cannot see or smell it. When you inhale your own tobacco smoke or other people's you take in carbon monoxide through your lungs.

Chronic

Long-lasting and slow to change.

Combination Nicotine Replacement Therapy

Combination Nicotine Replacement therapy uses 2 forms of Nicotine Replacement Therapy* (NRT), normally the patch which releases nicotine slowly throughout the day and a faster acting NRT such as nicotine gum, inhalator or lozenge. This combination helps the person to have a constant base level of nicotine from the patch and also a second form of NRT to deal with the break through cravings, for example during times of stress, socialising, etc.

Contraindication

In medicine, a contraindication is a condition that serves as a reason to not to take a certain medical treatment due to the harm that it would cause the person.

Dosage

The amount of medication to take.

E-cigarettes

E-cigarettes stands for electronic cigarettes. They are designed to deliver nicotine to a user in the form of a vapour. E-cigarettes have a rechargeable, battery-operated heating element, a cartridge that contains nicotine, and an atomizer which, when heated, turns the contents of the cartridge into a vapour. This vapour is then inhaled by the user. Using e-cigarettes to quit smoking is not recommended as it not an evidence based stop smoking aid.

Health ²⁵

Health is a state of complete physical, mental and social well-being and not just the absence of disease or illness.

²⁵ <https://www.who.int/about/who-we-are/constitution>

Nicotine

Nicotine is a stimulant, which affects many body systems, including the brain, heart and nervous system. It is highly addictive. The body absorbs it very quickly, reaching the brain within 10 – 20 seconds. Nicotine increases the heart rate and blood pressure, leading to the heart needing more oxygen.

Nicotine Replacement Therapy

Nicotine Replacement Therapy (NRT) provides a small amount of nicotine to help reduce withdrawal symptoms. These treatments can make quitting more comfortable, as they reduce or remove the physical symptoms of withdrawal. NRT can make it easier to quit while you change your habit and attitude towards smoking, which can increase your chances of success.

Relapse

A relapse means going back to smoking regularly. A slip means having one or two after you quit.

Risk

Risk means the chance of a person or group of people getting a disease or illness. For example, if a person has a family history of heart disease and has high blood pressure and they smoke, they would have a “higher risk” of developing heart disease than someone who did not have a history of heart disease, high blood pressure or smoke. This does not mean that they will develop heart disease though it does mean their risk of getting it is higher.

Risk factor

Anything that increases your chance of getting a disease.

Screening

Checking for disease in healthy people.

Symptoms

A change or feature that you notice in your body.



HSE Quit Team

Freephone 1800 201 203

Website www.quit.ie

Clinic locator www.quit.ie/i-want-to-quit/support-services

HSE stop smoking services provide specialist support to help you quit in community or health services settings. Check the link to find your local stop smoking service or to make an individual appointment.

Email support@quit.ie

Text Freetext QUIT to 50100

Tweet@ HSEQuitTeam

Facebook facebook.com/HSEquit



Useful resources and contacts

Healthy Ireland (HI)

- <https://www.gov.ie/en/campaigns/healthy-ireland/>
- HI annual reports: <https://www.gov.ie/en/collection/231c02-healthy-ireland-survey-wave/>
- HI Publications <https://www.hse.ie/eng/about/who/healthwellbeing/healthy-ireland/publications>

HSE Quit

- www.quit.ie
- Face to face clinics: www.quit.ie/clinics
- Freephone 1800 201 203
- Freetext “Quit” to 50100
- <https://www.facebook.com/HSEquit/>
- Tobacco free campus: www.hse.ie/tobaccofreecampus

Tobacco Free Ireland

Tobacco Free Ireland website: <https://www.hse.ie/eng/about/who/tobaccocontrol/>

Tobacco Free Ireland resources: <https://www.hse.ie/eng/about/who/tobaccocontrol/resources/>

The State of Tobacco Control in Ireland, 2022, second report <https://www.hse.ie/eng/about/who/tobaccocontrol/news/state-of-tobacco-control-report-2022.pdf>

SPHE Resources

- <https://www.hse.ie/eng/about/who/healthwellbeing/hse-education-programme/junior-cycle-sphe-training-resources/healthy-choices/>

Drugs and alcohol

- Drugs and alcohol, information and support – www.drugs.ie
- SpunOut (Teenagers, drugs and alcohol information) <http://spunout.ie/health/article/alcohol-facts>
- Alcohol Action Ireland Tel: 01 8780610 www.alcoholireland.ie
- Ask about alcohol <https://www2.hse.ie/alcohol>
- Drugs and Alcohol helpline: Freephone 1800 459 459



