



Sláintecare.
**Healthy
Communities**

We Can QUIT

Prepare	Plan	Quit	Coping
Support	Future Plan	Reflection	Women's Health
Men's Health	Staying Quit	Maintenance	Celebration

Community Stop Smoking Programme

Community Facilitator's Pack



Rialtas Áitiúil Éireann
Local Government Ireland

TFI Programme

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SECTION 1

Introduction

We Can Quit is an evidence based stop smoking programme, designed to be delivered in the community by trained Community Facilitators through group work. It was originally developed by the Irish Cancer Society to support women living in disadvantaged communities who smoke and who want support to quit. This came about following reports that more women were dying of lung cancer than breast cancer¹, and that women in lower socio-economic groups had the highest rates of smoking in Ireland.²

Following the continued success and positive results of this programme, the HSE's Tobacco Free Ireland (TFI) Programme took over the coordination of We Can Quit in 2020. The We Can Quit model has since been adapted for men only groups and mixed gender groups.

We Can Quit follows the standard treatment programme for stop smoking services, but takes a more holistic approach to smoking and health. It incorporates elements such as, healthy eating; physical activity; stress management and self-care; gender and health; etc. that will further support individuals on their quit smoking journey and help sustain long term quitting success.

There are 3 core elements to the programme:

- **Group support** – facilitated and managed by 2 Community Facilitators.
- **One to one support** – provided by the Community Facilitators and the Community Pharmacist during pharmacy visits.
- **Access to a 12 week supply of free stop smoking medication (combination NRT or combination varenicline and NRT)** – facilitated by the Community Facilitators with the support of the Local Coordinator and dispensed by the Community Pharmacist

The women's programme is delivered over 12 weeks but can be condensed into 11 weeks if required.

The men's programme has 2 options: delivered over 7 weeks or 10 weeks. This is to cater for groups/individuals who may not wish to sign up for a course that extends beyond the standard treatment for stop smoking services (which is usually 7 weeks).

The mixed gender programme is delivered over 7 weeks. Although, there is the option to extend this to 10 weeks. You should use the session plans from Section 5 for this purpose. The Celebration/Final Session, whether it is week 7 or 10, can be adapted from either the women's only or the men's only session plans (see sections 3 and 4 respectively).

¹ National Cancer Registry of Ireland. Cancer in Ireland 2011: Annual report of the National Cancer Registry in Ireland (NCRI) September 2011

² Brugha R, Tully N, Dicker P, Shelley E, Ward M, McGee H. (2009) SLÁN 2007: Survey of Lifestyle, Attitudes and Nutrition in Ireland. Smoking Patterns in Ireland: Implication for policy and services. Dublin: Department of Health and Children

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In particular we would like to acknowledge the original work of Angela King and Joanne Vance who, in partnership with members of the HSE Health Promotion and Improvement Team in North Dublin developed the first edition of the We Can Quit Community Facilitator's Resource Pack in 2014.

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This resource was subsequently revised in 2015, 2016, 2017 and 2021.

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How to use this pack

There are 7 sections to this pack, including this section, Section 1. Please read this section in full before proceeding.

Sections 2 to 7 provide all the information that you need to deliver the weekly group sessions.

Section 2 contains session plans for all groups for weeks 1 to 6. These sessions follow the standard treatment programme for stop smoking services and must be delivered to all groups in that order.

Section 3 contains session plans for women's only groups for the second half of the programme. They can be adapted to suit the needs of the group. The order in which they are delivered can also be tailored to suit the group.

Section 4 contains session plans for men's only groups for the latter stages of the programme. They can be adapted to suit the needs of the group. The order in which they are delivered can also be tailored to suit the group.

Section 5 contains session plans for any group for the latter stages of the programme. The focus of these sessions is on staying quit. They are delivered in addition to the session plans from Section 3, if delivering a women's only programme, or Section 4 if delivering a men's only programme. These session plans can also be used to deliver additional sessions to the mixed gender group. They can be adapted to suit the needs of the group. The order in which they are delivered can also be tailored to suit the group.

If delivering the mixed gender programme you can adapt either the "Celebration" session plan from Section 3 or the "Final week" session plan from Section 4 for the last session (week 7 or 10).

See the Contents page for a full breakdown of these sections.

The weekly sessions contain 4 parts:

1. An overview of the session;
2. A detailed session plan, with timings and resources required;
3. CF* Information: containing additional information that you will need to deliver that session;
4. CF* Activity: containing specifics for delivering an activity to the participants;

*CF = Community Facilitator

The participant's book

The participant's book has been developed to cater for people at all literacy levels. Where possible visuals have been incorporated to help those with low literacy. There is additional information in the back of the book for any participants who need it. There are also some additional activities in this section that you may decide to use or not, based on the literacy levels and/or interests of the group. A Community Facilitator version of these activities is also available in this pack in Section 6 – with answers/solutions as applicable.

Community Facilitator's checklist and weekly reminders

Pre-course tasks

One week before the start of the course, contact all the registered participants by phone:

- Congratulate them for registering for the course;
- Ensure that they have the correct start date, time and location;
- Explain that they are not expected to stop smoking before the course starts, that the quit date is week 3 and they will be supported to prepare for that during the course;
- Explain that the course will run for 12 weeks for women or 7 to 10 weeks for men and mixed gender groups;
- Complete registration and ensure that the information is entered onto the HSE Patient Management System (QuitManager) before the course starts;
- Ensure that you have informed consent for the registration information to be stored on the HSE's Patient Information System and for potential evaluation and research to improve the stop smoking service in the future;
- Send a reminder text the day before the course is due to start.

Resources and materials

Participant packs can be ordered through your Local Coordinator.

Other resources, such as leaflets and posters can be ordered through www.healthpromotion.ie

See section 7 for links to other resources.

The Local Coordinator will supply you with flipchart paper, Post-it notes, pens and other stationary as required.

HSE Patient Management System (QuitManager)

NOTE: If you have completed the participants' registration on a paper form, then all paper records must be destroyed as soon as the information has been recorded on to the Patient Management System.

Informed consent for the above must be given and the participant then provided with a copy of the QuitManager GDPR/ Client Information leaflet. This is sent via the SMS function on QuitManager, once their information is entered on the system. If a participant does not have a mobile smartphone, you must provide them with a hard copy, which can be downloaded from: <https://www.hse.ie/eng/about/who/tobaccocontrol/resources/>

You must record on QuitManager that you have sent the leaflet in this manner by using the "add comment" tab.

Patient Management System Weekly Records

- Participants' progress must be recorded, as soon as possible after each session and each one to one follow up, on a weekly basis.
- The "four week follow up" must be recorded. The Patient Management System will prompt you to do this, and a reminder is automatically generated after the Quit Date has been entered. Once this is completed, the 12 week and 52 week follow up calls will be automatically generated.

Weekly Group sessions checklist

- Welcome group and invite participants to share their weekly progress;
- CO reading and recording in personal CO Chart – after week 2 this can be completed as they enter the room, during coffee or as per the session plan;
- Relaxation – try to incorporate a few minutes of mindfulness, or other form of relaxation every week. Encourage participants to practise this at home.

Weekly one-to-one support checklist

- Tobacco withdrawal and urges to smoke: Advise on the management of withdrawal symptoms and coping strategies to deal with urges;
- Stop smoking medication: provide assistance with choice of stop smoking medication and monitor its effective use;
- Passport to Quit: Ensure that it is up to date. Record it on the Patient Management System;
- Emphasise the “not a puff” rule and prompt a commitment;
- All of the above should also be referenced on a weekly basis in the group sessions.

At the end of the course

- Ensure that the Patient Management System has been completed;
- Destroy any paper records, e.g. names, phone numbers, CO readings etc.;
- Delete all phone numbers and messages from your mobile phone;
- Report back to the local coordinator;
- Complete Community Facilitator Course Evaluation. The link is available on the HSE TFI website.

SECTION 2

Women only, men only and mixed gender groups

Session plans: Weeks 1 to 6

The detailed session plans for weeks 1 to 6 can be adapted and used for any stop smoking group. Gender specific information or activities are colour coded:

- Pink for women's group
- Blue for men's group

Note, that there are some additional activities in Section 6 and some additional information in Section 7 that can be used for all groups at any stage during the course. You should review these before planning your course to see where they might fit in.

Week 1 – Preparing to quit

Overview

- Thinking about quitting smoking
- Why we smoke

Aims of this session:

- To introduce yourself and facilitate group bonding and engagement
- To assure participants that support is available and stopping smoking is possible by working through the programme 12 weeks for the women's programme or 7 to 10 weeks for the men's programme and the mixed gender programme.

Objectives:

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

Key tasks:

- Welcome and introductions
- Hopes, expectations and concerns
- Overview of the stop smoking programme
- Overview of the participant's book
- Group agreement
- Discuss the importance of setting a quit date
- Explain the importance of abrupt cessation
- Introduce the concept of the “not a puff” rule
- CO reading and recording
- Decisional Balance
- Motivation to quit (smoking quiz)

Note: some groups light a candle during the session as a sign of hope.

Resources:

- Participant books
- Registrations forms, if registration has not yet been completed
- Pens
- CO monitor and accessories
- Audio or alternative option for relaxation
- Flipchart

Other: _____

Week 1 Session Plan

Activity	Process/Guidelines for Facilitator	Resources	Duration
Welcome and teas and coffees	<p>As participants arrive, invite them to have a cup of tea, coffee or water.</p> <p>Facilitators introduce themselves, invite participants to say their name and something about themselves, e.g. “My name is ..., and I started smoking when I was ... years old”</p> <p>Or “My name is ..., and one positive thing that I did for myself during the week was ...”</p>	Refreshments	15 minutes
Overview of the programme	<ul style="list-style-type: none"> · Women’s group – 12 weeks · Men’s group – 7 weeks with the option of an additional 3 weeks. Important to relay to the group that the additional weeks will be subject to sufficient numbers wanting to proceed. Explain that decisions do not have to be made now and the group will return to this on week 4. Mixed gender group – 7 weeks, as men's group, see above. <p>Include that the course provides:</p> <ul style="list-style-type: none"> · Weekly group support/meetings · Weekly one-to-one behavioural support/advice · Free stop smoking medication – a 12 week supply for all groups.* <p>Explain the purpose of the participant’s book – some participants may have low literacy levels so ensure that the information in the Introduction is verbally explained and be sensitive to any potential literacy issues among participants.</p> <p>Explain the importance of abrupt cessation and setting a quit date. Typically we aim to quit as a group on week 3.</p> <p>Introduce the concept of the “not a puff” rule.</p> <p>Start worksheet 1 – participants can refer back to this each week in their own time.</p>	<ul style="list-style-type: none"> · Participant book: Introduction · Participant Worksheet 1: My weekly progress 	10 minutes
Hopes, expectations and concerns	<p>See CF Information 1 on how to deliver this.</p> <p>Participants can record them in their participant packs.</p>	<ul style="list-style-type: none"> · Flip chart · CF Information 1 · Post-it notes and pens (optional) 	5 minutes
Group agreement	<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>	<ul style="list-style-type: none"> · Flip chart · CF Information 2: Group agreement · If delivering online, an electronic whiteboard can be used 	5 minutes
Why Women/ Men may want to stop smoking	<p>Purpose of this exercise is to start thinking about why they are here and to start talking themselves into change. They may have mixed feelings about change.</p> <p>Let the group come up with their reasons.</p> <p>May include: health reasons; warning from doctor/ GP; financial; social; family; children/grandchildren; stage of life; partner, family or friend have quit.</p>		10 minutes

Carbon Monoxide Breath Test (COBT) and Smoking habit	<p>Explain that you will do the COBT every week and that the readings can be recorded in their participant books – Worksheet 2.</p> <ul style="list-style-type: none"> · Explain what the readings mean along with the colour coding in their books. · NOTE: keep readings confidential. If the participant wishes to share with the group, that is their decision. <p>While one facilitator is taking the readings, the other facilitator can work with the group to complete “Your smoking quiz”: Participant Worksheet 3.</p>	<ul style="list-style-type: none"> · Carbon monoxide monitor and accessories · Registration or attendance sheet to record CO Level · Participant Worksheet 2: My personal carbon monoxide chart · Participant Worksheet 3: Your smoking quiz 	15 minutes
The Decisional Balance and readiness to quit	<p>Exercise: Invite the group to complete Worksheet 4, completing the 4 boxes “To stay the same or to change.” This will allow them to look at their current smoking behaviour.</p> <p>Once they have completed the 4 boxes, invite the group to stand.</p> <p>Draw an imaginary line along the length of the room, 1 to 10.</p> <p>See CF Activity 1 and CF information 1 for full instructions on how to deliver this activity.</p> <p>Alternatively, participants can complete the second page of Worksheet 4.</p>	<ul style="list-style-type: none"> · Participant Worksheet 4: Decisional Balance · CF Information 3: Decisional Balance Matrix · CF Activity 1: The Decisional Balance and motivation to quit 	20 minutes
Home Exercise	<ul style="list-style-type: none"> · Create a smoke free environment and explain the importance of this to support their quit smoking journey. <p>Invite the participants in the group to complete worksheets 5 and 6 at home. Explain what to record:</p> <ul style="list-style-type: none"> · Worksheet 5: keep a record of your smoking patterns one day during the week · Worksheet 6: this will assist in understanding behaviour and the process of change. 	<ul style="list-style-type: none"> · Participant Worksheet 5: My smoking diary · Participant Worksheet 6: One change I will make 	5 minutes
Relaxation – Optional	<p>Ask the group for permission to do this task as it works really well for other groups.</p> <p>2 minutes breathing relaxation – This is optional on week 1 and time dependent.</p>	<ul style="list-style-type: none"> · Relaxation audio 	2 minutes
Close	<ul style="list-style-type: none"> · Complete Session 1 Feedback or ask each of the participants to say one word to describe how they are feeling. 	<ul style="list-style-type: none"> · Participant Book: Week 1 Feedback 	5 minutes

Hopes, expectations and concerns

If the group is struggling to come up with responses or are uncomfortable with this task, here are some hints and tips.

Complete this task as an anonymous activity:

- Give each person 3 different coloured Post-it notes or pieces of paper – sometimes it can be difficult to differentiate between hopes and expectations. Don't dwell on this, you can class these together if you or the group prefer
- Use a different colour for each: hopes, expectations and concerns
- Ask participants to put these into a box or hat
- Alternatively, if you only have one colour Post-it note or paper, you can use 3 different boxes
- Anonymously the facilitators can read these aloud
- Allow for discussion or provide feedback as appropriate

You could give an example of one of the following and say “In other groups, they have said that they hope they will quit smoking, but a concern might be that they will feel judged for having a relapse.”

Example of possible responses:

Hopes	Expectations	Concerns
<ul style="list-style-type: none"> · I will quit smoking · I will become healthier · I will save money · I will get support from the group · I won't be judged · I will experience other health benefits 	<ul style="list-style-type: none"> · I will make friends · The group will be supportive · The medication will help · I will enjoy the course · I will learn about the health benefits of quitting and see them in myself · My friend did the course, and he/she said it was great 	<ul style="list-style-type: none"> · I will fail/ I won't quit smoking · I will let my family down · I will let the group down · I will be angry when I quit · I won't be able to cope with the cravings · I will be judged · I won't complete the course · I will have a bad reaction to the medication

If hopes and expectations are unrealistic, ensure you address these.

Likewise, try to reassure any concerns about “failure.” This is not a word that we use in this group. Let the group know that some people may lapse or relapse but that you and the group are here to support and guide them. In the beginning we will take one day/step at a time. Every quit attempt provides learning which you can draw upon/use for when you quit for good.

Group Agreement

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

- 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 in the room that day and 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
- **Privacy** – some people may not want to speak to other group members outside the group setting, for example, they may not have told family and 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 gets 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 – latecomers can catch up during one-to-one sessions
- **No smoking while attending the weekly sessions** – participants who have not yet quit, or have relapsed, should not smoke while attending the session. In particular before arriving, during breaks and while leaving the premises. This also includes any courses conducted online.

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

Decisional Balance matrix

The Decisional Balance Matrix highlights other issues that are likely to arise. Use this to support discussion.

Sample/possible answers from participants

	Benefits/Pros	Costs/Cons
No change / Continue to smoke	<ul style="list-style-type: none"> · To cope with my emotions, anxiety, stress, boredom, upsetting memories · I smoke with my partner/friend · Helps me to relax · Partner does not support quitting – avoid conflict · Keep everything the same · Weight management · Smoking is like an old friend · Reward myself/ treat · Social or to fit in · Prevent withdrawal and cravings · Time out · · 	<ul style="list-style-type: none"> · Sick more often · My breathing affected · Increased chances of cancer, heart trouble, emphysema, etc. · Breath, cough, stained teeth · Bury feelings · Decreased energy · Low self-esteem · Reduced fitness · Reduces fertility (men and women) · Passive smoking and impact on family and children <p>Gender Specific</p> <ul style="list-style-type: none"> · Harder to get pregnant, bring to full term, low birth weight · Impotence/erectile dysfunction
Change / Quit smoking	<ul style="list-style-type: none"> · More money · Escape powerful addiction · Dirty habit · Less sociable acceptable · Improve my health · Health of children · Good role model for children/grandchildren etc. · More energy · Self-confidence and control <p>Gender specific:</p> <ul style="list-style-type: none"> · Health of unborn baby 	<ul style="list-style-type: none"> · Withdrawal symptoms · Tried too many times before · Totally surrounded by smokers · Quitting involves mental effort · Weight gain ·

Adapted from: Urguhart, C, Jasiura F, Poole N, Nathoo T and Greaves L. (2012). Liberation! Helping Women Quit Smoking: A Brief Intervention Guide. Vancouver, BC: British Columbia Centre of Excellence for Women's Health

Decisional Balance and motivation to quit

Once the participants have completed their Decisional Balance, complete the following exercise. Invite participants to stand up. Ask them to imagine a line going from 1 to 10, stretching from one point to another (along the length of the room).

- Ask them “How ready are you to quit smoking?”
- They then stand at the number that represents their readiness to quit.
- Allow for discussion by asking questions like the following:
 - “Why are you a 5 and not a 4?”
 - Follow this up with: “What would it take to get you to a 6?”

Repeat the process above for confidence and importance.

This will draw out their motivation for quitting.

On a scale of 1 – 10, **how ready** are you to quit smoking?



On a scale of 1 – 10, **how confident** are you that you can quit for good?



On a scale of 1 – 10, **how important is quitting** smoking to you?



Each question can be followed by feedback or comments from the participants on the position they took on each question and why, as appropriate. Allow discussion on pros and cons to stop smoking using the information from the exercise. Allow participants to come up with their own methods for managing the change.

This exercise can be done both with the decisional balance exercise but also at later dates, particularly if participants are finding it hard to quit or at risk of relapse.

Week 2 – Planning to quit

Overview

- Why quit?
- Carbon monoxide – what is it and what does the reading mean?
- Benefits of quitting smoking, including the financial benefits
- Aids to quitting smoking – stop smoking medications
- Quit date – goal setting

Aim of this session:

To prepare participants for the quit date, by increasing personal awareness, understanding of why smoking persists and identifying the personal benefits of quitting.

Objectives:

- Get participant feedback on the previous week
- Increase individual motivation to quit smoking by recording individual CO levels
- Identify the benefits of quitting – health and financial
- Provide information on stop smoking medications, how to use and guidelines for safe use
- Set quit date and re-introduce the concept of the “not a puff” rule from the set quit date
- Explain the importance of abrupt cessation.

Key tasks:

- One-to-one CO reading and recording
- Fagerstrom Test for nicotine dependence
- Evidence based methods to support smoking cessation: stop smoking medications
- Complete Passport to Quit with every participant and explain its purpose
- Relaxation exercise

Resources:

- Attendance sheet & space to record quit date
- CO monitor and accessories
- Audio or alternative option for relaxation
- Flipchart
- Group agreement from week 1
- Sample medications (if available)
- GP letters for medical card holders, those participating in a healthy community area, or those wanting to use Champix (ask your local coordinator for this letter).

Other: _____

NOTE: Allow up to 2 hours for this session. The stop smoking medications piece should be allocated 30 minutes.

Option: Invite the Community Pharmacist to provide additional information/support

Week 2 – Session Plan

Activity	Process/Guidelines for Facilitator	Resources	Duration
Welcome back	Invite the group to say one positive thing that happened during their week and/or feedback on smoker’s diary, smoke free space and smoking diary	Tea and coffee (optional)	5 – 10 minutes
Benefits of quitting	Using Participant Information 1, discuss the health benefits of quitting. Brainstorm other benefits of quitting – they can refer to their own personal Decisional Balance from last week.	<ul style="list-style-type: none"> Participant Information 1: Benefits of quitting CF Information Sheet 1: Health benefits of quitting 	10 minutes
Counting the cost of smoking	Participants to complete Worksheet 7: This will help them count the financial cost of their smoking and is also another benefit of quitting or you can use this link to work out the cost: https://quit.hse.ie/i-want-to-quit/cost/ Discussion: Is this an incentive for you to quit? Did you know that you spent this much on smoking? Optional: Provide the participants with a money box or suggest they buy their own. Please note there is a cardboard money box in the HSE quit kit which can be ordered online. Once they have quit, they can use this to save the money normally spent on cigarettes. If they wish, savings can be announced on the last week.	<ul style="list-style-type: none"> Participant Worksheet 7: Counting the Cost Money box (optional) Participant Information 2: Tops tips for quitting 	10 minutes
Carbon Monoxide (CO) Monitoring	Conduct CO readings one-to-one and participants record them on their CO personal chart. While one Facilitator is conducting the CO readings the other Facilitator explains, using CF Information 3, what CO is and what impact it has on health, and the “Good News” once you quit.	<ul style="list-style-type: none"> Carbon monoxide monitor and accessories CF Information 2: Carbon monoxide, smoking and your health Participant Worksheet 2: My personal carbon monoxide chart 	10 minutes
Setting quit date	Having now looked at the benefits of quitting, both physically and from a financial point of view, remind the group that next week is the quit date. Reminder to the group of the “not a puff” rule.		5 minutes
Fagerstrom Test for Nicotine Dependence	Complete Fagerstrom Test and explain what it means – “this is a measure of nicotine dependence and will help to determine the best type and dose of medication for you.”	Participant Worksheet 8: Fagerstrom Tolerance Questionnaire	10 minutes

Activity	Process/Guidelines for Facilitator	Resources	Duration
Overview of evidence based stop smoking methods	<p>Community Facilitator and/or Pharmacist briefing on stop smoking medications.</p> <ul style="list-style-type: none"> · Stop smoking medications: what are the choices? · Costs, benefits and effectiveness of use · How to use and recommended length of time to use. 	<ul style="list-style-type: none"> · Sample medications (if available) · Participant Information 3: Stop smoking medications · CF Information 3: Nicotine and stop smoking medications 	30 minutes
Passport to Quit	<p>Support each participant to complete the Passport to Quit – Part 1A and 1B.</p> <p>Explain that they must bring it with them every time they collect their stop smoking medication.</p> <p>Distribute letters to GP as appropriate for those who may need support to access prescriptions.</p>	<ul style="list-style-type: none"> · Passport to Quit in participants' books · GP letter 	10 minutes
Home Exercise	<p>Using Worksheet 9 think about what affects your health. Use the headings in the circle.</p> <p>Remind participants to complete the Weekly Progress Chart from week 1 and to continue recording on this as the weeks progress.</p> <p>REMINDER to participants to get their medication and bring their medication with them next week.</p>	<ul style="list-style-type: none"> · Participant Worksheet 9: What influences my health? · Participant Worksheet 1: My weekly progress chart 	5 minutes
Relaxation	2 minutes breathing relaxation	<ul style="list-style-type: none"> · Relaxation audio or own script 	2 minutes
Evaluation and Close	<p>Invite each person to provide one word or comment on the session today.</p> <p>Invite participants to complete the session feedback.</p>	<ul style="list-style-type: none"> · Participant book: Week 2 Feedback 	5 minutes

Health benefits of quitting

Within 20 minutes	<ul style="list-style-type: none"> · Blood pressure drops · Pulse rate drops · Body temperature of hands and feet returns to normal
Within 8 – 12 hours	<ul style="list-style-type: none"> · CO levels in the blood start returning to normal, and within a few days are the same as non-smokers
Within 48 hours	<ul style="list-style-type: none"> · Taste and smell senses start to improve
Within 72 hours	<ul style="list-style-type: none"> · Breathing gets easier as bronchial tubes relax · Lung capacity increases · Energy levels increase
Within 3 weeks	<ul style="list-style-type: none"> · Mucus in the lungs loosens · Lung function and circulation improves
Within 2 – 3 months	<ul style="list-style-type: none"> · Blood flows more easily to arms and legs · Lung function begins to increase
After 1 year	<ul style="list-style-type: none"> · Risk of having a heart attack is reduced by half
After 5 years	<ul style="list-style-type: none"> · The risk of smoking related cancers and stroke is greatly reduced
Within 10 – 15 years	<ul style="list-style-type: none"> · Risk of heart attack falls to the same as someone who has never smoked · Risk of lung cancer is reduced by half · Risk of cancer of the mouth, throat, oesophagus, bladder, cervix and pancreas decreases.

Carbon monoxide, smoking and your health

What is Carbon Monoxide?

- Carbon monoxide (CO) is a highly dangerous toxic gas made of one atom of carbon and one atom of oxygen. It is not the same as carbon dioxide (CO₂) which is in the air and is the gas we breathe out.
- You can't see or smell carbon monoxide.
- It is produced when carbon containing compounds like coal and fuel are burned.
- You also find carbon monoxide when you burn any tobacco product.
- When people die from fumes in fires, it is carbon monoxide (CO) that is the killer. A faulty gas boiler may also give out CO. Car exhaust contains CO. In large amounts it can kill.
- When you inhale your own tobacco smoke or that of another person, you take in carbon monoxide through your lungs.

How does CO get into your body?

Every time you breathe in cigarette smoke you absorb carbon monoxide (CO) through your lungs. Usually, oxygen is carried around your body by your red blood cells. When you smoke, though, CO takes some of the oxygen's place. When blood cells carry CO, they can't carry oxygen.

So how does it damage my health?

Carbon monoxide affects your health in three ways!

1. When inhaled, carbon monoxide binds itself to the haemoglobin (red blood cells which carry oxygen to all your cells) in your blood and prevents it from carrying enough oxygen around the body. This means the heart and other organs are starved of oxygen and have to work harder – this causes breathlessness and puts a lot of increased pressure on your heart muscles.
2. Carbon monoxide also damages the lining of the blood vessels making them more prone to a build-up of plaque (a fatty coating which can lead to high blood pressure, heart attack and stroke).
3. Carbon monoxide also makes your blood stickier so your blood is more likely to clot.

How does carbon monoxide damage the health of people around me?³

Carbon monoxide in second-hand smoke is a risk. Your friend, family and pets will breathe in your smoke when you smoke around them and breathe in carbon monoxide.

³ Adapted from: Blooming Health 2009 www.bloominghealth.co.uk

The good news!

When you stop smoking your CO levels return to normal very quickly (within 24 – 48 hrs).

Benefits of quitting

- You feel fitter
- You are less breathless
- You have better concentration
- Your blood pressure and pulse return to normal
- Your risk of heart attack begins to fall

Other benefits of quitting

- Better sense of taste and smell – you enjoy your food more
- Lots more money in your pocket
- Fresher breath, no smoky smell from hair and clothes
- Cheaper life insurance
- Live longer – you get to enjoy your retirement and being around for your family/grandchildren

Gender Specific

And if I'm pregnant?

Carbon monoxide is particularly dangerous for pregnant women because it reduces the supply of oxygen to an unborn baby (known as foetal hypoxia). The baby cannot grow as well as it should, particularly the brain, if there is less oxygen than there should be.

Smoking while pregnant means:

- You are more at risk of miscarriage
- You are more likely to suffer from bleeding
- You are more likely to have a premature baby
- Your waters are more likely to break early which can cause infection
- Your baby is more likely to be stillborn
- Your baby is 3 times more likely to be born underweight

The best thing you can do to give your child a healthy start in life is protect yourself and your baby from tobacco smoke.

Gender Specific

Erectile dysfunction

Carbon monoxide reduces the supply of oxygen to the blood vessels. Men who smoke double their risk of erectile dysfunction, caused by the disruption to blood vessels in that area.

