

The top left of the page features several overlapping, semi-transparent orange squares of various sizes. From the right side of these squares, three thin, curved orange lines extend downwards and towards the right, ending near the bottom of the page.

TOOL

Tobacco Cessation Workbook

For Substance Abuse Treatment Programs



RECOVERY PROGRAMS

Tobacco Cessation Workbook

The Tobacco Cessation Program is built on ten simple steps.

- 1. Increase your awareness of how, when, and where you use tobacco.** Make a careful study of your habits and practices.
- 2. Examine your Personal History of involvement with tobacco.** Learn about its influence and progression over the years.
- 3. Identify the habits and rituals that have developed around your tobacco use.** These trigger craving and reinforce relapse.
- 4. Begin living one day at a time:** Develop a 24 hour approach to life during the next few months. Learn not to get ahead of yourself.
- 5. Gradually reduce your tobacco consumption to zero.** Use a medically-approved plan to detoxify yourself from tobacco. Aids and treatments can help. Continue making behavior changes throughout the quitting process.
- 6. Rearrange your lifestyle to support recovery:** Make specific changes that make it easier to live without tobacco. Remember, your lifestyle should promote your physical, spiritual, and psychological well-being.
- 7. Build new skills to reduce craving and anxiety.** Self-hypnosis and guided imagery can help regulate your emotions during this period of change. Exercise and healthy eating should be part of your recovery.
- 8. Build support:** Get a 'recovery buddy' and stay in touch.
- 9. Avoid high-risk situations and people.** Have alternatives close at hand when you can't avoid them altogether.
- 10. Carry the message.** Support others as they consider quitting.

Tobacco Cessation Workbook

Step One: Awareness

A. At present, I use this amount per day:

B. The time of day I use most heavily is:

C. I have my first smoke of the day at (time):

D. The main reason I use tobacco is:

E. The date I would like to quit is:

F. Three fears I have about quitting are:

1.

2.

3.

G. The main reasons I want to stop are:

H. When I try to stop, I feel: (check box)

Depressed

Sad

Can't relax

Irritable

Frustrated

Easily upset

Anxious

Clenched jaw

Moody

Angry at others

Angry at myself

Impatient

Desire to escape

Distracted

Feeling of doom

Insecure

Can't stop worrying

Temper outbursts

Unhappy

Hyperactive

Suspiciousness

Despair

Panicky

Can't make decisions

Lost confidence

Headaches

Insomnia

Nightmares

Nervous

Lack energy

Hopelessness

Fear of future

Craving

Unwanted thoughts

Scattered

I. Which of the above are you *most* concerned about? Can you explain why?

Step Two: Personal History

Write out (below and/or on a separate piece of paper) a personal history of your life as a tobacco user. Include the following information:

- » **The age** at which you first experimented with tobacco
- » **The age** at which you became a regular user
- » **Why** you first used tobacco.
- » **Why** you became a regular tobacco user.
- » **Reasons** you continue to use tobacco.
- » **Previous attempts** you have made to quit.
- » **For how long** were your attempts successful?
- » **Why** did you start using tobacco again?
- » **Is there any reason** that now is not a good time to quit?
- » **Who** (besides you) will benefit if you quit tobacco?
- » **What** possible consequences of tobacco are most frightening to you?

Tobacco Cessation Workbook

Step Three: Habits and Rituals

A. A) Describe the circumstances in which you ordinarily reach for tobacco. Are there any stressors that seem to motivate you? Are there particular situations in which you feel you need to smoke or use tobacco? In which you feel more comfortable with tobacco than without? For instance:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> When I'm tired | <input type="checkbox"/> When I'm sad | <input type="checkbox"/> When I'm alone | <input type="checkbox"/> When I'm anxious |
| <input type="checkbox"/> When I'm angry | <input type="checkbox"/> When I feel frustrated | <input type="checkbox"/> When I'm upset | <input type="checkbox"/> When I'm confused |
| <input type="checkbox"/> When I am hungry | <input type="checkbox"/> After a meal | <input type="checkbox"/> When I'm nervous | <input type="checkbox"/> When I wake up |
| <input type="checkbox"/> When I am bored | <input type="checkbox"/> When I am busy | <input type="checkbox"/> When I'm moody | <input type="checkbox"/> When I can't sleep |
| <input type="checkbox"/> When I'm with others who smoke | <input type="checkbox"/> When I have a drink of alcohol | <input type="checkbox"/> When I am having coffee or tea | <input type="checkbox"/> When I'm socializing |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B. Do you use a particular *brand* of tobacco? Have you switched brands during your life? What was your reason for switching? Does your brand have any special significance for you?