Physical activity and healthy lifestyles

- Get Ireland Active www.getirelandactive.ie
- Get Ireland Walking <https://www.getirelandwalking.ie/>
- Sport Ireland: <https://www.sportireland.ie/>
- Marie Keating Foundation: <https://www.mariekeating.ie/get-men-talking>
- Irish Cancer Society “Spot cancer early: Manual for men” booklet: you can download along with other resources from: <https://www.cancer.ie/about-us/cancer-resources-publications/cancer-prevention-resources>

Other health and well-being

- Health promotion www.healthpromotion.ie
- SpunOut <https://spunout.ie/>
- Irish Cancer Society www.cancer.ie
- Irish Heart Foundation www.irishheart.ie
- Sexual well-being <https://www.sexualwellbeing.ie>
- Your mental health <https://www2.hse.ie/mental-health>
- Mental Health Ireland <https://www.mentalhealthireland.ie>

Mindfulness and relaxation exercises

- Padraig O’Morain <http://www.padraigomorain.com/>

Section 5

Appendices

This section contains items to support the delivery of the programme.

Appendices

Parental Consent Form: Quit4Youth

Today's Date: ____/____/____

Dear Parent/Guardian,

The earlier a person starts smoking or vaping, the more likely it is that they will suffer a greater risk of disease and become more dependent on these addictive products.

_____ (Youth Organisation) in partnership with the HSE Stop Smoking Services, will deliver a seven-week 'Stop Smoking and Vaping' group for young people. This group will run for one hour a week for seven weeks.

As part of the programme, the information supplied on the Participant Record Form will be entered in the HSE's Patient Management System, called QUITManager. QUITManager is an electronic system and it will store information about your child's stop smoking support and treatment. This data is collected by the Stop Smoking Advisor and a weekly record of the care and support provided will be recorded to help ensure that quality of care is provided to your child.

If you give consent for your son/daughter to attend this course, please sign this consent form below.

Thank you!



Quit4Youth Parental Consent:

I, _____ (Parent/Guardian's name) give my consent
to _____ (child's name)
attending and participating in the seven week 'Stop Smoking and Vaping' group in
_____ (Youth Organisation).

Parent/Guardian's signature: _____

Date: ____/____/____



Participant Record Form

Page 1 of 2

The information provided on this form will be entered into the Patient Management System, QUITManager. This will help us to provide you support and quality of care during your quit journey. Please speak to your facilitator if you have any questions.

Personal Details

First Name: _____ Last Name: _____

Date of Birth: ____/____/____

Gender: ☐ Male ☐ Female ☐ Other

Address: _____

Eircode: _____ Telephone number: _____

Email: _____

Consent to contact you

Please select the options by which you consent to being contacted:

Can write	<input type="radio"/> Yes	<input type="radio"/> No
Can phone	<input type="radio"/> Yes	<input type="radio"/> No
Can leave voice message	<input type="radio"/> Yes	<input type="radio"/> No
Can contact GP/consultant	<input type="radio"/> Yes	<input type="radio"/> No
Can SMS	<input type="radio"/> Yes	<input type="radio"/> No
Can email	<input type="radio"/> Yes	<input type="radio"/> No
Can contact to evaluate service	<input type="radio"/> Yes	<input type="radio"/> No

Medical Details:

Name of GP: _____

Address of GP Practice: _____

Do you have a medical card? ☐ Yes ☐ No ☐ Not sure

Do you have any medical conditions? ☐ Yes ☐ No ☐ Not sure

If yes, please provide some detail: _____



Other information about you

Page 2 of 2

How do you identify?

- ☐ White Irish ☐ White Irish Traveller
- ☐ White (any other white background) ☐ Black or Black Irish (African)
- ☐ Black or Black Irish (any other background) ☐ Asian or Asian Irish (Chinese background)
- ☐ Asian or Asian Irish (any other Asian background)
- ☐ Other: _____

Which of the following applies to you?

- ☐ Attending second level school ☐ Attending third level college/university
- ☐ Working

Smoking or Vaping History

1. How many cigarettes do you smoke per day? _____

And/or

How often do you vape per day? _____

2. How long have you been smoking? _____

And/or

How long have you been vaping? _____

3. Have you ever tried to quit before? ☐ Yes ☐ No

If yes, how many times have you tried to quit before? _____

4. Why did you start smoking or vaping?

5. Why do you want to stop now?



Weekly Attendance Sheet: Quit4Youth

Start date: ____/____/____

Location/Youth Service: _____

Facilitator 1: _____

Facilitator 2: _____

Facilitator 1: _____

Facilitator 2: _____

[illegible]

Once the course has been completed and QUITManager information is up to date, please ensure that this and all other paper records are destroyed appropriately.

QUIT

4YOUTH

Quit4Youth Certificate

Congratulations!

Congratulations!

Congrats!

Has completed the Quit4Youth stop smoking/vaping programme

Facilitator's Signature

Facilitator's Signature

Date



TFI Programme