Nicotine and stop smoking medications

What is Nicotine?⁴

Nicotine is a deadly poison – a small amount injected into the blood-stream can kill a person in less than an hour. It is highly addictive and according to the World Health Organisation (WHO) it is more addictive than heroin and cocaine.

What does Nicotine do?

- Nicotine is a stimulant which affects many body systems, including the brain, heart and nervous system
- When nicotine is taken into the body through smoking it is absorbed by the body very quickly, reaching the brain within 10 – 20 seconds
- It activates the reward pathways in the brain and increases levels of dopamine in the reward circuits, creating feelings of pleasure for the smoker. The acute effects of nicotine and the feelings of reward do not last more than a few minutes
- As nicotine levels fall in the body, smokers feel an urgent desire to smoke (at intervals of 20 – 45 minutes, depending on consumption rates). In order to restore these pleasurable feelings and avoid withdrawal the body sends messages to your brain which you experience as a craving for a cigarette.
- Chronic exposure to nicotine causes structural changes in the brain by de-sensitising nicotine receptors and increasing the number of them, thus increasing the urge for the next cigarette. This change in brain chemistry is permanent once someone becomes addicted and is the reason why some people can revert back to smoking for example after many years of having quit if they start smoking again, even one cigarette.

What medications are available to support quitting smoking?

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

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. This may be followed by an additional 12 week course for heavily addicted tobacco users in consultation with your doctor.

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

NOTE: Those opting to use Champix may have to delay their quit date for up to one week. It is vital that you arrange the one-to-one with these participants on their quit date, if it is different to the rest of the group.

There are a few precautions and contraindications to taking Champix.

⁴ See section 7 for more information on nicotine if required.

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 excipients (its vehicle or medium)

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.

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. Combination nicotine replacement is more effective than using one product alone. This means using a slow release product, like the patch, for a background dose of nicotine and a fast acting product like gum, inhaler, lozenge or mouth spray for breakthrough cravings. All the products are listed below:

- Nicotine patch (slow release product)
- Nicotine gum (fast acting product)
- Nicotine inhaler (fast acting product)
- Nicotine lozenge (fast acting product)
- Nicotine mouth spray (fast acting product)

Nicotine patches suit those who are regular smokers through the day. They can be used for 16 or 24 hour periods. The 24 hour patch keeps the nicotine levels constant and is 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 won't 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 is made up of a mouth piece 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 over 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 2 sprays at a time. Up to 4 sprays per hour may be used and up to 64 sprays per day.

What is combination NRT or dual use 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.

NRT can also be used in combination with Champix and has been found to be the most effective combination of stop smoking medications. Combination NRT and Champix increases the chances of quitting and staying quit by 3 ½ times compared to not using any form of medication. Most people do not use enough NRT or for long enough, so remember not to be afraid to use this medication for a successful outcome.

Week 3 – Quit date

Overview:

- Quit date
- Your personal quit plan
- Additional supports to quit smoking
- Coping strategies – the 4Ds
- Goal setting

Aim of this session:

To support the participants on the first day of their quit smoking journey.

Objectives:

- Start their quitting journey – quit date today
- Reminder of the “not a puff” rule from today their quit date
- Get participant feedback on previous week and home exercises
- Reinforce readiness to quit and boost motivation and self-efficacy
- Explore smoking in relation to what affects my health
- Identify additional supports to quitting
- Discussion about personal coping strategies.

Key tasks:

- One-to-one CO reading and recording
- My quitting plan
- Building personal coping strategies
- Relaxation exercise

Resources:

- CO monitor and accessories
- Audio or alternative option for relaxation
- Flipchart
- Ground rules from week 1

Other: _____

IMPORTANT NOTE:

This is one of the most important weeks of the programme, the Quit Date. There is a lot to cover in this session. You and your co-facilitator will need to manage the time and the group discussions. Reassure the participants that you will follow up and continue with the topics during the one-to-one.

Week 3 Session plan

Activity	Process/Guidelines for Facilitator	Materials	Duration
Welcome back and check in	Welcome and remind the participants that today is their Quit Date. Tell the group that we will go into this in more detail in a few minutes and that we will first look at the home exercise from last week – What Influences my health?	<ul style="list-style-type: none"> Participant Worksheet 10: What Influences my health? CF Activity 1: What Influences my Health? 	10 minutes
<ul style="list-style-type: none"> Checking readiness to quit and boost motivation (whole group) Check use of medications (individual) CO reading (individual) 	<p>Whole group</p> <ul style="list-style-type: none"> Remind the participants that today is the Quit Date It is important to boost motivation and congratulate them – you can refer participants back to Worksheet 4 from week 1 Confirm with the group that it is completely acceptable and normal to feel nervous and remind them of their reasons for quitting Discussion about barriers to quitting and solutions to them – let the group come up with their own solutions Explain that smoking is an addiction <p>Individual</p> <ul style="list-style-type: none"> CO reading Confirm readiness to quit Check their use of medication (have they started it, are they using it correctly, any issues, etc.). Prompt commitment to the “not a puff” rule <p>Note: One facilitator can complete the one-to-one whilst the rest of the group are discussing barriers and solutions.</p>	<ul style="list-style-type: none"> Participant Worksheet 4: Decisional Balance CF Information 1: Is smoking an addiction? Carbon monoxide monitor and accessories Participant Worksheet 2: My personal carbon monoxide chart Participant medication 	25 minutes
Supports to quit smoking	<p>Brainstorm and write answers on the flipchart</p> <p>Suggestions should include: support from partner, family and friends; support from health professionals – doctor, pharmacist, dentist, nurse, mental health services; easy access to stop smoking services – this course, Quit.ie, The Quitline, HSE Stop Smoking Advisors; access to stop smoking medications.</p> <p>REMINDER that personal effort and willpower also play a role.</p>	<ul style="list-style-type: none"> Flipchart 	10 minutes

Activity	Process/Guidelines for Facilitator	Materials	Duration
Personal coping strategies	<p>Issues or challenges that participants think they may face will have been identified in the Decisional Balance (week 2). Participants may reflect on previous quit efforts – what worked, key triggers etc.</p> <p>Invite participants to identify what might be their personal challenges in quitting and look collectively at how these might be addressed or supported. Specifically look at strategies to break the link and invite participants to complete Worksheet 10.</p> <p>Refer participants to the 4Ds for dealing with cravings, and refer back to the Top 10 Tips for quitting from week 2.</p>	<ul style="list-style-type: none"> · Participant Worksheet 10: Breaking the Links with Cigarettes · Participant Information 4: Coping with cravings, the 4 Ds · Participant Information 2: Top 10 Tips to quit smoking 	20 minutes
Relaxation	<p>Introduce this activity as a coping strategy and how to build on what we have done in the previous sessions. Explain that people use meditation and other relaxation techniques to help cope with a variety of issues, such as smoking addiction, or simply as a chance to relax and unwind.</p> <p>Chose any relaxation technique from the Appendices.</p> <p>Encourage participants to practise meditation or relaxation at home: this can be as simple as the breathing exercises you did in weeks 1 and 2, or direct them to the back of their packs where they can find more examples.</p>	<ul style="list-style-type: none"> · Relaxation audio or own script · Additional Information and Resources section: Relaxation exercises 	10 minutes
My Quitting plan	Participants complete Worksheet 11	<ul style="list-style-type: none"> · Participant Worksheet 11: My quitting plan 	10 minutes
Home Exercise	<p>Keep a record of your nicotine cravings.</p> <p>Invite participants to complete Worksheet 12: Record of nicotine cravings. They should refer to their quitting plan when completing this.</p> <p>Remind participants to complete the Weekly Progress Chart.</p>	<ul style="list-style-type: none"> · Participant Worksheet 11: My quitting plan · Participant Worksheet 12: Record of nicotine cravings 	
Evaluation and Close	Invite participants to complete the session feedback.	<ul style="list-style-type: none"> · Participant book: Week 3 feedback 	5 minutes

What influences my health?

Discussion activity

Complete this activity alongside a review of the home exercise from session 2, Participant Worksheet 9: “What influences my health” and also to look at “Me as someone quitting smoking.” Feel free to select questions as appropriate but draw on “What influences my health” and smoking connections to open up factors that may help and hinder people trying to quit, for example support/managing stress etc.

Reference can be made to the Social Determinants of Health model in the diagram below, which can be drawn on a flipchart or enlarged and copies given to the participants.

The Social Determinants of Health Model



Adapted from Dahlgren & Whitehead 1991 – The Social Determinants of Health Model

Questions for discussion

Use the questions below to start the discussion. The bullet points provide sample answers or ideas if the group are struggling to come up with any responses.

1. What affects your health?

Use the Social Determinants of Health model to look at ideas.

- Your genes
- Your sex or gender
- Lifestyle – eating and physical activity, stress and how I cope with it
- Spiritual life
- Family and friends
- Support
- Education; employment/unemployment
- Housing
- Income
- Environment/my community
- Social and community activity
- Political decisions etc.

2. What does a healthy lifestyle look like to you?

- Taking care of myself
- Healthy eating; physical activity
- Drinking alcohol in moderation
- Education
- Having family and friends
- Quitting smoking
- Getting CO checked when quitting
- Visiting doctor when I need to
- Having regular health checks such as blood pressure, cholesterol, cervical check, bowel check, breast check, etc.
- Managing stress
- Support from family, friends, community and others as needed
- Having a regular income
- Work or sense of being productive and useful
- Minding my mental health etc.

3. How do you try to follow a healthy lifestyle?

- Try to eat a healthy diet and maintain my weight
- Regular physical activity
- Contact with family and friends
- Regular health checks
- Work/life balance
- Taking time out for myself
- Quitting smoking, etc.

4. What do you think helps or hinders you from having a healthy lifestyle?

Use the Social Determinants of Health Model to look at the areas that influence our health. Which ones can we influence easily, and which ones are harder to control or outside our control?

- My own decisions to take care of myself or not
- Money to choose the healthy options or using my limited money to become more healthy
- Friends and family can hinder me making changes saying that they like me as I am
- Challenge of accessing healthy food at local shops and looking at setting up a community garden
- The economic climate and limited employment opportunities
- Having a medical card and having to wait for services, etc.

Women's Group:

- Being a woman with caring responsibilities and cost of childcare
- I don't have time to think about my own health
- The needs of others come before my own
- Safety issues, e.g. walking/exercising on my own, especially in the evening

Men's group:

- No tradition of the men in my family going to the GP or going for health checks
- Asking for help or seeking health advice may be seen as a weakness
- Masculinity – I don't need to change
- Men are expected to 'man-up' and get on with it
- Taking risks is seen as being part of the male role

What could you do to help with some of the issues raised in question 4?

- Ask friends/family members to join me in quitting smoking, getting exercise, eating healthily, etc.
- Set up a Neighbourhood Watch that will make us feel safer
- Start a community garden to grow healthy foods
- Try some new foods, you might be surprised at what you like
- Choose to walk instead of driving to get fitter and manage my stress
- Talk to family and friends, get their support

5. What do you think you can learn from this to help you as you quit smoking?

It is important to draw attention to factors that are personal but also ones that are more removed from the individual in terms of what influences health and contributes to a healthy lifestyle.

- Getting support from family and friends
- Knowing that quitting smoking is one of the most important things that I can do for my health
- Being part of this group and supporting one another

Is smoking an addiction?

The World Health Organisation defines addiction as “a compulsion to take a drug on a continuous basis in order to experience its psychic effects and sometimes to avoid the discomfort of its absence.”

Smoking a cigarette is not an isolated act but is associated with emotional as well as physical dependence.

To understand the complex and compulsive nature of smoking it is important to realise that three different factors play a part:

- **Physical addiction** to the drug nicotine
- **Automatic habit** which includes the handling and the ritual of opening the pack, lighting up, the sound of the paper etc.
- **Psychological/emotional dependence** is often used as an aid to damp down and/or control negative feelings of anxiety, frustration or anger.

Physical/Chemical addiction to nicotine

It takes 7 – 10 seconds for the nicotine to reach the smoker's brain once the tobacco smoke has been inhaled. People continue to smoke in order to maintain a certain level of nicotine in their blood; when it falls below that level they feel an urgent desire to smoke. This results in smokers responding to cravings at regular intervals depending on their consumption rates.

Smoking and triggers

Smoking can be triggered by many different activities e.g. drinking tea, coffee or alcohol; with driving; sitting in a certain chair; answering the telephone; finishing a meal; or with certain friends. Smoking often becomes an unconscious habit and a pack of 20 can be smoked without the smoker remembering many of the individual cigarettes.

Psychological aspect

The psychological aspect of smoking is associated with emotional dependence. Many smokers use cigarettes to provide breaks, as part of the structure of the daily routine, or when they meet up with fellow smokers. This aspect of smoking can be triggered by boredom, anger and excitement. Cigarettes can be used to cope with stress and the level of consumption may go up at these times.

From: Quit, HSE (2012) Brief Intervention for Smoking Cessation National Training Programme Participant Resource

Week 4 – Coping with withdrawal

Overview

- Coping with withdrawal
- Stress
- Goal setting

Aim:

Support smokers' commitment to quitting and look at strategies to cope with withdrawal, including managing stress

Objectives:

- Hear what participants have to say in relation to quitting smoking
- Address additional strategies to cope with withdrawal
- Explore the issue of stress in relation to quitting smoking
- Discuss techniques for reducing stress, short and long-term.

Key tasks:

- One-to-one CO reading and recording
- Calculate cost of smoking
- Encourage participants to share how they got on with their quitting this week
- Withdrawal symptoms and addressing issues raised
- Relaxation exercise

Resources:

- CO monitor and accessories
- Audio or alternative option for relaxation
- Flipchart
- Group agreement from week 1
- Post-it notes, pens and/or pencils

Other: _____

Week 4 – Session Plan

Activity	Process/Guidelines for Facilitator	Resources	Duration
<p>Welcome and review of the week</p>	<p>Give each participant a Post-it note and invite them to draw or write something that shows how they got on during the week with their quit attempt.</p> <p>Then allow each participant the opportunity to speak about their progress and explain what is on their Post-it note. Some will be really excited and proud of their achievement. Allow time for this to be recognised and celebrated.</p> <p>Optional: ask has anyone started using the money boxes</p>	<ul style="list-style-type: none"> · Post-it notes, pens and/or pencils 	<p>15 minutes</p>
<p>CO reading and recording</p>	<p>This can be done during the coffee break or as the participants are entering the room or when a participant has completed an activity.</p> <p>Take this opportunity to check about their medication.</p>	<ul style="list-style-type: none"> · CO Monitor & accessories · Participant Worksheet 2: My personal carbon monoxide chart 	<p>10 minutes</p>
<p>Review personal coping plan</p>	<p>Return to worksheets from week 3:</p> <ul style="list-style-type: none"> · Worksheet 10: Breaking the link with cigarettes · Worksheet 11: My quit smoking plan <p>Review weekly progress sheet, Worksheet 1</p> <p>Ask the group whether the resources in the books are helping with their quit/progress and, if so, in what way</p>	<ul style="list-style-type: none"> · Participant worksheet 10: Breaking the link with cigarettes · Participant worksheet 11: My quit smoking plan · Participant worksheet 1: My weekly progress chart 	<p>10 minutes</p>
<p>Withdrawal symptoms</p>	<p>Brainstorm the withdrawal symptoms of quitting. Write on the flipchart.</p> <p>Use Participant Information 5 to address the issues raised in the brainstorm.</p> <p>Take each withdrawal symptom and review it in the context of the following:</p> <ul style="list-style-type: none"> · Cause · Duration · Relief (how to help the symptom) 	<ul style="list-style-type: none"> · Flipchart and marker · CF Information 1: Withdrawal symptoms of quitting smoking · Participant Information 5: Withdrawal symptoms – how to cope. 	<p>15 minutes</p>

Activity	Process/Guidelines for Facilitator	Resources	Duration
Stress – what is stress, smoking and stress and managing and coping with stress	<p>Engage the group in a discussion on managing stress by asking the following questions:</p> <ul style="list-style-type: none"> · What is stress? · What sort of things cause us stress? · How can we manage stress? · Do you think that smoking helps you to cope with stress? <p>Refer to Participant Information 4B and 4C</p> <p>Use CF Information 1 for more information.</p> <p>You can also refer the participants to the Additional Information and Resources section at the back of their books.</p>	<ul style="list-style-type: none"> · Participant Information 6: Understanding smoking and stress · Participant Information 7: Coping with stress · CF Information 2: Understanding smoking and stress 	10 minutes
Relaxation – one way to cope with stress	<p>Use one of the mindfulness resources/exercises in the Appendices.</p> <p>Having introduced this properly last week, as a coping strategy, try to build on that again this week, emphasising that it can help relieve or deal with stress. When someone finds themselves in a stressful situation, meditation can be a useful tool. A simple exercise such as deep breathing and focusing on the breath for 30 seconds can help to relax the mind and body. It doesn’t have to be anything more elaborate than that.</p> <p>You will know your group better now. Decide on what length of time is appropriate for this group.</p> <p>Recommended: walking meditation</p>	<ul style="list-style-type: none"> · Relaxation audio or own script 	10 – 15 minutes
Plan for second half of the course	<p>Ask participants what they would like to cover in the second half of the course. Give them some options based on budget and availability of materials and/or speakers.</p> <p>REMINDER: there are 4 Open Session plans which you can also use during these weeks.</p> <p>Ask participants if they would like to continue the course beyond the 7 weeks. If so, what topics would they like to cover? Give them some options based on budgets and availability of materials and/or speakers. You will need to know numbers and explain that the additional sessions are only viable if there are sufficient numbers, minimum 6 participants. Allow participants time to think about this and make a decision.</p> <p>REMINDER: there are 4 Open Session plans which you can also use during these weeks.</p>	<ul style="list-style-type: none"> · Staying Quit (Open) session plans 	10 minutes
Home exercise	<p>Reminder to complete weekly progress chart, participant Worksheet 1</p> <p>Reminder of “not a puff” rule.</p> <p>Review “My quit smoking plan.”</p>	<ul style="list-style-type: none"> · Participant Worksheet 1: My weekly progress chart · Participant Worksheet 11: My quit smoking plan 	
Evaluation and close	<p>Invite participants to share one thing they will take away from today’s session.</p> <p>Invite participants to complete the session feedback.</p>	<ul style="list-style-type: none"> · Participant book: Week 4 feedback 	5 minutes

Withdrawal symptoms of quitting smoking

Quitting smoking brings about a variety of physical and psychological withdrawal symptoms. For some people coping with withdrawal symptoms is like riding a roller coaster – there may be sharp turns, slow climbs, and unexpected plunges. Most physical symptoms manifest within the first one to two days, peak within the first week, and subside within two to four weeks. Any new symptoms should be notified to a health professional, especially if severe. Recent medication changes and caffeine intake can have an impact on symptoms. It may take longer to break the psychological dependence caused by constant triggers and social cues associated with smoking.

Symptom	Cause	Duration	Relief
Craving for a cigarette	Nicotine is a strongly addictive drug, and withdrawal causes cravings.	Urges to smoke or cravings usually reduce over time as long as you don’t have a puff of a cigarette, but can appear for a long time after quitting.	Wait out the urge, which lasts only a few minutes; Distract yourself; Exercise (take walks); Drink a glass of water or fruit juice; Breathe slowly and deeply; Use of a nicotine medication may help.
Irritability	The body’s craving for nicotine can produce irritability	2 – 4 weeks	Take walks; Try hot baths; Use relaxation techniques.
Dizziness	The body is getting extra oxygen	1 – 2 days	Use extra caution; Move from sitting or lying down to standing positions slowly.
Chest tightness	Tightness is likely due to tension created by the body’s need for nicotine or may be caused by sore muscles from coughing	A few days	Use relaxation techniques; Try deep breathing; Use of NRT may help.
Constipation, stomach pain, gas	Intestinal movement decreases for a brief period	1 – 2 weeks	Drink plenty of fluids; Add fruit, vegetables, and wholegrain cereals to diet.
Cough, dry throat, nasal drip	The body is getting rid of mucus, which has blocked airways and restricted breathing	A few days	Drink plenty of fluids; Avoid additional stress.

Symptom	Cause	Duration	Relief
Depressed mood	It is normal to feel sad for a period of time after you first quit smoking. Many people have a strong urge to smoke when they feel depressed.	1 – 2 weeks	Increase pleasurable activities; Talk with your clinician about changes in your mood when quitting; Get extra support from friends and family.
Difficulty concentrating	The body needs time to adjust to not having constant stimulation from nicotine.	A few weeks	Plan workload accordingly; Avoid additional stress during first few weeks.
Fatigue	Nicotine is a stimulant	2 – 4 weeks	Take naps; Do not push yourself; Use of a nicotine medication may help.
Hunger	Cravings for a cigarette can be confused with hunger pangs; sensation may result from oral cravings or the desire for something in the mouth.	Up to several weeks	Drink water or low-calorie liquids; Be prepared with low-calorie snacks.
Insomnia	Nicotine affects brain wave function and influences sleep patterns; coughing and dreams about smoking are common.	2 – 4 weeks	Limit caffeine intake because its effects will increase over time as you quit

Adapted from Materials from the National Cancer Institute, U.S. National Institutes of Health.

Understanding smoking and stress

Use the information in this section to invite discussion.

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

The stress levels of adult smokers are slightly higher than those of non-smokers. 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.⁵

Every time you smoke 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. But it can be negative when we feel under constant pressure and overwhelmed by too many demands.

What normally causes us stress?

Work, unemployment, relationships, deadlines, financial pressures, illness, moving home, changing jobs, marriage, death, holidays, quitting smoking....

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

⁵ <https://pubmed.ncbi.nlm.nih.gov/10540594/>

Stress and your heart

Stress is thought to affect the heart by its influence on the hardening and narrowing of the arteries that supply blood and oxygen to the heart – known as coronary atherosclerosis.

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.

Managing Stress – what can we do?

If you would normally reach for a cigarette when you feel stressed, try some of these tips:

- **Be more active every day:** walk, cycle, jog, swim or find something you enjoy. This releases happy hormones called endorphins
- **Eat healthy foods regularly and eat a variety of foods**
- **Get it out:** Let go! Talk to a friend, write, paint/draw a picture or shout it out. It takes more energy to keep the lid on
- **Agree with somebody:** life doesn't have to be a battleground
- **Learn to relax:** use the relaxation techniques that we practise in the sessions
- **Breathing:** we breathe between 16,000 and 20,000 times a day so deep breathing is useful to help us to take control
- **Get enough rest and sleep:** everyone needs to recharge their batteries
- **If you are ill, don't try to carry on as if you are not**
- **Comfort zones:** find a place where you can get comfort and strength – a person (partner, friend or colleague), a place (beach or park) or a routine (bath, walk or keep a diary). Enjoy it!
- **Massage:** This will ease the aches and pains and help you to relax and unwind
- **Don't self-medicate:** avoid alcohol, cannabis, tranquillisers, or too much caffeine
- **Praise yourself for getting things done:** Prioritise your day ahead and only do the things that you have to do – make a list if it helps. Plan ahead and learn to say “No” sometimes
- **Delegate responsibility:** a few minutes spent getting someone else to help you will be time well spent if it makes your day less hectic
- **Do something for others:** this can make you feel good too
- **Take up a hobby or get back to one you had before**
- **Be realistic about what you can achieve:** Forget perfection
- **Learn to accept what you cannot change and change what you cannot accept**
- **Humour:** thinking too much can be stressful. Laughter helps us to get a different view and relax.
- **Treats:** when you have a difficult challenge, plan to give yourself a treat afterwards – a meal with a friend, new clothes, a book, a nice bath
- **Worry box:** What does worrying get us? Make a worry box, take time out of each day to write down what is worrying you, put it aside until you are ready to deal with it

· **Ask for help if you need it:** Asking for help is a strength, not a weakness.

For more information:

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

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

Contact a public health nurse or GP

Note for Facilitator: the contact information above is also in the back of the participants' books in the Additional Information and Resources section.

Week 5 – Support and healthy eating when quitting

Overview

- Benefits of quitting
- Healthy eating

Aim of this session:

Maintain a healthy quit attempt by exploring the relationship between smoking, eating and nutrition.

Objectives:

- Reflect on personal eating habits
- Understand ways to plan for change – healthy eating

Key tasks:

- One-to-one CO reading and recording
- Reinforce the “not a puff” rule
- Review own eating habits
- Compare to Food Pyramid
- Plan for change
- Relaxation exercise

Resources:

- CO monitor and accessories
- Audio or alternative option for relaxation – “Urge Surfing” in Section 3 is a useful mindfulness practice for this session.
- Flipchart
- Group agreement from week 1
- Healthy Food Made Easy cook book or other healthy food recipe book. There is a sample and some links to healthy eating recipes in CF Information 3. You could print copies of them. The simple recipe in CF Information 3 is also in the participants’ books: Information 20.

Other: _____

Week 5 – Session Plan

Activity	Process/Guidelines for Facilitator	Resources	Duration
Welcome and review of the week	Welcome and invite participants to give any feedback on their week.		5 minutes
CO reading and recording	This can be done during the coffee break or as the participants are entering the room or when a participant has completed an activity.	<ul style="list-style-type: none"> · CO Monitor and accessories · Participant Worksheet 2 	10 minutes
Planning for the next few weeks of the course	For the women's group, invite a discussion on what they would like to cover in the second half of the course. Inform the group of any speakers that may have been provisionally booked or activities/topics that have been popular with other groups in the past.	<ul style="list-style-type: none"> · CF Activity 1: Agreeing topics for discussion 	10 minutes
	For the men's group, establish who will be proceeding with the second part of the course and whether there are sufficient numbers to proceed. If going ahead, invite a discussion on what they would like to cover. Inform the group of any speakers that may be provisionally booked or activities/topics that have been popular with other groups in the past.		
Healthy eating	<p>Introduction to healthy eating and maintaining a healthy diet.</p> <p>Using CF Information 1, highlight some of the issues that people have in regards to putting on weight, eating healthily and quitting smoking. Highlight the benefits of quitting smoking over gaining some additional weight.</p> <p>Question: Has anyone noticed that their sense of taste has improved since quitting?</p>	<ul style="list-style-type: none"> · CF Information 1: Quitting smoking doesn't have to be a weighty matter 	10 minutes
Plan for change	<p>Invite participants to complete Worksheet 13.</p> <p>Using the Food Pyramid, look at the different shelves and guidelines for portion sizes from each food group.</p> <p>NOTE: The Facilitator's version of the Food Pyramid is more detailed than the participant's version.</p>	<ul style="list-style-type: none"> · Participant Worksheet 13: My plan to quit smoking without putting on weight · CF Information 2: Food pyramid (Facilitator's version) · Participant Information 8: Food pyramid 	15 minutes

Activity	Process/Guidelines for Facilitator	Resources	Duration
Quitting smoking and eat healthily	<p>Discussion: Highlight particular points that have come up and any new ideas to manage healthy eating.</p> <p>For more information refer to CF Information 1</p> <p>Hand out copies of HFME cook book or other healthy eating recipe options.</p> <p>Invite members of the group to share their own healthy recipes.</p>	<ul style="list-style-type: none"> · Participant Information 9: Things you can do to manage your weight · CF Information 1: Quitting smoking doesn't have to be a weighty matter · HFME recipe book or other healthy recipe book · CF Information 3: Healthy eating recipes 	10 minutes
Relaxation	Choose one of the relaxation options from the Appendices – Urge surfing is a useful one for this particular session (see Resources section for more information).	· “Urge Surfing” mindfulness practise in Additional Resources	10 minutes
Evaluation and close	<p>Invite participants to say anything about the session today or how they are feeling.</p> <p>Invite participants to complete the session feedback.</p>	· Participant book: Week 5 feedback	5 minutes

Agreeing topics for discussion

Introduction

This activity has been included to help the group plan and prioritise their “Staying Quit” group sessions.

NOTE: for the men’s group, you must establish whether the group would like to extend the programme from 7 to 10 weeks. Minimum of 6 participants required for this to continue or as agreed with your local coordinator.

These sessions will give participants the chance to explore the issues that are most important to them in more detail. It supports the process of consensus style decision making and allows them to reach a group agreement on their choices/areas of interest for the last few weeks.