C. What are the first 3 words that come to mind when you think of tobacco? Do you know why?

Tobacco Cessation Workbook

Step Four: The 24-Hour Plan

A. The Most Important things I need to do stay away from cigarettes on a daily basis are: (Check all that apply)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Talk to others when I have a desire for a cigarette | <input type="checkbox"/> Be honest with others about how I am doing | <input type="checkbox"/> Be with supportive people | <input type="checkbox"/> Attend treatment activities |
| <input type="checkbox"/> Proper rest/sleep | <input type="checkbox"/> Eat properly | <input type="checkbox"/> Avoid alcohol | <input type="checkbox"/> Talk with other people |
| <input type="checkbox"/> Control worry | <input type="checkbox"/> Avoid drugs | <input type="checkbox"/> Control fears | <input type="checkbox"/> Follow treatment plan |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Stay busy | <input type="checkbox"/> Meditation/prayer | <input type="checkbox"/> Recognize trouble signs |
| <input type="checkbox"/> Remain hopeful | <input type="checkbox"/> Avoid anger | <input type="checkbox"/> Calm myself | <input type="checkbox"/> Be patient with others |
| <input type="checkbox"/> Remember my illness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B. The following are useful slogans or affirmations. Define each one to the best of your understanding:

One Day at a Time

Live and Let Live

Easy Does It

Keep It Simple

Tobacco Cessation Workbook

Step Five (continued)

After five days of tracking, begin your cessation plan. Here's how it works:

1. Eliminate any cigarettes you ordinarily rate as 1 or 2. Keep with this pattern for 4 days.
2. Then, eliminate any cigarettes you rated as 3, 4, or 5. Keep this pattern for 4 days.
3. Next, eliminate any cigarettes you rated as 6 or 7. Keep this pattern for 4 days.
4. Eliminate any cigarettes you rated as 8 or 9. Keep this pattern for 4 days.
5. Finally, eliminate any remaining cigarettes.

Some Good Advice:

During this detoxification process, many people find it helpful to interrupt habit patterns that are associated with smoking. For instance, after a meal, brush your teeth. When having coffee, don't sit - get up and walk around. Deep breathing exercises are helpful - the practice of deep inhalation and exhalation seems to relieve craving for a cigarette. Chewing sugar-free mints or even whole cloves can reduce craving for some folks. Others find aerobic exercise of great value.

Tobacco Cessation Workbook

Step Six: Rearranging Your Lifestyle

- A. Based on** your experience, would any of the following problems interfere with your success in staying off tobacco? If yes, write briefly how you would prevent it from interfering again.

| Obstacle | How I Can Address It Without Smoking |
|---|--------------------------------------|
| Daily stress | |
| Occasional periods of high stress or worry | |
| Friends or others who smoke around me | |
| Habits like after meals, with smoking friends, etc. | |
| Other (describe) | |

- B. Write out,** in your own words, a statement of commitment to quitting smoking. Describe what you are willing to do in order to be successful. Share it with your counselor. Then sign it and have your counselor sign as a witness. (You can use the back of this sheet if needed.)

Tobacco Cessation Workbook

Step Seven: Skills for Reducing Craving

A. Which Symptoms of craving have you experienced?

(Check your choices)

- | | |
|--|---|
| <input type="checkbox"/> Vivid dreams about tobacco | <input type="checkbox"/> Automatically reaching for a cigarette |
| <input type="checkbox"/> Intrusive thoughts | <input type="checkbox"/> Physical discomfort |
| <input type="checkbox"/> Easily agitated | <input type="checkbox"/> Easily frustrated |
| <input type="checkbox"/> Preoccupation with cigarettes | <input type="checkbox"/> Shortness of temper |
| <input type="checkbox"/> Clenched teeth | |

B. How to relieve craving in six easy steps:

- Assume a relaxing position.* This usually means seated, eyes closed, both feet flat on the floor, and hands palm-down on each thigh.
- Take a deep breath,* hold for a count of three, then release slowly over a count of six until your lungs are empty. Repeat five times.
- Picture a stop sign.* Imagine yourself coming to a full stop as you approach the sign.
- Give yourself positive suggestions.* For instance, tell yourself you will have something like a stick of gum, a mint, candy, or other tobacco substitute. Remind yourself how well you're doing and how you are finally achieving a goal. Tell yourself that you will feel much better shortly, because cravings always pass. Say to yourself, "my body will soon realize that it doesn't need cigarettes." Focus on some benefit associated with not smoking, such as more money, better health, better-tasting food, etc.
- Get up and walk* for two to four minutes.
- Go back to what you were doing.* Don't worry about having had a craving. It's natural for this period in your recovery. Craving always goes away.

Tobacco Cessation Workbook

Step Eight: Build Support

A. What do you see as the main dangers to your recovery from smoking?

1.

2.

3.

B. How could having a 'recovery buddy' to provide support, help you avoid relapse?

C. Who do you think would make a good non-smoking 'recovery buddy' for you? Why?

D. Make an agreement to call this person if you are thinking of relapsing to tobacco.

Tobacco Cessation Workbook

Step Nine: Slippery Conditions

Name five high-risk situations in which you might have a tendency to relapse:

- 1.
- 2.
- 3.
- 4.
- 5.

Write briefly how you would handle each of the above without returning to cigarettes:

- 1.
- 2.
- 3.
- 4.
- 5.

Tobacco Cessation Workbook

Step Ten: Carry the Message

A. Make a list of three people you know who might want to quit smoking if they found the motivation.

1.

2.

3.

B. Contact each to let him/her know you are available to talk about the experience should they want to.

C. Share with them your experience of quitting.