Guest speakers add value to the programme and can include professional healthcare workers, past participants, representatives from community and/or health initiatives, sports and exercise organisations, or providers of a health or well-being service.

Areas of interest, such as women/men and health, stress and relaxation, and healthy eating may have come up in previous sessions and this will give participants a chance to explore them in more detail.

Method

Step 1	Introduce the activity. Let the group know of any guest speakers that have agreed/are available to attend.
Step 2	Brainstorm: Using a flip chart page, write up some of the issues or topics that have come up in previous discussions and ask participants to list any other topics they would like to add to the list.
Step 3	Seek agreement from participants on the options they would like to include in the vote.
Step 4	Give each participant 10 sticky dots and ask them to choose their top three choices, by placing 5 dots beside their first preference, 3 beside their second and 2 beside their third.
Step 5	When all participants have voted, the Facilitator counts the number of dots, adding up the total score for each topic.
Step 6	Present the results on a flip chart, ranked in order of the highest to the lowest scores. The 3 highest scores will be offered as topics for the next sessions.

Quitting smoking doesn’t have to be a weighty matter

The health risk of a little weight gain is nothing compared to how damaging smoking is for your health. Cigarettes act as an appetite suppressant and therefore you may feel hunger when you stop smoking.

The average person puts on around 1/2 a stone or 3kg when they quit smoking. Some people may put on more, even up to 2 stone or 13kg. But you would have to gain almost 7 stone or 45kg to put the same pressure on your heart that smoking causes. Most people return to their normal (pre-smoking) weight after just one year.

One reason for a little weight gain after stopping smoking is that nicotine boosts your metabolic rate. But that’s not the main reason. For seven out of ten people who put on weight after quitting, the reason is simply that they consume more calories. Feelings of hunger are common, but these will go away after a few weeks. Eating lots of snacks full of sugar and fat will account for lots of extra calories.

If you feel a “snack attack” approaching try to choose from the following low fat/low calorie options:

- Fruit – fresh or dried
- Plain popcorn
- Diet yoghurt
- Chopped carrots/peppers/celery with salsa dip
- Diluted fruit juice
- Bowl high fibre cereal
- Wholemeal scone
- Plain biscuits/crackers

Eating as little as 100 calories extra every day means you gain 1 pound/ 450g of fat weight in a month. That’s almost a stone in a year. Here are a few ideas on how to cut out 100 calories:

- Chose tuna tinned in brine or fresh water instead of oil packed
- Add a tomato slice, lettuces leaves and pepper strips to a sandwich, instead of mayonnaise
- Switch from full fat to low fat or fat free milk
- If you like ice-cream limit it to 1 scoop instead of 2
- Switch all your salad dressings to low fat
- Make your own smoothies with fruit. Switch from a milkshake to a smoothie with fat free milk
- Switch to sugar-free gum instead of regular
- If you’re out to dinner nibble on a breadstick instead of garlic bread
- As a snack eat plain instead of custard style yoghurt
- Reduce your portions of meat – at dinner cut back from four ounces to three (cooked weight)
- Eat two pieces of fruit instead of a bar of chocolate

Another way to cut down on 100 calories is to take more exercise.

Here are a few ways to burn it off (based on an 11.5 stone/ 73kg adult).

- Cycling at 10mph for 15 minutes
- Golfing for 10 minutes
- Gardening for 40 minutes
- Washing the floor for 15 minutes
- Slow walking for 20 minutes
- Moderate pace walking for 15 minutes

Here are the five things you can do to help prevent weight gain while you focus on quitting smoking:

1. Have regular meals and snacks if you need them.
2. Start some regular exercise – make it fun and something you enjoy.
3. Keep a food diary for a few days before and after you quit. This can help to identify when you are over-eating.
4. Always have loads of healthy foods such as fruit around if you feel the urge to snack.
5. Use low calories desserts such as yoghurts, fruit, plain biscuits to fight that “unfinished feeling” you may get after a meal.

Food Pyramid – Facilitator’s version

The Food Pyramid

For adults, teenagers and children aged five and over

www.healthyireland.ie

Foods and drinks high in fat, sugar and salt

! Most people consume snacks high in fat, sugar and salt and sugar sweetened drinks up to 6 times a day (Healthy Ireland Survey 2016). There are no recommended servings for Top Shelf foods and drinks because they are not needed for good health.

NOT every day

Small or fun-size servings of chocolate, biscuits, cakes, sweets, crisps and other savoury snacks, ice cream and sugary drinks – **not every day, maximum once or twice a week.**

1 serving size is:

Fats, spreads and oils
Use as little as possible. Choose mono or polyunsaturated reduced-fat or light spreads. Choose rapeseed, olive, canola, sunflower or corn oils. Limit mayonnaise, coleslaw and salad dressings as they also contain oil. Always cook with as little fat or oil as possible – grilling, oven-baking, steaming, boiling or stir-frying.

Meat, poultry, fish, eggs, beans and nuts

Choose lean meat, poultry (without skin) and fish. Eat oily fish up to twice a week. Choose eggs, beans and nuts. Limit processed salty meats such as sausages, bacon and ham.

Milk, yogurt and cheese

Choose reduced-fat or low-fat varieties. Choose low-fat milk and yogurt more often than cheese. Enjoy cheese in small amounts. Women who are pregnant or breastfeeding need 3 servings a day.

Wholemeal cereals and breads, potatoes, pasta and rice

Wholemeal and wholegrain cereals are best. Enjoy at each meal. The number of servings depends on age, size, if you are a man or a woman and on activity levels. Watch your serving size and use the Daily Servings Guide below.*

Vegetables, salad and fruit

Base your meals on these and enjoy a variety of colours. More is better. Limit fruit juice to unsweetened, once a day.

In very small amounts

- 1 portion pack reduced-fat or light spread for 2 slices of bread
- 1 teaspoon oil per person when cooking

2 Servings a day

- 50–75g cooked lean beef, lamb, pork, mince or poultry (half size of palm of hand)
- 100g cooked fish, soy or tofu
- ¼ cup beans or lentils
- 2 eggs
- 40g unsalted nuts or seeds

3 Servings a day

- 5 for children age 9–12 and teenagers age 13–18
- 1 glass (200ml) milk
- 1 carton (125g) yogurt
- 1 bottle (200ml) yogurt, drink
- 2 thumbs (25g) hard or semi-hard cheese such as cheddar or edam
- 2 thumbs (25g) soft cheese such as brie or camembert

3-5* Servings a day

- Up to 7* for teenage boys and men age 19–50
- 2 thin slices wholemeal bread
- 1½ slices wholemeal soda bread or 1 pitta pocket
- ½ cup dry porridge oats or
- ½ cup unsweetened muesli
- 1 cup flaked type breakfast cereal
- 1 cup cooked rice, pasta, noodles or cous cous
- 2 medium or 4 small potatoes, 1 cup yam or plantain

5-7 Servings a day

- 1 medium sized fruit – apple, orange, pear or banana
- 2 small fruits – plums, kiwis or mandarin oranges
- Small fruits – 6 strawberries, 10 grapes or 16 raspberries
- ½ cup cooked vegetables – fresh or frozen
- 1 bowl salad – lettuce, tomato, cucumber
- 1 bowl homemade vegetable soup
- 150ml unsweetened fruit juice

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

Active	Child (5–12)	Teenager (13–18)	Adult (19–50)	Adult (51+)	Inactive	Teenager (13–18)	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.

Average daily calorie needs for all foods and drinks for adults

♂ Active 2000kcal	♂ Inactive 1800kcal	♀ Active 2500kcal	♀ Inactive 2000kcal
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Source: Department of Health, December 2016.

Serving size guide

Cereals, cooked rice and pasta, and vegetables, salad and fruit
Use a 200ml disposable plastic cup to guide serving size.



Cheese
Use two thumbs, width and depth to guide serving size.



Meat, poultry, fish
The palm of the hand, width and depth without fingers and thumbs, shows how much you need in a day.



Reduced-fat spread
Portion packs found in cafes can guide the amount you use. One pack should be enough for two slices of bread.



Oils
Use one teaspoon of oil per person when cooking or in salads.



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.

Healthy eating recipes

The links below provide recipes for healthy eating. You could print some of the recipes or direct the participants to the links, which are in the back of the participant books.

SafeFood: 101 Square Meals, Easy Recipes for everyday life:

<https://www2.hse.ie/file-library/health-eating-active-living/healthy-meal-recipe-book.pdf>

For meal inspirations see:

<https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/heal/meal-inspiration.html>

Here's an example:

Banana and Oat Smoothie

This filling smoothie will keep you going all morning as well as giving you a healthy start to the day. Perfect if you're keeping an eye on your waistline.

Ingredients - Serves 1 Adult

150ml / 5fl. oz. low fat milk

1 medium banana

3 tablespoons oats

Method

1. Put all the ingredients into a blender and blend for 30 seconds

2. Drink and enjoy!

Yes – it is really that quick and easy.

Serving Suggestions: Try with a variety of fruit – strawberries, raspberries, pears or peaches (tinned or fresh) all work well. Use yoghurt instead of milk for a thicker drink.

Tip: Oats are one of nature's most nutritious wholegrains and are rich in natural fibre. They are fantastic for a healthy bowel and are also slowly digested, which means they keep you going for longer. Oats are an ideal food for people with diabetes as they help to keep blood sugar levels steady.

Week 6 – Planning your future

Overview

- Staying quit
- Relapse prevention
- Plan for the next 6 weeks

Aim of this session:

Affirm participants' motivation to sustain their quit attempt.

Objectives:

- Invite participant feedback on last week
- Explore the risk factors for relapse and reinforce benefits of quitting
- Work with women's group to plan second half of the programme
- Work with men's group to plan the rest of the programme, if applicable

Key tasks:

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

Resources:

- CO monitor and accessories
- Audio or alternative option for relaxation
- Flipchart
- Group agreement from week 1

Other: _____

Week 6 – Session Plan

Activity	Process/Guidelines for Facilitator	Resources	Duration
Welcome and feedback	Welcome participants back. Ask the group if anyone had incorporated any of the healthy eating suggestions from last week's session.		5 minutes
CO reading and recording	This can be done during the coffee break or as the participants are entering the room or when a participant has completed an activity.	<ul style="list-style-type: none"> · CO Monitor and accessories · Participant Worksheet 2 	10 minutes
Evaluating progress to date	<p>The purpose of this activity is to evaluate how the group and individuals are feeling about their own progress and that of the course. Chose the activity that is most appropriate for the group with which you are working. There are 2 options given.</p> <p>Female only groups may enjoy the Happy face/Sad face activity</p> <p>Male only groups may prefer the activity "one positive experience."</p>	<ul style="list-style-type: none"> · CF Activity 1: My progress 	10 minutes
Relapse and successful quitting	<p>Discussion: Understanding relapse and exploring risk factors as a whole group or in smaller groups</p> <ul style="list-style-type: none"> · Read the scenarios on the case studies and instigate a discussion, so that participants can explore situations where they may be at risk of relapse <p>or</p> <ul style="list-style-type: none"> · Ask the group to come up with their own scenarios – things that happened with previous quit attempts, or situations that they know may be difficult. · Group(s) come up with their own methods of dealing with these scenarios <p>Participants can complete Worksheet 14.</p> <p>Use CF Information 1 for more information on the cycle of change, and CF Information 2 to support discussion, using questions provided. Participants can complete Worksheet 15. Then invite participants to look at Worksheet 16 to review how far they have come.</p> <p>Close with coping strategies from reviewing materials so far, supports and motivation.</p> <p>Remember: You have come this far!</p>	<ul style="list-style-type: none"> · CF Information 1: Success and relapse prevention · CF Activity 2: Managing relapse - case studies · CF Information 2: Managing relapse · Participant Worksheet 14: Success and relapse prevention · Participant Worksheet 15: Cycle of change · Participant Worksheet 16: I have come a long way 	30 minutes
Plan for the next 6 weeks	<p>Discuss with the group the agreed plan for the next 6 weeks:</p> <ul style="list-style-type: none"> · Topics to be covered · Guest speakers · Activities, etc. 	<ul style="list-style-type: none"> · Flipchart/ prepared schedule of the sessions 	10 minutes

Activity	Process/Guidelines for Facilitator	Resources	Duration
Plan for final week or plan for the extended course	<p>At this stage you will know if the group has decided to extend the programme.</p> <p>If the programme is not being extended, remind the group that next week is the last week. Confirm whether any family members/friends will be attending or not. Ask permission to invite representatives from the partner organisations involved in the delivery and planning of the programme, e.g. HSE, Local Partnership, community groups, pharmacist, or members of the Advisory Group.</p> <p>If the programme is being extended for an additional 3 weeks (10 weeks in total), discuss with the group the agreed plan for the additional 3 sessions:</p> <ul style="list-style-type: none"> · Topics to be covered · Guest speakers · Activities, etc. 	<ul style="list-style-type: none"> · Flipchart/ prepared schedule of the sessions 	10 minutes
Supporting your journey from smoker to ex-smoker	<p>Brainstorm the list of available supports nationally and locally.</p> <p>Who else can continue to support you on your quit journey?</p> <p>Reinforce the importance of “not a puff”</p> <p>Explain that the emphasis on the next 6 weeks is about supporting their transition from smoker to ex-smoker.</p> <p>Reinforce the importance of “not a puff.”</p> <p>Course finishing next week:</p> <p>If the group is not being extended, it is vital that participants have contact numbers and information for professional supports, if required in the future. Advise them to continue to get support from family and friends.</p> <p>Course is being extended:</p> <p>Explain that the emphasis on the next 4 weeks is about supporting their transition from smoker to ex-smoker.</p>	<ul style="list-style-type: none"> · Participants’ book Additional Information and Resources: Useful contacts 	5 minutes
Home exercise	<p>Reminder to complete weekly progress sheet.</p> <p>Think about ways that you can be happy or things that make you happy.</p>	<ul style="list-style-type: none"> · Participant Worksheet 1 	
Evaluation and close	<p>Repeat Happy Face/Sad Face if completed earlier</p> <p>or</p> <p>Complete the second part of the activity “One positive experience”</p> <p>Invite participants to complete the session feedback.</p>	<ul style="list-style-type: none"> · CF Activity 1: My progress · Participant book: Week 6 feedback 	5 minutes

My progress

Option 1

Happy face – Sad face

Introduction

This activity has been suggested to tie in with the session's theme of happiness and well-being. It provides an alternative way of checking with participants at the beginning of the session, to create some energy, some positivity and even some honesty. It can be repeated again as part of the closing session of your group.

Objective:

The objective of this icebreaker activity is to encourage participants to check in with themselves about their feelings and their mood. It lets them know that it is ok not to feel great all of the time. It also reinforces the idea that we can take some control over our situation and can take action to improve our mood and our thoughts, if we are feeling negative or low.

Method:

Step 1	Before the session begins draw a big happy face on a flip chart and place it on one side of the room.
Step 2	Next draw a big sad face on a flip chart and place it on the other side of the room.
Step 3	Ask the participants to think of an imaginary line running across the room from the happy face to the sad face.
Step 4	Ask the participants to “check in” with themselves, and how they are feeling today.
Step 5	Next ask them to stand on the line at the spot that best represents how they are feeling today.
Step 6	Then invite participants to share how they are feeling today and why. If nobody offers to start, pick someone from each end and the middle. Alternatively, you could stand on the line and share your reason for choosing that spot.
Step 7	Repeat this exercise at the end of the session and ask participants to comment if there has been any change in the shape of the line or if they have changed their position/mood as a result of the session.

See next page for option 2

Option 2

One positive experience

Part 1 – complete this at the start of the session

Ask each person to say their name and one positive experience that they have had over the past 6 weeks. Some may say that they have quit smoking, and others may say something that is related to quitting. Perhaps this is 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 for 3 weeks
- My partner has quit smoking 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 soccer/playing with the children, etc.
- 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 didn't 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. Now I can do something about it

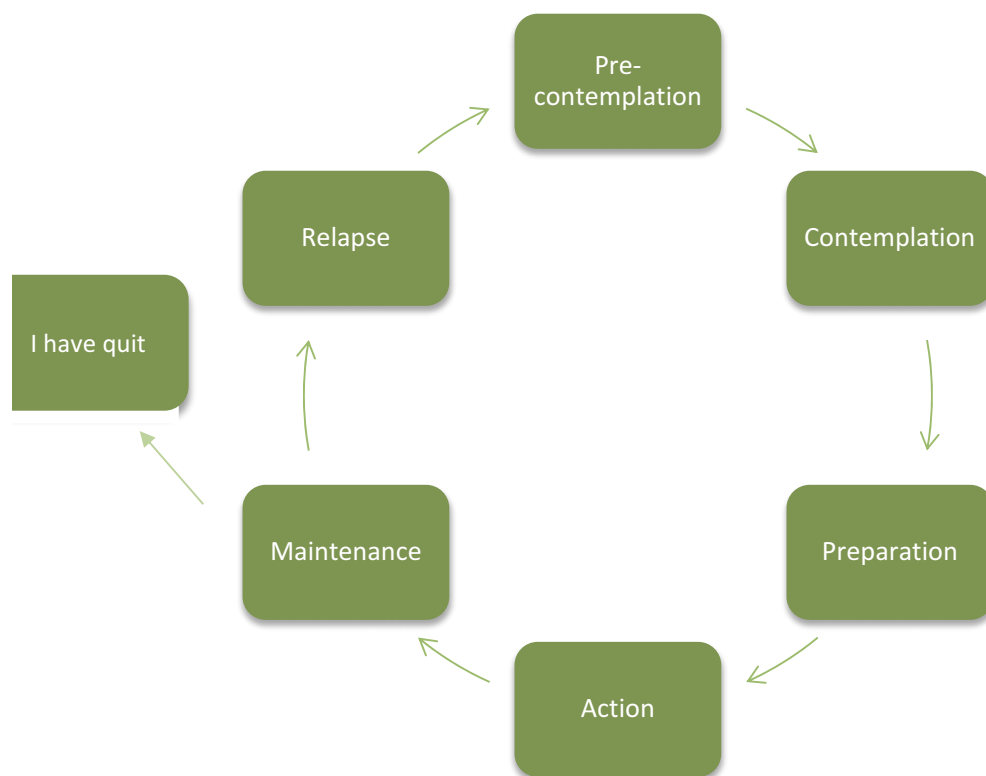
Part 2 – complete this at the end of the session

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

Success and relapse prevention

Stages of Change Model

The process of change involves a number of stages:



Stages of Change Model: Adapted from Prochaska and DiClemente

Understanding relapse

Based on the Stages of Change model, the process of change involves a number of different stages. Many people who quit smoking will stay smoke free. Some people may experience a “slip” when they have one or a few cigarettes. For some, this might be temporary and for others this may mean that they start to smoke 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 again, there are measures you can take to help you become smoke free again. It is important to remember that you have already quit smoking so you have achieved this. Give yourself credit for what you have managed to do so far, in quitting smoking. Remember the effort that you put in and draw from the learning that you have had from doing this. Get back on track as a non-smoker as soon as possible. If you want to stop smoking, 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 smoking in the first place. Do these still apply to you or are there new ones to add?
- Challenges that you have had, which you managed to deal with and not smoke – maybe you attended a family occasion and managed not to smoke or a stressful time where you did not smoke. What did you do instead and how did you cope without needing or wanting to smoke?
- What supports have you used and found helpful? What could you look at now to support you again? Don’t be worried that support services will think badly of you if you have smoked again, they will understand and support you again.
- Resources that you have from this programme. These include factsheets on “Top 10 tips for successful quitting;” your worksheets on “Decisional Balance;” “When I stop smoking;” “My Quitting Plan;” “Overcoming Challenges;” “Managing stress – what can we do?;” “How to be happy.”
- The health or financial benefits of quitting and staying smoke 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 free?
- Excuses you might have used to start smoking after you had quit - maybe you kept an “emergency” pack of cigarettes at home, just in case and just had one. Did you take a puff from a friend’s cigarette saying, “It’s only one cigarette so it isn’t really smoking.” It is important to think about what “excuses” we try to use to justify why we smoke after quitting. We can learn from these and how to reduce our risk of future relapse and stay quit.
- How you handled situations when you first quit smoking. Maybe you planned situations in advance so that you helped yourself not to smoke. You might have made your home “smoke free” and asked people living in the house or visiting not to smoke. These have helped you in the past and can help you again to quit smoking and stay smoke free.
- Does going back to old habits and behaviours such as drinking tea or coffee make you feel tempted to smoke? If so, you might want to change this again for a while so that you can avoid the trigger for smoking.
- 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.

Managing relapse:

Case study 1

Mary's Story

"I just had one and then..."

Mary had wanted to quit smoking for a long time, both for financial and health related reasons. She joined a quit smoking group in her local area. With the support from the group and using NRT, she managed to quit.

Over the coming months, there were a number of social events that Mary attended, including a family wedding and a big birthday. She had enjoyed all these events and was proud of staying quit, despite the temptation of other smokers. She put plans in place before each of these events to help herself to stay quit.

Mary's best friend had a health crisis and needed to have a number of tests. This led to Mary feeling very stressed as she was worried about her friend. She talked with her daughter and another friend about the situation and this helped. She managed the situation well and supported her friend.

Over time, Mary felt that she was coping well with staying smoke free. She had managed difficult situations and enjoyable social events. She knew she could do it. One day, she was having coffee with a friend who was a smoker. Her friend lit up a cigarette and the smell triggered something in Mary. Without really thinking, Mary took a cigarette from the box and lit up and smoked the cigarette. Afterwards she felt guilty and wondered why she did this in the first place. She now had a craving for a cigarette and she was worried about this.

Martin's Story

"I just had one and then..."

Martin had wanted to quit smoking for a long time, both for financial and health related reasons. He joined a quit smoking group in his local area. With the support from the group and using NRT, he managed to quit.

Over the coming months, there were a number of social events that Martin attended, including a family wedding and a big birthday. He had enjoyed all these events and was proud of staying quit, despite the temptation of other smokers. He put plans in place before each of these events to help himself to stay quit.

Martin's best friend had a health crisis and needed to have a number of tests. This led to Martin feeling very stressed as he was worried about his friend, who is the same age as him. He talked with his son and another friend about the situation and this helped. He managed the situation well and supported his friend.

Over time, Martin felt that he was coping well with staying smoke free. He had managed difficult situations and enjoyable social events. He knew he could do it. One day, he was having coffee with a friend who was a smoker. His friend lit up a cigarette and the smell triggered something in Martin. Without really thinking, Martin took a cigarette from the box and lit up and smoked the cigarette. Afterwards he felt guilty and wondered why he did this in the first place. He now had a craving for a smoke again and he was worried about this.

Discussion questions:

- What sort of situations do you think could have triggered possible relapse for Mary/Martin?
- What techniques did she/he use to help her/him to stay quit initially?
- What coping strategies could you suggest to help Mary/Martin to deal effectively with preventing relapse and stay smoke free?
- What are your top 10 tips to dealing with relapse and staying smoke free?

Managing relapse:

Case study 2

Sonya’s story

“I just felt so stressed all the time...”

Sonya is a busy lone parent with three small children under 10. Her time is spent with her two older children who are in school, and her youngest child who is not in school yet. She quit smoking as it was costing her a lot of money which she felt guilty about and one of her children has asthma. The child’s asthma seemed to improve a little when she quit smoking and she managed to keep her home smoke free so friends and family had to smoke outside too. Using the nicotine patches helped her to quit smoking in the beginning but she stopped using them after 3 weeks as she got a rash on her arm.

Sonya found family life with three small children and no partner very busy. The children were doing well at school but one of her children was a little bit withdrawn sometimes, not talking much and hitting out when she tried to correct her. She worried about her daughter and tried to keep an eye on her to make sure she was ok.

At night, Sonya used to sit down and watch some TV to help her relax. She would have a can and a few cigarettes to help her unwind. Now, with being quit, she still had a can and watched TV.

Sonya decided to use the money she saved from not smoking to buy nice Christmas presents for the children. She was really happy that she didn’t have to go to the moneylender for a loan this year.

Being at home, at night, when the children were in bed, meant she could relax a little but it also made her feel quite lonely. She missed smoking as the cigarettes were like an old friend. Sonya was tempted and resisted for a few weeks. However, over time the temptation grew stronger and, seeing characters in the soaps light up, increased her longing for a smoke. She did give in and relapsed, smoking a full packet of cigarettes over a week. She knew these were not helping her situation or her child’s asthma but what was she to do?

Simon’s story

“I just felt so stressed all the time...”

Simon has a very busy job which requires long hours. He had to take a pay cut last year, as the company he worked for was in financial difficulty. His wife passed away 5 years ago, and he has 3 children, 1 of whom is starting college, 1 is in secondary school and 1 is in primary school. There are a few bills that have been mounting up for the past few months, and Simon is struggling to make ends meet.

He quit smoking to help save money and he always felt guilty about smoking as his youngest child has severe asthma. The child’s asthma seemed to improve a little when he quit smoking and he managed to keep his home smoke free so friends and family had to smoke outside too. Using the nicotine patches helped him to quit smoking in the beginning but he stopped using them after 3 weeks as he got a rash on his arm.

Simon found family life with three children, all in different schools, and balancing work, with no partner, very busy and stressful. The children were doing well at school but the middle child was a little bit withdrawn sometimes, not talking much and hitting out when he tried to correct her. He worried about his daughter and tried to keep an eye on her to make sure she was ok.

At night, Simon used to sit down and watch some TV to help him relax. He would have a can of beer and a few cigarettes to help him unwind. Now, with being quit, he still had a can and watched TV.

Being at home at night, when the children were in bed, meant he could relax a little but it also made him feel quite lonely. He missed smoking as the cigarettes were like an old friend. Simon was tempted but resisted for a few weeks. However, over time the temptation grew stronger and, seeing characters on TV shows light up, increased his longing for a smoke. He did give in and relapsed, smoking a full packet of cigarettes over a week. He knew these were not helping his situation or his child’s asthma but what was he to do?

Discussion questions:

- What sort of situations do you think could have triggered possible relapse for Sonya/Simon?
- What techniques did she/he use to help her/him to stay quit initially?
- What coping strategies could you suggest to help Sonya/Simon to deal effectively with preventing relapse, and stay smoke free?
- What are your top 10 tips to dealing with relapse and staying smoke free?

Managing relapse:

Case study 3

Amanda’s story

“I was in the duty free shop, they were so cheap...”

Amanda had successfully quit smoking and was delighted with herself. Together with her partner, they had been quit for twelve weeks. They had promised themselves that they would put the money they saved from not smoking towards a trip away to the sun. They saved enough money and got a really good deal on the flights and headed off on their holiday.

While on a night out, Amanda had a slip and smoked a cigarette. After that, in the shops, she noticed that cigarettes were much cheaper than at home. She bought a packet and smoked them during the week.

They finished their holiday and went to the airport. Amanda had promised her Aunty Margaret and one of her neighbours that she would buy duty-free cigarettes for them. She couldn’t help but notice that cigarettes were much cheaper in the duty-free shop.

Alan’s story

“I was in the duty free shop, they were so cheap...”

Alan had successfully quit smoking and was delighted with himself. Together with his partner, they had been quit for twelve weeks. They had promised themselves that they would put the money they saved from not smoking towards a trip away to the sun. They saved enough money and got a really good deal on the flights and headed off on their holiday.

While on a night out, Alan had a slip and smoked a cigarette. After that, in the shops, he noticed that cigarettes were much cheaper than at home. He bought a packet and smoked them during the week.

They finished their holiday and went to the airport. Alan had promised his best friend and cousin that he would buy duty-free cigarettes for them. He couldn’t help but notice that cigarettes were much cheaper in the duty-free shop.

Discussion:

What should Amanda/Alan do?

Managing relapse

When tragedy strikes...

Life can throw things at us that can change our life very dramatically. It might be:

- 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
- The death of a loved one – expected or sudden
- A traumatic incident – a robbery, car crash or assault
- Something we have witnessed where a disturbing memory stays in our head
- Loss of a job for ourselves or our loved ones
- Breakdown of a relationship or longstanding friendship

Trauma 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 for yourself and any children that might be with you to keep your risk of injury down in case anything were to happen – and because it's the law. If you were in a small boat, you would put your life vest on to protect you and keep you afloat in case anything were to happen.

Sometimes, when people have been smoking and quit, the risk of relapsing may be greater when they are faced with a trauma like the ones above. Someone might just “offer” a cigarette without thinking to help “calm you down” or you might know someone who has a cigarette and ask them for one.

This could mean your hard work to quit smoking going down the drain in a second. So, we don't want anything sad or tragic to happen in our lives, but sadly, sometimes they do.

- 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 – to quit, to manage triggers and stress?
- 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 smoke free.
- What would be your top 10 tips to deal with trauma and avoid relapse and to stay smoke free?

SECTION 3

Women's Group

Session plans for weeks 7, 8, 11 and 12

Overview of weeks 7 to 12

Now that the participants have completed the first 6 weeks of the course, and most of them will be 4 weeks quit, it is important that they are supported in the early stages of this maintenance phase.

You will use this section, Section 3, and Section 5 to deliver the remaining 6 sessions of the programme.

This Section 3 contains four session plans, which are specific to the women's group:

- They cover the topics of Reflection and Maintenance, Women's Health and Maintenance and Celebration.

Section 5 has four additional session plans which can be adapted for any group.

- They cover the topics of Smoking and Alcohol, Living Smoke Free, Physical Activity, Stress
- These sessions can be adapted to suit the needs of each group.

You should consider inviting guest speakers to support the delivery of some of these sessions.

NOTE: For **every** session you should conduct the CO reading and the group check in, allowing individuals to share their achievements or discuss any issues/concerns that may have arisen during the week.

Session plans for weeks 7 and 8

The activities in sessions 7 and 8 have been included to encourage participants to acknowledge their achievements on the We Can Quit programme to date. They have been designed to support participants to critically reflect on the issue of smoking and gender. They should generate discussion on how women's various roles and identities, within the context of their social, family and working lives, can impact their health and wellbeing. You may invite a guest speaker for these weeks.

NOTE: You do not have to deliver the session plans for weeks 7 and 8 in that order or in their entirety as per the plan. Take the lead from the group, as each group will have different needs and interests.

Session plans for weeks 9 and 10

Choose from the options available in Section 5.

Week 11

This is the penultimate session preparing the participants for a smoke free life after We Can Quit.

Week 12

This is a celebration of the women's achievements and recognition of the journey that they have taken. They may want to invite family and friends to this event.

NOTE: This session plan can be adapted along with the Final session plan in Section 4, for use with a mixed gender group.

Guest Speakers – REMEMBER:

- Where possible, tap into local resources, using speakers associated with the HSE, the County Council, Local Area Partnerships, or local community/charity groups;
- Use affordable and local speakers from local programmes, groups, organisations, centres, etc. This will provide pathways for the participants to engage in new social, sporting or self-help/self-care activities, long after the course has finished;
- Always conduct the CO reading and a pre-session check-in with the participants before any guest speaker arrives;
- Allow time for feedback and reflection after the guest speaker has left.

Suggestions for activities/guest speakers include:

- Smoking and alcohol
- Healthy Food Made Easy demonstration
- Physical activity – go for a walk, invite a Sports Development Officer from the Local Sports Partnership or local sports club to deliver a fitness session
- Art/collage session (week 7 on the session plan)
- Beauty or massage therapist
- Yoga
- Full session on mindfulness or meditation
- Session on self-care and stress management - HSE's Health and Social Care Team may be able to help with this.

Week 7 – Reflect and celebrate achievements

Overview:

- Reinforcement management (long term)
- Celebrate personal and group achievement
- Staying quit
- 4 week quit follow up

Aim of this session:

To celebrate the achievement of participants who have made it through the quitting phase of the programme and to support and motivate them as they enter the maintenance phase of the programme, to stay quit! This session acknowledges the process of change from being a smoker to an ex-smoker.

Objectives:

- Engage participants in reflection on their quit smoking journey and discuss their learning as a group
- Encourage participants to consider their health and well-being and their future health needs
- Re-emphasise the importance of ongoing group support, and create an understanding of the wider context of smoking and supports available in the community

Key tasks:

- One-to-one CO reading and recording
- Recording session outcomes on Patient Management System and 4 week follow up for those who quit week 3
- Reflection on quitting journey (collage/poem)

Resources:

- CO monitor and accessories
- Audio or alternative option for relaxation
- Art materials
- Flipchart
- Group agreement from week 1

Other: _____

Week 7 – Session Plan

Activity	Process/Guidelines for Facilitator	Resources	Duration
Welcome and introduction of this session	Welcome the group back. Provide an overview of this session and next week’s session.		5 minutes
CO reading and recording	This can be done during the coffee break or as the participants are entering the room or when a participant has completed an activity.	<ul style="list-style-type: none"> · CO Monitor and accessories · Participant Worksheet 2 	10 minutes
The Art of Celebrating: Reflections of your quitting journey. Collage/ art session	<p>Invite the participants to think about their quit smoking journey. What things have supported you the most? Was there anything that created a challenge or knocked you back?</p> <p>Ask the question “What motivated you to quit in the first place?” Think back to before you joined the course.</p> <p>Using magazines or other art materials, create a collage or picture that depicts their journey.</p> <p>Alternatively, ask the participants to choose or write a poem/song that best describes their quit smoking journey. There is space to write poem in Worksheet 17.</p> <p>Feel free to be creative here.</p> <p>REMEMBER: Relapse is not a failure, it provides a valuable learning tool to use in quitting.</p>	<ul style="list-style-type: none"> · CF Activity 1 – The art of celebrating · Magazines, A3 paper or card, markers, pencils, glue, other art materials as appropriate or · CF Activity 2 – Poem and Song · Participant worksheet 17: My journey so far... 	30 minutes
Sharing – Artwork	Participants share the story from their collage, poem, or art work. They should identify some of the key learnings from this.		15 minutes
My journey	Invite participants to calculate their mileage to date by completing Worksheet 18	<ul style="list-style-type: none"> · Participant Worksheet 18: Calculate my mileage 	10 minutes
Relaxation	Chose an option from the Appendices or as preferred by the group	As previous sessions	10 minutes
Closing	Feedback or use one of the evaluation methods in the Resources section	<ul style="list-style-type: none"> · Participant book: Week 7 Feedback 	5 minutes

The art of celebrating: reflections on your quitting journey

For this session, you/the group can choose one or a mixture of the two activities below.

1. Collage:

Equipment: old magazines with lots of pictures; large sheets of paper; glue or tape to stick pictures to paper; markers for writing on the collage. Alternatively chose your art style and supply as appropriate.

Invite participants to think about how their quit smoking journey has been. Some ideas raised might include: challenging, exciting, scary, empowering; maybe relapse & quit again; learned a good deal about myself; saving a fortune; etc. Ask the participants to use the magazines and choose pictures and words that reflect their quit smoking journey and create a collage. Note: if they prefer to draw and write their own words, that's ok too or do a mix of both.

OR

2. Poem or song

Equipment: papers and pens, sample poems from the CF pack Handouts 1 and 2.

Invite participants to write or choose a poem or song that best describes their journey to becoming smoke free (they could use an existing song and change the words for example, "I will survive..." by Gloria Gaynor).

Sample poems are taken from the California Smokers' Quitline and they might prefer to choose one of these to reflect their journey.

Note: Some participants may have relapsed at this point. It is important to remind the individual/group that relapse is not a failure, it provides a valuable learning tool to use in quitting.

Discussion points:

- Invite participants to share their picture, poem or song with the group, commenting on it.

For the pictures ask them to talk a little about them. For the poem/song, ask about what they wrote or, if reading one, ask why they chose that one and what it means to them.

- What sort of experiences have you had during your quit smoking journey?

Example: Maybe tempted to smoke; social situations a challenge; find it hard knowing what to do with my hands; still getting cravings; saved lots of money and using it to buy a treat/holiday; I smoked one cigarette one evening; hard having a drink (alcohol) without a cigarette cause I drink at home not in a pub; bored sometimes; get stressed and really want a smoke to have some time out; family bereavement which reinforced decision to quit as health related illness.

- Can you identify your proudest moments during this time? They can be big or small, they're yours! What helped you in this situation?

Example: Maybe family get-together and others were smoking. I was able to tell them I had quit smoking and they were all delighted for me, I felt great. I had to deal with a stressful situation and in the past I would have smoked, I didn't this time. Instead I phoned a friend and let off some steam. My daughter had a birthday party and I was able to use the money that I had saved from quitting smoking to buy her a lovely dress for the day. She looked lovely.

- Can you identify moments when you felt a serious challenge/temptation? They can be big or small. How did you cope with the situation?

Example: I was out with friends one night and had a few drinks. They were going out for a smoke. I didn't want to miss out so I went out. I was outside with them, breathing in the smoke and really wanting a cigarette. I took a puff and realised what a big mistake this was and stopped immediately or I realised that the temptation was too great and went back inside so I wouldn't smoke.

- During the first six weeks, we looked at quitting, set quit dates and quit smoking. Along the way, we had lots of support and information. Were there particular parts of this that you have been using that you find helpful in staying quit? Or, if any participants have relapsed, check out what they plan to do and how to go back to being smoke free.
- Based on your own learning and experience, what advice would you give to other people thinking about quitting? What worked/didn't work for you? Why do you think that was?

Sample poems

These poems are from Canada and were written by other people who quit smoking.

Please read through them and see how they might compare with your quit smoking journey so far.

A great add from our friend For2itis: Become non Smoker - By For2itis

I sit here alone observing my fingers
The crevice between which smoke used to linger
Where a cig always stood proud and alive,
Now exists a space, a void that thrives
No yellow or smell, and occasionally burned
When my lips and my hand forgot what they'd learned
Now rests a space, the symbol of a fighter,
One who has left behind his stash of old lighters.
Like melting of ice in a purposeful thaw,
I've grown into myself in a form newly raw.
The best part of all, not for deliberation,
Is the feeling of freedom, the soul liberation.

To the top of smoke free mountain - By Violet

To the top of smoke free mountain
is where I want to be,
Where the air is clean and crisp and clear
And smoke will never be
To the last day of my life I pray
Smoke free I want to be
So I can live and laugh and play
And forever be smoke free

Load the Page – by Mama

On the information highway
East of Oshawa You can listen to your modem
Buzzin' out its high pitched song
You've been thinkin' bout the demon
And the crave you had the night before
And your thoughts still go off wandering
The way they sometimes do
When you're smoke free 16 weeks now
Quittin' is so hard to do
Don't feel like socializing
You just wish the fight was through
Here I am - On this site again - There I am - Load the page -
Here I go - Cravin' Nic again - There I go - Load the page
You walk into the coffee room
Strung out from your fight
You can feel the eyes upon you
"Did she make it one more night?"
You pretend it doesn't bother you
You just keep your goal in sight
Most times you can't hear Nic talk
But other times you can
It's those same old routines
Break the habit! Yes you can!
You know there's strength in numbers
Log on and take my hand
Here I am - On this site again - There I am - Load the page
Here I go - Cravin' Nic again - There I go - Load the page
Your quit is in the spotlight
You've been keepin' craves at bay
And every ounce of energy
Gets used up every day
As the toxins leave your body
It's the price you have to pay
Later in the evening
As you lie awake in bed
With the echoes from the pledge you made
Still ringin' in your head
You'll never smoke that cigarette
Rememberin' what you pledged
Here I am - On this site again - There I am - Load the page -
Here I go - Cravin' Nic again - There I go - Load the page

Sung to the tune of Bob Seger's Turn the Page

Week 8 – Women's health and well-being

Overview

- Staying quit
- Self-care: women's identity and how this can affect health and well-being
- Women's health and smoking
- Health screening (optional)

Aim of this session:

This session reiterates the importance for participants of taking time out to prioritise their health and well-being. It looks at how our identity as women may impact our health and well-being. It provides other relevant risk reduction information for women's health, including cancer screening and reproductive health.

Objectives:

- Understand how self-identity can impact health and well-being
- Understand that the perceived role of women can sometimes have a negative effect on health and well-being
- Understand how the decision to quit smoking reduces the risk of health related problems in the present and future
- Introduce and discuss some of the health related risks associated with women's health and smoking, including lung cancer
- Provide information on the specifics of women's reproductive, physical and emotional health
- Understand the importance of health and cancer screening, finding it early and how to spot it

Key tasks:

- One-to-one CO reading and recording
- Looking at women's identity and how this impacts health – expectations we have as women for ourselves and expectations others have of us
- Risk and health – prevention and screening
- Relaxation

Resources:

- CO monitor and accessories
- Audio or alternative option for relaxation
- Flipchart
- Ground rules from week 1
- Information resources on women's health can be ordered online: "It's never too late to quit smoking" from www.healthpromotion.ie or "Spotting cancer early" from www.cancer.ie
- See Section 7, "Useful Resources and Contacts," for information on downloadable leaflets.

Other: _____

Other options for this session:

- **Invite a guest speaker to talk about a relevant topic, e.g. impact of smoking on health; prevention and early detection of cancer; cancer screening, example: National Cancer Screening Service or the National Cancer Control Programme**
- **Invite a health professional (public health nurse, pharmacist or GP) to provide a talk on screening, women's health or risks to health. They can also perform some of the health checks in the Participant Worksheet 27: Health Check Screening.**

Week 8 – Session Plan

Activity	Process/Guidelines for Facilitator	Resources	Duration
Welcome and overview of the session	Welcome participants back and invite them to share how their week has been.		5 minutes
CO reading and recording	This can be done during the coffee break or as the participants are entering the room or when a participant has completed an activity.	<ul style="list-style-type: none"> · CO Monitor and accessories · Participant Worksheet 2 	10 minutes
Women's identity and health and well-being	<p>Introduction: In this session we will discuss the many roles and identities that we have as women, and the issues related to being a woman. Later we will look at how this may impact our overall health and well-being. Use CF information 1.</p> <p>Mind map: Using either a flip chart or the Participants' book ask the women to identify the many roles that they fulfil during the day.</p> <p>Discussion:</p> <ul style="list-style-type: none"> · How do these roles impact on our health? · Do you ever take time for yourself? How does this feel? 	<ul style="list-style-type: none"> · CF Activity 1 – Who am I? · CF Information 1: Women's identity and health and well-being. · Participant Worksheet 20: Who am I? · Flipchart and marker 	15 minutes
Optional Activity: Positive and Negative Me	<p>Ask the women to think of one negative word to describe themselves: e.g., bad-tempered.</p> <p>Then ask the women to think of one positive word to describe themselves.</p> <p>Discussion: Which was easier? Why? How did it feel to say these things out loud?</p>	<ul style="list-style-type: none"> · CF Activity 2: Positive me, negative me 	10 minutes
Risk factors of smoking on women's health	<p>Brainstorm:</p> <p>When we hear the phrase risk to health:</p> <ul style="list-style-type: none"> · What is our first reaction? · What is a health risk? <p>Smoking is a risk factor for many chronic illnesses, including cancer.</p> <p>Tell the participants of the signs and symptoms of lung cancer, use CF Information 3 for more information.</p> <p>Invite participants to read Participant Information 11: Good news</p>	<ul style="list-style-type: none"> · CF Information 2: Women's health and smoking · CF Information 3: Smoking and lung cancer – know the signs and symptoms · Spot Cancer Early leaflet or other resources · Participant Information 10: Good news 	10 minutes

Activity	Process/Guidelines for Facilitator	Resources	Duration
Screening and prevention:	<ul style="list-style-type: none"> · Inform the women that screening is one option available to reduce the risk of serious illness by detecting early signs of illness, e.g. cancer. · Inform women about the options available for screening: breast, cervical and bowel · Ask the women if they know how to register. · Encourage the women to attend their regular screening appointments. · If they have any concerns or additional questions, they can speak to their GP or a Public Health Nurse · Point the participants to Information 19 (Additional Activities and Information section at the back of the book), for more on screening services 	<ul style="list-style-type: none"> · CF Information 4: Screening and women's health · Participant Information 19: Screening 	10 minutes
Quiz – Women's health and smoking	<p>Complete the Quiz – CF Activity 3.</p> <p>Option to read the questions aloud and the group answers the questions together and you can have a discussion</p> <p>OR</p> <p>Invite the participants to turn to Worksheet 32 (Additional Activities and Information section) and complete the quiz individually, in pairs or in teams.</p>	<ul style="list-style-type: none"> · CF Information 2: Women's health and smoking · CF Activity 3: Women's health and smoking– True or False Quiz · Participant Worksheet 32: Women's health and smoking quiz – True or false 	20 minutes
Relaxation	Select an appropriate relaxation exercise from Appendices	· As previous weeks	5 – 10 minutes
Closing Reclaiming “Me Time”	<p>Invite each participant to call out one thing that they are planning to do in the week ahead to take care of herself and be herself: “me time” - a time to leave all their other roles to the side and take care of themselves.</p> <p>Optional: Participants complete Feedback week 8</p>	· Participant book: Week 8 feedback	10 minutes
Reminder for open weeks	<p>Remind participants of the plan for the next few weeks.</p> <p>If doing the physical activity session, remind the participants to wear suitable clothing.</p>		

Who am I?

Introduction

In this session we will discuss the many roles and identities that we have as women, and the issues related to being a woman. Women are often defined by their relationships with other people or by the roles they have in everyday life: mother, grandmother, daughter, sister, housewife, etc. It is good to reflect on ourselves and think about who we are, and all the tasks that we perform. We will look at the importance of creating and valuing our own identity, our self-image and our health and well-being.

Purpose:

1. To look at women’s identity, the roles that they perform and how this can impact on health and well-being.
2. To highlight that their overall health and well-being is important. Being kind to yourself and practising self-care is an important part of being healthy and happy.
3. Remind the women throughout this session that self-care is important.

Instructions

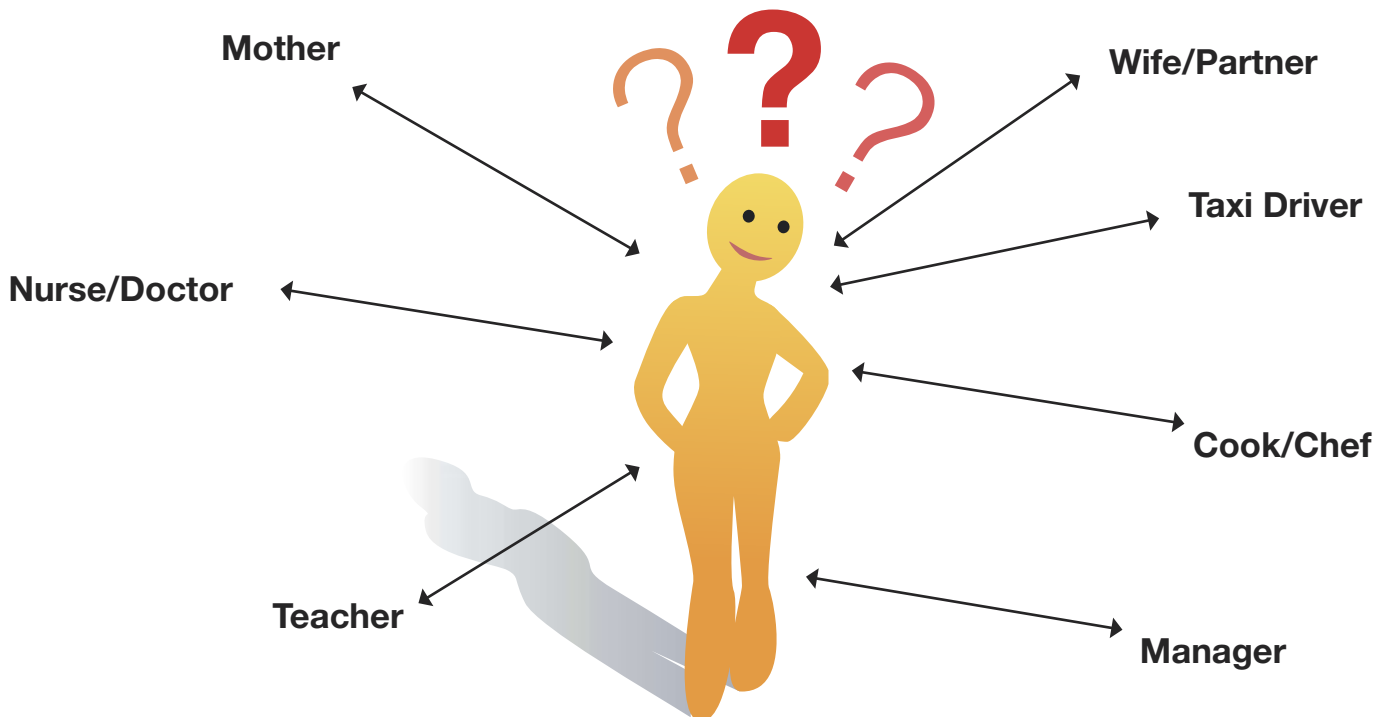
Using either a flip chart or Participant Worksheet 20, ask the women to list all the roles that they fulfil or the duties that they perform on a daily basis.

“Think about from the moment that you wake up to the moment you go to bed.”

You can also add additional roles for the weekend, during holiday periods, or other significant times outside the regular week.

You can draw an image of a woman on the flip chart or write a name. Perhaps someone in the group may be happy for you to use their name as an example. These are examples of what the women may come up with.

Example:



Women's identity and health and well-being

- With all these expectations, it can be hard to develop a real image of ourselves - one that we are comfortable with, one which is based on our own assessment of our strengths and weaknesses
- Women still face many challenges and recognition in work, despite legislation on equality
- Women are still the main caregivers in the home and, in many cases, perform most of the domestic duties (cleaning, cooking, child minding, etc.)
- Women are often judged or valued by their appearance and in turn judge themselves in a harsh way. This has an impact on self-image and body image
- Women are expected to fit an ideal image of what a woman should look like and be. Women's bodies are still used to sell many products, including cigarettes and e-cigarettes. Magazines show us how to shape up for summer or look slimmer or younger. Many women are influenced by these messages
- Comedians still make jokes about women and stereotypes such as the "nagging" mother-in-law.

It is not hard to see why many women do not value themselves, their skills or abilities, and find it difficult to build a positive self-image.

Discussion questions:

1. What are the barriers to you engaging in self-care?

Sample answers:

- Too busy – I have 3 children, a husband, and a job
- I don't have the money
- I haven't really thought about it/It's not something that I am used to doing
- I have always put other people's needs ahead of my own
- I feel guilty

2. What are the benefits of practising self-care for you?

Sample answers:

- I will be healthier
- I will be happier
- I can find some "me" time
- I could learn a new skill by doing something for myself, something that I want to do

3. What can you do to practise more self-care?

Sample answers:

- Take up a hobby that I have always thought about
- Go for coffee by myself or with a friend
- Buy myself something new – that dress I saw last week
- Go to the hairdressers or beautician
- Get a massage
- Take half an hour every day to just breath and relax – meditation for example
- Go for my health screening

Positive me and negative me

Optional Activity

Aim:

to encourage women to think about how they see themselves, as opposed to how others see them.

Activity:

- Going round the group, ask each woman to think of a negative word to describe herself, for example “I am bad tempered...”
- Going round again, ask each woman to think of a positive word to describe herself, for example “I am helpful,” “I am honest”

Discussion:

- Which was easier to think of, the positive or the negative? Why?
- How did it feel to say these things out loud?
- Do the adjectives describe your own view of yourself, or other people's view of you?

Women's health and smoking

Smoking is the single biggest cause of cancer and preventable death among women in Ireland.

The proportion of both women and men who smoke in Ireland is declining, which is encouraging. However, smoking is still a big public health issue in Ireland - one in six women (16%) in Ireland smoke (Healthy Ireland Survey, 2019).⁶ This can potentially have huge negative consequences for their future health.

In the past, fewer women smoked but changes in society have been reflected in smoking behaviour and an increase in the number of women smoking. For example, women working, having their own income and freedom to spend it as they want. The tobacco companies have used this to promote smoking among women.

Women become addicted to nicotine more quickly, can have more difficulty quitting and can experience more severe withdrawal symptoms than men.

Research shows that women may be more vulnerable to the harmful effects of tobacco smoke than men. In relation to specific diseases like Chronic Obstructive Pulmonary Disease (COPD) the risk to women from smoking is higher than men.

Smoking is a risk factor for developing many chronic diseases. It is the leading cause of premature death in Europe, harming nearly every organ in the body. For women who smoke, they have an increased risk of cardiovascular, respiratory and airways diseases, many different cancers, osteoporosis, reproductive health problems and various other diseases compared to non-smoking women.

Smoking increases the risk of many cancers, it is the biggest modifiable risk factor for cancer in Ireland causing over 2,700 cancers in Ireland each year.⁷ It increases the risk of many cancers including, mouth, head and neck cancers, lung, cervical, ovarian and stomach cancers. More women in Ireland are now dying from lung cancer than any other cancer, including breast cancer. Worryingly, the number of women getting lung cancer is rising.⁸ Quitting smoking is the best way to reduce your risk of lung cancer.

1. Smoking and overall health

- Smoking increases your risk of developing cervical cancer – about twice as likely
- Smoking makes the immune system less able to fight HPV (Human Papillomavirus) infections, which puts women who smoke more at risk of developing cervical cancer
- Smoking can cause osteoporosis (brittle bones) and a higher risk of bones breaking due to low bone density
- If you are a smoker and taking the birth control pill containing oestrogen, you increase your chance of getting a heart attack, stroke, or deep vein thrombosis (blood clot in the leg)
- Smoking increases the risk of developing type 2 diabetes. Smoking also increases the risks for people with existing diabetes, causing damage to the blood vessels that feed the heart, brain, eyes, kidneys and peripheral nerves, speeding up complications of diabetes
- Smoking stains your teeth and fingers
- The smell lingers on your clothes, hair and breath
- Smoking is bad for your skin and complexion.

6 <https://assets.gov.ie/41141/e5d6fea3a59a4720b081893e11fe299e.pdf>

7 National Cancer Registry Ireland, 2020. Modifiable risk factors and cancer in Ireland.

8 National Cancer Registry (2019) Cancer incidence projections for Ireland 2020-2045. National Cancer Registry, Cork.

2. Smoking and reproductive health

- Smokers reach menopause about two years earlier than non-smokers and this is an associated health risk for cardiovascular disease and osteoporosis
- Smokers have been found to have lower levels of the hormone oestrogen in the body. Oestrogen is one of the main female sex hormones. It is needed for the development and regulation of the female reproductive system, including the menstrual cycle
- Infertility in smokers is higher than in non-smokers
- Smoking can also affect the success rates of fertility treatment
- Smokers can experience loss of periods (secondary amenorrhoea) more often than non-smokers
- Older women who smoke are more likely to have irregular bleeding

3. Smoking and pregnancy

Smoking while pregnant means

- You are more at risk of miscarriage
- You are more likely to suffer from bleeding
- You are more likely to have a premature baby
- Your waters are more likely to break early – can cause infection
- Your baby is more likely to be stillborn
- Your baby is 3 times more likely to be born underweight
- Carbon monoxide is particularly dangerous for pregnant women because it reduces the supply of oxygen to an unborn baby (known as foetal hypoxia). With less oxygen the baby cannot grow as well as it should.

Protecting you and your baby from tobacco smoke is the best thing you can do to give your child a healthy start in life.

The good news

If you stop smoking, your fertility will improve. Ex-smokers do not seem to be any less fertile than women who have never smoked.

4. Second-hand smoke

Second-hand smoke is a mixture of smoke given off by the burning end of a cigarette and the smoke exhaled by the smoker. Non-smokers are at risk of cancer and other illnesses from breathing in either type of second-hand smoke.

Some effects of second-hand smoke:

- Lung cancer and probably other cancers
- Heart disease
- Breathing/chest problems in adults and children, including triggering asthma attacks
- Children – increased risk of cot death, middle ear infections, direct and irreversible damage to the structure of the arteries
- Pregnant women have an increased risk of miscarriage and stillbirth
- Exposure to second-hand smoke increases the risk of developing diabetes

The good news

Quitting smoking is the most important thing you can do for your health and to reduce your risk of cancer and other chronic illnesses. The day you stop smoking your body begins to recover.

Refer to week 2, CF Information 2 for the health benefits of quitting smoking.

Quitting smoking means you will:

- Look and feel better
- Have fresher breath and cleaner teeth, hair, skin and fingers
- Have more control of your life
- Be fitter and have more energy
- Reduce your risk of illness
- Reduce the complications of existing illnesses
- Have a better quality of life
- Have more money to spend on the things you enjoy
- Be a good role model for your children or grandchildren
- Have a healthier family as they will not be exposed to second-hand smoke.

Smoking and lung cancer – know the signs and symptoms

What is risk?

Sometimes when we talk about illness and disease, we talk about our “risk” of getting it. 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, has high blood pressure and they smoke, they would have a “higher risk” of developing heart disease than someone who did not have any of these. This does not mean that they will develop heart disease but it does mean their risk of getting it is higher.

A current smoker is 9 times more likely to develop lung cancer compared to someone who has never smoked. The good news is quitting smoking can significantly reduce your risk of lung cancer compared to if you were still smoking, and the longer you “stay quit” the lower your risk will be. But former smokers are still more than 3 times more likely to develop lung cancer compared to someone who has never smoked.⁹

It is very important for ex-smokers to be aware of the symptoms of illnesses like lung cancer so that they can get advice from their GP as soon as possible if they notice worrying changes to their health.

Spotting the early signs of cancer and contacting your GP as soon as possible means that you have a better chance of successful treatment if you do have an illness like lung cancer. If you notice any of the following, contact your GP without delay.

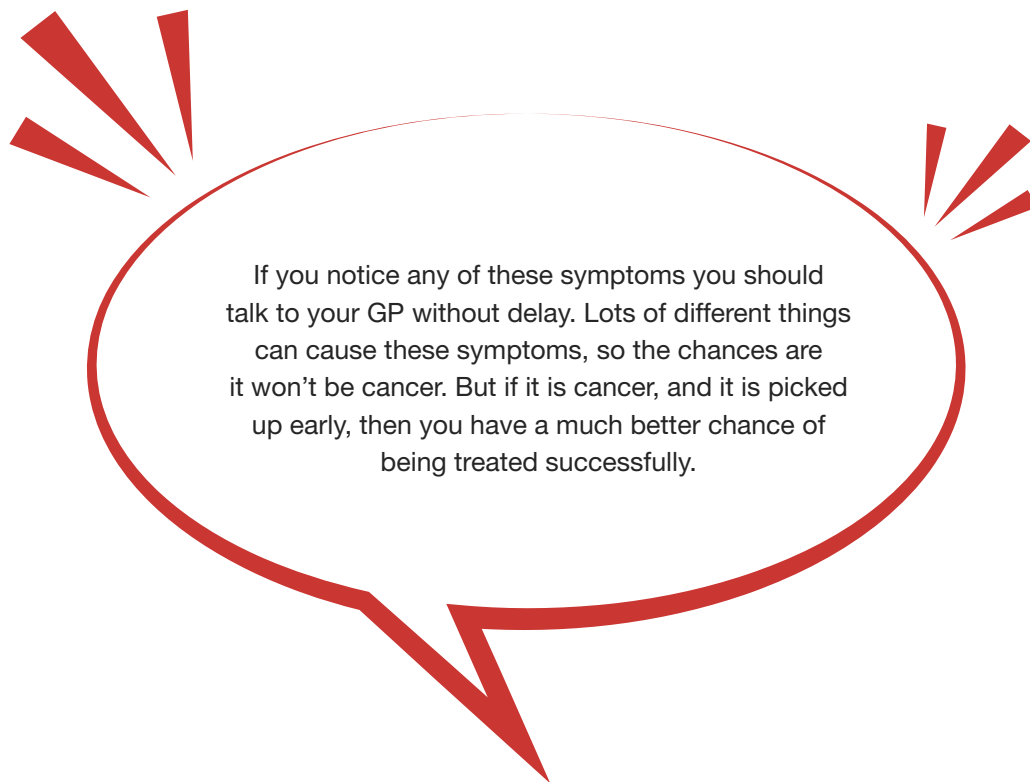
Signs and symptoms of lung cancer

Symptoms of lung cancer can include:

- A new cough lasting for longer than 3 weeks
- A change to your ‘usual’ cough
- Chest infections that keep coming back
- Coughing up blood
- Chest pain or shoulder pain when you are breathing or coughing
- Shortness of breath, more than is usual for you
- Feeling very tired all the time
- Loss of appetite or weight loss that you can’t explain

Potential signs/symptoms of cancer

- Unexpected or unexplained bleeding from anywhere in your body, e.g. blood in your poo or wee, vaginal bleeding after sex, between periods or after the menopause
- Unexpected or unexplained bruising
- Unexplained/persistent abdominal bloating
- Persistent change in bladder or bowel habit
- Unexpected weight loss and/or loss of appetite
- Cough lasting longer than 3 weeks
- Lumps or bumps
- New, changing or bleeding mole
- Sores/ulcers in the skin or head or neck that don't heal fully.



Screening and women's health

It is important that women attend for their screening appointments. Remind the women of the importance of these and how they can limit the risk by detecting cancer or other illnesses at an early stage.

Screening is for people who are at risk of cancer, e.g. because they are in a certain age group, but **DO NOT** have any symptoms of cancer. The examples of screening below help find cancer at an early stage, before it has caused any symptoms. If it is found early, it is easier to treat and there is a better chance of recovery.

Note:

- It is really important to know that you can still get cancer even if you are not in the age bracket for screening (e.g. women who are too young or old to be included in Cervical Check, BreastCheck or BowelScreen can still get cervical cancer, breast cancer or bowel cancer).
- People can get cancer in the time period in between screening appointments ('interval cancer'). So it is really important to talk to your GP straight away if you notice any signs/symptoms that could be cancer (e.g. breast lump; vaginal bleeding after sex/between periods/after the menopause; blood in poo, unexplained weight loss etc.), even if you recently had a normal screening test or are outside the age bracket for screening.
- Screening programmes are designed to help detect cancer at a very early stage before it has caused any symptoms, so people going for a cancer screening test usually do not have symptoms of cancer. People who have symptoms that could be cancer should talk to their GP straight away and should not wait for a screening test or be reassured by a recent normal screening test result.

BreastCheck

Breast screening involves having a mammogram of your breasts at a BreastCheck clinic or mobile screening unit. A mammogram is an x-ray of the breast used to find breast cancer when it is too small to see or feel.

Available for women aged between 50 and 69, every 2 years

Check here to see if you are registered: <https://www.breastcheck.ie>

CervicalCheck

Women and people with a cervix between the age of 25 and 65 should go for regular cervical screening when it's due.

- Those aged 25 to 29, every 3 years
- Those aged 30 to 65 years old, every 5 years.

You will be on the register if you are 25 years or older and have a PPS number. You can check here to see if you are registered and when your next appointment is due: www.cervicalcheck.ie

BowelScreen

Around 2,800 people are diagnosed with bowel cancer in Ireland every year. Bowel cancer is the third most common of all cancers in men.

Bowel screening aims to detect signs of bowel cancer at an early stage, where there are no symptoms.

It is available to men and women aged 60 to 69.

If bowel cancer is found early, it's easier to treat and there's a better chance of recovery.

Screening involves taking a sample of your stool (poo) at home using a home test.

This test is free and the test kit is sent to you in the post. You can register online or Freephone:

· www.bowelscreen.ie

· 1800 45 45 55

Always see a GP if you have any concerns or symptoms at any time.

Women’s health and smoking quiz – True or false

Solutions page

The participants’ copy is in the back of the their books, worksheet 32

1. Symptoms of lung cancer can include a new cough lasting for longer than 3 weeks; a change to my “usual smoker’s cough” or chest infections that keep coming back.

True: A current smoker is 9 times more likely to develop lung cancer compared to someone who has never smoked, and ex-smokers are still more than 3 times more likely to develop lung cancer compared to someone who has never smoked,¹⁰ so it’s important to know the signs and symptoms of lung cancer and talk to your GP straight away if you are worried. Symptoms of lung cancer can include a new cough lasting for more than 3 weeks, a change to your “usual” cough or chest infections that keep coming back. Most people with these symptoms will not have cancer, but if it is cancer you have a much better chance of being treated successfully if it is picked up early.

2. Women do not become addicted to nicotine as quickly as men.

False: Women become addicted to nicotine more quickly and they have more difficulty quitting and experience more severe withdrawal symptoms than men.

3. More women in Ireland die from breast cancer compared to lung cancer.

False: More women in Ireland are now dying from lung cancer than any other cancer, including breast cancer. Worryingly, the number of women getting lung cancer is rising all the time, partly because smoking became more common among women in recent decades, and these women are now reaching an age where they are developing lung cancer. Women are taking up smoking at a younger age and they are smoking more.

4. Smoking is the single biggest cause of cancer and preventable death among women in Ireland.

True: smoking is the single biggest cause of cancer and preventable death among women in Ireland. The good news is that, if you quit smoking, it is by far the most important thing you can do to protect yourself against cancer.

5. Smoking only causes cancer, heart disease and early death.

False: Smoking affects your health in many other ways. It can affect your fertility; during pregnancy it can lead to miscarriage, stillbirth, premature birth and a low birth weight for your baby. If you are on the combined oral contraceptive pill (birth control), you increase your chance of getting a heart attack, stroke, or deep vein thrombosis (blood clot in the leg). Smoking increases your risk of developing cervical cancer. Smokers miss their periods more often (secondary amenorrhoea) than non-smokers. Older women are more likely to have irregular bleeding. Smokers reach menopause about two years earlier than non-smokers and this is an associated health risk of cardiovascular disease and osteoporosis.

¹⁰ Gandini S, Botteri E, Iodice S, Boniol M, Lowenfels AB, Maisonneuve P, et al. Tobacco smoking and cancer: a meta-analysis. *Int J Cancer*. 2008 Jan 1;122(1):155–64

6. I have been smoking for 20 years, it's too late to stop now.

False: It is never too late to quit smoking. From the moment you quit smoking, your body starts to recover (see benefits of quitting in CF Information 2 for more detail).

7. Smoking can cause osteoporosis (brittle bones) and can increase the risk of breaks and falls. True or False?

True: Smoking can cause osteoporosis (brittle bones) and a higher risk of bones breaking due to low bone density.

8. Quitting smoking before becoming pregnant and during pregnancy is good for you and your baby.

True or False?

True: Quitting smoking protects you and your baby from tobacco smoke and is the best thing you can do to give your child a healthy start in life. If you are trying to become pregnant stopping smoking will improve your fertility.

9. Less men than women smoke.

False: More men smoke than women. They begin smoking at a younger age, and have a longer lifetime exposure to smoking than women.

10. One third of all cancers are caused by smoking.

True: Smoking is associated with a number of cancers. More men in Ireland die from lung cancer than any other cancer but it goes so much further than that. Cancers of the mouth, throat, larynx, kidney, oesophagus, stomach and bowel are also heavily linked with smoking.

Week 11 – Maintenance and going forward

Overview

Maintenance reinforcement

Aim of session:

To review the participants' progress to date and to look at supports available in the future.

Objectives:

- To reflect on the quitting experience, personal learning and the group's development
- To find out what supports are available within the community
- To finalise any details for the celebration in week 12

Key tasks:

- CO reading and recording
- Relapse prevention – staying quit
- Local and national supports available to stay quit

Resources:

- CO monitor and accessories
- Audio or alternative option for relaxation
- Flipchart
- Group agreement from week 1
- Leaflets or other information on supports available.

Other: _____

Note: This session can be supported by a guest speaker, e.g. past participant to share their story. Alternatively, you could invite a guest to do massages, facials, or meditation.

Week 11: Session Plan

Activity	Process/Guidelines for Facilitator	Resources	Duration
Welcome, feedback and overview of session	Welcome and give overview of session. Invite participants to share how their week has been.		10 minutes
CO reading and recording	This can be done during the coffee break or as the participants are entering the room or when a participant has completed an activity.	<ul style="list-style-type: none"> · CO Monitor and accessories · Participant Worksheet 2 	10 minutes
The future	Hopes and fears for the future. Ask the group about their hopes and fears once the course finishes – write on the flipchart. Discussion: In the first half of the course we focused on quitting. In the second half of the course we have looked at other aspects of health, including our own identity, and ways to look after our health and well-being. Is there anything in particular that you liked; took on board; have used; would recommend? What does the future look like for you now?	<ul style="list-style-type: none"> · Flipchart 	15 minutes
Relapse prevention	The most important thing going forward is to manage any relapses that may occur. Remind participants of the “not a puff” rule. What can you do to prevent a relapse? What can you do if you do relapse? Read through and discuss the Top Tips for Staying Quit Persistence and Motivation: “Persistence and quitting smoking” – read the story and discuss. What is this story telling us? Top Tips for motivation.	<ul style="list-style-type: none"> · Participant Information 15: Remember! · CF Activity 1: Persistence and quitting smoking¹¹ · CF Information 1: Motivation 	15 minutes
Supports for staying quit	Remind participants of the importance of social supports. Ask them what supports they have immediately available to them, e.g. family, friends, one another. Reminder of the professional supports that are available: HSE Stop Smoking advisor; Quitline: The Quit Facebook page; Twitter; Instagram; your local pharmacist; your GP.	<ul style="list-style-type: none"> · Participant Information 16: Useful contacts 	10 minutes
Guest speaker (optional)	Example: past participants to talk about their journey.		20 – 30 minutes
Relaxation	Choose from the Appendices or use your own.	<ul style="list-style-type: none"> · Audio or Appendices 	5 minutes
Evaluation and close	Remind participants that next week is the last week. Invite family and friends as appropriate or as agreed by the group.		5 minutes

¹¹ The story about persistence and the tips for motivation are also in the participants' handbook in the Additional Information and Resources section.

Persistence and quitting smoking

A story of persistence

A man in California was told that there was a diamond vein under his farm. So he went off and bought a huge mining drill. He drilled for days and weeks and months. He got nothing but rubble. Then, one morning, he decided he had enough and gave up. A lost cause. So he sold the farm and went off to make his fortune some other way. The farmer who bought the land was a bit of a handyman. He managed to get the mining drill working again. After a short time drilling, he hit the diamond vein. He made his fortune.

Meanwhile, the previous owner heard about the new man's good fortune and he also made a fortune. How?

By going around the country telling people that just when people are about to make a breakthrough, they give up. So near and yet so far. He became the guru of persistence – keep on trying and trying and do not give up.

Quitting success

So many people give up just when they are within inches of their tipping point. This is the magic moment when an idea or a new habit seems to take hold and spreads like wildfire.

You have put huge effort into preparing to quit and quitting smoking. Maybe, when you are just about to make a big breakthrough in making this a lifelong change, you give up. You are back down the slippery slope.

When you make a big change in your life, like quitting smoking, your motivation will change over time, like waves hitting the shore. Sometimes you will feel motivated, sometimes you won't. But it's not your motivation that will produce results – it's your action.

If you feel that your motivation is down, think back to the goals you set and the reasons you wanted to quit. Be inspired by your success to date and how much healthier you are; how good being smoke free feels; or the money you have saved.

Adapted from: Pave your way to success with sheer persistence – Declan Coyle in Independent Newspaper declan@andec.ie (permission sought).

Motivation

- Quitting smoking may not be easy and life can get in the way. Find strategies that work for you to help you in your quit smoking journey. Try to identify a feeling that you will experience when you achieve your goal of one day, one week, one month quit. For example “At one month quit, I want to feel strong, confident and proud of myself.” Maybe write this up and put it up on the wall to remind yourself of your goal. It’s very powerful to imagine feeling an emotion.
- Why not try writing a journal or recording your quit smoking journey? It can be helpful to record things as though you are talking to a friend and you can read back your entries when you need some extra motivation. For example “I was at a family gathering today and there were some people smoking. I found some non-smokers to chat with. I talked about how well I was getting on and they were very supportive and encouraging.”
- Think about the money that you will have when you have quit smoking for one week, one month, six months or one year. Think of something you said you would like or like to do, if you only had the money. It might be paying off a debt, buying a treat, getting swimming lessons or heading off on a holiday. Focus your attention on this and maybe put a picture up on a wall near a money box where you keep the money you save from not smoking.
- Think about how quitting smoking is an investment in you – your health, your well-being, your money. Think of the opportunities that will come your way as you quit smoking: starting a new sport or activity; having more energy to do the things you love; having money to treat yourself; etc.
- “Get online”! If you are someone who likes technology, this will be an easy one. Get on the Quit Facebook page, Instagram or Twitter, and hear about other people’s quitting success and how they manage challenges and celebrate their achievements. It can be a great source of extra support. If you are not very good with technology, you might think about learning a new skill in computers.

Keep your hands busy

Maybe there is a job at home that you have been putting off for some time, like clearing out a drawer full of bits and bobs or a kitchen cupboard. Sorting it out will not only keep your hands and mind busy but also help you to change the spaces in your home. You might even find something that you forgot you had or were looking for.

Week 12 – Celebration

Overview

Closing session

Celebration of achievements

Leavings and endings

Aim of this session:

To acknowledge the participants and to celebrate their achievements.

Objectives:

- Celebrate personal and group achievements
- Look at the plan from here

Key tasks:

- CO reading and recording
- Monitor quit status
- Next steps
- Celebration of achievements
- Complete participant satisfaction survey

Resources:

- CO monitor and accessories
- Audio or alternative option for relaxation
- Flipchart
- Group agreement from week 1
- Quit certificates and participation certificates
- Photocopies of the participant satisfaction survey (optional)
- Balloons, paper, Post-it notes and pens (optional)
- Camera or photographer (optional)

Other: _____

Week 12 – Session Plan

Activity	Process/Guidelines for Facilitator	Resources	Duration
Welcome and overview of the session	Welcome the group and give overview of the session. If guests are attending they need to wait in another room until the celebration begins.		5 minutes
CO reading and recording	This can be done during the coffee break or as the participants are entering the room or when a participant has completed an activity.	<ul style="list-style-type: none"> · CO Monitor and accessories · Participant Worksheet 2 	10 minutes
Feedback from participants	Invite the participants to say how they are feeling about this being the last session, sharing moments of their journey along the way. Invite them to complete Worksheet 28.	<ul style="list-style-type: none"> · Participant Worksheet 28: Final week - Celebration 	10 minutes
Participant satisfaction survey	Invite participants to complete the Participant Satisfaction Survey. Ideally participants should complete this on-line. The link to the survey is on the TFI Resource Page. Alternatively, see the additional activities section of this book for a copy.	<ul style="list-style-type: none"> · Section 6, CF Activity: Participant Satisfaction Survey 	10 minutes
Celebration of group and participants (optional)	Invite the group to sit in a circle. Each person must think of a message to encourage the others in the group. Write this on a piece on paper or Post-it note. 2 options: 1. Put the notes on paper into a balloon and blow up – leave aside for later or 2. Put the Post-it notes on a wall or board in a random order – leave aside for later.	<ul style="list-style-type: none"> · Small pieces of paper, balloons and pens or <ul style="list-style-type: none"> · Post-it notes and pens. 	10 minutes
Relaxation	Final relaxation of the course. Remind participants to continue to practise, whether it's deep breaths, taking a mindfulness walk, listening to a meditation audio, etc.	<ul style="list-style-type: none"> · Relaxation audio or own script 	5 minutes
Presentation and Celebration Event	Invite any guests attending to enter the room. As facilitator you may wish to say a few words at this stage. If there are any external guests, such as the pharmacist, local coordinator, HSE rep, etc. they may like to say a few words. REMEMBER: Keep it brief. This event is about the participants. Invite participants from the group to speak, if they wish to do so. Present each of the participants with a certificate; participation certs for those who have not quit or Quit certs for those who have quit. Invite the participants to burst the balloon or take a Post-it note from the wall or board, and read the message to the whole group. Finish with refreshments and a chat. Some people may like to have their photo taken.	<ul style="list-style-type: none"> · Quit and Participation Certs as appropriate · Refreshments 	40 minutes
Close	Thank everyone for attending. Let them know about the next course and to tell any friends or family members about the course.		5 minutes

SECTION 4

Men's Group

Session plans for weeks 7, 8 and final week

Overview of final weeks of programme

This section contains session plans 7, 8 and the final week (either week 7 or week 10) for the men's only group.

If the whole group is finishing on week 7, then go straight to the Final Week Session Plan.

If there are some participants finishing on week 7 and others going on to complete the additional 3 weeks, ensure that those finishing early are recognised and celebrated. This is incorporated into the session plan for week 7.

NOTE: You will need to agree in advance the minimum numbers required to continue with the additional sessions. The recommended minimum number for this is 6 participants. The local coordinator will advise you on the local requirements for this.

Maintenance and support sessions – weeks 7 to 10

Now that the participants have completed the first 6 weeks of the course, and most of them will be 4 weeks quit, it is important that they are supported in the early stages of this maintenance phase.

You will use this section, Section 4, and Section 5 to deliver the remaining four sessions of the programme.

Section 4 contains three session plans, which are specific to the men's group:

- They cover the topics of Reflection and Celebration (progress to date); Men's Health; the Celebration/Final session.

Section 5 has four additional session plans which can be adapted for any group.

- They cover the topics of Smoking and Alcohol; Living Smoke Free; Physical Activity; Stress;
- These sessions can be adapted to suit the needs of each group.

You should consider inviting guest speakers to support the delivery of some of these sessions.

NOTE: For every session you should conduct the CO reading and the group check in, allowing individuals to share their achievements or discuss any issues/concerns that may have arisen during the week.

You may choose to deliver a combination of the session plans provided in Sections 4 and 5 to complete the course, however always end with the Final Week Session Plan.

Session plans for weeks 7 and 8

The activities in the session plans for weeks 7 and 8 have been designed to support participants to critically reflect on the issue of health, smoking and gender. They should generate discussion on how the various roles and expectations of men within the context of their social, family and working lives, can impact their health and well-being. You may invite guest speakers for these weeks.

NOTE: You do not have to deliver the session plans for weeks 7 and 8 in that order or in the entirety as per the plan. Take the lead from the group, as each group will have different needs and interests.

Final week session plan

This session will be delivered on either:

- Week 7, if the whole group is completing the course on week 7

OR

- Week 10, if some or all of the group are completing the extended course.

NOTE: This session plan can be adapted along with the Celebration session plan in Section 3, for use with a mixed gender group.

Guest Speakers – REMEMBER:

- Where possible, tap into local resources, using speakers associated with the HSE, the County Council, Local Area Partnerships, or local community/charity groups;
- Use affordable and local speakers from local programmes, groups, organisations, centres, etc. This will provide pathways for the participants to engage in new social, sporting or self-help/self-care activities, long after the course has finished;
- Always conduct the CO reading and a pre-session check-in with the participants before any guest speaker arrives;
- Allow time for feedback and reflection after the guest speaker has left.

Suggestions for activities/guest speakers include:

- Smoking and alcohol – guest speaker from the Drugs and Alcohol unit
- Healthy Food Made Easy demonstration
- Physical activity – go for a walk, invite a Sports Development Officer from the Local Sports Partnership or local sports club to deliver a fitness/exercise session
- Guest speaker from the local Men's Shed or other local men's health organisation
- Past participant to speak about their journey
- Full session on mindfulness or meditation
- Session on self-care and stress management - HSE's Health and Social Care Team may be able to help with this.

Week 7 – Reflect and celebrate achievement

Overview

- Reinforcement management (long term)
- Celebrate personal and group achievement
- Staying quit
- 4 week quit follow up for anyone finishing the programme this week

Aims of this session:

To celebrate the achievement of participants who have made it through the quitting phase of the programme and to support and motivate them as they enter the maintenance phase of the programme, to stay quit! This session acknowledges the process of change from being a smoker to an ex-smoker.

For those participants who have chosen not to continue with the last 3 weeks of the programme to acknowledge and celebrate their achievements.

Objectives:

- Reflect on how far you have come on your quit smoking journey
- Engage participants in reflection on their quit smoking journey and discuss their learning as a group
- Encourage participants to consider their health and well-being and their future health needs
- Re-emphasise the importance of ongoing group support, and create an understanding of the wider context of supports available in the community
- Optional: Celebrate the achievements of those leaving the course.

Key Tasks:

- One-to-one CO reading and recording
- Recording session outcomes on Patient Management System and 4 week follow up for those who quit at week 3
- Calculate your mileage
- Look at supports outside the programme
- Optional: Celebration of participants leaving the programme this week
- Relaxation

Resources:

- CO monitor and accessories
- Audio or alternative option for relaxation
- Flipchart
- Ground rules from week 1
- Certificates – quit and participation certs for those leaving the course.

Other: _____

Week 7 – session plan

Activity	Process/Guidelines for Facilitator	Resources	Duration
Welcome and introduction to this session	<p>Welcome the group back. Provide an overview of this session.</p> <p>If some participants are leaving the course this week, explain that there will be a presentation of certificates at the end.</p>		5 minutes
CO reading and recording	This can be done during the coffee break or as the participants are entering the room or when a participant has completed an activity.	<ul style="list-style-type: none"> · CO Monitor and Participant Worksheet 2 	10 minutes
Calculate my mileage	<p>Congratulate the participants on their journey to date, and give a recap of what, as a group, they have completed/achieved since the course started. See CF Activity 1 for some suggestions on what to say.</p> <p>Invite the participants to reflect on how far they have come over the past 6 weeks. They can complete Worksheet 19.</p> <p>Ask the question “What motivated you to quit in the first place?” Think back to before you joined the course.</p> <p>Invite group members to share their thoughts with the larger group about what this means to them.</p>	<ul style="list-style-type: none"> · CF Activity 1: Our achievements to date · Participant Worksheet 19: Calculate my mileage 	15 minutes
Maintaining quit and supports available	<p>Brainstorm:</p> <p>Participants call out the stop smoking supports that are available – write these on the flipchart.</p> <p>Invite the participants to look at the Useful Contacts list in the back of their book. Explain that these are available if ever they require additional support.</p> <p>Ask the group from where else they can get support</p> <ul style="list-style-type: none"> · Family, friends, colleagues · Pharmacist · GP and other medical practitioners <p>Reiterate the importance of having social supports.</p> <p>Remind the participants of the importance of the “not a puff” rule and continuing to use the medications as prescribed/advised.</p> <p>What about other aspects of health? Where can you get support/information?</p> <ul style="list-style-type: none"> · Physical activity · Healthy eating · Stress management · Men’s health <p>Explain that, over the next few weeks, we will have an opportunity to look at some of these other aspects of health in more depth.</p> <p>Invite the participants to look at Participant Information 12: Top Tips for Staying Quit</p>	<ul style="list-style-type: none"> · Flipchart · Participant Information 12: Top Tips for staying quit · Participant Information 16: Useful contacts · Section 7, CF Information: Useful resources and contacts 	10 minutes
Optional Guest speaker	<p>This would be a good time, where possible, to invite a past participant to talk about their journey.</p> <p>If this is the first time that the course is being delivered in your area you could invite an ex-participant from the women’s group, or someone who has quit smoking using the local stop smoking services. Speak to the local coordinator for contact information.</p>	<ul style="list-style-type: none"> · Guest speaker 	15 minutes

Activity	Process/Guidelines for Facilitator	Resources	Duration
Optional Quiz or Discussion topic	<p>This option is available if there is to be no presentation of certificates.</p> <p>Using the Additional Resources in Sections 6 and 7 of this book, you can choose to complete the quiz or use the general discussion questions to generate a conversation about smoking.</p> <p>If completing the Quiz, divide the group as appropriate (individually or as teams).</p> <p>There are 3 options for the general discussion:</p> <ol style="list-style-type: none"> 1. Discussion on smoking on TV – See Section 6. There is also a copy of this in the participants' book in the Additional Resources and Activities section; 2. General discussion points – generate conversation by using some of the questions from Section 6, CF Information: General Discussion; 3. If e-cigarettes have been a topic of interest to the group, there is specific information on this in Section 7. 	<ul style="list-style-type: none"> · Participant Worksheet 29: Tobacco quiz · Section 6, CF Solution Sheet: Tobacco quiz · Participant Worksheet 31: Discussion on smoking on TV · Section 6, CF Activity: Discussion on smoking on TV · Section 6, CF Activity: General discussion · Section 7, CF Information: E-cigarettes 	20 minutes
Presentation of certs (as appropriate)	<p>Present certificates, as appropriate, to any participants who are finishing this week. Invite them to say a few words.</p> <p>Allow time for tea, coffee, etc.</p>	<ul style="list-style-type: none"> · Quit and participation certs 	20 minutes
Relaxation	Chose an option from the Appendices or as preferred by the group.	<ul style="list-style-type: none"> · As previous sessions 	10 minutes
Closing	Feedback or use one of the evaluation methods in the Resources section.	<ul style="list-style-type: none"> · Participant book: Week 7 Feedback 	5 minutes

Our achievements to date

Use the information below to help you to provide the group with a summary or recap of what they have achieved over the past 6 weeks.

Adapt and add to the information below so that it applies specifically to your group.

On week 1, some of you were nervous, some of you were excited but, most importantly, you all made the decision to come here. That was the start of your journey and you should be proud of yourself for making that really important and, for some, difficult decision.

We spoke about the importance of abrupt cessation and the 'not a puff' rule, which I know some of you were unsure about. But you listened to the evidence and the reasons why we recommend this method, and you accepted it and progressed with it.

As a group, we set the quit date for

We learned about the benefits of quitting smoking...

(List some of them here, not forgetting the financial as well as the health benefits).

For some/all of you, you are already reaping some of these benefits...

(If appropriate you can mention some of the stories/successes from the group).

Some/all of you have kept a weekly record of your progress and you should be proud to look back on this and see how far you have come. You have also recorded your CO readings. I know that this has been a real motivator for you each week, seeing your CO levels drop in those first few weeks, and then maintaining the CO levels each week.

Now on week 7, most/all of you are 4 weeks quit. Did you know that if you quit for 28 days, you are 5 times more likely to stay quit for good. You are well on your way to living a smoke free life. Remember, "not a puff."

You can ask the group if there is anything that they would like to add.

Week 8 – Men's health and well-being

Overview

- Staying quit
- Self-care: men's identity and how this can affect health and well-being
- Men's health and smoking
- Health screening

Aims of this session:

- To identify the importance of taking time out to prioritise our own health and well-being.
- To highlight how some messages we pick up about being a man may be unhelpful for supporting health and well-being.
- To provide other relevant risk reduction information for men's health, including on cancer screening.

Objectives:

- Reflect on how far you have come on your quit smoking journey
- Understand how the perceived roles and qualities of men can impact health and well-being
- Understand that the perceived role of men can sometimes have a negative effect on health and well-being
- Understand how the decision to quit smoking reduces the risk of health related problems in the present and future
- Understand the barriers to changing health behaviours or accessing services
- Introduce and discuss some of the health related risks associated with men's health and smoking
- Understand the importance of health and cancer screening, finding it early and how to spot it

Key tasks:

- One-to-one CO reading and recording
- Calculate your mileage
- Discuss men's health and identity
- Relaxation

Resources:

- CO monitor and accessories
- Audio or alternative option for relaxation
- Flipchart
- Ground rules from week 1
- Information resources on men's health can be ordered online: "It's never too late to quit smoking" from www.healthpromotion.ie or "Spotting cancer early" from www.cancer.ie
- See Section 7, "Useful Resources and Contacts," for information on downloadable leaflets.

Other: _____

Other options for this session:

- Invite a guest speaker to talk about a relevant topic, e.g. impact of smoking on health; prevention and early detection of cancer; cancer screening, example National Cancer Screening Service or the National Cancer Control Programme
- Invite a health professional (public health nurse, pharmacist or GP) to give a talk on screening, men's health and risk. They can also perform some of the health checks in the Participant Worksheet 27: Health check screening

Week 8 – Session Plan

Activity	Process/Guidelines for Facilitator	Resources	Duration
Welcome and overview of the session	Welcome participants back and invite them to share how their week has been.		5 minutes
CO reading and recording	This can be done during the coffee break or as the participants are entering the room or when a participant has completed an activity.	<ul style="list-style-type: none"> · CO Monitor and Participant Worksheet 2 	10 minutes
Men's identity and health and well-being	<p>Introduction: In this session we will discuss the roles associated with being a man, and how this can impact our overall health and well-being. It will highlight how some messages we pick up about being a man may be unhelpful for supporting health and well-being. They may also act as a barrier to changing health behaviours or accessing services.</p> <p>“Expectations we have of men”: Using either a flip chart or the participants’ book ask the men to identify the roles, responsibilities and traits expected of men.</p> <p>Discussion: How do these roles impact on our health? See CF Information 1</p> <p>NOTE: this section could take over the whole session. Allow the conversation to flow, and do not feel the need to cut it short.</p>	<ul style="list-style-type: none"> · CF Activity 1 – Expectations we have of men · Participant Worksheet 21: Expectations we have of men · CF Information 1: Men's identity and health and wellbeing. · Flipchart and marker 	30 minutes
Risk factors of smoking on men's health	<p>Brainstorm:</p> <p>When we hear the phrase ‘risk to health:’</p> <ul style="list-style-type: none"> · What is our first reaction? · What is a health risk? · Remind participants of the good news about quitting · Inform the participants of the signs and symptoms of lung cancer 	<ul style="list-style-type: none"> · CF Information 2: Men's health and smoking · Participant Information 11: Good news · CF Information 3: Smoking and lung cancer – know the signs and symptoms · Spot Cancer Early leaflet or other resources 	15 minutes
Screening and prevention:	<ul style="list-style-type: none"> · Inform the men that screening is one option available to reduce the risk of serious illness by detecting early signs of illness, e.g. cancer. · Inform the men about the option available for bowel cancer screening · Ask the men if they know how to register · If they have any concerns or additional questions they can speak to their GP or a Public Health Nurse · Point the participants to section 4 of their books, where there is more information on screening services. NOTE that BowelScreen is the only cancer screening option available to men. They should speak to their GP for a health check. 	<ul style="list-style-type: none"> · CF Information 4: Cancer screening and men's health · Participant Information 19: Screening 	5 minutes

Activity	Process/Guidelines for Facilitator	Resources	Duration
Quiz – Be an expert in your own health (Optional)	Complete the Quiz – CF Activity 2. Option to read the questions aloud and the group answers the questions together and you can have a discussion, OR Invite the participants to turn to Worksheet 33 (Additional Activities and Information section) and complete the quiz individually, in pairs or in teams.	<ul style="list-style-type: none"> · CF Information 2: Men's health and smoking · CF Activity 2: Men's health and smoking– True or False Quiz · Participant Worksheet 33: Men's health and smoking quiz – True or false 	15 minutes
Home exercise (optional)	Invite the men to complete Participant Worksheet 22 at home in their own time.	<ul style="list-style-type: none"> · Participant Worksheet 22: Men's health, changing roles 	
Relaxation	Select an appropriate relaxation exercise from Appendices	<ul style="list-style-type: none"> · As previous weeks 	10 minutes
Closing and feedback	Using one of the evaluation tools in Section 6, ask the group for feedback on the session	<ul style="list-style-type: none"> · Section 6, CF Activity: Evaluating sessions 	5 minutes
Reminder for open weeks	Remind participants of the plan for the next few weeks. If doing the physical activity session, remind the participants to wear suitable clothing.		

Expectations we have of men

Introduction

In this session we will discuss the roles that men are expected to play and the traits they are expected to exhibit, and how this may impact our health.

Men are often expected to behave or react in certain ways. We will look at the importance of creating and valuing our own identity, our self-image and our health and well-being.

Purpose:

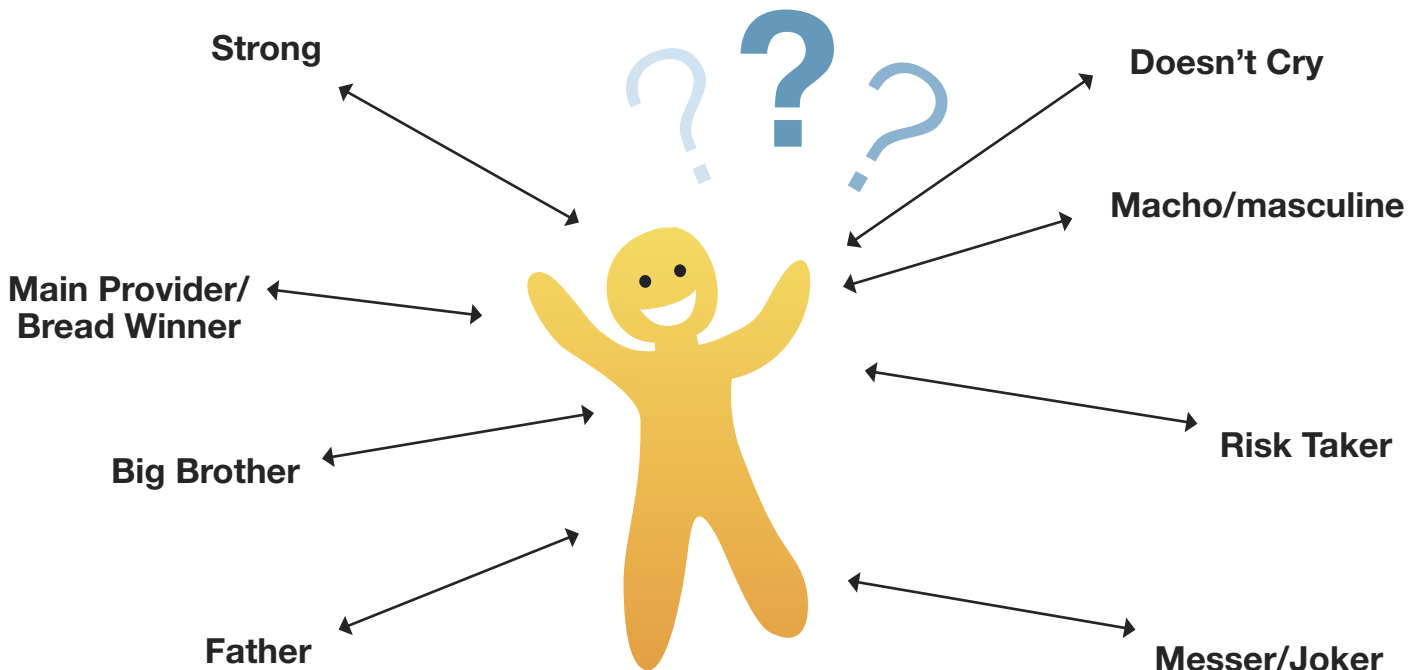
1. To look at men’s identity, the roles they perform, and how this can impact on health and well-being.
2. To highlight how some messages we pick up about being a man may be unhelpful for supporting health and well-being. They may also act as a barrier to changing health behaviours or accessing services.
3. To highlight that their overall health and well-being is important. Looking after yourself is not a sign of weakness but is important for you and the people around you.
4. Remind the men throughout this session that self-care is important.

Instructions

Using either a flip chart or Participant Worksheet 21, ask the men to list the traits, roles or responsibilities that are often expected of them.

You can draw an image of a man on the flip chart or write a name. Perhaps someone in the group may be happy for you to use their name as an example. These are examples of what the men may come up with.

Example:



Ask the participants to finish the sentence: “The way I was brought up, boys and men were expected to.....”

Men's identity and health and well-being

With all these expectations, it can be hard to develop a real image of ourselves - one that we are comfortable with, one which is based on our own assessment of our strengths and weaknesses.

- Men may believe that they should be the main breadwinners in the home
- There are lower rates among men for help seeking behaviours, i.e. asking for help, attending their GP or other health professionals
- Explanations for these lower rates of help seeking behaviours among males include masculine norms, attitudes and behaviour, perception of the severity of the health problem, engagement in risky behaviours, and lack of health-related knowledge.¹²

Use the questions below to have a discussion about how expectations of being a man can impact on their health.

1. How did these expectations have an impact on the decisions that you have made about your health and your health behaviours, such as smoking?

Sample answers/prompts:

- All my friends were smoking, and I felt like I also had to start
- I won't go to my GP as I don't want to seem weak
- I don't speak to my partner/friends about my problems
- It doesn't seem important right now as I have too many other things to think about
- I am worried about the outcomes and would prefer to just ignore it

2. What impact could this have/has this had on your health?

Sample answers/prompts:

- I could get a late diagnosis for something that is treatable if detected early
- The problem will never sort itself out – it will only get worse
- I have wanted to quit smoking for a long time but I was afraid of failure and so I never tried before now

3. What could society do to ensure that you and/or other men have more positive health outcomes?

Follow up this questions with: And is there anything you can do for yourself?

Sample answers/prompts:

- Change in cultural norms or expectations
- Advertising
- Supports available for men and appropriate signposting to these supports
- Continue on my quit smoking journey – 'not a puff' rule
- Talk to someone – it's ok to admit that you have a problem
- Take half an hour every day to just breathe and relax – meditation for example
- Go to my GP for a health screening or if I have a pain
- Ask for help

At the end of the discussion, point participants to the home exercise "Men's health, changing roles." This is an **optional** activity for them to complete, at home, in their own time.

12 Dr. Paula Devine and Dr. Erin Daly; "Men's Health in Numbers, Trends on the island of Ireland," December 2020. Men's Health Forum in Ireland

Men’s health and smoking

Tobacco use is the leading cause of preventable death in Ireland with almost 6,000 smokers dying each year from tobacco related diseases. It is a risk factor for developing many chronic diseases and is the leading cause of premature death in Europe, harming nearly every organ in the body.

Men who smoke are at an increased risk of heart disease, cancer, lower respiratory diseases, stroke, and diabetes.

In Ireland more men smoke than women, and they begin smoking at a younger age. In 2019, there was a smoking prevalence of 17% for the overall population (Healthy Ireland Survey 2019). However, when separated by gender, 19% of men smoked compared to 16% of women. (For up to date figures on smoking prevalence in Ireland check out the latest Healthy Ireland survey).

Smoking and Cancer

Smoking increases the risk of cancer, and it is the biggest modifiable risk factor for cancer in Ireland causing over 2,700 cancers in Ireland each year.¹³ It increases the risk of many cancers including mouth, head and neck cancers, lung, cervical, ovarian and stomach cancers. 90% of all lung cancers are caused by smoking. Quitting smoking is the best way to reduce your risk of lung cancer.

Smoking and overall health

- Smoking can cause or worsen serious respiratory conditions, such as bronchitis and emphysema. Severe emphysema causes breathlessness, which can be made worse by infections
- Smokers are more likely to have a stroke (blockage of blood to the brain or bleed in the brain) than non-smokers. Strokes are a major cause of death and prolonged disability
- Smoking increases your risk of heart disease
- Smoking causes 90% of lung cancers
- Smoking can cause osteoporosis (brittle bones) and a higher risk of bones breaking due to low bone density
- Smoking increases the risk of developing type 2 diabetes. Smoking also increases the risks for people with existing diabetes, causing damage to the blood vessels that feed the heart, brain, eyes, kidneys and peripheral nerves, speeding up complications of diabetes
- Infertility in smokers is higher than in non-smokers for both men and women
- Smoking doubles the risk of impotence in male smokers aged 40 to 69 compared to non-smokers

Second-hand smoke

Second-hand smoke is a mixture of smoke given off by the burning end of a cigarette and the smoke exhaled by the smoker. Non-smokers are at risk of cancer and other illnesses from breathing in either type of second-hand smoke.

¹³ National Cancer Registry Ireland, 2020. Modifiable risk factors and cancer in Ireland.

Some effects of second-hand smoke:

- Lung cancer and probably other cancers
- Heart disease
- Breathing/chest problems in adults and children, including triggering asthma attacks
- Children – increased risk of cot death, middle ear infections, direct and irreversible damage to the structure of the arteries
- If your female partner smokes while pregnant there is an increased risk of miscarriage and stillbirth
- Exposure to second-hand smoke increases the risk of developing diabetes

Other concerns for smoking

- The smell lingers on your clothes, hair and breath
- Smoking is bad for your skin and complexion
- Smoking stains your teeth and fingers.

The good news

Quitting smoking is the most important thing you can do for your health and to reduce your risk of cancer and other chronic illnesses. The day you stop smoking your body begins to recover.

Refer to week 2, CF Information 2 for the health benefits of quitting smoking.

More good news...

Quitting smoking means you will:

- Look and feel better
- Have fresher breath and cleaner teeth, hair, skin and fingers
- Have more control of your life
- Be fitter and have more energy
- Reduce your risk of illness
- Reduce the complications of existing illnesses
- Have a better quality of life
- Have more money to spend on the things you enjoy
- Be a good role model for your children or grandchildren
- Have a healthier family as they will not be exposed to second-hand smoke.

Smoking and lung cancer – know the signs and symptoms

What is risk?

Sometimes when we talk about illness and disease, we talk about our “risk” of getting it. 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, has high blood pressure and they smoke, they would have a “higher risk” of developing heart disease than someone who did not have any of these. This does not mean that they will develop heart disease but it does mean their risk of getting it is higher.

A current smoker is 9 times more likely to develop lung cancer compared to someone who has never smoked. The good news is quitting smoking can significantly reduce your risk of lung cancer compared to if you were still smoking, and the longer you ‘stay quit’ the lower your risk will be. But former smokers are still more than 3 times more likely to develop lung cancer compared to someone who has never smoked.¹⁴

It is very important for ex-smokers to be aware of the symptoms of illnesses like lung cancer so that they can get advice from their GP as soon as possible if they notice worrying changes to their health.

Spotting the early signs of cancer and contacting your GP as soon as possible means that you have a better chance of successful treatment if you do have an illness like lung cancer. If you notice any of the following, contact your GP without delay.

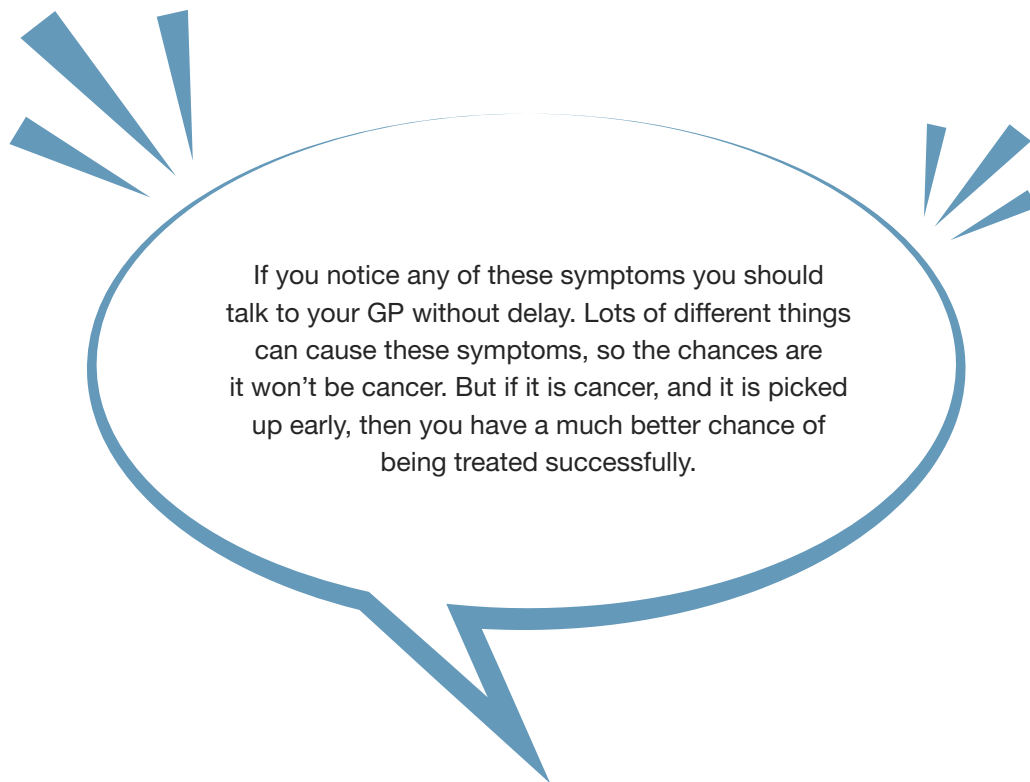
Signs and symptoms of lung cancer

Symptoms of lung cancer can include:

- A new cough lasting for longer than 3 weeks
- A change to your ‘usual’ cough
- Chest infections that keep coming back
- Coughing up blood
- Chest pain or shoulder pain when you are breathing or coughing
- Shortness of breath, more than is usual for you
- Feeling very tired all the time
- Loss of appetite or weight loss that you can’t explain

Potential signs/symptoms of cancer:

- Unexpected or unexplained bleeding from anywhere in your body, e.g. blood in your poo or wee, vaginal bleeding after sex, between periods or after the menopause
- Unexpected or unexplained bruising
- Unexplained/persistent abdominal bloating
- Persistent change in bladder or bowel habit
- Unexpected weight loss and/or loss of appetite
- Cough lasting longer than 3 weeks
- Lumps or bumps
- New, changing or bleeding mole
- Sores/ulcers in the skin or head and neck that don't heal fully.



Cancer screening and men's health

Screening is for people who are at risk of cancer, e.g. because they are in a certain age group, but **DO NOT** have any symptoms of cancer. The example of screening below, helps to find bowel cancer at an early stage, before it has caused any symptoms. If it is found early it is easier to treat and there is a better chance of recovery.

Note:

- It is really important to know that you can still get cancer even if you are not in the age bracket for screening (e.g. men who are too young or old to be included in BowelScreen can still get bowel cancer).
- People can get cancer in the time period in between screening appointments ('interval cancer'). So it is really important to talk to your GP straight away if you notice any signs/symptoms that could be cancer (e.g. blood in poo, unexplained weight loss etc.), even if you recently had a normal screening test or are outside the age bracket for screening.
- Screening programmes are designed to help detect cancer at a very early stage before it has caused any symptoms, so people going for a cancer screening test usually do not have symptoms of cancer. People who have symptoms that could be cancer should talk to their GP straight away and should not wait for a screening test or be reassured by a recent normal screening test result.

BowelScreen

Around 2,800 people are diagnosed with bowel cancer in Ireland every year. Bowel cancer is the third most common of all cancers in men.

Bowel screening aims to detect signs of bowel cancer at an early stage, where there are no symptoms.

It is available to men and women aged 60 to 69.

If bowel cancer is found early it's easier to treat and there's a better chance of recovery.

Screening involves taking a sample of your stool (poo) at home using a home test.

This test is free and the test kit is sent to you in the post. You can register online or Freephone:

- www.bowelscreen.ie
- 1800 45 45 55

Always see a GP if you have any concerns or symptoms at any time.

Men's health and smoking quiz – True or false

Solutions page.

The participants' copy is in the back of their books, worksheet 33

1. Symptoms of lung cancer can include a new cough lasting for longer than 3 weeks; a change to my “usual smoker’s cough” or chest infections that keep coming back.

True: A current smoker is 9 times more likely to develop lung cancer compared to someone who has never smoked, and ex-smokers are still more than 3 times more likely to develop lung cancer compared to someone who has never smoked,¹⁵ so it's important to know the signs and symptoms of lung cancer and talk to your GP straight away if you are worried. Symptoms of lung cancer can include a new cough lasting for more than 3 weeks, a change to your “usual” cough or chest infections that keep coming back. Most people with these symptoms will not have cancer, but if it is cancer you have a much better chance of being treated successfully if it is picked up early.

2. Smoking is the single biggest cause of cancer and preventable death in Ireland.

True: smoking is the single biggest cause of cancer and preventable death in Ireland, accounting for approximately 6,000 deaths a year. The good news is that, if you quit smoking, it is by far the most important thing you can do to protect yourself against cancer and other chronic illnesses.

3. Smoking only causes cancer, heart disease and early death.

False: Smoking affects your health in many other ways. It doubles your risk of impotence compared to a non-smoker. Smoking increases the risk of developing type 2 diabetes.

4. Smoking causes approximately 90% of all lung cancers.

True: Smoking causes about 9 in every 10 lung cancers. The risk increases with the amount of time you have smoked, the number of cigarettes you have smoked and if you started young.

5. Smoking can cause osteoporosis (brittle bones) and can increase the risk of breaks and falls.

True: Smoking can cause osteoporosis (brittle bones) and a higher risk of bones breaking due to low bone density.

6. Smoking does not have any impact on impotence.

False: Smoking doubles your risk of impotence compared to non-smokers.

7. Inhalation of tobacco smoke by non-smokers – ‘passive smoking’ – can also cause cancer.

True: Non-smokers are at risk of cancer and other illnesses from breathing second-hand smoke.

8. Quitting smoking can significantly reduce your risk of lung cancer and other chronic illnesses.

True: It is never too late to quit smoking but the longer you stay quit, the greater your chances. As soon as you stop smoking your body starts to recover. Risk of heart attack falls to the same as someone who has never smoked. Risk of lung cancer falls to half that of a non-smoker and will continue to decrease to almost that of a non-smoker over time. Risk of cancer of the mouth, throat, oesophagus, bladder, cervix and pancreas decreases.

¹⁵ Gandini S, Botteri E, Iodice S, Boniol M, Lowenfels AB, Maisonneuve P, et al. Tobacco smoking and cancer: a meta-analysis. *Int J Cancer*. 2008 Jan 1;122(1):155–64

9. Less men than women smoke.

False: More men smoke than women. They begin smoking at a younger age, and have a longer lifetime exposure to smoking than women.

10. One third of all cancers are caused by smoking.

True: Smoking is associated with a number of cancers. More men in Ireland die from lung cancer than any other cancer but it goes much further than that. Cancers of the mouth, throat, larynx, kidney, oesophagus, stomach and bowel are also heavily linked with smoking.

Final week – Celebrating achievements

Overview

- Maintenance reinforcement and celebrating achievements to date
- 4 week follow up (if the final session is on week 7)

Aim of session:

To prepare participants for the future and to celebrate their achievements on their quit smoking journey.

Objectives:

- To reflect on the quitting experience, personal learning and group development
- To know where to get support in the future, if required
- To celebrate and recognise their achievement

Key tasks:

- CO reading and recording
- Relapse prevention – staying quit
- Local and national supports available to stay quit
- Complete 4 week follow up (if the final session is on week 7)
- Complete Participant Satisfaction Survey

Resources:

- CO monitor and accessories
- Audio for relaxation or alternative options for same
- Flipchart
- Group agreement from week 1
- Leaflets or other information on supports available
- Quit certificates and participation certificates
- Photocopies of the participant satisfaction survey (optional)
- Catering/ teas, coffees, sandwiches, etc.

Other: _____

Note: This session can be supported by a past participant as a guest speaker to share their story.

Final Week Session Plan

Activity	Process/Guidelines for Facilitator	Resources	Duration
Welcome, feedback and overview of session	Welcome and give overview of session. Invite participants to share how their week has been.		10 minutes
CO reading and recording	This can be done during the coffee break or as the participants are entering the room or when a participant has completed an activity.	· CO Monitor and Participant Worksheet 2	10 minutes
Participant satisfaction survey	Invite participants to complete the Participant Satisfaction Survey. Ideally participants should complete this on-line. The link to the survey is on the TFI Resource Page. Alternatively, see the additional activities section of this book for a copy.	· Section 6, CF Activity: Participant Satisfaction Survey	10 minutes
The future	Hopes and concerns for the future. Ask the group about their hopes and concerns now that the course is finishing. What does the future look like for you now? Remind them of how far they have come. If participants are finishing on week 7, allow them to calculate their mileage, Worksheet 19. For participants who have progressed to week 10, they can choose to complete this again. Complete Participant Worksheet 28	· Participant Worksheet 19: Calculate my mileage · Participant Worksheet 28: Final Week – Celebration	10 minutes
Relapse prevention	The most important thing going forward is to manage any relapses that may occur. Remind participants of the “not a puff” rule. What can you do to prevent a relapse? What can you do if you do relapse? Read through and discuss Worksheets 12 and 15.	· Participant information 12: Top tips for staying quit · Participant Information 15: Remember!	5 minutes
Supports for staying quit	Remind participants of the importance of social supports. Remind them to avail of the social supports they have immediately available to them, e.g. family, friends, one another. Remind them of the professional supports that are available: HSE Stop Smoking advisor; Quitline: The Quit Facebook page; Twitter; Instagram; your local pharmacist; your GP. Invite them to look at Participant Information 16 in the Additional Activities and Information section of their books.	· Participant Information 16: Useful contacts	5 minutes
Guest speaker (optional)	Example: a past participant talks about their journey.		10 minutes
Presentation and Celebration Event	Invite any guests attending to enter the room. You will have discussed this with the group and decided beforehand if anyone external to the group will be attending. As Facilitator you may wish to say a few words at this stage. If there are any external guests, such as the pharmacist, local coordinator, HSE rep, etc. they may like to say a few words. REMEMBER: Keep it brief. This event is about the participants. Invite any of the participants who wish to do so to speak to the wider group. Present each of the participants with a certificate. Participation certs for those who have not quit or Quit certs for those who have quit. Finish with refreshments and a chat. Some people may like to have their photo taken.	· Quit and Participation Certs as appropriate · Refreshments	30 minutes
Close	Thank everyone for attending. Let them know about the next course and to tell any friends or family members about the course.		5 minutes

SECTION 5

Staying quit session plans

The session plans in this section can be adapted for any group during the latter stages of the programmes. The focus of these sessions is staying quit. Information that is gender specific is highlighted as in Section 2.

Staying quit: Option 1 – Managing triggers and challenging situations (alcohol and smoking)

Overview

- Disassociation of the link with smoking and alcohol
- Developing group support
- Staying quit

Aim of this session:

To look at ways of managing triggers, in particular alcohol, and to share useful tips with their peers.

Objectives:

- To show participants that they have tools and experiences to stay quit with confidence
- To look at ways of coping with challenging social situations in the future, with a particular focus on alcohol
- Raise awareness of the harmful effects of alcohol
- Re-emphasise the importance of ongoing group and social support.

Key tasks

- One-to -one CO reading and recording
- Challenging situations – coping strategies
- Relaxation activity

Resources:

- CO monitor and accessories
- Audio or alternative option for relaxation
- Flipchart
- Group agreement from week 1
- See Section 7, “Useful resources and contacts” for information on downloadable leaflets
- If available, alcohol measurement kit

Other: _____

Other option for this session:

- **Invite a guest speaker from the Drugs and Alcohol Unit – ask your local coordinator for contact details.**

Staying Quit: Option 1, Session Plan

Activity	Process/Guidelines for Facilitator	Resources	Duration
Welcome, feedback and overview of session	Ask each participant to say one positive change they have noticed since they quit smoking.		10 minutes
CO reading and recording	This can be done during the coffee break or as the participants are entering the room or when a participant has completed an activity.	<ul style="list-style-type: none"> · CO Monitor and accessories · Participant Worksheet 2 	10 minutes
Re-focussing our attention/concentration	<p>Discussion and brainstorm</p> <p>Sometimes, when we change a behaviour, we can end up thinking about it more than we want. For example, quitting smoking and thinking about cigarettes or smoking more often.</p> <ul style="list-style-type: none"> · Question: Do you ever think about cigarettes/smoking now? · Question: What triggers us to think about smoking? <p>Examples: tiredness, someone else smoking, habits, TV, having a drink, etc.</p> <ul style="list-style-type: none"> · Question: How can we re-focus our attention? What have we used successfully so far? <p>Examples: The 4 Ds; breathing exercises; walking; clearing a space; anything else?</p> <ul style="list-style-type: none"> · Question: What motivated you to quit in the first place? <p>Note: you could use the “Discussion on smoking on TV” in the Additional Resources for further discussion. Participants have a copy in the back of their books.</p>	<ul style="list-style-type: none"> · Flipchart (optional) 	15 minutes
Challenging situation practice	<p>Discussion and practice</p> <p>Question: What situation(s) do you find challenging in terms of quitting smoking?</p> <p>Examples: out with friends; meeting a neighbour; social event; break with work colleagues.</p> <p>Introduce the issue of alcohol if it hasn't already come up</p> <p>Is this an issue/challenge within the group?</p> <p>Using the CF Information 1, generate a conversation about alcohol and smoking.</p> <p>Practice: Divide group into pairs. Each pair will pick one situation and with their partner practise the situation. After a few minutes, they explain or perform* the situation to the rest of the group. The group come up with suggestions to manage the challenging situation.</p> <p>*Give consideration as to whether the group with which you are working are ready for a role play.</p>	<ul style="list-style-type: none"> · Flipchart · Participant information 12: Top tips for staying quit · CF Information 1: Alcohol and smoking 	30 minutes
Quiz	<p>As a whole group or in smaller groups complete the quiz.</p> <p>Note: Choose some or all of the questions as appropriate to your group.</p>	<ul style="list-style-type: none"> · CF Activity 1: Alcohol and smoking quiz 	10 minutes
Home exercise	Watch out for challenging situations and use ideas from today to support you in staying quit. Complete the alcohol diary.	<ul style="list-style-type: none"> · Participant worksheet 23: Alcohol diary 	
Meditation	Choose from the Appendices or use your own.	<ul style="list-style-type: none"> · Audio or Appendices 	10 minutes
Evaluation and closing	Ask the participants to identify one idea from today's session to help them cope with challenges they might face this week.		5 minutes

Alcohol and smoking

Drinking alcohol is part of everyday life for many people in Ireland. It is used to celebrate, commiserate and to socialise. Used sensibly alcohol is a pleasurable, socially acceptable drug.

Alcohol is a depressant drug. If you’re feeling down, it will make you feel worse. A regular, long term drinking habit can lead to physical as well as psychological dependency.

Drinking alcohol while quitting smoking may increase the risk of relapse as your resolve weakens. It is important to consider this when thinking about having a drink.

If you drink and smoke, your risk of cancer is also increased.

Is there a safe amount to drink?

There is no “safe” level of alcohol drinking, but the risk of cancer and other chronic illnesses is lower the less alcohol you drink.

You can limit your risk by drinking no more than one standard drink a day if you are a woman and two standard drinks per day if you are a man.

What is a standard drink?

In Ireland a standard drink has about 10 grams of pure alcohol in it. In the UK a standard drink, also called a unit of alcohol, has about 8 grams of pure alcohol.

Here are some examples of a standard drink

- A pub measure of spirits (35.5ml)
- A small glass of wine (12.5% volume) – a bottle of wine contains about 7 standard drinks
- A half pint of normal beer
- An alcopop (275ml bottle)

What are the low-risk weekly alcohol guidelines?

The HSE’s low risk weekly guidelines for adults are less than:¹⁶

· **11 standard drinks for women**

· **17 standard drinks for men**

- Drink should be spread out across the week
- Have 2 to 3 alcohol free days per week
- Drink no more than 6 standard drinks on any one occasion.

The less you drink the lower the risk of developing alcohol related health issues.

Sticking to the limit is not safe if you drink your weekly allowance in one session, or over a couple of nights.

Drinking like this is the most harmful way of drinking for your health. You’re also more likely to lose control, have accidents and take risks.

Remember: drinks measures are not always the same. What you get in a pub and what you pour for yourself could be very different.

¹⁶ <https://www2.hse.ie/wellbeing/alcohol/improve-your-health/weekly-low-risk-alcohol-guidelines.html>

Alcohol and pregnancy

- There is no known safe level of alcohol use in pregnancy – so stopping completely is best;
- It is in a child's best interests for a pregnant woman not to drink alcohol while pregnant due to the risk of developmental brain disorders to the child.

Alcohol findings among men

In 2012 the National Advisory Committee on Drugs reported that among current drinkers aged 18-24 years, 82% of males scored positive for harmful drinking. It also highlighted that one in five drinkers reported that they had experienced harm (such as harm to health, work, friendships, or being involved in a fight or incident) in the previous 12 months as a result of their drinking.

What is binge drinking?

Binge drinking is a term used to describe an occasion when we drink too much. It is defined by health experts, such as the World Health Organisation (WHO), as having six or more standard drinks in one session. This is the equivalent of three or more pints of beer or six or more pub measures of spirits.

Binge drinking is a form of harmful drinking that is likely to increase our risk of accidents, injuries, violence and poisoning.

How long do the effects of drinking last?

In general you start to feel the effects of alcohol within 5 or 10 minutes of drinking. It then takes about one hour for every standard drink you take to work through your system.

Alcohol and weight

Alcohol is high in calories. There are around 600 calories in a bottle of wine which is the same as two bars of chocolate. So, if you have quit smoking and are trying to maintain your weight, cutting down or cutting out alcohol will help both with quitting and weight management.

The benefits of cutting down alcohol

Cutting down on alcohol while you are quitting smoking will help to keep you focused. It will also help you to:

- Be better able to manage your weight
- Have healthier skin – alcohol dehydrates the skin
- Sleep better
- Have more energy
- Have more money
- Have improved mental health
- Have a lower risk of stroke and heart disease
- Reduce your risk of cancer.

Tips for drinking less

Be careful when drinking alcohol. It can affect your willpower especially if you have quit smoking. So, if you are going out, here are some tips on how you can drink less or not at all.

- Have an alcohol free night out with friends
- Don't drink alcohol before you go out
- Occupy yourself – play pool, dance, and chat
- Have a glass of water or try some alcohol free beers, lager or cocktails, in between alcoholic drinks
- Buy smaller drinks – have a glass instead of a pint, a single instead of a double
- Leave your glass down between sips
- When finished one drink wait a while before getting another drink
- Try not to get into rounds – or if you can't avoid a round buy yourself a non-alcoholic drink when it is your turn
- Don't play drinking games

Home measures

Home measures tend to be a lot larger than pub ones. If you are offered a drink when visiting someone, try a bottle or a can instead of a short. It is easier to watch what you are having.

Know your limits

If you are honest, you know the point where you start to lose control, or behave differently, because of alcohol. Your main target should be not to have more than this.

Alcohol and teenagers:

- It is against the law for a young person under 18 to buy alcohol or drink alcohol in a public place
- Heavy drinking and binge drinking have been linked to anti-social behaviour, mental health problems and permanent brain damage, in teenagers
- The main causes of death among 16 to 25 year olds are accidents, suicide and violence. Alcohol is often involved in these cases
- Alcohol use can be the result and cause of difficulties at school. It can also hinder the development of other skills, such as decision-making, personal and social skills.

The other costs of alcohol:¹⁷

The harm from alcohol affects many aspects of our life. Alcohol is linked to a variety of health and social problems: accidents, injuries, ill-health, premature death, suicide, public safety, violence and sexual assault, domestic violence, child neglect, marital problems and lost productivity at work.

- 88 deaths every month in Ireland are directly attributable to alcohol.
- One in four deaths of young men aged 15-39 in Ireland is due to alcohol.
- There are almost twice as many deaths due to alcohol in Ireland as due to all other drugs combined.
- Alcohol was implicated in 1 in 3 (137) of all poisoning deaths in 2013, more than any other single drug, and alcohol poisoning alone claimed one life each week.
- 900 people in Ireland are diagnosed with alcohol-related cancers and around 500 people die from these diseases every year.
- **One in eight female breast cancer diagnoses in Ireland are directly attributable to alcohol.**
- Alcohol is a factor in half of all suicides in Ireland. Alcohol is also involved in over a third of cases of deliberate self-harm, peaking around weekends and public holidays.
- Drink-driving is a factor in two fifths of all deaths on Irish roads.
- Alcohol is a factor in one third of all drownings in Ireland.
- More than one in four of those attending Accident and Emergency departments have alcohol related injuries, almost half of them to people aged under 30.
- Alcohol is a factor in one in four traumatic brain injuries.
- Alcohol is a factor in 80% of cases of patients admitted to neurosurgery units following an assault.
- Chronic alcohol-related conditions are becoming increasingly common among young age groups. Alcoholic liver disease (ALD) rates are increasing rapidly in Ireland and the greatest level of increase is among 15-to-34-year-olds, who historically had the lowest rates of liver disease.
- Every day 1,500 beds in our hospitals are occupied by people with alcohol-related problems.

To find out more about alcohol:

HSE Alcohol on <https://www2.hse.ie/alcohol/>

Alcohol Action Ireland: <https://alcoholireland.ie/policy/alcohol-and-pregnancy/#sthash.iO4rfHdc.dpuf>

Teenagers and alcohol: https://spunout.ie/health/article/alcohol-facts%20and%20http://www.drugs.ie/alcohol_info/young_people_and_drink/what_are_the_signs_and_effects/

¹⁷ Alcohol Ireland: <https://alcoholireland.ie/facts/alcohol-and-costs/>

Alcohol and smoking – True or false quiz

1. Alcohol is a depressant drug. True or False?

True: Alcohol is a depressant drug. If you're feeling down, it will make you feel worse. A regular, long term drinking habit can lead to physical as well as psychological dependency.

2. Drinking alcohol while quitting smoking is not a problem. True or False?

False: Drinking alcohol while quitting smoking may increase the risk of relapse as your resolve weakens. It is important to consider this when thinking about having a drink.

3. Drinking alcohol and smoking does not affect your risk of cancer. True or False?

False: If you drink and smoke your risk of cancer is increased.

4. There is a safe amount of alcohol to drink. True or False?

False: There is no "safe" level of alcohol drinking, but the risk of cancer is lower the less alcohol you drink.

5. In Ireland, a standard drink of alcohol has 10 grams of pure alcohol. True or False

True: In Ireland a standard drink has about 10 grams of pure alcohol in it. In the UK a standard drink, also called a unit of alcohol, has about 8 grams of pure alcohol.

6. Spirits, wines, beers and alcopops have different drink sizes for their standard measure. True or False?

True: A pub measure of spirits (35.5ml) is one standard drink; a small glass of wine 125 millilitres (12.5% volume) is one standard drink; a half pint of beer is one standard measure and an alcopop (275ml bottle) is one standard measure.

7. A bottle of wine at 12.5% alcohol contains about 5 standard drinks. True or False?

False: A bottle of wine at 12.5% alcohol contains about seven standard drinks.

8. Low-risk drinking guidelines are different for women and men. True or False?

True: HSE low risk weekly guidelines for adults are:

- No more than 11 standard drinks per week for women, and
- No more than 17 standard drinks per week for men

9. Drinking alcohol during pregnancy is not in the child's best interest. True or False?

True: There is no known safe level of alcohol use in pregnancy – so stopping completely is best. It is in a child's best interests for a pregnant woman not to drink alcohol due to the risk of developmental brain disorders to the child.

10. Binge drinking the odd time is grand. True or False?

False: Binge drinking is a term used to describe an occasion when we drink too much. Binge drinking is a form of harmful drinking that is likely to increase our risk of accidents, injuries, violence and poisoning. Having more than 5 standard drinks at a time can seriously increase the harmful effects of drinking.

11. It takes one hour for every standard drink to work through our system. True or False?

True: In general you start to feel the effects of alcohol within 5 or 10 minutes of drinking. It then takes about one hour for every standard drink you take to work through your system.

12. Women should drink less alcohol than men. True or False?

True: Women have lower body weights, less body water and more body fat than men. It takes less alcohol for women to feel the effect and alcohol stays in a women's body longer.

13. A bottle of wine has the same amount of calories as two bars of chocolate. True or False?

True: Alcohol is high in calories. There are around 600 calories in a bottle of wine which is the same as two bars of chocolate. So, if you have quit smoking and are trying to maintain your weight, cutting down or cutting out alcohol will help both with quitting and weight management.

14. Cutting down alcohol can help to... True or False for each statement on this list:

Reduce your risk of cancer	True
Manage your weight	True
Have healthier skin	True (alcohol dehydrates the skin)
Sleep better	True
Have more energy	True
Have more money	True
Have improved mental health	True
Have a lower risk of stroke and heart disease	True
Win the lotto	False

15. Home measures and pub measures are the same. True or False?

False: Home measures tend to be a lot larger than pub ones. If you are offered a drink when visiting someone, try a bottle or a can of beer instead of a short. It is easier to watch what you are having.

16. Young people under 18 can buy alcohol. True or False?

False: It is against the law for a young person under 18 to buy alcohol or drink alcohol in a public place.

17. Drinking alcohol can cause social and mental health problems for young people. True or False?

True: Heavy drinking and binge drinking have been linked to anti-social behaviour, mental health problems and permanent brain damage in teenagers.

18. Alcohol is a risk factor for cancer. True or False?

True: Alcohol is classified as a group 1 carcinogen. Alcohol is a known risk factor for 7 types of cancer: mouth, throat, larynx (voice box), oesophagus (food pipe), breast, liver, and bowel. Some research suggests a link between heavy drinking and pancreatic cancer.¹⁸

¹⁸ Irish Cancer Society: <https://www.cancer.ie/cancer-information-and-support/cancer-prevention/alcohol-and-cancer>

19. Drinking alcohol has been linked to death among 16 to 25 year olds, from accidents, suicide and violence. True or False?

True: The main causes of death among 16 to 25 year olds are accidents, suicide and violence. Alcohol is often involved in these cases.

20. Drinking alcohol can cause problems in school for young people and hinder development of their skills. True or False?

True: Alcohol use can be the result and cause of difficulties at school. It can also hinder the development of other skills, such as decision-making, personal and social skills.

21. Alcohol is not linked to any harm in society. True or False?

False: Alcohol is linked to a variety of health and social problems from accidents, injuries, ill-health, premature death, suicide, public safety, violence and sexual assault, domestic violence, child neglect, marital problems and lost productivity at work.

22. For women the risk of developing breast cancer increases if you drink alcohol. True or False?

True: For women the risk of developing breast cancer increases if you drink alcohol. One in eight female breast cancer diagnoses in Ireland are directly attributable to alcohol.

23. One in four deaths of young men is due to alcohol. True or False?

True: One in four deaths of young men aged 15-39 in Ireland is due to alcohol. Also, one in five men aged 18-23 said they had been pushed, hit or assaulted in the past year as a result of someone else's drinking.

24. One in ten road crash deaths are alcohol-related. True or False?

False: One in three road crash deaths is alcohol-related.

Staying quit: Option 2 – Living smoke free

Overview of session

- Reinforcement management
- Developing group support
- Staying quit

Aim of session:

Create wider awareness of the issue of smoking in Ireland's. The goal of having smoke free communities by 2025.

Objectives:

- To review what's in tobacco smoke and where key ingredients are also found
- To explore smoke free places and how they affect our lives and the lives of those around us
- To look at ways we can help our family/community to create smoke free communities/homes/places

Key tasks:

- One-to-one CO reading and recording
- Smoke free living ideas and practise
- Relaxation activity

Resources:

- CO monitor and accessories
- Audio or alternative option for relaxation
- Flipchart
- Group agreement from week 1
- Optional – discussion questions in Section 6

Other: _____

Staying Quit: Option 2, Session Plan

Activity	Process/Guidelines for Facilitator	Resources	Duration
Welcome, feedback and overview of session	Ask each participant to say one positive change they have noticed since they quit smoking, e.g. saved money, coughing has stopped, sleeping better, etc. If appropriate, refer to alcohol session and any changes this week.		10 minutes
CO reading and recording	This can be done during the coffee break or as the participants are entering the room or when a participant has completed an activity.	<ul style="list-style-type: none"> · CO Monitor and accessories · Participant Worksheet 2 	10 minutes
Word search – What's in Tobacco Smoke?" (Optional)	This activity is optional, dependent on the literacy levels of the group. It can be completed in pairs or small groups. Reminder that there are over 4000 chemicals in a cigarette.	<ul style="list-style-type: none"> · Participant Worksheet 30: Word Search · Section 6, CF Solution Sheet: Word search 	10 minutes
Smoke free communities & protecting young people	Using CF Information 1 and 2, generate a discussion on smoke free communities and smoking and young people. Introduction: Since the smoking ban was introduced in Ireland in 2004, there are more smoke free spaces. See CF Activity 1 for discussion questions. Optional: You may also wish to use the Discussion questions in Section 6 and/or the information on E-cigarettes in Section 7	<ul style="list-style-type: none"> · CF Activity 1: Smoke free homes and protecting young people · CF Information 1: Smoke Free Initiatives in Ireland · CF Information 2: Adults – Help keep your children and young people smoke-free 	30 minutes
Home exercise	By being a role model in your family, you are helping your family to be smoke free. Look at ideas from this session to use in your community/home.	<ul style="list-style-type: none"> · Participant worksheet 24: Take action – smoke free communities 	
Relaxation	Choose from the Appendices or use your own.	<ul style="list-style-type: none"> · Audio or appendices 	10 minutes
Evaluation and closing	Ask the participants to identify one thing that they will do to promote a smoke free environment at home, work or in the community.		5 minutes

Discussion: Smoke free homes 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.

If e-cigarettes come up in this session, there is useful information in Section 7 of this pack.

- Ask the group if they know of any additional pieces of legislation 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/workplace with which you could get involved?
- Smoke free places – what can you do in your community?
- How do you think you could use the experience of this programme to benefit others in your family or within your social networks?
- What are the barriers and benefits to any of the above?
- How can we help young people to be/stay smoke free?

Specific questions regarding young people:

The answer to both questions below is “young people.”

- Who is most likely to take the risk of starting smoking and ignore the consequences?
- Who will believe the industry's lies?

Read some of the quotes from the tobacco industry in CF Information 2 to stir conversation.

Smoke free initiatives in Ireland

Introduction to 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.

The Tobacco Products Directive (TPD)¹⁹ 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.

¹⁹ For more information and the full list of regulations on the TPD see: <https://www.hse.ie/eng/about/who/tobaccocontrol/tobaccoproductdirective/>

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.

HSE Tobacco Free Campus²⁰

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 2 clear aims:

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

Tobacco Free Playground²¹

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. There has been a very positive response with most now having smoke free signage in place.

There are 2 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.

²⁰ <https://www.hse.ie/eng/about/who/tobaccocontrol/campus/>

²¹ For more information see: <https://ash.ie/ash-campaigns/smoke-free-playgrounds/>

Adults – help keep your children and young people smoke free

The Tobacco Industry

The tobacco industry needs to recruit 50 young people to start smoking per day to replace those who have quit or die. 1 in 2 smokers will die of a tobacco related illness and the tobacco industry needs to replace these consumers in order to maintain their sales and profits.

Publicly, the tobacco industry says it does not use advertising targeted at young people. 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.

Some quotes from the tobacco industry:

- “Younger adults are the only sources of replacement smokers” - RJ Reynolds, 1984
- “Today’s teenager is tomorrow’s potential regular customer, and the overwhelming majority of smokers first begin 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.” - 1999 Philip Morris report
- “They got lips? We want them.” - Reply of an RJ Reynolds representative when asked the age of the kids they were targeting.

Know the facts about tobacco and young people

Children and young people who use tobacco may:

- Cough and develop breathing problems leading to more sick days, more visits to the doctor and poorer results in school and in sport
- If they have asthma have attacks more often
- Be more likely to use alcohol and other drugs such as marijuana
- Become addicted to tobacco and find it really difficult to quit.

Take a stand at home – early and often

- Despite the impact of movies, music, television and other social media, parents can be the greatest influence in the lives of their children
- Talk directly to children about the risks of smoking; if friends or relations died from tobacco-related illness, let your children know
- If you use tobacco, you can still make a difference. Your best move is to quit. Don't use tobacco when your children are around. Do not offer it to them and don't leave it where they can easily get it
- Talk to them about tobacco use at age 5 or 6 and keep on talking to them about it as they get older. Many children start using tobacco before they become teenagers and become addicted.
- Know if any friends of your children use tobacco. Talk about ways to refuse tobacco
- Discuss with your children how smoking is presented in the media, such as movies and TV, and how the way it is presented as glamorous is false.

Make a difference in your community

- It is illegal to sell tobacco to anyone under the age of 18 but some shops still do. Vote with your purse and support shops that DO NOT sell tobacco to children
- Get involved in the smoke free homes initiative
- Lobby local authorities in your area to have more smoke free environments, campuses, sites, playgrounds, etc.

Staying quit: Option 3 – Be active

Overview

- Staying quit and motivated
- Physical activity

Aim of this session:

Raise awareness of the benefits of physical activity

Objectives:

- To build knowledge of physical activity
- Practical physical activity session
- Increase awareness of physical activity opportunities and local amenities for physical activity
- To integrate regular activity into everyday life.

Key tasks:

- One-to-one CO reading and recording
- Physical activity
- Create a plan to be more active
- Relaxation activity (optional for this week)

Resources:

- CO monitor and accessories
- Audio or alternative option for relaxation
- Flipchart
- Group agreement from week 1
- Any equipment required as per the choice of activity (see examples in the CF Activity 1)
- Download and print resources from <https://www2.hse.ie/wellbeing/fitness-for-your-lifestyle.html>
- 21 day walking challenge record card: <https://www2.hse.ie/file-library/health-eating-active-living/21-day-walking-challenge-record-card.pdf>

Other: _____

Note for facilitators

Contact your Local Sports Partnership²² or local sports club or sports centre for a trainer. The local coordinator will also have a list of contacts.

Health and safety: if anyone has any health concerns, they should see their GP before beginning an activity programme.

²² For the full list of Local Sports Partnerships see: <https://www.sportireland.ie/participation/lsp-contact-finder>

Staying Quit: Option 3, Session Plan

Activity	Process/Guidelines for Facilitator	Resources	Duration
Welcome, feedback and overview of session	Ask each participant to comment on any changes in their physical activity levels since joining the programme, e.g. able to walk longer/faster without becoming breathless; it's easier to walk now; I've started jogging; had to run for the bus the other day; etc.		10 minutes
CO reading and recording	This can be done during the coffee break or as the participants are entering the room or when a participant has completed an activity.	<ul style="list-style-type: none"> · CO Monitor · Participant Worksheet 2 	10 minutes
Introduction to becoming more active	<p>Talk to the group about the importance of regular exercise, using CF Information 1:</p> <ul style="list-style-type: none"> · Maintaining healthy body · Maintaining weight · Physical appearance · Improves mental health and wellbeing <p>What are the guidelines for physical activity? See CF Information 1</p> <p>Invite participants to come up with ideas for physical activity – see Participant Information 14</p>	<ul style="list-style-type: none"> · CF Information 1: Becoming more active · CF information 2: Different types of physical activity · Participant Information 13: Be active. · Participant Information 14: Tips for getting active 	10 minutes
Physical activity	<p>Physical activity session</p> <p>If there is no external facilitator/trainer to deliver this session see CF Activity for ideas.</p>	<ul style="list-style-type: none"> · CF Activity 1: Physical activity ideas 	30 – 40 minutes
Barriers and opportunities	<p>Brainstorm:</p> <ul style="list-style-type: none"> · What are the barriers to becoming physically active or staying active? · What are the solutions? Or what can we do to incorporate physical activity into our lives? <p>You can write their responses on the flipchart, dividing into barriers and solutions.</p> <p>List places near your home where you can be physically active, e.g. the park, gym, pool, community centre, tennis courts, etc.</p> <p>What are the costs?</p> <p>When are they available?</p> <p>Is there anything that you would like to try that you hadn't thought of before today?</p>	<ul style="list-style-type: none"> · Flipchart 	10 minutes
Planning for physical activity & home exercise	<p>Participants complete Worksheet 25</p> <p>Participants say out loud to the group one thing they will do in the week ahead to be more physically active.</p> <p>Optional</p> <p>Download and print copies of the "21 day walking challenge record card" from Get Ireland Walking: https://www2.hse.ie/file-library/health-eating-active-living/21-day-walking-challenge-record-card.pdf</p> <p>Invite participants to start the challenge as explained on the card.</p>	<ul style="list-style-type: none"> · Participant Worksheet 25: My plan to be more active 	5 minutes
Relaxation (Optional this week)	Choose from the Appendices or use your own.	<ul style="list-style-type: none"> · Audio or appendices 	5 minutes
Evaluation and close	One word to describe how you are feeling after today's session.		5 minutes

Becoming more active

Regular exercise contributes to good health and well-being.

It helps to manage your weight and keeps you fit.

It affects the body's metabolic rate, which is how fast your body makes and burns energy. It includes how fast your body burns up the calories from food. For example, if your metabolic rate is slow your body will be slow at burning up calories. This could lead to putting on weight, because the body stores unused calories as fat. Regular exercise will boost your metabolic rate, both during the exercise and after it.

It will help keep you at a healthy weight.

It can also improve the body's ability to meet the demands and stresses of daily living.

Exercise can be fun and can be done with friends. Find something that you enjoy and invite a friend or family member to join you.

Guidelines for physical activity²³

Regular physical activity is the key to getting healthy and staying healthy.

Adults (aged 18–64) should aim to achieve at least 30 minutes a day of moderate intensity activity, five days a week (or 150 minutes a week).

Older people (aged 65+), as above with a focus on aerobic activity, muscle strengthening and balance.

Adults with a disability: Aim to be as active as the disability allows to meet the guideline for your age group.

See next page for different types of activities, with different reasons to be active.

²³ For more information: <https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/health/physical-activity-guidelines/>

Different types of physical activity

You can use these to start a conversation about being active and what the focus for each person should be in regards to being physically active.

Activities of daily living	Recreation and leisure time
<p>Focus is daily activities</p> <ul style="list-style-type: none"> · Housework · Gardening · Going up the stairs · Washing windows, floors · Pushing a buggy · Making beds · Chair exercises 	<p>Focus is on fun and enjoyment</p> <ul style="list-style-type: none"> · Dancing · Walking · Cycling · Yoga · Swimming · Jogging · Active with children
Exercise	Sport
<p>Focus is fitness</p> <ul style="list-style-type: none"> · Aerobics · Circuit training · Power walking · Aqua aerobics · Gym · Running · Swimming 	<p>Focus is competition</p> <ul style="list-style-type: none"> · Hurling · Soccer · Boxing · Athletics · Rugby · Judo · Competitive cycling

Ask the group “What do you do to keep active?”

Physical activity ideas

Exercise Bingo

Equipment:

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

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 9 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
· Jumping jacks	· Plank for 15 seconds
· Jogging on the spot	· Running (fast) on the spot
· Stretching overhead	· Lunges
· Touch your toes	· Tuck jumps
· Roll your shoulders backwards	· Squats
· Roll your shoulders forwards	· Shadow boxing
· Kick with left foot	· Burpees
· Kick with right foot	
· Marching on the spot	
· High knees	
· Toe tap	
· Heel tap	
· Bicep curls	

Chose the length of time or number of repetitions as appropriate to the group.

Physical activity ideas

Playing cards fitness

Equipment:

- Deck of cards
- Code breaker, see below (feel free to create your own code)

What to do:

1. Display the code breaker on a wall
2. Shuffle the deck of cards
3. Each card represents a different exercise
4. Pull a card from the pack. Everyone must complete the exercise associated with that card.

Code breaker

Card	Exercise
Ace	Jumping jacks
King	Jogging on the spot
Queen	Stretching overhead
Jack	Touch your toes
10	Roll your shoulders backwards
9	Roll your shoulders forwards
8	Kick with left foot
7	Kick with right foot
6	Marching on the spot
5	High knees
4	Toe tap
3	Heel tap
2	Bicep curls

Chose the length of time or number of repetitions as appropriate to the individuals in the group.

Physical activity ideas

Follow the leader

The only equipment required for this activity are chairs.

What to do:

1. Place chairs in a large circle. Remove one chair and chose one person to be the leader
2. Everyone takes a seat except for the leader, who stands on the outside of the group
3. The leader starts to walk around the outside of the circle, tapping a few people as he/she walks by
4. When someone is tapped, they must stand up and follow the leader
5. When ready, the leader shouts “sit down”
6. The leader and all those following him/her must dash for a seat. The person without a seat becomes the new leader.

Other ideas for activities

- Outdoor walk
- Dance
- Online beginners' exercise activity: aerobics, yoga, Pilates, etc.
- Stretching exercises
- Tai Chi
- Danderball/Walking football
- Local history walks – learn about your locality

For more tips on being physically active see:

<https://www2.hse.ie/wellbeing/fitness-for-your-lifestyle.html>

Staying quit: Option 4 – Managing stress

Overview

Staying quit and motivated

Managing stress

Aim of this session:

Raise awareness of stress and how we can manage it

Objectives:

- To understand what stress is
- To know and be able to recognise our own physical and emotional reactions to stress
- To build on coping strategies from earlier sessions
- To understand how to manage stressful situations in the future, so as to avoid relapse
- To prepare for the future

Key tasks:

- One-to-one CO reading and recording
- Relaxation activity (optional for this week)

Resources:

- CO monitor and accessories
- Audio or alternative option for relaxation
- Flipchart
- Group agreement from week 1
- Any equipment required as per the choice of activity (see examples in the CF Activity 1)

Other: _____

Note: This session could be delivered or supported by a member of the HSE's Health and Social Care Team

Staying Quit: Option 4, Session Plan

Activity	Process/Guidelines for Facilitator	Resources	Duration
Welcome, feedback and overview of session	<p>Ask each participant to say their name and one thing that they do to help them manage stress.</p> <p>Explain that in today's session we are going to look at stress in more detail and how we can manage it in our everyday lives.</p>		10 minutes
CO reading and recording	This can be done during the coffee break or as the participants are entering the room or when a participant has completed an activity.	<ul style="list-style-type: none"> · CO Monitor and accessories · Participant Worksheet 2 	10 minutes
What is stress?	<p>Discussion: How do you know when you are stressed?</p> <p>Invite the group to call out answers and write them on the flipchart.</p> <p>Using CF Information 1, explain to the group what stress is. Allow the group time for discussion.</p> <p>CF Activity 1, complete tasks 1 and 2</p>	<ul style="list-style-type: none"> · Flipchart and marker · CF Information 1: What is stress? · CF Activity 1: Identifying and dealing with stress · Post- it notes and pens 	25 minutes
Dealing with stress	<p>Looking at ways of dealing with stress and putting a plan in place.</p> <p>Complete task 3</p> <p>Allow participants time to write their plan in their own books.</p> <p>Read aloud or give some examples from CF Information 2</p>	<ul style="list-style-type: none"> · Flipchart and marker · CF Activity 1: Identifying and dealing with stress · Participant Worksheet 26: Managing stress · CF Information 2: Managing stress 	20 minutes
Relaxation	Choose from the Appendices or use your own.	<ul style="list-style-type: none"> · Audio or Appendices 	10 minutes
Evaluation and close	<p>Ask for one word to describe how you are feeling after today's session.</p> <p>Reminder to practise self-care and be kind to yourself.</p>		5 minutes

What is stress?²⁴

Stress is our internal response to the external environment. It is necessary for normal healthy everyday living. Very often stress is not so much the external environment but our internal response to that environment – how we mentally react to it.

Stress develops in 3 stages:

- 1. Alarm stage:** a normal physical and mental response to stress causing situations. Sometimes referred to as “fight or flight.” It is characterised by anxiety, fear or anger.
- 2. Resistance stage:** If stress is not resolved at the “alarm stage” you move into this stage. This stage is characterised by denial of feelings, emotional isolation and a narrowing of interests.
- 3. Exhaustion stage:** This advanced stage is characterised by a loss of self-confidence, poor sleep habits and physical problems.

Generally someone can be said to be suffering from stress when outside pressures get beyond their ability to cope. These are usually things like work pressure, bad health, family problems, money worries, etc.

People who suffer from stress are much more likely to have health problems, both physical and emotional.

Stress is nothing new. Life has always been a stress- making business. Modern life, however, gets more and more complicated.

There is some evidence to suggest that the people most likely to suffer from stress have similar personality traits. They tend to be negative, perfectionists, people with low tolerance levels, worriers, are inclined to be intense, and can be impatient.

When identifying stress in ourselves, we often see the “big stresses.” We tend to forget the smaller more subtle stresses, and it is very often these that add up day after day, which affect our health.

²⁴ Adapted from Western Health Board, 2004, Well-being through groupwork: A manual for facilitators who are promoting health.

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 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?

Participants can refer back to week 4 and the strategies that you had looked at for coping with stress, Participant Information 7.

Managing stress²⁵

Use these notes to share with the group as additional tips to dealing with stressful situations.

Become aware of your tension

- Keep a diary for a week, look for patterns
- What is causing your stress?

Relax daily

- Two 20 minute relaxation sessions daily are recommended
- Use the audio examples in the back of the book if you prefer

Act assertively

- Ask for help; learn to say “No” for yourself when necessary
- Ask for your needs to be met

Express feelings appropriately

- Tune into yourself and your feelings
- Practice making “I” statements more often
- Talk things over

Rest and sleep more

- Learn to use time more productively

Exercise regularly

- Regular exercise is a great stress management technique
- Thirty minutes walking three times a week is recommended
- Build up gradually if you are unfit

Balance your diet

- Watch your caffeine intake
- Learn about nutrition

Plan

- Your time: time pressures are often a big cause of stress, be aware of this and plan your time to allow for the unexpected. Keep time for yourself
- Your home: you can often reduce stress by changing and improving your environment. Being well organised can reduce stress. Re-arranging living arrangements, changing habits, even simple storage crates for items that always seem to be on the floor can help
- Take control – no one makes us stressed, we choose to respond the way we do.

Have a good laugh everyday

Take it one day at a time.

²⁵ Adapted from Western Health Board, 2004, Well-being through groupwork: A manual for facilitators who are promoting health.

SECTION 6

Additional activities

The activities in the following section are optional/additional activities. They can be used to start a discussion, add to a session, or simply to fill a gap.

There are participant versions in the Participant Book in the Additional Activities and Information section at the back.

The copies in this pack are only for the Community Facilitator, as they contain answers and explanations of the activities.

Relaxation Exercises

The exercises below can be used as 5-10 minutes relaxations during the weekly sessions. They are a valuable tool in supporting people in becoming aware of their own body and mind. This will support them as they quit and help them to remain smoke free.

These exercises have been borrowed with permission from Mindfulness on the go: Peace in your pocket, written by Padraig O'Morain.

For more information see the book or log on to <http://www.padraigomorain.com>. This website also has audio pieces which you can use during the sessions or the participants can use at home.

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're under a shower of awareness.

If you want to go deeper: if you notice any tension, imagine that you're 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're 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's 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's especially helpful if you work in front of a computer, huddling into a screen with your muscles tensed up. It's also good for drivers who can easily tense up their neck and shoulder muscles without noticing. But mindfulness of posture was practised long before the invention of computers and cars. That's because the body isn't in the past or the future – it's 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.

Urge surfing

This might be useful to include in the healthy eating session.

Practice: next time you feel hungry, notice what that's like for a little while before you eat. Connect with the physical sensation. Where is it in your body? Does it rise and fall in intensity? Does it cover a large or a small area?

Commentary: we are, in many ways, creatures of habits and urges. Those who are most at the mercy of their urges have the least control over their lives. But urges rise and fall and becoming aware of an urge opens a space in which to make a choice to satisfy it or not. Eating healthily is essential, but we all have urges to do things that are not helpful to us. Seeing the urge rise and fall without having to satisfy it – urge surfing – is a useful skill. Practise on the urge to eat but then eat what you need.

If you want to go deeper: sit still for a time and notice the nature of the urge, as above. Notice how it changes. Rather than seeing yourself as resisting the urge, see yourself as observing it while creating space for choices.

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're 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's 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.

Tobacco Quiz Solutions

This activity can be completed as any stage during the course. It can help to create discussion or could be used as a revision of information.

The Quiz can be completed in teams or individually – you will know your group. You can chose to ask some or all of the questions.

The participants’ copy is in the ‘Additional Activities and Information’ section of their books: Participant Worksheet 29

1. Approximately how many chemicals are there in tobacco smoke?

- 2,000 4,000 10,000

Analysis of tobacco smoke shows that there are over 4000 chemicals in tobacco smoke. Surgeon General 2004, CDC 2007.

2. How many of these chemicals are known to be cancer causing?

- None 35 60+

Over 60 chemicals in tobacco smoke are known to be carcinogens. Surgeon General 2004, CDC 2007.

3. On average how much does each cigarette shorten a tobacco user’s life?

- 30 minutes 11 minutes Not at all

Every cigarette you smoke shortens your lifespan by about 11 minutes. That’s 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.

4. How many people die in Ireland each year because of their tobacco use or the effects of second-hand smoke?

- 3,000 6,000 7,000+

Tobacco use is the leading cause of preventable death in Ireland with almost 6,000 smokers dying each year from tobacco related diseases. In 2013, 5950 deaths were attributable to smoking and second hand smoke (HSE, State of Tobacco Control 2018).

5. How many people in Ireland are admitted to hospital for any condition relating to tobacco use each year?

- 5,000 2,100 33,000+

In 2016, it was estimated that there were 33,231 hospital inpatient admissions attributable to smoking. This figure has grown from 29,732 in 2011, and has seen an increase year on year between these years. These figures include hospitalisations for cancers, cardiovascular disease, respiratory disease, reproductive effects, and other associated effects. (HSE, the State of Tobacco Control, 2018).

6. Which type of cancer has the highest death rates among women in Ireland?

- Breast Lung Cervical

During the period 2013 to 2015, lung cancer was attributed to 19.2% of all cancer deaths in women, while breast cancer attributed to 16.9% and cervical cancer to 2% of all cancer deaths in women. Based on demographic changes alone, annual numbers of cases of lung cancer are projected to increase in males from 1,356 in 2015 to 3,137 in 2045 (+131%) and in females from 1,130 in 2015 to 2,313 in 2045 (+84%).

https://www.ncri.ie/sites/ncri/files/pubs/annualreport2018_26112018.pdf

7. Women who smoke in pregnancy increase the risk of ... (Chose one or more answers)

- Ectopic pregnancy
- Low birth weight babies
- Babies are much slower to develop

All three are correct.

Prenatal exposure to tobacco smoke has significant adverse impacts on the health of the foetus including low birth weight, premature birth, spontaneous abortion and stillbirth. Maternal prenatal smoking is associated with both antisocial behaviour and ADHD in children and adolescents. This association remains after controlling for confounders such as socio-economic status, maternal age, birth weight and maternal psychopathology.²⁶

8. Men who smoke have an increased risk of death from prostate cancer

- True
- False

9. Tobacco smoke has no effect on fertility for men*

- True
- False

10. Tobacco smoke has no effect on fertility for women*

- True
- False

*Questions 9 and 10

There is a strong association between tobacco use and reduced fertility. Howe et al (1985) reported that 5 years after stopping using contraception, 10.7% of smokers who smoked more than 20 cigarettes a day, had decreased fertility (remained childless) compared to 5.4% of non-smokers.²⁷ Men who smoke have decreased sperm concentration, and decreased motility (how sperm swim). For those trying to conceive, both males and females should quit smoking.

11. Children are more likely to smoke if their parents smoke and/or their friends smoke

- True
- False

Children are more likely to smoke if one or both parents smoke and also if their best friend/friends smoke.

12. Young people who smoke can experience

- The same level of withdrawal as adults
- Less withdrawals than adult smokers
- No withdrawal symptoms at all

Symptoms of serious nicotine addiction often occur only weeks or even just days after youth “experimentation” with smoking. Even irregular use and low quantity can produce the same withdrawal symptoms upon abstinence as for adults.

13. It is illegal for under 18s to buy tobacco

- True
- False

It is illegal to sell tobacco to any persons under 18 but it's not illegal for under 18s to buy tobacco.

²⁶ ASH Research Report. Second Hand Smoke; The impact on Children; June 2011.

Healthier Scotland/NHS/Health Scotland, P 6. Button T, Thapar A, and Mc Guffin P. Relationship between antisocial behaviour, attention deficit hyperactivity disorder and maternal prenatal smoking. British Journal of Psychiatry, (2005), 187; pg 155-160. Surgeon General's Report (2004) USDHHS.

²⁷ Howe et al, 1985, “Effects of age, cigarette smoking, and other factors on fertility: findings in a large prospective study” <https://www.bmj.com/archive>

14. Second hand smoke can cause an increased risk of ... (Choose one or more answer):

- Heart disease Cancer Asthma and Bronchitis

All three are correct.

It is estimated that second-hand smoke kills more than 600,000 people worldwide every year. A 2006 report of the U.S. Surgeon General states: "There is no risk-free level of exposure to second-hand smoke. Non-smokers exposed to second hand smoke at home or work increase their risk of developing heart disease by 25% to 30% and lung cancer by 20% to 30%. This finding is a major public health concern."

15. How much of tobacco smoke goes directly into the air?

- 15% 45% 85%

Most of the smoke from a cigarette goes directly into the air. This is called side-stream smoke. Second hand smoke is the mix of the 15% mainstream smoke exhaled by the smoker and the 85% side-stream smoke.

16. Children exposed to second hand smoke have an increased risk of... (Choose one or more answers):

- Asthma and Bronchitis Lower respiratory infections
 Middle ear disease Bacterial meningitis
 Sudden Infant Death Syndrome

All five are correct.

The WHO estimates that half of the world's children (700 million) are exposed to SHS. Children are especially vulnerable to the effects of SHS as they breathe more rapidly and they inhale more pollutants per pound of body weight than adults. A child exposed to SHS has an increased risk of asthma, lower respiratory infections, bronchitis, middle ear disease, bacterial meningitis and Sudden Infant Death Syndrome (SIDS) as well as generally reduced respiratory function (cough, wheezes).

17. What does nicotine do? (Choose one or more answer):

- Causes addiction Nothing Causes increase in heart disease

18. How quickly does it take nicotine to reach the brain?

- 7 seconds 30 seconds 60 seconds

Questions 17 and 18:

The main adverse effect of nicotine is addiction, which sustains tobacco use. Because most smokers are nicotine-dependent, they continue to expose themselves to toxicants from tobacco. Tobacco, not nicotine, is responsible for most of the adverse health effects. Nicotine is a highly addictive drug, as addictive as heroin or cocaine when delivered by means of tobacco products (USDHHS, 1988).

19. What does carbon monoxide do? (Choose one or more answer)

- Displaces oxygen Nothing Aids hardening of the arteries (Atherosclerosis)

The 1st and 3rd points are correct:

Carbon monoxide (CO) is absorbed into the blood from the lungs. It binds to haemoglobin in red blood cells about 200 times as readily as oxygen. It also reduces the release of oxygen. CO deprives the body of oxygen which the body needs to live. Smokers can have between 2% - 20% of their normal blood oxygen taken up by CO. CO damages health because the linings of the arteries are more permeable to cholesterol and this causes a fatty build up increasing the risk of circulation problems, heart attack and stroke.

20. What does tar do? (Choose one or more answer):

- Nothing Causes cancer Causes smokers cough

The 2nd and 3rd points are correct.

Tar is the mix of organic and inorganic particles in tobacco smoke that are inhaled by the smoker. About 70% of the tar contained in the smoke ends up coating the lungs. An average smoker's lungs collect about a mug full of tar each year. When it condenses the tar forms a sticky brown substance. Tar contains many irritants that cause smoker's cough and also many cancer causing chemicals. Tar also stains fingers and teeth.

21. Light/Low Tar cigarettes cause the same harm as regular cigarettes?

- More harm than Less harm than The same harm as

There is no strong scientific evidence that low-yield cigarettes are less harmful than regular cigarettes. "Light" cigarettes have tiny vent holes which help to dilute the amount of chemicals absorbed. However, smokers often inhale more deeply and block the vent holes with their fingers to get the dose of nicotine they need from each cigarette. Stopping smoking is the only way smokers can avoid the health risks of smoking.

22. Which of the following chemicals are in tobacco smoke? Please tick all that apply:

- Nicotine Formaldehyde Nickel
 Ammonia DDT Radon
 Arsenic Hydrogen cyanide Polonium – 210
 Butane Lead

All of the above are found in tobacco smoke.

23. People with mental health illness are more likely to use tobacco

- True False

Psychiatric patients are twice as likely to smoke as the general population. People with mental health disorders who live in institutions exhibit rates of smoking in excess of 70%. One survey estimated that 45% of all cigarettes smoked were individuals with a psychiatric disorder. While general smoking rates are falling, this is not the case among psychiatric populations. Smoking related fatal diseases are more prominent among mental health patients than in the general population.

24. How many children does the tobacco industry need to recruit in Ireland each day if they want to maintain their profit margins?

- 25 50 75

The tobacco industry uses creative ways to aggressively pursue the next generation of "replacement smokers," those who will buy their products in the future as their current customers quit or pass away.

Word Search Solution: What’s in a cigarette?

The participants’ version of this is in the Additional Activities and Information section at the back of their books:

Participant Worksheet 30

11 of the 12 words below are hidden in the word search. Find all 11 and discover which one is left.

- | | | |
|----------|--------------|------------------------|
| Acetone | Ammonia | Arsenic |
| Benzene | Butane | Carbon monoxide |
| Chromium | Formaldehyde | Lead |
| Nicotine | Pesticides | Tar |

E	J	A	T	X	Q	I	O	P	C	L	L	E	C	C
N	W	A	I	N	O	M	M	A	E	R	D	D	G	J
A	B	I	F	I	X	Z	I	R	A	I	E	Y	R	G
T	K	N	X	D	L	L	D	S	T	O	T	H	P	A
U	G	E	T	P	Q	A	H	E	A	A	R	E	E	C
B	K	V	N	Q	N	K	E	N	K	A	R	D	S	E
I	S	M	D	T	G	B	E	I	E	D	L	L	T	T
U	R	A	W	R	O	U	M	C	H	A	V	A	I	O
C	H	R	O	M	I	U	M	O	P	E	T	M	C	N
R	F	M	W	T	H	L	Y	M	O	L	G	R	I	E
A	R	Z	O	A	J	M	I	T	J	B	Q	O	D	V
J	F	O	Z	K	V	P	M	Y	G	P	T	F	E	G
E	N	E	Z	N	E	B	Q	N	W	D	Z	A	S	U
N	I	C	O	T	I	N	E	E	D	Z	C	S	C	Z
D	O	Q	P	N	D	W	G	X	C	A	B	W	F	X

The missing chemical is: carbon monoxide

Discussion on smoking on TV



A copy of this is available in the Additional Activities and Information section of the participants' books: **Participant Worksheet 31**

· What types of characters in TV programmes smoke?

· How is smoking portrayed on TV?

· How do you think smoking is portrayed in TV programmes?

· How do you think smoking in TV programmes affects women, men, young people and people who are trying to quit or who have quit?

· Are you aware of any TV character that has quit smoking as their onscreen character? If so, how do you think that was portrayed?

· Are you aware of any anti-smoking messages on TV programmes?

· If you are with other people, including children, and watching a programme with smoking in it, what could you do to challenge this?

General Discussion Points

These questions can be used to prompt discussion about smoking; what influences our smoking behaviour; and the influence of the tobacco industry.

How do you know what cigarettes to buy?

- I started smoking the same cigarettes as my friends
- Other people in my social group smoke the same brand
- It's designed by the tobacco manufacturer to appeal to people like me – my age, my social class, my sex
- Lots of people in my area smoke the same brand and it is always available in the local shops.

How can the tobacco industry manipulate me?

- **Smoking and health:** The tobacco industry denied and continues to deny that smoking causes lung cancer - yet it has understood the carcinogenic (cancer causing) nature of its product since the 1950s
- **Nicotine and addiction:** Until recently the tobacco industry has denied its product is addictive. Internally, it has known since the 1960s that the crucial selling point of its product is the chemical dependence of its customers. Without nicotine addiction there would be no tobacco industry. Nicotine addiction destroys the industry's PR and legal stance that smoking is a matter of choice
- **Marketing to children:** The tobacco industry denies that it targets young people. Internal documents from various tobacco companies reveal that the market of young smokers is of central importance to the industry. Many documents reveal the companies' pre-occupation with teenagers and younger children - and the lengths they have gone to in order to influence smoking behaviour in this age group
- **Cigarette design:** Tobacco industry documents show that the companies initially hoped to make safer cigarettes. They abandoned the idea when they recognised that this would expose their existing products as "unsafe." The industry has deliberately promoted "low-tar" cigarettes knowing that they would offer false reassurance without health benefits. It has manipulated nicotine and introduced additives to change the delivery of nicotine
- **Second hand smoke:** The tobacco industry is challenged by second hand smoke in two ways. First, measures to protect non-smokers will reduce the opportunities to smoke and contribute to its social unacceptability. Second, the "freedom to smoke" arguments are lost if non-smokers are harmed. The industry has refused to accept the now overwhelming consensus regarding the harm caused by second hand smoke. Instead it has denied it and sought to influence debate by buying up scientists on a spectacular scale.

Why does the government complain about cigarettes and their health risks and still get lots of money from them?

- Tax on sale of cigarettes is a source of revenue for the government
- People were smoking and governments were taxing the sale of cigarettes before knowledge of the level of harm from smoking was known

Does smoking and tobacco use damage the environment?²⁸

- 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.

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 and they are therefore exposed to nicotine and pesticide poisoning – Green Tobacco Sickness - 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.”

²⁸ WHO, 2017, Tobacco and its environmental impact: an overview

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'll 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					
Interesting					
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?

We Can Quit Participant Satisfaction Survey

1. Which group did you attend? Women's group Men's group Mixed gender group

2. How much do you agree or disagree with the following statements?

	Disagree strongly	Disagree slightly	Neither agree nor disagree	Agree slightly	Agree strongly
I really enjoyed the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
The venue and location were very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I would recommend the course to a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I know more about the dangers of smoking than I did before the course started	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
The support offered by the pharmacy staff was very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I am very happy with the support offered by the 2 Community Facilitators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
The support offered by the other group members was very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I know where to go to get support to quit smoking if I need it in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					

3. Did the community facilitators tell you about any additional support services available to you?

- Yes No

4. If you answered yes to Question 2 please tick the boxes below or tell us about the additional services you used or heard about

- Quitline or www.quit.ie
 Cookery classes or Healthy Food Made Easy
 Exercise groups/walking groups/sports groups
 Addiction services e.g. AA

Other: _____

5. Have you quit smoking?

- Yes and I stayed quit Yes but I relapsed and I have quit again Yes but I relapsed No

6. If you are quit at the end of the programme, how many weeks have you been quit?

- 1 - 2 weeks 3 - 4 weeks 5 - 6 weeks 7 - 8 weeks More than 8 weeks

7. What do you feel was done well in the We Can Quit programme?

8. What do you feel could have been improved in the We Can Quit programme?

9. Finally, could you please tell us a little about what being part of We Can Quit has meant to you?

Thank you!

SECTION 7

Additional Information

This section provides the Community Facilitator with additional information on specific topics that may arise throughout the course of the programme. You can use the information to help answer questions and/or to start a discussion.

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 (2019) reported that 5% of adults (aged 15+ years) currently use e-cigarettes and 12% of adults have used them at some point.

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.²⁹

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.

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;
- Dual use of tobacco and e-cigarettes should be avoided;
- 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.

²⁹ 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/>

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;³⁰
- 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.

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.³¹

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>)

³⁰ <https://www.who.int/news/item/05-02-2020-e-cigarettes-are-harmful-to-health>

³¹ <https://www.who.int/news/item/05-02-2020-e-cigarettes-are-harmful-to-health>

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)³² 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.

³² <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, shit, 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 impact on 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 lots of 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.

Withdrawal

- Cravings for nicotine and intense desire to smoke

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 can’t 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 take a certain medical treatment due to the harm that it would cause the person.

Dosage

How to take and the amount of medication to be taken.

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 atomiser 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 a quit smoking aid.

Gender

Gender refers to the roles, behaviours, activities, and characteristics that each society considers appropriate for men and women. So “masculine” and “feminine” are gender categories.

Health³³

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

Nicotine

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

³³ <https://www.who.int/>

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.

Sex

Sex refers to the biological (genetic) and physiological (physical) characteristics that define men and women. So, “male” and “female” are sex categories. Some examples of sex characteristics are that women have periods (menstruate) but men do not; and women have developed breasts that are usually able to produce milk, but men have not.

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

Drugs and alcohol

- Drugs and alcohol, information and support – www.drugs.ie
- SpunOut (Teenagers, drugs and alcohol information) <https://spunout.ie/>
- 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/>

Men’s health and wellbeing

- Men’s health forum - <https://www.mhfi.org/>
- Men’s Development Network: <https://mensnetwork.ie>
- Irish Men’s Sheds website: <https://menssheds.ie>
- Men’s Health Week in Ireland: <https://www.mhfi.org/mhw/about-mhw.html>
- ‘Challenges and Choices’ Man Manual: <https://www.mhfi.org/challenges2021.pdf>
- **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>

Women's health and well-being

- National Women's Council of Ireland www.nwci.ie
- Dublin Well Women Centre Tel: 01 872 8051
- Irish Family Planning Association www.ifpa.ie
- Women's aid <https://www.womensaid.ie>
- Irish Cancer Society "Healthy Living and Cancer: A woman's guide" booklet: you can download it 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
- Irish Cancer Society www.cancer.ie
- Irish Heart Foundation www.irishheart.ie
- Croí (fighting heart disease and stroke) www.croi.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/>

Active retirement

- Active Retirement Ireland is a network of local and community based voluntary organisations that aims to help men and women, who are retired or semi-retired from paid or unpaid work, to lead a full, happy and healthy retirement. For more information check out: <http://www.activeirl.ie>
- Age and Opportunity: <http://ageandopportunity.ie>

